

# **Sustaining health promotion efforts through community coalition localization: Implications for community-wide interventions utilizing multi-sector partnerships**

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## ABSTRACT

**The problem:** Community coalitions provide a pathway for localization of health promotion efforts. However, sustaining and institutionalizing a community coalition requires a transition period that has not been well described in the extant literature.

**Purpose of article:** To describe how a multi-sector community-wide cancer prevention program transitioned a community coalition to independence as well as process outcomes and lessons learned from ongoing sustainability planning for two additional community coalitions.

**Key points:** The transition of a coalition to sustained local leadership utilizes a ten-step process adapted from the Centers for Disease Control and Prevention Sustainability Planning Guide including: nominating a coalition transition partner, building capacity for the transition, and creating ongoing support structures. To date, one community is successfully transitioned to localization, one is transitioning to sustainability, and one is in the implementation phase. Over 9,000 person-hours of capacity building were provided across communities and coalition members consistently agreed that collaborations and activities could be sustained.

**Conclusions:** Planning for sustainability through a thoughtful transition period has the potential to increase long-term viability of community coalitions.

**KEYWORDS:** coalitions, sustainability, population health, cancer prevention, implementation science

## INTRODUCTION

Community-wide health promotion and disease prevention activities aim to address health inequities and improve health outcomes in populations. Community-wide interventions have been successfully implemented to address a range of health issues including obesity, tobacco cessation, diabetes, and cancer(1, 2) Approaches to community-wide health efforts commonly include the implementation of evidence-based interventions (EBIs) to promote health behaviors(2, 3). As opposed to more narrowly focused public health programs, these approaches target broad swaths of the population with multiple levels of intervention aligned to the social-ecological model of health(4). Cross-sector community coalitions, which bring together partners from multiple organizations representing healthcare, education, government, and others, are central to effective community-wide intervention planning and implementation(5).

Community coalitions align diverse community sectors around common health promotion goals. Robert Wood Johnson Foundation describes the goal of cross-sector alignment as “strengthening the ways in which healthcare, public health, and social services work together to be responsive to the physical, social, and emotional needs and goals of people and communities”(6). Engaging multiple sectors to participate in community coalitions creates opportunities for unique collaborations and essential partnerships to effectively impact health outcomes and address root causes of health disparities. These partnerships activate multiple community assets to change the trajectory of community health beyond what individual sectors can accomplish alone. Community Coalition Action (CCAT) offers a framework for effectively convening cross-sector coalitions, positing that domains critical to coalition success include intentionality, structure and organizational capacity, commitment, supportive leadership, resources, and relationships(7, 8).

These community coalitions offer platforms for planning and implementing health promotion interventions, as well as pathways for localization of programming; allowing efforts to continue in the absence of external support. Health promotion interventions supported by coalitions have demonstrated longer term success than those implemented without coalition support(9). Community coalitions serve as the connectors between health intervention implementation and community residents(10). Several factors that have been documented to support health promotion program sustainability are mediated by community coalitions including environmental support, partnerships, communications, and strategic planning(11). Thus, the likelihood of program sustainability hinges at least partially on successful coalitions engaging in thoughtful and planned activities (aligned with the aforementioned factors).

Community coalitions offer a viable pathway to localization of health promotion efforts. Guiding coalitions into self-management is an essential aspect of sustainability planning even if the activities of the coalition change(9). However, the work of sustaining and institutionalizing a community coalition and its components is challenging and often uncharted territory for organizers investing in community-wide health promotion efforts. The objective of this paper is to describe how one such initiative, Be Well Communities™, successfully transitioned a community coalition to independence (Pasadena) as well as process outcomes and lessons learned from ongoing sustainability planning for two additional community coalitions (Baytown, Acres Homes). Based on these experiences, recommendations are shared for other community-wide intervention programs aiming to optimize coalition sustainability planning.

## METHODS

**Be Well Communities.** Be Well Communities is The University of Texas MD Anderson Cancer Center's place-based approach for comprehensive cancer prevention and control. Part of MD Anderson's Cancer Prevention and Control Platform, Be Well Communities programming utilizes EBIs to target five cancer preventive behaviors: healthy eating, active living, sun safety, tobacco-free living, and preventive care (i.e., cancer screening and vaccines)(12-14). The Be Well Communities model includes three initial phases, *Community Assessment*, *Planning*, and *Implementation/Evaluation*. *Sustainability* (Phase 4) is the ultimate goal and is considered from the onset (Figure 1). To date, Be Well Communities has implemented community-wide cancer prevention programs across three parts of the greater Houston area including Pasadena (Pasadena Vibrant Community, 2015-2021), Baytown (Be Well™ Baytown, 2015-present), and Acres Homes (Be Well™ Acres Homes, 2020-present). Institutional Review Board approval was not necessary for this project. As a non-research initiative, Be Well Communities activities were reviewed and approved by The University of Texas MD Anderson Cancer Center Quality Improvement Assessment Board.

Be Well Communities works with community-based organizations to establish community coalitions for health (known as Steering Committees). Steering Committees include community residents and representatives from organizations across sectors and serve as community advisory boards that establish shared goals, review available EBIs, develop community action plans, implement EBIs, and champion the initiative. Be Well Communities offers the Steering Committee direct resource investment, leadership development, community organizing, organizational development, and fosters collaborative relations among organizations(15-17). The goal of the initiative is to create coalitions that outlast initial resource investments(18). This approach is aligned with the National Academies of Sciences,

Engineering, and Medicine's Communities in Action framework, which acknowledges that communities have assets and resources that can be leveraged for local problem solving and sustained impact(19-23).

**Sustainability Planning Approach.** Be Well Communities utilizes the Centers for Disease Control and Prevention Sustainability Planning Guide (CDC-SPG), a research- and practice-based guide to help coalitions, public health professionals, and community organizers create and implement sustainability plans(24). The CDC-SPG focuses on post-funding sustainability through the following core elements: building momentum to maintain programming by maximizing existing community assets, institutionalizing health promoting policies/practices, engaging a multi-sector network of partners, and identifying and empowering key community stakeholders to lead localization efforts. Be Well Communities adapted the CDC-SPG to fit the needs of the implementation communities and the initiative's structure, resulting in a 10 step, iterative process for sustainability planning (Figure 1, lower right box)(24). For the current initiative and building from the CDC-SPG, the sustainability approach included the following: the transition of a Steering Committee to local leadership includes the nomination of a coalition transition partner, a community-based organization that agrees to lead the initiative after the project ends. Once Steering Committee members and nominated organizations agree, the coalition partner is provided capacity building support for the role and assumes increasing responsibility of the coalition organization and maintenance, with support from Be Well Communities throughout the transition.

[ Figure 1 near here]

**Metrics of Success and Analysis.** Metrics to assess the sustainability of the Be Well

Communities interventions and Steering Committees, as well as factors upstream of sustainability, were measured using assessment of capacity building person-hours and Steering Committee / collaborating organization participation, Steering Committee annual surveys, and collaborating organization annual reports. Collaborating organizations are Steering Committee members who received funding through Be Well Communities to implement EBIs. Funding is provided at varying levels and duration (2 years minimum, 7 years maximum) based on collaborating organizations' needs and existing capacity to implement and sustain EBIs.

*Capacity Building Metrics.* Data related to the provision of capacity building assistance was tracked by assessing the number of Steering Committee members and collaborating organizations as well as total person-hours spent by Be Well Communities staff.

*EBI Sustainability - Collaborating Organization Reports.* Collaborating organizations submitted reports to Be Well Communities annually. Sustainability items on reports included open-ended and multiple-choice questions that explored organizational plans for sustaining current EBIs as well as needs related to EBI sustainability. Descriptive statistics (quantitative data) and content analysis (qualitative data) were conducted and used to determine the status of sustainability planning for EBIs among collaborating organizations. Sustainability planning levels were adapted from the CDC-SPG guidance and include: 1) Not sustained (EBI is no longer offered after initial funding and no plans to offer in the future), 2) Alternate funding (EBI is continued by funding outside of Be Well Communities), 3) Localized (EBI is integrated into the collaborating organization's strategic priorities, as part of organizational plans, budgets or both), and 4) Sustainability planning not needed (defined as programs, such as infrastructure, which are complete but do not require ongoing investment).



*Coalition Sustainability - Stakeholder Survey.* An annual stakeholder survey was administered to Steering Committee members in each community. The stakeholder survey assesses sustainability components of the community coalition and partnerships, communications, and the sustainability plan. The survey was administered by an external evaluation partner (Research Triangle Inc. International) via an online platform (Qualtrics). Sustainability items were rated on a 5-point Likert Scale (1 - strongly disagree to 5 - strongly agree) and examined organization's confidence in sustaining activities long term, potential barriers to sustainability, and attitudes about sustainability efforts. Factors that are predictive of successful sustainability, as informed by the CDC-SPG and Communities in Action Framework, included shared vision, multi-sector collaboration/partnerships, and capacity building support. Items examining these factors were included in the stakeholder survey and rated by respondents using a series of 5-point Likert Scale (1- strongly disagree to 5 - strongly agree) (19, 24).

The annual stakeholder survey was administered to all Steering Committee members across all three Be Well Communities during implementation and sustainability phases (2018-2022 (most recent data)); 4 years in Pasadena, 5 years in Baytown, 3 years in Acres Homes. Descriptive statistics was conducted on survey responses, Likert scale responses were condensed into agree/strongly agree, neutral, disagree/strongly disagree and presented as percentages.

## RESULTS

**Be Well Communities Investment and Trajectory.** The Be Well Communities programs in Pasadena, Baytown, and Acres Homes are at different points in their trajectory (Figure 2). Overall, over 195,000 community members have been reached by Be Well Communities

programming. Details of program reach, process metrics, and select outcome data have been reported elsewhere(25-29).

[Figure 2 near here]

Capacity building investments and scope of these initiatives by community are shown in Table 1. Be Well Communities invested a total of 9,463.5 capacity building hours with the Steering Committees and collaborating organizations. Capacity building included support such as leadership development, evaluation and reporting assistance, sustainability planning, community organizing, organizational development, and fostering collaborative relations among organizations. Seventy-five EBIs were implemented in the three communities through 30 collaborating organizational partners (note: two of the organizations implemented EBIs in two or all three communities thus the unique total collaborating organizations is a total of 28.). Be Well Communities had total compliance with annual reporting across all collaborating organizations.

[Table 1 near here]

**EBI Sustainability: Pasadena.** Following the 10-step process outlined in Figure 1, the Pasadena initiative launched a sustainability plan in 2019 for each EBI implemented as part of the program as well as a process for transitioning the community coalition. As of 2021, the majority (~90%) of EBIs launched in Pasadena have been sustained at varying levels. Details of the Pasadena EBIs, the collaborating organizations that implemented the EBIs, and their sustainability levels (as defined above) are shown in Table 2. A total of 14 EBIs were categorized as “Localized”. These EBIs were integrated into the organizational policies, plans and/or budgets of seven unique collaborating organizations representing the education, public health, healthcare, research, social services, and government sectors. Two EBIs were categorized as “Alternate

Funding,” these EBIs were sustained via another source of funding than Be Well Communities to continue program implementation. Two EBIs were categorized as “Sustainability Planning Not Needed,” these EBIs had a discrete end point in which work was complete and did not require ongoing investment.

[Table 2 near here]

**Coalition Sustainability: Pasadena.** Across three administrations of the Pasadena annual stakeholder survey, the majority of respondents agreed or strongly agreed that the community collaborations and activities (81.9%, average across years), as well as the programs funded by Be Well Communities (61.6%) would be sustained after the initial funding ends. Additionally, most respondents agreed or strongly agreed (76.5%) that community leaders will work to sustain community collaborations and activities after the funding ends (data not shown). Through the coalition nomination process described above, the Pasadena Steering Committee transitioned to the local Parks and Recreation Department (PARC), who agreed to lead the initiative after the active project period ended. Over the course of two years, PARC was provided with capacity building support from Be Well Communities for their convening role. PARC progressively assumed responsibility for the coalition operations beginning in 2020 and by 2021 was fully transitioned to independently manage the coalition organization and maintenance. A coalition strategy guide was developed to assist with planning meetings and activities of the coalition through 2022. Be Well Communities provided convening support to six coalition meetings and continues to remain an active member of the coalition.

**Upstream Indicators of Sustainability.** Other Be Well Communities are still in the implementation phase and beginning to plan for sustainability (Figure 2). Baytown began the more formal steps of the sustainability process in 2023 and Acres Homes is scheduled to commence sustainability planning in 2025. Predictors of successful sustainability as informed by the CDC-SPG and Communities in Action Framework include building community capacity, fostering multisector collaboration, and making health equity a shared vision and value; detailed below and illustrated in Figure 3.

[Figure 3 near here]

*Building community capacity and fostering multi-sector collaboration.* In Baytown, 79 Steering Committee meetings have been hosted, with an average of 20 attendees per meeting from 2017-2024. In Acres Homes, there have been 45 Steering Committee meetings, with an average of 51 attendees per meeting from 2021 - 2024. Steering Committee members represented sectors including education (K-12 school districts and higher education), public health (city and county public health departments), healthcare (federally qualified health centers and local clinics), research (academic medicine), social services (non-profits, community centers), and government (city and county government). Steering Committee members in both communities reported an increase in the average number of partners they worked with to carry out health-related programs and activities (Baytown 2018, 6.1 partners, 2022, 10.5 partners; Acres Homes 2020, 4.4 partners, 2022, 9.0 partners). Steering Committee members in all three communities consistently agreed that they have developed new partnerships in the community through their participation in the initiative over time (Figure 3a). In addition to the capacity building investments detailed in Table

2, collaborating organizations across communities agreed that they can rely on the Steering Committee for support, strategic guidance, and leadership (Figure 3b).

*Making health equity a shared vision and value.* Steering Committee members in all communities reported that the initiative has a clear, written description of its goals (Figure 3c), and report high familiarity with the community action plan (Figure 3d). These are measures of the establishment of a common agenda, with the community action plan being developed by the Steering Committee, in the *Planning* phase.

## DISCUSSION

Overall, planning for sustainability and working through the transition process yielded positive results for the work in Pasadena, with the coalition and majority of EBIs sustained and localized by the community. Early results are promising for the work in Baytown and Acres Homes; survey results from both communities indicate early commitment to sustainability of the coalition, strengthened partnerships among Steering Committee members as a result of coalition activities, and organizational commitment to the EBIs. Using a theory and framework for organizing Steering Committees (e.g., Community Coalition Action Theory) proved successful in the cases of the three Be Well Communities with one coalition being sustained and the other two showing progress on indicators of cohesion, partnership, common agenda, as well as demonstrating early signs of sustainability(8). These findings inform recommendations for other community-wide intervention programs aiming to optimize coalition sustainability planning.

Be Well Communities utilized a modified version of the CDC-SPG, this allowed for coalition planning, maintenance, and succession, as well as assessing progress along the way. The literature is sparse on outcomes of other community coalitions employing the CDC-SPG.

However, there is strong agreement that sustainability is crucial for continued improvement of population health outcomes as well as continued return on initial investments. Therefore, the authors' recommendation is to employ an existing public health framework for sustainability and leverage resources to guide planning as much as possible.

The results of this study demonstrate how sustainability planning activities are integrated and measured throughout the Be Well Communities model. It is well documented in the literature that there is no agreed upon definition of sustainability(10, 11). However, there is agreement that sustainability as a definition and the domains it covers (e.g., the health benefits of the program, the program itself, or the capacity of the community to continue the program) must be clearly defined as well as included early in the planning phases(30). It is recommended that sustainability planning start early and be measured throughout the life of the initiative, for both the coalition itself and for the EBIs implemented.

Identification and capacity building of a coalition nomination partner for the Steering Committee was crucial to positioning the coalition for long term success and localization in Pasadena. Indeed, the literature lets us know that guiding coalitions into self-management is an essential aspect of sustainability planning even if the activities of the coalition change(31). It is recommended that a long-term champion organization is identified and groomed through capacity building support and empowerment to take on the coalition.

For Be Well Communities it was crucial to build the capacity of the collaborating organizations along the way from development to implementation through evaluation and sustainability. Building capacity looked different for each organization but common activities included provision of training and technical assistance to support the execution of EBIs, solve issues, identify additional funding opportunities, coordinate across organizations/coalitions and

identify opportunities to work together, and connect to additional resources. It is clear in the literature that building the capacity of the community is essential to successful EBIs and sustainable coalitions(18, 21-23). This component is crucial because it acknowledges that communities have assets and resources that can be leveraged for community problem solving and should be leveraged for effectiveness and sustained impact(20). It is recommended that a central component of coalition sustainability is to build the capacity of the community to shape health outcomes and enhance long-term sustainability.

This project offers insight into sustainability planning in community-wide interventions across three diverse areas of Houston, Texas, as well as a process guide for localization of community coalition efforts and recommendations that are applicable to diverse contexts. There are limitations to this work. The results from this work rely on annual surveys from stakeholders, which may be subject to reporting bias in that some participating organizations were funded by Be Well Communities. As all community coalitions were in or around Houston, Texas, our findings may lack generalizability to all communities. However, like many large-scale community-wide health promotion programs, data collection needed to be balanced with the practicalities of cross-sector community organizing.

Coalition organizers that demonstrate an understanding of evidence-based sustainability processes can increase the viability of their coalitions and ensure thoughtful transition in the community. Planning for sustainability is planning for long-term success; this is essential for coalitions and the future health of communities seeking to address health related disparities and equity. Be Well Communities has created strong networks of community partners who will lead

work far into the future to support wellness throughout the communities they serve. This initiative can serve as a model for other cities across Texas and the Nation.

## STATEMENTS AND DECLARATIONS

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**Competing Interests:** The authors have no relevant financial or non-financial interests to disclose.

**Ethics approval:** Institutional Review Board approval was not necessary for this project. However, the project received approval and oversight from The University of Texas MD Anderson Cancer Center internal institutional Quality Improvement Assessment Board.

**Consent statement:** Informed consent was obtained when appropriate.

**Data/material availability:** The data underlying this article will be shared on reasonable request to the corresponding author.

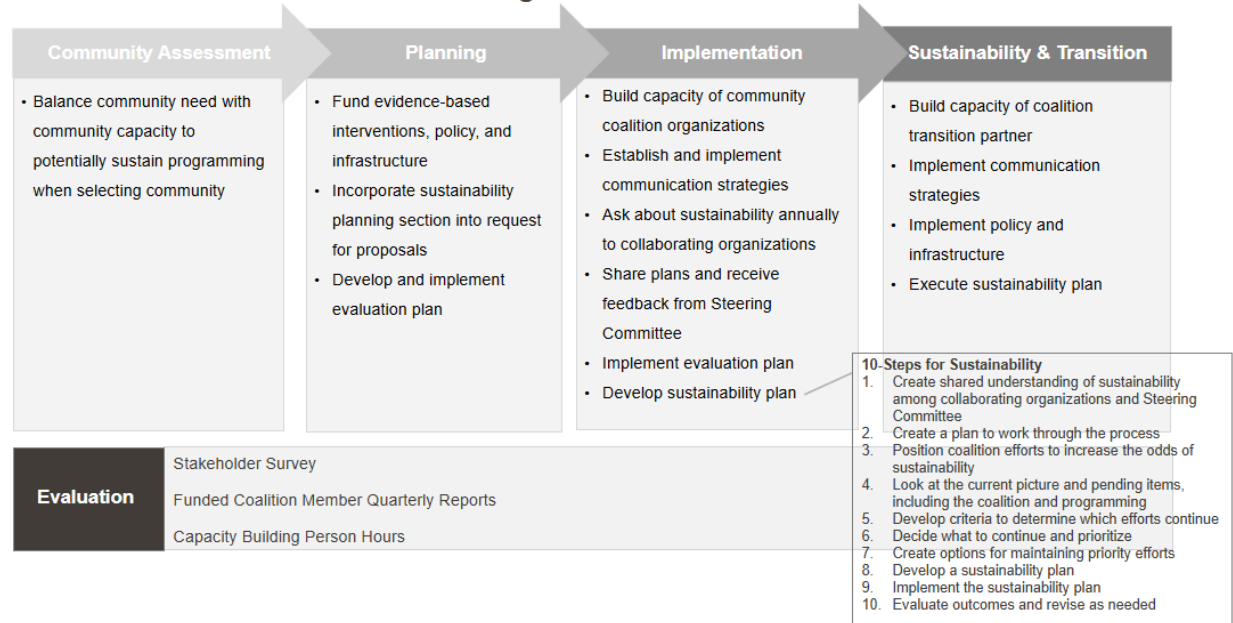
**Author's Contribution:** All authors contributed to the study conception and design. Material preparation, data collection and analysis were performed by Katherine Oestman and Margaret Raber. Ruth Rechis supervised and conceptualized the project, provided overall leadership of Be Well Communities and was responsible for the study's conduct. Michael T. Walsh, Jr. led public

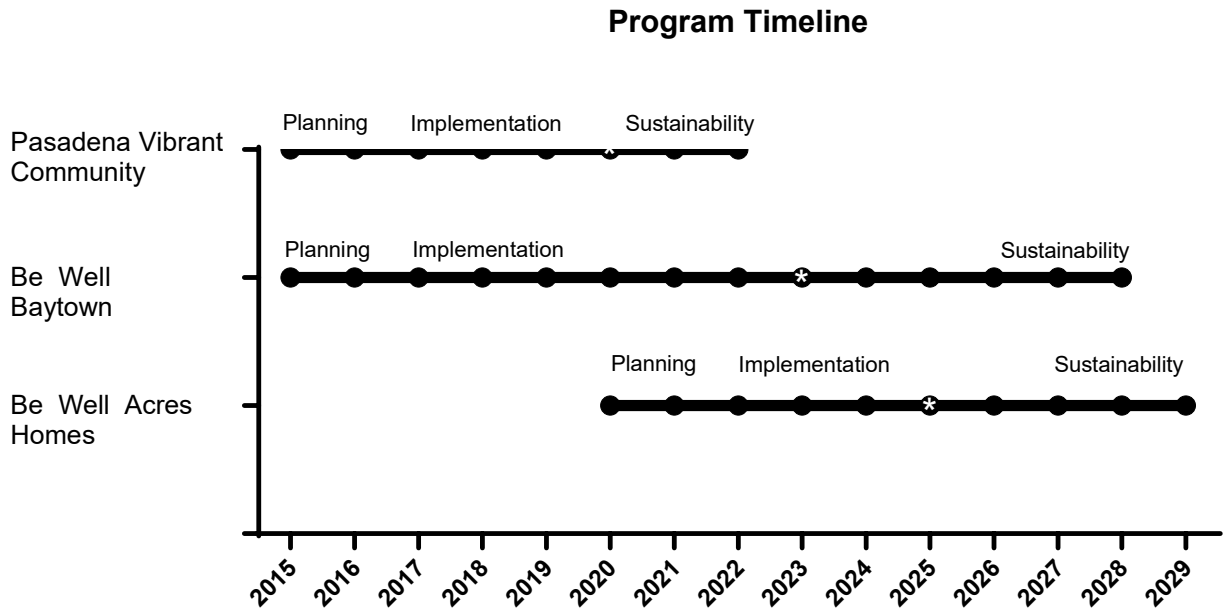


private partnership development, funding acquisition, resource supervision and provided executive leadership for Be Well Communities. All authors collaborated on writing the first draft and edited subsequent versions of the manuscript. All authors read and approved the final manuscript.

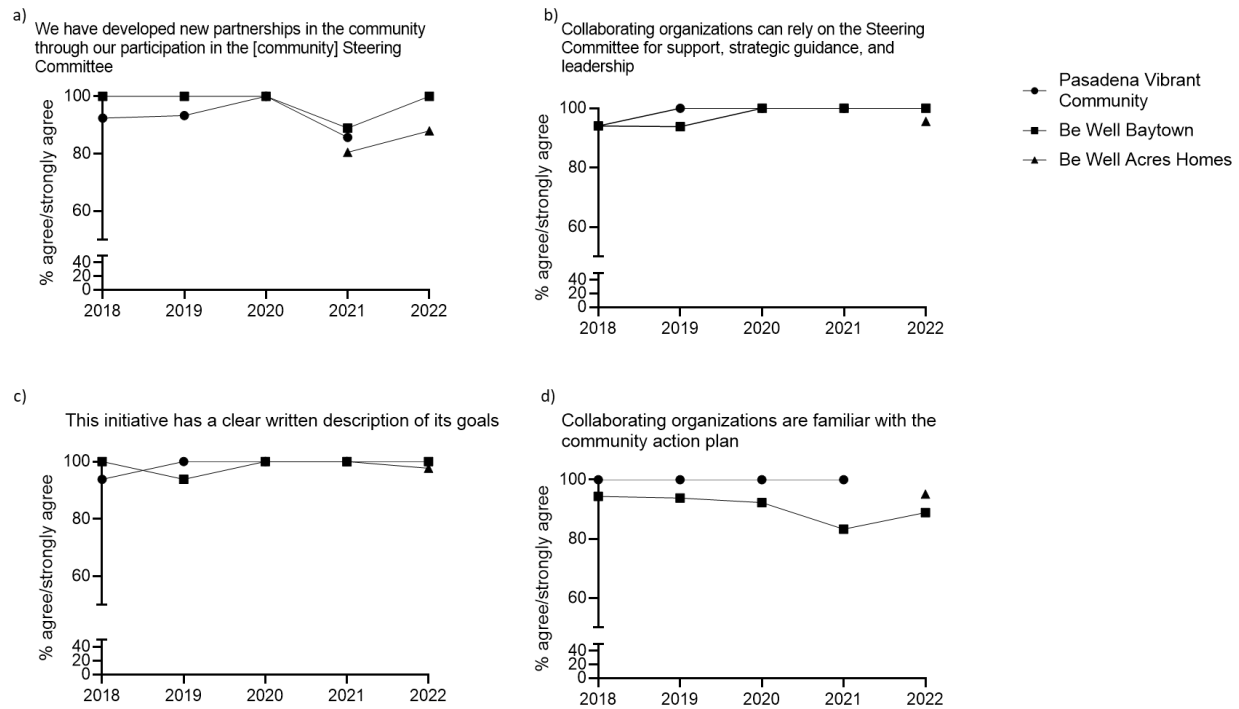
**Fig. 1 Be Well Communities Model and Sustainability Planning**

**Be Well Communities Model: Sustaining Evidence Based Interventions and the Coalition**





**Fig. 2 Program Timeline:** Timeline depicting the three Be Well Communities and the historical/projected phase of the project; \* indicate the year sustainability planning begins. Planning includes community assessment and planning activities prior to funding. Implementation includes the time during active funding. Sustainability includes the end of active funding and transition to localization/ program completion.



**Fig. 3 Responses to stakeholder surveys across all three Be Well Communities locations (Pasadena n=14, average across years; Baytown n=17; Acres Homes n=39) regarding items related to: a) partnerships, b) capacity support and c-d) shared vision**

<b>Table 1: Capacity building investments and scope of initiatives.</b>			
	Pasadena	Baytown	Acres Homes
Population (total community) <sup>a</sup>	150,620	84,449	55,317
Years of project implementation/ sustainability <sup>b</sup>	2017- 2021	2017-present (2024)	2021-present (2024)
Total capacity building hours to date <sup>b</sup>	1,743 hours	3,969 hours	3,931 hours
Total FTEs for each community <sup>b</sup>	2	3.5	2.5
Total # of EBIs implemented to date <sup>b</sup>	18	34	23
Number of Steering Committee members <sup>b</sup>	21	23	63
Number of collaborating organizations <sup>b</sup>	7	10	18
Number of collaborating organization funded personnel <sup>b</sup>	15	44	76
Average proportion completing end of year collaborating organization report <sup>b</sup>	100%	100%	100%
a) US Census Bureau, 2018-2022 American Community Survey 5-year Population Estimates			
b) Internal program file audit (2017-2024)			

**Table 2: Pasadena Vibrant Community’s Evidence-Based Interventions, 2017-2021**

<b>Evidence-based Intervention</b>	<b>Collaborating Organization</b>	<b>EBI Sustainability Planning Level</b>
Active recess <sup>a</sup>	Pasadena Independent School District	Localized
Community fitness programs <sup>a</sup>	City of Pasadena Parks and Recreation Department YMCA of Greater Houston	Localized
Community-based social support for physical activity programs <sup>a,b</sup>	YMCA of Greater Houston	Localized
Extracurricular activities for physical activity <sup>a</sup>	Pasadena Independent School District YMCA of Greater Houston	Localized
Healthy food initiatives in food pantries <sup>a</sup>	Brighter Bites (non-profit food assistance organization)(32)	Alternate Funding
Diabetes Prevention and Control: Combined diet and physical activity promotion programs to prevent type 2 diabetes among people at increased risk <sup>b</sup>	YMCA of Greater Houston  Memorial Hermann Community Benefit Corporation (hospital-affiliated non-profit)	Not Sustained  Localized
Interventions engaging community health workers <sup>a,b</sup>	Memorial Hermann Community Benefit Corporation	Localized
Individually adapted physical activity programs <sup>a</sup>	MD Anderson Center for Energy Balance (hospital-based research center)	Localized
Multicomponent school-based obesity prevention <sup>a</sup>	Pasadena Independent School District	Localized
Nutrition and physical activity interventions in preschool and childcare <sup>a</sup>	Harris County Public Health (public health department)	Localized
Physically active classrooms <sup>a</sup>	Pasadena Independent School District	Localized
Places for physical activity <sup>a</sup>	Pasadena Independent School District  City of Pasadena Parks and Recreation Department	Sustainability Planning Not Needed
Safe Routes to School <sup>a,b</sup>	Pasadena Independent School District Harris County Public Health	Sustainability Planning Not Needed
School fruit and vegetable gardens <sup>a,b</sup>	Pasadena Independent School District	Localized

School-based nutrition education programs <sup>a</sup>	Pasadena Independent School District	Localized
School-based physical education <sup>a,b</sup>	Pasadena Independent School District	Localized
Walking school buses <sup>a,b</sup>	Pasadena Independent School District Harris County Public Health	Localized
Worksite obesity prevention programs <sup>a,b</sup>	Pasadena Independent School District	Alternate Funding

<sup>a</sup> Robert Wood Johnson Foundation. (2019). What Works for Health Guide. Retrieved July 19, 2021.

<sup>b</sup> Community Preventive Services Task Force. The Guide to Community Preventive Services (The Community Guide). US Department of Health and Human Services. Accessed July 19, 2021.

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