

How Does the World Work and What's our Theory in Use about Concerted Action

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Prior to joining HealthEast, John was Vice President for a Twin Cities-based fund raising consulting firm, where he directed national client services and managed a team of consultants.

John received a Master of Arts degree in Philanthropy and Development from St. Mary's University and a Bachelor of Science degree in Business Administration from Marquette University. John is a Certified Fund Raising Executive (CFRE) and has served in leadership roles with the Association for Healthcare Philanthropy in addition to membership in several professional and community organizations.



How Does the World Work and What's Our Theory in Use About Concerted Action?

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Considering the prevailing assumptions about the way the world works, in most instances I am using the St. Paul East Metro community “ecosystem” as a microcosm of what I believe may be the larger way the world works. After nearly two years of intensive data gathering, relationship and asset mapping, and focused relationship management, it is apparent that our past theory in use about concerted action has had minimal impact. Further, after navigating many years of professional angst about fostering a “culture of philanthropy” that never seemed to fully take root, it is becoming evident that philanthropy has not significantly accelerated the impact of concerted action.

In the East Metro, exhaustive mapping and trending research shows few overall ups and downs for a broad range of variables impacting the community. Most variables are pretty stable. If we view our maps and trends as if the variable were “making music” we would observe there is no syncopation. Our organization and others in the community have been committed to positive impact for decades, yet the level of health, well-being and vitality impacted is not what we may have perceived. While the current ecosystem is working well for some people in the East Metro, for most, it is not.

The positive things we want to grow (i.e., levels of health, community livability, post-secondary degrees, philanthropy) are dropping. The ones we want to see decline are growing (i.e., children in poverty, health infrastructure, social safety net). Despite being a comparatively highly educated population, we may not have the best health.

Investments in infrastructure and livability are eclipsing the general impact on health. Our research’s three-decade perspective suggests that building health infrastructure as a “theory in use” is not necessarily the way to good health and a vibrant community. We have approached healthcare from a patient-centric illness basis. I believe this approach – through a narrow lens versus a collective community lens – prevails in other sectors, as well.

As people become more vulnerable, social services agencies have become more collaborative, responding to demands and to social pressures. While this is a good start and a new model, it is nowhere near the amount of collaboration that needs to exist to have significant, long-term impact.

In our intensive interactions with stakeholders, we have observed a lack of coordinated data to identify gaps in an easy to use manner. Likewise, community organizations are not being held accountable for that work due to a lack of resources specifically dedicated to reach key targets. Much of the current work in the community is conducted in piecemeal fashion that is reinforcing the lack of synergies and short-term solutions that do not achieve wider scale and community impact. Nobody is convening the whole ecosystem. While there are many determined people making change every day, the sheer diverse range and unique program elements make coordination difficult, much less a true examination of impact.

Specific to healthcare, we are learning to shift from *fixing* things (and people) to *preventing* things. This cannot be done through a focused healthcare lens. We are paying attention to the health outcomes and whole well-being of residents of the East Metro. We appreciate the fact that the social determinants of health (80%) greatly outweigh the clinical care we provide (20%). Therefore, our efforts must address the complex social and behavioral determinants of health and well-being.

What is our (HealthEast) approach?

Inside the HealthEast Care System, Foundation leadership was among the first to sense a seismic shift with our declared vision action of optimal health and well-being for our patients, our communities and ourselves. With all the sweeping changes in the healthcare environment, we were convinced healthcare philanthropy cannot remain unchanged. Recognizing philanthropy's potential to be uniquely focused as a catalyst for lasting change on tough community issues, we saw the Foundation already possessing an external perspective, a relationship orientation, and a long range/big picture view. The question has become, how do we focus the human and financial resources of HealthEast and philanthropy to "disturb" a whole system (the East Metro) toward optimal health and well-being. However, to emerge as an effective health system partner and a credible leader in community, we have to be *in community* when answering the question and we have to examine the question through multiple lenses. We had to learn from the past *and* from the future, which was done through various exercises with the community, including scenario planning and social network analysis.

In these early stages, we are seeing a genuine positive response from many of our partners in the community to HealthEast's initial efforts on this front. People are expressing a desire to partner and learn. Feedback from system and community partners has indicated that our approach is slowly changing the dialogue internally and in our community. It is becoming clearer that community organizations must adopt a "bone deep" commitment to this whole-systems change, not a "check the box" effort to maintain non-profit status. We are seeing signs of a regeneration of our moral obligation as community-supported assets and the simple fact that we draw our economic viability as organizations from the community.

What is the emerging theory in use?

HealthEast Theory of Change

Move forward in a concerted “dance” with the community and partners that elevates increased health and well-being. We will galvanize social interest around key social determinants and act with resolve and without apology to improve them. We will use the power of philanthropy to link the social sector in intentional collaboration that leads to a broad, shared vision and a clear set of “needles” we must move to catalyze well-being in the East Metro in the next 10-15 years.

Our biggest challenges are to change us – all of us – our perspectives and our way of thinking. Kathryn Correia, HealthEast Care System CEO, stated, “It’s easier to act your way into a new way of thinking than to think your way into a new way of acting. The lenses from which we look are changing from ours to those whom we serve. This is a journey, and we are intentionally holding the space and tension of sense making as we progress.”

I am hardly the first to embrace and propagate these principles and I would like to close with an excerpt from the Center for Ecoliteracy:

“We never succeed in directing or telling people how they must change,” observes Margaret Wheatley. “We don’t succeed by handing them a plan, or pestering them with our interpretations, or relentlessly pressing forward with our agenda, believing that volume and intensity will convince them to see it our way.”

So what can you do? In the provocative maxim of Humberto Maturana and Francisco Varela, “You can never direct a living system. You can only disturb it.” How do you disturb a system? By introducing information that contradicts old assumptions. By demonstrating that things people believe they can’t do are already being accomplished somewhere. By inviting new people into the conversation. By rearranging structures so that people relate in ways they’re not used to. By presenting issues from different perspectives.

Meanwhile, you can create conditions that take advantage of the system’s capacity for generating creative solutions. Nurture networks of connection and communication,

create climates of trust and mutual support, encourage questioning, and reward innovation. Effective leaders recognize emergent novelty, articulate it, and incorporate it into organizations' designs. Leaders sometimes lead best when they loosen control and take the risk of dispersing authority and responsibility.¹

We strive for collective community action and a comprehensive and shared *community well-being and vitality index* with measurable outcomes. In the meantime, we need to start somewhere. So we are partnering with a few like-minded organizations, picking a few things that matter, gaining some momentum, and then going deep and being authentic, consistent and credible. Information and decision making will flow and the early experiments will create the first level toward overall community strategies.

The hardest part of any change is simply beginning. So we've begun.

¹Michael K. Stone, Zenobia Barlow. *Seven Lessons for Leaders in Systems Change*. Retrieved January 24, 2015, from Center for Ecoliteracy: <http://www.ecoliteracy.org/essays/seven-lessons-leaders-systems-change>

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