# Table of Contents

*Table of Contents* .................................................................................................................. 2

1. *Executive Summary* ........................................................................................................... 3

2. *Introduction and Background - Rationale and Evaluation Plans* ......................... 9

3. *Methods – Data Collection, Analyses, and Interpretation* ................................. 15

4. *Results and Findings* ....................................................................................................... 22
   
   **A. The 2009 SBHC Advocacy Day at the Oregon Legislature** .................................. 22
      1) Brief Overview of 2009 SBHC Advocacy Day Findings ........................................... 22
      2) Qualitative Findings .................................................................................................. 23
      3) 6-Month Follow-Up with SBHC Advocacy Day Leaders and Sponsors: .................. 24
      4) Findings, Analysis, and Interpretation ...................................................................... 26

   **B. Youth Advocacy and the 2010 SBHC Advocacy Day at the Oregon Legislature** . 28
      1) Brief Overview of Youth Advocacy and the 2010 SBHC Advocacy Day Findings .......... 28
      2) Growth of Youth Advocacy at SBHCs and in Oregon ................................................. 30
      3) Impacts of Youth Advocacy ....................................................................................... 40
      4) Impact of Involvement in Advocacy on the Development of Youth Advocates .......... 48
      5) 2010 SBHC Advocacy Day at the Oregon Legislature .............................................. 58

   **C. Oregon Network and Policy Advocacy: Development, Activities and Capacity, Impact, and Sustainability** ................................................................. 64
      1) Brief Overview of Network Advocacy and Policy Work Findings .............................. 64
      2) Growth of Network Advocacy and Policy: Activities, Influence, Capacities ............. 67
      3) Impacts of Network Advocacy and Policy Work ....................................................... 74
      4) Influences on Network Policy Successes ................................................................. 80
      5) Sustainability of SBHCs, the Network, and the SBHC Movement .............................. 85

   **D. 2010 Cumulative Updates to Qualitative Themes** ..................................................... 94

5. *Lessons Learned, Implications for Policy Advocacy, and Recommendations* 120

6. *Appendices* ..................................................................................................................... 129

7. *Other Evaluation Activities in Year 6* ............................................................................ 130
1. Executive Summary

Introduction:

In Year 6, the last and “Capstone” year of the School-Based Health Care Policy Project, the evaluation of youth advocacy, including the SBHC Advocacy Day at the Oregon Legislature, and Oregon Network policy advocacy were identified as two areas of special interest to the Oregon Network and the WK Kellogg Foundation.

This evaluation report therefore describes the findings for those two areas of special emphasis: youth advocacy and Network policy, incorporates relevant evaluation data from the 2009 SBHC Advocacy Day, and updates the qualitative evaluation topics that have been cumulatively reported since Year 2.

It is intended that this evaluation report will document the development of school-based health care capacities and sustainability over the five years of the project in which the evaluation was conducted.

The Evaluation Report:

The school-based health-care policy Project year 6 Capstone evaluation report consists of several sections.

1. An introduction and background section describes the rationale for the Capstone evaluation and evaluation questions. The evaluation plan that guided the work is contained in an appendix.

2. The methods section describes the data collection and analysis activities in 2009 and 2010 that contribute to the evaluation findings. The procedures used to collect and analyze and interpret the data are described. Methodological caveats and challenges are also discussed.

3. The results and findings of the evaluation are described separately for the 2009 SBHC Advocacy Day, the 2010 SBHC Advocacy Day, and youth advocacy in general. Likewise, changes in Oregon network policy advocacy, the impacts of that advocacy, and the sustainability of the SBHCs are reported in separate sections. A 2010 update to sequential qualitative themes constitutes the last section of the results and findings.
4. Lessons learned, implications for policy advocacy, and evaluation recommendations are described at the end of the report. A list of appendices and other evaluation activities in years six completes the report.

Methods:

Survey instruments, interview schedules, and other evaluation questions and methods were developed primarily in collaboration with the Oregon School-Based Health Care Network and board (one of the primary customers of the evaluation), and where possible, coordinated with partners, stakeholders, and the intended audiences. Data on the SBHC Advocacy Day were obtained in 2009 and 2010. Data for Network Policy advocacy were gathered in 2010. The data were analyzed using quantitative and qualitative methods and are reported as tables, graphs, quotations, and narrative summaries. Survey and interview instruments are included in the Appendix.

Results and Findings:

A. 2009 SBHC Advocacy Day Evaluation:

1. The Advocacy Day is by and large a positive and enriching experience for youth.
2. The youth often participate in post-Day advocacy in their local communities.
3. Reports from youth about Advocacy Day participation was valuable information for local policy makers and supporters of SBHCs.
4. The Network’s facilitation of the Day is appreciated and valued by sponsors (SBHCs) and youth.
5. Some youth initiate SBHC youth leadership activities after attending the Advocacy Day.

B. Youth Advocacy in General and the 2010 SBHC Advocacy Day:

1. Growth of Youth Advocacy:

There have been major increases in the number of youth involved in advocacy, the number and geographic extent of school-based health care centers with youth advocacy programs, and the intensity of youth involvement.
Over the six years of the SBHCPP, youth have expanded their role from local advisory roles and involvement in local fundraising, to become effective and experienced advocates for funding at the state level and advocates for SBHCs in schools where none currently exist.

The Oregon Network has employed Kellogg Foundation funding and other resources to provide trainings on youth advocacy to youth and SBHCs, organized the SBHC Advocacy Day, and supported both activities by providing financial assistance needed by local center staff and community members to attend advocacy events.

2) **Impacts of Youth Advocacy:**

Youth advocacy has had important and positive impacts on state appropriations, support from schools, community funding, and utilization of SBHCs by students. Youth advocacy has had less of an impact on allocation of health department funding and insurance reimbursement.

Youth advocacy is acknowledged by SBHCs, parents, Network advocacy partners, and local and state policy makers to have had major positive impact on local and state funding for school-based centers. Advocating for their own health care as consumers in collaboration with community members and school-based health care centers has been a highly effective way to gain bipartisan support and significantly increased appropriations from the Oregon Legislature over the last 4 years of the SBHCPP.

3) **Impact of Involvement on Development of Youth Advocates:**

Participation in youth advocacy has had major beneficial impacts on youth development in the areas of leadership, comfort with working collaboratively with adults, enhanced school success, analytic skills and systematic thinking, increased social skills, increased appreciation of the validity of their health care needs, support for emotional health, and perhaps some increases in physical health. Youth also believed that their participation in advocacy had major benefits for and was consistent with their educational and career goals.
4) 2010 SBHC Advocacy Day Evaluation:

The SBHC Advocacy Day had a positive impact on SBHC financial sustainability via state appropriations, on support from legislators, the level of enthusiasm of SBHC staff, and increased a sense of self-worth and personal effectiveness among advocates. Support from schools for SBHCs and for youth advocacy programs may also have been a positive impact of the Advocacy Day.

Consistent with 2009 findings, the 2010 SBHC Advocacy Day at the state legislature every year was invariably characterized as an important and valuable experience by youth by school-based health care center staff and by those policymakers who were the visited by youth advocates.

C. Oregon Network and Policy Advocacy: Development, Activities and Capacity, Impact, and Sustainability:

1) Growth of Network Policy Advocacy:

There have been major increases in the ability of the Network to conduct advocacy and policy work at the local, state, and federal levels during the SBHC Policy Project. Major increases have occurred in the skills and capacities of the Network’s policy director, including an increasing ability to form partnerships and alliances with others.

The Network also has significantly increased its involvement in multiple areas of policy, including not only legislative appropriations, but also rules and regulations, professional board issues, task force recommendations, statewide health care reform, and relationships between insurance payors, hospitals, and other funding sources and school-based health care centers.

The impact of the expanded scope has been to improve the effectiveness of Network policy advocacy, and to greatly increase the influence and reputation of the Network as an advocate for health care access for youth.

2) Impacts of Network Policy Advocacy:

The Oregon Network has been highly successful in advocating for increased state appropriations and other funding for school-based health care centers, resulting in additional funding for existing centers, expansion of school-based health care by at least
one-third over the past several years, and an increase in the number of schools with planning grants for SBHCs.

Increases in the capacity of local school health centers to advocate on their own were reported, and the Network has had a major positive impact on the capacities, sustainability, and growth of youth engagement and youth advocacy among SBHCs. This work has resulted in an increase in access to care and quality of care among SBHCs and other organizations in Oregon, and a major increase in overall support for the SBHC movement in Oregon.

3) Influences on Network Policy Advocacy Successes:

The resources provided by the Kellogg Foundation for the Policy Project has been essential to the policy successes of the Network in expanding school-based health care in Oregon. Without the support of the Foundation, the Network might still be in its infancy, and not have accomplished the major success outlined above.

Other positive influences on Network policy successes include the expertise of Network staff, alliances and partnerships, participation of Oregon SBHCs, other foundations and funders, youth advocates, and managed care organizations. The political climate, the Network board, and the Oregon Dept. of Human Services SBHC program office also had a positive influence on Network impacts.

4) Sustainability of SBHCs, the Network, and the SBHC Movement:

SBHCs: The work of the Network in collaboration with its partners and stakeholders, including youth advocates, has resulted in an expansion of the number of school-based health care centers in Oregon, thereby increasing access to care among youth in Oregon, and an expansion of funding for existing new and planned centers. The sustainability of school-based health care in Oregon is significantly greater than before the advent of the SBHC Policy Project. Developing relationships between school-based health care centers and managed care organizations and other insurance payors, and supporting the capacity for SBHCs to advocate for themselves, also contributed to SBHC sustainability.

Oregon Network: Over the course of the Kellogg Policy Project, the sustainability of the Network has increased significantly but now has decreased somewhat as Kellogg
funding has declined and sufficient replacement funding has yet to be secured. Funding from the Kellogg Foundation has enabled the major policy achievements and growth in capacity of the Network. However, with the loss of that funding, the Network’s sustainability is less assured. The Network has sought to increase its own sustainability through individual donations, grants applications, collaborative work with other organizations, and through in-kind donations of space and facilities from partners and collaborators.

**SBHC Movement:** The sustainability of the SBHC movement is largely predicated on the sustainability of the Oregon Network. Advocacy for SBHCs and for the movement would suffer considerably if the Network no longer existed; most predicted that there would be loss of support for school-based health care at the state and local levels. The lack of a sustained Network presence would severely impair the effectiveness of advocacy efforts for school-based health care centers statewide, and cause a reversion back to the pre-Kellogg state of affairs in which local health centers advocated independently for their own needs.

**Notable Quotations:**

“Youth advocacy has contributed significantly to the growth in the number of school-based health care centers in Oregon over the past five years. They certainly have helped to avoid budget cuts at the state level and youth advocates were very helpful in avoiding budget cuts proposed by the county commissioners. However, I believe that the potential impact of youth advocates has yet to be experienced but will have a greater impact in the future.”

“The Policy Project was successful in helping build Network capacity to serve school-based health care centers in Oregon, and to do policy work. The Network built its capacity to provide technical assistance and act on behalf of the centers, support youth engagement, support access to care and quality of care, and to do policy work. Without the support of the Kellogg Foundation, the Network would not be as far down the road as it is now.”

“The impact of the Network's policy work has been to significantly grow the number of centers and support for the model of care.”
2. Introduction and Background - Rationale and Evaluation Plans

An evaluation of the Oregon School-Based Health Care Policy Project, funded by the WK Kellogg Foundation, was conducted in Years 2-5 of the project. As part of those evaluations, specific studies of interest to the Oregon School-Based Health Care Network were conducted as well as yearly administrations of the McKinsey Capacity Grid, and qualitative evaluations that were organized chronologically by topic. In Year 6, the last and “Capstone” year of the Policy Project, the Network, the evaluator, and the Foundation collaborated in identifying youth advocacy and the SBHC Advocacy Day at the Oregon Legislature, and Oregon Network policy advocacy, as two areas of special emphasis. This evaluation report therefore updates the chronological qualitative evaluation topics and also describes the findings for the two areas of special emphasis: youth advocacy and Network policy; evaluation plans and questions are described in the next section of this report. The McKinsey capacity assessment was a Year 6 evaluation activity; the McKinsey report is included in the Network’s project report rather than in this evaluation report.

It is intended that this report show the development of school-based health care capacities and impacts over the five years of the project in which the evaluation was conducted. Because of the overlapping nature of the special emphasis topics and other topics covered by this report, some observations and conclusions may seem repetitive. However so that each section of the report contains a complete account of the observations and findings, I have chosen to repeat certain observations and conclusions rather than referring the reader to other sections of the report for relevant information.

This evaluation report is not intended to enumerate all the activities, strategies, and accomplishments of the Network – that information is contained in the Network’s Policy Project Capstone Report. Instead, the evaluation report is intended to understand the context and implications of the policy project for the SBHC movement in Oregon.
Areas of Special Emphasis – Evaluation Plans and Questions

A. Youth Advocacy and the SBHC Advocacy Day at the Oregon Legislature

Rationale: A special focus for the Oregon School-Based Health Care Policy Project (SBHCPP) Year Six “Capstone” evaluation is “Youth Advocacy” and the annual “Youth SBHC Advocacy Day at the Oregon Legislature.” In addition to the Advocacy Day being a major event in support of school-based health care centers in Oregon, and a major means by which youth advocacy is encouraged and youth advocates trained, the Day represents the culmination of efforts by local SBHCs to engage youth in state-level advocacy.

The Oregon School-Based Health Care Network has been and continues to be committed to expanding youth/consumer involvement in policy advocacy that supports SBHCs. Supporting youth councils and involvement advocacy at Oregon centers has been a major focus of activity of the Oregon School-Based Health Care Network; understanding how and under what conditions youth advocacy and participation in the Advocacy Day has and has not been productive will be important for designing and allocating Network resources to future youth legislative advocacy efforts.

The Network believes that youth advocacy, when combined with the voices of parents, educators, health care professionals, and the Network’s own advocates has exerted a powerful positive influence on support in local communities and on legislative appropriations, and has supported the development of positive relationships with legislators of both major political parties, and the Governor’s office. The focused evaluation therefore sought to identify the policy outcomes, contextual considerations, the strategies employed (and how well they worked), and lessons learned related to youth advocacy in general, and at the SBHC Day at the Oregon Legislature in particular.

Evaluation Questions: There are two primary Youth Advocacy evaluation questions that we sought to answer in the Year 6 SBHCPP evaluation:

1. How has youth advocacy and youth participation in the legislative day influenced support for school-based health care centers at the state and local levels?
   a. Changes in Youth Advocacy at SBHCs: How have youth advocacy activities changed at Oregon SBHCs during the SBHCPP over the past several years?
b. **Change in Youth Advocacy at the SBHC Advocacy Day**: In what ways have advocacy efforts by youth at the legislature and elsewhere changed over the past several years, including the number of youth participating and the kinds of activities in which they participated?

c. **Impact of Youth Advocacy – SBHC View**: How have school-based health care staff and sponsors/chaperones at the youth legislative day perceived the impact of youth advocacy on policies developed at the state and local levels?

d. **Impact of Youth Advocacy – Partner Policy-Maker View**: How have legislators, staffers, the governor's office, and advocacy organizations perceived impact of youth advocacy, especially their impact on authorization and funding bills?

e. **Network Strategies in Support of Youth Advocacy**: What strategies have been employed by the Network and by health centers to build youth advocacy at SBHCs and youth participation in the Advocacy Day, and to teach strategies for advocating with legislators?

f. **Contextual Factors Influencing Youth Advocacy**: What contextual factors have influenced youth advocacy activities or the impact of the Advocacy Day, including the statewide political climate, partisan considerations, local support for school-based centers, resources available for participation, coordination of the Day with school obligations, economic conditions at the state level, and health care reform efforts?

2. To what extent has participation in youth advocacy and in Advocacy Day activities had a positive impact on youth, including youth academic development, involvement in school-based health care activities in the schools, and other advocacy and leadership roles?

a. **Changes in Youth Advocacy Roles**: How have youth roles in health center advisory and advocacy changed during the SBHCPP over the past several years?

b. **Impact of Advocacy on Youth Advocate Development – the SBHC View**: How have school-based health care staff and sponsors/chaperones at the Advocacy Day perceived the impact of participation on youth development and leadership?

c. **Impact of Advocacy on Youth Advocate Development – the Youth Advocate View**: How have the youth themselves perceived the impact of their local advocacy and
engagement in Advocacy Day activities on their development, leadership, and educational attainments?

d. **Network Support for Youth Advocate Development**: What strategies have been employed by the Network and by health centers to build youth leadership and promote healthy development in association with youth advocacy and the Advocacy Day?

e. **Contextual Influences on Youth Advocate Development**: What contextual factors have influenced the activities or the impact of youth advisory and advocacy, including the local political climate, support from parents, teachers, and the community, local support for school-based centers, economic conditions in the local community and in the schools, and potential conflict with school activities?


**Rationale**: As the Oregon School-Based Health Care Network continues to increase its influence, represent diverse SBHC and stakeholder interests, and increase its effectiveness in initiating and maintaining state, local, and federal policies in support of SBHCs, defining the role of the SBHCPP in that growth is important. In addition, the influence of the SBHCPP on Network policy impacts, the Network’s developing relationships with decision makers and stakeholders, influencing and adapting to the context of policy deliberations, and the emerging Network leadership in health care reform are issues that have been a central focus of the program.

**Evaluation Questions**: There are two primary ‘capacity for policy’ evaluation questions that we seek to answer in the Year 6 SBHCPP evaluation:

1. In what ways has the Network been successful in supporting SBHC growth and sustainability over the life of the project?
   
   a. **Change in Network Partnerships**: How has the size and diversity of Network ‘policy partners’ (education, advocacy, community, youth, state program office, SBHCPP community partners, etc.) changed over the life of the SBHCPP, and to what extent may we attribute SBHC-related policy outcomes to partnerships?
b. **Change in Network Policy Venues and Context:**  1) How has the number and types of policy venues, activities, or systems (including certification of SBHCs and funding distribution formulas) changed during the SBHCPP?  2) How has Network involvement in those systems influenced it’s effectiveness in advancing policies favorable to SBHCs?  3) How has the political and fiscal context influenced advocacy & policy achievements?

c. **Change in Scope of Policy Issues:** In what ways has the scope of policy issues addressed by the Oregon Network changed during the SBHCPP and what has been the direct and indirect impact of that involvement on policy-making?

d. **Impact of Network Advocacy - SBHC Growth:** How has the Network been effective in supporting increased access to care among youth through expanded and new SBHCs, and SBHCs being planned?

e. **Network Support for SBHC Growth:** How has the Network sought to support existing, new, and planned SBHCs through technical assistance, strategic communications, multicultural approaches, and youth involvement, and how effective have those activities been according to the SBHCs?

f. **Network Representation of SBHC Interests:** How has the Network sought to coordinate and represent the diverse interests of existing, new, and planned SBHCs in policy making, and how effective have those policy making activities been according to the SBHCs?

g. **Network Support for SBHC Sustainability:** How has the Network been effective in supporting increased funding and other aspects of sustainability in existing and new SBHCs?

2. **To what extent has the Network increased its capacity for engaging in policy change and advocacy?**

   a. **Capacity: Partnerships:** How has the size and diversity of Network ‘policy partners’ (education, advocacy, community, youth, state program office, SBHCPP community partners, etc.) changed over the life of the SBHCPP, and what influence have those changes had on Network capacity to advance policies important to SBHCs?

   b. **Capacity: Policy Venues and Influence:** How have changes in the number of policy venues, activities, or systems (including certification planning and funding distribution
rule making influenced Network capacity and scope of its mission in support of SBHCs, and the influence of the Network on policy making?

c. **Capacity: Policy Issues and Influence:** In what ways has the scope of policy issues addressed by the Oregon Network changed during the SBHCPP and what has been the impact of that involvement on the organization and on its influence in policy-making processes?

d. **Capacity for SBHC Support:** How have Network efforts to support existing, new, and planned SBHCs through technical assistance, communications, multicultural approaches, and youth involvement informed Network policy work and enhanced support for SBHCs?

e. **Capacity to Represent SBHC Interests:** How has the Network sought to coordinate and represent the diverse interests of existing, new, and planned SBHCs (and SBHCPP community partners) in policy making, and how have those activities influenced the development of Network strategic communications and coordination activities, capacities, goals, technology, and mission?

f. **Capacity to Support SBHC Sustainability:** How have Network activities in support of increased funding and other aspects of sustainability influenced how the Network has developed support services for SBHCs, and how have those activities been perceived by the SBHCs?

g. **Network Sustainability:** In what ways has the Network sought to support sustainability of SBHCs by increasing the Network’s own stability and sustainability, and what impact has Network resource development work had on Network capacities and on its ability to support sustainability in Oregon SBHCs?

h. **Organizational Self-Reflection:** How have evaluations and evaluation technical assistance contributed to Network capacities, activities, and sustainability?
3. **Methods – Data Collection, Analyses, and Interpretation**

The general survey, interview, and discussion methods used to obtain data for evaluation of youth advocacy and for Network policy are described below. Tables describe the major sources of data, outline the participation of different stakeholder groups and audiences in the development and implementation of the evaluation, and provide the approximate number of persons in each interest group who contributed to surveys, interviews, and discussions in the Youth Advocacy and Network Policy evaluations. A discussion of specific methods and methodological caveats and challenges are also provided.

Survey instruments, interview schedules, and other evaluation questions and methods were developed primarily in collaboration with the Oregon School-Based Health Care Network and board (one of the primary customers of the evaluation), and where possible, coordinated with partners, stakeholders, and the intended audiences. Discussions with the Kellogg consultant evaluator were especially helpful in developing evaluation plans and instruments. Successive reviews of methods and instruments resulted in a progressive series of modifications to surveys, interviews, discussions, etc., that resulted in a tailoring of questions for each audience and a simplification and broadening of the scope of the questions.

**Data Sources: Youth Advocacy and Network Policy Evaluations**

Surveys and interviews included questions not only about youth advocacy but also about Network policy advocacy – and Table 1 shows the number of surveys and interviews conducted in Years 5 and 6 of the Policy Project that contributed to this report. Likewise, Table 2 shows the sources of input into the development and implementation of the evaluations, and interpretation of the youth and policy evaluation findings.
### Table 1: Sources of Quantitative and Qualitative Data: Youth Advocacy and Network Policy

<table>
<thead>
<tr>
<th>Source</th>
<th>Network Staff, Board, and Consultants</th>
<th>SBHC Staff / Sponsors</th>
<th>Youth Advocates</th>
<th>Partners and Stakeholders</th>
<th>Policy Makers</th>
</tr>
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<tbody>
<tr>
<td>Number of Year 6 Surveys Solicited:</td>
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<td>42</td>
<td>25</td>
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<td>5</td>
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<tr>
<td>Number of Year 6 Surveys Received:</td>
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<td>3</td>
<td>1</td>
<td>7</td>
<td>1</td>
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<tr>
<td>% Responding</td>
<td>38</td>
<td>8</td>
<td>4</td>
<td>41</td>
<td>20</td>
</tr>
<tr>
<td>Number of Year 5 SBHC Day Interviews:</td>
<td>7</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number Participating in Year 6 Interviews, Conference Calls, Group Discussions:</td>
<td>7</td>
<td>4</td>
<td>8</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total Number of Surveys and Interviews:</strong></td>
<td><strong>12</strong></td>
<td><strong>14</strong></td>
<td><strong>21</strong></td>
<td><strong>12</strong></td>
<td><strong>4</strong></td>
</tr>
</tbody>
</table>

### Table 2: Sources of Input into Development, Implementation, and Interpretation of the Evaluation Findings: Youth Advocacy and Network Policy (2010 only)

<table>
<thead>
<tr>
<th>Source</th>
<th>Network Staff, Board, and Consultants</th>
<th>SBHC Staff</th>
<th>Youth Advocates</th>
<th>Partners and Stakeholders</th>
<th>Policy Makers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invited to Participate in Development</td>
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<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invited to Participate in Implementation</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Invited to Participate in Interpretation</td>
<td>13</td>
<td>40</td>
<td>25</td>
<td>12</td>
<td></td>
</tr>
</tbody>
</table>

Advocates interviewed in 2009 and 2010 included Hispanic, African-American, Asian, and White youth. About 30-40% of youth interviewed were non-White. Adults from multiple cultures, races, genders, and socioeconomic classes also participated in the surveys and interviews. However, all interviews were conducted in English.
A. Youth Advocacy and the 2009 and 2010 SBHC Advocacy Days at the Oregon Legislature

2009 SBHC Advocacy Day

The purpose of this evaluation is to find out the extent to which multicultural partners and youth have participated in 2009 SBHC Advocacy Day, and to learn about their experience in adding their voices to the Network’s. [The impact of Network advocacy on proposed administrative budgets and legislative appropriations for SBHCs are routinely captured by the policy director are will not be a focus of this evaluation.]

2009 SBHC Day Evaluation Methods and Challenges:

1. The plan to obtain systematic pre- and post-Advocacy Day survey feedback was abandoned as it was not possible to identify sponsors/chaperones or expectations for the Day more than a week before the actual event. Therefore, in addition to the 2009 Advocacy Day interviews, a set of retrospective questions was asked after a period of time over which the impact of the Day could be assessed.

2. The evaluator attended the 2009 Advocacy Day and prior to the morning training, interviewed approximately 10 youth, SBHC sponsors, and parent chaperones about what their expectations were for the Day, and how would they know if they were successful in their advocacy efforts. In the afternoon, after the rally and visits to their legislators, the respondents, parents, and sponsors were re-interviewed. Youth and sponsors from Eugene, Falls City, Lincoln County, and Oregon City were interviewed. The evaluator also took photographs and observed the video taping of testimonials from youth advocates and others. Digital audio recordings of interviews and video testimonials were reviewed and notes taken on content relevant to youth and partner experience in the Advocacy Day. These notes were analyzed using qualitative methods.

3. In July-August 2009, contact information for 6 sponsors/chaperones for youth attending the Advocacy Day was obtained. The sponsors were asked to provide responses to a series of open-ended questions on the ways in which 2009 SBHC Advocacy Day activities had an impact on local support for their SBHC and an impact on the youth who participated. The narrative feedback was analyzed qualitatively.
Youth Advocacy and the 2010 SBHC Advocacy Day

1. A survey of SBHCs in Oregon was developed and administered to obtain systematic quantitative and narrative data that provides stand-alone findings and assists in interpretation of interviews. The survey included questions on recruitment, participation, and preparation of youth for the Advocacy Day, and on the impact on youth, the SBHCs, and community support for SBHCs.

2. Interview methods also were a primary means for collecting information related to the two primary Youth Advocacy evaluation questions. Interviews were conducted with multiple Network staff, partners and stakeholders, SBHC staff, youth, and policy-makers.

3. Data from 2009 and 2010 surveys and interviews were used as sources of data.

Data Sources: Youth Advocacy and the SBHC Advocacy Day

<table>
<thead>
<tr>
<th>Table 3: Sources of Information and Documentation for Youth Advocacy and SBHC Day Capstone Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 5 SBHC Advocacy Day interviews, observations, and videos with youth and adults.</td>
</tr>
<tr>
<td>Year 6 SBHC Advocacy Day interviews, observations, and videos with youth and adults.</td>
</tr>
<tr>
<td>SBHCPP Year 6 Survey data from Network, Partners, Policy Makers, SBHC Staff and Youth</td>
</tr>
<tr>
<td>Network and Stakeholder conference calls and discussions of preliminary evaluation findings.</td>
</tr>
<tr>
<td>Year 6 Network Conference presentations, interviews, and discussions of findings.</td>
</tr>
<tr>
<td>Material abstracted from Evaluation Reports and Project Reports in SBHCPP Years 2-5.</td>
</tr>
</tbody>
</table>


**Methods:** In general, key informant interviews (with policy makers, advocacy partners, and others – please see below), surveys, group discussions, and analysis of annual reports and policy documents were the primary methods. Policy successes and challenges were interpreted in the context of the policy, political, and fiscal environments in Oregon over the life of the Policy Project.

**Data Sources: Network Policy and Capacity**

<table>
<thead>
<tr>
<th>Table 4: Sources of Information and Documentation for Network Policy and Capacity Capstone Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 6 Interviews with Network, Partners, Policy Makers, SBHC Staff, and Youth</td>
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<tr>
<td>Year 6 Survey data from Network, Partners, Policy Makers, SBHC Staff and Youth</td>
</tr>
<tr>
<td>Network and Stakeholder discussions of preliminary evaluation findings.</td>
</tr>
<tr>
<td>Year 6 Network Conference presentations, interviews, and discussions of findings.</td>
</tr>
<tr>
<td>Material abstracted from Evaluation Reports and Project Reports in SBHCPP Years 2-5.</td>
</tr>
</tbody>
</table>

**Methods used to organize, analyze, and interpret data:**

Quantitative data were entered into or imported into MS Access databases where the quality could be checked and queries were used to select data for analysis. Data selected for analysis were then exported into MS Excel and into SigmaStat for graphic, tabular, and statistical analyses. Narrative information obtained from surveys, interviews, discussions, and other sources were audio recorded whenever possible, and interview notes were checked for accuracy and completeness by reviewing them with the audio recordings. In some situations it was possible to do both video and audio recordings; those also served as primary sources for ensuring the accuracy of qualitative data. Audio technologies included the digital recorders and Livescribe smart pen technology. Videos were recorded on a Panasonic digital video camcorder or on a Flip high definition video recorder. Interview notes that had been reviewed for accuracy
and completeness by comparison with audio and/or video recordings were converted into text using Dragon NaturallySpeaking voice-to-text dictation software.

Final interview and other narratives were then printed and served as the primary text for analysis and synthesis using the general methods described in: Patton, M. *Qualitative Research & Evaluation Methods* (3rd Ed.), Thousand Oaks, CA: Sage Publications, 2002. Briefly, narrative responses were analyzed qualitatively by identifying topics and keywords. Issues and themes were developed from the topics by examining the responses within respondents and then by re-examining each domain across respondents. The themes are necessarily overlapping and not mutually exclusive, and examination of the themes as a group is likely to lead to the most comprehensive understanding of narrative survey responses.

Themes developed for the Youth Advocacy evaluation informed those of the Network Policy evaluation, and vice versa. The findings included a combination of quantitative and qualitative themes for most evaluation questions. Multiple quotations were used as supporting primary text for the interpretations provided in the report.

**Methodological Caveats and Challenges:**

The qualitative evaluation themes described below are constructs systematically synthesized from the narratives by the evaluator. The themes enable many of the issues identified by respondents to be organized and described in ways that represent the views of participants but conceal the identity of individuals. There is no single accepted way to develop themes or to organize and present narrative comments. Also, the current organization is influenced by the evaluator’s experience and knowledge/ignorance of the SBHC movement in Oregon, and its multiple participating partners. Therefore, the themes below represent only one way that qualitative data could be organized and interpreted. While they are faithful to the comments of the respondents and systematically developed, the themes and interpretations do not represent a single truth about the quantitative data or the interview transcripts.

The camcorder audio and video was of acceptable quality and lent itself readily to analysis. However the Flip high definition video was a challenge for computer systems not specifically designed to process high-definition video input. The Flip videos therefore had excellent audio, but halting and jerky video presentation.
A particular data analysis challenge occurred in the interviews of youth conducted at the SBHC Advocacy Days in Years 5 and 6 of the project. The video-taped interviews were recorded in a room containing 30 to 60 people, and the noise generated in that room made detecting some statements by interviewees quite difficult. Listening to interview audio on stereo headphones while closely observing respondent lip movements and body posture was necessary to identify the spoken content in many instances and required numerous hours of video and audio review. It is highly recommended that directional and/or sound shielded microphones be used for interviews under such conditions in the future.

Although numerous attempts were made to gather youth input through web based social media, web and direct surveys, conference calls, and sessions at conferences, the evaluator found these to be largely unsuccessful. Most youth input was obtained at scheduled events where youth sponsors coordinated and facilitated youth attendance, such as the SBHC Advocacy Day, and Oregon Network and NASBHC conferences, and when time was available for interviews conversations, and observations. Youth are therefore under-represented in the quantitative data. Interestingly, youth reported that they liked being interviewed about SBHC advocacy topics and appreciated the opportunity to be interviewed on SBHC Advocacy Day.
4. Results and Findings

A. The 2009 SBHC Advocacy Day at the Oregon Legislature

1) Brief Overview of 2009 SBHC Advocacy Day Findings

- The Advocacy Day is by and large a positive and enriching experience for youth.
- The youth often participate in post-Day advocacy in their local communities.
- Reports from youth about Advocacy Day participation was valuable information for local policy makers and supporters of SBHCs.
- The Network’s facilitation of the Day is appreciated and valued by sponsors (SBHCs) and youth.
- Some youth initiate SBHC youth leadership activities after attending the Advocacy Day.
2) **Qualitative Findings**

**2009 SBHC Advocacy Day Interviews**

**Morning Interviews**: Youth had realistic expectations about how the Advocacy Day would unfold and the opportunities they would have to bring their ‘messages’ to their state legislators. Several youth were aware of the impending report on the increasing state revenue deficit and were prepared to adapt their presentations depending on the budget deficit numbers to be released at noon. Youth were quick to provide summaries of their advocacy messages, including their ‘elevator speeches’ in response to any interview questions. They readily provided their rehearsed talks regardless of the content of the question; perhaps an interesting marker of their focus on advocacy and excitement about the day’s possibilities. Many indicated that they prepared their messages several days in advance and had rehearsed them on the way to Salem that morning. Questions about how they might know if they were ‘successful’ in providing their messages or, alternatively, how they would know if they had achieved their objectives, likewise were mostly answered with facts and personal stories attesting to the value of SBHCs in their community. With prompting, many youth indirectly revealed their criteria for positive advocacy outcomes by stating what they wanted to happen with the legislators. For example, “wanting to educate legislators about their SBHC” or about the “health care issues in their schools” implies that expressions of increased knowledge by a legislator would be a positive outcome. However, only Lincoln County youth were more specific. They said that if legislators listened, demonstrated an increased awareness of SBHCs and their value, said that they cared about SBHCs, and responded in writing to the letters they would later send – those would be ‘successful’ outcomes. One student went further and said that he also wanted to see their legislators actually helping their SBHC, not just agreeing with youth opinions.

The morning interviews also indirectly uncovered the preparation and motivation of the youth participating in the Advocacy Day. Improvements in self-confidence, increases in public speaking skills, and belief in their ability to make a difference in the legislature were embedded in the student’s comments, and also were reported by sponsors. The youth were described by one sponsor (a former state legislator) as ‘being on a mission’ and that they can sense ‘their influence and power’ in a representative democracy. The youth had been well-prepared by their SBHC sponsors and were ready to participate in the group practice sessions that morning.
Afternoon Interviews: The interviews with youth after the morning training, the rally on the Capitol steps, and the visits to their legislators, were more informative. Most students, sponsors, and parents were very pleased with their participation in the events of the day, and in their reception by individual legislators. Most legislators were already informed about SBHCs, but listened attentively to student presentations and asked pertinent questions. Most legislators reportedly expressed verbal support for SBHCs, but qualified their ability to support SBHCs with appropriations because of the increase in the projected state deficit announced earlier that afternoon. Experiences of the youth were positive: “Talking with legislators 1:1 was just great!” “He was interested in supporting SBHCs, but couldn’t promise anything because of the budget.” “The legislator was interested in what we had to say and wanted to know more!” “I gave my elevator speech and he thanked me for telling him about SBHCs!”

The experiences of youth, sponsors, and parents, as reported to me, were uniformly positive and the youth were pleased by their reception. Their interactions with legislators almost certainly served as positive reinforcers for their advocacy, preparation, presentation skills, confidence in themselves, and a meaningful sense of collaborative participation in health care and government. The experiences during the Advocacy Day are likely to have prompted future involvement and advocacy on behalf of SBHCs. The feedback from Lincoln County SBHC (below) presents an example of the latter.

3) 6-Month Follow-Up with SBHC Advocacy Day Leaders and Sponsors:

Participation

One of six sponsors responded to the request. The feedback from Sandy Adams from Lincoln County appears below in their entirety; minor editorial changes were made to improve readability.
2009 Advocacy Day Follow-Up Questions and Responses

1. In what ways did you and/or the youth from your SBHC participate in the SBHC Day on February 20th?

   “Made “thank you” posters prior to trip. Participated in phone conference with Network representative and then met to plan prior to trip. Participated in Network sponsored advocacy training, and in the march to Capitol. Each student spoke at rally, toured the Capitol, met with Senator Joann Verger and Representative Jean Cowan, and delivered messages to other legislators on behalf of Network.”

2. From your perspective, what was the positive or negative impact of the SBHC day on legislator support for SBHCs in your community?

   “Seeing local youth pictured talking with our area legislators in Salem was impressive to those local stakeholders who were sent the photos (school board, health council, teachers, commissioners, and anyone who read the newspaper or received the emailed photos). Our youth activities were partially supported by a grant from the Siletz Tribe and the grant evaluation report provided a vivid description of how the youth represented our area, including the tribe.”

   “Also, the youth gave a "live" report to the Lincoln Community Health Council.”

   “In summary, impacts included: increased excitement and interest of youth participants, increased awareness of SBHCs locally in many arenas, better prepared youth for continuing youth representation of SBHCs, and more informed legislators from our own community.”

3. From your perspective, what was the shorter-term impact of the SBHC day on the youth who participated - such as learning from the day's activities, a sense of accomplishment, etc.?

   “I witnessed new enthusiasm among the youth and one, in particular, was motivated to start planning for next school year.”

4. From your perspective, was there any longer-term impact of the SBHC day on the youth who participated - such as changes in leadership skills, participation in SBHC youth advisory work, other leadership activities, etc.?
“Yes, one youth was profoundly impacted and created his own ideas and plans for making the youth leadership stronger for next year.”

5. **Were there any anticipated outcomes that you expected, but were not realized?**

   “No.”

6. **What barriers did you encounter when attempting participate in the SBHC Day?**

   “It is always difficult to pull this event together due to school district policies on student travel. With limited support staff for the Coordinator, the many details and requirements create a lot of extra work.”

7. **What served to facilitate the Day or make it work better?**

   “The Network staff were great ... keeping the day organized and moving. Having food for the students helped. :) “

8. **In what ways was the Network helpful or not helpful in supporting your efforts?**

   “The Network was very helpful is helping us get pre-prepared for the trip, providing the training, and being organized. It was a very positive event.”

9. **Other comments or feedback:**

   “Hello John....I am now retired...really. Thanks for the memories :) Thanks for your work with the Network. You have been a help to me and quite patient in my times of anxiety with Kellogg and CFFO.”

**4) Findings, Analysis, and Interpretation**

While systematic feedback was difficult to obtain, interviews with youth and sponsors from Eugene, Falls City, Lincoln County, Falls City, and Clackamas County (Oregon City) at the Advocacy Day (see above) and afterwards suggest that participation in the Advocacy Day has been a positive experience for many youth. These observations support the generalizability of the feedback from Lincoln County (above) that:

1. **The Advocacy Day is by and large a positive and enriching experience for youth.**

2. **The youth often participate in post-Day advocacy in their local communities.**

3. **Reports from youth about Advocacy Day participation were valuable information for local policy makers and supporters of SBHCs.**
4. **The Network’s facilitation of the Day is appreciated and valued by sponsors (SBHCs) and youth.**

5. **Some youth initiate SBHC youth leadership activities after attending the Advocacy Day.**

The evaluator also attempted to facilitate a post-Advocacy Day discussion among youth who had attended. I used email, Google Discussion Groups, Facebook, and ZOHO social networking sites to prompt discussions. The primary purpose of the discussion was to create an online community of youth SBHC advocates (with the encouragement of the Network Policy Director), but in that context solicitation of feedback about the Advocacy Day and its impact on youth would have been feasible. Despite email notices and with encouragement from a couple of youth advocates, youth did not join or participate in the discussion groups.

I need to learn more about how youth advocates communicate with each other – personally and in the context of SBHC related activities. Perhaps the creation of the youth equivalent of an online “community of practice” at each SBHC would be a useful approach for facilitating the work of and learning from youth advocates. Social networking sites for youth advocates also might serve as a place where they could post their videos and art work (e.g., photos of the Eugene 4j Chairs), and describe their health-related activities; several of the youth attending Advocacy Day are engaged in visual and audio media production and in performance activities as means of communicating about health care and SBHCs.

In 2010, the Network plans not to have a youth Advocacy Day on the scale of years past. Rather, there will be a smaller ‘kick-off’ event followed by visits by youth from SBHCs that are scheduled at the convenience of each SBHC. The Year 6 evaluation plans will be adapted to the youth advocacy activities that are implemented by the Network.

Other than the individual demographics of the youth, sponsors, and parents, the participation of a group representing multicultural interests could not be readily identified. The youth participating in the Advocacy Day were representative of many cultures and races, including African-American, Hispanic, American Indian, Asian, and White (see video and photos at: http://www.osbhcn.org/whatwedo/action). Health problems, health care access, low- and moderate-income families without health insurance, and the SBHC issues represented by youth and adults at the Advocacy Day transcended culture.
B. Youth Advocacy and the 2010 SBHC Advocacy Day at the Oregon Legislature

1) Brief Overview of Youth Advocacy and the 2010 SBHC Advocacy Day Findings

- An early model of youth advocacy was developed in Eugene prior to the initiation of Kellogg Foundation support.
- Over the six years of the Kellogg Foundation-funded SBHC Policy Project, Network and Community Partners have emphasized youth involvement in advocacy, and over the project period have increased the number, extent, and intensity of youth advocacy programs in Oregon SBHCs.
- There is much support for youth advocacy and youth consumer involvement in care among schools, parents, peers, teachers, school nurses, school-based health center staff and local communities. That support gradually increased over the 6-year Policy Project.
- Development of the SBHC Advocacy Day in Salem by the Network and partners in Year 3 increased the statewide impact of youth advocacy delivered by trained and energized youth advocates.
- Network and NASBHC conferences and trainings beginning in Year 4 of the project provided further support for youth advocacy, for establishment of advocacy programs, and for participation by youth advocates in teaching and learning.
- Establishment of ‘advocacy coordinator’ as a legitimate role for center clinical staff facilitated the development of youth advocacy programs at SBHCs.
- Youth advocacy is widely acknowledged to have had a major positive impact on local and state funding for school-based centers. Advocating for their own health care as consumers in collaboration with community members and school-based health care centers has been a highly effective way to gain bipartisan support and increased appropriations in the Oregon Legislature.
• The SBHC Advocacy Day in Salem, in particular, was said to have empowered youth have a sense of purpose, power, effectiveness, and passion in learning how to make the political system respond to their needs. Youth advocacy was said to be a great example of participation in the democratic decision-making process.

• Youth advocates have had a positive impact on state legislators’ view of the SBHC ‘movement’ and on their willingness to increase state funding of school health centers.

• SBHC youth advocacy has served as a model for other organizations serving youth and has contributed to the dissemination of youth engagement in advocacy in Oregon.

• County commissions on children and families joined the Network and school-based centers in supporting youth advocacy, and promoting youth access to quality and accessible health care in schools.

• Youth advocacy at SBHCs and through county commissions is widely acknowledged to have sparked interest in youth health care and initiated the establishment of new school-based health care centers.

• Youth advocates also have been effective in increasing awareness of center services among other students, in increasing utilization of the clinics, and promoting health and well-being in the schools.

• Involvement in youth advocacy was widely acknowledged to have a positive impact on many aspects of youth development, including education, leadership, citizenship, social skills, and emotional health. Positive impacts were sustained after youth advocates left high school for college or work.

• The support of the Oregon School-Based Health Care Network and the resources provided by the Kellogg Foundation, building on the work of Oregon SBHCs, have been indispensable in supporting the rapid increase and dissemination of youth advocacy programs and on the sustainability of school-based health care in Oregon.

• The effectiveness of the “consumer-driven” model of health care advocacy has been validated in Oregon.

• The benefits of supporting youth advocacy within SBHCs and outside – through county commissions on children, etc., of school-based health care have become apparent and should be further encouraged.
Facilitating and coordinating sharing and learning between youth advocates and youth advocacy programs across the state may be an important future goal.

2) Growth of Youth Advocacy at SBHCs and in Oregon

Evaluation Questions:

a. How have youth advocacy activities changed at Oregon SBHCs during the SBHCPP over the past several years?

b. In what ways have advocacy efforts by youth at the legislature and elsewhere changed over the past several years, including the number of youth participating and the kinds of activities in which they participated?

c. How have youth roles in health center advisory and advocacy changed during the SBHCPP over the past several years?
Quantitative Findings:

Growth of Youth Advocacy at SBHCs: Table 5 shows that 80% of survey respondents indicated that the level of youth advocacy at their school-based health care Center was somewhat increased or increased compared with the levels one to five years* previously. (* The phrase 1-5 years was used often in the survey because some respondents may have worked on SBHC issues for varying amounts of time during the SBCHPP.)

Table 5: Changes in the Level of Youth Advocacy at Oregon SBHCs During the SBHCPP

<table>
<thead>
<tr>
<th>Survey Question: Compared with the level of youth participation in advocacy at your SBHCs one to five years ago, the current level of youth advocacy is:</th>
<th>Decreased</th>
<th>Somewhat Decreased</th>
<th>No Change</th>
<th>Somewhat Increased</th>
<th>Increased</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Respondents</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Percent of Respondents</td>
<td>0</td>
<td>0</td>
<td>20 %</td>
<td>20 %</td>
<td>60 %</td>
</tr>
</tbody>
</table>

The generalizability of the ratings from these 5 respondents are supported by the narrative comments of survey respondents and by interview narratives obtained from adults and youth – see below.
What influenced the growth of youth advocacy at SBHCs? Survey respondents were also asked to rate the impacts of factors that may have influenced the development of youth advocacy at their SBHC or at Oregon SBHCs over the past one to five years. Figure 1 shows that all survey respondents indicated that parents, schools and the SBHC Advocacy Day leadership training were positive or somewhat positive factors. Between 67 and 84% also said that teachers, local support from the community, face-to-face meetings with legislators, their youth advisory council, and the annual NASBHC and Oregon Network conferences had a largely positive impact on the development of youth advocacy at SBHCs. Fifty percent or fewer said that legislators and policymakers or local economic conditions had a positive or somewhat positive impact on the development of youth advocacy at local centers.

Figure 1
How helpful do you believe Oregon Network activities have been to the development of Youth Advocacy at your SBHC? Figure 2 shows that the Network activities most helpful in supporting youth advocacy at school this health care centers were education and training, the morning and afternoon Advocacy Day activities in Salem. Provision of staff and resources (time, funding and materials), conferences, coordination and event planning, sharing experiences of other youth advocacy programs, sharing models of youth advocacy, and sharing Kellogg foundation resources also were believed to have been supportive.

Figure 2

<table>
<thead>
<tr>
<th>Helpfulness of Network Activities in Supporting Youth Advocacy at SBHCs</th>
<th>N=6-9, 9-30-2010</th>
<th>% of Respondents Giving a Rating of &quot;Positive&quot; or &quot;Somewhat Positive&quot; Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Education and training</td>
<td>89</td>
<td>89</td>
</tr>
<tr>
<td>b. Conferences</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>c. SBHC Advocacy Day in Salem - Morning leadership training</td>
<td>89</td>
<td>89</td>
</tr>
<tr>
<td>d. SBHC Advocacy Day in Salem - Afternoon legislative visits, interviews, etc.</td>
<td>78</td>
<td></td>
</tr>
<tr>
<td>e. Provision of resources (staff time, funding, materials, etc.)</td>
<td>75</td>
<td>75</td>
</tr>
<tr>
<td>f. Coordination and event planning</td>
<td>71</td>
<td></td>
</tr>
<tr>
<td>g. Sharing experiences from other SBHCs with Youth Advocate programs</td>
<td>67</td>
<td>67</td>
</tr>
<tr>
<td>h. Sharing models or rationales for Youth Advocacy programs</td>
<td>67</td>
<td></td>
</tr>
<tr>
<td>i. Sharing Kellogg Foundation resources</td>
<td>67</td>
<td></td>
</tr>
</tbody>
</table>
Qualitative Findings

Quotations from policy makers, partners, SBHC staff, and others:

Changes in Youth Advocacy at SBHCs and the Legislature:

- “Advocacy activities increased through the use of Kellogg Foundation resources [provided] through the School-Based Health Care Network and serve to supplement and extend ideas about advocacy that were initiated by some school-based health care systems.”
- “Youth advocacy and advisory groups are a strong and vital part of the success of our new school-based health care center.”
- “Kellogg resources were used [to support youth advocacy] and provided support for staff time, youth training, transportation, and communications, and marketing, as well as outreach.”
- “The Eugene 4j Teen Advisory Council was the foundation of our learning as a state how to do advocacy and leadership training for youth.”
- “There has been a dramatic and significant change in the level of youth advocacy [at my SBHC]. My first reaction [to the idea of youth advocacy] was that it would be more work than it was worth, but the more we talked I began to appreciate how well they [the youth commission] have prepared and done youth advocacy and realize there is a potential power in their voice and in their ability to make changes. We are establishing a youth council at each high school that has a school-based clinic.”
- “Youth advocacy is more widespread and consistent throughout Oregon and it is also more organized statewide. And my county seems to be catching on. Getting feedback from youth about services, from the youth perspective, has been very positive – it’s good that they tell us about their reaction to the treatment environment and the care they receive.”
- “There has been a dramatic and significant change in the level of youth advocacy. I have learned . . . how youth can restructure and improve school-based health care. I started off as a skeptic about the value of youth advocacy but now have become a full supporter and a believer. This to a large extent is based on my relationship with county youth
commission. About two years ago a Commission staff person came to me and said we'd like to make school-based health care one of our major issues, and we'd like to work with you. So now we collaborate with another agency on a project funded with local grant dollars . . . and have hired AmeriCorps staff to collaborate with my school-based health care outreach workers to recruit students for youth advisory councils. It will be wonderful to watch - the best centers are designed by the students who use them. So, to see these youth advocates become a voice of their health centers is great.”

- “There have been good changes and growth in youth advocacy in Oregon and in the county.”
- “Youth advocacy and our advisory groups are a strong a vital part of the success of our new school-based health care Center.”
- “There has been a big shift in the level of [youth] engagement, especially in the past two years. There wasn’t much talk of youth advocacy or youth engagement when I started [working in the SBHC field] about four and half years ago - especially not youth participating in any decision-making.”
- “Some SBHCs don't have the capacity for youth advocacy programs but, they will have to head in that direction eventually.”

Support for Youth Advocacy – the Oregon Network and Others:

- “Network support for youth advocacy has made a big difference in Oregon, especially on things that have been organized at the state level. There is the Advocacy Day, a conference in October, and other trainings. They are able to bring messages about youth advocacy in school-based health care centers to other communities and to [medical sponsors] organizations that run school-based health care centers, which would allow them to understand the school-based health care model better. I also see more youth advocacy at the local level that has been supported by the Network; Eugene SBHCs have been a leader in this area.”
- “Kellogg Foundation support for youth advocacy has been important and it is a major part of the Network budget.”
- “The Network now has a good conceptual framework for youth advocacy and has done darn good work in promoting youth involvement in their own care and in advocacy for
school-based health care centers. The Network will continue to do this work and it is good for the school-based health care movement that youth are participating. They serve as a participatory model of health care for other health organizations.”

- “Network support for youth advocacy has consisted of organizing the Advocacy Days including the morning training, practice in providing elevator speeches, and in other local training activities preparing youth to do advocacy. The Network has also provided opportunities for youth to present at conferences and may have encouraged youth to receive social marketing training. Youth are effective change agents.”

- “They've had a big impact over the last two years mostly, definitely working towards engaging youth as partners. Because, Liz does the Advocacy Day and she does the whole training, youth involvement in Advocacy Day is not a token one, but where youth informed about the process and how to tell their stories influence the process and that is really powerful.”

- “The Network is extremely open-minded to suggestions on how to better the process on engaging youth in advocacy.”

- “However I believe there is a missed opportunity by the Network by not serving as a place where youth could send messages and ask questions about SBHCs. The Network is not available to youth directly in that manner.”

- “Other sources of support, besides the Oregon Network, have included local teachers, advisors, local leaders, prevention and education programs in the schools, and public health programs that share resources.”

- “Public health involvement has provided the resources to keep a part-time public health employee whose promoting youth advocacy.”

-
Changes in Youth Advocacy Roles:

- “Using stimulus funds, we purchased a modular health center for a high school. The module was delivered two weeks ago and the students began talking about it on Facebook and discussing the services that might be offered their. Some wrote about their excitement about having a health center in their school but one comment was about now getting all the free condoms they want. This was a little disconcerting to the SBHC coordinator because it presented the SBHC as having a very narrow range of services, and the coordinator was worried that the kids would generate inaccurate perceptions of the clinic even before it opened. However in response to the inaccurate statements, kids from schools with an SBHC joined in the conversation and pointed out that there was a much wider range of preventive and healthcare services offered at the clinic and that you could get all sorts of services there, not just condoms, and pointed out that at their school-based health care Center they could get . . . . These other kids were great spokespersons for the school-based health care model and the coordinator was relieved that the kids could take care of the misperception themselves. In reality, they could take ownership of the issue and become great spokespeople for school-based health care.”

- “Getting feedback from youth about services from the youth perspective has been very positive in that they tell us about their reaction to the treatment environment and their care.”

- “[Youth] roles increased from increasing awareness of school-based centers services to help messaging, to mentoring, to advising on policy changes.”

Summary, Analysis and Interpretation of Findings

Growth of Youth Advocacy at SBHCs:

- There have been major increases in the number of youth involved in advocacy, the number and geographic extent of school-based health care centers with youth advocacy programs, and in the intensity of youth involvement.

- Youth advocacy is more widespread and consistent throughout Oregon and is also more organized statewide.
• There have been a steadily increasing number of school-based health care centers, youth advocates from those centers, and youth who are seeking a SBHC in their schools over the past 4 years.

• Local support for school-based centers is high in areas where centers have been located, although there is some resistance to the SBHC idea in communities that are not yet familiar with the concept and the real benefits of school-based care for youth.

Growth of Youth Advocacy at the Legislature:
• The numbers of youth and the numbers of SBHC centers represented at the SBHC Advocacy Day have increased over the last 4 years. Also, the sophistication of youth advocacy at the legislature has increased, with multiple interactive activities and photo opportunities with legislators and Senate and House leadership, in addition to the planned visits to their legislators to explain their health care needs and the advantages of SBHCs.

Changes in Youth Advocate Roles:
• Over the six years of the SBHCPP, youth have expanded their role in from local advisory roles and involvement in local fundraising, to become effective and experienced advocates for funding at the state level and advocates for SBHCs in schools where none currently exist.

• In addition, the sophistication of their advocacy approaches has increased over the years as a result of the support they received from SBHC youth coordinators, and through participation in trainings provided by the Network and others. They have made presentations on their advocacy work at the annual Network conference, NASBHC, and elsewhere. In some instances, youth advocates now see themselves as partners with adults in promoting youth access to health care.

• Youth from Oregon are also participating in a NASBHC project on health literacy.

• Partly as a result of more recent collaborations with county youth and family commissions, youth are increasingly developing independence in their roles related to the quality of care and are working to ensure that their SBHCs provide quality and culturally appropriate services. The Network’s collaboration with county youth and
family commissions has resulted in their participation in SBHC Advocacy Day and in the Annual SBHC Conference in 2010.

**Network Support for Youth Advocacy:**

- Kellogg foundation resources have been used at the local level to support staff involvement in youth advocacy coordination, allowing clinical staff to recognize the legitimacy of this role and to provide effective local training and guidance experiences for youth advocates. The sense of youth empowerment and accomplishment serves to self reinforce youth involvement in advocacy.

- The Oregon Network has employed Kellogg Foundation funding and other resources to provide trainings on youth advocacy to youth and SBHCs, organized the SBHC Advocacy Day, and supported both activities by providing financial assistance needed by local center staff and community members to attend advocacy events.

- From a marketing standpoint, the Network has used a “bottom up” advocacy strategy in which the youth speak on behalf of their own health care needs, and youth and SBHC staff educate decision-makers about services available in the clinic and the benefits they provide.

- Youth advocate roles have expanded from being advisors to SBHC operations and supporters of SBHC funding, to active advocacy at the state legislature (and charming state legislators). Youth are local advocates for access to services, secret shoppers to evaluate the cultural competence of clinics in serving youth, and participants in designing and decorating clinics. The also make presentations at conferences and in school health classes, and serve as consultants to youth in other communities who wish to establish youth advocacy programs. The youth are advocates in the community for establishing SBHCs, informing other students about SBHC services available, and reducing the “stigma” of using the SBHC.
3) Impacts of Youth Advocacy

Evaluation Questions:

a. How have school-based health care staff and sponsors/chaperones at the youth legislative day perceived the impact of youth advocacy on policies developed at the state and local levels?

b. How has youth advocacy and youth participation in the legislative day influenced support for school-based health care centers at the state and local levels?

c. How have legislators, staffers, the governor's office, and advocacy organizations perceived impact of youth advocacy, especially their impact on authorization and funding bills?

d. What contextual factors have influenced youth advocacy activities or the impact of the Advocacy Day, including the statewide political climate, partisan considerations, local support for school-based centers, resources available for participation, coordination of the Day with school obligations, economic conditions at the state level, and health care reform efforts?
Quantitative Findings:

Impacts on Support for SBHCs: Figure 3 shows survey respondent ratings of the impacts of youth advocacy on Oregon SBHCs. The impact of youth advocacy has been most prominent on state political support, support from schools and students, from local communities, and from local politicians. Youth advocacy was believed to have had less of an impact on local government and federal government policies.

Figure 3

Youth Advocacy Impacts on SBHC Support

N=8-11 9-30-2010
% of Respondents Giving a Rating of "Positive" or "Somewhat Positive" Impact

<table>
<thead>
<tr>
<th>Impact</th>
<th>% of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Local political support</td>
<td>100</td>
</tr>
<tr>
<td>b. State political support</td>
<td>80</td>
</tr>
<tr>
<td>c. Support from schools</td>
<td>90</td>
</tr>
<tr>
<td>d. Support from students</td>
<td>80</td>
</tr>
<tr>
<td>e. Support within the community</td>
<td>60</td>
</tr>
<tr>
<td>f. School policies favorable to SBHCs</td>
<td>80</td>
</tr>
<tr>
<td>g. Local government policies favorable to SBHCs</td>
<td>90</td>
</tr>
<tr>
<td>h. State policies favorable to SBHCs</td>
<td>100</td>
</tr>
<tr>
<td>i. Federal policies favorable to SBHCs</td>
<td>0</td>
</tr>
</tbody>
</table>
Impacts on SBHC Funding: Figure 4 shows survey respondent ratings of Youth Advocacy impacts on Oregon SBHC funding (sustainability). The impact of youth advocacy on funding for school-based health care centers has been important and most respondents also said that youth advocacy had a positive or somewhat positive impact on state appropriations, funds and in-kind support from schools, community funding, and utilization of the centers by students. Youth advocacy was thought to have had less of an impact on allocation of health department funding (funding allocations) and on insurance reimbursement.

Figure 4

Youth Advocacy Impact on SBHC Funding

N=7-10   9-30-2010
% of Respondents Giving a Rating of "Positive" or "Somewhat Positive" Impact
Other Impacts of Youth Advocacy: Figure 5 shows respondent agreement with statements about the value of youth advocacy at SBHCs. Almost all respondents believed that youth advocacy increased utilization, increased community support, had a positive impact on the range of services, and provided benefits that outweighed the costs. Most would encourage other states to establish youth advocacy programs. Fewer than half of the respondents said that youth advocacy had an impact on the quality of services (see discussion of youth commissions and quality of SBHC services below).

**Figure 5**

**Agreement with Youth Advocacy Statements**

<table>
<thead>
<tr>
<th>Statement</th>
<th>% of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>d. I encourage other states to establish Youth Advocacy programs at their SBHCs.</td>
<td>85</td>
</tr>
<tr>
<td>e. Youth Advocacy programs have increased the number of students using SBHCs in Oregon.</td>
<td>80</td>
</tr>
<tr>
<td>f. A Youth Advocacy program has been a good way to increase community support for SBHCs.</td>
<td>75</td>
</tr>
<tr>
<td>g. Youth Advocacy has had a positive impact on the RANGE of services offered by Oregon SBHCs.</td>
<td>65</td>
</tr>
<tr>
<td>h. The benefits to SBHCs of Youth Advocacy outweigh the costs and time needed to support it.</td>
<td>60</td>
</tr>
<tr>
<td>i. Youth Advocacy has had a positive impact on the QUALITY of Oregon SBHC clinical services.</td>
<td>50</td>
</tr>
</tbody>
</table>
Qualitative Findings

*Quotations from policy makers, partners, SBHC staff, and others:*

- “Youth advocacy has contributed significantly to the growth in the number of school-based health care centers in Oregon over the past five years. They certainly have helped to avoid budget cuts at the state level and youth advocates were very helpful in avoiding budget cuts proposed by the county commissioners. However, I believe that the potential impact of youth advocates has yet to be experienced but will have a greater impact in the future.”
- “When in the state legislature in the late 90s and early 2000s, state funding for health centers was primarily the work of one legislator, a nurse, who advocated for not cutting health center appropriations. Now, youth come and advocate on their own behalf!”
- “SBHCs have a ton of support in Oregon and the SBHC Day at Salem has a big impact. It is obvious that the youth advocates are well-trained and coached to interact with legislators.”
- “This [youth advocacy] is really great, and the legislators love the school-based health care centers.”
- “Even when I’m having discussions about my [non-SBHC] community FQHCs, legislators often reference school-based health care youth advocate visits!”
- “Other interest groups have realized the power of youth advocacy, especially programs that impact youth. Those groups have realized that it’s very effective to have the youth come and talk about their experiences [with policy makers]. The Oregon partnership is one example; they try to keep kids away from alcohol and drugs. The county gave them a grant last year to do some youth training in advocacy. The kids made a video about why it's cool not to get involved with drugs and do some surveys and interviews. The youth presented their work to the county commissioners. It's been extremely beneficial advocacy and had a great impact on the kids, and also got the message out to other kids.”
- “School-based youth advocacy influenced the development of youth advocacy at other organizations. When you see a success than other groups try to replicate it the sense that the students has one getting their ideas implemented it helps build their self-esteem and
credibility and one other groups see this how the youth voices are effective it's going to be beneficial to youth voices in other situations.”

- “Youth advocacy has led to increased utilization and awareness of clinic services.”
- “The feedback they [youth advocates] provided about the services they receive facilitated a staff transition that is much more appropriate, and now they are gearing up to advocate for family planning services at the SBHCs.”
- “Youth advocates within schools have been important for marketing and in getting out the message about school-based health care services [to other students].”
- “The development of youth advocacy at my SBHCs has renewed excitement among school-based health center staff that “get” youth involvement and consumer involvement in care.”
- “Youth have also supported and helped develop relationships between the clinic and school administration and teachers, resulting in new and improved wellness policies.”
- “When I first started in my job to coordinate the SBHCs, I attended the Network’s annual conference where there was a presentation by the Teen Advisory Council from Eugene, and later I got technical assistance them. Then I went back and began planning how to create youth advisory councils at the 4 high schools in my county. The youth did presentations at PTA meetings, parent teacher conferences, and at other organizations and talked about the importance of access to health care for high school students and addressed community concerns about the existing center [in an elementary school]. The youth and I worked for a year and a half with the stakeholders and with school administration, and last spring the elementary school board supervising the existing SBHC agreed to expand services at that clinic from grades through 12! This was an example of the students saying what they wanted and needed about health services.”
- “Some of the new centers have had youth talk at opening ceremonies and that establishes a connection between the center and the schools, and establishes something that actually creates a whole community around it.”
- “In SBHCs, youth have been involved in fundraising and developed funding ideas that have been youth focused or youth lead, and have voiced opinions that have helped to drive policy decisions.”
Discussion:
- The last quote is a good example of how the Network Conference prompted a chain of events that led to expanded access to care for students in the high school. The sequence of events was: 1) Attending the Network’s annual conference, 2) Hearing about youth advocacy from the kids from Eugene, 3) Forming a youth council in the high school, 4) Doing youth advocacy with stakeholders and school administration – and advocating with other students, and 5) Getting youth ideas adopted by the school board that resulted in increased access to health care for them.

Summary, Analysis and Interpretation of Findings

Impacts of Youth Advocacy at SBHCs, the State Legislature – Views of SBHCs, Partners, Stakeholders, and Policy-Makers:
- Youth advocacy has had an important and positive impacts on state appropriations, support from schools, community funding, and utilization of these centers by students. Youth advocacy has had less of an impact on allocation of health department funding and insurance reimbursement.
- Youth advocacy is acknowledged by SBHCs, parents, Network advocacy partners, and local and state policy makers to have had major positive impact on local and state funding for school-based centers. Advocating for their own health care as consumers in collaboration with community members and school-based health care centers has been a highly effective way to gain bipartisan support and significantly increased appropriations from the Oregon Legislature over the last 4 years of the SBHCPP.
- Building and disseminating youth advocacy has been an integral part of the strategy used to promote school-based health care in Oregon by the SBHCs and the Network. One respondent characterized the strategy as: “. . . making available the product and the youth to the funders, namely the legislature, which has been highly effective in engendering public support and appropriations. It is a bottom-up style of marketing in which the recipients of these services and examples of the services speak for themselves rather than relying upon external marketing.”
• This “bottom-up” and grassroots advocacy strategy was one that was advocated by the WK Kellogg Foundation Policy Project and has paid off handomely in Oregon with an expansion of school-based health care centers over the past several years despite budget cuts at the state level.

• SBHC youth advocacy has served as a model for other organizations serving youth and has contributed to the dissemination of youth engagement in advocacy in Oregon.

• Despite worsening economic conditions in the state and decreased revenues, SBHC appropriations actually increased in the 2008 session when other programs were being cut. With the worsening budget situation, however, a 25% (later increased to 39%) reduction in appropriations in the 2011 session has been proposed.

• Local support for school-based centers is high in areas where centers have been established, although there is some resistance to the SBHC idea in communities that are not yet familiar with the concept or that do not have experience with the real benefits of school-based care for youth.

Contextual Influences on Youth Advocacy Impacts:

• The Network’s advocacy has been effective in altering the political climate over the past six years, from one in which legislators hardly knew about SBHCs to almost unanimous bipartisan support for the SBHC movement in the 2008 legislative session. In addition, the Governor has made children's health one of his top priorities. The political climate at the state level has been increasingly favorable towards the school-based health care movement.

• Involvement of Network staff in health care reform efforts over the past two years has further integrated school-based health care into the mainstream of health care planning in the state.

• Financial assistance has been provided by the Network to school-based centers to facilitate their participation in youth advocacy and especially in the SBHC Day in Salem. However, with the end of the SBHCPP, finding resources for future SBHC days (with attendance by 100 to 150 youth and adults), may not be possible. The form and structure of legislative advocacy may therefore change significantly in future years.
4) Impact of Involvement in Advocacy on the Development of Youth Advocates

**Evaluation Questions:**

a. How have school-based health care staff and sponsors/chaperones at the Advocacy Day perceived the impact of participation on youth development and leadership?

b. How have the youth themselves perceived the impact of their local advocacy and engagement in Advocacy Day activities on their development, leadership, and educational attainments?

c. What strategies have been employed by the Network and by health centers to build youth leadership and promote health development in association with youth advocacy and the Advocacy Day?

d. What contextual factors have influenced the activities or the impact of youth advisory and advocacy, including the local political climate, support from parents, teachers, and the community, local support for school-based centers, economic conditions in the local community and in the schools, and potential conflict with school activities?
Quantitative Findings:

Impacts of Involvement in Advocacy on Youth Advocate Development: Figure 6 shows survey respondent ratings of the impacts of participation in youth advocacy on the development of the youth themselves. All survey respondents reported that involvement in advocacy had a positive or somewhat positive impact on youth educational achievement, social skills, and involvement in the community. Between 70 and 85% of respondents reported that there were positive effects on leadership skills, emotional and behavioral health, and even on physical health.

Figure 6

Impact of Involvement in Youth Advocacy on Advocate Development
N=6-7  9-30-2010
% of Respondents Giving a Rating of "Positive" or "Somewhat Positive" Impact

- a. Educational achievement:
- b. Leadership skills:
- c. Social skills:
- d. Involvement in the community:
- e. Physical health:
- f. Emotional/behavioral health:
Influence of People and Experiences on Youth Advocate Development: Survey respondents also were asked to rate the influence or impact of people and experiences on youth advocate development. Figure 7 shows that the most positive influences on youth advocate development were SBHC staff, other youth advocates, people in the community, youth leadership training, face-to-face with legislators at the SBHC Advocacy Day, the annual Oregon Network conference, and Network staff. Slightly fewer, but more than half, said that teachers, schools legislators and policymakers, and youth advisory councils were positive influences. About half thought that parents and the home environment was a positive influence, and one respondent said that the annual NASBHC conference was a positive influence on youth advocate development.

Figure 7
Survey respondents were also asked to rate the impact of participation in youth advocacy on all the youth they have known over the past 2-5 years. All respondents said that involvement in youth advocacy had a positive or somewhat positive impact on the development of youth advocates (Table 6, Part A, top half).

In addition, they also were asked to rate the percentages of all youth advocates they had known who had experienced a negative impact, no impact, or a positive impact from their involvement in youth advocacy. Their responses are shown in Part B of Table 6. Ninety-two percent of respondents said that involvement in advocacy has had a positive impact on the development of all the advocates they have known. About 8% (1 respondent) said that involvement had no impact, and no respondents said that involvement in youth advocacy had a negative impact on youth development.

### Table 6: Impacts of Involvement in Youth Advocacy on Youth Development:

<table>
<thead>
<tr>
<th></th>
<th>Negative Impact</th>
<th>Somewhat Negative Impact</th>
<th>No Impact</th>
<th>Somewhat Positive Impact</th>
<th>Positive Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>6A. Among all the youth you have known to have been involved in advocacy at Oregon SBHCs over the past 1-5 years, would you say that their involvement for them has been (choose one): Negative, Somewhat Negative, No Impact, Somewhat Positive, or Positive</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Number of Respondents</td>
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<td>0</td>
<td>0</td>
<td>14.3 %</td>
<td>85.7 %</td>
</tr>
<tr>
<td>Percent of Respondents</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>14.3 %</td>
<td>85.7 %</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Negative Impact</th>
<th>Somewhat Negative Impact</th>
<th>No Impact</th>
<th>Somewhat Positive Impact</th>
<th>Positive Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>6B. Of all the youth you have known to have been involved in advocacy over the past 1-5 years at Oregon SBHCs, what percentage would you rate as having experienced the following impacts on their development: (please enter a percentage for each impact)</td>
<td>0</td>
<td>0</td>
<td>8.3 %</td>
<td>41.7 %</td>
<td>50.0 %</td>
</tr>
<tr>
<td>Percent of Advocates with each Impact</td>
<td>0</td>
<td>0</td>
<td>8.3 %</td>
<td>41.7 %</td>
<td>50.0 %</td>
</tr>
</tbody>
</table>
Qualitative Findings

Quotations from policy makers, partners, SBHC staff, and others:

- “A positive impact has been that youth have experienced the procedures and protocols of the legislative session.”
- “They learned how to request donations from local businesses and have used those skills to build other community and school programs. They have also generalized their skills to other community and school programs.”
- “When speaking to new youth advocates, existing ones [advocates] who've moved on, talk about how being a part of SBHC advocacy has given them self-confidence and improved their abilities to speak with important adults - while still having fun.”
- “There may have been one or two students who underestimated the amount of energy required to be part of an advocacy team -- they could have been frustrated.”
- “I believe that advocacy exposes youth to ways they can support a social issue.”
- “Youth benefit by learning skills and how to have a powerful voice on their own behalf. They gain hands-on experience in advocacy and involvement in organizations and in health and the Network's investment in them builds future champions for school-based care. The kids benefit by learning more about health and health issues, about health disparities, and are more aware of the situations of others. This makes them more compassionate and understanding.”
- “Participating in advocacy is empowering, and I know of youth advocates who have gone on to graduate school and work in policy and law, especially one young woman at Barnard College, who is exceptional.
- “Most people don't realize that you can call your legislator’s staff. This knowledge and participation in advocacy produces better citizens who participate in the democratic process - if you can learn how to approach the political system as a young person.”
- “[A female youth advocate from a small rural town] is now in college and providing good feedback [about the benefits of youth advocacy].”
- “Many of the kids who graduated feel empowered when in college, and serve on student councils, etc. One student is now working in Africa - doing advocacy on AIDS issues.”
- “Kids feel empowered to speak out, even if not involved in college advocacy; these are internalized skills.”
• “The Network taped testimonials [SBHC Advocacy Day], made kids feel valued, and helped create a magical sense within the children -- they were changed.”
• “An African-American street kid [and a youth advocate] has now finished high school and has applied to UC Berkeley in journalism.”
• “School-based health care advocacy work engages youth to examine their values, especially when it connects to their hearts. The Network has helped kids to capture their stories and hearts.”
• “Youth come back from college and talk about how their experience in youth advocacy has changed their lives. It empowered them to join university councils and also to look for opportunities to advocate and speak out. From youth advocacy they acquired tools and had their sense of self elevated. They are likely to go out and change communities and the world. They had a major impact on legislation.”
• “I believe that involvement in youth advocacy at my SBHCs does have a positive impact on education, leadership, social skills, emotional health, and possibly physical health.”
• “Youth advocacy is a contribution to the community and in general is good for the youth. I also believe that involvement in advocacy results in better educational outcomes and increased leadership skills because of the training they receive. They probably learn how to better communicate with adults and peers, and therefore have increased social skills. I think that involvement in advocacy may be protective of physical and emotional health, but I don’t have any specific examples, so I’m not sure.”
• “Yes to the idea that there is an impact on education, social skills, emotional health, and leadership and analytics skills. The youth are the best advocates for health centers, and the training that the youth received will help them throughout their lives. I am a big supporter of the youth commission and any time one can get youth focused on the greater good than on their own lives - that's a good thing.”
• “What I’ve seen is that where you have strong youth leaders they have brought in nontraditional leaders in to the advisory group or trips to the capitol. And by nontraditional leaders, I mean those who aren't necessarily leaders in the schools but may be those quiet kids that some friends have brought in to youth advocacy for SBHCs. It’s not just the kids in leadership positions in the schools who are in youth advocacy.
Summary, Analysis and Interpretation of Findings

Impacts of Youth Advocacy on Development of Youth Advocates:

- Most center staff and sponsors believe that participation in youth advocacy has had major beneficial impacts on youth development in the areas of leadership, comfort with working collaboratively with adults, enhanced school success, analytic skills and systematic thinking, increased social skills, increased appreciation of the validity of their health care needs, support for emotional health, and perhaps some increases in physical health.

- The youth interviewed at the SBHC Advocacy Day believed that their participation in advocacy had major benefits for and was consistent with their educational and career goals. Many youth already saw themselves as leaders and appreciated the SBHC Day training and advocacy opportunities as ways to further develop their leadership skills.

- They also appreciated the opportunities to engage with their legislators and reported an increased sense of self-worth by the positive responses received from legislators and by the follow-up interviews conducted with them by Network staff and the evaluator. They believe that they were treated with respect and as important persons, with something to contribute to civic life.

- Kellogg Foundation resources have been used at SBHCs to support staff involvement in youth advocacy coordination, allowing clinical staff to recognize the legitimacy of this role and to provide effective local training and guidance experiences for youth advocates. The sense of youth empowerment and accomplishment serves to self reinforce youth involvement in advocacy.

Youth Voices: Interviews of Youth Advocates at the SBHC Advocacy Day: 2010

Impacts on Education: Youth advocates were not particularly specific about how their advocacy work for the success of a health care center in their school supported their educational success. One advocate mentioned that they received counseling from the center, which assists her to be in class, and that probably helps her grades. This student and other advocates reported that having health care available at the school minimizes interruptions of their class time and their educational routine. More indirectly, advocates reported that their advocacy work was consistent with other school leadership activities, and that SBHC advocacy contributed to their
plans to attend the university, go into the Peace Corps, or was consistent with or supportive of other education related experiences and plans.

**Impacts on Citizenship:** Informing other students about the availability health care at the SBHCs or getting some support from other students to plan and implement new centers, was part of the way they conceptualized being a “good citizen” and making a contribution. Others pointed to how their SBHC advocacy contributed to their passion about children’s rights or other issues about which they were interested or involved. For those who have graduated, serving on a high school student council or on a college student council, was also cited as an example of their involvement as a citizen.

**Impact on Leadership:** A surprisingly frequent number of advocates reported that they had already conceptualized themselves as leaders before becoming involved in school based health care advocacy. Others cited their involvement in advocacy as helping them to develop their leadership skills and that, as sophomores and juniors, with fewer opportunities to develop leadership skills, they attributed their growing leadership competency to their work in school-based advocacy. The support of school-based health care staff was thought to be very important. School-based Healthcare advocacy therefore can further contribute to existing leadership skills or help develop leadership skills in those who previously had not conceptualized themselves as leaders.

One advocate indicated that the success of their advocacy work showed them that their passion was not being wasted and that there is a future filled with possible successes in advocacy and policy work. Some advocates said that through their work in support of school-based health care they had learned many more things than they could have imagined - learning to think outside of the box and how be very creative in their ways to learn and to get others to support the establishment of a new clinic in their school.

Opportunities to give presentations on their advocacy work at Oregon and NASBHC conferences also have been important for developing leadership skills, and for developing comfort with interacting with health professionals and other adults and youth. These opportunities to present their ideas to others may have helped prepare them for delivering their “elevator speeches” to legislators and other policy-makers. [The impact of youth advocacy on state and local policies, and state and local appropriations for SBHCs was discussed in a previous section.]
Influence on Health: Several youth reported that their work as an advocate contributed to their emotional health, and even to sexual relationship growth. More generally, several believed that involvement with other students who were similarly passionate about the idea was a healthy and important thing to do, resulting in social contacts that contributed to health. In addition, several reported direct contributions to health and well being through their visits to the SBHC as clients. One advocate said that their SBHC’s motto was: “Healthy Mind – Healthy Body” and believes that if they have a healthy body and mind they can improve their school test scores. Others said that while they use the center infrequently, it’s comforting and healthy just to know that it’s there when you need it.

SBHC Advocacy Day at the Legislature: There also is value to youth of participation in the Advocacy Day as an exercise in participative democracy, grassroots social movements, and in practicing leadership skills. The reported sense of leadership and personal and professional effectiveness that develops is confirmed and expanded when advocate leaders from different school systems across the state meet together for the morning training, and learn from each other. The morning of the SBHC Advocacy Day, youth are in a large group for training, discussions, practice in delivering their speeches, and presentations. Although advocates are initially grouped at a table representing their school or center, they are encouraged to visit with other groups to learn what they are doing and how they have developed their ‘elevator speeches.’ In the afternoon, there is a rally on the capitol steps, activities with representatives indoors, and then opportunities for advocacy with their local state senators and representatives, and their staffs.

There is a larger sense of power and impactfullness that is developed when youth are specifically complemented by their local senators and representatives and by leadership in the legislature, who participate in their rallies and tell them of the importance that their advocacy has for the school-based Healthcare movement in Oregon. One community leader, advocate supporter, and former state representative described the students’ Advocacy Day activities to them as one of the most important efforts in participatory democracy that they will have the opportunity to be in. The sense of purpose, power, effectiveness, and passion generated by the Advocacy Day is a powerful confirmation of the work these individual advocates have been doing. It is also a confirmation of the importance of the Advocacy Day training, and group exercises, and the individual advocacy with legislators, which has been organized by the Network in collaboration with the SBHCs and other partners. Youth advocates say that it is
‘great’ to be a part of the Advocacy Day, and the visits with their senators and representatives make them feel very enthusiastic and positive about the work that they are doing. They describe it as a wonderful day with wonderful things happening to them as they express their thoughts and feelings to others. They also say that it’s wonderful being in a room with people that share the same thoughts and goals, and that’s a really amazing and a great experience, and they also feel inspired by the Day’s activities.

Facilitators of Youth Advocacy and Youth Development: The efforts of the Network, the school-based health care centers, the youth commissions, and other partners, parents, staff, teachers and the youth themselves have an extremely positive impact on the development of youth advocates as leaders, citizens, and as health, competent persons. Youth advocacy experience contributes to their further educational plans and their lives after they have graduated. Several former youth advocates are now in college when they are continuing their involvement in college and civic affairs, and in health advocacy, in the US and abroad. Another student reported that even though they are not continuing with a 4-year college, they are seeking additional vocational training and are far more comfortable in talking with the public and expressing their own personal ideas. No advocates were able to identify a negative impact of advocacy work on students although some might have become frustrated with the time commitment of youth advocacy, and not all advocates were able to continue their involvement through all of their high school years.

Impact of Advocacy on Youth development: A Story

An SBHC manager told me a story about a girl at a local high school who was harassed and called a “slut” because she was seen going to the school-based health care center. The clinic was perceived by many to be a place to get contraceptives. Rather than avoiding the clinic, the girl wrote several candid articles for the school newsletter, informing other students about the wide range of services available at the school-based health care center, not just contraceptives. This girl is informing the whole school because she feels empowered to educate – and sees that as her mission. She is not one to shrink away from a challenge. The youth council at that high school is just in the process of formation, and she may join.
5) 2010 SBHC Advocacy Day at the Oregon Legislature

**Evaluation Questions:**

a. How have legislators, staffers, the governor's office, and advocacy organizations perceived impact of youth advocacy, especially their impact on authorization and funding bills?

b. What strategies have been employed by the Network and by health centers to build youth advocacy at SBHCs and youth participation in the Advocacy Day, and to teach strategies for advocating with legislators?

c. What contextual factors have influenced youth advocacy activities or the impact of the Advocacy Day, including the statewide political climate, partisan considerations, local support for school-based centers, resources available for participation, coordination of the Day with school obligations, economic conditions at the state level, and health care reform efforts?
Quantitative Findings:

Impacts of the SBHC Advocacy Day: Figure 8 shows that between 86 and 90% of respondents said that the SBHC Advocacy Day had a positive impact on financial sustainability, support from legislators, personal development of youth advocates, support from schools for clinics, and on youth advocacy programs themselves.

Figure 8

![Impacts of Network SBHC Advocacy Day](image-url)
Qualitative Findings

*Quotations from policy makers, partners, SBHC staff, and others:*

- “The kids do a great job of being credible advocates for school-based health care and they’ve had a major impact on legislative decisions.”
- “The Advocacy Day at the state legislature has been an excellent show of youth involvement - the training and organization for Day was just great. The Advocacy Day has been a strength for school-based health care in a world of budget cuts.”
- “We saw that really early on when the grant got started - by engaging youth and bringing youth down to the capital and having them communicate and help frame the [SBHC] practice in their communities and to expand services in their community - resulted in a lot of buy-in from people because they [youth] were really strong messengers about what the clinics do and what they mean to people. In the last few years I’ve observed the Advocacy Days at the capitol and the response has been very positive because it is always more helpful to have the people – in this case the youth served by the clinics – being the ones talking about it.”
- “There are many groups that have advocacy days at the capital - legislators generally verbally support all the groups.”
- “Their presence in the capital in good numbers - with everybody wearing the same T-shirt - the images – everything they were doing - all that is really important . . . and the legislators want them to be there – they thought it was fun - they knew when they [youth advocates] were in the building.”
- “The school-based health care center youth advocates stand out - it's a group of young people coming down for a topic that to a large extent is well supported by the progressive majority. When the [SBHC] youth come down, the majority of legislators can embrace school-based health care because it's a great thing and they like being with the kids - I remember distinctly one other legislator saying “I have to show up because that's my high school!” . . . And they want pictures with their kids - so I think they not only like SBHCs but they also “get what the centers do now” - like having a doctor's office in the school, and they also want to be with the kids - they get excited - they love young people. It [SBHC Advocacy Day] has all the things that make legislators happy: photo
opportunities, young people, something that really works. I mean I don’t think the legislators are being ‘fakey,’ I think they generally enjoy meeting the school-based health care center youth advocates.”

- “Marketing and messaging by the Network has been helpful in promoting the Advocacy Day.”
- “Instead of wanting more resources for themselves the Network made it [Advocacy Day] about health care for kids, which broadened the political base for the movement.”
- “The Network also helped legislators understand the difference between school-based centers and school nurses -- now the legislators know the difference.”
- “. . . but youth informed [at the SBHC Advocacy Day] about the process and how to tell their stories influence the [legislative] process and that is really powerful.”
- “I have a suggestion, have successful adult graduates of a school-based health care centers attend the Advocacy Day - as voters!”

**Summary, Analysis and Interpretation of Findings**

**Impacts of the SBHC Advocacy Days:**

- The SBHC Advocacy Day had a positive impact on SBHC financial sustainability via state appropriations, on support from legislators, the level of enthusiasm of SBHC staff, and increased a sense of self-worth and personal effectiveness among advocates. Support from schools for SBHCs and for youth advocacy programs may also have been a positive impact of the Advocacy Day.

- The SBHC Advocacy Day at the state legislature every year was invariably characterized as an important and valuable experience by youth by school-based health care center staff and by those policymakers who were the recipients of the youth advocacy. Parents also have expressed thankfulness for the existence of youth advocacy programs and for the existence of school-based health care centers themselves. Many youth advocates cite strong parental support and facilitation for their involvement in the programs. For some youth advocates, parents have served as role models of civic leadership and advocates for their youth advocate children.
• Kellogg Foundation resources have been used at the local level to support staff involvement in youth advocacy coordination, allowing clinical staff to recognize the legitimacy of this role and to provide effective local training and guidance experiences for youth advocates in preparation for the SBHC Advocacy Day. The sense of youth empowerment and accomplishment serves to self reinforce youth involvement in advocacy.

• The Oregon Network has employed Kellogg Foundation funding and other resources to provide trainings on youth advocacy, organized the SBHC Advocacy Day, and supported both activities by providing financial assistance needed by local centers and communities to attend advocacy events.

• From a marketing standpoint, the Network has used a “bottom up” advocacy strategy at the SBHC Advocacy Day in which the youth speak on behalf of their own health care needs, and youth and SBHC staff educate decision-makers about services available in the clinic and the benefits they provide to youth.

• The Network’s advocacy, especially the Advocacy Day, has not just been influenced by the political climate, the Network actually has been effective in altering the political climate over the past six years, from one in which legislators hardly knew about SBHCs to almost unanimous bipartisan support for the SBHC movement in the 2008 legislative session. In addition, the Governor has made children’s health one of his top priorities. The political climate at the state level has been increasingly favorable towards the school-based health care movement.

• Youth Advocacy and the SBHC Day in Salem received support from many teachers, school systems, school nurses, and parents, who accompanied their youth to the capital when possible.

• The increasing popularity of school-based health care centers among school administrators and teachers has served to mitigate against potential conflicts with school schedules and activities, especially when the importance of the Advocacy Day for educational achievement and leadership development is taken into consideration.

• The diffusion of SBHC youth advocacy from the Network and SBHCs to other organizations, including the county youth commissions, and the increasing use of youth advocacy by other children’s health and well-being organizations is
increasingly making youth advocacy, and the Youth Advocacy Day at the Oregon Legislature, a normative strategy for policy change.

- Local economic conditions have not been a large barrier to participation in the SBHC Advocacy Day when sufficient Network resources, primarily Kellogg Foundation funds, were available to support participation in youth advocacy and especially in the SBHC Day in Salem. With the ending of the SBHCPP, the worsening economic conditions in Oregon, and the departure from the Network of the policy director, the same level of support from the Network for participation (e.g., finding resources for future SBHC days - with attendance by 100 to 150 people) is in doubt. The form and structure of legislative advocacy and the Advocacy Day may therefore change significantly in future years.

1) Brief Overview of Network Advocacy and Policy Work Findings

Preliminary Evaluation Headlines: Oregon SBHC Network Advocacy and Policy Work

- Over the six years of the Kellogg Foundation-funded SBHC policy Project, the Network has significantly increased its advocacy and policy activities on behalf of Oregon SBHCs.

- The project helped build Network capacity to support the sustainability of SBHCs through representation of the field and through policy advocacy. With the support of Kellogg Foundation funding, the Network built its capacity to do policy work, support the development of youth advocacy, and provide technical assistance that had a major impact on quality and access to care among Oregon youth.

- Network advocacy, and that of the SBHCs and other stakeholders, has significantly contributed to the increase in state appropriations for school-based health care centers, providing increased funding for existing centers and the establishment of new centers in geographically widespread communities.

- Network expertise and resources also are said to have greatly increased the capacity of SBHCs to advocate on their own behalf and for the SBHC movement, especially through youth advocacy.

- Among legislators, support for school-based health care is now considered a ‘norm’ on both sides of the aisle. Shaping the political climate in favor of the SBHC movement is a major outcome Network advocacy and the advocacy of the SBHCs and their partners over the six years of the Kellogg Policy Project.
• The Network’s advocacy and policy work with the legislature and the governor has served to increase access to care among the youth and families in Oregon, and to significantly advance the SBHC movement in Oregon and the sustainability of SBHCs.

• From an initial focus on legislative appropriations, the Network has expanded its scope of work to include billing and reimbursement issues, relationships with managed care organizations and other insurance payors, funding distribution formulas, safety net advisory work, and health care reform. The Network was said also to have become more professional and sophisticated in its approach to advocacy and policy change.

• To make its advocacy more effective, the Network has greatly increased the number of partners and alliances with whom it collaborates. These partners include the SBHCs, children's advocacy organizations, county youth and family commissions, health care organizations, insurance payors, local foundations, professional organizations, the state program office, the governor's office, and legislative leadership. The Network not only conducts and supports advocacy, but also provides input into health care and health reform decision-making at the state level.

• Many respondents acknowledged the importance of Network expertise and resources in helping establish the importance of youth advocacy. Building on the work of Oregon SBHCs, the Network has helped to establish youth advocacy and engagement programs in SBHCs and in other health organizations.

• Kellogg Foundation support for the Oregon School-Based Health Care Network enabled the Network to provide support for youth advocacy in school-based health centers, including trainings, presentation opportunities, and the advocacy that occurs at the SBHC Advocacy Day in Salem.

• The Network also has greatly increased its capacity to communicate with SBHCs and other stakeholders to gather input, disseminate information, and coordinate discussions and actions.

• Work with managed care organizations and insurance payors by the Network not only facilitated the adoption of statewide policies favorable towards SBHCs, but also led to individual agreements between health reimbursers and centers with billing capacity.
• Most contributors to the evaluation stated that the school-based health care movement in Oregon would suffer greatly if the Network were not there to advocate and to coordinate advocacy efforts among SBHCs. The expertise of the Network resides primarily in its staff, and its sustainability is therefore vulnerable to staff turnover.

• The recently proposed 39% cut in state appropriations for SBHCs has been portrayed as a major test of the effectiveness of school-based health care advocacy. Identifying ways to reduce the reliance of SBHCs on state general appropriations may be an important future goal of the Network and the SBHCs.
2) Growth of Network Advocacy and Policy: Activities, Influence, Capacities

**Evaluation Questions:**

a. **Partnerships**: How has the size and diversity of Network ‘policy partners’ (education, advocacy, community, youth, state program office, SBHCPP community partners, etc.) changed over the life of the SBHCPP, and what influence have those changes had on Network capacity to advance policies important to SBHCs?

b. **Policy Venues and Influence**: How have changes in the number of policy venues, activities, or systems (including certification planning and funding distribution rule making) influenced Network capacity and scope of its mission in support of SBHCs, and the influence of the Network on policy making?

c. **Policy Issues and Influence**: In what ways has the scope of policy issues addressed by the Oregon Network changed during the SBHCPP and what has been the impact of that involvement on the organization and on its influence in policy-making processes?

d. **Partnerships**: How has the size and diversity of Network ‘policy partners’ (education, advocacy, community, youth, state program office, SBHCPP community partners, etc.) changed over the life of the SBHCPP, and to what extent may we attribute SBHC-related policy outcomes to partnerships?

e. **Policy Venues and Context**: 1) How has the number and types of policy venues, activities, or systems (including certification of SBHCs and funding distribution formulas) changed during the SBHCPP? 2) How has Network involvement in those systems influenced it’s effectiveness in advancing policies favorable to SBHCs? 3) How has the political and fiscal context influenced advocacy & policy achievements?

f. **Policy Issues**: In what ways has the scope of policy issues addressed by the Oregon Network changed during the SBHCPP and what has been the direct and indirect impact of that involvement on policy-making?
Quantitative Findings:

Impacts on Support for SBHCs: Table 7 shows that all survey respondents indicated that positive changes or somewhat positive changes had occurred in the Network’s involvement in policy arenas, diversity of partners, involvement with decision makers, and number of alliances with advocacy organizations over the life of the SBHCPP. No respondents said that there was a negative or no change in these categories of policy work.

Table 7: Changes in Network Advocacy and Policy over 1-5 Years of the SBHCPP

Survey Question: Please rate the changes in Network Advocacy and Policy work that have occurred over the past 1-5 years:

<table>
<thead>
<tr>
<th>Percent of 9 Respondents</th>
<th>Negative</th>
<th>Somewhat Negative</th>
<th>No Change</th>
<th>Somewhat Positive</th>
<th>Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Involvement in larger number of 'areas' of policy (e.g., health care reform, appropriations and budgets, state program office practices, etc.):</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>33.3</td>
<td>66.7</td>
</tr>
<tr>
<td>b. Number and diversity of Network advocacy partners (e.g., education, health, youth, etc.):</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>56.6</td>
<td>44.4</td>
</tr>
<tr>
<td>c. Involvement in decision-making bodies (e.g., SNAC, task forces, healthy kids, etc.):</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>22.2</td>
<td>77.8</td>
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<tr>
<td>d. Number of alliances with other advocacy organizations:</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>33.3</td>
<td>66.7</td>
</tr>
</tbody>
</table>

Qualitative Findings

Quotations from policy makers, partners, SBHC staff, and others:

- “Over time, the Network has gotten more and more sophisticated in its approach to doing advocacy with the legislature.”
- “The Network has learned how to develop bipartisan support in school-based health care at the legislature.”
• “The Network are now the people to ask about how a particular bill will impact school-based health care centers.”
• “Since the Network started, it has matured from a group of individuals who did not even get noticed by the legislature, to a very effective organization with great lead staff who are widely known.”
• “The Network has vastly increased its capacity to represent the interests of local school-based health care centers and to provide technical assistance to those centers.”
• “The Network is now ‘at the table’ in all major health-care arenas in Oregon, and the influence of the Network on health care decision-making has increased dramatically over the past five years.”
• “The Network’s facilitation of a major payors reimbursement for our county school-based health care centers has now been extended to the county's primary care clinics, such that all providers now in the SBHCs and in the primary care clinics are providers in the payors panel.”
• “. . . among big picture policy things they've been focused on funding and creating sustainability, and so Liz has been involved in the provider tax piece and aligning themselves with the Healthy Kids Plan and other programs, and seem to be exploring various other reimbursement options.”
• “From their early definition of success, which was: ‘hoping not to get cut entirely out of the budget’ to their current definition of success, which is: ‘increasing funding that increases the number of school-based health care centers in the state,’ their progress has been remarkable.”
• “A good example of the Network's progress is the incorporation of school-based health care into the health reform bills, which would have been unthinkable to the Network 2004.”
• “The Network helped plan how we would provide services to 80,000 more children in Oregon as a result of the Healthy Kids expansion.”
• “I think over time the Network has become more passionate about its work, or that’s just Liz’ personality. Early on there were sustainability and policy committees, but communications seemed lacking among all the partners sitting at the table, but now
communications between partners is much better and has served to move policy forward.”

- “The Network and Liz in particular has been really great about connecting with partners and policy makers and other nonprofits that are doing similar work. There have been a lot of relationships that have been formed that are helpful. The relationships are obviously professional, but also are casual enough to be informal - to call someone up and discuss things informally with a person of another organization. . . . Liz did a lot of work advocating for what [policy changes] they wanted but also kept other partners in the loop even though others may not have always agreed with the Network position. It’s a good thing not just being siloed.”
- “In Oregon the culture can be casual and everyone knows everyone, and so it helps to know and talk informally to people and have relationships - to help move policy forward.
- “The reputation [of the Network] has gotten a little better - they now have the staff and are doing good work specific to their organization and they are being recognized more as their own entity.”

**Summary, Analysis and Interpretation of Findings**

Based on the narrative comments provided by survey participants and from interviews conducted with partners, policymakers, SBHC staff, youth, and Network affiliated persons, there have been major increases in the ability of the Network to conduct advocacy and policy work at the local, state, and federal levels during the SBHC Policy Project. Major increases have occurred in the skills and capacities of the Network’s policy director, including an increasing ability to form partnerships and alliances with others, and to diplomatically and skillfully support the growth and sustainability of school-based health care centers. The policy work that was done with payors such as Providence Health Systems and Family Care provided additional income to school-based health care centers, that in at least in one instance was extended to primary care clinics in the same organization.

By increasing the scope of its partnerships, the Network has become a more effective in supporting the implementation of new school-based health care centers, while continuing to provide enhanced support for existing ones. Better communication and web tools, and more effective outreach and coordination of input have been several of the ways in which support for
SBHCs has been increased. Major improvements, such as the weekly newsletter, the availability of resources and other information on the website, and the annual Oregon SBHC Conference are just a few ways in which the Network has developed to meet the needs of its constituents and their policy needs. Over the years of the Policy Project, the Network has steadily improved its capacity to conduct outreach, solicit information, coordinate discussions, and facilitate consensus decisions about school-based health care in Oregon.

Policy arenas that have been incorporated into the Network’s sphere of policy operations include legislative appropriations, rules and regulations, professional board issues, task force recommendations, statewide health care reform, and relationships between insurance payors, hospitals, and other funding sources and school-based health care centers. The Network has been especially effective in building relationships between SBHCs and leadership in the Oregon House and Senate, legislators, local government leaders, and the Governor and his staff.

The Network has also increased its involvement in partnerships that have been formed to advocate for children, for children's health care, or for health care for vulnerable populations (Safety Net). Network-affiliated persons serve on state taskforces and in collaboration with others on the various components of health reform in Oregon, including those involving taxes and other funding sources, and the distribution of funds and allocation of health care resources. The Network has had an important impact on proposed policy changes that affect the health of children and SBHCs.

The Network has increased its involvement in regulatory and professional certification, not just in legislative activities, and increased its involvement in local and federal policy issues that influence school-based health care. The Network also has been involved in the planning and implementation of health care reform for vulnerable populations and children in Oregon through its participation on numerous state workgroups and decision-making bodies, and through alliances and partnerships with other interest groups and nonprofit organizations. The result of the expanded scope has been to improve the effectiveness of Network policy and advocacy.

The breadth and scope of policy issues addressed by the Network has expanded to include administrative planning and reform efforts in legislative and health care reform venues. The impact of the expanded scope has been to improve the effectiveness of Network policy advocacy.
Increased involvement in legislative and administrative health care planning has served to significantly increase the capacities of the Network, and especially those of the policy director, in understanding the legislative process, administrative implementation of legislation, healthcare reform and other planning efforts, and with respect to the scope and sophistication of Network policy and advocacy. The influence and reputation of the Network has increased significantly and the Network is now said to be ‘at the table’ for all health care issues and is invited to participate in healthcare planning and reform efforts in Oregon, to the significant benefits of school-based health care movement.

The number of policy partnerships has increased dramatically over the past six years. Starting with a single partnership with Children First for Oregon, the Network now has multiple partnerships with children's advocacy organizations, managed care organizations such as CareOregon and PacifiCorp, healthcare associations such as the Oregon Primary Care Association, the Oregon Department of Education, the state SBHC program office, and through its expanded communications and coordination activities -- all school-based health centers. It is impossible to say to what extent we may attribute the outcomes to policy partnerships, yet the achievements of SBHCs in collaboration with the Network, and the Network in collaboration with health and children's advocates, and with youth advocates, are widely believed to be much more effective than had the Network advocated alone. Oregon is a state known for its collaborative approaches across government levels and between government and nongovernment organizations. It would be surprising to find that a partnership or a coalition was not more effective in achieving desired policy outcomes. Collaborative efforts of the Network, along with its policy partners and other stakeholders, have served to inform and refine, and make more sophisticated and professional, the policy analyses and policy advocacy capacities of the Oregon Network.

Initially the policy work of the Network focused on appropriations from the state legislature. Over the past several years policy venues have expanded to include input into the governor's budget, health care reform efforts, SafetyNet advisory work, relationships between insurance payors and SBHC reimbursements and legislation, administrative policies such as the formulas by which appropriated funds are distributed by the state program office, Healthy Kids Learn Better coalition that focuses on health and learning, and other venues of importance to school-based health care and the health of children.
By participating in a wider variety of policy venues, administrative implementation of policy, and the planning of policy at a micro and macro level, the Network has been able to advocate for school-based health care in multiple arenas at the same time. This multipronged approach to SBHC policy work undoubtedly has increase the effectiveness of the Network and promoted school-based health care.

The positive aspects of the political climate, Kellogg Foundation funding, the effectiveness of individuals, and the effectiveness of partnerships and alliances, and the negative impact of the economic environment in Oregon has had a major influence on advocacy and policy outcomes.
3) Impacts of Network Advocacy and Policy Work

Evaluation Questions:

a. **Policy Issues:** In what ways has the scope of policy issues addressed by the Oregon Network changed during the SBHCPP and what has been the direct and indirect impact of that involvement on policy-making?

b. **SBHC Growth:** How has the Network been effective in supporting increased access to care among youth through expanded and new SBHCs, and SBHCs being planned?

c. **SBHC Support:** How has the Network sought to support existing, new, and planned SBHCs through technical assistance, strategic communications, multicultural approaches, and youth involvement, and how effective have those activities been according to the SBHCs?

d. **SBHC Support:** How have Network efforts to support existing, new, and planned SBHCs through technical assistance, communications, multicultural approaches, and youth involvement informed Network policy work and enhanced support for SBHCs?

e. **SBHC Representation:** How has the Network sought to coordinate and represent the diverse interests of existing, new, and planned SBHCs (and SBHCPP community partners) in policy making, and how have those activities influenced the development of Network strategic communications and coordination activities, capacities, goals, technology, and mission?

f. **SBHC Sustainability:** How have Network activities in support of increased funding and other aspects of sustainability influenced how the Network has developed support services for SBHCs, and how have those activities been perceived by the SBHCs?
Quantitative Findings:

Impacts on Support for SBHCs: Figure 9 shows that all survey respondents believed that the Network had a positive or somewhat positive impact on the following policy goals for SBHCs: financial sustainability, community support, youth advocacy and capacity for advocacy, and partnerships between centers and funders or insurance payors. Over 80% of respondents believed that Network advocacy had resulted in growth in the SBHC model of care, the number of school-based health care centers, and the number of students utilizing the centers. About two-thirds said that the Network was successful in increasing the quality of care and the capacity for billing and reimbursement at school-based health centers. Fewer than half believed that the Network had a positive impact on the clinical skills of SBHC staff.

Figure 9
**Qualitative Findings**

*Quotations from policy makers, partners, SBHC staff, and others:*

- “The Policy Project was successful in helping build Network capacity to serve school-based health care centers in Oregon, and to do policy work. The Network built its capacity to provide technical assistance and act on behalf of the centers, support youth engagement, support access to care and quality of care, and to do policy work. Without the support of the Kellogg Foundation, the Network would not be as far down the road as it is now. However, the project process was more burdensome than it needed to be.”

- “The impact of the Network's policy work has been to significantly grow the number of centers and support for the model of care.”

- “I think that consistent messaging and branding by the organization [the Network] of information and how the health centers are talked about and advocated for have been successful locally in promoting expansion - there's no doubt about it.”

- “The Network has been very successful in representing the interests of school-based health care in general, in the legislature, and with county policy makers at the local level - they have been very successful.”

- “They've figured out how to make a large movement of a smaller grass roots movement and getting the community engaged so that the legislators are engaged – and creating that ‘rolling effect.’ I think they've done a really fine job with that.”

- “The SBHC capacity for advocacy has gone through the roof! This is because of the Network.”

- “The Network has been recognized as a consensus voice.”

- “The work the Network has been doing has had a significant and positive impact on our community.”

- “The Network has served also to increase the quality of care and access to care.”

- “The MCOs [managed care organizations] now understand that school-based health care can solve some of their access-to-care issues and therefore they have invited the Network to the table to discuss how they might support the health of their covered populations.”
through direct payments or reimbursement of services at school-based health care centers.”

- “The [annual Oregon Network] conference also does a lot for visibility and it's an opportunity for school-based health care staff to network with each other and learn very specific things from other programs, and it builds camaraderie as we have ‘our own’ conference every year and it just has heightened the concept of SBHCs to another level.”

- “I definitely think Liz and the Network did a lot of work around the legislative session about expansion dollars . . .and the SBHC Advocacy Day training and that is been fabulous for youth, and the Network has gotten SBHC awareness month, and that’s big!”

- “SBHCs are the cornerstone of the Governor’s plan to increase access to care for children, and on behalf of the Governor, I’m pleased to announce that he has proclaimed January 2011 as ‘SBHC Awareness Month’.”

- “Oregon is the only state to get both senators to sign a letter of support for the federal authorization. School-based health care has been building relationships with decision-makers for the past 10 to 15 years, especially with Senators Merkley and Wyden. Merkley was invited to the SBHC Advocacy Day and gave a speech in favor of school-based health care, and also went on a clinic tour. The Kellogg funding has supported the building of these relationships over time.”

- “The messages created by the Network are widespread: they actually appear on other organizations’ websites, so we know that the Network’s website is being viewed and the information used. The catchphrase ‘health care where the kids are’ is now being used by the Oregon Healthy Kids Program [state program to provide insurance coverage to all kids in the state]. A number of seeds were planted by the Network in Oregon, and they are now bearing fruit.”
Summary, Analysis and Interpretation of Findings

All interviewees indicated that the Network was highly successful in advocating for increased funding for school-based health care centers, resulting in additional funding for existing centers, expansion of school-based health care by at least one-third over the past several years, and an increase in the number of schools with planning grants for SBHCs.

Increases in the capacity of local school health centers to advocate on their own were reported by several. Interviews with policymakers at local and state levels indicate that the Network has had a positive impact on funding and support for school-based health care centers at the local and state levels.

The Network has had a major positive impact on the capacities, sustainability, and growth of youth engagement and youth advocacy among SBHCs. This work has resulted in an increase in access to care and quality of care among SBHCs and other organizations in Oregon, and a major increase in overall support for the SBHC movement in Oregon.

The Network is largely or at least partially responsible for bipartisan support for school-based health care in the Oregon Legislature, for SBHC care becoming a norm among Oregon communities, and for having school-based care incorporated as an integral part of the Governor’s Healthy Kids Plan and in statewide health reform efforts.

In the area of billing and reimbursement, the Network has led the way in forging positive relationships with health care systems and managed care organizations (payors). The payors are increasing the number of contracts with SBHCs, resulting in increased reimbursement revenue for SBHCs, and exploration of capitation payments and other financial support mechanisms.

The general strategy of having SBHC clinical staff, trained youth advocates who are consumers of school-based health care, and parents and community members meet with their state legislators (along with consistent messaging and publicity opportunities) have been major strategies underlying the success of Network lead advocacy for increasing the numbers of SBHCs and increasing access to care by youth. Arranging for tours of school-based health care centers and on-site meetings with youth advocates and clinical staff have made the community need for school-based health care real to their legislators.

The Network has collaborated with the state SBHC program office, county health departments, medical sponsors, county youth commissions, and schools to provide the tools
needed to support existing and new centers. Web-based resources, weekly newsletters, periodic trainings and conference calls, and an annual training conference have been other means by which the Network served to provide information and venues for collaborative learning among new and existing centers. Network board members, the executive director, the policy director, and several consultants have been effective in disseminating existing knowledge and expertise to new and emerging centers. The Network in collaboration with county youth commissions has been especially effective in promoting quality care in existing centers and in working with youth in schools without health care centers to advocate for SBHCs in their schools.

For the past several years, the communications coordination and technical capacities of the Network have increased its ability to understand and represent the diverse needs of all health centers in Oregon. Previous discussions about the ‘model of care’ and recent inquiries to the field about the local impacts of a proposed 39% appropriations cuts for school-based health care centers are only two examples of multiple ways in which the Network gathers information, explores policy options, and informs the field about them. Multiple partners and stakeholders have attested to the value of the Network’s communications and coordination around its policy work.
4) Influences on Network Policy Successes

**Evaluation Questions:**

a. **Partnerships:** How has the size and diversity of Network ‘policy partners’ (education, advocacy, community, youth, state program office, SBHCPP community partners, etc.) changed over the life of the SBHCPP, and what influence have those changes had on Network capacity to advance policies important to SBHCs?

b. **Policy Venues and Influence:** How have changes in the number of policy venues, activities, or systems (including certification planning and funding distribution rule making) influenced Network capacity and scope of its mission in support of SBHCs, and the influence of the Network on policy making?

**Quantitative Findings:**

**Impacts on Support for SBHCs:** Survey respondents were also asked to rate the influence of a number of factors that may have had an impact on Network policy and advocacy successes related to SBHC sustainability. Figure 10 shows that all survey respondents indicated that Kellogg Foundation resources, Network staff, alliances and partnerships, Oregon SBHCs, other foundations and funders, youth advocates, and managed care organizations were positive or somewhat positive contributors to Network policy successes. Over 85% of survey takers said that the political climate, the Network board, and the Oregon Dept. of Human Services SBHC program office had a positive influence on Network impacts. Only 60% cited the EC Brown Foundation’s Health Youth Relationships project as a positive influence, but that program is likely to be less widely known by that name among respondents. No respondent said that there had been a negative or somewhat negative change in Network influence or reputation with any partners or policy makers.
Qualitative Findings

*Quotations from policy makers, partners, SBHC staff, and others:*

- “The [Kellogg] Foundation funded the policy director's position and vastly increased the advocacy and policy work with the Network, and enabled the policy successes that have been achieved.”
- School-based health care is now perceived as a community need rather than the previous ‘support us’ approach used early on. The Network now presents a legitimate health care need in the community.”
• “Because of the terrible budget situation there is a danger that everyone in different advocacy organizations will become more entrenched in their own agendas, although in some respects, the partners that have been working together on behalf of kids treatment have created a stronger coalition in this more difficult environment.”

• “I think that Network advocacy has been helpful in building capacity and in maintaining the services. But, have they built the relationships and will they have the impact to protect SBHCs from the [new 39%] budget cuts? I think that remains to be seen.”

• “I think that it [the proposed 39% cut] will have a dramatic effect . . . clearly on school-based health care centers, which is a great way to deliver that kind of front-line service especially for kids and families that otherwise don't have access to care or a primary care physician. So I think [from the legislative perspective] that this is a place for advocacy on the part of school-based health care centers about what it is they do and what benefits they provide, and about the long-term cost savings of school-based health centers versus other delivery methods . . . that would be a very useful place for them to engage.”

• “The Kellogg Foundation funding has allowed the Network become professionalized and has contributed to the sustainability of the Network, although I know they still struggle. Without the Kellogg Policy Project, I think the Network would still have been in a very, very rudimentary stage, and I don't think we would have expanded the number of clinics like we have.”

• “As a partner I very much appreciate the support that Kellogg has given to the Network and how it has not only supported school-based health care but also other efforts to support kids’ health in Oregon.”

• “The collaboration between the state SBHC program office and the Network has been really been better in the past year, and they are learning how to collaborate better and communicate better – they’re keeping each other on the same page, and that’s been really good.”
Summary, Analysis and Interpretation of Findings

Several interviewees pointed to the ‘bottom-up’ strategy employed by the Network as a major factor in promoting Networked successes. This strategy was to let the consumers speak for themselves. Therefore, the appeal of youth and the legitimacy of their health-care concerns, combined with grassroots support, was a major underlying factor in Network policy successes with legislative appropriations. When confronted with effective youth advocacy, it is easier for legislators to understand the importance of the model and the needs of the youth and community. One respondent said: “The Network has done a great job in marketing a great product.”

In many ways, the political climate has been favorable towards SBHCs. Health care for kids was a number one priority of the Governor. Also, the leadership in the Oregon House and Senate were part of the Democratic majority, from the health care field, and were supportive of health care reform that included SBHCs. The bipartisan support in the legislature for SBHCs and the support of most of Oregon’s congressional delegation was also a positive factor. One interviewee said that he believed that there was no longer significant state opposition school-based health care, but only isolated pockets of resistance at the community level that were decreasing. The Network has not reacted passively to the political climate, but has worked hard to shape the climate in favor of the SBHC movement through its outreach, marketing, and advocacy efforts.

The economic climate, as in most states, has been dismal. But despite decreasing state revenues and increasing state budget shortfalls, the 2008 legislature increased funding for school-based health care, despite reductions in other state programs, including education. However, the continuing budget crisis in Oregon has prompted a fall 2010 legislative session, which is ongoing as this report is being written. A 39% cut in state funding for school-based health care, about $2.3 million, has been proposed. The strength of the Network’s advocacy and its alliances with other partners will be tested by this current budget proposal. It will be a major victory for the Network and its partners if cuts can be held to the 10-15% range. The strategy of having health reform (that includes SBHCs) supported by designated tax sources, rather than general appropriations, is likely to preserve more funding for school-based health care centers than if they were funded only from general appropriations.

The resources provided by the Kellogg Foundation for the Policy Project have been essential to the policy successes of the Network in developing school-based health care in
Oregon. Foundation funding has been said by some to be “foundational” and “has made it all possible.” Without the support of the Foundation, the Network might still be in its infancy, and not have accomplished the major success outlined above.

Individuals cited as important for the policy successes of the Network include the Network’s executive director, policy director, and other long time school-based health care supporters and innovators in Oregon, who often serve as consultants to the Network. The developing skills of the policy director were noted by many, and her focus on developing effective working relationships with partners, stakeholders, and policymakers was cited as a major positive influence on Network policy successes.

The Oregon DHS SBHC program office also has been a supportive factor in promoting the sustainability of school-based health care, and therefore of policy successes in Oregon. Their implementation of SBHC-related legislation and their involvement in health care reform has been incredibly important for maintenance and expansion of school-based centers. The “state program office” is often a “partner” or a “stakeholder” in Network policy activities, and is a very important source of systematic data and information on the state of school-based health care and on clinic operations and staff. The periodic SBHC Coordinators conference calls and meetings hosted by the program office serve as a venue for Network communications and for understanding the needs of health centers. At times, however, the state program office is appropriately a “recipient” of Network advocacy efforts.
5) Sustainability of SBHCs, the Network, and the SBHC Movement

**Evaluation Questions:**

a. **SBHC Sustainability:** How has the Network been effective in supporting increased funding and other aspects of sustainability in existing and new SBHCs?

b. **SBHC Sustainability:** How have Network activities in support of increased funding and other aspects of sustainability influenced how the Network has developed support services for SBHCs, and how have those activities been perceived by the SBHCs?

c. **Network Sustainability:** In what ways has the Network sought to support sustainability of SBHCs by increasing the Network’s own stability and sustainability, and what impact has Network resource development work had on Network capacities and on its ability to support sustainability in Oregon SBHCs?
Quantitative Findings:

Impacts on Support for SBHCs: The survey question read: “Please rate the importance of the following factors for supporting the viability and sustainability of the Network in the future.” As Figure 11 shows, all survey respondents who answered this question believed that the important or somewhat important factors influencing Network sustainability included the political climate, alliances and partnerships, Network board and staff, support from school-based health care centers, and the state SBHC program office. Relationships with managed care organizations and other insurance payors were thought to be a little less important, and between one-half and two-thirds thought that Kellogg Foundation resources, youth advocates, and consultants were important factors in support of the Network.

Figure 11
Qualitative Findings

Selected quotations from policy makers, partners, SBHC staff, and others:

- “The stability of funding for centers is the primary issue and it is a bad time to rely on state funds. Connecting centers to help them build into the health reform system as a revenue solution may be out of reach, but we need to keep trying.”

- “The sustainability of clinics has to do with health care reform and how we pay for preventative services . . . and the challenge of that is that you move into a model that involves different types of reimbursement from health insurance. You have to make sure you maintain the integrity of services when everything is not clearly billable, and then you have confidential services and services where kids don’t want to tell their parents -- the age old thing is that clinics don't necessarily fit into a reimbursable model completely.”

- “Within health care reform, we need to ask how money in the health care system gets directed to support access to primary care services, and then ask--how does SBHC take advantage of that?”

- “An important objective would be to mainstream school-based health care and define a model of care in a way that would allow SBHCs to join a health care system that is statewide.”

- “The problem is, is that the state sees itself as a collection of county systems and not as a state health care system. The Network could advocate with the state to create such a health care system.”

- “The next step might include the Network creating a different business model for school-based health care. The state says that it is paying for kids twice, once through Medicaid coverage and again in through school-based health care appropriations. This issue needs to be solved.”

- “The Network should get serious about seeing former SBHC users as a potential source of financial support. There may be up to 30,000 in Oregon, and they may help contribute to Networked sustainability.”
- “I know the Network does not get membership fees from everyone, and that’s frustrating because they feel like they provide a service to everybody, but maybe they should be selective about who they provide services to and not provide free services to everybody. If it’s free why would anyone pay for it? I don’t know if that’s going to help them be sustainable, but it would make them appreciate the Network more and people would recognize a responsibility to contribute.”
- “Also I think if the Network mapped out its accomplishments better, that would be good. I think the new folks who have come into the field don't understand the how the Network contributes in what’s been done in the past.”

**Summary, Analysis and Interpretation of Findings**

**School-based health care center sustainability and the sustainability of the movement:**

Developing relationships between school-based health care centers and managed care organizations and other insurance payors was thought helpful on a case-by-case basis, according to interviewees. Few however thought that it was a complete or a long-term solution to SBHC funding and sustainability problems. One suggested that a public benefit corporation be established along the lines of the Oregon Health and Sciences University, in which a publically-owned corporation would franchise clinics and arrange for clinics to be subsidized and operate like a federally-qualified health center.

Others suggested that getting Kaiser Permanente to reimburse or provide funding for the SBHC services provided to their covered youth also would be important. This is not a good time for SBHCs to be primarily relying on state funding, and connecting or building SBHCs into Oregon health reform may be the best long-term revenue solution. SBHCs would then be less dependent on public funding, and would instead be funded by private and Medicaid billings, or by capitation mechanisms. To implement these suggestions, one said that it might require the Network to become more of an “operations center” or the head of a public corporation and less of an association of diverse clinics.

It also was suggested that the Network might create a billing system for SBHCs, for which the SBHCs largely do not have the capacity, which is thought would support the sustainability of SBHCs and the Network to some extent. Whether or not the creation of a
unified SBHC health care system may depend upon whether the SBHCs of Oregon want to develop a standard care model or continue to be highly individualistic. In any case, change would not be rapid. Center sustainability might be more assured if all clinics became FQHCs, but that's not always possible with each clinic.

The findings of this evaluation conclude that the work of the Network in collaboration with its partners and stakeholders, including youth advocates, has resulted in an expansion of the number of school-based health care centers in Oregon, thereby increasing access to care among youth in Oregon, and an expansion of funding for existing new and planned centers. Although a 39% cut in state appropriations has been proposed, the sustainability of school-based health care in Oregon is significantly greater than before the advent of the SBHC policy Project.

Network sustainability: Many suggested that the Network's sustainability over the past few years has been supported primarily by Kellogg Foundation funding, with supplemental funding from a few other grants. Funding from the Kellogg Foundation has enabled the major policy achievements and growth in capacity of the Network. However, with the loss of that funding, the Network’s sustainability is less assured.

Suggestions for increasing Network sustainability have included: 1) diversifying funding streams, 2) creating a billing system that would serve SBHCs - with a modest service charge for each patient claim, 3) a closer working relationship with the county youth commissions, and 4) perhaps a stronger collaboration with the SBHC state program office.

The Network has sought to increase its own sustainability through individual donations, grants applications, collaborative work with other organizations, and through in-kind donations of space and facilities from partners and collaborators. These efforts have served to partly supplement the major resources received from the Kellogg Foundation Policy Project. Through the years of the project, those resources have been sufficient to enable major policy successes and an increase in the sustainability of school-based health care centers in Oregon. However with the loss of Kellogg funding, the Network is at some risk of a significantly-decreased capacity relative to that maintained during the project. Network resource development successes have been sufficient to meet the minimal needs of the organization.

Also, the capacities built within the Network over the past six years also are quite fragile because they are largely based on individual skills. The loss of one or two key individuals would
severely impair capacity of the Network to conduct policy advocacy, develop new sources of funding, and also to sustain itself. Paula and Liz do most of the resource development, and currently do more work on resource development than they do on policy, which slows down the policy work of the Network. In addition, the policy director, Liz Smith Currie is leaving the network at the end of October 2010 to take another position.

**What if there was no Network in Oregon – who would advocate for SBHCs and the movement?**

Partners, stakeholders, policy-makers, SBHC and Network staffs were asked who would advocate for SBHCs if the Network no longer existed.

Some respondents suggested that other children's advocacy organizations such as Children First might take over some advocacy roles. But, without resources and funding, they could not duplicate the Network's role in advocating effectively for SBHCs. Others said that the Oregon Primary Care Association may be able to represent the interests of centers who also are FQHCs, but that is a limited number of clinics.

Most respondents and interviewees indicated that advocacy for SBHCs and for the movement would suffer considerably if the Network no longer existed. Most predicted that there would be loss of support for school-based health care at the state level first and that funding reductions would gradually filter down to local levels and eventually decrease the number of school-based health care centers in Oregon. If there was no Network there also would be no single place where advocacy can be coordinated and information among stakeholders received and shared. The lack of a functioning Network would severely impair the effectiveness of advocacy efforts for school-based health care centers statewide, and cause of reversion back to the pre-Kellogg state of affairs in which local health centers advocated independently for their own needs. The glue that binds SBHCs together in an effective advocacy bond would dissolve. Most said that survival of the school-based healthcare movement depended on constant advocacy that was coordinated and effective. The Network is essential to the survival of the SBHC movement, especially in tight economic times.
Quotations from policy makers, partners, SBHC staff, and others:

- “At the state level, I worry because there would be no infrastructure for really moving everyone to Salem for Advocacy Days or organizing those groups and sorts of things. It probably would go back to advocacy being done by people in retirement and who believed in to the cause, but didn’t want to sit around and do nothing, which is not a good structure.”
- “Oh yes, absolutely, if we did not have the Network -- we would need that one location where people can get information - you need that coordination -- yes, the movement would definitely suffer.”
- “The school-based healthcare movement would do poorly in the legislature if there were no Network.”
- “There would be a decrease in advocacy for SBHCs and the centers themselves might become an afterthought for legislators when considering health care issues. Other interests in health care would likely supplant the voice of school-based health care.”
- “We would struggle at the local SBHCs level; advocacy would stay localized and it may be up to the state to keep coordinators more connected and share resources.”
- “It would be a disaster if the Network did not exist in Oregon. If that were the case there would be less visibility in the legislature, resulting in a loss of school-based health care funding at the state level and then local funding would ‘fall-out’ as well. We can't rely on a coalition of interests.”
- “... the burden would fall back on the centers and at the local level. The state program office can inform the local levels regarding state issues but it cannot coordinate organized advocacy. ... we would be back to being volunteers, but who will organize the volunteers? ‘No one,’ was the answer.”
- “Maybe the county youth commissions would pick up the advocacy mantle?”
- “If there was no Network as a formal organization there would be a loose affiliation of SBHC leaders and some form of the Network would continue to exist even if there were no paid staff. Perhaps as a volunteer organization - somewhat like the ‘Network’ as it existed before Kellogg Foundation support was received.”
- “If the Network didn’t exist, the people in power, and the policymakers, would not know who to call for information, data or advice. They could call folks at the county health
departments or the individual health centers. But there is no one there with a statewide view, and the likelihood would be high that local turf issues would dominate the advice or information. There would not be advocacy work done at a unified level across the state. Also we would lose the trust between the Network and policymakers that the Network has sought to build over the last three or four years. The Network is trusted, and those outside of the Network might not be.”

- “I worry a lot about Liz leaving, which will be a huge loss and concerning. I don’t know if the field would immediately feel it [if the Network were no longer there] but eventually the field would feel the loss of the Network's advocacy and I'm not sure who would advocate for school-based health care centers. It would be hard to move the model or the movement forward - it would be huge loss.”

- “It would be harder to advance policy at the legislature because there would be no coordination across the state. The state SBHC program office can track what the model of care looks like and say, for reimbursement, they could be tracking that, but they could not drive anything forward as a policy decision at the legislative level, and that would be missing. Tracking would be more difficult and moving policy impossible.”
Summary, Analysis and Interpretation of Findings

With the resources provided by the Kellogg grant, the Network has become more sustainable than previously. However the Network is still threatened by a shortage of funding and the late focus of the Kellogg Project on sustainability has not given the Network enough time to establish financial independence. Over the course of the Kellogg policy Project, the sustainability of the Network has increased significantly but now has decreased somewhat as Kellogg funding has declined. Replacement grant funding will keep the Network in operation for at least the next two years, but not at the level of the most active years of the Policy Project. The state of the economy in Oregon and nationally also contributes to the financial insecurity of the Network. The Network's partners have provided supplemental funding to the Network and are still doing so despite the economic downturn. That support and a recent grant award is just enough to ensure the continued sustainability of the Network for two more years. Sustainability of the Network will continue to be a major concern over the next six to 12 months until additional long-term funding is secured and the strategic plan revisited.
D. 2010 Cumulative Updates to Qualitative Themes

Purpose

The purpose of the qualitative evaluation was to learn from group discussions and key informants about how organizational capacity and Network activities had changed in Year 5, and to understand current organizational, policy, and sustainability issues of importance to the WKKF SBHCPP.

Methods

Individual interviews and group discussions were held in September 2007, February 2008, July 2008, August 2008, July-August 2009, May-September 2010, and at other times. Themes were developed from narratives using standard qualitative analysis methods. The key informants included community partners, the Network ED/PD, Network board members, consultants to the board and Network, Network/Project staff, and other knowledgeable persons.

Year 6 Updates to Themes Identified in Years 2, 3, 4, and 5

Network Accomplishments - Year 6 Update

Relative to Year 2, the kinds of accomplishments achieved by the Network in Year 3 are striking. Rather than recounting the accomplishments that are extensively described in the Project Director’s report, the evaluation will focus on how the key informants characterized the change in kind and extent of accomplishments.

Year 2 can be briefly characterized mostly as one of significant conflict and slow organizational development, with concerns about how the Network could function as an effective advocate while mired in controversy and focused on small steps.

Year 3 is characterized as one of ‘remarkable changes,’ ‘amazing progress,’ ‘a big change in momentum,’ ‘going in a good direction,’ and ‘very different from last year.’ Informants pointed to a ‘professionalization’ of the board, the hiring of an effective Executive Director, establishment of a separate office and staff for the Network, development of strategic
plans, and securing additional funding as positive accomplishments that put the Network ‘light years’ beyond that which existed in Year 2. Also, most if not all of the recommendations made in the Year 2 evaluation report have been acted upon or addressed. Network staff and leaders have a sense of optimism, direction, accomplishment, growth, and worth regarding the organization. Compared with writing the Year 2 evaluation report, writing the Year 3 report is a pleasure.

Year 4 has been a year in which the capacity gains in Years 2-3 were consolidated, a major financial study was completed, and the process of examining how the mission and vision of the Network can be translated into concrete objectives and activities was begun. In addition to the numerous policy successes with the legislative committees, the Governor’s budget plans, efforts to reform health care in Oregon, and facilitating productive and supportive relationships between managed care organizations and SBHCs, the Network has begun to focus intently on resource development that will contribute to its sustainability. An important consequence of the resource development work, specifically the attempts to secure grant funding, is that the thinking of the Network is shifting from one of developing and implementing ‘processes’ to one of achieving and documenting specific accomplishments. The work of the Network that is central to its mission and work that is more peripheral is becoming clearer, as is the prioritization of core work activities that must occur when resources are more limited. The insistent razor of financial necessity is sharpening the vision and the work.

Year 5 was a period of major policy achievements at the state and local levels for SBHCs, and an intensification of work on Network resource development. Moving the Network into donated office space to reduce overhead and using the ‘saved’ resources to increase the part-time work hours of the policy director has paid off handsomely for SBHCs (increased appropriations during a year of decreased state revenue, reimbursement agreements between SBHCs and managed care organizations, etc.), but contributed only modestly to the financial sustainability of the Network. The number of SBHCs has increased and access to care has been extended to many more youth throughout the state. The hiring of a part-time resource development staff person initiated a major effort to involve the Board and others in developing a strategy for seeking donations from individuals, and, later, a focus on obtaining health and other grant support for Network operations. Investments in donations training, inviting financially-connected individuals to serve on the Board, health grants training, and developing a grants
process is laying the groundwork for eventual sustainability even though those efforts have not yet resulted in obtaining significant grant funding. Staff continue to define desired outcomes that could serve as a topic for grant funding.

**Year 6:** For an update of Year 6 Network policy achievements, please see the Network’s Policy Project report and the Network Policy and Advocacy Evaluation contained in Section C above.

**Legislative Advocacy, Policy, and Sustainability - Year 6 Update**

In Year 2, the evaluation report said: “Communications about advocacy, meetings with the governor and legislators, and state funding successes have been well understood and appreciated by informants. Many SBHC staff across the state are aware of those success stories. The collaboration between the Network, CFFO, WKKF project staff and community partners, and the State Program Office is well regarded and perceived as effective and important. Communications about advocacy, especially after the hiring of Liz Smith Currie, was felt to be effective and informative.”

The nascent successes of Year 2 continued in Year 3 with the inclusion of expanded funding for SBHCs in the governor’s budget that was approved by the legislature. Effective advocacy by the Policy Director (Liz Smith Currie) in collaboration with SBHC, other child health advocates, and grass-roots supporters solidified positive relationships with state and federal legislators and resulted in support for SBHCs and child health becoming the ‘norm’ among members of both major political parties. The Network also worked with Multnomah County board, health department, and community members to maintain funding for 5 middle school SBHCs, but was not successful in preserving the Oregon City SBHC as a community partner. The Network also was instrumental in getting a School Nurse bill passed that requires the Dept. of Education to create a task force to study existing school nurse services and staffing; the Network will have a representative on the task force and will be in a position to influence policy change.

Developing working relationships with other advocacy groups, such as the Oregon Nursing Association and the Oregon Primary Care Association, have not only been instructive for Liz’ legislative policy work, but also has made the advocacy of the Network more effective.
In Year 4, there have been some significant policy advances, including successful collaborations with other organizations in legislative committee hearings, participation of a Network board members on behalf the board in at least two aspects of efforts to reform health care at Oregon, a successful SBHC day during the abbreviated legislative session, and major policy efforts by the Network designed to facilitate supportive relationships between managed care organizations, private insurers, and school-based health care centers in Oregon. There was a significant increase in funding from the legislature for new and for planning sites, and also additional dollars for staff at the state program office. Quality improvement was used as a justification for these additional funds. Health care reform planning efforts have had bipartisan support and school-based health care is well represented in all aspects of that process. The new relationships between the Family Care MCO and the school-based health care centers in Pendleton and Multnomah County are striking achievements of this policy work. The Network also is exploring how to capture for SBHCs information about insurance coverage provided to the schools by parents. Under Liz’s leadership, the Network continues to explore health funding options for school-based health care centers, and forge positive and collaborative relationships with managed care organizations and other health funders. In doing this work she has successfully elicited the collaboration of multiple partners, including the Oregon Primary Care Association, the Northwest Health Foundation, Family Care, CareOregon, and other diverse partners in support of strengthening access to care for youth.

The financial study conducted by Tom Fronk, who is the Linn - Benton County finance officer, was a major contribution to the success of policy work with MCOs and others. [Note: the study is often called the ‘Billing and Reimbursement’ study, but the scope of the report extends beyond that topic.] Tom Fronk’s consultation brings important healthcare finance expertise to the Network. However, the finance study may have unintentionally reinforced the ‘default’ assumption that sustainability of SBHCs is primarily about health funding streams. This default assumption, evident in the thinking of most associated with the SBHCPP, comes at the expense of explorations of partnerships with the educational system and educational associated funding sources. Education system consultants in Oregon have informed the Network about the singularity and complexity of education systems and educational funding politics in the state. Efforts to explore collaborations with education systems and funding streams have therefore been perceived as more complex with a lower likelihood of short-term benefit, making
progress towards increased collaboration with educational systems more a longer-term process. The Networks’ resource development guide, containing a list potential funders whose values are aligned with the Network, include few education system audiences, perhaps reflecting this reality in Oregon.

The state program office system for distributing funding through county health departments and the formulas for determining the amounts distributed to SBHC systems is a Network policy target. The Network also has had some successes in increasing the availability of Medicaid Administrative Claiming, and has gained the support of Democrat and Republican congressional delegation members for federal legislation supportive of school-based health care.

During the interviews conducted by the Metropolitan Group in early August 2008, the Network and community partners were asked to identify unsuccessful policy targets. It was difficult to address that question because policy change is a relationship-based continuous process in which there may be advances and temporary setbacks, but is difficult to define any of the work as unsuccessful in a permanent sense.

**Year 5** built on Year 4 accomplishments to achieve two major changes in policy work: 1) a major expansion of the policy venues in which the Network provided input and guidance, and 2) a major expansion of the state legislative policy work when compared with previous years.

With regard to policy venues, the Network has recognized the importance of policy ‘implementation’ to the success of its policy goals (see also the McKinsey Discussion section above). An example is the continuing work of Jackie Rose on the Oregon Safety Net Advisory Committee (SNAC). The SNAC was originally created to advise health care reform planning, but is continuing as an advisory group to provide input into the implementation of the Healthy Kids legislation and other health care reform efforts. Similarly, Jackie has served the Network and SBHCs well by participating in a re-equilibration of the funding formula used by the State Program Office to distribute appropriated state SBHC funds to the county health departments. The SNAC also provided input into the funding formula, and Jackie’s ‘back-channel’ communications with those proposing alternative plans resulted in a bi-partisan agreement. The Network had been concerned about inequities in the funding formula, and Jackie’s participation in the revised funding distribution formula has improved funding equity, especially for small rural SBHCs (according to state, SBHC, and Network informants). A remaining issue is how the
counties distribute funding to the SBHCs. The Network is seeking better coordination with the Council of Local Health Officials (CLHO), consisting of senior representatives from each county health department, to monitor and provide input into SBHC-designated funds use by counties, who have considerable latitude in how those funds are used or distributed within their county.

Also, Jackie participated in the revision of State Program Office SBHC certification standards as a representative of the Network. The standards will further define and improve the quality of services and access to care for youth in Oregon.

In addition, Liz Smith Currie, the Network Policy Director, is building on the expectations of policy makers that the Network needs to be “at the table” for major health policy deliberations, is increasing her involvement in policy implementation by getting appointed to the Governor’s select group on enrollment for the Healthy Kids Plan. She also is seeking membership on the committee that will be writing the rules implementing the Plan and had joined an informal group that receives legislative updates at the Capitol (The Capitol Club).

With regard to legislative appropriations – the traditional policy venue for the Network - the Network policy director and interns have significantly expanded policy activities in Year 5 to include collaboration with a wider network of partners and stakeholders, a more extensive set of policy roles, and closer involvement in day-to-day policy making at the state legislative and administrative levels. The result of Liz’ expansion of policy activities not only has resulted in the significant funding expansion for SBHCs and other achievements documented in the Network’s 2008-2009 report, but also in a major increase in the visibility, importance, and reputation of the Network as a leader in advocacy not just for SBHCs, but also for other health care issues related to low-income communities. [School-based health was one of the few programs to receive an increase in funding during from a legislative session in which the economic recession forced cuts in education, social services, transportation, and other major state government functions. State employees are taking mandatory furlough days twice a month to reduce state personnel costs.]

Serving as an important communications channel between advocates and government, between government branches, and between legislators, Liz has had a major impact on the successes of SBHC legislation in the past year, and her role has enabled her to be very nimble and adaptive when navigating SBHC interests through a rapidly changing policy environment. Effective coordination with the Network Board and quick Board decision-making has supported
Liz in her efforts. Perhaps the most indicative of Liz’ integration into the legislative policy process has been her involvement in legislative bill mark-up and revisions, and in communicating with partners and stakeholders about proposed changes (see her ‘case study’ in the Network report). Much credit goes to Liz and the Network policy interns who maintained and increased bi-partisan support for expanded funding for SBHCs and in the increase in Network visibility and credibility in legislative policy affairs.

Several changes at the Network were helpful in supporting Liz: 1) Increasing the number of her paid work hours (with funds made available by the Network’s move to donated space and computer support). During the spring 2009 legislative session, Liz was spending two days per week in Salem, 2) the support provided by the two Network policy interns, 3) the increases in Network capacity related to systematic planning and to partnerships, and 4) Liz’ growing experience in her field. Support by the Network ED and the Board have been very helpful to Liz in adapting to policy changes and in increasing the effectiveness and scope of her policy work. Her interest in policy implementation is a further expansion of her role in state administrative and legislative affairs, and that involvement is fully supported by the Network.

Network of Partners: Liz’ network of partners has at least tripled this year over last, and includes both new and expanded partnerships. These include new partnerships with advocacy and professional organizations, and new partners in the administrative and legislative branches of state government. Partners have included managed care organizations (most MCOs in Oregon, with the exception of Kaiser), professional organizations (Oregon Nursing Association, School Nursing Association, OAHPERD, etc.), educational organizations (Stand for Children, and the State Dept of Education), and advocacy organizations (Oregon Primary Care Association, etc.). Liz also worked closely with Jackie Rose and others on the SNAC, the Oregon Health Fund Board, other health reform organizations, the Governor’s office, business organizations, and with specific legislators working on health care and health reform issues, etc. The work needed to maintain these partnerships will certainly extend beyond the legislative session and will be important for policy implementation and rule making processes.

Scope of Policy Practice: In addition to soliciting and representing the views of SBHCs in Oregon, Liz and the policy interns were active in developing advocacy messages in collaboration with partners, providing testimony or technical assistance, and arranging for the SBHC Advocacy Day in Salem. Liz also proposed language for legislation, worked with
legislators to revise language in bills, and formed important relationships with legislative aides, other advocates, the governor’s office, state administrative departments, legislators, and grass roots advocates. Liz often served as a mediator between competing opinions regarding bill mark-ups, and served as a leader or participant in developing specific aspects of bills (the “MCO mandate” is one example). Perhaps more importantly, she served as an informal but influential communications channel between state government agencies, advocacy organizations, the governor’s office, and legislators. Her work in Year 5 has significantly strengthened the influence and visibility of the Network in state government, the governor’s office, the legislature, and among partner organizations.

One potential concern is that the Network’s advocacy expertise is, essentially, Liz, and any change in her work status within the Network (either an increase or decrease in her time, etc.) will significantly affect the capacity of the Network to continue its work at the same level and continue its current leadership role. That so much of the policy advocacy depends on the professional relationships that Liz has developed with individuals also is both a strength and a vulnerability for the Network. A replacement policy director at the Network will not be able to utilize the relationships that have been developed by Liz over the past 2 years in the same way that Liz has. Documenting and diversifying policy work will be important.

Year 6: Many of the issues identified in Year 5 are applicable to Year 6. For an update of Year 6 Network legislative policy achievements, please see the Network’s Policy Project report and the Network Policy and Advocacy Evaluation contained in Section C above.

Sustainable SBHCs – Year 6 update

In Year 2, I wrote that significant contributions to advocacy, to state appropriations, and to Network and community partner organizational development were made in Years 1 & 2 of the project. Similarly, significant work was being done by WKKF Community Partners in defining and making progress towards stable and appropriate financial sustainability for SBHCs. At the Network level, the discussion with insurers in September 2005 was one step taken towards understanding health care reimbursement possibilities, and barriers to billing and reimbursement is a topic in the work plan for Year 3.

In Year 3, based on the findings of the Funding Mix Evaluation, the loss of the Oregon City SBHC as a Community Partner, the challenges in the Medford and St. Helens centers, and
the proposed cuts for the Multnomah County SBHC program, the outlook for sustainability for SBHCs based on local funding is not hopeful. The idea that school-based health care centers as community partners could receive funds and develop sustainable local methods that would then could then be generalized to other school-based health care centers is not turning out to be feasible in the Oregon environment. Much of the new funding developed by Community Partners is unstable and requires an amount of local community engagement that is not likely to be sustained in the absence of outside funding specifically for resource development (e.g., WKKF SBHCPP). An exception is the Eugene 4j program that has focused on joining local funding systems and is likely to weather significant budgetary changes in coming years, although the model of care is likely to change significantly and staff satisfaction is likely to suffer. For SBHCs to become sustainable, significant support and technical assistance will be needed from the Network, which itself must be sustainable. The sustainability might first occur at the Network level and then ways developed by the Network to promote sustainability at individual school-based health care centers, with all of their diversity of models and funding sources.

Community partners have made progress toward sustainability in Year 4. Notable successes have occurred in Medford, Eugene, Lincoln County, and in Washington County for securing partnerships and funding for existing or expanded school-based health care centers. In general, most centers have focused on acquiring health funding streams in their quest for long-term sustainability with Network support. The hazards of that approach include the difficulties in understanding multiple and complex health funding processes, increases and decreases in health funding and reimbursements as economic conditions change for better or for worse, changes in federal disbursements and policy regarding reimbursements, and changes in the local [integrative] models of care introduced by the requirements of health funding. However given the impending funding shortfalls at the state and county levels, health care funding streams may be the best and most immediate survival option for school-based health care centers despite their potential disruptive impact on the integrated care model.

**Year 5:** SBHC sustainability has been strengthened in Year 5 in four major ways: 1) An increase in state appropriations for existing and new SBHCs, 2) Increased support for SBHCs by managed care organizations (MCOs) in the form of agreements and/or enhanced billing opportunities, 3) A revised state funding formula that more equitably distributes
appropriated funds to SBHCs, and 4) The establishment of RN billing mechanisms (see Financial Systems Improvement Evaluation Section).

Despite very large decreases in state revenues, school-based health care centers have received equal or increased funding when compared to previous appropriation years; there has been an increase in funding for planning new SBHCs and a modest increase in funding for existing centers. The overall number of school-based health care centers has been increased as has the number of youth with access to SBHC care (see Network report).

Network policy efforts through legislation and individually with SBHCs and managed care organizations have resulted in increased funding or opportunities for enhanced billing in several SBHCs.

Regarding the sustainability of the SBHCPP community partners, there is limited information as funding was not provided for community partners through the Network in Year 5 (assessing community partner sustainability is a part of the Year 6 evaluation plan). Briefly, there have been significant changes in leadership at Lincoln County, Medford continues to be doing well financially under the able leadership of Traci Fossen (see Financial Systems Evaluation, above), and the status of school-based health care in Clackamas County remains uncertain. The St. Helens center continues, but with reduced funding that supports only the clinicians, and not resource development work. The work at Eugene continues although one center has been forced to close because of education budget cuts, and cuts in the Youth Advisory Councils are being considered.

**Year 6:** The findings of this evaluation conclude that the work of the Network in collaboration with its partners and stakeholders, including youth advocates, has resulted in an expansion of the number of school-based health care centers in Oregon, thereby increasing access to care among youth in Oregon, and an expansion of funding for existing new and planned centers. Although a 39% cut in state appropriations has been proposed, the sustainability of school-based health care in Oregon is significantly greater than before the advent of the SBHC policy Project.

**Network Sustainability – Year 6 Update**

In the Year 2 evaluation, the topic of Network sustainability post-WKKF funding was mentioned mostly in passing and usually in association with community partner sustainability or
ideas for Network membership development (individual and organizational). However, only one informant specifically identified Network financial sustainability (resources to address membership needs, provide training, conduct advocacy, offer technical assistance, and pay staff) as a specific planning need to prepare for when WKKF funds are no longer available.

In **Year 3**, the importance of sustainability for the Network has received significant attention and is now a major goal in the Network’s strategic plan. A resource development / sustainability committee is in the process of being formed to translate the strategic goal into a set of objectives and proposed activities. A stable and sustainable Network will be important for providing resources and technical assistance in support of individual SBHC sustainability.

In **Year 4**, the Network took several major steps to increase its sustainability, including the creation of a Resource Development Plan that includes extensive board involvement. In addition, the finalization of the Case Statement and the Model of Care documents provided guides for communicating the values and goals of the Network and for understanding how potential funder interests may be aligned with Network values. In addition, the Network is seeking to strengthen its grant writing efforts and will be applying for Kellogg Action Lab funding to increase its capacity to obtain health grants and become a successful health grantee. A combination of business, legislative, payor, and grant funds is envisioned as a potentially sustainable funding mix for the Network. We are nearing the end of the Kellogg policy project and the relative lack of success in securing health grants over recent weeks has focused a significant portion of Network attention on resource development and on grants. To some extent, activities intended to strengthen leadership, youth involvement, multicultural organizations, and participation in social movement work may take a temporary backseat to the necessities of financial survival. Concerns about the ability to retain Network staff with impending decreases in funding also are driving the focus on resource development efforts.

Network sustainability has been supported by: 1) renewal of the Healthy Youth Relationships Project, funded by the EC Brown Foundation, 2) by continuation of Kellogg SBHCPP funding, 3) monetary donations for the October 2009 Network Conference, and 4) by the donation of space, furniture, utilities, and computer support by PacifiCorp (a regional electricity producer) that has greatly reduced Network office overhead costs.

A major emphasis of **Year 5** work has focused on resource development, with an early emphasis on obtaining relationship-based individual donations through a resource development
committee. Late in the year RD emphasized the transition of the Board from members with expertise in SBHCs and schools to recruitment of financially-connected Board members, and focused more intently on grant funding opportunities – an approach that several believe will be more fruitful. The composition of the Board is in the process of being changed to include members who have access to donors with significant sums of money. Resource development training has been provided to the Board at a recent retreat, and grant capacity and processes have been strengthened through individual efforts, the Kellogg Action Lab consultation (see also the KAL report above), and through Healthy Youth Relationships CORE mini-grants consultation and technical assistance (see also the HYR report, above). Despite these efforts, new major sources of grant funding consistent with Network mission and expertise has not yet been identified and the lack of consistent funding is holding back policy and organizational development: “There is not stable underwriting for 50% of Network activities.”

**Year 6:** The precariousness of Network funding remained prominent in Year 6 of the Policy Project. The resource development director left the Network to pursue other job opportunities and has been replaced by a part-time intern whose impact has yet to be felt. Numerous grant applications were submitted and except for a renewal of the healthy youth relationships project funded by the EC brown foundation and the receipt of funds for coordination of recruitment of youth into the SCHIP Program, one major source of new grant funding (Meyer Memorial Trust) has been obtained. The board is active in seeking donations for conferences and other events, but development of business connections or adding business leaders to the board has not been accomplished. The long-term sustainability of the Network is still uncertain. Although all partners stakeholders and policymakers in Oregon recognize the value and importance of the Network in coordinating and conducting advocacy for SBHCs, the dismal economic situation in Oregon is a barrier to fund raising. Partners and stakeholders are concerned about the survivability of the SBHC movement in Oregon should the Network can no longer be in a position to conduct and coordinate advocacy as it has in previous years.

**Network Board Organizational Development – Year 6 Update**

In **Year 2**, the organizational development of the Network board was described by all respondents as difficult and conflictual, especially in the first three quarters of the project year. It was pointed out by several respondents that there were significant differences among the
partners (the Network board, the Project/Network staff, and CFFO - the fiduciary for the policy project and the organization that houses Project/Network staff) in their ‘vision’ for the board. Some respondents also pointed to sudden leadership changes in the board, cultural / style / personality differences among health care and non-profit partners, differences in levels of strategizing, and board-staff relations as influencing organizational development of the board in good and less good ways.

In Year 2 there was confusion among partners about how the Network/Project staff were to be supervised and who was to determine their scope of work and roles, and confusion on the part of the staff on who was supervising them and who they were to report to, and confusion on how the goals of the Network, CFFO and the project were to be met.

In Year 3, the new Project Director/Network Executive Director established a board consisting primarily of members with expertise needed by the Network, including health care organizations, county health department, health care finance, and non-profit organizational management. The board no longer consists of an informal group of SBHC leaders and is seen as a ‘professional’ board that could provide general guidance and support to the Network, and supervise the work of the Executive Director. In the absence of the previous conflict, the board is able to provide organizational development guidance to the Network and review/approve internal Network policies and guidelines as well as support external policy and sustainability directions. However, there is some concern about the lack of board quorums in recent meetings.

In Year 3, the Network is no longer housed with the CFFO fiduciary and roles and staff supervision is now more clear and effective.

In Year 4, the board continued to expand its governance role and provide guidance to the Network regarding strategic approaches, policy recommendations, and resource development. The board has consistently and extensively been involved with the Executive Director in planning and reviewing Network policy and capacity-building activities and directions. The addition of health care finance, education, and faith-based expertise on the board has been valuable. The death of a key board member during the year for was unfortunate and resulted in some disruption of board activities. The primary interest of the board at the close of Year 4 was in resource development, and the board has assigned itself key roles in identifying and developing relationships with potential funders, and using their extensive experience, contacts, and skills as champions of school-based health care in Oregon. Efforts to recruit African-
American representative on the board were not as immediately successful as had been hoped when the individual added in Year 4 took maternity leave and suspended her involvement in the board until Year 5. Opportunities for learning how to better involve minorities and youth in the board remain in Year 5.

Also, in Year 4 the Network took another step towards independence by taking over at the financial management of the Kellogg Project funding, thereby serving as its own fiduciary. Although there were some difficulties in completing the transfer of funds and reconciling accounts, the approval by Kellogg to manage the financial aspects of the project is an additional indicator of added Network capacity this area. Assuming responsibility for the WKKF funding also has increased a positive sense of identity among Network staff, the board, and the partners with whom the Network works.

Year 5: The Board received extensive training on soliciting individual donations and on a process for developing short statements about their passion for school-based health care work and the reasons they are serving on the Board. The training is expected to increase the visibility of a school-based health care Network among financial donors. The individual donor process has been somewhat of a long process for the Board. At the beginning of Year 5, the Board was comprised of persons who were interested in, and had expertise with, school-based health care or education, but who were not necessarily connected to wealthy donors. The difficulties in training existing board members to become skilled solicitors of donated funds has resulted in a revised strategy in which the size of the Board is being increased to include members who have connections with wealthy donors and/or experience in soliciting donated funding. As these members have only recently joined the Board, no assessment of the impact of the change in Board composition on Network sustainability can be made. The impact of the increase in size and diversity of the Board on how the Board functions and how well it supports the Network in dimensions other than resource development also should be evaluated.

Year 6: Despite some turnover in board membership during the Year 6, the diversity of members and the kinds of organizations they represent have expanded somewhat. However, board members with financial connections or connections to the business community have not been located, and the board at this point does not yet reflect the diversity of cultures served by the Network and the school-based health care centers it represents. Because of the focus on the financial viability of the Network, board development goals have received a somewhat lower
priority this year. A successful board retreat was held in Year 6 and new members have been recruited.

**Network Membership – Year 6 Update**

In Year 2, a number of informants said that they were less certain of the value of the Network to them in Year 2 compared with previous years; several were confused about the goals and purpose of the Network, or about the difference between the Network and the WKKF project. In Year 2, many stated that Network membership had decreased, and cited the focus on organizational development, the existence of organizational conflict in the first 9 months of the year, and reduced communications as potential reasons for that decline.

In Year 3, there still remains some confusion among members about the specific goals and purpose of the Network and questions about the relevance of net of the Network to day-to-day school-based health care operations, especially in centers located away from Portland and centers that are not Kellogg Project partners. However, the degree of uncertainty has diminished in Year 3 when compared with the previous year.

In Year 3, a membership committee has been formed and has begun to meet and develop plans. However, several respondents continued to report that significant progress in defining membership benefits and membership types is slow. While the Network strategic planning process has defined the major goals of the Network, additional work is apparently needed to translate membership goals into concrete plans and activities. A customer-based approach to defining membership benefits, in which the needs of Network ‘members’ are matched to Network goals, priorities, and capacities, may be a useful conceptual framework for developing membership plans.

In Year 4, major decisions about membership were made after considerable discussion and deliberation among Network staff, committees, and the board. New policies have been established and electronic tools for managing contacts and membership have been identified, including an interim database for tracking contacts supplied by the evaluator. A multi-functional commercial software, e-Tapestry, may be purchased in Year 5 to assist with membership management efforts. In Year 4 membership has grown substantially, reflecting increased knowledge about Network activities among school-based health care staff and supporters.
throughout the state, and the perceived value of Network advocacy and other work in support of access to health care among youth.

Year 5: The discussion of membership has shifted significantly in Year 5 from “how to increase membership” to “how to represent the membership” in policy and other Network activities, and how to better engage membership in health care policy and other dialogues that are important to them (a ‘customer-oriented’ approach). This change of emphasis has been made more explicit by discussions within the KAL consultation and in several staff proposals for ways in which the Network could improve its communications and consultation with the field. One idea includes the use of Web 2.0 technology to facilitate the development of a school-based health care online community of practice that could be moderated and facilitated by the Network.

Year 6: The Network has made major improvements in the means by which it coordinates communications and represents the interests of its membership. The weekly newsletters and enhancements to the web site, including making available an updated set of core resources, periodic trainings, and the annual conference all serve as venues for the Network to provide training and support to SBHCs. It also is better able to understand and solicit input from SBHCs, and other partners and stakeholders. These communication channels also serve the SBHCs well in that advocacy efforts by the Network on their behalf can be more easily coordinated.

Information Flow – SBHCPP Awareness – Year 6 Update

In Year 2, several respondents indicated that they unsure about the goals or activities of the project at the Network level or among community partners. Some respondents were either unaware of the overall purpose of the WKKF project or identified the goals primarily as Network board organizational development (the focus of project activities in Year 2), or mostly to provide funding to the SBHCs who were Community Partners.

In Year 3, a weekly newsletter and other periodic communications about Network activities distributed via email has significantly increased the availability of information about the Network. Some information about SBHCPP (Network and Community Partner) activities and non-project related activities (e.g., the EC Brown resources project) is presented. Visits of Network staff with individual SBHCs in rural areas of the state, conference calls, and meetings/conferences also are cited as positive ways that information about the Network (and
conversely, learning about SBHC field issues) occurs. However, Network web resources are generally regarded by most informants as poor and not a significant means of providing information about the Network or for facilitating networking among SBHCs.

In **Year 4**, Network completed research on options for technology, specifically for conference calling capacity, that might reduce Network costs and improve communications with rural SBHCs. The potential feasibility of using e-Tapestry for the membership tracking database, and to increase membership usability and on-line joining and giving, also was examined. The purchase and implementation of new communications technologies planned for Year 5.

**Year 5:** The move to donated space and changes in staffing in the past year have delayed a full understanding the capacities of e-Tapestry as a management and communications tool. Using e-Tapestry, members and contacts are in a single database, and membership can be better managed. Also, dues, donations, and registration for the 2009 Conference are being managed through that tool. However, it’s potential to contribute to the management of communications with school-based health care centers and other partners have yet to be realized.

**Year 6:** The addition of a new staff person to improve office operations, data management, and communications has significantly added to Network communications and coordination. StatCounter, Google Analytics and other tools are being used to track visits to the Networks web site. Constant Contact is being used to track electronic communications with members and stakeholders, and has been a very effective resource for maintaining contact information for members and stakeholders. e-Tapestry is no longer being used – it was not cost effective. These mostly free contact and communications tools have been very helpful to the Network in coordinating responses to budget cuts by the state legislature in October 2010.

**Identity – Year 6 Update**

In **Year 2**, many informants held the opinion that the Network’s identity has changed from a self-managed clinical/health care membership organization to an organization that primarily addresses advocacy and policy issues, and perceived either a ‘fuzzy’ distinction between the Network and the WKKF project or make no verbal or conceptual distinction between the Network and the project (‘merged identity’).
In **Year 3**, a stronger identity of the Network as having a broader purpose than the SBHCPP has emerged. This identity has been supported by a significant increase in activities not related to the project. While there remains a relative lack of understanding about the specific goals of the SBHCPP relative to the broader goals of the Network, because of other positive changes in Network organizational structure, capacity and process, progress on the project does not seem to have been limited in any significant way. Despite these communications challenges the Network is now seen by state and local officials and organizations as a source of expertise and a resource in school based health care policy and advocacy. PacificSource and Northwest Health Foundations are now coming to the Network and offering their collaboration and support – further evidence that the Network is a vital entity in school based health care policy.

**Year 4:** As a result of assuming the role of fiduciary of the SBHCPP funds and other capacities developed this year, the Network’s identity among its partners, SBHC stakeholders, and among policymakers within Oregon has been strengthened considerably. It is difficult to point to any single factor that accounts for this increase in the identity and regard, but it is evident from requests from the governor’s office, legislators, healthcare organizations, and from school-based health care centers, that the Network is now viewed as the leading advocate for efforts to provide access to health care among youth in this state. Also, Maesie Speer, a Network staff person, has assumed a leadership role in the ‘Healthy Kids Learn Better’ coalition.

**Year 5:** A major increase in Network visibility and reputation has occurred in Year 5. The Network and Liz Smith Currie, the policy director, are seen as leaders in not only school-based health care and as repositories of expertise regarding school-based health care policy, but also in the wider areas of safety net planning under the reform of health care in Oregon. Please see the policy sections above for more information on Network visibility in state policy decision-making.

**Year 6:** The Year 6 evaluation found that the reputation and influence of the Network has been maintained and increased. The Network has increasingly been invited to participate in policymaking and deliberative discussions about healthcare reform and in the implementation of healthcare reform in Oregon. The reputation of the Network is excellent and the Network is held in high regard by partners, stakeholders, and policymakers at the county and state levels. Liz Smith Currie was invited to participate on several important task forces related to health care reform in Year 6. The intensity of Network involvement with partners, stakeholders, and
policymakers has been maintained and increased in Year 6 – leading to the Network being considered the primary source of SBHCs information by partners, policy-makers and members.

Consultants – Year 6 Update

In Year 2, several persons who served as organizational development consultants and/or as board members in Year 2 were credited with helping to resolve conflict and with increasing board accomplishments later in the year.

In Year 3, the focus of consultation to the Network has shifted [happily] from conflict resolution to enhancing Network policy, advocacy, and sustainability goals. Legislative advocacy allies have provided invaluable informal consultation to the Network in support of policy and advocacy activities – especially those provided to the Network Policy Director, Liz Smith Currie. In addition, health care finance consultation from Tom Fronk (in addition to financial expertise now on the Board) is proving very helpful in identifying pathways to sustainability for individual SBHCs and the Network.

In Year 4, the Network has utilized a variety of consultants in its efforts to build organizational capacity and to conduct its policy work. Tom Fronk has become a valuable an integral Network consultant, providing health care finance expertise from the public sector viewpoint, financial skills that the Network could not otherwise afford to develop in-house. In addition the Metropolitan Group, strategic planning consultant Dana Brown, and the evaluator have provided consultation on resource development, grant funding processes, and on grant writing and health care funding streams. In addition to the consultation on grant-related processes, the evaluator has significantly contributed ideas and language to several grant applications over the past four months. The Network has considerably strengthened its work and progress towards sustainability for itself and for school-based health care centers by combining the expertise of these consultants with the skills of the staff, board, and committees.

Year 5: Of concern in Year 4 was that Jackie Rose was representing the Network on the SNAC, in revision of the funding distribution formula, and in revisions of SBHC certification standards with minimal compensation for her expertise and time. Other consultants contribute time in excess of reimbursed hours in recognition of the importance of the Network for SBHCs in Oregon. It is a goal of the Network that as a part of the resource development plan that consultants, especially Jackie, will be adequately compensated as new funding is obtained.
Year 6: Some compensation has been found for the important work of the Network consultants. The core consultants continue to provide valuable expertise and services to the school-based Healthcare movement through the Network, especially consultation to new and emerging school-based health care centers. Consultants have much experience in working in SBHCs, and are experienced with gathering community input and other necessary steps in the process of creating an environment and atmosphere where new centers can be planned.

Lincoln County, Clackamas County, Washington County - Year 6 Update

At the end of Year 2, the Lincoln County Community Partner announced that it was leaving the Kellogg Policy Project because of disagreements with the Project Director.

At the end of Year 3, the Clackamas County Community Partner (Oregon City) also decided to withdraw from the project, however for very different reasons. There was no conflict between the Project Director and the CP, rather there was a very supportive relationship and a Clackamas County staff person had been recruited to serve on the Network Board. Planning for impending loss of federal reimbursement dollars in 2008, the County health department limited the hours of the SBHC to the minimum needed to maintain state certification and withdrew from the SBHCPP. Citing funding shortages, several other county health departments in Oregon are questioning their role in the provision of direct health services to adults and children.

Year 4 of the project saw a vastly improved relationship between the Network and the former community partner, Lincoln County, resulting in participation by Lincoln County staff in several community partner meetings and in project reviews conducted by the Metropolitan Group. In addition there have been increasing communications and collaboration between the Network and Lincoln County and other school-based health care centers in Oregon throughout Years 3 and 4. The work being done by Lincoln County in developing a combined community and school-based health care clinic system that has significant and wide support among the community continues to be an exciting exploration into effective safety net services in a collaborative and sustainable manner. Although the Clackamas County Center did not reopen, the nurse practitioner (Jackie Rose) who staffed the Oregon City center is now working at a new school-based health care center in Washington County (Tigard HS), a county that is enthusiastic about developing several school-based health care centers in multiple communities. Several Network board and committee members are providing significant consultation to Washington
County to help them develop their new systems. If the Kellogg Project were to continue, Washington County would serve as an ideal project community partner; there are many lessons learned that are emerging from the experience there (also see Community Partner section above).

**Year 5:** Washington County continues to develop its SBHCs at a steady pace. A new Network Board member is from Washington County and he has been instrumental in planning and implementing the SBHCs there. The Network is likely to benefit considerably from his experience and expertise, both with SBHCs and with youth.

**Year 6:** Although there is no new information on Lincoln county, advocates and some schools and health care organizations continue to lay the groundwork for new school-based health care centers in Clackamas and Washington Counties. The involvement of county youth commissions has been a significant factor in the success of local advocacy for the establishment of centers in schools in Washington and Marion Counties that currently lack one. The number of centers continues to expand in Washington county and innovative work on insurance sign-up among youth is being done at the Forest Grove SBHC. The Oregon City High School SBHC has just been reopened with the past two months.

**SBHC Model – Year 6 Update**

**Year 5:** No significant follow-up discussions of the Model of Care occurred in Year 5.

**Year 6:** Although no significant follow-up discussions of the ‘model of SBHC care’ occurred in Year 6, several contributors to the Year 6 evaluation suggested that moving school-based health care centers into the mainstream of health care and health care funding would be one pathway to increased sustainability of the movement in Oregon and decreased reliance on state appropriations. Others have even suggested that the Network collaborate with the state to establish a new healthcare system that would incorporate SBHCs under their umbrella. Both of these suggestions would most likely necessitate the standardization of the model of care provided at SBHCs. However, what seems like a good idea from the financial sustainability point of view may not serve the diverse needs of youth in schools, and many preventive services are not currently reimbursable. One respondent summed up the issue by saying: “. . . the age old thing is that clinics don't necessarily fit into a reimbursable model completely.”
Health Care Financing Expertise – Year 6 Update

The Year 2 evaluation noted that while the Network and Project have ample skills in clinic management, advocacy on behalf of children, and in non-profit organizational management, health care finance expertise is not currently evident at the Network. Network-level expertise combined with the experiences of SBHCs who receive or who have tried 3rd party reimbursement, FQHC, community coalitions, or joining health care organizations may be important source of information and technical assistance for the Network and SBHCs.

Year 3 has seen significant work in acquiring and utilizing health care finance expertise for the SBHCPP and other Network activities. A health care administrative and finance expert was recruited to the Network Board and Tom Fronk, a county health department official with years of finance and SBHC experience, is working on billing and reimbursement issues. In addition, the financial sustainability of the Network is an important strategic goal in Year 3 (was absent in Year 2), further emphasizing the finance issues.

Year 4: Health care finance expertise has been an important addition of Network policy efforts in Year 4. In addition to Tom Fronk's continued contributions to the Network in the form of the finance study and participation in financial discussions, the forging of Network partnerships with managed care organizations in the public sector and with private insurers has vastly increased Network knowledge about health care finance and its ability to utilize the knowledge for the benefit of school-based health care centers. The Network report will undoubtedly discuss its work Pendleton and in Multnomah County to facilitate the support of managed care organizations for the school-based health care centers located there. Not only is the Network serving as a facilitator between MCOs and school-based health care centers, but the Network is also collaborating with MCOs and others to develop approaches for decreasing barriers to billing and credentialing across SBHCs. In addition, the Network is exploring ways in which legislative approaches can be used to streamline the billing and reimbursement from MCOs and provide funding for continued Network exploration of ways to make connections between payors and school-based health care centers. This is a highly technical and intricate area that involves the tactful coordination by Paula and Liz of activities among a variety of payors, legislative champions, and the state program office.

Year 5: The Network explored the possibility of entering a partnerships with OCHIN (a regional organization that provides health information technology and data services to
community clinics in Oregon) to explore the possibility that the Network could coordinate billing services for SBHCs. Because of the long timeline involved in exploring the idea and the complexity of billing in Oregon, the process of exploring this collaborative project has been deferred. Please see the Policy section above, and Financial Systems Improvement Evaluation, for additional information about the impact of health care financing work in Year 5.

**Year 6:** In the area of billing and reimbursement, the Network has led the way in forging positive relationships with health care systems and managed care organizations (payors). With Network facilitation, the payors also are increasing the number of contracts with SBHCs, resulting in increased reimbursement revenue for SBHCs, and exploration of capitation payments and other financial support mechanisms. However, the exploration with OCHIN continues to be on a slow track. Expertise in health care finance and systems continues to be a need among the Network staff.

**Strategic Alignment with Educational and School System Goals – Year 6 Update**

In **Year 2**, the Network had little understanding of school system goals or access to expertise in school issues. Informants in Year 2 said little about understanding or addressing the needs of the school system’s educational programs, or finding points of mutual interest between SBHCs and schools to support the schools’ educational goals or requirements as one strategy for financial support of SBHCs. The evaluator indicated that while there is research evidence for and community acceptance of the [integrated health/school success] model, an opportunity for aligning school and health goals for SBHC sustainability was being missed.

In **Year 3**, plans were made to recruit a person with school system or state education expertise to the Network board and there was some preliminary discussion of developing a relationship with the statewide association of school superintendents (a membership organization similar to the OSBHCN). Also, in Year 3 schools demonstrated their interest and support (including financial) of SBHCs in individual communities such as Eugene (4j), St. Helens, and the new centers being developed in Washington County. However, specific actions to incorporate school expertise on the board or to facilitate a discussion among Oregon SBHCs about the potential for educational funding streams and aligning services with educational objectives have not yet occurred. The evaluator continues to believe that there remain significant
opportunities to develop educational involvement and support for the integrated school success/health model that would support SBHC sustainability.

The Network was successful in Year 4 in recruiting a major statewide leader in educational administration to the board. In addition, the collaboration between the Network and the statewide educational consultant funded by the EC Brown foundation has become much more relevant to Network policy work (please see Section 3 for additional information about the contributions of EC Brown work to the SBHCPP). The EC Brown work has contributed significantly to building capacity in relationships among school-based health care centers throughout the state and has identified important commonalities and approaches for school and health care coordination in areas of mutual interest and benefit, including readiness to learn and developing classroom atmospheres that promote attention and learning. With regard to the latter, the St. Helens community partner’s mental health services have substantially improved classroom conditions in the school. It will still be important in Year 5 for the Network to explore more systematic ways to collaborate with the educational community. However this may have to wait until Network sustainability and funding issues have stabilized. The Network has not yet capitalized on the educational related funding possibilities that were announced late in Year 4. The Advisory Council and educational consultant to the Healthy Youth Relationships project (EC Brown) could be a source of important educational consultation and relationship building for the Network educational policy.

**Year 5:** The Network has not yet developed diverse and stable sources of funding for its operations. While state appropriations for SBHCs have increased in association with health initiatives and health reform, state funding for education has been imperiled. Teacher layoffs and school closings are again threatened. The Eugene 4j SBHCs receive major funding through educational channels – they have closed one SBHC because of declines in funding. Seeking Network or SBHC sustainability through educational funding sources therefore seems less feasible than once envisioned. However, major opportunities for collaborating with schools to obtain grant funding are likely to appear over the next several years as the US Dept. of Education seeks better ways to improve schools and as increasing attention is paid to the health determinants of youth development and academic achievement. The existing education expertise on the Healthy Youth Relationships Advisory Council and on the Network Board, may allow the Network to capitalize on future funding and training opportunities. Similarly, strengthening the
Network’s relationship with the School Nurses Association may facilitate strategic approaches to recognizing the importance of SBHCs and the Network to the health of students. Developing a partnership approach to grant-funded projects may be an important step for the Network.

**Year 6:** The ideas Year 5 about forming alliances with organizations representing school nurses to be a work in progress. Significant grant opportunities may exist by collaborating with nurses, the school systems, the county youth commissions, and other partners in the areas of youth engagement, coordination of services, and the nexus of health & educational achievement.

**Youth Engagement and Participation – Year 6 Update**

In Year 2, all project Community Partners have engaged in consumer involvement and advocacy activities as appropriate to the age of their clients. Several have reported barriers to developing and sustaining youth involvement and have made significant changes to their approaches and expectations based on their experiences. Child and Adolescent Development expertise therefore might be useful to Community Partners and other SBHCs seeking to involve youth in clinic activities, and if perceived as useful, the Network might consider how to obtain and provide technical assistance in those areas.

In Year 3, the Network received funding from the EC Brown Foundation to provide resources to SBHCs in several areas related to child and adolescent behavior development. In the course of developing the ECB project, Network staff (especially Maesie Speer) have identified persons with educational and other development expertise. The recommendation in Year 2 regarding developmental technical assistance has more than been fulfilled.

The EC Brown work continued in Year 4 and will continue for another year or two as funding has been renewed. This work is proceeding well and may constitute the nucleus of Network efforts to develop a technical assistance program in Year 5. The Network had hoped to develop a youth advisory board in the year 4 and candidates from the Multnomah County Commission on Children and Families and others had been identified. While some consultation has been provided to the Network, the advisory board is still in the process of being formed and may be delayed because of the importance of resource development activities at this time.

**Year 5:** Youth have been extensively involved in planning and participating in the 2008 and 2009 SBHC Advocacy Day and in the annual Network Conferences. The focus of the Network resource development in Year 5 has delayed plans for establishing a youth advisory
The work on the Healthy Youth Relationships project has continued in Year 5, keeping the needs of youth visible. Incorporation of youth on the Network Board or on standing committees has not been feasible — youth are not interested and/or are unable to sustain their participation. Soliciting youth input on specific issues seems to be more feasible.

**Year 6:** See the findings of the evaluation of Youth Advocacy and the 2010 SBHC Advocacy Day in Section B, above. Youth continue to be involved in the planning of the annual conference and in the SBHC Advocacy Day. There is a major youth advocacy track in this year’s conference that largely has been designed and will be presented by youth advocates associated with SBHCs and county youth commissions. While the work on the Healthy Youth Relationships project continues to support the development of relationship support programs at SBHCs, a Network youth advisory board, or a state-wide group, is still in the planning stage.

**Strategic Planning – Year 6 Update**

**Year 5:** With the focus of work on resource development, sustainability, and policy, the strategic plans developed for Year 5 in September 2008 have not been significantly revised.

**Year 6:** Strategic planning has been deferred, supplanted by efforts to increase funding support for the Network.

**Scope of Policy Activities - Year 6 Update**

**Year 5:** Updates to the scope of policy activities are described above in the Legislative Policy and Advocacy section.

**Year 6:** Significant increases in the scope of Network policy activities are described in the Network Advocacy and Policy section (Section C) of this Year 6 evaluation report.

**Visibility and Value to Members – Year 6 Update**

**Year 5:** Updates to visibility and value to members is described above in the policy and membership sections.

**Year 6:** There have been major increases in the visibility of the Network to members, partners, stakeholders, and policy-makers. These changes are extensively described in Section C, above. The proposed 39% cut in state appropriations to SBHCs in 2011 is being met by the Network with coordinated advocacy from the field, and increased collaboration with partners.
5. **Lessons Learned, Implications for Policy Advocacy, and Recommendations**

1. **Organizational Development Framework:** It was apparent that the Oregon Network and several community partners, and the school-based health care movement in Oregon, were at varying stages of development with respect to organizational capacity for sustainability, youth advocacy, and a multicultural approach. Considering the needs of the state associations and the community partners within a developmental framework may have been appropriate. For example, I may have facilitated organizational development to have first assessed the capacity of the Network, to function as an effective nonprofit, to effectively utilize an advisory board, and to effectively engage in those activities leading to sustainability before facilitating strategies for which it was not yet well equipped to add. It would have been helpful to invest more time and resources into assessing what was needed to develop a financially sustainable Network and in understanding what capacities were needed to function in the healthcare environment in Oregon. In some ways, the focus on youth development and on multicultural inclusion was too early; the capacity of the Network and some community partners to implement those activities in an effective way was not fully developed at the time. Understanding better the culture and developmental stage of the Network would itself have constituted a multicultural approach to capacity building and served as a useful model. While this would be an expansion of the definition of multiculturalism to include the culture of organizations (and perhaps urban v. rural differences, class, income, and other categories of diversity) it would allow tailoring of resources and requirements to current capacities and likely enhance developmental progress. Such an approach may have avoided the confusion caused by what many see as a misplaced emphasis on “youth advocacy” in an elementary school SBHCs, and the application of the multicultural lens in ways that was not effective or sustainable. “Not enough attention was paid to the development of the organizations themselves. Indeed, the consultation provided was on policy and strategies, and was rather global and theoretical, not practical, which was the approach that was needed.”
2. **Success and Diffusion of Youth Advocacy**: Youth advocacy at high school and middle school centers was appropriate and very beneficial to the SBHC movement. Likewise, the diffusion of youth advocacy outside of “SBHC-land” also has been a very good development, in my opinion. It is to the Network’s credit that the idea of youth advocacy has spread to multiple health and youth organizations outside the sphere of school-based health care.

3. **Youth Advocacy for SBHCs at Other Organizations**: The involvement of other health care organizations and of the county youth and family commissions in SBHC youth advocacy (using a youth-adult partnership model) has strengthened the idea of youth advocacy for their own health care, and increased the resources available to youth advocates. One important example of this diffusion of youth advocacy has been the “secret shopper” study done in one SBHC system by youth supported by a county youth commission. The feedback provided by the youth participating in the study resulted in improvements in the delivery of care, and changes in operations and environment to better accommodate the needs of youth, making the clinics more attractive to them. While youth advocacy that occurring within SBHC has been excellent and supported financial sustainability and support for SBHCs, it is difficult to imagine how SBHC-affiliated youth advocates could have conducted a secret shopper study on their own clinics. County youth commissions can be very supportive of SBHCs and contribute much to youth advocacy and the quality of services through their adult-youth partnership mode. Having youth advocacy for SBHCS that is not only supported from within SBHCs but also by youth commissions working with SBHCs and the schools should be maintained and expanded. The Network may wish to support both within- and outside-SBHC youth advocacy programs as a means for strengthening and broadening support for significant and honest youth involvement in health care as consumers.

4. **Policy and Relationships**: The Capstone evaluation gathered many comments indicating that both professional and casual relationships are important for SBHC advocacy and policy change. Having a Network policy director who has an engaging personality, who's likable, thoughtful and flexible, has good communication skills, and forms good relationships with other partners and policy-makers alike, has been a major asset to the school-based health care movement in Oregon. However, the importance of professional and personal relationships to
the success of advocacy is a disadvantage in that staff changes can easily result in loss of those relationships and a subsequent decrease in the effectiveness of advocacy, which is likely to lead to a decrease in sustainability of the movement . . . and the Network.

5. **Youth-Adult Partnership Model**: The idea of youth being closely involved in advising the SBHCs and advocating for them has been just fabulous. It has been implemented well in Oregon at the high school level, and many positive impacts on funding and resources at local and state sources have been attributed to that advocacy. Participation in youth advocacy also appears to be quite beneficial for most, if not all, students who become engaged. The adult-youth partnership model of youth engagement and advocacy practiced expertly by some county youth and family commissions seems to have advantages over the adult-guided youth advocacy model. If the youth-adult partnership model could be implemented within SBHCs, there may be further enhancements in meaningful youth advocacy and advocate development.

6. **The McKinsey Capacity Assessment**: The yearly group consensus McKinsey Capacity Assessment show steady and statistically-significant increases in capacity over the years of the Policy Project. Ninety-five % of the variance among mean scores over time can be described by a first-order logarithmic function. It is undoubtedly true that the capacities of the Network have increased in many areas of functioning, and that the support of the Kellogg Foundation's SBHC Policy Project was a major factor in promoting the development of those organizational capacities. However, when consensus assessments are done by a group of respondents who are largely responsible for developing Network capacities the validity of the individual ratings for each component of the McKinsey are in doubt. Ratings cannot possibly be said to have been independent of group social influences. In retrospect, it may have been better to administer the capacity assessment individually, and then to have reported the findings not only as mean scores for each McKinsey item, but also measures of variability or dispersal of ratings to assess the degree of agreement or disagreement. A more discriminating and accurate picture of Network development may have emerged.
7. **Vulnerability of State Appropriations:** In the last legislative session, the Network policy director in collaboration with the Governor’s staff wisely included support for school-based health care centers in a provider tax and other assessments that were not part of general state appropriations. This move was undertaken to decrease the vulnerability of SBHC funding to changes in state appropriations and to increase the inclusion of school-based health care into the mainstream of public finance for healthcare. Despite these changes, school-based health care centers received over $7 million in state general appropriations this past biennium. In the current upcoming legislative session, a cut of 39% in support for SBHCs has been proposed. More exploration and planning should be devoted to how school-based health care funding streams can be made less subject to variations in state revenues.

8. **Vulnerability of Network Expertise:** The effectiveness of Network advocacy has depended upon its capacity for doing policy advocacy on behalf of SBHCs. It may be important to develop ways to distribute advocacy and policy expertise and capacities in ways that make them less vulnerable to the loss of a single individual or the decline in funding of a the organization. Distributing advocacy involvement, knowledge and skills across a number of individuals or a network of partners, or establishing a “community of practice“ for policy and advocacy may be several ways to make these capacities less vulnerable. Also, having adequate documentation, guidelines for effective advocacy policy, file systems, and an accessible knowledge base also may be important for making capacities more resilient.

9. **Network and Youth:** While the Oregon Network has been effective in supporting the development of youth advocacy and diffusing youth advocacy ideas, actual Network contact with youth advocates has been periodic. The Network has frequently lacked readily available youth input into its operations, although it supports SBHCs in developing customer input into clinic operations. It may be helpful to the Network to have closer involvement with youth, perhaps as part of a youth-adult partnership. The Network may wish to more fully explore how the county youth commissions develop and operate youth-adult partnerships, and consider adopting those methods if appropriate. Having a more day-to-day youth engagement may lead to a better-informed Network, a better utilization of youth advocacy,
and better informed youth advocates. At the least, it will allow a more promising way to gather youth input into Network activities and accomplishments.

10. **Youth-Voter Advocacy**: The approach of making trained youth advocates/health consumers available to the legislators and also familiarizing legislators with the operations and benefits of the ‘product’ by extending invitations to visit school-based health care centers has been a great! That ‘bottom up’ marketing approach would be enhanced if it included more adults, such as parents, teachers and other community members, perhaps as a youth-adult alliance. An alliance would not only expose legislators to youth passionate about their own health care, but also demonstrate the support [for those youth] from adults - who are voters.

11. **New SBHC Health Care System**: One interviewed partner proposed that the Network collaboration with the Oregon Health Authority (former Dept. of Health Services) to establish a public corporation for school-based health care delivery. This idea may have merit, but it would be a very large and complicated undertaking. The Network currently has insufficient expertise in managing or in planning new healthcare delivery systems. If this approach (or a billing service) were to be explored, broader expertise in the form of consultants, staff, or board members would be needed.

12. **The Network Board's Role in Supporting Network Sustainability**: The board established by the newly independent Network in 2007 primarily included persons knowledgeable about SBHCs, schools, and advocacy. These are not the board members who were well equipped for soliciting donations from individuals or businesses. Rather, they were a board of subject matter experts than one of financially connected individuals. This is one reason why the effort to increase Network sustainability through individual donations was not particularly successful. The Network should consider establishing a separate board or advisory group that is specifically chartered to connect the Network and the school-based health care movement with financial resources. If youth and Network advocacy can get bipartisan support and an increase in funding in the 2007 legislative session (when other programs received budget cuts), it would seem plausible that similar advocacy approaches could be used to recruit financially-connected individuals for a ‘sustainability and fundraising’ board.
13. **Sustainability and Grants**: One of the issues for Network sustainability is that it has not yet secured a sufficient number of new grants to fully replace the resources formerly provided by the Kellogg Foundation’s Policy Project. Continued support for Network planning, writing, and implementing grant-supported projects would have a positive impact on sustainability. With sufficient resources, the Network would be able to look for grant opportunities aligned with its mission rather than having grant opportunities as a primary driver of organization activities and survival.

14. **Capacity Assessments**: A lesson to be learned from the previous point - it would have been helpful to have focused on sustainability planning and the development of business plans from the beginning of the Policy Project. Ideally this would have started with a financial planning capacity assessment, accompanied by assessments of capacities for grant planning and implementation, performance management, evaluation, continuous improvement, and data collection. Sufficient capacities in those areas are critically important for sustainability in the nonprofit world. An early and frank understanding of the Network’s capacities in those critical areas may have resulted in a better match between project resources and the needs of the Network, and systematic development of capacities important for sustainability.

15. **School Credit for SBHC Advocacy**: Another potential lesson that emerges from the evaluation findings is that giving school credit for SBHC youth advocacy activities (health? civic involvement?) might further increase youth advocacy for school-based health care centers and schools, strengthen school and center ties, and increase the visibility of the SBHCs among youth. Perhaps an advocacy issue with the Oregon Dept. of Education?

16. **Connecting SBHCs with Payors**: The work of the Network to facilitate connections between SBHCs and managed care organizations has increased income for those centers that have been able to make agreements with NCOs and insurance payors, and have the infrastructure to administer reimbursement or capitation dollars. This has been an effective way for the Network to support SBHC sustainability. The Network may wish to explore other ways in which SBHCs can take advantage of sources of health care funding not previously
considered. For that work, the Network would benefit from having health care systems expertise more readily available.

17. **Network Resource Development**: To maintain policy achievements and to continue to provide advocacy that is effective in supporting existing and new school-based health care centers, the Network would benefit from a dedicated resource development staff person; ideally, this person would be skilled and experienced in fundraising. A RD person would free up the time now devoted to grant writing by the executive and policy directors, who can then devote their attention to important policy and advocacy work. Also, more administrative support in fiscal operations would relieve the burden on leadership who must currently perform those routine tasks.

**Sustainability of SBHCs in Oregon:**

The Network has made every effort to establish non-appropriations means for supporting school-based health centers. This is a very wise approach as state general fund appropriations are significantly influenced by year to year variations in revenues and the political climate (i.e., a new Governor in 2011). Within the past week, a 39% reduction in the current $7+ million SBHC appropriation has been proposed for the upcoming legislative session. Continued and vigorous coordination of advocacy by the Network will be very important to militate against the proposed cuts.

It may be very damaging to SBHC sustainability if the Network can no longer advocate as previously because of resource limitations and the impending departure of the policy director. It is widely believed that there is no organization that can step in to advocate for the school-based health care movement at the state level, and therefore in the absence of coordinated and effective statewide advocacy for school-based health care, other health of their health-care interests are expected to fill the void. Under those circumstances, appropriations at the state level are predicted to drop, and that also eventually might happen at local levels.

The idea of a billing system as one appropriations-independent means of SBHC and Network support is a promising one, and participation in fee-for-service would help place school-based health care centers into the mainstream of health care reimbursement mechanisms.
However, several challenges would have to be overcome for the successful implementation of that idea in Oregon.

One is that a number of SBHCs are affiliated with schools or county health departments, and the health departments are the means by which appropriated funds are distributed to SBHCs. County health departments by and large in Oregon are not structured to provide health care services and do not have the capacity to manage health care delivery systems or have the financial infrastructure necessary to effectively manage and accept buildings and reimbursements. It may be important for the Network to continue to assist SBHCs to become affiliated with community health care systems or other health treatment organizations that have the infrastructure for supporting billing, reimbursements, financial management, business planning, credentialing, and the other associated functions.

However, SBHCs also may need a major upgrade to their clinic administrative infrastructure to join mainstream health care. “Model of Care” issues may also resurface as centers try to figure out how to fit into a reimbursement system while continuing to provide youth with many non-reimbursable services – including many valuable services and activities that might not even be considered ‘health care.’

It may be important for the Network to consider a change in how appropriated funds are distributed, not just the formula for distributing them. Currently, appropriated funds are distributed to SBHCs from the Oregon Health Authority (Dept. of Health Services) exclusively through local health departments. There may be advantages to distributing funds directly to medical sponsors and or centers, especially when SBHCs in some counties have previously received less than their share of appropriated funds (or no funds at all) from the local health departments.

**Youth Involvement as a Consumer of Care:**

It appears that school-based health care is moving faster than the other segments of the health care industry to incorporate meaningful consumer involvement in determining the delivery of services and the monitoring of the quality and appropriateness of care. As SBHCs are being encouraged to increasingly become affiliated with medical sponsors and to join mainstream health care, they may encounter a much less well-developed culture of consumer involvement among their medical sponsors and/or administrative homes. While other health
organizations serving youth are increasingly aware of the importance of youth advocacy, primarily for funding and community support, they appear less committed to the sorts of systems change that would accommodate meaningful consumer involvement in care delivery. Will SBHC youth advocacy and involvement on health care serve as a model for mainstream organizations to adopt, or will youth involvement be diluted? If SBHCs become less responsive to youth by virtue of incorporating aspects of fee-for-service health care culture, will they lose clients and their unique and valuable model of care?
6. **Appendices**

Appendices (submitted as compressed [.zip] files) include:

1. Revised Year 6 Oregon Evaluation Plans
2. Summary Responses to Each Evaluation Question: Youth Advocacy
3. Summary Responses to Each Evaluation Question: Network Policy
4. 2010 SBHC Advocacy Day Interview Guide
5. Capstone Web Surveys: 1) Network staff and board, 2) Policy makers, 3) SBHC staff, 4) Youth, and 5) Partners.
6. Capstone Interview Guides: 1) Network staff and board, 2) Policy makers, 3) SBHC staff, 4) Youth, and 5) Partners.
7. Youth Advocacy Headlines: Preliminary evaluation findings for discussion in two conference calls and at the Oregon Annual SBHC Conference.
8. Network Policy Headlines: Preliminary evaluation findings for discussion at the Oregon Annual SBHC Conference.
10. 2010 Annual Conference SBHCPP Findings Discussion Flyer
7. Other Evaluation Activities in Year 6

OSBHCN

- Attended most Board meetings
- Technical assistance in grant application planning and reviewing
- Reviews of Network documents
- Attended the 2010 SBHC Advocacy Day and the Annual Network Conference.

Other

- Evaluator’s conference calls and follow-up informational documents
- NASBHC Quality and Evaluation Panel
- Reviews of NASBHC surveys and grant proposals
- Attended Kellogg Foundation meetings