

**WHAT DID IT COST TO IMPLEMENTATION
SASKATCHEWAN/NEW BRUNSWICK HEALTHY START-DEPART
SANTE INTERVENTION?**

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BACKGROUND

- Physical activity and healthy eating provide a number of health benefits for children of all ages.
- Given the number of individual and broader social benefits of engaging in healthy behaviours, it is important to establish healthy lifestyle patterns at an early age.
- In order to establish such patterns, children must be offered opportunities to engage in physical activity and healthy eating behaviours.
- Parents and early childhood educators (ECEs) are key actors in providing such opportunities for children in early years

ARE THERE ANY INTERVENTION SPECIFIC TO THIS POPULATION GROUP?

- There are few interventions effectively addressed and reported improvements in both physical activity and healthy eating behaviours of children in early learning settings.
- Healthy Start-Départ Santé (HS-DS) is one such intervention
 - to promote opportunities for early years children
 - to engage in and establish healthy behaviours (physical activity and health eating)
 - implemented in early learning settings across two provinces (Saskatchewan and in New Brunswick) in Canada.

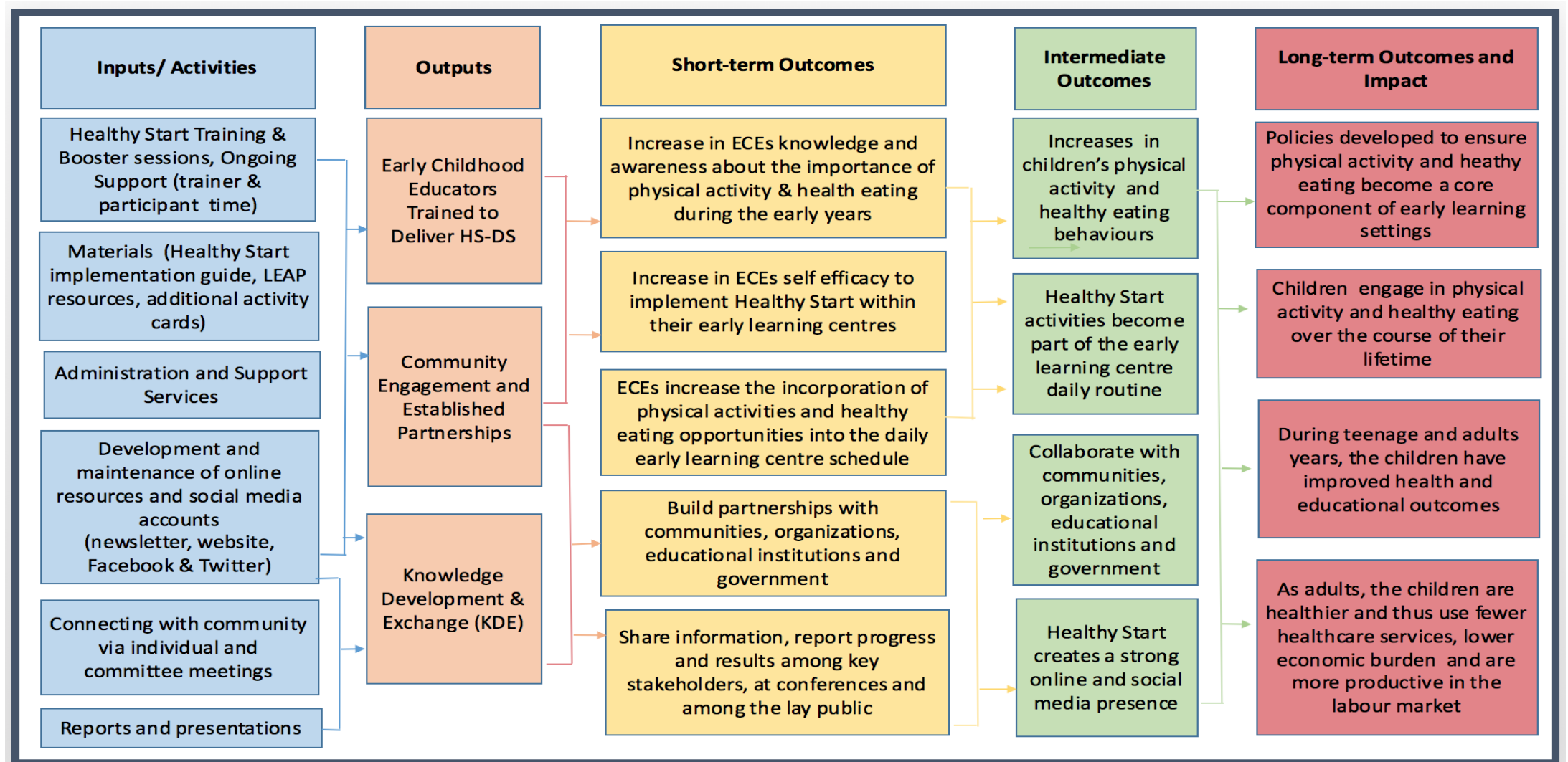
THE PURPOSE OF THIS PROJECT

- In order to carry out a comprehensive economic analysis of this physical activity and healthy eating intervention and address gaps in the literature **the purpose of this study** is to conduct the first phase of a social return on investment (SROI) analysis of HS-DS.
- focus on **estimating the implementation cost of the intervention** that will be used for a comprehensive economic evaluation that aims to estimate the social return on investment for the HS-DS intervention.

MAJOR COMPONENTS OF HS-DS INTERVENTION

- ***HS-DS Implementation Guide*** (a step-by-step guide for educators)
- ***Customized training, role modelling and monitoring*** (training and booster sessions)
- ***LEAP-GRANDIR*** (HOP and Food Flair, Active Play Equipment Kit)
- ***Supplementary resources***
- ***Knowledge development and exchange*** (including communication, online materials etc.)
- ***Community engagement and building partnerships***

HEALTHY START / DÉPART SANTÉ INTERVENTION LOGIC MODEL



ANALYTICAL FRAMEWORK FOR COSTING

- Identify all inputs (including personnel time and materials)
- Determine and apply appropriate unit cost for each input
- Monetize time-cost of trainees (and others when relevant) using opportunity cost of their time
- Identify and monetize direct cost of administrative time

AVERAGE TIME PER TRAINING SESSION IN SASKATCHEWAN

		Large Community	Medium Community	Small Community	Rural Community
Participant's time in training (hours)					
	Educators	56	15	47	31
	Directors	4	3	4.8	4.4
	Others	3.6	3	14	2.5
	Trainers	5.5	6	6.6	6.3
Additional resources					
	Travel time for trainers (hours)	0.9	4.8	5.6	2.4
	Accommodation & per-diem (days)	0.1	0	0.5	0.3

Note: The table shows the average time dedicated for a training session by participants using data for 2015-2016. The bottom panel shows travel time and accommodation and per-diem for the trainers. Large communities have a population of 100 000 or more, medium communities have a population between 30, 000 and 99, 999, small communities have a population of between 1000 to 29, 999 and rural communities have a population of under 999. Source: our own computation.

AVERAGE TIME PER TRAINING SESSION IN NEW BRUNSWICK

		Large Community	Medium Community	Small Community	Rural Community
Participant's time in training (hours)					
	Educators	3	9.6	7.1	7.5
	Directors	3	3	3	3
	Trainers	6	6	6	6
Additional resources					
	Travel time for trainers (hours)	0	4	4.1	3.2
	Accommodation & per-diem (days)	0	0.4	0.9	1

Note: The table shows the average time dedicated for a training session by participants using data for 2014-2015. The bottom panel shows travel time and accommodation and per-diem for the trainers. Large communities have a population of 100 000 or more, medium communities have a population between 30, 000 and 99, 999, small communities have a population of between 1000 to 29, 999 and rural communities have a population of under 999. Source: our own computation.

AVERAGE COST OF TRAININGS & BOOSTERS (CAD\$)

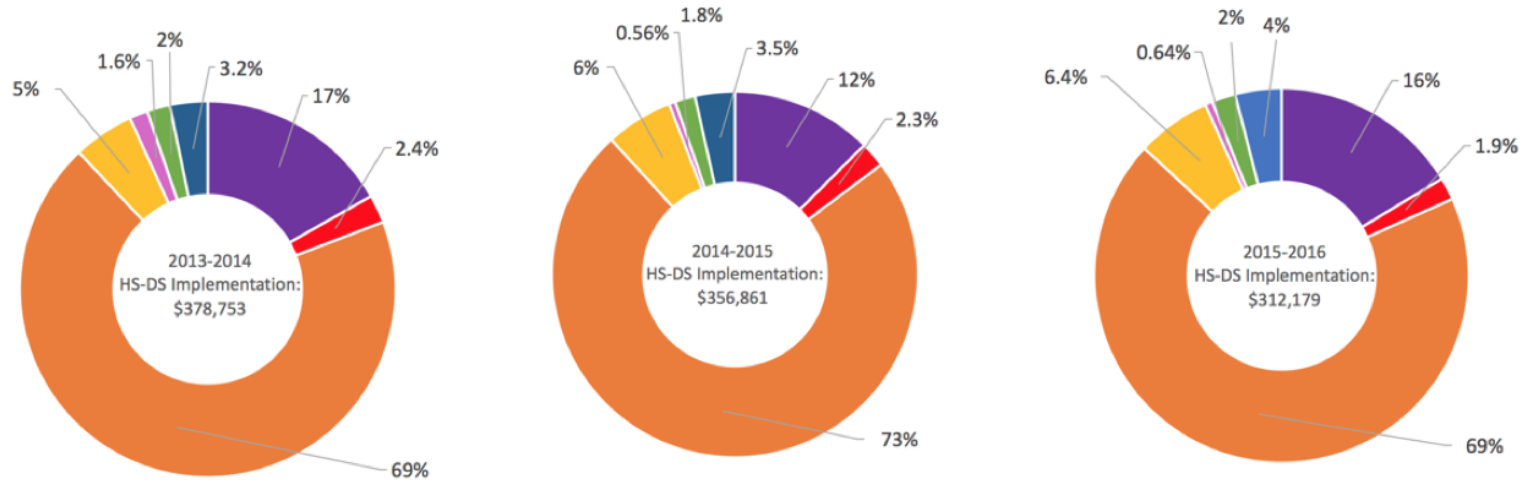
	Large Community	Medium Community	Small Community	Rural Community
Saskatchewan				
Cost per training session	1558	728	1717	1096
Cost per trainee	98	104	125	126
New Brunswick				
Cost per training session	302	529	483	468
Cost per trainee	151	126	143	134

	Large Community	Medium Community	Small Community	Rural Community
Saskatchewan				
Cost per booster session	248	319	340	369
Cost per trainee	33	71	77	104
New Brunswick				
Cost per booster session	n/a	138	123	n/a
Cost per trainee	n/a	138	123	n/a

TOTAL COST OF HS-DS IMPLEMENTATION (CAD\$)

	2013-2014	2014-2015	2015-2016
Training and booster sessions			
Saskatchewan	59,093	35,961	51,052
New Brunswick	4,405	8,638	n/a
Administration & support services	260,588	262,105	214,214
Materials	9,150	8,035	6,026
Online services & social media	6,000	2,000	2,000
Reports & other KDE activities	7,470	6,370	6,370
Community engagement and partnership	12,271	12,521	12,469
TOTAL	\$378,753	\$356,861	\$312,179

TOTAL COST FOR EACH INPUT COMPONENT OF HS-DS IMPLEMENTATION (%)



- Training and booster sessions
- Wages & benefits
- Online services & social media
- Community engagement and partnership
- Materials for training
- Other administration costs
- Reports & other KDE activities

CONCLUDING REMARKS

- The total annual cost of implementing HS-DS is about \$350,000 ranging from \$312,179 (year 3) to \$378,753 (year 1).
- In a given year during the course of the intervention, there were more than 1000 children ranging from 1052 children (year 1) to 1444 children (year 3) in 50 to 60 early learning centres that were influenced by the intervention.
- The estimated annual cost per child would be approximately \$285 ranging from \$216 (year 3) to \$360 (year 1).
- Each year the largest annual expenditures were associated with administration and support services (accounting for over three quarters of annual expenses); in particular the highest costs were wages and benefits paid to HS-DS staff involved with the intervention implementation.

For detailed description of this research:

Sari N., N. Muhajarine, A. Froehlich Chow. 2017. The Saskatchewan/New Brunswick Healthy Start-Départ Santé intervention: implementation cost estimates of a physical activity and healthy eating intervention in early learning centers. *BMC Health Services Research* 17(1): Article 57, 14 pages (online appendix: 3 pages).
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<http://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-017-1978-9>

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