Building Blocks of the SGCTA Infrastructure:
The Role of Coalitions Regions


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Origin of Regional Reps

- USBC’s Jan. 2009 strategic planning
- State/territorial/tribal coalitions asked to elect representatives according to 7 geographic regions, plus tribal region (one vote per coalition)
- View the chart of regions
- No travel support at this stage
Inaugural Reps

- Mid-Atlantic: Jenny Tender
- Midwest: Karen Koss
- Mountain Plains: Charlene Burnett
- Northeast: Jennifer Matranga
- Southeast: Margreete Johnston
- Southwest: Linda Jackson
- Tribal: Lena Lewis
- West: Karen Peters

Transition Period

- Original group of 8 reps also attended Aug. 2009 and Jan. 2010 meetings
- Communicated with region via new regional list servs, teleconferences
- Facilitated regional meetings at January 2010 Coalitions Conference
Formalization

- Inaugural reps worked with USBC Coalitions Committee to formalize the nominations/elections process
- New elections held spring 2010
- Added alternate for each region
- Coalitions Regional Rep (CRR) & Alternate Regional Rep (ARR)
- Set up 3-year staggered terms

Election Schedule

- Elected in Spring 2011: Northeast and Southeast
- To be elected in Spring 2012: Mid-Atlantic, Midwest, Mountain Plains
- To be elected in Spring 2013: West, Southwest, Tribal

Roster of Current CRRs/ARRs
Election Process

- Each coalition has one vote
- Participation of a majority of a region’s coalitions is needed for a quorum
- Voting instructions sent to 3 Designated Contributors for each registered coalition; they assign one individual to submit vote
- Highest number of votes = CRR; second highest number of votes = ARR

Eligibility for Nomination

- Must be active members of state/territorial/tribal breastfeeding coalition
- If no formal members, active leader or participant in coalition’s activities
- Agree to take on the CRR/ARR Roles and Responsibilities
- Letter of support from coalition
Role as CRR/ARR

- CRR and ARR positions are held by individuals, and as such are not reflective or representative of individual representatives’ coalitions.
- The duties of the CRRs/ARRs shall be to serve and carry out the best interests of the region as a whole.

CRR Responsibilities

CRRs serve as liaisons, fostering communication between USBC and region:
- attending bi-annual USBC meetings
- serving on USBC Coalitions Committee
- assisting USBC in identifying, assessing, and prioritizing coalition needs
- communicating concerns or issues to USBC
- supporting/promoting USBC events
CRR Responsibilities

CRRs facilitate networking and sharing between/among coalitions in each region, and between/among different regions, by:

- educating coalitions on tools and resources available
- sharing info via regional list servs;
- serving as moderators of the bi-monthly regional teleconferences

ARR Responsibilities

If a CRR is unable to attend a meeting or conference call, or is otherwise unavailable, the ARR will perform the duties of the CRR, ARRs also:

- serve on USBC Coalitions Committee
- attend bi-monthly regional teleconferences
Travel Funding

- Covers airfare and 2 nights of shared lodging for CRRs to attend each USBC meeting
- If the ARR attends in place of the CRR, this funding transfers
- ARRs are also welcome to attend *in addition to* the CRR, but funding support not provided in this case

USBC Bylaws Amendment

- Just passed addition of membership category for Coalitions Region Members: “The eight regions of state/territory/tribal breastfeeding coalitions are automatically voting members in the USBC, and will elect individual representatives pursuant to the requirements and nominations/elections processes as specified in the Membership Policies and Procedures.”
**Additional Member Duties**

- Support purposes of USBC and abide by Bylaws, policies and procedures
- An individual may represent and cast votes on behalf of only one member organization at a USBC meeting
- Each member will submit a written report of its activities prior to each USBC membership meeting
- Representatives shall avoid conflicts of interest and behave ethically according to Conflict of Interest Policy
- Voting members are expected to participate in USBC activities, and member representatives may serve on USBC committees and task forces

**Key Links**

**For Coalitions**

- To update your coalition’s Designated Contributors, please visit the [Coalitions Resources page](#)
- Registered Coalitions are those listed in [USBC’s Coalitions Directory](#)

**For Individuals**

- [Nominations are now open](#) for Mid-Atlantic, Midwest, Mountain Plains
Northeast Regional Representation

From Strategic planning for USBC to very proud member!

Jennifer Matranga BSN, RN, CCE, IBCLC

United States Breastfeeding Committee

- Invitation to the regions to vote for representation for the STRATEGIC PLAN: 2009-2013
- It would be impossible to have all states represented but, the regional role was a great idea to represent the states
- Role of the regional representative pre-strategic plan to offer conference calls and gather the answers to specific questions. I was responsible to bring my region’s voice to the USBC strategic planning session
- Attendance at USBC meeting to represent my region in the strategic planning
- Bring back to my region the news from the USBC meeting
STRATEGIC GOALS: 2009-2013
The United States Breastfeeding Committee has adopted the following strategic goals to achieve its vision and mission:

- **Goal A:** Ensure that quality breastfeeding services are an essential component of health care for all families.
- **Goal B:** Reduce marketing that undermines optimal breastfeeding.
- **Goal C:** Ensure that women and their families in the workforce are supported in optimal breastfeeding.
- **Goal D:** Ensure that USBC is a sustainable and effective organization, funded, structured, and aligned to do its work.


From the Questions reviewed for the Strategic Planning we had a great start to our Northeast Summit

- We utilized those responses
  - Hot topics
  - Areas needing more discussion
  - Where education could be offered
  - Who were the experts in our region
Northeast Breastfeeding Coalition Summit

- Theme: Simplify!
- Agenda
  - 9:00–11:30 Insurance coverage/ licensure
  - 11:30–12:00 Hot topics
  - 12:00–1:00 LUNCH networking
  - 1:00–2:30 PM – Baby-Friendly/ mPINC
  - 2:30–3:00 Wrap up
- Where do we go from here?
- Location: Somerville Hospital

Northeast Summit

- **Attendees** totaled 25 from all states in our region
- **Hot Topics discussed at lunch**: Consumers driving agenda, Business Case, Waivers, WHO Code, Milk Bank, State Coordinators, Social media and marketing
- Regional toolbox to be created on the web
- Submit letters and files that would be helpful
- Location discussed and evaluations reviewed
Future for the Northeast Region!

- Future meetings:
  - USBC January 2010 our regions gathered to again put faces and names and emails together!
  - USBC August 2012 we look forward to again gathering as a region to network, mentor and encourage one another.
  - Possible plan for October 2013 next Northeast Summit?

Northeast Representation
Ongoing Roles and Responsibilities

- Facilitate the regional conference calls following the CDC/USBC teleconferences
- Assist with encouraging states that can mentor each other in specific topics
- Bring to USBC meeting concerns of my region
- Bring back to my region information from USBC meetings
- Network with other regions to bring expertise in specific areas together
- Moderate Northeast list serv
2012 Conference Basics

- August 4-6, 2012
- Sheraton National Hotel in Arlington, VA
- Opening plenary and reception Saturday evening; ends by mid-day on Monday, w/ optional Advocacy Day Monday afternoon

Conference Program

- Breakfast Table Topic/Poster Submission deadline is Friday, April 13
- Breakouts to be selected/notified by 4/16
- Full schedule to be published by 4/30
- Registration will open in May
- See FAQ and key links/info at: www.usbreastfeeding.org/2012NCSBC
Part 1: support for state breastfeeding coalitions, beginning with a comprehensive assessment to inform the design of customized technical assistance and enhanced training/networking opportunities

Part 2: application of the "Collective Impact" model with a specific focus on increasing access to and continuity of skilled support for breastfeeding between hospitals and community health settings

What does this mean?

The funds are intended to build national infrastructure. Starting out engaging with a consultant, expanding USBC staff capacity, and recruiting national partners.

We will very much want to hear about possible state/community successes and collaborations...but first we have to get the resources in place.

There are no funds to grant out to states or communities as this point...if happens in future, coalitions will be the first to know!
Thank you for all you do!

Action 20. Improve national leadership on the promotion and support of breastfeeding.

- Create a federal interagency work group on breastfeeding.
- Increase the capacity of the USBC and affiliated state coalitions to support breastfeeding.