



# ASHOKA

## SUPPORT NETWORK

**Mark Sterling, JD, MPP**, a long-time healthcare policy advisor and member of the Ashoka Support Network, has spent more than four decades working at the intersection of law, public policy, and systems change—often behind the scenes of healthcare innovation—to improve care for individuals and populations in need. As an ASN Member, he supports Ashoka Fellows across the United States who are tackling some of the most complex challenges in healthcare, from advancing access to rethinking care for people living with chronic and advanced illness. In this work, Mark taps into his experience as a Fellow in Harvard’s Advanced Leadership Initiative (ALI), a program that selects a small group of senior executives worldwide to study solutions to large-scale societal problems. Co-founder of the [Project on Advanced Care and Health Policy at Harvard Law School’s Petrie-Flom Center](#) and strategic advisor to national initiatives such as [the Coalition to Transform Advanced Care \(C-TAC\)](#), Mark has helped shape systems that put people—not just policies—at the center. In this conversation with ASN Global Communication Manager Yuliya Koroleva, Mark reflects on his journey and the future of care systems.

**Your role is to support Fellows and ASN members in the US who are driving systemic change in healthcare and wellbeing. Why have you chosen this role?**

I’ve had the opportunity to work with quite a few Ashoka Fellows over the years, and each and every one of them has been extraordinary. The Ashoka Fellow selection process is excellent. So, it’s great to have the opportunity to work with Fellows and see if I can support their work. I’ve been in the healthcare sector for a number of decades, building and scaling programs—trying to do it in a way that innovations can grow with a durable, sustainable structure. I like to draw on that experience and try to be helpful, especially since many of the Fellows I’ve worked with are in healthcare. In my past career, until about 10 years ago—I was a health lawyer providing advice in the healthcare field. Now I’ve moved from providing legal advice to strategic advice on how to take complex problems, combine resources in new ways, and support the development and spread of new programs.

**How did you find out about Ashoka, and why did you get involved?**

I had been doing pro bono and public-interest work for many years in my law practice and decided I wanted to devote more time to social impact work. I did research on who was doing interesting and impactful work—and that led me to Ashoka. There had been an Ashoka conference in Miami that was written up and highlighted Lorena García Durán, so I looked her up. She was wonderful, and immediately connected me with Ashoka and Ashoka Fellows, and explained how to contribute to their work through the Ashoka Support Network. I was very impressed by Lorena and what I learned about the Fellows’ work. I also came across a book about [Bill Drayton](#) and Ashoka Fellows, and I read work by Marc Freedman—an Ashoka Fellow—about Encore careers, which I found thought-provoking. Many paths led me to Ashoka, and everyone I met was inspiring and led me to get more involved.



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**You've collaborated with many Fellows. Can you share an example that's especially close to you?**

I was invited to an event in Detroit about eight years ago with many new Ashoka Fellows. One Fellow was [Anne Basting](#) who brings creative engagement to individuals with cognitive impairment, many with dementia. She has developed ways to connect with them that bring them to life and help them rejoice in the connections they can still make, rather than focusing on memory deficits. She draws on her background in the creative arts, her experience as a faculty member at the University of Wisconsin, and improvisation. She founded an organization called [TimeSlips](#). Around the time she was selected as an Ashoka Fellow, she was also selected as a MacArthur “genius” award winner. A few years ago, she asked me to join her board, and I've been involved with TimeSlips as a board member and advisor.

**Which lessons learned came out from your collaboration with TimeSlips?**

One barrier faced by many innovations is that it's challenging to find sustainable sources of funding. This is especially true for innovations such as TimeSlips where the intervention improves lives but isn't viewed as a medical treatment, so it's not covered by insurance, which removes a major potential funding source. This requires creative ways to disseminate the innovation efficiently, such as by partnering with others. TimeSlips had found ways to break through, including innovative collaborations with Meals on Wheels and senior living facilities. Part of the breakthrough work is identifying new channels for dissemination, energizing people around the opportunity, and building through word-of-mouth. It's also about being willing to iterate, see what works, and adjust.

**You have been involved with [Ashoka Globalizers](#) program in the past. What are the outcomes of this collaboration?**

A year or two ago, there was a Globalizer programme of Ashoka on the topic of “new longevity,” with a dozen or so Fellows participating. Ashoka leadership and I looked for the best alignment with my background and I was matched with Wellbeing Enterprises in Liverpool, led by [Ashoka Fellow Mark Swift](#). Ashoka assembled an excellent group of informal advisors. The Globalizer is a focused, structured approach where everyone commits significant time, does homework in advance of each meeting, collaborates closely, and follows a successful process Ashoka has developed over the years. In this case, we helped sharpen the organization's focus and develop a strategic plan to scale its work. It was intense but enjoyable, and it seemed everyone was pleased with the engagement and the strength of the final plan.

**You are directly involved with many Ashoka Fellows. Where do you see the greatest opportunities for collaboration between ASN members and Ashoka Fellows in advancing access to health care?**

Many people are disconnected from the healthcare system for different reasons: lack of trust, lack of coverage, unaffordability of care or insurance, or an overly narrow definition of healthcare that often ignores social determinants like social services, nutrition, and housing. The opportunity is collaboratively to connect people to care, provide access, and improve outcomes. More generally, ASN members can support Fellows through informal advising, helpful introductions, and connecting people with aligned interests. There's also financial support — to Ashoka itself or to Fellows — either broadly or in specific areas.



## **Do you see areas for improvement in the alignment between ASN members and Fellows?**

Ashoka does an amazing job while run very lean — its people are mission-oriented, take on huge responsibilities, and can be spread thin. A key challenge is ensuring a good match between what ASN members can offer and what Fellows need, without overburdening Ashoka staff. I've worked on initiatives to improve matching — for example with leaders connected to the Advanced Leadership Initiative at Harvard — pairing experienced leaders looking to do social impact work with Fellows who want collaborative support. Michael Zakaras has shown great leadership in advancing these kinds of initiatives. It's important for ASN members to be humble, clear about their role, and focused on supporting the Fellows' needs: advancing what the Fellows are doing, helping overcome barriers. Some supporters prefer working deeply with one Fellow; others enjoy supporting multiple Fellows — both approaches can work.

## **What barriers do you see that prevent promising health innovations from scaling, and how can networks like Ashoka help overcome them?**

Barriers differ case by case, but common categories include a lag between innovation and a sustainable funding source, and a lag between innovation and the adoption of aligned policies or regulations. In the U.S., healthcare is also fragmented and siloed, which makes it hard for innovators to break through those silos. Ashoka helps by reframing issues, providing a vision of what's possible, assembling stakeholders, and creating a clear narrative that explains why the world is the way it is now, where we're trying to go, and what's standing in the way. Barriers often made sense historically; part of the work is explaining why they no longer serve their intended purpose and developing a strategy — sometimes incremental, sometimes taking a sharp turn to a completely different approach.

## **You are a part of the NN New Longevity Ashoka team. What is the mission of this project?**

Historically, longevity focused on extending lifespan. As that has succeeded, the focus is shifting also to extending health span — not just how long you live, but how well you live. Ashoka Fellows working in this area are exploring how meaningful activities, healthy living, and social connection and engagement can be strengthened to enhance quality of life. The initiative enables people to exchange knowledge and collaborate. My involvement has been relatively limited, but I've collaborated informally with Marc Freedman, who has been a thought leader in this space for decades, now focusing on the benefits of intergenerational connection. By collaborating and sharing ideas and breakthroughs, people make greater advances. It's also valuable because Fellows are rarely in competition with each other — they can share challenges, learn across geographies, and adapt what works to different cultural and regulatory contexts.

## **What is your personal mission — and how does it connect to new longevity?**

I've worked for many years in healthcare policy and innovation, often connected to aging populations. I've been fortunate to be involved in two longstanding U.S. initiatives: the PACE program (Program of All-Inclusive Care for the Elderly), supporting people who would otherwise be in nursing homes, to allow them to stay at home with an interdisciplinary care team; and the hospice care movement, supporting people nearing end of life, again with interdisciplinary services that allow people to stay at home. I've also worked on public-private partnerships to expand medical research institutes into new geographies, including Scripps in Florida and The Jackson Laboratory expanding into Connecticut. I've seen what can happen when government policymakers and private-sector leaders work collaboratively. I'd like to think part of my mission has been to support efforts to explore new pathways, find common ground, and build durable structures that enable people, as they age, to receive better care and improve their quality of life.



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### **How do you balance the technical rigor of policy work with the human dimension of care and wellbeing?**

You need both! The purpose of this work is helping people live their best lives. You need to be analytical to understand barriers objectively — some are technical, some historical, some cultural, some financial — and decide whether change requires modest adjustments or a completely new way of thinking and incentivizing. For system change, you also need to bring stakeholders together, so the change has support and lasts over time. It comes down to focusing on the needs of the individual as the guidepost. You don't look only at the disease or medical condition; you look at the whole person: their family and caregivers, social connection, nutrition, wellbeing — and avoid compartmentalizing. If you always return to “what are the needs of the individual,” even if some needs are difficult or expensive to address, you're asking the right question.

### **You co-founded the Project on Advanced Care and Health Policy at Harvard Law School. How do you see academic research and Ashoka's entrepreneurial approach complementing each other in driving systemic change?**

We co-founded the Advanced Care and Health Policy project at Harvard Law School to convene people studying advanced illness and serious illness, analyze best practices, and translate that into real-world change. Another key aspect is showcasing what works, learning from breakthroughs, and helping people avoid reinventing the wheel. We convened groups of experts that don't often sit together. Ashoka's social entrepreneurs complement this work as they lead the way, in the often-messy real world, by combining resources in new ways, showing how it's possible to break through and achieve systemic change.

### **Having advised C-TAC and other organizations with multiple stakeholders, what lessons from coalition-building and end-of-life care can be applied to Ashoka Fellows working on broader social innovations?**

Coalitions are essential. They help find common ground and allow a broad spectrum of stakeholders to collaborate. In an effective coalition, you can determine who is best positioned to advocate and carry a particular issue forward — and that can shift over time. Another key lesson is how critical it is to discern what people want for their care. Understanding these individual preferences can create demand for systemic change, causing delivery systems to respond to be capable of providing the care people want.

### **With your experience in structuring public-private partnerships for new medical institutes, how can ASN members leverage similar models to support Fellows tackling chronic illness and underserved populations?**

One big lesson is the importance of leadership in the public sector working collaboratively with the private sector — and public leaders explicitly committing to the goal and clearing away “underbrush” so traditional obstacles don't slow progress unnecessarily. It requires open, clear communication: what are we trying to achieve, what are the true constraints, what's possible, and what can be done within a defined timeframe. Then you set up structures for sustainability going forward.

### **If you had a magic wand and could change one aspect of society, what would it be?**

I would focus on the whole person — allowing people to flourish and live the best quality of life they can. That includes the medical side, but also social needs, spiritual needs, and the needs of family and caregivers. It's a focus on overall wellbeing rather than just disease or the absence of disease.