Planning for the Sustainability of Health Programs and Partnerships

AN OVERVIEW

Objectives

- Review conceptual frameworks – to understand the factors that influence the sustainability of programs and partnerships;
- Introduce two sustainability planning tools.; and,
- Illustrate the application of sustainability factors/strategies using a study of the long-term maintenance of a community-academic partnership in East Baltimore.

A Definition of Sustainability

"Sustainability is the continued use of program components and activities for the continued achievement of desirable program and population outcomes."

Scheirer and Dearing, 2011

Why should we be concerned about program sustainability?

- Initial grant funding for many health disparities programs may end before all of the program benefits have been achieved and demonstrated;
- The development and maintenance of long-term partnerships is essential to building and maintaining community trust and support for future health disparities interventions.

Purnell et al., 2019

Lessons learned about sustainability from East Baltimore programs

Cervical cancer screening program

- "Project" approach
- No additional skill-building for peer educators beyond initial training they received
- Late attempts at incorporating network of peer educators into community organizations
- No additional funding was sought
- "Latent" concern about sustainability

Hypertension control/CVD program

- "Participatory" approach
- Continuous training and skill-building for community health workers
- Linking trained community health workers with health care institutions
- Additional financial support secured from various sources
- Early planning for sustainability

Shediac-Rizkallah and Bone, 1998

A Framework for Conceptualizing Program Sustainability

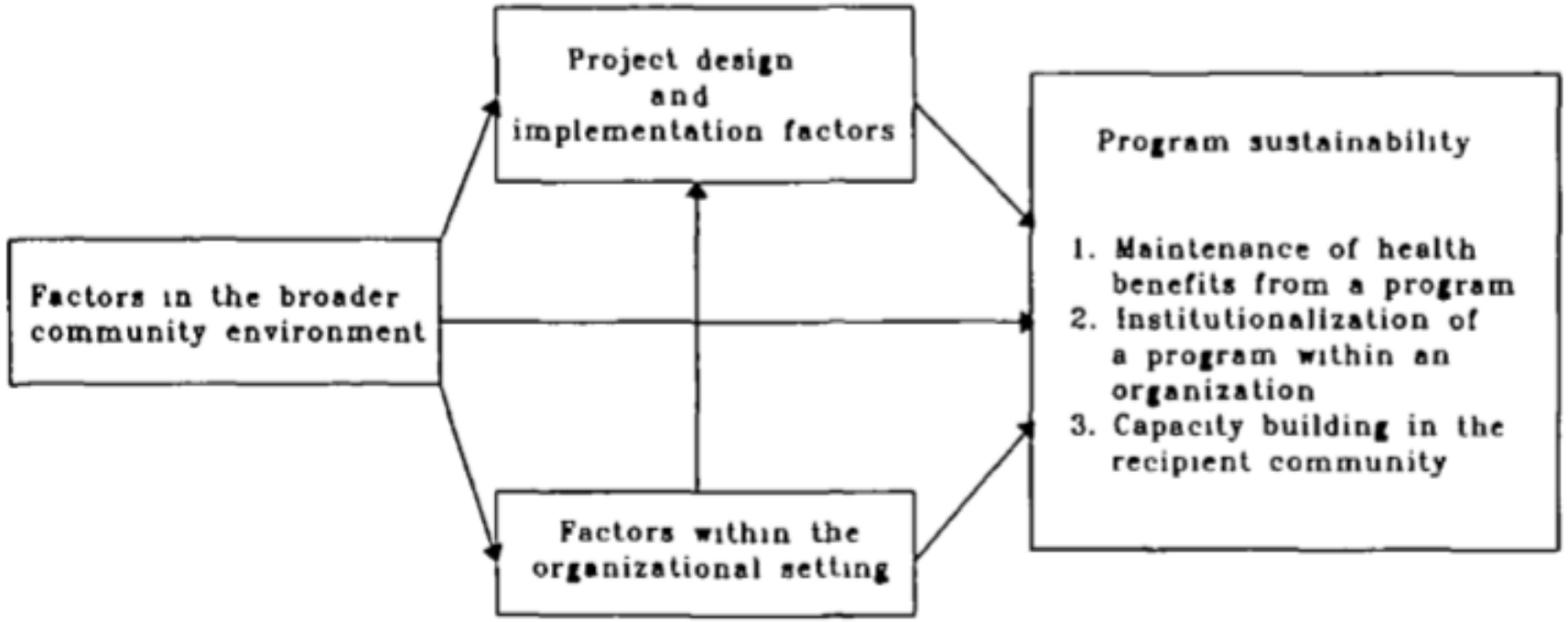


Fig. 1. A framework for conceptualizing program sustainability.

Shediac-Rizkallah and Bone, 1998

Table II. *Guidelines for sustainability planning*

Project design and implementation factors

1. *Project negotiation process*. Are project approaches and goals discussed with recipient community members, as equal partners? Are the needs of the community driving the program or those of external donor agencies and technical experts? Is a negotiation or consensus-building process in place to reach a compromise for addressing everyone's (including donors, community, technical experts) needs?
2. *Project effectiveness*. Is the project (perceived as) effective? Is it visible? What are the (desirable and undesirable) secondary effects of the program?
3. *Project duration*. What is the project's grant period (number of years in operation)? Is it a new project or is it an existing program that is acquiring additional funds?
4. *Project financing*. What are the sources of funds for the program (internal, external, a mixture)? What are the community's local resources? Can the community afford the program (e.g. is it able to pay maintenance and recurrent costs)? How much are community members willing/able to pay for services? What strategies are in place to facilitate gradual financial self-sufficiency?
5. *Project type*. What type of project is it (e.g. preventive versus curative)?
6. *Training*. Does the project have a training component (professional or para-professional)?

Factors within the organizational setting

7. *Institutional strength*. What organization will be implementing the program? How mature (developed, stable, resourceful) is this organization? Is it likely to provide a strong organizational base for the program?
8. *Integration with existing programs/services*. Is the program vertical (categorical) or is it a horizontal (comprehensive or integrated) program? Are goals, objectives and approaches pre-specified or are they adapted to the local population and setting and over time? Is the program integrated into the standard operating practices of its host organization? Is the mission of the program compatible with the mission and activities of its host organization? Is the implementing organization the recipient of program funds or is there an intermediary organization?
9. *Program champion/leadership*. Is there a program champion? What are his/her attributes? If not, can one be identified/nurtured so that he/she may serve as an advocate for the continuation of the program? Is the program endorsed from the top? How well is it supported?

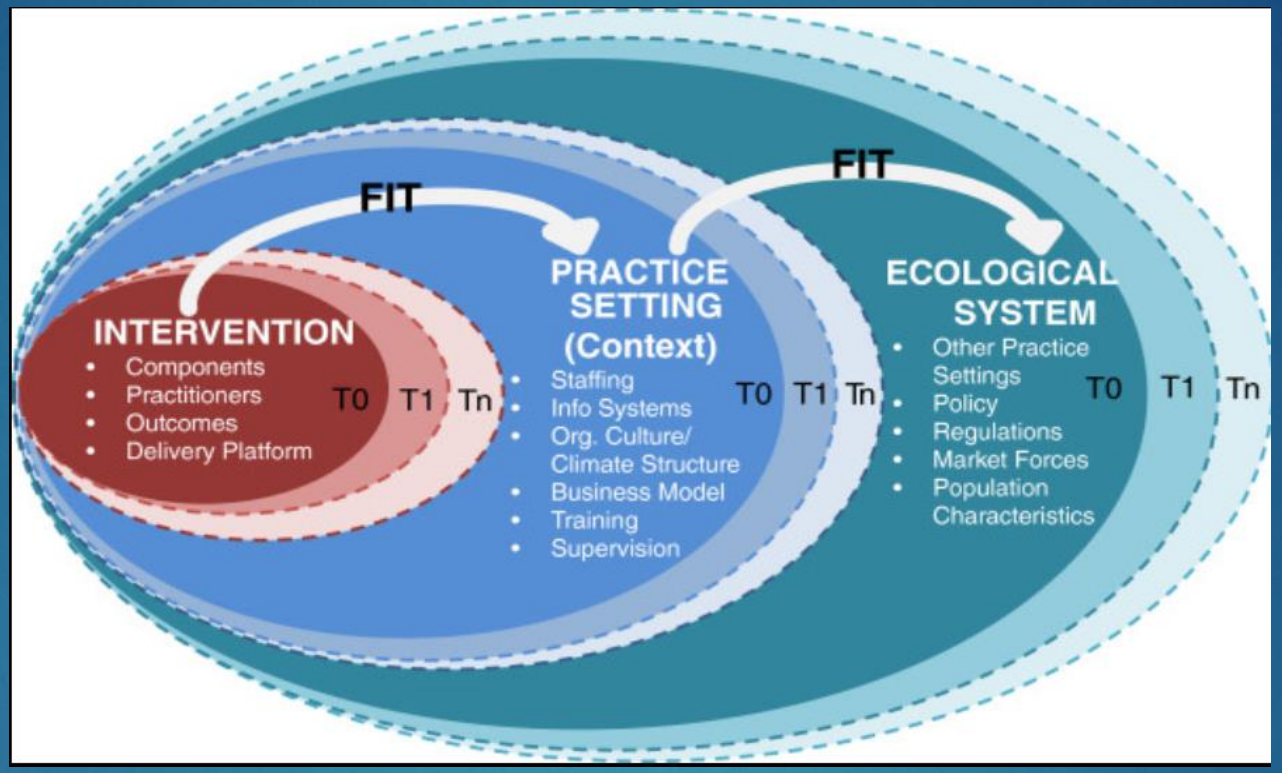
Factors in the broader community environment

10. *Socioeconomic and political considerations*. How favorable is the general socioeconomic and political environment for the sustainability of the program to be a realistic goal?
11. *Community participation*. What is the level of community participation? What is the depth (amount) of involvement? What is the range of involvement (types of activities)?

Planning for sustainability along these various guidelines must begin early in the program and assumes a minimal level of political and economic stability.

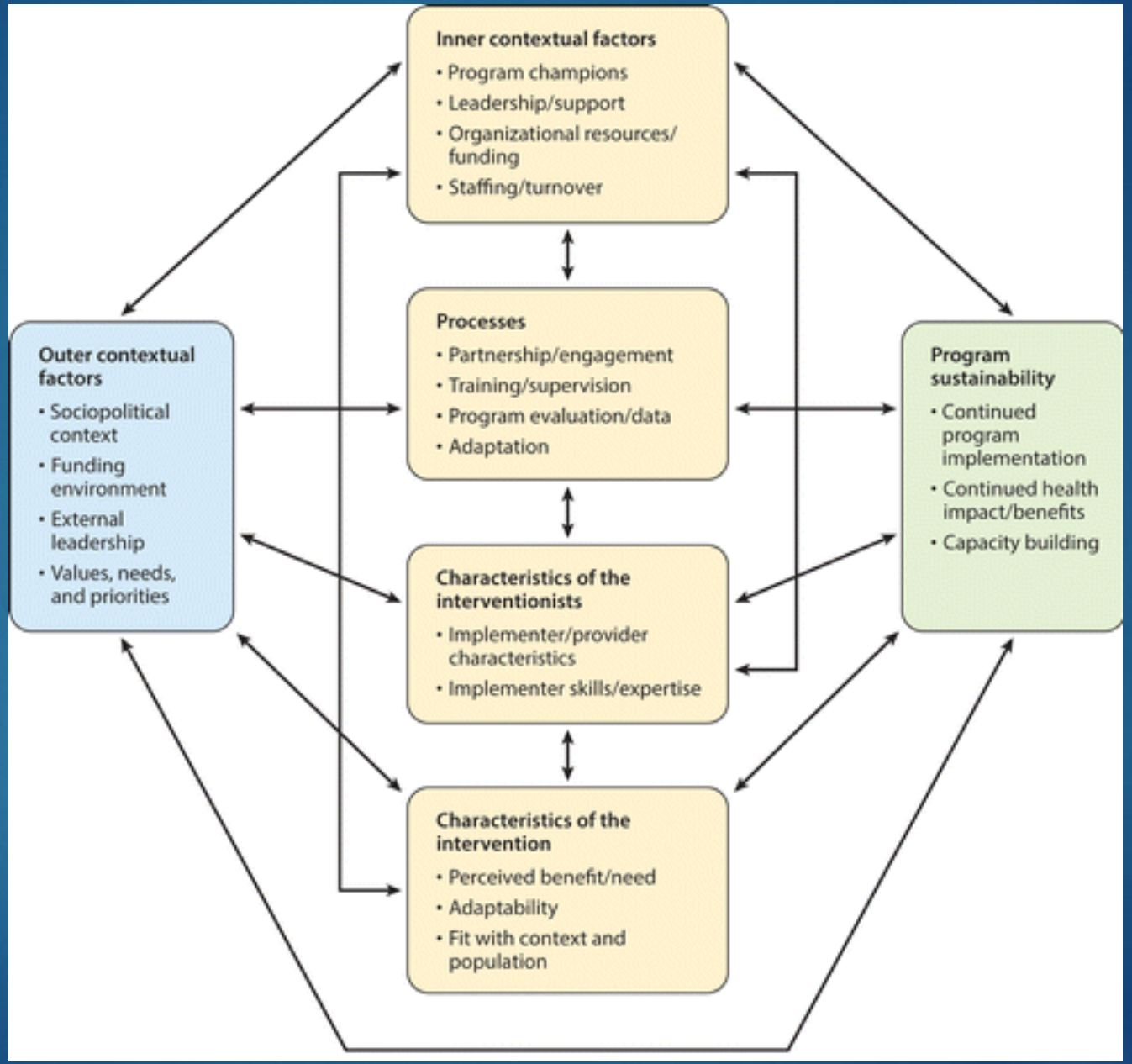
Shediac-Rizkallah and Bone, 1998

The Dynamic Sustainability Framework



Chambers DA, Glasgow RE and Stange K, 2013

Integrated Sustainability Framework



Shelton et al., 2018

The Program Sustainability Assessment Tool: Domains and Definitions

Funding Stability
making long-term plans based on a stable funding environment

Political Support
internal and external political environment which influences program funding, initiatives, and acceptance

Partnerships
the connection between program and community

Organizational Capacity
the resources needed to effectively manage the program and its activities

Program Adaptation
the ability to adapt and improve in order to ensure effectiveness

Program Evaluation
monitoring and evaluation of process and outcome data associated with program activities

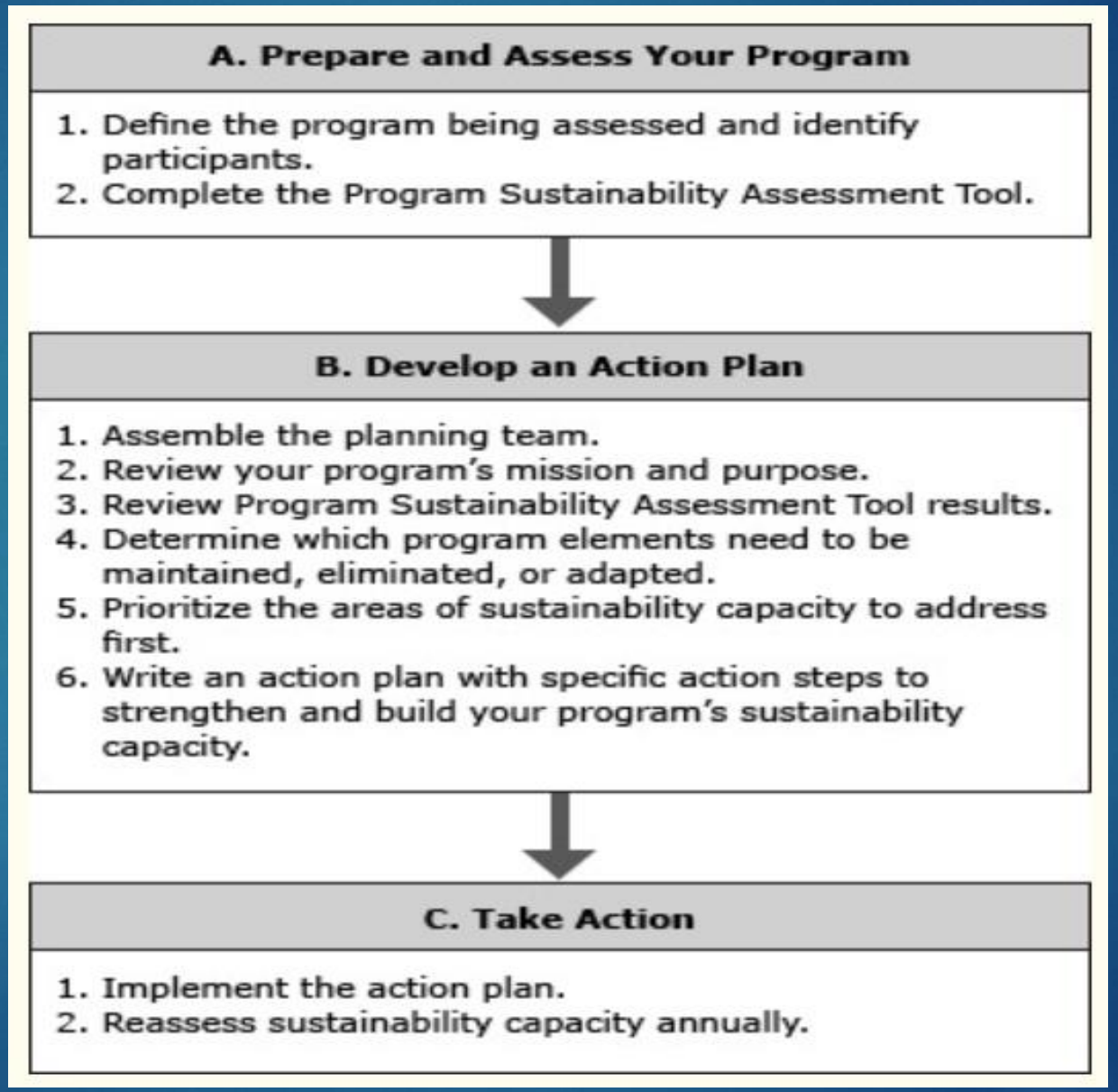
Communications
the strategic dissemination of program outcomes and activities with stakeholders, decision-makers, and the public

Public Health Impacts
the program's effect on the health attitudes, perceptions, and behaviors in the area it serves

Strategic Planning
the process that defines program direction, goals, and strategies

Schell et al., 2013

Using the Program Sustainability Assessment Tool for Sustainability Planning. https://sustaintool.org

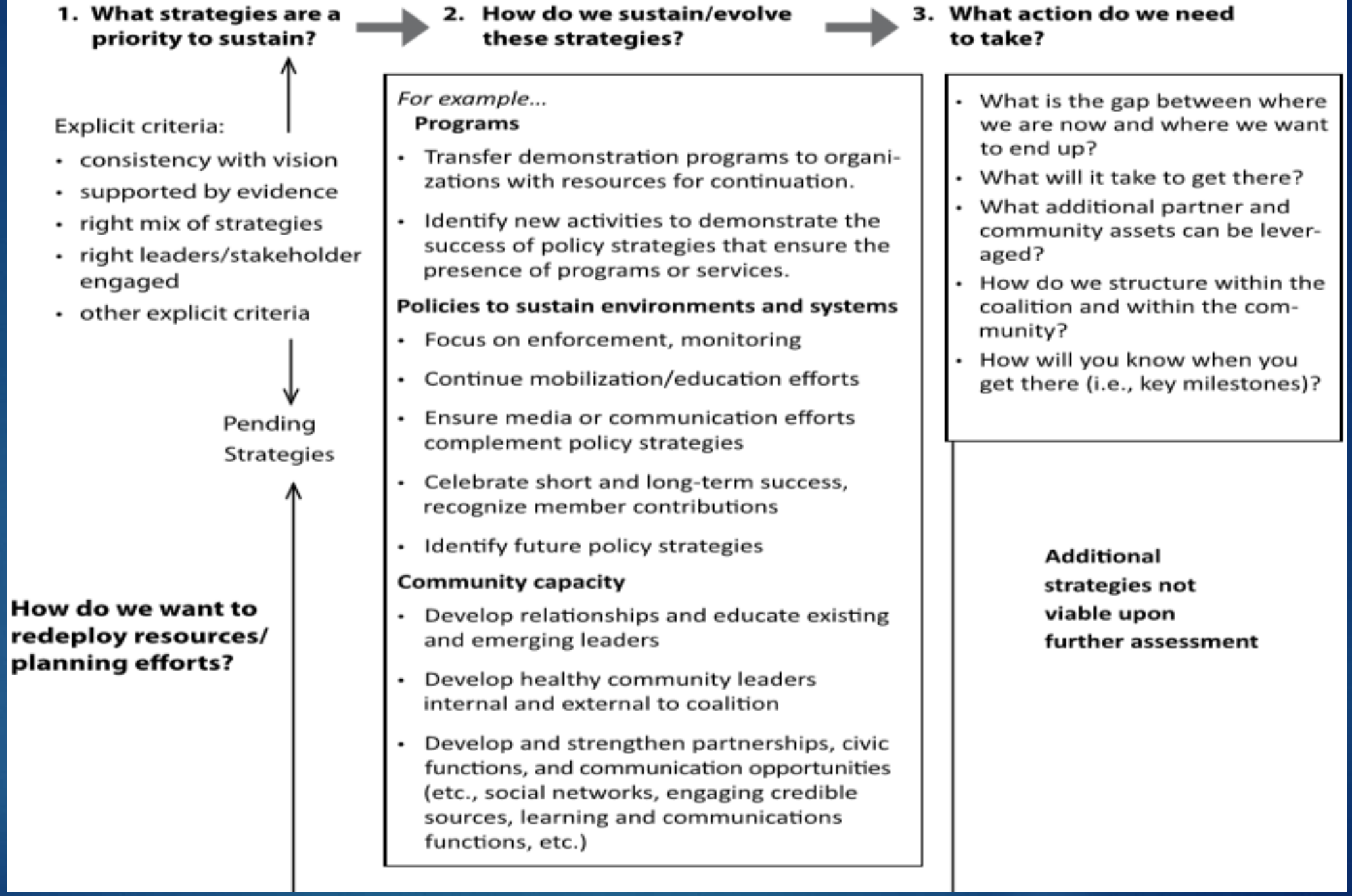


Calhoun et al., 2014

Developing a Sustainability Plan – A10-Step Process

1. Create a shared understanding of what sustainability means to your partnership/coalition and other key community stakeholders;
2. Create a plan to work through the process;
3. Position partnership efforts to increase the odds of sustainability;
4. Look at both current and pending events/initiatives/changes that can impact the continuation of your partnership's efforts;
5. Develop criteria to help determine which efforts to continue - potential criteria include: available resources (financial, organizational, human), level of community support, evidence of effectiveness based on early evaluation results, whether a need still exists for a particular activity.

A Sustainability Planning Guide for Healthy Communities. CDC, 2012



Step 6 - Decision-making flow chart – *Sustainability Planning Guide*. CDC, 2012

Developing a Sustainability Plan – A10-Step Process (Cont'd)

- 7. Create options for maintaining priority efforts – developing multiple/alternative strategies for continuing an effort is generally helpful;
- 8. Develop a sustainability plan – this step brings together the work completed in the first seven steps. Consider your sustainability plan "a living document" with sustainability strategies that can be revised as contextual factors and sources of funding change;
- 9. Implement the sustainability plan; create detailed action plans for each prioritized strategy and how it would be sustained;
- 10. Evaluate outcomes and revise as needed.

A Sustainability Planning Guide for Healthy Communities. CDC, 2012

A community-academic medical center partnership in East Baltimore: synthesis of 15-year results of a sustained collaborative program

Initial Development (1974-1979)

- Development of a task force with representation from the community and the Johns Hopkins Medical Institutions
- Clinical trial for hypertension control
- Grant from the National Heart, Lung, and Blood Institute
- Results showed significant improvement in control of hypertension

Second Phase (1979-1987)

- Success of clinical trial led to a community-based demonstration phase in the same community
- Trained community health workers (CHWs) yielded positive effects on hypertension control, enhanced linkage and access to care, and continuity of care

Levine, Becker and Bone, 1992

A community-academic medical center partnership in East Baltimore: synthesis of 15-year results of a sustained collaborative program (Cont'd)

- Early planning for sustainability (first year of community demonstration phase)
- Program champion: chairperson of Advisory Board and Assistant Director of a decentralized mayor's office
- Multiple strategies were developed before incorporating CHWs into the provider system/hospital emergency department
- Funding obtained from a combination of federal and local sources

Third Phase (1987 and beyond)

- Partnership efforts directed at sustaining and enhancing gains in the control of hypertension
- Broadening community intervention approaches and goals to address related risks and diseases including smoking prevention and cessation, diabetes control, obesity, hyperlipidemia, asthma and other risks.
- These more comprehensive programs were mediated through a variety of community and civic agencies, including schools and churches.

Levine, Becker and Bone, 1992

A community-academic medical center partnership in East Baltimore: synthesis of 15-year results of a sustained collaborative program (Cont'd)

- Collaborative effort of Johns Hopkins and over 200 churches in East Baltimore was formalized into a new program entitled 'Heart, Body and Soul' broadening the scope of activities, diseases and risk factors
- Steering committee chaired by one of the ministers under strong community leadership
- Intervention programs trained church members, including ministers and health workers, to lead small groups and administer church-wide activities and health fairs
- Financial support obtained from local, state and federal sources
- Community 'owns' the programs.

Levine, Becker and Bone, 1992

Role of Research Centers in Promoting Partner Engagement and Sustainability

Centers can promote sustainability in a variety of ways, including:

- Serving as a catalyst for networking and skills building;
- Providing a source of support to academics, health practitioners and community members for learning about CBPR;
- Providing coordination and synergy across CBPR projects and partners;
- Providing flexible funding for exploring innovative approaches to CBPR;
- Enhancing the legitimacy of CBPR by increasing its visibility within funding agencies, public health agencies, CBOs and academia.

Israel et al., 2006

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