



Measuring sustainability of a grassroots program in a large integrated health care delivery system: the Warrior to Soul Mate Program

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ABSTRACT

Introduction: Veterans experience many physical and psychosocial adjustment problems that challenge personal relationships, social functioning, and successful social reintegration. The Warrior to Soul Mate (W2SM) program uses a structured curriculum (i.e., the Practical Application of Intimate Relationships Skills) to address Veterans' interpersonal needs by teaching participants effective interpersonal skills. Veterans who attended the W2SM program reported lower anxiety levels; improvements in marital relationships and satisfaction; and increased intimacy, cohesion, and affection. Therefore, sustaining the W2SM program can have long-term positive effects for Veterans, families, and the greater society. The purpose of this article is to describe the sustainability of the W2SM program. **Methods:** The Model of Community-Based Program Sustainability conceptually guided the evaluation. Participants from 23 Veterans Health Administration hospitals in the United States that offer W2SM programs completed a self-report survey to measure sustainability. **Results:** The highest scoring sustainability elements were "demonstrating program results" (Mean = 5.82, SD = 1.23), "staff involvement and integration" (Mean = 5.79, SD = 1.34), and "program responsiveness" (Mean = 4.39, SD = 1.16); the lowest scoring element was "strategic funding" (Mean = 2.78, SD = 1.75). Statistically significant associations were found between the global middle-range program results and three sustainability elements: leadership competence ($r = 0.472$; $p = 0.023$), effective collaboration ($r = 0.470$; $p = 0.024$), and strategic funding ($r = 0.507$; $p = 0.014$). **Discussion:** Efforts to sustain programs should focus on leaders planning for sustainability at the onset of program implementation. Collaborators must be involved in program design, implementation, and evaluation, and long-term funding sources must be secured to support program operations and continuation.

Key Words: implementation, interpersonal relations, Practical Application of Intimate Relationship Skills (PAIRS), program sustainability, Veterans

RÉSUMÉ

Introduction : Les vétérans vivent de nombreux problèmes d'ajustements physiques et psychologiques qui posent des défis pour leurs relation personnelles, leur fonctionnement en société et leur réintégration. Le programme Warrior to Soul Mate (W2SM) a recours à un curriculum structuré [le Practical Application of Intimate Relationships Skills (PAIRS)] afin d'aborder les besoins interpersonnels des vétérans en enseignant aux participants des habiletés interpersonnelles. Les vétérans participant au programme W2SM montrent des taux d'anxiété plus bas, des améliorations dans les changements et la satisfaction maritale, et une hausse d'intimité, de cohésion et d'affection. Ainsi, la poursuite du programme «W2SM peut avoir des effets positifs à long terme pour les vétérans, leurs proches et la société en général. Le but de ce travail est de décrire la durabilité du programme W2SM. **Méthodologie :** L'évaluation fut basée sur le Model of Community-based Program Sustainability. Vingt-trois hôpitaux du VA aux États-Unis offrant les programmes

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W2SM ont complété un sondage auto-administré afin de mesurer la durabilité. **Résultats :** Les plus hauts scores parmi les éléments de durabilité furent « Démontrer les résultats du programme » ($M=5.82$, $SD=1.23$); le plus bas score fut celui du « Financement stratégique » ($M=2.78$, $SD=1.75$). Des associations statistiquement significatives furent découvertes entre les résultats moyens du programme et trois éléments de durabilité : la compétence du leadership ($r = .472$, $p = .023$), les collaborations effectives ($r = .470$, $p = .024$), et le financement stratégique ($r = .507$, $p = .014$).

Discussion : Les efforts afin d'assurer la durabilité des programmes devraient se concentrer sur les efforts déployés par les dirigeants dès les débuts du programme. Les collaborateurs doivent être inclus dans la conception du programme, son implantation et son évaluation. De plus, des sources de financement à long terme doivent être sécurisées afin de soutenir les opérations du programme.

Mots clés : durabilité du programme, implantation, Practical Application of Intimate Relationship Skills (PAIRS), relations interpersonnelles, vétérans

INTRODUCTION

Since September 11, 2001, more than 2.4 million US Veterans have returned from deployment to Iraq or Afghanistan.¹ These Veterans are faced with multiple physical, psychological, and social problems.¹⁻⁴ Specifically, high rates of mental health disorders, poor social functioning, and interpersonal conflicts have been reported.^{4,5} Military deployment is also associated with poor marital and relationship adjustment and satisfaction and the lack of intimate personal relationships.⁶ Yet, loved ones play a critical role in offering social support to Veterans and facilitating their re-integration. Poor social support after deployment is also associated with increased post-traumatic stress disorder and decreased resilience and psychosocial functioning.⁷

Warrior to Soulmate program

One mechanism that is available to Veterans to address the stress that military service places on marital relationships is the Warrior to Soul Mate (W2SM) program.⁸ The W2SM program incorporates the structured curriculum of the Practical Application of Intimate Relationship Skills (PAIRS) Essentials program. During the program, trained and certified instructors teach participants effective communication and conflict resolution skills to sustain relationships.⁹⁻¹¹ The PAIRS Essentials curriculum has been used in a variety of formats, including intensive weekend workshops and 60- to 90-minute sessions over 6–10 weeks.⁹⁻¹¹ Studies have shown that participants who attended programs using the PAIRS curriculum reported lower anxiety levels; improvements in marital alterations and satisfaction; and increased intimacy, cohesion, and affection.^{12,13} Support for the wide-scale adoption of the W2SM program by individual Veterans Health Administration (VHA) facilities was demonstrated and facilitated through grants awarded by the US Department of Veterans Affairs (VA) Office of Patient Centered Care and Cultural

Transformation (OPCC&CT) to pilot and expand the W2SM program across VA facilities. As the number of facilities implementing the program grew, a request was made to evaluate the implementation and sustainability of the W2SM program.

Sustainability of the W2SM program

Understanding the sustainability of the W2SM program is important for several reasons. The VA does not usually offer W2SM-like programs to Veterans and their families. That is, the W2SM program is not a medical or psychiatric intervention being offered in response to a diagnosis (typical medical model used in health care) but is rather an innovative, preventive care, whole-health intervention that involves the Veteran and his or her spouse. The W2SM program received unique funding to offer weekend retreats – funding that is not recurring. Hence, the W2SM program could easily be discontinued without buy-in at the local level to sustain it and the necessary funding and other resources to support its continuation.

How to sustain the W2SM program is, however, unclear. Understanding the factors that potentially drive its sustainability may allow leaders to take proactive steps to support facilitative factors and reduce or eliminate factors inhibiting sustainment. Knowledge of pertinent factors may further serve as a roadmap for the implementation of other psychosocial and clinical interventions in the context of Veterans' care. Leaders and researchers could use such a roadmap to evaluate the preimplementation context and develop strategies to optimize implementation and maximize long-term sustainability. Without active steps to support program sustainment over time, the benefits derived from implementing the W2SM program will be limited. That is, improvements in Veterans' psychosocial well-being will remain limited while organizational resources used during implementation are wasted.

Several studies have examined the implementation and sustainability of health care programs.^{14–22} Key factors identified across studies included organizational capacity, leadership support, having a program champion, program design and characteristics, program fit and adaptability, the ease with which the new program or intervention is integrated into existing structures, the need for the involvement of front-line staff, and staff perception of the benefits of program implementation and having a program champion. In a recent systematic review, Wiltsey Stirman and colleagues²³ categorized an array of influencing factors. These factors included context (e.g., culture, organizational structure, and policies), processes (e.g., evaluation and alignment of intervention with the setting), the innovation itself (e.g., fit and adaptability), and the capacity to sustain the innovation (e.g., funding, resources, and workforce characteristics). Their schema brought some clarity to the large array of factors identified across studies and may serve as an important framework for investigating sustainability factors in future evaluations and research.

As a result of the dearth of studies on the sustainability of the W2SM program, it is unclear what factors are important to the implementation and sustainability of the program. As part of the request by OPCC&CT for an evaluation of the implementation of the W2SM program,²⁴ we conducted an evaluation of specific factors and their association with the W2SM program's sustainability. The quality improvement evaluation project drew on one of the few models of program sustainability available in the literature, namely the Mancini and Marek²⁵ Model of Community-Based Program Sustainability, to identify important factors associated with program sustainability.

Conceptual framework

Mancini and Marek's²⁵ Model of Community-Based Program Sustainability was used to conceptually guide the evaluation of the sustainability of the W2SM program. Mancini and Marek propose that six sustainability elements are important to achieve both middle-range program outcomes and the long-term outcome of sustainability.²⁵ If projects do not achieve middle-range program outcomes, their long-term sustainability is unlikely. The six sustainability elements are leadership competence, effective collaboration, demonstrating program results, strategic funding, staff involvement and integration, and program responsiveness. *Leadership competence* is reflected in the presence of a well-developed

program's vision and objectives; program assessments and evaluations; adaptation of the program as needed; secure funding; and training, support, and supervision of staff. The importance of leaders' competence and understanding in the sustainability of innovations is well-known.^{26,27} *Effective collaboration* refers to the involvement of stakeholders who actively support the program's goals and have clearly identified responsibilities. A program is more likely to be accepted when stakeholders' input is sought and their support for the program is gained.^{15,28} *Demonstrating program results* include program evaluation and reporting and sharing the results with stakeholders. Sharing program results increases the program's visibility, the potential for buy-in from organizational members, and staff engagement and could guide future educational efforts.²⁹ *Strategic funding* is defined as having the necessary plans and resources in place to support the program's continuation. The availability of resources and funding are imperative for sustainability, and organizations must be intentional in securing the necessary internal funding to support program sustainability.^{28,30} *Staff involvement and integration* refers to the involvement of committed, qualified staff when the program is designed, implemented, and evaluated as well as during decision making. The inclusion of organizational members during the adoption and implementation of an innovation has been shown to facilitate sustainability.^{29,31,32} The importance of *program responsiveness* – the program's adaptability to the community's needs – to program sustainability has been well demonstrated.^{16,33} *Middle-range program results* are intermediate to the program becoming sustained. These results include the perceived ability of the program to meet the needs of the individuals targeted by the program's implementation, leaders planning for program sustainability, and staff members having confidence in the survival of the program. Mancini and Marek²⁵ proposed that these results are a program's objectives and are closely associated with ultimate long-term sustainability. Program sustainability is also unlikely unless it has transitioned from pilot to permanent status. Therefore, we included program permanent status in the model as an additional middle-range program result.

METHODS

Setting and sample

The initial adoption of the PAIRS marriage enrichment workshop was largely the result of the work of

one chaplain from a single VA facility who observed the stress that combat experiences place on Veterans and their relationships. After successfully pilot testing use of the PAIRS model in his VA facility, and with grant support from OPCC&CT in Washington, DC, a second chaplain adopted the model for conducting PAIRS events (e.g., weekend retreats), developed a user's guide to implement these events, and managed the distribution of grant dollars. Subsequent national adoption of the W2SM by individual VA facilities was facilitated through grants awarded by OPCC&CT. Our evaluation of sustainability focused on the VA facilities receiving OPCC&CT innovation grant funding in 2013 ($n = 23$).

In 2013, of the 27 facilities that originally received OPCC&CT funding, 23 held W2SM events. These medical centers were located in 14 of the 23 administrative regions of the Veterans Integrated Service Networks, located across the United States. A total of 67 W2SM programs were held, serving 826 couples and 12 individuals. As reported elsewhere,²⁴ the majority of the W2SM retreats were held in hotels or inns (41; 61%), and 15 (22%) were held in other locations such as retreat centers. Very few retreats were held at VA Medical Centers (6; 9%) or in churches or places of worship (4; 6%). The 23 facilities reported that a total of 83 personnel were involved with the W2SM program. Of these, 36 (43%) were from the chaplain service, 19 (23%) were from the social work service, and 16 (19%) were from the mental health service.²⁴

All of the VA facilities that received funding were targeted for participation in the evaluation ($n = 23$). The OPCC&CT funded a collaborative evaluation of the program's sustainability, including barriers to and facilitators of potential sustainability for the W2SM program. This evaluation was conducted by a multidisciplinary team from one of the VA Health Services Research & Development Centers of Innovation and the VA Mental Health and Chaplaincy program, in collaboration with representatives from the OPCC&CT, VA National Chaplain Center, national leadership of the W2SM program, and one of the VA Geriatric Research Education and Clinical Centers. Detailed information on the evaluation of the W2SM program is described elsewhere.²⁴

Innovative intervention

The PAIRS Essentials program, developed by the PAIRS Foundation, has a set curriculum that is offered

by PAIRS-certified instructors as a weekend retreat.⁸ Within the VA, instructors include chaplains, social workers, nurses, and other mental health providers. The program is designed to increase participants' self-knowledge and develop their ability to maintain enjoyable intimate relationships.^{8, 11, 13} Outcomes of the program include participant reports of lower levels of anxiety and conflict, increased intimacy and affection, and improved relationships.^{9, 10, 12, 13}

Data collection and measurement

Site leaders at each facility completed two self-report surveys. The first survey collected information about individual W2SM events (e.g., who was served, type and location of events). The second survey collected information at the programmatic level for the 23 participating medical centers. Drafts of the surveys were reviewed by three members of the W2SM National Consultative Council to determine whether they interpreted questions in the way intended by the evaluation team. The surveys were conducted via the VA's Intranet. W2SM contacts were emailed the survey link by the chairperson of the W2SM National Consultative Council with follow-up emails sent by the evaluation team approximately every 2 weeks until all surveys were returned.

The programmatic survey included the Program Sustainability Index (PSI), used to measure six program sustainability elements. The PSI consists of 29 items and six subscales (Cronbach's α s are reported for this study): Leadership Competence (5 items; $\alpha = 0.899$), Effective Collaboration (10 items; $\alpha = 0.934$), Demonstrating Program Results (4 items; $\alpha = 0.916$), Strategic Funding (3 items; $\alpha = 0.803$), Staff Involvement and Integration (4 items; $\alpha = 0.756$), and Program Responsivity (3 items; $\alpha = 0.401$). A PSI composite score was generated as a mean score of the 29 PSI items ($\alpha = 0.881$). Responses were measured on a 5-point Likert scale (ranging from 1 = *not at all* to 5 = *very much*).

The 29-item PSI is the result of a confirmatory factor analysis (principal-axis analyses with oblique rotations; factor loadings ≥ 0.30 were deemed acceptable) on the initially proposed 53-item PSI.²⁴ Examples of questions included in the survey are "Leaders developed and followed a realistic PAIRS project plan" (Leadership Competence); "Local decision makers are involved as PAIRS program collaborators" (Effective Collaboration); "Evaluation plans are developed prior to implementing the PAIRS program" (Demonstrating Program Results); "Current funding is sufficient for

the PAIRS program's operations" (Strategic Funding); "PAIRS staff are involved in PAIRS program design" (Staff Involvement and Integration); and "PAIRS programs are eliminated when they do not meet community needs" (Program Responsivity). The PSI's validity and reliability have previously been established.¹⁴

Four questions were used to measure middle-range program results: (1) "The PAIRS program meets the needs of the participants," (2) "I am confident that the PAIRS program will still be active in five years," (3) "We have a plan in place to continue PAIRS after FY 2013/ use of OPCC&CT funding," and (4) "The PAIRS program has achieved permanent status." PSI items and responses to the middle-range program result questions were scored on a 7-point Likert scale (ranging from 1 = *strongly disagree* to 7 = *strongly agree*).

Data analysis

The unit of analysis was the facility or site at which the W2SM program was implemented. Quantitative results were evaluated using IBM SPSS version 19.0.2 (IBM Corp., Armonk, NY). Counts were used to summarize the program and participant numbers. Means and standard deviations were used to summarize the normally distributed PSI and middle-range program scores. One of the middle-range scores ("meets needs") had a skewed distribution; therefore, we used the median and interquartile range (IQR) to summarize those scores. Correlations among the PSI elements and correlations of those elements with the middle-range program scores (with the exception of the "program meets needs" scores) were conducted using Pearson correlations. Spearman's ρ coefficients were used to assess those correlations. A Cronbach's α of 0.05 was used for statistical significance.

Ethical considerations

This quality improvement evaluation project was certified as a non-research operations activity by the director, OPCC&CT, Veterans Health Administration, in accordance with VHA Handbook (regulation) 1058.05.

RESULTS

Sample characteristics

All 23 sites that held W2SM programs completed the evaluation survey (100% response rate). Summaries of the number of retreats held and participants in those retreats are contained in Program sustainability and middle-range program results

Table 1. Program Sustainability Elements and middle-range program results (n = 23 sites)

Program Sustainability Index	Mean (SD)*
Program sustainability elements	
Leadership competence	3.8 (1.67)
Effective collaboration	4.0 (1.64)
Demonstrating program results	5.8 (1.23)
Strategic funding	2.8 (1.75)
Staff involvement and integration	5.8 (1.34)
Program responsivity	4.4 (1.16)
Total PSI score	4.4 (0.76)
Middle-range program results	
Total middle-range program result score	4.5 (1.52)
Confidence that the program will still be active in 5 y	4.1 (2.13)
A plan is in place to continue W2SM after fiscal year 2013 or use of OPCC&CT funding	4.4 (2.17)
The W2SM program has achieved permanent status (i.e., it is one of the services now offered permanently) in the medical centre	3.1 (1.92)
The W2SM program meets the needs of participants†	7.0 (6.0–7.0)†

*Unless otherwise indicated.

†Because of skewness, median and interquartile range are reported.

PSI = Program Sustainability Index; OPCC&CT = Office of Patient Centered Care and Cultural Transformation; W2SM = Warrior to Soul Mate.

Summaries of the PSI and middle-range scores for the 23 sites are summarized in Table 1. The PSI scores ranged from 2.8 to 5.8 (Mean = 4.4, SD = 0.76). Of the program sustainability elements measured by the PSI sub-scales, the highest score was reported for demonstrating program results (Mean = 5.8, SD = 1.23), followed by staff involvement and integration (Mean = 5.8, SD = 1.34). The lowest scoring sustainability element was strategic funding (Mean = 2.8, SD = 1.23), followed by leadership competence (Mean = 3.8, SD = 1.67).

Middle-range program result scores ranged from 1.75 to 7.0 (Mean = 4.5, SD = 1.52). Of the individual middle-range program results, the highest score was reported for the program meeting participants' needs (Mean = 6.44, Median = 7.0, IQR = 6.0–7.0), whereas the lowest score was reported for the program achieving permanent status (Mean = 3.1, SD = 1.92; see Table 1).

Associations among the PSI scores indicated statistically significant positive correlations between the

Table 2. Correlations (and *p*-values) among program sustainability elements (*n* = 23)

Element	1	2	3	4	5	6
1. Leadership competence	–	0.43 (0.038)	0.16 (0.454)	0.20 (0.353)	0.12 (0.597)	0.25 (0.258)
2. Effective collaboration	–	–	0.05 (0.825)	0.37 (0.082)	0.09 (0.688)	–0.05 (0.834)
3. Demonstrating program results	–	–	–	–0.29 (0.182)	0.75 (<0.001)	–0.01 (0.952)
4. Strategic funding	–	–	–	–	–0.17 (0.443)	–0.26 (0.230)
5. Staff involvement and integration	–	–	–	–	–	–0.09 (0.685)
6. Program responsiveness	–	–	–	–	–	–

Table 3. Correlations of independent variables with individual middle-range program results (*n* = 23)

Characteristic	<i>r</i> (<i>p</i>)*				
	Meets participant needs†	Active in 5 y	Plan for continuance in place	Achieved permanent status	Middle-range program results‡
Leadership competence	–0.03 (0.911)	0.52 (0.011)	0.44 (0.035)	0.48 (0.021)	0.47 (0.023)
Effective collaboration	0.14 (0.526)	0.48 (0.022)	0.35 (0.105)	0.47 (0.023)	0.47 (0.024)
Demonstrating program results	–0.13 (0.568)	0.07 (0.760)	–0.06 (0.778)	–0.01 (0.969)	–0.03 (0.882)
Strategic funding	0.05 (0.820)	0.51 (0.013)	0.49 (0.018)	0.46 (0.026)	0.51 (0.014)
Staff involvement and integration	–0.20 (0.358)	0.19 (0.395)	0.19 (0.378)	–0.00 (0.992)	0.10 (0.667)
Program responsiveness	–0.20 (0.352)	0.23 (0.290)	0.22 (0.318)	0.16 (0.446)	0.20 (0.357)

*Unless otherwise noted.

†Spearman rho coefficients due to skewness.

‡Composite score.

sustainability elements of leadership competence and effective collaboration ($r = 0.43$; $p = 0.038$), as well as between demonstrating program results and staff involvement and integration ($r = 0.75$; $p < 0.001$). No other statistically significant associations among the elements were observed (see Table 2).

Summaries of the associations of the PSI scores with the middle-range program scores are shown in Table 3. The associations between leadership competence and strategic funding and the global middle-range program result score were also statistically significant (Table 3). A statistically significant association was observed between effective collaboration and only one of the middle-range program results, “Active in 5 years” ($r = 0.48$; $p < 0.022$). However, this variable showed a statistically significant association with the global middle-range program result score (Table 3). The sustainability element with the strongest association with middle-range program results was strategic funding ($r = 0.51$; $p < 0.014$; see Table 3).

Statistically significantly positive associations were, however, observed between the sustainability elements leadership competence and strategic funding and the

other three middle-range program outcomes, “Program active in 5 years,” “Plan for program continuance,” and “Program achieved permanent status” (Table 3).

DISCUSSION

In 2013, 67 W2SM retreats were offered by 23 VA hospitals across the United States to 1,664 people, with 826 couples and 847 Veterans attending. Seventy-one staff members from chaplaincy, mental health, and social work conducted the weekend retreats.

This quality improvement evaluation found variability in the presence of the six sustainability elements across the 23 sites. Although there is some room for improvement, the W2SM program has established processes to evaluate the program (i.e., demonstrate program results), which includes involving front-line staff in the design, implementation, evaluation, and decision making surrounding the program (i.e., staff involvement and integration). Staff have also adapted the program to meet the changing needs of the community (i.e., program responsiveness). These three sustainability elements achieved the highest mean scores of all the sustainability elements, but a non-statistically significant

association was observed between these elements and the global middle-range program result score. Therefore, in contrast to other studies,^{30,31,33} this evaluation indicate that evaluation activities, including involvement of front-line staff and adapting the program, were not important for W2SM program sustainability.

This evaluation also found that the sustainability elements with the lowest mean scores – leadership competence, effective collaboration, and strategic funding – were significantly and most strongly associated with W2SM sustainability. Other studies have similarly recognized the importance of leadership, collaboration, and funding to sustainability.^{28,31} Of all the sustainability elements, strategic funding achieved the lowest mean score of all the sustainability elements yet had the strongest association with middle-range program results.

This evaluation indicates that a focus on contextual factors does not guarantee program sustainability. A variety of contextual factors were present in facilities that offered the W2SM program, yet only some factors were associated with sustainability. Research indicates that the operationalization of sustainability factors (the “how”) in organizations distinguished high- from low-sustainability organizations.^{22,34} Furthermore, implementation strategies are now recognized as important in implementation and sustainability.^{35–37} Therefore, although factors were present in the W2SM program, how they were implemented or operationalized may have inhibited their overall role in program sustainability. Future evaluations of the W2SM program and its sustainability should include an assessment of the implementation strategies used by facilities and their impact on program sustainability.

This evaluation did not investigate the role of the characteristics of the W2SM program on sustainability. However, Rogers’s³⁸ Diffusion of Innovation theory recognizes the importance of program characteristics (i.e., relative advantage, complexity, compatibility, and trialability) on adoption and implementation. Because the W2SM program was unique (i.e., not a medical or psychiatric intervention), facilities may have perceived the W2SM program as beneficial (relative advantage). However, its complexity (e.g., multidisciplinary approach and extensive use of resources such as staffing and time) may have limited the implementation of all program components. Future evaluation and research should investigate the role of program characteristics in the W2SM program’s long-term sustainability.

Studies should also identify the core components of the W2SM program that are required to achieve positive patient outcomes to reduce program complexity and resource demands. This is particularly important given the demonstrated strong association of organizational capacity with the sustainability of the W2SM program.

Two main limitations of this evaluation are that the evaluation is based on cross-sectional data and a self-report survey. Therefore, causal relationships between variables cannot be established, and response bias may be present. Future evaluators or researchers should conduct longitudinal evaluations/studies and include a variety of data collection techniques.

PRACTICAL IMPLICATIONS

Organizational leaders and program directors can take several steps to increase the potential for program sustainability. Organizational leaders and program directors should focus their efforts on establishing and articulating the mission and vision of programs and start planning for sustainability at the onset of program implementation. Such planning should include the identification of key stakeholders and collaborators and facilitation of their involvement in implementation activities. Program implementation plans should be realistic, and strategies to achieve the continuation of programs should be developed. In the case of W2SM programs, leaders should articulate the goals of the program and develop strategies for the continuation of programs as part of the initial planning phase. Effective collaboration during the implementation process should be established, and the necessary stakeholders should be brought into the design, implementation, and evaluation of programs such as the W2SM program. Roles and responsibilities of staff members involved in the development and execution of the program should be well defined, and successful strategies should be shared by all staff involved. Most important, strategic planning related to funding is imperative to continue to facilitate the long-term sustainability of programs such as the W2SM program. This would be particularly important in the case of programs supported through grant funding.

In sum, when implementing the W2SM program, more emphasis should be placed on allocating and securing resources to support the program, and leaders should be focused on program-related initiatives and quality control and establishing partnerships with stakeholders who support the W2SM program. Careful consideration is needed of how facilities operationalize

various sustainability elements, the strategies they used to implement the W2SM program, and program characteristics.

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COMPETING INTERESTS

The authors state that they have no known conflicts of interest.

ETHICS APPROVAL

This quality improvement evaluation project was certified as a non–research operations activity by the director of the Veterans Health Administration (VHA) Office of Patient Centered Care and Cultural Transformation in accordance with VHA Handbook (regulation) 1058.05.

CONTRIBUTORS

Deonni P. Stolldorf conceptualized and designed the sustainability assessment conducted as part of the larger evaluation project and analyzed and interpreted the data. All authors participated in the evaluation project, the selection of the final instruments, and data acquisition. All authors revised the article for important intellectual content and approved the final version submitted for publication.

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