

Introduction

- **The survey.** In the summer of 2015, the RWJF Future of Nursing Campaign for Action, through the evaluation partner TCC Group, implemented a survey to assess the capacity improvements and outcomes that were being obtained by participating individuals and organizations. This survey was similar to the survey implemented in the fall of 2013. As with the first version of the survey, the co-leads of each Action Coalition were asked to disseminate the surveys to their overall Action Coalition participants, so there is not a known response rate. Overall, 1,036 individuals completed the survey, compared to 1,100 who completed it in the previous iteration. Of the 1,036 individuals who completed the survey, 14 indicated that they were participating in the **Oregon Action Coalition**.
- **Content of the report.** The following document is the state-specific report, detailing the survey responses from the Oregon respondents (N=14), side-by-side with the aggregated responses from the total pool of respondents (N=1,036) and the state responses from 2013.¹ The report contains the following sections:
 - **Section I: How to Use this Report.** This section provides ideas on how to read the report, and what questions it is helpful to ask when interpreting the data.
 - **Section II-III: Respondent Background (Demographics & Career).** This section contains details on the general demographics of the respondents, specifics about their careers (example: field of nursing), and overarching information about their participation in Action Coalitions.
 - **Outcomes.** These sections contain details on various outcomes. These sections are:
 - **Section IV: Prioritized Outcome Areas.** This section contains summary data on the outcome areas that respondents are most highly-prioritizing.
 - **Section V: Performance on the Five AC Imperatives.** This section contains summary information on the degree to which respondents' organizations are achieving the Five Imperatives for Action Coalitions, articulated by the National Campaign.
 - **Section VI: State-Level Outcomes.** This section contains summary information on the degree to which respondents feel conditions in their state have improved over the last two years.
 - **Section VII: AC Core Capacities.** This section contains details on the capacity of respondents' Action Coalitions (ACs), especially as they relate to TCC's Four Core Capacity Model. The section is broken into four parts: adaptive, leadership, management, and technical.
 - **Sections VIII: State-Specific Recommendations.** This section provides recommendations based on findings and specific to your state.

¹ All aggregated responses are based on an aggregation of scores by state. A score was created for each state based on the respondents from that state and then averaged together to create the aggregate mean score.

Section I: How to Use this Report

The report should be used primarily to reflect on and discuss the capacities of your AC. Data from others across your state and across the country can put into context the capacities, goals, and outcomes of ACs in relation to yours, but we would caution you from over-reading into the comparisons, as your AC is unique and experiencing your own growth cycle.

It is our hope that this document can be used as a starting point for discussion. While reviewing the findings of this report, please consider some of the following questions as potential discussion topics within your AC.

- **What findings really excite you, and why?** Did any findings in this report indicate that your AC is making more progress than you originally thought? Will any findings be particularly interesting to share with funders or members of your local community?
- **Are there any findings that don't make sense for your AC?** Do any of the numbers seem wrong? If so, why do you think they are wrong? What might the data be indicating underneath the surface?
- **Do any findings really concern you? If so, which ones, and why?** Did any findings seem to indicate your AC was making less progress than you originally thought? If so, does this report offer some opportunities to improve your AC and consequently make more progress?
- **Does this report point to any "low-hanging fruit"?** Do the findings in this report point to an outcome area that your AC could easily tackle or improve? For example, is there room for improvement in your organization's leadership capacity that could be addressed by a training? Are there any national level resources, such as the Campaign for Action website or CCNA (www.campaignforaction.org)? Does this report point to outcomes that your organization could address even more than it already does?

Section II: Background, Demographics

Respondents were asked broad questions about their demographics to better understand the context from which they were approaching the survey. Below are the details of the demographic data provided by respondents, both for your state’s subset of respondents and the larger pool of respondents from across the country.

Chart 1: Age of Respondents

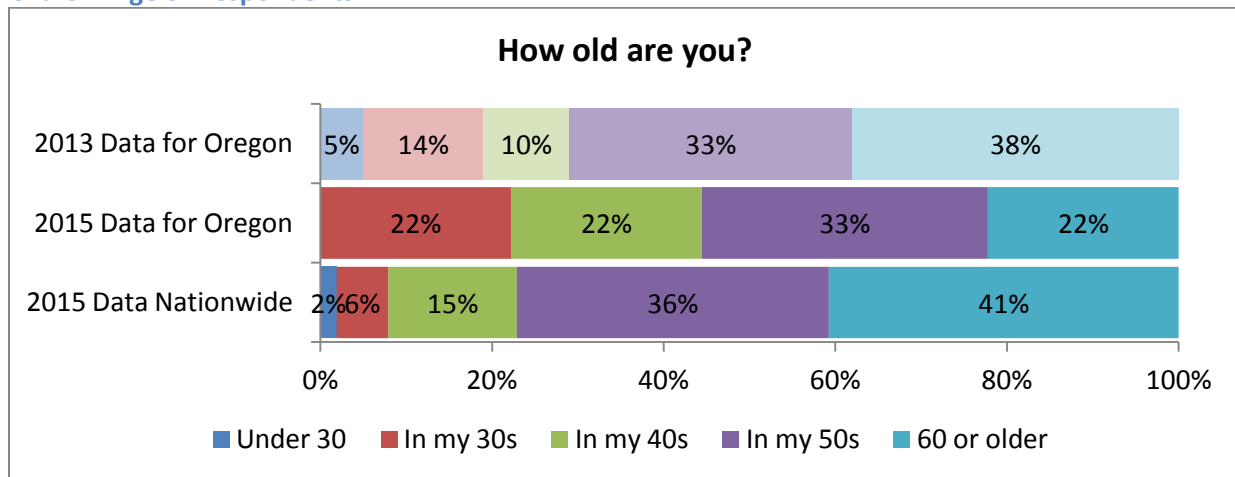
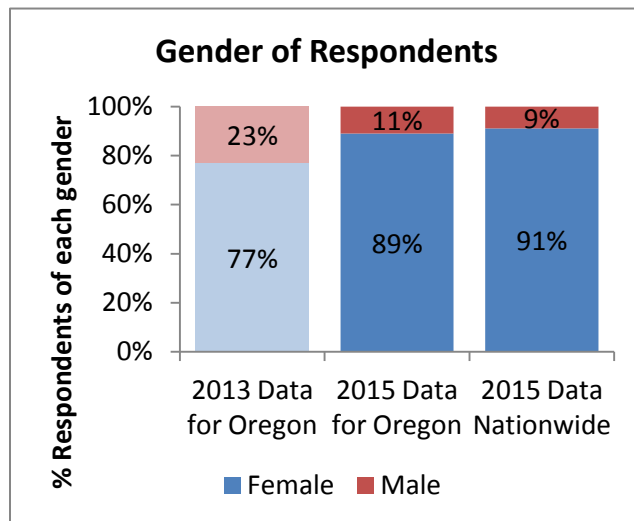


Chart 2: Gender of Respondents



- There were some shifts in age demographics of Oregon respondents from 2013 to 2015. This year, there is a greater percentage of respondents under the age of fifty (44 percent of respondents).
- Compared to the national dataset, Oregon respondents are younger. There is a greater percentage of Oregon respondents under the age of fifty (44 percent) compared to those in the national dataset (23 percent).
- The majority (89 percent) of Oregon respondents are female, similar to the total pool of respondents (91 percent female and 9 percent male).
- The percentage of male respondents from Oregon decreased from 2013 to 2015. There had been five male respondents in 2013, but this year, there was only one.
- None of the Oregon respondents are Hispanic, which is less than the proportion of respondents in the national pool, three percent.

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- The majority of respondents identify as white/Caucasian. The ethnic/racial breakdown of Oregon respondents has a similar percentage of white/Caucasian respondents, compared to the national pool (69 percent identifying as white/Caucasian). However, there are no Oregon respondents identifying as any other racial background than white.

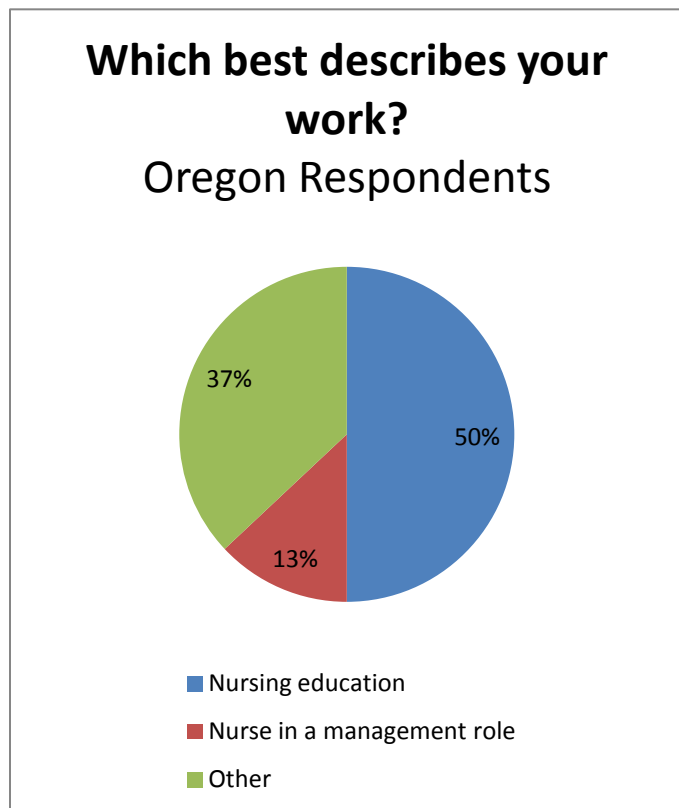
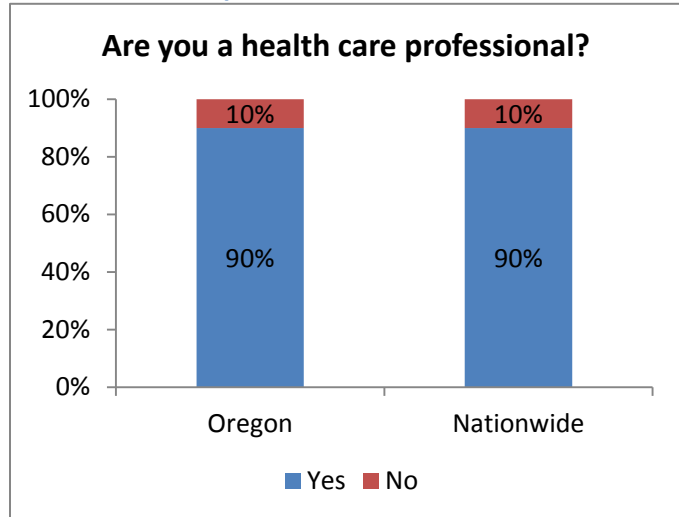
In both years, respondents were asked whether they participated in a State Action Coalition. In this year's survey, respondents who answered "no" skipped to the end of the survey and did not answer any of the remaining questions. As such, 100 percent of respondents participate in a State Action Coalition.

Section III: Background, Career

Respondents were asked to describe their occupations and careers.² Below are the responses to background questions about respondents' careers.

- The large majority of respondents to the nationwide survey describe themselves as healthcare professionals (90 percent), compared to 90 percent of the Oregon respondents.
- Respondents that did not consider themselves healthcare professionals were asked to describe their field of employment. One Oregon respondent (7% of the state's respondents) indicated that they were not a healthcare professional and answered this question about their field. That respondent was employed by a health-related nonprofit.
- Of those Oregon respondents that are healthcare professionals, the largest percentage (50 percent) work in the area of nursing education. These proportions are similar to the nationwide dataset, where the largest group of respondents worked in the field of nursing education (36 percent of respondents). Nationwide, nurse in a management role was the second-highest response category.

Charts 3 & 4: Respondents' Careers



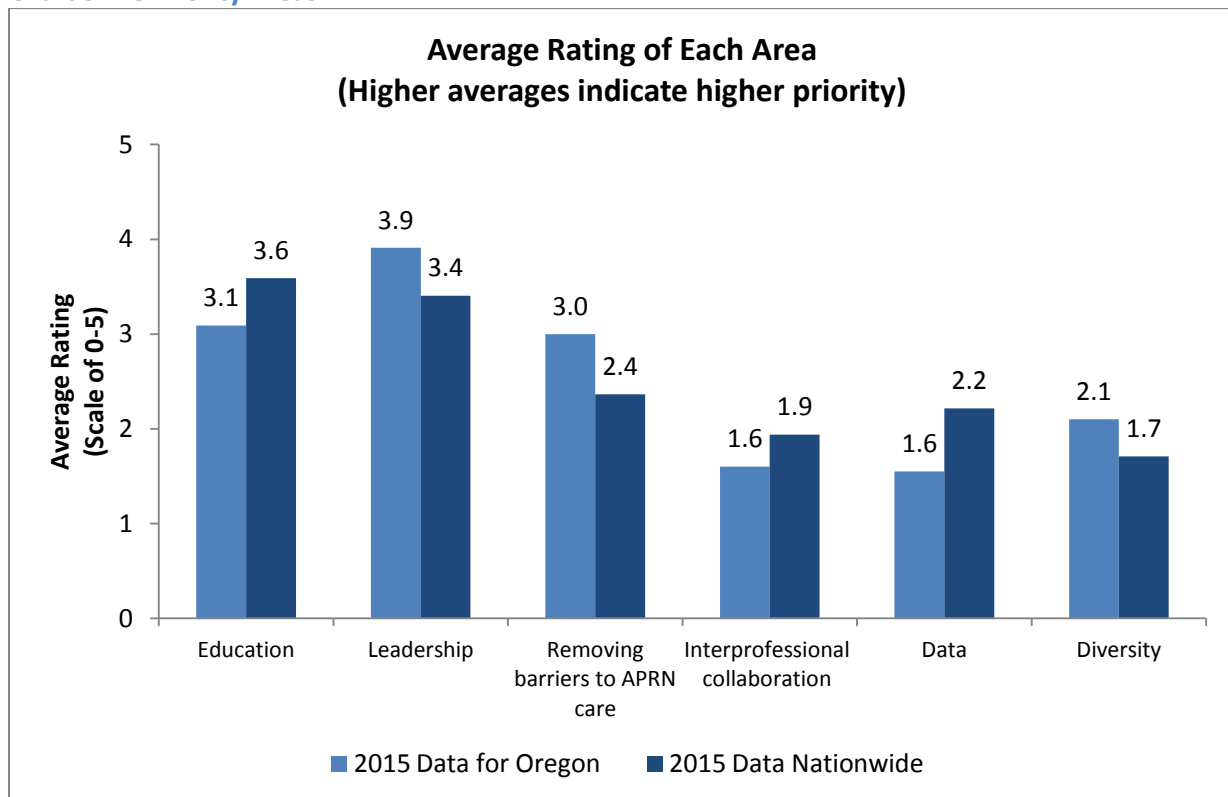
² The previous survey asked respondents, "Are you a nurse?" and this year's survey asked respondents, "Are you a health care professional?" and "Which [health care profession name] best describes your work?" As such, comparisons cannot be drawn year-to-year.

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Section IV: Priority Outcome Areas

Respondents were asked the question, “What are your AC’s priority areas?” They were asked to rank the following six outcome areas: education, leadership, removing barriers to APRN care, interprofessional collaboration, data, and diversity.³ During analysis, the higher priority items were coded with higher values. For example, an item coded ‘5’ indicates the respondent prioritized the item the most out of six items. An item coded “0” indicates the respondent prioritized the item lowest out of all six. The following chart illustrates the trends in priority areas at the state and national levels.⁴

- **Nationwide respondents consider education to be high-priority and diversity to be low-priority.** Mean values were calculated for the rating of each of the six outcome areas (see Chart 5). Diversity had the lowest mean nationally, but Oregon respondents placed it near the middle of their prioritizations (third-lowest). Education had the highest mean value nationally and second-highest among Oregon respondents.
- **Statewide respondents prioritize removal of barriers more than the nationwide respondents.** The average rating for this item was 3.0 – the third-highest rated item on the list for Oregon respondents. In contrast, removal of barriers had an average nationwide rating that was .6 points lower.

Chart 5: AC Priority Areas



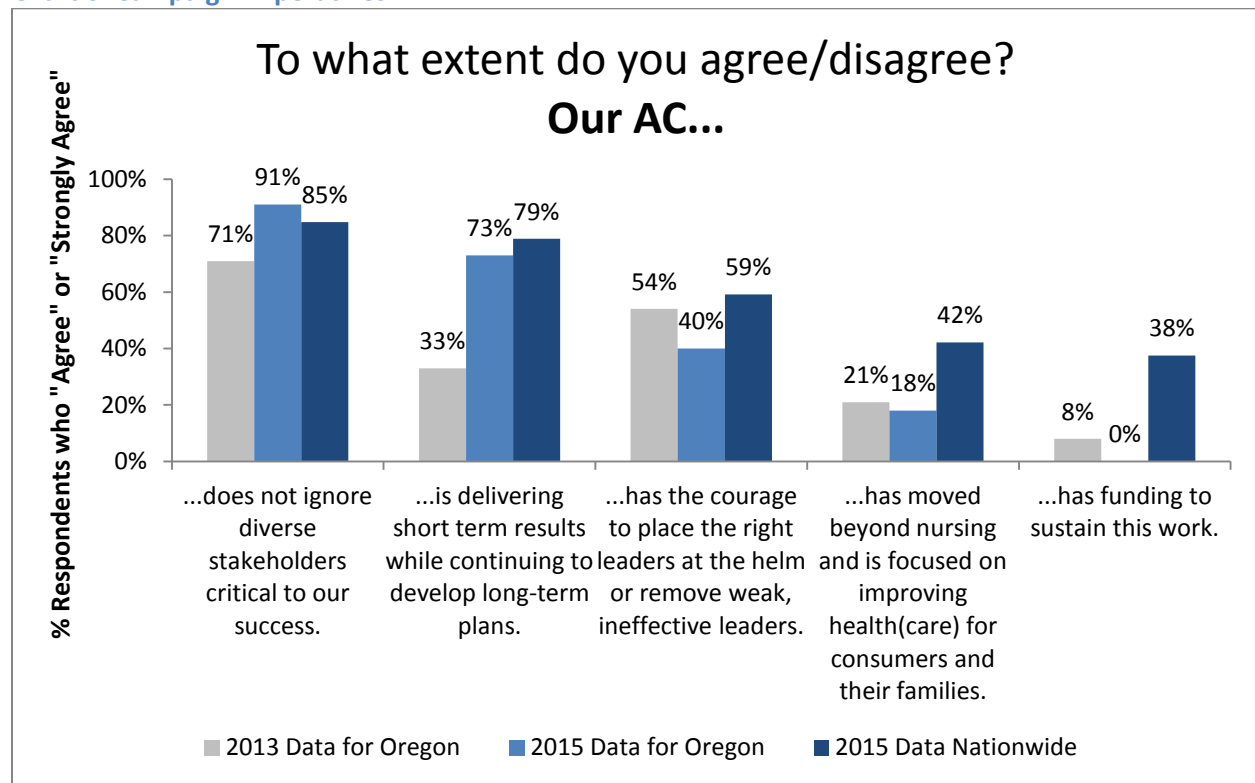
³ These areas were similar to the priority categories from the previous survey, however, the questions were phrased in a way that makes year-to-year comparison difficult in the format of a chart.

⁴ In order to avoid a bias towards any particular state, responses were averaged by state and then all state averages were averaged together.

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Section V: Performance on Five AC Imperatives

The National Campaign has articulated Five Imperatives for ACs. Respondents were asked about the extent to which they agreed or disagreed with the statements below about the imperatives. Chart 6 details the percentages of Oregon respondents who “agreed” or “strongly agreed” with the following statements in both 2013 and 2015. Those numbers are displayed alongside the percent of respondents in the nationwide pool in 2015 who “agreed” or “strongly agreed.”

Chart 6: Campaign Imperatives

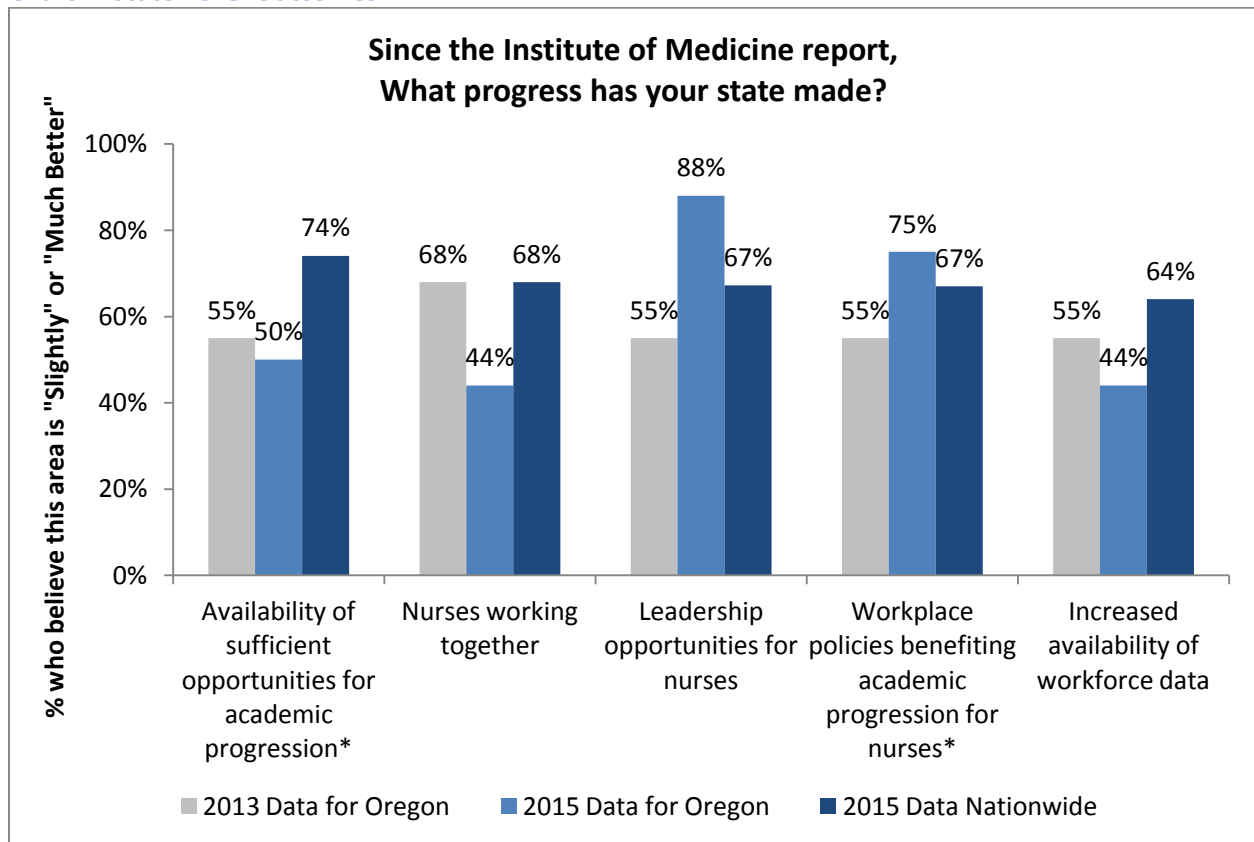


- Overall, ACs appear to be doing well at listening to diverse stakeholders and remaining action oriented, both in the short- and long-term. The majority of respondents from both Oregon and the larger, nationwide pool of respondents “agree” or “strongly agree” that this is the case.
- Areas for improvement relate to promoting strong leadership and moving beyond nursing to focus on improving healthcare for consumers and their families. Fewer than half of the state's respondents "agree" or "strongly agree" with positive statements about those variables. In both cases, these figures are well below the national averages.
- No Oregon respondents perceive they have the funding they need to sustain their work, in comparison to the national dataset where 38 percent feel that they have the funding they need.

Section VI: State-Level Outcomes

Respondents were asked about the degree to which they feel conditions in their state have improved over the last two years. There were nine categories of outcomes.⁵ Below are the findings on the extent to which respondents feel that their ACs have achieved state-level outcomes and how other national respondents responded, in both 2013 and 2015.

Chart 7: State-Level Outcomes^{6,7}



*The phrase “educational progression” used in 2013 was rephrased to “academic progression” in 2015.

- **Oregon respondents tend to be performing similarly on some state outcomes, compared to the rest of the dataset.** For some state outcomes, Oregon respondents marked "slightly" or "much better" at a higher rate than the national respondents (for example, on leadership opportunities for nurses and scope of practice legislation/regulation). In other areas, Oregon

⁵ When multiple questions fell into a factor “category,” the numeric responses to the question were averaged in order to create an overall factor score. For example, if the response to one question in a factor was “strongly agree” (numeric value of 5) and the response to another question was “agree,” (numeric value of 4), the response value for that factor would be 4.5.

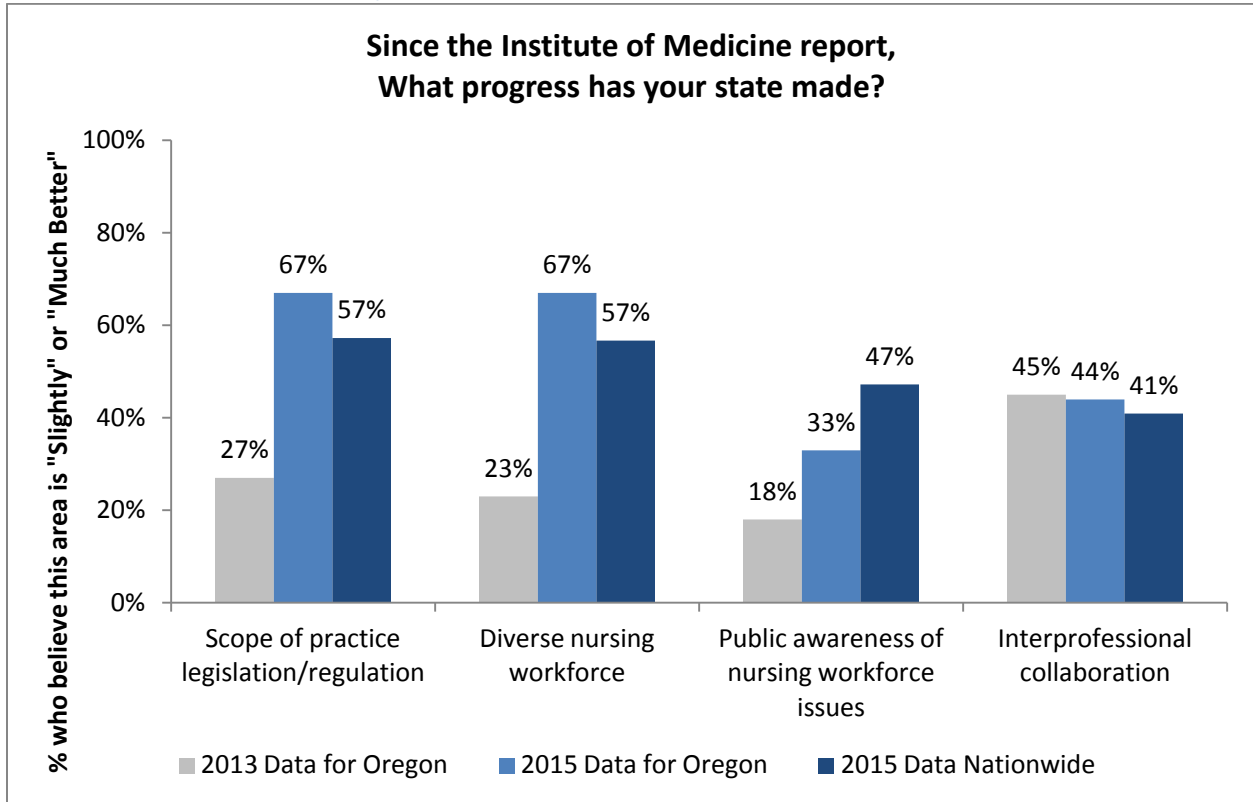
⁶ In 2013, the question was phrased, Please select the option the most accurately reflects how you feel about how your state has changed in the last two years with respect to each of the following issues. But in 2015, it was phrased, “Please select the option that most accurately reflects how you feel about how your state has changed in the last five years (since the launch of the Institute of Medicine report) with respect to each of the following issues.

⁷ The factor analysis from year-to-year held up exactly. There were three factors - public awareness of nursing workforce issues, nurses working together, and interprofessional collaboration.

appeared to be making less progress than the rest of the nation (for example, availability of workforce data).

- **Similar to the nation, Oregon has lower scores on public awareness of nursing workforce issues.** For this variable, only one-third of state respondents perceived improvement in their state's progress. While this figure is below the national average, it has increased in the state since 2013.

Chart 8: State-Level Outcomes, continued



Section VII: AC Core Capacities

Respondents were not only asked about the degree to which they achieved external outcomes, but also the degree to which they improved the capacity of their AC. The following sections detail respondents' answers to questions about their internal capacity.

The organizational capacity of ACs is viewed through the lens of the Four Core Capacity Model, a means for looking at organizational effectiveness. The four core capacities are:

- **Leadership:** the ability of organizational leaders to create and sustain a vision, to inspire, prioritize, make decisions, provide direction, and innovate -- in an effort to achieve the organizational mission.
- **Adaptive:** the ability of a nonprofit organization to monitor, assess, and respond to internal and external changes (such as networking/collaborating, assessing organizational effectiveness, evaluating programs and services and planning).
- **Management:** the ability of a nonprofit to ensure the effective and efficient use of organizational resources.
- **Technical:** the ability of a nonprofit to implement all of the key organizational and programmatic functions (such as finance, budgeting, fundraising, technology, marketing, and communications).

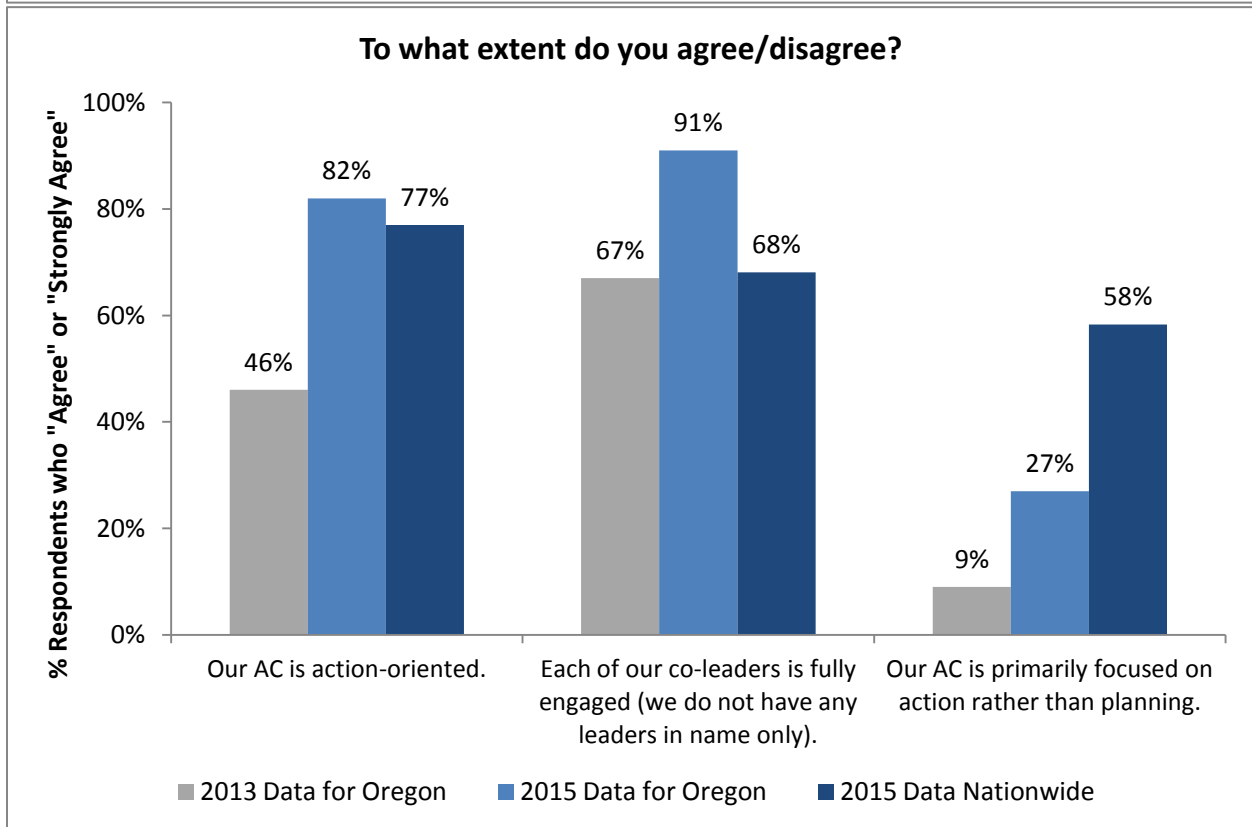
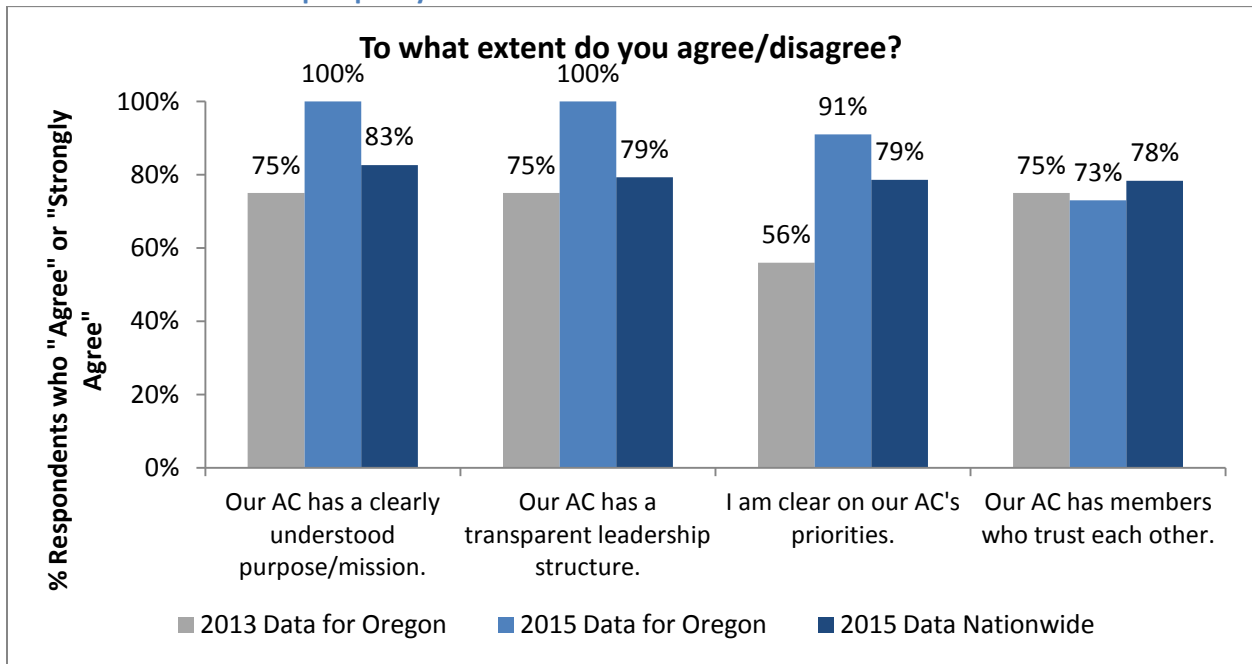
Each of these areas works together, both as separate and interconnecting areas, to maximize the effectiveness and efficiency of an organization. The remaining findings are presented through this lens.

Section VII(a): Leadership Capacity

Leadership capacity is the ability of all leaders to create and sustain an organization's vision, as well as to inspire, model, prioritize, make decisions, provide direction, and innovate, all in an effort to achieve the organizational mission. Respondents' answers to questions about the leadership capacity of their ACs are detailed below. Respondents were also asked a question about the organizational culture of their ACs. Organizational culture is the history, structure, beliefs, and values individuals hold as a group in their organization.

- **This AC has clearly articulated its purpose and priorities.** A majority of this year's respondents from Oregon "agree" or "strongly agree" with positive statements about the degree to which the AC has articulated these items. For example, 100 percent feel the AC has a clearly articulated purpose/mission.
- **Action-orientation remains an area for improvement.** Though 82 percent of respondents from the state believe the AC is action-oriented, only 27 percent feel it is "focused on action, rather than planning." The latter variable was the lowest-rated variable both statewide and nationally of all the Leadership Capacity questions.
- **Many leadership capacity variables experienced an increase this year.** Compared to the ratings from 2013 and the nationwide averages, this year's numbers from Oregon were high. For example, 91 percent of respondents "agreed" or "strongly agreed" with the statement about each co-leader being fully engaged, compared to 67 percent in 2013. The same trend was true for variables on transparency and clarity of priorities.
- **Respondents tended to give high ratings to the organizational culture of their ACs.** Seventy-three percent of the state's respondents either "agreed" or "strongly agreed" with the statement "Our AC has members who trust each other". This figure represents a slight decline from the 2013 figure, when 75 percent of respondents "agreed" or "strongly agreed."

Charts 9 & 10: Leadership Capacity Indicators⁸



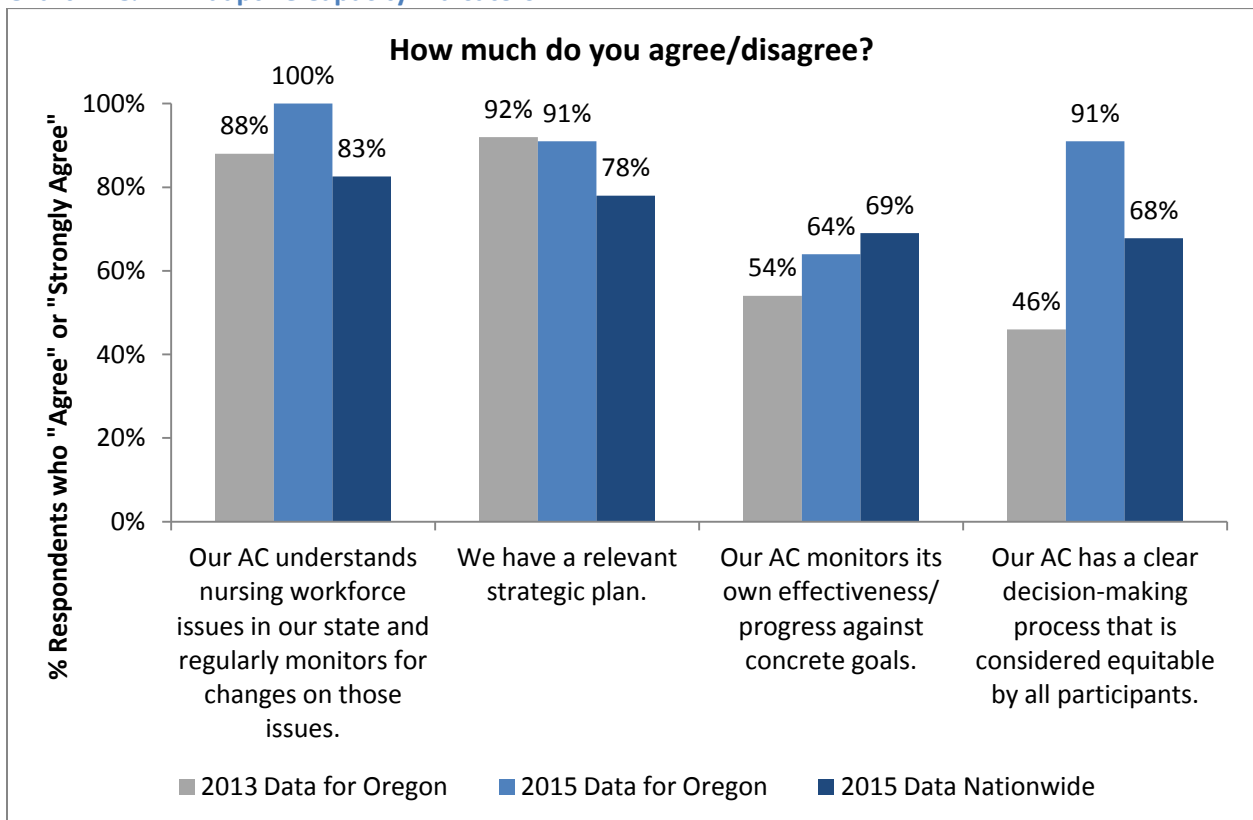
⁸ On occasion, the 2013 percentages differ in this report, compared to the previous report. That difference relates to the creation of different factors in 2013 (i.e. averaging the values of variables to reduce the number of variables.) Fewer factors were created this year, and as such, this report includes findings for all variables.

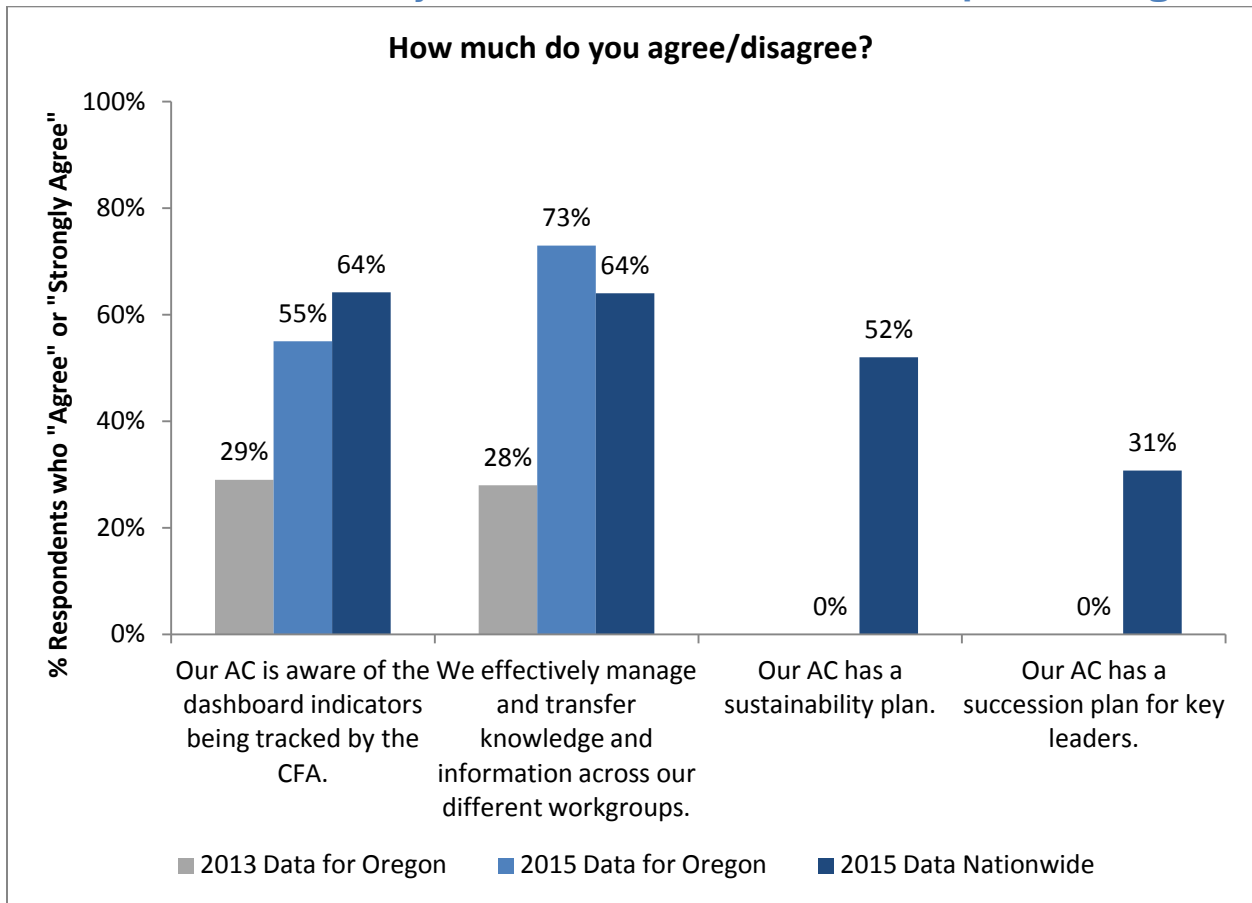
Section VII(b): Adaptive Capacity

Adaptive capacity is the ability to monitor, assess, respond to, and create internal and external changes. Respondents were asked two questions about the adaptive capacity of their ACs. Charts 11 and 12 below detail their responses.

- The Oregon AC lacks two of the three key documents.** Most of the state's respondents indicated they have a relevant strategic plan, which is similar to the national average. However, none of the state's respondents report having a sustainability plan or a succession plan. Both of these figures are well below the national average.
- The Oregon AC has similar scores on the indicators related to the adaptive capacity, compared to the rest of the nation.** They are doing particularly well on understanding nursing workforce issues and regularly monitoring changes (100 percent "agree" or "strongly agree") and having a clear decision-making process (91 percent "agree" or "strongly agree"). The AC experienced a very large increase in agreement rates on the subject of managing and transferring knowledge across workgroups since 2013.

Chart 11 & 12: Adaptive Capacity Indicators





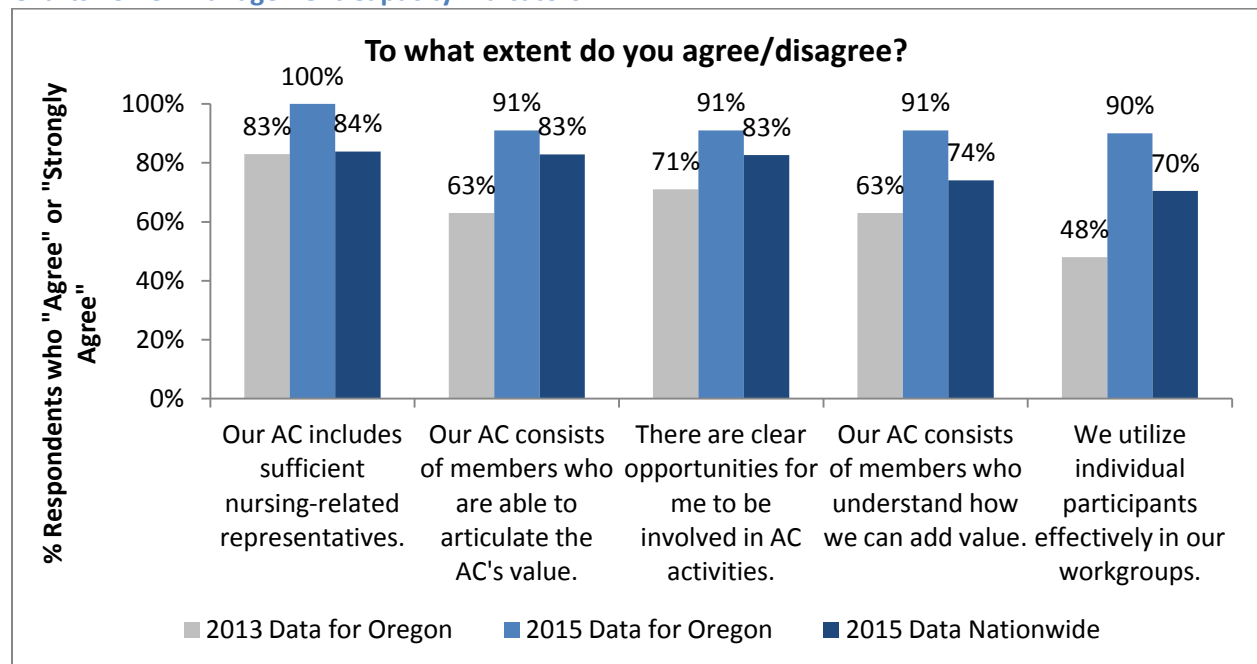
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Section VII(c): Management Capacity

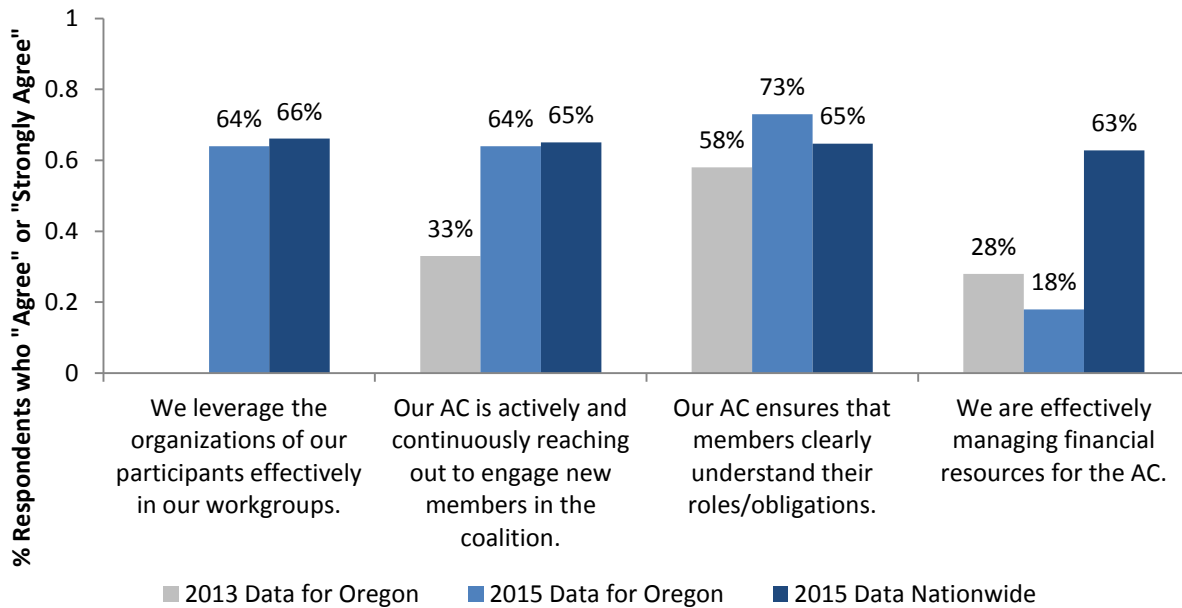
Management capacity is the ability to ensure the effective and efficient use of organizational resources. Respondents were asked various questions about their management capacity, especially in relation to their management of their membership.

- Oregon, like many states, is doing well at including nursing-related representatives.** All respondents indicated their AC includes sufficient nursing-related representatives. On the other hand, a minority of respondents feel they include sufficient non-nursing-related representatives, a figure less than the national average.
- Oregon respondents feel their AC is performing moderately well on management capacity dimensions.** While some indicators in this capacity had agreement rates above 75 percent, there were other areas with lower scores. For example, only 18 percent believe the AC is effectively managing financial resources, compared to 63 percent in the national pool - a 45 percentage point difference.
- The Oregon AC is struggling with membership numbers and participation.** In both of these areas, the AC is doing much worse than the national averages. Only 27 percent of respondents believe the AC increased the number of members, compared to 57 percent of the national pool.

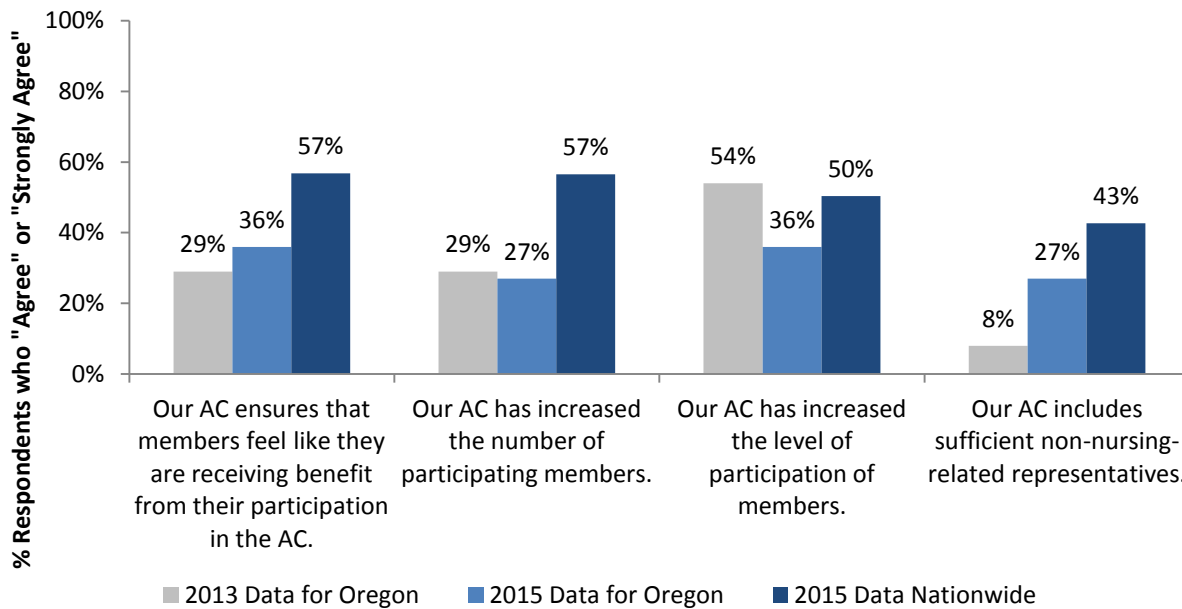
Charts 13-15: Management Capacity Indicators



To what extent do you agree/disagree?



To what extent do you agree/disagree?

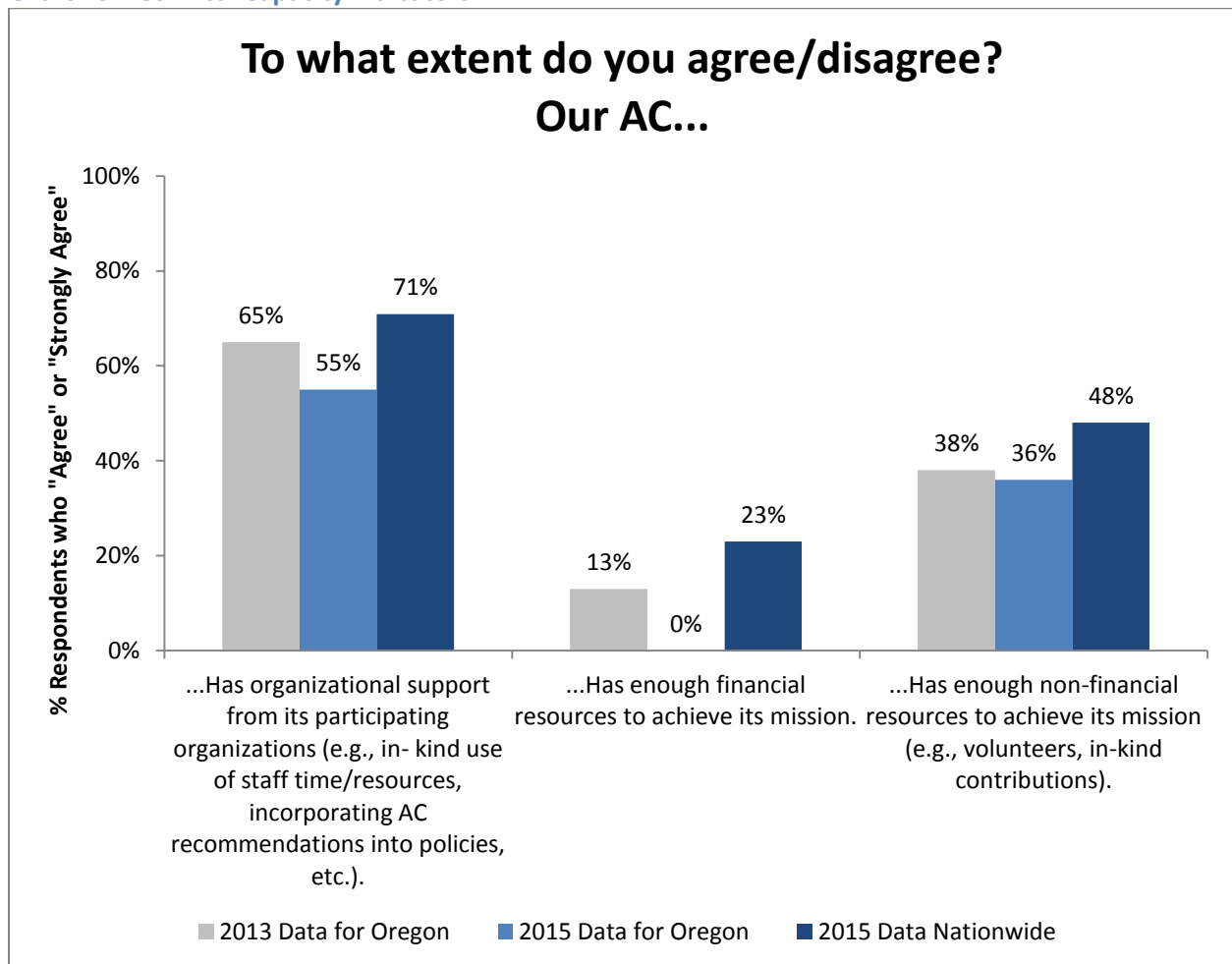


Section VII(d): Technical Capacity

Technical capacity is the ability to implement all of the key organizational and programmatic functions. Respondents were asked questions about the degree to which they have the resources to implement their programs and operations effectively. Chart 16 details the responses to these questions.

- Respondents across the country feel their ACs lack financial resources.** Similar to respondents from the larger, nationwide pool, few of the Oregon respondents feel their AC has enough financial resources to achieve its mission. In fact, no Oregon respondents feel they have these resources. This figure is less than both the state's 2013 figure and the national average.
- Some of the state's respondents feel they have sufficient non-monetary resources.** Thirty-six percent of Oregon respondents believe they have enough non-financial resources to achieve their mission, which is similar to the state's 2013 numbers and less than the national average. Fifty-five percent feel they have organizational support from participating organizations, which is a decrease from the state's 2013 numbers and less than the national average.

Chart 16: Technical Capacity Indicators



Section VIII: State Recommendations

The following conclusions and recommendations are based on the data laid out in the above report. These findings are specific to the Oregon AC and can be used to plan and prioritize future programming and capacity building.

- **Leadership capacity:** The Oregon AC is doing well in the area of organizational culture and on clearly articulating its purpose and priorities. In order to increase action orientation, build AC member skills on setting concrete and achievable goals. At AC and workgroup meetings, stick primarily to agenda items that work towards those identified goals.
- **Adaptive capacity:** While the Oregon AC is doing well in some areas of adaptive capacity, it still lacks some important planning documents, namely a succession and sustainability plan. Over the course of upcoming meetings, devote time to discussing the lack of these documents with members to determine if there is interest in obtaining them. Review any existing documents to ensure they are up-to-date and that your actions as an AC are in line with their contents.
- **Management capacity:** Oregon AC respondents feel their AC is performing moderately well on issues related to management capacity. Some of the low-rated areas relate to increasing membership numbers and levels. At upcoming meetings, discuss with members the perceived importance of increasing membership levels. It is possible they may perceive this to be an area for improvement, but it is also possible they feel the levels are appropriate where they are. One course of action is to reach out to boost both the nursing and non-nursing representatives in the AC. Additionally, because financial management was rated poorly for the state, conduct capacity building so your AC has the tools and expertise that are necessary.
- **Technical capacity:** ACs are generally supported by participating organizations, but they fall short with regard to having the financial resources they need to implement their programming. This trend is true across the country, however, the Oregon AC appears to be struggling in multiple areas of technical capacity. Since your AC is experiencing particular difficulty in the area of obtaining financial resources, reach out for advice and support from organizations, initiatives, and ACs who have been succeeding at obtaining financial resources. There is potential for learning in this area. Since your state falls a bit behind other states with regard to organizational support, your AC should continue to work with members to identify resources they may contribute and provide suggestions on organizational support they may provide. For example, organizations may provide in-kind use of staff time/resources or they may incorporate AC recommendations into their policies.