Health Canada Santé Canada

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CPNP Reaching Canadian Communities

Overview of the Canada Prenatal Nutrition Program's Individual Project Questionnaire Report

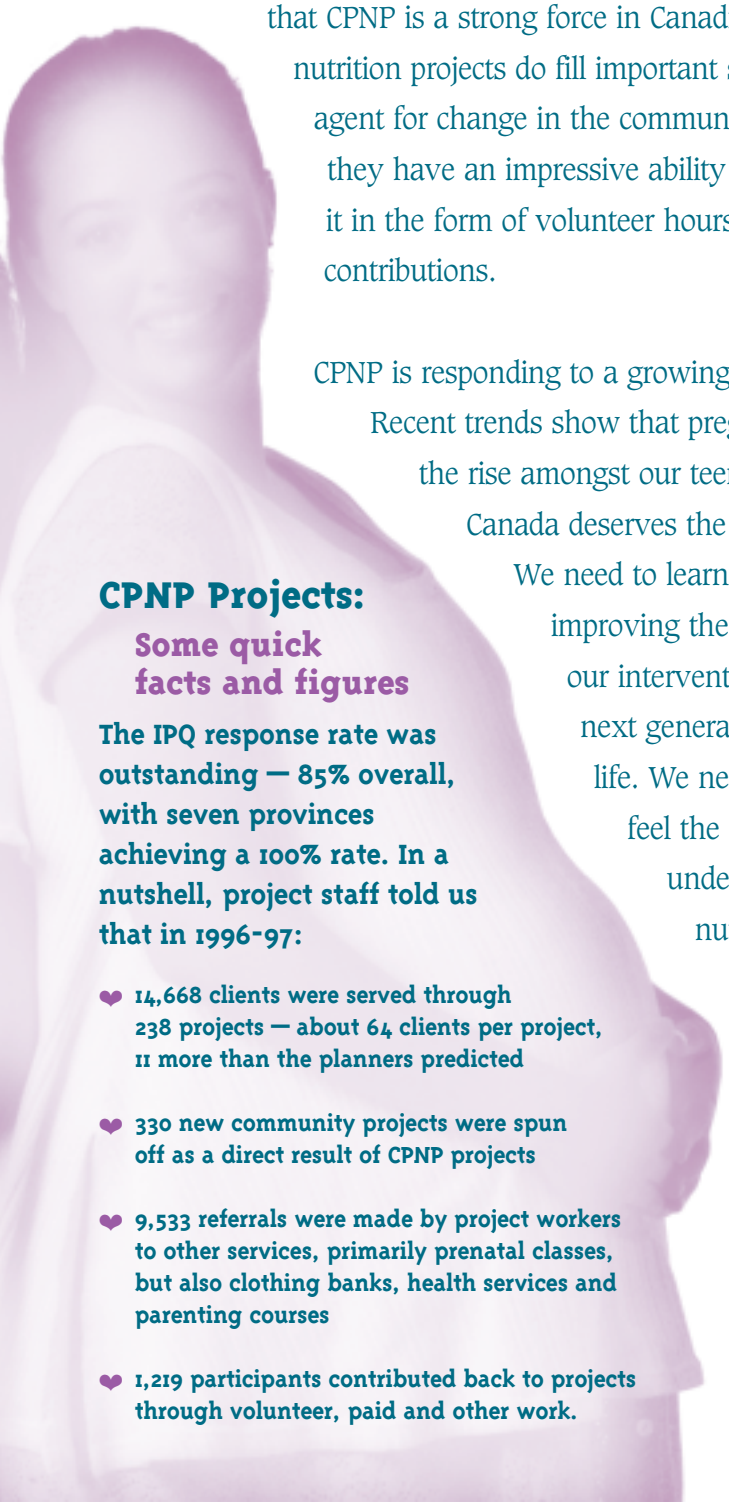
This brief report sums up what CPNP project representatives — the people on the ground in CPNP-funded initiatives — told Health Canada in the *Individual Project Questionnaire* (IPQ). As a snapshot, it portrays the key characteristics of projects across Canada. These initial findings confirm that CPNP is a strong force in Canadian communities: prenatal nutrition projects do fill important service gaps; they can be an agent for change in the communities where they operate; and they have an impressive ability to lever local support — be it in the form of volunteer hours, financial or other in-kind contributions.

CPNP is responding to a growing need in the community. Recent trends show that pregnancies are again on the rise amongst our teenagers. Every baby born in Canada deserves the best possible start. We need to learn as we go, continually improving the quality and effectiveness of our interventions and, by extension, the next generation's chances of a healthy life. We need more young parents to feel the confidence that comes with understanding the value of good nutrition and the "know-how" to provide it to themselves and their families.

About this Report

The CPNP evaluation consists of two complementary tools: the program-oriented *Individual Project Questionnaire* (IPQ), for project representatives, and the *Individual Client Questionnaire* (ICQ), for program participants.

The IPQ portion of the survey forms the basis of this Report, which looks at CPNP projects: how they respond to local needs, their key features, and a host of implementation issues. The Report is purely descriptive, since few conclusions can be drawn about program impacts until the ICQ data analysis is complete. What it offers is an early "snapshot" of projects country-wide in 1996-97, based on the questionnaire responses of project representatives.



CPNP Projects: Some quick facts and figures

The IPQ response rate was outstanding — 85% overall, with seven provinces achieving a 100% rate. In a nutshell, project staff told us that in 1996-97:

- **14,668 clients were served through 238 projects — about 64 clients per project, 11 more than the planners predicted**
- **330 new community projects were spun off as a direct result of CPNP projects**
- **9,533 referrals were made by project workers to other services, primarily prenatal classes, but also clothing banks, health services and parenting courses**
- **1,219 participants contributed back to projects through volunteer, paid and other work.**

What's Inside

What CPNP Projects Look Like

Project setup

- nearly half of all CPNP projects are "add-ons" to existing non-federal programs, about one quarter stand on their own, and about 19% enhance Community Action Program for Children (CAPC) projects

Who delivers CPNP?

- one out of three projects is delivered through a *community agency or coalition*, one out of three through a *government agency*, and just over one out of six through a *community-based government agency*
- in *British Columbia*, 70% of CPNP projects are housed in *community* agencies (e.g., Pregnancy Outreach Programs, or POPs) — at the other end of the spectrum is *Quebec*, where over two-thirds of projects operate from *government* agencies (mainly Centres locaux de santé communautaire, or CLSCs)
- in *Atlantic* provinces, *community coalitions* are the main delivery agencies
- *project delivery* sites include agency offices (highest overall, at 28%), health centres, family centres, schools, community and drop-in centres, hospitals and friendship centres, among others

Communities and service sites

- on average, each project serves 7.3 *geographic communities* from 3.7 service sites, but there are wide variations — in one instance, a single project serves 75 communities, while another project operates from 90 different sites

Who is served?

- nearly 80% of projects target pregnant women living in poverty, teens, those who abuse alcohol or drugs, or live with violence, and women who are isolated
- other client groups are women with gestational diabetes (served by 59% of projects), Aboriginal women living off reserve (39%) and on reserve (14%), and immigrant and/or refugee women (34%)

What projects offer

- 72% of the projects, including the stand-alones, use CPNP funds to provide previously unavailable services; others have increased the number of clients they serve or enhanced their offerings, or both
- over 90% of projects provide food supplements; between 60% and 70% offer vitamin supplements, one-to-one dietary counselling, dietary assessment and breastfeeding support; and about half offer group dietary counselling, one-to-one lifestyle counselling, food preparation training/other educational activities, and transportation
- fewer than two out of five projects offer child care services
- most projects offer 5 or more services, many offer 10 or more, and 12 projects offer a full slate of 15 services, suggesting a comprehensive, holistic approach to prenatal nutrition
- Quebec-based projects, mainly operating from within CLSCs, tend to focus on food supplementation

"The interaction with other pregnant women helps emotionally."

Participation

- an average of 64 women accessed each project in 1996-97, for a grand total of 14,668 clients
- add-on projects tend to have higher participation overall, possibly because they draw on an existing client base (e.g., prenatal classes)
- nationally, CPNP clients use *prenatal care* for an average of 4.6 months, with the longest attachments being in PEI and the Yukon (6 months)
- the number of *prenatal contacts* per client varies from 36 in PEI (where most projects are CAPC add-ons) to .7 contacts in the Yukon — the average is 6-8 prenatal contacts per client
- *postnatal care* is used for an average of 2.9 months nationally, with attachment lasting up to 8 months (in the Northwest Territories), and as little as about 1.4 months (BC); *postnatal contacts* average 3.9 per client. (We can expect this number to increase over time, since some clients were still in the program at the survey date.)

Drop-out rates

- in 1996-97, CPNP projects lost 2,323 participants prior to their babies' birth — an average of 10.7 per project, or one out of every six participants
- primary reasons cited by project representatives for drop-out included that the participant had moved away, transportation was not available, and that travelling distance was too far

Staffing and time

- *paid* staff members work 29.6 hours a week on average, *in-kind* staff[1] work 8.2 hours, and volunteers and advisory staff 2.8 and 2.7 hours respectively
- paid personnel account for about 60% of total *staff hours per week*, in-kind staff for approximately 25%, and volunteers (often former participants) for about 5%
- on average, each client benefitted from 1.3 hours of paid staff time per week, and about three-quarters of an hour of in-kind staff time
- where CPNP provides more than half of the project's funding (55% of projects), the two most common *staff* positions are those of project coordinator and nutritionist/dietitian

Cost per client

- per-client spending *varies according to project structure* — it is highest in stand-alone projects (about $1,200) and lowest in add-on situations ($300-$900), perhaps reflecting higher program development costs or more intensive services in the stand-alone model

Funding sources

- about 40% of projects receive *most or all* of their funding from CPNP
- another 34% of projects receive *up to half of their funding from CPNP* — for most of these, CPNP funding accounts for *20% or less* of their total budget
- as a rule, stand-alone and CAPC-linked projects get more of their budget from CPNP funding than do add-ons to non-federal projects (such as CLSCs in Quebec, and POP projects in BC)

[1] From within the host agency itself, or based in another agency.

CPNP and the Community

From their reports, many CPNP projects are forming integral connections to the communities they serve. They have been successful in finding the right "fit" within existing service and agency networks (complementarity being the key), and are managing to capitalize on opportunities for joint planning and partnership development, leading to better overall coordination of services.

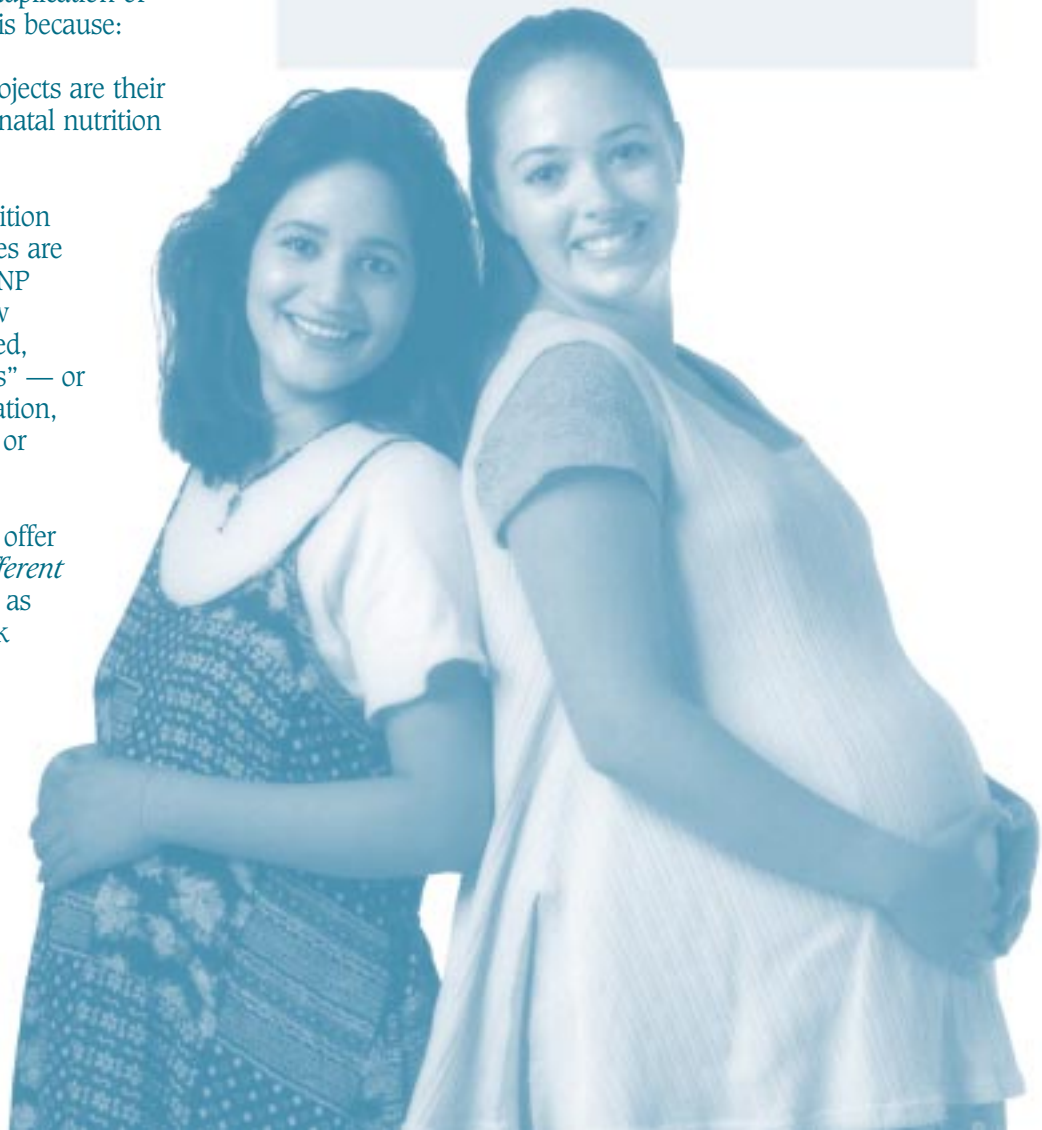
A well-defined niche

CPNP projects fill a distinct gap in their communities. Project workers say there is little or no duplication of services at any jurisdictional level. This is because:

- three times out of five, CPNP projects are their community's only source of prenatal nutrition services;
- many of the other prenatal nutrition services available in communities are *not specifically designed* for CPNP clientele — e.g., tending to draw "middle to high income, educated, married, non-Native participants" — or *not easily accessible* due to location, hours, cost, or lack of transport or child care;
- some other community projects offer services that are *related but different* — e.g., parenting courses, such as "Nobody's Perfect," for high-risk parents.

CPNP projects:

- directly target those women who are most likely to have unhealthy babies because of poor health or nutrition
- tailor their services to client needs — offering fresh foods, vitamin supplements, vouchers, social support, nutrition counselling, postnatal information/classes, and training in food preparation (e.g., community kitchens)



"We're learning new things that a lot of us didn't know, even though we already have kids."

Part of a bigger whole

- CPNP projects made over 9,500 *referrals*[2] to other agencies and services in 1996-97, more than 1,300 of them to prenatal classes
- projects also made about 2,400 referrals to clothing banks, health services and parenting courses — about 800 referrals to each
- there were 2.7 service *spin-offs* for every project[3] — 330 new programs in all
- resource libraries and clothing banks were the most common spin-offs — together, they account for over 100 new programs

Partnership-building

- CPNP projects form multiple partnerships within the community — an average of four per project in 1996-97
- most often, the partnerships are with health professionals (65% of projects), 50% of projects with not-for-profit groups, and 30% to 40% of projects with individuals, schools, other government agencies and businesses
- least common are partnerships with substance abuse agencies, friendship and drop-in centres, and service clubs (all less than 20%), suggesting there is room for more collaborative work

Breastfeeding a Driving Force in High River

While health professionals topped the list of CPNP partners, unique joint efforts are at work in some communities. For example, a car dealership in High River, Alberta, provides a free car seat to any mom who belongs to the community's "Healthy Moms, Healthy Babies" project, and who has breastfed her baby for six months or longer.

- partnership formation seems to increase with the proportion of CPNP funding: stand-alone and CAPC projects are most likely to form partnerships (close to 6 each), compared to those not connected to federally funded projects (2.8 each, on average)
- there are practical reasons for entering into partnerships — most often they are said to increase service awareness and access in both directions, and to afford clients more comprehensive services; resource-sharing, joint planning and increased coordination are also given as reasons

"My doctor said 'It seems like you're eating better.' He could tell."

[2] These figures are probably on the low side, since at survey time many projects were still in their infancy, without fully developed referral systems. Next year's survey will tell us more.

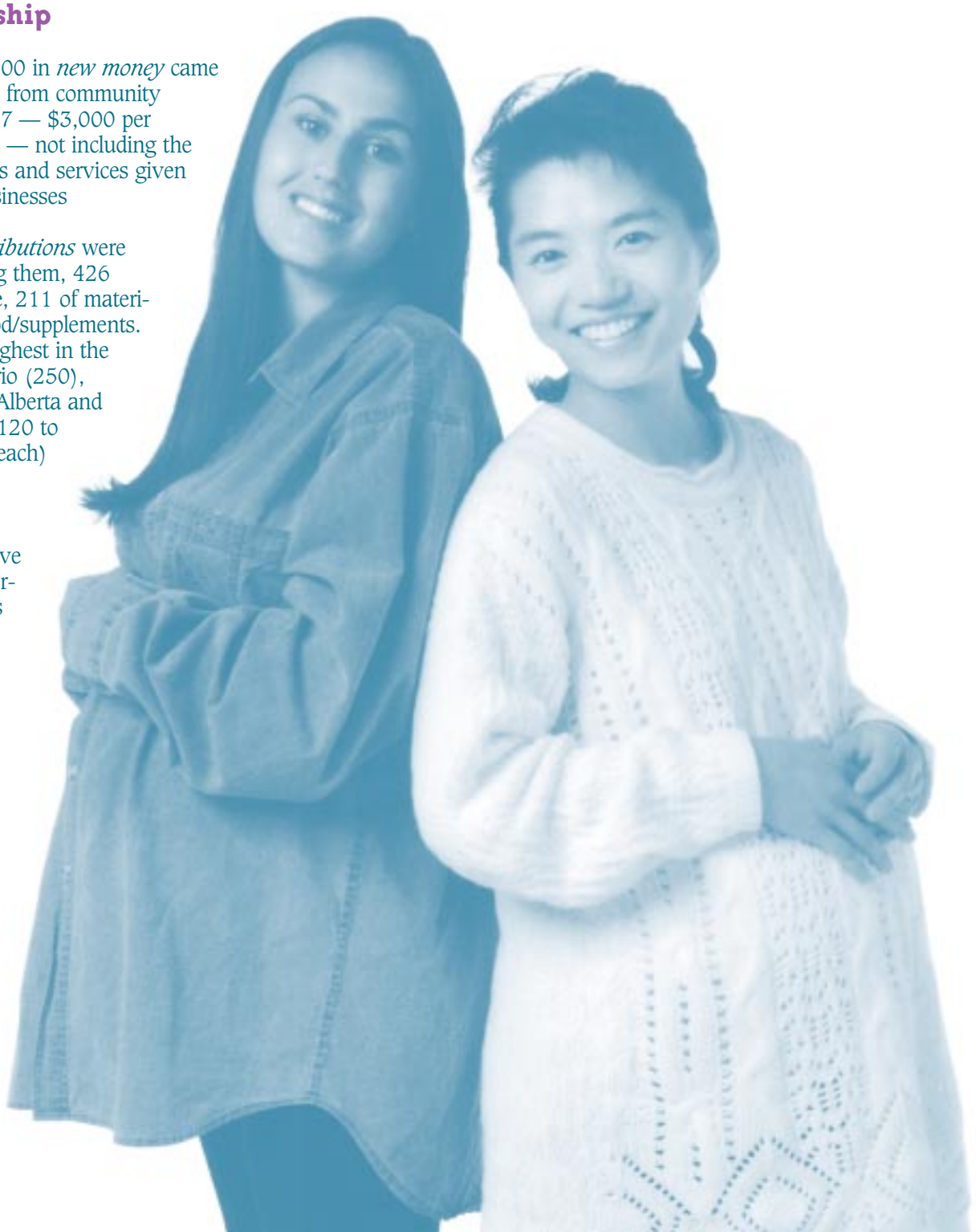
[3] Comparable data are not available for Quebec

"I came back to the group the day I got out of the hospital."

CPNP and the Community

Community ownership

- more than $440,000 in *new money* came into CPNP projects from community sources in 1996-97 — $3,000 per project on average — not including the discounts on goods and services given by many local businesses
- 897 *in-kind contributions* were recorded — among them, 426 donations of space, 211 of materials and 130 of food/supplements. Donations were highest in the provinces of Ontario (250), British Columbia, Alberta and Quebec (between 120 to 130 donations in each)
- 1,118 participants — about one in every seven — gave back time and energy to their projects as volunteers
- 45 participants contributed their efforts to CPNP through paid work



Learning Through Experience

These results suggest that the decision to fund prenatal nutrition projects for high-risk mothers is starting to pay off. With client questionnaire (ICQ) data still to come, it is too early to talk about birthweight outcomes, or initiation of breastfeeding. Nevertheless, the preliminary findings are encouraging. For example, there are signs that length of program contact and higher birthweight may be positively linked.

But even without all the facts in, there is plenty to be pleased about. For example:

- the program's *flexible, client-driven approach* — leaving it to provinces/territories, municipal authorities and communities to determine how best to utilize CPNP funding. This has worked well, ensuring local autonomy and tailored services. Further, it will provide the program with a wide array of service delivery models to study;
- the impressive number of *additional programs, activities and services that have spun off* in many Canadian communities, thanks to the presence of CPNP projects;
- the in-flow of *resources that might otherwise have gone untapped*, from various community sources — witness the monies, in-kind donations and the dividends in volunteer time and energy reported across the country;
- the benefits of *community partnerships*, which raise awareness and increase access on all sides, and strengthen the ability of the community as a whole to close service gaps;
- finally, the *diverse learning reported by local project workers* — innumerable little revelations, hard-earned through experience, that make us wiser about our work day to day. Some of these "lessons learned" are included below.

" The breastfeeding game was really good. It was a fun way to learn."

A Base to Build On

Reviewing these findings, it is clear that CPNP staff members are committed, hard-working and creative. In just a short time, many CPNP projects have been firmly embedded in communities — with a surprising number of referrals, spin-offs and partnerships. The need is evident for CPNP services for high-risk women, a clientele so under-served in the past.

CPNP projects show enterprise, as project staff actively seek out new ways to provide benefit to clients. For the program to profit from what staff and volunteers have learned, experiences must be widely shared.

At the time the IPQ study was conducted, many of the CPNP projects were still in start-up phase, with processes in development, and partnerships still being forged. Nevertheless, even the early results of analysis presented here clearly show that CPNP projects are a strong force in Canadian communities, and in the lives of the women they serve.

Data Sources

Health Canada. 1996/97 Individual Project Questionnaires, Canada Prenatal Nutrition Program. Unpublished report prepared by Barrington Research Group Inc. (Calgary, Alberta), 1997.

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Collective Wisdom

Here's some of what some project representatives said about ...

... the benefits of *client involvement* in program planning and development:

"We found that by letting the clients determine where they wanted to meet us, we had greater success in follow-up and participation in the program."

... the quality of *client-worker relationships* as a key to project success:

"The relationship between the outreach worker and the client is paramount ... her warmth and caring do more to shift habits than videos and information."

... the learning and opportunities that arise in *peer support* groups:

"The sewing and cooking classes have had many informal discussions on childbirth, breastfeeding, child care, etc., that probably wouldn't have happened without the bonding that generally occurs during the course of these classes."

... *patience required to collaborate* effectively, the twin challenges of *marketing* the program and *motivating clients*, and the importance of *training volunteers* and outreach workers:

"It is important to develop a strong, ongoing promotion to keep referrals coming in. Most of our referrals were made directly by participants."

"The program needs to be 'adaptable.' Topics, time of season, length of session ... can change, based on what the group wants."

... the need for *client follow-up*:

"Regular follow-ups foster trust and facilitate future interaction when the client is in need."

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