

# Framing Implementation

chapter  
ONE

**B**y April 2014, Sandra Martinez, manager at Connect with Health Colorado, could finally stop to breathe and reflect on the events of the previous year.<sup>1</sup> The federal Affordable Care Act (ACA) was a major change in public policy (see box 1.1), and her organization, a nonprofit formed by the legislature to implement the state's health care insurance marketplace, was at the center stage of Colorado's efforts to get the first wave of citizens enrolled. While in late 2013 public and national media attention reached fever pitch when operational challenges threatened the federal insurance website marketplace, Colorado was not caught in that controversy. Because it was one of the seventeen states that elected to operate its own insurance exchange, she and other leaders in the state's public, nonprofit, and private health organizations focused their attention on other important implementation activities. There had been some delays in the state-run enrollment process, largely because of the state's effort to sign up as many people as eligible into Medicaid to reduce citizens' expenses. Yet a sizable number had completed an application, some drawing on the support of navigators contracted to provide individual support in making insurance selections.

## Box 1.1

### Overview of National Health Care Reform

Lauded by some as the most significant social welfare law passed in the United States for half a century, the signing of the Patient Protection and Affordable Care Act by President Obama in March 2010 set into motion a complex series of events. Termed "Obamacare" by political adversaries, the law's goals focused

*(continued)*

(Continued)

on increasing the quality and affordability of health insurance, decreasing the number of uninsured Americans, and reducing health care costs. Implementation of some features began immediately, but political controversy and legal challenges created initial uncertainty for states as they considered how to craft their own health care policy in relation to federal action. When the Supreme Court ruled the act constitutional in June 2012, states began deciding which of the many options offered in the act they would pursue. For example, states had the option of expanding the Medicaid program to provide more affordable insurance for low-income people, creating health care marketplaces or exchanges to help individuals and small employers purchase private insurance, or making changes to existing state-based health programs. Other states chose to let the federal default options take effect.

Like other states, Colorado had established the Connect with Health exchange as a quasi-governmental agency, governed by a legislatively appointed board representing a range of stakeholders to oversee the program's direction and ensure public accountability. They had convened working groups to establish the plans and strategies of implementation focused on health care plans, disadvantaged communities, small businesses, and consumer services. Other groups in the state raised funds from private sources to investigate models for consumer support and public education. Martinez, along with some members from these work groups, participated in a number of national events and networks funded by private foundations that brought together state leaders to share the strategies being used to resolve implementation challenges. She found these efforts invaluable; they provided a neutral learning place and valuable information that helped improve decision making.

The need for health care reform in Colorado was high. Compared to other states, a large number of uninsured children and adults either had no health care or paid high out-of-pocket expenses.<sup>2</sup> In 2011, the governor had signed into law the state's policy authorizing Medicaid expansion<sup>3</sup> and the development of the insurance exchange. As in other states, eligibility for support was tied to income eligibility: the lowest-income citizens accessed health insurance through expansions in Medicaid, another group was eligible for tax credits to decrease out-of-pocket costs, and others could now access insurance through an unsubsidized marketplace benefiting from group-negotiated insurance terms. But

in May 2013, following the lead of the Colorado Health Foundation, the governor also declared a goal of making the state the healthiest in the nation, raising the urgency and political salience of the issue in the state. Over the previous year, there had been an unprecedented number of public-private initiatives focused on the governor's goals of promoting prevention and wellness, improving service coordination, and making operational changes in payment and information technology. And while sometimes tensions had erupted between state leaders about the pace and consequence of the changes, the network between major organizations had held together.

The Colorado Department of Health Care Policy and Financing played an important role in the state as the agency that authorized many of the public programs. The department's managers, such as Maurice Brown, entered into the contracts with the ten insurance plans advertising on the Connect with Health Colorado website. Accountable to the federal Department of Health and Human Services, ACA activities were significantly influenced by the department's years of experience administering Medicaid, Medicare, and the Children's Health Insurance Program. The new policy also fit solidly into the organization's new articulated mission of improving health care access and outcomes for citizens while demonstrating sound stewardship of financial resources. Managers had developed six organizational goals, including strategies to improve services and align communication, technology, and staffing. The overarching intent was to transform the health care system from a traditional fee-for-service model into a regional outcomes-focused coordinated system of care. The ACA programs were included in this larger structure promoted by the department, although compared with his peers, Maurice was more extensively involved with external groups such as Connect with Health, the Colorado Health Foundation, and other implementation working groups because of the policy's visibility.

While the policy had an impact on many organizations that interacted with citizens—health insurance companies and co-ops, health providers that now processed bills for fewer uninsured people, mental health practices that now faced economic pressure to join larger groups to ease billing—the agencies providing outreach to disadvantaged groups were particularly important in the first few years because of the law's goal to enroll the uninsured. Informed by research conducted by a coalition of consumer advocates, the state contracted with public health and community-based agencies to provide exchange navigation, education, and support about the various insurance options. In original discussions, some exchange

planners had believed it would operate like the travel website Travelocity, which allows easy comparison among various options. Yet the unveiling of Connect with Health Colorado revealed that enrolling in health care insurance is much more complex than booking an airline flight. At one time there were over sixty-five policies to choose among, and managers like Noah Manning soon discovered that enrollment assistance took considerably more time than what his organization had originally budgeted.

The face-to-face work fell to the cadre of navigators and health advocates who provided enrollment counseling. Yet at the front lines, the dynamics were complex. On the one hand, while navigators such as Cynthia Wang provided information for free to low-income citizens, other certified health advocates received commissions for their services. And consumers' needs were complex, often requiring individualized assistance. Cynthia had to remind some people to save documentation of expenses to qualify for tax credits at the end of the year. For others, after they had received their insurance cards, she coached them on how to find and use the health care, which many had been putting off for years. Outside of the metropolitan areas, this task was even more challenging because of the limited numbers of clinics and hospitals in many communities. As Cynthia sat with people, she heard each story in turn—the recently laid-off construction worker who couldn't afford the insurance fees, the elderly retail worker whose employer had joined the exchange but offered inadequate coverage for his needs, the disabled veteran who had a difficult time driving the long distances to get her regular checkups.

From each of their positions, Sandra, Maurice, Noah, and Cynthia face certain issues that must be resolved in the process of implementing the ACA. While resolving ideological debates among large institutions might seem quite different from responding to customers' confusion, these issues are interconnected. One level directly influences the implementation tasks and results at another; the Connect with Health Colorado working groups create the plans and online forms that the frontline navigators like Cynthia must fill out. The lessons Noah learned about work flow in outreach agencies are relevant to objectives articulated by the Department of Health Care Policy and Financing. The first policy implementation scholars described this reality as the “complexity of joint action” and, because of it, subtitled their book “why it is amazing that federal programs work at all.”<sup>4</sup>

In this book focusing on policy and program implementation, we are more optimistic. We believe the more that people like Sandra, Maurice, Noah, and Cynthia recognize their interdependence and have ways for talking about

and analyzing the complex implementation system they are part of, the more likely that policy and program implementation can help deliver desired results. However, this vision depends on implementers recognizing their essential roles in these systems. It requires professionals who will work hard to cultivate the analytical and social skills necessary to understand and intervene in complex systems. It requires courage to acknowledge ambiguity and still take action, particularly seizing opportunities to work across the multiple levels of the system.

In our understanding, implementation is a form of policy practice, distinct from yet influenced by policy debate. It is centrally important to democratic governance. And in its complexity, it can be both fascinating and challenging—solving one problem can reveal another layer needing to be addressed. In this book, we invite you to engage in the endeavor of studying implementation. Be curious about implementation dynamics, develop new conceptual language, and cultivate skills that will help you resolve the implementation quandaries you encounter. Throughout, keep in mind that while your actions are merely one part of the larger system's dynamics, sometimes small interventions can improve whole system operation. Opportunities present themselves, often in unexpected ways, to better align an implementation system toward improving public value results.

## EXPLORING POLICY AND PROGRAM IMPLEMENTATION

Implementation issues appear in less-dramatic gestures than the passage of major health care reform. In fact, when any new program or idea for an initiative is shared, practical questions about implementation often follow right behind. How do we take these mandates and make them real in our state? How do we pull together the right people to respond to the large foundation's request for proposal? When a grant proposal is funded, how do we empower the program managers to develop procedures and training for staff? While we both recognize the urgency of these questions, we also believe that it is important to understand each question in its larger, systemic context. The first step in developing this ability is to internalize helpful lessons from social science that provide new ideas and consistent language for your analysis.

By definition, policy and program implementation is complex. The issues that make their way into the public arena are significant, the solutions illusive. Energy conservation, affordable and adequate housing, educational effectiveness—all are desirable goals that require changes in personal, market, and organizational

behavior to attain. Very few policies or programs designed to achieve such goals are self-implementing. And yet the means, the *how* of developing these solutions, is often quite illusive. Merely acting from organizational or professional interests does little to create integrative solutions that foster collective action across boundaries to advance the common good.

This process is made more challenging because, as in Colorado's ACA example, much of policy and program implementation devolves from the central government. Around the world, traditional public bureaucracies directly provide fewer services than they used to, depending instead on private organizations under contracts, grants, or subsidies to deliver public services. The diversity of organizations and varied government tools in use raises the substantive importance of improving implementation, but it is not easy. Public sector managers, accustomed to focusing their attention on how best to navigate bureaucratic structures and legislative oversight, must acknowledge how much of policy implementation falls outside the direct control of publicly employed staff. They must cultivate skills of network management, such as facilitation and negotiation, to work effectively in implementation systems. Private business and nonprofit managers, accustomed to acting on narrow conceptions of their organizational bottom line or interests, must recognize the significance of their involvement in public service provision. They must recognize the legitimacy of public accountability and yield some autonomy to be part of larger solutions to public problems. Both must reorient themselves away from organizational interests toward attention to the policy or program target population, to understanding their behaviors, motivations, and concerns. Teachers, police officers, unemployment insurance clerks and doctors must recognize how their daily decisions—decisions to go beyond the formal requirements of their job in responding to students, citizens, and needy patients—often become the face of public policy.

It is common for public managers, private and nonprofit leaders, and direct service professionals to complain that target groups often do not follow policy or program requirements; they often fail to act in ways that designers intend. This disconnect between systems operation and target group behaviors is a fundamental challenge in most implementation projects. Yet seeking to understand the way such behavior is indeed logical by attending to the actual motivations and realities of these target groups is often essential for orienting what implementation improvements should address.

Compared to previous political science and public affairs scholarship, our notion of policy and program implementation grows more directly from sociology and organizational theories. As we discuss in chapter 2, many other scholars anchor implementation on policy intent or the characteristics of a particular legislative statute.<sup>5</sup> In this conception, policy implementation is focused on trying to bring the ideas of formal policy into reality. Policy implementation is viewed as the activities carried out by various institutions and implementers in pursuit of adherence to formal public policy and laws. As proponents of a government-centered, top-down approach to implementation, Dan Mazmanian and Paul Sabatier state, “Implementation is the carrying out of a basic policy decision, usually incorporated in a statute but which can also take the form of important executive orders or court decisions.”<sup>6</sup> From this understanding, program implementation follows linearly from policy implementation. Implementers, county or regional governments or local service organizations, try to interpret and integrate policy directions into their ongoing operations through specific programs; they are a necessary component of policy implementation, operating at a smaller, more localized scale.

But this linear relationship does not hold. Many times national policy is created after the documented impact from programmatic innovation at state or local levels. Kindergarten, electrical smart grid, HIV/AIDS services, and countless other examples evolved in this way. These programmatic ideas can be described, evaluated, assessed by others, and adopted by other states before national legislation is forthcoming. As a result, we join other scholars in challenging how policy implementation is often described in textbooks, as a stage in the policy process that comes after policy adoption.<sup>7</sup>

Instead, we define effective implementation as deliberate, institutionally sanctioned change motivated by a policy or program oriented toward creating public value results on purpose. When implementation is successful, it becomes incorporated in everyday work and part of standard operating procedures. Effective implementation is deliberate because it involves conscious design, planning, and assessment of what occurs. Effective implementation also is institutionally sanctioned, backed by political authority and a pragmatic understanding of reasonable actions within the operational constraints of the setting. Yet effective implementation is focused on change, introducing new or modifying existing patterns of actions. But many times the process of change proceeds in unexpected ways. There are a number of important indicators of implementation effectiveness.

When successful, policy and program implementation creates public value by enabling collective impact beyond the narrow self-interest of any particular actor or institution.<sup>8</sup> When policy and program implementation is successful, what once was new and foreign becomes incorporated in everyday work, with the requisite resources necessary to sustain the change in behavior among program implementers. When successful, implementation also helps achieve changes in the target group as imagined by policymakers or program developers.

Rather than assuming a linear relationship between policy and program implementation, we understand implementation as a process of change occurring, sometimes simultaneously and in contrary directions, at different scales within a complex system.<sup>9</sup> It happens in a context where often there are already established ways of working. Said another way, it rarely happens on a clean slate. As a result, policy and program implementation requires continuous and intentional learning about changes focused on publicly desired results. And it raises significant questions: What is significant about a context that shapes change? How can changes yield publicly desired outcomes and minimize unintended consequences? How can others be engaged so that what was once new or threatening can be integrated into daily practices and operations? To help us begin to provide answers, we harvest insights from social science theory and research to ground us in concepts important to developing more skill in implementation practice. But there is also mystery in implementation, much like a gardener feels when watching spring flowers emerge from the ground. There is a social dimension to this type of policy practice that operates in unpredictable and sometimes awe-inspiring ways. To be effective, actors must cultivate subtle social skills that engage others in being part of the change.

## DEFINING IMPLEMENTATION EFFECTIVENESS

To carry out programs successfully, it is essential for implementers to have a clear sense of the results desired to help shape implementation activities. But often it is difficult to narrow down the possible options. One can easily ask, “Desired results according to whom, and for what purpose?” However, just because desired results are often subjective it does not imply that anything goes. While this is not true for all implementation more generally (such as the implementation of a new technology in a private corporation), policy and program implementation systems normatively should ultimately create public value. It is what justifies the



change that is being attempted—change that tries to counteract the tendency in large systems for inaction and drift.

But pursuing outcomes in line with public value requires explicit consideration of the public consensus regarding how a program ought to be carried out and the desired changes that should result.<sup>10</sup> Sometimes this public consensus is documented through democratic processes, in policy or legislative intent. As described in chapter 2, classic implementation scholars described effectiveness as whether the implementation achieved the policy intent. But many times, the formal policy intent is unclear or lacking altogether. When present, policy or program statements often identify large-scale desired results. For example, for the ACA, three results were articulated by national law: expanding health coverage to 25 million Americans by 2023, lowering costs and increasing benefits for consumers, and incentivizing quality and innovation in our health care system. While laudable, each is vast and difficult to use to anchor the numerous implementation decisions being carried out in the states and localities. It is well established that in public programs, definitions of effectiveness vary dramatically because of political differences, competing vantage points, and multiple goals.<sup>11</sup> Desired results often are left intentionally vague in formal policy statements not only to provide political cover, but also to allow localized interpretations and evaluations of effectiveness. In fact, many scholars note the irony that what is good for implementation—clear assignment of responsibilities, specification of change processes, and clear outcomes—is often very bad for politics.<sup>12</sup>

But public values explicitly extend beyond conventional notions of efficiency and effectiveness.<sup>13</sup> One can look to other sources beyond the formal policy to reflect public value consensus regarding a particular program, such as nonprofit membership associations within a certain policy area or accrediting bodies that define quality practices in a field.<sup>14</sup> In her research on mortgage lending, Stephanie has often found that institutions in the local community can be a stronger influence on public value outcomes than formal legislative policies.<sup>15</sup> And policy field and organizational actors can initiate processes of citizen engagement where members of the public are convened to provide feedback about desired activities and results.<sup>16</sup> Indeed, an important first-order task for implementation is to specify the desired outcomes given the formal policies and other assessments of public consensus in a particular policy area.

But what outcomes are important? As others have argued,<sup>17</sup> often people interested in public policy tend to ignore administrative and organizational processes

and pay little attention to how the operations of programs significantly shape desired outcomes among target groups. In this frame, significant policy outcomes emerge from the alteration of individual, economic, or social factors—and the interventions designed to address these factors—rather than through interactions with the system delivering the policy. However, people interested in organizational management often focus their attention on improving the quality of work or attending to staff motivation, and identifying structures that facilitate coordination or manage the complexities of the agency’s environment. To the extent that policy outcomes are considered, it is primarily about performance measurement and assessment of organizational outcomes. The risk, of course, is that management undertaken without awareness of desired changes in the target population may or may not achieve the ultimate policy and program outcomes.

As the title of this book suggests, we strongly believe that effective implementation requires integrating these policy and management mind-sets, leading us to realize that the multiple indicators for defining implementation effectiveness must be acknowledged. A multidimensional notion of effectiveness is also consistent with scholars’ recognition that public policies and programs have multiple constituencies, often with their own assessment of what should result.<sup>18</sup> It is also consistent with the notion that the manner in which a service is delivered directly shapes how target groups engage with the intervention offered.<sup>19</sup> As illustrated in table 1.1, effective policy and program implementation entails changes in both system operations and the target population.

As suggested in our definition of implementation, we are concerned with two types of ultimate outcomes: integration of the change into system operations and

	<b>Process Quality Results</b>	<b>Ultimate Outcomes</b>
Change in systems operations	Quality of program delivery	Integration of program processes into daily operations
Change in target groups	Target group satisfaction and engagement with the program	Desired change in the behaviors or conditions of the target group

desired change in the target group, in either target group behaviors or conditions. When systems change at the policy field, organization, or frontline levels, the new ideas and practices of the policy or program become integrated into standard operating procedures. They are institutionalized, no longer seen as new or “other” but as part of the way work is accomplished. This is one important outcome of implementation. However, a change in the conditions or behaviors of those targeted by the initiative is also essential; most often, the desire for this type of change motivated policymakers or program developers in the first place.

In addition to the ultimate change in the system or target population, we also suggest that quality is an integral result, including both the quality of the operational work environment and the quality of interactions with the target population. Sometimes these results are referred to in policy circles as a type of output, but we believe this underscores their significance in implementation practice. For public goods and services, quality is often difficult to measure. It is much easier to assess the quality of a consumer’s hotel experience than to evaluate the quality of nursing home services provided to a patient with Alzheimer’s disease. However, this is the very reason that quality is an important result for assessing the implementation of public services.<sup>20</sup> If our only goal for putting grandma in a nursing home is to increase her safety so she is less likely to fall, wander off, or otherwise hurt herself, then it doesn’t matter if this is accomplished through sedatives or repeated interactions with nursing home staff. But most of us also care about the quality of engagement for grandma and hope that she is treated with dignity and respect. Hence, quality matters in implementation; it ensures that we attend as much to the means of public service delivery as the ends.

In policy and program implementation, we also care about not only the quality of the user experience (e.g., grandma in the nursing home), but also the quality of the work environment (e.g., the experiences of the nurse or social worker providing services). Normatively, this is linked to public service values.<sup>21</sup> Often public and nonprofit sector workers are paid less than private sector counterparts; yet it is believed the commitment to the public purpose brings intrinsic rather than extrinsic rewards because of their motivation toward the public good. Employee satisfaction and individual mastery also helps realize intrinsic rewards, and research suggests the quality of the work environment affects the extent to which change is successfully integrated within an organization.<sup>22</sup> Satisfied employees also improve the quality of citizens’ experiences with the policy and program. Thus, the indicators of implementation effectiveness are not independent factors

but rather steps that are significant in the ultimate goal of altering the conditions or behavior of groups targeted by the policy or program. We return to these ideas in chapter 8, where we discuss how such indicators of effectiveness provide an anchor to focus your own activities in improving implementation systems.

## UNPACKING IMPLEMENTATION SYSTEMS

As we will see in chapter 2, implementation is a topic that has eluded simple explanations and modeling. In part, this is because of how much variation there is in the substantive concerns of public policy and programs. Implementing health care reform is quite different from implementing new requirements for smart appliances that use less electricity; implementing emergency food programs for the needy is quite different from implementing a national security mission. While the specific details of implementation vary widely, some elements are consistent across settings, which form the foundation of a more general understanding of the implementation process. We introduce these concepts here and probe them in more detail in chapters 2 and 3.

First, policy and program implementation occurs at different levels within a system. As with the illustration of Colorado's health care reform implementation, certain activities occur at the policy field level, where institutions craft and develop understandings and resources about the most effective way of carrying out policy and program objectives. At this level, many organizations are involved, such as government agencies, nonprofit associations, research groups, and foundations. Other types of implementation activities occur within the bounds of organizations. For policy and program implementation, two types of organizations are particularly significant: those, such as the Colorado Department of Health Care Policy and Financing, that authorize policies and programs through administration and those, such as Noah Manning's exchange navigation agency, that provide direct services. At this level, organizations operationalize the policy or program parameters into daily practice, often in relation to prior organizational experiences or competencies. The final level within the implementation system is the front lines, where the targets of the policy or program interact with the policy system or staff, such as Cynthia Wang. At this level, individual and collective identities are salient as staff and target groups negotiate their understandings and application of general program parameters to particular situations. These levels operate simultaneously within the same state context, within the same implementation system.

Sometimes, as is true in many other complex systems dynamics, they operate in competing directions.<sup>23</sup>

Second, to frame effective implementation practice, we have found it helpful to think of the settings found at these levels as *strategic action fields*. We find this helpful because while the specific details of people, programs, or power are unique to each context, strategic action field theory helps us recognize and analyze social processes that transcend particular contexts. Actors in a setting have shared knowledge about each other and a general understanding about their purpose, the relationships within it, and the spoken and unspoken rules.<sup>24</sup> Said more simply, people in the policy or program area share a common understanding about the task at hand, the relationships they have with each other, and the taken-for-granted assumptions of that setting. In the Colorado health reform illustration, while Sandra Martinez certainly had to address unique challenges and access different resources at the policy field level than Noah Manning or Cynthia Wang did within their organizations or working with clients, each operated within a strategic action field. Within each context, although the particulars differed, the social process of assembling resources and the authority to make change is consistent.

There are common dimensions of strategic action fields that can facilitate a more general understanding of processes across settings and levels in an implementation system. For one, all implementation settings are organized around a core set of program technologies that field members understand are being used. The central question in implementation is: How do we create desired change in the target population? We use the term *program technology* to refer to the means adopted to make such change. While often technology is understood as the hardware and software now shaping so many social interactions, technology has a broader definition within organizational sciences, referring to the full range of activities used to transform inputs into outputs or outcomes.<sup>25</sup> Inputs, often conceptualized as raw materials, can be people, other living things, material resources, objects, or symbols. Similarly, outputs can take many different forms. Technology is the full range of activities used to make a change. It is what we do to get the outcomes we want. At its most basic, policy and program implementation is concerned with accomplishing an effective program technology, of developing the means to accomplish desired ends. While there might be challenges about the validity of the means and debates about the ends, actors understand what is going on and what is at stake. Program technology processes are often represented

through flowcharts, logic models, or process diagrams illustrating how activities are logically aligned into steps.

Second, within implementation contexts, there is always variation in power. In analyzing implementation contexts, we explore a critical question: How are resources and authority distributed and coordinated to induce actors to participate in the program? Various people and institutions have different abilities to make things happen. Both formal and informal authority structures shape each setting, and people working within it have a general understanding of the power distribution. There are formal manifestations of power, such as rules, contracts, and performance terms, and understanding how these forces directly shape implementation is one part of analysis of strategic action fields.

Third, there are informal influences that shape action, including shared understandings of what is possible and considered legitimate. Culture is the symbolic dimension of social action, the way a group makes sense of what is taking place. In analyzing implementation settings, we explore the question: How are meaning and commitment to the program cultivated? A strong culture creates shared understanding of what to do and how it should be done. It provides a collective interpretation of the problems to be solved, definitions of success and failure along the way, and the value assigned to what results. Getting people to work together toward a common goal is not just about formal inducements such as paychecks and contracts but also about shared commitment (or lack thereof) to the task at hand. By attending to culture in implementation systems, we are explicitly directing our attention to commitment as a powerful motivator. Thus, part of the work of effective implementation is cultivating commitment to the process.

Many strategic action fields exist within the implementation system for a particular policy or program.<sup>26</sup> Just as there are multiple fields within Colorado, there are distinct strategic action fields in other states. Neighboring Kansas and Nebraska decided not to develop their own state-based health care marketplace. As a result, the fall 2013 challenges with the federal HealthCare.gov online enrollment were a problem they needed to contend with; in addition, the choices their state leadership made by not claiming their state's expansion to the Medicaid programs changed implementation tasks. But beyond these large-scale decisions, other distinctions are significant for implementation. There are different health systems, large employers, and consumer groups involved in negotiation about the terms of implementation in each state. In Kansas, different service-providing organizations are integrating the new program with their existing operating procedures than in

Nebraska or Colorado. In each place, community-based navigators and citizens suddenly able to access health insurance for the first time interact with the structures developed at other levels of the implementation system.

So a third assumption of our approach is that while these strategic action fields might be related, they are still bounded as implementation contexts. Conventionally many policy implementation scholars assumed that formal policy parameters create the bounds around which implementation will take place. By contrast, our approach suggests that the strategic action fields operating at each level of the system create the boundaries around implementation—both constraining and enabling what is seen to be possible in the implementation process. Certainly formal policies and legislation are one component of strategic action fields. However, there are other constraints that emerge from other forces. Sometimes they are human factors, for example, in the mind-set of coworkers or organizational decision makers. Yet what is so interesting is that in other strategic action fields, a similar mind-set would not be significant enough to impede change. At other times, these constraints are material resources, such as limited facilities, finances, or information technology systems. But again, it often is not the objective amount of resources that is deterministic but rather the way it is understood and addressed within a particular context. As such, the meaning and significance of important factors in implementation—the understanding of them as constraints or opportunities—emerge from how the strategic action field is bounded.

Finally, our approach implies that to improve implementation practice, one must understand and seek to influence activities happening at different levels throughout the implementation system. In scholarly terminology, this is a problem referred to as collective action. Sociologist Carl May writes, “This problem of collective, coordinated and cooperative social action is the pivot upon which implementation . . . must turn.”<sup>27</sup> Collective action—getting groups of individuals at different places in a system to apply themselves to a consistent direction of change—is at the heart of the matter. Implementation requires that actors engage each other in change processes so that ultimately, that which was old becomes established in daily routines. Perhaps it is applying a funding mechanism that creates different incentives for private organizations; creating a new program that better engages participants; or adopting a coaching program that reinforces an evidence-based mental health program. While the specific tactics and activities

undertaken differ, the process of change requires collective action within and across the strategic action fields found in the whole implementation system.

As we will see in chapter 2, the existing research on policy and program implementation irrefutably documents its complexity. Yet our theoretically and empirically grounded approach helps professionals more effectively understand, navigate, and shape the process. To lay the foundation for a more in-depth exploration of the historical foundation of our approach and the dynamics within strategic action fields, it is useful to first investigate the various levels of scale found in implementation systems, introducing an awareness of implementation practice at these levels. We then conclude this chapter with an overview of two cases that we use throughout the rest of this book to bring the analysis to life.

### Understanding Scale

We are not the first to suggest the importance of investigating implementation processes at multiple levels.<sup>28</sup> Such an approach, though, is particularly important in countries like the United States and in the European Union that have dense policy domains where multiple government, private business, and nonprofit agencies are already engaged in policy formation and public service provision. Rather than naively thinking that a new policy or program idea can be implemented as initially envisioned, our approach invites inquiry, learning about existing conditions within the implementation system, and considering the nature of the implementation challenges one might face. Certain implementation activities occur at the policy field level, and others unfold at the organization or frontline levels; certain types of challenges and possible solutions present themselves as well. Said another way, there are different levels in an implementation system that influence both the scope of problems and solutions, as well as the observed results. Strategic action fields operate at each level, and each requires the cultivation of particular strategic actions at different scales.

The notion of scale here is important. Think about gardening. It is clear that gardeners use different knowledge and tools to address problems, depending on their scale. When wanting to make significant alterations at her home, a gardener will hire a landscape architect to assess the naturally existing contours of the plot, recommend grading, and bring in bulldozers and backhoe loaders to create tiered beds or patios. Together they will look at what is possible given the existing shade trees and buildings, possibly laying brick for a new walkway or retaining wall. But when she wants to actually grow the plants, she needs to change scale and focus on



the bed in front of her. She must select plants based on what already exists, looking at color and texture, and use a shovel or trowel. She might add some accent rocks or mulch to keep down the weeds, or work to ensure that the bed's edging doesn't get too weedy throughout the growing season. Yet the garden is fundamentally composed of plants and blossoms; ensuring their health requires working at yet another scale. Watering cans, pruning shears, antifungal treatments: all become important tools in helping to nurture healthy growth. A master gardener can work at one of these scales, while always remembering that changes at one level affect the other and, ultimately, the final result.

For those not metaphorically inclined, employment and training programs funded by the federal and state government provide a policy example. These programs are often carried out by local nonprofit organizations, accountable to local workforce development boards. Yet what directly shapes these service organizations' work are both federal rules and historically defined institutional roles within the policy field. Foundation-supported advocacy organizations might host conferences where good ideas can be shared and reinforced for adoption in the field. Particular organizations develop expertise working with certain populations, and some secure philanthropic dollars for low-income worker advancement programs not currently supported in federal or state law. As a result, some organizations develop more holistic service models, while others struggle to deliver basic service. Frontline practices such as competition or service referrals further influence program delivery because they shape both what clients receive and how neighboring nonprofits operate. These factors are all significant in the system and its results.

*Policy fields* are bounded networks among organizations carrying out a substantive policy or program in a particular place. In any jurisdiction, there is a potential pool of organizations composed of public agencies, interest or industry groups, professional associations, nonprofit service providers, or others that might participate in implementation because of their expertise or interests. When an institution actively engages in the policy field, it brings with it money, information, program knowledge, and other resources. These forces flow between organizations and create a structure that can shift and change as the tasks and issues of implementation shift over time. Thus, while the structure of the field is shaped by the form of public funding and availability of private resources, it is not determined by them. As a strategic action field, policy field structures and processes emerge from the

interactions of people working within these institutions through their successes, partnerships, and battles over turf.

At the policy field level within implementation systems, certain implementation tasks are carried out. The various actors assemble policy tools and implementation resources that they believe are necessary for carrying out the program technology. Their interactions create the structure of the field. These interactions often involve significant negotiations because field actors come to implementation tasks with distinct understandings of the policy problem and potential solutions. However, it is through these negotiations—and how they reconcile differences in authority, culture, and resources—that the elements of program technology are set.

Many organizations exist within a policy field. Delving into the processes of certain key organizations is critical to understanding and improving policy and program implementation. Some organizations authorize the policy or program. Often this can be a state or regional public agency empowered through legislative authority to administer public programs. But private foundations that invest significant resources into a field can also play the role of authorizer, particularly in fields with limited public investment. Other organizations provide the public service. Their work directly influences the target population: the clients, citizens, or beneficiaries of the program. Although there are distinct roles, both authorizing and service organizations devise the program rules and structures enacted in implementation. They integrate ideas and opportunities from the field, either leveraging or ignoring the constraints and resources present.

At this scale, organizational actors attempt to reconcile the policy or program directives with existing organizational imperatives. They integrate these signals into existing organizational processes and expertise. The way this occurs is directly influenced by the sources of authority and culture within the organization, as well as the resources that exist or can be generated. All are combined to create the enacted program structure, the definitions of activities, and assignment of resources invested to carry out the program.

With our orientation to changes in target group behavior, the front lines of implementation systems are the final scale we see as critical. At this level, the system interacts directly with the target population to carry out the program. It is where larger directives are applied to particular situations. Sometimes the front lines involve face-to-face interactions between staff and the target group: think delivery of education, mental health counseling, or vocational rehabilitation.

Other times, the system and target group interact through other means, such as online registration for camping or call centers about Medicare claims. The decisions made at other levels in the implementation system about the contours of the program technology, as well as the professionalism and norms shared among staff and type of engagement required from the target group, all influence what occurs at this level.

One of the most troubling aspects of how policy and program implementation is often studied is how little attention is paid to understanding target groups' perspectives and behaviors.<sup>29</sup> Although public and private organizations frame problems, develop policies and program ideas, and attempt to implement them, the target group members themselves are often key problem solvers.<sup>30</sup> Whether they are drug users, students, ill elderly, or parents, the groups being targeted by the program or policy are the people who need to change in order for the intervention to be a success. The front lines are where the program is enacted for target group members. The decisions made by individual staff about how to carry out their work, or the ways in which the computer-based processes are assembled, facilitate or frustrate how target group members experience the public policy or program. At this level, public resources are delivered to real people who bring their own preferences and limitations to the task. They also assess quality and express feedback, either overtly or inadvertently.

Table 1.2 summarizes the key implementation activities accomplished at each level in an implementation system. It highlights the analytical focus, key roles, and types of implementation activities accomplished across any policy or program content area. In part 2, we explore each of these levels in detail and illustrate the more general concepts through our own analysis of two policy programs with which we are familiar.

### **Implementation as Policy Practice**

With the devolution of much policy and program implementation from central government, we believe that people interested in improving policy and program implementation must learn about the various levels within these complex systems. Too often people believe policy activities are restricted to those advancing political positions or organizational interests during policy debates. Yet people with diverse job titles are involved in implementation: executive directors, board members, contract managers, program directors, funders, teachers, counselors, and volunteers. Whether they recognize it or not, they are all involved in implementation,



**Table 1.2**  
**Multiple Levels of the Implementation System**

Level	Focus of Analysis at This Level	Key Role at This Level	Work Accomplished at This Level
Policy field	Bounded networks among organizations carrying out a substantive policy and program area in a particular place	Assemble policy tools and implementation resources; create field structure	Problems and solutions are negotiated; authority and resources are mobilized; coordinating structures are selected
Organization	Authorizing and service organizations that devise the program rules and structure	Integrate program with existing organizational processes; create program structure	Program is operationalized with defined activities; resources are secured and assigned to deliver program
Front lines	Workers or interfaces that directly interact with the target population to carry out the program	Enact program for target group; facilitate target group interactions with program	Resources and services are delivered; assessments of quality occur

and they all have a role in policy practice. In this book, we are inviting people in these diverse roles (or those aspiring to assume these types of roles in the future) to embrace, as one part of their professional identity, their abilities to affect policy outcomes through implementation.

In table 1.3 we summarize principles to keep in mind as you build your awareness of your own implementation practice and cultivate its effectiveness. It begins by understanding the larger systemic context of your work. Implementation activities are diverse: working with a network of agencies, replicating a new mental health service model, crafting new training programs for public health workers, or





**Table 1.3**  
**Principles for Cultivating Effective Implementation Practice**

Know the context where you can affect change: the participants and resources, sources of power, and cultural values.

Unpack the core program (viable options, logic of change, and coordination), and identify changes to bring about public value results.

Confront the technical and adaptive challenges necessary to create change, applying analytical inquiry and social skill.

monitoring factories' compliance with health standards. Effective implementation requires people with many more diverse skills and orientations. As we will see, there are many different positions within implementation systems, many distinct actors playing different roles. Knowledge of the policy or program area and the target population attempting to be reached is essential. But so are tactical and managerial skills that allow one—regardless of official position—to mobilize resources and make change.

We have seen many managers, leaders, and staff spending considerable time complaining about conditions in the implementation system about which they can do little. State administrators blame the competing priorities of service providing organizations; frontline workers blame economic factors or lack of political support for their endeavor. They try to apply a tool that is inappropriate for the implementation problem they are confronting. We see these actors as suffering from *scale error*, a term from developmental psychology. In experiments, children introduced to a tool, such as a hammer, will try to use that same tool even when the physical task is altered. Much like these children, policy and program implementers regularly try to use tools that are familiar or ones they have seen other colleagues deploy regardless of the particular needs of the situation at hand. Improving implementation requires recognition and prevention of scale error.

As we walk through our multilevel understanding of implementation systems, we will dive into the social dynamics of each setting, emphasizing the unique elements of each strategic action field. This is because implementation practice occurs in a particular setting, often where you work or find yourself in the system. What needs to occur to implement the ACA at Connect with Health Colorado is



different from careful explanations frontline staff must do with people signing up for their health insurance for the first time. Integrating the legislative priorities of the ACA into the strategic planning process of the Department of Health Care Policy and Financing is substantively different from the task of creating feasible staff assignments for exchange navigators in the service agency. Implementers must focus on improving implementation appropriate to the scale at which they work.

Significant impact can come from people who can operate effectively across levels and settings. These professionals are strategic in negotiating the power dynamics in the Department of Health Care Policy and Financing so that consistent rules and reporting requirements can be passed to service organizations. They position themselves as expert frontline workers who can provide formal testimony or informal information about frontline interactions with new insurers to the Connect with Health advisory committees. So while we focus on improving your understanding of differentiated levels within complex systems, we do not mean to imply that these levels are isolated from each other. As we will discuss in chapter 3, they are embedded and the boundaries between them are porous.

Second, our approach in this book bucks popular trends in management for a one-size-fits-all approach that tries to simplify the tasks, diverting attention away from the complex social processes at the heart of implementation, with the promise of more simplistic quick fixes. One management trend, called results-based accountability or “new public management,” advocates not attending to implementation details at all. Significantly influenced by a private sector business orientation to financial results, advocates of this approach direct policymakers to merely specify results and trust that others will figure out the means. In this view, a shared focus on results will cause various implementers to select the appropriate technology needed to achieve the results—the details will work themselves out. While we certainly agree that performance measures and results-based management can be useful tools for improving implementation practice, many studies now document that they alone do not ensure effective change; measures can be merely used symbolically.<sup>31</sup> Other visible policy initiatives, such as the No Child Left Behind education reform, document that not understanding the means by which results are being pursued or providing inadequate resources to do so will create many unintended and detrimental consequences for implementation systems.<sup>32</sup> Understanding the means through which desired change is attempted in the target population – what we call the “core program”—and tending to the unintended

consequences to bring about public value results is the central work of implementation.

The third principle for effective implementation practice requires confronting both technical and adaptive challenges, using inquiry into what is known and subtle social skill to engage others in determining what is not known. In some policy domains, there is a countervailing trend to results-based accountability that focuses on selecting program technology grounded in research evidence, evidence-based programs, or empirically supported treatments. In fact, as we will describe in the next chapter, a whole field of research called implementation science focuses on improving adoption and diffusion of such interventions by generating evidence about what activities have an impact on outcomes. Similarly, there has been a rise of small-scale randomized control trials to perfect technology in pursuit of cost-effective interventions. Federal and state governments are enthusiastically investing in research that makes such microadjustments in program technology to explore the impact on results and how to apply these findings in other settings.

We certainly support the use of research-based evidence to inform implementation activities; it is a large part of what motivates this book. However, we think it is shortsighted to reduce the application to merely perfecting program technology. Significant evidence documents that adoption of evidence-based interventions or behaviorally sound wording is not automatic. What is picked up is often a result of the skill of social actors within the particular setting, working with the power and values present to introduce technological elements that are viable while engaging others in participating in the suggested solution. In this book, we integrate research that helps us make sense of this process, attending to the social dynamics that occur in the strategic action fields that comprise implementation systems.

In coming to understand implementation as pragmatic policy practice, we have been influenced by many people who share our concern with professional problem solving. Nobel laureate Herbert A. Simon's *Science of the Artificial* established the idea that professions (in fields such as architecture, engineering, and management) share an essential trait: problem solving, or what he described as converting existing conditions into preferred ones. Eugene Bardach spent years at the Goldman School of Public Policy at the University of California Berkeley exploring how effective leaders develop practices that are influenced both by their context and what they are trying to accomplish.<sup>33</sup> Donald Schön, a professor at MIT, conducted extensive studies showing how practitioners think in action.<sup>34</sup> These three

scholars share a common insight that we fully embrace here: professional effectiveness involves being able to describe a specific context, understand why it comes to operate that way, and act purposively using technical and social knowledge to solve problems. A multilevel framework for implementation analysis helps one to describe the context. Theories of social process, like strategic action fields, allow one to analytically explain what is occurring, and see patterns and underlying mechanisms that transcend the particular situation. When brought into use in a particular setting, this type of analysis opens the way for more skillful resolution of complex challenges. Said another way, it helps you understand who acts where, doing what, and how, and suggests what you might do to change those circumstances.

### **BRINGING THE ANALYSIS TO LIFE**

Implementation practice is fundamentally about attending to details—about getting them right in order to make the change in your context. To help inspire your own analysis and illustrate our general concepts, we focus on particular illustrations of program implementation throughout part 2 of this book. We selected these examples because they are ones we know well from our own areas of expertise and experience. Both of us have worked at the frontline, organizational, and policy field levels of these implementation systems; our tacit knowledge of these levels helps us understand important implementation details. But, significantly, these examples are smaller initiatives than the monumental ACA. They evolved out of collective efforts to respond to public problems.

We suggest that the best way to learn to do implementation analysis is to pick a policy or program area of your own. It can be a large federal policy like the ACA or something more modest such as a targeted program or state-based initiative. Applying the steps in our analysis to an actual case will illuminate the potential for this analysis to point the way to more effective and strategic practice; the appendixes at the end of this book provide tools that allow you to easily translate the ideas of this analysis and apply them to your own cases.

The Hardest Hit Fund (HHF) was a program undertaken to respond to the foreclosure crisis of the Great Recession, an outgrowth of the Troubled Asset Relief Program (TARP). As box 1.2 describes, it concentrated on assistance to eighteen states particularly hard hit by the crisis, enabling them to offer mortgage assistance to unemployed or underemployed homeowners at risk of foreclosure. It is



a redistributive program, reallocating resources from the government to assist homeowners in need.<sup>35</sup> The Quality Rating and Improvement System (QRS) is a program designed to improve early childhood education settings. As box 1.3 describes, rather than being initiated by the federal government, the program idea has spread from its initial development in Oklahoma in 1998 to forty-three states currently running pilot, regional, or statewide programs, with another six in planning stages.<sup>36</sup> QRS is a regulatory program, using a voluntary process to assess early childhood setting quality so as to improve services and provide information to parents.

### **Box 1.2**

#### **Introduction to the Hardest Hit Fund Program**

The US financial crisis of 2007–2008 has been labeled the worst financial crisis since the Great Depression of the 1930s.<sup>a</sup> The crisis resulted in failures or near failures of some of the largest financial institutions in the country and led to record levels of unemployment and foreclosures for individual households.<sup>b</sup> The federal government stepped in with various initiatives to stem the potential collapse of financial markets, stabilize housing markets, and boost the economy. One of these initiatives was the Troubled Asset Relief Program, also known as TARP, administered by the US Department of Treasury.<sup>c</sup> The Hardest Hit Fund (HHF) program was one of the foreclosure prevention initiatives under TARP.

The HHF initiative was in part a response to previous federal foreclosure initiatives that fell short of expectations. While prior programs provided federal funding for mortgage assistance, the funds flowed through private lenders that determined borrower eligibility. Among other barriers, capacity and compliance issues with private lenders limited the success of these programs. The HHF program provided a new vehicle, state housing finance agencies (HFAs), to deliver assistance directly to homeowners.

Beginning in 2010, the US Department of Treasury allocated federal funds to states deemed to be hardest hit by the foreclosure crisis through the HHF program. Eighteen eligible states, including Ohio, received a total allocation of \$7.6 billion under the HHF initiative.<sup>d</sup> The program required states to target funds to unemployed or underemployed homeowners, thereby serving a growing (critical) population of potentially distressed homeowners.<sup>e</sup> In each state, HFAs worked within federal guidelines to tailor their programs to the needs of homeowners in their individual states. While states had discretion in how they designed their programs, most structured their programs to provide mortgage assistance to homeowners through participating private lenders. Ohio

*(continued)*



(Continued)

was awarded \$570.4 million under HHF, the third largest allocation among the eighteen states.

- a. Miguel Almunia, Agustin Benetrix, Barry Eichengreen, Kevin H. O'Rourke, and Gisela Rua, "From Great Depression to Great Credit Crisis: Similarities, Differences and Lessons," *Economic Policy* 25, no. 62 (2010): 219–65.
- b. Michael D. Hurd and Susann Rohwedder, *Effects of the Financial Crisis and Great Recession on American Households* (Washington, DC: National Bureau of Economic Research, 2010).
- c. For more information, see the most recent financial report on TARP: [http://www.treasury.gov/initiatives/financial-stability/reports/Documents/AFR\\_FY2013\\_TARP-12-11-13\\_Final.pdf](http://www.treasury.gov/initiatives/financial-stability/reports/Documents/AFR_FY2013_TARP-12-11-13_Final.pdf).
- d. Much of the background information about the program is from the information on the program website: <http://www.treasury.gov/initiatives/financial-stability/TARP-Programs/housing/hhf/Pages/default.aspx>.
- e. SIGTARP report 2012: [http://www.sig tarp.gov/audit%20reports/sigtarp\\_hhf\\_audit.pdf](http://www.sig tarp.gov/audit%20reports/sigtarp_hhf_audit.pdf).

### Box 1.3

#### Introduction to the Quality Rating and Improvement Systems Program

Quality Rating and Improvement Systems (QRS) are programs adopted by states to bolster the quality of early childhood programs and improve parental access to high-quality services for their children. The supply of quality early childhood education is not provided by typical market dynamics, rather public provision of service is targeted through subsidies for low-income parents and their children. The QRS program provides parents with information about the early childhood education services and creates incentives for service providers to improve their quality through tying access to quality improvements or subsidy payments to higher ratings. Stated another way, it is a systemic approach to assess, improve, and communicate the level of quality in early childhood education programs. As such it is part of creating, as one report noted, "a decision support data system"<sup>a</sup> for early childhood education and is a programmatic strategy for solving a long-standing problem of market misalignment in early childhood education.

Early childhood education is largely a state-based public service. While private national accreditation and national Head Start program rules exist to define quality settings, the majority of settings are not covered by these requirements. State governments also have licensing systems, which establish



the basic floor of health and safety for regulated settings.<sup>b</sup> QRSs are a means for states to assess setting quality, tie public investments to incentivizing quality improvement, and offer parents a way to access information about quality ratings of early education settings.

Between 1998 and 2005, ten states adopted the program and fourteen others, including Minnesota, embarked on planning. Virtually all offer QRS as a voluntary system for providers, and in those settings, about 30 percent of providers participate.<sup>c</sup> As of 2010, twenty-six states had implemented QRS, with others under development.<sup>d</sup> As is true for most other state-based education programs, there is significant variation in implementation across the states.

- 
- a. Kathryn Tout and K. Maxwell, "Quality Rating and Improvement Systems: Achieving the Promise for Programs, Parents, Children and Early Childhood Systems," *The Quest for Quality: Promising Innovations for Early Childhood Programs*, ed. P. W. Wesley and V. Buisse (Baltimore, MD: Brookes Publishing, 2010).
  - b. A portion of the early childhood education market is provided by legally unregulated providers, such as family, friends, and neighbors, who care for small numbers of children. If the children's parents are eligible for subsidies, these providers are able to receive public funds.
  - c. Kathryn Tout, personal communication (November 2, 2013).
  - d. An assessment done in February 2014 by the QRIS National Learning Network revealed that forty-five states and territories implemented a statewide, regional, or pilot QRS program, with an additional eight in planning stages. Only Missouri was not pursuing a program.

These two illustrative cases vary on a number of dimensions (see table 1.4): they were initiated at different times and have distinct scopes, they are different policy types and have distinct target populations, and each has distinct desired results. Yet as we will show in part 2, they allow us to discuss the details of implementation in practice and demonstrate how a consistent analytical framework can help uncover the dynamics that are at the heart of the implementation process. The cases help us illustrate how the general dynamics of strategic action fields operate and how a multilevel implementation analysis can proceed. We share them here to show how to undertake such analysis in your own policy or program area, to improve your understanding of implementation and identify points of intervention in your particular system.

We have taken this practical, applied approach because, as practitioners and scholars, we know only too well how difficult it is to understand and act strategically to improve policy and program implementation. We also are inspired to pursue this type of engaged scholarship by colleagues who have worked on these

**Table 1.4**  
**Comparison of Illustrative Cases**

	<b>Hardest Hit Fund (HHF)</b>	<b>Quality Rating and Improvement System (QRS)</b>
<b>Policy domain</b>	Housing	Early childhood education
<b>Initiation</b>	Federal government in response to housing crisis (2010)	State government and diffusion of idea (starting in 1998)
<b>Scope</b>	Eighteen states	Approximately forty-three states
<b>Policy type</b>	Income transfer	Regulatory
<b>Targets</b>	Unemployed and underemployed homeowners	Early child education providers, parents
<b>Service organizations</b>	Nonprofit housing counseling agencies, lenders	Nonprofits supporting quality enhancement in early childhood education sites
<b>Frontline staff</b>	Housing counselors	Coaches
<b>Desired outcomes</b>	Homeowner stability (decrease in foreclosures)	Promotion of quality early childhood settings and enhanced information to consumers

important topics for a long time. As Lawrence O’Toole noted, “To establish as a goal that the field of . . . implementation should be able to assist practitioners does not oblige researchers to develop a single predictive theory which will then be employed by actors in the policy implementation process . . . Just as with other varieties of social science, implementation research can serve practical purposes by highlighting a problem, sensitizing others to it, and calling attention to consistently important clusters of variables and relationships.”<sup>37</sup> This, then, is our intent.

To cultivate effective implementation we want to shine light on the problems confronted in the execution of implementation and sensitize others to them. We begin by recounting, in chapter 2, the three perspectives scholars have taken



to understanding policy and program implementation in the past half-century. Then, in chapter 3, we integrate these perspectives, bringing into focus our approach that explores the social dynamics surrounding the program at the heart of an implementation process. By unpacking the dynamics of strategic action fields found throughout implementation systems, we provide language and concepts that bolster our analysis of the complex process.

In part 2, we explore how implementation works at various levels in an implementation system, providing helpful ways to describe key factors at each level and tools that can be used with others to appreciate the significant elements of implementation decided at that level. In part 3, we begin by illustrating a multi-level implementation analysis through the Hardest Hit Fund and early childhood Quality Rating and Improvement System programs. In this way, you will better understand how to analyze the structure and processes of implementation systems in your own situations.

We finish, in chapter 8, by laying out a practical approach to improving implementation that is possible with a thorough understanding of the system. We also provide helpful tools for improving implementation conditions in your own context. Rather than promoting the notion that implementation conditions should be predicted and controlled, our approach focuses on reflection and analysis to enable more strategic action in particular contexts. Thus, rather than providing a ten-step guide, we enable our readers to see things more clearly and equip them with helpful resources to cultivate their own gardens where public policy and program implementation occurs.



