

## ASPHN Partnership Review - Existing/Current Partners - 2017

*Association of State Public Health Nutritionists develops leaders in public health nutrition who strengthen policy, programs and environments making it possible for everyone to make healthy food choices and achieve healthy, active lifestyles.*

**Our vision** Healthy eating and active living for everyone.

**Our Goals** outlined in ASPHN's 2017-2022 Strategic Plan are:

1. *Membership Engagement: Maximize membership engagement by promoting the value of ASPHN for members*
2. *Professional Development: Strengthen competencies of public health nutritionists through quality resources and professional development*
3. *Collaboration: Expand and deepen collaborations that maximize opportunities to address ASPHN priorities.*
4. *Policy: Create, influence and advocate for evidence-informed and best practice public health nutrition policies and practices*
5. *Internal Operations: Maintain sufficient organizational and financial resources to sustain continued association operations*

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### Partnership Review

Please send this form and all attachments to Shana Patterson, [shana@asphn.org](mailto:shana@asphn.org). Call Shana, 814-255-2829 ext 708, or your Collaboration Committee Ambassador, for any questions or assistance.

1. **Name of Partner, Organization, Committee / Work Group:** [Academy of Nutrition & Dietetics, Center for Lifelong Learning](#)
2. **Name of Liaison:** [Karen Probert negotiated contract terms, Joan Atkinson and Shannon Robson worked with Academy staff. Starting with question 7 the form is completed as if Karen is the liaison](#)
3. **Date submitted:** [Oct 12, 2017](#)
4. **If the liaison completed this review with the assistance of a representative from the partner organization, please list:**
  - Name:**
  - Title:**
  - Position:**
  - Email address:**
  - Duration of time (working, participating in) the organization/committee:**
5. **Liaison Term (beginning date/end date of 2-year term):**

*Note: The Liaison term is a minimum 2-year commitment, but the term can be extended.*

[Initial conversation with Academy staff in 2015; our work on the project started January 2016](#)

6. Is this liaison currently active with this partner organization or committee?  
Yes x If yes, please explain/describe the extent of activity and involvement. **monthly communication on utilization of the product developed through the partnership and on strategies to market the product**  
No \_\_\_\_\_ If no, please explain/describe.
7. Is the liaison interested in continuing in this capacity for another two-year term?  
Yes X for karen No X for Joan and Shannon because their work is complete
8. Did the liaison submit ASPHN Board reports? *Note: This is required unless otherwise indicated.*  
Yes x No \_\_\_\_\_ If no, please explain:  
If yes, please indicate how often:  
 Monthly (12 reports)**X...once the product was developed**  
 Quarterly (4 reports)**X...during development of the product**  
 Every six months (2 reports)  
 Once this year  
 Other (how many?)
9. Did the liaison submit reports to any other Committee or Council (for example, ASPHN's Policy Committee)?  
Yes \_\_\_\_\_ No X. **well sort of; now that the product is finished the information is occasionally included in the association update sent to all committees and council leadership teams**  
If yes, please indicate which committee/council \_\_\_\_\_ How often:  
 Monthly (12 reports)  
 Quarterly (4 reports)  
 Every six months (2 reports)  
 Once this year  
 Other (how many?)
10. In what ways did the liaison represent ASPHN to this collaboration/partnership? Please be as specific as possible. *(Please refer to/attach any reports, updates, meeting minutes or any other documentation that reflects ASPHN promotion.) See Key Messages PPT (link) for future work.*  
**The whole relationship was about promoting ASPHN (our members, our expertise, our perspective on nutrition and dietetics). We used ASPHN member success stories throughout the modules. We highlighted ASPHN products when relevant in the modules. We did use a key message in the acknowledgment slide in each module. We solicited ASPHN members to volunteer to be narrators in the modules.**

11. **What was accomplished through this partnership (between ASPHN & the organization)?** Please provide a brief description of the highlights and/or attach the reports that were submitted (mentioned above) during the current year. **Development of the Public Health Nutrition Online Certificate of Training which is a continuing education and certificate product available through the EatRight.org website. It's a product that has content developed by ASPHN and that can reach potentially all Academy members. A reach that is completely unachievable for ASPHN without this partnership.**
12. **Is ASPHN involved in a project with this partner? If yes, and it is different than the response to question #10, please briefly describe. Indicate whether the project is time-limited or ongoing.**  
**yes, not different from response to Q10. The product is good for 3 years until June 2020. In 2020 it will have to be updated or scrapped (I presume if not accessed)**
13. **ASPHNs 2017-2022 Strategic Plan promotes the inclusion of the Levels of Collaboration (LOC) Scale to rate Partnerships. With this new procedure, all collaborations and partnerships must be reviewed in 2017 to obtain baseline data. Moving forward, the LOC will determine what information will be included in the subsequent Partnership Reviews and Board Reports. Please refer to the [Collaboration Primer](#) for more detailed information, and [ASPHN Collaboration Resources section](#) for more in-depth resources.**

Levels of Collaboration Scale Summary <sup>4</sup>					
STAGES	NETWORKING 1	COOPERATION 2	COORDINATION 3	COALITION 4	COLLABORATION 5
RELATIONSHIP CHARACTERISTICS	Aware of organization	Provide information to each other	Share information and resources	Share ideas	Members belong to one system
	Loosely defined roles	Somewhat defined roles	Defined roles	Share resources	
	Little communication	Formal communication	Frequent communication	Frequent and prioritized communication	Frequent communication characterized by mutual trust
	All decisions are made independently	All decisions are made independently	Some shared decision making	All members have a vote in decision making	Consensus is reached on all decisions

4 Frey, B.B., Lohmeier, J.H., Lee, S.W., & Tollefson, N. (2006). Measuring collaboration among grant partners. American Journal of Evaluation, 27, 3, 383-392. Pg 387. Retrieved 12/12 [http://ontheopoint.smartsimple.biz/files/237865/f95430/Frey\\_2006\\_Measuring\\_Collaboration\\_Among\\_Grant\\_Partners.pdf](http://ontheopoint.smartsimple.biz/files/237865/f95430/Frey_2006_Measuring_Collaboration_Among_Grant_Partners.pdf)

**14. What level of collaboration is this partnership currently at in relation to its partnership/interaction with ASPHN?**

**Networking**

- Cooperation
- Coordination
- Coalition
- Collaboration

Please provide any additional notes necessary to describe/justify this LOC level: **we wrote content; they reviewed content and approved 99%; we paid to cover costs of hosting the content and direct costs related to production, but we have access to their membership and free promotion of the product to their membership; we have more than monthly communication about the product; we had an equal voice in negotiating the contract**

**15. Is this partnership helping to advance the priorities outlined in ASPHN’s strategic plan? Choose the priority that is most directly related to the project or association.**

Check if nothing has changed since the last form was submitted. *If this box is checked the previously completed Partnership Review form must be attached.*

#	2017-18 ASPHN Priorities	Direct	Indirectly	No	N/A
1.	Support the association operations and have the capacity to achieve the mission and pursue the vision.	X			
2.	Provide a strong, proactive voice to advance national policies, initiatives, resources and programs that help states and localities effectively address issues related to nutrition and physical activity.	X			
3.	Promote the role and value of the public health nutritionists.	X			
4.	To make sure the healthy choice is the easy choice, elevate systems, policy and environmental change (e.g. behavioral economic strategies) as statewide and local strategies that promote nutrition and physical activity and prevent disease.	X			
5.	Achieve optimal well-being through healthy eating and active living among the maternal, infant, child and adolescent population, including those served by Title V/MCH Block Grant.				X
6.	Work to achieve health equity by making health equity a priority in programs.		X		
7.	Develop resources that facilitate state-to-state sharing and that enable State Health Agencies to provide effective, visible leadership for healthy eating and physical activity, especially in communities with high rates of chronic disease.				X
8.	Develop a multi-disciplinary, culturally competent, diverse workforce to address public health nutrition issues, and support robust educational preparation of public health nutritionists.		X		

9.	Provide guidance to members to develop and implement nutrition programs and services as part of the Affordable Care Act.				X
10.	Assure access to public health nutrition data to help assess nutritional health status of populations, track impact of interventions, identify early-emerging, nutrition-related health concerns, and identify populations who are disproportionately impacted by low food access and nutrition-related health concerns.		X		
11.	Increase fruit and vegetable consumption, especially in communities with high rates of chronic disease.		X		
12.	Promote health by preventing obesity, especially in communities with high rates of chronic disease.		X		
13.	Reduce access to sugar-sweetened beverages and increase access to water, especially in communities with high rates of chronic disease.		X		
14.	Increase the incidence, exclusivity, and duration of breastfeeding.		X		
15.	Assure access to healthy food in all communities including the elimination of food insecurity and hunger and reduce food waste.				X
16.	Increase physical activity and decrease physical inactivity, especially in communities with high rates of chronic disease.				X

**16. What is the level of involvement or time commitment required as the ASPHN liaison to this organization now that the product is developed about 1 hour/month. During development there were 3 liaisons working a lot!!!**

**17. Is there travel involved for in-person meetings? If so, what are the travel requirements? Is there funding available from the partner organization to reimburse for travel or activities?**

**Nothing required. But i think ASPHN should consider sending someone to the annual conference and/or consider having members talk about the product at state dietetic association meetings**

**18. Do you recommend that ASPHN continue this partnership in 2017 - 2018? Provide additional reasoning if needed.**

Yes  No

**19. If you have attached supplementary documents as indicated in questions above, or will be sending documents via email to [shana@asphn.org](mailto:shana@asphn.org), please list them here:**

**Additional feedback from liaison:**

1. Does the liaison have any questions or need more support from ASPHN?
2. Has the liaison attended a liaison training/update call? If no, please explain what has made it difficult to participate?
3. Does the liaison have suggestions for future call topics?
4. Is there more that ASPHN could be doing to enhance this partnership?
5. Any additional comments:

Date completed: 10/16/17

Completed by: Karen Probert