

### Health promotion project in high gear

With a major survey of English-speaking Quebecers completed, and innovative community projects now on the drawing board, the CHSSN's new health promotion initiative is well under way. Entitled We Can Act, the project was launched last spring as part of a comprehensive plan to prepare English-speaking Quebecers to participate in the province's health and social services decision-making process. This CHSSN project is being funded jointly by Health Canada's Population Health Fund and the Department of Canadian Heritage.

It started with the CROP/CHSSN survey of English-speaking Quebecers. The survey's purpose was to record anglophones' attitudes and experiences on those social issues that influence a community's vitality. This knowledge would be the key to future action.

"Some of the most telling results came from questions on access to health and social services," says Jim Carter, CHSSN program and policy advisor. "There is still considerable disparity in accessibility to services within the anglophone community. It does depend on where you live."

There are some striking examples of these differences. For example, the survey shows that while 65 per cent of anglophone Quebecers overall did receive services in English at their CLSCs, that figure dropped to as low as 35 per cent in such regions as the Saguenay, Mauricie, central Quebec and the Lower Saint Lawrence. And while close to three-quarters of Montrealers living in the

central and western areas of the city received English services from Info-Santé, only 46 per cent of East End Montrealers did so.

Where anglophones get their healthcare information is another important issue. "We've discovered that community organizations rather than public institutions are their most important source for services availability," says Carter. "They, and local schools, are also where anglophones hear, in English, about health promotion and prevention."

These and other survey findings point up the need for remedial measures by both the communities and the institutions. "They certainly support the work we're doing to build our community's vitality," says Carter. A complete survey report will be presented at a CHSSN conference in February (see page 3).

In the meantime, two other elements of the We Can Act project have begun. CHSSN consultant Hugh Maynard is working with CHSSN member organizations to develop social economy projects related to delivery of health and social services, on the Gaspé coast and on the Lower North Shore. The Montreal-based Centre for Community Organizations (COCO) is developing a training program on Quebec's healthcare reforms for CHSSN members across the province. "For communities to fully participate in the system, they need to fully understand it," says Jennifer Johnson, CHSSN executive director.

### The CHSSN in action

The CHSSN has initiated and partnered a number of projects to further accessibility to English-language healthcare services in Quebec. They are all moving steadily ahead.

- Results of the major CHSSN/CROP survey of English-speaking Quebecers are now in. They will provide a comprehensive bank of information critical to improving access to health and social services.
- The second CHSSN Baseline Data Report has been completed. By fusing demographic data with social factors affecting health, this study provides an effective means of assessing the vitality of anglophone communities.
- The CHSSN project for improving access to Info-Santé for English-speaking Quebecers has been enthusiastically endorsed by the Ministry of Health and Social Services. Important changes are to be introduced next year.
- Organization of McGill's language training and human resources development project has been finalized. Some 2,000 francophone healthcare professionals so far have enrolled in the second-language courses being offered. Over 4,000 will eventually participate.
- Under the QCGN Networking and Partnership Initiative, 10 CHSSN members have spearheaded the creation of vital new partnerships between community groups and public institutions. Many have already taken action to improve delivery of healthcare services in English in their region.

## Evaluation important to project success

The CHSSN has contracted the École nationale d'administration publique (ÉNAP) to evaluate its program on access to primary health care for anglophone Quebecers. ÉNAP, a unit of the Université du Québec, will be studying both the implementation and the impact of the 37 individual projects financed by the program.

"We're first looking at how effectively these projects got off the ground," explains Sylvain Bernier, evaluation project manager. "Because all projects are proceeding at different rates, there's a lot to be learned at this stage that will help in implementing the program in the long term. For instance, are all the

courses in English actually giving healthcare workers the confidence to use it?"

Bernier points out that ÉNAP's role is to assist, not to judge. "We're there to find out what works, and what doesn't," he explains. "We'll be helping the project leaders at every stage. This program is so new, in effect it's an exciting experiment. And we're all learning together."

"This partnership with ÉNAP will enable us to develop new service models," says Jim Carter, CHSSN program and policy advisor. "The goal is to integrate all our projects into the newly organized health and social services system."

## Translation network open to more members

Since its launch three years ago, the translation network supported by the CHSSN has garnered 49 institutional members. By sharing healthcare documentation already translated, members can realize important savings in both time and money. There is ample opportunity for the membership to expand.

"The more members there are, the more documents will be available," says Lorraine Torpy, network coordinator. "Many groups and institutions are working on their own translations, but pooling these resources can eliminate unnecessary duplication. Another positive aspect of this network is that it could eventually lead to standardization of English terminology. That would help both service providers and their English-speaking clients."

## Info-Santé set for important changes

Info-Santé, Quebec's health assistance telephone line, handles over two million calls a year. But few of the province's anglophones are included in that number. A recent survey sponsored by the CHSSN revealed that 60 per cent of anglophones have never heard of the service, and 70 percent did not know that it could be offered in English. While 30 per cent used it at least once in their lives, only 15 per cent had within the previous year.

"But that situation is about to change," affirms Mariëlle Lavallée, coordinator of the CHSSN's project to improve anglophone access to the service. "Four regions will operate a provincial telephone network staffed by English-speaking nurses: Montreal, Estrie, Laval, and the Outouais. Any time that another region not be able to respond to an English-speaking caller within a

## Telehealth program to be new anglophone resource

Having proved its feasibility – and its value – in earlier pilot studies, the CHSSN regional telehealth project is being implemented as an ongoing three-year program. Teleconferences with healthcare experts from the McGill teaching hospitals network will be conducted for anglophone communities in the Magdalen Islands, the Gaspé, the Lower North Shore and Thetford region.

"The communities choose which issues they want covered," says Jo-Ann Jones, program coordinator. "Some will be of common interest, but there are others that will target particular concerns of each region."

reasonable delay, the call will be transferred into this network."

To ensure that a solid bank of English-speaking nurses is available, the CHSSN has been sponsoring courses to upgrade their command of the language. Once these elements are in place, a publicity campaign will be launched to promote the service among the English-speaking communities.

"Throughout development of our project, there has been a very close collaboration with the Ministry of Health and Social Services," says Lavallée. "They've been planning major improvements to Info-Santé and have welcomed our proposals very enthusiastically."

The CHSSN project is being funded by Health Canada.

## Conference brings communities, partners together

The CHSSN will be hosting the sixth conference on accessibility of English health and social services in February. This event, under the theme Building Links, will bring together representatives of English-speaking community organizations and public institutions from across the province.

Delegates will examine new knowledge now available about anglophone communities, they will learn about innovative community/public partner initiatives to improve accessibility to English-language services, and they will explore strategies to sustain those advances.

“The timing of this conference is very pertinent,” says Jim Carter, CHSSN program and policy advisor.

## Communities receive vital new information

The CHSSN has released a second bank of demographic data and health statistics that provides the most definitive profiles yet of anglophone communities in Quebec. Its Base Line Data Report 2003-2004 pointed up some major differences between anglophone and francophone communities in the different regions of the province. This important study zeros in on 10 English-speaking communities, at the CLSC level. These are the communities participating in the Health and Social Services Networking and Partnering Initiative (see page 4).

“There can be quite a difference between the reality of the CLSC territory and what’s assumed at the regional level,” says report author Joanne Pocock. “Some regions are

“There is so much happening, on several fronts, right now. Quebec is in the midst of an extensive reorganization of the healthcare system that emphasizes improved access and quality of services. With federal funding support, our communities have been assessing their needs, forming strategic partnerships and developing new service delivery models that will enable them to actively participate in the healthcare system in the future. So the moment is ripe to bring all these stakeholders together.”

The conference will also highlight the findings of the recent CHSSN/CROP survey of anglophones. It was designed to measure the actual vitality of Quebec’s English-speaking communities.

very large. Montreal, for example, has 12 CLSCs that vary considerably in terms of the needs of – and the services available to – anglophones.

“It is government policy now to have healthcare issues resolved at the local level,” says Pocock. “But it’s one thing to tell the community sector to take care of its own problems. It’s another as to whether all communities are equally endowed with the resources to do this.”

The CHSSN has compiled this key data to prepare anglophone communities to partner with larger government institutions. “Regional authorities would not have this kind of information,” says Pocock. “So it is a crucial tool for a community negotiating for healthcare services that respond to its actual needs.”

## Support team on hand for networking projects

A team of CHSSN community specialists has been playing a pivotal role in the development of critical new partnerships for English-speaking Quebecers. One of the 11 anglophone organizations selected to participate in the Health and Social Services Networking and Partnership Initiative (see p.4), the CHSSN’s job is to provide key statistical data and hands-on training to the other participants. Team members are Jim Carter, Rodney Clark, Russell Kueber, Jennifer Johnson and Richard Walling.

“It’s very much a one on one arrangement,” says Kueber. “We each have assigned community organizations with which we work, at every stage of their project. We meet with them on site, and we’re always available for distance consultations.”

The first major task was to help the local organizations interpret the bank of demographic information that the CHSSN had compiled on their communities. After helping them to assess their own health and social services needs and priorities, the team assisted the organizations in building their networks. “We’ve been helping them to evaluate their meetings and their approach to issues,” says Kueber.

As the different networks move ahead, at different rates depending on their complexity and size, the team is supporting their progress and facilitating their exchange of best practices. “We’re also looking ahead to long-term maintenance,” says Kueber. “These networks have to be sustainable after 2008.”

## Community partnership networks well under way

*Nearly two years into its five-year program schedule, the Health and Social Services Networking and Partnership Initiative (HSSNPI) has been making major strides toward delivery of healthcare services to English-speaking Quebecers. The 10 organizations participating in this breakthrough venture have been attracting the active cooperation of other community organizations and service providers across the province. And while these partnerships are being forged, old stereotypes are giving way to the new reality of Quebec's anglophone communities.*

*The Initiative is being implemented by the Quebec Community Groups Network. It is funded by Health Canada.*

Some of the partners brought together by the **Council for Anglophone Magdalen Islanders (CAMI)** started improving services even before an assessment of the anglophones' needs had begun. A collective kitchens group and the local volunteer centre are jointly hiring a new anglophone employee to serve the region's English-speaking communities. Students from the local high school are interviewing partner organizations and residents on the availability of services for broadcast on local radio.

The Centre de la santé et des services sociaux (CSSS) will be assessing why and how often anglophones are using healthcare services. "Government has always lumped us in with the Gaspé," says Rachele Clark, CAMI's NPI coordinator. "But now that we have new CHSSN data, we can show that we are very different, and require services tailored to our own needs."

□

The broadly based network set up by the **Coasters Association** on the Lower North Shore has already taken action on several fronts. "We didn't wait to have a mission and mandate before diving right in," says coordinator Kimberly Buffitt.

This new network is working with six other eastern Quebec organizations to assess transportation and lodging needs of anglophones who must leave the Coast for care. It has begun a pilot project to tackle problems of youth and children. An assessment of the needs of women is also a priority.

This new partnership has also spawned a mini-network of organizations from five municipalities that are working with the CLSC to bring about local programs. "Now we're drafting a strategic plan that will carry us right up to 2008, and beyond," says Buffitt.

□

"Thanks to our new network, there is now an anglophone on the boards of the local hospital foundation and of the CSSS," says Cynthia Patterson, NPI coordinator for **Vision Gaspé Percé Now**. "We've been invited by Santé-Publique to be the community partner in a new school health project. The municipality of Percé has asked for our health and social services objectives for the anglophone community so that they can be incorporated into its action plan.

"With the regional Agency, we're planning a meeting of a wide array of partners from the health and educational sectors to address the

psycho-social needs of young Gaspesian anglos. And because we've been able to share our new knowledge base with them, the school board is now sharing its stats on children with behavioural difficulties. None of this would be happening without these new partnerships."

□

The networking project being organized by the **Committee for Anglophone Social Action (CASA)** in the Gaspé just started this year. Preliminary surveys of the anglophone population have elicited widespread support. "Input from our community has been overwhelming," says coordinator Cathy Brown. "The local CSSS, one of our partners, has even provided an anglophone nurse to help with our upcoming needs assessment."

Anglophones number slightly over a thousand in the Rocher-Percé area, and more than half are 60 years and older. Only 385 are between the ages of 15 and 50. "This information from the CHSSN base line data report was a real eye-opener," says Brown. "Considering those numbers, seniors' issues are going to be a major focus for us."

□

The **Townshippers Association** has spearheaded creation of two partnership networks, in Estrie and in the bordering Montérégie region. As the pilot project for the NPI program, the **Estrie** network has progressed through developmental stages into action plans to tackle the issues of most concern. Needs assessments and meetings with

service providers pointed to four main problem areas: transportation, family support, seniors issues and access to services.

“There is a serious lack of services in English,” says Shannon Keenan, Estrie NPI coordinator. “But even worse, anglophones aren’t aware of what limited services are available. Our network has set up a steering committee to advocate for improved access and dissemination of information to the community. We’ve also developed an assessment procedure to appraise our progress and the network’s effectiveness.”

The **Montérégie** partners have designated sub-committees to work on special issues, such as serious youth problems, seniors needs and mental health. “Our anglophones feel marginalized, with no sense of community,” says George Courville, NPI coordinator. “We have the young and the old, but the middle generation is missing. And that has shaped our priorities.”

The partners are preparing an organizational model to develop long-term strategies; an action plan is scheduled for spring. “Our immediate goal,” says Courville, “is to bring our community into the mainstream, to inform them about available services and to open up access to services that they need.”

□

“A very interesting development has occurred in our network,” says Peter Whitcomb, NPI coordinator for the **Megantic English-speaking Community Development Corporation (MCDC)**. “Our francophone partners have asked that all our meetings be conducted in English.”

MCDC has been working for some time with local service providers. “This formalized network is taking us much farther,” affirms Whitcomb. “There is a heightened awareness of our situation and a considerable change in attitudes and responses. Our challenge now is to network outside Thetford, a huge region where there really isn’t a large anglophone presence.”

One of the major concerns of the partnership is the sustainability of the initiative. “We’ll be exploring possibilities for long term financing as well as for what organism could assume responsibility after the program ends,” says Whitcomb.

□

One of the challenges facing the **Regional Association of West Quebecers** is to identify the anglophone community and to classify its needs. “Our population is scattered throughout a very large region with a great variation in available services,” says Danielle Lanyi, NPI coordinator. “But we know services are lacking – we’ve defined the major gaps – and that people don’t know what is there.”

Lanyi has so far been informally networking with service providers. “They’re very interested in our demographic data,” says Lanyi, “because they’ve never had that kind of information before. I’m expecting their commitment soon to formalize a network in the region.”

□

The **Fraser Recovery Program** is the only NPI project involving a single health issue. A Quebec-based program aimed at drug and alcohol abuse among youth, the Fraser is helping East Coast communities to

set up local networks to address that issue. Led by Vision Percé Gaspé Now, a broadly based community coalition spurred the introduction of a drug and alcohol intervention program in the Gaspé’s polyvalent school. Local CEGEPs are to follow. “And the regional school board has declared a zero tolerance policy in school activities,” says coordinator Chantal Lafrenière.

Fraser is also working with CAMI in the Magdalen Islands on a program called ADAPT (Alcohol and Drug Abuse Prevention Team). “They’re now registered as a non-profit in Quebec, and have applied for federal charitable status,” says Lafrenière. “The committee is well structured, and is developing an action plan. The next big step for both projects is fund-raising.”

□

**CCS** (Catholic Community Services) is a key player in the new 17-member network of service providers and community groups serving the isolated English population of East End Montreal. “At our first consultation meeting, we learned that most people didn’t know anything about each other’s organizations,” says coordinator Fatiha Gatre-Guermiri. “However, partnerships were struck on the spot among people wanting to work together. And three CSSSs offered to organize a major telephone survey to assess the actual needs of East End anglophones.”

The network has already begun looking at problems concerning seniors, youth, and the intellectually handicapped. Because so many anglophones must seek out English-services in western Montreal, transportation is also a major issue.

## Services for intellectually disabled in danger

New legislation passed by the National Assembly in early December has raised serious concern about the fate of English-language services for intellectually disabled persons living in Montreal. It designates that CSSSs take over all such services within their individual territories. They may either handle services delivery themselves, or subcontract it to other organizations.

“The problem with this new scenario is that these services could become splintered across the city,” says Donald Foidart, secretary general of the West Montreal Readaptation Centre (CROM). “Instead of relying on their traditional institutions – CROM has 25-years of expertise in the field – intellectually disabled anglophones and their families could face a hodgepodge of disjointed services. They could find themselves dealing with several CSSSs for different services, rather than with a single coordinator, as is now the case.”

CROM has a solution. It has joined forces with two francophone centres in proposing a new administrative setup for services across the Island of Montreal. The new structure would have one director general, but would name an associate director general to be responsible for English services.

“It would address our three current territorial zones,” Foidart explains, “in order not to disrupt our clients. But there will be broader distribution of services for both anglophones and francophones. We’ll be taking this proposal to the community in January.”

## Language training set to start

The major English-language training program undertaken by McGill University to help francophone healthcare professionals better serve their anglophone clientele has aroused strong interest across the province. The regional healthcare Agencies have selected over 1,000 staff members who will be participating in the first phase of the program, which starts in January. There are nearly 2,000 more on the waiting list.

“There were over 900 applicants in the Montérégie alone,” explains **Mireille Marcil**, program coordinator. “The local teaching institutions selected to provide the courses have only so much capacity. But we want

to include as many as possible. We expect that there will eventually be at least 4,000 participants.”

Marcil points out that these are not conversation courses. “The training is very targeted,” she explains, “and is oriented as to which type of institution or services these professionals are involved with. It’s important for them to understand and to be understood.”

The program is not only for French-speakers. Its second element is language training and professional support for anglophones working in the regions. It starts in January also. The project is funded by an \$11.5 million grant from Health Canada.

## QCGN sets out strategies for the future

The Quebec Community Groups Network (QCGN) is taking steps to ensure English-speaking Quebecers a productive and influential future in the province. Its new Community Development Plan would draw upon the communities’ talents and resources, and strengthen their networks and their institutional and organizational capabilities. It would also nurture the emergence of a dynamic new generation of community leaders.

The five-year Plan was finalized after extensive consultation with anglophone communities across the province. “We had identified eight sectors as key areas for discussion,” says Martin Murphy, QCGN president. “It covered arts and culture, education and life-long learning, employment, health and social services, heritage, media, visibility, and leadership and youth.”

QCGN strategies for achieving progress in these areas are varied. They include promoting a sense of culture among anglophones; improving communication among themselves and with the larger community; and increasing their participation in Quebec society.

“We must not only be able to articulate our aspirations,” Murphy affirms. “We must also be able to influence government policies and programs that could affect our communities’ development. We’ll certainly be expressing our opinions on the key issues.”

The new plan was formulated to offer English-speaking communities a positive vision of themselves and their future place in Quebec society. “It’s not just a question of survival,” says Murphy. “We’re determined to see our communities flourish.”

## Support network expands scope and content

The Quebec Learners' Network (QLN) has moved into the third phase of its Support Network for Parents and Teachers of Children with Learning Disabilities. It has incorporated new material into its basic audiovisual presentations, which are now to be made available in both French and English. It is also going to market this resource more broadly across the province.

"We're still covering the original three topics," says Peter McGibbon, QLN director. "Introduction to Learning Disabilities, Understanding Learning Disabilities and Supporting Children with Disabilities are the main themes. But we've subdivided them into smaller learning modules. That enables us to bring in more information in key content areas, such as attention deficit disorder and behaviour management."

The QLN developed the material with the Centre for Literacy of Quebec. Special education advisors and family psychologists provided advice on content. To this professional expertise has been added interviews with family members who have been closely involved with affected children. This first-person testimony provides a special insight.

"The beauty of this kind of network," affirms McGibbon, "is that it is so accessible to people in rural and remote communities. We'll be launching a dedicated Web site next spring. But now it's available even with dial-up connection online (at [www.qln.ca](http://www.qln.ca)). And for people without Internet access, we can supply a CD ROM version."

## New program helps seniors plan for the future

The Townshippers Association has developed a new program to help seniors plan for their later years. It also hopes to convince a younger audience to start thinking about the legal and medical aspects of old age. This new project is part of the Association's Healthy Active Living 50+ program (HAL 50+).

"When you're old and in failing health, it's very difficult to cope with the many changes happening in your life," says Kim Bailey, HAL 5+ coordinator. "What are your options when you can no longer care for yourself at home? What if you need end of life care? Have you made a will or funeral arrangements? These are not the most pleasant topics, but they can be a source of great anxiety, particularly if family caregivers are no longer around."

The new program consists of a series of presentations that cover: what local services are available to seniors living at home; safety issues around the home; housing options when a senior loses autonomy; legal affairs; end of life care; and funerals.

"We have 10 volunteers, themselves older adults, to organize the presentations at the local level," explains Bailey. "While we provide the basic content outlines, they will adapt it to the particulars of their own community. And they search out the professional presenters who provide the expertise on the various issues. We then publicize these events throughout the territory."

The project is funded through the New Horizons for Seniors program of Social Development Canada.

## English-speakers don't get counted

A small study recently conducted in the Quebec City region offers some insight into how anglophones can get lost in the healthcare system. The Jeffery Hale Hospital and Saint Brigid's Home recently contracted the Ministry's regional information centre to examine how anglophones use the health and social services in that territory.

"What they found was quite an eye-opener," says Louis Hanrahan, executive director of Saint Brigid's. "Of the 39 user information systems they inventoried, only 21 have a question about language choice on their user registration screen. Only one makes a response obligatory. This points out a real difficulty in the system to know what services anglophones are using and where."

"This discovery will be a very good tool for us when we're negotiating access to healthcare services," says Hanahan. "We can now say that out of 39 institutions in our region, only one can identify its anglophone clientele. Even if an institution wanted to make the effort to provide services in English, they just don't have the data on which to base any action."

The next step for Hanrahan is to make recommendations as to how the healthcare institutions can collect information on anglophone clients and how to do it effectively. "The government is now revamping its healthcare services delivery," he says. "We could get into serious trouble potentially if we don't know where our anglophones get theirs."

## CASA persistence pays off

The Committee for Anglophone Social Action (CASA) has opened a new door to anglophones in the Gaspé. Long reluctant to acknowledge the presence of an English-speaking clientele, the Rimouski hospital has had a change of heart. Signs, documentation and services in English are now to be made available.

“We’ve been battling for this for years,” says Kim Harrison, CASA executive director. “At last, we were able to sit down with someone who listened. It’s through the CHSSN’s primary health project that we were able to meet with the new, and “cooperative, CSSS coordinator.”

CASA will be doing all the preparatory work, producing pamphlets and posters promoting the English services available at the hospital. “Another positive,” adds Harrison, “is that a very helpful information binder for cancer patients has finally been translated into English. CASA is its official distributor in the Gaspé region.”

## New radio station coming

A new “micro radio station” is being touted for anglophone communities on the Gaspé coast. Hugh Maynard, CHSSN consultant, has completed a pilot project that tested the technology the station would use. It passed with flying colours; the next hurdle is obtaining government approval.

“The beauty of this broadcasting set-up is that it is operated through the Internet,” says Maynard. “That makes it very accessible as a community information resource.”

## CHSSN helps to butt out

The CHSSN is lending its support to an upcoming provincial anti-smoking campaign. The Quit to Win! Challenge, which will run from March 1 to April 11, 2006, is being organized by Le Groupe de recherche et d’intervention en promotion de la santé. The CHSSN will be disseminating information on its campaign to members.

## CSSS wins big baby award

The Breastfeeding Committee for Canada has awarded the CSSS Argenteuil its “Baby-Friendly in the Community” certification for having implemented exemplary practices to promote and support maternal breastfeeding in its territory. This is the first time that a healthcare establishment in North America has received this designation.

## New service announced

The Canadian Prostate Cancer Network (CPCN) plans to develop a new service for English-speaking men across Quebec. As elsewhere, there will be monthly meetings of support groups keynoting guest speakers on the subject. The planning committee is currently making contacts to set up local groups in the province. Anyone interested in participating or volunteering should contact [claudette-forget@sympatico.ca](mailto:claudette-forget@sympatico.ca).

### CHSSN office news

**Russell Kueber** was appointed CHSSN project coordinator.

**Edgard Pitre** has been named to the CHSSN board of directors.

## The CHSSN

The Community Health and Social Services Network (CHSSN) is a network of community resources, associations and public institutions dedicated to the development of health and social services for English-speaking communities in Quebec.

The CHSSN’s objectives are to:

- Foster projects and initiatives, through partnerships and net-work building, to promote access to English-language health and social services;
- Provide information on the English-language community and its needs;
- Evaluate and disseminate successful models of organization of services;
- Pursue community education on key developments within the health and social services network;
- Support conferences and other forms of consultation on the provision of English-language health and social services.

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

CHSSN  
1270, chemin Ste-Foy, bureau 3000  
Québec (Québec) G1S 2M4  
e-mail: [info@chssn.org](mailto:info@chssn.org)  
Telephone: 418 684 2289  
Fax: 418 684 2290  
Website: [www.chssn.org](http://www.chssn.org)

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

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