



November 17, 2025



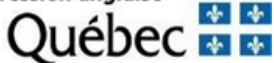
#EmpoweringVoices



**A CHSSN Community Forum
on Access to Health and Social Services
for Racialized and Immigrant Populations Within
Québec's English-speaking Communities.**

This initiative is made possible through funding from:

Secrétariat aux relations
avec les Québécois
d'expression anglaise



Fondation Lucie
et André Chagnon



Health
Canada

Santé
Canada

Report prepared by:
Shannon Pearson Consulting

Agenda

#EmpoweringVoices

OPENING & WELCOME

8:00am - 9:30am

Section 1

- ✓ 8:00 AM Registration and Breakfast
- ✓ 9:00 AM Welcome and Ice Breaker

MORNING SESSIONS

9:30am - 12:00pm

Section 2

- ✓ 9:30 AM Presentation: Racialized Minority Statistics and Observations
- ✓ 9:45 AM Panel: Access to Services for Racialized Populations
- ✓ 10:45 AM Break
- ✓ 11:00 AM Discussion Groups and Group Sharing

12:00 PM - LUNCH

AFTERNOON SESSIONS

1:00pm - 4:00pm

Section 3

- ✓ 1:00 PM Launch of Early Childhood Week
- ✓ 1:15 PM Understanding and Empowering Racialized and Immigrant English-Speaking Families
- ✓ 1:30 PM Portrait of English-Speaking Immigrant Fathers in Quebec
- ✓ 2:30 PM Break
- ✓ 3:00 PM Reaching English-speaking Immigrant Fathers

WRAP-UP & NETWORKING

4:00pm - 6:30pm

Section 4

- ✓ 4:00 PM Analysis of the day/ Next Steps and Closing Remarks
- ✓ 4:30 PM Networking Cocktail with Kiosks

Agenda

#ValorisezLesVoix

OUVERTURE ET MOT DE BIENVENUE

8h00 - 9h30

Section 1

- ✓ **8h00** Inscription et déjeuner
- ✓ **9h00** Mot de bienvenue et activité brise-glace

SESSIONS DU MATIN

9h30 - 12h00

Section 2

- ✓ **9h30** Présentation : Statistiques et observations sur les minorités racisées
- ✓ **9h45** Table ronde : Accès aux services pour les populations racisées
- ✓ **10h45** Pause
- ✓ **11h00** Discussions et retour en groupe

12H00 - DÎNER

SESSIONS DE L'APRÈS-MIDI

13h00 - 16h00

Section 3

- ✓ **13h00** Comprendre et soutenir les familles racisées et immigrantes d'expression anglaise
- ✓ **13h15** Lancement de la Grande semaine des tous-petits
- ✓ **13h30** Portrait des pères immigrants d'expression anglaise au Québec
- ✓ **14h30** Pause
- ✓ **15h00** Rejoindre les pères immigrants d'expression anglaise

CONCLUSIONS & RÉSEAUTAGE

16h00 - 18h30

Section 4

- ✓ **16h00** Analyse de la journée, prochaines étapes et conclusions
- 16h30** Kiosque et cocktail de réseautage



On November 17, 2025, the **Community Health and Social Services Network (CHSSN)** hosted the **#EmpoweringVoices Community Forum**, bringing together frontline community organizations, institutional partners, and regional and provincial networks from across the Greater Montréal Area and Québec City. The full-day forum focused on **improving access to health and social services for racialized and immigrant populations within Québec’s English-speaking communities**. Through data presentations, lived-experience insights, and facilitated discussions, participants examined systemic barriers, identified emerging pathways toward more equitable services, and shared approaches to better support families, caregivers, adults, seniors, and English-speaking immigrant fathers.

In her opening remarks, **CHSSN Executive Director Jennifer Johnson** highlighted the urgency of addressing the unique challenges facing visible minority English-speaking communities—at least 30% of whom identify as visible minorities, with many being newcomers and immigrants. Drawing on her own experience as an immigrant, she acknowledged the compounded barriers newcomers face when navigating new systems and environments.

Although the forum carried the title **#EmpoweringVoices**, its intention was clear: participants’ voices were already powerful—CHSSN’s role was to create space for them to resonate. Johnson emphasized the longstanding importance of visible minority communities within Québec’s English-speaking population and thanked participants for advancing this collective work—particularly meaningful as the event coincided with **Early Childhood Week**, underscoring the essential need to support families and young children.



Core message: adaptation improves outcomes.

Effective outreach and service delivery require acknowledging identity, culture, and community context—not applying one-size-fits-all approaches.

Ushana Houston, Director of Strategy and Communications at The African Canadian Development and Prevention Network (ACDPN), led participants through an exercise where they explored:



1. What they hoped to gain out of the day
2. What they already do to improve access or build trust
3. What challenges they face when serving visible minority English-speaking communities

Summary of responses:

1 They hoped to gain:

knowledge → connection → inspiration → practical tools → collaboration → action.

2 What they're already doing:

- Building Trust Through Relationships
- Improving Communication and Information Access
- Increasing Representation and Cultural Inclusion
- Strengthening Community Engagement and Partnerships
- Adapting Services to Community Needs
- Providing Concrete Support and Navigation Assistance
- Investing in Continuous Learning and Self-Reflection
- Enhancing Organizational Systems

3 Challenges they face:

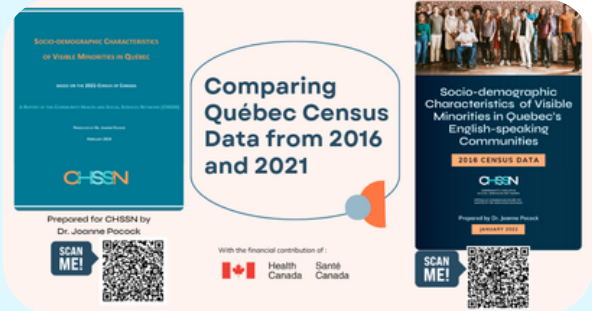
- Language and Communication Challenges
- Cultural Competence and Sensitivity
- Fear of Causing Harm
- Insufficient Resources
- Personal Confidence
- Building and Maintaining Trust
- Systemic Barriers
- Sensitive or High-Stakes Topics

Presentation: Racialized Minority Statistics and Observations

This presentation highlighted significant demographic shifts among English-speaking visible minority communities across Quebec. These populations are expanding quickly, with notable growth in Montreal, Laval, and the Montérégie region.

Despite this growth, substantial socio-economic disparities persist, including higher levels of financial insecurity, unemployment, lower educational attainment, and a greater presence of lone-parent households—factors that influence access to health and social services.

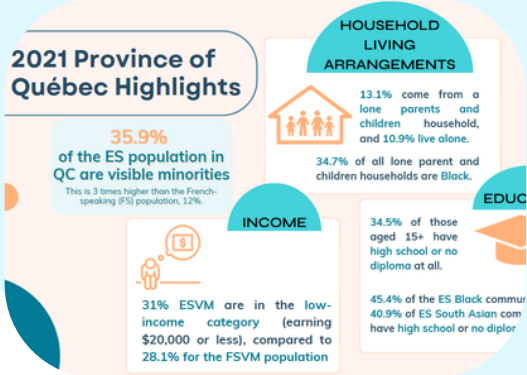
Montreal remains the primary hub for these communities, with the highest concentrations found in certain sectors of the city and a recent shift in vulnerability toward the eastern areas. Outside Montreal, Laval and Montérégie are emerging as important regions, experiencing particularly rapid increases in their English-speaking visible minority populations.



[Click here](#)

[Click here](#)

Key highlights from two knowledge products on the socio-demographic characteristics of visible minorities within Québec's English-speaking communities were presented by: Sara Lakhrissi, Project Coordinator, Networking & Partnership Initiative (NPI), CHSSN

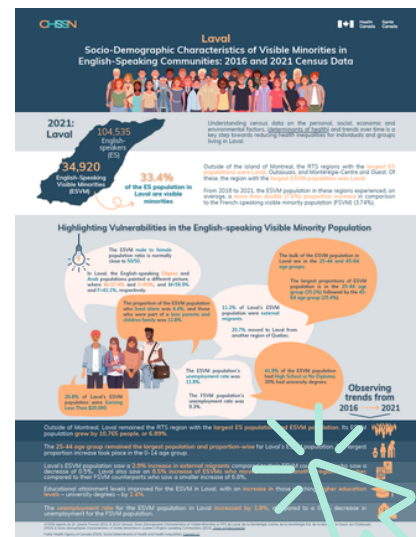
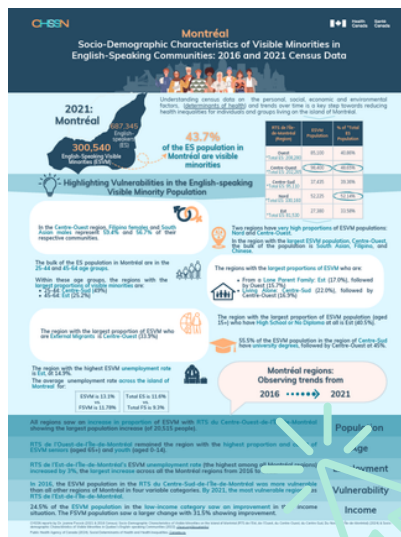
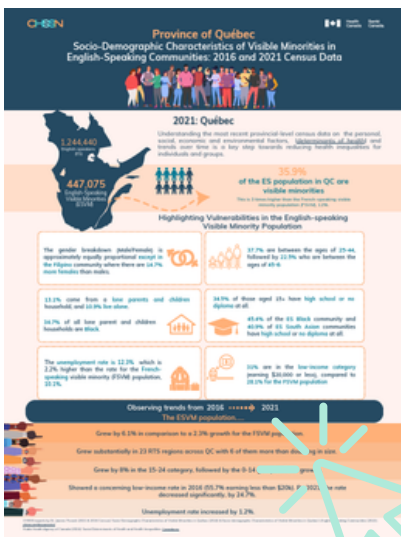


These demographic and socio-economic patterns have clear implications for policy and service delivery. **Rising diversity requires more targeted, culturally responsive approaches, and the persistent gaps across income, employment, and education point to systemic barriers that must be addressed.**

Regions such as East Montreal and parts of Laval stand out as priority areas for strengthened interventions and support.



One-page snapshots for the province of Quebec, Montreal, and Laval are available on the CHSSN website:



Before the panel discussion, participants were invited to reflect on how their identities shape experiences of advantage and disadvantage within broader systems such as racism, racialization, and whiteness. Using a QR-code prompt, participants shared words and phrases describing both privilege and marginalization, noting factors such as language ability, employment barriers, ageism, race, gender, and immigration experiences. These reflections were used to ground the session in an understanding of how systemic forces influence access to services, setting the stage for the panel conversation.



Panelists:

- **Moderator: Pemma Muzumdar**, MPH, Knowledge Translation Specialist, [National Collaborating Centre for Determinants of Health \(NCCDH\)](#).
- **Samanta Nyinawumuntu**, Founder & Executive Director, [Black Healing Centre](#)
- **Sapphire Allaire**, Events Coordinator, [Youth for Youth Quebec \(Y4Y\)](#).
- **Dr. Rislaine Benkelfat**, Pediatrician and Assistant Professor at McGill University; Co-founder of [DocToC](#)
- **Ushana Houston**, Director of Strategy & Communications at the [African Canadian Development and Prevention Network \(ACDPN\)](#).
- **Darley Polony**, Social Impact Consultant & Human Rights Educator, Interim Executive Director, [BGC Dawson](#)
- **Dr. Debra Titone**, [McGill University](#), [Researcher](#), [Psychology Professor](#)



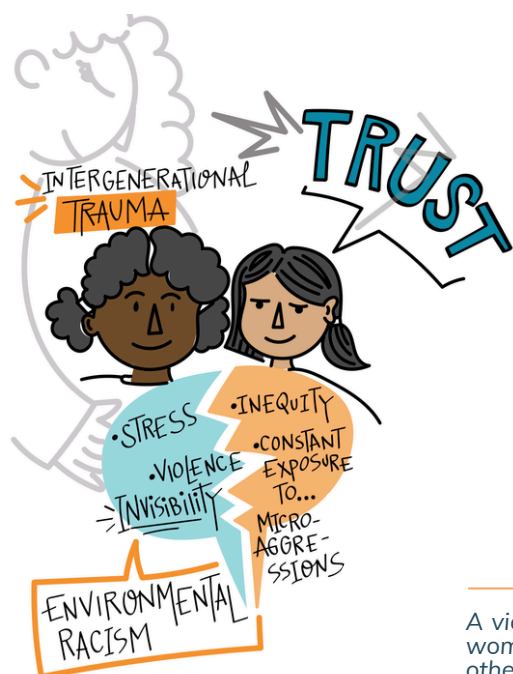
Panel Discussion

1. Core Themes:

- Racialized English-speaking communities face major barriers to health and social services in Quebec—especially due to language, discrimination, and systemic denial of racism.
- Distrust between communities and institutions is common and rooted in historical and ongoing inequities.
- Systemic factors—policies, funding decisions, and data gaps—directly harm access and outcomes for racialized families.
- Language barriers and accent bias profoundly affect comprehension, trust, and care quality.
- Community-driven, culturally relevant models (e.g., DocToC, Black Healing Centre) are filling gaps but shouldn't have to compensate for system failures.
- Sociopolitical denial of systemic racism makes structural change significantly harder.

2. Lived Experiences Highlighted:

- Youth being denied service because “we don't speak English.”
- Community mental health programs threatened with police calls due to misunderstanding of cultural practices.
- Families leaving clinics before ASD assessments due to stigma or linguistic barriers.
- Organizations turned away from renting space due to anti-Blackness.



What's Needed:

- Systemic accountability and acknowledgment of racism.
- Race-based data collection to measure inequities.
- Co-construction of services with communities, not top-down models.
- Culturally relevant care that understands history and context.
- Power redistribution to communities through funding, decision-making, and institutional partnerships.
- Everyday solidarity—policies, behaviours, and relationships grounded in care and justice.

A video from the [Black Women's Institute for Health](#) was shown, featuring Black women discussing experiences with healthcare access, mental wellness, and other social determinants.

A Q&A session was opened up where participants were encouraged to submit questions via QR code.

slido



- How can we ensure that each diversity is well represented and well served in a context where several diversities coexist without working in silos, if not by involving the target clientele themselves?
- What are some ways we can conduct outreach into minority community orgs and build trust?
- How can we increase outreach to visible minority communities if our organization is mainly a language minority community (example I am Caucasian and have never been able to attract anyone that doesn't look like me, which is sad)
- How do community orgs support one another without creating an Overlap or oversaturation of services
- How can community organisations promote their services within frontline services?
- how do we address the phenomenon of thinking that we are doing the work/doing enough when we could be doing more on individual and system levels?
- do you find that a lot of the work you do is emotional vs physical when it comes to healing marginalized communities?

Summary of discussion points:



- Healing in marginalized communities is holistic—emotional, physical, mental, and spiritual.
- Racialized communities already hold knowledge and tools for their own healing.
- Organizations should collaborate with groups already serving minority communities to build trust and relevance.
- Individuals can influence systemic change through everyday critical conversations while building collective action.
- Before inviting minority communities into a space, organizations should ensure those spaces are safe and genuinely welcoming.

'Getting to Terrible' Exercise

A group activity (TRIZ) was then introduced to identify the **worst possible strategies** for excluding racialized English-speaking people from health and social services—an exercise meant to expose harmful assumptions and power dynamics.



Bad ideas

- Don't speak English
- Charge \$ for English Services
- Don't ask them what their needs
- Reduce Service availability in specific areas
- Tailor services to only ask specific needs
- Put services in hard to reach locations
- Service hours are only during regular work hours.
- Not allowing family members to accompany
- No translation Services.
- Not hiring any racialized English Speaking people.
- Isolate Racialized ES. communities.
- Sign on service locations say "No speaking English"
- Restrict access/making it as hard as possible to not access

Getting to terrible

Make a list of everything you can do to make sure that racialized English-speaking people do not access health and social services.

Getting to Terrible

- Advertising only in French
- Communication only in French
- No representation
- Refuse to provide services
- Two separate entrance based on race and/or language "accent", sex
- No confidentiality
- No interpretation
- No access for mobility
- No visuals
- A child with Autism we put them aside
- Provide diagnosis without care

Impose strict language laws
 Unilingual staff; not from racialized groups
 Unilingual documents
 Questions that get asked at water images represent only white people
 Services not adapted to different backgrounds
 Refusing to organizations that serve the groups
 Not permitting collaboration with certain organizations

- Not swaying
 - We only speak French
 - Under representation with staff and decision makers
 - Blame
 - One size fits all approaches
 - Equity vs Equality
 - Complexity of Access
 - Micro Aggressive Behaviour

→ Pas offrir de solutions
 → Ignorer ouvertement les besoins
 → Oublier et laisser les besoins sans langue
 → discrimination: approche jugante
 → demander aux gens de quitter s'ils ne parlent pas français
 → ne pas parler en français

Refusing to translate

Themes: Barriers Identified Through the “Getting to Terrible” Exercise

Language-Based Exclusion

Participants highlighted how language can be weaponized to restrict access:

- Restrict services to French only; forbid English use.
- Provide no translation or interpretation.
- Ask clients to leave if they don't speak French.
- Force people to communicate only in French.
- Provide resources and tools in one language only.
- Use inaccessible vocabulary.
- Withhold information about rights and available services.

Impact: Language becomes a gatekeeping mechanism that blocks racialized English-speaking communities from receiving care.



Structural and Geographic Barriers

Participants identified system-level structures that make services inaccessible:

- Place services in locations that are hard to reach.
- Limit service availability by region.
- Restrict hours to standard work times only.
- Create long wait times.
- Provide no choice in services.
- Cut funding for multilingual or adapted services.
- Make laws vague to increase confusion.
- Design referral pathways that push people out of their communities.

Impact: Infrastructure and policy are used to make accessing care burdensome or impossible.

Workforce & Organizational Barriers

Barriers at the level of staffing and organizational culture include:

- Hire only French-speaking or culturally non-representative staff.
- Exclude racialized or English-speaking staff from hiring.
- Provide inadequate training, support, or supervision.
- Work in silos; avoid collaboration or partnerships.
- Use corporate, rigid responses rather than human-centered approaches.

Impact: The workforce does not reflect, understand, or meet the needs of racialized English-speaking communities.



Discriminatory Attitudes & Harmful Interactions

Participants described interpersonal behaviours and attitudes that alienate clients:

- Ignore needs openly; judge or discriminate.
- Use microaggressions and disrespect toward BIPOC clients.
- Normalize “one size fits all.”
- Show no empathy, compassion, or flexibility.
- Diminish client voices; dismiss concerns.
- Categorize or label clients without care.

Impact: Clients experience exclusion, disrespect, and racialized harm when seeking services.

Themes Continued: Barriers Identified Through the “Getting to Terrible” Exercise

Poor Quality of Information and Service Delivery

Examples of service-level failures included:

- Do not ask about needs or preferences.
- Provide no solutions or inadequate solutions.
- Overprescribe medications.
- Remove or obscure contextual information needed to make decisions.
- Fail to ensure physical accessibility (e.g., mobility).

Impact: Information gaps and poor-quality service create mistrust and disengagement.



Social & Community-Level Harms

Participants also named broader systemic harms:

- Isolate racialized English-speaking communities.
- Reduce trust by promoting division.
- Maintain punitive or performance-based evaluation.
- Target or prioritize “white Anglos” while excluding racialized English-speaking residents.

Impact: These practices reinforce inequities and erode community well-being.



To turn the “**Getting to Terrible**” insights into action, the reverse is clear: ensure services are linguistically accessible, culturally responsive, and easy to reach. Build trust through empathy, clear communication, and diverse, representative staff. Adapt policies and practices to meet communities where they are, rather than expecting them to navigate rigid systems.

Above all, collaborate with partners and centre community voices to remove barriers and create services that are welcoming, equitable, and genuinely accessible to all.

Launch of Early Childhood Week "La Grande Semaine des Tout-Petits"



The launch highlighted the 10th edition of the Grande Semaine des Tout-Petits, a province-wide effort to raise awareness about the importance of early childhood. Data was presented on English-speaking families, racialized and immigrant populations, and the experiences of anglophone fathers. Collaboration was emphasized between anglophone, francophone, and Indigenous organizations, showcasing shared initiatives and tools such as regional maps and a newly launched video illustrating cross-sector partnership.

Elise Bonneville, Director, Collectif petite enfance

Elise brings over 15 years of experience in perinatal and early childhood work. She emphasized early childhood as a societal priority, highlighting the importance of prevention, equal opportunities, and strong collaboration across communities—including First Nations. Known for guiding collective initiatives, she underscored the need to mobilize decision-makers and community networks to support the optimal development of all children.

Understanding and Empowering Racialized and Immigrant English-Speaking Families



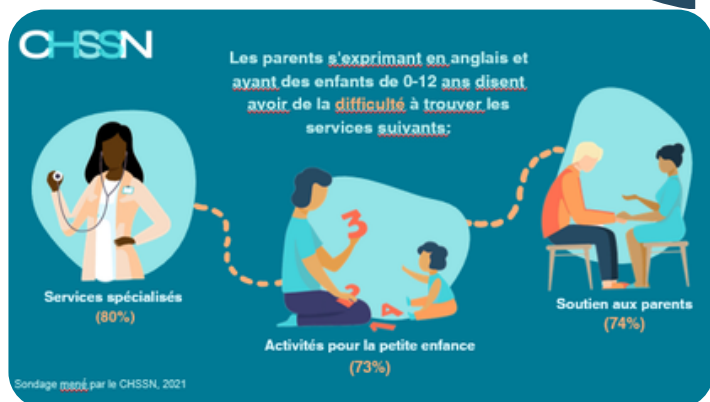
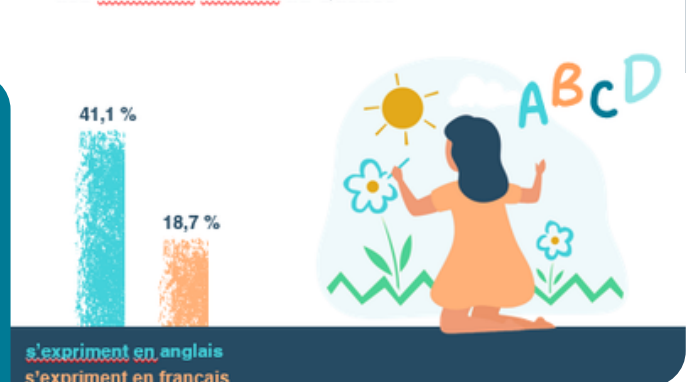
Presentation by Anne-Marie Cech, CHSSN Program Manager for Early Childhood, Youth and Families

Data shows clear inequities affecting racialized and immigrant English-speaking families with young children in Quebec. English-speaking visible minority families make up a significant share of the 71,000 children aged 0–5, yet they face higher rates of poverty, greater developmental vulnerability at kindergarten entry, and more social isolation. English-speaking parents are more likely to feel overwhelmed, have fewer support networks, and struggle to find or navigate early childhood and parenting services. Many also fear that francophone environments may not welcome their family.

Overall, these findings highlight that supporting English-speaking families—especially those who are racialized or newcomers—is a matter of equity, requiring better access, inclusion, and coordination across systems.



Langue parlée chez les enfants de 0-5 ans des minorités visibles au Québec



A Portrait of English-speaking immigrant Fathers in Québec: Presentation by Professor Saïd Bergheul, Ph. D.

Presentation Highlights: Profile and Experiences of English-Speaking Immigrant Fathers in Québec

English-speaking immigrant fathers in Québec, most of whom are between 30 and 45 years old, arrive from diverse regions including the Philippines, the United States, and the Middle East. Many hold university degrees yet often accept employment well below their qualifications, creating both professional and financial strain. Linguistic and cultural barriers further complicate their integration, particularly when navigating schools, health services, and other public institutions.

The study highlights the importance of an initial welcome in English to support early engagement and facilitate a gradual transition to French. As they adapt to new social and family contexts, fathers develop a transformed parental identity shaped by emotional and psychological challenges, including the impact of migration on marriage and family life.



Support strategies

- Local initiatives—such as mobile pediatric clinics, intercultural centres, and community-based workshops—offer essential support.
- Emerging tools, including AI-assisted translation, also show promise in easing communication and integration.



Reaching English-Speaking Immigrant Fathers: Presented by Mardoché Mertilus and Daniel Lapalme, Réseau pour la Valorisation de la Paternité (RVP).



RVP plays a key role in bridging French-speaking and English-speaking communities, translating tools, and fostering collaboration to better reach and support immigrant fathers.

RVP presented their work on strengthening support for English-speaking immigrant fathers in Québec. They highlighted that many existing family and community programs can be adapted to include fathers rather than building new services from scratch.

Drawing on training delivered to over 130 organizations across the province, RVP showcased tools such as an online co-parenting module for parents of children with disabilities and two resources tailored to immigrant contexts: **Facets of Father Engagement** and **Points of Tension**, which help practitioners understand stressors related to migration, identity, and family adjustment.



The discussion emphasized the importance of inclusive, father-friendly practices, recognizing that fathers come in many forms—stepfathers, co-parents, uncles, grandparents, and more. Participants noted the need to address subtle forms of discrimination, reduce language barriers, and promote positive co-parenting even in single-parent situations. Examples from partner organizations illustrated effective approaches, including father-specific prenatal activities, mental-health supports, and co-parenting guides.



Participant Reflections From the Day

- 1 Importance of Working in Networks**
 Participants emphasized the value of collaboration between institutions (like CLSCs) and community organizations. Institutions cannot know every cultural nuance, and community groups bring essential local insight and trust. Working together rather than in silos was identified as key.
- 2 Adaptation and Flexibility**
 A major takeaway was the need to adapt services to meet the diverse needs of clients, especially across cultural and linguistic differences. Adaptation involves staying open, learning continuously, and being willing to adjust approaches so people feel welcomed and supported.
- 3 Empathy and Trauma-Informed Practice**
 Participants highlighted that service providers must understand the barriers and histories that shape people's behaviors and needs. A trauma-informed lens shifts thinking from "What did you do?" to "What happened to you?" This helps build trust and engagement.
- 4 Humility**
 Service providers acknowledged they cannot know everything about every cultural group. Humility—not assuming, listening carefully, and being willing to learn—was seen as essential to meaningful intercultural work.
- 5 Authenticity**
 Authenticity was described as a universal connector. Even when mistakes happen, people can sense genuine intentions, respectful efforts, and attempts to make them feel safe. Authentic engagement helps build stronger relationships with diverse communities.
- 6 Curiosity and Continuous Learning**
 Participants were encouraged to bring their learning back to their teams, keep asking questions, and explore new ways to improve services. Curiosity was framed as a tool for long-term change.



What participants plan to bring back to their teams:

- Better ways to support fathers, whose needs are often overlooked in social services.
- Stronger partnerships with English-speaking organizations and other community groups.
- More awareness of how to ensure safe, accessible services in English when needed.
- The reminder to ask without assuming and listen without judging.

Participant reflections at the end of the event closely aligned with the expectations they shared beforehand. Many arrived hoping to build connections, learn from others, and deepen their understanding of racialized and immigrant English-speaking communities—and their takeaways reflected exactly that.



The value of working in networks reinforced their desire for collaboration. Themes of adaptation, empathy, and trauma-informed practice offered concrete strategies for improving access. Reflections on humility and authenticity supported their goal of strengthening trust, while curiosity and continuous learning echoed their wish for new insights and inspiration. **Together, these reflections show that the event not only met participants' expectations but also strengthened the mindsets needed for ongoing, community-centered work.**

They found the forum valuable

- 86% of participants rated the event 4 or 5 out of 5.
- 97% rated the experience positive overall.
- Many noted the welcoming atmosphere, thoughtful facilitation, and the blend of lived experiences, data, and panel perspectives.

**They made important connections**

This event was truly about strengthening relationships across sectors:

- 56% made 3–5 new connections.
- 73% reconnected with 3 or more colleagues.
- They connected with:
 - Frontline community organizations (76%)
 - Institutional partners (46%)
 - Regional or provincial networks (32%)

These connections weren't just surface-level. Many exchanged resources, identified shared challenges, and even began planning follow-up conversations.

What they found most meaningful

When asked what stood out most, they highlighted:

1. The power of connection
2. Networking, meeting new partners, and discovering others doing similar work across the region.
3. The morning panel & presentations
4. Hearing from voices in the community and learning from lived experiences and practitioner perspectives.
5. Honest conversations & group discussions
6. Participants valued the space to reflect together, surface challenges, and share insights freely.
7. Learning about services and organizations

They appreciated understanding “who is doing what,” and discovering new initiatives.

Interest in collaborating

- 70% said they definitely or potentially see opportunities to collaborate with people they met.
- Many identified shared service gaps, common priorities, and areas where joint work would be helpful.

What they'd like next

The top requests for follow-up included:

- A participant contact list (81%)
- Ongoing learning or information-sharing sessions
- Networking opportunities (e.g., more informal or “speed” networking)
- Small working groups on specific themes or communities



CHSSN will explore ways to support next steps and maintain momentum.



Facilitator: Pemma Muzumdar, MPH (she/her)

Through various roles with the six National Collaborating Centres for Public Health, Pemma has worked at the nexus of public health, knowledge translation, and systems change for the past 15 years. She is passionate about working with others to build a culture of equity in public health and the wider health system. At the National Collaborating Centre for Determinants of Health, Pemma co-chairs the National Health Equity Collaborative Network and co-produces *Mind the Disruption*, a podcast about building a healthier world for everyone. Her work and leadership focuses on anti-racism, intersectionality, climate justice, and addressing inter-related determinants of health. Pemma is a member of the Board of Directors for the Canadian Public Health Association. She completed a Masters in Public Health at the University of Waterloo in 2010.

Darley Polony, Social Impact Consultant (she/her)

Speaker: Darley Polony, Social Impact Consultant (she/her)

Darley Polony is a Social Impact Consultant and Human Rights Educator with over 20 years of experience in the non-profit and community sectors. Formerly the Executive Director at BGC Dawson, she now partners with organizations to strengthen capacity, design equitable programs, and foster meaningful community engagement. Her work bridges leadership, evaluation, and social justice, helping teams develop actionable strategies that drive measurable impact. Known for her collaborative approach and deep commitment to transformative community change, Darley supports organizations in building inclusive, resilient, and connected communities.

Sam Nyinawumuntu (she/they), Black Healing Centre

Sam describes themselves as a Black queer being who hails from the mountains of Rwanda. They are a Daughter, a Friend, auntie, massage therapist, and cultural organizer whose mission is to facilitate and co-create intentional spaces that center a healing justice framework for people who are, and have been historically marginalized. Sam is the Founder & Executive Director of the Black Healing Centre. An organization whose mission is to provide an accessible space for intergenerational, culturally relevant, and afro-positive mental health care for Black folks in Tiohtià:ke (MTL).

Dr. Debra Titone, McGill University Department of Psychology

Dr. Debra Titone's research is grounded in the cognitive experimental sciences. She is particularly fascinated by language—a complex and highly interdependent set of skills and abilities that brings together almost all aspects of cognition and social function. Her laboratory at McGill investigates a variety of questions pertaining to language use: how people comprehend and produce the languages they know, and how they read, learn novel linguistic forms, or use formulaic or metaphoric language. She is also interested in how these functions impact use of language in real-world settings (e.g., health literacy, communication barriers faced by special populations such as people with schizophrenia). In collaboration with a variety of highly creative and talented students, postdoctoral researchers, and collaborators, she examines these questions across different domains and employs varied methods, most notably eye-tracking studies of reading, as well as neuroscience and computational approaches. Dr. Titone is an active member of the Centre for Research in Brain, Language and Music and currently leads the Montréal Bilingualism Initiative.

Sapphire Allaire, Events Coordinator, Y4Y Quebec (she/her)

As a young professional and eternal student of life, she has spent several years in the field of education and non-profit environments and has a passion for education and redefining conventional boundaries. In a rapidly changing landscape, she believes we are the architects of thriving and connected communities. She continues to pursue studies that she feels will assist her and the community in the overall design of their future.

Élise Bonneville, Director, Collectif petite enfance

Elise has worked in perinatal and early childhood development for over 10 years. She is a passionate advocate for young children, committed to putting her education and experience to good use to make the health and well-being of our littlest citizens a true social priority. Armed with extensive expertise in consensus-building and project management in community and public-sector healthcare settings, Elise has made a significant contribution to a number of collaborative projects aimed at this segment of the population, including the creation of the first birthing centre in the CIUSSS/CISS network.

Dr. Rislaine Benkelfat, Doc Toc Toc

Dr. Rislaine Benkelfat is a pediatrician and Assistant Professor at McGill University, with a deep commitment to advancing health equity for children and families living in vulnerable contexts. Her work spans clinical care, community engagement, social innovation, and system transformation. She is the co-founder and president of DocTocToc, a mobile pediatric social care initiative based in Montreal that brings early childhood health and psychosocial services directly into underserved neighborhoods. The project aims to break down systemic barriers to care through proximity-based services, intersectoral partnerships, and a strong emphasis on family empowerment. Her academic work explores how frontline realities can inform system-level change, with a focus on social innovation, intersectoral collaboration, and equity-oriented policies. Holding an MBA from HEC Montréal, Dr. Benkelfat combines medical expertise with strategic and operational skills. She has led the development and implementation of complex initiatives with high social impact and is recognized for her ability to mobilize diverse partners around a shared vision of health equity and to bring bold, community-driven ideas to life.

Ushana Houston, ACDPN (she/her)

Ushana is the Director of Strategy and Communications at the African Canadian Development and Prevention Network (ACDPN), a Black-led community organization advancing health equity for English-speaking Black communities in Quebec. A first-generation Canadian and proud daughter and granddaughter of the Caribbean, she brings a community-rooted, systems-focused perspective to all her work. Her portfolio includes cultural adaptation, systems-change leadership, community-institutional partnerships, capacity building for Black-led organizations, and advancing equity in health and social services. Through her strategic leadership, ACDPN works to strengthen access, dignity, and culturally relevant services for youth and families across multiple systems — including youth protection, the school system, early childhood services, and healthcare institutions. She is deeply committed to building sustainable Black community ecosystems and to advancing the structural changes needed to make health and social systems more equitable and responsive. Her work contributes to ACDPN's broader mission of supporting a healthy, thriving Black community where English-speaking Black children, youth, parents, families, and seniors can flourish.

Saïd Bergheul, Ph. D.

Saïd Bergheul is a professor at the Université du Québec en Abitibi-Témiscamingue (UQAT). His research interests focus on immigration and the integration of immigrants into the communities that receive them. In recent years, he has led several research projects on the adaptation and integration of immigrant fathers upon their arrival in Québec. He is currently conducting a study on work-family-school balance among English-speaking immigrant fathers in Québec. He directs the Research Laboratory on Adaptation Difficulties and Psychosocial Intervention. He is also co-editor of the volume *Parenting in a Migration Context*, published by the Presses de l'Université du Québec in 2022.

Daniel Lapalme, agent de liaison et formateur, Projet Proche aideance et coparentalité, Réseau pour la Valorisation de la Paternité (RVP)

Daniel Lapalme est agent de liaison et formateur au Regroupement pour la Valorisation de la Paternité (RVP) où son mandat principal est d'accompagner et de former des organisations sur les réalités coparentales en contexte de proche aideance. Il cumule plus de 20 années d'expérience au sein de différents organismes communautaires. Son parcours l'a amené à travailler avec des pères et des familles en situation de vulnérabilité. Il a aussi été coordonnateur de l'intervention pour la Division du Québec de la Société canadienne de la sclérose en plaques.

Mardoché Mertilus, agent de liaison et formateur, Adaptation des pratiques, Réseau pour la Valorisation de la Paternité (RVP)

Détenant plus de 10 ans d'expérience comme travailleur de rue puis coordonnateur clinique dans l'Ouest-de-l'Île de Montréal, Mardoché a rejoint l'équipe du (RVP) en 2019, pour devenir formateur et agent de liaison pour le Programme d'Adaptation des Pratiques aux réalités Paternelles (PAPPa). Ce sont ses interventions auprès de jeunes pères monoparentaux qui ont éveillé chez lui un intérêt marqué pour la paternité. Il a participé au projet Père à cœur ou encore créé les tous premiers cours prénataux s'adressant spécifiquement aux pères de sa région. En plus de sa connaissance du terrain, de son expérience en formation d'intervenants et supervision d'équipes, s'ajoute un sens aigu du contact et une authenticité qui font de lui un animateur hors-pair! Au RVP, Mardoché a su s'approprier rapidement de nouvelles connaissances entourant la paternité et il a très vite eu l'occasion de parcourir plusieurs régions du Québec pour animer des ateliers du PAPPa. Formateur expérimenté, Mardoché est aussi reconnu pour son attention aux besoins et son engagement dans le soutien qu'il apporte aux organisations.

Premier lauréat de la catégorie Intervenant Jeunesse de l'axe Santé, prix Reconnaissance Jeunesse du Premier Ministre du Québec (2018).

National Collaborating Centre for Determinants of Health (NCCDH) |
Centre de collaboration nationale des déterminants de la santé (CCNDS)



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- Website: <https://nccdh.ca/> | <https://nccdh.ca/fr/>
- [Let's Talk Series](#) | [Série « Parlons-en »](#)
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 - [Let's talk: Racism and health equity](#) | [Le racisme et l'équité en santé: Parlons-en](#)
- [Mind the Disruption Podcast](#) | [Balado: Mind the Disruption](#)
- [Health Promotion in Canada, Fifth Edition](#)

Graphic facilitation mural from morning sessions by Alina Gutierrez Mejia, Visual Versa:



Graphic facilitation mural from afternoon sessions by Alina Gutierrez Mejia, Visual Versa:

