

ACNM Draft Strategic Plan
2015-2020

Background and Introduction

The ACNM Board of Directors and senior management have drafted a new ACNM strategic plan and proposed conceptual structure. The final plan will be formally disseminated at the ACNM 60th Annual Meeting & Exhibition, June 27-July 1, 2015.

This document describes the plan development process and the plan framework, and provides the draft plan itself.

The Listening Process

The draft strategic plan was developed over a one-year period based on input from various stakeholders, starting with a survey of current and lapsed members at the end of 2013. National and affiliate volunteer leaders and staff were surveyed in February 2014 and a one-day retreat was held in conjunction with the March 2014 board meeting. Additional discussion was held at the May 2014 Leadership Breakfast, which included a significant number of national and affiliate leaders. We also analyzed *The Lancet Series on Midwifery* and the International Confederation of Midwives *State of the World's Midwifery 2014* report to align ACNM's direction and strategies with those of midwifery associations around the world.

The Plan Framework

With no shortage of ideas, our plan started to take shape in fall 2014, and was refined through teamwork between members of the board of directors and the ACNM senior staff. Our framework is somewhat unconventional in its structure, but we believe it suits us well. Here is a summary description of the plan and its components.

Mission, Vision and Core Values

We have not changed our mission, vision, and core value statements, developed in 2012.

Mission: ACNM works to establish midwifery as the standard of care for women. We lead the profession through education, clinical practice, research, and advocacy.

Vision: Advancing the health and well-being of women and newborns by setting the standard for midwifery excellence.

Core Values:

1. **Excellence.** ACNM values excellence in midwifery education, clinical practice, and research. We are committed to upholding the highest clinical and ethical standards, professional responsibility, accountability, and integrity.
2. **Evidence-Based Care.** ACNM evaluates, publishes, and showcases scientific evidence to improve professional practice. We are committed to upholding the most rigorous clinical practice standards in the midwifery profession and applying this knowledge and clinical

expertise to help women make the best health decisions. We strongly support the use of quality measurement to improve care.

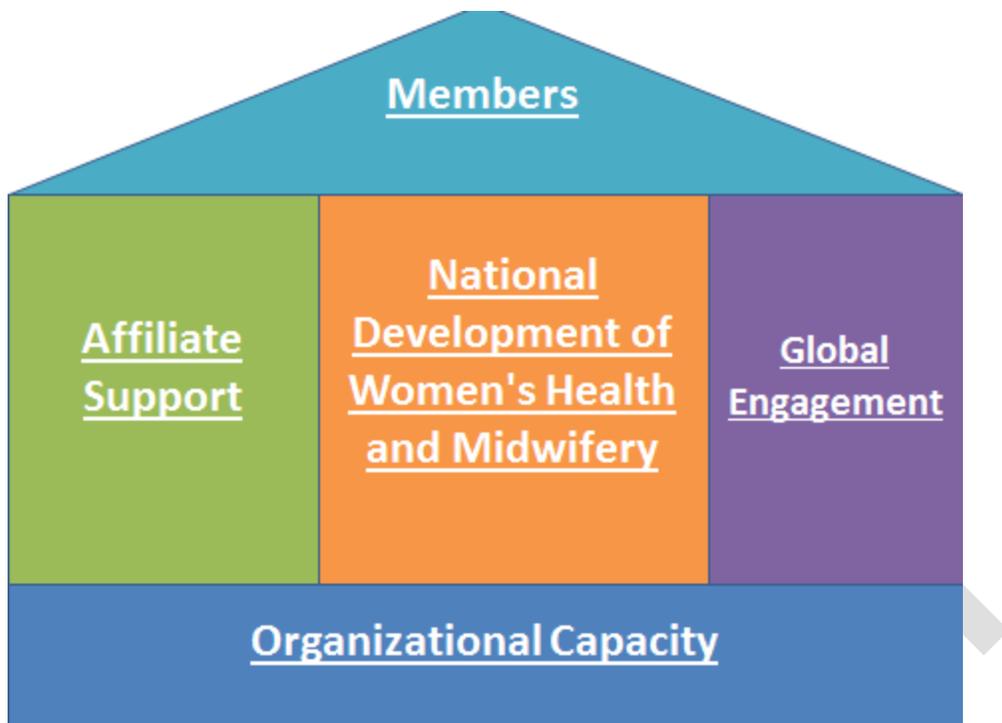
3. **Formal Education.** ACNM promotes certification of midwives based on completion of nationally recognized, accredited midwifery education programs in accordance with the International Confederation of Midwives global standards for education. We support interprofessional education of midwives with other health professionals to improve maternity care and women’s health services.
4. **Inclusiveness.** ACNM celebrates and supports a diverse midwifery profession. ACNM embraces those prepared dually in nursing and midwifery and those prepared directly in midwifery.
5. **Woman-Centered Care.** The woman is at the core of our practice. ACNM and its members respect a woman’s lifecycle events. We approach life events, such as puberty, birth, and menopause, as physiologic transitions that are best supported by education and midwifery expertise.
6. **Primary Care.** ACNM members provide primary and maternity care services to help women of all ages and their newborns attain, regain, and maintain health. We emphasize health promotion and education, disease prevention, and informed decision-making.
7. **Partnership.** Our members build partnerships with women and their families by listening and providing information, guidance, and counseling in a shared decision-making process. We partner with other members of the health care team through collaboration and referral to provide optimal care and to advance the integration of midwifery care into the health care system.
8. **Advocacy.** ACNM amplifies women’s voices on health issues. We advocate on behalf of women and families, our members, and the midwifery profession to eliminate health disparities and increase access to evidence-based, quality care. This includes the promotion of standards for entry to practice and continuing competency; funding for education and reimbursement for services; and increasing the visibility and recognition of the value of midwifery care.
9. **Global Outreach.** ACNM promotes the profession of midwifery globally. We foster quality and innovation in midwifery education and support the strengthening of the profession worldwide through education, regulation, and association-building as keys to improving maternal and newborn health.

Domains

Our proposed plan has five **DOMAINS**, each with its own envisioned future, programs, strategies and goals:

1. Support for Members
2. Support for Affiliates
3. National Development of Women's Health and Midwifery
4. Global Engagement
5. Organizational Capacity

The next page shows a primitive “working graphic” of the 5 domains. A more professional graphic will be developed for publication.



We've made every attempt to make our goals "SMART" (Specific, Measureable, Achievable, Realistic, and Timely"). While tactics to achieve the goals are being worked on, and will be updated annually, they are not included in this draft of the plan for simplicity's sake.

Strategic Competencies for 2015-2020

We propose that ACNM seek to strengthen five strategic competencies across all domains over the next five years:

- **Diversification and inclusion.** We seek to embrace diversity and inclusion in our profession and organization at every level so that all CNMs and CMs feel welcome and able to contribute to the profession, as well as meet the needs of a diverse U.S. population.
- **Leadership.** We seek to enhance midwifery leadership in ACNM, the U.S., and globally. This means greater transparency to become a user-friendly organization where members can be actively involved and contribute their expertise, talents and passions.
- **Interprofessionalism.** We seek to promote healthy interprofessional cultures through midwifery leadership. We will continue to strengthen partnerships with physicians, nurses, and other midwives to promote evidence-based, woman- and family-centered care.
- **Communications.** We seek to continuously improve our communications within ACNM, with other health professions, and with women and families.
- **Research.** We are committed to strengthening midwifery research to support evidence-based care practices and educational approaches to assure that the unique contributions of midwives are disseminated to benefit women and their families.

On the following pages, we present each Domain with its envisioned future, programs, strategies, and goals. On an annual basis, with each year's budgeting process, we will refresh the specific tactics that will be carried out to meet the goals.

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DOMAIN 1: Support for Members

Envisioned Future:

ACNM provides a high-quality, individualized experience for all members. ACNM represents and supports members through benefits and resources that have a positive, personal impact on their lives and careers. ACNM is viewed by CNMs and CMs and the public as the preeminent midwifery resource.

Programs, Strategies, and SMART Goals

1. Growth

- a. In 2015, re-establish the national Membership/Marketing Committee.**
- b. Expand ACNM's membership retention campaigns and programs.**
 - i. In 2015, provide members with a directory describing how to participate actively in ACNM, including testimonials. Update the directory annually.
 - ii. By 2017, increase membership retention from 78% to 80% through a combination of national and affiliate-driven retention efforts. Continue to foster these efforts for incremental growth to 85% retention by the end of 2020.
 - iii. By 2017 support affiliates to create membership committees to help direct membership recruitment and retention efforts (See Affiliates –Membership/Growth)
- c. Increase market penetration**
 - i. In 2015, launch a member-get-a-member campaign.
 - ii. In 2015, evaluate current membership “packages” for members from affiliated professions, and consider “re-packaging” to increase perceived value. Reevaluate annually.
 - iii. Review 2013 lapsed member survey and analyze changes made since then to address issues raised. Run another Lapsed Member Survey in 2016.
 - iv. By 2020, 75% of eligible CNMs/CMs and students will be members.
- d. Increase member awareness of ACNM member benefits, services, and resources available and ACNM's work to advance the midwifery profession.**
 - i. By 2016, increase the utilization of communications and social media channels to regularly inform members about member benefits, services, and resources.
 - ii. By 2016, increase the demographic information about members, coordinating with AMCB.
 - iii. In 2016, administer a membership survey and a lapsed member survey.
 - iv. By 2017, implement software that allow ACNM to target member communications based on career stage, interests, and preferences.
 - v. Collaborate with the A.C.N.M. Foundation to devise strategies to retain senior members, particularly those who no longer maintain certification.

2. Diversification and Inclusion

- a. Midwives of color and student midwives of color are underrepresented in the CNM/CM professions and within ACNM membership. ACNM seeks to develop a deeper understanding of how to be welcoming to midwives of color.**
 - i. Outreach to underrepresented groups in ACNM members and non-members to identify obstacles to full participation.

- ii. By 2016, survey students and midwives of color to identify unmet needs.
 - iii. Share results of the 2016 survey with the D/I task force for their analysis.
 - b. Increase awareness about how to participate in ACNM and the benefits of engagement.**
 - i. Ensure transparency to the leadership process and encourage every member to participate in leadership development or in ACNM activities at the affiliate and/or national level
 - 1. In 2015, survey members about their knowledge of the leadership process, if they feel it is accessible to them and if they're encouraged to participate.
 - 2. In 2017, resurvey members to see if there is improvement in perceptions.
 - ii. Encourage formation of common interest caucuses
 - c. Increase engagement with pre-midwifery students.** By 2017, work with affiliates to develop a long-term plan to visit high schools, colleges, and schools of nursing in their state or territory and speak about entering into a midwifery career – especially among diverse students in underrepresented groups. *(See also Affiliates – Membership/Inclusivity)*
- 3. Professional development resources**
- a. Expand e-learning opportunities.** By 2016, develop a business plan to enhance e-learning professional development resources for midwives.
 - b. Enhance networking opportunities.** Maintain networking opportunities within the Annual Meeting and better communicate the value of connecting with colleagues for professional development while also receiving their CEUs.
 - c. Expand affiliate networking opportunities.** By 2016, provide affiliates with suggestions on how they can engage new members and get them more involved in ACNM.
 - d. Expand Interprofessional collaboration**
 - i. By 2016, create an Affiliate toolkit to facilitate collaboration with other stakeholders in their state/territory, i.e., ACOG, state APRN and nursing organizations, CPM groups, etc. *(See also Affiliates – Maintaining Relationships with key Stakeholder Groups)*
 - ii. Create networking opportunities between members and representatives of affiliated professional healthcare organizations at the Annual Meeting and Midwifery Works!
 - 1. Invite local ACOG, nursing, public health, department of health, chapters of other midwifery organizations, and other such type organizations naturally affiliated with midwifery – the “affiliated professional healthcare organizations” -- to our meetings – so not just ACOG senior leadership for example, but local as well.
 - e. Tailor resources for all career stages**
 - i. By 2016, revamp the ACNM website to be geared to particular career stages.
 - ii. By 2016, collaborate with affiliates to provide information and tools to engage members of all stages of their career: students, new graduate, clinical, teaching, retired, etc. *(See also Affiliates – Membership/Engagement)*
 - f. Expand utilization of e-midwife listservs.** By 2020, 75% of members participate in ACNM e-midwife listservs for information-sharing and networking.

4. ACNM Honors and Awards

- a. **Longevity as a practicing clinician.** By 2016, implement a recognition program for ACNM members with more than 30 years of providing clinical service.
- b. **Longevity of membership.** By 2016, implement a program for CNMs/CMs recognizing initial membership in ACNM as well as consecutive years of membership (5, 10, 15, etc.).
- c. **Celebrate volunteer work in ACNM.** By 2016, at the completion of every volunteer term of service, volunteers will receive a certificate of service (*See also Affiliates – Honors and Awards*).
- d. **Recognize exemplary members and volunteer efforts.**
 - i. Continue recognition of exemplary members through the ACNM Fellowship and Awards.
 - ii. Collaborate with other departments (Global Engagement, DOR, etc) to possibly create recognition awards or programs.
 - iii. By 2017, create an annual award that affiliates confer on member of related healthcare profession, celebrating mutuality of purpose, support of Affiliate goal, excellence in research, etc. (*See also Affiliates – Honors and Awards*)

DOMAIN 2: Support for Affiliates

Envisioned Future:

Each affiliate is fully operational. Midwives have the ability to work to the full extent of their education in every state. Every member is valued by the affiliate and owns the affiliate's success as a personal goal.

Programs, Strategies, and SMART Goals

1. **Membership.** National ACNM will provide tools and resources to affiliates to implement campaigns designed to increase membership.
 - a. **Growth**
 - i. By 2017 ACNM national will support affiliates to create membership committees to help direct membership recruitment and retention efforts
 - ii. By 2018, ACNM national will provide tools and support to help most affiliates increase in membership by 5%.
 - b. **Engagement** (*See also Membership – Professional Development Resources*)
 - i. Annually, most affiliates will see growth in meeting attendance.
 - ii. By 2016 provide tools and resources to help affiliates communicate regularly and effectively with all of their members.
 - iii. By 2016, provide tools and resources to help affiliates engage new members and get them involved in the Affiliate and ACNM.
 - iv. By 2016, collaborate with affiliates to provide information and tools so they can engage members through all stages of their career.
 - v. By 2017, increase member awareness in midwifery research.
 - vi. By 2018, engage members in midwifery data collection.
 - c. **Diversification and Inclusion** (*See also Membership – Diversification and Inclusion*). Work with affiliates to encourage and support active participation of members from underrepresented groups.
 - i. By 2016, provide tools and resources to support affiliates' outreach to underrepresented groups.
 - ii. By 2016, develop a long-term plan with affiliates to visit high schools, colleges and schools of nursing and give them tools to speak about midwifery as a career
 - iii. By 2017, provide tools and resources to help affiliates ensure a transparent process to affiliate leadership
 - d. **Student Involvement.** By 2016, all students will be invited to join affiliate meetings, even if virtually.
 - e. **Affiliates will hold regularly scheduled meeting for business and continuing education.**
 - i. By 2017, most affiliates will have at least two meetings a year, including Board meetings.
 - ii. By 2018, most affiliates will offer one meeting annually with CE credits.
 - f. **Honors and Awards** (*See also Membership – Honors and Awards*)
 - i. By 2016, encourage affiliate leaders to recognize volunteers after their term of service.
 - ii. By 2016, affiliate leaders will make sure their members are aware of the various Awards and Scholarships offered by the A.C.N.M. Foundation, as well as the various Foundation donor opportunities that support these awards and scholarships.

- iii. By 2017, create an award that affiliates confer on a member of related healthcare profession, celebrating mutuality of purpose; support of an affiliate goal, etc.
2. **Advocacy.** Affiliates will have the tool, resources and support to accomplish their advocacy goals.
- a. **Affiliates will have an Affiliate Legislative Chair or team to lead legislative activities**
 - i. By 2016 most affiliates will have determined the advocacy structure that works best for their affiliate (one Affiliate Legislative Chair (ALC), separate ALCs for state and federal issues, a legislative team, or some combination thereof).
 - ii. By 2017 affiliates will implement a strategic planning process for key advocacy issues, including consideration of succession planning to ensure there is always at least one legislative contact in the state.
 - b. **Affiliates are provided with the advocacy tools and training to understand issues and effect change.**
 - i. By 2016 ACNM national will create a sustainable structure for annual (virtual) legislative summits to prep affiliates for upcoming sessions.
 - ii. By 2016 affiliates will participate in an existing lobby day or create their own event with support available from ACNM national.
 - iii. By 2017 ACNM national will provide advocacy training for affiliate leaders and members.
 - iv. ACNM national will continue to produce materials affiliates can utilize for advocacy and will remain available for consultation and assistance at every stage of advocacy campaigns.
 - v. ACNM national will continue to facilitate affiliate- to-affiliate support, knowledge-sharing, and strategy development.
 - vi. ACNM national will continue to track all legislative and regulatory measures with implications for midwifery practice and make this information readily available to affiliates.
 - vii. ACNM national will coordinate state and federal legislative strategies to ensure that meaningful contacts, useful data, and policy gains are reflected in each arena to the greatest extent possible.
 - c. **Affiliates will work to establish International Confederation of Midwives (ICM) Educational Standards as minimum standards in each state.** *(See also National Development -- Education)*
 - i. By 2016 affiliates will have established relationships with key stakeholders involved in midwifery regulation, including direct-entry midwifery groups, consumer groups, nursing organizations, and local American Congress of Obstetricians and Gynecologists (ACOG).
 - ii. By 2016 ACNM national will supply each affiliate with an analysis of where midwifery regulation in the state falls short of stated ICM Standards and, when requested, will partner with interested affiliates to remedy identified shortcomings.
 - iii. ACNM national will continue efforts to ensure that affiliates are well-versed in the United States Midwifery Education, Regulation, and Association (US MERA) process and its implications for midwifery relations and regulation at the state level.
3. **Full Practice Authority.** All midwives have the ability to work to the full extent of their education
- a. **ACNM national will continue to support affiliate efforts to implement full practice authority as they self-identify as being interested in that effort.** ACNM national will provide them with

- advice, written advocacy materials that are customized to their state, and connection with other stakeholders that can support their efforts.
- b. **ACNM national will continue regular webinars/conference calls with interested affiliate leaders** to allow them to share their approaches to this effort.
 - c. **ACNM national will support affiliates to expand legal recognition of the CM credential.**
4. **Coalition Engagement.** Affiliates maintain effective relationships with and participate in coalitions with key stakeholder groups (*See also Membership – Professional Development Resources*)
 - a. **Affiliates will remain alert for opportunities to publicize the benefits of midwifery and engage with a wide variety of stakeholders** by, for example, serving on infant/maternal mortality review boards, regulatory boards, or advisory committees.
 - b. **By 2016, affiliates will identify key organizations to engage with and designate an affiliate member to attend their meetings.** Affiliates will share appointments with ACNM national Continue to encourage networking opportunities by affiliates with local and regional professional healthcare organizations, i.e., local OB/GYN societies, National Association of Certified Professional Midwives (NACPM), state nursing organizations, organizations working to reduce health disparities, etc.
 - c. **By 2016, create an affiliate toolkit to facilitate collaboration with other stakeholder organizations in their state,** i.e., ACOG, state APRN and nursing organizations, Certified Professional Midwife (CPM) groups, etc.
 5. **Continuing Education.** Affiliates offer continuing education for members and others interested in women’s health
 - a. **Professional and Leadership development:** Affiliates will have the tools necessary to offer professional and leadership development
 - i. By 2017, ACNM national will develop and deliver an evidence-based leadership training program for affiliate leaders to be introduced at the Annual Meeting.
 - b. **Preceptor Encouragement:** Affiliates will implement programs to encourage and recognize preceptors
 - i. By 2017, ACNM national will provide support to affiliates to increase preceptors
 - ii. By 2018, affiliates will have programs in place to recognize preceptors
 - c. **Student Engagement:** Affiliates will welcome all student midwives and student nurse-midwives into the affiliates
 - i. By 2016, ACNM national will provide training for affiliates to identifying students in their affiliates to invite them to meetings.
 - ii. By 2017, ACNM national will support affiliates to establish ways of engaging students into affiliate activities, including reverse-mentoring.
 - iii. By 2017, affiliates are encouraged to select a student-representative to their board of directors to ensure the students feel they have a voice in affiliate activities.
 - d. **Continuing Education opportunities:** Affiliates will offer continuing education for members.

- i. By 2016, ACNM national will establish a 'speaker's bureau' consisting of already approved CEU presentations that can be accessed by affiliates to offer at meetings.
- ii. By 2016, ACNM national will help affiliates identify Continuing Education (CE) opportunities for individual members.

6. Governance.

- a. **Provide tools and resources to help affiliates govern effectively.**
 - i. By 2016, provide education for affiliate leaders about their governing documents.
 - ii. In 2016, assist affiliate Leaders in developing succession policies and procedures
 - iii. In 2016, support affiliate Leaders as they begin working from strategic plan
- b. **Continue to support affiliate participation in National Midwifery Week, Midwifery Advocacy Week, and Midwifery Advocacy Month.**
- c. **By 2016, expand utilization of ACNM affiliate resources** (listservs, micro-sites, Affiliate Portal). Strategies will include webinars, a 'road map to success' (check list), ACNM Affiliate Connections webinars, and a biennial survey to determine progress, wants and needs.
- d. **By 2016, provide tools and resources to support regular communications between affiliates and ACNM national staff**, including regular "check ins", policy calls in the fall, and affiliate governance operations in the spring. ACNM will work with affiliates to continuously improve communication systems
- e. **By 2016, provide tools and resources to support regular communications among affiliates**, including listservs for affiliate leaders within the same region, affiliate workgroups, and a regular *Quickening* column to communicate successes to others.
- f. **By 2017, provide tools and resources to support regular communications between affiliates and Region Representatives**, including "check ins" throughout the year, attendance at one meeting of each affiliate during the Region Representative's three-year term, and systems to enhance Region Representative -affiliate leader communications.
- g. **Provide tools and resources to support affiliate participation public education about midwifery.** *(See also National Development -- Strategic Communications)*
 - i. By 2016, link more active affiliates with less active affiliates for collaboration and exchange of knowledge.
 - ii. Through 2020, ACNM national will continue to reach out to affiliates with tools, ideas and suggestions to help promote midwives and midwife led care, and provide assistance to implement activities, as needed. Through 2020, ACNM national will respond to requests for communications support from affiliates, including media relations, social media and graphics.

DOMAIN 3: National Development of Women's Health and Midwifery

Envisioned Future:

All U.S. women have access to high-value midwifery care. An increasing proportion of women choose midwives as their care providers and midwives are prepared to serve women from a wide range of backgrounds and identities.

Programs, Strategies, and SMART Goals

1. Full practice authority in all states, territories, and federal programs

a. Federal laws and regulations support midwives' ability to practice to the full extent of their training and certification.

- i. In 2015, ACNM will meet with hospital associations and major hospital corporations to discuss hospital privileges and participation on medical staff by midwives with the goal of convincing them to issue a statement supportive of privileges and medical staff participation and for midwives working without supervision and written collaboration agreements where state laws allow.
- ii. Assuming hospitals are willing to develop such a statement, in 2015 and 2016 ACNM will discuss with hospital associations and major hospital corporations the development of legislative or regulatory changes to Medicare's conditions of participation to ensure midwives fuller access to privileges and participation on medical staff.

b. Major health system stakeholder policies support full practice authority for midwives.

- i. In 2015, survey membership to identify significant health systems that do not grant full practice authority to midwives. Repeat the survey in late 2019 to evaluate the impact of ACNM advocacy efforts.
- ii. In 2016, meet with the health systems so identified to discuss a change in their approach and establishment of policies supportive of full practice authority.

c. Public and private payers espouse policies that support midwifery practice and provide equitable reimbursement.

- i. In 2015, complete the Midwifery Value Proposition to articulate the economic value of midwifery care.
- ii. In 2015, meet with AHIP, BCBSA, and MHPA to discuss the value proposition and encourage them to adopt policies or statements that support inclusion of CNMs/CMs in plan networks, coverage of the full scope of care they can provide and equitable reimbursement. Explore the possibility of ACNM staff presenting data on midwifery at the annual meetings of these organizations during 2016, or through their publications.
- iii. In 2016, meet with the National Association of Medicaid Directors, National Governors Association and National Conference of State Legislators to present the Midwifery Value Proposition and discuss specific steps these organizations can take to promote full practice authority and payment equity for midwifery.
- iv. In 2017, identify and meet with the largest commercial payers in the US regarding the value of midwifery to their organization and beneficiaries. Encourage them to include midwives in their networks, cover the full range of their services and equitably reimburse them.

- v. Hold regular calls with the affiliates working on Medicaid reimbursement equity to provide them a venue for discussion, to share materials/arguments/data helpful in advocating for Medicaid reimbursement equity.
- d. Major employer groups support full practice authority and equitable reimbursement for midwives.**
- i. In 2015, develop a data-based rationale for employers to support full practice authority for midwives.
 - ii. In 2016, develop specific actions that employers can take to support full practice authority for midwives.
 - iii. In 2016, have initiated contact with all of the national and regional business groups on health to discuss these items above.
 - iv. In 2017, work with those groups who are willing to actually take the specific actions identified in iii) above. Track the occurrence of these actions.
- e. Evaluate and update ACNM's strategy to advocate for expansion of the CM credential.**
- i. In 2017, complete a study of the successes and challenges to expanded recognition of the CM credential and its potential for increasing access to midwifery services.
 - ii. Utilize the study to update ACNM's strategies and tactics for affiliate efforts to expand CM licensure as well as federal recognition efforts.
 - iii. ACNM national will support affiliates to expand legal recognition of the CM credential.
- 2. Education.** High-quality, affordable and accessible midwifery education programs produce a sufficient numbers of midwives to meet US women's health care service needs.
- a. Policymakers and stakeholders understand and agree on appropriate workforce structuring for maternity and women's health care.**
- i. By early 2016, develop the story of what the midwifery workforce looks like, and where it's going and what needs to be done to match patient needs, including but not limited to an increase in underrepresented groups. Then tell the story to the right stakeholders, eventually lawmakers and regulators and agree on the action plan. In addition, share this information with members.
 - ii. By 2016, work with ACOG to support federal legislation that will create maternity care shortage areas as placement sites for National Health Service Corps candidates and for availability of increased federal funds.
- b. Education programs routinely have a diverse, expanded, high quality pool of candidates.**
- i. By 2016, public education via OMOT will extend into high schools and undergrad courses and catch potential diverse candidates at an early age.
 - ii. Midwifery educators and clinical preceptors have the preparation necessary to provide supportive midwifery education to students from a wide range of background and identities.
 - iii. By 2016, educate professional organizations for high school counselors about midwifery as a career and provide materials for them to share with high school students about it.
 - iv. Continue outreach to student nurses and by 2016, track number of visits at the NSNA booth and develop mechanism to follow-up those contacts.

- v. By 2016, increase outreach to maternity nurses through an increased visibility with the Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN)
 - c. Education programs have sufficient clinical sites for increased numbers of midwifery students**
 - i. By 2016, increase the numbers and types of incentives for clinical midwives to precept midwifery students.
 - ii. By 2016, develop mechanisms to connect those midwives who want to become preceptors with the education programs who need preceptors.
 - iii. By 2017, secure funding for clinical midwives who precept midwifery students.
 - d. Develop innovative midwifery education models to exponentially increase the number of midwives.**
 - i. In 2015, work with the American College of Obstetricians and Gynecologists (ACOG) to develop models of interprofessional education between midwives and ob/gyn residents
 - ii. By 2016, implement new education programs and enhance existing midwifery education programs to include interprofessional clinical education of midwifery students and ob/gyn residents.
 - iii. By 2018, create a forum for the dissemination of midwifery educational research at the ACNM Annual Meeting.
 - e. Support implementation of the Accreditation Commission for Midwifery Education (ACME) strategic plan**
- 3. Strategic communications** enhance the understanding and acceptance of midwives and midwifery care.
- a. Through the ACNM Healthy Birth Initiative (HBI) and the Our Moment of Truth (OMOT) campaign, provide tools and resources for members and consumers to promote woman’s choices and midwife-led care.**
 - i. The OMOT campaign will continue to educate target audiences about who midwives are, what they do, and how midwives are the optimal provider choice for many women. In 2015, expand the campaign website to provide useful health information to women and expand its use of educational videos.
 - ii. The HBI will continue to promote the essence of midwifery care, especially the facilitation of physiologic birth. It will provide and continue to produce, promote, and disseminate useful tools for consumers/women and families, hospital-based clinicians and staff, and quality administrators, policymakers, and legislators about the benefits of physiologic birth.
 - iii. By 2017, conduct qualitative and quantitative research to demonstrate greater understanding and acceptance of midwifery among targeted women including women of underrepresented groups. Compare new findings to research findings prior OMOT campaign launch in fall of 2012 and share findings with key audiences.
 - b. Provide proactive and responsive media relations and social media activities which result in positive positioning of ACNM, midwives and midwife-led care.**
 - i. Continue to build relationships with key media outlets and develop captivating pitch ideas, story lines, and responsive messaging on topics of interest to increase positive media

coverage and demonstrate the cost savings, quality care and positive outcomes of midwifery care.

- ii. Continue to grow ACNMs social media presence, increasing engagement with organizations, key stakeholders and members.
- iii. Continue to take advantage of positive news about midwives anywhere globally to promote midwifery in the US. Recent examples include *The Lancet* Series on Midwifery and Britain's National Institute for Health and Care Excellence (NICE) guidelines on using midwives to improve intrapartum care for mothers and babies.

c. Develop communications for members providing clear understanding of recent news from the organization and information about the work of individual members, including research.

- i. Grow the coverage of ACNM activities through *Quickening* and Quick eNews.
- ii. Continue to increase communications to members from the ACNM President via eblasts, highlighting important and timely news and requesting feedback.
- iii. Disseminate cutting edge and timely midwifery research that supports our communications objectives.
- iv. Review the research agenda biannually to ensure that it reflects topical issues that distinguish and support the professional of midwifery, our members, and their clients. Formally update the research agenda at least every five years.
- v. Continue to promote the ACNM Annual Meeting & Exhibition to midwives utilizing the most appropriate communications channels.

d. Provide tools and resources to assist affiliate leaders in achieving ACNM communications needs and goals, as well as the local needs of the affiliates.

- i. Continue to reach out to affiliates with tools, ideas and suggestions to help promote midwives and midwife led care, through various communications strategies, and provide assistance to implement activities, as needed. In particular, ACNM will engage its members utilizing the tools and strategies available through the OMOT campaign and the ACNM Healthy Birth Initiative.
- ii. Continue to respond to requests for communications support from affiliates, including media relations, social media and graphics.

e. Engage partners to help increase the understanding and acceptance of ACNM as an organization, including its brand and reputation, and their understanding and support for our goals to support midwives and midwifery.

- i. Develop, implement, and evaluate a program that includes communication activities, to continuously enhance ACNM's brand, reputation, programs, and key external relationships in the maternity care, health care, and consumer spheres, in alignment with the ACNM strategic plan. (*See also Organizational Capacity --Brand, Reputation and External Relationships*).

4. Diversification and Inclusion. The midwifery profession and outreach to under-represented populations is diversified and inclusive, following the recommendations of the ACNM Diversification and Inclusion Task Force. The midwifery profession will expand its capacity for addressing disparities in women's health care by broadening membership and creating an organization that values and

makes use of our full gifts, talents, and experiences, and that supports us in sharing these with our workplaces and educational programs.

- a. **Beginning in 2015, ensure that each year, the ACNM Annual Meeting, Midwifery Works! and ACNM publications include appropriate D/I educational content.**
 - b. **In 2016, gather information about the race and ethnicity of ACNM members and student midwives** to better understand the demographics of the organization, profession, and future midwives.
 - c. **By 2016, all ACNM Board Members, staff and volunteer leaders will participate in leadership training** on [structural competency](#) and the relationship between and impact of social inequality, health and health care providers. *(See also Organizational Capacity)*
 - d. **In 2017, utilize midwifery race and ethnicity data and resources from other professions to develop an outreach strategy** to lead a profession-wide initiative to increase the number of midwives from under-represented groups in midwifery education programs by 2020.
 - e. **By 2020, increase the number of midwives from historically under-represented groups in ACNM membership.**
 - f. **Hire a D/I staff person or continue to engage a consultant to guide ACNM and midwifery national D/I strategies**
 - g. **Every ACNM Annual Meeting will include content on reducing health disparities and evaluate presenters on inclusion of content that speaks to diverse audiences.**
 - h. **Develop and implement a D/I communications plan with all key stakeholders** including member and staff to share findings of the assessment and plans for moving ahead.
5. **Quality and Safety.** Optimize midwives' capacity to improve patient safety and quality of care.
- a. **Beginning in 2015, ACNM will be involved in all national strategies to improve women's health and maternity care.**
 - b. **Beginning in 2015, health systems, families and clinicians will have access to resources** that describe the value of healthy, normal birth and midwifery care through the ACNM Healthy Birth Initiative (HBI).
 - c. **In 2015, ACNM will articulate the action steps for the prevention of first cesarean** to women/families, clinicians, quality managers, and legislators through the use of the HBI resources and tools.
 - d. **In 2015, ACNM will identify systems for the maintenance and continuing growth and development of the BirthTOOLS.org website** to ensure optimal ease in navigation and the inclusion of an increasing number of links and topics within the site.
 - e. **Beginning in 2016, ACNM will identify options for integration of quality measures and data collection strategies** to assess the implementation of specific elements of the Menu of Change in the BirthTOOLS.org website.
 - f. **By 2020, midwives will have access to an expanded library of current ACNM resources and publications relevant to practice**, including expansion of practice beyond core competencies in such areas as ultrasound, vacuum extraction, and other.
 - g. **By 2020, the number of midwifery practices collecting and reporting standardized data through ACNM will increase.**

- h. By 2020, ACNM will develop and promote midwifery leaders in quality improvement and interprofessional education initiatives**
6. **Accurate Data.** Ensure that accurate data is available to describe the midwifery profession, midwifery care in the U.S. and its value.
- a. Continue to collaborate with the American Midwifery Certification Board (AMCB) and the federal Health Services Resources Administration (HRSA) National Center for Health Workforce Analysis to ensure that data is available to accurately describe the midwifery workforce.**
 - b. By 2017, develop and implement a national midwifery data collection strategy that:**
 - i. supports midwifery leadership to improve the quality of maternity care and other women's health care services
 - ii. supports the ACNM Division of Research Strategic Plan
 - iii. ensures that midwives are recognized appropriately in and have the data tools necessary for participation in pay-for-performance (value-based) reimbursement structures
 - iv. supports ACNM's communications about the value of midwifery care to consumers and other health care stakeholders
 - v. optimizes collaboration between ACNM and other maternity care stakeholders
 - vi. is financially sustainable for ACNM and midwives
 - c. By 2020, increase the proportion of midwife-attended births that are recorded accurately as such on birth certificates, electronic medical records, administrative/claims databases, and other reporting.**

DOMAIN 4: Global Engagement

Envisioned future:

ACNM promotes the health of women and newborns globally ACNM also supports community mobilization, global exchange, and quality improvement in health systems and professional associations working to improve the care of women and infants.

Programs, Strategies, and SMART Goals

- 1. Business Development and Program Implementation.** Within a constantly changing landscape, expand ACNM's capacity to contribute to improving women's and newborn health globally by increasing ACNM's involvement in grant-funded programs that effectively deploy ACNM's technical expertise and support ACNM's organizational capacity.
 - a. Continue to develop a robust grant portfolio to engage US midwives in global maternal and newborn health activities**
 - i. Continue to network and participate in key stakeholder meetings and global health arenas to provide input into policies and strategic directions for global maternal/newborn health.
 - ii. Continue to collaborate with key non-governmental organization (NGO) partners to respond to proposals for which ACNM can provide technical expertise.
 - b. Continue to collaborate with key donor agencies to provide technical assistance in areas of DGO expertise:** in-service training systems, pre-service strengthening, health professions and health systems strengthening, and community education and mobilization.
 - i. Increase ACNM's portfolio of contracts with key international stakeholders to backstop and support in-service training systems and pre-service education of the midwifery workforce, strengthening health professions included in the midwifery workforce, model effective inter-disciplinary health team collaboration, and strengthening health systems and community mobilization around issues of reproductive maternal newborn child health.
 - c. Maintain liaison with the International Confederation of Midwives (ICM), the United Nations Population Fund (UNFPA), the Pan American Health Organization (PAHO), and the International Federation of Gynecology and Obstetrics (FIGO)**
 - i. In 2017 and 2020, support a visible ACNM presence and ACNM board leadership and staff participation in ICM at the ICM Triennial Congress meetings.
- 2. Expanded Global Engagement.** Expand global engagement opportunities and global health leadership development opportunities for ACNM members.
 - a. Maintain active engagement in the US AID Survive and Thrive Global Development Alliance.**
 - i. Through 2016, provide opportunities for seasoned clinicians to participate as mentors to GDA programs and develop a pool of "on-call" members willing to participate in projects.
 - b. Encourage ACNM members to seek publication on global health topics in domestic and international publications with high visibility/readership/impact.**
 - c. Reach out to clinicians from under-represented groups to participate in global health programs**
 - i. Identify obstacles to participation

- ii. Assess DGO's current programs and resources to identify gaps and strengths related to global diversity and inclusion
- iii. Share stories and lessons learned from the field on working across cultures as part of ACNM's work on diversification and inclusion
- iv. Articulate diversification and inclusion principles and goals for global work
- d. **Develop relationships with midwifery associations in selected nations**
 - i. Continue to develop ACNM's twinning relationship with Zambia
- e. **Develop continuing education courses for U.S. midwives in the following content areas: cross-cultural care, disaster preparedness, and improving neonatal and women's health globally in low and high resource environments in order to foster development of new ACNM leaders prepared to support global health efforts.**
 - I. Throughout 2016, support an exploratory effort to identify needs and seek funding sources for continuing education efforts.
 - II. By 2016, recruit a faculty of cross-cultural and continuing education experts from within ACNM and external to ACNM to develop this course
 - III. By 2017, complete the draft content for the continuing education course.
 - IV. By 2018, launch the course.
- f. **Work with the A.C.N.M. Foundation to secure additional funding sources to support the Bonnie Pederson, the *Jeanne Raisler* International Award For Midwifery, and other ACNM global engagement programs.**
 - I. By 2016, develop a list and learn about the background of potential donors – individuals, groups, corporations (ongoing)
 - II. By 2016, develop the "ask"
 - III. By 2017, "ask" 3 donors
 - IV. Annually revise and continue efforts

DOMAIN 5: Organizational Capacity

Envisioned future:

ACNM is a vibrant, continuously improving organization, with the organizational capacity needed to support its strategic plan. ACNM is a recognized leader in midwifery and women's health.

Programs, Strategies, and SMART Goals

1. **Volunteer Leadership:** ACNM has strong volunteer leadership with the knowledge and skills to support the strategic plan and lead the profession.
 - a. **Leadership Development.** ACNM provides opportunities for leadership development for members at all stages in their midwifery career and membership tenure
 - i. Develop, implement, and evaluate a program to continuously engage new volunteers in the ACNM volunteer structure.
 - ii. Beginning in 2016, embed the priority of interprofessional leadership in every goal related to the volunteer structure.
 - iii. By 2016, develop, implement, and evaluate mechanisms to align the volunteer and staffing structure to the strategic plan.
 - iv. By 2016, embed the priorities of diversification and inclusivity in every goal related to the volunteer structure.
 1. By 2017, provide specific programs to develop leadership capabilities in members from under-represented groups
 2. By 2017, develop an accountability plan for integrating D/I into volunteer work plans
 3. By 2016, develop a permanent home for D/I activities in the ACNM volunteer structure
 4. By 2017, develop a peer consulting team.
 - v. By 2017, develop, implement, and evaluate a formalized orientation program for all ACNM volunteers and evaluate it annually.
 - vi. In 2017, evaluate ACNM's volunteer structure and utilize the results to develop a performance improvement plan for the volunteer structure.
 - vii. By 2017, evaluate member satisfaction with ACNM volunteer leadership.
 - b. **Transparent Governance.** ACNM's governance and organizational policies and procedures are transparent and accessible to all members
 - i. By 2016, publish and disseminate a complete ACNM Governance Manual, update it annually, and evaluate it biennially.
2. **Financial Resources:** ACNM has the financial resources needed to support the strategic plan.
 - a. **Alignment with Strategic Plan**
 - i. By 2017, develop and implement efficient processes to demonstrate alignment of resources with the strategic plan.
 - b. **Growth**
 - i. Each year, ACNM's operating budget is growing.
 - ii. Each year, ACNM's three largest revenue streams are growing (Membership, Annual Meeting, and DGO)

- iii. Each year, ACNM produces a net operating income that provides 1-3% growth in net assets
 - c. **Diversification of Revenue Streams**
 - i. Beginning in 2015, introduce at least 2 new budget-positive revenue streams annually
 - ii. By 2017, hire a business development staff person to increase and diversify ACNM revenues and develop high-quality processes to support new business development
 - iii. By 2017, implement a grants development strategy, collaborating with the A.C.N.M. Foundation.
 - iv. By 2020, secondary revenue streams (all revenue sources other than Membership, DGO, and Annual Meeting) will increase from 20% of the ACNM budget to 25%.
 - d. **Increased Stability.** By 2016, develop strategies to manage the impact of grant funding volatility.
 - e. **Superior Internal Controls and Processes**
 - i. Continue to obtain a clean independent audit annually
 - ii. By 2017 and biannually evaluate how financial processes (A/P, A/R, budgeting, financial education and reporting) meet internal and external customer needs.
- 3. Management and Staff.** ACNM has the management and staff to support the strategic plan
- a. Evaluate staff annually utilizing best practice tools, aligned with the strategic plan.
 - b. Align the ACNM national office organizational structure with the strategic plan.
 - c. Annually provide American Society of Association Executives (ASAE) membership for interested staff
 - d. Encourage all staff to participate in free or low-cost professional education and networking relevant to their responsibilities (examples, listservs, free webinars, self-study, etc.)
 - e. Each year, develop an organization-wide professional development plan to prioritize professional development needs of the organization.
 - f. Provide training for staff in diversification and inclusion
 - i. Continue to engage a consultant to assist ACNM in moving forward with D/I work; transition to a regular employee status before 2020.
 - ii. By 2017, integrate diversification and inclusion into human resource policies and practices and supplier relations.
 - iii. By 2017, develop an accountability plan for integrating D/I into staff work plans.
 - g. In 2015 and at least every five years thereafter, conduct a staff compensation survey to ensure that compensation packages are sufficient to attract and retain qualified staff.
 - h. Beginning in 2016, conduct biannual surveys of staff satisfaction and member satisfaction with national office customer service.
- 4. Technology.** ACNM's technologies support the strategic plan and effective member engagement
- i. In 2016, conduct a technology audit that evaluates ACNM's current capabilities, current association best practices, and member needs.
 - ii. In 2016, develop, implement, and evaluate a long-range technology plan; to include exploration of a technology interface with the A.C.N.M. Foundation.

5. **Planning.** ACNM has planning processes in place to support the strategic plan and ensure flexibility to adapt to changing internal and external variables and member engagement.
- i. Continue to report on the strategic plan annually and utilize results to set annual priorities
 - ii. Beginning in 2015, develop, implement, and evaluate processes to increase member participation in planning processes.
 - iii. By 2017, develop strategies to improve planning and budgeting for multi-year projects.

6. Brand, Reputation and External Relationships

- i. By 2018, evaluate ACNM’s current brand and reputation among key stakeholders
- ii. By 2019, develop, implement, and evaluate a program to continuously enhance ACNM’s brand, reputation, and key external relationships in alignment with the ACNM strategic plan.
- iii. Improve ACNM’s connections with other groups/organizations for women of color or midwives of color.

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