

# COMMUNITY NetLink

NEWS FOR THE COMMUNITY HEALTH AND SOCIAL SERVICES NETWORK



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“Well-being starts with a sense of having a community that supports you.”

(Top) The ribbon cutting for the ECO-02 soft launch (Above) Brittney Chabot.

## A Force of Nature in Saguenay-Lac-St-Jean

The energetic Executive Director, of the CHSSN's newest NPI (Networking and Partnership Initiative organization), Brittney Chabot, slowed down long enough for an interview with NetLink to talk about the English-speaking community in the Saguenay-Lac-St-Jean region, the ECO-02 community organization that she leads, and her own personal

philosophy of community development and wellness.

“Well-being starts with a sense of having a community that supports you,” Chabot says. “As a military spouse, I’ve had to change communities several times so I know the challenge of building relationships in a new place.”

Chabot says that “knowing where to go” to make new connections makes



# A Force of Nature in Saguenay-Lac-St-Jean

continued...



## ECO • 02

English Community Organization  
Saguenay—Lac-Saint-Jean  
Organisme communautaire anglais  
du Saguenay—Lac-Saint-Jean

the process much, much easier and she's excited that ECO-02's new community centre opened in August will allow new relationships to flourish for all residents, especially newcomers.

The English-speaking population of the 02 region is relatively small — about 2,000 people representing only 0.8% of the total population and spread across a wide region with concentrations in the cities.

"We identified a need for a sense of community amongst English-speakers," explains Chabot. "There seems to be a feeling of isolation — people stay in their own small circles. These limited personal connections make reaching out to get access to health care, for example, more problematic for many people."

The new ECO-02 community centre, opened with NPI funding on August 24th in Jonquière, is specifically designed as a focus for the creation of a sense of identity and belonging.

"It's super accessible," enthuses Chabot. "We wanted it to feel like going to a friend's house. There's a kids' section and an area reserved for teens and we're already holding seniors' breakfasts and kid and family activities. We even had a teen rock band tournament at our opening!"

Chabot, who describes herself as "100% anglophone from Barrie, Ontario," has only been Executive Director for a few months though she joined ECO-02 in 2022 as a project director.

She gives lots of credit to local volunteers and their years of dedication to get to this point. Debbie Ford-Caron, Karen Knight, and Eleanor Perry-Morrisette have been especially involved in bringing people together to create ECO-02 with its current staff of four and its new community centre.

NPI funding from Health Canada has allowed community organizing in the region to take a great leap forward, networking more effectively with the health and social service system, resulting in better health outcomes especially for vulnerable and isolated people.

Chabot also recognizes the critical assistance of CHSSN.

"CHSSN has been supporting the growth and development of an organization in the Saguenay for many years," explains Jennifer Johnson, Executive Director of CHSSN. "It's heartening to see the community so ready to step into its beautiful new centre with such energy and enthusiasm."

"The biggest driver for me," says Chabot, "is seeing so clearly and so often that when we work together as a community, everybody benefits."





# Access to Health Services in Northern Environments

(L to R) Ryan Gibson, Associate Professor of Regional Economic Development, University of Guelph and Joshua Bennett, President of the Canadian Rural Revitalization Foundation (CRRF), Russell Kueber (CHSSN), Kayla Kippen (Coasters).

(L to R) Kayla Kippen (Coasters), Sandra St-Laurent, Director of Yukon Francophone Health Network, Russell Kueber (CHSSN).

This past spring, Russell Kueber, Director of Programs at the CHSSN, and Kayla Kippen, Director of Health Initiatives of the Coasters Association, traveled to Yukon to build knowledge on improving access to health services in northern environments.

They attended the Northern Dialogue Conference entitled, *Remoteness and Sustainable Livelihoods in Rural and Northern Canada* hosted by the Canadian Rural Revitalization Foundation. They also visited the Yukon francophone health organization, *Partenariat communauté en santé*, which is part of the national *Société Santé en français* (SSF) network.

“Both opportunities were excellent learnings for us and many connections were made,” says Kueber.

“It was great to share and learn from experts working in northern regions as often our realities are unique,” agreed Kippen. “I was surprised to learn that approximately 18% of the population in the Yukon speaks French and they face similar challenges to accessing health services as we do on the Lower North Shore.”





# The Right to Services in English & the Charter of the French Language

AN INTERVIEW WITH JAMES CARTER,  
PROGRAM AND POLICY ADVISOR, CHSSN

**Q. THIS SUMMER, THE GOVERNMENT PUBLISHED A DIRECTIVE AFFECTING THE RIGHT TO HEALTH AND SOCIAL SERVICES IN ENGLISH THAT TRIGGERED A WIDE AND NEGATIVE REACTION. A NEW DIRECTIVE IN SEPTEMBER PROVIDED MORE CLARITY BUT WHAT WAS IN THE FIRST DIRECTIVE THAT CAUSED SO MUCH CONCERN?**

**JC.** The first directive created confusion regarding the definition of who had the right to receive health and social services in English. It referred to English-speaking persons as those who had been issued an eligibility certificate by the Ministry of Education to receive their education in English. One section of the directive appeared to instruct health and social service institutions to apply this definition when determining when to use oral and written communications in English.

The 31-page directive included every provision in the Charter of the French language that required the exemplary use of French. Its restrictive approach seemed to challenge the implementation of the government-approved access programs of services in English even though Section 15 in the Health and Social Services Act states that every English-speaking person has the right to receive health and social services in English to the extent provided by access programs.

**Q. WHAT DOES THE NEW DIRECTIVE SAY THAT ADDRESSES THESE CONCERNS?**

**JC.** The new 10-page document focuses on the right of English-speaking persons to receive services in English, the use of a language other than French in institutions where that language has been recognized by the Charter (Italian, Polish, Chinese etc.), and all other cases allowing derogation from exemplary use of French when health of an individual requires it. Most importantly, there is no definition of an English-speaking person and no requirement to validate the identity of the user in order to receive services in English or another language.

**Q. THE GOVERNMENT ISSUED AN OPEN LETTER TO THE ENGLISH-SPEAKING COMMUNITY TO CLARIFY ITS POSITION. WHAT IS ITS IMPORTANCE?**


**JC.** The open letter is an important political statement affirming that “the Government of Quebec imposes absolutely no linguistic conditions in healthcare settings before providing healthcare in English to anyone who requests it.” This statement was made by three government ministers. In my view, it is as significant as Premier Lucien Bouchard’s 1996 speech at the Centaur



James Carter,  
CHSSN Program and  
Policy Advisor

Theatre when he said, “When you go to the hospital and you’re in pain, you may need a blood test, but you certainly don’t need a language test.” This declaration has endured almost 30 years as a defining political moment affirming the right to services in English. I believe the current government’s position should endure as the affirmation of the Centaur Theatre declaration when it says, “The Charter of the French language confirms and upholds the right to health and social services in English” and “there will never be language requirements in Quebec to treat a patient.”

**Q. HOW WILL THE NEW DIRECTIVE AND THE GOVERNMENT’S DECLARATION AFFECT THE CHSSN’S PROGRAM MISSION IN ITS RELATIONS WITH THE HEALTH AND SOCIAL SERVICES SYSTEM?**

**JC.** The clarification has given the green light to our institutional partners to implement the access programs as they were intended. The access support activities that we promote through our Networking and Partnership Initiative (NPI) can proceed without uncertainty. The Government’s affirmation of its support of legislative guarantees of services in English has strengthened our central purpose of CHSSN to improve access and health outcomes in English-speaking communities in partnership with the health and social services system. 




# Understanding How Language of Service Affects Health Outcomes

CHSSN has contracted with the *Institut du Savoir Montfort*, a research group in Ottawa, to look more deeply into the link between language of service and health care outcomes.

“We were impressed with the work these researchers have done for francophone communities in Ontario and wanted to tap into that expertise for the benefit of our communities by looking at cancer care and treatment outcomes in Quebec,” says Jennifer Johnson, Executive Director of CHSSN.

This initiative reflects the deepening ties that CHSSN is creating with minority francophone groups in other provinces. The study will compare demographics and social determinants of health in a comparative way between English-speaking Quebec and French-speaking Canada outside of Quebec.

A particular focus will be trained on the four most common cancers (breast, colorectal, lung, prostate), and the language dimension in patient-physician contacts during screening, diagnosis, and treatment of these medical conditions.

“We’re hoping to have first results in the spring,” says Johnson. “We know it will inform our discussions with health authorities and help us better address issues related to language as a determinate of effective health care.” 

# Access to Services in English Can Be A Life-or-Death Issue



A delegation of representatives of English-speaking communities across Quebec gave testimony to the Senate Standing Committee on Official Languages on June 3, 2024, as the Committee met in-person and with videoconference to study matters relating to minority-language health services. Senator René Cormier was in the chair.

The in-person delegation was led by Jennifer Johnson, Executive Director of CHSSN, and included James Robson, Patient Navigator, CASA; Brittney Chabot, Executive Director of ECO-02; and Chloe Régis, stay-at-home mother. Joining by videoconference were Steve Guimond, Patient Navigator of the CHSSN in Quebec City; Kayla Kippen, Director of Health Initiatives, Coasters Association; and Hugo Bissonnet, Executive Director, 4Korners.

In moving, often very personal, testimony, the witnesses addressed the impact of language of service on health care, in particular mental health care. Several presentations dealt with the enhanced challenge of accessing services in English in more isolated regions or in parts of the province with small English-speaking communities.

James Robson from the Gaspé described his own search for an English-speaking psychologist after leaving his first career as a paramedic following a diagnosis of PTSD. He described the experience as “harrowing”, eventually having to go to New Brunswick to get help.

“Along with being able to access an English worker, which I could not do in Quebec, along with being bilingual, along with knowing the system, I still hit rock bottom,” testified Robson. “If I had been a unilingual anglophone in the area, I don’t know that I would be here today talking to you.”

Robson admitted to feeling nervous about his appearance before the Committee but also motivated to represent the needs of his community well.

“With my PTSD, I try to work on not getting anxious or stressed about things that don’t matter,” he said. “But when it comes to life and death, I do get nervous, and I can tell you that today, I am nervous — it is a matter of life and death.”

Jennifer Johnson, speaking for CHSSN, gave the Senators a framework for understanding the impact of language on health care outcomes.

“The ability to express your health concerns and understand the diagnosis

and treatment of your illness is primordial to good health outcomes,” she explained. “Language barriers can create poor patient assessment, misdiagnosis, delayed treatment, increased medication errors and many other undesirable outcomes, including, in extreme cases, premature death.”

Johnson also provided a brief overview of the how English-language services are organized in Quebec’s health and social services system but also shared issues and concerns that CHSSN has identified with the creation of the new Santé Québec health agency.

“(The) complete revision of the health system and the creation of Santé Québec has once again reduced the influence of the English-speaking community,” testified Johnson... A single provincial board of directors will be responsible for all institutions, including those institutions that were created by the English-speaking community. We were able to salvage the regional access committees that have representatives from the English-speaking community, but their roles and responsibilities have yet to be determined.”

The full testimony of the CHSSN affiliated witnesses can be accessed [here](#) or viewed [here](#).



Ron Creary,  
President of the CHSSN  
Board of Directors

# Leading to Clarity

## Section 15 Health Directives

“With hindsight, maybe it took some controversy to clarify and reinforce Section 15 guarantees for access to health and social services in English in Quebec,” says Ron Creary, President of the CHSSN Board of Directors.

Creary was reflecting on the controversy surrounding a directive issued last July by Jean-François Roberge, Quebec’s Minister of the French Language, that sought to limit services provided to English-speaking Quebecers to “historic anglophones”.

“Looking back over the three months during which this unfolded,” continues Creary, “the good news at the end was that ministerial clarifications backed up by a unanimous declaration of the National Assembly in September made it absolutely clear that section 15 is outside the Charter of the French Language including its most recent iteration.”

Creary says that from the start, the controversial directive issued in July seemed confused and the product of a lack of consensus and strong dissenting voices within the government departments concerned.

“It read like the old joke about a camel being a horse designed by a committee,” remembers Creary. “It was disorganized, even contradictory in places. Attempts by the Minister to ‘clarify’ the directive in July just made things worse.”

“It was a painful moment,” agrees Jennifer Johnson, Executive Director at CHSSN. “The government had pledged to us when Bill 96 (the update to the Charter of the French Language) was adopted that it would not affect health and social service provision. This seemed to go against all the promises we were given.”

Creary says the low point from his perspective was a meeting designed to discuss the situation called by Roberge in August where key community voices were not invited. Out of solidarity, CHSSN refused to attend.

But things began to turn around at a meeting CHSSN attended with Eric Girard, Minister Responsible for Relations with English-Speaking Quebecers in mid-August.

“Mr. Girard could not have been more categorical,” says Creary. “He made it absolutely clear that section 15 guarantees in the Health and Social Services Act were not seen by the CAQ government as subject to the Charter of the French Language. He said to us, ‘I’m not talking for myself but for the Premier of Quebec — this will be fixed.’”


“And,” concludes Creary, “it was.” ■

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For a detailed analysis of the significance and impact of the clarified directive, see [page 4](#) in this edition of NetLink for the interview with James Carter, Program and Policy Advisor, CHSSN.

# MEPEC NPI Get-Together


Monteregie East Partnership for the English-speaking Community (MEPEC) and CHSSN hosted an NPI (Networking and Partnership Initiative) networking event on July 11th at Beloeil, attended by representatives from 8 NPI regions. During this event, the participating organizations shared their success stories and challenges, fostering valuable discussions.

Additionally, a site visit was conducted at MEPEC's office, where MEPEC delivered a presentation about their organization's NPI activities. They also provided insights into their regional profile statistics. 

For more information about MEPEC's work, visit [mepec-pemca.org](http://mepec-pemca.org)




## 9th Annual Early Childhood Week!

 (L to R) Jennifer Johnson, CHSSN; Christine Prince, ARC; Quebec's Minister for Families Suzanne Roy; Anne-Marie Cech, CHSSN.

This year's theme is: Together, we can level the playing field for all young children (*Ensemble, pour l'égalité des chances dans tous les milieux*).

CHSSN takes this opportunity to remind everyone that young children from English-speaking minority families are among the most developmentally vulnerable when they enter kindergarten. CHSSN invites all its partners to reduce the language barrier so that these young children can access the services they need and achieve their full potential.

Reducing the language barrier is key to enabling young children whose parents speak English to develop their full potential. 






## What's the Deal with Screens & Toddlers?

The Early Childhood Observatory released its latest report *Screens and Toddlers* this past September. CHSSN's Early Childhood, Youth and Families Program Manager, Anne-Marie Cech, was proud to be the English-speaking spokesperson for the campaign.

The partnership with the Observatory provided Cech with the opportunity to voice publicly the importance for government and other stakeholders in the early childhood ecosystem to take action to regulate and protect young children against the risks related to screen exposure. (See link to City News interview below.)

It was also an occasion to speak to journalists about the realities facing English-speaking communities across Quebec.

"We're really happy with the growth and development we see with our provincial partners in early childhood," says Jennifer Johnson, Executive Director of CHSSN. "Anne-Marie's acceptance as the English language spokesperson for the release of this important study is an indication of our recognition as a key player in this field." 

You can read the report (in French) [here](#) or click the link below to watch a City News television report on the new study: [Link to City News interview](#)




## More Healthy Early Years for English-Speaking Families

The CHSSN is pleased to announce a 5-year renewal for its Healthy Early Years Program (HEY) funded by the Public Health Agency of Canada (PHAC).

The HEY program aims to improve the health and development of children and their families, particularly those living in situations of increased vulnerability.

"Challenges in accessing health and social services for English-speaking families in Quebec are well documented," says Jennifer Johnson, Executive Director of CHSSN. "Moreover, the role that community organizations can play to mitigate these challenges has also been well demonstrated."

As an example, Johnson notes that in 2023–2024 over 6,000 participants were reached through this PHAC supported programming in Quebec's English-speaking communities.


"CHSSN is thrilled to receive the ongoing support of PHAC," says Johnson. "It enables our network organizations to strengthen their capacity to help English-speaking families and children in Quebec." 

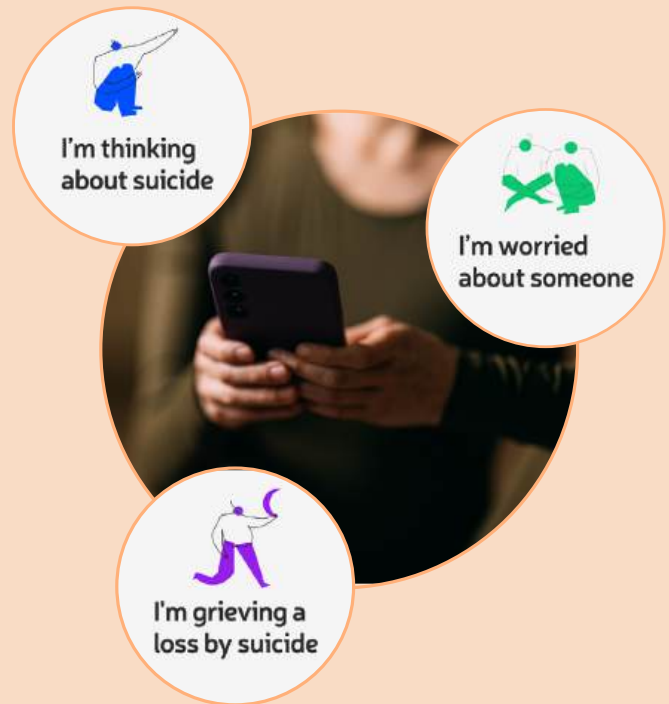
# CHSSN Secures Renewal of Funding to Expand Mental Health Support for English- Speaking Communities

CHSSN is pleased to announce that it has successfully secured a renewal of funding for the continued support and development of the *Partenariat d'assistance aux organismes en santé mentale (PAOSM)* initiative.

This renewed investment will ensure the ongoing support of a variety of community-based service providers, enabling them to extend the reach of their mental health services to serve an increased English-speaking clientele and continue to deliver impactful outcomes for the coming year.

With this funding, CHSSN looks forward to building on the progress made so far, expanding its reach, and implementing new initiatives to support seven additional organizations, bringing the total to 16.

CHSSN extends its deepest gratitude to the *Secrétariat aux relations avec les Québécois d'expression anglaise (SRQEA)* for their continued trust and commitment to the work in mental health. Their ongoing support is instrumental in helping create lasting change in access to mental health services. 



## Suicide Prevention Collaboration in Montreal

In October, CHSSN hosted a virtual *Lunch and Learn* session in collaboration with the Suicide Prevention Centre of Montreal (SPCM). The event brought together over 80 participants from across the province and focused on raising awareness about suicide prevention in Quebec. It highlighted ways in which organizations can be more proactive in supporting individuals at risk of suicidal thoughts.

The Montreal SPCM offers valuable training for both public health professionals and those working in private, education, or community settings.

For those experiencing suicidal thoughts, concerned about someone else, or grieving, support is available through the following resources:

**PHONE: 1 866 277 3553**  
**CHAT: [Suicide.ca](https://suicide.ca)**  
**TEXT: 535353**





Supporting over 120 sites, and more than 5,000 vulnerable English-speaking seniors annually.



The CHSSN Senior Wellness community gathered recently for a transformative event aimed at networking, knowledge sharing, and capacity building.

## Senior Wellness Networking & Training Event a Resounding Success

“The event was at the Alt Hotel in Montreal and brought together 55 staff working for Senior Wellness Initiatives around the province,” explains Erica Botner, CHSSN Program Manager of Seniors. “We focused on integrating risk and quality management measures into our programs to ensure the utmost safety of the seniors participating in them.”

The event began with a visit from Eric Girard, the Minister of Finance and the Minister Responsible for Relations with English-Speaking Quebecers at the Secrétariat aux relations avec les Québécois d'expression anglaise (SRQEA) which funds the Senior Wellness Initiative. He pledged his long-term support to the initiative which now includes over 120 sites across the province and reaches more than 5,500 vulnerable English-speaking seniors annually. [N](#)



# Health Access Initiatives Underway

CHSSN's health partners are improving access to health and social services in the English language. Here are three examples of effective local programs.



## IMPROVING HEALTH ACCESS IN LAVAL

A primary concern for Laval's English-speaking community is navigating the often-complex health and social service system, particularly for the elderly or those with specific health risk factors. The local English-speaking community organization Agape, along with its partners, has set up a dedicated phone line to enhance the Agape-NPI's (Networking and Partnership Initiative) existing efforts in guiding potential service users to the appropriate health and social services.

"This new service includes assisting seniors with limited technology skills in booking appointments online through Clic Santé, helping those without a family doctor access the *Guichet d'accès à la première ligne*, providing assistance with medical forms that are only available in French, and helping English speakers identify services available in English in Laval through the regional Access

Program for Health and Social Services," explains Ian Williams who coordinates the project for Agape.

Williams says that moving forward, a significant challenge will be reaching potential service users, ensuring that Agape's communications resonate with Laval residents who prefer speaking English in their interactions with the health system.

"It's a population that's growing and it's crucial for us to convey that they can receive services in English here in Laval," says Williams. "We can mitigate the challenge a great deal through collaboration between the Agape-NPI and the CISSS de Laval."

This initiative, funded via CHSSN by Health Canada, aims to meet the needs of Laval's English-speaking minority by facilitating access to services close to their homes, while also helping the CISSS de Laval fulfill its population health mandate by reaching those who are hardest to serve.



Ian Williams from Agape with a client

Example of Health Passport

## THE SUNFLOWER PILOT PROJECT

Staff and volunteers at the Brome-Missisquoi-Perkins and Memphremagog Hospitals are wearing sunflowers on their ID badges to show patients that they can offer services in English.

“Survey results showed that English speakers did not always feel comfortable asking for services in English,” says Caroline van Rossum, the staff person responsible for English services at the CIUSSS de l’Estrie-CHUS. “The Brome-Missisquoi-Perkins Hospital is not designated to offer bilingual services and displaying signage in English is not allowed, so using symbols is a great solution”.

So far, 1,700 employees and volunteers have agreed to wear

sunflowers — well over half the people working at these institutions.

An evaluation of the impact of the sunflower project on users will be undertaken later in the fall. This project was funded by Health Canada through the programming of CHSSN.

## HEALTH PASSPORTS — WHEN LANGUAGE MATTERS

There has been a recent increase in the number of Health Passport access initiatives occurring across the province, says Russ Kueber, Director of Programs at the CHSSN. He continues to say that they are being used both by the English-speaking users and health professionals.

The passport aims to increase communication between English-speaking users and health professionals.

It provides a lexicon of important terms and phrases, resources, emergency phone numbers, tips to prepare before seeing a medical professional and a place to list your medications and medical history. Kueber adds that the passports can be customized by organizations with their logos and local resources which makes it much more versatile.

For copies or more information about the health passport, please contact [info@chssn.org](mailto:info@chssn.org)

Over the past 2 years, more than 10,000 copies of the Health Passport have been printed to assist English-speaking users and health professionals.



Staff and volunteers wearing their sunflowers to show patients that they can offer services in English

# Congratulations to the Montérégie West Community Network (MWCN) on Celebrating Their 25th Anniversary!

(L to R) Jennifer Johnson, Executive Director, CHSSN; Pauline Wiedow, Executive Director, MWCN; and Russ Kueber, Director of Programs, CHSSN pose for a 25<sup>th</sup> anniversary photo during the celebratory event held on November 9 at Salaberry-de-Valleyfield.



Verity Jordan, WE Mind Mental Health Program Coordinator for JH Partners, at Aire Ouverte's opening event in Basse-ville, Québec City.

## Equipping Partners with Knowledge

CHSSN is involved in an evaluative research project for culturally and linguistically adapted youth services led by the SHERPA University Institute and École nationale d'administration publique (ENAP).

Forty-four (and growing) Aire Ouverte sites across the province offer no-wait-list health and well-being services and accompaniment to youth aged 12–25 who are reluctant to call on the services of the regular health and social services network. Aire Ouverte serves as an entry point for youth who are in a situation of vulnerability, disadvantage, social exclusion or marginalization.

“Participating in this research represents an opportunity to have young English-speakers’ needs recognized for the betterment of future youth-oriented public service delivery,” says Amy Bilodeau, Program Manager of Youth Mental Health at CHSSN. “Many English-speaking organizations across the province are collaborating with their local Aire Ouverte to consolidate a network of integrated services for vulnerable youth in Quebec.”

The CHSSN has joined Aire Ouverte’s provincial committee of the Ministère de la santé et des services sociaux (MSSS) which reports on the implementation and impact of Aire Ouverte — more than 44 sites serving youth across the Quebec.



# Happy Holiday Wishes!



With the holiday season fast approaching, the CHSSN team would like to wish all its devoted NetLink readers a happy holiday season and a great start to the upcoming new year!

(From L to R) (Front row) Amy Bilodeau, Sara Lakhrissi, Jennifer Johnson, Erica Botner, Julie Lemieux, (Middle row) Céline Lebigot, Megan Yang, Noura Diaby, Flora Janos, Jenn Cooke, (Back row) Russell Kueber, James Carter, Claude Levesque, Anne-Marie Cech. Absent from the photo: Steve Guimond.



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.

**FOR MORE INFORMATION ON CHSSN VISIT OUR WEBSITE OR CONTACT US AT:**

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