

Healthy Start:

A population health intervention
for healthy behaviours
in early learning and childcare

White Paper:

Preliminary Healthy Start Scale-up Proposal

Presented to HSDS Early Years Government Partners:

Saskatchewan Ministry of Education – Early Years Branch Saskatchewan
Ministry of Health – Population Health Branch Saskatchewan
Ministry of Parks Culture and Sport
New Brunswick Department of Social Development – Wellness Branch
New Brunswick Department of Education – EECD / ÉDPE

By

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The Saskatchewan Prevention Institute (Delivery partner)
Healthy Start Steering Committee

Summer 2018

Executive Summary

Over 7 years of operation, Healthy Start / Départ Santé (HSDS) has set the standard for promoting healthy behaviours in early years settings using a population health approach. This white paper aims to present HSDS programming options and its current phase 3 adaptations to our government partners in alignment with the Saskatchewan and New Brunswick provincial early years strategic objectives. The Réseau Santé en français de la Saskatchewan (RSFS) and its partners wish to demonstrate how HSDS, over the course of its generalized implementation in over 300 early learning and childcare sites, has proven results and established best practices in relation to promoting and supporting the health and wellness of young children and their families.

HSDS provides evidence-based resources, tools, training and ongoing support to early learning caregivers, educators and teachers. The intervention works toward improving physical literacy, physical activity and healthy eating behaviours in children ages infant to 5 years in over 300 early learning sites.

HSDS has been implemented across Saskatchewan and New Brunswick in three Phases (see Appendix 1), with significant funding investments both provincially and federally (see Appendix 4). With a mandate to promote healthy eating and physical activity in the early years, this evidence-based, bilingual intervention focuses on ways to change the educational environment for enhanced health outcomes through four key mechanisms:

1. **Training of educators:** HSDS provides on-site delivery of a professional development workshop, including resources.
 2. **Program adaptation:** the program provides ongoing monitoring with tailored resources and support that is adapted to diverse children, families, educational and rural/urban settings to help reduce health inequities.
 3. **Partnership engagement:** partners including local and interprovincial organizations with a participatory action lens and integrated knowledge translation.
 4. **Continuous improvement:** the evaluation of the program's effectiveness is conducted by numerous academic collaborators, including the University of Saskatchewan, l'Université de Moncton and l'Université de Sherbrooke.
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With an operating budget of less than \$200K per year after 2020, HSDS will continue to expand its reach and educate caregivers, resulting in healthier and happier children, their caregivers and families.

HSDS has integrated national evidence-based early years health and wellness gold standards in our programming, applying lessons learned through long-term implementation. To ensure the sustainability of these practices, literature and evidence demonstrate that practice needs to align with policy. The program as it stands can only encourage its policy recommendations in early learning and childcare settings. The next step is for government bodies to ensure these practices are aligned with provincial early years policies, developing improved provincial guidelines that support childcare and pre-kindergarten programming.

Physical Activity Recommendations



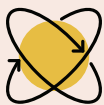
Provide 180 minutes of active play per day



Structured and unstructured physical activity



Increased physical literacy education, introduction of fundamental movement skills



Increased outdoor and adventurous play

Healthy Eating Recommendations



Integrate Ellyn Satter Feeding Relationship and Division of Responsibility



Culturally adapted menu planning through integration of the Smart Menu Planning© program



Incorporate healthy eating practices and activities in the daily routine of the centre or home

Through these standards we ensure children are having fun while learning through active play and healthy eating.

We're growing happier, healthier kids!

Background Context

Program Components

The elements below work together to offer a diverse range of healthy learning opportunities for children and their caregivers.

Training and Mentorship for Educators and Staff

The central component of the HSDS program is a 6-hour customized on-site training workshop. Caregivers, cooks, and directors learn the importance of developing and modeling behaviours to support the health of children and strategies for instilling these behaviours.

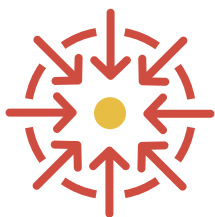
Knowledge Development and Exchange (KDE) Strategies

HSDS created KDE strategies to foster understanding and support among directors, educators, cooks, parents, and the program's external stakeholders. HSDS has created a strong community of practice through a network of regional community trainers (over 60 in both provinces) grounding the program in the communities where it operates.

HSDS Implementation Tools and Resources

The HSDS Coordinator Handbook[®] is the step-by-step guide to implement the program. It includes a framework for assessing current practices, goal setting, action planning, and adopting health and wellness guidelines within the centre. HSDS has found LEAP[™] HOP and Food Flair to be the gold standard in promoting a healthy and active childhood at home and in daycare settings. A number of other resources are available on the HSDS website explain the benefits of the program to a diverse range of stakeholders.

HSDS Resources



Core Program Resources:
LEAP™, HOP and Food Flair



Quarterly Newsletters
– Healthy Start Sampler
and Découvertes Départ
Santé



HSDS Resources:
HSDS Training Manual®, HSDS
Coordinator Handbook®,
HSDS Online training module
and Active Play Equipment Kit



Bilingual Website
www.healthystartkids.ca/
www.departsante.ca



Community of Practice
Social media community
(Facebook page, Twitter,
Instagram and regular emails)



Information Sheets

Additional evidence-based resources:

Active Kids (New
Brunswick) training guide
and toolkit

NB Plays! Preschool

Saskatchewan Play and
Exploration Guide

Ellyn Satter Healthy
Eating Resources,
Canada Food Guide

CSEP 24-hour Early
Years Physical Activity
Guidelines for the
Early Years

For Families - Healthy
Together© and MOVE™
AND HOP™ Family
Resources

“Over the past five years, the collaborations stemmed into many fruitful relationships, enabling vital links with communities and government.”

Community-led Partnerships Across Sectors

HSDS has developed over 40 partnerships with provincial and national organizations in the health, recreation, and education sectors (see in Appendix 5). One of HSDS' primary partners is the University of Saskatchewan, who offers input on healthy policies and coordinates the evaluations of the program. The Université de Moncton partners collaborated on the development and evaluation of the online training modules.

Over the past five years, the collaborations stemmed into many fruitful relationships, enabling vital links with communities and government. Our work with the NB Department of Education and Early Childhood Development resulted in HSDS' integration in the NB early years professional development online training modules. Furthermore, the adaptation of the initiative in New Brunswick gave way to a program called Healthy Start for Active Kids, where two long-standing early years health promotion interventions were merged to create a new value-added program.

Challenges and Successes for HSDS Participants

HSDS supports directors, educators, cooks and parents incorporating healthy eating and physical activity into the lives of children aged 0-5. The program has made considerable investments to create resources and messaging tailored to its various target audiences. Language, location, and socioeconomic considerations also play a role in developing resources that are accessible and relevant to all.

Project successes include:

- Educator affirmation that the training content is concrete and useful
- Commitments to apply training to increase physical activity and healthy eating
- Development of resources delivering up-to-date information to meet educator needs
- Large-scale implementation and ongoing monitoring and support
- The development of a parent engagement component to the program

See Appendix 2 for program reach to date in Phase 2 and 3.

Training Questionnaire Responses



82%

found HSDS training content
to be concrete and useful



Only **0.2%** rated the content not useful



81% felt confident using what they had learned to increase
physical activity opportunities. Or increase the daily physical
activity levels of children at the centre.



76% felt confident to increase healthy
eating opportunities

Cultural adaptation and relevance in various settings

HSDS delivers all training and resources in both English and French. Bridging the divide between rural and urban as well as remote areas of the province is more challenging, as the training is delivered in person and requires extensive travel for those who deliver it in rural areas.

In Phase III, a concerted effort was made to connect with childcare centres in First Nations and other remote communities, and while the number of people served in these communities is lower, the training is very well received. An online training module was developed to overcome this challenge, allowing anyone with an internet connection to access the training. The online version will be launched in the Fall of 2018.

Locations of HSDS Program Implementation



Locations of HSDS Program Implementation



PHASE 2 & 3 – Overall Community Reach

Saskatchewan and New Brunswick Community Sites – consolidated 2013-18

178

Number of communities visited
in past 5 years

420

Number of sites travelled to in
past 5 years

32,300

Approximate number of individuals reached in
communities over 5 years (includes booster
sessions or second site visit)

Observable New Behaviours and Practice

As a population health framework, Healthy Start/Départ Santé is largely focused on influencing the centre environment where children spend up to 10 hours of their day. The intervention proposes training and support, as well as parent engagement activities and intersectoral partnerships in the hope of impacting the long-term health of the child.

64%

of respondents provided more active play opportunities

At the centre level, the process evaluation highlighted that over half of the respondents participating in the program evaluation indicated an increase in the provision of healthy eating options in their centre because of the program. Educators also noted an increase in activities around healthy eating themes, with lesson plans developed to reinforce the importance of healthy eating. 64% of respondents provided more active play opportunities and an increase in active play in classrooms because of the training. In addition to indoor play, respondents indicated an increase in outdoor play and unstructured play time, with additional outdoor play equipment to support this. Perhaps most importantly, educators indicated an increase in confidence because of Healthy Start. Over 75% of participants indicated that they felt confident using what they had learned through the training in their classrooms. Overall, qualitative data suggests that childcare centres did, in fact, make several changes (or were in the process of making changes) to practices or policies relating to healthy eating and physical activity.

The effectiveness of the HSDS intervention was evaluated through a cluster randomised controlled trial conducted in both New Brunswick and Saskatchewan. The logic model in Appendix 6 outlines the aimed effects of the program.

At the child level (3 to 5 years old), before and after measures were generated through standardized tools to capture changes in physical activity, healthy eating and fundamental movement skills (locomotor and object control). In total, 897 children (4.1 years old \pm 0.8) were recruited in September of 2013, 2014 and 2015. Of these children, 464 attended a licensed early learning and childcare centre randomly allocated to the intervention group. 433 attended a licensed early learning and childcare centre allocated to the control group.

A statistically significant improvement was observed in children's locomotor skills attending HSDS child care centres compared to those in the usual practice centres. A marginal but statistically significant increase in the number of fruits and vegetables served was found in association with centres exposed to HSDS. However, the intervention was not associated with differences in children's food intake.

An unintended effect in the study: overall, children in all the centres increased their time spent in total physical activity by approximately 10 minutes over an 8-hour period between baseline and endpoint. The study was limited by its sample size, which did not allow for more sub-group analysis.

The early results are promising and will be revisited using a Realist Evaluation in Phase 3 which will reveal whether HSDS worked, for whom, and in what context.

Associated Costs and Social ROI

Cost of Operations
\$150,000 - \$200,000
per year.

To provide a framework for the continued execution of the HSDS program, the costs of Phase 2 were rigorously measured to determine a standardized average. HSDS can continue its current operations beyond 2020 at a cost of approximately \$150,000 - \$200,000 per year. Trainees in Saskatchewan could receive HSDS training for as little as \$98, with the shorter booster session costing \$33.8 This costing is comparable with other professional development opportunities for early childhood educators, and has been deemed effective by the trainees' self-reports.

The 2,166 early learning practitioners who received the training went on to support 10,754 children in making healthier choices. The HSDS website provided additional resources and support to over 5,000 visitors a year, and direct outreach through newsletters and social media reached over 16,000 parents. This multi-channel approach has proven to be essential in cultivating lasting change.⁹

Benefits

Over prolonged operation, HSDS aims to instill long-lasting healthy behaviours in all children, resulting in a healthier population and reduced health care costs in the provinces where HSDS operates. The program has demonstrated significant results around the development of fundamental movement skills which provide the foundation for an active lifestyle. A comprehensive analysis on the social return on investment for HSDS will be published during Phase III.

Next Steps – Sustaining Healthy Start in the Long Term

The HSDS objectives are strongly linked to the priorities of the Saskatchewan and New Brunswick provincial governments, including healthy eating and physical activity outcomes and overall health and wellness for children and families. The Saskatchewan 2016-2020 Early Years Plan calls for a “focus on healthy childhood development,” including support for initiatives that promote healthy food environments and 60 minutes of activity every day.¹² HSDS directly addresses this, along with many other directives, by providing evidence-based training, resources and support.

The HSDS alignment with New Brunswick’s Wellness Strategy has been similarly fruitful. In fact, through Phase 2 piloting the HSDS program developed a long-term training relationship with a New Brunswick early years program funded through the Wellness Branch (NB Department of Social Development) called Active Kids. In Phase III, the partners decided this relationship provided value-added training content and delivery and merged the two programs. As stated by the Wellness Branch, “We are pleased that the New Brunswick Active Kids program has partnered with Healthy Start. This partnership has led to the joint delivery of early years workshops called “Healthy Start for Active Kids” in New Brunswick.



HSDS sees an opportunity to leverage the recent 3-year bilateral funding agreements for early learning and childcare to further expand its reach

HSDS sees an opportunity to leverage the recent 3-year bilateral funding agreements for early learning and childcare to further expand its reach. In Saskatchewan, HSDS’ primary priority is the funding of a community organization to continue the delivery of the program. The Saskatchewan Prevention Institute has expressed an interest in operating the HSDS program beyond 2020 should funding be available.

In New Brunswick, the Early Learning and Child Care Action Plan calls for “professional learning and development opportunities for early childhood educators,” with funds made available to organizations providing these learning opportunities.¹³ The Wellness Branch (Department of Social Development) has continued to invest in the New Brunswick Gymnastics Association as part of its collaborative efforts alongside the RSFS to deliver the adapted version of the program called Healthy Start for Active Kids.

In both provinces, HSDS requires government support to embed healthy behaviours within the early childhood educator curriculum delivered by licensed colleges. Governments can also develop new evidence-based provincial policies from the research conducted by HSDS. Please refer to Appendix #7 for a complete list of HSDS guidelines.

After 7 years of operation in two provinces, HSDS has proven its effectiveness as an educational program and its viability for growth. With the support of its regional and provincial partners, Healthy Start can now be expanded in many ways with the investment of our government partners:

- through community-based implementation: an NGO which would support the delivery of workshops, parent programming, and online training for all early years settings interested in adopting healthy practices;
- through provincial systems integration within Saskatchewan and New Brunswick Education, the HSDS program would be integrated in the Early Childhood Curriculum and support early years professional development programming and delivery through Community Colleges;
- the program can also be expanded into new provinces and territories through its online learning program.

To explore our sustainability scenarios in more detail, please see Appendix 3.

The RSFS and the HSDS Steering Committee would welcome an opportunity to meet with its government partners to discuss next steps in sustaining this amazing initiative. As each year of success builds on the last, the program will reach a level of influence with directors, educators, teachers, cooks, parents and children - impacting the health of generations to come.

**Children are great imitators.
Let's give them something
great to imitate!**

Acknowledgements

The Réseau Santé en français de la Saskatchewan would like to thank its community partners, the HSDS Steering Committee, its founding partners, the Saskatoon in motion team and the University of Saskatchewan as well as the numerous supporters, collaborators and HSDS “cheerleaders”. Funding for HSDS was generously provided by the Public Health Agency of Canada and the Government of Saskatchewan Community Initiatives Fund (See Appendix 4 – Funding contributions to date).

