USBC Onboarding Program

Module 1: Orientation to USBC

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Welcome to the USBC Board of Directors! It is our hope to orient you to your new role as a Board member as effectively as possible so that you can begin your board service as a more informed director.

There are 3 modules to our onboarding program:
• **Module 1: Orientation to USBC**
• Module 2: Orientation to the USBC Board of Directors
• Module 3: Orientation to Good Nonprofit Governance
Module 1: Orientation to USBC

In this module, we will address:

• Mission, Vision, and Values
• History
• Staff
• Funding
• USBC’s Role as a Coalition
• Membership
• The Collective Impact Model
An organization’s mission states its purpose, ideally in a concise and inspirational way. USBC’s original mission was:

To improve the Nation’s health by working collaboratively to protect, promote, and support breastfeeding.

As an outcome of the 2014 strategic planning process, the Board adopted a slightly revised mission statement:

To drive collaborative efforts for policy and practices that create a landscape of breastfeeding support across the United States.
Vision

An organization’s vision articulates what the world will look like if the mission is achieved. USBC’s prior vision statement was:

In order to achieve optimal health, enhance child development, promote knowledgeable and effective parenting, support women in breastfeeding, and make optimal use of resources, we envision breastfeeding as the norm for infant and child feeding throughout the U.S.

As an outcome of the 2014 strategic planning process, the Board adopted a new vision statement:

Thriving families & communities
Values

An organization’s values serve as the core principles that guide the Board in its actions and decision making. The USBC Board developed the following set of values and their descriptions at an outcome of the 2014 strategic planning process:

**Leadership** – USBC depends upon the development, engagement and inspiration of collaborative leaders who serve on behalf of our common cause. They may draw upon the wisdom of organizations, but serve as individuals.

**Inclusion** – USBC places a premium on meaningful opportunities for all voices to be heard. A commitment to diversity and equity infuses our work and decision-making.

**Integrity** – USBC champions honesty, transparency and accountability as integral to the success of collaborative efforts.
USBC Precursors


• 1984: Surgeon General’s Workshop on Breastfeeding and Human Lactation held in Rochester, NY


• 1995: National Alliance for Breastfeeding Advocacy (NABA) formed

• 1996: First National Breastfeeding Leadership Roundtable (NBLR) convened by NABA and the Healthy Children Project

• 1996-1998: twice-yearly NBLR meetings hosted by several organizations

• 1998: National Breastfeeding Policy Conference held in Washington, DC
Appoint a national breastfeeding coordinator of appropriate authority, and establish a multisectoral national breastfeeding committee composed of representatives from relevant government departments, non-governmental organizations, and health professional associations;

Ensure that every facility providing maternity services fully practices all ten of the Ten Steps to Successful Breastfeeding set out in the joint WHO/UNICEF statement "Protecting, promoting and supporting breastfeeding: the special role of maternity services";

Take action to give effect to the principles and aim of all Articles of the International Code of Marketing of Breast-Milk Substitutes and subsequent relevant World Health Assembly resolutions in their entirety;

Enact imaginative legislation protecting the breastfeeding rights of working women and establish means for its enforcement.
USBC History

- 1998: USBC formed
- 2000: USBC incorporated as a nonprofit corporation the State of Florida
- 2000: HHS Blueprint for Action on Breastfeeding published
- 2001: USBC’s *Breastfeeding in the United States: A National Agenda* published
- 2002: USBC received 501(c)3 IRS tax exempt status
- 2006: USBC holds the 1st National Conference of State Breastfeeding Coalitions
- 2011: USBC identified as a key partner in leading implementation of *The Surgeon General’s Call to Action to Support Breastfeeding*
- 2012: WKKF Grant; begin NICHQ partnership
- 2013: first independent, multi-year cooperative agreement funding from CDC
In its earliest days, USBC was managed by an association management firm, SmithBucklin. Thus, much of the programmatic/operational work was actually done by Board members and volunteers in the early years.

Funding received in 2012-13 enabled the staff to grow, but it’s still a lean staff given the work that needs to be done.

Megan Renner initially worked with USBC through the management firm (beginning with USBC’s move to DC in 2004). She became an independent contractor to USBC in 2008, moving back to Chicago and establishing a home office.
Staff Members

- Megan Renner, Executive Director (since 2004)
- Amelia Psmythe, Deputy Director (since 2012)
- Kinkini Banerjee, Sr. Coalition Relations Manager (since 2012)
- Cheryl Lebedevitch, Workplace Project Manager (began as intern in 2009)
- Lynette Anigbo, PR & Communications Coordinator (since 2014)
- Denae Heartfield, Coalition Relations Coordinator (since 2014)
- Sarah Walz, Sr. Program Coordinator (since 2014)
- Camille Abbe, Meeting & Conference Manager (since 2013, contracted)
- Kimberley Broomfield-Massey, LSP Constellation Facilitator (since 2013, contracted)
Funding

• Most of USBC’s historical funding has come from government contracts and sub-contracts to carry out specific projects, including with CDC, HRSA/MCHB, and OWH funds. Specific grants were also received to fund prior conferences, from both CDC and USDA/WIC.

• In 2012, W.K. Kellogg Foundation awarded a significant, three-year grant to fund USBC as one of its “First Food Fieldbuilders.” This was USBC’s first foundation grant and first funding focused on building infrastructure. It was extended for a fourth year, and then renewed for another full three-year grant in 2016.

• In 2013 and 2014, CDC awarded significant multi-year cooperative agreements to USBC. Both are structured to focus on building infrastructure and supporting collaborative efforts.
A major board priority is to continue to **diversify the organization’s funding** over time, esp. to fund growth of infrastructure and the collaborative work that is USBC’s core purpose, rather than specific one-time projects.

A second funding-related board priority is to continue to **build up sufficient reserves** to align with the increasing size of the budget.

Since both federal funds and WKKF funds are **restricted from lobbying**, USBC has very little unrestricted funding that can be used for this purpose. The **Friends of the USBC donations** and **Coalitions Conferences** are the only sources of unrestricted funds.

The Friends of the USBC are individuals and organizations that make an annual donation to the organization and are identified as a member of a core group of supporters who take an interest in the mission.
Inherent in the founding of USBC is the understanding that it is intended to be a coalition rather than direct service agency.

- Innocenti description: “multi-sectoral national committee”
- Original mission: “working collaboratively”
- Revised mission: “drive collaborative efforts”
- *Surgeon General’s Call to Action to Support Breastfeeding*:
  - “Coordinated leadership of efforts...needed to develop and implement an action plan on breastfeeding”
  - “Increase capacity of USBC and affiliated state coalitions...”
**USBC Membership Structure**

**(NOTE: modifications underway with bylaws amendments)**

**Voting Members:**
- National Nonprofit Members: non-governmental, nonprofit organizations of national scope that meet eligibility requirements
- Coalitions Region Members: the 8 regions of state/territory/tribal breastfeeding coalitions (Mid-Atlantic, Midwest, Mountain Plains, Northeast, Southeast, Southwest, West, and Tribal) are automatically voting members, and each elects its individual representative and alternate

**Non-Voting Members:**
- Governmental: Federal government agencies that impact breastfeeding mothers and children
- Honorary Members: The President of the United States and/or spouse, the Secretary of Health and Human Services, the Secretary of Agriculture, and the Surgeon General of the United States are automatically Honorary Members
- Individual Members: those with outstanding achievement and/or contribution to the field of breastfeeding, pursuant to stated requirements
- Advisory Members: For-profit and nonprofit organizations with an interest in serving breastfeeding mothers and children
What exactly is Collective Impact?

Collective Impact Initiatives, as defined by John Kania & Mark Kramer in the Stanford Social Innovation Review, are "...long-term commitments by a group of important actors from different sectors to a common agenda for solving a specific social problem. Their actions are supported by a shared measurement system, mutually reinforcing activities, and ongoing communication, and are staffed by an independent backbone organization."

The Collective Impact model focuses on advancing the movement rather than the individual organization.

USBC has adopted a Collective Impact model and is well positioned to play the role of the “backbone organization.” It is recognized as such by both of the major funders in the field: CDC and WKKF.
Isolated Impact

• Funders select **individual grantees**

• Organizations **work separately**

• Evaluation attempts to **isolate** a particular organization’s impact

• Large scale change is assumed to depend on **scaling organizations**

• Corporate and government sectors are often **disconnected** from foundations and non-profits.
Collective Impact

- Funders understand that social problems – and their solutions – arise from multiple interacting factors
- Cross-sector alignment with government, nonprofit, philanthropic and corporate sectors as partners
- Organizations actively coordinate their actions and sharing lessons learned
- All working toward the same goal and measuring the same things
Five Conditions for Collective Impact

- Specialized Agendas
- Fragmented Measurements
- Independent Activities
- Sporadic Communication
- Unsupported Efforts

- Common Agenda
- Shared Measurement
- Mutually Reinforcing Activities
- Continuous Communication
- Backbone Organization
“Backbone organizations” pursue six common activities to support/facilitate collective impact over an initiative’s lifecycle:

- Guide vision and strategy
- Support aligned activities
- Establish shared measurement practices
- Build public will
- Advance policy
- Mobilize funding
Collective Impact...

- Puts the participants in charge of **WHAT** efforts would benefit from collaboration
- Puts the backbone organization in charge of supporting **HOW** this collaboration occurs
NEW USBC STRATEGIC FRAMEWORK
Vision, Mission & Values

MISSION
To drive collaborative efforts for policy and practices that create a landscape of breastfeeding support across the United States.

VISION
Thriving families & communities

VALUES
Leadership
Integrity
Inclusion
USBC Strategic Framework
Goal 1: Be national collective voice for breastfeeding

- What’s included:
  - All five sections of SGCTA
  - Mothers & Families (1.1)
  - Communities (1.2)
  - Health Care (1.3)
  - Employment (1.4)
  - Research & Surveillance (1.5)
Goal 1: Be national collective voice for breastfeeding

- What’s “missing”:
  - Specific priority strategies or implementation activities

- Rationale:
  - In a CI model, participants define priorities and activities to change policies and practices to build a landscape of breastfeeding support
  - Strategies may need to shift over time due to developments in external environment
Goal 1: Who’s Who?

Driver of Plan/ Priorities:
Constellations

- 1.1 Support efforts to help mothers, partners and families reach their breastfeeding goals
- 1.2 Apply positive and ethical messaging and marketing practices to build breastfeeding-friendly communities
- 1.3 Advocate for evidence-based health care practices
- 1.4 Advance support and security for working breastfeeding families
- 1.5 Strengthen breastfeeding research, monitoring and evaluation to understand and close the gap between evidence and practice
Goal 2: Ensure organizational vitality

- What’s included:
  - **Relationships** are key to vitality
  - Best practice guides board & staff
  - **Values** come to life in USBC leadership
  - Imperative of securing financial resilience to sustain infrastructure of backbone organization
Goal 2: Who’s Who?

Driver of Plan/ Priorities: Board of Directors
Goal 3: Engage stakeholders in a Collective Impact model

- What’s included:
  - Roles as coalition or “backbone organization”
  - Stakeholder engagement: these activities are not done for USBC alone, but for whole field
Goal 3: Engage stakeholders in a Collective Impact model

- What’s “missing”:
  - Specific policies or procedures locking partners to predetermined ways of working or interacting

- Rationale:
  - Supports building of backbone org capacity
  - Helps make unique case to funders for value of coalition functions
Collective Impact in the Strategic Framework

- Puts participants in charge of **WHAT** efforts would benefit from collaboration (Goal 1)
- Puts backbone org in charge of supporting **HOW** this collaboration occurs (Goal 3)

**POTENTIAL** of what’s included; **POWER** of what’s “missing”
Goal 3: Who’s Who?

Driver of Plan/ Priorities:
Constellation Steering Cte (BoD oversight)
Goal 4: Create & model a culture of inclusion, diversity & equity

- What’s included:
  - Interweaving of objectives to each other goal
  - Connection of **equity to both structural and cultural components** of USBC
Goal 4: Create & model a culture of inclusion, diversity & equity

- What’s “missing:”
  - Arrogance that already accomplished: first word is “create,” acknowledging the journey

- Rationale:
  - Equity consciously infused throughout
Goal 4: Who’s Who?

Driver of Plan/ Priorities: CRASH Cte (BoD oversight)
USBC Strategic Framework
Clockwise Progression

Goal 1 – provides frame for WHAT needs to be done to fulfill mission (“landscape of breastfeeding support”).

Goal 2 – provides for USBC as an organization, internal priorities

Goal 3 – describes HOW USBC supports and engages with field as a coalition

Goal 4 – infuses equity throughout the prior 3
FRAMEWORK FOR A “BIGGER TENT”
Historically...

- USBC members = national organizations, esp. those already working in breastfeeding, and w/ capacity to attend in-person meetings
- State coalitions represented via Regional Reps, limited access to national organizations
- Local coalitions or community-based organizations only connected through states
- Most engagement in USBC work based on individual's interests
Moving Forward...

- Engagement in collaborative work can encompass many new stakeholders.
- If a given project or activity would benefit from another partner organization’s engagement, there is room for temporary participation.
- ALL stakeholders engage according to their organization’s identified priorities and interests.
Grassroots to Treetops

- Effective cross-sector collaborations include:
  - Individuals with lived experience
  - Community organizations providing direct services
  - State-level coalitions advocating for policy, systems, and environmental change
  - National organizations leading and supporting trends and opportunities

Pathways to Change: Six Theories about How Policy Change Happens
CONSTELLATION MODEL
What is the Constellation Model?

A framework for social change designed to 'hold' collaborations within dynamic/complex systems, supporting multi-organization partnerships & networks

Three major elements:

- Lightweight Governance
  - Make just enough agreements to be functional
- Action-focused Work Teams
  - Organize right partners, right time, right activity
- Third-party Coordination
  - Identify a Steward to hold the group’s intentions
USBC-led Constellations

- Areas where there’s a particular niche or need for a neutral convener *and* USBC has funded capacity to steward or project manage collaborative work

- Topics USBC is poised to steward NOW:
  - Workplace Support
  - Lactation Support Providers
  - Infant Sleep Practices
  - Continuity of Care*
USBC Backbone “Supports”

- USBC supports ALL Constellations as they form and formalize:
  - Website, online community workspaces
  - Meeting time/space
  - Consultant training and coaching (convening, strategy, measurement/evaluation)
  - Advocacy for/mobilization of funding
  - Communications with field and to general public
USBC SPHERES OF INFLUENCE
Mothers & Babies Sphere
Direct Services & Support Sphere

- Health Care Systems
- Universities & Medical Schools
  - Doctors' Offices
  - Hospitals
- Lactation Providers' Offices & Clinics
- Local WIC Clinics
- Milk Banks
- Local Support Groups & Baby Cafes
- Community Locations (Schools, Restaurants, Stores, Places of Worship, Libraries, Parks and Recreation, etc.)
- Worksites
- Child Care Sites

Mothers & Babies
Multi-Org/Cross-Sector Policy & Practice Change Sphere
Multi-Org/Cross-Sector Policy & Practice Change Sphere

You are here
USBC Backbone Support Sphere
USBC-Affiliated Constellations
USBC Spheres of Influence: Effect National PSE Change
Resources for You

• Your **Board Orientation Library** contains more detailed materials on these and other topics.

• **BoardSource**: an online resource of governance information for non-profit board
  
  • USBC has an organizational membership in BoardSource that gives all Board and staff access to member benefits
  
  • Visit the [USBC Board sign-up link](#) to activate your login
  
  • Visit the [BoardSource Training Calendar](#) to register for upcoming BoardSource webinars