ReThink Health Action Learning Synthesis

Evaluation of the Hospital Systems in Transition Project

August, 2023

RippeL℠

ReThink Health Action Learning Synthesis: Evaluation of the Hospital Systems in Transition Project

By: Tina Anderson Smith, Jane Erickson, Jori Hall, Francisca Fils-Aime, Christopher Kelleher, Bobby Milstein, and Cierra Bryant

CONTENTS

Authors and Contributors

External Evaluation Team

Tina Anderson Smith, MPH, HSDP (Anderson Smith Consulting)

Jori Hall, PhD (University of Georgia)

Francisca Fils-Aime, MEd (Loyola University Chicago)

Rippel and ReThink Health

Jane Erickson, MPA, MAIR

Bobby Milstein, PhD, MPH

Cierra Bryant, MPH

Editor

Christopher Kelleher (Better Focus)

Project Team

(*former Rippel and ReThink Health staff)

Iueh Soh (Director)*

Pedja Stojicic (Director)*

Bobby Milstein (Principal Investigator)

Anna Creegan

Ella Auchincloss*

Katherine Wright

Molly Belsky

Bethlihem Gebremedhin*

Krishna Patel*

Stacy Becker*

Sponsors

Support for this report was provided by the **Robert Wood Johnson Foundation** (RWJF) and **The Rippel Foundation**. The views expressed here do not necessarily reflect the views of RWJF.

Acknowledgements

This work was made possible by the courageous ambitions of stewards across the nation who are pursuing equitable system change. The authors and contributors acknowledge and thank the many project participants who took time to share their experiences and perspectives. We are grateful for the thought partnership of many throughout this multiyear endeavor, especially **Glenda Eoyang**, **Emmy Ganos**, **Emily Gates**, **Hilary Heishman**, **Melanie Otero**, and the entire Rippel and ReThink Health team—with special thanks to our communications team, including **Brad Girard**, **Jeff Girard**, **Laila Hussain**, **Teri Wade**, and **Laura Ware**.

Suggested Citation

Smith, Tina A, Jane Erickson, Jori Hall, Francisca Fils-Aime, Christopher Kelleher, Bobby Milstein, and Cierra Bryant. 2023. "ReThink Health Action Learning Synthesis: Evaluation of the Hospital Systems in Transition Project." ReThink Health, [Published month] 2023.

Executive Summary

Introduction

In 2019, ReThink Health, the flagship initiative of The Rippel Foundation, launched the Health Systems in Transition (HST) project with funding from the Robert Wood Johnson Foundation. Building on a previously published midpoint action learning synthesis, this report describes what the three-year project revealed about hospital systems' efforts to advance community-wide well-being by evolving their roles. The findings are relevant to hospital leaders rethinking the roles they play to support equitable, thriving communities, and the many organizations and individuals endeavoring to support hospital systems in that work.

Goals, Design, and Participants

ReThink Health has joined with others to establish a unifying expectation for equitable well-being in America: *All people and places thriving together—no exceptions*. Underlying the goal is a belief that business-as-usual practices are powerful impediments to change and that true progress can be achieved only by transforming the systems that hold the country's problems in place. The needed change is driven by *stewards*: people, organizations, and networks who form working relationships to achieve equitable health and well-being in their communities.

With HST, ReThink Health sought to discover how change can be stewarded by organizations, specifically within hospital systems. Many hospitals are struggling to balance imperatives that can appear to be in tension: to become better partners in community-wide efforts that advance well-being, equity, and racial justice while also continuing to provide much-needed health care services and maintain financial stability. ReThink Health designed HST with the goal of driving meaningful culture shifts within hospital systems while also helping the systems embrace a stewardship role in their communities.

To carry out the work, ReThink Health partnered with burgeoning stewards in hospital systems that serve Philadelphia, Detroit, and Virginia's Roanoke Valley. ReThink Health staff provided coaching, tools, and tailored accompaniment that facilitated candid exploration among core teams within each system, as well as with key stakeholders in the communities of participating organizations. In the second year of the project, HST initiated monthly Stewardship Labs that drew a wider range of participants from all three hospital systems to engage in cohort learning.

HST's evaluation sought to bolster the project's action learning and identify emerging effects, as well as to glean insights that could guide ongoing progress in the field. The evaluation team employed several analytic lenses and methods that took into account the dynamic nature of the work and the nuanced ways in which stewardship unfolds in different settings. The purpose of the evaluation was not to establish watertight causal links but to discover new insights—to *learn* more than to *prove*.

Key Findings

As hoped, HST yielded important insights into the ways that hospital systems can deepen their understanding of community well-being and take meaningful steps toward embracing stewardship, shifting how they understand their role in the process. To a significant degree, participants expanded their aspirations to establish vital conditions for health and well-being, an important change from primarily emphasizing urgent services and increasing access to care as their principal strategy to build an equitable, thriving community. They also demonstrated notable progress on specific stewardship practices to support that new orientation.

Those developments led to important changes in investment patterns. By the end of the project, the three systems had planned a total of $132 million in resource shifts toward vital conditions, with $37 million in reallocations already underway. That included the implementation of new fundraising strategies, grantmaking programs, investment funds, and service-delivery programs. These advances were especially notable because ReThink Health did not design the project with an explicit short-term intention for participants to shift investments.

By the end of the project, the three systems had planned a total of $132 million in resource shifts toward vital conditions, with $37 million in reallocations already underway.

Participants also made progress in developing strategies to advance the goal of thriving together, including building new organizational and programmatic strategies, deepening and expanding relationships within and outside of their organizations, improving measurement, and shifting organizational culture through the introduction of new vocabulary. Even with these successes, participants recognized that they still had room to grow, expressing a nearly universal desire to further strengthen their stewardship practices.

HST also showed that contextual factors, such as economic conditions, reimbursement rates, and the quality of existing relationships, play a critical role in determining the range and nature of stewardship roles. Participants felt that their ultimate success would depend on the ability of other stewards to alter those contextual factors (e.g., by revising government regulations or changing financial incentives). This aligns with ReThink Health's experience in other work, which has indicated that efforts to transform entrenched systems can succeed only when stewardship takes hold at multiple scales.

When ReThink Health and the participants embarked on HST, they expected that they would devote approximately equal, simultaneous attention to the work of changing institutional dynamics and external relationships. They soon recognized, however, that it would not be possible to transform hospital systems' orientation to community well-being as long as structures and mindsets within those systems remained stuck in the status quo. This led to one of HST's most important findings: that the work of building thriving equitable communities should begin at home, by seeding and growing stewardship within institutions.

The evaluation sheds light on the catalytic role that coaching and tailored accompaniment can play when guided by frameworks, assessments, and tools that are designed to encourage shifts in mindsets and actions. ReThink Health was successful in helping hospital systems strengthen their stewardship commitment and capacity. That progress led to shifts in policies, resource flows, power dynamics, and organizational strategies—even in a time of great stress and turbulence. The following report discusses those developments and explores what ReThink Health has learned about the pivotal role that hospital systems can play in driving transformational change.

1 Introduction

ReThink Health, the flagship initiative of The Rippel Foundation, has joined with others to establish a unifying expectation for equitable well-being in America: All people and places thriving together—no exceptions. The expectation is coupled with a commitment to changing the systems that hold the country's problems in place, recognizing that business-as-usual practices are powerful impediments to progress. New approaches are needed.

Since its founding 15 years ago, ReThink Health has been dedicated to stewardship, an age-old practice that builds on the natural strength and resilience of people and their communities. Whatever the era or place, stewards dedicate themselves to creating systems that promote deep and durable well-being for everyone in their society.

ReThink Health's many explorations of stewardship have helped to define the opportunities and obstacles that stewards confront. It has found that:

- Fragmentation is chronic and pervasive
- Narrow self-interest tends to dominate decision making
- Racial bias and other forms of discrimination are woven into the country's prevailing systems

In ReThink Health's experience, even institutions working to support the health of their communities often relate to residents in ways that do not support genuine trust or shared understanding. These problems are especially acute in America's health care system (Hamed et al. 2022; Martin et al. 2014; Yearby et al. 2022; Elhauge 2010). Many hospitals face the challenge of continuing to provide much-needed health care services while also participating as full partners in community-wide efforts for equitable health and well-being. How can hospitals and hospital systems more fully embrace a shared stewardship role to ensure that everyone in their communities can thrive?

Who Are Stewards?

Everyone can be a steward. Stewards are people, organizations, and networks who work with others to strengthen the conditions everybody needs to thrive together, beginning with those who are struggling and suffering.

This is the question ReThink Health sought to answer with its Hospital Systems in Transition (HST) project, which ran from 2019 through 2021 with funding from the Robert Wood Johnson Foundation. ReThink Health invited hospital systems in Philadelphia, Detroit, and Virginia's Roanoke Valley to participate in the project, working with leaders in each institution and selected community organizations with whom they partner. This report provides a summary of the key evaluation findings of the HST project, building on a previously published midpoint action learning synthesis.

While each hospital participating in HST began in a different place and came to the project with its own unique circumstances and goals, their efforts align with those of many hospital leaders who are working to support equitable, thriving communities. As such, the findings may help other hospital systems rethink the roles they play in communities across the country, and the many organizations and individuals endeavoring to support hospital systems that work to expand equitable well-being.

In the next section, we explain the rationale behind the project, describe its participants, and lay out its design. We then discuss HST's evaluation logic and approach before moving to a review of emerging effects that were common across the three hospital systems. The report then explores the most significant changes reported by participants and the role of ReThink Health in catalyzing those changes.

2 Project Rationale, Participants, and Design

Rationale for the Project

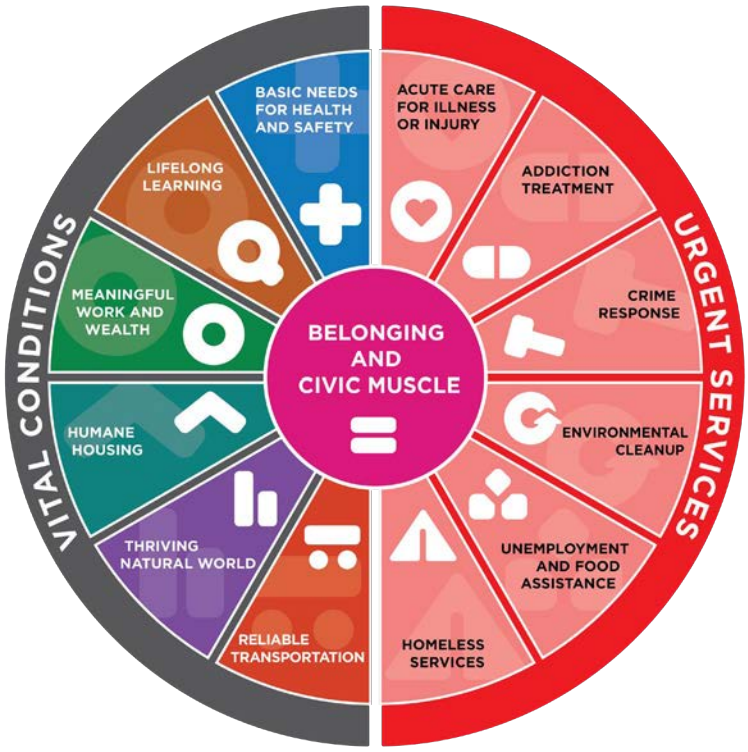
What Hospital Systems Are Facing

Hospitals in the United States find themselves contending with a complex set of pressures, including:

- Declining profit margins, combined with growing demands to move from fee-for-service to value-based care models
- Greater focus on patient-centered care and the social determinants of health, amplified by the Affordable Care Act and Medicaid expansion
- Amplified expectations to assure equity and racial justice in health care
- A growing movement pushing for greater community-benefit spending
- The closure of small hospitals and a trend toward industry consolidation, both of which tend to erode local ties, reduce access to care, and complicate community engagement
- A growing demand, accelerated by the COVID pandemic, to increase access to behavioral health services

These pressures are extending hospitals' traditional responsibilities and altering their relationships with the communities they serve. Compounding this difficulty, hospital leaders frequently perceive a conflict between outdated business models that keep their organizations afloat and innovative efforts to expand the vital conditions for health and well-being that everyone needs to thrive (see Figure 1). Typically, the demands of fiscal management seem to require that they concentrate on maximizing status quo dynamics, even when this does little to advance—and sometimes undermines—thriving, equitable communities. Established and aspiring stewards in hospital systems have to navigate these industry dynamics and also contend with the specific conditions that shape what is possible in their systems.

Figure 1: Well-being portfolio



Vital conditions are properties of places and institutions that we all need if we are going to reach our full potential. When vital conditions are absent or impaired, people tend to struggle and suffer, driving demand for urgent services. Urgent services are essential, but they are temporary fixes that don't directly produce thriving lives.

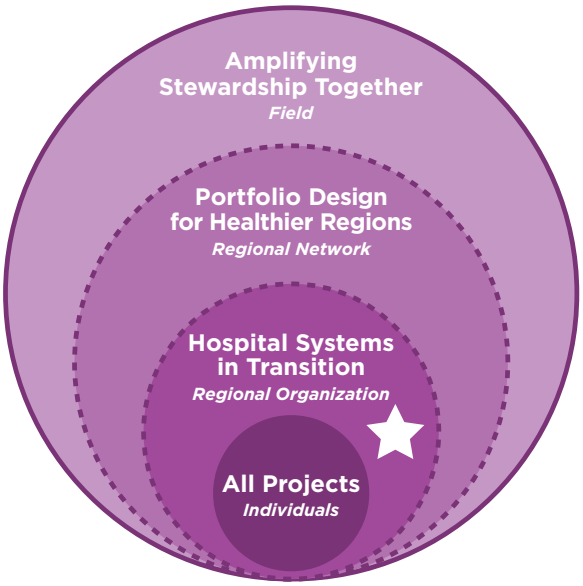
What ReThink Health Aimed to Achieve

In 2019, with funding from the Robert Wood Johnson Foundation, ReThink Health launched a trio of action learning projects, of which HST was a part. Each of the projects focused on a different constituency and stewardship context (see Figure 2).

HST explored how change can be stewarded at an organizational scale—specifically, within hospital systems. The ultimate goal of the work is to drive meaningful culture shifts within the hospital system and, over time, in its community relationships.

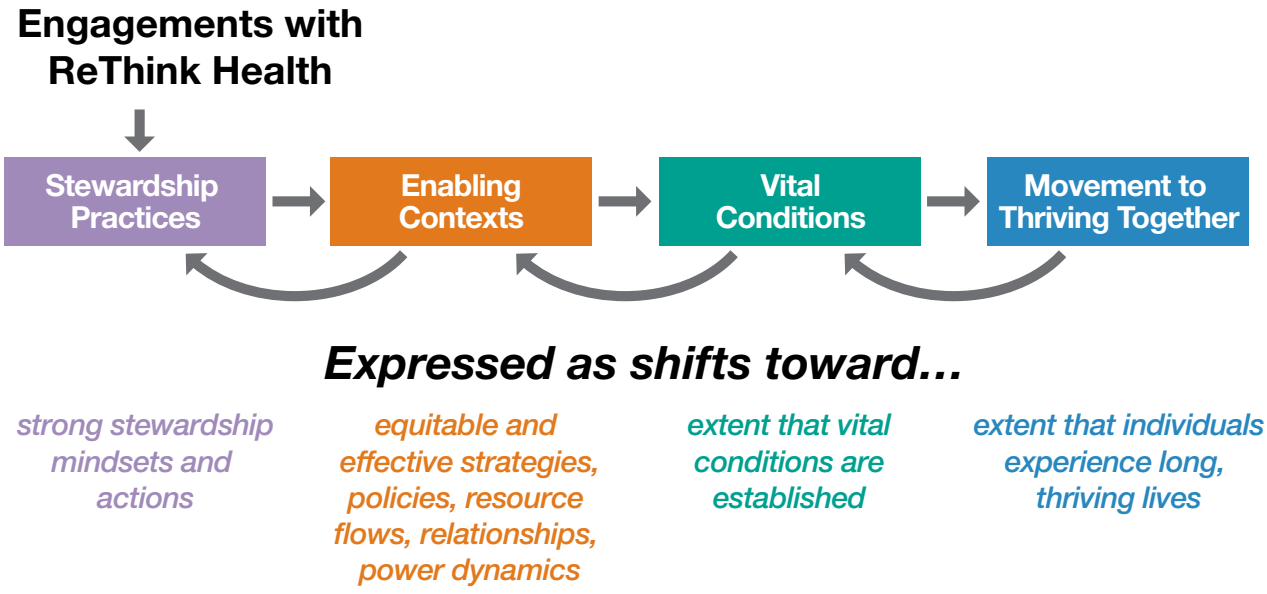
HST's sister project, Portfolio Design for Healthier Regions (PDHR), looked at how to shift investments across networks of organizations within a community. Amplifying Stewardship Together (AST) investigated how to amplify stewardship as a rising field of practice nationwide (Milstein et al. 2020; Erickson et al. 2021). We have prepared separate evaluations of each project in order to expand more fully on emerging effects and participant experiences.

Figure 2: ReThink Health projects operate across multiple scales



The trio of action learning projects focused on strengthening the stewardship practices of project participants (e.g., how they worked to connect across boundaries, to expand opportunities for thriving together, and to increase learning and adaptation). ReThink Health believed that these strengthened practices would catalyze shifts in organizational strategies, policies, resource flows, power dynamics, and other enabling contexts that help to strengthen the vital conditions that are essential for building equitable, thriving communities (see Figure 3).

Figure 3: ReThink Health engagements leverage the effects of strengthening stewardship practices



HST was designed to help leaders take strides toward establishing their hospital system as stewards of equitable well-being in the communities where they operate. ReThink Health sought to explore whether stronger stewardship practices (including mindsets and actions) could shift how organizations work together and create enabling contexts that, in turn, enhance the prospects for thriving together. Embracing the ethos of thriving together means moving away from a business-as-usual approach that reinforces fragmentation and pursues only incremental improvements. As Figure 3 shows, the project also anticipated reinforcing feedback between each element.

The goal was to work closely with a small set of diverse hospital systems for three years, serving as a credible outsider and a committed learning partner. The leaders of hospital systems would work alongside thought partners and peers to strengthen their stewardship practices, shifting their mindsets and actions along the way.

ReThink Health used a set of guiding questions to anchor HST's project design and evaluation approach (see Section 3):

- To what extent do HST participants take on the mantle of stewardship, shifting mindsets and actions for themselves and others?
- To what extent can hospital systems claim an emerging role as regional stewards?
- When seeking to strengthen stewardship practices and expand vital conditions, what works, for whom, how, and under what conditions?
- How does ReThink Health contribute to this process?

Project Participants

Selection

In selecting participants, ReThink Health looked for hospital systems that possessed an ambition for change and an appetite for transforming their role in the community. They sought to work with systems in which senior leaders expressed commitment to the work and in which there were opportunities to make pivotal moves during the course of the project.

In the initial stage of selection, ReThink Health identified 12 candidate health systems and assessed each according to its level of ambition, readiness for change, and ability to engage fully for the duration of the project. Three health systems stood out on these criteria.

Participants

Each of the three participants brought distinct community contexts, organizational capacities, experiences, and goals to HST. At the outset of the project, each participant identified an issue or opportunity that could serve as a point of focus during the project and help to build its stewardship practices.

Table 1: Overview of HST participants

HST Participant	Focus for HST
Carilion Clinic, located in Roanoke, VA, and serving the Western Virginia Appalachian region, provides quality health care for nearly one million Virginians. Its mission is to improve the health of the communities they serve.	Carilion's 2018 Roanoke Valley Community Health Assessment indicated that mental health was the community's most pressing issue. Its aim in HST was to collaborate with community stakeholders to build up whole-person behavioral health in the region while also reducing the number of people who need help in the future. In parallel, Carilion hoped to embed insights from its work with ReThink Health into a long-term community health investment strategy.
Jefferson Collaborative for Health Equity (J-CHE), located in Philadelphia, PA, raises awareness and implements programs that address social and structural barriers throughout Philadelphia's most underserved communities. It focuses on advancing health equity among Philadelphia's leading philanthropists, corporations, community organizations, foundations, institutions, and health influencers. J-CHE is a part of Jefferson Health, which serves one million people at 14 hospitals across 29 zip codes.	Jefferson worked with ReThink Health to develop and socialize specific strategies that would fulfill J-CHE's mission. The aim was to channel Jefferson's philanthropic resources to address the underlying drivers of health disparities, as opposed to traditional hospital philanthropy geared toward expanding inpatient care. They also sought to craft a narrative and strategy that could shift the mindsets of donors to support this new investment approach.
Trinity Health is one of the largest multi-institutional Catholic health care delivery systems in the nation, operating 92 hospitals and 106 continuing care centers that serve more than 30 million people across 22 states. Its work with the HST project focused on Detroit, MI. Trinity's mission is to serve together in the spirit of the Gospel as a compassionate and transforming healing presence within communities.	Having closed its hospital in Detroit years earlier, Trinity was looking for ways to partner with community stakeholders to improve overall health and well-being in the city. Through HST, it focused on accomplishing this by establishing a health care mission ministry that does not rely on a hospital to anchor it. It also sought to build financing mechanisms and governance structures to enable the mission ministry to invest in the vital conditions of Detroit.

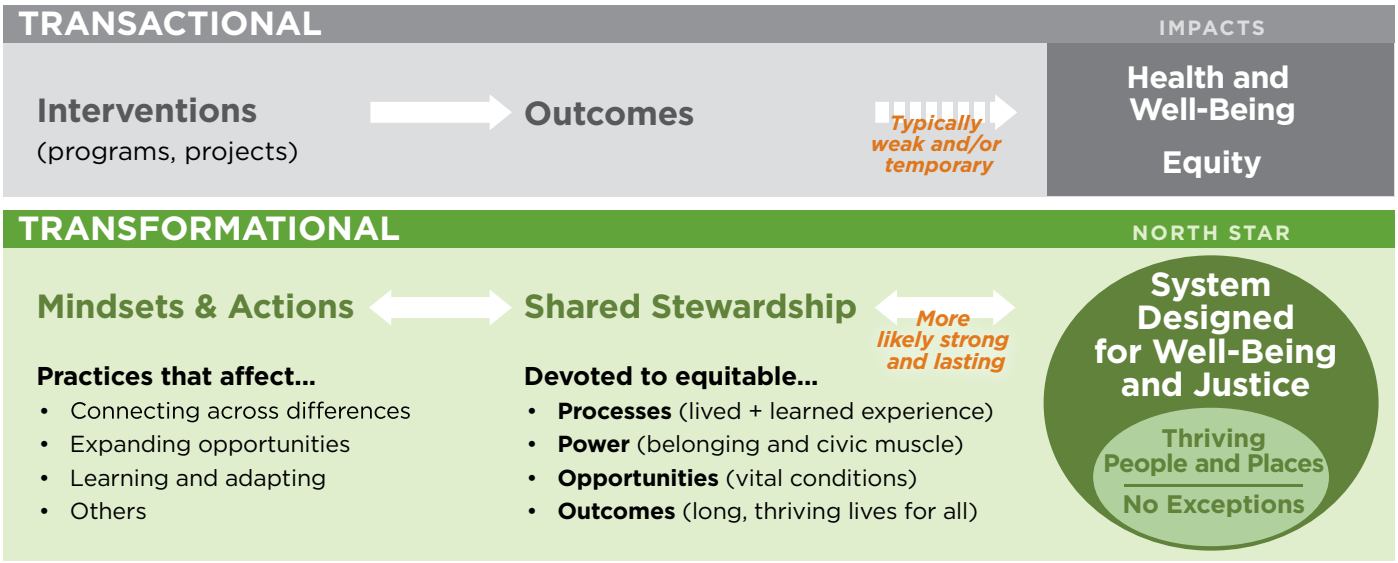
Project Design

Transactional approaches to change tend to focus on discrete programs or projects (see Figure 4, next page). Often those interventions succeed in producing positive outcomes, but they tend to be too narrow and short term to change the systems that hold problems in place, which greatly limits their potential impact. ReThink Health takes a different approach. Its engagements do not take the shape of a packaged intervention or strive to scale up a favored best practice. Rather, it focuses on building shared stewardship by strengthening practices (which entails shifting mindsets and actions) that fundamentally change how people and organizations work together. These normative shifts drive sustainable progress toward the north star goal of thriving people and places.

ReThink Health designed HST to help stewards understand and shape the complex adaptive systems they operate in. With an emphasis on constant learning and adaptation, HST was designed to encourage stewards to embrace the inherent messiness of their work. The goal was for ReThink Health to facilitate experiences and offer resources that would set the conditions for a cascade of meaningful changes within individual organizations and across networks.

The HST project design supported practice transformation at both organizational and individual levels, appreciating that any organizational change also requires change within the individuals who make up that organization. When ReThink Health and the participants embarked on HST, they expected that they would proceed with an equal focus on shifting norms and structures internally and rethinking how the participating hospital systems engaged with residents and community-based organizations externally. They soon realized, however, that it was important to first focus on strengthening stewardship internally *before* developing a strategy directed at external networks. Hospital system leaders came to believe that they would be more effective at engaging with external

Figure 4. Contrasting approaches to change



Adapted from: Anderson T, et.al. Shared Stewardship and Prospects for Thriving Together. ReThink Health. 2021

constituents in new ways after they had refined their strategy and deepened their internal practices for more authentic engagement.

The ReThink Health team regularly adapted concepts, tools, and project designs to reflect new understandings and support participants' emerging needs. ReThink Health's action learning structure ensured that insights could be continuously shared across the trio of projects. Notwithstanding those adjustments, several design elements remained constant for the duration of HST:

- Each participant organization had a **core team** of leaders from within each hospital system (14 individuals across the three participating organizations).
- ReThink Health's **coaching and tailored accompaniment** entailed facilitating candid discussions among a broad set of internal and external stakeholders at participating organizations. It also involved . . .
  - Meeting frequently with the core teams to build a deep understanding of organizational and community context
  - Assessing needs and opportunities
  - Helping participants try on new approaches and concepts in a "safe to fail environment"
- To guide the work of each core team, ReThink Health regularly shared **frameworks, assessments, and tools**.
  - The frameworks focused on thriving together and the vital conditions
  - The assessments concentrated on network mapping and stewardship practices
  - The tools addressed a wide range of processes to support coherence in strategy and action

Initially ReThink Health had planned a series of in-person gatherings with participants to share insights from their work and engage in immersive learning. The onset of the COVID pandemic, however, made it impossible to proceed with that plan. So, in the second year of the project, HST initiated **cohort learning through monthly Stewardship Labs** that drew a wider range of participants from all three hospital systems (N=26). The labs augmented ReThink Health's participant-specific coaching and increased the number of people who could participate in the project. The sessions explored key stewardship concepts and approaches with national experts and investigated strategies for implementing stewardship practices.

HST's Foundational Concepts

ReThink Health tailored support to each participating organization's needs but maintained consistency across participants and activities by adhering to a core set of foundational concepts that it developed through its prior work.

- **Complex adaptive systems:** ReThink Health's efforts are grounded in understanding that the work of social change is messy, unpredictable, and does not transpire in a linear manner. It occurs in complex adaptive systems that have many players, interacting parts, and tangled boundaries. The systems are constantly evolving, with no clear start or end points.
- **Thriving together:** ReThink Health believes that we all share an aspiration to become thriving people in a thriving world. When we translate that aspiration into action, it becomes a commitment to create communities in which all people have a fair chance to participate, prosper, and reach their full potential. Our best hope to produce a resilient and vibrant America is to organize local and nationwide action around a single unifying and measurable expectation: *All people and places thriving—no exceptions*.
- **Vital conditions:** The vital conditions framework was developed by ReThink Health and others in 2017. Vital conditions are properties of places and institutions that we all need if we are going to reach our full potential (see page 46).
- **Shared stewardship as a practice:** ReThink Health has joined with others in adopting the position that we cannot reach the north star goal of thriving together with token gestures. It takes serious change in ourselves, our relationships, and our institutions. A growing network of people and organizations see themselves—and one another—as interdependent stewards in a movement to create a system that is built for well-being, equity, and racial justice. Stewardship is broader than leadership or governance. It is a way of seeing the world and making decisions that will build and sustain legacies for living together.
- **Expanding belonging and civic muscle:** In the vital conditions framework, belonging and civic muscle is both a vital condition itself and a pragmatic capacity that enables equitable progress in the other vital conditions. Meaningful system change is built on a foundation of authentic working relationships between the residents and organizations in a region. That means ensuring that people from marginalized populations are integrally involved in co-creating change. It also entails respecting residents' needs and experiences, taking steps to grow trust, and sharing and building power together across intersecting lines of color, class, gender, political party, and other differences.
- **Strategic casemaking:** ReThink Health believes that it is important to cultivate stories of hope, shared humanity, and mutual strength if we are to engage new partners in the work of shared stewardship and sustain their energy. Strategic casemaking builds public will for equitable system change because it leads with messages that are about solutions and inclusion, not crisis and separation. This helps to build a consistent vocabulary that makes concepts more accessible and compelling.

As the project progressed, ReThink Health continually evolved its understanding of participants' needs and contexts while regularly incorporating findings from HST's sibling projects and the larger field (including updates to ReThink Health's list of *Essential Stewardship Practices*). Three adaptations stood out:

- **Increased focus on intentional interdependence:** ReThink Health has seen increasing evidence that distributing leadership across networks of organizations is an essential step in community change. In this view, it is important for organizations to recognize the futility of attempting to be "all things to all people." Instead, organizations must cultivate an understanding of their own unique roles—and the roles of others. This can enable closer alignment, deeper and more focused working relationships, and stronger mutual accountability.
- **Using a strong-tie network approach:** Recent research found that strong-tie networks—relatively small networks of individuals and organizations who share strong bonds of understanding and trust—may be more effective for scaling transformative change than much larger networks in which understanding and trust are weaker. ReThink Health incorporated those insights into HST, with an emphasis on cultivating a diversity of perspectives and ensuring that those whose experiences are typically unheard become co-designers and full partners in the decision-making process.
- **Measuring what matters:** Project participants voiced the desire to expand their measurement priorities from clinical outcomes and improvements in the social needs of patients to also measuring shifts in the conditions of communities in which patients live. Using the Well-Being in the Nation (WIN) Measurement Framework, which offers a set of common measures to assess and improve population and community health and well-being across sectors, ReThink Health sought to help participants develop a measurement framework for improving vital conditions and producing well-being in their regions.

3 Evaluation Approach

The evaluation sought to bolster the project's action learning, identify emerging effects, and glean insights that could guide ongoing progress in the field. The evaluation team defined "emerging effects" as the full spectrum of results that ReThink Heath's support contributed to, including shifts in practice (i.e., mindsets and actions) of project participants and shifts in context (i.e., strategies, policies, resource flows, and relationships).

The evaluation employed several analytic lenses and methods that took into account the dynamic nature of the work and the nuanced ways in which stewardship unfolds in different settings (see Appendix A, Overview of ReThink Health's Approach to Project Evaluation). Discovering new insights related to the guiding questions and understanding emerging effects were more important than establishing watertight causal links. The emphasis, in other words, was on *learning* over *proving*.

The evaluation employed a pair of closely related concepts:

(1) A most significant change lens was used to capture the extent to which participants (including those from ReThink Health) perceived signs of progress and interpreted the significance of those changes.

(2) A realist evaluation lens related the progress made to the context in which shifts occurred.

Realist evaluation

A practical, explanatory way of evaluating interventions in complex adaptive systems and generating insights that are useful for decision makers by asking, "what works, for whom, in which circumstance?" rather than merely" did it work?"

Most significant change

An evaluation approach that asks study participants to share experiences of change and indentify those that they believe are most significant from their own point of view.

The evaluation team was composed of external evaluators and The Rippel Foundation's Learning and Impact team. The two groups partnered to design the evaluation, collect the data, analyze results, and prepare this report. External evaluators ensured methodological rigor, conducted interviews, and provided important outside perspective in the analysis process. Internal evaluators provided strategic guidance, an understanding of relevant contexts, as well as first-hand knowledge of project design and implementation.

PHOTO COURTESY OF TRINITY HEALTH.

It is helpful to understand the evaluation in terms of intersecting design elements:

- **Multimethod:** HST used both qualitative and quantitative methodologies, including in-depth interviews, surveys, self-assessments, network mapping, and document review (see Appendix A for additional details about the evaluation methods and Table 2 for information about responses).
- **Multisite:** Because progress and emerging effects are largely dependent on starting contexts, the analysis highlighted similarities across efforts as well as differences between them.
- **Multicycle:** The evaluation and program teams collected and analyzed data in short cycles across the duration of the project, which allowed the program team to make real-time adjustments.
- **Multiperspective:** In all phases of the project, the evaluation team gathered data from a wide range of people and organizations: core team members at each participating organization, organizational partners in their community, stewardship lab participants, and ReThink Health faculty who provided coaching and support. Many of these groups also played a role in sensemaking. They helped to clarify "what the data meant" for their respective roles and regions, as well as the field of shared stewardship more broadly.
- **Multifunctional:** Whenever possible, evaluation methods were integrated into the intervention—e.g., network mapping and stewardship assessments —to support applied learning by participants and generate data for the evaluation.

Table 2: HST evaluation methodologies and responses

Evaluation Method	Number of Respondents (Core team & Lab participants)			
	Time 1 (Baseline)	Time 2 (Midpoint)	Time 3 (End)	Total Inputs
Interviews				
Participants	14	13	13	40
Faculty	2	6	6	14
Surveys				
Final Evaluation Survey	N/A	N/A	19	19
Stewardship Assessment	11	22	17	50
Network Mapping	85	N/A	41	126
Document Review				
	14	N/A	43	57

In the next section, we will look at emerging effects across the participants and explore what they can tell us about the move toward stewardship in hospital systems

4 Emerging Effects Across HST Participants

Overview

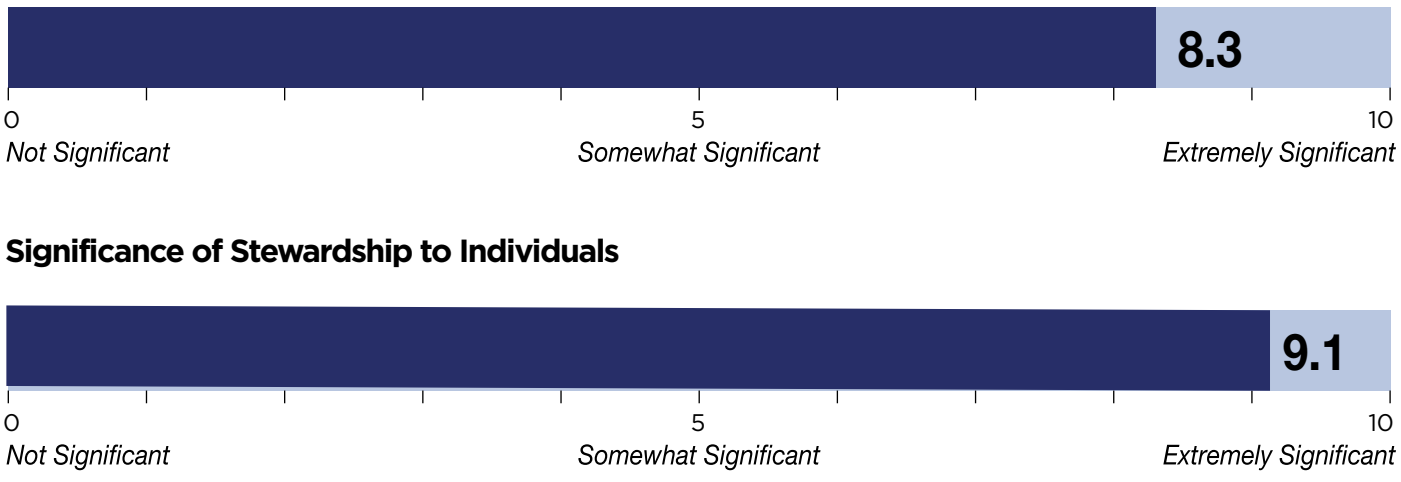
HST's participants were senior executives who dedicated considerable time, energy, and resources to participate in the project, even in the midst of a global health crisis. As we will see from the following measures, their work produced numerous perceived gains. Not unexpectedly, the most pronounced movement was in participants' mindsets, with actions taking longer to develop. This finding underscores the fact that this work is ultimately about driving significant culture shifts within an organization (and, over time, in its community relationships). It takes time for mindset changes to seed within organizational leadership and then scale meaningfully across an organization as shifts in action, reflected in new norms, structures, and ways of working with others outside of the organization.

When asked in a final evaluation survey to rate the extent to which their hospital system made changes to claim a role as a regional steward, participants indicated that their institutions had made relatively significant shifts (average of 7.1 out of 10, see Figure 5).

Figure 5. To what extent has your hospital system shifted to claim a role as regional steward? *(final evaluation survey, mean across participants) (n=12)*

Almost all participants affirmed that stewardship now has a very high degree of significance to their organizations (average of 8.3, where 0=not at all significant and 10=extremely significant) and to them personally (average of 9.1).

Figure 6. How significant is stewardship to your organization? How significant is stewardship to you personally? *(final evaluation survey, mean across participants) (n=12)*



ReThink Health has found that the work of strengthening stewardship practices can't be confined to a single push or initiative—that it becomes effective only when it is a fully embedded, routine norm. The evaluation indicated that HST's stewards recognized that fact, with nearly all participants indicating that they were "very committed to deepening their stewardship practice in the next year" (average of 9.0, where 0=not at all committed and 10=extremely committed).

Figure 7. How committed are you to deepening your stewardship practice in the next year?
(final evaluation survey, mean across participants) (n=12)

There were also a range of notable effects resulting from mindset and action shifts of the participating hospital systems. By the end of the project, the three systems had planned a total of $132 million in resource shifts toward vital conditions, with $37 million in reallocations already underway. Resources were being directed through new fundraising strategies, grantmaking programs, investment funds, and service-delivery programs. This was a notable development, as ReThink Health did not design the project with an explicit short-term intention for participants to shift investments.

Participants also made progress in developing strategies to advance the goal of thriving together, including building new organizational and programmatic strategies, deepening and expanding relationships within and outside of their organizations, improving measurement, and shifting organizational culture through the introduction of new vocabulary.

The following is a review of emerging effects at each participating hospital system.

Jefferson Collaborative for Health Equity (J-CHE) at Jefferson Health

While participating in HST, Jefferson Health, through its J-CHE initiative, redefined its strategy for philanthropic investments, with a new focus on bolstering equity across Philadelphia and anchoring its work in vital conditions and a stewardship approach. They learned that focusing efforts on a select and integrated set of multisolving priorities can deepen stewardship practices and enhance organizational strategy. Highlights of major changes include:

- **Adopting a strategic investment program emphasizing multisolving** (i.e., seeking solutions that advance multiple goals at once while also offering many co-benefits) that replaced the prior pattern of one-off investments in disparate activities
- **Emphasizing narrative change** to bring along internal and external stakeholders
- Shifting major investments to the community and **leveraging existing community-originated work rather than starting new hospital-based initiatives** (e.g., investing in the built environment and the ongoing work of existing community-based organizations)
- **Garnering significant investments—$30 million by the close of the project in October 2021**, and more than $70 million at the time of this report's publication —to support the new population-health strategy
- **Launching a community advisory board** with resource allocation responsibilities to help guide the Collaborative's efforts

Trinity Health

Trinity Health launched a new mission ministry in Detroit to improve health and well-being of city residents while shaping activities into a more cohesive strategy. HST participants embraced narrative change as a means for inviting others into the work and emphasized stewardship approaches in managing the system's mission ministry work. They learned that attention to legacy, mission, and intent for community well-being are more critical for stewardship than brick-and-mortar. Highlights of major changes include:

- **Shifting how Trinity's leaders thought about the system's role** in Detroit given the closure of their hospital there, helping them become comfortable with investing in community-focused initiatives versus directing funds to new hospital-based programming or infrastructure
- **Establishing a new mission ministry** and forming an inaugural Detroit Health Ministry board focused on advancing the well-being of Detroiters
- **Reconfiguring a large investment fund** to make it consistent with the new health ministry focus
- **Constructing a new narrative** geared toward expanding commitment to stewardship and bringing others into the work

Carilion Clinic

Carilion Clinic in Roanoke, VA, launched a new collaborative that was dedicated to addressing the needs of those struggling with mental health and to reducing the stigma of mental health disorders. It embraced the vital conditions and used them for framing conversations while exploring stewardship as a new community role for Carilion. They learned that focusing on vital conditions and strategic partnerships using a strong-tie network approach helps balance the imperatives of community wellbeing and the organization's financial stability. Highlights of major changes include:

- **Embedding a new perspective about the hospital system's role**, one that paid equivalent attention to the needs of individual patients and the broader community
- Clarifying a **new network strategy**
- **Communicating more effectively with C-suite executives** and internal departments
- Securing a **new $30,000 seed investment** from the United Way to support mental health infrastructure in the region
- **Using the vital conditions to frame an upcoming community health assessment**, map investments, and determine gaps

Shifts in Practice to Strengthen Shared Stewardship

In our midpoint action learning synthesis, we described five emerging practices that seemed especially important for strengthening shared stewardship (see sidebar at right). Those practices remain valid in this final evaluation. Core team members in the participating hospital systems reported consistently high levels of perceived progress on each of the five practices, and their salience is apparent in the "most significant change" stories that we turn to later (see Section 5).

Expanding Aspirations

One important goal of ReThink Health's work is to help partners embrace an ethos for thriving together through shared stewardship. This involves understanding the interplay between urgent services and the vital conditions, with a goal of increasing investment in the vital conditions for long-term, equitable health and well-being.

When this practice takes hold, stewards are able to "see the whole system," not just isolated pieces. They orient strategies and investments toward the north star goal of thriving together and no longer fall into the trap of thinking that *health* is the same as *health care*. This involves moving from a reactive, crisis orientation to a more proactive stance that emphasizes creative multisolving. When HST participants were surveyed about their progress in expanding aspirations, the average score was 8.0 out of 10, indicating substantial perceived improvement (see Figure 8).

Five emerging stewardship practices

Expanding Aspirations: Seeing and stepping into a "'whole system" so that strategies, projects, and initiatives become clearly oriented toward well-being and justice

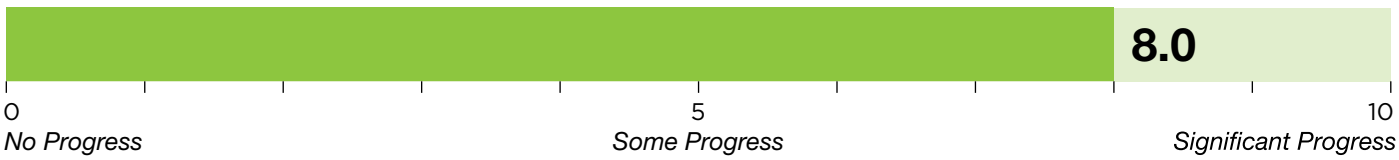
Increasing Interdependence: Distinguishing unique yet interdependent roles among individuals and organizations to enable closer alignment, deeper working relationships, and mutual accountability

Centering People with Lived Experience: Emphasizing authentic working relationships between your organization and residents in the regions you serve, ensuring that people from marginalized populations are integrally involved In co-creating change

Embracing Learning and Adaptation: Embracing a culture of continuous action learning and adaptation to maintain a close fit between how stewards understand their role and the dynamic contexts in which they work

Championing Stewardship: Drawing new stewards into the work of stewardship and deepening the practice of those already involved to establish shared stewardship as a rising norm

Figure 8. To what extent have your aspirations expanded? *(final evaluation survey, mean across participants) (n=12)*



Across participants, there was a move to anchor strategies and new narratives in the vital conditions. The new focus was often matched by a desire to reframe return on investment in population health terms and to adopt measures of success that were focused on thriving. The shift was also accompanied by a new emphasis on focusing investments in a select number of multisolving strategies, rather than spreading resources thinly across many disconnected activities. These changes marked an evolution in self-perception for each participant—a reimagining of the hospital system's role in the community.

Increasing Interdependence

ReThink Health has found that it is common for organizations to have a deep understanding of their own mission, roles, and assets but a limited understanding of others'. This gap in awareness is one of several factors that contribute to "do everything" syndrome, in which organizations repeatedly take on outsized roles (see the 2021 ReThink Health Pulse Check on Shared Stewardship for Thriving Together Across America). That can be due to a lack of knowledge about other organization's capacities, a deficit of trust, or a weak culture of shared responsibility across organizational leaders in a community.

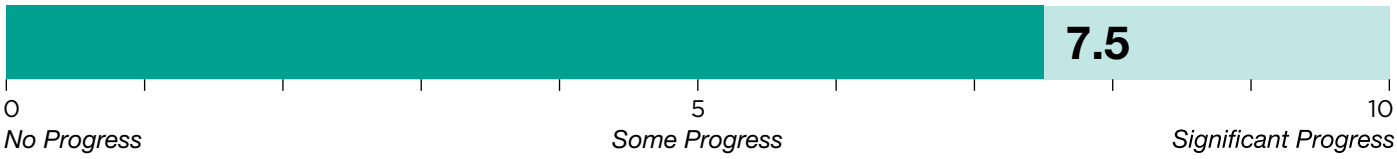
> **"In order to collaborate, you need to give up some control, and I think that's what people have trouble with … It's important to know where your strengths are and where other people's strengths are."**
>
> —PROJECT PARTICIPANT

Additionally, many organizational leaders working to address complex challenges in their communities assume that big problems can only be tackled by assembling a big table. Although big tables have advantages, they can be plagued by turf protection, misunderstanding, and surface- level dialogue. People grow impatient with discussions that tend to be indecisive and with progress that remains sluggish, leading to a decline in commitment and energy.

To head off these problems, ReThink Health works with organizations to distinguish their own and each other's unique yet interdependent roles, while at the same time building mutual familiarity and trust. Over time, a more nuanced understanding of collaboration takes hold. As partners come to recognize their dependence on one another, there is more candid discussion about capabilities and constraints, expectations and interests. The process leads to strong mutual accountability—both to one another and to the community—and to durable commitment and coherence.

When asked to evaluate the strides they had taken toward interdependence, participants perceived significant progress, with a mean score of 7.5 out of 10 (see Figure 9).

Figure 9. To what extent have you made progress toward increasing interdependence with key partners? *(final evaluation survey, mean across participants) (n=12)*



Over the course of the project, stewards deepened their understanding of other organizations' assets, interests, and strengths. There was attention to following a strong-tie network strategy that emphasized the robustness of connections—e.g., mutual trust and credibility, strength of key relationships—more than the sheer number of connections. The participating hospitals also came to embrace their ability to play a unique convening role in the community, which didn't always involve gathering a "large table" of community leaders.

Centering People with Lived Experience

In ReThink Health's experience, when large institutions like hospitals and government agencies talk about engaging with others in their community, they often fall short of placing equity and resident leadership at the center of their efforts. These types of organizations often emphasize transactional relationships in which engagement is shallow and episodic. Typically, the institution engages with community residents only when it needs something—and interacts in ways that are constrained and formulaic, rather than seeking to build shared understanding and lasting relationships.

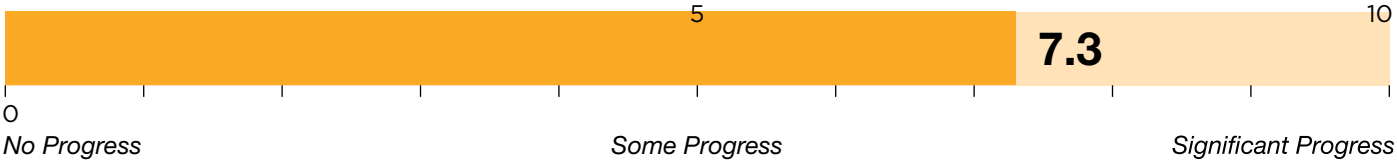
Centering people with lived experience upends that dynamic. It emphasizes the unhurried construction of authentic working relationships between an organization and the residents it serves. It prioritizes co-designing strategies and approaches that are inherently responsive and flexible and emerges from the voices and needs of those whose lives are most at stake.

When HST participants were asked about their orientation toward centering people with lived experience, the results revealed evidence of strong perceived progress, with a mean score of 7.3 out of 10 (see Figure 10).

> **"It is really important to help to build the civic muscle of our community. We have to put power back into the community rather than a large institution coming in as a savior. If you can build that muscle and the sense of belonging within the community, there will be better ways for residents to get healthier and be more successful. We're looking to create spaces for people in our community to say what is best for them, and to act on those needs."**
>
> —PROJECT PARTICIPANT

Figure 10. To what extent have you made progress toward centering people with lived experience?
(final evaluation survey, mean across participants) (n=12)

Centering People with Lived Experience



The evaluation found that when participants made a decision to center equity in their stewardship practice, that decision reliably translated into a less hierarchical, less transactional approach to community relationships. Over the course of the project, the conviction that it is important to "share power" became more widely held, and there was increased commitment to letting community input guide their decisions. Notably, those shifts were not limited to individual participants but also showed signs of taking hold within their institutions.

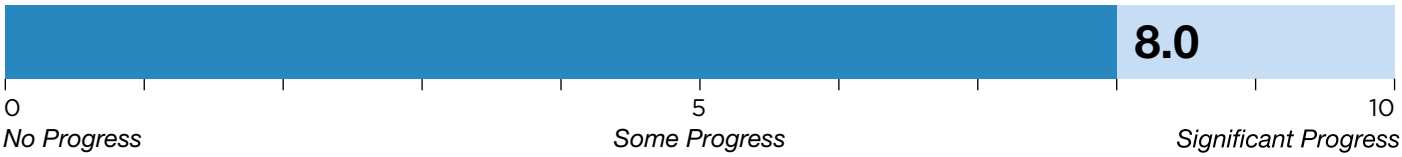
Embracing Learning and Adaptation

ReThink Health has found that many organizations (especially those of significant size and with significant resources) believe that they can plan their way to community transformation, implement a linear plan to accomplish goals, and that it ought to be possible to assess outcomes swiftly. Successful stewardship involves rejecting those notions and the rigidity they engender. Instead of striving (usually with little success) to control uncertainty, successful stewards work to build a culture of continuous learning and adaptation.

Participants in HST reported strong commitment to this practice, with a mean score of 8.0 out of 10 when asked about their progress toward embracing learning and adaptation (see Figure 11).

Figure 11. To what extent have you embraced learning and adaptation? *(final evaluation survey, mean across participants) (n=12)*

Embracing Learning and Adaptation



HST participants demonstrated a growing appreciation that the work of embracing a new role to better support thriving, equitable communities requires sustained, patient effort. They showed a growing understanding that change is a long-term proposition, requiring problem-solving approaches that are iterative and nonlinear. They also increasingly came to recognize that there are no silver-bullet answers and that one-size-fits-all programs tend, in practice, to fit no one. Over the course of the project, participants adopted a more complexity-based orientation to investments and became more likely to favor up-and-running grassroots efforts over the creation of all-new hospital-grounded projects.

"This work requires humility and the willingness to always be ready to change your approach to address needs that are in front of you now... . I ask myself 'Do we know how to continue to understand what the priorities are moving forward, even as they shift and change, and are we set up to shift and change in a way that's responsive and timely?'"

—PROJECT PARTICIPANT

Championing Stewardship

One of the central tenets of ReThink Health's work is that stewardship is not a solitary or private activity. A successful steward forms constructive relationships with others, which entails drawing new stewards into the work and collaborating with fellow stewards to deepen one another's practice. Effective stewards come to see the importance of publicly embracing interdependence and openly inhabit a stewardship stance in their personal and professional interactions.

The work of championing stewardship is closely associated with narrative change. Stewards are most effective when they use a shared language, one that can drive shifts in culture and build understanding. As people are exposed to new ways of talking about problems and solutions, their aspirations expand. The development of more powerful, resonant narratives also enables the creation of compelling cases for change, which in turn help to build community-wide consensus and momentum.

When HST participants reported on their stewardship stances, there was strong evidence that they had moved toward explicitly championing stewardship, with a mean score of 7.7 out of 10 (see Figure 12).

Figure 12. To what extent have you spread stewardship? *(final evaluation survey, mean across participants) (n=12)*

Spreading Stewardship

PHOTO COURTESY OF JEFFERSON HEALTH."

As HST progressed, participants focused increasingly on using shared language to begin shifting the culture of their organizations and inviting new partners into the work. That meant fostering broad commitment to the north star goal of thriving together and building alignment around the vital conditions and stewardship. They found that this new language helped to disrupt long-standing assumptions and reframe conversations, introducing a fresh sense of what is necessary and possible.

The stories in the following section provide insights into the changes that mattered the most within each participating hospital system. They also reveal how context can affect a steward's ability to shift their personal roles and the roles of their institutions to support system change.

"It's not just community impact programs that are going to change the health of our city. It's how we do our innovation contracts, and what types of business activities we pursue, and who we support through our contracting, and how we hire and how we think about the pipeline for health care. Stewardship gives a new lens to understand the end goal and the process for getting there, and … a different lens to evaluate your success."

—PROJECT PARTICIPANT

5 The Most Significant Changes for Participants

As discussed previously in Section 3 (Evaluation Approach), ReThink Health employed a Most Significant Change methodology in which evaluators strive to discover what each person considered the most consequential change and to understand why they felt it was so important. The methodology typically yields a range of answers (there is seldom perfect agreement on what the most significant change was) but the collected answers provide a comprehensive picture of the effort's impact.

The following stories describe the most significant shifts in each hospital system, as seen by those who participated in HST. Although the stories consider the role of ReThink Health, they don't reflect the opinions of ReThink Health's own staff.

See Appendix B for a summary of patterns about contextual factors and ReThink Health design elements that played a role in supporting shifts in the mindsets and actions of HST participants. The summary of patterns in context, ReThink Health design elements, shifts in mindset, and shifts in action are reflected in the stories of most significant change in the following sections.

Jefferson Health/Jefferson Collaborative for Health Equity (J-CHE)

Carefully selecting a well-integrated set of multisolving priorities and focusing efforts on them can deepen stewardship practice and enhance organizational strategy.

What stewardship practices helped J-CHE the most? And why?

- *Expanding aspirations:* Centering vital conditions helps to surface key multisolving priorities that reduce the need for urgent services and focus investments more strategically.
- *Championing stewardship:* Using stewardship language and framing (e.g., thriving together, vital conditions, civic muscle) helps to increase engagement and buy-in, drive alignment across players, and seed culture change within a large institution.

What Were Jefferson's Most Significant Changes?

Stewards at Jefferson began their HST engagement with a desire to clarify J-CHE's aims and define precisely what the initiative should be held accountable for. With ReThink Health's support, they focused on defining their goals more sharply, which led to a reframing of their entire approach, codified in a new strategic plan.

Through coaching from ReThink Health and participation in the virtual Stewardship Labs, Jefferson participants built a shared understanding of the importance of investing in vital conditions—especially belonging and civic muscle—to decrease the need for urgent services. Participants reported that the decision to root their work in the vital conditions supported a cascade of other important changes.

One major change participants reported was a recognition that it would be important to "go deep instead of broad." Previously, they had sought to exert a citywide influence, which led to a set of disparate and shallow engagements. Instead, they

selected five zip codes where the need was especially great and where J-CHE could make a decisive impact. As a participant observed, "J-CHE's now a really focused, distinct program, rather than a catch-all."

In their efforts to re-frame J-CHE's strategy, they strove to build on local efforts that had already taken hold. "Instead of launching new things," a participant said, "we're going to community organizations who are already doing good work and either facilitating new partnerships or investing directly in their ability to scale." This approach helped them more fully live into their aspirations to both model health equity in their approach while also supporting it through their programs.

Why Were the Changes Significant?

The development of shared language and a focused message about equitable system change was perceived by participants as critical for bringing other staff and leaders along. Previously, those involved with the J-CHE effort had struggled to explain its value to the hospital system. With the new framing and language, it became much easier to make that case for J-CHE's importance within Jefferson and in the communities where it concentrated its efforts.

A participant explained the value of the shift this way: "I started talking about vital conditions in cabinet meetings and talking with my colleagues, and now it's part of the vocabulary at Jefferson. . . . I think we've had a huge cultural shift within the Jefferson enterprise because we now have different language to describe what we're doing. . . ."

> **"I started talking about vital conditions in cabinet meetings and talking with my colleagues, and now it's part of the vocabulary at Jefferson.... I think we've had a huge cultural shift within the Jefferson enterprise because we now have different language to describe what we're doing...."**
>
> —PROJECT PARTICIPANT

Most important, focusing their efforts served to make the work feel more attainable and prevented the kind of sprawl that had plagued earlier efforts. "We are not scattered all over the place," a participant said, "but are really focused in these specific areas."

HST's primary focus was on helping stewards in hospital systems drive a shift in roles. As participants saw it, Jefferson was embarking on a new frontier and getting ready for a future in which the hospital system would be investing in programs and services in support of a healthy, equitable Philadelphia that it didn't always directly manage. In the words of a participant, "We're going to keep people so healthy that they're only coming in for really acute things. But that's not going to just be something that Jefferson can do by itself."

What Contextual Factors Made a Difference?

Jefferson came to the work with significant advantages. It had access to willing funders and a wealth of existing resources. The institution was in the midst of a one-billion-dollar comprehensive fundraising campaign, of which $100 million was earmarked for community impact programs. With the focus that J-CHE developed through its HST work, many of those investments—$30 million at the close of the project, and more than $70 million at the time of this report's publication—were specifically directed to health equity and the vital conditions, particularly building civic muscle.

The act of fundraising was also, in itself, an important condition. There was a normative assumption in Jefferson that high-impact giving took the form of new buildings, facilities, and hospital programs. Similarly, many executives were predisposed to focus on the kind of fundraising that would bolster Jefferson's bond rating and operating funds. A participant observed, "The donor that's giving to

that building that wants their name on something inside is not the donor that's going to give us money for health equity." There was a fear that fundraising for community health and the vital conditions would divert benefactors and produce a net loss in philanthropic dollars. Much of participants' work in HST, therefore, demonstrated that certain donors were drawn more to supporting health equity than to constructing buildings—and that contributions to J-CHE's thriving-focused portfolio would increase the hospital system's effectiveness without reducing its financial health.

It is important to note, as well, that Jefferson is a large, complex, and often siloed institution in a large city with extensive disparities. These factors made it more challenging for their leaders to understand the best points of leverage to support community transformation and to discern the most effective role J-CHE could play.

With this context, participants said it made sense that supporting culture change and shifting old ways of collaborating with community organizations should dominate the work. Stewards needed to cultivate an understanding of other organizations' strengths and how they could complement Jefferson's. At the same time, they said it was vital to change Jefferson's ingrained habit of setting agendas and managing work in a top-down way. As one participant observed, "In order to collaborate, you need to give up some control, and I think that's what people have trouble with."

ReThink Health's support made a difference by helping participants see the context they were operating in—and what alternatives might look like. Stewardship was the lens that brought the contextual factors into focus, that helped participants recognize what their business-as-usual model entailed and how it could change.

Of all the initial contextual factors that affected progress, however, the most important to participants was that key leaders came to the work with an appetite for change. The experience bore out ReThink Health's previous findings that success in change efforts is often determined by the presence of strong champions in executive suites, organizational units, and the community. Those champions' forceful advocacy is critical for instilling an understanding of the mission—and confidence in it. The work of champions also serves as a source of energy and enthusiasm, helping everyone persevere when the work gets hard. As a participant put it, "We have not only strong leadership but influential leadership on J-CHE's team. We have the right people going to bat for J-CHE."

Carilion Clinic

Advancing understanding of and investments in vital conditions and using a strong-tie network approach to build key partnerships allows hospital systems to improve community well-being while continuing to strengthen the financial stability of their institutions.

What stewardship mindsets and actions helped Carilion Clinic the most? And why?

- *Expanding aspirations:* Centering the vital conditions gives organizations a way to develop ambitious goals that balance the needs of both community and the financial stability of organization.
- *Increasing interdependence:* Cultivating an understanding of the unique roles that organizations can play helps to clarify who is best positioned to move catalytic initiatives forward and builds alignment across key players.

What Were Carilion's Most Significant Changes?

Carilion's participants began their HST work with the aspiration of shifting individual and organizational perceptions of the health care system's role in the community. "It was about what the health care system is and what it should and can do for the community," a participant said. The challenge was to align that aspiration with the hospital system's financial goals, balancing the need for financial prudence with the imperative to change investment patterns.

When reflecting on their HST experience, participants cited the importance of their network mapping efforts, a series of surveys conducted through the project with a wide array of community partners to understand relational dynamics and shifts in mindsets and actions among organizations with which Carilion partnered. The network mapping provided new clarity about their connections and community relationships. That improved grasp of their environment helped the participants understand which organizations were already doing work in the spaces that were a focus of their change efforts.

Carilion knew that it wanted to focus on improving outcomes and reducing stigma associated with mental health and substance abuse. Previously, however, they'd either done it alone or engaged with other organizations in ways that were cursory and/or short term. With a new perspective on interdependence, Carilion's participants were able to take a much more purposeful approach to partnering.

At the same time, their work with ReThink Health had helped to focus their attention on the vital conditions and the north star goal of thriving together. The new framing led to a re-examination of their investment priorities. They knew that investing more in the vital conditions would mean shifting resources away from urgent services, and they explored what that transition would mean in the context of mental health and substance abuse.

The hospital system's pending community health needs assessment presented an opportunity to begin modeling new ways of investing, rooted in the vital conditions. It started to discuss what it would look like to transition from a model oriented around broad categories of social determinants of health to one based in specific vital conditions and began to plant the seeds for changes in their investment philosophy.

Why Were the Changes Significant?

Before their work with HST, participants didn't know if it was possible to address mental health and substance abuse in a way that balanced community health and financial viability—if it was possible to achieve a true win-win. Their HST involvement didn't yield a precise recipe, but it did reveal that there was a viable path forward.

HST helped participants place Carilion's financial pressures in a new context. They saw that if they could bring about a commitment to thriving together and the vital conditions, it could advance, not detract from, the hospital system's fiscal stability. "If our revenues will continue to be suppressed from reimbursement pressures," a participant said, "we have to figure out a way to control costs, and one way to do that is for care to be less expensive for patients [because] they don't need high-level acute care."

They saw that if they could bring about a commitment to thriving together and the vital conditions, it could advance, not detract from, the hospital system's fiscal stability. "If our revenues will continue to be suppressed from reimbursement pressures," a participant said, "we have to figure out a way to control costs, and one way to do that is for care to be less expensive for patients [because] they don't need high-level acute care.

Participants were also aware that their own evolution was only the beginning. With an appreciation for interdependence, they knew that they needed to shift mindsets within the institution and cultivate new norms for community engagement. Earlier efforts had already identified healthier communities as a key component of Carilion's mission, but implementation had been narrow and uninspiring. Participants felt that the north star goal of thriving together, the organizing framework of the vital conditions, and their new understanding of partners' strengths gave them the materials necessary to catalyze change.

Earlier efforts had already identified healthier communities as a key component of Carilion's mission, but implementation had been narrow and uninspiring. Participants felt that the north star goal of thriving together, the organizing framework of the vital conditions, and their new understanding of partners' strengths gave them the materials necessary to catalyze change.

What Contextual Factors Have Made a Difference?

At the start of Carilion's HST work, participants reported that Medicaid expansion was already leading the hospital system to grow its commitment to community benefit, given that it no longer needed to provide as much uncompensated care to low-income Virginians. Many patients who hadn't previously had health insurance now did, and the increase in coverage brought with it an expectation that Carilion would put its increased surplus to work in the community. Within the hospital system, there was a sense that they were entering fertile ground. "We are stewards of our patients' money," a Carilion leader said, "and it's our responsibility to use it wisely."

The COVID pandemic, which began soon after project launch, also posed significant challenges. The pressures of pandemic response and related staffing shortages made it difficult to devote attention to "extracurricular" work. Carilion also sustained a financial hit when it was forced to suspend elective services so that it could focus on emergency care. HST participants felt the impact when their planned navigator hotline, which was intended to test the new stewardship approach, was canceled due to funding shortages and lack of engagement.

On the other hand, an HST participant observed that senior leaders came to see disparities through the lens of COVID and "hoped to get more resources to address those disparities and think outside of hospital or clinic walls."

The sentiment was not universal, however, with many senior leaders holding divergent opinions about whether Carilion ought to play a role in addressing the community's nonmedical needs. And there were larger legacies and cultural tendencies to navigate. Participants acknowledged that many community organizations viewed the hospital system as "big bad Carillion" and felt a lack of trust that would need to be overcome.

Despite these challenges, the participants were able to make important progress. As is always the case in change efforts, stewards were affected by context—and were able, in turn, to alter that context by taking strategic action. The most important shifts in condition were internal to the hospital system: an evolution in mental models that increased alignment around the principles of stewardship and the value of vital conditions.

PHOTO COURTESY OF JEFFERSON HEALTH."

Trinity Health

Bricks-and-mortar development can matter less for stewardship than clarifying organizational intent for community well-being, shared governance, and an appreciation of historical legacies that can be strengthened for thriving together.

What stewardship mindsets and actions helped Trinity the most? And why?

- *Centering people with lived experience:* Emphasizing authentic working relationships with residents ensures alignment of strategy with community need and encourages investments in things that are already working in the community.
- *Increasing interdependence:* Discerning the unique roles that individuals and community organizations can play, and building governance structures that reflect those roles, helps to drive alignment, meet emergent needs, and foster mutual accountability.

What Were Trinity's Most Significant Changes?

ReThink Health's engagement with Trinity reinforced its existing priorities, helping participants find effective approaches for navigating the stewardship path that Trinity had identified prior to HST. During HST, Trinity participants formed the Detroit Health Ministry. The effort built on Trinity's overall mission and its goal to create an expanded and sustainable model for community health activities that would benefit residents of Detroit and Wayne County. ReThink Health's support was critical, participants said, in strengthening Trinity's stewardship stance and putting the Mission Ministry on a steady and sustainable path.

As in Jefferson's case, the stewards at Trinity chose a "narrow and deep" strategy that emphasized investing in what was already working in the community, rather than inventing entirely new programs. It also meant pursuing maximum impact by concentrating their attention on the geographic area of greatest need. With support from ReThink Health, they studied the question, eventually determining that Trinity was well positioned to provide greater support to the west-side neighborhood of Cody Rouge. Their efforts there were diverse, mirroring needs of the community and informed by relationships between Trinity and community leaders. They ranged from establishing telehealth services to providing athletic trainers to support local high-school athletes, with future plans to build an early childhood education center.

Just as important was what happened next. With help from ReThink Health, participants said they went to work building new partnerships in Cody Rouge and learning more about the local ecosystem: what residents and organizations there were struggling with and what their strengths were. The effort yielded a much deeper and more nuanced understanding of gaps and assets, needs and opportunities. Participants came to appreciate what it would mean to be a good partner in Cody Rouge. They developed relationships with large institutions like the school district as well as resident groups that had been solving problems in the neighborhood for years.

Why Were the Changes Significant?

One important benefit of these improved relationships, according to participants, was that they supported a deeper historical perspective, enabling Trinity to better understand powerful legacies and to place the Detroit Mission Ministry's work in a

larger context. To advance that context setting, participants initiated an improvement in data collection methods and the development of new narratives that were more inclusive and compelling.

Trinity's HST participation helped to strengthen the strategic discipline of those who were working to establish the Detroit Health Ministry. In the words of a participant, "It really helped us focus our attention on what we have been wanting to do for at least the last three or four years." During those years, the goal of creating a new ministry had remained a bold but largely undefined aspiration. By the time HST concluded, the Ministry had gained a clear shape and well-understood value proposition, which paved the way for approval by Trinity's trustees.

Trinity's HST team resolved that when they worked with current or prospective community partners, they would avoid transactional relationships that reinforced short-term thinking and top-down dynamics. Instead, they would focus on building durable relationships that were based in trust and long-term benefit. Reflecting on how the Detroit Mission Ministry should operate, a participant said, "I think the moral of the story is… don't be afraid to make an investment and work in partnership with other organizations. I truly believe that's how you leverage your investment."

The participants' expanded aspirations and more equitable approach to partnership has set the stage for future progress as they bring others into the work. "There's so much more that a health care system can do to support a community beyond just providing clinical services," a participant said. "I think, I hope, that the foundation that ReThink Health provided will allow us to continue to be a leader in that regard. I would love for it to engender even more investment, more collaboration—dare I even say, health care systems collaborating together, coming together as stewards."

What Contextual Factors Made a Difference?

With its origins as a Catholic health care provider in Detroit, Trinity had a long-standing interest in alleviating poverty in the city and serving its most neglected residents. That history proved to be the contextual factor that was most pivotal. It meant that Trinity's leadership was already inclined to support the goals of the Mission Ministry—already prepared to embrace the spirit of stewardship. "The work we are doing in Detroit has been endorsed by the highest levels of the organization," a participant said.

After closing its hospital in the city more than two decades earlier, Trinity's involvement in the city had declined significantly. Many residents saw the hospital's closure as a withdrawal from the city and disengagement from its concerns. Senior executives at Trinity were eager to demonstrate to residents that the system was still there for them. Because the Mission Ministry offered a way to achieve that goal, participants started with a firm footing and did not have to work at overcoming internal skepticism.

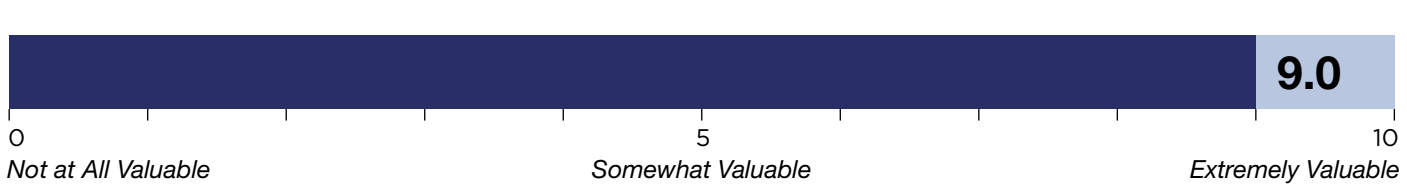
The COVID pandemic surfaced nuanced tensions related to context. On the one hand, it helped to reinforce the importance of working closely with the community on issues not directly related to service delivery. And COVID's exceptionally high mortality rate among Black residents, who constitute the majority of Detroit's population, drove home the salience of equity and racial justice. At the same time, however, the urgency of the pandemic tended to drive attention to short-term actions and reduce interest in the broader dimensions of well-being.

6 The Role of ReThink Health

The evaluation also focused on the role of ReThink Health in supporting the progress of project participants. Perceptions about ReThink Health's value and experiences with specific supports allow us to draw inferences about what matters in the design and implementation of transformation initiatives like HST.

Participants from the core teams and labs were unanimous in saying that ReThink Health's support benefited their work (average of 9.0, where 0=not at all valuable and 10=extremely valuable).

Figure 13. To what extent has engaging with ReThink Health been valuable in your work?
(final evaluation survey, mean across core team and lab participants) (n=19)



In a final evaluation survey, participants were asked to rate the usefulness of each major design element of the HST project. Participants found all design elements more than somewhat useful (see Figures 14 and 15). Across HST participants that received close coaching and participated in the Stewardship Labs, frameworks and stewardship language were ranked high. Participants tended to rank highest the supports with which they interacted the most. For example, participants who received close coaching engaged in significant one-on-one coaching and consultation and rated it as very useful. Participants who joined the Stewardship Labs rated them the highest. See Table 3 for an overview of the ways in which participants found ReThink Health supports to be useful.

Figure 14. Average usefulness of ReThink Health supports for core team participants
(final evaluation survey) (n=12)

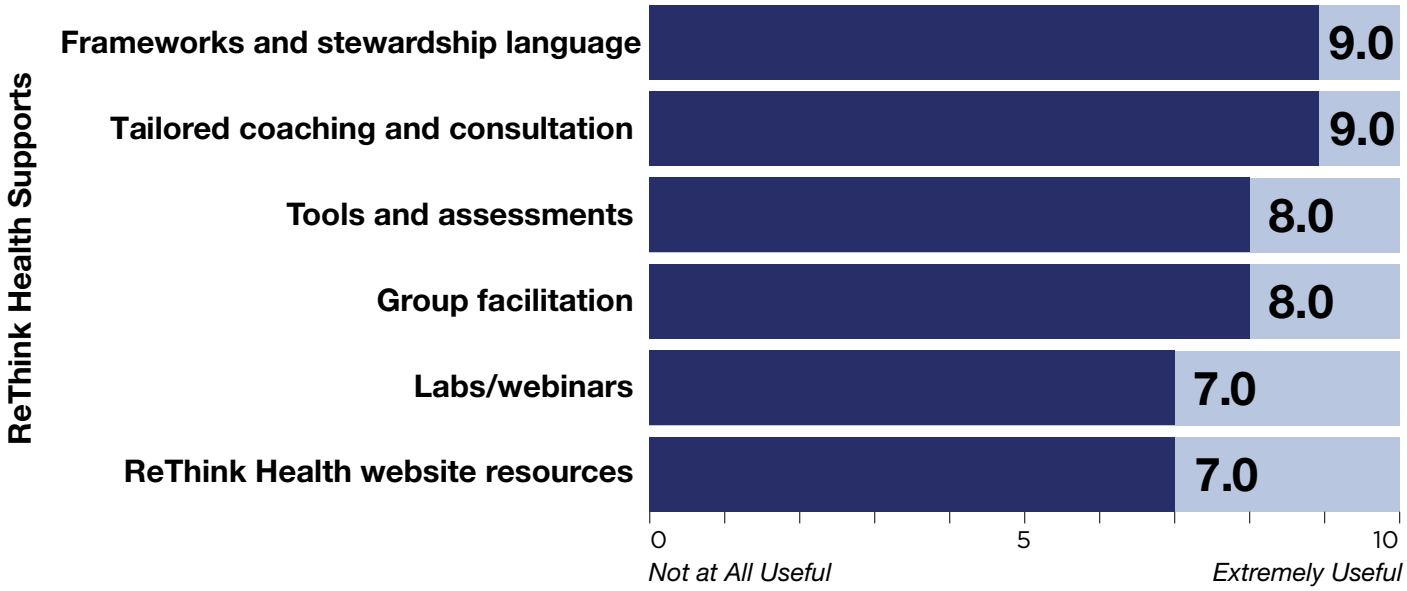
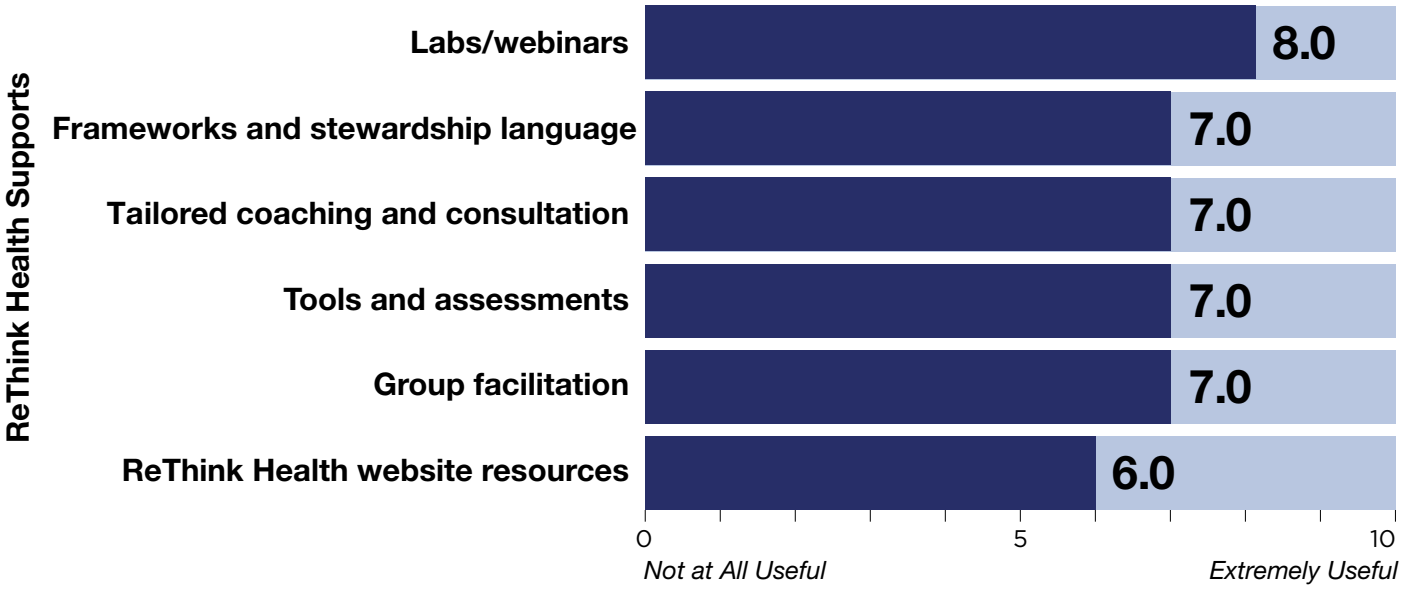


Figure 15. Average usefulness of ReThink Health supports for lab participants
(final evaluation survey) (n=7)



Most participants said that they would like to receive ongoing support from ReThink Health. Interestingly, although some participants indicated in the mid-point assessment that HST's time commitment was burdensome, by the project's end an overwhelming majority determined that the work had been "worth it" (mean score of 8.6 out of 10).

Table 3: How ReThink Health supports helped Hospital Systems in Transition project participants

Type of Support	What It Consisted of and How It Helped
Frameworks and stewardship language	• Developed and shared frameworks that **conveyed the dynamics of well-being** and introduced tools that helped participants assess how their organizations contribute in the movement to thrive together • Presented **belonging and civic muscle** as both a vital condition for well-being and a practical capacity necessary for equitable action in every other kind of work • Discussed **complex adaptive systems** in a way that helped people understand—and explain for themselves—the inherent messiness of their work • Emphasized **casemaking** strategies that build public will for equitable system change because they lead with messages that are about solutions and inclusion, not crises and separation • Shared insights from **strong-tie network theory**, which helped participants understand the importance of building fewer but stronger relationships
Tools and assessments	• Introduced concepts and **tools** that built understanding of organizational roles and approaches, helping participants recognize the unique "value add" of their own and others' organizations • Surfaced important insights about how partners perceive each other's contributions

Type of Support	What It Consisted of and How It Helped
Tailored coaching and consultation	• Created space for participants to try on new concepts and language in a "safe-to-fail" environment, relevant to individual roles and organizational context • Promoted direct and honest discussion, emphasized the importance of vulnerability, and fostered an awareness of power and its effects on interdependence • Emphasized that stewardship involves forming deep working relationships with residents and organizational leaders • Acted as both a learning partner and credible "outsider," which provided affirmation for participants who wanted to deepen their stewardship practice and try new organizational strategies
Group facilitation	• Provided facilitation early on and often to help focus and redirect the work of teams • Got teams thinking about the right questions as they moved forward in their work • Shared new concepts and helped teams to integrate those concepts into their work
Labs/webinars	• Led exercises that helped participants map organizational investments across their entire community, making their full investment portfolio visible and helping them align their investments with their aspirations
Website/online resources	• Published reports, blogs, and tools that enabled participants to share concepts more easily

Implications for Project Design

HST participants and ReThink Health staff identified several features of the project that could be strengthened or built upon in future engagements:

- **Coaching focus and consistency:** HST highlighted the degree to which leaders struggle to adhere to their long-term goals rather than simply reacting to events. ReThink Health could address this in future engagements by providing executive-level coaching that is broadly applicable and holds participants accountable to their goals. In addition, the evaluation indicates that ReThink Health could improve its coaching by making it more consistent across all participants and settings.
- **New language and concepts:** Participants reported that the difficulty of learning a new language was initially a barrier—but that the language had a transformational effect once they learned it. Similarly, they appreciated the power of the new concepts they learned but felt that they lacked effective approaches for spreading the concepts to others. In future engagements, ReThink Health could clarify up front the tensions inherent in learning a new language and build participants' capacity to share insights gleaned through the work.
- **Cohort learning:** The launch of the Stewardship Labs enabled participants from different hospital systems to learn alongside one another, but the labs launched fairly late in the project's timeline. The evaluation suggests that it would be beneficial to initiate a cohort learning structure earlier in the process, allowing more time for insight-sharing and relationship-building across project participants.
- **Internal focus:** At the outset of HST, ReThink Health's project framing and HST theory of change tended to under-emphasize the importance of navigating internal complexities and barriers. That runs counter to one of the project's primary findings: that it is important to focus on strengthening stewardship internally *before* developing a strategy directed at external networks.
- **Access to tools:** The evaluation indicates that participants sometimes struggled to access key tools and resources. ReThink Health should consider developing an easy-to-navigate online toolkit that remains available throughout the duration of the project.

7 Conclusion

Summary of Emerging Effects and Insights

ReThink Health launched HST with the aim of discovering how hospital systems could, with support, come to embrace the role of a regional steward. It also wanted to know the extent to which HST participants would take on the mantle of stewardship, shifting their own mindsets and actions while encouraging others to join. And, there was a question about the catalytic value of engagements with ReThink Health: How did ReThink Health's own actions contribute to the changes that occurred?

The experience of HST affirmed that hospital systems are able to take meaningful steps toward embracing stewardship, shifting how they understand their role in the process. To a significant degree, participants expanded their aspirations to establish vital conditions for health and well-being, an important change from primarily emphasizing urgent services and increasing access to care as their principal strategy to build an equitable, thriving community. They also demonstrated notable progress on specific stewardship practices to support that new orientation.

Our evaluation underscored the extent to which contextual factors—e.g., economic conditions, reimbursement rates, and the quality of existing relationships—play a critical role in determining the stewardship roles that are possible and needed. Participants overwhelmingly indicated a desire to deepen their stewardship practices in the year ahead. They also acknowledged that a more enabling context would be needed to fully express their potential. In addition to deepening their own individual and organizational stewardship practices within the region, other stewards operating on a wider scale would need to establish more favorable policies, financial incentives, and other influential contexts.

Insights from HST suggest that ambitious efforts to transform entrenched systems call for equally expansive stewardship on multiple scales: within and across individuals, organizations, and networks. When ReThink Health and the participants embarked on HST, they expected that they would proceed with an equal focus on shifting norms and structures internally and rethinking how the participating hospital systems engaged with residents and community-based organizations externally. They came to realize that they would be more effective at engaging with external constituents in new ways when they had first refined their strategy and deepened their internal practices for more authentic engagement.

The HST experience suggests that if the goal is to build thriving equitable communities through shared stewardship, that work should begin at home, by seeding and growing stewardship within individual institutions.

The results of our evaluation show that coaching and tailored accompaniment can play a catalytic role when guided by frameworks, assessments, and tools that are designed to instill stewardship mindsets and actions. In this way, ReThink Health helped to build and reinforce capacity for hospital systems to claim a role as a regional steward, and to inspire a clear commitment to ongoing stewardship practices. In HST, ReThink Health developed new insights and hypotheses, such as those related to expanding strong-tie networks and advancing culture shifts through new narratives, that will serve as the foundation for future work.

While many of the changes we report need additional effort and time—and more favorable contexts—to take hold as widely shared norms, our findings do lead to a number of important lessons for hospital system leaders and those working to support them:

Lessons for Leaders of Hospital Systems in Transition

- **To strengthen shared stewardship, start at home.** As HST participants often put it, leaders need to "walk the talk" within their own institutions in order to successfully advance stewardship in their communities. Internal coherence enables and propels external impact. The job is to align the system's aspirations for a thriving, equitable community with its own internal mindsets and actions.
- **Focus efforts on thriving together and the vital conditions—especially belonging and civic muscle.** When the goal is system change, leaders can create a cascade of positive impacts by orienting efforts toward thriving together and the vital conditions. Emphasizing the thriving together ethos builds enthusiasm, engages new partners, and supports culture shifts within and across organizations. In particular, a strong commitment to belonging and civic muscle enables deeper conversations about power sharing and shared accountability. These shifts create conditions for high-impact, sustained multisolving investments that help to build thriving, equitable communities.
- **Build intentional interdependence.** Distributing leadership across networks of organizations is an essential step in community change. This requires organizational leaders to cultivate an understanding of their own unique roles—and the roles of others, eschewing the tendency to be "all things to all people." As partners come to recognize their dependence on one another, they engage in increasingly candid discussion about capabilities and constraints, expectations and interests. This enables closer alignment, stronger mutual accountability, and the development of deeper and more focused working relationships. It also encourages investment in things that are already working in the community, rather than in wholly new go-it-alone projects.
- **Construct strong-tie networks geared around inclusive decision making.** When looking to seed transformative change, concentrate on the strength of relationships rather than their number—with an emphasis on cultivating a diversity of perspectives and ensuring that those whose experiences are typically unheard become co-designers and full partners in the decision-making process. Relatively small networks of groups and individuals who share strong bonds of understanding and trust may be more effective for spreading change and innovation than much larger networks in which understanding and trust are weaker.
- **Be patient.** It takes time for new ways of thinking and working to become normative, especially when the goal is to make shifts across individuals, organizations, and networks. This is iterative, long-term work that will always occur in shifting contexts—which means that progress depends on continual learning and adaptation. Ultimately, success requires sustained intentionality and ambition, and a relentless focus on turning challenges into springboards for change.

Lessons for Organizations Supporting Hospital Systems in Transition

- **Focus on transforming stewardship practices, not just on implementing initiatives.** Discreet initiatives are rarely sufficient to alter the complex systems that hold problems in place. Instead, it is important to adopt a transformational approach that helps hospital leaders articulate their aspirations and live up to them by strengthening stewardship practices. Capacity-building endeavors can yield greater impact by prioritizing practice transformation in their design; hospital system efforts to develop new projects or infrastructure will be bolstered by strengthened norms and ways of working together.
- **Support change across individuals, organizations, and networks.** The work of system change requires transformation across individuals, organizations, networks, and the broader field. These arenas have blurry boundaries, overlapping players and parts, and are constantly evolving. Helping hospital leaders to see and leverage the messiness inherent in system change efforts is essential to their success. And, while experiences for hospital leaders should be designed to build coherence across these scales, it is important to emphasize the unique role that individual transformation plays—change across organizations and networks starts with the people that comprise them.
- **Navigate the adoption of a new language.** The work of championing stewardship is closely associated with narrative change. Stewards are most effective when they use a shared language, one that can drive shifts in organizational culture and help to build community-wide consensus and momentum. Integrating approaches for hospital leaders to advance narrative change in their organizations and communities is critical for championing stewardship.
- **Develop learning cohorts.** Because every community is unique and because stewardship is highly context-dependent, the specific practices that work in one place can't easily be applied "template style" to other settings. That means that hospital leaders need to learn alongside others who are grappling with the same challenges. Fellowship and shared exploration help stewards feel less isolated and provide a source for feedback and inspiration.

Lessons for ReThink Health's Engagements with Health Care Stewards and Others

Rippel's ReThink Health initiative occupies a distinctive niche among those working to enhance well-being and justice through equitable system change: it focuses on strengthening shared stewardship as a powerful, yet largely overlooked way of creating systems that are built for everyone to thrive together.

When working with hospital system innovators, in particular, ReThink Health is well-positioned to inspire health professionals to dedicate themselves and their organizations to be better stewards. Many insights from HST have already been condensed into a joint publication with the Institute for Healthcare Improvement and the Community Initiatives Network that focuses on Shared Stewardship in Health Care: Transformational Practices for Thriving Together. Going forward, that resource can be used to invite others across the industry to move in similar directions.

This study also showed that aspiring stewards cannot reach their full potential without certain enabling conditions expressed through policies, payments, power-sharing, and other institutional structures. Individual players across the health care industry need unequivocal signals from the rest of society to become truly accountable for their role in a wider movement for well-being, equity, and racial justice. The HST project began with the proposition that health care in

America can mean more than being a big business. From its inception, ReThink Health has been committed to help establish a new era of health care accountability, and they have been steady supporters of accountable communities for health. New insights from this study reinforce the significance of that work. More can be done to accelerate health care stewardship through a mix of coaching and guided practice within each organization, coupled with greater accountability across the industry as a whole.

In addition, this evaluation suggests that with savvy support, health care professionals and health care organizations can become increasingly attached to the well-being of the people and places they touch. Changemakers who play multiple roles within hospitals can begin to let go of transactional relationships and adopt more transformational ways of working with others toward an equitable, thriving future. This study points to at least four interconnected commitments that ReThink Health could incorporate into all engagements with fellow stewards across the country.

- ***Reinforce a unifying narrative*** by telling stories about aspirations and assets, not deficits, and making cases that show how we can thrive together, why justice makes us stronger, and how everyone can be a steward. For instance, ReThink Health could add more voices to their Stewards Rising communications campaign, which profiles people and organizations at various points in their stewardship journeys. Several participants from HST were among the first to share their stories in this campaign and many more could be added over time.
- ***Bridge differences*** by relying on the wisdom of both lived and learned expertise and by intentionally connecting across intersecting lines of color, class, gender, party, and other human differences. One of the most reliable ways to bridge differences is to concentrate on expanding belonging and civic muscle in every interaction. ReThink Health can build on that insight and encourage stewards everywhere to assure that more and more people who have historically been excluded feel that they are embraced for who they are and valued for what they bring.
- ***Invest in multisolvers*** by channeling resources equitably into vital conditions with many co-benefits. ReThink Health has devised practical ways for scores of stakeholders to visualize and negotiate a well-being portfolio for their region. This approach resonates well and could be even more influential if used on a wider scale. In addition, ReThink Health can do more to solidify widespread understanding that belonging and civic muscle is a particularly powerful vital condition that ought to be more visible, valued, and investable.
- ***Measure movement*** by orienting around routine evaluation inquiry around shared values for well-being, equity, and racial justice. ReThink Health is well-positioned to help health care stewards use a suite of practical measures (such as the balance of vital conditions and urgent services) to navigate sustained movement toward an equitable, thriving future.

These commitments are just a few practical ways that ReThink Health could use insights from the HST project to discover even more about what it takes to thrive together through shared stewardship.

Bibliography

Elhauge, Einer. 2010. *The Fragmentation of US Health Care: Causes and Solutions.* Oxford. Oxford University Press.

Erickson, Jane, et al. 2022. "2021 Pulse Check on Shared Stewardship for Thriving Together Across America." *ReThink Health*.

Hamed, Sarah, et al. 2022. "Racism in Healthcare: a scoping review." BMC public health 22, no. 1 (May): 1-22.

Martin, Lindsay A., Donald Berwick, and Thomas Nolan. 2014. "The big barrier to high-value health care: destructive self-interest." *Harvard Business Review*.

Milstein, Bobby, et al. 2020. "Amplifying Stewardship: Characteristics and Trends Stewards Consider When Expanding Equitable Well-Being." *ReThink Health*.

Yearby, Ruqaijah, Brietta Clark, and José F. Figueroa. 2022. "Structural Racism in Historical And Modern US Health Care Policy: Study examines structural racism in historical and modern US health care policy." Health Affairs 41, no. 2 (February): 187-194.

APPENDIX A:

Overview of ReThink Health's Approach to Project Evaluation

ReThink Health (RTH) is continually developing and testing hypotheses related to stewardship and system transformation. RTH is also, necessarily, working on the front-edge of evaluating dynamic interventions in complex adaptive settings.

RTH intentionally explores creative, rigorous ways to conduct evaluations that balance the dynamic nature of the work being done *and* the need to identify emergent effects. To the extent possible, the goal has been to ensure coherence across worldview, theory, methods, and projects.

Concepts fundamental to the evaluation are defined below along with related implications for the RTH evaluation design and implementation.

Aspect	Fundamental Concept	Implications for ReThink Health Projects
Worldview	**Complex Adaptive System:** A system in which many independent elements or agents interact, leading to emergent outcomes that are often difficult (or impossible) to predict simply by looking at the individual interactions.	• Because predictability and control cannot be assumed, learning is necessary. • Not all evaluation approaches/methods are "fit" for working in complexity. • Identification of emergent patterns (similarities *and* differences) necessarily inform short action cycles.
Theoretical Lens	**Realist Evaluation:** A theory-driven, explanatory evaluation approach that asserts…to be useful for decision makers, evaluations need to identify "what works in which circumstances and for whom?", rather than merely "did it work?".	• The approach is fit for engagements in complex systems, especially multi-site, multi-year programs and policies. • Differences in outcomes are expected and can be explained across contexts. • Program theories can be developed and tested—critical for working in new frontiers. • Data must be collected related to the engagement itself, context, causal links (called mechanisms), and outcomes (effects). • Realist evaluation is methods neutral, meaning that it applies to qualitative and quantitative methods.

Aspect	Fundamental Concept	Implications for ReThink Health Projects
Evaluation Use(s)	**Developmental:** "... supports innovation development and guides adaptation to emergent and dynamic realities in complex environments....in which what to do to solve problems is uncertain and key agents are not necessarily in agreement about how to proceed. ..." (Better Evaluation, 2019)	• Rapid, real-time interaction and sensemaking generate learning, evolution, and continuous development. • Suited to action learning engagements; learning agenda is critical. • Evaluator role is often more embedded in the innovation process; practitioners/ faculty also serve as key informants. • Timing matters—rapid feedback loops are critical. • One must pay close attention and know how to observe/capture the important and emergent patterns and signals. • Sensemaking happens continually, across scales, and across perspectives.
	Summative: "... measures outcomes against predetermined goals and frameworks... usually conducted at the end of a program cycle... the purpose is to render a judgment about the effectiveness of the program or policy." (Better Evaluation, 2014)	• Summative evaluations are often conducted to answer the question "did it work?" The answer is not that "simple" regarding ReThink Health's projects endeavors. (See above concepts.) • There are no specifically stated, "pre-determined", or discrete goals/metrics against which to judge effectiveness by conventional standards—learning has been a goal and the process has been emergent (see above concepts). In addition, the engagement has been necessarily tailored to meet needs of each person/site within and across initiatives. • Care must be taken in selection of the metrics that matter—for ReThink Health, funders, and project participants. • Causal links and attribution are difficult to name/claim; rather a focus on capturing the extent to which progress has been made at various scales/sites and relating that progress to initial conditions, contextual dynamics, and support provided by ReThink Health.
Methodology	**Most Significant Change:** An evaluation approach that asks intervention partici-pants to share experiences of change and identify those that are the most significant to their efforts. Particularly useful in understanding similarities and differences in what stakeholders value regarding "what success looks like."	• Evaluation instruments have been intentionally designed to explore the explicit and tacit criteria and standards people and organizations use to define meaningful impacts, "outcomes, processes and the distribution of costs and benefits." (Better Evaluation, 2018)

With the above concepts and their practical implications in mind, RTH has completed a robust multi-method and multi-project evaluation. Below we identify the methods employed during the project evaluation.

ReThink Health Project Evaluation Methods

- **In-depth interviews with project participants** to understand patterns regarding shifts in mindsets and actions, to identify emergent outcomes and lessons learned, and to surface stories.
- **In-depth interviews with ReThink Health faculty** to understand patterns and observations regarding shifts in mindsets and actions, to identify emergent outcomes and lessons learned, and to surface stories.
- **Organizational stewardship self-assessments** to understand the extent to which organizations participating in the project possess mindsets that support regional health and well-being.
- **Network mapping and analysis** to understand relational dynamics and shifts in mindsets and actions among organizations that partner together in the participating organization's community.
- **Final evaluation survey** with all individuals participating in the project to surface perceptions about progress and the value of ReThink Health supports.
- **Review of documents** created by ReThink Health faculty and project participants during the duration of the project to understand participant context, project approaches, and to surface patterns in emerging effects.

APPENDIX B:

Hospital Systems in Transition: What Works? For Whom? In What Context?

Most Helpful Support from ReThink Health

Concepts regarding:

- Thriving Together as the north star
- Vital Conditions/ Urgent Services
- Complexity

Approaches for:

- Stewardship identity/ practices

Tools and supports:

- Labs/cohort learning
- Coaching and facilitation
- Thought partnership
- Self-assessment tools for networks and stewardship
- RTH blogs, reports, and website
- WIN Measures

How RTH Support Makes a Difference

- Shared language
- Deepened commitment
- Affirmation
- Credibility
- Inspiration and hope
- Prioritizing and planning
- Context (esp. re national trends)
- Supporting scale/ dissemination
- Accountability
- Dedicated time & space for the work
- Safe space; neutrality

Contextual Factors Influencing Mindset Shifts

Individual Level

- Self Identification as a steward prior to HST
- Personal values
- Lived experiences
- Prior exposure to systems/complexity concepts
- Level of exposure to/ interaction with RTH
- Level of dissatisfaction with status-quo

Organizational Level

- Mission
- Leadership goals and priorities
- Internal stewards with whom to partner
- Institutional size
- Financial assets
- Learning organization

System Level

- Community demographics and needs
- Historical relationship with community-based organizations and residents
- Covid-19 and racial injustices brought systemic inequities to fore
- Political environment

Shifts in Mindset

- Embracing stewardship as a personal and professional identity
- Improved capacity to "see" the system and one's role in it
- Understand current allocation of resources
- Awareness of need to balance investments in vital conditions and urgent services
- Focus on multi-solving approaches
- Orientation toward community (from "community benefits" to building community power)
- Mindfulness of power dynamics
- Understanding network composition, assets of partner organizations
- Increased openness to and expectations of partnerships
- Focus on long-term
- Appreciation of the need for patience
- Increased confidence

Contextual Factors Influencing Action Shifts

Individual Level

- Role and leverage within the system
- Internal and external relationships/network (especially with stewards)
- Ability to communicate effectively about stewardship
- Capacity to "see" creative opportunities for transformation

Organizational Level

- Size
- Financial assets/trends
- Patient population
- Flexibility
- Culture (i.e., definition of equity, risk tolerance, innovation, safe spaces for difficult conversations)
- Understanding of community interests/ needs
- Willingness to share power and resources
- Community perceptions
- Meaningful external partnerships
- Measurement needs and expectations

System Level

- Policy environment
- Covid-19

Shifts in Action

- Using shared language (thriving together, vital conditions, stewardship)
- Focusing attention, fundraising, and investments to vital conditions
- Evolved organizational and network strategies (greater coherence, deeper focus)
- Proactive versus reactive approaches to systemic issues
- Increased quality of relationships across organizations (trust, vulnerability, transparency)
- Shifted organizational policies (procurement, contracting, hiring)
- Expanding partnerships and selecting partners based on new criteria
- Scaling/disseminating by orienting others to stewardship mindsets and practices
- Creating new structures for stewardship efforts
- Changing measures
- Prioritizing accountability to residents

See page 44 for an explanation of the arrows in this figure.

Summary of Diagram

This evaluation combines a complexity worldview with a realist perspective, recognizing that nothing works the same way for everyone all of the time. Instead of seeking to isolate a discrete set of activities and ask, "Did it work?" our evaluation explores a series of closely related questions: "What works? How? For whom? And in what context?" The diagram above defines each of these elements and the interaction between them.

- **Most Helpful Support from ReThink Health** (Column 1)
  - This column describes **what worked** for participants, drawing from their self-report of the most instrumental elements.
- **How RTH Support Makes a Difference** (Column 1.5)
  - The bottom of the first column addresses **how** ReThink Health's engagement made a difference.
- **Contextual Factors** (Columns 2 and 4)
  - Here we explore the questions, **For whom and in what context?** Although all participants reported effects, the extent and substance of those changes varied across settings, individuals, and time points. Columns 2 and 4 list the contexts that drive the project's observed effects. The dotted lines indicate that these contextual factors influence how ReThink Health engagements are received by participants and are influenced by the mindset and action shifts of participants. Effects are strongest when certain favorable contexts exist; these same contexts influence what happens next.
- **Shifts in Mindset and Action** (Columns 3 and 5)
  - In columns 3 and 5, we describe the shifts in mindset and action to which ReThink Health contributed as influenced by the contexts described in Columns 2 and 4.

The blue arrows indicate a reinforcing feedback between each element.

The primary takeaway is that change related to ReThink Health's support is *consistent* (appearing in strong patterns across sites), and *conditional* (dependent on contextual factors). As ReThink Health has demonstrated, a major insight for those who seek to support and foster stewardship is the ability to see and understand context and fit the engagement to those contexts.

APPENDIX C:

Glossary of Terms for ReThink Health Action Learning Syntheses

Action learning: A learn-as-you-go approach to project design and evaluation that prioritizes rapid cycles of action, reflection, and adaptation, integrating multiple points of view along the way. More than observation, it is a way to build insights informed by everyone involved in a change effort and strengthen capacity across individuals, organizations, and networks.

Belonging and civic muscle: Belonging and civic muscle is central to the vital conditions that everybody needs to thrive together. Belonging is feeling part of a community, embraced for who you are, and valued for what you bring. Civic muscle is the power to work across differences and shape our common world. Taken together, belonging and civic muscle is both a vital condition unto itself as well as a pragmatic capacity that is necessary for equitable progress in every other kind of work. Efforts to expand belonging and civic muscle are both means and ends in an intergenerational movement for well-being, equity, and racial justice.

Complex adaptive systems: Complex adaptive systems are systems with many players, interacting parts, and multiple (and massively entangled) boundaries leading to emergent outcomes that are often difficult (or impossible) to predict by looking only at the individual interactions. They are constantly evolving, with no clear start or end points. Wherever stewards work, locally or nationwide, from within a single organization or across many, they always work in complex adaptive systems.

Emerging effects: Emerging effects are the unfolding consequences of actions within a complex adaptive system. They encompass a full spectrum of results that emerge through engagements with ReThink Health, including shifts in practice of project participants (i.e., mindsets and actions) and shifts in context (i.e., strategies, policies, resource flows, and relationships).

Intentional interdependence: Efforts to overcome fragmentation and work across differences require intentional interdependence. Instead of a futile attempt to be all things to all people, stewards can distribute leadership across networks of organizations, cultivating an understanding of their own unique roles and the roles of others. This can enable closer alignment, deeper and more focused working relationships, and stronger mutual accountability.

Most significant change evaluation approach: An evaluation approach that asks study participants to share experiences of change and identify those that they believe are most significant from their own point of view.

Multisolving: One action with many benefits.

Realist evaluation approach: A practical, explanatory way of evaluating interventions in complex adaptive systems and generating insights that are useful for decision makers by asking, "what works, for whom, in which circumstances?" rather than merely "did it work?"

Sensemaking: The process by which a group interprets a situation, context, or new information, particularly in the absence of straightforward explanations. The process combines multiple perspectives to reach shared understanding, often through iterative actions and group reflection.

Shared stewardship: Stewardship is responsible management of something entrusted with one's care. A growing network of people and organizations see themselves—and one another—as interdependent stewards in a movement for well-being, equity, and racial justice. Stewardship is never a solo enterprise. Stewards, by definition, work together to create conditions that everyone needs to thrive together, beginning with those who are struggling and suffering. When changemakers join in a movement of shared stewardship, they can transform legacies of injustice and create a system in which everyone has a fair chance to participate, prosper, and reach their full potential. Stewardship is broader than leadership or governance. It is a way of seeing the world and making decisions that will build and sustain legacies for living together.

Simple rules for shared stewardship: A short, memorable set of shared principles or guidelines (usually five to seven) that support aligned action within and across organizations and residents in a community. Simple rules help to align values, build collective understanding across scales, and shift strategies and investments to expand the vital conditions for health and well-being.

Stewards: Stewards are people, organizations, and networks who work with others to create the conditions everybody needs to thrive together, beginning with those who are struggling and suffering. Everyone can be a steward. They may be affiliated with an organization or act on their own authority.

Strategic casemaking: Strategic casemaking is a way of building public will for equitable system change. By leading with messages about solutions and inclusion, not crisis and separation, it brings new people and organizations into the movement for an equitable, thriving future and strengthens the commitment of those already engaged.

Strong-tie network approach: Recent research found that strong-tie networks—relatively small networks of individuals and organizations who share strong bonds of understanding and trust—may be more effective for scaling transformative change than much larger networks in which understanding and trust are weaker. Strong-tie networks should be intentionally designed to cultivate a diversity of perspectives, ensuring that those whose experiences are typically unheard become co-designers and full partners in the decision-making process.

Thriving together: More and more changemakers are organizing around a single unifying and measurable expectation: *All people and places thriving together—no exceptions*. Efforts to thrive together focus simultaneously on well-being, equity, and racial justice. Often used as the north star or moral compass in an intergenerational movement, our quest to thrive together affirms both dignity and plurality—we are unique people in a common world, each trying to live in a way that lets others live as well. When we translate that aspiration into action, it becomes a commitment to create communities in which all people have a fair chance to participate, prosper, and reach their full potential.

Urgent services: Urgent services are services that anyone under adversity may need temporarily to regain or restore their best possible health and well-being. They include acute care for illness or injury (either mental or physical), addiction treatment, crime response, environmental cleanup, homeless services, as well as unemployment and food assistance.

Vital conditions: Vital conditions are properties of places and institutions that everybody needs all of the time to reach their full potential for health and well-being. They include a thriving natural world, basic needs for health and safety, humane housing, meaningful work and wealth, lifelong learning, reliable transportation, as well as belonging and civic muscle. When one or more vital conditions are absent or impaired, people tend to struggle and suffer, driving demand for urgent services. Urgent services are essential, but they are temporary fixes that don't directly produce thriving lives.

Well-being portfolio design: An intentional effort among stewards in a region to negotiate interdependent investments for well-being, equity, and racial justice. Whether acknowledged or not, every region has a portfolio of combined investments from all sources. Well-being portfolio design is the process of persistently crafting a regional portfolio to unlock everyone's full potential to participate, prosper, and reach their full potential. It entails adjusting the relative balance of vital conditions and urgent services to realize an equitable, thriving future.

APPENDIX D:

Resources Produced through HST by ReThink Health and Project Participants

Resources Produced by HST Participants

Roanoke Valley Community Health Assessment

Resources Produced by ReThink Health

Blogs

Communities RISE Together: Building Belonging and Civic Muscle Through Community Vaccine Mobilization

Cultivating Belonging and Civic Muscle to Advance Equity

Insight Spotlight Series: Hospital Systems in Transition

Insight Spotlight Series: What are We Learning Alongside Stewards of Equitable Health and Well-Being?

In the Midst of National Crises, Stewards are Taking Action Inside Their Own Institutions

Stewards are Hopeful as the Case for Systems Change is Increasingly Seen and Understood

Stewards are Leveraging Relationships to Help Communities Thrive

Stewards End the Year with Rising Determination to Make Progress on Systemic Issues

To Catalyze System Change, Become a Better Casemaker

What Are We Learning in Our Casemaking Journey with Rippel Foundation's ReThink Health Initiative

What Could Stewards Achieve if We Acknowledged our Limitations, Amplified our Strengths, and Expanded our Horizons?

What Would it Mean for Hospital Leaders to be Stewards of Their Regions' Well-being?

3 Hospital Systems Boost Their Work to Build Health Equity With CaseMaking

Conference Presentations

American Hospital Association Accelerating Health Equity Conference 2022 Panel Overview

Institute for Healthcare Improvement Forum, 2021: Thriving Together with Health Care

Multimedia

ReThink Health: Hospital Systems Transition Planning Project: Hospital Roles

ReThink Health: Hospital Systems Transition Planning Project

ReThink Health: Hospital Systems Transition Planning Project: Sustainable Business Model

ReThink Health: Hospital Systems Transition Planning Project: Trusting Relationships

ReThink Health: Hospital Systems Transition Planning Project: 21st Century Role

Stewards Rising

The Role of Hospitals in a Regional Portfolio for Health and Well-Being

Thriving Together Through Shared Stewardship

Unsung Stewards Podcast

Reports

Rethink Health Midpoint Action Learning Synthesis: Shared Stewardship and the Prospects for Thriving Together

Amplifying Stewardship: Characteristics and Trends Stewards Consider When Expanding Equitable Well-Being

Community Influence on Nonprofit Hospital Systems: How constituents are organizing for more equitable nonprofit hospital systems

2021 Pulse Check on Shared Stewardship for Thriving Together Across America

Scholarship

Gates, Emily F., Francisca Fils-Aime. 2021. "System change evaluation: Insights from The Rippel Foundation and its ReThink Health Initiative."
New Directions for Evaluation, no. 170 (September): 125-138.
https://doi.org/10.1002/ev.20462

Milstein, Bobby. 2020. "A Brief History of Stewarding Health, Wealth, and Well-Being." ReThink Health. https://rethinkhealth.org/wp-content/uploads/2020/04/A-Brief-History-of- Stewarding-Health-Wealth-and-Well-Being-Oct-6-2019.pdf.

Milstein, Bobby, and Homer J., 2020. "Which Priorities for Health and Well-Being Stand Out After Accounting Tangled Threats and Costs? Simulating Potential Intervention Portfolios in Large Urban Counties." The Milbank Quarterly (February): 373-398. https://doi.org/10.1111/1468-0009.12448

Milstein, Bobby, et al., 2019. "Theory of Change & Action Plan: What Does it Take to Secure Legacies of Intergenerational Well-being for All? WIN Network. http://tiny.cc/WINTheory.

Milstein, Bobby, Beth Siegel, and Jane Erickson. 2021. "How Philanthropy Can Amplify Multi-sector Stewardship to Support Health and Well-Being." In *The Intersector: How the Public, Non-Profit, and Private Sectors Can Address America's Challenges,* edited by Daniel P. Gitterman and Neil Britto, 164-171. Washington: Brookings Institution Press.
https://www.brookings.edu/book/the-intersector/.

Milstein, Bobby, et al., 2020. "Civic Life and System Stewardship on the Job: How Can Workers in Every Industry Strengthen The Belonging and Civic Muscle Everyone Needs to Thrive?
The Good Society (April) 29 (1-2):42-73.
https://doi.org/10.5325/goodsociety.29.1-2.0042

Tools, Toolkits, and Training Materials

Institute for People, Place, and Possibility. Thriving Together with IP3

Negotiating a Well-Being Portfolio: A Toolkit

ReThink Health's Primer on Essential Stewardship Practices

ReThink Health's Primer on Essential Stewardship Practices – Spanish Version

Shared Stewardship in Health Care

Websites

Thriving.US

Thriving.US Recovery to Renewal

APPENDIX E:

Overview of Content Linked Throughout the Report

Introduction

ReThink Health Midpoint Action Learning Synthesis

Project Rationale, Participants, and Design

Negotiating a Well-Being Portfolio

ReThink Health's Primer on Essential Stewardship Practices

HST Stewardship Learning Labs: Concepts Summary

Hospital Systems in Transition's Foundational Concepts

Regional Stewards: Nudging Systems Toward Health and Well-Being

Thriving Together

Amplifying Stewardship: Characteristics and Trends Stewards Consider When Expanding Equitable Well-Being

Cultivating Belonging and Civic Muscle to Advance Equity

3 Hospital Systems Boost Their Work to Build Health Equity With Casemaking

Distributing Leadership to Transform Health Ecosystems

Complex Contagions and the Weakness of Long Ties

Well Being in the Nation Measures

Evaluation Approach

Most Significant Change

Realist Evaluation

Emerging Effects

Roanoke Valley Community Health Needs Assessment

2021 ReThink Health Pulse Check on Shared Stewardship for Thriving Together Across America

ReThink Health Supports

ReThink Health Stewardship Practices Assessment