

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

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Executive Summary

The present evaluation focused on the Knowledge Development and Exchange Strategy of Healthy Start/Département Santé (HSDS) Saskatchewan, a bilingual initiative designed to support healthy eating and physical activity in early learning and childcare settings. The HSDS initiative operates through a partnership of organizations, led by the Réseau Santé en Français de la Saskatchewan (RSFS; Saskatchewan Network for Health Services in French). The initiative is funded by the Public Health Agency of Canada and the Saskatchewan Community Initiatives Fund. Using various resources and communication tools, HSDS supports directors, educators, cooks and parents of children attending early learning programs in incorporating healthy eating and physical activity into the lives of children aged 0-5 (KDE Committee, 2014). To ensure that directors, educators, cooks, parents, and external stakeholders buy-in to the initiative, and are receiving the appropriate information and resources, HSDS created a Knowledge Development and Exchange (KDE) Strategy. This strategy aims to extend the reach from front-line childcare providers to integration with provincial priorities to improve the well-being of early years children (KDE Committee, 2014). The strategy includes gaining buy-in, financial support, and continued implementation of the program by creating a strong community of practice.

Thus, the present evaluation assessed the effectiveness of HSDS's KDE Strategy. More specifically, this evaluation addressed the specified evaluation questions, following Lavis et al. (2003) five elements of evaluating knowledge translation, and various elements of the RE-AIM framework (Glasgow, Vogt & Boles, 1999). To ensure that all research and ethical standards were met, the evaluation team worked with RSFS and identified supervisors of the project, and followed the guidelines presented by the Canadian Evaluation Society's code of ethics, standards of practice and evaluation competencies (CES, 2010).

The primary methods used in this evaluation were a document review, an adapted web-assisted telephone interviewing (WATI) survey (Norma & Huerta, 2006), and key informant interviews. The documents review included an analysis of various presentations, reports, training material, HSDS resources and previously collected data to respond to the specified evaluation questions. The survey included a series of multiple choice and open-ended questions, offered in both English and French, and was completed online via fluid surveys. To supplement this data, the evaluation team also conducted four semi-structured key informant interviews via telephone with individuals representing Saskatchewan school divisions and designated HSDS community trainers. These methods explored the messages transferred using the KDE Strategy and how this information is being used, as well as the adoption, implementation, and maintenance of HSDS as a result of the KDE Strategy. Finally, we also assessed whether a community of practice had been formed to sustain HSDS in the future.

All documents were reviewed for evidence of actionable messages, tailoring to specific target audience groups, the credibility of those transferring the messages, and interactive delivery methods. Quantitative data collected previously by HSDS was analyzed and reported to respond to the specified evaluation questions. In addition, quantitative data collected from the adapted WATI survey was analyzed to determine the percentages of respondents who agreed or disagreed to various questions measuring adoption, implementation, and maintenance of the HSDS program. These numbers were also used to determine whether the KDE Strategy successfully adheres to Lavis et al. (2003) five elements of evaluating knowledge translation. All qualitative data from the adapted WATI survey and key informant interviews was analyzed using an inductive thematic analysis approach to identify major themes in response to the evaluation questions (Braun & Clarke, 2006).

Overall, the evaluation yielded a number of important results:

- The HSDS KDE and communication tools appear to follow Lavis et al. (2003) five elements of evaluating knowledge translation, in that actionable messages are being transferred. More specifically, after reviewing all reports, presentations, training material and KDE tools, it was clear that HSDS is
- providing information that is easy to understand, and includes concrete steps to implement Healthy Start in various settings.
- By offering flexible, client-centered booster sessions, HSDS also successfully adheres to Lavis et al. (2003) second element of evaluating knowledge translation which states that messages should be tailored to specific target audience groups. In addition, KDE tools, such as the Healthy Start Website, HSDS Fact Sheets, the Ministry of Education Information Sheets and external links to the website are offered in various versions designed for directors, educators, cooks, parents and stakeholders/partners. When asked about HSDS training, participants agreed that recommendations were useful, and claimed to use various HSDS tools in practice.
- By reviewing Training Questionnaires, and collecting survey data, we concluded that HSDS adheres Lavis et al. (2003) third element that explains that messages should be transferred by sources deemed credible by those receiving them. More specifically, participants stated that trainers were “*excellent, knowledgeable and engaging*” and reported an increase in knowledge about the importance of physical activity and healthy eating for early years children, claimed to act on recommendations, and pass on HSDS information to colleagues, demonstrating trust in HSDS staff, researchers, and trainers.
- In regards to presenting information in an interactive manner, we concluded that HSDS successfully adheres to this element brought forth by Lavis et al. (2003). Of particular importance, participants identified training as “*excellent and engaging*”, with community trainers supporting this notion by explaining that the hands-on approach was the most effective form of training. Also, website, MailChimp and social media metrics demonstrated a high rate of traffic and followers; though newsletter and social media engagement could be improved.
- After analyzing the extent to which the program had been adopted, implemented and maintained as a result of the KDE strategy, we concluded that early learning and childcare centres are using various HSDS tools, with the LEAP HOP Manual/Binder, the LEAP Food Flair Manual/Binder, and Active Play Equipment (APE) kit being among the most popular. In addition, early learning and childcare setting have made various changes to their practice such as increased active play in classrooms and increased healthy eating options, and have even created policies and curricula to promote increased physical activity and improved nutrition for children.
- In terms of creating a community of practice, results of the evaluation indicated that there is room for improvement in facilitating communication, and exchange of information among the early learning and childcare centres, as well as with other professionals. More specifically, only 7 participants provided examples of collaboration outside of their workplace via the adapted WATI survey. When asked about collaboration during key informant interviews, participants did not report any collaboration outside of the agencies they represent. Though HSDS information is transferred to identified stakeholders and partners via presentations from HSDS staff, researchers and program committee members, participants believed that increased collaboration and communication would be helpful to sustain HSDS in Saskatchewan early learning and childcare settings.

Based on the results of the evaluation, we conclude that the HSDS KDE Strategy is effective. This strategy appears to adhere to Lavis et al. (2003) five elements of knowledge translation and has resulted in HSDS being adopted, implemented and maintained by many early learning and childcare centres in Saskatchewan and New Brunswick. Despite these successes, we suggest considering 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