

Focus

Saskatoon
Community
Clinic
"Your Health
Care Co-op"



Summer, 2006
Volume 42, Number 2

Community Health Services (Saskatoon) Association Ltd.
455 Second Avenue North, Saskatoon, Sask. S7K 2C2

Phone (306) 652-0300
Fax (306) 664-4120

President's Report

By Cheryl Loadman, CHSA President



Cheryl Loadman, CHSA President

Sometimes it only takes a momentary experience to realize how privileged we are.

Such a moment for me was a conversation with a visiting dignitary from Kazakhstan on the state of their evolving health system and the comparative value of our cooperative community based health care model. Indeed, he made me see anew, how truly fortunate we are.

Many in the world do not know our public health care system nor the unquestionable value of a community based cooperative model which delivers superior service.

We forget, yet we know people want our community based model of services by: the growing numbers coming through our doors; the visible evidence of our good work at the Westside Clinic; and through the praise we receive for our innovative work, such as Improved Access. It is evident as well, in presentation after presentation, when we, your Board and I, hear the excitement generated as people take hold of an understanding of our community model of health care. YOU, our members, tell us you think our staff and our Clinics are on track.

Indeed, a February meeting with the Saskatoon NDP MLAs was very positive. They told us that their confidence and the confidence of the NDP government in our cooperative health model is unwavering. For this we are very appreciative. Recently Saskatchewan Health's continued support was validated when they renewed our service agreement.

This is all good news. We want to push forward into new frontiers. Many ideas are in development for new services, new programs, and for growth. There are many examples. Your board is currently advancing a pilot project for

midwifery services to our government. One has only to feel the enthusiasm of the young doctors and the Westside community to recognize the success of the SWITCH project and to know we need to expand these valuable operations. Our staff are identifying new programs to meet the needs of seniors, the disadvantaged, and those living with chronic illnesses. The list goes on.

Reflecting on my comments to my friend from Kazakhstan, our model was built by people who dreamed of having a health care system that was something more than stethoscopes. Today, this remains true. Cooperative community based health care is about people wanting more than the status quo, and then reaching for it. We, your board, your staff and your organization are committed to this goal. Join us in supporting and celebrating our model by sharing our story with our community and leaders. A quote from an article in the April 18, 2006 Le Devoir, a Quebec newspaper, seems appropriate:

"The co-operative formula in the health sector is more than an organizational administrative model... it constitutes a response to the problem of [promoting] good health services ...and it has the advantage of situating the citizens at the heart of the management of their health and for that it deserves to be recognized,"

...and supported and celebrated.

CHSA Annual Meeting

Join us for our Annual Meeting

Wednesday, June 14, 2006

Mayfair United Church

See page 4 for details.

Improved Access at the Community Clinic

By Ingrid Larson, Membership Director

In the fall of 2004, the Community Clinic implemented Advanced or Improved Access. Improved Access is a research based model pioneered and used in Great Britain and other countries that has proven to be successful in improving appointment waiting times. The model involves adjusting and monitoring the appointment system so that the supply of appointments is in balance with patients' demand for appointments. The Saskatoon Community Clinic is a Canadian leader in adopting the model.

Our goal was to meet your appointment needs within two working days for most kinds of appointments if that met your needs. A related goal was that, as much as possible, we would try to have you see your own family physician rather than another doctor at the Community Clinic.

Has this endeavour been successful? Our research shows that it has been. We have done the following to monitor our progress:

Waiting times

The 3rd Available Appointment is an international, gold standard measure to assess waiting time for appointments. We began to collect this data before we implemented Improved Access and continue to collect it weekly. In March 2004 (before we implemented Improved Access) the average waiting time was 36 days for a complete physical or 8 days for a regular appointment; after the implementation of Improved Access our average waiting time was reduced to 2 working days for most kinds of appointments.

Patient Satisfaction with Access to Doctors and Continuity of Care

Many of you may have completed patient questionnaires by which we assessed patient satisfaction. Here is how you responded:

- Six months after implementing Improved Access, 350 patients visiting our doctors over a 6 week period completed a one page questionnaire; 91 % said their appointment was within their timescale; 78 % saw their own family doctor.

- Three months before implementation and 14 months after implementation, 350 patients completed the General Practice Assessment Questionnaire (GPAQ), a tested reliable questionnaire, developed in Great Britain, that measures patient satisfaction. Several questions measure patient satisfaction with access to physician care. We wanted to see if there would be a change in patient responses to the access questions following the implementation of Improved Access. The results show that since the implementation of Improved

Access there have been increases in patient satisfaction with: availability of a particular doctor; availability of any doctor and continuity of care.

No system, however, is perfect. We have received feedback from some patients about the need to ensure that they can pre-book appointments if they desire, and additionally that patients are able to book their appointment on first contact. In addition, some kinds of appointments which require scheduling of nurses and rooms, such as complete physicals, cannot always be accommodated in a short booking time. We continue to monitor and refine our Improved Access system to ensure that that our "supply" of appointments is in balance with our "demand" for appointments so that we can meet these concerns. Our goal is that, as much as possible, we want to make sure that when you phone to make an appointment with your family doctor, that we can make one within a time period that meets your needs.

The Community Clinic is now participating in a province-wide Health Quality Council Chronic Disease Management Collaborative. Dr. Carla Eisenhauer, Community Clinic physician, is sharing our expertise with Improved Access with 34 other physician practices from across the province as part of that collaborative.

Thank you to you, our patients, for working with us on implementing Improved Access at our Clinic, and to our staff for the tremendous job they have done in implementing this model. Thank you also to the Saskatchewan Health Quality Council for the educational and research assistance provided to the Community Clinic during the implementation period. We continue to invite feedback so please contact me at 664-4243 if you have any questions or comments.

Membership Days



Membership Days Volunteers Joan Bell, left, and Jean Hopkins, centre, greet CHSA member Melva Armstrong during recent Membership Days



Annual Meeting Notice



Community Health Services
(Saskatoon) Association Ltd.

Wednesday, June 14, 2006

**Mayfair United Church,
902 33rd Street West, Saskatoon**

Registration: 6:30 p.m. - 7:00 p.m.

Meeting: 7:00 p.m. - 9:30 p.m.

Agenda

1. Call to order
2. Reading and disposal of minutes of preceding annual general meeting
3. Business arising out of minutes
4. Reports of President, Directors, Manager, Medical Director, Treasurer and other Officers
5. Report of Auditor and consideration of financial statement
6. Discussion, consideration and disposing of reports set out in 4 and 5
7. Break
8. Resolutions, recommendations and bylaws
9. Election of directors
10. Reports of special committees
11. Unfinished business
12. Appointment of auditors
13. New business
14. Adjournment

Election of Directors

Four board members and one Focus Editorial Committee member will be elected at the meeting. If you are interested in running for the Board of Directors or the Focus Editorial Committee please contact the Board secretary at 652-0300. Your name will be forwarded to the Nominating Committee and an information package will be sent to you. Biographies received seven days in advance of the meeting will be included in the agenda package.

Eligibility for Voting and Elections

Upon approval by the CHSA Directors of an application for membership, the member shall be entitled to vote and run for election. In cases where a member has a spouse or a spouse and dependents who are members (family memberships) the spouse and any dependent who is 18 years of age or over is entitled to vote and can run for election.

Deadline for Resolutions

Resolutions from members are welcome. Members may introduce resolutions from the floor. However, the Board urges members who would like to put forth a resolution to submit it ten days in advance of the meeting. This allows for copying of the resolutions so that they are available in advance for members to review and so that printed copies can be distributed to those attending the meeting.

Information, Childcare and Transportation

If you require child care or transportation, contact the Member Relations Department. Meeting packages will be available at the Clinic in advance of the meeting. For more information, please telephone Member Relations at 652-0300, ext. 243.

Diabetes Project Receives Funding

By Carol Armstrong-Monahan, Director of Interdisciplinary Care

The Community Diabetes Outreach Project, a joint project between the Clinic and the Department of General Medicine and Chronic Disease Management, Saskatoon Health Region, applied for and received a Saskatoon Health Region Community Grant worth \$15,000. The Community Clinic is matching those dollars. The money will be used to

increase access to culturally appropriate physical activities for people in the core neighbourhoods of Saskatoon living with diabetes or those at risk of developing diabetes. This is an exciting new venture for the Clinic and Saskatoon Health Region. We'll keep you updated as the project progresses.

Seniors' Corner

By Sandy Hagele, Seniors Volunteer Coordinator

World Elder Abuse Awareness Day June 15, 2006

People in countries around the world are becoming aware that mistreatment of older adults occurs in their communities. The abuse is often hidden, and may include financial, emotional, and physical abuse or neglect. It is a family violence problem, an intergenerational concern, and a health, justice, and human rights issue.

The International Network for the Prevention of Elder Abuse (INPEA) is dedicated to the global dissemination of information on this issue. As part of its commitment to world-wide prevention of older adult abuse, INPEA is launching the first World Elder Abuse Awareness Day on June 15, 2006. Raising awareness is a fundamental prevention strategy to help change attitudes and behaviors. IPNEA wants to ensure that linkages are made with governments, organizations, and communities around the world to generate international policies on older adult abuse.

The Canadian Network for the Prevention of Elder Abuse (CPNEA) is Canada's liaison for World Elder Abuse Awareness Day, and sees this as an opportunity for Canadians to speak with one voice on this important issue. Each province and territory will observe this special day in a variety of ways.

In Saskatoon the Older Adult Abuse Task Force is holding a full day workshop entitled "My World... Your



World...Our World – Free of Older Adult Abuse," on June 15, 2006 at McClure United Church, 4025 Taylor Street East. The workshop will include:

- Keynote speaker Judith Wahl, Executive Director of the Advocacy Centre for the Elderly in Toronto
- A panel discussion on older adult abuse in the Saskatchewan context:
 - Sarah Nixon Jackel, Saskatoon Public Health Services
 - Rita Field, Saskatoon Crisis Intervention Service
 - Brian Trainor, Saskatoon Police Service
 - Lucille Lamb, Saskatoon lawyer
- An interactive session involving participants in a discussion about older adult abuse, focusing on actions, solutions, and advocacy for change.

A fee of \$20.00 includes lunch and nutrition breaks. For further information or registration brochures, call Sandy Hagele at 664-4282, or the Saskatoon Council on Aging at 652-2255.

For more information visit these websites:

www.inpea.net

www.cnpea.ca

You are invited to a

Medicare Walk and Reception

Sunday, August 27th, 2006

12:45 - 2:30 p.m. Walking tour - please meet in the lobby of the Delta Bessborough

2:30 - 3:30 p.m. Reception and Guest Speakers, Terrace Room, Delta Bessborough

Help us celebrate Saskatoon's 100th Birthday! Join us for an informative walking tour of sites important in the development of Medicare. Following the walking tour there will be a reception with guest speakers at the Bessborough. Guest speakers and transportation arrangements to be announced.

Please register in advance by phoning 664-4221

For more information visit our website at www.saskatooncommunityclinic.ca

Also check the Saskatoon Sun/Star Phoenix for our ad in the days prior to the event.

Annual Report

Saskatoon Community Clinic Foundation

By Margaret Shearer, Foundation President

In 2004 the Saskatoon Community Clinic Foundation began a campaign to raise money to replace a very old blood analyzer (for which parts were no longer available). The cost of the new analyzer was \$36,000. I am pleased to report that, due to the financial support of you, our members, it now belongs to the Clinic, paid in full in 2005. Thank you to all members who donated to this fund and to the Royal Canadian Legion Poppy Trust Fund Board who presented the Foundation with a cheque for \$10,000 in 2004 in support of our campaign.

In 2005 the Foundation raised \$ 60,000, up from the ten-year average of \$50,000. Thank you to the many Community Clinic members for your donations. Without your commitment and support it would not be possible to provide the varied and important programs and services provided to our Clinic patients.

Besides regular donations, we have also received bequests. We know the great honour that people bestow upon us with their bequests and we, in turn honour that gift with our ongoing commitment to provide the best possible services on an on-going basis. We have also received many memorial donations this year, which make a fitting tribute to a deceased friend or relative.

In addition to funding the blood analyzer the Foundation Board approved funding for the following Community Clinic projects in 2005:

Betsy Naylor bursary - staff conference attendance	\$1,366.
Community Clinic Books and Journals	782.
Christmas Hampers	500.
Community Diabetes Outreach	2,500.
Nobody's Perfect Parenting Classes	2,500.
Meger Seniors Transportation Fund	3,340.
Supplies for Seniors Programs	385.
Health Information Centre	7,062.
Seniors Volunteer Program	7,238.
Total	\$25,673.

The Saskatoon Community Clinic Foundation invites you to stop by for a chat and a cup of coffee or juice during the Community Clinic's Membership Days held monthly. Please join us after your appointments on the afternoons of May 9th and 11th and June 20th and 21st. This gives us an opportunity to meet with you and answer any questions you may have about the Foundation, the Clinic or to just enjoy a visit with you.

This will be my last report on behalf of the Foundation as I have decided to not run again for the Foundation Board. I have enjoyed my work with the Foundation and intend to volunteer at the Community Clinic in other ways. Welcome to Laurence Thompson, incoming President of the Foundation.

Board and Staff News



Welcome to...

Drs. Tessa Penrod and Leane Bettin, family physicians, who will be joining the Clinic in mid-June and early July respectively. They will see former patients of Drs. Downes and Friggstad. Drs. Penrod and Bettin also welcome new patients. Both will be providing obstetrical services to Community Clinic patients in addition to their other family practice duties.

Brandyn Dulle and Joleen Harach, Certified Combined Technologists and **Sharon Schramm**, Registered Medical Laboratory Technologist.

Bruce Johnson and Kristin Holfeuer, cleaners, Maintenance Department.

Farewell and best wishes to...

Drs. Waters and Tapp (effective July 1, 2006), locum physicians. We thank them for their service and wish them well in their future endeavours.

Reducing the Risk of Cancer *(Part 1 in a Series)*

By Louise Gagné, Family Physician

Dr. Louise Gagné is a family physician at the Community Clinic. She has completed a two year fellowship in integrative medicine through the University of Arizona.

Today it is common to have either had cancer or to have a family member or friend who has battled this disease. Many people feel there is little they can do, other than to 'try to find it early'. Currently, we spend the bulk of our cancer fighting dollars looking for new treatments and encouraging people to get screening tests done regularly. But what about cancer prevention? Should we accept the current rates of cancer as inevitable? Why are so few health care dollars being spent on prevention? It seems we find it easier to put out the fires that have already started than to really tackle prevention in a meaningful way.

I believe we should use the 'precautionary principle' to guide our decision making in the area of cancer prevention. This principle states that: "when an activity raises threats of harm to human health or the environment, precautionary measures should be taken, even if some cause and effect relationships are not fully established scientifically." There is ample evidence that typical North American dietary and lifestyle habits are harming people's overall health and contributing to rising cancer rates. Industrial chemicals, pesticides and ionizing radiation can also increase cancer risk. Using the precautionary principle as a guide, the public should be fully informed about all reasonable, safe strategies that may lower the risk of cancer.

Let's start with fruits and vegetables. There have been many studies done looking at the relationship between fruit and vegetable consumption and cancer risk. Many have shown a cancer protective effect and some have not. We do know from population studies that people who eat the most fruits and

vegetables (those in the top ¼ of the population for fruit and vegetable consumption) have 50% less cancer than people who eat the least fruits and vegetables (those in the bottom ¼). Fruits and vegetables also help to prevent diseases such as diabetes, cataracts, hypertension and stroke. In general, deeply colored fruits and vegetables have the highest content of vitamins, minerals and cancer protective 'phytonutrients'. Indole-3-carbinol, quercetin, apigenin and pycnogenol are examples of phytonutrients that are now being intensively studied. Many of these compounds have been found to have powerful anti-inflammatory, anti-oxidant and cancer protective qualities.

Some important fruit and vegetable groups to include in your daily diet are:

1. Orange vegetables/fruits such as carrots, squash, sweet potatoes and apricots are rich sources of beta carotene, which has antioxidant and anticancer activity.
2. Red/pink foods such as tomatoes, watermelon and pink grapefruit contain lycopene, a powerful antioxidant, cancer protective nutrient. Lycopene is best absorbed from cooked foods that contain some fat, for instance, tomato sauce with a little olive oil. Lycopene appears to be particularly protective against prostate cancer.
3. Dark green leafy vegetables such as Swiss chard, spinach and romaine lettuce are rich sources of folate, a B vitamin which is protective against breast, pancreatic, colon and ovarian cancers. Greens should be eaten raw or lightly steamed.
4. Cabbage family foods such as kale, broccoli, cabbage and brussels sprouts contain indoles and isothiocyanates which help us to detoxify carcinogens. These foods also help women to safely excrete estrogens from the body and are especially protective against breast cancer.

5. Foods from the allium family such as onions, garlic, leeks and chives contain allylsulfides and flavonoids that are particularly protective against breast, colon, uterine and stomach cancers.

6. Blue, purple and red foods such as blueberries, purple grapes, plums, cherries and raspberries contain anthocyanins, phytonutrients that have cancer protective properties.

7. Foods such as oranges, peppers and papayas are rich sources of vitamin C which is important for normal immune function and is a key part of our anti-oxidant system.

Remember that fruits and vegetables each contain literally hundreds of different nutrients that help us to stay well. Choose a wide variety of colors to obtain the benefits of all the different cancer fighting nutrients they contain. Aim to have at least two servings with every meal, for a total of 8-10 servings per day. Breakfast could include a glass of orange juice and a cup of mixed berries. A salad with romaine lettuce, peppers, purple cabbage and green onions could be served with lunch. Grapes or an apple could be an afternoon snack and steamed broccoli, beets and baked squash could be served with supper.

Increasing the number and variety of deeply colored fruits and vegetables in your diet is my number one recommendation to reduce cancer risk. Stay tuned for part 2!

For further information:

What Color Is Your Diet?

David Heber, M.D.

The Strang Cancer Prevention Center Cookbook

Pensiero, Osborne and Oliveria

How to Prevent and Treat Cancer with Natural Medicine Michael Murray

<http://www.aicr.org>

(American Institute for Cancer Research)

The Saskwalk for Health

By Eric Regnier, Physical Therapist

In the spring of 2005, Community Clinic Member Cliff Shockey, with a group of seniors, walked the length of Saskatchewan, from the Northwest Territories to the United States border. They did it to emphasize the great need for disease prevention, to raise awareness and benefits of a healthy lifestyle and in hopes of triggering fundraising to help educate people about active lifestyles and disease prevention. They persevered despite numerous obstacles. I had the privilege of talking with Cliff, a hero of good health, about this amazing journey.

Eric: So Cliff, tell me how this walk came about?

Cliff: "In the mid 1980's I was diagnosed with ulcerative colitis and told I would be on medication for the rest of my life. That didn't sit very well with me, so I starting reading everything I could get find about my condition. I made changes in my diet and changed occupations to relieve some stress. With a new diet and changes in my lifestyle, I started to get better and my health improved.

These changes gave me time to think about what I'd been through and how I could help others learn more about taking some responsibility for their own health. I thought that getting a group together to walk the length of Saskatchewan could attract a lot of attention and get people questioning their lifestyle."

Eric: How long is it from border to border and how did you organize the walk?

Cliff: "It's 975 miles border to border. We used a relay system with four people each walking about 12-15 miles a day, for a total of 50-60 miles a day. One day we walked 70 miles.

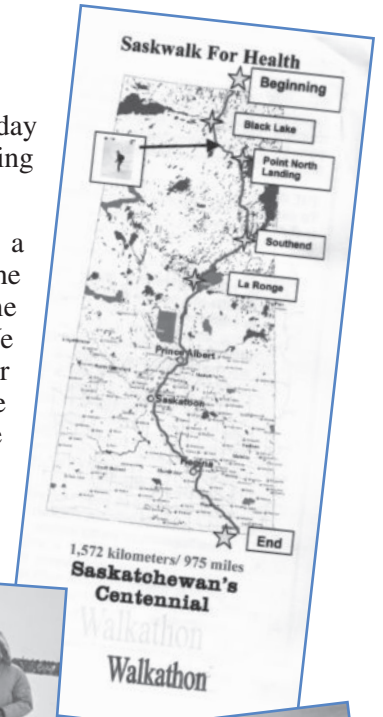
We hoped that more people would join our walk as we came through the different communities, but unfortunately that didn't happen. It was at least partially due to the fact that we didn't have the time to do a lot of promotion. However, the news media were very helpful and by partnering with the Vanscoy Agricultural Society, we received a provincial centennial grant."

Eric: What sort of conditions did you encounter and how did you cope?

Cliff: "On March 9, 2005 we traveled from Saskatoon to Black Lake. From there, our three Dene guides took us by snowmobile following trails made by caribou hunters over frozen lakes. We stayed in shack tents with a little stove and lantern. Even though it was -30 degrees celcius, we were quite warm. Once we reached the northern border and had our pictures taken, the two skiers started out on the trek south. It took three days for them to ski back to Black Lake

from the NWT. The next day the four of us started walking south.

A broken fuel pump and a failed thermal coupler in the furnace on the motorhome left us with no heat. We couldn't use the water or bathroom facilities because it was so cold. However, the farther south we went the less problems there were.



From Saskatoon, the rest of the walk to the US border took only 8 days. In all, the entire walk took 22 days.

Eric: Did you prepare physically at all before you started and did you suffer any physical problems during the walk?

Cliff: "I played hockey all winter so I was in pretty good shape, as were the other walkers. The first 3 or 4 days my muscles were stiff, but after a while this went away. I felt absolutely great most of the time."

Eric: How did you feel when you finished?

Cliff: "Physically, I felt like a kid again. Mentally, I felt good too. I felt proud inside. It was a good project, and I hope that we planted a seed. More people might now realize what they can do to prevent a lot of disease through a healthy lifestyle.

I recognize that my parents and grandparents sacrificed a lot when they first started developing Saskatchewan and here we are, really living a good life. This was a way for people to give back something for the good life that we are now enjoying."

Cliff Shockey is writing a book about this group of seniors' amazing trek. Watch for more information at your local bookstore!

January and February 2006 Donations

We gratefully received donations to the Saskatoon Community Clinic Foundation from the following individuals:

Jack Adams, Mr. D. H. Badger, Joanne Beckett, Mary Black, Evelyn Boissonneault, Alex Brooks, Estate of Suzanne Dahlin, D. Harry & Elaine Filson, Edith Gardiner, Dorothy Harder, Lorie Irwin, Harry & Elizabeth Koopman, Alex Kostyna, Lena Labiuk, Lillian Laing, Victoria & Paul Mostoway, Rupert & Marie Murray, Glenn Shockey, Robert Stodler, Mae S. Tufts, Kenneth Wiggins, Shirley Wilmot, Ian & Margaret Wilson.

Donations Received in Memory:

In Memory of Margery Edith Allen: George R. Allen
In Memory of Walter F. Allen: John & Bonnie Lawrence
In Memory of Bessie Bittner: Ken & Thelma Kulrich

In Memory of Constance Heather Brooks: Allan & Roberta Quandt, Mary Wykes & Laura Peters, Dave & Sharon Portious, Frank & Carmel Dodd, Margaret K. Shearer
In Memory of Myre Jane Clark: William Clark
In Memory of Rita Cunningham: David & Rosetta Kidd, John E. & Ina Brockelbank, Betsy Bury, Margaret Fredeen
In Memory of Hartley Fredeen: Margaret Fredeen
In Memory of John David Harder: Gerri Harder & Family
In Memory of Inez Crosson's sister Olive Holland: Community Clinic Handicraft Club
In Memory of Mary Ella Johnson: George Johnson
In Memory of George Kowalenko, Clara & Fred Kowalenko: Elsie Kowalenko
In Memory of William (Bill) MacLeod: Doreen MacLeod
In Memory of Jean Newman: Jack Newman
In Memory of Edna Wells: Norval Wells

In Memory of Rita Cunningham

By Betsy Bury, Retired Member Relations Officer

Sadly, Rita Cunningham, the first Executive Secretary to the Board and medical group passed away in January 2006. Rita came to the Clinic shortly after it opened in 1962. Rita was one of many pro-medicare citizens who helped form and shape Saskatchewan Community Clinics during the difficult and intense political struggle for universal, government funded health care. She was recruited by Dr. Sam Wolfe, the first Medical Director at the Clinic.

Rita worked at the Saskatoon Clinic in a period of expansion and growth; in her quiet patient way, she never refused the extra load that we put upon her, always doing more than the regular secretarial work required of her in her position. Rita had her typewriter at home so she was often seen carrying her briefcase home at night so that our requests would be on our desk in the morning. In 1968 Rita helped with the creation and distribution of petitions that would result in the collection of 35,000 signatures against deterrent fees. She worked with Drs. Gold and Bury in collating all the research material which eventually

became the Saskatchewan drug plan. She typed the material for two books that Dr. Wolfe wrote while he was at the Clinic. She organized and typed the 20th Anniversary cookbook and added many quotes to bring a smile, chuckle, a little history or encouragement to the reader.

Dr. Margaret Mahood one of the first two physicians, at the Community Clinic remembers Rita as a loyal, hard working pioneer who never refused any work she was asked to do. This was at a time when there was no such thing as "over time pay". She remembers Rita as being enriched by the Clinic's social life and by the contributions she was able to make towards the development of medicare in the province, to which Rita was totally committed. Mary Wolfe, who was a close friend of Rita's remembers her as a joyful person who gave her life to the job.

We all have many happy memories of Rita and share our sadness, on her passing, with Rita's remaining family members.

Focus is published by Community Health Services (Saskatoon) Association, Ltd., 455 – 2nd Avenue North, Saskatoon, Saskatchewan S7K 2C2. Material may be reproduced with appropriate recognition of the source. www.saskatooncommunityclinic.ca

Editor: Ingrid Larson

Assistant Editor: Laurie Stone

Editorial Committee: Carla Atherton, Grace Milashenko, Margaret Shearer

CHSA Board of Directors: Gary Beaudin, Nancy Carmichael, Deb Chobotuk, Anne Doucette, Rebecca Elder, Joan Feather, Roger Herman, Cheryl Loadman, Peggy MacLeod, Doug Racine, Maggie Sawatsky.

Administrator: Patrick Lapointe

Board Secretary: Coreen Usselman

Member concerns and comments are welcomed by the Member Relations Department. Please call 664-4243.
 ISSN 0015-5195
 Canadian Publications Mail Product Sales Agreement
 40052408



Return Undeliverable Canadian Addresses to:
 Community Health Services (Saskatoon) Association
 455-2nd Avenue North
 Saskatoon, Saskatchewan S7K 2C2
www.saskatooncommunityclinic.ca