THE DYNAMICS OF SUSTAINABILITY:

A Primer for Rural Health Organizations

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INTRODUCTION

Embarking on new health projects and network building activities can be exciting, hopeful and perhaps a bit hectic. Your team is likely focused on establishing your work plan and preparing for initial activities.

In the early phase of your program, it may be challenging to envision what your situation will look like in the longer term. Perhaps you have been funded to implement a public health demonstration program in your community or have a grant to build a more efficient way to deliver services in a rural area. Whatever the circumstances, the experiences of other rural communities demonstrate that valuable programs and collaborations can be sustained long-term with foresight and effective planning.

The goal of this primer is to provide a head start on planning for sustainability for organizations and collaborations that are starting a new program. The primer contains information and opportunities for reflection and discussion appropriate for consideration at the initial stage of program implementation. It is not a complete, comprehensive to-do manual for sustainability planning; rather this is a "starter guide" to use on your own or with your partners as part of your initial project planning activities.

The Development of this Primer

The information about sustainability and the case studies included here were collected through a study of rural health organizations that received funding from the Health Resources and Services Administration's (HRSA) Office of Rural Health Policy (ORHP) to implement new programs or build new collaborations in their communities. This historical analysis, conducted under contract by the Georgia Health Policy Center, was completed in 2010 and consisted of in-depth interviews with 102 Rural Health Care Services Outreach (Outreach) and Rural Health Network Development (Network Development) grantees funded in 2000, 2002 and 2004. The study sought to explore why some communities were able to achieve sustainable impact and others were not.

In addition to the findings from the historical analysis, a cross section of more recently funded ORHP grantees were asked to reflect on their experiences in starting up new programs and collaborations in their rural communities. These individuals discussed their understanding of sustainability and how organizations and collaborations similar to their own might be motivated to focus on sustainability as part of their work plans. Their input guided the format and content of this primer.

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WHY PLAN FOR SUSTAINABILITY?

The best evidence to demonstrate the need to plan for sustainability comes from the advice of organizations and collaborations that have received grants from the Health Resources and Services Administration's (HRSA) Office of Rural Health Policy (ORHP). The following are responses from grantees from across the U.S. when posed the question, "Why should newly funded ORHP grantees, or any organization beginning a new health program or collaboration, start planning for sustainability now?"

- *"The 3-year grant period is over before you know it."*
- *"The first year is so focused on getting the project started, but you can't wait until the last year, or even the second year of the project funding period to start thinking about the "picture of success" or who are potential funders/sustainers."*
- *"If the reason/mission is important, then you will still have the need/desire to see it continued."*
- *"You need to prove value while funded."*
- *"You don't want to lose the momentum you've gained."*
- *"The purpose of a non-profit is to solve a problem…ultimately putting yourself out of business; however, that rarely happens in 3 years or less."*
- *"Without sustainability: access to services ends; collaboration in the community ends; money, resources, and time are wasted; your reputation can be damaged. With sustainability: project continues; change is ongoing; agency reputation improves; collaboration grows; other funding opportunities emerge."*

In short, these grantees remind us that sustainability is essential to the continuation of an organization's mission and purpose and that sustainability is neither accidental nor last-minute. Sustainability requires thoughtful, purposeful and timely planning.

The 2010 study of past ORHP grantees provided numerous insights into how grantees are able to sustain their grant-funded programs and collaborations. Their experiences also demonstrate that the impact of the programs funded by ORHP at times went beyond the services that were funded. In these communities, even in cases where the grant-funded services or activities did not continue beyond the grant period, there were still long-term effects of those funded initiatives that were positive and impactful.

The Sustainability of Programs and Services

Over the past decade, sustainability has been a focus for many government agencies and foundations that fund community-based programs and non-profit organizations. Increasingly, funders want to know how organizations and collaborations plan to sustain programs or services beyond the grant period. There are multiple definitions of sustainability used by funders, researchers and community-based organizations. For the purposes of this primer, sustainability is defined as:

Programs or services continue because they are valued and draw support and resources.

Sustainability does not necessarily mean that the activities or program continue in the same form as originally conceived, funded or implemented. Programs often evolve over time to adjust to the changing levels of support and needs of the community. Organizations may start with one approach, but end up sustaining a different model of service provision after testing it in the community. For example:

- *A grant may provide "start-up" funds to establish services that are expanded post-grant period;*

A community in the Pacific Northwest used a 3-year grant to expand access to primary care services while they worked with community partners to become a designated Federally Qualified Health Center (FQHC) with long-term funding dedicated to sustaining increased access to health care.

- *An initial investment may fund a model or pilot program from which a new program approach evolves;*

A non-profit agency in the Midwest used grant funding to develop and test a new community health worker model that eventually evolved into the centerpiece strategy for the organization's community outreach work. During the grant period, the community health worker program focused on diabetes, providing education and referrals to treatment. During this time, the program staff recognized that most of their clients did not know how to access the health care system or understand what resources were available to them to help manage and treat their diabetes. Following the grant, the non-profit changed its community health worker program to focus on patient navigation for people with chronic disease.

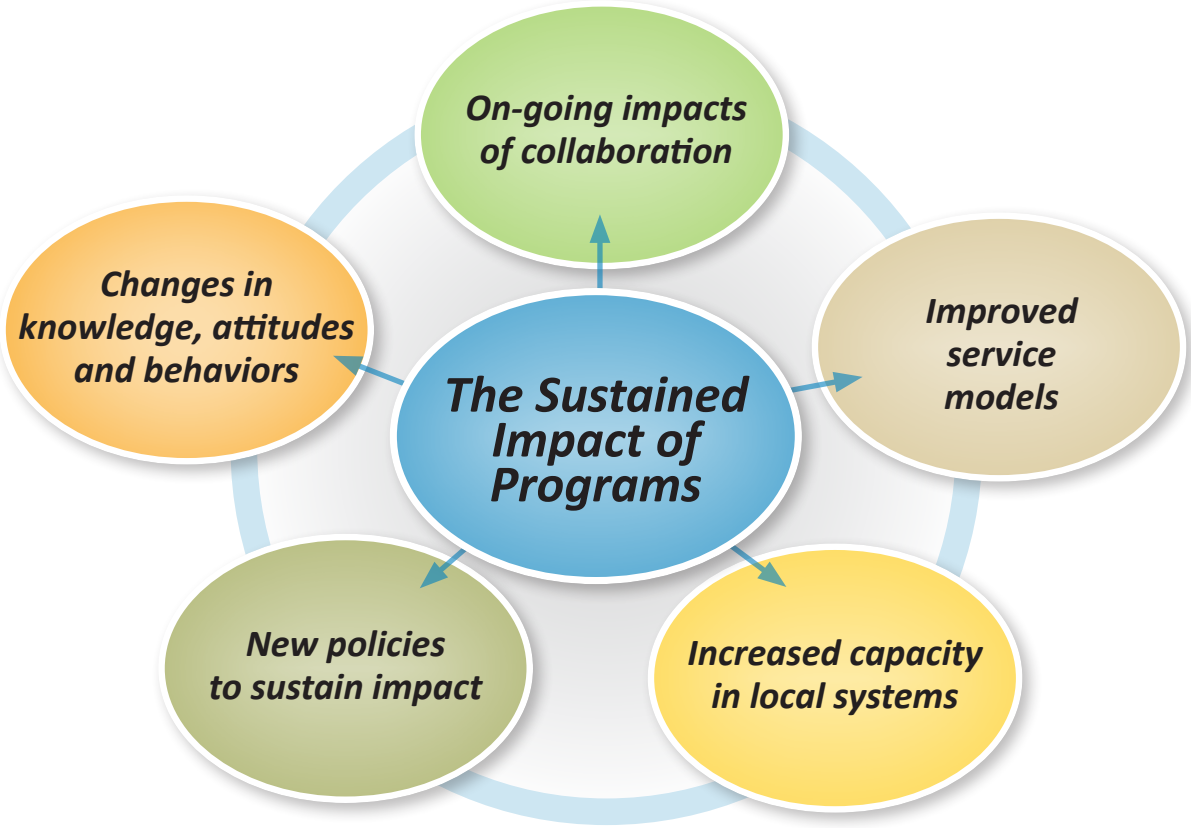
- *Some grant-funded programs may be sustained, but the services provided or the coverage area are scaled back to reflect a reduction in resources to support the program.*

A program that formerly served nine counties may reduce their coverage area to two counties. A program that was formerly universally available in a community may be limited to those who meet certain risk factors or other eligibility criteria. Agencies will often be forced to prioritize which program components or activities to continue beyond the grant period, reducing the scope of their program to match available resources.

The Sustained Impact of Programs

Most definitions of sustainability, including the one presented on page 2, focus on the continuity of a service or program. This perspective, focusing solely on the sustainability of programs and services, may understate the full range of impacts that a program may have; and it does not explicitly describe the potential for lasting effects in the community that are distinct from a service continuing. There are multiple ways that an initiative can impact a community long after services have been discontinued. You should begin thinking about the potential sustained impact of your program. Sustained impact is defined as those long-term effects that may or may not be dependent on the continuation of a program.

These long-term effects may go beyond the services that are put into place. The impacts could include changes in the way that agencies work together to serve community members, cultural shifts and practice changes, changes in knowledge, attitudes and practices of community members and providers, and policy changes, as described below.



On-going impacts of collaboration:
Through the implementation of a new project, agencies can develop a new way of working together to serve community members; new lines of communications are established, interagency referral mechanisms are built and the culture of collaboration in communities may be changed. Agencies working together on a new initiative may move beyond turfism and competition to build a strong collaborative based on trust and open communication.

On-going impacts of collaboration
As a result of a grant to serve at-risk families, a community action agency built a referral process with hospital discharge planners that has sustained well beyond the grant period. One of the staff members said "The grant allowed us the opportunity to develop such a strong partnership with the discharge planners at the hospital that, even now, if they have a child who is leaving the hospital and they think that the family may need some intervention, they will contact us and we will visit with that family."

Improved service models:
Agencies may develop and implement new practice standards that are institutionalized following the end of a grant period. For example, new programs may result in a new model for caring for those with chronic diseases, or training and employing community health workers to help patients better navigate services and effectively manage their illnesses. The opportunity to test a new model with grant funding often lays the foundation for long-term strategies to meet the health care and educational needs of communities.

Improved service models
A rural community received grant funds to train medical interpreters to work in the local hospital. Prior to the program, patients were using family members, often young children, as interpreters, which was a significant liability issue for the hospital. This program coincided with the Joint Commission for Accreditation's new attention to cultural competency in care provision. When the grant ended, the hospital administration recognized the i mportance of the presence of trained interpreters. The hospital now requires certification of medical interpreters and continues to fund their positions.

Increased capacity in local systems:
Grant funds can be used to build the capacity of the local health and human service infrastructure (e.g., establishing an HIT infrastructure), develop curricula (e.g., a diabetes self management training program that can be used by nurses or community health workers, or a physical activity program that can be used by math and science teachers in the classroom), and purchase equipment (medical and screening). These resources, once created or purchased, remain in the community and have lasting impact.

Increased capacity in local systems

One community was funded to start a wellness center in a county where residents had no place to exercise. They used grant funds to purchase exercise equipment that was placed in a rented space. When the grant ended and no new funds were identified to keep the wellness center open, the hospital agreed to house the exercise equipment and allow community members to use the equipment there.

Changes in knowledge, attitudes and behaviors:
Finally, a community may see impacts that are beyond services and infrastructure. As a result of an outreach program, public awareness of a health issue may increase, and cultural attitudes about certain health behaviors or illnesses may shift. Providers who received training through a program may approach their practice in a new way and recognize health issues in their patients that they were not aware of previously. Community outreach programs may begin to change the way that a community perceives and responds to a particular health issue. For example, a program to integrate mental health services into the primary care setting may help reduce the stigma associated with accessing mental health services and may change the perceptions and practices of primary care doctors as they relate to mental illness.

Changes in knowledge, attitudes and behaviors

A consortium worked to raise awareness among local primary care providers of the high prevalence of sleep disorders in the community. Providers in this community had been largely unaware of the impact of sleep disorders on patients' health and wellness. As a result of the education and training funded through the initial grant, providers now look for, diagnose and treat their patients for sleep disorders.

New policies to sustain impact:
An organization or collaboration may engage in local- or State-level advocacy to effect change in a policy that supports the services provided through their programs. Those policy changes (e.g., a change in Medicaid reimbursement, the establishment of a hospital taxing district) have an enduring impact on the way that services are delivered and financed.

New policies to sustain impact

A rural health network established transportation services to take children from school to medical appointments. During the first year of the grant, partners appealed to the State Medicaid office to change its policy to provide reimbursement for transportation services. Within three years, the necessary changes had been made to State Medicaid policy. The network now employs a van driver and maintains the van for transporting children to their medical appointments.

Planning for sustainability requires long-term commitment to a process that starts at the beginning of grant funding and continues throughout the life of your program and partnerships. The stories presented in this primer will highlight some of the ways that rural community-based organizations have successfully sustained services and created long-term impact resulting from their programs. You will also read some cautionary tales from communities that will help you reflect on ways that you can better position your program and partnerships to be sustainable and impactful over the long term.

The ORHP-funded rural community-based organizations shared their thoughts about sustaining grant-funded programs and creating long-term positive impact:

- ***Provide a program or collaboration that makes a measurable impact. Programs or collaborations without evidence of measurable impact are very difficult to sustain. One of the best ways to increase likelihood of sustainability is to produce positive outcomes (e.g., changes in health status, health behaviors, utilization of services), not just outputs (e.g., number of classes held, number of pamphlets distributed, number of meetings attended). Evidence is key to engaging influential partners, communicating your story, and justifying the need to potential future funders.***

- ***Get past the belief that "more money will come when we need it."***
  It is a mistake to assume that some future grant or benefactor will show up at your door in 3 years and want to continue funding your program, even if you do provide an effective program or collaboration. It seldom happens that way. The tasks of finding the right opportunities, building relationships, and communicating the value of your program or collaboration require time, effort and planning.

- ***Create shared ownership for sustainability.***
  Planning for sustainability is most effective when partners and key stakeholders are engaged early and often. The collective perspective is useful in helping maintain the long-term focus. Additionally, when people participate in the planning and implementation process, they develop a greater level of commitment to the effort.

STORIES OF SUSTAINABILITY

Each story in this section recounts the experiences of an actual ORHP-funded grantee. While the outcome of each story is different, this collection of stories represents some of the most common experiences of grantees.

These stories can help you and your partners envision the possible experiences and outcomes for your program or collaboration. Having the ability to predict possible outcomes will make it easier to discuss how your actions may have a positive or negative impact on your own long-term success.

The communities in these stories may be very different than your own, but the situations are relevant, since each describes partners in rural communities striving to complete successful and sustainable projects.

How to Use These Stories

Read each of the stories below and as you read, reflect on the following three questions as you learn about the communities' experiences:

- ***What has been sustained?***
- ***What was not sustained?***
- ***What led to these results?***

You will find that the answers to these questions will be different for each story. Examine the post-grant status of each program, and consider:

- ***Was a program or service sustained? If so, in what form?***
- ***Was it sustained at the same level, or was it expanded or reduced in scope?***
- ***Did the activity evolve over time?***

The long-term impact of rural health programs may be broad. Think about the benefits beyond the continuation of programs and services.

- ***As a result of these projects were there sustained impacts on the local health system that remained even if the grant-funded activities did not?***

- *Did a collaboration that was formed to implement a new program endure and go on to address other community needs?*
- *Did the grant facilitate the purchase of equipment or other materials that continue to be utilized in the community, or did local providers receive training that increased their capacity to serve their patients?*
- *Did the organization and their partners work to effect policy changes that remain in place?*
- *What about changes in knowledge, attitudes or practices of community members or health professionals?*

The factors contributing to sustainability are numerous. Look for dynamics that might have contributed to the sustainability, or lack thereof, of the program, the collaborative, or the sustained impact.

- *Was there something about the environment within which the program was implemented?*
- *Were there issues related to collaboration and partnerships?*
- *How did the capacity and influence of program leadership impact outcomes?*
- *Was there something about the program design that might have made it more, or less, likely to sustain beyond the ORHP grant period?*

Use the stories to reflect on the current situation and the future possibilities for your own program or collaboration. Through comparison and reflection, you will start your discussions with a greater understanding of sustainability and sustained impact.

Story 1:

Training Medical Directors of Emergency Systems

A community non-profit organization in the Mountain West was funded to develop a Web-based training program for medical directors of Emergency Medical Services (EMS). The training, which is required by the National Highway Traffic Safety Administration, had previously only been offered to medical directors through courses that required providers to travel outside their communities to attend the training. The grant agency and consortium partners were focused on building a cost-effective way of training EMS medical directors from rural areas. By developing an accredited Web-based training, doctors located in rural areas no longer had to leave their jobs and travel long distances to complete the course at a training center.

A consortium was formed, and each partner had a defined role in the development and implementation of the program. The grantee agency took the lead in developing the training course. Members of the consortium, which included national associations for emergency medical services as well as local clinical providers, provided technical input on the content of the training, as well as guidance on the design of the modules. One partner provided the facilities for the hosting of the Web-based training.

The program has been sustained through course fees paid by individual providers or States. The training program is accredited by the National Association of Emergency Medical Services Physicians, and physicians can receive continuing education credits for taking the one-day course.
The program is offered for both individual EMS Medical Directors as well as for States wanting to provide additional training for their EMS Medical Directors. The course is currently used by providers in 12 States. In addition, the agency has built 2 additional modules into the training program: one for pediatric medical directors and the other for geriatric medical directors.

Discussion

The grantee agency and the partners began this project with a clear understanding of a discrete need and a focused plan to address that need. This grantee viewed the ORHP grant funds as "seed money" to fund the design and startup of a new program. Such grantees start their new projects with a clear idea of how the program would be sustained in the long term. This grantee developed the Web-based approach to training as a marketable product with an identified consumer base (EMS Medical Directors and States) and has been able to sustain the program through user fees.

For this particular consortium, the partners each provided specific technical input into the development and maintenance of the modules. Because the scope of this program was narrowly focused, the roles and responsibilities of the partners were similarly focused. The partners were engaged in this project because of their technical or clinical expertise, and each had a specific role to fill and tasks to complete.

Story 2:

Network of Health and Human Service Agencies

A community health center in the Northeast served as the fiscal agent for a young rural health network that was seeking to formalize its structure and further develop the network's programs and services. The network was comprised of virtually all of the health and human service agencies in the region, with agencies representing 12 municipalities in the State. The partners had been meeting as a coalition prior to receiving Network Development funding. The grantee described the focus of the Network Development grant in this way: "We had been meeting together and were working as a coalition but did not have any formal structure at that point. The major thrust of the grant was to develop a formal structure and policies and procedures for the Board and various subcommittees, and to do the work to have the written agreements necessary for the type of data sharing, resource sharing and program planning that they were going to be doing together. We needed to make things more formal."

Grant funds were used to develop three areas of the network: the creation of cross- agency teams of care coordinators and case managers to provide a venue for data sharing, patient tracking and referral across agencies and to provide support for individuals doing case management and care coordination; the development of a standardized format for patient data collection and tracking to allow for the sharing of patient information across agencies; and the formalization of a process for conducting regular regional needs assessments that could be used by all health and human services agencies.

The network and all of the program components funded through the Network Development grant have been sustained and expanded following the end of the ORHP grant period. The grantee stated that the cross-agency case coordination and case management has become "one of the hallmarks" of the network and still works extremely well. The approach to cross-agency coordination formalized under the Network Development grant "has changed

the way agencies work [in our community] in a dramatic way." With additional Federal funding the patient information-sharing database has been developed into a regional system that does one-time benefits eligibility determination and patient referral, and permits participating agencies to share information on patients. Coordinated needs assessments are conducted every 3 years. Agencies in the region went from conducting 17 different needs assessments to conducting one comprehensive health/public health assessment for the region. There is no outside source of funding to conduct the regional assessment; rather, this effort is completed with in-kind participation from network member agencies. By using this cooperative method of conducting the assessment, networking agencies obtain the data they need to secure major grants for the region.

When asked to describe the reason that the network has been able to sustain and expand following the ORHP grant, the grantee described what was crucial to the network's success: "We established relationships between people first. Then we established the relationships between the agencies. And that is all about trust and communication . You then formalize that [relationship] from one individual to the agency. We all agreed to agree, but the way that we got there in the early years was individual to individual at the CEO level, then individual to individual at the team level, then we formalized it all by putting in inter-agency agreements and having a designated representative and their alternate. So now every single agency writes it into the job description of the CEO that they represent that agency on the Board of the network."

Discussion

In contrast to the project described in the first story which had a narrow focus on the development of a specific product, this network was designed to address issues at a community-wide level, and thus, required an active, diverse and engaged consortium that was committed to changing the way that agencies relate to each other and the way that services are delivered in the community. This grantee, and others like it, approached the grant program with a long-term strategic vision for their community. They had spent time prior to the grant period building a shared vision and assessing the needs in their community. The network saw the grant funding as a step in a larger process to effect long-term meaningful change in the community.

The difference in the scope of the program (narrowly focused in the first story versus a more systems-wide approach in this story) is reflected in the roles of the consortium partners and the nature of their engagement in the project over the longer term. The role of the network partners was not to provide focused technical input, but rather to use their position in the community to change the way that business was done. As such, this requires the engagement of agency leadership and their willingness to commit their organizations to being part of this change process over the long term. Their work is driven by regular needs assessments that give them a clear understanding of the issues to be addressed. As a result of the energy spent on developing a strong and engaged network with a high level of trust among members, the members have taken on a significant amount of the work as "in-kind" and made it part of their agencies' standard operations.

Story 3:

Health Care Services in a Remote Community

A county fire district located in the Pacific Northwest received a grant to expand health care services in an isolated community that had no local source of health care. A consortium was formed consisting of the fire district, a citizens group formed with the objective of bringing health care to the community, and a community health center from the closest city. The impetus behind the consortium's formation was a concern that local residents were putting off needed primary care until they became very ill and had to be transported 50 miles away by ambulance to the closest city for more expensive urgent care.

During the grant period, the consortium established a primary care clinic in the local fire department, where there was a large amount of unused space available for rent. Grant funds were used to purchase equipment and supplies and hire a nurse practitioner to provide services to community members 3 days a week. In addition to primary care services offered at the clinic, a behavioral health clinician traveled to the clinic once a month to offer mental and behavioral health services.

Two years into the grant period, the citizens' group formulated a business plan for sustaining the clinic beyond the ORHP grant period. They recognized that the community was too small to support a clinic through user fees and third party reimbursement, and they did not want to continue to depend on grants to support the clinic. The group decided to form a taxing hospital district for the community, a mechanism through which tax dollars are directed to a specific entity in the community. The citizens group took the idea to the community and advocated for its approval with voters. The majority of residents voted in support of the formation of the hospital taxing district, resulting in a portion of the taxes paid by residents being directed to the clinic. The clinic is now funded by taxpayer dollars and revenue generated by fees for services provided.

Since the end of the ORHP grant period, the clinic has expanded to include a registered nurse and a WAVE laboratory with a half-time technician. The clinic has also expanded the number of tests offered. The clinic operates 3 days a week, providing basic primary care to three-quarters of the residents of the town.

Discussion

This grantee identified a need for local healthcare services in the community and by utilizing existing space to open a clinic in the community, was able to minimize the overhead costs of the clinic. The consortium engaged in business planning relatively early and recognized that, in order to create a sustainable solution to this need, they would have to act at the policy level to secure sufficient funding for the clinic moving forward. This grantee engaged consortium partners who held influence in the local community and were able to advocate effectively for the taxing district with voters. Much like the consortium described in the first story (The EMS Training Program in the Mountain West), this consortium was brought together for a specific purpose and the members were chosen based on their commitment to expanding local access to care and their influence in the community. The clinic has been sustained because the consortium was strategic both in how they used existing resources to minimize overhead costs and in how they engaged key leaders in the community to advocate for policy change necessary to sustain the clinic over the long term.

Story 4:

Referral System to Improve Access

A school district in a Plains State was funded to establish a rural health network to implement an identification and referral system among local agencies to improve access to health care for school-aged children and their families. The ORHP funds were used to conduct an assessment on how families in the area access health care services, the types of services families seek, barriers to services and unmet service needs. In addition to the needs assessment, grant funds were used to create a comprehensive resource library that included contacts for local services and educational materials for parents to use with their children.

Following the end of the grant period, the resource library was sustained and expanded by one of the partner agencies. The library is supported by other grant funding as well as by institutional support of the agency that houses it. The needs assessment funded through the Network Development grant has not been repeated, but it provided "real data as to what was happening at the local level" that has been used to access new funding streams.

The network itself was not sustained beyond the grant period, so a referral system for children and families never materialized. There was a significant change in the network partners during the grant period. The original board was comprised of agency leaders and decision-makers from each partner agency. They played an active role in advising the program staff on the direction of the work. Dissatisfaction among board members led to a reorganization that resulted in fewer network members with board representation from agency staff rather than organizational leadership. The board, which had started in a decision-making role that was active in directing the implementation of activities, moved more into an advisory role. The staff of the grantee agency took on the responsibility of planning for and carrying out the grant-funded activities.

The change in the make-up of the board and its transition from a decision-making body to a less active advisory role prevented the young network from developing as an organization. There was a lack of understanding among many of the network partners and staff at the grantee agency about the purpose of a Network Development grant. Many did not recognize that the grant was about developing a network rather than providing direct services. They began to focus more on the project, instead of how to build their collaboration. At the end of the grant period the partners did not have a commitment to the network because they did not see a lot of value in it and could not see where to go next.

Discussion

The experience of this grantee is not uncommon among groups who are seeking to build a new collaboration. There often exists a tension between those who are eager to get programs up and running in the community versus those who see the need to dedicate significant time and energy to developing a shared mission and building a more formal infrastructure to facilitate ongoing collaboration among key stakeholders in the health system. This story illustrates the importance of building a shared vision that includes broader goals (beyond program implementation) for developing long-term strategic partnerships to improve coordination and integration of services. If there is a lack of alignment among partners around a clear vision for a collaboration or network, the relationships will most likely collapse, even if some of the programs are sustained by individual agencies.

Story 5:

Health Care to the Uninsured/Underinsured

An Area Health Education Center (AHEC) in the Pacific Northwest received a grant with the goal of providing expanded health care services to the uninsured/underinsured in a high poverty, geographically isolated community of about 5,000 residents. There is a high level of un-insurance, and most of the patients in the community who are insured are covered by Medicaid or Medicare. It is challenging for providers in the area to make a living because physicians and other clinical providers are reimbursed at levels well below what private insurers pay.

Grant funds were used to provide subsidized primary care for the uninsured. Three local providers agreed to see uninsured patients at a reduced rate, and the cost of care was shared among patients, providers and the grantee agency. Patients seen by participating providers paid one-third of the service cost; grant funds covered one-third of the service cost (reimbursed to the provider through the grantee agency); and the participating providers donated the remaining one-third of the cost through the in-kind provision of care. During the grant period, 800 patients received care through the expansion of primary care services.

Consortium partners included three local providers and representatives from the community. The AHEC convened the three local providers and their staff for monthly meetings to build stronger collaborative relationships among them. During the grant period, the practice staff members did establish better communication and, as a result, increased the sharing of information and transferring of medical records. One of the hoped-for long term outcomes of the grant program was that the physicians would come together to practice in a clinic setting and achieve efficiencies by sharing staff and equipment. This never materialized due to a lack of commitment from the providers after the grant funds ended since there was no longer a guarantee that they could cover the cost of providing care for the under- and uninsured. The program ended as soon as the grant period ended.

Discussion

One of the most common reasons that programs do not sustain beyond the 3-year ORHP grant period is the selection of a programmatic approach that is inherently unsustainable given the context within which it operates.
In this case, grant funds were the only way to provide payment for services to the uninsured in this under-resourced community. This grantee did extremely important work during the 3-year grant period, and many people who would otherwise not be served received needed access to health care services. However, the effort was unsustainable because the participating physicians were unwilling or unable to continue to provide charity care after grant funds ran out, and there was no strong commitment to building a more permanent infrastructure for providing services to the underserved. This grantee and others who had similar experiences see grant funding as a way to address an acute need that would otherwise go unmet, but they face contextual barriers such as inhospitable reimbursement environments, State and local policies or cultural/political characteristics of a community that may render a particular intervention unsustainable over the long term.

That being said, there were multiple grantees who were able to rise above difficult contexts to build a sustainable approach to address an identified problem. Such communities demonstrated a clear understanding of the contextual barriers (local, State and national) that were at play and designed a comprehensive approach involving a series of multiple, integrated strategies to address complex problems. These communities almost always engaged in some policy-level work and sought to effect change at the systems level.

Story 6:

Rural Health Services to Children

A school district in the Midwest received an Outreach grant to provide rural health services to children and families in need of basic mental, dental, and vision care. The consortium, made up of seven local health and human service agencies, did not exist prior to the grant period. ORHP funds were used to implement a range of community education and outreach activities as well as to support the provision of direct clinical and mental health services in the community. Nurses and program coordinators were hired and paid through the grant funds to provide health services. Other activities funded through the Outreach grant included: the creation of a rural health council, the provision of dental care for school children, the establishment of counseling services in a school-based setting, an inhaler clinic for middle school students, community education on suicide prevention, domestic violence prevention education for school children, health screening events in the community, and a traumatic head and neck injury program. The consortium partners saw multiple unmet needs for health care and prevention education and viewed the Outreach grant as a way to address them.

Toward the end of the ORHP funding period, the grant staff began to look for additional grant funding to support the various activities funded by the ORHP grant. They also briefly explored the possibility of Medicaid reimbursement for clinical services, but received no support from administration officials at the school district. The consortium had mixed success in sustaining the grant-funded activities following the end of the funding period. The dental program for school children has been sustained largely through the efforts of a dental hygienist who has applied for grants to pay for the program. The suicide prevention education program was taken over by a parent volunteer who is an expert in the field and offers educational sessions in the school system. The domestic violence education program was sustained when the local domestic violence coalition agreed to continue to provide information about domestic violence prevention in the schools.

At the end of the grant period, the employment of nurses and counselors hired with grant funds was discontinued due to lack of funding. As a result, the school-based counseling services, the head and neck injury program, the inhaler clinic and the health screening program were also discontinued. No other agencies were able to step in and provide these services.
The consortium also disbanded at the end of the grant period. The grantee attributed the lack of sustainability of the consortium to the fact that they were unable to secure additional grant funding to support the programs, and the school system was unwilling to dedicate funding to the programs or collaborative.

Discussion

This consortium used the ORHP grant funds to attempt to address multiple needs in the community with interventions that were limited in scope and were not integrated across agencies in any way. For this grantee, and others, the grant funds were a short term solution that helped local health and human service agencies address multiple emergent issues. Little to no attention was paid to building a longer-term, more comprehensive approach. While it is understandable that a community would want to maximize the infusion of resources by "spreading the wealth around," the ultimate impact is a superficial approach for the short time of the grant and the inability to demonstrate value and impact, which are critical to sustainability.

On a positive note, because so many activities were put in place during the grant period, a few did "stick" and were sustained, often because of a personal commitment by a passionate individual in the community. The consortium, however, disbanded following the end of the grant period. This story illustrates the difference between a collaboration that sees a grant as one step in a longer term process versus a group that comes together to respond to a grant opportunity. The former is guided by a shared vision of community change, a strategic multi-pronged process that will unfold over many years. The latter is governed by a need to produce outputs that will fulfill grant requirements.

THE DYNAMICS OF SUSTAINABILITY

The qualitative analysis of the factors influencing the outcomes of the 102 former ORHP grantees revealed a broad range of influences that can be grouped into the following categories: WHO, WHAT, WHY, HOW. These are the dynamics over which you and your partners have influence. A description of each dynamic is provided along with a list of characteristics that were found to correspond with favorable outcomes regarding sustainability. This is not to indicate that all partners must demonstrate all characteristics to ensure sustainability. Rather, it appears that when these characteristics are present among the partners, the likelihood of sustainability increases.

The WHO Dynamic

The WHO dynamic is related primarily to leadership – style, mindset, influence, and relationships. Having passionate leaders with a strategic mindset appears to have a favorable impact on sustainability. This contributes to the ability to get the "right" partners to the table and to establish rapport and a shared sense of responsibility among all parties required to implement a program effectively. At the most fundamental level, the WHO dynamic involves selecting the partners instrumental to program success. In this regard, collaborators ideally represent the operative agencies and organizations, have leverage to effect the change(s) needed, and are in a position to make commitments of time and resources to implement and sustain the efforts of the consortium or network over time. Strategic leaders appear better able to put day-to-day interactions and decisions into a broader context, seeing the relationship between short-term activities and their ultimate impact on long-term success.

In other circumstances, however, the WHO dynamic may undermine sustainability. In many cases, conflict and/or ineffective communication prevent alignment around a common vision and significantly limit the likelihood for programmatic or organizational success. Further, a perceived need for control may isolate a lead agency, resulting in fewer options for sharing the resources as well as the programmatic responsibilities among key partners once a grant period has ended.

Think back to the second case study of the network of health and human service agencies in the Northeast. In this community you can see the WHO Dynamic at work in a favorable way. The network built participation on the Board into the job descriptions of the member agency CEOs, ensuring that those who were able to make decisions and commitments of time, energy and resources are at the table. In addition, they spent a lot of time building trust among network partners and ensuring clear and consistent communication. As a result of the attention paid to openness and trust, those partner agencies have been willing to commit significant in-kind staff time and resources to the work of the network.

You can also see where the WHO dynamic can create circumstances that may undermine a program's long term sustainability. In Story 4 about the school-based referral system in a Plains state, the network members went from being a decision-making body to acting in more of an advisory role. They met for no other reason than to receive updates on program activities and had little to no role in planning for or carrying out activities. Because they were not involved in the work in any direct way, the network members did not have a strong commitment to the program. There was a lack of clarity about the purpose of network development and no shared vision for the collaboration over the long term. Because of this lack of shared commitment, the efforts dissolved soon after the grant ended.

The assessment of former ORHP grantees provides evidence and examples of how this dynamic influences the long-term impact of a program in the community. An analysis of the stories from these rural communities offers examples of actions that an organization, a partnership or a community can take to position a new program for long-term sustainability. Those agencies or collaborations for which the WHO dynamic was a positive driving force for their programs demonstrated the following characteristics:

- ✓ ***They engaged people who are passionate, collaborative, and able to inspire and motivate others.***
- ✓ ***They adopted a strategic mindset. They were able to put day-to-day interactions and decisions into a broader context and take into account the impact of short-term activities and their ultimate impact on long-term success. These grantees did not limit their vision to the implementation of a three year grant, but rather saw the grant-funded activities as one step in a longer-term vision for change in their communities.***
- ✓ ***The partner agencies were represented by individuals who were in a position to make commitments of time and resources on behalf of their agencies.***
- ✓ ***They took the time to understand partners' agendas and concerns on an ongoing basis. They were intentional about working through conflict, control, and competitive challenges because they recognized that both trust and collaboration among partners are critical to long-term success.***
- ✓ ***They were always aware of changing needs and circumstances that impact programs and organizations. Programs and relationships evolved to remain relevant and viable.***
- ✓ ***There was a culture among partners in which open, honest communication with and among partners was encouraged.***
- ✓ ***They worked with partners in a meaningful way, sharing responsibility for outcomes. They recognized that simply "reporting out" to collaborators on a regular basis was not sufficient to position the program for sustainability, because this allowed partners to assume a passive role, not feeling accountable for long-term impact.***
- ✓ ***They were proactive in advocating for the community's needs and in communicating the accomplishments of the program and the collaboration.***

The WHAT Dynamic

The WHAT dynamic is related to the substance of the program — its relevance, practicality and value — and the impact of program selection and design on sustainability. The relative "favorability" of this influence is determined by the extent to which programs or activities are aligned with any or all of the following three factors: community need, the partners' ability to address the need over the long term, and the real or perceived value created by the program or services. Those who base program design on a deep, shared understanding of the problem to be addressed often exhibit a more durable commitment to sustaining the intervention.

It is important to ensure that the WHAT, meaning the program itself, is practical. An effective programmatic approach is based on understanding the available leverage to create change, the capacity available to implement, and the likely result of the improvements sought. Moreover, addressing a given problem on a fundamental, rather than a superficial, level appears to result in a more sustainable impact over time. For instance, if a community is interested in expanding access to primary care and commits to recruiting a new physician, the intervention must take into account and attempt to remedy the inherent challenges in rural recruitment and retention — otherwise, the program will have only a short-term effect, if any at all. Other examples of a lack of alignment involve insufficient skill and capacity among partners, a lack of reimbursement options for sustaining the program in the long term, and legal or cultural barriers that prohibit the program from being continued or from being implemented at all.

In the most favorable circumstances, root causes of a problem are taken into account when working to address a given community issue from multiple vantage points simultaneously, i.e., working with local providers, the public, payors, and/or policy makers. Conversely, those grantees that attempt to tackle multiple issues in a limited way — for instance, implementing a program that attempts to reduce rates of diabetes, asthma, suicide and smoking through health fairs and screening programs only — frequently exhibit greater difficulty achieving the outcomes they set forth.

Finally, the WHAT dynamic is related to the extent to which a program and/or coalition creates real and perceived value. In unfavorable circumstances, the programs do not generate the impact hoped for during the grant period and are ended; in others, programs may in fact be valuable, but grantees do not capture or effectively communicate their impact. In favorable conditions, value is documented in order to make a case for continuation after the grant funds have been expended.

When the "what" is a favorable driver in the community, the program is matched to the need and is aligned with existing capacity and resources. The program approach is also matched in scope to the complexity of the program.

This was the case for the program described in Story 1 about the development of a Web-based training program for EMS medical directors. In this case, the grantee was intentional and strategic in the design and implementation of the approach (the "what"), knowing from the start how they intended to sustain the program and designing it with that goal in mind. The program was relatively narrow in scale and was not intended to address a highly complex problem- the need (a way for EMS Medical Directors to receive needed continuing education without having to leave their practices for days at a time to travel to a training center) and the approach (develop a Web-based training for EMS medical directors) were matched in scope. The partners in the consortium were engaged because of specific technical skills and content-area expertise, and they were effective in developing, maintaining and continuing to expand the curriculum.

On the other hand, the "what" might be a challenge to long term sustainability if the problem to be addressed is highly complex and the funded program or solution does not adequately address such complexity by using multiple, related strategies (in other words, the problem far out sizes the proposed solution). The WHAT dynamic can exert a negative influence on sustainability when the solution (i.e. program or activity) is a stop-gap measure that does not seek to address the real root of the problem. Think back to Story 5, the program to expand access to health care to the uninsured in the Pacific Northwest. The grantee and partners were seeking to expand access to primary care for the

uninsured in a very difficult context - in an isolated and high poverty community with high rates of uninsured and a large number of patients covered by Medicaid or Medicare. In this community, providers struggle to make a living, so it is not feasible to expect them to be able to continue to see uninsured patients without the reimbursement provided through the grant. While the services provided to the uninsured during the 3 years of the grant were much needed, the approach was unsustainable. Local providers lacked the capacity to continue to provide care for uninsured patients, and there was no community-wide commitment to explore alternatives to meeting the health care needs of the uninsured (e.g. applying for a new start FQHC or opening a shared clinic).

Some valuable lessons were learned from the sustainability assessment of former ORHP grantees as it relates to the WHAT dynamic. Findings from the study pointed to the importance of matching the program approach to the need. Those that were able to sustain over the long term exhibited the following characteristics as they relate to the WHAT dynamic:

- ✓ ***They based the program design on a thorough understanding of the needs that they were attempting to address. They used needs assessments and community studies, their own experiences, and consultations with others who were working on the same issues or with the same target populations locally.***
- ✓ ***They used multiple, integrated strategies to address complex problems from different angles (policy change, coalition building, individual-level interventions, etc).***
- ✓ ***They worked to be sure that the strategies "made sense," that they were practical and likely to accomplish the short- and long-term goals.***
- ✓ ***They considered the context within which they were working - professional, cultural, legal, political, economic, geographic, etc. They identified conditions or policies that might present challenges or opportunities for sustaining their efforts beyond the grant period.***
- ✓ ***Because they understood the importance of matching the scope of the approach to the complexity of the problem, they avoided taking a "scatter-shot" approach. Trying to address too many problems at once limits the chance of having an impact in any one area.***

The WHY Dynamic

Perhaps one of the strongest dynamics affecting sustainability and long-term impact is the motivation for working together — the WHY. A vision may be short- or long-term, broadly or narrowly defined, held by one organization or leader or shared among partners, be nebulous or clearly articulated. All of these characteristics appear to influence outcomes at the community level, including the extent to which programs and coalitions are sustained.

Programs and coalitions characterized by a clear long-term vision for what they hope to accomplish appear most likely to maintain alignment and continue working together over time. Viewing grant funds as a means to accomplish longer-term goals creates the ability to plan beyond the grant period. This approach enables the development of group identity that is not tied specifically to the implementation of a short-term program, but rather to making a sustainable impact on the community.

In contrast, focusing on short-term resource needs will impact the design of the program and the timeline for planning. In this scenario, the opportunity for resources often drives the design of the programmatic approach more strongly than the combined aspiration of the partners. This may result in a group seeing itself as responsible for implementing a grant program rather than a group that is determined to address a problem over time.

A narrowly defined but long-term vision provides the ability to focus intently on solving a particular problem and improves outcomes. In those instances in which short-term goals are clearly identified, the program strategies may be very effectively implemented during the funding period and discontinued when the grant funds are no longer available. When the vision is to change the broader system, a more strategic, comprehensive approach aimed at impacting the system at multiple levels is required to improve the likelihood of sustaining impact.

In the absence of a clearly articulated vision, it is difficult to achieve demonstrable outcomes or sustain partnerships over time. Similarly, when a vision is held by only one leader or organization, a lack of alignment and common purpose most often results in partners “leaving the table” and, ultimately,

insufficient support for continuing programs at the end of the grant period. Communities that experience a significant turnover in leadership are especially vulnerable when the vision for the future is not understood or carried on by other members of the collaborative.

Those ORHP-funded communities in which the WHY dynamic was a positive driving force were purposeful in creating a longer-term vision for where they wanted their communities to be and saw the grant funding as a step toward getting them there, rather than a means to an end. In Story 3 about the consortium that established a clinic in a remote community in the Pacific Northwest, the consortium came together with a clearly defined vision to expand access to primary care in their community. As a consortium they were committed to building something that would sustain beyond the grant period. They were strategic in their approach, using grant funds to provide start up funding to establish the clinic and then using the influence and shared commitment of their consortium partners to this clinic to advocate for the establishment of the taxing district that would fund the clinic after the grant period ended.

In the absence of a clearly defined vision shared among collaborators, programs and partnerships may fall apart once grant funding ends. Think back to Story 6, the consortium in the Midwest funded to provide an array of services to children in a school district. The partners saw the influx of grant funding as a way to address multiple issues in the community. Little or no attention was given within the consortium to building a longer-term, more comprehensive approach. As a result, there was not a cohesive, shared vision for longer-term change in the community. The consortium disbanded when the grant period ended because, without the grant funds to support the myriad of services they were implementing across multiple agencies, there was no clear “why” to keep them collaborating.

Those organizations or collaborations that were able to achieve some level of sustainable impact demonstrated the following characteristics related to the WHY dynamic:

- ✓ ***They were clear about their strategic vision and specific about what they wanted to be different in the community 5 or 10 years into the future as a result of having received the ORHP grant. These communities thought beyond the 3-year funding period.***
- ✓ ***They included a broad range of stakeholders in the visioning process and the design of the intervention. These communities demonstrated that participation breeds buy-in, understanding and support for the future. A shared vision is also more durable when there are changes in leadership.***
- ✓ ***They built in a process for revisiting the vision and goals regularly to keep the partners engaged and created opportunities for feedback and midcourse corrections.***
- ✓ ***They viewed their ORHP grant as a means to an end rather than a mere opportunity for funding. The grant-funded program was one piece of a larger and longer-term effort to solve a problem in the local community.***

The HOW Dynamic

The HOW dynamic refers to the ways in which a plan is put into action, including the strategies employed, the capacity built, and the documentation and communication of impact and value.

An important concept related to the "how" dynamic is "beginning with the end in mind," which helps build programs into or as a part of existing infrastructure or organizations. The logic and desire to build upon assets in the system helps minimize short-term costs and anticipate the need for sustaining resources, for personnel and overhead. In addition, building additional capacity within partner organizations and sharing responsibility for implementation results in increased awareness of the initiative and enhanced commitment. Conversely, thinking about "sustainability" near the end of the grant program or just before the funds are exhausted is dangerous. Merely focusing on implementation and the need to "get things done," may prevent the ability to put day-to-day decisions into a broader strategic context. And, when funds are used to develop a new, free-standing infrastructure (staff, equipment, overhead), programs are often more costly to maintain which can result in reductions in service, or in more extreme cases, a decision to discontinue programs.

Often a significant challenge is acquiring and maintaining capable skilled staff to "do the work," since the capacity required may not readily exist in rural communities. Without sufficient capacity, it may not be possible to effectively implement interventions. However, when capacity is built among existing staff and the training is conducted as part of the grant implementation, long-term assets are created for the local health system, even if programs or collaborations are ultimately reduced in scope or discontinued.

It is important to view evaluation as a critical dimension of the "how" dynamic - an essential element of a sustainability strategy which includes carefully monitoring progress, discussing experiences with partners, and refining programs to improve efficiency and outcomes. Evidence of impact at individual, organizational, and/or population levels is imperative for making a case to funders, partners and even policy makers that additional resources should be committed to sustain local efforts. In contrast, when evaluation is

seen more as an "extracurricular activity" or a grant requirement, the result is greater difficulty demonstrating value and securing the investments needed to support efforts at the end of the grant period.

For those organizations and collaborations where the HOW dynamic was a positive influence, the planners were strategic from the beginning in the way that the program was designed. They were deliberate in designing an approach that minimized the need for new resources to sustain the program over the long term. This was the case in Story 3 about the establishment of a primary care clinic in the Pacific Northwest. The coalition took advantage of an existing space in the community rather than building a new structure that would have required a significant output of capital and continued funds to maintain a separate clinic building. In Story 2 about the regional network of health and human service agencies in the Northeast, the HOW dynamic is at play in the way that the partners streamlined the needs assessment process. The region went from doing 17 different needs assessments to conducting one comprehensive regional needs assessment every 3 years. The partner agencies now share the work and the expense of the needs assessments among all the partners, and everyone can then use the data collected to secure grant funds.

An example of a community where the HOW dynamic was a negative force is seen in Story 6 about the school district in the Midwest that received a grant to provide health services to children and families. The grantee organizations used grant funds to hire program coordinators and nurses, creating significant new overhead costs for the school district. The costs could not be absorbed by the district or other partner agencies once the grant ended, so those positions were eliminated. The work to sustain the activities started through the grant was not initiated until the end of the grant period. The consortium began looking for other grant funds in the last part of the last year of the funding period. They briefly explored the possibility of Medicaid reimbursement for some of the clinical services provided by nurses, but this effort was unsuccessful because they had not worked to build the support needed from the school district administration from the beginning.

Valuable lessons were learned from the sustainability assessment of former ORHP grantees as it relates to the HOW dynamic. Those that were able to sustain impact over the long term exhibited the following characteristics as they relate to the HOW dynamic:

- ✓ ***They considered sustainability options from the beginning. Programs and partnerships were built with an awareness that the needs they were addressing were for the long term.***
- ✓ ***They recruited or hired capable staff with the necessary skills for implementing programs effectively. These groups anticipated the organizational capacity and human resources needed, since training, recruitment and retention often prove problematic.***
- ✓ ***They built on local assets rather than creating new ones that would have required additional support. They shared staff, equipment, and space with partners when possible to maximize resources and minimize costs over time.***
- ✓ ***They were strategic in the design and implementation of the program evaluation. They included indicators of impact that were of interest to partners and potential funders.***
- ✓ ***They consistently communicated the value of their efforts with key audiences – internal and external.***

AN INITIAL ASSESSMENT OF YOUR POTENTIAL FOR SUSTAINABILITY

Stories from rural and frontier communities across the country were presented in this primer. Their stories present dynamics that influence the potential for long-term impact of programs and partnerships in a community. These dynamics, WHO, WHAT, WHY and HOW, can be favorable or unfavorable as they relate to a program's or partnership's sustainability.

Perhaps you recognize your community, your partners or even your own agency in some of the stories presented in this primer. Now is the time to make an inventory of the dynamics at play in your own community and think about how to build an impactful program in your community. The inventory below is by no means comprehensive, but may help to get you started in identifying those areas where some attention and work needs to be focused.

The WHO Dynamic

Look at the other people sitting around the table. Are they:

- ***the people who can make commitments and decisions on behalf of their organizations?***
- ***passionate about the work that you are doing, fully committed to the vision and able to inspire others?***
- ***have the ability to attract support and financial resources for your efforts?***
- ***able to put aside their personal agendas and work collaboratively?***
- ***clear on their stake in this project and having their organizational and individual needs being met?***
- ***engaged in meaningful ways in the planning and implementation of the program?***

The WHAT Dynamic

Think about your program approach, the issue you seek to address, and the context within which you are working.
Do you:

- ***have a clear understanding of the need that you are addressing? Is that understanding based on a recent and comprehensive needs assessment that included input from your target population?***
- ***have a programmatic approach that "fits" the issue you seek to address? Is your approach matched in scope to the complexity of the issue you seek to address?***
- ***have the partners engaged with you demonstrated the power to make the change you seek to make?***

The WHY Dynamic

Think about the vision for this program and its impact in your community.
Is the vision:

- ***limited to a grant funding period?***
- ***clear and shared by your partner organizations? Did your partners participate in the process of defining setting priorities and clarifying goals?***
- ***Can your partners articulate your vision and describe the ways in which they can and will contribute to the success of your initiative, both short- and long-term?***

The HOW Dynamic

Think about your program approach and how your plan will be put into action.
Is your program:

- ***staffed by people with the necessary skills and expertise to effectively implement the program?***
- ***strategic in building on existing resources and infrastructure? Are you sharing staff, equipment and space when possible to maximize existing resources and minimize overhead costs?***
- ***being evaluated to document outcomes and demonstrate value?***
- ***guided by a comprehensive communications plan that includes tailored messages for key audiences about the value your program creates. Are you communicating with both partners internal to the program and stakeholders external to the effort?***

This primer was designed to help rural health organizations and collaborations starting up a new initiative recognize the importance of building sustainability planning into your project from Day One.

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