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

As Chair of the 2014-2015 Board of Directors, I am honored to present the 2014 Annual Report, detailing the accomplishments made possible by your support. We have much to celebrate due to your dedication and generosity. It has been a year of immense growth, begun and led by Past Chair Kathie Marinelli, who guided us with steady progress, identifying opportunities for collaboration and invaluable learning.

Never before has our nation seen this level of attention and commitment to transforming the policy, systems, and environmental factors that impact breastfeeding families. Since I took the helm in August, the momentum continues to build every day, at the local, state, and national levels, with new investments addressing communities, health care, employment, and more. Although breastfeeding rates have reached the highest levels seen in decades, racial/ethnic disparities still limit access to care for many mothers, indicating we still have a long way to go. As the “Landscape of Breastfeeding Support” continues to grow, this is a time of exceptional opportunity to address disparities by also expanding the “Portrait of Breastfeeding Support.”

To that end, this summer the Board launched a new Strategic Framework for USBC, designed to facilitate deeper, effective, inclusive collaboration...to “build an even bigger tent.” As the national breastfeeding coalition, USBC was built as an organization of organizations: a forum to coordinate opportunities for collaboration and change. Our new Strategic Framework puts into practice the principles of collaboration and specifically, Collective Impact.

As a “backbone organization” for breastfeeding protection, promotion, and support, USBC is now the convener for collaboration. This means providing the infrastructure supports for stakeholders to lead collaborative work where there is a particular niche, interest, and funded capacity. New pathways will be launched this winter for individuals and organizations to engage in conversations and actions, pooling expertise and resources so that a profound impact can occur in our communities.

The USBC Board of Directors understands that effective collaborations include individuals with lived experience, community-based organizations providing direct services, state-level coalitions advocating for change, and national entities leading and supporting trends and strategic opportunities, with diversity of those being served and of those serving, at every level.

Astounding progress continues to be made thanks to your generosity, leadership, and support. As we move forward into the New Year, a newly formed Transformation Team will be reviewing USBC’s policies, practices, and structures through the lenses of diversity, equity, and inclusion. A broader “Portrait of Breastfeeding Support,” reflected in USBC’s leadership, membership, and coalition affiliates, will ensure that crucial voices are found, included, and heard in crucial conversations.

Thank you again for your ongoing support and engagement. Together, we are making incredible progress toward our shared vision of “Thriving Families & Communities.” Our collective voice is growing stronger; joining together to form constellations of trust and support for the nation’s breastfeeding landscape.

Sincerely yours,

Beverly Curtis
Chair, USBC Board of Directors
To the supporters and donors who stand by our side: thank you.

We are extraordinarily proud and grateful to present the 2014 Annual Report. Our advocacy efforts are entirely supported by contributions from our donors, the Friends of USBC. Together, we are making great strides to transform the “Landscape of Breastfeeding Support,” and we are so thankful for all who stand with us at such a critical time for breastfeeding advocacy.

Every time you voice your support, make a contribution, take action, or share news you take us one step closer to the policy, systems, and environmental changes needed to ensure every family has the opportunity to reach their personal breastfeeding goals.

Without your voices, your work, and your support, we would not be where we are today. This celebration of the past few years’ accomplishments is possible because of you. Thank you for everything you’ve done, and for everything you will do in the months and years to come. We are truly grateful.

Sincerely,
The USBC Board of Directors and Staff Team

“We are proud supporters of the U.S. Breastfeeding Committee as it becomes the common home for all sectors of a nation seeking meaningful change. In support of mothers, fathers, infants, businesses, and caring communities, USBC is helping to create a breastfeeding and family-oriented USA.”
— Rob and Sarah Locke, Friends of USBC

“MomsRising is grateful to have the U.S. Breastfeeding Committee as a trusted, invaluable partner in our work on breastfeeding. By convening other organizations that work on this crucial health issue and developing a shared agenda to increase breastfeeding rates, USBC helps MomsRising leverage the limited time we have to do breastfeeding work and maximize our resources. MomsRising is proud to contribute as a Friend of USBC and looks forward to many more years of effective collaborations together!”
— Kristin Rowe-Finkbeiner, Executive Director/CEO, MomsRising
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

GOAL 1
Be the national collective voice for breastfeeding
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
2.1 Assess & strengthen member, partner, coalition & grassroots relationships to optimize efficiency and impact
2.2 Use governance & management best practices
2.3 Embody core values in organizational leadership
2.4 Secure long-term financial resilience

GOAL 3
Engage stakeholders in a Collective Impact model
3.1 Articulate & advance a national policy/advocacy agenda
3.2 Build public will & mobilize funding to prioritize support for the work of the field
3.3 Convene stakeholders, guide strategy & establish shared measurements to support aligned activities
3.4 Serve as the communication & networking hub of the field
3.5 Support increased capacity & engagement of breastfeeding coalitions

GOAL 4
Create and model a culture of inclusion, diversity & equity
4.1 Integrate equity at the core of all collaborative work (Goal 1)
4.2 Embrace equity at the core of all organizational structures & practices (Goal 2)
4.3 Build a welcoming experience for all who engage with the organization (Goal 3)
From the Past Chair

2014 was an exceptional year for USBC. With the generous support of the W.K. Kellogg Foundation (WKKF) and Centers for Disease Control & Prevention (CDC), we explored and piloted a Collective Impact approach for national action on breastfeeding, while continuing to grow and expand our supports for state and local coalitions. New investments in the field have effectively launched an era where every mother will be supported to reach her personal breastfeeding goals.

Our initial WKKF grant supported the application of Collective Impact principles in our work, with a focus on increasing continuity of breastfeeding care between hospitals and community settings. It quickly became clear that it is not possible to simply silo this work in one area; rather, this approach to collaborative change must embrace a wide range of stakeholders working to create impact across all sectors simultaneously.

In addition, in early 2014 we commenced an intense planning period, seeking to gather as much information as possible from as many stakeholders as we could reach. We engaged voices from both within and outside USBC to inform the process, gathering feedback from individual interviews, online surveys, member & coalition “listening sessions,” and an online town hall meeting with mothers and advocates. Rather than a traditional, rigid strategic plan, these perspectives informed the design of a “strategic framework” outlining high-level goals and objectives, built for flexibility and deeper engagement with stakeholders at all levels.

The result is truly innovative. In August, the USBC Board of Directors unveiled the Strategic Framework you see on the prior page, marking a momentous transition to the next phase of our Collective Impact efforts. Presented at the heart of the new framework are USBC’s revised Mission and Vision, and first-ever set of organizational Values, to guide this crucial work moving forward. The Values are further defined as follows:

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

At the top of our Framework, Goal 1 aligns with the sections of *The Surgeon General’s Call to Action to Support Breastfeeding*, yet leaves specific implementation strategies and activities to be defined by participants, able to shift fluidly over time to reflect external developments. Progressing clockwise, Goal 2 seeks to ensure that USBC is a sustainable and effective organization, holding close to our Values, and acknowledging the critical importance of relationships. Goal 3 is placed deliberately at the bottom: the roles USBC plays to support the collaborative work of the field are the core foundation on which we move forward. Finally, Goal 4 intentionally weaves equity into each other goal and into both the structural and cultural components of USBC. It begins with the word “create,” acknowledging that this journey has only begun.

Thank you again to all who provided feedback during this process; your input was invaluable. It was my honor to serve as your chair during this exciting and productive time.

Sincerely,

Kathleen Marinelli
Past Chair, USBC Board of Directors
The vision of USBC’s founders to develop a true partnership of non-governmental and governmental entities creating a unified approach to breastfeeding support and advocacy was truly ahead of its time. That vision has continued to grow and develop. As USBC Chair in 2008, our strategic planning process stressed the role of USBC as a national voice for breastfeeding and later informed and influenced The Surgeon General’s Call to Action to Support Breastfeeding. Now the landscape has evolved, but the 2014 USBC Strategic Framework ensures we will continue to leverage member and partner organizations, creating the tools and pathways for others to take the lead on breastfeeding initiatives and engage new stakeholders through Collective Impact. The framing of the plan within a ring of equity takes the work of USBC to the next level, supporting an even broader spectrum of women and families to achieve their breastfeeding goals. I am exhilarated to advance this new comprehensive framework to further improve the health of our nation.

— Joan Younger Meek, Chair Elect, USBC Board of Directors
From the Executive Director

This launch of our new Strategic Framework was a pivotal milestone in USBC’s history, marking a new stage in our development as the national breastfeeding coalition, and a new phase in our journey together “to create a landscape of breastfeeding support.” As we looked ahead towards implementation, we analyzed the best practices and lessons learned that emerged over the past ten years, sought input from stakeholders, and consulted with Collective Impact experts and practitioners in the United States and Canada. The ideal foundation on which to build the “national collective voice for breastfeeding” soon became clear...

Designed to “hold” collaborations within dynamic and complex systems, the Constellation Model of Collaborative Social Change articulates a pathway for organizations to come together to participate in action-focused work teams (“Constellations”) with a lightweight governance structure. Resources can be leveraged while partners maintain the flexibility to move in and out of projects at the right pace and scale for them, as momentum or opportunity waxes and wanes. The model distributes leadership so that any organization with the momentum and capacity to lead can do so, find aligned partners, and seek support for their efforts from a third-party coordinating body, typically called a “backbone organization.”

A comprehensive approach for cross-sector action, the Constellation Model maximizes impact by putting the participants in charge of what efforts would benefit from collaboration, while USBC provides the “backbone” that supports how this collaboration occurs. While USBC will hold the space for the convening of conversations related to “all things breastfeeding,” we should not and cannot be the leader and principal actor in every space. Rather, USBC will lead Constellations only where there is a particular niche and/or identified need for a neutral convener and where we have funded capacity to steward collaborative work. On the next page you’ll read about areas where USBC has been incubating Constellations. There are many other topic areas that have held prospective planning discussions at USBC Membership Meetings in 2014; these will form and formalize into Constellations as organizational leaders emerge.

Every Constellation that negotiates its “Terms of Reference” to USBC will be able to draw upon a set of infrastructure services, or “Backbone Supports,” designed to ensure that every leader, or “Constellation Steward,” has access to the tools and resources needed to be effective. These will include online workspaces and communication tools, advocacy and fundraising campaign software, time and space to come together at USBC meetings, web meeting capabilities, and training and coaching from Collective Impact experts. USBC’s new website platform will connect local and state activities to the national agenda like never before.

The coming year will be action-packed, as stakeholders come together to define which activities to prioritize first. This is an exciting structure, designed for inclusion, efficiency, and impact, facilitating meaningful engagement from the grassroots to the treetops. The model’s flexibility will also ensure that the breastfeeding field can respond to the evolving needs of today’s families in real time. In the words of former Surgeon General Regina Benjamin, “Everyone can help make breastfeeding easier.” We are confident that this new model will help ensure that everyone really can have an impact, moving the needle to ensure every mom is supported to reach her personal breastfeeding goals. We look forward to a fantastic and fruitful 2015!

With best regards,

Megan Renner
Executive Director
Constellations in Progress

Lactation Support Providers: It has long been recognized that in order to most effectively increase access to lactation support for all mothers, collaboration among all lactation support providers is essential. As the national coalition, USBC is uniquely positioned to serve as a neutral convener for this important dialogue. With multi-year funding support from a cooperative agreement with the CDC Division of Nutrition, Physical Activity, and Obesity (DNPAO), in June 2014 USBC hosted an initial facilitated meeting of representatives from organizations involved in direct training or accreditation of lactation support providers. Extensive pre-interviews were held to begin to understand participant aspirations, concerns, and history. Participants arrived prepared to co-create a safe space in which to work toward a shared vision of equal access to support for all mothers and babies. Carefully working through historic misperceptions, inequities, and barriers, these stakeholders took their first steps toward building a foundation of trust, including signing a Declaration of Intent to work collaboratively. Three activities were selected as initial priorities: 1) expanding training and mentoring opportunities, particularly to increase the number of racial/ethnic minority care providers; 2) incorporating breastfeeding support into existing public health programs; and 3) advocating for an expanded network of providers allowed to provide lactation care under Medicaid. USBC will serve as the facilitator/convener of this Constellation, coordinating and supporting these three sub-groups.

Workplace Support: Also supported by USBC’s cooperative agreement with CDC/DNPAO, this newly-forming Constellation will maximize the collective capacity and expertise of partners to promote and facilitate worksite compliance with lactation accommodation laws. The cooperative agreement puts an emphasis on innovative partnerships, which is a natural fit with USBC’s Collective Impact approach and new Constellation Model. USBC will first conduct an inventory and analysis of all existing workplace laws, including explanation of the intersection of state and federal laws. With an emphasis on promoting existing implementation resources, USBC will convene and lead collaborative efforts to promote the federal and state laws through online networks and traditional and social media. A webinar series will be launched to guide community advocates in how to best support employers and breastfeeding employees. The 2014 USBC Membership Meetings have provided an invaluable forum for early conversations on needs and opportunities in this area, including identification of new stakeholders and innovative partners to invite to maximize impact.

Continuity of Care: Under a partnership with the NICHQ (National Institute for Children’s Health Quality) Best Fed Beginnings project, in September 2013 USBC convened an Advisory Committee on Community Support for Breastfeeding. This group has met virtually, composed of national organizations with an identified ability to advance connections between hospitals and communities to promote breastfeeding. Meanwhile, building on support from the W.K. Kellogg Foundation to explore and pilot a Collective Impact approach, USBC hosted a Stakeholders Meeting on “Advancing Continuity of Breastfeeding Care for All” in August 2013.

As the Best Fed Beginnings initiative winds down, conversations are underway about transitioning the Advisory Committee into a more informal networking community, focused on aligning the many initiatives active across the country on continuity of breastfeeding care. Partners from the Advisory Committee and the Stakeholders Meeting will be invited to join new collaborative efforts forming under the Constellation Model, in alignment with each organization’s interests and engagement levels.

Concurrently, under a new cooperative agreement with the CDC Office for State, Tribal, Local and Territorial Support (OSTLTS), USBC has been funded to bring a long-awaited resource to fruition: a national, integrated, web-based breastfeeding support resource directory. This tool will serve as a central hub for mothers to find local resources, and for hospitals/providers to find referrals for patients. This initiative will link closely with other collaborative efforts around maternity care practices, as well as with the work of the Lactation Support Providers Constellation.
The Fifth National Breastfeeding Coalitions Conference—Transforming Barriers into Bridges: Cultivate Your Community Leadership—was held in August 2014 in Arlington, Virginia. USBC was pleased to convene this unique conference once again, with a continued focus on implementation of The Surgeon General’s Call to Action to Support Breastfeeding through enhancement of coalitions’ capacity to impact policy, systems, and environmental change. A new objective was added this year to the conference series, focused on developing capacity and commitment to achieving racial equity in breastfeeding support.

Although the conference historically has focused on state-level coalitions, its name was changed this year to reflect that its purpose and content are truly relevant to all types of breastfeeding coalitions. This includes community-level coalitions and “cultural coalitions,” as well as the organizations that are members of USBC as the national breastfeeding coalition. More than 340 attendees came together for the event featuring:

• 3 full day pre-conference workshops
• 4 plenary sessions, including an inspiring address from Acting Surgeon General Rear Admiral Boris Lushniak
• 24 breakout sessions on six concurrent tracks
• 15 breakfast table topics and 24 poster presentations
• Optional side events: 4 special interest meetings, Friends of USBC Reception, and Advocacy Day of Action

Coalition Capacity Building

Breastfeeding coalitions hold the promise of being hubs of innovation, exploring emerging needs and devising promising strategies to transform the landscape of breastfeeding support through coordinated action. Informed by a comprehensive needs assessment of all state breastfeeding coalitions, USBC has identified and mapped measures of coalition development along four stages of a growth continuum. The result, a “Matrix of Effective Coalitions” tool, provides both a dashboard “snapshot” and an ongoing self-assessment and planning tool. State coalitions will be organized into learning cohorts based on developmental stages, aligned with customized technical assistance plans and enhanced training offerings. Planning is also underway for regional Learning Collaboratives to support continued coalition capacity building. These are expected to launch in late 2015, with a special emphasis on integration of breastfeeding information and support activities into other areas of the public health agenda.

The USBC coalitions conference was an amazing experience, and the highlight of my career! The conference has guided and re-fueled my methods and strategies for reaching out to the community. I will continue to carry the torch, turning barriers into bridges to reduce disparities in breastfeeding and lead the way for future breastfeeding advocates. The simple term “thank you” cannot express my gratitude.

— Felisha Floyd, Drs. Ruth Lawrence & Audrey Naylor Scholarship Recipient
2013 Financial Information

**Revenue**

- Member Application Fees: 1%
- Friends of USBC Donations: 9%
- Meeting Support: 2%
- Coalitions Support Contract: 7%
- Workplace Law Outreach Contract: 4%
- Collaboration Grant: 41%
- Best Fed Beginnings Contract: 36%
- Innovative Partnerships Grant: <1%

**Expenses**

- Administrative: 7%
- Meetings: 5%
- Coalitions Support: 7%
- Government Relations: 3%
- Workplace Law Outreach: 4%
- Collaboration: 39%
- Best Fed Beginnings: 35%
- Innovative Partnerships: <1%
Looking Back...

In 1991, the same year I came to the CDC, the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding was signed, calling upon all countries to establish “a multi-sectoral national breastfeeding committee composed of representatives from relevant government departments, non-governmental organizations, and health professional associations.” The United States formed such a committee in 1998 and in 2000 incorporated as the United States Breastfeeding Committee.

Since then, the U.S. has made significant progress on breastfeeding support and the world is taking notice. Our rates of breastfeeding have been rising steadily over the past two decades, our hospitals are making systemic changes, national legislation protects a mother’s ability to express breast milk at work, the President has spoken publicly about the need for paid family leave, breastfeeding counseling is now mandated as a covered benefit in health insurance plans, and breastfeeding coalitions have been developed in every state, as well as many tribes, territories, and communities across the country.

The level of engagement and collaboration among USBC members has never been stronger. More and more organizations, particularly community-based organizations focused on addressing equity and diversity, have begun to work with USBC on joint initiatives. The new Strategic Framework launched by USBC sets a clear path forward and incorporates a much broader portfolio than ever before possible.

I am leaving CDC in December to take a new position at the World Health Organization working on Infant and Young Child Feeding, and there are key lessons learned in the U.S. that I hope to carry forward onto the global stage. I see USBC as a model of networking and collaboration to be emulated in other countries and at the global level. I thank you all for the lessons you have taught me over the last 23 years.

— Laurence Grummer-Strawn, Chief, Nutrition Branch, Centers for Disease Control & Prevention
2009-2013 Strategic Plan Activities & Accomplishments

Goal A Activities: Ensure that quality breastfeeding services are an essential component of health care for all families.

• Partnered with NICHQ (the National Institute for Children’s Health Quality) to support the Best Fed Beginnings initiative to improve maternity care and increase the number of Baby-Friendly hospitals:
  ○ Provided support to 29 state coalitions to develop systems to advance continuity of lactation care to support implementation of Step 3 (prenatal education) and Step 10 (post-discharge care) of the Ten Steps to Successful Breastfeeding;
  ○ Provided a subset of state coalitions with additional capacity building funding;
  ○ Convened the Advisory Committee on Community Support for Breastfeeding, comprised of national organizations that can advance linkages between hospitals and communities;
  ○ Convened an expert panel that developed the Electronic Health Records (EHR) Implementation Guide for Documentation of Exclusive Breast Milk Feeding;
  ○ Submitted comments to the Office of the National Coordinator for Health Information Technology regarding the Stage 3 Definition of “meaningful use” of EHR.

• Received a W. K. Kellogg Foundation (WKKF) grant to build and sustain national and state coalitions to generate collective action to implement policy, systems, and environmental changes needed to increase breastfeeding rates and eliminate disparities. The initiative applied the Collective Impact approach on the national level with a specific focus on increasing access to and continuity of skilled support for breastfeeding between hospitals and community health settings. Under the grant work, USBC:
  ○ Conducted an environmental scan to assess the “landscape of breastfeeding support”;
  ○ Convened nearly 60 stakeholders at the national, state, and community levels for a facilitated dialogue on “Advancing Continuity of Breastfeeding Care for All”;
  ○ Conducted an intensive planning process, resulting in the new Strategic Framework and Constellation Model that applies a Collective Impact approach to all USBC efforts;
  ○ Engaged with consultants to support work on governance practices and equity initiatives.

• Received a three-year cooperative agreement award through the CDC opportunity, “National Innovative Partnership for Addressing Obesity through Environmental Supports for Nutrition and Physical Activity”; project work includes collaboration with key stakeholder organizations to increase access to professional and peer support for breastfeeding.

• Partnered with The Joint Commission on development of the Speak Up™ campaign, What You Need to Know About Breastfeeding.

• Continued liaison with the National Database of Nursing Quality Indicators (NDNQI) expert panel on perinatal core measures; joined the National Quality Forum (NQF) and the Coalition for Quality Maternity Care (CQMC).

• Published:
  ○ A toolkit on Implementing The Joint Commission Core Measure on Exclusive Breast Milk Feeding, including revisions to reflect the new mandatory Perinatal Care core measure set;
  ○ Core Competencies in Breastfeeding Care & Services for All Health Professionals;
  ○ Model Policy: Payer Coverage of Breastfeeding Support and Counseling Services, Pumps and Supplies, with ongoing revisions as the field evolves, in partnership with the National Breastfeeding Center.

• Met with the HHS Office of Health Reform, Centers for Medicare and Medicaid Services (CMS), and Office of Personnel Management (OPM) regarding payer coverage of breastfeeding support.

• Hosted a meeting of national partners to enhance coordination of multiple efforts for state- and community-level implementation of the Ten Steps.
Goal B Activities: Reduce marketing that undermines optimal breastfeeding.

- Partnered with Public Citizen on a campaign to “Keep Infant Formula Marketing Out of Healthcare Facilities,” including a letter sent to 2,600 hospital executives, a petition to three major formula companies, and coordination of outreach with state breastfeeding coalitions.
- Conducted a survey and focus group of national organization leaders to discuss how the breastfeeding community interacts with the infant feeding industry, to inform drafting of a guidance document.
- Published:
  - Statement on Marketing of Human Milk Substitutes;
  - Recommended Guidance for Governors, Mayors, and Other Public Officials Considering Partnerships with Private Sector.
- Engaged with state/community initiatives, including:
  - Michigan: Sent a letter to the Governor regarding the Pure Michigan FIT partnership with Nestle/Gerber; met with the Governor’s Office;
  - Newark, NJ: Sent a letter to the Mayor and Newark Now regarding their Nestle partnership.
- Continued participation on the National Alliance for Nutrition and Activity (NANA), including its Food Marketing Workgroup.
- Sent a letter to the Food & Drug Administration (FDA) with recommendations regarding the safety and efficacy of infant formula.

The United States Breastfeeding Committee has been a critical partner in Public Citizen’s campaign to end infant formula marketing in healthcare facilities. USBC has enabled us to support state and local breastfeeding coalition initiatives through joint press outreach, published research, and campaign materials.

— Margrete Strand Rangnes, Executive Vice President, Public Citizen

Goal C Activities: Ensure that women and their families in the workforce are supported in optimal breastfeeding.

- Published Statement on Lactation Accommodations in the Workplace.
- Continued to advocate for workplace accommodations for breastfeeding employees:
  - Coordinated action garnering almost 35,000 letters asking Congress to co-sponsor the Breastfeeding Promotion Act of 2009;
  - Advocated for expansion of the “Break Time for Nursing Mothers” law through the Breastfeeding Promotion Act of 2011, coordinated action garnering almost 13,000 letters to Congress;
  - Co-hosted Congressional briefings on the Breastfeeding Promotion Act in 2009 and 2011 and highlighted the bill as a priority focus for Advocacy Days in 2010 and 2012;
  - Worked with Congressional sponsors to name and develop messaging for the Supporting Working Moms Act of 2013 (SWMA), informed by feedback from families and partner organizations;
  - Coordinated SWMA sign-on letter and action alert, with almost 13,000 letters sent to Congress.
- Partnered on implementation and promotion of the federal “Break Time for Nursing Mothers” law:
  - Submitted comments to the Department of Labor Request for Information;
  - Prepared joint recommendations and a background paper for the Department of Labor;
  - Hosted “Listening Sessions” with the Department of Labor Wage and Hour Division;
  - Published an online guide for working mothers, What You Need to Know About the “Break Time for Nursing Mothers” Law;
  - Submitted recommended revisions to the Department of Labor FAQs based on inquiries received from employees, employers, and partner organizations;
As part of the new three-year cooperative agreement with CDC, project work includes promotion and facilitation of worksite compliance with federal and state lactation accommodation laws.

- Continued to partner to advocate for paid family leave:
  - Continued to participate on the Work-Family Coalition (convened by the National Partnership for Women & Families), engaging state breastfeeding coalitions in its activities;
  - Signed on to support appropriations for a State Paid Leave Fund;
  - Coordinated action on the FAMILY Act garnering more than 5,000 letters to Congress.

**Goal D Activities: Ensure that USBC is a sustainable and effective organization, funded, structured, and aligned to do its work.**

Formed the new CRASH Committee (CRASH: Culture, Respect, Assessment/Affirmation, Sensitivity/Self-Awareness, Humility) to enhance USBC governance, membership, personnel, and coalitions’ ability to build structures, systems, and a culture of inclusiveness and mutual support for all peoples.

*Maintain a strong partnership with, and provide support for, a network of state, territorial, and tribal breastfeeding coalitions.*

- Created a regional structure for state/territorial/tribal breastfeeding coalitions, to facilitate networking and collaboration and a representative communication link with USBC.
- Continued to host and maintain bi-monthly networking webinars and regional calls, the online coalitions directory, communications lists, and the “Coalitions Electronic Forum.”
- Conducted an extensive needs assessment for all state and territorial coalitions, including assessment of existing structural models, current activities, and “markers of effective coalitions.”
- Launched the “Power Tools for Coalitions” webinar series, focused on capacity building support for coalition leaders and members, as well as others involved in forming or leading nonprofit organizations in the breastfeeding field.
- Met with leadership of the Health Resources and Services Administration, Maternal & Child Health Bureau (HRSA/MCHB) to discuss opportunities to better integrate breastfeeding support into Title V MCH Block Grant programs, and to promote alignment between state MCH programs/directors and state breastfeeding coalitions.
- Partnered with eight coalitions to conduct the “Landscape of Breastfeeding Support” photo project to secure photos of breastfeeding support in action.

I appreciate the steps USBC is making towards equity, inclusion, and diversity. Engaging us in conversations about the connections between privilege, race, class, and breastfeeding is not easy, nor simple; yet it is one of the necessary steps that must be taken if we are ever to begin to bridge the gap in breastfeeding disparities.

— Cindy Chavez, State Coordinator, New Mexico Breastfeeding Task Force

Serve as an expert voice and a clearinghouse of breastfeeding information.

- Continued to enhance social media presence on Facebook and Twitter.
- Relaunched Staying Abreast e-newsletter in the Weekly Wednesday Wire news brief format.
- Partnered with Reaching Our Sisters Everywhere (ROSE) and MomsRising to host the “Blk BFing: Making HERstory” social media campaign and blog carnival.
• Hosted webinar launch of the new CDC document: *Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies*.

• Continued to represent breastfeeding issues to the National Coalition on Children and Disasters.

• Met with the HHS Office of the Assistant Secretary for Preparedness and Response (ASPR) and national staff from the American Red Cross.

• Met with staff from the Let’s Move campaign at the White House to discuss potential action in the health care and workplace areas.

• Published:
  - Revised *Statement on Breastfeeding as a Critical Strategy for Obesity Prevention*.

Coordinate advocacy to ensure that federal legislation and policy protects, promotes, and supports breastfeeding.

• Engaged the first national lobbyist for breastfeeding to develop a Strategic Advocacy Plan, with the following priorities identified for the 113th Congress:
  - Work to extend the protections in the “Break Time for Nursing Mothers” law to include exempt employees (executive, administrative, and professional);
  - Work to obtain continued funding for CDC breastfeeding activities at or above the FY12 level;
  - Work to find ways to decrease misleading labeling and advertising claims about infant formula and to bring pressure on infant formula manufacturers to comply with the *International Code of Marketing of Breast-milk Substitutes*.

• Successfully advocated for reversal of the IRS ruling on breast pumps.

• Coordinated a joint letter about Healthy People 2020 Topic Areas and breastfeeding advocates’ testimony at the HP2020 public meetings.

• Partnered with MomsRising to host an action campaign to welcome the 113th Congress, delivering “Welcome” packages to all Congressional offices, including personalized letters from 32 state breastfeeding coalitions.

• Declared August to be National Breastfeeding Month (NBM) in 2011 and hosted annual NBM social media/advocacy campaigns in 2012-2014.

• Met with representatives of the CDC Washington Office and the Office of the Surgeon General to discuss opportunities for implementation of *The Surgeon General’s Call to Action to Support Breastfeeding*.

• Continued to advocate for breastfeeding on multiple fronts, including continuation of CDC’s Maternity Practices in Infant Nutrition and Care (mPINC) survey, WIC Breastfeeding Peer Counselor funding, and the Prevention and Public Health Fund.

![USBC Advocacy Day, August 2010](image)
Board of Directors

Beverly Curtis, Chair
Kathleen Marinelli, Past Chair
Joan Youner Meek, Chair Elect
Jeannette Crenshaw, Treasurer
Elizabeth Brooks, Secretary
Brenda Bandy, Elected Director
Melissa Bartick, Elected Director
Kimarie Bugg, Elected Director
Pauline Sakamoto, Elected Director

Staff

Megan Renner, Executive Director
Amelia Psmythe, Deputy Director
Kinkini Banerjee, Senior Manager of Coalitions Relations
Cheryl Lebedevitch, Workplace Project Manager
Emily Lindsey, Continuity of Care Project Manager
Camille Abbe, Meetings Manager
Denae Heartfield, Coalitions Relations Coordinator
Lynette Anwulika Anigbo, PR & Communications Coordinator
Sarah Walz, Program & Administrative Assistant

United States Breastfeeding Committee
2025 M Street, NW, Suite 800
Washington, DC 20036

T: 202/367-1132 | F: 202/367-2132
usbreastfeeding.org