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Commentary

Planning the last mile first: Making government a stronger purchaser of social and health services through design partnerships

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Abstract

Governments are typically in weak purchaser relationships with social and health service delivery vendors, limiting their ability to shape public solutions to meet the public's needs. To increase their purchasing power, we argue governments should develop design capacities through external partnerships or with embedded units to better shape the options available to them in the service ecosystem. To be successful, social and health policy design will need to effectively anticipate and design around service system infrastructure capacity, appropriate uses of research evidence, and political realities. We note current efforts and initiatives embracing the role of local government as a lead designer for social and health innovation.

Keywords

Government purchasing, research evidence use, policy design, coproduction

Introduction

In a supply chain, "the last mile" refers to the logistics of getting a physical product, such as a toothbrush, to a final location. Delivering a product through the last mile requires detailed planning around local environments: contracting with drivers, mapping driving routes, building shipping warehouses, and so on. Social and health innovations can be presumed to follow a similar process, with the best solutions for public problems being worked out in research and development and retaining their core structure through social service delivery (Beidas et al., 2025). This technocratic view of government is losing purchase as a persuasive political approach (Schneider, 2025) as it centers elite perspectives and drives research focused on describing problems rather than developing solutions (Hogwood & Peters, 1984; Weiss, 1979). An alternative view sees the best political solutions as ones that reflect the accumulated perspectives of the many communities making up the public—in other words, multiple "last miles." In this view, the best solution is more likely to be one that considers this multiplicity and then works backward to a tailored solution with attention to relevant information (e.g., research evidence [Biddle et al., 2025]). Staying with the metaphor, the supply chain in this alternative view does not end with shipping a product to a home; it starts with multiple homes. By examining the destination before developing a product, one may discover that, instead of a toothbrush, what was really needed was a chair. In social and health policy, governments should plan the last mile first.

Unfortunately, governments are often limited in their planning capacity because of their low internal capacity for designing bespoke public solutions. In general, buyers are in weak purchasing relationships when

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they cannot shape the type of service available to them due to low supply or low influence (Greer et al., 2020). Social and health services that governments can purchase through academia or industry are often developed to respond to academic interests rather than public need. Thus, governments aiming to meet the public need must find ways to exert more influence on the how and what of service delivery as a precursor to better policy development.

Integrating design into multiple steps of the purchasing process will, we argue, strengthen governments' capacity to respond to, create, and implement more effective social and health solutions. Design is the practice of improving the functionality and usability of a product through imaginative and integrative methods (Jones, 1992). As a discipline, it is well suited to assisting governments in tackling the multiplicity of views, values, and information in a polity (Kimbell& Bailey, 2017). As governments have strong incentives to practically address emergent public problems, building design capacities inside of or in service of government is likely to yield solutions attentive to public needs. Designers seeking to solve public problems have to distinguish between (and appropriately apply) service delivery, scientific, and political system information (Cairney, 2016). In policy design, delivery system information establishes the parameters of the services that can feasibly be offered in the near term; scientific information assists in ideation and assessment of the likely impact and cost of services; and political information centers the design process in local needs, preferences, and usability. The task of the designer is to align these information sources without blunting a creative response to the public need. We expand on how these sources of information can be used in policy design below.

Delivery System: Government as Infrastructure Purchasers

At practical and symbolic levels, government service purchasing is a powerful lever for solving public problems. While governments use a variety of policy tools to address public issues (e.g., regulations, laws), the purchasing (or not purchasing) of social and health services significantly impacts population health outcomes. For example, in the United States, jail and law enforcement services account for 50% or more of some county budgets, while mental health services account for less than 10% (Horowitz, 2021). This says something important about the public problems these governments consider themselves responsible for, as well as the information and political pressures they are most responsive to.

Understanding the funding and capacity conditions of the operating service delivery infrastructure in any given system is critical for designing effective social and health policies. Unlike construction-focused public projects, in which purchasing services results in something material and nonhuman (e.g., a road), government investment in social and health services requires ongoing commitment in direct services as basic infrastructure. A time-limited investment in capacity-building resources is the method by which the government updates this foundational infrastructure. Understanding the funding authority for local service provision gives the designer information about the constraints and possibilities of new ways of providing services.

It is also important to understand the service delivery sector's capacity for change. When contemplating how to respond to a social or health need, governments can consider updating existing services or recontracting for new services funded within their purview. As political winds shift or as problems become more known, governments may feel pressured to rethink their purchasing priorities as one element of a public response (Kosec & Hyunjung Mo, 2026). The purchasing choices are limited by what the existing services infrastructure is willing to adopt and what alternatives are available for direct services or through training vendors. Poor alignment between purchasing choices and direct service capacity leads to poor implementa-

tion, such as new instructional curricula that are purchased by a school district (capacity-building purchasing) but have low uptake by principals and educators due to their principled disagreement or low capacity for change (service delivery providers) (Huddleston et al., 2025). Understanding current interest and capacity for change helps a designer decide whether to recommend new models and programs or to enact adaptations through existing processes.

Scientific System: Innovation and Research Evidence Use

Scientific or research evidence use is an important element of effective policy design to avoid duplicating mistakes and wasting public dollars. However, policymakers generally struggle to use research evidence to the best effect, which is complicated by supply-side incentives in which vendors of packaged, tested programs can overly simplify the discourse around evidence use in policy by encouraging the purchase of "evidence-based programs" (Oliver & Boaz, 2019; Walker & Aos, 2019). While these packages can be perfectly reasonable options for government purchasing, designing in the public interest requires a broader set of evidence translation methods and solutions. In cases where marketed products are a poor fit for the local context, governments with higher design capacity can commission more tailored solutions.

The evidence-based policymaking movement was particularly influential in Anglophone countries; it grew out of a hope that policymaking could better use the social sciences by listening to scientists about what works and sweeping aside all other concerns viewed as illegitimate by proponents of research evidence use at the time (e.g., politics, ideologies [Parsons, 2002]). It is fair to consider this simplified view of evidence-based policymaking a failure in the sense that its use did not increase public trust in government or lead government toward solutions viewed as uncontroversial by social and health scientists themselves (Baumann, 2010; Vroom & Massey, 2022). This has reopened conversations about complexity in policymaking (Greenhalgh et al., 2023; Sanderson, 2006), challenging the view that the research evidence should precede all other policy development considerations. Applied scientists themselves increasingly acknowledge that certain worldviews and values are necessarily implicated in the development of evidence-based service delivery approaches that do not, and reasonably cannot, reflect the multiplicity of worldviews and values in any given political ecosystem (Cabassa & Baumann, 2013).

An example of how overly simplified views of research evidence use are not optimal in policymaking is illustrated in cost–benefit work conducted in the mid-1990s in Washington state (*Overview of WSIPP's Benefit-Cost Model*). This was a time of high public concern around youth crime, fanned by sensationalist headlines warning of youth "super predators" (Markov, 2024). Responding to public concern, the Washington State Institute of Public Policy was commissioned by the state legislature to conduct an economic comparison of building a new secure correctional facility for youth versus funding local community programs aimed at crime reduction (*Benefit-Cost Findings from WSIPP*, 2015). The resulting analysis pointed to a potentially compelling return on investment for social programs and led to the legislature's decision not to build the correctional facility. This appeared to be a successful case of using research evidence in policymaking in that (a) research evidence informed a decision, and (b) the default option of building another secure facility was not an evidence-supported approach.

However, subsequent research on the community programs funded through the policy found that the programs yielded little to no recidivism benefits and, in some cases, increased the odds of reoffending compared to routine probation (Peterson, 2017). The decision to substitute incarceration with required community prog-

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ramming was largely a political decision, rather than a research-based one. At the time, no research had directly tested the three conditions seen as policy options (incarceration, community program, routine probation); consequently, the policy decision, like most policy decisions, had to extrapolate from the available research. Had this decision been made under a more design-informed process, the discovery period might have identified a broader set of alternatives, confirmed the continued use of routine probation, or implemented adaptable governance mechanisms—potentially leading to more rapid identification of poorly performing services and course corrections. In fact, the courts and their executive branch partners did respond to the follow-up research in a more design-informed fashion, developing a bespoke individual intervention (i-ACT) aimed at reducing the risks for group-based intervention observed in the study while preserving core components of the effective interventions (Juvenile Rehabilitation Administration, 2023).

Uncertainty and gaps in the literature remain the case with most policy decisions as the complexity of local ecosystems exceeds the available fund of research evidence knowledge (Bailey et al., 2020; Whistler, 2026) given local preferences, opinions, values, and capacity (Metz et al., 2023). Clinical intervention developers and implementation scientists are increasingly focused on designing fit-for-purpose solutions in intervention and implementation stages by increasing their teams' design and collaborative capabilities with patients and systems (Göttgens & Oertelt-Prigione, 2021; Lyon et al., 2025). However, this development work continues to be primarily funded and sponsored by federal research dollars funneled to applied social and health scientists working in only limited ways with public entities during development phases (Ramage et al., 2026).

It seems inevitable, given these insights, that the next evolution of scientific-policy partnership in social and health domains will change the way social and health services scientists are working, with a focus on how the representative publics in local ecosystems are authentically engaged in shaping the innovations that will then be available to them (*OECD Gov2Gov innovation incubator*). This suggests that many more applied scientists will be needed if foundational design and discovery work is tethered to local political ecosystems and partners rather than delegated to a handful of national/international centers of excellence focused on specialized topics (Osnat et al., 2025). A professional workforce shift of this kind would also be better positioned to grapple with political questions of citizen representation, values, and what it means to design with and for a political public.

Political System: Public Engagement and Participatory Processes

The third area necessary for policy design involves information about the operating political views and ideas in the identified ecosystem. Public engagement in policy processes, also generally known as "participatory approaches," is of high interest across science, policy, and social impact sectors. At what seemed like a zenith a decade ago (Palmer, 2020), interest in these approaches has only continued to grow as political fragmentation and mistrust in government have proliferated (Opara, 2025). When articulated as theory, the arguments for participatory approaches draw from political philosophy (e.g., deliberative dialogue [Hammond, 2025]) and political science (e.g., coproduction [Ostrom, 1996]) as ways to operationalize democracy, where the most idealized form of citizen participation is through collective self-governing and the line between government and citizen is blurred.

Studies of participatory policymaking approaches, such as citizens' assemblies and participatory budgeting, show high interest and engagement by citizens, pointing to a general appetite among the public for these efforts (Pateman, 2012). The products of these exercises, however, are often not well specified or feasible

enough to be adopted without further development (Lorenzoni et al., 2025), and government adoption of solutions without regard for service delivery sector capacity and research evidence would likely fail, opening the government to scrutiny and risk (Hudson et al., 2019).

Relying too heavily on citizen solutions for addressing public concerns can also lead to extreme responses, particularly with politically polarizing topics such as criminal justice. As illustrated in the Washington state example, the use of research evidence played a buffering role, assuaging the public concern about "doing something" while not capitulating to escalate sentences and build a new correctional facility. In a design and strong purchaser approach, the government responds to public concerns by integrating sources of information to determine the best fitting solutions, considering politics (how broad is the acceptable range of solutions), research evidence (what are the current debates and established knowledge [Penuel et al., 2017]), and systems (how ready is the existing infrastructure to absorb change). This is akin to how design works in other industries, where the aim of the design process is a more usable and functional product as determined by (and often with) the user (Artinger et al., 2022). The public design approach can and should be participatory in giving representative citizens a high degree of decision making around the solutions, but with the presented solutions also considering service delivery infrastructure capacity and research evidence alignment, plumbing the research evidence for helpful and values-aligned insights.

Going Forward

In weak purchaser scenarios, the government is limited to selecting among vendors without the capacity to resolve tensions between research evidence and public engagement, opening the government and, particularly, its elected officials to critique and public distrust. In an excellent piece for the *Milbank Quarterly*, Greer et al. (2020) lay out four reasons why solely focusing on technical solutions in health care policy fails in practice. "Focusing on the real sources of power in a health care system—information, political power, and capital—would direct us away from misguided faith in insurers and the alphabet soup of purchasers, and back to the long-standing foci of health care policy studies: professionals, hospitals, voters, and politicians" (p. 1006). The takeaway is that governments cannot escape politics when making technical decisions about how to tackle social and health concerns. The needs of any local public will not be easily reducible to simple, compelling narratives arising outside of their local constituencies, whether these narratives arise from media, national consultants, academia, think tanks, funders, or advocacy organizations. Governments reduce their political risk by designing around overly simplified public narratives while also delivering on the technical side of effectiveness.

Governments already use levers to encourage outcomes-oriented purchasing, such as contracting for outcomes through social impact bonds. We argue that by adopting design capacities, governments can exert even more influence on outcomes through the bespoke design of available program and service interventions that may not otherwise be developed by contracted vendors. Promising efforts reflecting these steps are emerging from policy labs and public innovation efforts in academic units, embedded government centers, and the wider consulting ecosystem. Examples such as the Beeck Center at Georgetown, the Possibility Lab at UC Berkeley, and the CoLab at the University of Washington all operate out of universities that take in consulting contracts and grants with the goal of supporting governments in developing more tailored solutions for their constituent needs. Other structures, including research-policy partnerships promoted by the William T. Grant Foundation or the DEEP Challenge Fund, aim to support public agencies by funding researchers to

work collaboratively with practice and policy experts in jointly tackling public problems. Over time, we are likely to see more embedded innovation units using design principles, such as the Policy Lab in the UK government. As those units grow, evaluators of these methods and approaches can begin to focus on the relative successes in adequately integrating the complex and dynamic demands of political narrative and technical skill for specific problems to advance theory and practice. As a concrete next step to advance this area, a set of funders could support building design capacity that incorporates all three types of knowledge (service delivery, scientific, political) into existing or new research-policy partnerships in the service of well-designed, actionable solutions. Bloomberg Philanthropies may be the funder heading closest in this direction with its Government Innovation fund.

It is reasonable to be skeptical that governments can or will overcome potential incentives to reduce costs, minimize opposition, or leverage small, politically powerful networks in decision making (Cao et al., 2023). But struggling to muster the political will and motivation to adopt processes leading to better public solutions is a different problem than the one presented here, which is simply recognizing that motivated governments can and should adopt design capacities to be stronger purchasers in what is otherwise a sparse market of social and health vendors. For those seeking to strengthen governing capacity, a model in which government purchasing actively shapes—rather than merely absorbs—social and health innovation offers a compelling vision. In grand narratives of social progress, state and regional governments have often been cast as lightweights, as purchasers of market solutions from academia or industry. Going forward, state and local governments will need to take center stage, recognized not only for past contributions but for the central role they can play in shaping the innovation sector to drive better, more equitable, and more effective social and health solutions.

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Statements and declarations

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