

## Proving the price of poverty

There is no longer any doubt: the extent of poverty among Quebec's English-speaking communities must be of paramount concern. That fact is borne out in a major new report recently released by the CHSSN on poverty levels among Quebec anglophones. The [Socio-economic Profiles of Quebec's English-speaking Communities](#) provides a depth and breadth of information on poverty among the province's anglophones never before available. It is a singular new resource for community organizations and policy makers, researchers and service providers, and for anyone concerned with the vitality and well being of the anglophone population of Quebec.

*Low income, unemployment and low education levels are evident among English-speaking communities across all regions of the province.*

This new report contains a comprehensive compilation of data that can be used to create profiles of low-income households and associated health outcomes among English-speaking communities. Its extensive series of statistical tables is accompanied by an interpretative narrative. It is all easily accessible on the CHSSN website.

### Making an impact

"What gives this report so much weight," says CHSSN consultant **Joanne Pocock**, "is that it enables us to pinpoint vulnerable English-speaking communities for each of

the province's 16 health regions and 95 CSSS territories. We can see how health in anglophone communities compares with provincial health statistics. We can identify where the greatest disparities between the majority and minority communities are. This report enables us to really sharpen our focus on where the problems lie."

This report is based on data from the Statistics Canada census of 2006 and the 1998 Quebec Social and Health Survey. The importance of the latter is that it established specific links between poverty and health status and that current government policy is still based on its findings. It serves as a key reference point for interpreting the more current data.

### Income is the key

The social determinants of health are internationally recognized as greatly influencing both collective and personal well being. The CHSSN report explores three specific determinants: income, education and employment.

*In Quebec, 27.6% of anglophones have incomes below \$10,000; in Greater Montreal, 32.9%.*

"Income is perhaps the most important determinant," Pocock explains, "because it serves as a marker of different experiences with other determinants such as education levels and employment. More equal income distribution is one of the

best predictors of better overall health of a society. The income inequality across the anglophone population of Quebec and its effect on health is striking."

### Who is poor?

While there is no official definition of poverty, it is generally accepted that households with total income of between \$20,000 and \$10,000 are poor, while those with incomes of \$10,000 or under are considered to be very poor.

*The poor and very poor are more likely to live with psychological distress than those who are better off.*

"As well as telling us where the greater number of anglophones live who are in that predicament," Pocock explains, "the report also provides a poverty ranking within the 16 health regions. We can now see and cite the differences between urban and rural communities. We've never been able to make statements like that before.

"It's important to note, though, that the question is not just about concentrations of poverty," Pocock affirms. "It's about that widening gap between low and high income groups within the English-speaking population as well as the growing disparity between the English-speaking and French-speaking communities. Those differences give us cause for serious concern."

## Putting knowledge to use

“The Quebec Social and Health survey provides us with important indicators of the types and extent of health problems associated with poverty,” says **Jim Carter**, CHSSN policy and program advisor. “We’ve used it in our report to unmask the often hidden and unacknowledged circumstances of poverty and health outcomes in the English-speaking communities. We see it as providing a fresh incentive for the community and public actors to address them.”

*Not only is anglophones’ overall income dropping, but the difference between the majority and minority communities is steadily increasing.*

“There is so much information of value here,” affirms Carter. “The survey findings combined with our new data give our networks, with their public partners, the means to measure health status inequality of certain groups in their communities and to target the type and extent of health issues likely to be present. So they can develop health promotion strategies and create access plans focused on the particular needs of those vulnerable groups.

“Most importantly,” Carter adds, “they can ensure that the extent of poverty in the English-speaking communities and its related health impacts is understood and accepted as part of the larger societal effort of the Quebec government to reduce poverty and its consequences.”

## Research a priority

“The fact that Quebec’s English-speaking communities suffer from such a high degree of poverty has to become a priority for us, and for the province,” says **Jennifer Johnson**,

CHSSN executive director. “That’s why we held a poverty conference last year in Montreal. We invited our network member groups to share their experiences with vulnerable people in their communities and to discuss the study on poverty among anglophone communities published by the Quebec English-speaking Research Network.

“It is important to continually develop our knowledge base,” affirms Johnson. “We want to encourage further research in this field by giving researchers this vast data base that underscores the important issues around poverty.”

*English-speaking communities in Quebec have a higher degree of vulnerability than the majority francophone population.*

There are over 700 tables and a companion narrative explaining key data in the report. “Our profiles can support anyone doing poverty research,” says Johnson. “Now that we can recognize poverty as such a serious problem in English-speaking communities, we need to support these observations with convincing data in order to look for funding opportunities to address the issue at federal, provincial and municipal government levels.”

*The OECD has identified Canada as one of the two wealthy developed nations (among 30) sharing the greatest increase in income inequity and poverty from the 1990s to the mid-2000s.*

Publication of the CHSSN’s new socio-economic report was funded by the Public Health Agency of Canada. It is available online at: [www.chssn.org](http://www.chssn.org). ■

## Making it accessible

As well as providing analytic information never before available, the CHSSN socio-economic report on Quebec English-speaking communities is also providing access to its exclusive data model for the first time. The programming team at JW COMM developed the model and has designed the new application that runs the access link.

“It was quite a large operation,” says **Jan Warnke**, of JW COMM. “The CHSSN purchased millions of cells of raw data under license from Statistics Canada which we put into its secured database model. After it was decided what types of variables are important to get at the issues the communities are experiencing, we broke down that huge bank of information into 700 customized tables tailored to all Quebec’s health regions and CSSS territories. The accompanying narrative describes how to interpret that data.”

To make all this information available to potential users required an easy access route into the CHSSN database. “We developed a whole suite of tools that will get someone access to tables and data,” says Warnke. “They are accessible through the opening hyperlink we designed. Basically, it is a two-step interactive web page system that brings readers directly into the database. Anyone who can run a browser will be able to use it.”

The very comprehensive information package will have a long shelf life. “With no long-form census this year, there’ll be no representative 2011 data available for smaller health regions,” says Warnke, “so this data will serve us for many years to come.”

## Health Canada noted for its official language partnerships

The CHSSN was one of four representatives of official language communities invited by Health Canada in December to participate in a panel on its partnerships with minority language communities. The occasion was a daylong forum on best practices sponsored by Canadian Heritage. This gathering brought together over 300 civil servants whose duties involve the communities, as well as the federal government's "network of official language champions".

These champions are senior managers responsible for fostering official language communities' development in government departments and agencies. One such champion is executive director of Health Canada's Official Language Community Development Bureau, **Roger Farley**. Having scored very high marks in recent evaluations of

federal relations with the minority communities, his department is seen as the model for others to follow.

"Our contribution program is unique," explains Farley. "It's not a top-down exercise as practiced in most other departments. We have a decentralized model of cooperation, in which the community sets its own priorities as to where federal investments should go. When we were asked to explain why our approach was so successful, we decided our community partners should present their own views and experiences."

"Our partnership with Health Canada is ideal," says **Jim Carter**, CHSSN policy and program advisor. "It's mutually respectful and it's decentralized. An open management model, it allows the CHSSN to participate in policy development

within the Health Canada program for minority language communities. And we're directly involved in developing tools that measure the performance of our work.

"The key advantage to this arrangement," adds Carter, "is that it allows us the flexibility to shape and deliver the programs that our networks actually need to improve access to health and social services. And, most importantly, to develop new models of services delivery that can be integrated into the Quebec health and social services system.

"What is quite extraordinary," Carter says, "is that the tripartite model we've set up allows Quebec to participate through its management agreement with us. This addresses the jurisdictional issues of having federal investment in the province." ■

## The quest for intersectorial cooperation

There is much to be said about the effectiveness of different sectors of society working together to promote community vitality. And that was the theme of a daylong workshop held in October for staff members of Community Economic Development Centres (CEDEC), Community Learning Centres (CLC) and the CHSSN who met to discuss each other's initiatives and to share best practices. Greater collaboration among these sectors was the goal.

"There have certainly been many instances where the different sectors have collaborated in the past," says **Russell Kueber**, CHSSN project

coordinator. "We wanted to look at better ways of doing things, both internally and with each other. So the agenda also included presentations on two initiatives that have proven successful elsewhere."

An action tool kit developed by Health Canada Alberta/ Northwest Territories region demonstrates how to bring different sectors together to work on a shared issue. "It's an excellent guide," says Kueber. "So is an Appreciative Inquiry Activity that emphasizes the importance of looking at strengths and assets in your community sector rather than only at its problems. We learned a lot from these presentations, and the

CHSSN would be happy to share the materials with other groups interested in consulting them."

One question addressed at the workshop was: do CLCs have an impact on community vitality? "The answer is yes," says **Paule Langevin**, provincial coordinator for the CLC Initiative. "The CLC is a platform that has worked with all sectors of the community. We have an important role to play in future."

The conference was obviously a success. "Several people in the regions have already come together to pursue projects of mutual interest," says Langevin. "That's just what we wanted." ■

## National study of minorities a first

A new study on Canada's minority language communities and their relationship with local community schools is now under way. It is being conducted by **Susanne Harrison**, an assistant Nursing professor at the University of Moncton, under the theme of wellness and aging in a minority setting. Francophone communities in the Atlantic provinces were the first to be consulted; next are Quebec anglophones in the Gaspé, Chateauguay, Bury and Quebec City.

"I was so surprised to see that anglophones in Bury are living through much the same thing as francophones on the west coast of Newfoundland," exclaims Harrison. "They share the same sense of isolation, and the determination to take care of each other. And many of their health issues are identical.

## Senate committee hears from anglophones

When the Standing Senate Committee on Official Languages held hearings in Montreal in September, it marked the first time the English-speaking community in Quebec was invited to appear. The CHSSN and several community networks "witnessed" at the hearing.

**Jennifer Johnson**, the CHSSN's executive director, provided the senators with a "myth-busting" overview of the community and the strides it has made in improving health and social services in the province. Johnson pointed to the major challenges the community faces in the future: to maintain the delicate balance in provincial/federal/community relations that

"When New Brunswick started setting up community schools, over 30 years ago, the only thought was to promote French language and culture," explains Harrison. "But they came to realize that health was a big issue, and so they do a lot now to promote health and wellness."

"This study is very interesting for us," says **Jennifer Johnson**, CHSSN executive director. "This is the first time that Quebec English-speaking communities have been included in a national study. We're really excited about that.

"Our goal," Johnson continues, "is to be involved in other studies as well, to be a player in research projects on minority language communities. We hope to be fully recognized as part of the minority language fabric of Canada." ■

have been achieved over the past 10 years; to expand the networking concept to communities not yet covered; and to change the short-term nature of federal funding.

The senators asked what they could do to assist the anglophone minority. "Support new federal priorities for investments, ensuring that only community-designated organizations sign for the principal agreements," Johnson responded.

Johnson rates the hearing as a very worthwhile exercise. "I'm sure that a door has opened to our community," Johnson affirms. "The senators expressed a keen interest in continuing to dialogue with us." ■

## Consultations called

In order to determine what health priorities need to be addressed for English-speaking Quebecers from 2013 to 2018, Health Canada invited the Quebec Community Groups Network (QCGN) to conduct a series of consultations across the province. Members of the community, community networks, and health and social services professionals have been invited to participate.

A team of consultants, Michael Udy and Nathalie Kishchuk, was engaged by the QCGN to carry out the consultations.

The CHSSN is contributing to the process with community liaison, coordinated by Kelly Howarth. "As well as people directly involved in health and social services, grassroots anglophones have been invited by the consultants to participate in the 28 focus groups to discuss their concerns," says **Jim Carter**, CHSSN policy and program advisor. "It's important that we sound the pulse of the community at large."

The consulting team will deliver their report to the QCGN in late spring. It will then be delivered to the Ministry for its approval and for distribution to the regional health agencies and access committees, and to the provincial advisory committee for review. The final version, after being approved by the QCGN and CHSSN boards, will be sent to Health Canada for consideration.

"This report will not identify projects, the funding required, or beneficiaries of the investments," says Carter. "But it's the crucial step in identifying health priorities." ■

## Quebec partners making headway in health

Jeffery Hale Community Partners is a network that is blazing trails on behalf of the 12,000 anglophones living in the Greater Quebec region. A health promotion action plan introduced last year was the first ever drawn up for the region's English-speaking population. Many of its key objectives have already been realized, others are in focus.

"While there are gaps in the health system itself," says **Richard Walling**, executive director, "there are specific issues affecting the anglophone community. We're well advanced in access to frontline services, but there are important needs still to be met. For example, we have excellent primary services for the elderly, but we're not able to have our own homecare workers.

"We've also made big gains on the frontlines in mental health," continues Walling, "but there is still a tremendous lack in services for people with chronic and severe mental conditions. We don't have the critical mass to do it ourselves."

As well as access priorities, other issues were raised in the plan. "We need a better understanding of the informal networks of care around vulnerable individuals and how we can support them," says Walling. "That's a very important issue because 80 percent of health care is provided through informal networks. We're also doing an analysis of all the volunteer organizations working with the anglophone community and the role they can play in health promotion."

Information is another priority. "In terms of health prevention and promotion," says Walling, "we have to be very specific about what the situation is in our community. Because there is limited data in the public system, we've taken the initiative to find it ourselves. We commissioned Santé Publique to do a study on mental health and they're doing another one now in English high schools on students' lifestyles.

"Our vision is that in five years we'll have as wide a range of services in English as is possible," affirms Walling. "The system will never be perfect; there are always new demands and constraints. So in preparing our strategic orientation for the next five years we're being realistic, but optimistic." ■

## Students start new safety program

A pilot project begun recently in Montreal should go a long way in reducing young deaths on Quebec roadways. That is the goal of Quebec Students against Impaired Driving (QSAID), launched at Laurier-MacDonald High School (L-Mac) in October. It is sponsored by the East Island Network for English-language Services (REISA) and directed by Toxico-Stop, an addiction assistance centre.

The first such venture in this province, QSAID will be introduced in English across the province, with a view to subsequently having it adopted into French schools as well.

A province-wide network of QSAIDs is the goal. "Seven other provinces already have this kind of program," says **Gerry Tullio**,

co-founder of Toxico-Stop and QSAID promoter. "And they're really eager to have Quebec onboard: the Alberta network is sharing its promotional program with us and New Brunswick is going to let us use their bilingual material."

Any improvement in the sad statistics of young motorists will be welcome. In 2009, Quebec drivers between the ages of 16 and 24, who represent 10 percent of license holders, were involved in 25 percent of accidents resulting in bodily injury. Between 2001 and 2005, 43 percent of drivers that age killed on Quebec roads had consumed alcohol.

The QSAID concept is essentially student-run. Each school will have its own chapter, student members planning and promoting its activities.

Staff advisors provide guidance and support. As part of a provincial network, chapters will be able to share resources and information.

"We'll be using the tele-conferencing facilities at L-Mac's Community Learning Centre to link up with the regions and, eventually, with other provinces," says Tullio. "We've received federal seed money to start up, but hope to eventually become self-sustaining."

Tullio is a substance abuse counsellor at L-Mac. "What really moved me to initiate this project," he explains, "was hearing kids saying that they drive better after smoking a joint, that texting isn't a problem. That's why we use 'impaired' instead of 'drunk' driving in the name." ■

## AMI expands service

AMI-Quebec has just received a \$225,000 grant from the provincial Ministry of Family and Seniors to expand its outreach service to caregivers of seniors with mental illness. It is one of 43 projects chosen by the Ministry for its \$2 million caregiver support program.

“Our project is called SOS Aînés,” says **Ella Amir**, AMI executive director. “It will be integrated into our SOS Famille program, which we’ve operated for several years, that provides individual counselling to caregivers. Our support groups are very effective, but some people require a bit more attention.”

It is a three-year project. In the first year it will focus on the Greater Montreal region. In the second year, the program will be extended into the regions, with individual counselling by telephone.

“The procedure will be similar to the teleworkshops and telesupport system set up through the CHSSN and the anglophone networks,” Amir explains. “Then, in the third year, we’ll expand into the training of professionals in the regions so that they can take over and provide that support locally.

“I’m very excited about this opportunity,” Amir exclaims. “We’ve built up the know-how, so we’re not starting from scratch. And we have been doing outreach for many years. This new funding will give us the resources to extend our services and to enjoy a bit more flexibility. Of course, part of our mandate is to organize fundraising to ensure the sustainability of the program over the long term.” ■

## CCS opens new senior centre

English-speaking seniors in LaSalle in southwestern Montreal now have a meeting place to call their own. The new CCS LaSalle 50+ Community Centre, opened in November, is designed to fill a serious void for the 8,000 older anglophones living in that area of the city. Language barriers affect their access to health and social services, and the dearth of dedicated community activities creates a chronic sense of isolation.

To say that these anglophone seniors have been lacking services is a gross understatement,” says **Diane Doonan**, community development worker at CCS, who is the centre’s

coordinator. “And their level of isolation, even within their own community, is striking.”

The LaSalle facility is starting out as a weekly drop-in day centre, serving as an information and referral site as well as a meeting place. “We’ll also be introducing French courses to help them cope better in mainstream society,” says Doonan. “The most immediate need, though, is for social activities that will stimulate participants and provide them with a sense of belonging. Local seniors are so eager to develop their own program of activities, people were volunteering even before the centre opened.” ■

## Getting farmers together

A new pilot project launched by the Quebec Farmers’ Association (QFA) is bringing English-speaking farmers together to discuss topics of mutual interest. A series of winter workshops held at local Community Learning Centres beams in lectures by specialists in different fields via videoconferencing. CLCs at five sites in anglophone agricultural heartland are participating: Campbell’s Bay, Lachute, Low, Huntingdon and Magog.

“People in rural areas often find it hard to interconnect,” says **Dougal Rattray**, QFA director of operations. “Attending meetings at a distance is inconvenient because of travel time and busy farm schedules. And most don’t have access to high-speed Internet to pursue educational topics. The QFA wanted to provide farmers the opportunity to come together to socialize and to receive up-to-date

information relevant to their situation. Winter was the most apt time to test out our idea, when life is a bit slower on the farm.”

A wide range of topics was considered for the workshops, from beef production and marketing to choosing a banker. One of the first sessions, held in February in collaboration with AMI-Quebec, provided discussion and tips on staying mentally healthy. “Many farmers contend with high stress at different times in their lives that can lead to depression,” says Rattray. “But they tend not to talk about their problems.”

There are close to 1500 English-speaking farmers in the Montérégie and Outaouais regions. “If there is a demand, we’ll continue this program and also extend it to other communities,” says Rattray. ■

## #5 for Our Harbour

Our Harbour, a supportive housing program for autonomous English-speakers with mental illness, has just opened its fifth apartment on the South Shore. It is the only such program in the Montérégie.

“We opened our first apartment seven years ago,” explains **Jocelyn Saulnier**, program coordinator. “Most residents are referred to us by professionals in the health system. We screen them very carefully to make sure they can live autonomously, but we do provide intensive monitoring and guidance so long as they’re under our care.”

There must always be three persons in each apartment. “We want to decrease their isolation,” says Saulnier, “so one person would be too solitary. Two might not get along, but three can make a family. It’s not a transitional arrangement. For some it becomes a permanent home if they want to stay.”

Administration is very hands-on. Mandatory meetings are held weekly in each apartment, each resident present. “We are two professional staffers who provide them support,” says Saulnier. “We make sure they’re coping with life and staying in control of such things as medicine compliance, personal hygiene, housekeeping. We also network with their health service providers.”

There are five to six volunteers for each apartment. “The program is founded on volunteers,” says Saulnier. “They bring friendship and normalcy to the residents’ lives. This is not just housing; this is a program for trying to reintegrate people back into the community.” ■

## Cummings caters to special needs seniors

The Cummings Jewish Centre for Seniors recently expanded its reputed day program for individuals with early diagnosis of Alzheimer’s disease or cognitive impairment due to dementia. It also caters to seniors who are socially isolated, with loss of autonomy, but who are still cognitively intact.

“Our program is unique because of the individual attention each participant receives,” says **Tanya Nemiroff**, coordinator of the Day Services Program. “It’s a very structured package that includes physical fitness, art, brain games, discussions and drama therapy. All activities are led by our professional staff. The key is that there is a ratio of three or four participants to each staff member, so that the activities can be tailored to their needs.”

“What is also special about this program,” says Nemiroff, “is the anonymity the Centre offers. There are so many people milling about, no one is identified as being among the impaired. Both clients and families appreciate that because dementia is such a sensitive issue.”

The Cummings approach seems to be effective. “We can’t change the fact of their condition,” says Nemiroff, “but we can try to change the individual expectations of what people with dementia are capable of. And with the stimulation and socialization inherent in this program, we’ve seen a stability in their condition among the early diagnosed. That’s very rewarding, because we want to maintain them in the community for as long as possible.” ■

## AGAPE filling gaps in anglophone schools

As the region with the fastest growing anglophone population in the province, Laval is also home to a soaring number of young people, a segment of that society severely lacking in adequate health and social services. The regional network set up by the Youth and Parents AGAPE Association has taken steps to meet that need – in the schools.

“Only 30 percent of Laval’s English schools have social workers or nurses in attendance,” says **Luigi Morabito**, network coordinator. “Their presence is minimal, and frequently they are unilingually French. The Sir Wilfred Laurier School Board has scarce resources to change that situation, so it agreed with AGAPE’s plan to approach

McGill and Concordia Universities to send interns in health-related studies to fill some of the gaps.”

Six faculties are involved. Students from Concordia’s Leisure, Science and Human Relationships Department; and from McGill’s Schools of Psychiatry, of Nutrition and Dietetics, of Communication and Disorder, of Occupational and Physical Therapy will intern in selected schools. McGill Nursing interns will work on prevention and health promotion programs.

“This is a great example of how partners can come up with solutions together and really set things in motion,” says Morabito. “And this is just the beginning.” ■

## Seniors plan under way

To raise awareness on issues affecting English-speaking seniors, the Quebec Community Groups Network (QCGN) is now taking action on two key fronts: establishing a provincial seniors network, and compiling a comprehensive data base on available services.

The first stage in setting up a provincial network was to get seniors involved at the grass roots level. “We’re polling individuals and local organizations in Montreal, the Outaouais, and the Townships on their concerns and ideas,” explains **Valerie Glover-Drolet**, project coordinator. “In April, we’ll survey the other regions. We also have a survey online at [www.qcgn.ca](http://www.qcgn.ca) that anyone can access to add their own comments and suggestions.”

The QCGN’s database on services available for seniors has so far been built up to 65 entries. “Senior issues are more than just health and social services,” affirms Glover-Drolet. “We’re working for as broad a base as possible to develop partnerships that interconnect people and share information on the many aspects of the senior community’s needs.”

A forum planned for March 18 will bring anglophone seniors from across the province together to pool ideas, exchange best practices, develop a long term vision for the seniors network, and choose its top priorities. “My big goal,” says Glover-Drolet, “is that by next national Seniors Day, October 1, we will have a functioning network to speak to the government on behalf of all English-speaking seniors.” ■

## Member news

The Old Brewery Mission received an Award of Excellence from the Ministry of Health and Social Services in the category of support for vulnerable persons and groups.

AMI-Quebec has prepared a document outlining financial and legal considerations for persons having to plan for an ill relative’s future security. It is available online at [www.amiquebec.org](http://www.amiquebec.org).

## CHSSN business

The CHSSN welcomes two new staff members:

Administrative assistant: **Robyn Graham-Johnson**

Assistant project coordinator: **CMA Medeiros**

## CHSSN board of directors

<b>Ron Creary</b>	President
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## The CHSSN

The Community Health and Social Services Network (CHSSN) is a network of community resources, associations and public institutions dedicated to the development of health and social services for English-speaking communities in Quebec.

The CHSSN’s objectives are to:

- Foster projects and initiatives, through partnership and network building, to promote access to English-language health and social services, and support community vitality
- Create new knowledge and provide information on English-language communities and their needs
- Promote, evaluate and disseminate successful models of organization of services
- Promote informed public policy supporting the vitality of English-speaking communities
- Support conferences and other forms of consultation on health and social services for English-speaking communities

Any organization interested in becoming a member of the CHSSN may contact us at:

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