

The *Diabetes Initiative*, a national program of the Robert Wood Johnson Foundation (RWJF), was intended to demonstrate feasible and successful models of self management in primary care and community sites around the country and to promote replication of such programs. One of the goals of the Initiative was to develop and implement models that would be sustainable after grant funding ended.

WHAT IS SUSTAINABILITY?

Sustainability can be defined as the “capacity to maintain program services at a level that will provide ongoing prevention and treatment for a health problem after termination of major financial, managerial, and technical assistance from an external donor.”¹

¹LaPelle, NR; Zapka, J; Ockene, JK. Sustainability of public health programs: the example of tobacco treatment services in Massachusetts. *Am J Public Health*. 2006;96:1363–1369

WHAT WAS SUSTAINED

In a follow-up study of 14 sites funded through the *Diabetes Initiative*, few reported cuts to their programs after funding ending. Sustained program elements included:

- Classes – e.g., diabetes self management, chronic disease self management, nutrition, and exercise
- Support groups – e.g., structured meetings led by professionals and less-structured meetings led by peers or group participants
- Clubs and informal gatherings – e.g., breakfast clubs, snack clubs, walking clubs
- Use of *promotoras* – e.g., informally in the community, in support groups, and as part of clinic staff
- Changes in the clinic system of care – e.g., group medical visits, depression screening, dental screening, staging patients on readiness to change, and increased emphasis on patient-centered care
- Organizational partnerships – e.g., clinic-community partnerships and inter-organizational partnerships
- Other program elements – e.g., worksite wellness programs, supermarket tours, case management services, and use of social marketing strategies.

KEY APPROACHES TO SUSTAINABILITY

The grantees of the *Diabetes Initiative* reported four key approaches to sustainability:

BROADEN PROGRAM SCOPE AND REACH

Because most diabetes self-management strategies are applicable to other chronic diseases,

program managers can look for opportunities to integrate successful strategies into systems of care for other chronic illnesses or work to incorporate them into chronic disease prevention and control programs. That occurred in *Diabetes Initiative* projects in a number of ways including collaborations with programs that focused on cardiovascular disease, women’s health, depression, worksite wellness and obesity. A strategy used to increase the reach of diabetes self-management programs was replication of successful program models or strategies in other communities and clinics.

SYSTEMATIZE QUALITY IMPROVEMENTS

Improvements that can permanently change the capacity of providers and service delivery systems have the best chance of being sustained. In some cases, *Diabetes Initiative* grantees made improvements in usual care to support self management which then became improved care for all patients. Some of those changes were programmatic, such as integrating *promotoras* into teams and systems of care, and others involved improvements in tracking and monitoring systems. In other cases, extensive training of providers and staff permanently changed how those staff understood and executed their roles in supporting patient self management. Training of new staff as they were hired helped sustain the gains in capacity.

INCREASE EXPECTATIONS

Satisfied patients and providers create demand for continuation of high-quality programs and services. Patients’ expectations in the *Diabetes Initiative* were changed by providing interactive opportunities that engaged them in learning about self management and developing skills to take responsibility for managing their disease. Provider buy-in was increased when systems worked efficiently and patients did well. Both formal communication about successes and word-of-mouth communication were reported to increase expectations and promote sustainability.

BUILD NEW PARTNERSHIPS OR EXPAND THE ROLE OF EXISTING PARTNERS

Working closely with partners provides opportunities to sustain, and even expand, programs and services. In *Diabetes Initiative* projects, partnership efforts sometimes resulted in new financial support for program sustainability, but more often, working together created synergy among partners and opportunities to strengthen and expand program services.

CRITICAL SUCCESS FACTORS

Despite programs having different components and different strategies for sustaining all or parts of their programs, two factors emerged as critical to successful sustainability. Consistent with factors commonly cited in the literature as being important for sustaining health programs, key ingredients identified by the *Diabetes Initiative* grantees included having data to support the work and the passion to carry it out.

DATA TO SUPPORT WORK

Many different kinds of data were useful in promoting sustainability for self-management services among administrators, insurers and others:

- Clinical outcomes
- Patient expectations / demand for services
- Self-management behavior changes
- Quality improvement process data
- Patient and providers satisfaction

Program Examples:

1. Based on outcome data from a telephonic diabetes self-management program, MaineGeneral Health (Waterville, ME) was able to get reimbursement for their services from employers who were self insured.
2. Data demonstrating success of the program at Holyoke Health Center (Holyoke, MA) resulted in buy-in from administrators who then made continued efforts to sustain it.

PASSION

There was universal agreement among Diabetes Initiative grantees that among the most critical ingredients in building a sustainable diabetes self-management program is passion – dedication and enthusiasm for the work. An example mentioned frequently was the work of community health workers / *promotoras* who routinely worked

above and beyond expectations, regardless of compensation. No less important is the passion of program leaders, providers and staff who were committed to achieving excellence in providing self-management supports. Grantees observed that their enthusiasm helped them connect with the people they served, which in turn created more successful and satisfying results.

LESSONS LEARNED AND IMPLICATIONS FOR PRACTICE

The *Diabetes Initiative* demonstrated that there are key strategies that can increase the likelihood of program sustainability, especially if considered early in the process of program planning and development. Indeed, those processes of building for sustainability were at least as important as having effective programs and services to sustain.

THREATS TO SUSTAINABILITY

- Time and effort necessary to maintain effective partnerships
- Staff turnover
- Need for continual grant writing
- Thinking about sustainability too late

Secondly, in addition to collecting data, it was critical to build capacity among grantee staff for using data to improve quality and measure effectiveness of their services. Programs became stronger as a result, and the increased skill among staff will likely benefit future programs as well.

Finally, it was clear from the experience of *Diabetes Initiative* projects that getting more money was not in and of itself the only mechanism for sustainability. These projects demonstrated creative and practical ways to create synergy with other programs and services, create interest in and demand for their services, and build strategic relationships. The full report, “Sustainability: A Retrospective Assessment of Diabetes Initiative Projects,” is available at:

www.diabetesinitiative.org

The **Diabetes Initiative of the Robert Wood Johnson Foundation** included 14 projects around the United States, all demonstrating that self management of diabetes is feasible and effective in diverse, real-world settings. For more information, publications, and other materials, visit: www.diabetesinitiative.org.