

Promoting Sustainability of Community Health Initiatives: An Empirical Case Study

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INTRODUCTION

Community health initiatives are a prominent strategy for health promotion and disease prevention (Butterfoss, Goodman, & Wandersman, 1993). Many of the health concerns addressed by community health initiatives, such as adolescent pregnancy and substance abuse, take many years of intervention to show positive changes in related health outcomes, such as adolescent pregnancy rates (Fawcett et al., 1997); McGinnis & Foege, 1993). The literature on sustainability and institutionalization of health promotion programs notes the need to maintain such programs over the long term to allow positive effects on health outcomes (Steckler & Goodman, 1989). Goodman and Steckler (Goodman & Steckler, 1989; Steckler & Goodman, 1989) suggest several strategies for promoting institutionalization of

Authors' Note: Many people made this work possible. We would like to thank Rhonda K. Lewis, Kari Jo Harris, Ella L. Williams, Christine L. Lopez, Kimber P. Richter; staff, partners, and volunteers of the community health initiatives; Murray Vincent, Carolyn Williams, and Tami Bradley. We also thank Kim Leach for assistance with manuscript preparation. Finally, we thank the reviewers of this manuscript for their very thoughtful comments and recommendations for strengthening the communication of this work.

Health Promotion Practice / July 2000 / Vol 1, No 3, 248-258
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Community health initiatives create innovative strategies for health promotion and disease prevention. This article describes an empirical study of strategies used to promote sustainability of six community health initiatives that began in 1993 and received funding for 4 years. The study, conducted 1 year after funding ended, examined how each initiative approached sustainability. First, the context for the work is described. Second, we describe the methods used to gather information about sustainability. Third, we describe the current status of sustainability for each initiative. Fourth, we describe the strategies for sustainability that were used with context for sustaining the efforts and the factors that may have affected sustainability. We end with recommendations for practice.

health promotion programs, including cultivating a program champion and assessing the "fit" with the program and the organization with which institutionalization may be sought. They have examined a framework for assessing program institutionalization (Goodman & Steckler, 1989; Goodman, McLeroy, Steckler, & Hoyle, 1993) that suggests a relationship between the degree of program institutionalization and integration of a program into internal and external organizational subsystems. They also note the importance of program renewal, diffusion of effective innovations, and handing off innovations to other groups to promote institutionalization (Steckler & Goodman, 1989; Steckler, Goodman, McLeroy, Davis, & Koch, 1992).

The work of Goodman and Steckler draws on the work of other prominent researchers, including Rogers (1995) and Lefebvre (1990). Rogers contends that an innovation is more likely to be adopted (or, for this article, sustained/institutionalized) if it is easy to understand and use, compatible with local needs and norms, and superior to other alternatives. Lefebvre recommends identifying specific objectives for institutionalization (e.g., individual, organizational) and developing and implementing a marketing plan for achieving those objectives.

This article describes an empirical study of strategies used to promote sustainability of community health initiatives. A total of three initiatives for prevention of adolescent pregnancy and three initiatives for prevention of adolescent substance abuse in Kansas were studied. First, the context for the work is described. Second, we describe the methodology used to gather information about sustainability. Third, we describe the current status of sustainability for each of the six initiatives. Fourth, we discuss the strategies for sustainability we observed, the context for sustaining the efforts, and the factors that may have affected sustainability. We end with recommendations for practice.

CONTEXT FOR THE STUDY

A total of six community initiatives were studied, three to prevent adolescent pregnancy (Paine-Andrews et al., 1996; Paine-Andrews et al., 1999; Vincent, Clearie, & Schlachter, 1987) and three to prevent adolescent substance abuse (Paine-Andrews et al., 1996). This manuscript focuses on 5 years of the initiatives, from 1993 through 1998. The initiatives for prevention of adolescent pregnancy were part of Phase I of the School/Community Sexual Risk Reduction Initiative

(Paine-Andrews et al., 1999). Its mission was to replicate a successful comprehensive teenage pregnancy prevention program designed for the improvement of health and socioeconomic status among high-risk adolescents through sociocultural and health behavioral change. The objectives of the initiative were to increase abstinence, postpone the age of first intercourse, and for those who choose to be sexually active, increase contraception. The components of the initiative included forging community alliances (e.g., the health department and schools working together to prevent adolescent pregnancy); strengthening sexuality education (e.g., through graduate training for teachers); providing opportunities for peer support and education (e.g., a peer leadership program); enhancing access to health services for young people (e.g., a brown-bag pharmacy program that allows discrete purchases of contraceptives); enhancing opportunities for alternative activities and life options (e.g., establishing an after-school program or mentoring partnerships); and utilizing mass media to increase awareness and involvement in prevention activities. One primarily rural community (Franklin County), one urban community (Wichita), and one community adjacent to a military base (Geary County) received about \$150,000 each year for 4 years to replicate the school/community model.

The three community health initiatives for prevention of adolescent substance abuse were part of the Project Freedom Replication Initiative. (Paine-Andrews et al., 1996). Its mission was to reduce the use of illegal drugs, tobacco, and alcohol among adolescents between the ages of 12 and 17. The objectives of the project were to reduce use of tobacco, alcohol, marijuana, and cocaine. The funded communities included a community adjacent to a military base (Geary County), a community with a military college and large prison (Leavenworth County), and a community with a major university (Lawrence). Each community received a \$50,000 planning grant for the first year and approximately \$100,000 each year for the remainder of the grant period.

The grant-making partner in these initiatives was the Kansas Health Foundation, a philanthropy with the mission of improving the health of all Kansans. The foundation provided 4 years of funding for the initiatives (1993-1997). This study was conducted 1 year after termination of funding (1998) and was conducted during an approximately 12-month period. The foundation also funded the support or intermediary organization for these initiatives at the University of Kansas

Work Group on Health Promotion and Community Development. The KU work group provided support and evaluation at the local level and assisted the foundation with oversight of the initiative. Dr. Murray Vincent at the University of South Carolina also provided support, including overall guidance with regard to implementation of the school/community model in each of the three pregnancy prevention initiatives.

The site partnerships, the support organizations, and the grant maker worked together to sustain project efforts. The assistance provided to encourage and develop plans for sustainability drew heavily on the work of Lefebvre (1990), Rogers (1995), and Steckler and Goodman (1989). Specific support provided to encourage sustainability included training workshops on resource generation with university staff and expert consultants and annual submission of status reports to the foundation with plans for sustainability. The fourth year of funding from the foundation was also provided to sites in the school/community initiative upon receipt of strong plans for sustainability. For all sites in both initiatives, there were frequent discussions and consultations about specific strategies for promoting sustainability of local efforts and tools provided to assist site staff in conceptualizing and personalizing goals for sustainability of the initiative in each community.

METHOD

Participating Community Initiatives

A total of three communities composed the School/Community Sexual Risk Reduction Initiative: Wichita, Franklin County, and Geary County, Kansas (Paine-Andrews et al., 1996). The lead agencies included the Geary County School District, a grassroots community organization in inner-city Wichita, and a satellite office of a regional prevention center in rural Franklin County. The population of the communities ranged from approximately 25,000 in Franklin County to more than 350,000 in the city of Wichita. However, the Wichita site selected two neighborhoods as its target area, with a total population of about 50,000. The community initiatives were staffed similarly with a full-time project director, two to three part-time community mobilizers, and an administrative assistant. The initiatives also organized local advisory boards or steering communities. The initiatives served as a catalyst to put the issue of adolescent pregnancy on the local agenda and gain local support and involvement in

implementing prevention strategies using the school/community model as a guide and framework.

A total of three communities composed the Project Freedom Replication Initiative: Geary County, Leavenworth County, and Lawrence, Kansas (Paine-Andrews et al., 1996). The lead agencies included the City of Lawrence, the Geary County School District, and the Northeast Mental Health and Guidance Center in Leavenworth. These community initiatives were staffed similarly to the pregnancy prevention initiatives and developed local advisory boards and action committees. They served in a catalyst role to gain local interest, support, and involvement in implementing prevention strategies to reduce adolescent substance use.

Measurement System

Sustainability was examined in two ways: (a) the extent to which community changes (i.e., new or modified programs, policies, or practices consistent with the mission of the initiatives) facilitated by the community health initiatives remained in place after grant termination and (b) the extent to which the initiatives themselves remained in place after grant termination. Community changes were defined as ongoing if they were reported to be taking place on a regular basis with no apparent end in sight. The initiative was determined to be in place if at least one staff person had responsibility for carrying out the mission of the initiative or if another group within the community adopted the mission of the initiative. For example, in Franklin County, the local health department agreed to support a portion of the director's salary. Also, in Lawrence, the original initiative evolved to become a youth and family partnership and incorporated the original mission into the newly formed partnership.

A paper-and-pencil survey (Harris, 1998) and semistructured interviews were used to assess sustainability of community changes facilitated by the initiative and the current status of the initiative (the methodology for documenting community change is described elsewhere) (Francisco, Paine, & Fawcett, 1993). The survey and interviews were conducted approximately 1 year after grant termination. The survey listed all the community changes facilitated by the initiative. For example, a survey for the school/community initiative in Geary County referred to the 139 community changes initiated in the life span of the project in Geary County (each community facilitated a different number of community changes). Specific survey

items included (a) the specific change in program, policy, or practice (e.g., establishing a peer-to-peer support group); (b) the date the change occurred (e.g., November 1998); (c) whether the change was still in place (i.e., yes or no); and (d) if the change was still in place, was it substantially changed (yes or no) and who was currently responsible for the change (e.g., staff, school counselor). If the community change was not in place, the month and year of its offset were recorded.

The survey was sent to current project staff or key partners. Project staff indicated on the survey whether each community change was still in place and who was responsible for the change. For example, in October 1993, the youth clinic extended its hours for pregnancy and sexually transmitted disease testing from 2 days per week to 5 days per week. This change is still in place, and the hours for testing were again expanded to include Saturday afternoons under the supervision of the clinic director.

The semistructured interviews were used as a follow-up to the survey. Work group staff conducted the interviews by contacting project staff or key partners to discuss and clarify survey responses. For example, work group staff placed phone calls to ascertain the person responsible for the change or whether substantial modifications had taken place indicating that the original community change facilitated by the initiative may no longer be in place. In addition, information about current staffing, approximate budget, and next steps was solicited, and informal discussions by phone and in person were held with representatives from all six community initiatives with regard to sustainability of the original initiatives (i.e., staffing, community involvement, current efforts, next steps). Information on the sustainability of specific community changes facilitated by the initiatives (using surveys and structured interviews described above) was secured for four communities that completed both the survey and the semistructured interviews. Two communities' initiatives (the Geary County substance abuse prevention initiative and the Wichita adolescent pregnancy prevention initiative) chose not to respond to the survey.

INTERVENTION: STRATEGIES FOR PROMOTING SUSTAINABILITY

With support from the KU work group, Kansas Health Foundation, and University of South Carolina, the participating sites worked to promote continuance of community change and the overall initiative. As noted earlier in this article, technical assistance and

support included training sessions (e.g., workshops on sustainability) and required plans for financial sustainability to the grant maker. During training sessions, the support team discussed with project staff a variety of strategies to secure financial sustainability, including developing a financial sustainability committee, developing a business plan to secure sustainability, becoming a line item in an existing budget, and incorporating activities and services in organizations with similar missions. These and other strategies (see Table 1) were discussed during group and individual meetings with site staff to facilitate concrete steps toward sustainability after grant termination.

The literature on sustainability of community health initiatives outlines a number of different strategies for sustainability (Lefebvre, 1990; Steckler & Goodman, 1989; The Community Tool Box, 1999). The approaches discussed with the community health initiatives from this study included the 13 strategies outlined in Table 1. Each is described as follows: (a) leveraging shared positions or resources, such as carryover funds from the grant used to support part of the director's salary and leveraging additional salary from the local health department; (b) becoming a line item in an existing budget, such as the local health department's covering a portion of the salary for the director of the community initiative; (c) including activities with groups with similar missions, such as teachers and school counselors taking responsibility for coordinating peer support groups and alternative activities for young people; (d) writing a grant to help secure resources to bridge the gap between current and future support while efforts to sustain the initiative continue; (e) tapping into existing personnel resources, such as the director of the local youth clinic assuming responsibility for the initiative; (f) soliciting donations and in-kind support, such as office space, food, or office supplies; (g) holding fund-raisers, such as a youth car wash or bake sale; (h) pursuing third-party funding, such as reimbursement for services from Social and Rehabilitation Services; (i) developing a fee-for-services structure such as contraceptive services at cost versus for free; (j) acquiring tax revenues such as local tax dollars designated for substance abuse prevention efforts; (k) securing endowed funds or planned giving, such as having the initiative named in a will; (l) establishing membership fees or dues; and (m), making a business or sustainability plan (this was required by the initiatives).

Descriptive information on institutionalization of the community health initiative and associated commu-

TABLE 1
Thirteen Observed Strategies for Promoting Sustainability and Their Use by Six Initiatives

Strategies for Sustainability	Adolescent Pregnancy Prevention			Adolescent Substance Abuse Prevention		
	Franklin County	Wichita	Geary County	Lawrence	Geary County	Leavenworth County
	Leveraging shared positions or resources	X	X	X	X	X
Becoming a line item in an existing budget	X			X		
Including activities with groups with similar missions	X	X	X	X	X	X
Writing a grant to maintain the effort while continuing to seek longer-term sustainability	X	X	X	X	X	X
Tapping into existing personnel resources	X	X	X	X	X	X
Soliciting donations and in-kind support	X	X	X	X	X	X
Holding a fund-raiser			X			X
Pursuing third-party funding		X				
Developing a fee-for-services structure						
Acquiring tax revenues				X	X	X
Securing endowed funds/planned giving						
Establishing membership fees/dues						
Making a business plan	X	X	X	X	X	X

nity changes was gathered by categorizing responses to the survey and semistructured interviews into the 13 discrete categories of strategies. Information on strategies used for sustainability was also secured during ongoing consultations with site staff prior to grant termination. The reported strategies were used to sustain the initiative itself and/or the community changes facilitated by the initiative.

RESULTS AND CONCLUSIONS

This section describes the level of sustainability of the local efforts for the six community initiatives (four initiatives completed surveys of the sustainability of community change; information on sustainability of the initiative as a whole, such as staffing and structure, was secured for all six initiatives). Specifically, we describe the current configuration of the initiative at each site and the status of the community changes for four of the six sites.

School/Community Sexual Risk Reduction Replication Initiative: Phase I

Franklin County. In Franklin County, the county health department absorbed a modified initiative after termination of the grant. The project developed a broader mission (child health and families) after it became

housed at the Franklin County Health Department. The county health department covered three quarters of the director's salary. No other staff were supported by the project. The initiative was operating on approximately one third of the original budget. The director of the project continued to teach graduate-level courses for Franklin County teachers (a primary component of the school/community model). Approximately 25% of the 104 community changes (24 out of 104) facilitated by the initiative are still in place. For example, Breakfast Buddies, a mentoring program linking young people with local business leaders, was sustained. Other efforts, such as some peer support groups, were discontinued.

Wichita. After grant termination, the Wichita project assumed the broader mission (child well-being and family preservation) of the lead agency for the grant. Some of the original project staff remained (during the 4 years, this project experienced a high level of staff turnover). The Male-to-Male mentoring program, alternative activities, summer programs, and support group components of the project remained. Survey data were not available for this site; this information was secured via informal conversations with project staff. Grants from the Kansas Department of Health and Environment (case management and teen pregnancy prevention

funds) supported project staff. The agency also secured additional grant funds. The current budget for the project decreased significantly following grant termination to approximately less than 25% of the original award in 1993. Because the lead agency was a stand-alone community agency, multiple grants fed into the same agency mission, allowing for support of several of the components of the project, including alternative activities and peer support. When funding sources changed, staff reorganized to address new areas. Specific information on the sustainability of community changes is not available for this initiative because survey data were not secured.

Geary County. After grant termination, the School/Community Initiative in Geary County was led by the newly hired director (hired within 2 months of grant termination) of the school-linked clinic. The Geary County Health Department supported staff with carry-over funds from the original grant from the Kansas Health Foundation and some additional funds. The advisory board for the school-linked clinic also served as the board and steering committee for the project. The current operating budget of the project was approximately one third of the original budget. The project continued to have strong support and commitment from key leadership in the school district and the health department. Close to one third of the community changes (40 out of 139) facilitated by the project are ongoing. For example, support groups for youth and parents at local churches remain in place, while busing for young people to attend summer activities no longer occurs.

Summary comments. Several program components were institutionalized with different organizations throughout the community, such as specific community changes associated with sexuality education, alternative activities, and health services. The community changes that were sustained included peer support groups, mentoring programs, enhanced access to contraceptives (i.e., changes in health departments, pharmacies, youth networks), sexuality education, and alliances among sectors to provide information and enhance access and opportunities for young people (e.g., partnerships with the schools and health department and partnerships with social service organizations and schools).

Partnerships with health departments may be a key to sustaining comprehensive community-based pro-

grams for prevention of adolescent pregnancy. Each community started with good working relationships with local health departments. These relationships were nurtured and strengthened over time by project leadership so that two of the three health departments assumed some financial responsibility for the projects (Geary and Franklin counties). These partnerships also resulted in the participation of all three project directors in health department efforts to enhance access to contraceptives for young people. Lead agency support and commitment also appeared to be important to sustainability. For example, if the mission of the project and that of the lead agency were very closely aligned (e.g., with a school or health department), continued support from the lead agency following grant termination was more likely.

Project Freedom Replication Initiative

Lawrence. Project Freedom of Lawrence, now the Lawrence Partnership for Children and Youth, adopted a broader mission of child and youth development. An all-new staff was hired. The coalition had tremendous support from the assistant city manager. The project was supported financially with a substantial amount of local tax funds equivalent to the level of funding provided by the foundation. Coalition staff and leadership were also seeking additional grant funds to expand the operating budget. The project was housed in an office with several other social service organizations. According to the three staff members from the original coalition that was surveyed, 36.8% of the community changes (25 out of 68) facilitated by the initiative remained in place. They included a teen center and an annual youth job and activities fair. Other efforts, such as parenting groups and interventions associated with illegal sales of tobacco to minors, were discontinued.

Geary County. The mission of Project Freedom of Geary County remained the same following grant termination. The director continued to be located in the school district administration building. The director's salary was supported by a number of sources, including Safe and Drug Free Schools and Communities funds and other grants. No other staff was supported by the initiative at the time the survey was administered. Partnerships formed with the school and law enforcement officials (e.g., DARE and efforts to reduce illegal sales of alcohol and tobacco to young people) remained strong. The current budget was approximately one third

of the original grant award. Information about the sustainability of specific community changes is not available for this initiative, because the survey was not returned. Information on sustainability of the initiative was obtained from informal conversations with project staff and key local partners.

Leavenworth. An initiative that existed prior to grant funding, Charter for Youth, incorporated the mission of Project Freedom of Leavenworth during the grant. Following grant termination, Project Freedom of Leavenworth became its own entity. Project Freedom staff was now focused solely on prevention of substance abuse rather than also addressing the broader mission of youth development adopted by Charter for Youth. The initiative had a new director and new community mobilizer at the time of the survey. The initiative remained housed with the original lead agency (a mental health and guidance center) and received funding (2 years now) from state Social and Rehabilitation Services and Alcohol and Drug Abuse Services (approximately \$35,000 annually). These funds were used for staff salaries. The lead agency continued to be committed to the project and expanded financial support for the project by providing office space and administrative support. The current budget was approximately one half of the original budget. Close to one half of the community changes (31 out of 67) facilitated by the initiative remained in place at the time of the survey. For example, Parents University, several alternative activities for young people, and teen court remain in place.

Summary comments. Many of the community changes facilitated by the initiative remained in each community. They included parent and youth support groups, education programs, and alternative activities. Support from the lead agency and associated leadership within the agency appeared to be a key to sustainability of these initiatives. For example, the mental health and guidance center in Leavenworth and the local initiative were both interested in developing youth to prevent adolescent substance abuse.

DISCUSSION

This article described a study of the sustainability of six community health initiatives and the community changes facilitated by them. The survey findings suggest that many community changes remained in place

(1 year following grant termination) in the four community initiatives for which survey data are available. Additional information from informal communications with project staff and key partners suggests that staffing and structure of the local initiatives changed after grant termination. These changes in staffing and structure varied among the initiatives.

Prior to grant termination, each initiative was valued by the community (despite pockets of resistance throughout the grant period) and contributed to local efforts to prevent adolescent pregnancy and substance abuse. Further, overall community ratings of the importance of the community changes facilitated by each initiative were very positive. Together, this suggested that the local initiatives and community changes facilitated by each initiative were worthy of sustainability. Certainly, it is likely that initiatives that received less than optimal local support (e.g., very few local dollars to support staff) may not have been highly valued by the community. In addition, it is likely that the community changes that were not sustained were deemed unworthy and should not have been sustained. However, it is also very likely that the lack of sustainability of some components of the initiatives and/or community changes was due to limited implementation of sustainability strategies rather than a lack of perceived value for the initiative or the community change.

This study has a few limitations. First, the survey findings were not secured for all six initiatives. This may have been due to the fact that because each initiative facilitated a large number of community changes, the survey was very long and required a staff person to commit close to 2 hours to complete the survey. The follow-up structured interviews also required about an hour of staff time. It is likely that the staff with the fewest number of community changes sustained and most limited support for sustaining the initiative chose not to respond to the survey. Second, the survey findings relied on self-report data from project staff. It is likely that project staff members were overly optimistic with regard to their reports that certain community changes were sustained and that the initiative was still in place. Finally, the findings from this study may have limited generality because only six initiatives participated in the study.

The following sections describe and discuss the sustainability strategies observed, the local contexts for sustainability, and factors that may have affected sustainability.

What Strategies for Promoting Sustainability Did We Observe?

Table 1 shows that each of the local sites reported using at least 7 of the 13 (53.8%) strategies. All (100%) of the local initiatives leveraged shared positions and resources, included activities with groups with similar missions, wrote grants, tapped into existing personnel resources, solicited donations and in-kind support, and prepared a business or sustainability plan. For example, the Franklin County initiative leveraged support from the county health department for the salary of the director and health educators. The school district and federal grant funds contributed support for the director of Project Freedom of Geary County. Similarly, the lead agency for Project Freedom of Leavenworth provided office space and support after grant funds were terminated.

Strategies used by fewer of the initiatives included acquiring tax revenues, becoming a line item in an existing budget, and fund-raisers. For example, the substance abuse prevention sites tapped into local tax funds designated for alcohol and drug abuse prevention activities. The adolescent pregnancy prevention initiative in Franklin County became a line item in the county health department's budget. Only one site (Wichita) pursued third-party funding. Because the staff had access to large numbers of young people already receiving social services, it was able to secure support for some services. None of the sites developed a fee-for-services structure, secured endowed funds, or established membership fees and dues.

Because each community initiative relied heavily on volunteer time, each forged alliances among a variety of sectors in sustaining its efforts, relying on active members of the partnership to incorporate the changes into existing structures and to garner broad support to help sustain the initiative.

What Was the Context for Sustaining the Efforts?

The strategies used by all of the initiatives reflected their missions and modes of operation. Each of the initiatives experienced many changes throughout the life span of their efforts. These included changes in their mission statements, the people involved in the projects, and the size and sources of their operating budgets. These changes helped provide some context for sustainability.

Of the six sites, four altered their missions to include broader child, youth, and family development issues and an expanded age range. These changes were in part

in response to community interest and involvement in addressing broader issues. The broader mission also facilitated opportunities for securing funds from a broader array of sources. For example, expanding the mission of the original Project Freedom of Lawrence from substance abuse prevention to health and development for children and youth (the new Lawrence Partnership for Children and Youth) opened up more sources of funding and a broader foundation upon which to find common ground.

For the most part, the people involved in the local initiatives changed substantially over time. Only two of the six sites had the same directors in 1998 (1 year after termination of the grant) that started with the August 1993 foundation grant. Staff turnover was common throughout the initiative and was inevitable as prospects for future funding became more ambiguous toward the termination of the grant. Membership in the initiatives also changed over time. Unfortunately, specific information on membership changes was not secured within this study.

The budgets for each project were reduced by approximately 33% to 50% of the original foundation award. An exception was Project Freedom of Lawrence, now the Lawrence Partnership for Children and Youth, which was operating at the previous level with potential for more funds. Some changes in the budget included fewer staff, no travel funds, and fewer large-scale programs that are staff driven (e.g., keeping up with school sexuality education curricula, making sure evaluation components were administered, and attending to access issues), possibly resulting in less time to strengthen partnerships to facilitate change.

Changes in the mission statements and people involved may reflect issues of ownership. When the people assuming leadership roles in the initiatives change (e.g., directors, advisory board members), it is likely that the mission statements and focuses of the groups will change to reflect the interests of new participants and constituents and the need to access a greater array of funding sources.

What Factors Affected Sustainability?

Several factors may have affected sustainability of the initiatives and the community changes facilitated by them. First, the strength of alliances with organizations with similar missions may have contributed to the continued support of initiative staff and community changes. For example, the building and nurturing of the relationship between the health department and the

Franklin County project likely contributed to the health department's support of the project after grant termination. This partnership between the health department and the project existed prior to grant funding but was expanded and strengthened throughout the grant period. The project director was very careful to keep key health department officials informed and involved in project efforts and regularly pointed out the need for long-term support to achieve the goals of the project.

Second, the level of the initial commitment of the lead agency to the project may have influenced sustainability. That is, those initiatives in which the lead agency remained actively involved in the project after the grant was awarded (e.g., attended project meetings, helped connect project staff with key local leaders) tended to continue to support the local effort. For example, the City of Lawrence and the Northeast Mental Health and Guidance Center in Leavenworth helped secure the grant funds, helped garner local support for the initiatives during the grant period, and continued to support the initiatives in each community. The commitment of the lead agency to the mission of the initiative may also have played a role.

Third, the vision and commitment by project leadership (both paid and unpaid) may have affected sustainability. The initiatives with directors, staff, and key partners (or board members) that were strongly committed to building healthy communities for young people and saw the need for facilitating community change—or doing business differently and collaboratively—tended to work harder to sustain and support the initiatives. The leadership of the initiatives also grew during the unfolding of local efforts and was influenced by local commitment and championing of (or resistance to) community change efforts. The projects became stronger as the leadership grew, and the leaders became stronger as the accomplishments of the initiatives grew.

Fourth, the success of the community changes from the perspective of the community contributed to whether new programs or policies were continued. That is, the more closely a community change addressed an actual or perceived need (from the perspective of the community members, initiative members, or key partners), the more likely the change was sustained. For example, in Lawrence, the local newspaper, *The Lawrence Journal World*, continued to run a parenting column originally prepared by the initiative after positive responses from readership. Similarly, an annual youth and activities fair was also sustained by local

businesses in this community because it addressed a lack of attention to employment among young people.

Fifth, the extent to which volunteers "championed" community changes influenced the sustainability of the change. For example, in Geary County, a community change brought about by the school-linked clinic director was built in to standard operating procedures and continued even after the original director left the agency. A change championed by community members and leaders tended to become part of the way the agency or individual conducted business. A change driven by project staff tended to be viewed as staff responsibility and was less likely to continue after project staff no longer initiated the activity.

Finally, the type or attributes of community changes facilitated by the initiative may have influenced sustainability. The majority of the community changes sustained were in the health, school, social, and youth organizations and general community sectors. Overall, the changes that remained in place either provided information (e.g., training workshops) or facilitated support (e.g., peer support groups). A further analysis drawing on Rogers's (1995) work may help inform sustainability efforts. It is likely that specific community changes that remained in place had positive attributes associated with the diffusion of innovations. For example, peer support groups were relatively easy to establish, were highly valued over other more traditional methods of support, and were reasonably simple to implement.

Recommendations for Promoting Sustainability

A few recommendations result from this analysis of sustainability of these community health initiatives. First, community initiatives should continue to strengthen existing and nurture new partnerships with organizations with similar missions to the initiative, including the lead agency for the grant. For example, an initiative for prevention of adolescent pregnancy should keep the local health department informed of project activities and find ways to work together toward a common purpose.

Second, community initiatives should be careful not to become too staff driven, and they should take time to nurture community champions of community change. This will help foster broader ownership of the initiative and associated community changes. For example, they could establish collaborative workshop relationships with youth and social service organizations to implement alternative activities for young people.

TABLE 2**Recommendations for Promoting Sustainability**

Community initiatives should continue to strengthen existing and nurture new partnerships with organizations with similar missions to the initiative, including the lead agency for the grant.

Community initiatives should be careful not to become too staff driven and should take time to nurture community champions of community change to help foster broader ownership of the initiative and associated community changes.

Community initiatives should position themselves to garner support from a variety of sources by expanding their mission statement to allow work on multiple health outcomes.

Individuals and groups providing technical assistance to community initiatives should encourage community initiatives to plan for sustainability early and support use of a variety of strategies for sustainability.

Individuals and groups providing technical assistance should help expand the capacity of local leadership to address current and future health concerns.

Grant makers should continue to carefully consider the similarity between the mission of the lead agency and the initiative.

Grant makers should continue to encourage early attention to sustainability by community initiatives through incentive or bonus grants as initiatives demonstrate commitments from local supporters.

Grant makers should continue to work with community initiatives and support organizations to identify a mix of strategies for sustainability that are suitable for individual community initiatives.

might include establishing a financial sustainability committee, reducing or expanding the amount of the grant award, and requiring increased levels of community matching funds during the life of the project.

SUMMARY

This article described an empirical study of the sustainability of six community health initiatives and the community changes facilitated by them. The community efforts, support and evaluation, and investments facilitated high levels of community change. Strong local leadership helped nurture partnerships among key leaders and organizations. Community readiness for institutionalizing local initiatives was

Third, community initiatives should position themselves to garner support from a variety of sources, such as by expanding their mission statement to allow work on multiple health outcomes, such as those associated with adolescent health.

Fourth, resources permitting, individuals and groups providing technical assistance to community initiatives should encourage community initiatives to plan for sustainability early and support use of a variety of strategies for sustainability. For example, technical assistance groups should provide regular consultation on local strategies for sustainability, help establish connections with other potential funding sources, and help develop a "shared vision" for continuing local efforts.

Fifth, individuals and groups providing technical assistance should help expand the capacity of local leadership to address current and future health concerns. This will help to sustain local efforts associated with fostering community change, which will lead to improved health outcomes. This could be done by providing technical assistance to initiative leadership throughout all phases of development of the project. Technical assistance could address a variety of areas ranging from strategic planning, implementation, and evaluation to sustainability and institutionalization. So, even if the initiative does not secure future funding, the people involved with the initiative will carry with them the skills to facilitate change consistent with other locally important issues (Green, 1989).

Sixth, grant makers should continue to carefully consider the similarity between the mission of the lead agency and the initiative. This should be done during the grant review process conversations and site visits with potential grantees.

Seventh, grant makers should encourage early attention to sustainability by community initiatives through incentive or bonus grants for initiatives as they demonstrate commitments for local support. For example, in Phase 2 of the School/Community Initiative, the Kansas Health Foundation has made available to each of the three grantees several thousand dollars upon receipt of evidence of a community match required annually.

Finally, grant makers should work with community initiatives and support organizations to identify a mix of strategies for sustainability that are suitable for community initiatives. Some strategies for sustainability, such as securing endowed funds, developing a fee-for-services structure, or establishing membership dues, may not be appropriate for some community, grassroots, or not-for-profit groups. A mix of strategies

likely enhanced as evidenced by the alliances forged and the champions assuming responsibility for community changes. Future studies should explore further the desired ends of sustainability efforts—what should be sustained and under what conditions—and the effective means and strategies for imbedding successful efforts in local contexts.

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