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# Using Implementation Science to Translate Foundation Strategy

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*Keywords: Implementation science, foundation strategy, practice profile, program officer, operationalizing strategy, competencies, place-based initiatives, performance assessment, implementation drivers, organizational culture*

## Key Points

- New strategies sometimes require foundations to shift their staffing, organizational structures, administrative processes, and, possibly, their culture. The field of implementation science offers guidance to foundations as they effectively implement strategies that depart from prevailing practice.
- This article focuses on two specific tools from implementation science: the practice profile and the Implementation Drivers Assessment. The practice profile answers the question, "What does the strategy require of particular foundation staff?" The implementation drivers analysis explores the broader question, "What does the strategy require in the way of organizational change within the foundation?"
- These two tools were used by the Kate B. Reynolds Charitable Trust in implementing its place-based initiative, Healthy Places NC. In the process the tools brought to light a number of fundamental misalignments, which were resolved by shifting the organization rather than retreating on the strategy.

## Introduction

A number of recent articles describe how foundations have come up short as they design, implement and refine their strategies (e.g., Patrizi & Heid Thompson, 2011; Patrizi, Heid Thompson, Coffman, & Beer, 2013; Coffman, Beer, Patrizi, & Heid Thompson, 2013; Kania, Kramer, & Russell, 2014; Snow, Lynn, & Beer, 2015). Those shortcomings can be summarized as follows:

1. The strategy is based on a weak or naïve theory of what is required for the intended

outcomes to occur (i.e., an unrealistic theory of change).

2. The strategy fails to appreciate what the strategy requires with regard to new and different work on the part of the foundation.
3. The foundation is overly confident in the willingness and ability of grantees and partner organizations to accomplish what the strategy expects of them.
4. The foundation fails to carry out the work that the strategy requires.
5. The foundation fails to put in place procedures and systems that promote learning and the adaptation of the strategy.

The accompanying article, *Getting Real With Strategy: Insights From Implementation Science*, introduces a set of frameworks, principles, and tools from implementation science that are valuable in overcoming many of these shortcomings. Research and theory within implementation science examines the factors that lead to effective selection, design, and implementation of programs and strategies, as well as effective replication and scaling of evidence-based models.

The concept of "active implementation frameworks" (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005; Fixsen, Blase, Naoom, & Wallace, 2009; Metz & Bartley, 2012) is particularly relevant to improving how foundations operationalize and implement their strategies. Tools derived from this line of implementation science are useful in addressing not only the

fourth shortcoming (i.e., failure to carry out the required work), but also the failure to understand what the strategy requires of the foundation and its partners (the second and third shortcomings), as well as suboptimal learning and adaptation of the strategy (the fifth shortcoming).

This article illustrates two specific tools from implementation science, the practice profile and the Implementation Drivers Assessment. A practice profile delineates the work that a specific actor needs to carry out in order to implement the strategy. Assuming that a new strategy is a departure from the foundation's prior approach to grantmaking, foundation staff will need to shift their practice in some manner. This is particularly true for program officers and program directors, because they have the most interaction with grantees and other organizations that are expected to advance the outcomes specified in the strategy. A practice profile describes the roles, functions, activities, and underlying values that program staff needs to exhibit as they carry out the strategy. In the process of defining what program staff needs to do in order to implement the strategy, we are also operationalizing the strategy – in other words, translating the strategy from conceptual terms into specific work and specific expectations.

While the practice profile answers the question, “What does the strategy require of particular foundation staff?,” the implementation-drivers analysis explores the broader question, “What does the strategy require in the way of organizational change within the foundation?” If a new strategy requires program staff to act in new ways, the foundation will likely need to add new forms of training and coaching that allow program officers to succeed in their roles. If the new practices are a major departure from how program officers have traditionally performed their role, the foundation may need to recruit new employees with the requisite competencies. Other organizational shifts may also be required to implement the strategy, including changes in grant applications, selection procedures, and monitoring; evaluation; communications; technical assistance; and convening. If the new strategy

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is a significant departure from the foundation's prevailing way of doing business, successful implementation may also require a shift in organizational culture. The Implementation Drivers Assessment is a specific approach to inventorying factors within the organization that are crucial to implementation. Results from the assessment point to the infrastructure issues leaders within the foundation need to address in order to bring the organization into alignment with the strategy.

This article describes how the Kate B. Reynolds Charitable Trust used the practice profile and Implementation Drivers Assessment in implementing its place-based initiative, Healthy Places NC (HPNC). These two tools provided an empirically based reality check on what HPNC required in the way of organizational change. This allowed for fuller and quicker implementation of the strategy, but it also brought to light a number of fundamental misalignments, which were resolved by shifting the organization rather than retreating on the strategy.

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### Healthy Places NC

The Reynolds Charitable Trust is a statewide funder based in Winston-Salem, North Carolina, whose mission is to improve the quality of life and the quality of health for the financially needy of North Carolina. Five years ago, the Trust began focusing its resources and attention on rural North Carolina, particularly underserved rural communities. HPNC serves as the cornerstone of the Trust's rural strategy. The Trust expects to invest at least \$100 million over 10 years to create lasting improvements in health conditions in 10 to 12 of North Carolina's Tier 1 counties, which are defined by the state's Department of Commerce as rural and economically challenged. These counties are typically in the bottom third among the state's counties as measured by the University of Wisconsin's County Health Rankings.

Rather than funding individual projects scattered throughout the state, the Trust is making

concerted investments in specific low-wealth communities that are poised to make fundamental changes in health care, programming, and behavior. Allen Smart (2015), the Trust's vice president for programs and interim president, spells out the undergirding philosophy:

[We were] skeptical of a funder's ability to be effective in creating change and engaging people in rural communities when using traditional grantmaking. A top-down prescriptive model doesn't fit how people in these communities live and think, and whom they trust to help solve local issues. Grantmaking needs to foster and cultivate local assets, allowing change to come from within. (para. 4)

HPNC is the Trust's primary strategy for achieving these ends. It uses a place-based approach to improve health in challenged rural counties.

### *The Place-Based Approach*

Place-based initiatives bring concentrated resources to a defined geography in order to support local actors in addressing critical issues and improving quality of life. The term "comprehensive community initiative" is often used interchangeably with place-based initiative. According to Auspos and Kubisch (2012), the defining principles of these initiatives are: 1) they focus on a defined geography and aim to affect the entire resident population; 2) they are comprehensive, meaning that the initiative works across a broad spectrum of social, economic, and physical conditions, and aim at changing individuals, families, communities, and systems; and 3) they seek to build community in terms of social capital, community capacity, and civic voice, as well as attending to racial diversity and equity.

Many of the foundation staff, consultants, and evaluators who have been engaged in place-based initiatives over the past three decades believe that these initiatives have not lived up to their transformative expectations (Brown & Fiester, 2007; Kubisch, Auspos, Brown, & Dewar, 2010; FSG, 2011; Mack, Preskill, Keddy, & Jhavar, 2014; Hopkins & Ferris, 2015). They are calling for a shift in how foundations enter into communities and engage with local stakeholders, paying more

attention and respect to local structures and politics (e.g., Brown, et al., 2003; Kubisch, et al., 2010; Brown, 2012; Aspen Institute & Neighborhood Funders Group, 2015). The field is moving more toward the philosophy of engaging more segments of the community and supporting these local actors in making their own decisions and developing their own solutions (Aspen Institute & Neighborhood Funders Group, 2015).

### *The HPNC Approach to Place-Based Grantmaking*

The design of the HPNC is entirely consistent with the principle that foundations should support local actors in developing, implementing, and advancing their own solutions to the issues that they themselves view as most critical.

Unlike typical place-based initiatives, HPNC does not begin by convening local stakeholders to conduct a planning process. Instead, the initiative relies on the Trust's program officers and a range of partner organizations to cultivate new work and new ways of thinking that have the potential to achieve community-level improvements in health. This process of community change is expected to play out in phases over many years. The Trust supports the change process with grants, technical assistance, training, encouragement, and other forms.

The Trust encourages a developmental and iterative approach to programming and strategic thinking. As initial project ideas are developed and funded, the Trust expected a few overarching issues to emerge as focal points for subsequent strategizing. As such, a HPNC county's strategy for improving local health is expected to take shape over multiple phases of planning, project development, implementation, evaluation, and learning. The Trust is not expecting or asking for a comprehensive health-improvement strategy on the front end (i.e., before investing in programming).

In most of the HPNC counties there are few nonprofits that have any experience with foundation funding. To deal with this reality, the Trust adopts a cultivation model for drawing out new work from anywhere in the community that

promising ideas arise. During the early stages of a county's involvement in the initiative, the program officer casts a wide net to solicit grant proposals. At this stage, the Trust has relatively modest expectations. These first-round projects are expected to be thoughtful and relevant to the local context, but the Trust is not expecting immediate payoff in terms of population health improvements. When these groups apply for a subsequent grant, they are asked to show how their work is evolving, expanding, and becoming more strategic, possibly with involvement by partner organizations. Additional grants raise the bar even higher, requiring applicants to propose more comprehensive, multiparty approaches that build on earlier work.

The program officer plays an active role in cultivating the initial body of work and encouraging local actors to become more strategic and ambitious. For the first year of a county's involvement in the HPNC, the program officer spends six to eight days a month visiting with a range of people who express an interest in being involved in efforts to improve health. These meetings, conversations, and follow-up emails are intended partly to provide the program officer with information about local issues, actors, and opportunities, and partly as a means of encouraging new thinking and initiative-taking. A locally based program-officer extender assists the program officer by organizing follow-up meetings, providing information about HPNC opportunities, and facilitating planning meetings.

The program officer's work is supplemented by a variety of additional resources provided by partner organizations commissioned by the Trust. Shortly after a county is selected to participate in the HPNC, the Trust convenes local forums that include presentations by representatives from the County Health Rankings & Roadmaps (CHRR) program at the University of Wisconsin. The CHRR staff present local health data and introduce a conceptual framework that identifies the broad range of factors that influence health. Around this time, the national KaBOOM! nonprofit organizes two playground-building projects that engage local residents in tangible health-improvement work.

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As the work progresses in an HPNC county, additional supports are introduced. The Center for Creative Leadership, based in Greensboro, North Carolina, provides leadership-development training, typically for a cohort of participants who are addressing the same health issue (e.g., reducing the incidence of childhood obesity, increasing access to behavioral health services). The North Carolina Division of Public Health deploys a catalyst who supports planning and programming in the area of healthy eating and active living. A Durham, North Carolina-based consulting firm, MDC Inc., oversees a grantmaking and capacity-building strategy aimed specifically at community colleges in each HPNC county.

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for actors who have stepped forward to develop and carry out health programming. These services help local actors maintain their momentum and deepen the work that was initially stimulated by the program officer.

#### *A Contrast to the Trust's Prior Grantmaking*

HPNC represents an innovative approach to place-based grantmaking and a major departure from the Trust's prevailing manner of doing business. By orders of magnitude, HPNC was a much more complex effort than the Trust had previously attempted. Among the more pronounced shifts in approach:

- With HPNC, the Trust is investing its grant dollars in rural communities that have relatively modest nonprofit sectors. In the past, the Trust had preferred to make safe grants to well-established institutions, including hospitals, universities, professional associations, and health departments. Most grantees, especially those receiving large grants, were based in urban areas.
- HPNC seeks out nonprofit organizations and government agencies that have innovative ideas for improving health, regardless of whether they are a health organization and regardless of whether they have experience as a Kate B. Reynolds Trust grantee. Formerly, the Trust had a track record of repeatedly funding the same organizations.
- HPNC encourages ongoing, in-depth interactions with grantees, as well as with local actors and organizations that don't actually receive a grant. In the past, the Trust's engagement with grantees had been largely hands-off and transactional.

These shifts in grantmaking approach have major implications for the Trust's program officers. Rather than simply soliciting well-formulated proposals from organizations with a strong track record, each program officer is expected to become a visible, accessible cultivator in his or her assigned counties. In this role, the program officer reaches out to a wide range of organizations and residents, only some of which have

plans for fundable projects, and encourages these local actors to take initiative, develop their ideas, and move those ideas into actionable strategies. The program officer also cultivates new relationships by connecting local actors with one another, looking in particular for opportunities with people who have complementary interests but don't know one another. Prior to HPNC, the Trust's program officers interacted with non-profit organizations and government agencies primarily through highly defined advance consults. To be invited into an advance consult, the organization needed to be savvy enough to reach out to the Trust with an idea for a grant proposal.

HPNC also calls for program officers to spend much more of their time out of the office, meeting with a variety of people within their assigned counties. On average, program officers are expected to be in their counties approximately seven days a month, although this figure varies over the course of the year as a function of grant cycles. Program officers spend more time in the office when they have proposals to review and recommendations to write up, and then focus more on their HPNC cultivating work during the rest of the year. This means that program officers are consistently busy but focusing on different tasks at different points in the year. According to Allen Smart (2015), this was a big shift from what had traditionally been expected of the Trust's program officers: "When we were not in active grant cycle, the program officers had little to nothing to do."

### Operationalizing HPNC With a Practice Profile

It became clear early in the implementation of HPNC that the Trust's program officers would need guidance in shifting from their traditional notions of what a program officer is supposed to do and to adopt the roles, responsibilities, and expectations that come with the initiative. Toward this end, the Trust engaged the National Implementation Research Network (NIRN) to develop a practice profile for the HPNC program officer position. NIRN has a long history of supporting service-delivery agencies and other organizations in implementing new programs and strategies, with a particular focus on clarifying

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the expectations and competencies for staff members who are directly responsible for carrying out the new work. In addition to developing a practice profile for the Trust's program officers, NIRN provided the program officers with coaching, training, and implementation exercises that helped them develop the competencies and behaviors specified in the profile.

A practice profile operationalizes a program or strategy in terms of the specific work that an implementing actor needs to carry out. According to Fixsen, Blase, Metz, and Van Dyke, (2013), a practice profile should contain the following elements:

1. a clear description of the values and principles that undergird the strategy;

2. a clear description of the essential functions the actor needs to perform in order to implement the strategy;
3. operational definitions of the essential functions – the core activities that allow the essential functions to be teachable, learnable, and doable by staff or practitioners as a set of activities for staff or practitioner to conduct; and
4. criteria for assessing the performance of the implementing actor.

The accompanying article by Easterling and Metz provides more details on these elements as well as how the practice profile serves as a vehicle for operationalizing strategy.

#### *Methodology for Developing the Practice Profile*

NIRN generated and refined the practice profile for the HPNC program officer through a systematic and iterative process: a review of initiative-related documents, a systematic scoping review, semi-structured interviews, a vetting and consensus process, and testing and evolving the profile.

1. *Review of initiative-related documents.* NIRN staff reviewed all available documents describing the theory and logic underlying HPNC, the Trust's expectations for program officers, the Trust's process for soliciting grant applications and awarding grants, and the process for selecting the HPNC counties. County-specific materials were reviewed to gain a sense of the context within which program officers are expected to carry out their initiative-related work.
2. *Systematic scoping review.* The goal of the scoping review was to access and review published research that focused on identifying competencies of program officers and foundation staff when launching new strategies. The review looked specifically at the question, "What competencies have been identified as important for program officers supporting complex community initiatives?" Studies and articles were identified through literature reviews and

a snowballing technique involving key sources such as the consultants to the initiative. Themes were identified and summarized, and integrated with findings from the qualitative interviews to inform the practice-profile development. This scoping process was based on a model proposed by Arksey and O'Malley (2005).

3. *Semistructured interviews.* Individual interviews were conducted with program officers and key foundation staff to identify the principles that guide program officers' work with HPNC counties and the specific activities program officers are engaged with to bring these principles to life. Program officers were asked to provide examples from the field to illustrate the use of guiding principles and core activities related to the HPNC strategy; they were also asked to consider successes and challenges in implementing the HPNC strategy. (See Table 1.) Findings from the interviews were coded for themes, and a draft description of the practice-profile criteria was developed.
4. *Vetting and consensus building.* Program officers, foundation leaders, and key consultants vetted the initial draft of the practice profile through a facilitated process designed to achieve consensus. This process involved a number of phases, which took place over the course of several meetings. In the first phase, the program officers and other foundation staff reviewed an initial draft of the practice profile and indicated what they believed to be the strengths and gaps. In the second phase, they provided specific feedback and suggestions for revising each essential function. Through facilitated conversation the group achieved consensus on the essential functions and identified specific activities that would need to be carried out to achieve those functions.
5. *Testing and evolving the profile.* Once consensus was achieved, the practice profile became the official guide for how program officers should carry out their work in HPNC counties. At the same time that

**TABLE 1** Interview Protocol for Developing the Practice Profile

1. In what ways does your current role as a Healthy Places NC program officer feel different than your role in initiating or managing other grants?
2. How would you describe the overarching principles that guide the HPNC initiative and the way you work with counties? Probe, for example: <ul style="list-style-type: none"> <li>• Providing resources to rural counties where compelling opportunities for health improvements exist; addressing pervasive and entrenched health problems; addressing structural determinants of racial and ethnic disparities.</li> <li>• Encouraging more emergent processes of exploration, conversation, and analysis (relying less on formal strategic planning).</li> <li>• Focusing on local context and culture; tailoring grants and resources to local context; an emphasis on changing local culture where it might be warranted for improving health outcomes.</li> <li>• Stimulating new problem-solving efforts.</li> <li>• Focusing on capacity building, adaptive problem solving, and effective leadership.</li> <li>• Approaching work with counties through a developmental lens: problem-solving strategies may change, new resources and supports may be needed.</li> <li>• Focusing on bidirectional learning and collaboration, emergent strategies to meet grantee needs.</li> </ul> <p><i>Here's what I heard you say (summarize the principles we heard them offer): Is this right? Could you tell a story that exemplifies one of these principles operating in an HPNC county or in your work? Alternatively, has actualizing any of these principles been particularly challenging?</i></p>
3. Given the principles you have discussed, what specific activities have you been engaged in that bring these principles to life? What do you think a program officer needs to say and do to achieve these principles? Probe, for example: <ul style="list-style-type: none"> <li>• Joining stakeholders (rather than convening stakeholders).</li> <li>• Brokering exchanges and relationships.</li> <li>• Active listening and respect.</li> <li>• Supporting inclusion and mobilization.</li> </ul> <p>What should be avoided?</p>
4. In your role as an HPNC program officer, what have been your successes so far? What have been your challenges? What do you find yourself thinking about as you go about this work?
5. What do you hope the National Implementation Research Network will bring to the table? How can the NIRN be most helpful to you?

program officers were acting in accord with the practice profile, they were actively testing the “usability” of the profile. Usability testing allows for rapid testing of the essential functions with small sample sizes. In the case of HPNC, program officers reported each month on a small sample of interactions with community actors: Do program officers implement the essential functions as intended? Do local actors respond in the way that

the profile assumes and the strategy hopes will occur? These data were synthesized across program officers to provide feedback on the overall usability of the practice profile. During this 18-month period, NIRN provided coaching and support with program officers to meet benchmarks in the practice profile. When consistent challenges occurred, the profile was adjusted to be relevant to the real-world implementation of HPNC.

*The Actual Profile*

This process generated a practice profile with all the recommended components:

- the underlying philosophy, principles, and values that need to be exemplified through the program officer’s work;
- a set of 10 essential functions that program officers need to perform to ensure that the HPNC is fully implemented, each of which is described in both conceptual and concrete terms; and
- more specific “core activities,” which operationalize each essential function and

provide a means of assessing how well program officers are performing the functions.

Practice profiles are always a work in progress. As a strategy moves further into practical realities, it is highly likely that the roles and responsibilities of the implementing actors will shift and expand. In the process of developing and updating the practice profile, we learned that different functions are required at different stages of a program officer’s engagement with local actors in a HPNC county. The practice profile specifies three developmental phases of the program officer’s work: explore, initiate action, and learn together. (See Table 2.)

**TABLE 2** Phases of the Program Officer’s Work

<b>Explore</b>	The focus of Healthy Places NC program officer (PO) in the “explore” phase is to engage a wide range of local actors in a wide range of conversations, form relationships with people and organizations, and diagnose local situations. Through such conversations and meetings, POs will become “visible” in the counties and serve an “activating” role, and broker new relationships and connections with county people and organizations across sectors and lines of divisions. The use of data to stimulate awareness to action is introduced in Phase 1 through activities such as a County Health Rankings & Roadmaps session for local actors. Essential functions for Phase 1 include active listening, building & managing relationships, communication, power analysis, and brokering connections.
<b>Initiate Action</b>	The focus of the POs in the “initiate action” phase is on networks and initial infrastructure. The POs will continue to build and manage relationships, but with particular attention to networking and cross-sector collaboration for mutual benefit. They will seek to build the capacity of organizations and to increase problem-solving and leadership skills among local organizations so that an initial infrastructure and county leadership for facilitating networks emerge. With attention on milestones, the POs will also consider how to leverage other resources in service to the kind of Kate B. Reynolds Trust-funded projects aimed for in the next phase. When appropriate, the POs will connect with intermediaries and other funders to support county efforts to improve health outcomes. In addition to attention on those functions carried out in Phase 1, essential functions for Phase 2 include facilitating networks & collaboration and strategic analysis & problem solving.
<b>Learn Together</b>	The focus of the POs in the “learn together” phase is on developing comprehensive and effective projects and strategies and building momentum and continuous improvement on the part of local actors. The HPNC POs will continue to build and manage relationships and facilitate networks, but with particular attention to developing collaborative and comprehensive proposals and funded programs with support from the Trust and, potentially, other sources. As relationships with local actors may also shift from networking to funded programs, the PO may also evolve into an advisor role for continuous learning for broader and extended impact. In addition to attention on those functions carried out in Phases 1 and 2, an essential function for Phase 3 is questioning & advising.

The practice profile specifies which functions and activities are relevant at each phase of the work.<sup>1</sup> In the course of this analysis, NIRN also identified milestones describing what should be accomplished within each phase, as well as “road signs” that tell the program officer that it is time to begin shifting to the next phase of work.

### *Essential Functions and Core Activities*

The core of the practice profile is the set of essential functions. For the HPNC program officers, the practice profile specifies 10 essential functions: active listening; building and managing relationships; communication; power analysis; brokering connections; facilitating networks; strategic analysis and problem solving; grant-making, management, and monitoring; questioning and advising; and critical thinking.

In order to demonstrate the specificity with which the practice profile describes the work of the program officer, we highlight three specific functions that are core to carrying out the HPNC strategy. As noted above, HPNC cultivates new health-improvement work in a manner that is much more interactive and nuanced than occurs in a traditional place-based initiative.

Building trusting relationships with community members is seen as a key to success for all community change efforts. How, though, are foundation staff to build these relationships? How long will it take? When will foundations know that trust has been established? The HPNC Program Officer Practice Profile includes several interrelated essential functions of the program officer’s role and operationally defines such functions as active listening, relationship building, and brokering connections with a series of core activities that program officers conduct in the field.

Looking at the function of building and managing relationships, the program officer (PO) is expected to cultivate and begin developing diverse, authentic, respectful, trusting relationships with community residents and key stakeholders, especially among a diverse set of

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established and emergent leaders and those who, despite varied levels of power, have a strong stake in decisions at hand. The POs also work with these leaders to lift up the voice of community members and consumers of services. The POs also seek to understand power dynamics and apply this knowledge to effective relationships.

At a more specific level, the profile delineates a set of particular behaviors:

- identifying informal leaders in the community and seeking to cultivate trust through one-on-one meetings,
- acknowledging community assets,
- acknowledging discomfort in new and emergent conversations, and
- engaging in critical reflection with local actors.

Another function that supports strong relationships is active listening. When engaged in conversation with local residents (or anyone else involved in the initiative), program officers are expected to make a conscious effort to not only hear the words someone is saying, but to understand their “message” and “story.” They need to

<sup>1</sup> For the Program Officer Practice Profile tool, see <http://scholarworks.gvsu.edu/tfr/vol8/iss2/13>.

listen with three distinct purposes: obtain information, understand, and learn. Mastering this function requires a number of specific behaviors:

- During one-on-one meetings the POs speak 20 percent of the time; community stakeholders speak 80 percent of the time.
- The POs provide feedback on what they've heard through paraphrasing, such as "What I hear you saying is ..."
- The POs defer judgment on what they are hearing until they have a fuller understanding of context and perspectives.
- "Storytelling" is valued by time spent in the field listening to community stakeholders, especially those on the periphery of leadership.

In the course of interacting with local actors, the program officer is also expected to broker connections. This means helping individuals and organizations connect to other individuals, organizations, and resources (ideas, knowledge, and data) where there might be some mutual benefit. The POs also will serve as connectors to other funders when appropriate. This function is operationalized through the following behaviors:

- serving as connectors between existing organizations, as well as in the development of new organizations, by connecting key local actors;
- determining when to broker new relationships (and, eventually, networks of people and organizations) by understanding how these individuals and organizations might mutually benefit from working together, assisting organizations to see mutual benefits, and generating synergy to achieve the goals of HPNC; and
- when appropriate, serving as connectors between organizations and other potential funders.

A final example speaks to the program officer's role as a positive disruptive force in the

community. Before deciding how to act with any given local actor, the program officer needs to have a sense of the landscape and how the community operates. Critics of philanthropy are calling for a deeper consideration of the race and class power dynamics in how they approach their place-based work. According to the 2015 conference report issued by the Aspen Institute and Neighborhood Funders Group,

These are complex issues that require funders to understand in any given place how systems, policies, and politics historically and currently structure the opportunities that exist or do not exist in these communities in the context of race and class. (p. 6)

How, though, are foundation staff able to attend to these complex issues of race and power without clearly defined guidance on the "saying and doing" of this work? How do they analyze power dynamics? How do they use such an analysis to inform their day-to-day practice?

The HPNC Program Officer Practice Profile includes power analysis as an essential function of the program officer's role, defined as continually and frequently seeking to clarify and understand a county's power structure and identify people and places of influence and power, especially related to issues of race/ethnicity and economic disparity. The POs also work with a diverse set of established and emergent leaders and those who, despite varied levels of power, have a strong stake in decisions at hand to lift up the voice of community members and consumers of services.

On a more specific level, power analyses require the following behaviors:

- During one-on-one and group meetings, identify self-interests, constituencies, and connections among local actors and organizations as much as possible.
- Track those in the county with "observable decision-making power," the "ability to set a political agenda," and the "ability to shape a meeting."

- Map the power “sources”; they will identify opportunities for collaboration and facilitate the inclusion of nontraditional partners.
- Use results from the county power analysis to assess how particular strategies can be employed to ensure the HPNC goals are met.

### Using the Practice Profile

The HPNC practice profile is a living document that actively guides practice on the part of the Trust’s program officers. It has also been used by Trust leaders to recruit, orient, train, supervise, and assess the performance of program officers. Consultants from NIRN use the profile as a point of reference for coaching, training, and setting up experiments for the program officers to test the effectiveness of specific behaviors and approaches to implementing the initiative.

#### *Performance Assessment*

The profile contains explicit expectations for how program officers should perform when interacting with various actors, organizing meetings and other events, cultivating grant proposals, communicating critical messages, and carrying out additional activities that advance the outcomes associated with HPNC. Those expectations are incorporated into performance reviews conducted by supervisors as well as the program officers’ self-evaluations of performance.

In practice, the expectations associated with HPNC have proven quite ambitious. Each program officer has displayed strengths as well as performance that calls for professional and personal development. Overall, some have succeeded more than others. The practice profile has provided clarity in all these respects.

#### *Recruiting and Selecting Program Officers*

As the essential functions and core activities were spelled out, it became clear that HPNC was calling for a new breed of program officer. Job descriptions were revised to reflect the new expectations and competency requirements.

## *The HPNC practice profile is a living document that actively guides practice on the part of the Trust’s program officers.*

The protocol for job interviews was also revamped to allow for an explicit assessment of each candidate’s ability to carry out essential functions such as active listening and critical thinking. The interview questions focus on functions that are known to be crucial to effective implementation of HPNC. Candidates are asked to rate themselves on these dimensions and to explain their ratings. They are also presented with specific scenarios that call for the essential functions to be exercised, and then asked to describe the emotional and behavioral responses that would likely arise in the scenario. This line of questioning has allowed interviewers to quickly determine whether the candidate should be seriously considered further for the program officer position. Candidates consistently remark that these interviews are very different from anything they have experienced.

#### *Coaching and Training*

The profile also serves as a point of reference for coaching program officers and tracking their progress. NIRN developed a set of tailored assessment forms that program officers used to track how and when they used the different essential functions in various community settings, as well as the successes and challenges they encountered.

The data that program officers collect with these tracking forms are compiled by NIRN and presented back to the entire program team in a monthly learning-collaborative meeting. Those meetings provide an opportunity for sharing and reflection about the program officers’ interactions with local actors and the results they are observing. NIRN compiles notes on what has worked and what has been challenging; those notes are incorporated into the next iteration of the practice profile. In addition, rapid-cycle

*Beyond redefining the job of the program officer, HPNC called for the Trust to develop new competencies and procedures around communications, grants administration, contracting with and managing consultants, and coordinating multiple partners operating at both the initiative and individual county levels.*

testing is used to test out specific tactics for dealing with issues and advancing the work.

In between the monthly meetings, NIRN staff have conversations with each program officer to identify and resolve specific challenges that are arising in carrying out the profile. Coaching is provided by eliciting clear descriptions of interactions with local actors and by asking the program officers to connect their activities to the essential functions. NIRN uses a strengths-based approach to provide critical feedback and assigns each program officer specific exercises to try out over the next month.

#### *Evolving the HPNC Strategy*

The tailored assessment forms used for program-officer learning and coaching also support the process evaluation of HPNC. As program officers collect data in the field, they are helping to evaluate how well the overall HPNC strategy is working, where barriers are being encountered, and where attention is needed.

By analyzing the tracking sheets and engaging the program officers in conversation at the monthly learning-collaborative meetings, these strategy-level questions have been answered:

- What are program officers learning about the strengths and opportunities that exist

within the HPNC counties (e.g., among leaders, connectors, networks, capacities)?

- What barriers exist? What needs attention?
- What changes have program officers seen in the county as a result of using the essential functions?
- With whom are the program officers using the essential functions?
- Under what conditions are program officers leaning in or pulling back?
- Are there essential functions that program officers need to emphasize more? Emphasize less?
- What work needs to be done before the program officer can move to the next phase of work in the county?
- What connections can program officers make to technical resources to help move local actors to action?

These questions and the associated data have also been brought to the larger HPNC design team, which includes leaders within the Trust and consultants who have been instrumental in designing, implementing, evaluating, and refining the strategy. This has fostered a practice of ongoing reflection and adjustment.

### **Aligning the Organization to Support Implementation**

As the Trust's program officers entered into communities to implement the HPNC, they displayed variable success in achieving the expectations spelled out in the practice profile. During the initiative, two program officers selected out of their positions because of a lack of fit. This is one example of how much HPNC represented a departure from the Trust's previous approach to grantmaking, and indeed from its prior identity as a foundation.

Beyond redefining the job of the program officer, HPNC called for the Trust to develop new

competencies and procedures around communications, grants administration, contracting with and managing consultants, and coordinating multiple partners operating at both the initiative and individual county levels. Among the new requirements that HPNC imposed:

- Organizations such as KaBOOM!, the University of Wisconsin's CHRR, and the Center for Creative Leadership play a key role in the community change process that the HPNC catalyzes. The Trust, however, did not have much experience contracting with national organizations and organizing the events where these organizations play a central role.
- The concepts of program-officer extender and rural support organization were new to the Trust. It had no experience hiring people or organizations to serve as the face of its strategy or to carry out local work in coordination with program officers.
- Because HPNC does not have a central planning body, it was necessary to create communications vehicles that would allow the residents of each HPNC county to remain informed about the various efforts. Prior to HPNC, the Trust's communications strategy had been confined largely to publishing annual reports, maintaining the website, and publicizing grant opportunities.

Once the practice profile for program officers reached stability, the Trust contracted with NIRN to conduct a comprehensive assessment of how well suited the organizational infrastructure was to the HPNC strategy. The charge to NIRN was to help the Trust build the supports that would allow staff to implement HPNC, as well as to take a broader look at how the foundation's staffing, processes, policies, systems, and, possibly, culture needed to shift in order to align with the strategy.

### *Implementation Drivers*

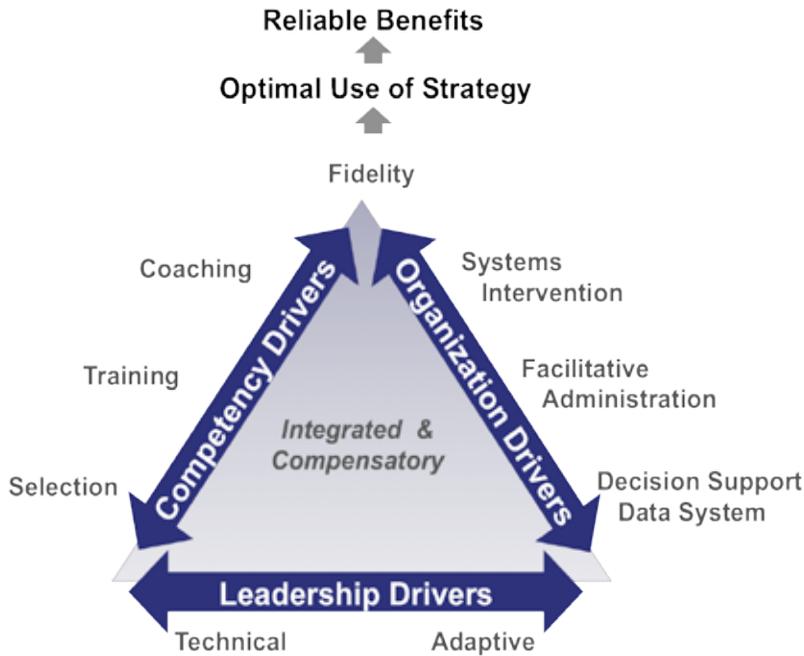
The starting point for creating a hospitable organizational infrastructure is to identify a limited set of factors on which to focus the

organizational-change work: What are the highest-leverage factors that drive successful implementation of a strategy – or any intervention, for that matter? Implementation scientists use the term “implementation drivers” to describe the factors that need attention when implementing an intervention (Fixsen, et al., 2005; Metz & Bartley, 2012). Three distinct clusters of implementation drivers have been identified: competency, organization, and leadership:

- *Competency drivers* are mechanisms to develop, improve, and sustain an individual's ability to implement a new innovation or strategy with intended benefits. The four competency drivers are selection, training, coaching, and performance assessment.
- *Organization drivers* intentionally develop the organizational supports and systems interventions needed to ensure that the individuals carrying out the innovation or strategy are effectively supported and that data are used for continuous improvement. The three organization drivers are decision-support data systems, facilitative administration, and systems interventions.
- *Leadership drivers* ensure that leaders are using the appropriate strategies to address implementation challenges. Both technical and adaptive leadership are important.

These three sets of drivers form a triangular foundation for effective implementation. (See Figure 1.) Along the left side of the triangle are the competency drivers. Staff selection sits at the bottom as an organization's first opportunity to ensure competent staff. Once staff is hired, training and coaching should be implemented to grow and sustain staff competence. Along the right side of the triangle are the organization drivers. Decision-support data systems should be used by organizations to ensure that timely, relevant, and actionable information is collected and used to improve the intervention or strategy. Administrative and systems supports are needed to create the enabling context for staff to carry out the expectations of the new intervention or strategy. At the base of the triangle is

**FIGURE 1** Implementation Drivers



leadership. Effective leaders support the installation of each of the competency and organization drivers so that these drivers are in service to the new way of work.

**Assessing the Implementation Drivers**

The implementation-drivers framework points to a number of specific questions that deserve exploration within an assessment. NIRN used this to guide its assessment of the Trust. (See Table 3.)

NIRN conducted interviews with 19 individuals, including the Trust’s president, vice president for programs, program officers, director of communications, director of evaluation and learning, administrative staff, and a key consultant supporting the strategic oversight and direction of the HPNC. A semi-structured interview guide was developed to explore the guiding questions formulated by the NIRN, which addressed:

- Competency drivers:

1. How does the foundation select staff and partners with the required skills, abilities, and other innovation-specific prerequisite characteristics to support HPNC?
2. How does the foundation ensure that foundation staff and partners receive training related to the theory and underlying values of HPNC, and opportunities to gain skills to support the new strategy?
3. How does the foundation provide on-the-job coaching to allow staff and partners to practice and master the new skills?
4. What methods does the foundation use to evaluate the extent to which foundation staff and partners are implementing HPNC as intended?

- Organization drivers:

1. Do the foundation’s administrative processes facilitate HPNC?

**TABLE 3** Guiding Questions for the Assessment of Implementation Drivers

Driver	Key Questions to Answer to Support Implementation and Scaling
<b>Selection</b>	What prerequisites (skills, value knowledge) do Kate B. Reynolds Trust staff and partners need to implement Healthy Places NC effectively? What features of the HPNC initiative would be helpful to assess through verbal vignettes during the selection process for Trust staff and partners? What aspects of the HPNC initiative would be important to include in the job expectations?
<b>Training</b>	What training would need to be completed by Trust staff and partners to support effective implementation of the HPNC strategy? How can training opportunities incorporate opportunities to practice these skills and receive feedback?
<b>Coaching</b>	How can coaching on the HPNC implementation be built into regular supervision with Trust staff? How can coaching on the implementation be built into partner activities? What types of tools and resources are needed for coaching? What data might we collect to know that coaching is having intended effects with all key partners?
<b>Performance Assessment</b>	What are some ways in which Trust staff performance assessments can be more directly linked to HPNC strategies? What are some potential data sources for assessing whether Trust staff and partners are implementing the HPNC as intended?
<b>Data-Guided Decision-Making</b>	How can we ensure that data are used to drive decision-making at all levels of the system? What process and outcome data are important to include in a decision-support data system? How can we ensure that data collection is built into regular practice routines and reported frequently by all key partners?
<b>Facilitative Administration</b>	Will new policies or procedures need to be developed by the Trust to support effective implementation and scaling of the HPNC? What role does leadership need to play at Trust and partners levels to reduce administrative barriers to implementation? How can the Trust institute feedback loops? Will these loops ensure that barriers related to implementing the HPNC are communicated to Trust leadership?
<b>Systems Interventions</b>	How will Trust leadership need to work with external systems partners to ensure the resources required to implement the HPNC are available? How can Trust leadership reduce systems-level barriers to implementing the initiative? How can Trust leadership engage multiple champions of the HPNC at the systems level?

2. Do new data systems need to be set up to support data-driven decision-making for improving HPNC implementation and outcomes?

3. Were there clear communication and feedback loops within the foundation?

- Leadership drivers:

1. Did the Trust provide the necessary leadership to address challenges and create solutions?

2. Did Trust leaders adjust and develop policies and procedures to support HPNC?

3. Did Trust leaders reduce administrative barriers at the institutional level?

In addition, information was collected to determine whether key stakeholders were on board to provide the necessary financial, organizational, and human resources required to support the new strategy.

*The infrastructure analysis made clear that program officers did not choose the new work that HPNC required – they “inherited” a new way of working when Trust leaders decided to launch the initiative. The new functions that HPNC requires were unfamiliar and a challenge for some of the program officers to carry out.*

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### Key Takeaways

Findings from the Implementation Drivers Assessment were used to provide feedback to the Trust for action planning. Specifically, short- and long-term plans were identified to ensure the Trust’s infrastructure is fully aligned with expectations of the new strategy. Below are examples of findings for each driver, and related action-planning steps to strengthen individual drivers and improve the Trust’s overall infrastructure to support the HPNC.

#### *Staff and Partner Selection*

The infrastructure analysis made clear that program officers did not choose the new work that HPNC required – they “inherited” a new way of working when Trust leaders decided to launch the initiative. The new functions that HPNC requires were unfamiliar and a challenge for some of the program officers to carry out. Although the practice profile spelled out the essential functions, it was only through experience and consultations with NIRN that program officers fully grasped the competencies required to carry out these functions.

Trust staff reported that the roles of key partners were less defined, making it challenging to develop selection criteria. Recommendations

for strengthening the selection driver included developing more detailed expectations for Trust partners, focusing on how the competencies, roles, and functions of partners align with the roles and functions of Trust staff.

In a response to these findings, the Trust took two key steps. First, the process of recruiting and interviewing program officers was revised to ensure that the competencies would be explicitly assessed. Interview protocols now include a series of self-assessments and interactive verbal vignettes to gauge the extent to which potential foundation staff has the necessary skills and abilities to carry out the HPNC strategy. Second, the Trust has supported the development of a practice profile for the regional support organizations to more fully operationalize their roles and functions and, perhaps more importantly, their roles and functions vis-à-vis the roles and functions of the program officers. As partner roles and functions are more clearly articulated, the Trust will be in a better position to select appropriate partners and provide the necessary supports for these partners to contribute effectively to HPNC.

#### *Training for HPNC Implementation*

Trust staff identified key issues with staff and partner training, noting that developing training curricula for HPNC that covers both the deliberate and emergent strategies for the initiative was challenging. The infrastructure analysis also found that formal onboarding for new Trust staff as it related to the HPNC initiative had not been developed. Recommendations for strengthening the trainer driver included identifying the training needs of all partners in order to develop competency-based training modules. Training should provide knowledge related to the theory and underlying values of the approach.

As a response to these recommendations, the Trust is developing an orientation and training plan for new program officers. Part of this requires the development of materials and resources that highlight the theory of change and the evolution of the strategy over the past two years. The learning officer at the Trust has begun to develop these materials. Two new program officers have been

hired in the past three months, which will allow testing of new on-boarding processes.

### *Coaching for HPNC Implementation*

Trust staff reported receiving group coaching for new skills required for the HPNC initiative, but also noted that more intensive, one-on-one coaching would be helpful. Trust staff also described the need for coaching Trust partners supporting the HPNC initiative to ensure that work in the communities was aligned across Trust staff and partners interacting with community organizations and networks. Recommendations for strengthening the coaching driver included ensuring a more robust coaching strategy for Trust partners to promote consistency in implementation of the strategy at the local level.

As a response to these recommendations, the Trust has sought strategies to strengthen internal capacity to provide more frequent one-on-one coaching of program officers as well as coaching of partners. An example of this is the development of the HPNC director position, allowing for increased support for those staff and partners implementing the initiative. As noted above, the Trust has also provided resources for the development of a practice profile for the regional support organizations which, when completed, will facilitate coaching on the core functions of their role.

### *Performance Assessment for Trust Staff and Partners*

The infrastructure analysis found that performance assessments had not changed significantly since the inception of HPNC. Trust leadership noted that it was important to identify the indicators of progress for the HPNC strategy to better understand the performance expectations for program officers. Trust staff reported that outside of the Trust, there has been no formal process to assess the performance of key partners for HPNC. Although grantee progress reports were submitted to the Trust, questions were not targeted to assess partner performance or contribution to HPNC. Recommendations for strengthening the performance-assessment

*... the Trust has sought strategies to strengthen internal capacity to provide more frequent one-on-one coaching of program officers as well as coaching of partners. An example of this is the development of the HPNC director position, allowing for increased support for those staff and partners implementing the initiative.*

driver included developing a plan to strengthen grantee progress reports to include targeted questions on HPNC performance and contributions and identifying new performance indicators for program officers related to new expectations.

In a response to these findings, the Trust has begun to restructure the progress-report format that partner organizations use when they describe how they are carrying out their respective portions of the HPNC strategy and the associated results. The regional support organizations that provide ongoing consulting to the HPNC counties report on the specific services they provide, the degree to which they engage with various local actors, what those interactions lead to, challenges, and recommendations to adapt the approach. This detailed reporting is invaluable to understanding how HPNC is being implemented and how well it is working. But it also required reprogramming of fields within the Trust's grants-management software system. The Trust is also exploring how performance data from the progress reports can be extracted and shared more readily among staff. The creation of the HPNC director position will allow for more targeted assessments of staff and partners as it relates to HPNC implementation.

*In initiatives as complex and multifaceted as HPNC, the use of data by partners often takes place in silos. The Trust is focused on developed methods to share data in a timely fashion across partners and used to assess and improve the strategy at different levels of the system (foundation, partners, and communities).*

#### *Decision-Support Data Systems to Improve and Assess Strategy*

The assessment indicated that key forms of data were not being systematically analyzed and shared for the purposes of improving the HPNC strategy. Trust staff noted that it would be helpful to be more explicit about the “learning approach” for HPNC. For example, how can the Trust support a learning strategy that addresses the following questions: What are we learning? Should we pivot or adjust our approach based on what we are learning? How will we know if the adjustments we make are effective or an improvement in overall HPNC strategy? Recommendations for strengthening the decision-support data-system driver included refining the Trust’s learning strategy for HPNC to ensure timelier, relevant, and consistent data from grantees to enhance internal learning.

In response to these findings the Trust has allocated more resources for its learning strategy and, in particular, the evaluation component of the initiative. The Trust has also provided resources to identify current data-collection efforts by the Trust, outside evaluator, technical-assistance providers, and key partners. In doing so, the Trust will be able to identify opportunities to share and leverage data to answer key

questions regarding HPNC strategy implementation and performance. This is an important first step for the development of a decision-support data system. In initiatives as complex and multifaceted as HPNC, the use of data by partners often takes place in silos. The Trust is focused on developed methods to share data in a timely fashion across partners and used to assess and improve the strategy at different levels of the system (foundation, partners, and communities).

#### *Foundation Leadership Practices to Support HPNC Strategy*

Administrators provide leadership and make use of a wide range of data to inform decision-making, support the overall processes, and keep staff organized and focused on the desired innovation outcomes. Foundations should ensure leadership is committed to the new strategy and available to address challenges and create solutions, develop clear communication protocols and feedback loops, adjust and develop policies and procedures to support the new way of work, and reduce administrative barriers.

The infrastructure analysis found that the flexibility, adeptness, and openness of the Trust to bring in resources or partners needed to support the initiative has provided a hospitable environment for HPNC implementation and scaling efforts. The strength of the communication protocols for HPNC was also highlighted, and changes in technology were identified. The new, decentralized approach for program-officer activities (i.e., spending more time in the counties than in the office) required changes in two ways: 1) technology that facilitated remote work, including lightweight surface tablets, generous data plans, portable Wi-Fi, improved virtual private network access, and increased bandwidth for Wi-Fi at the Trust’s offices; and 2) technology-assisted reduction in paperwork and administrative tasks to free up time for program officers to be in the counties (e.g., changes to graphics interchange formats).

The infrastructure analysis also pointed out a fundamental concern about the overall design and understanding of HPNC: the

“organizational glue” for initiative was a handful of key people, as opposed to institutionalized processes and procedures. This focus on people may leave HPNC vulnerable to administrative and staffing changes. Recommendations for strengthening the facilitative administration driver included providing a forum for “courageous conversations” – open, honest, inclusive conversations regarding the challenges of HPNC implementation and the needs of program officers and staff to support this new strategy. Other next steps included restructuring the Trust’s project meetings to maximize all learning opportunities for HPNC.

In response to these findings, the Trust has continued to support communication efforts through the outsourcing of some communication tasks to lessen the burden on its limited internal communications resources. The Trust has also redesigned internal meetings for HPNC to promote a shared learning strategy and facilitate real-time data collection of program officers’ and partners’ successes and challenges in specific communities. Most importantly, the Trust has continued conversations with its trustee to develop more flexible resources for the initiative. Early efforts by Trust leadership have focused on hiring an additional program officer and creating the HPNC director position. It is expected that increasing staff resources will provide staff with more time for training and coaching agendas and participation in ongoing learning and improvement strategies.

### *Systems Interventions for Strategy Implementation*

The infrastructure analysis found that the Trust should partner with additional stakeholder groups as HPNC expands to additional counties. Trust staff also discussed opportunities for strengthening policy-practice feedback loops and the need to focus on policy-change opportunities and ensure that such opportunities are “fed up the system” to Trust leadership and appropriate advocacy or policy groups at the state level. Additional next steps included developing and implementing buy-in strategies with other funders and considering strategies for engaging

public-sector partners. As a result, the Trust continues its efforts to build partnerships and gain buy-in for the HPNC strategy. This is evident through local and national communication and dissemination strategies.

## **Conclusions**

Implementation of new strategies involves a variety of stakeholders engaging in work that is often complex, iterative, and messy (Nutley, Walter & Davies, 2007). Implementation science has identified specific implementation drivers that are necessary for successful implementation of any new intervention, innovation, or strategy. Assessing how fully these drivers are in place allows a foundation to come to terms with the adequacy of its organizational infrastructure and the alignment between its strategy and its existing way of doing business.

This case study illustrated how a practice profile and an Implementation Drivers Assessment can support the implementation of a complex strategy. The practice profile operationalizes the strategy in ways that program officers know what to do when working with various actors in various settings. The assessment provided the Trust with a set of specific organizational issues that needed attention in order to bring itself into alignment with HPNC.

At the outset of HPNC, there was a wide gap between what the initiative required of the foundation and its staff versus the infrastructure that the Trust had historically relied upon to carry out its responsive approach to grantmaking. The Trust’s leaders were firmly committed to the HPNC strategy, and thus took the steps required to bring the organization into alignment. It is crucial to point out that many of these steps were difficult and emotionally painful for at least some of the Trust’s staff members. For example, the HPNC initiative necessitates periods of intensive and emergent work throughout the 12 months of the year for the entire staff – not just the program officers. According to Allen Smart (2015), “this is not the deal that many signed on for.” Some staff positions have turned over as the requirements of HPNC have become clearer and

*In instances where the board of trustees has firmly and knowingly committed itself to a new strategy, the organization will need to be brought into alignment. This is where the leadership driver is most essential.*

as leaders have instituted changes in procedures and policies.

From the perspective of the authors, there has also been a notable shift in the organizational culture of the Trust. In the past, the Trust was a relatively low-profile, responsive grantmaker that prided itself on its clear grant guidelines and efficient processing of applications. With the advent of HPNC, as well as other strategic initiatives in recent years, the Trust has embraced the role of change agent and has gotten comfortable with both the messiness and the emergent nature of place-based philanthropy.

It is easy to envision an alternative scenario when a foundation conducts an Implementation Drivers Assessment and discovers that its organizational infrastructure is misaligned with its strategy. If a new strategy demands competencies, procedures, systems, supports, and norms that don't reside within the foundation, the easiest way to restore equilibrium is to revise or even abandon the strategy. This may in fact be the most responsible remedy as well – if it turns out that the foundation is actually ill suited to do what the strategy requires.

In instances where the board of trustees has firmly and knowingly committed itself to a new strategy, the organization will need to be brought into alignment. This is where the leadership driver is most essential. The Implementation Drivers Assessment provides the foundation's

leaders with concrete guidance on what needs to change, but it is up to those leaders to make those changes happen. This work demands well-developed strategic thinking, strong communication and interpersonal skills, and a compelling vision of what the foundation will become and why this is a crucial direction for the foundation to move. But at the end of the day, the most essential leadership competency may be the willingness and ability to let go of organizational features that have outlasted their effectiveness as the drivers of the foundation's strategy. Carrying out this act of leadership can be painful and even traumatic to the foundation's staff and board, but it is a fundamental feature of truly strategic philanthropy.

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# Using Implementation Science to Translate Foundation Strategy

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## APPENDIX Program Officer Practice Profile

### Healthy Places North Carolina: Program Officer Practice Profile

Healthy Places North Carolina (HPNC) distinguishes itself from other foundation-sponsored community change initiatives by promoting the crucial role that program officers play in cultivating positive community change. Program officers meet individuals and organizations from throughout the community, encourage them to pursue new projects, introduce new ideas, promote grant opportunities, and connect actors who are not currently working together. To serve as effective cultivators, program officers are expected to develop and make use of a core set of “essential functions,” including active listening; building and managing relationships; communication; power analysis; brokering connections; facilitating networks; strategic analysis and problem solving; grantmaking, management, and monitoring; questioning and advising; and critical thinking. This practice profile describes how program officers carry out these essential functions of the HPNC strategy and support the funded communities in achieving their goals.

The program officer’s “initiating action” role in HPNC is comparable to what practitioners do in many health and human services settings (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005). In both cases, the work can be made more deliberate and effective through the use of clearly defined programs and practice models that identify core activities and the expected benefits associated with this new way of work (Cooke, 2000; Durlak & DuPre, 2008; Kallestad & Olweus, 2003; Ringwalt, et al., 2003). Just as health providers and other practitioners use defined practices and programs to guide their interactions with children, families, adults, and groups, HPNC program officers will use a shared set of developmental strategies and approaches to guide their interactions with key stakeholders in selected HPNC counties.

To be useful in practice, any program or practice model should describe the model’s philosophy, values, and principles; the core components of the model; core activities associated with each core component; and practical assessments of fidelity (Fixsen, Blase, Metz, and Van Dyke, 2013). Well-defined programs allow organizations to build supports and hospitable environments necessary to promote and sustain practitioner competence and confidence.

One of the key components of any program model is a clear description of what the practitioners do to implement the model. In the case of HPNC, we have characterized the program officer’s role along the following dimensions:

- The philosophy, values, and principles that underlie HPNC. These guide the program officers’ decisions and evaluations and ensure consistency, integrity, and sustainable effort across all HPNC counties.
- The temporal, developmental, or iterative phases of the work that frame sets of activities that can then stage reflection for next steps, and their connections to the milestones or objectives to be accomplished (“How do we know the HPNC is working?”).
- Clear description of the essential functions that define the role of the HPNC program officer and inform activities within each phase of work. Essential functions provide a clear description of the features that must be present to say that this is the role of an HPNC program officer rather than a traditional

program officer role. (“Essential functions” sometimes are called core components, active ingredients, or practice elements.)

- Operational definitions of the essential functions. Practice profiles describe the core activities associated with each essential function of the HPNC program officer; allow the program officer’s role to be teachable, learnable, and doable across a range of community and network contexts; and promote functional consistency across program officers at the county level. (“Profiles” sometimes are called innovation configurations [Hall and Hord, 2006.]

Practice profiles have several benefits for HPNC program officers:

- They provide a fully operationalized practice model for engaging and supporting HPNC counties.
- They facilitate the development of effective training protocols, coaching strategies, and staff performance assessments for HPNC program officers.
- They refine the organizational and systems supports the Kate B. Reynolds Charitable Trust will need to install to facilitate consistent and effective practice across the HPNC program officers.
- They promote the use of continuous-improvement strategies and data-driven decision making as essential functions and activities of the HPNC practice model are tested in interactions with county stakeholders.
- They increase the replicability of the HPNC practice model across a range of settings and contexts.
- They inform ongoing strategic planning efforts to inform next steps, and leverage resources that can advance what program officers are trying to accomplish with counties.
- They ensure that outputs and outcomes as they relate to expected county milestones can be accurately interpreted.

### Philosophical Principles

The HPNC Program Officer (PO) Practice Profile begins with the philosophical principles that apply to all phases and functions of the POs’ work and provide guidance for all decisions and evaluations across HPNC counties. It continues with the essential functions and core activities that define the role of the PO. These principles, functions, and activities apply to all phases of the work. Taken together, these dimensions of the PO profile enable the role of the PO to be teachable, learnable, and doable across a range of community and network contexts, and promote functional consistency across POs at the county level.

#### Philosophical Principles (These apply to all phases of the work and essential functions.)

**Reflective Practice:** Intent on self-awareness, POs regularly assess and seek to understand how their personal characteristics, values, and assumptions influence their interactions with local actors in HPNC counties. POs examine “what works” in terms of PO roles and strategies in the counties, and connect what they are learning to best practices, theory, and conceptual frameworks for effective place-based grantmaking.

**Context Specific:** POs explore programs with counties as appropriate to and consistent with the local context, health issues, and resources. The Trust and POs ensure that grants and resources are tailored to the local context rather than allocated according to a formula or payout target.

**Strength Based:** POs focus on and facilitate people and communities to build on their resources, skills, and assets to come together, plan for, implement, and affect positive change. POs trigger local actors to new ways of thinking to address challenges and build community capacities to think and do creatively in the presence of often tremendous need.

**Culturally Informed:** POs inquire with openness, and listen and interact with counties without making assumptions. POs respect and learn from the counties’ unique characteristics, histories, and strengths, and bring this understanding of “their story” into subsequent county interactions and activities.

**Community Driven:** POs support a process in HPNC counties that empowers counties to take initiative and play a leadership role in defining and addressing issues that affect them. POs support counties in recognizing strategic issues through an emergent process of exploration, conversation, and analysis. POs ask probing questions, but refrain from telling local actors what goals they should adopt or strategies they should select.

**Philosophical Principles** (These apply to all phases of the work and essential functions.) (continued)

**Collaborative:** POs establish and maintain interactive, mutually beneficial, and well-defined relationships with county partners to achieve the goals of the HPNC. The POs learn alongside the HPNC counties and evolve strategies to meet the needs and opportunities presented by the counties.

**Inclusive/Shared Power:** The Trust and POs interact with counties in ways that reflect the core belief that power should be shared within the community. POs are mindful of the wisdom and experience at the local level, and stimulate conversations with and seek input from a diverse set of established and emergent leaders, including those who, despite varied levels of power, have a strong stake in decisions, and those who represent different community sectors.

**Decentralized, Dynamic, and Emergent:** Instead of formal or centralized processes, the Trust and POs take a dynamic and developmental approach to HPNC planning, programming, and funding. Strategies used by POs are flexible and emergent, ebb and flow easily, and adjust to county needs. Existing coalitions and processes that are inclusive, strategic, and demonstrate movement toward tangible outcomes may be supported.

**Impact Focused:** The Trust and POs focus on creating impact and value in the HPNC counties. Strategies used by the POs focus on improving the capacity and performance of HPNC counties, ensuring superior performance in the health arena, and improving measurable health outcomes.

**Phases**

The Healthy Places North Carolina Program Officer Practice Profile describes the three-phase approach that POs carry out to support communities in achieving their health goals. While not a linear process (POs may revisit activities as needs emerge), certain levels and progress of work (e.g., brokering connections) may be required before moving into others (e.g., facilitating networks). Within each phase are a set of core approaches that POs apply with local actors and organizations to achieve county milestones and facilitate communities' readiness to move to the next phase of the work.

In Phase 1, POs explore the HPNC counties focused on gathering information, analyzing data, forming relationships, and discovering/characterizing the situation. During Phase 2, POs initiate action, prompting and facilitating local actors to think and act differently, facilitating networks, cross-sector collaboration, and problem solving. In Phase 3, POs learn together with local actors and networks to develop new, effective, and comprehensive projects and strategies. While foundations discuss the importance of partnership with local communities they fund, the power balance in the funder-grantee relationship exists. In the HPNC, it is expected that the power dynamic will be reduced by advances in trust, relationships, and partnership that are made in the first two phases of the work.

As POs move through phases of the change process, their activities are also guided by a set of HPNC milestones – signs that the HPNC is “working in the counties”: changes in individual actors; relationships and networks; organizational capacity; programs, projects, and activities; and community context. These milestones may be applicable during each phase of the work and may evolve as progress is made. For example, seed projects and activities may be followed by bigger, more strategic projects and, finally, coordinated, higher-level projects as the work advances. Additionally, relationships may begin with individual people and organizations and grow into networks as trust, ideas, and mutual goals emerge. As the HPNC progresses, it will be important to identify specific indicators of each milestone within each of the three phases to outline progression of the work and to clarify even further what POs are trying to accomplish with local actors. The PO Practice Profile frames a set of essential functions of the work under the three phases.



The Practice Profile guides POs' overall work in phase-based activities and in ongoing testing of the expected linkages between functions and the achievement of county milestones:

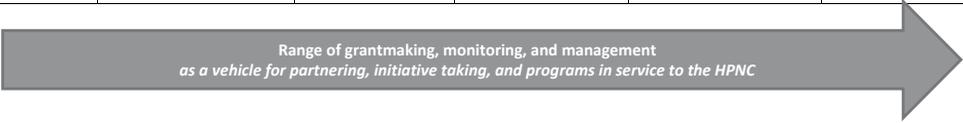
- *Guides phase-based work.* The three-phase approach aids POs in identifying which phase they are working in with a particular group of local actors. It helps POs determine the readiness of local actors or organizations to move forward to a subsequent phase, or, when conditions or readiness are absent, barriers that need attention in order for progress to occur. Such issues might also serve to frame a kind of “pro and con” analysis for POs to consider the timing and selection of certain technical resources to leverage for strategic planning and local action.
- *Links core functions to county-level changes.* As POs enact and document the specific essential functions they use with local actors in the community, linkages can be tested between these core functions and the achievement of expected county milestones that are also based on phases of the work.

It should be noted that essential functions listed as part of a particular phase are not exclusive to that phase.

While POs may emphasize certain essential functions during particular phases, it is assumed that POs will continue attention to previous functions as they begin to test out and apply others in subsequent phases and activities.

### Essential Functions Guided by Phases

PHASES	1 – EXPLORE		2 – INITIATE ACTION		3 – LEARN TOGETHER
	<i>Forming relationships with people and organizations; gathering information, analyzing data, and discovering/characterizing the situation</i>		<i>Prompting and facilitating local actors to think and act differently together; facilitating networks and cross-sector collaboration; problem-solving</i>		<i>Working closely and openly with local actors to develop more effective and comprehensive projects and strategies</i>
MILESTONES <i>(indicators of results, benefits)</i>	Changes in Individual Actors Relationships & Networks		Relationships & Networks Organizational Capacity Programs, Projects, & Activities		Relationships & Networks Organizational Capacity Programs, Projects, & Activities Community Context
CORE FUNCTIONS	Active Listening Building & Managing Relationships Communication Power Analysis Brokering Connections		Facilitating Networks & Collaboration Strategic Analysis & Problem Solving		Strategic Analysis & Problem Solving Questioning & Advising
	Critical Thinking <i>(in phase)</i>	Critical Thinking <i>(between phases)</i>	Critical Thinking <i>(in phase)</i>	Critical Thinking <i>(between phases)</i>	Critical Thinking <i>(in phase)</i>



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#### Phase 1: Explore

The focus of HPNC POs in the “explore” phase is to engage a wide range of local actors in a wide range of conversations, to form relationships with people and organizations, and to diagnose local situations. Through such conversations and meetings, POs will become “visible” in the counties and serve an “activating” role; POs will broker new relationships and connections with county people and organizations across sectors and lines of divisions. The use of data to guide decision-making is introduced in Phase 1 through a County Health Rankings and Roadmaps session for local actors. Essential functions for Phase 1 include active listening; building and managing relationships; communication; power analysis; and brokering connections.



Essential Functions	Core Activities
<p><b>1. Active listening.</b> POs listen to obtain information, understand, and learn. POs make a conscious effort to not only hear the words someone is saying, but to understand their “message” and “story.”</p>	<ul style="list-style-type: none"> <li>• During one-on-one meetings, POs speak 20% of the time; community stakeholders speak 80% of the time.</li> <li>• POs provide feedback on what they’ve heard through paraphrasing, such as “What I hear you saying is ....”</li> <li>• POs defer judgment on what they are hearing until they have a fuller understanding of context and perspectives.</li> <li>• “Storytelling” is valued by time spent in the field listening to community stakeholders, especially those on the periphery of leadership.</li> <li>• POs learn about the community with the community.</li> </ul>
<p><b>2. Building &amp; managing relationships.</b> POs will cultivate and develop diverse, authentic, respectful, trusting relationships with community residents and key stakeholders, especially among a diverse set of established and emergent leaders, and those who, despite varied levels of power, have a strong stake in decisions. POs also work with these leaders to facilitate lifting up the voice of community members and consumers of services. POs also seek to understand power dynamics and apply this knowledge to effective relationships.</p>	<ul style="list-style-type: none"> <li>• The Kate B. Reynolds Trust engages counties through mutual selection activities and invitations to participate.</li> <li>• POs identify informal leaders in the community and seek to cultivate trust through one-on-one meetings.</li> <li>• POs acknowledge community assets.</li> <li>• POs acknowledge discomfort in new and emergent conversations.</li> <li>• Over time, POs demonstrate authentic relationships with local actors through critical reflection with each other.</li> </ul>
<p><b>3. Communication.</b> POs will be the primary messenger of the HPNC’s vision, goals, and agenda. POs will work to effectively send and receive information regarding HPNC progress, goals, and expectations within the appropriate local context both to provide information and respond to community needs. POs facilitate delivering “audience based” communication, serving as respectful and authentic translators of HPNC goals and decision points with local actors, extenders, partners, and key stakeholder groups.</p>	<ul style="list-style-type: none"> <li>• POs work with and assist the Trust’s communications director to prepare written and verbal communications to share with local actors.</li> <li>• POs coordinate the timing and content of communication with the communications director.</li> <li>• POs gather feedback from local actors to validate and strengthen communications.</li> <li>• POs identify local barriers to or complications with effective communication and work with the Trust’s communication directors to resolve these challenges.</li> </ul>
<p><b>4. Power analysis.</b> POs will continually and frequently seek to clarify and understand a county’s power structure and identify people and places of influence and power, especially related to issues of race/ethnicity and economic disparities. POs also work with a diverse set of established and emergent leaders, and those who, despite varied levels of power, have a strong stake in decisions at hand to facilitate lifting up the voice of community members and consumers of services.</p>	<ul style="list-style-type: none"> <li>• During one-on-one and group meetings, POs will identify self-interests, constituencies, and connections among local actors and organizations as much as possible.</li> <li>• POs will track who in the county has “observable decision-making power,” the “ability to set a political agenda,” and the “ability to shape a meeting.”</li> <li>• As POs map the power “sources,” they will identify opportunities for collaboration and facilitate the inclusion of nontraditional partners.</li> <li>• POs will use results from the county power analysis to assess how particular strategies can be employed to ensure HPNC goals are met.</li> </ul>
<p><b>5. Brokering connections.</b> POs help individuals and organizations connect to other individuals and organizations and resources (ideas, knowledge, and data) where there might be some mutual benefit. POs also will serve as connectors to other funders when appropriate.</p>	<ul style="list-style-type: none"> <li>• POs will serve as “connectors” between existing organizations as well as in the development of new organizations by connecting key local actors.</li> <li>• POs will determine when to broker new relationships (and eventually networks of people and organizations) by understanding how these individuals and organizations might mutually benefit from working together, assisting organizations to see mutual benefits, and generating synergy to achieve the goals of the HPNC.</li> <li>• POs will, when appropriate, serve as connectors between organizations and other potential funders.</li> </ul>

**Phase 2: Initiate Action**

The focus of the POs in the “initiate action” phase is on networks and initial infrastructure. POs will continue to build and manage relationships, but with particular attention to networking and cross-sector collaboration for mutual benefit. POs will seek to build the capacity of organizations and to increase problem solving and leadership skills among local organizations so that an initial infrastructure and county leadership for facilitating networks emerge. With attention to milestones, POs will also consider how to leverage other resources in service to the kind of Trust-funded projects aimed for in the next phase. When appropriate, POs will connect with intermediaries and other funders to support counties’ efforts to improve health outcomes. In addition to attention on those functions carried out in Phase 1, essential functions for Phase 2 include facilitating networks & collaboration and strategic analysis & problem solving.



Essential Functions	Core Activities
<p><b>6. Facilitating networks &amp; collaboration.</b> POs will connect local actors and organizations to think and act differently together to facilitate the “initial infrastructure” for the HPNC. Emergent networks of local actors and organizations will represent a diverse set of established and emergent leaders, including those who, despite varied levels of power, have a strong stake in decisions at hand, and those who represent different community sectors. POs will connect internal and external resources that build on local resources, skills, and assets to come together, plan, implement, and effect positive change and improvement for a common purpose.</p>	<ul style="list-style-type: none"> <li>• POs will begin to follow up with, join, and convene local actors and organizations that have the potential to serve as an infrastructure to move the HPNC to the next level (e.g., using data to select strategies).</li> <li>• POs will activate new connections, leaders, and approaches for local actors to work together to solve community problems.</li> <li>• POs will assist groups of local actors through a continuum of activities – including exchanging information, sharing resources, and enhancing the capacity of others – for mutual benefit.</li> <li>• POs look for threads of connections across organizations and small groups of organizations.</li> <li>• POs offer ideas, then wait and see what local actors pick up. POs play out scenarios, then see what gains traction at the local level.</li> </ul>
<p><b>7. Strategic analysis &amp; problem solving.</b> POs will engage in feedback cycles with local actors for understanding and improvement (“learning while doing”). POs will extend critical-thinking skills into understanding and defining problems and their complexity, and assisting counties to generate, evaluate, and select from alternatives. In doing so, POs will set in motion new thinking and behaviors that ultimately translate into more effective and comprehensive health strategies and a more health-promoting culture.</p>	<ul style="list-style-type: none"> <li>• POs will support counties to clarify and prioritize next steps.</li> <li>• POs will use formal problem-solving methods (e.g., PDSA).</li> <li>• POs will engage in regular, ongoing feedback loops with counties to learn from their experiences and deepen and broaden the work.</li> <li>• POs will identify and highlight opportunities, alternatives, and early wins.</li> <li>• POs will seek to build the capacity of local actors to identify and solve health problems and to design and implement programs and policies that advance community health.</li> <li>• POs will activate local actors to take more initiative in solving problems.</li> <li>• POs will use data generated from ongoing power analyses to develop strategies to address challenges related to county power structures.</li> </ul>

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**Phase 3: Learn Together**

The focus of the POs in the “learn together” phase is on developing comprehensive and effective projects and strategies and building momentum and continuous improvement on the part of local actors. The HPNC POs will continue to build and manage relationships and facilitate networks, but with particular attention to developing collaborative and comprehensive proposals and funded programs with support from the Trust and, potentially, other sources. As relationships with local actors may also shift from networking to funded programs, the PO may also evolve into an advisor role for continuous learning to achieve broader and extended impact. In addition to attention on those functions carried out in Phases 1 and 2, an essential function for Phase 3 is questioning & advising.



Essential Functions	Core Activities
<p><b>7. Strategic analysis &amp; problem solving (continued)</b> [ongoing, enhanced]. POs will work with local actors to explore opportunities to expand the “health” space and design high-impact work. These activities may include exploring alternative yet relevant partners (e.g., urban planning). In doing so, POs will stimulate and set into motion new, effective thinking and behaviors that ultimately translate into effective, comprehensive action for a more health-promoting community and culture across the county.</p>	<ul style="list-style-type: none"> <li>• Similar activities as noted in previous phase, but with enhanced and broader attention to expanded networks and partnering for larger, longer-term, high-leverage projects.</li> </ul>
<p><b>8. Questioning &amp; advising.</b> POs will continue regular, ongoing interactions with counties to ask probing questions of local actors and organizations with whom they interact, while not imposing their viewpoint. As these interactions and exchanges focus on funded programs and looking ahead with grantees and other partners to a comprehensive county health strategy, POs may move into the role of advisor and colleague, working with counties to critically explore strategic focus and impact. Doing so may address both programmatic and organizational themes related to strengthening comprehensive projects and strategies.</p>	<ul style="list-style-type: none"> <li>• POs will advise counties through both proactive/ assertive and responsive methods.</li> <li>• POs will raise questions to engage in dialogue and check for understanding upon conversation (mutual receptivity to feedback).</li> <li>• POs may seek to identify an organization to manage local work (programmatically) and provide a degree of accountability for grants.</li> <li>• POs provide constructive feedback that inspires and supports counties to move their ideas into actionable strategies that focus on impact.</li> <li>• POs look for and encourage local actors and networks to make mid-course corrections in keeping with the strategic focus for change.</li> <li>• POs will facilitate learning among and across grantees for strategic focus and to enhance impact.</li> </ul>

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**Bridging Functions Across Phases**

Critical thinking and grantmaking are “bridging” functions that inform work within and across phases. In terms of critical thinking, during the “explore” phase, POs may ask themselves, “What am I learning about strengths and opportunities among leaders and organizations? What are some priority points of contact that might leverage opportunities for next steps?” Additionally, between exploring and initiating action, POs may ask themselves, “What connections to technical resources can I make to help move local actors to action?” In terms of grantmaking, POs will use grantmaking for different purposes across the three phases. During the early phases, for example, grantmaking provides an opportunity to identify key actors and communicate expectations and principles associated with the HPNC; in later phases, grantmaking can be used to leverage comprehensive projects that address pressing health problems.



Essential Functions	Core Activities
<p><b>9. Critical thinking.</b> POs will explore diverse elements involved in a situation, examine assumptions and make conscious choices, evaluate evidence and interpret data to make informed decisions, understand context, and facilitate the use of tailored and appropriate support to help counties.</p>	<ul style="list-style-type: none"> <li>• POs gather information, recognize technical and adaptive challenges, prioritize next steps, distinguish content from process issues, interpret data, gauge strengths and opportunities, and consider alternative approaches.</li> <li>• POs use data to help counties solve problems, facilitate learning, assess accomplishments, draw conclusions, and further test the generalizability of particular strategies.</li> </ul>
<p><b>10. Grantmaking, management, &amp; monitoring.</b> The Trust and POs use a range of grantmaking to support health-improvement programming, and serve as a vehicle to stimulate partnering, initiative taking, and programs in service to the HPNC. POs are leveraging relationships and ideas, not grants per se, as the resources for change cannot be leveraged effectively without buy-in and innovative, strategic ideas from local actors.</p> <p>Timing is situational, and grantmaking will build on community thinking and strategic momentum. Early awards will yield bigger, more strategic projects that yield coordinated, high-leverage programs and activities for an overall, comprehensive strategy to improve community health. Grantmaking will be aligned with the expectation that comprehensive health improvement strategies take time to evolve and that investments in initial partnering/project ideas will help to identify key leverage points for other strategizing at the county level and the Trust’s longer-term investment. POs will guide HPNC counties in their understanding of and application for funds, work with consultants to address county needs and add value to the initiative, and monitor active grants in the counties.</p>	<ul style="list-style-type: none"> <li>• POs use grantmaking to engage a range of partners in activities and projects with a common purpose and potential for mutual benefit.</li> <li>• During early phases, POs use grantmaking as a means of establishing a presence, identifying key actors, building relationships and capacities (e.g., leadership), and communicating HPNC’s expectations and principles.</li> <li>• In later phases, POs use grantmaking to leverage projects that address fundamental determinants of the county’s pressing health problems.</li> <li>• As appropriate, POs encourage proposals for selected evidence-based programs; POs also connect local actors to other funding sources and opportunities related to but possibly outside of Trust domains.</li> <li>• POs clarify funding parameters/procedures and provide preproposal technical assistance to those seeking to submit proposals.</li> <li>• In light of identified needs (e.g., implementation, evaluation), POs also connect funded HPNC grantees to outsourced technical assistance and capacity-building providers of the Trust.</li> <li>• POs facilitate learning among and across grantees at all stages of grantmaking to enhance strategic focus and enhance impact.</li> </ul>

IMPLEMENTATION SCIENCE

### **Link to Strategic Planning and Field Leadership**

As POs interact with and reflect on interactions with local actors, such reflections (on both progress and barriers) should occasion and inform ongoing strategic-planning efforts to guide next steps and leverage resources that can advance what POs are trying to accomplish with counties.

Additionally, and more broadly, POs will work with the support of Trust leadership to strengthen the platform internally and to engage others and help align interests in ways that can support the HPNC initiative and health outcomes in Tier 1 counties in North Carolina. These activities will enhance the credibility of the HPNC initiative on a national stage.

### **Other Players**

While the purpose of the Practice Profile is to outline core functions of the HPNC POs, it is expected that other individuals or organizations may serve "partner," "extender," or "intermediary" roles in supporting, or at times advancing, the implementation of these functions when deemed appropriate by POs and Trust leadership. Criteria for engaging and selecting extenders or intermediaries will be developed and included as an addendum to this Practice Profile.