

# Focus

Saskatoon  
Community  
Clinic  
"Your Health  
Care Co-op"



Winter, 2008  
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Community Health Services (Saskatoon) Association Ltd.  
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## Chairperson's Report

By Anne Doucette, CHSA President

Your new Board is in place and working hard again this year. As the new chairperson I am busy learning about my position and all the things that need to be done.

These are challenging times at the Clinic. We continue meetings with our new government to learn our place in their plans for health care reform in Saskatchewan. We continue meetings with the Health Region and the Station 20 West board to better serve the westside community. We are developing plans for expansion of our pharmacy area, and reconfiguration of the clinical areas of the main clinic to better serve our patients and secure their privacy.

We are also still engaged in pedestrian safety issues, food security, the attacks in other parts of the country on publicly funded health care and pharmacare. There are articles in this issue of Focus about our work on these issues.

For the past few years, I have been President of the Federation of Community Clinics in Saskatchewan.



Nobumasa Kitajima, Board member, International Organization of Health Co-ops (IOHC) (left) and Patrick Lapointe, CHSA Administrator (third from right) with staff and members of Japanese health co-operatives on tour at Saskatoon Community Clinic.

The Federation recently co-sponsored, with the Centre for the Study of Co-operatives a conference of international representatives of the International Organization of Health Co-ops (IOHC). Attending were representatives from around the world, including Japan, Spain, Argentina, Sweden and from the province of Quebec. It was a very exciting time and much information was exchanged. The Japanese delegation toured three of our clinics: Saskatoon, Regina and Prince Albert. They were very impressed with our work, and we were very proud to be able to share our vision of co-operative health care with our international friends.

We have another busy year ahead and look forward to seeing you all at the semi-annual meeting in January. Please remember that if you have any resolutions to try to submit them prior to the meeting so that we can have them printed and distributed for people to read before discussion. Thank you again.

## CHSA Semi-Annual Meeting

Wednesday, January 14, 2009  
Mayfair United Church Hall  
902 33rd St. W.

**Feature Topic:** Electronic Health Records:  
What will they mean for the health system?  
What will they mean for you, the patient?  
**Speaker:** Dr. Peter Barrett, Vice-Chair,  
Saskatchewan Health Quality Council  
and other invited guest speakers.

*See page 3 for details*

# Laugh – Just for the Health of it

By Norine Shewchuk, Community Clinic Seniors' Counsellor

When did you last enjoy a really good laugh? Remember how you felt afterward? Did you laugh until you cried or until your stomach began to hurt? Did you know that experience served to help reduce stress — lower blood pressure — boost your immune system? That laugh also mobilized your brain, (improving its functioning), provided energy to protect your heart, created instant relaxation (perhaps even activating a bowel movement) and absolutely helped your whole mind, body and spirit begin to feel uplifted.

Isn't it time to begin to get serious about laughing? Many researchers have begun to do just that. Celebrated writer Norman Cousins, Psychiatrist William F. Fry and Dr. Lee Berk and his team of researchers from the field of psycho-neuro immunology at Loma Linda University Medical Centre, are now leaders in the field of "gelotologie", the science of laughter and its psychological and physiological effects on the human body. The research has proven that 20 seconds of intense laughter, even if faked, can double one's heart rate for three to five minutes; an experience that would take three minutes of strenuous rowing exercise.

Happiness is a mind phenomenon; it's most common and accepted definition is – to get what one wants. Joyfulness is the unconditional commitment to have fun despite all of the problems that we are faced with. We all know that when we "do good", we feel good. Motion creates emotion. Being joyful (a choice we can make) and "doing good", actually changes the chemistry in the body creating a healthier state of being. Laughing, whether stimulated or self-simulated, (fake it until you make it), is the most concrete form of positivism; it naturally leads to inner happiness and contentment and helps dispel dark moods and thoughts. (Right now - try to laugh out loud at nothing — feel what happens.)

We all know the classic tight-jawed sour-puss who takes everything with deathly seriousness and never laughs at anything. No fun there. Do you want to be around people who bring you down or people who lift you up? Even if you didn't grow up with laughter as a common sound, you can learn to laugh at any age. Why not learn to be one of those people whom others love to be around?

Researchers are now beginning to focus on the question of how to bring humor and laughter into people's lives. Here are a few ways you can begin:

Smile – when your lips are turned up, the eyes crinkle up showing crows' feet and the upper lip droops lightly, there is heightened activity in the left anterior region of the cortex of the brain, which is the centre for happy emotions.

Whether real or induced, a smile can turn gloominess into an uplifted mood. (Try it for yourself, just smile and feel the brightness and lightness set in.)

Count your blessings – the simple act of considering the good things in your life will distance you from negative thoughts that are barriers to humor and laughter.

Take life lightly – let go of seriousness, address your stress, laugh at yourself; view your life in context.

When you hear laughter – move towards it. A healthy sense of humor is related to being able to laugh at one's self and one's life.

Create opportunities to laugh — Laughing at one's self can be a way of accepting and respecting oneself. Lack of sense of humor is directly related to low self esteem.

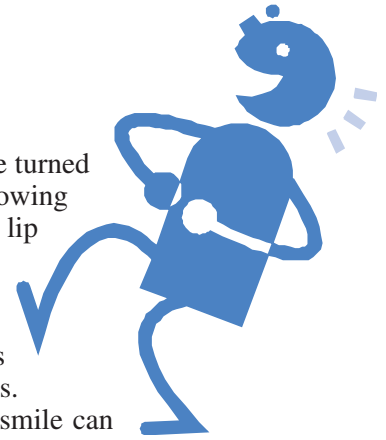
Spend time with people who have successfully incorporated humor in their lives. Their points of view and their laughter are contagious.

One of the things that drain energy is the focus and effort put into coping with life's problems, including each other's limitations. Our families, our friends and our neighbors are not perfect and neither are our marriages, our kids or our in-laws. If we laugh together, it can bind us together.

It's up to you – You can choose to laugh more. When you do, you will enjoy the many benefits, those mentioned earlier as well as:

- decreased anxiety
- increased digestion
- learning and memory improvements
- increased blood circulation
- better access to the subconscious mind
- decreased anger

Remember the definition of insanity - doing the same thing and expecting different results. Choose to change your life. One way is by just beginning to laugh. See what positive changes come your way. If for no other reason, laugh for the health of it!



# CHSA Semi-annual Meeting

*Community Health Services (Saskatoon) Association Ltd.*

**Wednesday, January 14, 2009**

Mayfair Church Hall, 902 33rd Street West

Registration: 6:30 - 7:00 p.m., Meeting: 7:00 - 9:30 p.m.

## Agenda

1. Introduction
2. Summary of minutes of previous annual meeting
3. Interim report by the Board Chairperson
4. Approval of the membership fee and the annual service fee.
5. Written resolutions recommending action to the Board
6. Proposed by-law Amendment Regarding Voting for Directors
7. Elect directors to fill vacant positions (1 position available at time of notice)
8. **Presentation: Electronic Health Records: What will they mean for the health system? What will they mean for you, the patient? Speaker: Dr. Peter Barrett, Vice Chair, Saskatchewan Health Quality Council and other invited guest speakers.**
9. Announcements
10. Notification regarding CHSA By-law amendment:

The Board of Directors is recommending the following amendment to the by-laws. This change, will require approval, by resolution, of the members present at the January 14, 2009 CHSA members meeting:

### **Proposed By-law Amendment Regarding Voting for Directors**

**That current bylaw no. 15 entitled Voting, be**

**numbered as subsection (1) and a new subsection be added, as follows: (2) Notwithstanding section 74 (1) (d) of The Cooperatives Act, members voting for directors are allowed to vote for any number of candidates up to the full number of directors to be elected.**

### *Eligibility for Voting and Elections*

Upon approval of the Board of an application for membership, the member shall be entitled to attend any general or special meetings of the Co-operative and be entitled to vote. Each member will be entitled to one (1) vote only and no member may vote by Proxy. In cases where a member has a spouse or a spouse and dependents who are members (joint or family memberships) the spouse and any dependent who is eighteen (18) years of age or over shall be entitled to vote and shall be eligible to be elected as a director.

### *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 them ten days in advance of the meeting. Early submission allows for copying of the resolutions so they are available for members to review and for copies to be distributed at the meeting.

If you require child care, transportation or would like to submit a resolution, please contact the Member Relations Department at 652-0300, ext. 243.

## *Holiday Hours*



*Best wishes for the holiday season from the Board and Staff of the Saskatoon Community Clinic. The Community Clinic's holiday hours for the Main Clinic are:*

**December 24, 2008:** 9 a.m. - 12 noon regular services followed by Drop In Clinic from 12 noon - 4 p.m.

**December 25 & 26:** Closed

**December 27:** Drop-in Clinic from 9 a.m. - 1 p.m. Staffed by one physician, lab tech, nurse and pharmacist.

**December 29:** Regular hours

**December 31:** 9 a.m. - 12 noon regular services followed by Drop In Clinic from 12 noon - 4 p.m.

**January 1, 2009:** Closed

**January 2, 2009:** Full service all day, regular hours.

Information about Westside Clinic holiday hours and services are available by phoning 664-4310.

# Food deserts in Saskatoon

By Denise Kouri, CHSA Board member

## Do we have food deserts?

A food desert is what we call an area of a city where there is little healthy food for sale, especially at affordable prices. Preventing food deserts is an

*"I see so many people at the Westside Clinic whose health problems are linked to poor diet. Diabetes is an example. We are seeing the rates increase, even in children."*

*Dr. Stephen Helliar,  
Saskatoon Community Clinic*

important public health issue because food is so important to health.

Urban food deserts are not uncommon and have occurred in other cities. They develop when grocery stores withdraw from neighbourhoods because there are too few customers with the spending power to generate the desired returns. This is especially the case when wealthier members of the community have moved to the suburbs. Low income residents and senior citizens who remain have a harder time getting healthy foods.

Such a trend may be understandable from a market point of view. However, because food is so important to health, those of us seeking to make our city healthier want to find a solution.

The City of Saskatoon and the Saskatoon Health Region are monitoring this challenge in our city. From the work done so far, we know that the west-side core neighbourhoods and the downtown area definitely have cause for concern. The Saskatoon Health Region maps show the lowest-income neighbourhoods in the city may have limited access to supermarkets.

In our own Clinics, we see evidence, daily, of the results of lack of access to affordable, good quality food. Healthy lifestyles and health-related dietary needs are hard to maintain when there is poor access to healthy foods. Children, the poor and the elderly are particularly vulnerable.

## Working towards food security

Food security means three things:

- **Market access:** Residents should be able to purchase groceries relatively close to home. Not all people, especially the poor and elderly, have access to cars for grocery shopping.
- **Reasonable price:** The food needs to be affordable. Saskatoon does have access to healthy food, but it can often be more expensive.
- **Good quality:** Food should be

*"... Healthy agri-food policies are needed to shift food supply and demand in a direction that would make healthy eating the natural option for all children, in an economically sustainable manner for the agri-food, food processing, retail and food service sectors. Meanwhile, economically, socially and culturally sustainable health policy is equally needed to help move supply and demand towards healthy and pleasurable food. This convergence could facilitate a shift from the present orientation of the food chain, currently favouring low-priced, high-calorie foods toward more variety and diversity in food supply and demand."*

*McGill Health Challenge  
Think Tank on Childhood  
Obesity in Canada, 2007*

*"... the built environment can influence access to affordable and nutritious foods. There is evidence that compared to higher-income neighbourhoods, low income neighbourhoods often have limited grocery stores (particularly those selling fresh produce), offer nutritious foods at a higher cost and have a greater concentration of fast food services – all of which may contribute to poorer eating habits among residents."*

*The Chief Public Health  
Officer's Report on the State of  
Public Health in Canada, 2008*

nutritious. Unfortunately, the word "food" is used for many products that are actually unhealthy. Food security is about healthy food.

## What should we do?

The following examples are measures that have been used or debated in other cities. We do not advocate all of them. Saskatoon should choose urban planning options that fit our city best. As citizens, we can assist our City Council to choose the best options by becoming informed and supporting the most effective measures for good access to healthy food everywhere in Saskatoon, by rich or poor.

- Introduce zoning bylaws to promote population density and multi-purpose neighbourhoods, creating a critical mass of wealth to sustain sales in a location.
- Provide support, such as incentive packages, to establish and encourage retail outlets to sell affordable healthy food in "Food Deserted" areas.
- Consider bylaws regulating the sale of junk food.

- Develop guidelines ensuring the availability of healthy foods in public facilities and schools.

- Promote urban community gardens and links with local farmers.

In October, during poverty awareness week, a group of our members gathered to discuss actions your Board might take to address this issue. We will continue to highlight this concern in our community. If you have any ideas, please forward them to us at 664-4243 or

e-mail [memberrelations@communityclinic.sk.ca](mailto:memberrelations@communityclinic.sk.ca)

The City of Saskatoon adopted a Food Charter in 2002 committing the city to food security. See the whole charter on our website at [www.saskatooncommunityclinic.ca](http://www.saskatooncommunityclinic.ca)

*This article is a shortened version of a handout distributed at our meeting. For copies of the handout contact the Member Relations Department. Supermarket Locations in Saskatoon, 2008 Source: Saskatoon Health Region*

## Members Walk for Pedestrian Safety

By Laurie Stone, Membership Development Co-ordinator

CHSA's second annual Pedestrian Safety Walk was held September 26th on a beautiful sunny day. Members and guests walked on Second Avenue, and participated in a discussion to raise awareness about pedestrian safety issues. Representatives from the City of Saskatoon and the Saskatoon Police Service were on hand to respond to questions.

Participants in Friday's walk were provided with copies of a Pedestrian Safety Audit, which they can use to evaluate intersection safety, and safety tips for pedestrians and drivers as well as suggestions on how we can all help make Saskatoon a safer city in which to walk.

Pedestrian safety is an important health issue for CHSA "As a primary health care co-operative we want to encourage our clients and the public to walk for the health benefits – but at the same time we are concerned that 94 Saskatoon pedestrians were struck by vehicles and two were killed in 2007." said Nancy Carmichael, Saskatoon Community Clinic Board Member. "It's clear that we need a greater emphasis on public education and awareness for both drivers and pedestrians."

"In addition to being concerned about the number of pedestrians struck by vehicles, we often hear about "near misses" experienced by pedestrians, said Ms Carmichael. "It seems that everyone has a story about a close call that they or a family member have experienced. We want to encourage individuals to report these, as well as all accidents, to the Saskatoon Police Service"

This year's pedestrian safety walk follows up on a walk held last fall and the Clinic's April 2007 brief Pedestrian Safety in Saskatoon, available on the Clinic's website at [www.saskatooncommunityclinic.ca](http://www.saskatooncommunityclinic.ca) Many thanks to the Seniors' Advisory Council, CHSA's Political and Social Action Committee, and the CHSA Board of Directors for

their ongoing work and support of this important health and safety issue.



Participants at CHSA's second annual Pedestrian Safety Walk.

### Board and Staff News



*Welcome to...*

**Rachel Perehudoff** and **Nicole Desjardins**,  
KidsFirst Home Visitors.

*Farewell to . . .*

**Bev Loring**, Medical Records Clerk  
**Rena Smith**, Pharmacy Technician

## Seniors' Corner

by Sandy Hagele, Seniors' Volunteer Co-ordinator

### Volunteer – It's Rewarding

For thirty years the Community Clinic Volunteer Program with the Elderly has decreased isolation and improved the quality of life for many Clinic seniors through visiting, seniors' groups, and the Seniors' Advisory Council. The caring and commitment of volunteers made this possible. Seniors in the program know that the volunteers are there because they choose to be, not because they have to be.

I recently talked with several volunteers from each area and asked them to share their thoughts, feelings, and what they receive from volunteering in the program:

**Volunteer Visitors:** Visit one or two hours a week.

"It feels good to see faces light up when I visit. They know somebody cares and it gives them something to look forward to. I'm grateful I'm able to visit."

"I think I relieve isolation by visiting. We also go shopping, for coffee, for lunch. I enjoy being able to do this, and I know it's appreciated."

**Seniors' Group Volunteers:** Assist staff with regular social and educational programs for Clinic seniors.

"Volunteering with the seniors' group is a rewarding experience for me. It helps me recapture the joy of being a "bedside" nurse. I hope my doses of TLC puts a little sunshine into their lives."

"I feel good with older adults. I worked in a nursing home, and enjoy and feel satisfied knowing I am doing something with my life. We need each other."

**Senior's Advisory Council:** Address seniors' issues through discussion, programs, advocacy, information, and networking.

"Being on the Seniors' Advisory Council allows me to provide input into the success and future of our Clinic. In turn, it helps give me purpose."

"Volunteering gives me an opportunity to do something outside myself, something positive. I feel it is essential to network with others to bring problems and needs into the open and work together to find solutions."

Want to become a member of this Volunteer Team? Contact Sandy Hagele, Seniors' Volunteer Co-ordinator at 664-4282 for information.

## An Unforgettable Experience

By Raelynne Morden and Kendra Shewchuk



Raelynne Morden and Kendra Shewchuk

Parents and grand parents - please share our unforgettable experience with the youth in your life.

Our story is one experienced through the Co-operative Youth Program - a camp held at Candle Lake. Through-out the week-long camp, we worked together, played cooperative games and built confidence in ourselves.

We also acquired leadership skills, learned new skills and had great fun. We thank the Saskatoon Community Clinic and its Union (CUPE local 974) for sponsoring us.

We, Raelynne (15) and Kendra (14), enjoyed all the experiential learning the camp offered. We had the opportunity to practise communication skills and we learned about world trade. We now have new friends from different communities around Saskatchewan and know how to work cooperatively to get jobs done. All participants were put on committees that planned things to make the camp fun and meaningful. One committee created a "week book" for a souvenir; another planned a banquet and dance for our last night, another set odd bylaws while others decided on awards, both serious and funny. Together, we shared many laughs and tears. We especially liked the candlelight ceremony and the inspirational talks by the campfire.

I, Kendra, really loved the experience because I found there were always new adventures everyday. I liked that there was always something to do and I learned new and different things. I feel more confident and am more assertive since I attended the camp. I also made lots of life-long friends.

I, Raelynne, found the camp was an excellent opportunity to grow and overcome my shyness. It taught me to get involved and how I can make a difference by working together with others and still have fun. I made lots of great friends and will always remember positive thoughts about them. This was the highlight of my summer and it was an amazing experience.

We hope other youths will make the choice to attend the Cooperative Youth Program. Information is available through the Members Services Department of the Saskatoon Community Clinic at 664-4250.

## Canada on slippery slope to full-blown two-tiered health care

By Kathleen Storrie, Member CHSA Political and Social Action Committee

A ground-breaking study of for-profit health care in Canada, *Eroding Public Medicare: Lessons and Consequences of For-Profit Health Care Across Canada* was released in October. The report, prepared by the Ontario Health Coalition, clearly shows that Canada is on a slippery slope leading to a full-blown two-tiered health care system.

The researchers identified 42 for profit MRI/CT clinics, 72 for-profit surgical hospitals (clinics) and 16 boutique physician clinics across Canada. "Our findings reveal a disturbing picture," writes the report's author, Natalie Mehra. "An increasingly aggressive group of private company owners (are) promoting profit-driven businesses that threaten Canadians' universal and equal access to care." Mehra also notes these companies are pushing provincial governments to give them publicly-funded contracts to increase their revenues (and profits).

Other findings in the report include:

- evidence exists to suspect 89 possible violations of the Canada Health Act;
- non-profit hospitals are being forced to reduce or close down public services as a direct result of their staff being poached by nearby private clinics;
- wait times in the public sector are highest in areas with the highest amount of privatization;
- an increasing number of American-led multinational corporations are taking over for-profit clinics;
- when for-profit clinics and centres have been returned to the public system, costs have been reduced and more procedures have been done for the same amount of money.

The Canada Health Act was enacted in 1984 in response to extra-billing, user fees and other practices that were creating barriers to health care, especially for people with low-incomes. The Act sets out principles and criteria intended to protect Canadians from unequal access and to provide a universal health care system, yet the Federal and provincial governments are turning a blind eye to clear evidence of violations of the Act.

Another very serious concern is what the provisions of the North American Free Trade Agreement (NAFTA) mean for public health care. Medicare is only protected from NAFTA if it is delivered on a non-commercial basis. The more Canada privatizes the health care system, the more provinces will have to pay out millions of dollars to foreign investors or hand over public funds to deliver the services.

The authors of the report found no evidence of for-profit medical or surgical procedures that are medically necessary in our province. The Saskatchewan Health Coalition strongly recommends that the Government of Saskatchewan maintain current legislation and policies that have protected the citizens of our province from increasing privatization of health care services.

The report is endorsed by the Canadian Health Coalition, provincial health coalitions, including the Saskatchewan Health Coalition, and other citizen groups. It can be obtained from the Canadian Health Coalition website: [www.healthcoalition.ca](http://www.healthcoalition.ca)

*In addition to being an active member of your Board's Political and Social and Action Committee, Kathleen Storrie is also President of the Saskatchewan Health Coalition.*

### Mittens, hats and scarves needed

Westside Clinic needs donations of mittens, hats and scarves. The greatest need is for youth sizes, but adult sizes are also appreciated. Please drop off your donations at Westside Clinic, 631 20th St. W. You can also mark them "Westside Donation" and drop them off at the front reception desk of the Main Clinic.

*Thank you for your support!*



### Patient Information Booklet

Our Patient Information Booklet is full of information on clinic services and programs and useful tips for visiting your doctor or other health care provider. Information on membership and member relations services, CHSA policies and volunteer opportunities and useful phone numbers are also included. You may pick up a copy of the booklet during your next visit to the Clinic or call 664-4250 to request a copy. If leaving a voicemail message please include your full name, mailing address and telephone number.



## Donations August 7, 2008 – October 31, 2008

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

Jack Adams, Helen & Lloyd Baker, Catherine Leslie Biggs, Pearl Breadner, Gerald Caudle, Bill & Mary Chapman, Linda Charlton, Ed & Marlene Decker, Wilfrid Denis, Graham Dove & Kathleen Slavin, Joyce & Henry England, Albert & Elizabeth Epp, Anne R. Evans, Sheila Hawkins, Martin & Lorie Irwin, Tannys Last, Doug Lavallie, Betty Maskell, Dr. Isabelle M. Mills, Alfred Mueller, Sarah Neudorf, Norma Nugent, Lila O'Grady, Rosemary Peet, Jean Pytlowany, Gordon & Donna Rawlake, Marjaleena Repo, Garry Romuldietz, Beatrice Scyrup, Maisie J. Shiell, Phyllis A. Speers, United Community Funds of Saskatoon, Doreen Walmsley, Doris Elizabeth Weenk, Judy Weenk, William A. Young, Hazel Kelly (In honour of Dr Ewa Olszynski)

### *Donations Received in Memory:*

**In Memory of Frank Baker:** Helen & Lloyd Baker

**In Memory of A. E. Bessie Bittner:** Viola & William Bucsis

**In Memory of Mary V. Chapman:** Harold C. Chapman

**In Memory of Frank Coburn:** James Komar

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**In Memory of John (Jack) Hopkins:** Kay Howsam

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**In Memory of James Mitchell:** Laura Mitchell

**In Memory of Jean Newman:** Jack Newman

**In Memory of Minnie V. Pearson:** Stanley E. Pearson

**In Memory of John Pennock:** Myrtle Pennock

**In Memory of Trudy Prebble:** Margaret "Peggy" Durant

**In Memory of Dora & Otto Smith:** Helen & Lloyd Baker

**In Memory of Edward Smith:** Diane O. Hiltz, Fay Jones

**In Memory of Enid Smith:** Kim Aschenbrenner, Heather & Richard Dillabaugh, Dorothy & Lloyd Friedrick, Jacquie Griffiths, Lynn D. Harvey, Diane O. Hiltz, Fay Jones, Barbara Lussier, Alexander & J. M. Matheson, Ken & Joyce Reid, Elizabeth Smillie, Thelma Stevens

**In Memory of Dick Steacy:** Francis & Irwin Richards

**In Memory of Ed Tchorzewski:** Jack Newman

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