

**Project Title:** Oregon Nurses on Boards  
**Application I.D.:** 35537  
**Applicant Name:** Jana R. Bitton, MPA  
**Legal Name of Applicant Organization:** Oregon Center for Nursing

The delivery of health care is changing in Oregon, as it is in the rest of the United States. The Affordable Care Act (ACA) has made health care available to thousands of Oregonians without healthcare coverage. In fact, because of the ACA, more than 95 percent of Oregonians now have health insurance. Oregon nurses outnumber physicians (4:1), medical assistants (5:1), physical therapists (14:1) and dentists (16:1)<sup>1</sup>. As the largest portion of the healthcare workforce in Oregon, nurses are at the forefront of providing care to this new population. Nurses are often the first line of response when someone needs care, whether the care takes place in a hospital, long term care facility, clinic, or even a school. Nurses see the needs of the community first hand; they know what policies need to be prioritized to help the most people, and they understand how poorly considered policies can hurt the most vulnerable populations.

However, nurses' voices are conspicuously absent from major hospital and governing boards. Anecdotally, we know that many boards do not include nursing members and information at both the state and national level regarding nurse involvement is lacking.

In response to the ACA, Oregon created Coordinating Care Organizations (CCO). A CCO coordinates benefits and services, and manages costs in local communities for those covered by Medicaid. Most CCO governance boards do not have nurse representation. The policies created and enforced by these community boards have a direct impact on Oregonians who receive their care from Medicaid providers. However, the proportion of nurses serving on these boards is low. **Because nurses have a unique perspective across the continuum of care and a deep operational understanding of the care experience, it is essential to increase the number of nurses serving on these boards.**

For the fourth and final round of State Implementation Program (SIP) funding from the Robert Wood Johnson Foundation, the Oregon Action Coalition (OAC) proposes a program to focus on Recommendation 7, *Prepare and enable nurses to lead change to advance health*. Over the course of two years, the Oregon Action Coalition proposes to increase the number of nurses who serve as decision makers on **health system boards, CCO governing boards, and Federally Qualified Health Center (FQHC) boards.**

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<sup>1</sup> [http://oregoncenterfornursing.org/wp-content/uploads/2014/09/OR\\_Nurse\\_Big\\_Picture\\_1200.jpg](http://oregoncenterfornursing.org/wp-content/uploads/2014/09/OR_Nurse_Big_Picture_1200.jpg)

The OAC Steering Committee is made up of 20 community partners from nursing and non-nursing organizations. The committee is comprised of ethnically diverse male and female members representing a mix of graduate and undergraduate students, rural and public health nurses, nurses in both education and in practice, and non-nursing stakeholders. Formed in 2012, this group has always fostered a culture of fairness and inclusiveness as part of the decision-making process. In November 2014, the OAC embarked on a Nominal Group Process to help the Steering Committee choose the priority recommendations to focus on in the coming years. Led by a facilitator, each participating Steering Committee member wrote down action statements for consideration, keeping in mind the Institute of Medicine recommendations. Each member of the Steering Committee then shared their action statements with the group. All statements were considered equally as part of this process. Then, all members ranked their top 10 priority action statements, with 10 being the most important. Points on each of the action statements were tallied, and then the results were discussed with the group to find shared agreement on the top items for action.

The group generated a long list of action items. Encouraging nurses in play a larger role in policy work ranked near the top of the priorities for the group. Specifically, the recommendation read, "Work toward having nurse(s) on every policy making board, e.g. community, CCO, and hospital boards, create and maintain a leadership database from which recommendations can be made for strategic appointments." The Oregon Nurses on Boards proposal is a direct outcome of the process the OAC used to identify priority work.

To carry out this initiative will require the commitment of many leaders in Oregon's nursing community. Many of these leaders already actively participate in the OAC Steering Committee. Key stakeholders and partners on the Oregon Nurses on Boards proposal include:

- **The Oregon Center for Nursing:** the state nursing workforce center with a mission to ensure Oregon has a superior, well-prepared, and diverse nursing workforce to serve the health and wellness needs of our communities. The OCN will serve as the fiscal sponsor and applicant for this proposal.
- **The Oregon Patient Safety Commission:** a semi-independent state agency charged by the Oregon Legislature with reducing the risk of serious adverse events occurring in Oregon's healthcare system and encouraging a culture of patient safety.
- The Oregon Public Health Association:
- AARP:
- Oregon Health and Sciences University:

- National Association of Hispanic Nurses, Oregon Chapter:
- Oregon Nurses Association:
- Oregon schools of nursing:

### Proposal Narrative

The Oregon Nurses on Boards project goal is to increase the number of nurses serving as public, private, and governmental health care decision makers on boards, on executive management teams, and in other key leadership positions. To accomplish this goal, this project will target CCO boards to encourage nurses to take on leadership roles on these boards, and encourage CCO boards to recruit nurses.

This proposal is based upon a model that addresses three essential objectives: 1] identifying the current landscape of nurses serving on key boards, board positions, and nurses interested in board service; 2] developing resources such as mentors and trainings to prepare nurses for board service; 3] increasing awareness of nursing's essential contribution to healthcare policy and governance in CCO boards, with other health professionals, and Oregon registered nurses.

#### **Objective #1: Analyze the landscape of nurses currently on boards and identify potential board service opportunities for nurses in Oregon**

We have anecdotal evidence that many nursing boards do not include nursing members. Current information regarding nurses on boards is insufficient in Oregon and across the US. Objective #1 will establish Oregon's baseline.

1. Identify nurses currently serving on boards in Oregon, including:
  - Nursing boards (e.g., Oregon Nurses Association, Oregon Center for Nursing, Oregon State Board of Nursing)
  - Acute care hospital/health system boards
  - Community Care Organization (CCO) boards (e.g., Cascade Health Alliance, Columbia Pacific, Eastern Oregon, Intercommunity Health Network, Jackson Care, PacificSource, Trillium Community Health Plan, etc.)
  - Federally Qualified Health Centers (e.g., Umpqua Health Center)
2. Identify boards, executive management teams and other leadership positions
  - Create a contact list for targeted boards (e.g. CCOs, FQHC, etc.)
3. Develop roster of nurses available for/interested in board service

- Set criteria for identifying potential nurses (such as participation in board training program offered in 2014)
- Utilize Steering Committee members to identify potential board candidates

**Objective #2: Increase number of nurses prepared/ready for board work**

1. Create a toolkit for nurses to support their movement to board and policy positions
  - Potential toolkit contents:
    - Video
    - Brochures
    - Assessments
2. Create new or identify established board training and/or mentorship programs to implement locally
  - Convene a group of nurse trustees to identify strategies for board appointments
  - Identify local and other training programs for governance board members
  - Identify potential nurse mentors through focus groups and personal connections
3. Raise awareness of the importance of nurses on boards through social media, blogs, and OCN's Oregon NurseCast podcast

**Objective #3: Increase awareness among nurses, other health professionals, and board members of the value of nurse board service**

1. Connect with national Nurses on Boards campaign through the Campaign for Action and the Oregon Action Coalition Communications Workgroup to create materials to share with board leaders.
  - Create talking points document on nursing's value to healthcare boards
2. Identify opportunities to share information through presentations about the need to diversify hospital/health system/health policy boards
3. Meet with leaders of identified boards and executive management teams to provide information about the value of including nursing in their leadership decision-making process.

The Oregon Center for Nursing would hire staff to build its infrastructure needed to support the OAC and accomplish the objectives of the Nurses on Boards project. Please see the Work Plan for more information on the resources needed to move the Nurses on Boards program forward.

Diversity and Inclusion

The OAC recognizes the need to foster diversity and inclusion in every step, and will actively seek opportunities to address diversity issues while furthering the objectives outlined in this proposal.

This includes the following internal activities:

- Maintain a diverse Steering Committee comprised of nursing and non-nursing stakeholders from a variety of backgrounds with diverse skillsets
- Recruit volunteers and members that help broaden the perspective of Oregon Action Coalition's activities (e.g., inclusion of all genders, ethnicities, ages, professions, education (e.g., Jonas Scholars), trustees, non-trustees, age, profession and those from underrepresented populations as appropriate)

Oregon's population is primarily white (77%<sup>2</sup>), and 9 out of 10 nurses are female<sup>3</sup>. The Nurses on Boards outreach strategy will identify opportunities to engage with non-white and male nurses, while also engaging nurses from various geographic areas across Oregon. The Nurses on Boards project will focus on the following areas to increase diversity:

- Presenting at local and national interprofessional conferences where the likelihood to reach diverse audiences is high (e.g., IHI, OPHA, etc.)
- Work with leaders in rural communities that can help spread the message of Oregon Nurses on Boards projects
- Conduct speaking engagements in rural communities, where travel to Portland may be a barrier to participation
- Support from non-nursing organizations and individuals (PSU, students, etc.)
- Consultation with CCNA diversity consultant Nefertari Carver for additional guidance

### **Infrastructure**

The Oregon Center for Nursing has been in place since 2002 to provide support to the nursing community through research, creating collaborative partnerships to advance nursing, and advocating for nurses in all settings. As an established 501(c)3 organization, OCN has the foundational infrastructure necessary to support this program.

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<sup>2</sup> <http://quickfacts.census.gov/qfd/states/41000.html>

<sup>3</sup> [http://oregoncenterfornursing.org/wp-content/uploads/2014/09/OR\\_Nurse\\_Big\\_Picture\\_1200.jpg](http://oregoncenterfornursing.org/wp-content/uploads/2014/09/OR_Nurse_Big_Picture_1200.jpg)

Funding for this proposal will allow for a part-time staff position to coordinate activities and support efforts of the project coordinators for timely identification of conferences, enhancing communications, and development of materials.

In addition, staff support would allow more participation in rural areas of the state and increase the number of outreach activities indicated in objective #3. Broadening coalition constituency into rural areas, in turn, will increase the diversity of voice in the OAC.

### **Sustainability Plan**

The initial investment of SIP funds will create a strong foundation for the long term sustainability of the Oregon Nurses on Boards project. The materials created and the relationships formed in the first two years of the project will greatly lower the cost for future work. For instance, the creation of a toolkit to prepare nurses to serve in board roles will be used in an ongoing capacity, and will not need to be recreated in future years. Because of this, the staffing for the Oregon Nurses on Boards project will be able to continue into the future with grant support.

Other additional funding models to explore would be fundraising events, selling the nurses on boards toolkit to interested groups, or charging nurses to participate in training cohorts.

### **Barriers toward advancing the IOM recommendation selected**

The biggest barrier to overcome in advancing recommendation #7 would be in identifying those nurses who want to pursue board positions. A recent study conducted by the Oregon Health and Sciences University and the Oregon Center for Nursing found that while most nurses identify themselves and being prepared to lead, many do not have a desire to do so. The key to success will be to adequately identify those nurses who do desire to lead, and help cultivate them into an effective board leader.

The second barrier would be to build the relationships with CCO board to encourage them to recruit nurses to their boards.

### **Build and Evaluate a plan based on existing state level data**

Evaluating the result of the Oregon Nurses on Boards project would be difficult because of the lack of existing state level data. Oregon has long had a culture of evaluation, and currently collects data in line with the Minimum Data Set. However, the MDS does not collect information about nurses who serve on boards. The Oregon Nurses on Boards project would conduct a survey to initially identify nurses who have a desire to serve on boards, and then as an evaluation piece, would survey those nurses to determine their success in obtaining a board position.

**Clearly identify how both your workplan and proposal diversity (including but not limited to individuals from ethnic, racial, or immigrant groups historically underrepresented, as well as first-generation college students, residents or rural communities, and men).**

to be added

**Describe the existing infrastructure in your state or region (e.g. RWJF nursing programs, working coalitions, key leaders, etc.) that can help implement your chosen recommendation(s).**

to be added

**Describe your financial sustainability plan, to allow continued advancement of goals after the conclusion of grant funding.**

to be added

This should be part of the Staff's role, to find additional grant moneys and apply for them.

The primary challenge to increasing nursing's presence on healthcare governing boards and, to a lesser extent, policy boards is the tacit assumption of nurses' primary role in direct care, but subordinate role in other aspects of health care delivery. This barrier is addressed by our objective #3, which is in essence a marketing campaign to demonstrate to nurses and others of the importance of nurses' presence on boards. It will also be addressed by the mentorship and training identified in objective #2 which is aimed at increasing nurses sense of competence and ability to succeed as a board member

**Describe the capacity of your Action Coalition to build *and evaluate* a plan based on existing state level data.**