



American College of Nurse-Midwives

Board of Directors Meeting

September 13-15, 2013 – National Office Silver Spring, MD

Open Session



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AMERICAN COLLEGE OF NURSE-MIDWIVES
BOARD OF DIRECTORS MEETING AGENDA ITEM

Open Session
Item 1

Item is for: Open Session Closed Session
 Action Discussion Information Only

Meeting date: September 2013

Title of Item: Approval of June 2013 Board Meeting Minutes

Submitted by: Kate Harrod, Secretary

Coordinated/ Discussed with:

BOD Liaison: Ginger Breedlove

Staff Liaison: Lorrie Kaplan

Others: Carol Ross

Strategic Goal # or subject area (check best fit, and if "Other," briefly describe in space provided):

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | SG1: Strategic Communications/Increasing demand for midwifery services |
| <input type="checkbox"/> | SG2: Equity and Autonomy/Eliminating Barriers to Practice |
| <input type="checkbox"/> | SG3: 1,000 Newly certified CNMs/CMs per year by 2015/Increase supply of midwives |
| <input type="checkbox"/> | SG4: Provision of Quality Care |
| <input checked="" type="checkbox"/> | SG5: Effective operations and volunteer structure |
| <input type="checkbox"/> | SG6: Reduce infant mortality and increase maternal health globally by 2015 |
| <input type="checkbox"/> | Other: |

Statement of the Issue

Review minutes from June 2013 Board of Directors meeting in Nashville

Recommendations

Approve

Please list attachments to consider for agenda item

Updated Key Contact List of Volunteer Leadership

Region Realignment distribution map and effect on 2014 elections cycle

**AMERICAN COLLEGE OF NURSE-MIDWIVES
BOARD OF DIRECTORS MEETING
May 28-June 3, 2013
OPEN SESSION BOARD MINUTES**

Presiding: Holly Powell Kennedy, CNM, Outgoing President

Present: Ginger Breedlove, CNM, President-Elect, Incoming President
Cathy Collins-Fulea, CNM, Vice-President
Kate Harrod, CNM, Secretary
Tanya Tanner, CNM, Treasurer (Outgoing)
Linda Nanni, CNM, Region I Representative
Kate McHugh, CNM, Region II Representative (Outgoing)
Michael McCann, CNM, Region III Representative
Mairi Breen Rothman, CNM, Region IV Representative
Lynne Himmelreich, CNM, Region V Representative
Michelle Grandy, CNM, Region VI Representative
Emily Hanavan, SNM, Student Representative (Outgoing)

Joani Slager, CNM, Treasurer (Incoming)
Anne Gibeau, CNM Region II Representative (Incoming)
Lillian Funke, SNM, Student Representative (Incoming)

Staff: Lorrie Kline Kaplan, Chief Executive Officer
Suzanne Stalls, CNM, Vice President of Global Outreach
Tina Johnson, CNM, Director of Professional Practice & Health Policy
Meredith Graham, Vice President of Finance
George Hamilton, Director of Membership
Clare Lynam, Director of Communications
Cara Kinzelman, Manager, State Government Affairs, Advocacy and Government Affairs
Elaine Germano, CNM, Senior Education Policy Advisor
Kathleen Przybylski, Manager, Administration and Meetings

Guests: Kim Q. Dau, CNM, Chair, Diversification and Inclusion Task Force

Meeting called into order by Holly Powell Kennedy, President, on May 29, 2013 at 12:30 PM, CST; adjourned for break at 3:21, recalled into order on June 2, 2013 at 6:30 PM, adjourned for the day at 8:00 PM CST. Reconvened June 3 at 8:00 AM, CST adjourned sine die at 10:00 AM, CST.
.....

ITEM #1: Review and Approval of March 2013 Open Session Minutes
(Source: K. Harrod)

ACTION: Minutes Approved

ITEM #1a: Review and Approval of Consent Agenda Items
(Source: H. Powell Kennedy)

ACTION: Approved with the exception of the following pulled items: 14, 16, 20, 26, 35, 38, 45, 46, and 58

Consent Agenda Items

ITEM #2: President's Quarterly Report
(Source: H. Powell Kennedy)
Information Only

ITEM #3: Presidential Correspondence
(Source: H. Powell Kennedy)
Information Only

ITEM#4: President-Elect Quarterly Report
(Source: G. Breedlove)
Information Only

ITEM #5: Vice President Quarterly Report
(Source: C. Collins-Fulea)
Information Only

ITEM #6: Secretary Quarterly Report
(Source: K. Harrod)
Information Only

ITEM #7: Treasurer Quarterly Report
(Source: T. Tanner)
Information Only

ITEM #8: Region I Quarterly Report
(Source: L. Nanni)
Information Only

ITEM #9: Region II Quarterly Report
(Source: K. McHugh)

There is no Region II Quarterly Report.

ITEM #10: Region III Representative Quarterly Report
(Source: M. McCann)
Information Only

ITEM #11: Region IV Representative Quarterly Report
(Source: M. Breen Rothman)
Information Only

ITEM #12: Region V Representative Quarterly Report
(Source: L. Himmelreich)
Information Only

ITEM #13: Region VI Representative Quarterly Report
(Source: M. Grandy)
Information Only

ITEM #14: Division of Education Quarterly Report
(Source: M. Willmarth)
Information Only

ITEM #15: Division of Global Health Quarterly Report
(Source: J. Lori)
Information Only

ITEM #16: Division of Standards and Practice Quarterly Report
(Source: J. Slager)
Information Only

ACTION: Removed the charge to the Ultrasound Task Force; request the Basic Competency Section of the Division of Education “consider adding performance of ultrasound as a core competency”

ITEM #17: Division of Research Quarterly Report
(Source: A. Levi)
Information Only

ITEM #18: Archives Committee Quarterly Report
(Source: C. Jevitt)
Information Only

ITEM #19: Bylaws Committee Quarterly Report
(Source: C. Swentek)

Information Only

ITEM #20: Committee for the Advancement of Midwifery Practice (CAMP) Quarterly Report
(Source: S. King)
Information Only

ACTION: Board liaison to work with the CAMP to clarify their actions on the existing charge, “Develop an action plan (5-6 strategic items) and timeline to meet the goal of the committee providing expertise and strategies to states that are establishing boards of midwifery or other regulatory boards that recognize and support midwifery as an independent profession.”

ITEM #21: Government Affairs Committee Quarterly Report
(Source: K. Carr)
Information Only

ITEM #22: Nominating Committee Quarterly Report
(Source: A. Levi)
There is no Nominating Committee Report.

ITEM #23: Midwives PAC Quarterly Report
(Source: H. Bradford)
Information Only

ITEM #24: National Program Committee Quarterly Report
(Source: L. Sullivan)
Information Only

ITEM #25: Ethics Committee Quarterly Report
(Source: M. K. Collins)
Information Only

ITEM #26: Midwives of Color Quarterly Report
(Source: M. Valentin-Welch)
Information Only

ITEM #27: Disaster Preparedness Caucus Quarterly Report
(Source: K. Hays)
Information Only

ITEM #27a: Data Collection Task Force Quarterly Report
(Source: L. Cragin)
Information Only

ITEM #27b: Diversification and Inclusion Task Force Quarterly Report

(Source: K. Dau)
Information only

ITEM #28: Chief Executive Officer Quarterly Report
(Source: L. Kaplan)
Information Only

ITEM #29: Chief Executive Officer Correspondence
(Source: L. Kaplan)
Information Only

ITEM #30: Administration and Meetings Quarterly Report
(Source: K. Przybylski)
Information Only

ITEM #31: Professional Practice & Health Policy Quarterly Report
(Source: T. Johnson)
Information Only

ITEM #32: Finance Quarterly Report
(Source: M. Graham)
Information Only

ITEM #33: Information Technology Quarterly Report
(Source: F. Miranda)
Information Only

ITEM #34: Membership Quarterly Report
(Source: G. Hamilton)
Information Only

ITEM #35: Advocacy and Government Affairs Quarterly Report
(Source: C. Kinzelman)
Information only

ITEM #36: Lobbyist Report
(Source: P. Cooney)
Information Only

ITEM #37: Global Outreach Quarterly Report
(Source: S. Stalls)
Information Only

ITEM #38: Communications Quarterly Report

(Source: C. Lynam)
Information Only

ITEM #39: Senior Education Policy Advisor Quarterly Report
(Source: E. Germano)
Information Only

ITEM #40: Continuing Education Quarterly Report
(Source: M. Bush)
Information Only

ITEM #41: JMWH Quarterly Report
(Source: F. Likis)
Information Only

ITEM #42: Staff Researcher Quarterly Report
(Source: K. Schuiling)
Information Only

ITEM #43: Book of the Year Award Update
(Source: E. Beard)
Information Only

ITEM #44: Updated and Revised Position Statements, Clinical Standards and Documents
(Source: L. Low)
Information Only

ITEM #45: Response to Student Report: Suggestions for New Process, Student Issues Section
(Source: K. Dau)

ACTION: Charged the student representative and board and staff liaisons to Division of Education to review the student report and have agenda items prepared for September 2013 that address the requests in the Student Report.

ITEM #46: ACNM Representative/Liaison Meeting Report Web Page
(Source: M. Greenfield)
Information Only

ITEM #47: Search Committee for Staff Research Position Update
(Source: G. Breedlove)
Information Only

Open Session Action Items

ITEM #48: Introductions – New Board of Directors
(Source: L. Kaplan)

ITEM #49: Annual Meeting Update and Q&A
(Source: K. Przybylski)

Discussion: Report only. This year has surpassed all our previous records.

ITEM #50: Exam Prep Online Course Update
(Source: K. Przybylski)

ACTION: Charged the national office to work in collaboration with the DOE to finalize the development of the first generation exam prep product for 2013, and to initiate development of a business plan for a second generation interactive product approving up to \$20,000 for this purpose.

ITEM #51: Region Realignment
(Source: L. Himmelreich)

ACTION: Approved the proposed region realignment.

ITEM #52: Bylaws Committee Placeholder
(Source: M. McCann; C. Swentek)

Discussion only

ITEM #53: Diversification and Inclusion Task Force Update
(Source: M. McCann; K. Dau)

Discussion: Chair Kim Dau explained the process and need for a consultant to help guide the Diversification and Inclusion Task Force. They are currently using a new format called BaseCamp in early development.

ACTION: Endorsed the Definitions, Goals and Objectives developed by the Diversification and Inclusion Taskforce.

ITEM #54: Normal Physiologic Birth Task Force Update: Toolkit and Consumer Statement
(Source: L. Kaplan)
Information only

ITEM #55: Consumer Representation to ACNM BOD
(Source: G. Breedlove)

ACTION: Charged the national office to solicit member feedback regarding formal consumer input to the ACNM BOD by the September 2013 BOD meeting.

ITEM #56: ACNM Board Liaison Assignments
(Source: L. Kaplan)

ACTION: See updated assignments on attached Key Contact List.

ITEM #57: Motions from the Membership
(Source L. Kaplan)

Motion 1: Affiliates assign a representative to the OnGoing Group of the ACNMF for the purpose of supporting activities to identify senior midwives and work with the appropriate OGG Regional Coordinator.

Background: The Twentieth Century midwives are the foundation of our profession in the United States. The ACNMF OnGoing Group has been interviewing senior midwives and collecting their stories. It is important to archive their journey in challenging barriers, accomplishing legislative support and establishing midwifery as a profession. Our heritage needs to be preserved so that it is available to historians, educators and researchers.

ACTION: To encourage affiliates through ACNM communications to consider appointing a representative to the OnGoing Group by September 2013.

Motion 2: ACNM develop a position statement to guide midwifery practice in regard to counseling mothers on relative risks of maternal cannabis use while breast feeding in contrast to risks associated with the use of artificial formula.

ACTION: Motion failed on the floor

Motion 3: As a continuation of this year's theme, Midwives in Harmony for Women's Health, the BOD create a planned and professionally-run initiative, both electronic in preparation for the Annual Meeting and face-to-face at the Annual Meeting, in which members can share, discuss, dialogue and debate their concerns, questions, fears and hopes related to midwifery's relationship with nursing and the other arm of midwifery in all critical areas, i.e., practice, education, law and politics. This initiative would bring the US MERA process to the grassroots of ACNM with the goal of enhancing understanding, clarifying misperceptions and identifying common beliefs.

ACTION: Motion passed. This subject will be placed on the town hall list serve.

Motion 4: The ACNM Board submits a position statement to the President of the United States and the Department of Defense (DoD) to provide a continued commitment to the health care of

women. This statement would contain language that includes the continued presence of midwifery in women's health care.

Background:

- Active duty women comprise 14.5% of the armed services, and approximately 20-25% of the women seeking health care in the military, with the remainder being family members.
- Currently approximately 25 military facilities worldwide that provide midwifery obstetrical/gynecological care by both active and civilian midwives at a ratio of 1:5
Active personnel currently
 - 43 Army CNM
 - 32 Navy CNM
 - 19 Air Force CNM

The remainder care is provided by civilian midwives and comprises 80% of the provider midwifery service.

Afghan war spending exceeded budgeted funds for fiscal year 2013(FY13). Sequestration calls for reductions:

- Fiscal year (FY)13 : \$46 billion (9% of total DoD budget) excluding military personnel
- FY 13 through FY 21 budgets reduced by \$50-55 billion *per year*

To accommodate these cuts, civilian personnel were furloughed 20% of their work hours with the workload to be absorbed by the active duty personnel.

ACTION: Charged the National Office Staff to prepare a letter responding to the motion by September 2013.

Motion 5: CNMs and CMs who are full-time students (e.g., PhD, DNP, MPH, MSN, etc.) be offered a student discount to attend the ACNM Annual Meeting, but retain the right to vote in ACNM business meetings.

ACTION: Motion passed on the floor. No action taken at this time.

ITEM #58: Preservation of BOD Meeting Minutes
(Source: C. Jevitt)

ACTION: Tabled until September 2013.

ITEM #59: US Breastfeeding Committee Core Competencies
(Source: T. Johnson)
Information Only

ITEM #60: Credential & Privileging Meeting with American College of Obstetricians and Gynecologists (ACOG)
(Source: T. Johnson)
Information Only

ITEM #58: Update from International Confederation of Midwives (ICM) 2013 Annual Council Meeting

(Source: L. Kaplan)
Information only

Item #59: Board meeting dates for 2013-2014

September 13-15, 2013

December 6-8, 2013

March 7-9, 2014

Annual meeting BOD meeting – TBD – discuss schedule w/Kathy Przybylski

Meeting dates will be updated at <http://www.midwife.org/board-meetings> accordingly.

ACTION: Meeting dates Approved

Item #60: Regional Realignment

ACTION: Region Realignment approved, to be fully implemented in 2014 elections cycle. See attached Region Realignment for further explanation of the effect on the Board of Directors election.

Members would begin voting in their new region during the 2014 election.

Regions would be official as of the 2014 elected Board members are officially appointed to the Board of Directors.

Submitted by
Kate Harrod, CNM
ACNM Secretary

ACNM KEY CONTACT LIST
(Updated July 22, 2013)

<u>BOARD</u>		<u>TERM</u> <u>EXPIRES</u>		<u>STAFF POC</u>
ACNM Board of Directors				Kaplan
a. President	G. Breedlove	2016		
b. Vice President	C. Collins-Fulea	2014		
c. Secretary	K. Harrod	2014		
d. Treasurer	J. Slager	2016		
e. Region I	L. Nanni	2014		
f. Region II	A. Gibeau	2016		
g. Region III	M. McCann	2016		
h. Region IV	M. Breen-Rothman	2015		
i. Region V	Lynne Himmelreich	2015		
j. Region VI	M. Grandy	2014		
k. Student Representative	L. Funke	2014		
<u>DIVISIONS</u>	<u>CHAIR</u>	<u>TERM</u> <u>EXPIRES</u>	<u>BOARD</u> <u>LIAISON</u>	<u>STAFF POC</u>
Accreditation Commission for Midwifery Education (ACME)	S. Stone	2014(1st)	J. Slager	Burke
Division of Education	M. Willmarth	2015	K. Harrod	Germano
Vice Chair	L. Rooney	2015		
a. Basic Competency Section	J. Brumley	2016		
b. Preceptor Development and Support Section	A. Hoeger	2016		
c. Continuing Education Approval Section	K. Fouquier	2016		Bush
d. Online Educational Resource Development Section	N. Rouhana	2016		Bush
e. Policy Section	L. Rooney	2014		
f. Student Issues Section	H. Clarke	2014	L. Funke	
	K. Dau	2014		
Division of Global Health	J. Lori	2016 (2nd)	M. Rothman	Stalls
a. Research Section	C. Carr	2016 (1st)		
b. Communications Section	D. Spalding	2014 (1st)		
c. Education Section	(no chair at this time)	2013 (1st)		
d. Networking Section	K. Nardini	2013 (1st)		
Division of Research	Lisa Hanson	2015	A. Gibeau	Schuiling
a. Research Advisory Section	(Inactive Section)			
b. Research Dissemination Section	C. Klima	2014		
c. Networking Section	R. Jordan	2014		
d. Data and Information Management	M. Barger	2015		
Division of Standards & Practice	L. Kane Low	2015	L. Nanni	Johnson
a. Clinical Practice	K. Nguyen	2015		
b. Clinical Standards and Practice Documents	T. Tanner	2016		
c. Home Birth Section	A. Christianson	2015		
d. Quality Improvement Sec.	D. Jolles	2013		
e. Professional Liability Section	M. Guidera	2015		
f. Business Section	D. Hennings	2015		
g. Health Information Technology Section	K. King	2014		

<u>COMMITTEES</u>	<u>CHAIR</u>	<u>TERM EXPIRES</u>	<u>BOARD LIAISON</u>	<u>STAFF POC</u>
Executive Committee	G. Breedlove	2016		Kaplan
	C. Collins-Fulea	2015		
	K. Harrod	2014		
	J. Slager	2016		
	M. Grandy	2014		
Archives Committee	C. Jevitt	2016 (2nd)	M. Grandy	Kinzelman
Awards Committee	C. Collins-Fulea			Bush
	L. Nanni			
	M. Grandy			
Bylaws Committee	C. Swentek	2016 (1st)	L. Himmelreich	Przybylski
Committee for the Advancement of Midwifery Practice (CAMP)	(no chair at this time)		A. Gibeau	Germano
Ethics Committee	M.K. Collins	2016 (2nd)	M. McCann	Beard
Financial Advisory Committee (FAC)	J. Slager	2015		Graham
	L. Himmelreich	2014		
	M. McCann	2015		
	T. Tanner	2015		
	A. Gibeau	2015		
	J. Gallagher	2015		
	G. Breedlove	President, full length of term		
		President Elect, when elected		
Government Affairs Committee	L. Jenson	2016 (1st)	L. Himmelreich	Cooney/Kinzelman
Midwives of Color Committee	H. Clarke	2016 (1st)	M. McCann	Beard
Midwives Political Action Committee (PAC)	H. Bradford	2014	M. Rothman K. Harrod	Graham
Nominating Committee	K. Brown (Chair)	2014		Przybylski
	J. Lange-Kessler	2015		
	A. Nixon	2015		
	P. Reis	2014		
	A. Romano	2016		
	M. Valentin-Welch	2016		
Program Committee	T. Sullivan	2015 (1st)	Collins-Fulea L. Funke	Przybylski
Personnel Committee	C. Collins-Fulea	2014		Kaplan
	M. Grandy	2014		

<u>TASK FORCES</u>	<u>CHAIR</u>	<u>TERM EXPIRES</u>	<u>BOARD LIAISON</u>	<u>STAFF POC</u>
Data Collection Task Force	L. Cragin		C. Collins-Fulea	Miranda/Schuiling
Diversification & Inclusion Task Force	K. Dau		M. McCann L. Funke	Graham Beard Johnson
Midwifery Workforce Task Force	E. Germano		K. Harrod	N/A
Normal Birth Task Force				
a. Steering Committee	T. Tanner		G. Breedlove	Kaplan
b. Tool Kit Subcommittee	L. Low/A. Romano			Johnson
c. Quality Subcommittee	D. Jolles			Kaplan
d. Consumer Subcommittee	T. Tanner/J. Lothian			Lynam
Residency Task Force	K. Harrod		N/A	Germano
Ultrasound Task Force	C. Menihan			Johnson
<u>CAUCASES</u>	<u>CHAIR</u>	<u>TERM EXPIRES</u>	<u>BOARD LIAISON</u>	<u>STAFF POC</u>
Disaster Preparedness & Response Caucus	K. Hays R. Prepas			P. White
Friends of MOCC & Ethnic Diversity Caucus	H. Clarke			
Medical Education Caucus	A. Wilson-Liverman		M. Grandy	Germano
Midwives Teaching Nurses Caucus	K. Green			Germano
Reproductive Health & Abortion Caucus	A. Levi (acting)		M. Grandy	
<u>RELATED ORGANIZATIONS</u>	<u>CHAIR</u>	<u>TERM EXPIRES</u>	<u>BOARD LIAISON</u>	<u>STAFF POC</u>
American Midwifery Cert. Board (AMCB)	C. Krulewitch		J. Slager	Kaplan
A.C.N.M. Foundation	E. Moore	2016 (1st)	C. Collins-Fullea	Kaplan
Appointment of Representatives to Other Organizations	G. Breedlove	2016		Kaplan
Directors of Midwifery Education (DOME)	T. Nicholson	2014	K. Harrod	Germano
Fellowship of ACNM	J. Roberts	2015	G. Breedlove	Kaplan
Midwifery Business Network (MBN)	C. Kocis	2014	M. Grandy	Johnson
United States Midwifery Education, Regulation and Association (US MERA)	G. Breedlove	2016		Kaplan

ACNM STAFF

ACNM National Office

- | | |
|--|---------------|
| a. Chief Executive Officer | L. Kaplan |
| b. Manager, Administration and Meetings | K. Przybylski |
| c. Director, Prof Practice & Health Policy | T. Johnson |
| d. Senior Practice Advisor | E. Beard |
| e. Dept Coordinator, Prof Practice & Health Policy | M. Greenfield |
| f. Vice President, Finance | M. Graham |
| g. Manager, Information Technology | F. Miranda |
| h. Director, Membership | G. Hamilton |
| i. Director, Advocacy and Government Affairs | J. Bushman |
| j. Manager, State Government Affairs,
Advocacy and Government Affairs | C. Kinzelman |
| k. Federal Lobbyist | P. Cooney |
| l. Affiliate Relations Manager | C. Levine |
| m. Vice President, Global Outreach | S. Stalls |
| n. Director, Communications | C. Lynam |
| o. Senior Education Policy Advisor | E. Germano |
| p. Continuing Education | M. Bush |
| q. Editor in Chief, JMWH | F. Likis |
| r. Senior Staff Researcher | K. Schuiling |
| s. Administrative Assistant | C. Ross |

ACNM Region Realignment Implementation Processes

Approved at June 2013 Board of Directors meeting

Item 60 Attachment
Region Realignment
2014 Elections

The approved Region Realignment will take effect at the culmination of the 2014 Board of Directors election cycle – that is, when the newly elected BOD take office at the 59th Annual Meeting in May 2014. In the 2014 election cycle, members will be aware of the Region Realignment, and their votes will count towards the newly implemented Regions.

The realignment effects the Board of Directors positions by a) adding a new Board position (Region VII Representative), and b) translating some current positions into a different Region Representative. At the 2014 Annual Meeting in Denver, the following changes to the Board of Directors Representative positions and election cycles will change accordingly:

New Elections Cycle:

2014: Region IV, Region VI, Region VII, Vice President

2015: Region II, Region V, President-Elect, Secretary

2016: Region I, Region III, Treasurer

Region I –

- Current Region I Representative Linda Nanni completes her term in 2014.
- Annie Gibeau will switch from Region II Representative to Region I Representative. (Since she lives in NY and NY is being shifted from Region II to Region I). Annie will complete her current term, 2013-2016.
- The next election for Region I Representative will be in 2016.

Region II –

- Current Region IV Representative Mairi Breen Rothman will switch to Region II Representative for the period 2014-2015 (since she lives in MD and MD is switching to Region II). Mairi Rothman will complete her current term, 2012-2015, as Region II Representative.
- The next election for Region II Representative will be in 2015.

Region III –

- Michael McCann will continue to serve as Region III Representative for the term, 2013-2016.
- The next election for Region III Representative will be in 2016.

Region IV –

- Current Region IV Representative Mairi Breen Rothman will switch to Region II Representative starting in 2014.
- Region IV will need to elect a new representative in 2014.

Region V –

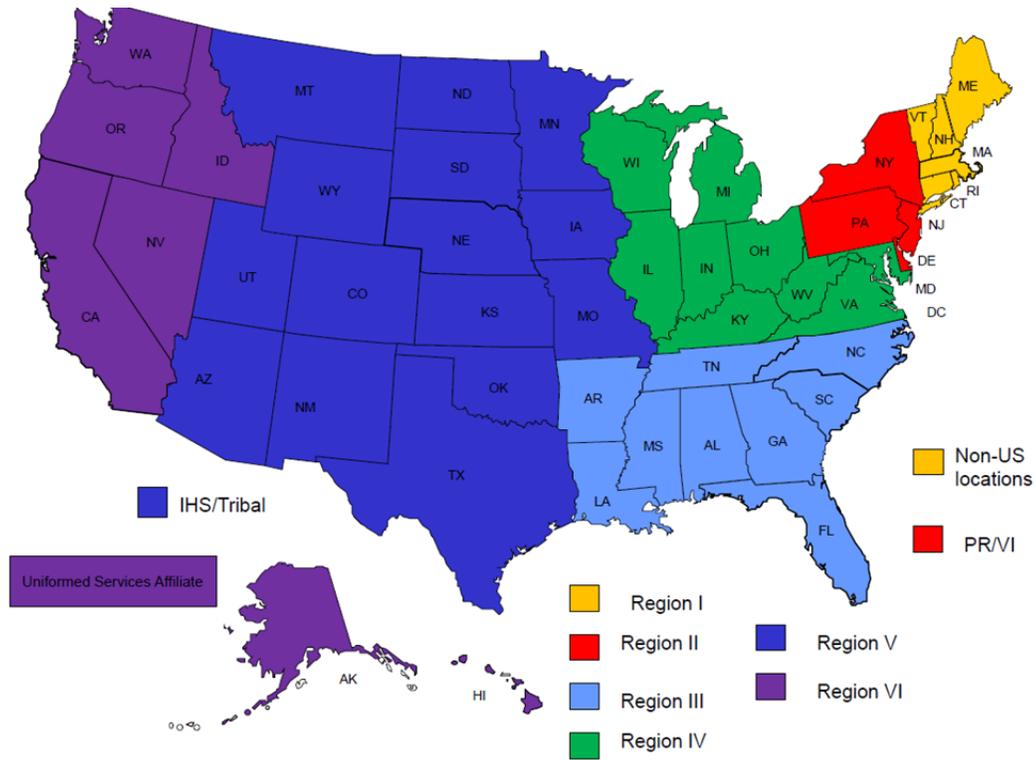
- Current Representative Lynne Himmelreich will continue to serve as Region V Representative for the term, 2012-2015.
- The next election for Region V Representative will be in 2015.

Region VI --

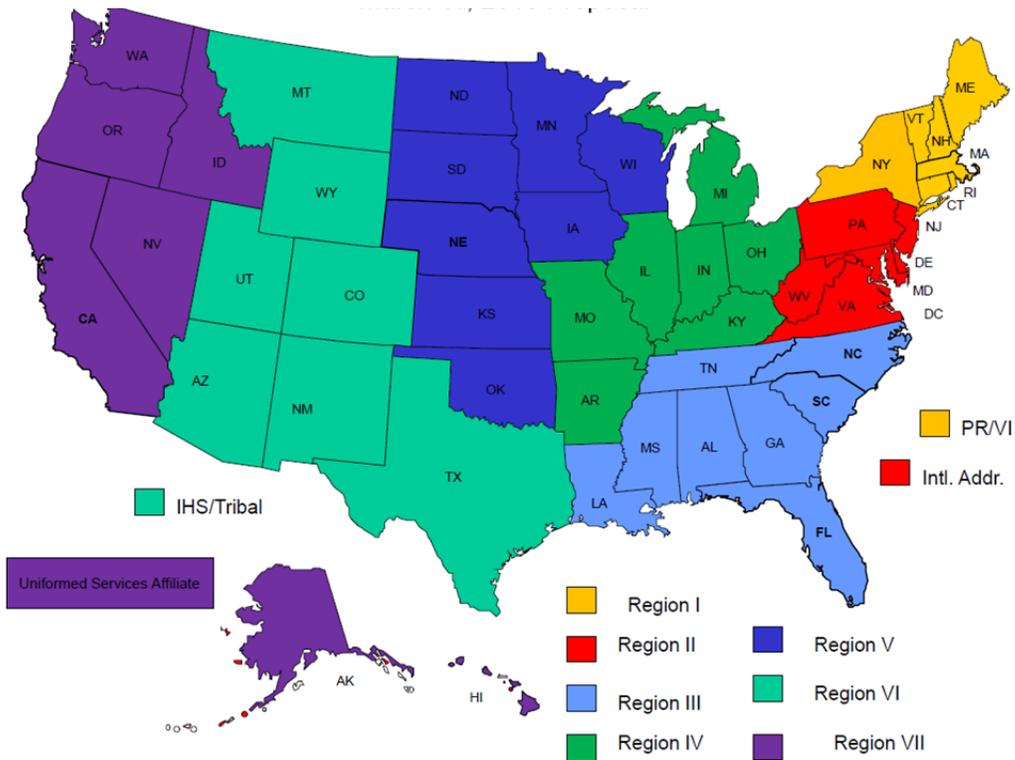
- Current Representative Michelle Grandy's term expires in 2014, so Region VI will elect a new Representative in 2014 as planned.
- If Michelle runs for re-election, she would need to run in Region VII because she lives in Washington state which will be in Region VII.

Region VII -- is the new region and it would elect a representative in 2014.

Region Alignment as of March 2013



Approved Region Realignment following June 2013 Board Meeting



AMERICAN COLLEGE OF NURSE-MIDWIVES
BOARD OF DIRECTORS MEETING AGENDA ITEM

Open Session
Item 2

Item is for: Open Session Closed Session
 Action Discussion Information Only

Meeting date: September 2013
Title of Item: Dissolve Inactive Committees
Submitted by: Cathy Collins-Fulea

Coordinated/ Discussed with:

BOD Liaison:

Staff Liaison:

Others:

Strategic Goal # or subject area (check best fit, and if "Other," briefly describe in space provided):

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | SG1: Strategic Communications/Increasing demand for midwifery services |
| <input type="checkbox"/> | SG2: Equity and Autonomy/Eliminating Barriers to Practice |
| <input type="checkbox"/> | SG3: 1,000 Newly certified CNMs/CMs per year by 2015/Increase supply of midwives |
| <input type="checkbox"/> | SG4: Provision of Quality Care |
| <input checked="" type="checkbox"/> | SG5: Effective operations and volunteer structure |
| <input type="checkbox"/> | SG6: Reduce infant mortality and increase maternal health globally by 2015 |
| <input type="checkbox"/> | Other: |

Statement of the Issue

A number of committees and taskforces have been inactive or have completed their charges and need to be dissolved.

Options for Addressing Need

Dissolve the following committees and taskforces:

1. Membership Committee
2. Breast Feeding Taskforce
3. Transition into Practice Taskforce
4. ACNM/ACOG Liaison group
5. ACNM/MANA Liaison group

Budget Implications to ACNM

None

Recommendations

Dissolve the above

Please plan to be available, by telephone if necessary, to provide clarification to this item during the BOD meeting. If you cannot be available, please indicate who will present this item:

YES, I will be present/on the phone for the meeting. Contact Information below:

Phone:

Email:

NO, I will not be present/on the phone for the meeting. Agenda item will be presented by:

Name:

Phone:

Email:

AMERICAN COLLEGE OF NURSE-MIDWIVES
BOARD OF DIRECTORS MEETING AGENDA ITEM

Item is for: Open Session Closed Session
 Action Discussion Information Only
Meeting date: September 2013 (Tabled at June 2013 BOD Meeting)
Title of Item: Recording/Preservation of Board of Directors meeting minutes
Submitted by: Cecilia Jevitt for Archives Committee
Coordinated/ Discussed with:
BOD Liaison: **Staff Liaison:**
Others:

Strategic Goal # or subject area (check best fit, and if "Other," briefly describe in space provided):

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | SG1: Strategic Communications/Increasing demand for midwifery services |
| <input type="checkbox"/> | SG2: Equity and Autonomy/Eliminating Barriers to Practice |
| <input type="checkbox"/> | SG3: 1,000 Newly certified CNMs/CMs per year by 2015/Increase supply of midwives |
| <input type="checkbox"/> | SG4: Provision of Quality Care |
| <input checked="" type="checkbox"/> | SG5: Effective operations and volunteer structure |
| <input type="checkbox"/> | SG6: Reduce infant mortality and increase maternal health globally by 2015 |
| <input type="checkbox"/> | Other: |

Statement of the Issue

Immediate Past-President, Holly Kennedy, was approached by midwifery historical researchers looking for meeting minutes from the Board of Directors. Archived meeting minutes are difficult to access at the NLM. Secondly, recent BOD meeting minutes contain very little information and no documentation of the discussion about the issues. Historians requested 1) easier access to materials, and 2) more complete documentation of Board of Director meetings and actions

Options for Addressing Need

The Archives Committee met (6 members) and recommend:

1. The Board of Directors keep meeting recordings or robust meeting minutes including all discussion points and names of members making those points.
2. The BOD should investigate recording methods for meeting minutes including a professional stenographer.
3. BOD meeting minutes can be archived with a time limit on public access if the BOD members do not want their actions revealed immediately. For example, full minutes can be made public 10, 15 or 20 years after the meeting.

Budget Implications to ACNM

Cost varies on options chosen by BOD

Recommendations

The Board of Directors keep meeting recordings or robust meeting minutes including all discussion points and names of members making those points. The BOD select a recording/documentation method and limit public access to those records for 15 years.

Please list attachments to consider for agenda item

AMERICAN COLLEGE OF NURSE-MIDWIVES
BOARD OF DIRECTORS MEETING AGENDA ITEM

Enter text here

Please plan to be available, by telephone if necessary, to provide clarification to this item during the BOD meeting. If you cannot be available, please indicate who will present this item:

YES, I will be present/on the phone for the meeting. Contact Information below:

Phone: 240-485-1800

Email:

NO, I will not be present/on the phone for the meeting. Agenda item will be presented by:

Name: Cele Jevitt

Phone: 813-783-5270

Email: cmjevitt@verizon.net

Please return completed agenda form to Administrative Assistant, Carol Ross (CRoss@acnm.org), using the following file format: **NameOfItem_Agenda Form 2013.docx**

American College of Nurse-Midwives
BOARD OF DIRECTORS MEETING AGENDA FORM

Item is for: INFORMATION ONLY BOD DISCUSSION BOD ACTION CLOSED SESSION

1. **Date: August 11, 2013**
2. **Title of agenda item: Diversification and Inclusion Task Force**
3. **Name of person(s) submitting item: Kim Dau**
4. **Coordinated/discussed with:** (Note: All Division and Committee agenda items must first be discussed with designated BOD and Staff Liaisons. [Click here to view the current list of BOD and Staff Liaisons.](#))
 - a. **BOD Liaison:** Michael McCann
 - b. **Staff Liaison:** Tina Johnson, Meredith Graham, Eileen Beard
 - c. **Others:** Lorrie Kaplan

5. Strategic goal or subject area (check best fit):

- Goal 1: Strategic Communications/Increasing demand for midwifery services
- Goal 2: Equity and Autonomy/Eliminating Barriers to Practice
- Goal 3: 1,000 newly certified CNMs/CMs per year by 2015/Increasing supply of midwives
- Goal 4: Provision of quality care
- Goal 5: Effective operations and volunteer structure
- Goal 6: Other (briefly describe) Diversification and Inclusion (a strategic priority) impacts all strategic goals of the ACNM!

6. Statement of the issue (use separate sheet if necessary)

The D/I Task Force has been charged by the BOD to “develop a diversification and inclusion strategy that includes midwifery students (certificate, masters, doctorate), midwifery faculty, and ACNM leadership, including but not limited to the ACNM Board of Directors, division chairs and staff.” Over the past quarter, the task force has been actively involved in writing and distributing an RFP for a diversity consultant to assist us in this charge. The task force has read and evaluated six proposals, using a scoring rubric to promote uniformity in assessment. The rubric allowed us to compare RFPs in these areas: congruence with mission statement/philosophy; quality of experience; capacity and qualifications; unique capabilities; quality of consultants; commitment to staff continuity; balance between interpersonal and systems change. We have reached consensus in regard to our recommendation for hire: Greater Good Consulting (GGC). GGC excelled in 4 out the 7 rubric areas. In terms of cost, GGC was neither the least expensive nor the most expensive.

7. Options for addressing need:

8. Budget implications to ACNM:

From the GGC proposal: “Greater Good Consulting bills at \$150 per consultant hour. ACNM will be billed only for actual hours spent on project-related activities. To complete the activities detailed above and meet the project objectives, Greater Good Consulting estimates that it will take 139-156 consultant hours for an estimated consulting fees of \$20,850-

American College of Nurse-Midwives
BOARD OF DIRECTORS MEETING AGENDA FORM

\$23,400. Project expenses (travel/lodging, online assessment setup, supplies) are estimated at \$2,000 and will depend largely on where retreats and meetings are held. Out-of-pocket expenses including travel and materials will be billed at actual cost and receipts will be provided.”

9. Your recommendation: Hire GGC to work with the D/I task force for the project proposed.

TIMELINE

10. Attachments to this item, if any:

- a) D/I task force RFP
- b) GGC proposal
- c) GGC sample contract
- d) Consultant rubric
- e) Consultant rubric summary

Please plan to be available by phone to provide clarification of this item during the BOD meeting. If you cannot be available, please indicate who will present this agenda item:

YES, I will be present/on the phone for the meeting.

My contact information (phone and email):

Kim.dau@gmail.com/ 415-828-9501

NO, I will not be present/on the phone for the meeting. This agenda item will be presented by:

Name _____

Contact information _____

Request for Proposal – Consultant for Diversification and Inclusion Strategy

May 20, 2013

Statement of Purpose

The American College of Nurse-Midwives (ACNM) is accepting proposals from consulting firms specializing in diversification for a 1-year project. We invite your business to submit a proposal in electronic form to us no later than close of business **June 5, 2013**.

This RFP process has been initiated in response to a renewed dedication by the ACNM Board of Directors (BOD) to improve diversification and inclusion in the midwifery profession, as well as within our association membership and leadership. An ACNM task force has been convened to begin the work of developing a strategy to recruit, retain, and support inclusion and advancement of persons of diverse backgrounds to the profession of midwifery. Applicants to this RFP would serve as expert consultants to guide strategy development with the input of the task force and under the direction of the BOD.

ACNM Background

With roots dating back to 1929, the American College of Nurse-Midwives is one of the oldest women's health care organizations in the United States. ACNM is the national professional association that represents certified nurse-midwives (CNM) and certified midwives (CM), and currently has approximately 6,700 members. ACNM provides research, administers and promotes continuing education programs, establishes clinical practice standards, and creates liaisons with state and federal agencies and members of Congress.

ACNM's vision is to advance the health and well-being of women and newborns by setting the standard for midwifery excellence. The [midwifery philosophy of care](#) affirms the power and strength of women and the importance of their health in the well-being of families, communities and nations; it includes values of equitable, ethical, accessible quality health care that respects human dignity, individuality, and diversity. The use of "midwife" or "midwifery" in these documents refers to midwives as certified by the American Midwifery Certification Board (AMCB).

The American College of Nurse-Midwives (ACNM) is a membership association exempt from income taxes under Section 501(c) (6) of the Internal Revenue Code.

In August of 2012, representatives of ACNM attended a Nursing Workforce Diversity summit held by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human

Services: “Nursing in 3D: Workforce Diversity, Health Disparities, and Social Determinants of Health.” This inspirational summit firmly drew connections between healthcare workforce diversity, health disparities and the driving factors of social inequity. In response to this summit, the ACNM Board of Directors was petitioned by members to take concrete steps toward improving diversity and inclusion within the profession of midwifery, including ACNM.

The ACNM has previously published an [Issue Brief on Health Disparities](#) (2007) and a [Position Statement on Ethnic and Cultural Diversity](#) (1999). These documents recognize the impact of health inequities in the communities that we serve and the importance of cultural humility in the delivery of quality health care. However, the connection between those issues and the diversity of our own organization has not yet been explored. [Results](#) from 2006-2008 ACNM membership surveys show that ACNM members are predominantly white and female, with an average age of 51 years. There has not been any recent published data on diversity trends within our membership or diversity of students and faculty in midwifery education programs. There has not been any recent published data on perceptions of inclusivity within our organization or midwifery education programs.

The Midwives of Color Committee is a long-standing committee within ACNM. The current purpose of the Committee is to: recruit, retain, and support advancement of persons of diverse ethnic/cultural backgrounds to the profession of midwifery; provide educational preparation to the ACNM membership which will develop respect for cultural variations; promote and support the profession of midwifery to reduce inequities and disparities in maternal child health.

ACNM established the Diversification and Inclusion (D/I) Task force in October 2012. This task force is made up of representatives from the Board of Directors, Staff, Division of Education, Division of Research, Division of Standards and Practice, Division of Global Health, Midwives of Color Committee, Nominating Committee, Program Committee, Directors of Midwifery of Education, the Midwifery Business Network and at-large members, including a midwifery student. This task force was charged by the BOD to develop a diversification and inclusion strategy that includes midwifery students (certificate, masters, doctorate), midwifery faculty, and ACNM leadership, including but not limited to the ACNM Board of Directors, division chairs and staff. The goals of the strategy will include:

1. [Diversification](#): To increase diversity in the ACNM and within the midwifery profession.
2. [Inclusion](#): To promote a culture of inclusion within ACNM and midwifery, in which diversity is respected, sought, and embraced. To cultivate a culture that promotes collaboration, flexibility, and fairness to enable individuals to contribute to their full potential and rise to

leadership roles.

3. Sustainability: To develop structures and strategies that will equip ACNM leaders with the ability to promote diversity, be accountable, measure results, refine approaches on the basis of such data, and institutionalize a culture of inclusion.

The Diversity Consultant will work with the D/I Task force and the ACNM BOD to establish a strategy specific to the unique needs of this professional organization, as well as the profession as a whole. The task force has identified components of a strategy consistent with our goals, but look to the expertise of a consultant to develop a strategic plan:

1. Develop learning opportunities around issues of diversity and inclusion for ACNM staff, the Board of Directors and other leaders; develop member training for annual meeting workshops, with materials developed specifically for Directors of Midwifery Education (DOME) and the Midwifery Business Network (MBN).
2. Update ACNM's internal procedures that have an impact on diversity: nomination/recruitment and retention; hiring and professional development; standards for classroom, clinical, and continuing education; and all formal documents and outreach materials.
3. Actualize a strategic process that addresses institutional barriers and ACNM culture after reviewing ACNM governance and policy. Integrate diversity and inclusion throughout ACNM's strategic goals, legislative priorities and budget.
4. Communicate with and motivate the midwifery community to actively participate in diversification and promotion of inclusive environments.
5. Develop strategic partnerships with a diverse range of organizations and educational institutions to maximize our ability to recruit and retain a diverse population of midwives, and to support their advancement within the profession.
6. Maintain ongoing evaluation and assessment of progress.

Scope of Work

ACNM is seeking a consultant with diversity and inclusion expertise to assist in the development of a strategic plan to recruit, retain, and support inclusion and advancement of persons of diverse backgrounds to the profession of midwifery; this is the project deliverable. A sound strategy clearly will outline the "what, who, when" aspects of diversification and inclusion. A sound strategy is also one that clearly outlines the context of the diversification and inclusion work (culture of ACNM and current organizational practices), including strengths and challenges.

The **scope of work** that we believe will be necessary in order to recommend an ACNM-specific strategic plan will include:

1. Identify current strategies in place that promote diversification and inclusion within ACNM, midwives in clinical settings, and midwifery educational programs.
2. Identify the challenges that impede diversification and inclusion within ACNM, midwifery in clinical settings, and midwifery educational programs.
3. Assess member perception of diversity and inclusion in the midwifery profession and the ACNM organization.
4. Evaluate ACNM's internal procedures that have an impact on diversity: nomination/recruitment and retention; hiring and professional development; standards for classroom, clinical, and continuing education; and all formal documents and outreach materials.
5. Review ACNM governance and policy. The purpose of the review will be to identify opportunity to integrate diversity and inclusion throughout ACNM's strategic goals, legislative priorities and budget.
6. Review the ACNM state affiliate structure. The purpose of the review will be to identify opportunity to implement diversity and inclusion objectives at the level of the affiliates.
7. Identify best means to communicate with and motivate the midwifery community to actively participate in diversification and promotion of inclusive environments. Communication is an essential component to this strategy.
8. Propose a mechanism for ongoing evaluation and assessment of progress.

The term of contract will be 6 months to develop the strategic plan with the possibility of an additional contract to assist in the implementation of the strategic plan.

Requests for Proposal Preparation

In responding to this request, we request that in addition to a cover letter, the following information be provided in your proposal, in the order requested:

1. Provide a brief narrative describing your work or that of your business. Identify your mission statement or philosophy that drives your approach to diversity consulting. Discuss the range of diversity issues with which you have experience addressing.
2. Detail your experience in providing diversity consulting for national health care professional

associations of comparable size to ACNM. Please Include the description of services, volume of services and client reference list.

3. Describe your capacity and qualifications to accomplish the scope of work described above. If you would make recommendations for a different approach than that outlined in the scope of work, please describe your approach and provide a justification.
4. Describe any specific niche or unique capability of your organization to provide the services requested.
5. Identify the consultant(s) who will be assigned to our job if you are successful in your bid, and provide biographies, CVs, and a minimum of three (3) peer and/or customer reviews.
6. Describe commitments you will make to staff continuity, including your staff turnover experience in the last three years.
7. In your experience, what is the balance between individual/interpersonal change and systems change needed to improve diversity and inclusion? And how is that balance best achieved?
8. Specify the estimated timeline to complete the scope of work described above.
9. Specify the estimated cost to complete the scope of work described above.
10. Confirm your firm's independence with respect to ACNM.

Submission, Evaluation and Award Process

This RFP process is being overseen by Kim Q. Dau, Chair of the Diversification and Inclusion Task Force. All proposals should be sent to Ms. Monica Greenfield electronically at **MGreenfield@acnm.org** on or before 5pm on Wednesday, June 5, 2013. Proposals will be reviewed the week of June 10, 2013.

The ACNM Diversification and Inclusion Task Force members will hold final interviews as needed. Our final selection is anticipated by the week of June 24, 2013.

ACNM will evaluate proposals on a qualitative and quantitative basis. This includes a review of the consultant's peer/customer review report and related materials, interviews with personnel to be assigned to our organization (as needed), results of discussions with other clients, fees to be charged and the completeness and timeliness in the RFP response.

Thank you in advance for your interest.

Sincerely,



Kim Q. Dau, CNM
Chair, ACNM Diversification and Inclusion Task Force

Cc:

Michael McCann, CNM
ACNM Board of Directors, Region III Representative
ACNM Board of Directors' Liaison to Diversification and Inclusion Task Force

Tina Johnson, CNM
ACNM Director of Professional Practice and Health Policy
Staff Liaison to Diversification and Inclusion Task Force

Lorrie K. Kaplan, CAE
Executive Director
American College of Nurse-Midwives

Proposal for American College of Nurse Midwives Diversity & Inclusion Strategy

Submitted: June 5, 2013

This revised proposal was prepared by Greater Good Principal, Jodi DeLibertis, following discussions on August 1, 2013 with ACNM D/I Task Force members. Changes are limited to the Project Plan, Timeline and Costs.

PROPOSER CONTACT

Jodi DeLibertis, Principal
Greater Good Consulting LLC
21 Hillside Avenue
Amesbury, MA 01913
jodi.delibertis@greatergoodconsulting.com
Phone: 978-500-1722
EIN: 20-3451751

ABOUT GREATER GOOD CONSULTING

Founded in 2004, Greater Good Consulting enables and equips nonprofit leaders and organizations with the skills, tools and processes to build, manage and sustain the services and offerings that serve the greater good. We transform the sticky and complex into manageable, sustainable and productive actions. With decades of experience as nonprofit staff and board members, the principals of Greater Good Consulting are keenly aware of the trends affecting organizations that are striving to do good work with limited resources. We help organizations address systemic issues that are often unrecognized, ignored, or neglected due to the crush of other demands.

Our non-profit clients routinely credit Greater Good Consulting with turning their board around; developing strategies to diversify their funding; planning for the future in a robust and realistic way; reinvigorating staff and board; and facilitating exciting and interactive meetings at which direction is set, commitments are made and systems of accountability are agreed upon.

Greater Good Consulting provides a powerful and wide ranging set of competencies and is state of the art – up to date on the research and backed up with lots of practical, hands on experience with large and small organizations locally and nationally. Furthermore, we are resilient and able to provide customized and scalable solutions. We can work with big and small organizations effectively. Our greatest skill is our flexibility and ability to meet organizations “where they are” and help them get to where they want to be. That journey is different for each organization; our talent is our ability to aid each along this journey in a way that is right for them.

Our services focus on leadership development, board development, inclusive strategy development and diversity and inclusion initiatives.

PARTNERING WITH GREATER GOOD CONSULTING-WHAT CLIENTS CAN EXPECT

Greater Good Consulting (GGC) brings a values-centered approach to our work with organizations. While we connect all the work we do with clients to their mission, we are also attentive to the organizational and personal values of our clients and feel that to be able to deliver most effectively on their mission organizations must align their values with their mission.

We believe that:

- The best consulting relationships are based on a collaborative learning model. Clients' experiences and knowledge are as valuable a source of learning and growth as any expertise that we bring as consultants. Our role as consultants is to provide frames to help clients make sense of their experience and suggest strategies and tools that clients can employ to create the organization they desire.
- All of us are affected by systemic oppression and, that as consultants, we must be attentive to the cultural and social context in which we do our work. As a multicultural, intergeneration consultant team, we are working in the same social context as our clients and need to attend to issues of power and privilege in our work with clients as well as our work as a team.
- It is necessary to take a holistic approach to organization development and transformation, incorporating not only quantitative information but including information based on the personal perspectives and experiences of the diverse voices within an organization or system.
- Creating multicultural and equitable organizations is an ongoing process.

In our work with clients we strive for: transparency, accountability, honesty, and respect.

APPROACH TO DIVERSITY AND INCLUSION WORK

Our consultants share a history of facilitating learning to share leadership and ownership across differences of class, race, religion, sexuality, nationality and personality. Though diversity can act as a barrier, we approach it as an invaluable resource for fulfilling an organization's mission. We work with the organization to design a process that tends to all levels of relationship in the organization (personal, interpersonal, institutional and cultural) and creates environments where creative transformation is possible.

Our work as consultants is to help organizations and groups develop, engage and support the transformational leadership of its individuals and the collective. Transformational leadership includes those aspects of leadership that are concerned with the values and purpose that motivate action and change and that promote the mission of the organization. Learning to value and work across difference is essential to an organization's capacity to fulfill its mission. We work in partnership with the formal leadership of the organization to support it in nourishing and encouraging this transformation at all levels of the organization.

In our diversity and inclusion work with clients we:

- Situate the project on a diversity and inclusion continuum and tailor activities to the current reality within the organization
- Start with an internal focus as we believe that we can't do for other what we are unable to do for ourselves
- Build shared leadership within the organization that can support diversity efforts for the long haul
- Apply change management concepts and strategies

Balancing individual and systems change in diversity and inclusion initiatives

We work with the organization to design a process that tends to all levels of relationship in the organization (personal, interpersonal, institutional and cultural) and creates environments where creative transformation is possible. A holistic approach to diversity and inclusion is a corner-stone of our approach.

Our diversity work addresses the following four dimensions of experience:

Dimension of experience	What We Look At	Goal of diversity interventions	Outcome of successful interventions
Individual/internal	Relationship with self	Individual has a sense of belonging and responsibility to the whole	Maintain and value diversity
Interpersonal	Relationships between individuals	Relationships support and inspire all to learn and grow	Build inclusiveness across difference
Institutional	Relationships between decision-making and resource allocation roles	Policies and structures promote ownership, leadership and benefit for all	Structure and institutionalize equity
Cultural	Relationships across cultures and world views	Stakeholders co-create a culture that works for everyone	Develop cultural competence

PROJECT PLAN

Greater Good Consulting (GGC) proposes to consult with the American College of Nurse Midwives (ACNM) to support its diversity and inclusion initiative. We will partner with the ACNM Diversity &

Inclusion Task Force to ensure that this work aligns with and supports other change efforts that are underway. We propose a phased process and will evaluate at the completion of each phase.

Phase I: Internal Assessment of Change: Design and Data Collection

Phase I Objectives

In collaboration with Task Force:

- Confirm design and plan for assessment and benchmarking for entire organization
- Assist in customization/development of data collection instruments
- Carry out the data collection
- Begin to develop the task force's capacity to manage and provide leadership for the change process

Proposed Phase I Activities:

Preliminary meeting(s) with Task Force Chairs and selected other ACNM leaders to:

- Build and clarify terms of consultant relationship, expectation and needs
- Review and finalize consultant's contract containing scope of work and timeline
- Clarify and come to agreement about our respective roles and responsibilities
- Identify pre-work necessary during learning and discovery phase
- Gather and review key documents including the strategic plan
- Figure out logistics for Task Force meetings

Preparation for analysis:

- Review previous Diversity and Inclusion related assessments
- Review strategic plan and other relevant material

Design and plan assessment and benchmarking process

Customize/develop data collections tools as necessary

Data collections-Methods may include:

- Online survey for board, staff, volunteers, affiliates, members
- Interviews with selected representatives of board, staff and other key constituent groups as determined by Task Force
- Focus groups

Deliverables: Survey instrument, interview and focus group guides, raw data, final assessment design and plan, evaluation of first phase, preliminary timeline for second phase

Estimate of consultant hours for Phase I: 65-72 hours

Phase II –Data Analysis, Planning and Communicating Results

Phase II Objectives:

- Collate and analyze data from secondary sources and from online survey, interviews and focus groups
- Prepare report with recommendations
- Present findings and recommendations to client

Proposed Phase II Activities:

Plan and facilitate retreat for D/I Task Force that will include:

- Making sense of internal assessment findings and other internal and external data
- Assess implication of finding for strategic diversity plan
- Identifying goals & objectives for strategic diversity plan
- Brainstorm activities to support achievement of objectives
- Overview of transformation process
- Review and clarification, where necessary, of vision of diversity and inclusion at ACNM
- Come to shared language around diversity and inclusion
- Develop key messages about process

Using data analysis and previous assessments, consultants will prepare a preliminary report with recommendations for next steps

Solicit feedback from Leadership Team revise and prepare final report

Act as resources for any internal presentation of the report

Deliverables: Report of findings and preliminary diversity strategy with recommendations for strategic goals and implementation, evaluation of second phase

Estimate of consultant hours for Phase II: 54-60

Phase III: Leadership Team Development

Phase III Objectives:

- Prepare ACNM D/I Task Force to lead this transformation process and align its vision, values and mission for the diversity initiative with ACNM's mission and strategy
- Develop the leadership team's capacity to disseminate their learning throughout the organization

- Develop a plan to document learning so that the ACNM can share learning from this process with the affiliates and the larger midwifery community.
- Complete initial assessment of readiness of leadership team and make recommendations for ongoing work
- Evaluate third phase of work

Proposed Phase III Activities:

Coaching for Task Force focused on:

- Team development
- Managing the change process
- Other needs identified by team

Deliverables: summary list of learning needs, orientation and training of task force, shared message for initiative

Estimate of consultant hours for Phase III: 20-24

TIMELINE

If Greater Good Consulting is retained, a detailed timeline will be developed collaboratively with ACNM. Based on initial conversations, a realistic project schedule might be:

Phase I: October 2013-January 2014

Phase II: February-May 2014

Phase III: May-September 2014

Activities will be timed to take advantage of events when key ACNM stakeholders and/or D/I Task Force members will be together. For instance, during phase, consultants will meet with board and selected staff at December 2013 board meeting and task force retreat will be scheduled around the annual meeting in May.

CONSULTING TEAM

Jodi DeLibertis, Lead Consultant, is Principal of Greater Good Consulting and Director of Clinical Education at Simmons School of Nursing and Health Sciences. Jodi has two decades of professional experience in the nonprofit sector. As a Principal at Greater Good Consulting and as Program Director at Jericho Road Project, Jodi has helped scores of nonprofits strive toward greater mission fulfillment while enjoying their work more fully. In her consulting practice, she provides critical guidance on strategic planning, board development, resource allocation, conflict management and other organization development needs. At the Center for Gender in Organizations, Jodi had the opportunity to learn from leading practitioners and theorists in the fields of organizational development and diversity.

Jodi's relevant experience and expertise include:

- Work with 100+ mission-based organizations in various stages of development on capacity-building and leadership development initiatives including immigrant organizations representing diverse cultural backgrounds
- Frequent speaker and trainer on topics including: diversity and inclusion, cultivating the next generation of leaders, and inclusive strategy development
- Deep commitment to and experience with diversity and inclusion including: structural analysis of racism and oppression in the US, conflict management and civil courage
- Management of collaborative projects involving multiple nonprofit agencies and corporate partners
- Ability to motivate and inspire diverse groups of stakeholders with varying agendas

Jodi, a talented facilitator, is trained in a number of diversity and group dynamic interventions including Bystander Awareness and Problematic Moments Approach. Prior to starting GGC, Jodi had over a decade of professional experience in not-for-profit administration with a specialty in marketing, grantwriting and grants management, fundraising, and events planning and management. Jodi graduated summa cum laude from Boston College with a BA in English and a minor in Irish Studies and is currently pursuing an MBA at Simmons School of management with a focus on organizational leadership.

Donna Bivens is a cultural equity practitioner and an associate of Greater Good Consulting. In her consulting, training and coaching, Donna has worked with scores of organizations around the country to help facilitate their creation of diverse, inclusive, equitable, culturally competent and high performing organizations. Donna currently serves on the consulting team of the New England Conference of the United Methodist Church. She is a facilitator for the Courage and Renewal Center, Northeast based at Wellesley College. Donna is also project coordinator of the Truth and Reconciliation Project at the Union of Minority Neighborhoods. Until 2007, she served as Co-Director of Women's Theological Center (WTC) in Boston for over 20 years.

Donna's publications include "Flipping the Script: White Privilege and Community Building" (co-author), "The Possibility of Transformation: 25 Years Later," in the book Education as Liberation "Internalized Racism: A Definition" and "Struggling through Injury in the Work of Love" (co-author). Donna has received numerous awards and extensive recognition for her social justice and community building work, including Woman of the Year from Irish Immigration Center, Woman of Justice award from NETWORK, A National Catholic Social Justice Lobby, Drylongso from Community Change, and an honorary doctorate from Episcopal Divinity School.

Camille Holmes Wood, Esq. is a national expert on issues of racial equity, the nexus among anti-oppression, leadership and community problem solving, and the development of planning processes that incorporate concepts of institutional and structural racism and implicit bias into problem analysis.

Camille currently serves as the Director of Leadership and Racial Equity at the National Legal Aid and Defender Association (NLADA), a national association of free legal service providers and public defenders. In this role, Camille works in collaboration with member organizations to develop advocacy strategies and organizational commitment to address the intersection of poverty and race in full partnership with community advocates and low income leaders. At NLADA and her prior position as Senior Staff Attorney and Co-Director for the Project for the Future of Equal Justice at the Center for Law and Social Policy (CLASP) Camille has created safe spaces for discussions of race, power and difference and supported the emergence and advancement of advocates committed to achieving racial equity. Camille previously served as the Executive Director of the Southern Africa Legal Services and as an attorney at Wilmer, Cutler & Pickering (now WilmerHale). Camille clerked for the Honorable Damon J. Keith on the United States Court of Appeals, Sixth Circuit in Detroit, MI from 1994 to 1995

She currently serves on: the Board of Directors of the Poverty and Race Research Action Council (PRRAC), the Advisory Board member of the Racial Justice Training Institute at the Sargent Shriver National Center on Poverty Law, and the Board of Directors of the National Equal Justice Library. In 2009, Camille was awarded the Race Consciousness in the Law Award from the Equal Justice Society. Camille graduated with honors from Harvard Law School in 1993. She graduated with honors from Harvard and Radcliffe Colleges in 1989 with a BA in Sociology.

Lydia Watts, Esq. is a Principal of Greater Good Consulting LLC and the Director of Quality and Program Enhancement for the Civil Division of the National Legal Aid and Defender Association (NLADA). Lydia has also served as Executive Director of the Victim Rights Law Center in Boston, and Executive Director of the Massachusetts Alliance on Teen Pregnancy and Executive Director and Co-Founder of Women Empowered Against Violence, Inc. (WEAVE) in Washington DC. She is the founding board chair of the Network for Victim Recovery of DC, which is a holistic service provider – including representation in civil and criminal cases – for victims of crime in DC. She is also on the board of directors of the District Alliance for Safe Housing (DASH) and Mentoring Today, both in D.C.

Lydia is a member of the LeadBoston Class of 2009 and Leadership Greater Washington Class of 2003, received a “Women of Justice” award from Massachusetts Lawyers’ Weekly in December 2009, was named “Washingtonian of the Year” by Washingtonian magazine in 2001, and was a recipient of the First Annual Peter Cicchino Award for Excellence in Public Advocacy from Washington College of Law of American University in April 2000. Lydia graduated summa cum laude from Washington College of Law of American University in June 1996 and from Boston University in January 1991 with a BA in English.

Prior Relevant Experience

The consulting team for this project brings a wide range of experiences in diversity and inclusion initiatives and strategic planning. Such experience includes:

Client	Project focus
Simmons School of Nursing & Health	Diversity and inclusion efforts in the with a focus on clinical

Sciences	education
Massachusetts Sexual Assault Nurse Examiner program	Strategic planning
Mass Audubon	Multi-year project to build leadership for diversity, inclusion, cultural competence and equity initiative included training, planning and coaching
Cambridge Birth Center Nurse Midwives	Anti-racism
Greater Lawrence Community Health Center	Anti-racism
Harvard Pilgrim Health Care	Creating more inclusive work cultures through bystander awareness training
McLean Hospital	Creating more inclusive work cultures through bystander awareness training
Lowell Community Health Center	Inclusive strategy development for national-renowned leader in cultural competence

Other health care clients include:

- Brigham & Women’s Center for Nursing Excellence
- Massachusetts Department of Public Health
- Lowell Community Health Center
- MetroWest Community Health Care Foundation

Through years of work in nursing education, most recently as Director of Clinical Education at Simmons School of Nursing and Health Sciences, lead consultant Jodi DeLibertis is familiar with the research on diversity in nursing and nursing education as well as the history of and current trends in the profession. Greater Good Consulting Principals conducted research on generational differences in nonprofit leadership and are frequent speakers on the subject.

Consulting team members Lydia Watts and Camille Holmes Wood gained familiarity with the complexities of working with national associations including governance and caucus group. Both have served as internal consultants at the National Legal Aid & Defender Association (NLADA), America’s premier professional association for front-line attorneys and other equal justice professionals.

All four members of the consulting team have experience with diversity-focused consulting projects and bring a diversity lens to their other consulting work, whether strategic planning, board development or funding strategy.

Unique capabilities

The consulting team offers unique capabilities including:

- Multi-cultural, multi-generational consulting team
- Wide range of professional backgrounds and perspectives

- Extensive experience with mission-based organizations, both as consultants, executives and board members
- Familiarity with nursing and nursing education
- Ability to offer consulting expertise around other organizational development needs (for example, board development) if needed to achieve goals of project
- Bystander awareness
- Coaching skills and training-both individual and team coaching

Staffing & staffing continuity

Jodi DeLibertis will be the lead consultant for the project and the primary liaison with ACNM. If retained, Greater Good Consulting commits to providing staff continuity to ensure project success.

COSTS

Greater Good Consulting bills at \$150 per consultant hour. ACNM will be billed only for actual hours spent on project-related activities. To complete the activities detailed above and meet the project objectives, Greater Good Consulting estimates that it will take 139-156 consultant hours for an estimated consulting fees of \$20,850-\$23,400.

Project expenses (travel/lodging, online assessment setup, supplies) are estimated at \$2,000. Out-of-pocket expenses including travel and materials will be billed at actual cost and receipts will be provided.

CLIENT REFERENCES

Judy Tso

Formerly of Center for Leadership & Organizational Change at University of Maryland
 Phone: 301-657-2934
judytso@ahasolutions.org

Peg Hacskaylo

Executive Director
 District Alliance for Safe Housing
 Washington, DC
 Phone: 202-462-3274
phacskaylo@dashdc.org

Gloria Villegas-Cardoza

Director of Education and Diversity, Massachusetts Audubon Society
 Phone: 781-259-9500
gvcardoza@massaudubon.org



GREATER GOOD
CONSULTING

AGREEMENT FOR CONSULTING SERVICES

This agreement is made between Greater Good Consulting (“Consultant”) and the American College of Nurse Midwives (“Client”). Under this agreement, Consultant will provide consulting services to Client as outlined below.

Consultant will provide consulting services to Client to support the board and staff in developing a strategic diversity and inclusion plan. See attached Proposal for details of work to be performed under this agreement.

1. In exchange for services rendered, the Client will compensate the Consultant \$150 per consultant hour for preparation and delivery of Consulting Services.
2. Upon execution of this agreement, Client will pay a retainer of \$2,500. Consultant will bill monthly during the course of the project. Invoices are payable upon receipt. Reasonable expenses directly related to providing Consulting Services, including but not limited to ground travel and materials, will be invoiced by Consultant at actual costs and receipts will be provided.
3. Consultant agrees that information disclosed by Client during negotiation of and during the course of this Agreement is considered confidential and may not be shared without prior consent of Client. Client and Consultant further agree that the terms of this contract are confidential.
4. The relationship of Consultant to Client shall be that of independent contractor and not that of an employee or agent.
5. Client agrees to allow Consultant to use the name of the Organization, American College of Nurse Midwives, and other endorsements provided by Client on Consultant’s marketing materials.
6. This agreement shall be in effect upon execution of this agreement and shall remain in effect until December 30, 2014. Either Consultant or Client may terminate this Agreement with two weeks prior written notice. If Agreement is terminated prior to the completion of the project, Consultant shall be paid for all Consulting Services performed and for any reasonable expenses incurred prior to notice of termination.

7. This Agreement is not valid until signed by both parties and cannot be amended except in writing and with signature by both parties. This Agreement shall be governed by the laws of the Commonwealth of Massachusetts and any dispute hereunder shall be subject to mediation by a mediator mutually agreed upon by the parties.

On behalf of American College
of Nurse Midwives:

On behalf of GGC:

Name:
Title:

Jodi DeLibertis
Principal

Date

Date

Name of Applicant:	
Name of Reviewer:	POINTS (max 10pts each section) + NOTES
Narrative describing applicant's work. Congruence of mission statement/philosophy with goals/objectives. Range of diversity issues with which applicant has experience is consistent with task force definition of "diversity."	
Quality of experience in providing diversity consulting for national health care professional associations of comparable size to ACNM. Consider the relevance of description of services, volume of services and client reference list as it relates to likelihood of success with ACNM.	
Capacity and qualifications to accomplish the scope of work (see below). Were other recommendations made for a different approach than that outlined in the scope of work? Quality of approach and justification.	
Specific niches or unique capabilities of significance?	
Quality of consultant(s) who would be assigned to our job, consider experience biographies, CVs, and three (3) peer and/or customer reviews.	
Convincing commitment to staff continuity in developing strategy? Any concern related to staff turnover experience in the last three years.	
Quality of response: "What is the balance between individual/interpersonal change and systems change needed to improve diversity and inclusion? And how is that balance best achieved?"	
Estimated timeline to complete the scope of work described.	(do not give points)
Estimated cost to complete the scope of work described.	(do not give points)
Firm's independence with respect to ACNM.	

The **scope of work** that we believe will be necessary in order to recommend an ACNM-specific strategic plan will include:

1. Identify current strategies in place that promote diversification and inclusion within ACNM, midwives in clinical settings, and midwifery educational programs.
2. Identify the challenges that impede diversification and inclusion within ACNM, midwifery in clinical settings, and midwifery educational programs.
3. Assess member perception of diversity and inclusion in the midwifery profession and the ACNM organization.
4. Evaluate ACNM's internal procedures that have an impact on diversity: nomination/recruitment and retention; hiring and professional development; standards for classroom, clinical, and continuing education; and all formal documents and outreach materials.
5. Review ACNM governance and policy. The purpose of the review will be to identify opportunity to integrate diversity and inclusion throughout ACNM's strategic goals, legislative priorities and budget.
6. Review the ACNM state affiliate structure. The purpose of the review will be to identify opportunity to implement diversity and inclusion objectives at the level of the affiliates.
7. Identify best means to communicate with and motivate the midwifery community to actively participate in diversification and promotion of inclusive environments. Communication is an essential component to this strategy.
8. Propose a mechanism for ongoing evaluation and assessment of progress.

	Congruence with Mission Statement/Philosophy	Quality of Experience	Capacity and Qualifications	Unique capabilities
Jenny	9	9	9	7
Jessica	5	6	7	0
Pat	7	7	3	1
AVERAGE	7.00	7.33	6.33	2.67

Comments:

- Ronnie Reasonable fee for Phase I
- KC Vision not grand enough
- Tina Too few staff?
- Pam Angela Bryant current NC senator

Clarification: Would they be working as a three person group?

- Phase II vague
- No costing

Kim will follow-up

Quality of Consultants	Commitment to Staff Continuity	Balance Interpersonal and Systems Change	Timeline	Cost
8	10		4 6mos	?
0	8		8	
1	1		8	
3.00	6.33		6.67	

American College of Nurse-Midwives
BOARD OF DIRECTORS MEETING AGENDA FORM

Open Session
Item 6

Item is for: INFORMATION ONLY BOD DISCUSSION BOD ACTION CLOSED SESSION

1. **Date: August 13, 2013**
2. **Title of agenda item: Student Report Follow-up: Best Practices in Midwifery Education**
3. **Name of person(s) submitting item: Kim Dau + Heather Clarke/SIS liaisons**
4. **Coordinated/discussed with:** (Note: All Division and Committee agenda items must first be discussed with designated BOD and Staff Liaisons.
 - a. **BOD Liaison:** Kate Harrod
 - b. **Staff Liaison:** Elaine Germano
 - c. **Others:** Lillian Funke

5. **Strategic goal or subject area (check best fit):**

- Goal 1: Strategic Communications/Increasing demand for midwifery services
- Goal 2: Equity and Autonomy/Eliminating Barriers to Practice
- Goal 3: 1,000 newly certified CNMs/CMs per year by 2015/Increasing supply of midwives
- Goal 4: Provision of quality care
- Goal 5: Effective operations and volunteer structure
- Goal 6: Other (briefly describe)

6. **Statement of the issue** (use separate sheet if necessary)

The 2013 student report reflects a concern that widely varying students' educational experiences may result in varying comfort with different competencies. Students celebrate the diversity and strengths of different programs and recognize that every program has areas for growth. Students believe that collegial sharing of information, resources, and ideas among programs can promote consistent quality of all graduates .

Students have asked the question, "Do we know what makes a 'successful' midwifery educational program?" Unlike the realm of medical education, there is not a lot of published data/research on midwifery education process or how to consistently assess competency or readiness, eg, the effectiveness of OSCE/simulation experience in midwifery education. The midwifery educational process is different than the medical education process. Students believe that research into best practices for midwifery education will result in an universal educational product that will be more attractive to potential candidates and better able to reach the goal of increasing the supply of newly certified midwives.

7. **Options for addressing need:**

Discussion within the Division of Research or Division of Education?

"Midwives teaching Midwives" e-discussion group has been started- there should be continued recruitment to this e-discussion group and perhaps opportunities for Educator Meetings to discuss/share teaching methods (simulation, educational technology, internet resources), collect data on outcomes together.

American College of Nurse-Midwives
BOARD OF DIRECTORS MEETING AGENDA FORM

ACNM sponsored research to study what are the best practices in midwifery education that result in a high board pass rate of newly certified CNMs/CMs who are highly skilled, and confident to meet the ever growing demands of professional midwifery practice.

8. Budget implications to ACNM:

\$\$ to fund research into best practices

\$\$ to maintain communication methods and webinar platforms for students and new graduates at the annual meeting and on the ACNM website.

9. Your recommendation:

Promote research into “best practices” in Midwifery Education to be competent practitioners (not just pass the exam). Call for proposals from ACNM who should create funds for the research.

Given it’s elevated level of awareness across health care discipline, ACNM should consider actively promoting methodology to teach this Hallmark of Midwifery: “Collaboration with other members of the interprofessional health care team.”

10. Attachments to this item, if any:

Please plan to be available by phone to provide clarification of this item during the BOD meeting. If you cannot be available, please indicate who will present this agenda item:

YES, I will be present/on the phone for the meeting.

My contact information (phone and email):

hclarkemidwife@gmail.com/917-324-7843

Kim.dau@gmail.com/ 415-828-9501

NO, I will not be present/on the phone for the meeting. This agenda item will be presented by:

Name _____

Contact information _____

American College of Nurse-Midwives
BOARD OF DIRECTORS MEETING AGENDA FORM

Item is for: INFORMATION ONLY BOD DISCUSSION BOD ACTION CLOSED SESSION

1. **Date: August 13, 2013**
2. **Title of agenda item: Student Report 2013: Transition to Practice item**
3. **Name of person(s) submitting item: Kim Dau + Heather Clarke/SIS liaisons**
4. **Coordinated/discussed with:** (Note: All Division and Committee agenda items must first be discussed with designated BOD and Staff Liaisons)
 - a. **BOD Liaison:** Kate Harrod
 - b. **Staff Liaison:** Elaine Germano
 - c. **Others:** Lillian Funke
5. **Strategic goal or subject area (check best fit):**
 - Goal 1: Strategic Communications/Increasing demand for midwifery services
 - Goal 2: Equity and Autonomy/Eliminating Barriers to Practice
 - Goal 3: 1,000 newly certified CNMs/CMs per year by 2015/Increasing supply of midwives
 - Goal 4: Provision of quality care
 - Goal 5: Effective operations and volunteer structure
 - Goal 6: Other (briefly describe)
6. **Statement of the issue** (use separate sheet if necessary)
New graduates are often not being considered for job openings. "Residency" programs are limited and most are in out-of-hospital settings. Additionally, students report concerns related to navigating the state licensure, national certification, and hospital credentialing processes.
7. **Options for addressing need:**
Increase the number of ACNM educational offerings, through website, webinars and offerings at the Annual Meeting, that facilitate the new graduate's transition to practice.
8. **Budget implications to ACNM:**
ACNM should continue to provide educational offerings for students and new graduates at the annual meeting. Additional budget implications might be geared towards allocating staff support to develop an online certification roadmap on the ACNM student/new grad webpage
9. **Your recommendation:**
 - Provide an outline of the AMCB certification process and credentialing information in the ACNM student/new grad webpage
 - Include students in ACNM's strategic planning to facilitate hospital credentialing
 - Encourage local affiliates to aid students on how to begin preparation for certification and hospital privileging early in their educational programs
 - Webinars re: the roadmap from graduation to certification to first job (including hospital privileges)

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- SIS will be actively recruiting new grads to the SIS group and incorporate their experience into our webinar meetings with students.
- Continue ACNM Residency/Internship Task Force and the option of residency/internship programs for new graduates

10. Attachments to this item, if any:

Please plan to be available by phone to provide clarification of this item during the BOD meeting. If you cannot be available, please indicate who will present this agenda item:

YES, I will be present/on the phone for the meeting.

My contact information (phone and email):

hclarkemidwife@gmail.com/917-324-7843

Kim.dau@gmail.com/ 415-828-9501

NO, I will not be present/on the phone for the meeting. This agenda item will be presented by:

Name _____

Contact information _____

American College of Nurse-Midwives
BOARD OF DIRECTORS MEETING AGENDA FORM

Item is for: INFORMATION ONLY BOD DISCUSSION BOD ACTION CLOSED SESSION

1. **Date: August 13 2013**
2. **Title of agenda item: Student Report FU: Promote the CM credential**
3. **Name of person(s) submitting item: Heather Clarke, Kim Dau/SIS members**
4. **Coordinated/discussed with:** (Note: All Division and Committee agenda items must first be discussed with designated BOD and Staff Liaisons. [Click here to view the current list of BOD and Staff Liaisons.](#))
 - a. **BOD Liaison:** Kate Harrod
 - b. **Staff Liaison:** Elaine Germano
 - c. **Other:** Lillian Funke
5. **Strategic goal or subject area (check best fit):**
 - Goal 1: Strategic Communications/Increasing demand for midwifery services
 - Goal 2: Equity and Autonomy/Eliminating Barriers to Practice
 - Goal 3: 1,000 newly certified CNMs/CMs per year by 2015/Increasing supply of midwives
 - Goal 4: Provision of quality care
 - Goal 5: Effective operations and volunteer structure
 - Goal 6: Other (briefly describe)
6. **Statement of the issue** (use separate sheet if necessary)

CMs receive the same educational preparation as CNMs however there remain a lack of awareness even among practicing midwives about the CM credential. More states need to recognize this credential, however even in those states where CMs are licensed, many CNMs give preference to precept or hire students or new grads with prior nursing/L+D experience. This practice limits the acceptance of CMs even within the membership of the college
7. **Options for addressing need:**

Include "CM" on all preceptor materials on the ACNM website and marketing materials
 Include a CM or SM in the ACNM staff policy discussions whenever the CM credential is on the agenda for discussion
 Discuss the CM credential and promote tools/skills for working with midwifery students with limited or no L+D experience at ACNM sponsored preceptor workshops
 Network with CAMP to determine how best to expand individual state recognitions of the CM license
8. **Budget implications to ACNM:**

Dependent of the activities determined by the BOD
9. **Your recommendation:**

ACNM promote the CM credential on all of its marketing materials and work with CAMP

American College of Nurse-Midwives
BOARD OF DIRECTORS MEETING AGENDA FORM

To promote licensure of the CM credential across more states

10. Attachments to this item, if any:

Please plan to be available by phone to provide clarification of this item during the BOD meeting. If you cannot be available, please indicate who will present this agenda item:

YES, I will be present/on the phone for the meeting.

My contact information (phone and email):

hclarkemidwife@gmail.com/917-324-7843

Kim.dau@gmail.com/ 415-828-9501

American College of Nurse-Midwives
BOARD OF DIRECTORS MEETING AGENDA FORM

Item is for: INFORMATION ONLY BOD DISCUSSION BOD ACTION CLOSED SESSION

1. **Date: August 13, 2013**
2. **Title of agenda item: Follow-up to Student Report/Push for Preceptors**
3. **Name of person(s) submitting item:**
Heather Clarke/Kim Dau/Student Issues Section liaisons
4. **Coordinated/discussed with:** (Note: All Division and Committee agenda items must first be discussed with designated BOD and Staff Liaisons. [Click here to view the current list of BOD and Staff Liaisons.](#))
 - a. **BOD Liaison:** Kate Harrod
 - b. **Staff Liaison:** Elaine Germano
 - c. **Others:** Lillian Funke

5. **Strategic goal or subject area (check best fit):**

- Goal 1: Strategic Communications/Increasing demand for midwifery services
- Goal 2: Equity and Autonomy/Eliminating Barriers to Practice
- Goal 3: 1,000 newly certified CNMs/CMs per year by 2015/Increasing supply of midwives
- Goal 4: Provision of quality care
- Goal 5: Effective operations and volunteer structure
- Goal 6: Other (briefly describe)

6. **Statement of the issue** (use separate sheet if necessary)

There are a growing number of students in need of preceptors at a time when the percentage of CNMs and CMs in clinical practice who are available and able to serve as preceptors appears stagnant or shrinking. In order to fulfill the need for preceptors for midwifery students, we are encouraging the BOD to initiate an annual day to encourage or “push” midwives to precept.

7. **Options for addressing need:**

ACNM charge the preceptor support section of the DOE, which should include student members of SIS, to determine how best to roll out the push for preceptors day. The preceptor section should determine how to identify new preceptors and link them to students. They should consider questions such as “would the DOME database serve as the best tool for this?” “How can that tool, if expanded, become more accessible to students who are in need of a preceptor?”

Publish routes to becoming a preceptor on Facebook, blog or other social media

Encourage affiliates to fund and cohost regional events with local midwifery education programs (subsidized funded by ACNM?)

Conduct a telethon to promote midwifery reaching out to local media outlets and celebrity to participate

Expand the preceptor booth at the annual meeting to promote and host a push for preceptors rally at ACNM annual meeting (similar to PAC rally)

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BOARD OF DIRECTORS MEETING AGENDA FORM

8. Budget implications to ACNM: Actual \$\$ amount is dependent on the type of activities that are proposed, however this event would have budget implications. The task force would need to explore the potential cost for the event(s)

9. Your recommendation:

Develop and implement a nationwide "Push for Preceptors" Day using multiple outreach channels for recruitment.

10. Attachments to this item, if any:

Please plan to be available by phone to provide clarification of this item during the BOD meeting. If you cannot be available, please indicate who will present this agenda item:

YES, I will be present/on the phone for the meeting.

My contact information (phone and email):

hclarkemidwife@gmail.com/917-324-7843

Kim.dau@gmail.com/ 415-828-9501

NO, I will not be present/on the phone for the meeting. This agenda item will be presented by:

Item is for: INFORMATION ONLY BOD DISCUSSION BOD ACTION CLOSED SESSION

- **Date: 8.13.13**
- **Title of agenda item:** Boycott of “Stand Your Ground States” for Future Annual Meetings
- **Name of person(s) submitting item:** Heather Clarke, Patricia Liftman, Maureen May and Marsha Jackson
- **Coordinated/discussed with:** (Note: All Division and Committee agenda items must first be discussed with designated BOD and Staff Liaisons
 - **BOD Liaison:** Michael McCann
 - **Staff Liaison:** Eileen Beard
 - **Others:**

- **Strategic goal or subject area (check best fit):**
 - Goal 1: Strategic Communications/Increasing demand for midwifery services
 - Goal 2: Equity and Autonomy/Eliminating Barriers to Practice
 - Goal 3: 1,000 newly certified CNMs/CMs per year by 2015/Increasing supply of midwives
 - Goal 4: Provision of quality care
 - Goal 5: Effective operations and volunteer structure
 - Goal 6: Other (briefly describe)

- **Statement of the issue (use separate sheet if necessary)**

There is the potential that racial and/or ethnic bias within the legal justice system may result in targeting, profiling, harm, injury and ultimately death involving people of color in states where Stand Your Ground Laws exist. The recent cases surrounding the wrongful death of a young, unarmed African American teenager, Trayvon Martin, and the subsequent release of the person responsible for his death followed the conviction and sentence rendered to a young African American woman of 20 years imprisonment for firing her gun in the air in self defense against her abuser.

Both of these cases are examples of the inequitable application of the Stand Your Ground Laws as it relates to African Americans. A significant percentage of the women that Midwives care for are women of color who reside in economically challenged neighborhoods. Violence, including gun violence, nationally, has become a major public health issue for families and communities. However, violence is the leading cause of death for men of color. The death of every husband, partner and father destabilizes families placing enormous on the women we care for. Midwives advocate for women. This is a woman’s issue.

MOCC requests The ACNM Board of Directors, in keeping with the tradition of “being with woman,” take a position and stand against laws that encourage, exacerbate or discriminates on the basis of race or ethnicity until they are eliminated by locating future meetings in states that do not have a Stand Your Ground Law. States with Stand Your Ground Laws are attached.

Additionally, attendees to ACNM sponsored activities have a right to feel safe from harm while participating in professional activities. Annual meetings in states with Stand Your Ground Laws potentially expose attendees of color to harm.

- **Options for addressing need:**
Avoid negotiating or convening the annual meeting in any state that upholds Stand Your Ground Laws
- **Budget implications to ACNM:**
None
- **Your recommendation:**
ACNM will not convene or negotiate to hold the annual meeting in states that uphold Stand Your Ground Laws
- **Attachments to this item, if any:**

Please plan to be available by phone to provide clarification of this item during the BOD meeting. If you cannot be available, please indicate who will present this agenda item:

YES, I will be present/on the phone for the meeting.
My contact information (phone and email): Heather (917-324-7843/chair4mocc@gmail.com). Pat Loftman-917-361-0372/cnm788@gmail.com

Stand Your Ground States Also Known As Shoot First Laws

Alabama
Alaska
Arizona
Florida
Georgia
Indiana
Kansas
Kentucky
Louisiana
Michigan
Mississippi
Missouri
Montana

Nevada
North Carolina
North Dakota
Ohio
Oklahoma
Pennsylvania
South Carolina
South Dakota
Tennessee
Texas
West Virginia
Wisconsin

Stand Your Ground Legislation Introduced in 2012

Colorado
Minnesota
Nebraska
New Jersey
New York
Washington State

Everything you need to know about 'stand your ground' laws

By Sean Sullivan, Updated: July 15, 2013

The [acquittal of George Zimmerman in the shooting death of Trayvon Martin](#) has cast a renewed spotlight on Florida's "stand your ground" law. While Zimmerman's attorneys [did not mount](#) a "stand your ground" defense in his case, the law has become the subject of national attention, and [was discussed](#) during the trial.

So, what is the law, when did it pass, and where else can you find similar laws on the books? Here's a rundown of everything you need to know.

What is Florida's stand your ground law?

It's [a law](#) that allows people to, well, stand their ground — pretty much anywhere — instead of retreating if they reasonably believe doing so is necessary to "prevent death or great bodily harm to himself or herself or another or to prevent the commission of a forcible felony." In short, after the law was passed, people could defend themselves even outside of their homes — with deadly force if necessary — if they believed someone was trying to kill them or seriously harm them.

Here's an [NPR report](#) with more detail on the law.

When was the law passed?

It was [passed in 2005](#) 39-0 in the state Senate and 94-20 in the state House, and then-Gov. Jeb Bush (R) signed it.

Who was advocating for it? And who opposed it?

The National Rifle Association [lobbied hard for the measure](#), while law enforcement officials like Miami's police chief opposed it. Defenders of the law often cited [the 2004 case](#) of James Workman, a retiree asleep in his RV who shot an intruder and had to wait months before prosecutors decided he engaged in self-defense. Opponents worried the law would encourage the use of deadly force.

After Saturday's verdict in the Martin case, Florida's state Senate Democratic leader called for a second look at all self-defense laws. But given the GOP-tilt of the Florida legislature, [it's unlikely](#) the stand your ground law will undergo major changes.

What has the impact been?

In the five years after the law was passed, the [rate of justifiable homicides in Florida tripled](#). Defenders of the law [cite a drop in the state's violent crime rate](#).

Which other states have similar laws on the books?

Since Florida became the first state to pass an explicit stand your ground law, [more than 30 others](#) have passed some version of it, with the help of a group called the American Legislative Exchange Council (ALEC), a organization that promotes conservative bills. Here's [a 2012 map](#) of stand your ground laws nationwide

What's next?

In the wake of the Florida case, we can expect an increase in calls to repeal or at least revisit the laws across the country. "I think that's up to the state. I think they should revisit that," Senate Majority Leader Harry Reid (D-Nev.) [said Sunday](#) on NBC's "Meet The Press."

An effort to repeal a stand your ground law in New Hampshire recently [fell short](#), and repealing or changing legislation is generally difficult, so opponents of the laws will face uphill climbs in seeking the changes they want to see happen. Expect to hear a lot from opponents of the stand your ground law about a [Texas A&M University study](#) that found states with such laws have more homicides than states without them.

Updated at 10:48 a.m.

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AMERICAN COLLEGE OF NURSE-MIDWIVES
BOARD OF DIRECTORS MEETING AGENDA ITEM

Item is for: Open Session Closed Session
 Action Discussion Information Only
Meeting date: September 2013
Title of Item: Strategic Saturday! Planning for ACNM's 2014 strategic priorities
Submitted by: Lorrie Kaplan
Coordinated/ Discussed with: Ginger Breedlove, all ACNM senior staff
BOD Liaison: **Staff Liaison:**
Others:

Strategic Goal # or subject area (check best fit, and if "Other," briefly describe in space provided):

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | SG1: Strategic Communications/Increasing demand for midwifery services |
| <input checked="" type="checkbox"/> | SG2: Equity and Autonomy/Eliminating Barriers to Practice |
| <input checked="" type="checkbox"/> | SG3: 1,000 Newly certified CNMs/CMs per year by 2015/Increase supply of midwives |
| <input checked="" type="checkbox"/> | SG4: Provision of Quality Care |
| <input checked="" type="checkbox"/> | SG5: Effective operations and volunteer structure |
| <input checked="" type="checkbox"/> | SG6: Reduce infant mortality and increase maternal health globally by 2015 |
| <input type="checkbox"/> | Other: |

Statement of the Issue

This activity is a core component of **ACNM's annual planning process**. We continue to make improvements to this process so that it is relevant and meaningful to our current organizational realities, while maintaining alignment with ACNM's mission, vision, core values, and strategic goal framework.

ACNM performs **core organizational functions** that are common to individual membership professional societies as well as **strategic activities** to accomplish our mission and vision. As ACNM grows, our goal is to increase the resources allocated to strategic activities while at the same time, improving the health of our core organization.

ACNM adopted 5 broad strategic goals in 2009, and added a 6th (related to global health) in 2012 (see list above). In summer 2012, ACNM leadership (board, senior staff, division and committee members) did a fairly comprehensive prioritization exercise to rank various "priorities" within our strategic goal framework. Leadership was asked to rate each priority area based on four factors: (1) urgency; (2) impact on individual members; (3) attainability; and (4) affordability. These ratings were then converted into quantitative scores which the board reviewed and discussed in the September 2012 board meeting. Strategies and tactics and financial requirements were developed for the highest-ranked priorities. Board and staff leadership input then provided guidance to the October 2012 meeting of the ACNM Finance and Audit Committee (FAC) in the development of the 2013 budget. We will briefly review the results of last year's exercise.

Because such a comprehensive process was done for the 2013 fiscal year, and many of the strategic priorities are multi-year initiatives, staff and members with leadership roles on 2013 strategic priorities were asked to assess progress on these priorities and propose next steps for 2014. These leaders will provide an update and opportunities for board discussion on each of the strategic priorities on **Strategic Saturday! September 14!**

AMERICAN COLLEGE OF NURSE-MIDWIVES
BOARD OF DIRECTORS MEETING AGENDA ITEM

Attached is **ACNM's 2014 Planning Grid** in its latest draft form. The draft will be modified based on board input before creating the "FAC Edition," which goes to the mid-October meeting where the FAC reviews the 2014 fiscal year budget. Based on ACNM's finance policies, projects that are deemed by the board to be strategic priorities are eligible for consideration for funding from ACNM reserves. Requests for strategic funding will be considered by the FAC in October. The proposed budget approved by the FAC in October is then sent to the full ACNM board for consideration in the December board meeting.

The board should plan to revisit its 6 Strategic Goals in 2014 or 2015 since the last strategic planning exercise was in 2009. Language is outdated and we may want to formulate the structure a little differently.

During **Strategic Saturday!** we will provide a mechanism for board members to provide input on how the volunteer leadership (divisions, committees, etc) would participate in the 2014 priorities and whether there may be specific deliverables that should be prioritized from the volunteer structure. These ideas can come out in discussion during the day plus we will put newsprint around the room for those who wish to write down their ideas and recommendations. Everything does not need to be decided on this day. It's a time for strategic thinking and brainstorming together.

Options for Addressing Need

Provide input on draft strategic priorities framework for 2014 so that planning can progress and time and effort and resources can be aligned appropriately.

Budget Implications to ACNM

Strategic budget requests will be highlighted in presentations. In-depth budget analysis of the organization is undertaken by the FAC in October.

Recommendations

Wear your Strategic Hats and Thinking Caps for Strategic Saturday!

Please list attachments to consider for agenda item

Draft ACNM 2014 Strategic Planning Grid

Agenda Item to develop a toolkit to facilitate improved collaboration between midwives and OB/GYNs

Agenda Item that outlines strategic plan for Affiliates

Please plan to be available, by telephone if necessary, to provide clarification to this item during the BOD meeting. If you cannot be available, please indicate who will present this item:

YES, I will be present/on the phone for the meeting. Contact Information below:

Phone:

Email:

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Name:

Phone:

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Please return completed agenda form to Administrative Assistant, Carol Ross (CRoss@acnm.org), using the following file format: **NameOfItem_Agenda Form 2013.docx**

Strategic Priorities for Consideration for 2014
Executive Summary

2013 Approved Priorities	2014 Priorities for Consideration (Project Leader)
Goal 1: STRATEGIC COMMUNICATIONS	
1. Our Moment of Truth	1. Continue to Build and Expand Our Moment of Truth platform and increase uptake and impact (Clare Lynam)
2. Expand ACNM's internal comms and PR capacity	
3. Publish NPB Consumer Statement	
Goal 2: BARRIERS TO PRACTICE	
4. Achieve practice autonomy under state law and regulation	2. Achieve practice autonomy under state law and regulation (Cara Kinzelman)
5. Eliminate discriminatory hospital privileging policies	3. Publish and disseminate a Midwifery Value Proposition to key stakeholders to demonstrate the value of midwives and how to reduce barriers to practice, including discriminatory hospital privileging (Jesse Bushman)
6. Monitor and Inform on Affordable Care Act Implementation	4. Achieve optimal coverage of midwives and midwifery care in the implementation of the Affordable Care Act (Jesse Bushman)
7. Consider ICM Global Standards application to US midwifery	5. Work toward a shared long-term vision for midwifery in the US through US MERA (Cathy Collins-Fulea)
8. Improve ob/gyn-midwife collaboration	6. Develop a collaboration toolkit (Ginger Breedlove)
9. APRN Consensus Model implementation	
Goal 3: 1,000 MIDWIVES/YR by 2015	
10. Improve federal education policy	5. Improve federal education policy (Elaine Germano)
11. Workforce study funding	6. Improve knowledge of midwifery workforce, including obtain funding for midwifery workforce studies (Elaine Germano)
12. Optimize transition to practice for graduate midwives	7. Optimize transition to practice, guided by DOE Student Issues Section recommendations (Elaine Germano)
13. Increase the availability of midwifery preceptors	8. Implement recommendations of midwifery preceptor study (awaiting publication in JMWVH) (Elaine Germano)

Goal 4: QUALITY CARE	
14. Develop normal physiologic birth toolkit	9. Disseminate normal physiologic birth consumer statement and toolkit (Tanya Tanner)
15. Explore strategies for improved data collection	10. Consider data collection Technical Development Proposal and (Leslie Cragin; utilizing report from Private Practice consultancy)
16. Increase ACNM and member presence and activity on quality-related activities	11. Implement strategies of normal physiologic birth taskforce maternity system subcommittee. (Tanya Tanner)
	12. Fund a consultancy to support DOR's work to update ACNM's research agenda, analyze available funding opportunities that align with that agenda, and guide ACNM's next steps in enhancing research capacity (i.e., define expectations for a position or institutional partnership) (Breedlove/Kaplan/DOR)
Goal 5: EFFICIENT/EFFECTIVE ORGANIZATION	
17. Support affiliate development	12. Implement affiliate strategic plan (Christy Levine)
18. Strengthen global health grant funding	13. Strengthen global health grant funding (Suzanne Stalls)
19. Develop a diversification strategy	14. Fund a consultancy to promote diversification and inclusion in ACNM and in midwifery (D/I Taskforce)
	15. Increase membership engagement and effectiveness of volunteer organization (Ginger Breedlove)
	16. 60% of active CNMs and CMs will be members of ACNM by 2016 (George Hamilton)
	17. Launch new member resources to meet member needs and enhance and diversify ACNM's revenue stream (Lorrie Kaplan)
	<ul style="list-style-type: none"> ✓ Publications ✓ Ultrasound education courses ✓ Exam prep courses
Goal 6: GLOBAL HEALTH	
20. Contribute to reductions in infant mortality & improvements in global maternal health	18. Contribute to reductions in infant mortality & improvements in global maternal health (Suzanne Stalls)

AMERICAN COLLEGE OF NURSE-MIDWIVES
BOARD OF DIRECTORS MEETING AGENDA ITEM

Item is for: Open Session Closed Session
 Action Discussion Information Only

Meeting date: September 2013

Title of Item: Form Task Force to draft a proposal requesting ACOGs interest in creating a co-authored, Collaborative Practice Toolkit.

Submitted by: Ginger Breedlove

Coordinated/ Discussed with:

BOD Liaison: Cathy Collins Fulea

Staff Liaison: Lorrie Kaplan

Others:

Strategic Goal # or subject area (check best fit, and if "Other," briefly describe in space provided):

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | SG1: Strategic Communications/Increasing demand for midwifery services |
| <input checked="" type="checkbox"/> | SG2: Equity and Autonomy/Eliminating Barriers to Practice |
| <input type="checkbox"/> | SG3: 1,000 Newly certified CNMs/CMs per year by 2015/Increase supply of midwives |
| <input checked="" type="checkbox"/> | SG4: Provision of Quality Care |
| <input type="checkbox"/> | SG5: Effective operations and volunteer structure |
| <input type="checkbox"/> | SG6: Reduce infant mortality and increase maternal health globally by 2015 |
| <input type="checkbox"/> | Other: |

Statement of the Issue

With the pronounced and emerging MCH workforce shortage evidenced by ACOG predictions, the IOM reports on 'Best Care at Lower Costs' and 'Future of Nursing', as well as significant federal funding streams supporting models of IPE and IPEC, evidence suggests that this is an opportune time to engage with ACOG on designing a wide array of successful midwife/physician models of education and practice settings. Additionally, John Jennings, MD, ACOG President-elect has announced his term of President to focus on IPE and is specifically focused on IPE with midwives. A potential two-prong approach with ACOG on IPC includes a) education settings with combined/current models of residents and midwives, and, b) successful collaborative practice models. Funding pools are likely available for partnering with academic and health professional organizations over the next several years. (see hyperlink attachment)

Options for Addressing Need

Do nothing, or, draft proposal to submit and elicit ACOG interest on these initiatives.

Budget Implications to ACNM

None at this time

Recommendations

President to Chair and appoint a Task Force to draft a proposal for joint work with ACOG that will: a) identify and describe US models of best practice in IPE, and, b) co-author a Collaborative Practice Tool Kit.

Please list attachments to consider for agenda item

Thibault, G. E. and S. C. Schoenbaum. 2013. *Forging Collaboration Within Academia and Between Academia and Health Care Delivery Organizations: Importance, Successes, and Future Work*. Commentary, Institute of Medicine, Washington, DC. <http://www.iom.edu/forgingcollaboration>.

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Forging Collaboration Within Academia and Between Academia and Health Care Delivery Organizations: Importance, Successes, and Future Work

George E. Thibault, MD, and Stephen C. Schoenbaum, MD, MPH,
Josiah Macy Jr. Foundation*

July 26, 2013

The Institute of Medicine's (IOM's) report *Best Care at Lower Cost*¹ indicates that team-based care is an important tool for making the transition to a learning health care system, and it is a major objective of the work the Josiah Macy Jr. Foundation has been sponsoring for the past several years. Interprofessional education (IPE), defined by the World Health Organization as persons from two or more professions learning with, from, and about each other in order to achieve better patient outcomes, offers the potential to generate such teamwork when implemented more frequently, effectively, and, ideally, pervasively.

IPE is not a new concept. An IOM report released in 1972, *Educating for the Health Team*,² advocated for IPE. Some institutions have attempted to incorporate IPE, but until recently it has struggled to take hold. There are a number of challenges that must be faced and several of the Macy Foundation's grants address these. For instance, there is now a growing number of different universities—one perhaps having a medical school, another having a nursing school or a school of pharmacy—that are collaborating on IPE. The University of Colorado, University of Minnesota, and University of Washington have all launched successful

The views expressed in this commentary are those of the authors and not necessarily of the authors' organization or of the Institute of Medicine. The commentary is intended to help inform and stimulate discussion. It has not been subjected to the review procedures of the Institute of Medicine and is not a report of the Institute of Medicine or of the National Research Council.

school-wide approaches to IPE involving multiple health professional schools. An example of a successful IPE collaboration across different academic institutions is Hunter College's (nursing, public health, and social work) collaboration with Weill-Cornell (medicine).

However, even within a single university, different professional schools often have different schedules. Furthermore, involving multiple geographically disparate campuses or students in health professions distance learning programs presents a significant logistical challenge.

To confront these challenges and facilitate broader IPE implementation, in May 2011 the Interprofessional Education Collaborative (IPEC), which is composed of individuals representing six health professions educational institutions—medicine, nursing, osteopathy, dentistry, pharmacy, and public health—issued the report *Core Competencies for Interprofessional Collaborative Practice*.³

*Contributors to the Learning Health System
Commentary Series of the IOM Roundtable on Value &
Science-Driven Health Care.

This publication complemented the report of a 2011 conference on team-based competencies co-sponsored by the Macy Foundation, the American Board of Internal Medicine Foundation, and the Robert Wood Johnson Foundation. These competencies are providing major guidance for the design of IPE programs.

Moreover, in September 2012 the Health Resources and Services Administration announced that it would provide \$4 million in core support over 5 years for a new Coordinating Center for IPE and Collaborative Practice (the National Center) at the University of Minnesota. At the same time, the Macy Foundation and three others—the Robert Wood Johnson Foundation, John A. Hartford Foundation, and Gordon and Betty Moore Foundation—pledged an additional \$8.6 million over 5 years to support the work of the National Center. Operations of the National Center have been getting under way and should catalyze activity around the country.

Not uncommonly, leaders in health care delivery systems who are working to develop more population-oriented, team-based, coordinated care have been concerned that academic institutions have not been graduating health professionals best-equipped to deliver such care. At the same time, academic institutions have been concerned about varying degrees of unwillingness of those in health care delivery to participate in the education of the future workforce. Accordingly, going forward, we see it, and the National Center sees it, as extremely important to align IPE with clinical practice redesign and collaborative practice. We held a conference in January 2013 on this subject. Recommendations from that conference include the following:

- Engage patients, families, and communities in the design,

implementation, improvement, and evaluation of efforts to link IPE and collaborative practice.

- Accelerate the design, implementation, and evaluation of innovative models linking IPE and collaborative practice.
- Reform the education and lifelong career development of health professionals to incorporate interprofessional learning and team-based care.
- Revise professional regulatory standards and practices to permit and promote IPE and collaborative practice.
- Realign existing resources to establish and sustain the linkage between IPE and collaborative practice.

Each of these recommendations includes specific high-priority work that needs to be done to help achieve them.⁴

To achieve the goal of “best care at lower cost,” fostering teamwork through IPE and forging a nexus between academia and health care delivery organizations should be top national priorities. The country, and each of us as individuals, needs it.

George E. Thibault, MD, is President of the Josiah Macy Jr. Foundation. Stephen C. Schoenbaum, MD, MPH, is Special Advisor to the President at the Josiah Macy Jr. Foundation.

References

1. IOM (Institute of Medicine). 2012. *Best Care at Lower Cost: The Path to Continuously Learning Health Care in America*. Washington, DC: The National Academies Press.
2. IOM. 1972. *Educating for the Health Team*. Washington, DC: National Academy Press.
3. Interprofessional Education Collaborative Expert Panel. 2011. [Core Competencies for Interprofessional Collaborative Practice: Report of an Expert Panel](#).
4. Josiah Macy Jr. Foundation. 2013. [Transforming Patient Care: Aligning Interprofessional Education with Clinical Practice Redesign](#).

Suggested Citation: Thibault, G. E. and S. C. Schoenbaum. 2013. *Forging Collaboration Within Academia and Between Academia and Health Care Delivery Organizations: Importance, Successes, and Future Work*. Commentary, Institute of Medicine, Washington, DC. <http://www.iom.edu/forgingcollaboration>.

Note: Authored commentaries in this IOM Series draw on the experience and expertise of field leaders to highlight health and health care innovations they feel have the potential, if engaged at scale, to foster transformative progress toward the continuously learning health system envisioned by the IOM. Statements are personal, and are not those of the IOM or the National Academies.

In this commentary, George E. Thibault and Stephen C. Schoenbaum of the Josiah Macy Jr. Foundation describe the promise offered by interprofessional education (IPE) to improve teamwork and patient outcomes throughout the care delivery process. Their discussion touches on several concepts central to continuously improving health care, including the opportunities for:

- Broad, national investment in IPE program development;
- Collaborative efforts to design and implement coordinated, streamlined IPE competencies;
- Alignment of IPE with clinical practice redesign to incorporate interprofessional learning and team-based care into health professions education reform; and
- Patient, family and community engagement to accelerate the design, implementation, improvement, and evaluation of efforts to link IPE and clinical practice.

Information on the IOM's Learning Health System work may be found at www.iom.edu/learninghealthsystem

Affiliate Strategic Planning

Vision: ACNM Affiliates are active with engaged membership with the necessary tools to achieve their goals.

Mission: To ensure affiliate leaders have the necessary tools and resources to accomplish their goals, support their membership and support the goals of ACNM.

Administration of Affiliate

- (1) **Conduct an audit of the affiliate paperwork on file**
- (1) **Send Affiliate Agreement to affiliates that were approved in 2010**
 - Per affiliate agreement, must be resigned and submitted every three years
- (2) **Determine the level of understanding of affiliate paperwork by leaders**
 - Understand bylaws
 - Understand the 990 and filing deadlines
 - Understand Articles of Incorporation; what is involved
- (2) **Develop an excel template and explanation to help affiliate leaders track income/expenses**
 - Update the Affiliate Resources portion of the ACNM website**
 - (1) Conduct a survey to determine what information the affiliate leaders need that is currently not on the site or hard to find
 - (1) Know how to use/who to contact about webinars/teleconferences
 - (1) Include information about how to apply for/obtain CEUs for affiliate meetings on the affiliate resources page
- (1-2) **Update the Chapter Chair Manual into an Affiliate Leaders Guide**

Leadership Development

Develop Formal Leadership Training and Development curriculum (suggestion came up at Leadership Breakfast)

- (3) Continue the Affiliate leadership skills workshop - invite those interested in a leadership position (hold a separate workshop for those interested?)
- (1-2) Create/Finish Affiliate Guide Book
 - (1) Update/Post Affiliate Leadership Skills workshop handouts on website
- (2) **Create an Affiliate Leaders Mentor Program**
- (3) **Answer the Question: How to manage conflict in an organization of mainly women** (question from the Affiliate Leadership Skills Workshop)

Strategic Planning

Assist affiliate leaders with creating their own strategic plan

- (2) Create a template/webinar/series of questions to help the affiliates develop a strategic plan
- (2) Provide template and coach/mentor affiliates in identifying strategic objectives, then breaking them down into achievable goals
- (3) Include "Dynamic Strategic Planning" as part of next affiliate leadership skills workshop

Communications/PR

Improve Communications/Relationship between national office and the affiliate leaders

- (1) Continue to send monthly affiliate leaders update emails
- (1) Create a series of webinars held every other month to facilitate communication across affiliates
- (1) Improve functionality of Affiliate Portal to allow affiliate leaders to run reports to access new members
- (2) Schedule calls with all affiliate leaders to establish lines of communication and learn more about each affiliate

Assist Affiliate Leaders implement OMOT in their community

(Comms is working on this as part of their OMOT campaign; will work with Clare to implement)

Create tools and resources to help Affiliate leaders communicate with their members

- (2) Create a one-pager/info document with tips for effectively using Social Media
- (2) Create templates for newsletters/emails that the affiliates can use

Affiliate Meetings

(2) Develop a 'how to' guide for meetings

- Include job descriptions to aid in recruitment of volunteers
- Create a list of possible types of speakers affiliate can invite
- Develop a list of resources to help with long distance and virtual meetings
- Include how to market the meetings to affiliate members and a wider audience

(2) Create a "Speakers Bureau" of talks that have CEU approval to be delivered at Affiliate Meetings

Timeline

- (1) - 0-3 months
- (2) - 3-6 month
- (3) - 6-12 months

AMERICAN COLLEGE OF NURSE-MIDWIVES
BOARD OF DIRECTORS MEETING AGENDA ITEM

Item is for: Open Session Closed Session
 Action Discussion Information Only

Meeting date: September 2013

Title of Item: Implications associated with Motion #5 from the 2013 Business Meeting in order to make a recommendation to the BOD

Submitted by: Kathleen E Przybylski

Coordinated/ Discussed with: George Hamilton, Fausto Miranda, Melinda Bush

BOD Liaison: **Staff Liaison:**

Others:

Strategic Goal # or subject area (check best fit, and if "Other," briefly describe in space provided):

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | SG1: Strategic Communications/Increasing demand for midwifery services |
| <input type="checkbox"/> | SG2: Equity and Autonomy/Eliminating Barriers to Practice |
| <input type="checkbox"/> | SG3: 1,000 Newly certified CNMs/CMs per year by 2015/Increase supply of midwives |
| <input type="checkbox"/> | SG4: Provision of Quality Care |
| <input checked="" type="checkbox"/> | SG5: Effective operations and volunteer structure |
| <input type="checkbox"/> | SG6: Reduce infant mortality and increase maternal health globally by 2015 |
| <input type="checkbox"/> | Other: |

Statement of the Issue

Motion #5 suggested that CNMs and CMs who are students in fields of study outside of midwifery should be granted student registration rates at the ACNM Annual Meeting while still retaining their voting privileges as Active members.

Approving and implementing this motion has wide implications including:

- Finance/Revenue implications: currently a CNM/CM who is a student can be an Active-Supporting member & register at that rate which is discounted from the full Active member registration but to a lesser degree than the discount for Students;
- Registration: Set up a system for verification of eligibility, set up systems/technology implications with vendor registration systems;
- Deviation from ACNM Bylaws in how student membership eligibility is defined;
- Financial and staff resources would be required to implement.

The Active-Supporting membership category has multiple paths to eligibility. Full-time student status in something other than an ACME accredited education program is one of those paths. Other eligibility paths are: retirement, unemployment, working outside of midwifery, and missionary or full-time volunteer work. What is the justification that one group within this membership category deserves a more deeply discounted registration rate to the annual meeting than others?

Options for Addressing Need

1. Keep rates as they currently are.
2. Offer student rate. These registrations would be entered manually by a staff member so that these attendees would not be able to self-select. Publicize through other channels for midwives who are members, who are not practicing and are back in school. Proof of enrollment would be required such as: enrollment paperwork, receipt, schedule with semester or list of classes with name and student ID. The registration could be entered and a balance could be left in the system and then deleted when

AMERICAN COLLEGE OF NURSE-MIDWIVES
BOARD OF DIRECTORS MEETING AGENDA ITEM

documentation received. This discount would apply to full conference registration.

Budget Implications to ACNM

We estimate an approximate cost of \$3,000 in staff time for verification, manual registration entry, and loss of registration revenue. We are not able to specifically calculate the number of members that would potentially be eligible for this new discount

Recommendations

Enter text here

Please list attachments to consider for agenda item

Enter text here

Please plan to be available, by telephone if necessary, to provide clarification to this item during the BOD meeting. If you cannot be available, please indicate who will present this item:

YES, I will be present/on the phone for the meeting. Contact Information below:

Phone:

Email:

NO, I will not be present/on the phone for the meeting. Agenda item will be presented by:

Name: Lorrie Kaplan

Phone:

Email:

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**AMERICAN COLLEGE OF NURSE-MIDWIVES
BOARD OF DIRECTORS MEETING AGENDA ITEM**

Item is for: Open Session Closed Session
 Action Discussion Information Only

Meeting date: September 2013

Title of Item: Consumer Representation to the ACNM Board of Directors – additional information

Submitted by: Ginger Breedlove

Coordinated/ Discussed with:

BOD Liaison:

Staff Liaison: Christy Levine

Others:

Strategic Goal # or subject area (check best fit, and if “Other,” briefly describe in space provided):

- SG1:** Strategic Communications/Increasing demand for midwifery services
- SG2:** Equity and Autonomy/Eliminating Barriers to Practice
- SG3:** 1,000 Newly certified CNMs/CMs per year by 2015/Increase supply of midwives
- SG4:** Provision of Quality Care
- SG5:** Effective operations and volunteer structure
- SG6:** Reduce infant mortality and increase maternal health globally by 2015
- Other:**

Statement of the Issue

The proposal for consumer representation on the Board of Directors was first introduced to the Board in June, 2013. The outcome of the discussion was to conduct more research on the pros and cons of adding a consumer representative to the Board.

A question was posed to the American Society of Association Executive’s (ASAE) Executive Management List Serve, asking about experiences with having a consumer representative to their Board of Directors. The original question received many insightful comments from leaders in the Association Management field.

The general consensus of those that responded was that if an organization decided to have a consumer or public member on the Board, there needs to be a very clear understanding of the perspective, experience or expertise the Board wants that individual to possess and how the search will be conducted to find prospective members to bring that skill set to the Board.

However, there were opinions that a public member doesn’t have a place on the Board because the Board’s job is to govern, not be a hearing committee, advisory body or oversight group. If an outsider is brought in, they may not understand the role of the Board of Directors, or they may not have a stake in the mission and vision of the organization, or in some cases, could derail Board conversations.

The ASAE discussion thread offered an alternative, a Consumer Advisory Board rather than a member to BOD. The value of an advisory arm could provide broader diversity, wider inclusion and beneficial insight to questions or opportunities before the ACNM that directly reflect consumer action or health trends.

Options for Addressing Need

Budget Implications to ACNM Unsure at this time, however do not recommend face/face meetings.

AMERICAN COLLEGE OF NURSE-MIDWIVES
BOARD OF DIRECTORS MEETING AGENDA ITEM

Recommendations

Recommend formation of a Public/Consumer Advisory Board to ACNM. President assigns Task Force to facilitate formation of Advisory Group including but not limited to: nomination process, application form, applicant reviews, method/frequency of communication, content for potential reflection, term of service.

Please list attachments to consider for agenda item

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ACNM ORGANIZATIONAL DUES-2013

Dues/Subs/Pubs- 7050-1120-00

Description	Total for ACNM	2013 Contributions	2013 Memberships
MEM	International Confederation of Midwives Tranlators ICM		15,067.00
MEM	March of Dimes/NPA		2,500.00
MEM	USBC-\$500		500.00
MEM	American Nurses Association		5,000.00
MEM	National Quality Forum		1,000.00
MEM	Coalition for Patient Rights	5,000.00	-
MEM	Nursing Alliance for Quality Care (NAQC)		1,500.00
contributions	Centering Pregnancy	1,000.00	
	National Academy of Science		10,000.00
contribution	Midwives PAC	7,000.00	
MEM	AABC		685.00
	Unallocated Amount		315.00
	Subtotal	13,000.00	36,567.00
	TOTAL 2013 Budget	49,567.00	

Exploring March of Dimes and NPA

Removed Coalition for Improving Maternity Services will support in a different way.