CHSSN Community NetLink

News of the Community Health and Social Services Network

Volume 16
Spring 2011

Survey defines differences

Some things got better, some things got worse. But the overriding revelation from the most recent survey on access to health and social services in English in Quebec is that disparities still exist: between anglophones and francophones, between urban and rural regions and among anglophone communities.

The 2010 CHSSN/CROP survey on community vitality covered a wide spectrum of socio-economic factors affecting English-speaking communities of Quebec. Access to health and social services was of particular interest when compared with results from the 2005 survey. Some improvements have occurred over the past five years, but there are still some areas of concern.

Such as satisfaction: half the survey responders were still dissatisfied with their level of access. Anglophones in 12 out of 16 regions reported a dissatisfaction that exceeds the provincial average. This might be related to the fact that the number of responders feeling uncomfortable asking for services in English has risen by five percent over the past five years. "I find it surprising that it's the younger people, those 25 to 44, that express the most discomfort," says **Joanne Pocock**, CHSSN consultant.

"Anglophones claim they don't want to be a burden," Pocock adds. "Much more than francophones, they – particularly the elderly – rely on family and friends for care."

How do anglophones fare in the system? There has been an upward trend across the province in their use of CLSCs, but English services are declining. "I'm perplexed at how services in English are dropping at the CLSCs," says Pocock. "Over the past five years, levels have gone from 66 percent to 58 percent in Montreal/Laval and in the regions, from 64 percent to 52 percent."

Correspondingly, Info-Santé is being used much more – up overall by 30 percent, but only two-thirds of the Montreal responders and half those in the regions received services in English. The urban/rural disparity is striking: 84 percent in Montreal centre but only 12 percent in the Chaudière-Appalaches region having been served in English. And there are also significant differences between east and west Montreal.

"Of course, anglophones' use of the healthcare system depends largely on their having information on what services are available and where," says Pocock. "And that is where we see a large and important improvement. Responders reporting public health institutions as their chief source of information about English services were up 10 percent over our previous survey Some credit must be given to our community organizations for making the push on that front," says Pocock. "I think they should pat themselves on the back." ▮

Survey results are available at www.chssn.org

A fruitful exchange

A landmark conference was held in Quebec City in mid-March to review three initiatives designed to address the task of improving healthcare services for Quebec's English-speaking communities. Sponsored by the CHSSN and funded by Health Canada, this "exchange session" drew over 100 attendees, including representatives of Health Canada; Quebec's Health and Social Services Agencies; INSPQ, a Quebec government research agency; CHSSN members and networks; and its French-speaking counterpart, the Societé Santé en français.

"It was very important to bring together the three elements of this cooperative venture," says **Jennifer Johnson**, CHSSN executive director. "The community, and the public and research sectors, had the opportunity to present their projects and exchange information on their activities. They were able to learn from one another and to identify best practices for the future."

Roger Farley, executive director of Health Canada's Official Language Community Development Bureau, noted that extraordinary progress is being made with federal investments of $174.3 million in its nation-wide health contribution program. "Without the commitment of Health Canada," adds Johnson, "none of what we're doing would have been possible."

(Conference coverage begins on p. 2)

Adaptation of health services promoted in all regions of Quebec

Over the past year, Quebec's regional health and social services Agencies (ASSS) have been implementing projects to ensure equitable access to health and social services for the province's English-speaking communities. This unique endeavour is sponsored by the CHSSN with funding from Health Canada. Some of the Agencies presented their current projects at the CHSSN conference in March.

Abitibi-Témiscamingue: to adapt health promotion and prevention programs for English-speaking clientele. The region is huge – 65,000 sq. km – with 6,765 English-speakers (1,685 of whom are unilingual) scattered throughout the ASSS territory. Not only is this clientele difficult to reach, but the ASSS also lacks human, material and financial resources. There is also a dearth of English documentation. The Agency aims to address these factors to ensure that anglophones benefit from its services in the same way as other Quebecers.

A portrait of the anglophone population has been drawn up, along with an assessment of its needs and its level of satisfaction with the healthcare system. A resumé of programs and services now offered in French in the region's healthcare institutions was compiled, and a study completed on the potential capacity of the establishments to deliver such services in English.

Chaudière-Appalaches: access to health and social services for English-speaking people. This region has the smallest anglophone grouping in the province: its 2,745 English-speakers – 0.7 percent of the total population – are scattered across several municipalities.

The ASSS will be doing an in-depth analysis of data concerning anglophones in the region to assess their specific needs. Services offered to the general population will be documented with a view to organizing or re-organizing intervention programs to better serve English speakers. The emphasis will be on coordination between the public institutions and the anglophone communities to draw up an effective action plan. One of the most immediate efforts to be undertaken is to improve the quality and quantity of information documents available to the English-speaking community.

Gaspésie/Îles-de-la-Madeleine: increase bilingual professionals. Ten percent of this region's population of 96,924 is English-speaking. To respond to the need for English services, the ASSS and the anglophone community have joined in a project to recruit more bilingual healthcare professionals into the region. These efforts will involve partnering with English language colleges and universities in Quebec and elsewhere.

Key to this effort is a program to "market" the region among young people who have left to study or pursue careers elsewhere. The aim is to break the myth that there is no future in the region. Creation of new communication tools for recruitment, including social media, is high on the agenda.

A major part of this recruitment plan will focus on receiving students into the health and social services system through internships in local establishments. The anglophone community organizations will play an important role in creating a welcoming environment.

Lanaudière: access for everyone. The province's fastest growing region, Lanaudière is large – 518 sq. km. Its anglophone population, representimg only 1.7 percent of the total, is widely scattered without any official organization linking it to the health system. Its anglophones do present health challenges: 37 percent are below the poverty level, 33 percent are single parent families, 23 percent are under the age of 18 years, and 16 percent are over 65.

The immediate objective of this ASSS project is to do a needs assessment focussing in particular on youth at risk and seniors. Then it is to define strategies and adjust its programs where feasible to meet those needs. Finally it will inform the anglophone community of the services offered in their language.

Laval: improve access to services in English for clients with intellectual disabilities, youth needing protection and mental health services in general. There are serious lacks in health and social services in this fast growing region with its rapidly rising anglophone population. In this project the ASSS is focussing on gaps in service for those with particular needs.

Because there are no services for them in Laval, anglophones with intellectual disabilities or mental illnesses are treated at the Montreal

Jewish General Hospital. The ASSS and its community partners are seeking to establish a continuity of services for those discharged at the age of 21 and better liaison among mental health service providers.

Creation of an adult education program for English-speaking youth with an intellectual disability or developmental disorder is another priority. The aim is to improve their possibilities for finding employment and to assist in their social integration through development of social and work skills.

Montreal: improve access. The 54 institutions targeted in Montreal's regional access program will all be involved in appraising the status of access to services in English. There will be improvement in the organization of services and programs and in the distribution of information and documents concerning available resources. Health promotion and prevention material will be translated and made available. The impact of English second language training of healthcare professionals in public institutions will be assessed. Tools for group courses will be adapted for English-speaking personnel.

Psychosocial programs and services will be reorganized for English-speakers in four CSSS territories. Tools to aid people with visual and hearing deficits are being adapted to accommodate English-speaking Montrealers.

Outaouais: to strengthen and enhance access. Service needs in general are to be adapted to English-speaking clients in the region, with a survey to be conducted in the community. A major goal is to have an alternative educational program for children with serious behavioural problems introduced through the Western Quebec School Board. Translation of both public establishments' websites as well as training material used for client care attendants in long-term care facilities is a priority.

Nunavik: mentoring and skills development pertaining to youth protection. Faced with a crisis situation for lack of first-line services in the north, the Régie has launched a project to improve services to troubled youth through specialized training of professional workers and integration of Inuit people into youth protection teams in their communities. The goal is to ensure a stable workforce at the youth protection centre and to establish mentoring capabilities to troubled youth in three communities.

A youth protection committee of experts will be created onsite and a provincial trainer hired to direct a program of educational activities for youth workers. A designated website will be created to maintain regular communication among all parties.

"Such adaptation programs mark a real breakthrough in government/community relations," says **Jennifer Johnson**, CHSSN executive director. "It's incredible to see the progress being made as public healthcare providers work closely with English-speaking communities to provide better services in English. The two sectors have come to understand each other and now share common goals. It augers well for the future." ▮

Language barriers a fact

There is compelling evidence, recognized internationally, on how language barriers adversely affect healthcare delivery. "Misdiagnoses, treatment complications and longer hospital stays are just a few examples," says Dr **Sarah Bowan**, associate professor at the School of Public Health at the University of Alberta, who addressed delegates to the CHSSN March conference.

"With all the best of intentions," said Bowen, "we've been going at it the wrong way. Recent trends elsewhere indicate that instead of looking at language rights in general, we should be addressing disparities. Cultural sensitivity is fine, but we must tackle patient safety through risk management, for the institution and for the healthcare worker. Instead of adding resources in bits and pieces, they should be integral to overall planning. We should treat poor health outcomes not on an individual basis, but as a system deficit. We need to change our whole approach, and it has to start with the very first contact the patient has with the system."

The French face it, too

When it comes to receiving healthcare service in their own language, francophones outside Quebec parallel the experience of anglophone Quebecers. **Claudine Côté**, director general of the Societé Santé en français explained her organization's stance on the issue: "understanding and being understood is a critical component of the relationship between a healthcare provider and an individual."

Enhancing knowledge in new ways

Representatives of the INSPQ, (Institut national de santé publique du Québec) were at the March conference to outline a major new project that will have far-reaching effects on the health and well being of English-speaking Quebecers. One of the province's major research facilities, the INSPQ is responsible for tracking the health status of all Quebecers. Its findings, reported annually to the Ministry of Health and Social Services (MSSS), are used by the government in setting provincial healthcare policies and priorities.

"Anglophones have never been identified separately in the INSPQ data banks," explains **Jim Carter**, CHSSN policy advisor. "INSPQ will now be presenting data specific to the health status of English-speakers that will be incorporated into the Quebec's official health model. This is an important step forward for our anglophone communities."

With $2 million funding from Health Canada, the four-year Enhancing Knowledge project stems from a partnership established by the CHSSN with the Institute and the MSSS. The Institute will carry out studies and analyses to improve knowledge of the health status and well being of English-speaking communities; examine the problems they face regarding access to, and the use of, health and social services; and suggest the most effective intervention methods for reaching them, individually and collectively. The partners have formed a tripartite committee to monitor progress of these projects that will lead to new information that will guide Quebec's decision makers.

"There are challenges in what we're tackling," says **Pierre Joubert**, INSPQ associate expert. "We have to break with traditional models of health status studies and really take into account all the regions, not just Montreal and elsewhere, and also compare anglophone, francophone and allophone populations.

"We're introducing language as a health determinant."

"And we're introducing language as a health determinant. We'll try to unveil the truth about the English-speaking communities. We need to dispel preconceived ideas that they are all homogenous and better off economically and healthfully than their francophone counterparts."

The INSPQ researchers will follow three priorities: determine the health status of English-speakers; analyze and evaluate the adaptation of health and social services; and assist in community development (p. 5). "So what have we learned so far?" asks **Normand Trempe**, project manager. "In surveying satisfaction levels among Quebecers, we found that anglophones generally have a more positive opinion of the healthcare system than francophones. And it was the young anglophones who were the most critical and the least satisfied.

"We now see that anglophones are not progressing socio-economically as well as francophones."

"While there are some growing similarities between the language groups – a steadily aging population, for example – anglophones are not progressing socio-economically as well as francophones. We're seeing decidely more regional disparities among the different English-speaking communities. There's a lot more for us to uncover."

"The geographic disparity often appears heightened among English-speaking Quebecers."

INSPQ has introduced a new element – epidemiological studies – into its evaluation of how well anglophones are faring within the healthcare system. Its researchers are breaking out statistics on anglophone mortality rates and frequency of hospitalization. Higher readings could reflect lacks in access to primary care.

INSPQ cites three major causes of avoidable deaths where preventive action needs to be taken: personal decisions that lead to unhealthy lifestyles and living environment; problems in the health system, when it does not provide adequate disease screening and early intervention; and improper and/or delayed treatment. High numbers would be of particular concern to anglophones who are left out of the system through not being able to receive preventive information and health care in their language.

"We want to unveil the truth about anglophone populations."

"We want to get at the facts and produce the information that can be used to improve the health system for anglophones," affirms Joubert. "We also hope to de-mystify the anglophone community because it is so much more distinct and disparate than most francophones realize." ▮

Partnerships paying off

The importance of networking to anglophone communities was also highlighted at the conference. "The concept of community partnerships was started 20 years ago at the Holland Centre in Quebec City," explained **Jennifer Johnson**, CHSSN executive director. "With federal funding, we were able to help launch 18 similar networks (NPIs) across Quebec. The reality is that anglophones must be seen to be serviced. The NPIs are doing that."

The Townshippers Association: NPI coordinator for l'Estrie, **Kate Murray**, pointed out some of the challenges in that region. "Ours is a rapidly aging population," Murray explained. "Twenty percent are over 65 years old, and many are in their 80s and 90s.These seniors hold to the tradition that the community takes care of its own, and tend not to use the public system. But we're missing the important middle, the 24- to 45-year-olds who normally would be providing them care. So one of our major goals is to provide healthcare information to seniors."

At the other end of the spectrum are the youth. "Our young people have a much higher dropout rate than their francophone peers," says Murray, "and many don't have French, so access to healthcare services can be problematic. Job opportunities are minimal, and that spells low income, one of the chief determinants of health problems."

Lower North Shore Coalition for Health: "Our situation is unique," explained **Kimberley Buffitt**, NPI coordinator, "because our region is totally isolated. There are no roads linking our 14 villages and two reserves. Most men are unilingual, can't get work, and leave for other parts of the country for jobs. A high percentage of the children are, effectively, in one-parent families."

It took some time to establish, but the Coalition has become a vital organization. "Members come from all sectors of the community," said Buffitt. "It's called the 'go-to' table because everybody's there. We've developed a good strategic plan to address issues of youth and families, physical health, seniors, substance abuse and mental health."

A key element of the plan is to promote healthy eating. "People can't afford good eating habits because food comes in by plane or ship, and is very expensive," Buffitt says. "We're developing local food businesses (p. 7) by harvesting local berries and greenhouse vegetables."

East Island Network for English-language Services (REISA): "It's assumed that Montreal anglophones have ample access to health care," says **Janet Forsyth**, REISA consultant. "But that's not the case in the East End; we've long been 'importing' English services from the West. Our English presence is hidden because 36 percent of our community are Italians, not officially considered anglophone."

REISA has been changing that situation. The organization now has 30 projects on the ground, focusing on youth, seniors and problems of mental health. There are anglophone healthcare interns in local establishments. REISA is also linked with other NPIs in a province-wide diabetes monitoring project. ▮

Community commitment a goal to strive for

One of the three priorities of the Enhancing Knowledge project (p. 3) of the INSPQ (l'Institut national de santé publique du Québec) is to nurture community development. Called Committing to Communities, it entails developing in-depth portraits of six anglophone communities, creating tools to mobilize their members, and then supporting initiatives that will improve their well being.

Mary Richardson, INSPQ anthropologist, is in charge. "The anglophone networks have had to concentrate first on access to services. We're inviting them to look beyond access and to concentrate on the determinants of health. It's a holistic approach, designed to effect improvements to their community."

The project involves working with English community networks in the six chosen communities. These are Sutton in the Montérégie, Chomedy in Laval, St. Léonard in Montreal East, New Carlisle in the Gaspésie, Sept-Îles on the North Shore and Bonne Espérance on the Lower North Shore. All the development tools created with these communities will be made available to all other networks.

"The essence of this project," says Richardson, "is to identify a key issue that will mobilize people to come together and take action. I'm there to guide them and to help develop tools to make it work. In the long run, they'll be able to move ahead on other issues on their own."

Lethbridge emerges as a leader

Success does breed success. A small pilot project introducing videoconferencing as a means of providing distance healthcare service in English has blossomed into a widespread use of this technology. Ten years ago, the CHSSN arranged for the Constance Lethbridge Rehabilitation Centre in Montreal to borrow equipment to test the feasibility of assessing patients at an off-site location. Not only was that trial a resounding success, it also led Lethbridge to so actively embrace new technologicies that it has pioneered revolutionary changes and become a leader in the field.

"We started close to home, working with a long-term care facility on the West Island," says **Ghislaine Prata**, executive director at the time. "It was at a distance, but close enough to send someone in if anything went wrong. It didn't: our technical aids staff worked with the hospital personnel we'd trained to assess patients needing wheelchairs and walkers. It was very new for our professionals not to do traditional hands-on assessments, but it was a wonderful learning experience.

"What was bothering us was the lack of services in the regions," says Prata. "We were serving the Cree territories in northern Quebec where there was no rehabilitation centre or professional staff. And it was against the law for a local physician to prescribe technical aids. We were able to set up an online certification for doctors by assuring the Ministry that we could provide them with ongoing support through teleconferencing.

"The turning point," says Prata, "came when the government began equipping points of service, such as CLSCs and hospitals, in the regions with videoconferencing equipment. We were then able to hook up more and more with regions that had the information systems capacity."

It did not stop there. Lethbridge soon installed two video-conferencing rooms for multi-site conferences, and for continuing education sessions for professionals to provide them access to the latest information on clinical practice and research. Its work in this field led to creation of Quebec's Rehabilitation Research Institute, which is the largest in Canada.

Technology is now integral to strategic planning at Lethbridge. But Prata is concerned about a related issue. "Universities haven't yet adjusted their teaching curricula to prepare rehabilitation graduates to use teleconferencing, " says Prata. "But it's very necessary because it does change traditional clinical practice. And it's what we do now." ▮

What's in a name?

When the Committee for Social Action (CASA) in Gaspésie sought funding for an expanded seniors day centre, they were refused because the clientele was "too autonomous". Re-naming it a wellness centre did the trick, however, and led the way for CASA to open three more.

"The first senior centre was in Cascapedia," says **Cathy Brown**, NPI coordinator. "It was so popular that other anglophone communities wanted one too. We opened another in New Carlisle last fall and have just received a three-year grant from the Ministry for Seniors to open two more, in Rocher-Percé and Gaspé. Staff from Vision-Gaspé-Now will be coordinating activities at the Gaspé location."

This means that up to 25 anglophone seniors at each site will have a social outing, breaking the isolation so many experience. "And they'll get a lot of information on healthy living that they wouldn't normally receive," says Brown. "We have CHSSN health promotion binders all over the place."

An interesting offshoot of this program is that the local CSSS is now adapting the CASA model for francophone seniors in the region. "They're coming to us now for advice," Brown exclaims. "They also want to copy our new frozen food program for their seniors."

This program is a pilot project funded with the recent grant. The local hospital cooks extra meals that are frozen and delivered to anglophone seniors by Meals on Wheels teams. "We found that our seniors were not at all eating properly," says Brown. "It's the old 'tea and toast' syndrome. My goal is to see that all seniors on the coast have access to such healthful frozen meals and that they can get out to enjoy their own wellness centre." ▮

Getting into the food business

When the Coasters Association did its needs survey of residents of the Lower North Shore, it wasn't difficult to predict that one of their most pressing priorities was the provision of healthful food. In such an isolated territory, with no roads linking 14 villages, the bulk of available food items arrive by ship in the summer and plane in the winter. The cost of good food, particularly fresh fruit and vegetables, was prohibitive for many. So, funded by Health Canada, Coasters launched a program to promote a "healthy alternative lifestyle".

"We consulted with everyone," says **Priscilla Griffin**, project coordinator. "With transporters and local merchants about cutting costs, with municipal and school officials about delivering health information, with people in all the communities for their ideas. Eventually we set up nutrition and cooking courses in three high schools, organized four community kitchens and created a huge publicity campaign on healthy eating. Then it was time to move on to another level."

The next step entails getting into producing more food locally to complement the "imports". Many residents run mini greenhouses on their property producing vegetables for their own needs. A community greenhouse is now being planned as a pilot project in one site, with a view to introducing three more.

Also under way is the Wild Berry production project. "We looked out into the fields and saw all those wonderful wild fruit and berries," says Griffin. "We decided to harvest them to our advantage."

This new attempt at economic development has been doing well. "We're buying berries from local pickers to be processed into syrups, relishes and sauces in an abandoned fish-packing plant we bought," says Griffin. "We have some orders already, and we're studying the potential of marketing to restaurants and hotels in urban centres.

"We're also looking for other products we could make here," Griffin affirms. "We see this as a long-term industry that will create jobs. But at the same time we insist that it be sustainable."

The Coasters project was honoured last year when the Public Health Agency of Canada presented it in Geneva as an example of best practices. "It was very nice to be recognized," affirms Griffin. ▮

Black families strengthened by program

In light of its strong previous success, the African Canadian Development and Prevention Network (ACDPN) has received a $1.1 million grant from the National Crime Prevention Centre to expand its crime prevention program for high-risk Black youth. The focus of this program is on strengthening Black families through specific training sessions for both parents and children. Communication skills and interpersonal relationships are bolstered and progress monitored by professional social workers.

The first of its kind in Canada, the program was introduced in four Black communities among over 350 families in Montreal six years ago. Evaluation by McGill University specialists was so positive that a broader program has now been approved. This second version will see significant improvements to the original model. It will involve only two communities this time, Little Burgundy and NDG.

"Zeroing in on two vulnerable communities and having these new resources means that we can fine-tune the elements of the program so much more," says **Leith Hamilton**, project coordinator. "We'll be able to develop best practices that can be applied on a broader scale not only in English-speaking communities, but also in the Asian and French-speaking Black communities."

For the long term, the ACDPN aims to establish a community-based infrastructure and process that will translate into a best practices model applicable to the specific needs of each Black community. "There are cultural differences that must be addressed," says Hamilton. "Each community needs its own capacity."

In the new, streamlined program, there will be more coordination of referrals and assessments of youth in protection with the local CSSSs and Batshaw Youth and Family Services. "A major preoccupation of ours is the sustainability of this program," says Hamilton. "Our goal is to eventually provide it as a contracted service to the CSSSs." ▮

Seniors setting up provincial network

More than 100 seniors and representatives from institutions and community groups from across Quebec met in March to take the first important steps towards the creation of a provincial network for English-speaking seniors. Hosted by the Quebec Community Groups Network (QCGN), forum attendees decided on what they need to do over the next three years: advocate for access to all services and programs necessary to maintain seniors' health and vitality; improve access to information and resources; promote visibility of the Seniors Network as the voice of English-speaking seniors in Quebec; and develop an ongoing forum to address specific issues. ▮

Abuse calls pouring in

The province's $20 million, five-year program to sensitize seniors, professionals and the general public about abuse to which many elderly Quebecers are subjected is striking a chord. The Senior Aware program, launched last October, has garnered twice as many calls as expected.

The calls, 16 a day on average, are coming from victims themselves as well as family members or neighbours who have witnessed their abuse. The reports cover financial, physical and psychological mistreatment. Responders refer cases to the local CLSC, the public curator or the local police.

This help line service is bilingual, and operates seven days a week, from 8 a.m. to 8 p.m. The number is 1 888 489 2287. ▮

Senate listening to anglophones

Are they no longer the forgotten minority? When the Standing Senate Committee on Official Languages held hearings in Montreal last September, it marked the first time that representatives of the English-speaking community in Quebec were invited to appear.

The CHSSN was one of the several community networks that "witnessed" at the hearing. **Jennifer Johnson**, executive director, provided the senators with a "myth-busting" overview of thecommunity and the efforts that anglophones were making to improve the delivery of health and social services in English.

It would seem to have been worthwhile. In its March 9 report, The Vitality of Quebec's English-speaking Community: From Myth to Reality, the senators noted that English-speaking Quebecers are no longer the privileged elite they were long considered to be. They declared that the vitality of the anglophone minority "seems to be in jeopardy" and that "it is caught up in a dynamic where it must constantly stand up for its rights, and yet is not necessarily able to promote them."

The senators called upon the federal government to do a better job of protecting the rights of Quebec's anglophone minority. The full senate report is available at: http://senate-senat.ca/ol-lo-e.asp. ▮

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

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

CHSSN
1270, chemin Ste-Foy, bureau 2106
Québec (Québec) G1S 2M4
e-mail: info@chssn.org
Telephone: 418 684 2289
Fax: 418 684 2290
Website: 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