

Partnerships make major progress

There was a lot to be positive about when the CHSSN hosted a conference in Quebec City in February. The CHSSN's 19 English-speaking community networks (NPIs) and their partners from the province's public healthcare system met to exchange ideas and information culminating from their successful collaboration over the past 10 years. How far they have come in their quest to improve access to English-language health care in the province is impressive.

The story of that progress is told in the CHSSN's [Baseline Data Report 2012-2013](#), which reports on the nature and the development of the partnerships the NPI networks have established in their regions. "It presents their experiences, their thoughts and their observations," explains **Joanne Pocock**, CHSSN research consultant and author of the report. "In effect it represents their collective, and considerable, wisdom."

Partnerships evolving

The number and types of partners and the evolution of public partner participation varies. The first 19 partnerships were formed during 2003-04; they increased to 241 in 2011-12. There were eight NPIs in 2005-2006; there are now 19. The number of partnerships per network also grew over time, from 6 in 2003-2004 to 14 in 2011-2012. "This progress suggests that the successful knowledge transfer from the early ground-breaking years has increased

awareness of community needs and developed expertise resources, in the community and in the public sector," says Pocock. "In other words, the best practices and positive results of the founders are incorporated into the networks' evolution of partnering."

"Now they come to us."

NPI interviewees describe a sea change in the attitudes of frontline healthcare staff over the years. "As these strategic partnerships grew," explains Pocock, "there also came significant advances in the recognition of the needs of English-speaking communities. A mutual respect and a common vision developed among the partners. There was much innovation in service provision. And this increased rate of contact has led to greater anglophone representation in regional health and social services planning and decision-making."

Everyone benefits

"The progress and positive experience of the NPIs and their public partners in partnership building has resulted not only in a wealth of knowledge and improved engagement with the public system on behalf of their communities," says Pocock, "but it also opens a new horizon of possibilities. What they're doing benefits the quality of life of all Quebec citizens. The improved vitality of the minority and the wellbeing of the majority go hand in hand." ■

(Full report available at: www.chssn.org.)

Networks meet

They have had a good decade and it could get even better. That is the consensus reached by the CHSSN's 19 community networks who met in Quebec City in February for their annual "retreat". They were there to celebrate and recognize the efforts and accomplishments of their peers since the start of the NPI program. Delegates brandished their most significant accomplishments, and related their fervent wishes for a sustainable future.

Some milestones include more English healthcare documents, a permanent office for Vision in the Gaspé, a bilingual library on the Lower Saint Lawrence, a 4 Korners satellite office in the Laurentians. Identity badges for bilingual hospital workers are now worn in the Gaspé and the Townships; a streetworker helps vulnerable seniors in Sept-Îles; and there are new seniors wellness centres in the Magdalen Islands and the Gaspésie. Everywhere, more anglophones are being appointed to CSSS boards and access committees.

A highlight of the day was an address by **Graham Fraser**, Official Languages Commissioner, his first at a CHSSN function. "The CHSSN has had a marked impact on the quality of life of Quebec anglophones," Fraser affirmed. "I've seen many examples of how individuals' actions have changed the lives of their communities. I've seen the ingenuity that plays an important role in improving access to services in English."

Updating health initiatives for Quebec English-speakers

It was a major breakthrough in 2005 when 37 of the province's public healthcare institutions joined the CHSSN's adaptation program to improve access to their services in English. Services for seniors, youth and families, and supportive programs for people with physical and mental disabilities were targeted for attention. The unbridled success of that initiative led to further cooperation between the public sector and the CHSSN community networks across Quebec.

"There are now adaptation programs in 15 of the province's 18 regions," says **Jennifer Johnson**, executive director. "We've seen how many important advances have been made because of them. They have been making a major difference in delivery of healthcare services to the English-speaking population."

In February, the 19 CHSSN community networks and their public partners met in Quebec City to talk about their uniquely successful collaboration over the past years. A noteworthy aspect of the several presentations made at the conference was that public and community partners delivered their reports together.

The North Shore

The North Shore Community Association is concerned about the 1000 anglophones scattered across 600 km of coastline in its territory. So is the CSSS Sept-Îles, which in 2009 joined the CHSSN-sponsored adaptation project.

This CSSS has introduced several measures to improve access to its

services in English. A "social agent" was hired to act as liaison with the anglophone community. English is provided at the hospital reception counter and free telephones are available for users. Health documents, including a services guide, have been translated from French, and there is now an English page on its website. Currently providing training for caregivers, the CSSS is aiming to hire and train English-speaking service providers.

The capital region

The 15,000 anglophones in the province's capital region now have access to a "one-stop" entry into the region's healthcare services system. This bilingual access point (BAP), introduced by Jeffrey Hale Community Partners (JHCP), has been so well received that it may become a model for other regions.

The JHCP and representatives of the regional public health office described how together they play a lead role in planning and designing services for the capital community. The Jeffrey Hale and Saint Brigid's complex provides health and social services to the English community, and through partnership agreements with CSSSs, provides integrated healthcare services to the general population of the capital region.

The Gaspésie

Seniors have been the focus of much attention in the Gaspé region. With few resources and limited mobility, isolation is a widespread social problem. The Committee for Anglophone Social Action (CASA) and CSSS de la Baie-des-Chaleurs

explained how, in 2010, the region's first wellness centre was set up for seniors. Now there are six, each with different funders, all with different context. Some 100 seniors, from 65 to 94, participate. The three regional CSSSs support the initiative with presentations that address topics of importance to seniors.

The Magdalen Islands, with a small community of 850 English-speakers, now has the first residence for its anglophone seniors, which is shared by their francophone counterparts. The Council for Magdalen Islanders (CAMI) and the CSSS-des-Îles discussed the importance of the Serenity Residence in their territory. This bilingual and bicultural residence accommodates eight vulnerable elderly who now are able to grow old in their own home community.

The Townships

Providing health information in English so that anglophone patients can receive and participate in better care has become policy at the Centre hospitalier universitaire de Sherbrooke (CHUS). An indicated institution, the CHUS has gone beyond the basic requirements of language provision to ensure a more effective delivery of services.

There are now regular checks on anglophone patients' experience and perceptions throughout all points of contact within the hospital. There is documentation in English and in educational videos. Patients can find English information on the hospital website. There are two English-speakers on the hospital board and four on the access committee.

In the Montérégie, the Health and Social Services Agency has taken several measures to improve communication with anglophone users of the healthcare system. Liaison agents have been appointed at local CSSSs. Documentation has been upgraded and shared with all the healthcare facilities. Lunch and coffee break meetings where health professionals can practice English are run all over the region.

The emphasis is on youth, with CLSCs and school commissions cooperating on several activities. A play aimed at encouraging young people to use frontline services and get help when needed is shown during school hours. Workshops for English-speaking youth on handling stress is another promising initiative.

The Laurentides

In the vast Laurentian region, there are many young, and many senior, English-speakers. In close cooperation with local CSSSs, the umbrella group for all English committees in the region, the Laurentians English Services Advisory Network, is targeting both. Anglophone caregivers now receive pertinent documents and participate in local support groups. A locally-produced play on elder abuse has been presented throughout the region. A stress-relieving program for children is now being run in several English schools.

There is also a new resource centre for anglophones, a permanent English-speaking liaison agent at the hospital, an English page on the Health and Social Services Agency website. ■

Research tells a sorry tale

A stellar example of the value of partnerships is the agreement between the CHSSN, the Health and Social Services Ministry and Health Canada to support research on the health status of English-speaking Quebecers by l'Institut national de santé publique du Québec (INSPQ). INSPQ studied the socioeconomic situation of anglophones over time, by geographic area, and in comparison with francophones.

"This is the first time we looked at language as a health determinant," said **Normand Trempe**, project manager. "We found that something was happening to affect the health of Quebec anglophones. The negative impact of low income and low educational levels on health experience is well documented. So is the fact that the larger the gap between rich and poor, the worse the community's health condition. We found both in our study."

INSPQ reports that while francophones have been slowly moving up the economic ladder, anglophones have been in serious decline. This situation is particularly pronounced in the Montreal region. INSPQ's ongoing studies on mortality and natality rates could open up new avenues of concern.

"There is a lot more to be done," Trempe affirms. "There should be periodic assessments of the socio-economic situation here, and a comparison with the Canadian reality. That would further our knowledge of language and health."

Government support the key

Fundamental to the advances made over the past 10 years in improving access to health and social services for Quebec's English-speaking communities has been government support, at both the federal and provincial level.

"Health Canada's belief in our work has allowed the program to grow significantly," says **Ron Creary**, president of the CHSSN board of directors. "The federal investments in health and social services over the past 10 years have made a real difference in English-speaking communities across the province. The engagement of Quebec's Health Ministry in this initiative has been amazing. And the spirit of collaboration among the networks is remarkable."

Roger Farley, executive director of Health Canada's Official Language Community Development Bureau, also made that point: "I would like to underline the cooperation that exists between the Quebec Health Ministry, INSPQ and the CHSSN to carry out studies, analyses, and research to enhance knowledge about the English-speaking Quebecers. The Standing Committee on Official Languages has said the agreement between the CHSSN and the Quebec Ministry is a model and the key to this success."

Farley reassured conference attendees that "...Health Canada will want to continue to work with our three pillars of networking, training and recruitment, and innovative projects."

Priorities identified; action proposed

They have been at the forefront of a major breakthrough to improve access to English healthcare services in Quebec. They have determined what should be healthcare priorities for the future. Now the English community networks will track how well promises are being kept and projects implemented.

“We’re entering a new phase of what has effectively been a healthcare revolution in Quebec,” says **Danielle Lanyi**, chair of the new Health and Social Services Priorities Committee (HSSPC). “The CHSSN has just put into play a monitoring program that, over the next three years, will appraise the progress and impact of English healthcare service improvements as they are expanded or introduced in Quebec in the coming years.”

Committee takes the lead

The HSSPC was established last year to represent the English-speaking communities of Quebec to Health Canada. Comprised of representatives of the community regional networks, the Committee’s mandate is to provide advice to Health Canada on the health and social services priorities of those communities, to provide advice on implementation of the federal government [Roadmap for Canada’s Linguistic Duality*](#), and to liaise with the communities.

Plans were laid for this new monitoring program at the HSSPC’s February meeting. “We’ve set up a bench-marking mechanism whereby key people in six regions will be contacted each year to report on their experience as to how health-

care services are being maintained and delivered,” Lanyi explains. “The NPI networks will be contacting the people in their regions who participated two years ago.

“By tracking the perceptions of these individuals,” says Lanyi, “we’ll see over time what progress is being made. Such information is important because funders want to know what impact their investments are having. Their responses will indicate the level of success achieved through Health Canada’s Roadmap investments in Quebec.”

New report a validation

It was in response to Health Canada’s request to submit recommendations for its 2013-2018 funding program that the CHSSN commissioned a consultation with coordinators of the 19 community networks and leaders of the groups that they interact with in their regions. They were asked two basic questions: what are the most pressing issues right now, and what needs to be done to ensure access to healthcare services in English over the next five years?

Over half of Quebec anglophones live in the territories in which the community networks operate.

Choosing to consult the network leaders was pivotal to this study. They are active in 13 of the province’s 18 administrative regions, and on the territories of 55 (over half) of the province’s CSSSs. They have a wealth of experience implementing measures and developing partnerships focused on improving access to services in English and are uniquely placed to

understand what action should be taken over the next five years.

There are 70-year olds taking care of 90-year olds.

The interviewees identified community priorities as: the elderly; caregivers; young people in general, but especially those with difficulties; young families in which parents have low socioeconomic status and low educational attainment; visible minorities and recent immigrants; anglophones suffering from mental illness or substance abuse problems.

They also pinpointed some basic needs to be met: an increase in the number of healthcare personnel in public institutions available to serve clients in English; better data about the province’s English-speaking communities; better access to information about available services; increased health prevention and promotion; and the continued availability of financial resources.

A key obstacle to accessing services in English is the limited availability of French-speaking professionals to give services in English.

They also recommend continued development of community leadership; increased availability and use of distance technology; better transportation systems in rural regions and better supports for interregional travel; and organized orientation English service in host institutions for travelling patients.

There is solid consensus

The results of this CHSSN consultation reinforce other, recent, analyses of the healthcare situation

of anglophones in Quebec. Last June, the Quebec Community Groups Network (QCGN) presented a report to Health Canada on opinions from the province's English-speaking communities to assist in planning its funding for its 2013-18 Roadmap. The QCGN consulted with a broad range of anglophone Quebecers and key

Without financial resources, it is impossible to achieve access improvement.

informants from anglophone community organizations to identify their priorities. Those respondents cited much the same concerns as did this most recent consultation.

Quebec is onboard

Prior to its Ottawa submission, the QCGN received a formal opinion on its report from Quebec's Health and Social Services Ministry (MSSS) to confirm that the QCGN appraisal was compatible with the province's own priorities. It turns out that all the players are on the same page.

Young people have to leave the region for training; the challenge is to get them to return.

In a letter responding to the QCGN's submission, **Michel Fontaine**, MSSS associate deputy minister, confirmed the similarity of its approach. "Your study... coincides with the priorities and actions described in the MSSS 2010-2015 Strategic Plan. The problems that English-speaking people face are, for all practical purposes, the same as those faced by French-speaking people. It is rather the

solution to these problems that, in certain circumstances or in certain regions, is at times unpleasant for English-speaking individuals, due to the scarcity of resources to meet their needs in English.

"In terms of the five broad areas for future action...there is a consensus between us on the relevance of four of them: adaptation of human resources, adaptation of local services to local needs, availability of information about services in English, and community involvement." But the MSSS has reservations about creation of a knowledge base regarding English-speaking users of the healthcare system. "...the MSSS believes that the process for creating it requires further thought."

Information is essential: about the community, about health networks, about services in English.

For those sectors of activity that are in line with Quebec's strategic planning and that facilitate access to services in English, the MSSS "will strongly recommend the renewed enhancement of the Official Languages Contribution Program under the aegis of Health Canada."

Federal support back on

"The decision by the federal government to renew its Roadmap for Linguistic Duality is very good news for anglophone Quebecers," affirms **Jim Carter**, CHSSN policy advisor. "Because of its emphasis on communities, it will strengthen our networks and the CHSSN in their efforts, working with their public partners and the MSSS, to effect change at the local level." ■

*In 2003 the federal government launched an Action Plan for Official Languages. It was a five-year investment of \$30.1 million from Health Canada that supported measures in Quebec anglophone communities to improve access to healthcare services in English.

The success of that program led to the Roadmap for Canada's Linguistic Duality 2008-2013 that committed \$43.5 million to support new access initiatives in the province. In the March 2013 federal budget, the Roadmap was renewed for another five years, from 2013 to 2018.

Key demographic* characteristics of the English-speaking population that have an impact on demand and delivery of services in English

Two-thirds of the near-million English-speaking Quebecers resided in the Montreal-Laval regions.

The total percentage of seniors 65 years and older of both languages was 13 % percent, but in some non-urban regions it was over 20%.

Newcomers from outside Quebec comprised 10% of the English-speaking community.

While anglophone seniors continue to have higher education levels than their French-speaking counterparts, that was no longer true of the younger generations.

English-speakers were more likely to live below the poverty level than French-speakers; more had annual incomes under \$10,000; and more were unemployed.

*drawn from the 2006 Canadian census

(The complete CHSSN report is available at: www.chssn.org)

French networks in focus

Dr. **Aurel Schofield**, board president of the Société santé en français (SSF), speaking of its many similarities with the CHSSN, also points out one significant difference: “We have 12 different health systems to contend with. But like the CHSSN, networking is at the heart of our action, and has been the catalyst for the cooperation that’s making a big difference to the health care of the French-speaking communities outside Quebec.”

The SSF has made important progress over the past 10 years. Through its networks in all provinces and territories, the level and organization of healthcare services for francophones is up across the country. “When we started,” says Schofield, “we weren’t on the radar of health institutions. Today our leadership is recognized and the value of knowledge transfer and research is solidly anchored.”

Destination 2018

While the basic goal for the next five years continues to be improved access, SSF has set out its priorities. “We have hundreds of successful initiatives to build on,” Schofield says. “We want them integrated along the whole continuum of healthcare service. We want to see the capacities of our partnerships optimized. We want francophones to be able to take charge of their own wellbeing.

“I think we have a unique chance to build on our past achievements,” Schofield affirms. “We not only share that ambition with the CHSSN, but we also share its philosophy that the cornerstone of all is networking.” ■

Setting standards for accessibility

Given the many and varied attempts at establishing programs of linguistic accessibility in healthcare institutions, the need for some sort of standardization is becoming widely accepted. The United States has been developing such a system for some 25 years, and now counts it as an accreditation factor in assessing quality of care.

“They have transitioned from discussion on rights to one centred on the duties of organizations and professionals to deliver quality of care,” explains **Ghislaine Prata**, CHSSN consultant. “Here we need to continue to explore the possibility of setting standards. That will involve more research and experimentation, more federal investment, and a significant change in organizational culture.”

Prata investigated the different Canadian approaches to delivering healthcare services to minority-language communities. “Outside Quebec there are French university hospitals and French community health centres,” Prata says. “Some establishments offer services in both languages. In the West there are interpretation services where the French-speaking population is often not so visible.”

Some samples from the census

Anglophone numbers in Quebec are up but they are getting older. According to Canada’s 2011 census, the number of English-speaking Quebecers has risen by a total of 14 percent since 1996. The number of anglophones between 50- and 65-years-old rose by over 50 percent. Those over 65, by 13.5 percent.

Linguistic duality and minority language rights are under both provincial and federal domains. Now to be considered is the reality of the country’s increasing cultural diversity. “By 2017, one in five Canadians will have been born in another country,” affirms Prata.

So there is no universal or single model. But there are some basic elements involved in a standardized approach. “To reach optimum linguistic accessibility,” says Prata, “what’s needed first of all are bilingual or translated documents, language training for professionals, hiring and training of bilingual employees, and more interpreters.”

The American experience has shown that standardization situates linguistic accessibility as an integral aspect of quality and safety in health services. That it is innate to efficiency in the healthcare system.

This fact has not escaped the Quebec government. An inter-ministerial committee has been developing a Quebec model for standardized linguistic accessibility. The committee has identified the need to sensitize service providers and establishments, and to set guidelines for the healthcare system. ■

The highest increase in the province’s anglophone population occurred in Laval, where it increased by over 62 percent. The greatest increase in the number of young anglophones – under 19 years – was in Laval, with a 57 percent increase. Next was Lanaudière, with a 36 percent rise in anglophone youth. ■

Seniors get together

A new provincial network of, and for, senior anglophones is moving apace. Over 100 seniors from across the province met two years ago to discuss creation of a new body that would address issues affecting anglophone seniors and to advocate with policy makers on their behalf. The resulting Seniors Action Quebec is now in business, having received letters patent and obtained its charitable designation.

“We want to build a strong, broad membership base,” says **David Cassidy**, president, “so we’re inviting individual seniors – there are 132,500 English-speakers over the age of 65 in Quebec – and nonprofit community organizations to join us.” For more information: seniorsactionquebec@gmail.com.

“We’ve also begun meeting with our French counterparts on issues where we might collaborate,” says Cassidy. “For instance, we’ll be partnering with them to promote reintegration of mature workers into the labour market.”

Research under way

In the meantime, a breakthrough research project studying the province’s English-speaking seniors began in March. Sponsored by the Quebec Community Groups Network and the Quebec English-speaking Communities Research Network, the aim is to establish a credible knowledge base that will help influence the decision-making and practice of the agencies in the province concerned with seniors policies and programs. A unique feature of this project is that seniors themselves will be trained to do research in their own communities. ■

Community portraits to spur action

Committing to Communities, part of a research project to enhance knowledge of Quebec’s anglophone population is coming to a close. Developed by l’Institut national de santé publique du Québec (INSPQ) in collaboration with the CHSSN, the program was designed to nurture community development. It is based on creating in-depth portraits of vulnerable communities, then creating tools to mobilize their members, and supporting initiatives that will improve their wellbeing.

Six diverse communities were selected by **Mary Richardson**, INSPQ anthropologist, for the study: Sutton in the Montérégie, Chomeday in Laval, St-Léonard in Montreal East, New Carlisle in the Gaspé, Sept-Îles on the North Shore and Bonne Espérance on the Lower North Shore. “Meetings with members of the community provided them the opportunity to get to know each other and to identify issues on which they could take action,” Richardson explained.

Monuments to merge

With a combined history of over 365 years of service to children and adults with physical and sensorial disabilities, two venerable Montreal institutions are to become one in July. The Constance Lethbridge Rehabilitation Centre and the MAB-Mackay Rehabilitation Centre will form an “alliance of disabilities”.

“It is a complicated alliance because one is public and one is private,” says **Scott Conrod**, president of the Lethbridge board. “But there are strategically crucial commonalities. We represent the

“One thing we learned during this exercise is that the notion of ‘territory’ needs to be nuanced,” says Richardson. “A CLSC territory doesn’t mean much to anglophones. And socioeconomic disparities are much greater among the English than the French.

“These communities are definitely not homogeneous: in their origins, their mother tongue or their sense of identity. Their composition is very different, one from the other. In Sept-Îles, anglophones make up three percent of the population whereas in Bonne Espérance, 95 percent are English-speaking.”

Now the communities are to take over. “They are going to get mobilized,” says Richardson. “They have to recruit volunteers, develop new projects, and apply for funding. They have to broaden their base of action to work with institutional partners, and they need to participate in cross-issue tables in their regions.” ■

same bilingual community, we both are designated to provide services in English, and we’re both affiliated with McGill University. So it’s a good match.”

The initial reason for the merger is the need to share and reduce administrative costs. Each centre will, however, maintain its clinical operations and its own governance board. Eventually, there will be a new name for the joint institution. “We’re looking down the road at an institute that will cover the whole range of disabilities,” says Conrod. ■

Children's progress

An ambitious proposal for a new vocation for the Montreal Children's Hospital is picking up speed. First presented to the Health and Social Services Agency last June, the comprehensive Villages Santé des Grands Jardins has now progressed into the "clinical project" stage. A more finely-detailed document should be ready in May.

The Villages Santé concept entails transforming the hospital into a hub of first-line health and social services for the downtown area. These would range from a birthing centre to palliative care. There would be access to specialists, diagnostic services and ambulatory surgical teams. It would include specialized services for the mentally-ill and for aboriginal people, and care for vulnerable seniors. It would foster social programs that promote the wellbeing of the community.

Special attention would be paid to the wellbeing of the community with social housing, a community centre, adult education and family and child services. Space would be provided for local community organizations. Quality of green spaces is a priority.

"We're very happy that the Agency has given us this much support," says **Marc Sougavinski**, executive director of the CSSS de la Montagne, promoter of the project. "We're looking at an area of the city that is quite deprived. Amalgamating so many inter-related public health services under one roof would ensure that citizens receive the utmost in care. As far as I know, nothing like this exists anywhere else in the world." ■

Batshaw OK to build

Batshaw Youth and Family Centres has been given the go-ahead to build two new, closed, units to house young offenders on its Dorval campus in western Montreal. In February, the Supreme Court of Canada refused to hear an appeal by the City of Dorval to reverse lower court decisions to allow the expansion. Strong opposition from the community had stalled the project for over 10 years.

Batshaw's aim is to consolidate residential operations onto two sites, one in Dorval and one on another property in Beaconsfield. They are currently scattered across five sites, with the existing closed facilities housed in 100-year-old buildings north of the city. In Dorval, the residents will be closer to their families, to alternative education and to job possibilities. And provision of services will be less complicated.

"We're reminding people that we've been in Dorval for over 25 years without incident," says **Leigh Johnson**, acting director of Residential Services. "The kids who will be transferred from our ancient facility in Prévost will be in a very secure setting and very closely supervised. They certainly will not be circulating in the community. At the end of the day, no one can argue against the fact that these are our own English kids and they need our help." ■

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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

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

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