Tactics

Sustaining Prevention: Eight Capacity Building Factors for Success By Paul Nolfo

Over the past twenty years prevention science has made great strides in moving from research to practice. We now have many prevention interventions that are theory-based, proven to be effective, and applicable to real life situations. The major challenge for the prevention field today is: How do we continue or expand prevention interventions in an environment of limited resources? As we have become more adept at implementing effective prevention strategies and measuring the difference they make, we are also being asked to effectively serve a larger and more diverse segment of the population. Cost-benefits for all types of social programs has become an important criterion for funding. To address these issues, we need to seek resources to improve and expand our existing prevention efforts and support new prevention innovations. The challenge is to develop a strategy to leverage existing resources. This strategy is sustainability. When sustainability is an integral part of an organization's overall prevention strategy, it can provide the supports necessary to expand the organization's prevention efforts. The goal of this Prevention Tactic is to demonstrate how prevention stakeholders can utilize eight capacity building factors to continue and expand prevention efforts regardless of the entity's size, bureaucracy or the changing environment.

What is Sustainability?

Sustainability is the continued ability of a prevention effort to meet the needs of its stakeholders (Johnson et al., 2004). Therefore,

prevention Tactics 9:13 (2014)

Tactics (Tak'tiks) n. 1. a plan for promoting a desired end. 2. the art of the possible.



sustainability can be thought of as a way to continue a prevention effort, including the diversity of forms that it may take in the future (Shediac-Rizkallah & Bone 1998). For example, an entire program may continue under its original organizational structure or an alternate structure. Sometimes, parts of the program may be institutionalized as individual components or program ownership may be transferred to the community in its entirety or in parts. (Shediac-Rizkallah & Bone 1998). "Continued ability" indicates that the capability to ensure that time, money, and other resources required to continue a prevention effort are in place. Having stable resources is especially important when the initial funding has ended to ensure that the prevention effort can continue at a reduced, similar, or expanded scale.

To achieve sustainability of a prevention effort, it is necessary to build capacity. Capacity building includes nurturing and building upon the strengths, resources, and problem-solving abilities already present in individuals and communities (Robertson & Minkler, 1994). For instance, engaging community leaders is capacity building. Leaders can help open doors in the community to access resources or facilitate partnerships with other organizations. Capacity building can

The Eight Capacity Building Factors

Champions and Leaders: Research stresses the importance of champions and leaders. Champions and leaders are influential and proactive individuals inside or outside of a system that lead or support the sustainability process. These individuals can help create supportive environments (Akerlund, 2000), enhance the chances of receiving non-local funding (Akerlund 2000), diffuse prevention efforts throughout the community (Green and Plsek,2002), and act as brokers on behalf of the innovation with other decision makers (Beuermann & Burdick, 1997; Goodman & Steckler, 1987).

Organizational Fit: Studies show that the "fit" of a new program within the existing organizational mission and/or its standard operating procedures is a key influence on sustainability (Scheirer 2005). "Fit" includes the alignment of the prevention strategy with the organization's missions and values. (Scheirer, 2005), commitment of leadership and staff (Scheirer, 2005), internal skills within the organization that are conducive to support the prevention effort (Chaskin, 2001), and integration of the effort into the organization's processes to ensure that the effort's activities become a part of the organization's core services (Scheirer, 2005).

Community Support: When prevention efforts enlist support from the community, the activities are more likely to be sustained (Rodgers, et al., 2008). A major premise of a community approach to health behavior change is that lasting widespread change is more likely to occur if a broad range of health professionals, health institutions, community groups, and private citizens are involved in collective advocacy against health risk behaviors and the conditions that produce and support them (Shediec-Rizkallah and Bone, 1998). Promoting a sense of ownership of the effort (Bracht and Kingsbury, 1990; Flynn, 1995) is another premise of how community participation can influences an existing effort or a new innovation's sustainability.

Collaboration: Research at the community and state levels identifies collaboration among agencies or partners (Bauman et al., 1991; Schwartz et al., 1993; Jackson et al., 1994) as an important factor for facilitating sustainability (Johnson, et al., 2004). Collaboration characteristics include: passive to active participation, helping one another to be successful, and the increased ability to solve systematic problems.

Demonstrated Success: Evaluation plans should be developed early and used to serve the needs of the program to index success and enlist future support for a program (Marek, et al., 2003).

Adaptability: Change is essential to a prevention efforts' survival. A basic reason efforts survive is that they adapt to the environment over a long period of time (Pressman and Wildavsky, 1979).

Competence: State agencies, communities, and community-based organizations need a broad complement of skills to sustain the use of research-based prevention programs (Goodman, 2000). Such skills include knowledge of needs assessment, logic model construction, selection and implementation of research-based prevention interventions, fidelity assessment, and staging intervention components (Goodman, 2000). The five-step Strategic Prevention Framework (SPF) can support best-practice selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities.

Resources: Continued adequate funding is a primary element in sustainability. Successfully sustaining an existing effort or launching a new innovation requires that the search for additional funding is an ongoing activity. Since many organizations do not have the luxury of dedicating a great deal of staff time to secure funding, arranging a mechanism whereby another person or organization is responsible for obtaining funds will prevent staff time from being diverted from program implementation (Marek, et al., 2003). Funding is only one resource among many that are needed. Other resources needed to sustain a system include human, physical (e.g. office space), technological, and informational resources. In regard to human resources, functions required to administer the innovation must be carried out by an adequate number of qualified, committed staff. When an organization builds capacity, other types of support can become more available such as volunteers, in-kind contributions, and community partnerships.

leverage resources and provide an organization with the opportunity to replicate prevention efforts or reinvest in other prevention strategies.

Framework for Sustainability: The Eight Capacity Building Factors

The eight capacity building factors used as a framework for this Tactic were developed through an extensive review of sustainability research and decades of experience working with counties, community-based organizations, and for-profit organizations to develop and implement sustainability measures. In addition, each factor proposed here was cross-walked with other sustainability studies to further substantiate inclusion in the framework. The following page gives a description of each of the eight capacity building factors.

This framework builds on the work of Dr. Lydia Marek and colleagues. Dr. Marek examined 125 locations where the Children, Youth and Families at Risk Program were implemented. This program is funded by a Congressional appropriation and serves 26,600 individuals. The eight capacity building factors proposed herein add "Organizational Fit" to Dr. Marek's original schema, and expand the idea of competence to include the entirety of a given organization. While Dr. Marek mainly focused on the competence of leaders, and to some extent staff, the concept of competence is expanded herein to include everyone involved in the prevention effort.

The eight elements of sustainability have been applied effectively during work with various organizations and counties. The elements have been used to develop funding proposals, appeal decisions for funding, and evaluate a Drug-Free Community coalition. Funders have been very receptive to having specific capacity building factors on how a proposed program would be sustained in the future. On an appeal for funding, an entire presentation was based on the capacity building factors. This appeal was successful and the executive director of the foundation specifically cited the program's sustainability

strategy. Lastly, Drug-Free Community coalitions are specifically designed to build capacity. By using the capacity building factors to evaluate a coalition, it is easier for coalition members to focus on actions that could enhance their ability to sustain the coalition for the future.

Capacity building takes time and is ongoing. Therefore, it is important to plan for capacity building at the selection or design stage of a prevention effort. If capacity building is not addressed early on, it becomes very difficult to build capacity in a shortened time period; especially when a project is about to lose its funding.

Case Studies: Examples of Successfully Sustained Prevention Efforts

To demonstrate how capacity building can enhance the likelihood of sustaining prevention efforts, this Tactic will examine three diverse entities that have achieved sustainability success. Representatives from three prevention-based efforts were interviewed in order to better understand their success in sustaining their respective programs. Each entity is different in the size and scope of their operations. Yet, all three entities utilized capacity building to maintain, adapt, and expand their prevention efforts over many years. The three entities include a county alcohol and other drugs (AOD) department, a community coalition, and a community-based organization.

The San Diego County Behavioral Health Services Division (BHSD) began its capacity building efforts in the early 1990s. Since that time, BHSD has been able to leverage prevention funds by collaborating with various sectors of the community by way of six regional coalitions.

The El Dorado Hills Community Vision Coalition (CVC) began nine years ago through a Drug-Free Communities Grant. The CVC has been able to prove the success of its prevention efforts to the community, quadrupling its funding and in-kind contributions.

Lastly, People Reaching Out (PRO), a community-based organization, has been able to continue its operations for 34 years due to its ability to adapt its programming to stakeholder needs and by having highly competent staff.

Each agency leader commented that change was a challenge to sustainability, but reported that by continuing to build capacity, they achieved success in sustaining their prevention efforts.

Case Study 1: San Diego County Behavioral Health Services Division (BHSD)

BHSD's AOD prevention strategy uses a community change model to prevent alcohol and drug problems throughout the region. BHSD's DUI Programs and Prevention Services Manager, Linda Bridgeman-Smith, has been with the county for many years and was able to reflect on how prevention grew to such a prominent component of the county's overall approach to health issues.

"There's one thing we know for sure, things are always changing."

Linda Bridgeman-Smith,
 DUI Programs and Prevention Services Manager
 San Diego County BHSD

BHSD is mainly funded with federal and state funding streams. While this funding provides a measure of financial stability for prevention efforts, there is still a need to leverage those funds to impact the second most populated county in California. For BHSD, sustainability includes the ability to create opportunities to partner with community and local government entities. To build partnerships, their approach has included capacity building to sustain their prevention efforts. This approach started to take shape on December 11, 1990.

At that time, the County Board of Supervisors passed a prevention policy for San Diego County. Specifically, the policy was designed to support the Board of Supervisors' leadership role in planning and facilitating prevention initiatives and services

throughout the region, and to guide program development and funding within County government. The policy was countywide and interdepartmental in scope, since the social, physical, and economic problems related to the quality of life of individuals across departmental and organizational lines. The scope of the policy set the stage for the development of a countywide prevention strategy that would include the creation of a governmental coalition to ensure a collaborative and coordinated approach to prevention throughout county government. The Board of Supervisors became the champions of the prevention effort in the community. This leadership provided a supportive environment for BHSD to create a very innovative prevention plan.

In March of 1993, Bill Crane was the county's "guru" on prevention. In an effort to institutionalize the county's prevention policy, Mr. Crane began by evaluating the Center for Substance Abuse Prevention's six strategies. Mr. Crane, along with other county staff, concluded that environmental and community-based process strategies made the most sense from a cost-benefit standpoint and determined them to be the basis for a county-wide prevention strategy. These strategies offered the best chance to achieve population-level change caused by substance use and abuse. In 1993, having a strong strategic emphasis on environmental strategies and community engagement was



innovative and demonstrated a high level of staff competence at BHSD. With the Board of Supervisors already committed to prevention, the strategy moved forward.

In September of 1997, the Board of Supervisors adopted a position paper on prevention entitled "Moving the Delivery of Alcohol and Other Drug Prevention Services into a New Framework for the 21st Century." The framework developed in the paper called for community support among neighborhood residents, families, schools, the faith-based community, businesses, and public and private agencies. These entities all had interests that "fit" with the County's strategy. Along with this collaborative approach of working with the community, the paper emphasized a public health model for prevention and the utilization of the latest technology for data collection and evaluation.

BHSD's Strategic Plan for Prevention still has the ongoing support of the County Board of Supervisors today. The plan reflects the commitment of public and private sector leadership within the County that continues to offer considerable resources to prevention services provided by the County. A key aspect of the County's AOD prevention system is its linkage to the overall goals of San Diego County's Health and Human Services Department (HHSD) including HHSD's latest initiative, "Live Well San Diego." This initiative builds on environmental prevention using the public health model and reinforces the community engagement strategy.

BHSD currently funds six regional prevention contractors who facilitate community coalitions. The contractors use the Strategic Prevention Framework to create community prevention plans. Contractors also provide education to coalitions to increase their competence to use prevention policies in their community. The community coalitions provide additional resources by creating local partnerships that participate in the prevention effort and ensure that prevention efforts adapt to meet the changing needs of their target communities. The coalitions have helped

to institutionalize prevention throughout the community.

Challenges

While BHSD experienced measures of success in their approaches to prevention, they also faced considerable challenges. Working with community coalitions can be challenging at times, especially when individual interests are in conflict with community needs. Community work requires continued efforts to nurture existing relationships and build new ones. While dedicated funding streams have been a continuous resource, BHSD is also subject to county budget shortfalls or a bad economy. Yet, Ms. Bridgeman-Smith believes that the strong leadership from the County's Board of Supervisors and the integration of prevention throughout all county departments will guarantee that support for prevention will continue.

Highlights

BHSD capitalized on the leadership of the San Diego County Board of Supervisors and the county prevention staff for their initial success. The Supervisors helped overcome a common challenge that many government agencies face: Prevention is not a priority. The Supervisor's leadership enabled county staff to be more innovative in its approach to prevention. By increasing their competence in prevention strategies, they were able to implement an environmental and community engagement approach to prevention. Leadership, competence, and community support, now staples of the prevention effort in San Diego, have sustained the initial strategy for community-based prevention developed in 1997. This strategy and its adaptations have now been sustained for nearly twenty-five years.

Case Study 2: El Dorado Hills Community Vision Coalition (CVC)

In January 1997, the CVC was formed to help youth in El Dorado Hills by providing "positive youth development" opportunities, including

financial support for community organizations. Youth development opportunities are activities that increase knowledge and build strengths, assets, skills, and talents to help young people reach their highest potential, in ways that are safe, healthy, and free from AOD use. The CVC currently receives a Drug-Free Communities Grant. DJ Peterson has been the Executive Director for all nine years of the CVC's formal existence.

Early on, CVC members discussed the purpose of the Drug-Free Communities Grant. While other coalitions made the case for funding direct services, CVC decided to take a different approach and concentrate on building the infrastructure of the coalition. Later, CVC focused on prevention strategies that would impact as many youth in their community as possible, which included policy work and environmental prevention. The CVC also allocated a small amount of funding for direct services to encourage entities to become part of the prevention effort in the community.

"We must continue to evolve the coalition to keep up with the changing environment."

DJ Peterson,
 Executive Director
 El Dorado Hills CVC

Through training, CVC staff increased their competence and pioneered the use of environmental strategies in their county. As a matter of fact, CVC was one of the first coalitions to implement prescription drug take-back days. As the years passed, CVC earned the reputation in the community as a coalition that could get things done, presenting CVC with a number of unexpected opportunities. For instance, El Dorado County now perceives CVC as successful and an excellent "fit" with the county to plan youth and health related services.

CVC worked diligently to obtain community support through partnerships with law enforcement, businesses, school officials,

government entities, and other community-based organizations, and continues to cultivate those relationships today. They also keep 1,500 community members informed about CVC's successes and the health issues impacting youth. Community-level enthusiasm for the coalition is still strong as illustrated with more than 50 people that attend CVC meetings. Many of the participants are community leaders that are committed to prevention. CVC is deliberate on how they maintain important relationships: 1) the CVC board meets quarterly to afford time and resources for leaders to be able to attend each meeting; 2) CVC gives key leaders a special designation as Executive Advisory Committee Members and recognizes members as such at community events; 3) CVC listens and actively collaborates with members so they are engaged and have ownership of the prevention effort; 4) CVC attracts resources to the community in the form of program funding, and 5) CVC shares that funding with direct service provider partners to keep them engaged in CVC's work.

Sharing funding has supported CVC's partners to increase their capacity to fully participate and collaborate in the prevention effort. Because of CVC's initial achievement in building the infrastructure of the coalition, they had the capacity to successfully expand their involvement to many other health related issues that impact youth. Along with this expanded involvement came opportunities to diversify their funding. For example, CVC board members recently made a list of ten different grant opportunities they would like to pursue. CVC community volunteers were assigned a grant research opportunity to determine if the grantor "fits" with CVC's mission. It took time to develop the infrastructure to support the pursuit of multiple funding opportunities, but CVC demonstrated the importance of constantly pursuing funding as a means to sustain the coalition and its partnerships.

CVC's future strategy to sustain their prevention efforts is to use their competence in operating

a coalition to create other coalitions within El Dorado County and in other counties. CVC has been successful in applying for Drug-Free Community (DFC) mentoring grants which provide funding to mentor a fledgling community coalition and prepare the coalition to apply for its own DFC grant. When those coalitions do receive the grant, CVC provides coordination services and becomes their fiscal agent.

Challenges

In the future, the main challenge for CVC will be the difficulty in successfully applying for Federal grants. Although they have demonstrated success in operating a coalition resulting in both state and local funding sources to seek collaborative partnerships, they will need to continue to nurture existing relationships and build new ones. As Mr. Peterson says, "I don't know what the next big thing is, but if it's health related and impacts our youth, we will be there."

<u>Highlights</u>

CVC's early demonstration of success attracted other entities and funding to their prevention efforts. CVC staff nurtured relationships through collaborations on various projects and strengthened these relationships by sharing funding with various entities in the community. CVC's reputation for success, ability to collaborate, and willingness to pursue alternative funding has proven successful for the past nine years, and is an excellent formula to sustain the coalition into the future.

Case Study 3: Sacramento County People Reaching Out (PRO)

"Inspiring, educating, and mobilizing young people to build healthy futures for themselves, their families, and their communities" is the mission of the Sacramento-based, non-profit organization, People Reaching Out (PRO). Their investment in young people spans more than 30 years and \$20 million dollars. The following is the story of how PRO has been able to sustain itself



over the years as told by the current Executive Director, Staci Anderson.

First and foremost, PRO has always been youth focused, enabling them to measure and demonstrate success, avoid mission drift, tell their story, and develop partnerships with other organizations and individuals that "fit" with their values and strategy. Even though PRO's specific strategies for prevention have changed over the years, PRO has always maintained a youth focus. This focus has broadened their view of prevention, thereby realizing that any health issues that impact youth are opportunities for PRO to get involved.

"There is a whole new world out there. We have to be comfortable with being uncomfortable."

Staci Anderson,
 Executive Director, PRO

Community engagement and support has been a value and strategy for PRO from the very beginning. PRO was created when a group of concerned citizens and community leaders came together to address drug dealing in a local park. Successful in reclaiming the park for the community, these citizens realized the power of community partnerships in preventing youth substance use. This group grew into PRO, and continued community partnership has made PRO a leader in the field of prevention.

PRO's partnership with community business leaders was another important strategic decision. PRO's leadership knew if they were going to form partnerships with businesses, they had to act like a business. They increased their competency in administrative support such as planning, finance, human resources, management and fund development. They communicated a business perspective with corporations and corporations responded. Over the years, the business community has added to PRO's resources by raising substantial dollars by way of donations, sponsorships, and in-kind contributions. Several years ago, one of their local bank partners donated a building that still houses the entire PRO operation. Even today, PRO prioritizes this business approach and continues to fund administrative functions.

PRO has developed a reputation for being a very competent and successful organization in incorporating youth-led efforts. With this reputation, PRO fosters community support from various public sectors including education, law enforcement, government, political officials, and other community- based organizations. For instance, their youth advocacy group stated that domestic violence was an issue that affected young people. PRO's renowned reputation supported the youth to collaborate with a domestic violence organization resulting in a new source of funding.

PRO prides themselves for nurturing an organizational culture of innovation and creativity. Thirty-four years ago, PRO was groundbreaking in becoming a community-based organization that focused on primary prevention for youth substance use. Running the organization like a business and valuing innovation affords risk-taking opportunities that most entities would avoid. PRO provides competency training for staff, helping to develop staff into leaders and innovators in the field of prevention and ensuring that PRO remains at the forefront of prevention innovations. Several positions were created to reflect their unique business approach: Director of Sustainability and Strategic Alliances, Evaluation Manager, and New

Media Programs Coordinator. The media position helps PRO "get through the noise" that new types of electronic and social media have created. Ms. Anderson believes that your successes and products must be visible or you suffer the consequences.

The organizational culture has produced other benefits. Many of the staff advanced into local and/or state leadership positions creating a network of people that identify new opportunities for PRO. These opportunities have often resulted in accessing diverse funding streams.

The culture of innovation has also attracted leaders in the community that share the same perspective. The shared idea of leadership has allowed PRO to present new concepts, be transparent within the community, place a high value on staff training, and be able to act quickly when opportunities arise. When it comes to leadership, it is interesting to note that in thirty-four years, PRO has only had three executive directors. Ms. Anderson believes this stability in leadership has helped PRO maintain its unique organizational culture.

Programmatically, PRO has not let their programs drive their mission. In many respects, if you compare PRO's current prevention efforts to services offered just ten years ago, you might think you were comparing two different organizations. PRO's willingness to learn, take risks, and listen to their partners and the community has allowed them to adapt to the changing needs of the community and implement cutting edge prevention initiatives.

<u>Challenges</u>

PRO's biggest challenge moving forward is the change in federal funding priorities. Federal funding is now targeting national efforts and larger organizations. In some cases, PRO has been able to become subcontractors on grants, but there is a clear movement to fund organizations that have the capability to take on larger projects. These federal projects have

also siphoned off local funding. In addition, many entities that had their budgets reduced over the last several years are no longer subcontracting to community-based organizations. Rather, they are now keeping those funds in-house. While still considering options to address these challenges, it's clear that maintaining their innovative approach to work, training staff, and forming strong partnerships with other organizations will be at the heart of their capacity building strategy.

Highlights

PRO's commitment to investing in their staff shaped an environment for creativity enabling PRO to prioritize their mission over programs and adapt the organization's efforts to the needs of their stakeholders. These attributes stand out as major reasons why they have sustained the organization for nearly thirty-five years. Their ability to adapt to new environments enables PRO to develop and consider alternative strategies to meet their challenges. The high level of expertise supports PRO's ability to pursue prevention innovations as well as sustain existing efforts.

Conclusion

The case studies support the utilization of the eight capacity building factors to achieve sustainability. They all have leaders and champions that help to create supportive environments and open doors in the community. The entities implemented deliberate strategies to create partnerships with like-minded entities that resulted in collaborative prevention efforts. Community engagement and support was also a major focus for leveraging resources. By placing a premium on innovation, all three entities increased their competencies. These entities have not been chained to their programs. Rather, they have been driven by their mission. Being mission-driven has allowed them to adapt their programming to the changing needs of the community. Each model entity has enjoyed a stellar reputation as a successful organization with the ability to "get the job done". Lastly, each entity has found alternative resources to help

expand their prevention efforts and sustain new innovations. Both PRO and CVC have broadened their view of how health issues impact the youth and their communities. This approach has helped both organizations get involved with broader community efforts and secure more diverse funding streams. BHSD, CVC, and PRO have been able to leverage their funding by supporting prevention initiatives that include the community, thus bringing additional resources to the prevention effort.

Other entities involved in community prevention efforts should take note of how each exemplary organization has created an internal environment that fosters innovation. Innovation has been supported by ongoing staff development resulting in prepared organizations that are open to change. Looking back, it is easy to see how much the prevention field has changed and why these organization's innovation has led to success. Each agency leader acknowledged that change is inevitable in order to match the shifting environment. By incorporating capacity building to enhance the sustainability of their organizations, they are prepared to meet their challenges.

Lastly, to be successful, those in the prevention field must be able to engage leaders, collaborate with other entities, and obtain broad community support for their efforts. In each of these examples, those skills were instrumental in the execution of their prevention efforts. Limited available resources will continue to be a challenge into the foreseeable future. Adopting the eight capacity building factors will equip agencies with the tools to ensure effective, sustainable prevention services.



References

Akerlund, K. M. (2000). Prevention program sustainability: The state's perspective. Journal of Community Psychology, 28, 353–362.

Bauman, L. J., Stein, R. E. K., & Ireys, H. T. (1991). Reinventing fidelity: the transfer of social technology among settings. American Journal of Community Psychology, 19, 619–639.

Beuermann, C., & Burdick, B. (1997). The sustainability transition in Germany: some early stage experiences. Environmental Politics, 6(1), 83–107.

Bracht, N. and Kingsbury, L. (1990) Community organization principles in health promotion: a five-stage model. In: Bracht N (editor). Health promotion at the community level. Newbury Park, CA: Sage Publications; 1990.

Chaskin, R. J. (2001). Building community capacity: a definitional framework and case studies from a comprehensive community initiative. Urban Affairs Review, 36, 291–324.

Flynn, B. S. (1995) Measuring community leaders' perceived ownership of health education programs: initial tests of reliability and validity. Health Education Research, 10, 27–36.

Goodman, R. M. (2000). Bridging the gap in effective program implementation: from concept to application. Journal of Community Psychology, 28, 309–321.

Goodman, R. M., & Steckler, A. B. (1987). The life and death of a health promotion program: an institutionalization case study. International Quarterly of Community Health Education, 8, 5–21.

Green, P. L., & Plsek, P. E. (2002). Coaching and leadership for the diffusion of innovation in health care: a different type of multi-organization improvement collaborative. Journal on Quality Improvement, 28(2), 55–71.

Jackson, C., Fortmann, S. P., Flora, J. A., Melton, R. J., Snider, J. P., & Littlefield, D. (1994). The capacity-building approach to intervention maintenance implemented by the Stanford Five-City project. Health Education Research, 9(3), 385–396.

Johnson, K., Hays, C., Center, H., Daley, C., (2004). Building capacity and sustainable prevention innovations: a sustainability planning model. Evaluation and Program Planning, 27 (2004) 135-149.]

Marek, L.I., Mancini, J.A., Brock, D.P., (2003). National state strengthening program sustainability study: patterns of early sustainability. Virginia Polytechnic Institute and State University

Pressman, J. L. and Wildavsky, A. (1979) Implementation, 2nd edn. University of California Press, Berkeley, CA.

Robertson, A. and Minkler, M. (1994) New health promotion movement: a critical examination. Health Education Quarterly, 21, 295–312.

Rodgers, P., Kimberley, S., Elsworth, G., Savaya, R., (2008). Sustainability and legacy of strategy projects. Evaluation of the stronger families and communities strategy.

Scheirer, M. A. (2005). Is sustainability possible? A review and commentary on empirical studies of program sustainability. American Journal of Evaluation, Vol. 26 No. 3, September 2005 320-347

Schwartz, R., Smith, C., Speers, M. A., Dusenbury, L. J., Bright, F., Hedlund, S., Wheeler, F., & Schmid, T. L. (1993). Capacity building and resource needs of state health agencies to implement community-based cardiovascular disease programs. Journal of Public Health Policy, 480–493.

Shediac-Rizkallah, M. C., & Bone, L. R. (1998). Planning for the sustainability of community-based health programs: Conceptual framework and future directions for research, practice, and policy. Health Education Research, 13(1), 87–108.



Center for Applied Research Solutions 708 College Avenue Santa Rosa, CA 95404 www.cars-rp.org

prevention Tactics

Prevention Tactics are published periodically by CARS under its Community Prevention Initiative contract with the California Department of Health Care Services, Substance Use Disorder Prevention, Treatment & Recovery Services Division (DHCS). The purpose of this publication is to help practitioners in the prevention field stay abreast of best practices emerging from current research and to provide practical tools and resources for implementing proven strategies.

The information or strategies highlighted in Prevention Tactics do not constitute an endorsement by DHCS nor are the ideas and opinions expressed herein those of DHCS or its staff.

© 2014 by Community Prevention Initiative (CPI). Permission to reproduce is granted, provided credit is given.

Edition 9:13 Authors: Paul Nolfo

Let Us Hear From You!

We welcome readers' comments on topics presented.

Contact Us! 877-568-4227 cpiinfo@cars-rp.org

Additional copies of this publication are available upon request or online at www.ca-cpi.org.



For more information, please visit the CPI website at www.ca-cpi.org.