

Networks promote their regions

It has long been a worry and a challenge. Attracting and retaining healthcare professionals to provide services in English to Quebec's remote anglophone communities is not an easy task. But community networks have been making major headway by promoting their regions, to anglophone professionals and to students in healthcare professions.

These promotional efforts are supported through the McGill Training and Retention of Health Professionals Project. The project was designed to increase the participation of English-speaking personnel in Quebec's health and social services system, and thus provide better access to health and social services for English-speaking Quebecers. At a McGill-sponsored forum held in March, some of the community networks described how they were faring in their regions.

Coasters casts a large net

"How do you get them to come to a remote region, and how do you keep them here?" **Kimberly Buffitt**, network coordinator for the Coasters Association spoke about its multi-pronged program for tackling those challenging issues.

"We did a complete job forecast for the region that the CSSS posted online," said Buffitt. "We filmed a virtual tour of available lodging and the local clinical set-up. We produced maps and a community guide for new interns and set up a

buddy system to link them to the community to lessen their isolation.

"We've made some amazing strides," affirmed Buffitt. "We've already hosted 29 interns, and we had 16 very qualified applicants for the new McGill bursaries. When it started in 2004, our adult education program attracted 10 people; last year, 100 students graduated and half were in health and social services. We're also encouraging children – in both elementary and high schools – to think about a future in health and social services. We've even got a mascot."

Talking up the Townships

"When we talk access, we don't mean separate English services," said **Michael Caluori**, coordinator of the retention program in L'Estrie for the Townshippers' Association. "Anglophones are only five percent of the total population, so that's a message we've had to make clear.

"The public system had been recruiting from French CEGEPs," said Caluori. "But we're making the institutions aware of bilingual anglophone students, and they're buying in. The beauty of this is that our francophone neighbours benefit from our bilingual interns that get to work in the regional institutions."

There is a ripple effect. "It was because of the posting of bilingual anglophone interns at Sherbrooke's

(Cont'd on page 2)

First bursaries given

It was a rewarding night for 20 health and social sciences students on March 22. At a special reception in Montreal, hosted by the McGill School of Social Work, they were awarded bursaries to support them in their studies and encourage them to ply their professions in the regions of Quebec. They will be able to add to the stock of bilingual healthcare professionals who can provide services to the province's English-language communities.

This bursary program is the first of its kind, and it is a generous one. Over two years, McGill will be dispersing a total of \$345,000 in grants, ranging from \$1,000 to \$10,000 to deserving students in the regions.

(Cont'd on page 3)

Report is a first

A new report just issued by the CHSSN shines a light on the plight of the province's English-speaking visible minorities groups. It is the first time that socio-demographic data has been compiled on these groups with regard to their health status and well-being.

The report compares the status of the visible anglophone minorities with mainstream anglophones, as well as with French-speaking visible minorities. Some of the findings are rather shocking.

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hospital that Champlain College in Lennoxville created its nursing program,” said Caluori. “This has had tremendous impact on community, and on families. Instead of our kids going to Montreal CEGEPs – and once there we lose them – they stay here to study and intern, and so have better luck finding employment in the region.”

Caluori noted that institutions are reviewed by the regional Agency. “If they are indicated to provide services in English,” he said, “then a bilingual anglophone on staff will help them meet that criterion. It’s a win-win situation.”

Nurses for the Outaouais

“One of the first things I did when we started our network was to visit Heritage College, where anglophone nursing students take their courses,” says **Danielle Lanyi**, regional network manager of the Outaouais Health and Social Services Network. “It was a real concern that most of them were going across the river to Ottawa for their internships. And not coming back to the region.”

Heritage eventually developed a French for Nurses program. The course was designed to provide nursing students enough facility in the language so that they would not only be competent but confident working in a French environment.

The two-year program allows for a total of 40 students a year and is averaging 10 to 12 per semester. So far 23 are interning in Outaouais hospitals. “The feedback from the institutions has been very positive,”

says Lanyi. “Evaluations on these students have been excellent.

“It’s really gratifying that we’ve been able to bring to light that there were qualified anglophone nurses in our region that could serve the francophone community as well,” says Lanyi. “We have small pockets of anglophones across the region who now will have better access to English healthcare. The French institutions have the same issues about keeping nurses in the region, so we’re filling their needs as well.”

Back to the Gaspé

“I always intended to return to this beautiful place,” says **Jessica Synnott**, a young staffer at Vision Gaspé Percé Now. She went to university in PEI to study nutrition and is a practical nurse. “As kids, we never thought there would be work opportunities here,” says Synnott. “But there are, and they’re growing.”

Vision runs a variety of activities aimed at encouraging young people to study and work in the region. One entails visiting high schools to promote health and social services as a career choice and letting students know there will be job opportunities for them in that field.

The McGill internship program has brought five healthcare students into the region. “It was quite a culture shock for the students,” says **Michelle Sinnett**, of the CSSS de la Côte-de-Gaspé. “Three had never been in rural regions before. But they were struck with the professionalism of the local CSSS team who, in turn, were impressed with the very high quality of the interns. It’s been a very successful experience on both sides.”

CASA’s getting them young

“We try to cover all the angles of promoting a bright future in the health sector to young Gaspésians,” says **Roberta Billingsley**, of the Committee for Anglophone Social Action (CASA). “We start at the elementary school level by sending nursing students onsite for health promotion activities. We have a beautiful mobile kiosk that we send to events all over the region. It was used at a huge youth leadership conference in November attended by over 100 students from seven high schools.”

Through its Youth Action Plan, CASA is identifying young people who are interested in the healthcare sector, and setting up a graduate tracking process to determine what stage they have reached to promote the region to them for their specific field of study.

“We’re thrilled about the new bursary program,” says Billingsley. “One of our bursary candidates is a doctor in family medicine, who will be joining the CSSS. And four new anglophone nursing assistants will be studying with our CSSSs as well.”

It’s been worthwhile

“This retention project has given community networks a wonderful opportunity to showcase their region as being a great place to live,” says **Jennifer Johnson**, CHSSN executive director, “a place where their kids can have a future. And it’s complementary to all the other things they’re doing in health promotion and improving access to services. Of course, the goal is to attract and retain our own star professionals. That’s happening.” ■

... bursaries (Cont'd from page 1)

They are students in medicine, occupational and physio-therapy, nursing, biomedical technology, psychology, social work, and special care counseling. They are bilingual English-speakers from four regions of Quebec who all want to make a difference in their communities. The 20 winners of McGill's new study bursaries come from the Eastern Townships, the Gaspésie, the Côte-Nord and Chaudière-Appalaches. They all hope to pursue careers in health and social services in their home regions.

This new bursary program is an integral part of McGill University's Training and Retention of Health Professionals Project. Funded by McGill through Health Canada, it is very much community-propelled in that it is the regional anglophone community networks that seek out the prospective candidates.

"This program complements all the work being done in the regions to improve access to English services," says **Jim Carter**, CHSSN policy and program advisor. "McGill has been exemplary in opening itself to such a project and implicating the communities directly. We're proud of the role the networks are playing."

"It's a very good partnership," says **Estelle Hopmeyer**, director of McGill's Retention Program. "The groups know their community's needs and were able to identify those students with potential. They presented us with an excellent roster of bursary candidates. We were quite overwhelmed with the number and quality of the applications; they were all of the highest calibre." ■

Telehealth sessions, a success story

Since it began as a small pilot project seven years ago, the CHSSN program for videoconferencing health and social service information to English-speaking communities across the province has burgeoned into a vital – and popular – service. Twelve community networks now link into these monthly information sessions. In the past year, some 500 local participants have discussed topics ranging from mental health through addiction to nutrition.

These sessions, now funded through the McGill Distance Community Support project, are an integral part of the CHSSN's health education and promotion program. The CHSSN provides extensive administrative and planning support to the participating networks.

Grass roots collaboration

"It's at the networks level where so much is happening," says **Brenda Edwards**, program manager. "The communities select discussion topics according to the health priorities and interests in their region. We find the experts who can present the information, and they handle the sessions and develop follow-up activities to keep up the learning momentum."

The Montreal Children's Hospital Telehealth Coordination Centre provides the technological support. CHSSN consultants **Kelly Howarth** and **Jo Ann Jones** train community staff and volunteers to facilitate the information sessions, and provide onsite assistance. "We help them to be more effective," says Howarth. "And we help them define their follow-up activities."

The sessions are often repeated. Says Howarth: "We'd been making DVDs as backup for groups whose local meetings might have been stormed out so that they could still benefit from the presentations. They've become so popular they're now a staple of the program."

Learning extends beyond the videoconference. One of the prime goals of these sessions is to encourage activities that reinforce the health messages discussed. They have been many and varied. One Townshippers' Association session led to formation of a prostate cancer support group. The Megantic Community Development Corporation linked its learning sessions with lunch discussions. The East Island Network for English-speaking Services spearheaded a diabetes control program that became province-wide.

Partners also playing a role

Over time, more public partners have begun participating in these sessions. "It's a very effective way for the networks to connect with their public partners," says **Brenda Edwards**. "And to connect them with the community."

The program also benefits from the partnerships that CHSSN has established during its health promotion activities with such organizations as AMI-Quebec, the Heart and Stroke Foundation, and the Alzheimer's Society.

"This program is an excellent tool in effecting better access to information, to resources, and to services in English," Edwards says. ■

Report makes visible minorities more visible

The CHSSN has just issued a groundbreaking report on English-speaking* visible minorities in Quebec. Numbering over 240,000, this group accounts for nearly a quarter of the province's English-speaking population. The Baseline Data Report 2011-2012 is the first of its kind in that it highlights those socio-demographic features of Quebec visible minority groups that affect their health and well-being.

The report is based on data from the Statistics Canada 2006 census, the most recently available numbers. It covers the nine regions of the province that have statistically significant numbers of visible minorities. And it not only makes comparisons with the mainstream English-speaking minority, but also with French-speaking visible minority groups. The numbers reveal a wide diversity among the minority groups and striking inequalities in their health status.

They are young

In Quebec, nearly a third of English-speaking visible minorities are under the age of 25. Conversely, the proportion of seniors, aged 65 and over, is barely six percent, much lower than that of non-visible anglophone minorities, at nearly 17 percent. So the trend is moving to many more youth than seniors.

“Each stage of life tends to be associated with specific health and social services needs,” says **Joanne Pocock**, CHSSN consultant and author of the report. “Different age groups tend to vary in the way they access public health information

and programs. So having these figures, and knowing how majority and minority communities differ in accordance to age, is important in understanding their distinct health needs and the availability of resources to meet them.”

For example, the proportion of anglophone visible minority youth is higher overall than the youth share of the non-visible minority. In Montreal, where most live, 32 percent are under 25, as compared to 28 percent of the non-visible minority anglophones. Among French-speaking visible minorities that figure is 44 percent, much higher than their non-visible minority counterparts at 24 percent.

There is also a significant variance among the anglophone visible minority groups themselves. Of those 0-14 years old, the highest proportion, 23 percent, are Blacks. Koreans have the highest proportion – nearly 23 percent – of young adults between 15 and 25 years of age.

They are educated

“Education level is also a very important determinant of health,” says Pocock, “because it indicates the level of health literacy and use of preventative health practices. We find singular results here.”

In Quebec, 16 percent of the anglophone visible minority has no high school leaving certificate (it is 22 percent for the French-speaking visible minorities). However, over 30 percent do have university, compared with their francophone counterparts at 24 percent, and non-

visible minority anglophones at 23 percent. The highest proportions among groups with university certification are Chinese at 46 percent, Koreans at 45 percent, and Arabs, 44 percent.

They are poor

“The poverty figures are pretty shocking,” says Pocock. “We’re seeing high rates of university status but equally high poverty rates. Visible-minority anglophones in Quebec are in a fragile situation.”

In fact, nearly 40 percent of all those visible minorities live below the poverty line, compared with 17 percent of the non-visible minority population. The highest numbers of poor are in Montreal where 58 percent of West Asians and 50 percent of Arabs live in poverty.

“When we saw those numbers,” says **Jim Carter**, CHSSN policy advisor, “we felt obliged to reach out and give the communities concerned this kind of information. So a separate series of profiles have been drawn up for the greater Montreal region, where most of the province's visible minorities live, according to CSSS territories. This means that we now can identify anglophone visible minorities in the neighbourhoods and see where they are likely to be seeking services. This is a major tool for delineating public health priorities and promoting open access to the health system.” ■

*(According to first official language spoken)

(Report available at www.chssn.org.)

Priorities put forth

When CHSSN networks met in Quebec City in February, a key item on the agenda was presentation of a report on the activities and public health priorities of Quebec's English-speaking communities to the Public Health Agency of Canada (PHAC). CHSSN commissioned a survey of the community to assist PHAC in its current preparations for future programming. The report, and subsequent discussion, pointed up some significant differences and changes in issues of concern.

"Results of both were very revealing," says **Joanne Pocock**, CHSSN consultant. "We see that while the networks' activities are broadly based, they each have issues specific to their own region. So it's not feasible to try to come up with one statement of priorities for everyone; there are important differences that we want to respect."

Common to all regions are programs for seniors, health literacy and population health. Everywhere mental health issues are becoming of greater concern.

"When the networks compared survey results with their own reality, the differences loomed large," says Pocock. "L'Estrie, for example, has an enormous number of seniors. But Lasalle does not; their problems are with youth and vulnerable young families. In Montreal, immigrants are now a large portion of the clientele. Lack of foster homes is a big problem in isolated regions. So we're going to move away from the usual ranking process and talk in terms of prominent themes." ■

(Report available at www.chssn.org)

Access programs are approved

On February 22, the Quebec cabinet approved 11 of 16 new regional programs to deliver health and social services in English. The five delayed submissions require some adjustment, but are expected to be ready for consideration soon.

While there have been improvements to previous programs in most regions, changes are not major. "There were quite substantial increases in services last time round," says **Ron McNeil**, secretary of the Provincial Committee for the delivery of Health and Social Services in the English language. "However, there is still progress being made."

They are three-year programs. "But we strongly feel that in future they should be of five-year duration," says McNeil. "That's the time line for strategic planning in the public healthcare system, so it makes more sense to follow that pattern. We'll be proposing that the Ministry make that change."

Nominations to be called

The Ministry will be calling for nominations for positions on the provincial committee that are up for renewal. Five of the sitting members have completed their second mandate and must be replaced. English-speaking organizations will be consulted. ■

Mortality study raises questions

Do English-speaking Quebecers live longer than their French-speaking counterparts? Apparently so, but a study just published by L'Institut national de santé publique du Québec (INSPQ) indicates that the difference in mortality rates between the two language groups is narrowing. The question is why.

INSPQ elected to study language as a contributing factor to mortality levels because it "is an important determinant of health" that can "determine accessibility to health care, and ... may influence health behaviours." This study focuses on the ages and causes of death between 1989-1993 and 2002-2006 across the major areas of Quebec.

Some salient points emerged from the study. Overall, anglophone men and women maintained higher life expectancies than francophones. But the latter increased their rates to

the point that the gap between the two decreased by half between the two periods. Mortality rates are higher for elderly francophones, and for young anglophones (under 40), particularly outside Montreal. In fact, the differences between urban and rural regions are significant.

And while the INSPQ authors rate their findings "interesting" they cannot yet explain the cause of the gaps they uncovered. They ask: Was it a shift in political, social and economic power? The large exodus of anglophones? The lower socio-economic status of anglophones outside Montreal? Because so few studies exist, the authors are calling for more research on linguistic status as a definitive cause of health inequalities. Through this study, they "hope to provide useful targets for public health intervention to equalize life expectancy between the two groups". ■

New centre on the way OBM is having a stellar year

When its new headquarters opens on June 22, Heritage Lower St. Lawrence, the region's English-speaking community organization, will be marking a new era of intercultural cooperation. For the new Métis Centre will not only be providing anglophones with a bevy of health and social services, it will host a wide range of activities of benefit to the whole population.

"We realized that we couldn't do this alone," says **Viveka Melki**, Heritage executive director. "We're one of the province's smallest anglophone communities: there are only 1300 of us spread along 200 km of coastline. So we've teamed up with 12 community partners, which include the town administration, the MRC, and the regional Health and Social Services Agency.

"There's not been much history of our two language groups working together," says Melki, "so there was a lot of bridge-building leading up to this decision. Everybody was very conscious of the need for mutual respect. But the timing was right. Government services are so directed to larger centres; we need services to keep smaller communities alive."

The new Centre, while carrying cultural programs such as the region's first bilingual library, will have a large health component. "Thanks to the CHSSN," Melki affirms. "Their help with strategic planning has been indispensable; the whole NPI experience is bearing fruit. We'll have youth activities – for the first time. We'll promote health literacy, seniors' activities, telehealth, and much more. It's all very exciting." ■

According to **Matthew Pearce**, executive director of the Old Brewery Mission (OBM), 2012 will mark a major turning point for the Mission, and for homelessness in Montreal. Pearce points to a basket of projects that will alleviate some of the major needs of homeless people and hasten their return to mainstream society.

"We have six very interesting projects on the go," Pearce explains. "Our transitional housing project, Le pont, will double its number of units from 15 to 30. A short-term detoxification centre and health clinic will be opened onsite. We're opening an Internet café that will serve as a day drop-in centre, with

Girls will be getting help

The Pierrefonds-based Family Resource Center has developed a new program to help girls with emotional problems. Over the next six months, 50 girls aged 9 to 15 will participate in Go for Girls, a weekly series of professionally supervised activities based on a cognitive behaviour approach.

"Families in our community represent 53 cultures," says **Carrie Goldberg**, founder and executive director. "Many are very fragile and all face multiple challenges. Three-quarters of the daughters live in single-parent homes; a third don't finish high school. They're having a difficult time coping with many undiagnosed mental health issues and many are getting involved in risky and sometimes criminal behaviour. They desperately want to belong, and often turn to gangs.

counselors onsite for consultation. We're also opening an annex for first-time users of the shelter with a view to helping them move quickly back into society, to help them avoid chronic dependence. And ten more beds have been added to our women's shelter."

But growth is not the goal. "We'd like to shrink our shelter and any services that become no longer needed," Pearce affirms. "But the numbers keep growing. In January, 56 clients moved out into our transition program, but 80 first-time clients showed up. That's so disappointing, but I think our programs are on the right track. We just have to be patient." ■

"Until now," explains Goldberg, "most of our participants have been boys, because they more often present themselves as aggressive when experiencing social or behavioural difficulties. Girls have higher levels of emotional problems and tend to suffer in silence."

In their new program, the girls should be anything but silent. Using activities such as art, drama, outings and discussions, they will not only be encouraged to participate, but also to assume control of the flow of the program.

"There is no set structure," says Goldberg. "We're providing a safe and confidential atmosphere where they can develop confidence and critical thinking skills. The goal is for them to learn self-esteem by taking on leadership roles." ■

4 Korner's expanding

The work plan just keeps getting bigger at the 4 Korner's Family Resource Centre. Based in Deux-Montagnes, 4 Korner's is the first and only organization in the Laurentians with the mandate to promote access to health and social services in English. With small pockets of anglophones scattered throughout this huge region, the challenge is to find effective ways of reaching, and serving, them.

"We have a very active website, and host health videoconferences at five sites in the region," says **Rola Helou**, executive director. "Now we're moving into another stage of outreach. We're setting up a satellite office in Ste-Agathe."

The idea actually came from the CSSS-des-Sommets, one of 4 Korner's' network partners. "We've been doing some outreach in Ste-Agathe for a while," Helou explains, "and it eventually became logical to have a physical presence there. The CSSS has been so supportive all along; it's really encouraging."

The CSSS is providing 4 Korner's with office space, an extension on the hospital's public line, and a link on their website. 4 Korner's will have someone onsite to overview existing services and to assist anglophones with access.

4 Korner's is taking advantage of network relationships to bring new services to the region. "We work with AGAPE on the Friends program in grade schools," says Helou. "We've just done caregivers workshops with CSSS-Argenteuil. NPI connections make it possible to implement such programs." ■

Portraits progress

It's five down, one to go for **Mary Richardson**, anthropologist with l'Institut national de santé publique du Québec. Consultations with English-speaking communities across Quebec are providing her with the fodder to develop in-depth portraits of those communities. The goal is to mobilize diverse segments of the population to work together to pursue common goals.

Portraits completed for three of the communities in this community development project illustrate some major health and social services concerns. In Sept-Îsles on the North Shore, it is the health and well-being of seniors and the need for a major health centre for the region. For New Carlisle in the Gaspé, the lack of health information, of resources for English-speakers with mental problems, and unhealthy lifestyles are among the issues raised. At Bonne-Espérance on the Lower North Shore, it is services for seniors, children and youth with special needs, cost and availability of healthful foods.

The largest of the consultations took place in Laval in the Greater Montreal region in November. Close to 400 people turned out over the two-day session. "The turnout was overwhelming," Richardson says. "We were able to conduct 23 focus groups covering seven themes. Six students from the Human Systems Intervention Master's program at Concordia University acted as facilitators."

Consultation with Sutton in the Eastern Townships took place in March. The last one will take place in St-Léonard in late May. ■

North Shores share

A new cornerstone was laid in January when community networks from Quebec's north coast regions met in Sept-Îsles to share their healthcare concerns. Hosted by the North Shore Community Association (NSCA) and the Coasters from Côte-Nord, this was the first time that such a joint regional conference had been held.

"We have so much in common," says **Jody Lessard**, NSCA executive director. "But it's been very difficult to get together because of the high costs of transportation here. This conference was very productive, though; we determined that there are several things that we can work on together."

Three key areas for collaborative action were identified. One involves retention of the customer services agent at the Sept-Îsles hospital. "Our hospital is the central hub of health and social services for the Côte-Nord and the Lower North Shore," says Lessard. "Thanks to the CHSSN-sponsored adaptation project, the Health and Social Services Agency was able to hire an agent to serve as information source for anglophone patients. But that contract expires in 2013, so we'll campaign for the position to be recognized as an 'essential service'."

It was also agreed that channels be opened to the local Nescapi community, with the view to developing partnerships with them.

"The meeting was so successful," says Lessard, "that everyone also agreed that we should hold more networking sessions. We've already started organizing." ■

Seniors in spotlight

Both provincial and federal governments have been making moves to address issues affecting Canada's growing senior population. Quebec's English-speaking seniors are getting particular attention. Their numbers are not insignificant: across the province, there are over 132,000 anglophone seniors aged 65 and over. There are 13,000 over 85 years of age – 8,800 of whom live in the Montreal region.

In Quebec, Seniors Minister **Marguerite Blais** has announced a \$5.8 million funding allotment for 73 senior-focused community projects. Among the nine province-wide projects receiving funding is a research proposal by the Quebec Community Groups Network (QCGN). The QCGN will receive \$274,328 over three years to identify problems connected with English-speaking seniors' access to services and programs essential to their health and well-being.

The QCGN has also just announced formation of an executive committee charged with launching Seniors Action Quebec, a provincial advocacy network for English-speaking seniors. Under the motto "For Seniors...by Seniors", the new network's role is to influence program and policy change to ensure that the needs of Quebec's anglophone seniors are addressed at the grass roots level.

And from Ottawa, the Office of the Commissioner of Official Languages is funding an analysis of the situation of anglophone seniors in Quebec as they relate to those programs now being provided to seniors by federal institutions. ■

Bullying an issue

The program known as QSAID, Quebec Students against Impaired Driving, has expanded its mandate and its name. Because it has become such a pressing issue, bullying has been adopted as another plank in the program, now called Quebec Students against Destructive Decisions (QSADD).

The first of its kind in the province, the program was introduced in 2010 under the aegis of the East Island Network for English-language Services (REISA). Launched at Laurier-MacDonald High School in Montreal North, it is now province-wide. ■

More stories coming

The CHSSN has been joined by Community Learning Centres and CEDECs to collect stories about the English-speaking community for CBC radio. The spots are broadcast on the Community Journal segment of "Breakaway", broadcast out of Quebec City. ■

NPI news

The Corporation de développement communautaire de Vaudreuil-Soulanges has assumed sponsorship of the NPI network in that region.

A new NPI is being organized on the South Shore.

A preliminary meeting to establish a new NPI in LaSalle was held in March.

Publication of this newsletter has been made possible through a financial contribution from Health Canada.

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

For more information on the CHSSN, visit the website or contact us at:

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