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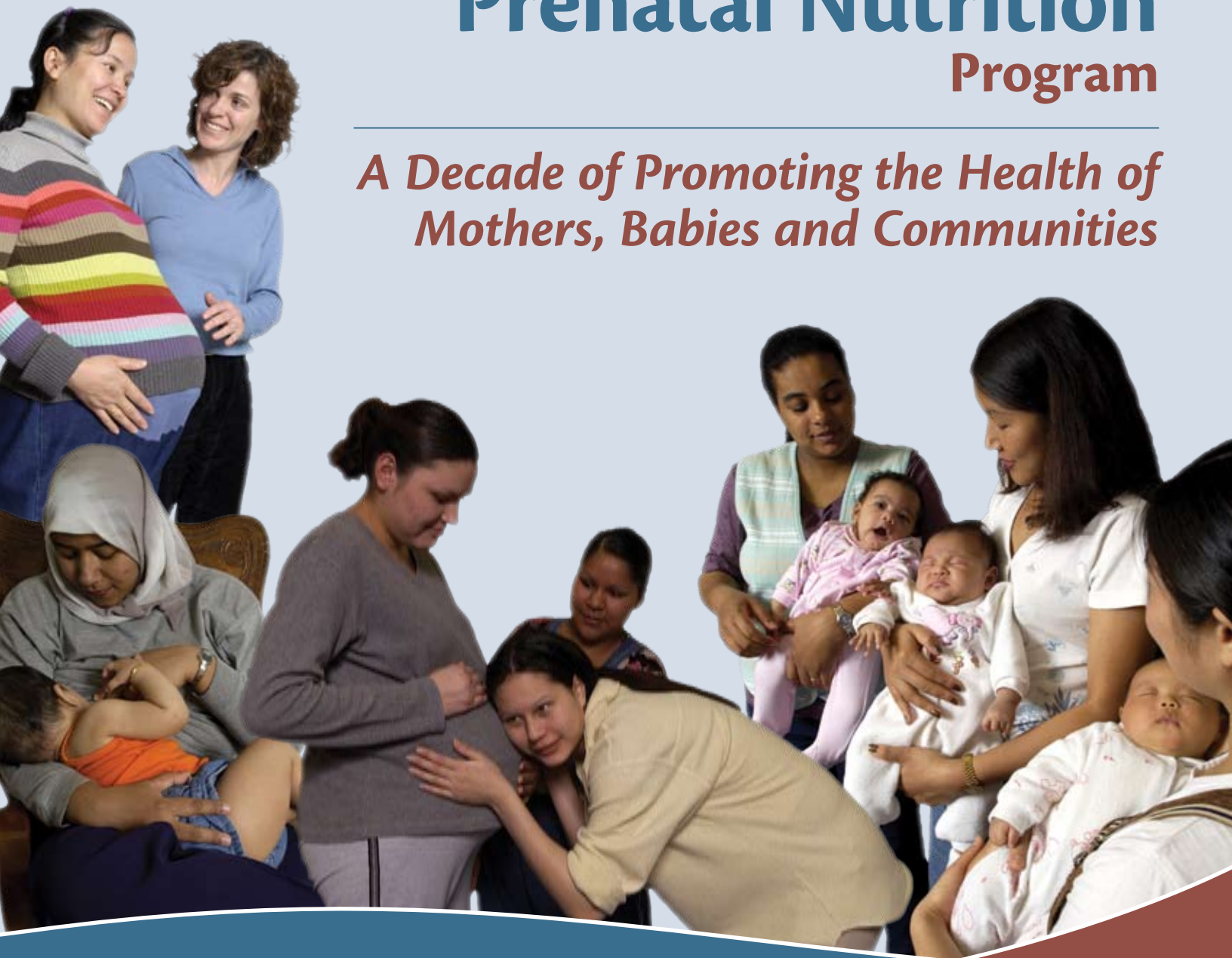
The Canada Prenatal Nutrition Program

A Decade of Promoting the Health of Mothers, Babies and Communities



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The Canada Prenatal Nutrition Program

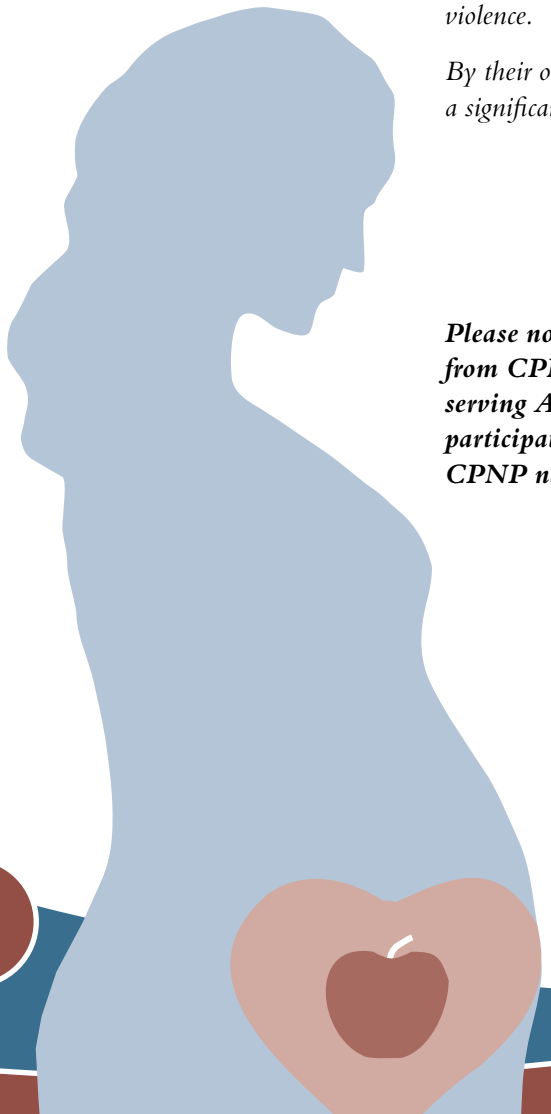
A Decade of Promoting the Health of Mothers, Babies and Communities

The Canada Prenatal Nutrition Program (CPNP) was launched in communities across Canada in 1995. This report on the CPNP describes observations and key findings emerging from the first 10 years of program delivery, performance measurement and evaluation activities.

While the health of mothers and children in Canada is among the best in the world, inequities do exist. Positive birth outcomes are not shared by all Canadians. In particular, women with low socio-economic status are less likely to initiate early prenatal care and more likely to have adverse pregnancy outcomes.

This report highlights evidence resulting from a sustained investment by the CPNP in performance measurement and evaluation. That evidence demonstrates that the program is making a contribution to improving access and social supports for Aboriginal women and women experiencing poverty, social and geographic isolation, recent arrival in Canada, substance use and/or family violence.

By their own account, pregnant women attest that the CPNP has made a significant difference for them, their families and their communities.



Please note, the figures used in this report do not reflect information from CPNP funded projects in Quebec or approximately 35 projects serving Aboriginal communities in Ontario because those projects participate in alternate data collection systems established prior to the CPNP national evaluation.

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Collaboration Across Two Funding Streams

The Government of Canada delivers the CPNP through two different streams, the **Public Health Agency of Canada (PHAC)** and the **First Nations and Inuit Health Branch (FNIHB) of Health Canada**. Together, both PHAC and FNIHB collaborate with each other, with provincial and territorial governments, and with communities to improve access to culturally appropriate programming for pregnant women, new mothers and their infants. Separately, each stream is designed and delivered to meet the needs of specific populations.

The **First Nations and Inuit Health Branch (FNIHB)** serves all women who live in First Nations, Inuvialuit and Inuit communities and who are pregnant or have infants up to one year of age. The FNIHB program aims to improve the diets of pregnant and breastfeeding women; increase access to information and services on nutrition; increase the number of women who breastfeed and length of time they breastfeed; increase knowledge and skill-building opportunities for both participants and program workers; and increase the number of infants fed the right foods for their age. More than 9000 women take part in FNIHB's program each year.

The **Public Health Agency of Canada (PHAC)** component serves pregnant women facing difficult life circumstances which could threaten their health and the development of their babies. Special consideration is given to Aboriginal women living outside of First Nation and Inuit communities.

Note: A complementary report highlighting the FNIHB projects is available under separate cover.

Program Overview

The Canada Prenatal Nutrition Program (CPNP) funds community based projects to promote public health and address health disparities affecting pregnant women and their infants. In particular, the CPNP funds projects to increase access to health and social supports for women who face challenging circumstances that put their health and the health of their infants at risk, and to increase the availability of culturally sensitive prenatal services for Aboriginal women. Challenging circumstances include poverty, poor nutrition, teen pregnancy, social and geographic isolation, recent arrival in Canada, alcohol or substance use and/or family violence.

Objectives

Using a community development approach, the CPNP aims to:

- improve maternal and infant health;
- reduce the incidence of unhealthy birth weights;
- promote and support breastfeeding;
- build partnerships; and
- strengthen community supports for pregnant women.

Management

The CPNP is jointly managed by the federal, provincial and territorial governments. Joint management protocols were signed at the ministerial level for the Community Action Program for Children (CAPC) and later adapted to include CPNP. These protocols establish regional priorities and determine the allocation of funds. While regional variations in project size, sponsorship and geographic distribution exist, a common set of guiding principles, program objectives, and essential program elements create a cohesive national foundation across the country. The program's strength is built on this foundation and on the collaborative partnerships developed at all levels of government enabling communities to determine needs, set goals, establish appropriate responses and monitor and improve results.

Resources

The CPNP has an annual budget of $27.2 million which goes directly to communities to fund local projects. Each province and territory receives an annual base allocation of $150,000 and the remaining funds are allocated in accordance with the birth rate of that province or territory. These Government of Canada investments are further enhanced by financial and in-kind contributions from other partners.

CAPC/CPNP National Projects Fund (NPF)

Local projects across the country often identify common concerns or issues. The CAPC/CPNP National Projects Fund (NPF) provides a mechanism to support activities that generate knowledge and action about pregnant women, infants, children, families and the role of the community in supporting families. NPF projects are time limited, national in scope, sponsored by voluntary, non-profit, non-governmental organizations and respond to common issues. Many of the products developed through the CAPC/CPNP NPF have been enthusiastically adopted by others. Examples of issues addressed by the fund include: teen pregnancy, infant attachment, fathering, food security, and FASD. More information on the CAPC/CPNP NPF is available at: www.phac-aspc.gc.ca.

Evaluation Framework

Upon announcement in 1994, the CPNP began developing a system to evaluate the program. Since 1996, information has been collected to measure four elements of the program's progress, including:

Reach and retention: Is the program attracting the population it set out to reach? Are participants pleased with what they find and do they stay with the program throughout their pregnancy?

Relevance: Does the need for the program continue to exist? Does it duplicate other programs or is it filling a gap?

Implementation: How is the program being delivered? Which aspects of program delivery appear to be particularly effective?

Impact: Is the program successful in achieving its objectives? Is there evidence that the program is making a difference in the health of mothers, babies and communities? Are Canadians receiving value for money?

These four elements will act as a guide to frame the remainder of this report.

Guiding Principle

A set of 6 Guiding Principles, common to both the CPNP and the CAPC, help to unify the approach to program delivery at the national, regional and local levels. Each of these principles is described throughout the report.

Reach and Retention: Engaging the Intended Population Overall Reach

Overall, the program is designed to reach pregnant women who are least likely to seek timely prenatal support from the traditional health system. Over the life of the program, tens of thousands of pregnant women and their infants have participated in the CPNP across Canada.

Profiles of participants do vary from one project to another and from one region to another but ongoing performance measurement surveys demonstrate that the CPNP is clearly reaching the intended population. The following table provides the overall demographic description of women who entered the CPNP between April 2004 and March 2005.

Participant Characteristic		National Percentage
Aboriginal		24%
19 years of age or less		18%
Single parent		34%
Born outside of Canada		34%
Education:	Grade 12 or less	69%
	Grade 10 or less	30%
Income $1300/month or less		51.5%
Smoked during pregnancy		31%
Used alcohol during pregnancy		7%
Experienced abuse during pregnancy		14%

Sources: CPNP Profile of Participants, Fiscal Year 2004-2005, November 2007.
Data from ICQ 2004-2005

Between 1998 and 2003, it is estimated that CPNP reached 7% of all pregnant women and 60% of low-income pregnant women in Canada.[1] It has also been estimated that, in 2000/01, CPNP reached approximately 40% of teens delivering live births in Canada.[2,3]

Since the program began, the number of participants has grown steadily. The program now serves an overall population of about 50,000 women annually. Each year an estimated 28,000 pregnant women and 1,800 postnatal women enter the program. On average, participants begin the program 5 months before their

1 *Health Canada Evaluation of the Canada Prenatal Nutrition Program*, Final Report, May 2004

2 2000/01 CPNP Individual Project Questionnaire (IPQ) data.

3. Statistics Canada, CANSIM Table 106-9001: Teen pregnancy, by pregnancy outcomes, females aged 15 to 19, Canada, provinces and territories, annual, 1998-2000.

baby is born and continue with the program until about 5 months after the baby's birth.

The program is also successful in attracting priority populations, including:

Aboriginal Women

In 2004-2005, approximately 24% of women surveyed in CPNP projects funded by PHAC identified themselves as Aboriginal.[4] Reflecting local demographics, the vast majority of participants in some projects are Aboriginal. In Saskatchewan, for example, 86% of participants self-identify as Aboriginal.

Through capacity building, inclusion in planning and program delivery and a commitment to relevant, culturally competent programming, CPNP is responsive to the needs of Aboriginal participants. In many projects, elders share their experiences of traditional childbirth and parenting. Women living away from their home community and extended family, comment on the comforting and supportive atmosphere provided by the CPNP. Practical assistances such as referrals to other health and social services, and inclusion of traditional foods in programming, have helped Aboriginal women to feel welcome and have healthier pregnancies.

Immigrant Women

In 2003-2004, 29% of CPNP surveyed participants reported that they had lived in Canada for less than 10 years. In Ontario, the proportion of CPNP participants who reported living in Canada for less than 10 years has increased steadily from 21% in 1996-1997 to 44% in 2003-2004.[5] These numbers reflect cultural evolutions in Canadian society; the responsiveness of the program; the efforts of communities to create welcoming, supportive environments; and the success of joint management agreements to locate projects in communities of greatest need.

Guiding Principle

Equity and Accessibility

Programs must meet the social, cultural and language needs of pregnant women in the community and must be available in all parts of the country, particularly isolated areas or those with poor access to services, to women with disabilities, to Aboriginal women, and to recent immigrants and refugees.

4 CPNP Profile of Participants, Fiscal Year 2004-2005, November 2007.

5 *Canada Prenatal Nutrition Program National Welcome Card Report Fiscal Year 2003-2004* prepared for the Public Health Agency of Canada by Prairie Research Associates Inc. (PRA), March 31, 2005

Guiding Principle

Mothers and Babies First

The health and well-being of the mother and baby are most important in planning, developing and carrying out every project.

Due to its programming flexibility, CPNP is able to respond to regional priorities and needs, including priority populations. For example, Alberta identified a need for greater awareness of cultural issues, and PHAC regional staff responded by organizing a two-day training event on "cultural competency". A not-for-profit group with a mandate to bridge the cultural gap between immigrant and refugee communities and mainstream health and social service providers facilitated this training. An Aboriginal Elder contributed to the training by offering guidance as well as opening and closing prayers. Sessions covered issues such as: enhancing cultural awareness; cultural realities of Aboriginal, First Nations and Métis people; parenting across cultures; effective communication across cultures; and strategies and tools for becoming culturally competent.

"Being single and having no family in Canada, I found the project enabled me to meet others and feel less isolated. I learned how to eat properly and take care of myself during pregnancy."

A CPNP participant

Relevance: Continuing to Meet a Need

The health of mothers and children in Canada is among the best in the world, but certain health disparities persist. Socio-economic status, Aboriginal identity, gender and geographic location are the most important factors associated with health disparities in Canada. According to the most recent figures available from Statistics Canada, an estimated 702,000 children under 18, or 10%, were living in low-income families in 2002. For children living in female lone-parent families, the low-income rate was 39% compared to 6% in two-parent families.[6]

A report on maternal and child health in Canada, produced on the occasion of World Health Day 2005 indicated that:

> *"During pregnancy, women with low socioeconomic status are more likely to face stressful life events and chronic stressors and experience low gestational weight gain. They are also less likely to initiate early prenatal care. [As well,] rates of adverse pregnancy outcomes, including pre-term birth and especially intrauterine growth restriction, generally rise with increasing socio-economic disadvantage."*[7]

The CPNP continues to enhance rather than duplicate prenatal support. In 2003-2004, 40% of CPNP projects surveyed were located in rural or isolated communities.[8] Sixty percent reported that they were the only prenatal nutrition service in their community. CPNP projects often act as an entry point where potentially isolated women are linked to the health system and to additional supports in the broader community. In 2003-2004, 148 projects reported making over 45,000 referrals on behalf of participants.

6 Statistics Canada, *Analysis of Income in Canada 2002*, www.statcan.ca/english/freepub/75-203-XIE/00002/bràfront1.htm, (Web page on Internet cited June 23, 2005)

7 McCourt C., Paquette D, Pelletier L. and Reyes F., *Make Every Mother and Child Count: Report on Maternal and Child Health in Canada*, Public Health Agency of Canada, April 2005.

8 *Canada Prenatal Nutrition Program Individual Project Questionnaire National Summary Report*, prepared for Health Canada by Barrington Research Group Inc., December 16, 2004

Guiding Principle

Strengthening and Supporting Families

Families have the main responsibility for the care and development of their children. However, all parts of Canadian Society, including governments, agencies, employers, organized labour, educators and voluntary community organizations share the responsibility for children by supporting parents and families.

Type of Referral	Percentage of Projects Reporting Referral
Health Professionals	83%
Food Banks	81%
Prenatal Classes	72%
Early Childhood Intervention Programs	72%
Parenting Courses	71%
Social Services and Other Government Support	71%
Clothing/Equipment Bank	70%
Breastfeeding Group/Support	70%
Housing Agencies	64%
Support Groups	63%
Legal Aid	55%
Substance Abuse Programs	52%
Childcare Services	52%
Shelters	52%
Community Kitchens	45%
Smoking Cessation Program	45%

Source: Canada Prenatal Nutrition Program Individual Project Questionnaire National Summary Report, prepared for Health Canada by Barrington Research Group Inc., December 16, 2004

In 2005, 28 representatives of CAPC/CPNP projects from across the country participated in a dialogue facilitated by the Centre for Health Promotion of the University of Toronto and funded by the CAPC/CPNP National Projects Fund. That dialogue, entitled **Ten Years Later...What Has Been Learned and What Can be Shared**, generated the following comment:

"When CPNP [and CAPC] were originally started, [community] projects were seldom consulted concerning new provincial or other initiatives. Now projects are frequently invited to sit at the table and often sit on other organizations' advisory boards. This helps ensure fewer gaps and less duplication in services. It also promotes better delivery of services throughout the community and heightens awareness by other agencies, groups, politicians, corporations, and other stakeholders and partners."

Implementation: Offering Comprehensive Programming

The CPNP is more than a food supplement program.

Instead, the focus is on maternal and infant nutrition within a complex web of interactive factors that influence a mother's ability to care for herself during pregnancy. Nonetheless, food does play an important role in drawing the community together and in creating a safe space. In a relaxed, non-judgmental atmosphere of mutual support, women are given the opportunity to build new skills and develop renewed confidence in their role as health care navigators for themselves, their children and their families.

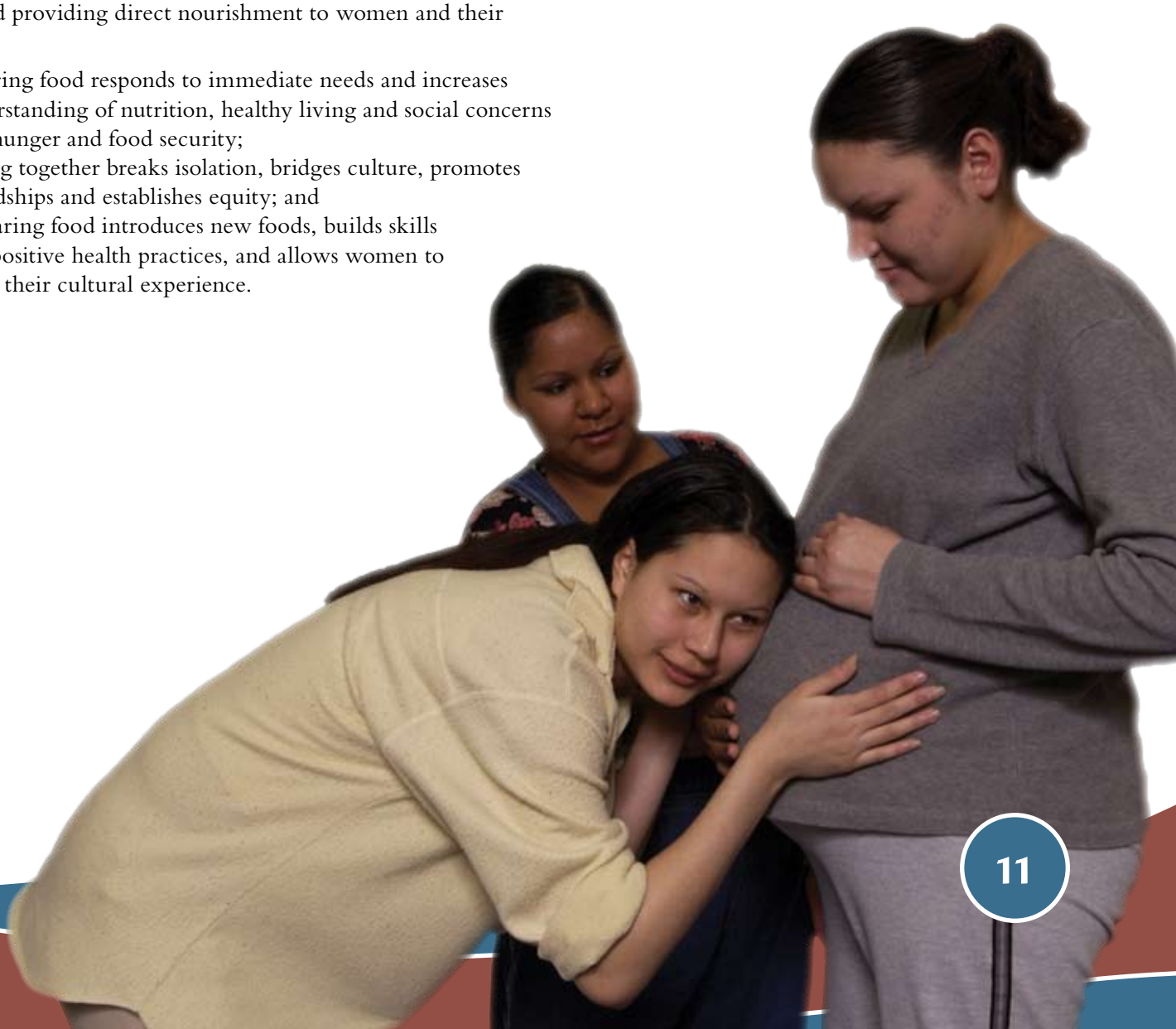
Beyond providing direct nourishment to women and their infants:

- Offering food responds to immediate needs and increases understanding of nutrition, healthy living and social concerns like hunger and food security;
- Eating together breaks isolation, bridges culture, promotes friendships and establishes equity; and
- Preparing food introduces new foods, builds skills and positive health practices, and allows women to share their cultural experience.

Guiding Principle

Flexibility

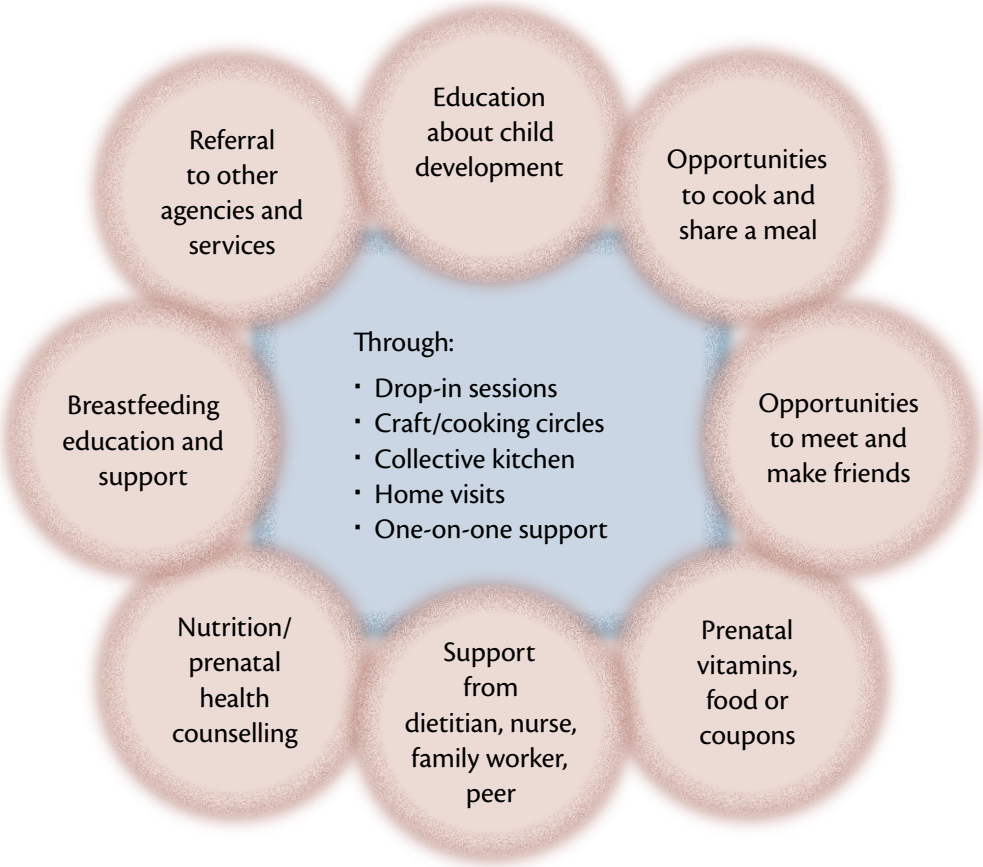
Projects must be flexible to respond to the different needs in each community and to the changing needs and conditions of women in these communities.



One project shares an example of the power of food to break down the geographic and social barriers experienced by some women:

"We are a large, urban project operating 16 programs every two weeks. We run prenatal and postnatal drop-ins in each of eight different neighbourhoods across the city, all but two of which are in the inner-city. We needed an activity for participants who wanted a more in-depth cooking experience. We also thought it would be a good idea to bring participants from our different locations together. An activity where we would invite participants from across the city to a central location to cook food that they could take home to their families enabled us to do both, and our Cooking Parties were born. When we asked participants what they liked best about the Cooking Party, almost all said they enjoyed the combination of cooking and socializing: 'I like cooking while I'm talking to the people'; 'the food — the friends'; etc. Most of the participants tell us that they learned something new about cooking or food."

***Typically*, when women come to a CPNP project they find…**



***However*, each CPNP project is unique because…**

There is no "cookie cutter" or "one size fits all" approach to program delivery. The principle of **flexibility** has nurtured a climate where projects are encouraged to respond to emerging issues. A sampling of emerging issues and of some typical responses at the community level is included below.

Strengthening Cultural Identity: Baker Lake (Qamanittuaq), Nunavut

Baker Lake, population 1500, is in the Kivalliq region of Nunavut and is only accessible by plane or boat. The ***Baker Lake Prenatal Nutrition Program*** originated with the launch of CPNP. In partnership with the Baker Lake Hospice Society and with the support of the community, the project serves approximately 75 pregnant women each year in both Inuktitut and English. Each week, participants prepare nutritious recipes based on locally available ingredients. Often, the meat or fish is caught by one of the partners of a project participant. Caribou is popular due to its high nutritional value, low fat content and great taste. While the activity centres on food, an elder shares her experiences of childbirth and pregnancy, breastfeeding and baby care.

Supporting Youth: New Brunswick

The Victorian Order of Nurses (VON) is the sponsoring agency of ***Healthy Baby and Me*** in New Brunswick. This is a province-wide CPNP funded project that offers support to pregnant and parenting youth up to the age of 24. Outreach workers and peer facilitators (former participants) welcome young moms and dads to group sessions. Here they have the opportunity to learn about healthy lifestyle practices and to discuss various challenges. Discussions relate to topics such as healthy relationships, managing stress and effective parenting.

Smoking Cessation: Alberta Region

In response to survey data showing that approximately 58% of CPNP participants in Alberta smoked during their pregnancy, the ***Alberta Prenatal Tobacco Cessation Pilot Project*** was launched. The pilot was modeled on an evidence-based approach that included a 5 to 15-minute counseling session delivered by trained service providers, and included the provision of pregnancy-specific self-help materials. Over 250 women participated in the pilot and 50 CPNP staff received training on prenatal tobacco cessation. Of the pregnant women studied, 127 reported smoking on their first and at least one other prenatal contact. With the implementation of the pilot, the proportion of women who quit between these two times nearly doubled from 16% to 30%. When asked after the birth of their baby, 28% of women said that they had quit smoking during pregnancy while an additional 55% stated they had cut down on their use of tobacco. While study limitations do not rule out other possible influences on their smoking behaviour, it appears the initiative had a positive impact. It seems too that the project was successful in building staff capacity to deliver tobacco cessation programming. Five months after the pilot project ended, 2/3 of staff indicated that they always or nearly always include a prenatal tobacco cessation intervention in their practice.

Influencing Policy: British Columbia Region

A community enjoys food security when all people, at all times, have access to nutritious, safe, personally acceptable and culturally appropriate foods. Regional food security champions in British Columbia have been working together to determine how CPNP projects can go beyond providing short-term food relief to influencing food security policy. Participants from the ***Developing Food Security Champions*** project are now continuing work on food security issues as part of other province-wide coalitions.

Promoting Healthy Living: Saskatoon, Saskatchewan

The ***Food for Thought*** project operates weekly in four different locations in Saskatoon, Saskatchewan. Participants prepare low-cost nutritious foods together and share coping strategies for issues affecting their health and the health of their children. Breastfeeding is strongly supported through education and one-on-one support.

Studies suggest that one of the most effective ways to ensure women have a successful breastfeeding experience is through peer influence and support. This project is seeing those results first hand by creating opportunities for women to interact with peers who are comfortable breastfeeding their babies during the program.

Preventing Alcohol and Substance Use During Pregnancy: Toronto, Ontario

In Toronto, two CPNP-funded projects actively support women who have used or are continuing to use alcohol or other substances during their pregnancy.

The ***Food '4' Thought Parenting and Recovery Drop-In*** brings together pregnant women who have admitted to alcohol use during their pregnancy. Recognizing the potential to prevent or minimize the effects of Fetal Alcohol Spectrum Disorder (FASD), each week, the project invites a speaker and provides education on alcohol abuse in a supportive and non-judgmental atmosphere. Early anecdotal evidence suggests that women are modifying their behaviour – which holds promise for healthier outcomes and healthier subsequent pregnancies.

The second project, ***Breaking the Cycle (BTC)***, received high praise from the United Nations (Office on Drugs and Crime) in a 2004 review of best practices. This project serves pregnant and parenting women with substance use problems through a single-access model. BTC offers: individual and group addiction treatment; parenting programs; childcare; child development services (including screening, assessment and intervention); health services; mental health counseling; and support for basic needs such as food, clothing and transportation. BTC staff now regularly share their resources, expertise and research in the field of pregnancy and substance use with others in Canada and around the world.

Program Impact: Making a Difference

When first announced in 1994, CPNP made an immediate and sustained investment in evaluation. It was recognized from the outset that evaluating the impact of a program such as the CPNP would be enormously challenging. Populations including pregnant teens and those living on low income, more often delay seeking medical attention and participate less frequently in the traditional health delivery system. Intended participants are often inherently suspicious of intrusions to their privacy, particularly when it is the government that seeks personal information, and many participants are transient or homeless.

Despite these challenges, CPNP-funded projects regularly collect information to support measurement of program impact. **The Individual Project Questionnaire (IPQ)** is an annual survey that collects information on project implementation, community involvement, partnerships, and program relevancy. The **Welcome Card** and **Individual Client Questionnaire (ICQ)** collect information on individual participants from entry to exit and record risk factors, utilization of services and birth outcomes.

While reports of IPQ, Welcome Card and ICQ observations are produced annually, the program has also undertaken 3 studies to measure the success of the CPNP in achieving its objectives on a national scale.

- In 1997, a ***baseline study*** compared birth outcomes for CPNP participants with those of comparable women without access to such programs;
- In 2002, Barrington Research Group Inc. studied comparison groups within the CPNP participant population grouped by risk profiles and the ***"level of service"*** they received; and
- In 2003, the Departmental Program Evaluation Division of Health Canada completed a ***6-part study***, including: Literature review to inform a cost effectiveness study; document review; key informant interviews; quantitative assessment of the ICQ survey data; cost effectiveness analysis; and 6 case studies.

Collectively, these studies have generated a number of key findings.

Healthy Babies

The rate at which babies are born with a **low birth weight** has long been considered an important indicator of the health of a nation. There are two categories of low-birth weight babies: pre-term births — babies born at less than 37 weeks, and intrauterine growth restricted (IUGR) babies —sometimes called "small-for-date" babies — who may be full-term but are underweight at birth (weighing less than 2,500 grams or

Guiding Principle

Community-based

Decision making and action must be community based. Pregnant women, new mothers, families and community groups must have an active role in planning, designing, operating and evaluating projects. New projects and changes to existing projects must be based on what participants need and want, and be appropriate to the culture and language of the women.

5 pounds, 8 ounces). While the causal pathways are not always clear, socio-economic factors such as low income and lack of education are associated with increased risk of having a poor pregnancy outcome.[9]

The ***Levels of Service Analysis*** ranked CPNP participants according to their level of risk and examined the birth weight of their babies according to the timing, duration and level of participation in CPNP services. Exploratory results showed that higher participation levels were associated with healthier birth weights. However, further study is required to confirm this finding and plans are in place to repeat a similar analysis. In Canada, the breastfeeding initiation rate is lower among women facing socio-economic disadvantage. However, CPNP participants facing such circumstances appear to breastfeed more often than their counterparts in the general population.

The ***Baseline Comparison Study*** found a statistically significant difference in breastfeeding initiation. When risk factors identified in the two study groups were adjusted for comparison purposes, the odds that mothers in the CPNP would initiate breastfeeding were nearly double those of the comparison group.

"If it hadn't been for the outreach worker and the pregnancy outreach program I wouldn't be where I am today. I would still be on the streets, using drugs and living with an abusive boyfriend."

A CPNP participant

Healthy Mothers

A series of six case studies from a sampling of CPNP projects across the country conducted by independent researchers documented a range of positive outcomes reported by participants, including:

- improved access to services;
- reduced isolation;
- improved nutrition;
- healthier pregnancies and outcomes;
- more information on breastfeeding;
- better parenting;
- reduced stress; and
- greater self-confidence.

The CPNP provides many program participants with an opportunity to make a valuable contribution to their communities. Of all projects surveyed in 2004, nearly half offered paid employment to more than 370 participants to help deliver the CPNP and more than three quarters of those projects engaged 2,228 participants as volunteers.

9 Kramer MS, Séguin L, Lydon J, Goulet L, *Socio-economic Disparities in Pregnancy Outcome: Why do the Poor Fare So Poorly? Paediatric and Perinatal epidemiology* 2000, 14, 194-210.

Guiding Principle

Partnerships

Partnerships and cooperative activities at the community level are the key to developing effective programs. Projects must work in partnership with other services in the community.participants need and want, and be appropriate to the culture and language of the women.

Healthy Communities

Evidence suggests that CPNP funded projects are delivering on their commitment to build community capacity through collaboration and partnerships.

Leveraging Resources through Collaboration

The Health Canada Departmental Evaluation of CPNP released in 2003 showed that projects are well integrated into communities and regularly partner with a range of other organizations including health professionals, businesses, not-for-profit organizations, schools, other levels of government and Aboriginal organizations. Participants in the key informant interviews indicated that federal involvement in the area of prenatal care continues to be valued and that staff, stakeholders and participants are enthusiastic about the program.

In a 2005-2006 survey of projects outside Quebec:[10]

- 40% of CPNP projects leveraged an additional $6.5 million in provincial, territorial, regional and/or municipal government funding;
- Almost 49% of the total staff hours required to deliver the CPNP was contributed in-kind by partnering organizations; and
- 97% of projects received at least one in-kind contributions of space, materials, food, transportation and other goods.

In Quebec, regions are served by 123 CPNP projects operating in 149 different sites. One hundred and seventeen (117) of these projects contribute resources to the network of health and social services centres funded by the Government of Quebec, namely the "Centres locaux de services communautaires (CLSCs)". The six remaining projects are managed by community organizations.

Partnerships Make the Program Possible

Collaboration from all sectors is producing a solid infrastructure to support health promotion for priority populations. Nationally, 100% of CPNP projects surveyed in 2004-2005 formed partnerships in their community. The frequency of partner types reported are listed in the following table.

10 *Canada Prenatal Nutrition Program Individual Project Questionnaire National Summary Report*, prepared for PHAC by PRA Inc., March 2007.

Partner	Percentage of Projects
Health Professionals/Services	97%
Not-For-Profit Organization	74%
CAPC Project	68%
Other Government Program	62%
School (including College/University)	66%
Business	59%
Church/Place of Worship	53%
Substance Abuse Program	52%
Drop-in Centres	42%
Smoking Cessation Program	41%
Friendship Centre/Aboriginal Organization	37%
Service Club	37%
Community Leaders/Elders/MLAs	33%
Aboriginal Head Start Project	11%

Source: *Canada Prenatal Nutrition Program National Individual Project Questionnaire National Summary Report*, Fiscal Years 2004-2005, prepared for PHAC by PRA Inc., April 25, 2006

The following profiles from CPNP projects across the country illustrate a sampling of what communities are able to achieve though partnerships.

Partnering with Provincial Health Professionals: Quebec

Representatives of the ***Agences de développement de réseaux locaux de services de santé et de services sociaux*** in the Lanaudière, Abitibi-Témiscamingue and Saguenay-Lac St-Jean regions of Quebec collaborated with PHAC regional staff to develop a resource on the stages of child development. Informed by the experience of CPNP participants and facilitated and funded by PHAC, the working group of provincial health professionals combined their expertise to produce a resource in an accessible format that was well received by the intended population. The resource has been distributed in CPNP projects throughout Quebec and introduced to the network of CPNP projects in other regions across the country.

Collaborating with the Research Community: Winnipeg, Manitoba

Healthy Start for Mom & Me, a CPNP project with 9 sites across the City of Winnipeg, is cooperating with the University of Manitoba's Diabetes Research Group in their investigation of the effects of healthy eating and physical activity on pregnancy outcomes of low-income

overweight or obese women. The research team is multidisciplinary, including specialists in endocrinology, nutrition, exercise physiology, obstetrics and community health. In this pilot project, study participants from the different sites are given enhanced nutritional consultation and a supervised exercise program over a six-month period. Birth outcomes of this group will be compared to a control group. Collaborations such as this contribute to the knowledge base in the area of chronic disease prevention and intervention in a community based setting.

Partnering with Public Health Authorities: Alberta

The ***Health for Two*** project receives funding from CPNP and operates through a unique partnership of over 30 community agency partners as well as the regional health authority (Capital Health). The program operates in Edmonton, St. Albert, Sherwood Park, the rural districts of Strathcona County and Leduc County, including the municipalities of New Sarepta, Warburg, Calmar, Beaumont and Thorsby. The network of community partners and public health centres creates a strong community base. The diversity of partners ensures that the program reaches the intended population. Community partners and public health centres provide convenient access at over 50 sites across the region,
and deliver service in safe community environments where the staff are known and trusted by women with social and economic risks.

Partnering with Aboriginal Organizations: Dawson City, Yukon

In close cooperation with the Dawson Women's Shelter, Dawson Daycare, Dawson Medical Clinic and Nursing Station and the Trondek Hwechin First Nation, the ***My Daddy Matters*** project promotes the involvement of fathers. The project partners are very actively involved with events for fathers in the community. Using a ***Fatherhood Toolkit***, this CPNP site now promotes father involvement in all their programming and shares resources depicting father involvement with other communities across the Yukon.

Partnering with Private Sector Industry: Sudbury, Northern Ontario

In 2002, ***Our Children, Our Future / Nos enfants, notre avenir*** and ***True Steel Security*** created an alliance to promote a safer and healthier community. At the heart of this alliance is an education campaign aimed at reducing child abuse and other root causes of criminal behaviour.

This alliance was formed in response to True Steel Security's new social marketing strategy: ***"Security is a Family Matter"***.

"The fit between their campaign and our organization is a good one. We have, and continue to benefit from this association. However, those that truly benefit are the children in our community. In the long term, the entire community will benefit as we make some tangible progress in reducing juvenile delinquency and ultimately adult crime. Together we ensure that healthy children = healthy families = healthy communities!"

Project coordinator

Partnering with Provincial Government representatives: Atlantic Canada

There has been a strong partnership between CAPC/CPNP funded projects and government on evaluation issues in the Atlantic Region for over 10 years. The ***Atlantic Children's Evaluation Subcommittee (ACES)*** is composed of representatives from the four Atlantic Provinces including Francophone and Aboriginal groups, as well as representatives from each provincial government and the PHAC. In 2004, ACES launched an integrated evaluation and reporting system for both CPNP and CAPC in the Atlantic Region capturing meaningful information of use to both projects and governments. As a result, projects can now submit one single report instead or two, a change that significantly reduces administrative work for both projects and program consultants. The resulting evaluation tools are generating interest throughout the broader evaluation/research community and Atlantic Region is being praised for responding to project's concerns about multiple monitoring and reporting.

CPNP: A Strong Foundation

The **Canada Prenatal Nutrition Program** has a rich history of providing comprehensive services to improve pregnancy outcomes for mothers and their babies, to promote breastfeeding and to increase access to health services. The program has evolved and matured and now goes well beyond a focus on personal health practices in order to respond to broader issues such as poverty, food security, racial inequality, Aboriginal health and the socio-economic factors that influence lifestyle choices and health outcomes. The program plays a key role in increasing access to a range of programs and services for children, pregnant women and families facing difficult life circumstances. Many CPNP projects are now recognized for their leading edge programming and their contribution to broader policy development. Through commitment, leadership and service integration, the CPNP is building community capacity across the country and providing a strong foundation on which to promote healthy living and support chronic and communicable disease prevention.