

ASPHN Partnership Review - Existing/Current Partners - 2019

The 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.*

The 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 practice*
- 5. Internal Operations: Maintain sufficient organizational and financial resources to sustain continued association operations*

Partnership Review

- 1. Name of Partner, Organization, Committee / Work Group:** United States Breastfeeding Committee
- 2. Name of Liaison:** Kelli Stader, Robin Stanton, Suzanne Haydu Note: Carolyn Donohoe Mather was a liaison in 2019 but resigned when she left her job. Recruitment is in place for replacement.
- 3. Date submitted:** TBD 11/2019?
- 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.

Kelli Stader began term November 2017 and is the ASPHN primary designee. Robin Stanton began term in January 2001. Suzanne Haydu in 2005.
- 6. Is this liaison currently active with this partner organization or committee?**

Yes If yes, please explain/describe the extent of activity and involvement.
No If no, please explain/describe.

7. Is the liaison interested in continuing in this capacity for another two-year term?

Yes No

8. Did the liaison submit ASPHN Board reports? *Note: This is required unless otherwise indicated.*

Yes No If no, please explain:

If yes, please indicate how often:

- Monthly (12 reports)
- Quarterly (4 reports)
- 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

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)

In general, advocate for public health nutrition and ASPHN with national organizations. Suzanne Haydu—see above- served as Treasurer until mid-September 2019. Liaisons participate in USBC Constellation workgroup calls and webinars, and bring the public health nutrition lens to the discussions. Liaisons come to consensus to submit ASPHN vote for USBC Board Member elections.

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.

USBC is a subcontractor of ASPHN to provide technical assistance and support to the Children's Healthy Weight CoIIN, which includes a focus on breastfeeding and involves 11 state teams. USBC is also an ASPHN subcontractor for the new CDC funding for the "Building Capacity to Increase Access to Breastfeeding Support Through a Collaborative Process" project.

12. Is ASPHN involved in a project with this partner? If yes, and it is different than the response to question #11, please briefly describe. Indicate whether the project is time-limited or ongoing.

Yes – see #11. Collaborative work was strengthened in 2019 through the new CDC-funded project.

ASPHNs 2017-2022 Strategic Plan promotes the inclusion of the Levels of Collaboration (LOC) Scale to rate Partnerships. Please refer to the Collaboration Primer for more detailed information, and ASPHN Collaboration Project for more in-depth resources.

Levels of Collaboration Scale Summary ⁴					
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://onthepoint.smartsimple.biz/files/237865/f95430/Frey_2006_Measuring_Collaboration_Among_Grant_Partners.pdf

13. 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:

USBC itself is a coalition and functions mainly through a constellation model. ASPHN and USBC have expanded their fiscal relationships in recent years and ASPHN liaisons have held USBC Board positions.

14. What level of collaboration do you think this partnership should/could operate at?

___Higher than current level of collaboration

Lower than current level of collaboration

Current level of collaboration is most appropriate for this partnership

Please provide any additional notes related to your response:

15. Is this partnership helping to advance the priorities outlined in ASPHN's strategic plan?

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

#	ASPHN Priorities	Yes Or Y - Indirectly	No	NA
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. Are there any emerging policy issues the ASPHN Policy Committee should be aware of related to this partnership? If yes, please describe.

USBC is very committed to monitoring legislation and emerging policy/advocacy issues. Updates can be found on their website: <http://www.usbreastfeeding.org/p/cm/ld/fid=27>. They also publish a Breastfeeding Legislation & Policy Update that is kept current: <http://www.usbreastfeeding.org/d/do/2601>. Legislative priorities include the Providing Urgent Maternal Protections (PUMP) to Nursing Mothers act (new), Family Medical Leave Modernization Act, and Family and Medical Insurance Leave Act.

17. What is the level of involvement or time commitment required as the ASPHN liaison to this organization?

Attendance at twice per year USBC member meetings (one is in person and one is a distance meeting) plus additional calls/webinars for constellation work. As past Treasurer (Suzanne) there is additional time commitment; e.g. 4-6 Finance and Audit Committee meetings.

18. 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?

Travel support is required from ASPHN for the primary designee to attend the USBC annual member meeting.

19. Do you recommend that ASPHN continue this partnership in 2017 – 2018? Provide additional reasoning if needed.

Yes No

20. Additional feedback from liaison Suggestions/Comments. Please respond to all that apply:

- Is the existing partner interested in partnering with ASPHN, but is better categorized as “inactive” for the upcoming year? Please describe.
n/a
- Has the partner been unresponsive to liaison outreach and communication. If so, describe here:
n/a

- **Does the liaison have any questions or need more support from ASPHN?**
no
- **Does the liaison have suggestions for future liaison call topics?**
Have the USBC share ways they have incorporated equity into the organization.
- **Is there more that ASPHN could be doing to enhance this partnership?**
No
- **Any additional comments:**
no

Date completed: 10/28/2019

Completed by: Suzanne Haydu, Robin Stanton, Martha Hagen