



# Community Action Program for Children and Canada Prenatal Nutrition Program

Renewed Vision and Engagement Plan

May 2023

PROTECTING AND EMPOWERING CANADIANS  
TO IMPROVE THEIR HEALTH



# Agenda



**Purpose:** To provide details of upcoming changes to the CAPC and CPNP.

- This presentation will cover:
  - Why PHAC is making changes to the programs
  - What changes are being proposed
  - What is not changing
  - Timelines and next steps

Note: along with the link to this webinar and a PDF of this presentation, key terms and definitions are also provided in **Annex B**.

## CAPC and CPNP: A Valued Legacy

- CAPC and CPNP have been important components of Canada's public health landscape for over 25 years.
- The programs have been successful in:
  - reaching vulnerable populations;
  - helping participants to gain important knowledge and skills;
  - improving health behaviours, health and wellbeing.
- CAPC and CPNP programs are diverse, adaptive and are highly valued among federal, provincial, territorial and community partners and stakeholders.

# Why make changes to CAPC and CPNP?

- Program evaluations have identified several mounting challenges, including:
  - Funding pressures due to inflation
  - Questions around program scope/objectives
  - Unmet areas of need
  - Administrative pressures
- The most recent evaluation made a number of recommendations to strengthen the programs going forward:

**1** Ensure **program objectives** continue to be relevant & address the needs of target populations while considering ways to strengthen information sharing amongst stakeholders & funded organizations

**2** Examine **alternative program delivery model(s)** to optimize program reach & best enable the achievement of the established program objectives.

**3** Explore opportunities to **strengthen communication & coordination with provinces/territories (through JMCs)** on investments that support maternal and child health.

# How have the changes been informed?

- Ongoing internal engagement, briefings, policy analysis and program development
- Joint Management Committee discussions in all provinces and territories
- Conversations with the Network of Project Leads and review of their discussion paper
- Best Brains Exchange event in collaboration with the Canadian Institutes of Health Research



# What have we heard so far?

- There is **broad support** for these programs across sectors
  - P/Ts, community, public health, researchers recognize CAPC/CPNP as part of the **critical "scaffolding"** that supports hardest to reach children
- **P/T priorities have shifted** between portfolios (early learning, health, community services, education) while Federal investments have remained aligned with the public health portfolio
  - Recent **\$30B** investment in early learning and childcare
- Programs are **not sustainable under current funding and program delivery model**:
  - needs are more complex
  - there is a **need to prioritize program objectives** in a way that aligns with the federal government role in addressing gaps

# What is the renewed vision for CAPC and CPNP?

**“Communities are mobilized**  
to promote early child health and wellbeing by  
reducing barriers for **equity-seeking families** and  
**addressing community-specific needs.”**



**Focused on  
public health**



**Aligned with  
PHAC mandate**



**Strengthened  
program delivery  
model**



**Renewed  
engagement  
with PTs**

# How will the renewed vision be implemented?

The renewed vision for CAPC and CPNP in 2025 will:

- Consolidate the programs into a **single fund** that can address community-based needs and priorities under two streams:

1

Prenatal and Postnatal  
Support and Education

2

Parenting and Child Health  
Support and Education

- The fund will support **5-year projects** focussed on **upstream public health** activities and programming.

Note: See **Annex A** Draft Program Logic Model at the end of this presentation for more details on the expected outputs and outcomes of the new fund.



# What is changing?

## FROM

Ongoing funding to support ongoing service delivery



Automatic renewal of existing Contribution Agreements every 5 years



Primary focus on supporting individual organizations (many with Contribution Agreements for very low dollar amounts, i.e., less than \$50K annually)



## TO

Time limited, project-based funding to support activities to address community identified needs

Open and competitive application process every 5 years to ensure fairness and transparency in terms of access to funding

A model that builds and expands on existing approaches that leverage collaborative partnerships at the community level

## What is changing? (cont'd)

### FROM

Provision of funding to stand-alone non-service delivery projects to support knowledge mobilization and transfer



Broad program outcomes that include early learning and education



Funding that is automatically renewed, without corresponding evidence of ongoing need



### TO

Best practices at the project level will be shared, and knowledge mobilization and exchange will be coordinated by PHAC

Focus on upstream public health outcomes

Funding that is based on updated needs assessments undertaken at the community level

## What is *not* changing?



Program  
Vision

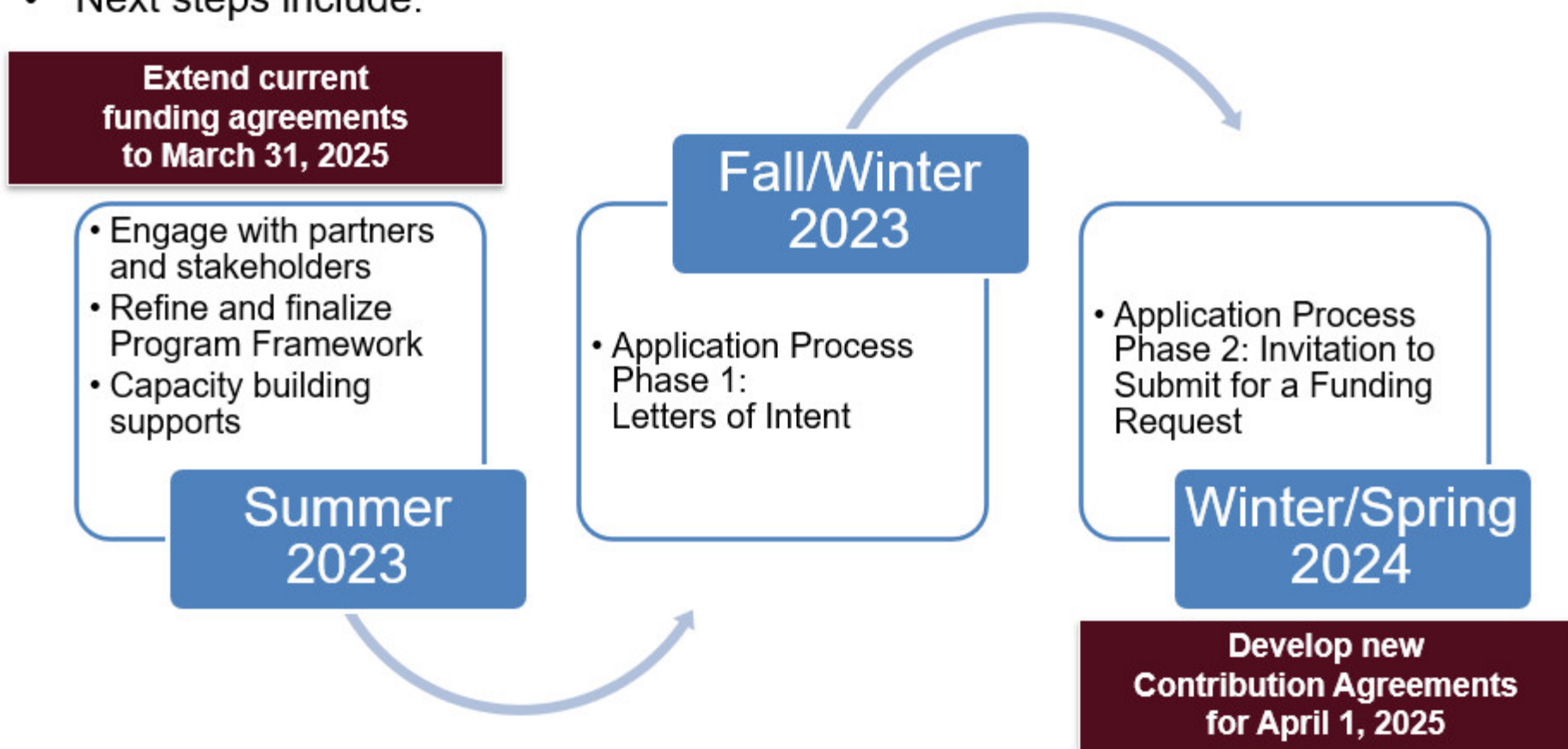
Intended  
Populations

Eligible  
Activities and  
Expenses

**The renewed program will build on CAPC and CPNP's  
25+ year legacy  
of supporting pregnant people, children and families facing  
health equity barriers,  
via direct funding to community organizations.**

## When will the changes happen?

- Planning for the new program to take effect **April 1, 2025**
- Next steps include:



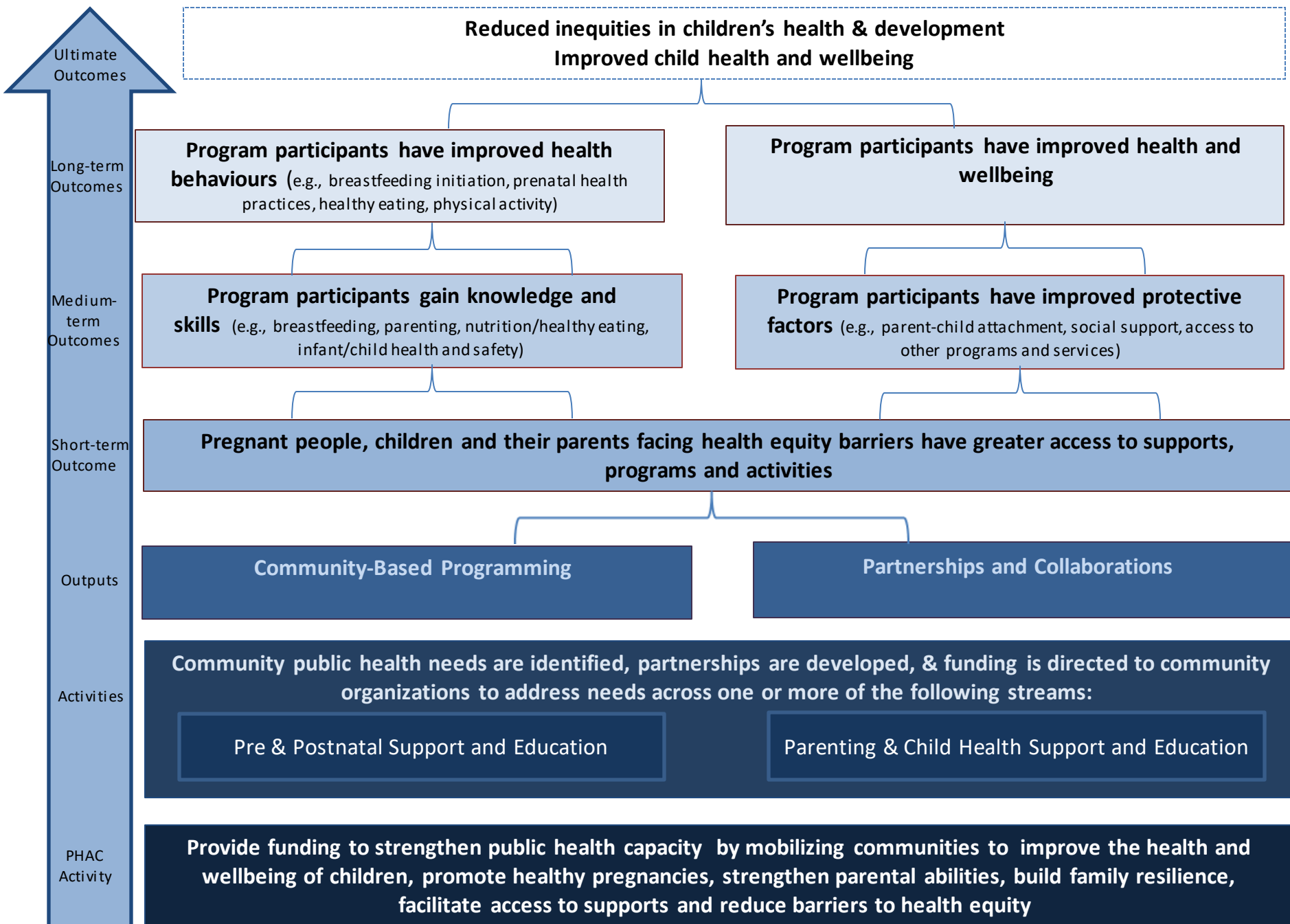
# How will organizations be engaged on the changes?

| Activities/Next Steps                  | Purpose                                                                                                                                                                                                                                                         | Tentative Timeline |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>Regional Discussion Sessions</b>    | <ul style="list-style-type: none"><li>To discuss the renewed program vision and objectives, answer questions, obtain feedback on proposed program guidelines (i.e., selection criteria) and potential supports for the transition/application process</li></ul> | May-June           |
| <b>Communiqué on Next Steps</b>        | <ul style="list-style-type: none"><li>To summarize what we learned through regional discussion sessions and confirm timing and next steps</li></ul>                                                                                                             | July-August        |
| <b>Application Process Information</b> | <ul style="list-style-type: none"><li>To inform organizations on the application process</li><li>Additional supports (TBC)</li></ul>                                                                                                                            | Fall/Winter        |

**Thank you!**



# DRAFT Logic Model



## Annex B: Key Terms and Definitions

| Term                       | Definition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Collaborative partnerships | <p>An arrangement where like-minded organizations come together to work on a mutual goal. The parties involved would agree to share resources and knowledge, and work together to maximize reach, impact and capacity. Examples of collaborative partnerships include, but are not limited to:</p> <ul style="list-style-type: none"><li>• A project that operates as a hub-and-spoke model, where one organization extends programming/activities into many other sites.</li><li>• A group of similar organizations with a similar mandate (e.g., that serve families with young children) or reach (e.g., that serve a particular population group) come together to form one larger project that reaches across a city, region or other geographic area.</li></ul> |
| Community Needs Assessment | <p>An approach to identify and understand what the most pressing needs of the community are. This is an important first step to creating successful programs for children and families. The needs assessment identifies resources and strengths in the community that are serving children and families and reveals any gaps in services that exist. Examples of the types of evidence that may inform a needs assessment include demographic information (e.g., age, gender, ethnicity, income, etc.) pulled from the census or other reliable data source, participant survey results, project evaluations, feedback from community partners, focus groups, and more.</p>                                                                                           |



## Annex B: Key Terms and Definitions (cont'd)

| Term                                                                      | Definition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Populations facing barriers to health equity (or equity seeking families) | Those who may not reach their full health potential because of their race, national or ethnic origin, colour, religion, age, sex, sexual orientation, gender identity or expression, and disability. Examples include families living poverty, young-parent families, families who are socially or geographically isolated, and families facing other systemic barriers (e.g., Indigenous families, racialized populations, newcomers to Canada, etc.).                                                         |
| Project-based funding                                                     | Funding for time limited (5-year) funding that supports activities which address specific community-based needs that align with the program funding streams. This is a change from the past approach that provided long-term ongoing funding to sustain community-based organizations.                                                                                                                                                                                                                          |
| Protective factors                                                        | Conditions or attributes in individuals, families, and/or communities that promote the health and wellbeing of children and families. For example, parenting confidence and resilience, social connections and support, etc.                                                                                                                                                                                                                                                                                    |
| Upstream public health outcomes                                           | Outcomes that focus on creating positive environments and contribute to the conditions for improved health and wellbeing in the short and long term. Funded projects consider the structural barriers to health equity and the broader social determinants of health, and aim to support healthy pregnancies, strengthen parental abilities, build family resilience and facilitate access to children's health supports, with the aim of empowering and supporting better health outcomes across the lifespan. |