

The State of Regional Stewardship In Each Pathway Phase

What is stewardship and why does it matter?

Transforming the system that produces health and well-being is no small task. To do it well, regional stewards need to work together to intentionally take responsibility for facilitating the cross-sector collaboration and alignment that creates the conditions for lasting change. This pathway describes what stewards (people or organizations) can expect when they work together to practice and develop their stewardship as part of their quest to create equitable opportunities for everyone to reach their potential.

GLOSSARY

The Rippel Foundation uses **innovation language** to nurture highly innovative cultures with the power, direction, and energy necessary for change. See page 4 for definitions of terms that might be new to you.

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	PHASE 1	PHASE 2	PHASE 3	PHASE 4	PHASE 5
	Coming Together	Exploring Regional Goals	Building an Interdependent Portfolio	Making the Portfolio Happen	Living the New Ecosystem
Summary of Stewardship Maturity by Phase	<p>Stewards focus on issue-specific activities to solve an identified problem or need, typically for a limited period of time. Their work together is transactional, with each contributor doing their part without changing old routines or adjusting their understanding of self-interests.</p> <p>Application of system thinking: There is rarely a well-articulated theory of system change. Stewards often act on the belief that their specific, often singular interventions will yield systemic change for the region. They are not typically aware of interdependencies, tradeoffs, and unintended effects of their efforts on others.</p> <p>Level of collaboration: Stewards combine their expertise and perspectives to address issue-specific needs, but act independently and expect reciprocation.</p> <p>Level of inclusiveness: Primarily limited to well-established stewards who were already working on the issue before deciding to join forces. Residents and other potential contributors are rarely seen as having legitimate agency.</p>	<p>Stewards form wider and more routine working relationships. They begin to articulate a clear, compelling, and shared vision for producing equitable health and well-being in their region. They explore what it is like to share information and responsibility across multiple issues and initiatives, while still largely competing for resources to support their own part of the work.</p> <p>Application of system thinking: Aware of the potential to use systems thinking to achieve their purposes, but applying it only on a limited basis.</p> <p>Level of collaboration: Combine expertise and perspectives to determine an approach to regional problem solving.</p> <p>Level of inclusiveness: Diverse stewards work together and increasingly reach out to others not yet involved to help assess options or make decisions.</p>	<p>Stewards work together routinely to pursue a clear, compelling, and shared vision for the entire region, including all of its people. That vision also guides investments and actions. They negotiate and begin to enact an interdependent portfolio of interventions, with multiple elements that are designed synergistically to yield both short- and long-term benefits.</p> <p>Application of system thinking: Stewards routinely think about the system that produces fair opportunities for health and well-being, what stands in the way, for whom, and where the leverage lies to generate better results.</p> <p>Level of collaboration: High levels of interdependency and low expectations for immediate reciprocation; knowledge, expertise, and contributions to the whole are as important as positional power.</p> <p>Level of inclusiveness: Highly inclusive and diverse; more and more stewards feel that they belong and can contribute.</p>	<p>In the most risky and rewarding phase of all, stewards abandon business as usual. They position their own work to align with a wider portfolio of interventions, which they have collectively designed to produce equitable health and well-being in the region. They act through new roles and new mindsets to bring their portfolio to life. Stewards commit themselves to new ways of doing business together. They embrace—and enforce—new norms because their vital interests now depend on it.</p> <p>Application of system thinking: Using systems thinking consistently to develop transformative solutions.</p> <p>Level of collaboration: Increasingly high levels of interdependency and low expectations for immediate reciprocation have made collaborative relationships more common, and effective conflict resolution second-nature.</p> <p>Level of inclusiveness: Highly inclusive and diverse; stewards work collaboratively, developing a willingness to be transparent as well as an understanding about one another's vested interests.</p>	<p>New institutions, markets, and accountability mechanisms have emerged through new patterns of working relationships among stewards. In the new ecosystem, the interactions among an extensive collection of organizations are in sync producing fair and just opportunities for health and well-being. The means for continuous monitoring and improvement are integrated into new system design, including the means for a new wave of transformation should it be necessary. Certain groups formed in prior phases may have been a temporary means to reach the current state, and may be disbanded if no longer necessary.</p>
VISION Commitment to Shared Vision and Values	By working together, stewards articulate shared aspirations for their issue-specific efforts.	By working together in wider, more routine relationships, stewards begin to articulate a clear, compelling, and shared vision for producing equitable health and well-being in their region. Their work is based on strongly held values and a clear view of the costs of inaction. The vision recognizes both the complexity and challenge of creating lasting solutions.	Stewards work together routinely to pursue a clear, compelling, and shared vision for the entire region, that will benefit all of its people. That vision also guides investments and actions.	A critical mass of stewards commit to a shared vision for the region. They continuously reflect on outcomes and refine activities, to ensure the vision is being achieved.	The vision of a transformed system is now more fully realized, even though it's still faced with old and new threats. The health ecosystem consists of interdependent institutions, markets, and accountability mechanisms that enable stewards to maintain equitable health and well-being in a constantly changing world.

The State of Regional Stewardship In Each Pathway Phase [continued]

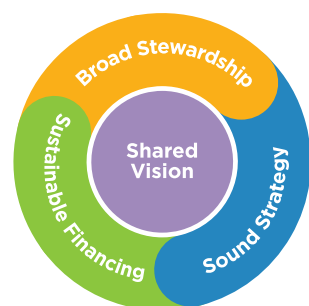
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STEWARDSHIP	Integrative Governance Activities	Stewards focus on issue-specific activities to solve an identified problem or need for a limited period of time. Their work together is transactional. Governance activities are contractual or ad hoc to suit the purpose and the project time frame.	Stewards seek to heighten the region-wide legitimacy, influence, and interdependence of their work together.	Stewards figure out how to align their independent, status quo approaches to create a more interdependent region, and figure out what work they must do together to achieve their shared vision. Efforts to build an interdependent portfolio of interventions are widely viewed as legitimate.	Stewards develop and champion new governance roles and mindsets necessary to facilitate implementation of the portfolio of interventions.	Governance activities are a function of the new institutions, markets, and accountability mechanisms that have emerged.
	Integrative Management Activities	Stewards devise temporary ways of working together by coordinating and managing their issue-specific efforts. Management activities are ad hoc to suit the purpose and the project time frame.	Stewards begin to develop structures and norms to handle the integrative activities necessary to manage the work they must do together.	Stewards work together through an effective network. They conduct integrative activities to manage and modify a shared portfolio of interventions so that it produces the system change they desire. Management needs (workflows between partnerships, liability protection, financial management, communications, data analysis, technologies, facilities, and more) can be handled by one or more organizations acting on behalf of all stewards.	Stewards become adept at the integrative activities that are necessary to effectively manage their shared efforts to implement the portfolio of interventions.	The appropriate management structures and norms are integrated into the new ecosystem.
	Inclusiveness	The range of stewards working together is primarily limited to those well-established organizations with a direct vested interest in the issue. Residents and other potential contributors are rarely seen as having legitimate agency.	Diversity of stewards in collaborative partnerships is expanding. Stewards increasingly reach out to others not yet involved to help assess options or make decisions.	Highly inclusive. More and more stewards feel that they belong and can contribute. They join the regional effort because they see it as a legitimate path to change, and they want their knowledge, expertise, and contributions to influence that process.	Stewards who are already part of the regional transformation effort fully understand and value the benefits of being involved and recognize that their goals cannot be accomplished without widespread inclusivity. They structure their work to enable the broadest possible participation from stewards not already in the mix.	The new ecosystem is highly inclusive.
	Stewards' Commitment Relative to Vested Interests	Stewards' work together is transactional, with each contributor doing their part without really changing old routines or adjusting their understanding of self-interests. Contributions are mostly in-kind because the stewards participating on behalf of their organizations do not necessarily have the authority to commit resources.	Stewards explore what it is like to share information and responsibility for addressing multiple issues and initiatives, while still largely competing for resources to support their own part of the work. The scope of working relationships broadens to include those who have the authority to represent and act on behalf of their own organizations.	Stewards work collaboratively, developing a willingness to be transparent as well as an understanding about one another's vested interests. Stewards also express the intention to be mindful about distribution of resources as well as surfacing and reconciling conflicts. The stewards participating on behalf of their organizations include senior leaders with the authority to commit some of their own organizations' resources to pursue the shared, region-wide vision and goals.	Stewards are fully aware and respectful of one another's vested interests as they engage in ongoing negotiation processes to align and advance their work. As a result, they enact new policies and financial incentives so organizational interests can be more in sync with regional interests.	The system is aligned so that organizational interests are in sync with regional interests, and there are well-established procedures to surface and resolve inevitable conflicts.
	Resident Engagement and Leadership	Stewards are focused on ensuring that broader groups of residents (those who live and work in the community but are not professionally involved in regional stewardship) are using and benefiting from the services or programs that are provided by participating organizations.	Stewards encourage organizations to consult broader groups of residents to hear their perspectives. Residents may participate on an ad hoc basis but rarely have leadership authority.	Stewards, both individually and together, begin to see the value of listening to the voices of broader groups of residents, and cultivating residents' role as leaders. They begin to develop and establish processes for residents to inform organizational policies, practices, and investment priorities. Residents participate and give feedback or input, but rarely have leadership authority.	Stewards create the conditions for robust, routine, and transparent resident leadership. Organizations routinely incorporate practices of meaningful participation, feedback, input, and support for active resident leadership. Resident voices are integral to the design and decision-making processes used to produce health and well-being in the region.	Residents are active co-producers of health and well-being, continuously shaping new institutions, markets, and accountability mechanisms.
	Common Measures and Data Synthesis; Learning and Knowledge Sharing	Stewards who are working together measure and share knowledge about the activities and achievements of their issue-specific efforts.	Stewards begin to adopt common measures for their combined efforts and share data and knowledge related to these efforts to track and improve outcomes.	Stewards have clearly defined expected outcomes and impacts for the work they do individually and together. They use common measures that are aligned with their shared purpose. They have set up integrated structures and processes for sharing data, ensuring data is widely understood, and ongoing learning.	Stewards have structured systems and processes to integrate data and chart progress across the region and regularly engage in reflective practices to assess progress.	Region-wide measures are used to assess equitable health and well-being over the long term. Integrated data and learning systems are used for continuous adaptation to assure ongoing alignment with the shared vision.

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STRATEGY	Theory of System Change	There is rarely a well-articulated theory of system change. Stewards often act on the belief that their specific, often singular interventions will yield systemic change for the region. They are not typically aware of interdependencies, tradeoffs, and unintended effects of their efforts on others.	Stewards realize that siloed, issue-specific initiatives are insufficient to achieve lasting change in health and well-being. Stewards are aware of the potential to use systems thinking to achieve their common purpose, but they are applying it only on a limited basis.	Stewards develop a theory of system change—meaning they acknowledge that the many forces that produce equitable health and well-being in a region work together as a system, and they seek to understand how the system tends to change or resist change over time. They enact the theory through the portfolio of interventions.	Stewards embrace a sound theory of system change to pursue their vision for equitable health and well-being in the region. They rely on and continually refine this shared theory as they learn from ongoing experience, incorporate new research, identify areas of leverage, anticipate pitfalls, and weigh tradeoffs in a constantly changing world.	Stewards rely on and continually refine their theory of system change to keep up with new insights and emerging challenges.
	Interventions	Stewards focus primarily on singular, independent interventions designed to address an identified need or problem.	Stewards recognize that a disconnected set of programs, projects, and policies will not harness the full potential for health and well-being in the region, and they begin to explore the value of designing a cohesive, interdependent portfolio of interventions.	Stewards design an interdependent portfolio of interventions to produce equitable health and well-being in the region. It includes a balanced and impactful set of policies, programs, and practices that are intended to work together and yield both short- and long-term benefits. Their portfolio balances services for urgent needs (such as acute care for illness/injury, or food assistance) with investments to assure the vital conditions that everyone depends on to reach their full potential (such as humane housing, living wage, education, routine care, and others).	Stewards enact an interdependent portfolio of interventions and begin to see system change in the region. The portfolio balances policies, programs, and practices related to urgent needs (such as acute care for illness/injury, or food assistance) with those intended to assure the vital conditions that everyone depends on to reach their full potential (such as humane housing, living wage, education, routine care, and others).	An interdependent portfolio of interventions in the region has created a balanced and impactful set of policies, programs, and practices (including new investment priorities and spending patterns) that produce equitable health and well-being.
FINANCING	Financial Plan, Including for Integrative Activities	Stewards have budgets for their short-term, issue-specific efforts. Resources other than in-kind labor rarely combine across organizational lines.	Most stewards do not have a long-term financial plan in place, but they are moving toward multi-year budgets for their issue-specific efforts. Integrative activities may be funded by grants or in-kind support, but there is rarely specific outside funding or a plan for long-term sustainability.	Stewards develop a long-term financial plan for implementing their portfolio of interventions. The plan: <ul style="list-style-type: none"> estimates spending for each intervention, and related integrative activities, for a minimum of 7 years; begins to identify revenue sources; and agrees upon appropriate allocations of funds to each intervention. 	Stewards refine and execute a 15-25 year financial plan for enacting their portfolio of interventions, including for integrative activities. The plan includes: <ul style="list-style-type: none"> spending schedules over the full 15-25 year period; revenue sources and earned income projections to cover the full menu of spending; and ways to mitigate short-term losses in cases where embracing new ways of working together causes negative financial disruption to any stakeholders. 	New financing structures, such as budget processes, payment models, pooled resources, financial incentives, and business models, support the priorities for equitable health and well-being.
	Financial Sustainability	Most stewards do not have sustainable financing. Funding is limited to short-term sources, most often ad hoc and/or one-time contributions, grants, and in-kind gifts to support their issue-specific efforts.	Most stewards do not have sustainable financing for their work. Funding is limited to short-term sources, most often ad hoc and/or one-time contributions, grants, and in-kind gifts. Stewards may begin to commit their organizational resources to strengthen working relationships with each other.	Stewards are exploring and beginning to access diverse, long-term funding sources that will be needed to implement the portfolio of interventions and related integrative activities. This may include the sources for a pooled fund, such as a wellness trust. Some stewards are beginning to shift their organizational resource allocations in concert with the portfolio of interventions.	Long-term, dedicated funds have been secured to accomplish the portfolio of interventions because regional stewards have shifted their organizational resource allocations.	There are sufficient, diverse, and dependable financial resources devoted to produce equitable health and well-being in the region.



Click the circle for an overview of the most essential stewardship practices.

Diversity

The collective mix of differences and similarities among stewards' individual and organizational characteristics, values, beliefs, experiences, backgrounds, and behaviors. It encompasses personal and professional histories that frame how stewards see the world and interact with each other. It also encompasses many simultaneous dimensions of human difference including age, sex, color, class, education, sexual orientation, nativity, language, and more.

Equitable Health and Well-Being

Often shortened to "health and well-being," or simply "health", this denotes the overall level and distribution of healthiness and quality of life for all people in a given region, including the presence of fair and just opportunities for everyone to reach their full potential. It is not limited only to the healing or strengthening of the body against injury and disease, but instead includes all aspects of health and well-being, including physical and psychological health, security, economic prosperity, connectedness, and more.

Health Ecosystem

A system composed of an extensive collection of distinct variables and organizations that depend on and interact with one another to produce health and well-being in a region.

“When stewards embrace ambiguity and the possibility of failure, that's when they really start creating a culture of innovation.

Wade Norwood
CEO, Common Ground Health

Integrative Activities

Stewardship roles and leadership functions for governing and managing stewards' working relationships to achieve a common purpose.

Governance Activities

Integrative governance activities hold the balance between stewards' individual and collective goals, to contribute to the prosperity and viability of the region as well as stewards' working relationships. Governance activities ensure accountability, transparency, and fairness across stewards.

Management Activities

Among other things, management activities coordinate establishment of basic infrastructure to support stewards' working relationships, including establishment of workflow structures, equipment, technologies, facilities, and services.

Interdependent Portfolio of Interventions

A balanced and impactful set of policies, programs, and practices that stewards implement to produce equitable health and well-being in their region.

Residents

People who live and work in the community who are not professionally involved in regional stewardship.

Stewards

Stewards are leaders (people or organizations) who take responsibility for forming working relationships with others to transform health and well-being across a region. Stewards may be affiliated with organizations, or may act on their own agency, such as a resident.

Stewardship

The act of stewards working together across boundaries to create the conditions for equitable health and well-being. This involves efforts to negotiate shared values, establish and enforce norms, resolve conflict, and adapt to circumstances in a constantly changing world.

System Thinking

A holistic approach to analysis and problem solving that focuses on the big picture to see how parts of a system connect as well as how our mindsets and actions shape consequences over time.

Theory of System Change

A comprehensive description of how and why a desired change is expected to happen. A theory of system change articulates the key trends that stakeholders can shift [via policies, programs, or practices (e.g., allocation of resources)] in order to transform the system's performance over time.

Vital Conditions

Properties of places and institutions that all people depend on to be healthy and well. They include basic needs for health and safety, lifelong learning, meaningful work and wealth, humane housing, a stable natural environment, reliable transportation, as well as belonging and civic muscle (i.e., special capacities of people and institutions that convey to all a sense of belonging and power to influence the policies, practices, and programs that shape our world). These not only have the potential to enhance health and well-being, but also prevent harm and avert the need for costly, often inequitable urgent services.

Working Relationships

The routine pattern of connections among two or more stewards (people or organizations) intended to achieve a common purpose related to health and well-being.

Urgent Services

Services that anyone under adversity may need temporarily to regain or restore health and well-being. They include acute care for illness or injury, addiction treatment and recovery, criminal justice and emergency response, homeless services, environmental clean-up, as well as unemployment and food assistance.