

REFERENCES

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HSDS WHITE PAPER APPENDICES

Appendix 1 - PROGRAM EVOLUTION / HSDS PROGRAM SERVICES (Chart below)

- 2006 - The project was founded by a coalition of health, University and community partners to propose a new provincial early years healthy eating and physical activity strategy for Saskatchewan as part of the *in motion* program (formerly known as the Saskatoon Health Region).
- 2011-2012 - Phase I: to pilot an initial bilingual population health intervention promoting increased opportunities for physical activity and healthy eating in early learning settings. The initiative was called Healthy Start / Départ Santé and funded by the Public Health Agency of Canada, *Innovation Strategy Healthy Weights Program*.
- 2013-2017 - Phase II: an opportunity to conduct a generalized roll-out of the initiative in 250 early learning and childcare centres in Saskatchewan and an expansion in the province of New Brunswick, funded by the Public Health Agency of Canada, *Innovation Strategy Healthy Weights Program*, as well as the Government of Saskatchewan's Community Initiatives Fund.
- 2017-2020 - Phase III: Scaling up Healthy Start / Départ Santé for long-term sustainability, with program enhancements like cultural adaptation, menu planning and physical literacy training; new components that include family programming and French and English online modules. Funding provided by the Public Health Agency of Canada, *Innovation Strategy Healthy Weights Program* and the Government of Saskatchewan's Community Initiatives Fund.



HSDS Program – Definition of Services
HSDS PROFESSIONAL DEVELOPMENT (\$150-\$200K/year delivery*) <ul style="list-style-type: none">▪ On site training workshops for early learning and childcare centres and Prekindergarten▪ Regional workshops for childcare homes▪ Regional “refresher” workshops
HSDS ONLINE TRAINING (\$20K / year delivery*) <ul style="list-style-type: none">▪ E-learning workshop for Early learning and childcare, homes and Prekindergarten▪ Ongoing monitoring through webinars and short videos
HSDS FAMILY WORKSHOPS (\$100K / year delivery*) <ul style="list-style-type: none">▪ Delivered directly in Childcare centres or in partnership with Family Resource Centres▪ Adapted programming evidence-based content and delivery combining Healthy Together© and HOP™ Family resources
*Approximate amounts

Appendix 2 - SK AND NB REACH - DIRECT HSDS PROGRAM IMPLEMENTATION

Direct HSDS Program Implementation				
2013-2017	255 Sites	8,367 Children	1776 Staff	12 795 Parents
Phase 2 Total Reach 22 976				
2017-18**	103 Sites	2,387 Children	390 Staff	3278 Parents
Phase 3 Total Reach 7 208				
Summary Phase 2 & 3	358 Sites	10,754 Children	2166 Staff	16073 Parents
Phase 2 & 3 Grand Total 30,184				
<p><i>*All sites – include licenced French and English childcare centres, childcare homes, prekindergarten programs, Head Starts (on and off reserve) and family resource centres.</i></p> <p><i>*All children – include francophone, new Canadian and Indigenous target populations</i></p> <p><i>** Preliminary results for Phase 3 – 2017-2020; year 1 of 3 years of implementation.</i></p>				

Appendix 3 - HSDS FUTURE DELIVERY OPPORTUNITIES AND STRATEGIES

Delivery option	Governance & Management	Legal	Annual Estimated Costs
NGO DELIVERY Saskatchewan Saskatchewan Prevention Institute	<p>Delivery of the bilingual HSDS population health, evidence-based program</p> <p>Provide professional development training of early years professionals and on-going monitoring of program.</p> <p>Includes: face to face workshops, monitoring; distribution of program resources; oversee and promotes online training, webinars (booster sessions); delivery of parent workshops</p> <p>HR needs:</p> <ul style="list-style-type: none"> Two full-time coordinators Part-time communications specialist (web / social media) <p>Partnerships:</p> <ul style="list-style-type: none"> Network of Community trainers 	<p>Licensing agreement required; no fees associated with licence;</p> <p>Program ownership: Recognition of founders contribution and intellectual property, terms and conditions for program revisions conditions to maintain program integrity (i.e. FR/EN delivery);</p>	<p>Delivery costs Resources, Travel Communications / web Human resources CT honorariums</p> <p>Approx. \$250-300K/year</p>

Delivery option	Governance & Management	Legal	Annual Estimated Costs
	<ul style="list-style-type: none"> Network of FRC Early years community partners 		
NGO DELIVERY New Brunswick NB Family Resource Centres / Gymnastics Association (current partners)	Healthy Start for Active Kids community partnership Includes: face to face workshops, monitoring; distribution of program resources; promotion of online training; Webinar hosting – HEPAC; Coordinate delivery of parent workshops HR needs: <ul style="list-style-type: none"> 1FTE coordinator Communications support specialist (web / social media) Partnerships: <ul style="list-style-type: none"> Network of Community trainers NB Family Resource Centres In partnership with Wellness Branch, Dept. Social Development & NB Gymnastics Assoc. MACS-NB / HEPAC 	Licensing agreement required; no fees associated with license; Program ownership: Recognition of founders contribution and intellectual property, terms and conditions for program revisions conditions to maintain program integrity (i.e. FR/EN delivery);	Contribution from Social Development \$45K/ year Approx. \$150K/year
EARLY YEARS ECE Govt or COLLEGE PROGRAMS	Integrated into the ECE curriculum as part of the educator mandatory course (ECE) The program is taken up as an evidence-based, practical and cost-effective component of health, nutrition and safety education. Includes online delivery integration in French SK Polytechnic, SIIT, Collège Mathieu in SK and NB EECD/ÉDPE. Integration into educational institution or department of education	Licensing agreement required; Delivery of program as designed, must maintain program integrity (FR/EN delivery); Negotiate transfer of intellectual property, terms and conditions for program revisions	To be determined Integration of training into program course
National website delivery CONTINUING EDUCATION PROGRAM CERTIFICATIONS University of Moncton SK PolyTech and College Mathieu	French and English online delivery Explore possibility of face to face workshops Third party delivery	Licensing agreement required; Delivery program as designed, must maintain program integrity (FR/EN delivery); Negotiate transfer of intellectual property, terms and	Annual maintenance costs 1000.00; Potential user fee for the participants / educators \$50.00 – \$200.00

Delivery option	Governance & Management	Legal	Annual Estimated Costs
NB Community Colleges		conditions for program revisions	
National delivery through website BEST START / MEILLEUR DÉPART Based in Ontario	Website delivery bilingual online training only Includes monitoring and maintenance some costs upfront to integrate program online and maintenance fees. Third party delivery HEALTH NEXUS http://en.beststart.org/	Master Program owned by the lead ORGANISATION IN SK Licensing agreement required; no fees; Maintain program integrity (FR/EN delivery); Negotiate transfer of intellectual property, terms and conditions for program revisions	Transfer costs Annual maintenance costs to be determined

Appendix 4 – FINANCIAL CONTRIBUTIONS AND INVESTMENT INTO THE PROGRAM

FEDERAL FINANCIAL INVESTMENTS

PHAC Phase 1 – 2011-2012	\$150,000.00
PHAC Phase 2 - The four-year project (2013-2017)	\$1,600,000.00
PHAC Phase 3 – Three-year project (2017-2020)	\$1,545,000.00
TOTAL PUBLIC HEALTH AGENCY OF CANADA INVESTMENT:	\$3,295,000.00

OTHER FINANCIAL CONTRIBUTIONS

Government of Saskatchewan - <i>Community Initiatives Fund</i> Phase 1-2: \$380,000.00; Phase 3: \$651,800.00	\$1,031,800.00
NB U of Sherbrooke U de Moncton – research funding	\$180,000.00
Heart and Stroke Foundation (U of S) – nutrition research	\$266,000.00
Other SK Research Funding (U of S) – nutrition and physical activity	\$231,000.00
TOTAL OTHER CONTRIBUTIONS	\$1,708,800.00
GRAND TOTAL FINANCIAL INVESTMENT:	\$5,003,800.00

Appendix 5 - HSDS PARTNERSHIP MAPPING

Legend - Partners in Phase 2 - 2013-2017	
Health & Wellness, Health Promotion	
Academic Institution or Research	
Sports and Recreation	
Government or Education Institution, Health Region	
Other – NGO, Coalition	

**Organization no longer exists*

Networking Relationship– aware of organization, loose roles, little communication, independent decision making
SK Public Health Nutritionists – Early years working group healthy eating, Ministry of Health and health regions
Saskatchewan Prevention Institute (CAPC programs, PHAC funded children and family programming) – early years delivery organisation
Regional intersectoral committees (RICs)* – health and education files, with a strong focus on an early years, poverty reduction and health strategies for each of the 10 RICs in the province.
Saskatchewan Recreation Districts
Partnership for Physical Literacy – advisory role
Saskatoon Food Council
North East Childcare Director's Association
Saskatoon Federation of Early Learning (directors' association)
Seeds for Success (South West directors' association)
Moosejaw Early Years' Coalition – intersectoral / multidisciplinary group,
South East Saskatchewan Early Childhood Development Committee
First Nations and Inuit Branch – Health Canada for the Aboriginal Head Start program on and off reserve
Saskatoon Tribal Council
Prince Albert Grand Council
Meadow Lake Tribal Council
Regina Childcare Directors' Association
Flash Kids Early Years Committee (Yorkton, SK)
Early Years Consultants (North and South – Ministry of Education
Child Hunger Education Program (CHEP)
Saskatoon Health Region – Health Promoting Schools*
KM in the Am – Knowledge mobilisation committee in Saskatoon

Cooperation Relationship– Partners provide information to each other, somewhat defined roles of involvement, formal communication.
Association des parents francsaskois / Centres d'appui à la famille et à l'enfance (CAFE) – francophone NGO, parent and family resource centre; HSDS Steering Committee and Founding Member
Saskatchewan Early Childhood Association (represent SK licensed childcare) - HSDS Steering Committee Member
Association des parents du N-B – consultation role
Mind, Education, Nutrition, Do It! (MEND)*; HSDS Steering Committee Member (2015)
Eat Well Play Well (Kelsey Trail HR)* - early years intersectoral health promotion committee
SPHERU – U of S and U of Regina – Population health research unit; HSDS KDE advisory role
SK Cancer Agency – advisory role
CARD – Community Association of Registered Dietitians (SK)

Conseil des écoles fransaskoises – Francophone School Division
North East, Moose Jaw, Yorkton School Divisions
Other school divisions – Saskatoon Public and Great Catholic S.D.
Saskatoon Health Region – in motion team / Health Promoting Schools
SK Polytech – Early Childhood Educator (ECE) curriculum
Collège Mathieu – French ECE curriculum
U of S – Station 20 West
<i>Healthy Beginnings*</i> – BC; Currently called “Appetite for Play” (2017). Similar evidence-based early years health promotion intervention developed in BC
CDPAC – Canadian Disease Prevention Alliance of Canada
New Brunswick Association of Family Resource Centres
New Brunswick Community Colleges
Groupe des technologies d’apprentissage, l’Université de Moncton; online training program
Government of New Brunswick – Department of Social Development, Wellness Branch
Government of NB – Department of Education, Education and Early Childhood Development
Gouvernement du N-B, Ministère de l’éducation, Éducation et développement de la petite enfance
Healthy Eating and Physical Activity Coalition (HEPAC)
Mouvement Acadien des Communautés en Santé du Nouveau-Brunswick (MACS-NB)
Recreation New Brunswick
Physical Literacy New Brunswick
N-B Gymnastics Association – founder and delivery of the Active Kids program
SK In Motion led by Active Saskatchewan – provincial physical activity advisor
University of New Brunswick – Faculty of Kinesiology (online advisory role)

Coordination – Share information and resources, defined roles governing involvement, frequent communication, some shared decision making.
Réseau Santé en français de la Saskatchewan, sponsor organization
Le Centre de formation médicale du Nouveau-Brunswick, Université de Sherbrooke; evaluation
University of Saskatchewan (U of S) – Community Health and Epidemiology
U of S – College of Kinesiology
U of S – College of Nutrition & Pharmacy
U of S – Department of Economics

Appendix 6 – HSDS EVALUATION LOGIC MODEL

Short-term Outcomes	Intermediate Outcomes	Long-term Impact
Increased knowledge and awareness of the importance of physical activity & health eating during the early years	Increased physical activity and healthy eating behaviours in children	Policies to ensure physical activity and healthy eating become a core component of early learning settings
Incorporation of physical activities and healthy eating opportunities into the daily early learning centre schedule	Healthy Start activities become part of the early learning centre daily routine	Children engage in physical activity and healthy eating over the course of their lifetime

Partnerships with communities, organizations, educational institutions and government	Collaboration with communities, organizations, educational institutions and government	During teenage and adult years, children have improved health and educational outcomes
Results and information shared among key stakeholders, at conferences and among the public	Healthy Start creates a strong online and social media presence	A healthier population uses fewer healthcare services and contributes more to the labour market

Appendix 7 - HSDS PROGRAM GUIDELINES

The following pages provide examples of Healthy Eating and Physical Activity guidelines that can be adapted and integrated for your centre/classroom. Centres can post the guidelines in a visible area or include them in the Parent Guidebook.

Developing Healthy Eating and Physical Activity Guidelines

Why develop guidelines?

Childcare settings can promote healthy lifestyles for children by creating an environment that encourages healthy eating, physical activity and, most importantly, decreases sedentary behaviour. Written guidelines on physical activity and healthy eating tell parents and staff that this is an important issue and helps build their support. It also informs the decisions and choices you make every day.

Find out what provincial and governmental policies and guidelines govern nutrition and physical activity standards for licensed child care centres. If the province has not outlined specific guidelines for early learning environments, it is important for you to develop your own. The following pages provide examples of Healthy Eating and Physical Activity guidelines that you can modify and adopt for your centre/classroom. When the guidelines have been adopted, share them with staff and parents and post the guidelines in a visible area.

How do you write guidelines?

- Guidelines need to reflect your organization's mission and goals;
- They are clear and concise; and
- Meet current standards that have been set for physical activity and healthy eating.

How do you implement a guideline?

Writing a guideline is easy. The difficult task is ensuring the guideline is upheld. **Your primary goal is to gain commitment from all the people it will affect.**

These could include the following:

Parent Board/Committee – What does the parent board/committee think about the direction? Do they have any ideas or concerns? In the end, the guidelines will be approved by this group.

Staff – Receiving input from staff will help ensure a smooth implementation. What are their concerns or potential barriers? Do they have the necessary skills and abilities to carry out the guidelines?

Parents – Are parents behind the plan?

Community Groups – Are there organizations that can support your guidelines (i.e. provide expertise, etc.)?

The following pages provide examples of Healthy Eating and Physical Activity guidelines that you can modify for your centre/classroom. Post the guidelines in a visible area.

HEALTHY EATING GUIDELINES FOR OUR CENTRE/CLASSROOM

In an effort to provide the healthiest environment possible for the children in our facility, we have adopted the following practices. The administration and staff thank the parents for their support in promoting the health of our children.

Nutrition:

Vegetables and Fruit

- ☐ We offer vegetables and/or fruit to children at least 4 times a day.
- ☐ We offer only fruit canned in its own juice (no syrups), fresh, or frozen.
- ☐ We offer only vegetables steamed, boiled, roasted, or lightly stir-fried with little added fat.

Meats, Fats, and Grains

- ☐ We offer lean meats and alternatives prepared with little or no added fat or salt.
- ☐ We offer meals prepared in-house with little to no packaging (avoiding processed foods).
- ☐ We offer beans, lentils or other meat alternatives.
- ☐ We offer high fibre, whole grain foods at least 2 times per day.
- ☐ We offer sweets or salty foods less than once a week or never.

Beverages

- ☐ We make drinking water freely available both indoors and outdoors so children can serve themselves.
- ☐ We rarely offer sweetened drinks. If juice is offered, it will be 100% unsweetened and offered no more than 3 times per week.
- ☐ We offer milk twice a day.
- ☐ We do not have pop or other vending machines on site.

Menus and Variety

- ☐ Our menus include healthy items from a variety of cultures.
- ☐ Our menus include a combination of new and familiar foods.

Feeding Practices

- ☐ Our staff help children determine if they are full before removing their plate.
- ☐ Our staff help children determine if they are still hungry before serving additional food.
- ☐ Our staff gently and positively encourage children to try a new or less favourite food.
- ☐ We do not use food to encourage positive behaviour.
- ☐ We provide and enforce written guidelines for healthier food brought in and served for holidays and celebrations (see below).
- ☐ We celebrate holidays with mostly healthy foods or non-food treats.
- ☐ Our fundraising efforts consist of selling non-food items only.

Supporting Healthy Eating

- ☐ Our staff join children at the table for meal times.
- ☐ We always serve meals family style.
- ☐ Our staff always consume the same food and drink as the children.
- ☐ We provide visible support for good nutrition in 3- to 5-year-old's classrooms and common areas through use of posters, pictures and displayed books.
- ☐ Our staff often talk informally with the children about trying and enjoying healthy foods.

Nutrition Education for Staff, Children, and Parents

- ☐ We provide training opportunities for staff on nutrition.
- ☐ We take the opportunity to educate the children on healthy eating.
- ☐ We provide nutrition education to parents at least twice per year.

**We are committed to having fun while learning through active play and healthy eating!
We're growing happier, healthier kids!**

Revised with permission. Ammerman, AS, Benjamin, SE, Sommers, JK, Ward, DS. 2004. The Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) environmental self-assessment instrument. Division of Public Health, NC DHHS, Raleigh, NC, and the Center for Health Promotion and Disease Prevention, University of North Carolina at Chapel Hill. Revised May 2007

PHYSICAL ACTIVITY GUIDELINES FOR OUR CENTRE/CLASSROOM

In an effort to provide the healthiest environment possible for the children in our facility, we have adopted the following practices. The administration and staff thank the parents for their support in promoting the health of our children.

Physical Activity:

Active Play and Inactive Time

- ☐ We provide at least 60 minutes of structured, developmentally appropriate active playtime to all children each day.
- ☐ We provide at least 60 minutes and up to several hours of daily, unstructured active play time.
- ☐ We provide opportunities for outdoor play 2 or more times per day, weather permitting.
- ☐ We ensure that children are rarely seated for periods of more than 60 minutes at a time except when sleeping.
- ☐ We do not withhold active playtime for children who misbehave.

Supporting Physical Activity

- ☐ We teach children the skills they need to be competent, confident movers (fundamental movement skills).
- ☐ Our staff encourage children to be active and join children in active play.
- ☐ We provide visible support for physical activity in classrooms and common areas through use of posters, pictures and displayed books.

Physical Activity Education

- ☐ We provide training opportunities for staff on physical activity.
- ☐ We provide physical activity education to parents at least twice a year.

Play Environment

- ☐ We provide fixed play equipment (tunnels, climbing and balancing equipment) that is extensive and varied for all children.
- ☐ We provide enough diverse, portable play equipment (wheeled toys, balls, hoops, ribbons) for children to use at the same time.
- ☐ We make outdoor portable play equipment freely available to all children all of the time.
- ☐ Outdoor play space includes an open, grassy area and a track/path for wheeled toys.
- ☐ Indoor play space is available for all activities, including running, when weather does not permit outdoor play.

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HEALTHY GUIDELINES FOR CELEBRATIONS

Healthy Guidelines for Celebrations

Please help us encourage life long healthy habits among our children.

We encourage parents to join us for their child's birthday or other special occasion and to bring food to help celebrate. Please select or prepare healthier food options that your child enjoys. Suggestions include:

- ☐ Favorite fruits
- ☐ Lower fat baked goods (ex. mini muffins)
- ☐ Favorite dishes that aren't necessarily desserts
- ☐ Foods with special family or cultural significance
- ☐ Healthy foods in fun shapes

Also, consider celebrating with favourite stories, music, games or activities. Often, the most important thing to your child is that you took the time to help plan something special. Please talk with the director if you have questions or need ideas.

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HEALTHY START IMPLEMENTATION GUIDE

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