# **Liaison Coordinator Report April 2016**

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## **OSNPPH School Nutrition Workgroup/Ontario Healthy Schools Coalition**

- Organization Chart (see attachment in email): one of our members asked to create
  this. New members found the chart useful. SNWG members suggested that we share
  this with Executive to see if there is any use for this at the Executive level because it
  extends beyond SNWG
- 2. BrightBites website is now live. BrightBites is a recognition program that encourages schools to take on small program pieces and eventually achieve a comprehensive school health. Schools are encouraged to participate as part of a pilot. A survey is attached to the website for completion. There will be a draw for a gift certificate to Chapters Indigo for those who participate in the survey. Only school staff are encouraged to participate in the survey.
- 3. Sip Smart resources are available on the Sip Smart website through BrightBites.
- 4. SNP Guidelines Revision: There are 8 OSNPPH members on the review committee as well as MCYS reps, a dietitian with experience with aboriginal communities and a food safety rep. The group has done a literature scan, looked at some research questions; there will be opportunities for feedback from this group. Jen Strome is the OSNPPH lead for the project. Some SNWG members have begun working on the SNP guideline review.

# **OSNPPH Menu Labeling Working Group**

 The ML WG members identified eight priority questions for the Ministry regarding the new Regulation 50/16 under the Healthy Menu Choices Act, 2015 ("the Act"). There were areas of concern that were not answered during the Technical Briefing. These priority areas were regarding education, training, knowledge transfer, surveillance, enforcement, and evaluation. The questions were reviewed by OSNPPH Executive Committee and submitted on April 11<sup>th</sup>.

## Background:

The new Regulation 50/16 under the Act were published on March 4, 2016. Although several recommendations were made by OSNPPH ML WG to the Ministry only a few were made. As an example OSNPPH's recommendations regarding the contextual statements for adults and children was not implemented in the new Reg.

MOHLTC presented a Technical Briefing webinar on March 23. The webinar provided the provisions and definitions of the Act and its Reg. The Technical Briefing provided a

reasonable overview however there are still many questions and concerns related to the implementation, timeline and expectations.

- MLWG conducted a thorough review of the new Regulation under the Act and compared to recommendations made. MLWG also updated general membership via Listserve.
- 3. MLWG was invited to moderate a session at TOPHC on April 4<sup>th</sup>. Kim Ouellette represented OSNPPH.

## **OSNPPH Family Health Nutrition Advisory Group**

- 1. Letter regarding the Childhood Obesity tool is under revisions and will be reviewed by FHNAG on Tuesday. Finalized version of the letter will be sent to exec once completed. Does the advocacy committee want to see the letter prior to sending it to exec?
- 2. Child Care Working Group wants to know how to proceed with a partnership with the CIPHI (Association of Public Health Inspectors). See last paragraph of email. Is there a process to move forward connecting with CIPHI and do we already have a contact to work through to start talking about recommendations for child care centres?
- 3. Due to the fact that there was a lot of feedback for Dr. Rourke's website it was decided to put all the feedback into a formal letter. Letter is currently in draft format and will be reviewed by FHNAG on Tuesday. Will send finalized letter to exec once it is complete, likely by the end of next week.

# Ontario Collaborative Group on Healthy Eating and Physical Activity No report at this time.

# **OSNPPH Food Security Working Group**

No report sent at this time.

# **OSNPPH Food Literacy Working Group**

No report sent at this time.

# Work Place Working Group – LinkedIn page

Here is the answers I got from Ellen Gregg re: LinkedIn page"

"The thought behind the LinkedIn account is that it is primarily a communication platform for businesses and professionals. We thought it would be ideal for the workplace messages since workplaces and professionals are primarily the ones who use it. I am not fussy if it is a workplace account or a general account.

### Is there a gap?

In a way, since LinkedIn is a business to business platform, it is possible that our target audience is not looking for our content on Twitter/Facebook/Pinterest.

It is a platform with many people talking nutrition and currently, our (credible) voice is not there.

#### Benefits:

It is a way to get traffic back to the OSNPPH website where we house our resources.

There are many workplace health promoters on LinkedIn, this may be a way to reach them with our messages about HAES, not promoting outrunning your fork and other potentially damaging health promotion tactics.

It is considered to be a "serious" social media platform.

## Rationale/Plan:

Blogging on LinkedIn allows us to add context to the issues by creating a commentary on the types of things that can be a problem in workplaces and why, and then direct them to potential solutions from the workplace toolkit. I think it gives the opportunity to share these pieces of information in more informal and colloquial terms which can be more attractive to workplaces.

We will be creating videos for sections of our toolkit. We would like to share them on LinkedIn – as workplaces are our primary audience. We feel that workplaces may want to share the videos with other people in their workplace (wellness committees, decision-makers and/or employees).

#### Maintenance and updating:

It is we're a WNAG site, then it would be largely the way our YouTube site runs. We would post content as it becomes available and respond to any correspondence ourselves (right now this is primarily done by me as I don't have a co-chair). It is a different issue if it is an OSNPPH site as the responsibility falls on a designated person to correspond with us. Much like tweets are currently handled.

I hope this makes sense. We don't have a plan established as we wanted to have an answer before we begin the communications plan."