

New to Healthy Start

By **Stephanie Ortynsky, KDE Coordinator**

Well into our second year of a four-year project Healthy Start/Départ Santé (HSDS) keeps forging new partnerships and producing new material to assist with implementation of the project. Key partners are Saskatchewan Early Childhood Association (SECA), the Prevention Institute, Sport, Culture and Recreation Districts of Saskatchewan, Regional Intersectoral Committees (RIC) and more. The HSDS Implementation Guide has been finalized and translated to French, as well as the resource material to use with the trainings occurring in French and English centres in Saskatchewan and New Brunswick. The HSDS Training Manual is ready in both languages to use in standardized trainings. A new introductory Healthy Start video was produced locally to promote

the project. You can view it on our website: www.healthystartkids.ca. In December 2014, Dr. Anne Leis, Lead Investigator, Holly Hallikainen and Robyn Gervais, an Early Childhood Educator and Healthy Star from the Saskatoon Early Childhood Education Demonstration Centre, were interviewed for a Global Saskatoon feature on the project, also available on our website.

The Healthy Start team continues to expand. In August of 2014 **Holly Hallikainen** joined the team as the Evaluation Coordinator for Saskatchewan, having recently completed her Master of Public Health degree from the University of Victoria. Prior to working on the research component of the project she worked as a Public Health Nutritionist in the northern part of the province. **Stephanie Ortynsky** took

on her role as Knowledge Development and Exchange Coordinator in September 2014. She holds a Master in Public Health and Bachelor of Commerce degrees from the University of Saskatchewan. In November 2014 **Véronique Surette** became the Project and Evaluation Coordinator for New Brunswick. She is also a Registered Dietician and is currently completing her Master's degree in Clinical Science, focusing on community health, through the University of Sherbrooke. Her thesis is focused on early childhood eating behaviours and will therefore be using data from the Healthy Start research study. Two new Project Coordinators, **Mindy Bodnarchuk** and **Erica Stevenson** joined the team at the end of February 2015. Welcome everyone!

Healthy Start in New Brunswick

By **Véronique Surette, Project Coordinator**

Healthy Start was introduced in 2013 as a pilot project in New Brunswick to demonstrate the replicability of the intervention, as well as its adaptability in another Canadian province. The expansion of Healthy Start in New Brunswick was made possible through solid relationships established with the New Brunswick Health Council, Early Childhood and Care New Brunswick, the "Active Kids" team, the New Brunswick Gymnastics Association, Foundations for All, and three key governmental departments: Education and Early Childhood Development NB, Tourism, Culture and Healthy Living NB, as well as Health NB. Partnerships have also been established with the Ministry of Healthy and Inclusive Communities and the Société Santé et Mieux-être en français du Nouveau-Brunswick.

The team in charge of the leadership and the evaluation of Healthy Start in New Brunswick is lead by the "Centre de formation médicale du Nouveau-Brunswick (CFMNB)", a satellite site of University of Sherbrooke. The CFMNB team includes Professor Mathieu Bélanger; Stéphanie Ward, co-researcher and PhD student;

Véronique Surette, project coordinator for NB and Masters student; as well as research assistants participating in collecting, inputting and processing the data.



The New Brunswick Healthy Start project is also conducting an evaluation over two years, in both Francophone and Anglophone centers, as well as in urban and rural centers. The first evaluation cycle was spread throughout the 2013-2014 school year, and included eight (8) early childhood learning centers. Four (4) centers served as experimental sites and received the Healthy Start training in 2013, while the

four (4) others served as control sites and only received the training after the evaluation period. The second evaluation cycle, spread throughout the 2014-2015 school year, is currently underway. This cycle still includes another eight (8) early childhood learning centers, half Francophone and half Anglophone, but it also includes the addition of eight (8) Francophone centers, thanks to a grant received by the "Consortium national de formation en santé (CNFS)", for a total of 16 centers. This year, the trainings for the eight (8) experimental centers began in November 2014 and were finalized in the winter of 2015. The eight (8) control centers will only receive the trainings in autumn 2015, once the second evaluation period will be completed.

That said, a total of 24 early childhood learning centers will have received the Healthy Start intervention in New Brunswick by the end of 2015, which represents approximately 400 children participating, aged 3 to 5. A process evaluation is to begin in 2015 in order to evaluate the effectiveness, fidelity, and level of adoption of the project in the province.

Project Manager's Letter

By Gabrielle Lepage-Lavoie, Project Manager

What is the Healthy Start **VISION**? This project aims to *increase opportunities for physical activity and healthy eating in early learning and childcare environments*. Healthy Start is contributing to this vision through these **four central objectives**:

1. **Large-scale IMPLEMENTATION:** After a very successful first two years in Saskatoon, Prince Albert, the North East, Regina and the South East, Healthy Start is continuing to expand in childcare environments throughout Saskatchewan. Thus far, we have reached 90 licensed childcare centres and prekindergarten classes, in both French and English settings. Our implementation team recruits interested centres and schools, offers a personalized on-site training and continues to follow-up with centres to offer support and additional resources, like newsletters for educators and parents. Check out our website: www.healthystartkids.ca for more information.
2. **PARTNERSHIP Expansion and Knowledge Exchange:** This project would not be possible without our community collaborations and partnerships. We are making

Vision

Canadian early years children have healthy eating habits and are physically active every day.

connections with Saskatchewan recreation districts, groups working in early years' health promotion, service providers, public health professionals and health regions. There is a lot of great work occurring in this province on improving the health and wellbeing of children, youth and families. Some key Healthy Start connections include: MEND, SK in motion, *Eat Well Play Well* – Kelsey Trail Health Region, SK Prevention Institute, Regional Intersectoral Committees, Moose Jaw Early Years Coalition, SK Early Childhood Association, *Flash Kids* in the Yorkton region, South East recreation district, Cypress Hills "Growing Healthy Families" and more! Our hope is to align Healthy Start with many of these initiatives' common goals for long term sustainability, increased reach and synergistic partnerships.

3. **EVALUATION:** We have the opportunity to demonstrate over four years in over 30 centres how Healthy Start is a best or promising practice. Through our University of Saskatchewan partnership, the

Mission

To encourage and enable educators and families to integrate physical activity and healthy eating in the daily lives of young children (0 to 5 years).

evaluation team is helping measure the impact of Healthy Start on the physical activity and nutritional levels of young children. This work will show how Healthy Start is increasing opportunities for active play in the centre, to eat more nutritious foods, and how it is helping to create awareness and increase the self-efficacy of educators, cooks and parents in licensed childcare centres.

4. **ADAPTATION in another province:** This fourth component of the project is an integral piece of the Public Health Agency of Canada's *Innovation Strategy*, partnering with another province. In our case, with New Brunswick and the *Centre de formation médicale*, affiliated with the Université of Moncton / Université de Sherbrooke, as well as *Active Kids / Jeunes actifs* will help demonstrate the impact and potential replicability of Healthy Start elsewhere in Canada.

Thank you to our Steering Committee, the numerous individuals participating in an advisory role, our HSDS Trainers, and to all participating directors, early learning practitioners and teachers, cooks and parents. Such contributions are vital to this project and are making a real difference in the health of young children!

Outreach

By Stephanie Ortynsky, KDE Coordinator

The Healthy Start/Départ Santé (HSDS) team has been very active networking and aligning priorities with a wide range of partners and stakeholders connected to the project. Some of the highlights include attending the National Child Care 2020 Research Conference, entitled 'Research, Evidence and Policy: Mobilizing Knowledge' which was held November 13, 2014 in Winnipeg, MB. What was garnered from the presentations and speaking with fellow participants is that there is much happening across Canada related to early years policy and grassroots movements focused on achieving affordable childcare.

The Implementation and Knowledge Development and Exchange teams enjoyed participating in the Saskatoon Health Region's luncheon to share A webinar with Saskatoon initiatives and programs. The webinar was produced by

the Conference Board of Canada, on the Economic Benefits of Physical Activity. An hour long presentation on HSDS was given at the



December Regional Intersectoral Committee (RIC) Co-ordinators' meeting in Saskatoon and the next day a shorter presentation at the Prevention Institute's Roundtable on Healthy Weights in Pregnancy and the Early Years in

Saskatoon. HSDS' Project Manager facilitated a workshop on physical activity, healthy eating, and staff engagement for Directors and Educators at SECA's Winter Retreat in January 2015. The team looks forward to a number of upcoming meetings, presentations and conferences throughout the province and country.

Upcoming engagements:

- RIC Co-ordinators meeting in Saskatoon, SK – March 12, 2015
- Early Years Conference in Moose Jaw, SK – May 6-8, 2015
- Food Environment Symposium in Saskatoon, SK – May 21-23, 2015
- Canadian Society for Epidemiology and Biostatistics (CSEB) Conference in Toronto – June 1-4, 2015
- Prevention Matters Conference 2015 in Saskatoon, SK – September 30 – October 2, 2015.

Active Kids and Healthy Start- a dynamic duo in New Brunswick

By Gabrielle Lepage-Lavoie, Project Manager

Interview with Kelcy Kuhn, manager Healthy and Inclusive Communities, New Brunswick

Active Kids in New Brunswick includes many key partners in the province such as Early Interventionists, Family Resource Centers, Public Libraries, Sport and Recreation Organizations and Community Colleges. These partners helped to inform the evolution and delivery of the program as well as champion healthy, active living within their networks. This program includes a training and resource opportunity for caregivers and families of young children 0 to 5 years and is designed to increase daily, quality physical activity for young children and their families. It was created with consideration of research and best practice recommendations in the field of physical literacy development.

The Active Kids Toolkit contains a manual with information on children's motor development at different stages and activities that can be done with different ages to promote physical activity and to explain how to use the contents



of the Toolkit. In addition, the program has added **Active Kids Family Activity Packs** developed to support our partners in the province who operate **lending libraries**. They are "family fun" designed to promote healthy active living in a way that is consistent with an Early Childhood focus on Wellness. The goal of the Active Kids Family Activity Packs is to help families understand the importance and the fun of building physical activity and other positive health behaviours into their daily lives.

In response to evaluation data and the anticipated changes in childcare in New Brunswick,

Active Kids Toolkit workshops have become more comprehensive, allowing for workshop attendees to in turn become mentors for their colleagues at their facility. What impact has this project demonstrated after over six years of implementation?

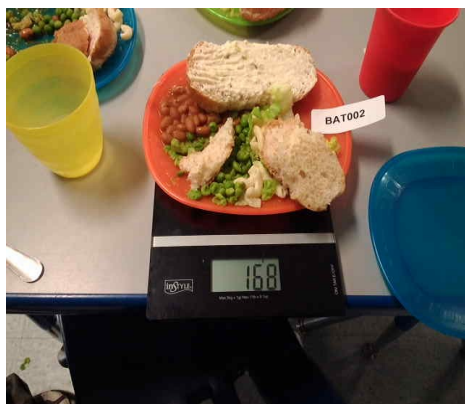
- More structured physical activity opportunities for children
- Leaders have a better understanding around physical literacy and the importance physical activity
- Program filters to families and parents
- New ideas for care givers
- Gives children a good healthy start
- Children use their imagination
- Care givers are more aware of "healthy food" choices

The Healthy Start teams in Saskatchewan and in New Brunswick are pleased to have partnered with Active Kids and look forward to continued sharing and collaboration in ensuring healthy opportunities for early years children in both provinces.

Evaluation Update

By Holly Hallikainen, Evaluation Coordinator

How do you measure success? The HSDS project is carrying out many activities to better understand the short and long-term impact of



this complex health promotion intervention. Like the initiative, the evaluation component is also unique (and often really fun)! Our evaluation plan has process and outcome evaluation objectives. This article will focus on our outcome evaluation.

Objectives

Compared to the usual practice group (centres

that we measure but do not receive the intervention right away), are the educators and directors in intervention centres:

1. Providing more opportunities for physical activity and healthy eating?
2. Increasing their children's levels of physical activity levels and healthy eating behaviours?
3. Experiencing improved levels of knowledge, attitudes and self-efficacy related to healthy eating and physical activity?

Design

We are using a randomized, wait-list controlled study design. We visit centres that are in our usual practice and intervention groups twice (baseline and endpoint). We gather information related to the children's physical literacy (using a standardized assessment of motor skills called *Test of Gross Motor Development 2nd Edition*), anthropometric measurements (height, weight and waist circumference) physical activity levels (the children wear acceler-

Highlight: Plate Waste App

One unique feature of the outcome evaluation is the app that was specifically developed for the project for conducting plate waste assessments. We measure the amount of food and beverages provided and the portion remaining after the meal with a food scale; the tablet app uses digital photography and helps compute food consumed and classify it by food group. Compared to manual entry of plate waste data (which is very time-consuming), the app streamlines the process and has the potential to reduce entry and coding errors. The app is a powerful tool for assessing nutrient intake of early years children.

ometers for one week at the centre) and nutrient intake (we observe mealtime at the centre and weigh children's plates before and after eating to estimate their food intake). We also collect information related to opportunities for physical activity and healthy eating in the centre environment using a validated questionnaire (the *Go NAP SACC*). Information provided by educators and parents from our questionnaires provides important context.

*This study has been approved by the U of S Ethics Board as well as Health Canada REB approval.

Priorities for Childcare

By Dr. David McGrane, University of Saskatchewan

Childcare spending in provinces is starting to slowly increase as governments realize the long-term benefits associated with enhanced early childhood learning programs. As a childcare policy researcher, I would suggest four priorities that are in need of the most attention as governments increase their spending. Ranked in order of importance, they are:

1) Universal Pre-K Programs for Four Year-olds. The most promising way to make progress on early childcare and education in Canada is to integrate it with the public school system. It has to become a public good, like education for children aged 5 to 18. Similar to how the federal government led the creation of Medicare in the 1960s, it must now encourage the expansion of the public school system to become inclusive of four year olds. Ontario's experimentation with "junior kindergarten" has shown positive results, particularly for children of low-income families.

2) Subsidize non-for-profit childcare centers to lower fees, increase spaces, and provide after-hours care. For the foreseeable future, Canada's network of non-for-profit childcare centers that are parent-controlled and founded by community-based organizations will continue to play an important role in providing care for 0-3 year-olds. I would envision a similar system where not-for-profit centers could qualify for a generous subsidy program. Subsidies would be paid directly to the centers themselves and be targeted to improve affordability, encourage the creation of new spaces (particularly, for infants), and the increase the provision of

after-hours care. After-hours care is an important piece because low-income parents, especially single mothers, are more likely to have jobs with irregular hours.

3) Transform childcare workers into childcare professionals. What is the difference between educating a three year-old and educating an eight year-old? High school and elementary school teachers are considered professionals with four-year university de-



grees, regulatory bodies, and unions to protect their interests. In most childcare centers in Canada, childcare workers have little or no training and, subsequently, are not paid that much. Governments need to create four-year degrees in early childhood education at universities around the country. A more educated and professionalized workforce would necessitate a public program of wage enhancements to ensure that child-

care centers can pay their employees salaries that commensurate with their qualifications.

4) Fathers-only parental leave. The three priorities above concentrate on care in regulated childcare centers. Especially for the first two years of child's life, governments should give support for parents providing early childhood education to their own children. Dutch economist Heleen Mees argues that the present situation, in which women take almost all state-sponsored parental leave, entrenches women's position as primary caregivers in their families. The result is that women are more likely to work part-time or put their career ambitions on hold for family reasons after parental leave than men. To address this, Sweden and Quebec have designated a portion of parental leave to be used only by fathers. I conceive of father-designated parental leave as being on top what mothers get and being able to be taken anytime during the first two years of the child's life.

Childcare advocates have excelled at decrying the lack of government funding for early childhood care and education in Canada. These four suggestions are a way of starting a new conversation about proposing what could be done with more public dollars.

Dr. David McGrane is an Associate Professor of Political Studies at St. Thomas More College at the University of Saskatchewan. His most recent research on childcare can be found in the *International Journal of Child-care and Education and Policy*. He is also the Vice-President of the Board of Directors of the Centre éducatif Félix le Chat, a Franco-phone childcare center in Saskatoon attended by his children.

Connect with us!

www.healthystartkids.ca

Saskatchewan Team:

New Brunswick Team:

306-653-7454

1-855-653-7454

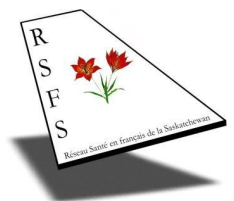
info@healthystartkids.ca

506-863-2266

veronique.surette@usherbrooke.ca



Thank you to all our partners. Healthy Start is lead by the Saskatchewan Network for Health Services in French and funded by the **Public Health Agency of Canada (PHAC)** and the **Saskatchewan Community Initiatives Fund (CIF)**.



The information contained in this newsletter is intended to inform our partners, our community and our health promotion collaborators. The views expressed here do not necessarily reflect those of the Public Health Agency of Canada.