



Prenatal Environmental Health Education – Collaborating for Clinical and Community Action (PEHE-CCC) Project

What We Heard

A Summary of Findings from *Gathering Insights* Sessions, Strategy Discussions, and the *Setting the Stage* Webinar Series

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About the Canadian Partnership for Children’s Health and Environment (CPCHE)

The [Canadian Partnership for Children’s Health and Environment \(CPCHE\)](https://healthyenvironmentforkids.ca) is a national collaboration of organizations working to advance children’s environmental health in Canada. CPCHE works across research, policy, and practice to reduce harmful environmental exposures and promote healthy environments for all children. <https://healthyenvironmentforkids.ca>

About the PEHE Collaboration

The [Prenatal Environmental Health Education \(PEHE\) Collaboration](https://www.pehe-esep.ca) is a multidisciplinary consortium of researchers, clinicians, and knowledge users working to improve awareness, education, and integration of environmental health into prenatal and preconception care. <https://www.pehe-esep.ca>

About the Canadian Association of Nurses for the Environment (CANE)

The [Canadian Association of Nurses for the Environment \(CANE\)](https://cane-aiie.ca) is a member of the Canadian Nurses Association (CNA) Network of Nursing Specialties with a mission to promote planetary health among nurses and people in Canada. CANE is serving as the lead organization on behalf of and as an active member organization in CPCHE and the PEHE Collaboration. <https://cane-aiie.ca>

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Introduction

The Prenatal Environmental Health Education in Canada: Collaborating for Clinical and Community Action (PEHE-CCC) project aims to strengthen how environmental health is understood and integrated into prenatal and preconception care across Canada. Co-led by the Canadian Partnership for Children’s Health and Environment (CPCHE) and the Prenatal Environmental Health Education (PEHE) Collaboration, the initiative brings together partners from clinical care, public health, and community sectors to support a more coordinated and consistent approach. This work is funded through the federal Chemicals Management Plan, with the Canadian Association of Nurses for the Environment (CANE) as the lead partner.

The project focuses on two connected areas: integrating environmental health into prenatal care, and strengthening community knowledge, capacity, and engagement, particularly through an equity and environmental justice lens.

A series of Gathering Insights sessions brought together healthcare providers, public health professionals, frontline social services providers, and community members to explore current practices, gaps, and opportunities. These discussions created space to reflect on both day-to-day experiences and broader system-level challenges, with a focus on what is currently happening and what is needed to move this work forward. This work was complemented by the *Setting the Stage* webinar series, which shared research findings and practice-based perspectives, as well as strategy sessions that brought together cross-sector partners to reflect on emerging insights and identify directions for action.

This “What We Heard” summary brings together key themes and insights from these engagement activities to inform the development of a coordinated national strategy, as well as future resource development, knowledge mobilization, and cross-sector collaboration. It highlights areas of alignment, as well as where further clarity or support may be needed.

Engagement Overview

Session Types & Audiences

The *Gathering Insights* process included targeted engagement with a range of participants across community and provider sectors, with sessions designed to reflect different roles, experiences, and perspectives related to prenatal environmental health.

- Community members included individuals connected to community-based organizations, newcomer-serving agencies, and other frontline services. These sessions centered grounded expertise derived from people’s lived experience, everyday

exposures, and perspectives on awareness, access to information, and capacity to engage in decision-making.

- Providers included nurses, physicians, and public health professionals working across clinical, community, and population health settings including those involved in or representing relevant professional associations.
 - These sessions explored current practices, constraints, and opportunities for integrating environmental health into care, programming, and policy.
- Other key partners included representatives from non-governmental organizations and academic institutions who contributed cross-sector and system-level perspectives.

Participation Snapshot

- A total of 8 Gathering Insights sessions were held between November 2025 and February 2026.
- Approximately 120–130 participants took part across all sessions, including a mix of community members and professionals from clinical, public health, and community sectors
 - Over 70 community members, and
 - Over 50 providers and health professionals.
- Participants represented multiple regions across Canada, with particularly strong participation from Ontario, Manitoba, Saskatchewan, and British Columbia, as well as both urban and community-based contexts.
- Sessions were delivered in a mix of formats, including:
 - Virtual (Zoom) sessions
 - In-person community sessions
 - Bilingual and multilingual sessions, including English, French, and additional languages (Arabic, Farsi, and Spanish) in some community settings. In these sessions, additional languages were supported through self-organized breakout groups and bilingual participants who facilitated discussion and reported back in English or French.
- Participants reflected a diversity of lived experiences and identities, including variation in gender, cultural and linguistic backgrounds, and professional roles across clinical, public health, and community settings.
 - Community sessions in particular engaged newcomer, immigrant, and Francophone participants, alongside individuals connected to community-based organizations and frontline services.

- Demographics data collected for the in-person session in Hamilton showed strong representation of women, with 14 self-identifying as women/female, 1 as man/male and 4 opting to not indicate gender.
- Facilitator observations from the two in-person community sessions in Winnipeg suggest that one session was predominantly attended by women-presenting individuals, while the other (held at a church) was primarily attended by men-presenting participants.
- At one of the Winnipeg community sessions, three participants identified as 2SLGBTQ+.
- The virtual sessions with relevant professional sectors were mixed in terms of gender, with a notable preponderance of women-presenting participants in the sessions for nurses and midwives.
- Discussions surfaced important considerations related to equity, gender, and intersecting social determinants of health, including how environmental exposures and the capacity to act on them are shaped by factors such as income, housing, employment, and access to information.

Approach & Methodology

The Gathering Insights sessions were structured as semi-structured discussions, with facilitation guides adapted for each audience. While core topics, such as current practices, gaps and barriers, and opportunities for integrating environmental health into care and community settings, were explored across all sessions, questions were tailored to reflect participants' roles and contexts.

A variety of interactive elements were used to support engagement and draw out diverse perspectives. These included open discussion, facilitated prompts, use of Zoom chat and polling (particularly in larger virtual sessions), and hands-on or reflective activities in community settings (such as product-based “grab-bag” exercises to explore everyday exposures).

A structured note-taking and thematic synthesis approach was used to capture key insights across sessions. Templates were developed to support consistency in documentation while allowing flexibility to reflect the flow and emphasis of each discussion. Analysis focused on identifying recurring themes, areas of alignment and divergence across groups.

There are some limitations to consider. Participation was not intended to be representative of all regions or sectors, and attendance varied across sessions. The findings reflect the perspectives shared in these discussions and may not capture the full range of experiences across Canada.

Thematic Synthesis

The following themes were consistently raised across sessions:

Environmental health is widely recognized as important, but not routinely integrated into prenatal care

Who raised it: Providers (strong), Public health (strong), Community (moderate)

Strength of signal: Strong

- Across all healthcare provider and public health sessions, there was clear and consistent agreement that environmental health is important to prenatal and preconception care, but is not routinely or systematically integrated into practice.
- Conversations were described as inconsistent and often dependent on individual provider interest, rather than embedded within standard workflows, documentation, or care pathways.
- Environmental health discussions in prenatal care settings were most often described as reactive rather than proactive, arising when patients raise concerns rather than being initiated by providers.
- Environmental health work within public health was also described as reactive rather than proactive, often triggered by specific incidents, clinical inquiries, or media coverage.
- Participants linked this gap to limited training, lack of confidence, competing clinical priorities, and the absence of structured tools or guidance.
- Discussions also reflected the gendered nature of prenatal care and caregiving roles, with some providers cautioning against placing additional expectations or perceived blame on pregnant persons and mothers, who are already responsabilized with protecting child/family health in accordance with dominant societal norms. Such comments underscore the importance of considering how environmental health knowledge, expectations, and responsibilities are often experienced and carried in gendered ways.

There is a strong demand for practical, credible, and actionable resources

Who raised it: Providers (strong), Public health (strong), Community (strong)

Strength of signal: Strong

- Across sessions, participants emphasized the need for clear, accessible, and immediately usable resources .

- Many noted that existing materials are either not widely known, not practical for real-world use, or not tailored to the contexts in which they are needed.
- Key priorities included:
 - Patient-facing materials with clear and readily actionable steps
 - Concise clinical guidance (e.g., priority exposures, “what to say”)
 - Standardized tools integrated into workflows (e.g., screening questions, electronic medical records (EMRs))
 - Culturally relevant and context-specific resources.
- There was also a strong preference for centralized, trusted resources endorsed by professional bodies to support consistency and confidence in practice.

There is a tension between individual behaviour change and systemic responsibility

Who raised it: Community (strong), Public health (strong), Providers (moderate)

Strength of signal: Strong

- Participants noted the limits of focusing on individual behaviour change in the context of environmental exposures that are often shaped by structural factors such as housing, workplace conditions, and product regulation.
- Community participants highlighted that “choice is only a choice if you have the ability to make said choice,” stressing the factors inequities that constrain individual action.
- At the same time, providers described the challenge of offering practical advice that does not place undue responsibility on patients, particularly when meaningful change may require upstream regulatory or policy interventions.
- Participant discussions pointed to the need for approaches that balance actionable guidance with systems-level framing and advocacy.

Patient-level advocacy is occurring but inconsistent and under-supported

Who raised it: Providers (strong), Public health (moderate)

Strength of signal: Moderate to strong

- Participants described patient-level advocacy as an existing and important part of care, including supporting workplace accommodations, addressing housing-related exposures, and connecting patients to services.

- However, this work is inconsistent and often informal, and depends on individual provider initiative rather than standardized approaches.
- Providers identified key gaps, including:
 - Lack of clear pathways and referral options for environmental health concerns
 - Limited tools and guidance to support patient conversations and follow-up
 - Time constraints within clinical encounters.
- Overall, there is an opportunity to better support, standardize, and resource patient-level advocacy within routine care.

Systems-level advocacy is widely supported but constrained by roles, capacity, and structures

Who raised it: Public health (strong), Providers (strong), Community (moderate)

Strength of signal: Moderate to strong

- Participants expressed strong support for addressing environmental exposures at a systems level, including through policy, regulation, and industry practices, however, they also described real constraints across sectors.
 - Public health professionals noted limitations on external advocacy within government roles.
 - Clinicians identified time, scope, and role clarity challenges.
- Responsibility for broader advocacy was often seen as sitting with professional associations or collective efforts.
- Limited environmental health literacy among both providers and communities was identified as a key barrier to engagement in advocacy and decision-making.
- Community participants emphasized the need for clearer, more accessible pathways to participate, along with the support needed to do so.
- Overall, there was a clear need for better-defined roles, stronger coordination, and more practical ways to support advocacy across sectors.

Environmental health is understood as interconnected with broader social and environmental determinants of health

Who raised it: Public health (strong), Community (strong), Providers (moderate)

Strength of signal: Moderate to strong

- Participants (particularly in public health and community sessions) framed environmental health broadly, extending beyond chemical exposures to include housing, climate change, air quality, and social conditions.
- Environmental health was often described as:
 - Intertwined with social determinants of health, including poverty
 - Competing with more immediate priorities (e.g., housing, food security, mental health)
 - Context-dependent and shaped by geography.
- Reinforces the need for integrated, cross-sector approaches rather than siloed interventions.

Community awareness varies, but interest and engagement are high

Who raised it: Community (strong)

Strength of signal: Strong (community sessions)

- Many community participants described limited prior exposure to information about environmental chemicals and health, often encountering these concepts for the first time during the sessions.
- Limited awareness of regulatory processes and policy frameworks (e.g., chemicals management) was identified as a gap, particularly at the community level, with implications for meaningful participation in decision-making.
- Nonetheless, there was still strong engagement, curiosity, emotional responses (e.g., surprise, concern, frustration), and uptake of concepts when presented in accessible ways.
- Participants raised the need for:
 - Plain-language education
 - Transparent information about products and risks
 - Opportunities for meaningful engagement in decision-making.
- The positive response among participants to the community-based sessions pointed to opportunities to build awareness, capacity, and trust through accessible and community-centered approaches.

Environmental justice and rights-based framings resonate

Who raised it: Community (strong), Public health (moderate), Providers (emerging)

Strength of signal: Moderate

- Many community participants connected strongly with concepts such as environmental justice, intergenerational equity, and the Right to a Healthy Environment.
- Often linked them to lived experiences and concerns about fairness, transparency, and protection of future generations.
- However, familiarity with these concepts was uneven:
 - Some participants had never encountered terms like environmental justice prior to the sessions
 - Others engaged deeply once introduced.
- These frameworks may serve as good entry points, but require intentional integration into education, communication, and practice.

Community-Specific Insights

- Participants generally had limited prior awareness of environmental chemicals and their health impacts; for many, this was their first exposure to these concepts.
- Prior knowledge was often fragmented and informal (e.g., media, product labels, personal experience), rather than grounded in structured or institutional settings (e.g., as part of healthcare).
- Participants showed strong engagement and interest once information was introduced, often accompanied by surprise, concern, and curiosity.
- Participants readily connected environmental health to everyday products and lived experiences, with hands-on activities helping make exposure pathways and health impacts more tangible.
- Clear emphasis on the limits of individual behaviour change, particularly given financial constraints, housing conditions, and access to safer alternatives.
- Strong framing of environmental health as a shared responsibility across individuals, industry, and government.
- Consistent calls for greater transparency, stronger regulation, and accessible, plain-language information about risks and safer options.
- Concepts such as environmental justice, intergenerational equity, and the Right to a Healthy Environment resonated when introduced, but were generally new and required accessible explanation.

- Participants emphasized the importance of meaningful and equitable engagement, including addressing barriers to participation, building trust, and creating ongoing opportunities for learning and involvement.
- Discussions also reflected the gendered nature of caregiving and household decision-making, with many participants (primarily women-presenting) describing roles in managing home environments, product choices, and family health.
- Strong interest in building capacity to act, including practical strategies for reducing exposure and clearer pathways for participation in decision-making..

Provider-Specific Insights

- Broad agreement that environmental health is important but not routinely integrated into prenatal and preconception care.
- Conversations are inconsistent and often reactive, typically arising when patients raise concerns rather than being proactively initiated.
- Key barriers include time constraints, competing priorities, limited training, and lack of confidence, as well as the absence of environmental health in standard workflows and care pathways.
- Strong demand for practical, actionable supports, including patient-facing materials, clinical guidance, and tools that can be integrated into existing systems (e.g., intake forms, antenatal records, EMRs).
- Preference for centralized, trusted, and endorsed resources, supported by professional associations, public health and regulatory bodies.
- Public health practitioners described a reliance on federal guidance and messaging (e.g., Health Canada), highlighting the importance of coordinated, credible, and consistent risk communication across jurisdictions.
- The influence of social media and misinformation/disinformation was identified as an emerging challenge, underscoring the need for clear, accessible, and trusted environmental health communication strategies.
- Emphasis on the need for system-level integration, including embedding environmental health into competencies, education, standards of care, and organizational practices.
- Ongoing tension between risk communication and patient reassurance, with concern about raising issues without clear solutions and the potential to increase patient anxiety, especially during pregnancy when stress and anxiety levels may already be elevated.
- Recognition that environmental health is often interconnected with broader social determinants of health, and may be deprioritized relative to more immediate concerns.

- Advocacy is seen as an important but complex role, with existing patient-level activities but limited clarity on pathways, supports, and scope, particularly for system-level action.

‘Setting the Stage’ Webinars

The [Setting the Stage webinar series](#) brought together researchers, clinicians, public health professionals, and community partners to explore current gaps and opportunities in prenatal environmental health.

In Webinar 1, national survey findings highlighted a gap between provider awareness and what happens in practice. Many providers reported that they do not routinely take environmental exposure histories or initiate conversations unless patients raise concerns. Questions also emerged about what level of evidence is sufficient to guide practice, and where providers are expected to build this knowledge, given the lack of standardized training.

Webinar 2 focused on community capacity, environmental justice, and advocacy. Discussions emphasized how environmental risks are shaped by factors such as housing, geography, and work conditions. Participants pointed to regional disparities, particularly in northern and remote communities, and highlighted the role of community organizations in supporting engagement and navigating systems. Legal and policy tools, including the *Canadian Environmental Protection Act (CEPA)* and environmental rights frameworks (covered in the webinar presentations), were also raised as important but not widely understood.

Webinar 3 explored the current landscape of educational resources for prenatal environmental health and where gaps remain. Presentations highlighted existing tools and initiatives, including CPCHE’s *Top Tips* and accompanying backgrounders, CANE’s Perinatal Planetary Health Assessment Tool (PeriPHAT), and community-based health promotion efforts in northern Ontario. These examples generated strong interest, with participants noting their practicality and potential for use across clinical and community settings. Attendees called for more targeted materials, including pregnancy-specific and preconception resources, and more up-to-date guidance on emerging concerns such as microplastics, wildfire smoke, and everyday product exposures. Inconsistencies across existing guidance were also noted, reinforcing the need for clearer, aligned messaging. There was strong interest in tools that can be used for multiple settings and audiences, including by patients themselves and in low-resource contexts.

Across sessions, several tensions came up repeatedly, including uncertainty about when evidence is strong enough to act, the challenge of addressing a wide range of exposures within limited time, and the need for clearer, more consistent guidance across systems. Together, these discussions complement the Gathering Insights findings and point to the need for greater alignment, clearer direction, and stronger system supports to move from awareness to practice.

Strategy Sessions

Two virtual strategy sessions were held in March 2026 to build on findings from the *Gathering Insights* sessions and to inform the development of a provisional national strategy framework. Participants included representatives from clinical care, public health, community organizations, research, advocacy, and policy, reflecting a broad cross-sector of people and organizations with an interest in advancing in prenatal environmental health and related community-level and practitioner awareness, knowledge and capacity. These sessions focused on validation and refinement of emerging themes, as well as identifying practical directions for action, leadership, and coordination.

Key Insights from Strategy Discussions

- Clear agreement that a national approach should focus on both clinical integration and community-level capacity-building.
- Reinforced the importance of practical, usable resources, particularly patient- and public-facing materials, as well as clear, credible, and actionable guidance that supports solution-focused, harm-reduction messaging.
- Participants highlighted an opportunity for collaborative work across professional associations and sector leaders, including identifying priority exposures and issues to address in preconception and prenatal care, co-developing and vetting educational resources, and supporting consistent, credible guidance across disciplines.
- Continued discussion of the balance between individual action and systemic responsibility, including the importance of avoiding undue burden on individuals while advancing upstream change.
- Again, many noted that resources alone are insufficient, and must be integrated into existing systems (e.g., clinical workflows, prenatal programs, community services) and supported by training, leadership, and system-wide coordination.
- Ongoing discussion around the role of medical and professional education, with recognition that while interest in environmental health is growing, current training is often limited and not well integrated into practice; highlighted a tension between curriculum constraints and practice readiness.
- Clear recognition of the role of community-based organizations and non-health sector partners as trusted messengers and key stakeholders in building environmental health literacy and supporting engagement in advocacy and decision-making.
- Emphasis on identifying and supporting local champions, alongside a need to move toward more consistent, system-level approaches that do not rely solely on individual initiative.

- Strong interest in supporting community participation in decision-making, including making pathways for engagement more visible, accessible, and meaningful.
- Reinforced the importance of equity, environmental justice, and rights-based approaches, including centering grounded expertise and addressing structural determinants of exposure.
- Recognition that environmental health should be understood within a broader, more holistic framing, extending beyond chemical exposures to include social, environmental, and ecological determinants of health.

Conclusion

These conversations, ideas, and perspectives shared across the Gathering Insights sessions and other project activities point to a clear opportunity to move from awareness to implementation. While interest in prenatal environmental health is high, there are persistent gaps in how it is supported in practice, including training, resources, and system-level integration.

At the same time, participants emphasized that prenatal care is only one point of opportunity. Building meaningful protection for maternal and child health will require broader awareness and capacity across the population, including before pregnancy. This includes integrating environmental health into routine health and social services, education, and community-based programming, so that individuals and communities are better equipped with knowledge and support over time, rather than relying solely on the prenatal period.

Advancing this work will require more than developing new materials. It will involve embedding environmental health into existing systems, strengthening coordination across sectors, and clarifying roles and responsibilities. A national strategy can help bring this together, supporting a more consistent and practical approach across clinical, public health, and community settings, grounded in equity and environmental justice.

Appendices

Gathering Insights Session List

Date	Type of Session	Format	Primary Audience	# of participants
5 November 2025	Community-based	In-person	Immigrants and newcomers	20
17 January 2026	Community-based	In-person	Francophone	26
26 January 2026	Community-based	In-person	Francophone	27
26 January 2026	Provider	Virtual	Nurses and midwives*	9
27 January 2026	Provider	Virtual	Nurses and midwives*	14
29 January 2026	Provider	Virtual	Physicians	5
25 February 2026	Provider	Virtual	Community health and providers	12
27 February 2026	Provider	Virtual	Public health	15

*Session was open to nurses and midwives. Although several midwives registered, none participated.