Appendix - Program Officer Practice Profile - Using Implementation Science to Translate Foundation Strategy

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Using Implementation Science to Translate Foundation Strategy

Allison Metz, Ph.D., University of North Carolina, and Douglas Easterling, Ph.D., Wake Forest School of Medicine

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

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.

**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.
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.

### Phases

**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.

**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.

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**Explore**

**Initiate Action**

**Learn Together**
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

<table>
<thead>
<tr>
<th>PHASES</th>
<th>1 – EXPLORE</th>
<th>2 – INITIATE ACTION</th>
<th>3 – LEARN TOGETHER</th>
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<tbody>
<tr>
<td>MILESTONES</td>
<td>Changes in Individual Actors, Relationships &amp; Networks</td>
<td>Relationships &amp; Networks, Organizational Capacity Programs, Projects, &amp; Activities</td>
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<tr>
<td>CORE FUNCTIONS</td>
<td>Active Listening, Building &amp; Managing Relationships, Communication, Power Analysis, Brokering Connections</td>
<td>Facilitating Networks &amp; Collaboration, Strategic Analysis &amp; Problem Solving</td>
<td>Strategic Analysis &amp; Problem Solving, Questioning &amp; Advising</td>
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<td>Critical Thinking</td>
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*Range of grantmaking, monitoring, and management as a vehicle for partnering, initiative taking, and programs in service to the HPNC*

### 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.
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<th>Essential Functions</th>
<th>Core Activities</th>
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</table>
| **1. Active listening.** 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." | • During one-on-one meetings, POs speak 20% of the time; community stakeholders speak 80% of the time.  
• POs provide feedback on what they’ve heard through paraphrasing, such as “What I hear you saying is ...”  
• 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.  
• POs learn about the community with the community. |
| **2. Building & managing relationships.** 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. | • The Kate B. Reynolds Trust engages counties through mutual selection activities and invitations to participate.  
• POs identify informal leaders in the community and seek to cultivate trust through one-on-one meetings.  
• POs acknowledge community assets.  
• POs acknowledge discomfort in new and emergent conversations.  
• Over time, POs demonstrate authentic relationships with local actors through critical reflection with each other. |
| **3. Communication.** 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. | • POs work with and assist the Trust’s communications director to prepare written and verbal communications to share with local actors.  
• POs coordinate the timing and content of communication with the communications director.  
• POs gather feedback from local actors to validate and strengthen communications.  
• POs identify local barriers to or complications with effective communication and work with the Trust’s communication directors to resolve these challenges. |
| **4. Power analysis.** 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. | • During one-on-one and group meetings, POs will identify self-interests, constituencies, and connections among local actors and organizations as much as possible.  
• 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.”  
• As POs map the power “sources,” they will identify opportunities for collaboration and facilitate the inclusion of nontraditional partners.  
• POs will use results from the county power analysis to assess how particular strategies can be employed to ensure HPNC goals are met. |
| **5. Brokering connections.** 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. | • POs will serve as “connectors” between existing organizations as well as in the development of new organizations by connecting key local actors.  
• 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.  
• POs will, when appropriate, serve as connectors between organizations and other potential funders. |
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.

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<tr>
<td><strong>6. Facilitating networks &amp; collaboration.</strong> 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.</td>
<td>• 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). • POs will activate new connections, leaders, and approaches for local actors to work together to solve community problems. • 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. • POs look for threads of connections across organizations and small groups of organizations. • 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.</td>
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<td><strong>7. Strategic analysis &amp; problem solving.</strong> 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.</td>
<td>• POs will support counties to clarify and prioritize next steps. • POs will use formal problem-solving methods (e.g., PDSA). • POs will engage in regular, ongoing feedback loops with counties to learn from their experiences and deepen and broaden the work. • POs will identify and highlight opportunities, alternatives, and early wins. • 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. • POs will activate local actors to take more initiative in solving problems. • POs will use data generated from ongoing power analyses to develop strategies to address challenges related to county power structures.</td>
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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.

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<td><strong>7. Strategic analysis &amp; problem solving (continued)</strong> [ongoing, enhanced]. POs will work with local actors to explore opportunities to expand the &quot;health&quot; 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.</td>
<td>• 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.</td>
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<td><strong>8. Questioning &amp; advising.</strong> 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.</td>
<td>• POs will advise counties through both proactive/ assertive and responsive methods. • POs will raise questions to engage in dialogue and check for understanding upon conversation (mutual receptivity to feedback). • POs may seek to identify an organization to manage local work (programmatically) and provide a degree of accountability for grants. • POs provide constructive feedback that inspires and supports counties to move their ideas into actionable strategies that focus on impact. • POs look for and encourage local actors and networks to make mid-course corrections in keeping with the strategic focus for change. • POs will facilitate learning among and across grantees for strategic focus and to enhance impact.</td>
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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.

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<td>9. Critical thinking</td>
<td>• 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.</td>
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<tr>
<td>10. Grantmaking, management, &amp; monitoring</td>
<td>• POs use grantmaking to engage a range of partners in activities and projects with a common purpose and potential for mutual benefit.</td>
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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.

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.

• POs use grantmaking to engage a range of partners in activities and projects with a common purpose and potential for mutual benefit.

• POs use grantmaking to engage a range of partners in activities and projects with a common purpose and potential for mutual benefit.

• 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.

• POs clarify funding parameters/procedures and provide preproposal technical assistance to those seeking to submit proposals.

• 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.

• POs facilitate learning among and across grantees at all stages of grantmaking to enhance strategic focus and enhance impact.
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.