



An Evaluation of the Healthy Start/Départ Santé (HSDS) Knowledge Development and Exchange (KDE) Strategy

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Thank You

We are grateful to all of the individuals who shared their time and knowledge during this evaluation.

We wish to thank:

- All survey respondents and interview participants
- All staff and project committee members who contribute to the HSDS program
- HSDS and RSFS for welcoming the project and allowing access to the required information
- SPHERU for providing an opportunity to support and complete this project

Evaluation Framework

- Assess the effectiveness of the KDE Strategy, following Lavis et. al. (2003) five elements of evaluating knowledge translation, and various elements of the RE-AIM framework (Glasgow, Vogt & Boles, 1999).

Five Elements of Evaluating Knowledge Translation

1. What should be transferred to decision-makers (the message)?
2. To whom should research knowledge be transferred (the target audience)?
3. By whom should research knowledge be transferred (the messenger)?
4. How should research knowledge be transferred (the knowledge-transfer processes and supporting communications infrastructure)?
5. With what effect should research knowledge be transferred (evaluation)?

Evaluation Framework

Evaluation Questions:

1. What was the message transferred to stakeholders according to the HSDS KDE Strategic Plan? Did KDE staff transfer actionable messages from a body of research knowledge?
2. What was the target audience of the KDE Strategy? Was the message delivered tailored for the various target audience groups?
3. By whom was the message transferred using the KDE Strategy? Was the message deliverable by sources deemed credible by those receiving the message?
4. What were the knowledge transfer processes and the supporting communication infrastructure? Were the KDE tools introduced in an interactive manner?
5. How has the information transferred by the KDE Strategy been used

Evaluation Framework

Evaluation Questions:

6. To what extent have the target audience members adopted and implemented the HSDS program as a result of the KDE Strategy?
7. To what extent have the target audience members maintained the HSDS program as a result of the KDE Strategy?
8. To what extent has a community of practice been developed as a result of the KDE Strategy?

Methods

Documents Review

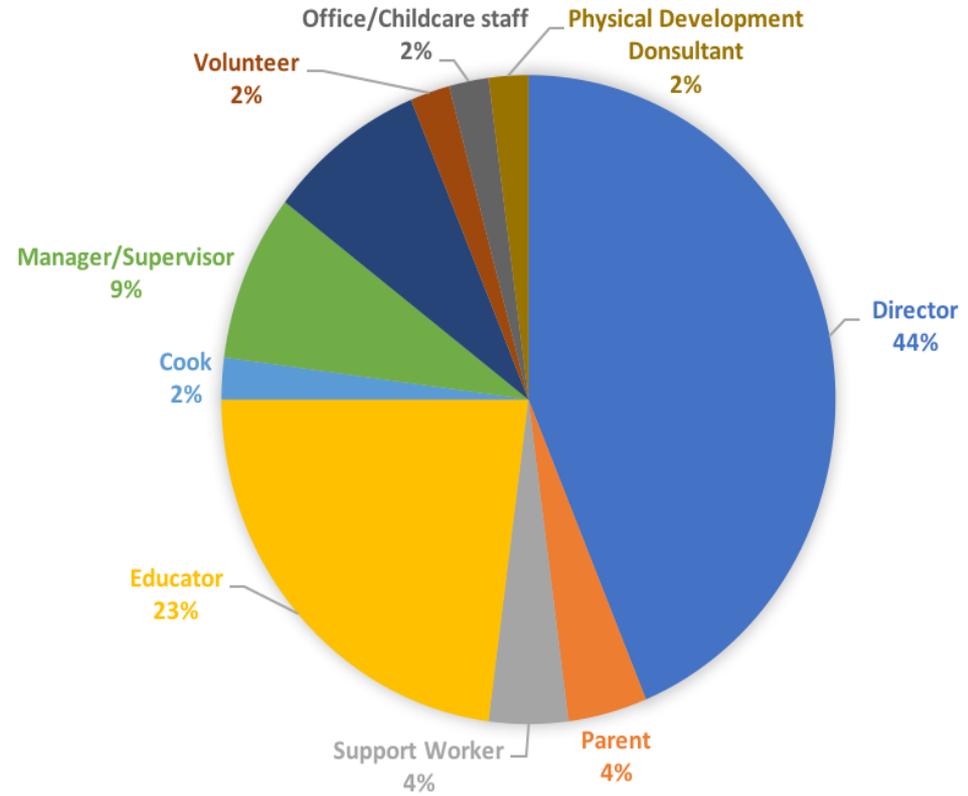
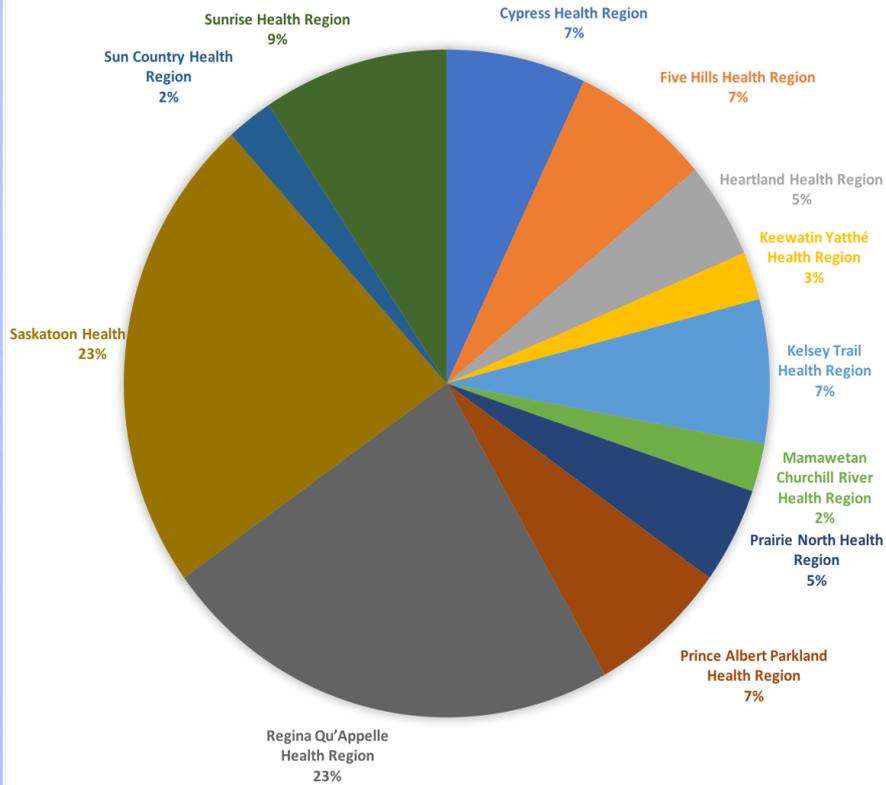
- Review of HSDS data sources (e.g. reports, presentations, media interviews, booster sessions, participant evaluations and training workshops).
- Review previously collected data (e.g. Training Questionnaires, and mail chimp, website, and social media metrics).

Survey

- Adapted Web-Assisted Telephone Interviewing (WATI) Survey to assess:
 - 49 Total Responses (43 English, 6 French)
 - 87.8% Saskatchewan, 12.2% New Brunswick

Methods

PARTICIPANT DEMOGRAPHICS



Adapted Web-assisted Telephone Interviewing (WATI) Survey

To determine the reach and effectiveness of the Healthy Start/ Départe Santé (HSDS) program and its components, the Saskatchewan Population Health and Evaluation Research Unit (SPHERU) has designed the following survey. Therefore, we invite the directors, educators, cooks and other staff from your early learning and childcare centre to participate in this survey. The survey will take approximately 10-15 minutes to complete.

Please note that, though we appreciate your response, all participation is completely voluntary.
Thank you!

***All respondents will be entered in a draw to win one of four \$25.00 gift cards of your choice from giftcertificates.ca ***

The centre/school I work in is located in: New Brunswick Saskatchewan

If in Saskatchewan, please select the health region that the centre/school is located in:

- | | | |
|--|--|---|
| <input type="checkbox"/> Athabasca Health Authority | <input type="checkbox"/> Cypress Health Region | <input type="checkbox"/> Five Hills Health Region |
| <input type="checkbox"/> Heartland Health Region | <input type="checkbox"/> Keewatin Yatthé Health Region | <input type="checkbox"/> Kelsey Trail Health Region |
| <input type="checkbox"/> Mamawetan Churchill River Health Region | <input type="checkbox"/> Prairie North Health Region | <input type="checkbox"/> Prince Albert Parkland Health Region |
| <input type="checkbox"/> Regina Qu'Appelle Health Region | <input type="checkbox"/> Saskatoon Health Region | <input type="checkbox"/> Sun Country Health Region |
| <input type="checkbox"/> Sunrise Health Region | | |

The centre/school I work in is located in a _____ area: Rural Urban

How long have you been involved with the Healthy Start program? _____ months

What position do you hold at the centre/school you work in? _____

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
1. My knowledge related to the importance of physical activity for children aged 0-5 has increased.						
2. My knowledge related to the importance of healthy eating for children ages 0-5 has increased.						
3. I have made positive changes regarding my own healthy eating and physical activity since participating in the Healthy Start training.						
4. The Healthy Start training was successful in developing useful recommendations for incorporating physical activity and healthy eating in the centre I work in.						
5. I have informed others (who did not participate) about the content of the Healthy Start training.						
6. I have taken action on recommendations that were generated at the Healthy Start training.						
7. The centre/school I work in has incorporated healthy eating and physical activity into our regular routine since the Healthy Start training.						
8. I have started to collaborate about Healthy Start with at least one person or a team member with whom I attended the Healthy Start training.						

9. Please indicate which activities, resources, and communication tools your centre/school currently uses (Mark all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Healthy Start website | <input type="checkbox"/> Active Play Equipment (APE, Active Kids Tool Kit) |
| <input type="checkbox"/> Newsletters | <input type="checkbox"/> Ministry of Education Information Sheets (Active Solutions, Mealtime Mentoring) |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> LEAP HOP Manual/Binder |
| <input type="checkbox"/> Twitter | <input type="checkbox"/> LEAP Food Flair Manual/Binder |
| <input type="checkbox"/> Guidelines Poster | <input type="checkbox"/> Active Kids Manual/Binder (New Brunswick) |
| <input type="checkbox"/> Videos | <input type="checkbox"/> Healthy Start Implementation Guide |

10. Please indicate changes that have occurred in your centre/school since participating in the Healthy Start Program (Mark all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Indoor space for physical activity | <input type="checkbox"/> Increased outdoor play |
| <input type="checkbox"/> Additional indoor play equipment | <input type="checkbox"/> Additional outdoor play equipment |
| <input type="checkbox"/> Increased active play in classrooms | <input type="checkbox"/> Increased healthy eating options |
| <input type="checkbox"/> More structured play time (educator lead) | <input type="checkbox"/> More unstructured play time |
| <input type="checkbox"/> Additional activities around healthy eating themes (from Food Flair or other) | <input type="checkbox"/> Other: _____ |

11. Please indicate any policies (guidelines/new healthy practices) that have been implemented regarding health and wellness at your centre/school since your involvement with the Healthy Start program:

12. If applicable, please list up to 10 organizations that you have collaborated with since participating in the Healthy Start workshop. The organizations and roles of individuals may include SECA (Saskatchewan Early Childhood Association), Health Region Professionals, Public Health Nutritionists, Early Years Branch (EYB) Consultants, other Healthy Start Early Learning Child Care Centres, Early Years Coalitions, and others.

****NOTE**** formal relationships refer to working with individuals whom, as part of their job, offer support regarding healthy eating and physical activity (e.g. Public Health Nutritionists); informal relationships refer to working with individuals whom are not required to offer information and support (e.g. Other Healthy Start Early Learning Child Care Centres).

Organization Name:	Role (e.g. as noted above)	Shared Info? Mutual Exchange of Information?	Type of Relationship?	Level of Impact on your approach to incorporating healthy eating and physical activity for children ages 0-5.
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
6.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
7.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
8.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
9.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
10.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low

Methods

Key Informant Interviews

- Semi-structured, open-ended questions, telephone interviews
- Pre-K coordinator & 3 community trainer
- Thematic data analysis



Results

1. What was the message transferred to stakeholders according to the HSDS KDE Strategic Plan? Did KDE staff transfer actionable messages from a body of research knowledge?
 - HSDS provides actionable messages!
 - Reports, presentations, training material and KDE tools provide clear messages that include concrete steps to implement HSDS

Example from Documents Review:

	Year 1	Year 2	Year 3
The training session content was concrete and useful	Useful: 282 (97.6%) Somewhat Useful: 6 (2.1%) Not Useful: 1 (0.3%) Invalid: 0 (0.0%)	Useful: 148 (61.4%) Somewhat Useful: 90 (37.3%) Not Useful: 0 (0.0%) Invalid: 3 (1.2%)	Useful: 347 (87.4%) Somewhat Useful: 49 (12.3%) Not Useful: 1 (0.3%) Invalid: 1 (0.3%)

Example from Interview:

“the Canada Food Guide had changed a bit, so receiving updated information about these changes was helpful for us. We also learned about myths about feeding children and strategies to use with kids, like allowing children to choose what they eat instead of forcing them. The games and activities were age-appropriate and cost-effective.”

Results

2. What was the target audience of the KDE Strategy? Was the message delivered tailored for the various target audience groups?
 - HSDS tailors messages to specific target audience groups!
 - Offers flexible, client-centered booster sessions
 - KDE tools target specific audience groups (e.g. HSDS Fact Sheets offered in different versions for directors, educators, cooks and parents)

Example from Interview:

“booster sessions are based on feedback, which requires flexibility. These sessions have a more open-concept, are client-centered and are tailored to the specific early learning and childcare setting.”

One community spoke to the effectiveness and importance of booster sessions by stating that though one of her locations *“worked well as a team, had a designated cook to prepare meals, and [was] very savvy with the training,”* she *“learned they hadn’t really acted on the program, so during the booster session [they] made smart, specific goals to help [the centre] implement the program”*. In this example, *“the booster session was very beneficial to help them define where to go with the information”*.

Results

3. By whom was the message transferred using the KDE Strategy? Was the message delivered by sources deemed credible by those receiving the message?
 - HSDS information is transferred by credible messengers!
 - Trainers were *“excellent, knowledgeable and engaging”*
 - Presenters included project managers, members of the research team, project committee members, etc.

Example from Documents Review:

	Year 1	Year 2	Year 3
What are three things you liked most about today’s training session?	Nutrition Info: 115 (25.8%) Physical Activity Info: 117 (26.2%) Resources Provided: 67 (15.0%) Delivery of Session: 141 (31.6%) Undefined: 6 (1.3%)	Nutrition Info: 77 (17.4%) Physical Activity Info: 136 (30.7%) Resources Provided: 52 (11.7%) Delivery of Session: 169 (38.1%) Undefined: 9 (2.0%)	Nutrition Info: 73 (18.4%) Physical Activity Info: 137 (34.5%) Resources Provided: 88 (22.2%) Delivery of Session: 32 (8.1%) Other: 21 (5.3%) Invalid: 47 (11.8%) Other: All of the Above (15); Recipes (1); Nutrition & Physical Activity Info (1); Group Interaction (1); Playing Activities (1); Suggestion (1)
What supports or follow-ups could best help you incorporate Healthy Start in your daily routine?	Follow-up Contact: 31 (18.1%) Up to Date Info: 32 (18.7%) Resources: 66 (38.6%) Staff & Centre Goals: 29 (17.0%) Undefined: 13 (7.6%)	Follow-up Contact: 51 (35.9%) Up to Date Info: 30 (21.1%) Resources: 8 (5.6%) Staff & Centre Goals: 29 (20.4%) Undefined: 24 (16.9%)	Follow-up Contact: 61 (25.9%) Up to Date Info: 67 (27.5%) Resources: 26 (10.7%) Menu/Recipes: 20 (8.2%) Undefined: 70 (28.7%) Undefined: None (16); Positive words/personal goals (43); non-specific/unclear (10)

Results

4. What were the knowledge transfer processes and the supporting communication infrastructure? Were the KDE tools introduced in an interactive manner?

HSDS uses interactive methods to transfer knowledge!

- Training was “*excellent and engaging*”
- Hands-on, colloquial approach is most effective for training - movement and interaction and live discussion

Example from Documents Review:

	Year 1	Year 2	Year 3
The training delivery was engaging and motivating	Not Satisfied: 1 (0.3%) Somewhat Satisfied: 10 (3.5%) Satisfied 277 (95.8%) Invalid: 1 (0.3%)	Not Satisfied: 1 (0.4%) Somewhat Satisfied: 98 (40.7%) Satisfied: 139 (57.7%) Invalid: 3 (1.2%)	Not Satisfied: 4 (1.0%) Somewhat Satisfied: 68 (17.1%) Satisfied: 324 (81.6%) Invalid: 2 (0.5%)
What supports or follow-ups could best help you incorporate Healthy Start in your daily routine?	Follow-up Contact: 31 (18.1%) Up to Date Info: 32 (18.7%) Resources: 66 (38.6%) Staff & Centre Goals: 29 (17.0%) Undefined: 13 (7.6%)	Follow-up Contact: 51 (35.9%) Up to Date Info: 30 (21.1%) Resources: 8 (5.6%) Staff & Centre Goals: 29 (20.4%) Undefined: 24 (16.9%)	Follow-up Contact: 61 (25.9%) Up to Date Info: 67 (27.5%) Resources: 26 (10.7%) Menu/Recipes: 20 (8.2%) Undefined: 70 (28.7%) Undefined: None (16); Positive words/personal goals (43); non-specific/unclear (10)

Results

5. How has the information transferred by the KDE Strategy been used?
6. To what extent have the target audience members adopted and implemented the HSDS program as a result of the KDE Strategy?
7. To what extent have the target audience members maintained the HSDS program as a result of the KDE Strategy?

- ELCC's use various HSDS tools:

Active Play Equipment (APE, Active Kids Tool Kit)	61%	29
LEAP HOP Manual/Binder	67%	32
LEAP Food Flair Manual/Binder	56%	27

- ELCC's have made changes such as, increased active play (52%), and increased healthy eating options (54%).

Example from Interviews:

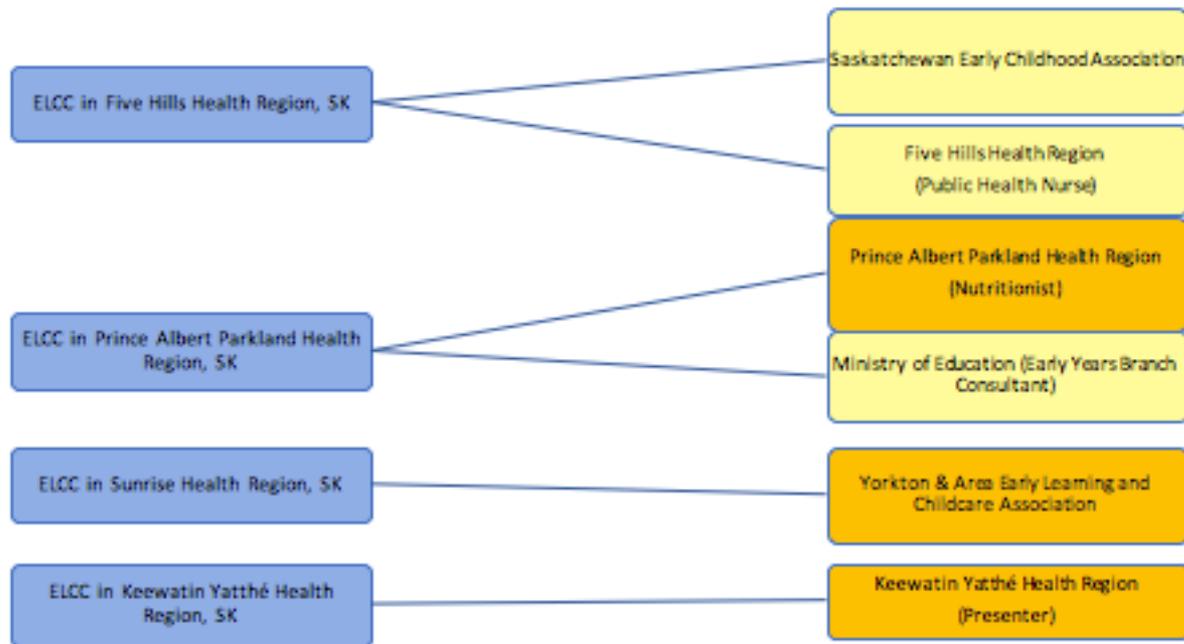
Participants have implemented universal snack programs, and curricula that focus on *“essential learning experiences, gross and fine motor skills, assessing developmental skills, trying new and healthy foods, interactive meal-times and healthy decisions such as washing hands before meal-time”*.

Results

8. To what extent has a community of practice been developed as a result of the KDE Strategy?

There is room for improvement in facilitating communication and collaboration!

Figure 3: Community of Practice Formed in Saskatchewan:



Results

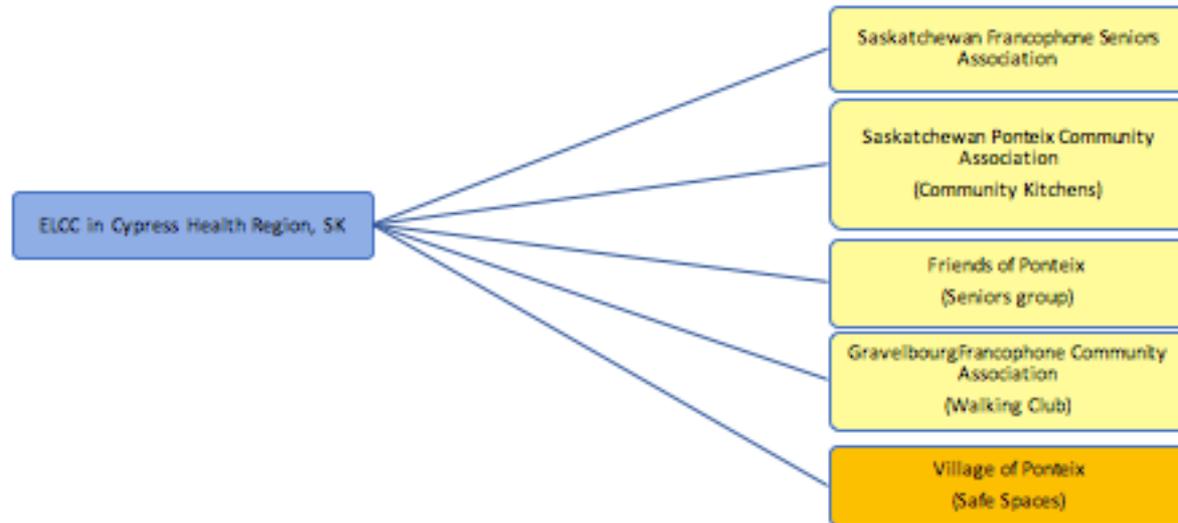
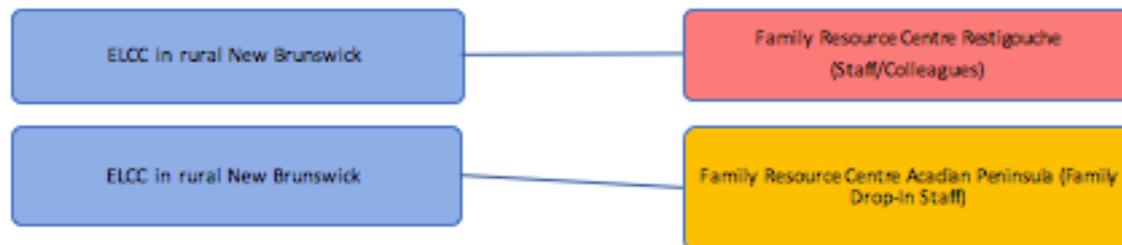


Figure 4: Community of Practice Formed in New Brunswick:



Recommendations

- **The HSDS KDE Strategy is effective!**
- This strategy adheres to Lavis et. al. (2003) five elements of knowledge translation
- HSDS is being adopted, implemented and maintained by many ELCCs
- Despite these successes, this evaluation we suggest to consider opportunities for improvement in the following areas:
 1. Promoting Newsletters and social media pages
 2. Targeting a broader scope of early years settings
 3. Providing more opportunities for parents to get involved
 4. Increasing communication between trainers/program coordinators and ELCCs
 5. Creating opportunities for networking to develop a strong community of practice
 6. Developing an infrastructure to evaluate the KDE Strategy on a continuous basis

THANK YOU!