



ReThink Health Action Learning Synthesis
Evaluation of the Portfolio Design
for Healthier Regions Project

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ReThink Health Action Learning Synthesis: Evaluation of the Portfolio Design for Healthier Regions Project

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Executive Summary

Introduction

In 2019, ReThink Health, the flagship initiative of The Rippel Foundation, launched the Portfolio Design for Healthier Regions (PDHR) project with funding from the Robert Wood Johnson Foundation. This report, which builds on a previously published [midpoint action learning synthesis](#), describes what the three-year project revealed about region-wide efforts to align organizational investments for community-wide well-being, equity, and racial justice. The findings show how groups of investors in a community can shift their investment strategies to strengthen the conditions everybody needs to thrive together.

The Goals of PDHR

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.

In years of fieldwork leading up to PDHR, ReThink Health observed that organizational investments in community well-being often occur in a fragmented manner, with single organizations or small partnerships operating in siloes. Even when diverse groups aspire to work in concert, partners are often unsure where to begin, struggling greatly to align their values, priorities, and resources.

PDHR sought to explore how these challenges could be addressed by networks of organizations that are responsible for overseeing major financial investments in their community’s health and well-being. The approach—what ReThink Health terms *regional portfolio design*—emphasizes shifting resources toward a balanced portfolio of investments designed to alleviate urgent needs while also expanding the [vital conditions](#) that are essential to thriving. This includes understanding the special role of belonging and civic muscle, both as a vital condition and as a pragmatic capacity that drives equitable progress in every other area.



PHOTO COURTESY OF THE PALM HEALTH FOUNDATION.

In this model, portfolio design becomes a vehicle for transformation because it combines improvements in resource allocation with shifts in practices and priorities. In ReThink Health’s experience, funders take on a stewardship stance that leads them to expand their aspirations, align around shared values, and build norms for collective action across organizations—and with residents. Instead of looking at portfolio design as a solely technical process rooted in spreadsheets and project plans, PDHR was designed to help organizational leaders align investments by cultivating strong stewardship practices, shifting how organizations work together and creating enabling contexts that enhance the prospects for thriving together.

Design and Participants

ReThink Health provided tailored coaching and consultation to core participant groups in two regions: Palm Beach County, FL (four funding agencies, along with community partners) and 5 Healthy Towns (includes Chelsea, Dexter, Grass Lake, Manchester, and Stockbridge) in Michigan (four funding agencies, along with partners from five rural counties). Each of the organizations that joined from the two regions controlled resources that could significantly impact health and well-being in their communities. They included local governments, philanthropies, hospitals, health care systems, and others.

In a later phase, ReThink Health hosted a brief series of virtual Stewardship Investor Labs that engaged a wider range of philanthropies and other purse-string holders from around the country (32 organizations, including two national philanthropies and nine groups from seven communities).

PDHR’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 water-tight causal links but to discover new insights—to *learn* more than to *prove*.

Key Findings

At the project's conclusion, nine out of the ten organizations from Palm Beach County and 5 Healthy Towns reported that they had shifted investments, with changes that occurred during the project totaling \$6.6 million. Core participants reported future plans to shift another \$55 million, \$48 million of which is attributable to a new allocation strategy for an existing tax millage in 5 Healthy Towns.

These resource shifts are significant, but PDHR demonstrated that the impact of portfolio design should not be understood solely in monetary terms. The evaluation indicates that it is just as valuable—and perhaps even more important for driving long-term change—to articulate new aspirations, align values, and strengthen relationships. The participants did not *begin* by reapportioning money but by taking steps to align their viewpoints and approaches and by creating routine experiences that were aimed at expanding [belonging and civic muscle](#). These lessons suggest that portfolio design should be seen first and foremost as an exercise in building interdependence, not allocating dollars.

The evaluation also 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. Without exception, all PDHR participants demonstrated notable progress on specific stewardship practices that support portfolio design. They took great strides toward aligning their investment strategies, began to build more meaningful relationships with residents, and established a foundation of trust and mutual understanding that will support durable collaboration. Such shifts in practice indicate that the conditions for effective portfolio design have taken root and are poised to strengthen over time, significantly increasing the likelihood that community-wide investments in vital conditions will continue to expand.

Participants were unanimous in reporting that the project's mix of intensive and light-touch engagements positively affected the development of their stewardship practices. That progress drove 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 stewardship, system change, and the work of designing regional portfolios.

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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. Place-based organizations that work to advance community well-being are all too familiar with these challenges—and are increasingly eager to confront them head-on. ReThink Health has found that organizations working to achieve equitable health and well-being in their communities are increasingly interested in changing how they do business. They want to align investment priorities across organizations in a way that “adds up” meaningfully to support thriving, equitable communities. They aspire to move away from top-down planning and one-size-fits-all programs, and instead orient their strategies around the pursuit of equitable system change rooted in the aspirations and needs of the residents they serve.

Shifts of such magnitude are not easy to achieve, and many organizations struggle with competing imperatives and old ways of working. To complicate matters, there is the sheer complexity of executing such significant transitions, particularly when numerous organizations in a community are attempting to accomplish them in concert. The result is a seemingly daunting set of decisions that can confuse and stymie even the most committed groups.

To help stewards advance these aspirations, in 2019 ReThink Health launched the Portfolio Design for Healthier Regions (PDHR) project, which ran for three years with funding from the Robert Wood Johnson Foundation. PDHR sought to explore how a network of place-based organizations could commit to a suite of investment priorities in pursuit of an equitable future for health and well-being in their communities—a concept that ReThink Health refers to as regional portfolio design. This report provides a summary of the key evaluation findings of the PDHR project, building on a previously published [midpoint action learning synthesis](#).

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.



ReThink Health has found that organizations working to achieve equitable health and well-being in their communities are increasingly interested in changing how they do business.



PHOTO COURTESY OF BEWELLPBC.

ReThink Health worked with a core group of participants from [Palm Beach County, FL](#) (four funding agencies, along with community partners) and from the [5 Healthy Towns](#) coalition in Michigan (four funding agencies, along with partners from five rural counties), providing tailored coaching and consultation. Each of the organizations that joined from the two regions held “purse strings” that significantly impact health and well-being in their communities (i.e., local governments, philanthropies, hospitals, and health care systems, etc.). In a later phase ReThink Health hosted a brief series of virtual Stewardship Investor Labs that engaged a wider range of philanthropies and other purse-string-holders from around the country, for which the core participants served as coaches alongside ReThink Health.

PDHR participants came to the project with unique circumstances and goals. Nevertheless, the findings in this report reflect nationwide trends and shed light on how groups of investors in a community can work in concert to shift their investment priorities and approaches to design regional portfolios for equitable health and well-being.

In the next section, we explain the rationale behind the project, describe its participants, and lay out its design. We then discuss PDHR’s evaluation logic and approach before moving to a review of emerging effects across the participants. The report then explores the most significant changes reported by the primary participants. We then share an overview of ReThink Health’s role in supporting change across participants and conclude with implications.

The findings in this report reflect nationwide trends and shed light on how groups of investors in a community can work in concert to shift their investment priorities and approaches to design regional portfolios for equitable health and well-being.

2 Project Rationale, Participants, and Design

Rationale for the Project

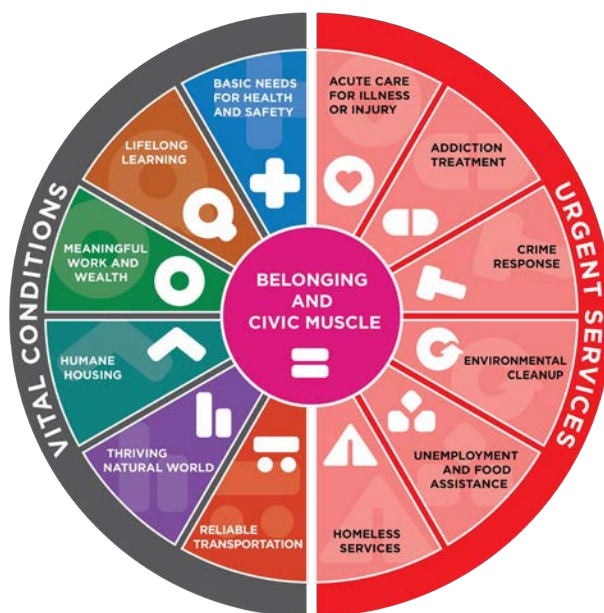
The Value of Portfolio Design

The PDHR project builds on insights from the [Ventures Project](#), where ReThink Health developed and began testing the concept and application of portfolio design. Through Ventures and other fieldwork, ReThink Health observed that efforts to make broad and lasting improvements to well-being in communities require shifting resources toward a balanced portfolio of interventions, one that alleviates urgent needs while also expanding the [vital conditions](#) that are essential to thriving (see Figure 1).

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.

While all communities have a range of investments being made toward the health and well-being of their populations, it is rarely intentionally coordinated across the full range of organizations that make such investments as a portfolio. Instead, investments often occur in a siloed manner, through single organizations or focused partnerships. Even those who are committed to developing an intentionally designed portfolio struggle with where and how to begin, given that it requires aligning strategic priorities and resources across a broad range of organizations in a community. Challenges with trust, communication, decision making, understanding community needs, and negotiating powerful vested interests regularly foil even the best-intentioned efforts.

Figure 1: Well-being portfolio



ReThink Health believes that aligning investments in communities requires a dedicated focus on those organizations that hold the “purse strings.” The goal is to strengthen the vital conditions while building norms and processes that center historically unheard and under-heard community voices. This includes understanding the special role of belonging and civic muscle, both as a vital condition and as a pragmatic capacity that drives equitable progress in every other area.

In this model, portfolio design becomes a vehicle for transformation because it can combine improvements in resource allocation with shifts in practices, relationships, and power dynamics. In ReThink Health’s experience, funders take on a stewardship stance that leads them to reassess their approach to engagement, embrace [intentional interdependence](#), and re-evaluate their investment strategies. The focus is on distributing leadership and teaming with the community to co-design solutions.

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 PDHR was a part. Each of the projects focused on a different constituency and stewardship context (see Figure 2).

PDHR explored how change can be stewarded within and across funding organizations in a community. PDHR’s sister project, Hospital Systems in Transition (HST), focused on transitioning organizational roles of hospital systems moving toward population health. Amplifying Stewardship Together (AST) investigated how to amplify stewardship as a rising field of practice nationwide. We have prepared separate evaluations of each project in order to expand more fully on emerging effects and participant experiences.

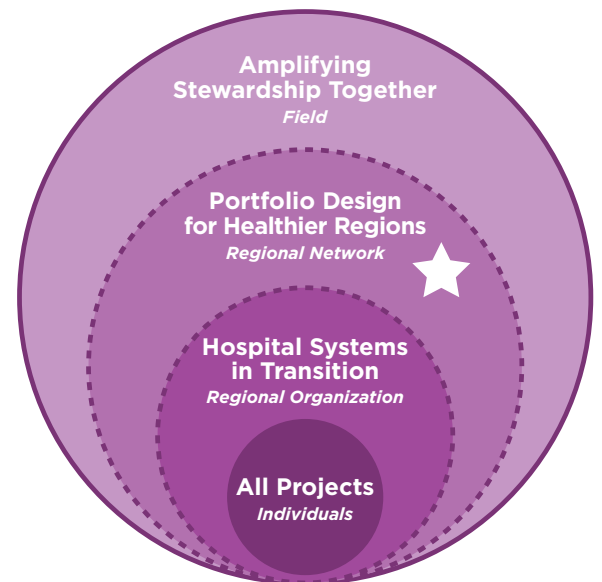
The trio of action learning projects focused on strengthening the [stewardship practices](#) of project participants (e.g., how they worked to connect across boundaries, expand opportunities for thriving together, and increase learning and adaptation). ReThink Health believed that these strengthened 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.

Instead of looking at portfolio design as a solely technical process rooted in planning and spreadsheets, PDHR was designed to help organizational leaders align investments by strengthening stewardship practices. 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 initial two years of the project focused on tailored coaching and consultation with a core group of participants from Palm Beach County and 5 Healthy Towns. The goal was to provide intensive, customized support that would deepen stewardship practices to foster effective regional portfolio design, while also enabling ReThink Health to build and test concepts, approaches, and tools.

Toward the end of the project, ReThink Health hosted a series of virtual Stewardship Investor Labs over a six-month period with invited representatives from nine groups spanning seven communities and two national philanthropies

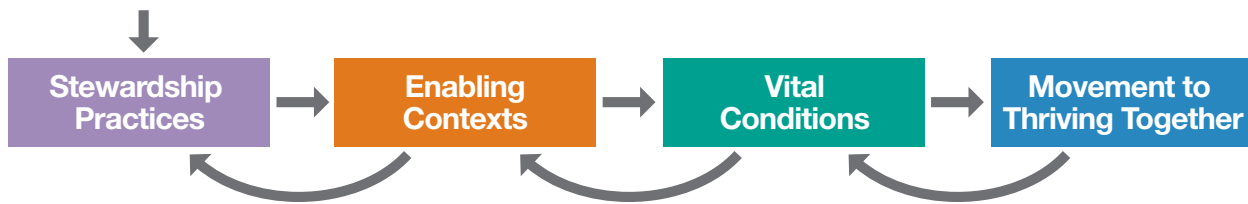
Figure 2: ReThink Health projects operate across multiple scales



Instead of looking at portfolio design as a solely technical process rooted in planning and spreadsheets, PDHR was designed to help organizational leaders align investments by strengthening stewardship practices.

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

Engagements with ReThink Health



Expressed as shifts toward...

strong stewardship mindsets and actions

equitable and effective strategies, policies, resource flows, relationships, power dynamics

extent that vital conditions are established

extent that individuals experience long, thriving lives

(32 organizations in total). The labs introduced key concepts and approaches for portfolio design. Leaders from Palm Beach County and 5 Healthy Towns served as coaches alongside ReThink Health to build their capacity to train others in portfolio design so they could more effectively scale the approach in their regions. The Labs also gave ReThink Health an opportunity to test the utility of many of the tools, concepts, and methods that it previously developed in a more condensed virtual learning format.

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

- To what extent have PDHR participants taken on the mantle of stewardship, shifting mindsets and actions for themselves and others? To what extent have their networks evolved as a result?
- To what extent have PDHR participants reallocated resources in different ways, over time, to pursue the equitable regional ecosystem they know they need for health and well-being?
- 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

Core Participants

To select participants for the two-year phase of tailored coaching and consultation, ReThink Health sought organizations that were responsible for making large financial investments to support well-being and equity in their community. ReThink Health had found in its prior work that local philanthropies tend to be more agile, catalytic, and risk tolerant than other place-based entities that make large investments in communities, making them a good fit for the exploratory nature of the project and portfolio design work. The selection process therefore focused first on identifying local philanthropies, searching for those that had demonstrated an ambition for changing the status quo and ability to engage fully for the duration of the project.

The process culminated in the selection of two foundations, one working in Palm Beach County, FL, and the other in southwest Michigan. Notably, each foundation asked to include in the project other significant investors in their communities, such as local government agencies, health care or social service organizations, and multisector partnerships. ReThink Health adapted PDHR’s design to accommodate a wider network of participants in each region. See Table 1 for an overview of core PDHR participants.

Table 1: Overview of core PDHR participants

Core Participant	Focus for PDHR
<p>Palm Beach County, FL, is home to BeWellPBC, an initiative focused on advancing behavioral health and wellness for all in the region. Along with fellow stewards in the county, BeWellPBC is committed to serving children, families, and neighbors by working collectively with residents, providers, and systems to change the status quo. Its mission is to bring together stewards from every corner of the community to lead the change they wish to see in their families, schools, workplaces, and cities.</p> <p>Five organizations working in Palm Beach County, FL, participated in PDHR:</p> <ul style="list-style-type: none"> • Palm Health Foundation (community foundation) • BeWellPBC (multisector partnership that includes the other PDHR participants) • Children’s Services Council (local government agency) • Palm Beach County Youth Services (local government agency) • Palm Beach County Community Services (local government agency) 	<p>After the Marjory Stoneman Douglas High School shooting in Parkland, FL, and a significant increase in deaths by suicide in the region, leaders in Palm Beach County felt a heightened sense of urgency to address the complex behavioral health challenges that plagued their community.</p> <p>BeWellPBC was formed in response, with a mission to increase and improve coordination and alignment of behavioral health services and more widely engage community members in innovative solutions.</p> <p>The Palm Beach County team and its partners worked with ReThink Health to make progress on a set of interrelated goals: understanding and addressing equity barriers in behavioral health, creating greater service integration and better access, and empowering community-driven solutions.</p>

Core Participant

The 5 Healthy Towns region in Michigan includes Chelsea, Dexter, Grass Lake, Manchester, and Stockbridge. The 5 Healthy Towns Project is composed of the 5 Healthy Towns Foundation and community coalitions across the five service areas. Their work focuses on supporting personal and community wellness.

Five organizations working in the region participated in PDHR:

- [5 Healthy Towns Foundation](#) (community foundation)
- [5 Healthy Towns Wellness Coalition](#) (multisector partnership)
- [St. Joseph Mercy Chelsea](#) (Trinity Health) (health care system)
- [Department of Family Medicine](#) (University of Michigan) (health care system)
- [Washtenaw County Community Mental Health](#) (local government agency)



CHELSEA HOSPITAL



Focus for PDHR

Leaders in the 5 Healthy Towns began PDHR with an understanding that business as usual was not addressing the region's behavioral health needs. They aspired to shift their prior approaches, which were often centered around providing care *after* a resident became ill or fell into crisis.

With prevention as a focus, organizations in the 5 Healthy Towns region worked with ReThink Health to advance stewardship and shift investments in support of bolstering behavioral health. Participants anticipated that their shared efforts would lead to more effective collaboration and produce shifts in how they made investments of expertise, time, and money.

Stewardship Investor Lab Participants

Deepening relationships established during previous projects, ReThink Health invited nine groups to participate in the labs, spanning seven communities and two national philanthropies. Each was given the option of including other investors with whom they worked closely, bringing the number of participating organizations to thirty-two (see below for a list of lead lab participants and [Appendix A](#) for a list of all lab participants).

The COVID-19 pandemic had driven a move toward virtual convening, which made it possible to assemble a cohort that was very geographically diverse. The lead organizations participating in the labs were either place-based philanthropies, national philanthropies, or multisector partnerships. The individuals from each participating organization had the ability to influence how that organization allocated resources. As with the core participants, lab participants were motivated by a desire to change how they approached partnership and investment.

Lead organizations participating in the Stewardship Investor Lab series included:

- [United Way of Central and Northeastern Connecticut](#) (Central and Northeastern Connecticut)
- [Blue Cross and Blue Shield of North Carolina Foundation](#) (North Carolina)
- [New Jersey Health Initiatives](#) (New Jersey)
- [Michigan Health Endowment Fund](#) (Michigan)
- [The Mat-Su Health Foundation](#) (Mat-Su Borough, Alaska)

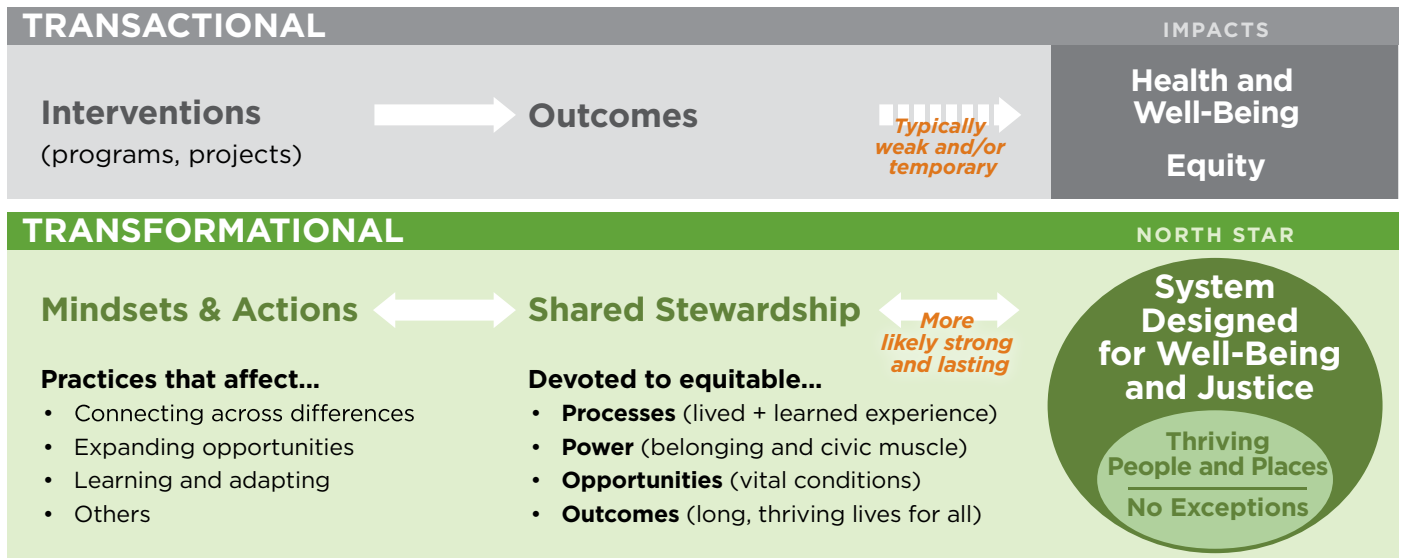
- [Imagine Fox Cities](#) (Fox Cities region of Wisconsin)
- [Alliance Healthcare Foundation](#) (San Diego and Imperial County, CA)
- [deBeaumont Foundation](#) (National Philanthropy)
- [The Rippel Foundation](#) (National Philanthropy)

Project Design

Transactional approaches to change tend to focus on discrete programs or projects (see Figure 4). 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.

Figure 4. Contrasting approaches to change

Strong, lasting change requires a transformational approach



Adapted from: [Anderson T, et.al. Shared Stewardship and Prospects for Thriving Together. ReThink Health. 2021](#)

ReThink Health designed PDHR to help stewards understand and shape the complex adaptive systems they operate in. With an emphasis on constant learning and adaptation, PDHR 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.

Tailored Coaching and Consultation

The project began with a two-year phase of tailored coaching and consultation with core participants focused on deepening stewardship practices for portfolio design and building and testing concepts and approaches. While staff regularly adapted concepts, tools, and project designs to reflect new understandings and support participants' emerging needs, several design elements remained constant:

- Each participating group had a **team composed of senior leaders** from select organizations in their community.
- ReThink Health's **tailored coaching, consultation, and facilitation** entailed guiding candid discussions among a broad set of internal and external stakeholders associated with each participant group. It also involved:
 - Meeting frequently with the core participants 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, including the construction of simple rules that supported coherence in strategy and action

Stewardship Investor Labs

The Stewardship Investor Lab series, held toward the end of the project after the tailored coaching with core participants had concluded, consisted of six virtual sessions over a six-month period (from February to July 2021). Representatives joined from nine invited groups of purse-string holders from seven communities and including two national philanthropies (see [Appendix A](#) for a full list of participants).

The labs introduced [key concepts and approaches for portfolio design](#) through interactive sessions that explored the vital conditions framework, stewardship practices, and understanding [complex adaptive systems](#). The condensed virtual learning format was designed to help participants “try on” ideas and approaches for portfolio design. Lab participants engaged in group work in-between sessions and were able to take part in optional one-on-one coaching sessions with ReThink Health. The lab structure also allowed ReThink Health to test the utility of concepts and resources honed in the initial phase of the project in a webinar series format. Using a “train the trainer” model, leaders from Palm Beach County and 5 Healthy Towns served as coaches alongside ReThink Health so they could learn how to teach portfolio design to others with the goal of building the capacity of organizational leaders and residents to scale the approach in their regions.

PDHR's Foundational Concepts

Throughout PDHR, ReThink Health maintained consistency across participants and activities by adhering to a 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.
- **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, party, and other human differences.
- **Portfolio design:** ReThink Health believes it is possible for networks of organizations to align their strategies and investments to comprise an intentionally designed and coordinated portfolio that helps to create equitable, thriving communities. Such efforts require moving away from siloed investment approaches and rooting decisions in community needs—especially the needs of those who have been structurally disadvantaged.
- **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 PDHR's sibling projects and the larger field (including updates to ReThink Health's list of [Essential Stewardship Practices](#)). Two adaptations stood out:

- **Greater 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 PDHR, 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.

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 Health’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 B](#), 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 water-tight 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 themselves (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.

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.

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

- **Multimethod:** PDHR used both quantitative and qualitative methodologies, including in-depth interviews, surveys, self-assessments, network mapping, and document review (see [Appendix B](#) 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 highlights 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:** Throughout 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

Most significant change

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.

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?”

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. PDHR evaluation methodologies and responses

Evaluation Method	Number of Respondents (Core team & Lab participants)				Total Inputs
	Time 1 (Baseline)	Time 2 (Midpoint)	Time 3 (End)		
	Core	Core	Core	Lab	
Interviews					
Participants	16	19	15	N/A	50
Faculty	N/A	6	4		10
Surveys					
Final Evaluation Survey	N/A	N/A	6	10	16
Stewardship Assessment	23	15	7	15	60
Network Mapping	72	10	49	N/A	131
Document Review					
	11	N/A	31		42

In the next section, we will look at emerging effects across the participants and explore what they can tell us about portfolio design for healthier regions.

4 Emerging Effects Across PDHR Participants

Overview

Over the course of the project, participants made progress deepening stewardship practices and internalizing the value of developing a set of balanced investments rooted in the vital conditions—shaped by the needs of community members.

Notably, by the end of the project almost all participants affirmed that stewardship had a high degree of significance to their organizations (average of 8.5, where 0=not at all significant and 10=extremely significant) and to them personally (average of 8.9).

Figure 5: How significant is stewardship to your organization? How significant is stewardship to you personally? (final evaluation survey, mean across core and lab participants) (n=16)

Significance of Stewardship to Organizations



Significance of Stewardship to Individuals



ReThink Health has found that the work of championing stewardship 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 PDHR participants recognized that fact, with nearly all indicating they were “very committed to deepening their stewardship practice in the next year” (average of 8.2, where 0=not at all committed and 10=extremely committed).

Figure 6: How committed are you to deepening your stewardship practice in the next year? (final evaluation survey, mean across core team and lab participants)

Commitment to Deepening Stewardship Practice



The following is a review of emerging effects across participants.

Core Participants

For core participants, subtle but steady shifts in mindset drove observable shifts in investment patterns and supported new ways of working with other organizations and residents in their communities.

At the project's conclusion, nine out of the ten organizations from Palm Beach County and 5 Healthy Towns reported they had shifted investments, with shifts that occurred during the project totaling \$6.6 million. Core participants reported future plans to shift another \$55 million, \$48 million of which is attributable to a new allocation strategy for an existing tax millage in 5 Healthy Towns.



Over 60% of the core participants shifted investments toward basic needs for health and safety, one of the vital conditions. After basic needs for health and safety, investments were most commonly shifted to support the following vital conditions: lifelong learning, belonging and civic muscle, thriving natural world, and reliable transportation. Additionally, several participants shifted resources toward addiction and recovery services, a key urgent service.

Core participants shared that over the course of the project they developed greater confidence in their ability to adopt practices for allocating resources and collaborating more effectively—although it didn't begin with large expenditures of money. The first steps, rather, involved making commitments to work as interdependent partners and to [expand belonging and civic muscle](#). The core participants also began to develop and codify organizational strategies, implementing more interdependent approaches to partnering and aligning actions across organizations for greater impact.

Palm Beach County

Participants in Palm Beach County learned that [shared stewardship](#) language and frameworks help build power in the community, align strategies across many organizations, and pave the way for policy change. They explicitly focused on shifting and building investments in belonging and civic muscle. Organizations in the core participant group are working together in new ways, equipped with a more nuanced understanding of what it takes to collaborate for equitable community change. Highlights of other major changes include:

Palm Beach County explicitly focused on shifting and building investments in belonging and civic muscle.

- Participants worked with ReThink Health to **shape the scope and operations of BeWellPBC**, which was still a new organization at the time that PDHR launched. Many subsequent achievements can be attributed to the success of that launch and the effectiveness of the organization.
- Through BeWellPBC, participants created a **new stewardship council dedicated to building power in the community**, with equal representation from people with *lived experience* (those who could, in the words of BeWellPBC, “provide critical insights, question assumptions, and share meaningful narratives”) and others whose *learned experience* offered specialized skills and organizational perspectives (such as health professionals, funders, government officials, and representatives of nonprofit agencies).
- **Participants made [policy recommendations](#) to the state regarding behavioral health** that used stewardship concepts and were grounded in building vital conditions.

- **Palm Beach County received national recognition when it won the [2020-21 Robert Wood Johnson Culture of Health Prize](#).** PDHR participants Palm Health Foundation, Palm Beach County Youth Services Department, and Children’s Services Council of Palm Beach County led the application process. Their application emphasized stewardship and belonging and civic muscle as powerful drivers of equitable community change.

5 Healthy Towns

In 5 Healthy Towns, participants learned that developing simple rules for shared stewardship—principles to support aligned action—builds collective understanding across a network of organizations and supports shifts in strategies and investments to expand vital conditions. Evaluators observed greater coherence in cross-organizational strategies and that relationships improved in both depth and quality. The group shifted from investing in many disparate initiatives to focusing resources on mental health, a multisolver that addresses many other needs in their community. Highlights of other major changes include the following:



- The partners recognized they had tended to operate in silos, each one attempting to solve problems and fill gaps by itself. With prompting from ReThink Health, they concentrated on finding ways to leverage one another’s strengths and maximize community impact through **more effective collaboration**. The commitment was captured in a set of [simple rules](#) that were designed to guide their future choices and actions ([see Section 6](#)).
- In support of their refined focus on behavioral health, the group gained strength to launch the “One Big Thing” initiative to promote positive mental health practices in the region and provide coordinated prevention and treatment services. The initiative’s work led to the **creation of One Big Connection**, a web-based portal that was designed to provide regularly updated information about public events and resources, all organized around vital conditions.
- The Washtenaw county government, which is part of the 5 Healthy Towns team, developed a new allocation strategy for its Public Safety and Mental Health Preservation millage (a voter-approved homeowner tax). Over the next eight years, **\$48 million dollars will be invested to support vital conditions** in the community.
- Coordination and communication among the region’s major health care systems has improved.
- The 5 Healthy Towns Foundation, which had previously funded each of the five towns separately, moved to a **regional planning model** that emphasized networking and long-term planning across the towns.

5 Healthy Towns shifted from investing in many disparate initiatives to focusing resources on mental health, a multi-solver that addresses many other needs in their community.

Lab Participants

At the time of the final evaluation, lab participants appreciated they had relatively brief time as a cohort and with ReThink Health through the lab’s webinar series format, and that more time would be needed to see mindset shifts seed within their organizations, and then scale meaningfully across their networks as shifts in action. Still, lab participants shared that:

- They built a deeper understanding of the unique role building belonging and civic muscle plays and saw implications for building trust and sharing power more fully with residents.
- The Vital Conditions framework offered an intuitive, energizing way to think about how investments could be aligned across a community.
- They see collaboration in a more nuanced way—appreciating the value of building strong-tie networks and more deeply understanding the roles and assets of community partners.
- Many are viewing their roles as funders differently—not just as stewards of financial resources, but as stewards of equitable community change.

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. Those practices remain valid in this final evaluation. In a final evaluation survey, core and lab participants reported consistently high levels of perceived progress on each of the five practices, and their salience is apparent in the “most significant change” stories of core participants that we turn to in [Section 5](#). To contextualize quantitative findings for each practice shift, we provide a short narrative summary of the ways in which the shift manifested for core participants given their more extended experiences with portfolio design. The results reported in this section are derived from the full range of PDHR evaluation methodologies (see Table 2).

Notably, there were no significant differences in perceived levels of progress on stewardship practices reported by core and lab participants. Across the five practices, there was less than a one-point difference in reported levels of progress. Therefore, the figures below display combined data from both groups.

The overall consistency of results is encouraging, insofar as they indicate uptake and durability of stewardship practices that can be strengthened through different types of experiences. This said, outside of the practice shifts noted below, lab participants reported fewer emergent effects after their six-month virtual experience than did the core participants who had been working on regional portfolio design for several years.

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

Expanding Aspirations

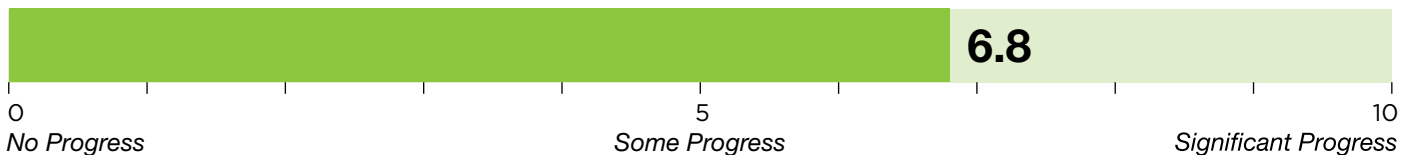
One important goal of ReThink Health’s work is to help partners embrace an ethos for thriving together through shared stewardship. This involves understanding the interplay between urgent services and the vital conditions, with a goal of increasing investment in the vital conditions for long-term, equitable 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 PDHR participants were surveyed about their progress in expanding aspirations, the average score was 6.8 out of 10 (see Figure 7).

Figure 7. To what extent have your aspirations expanded? (final evaluation survey, mean across core and lab participants) (n=16)

Expanding Aspirations



For the core participants, findings from the final evaluation survey, network mapping, and interviews indicate that of the five emerging practices, *expanding aspirations* had the greatest transformational impact. Core participants significantly rethought their approaches to the social determinants of health, choosing to adopt a vital conditions framing in their language and orient their organizational strategies toward building vital conditions. Aligning with their shifts in strategy, their investment priorities also evolved. Participants also shifted away from making siloed investments toward a network-based approach that prioritized [multisolving](#) and emphasized coordination.

Additionally, core participants shared that growing an understanding of the special role played by belonging and civic muscle across the entire range of investment priorities was especially important for expanding their aspirations. Their revised strategies and investment approaches reflected an appreciation that belonging and civic muscle is both a vital condition and a pragmatic capacity that drives equitable progress in every other area.

“Shared stewardship is about focusing on building conditions that community members need to thrive. It means moving away from a mindset of only continually addressing the urgent needs that we have, which is what most of our systems have been developed to do. Promoting well-being is about promoting vital conditions.”

—PROJECT PARTICIPANT

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.

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.

In response to a survey question about interdependence, PDHR participants reported moderate progress, with an average score of 6.1 out of 10 (see Figure 8).

Figure 8. To what extent have you made progress toward increasing interdependence with key partners? (final evaluation survey, mean across core and lab participants) (n=16)

Increasing Interdependence



The evaluation found that core participants in Palm Beach County and 5 Healthy Towns adopted more nuanced approaches to collaboration and accountability over the course of the project. They became more vulnerable in their discussions with each other and were increasingly open about constraints and assumptions. ReThink Health helped participants adopt simple rules that supported coherence in strategy and action, which led to strengthened commitment and understanding.

10

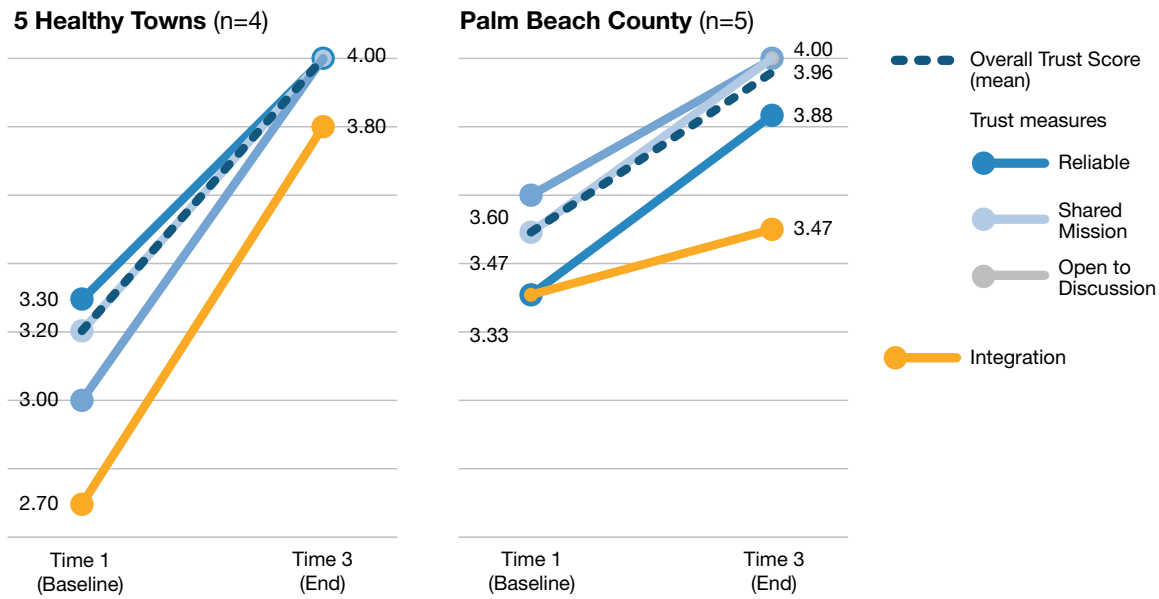
Furthermore, a network analysis of Palm Beach County and 5 Healthy Towns assessed the extent to which organizations collaborated together along a spectrum of interaction types, including awareness, cooperation, coordination, and integration—with integration reflecting the strongest degree of collaboration, aligned with ReThink Health’s definition of interdependence. The organizations participating from Palm Beach County reported a 65% increase in their level of integration. Organizations from the 5 Healthy Towns region reported a 700% increase in their level of integration (see Figure 9).

The network analysis also assessed several measures of trust across core participants, including reliability, working in support of a shared mission, and openness to discussion. Although core teams across both regions started in different places, they both reported increases across all trust measures (see Figure 9). The Palm Beach County group reported a 50% increase in their overall levels of trust. The 5 Healthy Towns group reported an 80% increase in their overall levels of trust.

“What would you do differently if you could count on your partners to do something differently? We need to be able to count on each other, we need to be able to focus energies on what we’re good at and what we’re well positioned to do and look to our partners to fill in the gaps. We don’t all need to be everything for everyone.”

—PROJECT PARTICIPANT

Figure 9. Core participant network measures of integration and trust
(social network analysis) (n=9)



Centering People with Lived Experience

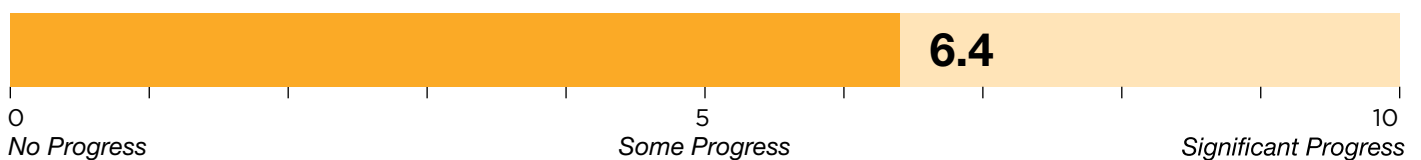
In ReThink Health’s experience, when large institutions like hospitals and government agencies talk about engaging with others in their community, they often fall short of placing equity and resident leadership at the center of their efforts. These types of organizations often emphasize transactional 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.

Participants reported strong progress in centering people with lived experience, with an average score of 6.4 out of 10 (see Figure 10).

Figure 10. To what extent have you made progress toward centering people with lived experience? (final evaluation survey, mean across core and lab participants) (n=16)

Centering People with Lived Experience



Core participants demonstrated an increasing orientation to community needs. The evaluation found that their focus on belonging and civic muscle enabled them to have deeper conversations about power sharing and engaging people with lived experience. Over the course of the project, core participants came to place a greater emphasis on having accountability to the residents they serve. Both groups used simple rules (see [Section 5](#)) to align actions across organizations in support of building belonging and civic muscle. Reflecting on the value of the simple rules, a participant said that they “provided a pathway to transfer the work that we have been engaged in with ReThink Health to the community in a way that will live on.”

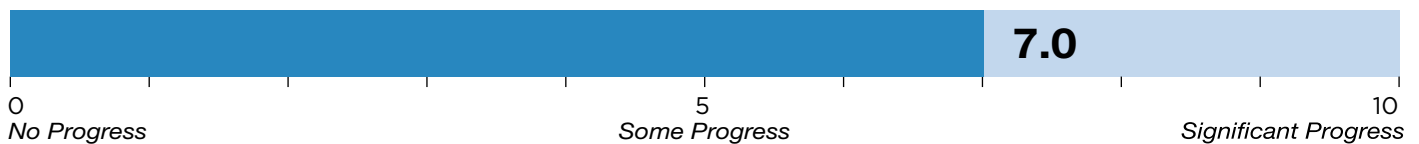
Embracing Learning and Adaptation

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.

A strong majority of participants indicated that they had embraced learning and adaptation, with an average score of 7.0 out of 10 (see Figure 11).

Figure 11. To what extent have you embraced learning and adaptation? (final evaluation survey, mean across core and lab participants) (n=16)

Embracing Learning and Adaptation



Core participants developed a healthy appreciation for the slow and messy nature of achieving transformational change. They came to understand that they were unlikely to find a single, straightforward solution to the complex challenges the region faced. Accordingly, they adopted complexity-oriented investment strategies that sought to leverage what was already working instead of investing in new programs, as had been their practice in the past.

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.

“How can we truly support every resident to live up to their full potential if they are not helping to make the decisions that will affect them? We need to make sure people—especially those who have been structurally disadvantaged in the past—have the resources to contribute and feel comfortable participating. There is such a strong connection between equity and civic muscle.”

—PROJECT PARTICIPANT

“The more we learn the more we realize we have to unlearn, and the more we realize we don’t know. This is an uncomfortable position to be in, especially when you have to present to a board. There is necessarily—a lot of uncertainty to this work. There isn’t one simple solution that will solve complex problems. So, we need to take well-informed steps forward with a strong vision for the future, knowing we can’t plan out everything to get there.”

—PROJECT PARTICIPANT



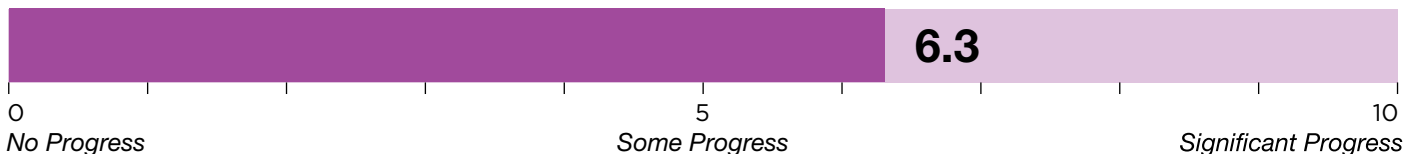
PHOTO COURTESY OF THE ROBERT WOOD JOHNSON FOUNDATION. COPYRIGHT 2021 JOSH KOHANEK.

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.

Participants reported significant progress when asked to evaluate the degree to which they had become ready to champion stewardship, with an average score of 6.3 out of 10 (see Figure 12).

Figure 12. To what extent have you spread stewardship? (final evaluation survey, mean across core and lab participants) (n=16)

Spreading Stewardship



The evaluation found that both core participants came to recognize the importance of building and using shared language. They found that doing so helped to drive mindset changes within their organizations and in the larger community, paving the way for the many changes they wanted to implement.

The stories in the following section provide insights into the changes that mattered the most with core participants. 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.

“We shifted to talking about stewards of our community’s health and how anyone can be a steward. People could see themselves more in that—new partners, and community members. And they could understand it. Using this new shared language is helping us to embody the change we want to make.”

—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 according to the participants themselves.

The following stories describe the most significant changes reported by PDHR's core participants. They are meant to illustrate the extent to which, over time, participants were able to integrate stewardship practices and portfolio design approaches into their work. We have focused on the core participants given they have the longest perspective on their portfolio design endeavors. Although the stories consider the role of ReThink Health, they don't reflect the opinions of ReThink Health's own staff.

See [Appendix C](#) for a summary of patterns about contextual factors and ReThink Health design elements that played a role in supporting shifts in mindsets and actions. 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 below.

5 Healthy Towns

Developing simple rules for stewardship builds shared understanding across a network of organizations and supports shifts in strategies and investments to expand vital conditions.

What stewardship practices helped 5 Healthy Towns 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.
- *Increasing interdependence:* Working to understand the unique goals, roles, and activities of organizations in a community creates system awareness and encourages investments in things that are already working in the community, rather than developing new programs from scratch.
- *Embracing learning and adaptation:* Building simple rules and encouraging shared reflection about their implementation creates a strong sense of direction and a capacity to change in response to experience.

What Were 5 Healthy Towns' Most Significant Changes?

PDHR participants in 5 Healthy Towns established at the outset that they wanted to focus on improving behavioral health, a long-standing need in their communities. They wanted to shift their orientation from continuously reacting to behavioral health crises toward a more preventative approach. During the project they honed a focus on strategies that expand vital conditions to support behavioral health. That was combined with a commitment to build on work that was already underway in the community rather than plunging ahead with newly minted projects.

Cementing their commitment, they launched a new initiative with an ambitious name: One Big Thing. They agreed that their goal would be to address isolation and depression among residents and to do so proactively, creating easy connection points for people who need help and providing them with assistance *before* they fall into crisis.

From the beginning, participants knew that they wanted One Big Thing to be a fully collaborative enterprise. This dedication to a new form of collaboration was apparent in how partners described the initiative. Instead of creating outreach efforts, One Big Thing members pooled their resources to develop the One Big Connection website, which provided community members with information and resources from organizations across the region. And, rather than take an institution-forward stance, as the organizations had done in their previous efforts, the new site squarely placed community residents at its center.

Team members designed the portal based on a case-study exercise with ReThink Health that was built around a fictional character, Madison, who contended with addiction, homelessness, and other challenges before suffering a fatal overdose. With help from ReThink Health facilitators, participants discussed how the system failed Madison and pushed themselves to expand their ambitions beyond mere process tweaks and instead envision a transformed system.

Guided by the Madison case study, participants led gap analyses within their respective institutions and collaborated to develop a set of five simple rules that would ensure people like Madison receive the support they need. One of the rules called on each member to check in with the others before starting a new initiative and to build on existing strengths and initiatives wherever possible.

Participants reported that the simple rules proved pivotal in enabling the organizations leading One Big Thing to shift away from more siloed approaches and instead work to address community mental health as one cohesive and interdependent group. For example, the simple rules informed training sessions with faith leaders facilitated by 5 Healthy Towns to build leadership capacity for fostering community well-being. They also shaped the focus and narrative of a [\\$625,000 federal grant from the Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) designed to address gaps and barriers within the current health care system by expanding behavioral health services for community members. Local residents partially matched the grant with a \$500,000 gift, bringing in a total of \$1,125,000 in new resources to support mental health in the region.

Participants said that this change was closely tied to their deepened commitment to expand vital conditions, particularly belonging and civic muscle. Centering the needs of the community and being guided by community perspectives rapidly evolved from a general aspiration to a potent organizing principle shared across a large network of organizations. As one participant put it, the team felt

5 Healthy Towns Simple Rules for Stewarding Transformation in Mental Health and Well-being

Listen and reflect: Understand existing work as well as constituent and partner opportunities and constraints; is it what the community needs and wants?

Integrate: Work within and between organizations and communities, sharing ideas and establishing regular methods of communication.

Innovate: Ask yourself how to prevent rather than remediate. Assume your communities and partners have good ideas and ask for help.

Understand: Assess what resources you have to invest (people, time, money, enthusiasm) and how you will determine success.

Do a gut check: Ask yourself whether you followed each of the simple rules above before moving forward.

committed to making sure that people in the region feel “that they have a stake in how the community is functioning as a whole and [feel] like they . . . can participate in that process and have an impact on it.”

Why Were the Changes Significant?

The changes achieved through PDHR created a shared framework for ongoing strategizing and collaboration. In the view of a participant, the organizations had previously “lacked a desire to understand who other players in the community are and [know] how to intersect with them.” The changes fostered by PDHR led each organization to develop a new, richer understanding of its partners: their interests, their strengths, and their activities. That improved awareness led to reduced duplication and greater coordination as partners learned how to align their strategies and actions. The process of building greater “system awareness” also led to increased candor among core team members, which allowed them to more openly hold one another accountable to their shared aspirations.

Before PDHR, a participant observed that organizations had been stuck on parallel tracks, each pursuing similar goals in discordant ways. The move toward stewardship-focused interdependence “is a win-win for all involved,” the participant said. “It’s a win for the people we serve, for the communities in general, and we’ve all benefited by being on the same team and working toward this together.” The participants shared that ReThink Health’s support helped to make the transition possible. As one participant shared, “I don’t think we’d be working together on One Big Connection or the intergenerational projects the way that we are if we hadn’t been going through this process over the last two years.”

“The move toward stewardship-focused interdependence is a win for the people we serve, for the communities in general, and we’ve all benefited by being on the same team and working toward this together.”

—PROJECT PARTICIPANT

Reflecting on the impact of the change, a participant said that PDHR helped them to see the importance of planning collectively and to focus less on the needs of their own organization. Where they previously were inclined to think in terms of what others could do for them, they were now guided by a stewardship orientation that allowed them to concentrate “on what our organizations *together* can do for the community.”

What Contextual Factors Made a Difference?

Participants’ engagement with PDHR came at a time of exploding interest in mental health. In Michigan and across the country, there was (and continues to be) increasing readiness to identify gaps in the local infrastructure for mental health. Before PDHR launched, Washtenaw County passed a millage (property tax) that was earmarked for improving public safety and support for mental health. The county used the One Big Thing Initiative to gather input from the community and 5 Healthy Towns’ partners on how to use the millage most effectively to meet their shared behavioral health goals. Based on the input, they developed a new allocation strategy for the millage; over the next eight years, \$48 million dollars will be invested to support vital conditions in the community.

The COVID pandemic slowed down progress in the project and prevented some initiatives from functioning at the optimal level. At the same time, however, the pandemic catalyzed important changes such as a shift toward telehealth that provided needed benefits for those who have difficulty traveling to providers. The team is currently working to ensure equitable access to telehealth technology across socioeconomic and generational divides.

Palm Beach County

Shared stewardship language and the vital conditions framework helps align strategies across many organizations, supports power-building in the community, and paves the way for shifts in investment and policy.

What stewardship practices helped Palm Beach County the most? And Why?

- *Expanding aspirations and centering people with lived experience:* Expanding network and organizational strategies to center belonging and civic muscle encourages shared financial investments in building community power and increased emphasis on engaging in authentic relationship-building, especially with residents who have struggled and suffered the most.
- *Championing stewardship:* Using stewardship language and framing (e.g., thriving together, vital conditions, civic muscle) helps to increase engagement and buy-in while driving alignment across a network of organizations.
- *Embracing learning and adaptation:* Building simple rules and encouraging shared reflection about their implementation creates a strong sense of direction and a capacity to change in response to experience.

What Were Palm Beach County's Most Significant Changes?

Even before PDHR launched, participants in Palm Beach County, working through the partnership BeWellPBC, were exemplary in their approaches for resident engagement and centering those who have been historically unheard and under-heard. With support from ReThink Health, Palm Beach County participants grew to understand that strengthening belonging and civic muscle throughout the community was a powerful reflection of their values regarding equity, racial justice, and authentic engagement with residents. Participants reported using stewardship language and the vital conditions framework to build a shared language and frame for advancing their aspirations in this regard. They also began working together—and with residents—more effectively, using simple rules that they collaboratively developed to align actions across many stewards in their community. (For more information, see [this video recording](#) of a conversation between ReThink Health and the Executive Director of BeWellPBC.)

Through PDHR, Palm Beach County participants affirmed their decision to look at behavioral health through the lens of equity and community power building, and they developed new ways to enact that goal. A participant stressed the inseparability of the project's core concepts, observing, "If there is no equity, then you can't have civic muscle." Their commitment to belonging and civic muscle was reflected in a new governance approach adopted during PDHR. Through BeWellPBC, participants created a new stew-

Palm Beach County Simple Rules for Building Belonging and Civic Muscle

Lift-up and privilege community voice as a matter of program design, implementation, and system transformation

Develop bidirectional communication networks that reach everyone, especially the most isolated members of our community

Be responsive in the allocation of resources by eliminating bureaucratic barriers and exploring upstream solutions

Leverage relationships to amplify resources for greater impact so that no organization is "going it alone"

Acknowledge the power dynamics inherent in the gatekeeper role and commit to a partnership with the community to conduct on-going, critical examination of how to dismantle racism and the conditions that hold inequities in place

ardship council dedicated to building power in the community. Fifty percent of the council seats were allocated to people with *lived experience*: those who could, in the words of BeWellPBC “provide critical insights, question assumptions, and share meaningful narratives.” The other half of the council’s seats were allocated to health professionals, system leaders, funders, government officials, representatives of nonprofit agencies, and others whose *learned experience* could provide specialized skills and important perspectives.

Here, language was crucial. Participants shared that talking about stewardship and the vital conditions led them to see themselves and their role in the community differently. The language was manifested in the behavioral health [recom-mendations](#) that BeWellPBC made to the state and shaped how partners interacted with the community. And, they learned to more effectively describe and move to address harmful legacies by linking that history to belonging and civic muscle.

Over the course of their PDHR participation, Palm Beach County participants also reported that they changed how they thought about their investments. Each organization had a history of working to address problems by developing brand new initiatives. Through PDHR, participants said that they shifted toward looking at what was already working in the community and asking themselves how they could make investments that would expand and extend those successes. These shifts were supported by their simple rules, which reflect their commitment to privileging community voice and leveraging existing resources to extend impact.

These changes had clear real-world impacts. After engaging with ReThink Health, [Palm Health Foundation](#) allocated \$300,000 to BeWellPBC and began to shift \$6 million in investments, all dedicated to strengthening belonging and civic muscle in the county. In keeping with the new community focus, BeWellPBC partners persuaded the county to allocate \$4.1 million (about one-third of the Youth Services budget) to directly fund direct community agencies that provide behavioral health services for youth.

Palm Beach County participants also shifted how they worked together. Prior to their engagement with PDHR, they tended to focus on amassing a large *number* of connections, rather than working to build depth and strength into every relationship. With ReThink Health’s support, the participants adopted an approach that was firmly rooted in intentional interdependence, strong-tie connections, and a more nuanced approach to collaboration. Their approach was grounded in the five simple rules that the Palm Beach County team adopted. As the group engaged partners, the simple rules provided an effective foundation for discussion and facilitated appreciation for nuances of the work that was underway.

At the outset of PDHR, it was common for participants to think of stewardship as a philosophy that pertained to the management of funds. That perspective broadened as the project progressed. Participants increasingly thought in terms of *shared* stewardship and the full range of actions that they could take to advance well-being in the community. A participant described the new mindset this way: “We all have a stake in this and we’re all stewards who are willing to take responsibility for engaging in these relationships to make change and to promote well-being. To me that’s the

Participants learned to more effectively describe and move to address harmful legacies by linking that history to belonging and civic muscle.

After engaging with ReThink Health, Palm Health Foundation allocated \$300,000 to BeWellPBC and began to shift \$6 million in investments ... to strengthening belonging and civic muscle in the county. In keeping with the new community focus, BeWellPBC partners persuaded the county to allocate \$4.1 million ... to directly fund direct community agencies that provide behavioral health services for youth.

ultimate moral of the story.”

Why Were the Changes Significant?

During PDHR, the Robert Wood Johnson Foundation awarded one of its Culture of Health Prizes to Palm Beach County. The award recognized the magnitude and importance of the changes that were occurring in the county. Many of the most significant shifts were already underway when PDHR began, but participants reported that their interaction with ReThink Health was critical for shaping the changes and connecting them to a strongly resonant and effective language that deepened commitment and engaged new people and organizations.

Simply using the term *steward* proved helpful, a participant said. It signaled a break from the status quo and its reliance on transactional relationships while also conveying an expansion in what partnership meant. The new language and its systems orientation reinforced that major institutions like the school district were not the only entities that mattered—that grassroots partners like resident groups and faith-based organizations were also part of the solution. As a participant observed, “When we changed the language to talk about stewards, people could see themselves in that and understand it.”

These shifts in language fostered equivalent shifts in participants’ approach to resource allocation. Over the course of PDHR, their increasing orientation toward belonging and civic muscle led to an acceleration of already-underway shifts in investment strategy, with more and more of partners’ collective portfolio being directed toward community capacity building.

What Contextual Factors Made a Difference?

The partners in Palm Beach County’s Healthier Together initiative, a resident-led funding collaborative designed to support the social determinants of health, launched BeWellPBC shortly before PDHR kicked off. Thus, many of PDHR’s core concepts were already very familiar to participants before the project began. The existence of the BeWellPBC infrastructure allowed PDHR to move more quickly than it otherwise would have.

Similarly, important health equity work was already underway in the county when PDHR began. ReThink Health’s role was to reinforce and bring those commitments to life by helping participants frame it as a visible and valued investment in belonging and civic muscle. Because participants had already, through their own work, developed an understanding of many concepts that were central to PDHR—and had gathered momentum in acting on them—ReThink Health was able to focus on accelerating movement, helping participants enact aspirations that had previously been established. In the words of a participant, “We were very much running parallel [to ReThink Health]. Their framing has been affirming and extremely helpful for [getting] increased buy-in and support.”

The Palm Beach County team’s engagement with ReThink Health influenced how agencies and funders in the county responded to the COVID pandemic. With the foundation of strong relationships fostered by PDHR, the community was able to respond to the crisis with a high degree of coordination. Agencies that were able to put up money immediately did so aggressively, knowing that their partner agencies would be able to extend the response as soon as their own funding became available.

“We all have a stake in this and we’re all stewards who are willing to take responsibility for engaging in these relationships to make change and to promote well-being. To me that’s the ultimate moral of the story.”

—PROJECT PARTICIPANT

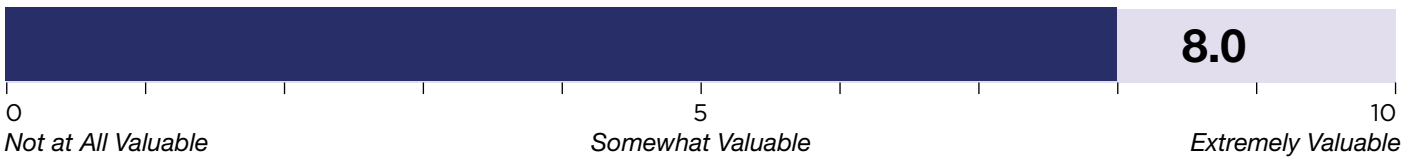
6 The Role of ReThink Health

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 PDHR (see Table 3).

Core and lab participants reported that working with ReThink Health had been very valuable for their work (average of 8.0, where 0=not at all valuable and 10=extremely valuable) (see figure 13). There were no differences in the responses of core and lab participants.

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=16)

Value of Engaging with ReThink Health



In a final evaluation survey, participants were asked to rate the usefulness of each major element of the PDHR project. Participants found all elements more than somewhat useful (see Figures 14 and 15). Frameworks and stewardship language had the highest ranking across both participant groups. Core and lab participants tended to rank highest the supports with which they interacted the most. For example, core participants received significant one-on-one coaching and consultation and rated it as very useful. That rated lower for lab participants, as only two groups elected to engage in the optional light-touch coaching that was offered.

Figure 14. Average usefulness of ReThink Health supports for core participants (final evaluation survey, mean across lab participants) (n=10)

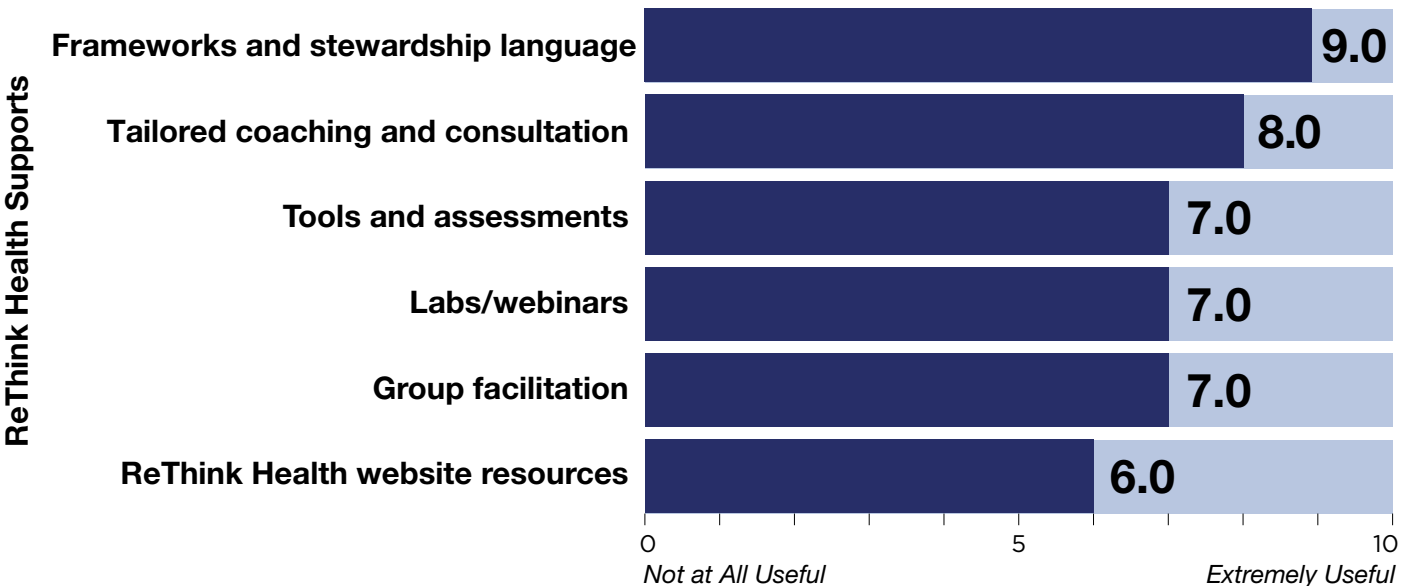
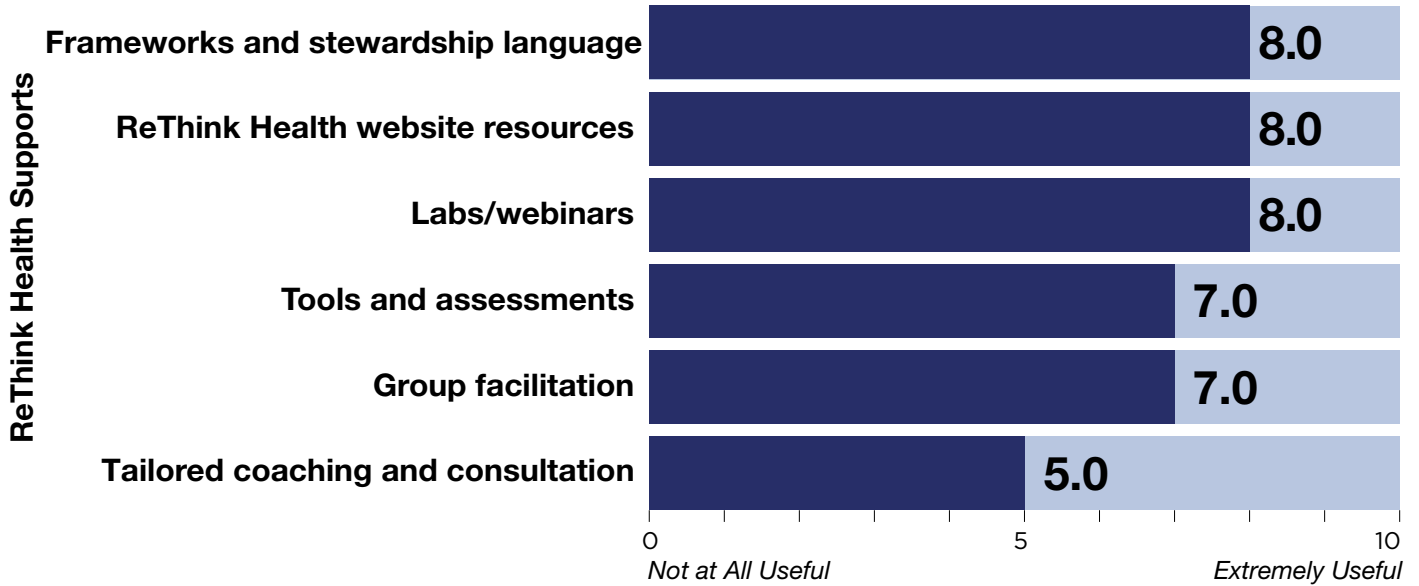


Figure 15. Average usefulness of ReThink Health supports for lab participants
 (final evaluation survey, mean across lab participants) (n=6)



Most participants said that they would like to receive ongoing support from ReThink Health. Interestingly, although some participants indicated in the midpoint assessment that PDHR’s time commitment was burdensome, by the project’s end an overwhelming majority determined that the work had been “worth it” (mean score of 7.9 out of 10, n=16).

Table 3: How ReThink Health supports helped Portfolio Design for Healthier Regions project participants (Patterns across core and lab participants)

Type of Support	What It Consisted of and How It Helped
Frameworks and stewardship language	<ul style="list-style-type: none"> 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

Type of Support	What It Consisted of and How It Helped
Tools and assessments	<ul style="list-style-type: none"> • 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 • Developed and used simple rules to align actions across organizations • Surfaced important insights about how partners perceive each other’s contributions
Tailored coaching and consultation	<ul style="list-style-type: none"> • Created space for participants to try on new concepts and language in a “safe to fail” environment • 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 strategies
Group facilitation	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Shared core concepts and approaches for portfolio design through a structured, interactive curriculum • 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 • Used a train-the-trainer model to engage past project participants in delivering lab content, which they in turn used to build capacity locally
Website/online resources	<ul style="list-style-type: none"> • Published reports, blogs, and tools that enabled participants to share concepts more easily

Implications for Project Design

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

- **Curriculum planning:** With the core participants, much of the PDHR curriculum was organized based on their needs, rather than following a pre-set flow. Having learned more about what matters most and works best, in the future ReThink Health can better support participants through a more consistently structured curriculum, with foundational content being shared first. For instance, coaches can explore core concepts—like navigating complexity—at the outset and then systematically build on them as the engagement continues. This said, ReThink Health also observed that it is important to build content that meets the opportunities and challenges of a particular moment. Future curricula, therefore, should have cohesive modules for distinct topics, which can be used flexibly and remain open for real-time iteration and growth.



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- **Cohort learning:** PDHR’s Stewardship Investor Labs demonstrated the value of assembling a cross-participant learning cohort. Core participants say they would have benefited from more structured opportunities to learn alongside one another. 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 participants.
- **Cross-site coaching:** PDHR demonstrated the value of having the same coaches work simultaneously with multiple participant groups. The diversity of interactions helps coaches develop coherence and allows for helpful cross-pollination across settings. It can also ensure consistency in tenor and approach when engaging with participants.
- **Strong-tie networks:** The importance of strong ties became a recurrent theme in PDHR, but questions emerged about how to build strong-tie networks at scale. Additional work is needed to evolve networking strategies that are effective at reinforcing strong ties and expanding strong-tie networks to scale stewardship practices and approaches for portfolio design.
- **Train-the-trainer model:** The train-the-trainer model that emerged in PDHR can be expanded. When prior participants become coaches themselves, they hone their skills and learn how to translate and scale what they’ve learned within their organizations and communities. This is one approach that can be employed to expand strong-tie networks.

Summary of Emerging Effects and Insights

ReThink Health launched PDHR with the aim of discovering how stewards could reallocate resources in different ways to support thriving, equitable communities. In support of this quest, it also wanted to understand the extent to which PDHR participants would take on the mantle of stewardship, shifting their own mindsets and actions while encouraging others to join. And, there was an important question about capacity-building: How did ReThink Health's own actions contribute to the changes that occurred?

The experience of PDHR affirmed that while the work of portfolio design is aimed at changing how resources are allocated, those changes should not be understood solely in monetary terms. Our evaluation indicates that resources like time, relationships, and ambition to work in radically different ways matter just as much. The participants began not by reapportioning money, but by aligning values and approaches more fully with other stewards and committing to creating routine experiences that expand belonging and civic muscle. These were simple changes in many regards, but they proved to be highly significant. The lesson suggests that portfolio design should be seen first and foremost as an exercise in building shared values and interdependence in support of aligning resource flows.

Portfolio design should be seen first and foremost as an exercise in building shared values and interdependence in support of aligning resource flows.

Without exception, all PDHR participants demonstrated notable progress on specific stewardship practices that support portfolio design. Networks of funders in the two core communities developed and implemented aligned investment strategies—significant resources were redirected and others newly invested in the vital conditions for health and well-being. Perhaps more important than the monetary resources that have been invested so far is the extent to which core participants have fundamentally shifted how they collaborate together, with aligned focus on building belonging and civic muscle. Such shifts in practice indicate that the conditions for effective portfolio design have taken root and are poised to strengthen over time, significantly increasing the likelihood that community-wide investments in vital conditions will continue to expand.

The results of our evaluation indicate 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. Participants were unanimous in reporting that the project's mix of intensive and light-touch engagements positively affected the development of their stewardship practices. Strengthened stewardship practices helped participants to catalyze shifts in organizational strategy, policies, resource flows, power dynamics, and other enabling contexts that help to strengthen the vital conditions and lay the foundation for system change. Even in challenging circumstances, emerging effects have been documented across individuals, organizations, networks, and communities. In PDHR, 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 contexts that are shaped and leveraged to greater affect—to take hold as widely shared norms, our findings do lead to a number of important lessons for regional portfolio designers and those working to support them:

Lessons for Stewards Seeking to Design Regional Portfolios

- **Designing regional portfolios starts with strengthening shared stewardship.** Detailed spreadsheets and work plans have a role to play in portfolio development, but they are of secondary importance. Success depends much more on the ability to align around aspirational values and build shared norms for strategy and action across organizations and with residents. As tempting as it is to discuss regional portfolios in terms of dollars and other resources, it is important to recognize that the portfolio's foundation is built from strong stewardship practices.



PHOTO COURTESY OF THE PALM HEALTH FOUNDATION.

- **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.
- **Align actions with values by collaboratively developing simple rules.** Building a short and memorable set of simple rules clarifies shared norms and agreements for action across individuals, organizations, and networks. When built in partnership with all who would benefit from using them, simple rules create the conditions for self-organizing and collective action critical for advancing change in the complex environments in which stewards operate. Because the simple rules are optimized for brevity and ease of understanding, they can also help to build shared language and engage new partners.
- **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.

Lessons for Organizations Supporting Stewards in Regional Portfolio Design

- **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 portfolio designers 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; collaborative efforts to develop new projects or infrastructure will be bolstered by strengthened norms and ways of working together.
- **Support change across individuals, organizations, networks, and the broader field.** 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 portfolio designers to see and leverage the messiness inherent in system change efforts is essential to their success. And, while experiences for portfolio designers 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.
- **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 portfolio designers 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.
- **Integrate approaches for building capacity.** Portfolio design requires building new ways of working across networks of organizations and residents in communities. For successful scaling to occur, those leading portfolio design efforts need to be equipped to share and spread approaches for portfolio design. Train-the-trainer models are particularly effective because the work of becoming a coach leads participants to hone their skills and gives them practical experience in building the capacity of others. A virtuous cycle then sets in as increasing numbers of residents and organizational leaders become equipped to bring even more people into the work.

Lessons for ReThink Health's Engagements with Place-Based Investors 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 place-based investors, in particular, ReThink Health could inspire everyone who cares about a given community to form even closer attachment to the people and places they touch (as opposed to organizing around conventional programs, projects, or problems). ReThink Health can do more to infuse the process of regional portfolio design with a deeper understanding of the histories and ever-present legacies that affect who thrives, struggles, and suffers over time in each community.

In addition, this evaluation suggests that with savvy support, those who have the privilege and power to hold purse strings can begin to let go of transactional



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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 PDHR 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 that PDHR participants bridged differences was 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 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 PHDR project to discover even more about what it takes to thrive together through shared stewardship.

APPENDIX A:

Stewardship Investor Lab Participants

Lead Organization	Organizational Partners to Lead Organization	Number of Participants (in total, 32 organizations and 45 individuals)	
United Way of Central and Northeastern Connecticut (<i>Central and Northeastern Connecticut</i>)	<ul style="list-style-type: none"> Local Initiatives Support Corporation (Hartford) Hartford Community Loan Fund Wellville 	Organizations	4
		Individuals	6
Blue Cross and Blue Shield of North Carolina Foundation (<i>North Carolina</i>)	No other organizations	Organizations	1
		Individuals	3
New Jersey Health Initiatives (<i>New Jersey</i>)	<ul style="list-style-type: none"> Community Foundation of South Jersey NJ Department of Health Robert Wood Johnson Foundation (New Jersey Team) Norwescap Reinvestment Fund 	Organizations	6
		Individuals	7
Michigan Health Endowment Fund (<i>Michigan</i>)	<ul style="list-style-type: none"> Superior Health Foundation West End Health Foundation Blue Cross Blue Shield Foundation of Michigan Provident Foundation of Marinette/Menominee Gogebic Range Health Foundation Portage Health Foundation 	Organizations	7
		Individuals	7
The Mat-Su Health Foundation (<i>Mat-Su Borough, Alaska</i>)	No other organizations	Organizations	1
		Individuals	2
Imagine Fox Cities (<i>Fox Cities region of Wisconsin</i>)	<ul style="list-style-type: none"> ThedaCare J.J. Keller Foundation Fox Cities Chamber Kimberly-Clark Algoma Schools United Way Basic Needs Giving Partnership/U.S. Venue 	Organizations	8
		Individuals	10
Alliance Healthcare Foundation (<i>San Diego and Imperial County, CA</i>)	<ul style="list-style-type: none"> County of San Diego Health and Human Services The San Diego Foundation 	Organizations	3
		Individuals	3
The deBeaumont Foundation (<i>National Philanthropy</i>)	No other organizations	Organizations	1
		Individuals	2
The Rippel Foundation (<i>National Philanthropy</i>)	No other organizations	Organizations	1
		Individuals	5

APPENDIX B:

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	<p>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.</p>	<ul style="list-style-type: none"> • 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 <i>and</i> differences) necessarily inform short action cycles.
Theoretical Lens	<p>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?”.</p>	<ul style="list-style-type: none"> • 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)	<p>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)</p>	<ul style="list-style-type: none"> • 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.
	<p>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)</p>	<ul style="list-style-type: none"> • 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, “predetermined”, 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	<p>Most Significant Change: An evaluation approach that asks intervention participants 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.”</p>	<ul style="list-style-type: none"> • 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)

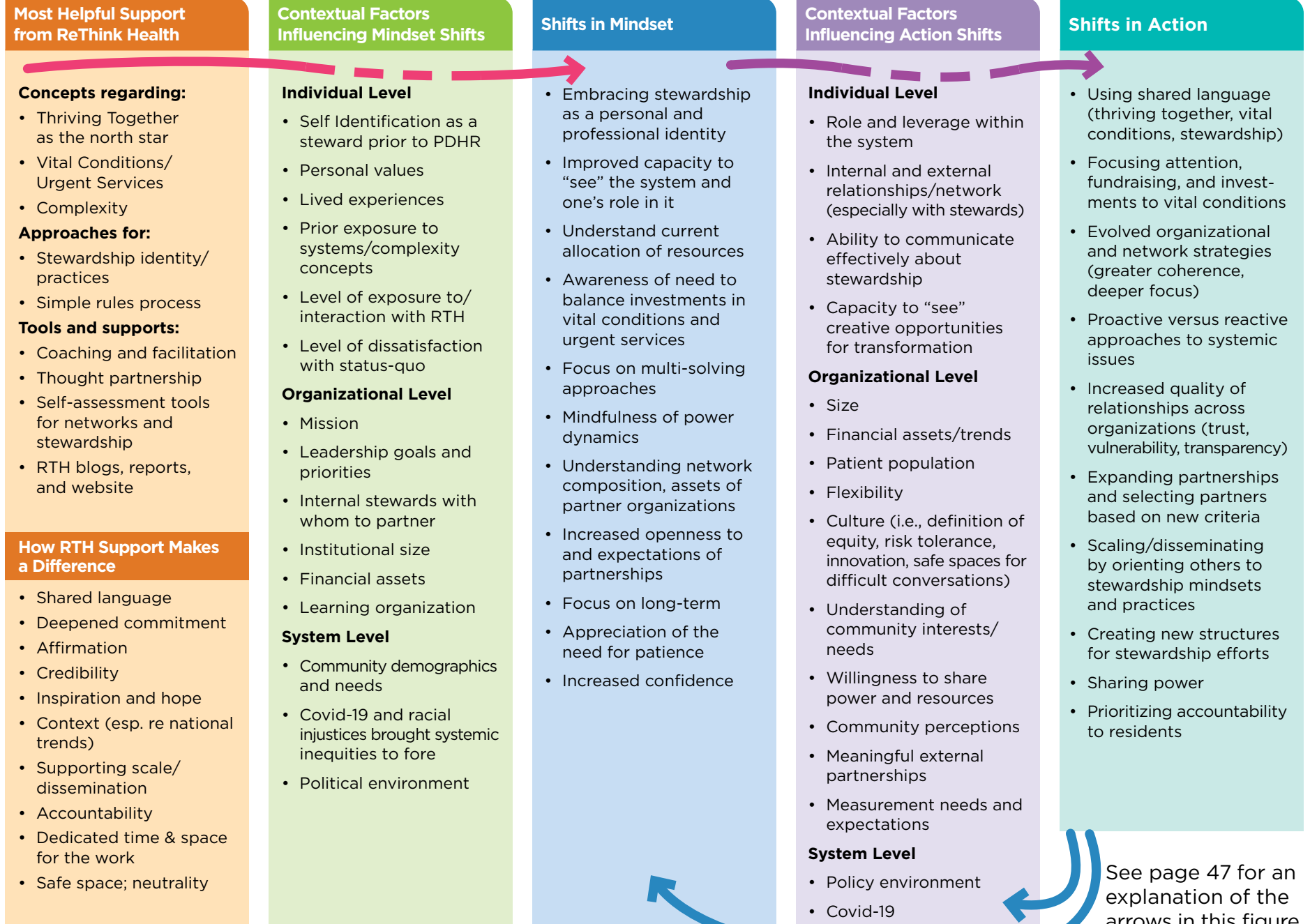
With the above concepts and their practical implications in mind, RTH has completed a robust multi-method and multi-project evaluation. The list below shows which methods were employed during the project evaluation.

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 C:

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



See page 47 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 D:

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 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 E:

Resources Produced through PDHR by ReThink Health and Project Participants

Resources Produced by PDHR Participants

Articles & Newsletters

[Major Health Care Players Collaborate to Rethink How They Invest in Washtenaw County's Well-Being](#)

[Millage Partners with 5 Healthy Towns to Tackle Mental Health Needs of Western Washtenaw County](#)

[One Big Thing - 5 Healthy Towns 2021 - The Year in Review Newsletter](#)

[Palm Beach County Receives RWJF Culture of Health Prize For Innovative Efforts to Create a Thriving Community](#)

[St. Joseph Mercy Chelsea Receives \\$1.125 Million to Improve Access to Behavioral Health](#)

Conference Presentations

[APHA Conference, 2021: Rethinking Population Health in Palm Beach County, FL: A Shared Stewardship Approach](#)

[Collective Impact Action Summit 2022 Presentation: Shared Stewardship Approach to Distribute Leadership and Shift Power to Communities](#)

[Institute for Healthcare Improvement Forum, 2021: Thriving Together with Health Care](#)

Multimedia

[Madison Case Study Video](#)

Reports

[BeWellPBC 2022 Impact Report](#)

[BeWellPBC 2021 Impact Report](#)

[BeWellPBC 2020 Impact Report](#)

[BeWellPBC 2019 Impact Report](#)

[Shern D. & Armstrong M. Achieving Greater Impact from the System of Care: Opportunities and Challenges](#)

Websites

[BeWellPBC Become a Steward](#)

[BeWellPBC Stewardship Coordination and Alignment](#)

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](#)

[Deciding Where To Invest Is Easier Than We Imagine: Portfolios Everywhere Ought to Prioritize an Equitable Economy and a Connected Society](#)

[How Stewards can Drive Social Change](#)

[Insight Spotlight Series: Portfolio Design for Healthier Regions](#)

[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](#)

[Leveraging Philanthropy to Cultivate Interdependence](#)

[Putting Shared Stewardship into Practice: Palm Beach County and 5 Healthy Towns, Michigan](#)

[Regional Leaders Learn How to Invest Resources to Ensure Health and Well-Being](#)

[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 Will it Take for Regional Leaders to Reallocate Resources in Ways that Ensure Our Well-Being?](#)

Multimedia

[Stewards Rising](#)

[Thriving Together Through Shared Stewardship](#)

[Unsung Stewards Podcast](#)

Reports

[Action Learning Synthesis: Shared Stewardship and the Prospects for Thriving Together](#)

[Amplifying Stewardship: Characteristics and Trends Stewards Consider When Expanding Equitable Well-Being](#)

[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 Multisector 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](#)

Websites

[Thriving.US](#)

[Thriving.US Recovery to Renewal](#)

APPENDIX F:

Overview of Content Linked Throughout the Report

Introduction

- [ReThink Health Midpoint Action Learning Synthesis](#)

Project Rationale, Participants, and Design

- [Evaluation of the ReThink Health Ventures Project](#)
- [Negotiating a Well-Being Portfolio](#)
- [Portfolio Design for Healthier Regions 2021 Stewardship Investor Labs: Summary of Key Concepts](#)

Portfolio Design for Healthier Regions' 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](#)
- [What Are We Learning in Our CaseMaking Journey with Rippel Foundation's ReThink Health Initiative](#)
- [ReThink Health's Primer on Essential Stewardship Practices](#)
- [Distributing Leadership to Transform Health Ecosystems](#)
- [Complex Contagions and the Weakness of Long Ties](#)

Evaluation Approach

- [Most Significant Change](#)
- [Realist Evaluation](#)

Emerging Effects

- [Cultivating Belonging and Civic Muscle to Advance Equity](#)
- [Achieving Greater Impact from the System of Care: Opportunities and Challenges \(Policy Recommendations\)](#)
- [Palm Beach County Receives RWJF Culture of Health Prize For Innovative Efforts to Create a Thriving Community](#)
- [ReThink Health Midpoint Action Learning Synthesis](#)
- [2021 ReThink Health Pulse Check on Shared Stewardship for Thriving Together Across America](#)
- [St. Joseph Mercy Chelsea Receives \\$1.125 million to improve access to Behavioral Health Services](#)

- [Palm Beach County Simple Rules](#)
- [BeWellPBC 2021 Impact Report](#)
- [Palm Health Foundation Stewards Rising Campaign](#)
- [RWJF Culture of Health Prize Winner Overview](#)

ReThink Health Supports

- [ReThink Health Stewardship Practices Assessment](#)
- [Stewards Rising: Answering the Call for Change](#)