

A Brief History of Stewarding Health, Wealth, and Well-Being

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1. Understanding Keywords

The original meaning of “health” implies wholeness, a state of being whole, sound, or well. It is an ancient concept dating back in English to about the first millennium. By contrast, our understanding of “health care” as a way to maintain or restore health and well-being with professional help first took hold only about 80 years ago, coinciding with the rise of a modern healthcare industry (see Exhibit 4).

Even though people use the term “health” about 100 times more often than health care, the current connotation of health is now nearly synonymous with health care. That is why scores of institutions that pursue health in its widest sense now focus explicitly on “health and well-being (Pronk, Kottke, Milstein, Rossom, & Stiefel, 2019; Robert Wood Johnson Foundation, 2019).”

Likewise, contemporary ideas about “wealth” have narrowed to mean mainly money and material possessions, whereas the original understanding encompassed a rich state of being happy, healthy, or prosperous. This wider sense of the word is what Ralph Waldo Emerson had in mind when he quipped, “the first wealth is health.”

Definitions of Keywords

- **Health** = wholeness; a state of being whole, sound, or well (*circa ~1000 Middle English*)
- **Health care** = efforts to maintain or restore physical, mental, or emotional well-being especially by trained and licensed professionals (*circa ~1940*)
- **Wealth** = well-being (*circa ~1200 Middle English*)
- **Well-being** = state of being happy, healthy, or prosperous (*circa ~1610*)
- **Stewardship** = responsible management of something entrusted with one’s care (*circa ~1621*)

Exhibit 4 Old Ideas About Health and Modern Focus on Health Care



Google Books Ngram Viewer

Source: Google Books Ngram Viewer: 1800-2008 in English

With these meanings in mind, it is obvious that health, wealth, and well-being are closely coupled. They usually travel together in either a vicious or virtuous cycle (see sidebar). Innovators today have an historic opportunity to turn a vicious cycle, in which both our health and our economy are in peril, into a virtuous cycle, in which new economic priorities enable more people to thrive and more thriving people fuel even greater economic prosperity.



This is arguably one of the most high-stakes challenges facing each person and organization across the country. Do we have what it takes to break from business as usual and begin acting like serious system stewards? Are we willing to work with each other in new ways to create the conditions that will steer health, wealth, and well-being in a positive direction for all of us, and for generations to come?

Clues to understand what this work entails may lie in time-tested insights from cultures worldwide, as well as in understanding two waves of innovations that made an indelible mark in the modern era.

2. A Brief History of Stewarding Health and Well-Being

The practice of stewarding health, wealth, and well-being has evolved over millennia, as innovators in each generation endeavored to pass along a world that enables everyone to survive and thrive. Only recently, however, has this work been explicitly framed as a matter of system design and self-governance in a rapidly changing common world. Now, in an era marked by unprecedented systemic crises, as well as new heights of system consciousness and phenomenal new technologies, a rising cadre of system stewards could make greater strides in the next 20 years than in the prior 200.

Ancient Traditions (before 1800)

Nations on every continent and indigenous cultures worldwide have devised many practical ways to maintain health, manage wealth, and enhance well-being. These eclectic traditions evolved over millennia, enabling different cultural groups to endure – often through great adversity – over generations. Even though imperfect and inequitable, their legacies of time-tested values and practices represent a rich inheritance that innovators today may either adapt for our time, or squander. This chapter cannot review the vast store of inherited wisdom about how to expand community health and economic prosperity. However, a few basic insights are worth noting.

- **Kindness:** People are capable of inflicting extreme harm on each other and on the natural world. At the same time, there is a strong – often stronger – propensity to care for each other and to cooperate around shared values. Awareness of this perpetual tension underpins longstanding norms designed to counter cruelty through kindness. Despite flagrant violations, almost every culture has found some way to encourage kindness even beyond kinship. Some examples include the golden rule in Judeo-Christianity, Islam, Hinduism, and most other world traditions (do unto others as you would have them do unto you); the Native Hawaiian concept of “mālama honua” (to take care of and protect everything that makes up our world: land, oceans, living beings, our cultures, and our communities); and the

Sanskrit concept of “ashoka”, which encourages constant vigilance against harm through an “active absence of sorrow” (see sidebar).

- **Moral Compass:** Morality varies over time as well as within and across cultures, yet there are also many common features. A few seemingly innate human preferences underpin the virtues, narratives, and institutions that people almost everywhere seem to invoke when choosing between good versus bad options. Insofar as there is such a thing as a shared moral compass, the best evidence suggests that it points toward: care over harm, fairness over cheating, loyalty over betrayal, authority over subversion, sanctity over degradation, as well as liberty over oppression (Your Morals Collaboration, 2016).
- **Self-Governance:** When a community of people depend on a common resource (like a forest or fishery) they sometimes fall prey to the “tragedy of the commons.” As individuals, companies, or certain groups harvest as much as they can for their own gain, the common resource tends to collapse. There are circumstances, however, where communities have managed to avoid such tragedy. Elinor Ostrom won a Nobel Prize in Economics for revealing the main design principles that people around the world have used for centuries to sustain the fragile resources on which their lives and livelihoods depend (see sidebar). The most successful groups do not rely on a strong central government or an unchecked market, but instead participate in a pragmatic system of democratic, self-governance (Ostrom, 2009).
- **Freedom, Autonomy, and Interdependence:** Individuals sometimes seek freedom and autonomy by embracing an ethic of “live and let live.” Such indifference, however, can be isolating and ultimately self-defeating. Instead, freedom and autonomy can be coupled with interdependence through a relational ethic that guides each of us to “live in a way that allows others to live as well (Laszlo, 2001).”

Profile of a System Steward

“Indian Emperor Ashoka was one of the world's earliest social entrepreneurs. After unifying India in the 3rd Century B.C., Emperor Ashoka renounced violence and became one of history's most tolerant, global-minded, and creative leaders, pioneering innovations in economic development and social welfare.”

Source: (Ashoka, 2019)

Ostrom's Design Principles for Governing the Commons

1. Clear boundaries
2. Rules adapted to local conditions
3. Collective-choice and participation in decision-making
4. Effective monitoring by those who are part of the system
5. Graduated sanctions for those who violate community rules
6. Cheap and easily accessible conflict resolution mechanisms
7. Self-determination recognized by higher-level authorities
8. Organization in multiple layers of nested enterprises

Source: (Ostrom, 2009)

These are just a fraction of enduring insights that innovators today may invoke when coping with challenges in modern times. All of these traditions are still active, albeit in different degrees, although many have given way – or been actively displaced – over the past two centuries by distinctively modern norms and paradigms.

Modern Era (1800 – present)

With respect to health and well-being, the modern era has been shaped primarily by two major waves of innovation. These include the rise of

1. **Public health work in government and public affairs** (circa 1800 – present), followed by the rise of a
2. **Biomedical healthcare industry** (circa 1945 – present).

Exhibit 5 shows when these activities each entered public discourse, along with a sharp shift in prominence between the two.

Exhibit 5 Shifting Prominence of Modern Discourse on Public Health and Health Care



Google Books Ngram Viewer

Source: Google Books Ngram Viewer: 1800-2008 in English

As public health work, and later health care, became matters of professional expertise, their respective meaning and scope narrowed to match the scope of what those professionals were equipped to do. At the same time, issues related to work, wealth, and economic development were regarded as separate concerns for other kinds of professionals working in other institutions and industries.

Health and the economy are, in fact, mutually reinforcing. But for much of the modern era they have been treated as disconnected priorities. As a result, health investments are rarely crafted to drive economic prosperity, and the economy is not designed to expand everyone's chances to be healthy and well.

There are, of course, many notable exceptions. Consider, for instance, the THRIVE partnership in the Great Lakes Bay Region of Michigan. Backed by scores of regional stewards spanning virtually all areas that affect population health and the economy, they worked together to design a long-term, regional investment portfolio focused on the twin goals of improved health and sustained economic growth. It is a rare example where the "powerful and inseparable" two-way linkage between economic success and health guides everything they do (Thrive Partnership, 2019). Similar efforts to strengthen connections between health and the economy could spark a renaissance of ingenuity and investment across America.

To appreciate how such a promising new era might emerge, we can draw insight from the thinking and actions of American innovators that largely defined the modern era. Two stories are especially instructive: they explain how earlier generations of stewards launched two unprecedented waves of innovation that not only altered the course of health, wealth, and well-being, but also now shape the current context for whatever we do next.

Modern Wave 1: Public Health Work in Government & Public Affairs (1800 – present)

According to the Institute of Medicine, “two factors have shaped the modern public health system: first, the growth of scientific knowledge about sources and means of controlling disease; second, the growth of public acceptance of disease control as both a possibility and a public responsibility (Institute of Medicine, 1988).”

Expressions of *public* responsibility for health grew stronger beginning with the Industrial Revolution. Sweeping changes in the economy and society brought new opportunities, along with serious problems such as overcrowded cities, hazardous workplaces, unsafe food, child labor, and poverty. Individuals alone could never cope with such threats. Nor was it possible to go back to an earlier era. It ultimately made sense to address Industrial Age challenges together, as matters of a changing commonwealth. Early responses focused on gathering data, diagnosing diseases, and either slowing down or stopping epidemics. Laws, regulations, and public investments were just beginning to be used as instruments to protect the public’s health.

Something new happened at the turn of the 19th Century. That is when public health work started to become a formal, professional function of government. In 1799, Boston established America’s first citizen-led board of health and first local health department (see sidebar). Another 70 years later, Massachusetts established the first statewide health authority. Fast forward to today where governmental health departments exist in every state, nearly 3,000 cities and counties, and the largest cabinet-level federal agency – all charged with helping to protect the public’s health.

Profile of a System Steward

When Boston formed its first health department, Paul Revere became the first health officer. Revere had famously warned fellow Minutemen of the British attack by sea, saving lives and helping to win the war. It is fitting that he would later be entrusted to help protect the public’s health, even from unseen threats, such as cholera.

Of course, no government agency at any level could bear full responsibility for safeguarding the public’s health. For one thing, individuals and families must always make personal choices based on options in their surroundings. Those options, in turn, are shaped by the combined influence of government, corporate enterprise, and community activity in all walks of life, including agriculture, commerce, defense, education, housing, justice, labor, transportation, treasury, and more. That is why efforts to expand health, wealth, and well-being always entail more than what any person, company, or government could do alone. They extend across all aspects of public affairs and common life.

Throughout the modern era, American innovators expanded people’s freedoms to thrive by making major strides toward all vital conditions (see Exhibit 6). Thanks to successes such as sanitation, smallpox eradication, stronger starts for kids, smoking cessation, Social Security, and scores of other achievements, stewards across the country not only helped people live longer, better lives, they literally created a better world for living.

As impressive as these achievements are, they have not benefitted everyone. Indeed, many advantages have been systematically denied to certain groups. For example, redlining enabled white families to own homes and build wealth, while excluding people of color (Rothstein, 2017). The practice was banned more than 50 years ago, yet it still persists in many forms and the harmful effects continue even now (Jan, 2018). Virtually every achievement in the modern era is diminished by similarly stark differences between those who benefitted and those who still bear the burdens. Times have changed thanks to modern public health work, yet there remains a vast amount of trapped human potential that could be liberated by assuring full and fair inclusion for everyone in America.

Landmark Achievements from Public Health Work (1800 – present)

Vital Conditions	Landmark Achievements*	
Basic Needs for Health and Safety	<ul style="list-style-type: none"> • Sanitation • Immunizations, vaccinations • Reduced hunger, malnutrition • Food and drug safety • Workplace safety • Housing safety • Motor vehicle and aviation safety • Neighborhood safety, lower crime 	<ul style="list-style-type: none"> • Epidemic outbreak detection and control • Lead control • Tobacco control • Healthier mothers and babies • Family planning, reproductive freedom • Fluoridation and oral health • Better health care and insurance coverage (Medicare, Medicaid, Affordable Care Act)
Lifelong Learning	<ul style="list-style-type: none"> • Compulsory K-12 education • College and vocational training • Head Start, Pre-K 	<ul style="list-style-type: none"> • Funding for research, innovation, R&D • New technologies and design, patents • Nobel prizes
Meaningful Work and Wealth	<ul style="list-style-type: none"> • Child labor protections • 40-hour workweek • Minimum wages • Social security, retirement security 	<ul style="list-style-type: none"> • Community Reinvestment Act • Earned Income Tax Credit • Progressive tax code • B-Corporations
Humane Housing	<ul style="list-style-type: none"> • Home ownership • Outlaw redlining 	<ul style="list-style-type: none"> • Housing subsidies
Thriving Natural World	<ul style="list-style-type: none"> • Cleaner air and water • New sources of renewable energy • LEED green building certification 	<ul style="list-style-type: none"> • Conservation of parks, forests, seashores, wildlife refuges, monuments
Reliable Transportation	<ul style="list-style-type: none"> • Automobiles • National highways and railroads 	<ul style="list-style-type: none"> • Mass transit via bus and rail • Commercial air travel
Belonging and Civic Muscle	<ul style="list-style-type: none"> • Abolition of slavery • Women's rights • Voting rights, civil rights • Universal declaration of human rights • Non-discrimination based on race, color, religion, sex, or national origin • Accommodations for disabilities • Marriage equality • Settlement houses, citizenship schools • Disaster preparedness 	<ul style="list-style-type: none"> • Nationwide health surveillance • Communications and information exchange • Libraries, museums, public spaces • Celebrations of art, culture, spirituality • Nonviolent conflict, civil disobedience • Civic associations, nonprofits, philanthropy • Moon landing • Freedom of information, public comment • Investigative and solutions journalism • Devolving responsibilities to states

* Many of these achievements have yet to reach all people, and in some cases have been systematically denied to certain groups, creating stark inequities between those who benefitted and those who bear ongoing burdens. Also, several are not unqualified goods, but entail risks or tradeoffs of their own.

Modern Wave 2: Biomedical Healthcare Industry

A second major wave of innovation took off around 1945, just after World War II. That is when a new biomedical healthcare industry first took shape – and has grown larger ever since.

Between 1800-1945, American life expectancy had grown 50% longer (albeit far less for disadvantaged groups). Virtually all of that progress occurred without any real improvement in personal health care. If you were in a hospital before the mid-20th century, it only helped, “because it offered you some warmth, some food, shelter, and maybe the caring attention of a nurse. Doctors and medicine made no difference at all (Gawande, 2012; Thomas, 1985).” Nevertheless, the pioneers of American health care believed that greater gains were within reach through the promise of biomedical science (see sidebar).

Penicillin, for example, first discovered in 1928, proved phenomenally successful in treating wounded soldiers during the war. The new wonder drug captured the public’s imagination and swiftly became the hallmark for a promising new way to care for – if not conquer – human affliction.

Even before the war, American medical education had fully embraced the ethos of biomedical science. Abraham Flexner’s 1910 study on the state of physician education delivered a forceful critique of all schools that he viewed as “unscientific,” “disordered,” or “commercial (Flexner, 1910).” Flexner’s view matched the zeitgeist of the time, causing almost all medical education to move into research universities where the biomedical model became the “gold standard of medical training (Duffy, 2011).” A lucrative research enterprise also evolved in conjunction with academic training. Together, they galvanized public belief in the idea that biomedicine is the way to better care at the bedside – and a better life.

Health Care as Biomedical Science

The biomedical paradigm combines ideas from industrial mechanics and the germ theory of disease:

- People are stable biological mechanisms
- Illness occurs when there is an outside intruder (like a pathogen) or a malfunctioning part (like a clogged artery)

Either way, the solution is the same: find the problem and fix it.

Propelled by such a forceful intellectual engine, biomedical innovators made astonishing achievements throughout the post-war period until today (see Exhibit 7). The era of medical miracles began with antibiotics, then steadily expanded to include previously unthinkable kinds of imagining, drugs, devices, and procedures. Innovators uncovered the structure of DNA and are now editing the human genome itself.

There is, of course, more to the story than medical marvels alone. In the latter half of the 20th century, biomedical health care became a big business unto itself. As hospitals and health care services became more important, they also became inexorably more expensive – so expensive, in fact, that most Americans could never pay medical bills all on their own.

Insurance coverage came on the scene in the 1930s, but was left out of the Social Security program and did not scale quickly. Businesses began offering healthcare insurance as a benefit for some workers. However, that did not cover seniors, people in poverty, or people with disabilities. Those shortcomings changed in 1965 with the passage of Medicare and Medicaid. At that point, American health care catapulted into a full-fledged industry, predicated on treating a high volume of sickness with an ever-evolving array of high-tech, highly profitable services (see sidebar, and Exhibit 5).

Health Care as a Commodity

As biomedical health care grew into a modern service delivery industry, popular understanding of the term “health care” shifted from being a verb, describing a caring relationship, into a noun, describing a commodity that could be distributed, or denied.

Over the past 75 years, the confluence of biomedical science, technology, and industrial service delivery transformed health care from an informal, unpaid, and largely ineffective practice into what we see today: a vast healthcare industrial complex that now employs more people than any other line of work, is approaching

20% of the entire U.S. economy, and sits high on the list of the fastest growing sectors for the foreseeable future (Sisko et al., 2019; Thompson, 2018).

Landmark Achievements from the Biomedical Healthcare Industry (1945 – present)

Practice Category	Landmark Achievements	
Antibiotics	<ul style="list-style-type: none"> • Penicillin • Highly active antiretroviral therapy 	<ul style="list-style-type: none"> • Antibacterials, antivirals, antifungals, and antiparasitics
Anesthesia, Antisepsis	<ul style="list-style-type: none"> • General anesthesia • Local, regional anesthesia 	<ul style="list-style-type: none"> • Sterile surgical environment • Pain relief
Diagnosis, Imaging	<ul style="list-style-type: none"> • X-ray • CT scan • PET scan • MRI 	<ul style="list-style-type: none"> • Electron microscope • Radiological imaging • Ultrasound • Mammography
Drugs, Devices, Implants, Procedures	<ul style="list-style-type: none"> • Immunizations, vaccinations • Pacemaker • Defibrillator • Coronary by-pass • Coronary stent • Statins, ACE inhibitors, beta-blockers • Insulin • Dialysis • Laser • Electrocauterizer • Ear tubes 	<ul style="list-style-type: none"> • Angioplasty • Laparoscopy • Endoscopy • Chemotherapy • Immunotherapy • Oral contraception • Intrauterine devices • Cesarean section • Abortion • Stem cells
Prosthetics, Transplants, Replacements	<ul style="list-style-type: none"> • Artificial organs, joints, limbs • Blood transfusion 	<ul style="list-style-type: none"> • Organ transplants
Genomics	<ul style="list-style-type: none"> • Discovery of DNA • Genome mapping • Epigenetics 	<ul style="list-style-type: none"> • Polymerase chain reaction • CRISPR gene editing • Precision medicine
Symptom Control, End of Life Care	<ul style="list-style-type: none"> • Palliative care • Hospice 	<ul style="list-style-type: none"> • Euthanasia
Science, Evidence, Decision-Making	<ul style="list-style-type: none"> • Randomized controlled trials • Evidence-based medicine • Understanding disease etiology 	<ul style="list-style-type: none"> • Funding for biomedical research • Shared decision making centered on people’s goals and needs

3. Emerging Opportunities in Moment of Promise and Peril

America today is in an historic moment of promise – and peril. We have amassed a 200-year track record of impressive efforts to expand health, wealth, and well-being. At the same time, the vital conditions that each of us – as well as future generations – depend on to survive and thrive are not widely shared and are under phenomenal threat (see sidebar and Exhibit 3) (ReThink Health, 2017; Well Being Legacy, 2018).

Outstanding Threats to Health, Wealth, and Well-Being in the U.S. (2020 – future)

Vital Conditions	Outstanding Threats*
Basic Needs for Health and Safety	<ul style="list-style-type: none"> • Aging population, caregiver strain • Addiction (tobacco, alcohol, opiates) • Adverse childhood experiences • Antibiotic resistance • Hunger, food insecurity, junk food • Physical inactivity • Gun violence • Severe physical illness (heart disease, stroke, cancer, COPD, diabetes, obesity, asthma) • Severe mental illness (anxiety, depression, dementia, trauma, toxic stress) • Emerging infectious diseases, pandemics, genetically engineered pathogens • Uninsurance, inadequate routine care
Lifelong Learning	<ul style="list-style-type: none"> • Illiteracy • Failing schools, high school dropout • Unaffordable college tuition • Mismatched skills v. new kinds of work • Inadequate early childhood development • School-to-prison pipeline • Disinformation, pseudoscience
Meaningful Work and Wealth	<ul style="list-style-type: none"> • Economic inequity, concentrated wealth • Low wages, unfair pay, multiple jobs • Unemployment, underemployment • Poverty • Household debt • Insecure retirement • Workforce automation
Humane Housing	<ul style="list-style-type: none"> • Homelessness, unaffordable housing • Residential segregation • Displacement, gentrification
Thriving Natural World	<ul style="list-style-type: none"> • Climate catastrophes (flood, fire, wind, draught, heat, cold, species extinction) • Pollution (air, water, soil) • Unsustainable energy, natural resource depletion • Disconnection from nature
Reliable Transportation	<ul style="list-style-type: none"> • Aging infrastructure • Automobile-centric design • Inactive transport • Traffic congestion, long commute time • Hazards for health, safety, environment
Belonging and Civic Muscle	<ul style="list-style-type: none"> • Modern slavery, human trafficking • Racism, sexism, classism, other forms of systemic exclusion • Authoritarianism, fascism • Refugee crises, illegal immigration • Violence against vulnerable people (women, people of color, poor, youth, elderly, immigrants, LGBTQ, etc.) • Loneliness, isolation, distrust, disconnection • Suicide • Bullying, hate crimes • Mass incarceration • Invasion of privacy • Low voter turnout, voter suppression • Gov’t and corporate fraud, ethics violations • War, terrorism

* Many of these threats are intertwined and experienced differently in different regions and by different people. While they undermine health, wealth, and well-being for everyone over time, they almost always inflict greater harm on the most vulnerable groups (people of color, people in poverty, women, immigrants, and other disadvantaged groups).

What are Vital Conditions for Health, Wealth, and Well-Being?

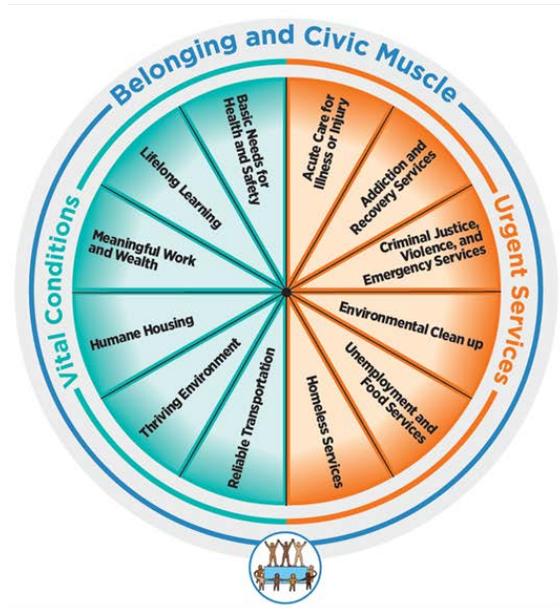
Our freedom to survive and thrive depends on having a consistent set of *vital conditions*, such clean air, fair pay, humane housing, early education, routine health care, and other pragmatic necessities (see the left side of the images below). Personal experiences may rise and fall from birth to death, through triumph and tragedy. However, the vital conditions persist over generations. They shape the exposures, choices, opportunities, and adversities that we each encounter on day one and throughout our lives (Well Being Legacy, 2018).

If any of those vital conditions are not fulfilled, a variety of threats will predictably arise. Those threats, in turn drive the demand for urgent services that anyone under adversity might need temporarily to regain their best possible health, wealth, and well-being (see the right side).

Together, the changing state of these vital conditions and urgent services form an interdependent portfolio that, whether acknowledged or not, shapes the prospects for people and places across America to reach their full potential, now and for generations to come.

We have no say in the conditions that we inherit from our predecessors—their legacies are the starting points for our lives. At the same time, we possess enormous capacities to transform current and future conditions, for better or for worse (Well Being Trust, 2018). The essential question for any person or organization that wants to expand community health and economic prosperity is: *what can we do, with others, to alleviate urgent needs and secure the vital conditions that all people need to survive and thrive?*

Portfolio Structure



Definitions

<p>Investments to Assure Vital Conditions Properties of places and institutions that all people need all the time to be healthy and well</p> <p>Basic Needs for Health and Safety</p> <ul style="list-style-type: none"> • Adequate air and water • Nutritious food • Routine physical activity • Sufficient sleep • Safe, satisfying sexuality and reproduction • Freedom from crime, injury, violence, traumatic stress, and addiction • Routine health care (physical and mental) <p>Lifelong Learning</p> <ul style="list-style-type: none"> • Cognitive, social, and emotional abilities • Early childhood experiences • Elementary and high school • Higher education • Career and adult education <p>Meaningful Work and Wealth</p> <ul style="list-style-type: none"> • Job training/retraining • Well-paying, fulfilling jobs • Family and community wealth • Savings and limited debt <p>Humane, consistent housing</p> <ul style="list-style-type: none"> • Adequate space per person • Safe structure • Affordable costs • Diverse neighborhood (without gentrification, segregation, and concentrated poverty) • Close to work, school, food, and recreation/nature <p>Thriving Environment</p> <ul style="list-style-type: none"> • Sustainable natural resources and freedom from climate hazards • Clean air, water, and soil • Natural spaces • Freedom from extreme heat, flooding, wind, radiation, and earthquakes <p>Reliable, safe, and accessible transportation</p> <ul style="list-style-type: none"> • Close to work, school, food, and leisure • Safe transport • Active transport • Efficient energy use • Few environmental hazards 	<p>Services to Address Urgent Needs Services that people under adversity may need temporarily to secure or restore health and well-being</p> <p>Acute Care for Illness or Injury</p> <ul style="list-style-type: none"> • Acute and post-acute care for physical and mental illness • Emergency medical services • Acute postnatalization • Trauma-informed care <p>Addiction and Recovery Services</p> <ul style="list-style-type: none"> • Behavioral health care • Substance abuse treatment and support • Inpatient and outpatient services for substance abuse and mental illness <p>Criminal Justice, Violence, and Emergencies</p> <ul style="list-style-type: none"> • Efforts to maintain public safety and fairly adjudicate violations of the law • Police and law departments • First response teams (e.g., 911 dispatch, police hot lines, poison control) • The criminal justice system <p>Homeless Services</p> <ul style="list-style-type: none"> • Short-term housing for people experiencing homelessness • Emergency shelters <p>Environmental Clean-Up</p> <ul style="list-style-type: none"> • Efforts to clean up hazards in air, water, soil, homes, workplaces, and communities • Lead abatement • Water treatment • Brownfield decontamination <p>Unemployment and Food Assistance</p> <ul style="list-style-type: none"> • Assistance for those who are disadvantaged, out of work, or disabled • Federally supported programs for disadvantaged families (TANF, SNAP, WIC) • Food banks • Energy assistance • Childcare assistance
<p>Efforts to Strengthen Belonging and Civic Muscle 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 the world</p> <p>Efforts that strengthen belonging and civic muscle include</p> <ul style="list-style-type: none"> • Arts, culture, and spiritual life • Social support • Freedom from stigma, discrimination, and oppression • Support for civil rights, human rights • Civic agency, engagement (voting, volunteering, public work) • Collective efficacy • Nongovernmental organizations • Civic science • Transparency • Communications, information technology, and social networking • Politics and partisan discourse 	

Note: Belonging and Civic Muscle surrounds the other elements because it is both a vital condition unto itself and a practical capacity that is expressed through every other kind of work across the portfolio.

Source: (ReThink Health, 2018)

It is often difficult to see the systems of which we are a part. Local communities and regional economies are complex enterprises of our own creation. Together, they shape virtually every aspect of our lives and livelihoods. People before us have made—and we can do our part to remake—regional systems across the country to produce far better health, wealth, and well-being for everyone.

The things that most threaten community health and economic prosperity, such as addiction, loneliness, economic inequity, chronic illness, climate catastrophe, racism, violence, and authoritarianism, are too numerous and too intertwined to deal with them one at a time (Homer, Milstein, Hirsch, & Fisher, 2016; Milstein, 2008; Milstein & Homer, in press). Such challenges are not truly separate, but rather symptoms of a broader systemic crisis (New York Times, 2019; The Next System Project, 2017) – one that demands an equally broad response from all of us as *system stewards* (Armstrong, 1997; Block, 2013; Saltman & Ferroussier-Davis, 2000; Teisberg et al., 2009; Wageman, Creegan, Erickson, Immediato, & Landy, 2015).

Unlike conventional leaders, system stewards have distinctive ways of thinking about purpose, power, and resources (Block, 2013).

- **Purpose** is larger than oneself or one’s own organization;
- **Power** is built and distributed with others, not consolidated;
- **Resources** are invested, not withheld, to create long-term value and to alleviate urgent needs.

Any person or organization can be a steward, as long as they are willing to take responsibility for working with others to create conditions that expand health, wealth, and well-being. In a country as vast and diverse as the U.S., stewards work through a mosaic of cultures, corporate climates, and local circumstances, always stretching across boundaries and varying spheres of influence. There are many ways to build thriving communities and vibrant economies, each fit to their own place and organizational context. However, they all require innovators to work across differences with fellow stewards in a rapidly changing world.

Innovators across America increasingly recognize that it is not possible to counter systemic threats by delivering more and more services to growing groups of people in need. In fact, our tendency to over-rely on expert-led bureaucratic, technocratic, and therapeutic responses often disempowers people, creates organizational disarray, squanders resources, and is itself part of the problem (Boyte, 2018; Chambers, 1992; Polsky, 1991; Scott, 1999; Sterman, 2006; Wiesner, 1993).

Instead, effective stewards are multisolvers: more likely to look through a macroscope than a microscope, to connect rather go solo, and solve for many goals at once rather than switch from one crisis to another (Climate Interactive, 2018; de Rosnay, 1997; Meadows & Wright, 2008; Sawin, Anderson, & Anderson Smith,

Pressing Need for System Stewards

“The time has come for America to realize that health is a national resource to foster and grow, or squander and lose. Stewardship, the careful and responsible management of resources, can protect and preserve the collective well-being of the American people. Every person, organization and community has a role to play. We must become better stewards of our health and take bold steps to safeguard this vital resource, which, across our nation, is becoming increasingly scarce.

At this critical juncture, with the health status of the American people faltering and our national economy likewise growing anemic, there could be no more crucial moment to implement health stewardship.”

Source: (Teisberg et al., 2009)

2019). When stewards move beyond the limits of a service marketplace, they often find new ways to work across differences and build the civic muscle needed to shape a more vibrant, thriving commonwealth.

References

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