



Be active - Eat well.



Healthy Start-Départ Santé: a population health intervention in child care centres in Saskatchewan and New-Brunswick: Phase 2

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What is Healthy Start/Départ Santé?

- A bilingual 6-8 months intervention to increase physical activity and healthy eating among young children (age 3-5) attending licensed childcare centers and pre-kindergarten programs
- Grounded in the ecological model and the population health framework for healthy weights
- Healthy Start provides direct support to directors, educators and cooks with resources, training sessions and on-going support to enrich the environment and increase the opportunities for children to be active and eat healthy.



Départ Santé  **Healthy Start**
Bouge - mange bien.
Be active - Eat well.

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STEPS TO HEALTHY START

The following steps provide a snapshot of what is involved in a Healthy Start implementation.

- Shared Commitment
- Training
- Healthy Start in the Daily Routine
- Support
- Celebration
- Feedback
- Maintaining the Momentum

Breath of Healthy Start implementation

- ❖ The process evaluation aimed to report the reach, effectiveness, adoption, implementation and maintenance of the program.
- ❖ The intervention was successful in reaching a large number of childcare centres and engaging both rural and urban communities across SK and NB.
- ❖ High implementation fidelity after the initial training.
- ❖ 75% of centres who took initial training participated in the mid-point booster session

Healthy Start – Départ Santé evaluation

- 61 childcare centres were evaluated throughout SK and NB :
 - Usual practice centres n = 30
 - HSDS centres n = 31
- 897 children were recruited
 - 502 in SK and 395 in NB
 - 433 attended usual practice centres
 - 464 attended HSDS centres



Changes within the childcare centre



Child care level perceptions of change

“Healthy Start was the kick start we needed to make changes in our child care centre”

“We don’t offer juice anymore at the centre...and to be honest, the kids haven’t even noticed!”

“We built a big hill in the yard so the kids could run up and down it and use it for sledding in the winter.”

“The pickiest children are now trying new foods and serving themselves and sometimes eating more than the other children.”

“Staff are playing games in the gym and using the Active Play Equipment kit. We noticed more active games in the classrooms.”

Self-reported use and impact of Healthy Start

- ❖ Centres reported increasing opportunities for PA and healthy eating provided to children in the 10 months questionnaire.
 - ❖ 87% of centers reported using the PA resources and kit
 - ❖ 68% reported using the nutrition resource on a weekly basis.
- ❖ After two years, maintenance of the use of the program was reported by almost half of the respondents.

Some findings

- ❖ Significant improvement was found in children locomotor skills
- ❖ Physical activity and food eaten showed positive trends.



Food for thoughts

Some challenges to implementation and sustainability were identified during Phase 2

- ❖ Staff turnover and lack of time
- ❖ Lack of integration in the childcare routine
- ❖ Variable support from childcare staff
- ❖ Low parental engagement
- ❖ Changes rarely transformed into formal written policies at the child care centre level

Moving forward in Phase 3

- ❖ Family engagement component to mobilize and support kids and parents.
- ❖ Smart Menu app addressing cultural gaps, staff challenges, and facilitating kids' healthy eating.
- ❖ Social return on investment evaluation exploring the cost-benefits of the intervention
- ❖ Realist evaluation helping expand the understanding of how, why, and for whom HSDS works

Core interdisciplinary Research TEAM

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