



HEALTHY START  
RETROSPECTIVE REPORT

# SUPPORTING EARLY YEARS HEALTH IN SASKATCHEWAN AND NEW BRUNSWICK

2006-2020

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[www.healthystartkids.ca](http://www.healthystartkids.ca)

# Vision:

Canadian early years children have healthy eating habits and are physically active **every day.**

This report has been made possible through a financial contribution from Public Health Agency of Canada. The views expressed herein do not necessarily represent the views of Public Health Agency of Canada.

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# EXECUTIVE SUMMARY

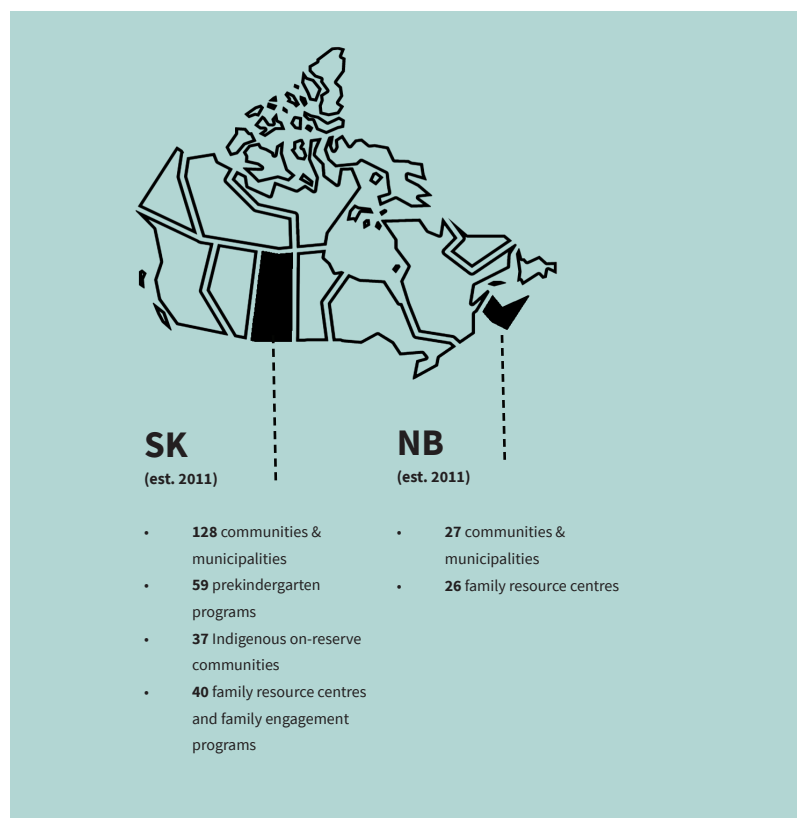
Healthy Start / Départ Santé (HSDS) is a bilingual, community-based intervention developed and implemented in early learning centres to promote physical activity, physical literacy, and healthy eating behaviours among young children, ages 3-5. Launched in 2007 under the leadership and direction of the Réseau Santé en français de la Saskatchewan (RSFS), HSDS has grown and developed into a multilevel initiative, building lasting relationships with community and research partners, securing and managing government grant funding, and adapting and expanding its reach to ensure equitable access for families across Saskatchewan and New Brunswick.

This report provides a comprehensive look back on HSDS's nearly 15 year history. Synthesizing the information contained within the initiative's extensive documentation, as well as the personal accounts of key HSDS organizers, participants and stakeholders, this report traces key events and activities as they align to the program's four core objectives:

- Strengthening the capacity of early childhood educators and parents to support the formation of healthy behaviours among young children
- Supporting communities by adapting and deploying HSDS programming in culturally meaningful and relevant ways

- Assessing the initiative's true impact
- Seeking opportunities to expand the program's reach and build towards long-term sustainability.

In so doing, it details the defining initiatives, accomplishments, obstacles, and refinements that have shaped HSDS's holistic, comprehensive approach as it works to transform all early learning settings into spaces that not only meet nutritional and physical activity requirements for young children, but support the health and wellbeing of the caregivers, families, and communities.



# INTRODUCTION

## GENERAL OVERVIEW

Over the past few decades, childhood obesity-- and its related health problems-- has emerged as a pressing concern among policy makers and public health agencies (Sari, Asamoah Sakyi, Frimpong, 2019, pp. 3-6). In Canada, the prevalence of childhood obesity is estimated to have increased from 21 percent in 1979 to 31 percent in 2014. Most Canadian children do not get the recommended levels of physical activity or healthy eating options, with less than 10 percent adhering to the recommended 60 minutes of moderate-to-vigorous physical activity (MVPA) a day, and only 40 percent consuming the recommended amount of fruits and vegetables daily. Furthermore, studies demonstrate a high correlation between childhood and adulthood obesity, as unhealthy behaviours cemented during early childhood, such as poor eating or insufficient physical activity, tend to persist later in life. Establishing healthy behaviours in early childhood, therefore, not only promotes greater health among young children; it may be the key to significantly lowering obesity and its associated health risks like heart disease, stroke, and diabetes, among adults as well.

Young children (ages 0-5) experience minimal and infrequent control over their physical activity and healthy eating opportunities; instead, they rely heavily upon the adults in



**The preschool years are a critical period for promoting physical activity and healthy eating, as these behaviours can persist into adulthood and modifying health behaviours in young children is considerably easier than in older children, adolescents, and adults”**

(HSDS Phase 2 Report 4)

their lives to facilitate healthier practices. With nearly half of all Canadian parents reliant on outside childcare support, early learning and childcare settings are uniquely positioned to present opportunities for increased healthy eating and physical activity and support the formation of lifelong healthy habits (Sari, Asamoah Sakyi, Frimpong, 2019, p. 6). However, the systematic monitoring and promotion of physical activity is, to date, not a mandated requirement of early childhood care and education, and many early learning centre staff struggle to find ways to do so on their own initiative. As a result, more opportunities remain to improve the nutritional quality of food offered, increase the time spent engaging in physical activity, and strengthen the capacity of educators to incorporate more healthy practices and resources within regular classroom activities.

Healthy Start/ Départ Santé works to fill this gap, forging partnerships, working with communities, and providing evidence-based bilingual support to parents, educators, and early years staff in the form of in-person training and mentorship, and online tools and resources. In doing so, HSDS aims to transform all early learning settings into spaces that not only meet the recognized nutritional and physical requirements of young children in Canada, but support the health and wellbeing of their families and communities, as well.

## Quick Bites



In Canada...



**54%** Over half of children under the age of 5 spend on average 30 hrs a week in childcare centres.

**15%** Of children age 2-6 are overweight.

Children and teenagers spend on average 2 of every 3 hrs awake on **sedentary activities**, including sitting at a desk, using screen technology, or travelling in moving vehicles.\*

**6%** Of children age 2-5 are obese.

\*According to the Canadian Sedentary Guidelines, The Canadian Society for Exercise Physiology, 2012.



# Setting the Stage for Healthy Start

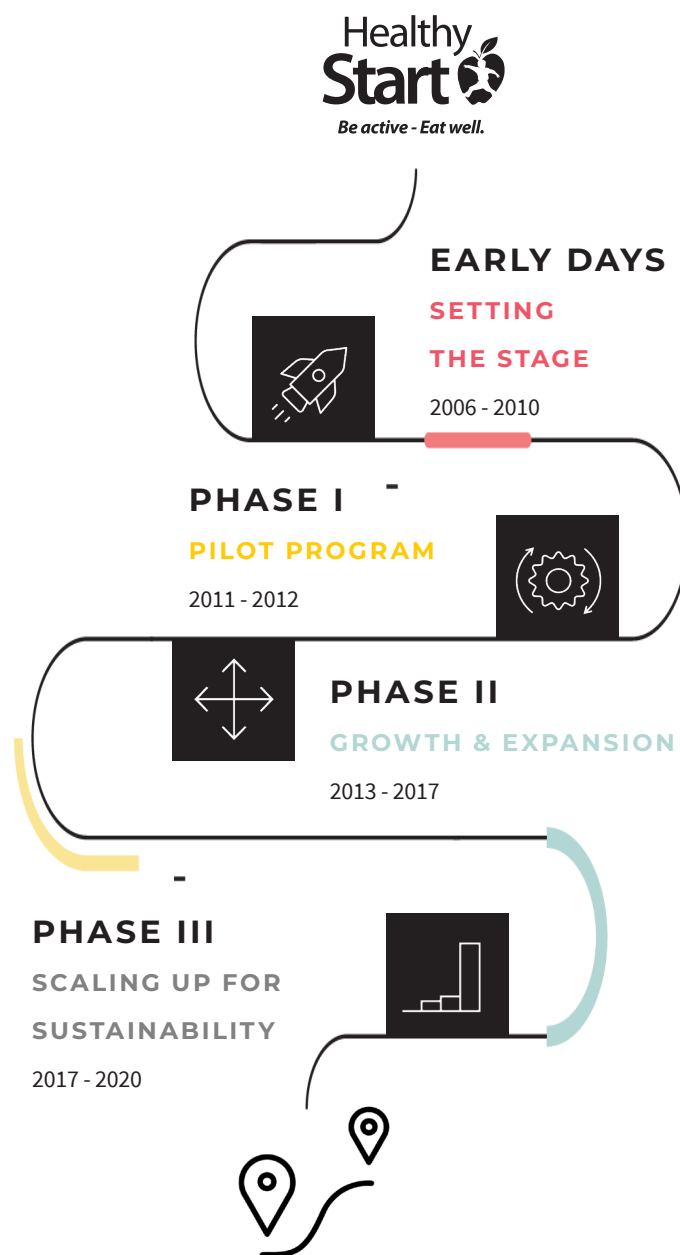


Healthy  
**Start**   
*Be active - Eat well.*

## SETTING THE STAGE FOR HEALTHY START

Healthy Start's origin dates back to 2006, when the Réseau Santé en français de la Saskatchewan, a provincial health network dedicated to ensuring access to high-quality health services in French to Saskatchewan's francophone population, began exploring ways to further support the health and wellbeing of families with young children. Partnering with Saskatoon *in motion*, another initiative with the goal of getting kids more active more often, the two organizations began imagining a broader intervention, one that built upon *in motion*'s focus on physical activity with an added emphasis on healthy eating, and targeted demographic: young children, ages 3-5.

Their efforts resulted, first, in the formation of a Saskatchewan early years committee in 2007 and the creation of a physical activity and healthy eating pilot in 2010, before culminating in the official launch of Healthy Start-Départ Santé in 2013. This major achievement was made possible in part through the support of the Public Health Agency of Canada (PHAC), who contributed funding to HSDS through the Innovation Strategy- Achieving Healthy Weights in Canadian Communities. Of the total 11 projects funded that year, HSDS was the only bilingual initiative, and the only one with a focus on promoting health among children (Healthy Start 2012).





Through its changes, the RSFS has remained instrumental, overseeing the growth and development of the HSDS program, building lasting relationships with community and research partners, applying for government funding, and documenting the program's findings and successes, and it remains a driving force as HSDS looks towards the future.

## HEALTHY START-DÉPART SANTÉ: A MODEL FOR INTERVENTION

Studies have shown that there are various factors that influence the adoption of healthy practices among young children, including but not limited to:

- educator's knowledge, perceptions and attitudes;
- parental influences;
- access to resources and materials;
- geographic location; and institutional and governmental policies (Sari, Asamoah Sakyi, Frimpong, 2019, p.5).

Systematic reviews of existing health interventions aimed at preventing obesity among children under 6 years indicate that the most successful initiatives are those that take a broad approach to the issue, employing social and behavioural models that explore the phenomenon across a range of health determinants.

From the very beginning of its efforts, RSFS

and its numerous partners were determined to develop an effective, comprehensive approach to support the health and wellbeing of young children.

To accomplish this, the RSFS and its partners proposed a population health intervention, a multi-level strategy comprised of 4 main components:



### Intersectoral Partnerships



### Training and mentorship for educators and staff



### Knowledge Development and Exchange (KDE) strategies



### HSDS Tools and Resources

Through these program components, HSDS strives to deliver on the following objectives:

- **Strengthen the capacity of educators,** staff, and parents to facilitate opportunities for increased physical activity and improved nutrition and healthy eating for young children in both early learning settings and the home

- **Support communities by adapting and deploying** HSDS programming in a manner that meaningfully responds to their specific needs
- **Assess the impact** of the program components through **rigorous academic evaluation**, complete with appropriate methods for data collection and analysis
- **Continually seek opportunities to expand program reach** and build towards long-term sustainability

The result is a national, evidence-based early years health and wellness program that sets the bar for promoting healthy weights through healthy eating and physical activity in a manner that adapts to the cultural context in which it is deployed, bridges divides, connects with underserved regions and communities, and addresses systematic discrepancies.

## REPORT STRUCTURE

The purpose of this synthesis report is to provide an overview of the major events and activities conducted as part of the Healthy Start-Départ Santé initiative. Drawing on the initiative's extensive documentation, and personal, first-hand accounts through interviews and surveys, from key HSDS organizers and stakeholders, it traces the development and implementation of the program's core components, detailing specific efforts and activities as they pertain to the four

main objectives identified above.

As such, this report has four main sections:

- **Strengthening** capacity
- **Responding** to Communities
- **Evaluating** Impact
- **Reaching** for the Future

Through this structure, this report aims to provide a comprehensive introduction to HSDS' unique approach, spotlighting its contributions as a public, community-based initiative, and looking to its future as it aims to align its practices with provincial and national early years policies, develop improved guidelines, and support early learning programming across the country.



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

(Anonymous)

# HSDS TIMELINE

The Healthy Start-Départ Santé initiative was officially launched in 2013... but its full story expands across 4 phases, starting all the way back in 2006.

## SETTING THE STAGE

A coalition of health, university, and community partners come together to propose a new provincial early years healthy eating and physical activity initiative for Saskatchewan as part of the *in motion* program.



### EARLY DAYS

#### SETTING THE STAGE

2006 - 2010



### PHASE I

#### PILOT PROGRAM

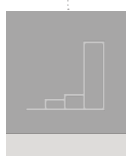
2011 - 2012



### PHASE II

#### GROWTH & EXPANSION

2013 - 2017



### PHASE III

#### SCALING UP

#### FOR SUSTAINABILITY

2017 - 2020

2006 - 2010

2006

The Réseau Santé en Français de la Saskatchewan (RSFS), the University of Saskatchewan, and Saskatoon *in motion* form initial partnership

2007

A provincial physical activity and healthy eating Early Years (EY) Committee is formed to evaluate possible frameworks, tools and partnerships to support the creation of a holistic approach to improving health and wellness

2008

Preparation is underway for the LEAP training team

2009

The LEAP resource is translated into French, as GRANDIR

2010

A pilot program and evaluation launches in 4 urban early learning settings

## PHASE I: PILOT PROGRAM

A bilingual physical activity and healthy eating pilot program is launched in Saskatchewan to increase opportunities for physical activity and healthy eating in early learning settings.



### EARLY DAYS SETTING THE STAGE

2006 - 2010



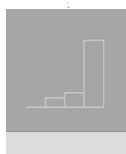
### PHASE I PILOT PROGRAM

2011 - 2012



### PHASE II GROWTH & EXPANSION

2013 - 2017



### PHASE III SCALING UP FOR SUSTAINABILITY

2017 - 2020

2011 - 2012

**2011**

Training begins in **6** rural early learning settings, growing the pilot program to 10 settings

**Data collection** to evaluate the effectiveness of the HSDS approach commences

**Training workshops** are offered with free resources at early learning settings; additional learning opportunities are offered in the form of “booster sessions”

**2012**

Final data collection completed as pilot phase comes to official end

Phase I report is submitted to the **Public Health Agency of Canada (PHAC)**; an application for Phase II funding is submitted

**HSDS forges a working partnership with the University of Moncton and expands into New Brunswick!**

## PHASE II: GROWTH & EXPANSION

The Healthy Start-Départ Santé initiative officially launches, embarking on a widespread rollout of a physical activity and healthy eating program for early learning settings across Saskatchewan, and expanding into the province of New Brunswick.



### EARLY DAYS SETTING THE STAGE

2006 - 2010



### PHASE I PILOT PROGRAM

2011 - 2012



### PHASE II GROWTH & EXPANSION

2013 - 2017



### PHASE III SCALING UP FOR SUSTAINABILITY

2017 - 2020

2013 - 2017

**2013**

HSDS is awarded PHAC funding for Phase II

Official HSDS Launch in September with community and University partners at a local Saskatoon childcare centre

**2013 to 2017**

**HSDS is implemented at a large-scale in 255 sites across Saskatchewan**

Efforts are taken to reach **underserved populations**, specifically Indigenous and New Canadians

**HSDS successfully launches in New Brunswick**, demonstrating its viability across Canada

A comprehensive evaluation of the HSDS approach is conducted in 61 sites across Saskatchewan and New Brunswick

A **knowledge development and exchange (KDE) strategy** is elaborated with the University of Saskatchewan – SPHERU

## PHASE III: SCALING UP FOR SUSTAINABILITY

HSDS looks to the future, scaling up for long-term sustainability through program enhancements, cultural adaptations, menu-planning, family programming, online training modules and more!



### EARLY DAYS

#### SETTING THE STAGE

2006 - 2010



### PHASE I

#### PILOT PROGRAM

2011 - 2012



### PHASE II

#### GROWTH & EXPANSION

2013 - 2017



### PHASE III

#### SCALING UP FOR SUSTAINABILITY

2017 - 2020

2017 - 2020

2018

HSDS develops **culturally specific training materials**, including a series of 10 new LEAP cards based on Indigenous culture and storytelling practices

**MenuPlanPro™**, a digital platform is launched to help early learning settings provide a wide range of diverse and nutritional food options

The roundtable meeting *Sustaining Healthy Start- Beyond 2020*, is held in September to discuss the future of the HSDS program

2019

HSDS launches an online training program to extend its reach among early childcare educators and staff

Further resources are developed using a **physical literacy** lens

HSDS adds a platform to deliver webinars online

2020

Phase III comes to official close on March 31, 2020

April 1, 2020 and beyond, HSDS is managed by community delivery partners in Saskatchewan and New Brunswick, and the University of Moncton (online training delivery)

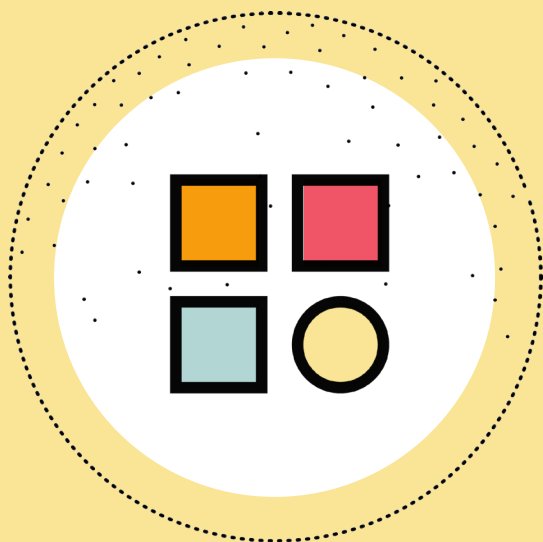


# Building Capacity Among Educators and Parents



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*Be active - Eat well.*

## BUILDING CAPACITY AMONG EDUCATORS AND PARENTS



Adults, often parents and educators, are tasked with the responsibility of presenting young children with sufficient opportunities for active play and healthy eating. But as society becomes more and more sedentary, naturally incorporating these practices into the daily classroom and household routines becomes increasingly challenging.

HSDS aims to make this easier through a diverse range of training, resources and a custom multi step program specifically developed with childcare centres (prekindergarten, preschools, Aboriginal Head Start Programs, etc.) and the home in mind.

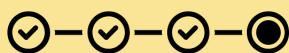


“

**We're supposed to be following the kid's lead, at least that is what they taught us in [school]. But I think we need to teach kids how to move.”**

(Early Years Healthy Weight Strategy, Preliminary Evaluation Report, p.14)

# STEPS TO HEALTHY START



## Shared Commitment

HSDS is committed to supporting early learning settings through access to free training, a collection of resources, and ongoing support over 10 months.

## Training

In-person and/or online training instills the value of healthy eating and physical activity, provides instruction on how to open up more opportunities for healthy practices, and addresses potential challenges and obstacles.

## The Daily Routine

Equipped with training and resources, educators are ready to make healthy eating and physical activity a part of everyday learning.

## Ongoing Support

The HSDS team is available to provide continual support for participants throughout the 10-month program.

## Celebrate!

HSDS encourages educators and parents to celebrate their wins (no matter how small) and spread word to others, through organized events like a family fun day!

## Feedback

HSDS thrives on the feedback of participants. All participants are invited to complete a short questionnaire to help determine what works best and keep improving the program

## Maintaining Momentum

The program may last for 10 months-- but the resources and knowledge are available for participants to use for a lifetime.

## HEALTHY START IN EARLY LEARNING SETTINGS

Healthy Start-Départ Santé program wants to help early learning educators and caregivers transform their classrooms into health-enhancing environments that support fitness and overall wellbeing for life. This is achieved through their custom combination of training, resources, and support.

### TRAINING

HSDS offers a two-part training to early learning educators, directors and staff:

#### Initial Training Sessions

Offered at the outset of the program's adoption, initial training introduces staff and parents to physical activity and healthy eating concepts, and provides valuable context into the underlying causes of obesity in Canada, and the role of early learning settings in establishing a foundation for lifelong healthy behaviours.

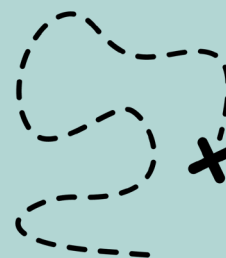
#### Booster Sessions

Offered a few months following the initial session, booster sessions provide staff and educators with the opportunity to address questions and problem-solve real obstacles that have emerged through implementation of HSDS tools and resources.

## Quick Bites



Steps for Implementation:



- Step 1** Make contact! Care centre directors and educators connect with the HSDS team and make arrangements to schedule training
- Step 2** HSDS facilitators host an onsite training session with centre staff
- Step 3** HSDS facilitators return 3-6 months later to provide a short, “booster” session
- Step 4** How are things going? Time to schedule a 10-month check-in!
- Step 5** Still at it? Schedule your 2-year check-in!

## RESOURCES

HSDS provides 3 key resources to help early learning educators and staff incorporate increased physical activity and healthy eating on a regular, daily basis.

### Implementation Guide

Specifically developed for the HSDS program, this PDF resource sets educators up for success, providing crucial information on how to review current practices, develop action plans, and introduce simple tools to improve healthy eating and physical activity in early years environments.



### LEAP™-GRANDIR<sup>MC</sup> Resources

A series of evidence-based manuals filled with activities and recommendations to help educators, parents, and other caregivers promote physical movement, physical literacy, language development, and healthy eating among young children.



### APE Kits

Short for Active Play Equipment, APE kits contain common, everyday versatile materials, such as milk jugs, old sheets, clean socks, toilet paper rolls, etc. to stimulate active play among young children.







## What is LEAP™?

### A LITTLE HISTORY IN THE MAKING

Short for Literacy, Education, Activity, and Play, LEAP™ was developed in 2006 under the direction of Dr. Vivienne Temple at the University of Victoria.

In 2007, Dr. Temple and her team were invited by RFSF and their partners in the Saskatchewan Early Years (EY) committee to present their resource as a possible tool in the formation of a health initiative for young children.

Easy-to-use and comprehensive, the EY committee selected 3 primary resources to use within the early pilot program:

- **The HOP Early Learning Practitioners Guide:** provides hand-on activities for implementation in early learning settings
- **Food Flair:** contains healthy recipes and advice for creating healthy eating environments
- **The HOP Family Resource:** provides physical activities, literacy and healthy eating for the whole family to enjoy

LEAP™ was translated into French as GRANDIR<sup>MC</sup> in 2009. This large-scale initiative was possible through the collaboration of a network of francophone parent associations and communities from across all four Western provinces and territories.



# EDUCATING EDUCATORS: PHYSICAL LITERACY

Physical literacy refers to the motivation, skills, and confidence to participate regularly in common physical activities, from gross motor skills such as walking, running, or jumping, to fine motor control.

Gross  
Motor Skills

**Walking**

**Jumping**

Fine  
Motor Skills

**Typing on a keyboard**

**Buttoning buttons**

For example, a child who isn't confident in their ability to catch and throw a ball isn't going to look forward to the activity.

Often, they will sit out on the sidelines.

But while educators recognize the behaviour, they don't always know how to intervene.

**“We need to teach these kids how to throw and catch. They do not naturally know how to do this.”** Healthy Start 2012, Early Years Healthy Weight Strategy: Preliminary Evaluation Report. p.14-15.



Experienced educators know that a lack of physical literacy is the main contributing factor to young children choosing to opt out of physical activities.



Educators need more pedagogical guidance on how to teach essential gross and fine motor skills, and other aspects of physical literacy, such as finding joy in exploring different ways to be physically active. HSDS resources, like the LEAP manuals can help.

**“LEAP has encouraged us to teach kids how to move and we can see the difference it makes. Now we know how to teach them how to throw and once they learn, they join in!”** Healthy Start 2012, Early Years Healthy Weight Strategy: Preliminary Evaluation Report. p.14-15.

## HEALTHY START AT HOME AND IN THE COMMUNITY

HSDS organizers and researchers quickly realized that a key factor in the program's overall success was the support and buy-in of parents and other caregivers.

Parents and caregivers have always been invited to attend training sessions, but HSDS organizers wanted to take their support further, creating relevant, easy-to-understand resources, full of useful information and ideas parents and other caregivers could access at their convenience.

This led to the formation of a Knowledge Dissemination and Exchange (KDE) initiative, which included:

### **The launch of the HSDS website:**

featuring information on the HSDS program, history and partners, as well as links to past reports, and step-by-step instructions for implementing HSDS at home

### **The Healthy Start Sampler:**

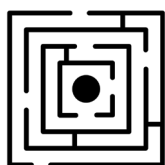
a monthly e-newsletter providing information on healthy eating and recipes, physical activities, and updates on HSDS developments

### **HSDS Social Media:**

provides updates to followers on current project and workshop schedules, program details, as well as relevant new research



## CHALLENGES AND CONSIDERATIONS



### High Staff Turnover in Early Learning Settings

Loss of collaborating directors disrupted already established relationships and channels of communication between centres and the HSDS program, while loss of educators necessitated more training.

### Capacity of Educators

Many educators already feel overwhelmed with their daily routines and don't feel like they have the time, energy, and resources to get involved in the HSDS program.

### Parent Engagement

Lack of direct parent involvement makes it less likely for healthy patterns to form at home, arguably the most important place for forging lifelong habits.



### Solution!

Offering 10 months of follow up support allowed HSDS coordinators to maintain relationships despite turn-over and offer booster sessions to train new staff.



### Solution!

Emphasize the small wins, and encourage educators to focus on incorporating one change at a time.



### Solution!

Open more channels for information sharing in order to familiarize parents with the HSDS program.

## Responding and Adapting to Community Needs



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## RESPONDING & ADAPTING TO COMMUNITY NEEDS



HSDS sets the national bar for health and wellness for young children ages 3-5 by providing a systematic and comprehensive approach to achieving nutritional and physical activity requirements. But the secret to its success lies in the program's adaptability, allowing communities across Saskatchewan and New Brunswick to deploy HSDS's core programming in a manner that is most meaningful and relevant to them.

This includes communities and populations that have been historically overlooked and underserved by major public health initiatives.



“

**Healthy Start is inspiring. It gives you the opportunity to look at your current program with a fresh set of eyes.”**

(Childcare Centre Director, SK)

## A FULLY BILINGUAL HEALTH INITIATIVE... FROM THE PRAIRIES?

According to the 2016 Canadian census, 14,000 people residing in Saskatchewan identify French as their first language (Bonjour Saskatchewan website, accessed October 2019). This community, known as the Fransaskois, represents less than 2% of the province's total population, and as a result it is often a challenge for Fransaskois to access public programming and services in their preferred official language.

Organizations like le Réseau Santé en français de la Saskatchewan (RSFS) and l'Association des parents fransaskois (APF) aim to rectify this by enabling access to high quality French health services and educational resources. As they came together to found the early years physical activity and healthy eating pilot program, the RSFS and APF remained committed to making the initiative fully bilingual, launching the pilot project in an equal number of English and French-language centres, and ensuring that all guides and resources were not simply translated, but conceptualized with both francophone and anglophone audiences in mind. This approach resonated with francophones outside of Saskatchewan, eventually opening the door to the program's rollout in another province with its own distinct francophone population: New Brunswick.

## Quick Bites



Targeted Underserved Communities:



- 1** Francophones living outside Quebec
- 2** Indigenous communities, on and off reserve
- 3** Canadian newcomers



# RURAL REALITIES

When the physical activity and healthy eating pilot program was launched in 2010 and 2011, it was deployed in 4 centres in urban communities and 6 centres in rural communities.

## Urban



Each introduced different variables and considerations that would influence the deployment of the HSDS program for years to come.

## Rural



### Access to outdoor play spaces

Not surprisingly, rural centres have greater access to outdoor play spaces.

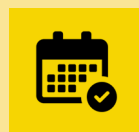
While urban centres responded by adapting activities for confined classrooms and halls, rural centres embraced the opportunity to add elements like dirt hills to open, outdoor spaces.



### Garden-fresh produce

Rural centres enjoyed the benefit of access to locally grown fruit and vegetables.

While northern and remote centres have less access to affordable fresh fruit and vegetables.



### Seasonal schedules

With so much of rural Saskatchewan still tied to agriculture, seasonal activities such as seeding and harvest continue to regulate community and family schedules.



### Age ranges

To accommodate lower densities, rural areas often incorporate a wider range of ages in the same classroom-- giving older children the opportunity to help and mentor the younger children in their classes.

*(Froehlich Chow A, Leis A, Humbert L, Muhajarine N, Engler-Stringer R, 2016)*



# Taking Root in New Brunswick

## A LITTLE HISTORY IN THE MAKING

In 2013, HSDS took one giant leap... all the way to the province of New Brunswick!

The move marked HSDS's first efforts to demonstrate the viability and generalizability of the HSDS program outside of Saskatchewan.

Between 2013-2017, the HSDS program was deployed across 37 sites in New Brunswick

- **19** communities / municipalities
- **13** New Brunswick Family Resource Centres (NBFRC)

The move introduced new challenges and considerations, specific to the New

Brunswick context:

### Active Kids- Jeunes actifs

New Brunswick was already home to a bilingual health initiative for young children. Instead of competing, HSDS partnered with Active Kids, infusing their stellar physical activity curriculum with HSDS's tried and true approach to nutrition and healthy eating. The result was *Healthy Start for Active Kids*.

### Childcare centre organization and funding

In Saskatchewan, child care centres are not-for-profit organizations subsidized by the province. This is not the case in NB, where daycares operate as private entities. Many directors were hesitant to engage in the "after-hours" training because they could not afford the overtime costs, forcing HSDS to get creative in its program delivery.

## EQUITY AND INCLUSION

Many underserved communities have first-hand experience navigating public initiatives designed with little consideration for the realities that comprise their day-to-day lives.

HSDS organizers and facilitators are committed to forming strong, genuinely collaborative partnerships with underserved communities, creating strong relationships with key stakeholders and community leaders in order to ensure that program content not only reflects the community's needs but resonates with participants. These relationships take time and patience to build, but ultimately ensure the sustainability of the program over the long-term.

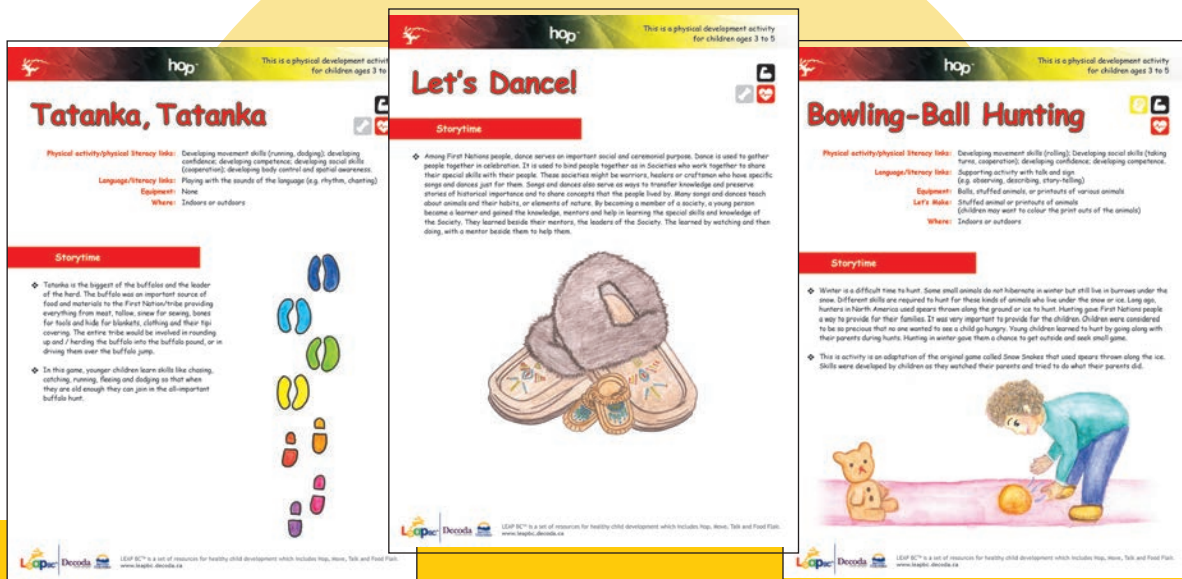
### Indigenous Communities

In 2013, HSDS began collaborating with indigenous-led early learning centres, in both on and off-reservation contexts. The goal of these partnerships was to not only implement HSDS programming, but also explore ways to adapt existing resources in culturally meaningful ways.

To assist in these efforts, HSDS worked with Aboriginal Head Start, a national community-based early intervention program that promotes healthy development of Indigenous preschool children while supporting their parents and guardians.

### Newcomers

When it comes to supporting diverse, inclusive communities, creating cross-cultural bridges during the early years is essential. To this end, HSDS partnered with the Healthy Immigrant Children (HIC) program. This program, led by one of HSDS' key evaluation team members Dr. Hassan Vatanparast, is a research and health promotion initiative specifically directed for newcomer children and their families in Saskatchewan. HSDS also worked alongside Saskatoon Open Door Society, a community organization helping recent immigrants and refugees get settled in their new lives in Canada.



# Adapting LEAP

## A LITTLE HISTORY IN THE MAKING

HOP activity cards are a foundational resource in the HSDS toolkit, providing detailed instructions for practitioners and families on a variety of activities they can use to get young children engaged in literacy, physical activity, and healthy eating.

As part of HSDS's efforts to create changes to its training content and resources to align with Indigenous culture, HSDS introduced 10 new Indigenous-focused LEAP activity cards.

Developed by researchers Amanda Froehlich Chow, Ph.D. and Louise Humbert, Ph.D. in collaboration with Indigenous partners, these new cards impart physical literacy using traditional activities and storytelling as the foundation.

## COMMUNICATING ACROSS OUR CULTURAL DIFFERENCES



HSDS identified key target populations where language may be an obstacle to participation.

### Francophones

Francophones residing outside of Quebec may struggle to find high-quality services in French.

### Newcomers

Newcomers may not speak either of Canada's official languages.

### Indigenous Communities

Indigenous communities may seek opportunities to revitalize linguistic and cultural fluency among young children and by extension their families.



HSDS worked to overcome these barriers in a number of different ways.

### Bilingual Program Delivery

In addition to developing all materials in both official languages, HSDS can deliver the program in French and in English.



The training program was devised to support childcare centre staff to simplify content, use straight-forward language, and convey impact when working with non-English and non-French speaking children and their families through visual imagery and symbolism.



# MenuPlanPro™

## A LITTLE HISTORY IN THE MAKING

Developed in collaboration with HSDS's nutritional partner, USask's Vatanparast Nutritional Epidemiology Lab, MenuPlanPro™ is an interactive menu planning software to help early learning facilities with online menu planning. The tool involves learning modules around menu planning and food and culture and provides automatic feedback to assess if menus are meeting provincial or Head Start guidelines for healthy eating.

Other features include a populated grocery list, recipe ideas, and a searchable food database that considers allergies and cultural food needs. The tool has a parent portal where parents can view the menus,

take the learning modules as well, and take a questionnaire that evaluates nutrition in the home environment.

The [MenuPlanPro™](#) training modules have been integrated in the HSDS suite of webinars as additional learning for educators, cooks and childcare directors. This program was funded by the Saskatchewan Government's Community Initiatives Fund.



## Evidence-Based Program



Healthy  
**Start**   
*Be active - Eat well.*

## EVIDENCE-BASED PROGRAM



Built on the ecological model, HSDS focused on changing early learning environments by providing training and on-going support to directors and educators, which would then have an impact on the children themselves. In addition to the successful implementation of HSDS across Saskatchewan and New Brunswick, an extensive evaluation of HSDS was conducted by an interdisciplinary group of researchers at the University of Saskatchewan, (College of Medicine- Department of Community Health & Epidemiology, College of Kinesiology, College of Pharmacy and Nutrition, College of Arts and Sciences- Department of Economics), in collaboration with researchers from the Université de Moncton (Centre de formation médicale du Nouveau-Brunswick), and the Université de Sherbrooke.



The research teams involved 13 researchers, 12 research assistants, and five masters and PhD students, all contributing to an evidence-based approach for HSDS.



**I see kids learning  
and getting better,  
and it feels so good.”**

(Childcare Centre Director, SK)

# HEALTHY START EVALUATION

HSDS was evaluated through a series of studies over two project phases, spanning seven years.

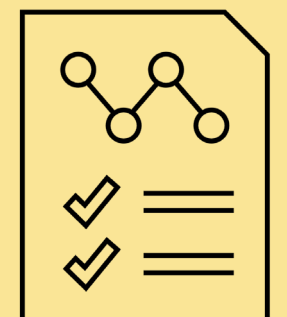
## PHASE I: 2011-2012



The purpose of Phase 1 was to determine whether HSDS was a promising intervention. Using a pre- and post- evaluation design, ten urban and rural childcare centres in Saskatchewan implemented HSDS. Evaluation included interviews, observation of the environment and objectives measures (menus, plate waste and accelerometers). Forty-seven early learning centre staff and 137 children participated in this pilot study. It was found that HSDS increased opportunities for physical activity, encouraged children to join in the activities and games, and also gave educators and cooks the tools to provide a number of healthy options for children at their centres. Children's physical literacy seemed to be improved as well (Froehlich Chow, et al., 2016).

## PHASE II: 2013-2017

In order to evaluate the effectiveness of HSDS, which was implemented in real life conditions, it was important to ensure that HSDS was delivered as intended. A process evaluation using the REAIM framework was conducted and published in 2018 (Ward S, Froehlich Chow A, Humbert M, Bélanger M, Muhajarine N, Leis A, et al., 2018). A randomized control trial (RCT) comparing HSDS to usual practice childcare centres followed in order to determine if there was any significant differences between the two groups. Finally, a cost analysis of the HSDS program was undertaken (Leis A, Ward S, Vatanparast H, Humbert L, Froehlich-Chow A, Muhajarine N, Engler-Stringer R, Bélanger M., 2020).



## RANDOMIZED CONTROL TRIAL (RCT)

During Phase II, the HSDS evaluation team undertook a complex research protocol known as a cluster randomized control trial (RCT), considered the gold standard for demonstrating behavioural change (Ward, Chow, et. al 2018; Leis, et. al. 2020).

A RCT reduces bias by randomly selecting and allocating participants to two groups-- an experimental group and a control group. Of the sixty-one early learning centres involved in the RCT, 31 centres with 464 children were randomly selected to participate in the HSDS intervention, while 30 centres with 433 children were selected to maintain their usual practices. In all, 897 children took part in the research.

The HSDS intervention group was provided a 3-hour on-site training for childcare educators, which aimed to increase their knowledge and self-efficacy in promoting healthy eating, physical activity and development of fundamental movement skills in preschoolers.

The intervention lasted 8 months and included a booster training session and regular follow-ups as needed. The control group continued as per their usual practice and was provided HSDS at the end of the study.

Physical activity was measured during childcare hours for five consecutive days using the Actical accelerometer. Preschoolers' fundamental movement skills were assessed using the standard TGMD-II protocol and POMP scores. Food intake was evaluated using digital photography-assisted weighted plate waste at lunch, over two consecutive days. All data were collected prior to the HSDS intervention and again 9 months later.

Further development and testing of HSDS was considered after the RCT. Considerations included addressing the staff turnover by exploring on-line training, as well as improving parental involvement, which was addressed with the Healthy Start for Families program.



The intervention was successful in reaching a large number of children in both rural and urban communities across Saskatchewan and New Brunswick.



Centres reported increased opportunities for healthy eating with a marginally significant increase in the portions of fruits and vegetables served to children.



Preschoolers demonstrated a significant increase in locomotor skills.

## PROCESS EVALUATION

As part of their ongoing evaluations, the amount of research on the success and sustainability of the HSDS program continued to grow. A mid-program process evaluation, aimed at reporting the reach, effectiveness, adoption, implementation, and maintenance of the HSDS intervention, was completed and showed promising results:

Implementation fidelity of the initial training was high. Of those centers who received the initial training, 75% participated in the mid-point booster session training. Centres reported increasing opportunities for physical activity and healthy eating, which were generally low-cost, easy and quick to implement. Of the 64 centres which responded at 10 months, 87% of those reported using the physical activity resource and 68% using the nutrition resource on a weekly basis. Of the 19 centres which submitted a two year post-implementation questionnaire, 47% of them were still using the Active Play Equipment kit, 42% were still using the physical activity resource and 37% were still using the nutrition resource.

Although early learning educators were overwhelmingly receptive to the program, some challenges included lack of time, lack of consistency over time, staff turnover and low parental engagement.

It was also found that the implementation of HSDS might be improved by addressing resistance to change among early learning centre educators and staff, as well as providing parents with more opportunities to engage directly with the program.

## Quick Bites



### Process Evaluation

**87%** of centres reported using the physical activity resource

**68%** reported using the nutritional resources on a weekly basis

**47%** reported still using the Active Play Equipment (APE) Kit after two years

### Randomized Control Trial

**897** children ages 3-5 took part in the research between 2013-2015.

Of them, 464 participated in HSDS programming while 433 were allocated to the control group.

## REALIST EVALUATION

During HSDS's final phase, researchers wanted to understand, at a more in-depth level, how HSDS produces the outcomes that it does. In other words, how does the HSDS intervention work, for whom, and in what circumstances? To answer this question, the HSDS evaluation team from the Saskatchewan Population Health and Evaluation Research Unit (SPHERU) at the University of Saskatchewan proposed a realist evaluation model.

The realist evaluation focused on identifying the specific mechanisms, contextual factors (i.e. cultural, regional, etc.) and relationships necessary for HSDS to have its intended impacts on the health and wellbeing of young children, their caregivers, and their communities. The HSDS program theory looked at context, mechanisms and outcomes as it related to the program components: training, implementation, sustainability (staff perspective and child perspective), physical literacy and activity as well as nutrition.

The realist evaluation identified several key factors for success:



**Engage** childcare centre directors as leaders within the initiative



**Create** a fun, positive training environment that encourages self-efficacy and reinforces what centres are already doing well



**Encourage** educators to act as role models



**Look** for a sense of purpose and fun among staff that can foster children's enjoyment of physical activity and healthy eating

### What is a Realist Evaluation?

Realist evaluation (RE) seeks to understand **why, how, and under what circumstances** a program delivers (or does not deliver) the desired outcomes. This is done by creating an Initial Program Theory (IPT) and collecting data to test and refine the program theory. A RE does not directly answer questions regarding fidelity of implementation or the effectiveness of program on achieving outcomes" (Fick & Muhajarine, 2019)



## ONLINE TRAINING EVALUATION

Phase III saw the development of [Healthy Start Online](#), an online version of the training program for early learning centre educators and staff. The U de Moncton and U de Sherbrooke research team conducted a study to compare the effectiveness of the online version of the HSDS intervention to the traditional in-person HSDS intervention.

In New Brunswick, 12 early learning centres were randomly selected and recruited to participate in the online intervention; in Saskatchewan, 5 were randomly selected and recruited. A total of 98 educators completed the online training, 62 of whom completed a pre- and post-intervention questionnaire as part of HSDS's end of project evaluation. Their responses were analyzed in comparison to the responses of educators participating in the in-person intervention, and a control group who maintained their usual practices (Ward, Bélanger, Hébert, 2019).

Results of the comparison study showed that the online training program was an effective and sustainable means of providing continuing education to educators in the province and across the country. In fact, the online intervention may be more effective at improving healthy eating and physical activity

practices than the in-person intervention. Not only was the online intervention demonstrated to be a more cost-effective way of disseminating knowledge to educators, it was also shown to address common obstacles in the HSDS program, including high turnover among early childhood educators, and the extensive output of energy in the form of scheduling and coordination.

## SROI

A social return on investment analysis (SROI) is a method for measuring the value of a program beyond conventional financial or monetary gains. It allows initiatives like HSDS to evaluate the lasting impact and value against its upfront costs.



A SROI study on HSDS demonstrated a benefit of the intervention in small communities of less than 30,000 people.

At evaluation sites in these communities, the HSDS intervention was shown to increase moderate-to-vigorous-physical-activity (MVPA) by 14 minutes a day compared to the usual practice group.

This is a 50% increase from the baseline of 28 minutes a day, resulting in a total 42 minutes—just 18 minutes shy of the recommended 60 minutes of MVPA for early years children (Sari N, Muhajarine N, Froehlich Chow A., 2017).

The SROI built a scenario based on the 14 minutes increase in MVPA to make a conservative estimate of the societal impact of HSDS. The cost saving benefit was estimated to be \$1,167 per child saving in healthcare costs that is directly associated with HSDS (limited to the 25% of children in the study—300 children, who came from smaller centres). For centres in larger communities, results were comparable to other health promoting opportunities

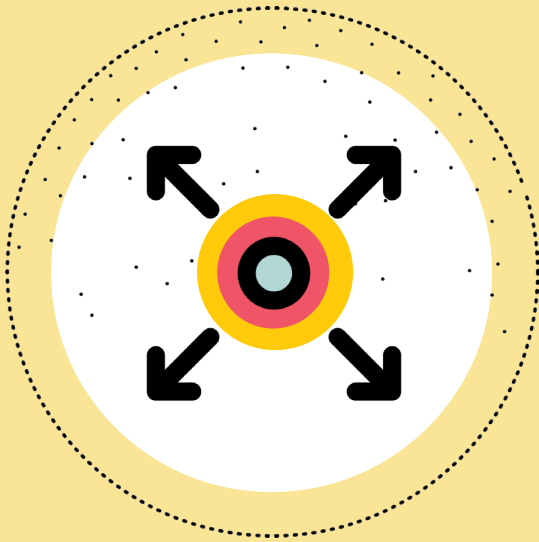


## Expanding Program Reach



Healthy  
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## EXPANDING PROGRAM REACH



In April 2017, HSDS launched its third and final phase under the PHAC Innovation Strategy. This has HSDS looking to the future, considering what it will take to ensure long-term viability and growth from coast to coast.

HSDS's in-person training program was demonstrably well-received by early childcare centre educators, staff, and caregivers across Saskatchewan and New Brunswick. But HSDS trainers and staff identified three factors that consistently limited the sustainability of the intervention:

- Cost of in-person training (especially in remote areas)
- Challenges with coordination and scheduling
- High turnover among early childcare centre staff



“

**Healthy Start  
was the  
kick start  
we needed  
to make  
changes in  
our centre.”**

(Childcare Centre Director, SK)

To overcome these obstacles, HSDS explored alternative models to deliver training and resources, finally settling on the development of a suite of engaging, bilingual online resources:

### Online Training

For those unable to attend Healthy Start training in person, a certified training course is available online. Healthy Start Online covers the exact same material, presenting content through an engaging combination of videos and activities.

### Webinars

In this series of pre-recorded fully bilingual sessions, experts explore commonly asked topics, including nutrition for infants and toddlers, rethinking risk in active outdoor play, active infants and toddlers, and healthy, happy eaters.

All online resources are currently available on the [HSDS website](#) and are free of charge!

“

**I am convinced that making Healthy Start widely available through an interactive and accessible learning platform will make a difference by helping more early childhood professionals access practical tools to promote physical activity and healthy eating, which are essential components for optimal child development.”**

(Early Childcare Director)



**HEALTHY START ONLINE COURSE**

If you cannot attend a Healthy Start training workshop in person, or would like to earn continuing education credits, training is available online.

This program is free of charge for early learning and childcare professionals living in Canada.

Healthy Start Online is a certified training course in early childhood education, offered through the University of Moncton. By successfully completing the course, you will receive continuing education credits that can be applied to your Early Childhood Education Certification, or used for professional development.

Healthy Start Online contains the same material covered at an in-person training workshop. The course is structured around modules integrating activities and videos in an interactive learning guide that asks you to reflect on the information presented and answer questions as you go along. You will also be invited to get up and try the activities demonstrated in the videos!

Through Healthy Start Online, you will learn:

- About the importance of healthy eating and physical activity;
- How to easily incorporate active play and healthy eating into the daily routine of early years children;
- How to use and have fun with the Healthy Start manuals; and
- Learn how to make your own Active Play Equipment (APE KID).

Like the in-person training, Healthy Start Online takes approximately 5 hours; however, you can complete the training modules at your own pace. Participants must attain a score of 75% or greater on the quiz at the end of the course, with unlimited attempts to pass the course.

Note: Once you have access to the online training program, you have 2 months to complete it. After successfully completing Healthy Start Online, a Participation Certificate will be sent to you by mail.

To register for Healthy Start Online you will be redirected to a University of Moncton Continuing Education website.

**GO TO THE HEALTHY START ONLINE TRAINING COURSE**

**HEALTHY START WEBINARS**

As you pursue your learning you are invited to take part in the Healthy Start webinar series. Healthy Start webinars are a follow-up to the in-person or on-line training sessions. They are intended to build your knowledge on the key concepts around healthy eating and active play that were covered in the Healthy Start Online course and in-person training.

Some of the themes to enhance your learning include:

- Rethinking risk in active outdoor play
- Nutrition for infants and toddlers
- Physical activity for infants and toddlers

We hope that this webinar series will refresh your mind on these important topics and that you will feel inspired to keep improving healthy eating and physical activity for the children in your care. You are already off to a Healthy Start - keep it up!

To access the Booster webinars, you will be redirected to a host website where you can register and sign in. When you've completed the webinar you can download your Participation Certificate and a copy of the slide deck.

**GO TO THE WEBINARS**



# Online Training

## A LITTLE HISTORY IN THE MAKING

Since 2012, HSDS has trained close to 2,800 early childhood educators on how to integrate healthy eating and physical activity in early childhood settings through their in-person professional development training programs. With the goal of extending this impact even further, HSDS created an online version of its training program. The online program, developed in collaboration between l'Université de Moncton and le Réseau Santé de français Saskatchewan (RSFS), was based upon the current in-person training curriculum, and was reviewed and updated by experts in the fields of early childhood education, nutrition, physical activity, and literacy. The resulting interactive program, which combines text, visual, digital activities, and integrated videos, was released for use among a select group in April 2018, before

being launched for widespread use in September 2019.

At the end of phase 3, RSFS signed a long-term partnership with the Université of Moncton Continuing Education department for the ongoing delivery of the HSDS Online program.

### Three ways to experience HSDS Online!

1. take the 6-hour credited course
2. participate as a health professional to “audit” the course
3. register for the webinar series for supplemental learning



Looking to  
the Future...



Healthy  
**Start**   
*Be active - Eat well.*

# LOOKING TO THE FUTURE...

On March 31, 2020, the HSDS program reaches an important milestone. Fourteen years after its inception, Phase III of HSDS comes to a close and the project transitions to a delivery model that ensures its long-term viability and growth, coast-to-coast.

This was the topic of the roundtable meeting-- Sustaining Healthy Start-- Beyond 2020-- held on September 26, 2018. The event, organized by the Réseau Santé en français de la Saskatchewan (RSFS), served as an important knowledge sharing forum among HSDS stakeholders, organizers, researchers, and parents.

4 delivery options for the future were discussed:

1. Community-based implementation through the support and delivery of local NGOs;
2. Integration with the provincial Early Childhood curriculum in both Saskatchewan and New Brunswick, including the delivery support and training for early years professionals through licenced community colleges;
3. Maintenance of current Saskatchewan and New Brunswick advisory committees to monitor ongoing delivery;

4. The development of a nation-wide online learning program.

The program's sustainability is closely tied to having access to adequate funding. To achieve this, participants agreed that further efforts will need to be made to connect with elected officials who have influence over policies and budgets at the provincial and federal levels.

**Healthy Start- Départ Santé welcomes the opportunity to meet with potential new partners to discuss next steps in sustaining this amazing evidence-informed initiative.**



# Impact and Outreach

From 2013-2019, the HSDS initiative has...

## Reached



**2,798**

**educators and teachers** participated in professional development and capacity building



**13,550**

**children** of different socio-economic status

**36%**

of which belong to underserved communities, including francophone, Indigenous, and newcomer

## Hosted



**490**

sites trained in HSDS in SK and NB

- **165** in-person training session workshops and 149 in-person booster (follow-up) sessions
- In **155** communities

**112**

individual pre-kindergarten classes

**90**

Indigenous sites including Aboriginal Head Start programs and childcare centres (on-reserve and off-reserve)

## ACKNOWLEDGEMENTS

The Réseau Santé en français de la Saskatchewan would like to acknowledge and thank the Healthy Start Steering Committee for its leadership over the years, as well as the Saskatchewan and New Brunswick Evaluation Committee, without which we could not have developed this rigorous, evidence-based program.

In addition, we would like to acknowledge the hardwork and dedication of the Master and PhD students at the University of Saskatchewan and the University of Moncton who contributed to the development, evaluation, and analysis of the HSDS research intervention.

We would also like to thank the many HSDS staff members who contributed their hard work and passion for developing a high quality early years health and wellness program.

Finally, the Réseau Santé en français de la Saskatchewan gratefully acknowledges our government partners and funders that made this initiative possible.



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada



*Connect • Engage • Thrive*



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