

Calendar of Events:

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- May 10-14, 2011
Community-University Partnerships: Bringing Global Perspectives to Local Action
Waterloo ON
(519) 741-1318 ext 226

Funding provided by Public Health Agency of Canada

PHAC Update

PHAC is reviewing the CAPC and CPNP programs to ensure they align with the Agency's current priorities, as well as research and evidence related to maternal and child health in Canada. In November and December 2010, the Public Health Agency of Canada met with provincial and territorial partners to obtain their perspectives on aspects of the current CAPC and CPNP programs. PHAC will use information shared at these meetings to ensure that the CAPC and CPNP

programs continue to effectively complement provincial/territorial public health programs and services. As the review is still ongoing, no decisions have been made about potential changes to CAPC/CPNP; however, there continues to be strong support for the programs both within and outside of the federal government. The Agency values the excellent working relationship it has with stakeholders and provincial/territorial colleagues and will continue to work in close collaboration to benefit

the health of children and families in Canada. Keri Corbiere, Team Leader for HCD's Aboriginal programs, is pregnant with her second child and will be going on maternity leave in June. Suzanne Young, Team Leader for HCD's Non-Aboriginal programs, has moved to Ottawa as of January 1 and will be working from there until the end of March. She will then be leaving HCD to pursue other opportunities within the federal government.

Coordinating Committee Update

As we start 2011, we look back on another successful year of CAPC/CPNP programming in Ontario. Over the past year we have seen celebrations across Ontario celebrating our 15 year anniversary and a successful postcard campaign that has confirmed the good work that we do across the province.

Our 15 years also marked another very successful conference at Cleveland's House where we received a surprise presentation to projects from Public Health Agency of Canada to celebrate the important milestone. PHAC also recognized staff that had been with their respective projects during the full 15 years. Congratulations to all staff that have worked with CAPC & CPNP since inception.

I would like to thank Maria Garcia for her excellent work as the Chair of the committee over the past year. Taking over as Chair of the committee has also meant that we have appointed a new Vice-Chair, so we are pleased to welcome Gerri Catherwood to the role. I would also like to thank all of the committee reps from the different zones for dedicating much time above and beyond their regular duties and I look forward to the upcoming year.

Tyler Campbell, Chair

Contact the Ontario Coalition at www.realhelp.ca

Your Social Marketing and Communications Committee:

Barb Wallace, Chair
Gladys Berringer
Beth Bonvie, Consultant
Brenda Clarke
Gerry Catherwood
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Maria Garcia (ex officio)
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Sharing Matters

Participants Talk Back

CAPC and CPNP reach families living in conditions of risk, they use a population health approach which attempts to preserve and improve the health of the population as a whole, as well as to close gaps and reduce inequality in health among subsets of the population (e.g. vulnerable families with young children; high-risk expectant mothers). CAPC & CPNP reach families who may not typically access the social systems offered in Ontario. They provided a vital entry point into these support systems. Families that might otherwise fall through the cracks can be identified and linked to services.

Recently parent participants of CAPC and CPNP projects across Ontario had the opportunity to send the Minister of Health, the Hon. Leona Aglukkaq, letters talking about what the programs had meant to them. The following are excerpts from a few of the letters sent from Ontario projects. *(Please note: spelling errors were corrected for readability.)*



Kamila and Children

This CPNP program has helped me in as many ways possible. If it wasn't for this program, I wouldn't be the happy PPD free mother that I am now! -- Kamila

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Calendar of Events:

- February 22-24, 2011
Perceptions Best Start Resource Centre Annual Conference
Toronto ON
<http://beststart.org>
- March 4-6, 2011
The Many Faces of Bullying
Toronto ON
www.facesofbullying.com
- April 26-29, 2011
FRP Canada National Conference-Early Learning, and a whole lot more!
Montreal QC
866-6-FRPCan
(1-866-637-7226)

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CAPC Managers' Conference: "Better Together: Built on Partnerships 15 Years Strong"

October 2010 marked the 15th annual CAPC/CPNP Symposium. 169 delegates, representing over 80 Ontario CAPC/CPNP Projects spent time networking and learning. Twenty-two presenters provided workshops and addresses. Cate Gibson of Powerful Journey Consultants opened the conference with her keynote address on *The Power of Change*. Dr. Jean Clinton gave the plenary session on *Mental Health and Brain Development*, and Susan Stewart ended the conference with *Reaching the Laugh Resort*. Conference delegates gave rave reviews to the workshops which included *Managing Like a Coach*; *Leading Change in Turbulent Times*; *Relationships to Partnerships -- Building the Continuum of Services for Families*; *Pull Conversations -- Communicating for Engagement and Performance*, and many more.

Recognition certificates were presented to staff who have been with their respective projects for 15 or more years. A *Wall of Sponsors* and a *Wall of Partners* provided a visual map celebrating the many organizations and partners involved in delivering CAPC/CPNP programs in Ontario. A 'Marketplace of Knowledge and Resource Exhibition' showcased 30 displays of unique resources, program ideas and information.

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Participants Talk Back

I am not doing things that hurt my health and baby like before I came here. I don't do street drugs any more and my boyfriend smokes outside now for our soon-to-come baby. [The CAPC facilitator] is an important piece of all of our lives and she is always funny even though she doesn't allow us to get too out of hand or mean to each other. I want to be like her – happy, kind but firm. I love this program! -- Linda

Being part of the CPNP program has been very helpful for my kids and for me since I have one 1 ½ year toddler and one 6 month baby girl. Both of them have so much fun and I have learned so many things talking to other mothers with the same concerns and same age kids. I hope this program can help more young mothers and children for a long time in the future. -- Maria

I've been attending these [CPNP and CAPC] groups since I was 6 months pregnant so these groups helped me prepare for child birth and child care. Also helped me confide in other girls who had been through it or was going through it. The groups also provided resources to get any baby things we could not buy ourselves. Anytime I was wonder anything from health to behaviour question I could come to group and someone would know." -- Sherry

The bag of milk weekly is totally awesome as we can't always afford milk. [The CAPC group] helped me to be more positive and less feeling sorry for myself – it had people who listen and really care." -- Erin

Things that I like ... are the healthy snacks, vitamins, advice and getting to relate with other mothers. -- Chloe

When I found out I was pregnant I didn't know anything about how to raise a child or even what I was to do being pregnant. This program has helped me in so many ways. Healthy food, advice on proper nutrition. There is always someone who is going through the same things that I am and it feels good knowing I'm not alone. All of the classes we do are helpful. This is the best program ever and I'm so thankful to be a part of it. -- Anonymous

Staff Shadowing

The following are excerpts from CAPC/CPNP staff who have been sponsored to go and view another project in the province:

I observed several great techniques while in Ottawa. For instance, one facilitator brought a bag of groceries to group, spoke about each item individually (and its nutritional value), and encouraged the group to consider a recipe for the day. The group quickly problem-solved, set priorities, and got to task, while the facilitator merely supervised and had opportunity to answer questions on an individual basis. At a youth group, 3 recipes were provided (appetizer, entrée, and dessert) to the participants, who similarly, made decisions about tasks, timing and individual responsibility. Participants in Hamilton are involved to a lesser extent in the meal preparation, and it is at times difficult to engage all individuals. However, when an emphasis is placed on team effort and a focus on specific skill building, I was able to envision ways to achieve this culture in our groups.

Lisa Richter, Public Health Nurse, Hamilton Prenatal Nutrition Program

The biggest learning goal that I had for the trip was to interview the Executive Director and staff at Brass Bell Family Resource Centre about the merging of CAPC/CPNP dollars with Best Start dollars. We are in a situation in Greater Sudbury in which we will be opening several Best Start Hubs with a mixture of CAPC/CPNP funding and Best Start dollars. Brass Bell has been using the two funding streams together for many years and therefore it was excellent opportunity to see this first hand.

When I visited Our Kids Count, I had a great opportunity to speak with the Executive Director about their renewed focus on nutrition and the strategic planning process that they went through. I don't think people realize how wonderful an opportunity this fund is to help with Professional Development.

Tyler Campbell, Our Children Our Future, Sudbury

Low-income children are more likely to have learning disabilities, emotional difficulties and behavioural problems.

(2010 Report Card on Child and Family Poverty in

Reduced Poverty = Better Health for All

Reduced Poverty = Better Health for All looks at the nation's most recent child and family poverty rate compared to 21 years ago, when Parliament unanimously resolved to end child poverty by 2000. The following information is excerpted from the report:

Rx	Poverty and Adverse Living Conditions in Canada: A Prescription for Action
SYMPTOMS	<ul style="list-style-type: none"> About 1 in 10 children (610,000) and their families lived in poverty (2008 LICO after-tax) even before the recession. That does not include 1 in 4 children in First Nations communities growing up in poverty. Among all persons in Canada - those in families, singles and seniors - 1 in 10 lived in poverty. Work is not an assured route out of poverty; 1 in 3 low-income children has a parent who works full-time throughout the year and almost 400,000 adult full-time workers earn less than \$10 per hour. The majority of low- and modest-income families do not have access to affordable, secure housing. Children of recent immigrants, of Aboriginal identity, in racialized families, in female lone-parent families and those with disability are at a higher risk of being in poverty.
DIAGNOSIS: Chronic and Persistent Poverty Syndrome	<ul style="list-style-type: none"> Canada ranks poorly among OECD nations on infant mortality (22 out of 31 nations). In 2010, the highest rate of food bank use (867,948 individuals) since 1997 was reported. Children and youth are 38% of food bank users in Canada but are only 20% of the population.

Low-income children have higher rates of death due to unintentional injuries than other children.

(2010 Report Card on Child and Family Poverty in Canada: 1989 – 2010)



How Does Poverty Affect a Child's Health

- Low-income children are more likely to have low birth weights, asthmas, type 2 diabetes and suffer from malnutrition
- Children living in poverty are 2.5 more times likely than those from wealthier families to have a disability, and are the least likely to access medical and community supports
- Children in low-income working families are unlikely to have benefit plans for prescription drugs, vision and dental care
- Low-income children are more likely to have learning disabilities, emotional difficulties and behavioural problems
- Children who grow up in poverty are, as adults, more likely to experience addictions, mental health difficulties, physical disabilities and premature death
- Low-income children have higher rates of death due to unintentional injuries than other children. Unintentional injuries are the leading cause of morbidity and disability in Canada

Campaign 2000 is a non-partisan, cross-Canada network of 120 national, provincial and community partner organizations committed to working to end child and family poverty in Canada. www.campaign2000.ca