

# *Colouring Outside the Lines: Practice and Theory in Community-based Programs An Overview of the CAPC/CPNP Think Tank Process*

On March 23 and 24, 2000, the Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP) sponsored their first “CAPC/CPNP Think Tank” in Ottawa. CAPC and CPNP support a range of community action programs and services for pregnant women and children living in conditions of risk across Canada. The Think Tank was funded by Health Canada under the CAPC/CPNP National Projects Fund, which funds projects that support the objectives of the programs and directly benefit CAPC and CPNP projects across Canada. The model for this unique event was conceived by program consultants at Health Canada, and was then further developed by a team from the Centre for Health Promotion, University of Toronto. (Additional information on CAPC, CPNP and the National Projects Fund is included in Appendix A, and is also available on the Health Canada website at <http://www.hc-sc.gc.ca/hppb/childhood-youth/cbp.html>.)

The CAPC/CPNP Think Tank brought representatives from 38 CAPC/CPNP projects together with community-based participatory researchers to discuss four important issues of common interest to CAPC/CPNP projects being implemented across Canada. The four issues that were addressed were:

- ▶ Maximizing parental involvement
- ▶ Reaching and maintaining the focus population
- ▶ Factors that contribute to an increased breastfeeding rate in the CAPC/CPNP population
- ▶ Partnership and intervention in dealing with child abuse prevention

To ensure that the outcomes of the Think Tank were meaningful to CAPC/CPNP projects, an Advisory Committee with representation from projects, the research community, as well as regional and national Health Canada staff, designed and shaped the event. This included identifying the priority issues that were addressed during the Think Tank, nominating the researchers who participated in the process, and nominating/confirming projects which had demonstrated innovation and expertise in one of the four issue areas.

The Think Tank resulted in the production of four papers (one on each issue), which integrate the experience and expertise of the project representatives and the community-based participatory researchers. A fifth paper provides an overview of this unique, experimental model and the process that was used to produce the results.

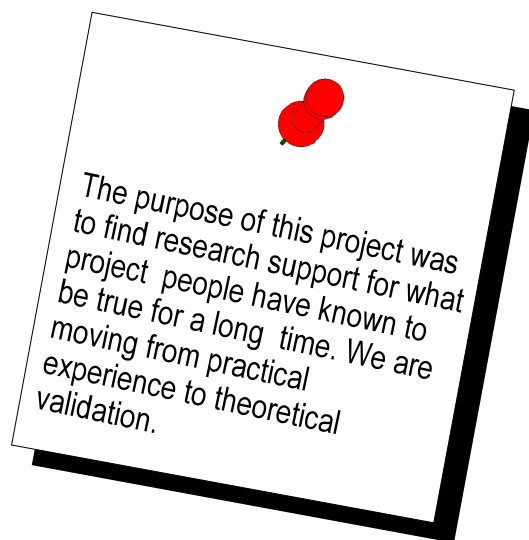
This paper provides an overview of an experimental model and process that was used to plan, coordinate and implement the first CAPC/CPNP Think Tank. It identifies some of the key elements that contributed to the success of the Think Tank, and outlines some of the lessons that were learned which can further enhance the process. As this project was a pilot test, we have relied heavily on feedback provided by participants, resource persons, Advisory Committee members, as well as the observations of those closely associated with the organization of the event. The purpose of this overview is to share knowledge about the pilot project so that others, who may be interested in planning a similar Think Tank, can benefit from our experience.

## **What was the CAPC/CPNP Think Tank?**

The CAPC/CPNP Think Tank was based on a unique, experimental model where CAPC/CPNP project representatives with knowledge and experience on specific issues were invited to participate in a two-day, facilitated “Think Tank”. Community-based participatory researchers also attended to contribute

their knowledge about current research on the issues. Following the Think Tank, the results were captured in papers which were jointly produced by representatives of CAPC/CPNP projects and the researchers, with support from the project sponsor. (Note: In this document, the terms “project representatives”, “representatives of projects” and “project staff” are used interchangeably.)

## What was the overall goal of the Think Tank?



## Who sponsored the Think Tank?

The Think Tank was funded by Health Canada through the National Projects Fund. The Think Tank was sponsored by the Centre for Health Promotion, University of Toronto through a contribution agreement with Health Canada.

## How did the process begin?

In 1998, CAPC/CPNP projects across Canada participated in a Needs Assessment Survey, and as a result of this survey, many projects identified the need to:

- ▶ share their learnings

- ▶ validate their learnings by comparing them with other CAPC/CPNP projects
- ▶ network outside of their regions, especially around specific themes
- ▶ feel part of a larger national movement on healthy child and family development.

Initially, it was felt that these needs might be met through a national conference funded under the National Projects Fund. However, when this option was explored, it was concluded that the cost of holding a national conference was prohibitive.

In February 1999, a facilitated discussion was held at a meeting of national and regional CAPC/CPNP program consultants and managers to generate other options that would address the needs expressed by CAPC/CPNP projects. At the conclusion of this planning session, it was agreed that some type of national “Think Tank” should be planned which would address specific topics, and mix project representatives with expertise in a particular issue area with community-based researchers. It was suggested that the project representatives and researchers co-produce papers on specific issues of interest to CAPC/CPNP projects. These papers would then be disseminated to inform practice at the project level, to establish models that could be replicated and to build a sense of ownership.

The Centre for Health Promotion, University of Toronto was subsequently approached to develop a Think Tank model and process that would be in keeping with the recommendations and suggestions put forward by both CAPC/CPNP projects and Health Canada staff.

## What happened next?

To ensure that the outcome of the Think Tank was meaningful, CAPC/CPNP projects were involved (or consulted) in the design and

implementation of the event. This was important not only from a content standpoint, but so that regional perspectives could be addressed. Very early in the process, a Think Tank Advisory Committee was formed which included the following representation:

- Staff of four CAPC/CPNP projects located across Canada
- A community-based researcher
- Two regional Health Canada program consultants
- Two national CAPC/CPNP staff members, responsible for the National Projects Fund.

The meetings and activities of the Advisory Committee were supported by a project team from the Centre for Health Promotion. Dr. Irving Rootman chaired the Advisory Committee and also represented the interests of the research community on the group.

The first meeting of the Advisory Committee was held in Ottawa in January 2000. At that time, it was noted that the Think Tank should:

- result in knowledge development
- have tangible outcomes
- lend itself to replication
- involve community-based programs.

The role of the Advisory Committee in this process was to:

- provide direction and guidance to the overall project
- determine Think Tank topics that would be of particular relevance/importance to CAPC/CPNP projects
- identify possible Think Tank participants — both project staff and researchers.

At the conclusion of the first Advisory Committee meeting, members had accomplished the following goals:

- Developed the criteria that would be used to decide the priority issues to be addressed at the Think Tank.

- Narrowed down a comprehensive list of possible Think Tank issues to four priority issues.
- Established criteria for selecting the community-based participatory researchers that would be invited to participate and nominated some possible researchers that met these criteria.
- Established criteria for selecting projects that would be invited to participate.

Following the meeting, materials were provided to regional Health Canada CAPC/CPNP program consultants. They, in turn, nominated projects in their regions which had demonstrated innovation and expertise in the four priority issue areas. Program consultants also suggested researchers that would complement the process.

The second meeting of the Advisory Committee was held in Ottawa in February 2000. At the conclusion of the second Advisory Committee meeting, members had accomplished the following goals:

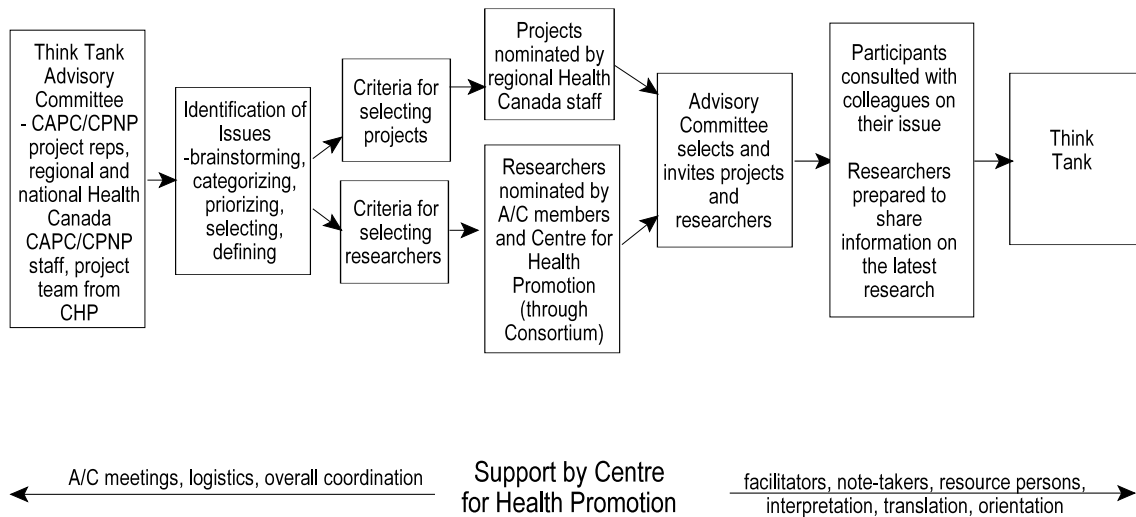
- Confirmed the projects and researchers that would be invited to attend.
- Determined the overall Think Tank program and process.

Following this meeting, projects and researchers were contacted and the wheels were set in motion for the first CAPC/CPNP Think Tank to be held on March 23 and 24, 2000. A project team from the Centre for Health Promotion supported the efforts of the Advisory Committee and was involved in planning the Think Tank from beginning to end. A member of the project team, who is also a meeting planner, coordinated the logistics and all the behind-the-scenes details of the Think Tank. This included the hotel and Think Tank registration process, arranging for simultaneous interpretation, site requirements, audiovisual and technical requirements, and management of all on-site details.

Figure 1 illustrates the events which led up to the Think Tank.

**Figure 1**

## Process Leading Up To Think Tank



### How were the issues selected?

As noted, the Advisory Committee was instrumental in determining the four priority issues to be addressed at the Think Tank. A long and comprehensive list of potential issues was produced for their consideration based on the following sources:

- ▶ The 1998 CAPC/CPNP National Conference Needs Assessment
- ▶ Priority-Setting consultations for the National Projects Fund
- ▶ “Learning to Action” - A 1998 review of national, regional and local CAPC/CPNP evaluations (by Denham and Gillespie Associates)
- ▶ Suggestions received from projects and Health Canada staff.

To assist in selecting the four issues, Advisory Committee members established the following criteria:

In order to be considered as a priority issue, the issue had to meet the following criteria:

1. Be important to CAPC/CPNP **programs**
  - ▶ It had to adhere to the mandate and Guiding Principles of CAPC/CPNP.
  - ▶ It had to be within the focus/context of CAPC/CPNP.
2. Be important to CAPC/CPNP **projects**
  - ▶ It had to be applicable to diverse communities.
  - ▶ It had to address problems/issues that projects face.
  - ▶ It had to be a day-to-day/recurring/urgent reality for the majority of projects.

3. Be feasible
  - ▶ There had to be a critical mass upon which to draw.
  - ▶ There had to be an existing capacity in the area.
4. Be useful
  - ▶ It could address an existing opportunity (e.g., Year of the Volunteer).
  - ▶ It had to be a timely/urgent/emerging issue.
5. Be unique
  - ▶ It could not duplicate other work being done.
  - ▶ If there was some element of duplication, that CAPC/CPNP could provide a unique perspective on the issue.
6. Be of national relevance
  - ▶ It had to be relevant to as many CAPC/CPNP projects as possible across Canada.

Once the criteria had been established, members turned their attention to the list of issues that had been compiled using the previously identified source documents. The long menu of issues was measured against these criteria and the list was gradually reduced to 21 priority issues. After these issues were clearly defined and discussed, the number of issues was further reduced to four, using a prioritization exercise.

## What were the four priority issues?

The four priority issues that were selected were:

1. Maximizing parental involvement
  - Moving from relating to parents and pregnant women as participants to seeing them as partners. What are the strategies, challenges, innovations and outcomes for involving participants in program

development, delivery, management and evaluation?

2. Reaching and maintaining the focus population
  - Outreach to families that are difficult to reach and involve, such as parents who are teenage, low literacy, transient/homeless, distrustful of services, depressed or isolated. What are the basic principles and practices that enable projects to involve hard-to-reach families on an ongoing basis?
3. Factors that have contributed to increased breastfeeding rates in the CAPC/CPNP population.
  - Some projects have been highly successful in breastfeeding initiation and duration among women within the focus population. What are the best practices and innovations that result in higher breastfeeding rates among the target population?
4. Partnership and intervention in dealing with child abuse prevention.
  - How can programs that focus on parent strength, and are based on trust, establish partnerships and programs to prevent, identify and respond to child abuse and neglect? Also, the development of positive working relationships with child welfare organizations.

## How did participants prepare for the Think Tank?

In preparation for the event, project representatives were asked to think about their specific issue, and to consult with their colleagues to obtain their input and perspectives in the following areas:

- Learnings and innovative ideas worth sharing with other projects.

- Barriers and challenges that have been overcome, and how and why the efforts were successful?
- Challenges that have not been met and why they are so difficult?

(Note: The above three points were collectively referred to as "learnings".)

- Key research questions in this area that need to be further explored.
- Next steps and recommendations to better address this issue.

Researchers were asked to be prepared to share information about current research on their particular issue.

## Who attended in the Think Tank?

### Project Representatives:

- ▶ One representative from 38 CAPC/CPNP projects with expertise in one of the four issue areas was invited to attend the Think Tank. These projects were nominated by regional Health Canada CAPC/CPNP staff for their innovation and expertise in one of the four issue areas.

### Researchers:

- ▶ Four researchers with expertise and experience in qualitative, community-based participatory research, and also knowledge in one of the four issue areas were invited to attend the Think Tank. These researchers were nominated by Advisory Committee members, Health Canada staff, as well as through a network of researchers associated with the Centre for Health Promotion (Canadian Consortium for Health Promotion Research).

### Advisory Committee:

- ▶ Members of the Advisory Committee attended the Think Tank in the capacity of resource persons.

### Resource Persons:

- ▶ Each issue group was supported by a small team that included a professional facilitator, a note-taker and a Francophone resource person.

### Project Team:

- ▶ Members of the project team from the Centre for Health Promotion also attended the Think Tank as the hosts and managers of the Think Tank.

## How was the Think Tank structured?

The Think Tank began on Thursday, March 23, with an opening plenary. At that time, participants received an introduction and orientation to the Think Tank model and a description of the process that would be used during the Think Tank.

Following the opening plenary (mid-morning), participants formed four groups (one for each of the four issues) and retreated to separate rooms.

In each of the four rooms, participants were joined by an experienced professional facilitator, a note-taker, a Francophone resource person and a member of the Think Tank Advisory Committee, who also represented a CAPC/CPNP project.

Participants spent the majority of the two days in these issue groups. During this time, they focused on four predefined tasks.

At the end of the two days, participants reconvened for a closing plenary session to report back on the discussions that took place within their respective issue groups.

## What took place in the Issue Working Groups?

After getting acquainted with each other, participants:

- discussed learnings related to their issue (what works and what does not work)
- identified barriers and challenges
- identified research questions and gaps
- discussed the process for developing their respective Think Tank papers
- provided some feedback on the overall Think Tank model.

As noted earlier, the discussions were guided by an experienced professional facilitator and the discussions were recorded in detail by experienced note-takers.

## How were the language requirements of participants accommodated?

Simultaneous interpretation was available during both the opening and closing plenary sessions.

Within the working groups, discussions took place predominantly in English. However, a Francophone resource person was assigned to each group depending on participants' needs. This support ranged from full one-on-one interpretation to occasional word or idea clarification. The level of support required was determined in advance in consultation with participants.

## How was the process captured?

As this was a pilot test of this model, it was important that the process be well documented. This was accomplished in several ways:

- An inventory of all documentation, meeting materials, forms, correspondence, meeting reports, etc., was compiled as the process moved along.
- Minutes of both Advisory Committee meetings were produced.
- Advisory Committee members provided comments about the process during and after their meetings.
- Comprehensive notes were taken by the note-takers in each issue group.
- Think Tank participants completed detailed evaluation forms at the conclusion of the Think Tank.

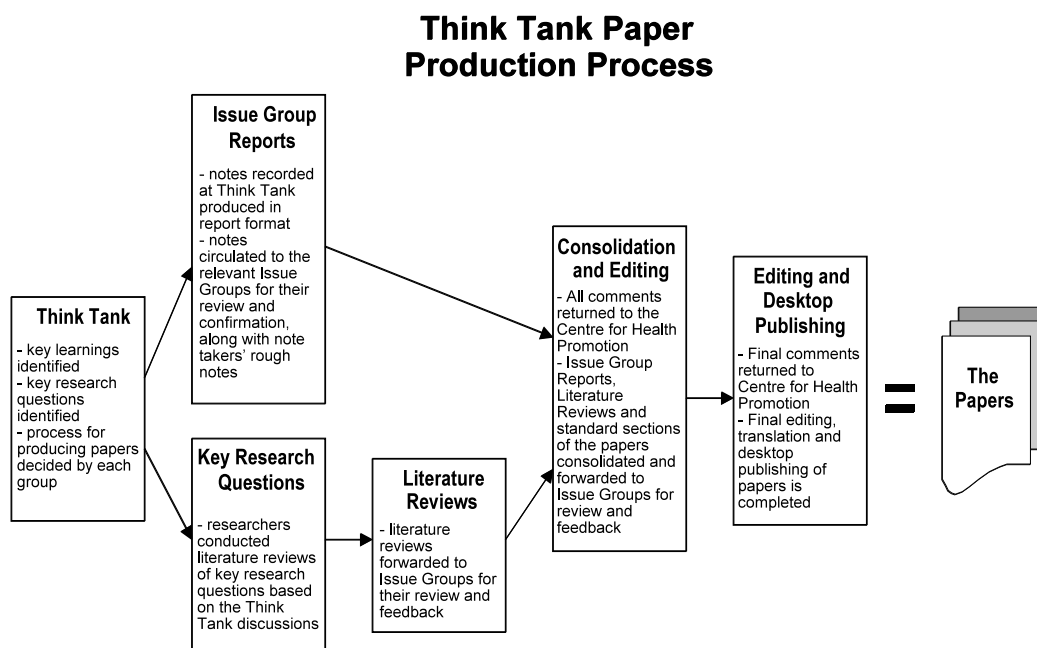
A formal evaluation is planned for Phase II of the project, at which time Think Tank participants will be asked for their feedback on the entire process from beginning to end through a follow-up survey.

## What happened after the Think Tank?

After the Think Tank, the following activities took place:

- ▶ The note-takers prepared Issue Group Reports based on the notes taken during the groups discussions. These reports were forwarded to Think Tank participants for their verification and feedback, along with the note-takers' rough notes.
- ▶ The researchers began the process of producing literature reviews based on the discussions which took place within their issue groups. This process continued over the summer months and into the fall of 2000.
- ▶ Upon completion, the literature reviews were forwarded to Think Tank participants for their review and feedback.

Figure 2



The issue group paper and literature review were consolidated into one desktop-published document and was forwarded to participants for their review and feedback.

- ▶ The documents were revised, finalized and translated for distribution.
- ▶ The papers were distributed to Think Tank participants.

Figure 2 illustrates the process that was used to produce three of the four issue papers. (The fourth group opted to write their own paper.)

## What were the outcomes of the Think Tank?

- ▶ In Phase I of this pilot project, the Think Tank resulted in the production of four papers related to specific issues that combine the experience and expertise of

project representatives and community-based participatory researchers. A fifth paper (this one) has also been produced to identify and capture some of the key elements that contributed to the success of the Think Tank, and to outline some of the lessons that were learned which will further enhance the process.

- ▶ Phase II of the pilot project will focus on sharing these papers and the results of the Think Tank with CAPC/CPNP projects and various other audiences using several different dissemination vehicles.



## **How did we do?**

The following sections reflect back on the Think Tank experience from the perspectives of the participants, the sponsors and the funding agency, Health Canada.

## Communications




I found the 'flow' of information was quite good and I was very informed before arriving here.




Roles could have been more clearly defined on paper (e.g., the role of the Advisory Committee members in room, role of the facilitator, role of the participant, researcher, etc.)


## Organization and Management




Plenary should have been the night before or another day should have been added – too rushed.



Not enough time to address the subject and the subsequent process planning in a complete manner.



It was a 'smooth operation' from beginning to end. There were never any unanswered questions. As a participant, I felt valued. Members in the groups were extremely friendly and this certainly increased the work and fun factor.



Hold the opening plenary the evening before, followed by a reception. This would free up two hours of creative brain time on the first morning. Also, eliminate the 'process' tasks – use post-event evaluation to get this information, and pre-determine how the paper will be produced.

## What did participants tell us (in their own words) about the Think Tank?



Immediately following the Think Tank, participants completed a detailed Evaluation Questionnaire which asked for feedback on all aspects of the event and the process. Forty responses out of a possible 42 were returned — a response rate of 95 percent. The comments are summarized below.

### Communications

Participants rated the pre-Think Tank communications very highly, with over 90 percent of respondents rating the communications as being either “excellent” or “very good”.

### Overall Organization and Management

The majority of participants rated the overall organization and management of the Think Tank as either “excellent”, “very good” or “good”. Lower ratings were cited for the closing plenary session, networking breaks, the networking reception, and especially the resource area. Some of the lower ratings can be attributed to the rushed agenda and lack of time to deal with all the tasks.

### Content

#### *Were the issues interesting and applicable to your situation?*

The majority of participants felt that the four issues were applicable to their projects, and also affirmed the project and researcher selection processes.

#### *Will the Think Tank influence your work?*

Many respondents felt that the Think Tank would have an impact at the grass-roots level

as the results could be used to drive change and to increase ownership of the project.

#### *Did the Think Tank add to your knowledge about your issue?*

Many respondents recognized that they were selected because of their expertise on the issue, but did indicate that they valued the exchange of information across projects and learned from the experience.

#### *How do you see the completed Think Tank papers being used?*

A variety of potential uses for the Think Tank papers were identified including training tools, informing funders, guiding program staffing, enhancing education strategies, influencing policy- and decision-makers and mobilizing project staff.


#### *Is the model an appropriate mechanism for integrating community-based learnings and research evidence?*

A large majority of participants felt that the Think Tank was a great mechanism for integrating learnings and research. However, some participants noted that successful completion of the papers would be the ultimate test of the Think Tank mechanism.


#### *Does the process allow for an equal and balanced merging of community and research expertise?*

Once again, participants felt that the process allowed for an equal and balanced merging of community and research expertise, but qualified the response with a “hard to tell completely until we see the product”. It was noted that more preparation in the research area would have been helpful.


## Content




Very interesting and directly related to my situation. It was especially interesting hearing about similar issues from others dealing with the situations from coast to coast.



I will share rich information with staff, parents and community partners. It is energizing to know we are not alone in this issue.




It confirmed that we should continue to do what we are doing because IT WORKS and is working.



[The Think Tank papers will provide a base for developing training and supportive material that would be shared with other CAPC/CPNP projects.




[The Think Tank papers] locally will validate philosophy and program direction. Also, locally, they will affect policy and guidelines/standards. Provincially and nationally they will affect the policy of governments.




Confirmed the knowledge that I (and my Centre) has.


## Content




This is a model that anyone can learn and understand. It makes sense.



This model creates an automatic 'outcome' to the conference. Too often people get together and the learnings are never shared and they are not validated by existing research OR the need for more research in certain areas is not recognized.




The participatory mechanism used to produce the paper should integrate the community-based learnings and research evidence. However, I guess that this should be evaluated in the future.




This is such a positive step – bringing these two groups together. I think a lot, however, were the researchers themselves (i.e., their approach).



It was extremely exciting to have a researcher sitting at the table listening to our practical experience and helping us to see things from a research perspective.




It was reaffirming to know that best practices are backed up with solid research. We are working within a model that has grown out of the needs of our community – it is so good to know this.




I have a better understanding of the importance of integrating the learnings and research, what is needed by researchers, as well as a new and well-deserved respect for the researchers.

## Process




I really thank you for giving us a clear picture of where, how and why we were going before we started.




Excellent first-cut at a Think Tank process that can be refined and reproduced. Simplify and focus the expectations and allow participants to 'drive' it more and the outputs will improve.

## Importance of Working Together




It is more than important. It is essential to find ways for projects and researchers to work together if we want to advance knowledge.




Build theory from practice. Use theory to support practice.

## General Comments



Absolutely imperative that final product is used and written in language that is friendly and appropriate for all levels of projects...staff, parents, volunteers, etc.



I am very appreciative of this opportunity. Good luck with the rest of the work to be done. I'm pleased there is a plan to take it to completion and future action. Often when the conference is over, the good work stops. I'm pleased this will continue and has a dissemination plan.

## Process:

The majority of respondents (over 80 percent), rated the process (small groups, self-expression, facilitators, language requirements) as “excellent” or “very good”. Comments varied according to working group, and related to the balancing of time constraints and flexibility by facilitators, accommodation of language preferences, and the size of the working groups.

## Importance of Community-based Projects and Community-based Researchers Working Together

Virtually all respondents stressed the need for community-based projects and researchers to work together. It was noted that this is the only way to find research support and validation for what projects know to be true.

## Future Think Tanks

The majority of respondents supported the concept of holding future Think Tanks, in anticipation of producing a final product. A multitude of suggestions were received for additional issues to be discussed in future Think Tanks, which provides further evidence of their support for holding more of this type of event. The main criticism centred on having more time to complete the process.

## General Comments

Overall, 39 out of 40 respondents rated the Think Tank experience as either “very good” or “excellent” (98 percent). The following quote best summarized the feedback.



Respondents reported that what they liked least about the Think Tank was not being clear about the target audience for the papers, that the meeting rooms were located in the basement with no windows, and the lack of time to complete all the tasks.

Respondents offered some cautionary notes and stressed the need to complete the papers and the overall process.

## What factors contributed to the success of the Think Tank?

Following the Think Tank, the project team members reviewed the feedback received from participants and identified elements of the process which they felt were critical to the success of future Think Tanks. The following list includes elements believed to be essential for a successful Think Tank.

### **It is important to choose the right sponsor.**

- The Advisory Committee noted that the choice of the right sponsor is pivotal to the success of a Think Tank. Through the project team, the Centre for Health Promotion was well connected to both the CAPC/CPNP community and the research community. There was also a commitment

to a participatory approach and to the project in general. The sponsoring agency should have a certain level of capacity in order to deliver the work and also to finance the project overhead.

**It is important that the sponsor adopt a low-key approach.**

- From the outset of the project, the role of the sponsor (the Centre for Health Promotion) was to support and facilitate the process and to serve as an intermediary. The sponsor did not “lead” or direct the project, but rather “walked hand-in-hand” with the Advisory Committee and Think Tank participants toward a common goal. During the Advisory Committee meetings, the project team facilitated the discussions and presented options for the consideration of the Advisory Committee members. Then, based on their decisions, suggestions and recommendations, the project team followed through on the operational aspects of the project. It is important that the sponsors restrain themselves from “jumping in” and thereby compromise the participatory process.

**The Think Tank process should be steered by an Advisory Committee that includes representation from the grass-roots level.**

- It is imperative to have an Advisory Committee to steer and guide the process. The involvement of the Think Tank Advisory Committee ensured that the process and results were meaningful and useful to CAPC/CPNP projects across Canada. This group was instrumental in determining the four priority issues that were addressed at the Think Tank, and also played a key role in confirming the appropriate project representatives and researchers who were invited to participate in the Think Tank.

**Ongoing communication with Think Tank participants is essential both before, during and after the Think Tank.**

- It is very important that the up-front communications with participants be detailed and easy to understand. Efforts were made to communicate regularly with participants to keep them informed and enthusiastic about the Think Tank. Participants were encouraged to contact the project team if they had questions. Some of the items included in the pre-Think Tank information packages related to the Think Tank model and goals, their roles, some preparatory tasks, travel, accommodation and honorarium arrangements, etc. Most participants indicated that they felt very well prepared before attending their first Think Tank.
- Throughout the process, most of the communications with Think Tank participants were done by e-mail. This process worked well and made it possible to stay within very tight timelines. In order to accommodate the various word processing software available on the market, all materials were sent in two formats — Word® and WordPerfect®.

**The success of the Think Tank hinges on bringing the right people together in the right place, at the right time.**

- The Advisory Committee and the Health Canada regional program consultants were instrumental in nominating and confirming the selection of the project representatives and researchers who were invited to participate in the Think Tank. All of the 38 projects which sent representatives were recognized for their expertise and innovation in one of the four issue areas. Considerable effort was invested in making sure that those who attended the Think Tank were able to make valuable contributions to the discussions and the



process in general. Participants emphasized that the researchers who were involved in the process were competent, committed individuals with considerable experience in dealing with qualitative research.

**It is important to set the right “tone” for the event — not too formal or intimidating.**

- While it is widely recognized that the issues that CAPC/CPNP projects face on a day-to-day basis are very serious in nature, during the Think Tank efforts were made to ensure that the tone of the event was informal and enjoyable. Participants felt welcome and valued. At registration, they received "goody bags" which included some inexpensive, inspirational/motivational and fun items. In commemoration of the first CAPC/CPNP Think Tank, they also received commuter mugs showing the CAPC and CPNP identifiers and a few other souvenirs of their experience (e.g., pot holders, paper clips showing website addresses, etc.). Many participants emphasized that the Think Tank should include a “fun” component.

**It is important to choose competent Resource Persons to assist the issue groups with their tasks.**

- The project sponsor engaged the services of four experienced, professional facilitators to guide the discussions of each issue group. These facilitators kept the discussion focused on the four tasks that were assigned to each group. As well, each group was supported by experienced note-takers who recorded the group discussions. Since the Think Tank papers were based on these discussions, it was very important that these discussions be detailed, complete and accurate.
- Just prior to the Think Tank, the facilitators and note-takers attended an orientation session which prepared them to carry out

their roles. This orientation session was seen as very comprehensive and useful. Several of the resource people noted that they had never felt so prepared in advance of an event. An orientation session provides an opportunity to prepare the resource persons for some of the challenges they might encounter in their groups, and to stress the need for them to stay “on track” and focused. Note-takers should have good keyboarding skills and if possible laptop computers should be used to record the discussions.

**What would we do differently?**

In reviewing the comments of participants, as well as the experiences of the project team, it was felt that there was “room for improvement” or adaptation of the model in several areas. These fell into three broad categories:

- ▶ Clarification of the issues
- ▶ Orientation
- ▶ Practical Considerations

**Clarification of the Issues**

- ▶ *Avoid the temptation to consolidate the issues into broad categories*

When the issue identification and selection process was undertaken by the Advisory Committee, there was a tendency to group related issues under broader categories. For example, the issue related to reaching and maintaining the focus population was created by compressing several subcategories. This meant that two of the issues addressed at the Think Tank were very broad and proved to be somewhat unmanageable. In retrospect, it would have been better to address one specific subcategory (e.g., reaching teens instead of

reaching “everyone”). For this type of model, broad issues should be avoided in favour of specific subcategories within the broader issue.

► ***Rethink the process used to identify the research questions.***

In the second task that groups were assigned, participants were asked to reach consensus on the top three research questions that needed to be answered in order to support the learnings that were identified earlier in the day. All four issue groups struggled with this activity. There is a need to rethink this task so that expectations are clearer. This is one area that should be addressed in an orientation session so that groups are prepared for the discussions related to research evidence.

## **Orientation**

► ***Better define the role of the Advisory Committee during the Think Tank***

While the role of the Advisory Committee members during the Think Tank was discussed during planning meetings, it had never been particularly well defined. A member of the Advisory Committee was assigned to one of the four issue groups in the capacity of a resource person. In each case, the Advisory Committee members carved out productive roles within their groups by assisting the facilitator, responding to questions about the process, keeping the focus, time keeping, etc. However, in future the role of Advisory Committee members should be better defined prior to the start of the Think Tank. Advisory Committee members should not participate directly in the group discussions, but rather act as a resource person for their group. Participants should be made aware of the role that their resource person can

play during the orientation session held the evening before the event.

► ***Hold an on-site orientation session for researchers as a group***

Researchers had been fully briefed individually in writing and by telephone, however, it would have been useful to have a face-to-face briefing as a group just prior to the Think Tank (similar to the one held for resource persons). This would ensure that researchers receive the same information and have similar interpretations of this information. It would also give them an opportunity as a group to ask questions and receive clarification. It was noted that although the researchers were well skilled in conducting participatory, community-based research, they generally did not know a great deal about CAPC/CPNP. This could be included in the researcher orientation session.

► ***Hold an on-site orientation session for project representatives to better prepare them to carry out their roles***

Similarly, project representatives would have benefitted from a group orientation session before they broke into issue groups. Although the first hour of the Think Tank was devoted to providing an introduction to the Think Tank model and process, there is a need for a more practical orientation about their roles and the tasks they will be assigned once in their issue groups.

► ***Address the orientation needs of the above three groups through an evening orientation session***

All of the above-noted “orientation” needs could be addressed through a “get acquainted” reception or dinner held the evening before the Think Tank, which would be followed by an orientation session that met the needs of researchers, project representatives and Advisory Committee

members. This would serve several functions. The reception would be an “ice-breaker” and networking opportunity for participants. It would also be valuable in beginning to foster partnerships between the researchers and project representatives.

The orientation session would better prepare participants for the start of the two-day Think Tank beginning the following morning. This would also allow participants to focus strictly on their issue for a full two days, thereby alleviating some of the time pressures that were experienced.

In these orientation sessions, it is important to acknowledge the expertise that all participants bring to the process, and to reinforce it often during the Think Tank.

Consideration should also be given to having one member of the project team visit each group periodically to ensure that the groups are “on track” and to respond to any questions that might arise within the groups.

- ▶ ***Alleviate time pressures by eliminating some of the tasks and holding the evening orientation session***

The overriding issue for Think Tank participants was not having enough time to complete all of the tasks. To alleviate some of this pressure, two of the four tasks should be eliminated — the process for producing the paper, and feedback on the Think Tank process. (These are areas that can be dealt with in other ways.) This would allow participants more time to concentrate on the two more important tasks — capturing the learnings and exploring the research questions. Timing issues could be further improved if the introductory and orientation components were addressed the evening prior to the Think Tank. This would allow a full two days for the group discussions. Each group

could also be asked to identify possible uses for their paper as part of this process.

## **Practical Considerations**

- ▶ ***Clarify the terminology and/or use simpler language***

Some participants found that the terminology used during the Think Tank was confusing (e.g., “learnings”, “research questions”, etc.). In future, these terms should either be better defined, or simpler and more direct wording should be used. Perhaps a lexicon could be developed so that the terminology was clear and consistent.

- ▶ ***Determine whether or not the funder should participate in the issue groups on a case-by-case basis.***

There are two sides to be considered here. Some participants felt that funders should not participate as it may stifle the openness of the group discussions. Others felt that this was an opportunity to influence and educate funders on some of the grass-root issues being faced by projects and noted that some of the most successful partnerships occur when the funding body has an understanding of the issues. The Advisory Committee has suggested that the participation of funders should be determined on a case-by-case basis by each Advisory Committee in advance of a Think Tank.

- ▶ ***Ensure that the products are user-friendly***

The papers should be designed in a reader-friendly, informal style. Use should be made of design elements such as pull-quotes, shadow boxes, graphics, etc.

► ***Predetermine the process for producing the issue papers***

During the pilot test of the Think Tank model, groups were presented with several options for producing their issue paper. The choices ranged from writing the paper themselves, to having the project sponsor take a lead role in producing the paper on their behalf. Three of the four groups opted for the last option, and one group opted for the first option. For future Think Tanks, the project sponsor should be responsible for producing the papers in consultation with each group as this appeared to be the preferred and most effective option. The project sponsor should not edit the content or spirit of the learnings section or literature review, but should ensure that they reflect the national perspective and are understandable to other readers. It should also be the responsibility of the sponsor to consolidate and package the papers.

► ***Ensure that the Advisory Committee has an opportunity to “debrief” shortly after the Think Tank.***

In this instance, Advisory Committee members were not able to debrief until well after the Think Tank had occurred. In retrospect, this should have taken place either on-site following the Think Tank, or by teleconference shortly thereafter.

► ***Ensure sufficient lead time when planning a Think Tank***

When planning a Think Tank, it is important to decide on a date very early in the process and book the facility well in advance. If you are holding a four-issue Think Tank, six months lead time is preferred, especially if the host city is a prime tourist/conference locale. Because of funding issues, the pilot test Think Tank was organized in a three-month timeframe. This presented some logistical challenges,

such as having to settle for a facility that was not ideal. The compressed timeframe also caused some pressure for program consultants and participants as the time available for obtaining feedback and exchanging information was greatly reduced.

► ***Acknowledge the value of the learnings gathered over time through evaluations and other mechanisms***

During the Think Tank, it is important to acknowledge the value of past CAPC/CPNP evaluation input. Some participants noted that they felt that they were repeating “learnings” that they had already shared through their evaluations. It is important that participants understand that the Think Tank consolidates, substantiates and validates these learnings, and that others in their group need to hear about their successes and challenges.

► ***Accommodate the needs of Francophone participants in the best possible way based on participants’ needs***

In the pilot test of the Think Tank, considerable thought was given to accommodating the linguistic needs of participants. During the plenary sessions, simultaneous interpretation was provided. The four issue groups were each provided with a Francophone Resource Person. In two of the four groups, this included one-on-one (consecutive) interpretation by professional interpreters. Francophone participants stated that they very much appreciated this service, but it was noted by some other group members that it was difficult for Francophone participants to stay with the discussions as the pace of information exchange in the groups was “brisk”. Ideally, it would have been beneficial to have simultaneous interpretation in the groups, however, this would have been very costly. The project

sponsor should be aware of the needs of participants prior to the Think Tank and work with the participants to satisfactorily accommodate these needs either through one-on-one or simultaneous interpretation. This is something that would likely differ for each Think Tank depending on the participants in attendance. Another possibility might be to engage bilingual facilitators who are able to facilitate the discussions in both official languages.

► ***Build in structured networking opportunities and promote them in advance materials***

Networking was identified as an important element of the Think Tank, and several structured networking opportunities were built into the design of the event. The evening prior to the Think Tank, an informal dinner was coordinated by members of the project team to give participants, most of whom were new to the city, the opportunity to meet some of their colleagues. This informal dinner should be incorporated into the actual Think Tank program, and be followed by an evening orientation session.

► ***Plan for a Resource Area and promote it more actively in advance materials***

A small resource area was set up in the meeting room and participants were able to circulate in this area and network with other participants during breaks and lunches. Some participants mentioned that they would have liked to see more of a focus on this resource area. Although participants were invited to bring and display their resources, some participants overlooked this item in their information packages. In future, more emphasis should be placed on the resource area and it should be promoted in all Think Tank communications.

## **Conclusions**

The Think Tank pilot project has successfully defined an innovative and practical process for facilitate a working partnership between community representatives and researchers. The process involved a project sponsor that believed in and practiced a participatory approach, and included projects and research representatives carefully selected by their peers. The use of a “peer” Advisory Committee ensured the selection of relevant issues and research and community participants anxious to make the process tangible and useful. The use of facilitators, note-takers, defined objectives and products kept the project on track and contributed to an effective partnership between community experience and research knowledge.

The involvement of CAPC/CPNP project representatives in all phases heightens the applicability and receptiveness for the Think Tank products and ensures their relevance. The ultimate test of the effectiveness of this approach will be one year from now when the program measures the use of the Think Tank papers as a resource for training, evaluation and evidence in supporting program implementation.

**Production of this document has been made possible by a financial contribution from the CAPC/CPNP National Projects Fund, Health Canada.**

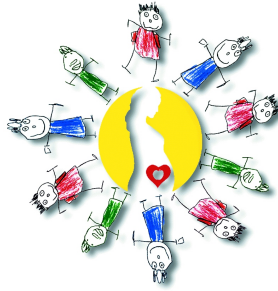
**The views expressed herein do not necessarily represent the official policy of Health Canada.**

## **Appendix A**

- **CAPC**
- **CPNP**
- **National Projects Fund (NPF)**

**Community Action  
Program for Children (CAPC)**

**Programme d'action  
communautaire pour  
les enfants (PACE)**



**Canada Prenatal  
Nutrition Program (CPNP)**

**Programme Canadien  
de Nutrition Prenatal (PCNP)**

At the 1990 United Nations World Summit for Children, the leaders of 71 countries came together to discuss their most vulnerable citizens. These countries made a fresh commitment to invest in their well-being. The Government of Canada responded to this challenge with a four-pronged plan called the Child Development Initiative (CDI). CAPC is the largest program in this initiative.

CAPC provides long-term funding to community coalitions to establish and deliver programs and services that respond to the health and development needs of children (0 - 6 years) who are living in conditions of risk. These children are:

- living in low-income families
- living in teenage-parent families
- at risk of, or have, developmental delays, social, emotional or behavioural problems
- abused and neglected

Special consideration is given to Métis, Inuit and off-reserve First Nations children, the children of recent immigrants or refugees, children in lone-parent families and children who live in remote or isolated communities.

CAPC projects provide parents with the support, information and skills they need to raise their children. It recognizes that communities have the will and ability to identify and respond to the needs of their children and places a strong emphasis on coalition/partnership building and community mobilizations. Programs include established models (e.g., family resource centres, home visiting) and innovative models (e.g., prison-

based parenting program, street-level programs for substance-abusing mothers).

As of September 1999, there were 499 CAPC projects across Canada delivering a total of 1,904 programs in cities, towns and remote areas in every province and territory.

CPNP was announced in July 1994, as one of the programs promised in Creating Opportunity (Liberal Red Book I).

CPNP is a comprehensive community-based program aimed at reducing the incidence of unhealthy birth weights, improving the health of both infant and mother and promoting breastfeeding. It targets those women most likely to have unhealthy babies due to poor health and nutrition. They are:

- pregnant women living in poverty
- pregnant teens
- women living in isolation or with poor access to services
- women who abuse alcohol or drugs
- women living with violence
- women with gestational diabetes
- First Nations (living off-reserve), Métis and Inuit women
- immigrant and/or refugee women

CPNP projects have been developed based on an established base of essential program components. These include:

- prenatal supplements (food, prenatal vitamins)

- dietary assessment and nutrition counselling on food and healthy eating
- promotion of breastfeeding
- involvement of participants in planning and delivery of the program
- education on food preparation, budgeting
- preparation for labour and delivery
- support and counselling on lifestyle issues (stress, tobacco, alcohol consumption)
- social supports including counselling and education
- support for sufficient nutritious food through community activities
- linkages and referral to other community resources

There are 277 CPNP projects funded by PPHB in more than 681 sites across Canada.

### **Guiding Principles**

The common threads for all the CAPC and CPNP projects are the Guiding Principles that were contained in the CAPC design framework and later used in the design of CPNP:

- Children First/Mothers and Babies First
- Strengthening and Supporting Families
- Equity and Accessibility
- Flexibility
- Community-based
- Partnerships
- Evaluation

### **Federal/provincial/territorial (FPT) partnerships**

CAPC/CPNP are governed by administrative Protocols, signed at the Ministerial level, with each province and territory. The Protocols set

out the terms and conditions for the management of CAPC and CPNP in each province/territory, identify funding priorities and demonstrate the commitment of the two levels of government to support communities for the benefit of children at risk. The Joint Management Committees (JMCs) afford the federal and provincial/territorial governments an opportunity to work collaboratively in an increasingly complex environment.

The programs are jointly managed by the federal government and the provincial/territorial governments through provincially-based JMCs, with representation from provincial/territorial ministries, and representatives, as appropriate, from community organizations. The JMCs determine how to best address provincial/territorial priorities and allocate CAPC and CPNP funds. As a result, there are significant differences between the provinces and territories with respect to project size, sponsorship and geographic distribution of projects.

CAPC and CPNP are delivered through Health Canada regional offices. Program consultants in regional offices are responsible for providing advice and assistance to projects and for monitoring of projects activities to ensure accountability for funds.

For additional information on CAPC and CPNP, please visit the Health Canada website at:

<http://www.hc-sc.gc.ca/hppb/childhood-youth/cbp.html>.





## The CAPC/CPNP National Projects Fund

### Introduction

The CAPC/CPNP National Projects Fund has been created following the February '97 Budget announcement that increased funding for CAPC/CPNP over three years. Its purpose is to fund initiatives that will support the objectives of CAPC/CPNP programs and directly benefit CAPC and CPNP projects across Canada.

### Background

The Community Action Program for Children (CAPC) and the Canada Prenatal Nutrition Program (CPNP) support a range of community action programs and services for pregnant women and children living in conditions of risk. Funded projects reflect the priorities of both federal and provincial governments but they all have one thing in common - they attempt to eliminate or minimize the conditions of risk for pregnant women and young children and their families.

Local projects across the country often face common concerns or issues. With the National Projects Fund, undertaking coordinated initiatives is now possible. The purpose of the National Projects Fund is to support local communities and joint management committees to work together on common problems and issues. The Fund will allow national, regional or local organizations to undertake specific, short term initiatives in support of activities that generate knowledge and action about children, families and the role of the community in supporting families.

### Objectives

The CAPC/CPNP National Projects Fund has three objectives it seeks to achieve through strategic project funding:

- To support and strengthen CAPC/CPNP projects through training on specific issues, resource development and information sharing and dissemination;
- To encourage and stimulate the development of a national network of community based children's programs; and
- To share the knowledge base from CAPC and CPNP learning among CAPC and CPNP projects and with communities (including other children's services, researchers, educators and policy makers).

### Priorities

The theme for the NPF over the next three years is strengthening program management and the funding priorities for 2000/2001 are:

1. Human Resources, Training and Supervision
2. Volunteer Recruitment and Management
3. Board Development

For additional information on the CAPC/CPNP National Projects Fund, please visit the Health Canada web site at:

<http://www.hc-sc.gc.ca/hppb/childhood-youth/cbp/npf/index.html>