Strategic Plan

Looking to 2029

Vision

Families in Canada are supported to breastfeed.
By 2030, 70% of children will be exclusively breastfed to 6 months.

Mission

We protect, promote, and support breastfeeding and informed infant feeding decisions by providing national leadership and guidance for the Baby-Friendly Initiative (BFI).

Enablers

These are the key actions we will take to support our efforts in advancing our strategic priorities over the next five years. They include:

1. **Be purposeful in our communication.**
2. **Co-create a shared vision for infant feeding data.**
3. **Strengthen cohesive connections.**

Strategic priorities

These are the focus areas that will guide our work as the Breastfeeding Committee for Canada (BCC). Some actions within each priority may be ongoing while others are time specific.

Priority #1: Core strategic relationships

- We will prioritize integral connections with International BFHI Network, WHO Code partners, federal government, national intersectoral partners, and provincial/territorial governments, to integrate the BFI into national and provincial policies and standards.

Priority #2: Commitment to quality improvement (QI)

- We will support national implementation of BFI and the WHO Code.

Priority #3: Sustain and transform the BCC:

- We will enhance functioning of Board and subcommittees; secure short-term and long-term financial stability (e.g., income streams, donations, project grants); and increase BCC membership involvement.

Enabler #1: Be purposeful in our communication

Key actions we will take within the first year:

- Review internal processes and communications with the Board, standing committees, and our BCC membership.

Key actions we will take towards over the next 5 years:

- Strengthen our presence on social media, enhance the BCC website, and work on relationship building through purposeful communication.

Enabler #2: Co-create a shared vision for infant feeding data

Key actions we will take within the first year:

- Commit to visioning what the BCC wants to see for breastfeeding research, data collection, and data reporting.

Key actions we will take within 2 to 3 years:

- Develop a data collection strategy (e.g., provide consistent, timely collection, and reporting of data nationally and internationally).

Enabler #3: Strengthen cohesive connections

Key actions we will take within 2 to 3 years:

- Focus on mutual interests and shared vision.
- Build connections and relationships.
- Leverage knowledge and resources.
- Create multiple small impacts.
- Accept one another's strengths.
- Be agents of change together.

Key actions we will take towards over the next 5 years:

- Prioritize connections with various organizations and partners (e.g., BCC members, Health Canada, PHAC, WHO Code partners, parent partners, researchers, postsecondary schools, etc.).
- Identify actions and opportunities to support the WHO Code in Canada.

Priority #1: Core strategic relationships

We will prioritize integral connections with International BFHI Network, WHO Code partners, federal government, national intersectoral partners, and provincial/territorial governments, to integrate the BFI into national and provincial policies and standards.

Work we already have underway:

- Identify key players at the federal government and schedule meeting to present our finalized strategic plan.

Within the first year, we will:

- Learn how other countries are fulfilling the nine key responsibilities identified in the BFHI Implementation Guidance.
- Create partnerships and connections to explore shared goals with national and provincial intersectoral partners.
- Form and participate in an alliance to support WHO Code in Canada.

Work we will progress over the next 5 years:

- Stay informed of potential opportunities to engage with and learn from International BFHI Network to better influence BFI implementation in Canada.
- Support knowledge translation about BFI and WHO Code at all government levels.
- Continue to support provinces and territories accountability with BFI and WHO Code.
- Engage key partners in each province and territory and work together to explore potential opportunities that intersect maternal infant health and politics.

Priority #2: Commitment to QI

We will support national implementation of BFI and the WHO Code.

Work we already have underway:

- Build understanding and capacity for facilities to use existing BCC electronic tools.
- Strengthen the use of inclusive language in BFI standards, tools, and resources (e.g., racial health equity, gender inclusivity).
- Build and promote anti-racism, cultural safety and cultural humility, harm reduction, and compassion-informed education and resources on the experiences of diverse populations, for our members and health professionals.

Within the first year, we will:

- Engage more health authorities and organizations. Raise awareness and compliance with WHO Code. Promote QI framework, global criteria, and evidence-based best practices.
- Encourage use of self-pre-assessment and monitoring tools for teams to keep track of their own progress. Support BFI monitoring, assessment, and designation to be more self-directed, motivated, and relevant.
- Use social media to create a wall of pride and recognize facilities that have achieved BFI designation, are reaching targets for certain steps, and/or actively working on BFI QI.

Within 2 to 3 years, we will:

- Facilitate the collection and sharing of P/T data to monitor Canada's progress towards international targets.
- Work towards collaborative agreements to collectively share and report on data.
- Continue to explore opportunity to build a national database (e.g., progress and achievement of BFI standards).

Work we will progress over the next 5 years:

- Modernize the BFI designation process to make it self-directed and remove barriers for facilities to meet standards. Focus on revision of re-designation process.
- Align the current recognition strategy with the proposed self-directed process, acknowledging implementation of each and/or combination of the BFI 10 steps and improvement of practice, prior to external assessment of BFI designation.
- Strengthen the use of inclusive language in BFI standards, tools, and resources (e.g., racial health equity, gender inclusivity).
- Build and promote anti-racism, cultural safety and cultural humility, harm reduction, and compassion-informed education and resources on the experiences of diverse populations, for our members and health professionals.

Priority #3: Sustain and transform the BCC

We will enhance functioning of Board and subcommittees; secure short-term and long-term financial stability (e.g., income streams, donations, project grants); and increase BCC membership involvement.

Work we already have underway:

- Celebrate our strengths and address areas for improvement.
- Proactively support succession planning of BCC board positions by engaging members on key issues.
- Secure short-term and long-term financial stability (e.g., project grants, donations, income streams). Seek out opportunities and apply for grants (with and beyond Public Health Agency of Canada) to continue with National BFI project and other strategic priorities.

Within the first year, we will:

- Support onboarding of new board members (e.g., develop package of orientation materials, bylaws, code of conduct, organizational chart, structured time with mentor).
- Identify additional funding opportunities to support other income streams (e.g., research, webinar fees, ads, sponsorship). Explore becoming a recognized charitable organization.
- Establish regular two-way communication with BCC members (e.g., emails, current references, hot topics, published articles, invitations for working groups and email responses to questions).
- Work to achieve greater diversity and inclusion in the BCC, by actively inviting under-represented members to enrich the BCC membership. Engage diverse parent partners on the Board and subcommittees.

Within 2 to 3 years, we will:

- Create opportunities to increase diversity for BCC membership, on the BCC Board, and within BCC standing committees. We aim to increase diversity of Board members by 20%.

Work we will progress over the next 5 years:

- Enhance functioning of the Board and subcommittees (e.g., Provincial/Territorial Committee; Assessment Committee; Nomination Committee; Diversity Equity Inclusion Committee; National Breastfeeding Week Working Group). Review bylaws, terms of reference, processes, communication patterns and pathways, and organization chart.
- Increase BCC membership involvement. Increase opportunity for BCC membership to be involved in working groups and standing committees (e.g., work on social media posts, Diversity Equity Inclusion Committee, Code Alliance). Ensure value for BCC members and parent partners (e.g., staying in touch and being well informed; education opportunities).
- Hold ourselves accountable through BCC Diversity Equity Inclusion Committee with regular reporting to the Board. Support our membership to actively and positively disrupt injustices they witness, by learning to engage in courageous conversations about racism.

Get in touch

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