

KDE ROUNDTABLE LONG-TERM SUSTAINABILITY OF HEALTHY START / DÉPART SANTÉ

**September 26, 2018
Cité universitaire francophone, Regina**

**Meeting Proceedings
September 26, 2018**

Reported by
Jean-Pierre Picard, Gabrielle Lepage-Lavoie and HSDS Team

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Executive Summary

On September 26, 2018, the Roundtable *Sustaining Healthy Start – Beyond 2020* was held at La Cité universitaire francophone, in Regina. This important knowledge sharing forum, organised by the Réseau Santé en français de la Saskatchewan (RSFS), addressed the impact of the Healthy Start/Départ Santé (HSDS) program and its future.

On March 31, 2020, HSDS's Phase 3 implementation and enhancement will be completed. The project will adopt a delivery model that ensures its long-term viability. To explore various options and venues of action, 35 partners and stakeholders provided feedback and input on sustainability strategies at the September Roundtable. Five participants from New Brunswick and a nutritionist from La Ronge, in Northern Saskatchewan, joined the gathering by videoconference.

Roundtable Objectives

- to share Healthy Start project findings and recommendations from phase 2 and 3;
- to engage knowledge mobilizers and knowledge brokers on dissemination strategies on how to best share program results and engage partners;
- to propose a long-term action plan on sustaining the Healthy Start initiative to support the health and wellness of young children in Saskatchewan and in New Brunswick;

Time to act. We can do better, together.

The program has been managed by the RSFS since 2012 in collaboration with institutional and community partners. Since program delivery is beyond the scope the RSFS's mandate, once phase 3 funding ends in March 2020, the program will be transferred to another community organization, in Saskatchewan and New Brunswick. Discussions are already under way to identify NGO's whose goals align with the HSDS program and who are willing and able to play a leadership role for the future delivery of HSDS.

The participants at the Roundtable were unanimous on the relevance of the program. The question was not "if" it should continue beyond 2020, but "how" to sustain it in the long term. Some of the proposed actions focused on:

- **Policy Influence** – sustainability of HSDS is related to having policies in place. Physical activity including a policy on physical literacy and healthy eating at the provincial level.
- **Communications with stakeholders** - include strategies to connect with elected officials who have influence on policies and budgets.
- **Research** - Disseminate evidence and data that brings government on board.
- **Childcare centre level action** - Make it easy to motivate centres in participating in HSDS.
- **Parent engagement** – offer programming directly to parents and grand-parents.

The RSFS has less than 18 months to consider and prioritize the various action items proposed by its key partners to help promote and sustain the HSDS initiative. It is important to highlight that HSDS' objectives are strongly linked to the health and wellness priorities of both provincial governments in New Brunswick and Saskatchewan. Next steps are outlining the program's contribution in meeting provincial health and wellness goals, provide evidence of the effectiveness of the program and secure operational funding that will allow the program to continue beyond March 31, 2020.

About Healthy Start / Départ Santé (HSDS)

HSDS is a population health program meant to increase opportunities for physical activity and healthy eating in children attending licensed childcare centers and prekindergarten programs in Saskatchewan and New Brunswick. HSDS provides direct support to directors, educators and cooks with resources, training sessions to enrich the environment for children to be active and eat well.

Healthy Start has developed a strong professional development training program for early childhood practitioners, through face-to-face workshops delivered directly in the childcare centres or through online training and webinars. In phase 3, the program is not only delivered in Canada's both official languages but was culturally adapted to ensure relevance in Indigenous communities and with Newcomer populations. Healthy Start has enhanced its program to offer physical literacy training and support for menu planning through an online app. In order to engage parents in a seamless transition from the centre to the home, the program now delivers "Healthy Start for Families," three health and wellness sessions with activities offered to parents and children together.



Context and Overview of the Roundtable

The HSDS Roundtable format was structured around four rounds of partner discussions and consultations:

- Round 1: The HSDS Story - Phase 2 Evaluation
- Round 2: The HSDS Experience - Phase 3 Overview
- Round 3: The HSDS Knowledge Development and Exchange Strategies
- Round 4: Sustainability of HSDS in Saskatchewan and New Brunswick

To initiate the discussions, a background document was prepared to present a comprehensive overview of the project's current status as well as proposed sustainability options. Refer to online background document: [HSDS White Paper: Preliminary Healthy Start Scale-up Proposal](#).

Round 1 – The HSDS Story - Phase 2 Evaluation

Presentations

The history, the reach of Healthy Start and a summary of some broad statistics around the different phases of the project was shared. The HSDS comprehensive evaluation included a randomized control trial (RCT) and a process evaluation. It studied the 10-month intervention to explore how the program increased physical activity and healthy eating for children attending licensed childcare centers in Saskatchewan and New Brunswick and whether the program was implemented as designed. The HSDS the evaluation aimed to identify if long-lasting healthy behaviours can be inferred from the program delivery, resulting in a healthier population and reduced health care costs.

Dr. Anne Leis, from Department of Community Health & Epidemiology at the College of Medicine of University of Saskatchewan, highlighted positive impacts of the project from the RCT study conducted from 2013-2016 with 61 centres and nearly 900 children in Saskatchewan and in New Brunswick. It is worth noting that children enrolled in childcare centres who participated in the RCT displayed improvement in locomotor skills, demonstrated increased use of the LEAP resources and offered increased amounts of vegetables and fruit.

Round 1– General Comments from Group Discussions

What we heard:

Phase 2 Evaluation highlighted the following challenges:

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

To sustain the program, HSDS must move:

- Horizontally (all aspects of the child environment) in child care centres, homes and in community;
- Vertically (through the stages of life): child care centres, elementary and secondary schools, universities and colleges, life.

What participants told us:

“HSDS has already been integrated into the College Mathieu Educator program in French. Currently, 195 students are taking this program, providing an upstream approach to integrating health and wellness when childcare practitioners take their course.”

“Most centers lacked the awareness, knowledge and skills to integrate physical activity and healthy eating practices, but they have embraced the support offered by the program’s workshops.”

“There is a need for collaboration between agencies (health authority and ministry guidelines) to make sure the messaging related to nutrition is the same. It is essential to embed practices and policies in centers. To achieve this, the key will be to work with ministry about regulations.”

“Physical literacy is important, and policy guidelines are needed at all early years levels of education and delivery.”

“There are still issues with menu planning. Some childcare centers take their menus to nutritionists/dietitians with public health nutritionists to make sure all food group requirements are met. The Canada Food Guide is an important tool to maintain. We need to make sure the program aligns with the new CFG.”

“Some early childhood practitioners report that there is little support when it comes to programming physical activity and Healthy eating into their planning.”

Round 2: The Healthy Start / Depart Santé Experience

Presentation

Gabrielle Lepage-Lavoie provided an overview of Phase 3 (2017-2020). While Phase 2 was about delivering the intervention, engaging partnerships and evaluating the program, Phase 3 centres around ensuring the program reduces inequity and reaches underserved and vulnerable populations; most importantly, phase 3 is about achieving long-term sustainability. In this phase the program has integrated two new models that includes family engagement – called Healthy Start for Families, and the development of the Healthy Start online training course and webinar series.

Round 2 – General Comments from Group Discussions

What we heard regarding Phase 3 enhancements:

Online training	Reaching out to parents
<ul style="list-style-type: none"> • Online resources will be easy to distribute and promote. • For some centres, it’s a challenge to have staff attending trainings. Online training will help and facilitate participation. • Adequate Internet access can be a challenge in some regions of Saskatchewan. • Webinars are a good avenue to deliver booster sessions. 	<ul style="list-style-type: none"> • Invite parents to participate to make sure they understand the importance of the program. • Provide more opportunities for parents to get involved. • Kids First program delivers a targeted in-home visiting program for vulnerable families. Healthy Start is exploring a collaboration with Kids First to provide health and wellness activities, messages and resources through in-home visits.

Round 3: HSDS Knowledge Development & Exchange (KDE)

Presentation

One of the key components of the HSDS program is its partnership engagement and knowledge development and exchange strategies. An integrated evaluation plan is also supported by its academic partners from the University of Saskatchewan – the Saskatchewan Population Health and Research Unit (SPHERU). The SPHERU team helped evaluate the KDE work in phase 2. Evaluation findings offer a roadmap for recommendations in best delivering the program and to propose best practices that benefit early years centres and parents of young children.

Nazeem Muhajarine and Gabriela Novotna presented the results of a Healthy Start Knowledge Development and Exchange (KDE) assessment in phase 2. The ongoing work is to continue to develop and disseminate simple and clear messaging around the HSDS initiative - that physical activity and good nutrition at a young age are essential in influencing health outcomes later in life.

Round 3 – General Comments from Group Discussions

“Parents don't need any more information, they want to be engaged and inspired; they are looking for ideas.” – Roundtable participant

What we heard around knowledge sharing and partnership engagement:

Evidence-Based Dissemination	Promotional Strategies	Stakeholder Communications
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<ul style="list-style-type: none"> • Share HSDS evaluation results or evidence to convince government stakeholders, other relevant community partners and ministers to get them on board. • Importance of using simple or plain language for communication. • Instigate a conversation between evaluators, team and stakeholders to nurture collaborative work. • Use existing resources and research results. <p>Share best practices:</p> <ul style="list-style-type: none"> • Creating a network of practitioners or a community of practice vs being dependent on people’s commitment to participate. • Have online forums for people to discuss challenges, best practices and ideas. 	<ul style="list-style-type: none"> • A marketing strategy should be developed to promote HSDS and its benefits. • Increase/improve effective communications at all levels of program implementation with the community. • Create promotional material that can be shared with the childcare parent board. <p>Policy influence strategies:</p> <ul style="list-style-type: none"> • No requirements by Ministry for licensed centers to adhere to the guidelines espoused / promoted by HSDS. • Promoting training by ministry might encourage centers to do it. • Find a way to involve Ministry of health to introduce the early years program and for families 	<ul style="list-style-type: none"> • Offer short webinars that are pre-recorded and can be accessed at any time by everyone to create awareness; can be part of staff meeting or board meetings. • Share public health organizations’ information about healthy habits from birth with parents. • Broader promotion of healthy eating and physical literacy in early learning settings. • Stakeholders want easily accessible evidence to be able to influence policy.
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Round 4: The HSDS – Long term Sustainability of HSDS in SK and NB

Presentation:

Three delivery options for the future were discussed at the Roundtable:

- Community based implementation through a provincial NGO;
- Integration in the provinces’ Early Childhood curriculum delivered by licensed colleges;
- National Web site – online training.

The above proposed sustainability scenarios could be delivered independently, but participants agreed that the ideal delivery would be a multi-pronged approach of all the three options. The estimated cost to implement the program is 285\$/child/year. Overall, the projected operational costs to continue to deliver the program represents and investment of approximately \$300 000 annually in Saskatchewan and \$90 000 in New Brunswick.

Since 2011, the program has been sponsored and managed by the Réseau Santé en français de la Saskatchewan (RSFS), through the collaboration of numerous community and institutional partnerships. The RSFS will no longer house this program post- phase 3. Therefore, as of April 1, 2020 the RSFS must identify community organizations in Saskatchewan and New Brunswick whose mandate is linked to the goals of HSDS. Currently discussions are under way to identify which ones would be willing and able to play a leadership role for the long-term delivery of HSDS. The Saskatchewan Prevention Institute and the New Brunswick Association of Family Resource Centres are two of the partners that have been identified as potential delivery partners of the program. (See the draft HSDS Sustainability Plan in the appendices.)

Round 4 – General Comments from Group Discussions

All scenarios proposed could be delivered independently, but participants agreed that the most efficient approach would be a multi-pronged approach delivery of all the three options.

HSDS sustainability: consider multi-level layering and integration of the program		
Systems Integration:	Centre / Community Level:	Government / Policy Level:
<ul style="list-style-type: none"> ▪ Integrate HSDS in to ECE curriculum of existing post-secondary ECE education/programs as a certificate/diploma. ▪ Consider extending the HSDS training duration from 6 hrs to 20+ hours for ECE students. ▪ Explore the possibility of integrating the SMART Menu app in to new ECE program. ▪ Partnerships to consider with M of Health. M of Education, M of Parks, Culture, Sports / Recreation ▪ Highlight the connections between HSDS and government’s policies and priorities 	<ul style="list-style-type: none"> ▪ Consider social media to create awareness, reach and impact. ▪ Efforts to make HSDS program as a provincial-wide implementation ▪ Provide more opportunities for parents to get involved ▪ Resources and time are identified as stumbling blocks for parents who are overwhelmed. Support in the form of a resource person would be very useful. ▪ Establish more partnerships and create opportunities for networking to develop a strong community of practice. ▪ To integrate HSDS nutrition /healthy eating guidelines into ELCCs’ guidelines 	<ul style="list-style-type: none"> ▪ Strengthen the policies around nutrition as we wait on new Canada’s Food Guide ▪ Be cognizant about political environment, situations and challenges and getting a foot in the door in government offices. ▪ Revising and updating existing guidelines and policies: we need policies and support to work and make it sustainable. ▪ Approach and inform elected officials with other branches of the government for constant messaging to the ministers ▪ Articulate the Social Return on Investment evidence if HSDS implemented provincially

Challenges to consider in long-term sustainability

- High staff and administrators’ turnover at ELCCs.
- Administrative concerns around HSDS and Family Engagement implementation.
- Challenges to consider around bringing a change in the community and government
- No policies for physical activity in ELCCs
- No policies around parent/family engagement or in-home delivery
- Internet connectivity is a major issue in Northern regions

Key Recommendations on Sustaining Healthy Start

“It’s not enough to do a good job. We must make it known in an efficient way!”
– Roundtable participant, September 2018

In this section we have gathered the recommendations from the Roundtable participants and arranged according to common themes. Participants were asked to come up with their top three ideas and share the most important strategy for HSDS moving forward.

Policy Influence

- Sustainability is related to having policies in place: need to implement policies at the provincial level, including a policy on physical literacy.
- Develop policies around parent/family engagement or home visits.
- Encourage seamless transition to school boards to integrate material in school curriculum.
- B.C has child care regulations around healthy food and activity – learn from their model.
- Align HSDS with existing government and other partners programs and priorities.

Communications with Stakeholders

- Connect to elected officials who have influence on policies and budgets. We have partners who have the capacity to reach politicians.
- Raise awareness and motivate through social media and events (ex: an awards ceremony celebrating best practices).
- Provide constant messaging from stakeholders around program advancements and success.
- Educate parents and educators about the benefits of prevention vs treating health problems.
- Promote the program on the ground (childcare and parents).

Early Learning and Childcare Centres

- Frequent training necessary as there is a high turnover rate in early years centres.
- Continue regular follow-ups between HSDS coordinators and early years centre workers.
- Recognize that children have a need and a desire to move.
- There is a need for equipment in early years centres.
- Continue developing relationships between centres – sharing challenges and best practices.

Systems Integration - Education

- Healthy food and physical activity must be integrated into educator training.
- Target education establishments to offer HSDS within the diploma in Child Care Education.
- Build on the experience in New Brunswick of integrating HSDS into their on-line training courses; professional development options. (Module 8 – HSDS Mieux-être / Wellness module).
- Collège Mathieu is considering offering Healthy Start as a 25-hour course within the Early Childhood Educator (ECE) course.

Research

- Use HSDS research findings as a guide in developing guidelines for early year centres.
- Continuous evaluation is desirable, even if it raises the costs.
- Disseminate evidence and data to get government on board.
- Send data to researchers who can produce information that can be included in briefing notes.

Parents

- Reach out directly to parents and grandparents.
- Offer in-home visits – explore alignment with the Saskatchewan KidsFirst model.
- Parents are overwhelmed in their daily schedule – make it easy to inspire and support them.
- Parents need more support for engagement, not more information.
- Information must be simple and made easily accessible (ex.: clinics, libraries, etc.)

Community Support

- Use the Public Library system to promote the HSDS programs - can help in making the resources known.
- Best practices and resources need to be shared with other community organisations delivering health and wellness programs, i.e. family resource centres, SK in motion.
- Access must be made easy for centres and trainers – ex: resources and webinars always accessible online

Concluding Remarks

Roundtable participants were energetic and engaged in providing feedback on the initiative to date. The group was unanimous in recognizing the benefits of this program and all agreed that it must continue beyond 2020. What does the RSFS need to do in the next 18 months to prepare for April 2020? It will be important to strengthen the existing partnerships and bring in new ones as needed, particularly around influencing policy. Secondly, in the project timeline, the RSFS will present final evidence and research results to government decision makers. Securing financial resources will be essential to continue this initiative. Work needs to start now to identify sources of revenues. Next steps are to present the Roundtable Summary to the HSDS Steering Committee, to prioritize actions and to finalize negotiations with future delivery partners that will secure operational funding from provincial government partners.

Appendices

Draft Healthy Start / Départ Santé Sustainability Plan

Draft Healthy Start / Départ Santé Sustainability Plan		
Delivery options	Human Resources	Partnerships
Implementation through a Community-based organisation / NGO	Saskatchewan <i>Estimated cost \$300K / year</i>	
	<ul style="list-style-type: none"> • Two full-time coordinators • Part-time communications specialist 	<ul style="list-style-type: none"> • Network of Community trainers • Network of FRC • Early years community partners
Integration in the provinces' Early Childhood curriculum delivered by licensed colleges	New Brunswick <i>Estimated cost: \$90K/year</i>	
	<ul style="list-style-type: none"> • 1 FTE coordinator • Communications support specialist 	<ul style="list-style-type: none"> • Network of Community trainers • NB Family Resource Centres • In partnership with Wellness Branch, Dept. Social Development & NB Gymnastics Assoc. MACS-NB / HEPAC • SK Ministries of Education (EYB), Health and SK Parks, Culture & Sport
National Web site - online training course <i>Estimated cost: \$50K/year</i>	<ul style="list-style-type: none"> • Content revision / renewal • Maintenance of online platform • Webinar facilitators 	<ul style="list-style-type: none"> • Educational institutions - Colleges • Departments of education • Third party delivery • Universities and colleges (obtain accreditation – continuing education credits)

List of attendees

In Regina

- Gabrielle Lepage-Lavoie
Healthy Start /Départ santé (HSDS)
- Frédérique Baudemont
Réseau Santé en français de la Saskatchewan
- Fatuma Omari, *HSDS staff*
- Nicole Pulvermacher
HSDS staff
- Kavitha Ramachandran, PhD candidate
Family Engagement Program, HSDS
- Fiona Fick
U of S, Saskatchewan Population Health and Evaluation Research Unit (SPHERU)
- Vénessa Carrier
HSDS, NB coordinator
- Jean-Pierre Picard, *HSDS communications*
- Hubert Tote Ali, *HSDS evaluation*
- Roger Gauthier, *Facilitator*
- Anne Leis, principle investigator
U of S, Community Health and Epidemiology
- Gabriela Novotna, *U of R, SPHERU*
- Nazeem Muhajarine, *U of S, SPHERU*
- Hassan Vatanparast
U of S, College of Pharmacy and Nutrition
- Christine Nisbet
U of S, College of Pharmacy and Nutrition
- Joelle Shaefer, *SK Prevention Institute*
- Naomi Shanks
Health Promotion Unit, SK Ministry of Health
- Helen Flengeris
Population and Public Health Services, Regina
- Sheila Hryniuk
Parkland Valley Sports, Culture and Recreation District
- Jeanne Dumas
Consortium national de formation en santé
- Francis Kasongo, *Collège Mathieu*
- Melanie Baumann, regrets
SK Ministry of Parks, Culture and Sport

- Tracy Morey
SK Ministry of Parks, Culture and Sport Tracey Mann Community Initiatives Fund, Government of SK
- Rhonda Oystick
Accent on Kids Early Learning and Childcare
- Fleur Macqueen Smith
Health research & KT Consultant U of S
- Terry Ann Keenan
KidsFirst Saskatoon, SK Health Authority
- Karen Heinrichs
SK Ministry of Education, Early years branch
- Louise Humbert
U of S, College of Kinesiology
- Carol-Guillaume Gagné, *Association des parents fransaskois*
- Amanda Froehlich, *U of S*
- Kelly Lerat
Indigenous Services Canada | Government of Canada
- Stephen Trott
Strategic Policies, SK Ministry of Health

By videoconference:

- Danielle Gauthier St-Onge
NB Department of Education and Early Childhood Development
- Céline Cormier
NB Department of Education, Education and Early Childhood Development
- Barbara Losier
Mouvement acadien des communautés en santé au N-B
- Stéphanie Richard, regrets
Centre de ressources familiales, NB
- Audrey Boyer
Population Health Unit – La Ronge, SK
- Hannah Westner
NB Social Development, Wellness Branch
- Sana Fakhri
Appetite to Play, Early years program, British Columbia
- Donna C. Trombley, regrets
Regional Kids First
- Lauralee Sheenan, *Digital 55, Communications consultant*