

The Clinic *in a Nutshell*

The news report for those who want to take a closer look at what's going on at the Point St. Charles community Clinic

Winter 2024
FOR MEMBERS



Cultural safety and the Clinic

Equity, Solidarity and Social Justice Still on the Agenda

The new Canadian Dental Care Plan

A Step in the Right Direction

The question of noise in Point St. Charles

We Also Want to be Heard

And much more!

A Word from the Board of Directors

By Pierre Riley, President



Since we're still in the beginning of this new year, the members of the Board of Directors would like to extend to all Clinic members, citizens of Point St. Charles and Clinic staff their best wishes for a healthy, stable and collaborative 2024.

The Board's recent adoption of the Clinic's operational plan, in line with our strategic planning, provides us with a clear and concrete action plan for the coming years.

First of all, we are delighted to announce that the funding agreement between the Ministry of Health and Social Services and the Clinic was signed on November 27, 2023, bringing to a close negotiations that had been underway for over five years.

The past few months have been busy for the Board of Directors, who has been responsible for monitoring the Clinic's priorities. Well aware of the high level of responsibility placed on the members of our Board of Directors, the Clinic's Governance Committee is working this year on developing a training plan, coaching its members and evaluating our governance processes. Against a backdrop of changing organizational structures, the Human Resources Committee is preparing for the upcoming negotiations of collective agreements by the end of winter. Access to services and quality of care are also among the Board's priorities, notably through the upcoming accreditation cycle with Accreditation Canada.

Finally, it is with great regret that we announce Kathleen Gudmundsson's resignation from the Board. Kathleen's last involvement in Clinic governance took place on December 12, 2023. She was elected at the Annual General Assembly in June 2022 and has since been heavily involved in two Board committees (Human Resources - Vigilance and Quality) and the Funding Agreement Working Group. A former employee of the Clinic in 2019, Kathleen is passionate about history, languages and art, and is deeply committed to Point St. Charles. She has enriched our Board of Directors with her experience and wide-ranging knowledge. We thank her warmly for her commitment and wish her all the best for the future.

To ensure meaningful participation on the Board of Directors, the members co-opted Daniel Gendron on January 23, 2024. We're certain that his experience and commitment to the community will be a great asset to the Clinic, and we'd like to extend him a warm welcome.

Take note that we're still recruiting, as there's one last seat to fill on the Board of Directors. Any adult resident of Point St. Charles who shares the Clinic's mission and vision is welcome to apply. If you'd like to be a part of the story, come and see us! 

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DANIEL GENDRON
POINT ST. CHARLES RESIDENT
CLINIC MEMBER
NEW ADMINISTRATOR ON THE BOARD OF DIRECTORS
BE A PART OF THE STORY!

A Community Nurse for the Neighbourhood

By Julie Pea, Home Care Nurse

The Clinic is setting up a pilot project for a community nurse who will travel around the neighbourhood to care for users in their own environment. My name is Julie Pea, and I work as a home care nurse and kinesiologist. As part of a pilot project, I'll be your community nurse.

My role will be to develop and run themed workshops on a rotating basis in neighbourhood residential towers (various topics could include diabetes, heart disease, respiratory diseases, loss of independence, risk of falls, lifestyle habits, etc.). During the workshops, I'll also be screening for chronic diseases (measuring vital signs, blood sugar and weight), while providing one-to-one teaching. I'll be able to refer you to the services offered by the Clinic and those in the area, depending on your needs. The workshops will start in March, and the exact dates will be posted in the neighbourhood's residential towers.

I'll also be in charge of running the PIED programme. Please note that the winter session is already full, but stay tuned for information on the spring session which will be circulating shortly.

I look forward to meeting you! ✍️



Photo : Céline Bianchi

Funding agreement for the Clinic

Finally Signed!

By Martial Mainguy, General Director

On November 27, the Clinic signed its new funding agreement with the Ministry of Health and Social Services and the CIUSSS du Centre-Sud-de-l'Île-de-Montréal, formalising our contractual link with the Ministry and confirming both our special status and the Ministry's financial commitment to the Clinic for the next five years.

Our agreement examines the various reference frameworks governing the status and mission of the Clinic, and our respective obligations and responsibilities.

Our last funding agreement dates back to 2006, signed following the Couillard Reform, which became null and void following the Barette Reform of 2015. This was one of the Clinic's ongoing annual priorities, which was adopted at the June 2018 Annual General Assembly.

Its renewal will enable us to secure the government's commitment and thus project ourselves more serenely into the future and roll out our new strategic planning.

During the negotiation, which lasted from March 2018 to November 2023, we were able to:

- Integrate more specifically the Clinic's unique character, notably through the history of the Clinic's agreements since its inception
- Make clear our responsibility for the population of Point St. Charles, in conjunction with the CIUSSS du Centre-Sud-de-l'Île-de-Montréal, in particular by including our local public health responsibilities
- Clarify the roles and responsibilities of the Clinic and the CIUSSS for the Point St. Charles area, in particular by drawing up specific service agreements.

The new funding agreement will have to be renewed in 2028. ✍️



Image: Rawpixel / Céline Bianchi

The new Canadian Dental Care Plan

A Step in the Right Direction

By Stéphane Defoy, Community Organizer

Last December, the federal government unveiled its new Canadian Dental Care Plan (CDCP), which is definitely welcome news for low-income individuals and families. However, the Clinic's Health Action Committee intends to keep a close eye on the implementation of the CDCP, since in the recent past a number of measures introduced by the federal government have turned out to be ill-conceived or flawed.

The Liberal Party of Canada estimates that this program will provide dental care to nearly 9 million Canadians, a measure that will certainly help many of us, given the very high cost of dental care.

Anyone wishing to enrol in the plan must meet the following criteria:

- Not have access to private dental insurance
- Have a net family income of less than \$90,000
- Have filed an income tax return the previous year
- Their spouse must also meet the eligibility criteria

In addition, enrolment in the CDCP will be staggered according to age:

- 77 and over: January 2024
- 72 to 76: February 2024
- 70 to 75: March 2024
- 65 to 70: May 2024
- children aged 17 and over and people with disabilities: June 2024

People from each age group should be receiving a letter from Service Canada explaining how to enrol.

The creation of this plan is excellent news for low-income individuals and families who are unable to access oral health care due to its incredibly high costs.

However, a number of questions remain: will the program operate exactly like a private insurance plan (presentation of a

card to the dentist)? Will the programme's fee schedule vary from that established by the *Association des chirurgiens dentistes du Québec*? Will the program survive the current PLC/NPD "marriage" that keeps the government in power?

After analysing the Canadian Dental Care Plan, here are a few recommendations from the Health Action Committee:

- The committee is in favour of the Quebec government demanding that it withdraw from the federal dental care program while obtaining financial compensation. We feel it would be simpler and more efficient for citizens to deal with a single program and simply present their RAMQ card when visiting a dental clinic
- If these monies were to be paid to the provincial government, we are also asking for a firm commitment from Quebec that the use of this funding be used exclusively for dental care, and that upon receipt of the financial compensation, dental care coverage in Quebec be immediately extended to children aged 17 and under and seniors aged 65 and over (preventive and curative care), regardless of family income
- If Quebec does not meet these specific requirements, it is preferable to continue with the Canadian Dental Care Plan as proposed

For the Health Action Committee, this is an essential first step towards full coverage of oral health care for all within the public health system. ✍️



Image: Rawpixel

Nutrition

Let's Eat More Fiber!

By Lina Hu, Nutritionist

At the start of the new year, many of us want to make resolutions to improve our health. If you're looking to change your diet, why not try eating more fibre-rich foods?

Did you know that dietary fibre is only found in plant-based foods? Fibre can be considered the backbone of plants. It is a type of carbohydrate (complex sugar) that the body is unable to digest and use as a source of energy. It is transported through the intestine and becomes part of the faeces once it reaches the colon.

The best sources of fibre are from the following food groups:

- Fruit (apples, pears, citrus fruits, berries, avocados, etc.)
- Vegetables (cabbage, carrots, Brussels sprouts, broccoli, etc.)
- Pulses (lentils, kidney beans, chickpeas, etc.)
- Nuts and seeds (almonds, flax seeds, chia seeds, etc.)
- Whole-grain foods (wheat bran, oats, quinoa, whole-grain cereals and pasta, etc.)
- Psyllium (All-Bran Buds cereals)

There are two types of dietary fibre: soluble and insoluble. Each type of fibre performs different functions for the body. Many foods contain a mixture of both types of fibre.

Most adult Quebecers do not consume enough fibre in their daily diet. Yet fibre has many health benefits. Did you know that certain types of fibre can improve the quality of the intestinal microbiome? This means that they can serve as food for the beneficial bacteria that live in the intestine.

Soluble fibre, on the other hand, forms a gel in the presence of liquids in the digestive system and helps to reduce blood cholesterol and control blood sugar levels by slowing down the absorption of sugars into the blood.

Insoluble fibre helps prevent constipation by promoting regular intestinal function. It slows down digestion and promotes a feeling of prolonged satiety, thus enabling healthy weight management.

Here are some tips for increasing fibre in your diet:

- Add wheat bran, oat bran or psyllium (All-Bran Buds cereal) to your breakfast cereals, yoghurts and homemade muffins
- Choose whole-grain cereal products more often, such as buckwheat, quinoa or oats
- Eat fruit and vegetables with their skins on
- Add nuts or seeds to your snacks and recipes
- Incorporate pulses into your favourite recipes for salads, soups, pasta, etc.

It's important to gradually increase the amount of fibre in your diet to give your digestive system time to adapt. At the same time, it's important to drink plenty of fluids to avoid constipation. 🍷



Image: Céline Bianchi

The question of noise in Point St. Charles

We Also Want to be Heard

By Margot Silvestro, Community Organizer

Noise from railways and motorways has long been identified as a health hazard. At the same time, it is also part of the identity and history of the Point and could never be completely eliminated. However, it can be identified, analysed and the companies responsible for it held accountable in order to reduce its negative effects. Here's an overview of the situation.

Point St. Charles is surrounded by various notable sources of noise pollution. On the Verdun side, Highway 15 and the CN secondary line (Butler antenna) act as a literal border between the neighbourhoods. On the south side, the Via Rail marshalling yard and the Bonaventure motorway cut off our access to the river. On the east side, the CN and Exo marshalling yards and the Ray-Mont Logistics transshipment site mark the boundary. To top it all off, the neighbourhood is split in two by the CN main line, through which over 50 trains pass every day, and for over a year now, the REM line has been running along the south-eastern edge of the neighbourhood and the CN main line towards the city centre. In short, there's a lot of air moving around the Point, mainly over our heads, and through infrastructures that are difficult for us to influence.

In recent years, at least three studies have been carried out in the neighbourhood in relation to road and rail noise. The first was commissioned in 2020 by Infrastructure Canada as part of the reconstruction of access to the Champlain Bridge from

Highway 15. The second was commissioned in 2021 by the South-West borough as part of a mediation agreement with CN. The last was commissioned in 2023 by CDPQ Infra following the REM's entry into service. Communication channels exist with the institutions responsible for working to reduce the harm caused by noise - with little success, let's face it.

High ambient noise levels and constant annoyance

Background noise in the Point averages more than 60 decibels (dBA) during the day, which corresponds to the level of a conversation (see Figure 2 for the noise scale). This is quite high, but relatively normal for the centre of a large city. At night, ambient noise levels fall but remain above 50 dBA. It has been determined that 55 dBA is the threshold at which humans begin to be disturbed by ambient noise. Residential construction standards must absorb ambient exterior noise of 55 dBA and reduce it so that interiors are quiet.



Figure 1. Transport routes around the Point (in French)



Figure 2. The noise scale (in French)

Temporary discomfort caused by noise is that which disrupts your activities for a moment. For example, the passing of a train that prevents a conversation or forces us to shout to be heard, or the braking engine of a vehicle hauling heavy goods that wakes you up at night. All this discomfort causes an increase in your heart rate, a certain amount of stress and can affect your mood. When a passing train wakes you up every night, the accumulation of temporary discomfort can affect your health permanently.

Permanent discomfort caused by noise will have the same effects as temporary discomfort. For example, the ambient noise from Highway 15, which is fairly constant and at a high decibel level, will have consequences for your physical and mental health. Long-term exposure to high noise levels is linked to health problems such as accumulated fatigue, difficulty concentrating, learning difficulties, stunted growth in children and high blood pressure. It can also lead to social problems such as domestic violence and depression.

Noise levels in the neighbourhood

The study carried out in 2021 to measure the noise from CN trains reveals that the background noise from Highway 15 averages 57 dBA over 24 hours. If we add to this the noise from passing trains on the Butler antenna running alongside the A15, the 24-hour average is 63 dBA. However, these are averages that hide noise peaks. For example, rush hour on the A15 will be much noisier than the off-peak hour around 3am. The calculation of 24-hour averages is, however, the legal method for presenting data, which means that we cannot know the noise peaks at peak times on the A15.

The same applies to the REM: the data in the study for Point St. Charles show 24-hour averages of just over 60 dBA. However, journalists from La Presse recorded the sound of the REM passing by at 75 dBA. In other words, in front of the sound level meter, for a few seconds, the noise rises from an average of 60 dBA to a peak of 75 dBA, then falls back down again. If sound level meters were placed all along the track, it is clear that they would report a continuous chain of noise much higher than a single sound level meter recording a peak.

Emergent noise is an episode of noise that stands out from the ambient noise (also known as residual noise). At 5 dBA and above, the human ear registers this difference, and at 10 dBA it is very disturbed. At the time of the study, the passage of REM, regardless of the ambient noise, generated an emergent noise of 8 to 11 dBA at one of the measurement points at the Ash Avenue YMCA. It is therefore noticeable AND disturbing, regardless of the time of day.

But the best example of disturbing emergent noise that we have in the neighbourhood is that of CN freight trains, especially on the main track that crosses the neighbourhood. The 2021 study shows some very interesting data (see Figure 3): at measuring point P5, with a daytime outdoor residual noise level of 49.6 dBA, the passage of a train for 13 minutes will generate an average of 78 dBA, i.e. an emergent noise level of 28.4 dBA. And during those 13 minutes

POINT DE MESURE	PÉRIODE	BRUIT RÉSIDUEL (Leq, dBA)	PASSAGE DE TRAIN			BRUIT ÉMERGENT (dBA)
			Durée (minutes)	Leq, dBA	Lmax, dBA	
P5	Jour	49.6	13	78.0	103.0	28.4
	Nuit	41.0	10	74.9	94.0	33.9
P6	Jour	62.0	8	76.4	89.0	14.4
	Nuit	53.7	n/a	n/a	n/a	n/a

Figure 3. (In French)

during which your activities will be severely disrupted, there will be a noise peak of 103 dBA, the equivalent of a jackhammer. This episode, of varying length, will be repeated more than 50 times during the day, even though passenger trains are shorter and less noisy. As a result, outdoor activities are severely disrupted several times a day.

Yes, but... what about inside my house?

As it is difficult to record in your bedrooms, noise projection formulas exist. The indoor noise standard for a bedroom is 35 dBA. CN's train noise study shows that, whether the windows are open or closed, the standards are not met (see figure 4).

POINT DE MESURE	CONDITION DE LA FENESTRATION	NIVEAU DE BRUIT PROJÉTÉ À L'INTÉRIEUR (dBA)			
		JOUR (7H00-23H00)		NUIT (23H00-7H00)	
		Leq, dBA	Lmax, dBA	Leq, dBA	Lmax, dBA
P5	Fenêtre partiellement ouverte	63.0	88.0	59.9	79.0
	Fenêtre fermée	51.0	76.0	47.9	67.0
P6	Fenêtre partiellement ouverte	61.2	74.0	n/a ⁽¹⁾	n/a ⁽¹⁾
	Fenêtre fermée	49.2	62.0		

(1): Aucun passage de train durant la période de nuit

Figure 4. (In French)

What can we do about it?

At the time the REM began its activities, there were many complaints about this new noise emerging in our already very noisy environment. In response to the protests, CDPQ Infra introduced corrective measures: the rails were scraped and shock absorbers were installed. Preliminary results seem to indicate an improvement, but we have asked for a second noise study under the same atmospheric conditions as the first in order to get a more accurate picture of the changes.

As for CN, a mediation committee has been in place since 2014 and has obtained corrective measures, although their effects are minimal. A meeting last January to present the new study seems likely to lead to another series of corrective measures. These will never be able to eliminate the noise, but it would be possible to reduce the scale of emerging noise episodes.



Image: Prentice School hand mural (2011)

Cultural security at the Clinic

Equity, Solidarity and Social Justice Still on the Agenda

By Marie-Hélène Gauthier, Community Organization Intern and Social Worker on the Youth Team

Mandated by the Clinic's Board of Directors, the Joyce's Principle Committee was created in the fall of 2022. One of the committee's aims is to oversee the implementation of cultural safety measures. These days, the Clinic is developing a partnership project with the Southern Quebec Inuit Association (SQIA). Where do we stand at the start of the new year?

In the fall of 2022, SQIA approached the Joyce's Principle committee to propose a partnership with the Clinic. In operation since 2017 and based in Point St. Charles since 2022, the organisation works on food security, social and cultural well-being, and defending the rights of the Inuit of southern Quebec. This partnership with the Clinic is a response to the accessibility issues facing the Inuit community.

Since then, we've been working together to improve access to health care and social services for its users. Bridges are being built between different teams at the Clinic (nurses, dental hygienists, midwives) and SQIA. Our discussions and joint reflections have led us to explore the possibility of offering services directly on the organization's premises. Offering services in an environment that is known and appreciated by the Inuit community can foster a sense of security in the delivery of care. Workshops aimed at raising awareness among the Clinic's professionals on the various realities of Indigenous communities will also be offered in the coming months.

Following the example of other initiatives being developed at the Clinic, this partnership project sees community vitality as a clear factor of resilience. It is also a first step in rebuilding relations between Indigenous communities and public services.

What is meant by «cultural safety»

The concept of cultural safety comes from the adaptation of perinatal care offered to the Maori population of New Zealand. Broadly speaking, cultural safety is an approach that looks at the quality of care and services from the point of view of users' experiences. It aims to give people back control over their feeling of safety in the delivery of services. This approach can be applied to all marginalised communities.

In the Canadian and Quebec contexts, cultural safety approaches are often used with different Indigenous nations and communities. Ultimately, it is these communities and the people in them who are the judges of whether the offered services are culturally safe. This means that cultural safety measures must reflect the specific characteristics of a community or its members. This means that there is no one-size-fits-all manual! As professionals, our best allies in understanding culturally safe care are the people, communities and organisations we work with.

Several avenues can be envisaged for implementing cultural safety measures. They share certain principles, such as the recognition that each person is a bearer of culture. They are also based on the awareness that there is an imbalance of power between healthcare establishments and marginalised communities.



Image: Rawpixel / Céline Bianchi

Prevention of anxiety

A Few Helpful Tools at the Clinic

By Jean-François Casaubon, Psycho-educator on the Adults - Mental Health Team

In addition to the individual follow-up offered by the various teams, the Clinic has developed a range of preventive services offering tools for coping with mild and moderate anxiety. Here are some of the projects developed at the Clinic.

Better Living with Anxiety Group

From October 20 to December 7, 2023, the Clinic's adult mental health team held its latest *Better Living with Anxiety* group. The group was made up of five people living in Point St. Charles who attended all the meetings. The meetings were led by Camille Martin-Emond (social worker) and Jean-François Casaubon (psycho-educator).

A great chemistry and a climate of mutual support developed between the participants. The content enabled the group to work on their anxiety by acquiring tools to better understand its manifestations, as well as ways to manage it using thought, behaviour and relaxation strategies. When the activity was evaluated, the participants said that they appreciated being able to share their experiences and that they did not feel alone in their situation.

The *Better Living with Anxiety* group is now offered twice a year, in the fall and spring. You do not need to be a regular Clinic user to register. You can still register by contacting Jean-François Casaubon (514) 937-9251, ext. 6228. If demand is too high and places are no longer available, people may be added to a waiting list to be given priority for future editions.

The self-management guide

A self-management guide with information and tools on anxiety is available on the Clinic's website (bit.ly/Anxiety-guide). This guide is also available in French and aims to provide information on anxiety, as well as some basic tools drawn from the cognitive-behavioural approach. It may therefore be useful for people who are still waiting for services, or simply wanting to start a process on their own.

The *L'anxiété, un jeu d'enfant* workshop!


Finally, a workshop has also been developed for significant adults (parents or relatives) working with elementary-age children with mild to moderate anxiety symptoms. This is a three-hour workshop that can be offered in different settings (community or school). It is led by Christiane Lauriault (youth psychologist), Myrienne Roldan (child, family and youth liaison) and Jean-François Casaubon (psycho-educator). The meeting provides information on the manifestations of anxiety, tools and strategies for working with children, and information on the various service lines in our area. The first workshop was held in May at Charles-Lemoyne School and was attended by 10 parents. It should be noted that this workshop is not offered directly by the Clinic, but is held at the request of school or community partners. So keep an eye out for information from schools or other organizations in the area. 



Image: Rawpixel

Pilot project in speech therapy

Acting Early, Despite Delays in Treatment

By Bruno Swaenepoël, Multidisciplinary Services Director and Céline Bianchi, Communications Agent

At the beginning of winter, the Clinic set up a pilot project for early intervention through parent-child language stimulation workshops. Offered to reduce the time it takes for children to be taken into care at the Clinic, these workshops provide early intervention for families of children with language risk factors, while encouraging the development of effective language stimulation practices by parents.

At the beginning of January, a screening phase was used to recruit 8 to 10 children with significant language difficulties for their age to take part in the workshops.

A group intervention meeting was held on January 24 to present language stimulation strategies. On February 7 and 21, the Clinic offered a series of one-to-one sessions with the parents of the participants to reinvest the strategies introduced at the first meeting and provide feedback on the parents' use of the strategies.

The session will end with an individual follow-up to determine the next steps to be taken for each of our young participants.

Our hope is that the Clinic's other practitioners will be able to attend the group meetings on a voluntary basis for training purposes, so that they can be better equipped to work with parents. *✍️*



Image: Rawpixel

Baby-friendly Initiative

The Clinic Undergoing Recertification

The Clinic has been a certified Baby-Friendly facility since February 2019. As recertification takes place every five years, we are currently being assessed.


Launched in 1991 by WHO and UNICEF, the Baby Friendly Initiative aims to create care environments where breastfeeding is the norm. Its aim is to give every child the best possible start in life. *✍️*


Continued from page 7 : Equity, Solidarity and Social Justice Still on the Agenda

Why is this important?

As a CLSC, the Clinic’s mission is to serve the population of Point St. Charles with a range of preventive and curative services. We believe that the health and well-being of citizens are essential collective rights. These rights are at the heart of the work of all professionals who work at the Clinic.

Following the first National Day of Truth and Reconciliation, the Clinic adopted Joyce’s Principle. Adopting cultural safety measures means re-anchoring itself in the fundamental values that guide the Clinic’s mission: equity, solidarity and social justice. It is also a commitment to the rights of First Nations, Inuit and Métis people to enjoy the best possible state of mental and physical health.

Beyond these measures, this commitment must also be based on recognition of the impact of Canada’s colonial history on the well-being and development of these communities. By implementing practices, care and knowledge adapted to the various Indigenous populations, cultural safety aims to achieve health equity, better access to care, greater social justice, and better health outcomes for one and all. 



WOMEN’S HEALTH

AT THE POINT ST. CHARLES COMMUNITY CLINIC

What?
Gynaecological health services provided by a general practitioner for non-urgent problems.
For example

- Fitting of copper or hormonal **IUDs**, contraceptive **implants**
- **Mood disorders** linked to the menstrual cycle
- Hormone therapy, **menopause**
- Abnormal vaginal bleeding, endometrial **biopsy**
- Recurrent vulvar or vaginal problems

When?
One or two days a month. Call or drop in at the Ash Clinic to make an appointment.

Where?
At the Point St. Charles Community Clinic, at the **Ash service point** (500, Ash Avenue).

For whom?
For all women in Point St. Charles who need a medical consultation for a gynaecological, contraceptive or menopausal problem. Priority will be given to women who do not have a family doctor.



Point St. Charles Community Clinic
A neighbourhood’s health and solidarity!

For any questions or to make an appointment, call **(514) 937-9251 ext. 7302**



BREASTFEEDING DROP-INS



Winter-spring 2024 calendar

JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
January 10 : Various themes	February 14 : Dental hygiene	March 13 : Various themes	April 10 : Various themes	May 8 : Various themes	June 12 : Introduction to solids
January 24 : Various themes	February 28 : Activities with babies and children	March 27 : Introduction to solids	April 24 : Various themes	May 22 : Various themes	June 26 : Various themes




For more information, contact Lina Hu
Phone: 514-937-9251 ext. 6212
lina_hu@ssss.gouv.qc.ca
ccpsc.qc.ca/en/breastfeeding-drop-ins/

from 1:15 pm to 3:30 pm
at
St. Charles Library
1050, Hibernia Street (3rd floor)




Continued from page 6 : We Also Want to be Heard

Finally, concerning the noise from Highway 15, a group of Verdun residents recently put pressure on the Signature sur le Saint-Laurent consortium to apply its own standards and install more effective sound barriers, but only on the Verdun side. Another noise study will then be carried out to verify the effects. However, nothing is planned for the Point side.

In other words: only the fight pays off, and we must continue to nip at the heels of the companies responsible. The objective is certainly not to eliminate rail or road transport, but to ensure that the resulting nuisances are reduced to a minimum in order to prevent as many physical and psychosocial health problems as possible. 



Point St. Charles Community Clinic

A neighbourhood's health and solidarity!

HAVE YOU CONSIDERED A MIDWIFE?

Accessible within a 30 km radius
of the Point St. Charles
Community Clinic

Midwives are part of the
public healthcare system
(covered by RAMQ)

Pregnancy care where you are
the central concern, in partnership
with your midwife



For information :
(514) 937-9251 ext. 6258
ccpsc.qc.ca/en/mws/

