

## Four more years of funding!

Renewed financial support from the federal government means that efforts to enhance the vitality of English-speaking communities in Quebec can be continued. A new agreement signed between Health Canada and the CHSSN provides some \$21 million for community healthcare programs, projects and strategic partnerships for the next four years. These monies succeed the \$39 million provided to the CHSSN by the federal government since 2003 under its Canada's Linguistic Duality programs.

"We're extremely happy about this renewed commitment," says **Jennifer Johnson**, the CHSSN's executive director. "It will bolster the broad base of healthcare initiatives that the CHSSN and its partner community networks have introduced across the province since 2003. It means that we won't lose the momentum we've created over 10 years of community action."

### Networks at the core

Pillars of the CHSSN's new four-year program will be NPI networks, health prevention and promotion programs, knowledge enhancement projects and adaptation projects with public healthcare providers. "Community networks are the anchor and the key structure around which the three other programs are based," says **Jim Carter**, CHSSN policy and program advisor. "Our networks have now become an established and important feature of community infrastructure as key

stakeholders for the community in the provincial health and social services system. They are actually now a major indicator of the vitality of the communities themselves."

"What's most important about this new funding," Johnson adds, "is that these community networks will have four more years to take themselves to another level. The younger networks can mature and the mature ones can branch out even farther. And the new one—our 20<sup>th</sup> – can solidly plant its roots."

### Both governments onboard

Health Canada won approval for its new funding program after an internal evaluation of what has been accomplished with previous funding justified further investments. "They were pleased with what we've achieved with the resources given to us," Johnson affirms. "And the fact that funding was not decreased speaks to the fact that health and social services for minority language communities is still a priority for the federal government."

The Quebec government is also very supportive. The CHSSN has renewed its implementation agreement with the Quebec Ministry of Health and Social Services to collaborate with the province on its healthcare priorities. "This is both welcome and very encouraging," Johnson affirms. "It consolidates our partnership with the Ministry and the public system on the new projects we'll be doing." □

## Plans for the future

Community partnerships with the public healthcare system form the base around which the CHSSN investments are allocated. Plans are being finalized for the four key areas of operation:

**Networks:** NPIs have identified their principal areas of interest for the next four years. The priority populations they will target are seniors, caregivers, youth, young families, visible minorities and new immigrants, and individuals suffering from mental health issues and dependence and substance abuse. There will also be a concerted effort to develop community resources and the volunteer sector in the English-speaking communities.

**Health promotion and disease prevention** is aimed at increasing health information and services available for English-speaking communities. The networks, working with public and local partners, will continue, and enlarge, the CHSSN videoconferencing program to bring pertinent information to rural, remote and dispersed English-speaking communities.

**Enhancing knowledge**, a joint project with L'Institut national de la santé publique du Québec (INSPQ), will continue to research the health status of anglophone Quebecers and the vitality of their communities. Community development projects will be expanded.

**Adaptation of health and social services**, a program partnered with the province's 16 Health and Social Services Agencies, will further add to efforts to provide better access to healthcare and information for Quebec anglophones. There will also be increased community involvement in the planning of services for English-speaking Quebecers.

## Innovative projects

Thanks to a new category of funding that Health Canada has introduced under its Roadmap for Official Languages, the CHSSN, in partnership with the Ministry of Health and Social Services, will be examining two important issues. These are the standardization of accessibility criteria and quality of information interpretation services. Widely accepted elsewhere, their implementation in Quebec would be of significant benefit to the English-speaking community.

“This year Health Canada issued an open call for minority language community organizations to apply for funding with innovative ideas in addressing health and social services needs,” explains **Jennifer Johnson**, CHSSN executive director. “We and our public partners have been looking at these issues for some time and so we’re very pleased to have this funding opportunity to share with them.”

In the U.S., linguistic accessibility is an integral aspect of quality and safety in healthcare services. It is considered innate to efficiency in the healthcare system, and counts as an accreditation factor in assessing quality of care. Quebec has an inter-ministerial committee developing a Quebec model for standardized linguistic accessibility. And it has already identified the need to sensitize service providers and establishments and to set guidelines for the province’s healthcare system.

“We’ll also be working with federal and provincial accreditation bodies on that issue,” says Johnson. “**Ghyslaine Prata** is representing the CHSSN in these projects.” □

## Telehealth is now a CHSSN program

This is the ninth year that the CHSSN’s Community Health and Education Program (CHEP) will deliver health and social services information to English-speaking communities via videoconferencing. But it is the first year that the CHSSN is sponsor of the program.

“In past years, our telehealth program was funded through the McGill Project,” says **Brenda Edwards**, CHEP program manager. “We had a wonderful working relationship with McGill and we’re very grateful for that support. We’re thrilled the program will continue for the next four years under the financial umbrella of the CHSSN.”

A vital aspect of this program is the participation of the networks’ public partners – a very effective way to further relations between the

networks and the service providers and for bringing public partners closer to the communities they serve. That participation has been growing steadily, as has the number of networks involved: this year all 20 NPIs will be in the program.

“We’re so fortunate to continue to have the technological support of the Montreal Children’s Hospital,” says Edwards. “They’ve been very accommodating in linking up our communities and in helping the newcomers to easily integrate into the program.”

CHSSN consultants **Jo-Ann Jones** and **Kelly Haworth** will continue to provide their expertise in the field. They will be training community staff and volunteers, facilitating information sessions and providing onsite assistance. □

## Twentieth network now onboard

It is now official. The twentieth community network (NPI) in the CHSSN network of member organizations has joined the pan-province campaign to improve access to health and social services in English. The English Community Organization of Lanaudière (ECOL) is parenting this new network of regional community organizations and public institutions.

“We had already started to develop such contacts,” says **Roland Gilbert**, ECOL executive director. “But as an NPI, with the support and vital sociodemographic data we’re getting from the CHSSN, we can solidify that base and move ahead much farther and faster.”

The 12,400 English speakers in the Lanaudière region account for only 2.6 percent of the total population, but their numbers have risen by 40 percent in the past 15 years. There are about 1,800 anglophone seniors in this large territory, many living below the poverty level.

“Young people are a challenge also,” says Gilbert. “I’m delighted that we’ve just been invited by the Sir Wilfred Laurier School Board to join two other NPIs, Agape and 4Korners, in their Fun Friendships program to alleviate anxiety among children. That’s the first step in our health promotion plans for the coming year.” □

## Fostering philanthropy in the future

The two major challenges facing nonprofit community organizations are funding and sustainability. As they continue to grow in stature and scope, that is indeed the case for the CHSSN-affiliated networks (NPIs) in English-speaking communities in Quebec. The most immediate and promising answer to that dilemma would lie in developing solid and lasting sources of financial support.

That is why the Quebec Community Health and Social Services Foundation (QCHF) was set up in 2012. “Our networks can’t continue to remain solely dependent on government funding to sustain their work in promoting access to

health and social services,” says **Jennifer Johnson**, executive director of the Foundation, and of the CHSSN. “We want to further philanthropy in our communities, and to help the networks develop their own philanthropic capacity.

“Our first role then,” Johnson says, “is to help NPIs find other foundations in their field. And while they’re developing those contacts, we can help with administration and support around strategic planning. In the long term we will do fund-raising and grant-giving ourselves.”

The approach now is to build on potential that already exists in the

community. The first such venture involved revitalizing a community foundation on the Lower North Shore. The Coasters Association led the way to a vibrant new philanthropic renewal in that region. (story on page 6)

“We don’t want to become a huge operation,” affirms **Richard Walling**, Foundation president. “We do want to be the solid base that helps nurture community initiatives. That means supporting communities that already have potential resources or helping those without a philanthropic base to get started. We could eventually have a network of small foundations.” □

### Learning from others

English-speaking communities in Quebec have such a strong history of philanthropy, particularly in health and social services, that its potential for growth is very promising. “The first thing we did as a foundation was commission a study on philanthropy, to find out what has been happening here and elsewhere,” says **Richard Walling**, QCHF president.

Fostering Community Dialogue and Engagement illustrates models of established foundations in which anglophone philanthropy has been most active. “Their experiences can help us encourage anglophones to invest in local foundations and engage our communities around issues that are important to them,” says Walling. “So the basic purpose of this document is to create a basis for discussion.” (available at: [www.chssn.org](http://www.chssn.org)) □

### Is social entrepreneurship the answer?

It is called social enterprise, or social entrepreneurship (SE). Either way, it is a rapidly growing worldwide movement: 400 million people now either work in, or are impacted by, SE. Starting with small ventures, many have grown into full-blown businesses of considerable size.

“It’s something that could have a significant impact on our English-speaking communities,” says **Sheri McLeod**, executive director of the NDG Senior Citizens Council. McLeod, with **CMA Madeiros**, CHSSN project coordinator, attended a World Entrepreneurship Forum in Calgary in March. Their trip was sponsored in part by the QCH Foundation.

As NPIs seek funding other than government for their operations, SE offers a proven way for them to diversify their ability to generate

revenue. The field is open: Quebec is considered a world SE leader, but most anglophones are not aware of the resources made available for community organizations to join in.

“SE is massive here,” McLeod exclaims. “Major government grants are involved. But accessing that funding is a very complicated procedure. We’re looking to develop a business plan for a project as a test case to gather experience and expertise to open the way to access that incredible resource.”

### Finding funding sources

Information on funding sources, and successful SE projects, are posted on the Foundation website. “I’m convinced that the same set of skills NPIs have developed over 10 years is exactly what is required to build up SEs,” Madeiros affirms. (available at: [www.qchf.ca](http://www.qchf.ca)) □

## Mobilizing the community means more development

How does a minority community preserve and promote its identity? Achieve recognition and respect in the majority society? Cultivate and share in essential resources?

The definitive response to such questions is embodied in a recent CHSSN publication. [Community Mobilization Model for improving the health and vitality of English-speaking Communities in Quebec](#) discusses how 19 health and social service community networks (NPIs) across the province created partnerships among stakeholders in their communities and public service providers to bring about change. Their experiences and accomplishments serve as the basis for this model of community development that could well have much wider application.

“That’s one of the reasons we produced this document,” says **Russell Kueber**, CHSSN program coordinator, who co-created and led

the design team that put the document together. “Essentially it embodies the common vision and collective approach that the NPIs applied in their communities to improve access to English-language health and social services. The model we documented also has a lot of transferable lessons for other sectors, such as education, and social and economic development.”

### The process was thorough

“It was a somewhat daunting task,” affirms **Mary Richardson**, CHSSN consultant and co-author of the document. “How do you put on one piece of paper all the elements crucial to community development? It was quite a process!”

The first step was to consult the people on the frontline, to draw upon their knowledge and diverse experience. Their combined input produced this blueprint for improving health and wellbeing and enhancing community vitality.

### Learning a lot

A partner publication to the mobilization document provides another insight into elements that influence a minority community’s future prospects. [Lessons Learned](#), authored by Richardson under the community development program of l’Institut nationale de Santé Publique du Québec (INSPQ), presents comprehensive portraits of diverse anglophone communities.

“They raise crucial points to consider in mobilizing an English minority community,” Richardson says. “There are differing views on what is a community, a territory, a minority. Socioeconomic disparities are a major factor. Community organizations are essential.”

Over the past 10 years, the NPIs have charted a new course for Quebec’s anglophone communities. “Their dynamism and what they aspire to comes through in both publications,” says Kueber. □

## McGill continues anglophone community support

Since Health Canada began funding programs furthering access to English language healthcare services in Quebec, McGill has played a pivotal role in the process. Its Training and Retention of Health Professionals Project has included language training for English and French healthcare professionals, an intern placement program and bursaries for anglophone students in healthcare. Until this year, it also supported telehealth conferences delivered by the CHSSN to English-speaking communities across the province.

The McGill bursaries program, launched in 2012, was the first of its kind in Canada. “It’s meant to help students from the regions study for healthcare professions and return to work in their local health networks,” explains **Mireille Marcil**, program director.

In the past year, \$130,000 was disbursed to students in a variety of disciplines that included nursing, radiology, pharmacology, dentistry and, for the first time, criminology. Up to \$175,000 will be available for each of the next four years.

Central to this program’s success is McGill’s interaction with local NPIs. “The networks really know their people,” says Marcil. “We rely on them to recommend prospective candidates.”

How to measure success? “We’ve now reached a point where we can start to evaluate how many graduates have actually gone back to their regions to work,” says Marcil. “According to local reports, we seem to have done very well, but we’ll be taking a more scientific approach to this appraisal.” □

## It's a-ok in Verdun

"I wish I were a Verduner!" That burst of enthusiasm from **Fatiha Guemiri**, executive director of REISA (East Island Network of English-language Services) followed a day-long forum held in the southwest Montreal borough in March. The forum, themed Community in Movement, and organized by REISA, was sponsored by CHSSN's Montreal Network Table, with the support of Canadian Heritage. Over 20 English-speaking organizations met to tell their stories of resilience and to share best practices.

The day was hosted at the local Southwest United Mission by the burgeoning Verdun Anglo Family Council, established five years ago by its pastor, **David Lafneski**. "We're just starting to flex our muscles," says Lafneski. "Our social programs have been based in Verdun, but we've become concerned about delivery of healthcare services to anglophones throughout the whole southwest area of Montreal. We all share three major issues: the vulnerability of our seniors, affordable housing and, the major one, youth at risk. These new links with other organizations will certainly broaden our scope."

Of Verdun's population of 63,000, 29 percent are English-speaking, 38 percent of whom are low income, 15 percent are seniors. It is a working class neighbourhood that has seen its share of hardship.

"I was very impressed with this community," says Guemiri. "People look after each other, and they have such strong core values. And their council is so well organized – we learned so much from them." □

## Youth study shocking

Young anglophone Montrealers are having major difficulties entering the job market and, as a result, they are increasingly suffering from depression, stress and low self-esteem. That is the conclusion of a study commissioned by Youth Employment Services (YES), a non-profit agency that provides job-search services to the English-speaking community. The study was funded by the CHSSN. (available at [www.chssn.org](http://www.chssn.org))

"We've been observing a steady increase in these negative reactions among our clients over the years," says **Iris Unger**, YES executive director. "Now it's those issues themselves that are creating a barrier to our young people being able to get employment."

Among English-speaking youth aged 15 to 24 in the Montreal area, some 43 percent are not yet in the labour force. Despite high levels of bilingualism, their unemployment rate is a third higher than that of their francophone counterparts. Many have been searching for work for up to two years. And the longer it takes, the deeper their anxiety.

The YES report provides evidence that resources that could help prevent major mental issues are not adequate to meet the current needs. "We hope our report will move governments and agencies working in mental health, youth and employment to work together to develop preventive measures that would reap long-term benefits," concludes Unger. "It would not only benefit the individuals, but ultimately the economy and the healthcare system." □

## 4K opens new office

4Korners is wasting no time in spreading the word on anglophone access to healthcare services in the Laurentians. With headquarters in Deux-Montagnes, 4K operates a second office in Ste Agathe, and opened a new "pointe-de-service" in Lachute in January.

"It was a great launch," says **Rola Helou**, executive director. "Local politicians were among the 60 people who turned out. Seniors Action Quebec came to present awards to outstanding seniors from the region. And the mayor sent out an English version of his newsletter, mentioning us."

The Ste Agathe branch is already a bustling hub of activity. "Now that we have a physical space there, we have lots of people coming through the door," says Helou. "But the fun part is all the partnerships we're getting into. They're flourishing. The most recent is with L'Avenir d'enfants, which is paying for us to offer their parents/kids play group program in English."

The Deux-Montagnes office is a run-away success. "Calls are coming in from all over the Laurentians," says Helou. "What we're doing with that surge is to tell our anglophones to call their CLSC first so that our public partners become more aware that a need for services exists."

Helou points out that volunteers have made the difference for 4Korners. "We're so blessed: we have up to 90 volunteers on file now. People walk in and ask how they can help. We couldn't be an organization helping the whole Laurentian region without them." □

## New way to find funds

When the Coasters Association decided to seek new sources for funding health and social services programs on the Lower North Shore, they approached the larger of two small foundations in the region with a partnership proposal. The result is two new funding programs that have roused the enthusiastic support of the whole community.

“We made a proposition to the Uni-aide Foundation to help them restructure and re-direct into a more representative and active role,” says **Kimberley Buffitt**, executive director of the Coasters NPI. “The QCHF (see page 3) provided us crucial support in the administrative and strategic planning required. I serve as executive director and our staff now administers Uni-aide.”

The first venture was the Lower North Shore Health Fund, started in 2012. It provides small loans or grants to cover costs for people who must leave the region for medical care, their transportation, living allowance, and medications not covered by the government. A second, the Lower North Shore Social Fund, is being set up. And there are plans for a lodging facility for cancer patients who come to the local hospital for treatment.

“Uni-aide raises funds for community organizations involved in our priorities of youth, family and seniors,” says Buffitt. “It used to give out around \$2000 a year; last year we raised \$17,000 thanks to volunteers who organized a range of fund-raising activities. We expect to increase that significantly over the next year because the community is pitching in in such a big way.” □

## Seniors stats show strong needs

Recent studies on services for seniors have raised some serious issues. Senior poverty levels in general are rising; healthcare services for English-speaking seniors in Quebec are problematic; and Montreal seniors are being short-changed on services delivery.

There are 267,000 anglophone seniors in Quebec, a population larger than the province of Prince Edward Island, and the Quebec Community Groups Network (QCGN) has just finished studying who they are and what they think. Socioeconomic and sociocultural data combined with in depth interviews are providing a credible knowledge base that could influence policies and practices in the future.

“This investigation gives us a pan-provincial statistical portrait of Quebec anglophone seniors,” says **Céline Cooper**, project director. “It’s a first. And these data were

compiled with 2011 statistics, so this is the most up-to-date information.”

The study author reports that anglophone seniors, over 25 percent of the province’s English-speaking community, live in very diverse circumstances. Their low levels of bilingualism are a major factor affecting access to healthcare services. Disparities in their income and education levels, both affecting health status, are particularly problematic in Greater Montreal.

“The information we garnered in field interviews will bolster the statistical report,” affirms Cooper. “We’d hoped to interest at least 400 seniors to take part in our survey; we got 800. So we have an incredible data pool to work with now. The next step is to translate these findings into action. That will be the focus of discussion at a major provincial conference in the fall.” (report available at [www.qcgn.ca](http://www.qcgn.ca)) □

## AMI responds in the emergency

AMI Quebec, a pioneer in raising awareness of the plight of families of the mentally ill, has introduced an emergency response program with far-reaching possibilities. Following a successful pilot project, an AMI worker is now assigned to the Douglas Hospital in Montreal, to provide support to families arriving at the ER with someone in crisis.

“One of my preoccupations has always been how to reach out to the families earlier,” says **Ella Amir**, executive director. “Often, in an emergency situation, the family is too overwhelmed to ask for help for

themselves. Or they think the mental problem will go away.”

Under this new program, while busy emergency room attendants are tending to the patient, the AMI worker is there to offer information and support that family members might require. Says Amir: “Our staffer, an experienced caregiver, can provide immediate assistance or point them to resources they might need in the future.”

Other Douglas departments, as well as the Jewish General Hospital, have expressed interest in accessing this program as well. □

## Protect Black youth

Batshaw Youth and Family Centres and the African-Canadian Development and Prevention Network (ACDPN) have joined forces to help Black families better cope with at-risk children. In their proposed new Empowering Parents and their Families project, the agencies would tackle together the vexing problem of young people being flagged for youth protection because of their family's inappropriate disciplinary methods.

“Often, when schools dealing with problem kids find discipline problems at home, they feel they have no other recourse but to signal Youth Protection for physical abuse,” explains **Leith Hamilton**, ACDPN project director. “But unreasonable disciplinary methods can be culturally based and stress related, so Youth Protection intervention is not always the most effective solution. The aim of this project is to offer other options.”

What opened the door to a new approach is the Strengthening Black Families program so successfully operated by the ACDPN over the past nine years. “That program provides us with a fine framework to introduce positive parenting strategies to handle disciplinary issues,” affirms **Harley Schwartz**, assistant director of Batshaw Youth Protection Services. “And this partnership is a promising way to dispel the fears that many in the Black community have about Youth Protection.”

An application for funding this new family program has been submitted to the Montreal Health and Social Services Agency. □

## Getting them young

Getting young people interested in volunteering is a challenge for most community organizations. But the Megantic English-speaking Community Development Corp. has come up with some winning ideas that it is willing to share.

“When we first approached our young people to try volunteering, they weren't interested at all,” says **Suzanne Aubre**, MCDC executive director. “They acquainted it with feeding old people. So we decided to organize volunteering activities that could interest them. That changed their minds: out of 89 teens in our high school, 67 are now volunteering in some capacity.”

There is the school breakfast program (80 percent of the students are bussed to school and arrive hungry; some don't get breakfast at home). Young volunteers prepare meals and clean up. Others hold sports clinics at lunch time for younger kids not good at sports who want to improve. MCDC has compiled its orientation information and activities program into a tool kit that will be available to all the NPIs.

“And now we have a new baby that we're very proud of,” Aubre exclaims. “We've begun working with our French polyvalent to bring French and English students together to volunteer in each other's communities. They'll meet for a weekend of training – and to discuss what it means to be a minority community. It was actually our French partners who asked us to expand the youth volunteer program beyond the anglophone community and to share it with them. That has very exciting possibilities.” □

## What's in a name?

“We're still in business,” affirms **Danielle Lanyi**, executive director of the Connexions Resource Centre in Gatineau. In fact, Connexions is the newly-minted name for the English Network of Resources in Community Health (ENRICH) and the Outaouis Health and Social Services Network (OHSSN), which have merged into one network.

“It's a logical marriage,” says Lanyi. “ENRICH has long been known for its health prevention and promotion educational programs in regional schools. And it sponsored the launch of OHSSN as the network for English-speaking community organizations in the same region. We've collaborated for years, but it seemed more beneficial for us – and the community – to operate as a single, stronger entity.”

The merger process was steered by the Centre for Community Organizations (COCO), based in Montreal. COCo has developed an acknowledged expertise in assisting community organizations through change in structure and governance.

“It took over a year,” says Lanyi. “Not only did we have to restructure ourselves, but we also had to answer the right questions. COCo analyzed our current situation, highlighted what areas to work on, and how we could use our scarce resources most effectively.”

Connexions is going to continue promoting early childhood literacy. “In a childhood development pilot we ran last year,” Lanyi says, “we created a tool kit for parents registering kids for kindergarten that can be used by other networks.” □

## Hope for the homeless

Thanks to an innovative program now in operation at Montreal's Old Brewery Mission (OBM), homeless people with mental illness have new hope for a life off the streets. "For years there's been an infernal, eternal argument of what to do about this longstanding social problem," says **Matthew Pearce**, OBM executive director. "Well, we've come up with something that's working wonders."

It is called PRISM, a program partnered by the OBM and the Centre hospitalier de l'Université de Montréal. (CHUM). When Pearce approached CHUM's psychiatric department with the idea of providing in-house mental health services at the homeless shelter, they agreed to support a pilot project by providing a psychiatrist, psychiatric nurse and social worker.

"We've had some astounding successes," says Pearce. "Since November, 17 'chronic cases' have left us to live in the community in supervised housing. One chap who had been with us for over 10 years was able, after only a week of focused treatment, to move into supported living in the community."

"The problem, though, is that private donors are paying for this. We'll keep it going as long as we can, but the government should not be looking to the OBM to replace what it should be doing."

### Plus a prize

The Old Brewery Mission has been awarded the Prix d'Excellence for its transition program, Le Pont, by the Ministry of Health and Social Services. □

## Telling stories

It does not have a long history – copper mining opened up the region only in the early 1920s – but Rouyn-Noranda will now have a record of its past because the Neighbours Regional Association of Rouyn-Noranda has set up an archival library to store memorabilia from the community. Over the past year, its promotional project, Saving our Stories, has brought an enthusiastic response from donors.

"We're getting a lot of material," says Nathalie Chevrier, Neighbours health coordinator. "We've received interesting information about closed schools and churches, minutes and photos from local organizations, artifacts and old books."

"We're giving people a place to deposit their souvenirs," Chevrier says. "But even more important is that we're preserving our stories for future generations. We hope that having easy access to this material – we're cataloging everything and creating a database – will encourage our young people to connect with their history." □

### Network News

Members of the board of the Quebec Community Health and Social Services Foundation are:

<b>Richard Walling</b>	president
<b>Louis Hanrahan</b>	vice-president
<b>Ron Creary</b>	
<b>John Walker</b>	treasurer
<b>Jennifer Johnson</b>	executive director

*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 partnerships and network building, to promote success to English-language health and social services, and to 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:

CHSSN  
1270, chemin Ste-Foy, bureau 2106  
Québec (Québec) G1S 2M4  
email : [info@chssn.org](mailto:info@chssn.org)  
telephone : 418 684 2289  
fax : 418 684 2290  
website : [www.chssn.org](http://www.chssn.org)

Legal deposit:  
National Library of Canada:  
ISSN 1709-2175  
Bibliothèque Nationale du Québec

CHSSN Community NetLink is developed and produced by GM&A Communication