



## **Conversation with Anita Chandra**

**Ambika Samarthya-Howard**

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**Ambika Samarthya-Howard: Please introduce yourself and your work with RAND.**

**Anita Chandra:** I'm Anita Chandra, Vice President of a division at RAND called Social and Economic Well-Being. The focus of the division is looking at the intersection of people's welfare and wellbeing and their experiences of place.

When we talk about place, we're not just talking about the natural and built environment but also the social, cultural, technological, legal, and regulatory environment. I oversee our work on climate change and infrastructure, health equity and economic equity, civil and criminal justice, and some aspects of science and technology. How do people experience those places? Do those policies either impede their wellbeing or promote their wellbeing? — is the focus of the work that I do.

I also keep a pretty active research career in addition to that role at RAND. I focus in a few areas. One is on issues of health equity, and what that means in systems and policies. Another area is in the civic wellbeing space, working with communities on advancing civic wellbeing policies and measurement. I do a fair amount of work also in emergency-preparedness response and community resilience, including pandemics and hurricanes and disasters across the world. I also have a background in child development. So I focus on everything from collective trauma in childhood to building systems that serve children effectively, particularly historically underrepresented populations and communities of color.

**Ambika Samarthya-Howard: How do you measure wellbeing?**

**Anita Chandra:** One level is individual wellbeing. We often talk about that through the subjective lens, like Gallup asking people about their hope and optimism, and using the Cantor ladder to say, "Do you feel that you have a future?" That kind of thing.

The second level is what we might call community wellbeing, which we define as the amenities, the policies, the elements of an ecosystem that help people thrive and flourish. And that often is measured by structural variables, contextual variables. Is there green space? Do we have complete streets? Do we have things that either promote or detract from wellbeing? And I've created many scales that we call wellbeing amenities versus wellbeing detractors. That's very structural and contextual.

A third goal is the area of civic wellbeing, which tends to be how we think about governance and democratic processes, participation, and policies of engagement, and how that actually helps people engage and participate. All of these are measurable. You can look at systems, you can look at individuals' experience of systems, you can look at all sorts of things in that arena.

The fourth area that RWJF [Robert Wood Johnson Foundation] and myself and others have been trying to advance, though, is the idea of collective wellbeing. We've defined collective wellbeing as relational or networked wellbeing, meaning, the ties between individuals and individuals, between individuals and institutions, and between individuals and the larger nature and ecosystem.

The reasons why that matters are fewfold. One is that, as we learned in resilience work, even when you have a bunch of people who might individually be okay, that doesn't mean that they are collectively, as a community. And we've seen that in deaths of despair. When you think about non-egocentric frameworks for wellbeing – which tends to be the more European, Western notion of wellbeing – and think more sociocentrically, which tends to be more ecological, this is where you're going to get communities of color, indigenous populations and the like.

Collective wellbeing, relational wellbeing is a big deal. That's the second thing. When we're talking about equity-centered collective wellbeing – which acknowledges structures, histories, and intergenerationality – you've got to look at things like collective joy and collective trauma, and start to not only understand but also measure that. And so that has been a missing piece of the storyline, and certainly a missing piece of measurement.

There are more established measurements in those first three areas, but the most established is probably individual wellbeing, in a way that has been mostly prescribed by two disciplines: economists and a subset of psychology that we would call positive psychology. There's nothing wrong with those fields, but it is limited in terms of how they orient, because they don't bring anthropological, sociological perspectives. They don't bring cultural sciences and cultural studies perspectives. And in a US context, they are often divorced from conversations about race and equity.

Not that there aren't race and equity questions in Western Europe, or New Zealand, or other places, but the way that they orient to equity, and the conversations about structural and systemic racism, are fundamentally different. So there is a real hole in the conversation, not just from a measurement perspective, but conceptually, because it has been very much driven by an egocentric, Western, individualistic framework on wellbeing. And that just is not enough, for all the reasons that I mentioned.

That is how we think conceptually about the levels of wellbeing. The thing to know about measurement of wellbeing is that it becomes a task of lumping or splitting. The Canadian wellbeing index, last I checked, had eight dimensions.

When we developed the Santa Monica Civic Wellbeing Index with Bloomberg a decade ago, we ended up picking fewer dimensions, because a city government can't deal with that many dimensions. It's just practically ridiculous, from a city government perspective, but it still contains all the same concepts.

There's a concept around community: community connection, community cohesion, community solidarity, whatever you want to call it.

There's always some dimension that we call place and planet — so, something around the natural environment and connection to sustainability.

There's always some dimension around opportunity: economic opportunity, access to opportunity, local development, that kind of thing.

There's always some dimension around the broadest dimensions of health: spiritual, social, physical and emotional health.

And there's always some dimension around lifelong learning. So you are investing in traditional learning across the lifespan, but you're also thinking about arts and cultural investments. You're thinking about a generative culture, a generative community.

All of that combined then should give rise to the structural amenities that allow people to individually feel like their life is worth living and have hope and optimism. But now, as we talk about collective wellbeing, it should also – if done well – give rise to networked and relational wellbeing.

So the question in the measurement landscape is, how are we capturing that at the indicator or the measure area level? That becomes a debatable conversation, but really the dimensions, the

sub-dimensions, they don't really shift that much if you look at most quote-unquote wellbeing frameworks in current form. Whether it's the New Zealand wellbeing stuff or some of these other frameworks, they tend to be fairly comparable — except those two points that I made around equity and collective wellbeing, which is an expansion area.

**Ambika Samarthya-Howard: Tell me more about how systems wellbeing is different from collective wellbeing.**

**Anita Chandra:** We call it civic wellbeing, so civic processes, policies, governance and the like. Obviously those processes sit in systems, but not necessarily in ways that are interconnected.

Collective wellbeing could approach the system of systems, [while] civic wellbeing tends to focus on a group of systems, if that makes sense. Civic wellbeing tends to focus on how government works, and how governmental organizations support or advance wellbeing. I would call it civic wellbeing by design and not systemic wellbeing, because if you're thinking thoughtfully about wellbeing as a set of actions, then you would take a systems-based approach. You would employ systems analysis, you would employ systems thinking, you would be thinking about it in that way. So it's not just contained in that third rung; it's really an overarching understanding. The difference in orienting to the system is the extent to which the individual is the center versus the collective.

The sociological framework still tends to be fairly egocentric. It puts the individual in the context of all these systems that wonky folks talk about in terms of mezzo-systems and macro-systems. But if you look at an indigenous framework or another kind of non-Western framework, it would be less focused on the individual in the middle. It would be focused on the collective in the middle. That's a thing we're grappling with fundamentally. What does that mean in terms of measurement across the diverse communities in the US, and how does that manifest into policies and practices?

The most important thing is that when you take a wellbeing orientation, you're actually measuring and prioritizing connection of all types.

**Ambika Samarthya-Howard: How do we measure connection?**

**Anita Chandra:** We can measure connection multiple ways. You can ask people... Do you have people in your life who can support you in crisis? Who do you lean on, where there is reciprocity?

Neighbor-to-neighbor kind of questions, person-to-community kind of questions. Do you feel a sense of belonging? There's a myriad of questions related to that.

There are questions related to how organizations are connected in a community, to the strength of network ties. We use social and organizational network analysis to look at the strength of networks in a community. We also can look at policies that foster desiloization and connection, whether it's connection amongst agencies or fostering social connection amongst people, across a neighborhood, alliances, solidarity.

You can measure it at all levels, both in terms of direct to consumer or direct to individual solicitation of information, but also observation and looking at structural factors to communities that facilitate or foster connection. Both of those things are necessary. They just give you different information about connection. So you can measure connection.

The other thing is the nature of the connection. We talk a lot about degrees of connection. Does it translate into participation? Does it translate into meaningful engagement? Is it sustainable? [If you] ask episodic questions, like we have historically — like, could you turn to somebody and get \$400 if you needed an emergency? — that's not a really good connection measure. That's like rung one of primitive measurement.

If you really wanted to measure, you would do it consistently over time. It would be baked into measurement processes. It's not a bad thing to measure that. And in fact, our national surveys [used] some of these social support questions a few years ago. We often are still struggling with social support questions in things like the general social survey or behavioral risk factor survey. If we can at least get that, we'd be good. But of course we could be doing better.

**Ambika Samarthya-Howard: When you measure systems change, how do you measure causation?**

**Anita Chandra:** I've done a fair number of systems evaluations, and in systems analysis you're often measuring the application of the levers of systems change, and then you're sometimes measuring proximal determinants that things have shifted, and over time you're measuring outcomes. So you are measuring organizational cultural change, investment alignment, shift in governance structures, policy braiding, budget braiding, that kind of thing.

We do these workshops in communities around the country where we have been advancing health equity and collective wellbeing. We've done this work on systems change in 29 communities that we call it sentinel communities, and what we have found is that communities were getting stuck in three areas that are often attributed to systems analysis.

One is narrative. The second is measurement and data — not in the technocratic way of thinking about data, but how you actually monitor progress. The third is investment alignment. The way we define investment alignment is not just budgets but also policy and realignment.

And we work with them to think about, to what extent are your data and investments aligned with a narrative that centers equity and collective wellbeing? And how are agencies in this community organized for that narrative north star working backwards?

Then you can start to look at specific organizational changes, and then you can look at organizational network changes that the system is moving fundamentally. Systems change is notoriously difficult to do immediately, because you're talking about shifting people, culture, and organizational processes. But you can measure people, culture, and organizational processes, and you can measure levers around where you think you're going to get system transition.

RAND has obviously done a lot of work in systems analysis—that's just our origin story. Now we're doing a lot of work on systems transition analysis, which is, where are the change points in systems that have to move? So you can take human service systems and say, where do you have to see a shift? You need human service systems to prioritize certain positive health and wellbeing measures. Check. You need them to coordinate better internally towards a common framework. Check. You need them to now coordinate with non-governmental agencies so that non-governmental and government [agencies] are working to a system on human services. Check.

So these are the kinds of things that you can measure, because that's a systems change framework. And look, everybody cites their favorite systems theorists, but that's the bottom line. When we helped the foundation operationalize their vision to build a culture of health in America, there was an implicit systems change framework: how do you change culture? And in that, we came up with a set of measures that [were not the] typical way that you do measurement work in health and wellbeing. We call them catalytic measures, not performance-based measures. We have a piece in the [Stanford Social Innovation Review](#) that describes the difference.

You can look at some of these indicators as systems sentinel indicators, because they tell you something is shifting in organization or coordination or investment structure. That's different than a traditional health measurement framework, which would normally be a static measurement that is not indicative of systems change; it's more indicative after the fact. You have to orient to systems change measures.

Attribution is a classic problem in policy analysis. The same thing holds in systems analysis. At RAND, those two things tend to be combined. It's very difficult, because you have to tease apart many other variables of what's going on, but you can do a lot of contribution work, which is good enough for decision-making that a system is shifting, transitioning, evolving towards something fundamentally different. The outcome is that different things get prioritized.

In our work on resilience, which is an analog to wellbeing, people asked, how can you really test resilience? That's really, really hard. And what we do is we stress test the systems to say, how would you react in a crisis?

One of the tests of a community that's taken on a more resilience-based framework is that they tend to be better coordinated. We have eight levers of resilience. And we know that communities that are doing this tend to recover more quickly than communities that don't. The same thing in wellbeing: if we had a wellbeing orientation in our economy, the Covid response would've been different. Certain things would've been valued or prioritized differently. The example of this that's really poignant, though, is an example out of the UK, which had prided itself on advancing a wellbeing-oriented economy, with people like Sir Gus O'Donnell. And when Covid hit, all of that thinking went out the window. So a measure of instantiation, or a measure of integration, or a measure of stickiness is something to look at in terms of systems change.

At every turn you've got political and social headwinds, so you are leaving residue when you're doing systems change, because even if you have a different political leadership, the people have already bought in. And the reason why I bring up the resilience work is because in 2005, when a lot of that was taking off after Hurricane Katrina in the US, people hated it. They said, Why are we talking about giving more power to non-governmental organizations? Why are we thinking about community resilience? We hate it, we hate it, we hate it. FEMA was feeling like, who moved my cheese? All this kind of stuff. Now it's 19 years later, and we've gone through Republican and Democratic administrations. And while resilience has evolved, how we think about it and how we operationalize it, the idea of it has stuck, because of the necessity of resilience-based thinking. And that office didn't change its title under Trump.

There's a lot of sort of stuff that happens at the national, federal level, but once a community gets a hold of this idea, this sort of framework, they won't let it go. It'll have ebbs and flows. And certainly Santa Monica was no exception when we did the civic wellbeing work, where they were gung ho, and then they retreated, and they're coming [back] to it.

But it has staying power. And what you're really trying to measure is how that residue, that exhaust, sticks around. Because then you've got people. All of a sudden you've got something that's going to have momentum, and then the acceleration is – how do you start to use social mobilization theory to move this?

Systems change theory with social mobilization theory is how the wellbeing work is going to advance. That's why we focus on those three legs of the stool – narrative, measures, and investment – because you have to attend to all three all the time.

**Trisha Janelle Gragera: What is the relationship between these measurements and day-to-day decisions?**

**Anita Chandra:** I think it's twofold. One is obviously capturing routine things. A lot of wellbeing work has been focused on surveys. That's all fine and good, and I've done them myself. But at best you're maybe going to do a yearly annual resident survey to try to understand how people are thinking. Maybe you'll do a pulse check survey if you have access to mobile or social media technologies. But that's not really where you should be hanging your hat.

We always talk about the wellbeing measures that are routine in a community, like administrative data that speaks to wellbeing, things that governments and non-governments actually collect on a regular basis, because that's going to stick more than the other kind of data.

We've used social data, social-media data, survey data, and administrative data to tell a wellbeing story, because we feel like the dynamism of some of those social and social-media data combined with administrative data is really important, but the preponderance of the data should be routine.

What we've done with communities is a data hack, where essentially we say, throw out data that is not telling the wellbeing story. Because what happens in communities, and now nationally and internationally, is we're overwhelmed by data, and everybody thinks it's great to have all this data. It's useless, right? Because you can't wade through it. So we work with communities on turning data into information, information into insight, that whole loop. And parsimony is really key.

Specific organizations may need multitudes of data because they have to track financial accounting or whatever. That's not the data that actually moves people to action. It's the catalytic measurement that's more parsimonious that says, what are the 10 indicators for this community that tell us that we're [moving] towards positive health and wellbeing? So we do exercises like that. People can't make decisions based on too much data or [the wrong] data.



People have lofty ambitions. If you look at the vital conditions framework, which is a wellbeing framework, they have very lofty ambitions. I'm friends with all those people. But then when you actually look at the indicators, it's all really boring static measurement. And why? Because that's what is available. So one of the things that we have said at RAND and in this work with RWJF is that we have balanced data that helps with decision-making versus data that's precise. You can still do rigorous, robust work and reimagine how we think about data validity and measurement.

It's not just wellbeing. Let's take a recent example. In the Covid pandemic, public health started to realize that their standards around data precision were useless for decision-making. You can't wait until the JAMA article is published. So public health themselves had a reckoning about [their] standards on data quality? There's all this data organization work that we've been a part of and others have been involved with. Why are you collecting it? To what end? For what purpose? One of the things that we did in Santa Monica is ask people in each of their agencies—public works, economic development, public safety, health, all of them—to come with all the data that you are monitoring or collecting. And half the time they are collecting information like their predecessor did. They think a grant still requires it. Sometimes it does, but sometimes it doesn't.

We do this exercise with the communities: we talk about how to Marie Kondo your data. If it's not telling you anything about the wellbeing of your population, it's not really sparking joy, then it's not data that should be prioritized.

That's what's happening in the wellbeing conversation. Places like RWJF are really trying to prioritize positive health measurement and wellbeing-oriented measurement. But like many other sectors, they are saddled with this reality that there are multitudes of data on morbidity and mortality.

That's really hard in a wellbeing economy, because you're not clear in your narrative. You're telling people you value wellbeing, but then your data is telling people you don't value wellbeing, because you're not measuring wellbeing amenities, you're not measuring wellbeing policies, and you're not measuring thriving and flourishing. That's where a lot of the disconnect has been happening, and people are really struggling through that right now, because we have antiquated data systems.

**Jenn Rosen: What are the most important actions that could help advance a cohesive wellbeing movement, given the complexity of the measurements?**

**Anita Chandra:** At a meeting in Montana, I articulated three things that would be different in a wellbeing world. One is that we are focused on social connection: individuals to individuals,

individuals to institutions, individuals to nature. Investing in policies and programs that fundamentally cultivate more social connection.

Second is that we have systems that are designed in ways that lever more wellbeing, promoting amenities against wellbeing detractors, putting more into efforts that focus on community connection, lifelong learning, that kind of thing. The systems are oriented and redesigned in that way, and the morbidity piece of the conversation, which is still a reality, is proportionate as opposed to where it is today.

The third area would be a common framework that people are working off of, [whose] purpose is not the traditional mission of their organization but wellbeing oriented.

So for example, in Santa Monica, we had all the city departments say, that's all fine and good that you have this mission, but now we're giving you this wellbeing framework. Tell me how you're meeting the five dimensions of this framework. Even if you're not the lead agency on learning, like you're not the education or the museum agency. We have this framework called Lead, Support, Collaborate, and everybody has a role in a primary or secondary way in the same set of expectations and dimensions.

Those three things would be fundamentally different, and they're more systemic than [asking], should my community care about economic opportunity versus environmental sustainability. Those are tactics. Those are not strategy points.

One of the reasons we came up with this framework in Santa Monica was that we said, don't change the dimensions and sub-dimensions — don't reinvent the wheel. This is a lumping and splitting thing. You'll pick different indicators that are priorities in your community because one year you're going to care about this aspect of housing, or this aspect of green space, or what have you. The point is that you are movable on the priority dimensions of thriving and flourishing, and everybody is geared towards that common blueprint systemically.

What happens is that people go a level down in the weeds, and they're like, I have this one pet issue. And everybody's pet issue is critically important, right? Public health, or housing, or whatever. But that actually is not a strategy for a wellbeing approach, because it's skipping all this forest and trees work. It's skipping the forest.

And so from a forest perspective, it would be those three things that I mentioned. I don't think it's everything or nothing. We had eight levers of resilience, we looked at communities that recovered quickly from disaster and those that didn't. And we said, these are the things you have to work on. This

is what's fundamentally different in a resilient community versus a non-resilient community. And we worked on those things.

The same thing with a wellbeing-oriented community. It can be all the things, but it's not supposed to be everything and anything. And that's the risk for the field right now — it's not differentiating. And so connection, positive health, and systems braiding or systems integration, those to me are the three pillars of a wellbeing approach.

**Ambika Samarthya-Howard: As we've been starting to focus on health, one of the things that seems to have gotten lost is the focus on land, nature, farming, agriculture, and the planet. Could you talk about that in contrast to climate measurements?**

**Anita Chandra:** A decade ago, Santa Monica prided itself on being very green forward and climate forward. And they felt like their environmental sustainability plan already included a nod to wellbeing. And we said, no, it doesn't, because at the time the environmental movement was an afterthought in an interesting way. We ended up working hard to integrate the sustainability framework and the wellbeing framework into a single framework, so that everybody felt heard, but it was still a human center. It doesn't mean that human impact on the environment and vice versa doesn't matter.

A lot of the climate action plan measurement tends not to be enough about contributions to human flourishing. You could make the argument that if we had an extractive economy, humans would be flourishing. [I mean] a definition of human flourishing that is rooted in ecosystems. That's where climate measurement has missed the boat. And even sustainable development goals, they're not really knitted together in [a way] that centers wellbeing. It has buckets of access to education, or poverty, or whatever, and then there's environmental measures.

The wellbeing orientation fundamentally centers the interconnection of humans and nature. That would be the fundamental difference. How do people experience place? How do they restore place? How does place provide for them? All of that is missing from traditional climate measurement.

**Ambika Samarthya-Howard: How would you measure that?**

**Anita Chandra:** Approaches that collectively bring a community action group to invest in the built and natural environment can be a part of it. But usually what happens is that people have measured the green space, but they haven't measured the community action towards the green space.

What you really want to be measuring is the community action as a matter of collective renewal, or collective spirit, or collective action, in the context of nature. That's where the relational wellbeing piece comes up, and why a lot of non-Western, non-European cultures get perplexed.

I remember having this conversation on the culture of health a decade ago with the foundation because I was bridging two cultures in my own life, and saying, I don't actually understand this very egocentric way of thinking. It felt divorced from the individual as opposed to nestled. Measuring more of that individual relationship with nature, that individual investment in nature, that collective action, that would be more the wellbeing approach—measuring that feedback loop. The wellbeing measurement would be measuring the relational piece. Because we can do a good job of measuring individual outcomes and nature outcomes.

**Ambika Samarthya-Howard: But those measurements are all considered qualitative, right?**

**Anita Chandra:** Not necessarily. People don't measure systems enough. Is the system providing an incentive structure to do X? Is the system crafting policies that prioritize Y?

You can measure policies, processes, systems, incentive structures, and structural variables. Because if you're orienting towards a wellbeing approach, you're first measuring whether the conditions [are in place] that make it more probable that people will work together, connect, contribute to their society, contribute to their environment, and vice versa. That's all you can do. You invest in it, you measure it, you align it.

Down the line, if you ask people about thriving and flourishing measures, if you use the Huppert scale or [another] scale about thriving and flourishing, then it'd follow that people will feel more positive, more connected. But on the front end, you're basically measuring conditions and structures.

In a policy framework or a programmatic framework, you're making a trade-off to pick the wellbeing oriented option versus the non-wellbeing oriented option. A policy option that doesn't just maintain the status quo, but does something promotive around dimensions of wellbeing, that's going to foster a social connection or community investment, or that's going to foster people's advancement on their growth mindset. Those are wellbeing-oriented approaches. You could do this sector by sector, and you're trying to minimize elements that detract from wellbeing.

For example, many years ago we had a measure of public libraries and the culture of health. People were like, why do you have a public library measure in a health framework? And we made the argument that actually they're hubs, they're wellbeing amenities that promote health, that promote equity, that promote emergency response. They have multiple benefits. A wellbeing framework, much

like resilience work, has a dividend that is multifactorial, as opposed to how we tend to do policy, which is single policy with single investment and single outcome. Wellbeing is multilevel.

Because wellbeing is multidimensional, wellbeing policies have to be multidimensional. That's why systemic integration really is important. Separating out the dimensions of wellbeing and not remembering to put them back together, that's the problem.

You're trying to make social policies that have benefits to the other dimensions of wellbeing. People are reluctant to put wellbeing lenses on policies, because we've done health decision-making lenses, we've done equity decision-making lenses, and they all sort of fall apart. But not because the idea is wrong—it's because of how they've been operationalized. That's what you're trying to do in a wellbeing-oriented approach.

The other part of wellbeing is intergenerationality. In the Wales Future Generations Act, every policy that Wales puts forth, they have to think about the secondary impact, long-term, on future generations. They have to think intergenerationally in their policies, and reject policies that don't have an intergenerational benefit. That is also a piece of collective wellbeing. You can't just be linear. You have to be intergenerational. That's the ancestry piece being brought to bear in this conversation. I always talk about it in terms of dividend, asking for analyses to play it out, the secondary impacts and the multilateral impacts.

Going back to the Santa Monica example — we said to public works, you might think you're only in the built environment, but what you're doing public works also has an impact on the community dimension.

You're making choices that either sever neighborhoods or bring neighborhoods together. You've got to prove your wellbeing story. You've got to prove your wellbeing dividend. That's how this might operationalize. I realize people are reluctant to use lenses, or dividends, or very static policy frameworks, but to be practical, that's what we're talking about.

**Trisha Janelle Gragera: In terms of stakeholders, who do you think has the responsibility of bringing together all these different spaces and actors and integrating these different initiatives?**

**Anita Chandra:** Obviously, in many ways, every sector has a responsibility. And we have these work groups right now with RWJF where the business sector is doing stuff, and the federal government work group is doing stuff.

My experience has been working at the local level, so I have bias in that direction, although there's a role for the federal government to play, in the US at least. For me, working with mayors and city councils has been really important, because they have a role to play, not solo but with non-governmental organizations and community-based organizations. They have a role to do more than just fill potholes and fill permits. That was the recognition that this community had 10 years ago, which was that we also need to be investing in the innovation and the creativity of future generations. So we have a role to play in advancing the wellbeing of our residents.

That seems to be an entry point. The other entry point that I have seen really engaged on this topic tends to be local community, or foundations or community trusts, because they tend to have a lot of skin in the game to invest locally, economically and otherwise. And they seem to be pretty switched on about wellbeing, at least in my experience. It's a really important question.

What I will say, having worked with one of the first Chief Wellbeing Officers of a city — which is no longer a role — I'm pretty lukewarm on Chief Resilience Office, Chief of Wellbeing, because I just don't think it sticks. I think it's a nice thing for a little while.

I'm just a big believer in routinizing things, making it the default. That's why I orient towards leading coalitions of NGOs, the chamber, mayor, city council—things that are not going to go away anytime soon. Those seem to be anchor organizations for this.

We have done some work with [Bobby Milstein of ReThink Health] on what it means to be a system steward. And essentially what this means is people in particular sectors who work cross-sectorally, building a leadership generation that does more integrative work around, in this case, wellbeing.

**Jenn Rosen: What are one or two gaps that you're consistently seeing in the work?**

**Anita Chandra:** This idea of thinking about more relational, less egocentric wellbeing is a big deal. And it's a big deal for non-traditional communities, communities of color, grassroots organizations. That's one.

The second thing is moving from rhetoric to action. There are European entities, Wellbeing Economy Alliance and other great groups that are now bringing the stuff to the US, and I think it's great. My only issue is that I don't think it's going to completely fit the American context.

I get that everybody wants to reimagine capitalism and we should, but there's just a reality here. When you start to shift systems and do this really boring, unsexy stuff, it's really labor-intensive systems

transition work, and that's really where all this wellbeing stuff is going to happen. And I am here to say it can be done.

But it's just not the way a lot of the rhetoric is right now for a lot of my colleagues. I worked for years with the New Zealand wellbeing folks, on their budget, on their framework, with the chief economist of New Zealand, and then when [Jacinda Ardern] left, it went away for a while. That's a problem. So, how do you get it to stick? Being much more creative about how it's going to stick is part of the operational gap.

I think we can get there. My bias is parsimony. What is actually really different in a wellbeing approach? Yes, we're always going to have all these sectors and all these problems, but a level up is where we need to be, because you'll be in a meeting, and every meeting will be the same thing. Everybody's going to have their pet issue, and it won't go anywhere. I understand it. I have my pet issues too. But if we can get out of our own way, I think we can make hay.

**Ambika Samarthya-Howard: Thank you so much for talking to us, Anita.**

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*\* This conversation has been edited and condensed.*