

Focus

Saskatoon
Community
Clinic
"Your Health
Care Co-op"



Fall, 2004
Volume 40, Number 3

Community Health Services (Saskatoon) Association Ltd.
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CHSA Annual Meeting Draws Member Participation

By Laurie Stone, Membership Development Co-ordinator



A special presentation of appreciation was made at the annual meeting to out-going President Kathleen Storrie. Kathleen is seen here with Administrator Patrick Lapointe.

CHSA welcomed sixty-two members and two non-members to a busy and productive 42nd Annual Meeting, held June 8th at Cornerstone Mennonite Church. The members elected five new board members, two Focus Editorial Committee members and passed nine resolutions among several other items of business.

CHSA President Kathleen Storrie reported on Association activities during the past year. It was a year of "partnerships" and growth in several areas, including the expansion of the Awasis KidsFirst Home Visiting Program, a very successful support program serving over one hundred at-risk young families on the west side of the city. The Clinic also saw closer collaboration with the Family Medicine Department of the College of Medicine, the Saskatoon Health Region and Saskatchewan Health's Primary Health Services Branch.

Members were informed about the Association's plan to present the membership with resolutions and by-law changes to facilitate our re-incorporation as a co-operative. This is expected to take place at the January 2005 Semi-Annual Meeting. The Mutual Hospital and Medical Benefits Act, under which we are currently incorporated, is no longer widely used and the Co-operatives Act more effectively represents the nature of our association.

President Storrie also reported on efforts undertaken by the Political and Social Action Committee to lobby provincial and federal governments. In the past year CHSA provided leadership and advocacy for affordable prescription drugs, policies to benefit seniors, affordable AIDS/HIV treatment in

developing countries, limitations on direct-to-consumer advertising, opposition to legal challenges to Medicare, and the cosmetic use of pesticides.

Administrator Patrick Lapointe updated members on a number of key developments at the Clinic over the past year:

- ◆ Delvina Doucette began her new role as a nurse practitioner at Westside Clinic.
- ◆ A role review of the doctor, nurse and reception teams at the main clinic was undertaken to better understand how we can most effectively serve the needs of our clients.
- ◆ Prevention and management of diabetes continues to be a key area of collaboration with other community health organizations and this work will continue under the leadership of our nutritionist Carol Armstrong-Monahan.
- ◆ The Clinic is introducing a health care model, "Advanced Access" which will lead to quicker access to services.

Members also heard brief reports and updates from the Vision Care Review Committee and the Strategic Planning Committee. The Vision Care Committee has completed a review of Vision Care Operations and presented a report to the Board of Directors for consideration. Members also received an update on Strategic Planning. The Strategic Planning Committee has identified a number of key issues for consideration. Members will be asked to participate in planning meetings this fall. (See page 3 for details.)

CHSA achieved a \$360,000 surplus in 2003-2004. This surplus will be used to rebuild our operating reserves, which had been seriously depleted during the previous five years of deficits. The Community Clinic Foundation received and raised donations of \$88,420 in 2003, up from \$49,275 in 2002. Foundation President Margaret Shearer and the other board members were congratulated for their fundraising efforts. A special thanks goes out to all of the members who made donations, donations in memory and those who made

bequests and planned gifts through our charitable Foundation. These donations are used to support programs and purchase items not covered under Medicare.

The association elected by acclamation new board members Gary Beaudin, Georgia Bell Woodard, Joan Feather, Roger Herman, and Mary MacLeod. Congratulations to Focus Editorial Committee members Carla Atherton and Grace Milashenko who were also elected by acclamation.

Nine resolutions were discussed and passed by the membership. The resolutions called for action by the federal and provincial governments in the following policy areas: restored federal spending on health care; improved compliance with the Canada Health Act; calls for a national pharmaceutical strategy; protection of our health system from trade agreements; policies to support our public health system and oppose privatization; measures to support individuals' access to podiatry services; advocacy for fairness in provincial drug coverage; and calls for the government to include community clinics in any review of

primary health care. The membership also put forward and approved a resolution asking that CHSA make the Vision Care Report available once it has been read by the Board of Directors. The full text of the resolutions are available on our website or by contacting Member Relations at 664-4243.

A special presentation was made to Kathleen Storrie, in appreciation for her role as CHSA President. Vice-President Cheryl Loadman recognized Kathleen's outstanding passion and commitment to Medicare and to our association over several years. Certificates of appreciation were given to retiring board members Kathleen Storrie, Jan Anderson, Ann Benedict, Louise Clarke and Lisa Coy for their contribution to the association. Thanks also to Debora Rolfes, for her term on the Focus Editorial Committee.

A number of members won door prizes generously donated by Saskatoon Credit Union, Co-operative Trust, The Co-operators - Newman Insurance Limited and Flowers Cory-Parke. Thanks go out to members Lisa Coy, Marlene Decker, Louise Clarke, Sonja Freiermjuth and Cheryl Hand for their capable assistance with member registration.

Keep Track of Your Health Information

If you don't have a copy of the Community Clinic's Personal Health Record yet we recommend that you consider obtaining one, particularly if you or someone you care for is on several different medications or has multiple health problems.

Available from your Clinic physician or nurse, the Personal Health Record can help you and your family keep track of the following important information:

- Emergency contacts
- Health care providers
- Medical conditions
- Surgeries
- Allergies
- Prescription medications
- Herbal/non-prescription medications

It is recommended that you bring your Personal Health Record with you to all medical appointments and carry it with you at all times in case of emergency. The booklet is a resource you can use to ensure that your important health information is up to date and readily available.

The booklet is available free of charge to Community Clinic patients. Information is available on how to complete the booklet or you may choose to make an appointment with your physician or nurse to assist you in completing the booklet.

Please contact your physician's receptionist if you are interested in receiving a copy of the booklet or would like to set up an appointment to fill it out.

Seniors' Corner

By Sandy Hagele,
Seniors Volunteer Coordinator



"Volunteers . . . A Gift of Time"

This theme for National Volunteer Week 2004 certainly applies to the forty volunteers participating in the Community Clinic Volunteer Program with the Elderly. Between September 1, 2003 and August 31, 2004, the volunteers:

- provided over 3,000 volunteer hours by visiting Clinic seniors, assisting with seniors groups, fundraising to subsidize activities, and addressing seniors issues on the Seniors' Advisory Council.
- held two bake sales to subsidize seniors' group activities.
- attended workshops and community meetings related to seniors' issues.
- assisted with a seniors' bus trip to Wanuskewin.
- assisted with weekly seniors' group activities and special events.
- provided liaison with community agencies such as the Saskatoon Council on Aging
- attended our annual volunteer recognition supper.

Want to join us? If you have several hours a week to visit and would like to assist with seniors' group, or are interested in seniors' issues, phone the Seniors Volunteer Co-ordinator, Sandy Hagele at 664-4282.

Canadian Health Coalition Contributes to Health Care Debate

By Ingrid Larson, Membership Director

Members and staff of your health care co-op are active participants in the development of health policy. Much of our work is done in co-operation with the Canadian and Saskatchewan Health Coalitions.

The Canadian Health Coalition is dedicated to preserving and enhancing Canada's public health system for the benefit of all Canadians. Founded in 1979, the coalition includes organizations representing unions, seniors, women, students, consumers and health care professionals from across Canada. The Saskatchewan Health Coalition works closely with its national partner.

If you are looking for information about current health care debates in Canada, the Canadian Health Coalition website is the place to look! It includes a wealth of news articles, research, speeches, papers and other materials that will help you understand the debates and keep abreast of developments.

If you visit this website you will find:

- ◆ evidence against for-profit medicine
- ◆ analysis and commentary about the Romanow report, the Kirby report and on-going provincial - federal discussions
- ◆ commentary and analysis about the pharmaceutical industry
- ◆ information about health care and trade issues
- ◆ a reality check on public-private partnerships
- ◆ and much, much more!

Be sure to visit it at www.canadianhealthcoalition.ca

When you visit the site you can also subscribe to an electronic news services, Medicare Watch. If you subscribe you will receive regular updates on health care issues in Canada.

Strategic Planning Special Members Meeting

November 30, 2004

7 - 9:30 p.m.

Mayfair United Church Hall
902 33rd Street West

Please join us for a Special Members Meeting to discuss our 3 year strategic plan. A report will be made on the strategic plan and your feedback and comments will be invited.

If you are planning to attend please leave a message at 664-4221 or e-mail us at memberrelations@communityclinic.sk.ca This will help us in planning the refreshments, handouts and making other arrangements. Please note that if you don't get hold of us in advance, you are still welcome to attend!

The Board of Directors has been working hard at developing a plan to ensure that your health care co-operative continues to be a leader and innovator in primary health care delivery.

We look forward to seeing you there. Please phone Member Relations at 664-4243 for more information or if you require transportation or childcare.



The Community Clinic was pleased to receive a grant of \$ 800 from the Saskatoon Lions Clubs to help fund the costs of diabetic cookbooks for low-income clients. Linda Main, Health Information Centre co-ordinator receives the donation from Lions Club volunteer Violet Aiken.

Three New Vaccines For Children

By Cheryl Hand, Head of Nursing

Three new vaccines have become available to protect children. Varivax protects against chickenpox. Prevnar guards against pneumonia, middle ear infection, meningitis, blood infection and shock. Another type of meningitis, blood infec-

tion and shock is given in the vaccine preparation Menjugate.

The new vaccines and disease are shown on the following table:

<i>Infectious agents</i>	<i>Vaccine name</i>	<i>Diseases</i>	<i>When given</i>
Varicella zoster virus	Varivax	Chickenpox	12 months, and older (single dose for those 1 – 12 years old, and two doses for those 13 and older)
<i>Streptococcus pneumoniae</i> (the “pneumococcus”)	Prevnar	Pneumonia, middle ear infection, meningitis, blood infection and shock	2, 4, 6, 12 – 15 months (4 doses required). Older children need fewer number of doses.
<i>Neisseria meningitidis</i> (the “meningococcus”)	Menjugate	Meningitis, blood infection and shock	2, 4, 6 months (3 doses required). Older children need fewer number of doses.

Although most children do come through these infections without severe outcomes, these diseases occasionally cause death or long-term handicaps. Since we cannot predict who will have a good or bad outcome, it is important that you consider protecting your children against all three infectious diseases.

These vaccines are safe and very effective in preventing or decreasing the severity of the infections.

These vaccines can be given at the same time as other childhood vaccines (Pentacel and MMR) and there is some flexibility in the timing of the shots. Please contact your doctor or Saskatoon District Health - Public Health for more information.

Until recently parents were required to pay for these vaccines. CHSA is pleased that the provincial government, with federal financial support, has recently announced that they will now be provided free-of-charge to Saskatchewan children through public health units, as part of the regular childhood immunization program. CHSA's Political and Social Action Committee, upon the recommendation of our staff, has been lobbying the provincial government for their inclusion in our province's public health plan.

You can read more about the diseases and the vaccines at the RUH Department of Pediatrics website – www.usask.ca/pediatrics; click on the “contents” button and find the bulletin on “new Vaccines”.

Board and Staff News

Welcome to...

Dr. Narmin Ibrahim, Family Physician.

Matthew Enns, Physical Therapist.
Helene Leis, Nurse Practitioner.

Congratulations to...

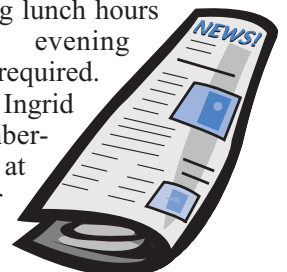
Tyrus Bear who won the contest to name the new mural at Westside

Clinic. The mural will now be known as "Generations of Hope"

An Invitation to Members...

Are you a CHSA member interested in participating on the Member Services Committee? This committee advises the Board of Directors on

activities and policies to recruit, inform and involve members in the affairs of the co-operative association. It meets 10 times per year during lunch hours with some evening participation required. Please contact Ingrid Larson, Membership Director at 664-4243 for more information.



Vitamin D: The Sunshine Vitamin

By Louise Gagné, Family Physician

Vitamin D, also known as the “sunshine vitamin”, used to be easily obtained by spending time in the great outdoors. Primitive people would store enough vitamin D in the summer months to last them through the winter. Inuit people obtained vitamin D from a diet rich in fish and fish oils. In recent times, however, vitamin D deficiency has become common, as a result of our modern diet and lifestyle.

In children, rickets is now on the rise in Canada. It is caused by vitamin D deficiency and causes children to develop abnormally soft bones, which break easily. This disease had become virtually unknown, but in the last two years, over 84 cases have been diagnosed in Canada. Nutritionists and doctors are concerned. There are several reasons why children today are more likely to be vitamin D deficient. Mothers who breast feed do not routinely supplement their infants with vitamin D, even though breast milk is often deficient in this nutrient. Many children today drink soft drinks and juices rather than milk or fortified milk substitutes. Regular application of sun block also blocks the formation of vitamin D. And many people, including children, spend less time outside than in the past.

Many adults are also being found to be vitamin D deficient. Dark skinned people and the elderly are generally at higher risk. A study done in 2002 showed that about one third of people living in Calgary were low or deficient in vitamin D. Up to 50% of people newly admitted to hospital are found to be vitamin D deficient. Over 40% of healthy men are vitamin D deficient by the end of winter. An estimated 85% of nursing home residents are vitamin D deficient. Even 46% of people who took a daily multivitamin are found to be deficient!

Vitamin D is an essential nutrient. We need it in order to absorb calcium for our bones and teeth. But recent research is revealing vitamin D has many other important roles.

Vitamin D lowers the risk of prostate, breast and colon cancer by helping to regulate cell growth. Adequate vitamin D appears to significantly lower the risk of developing multiple sclerosis. Vitamin D also lowers the risk of type 1 diabetes, high blood pressure and rheumatoid arthritis.

There are several ways to obtain vitamin D.

1. Foods: Some foods naturally contain vitamin D, for instance, oily cold water fish such as salmon or sardines, egg yolks and chicken liver. Some foods have vitamin D added to them, for instance, cows milk (100 IU/cup), fortified milk substitutes, and fortified cereals.

2. Supplements: Most multivitamins have 400 IU of vitamin D. Calcium supplements also often contain vitamin D. Vitamin D can be taken by itself, and is usually found in strengths of 400 IU or 1000 IU. Cod liver oil and halibut liver oil also contain vitamin D.

3. Sunshine: When ultra violet light from the sun shines on our bare skin, vitamin D is produced in liberal amounts.

Vitamin D is a fat soluble vitamin and is best taken with meals. It is important not to take excessive amounts of vitamin D, since this could have toxic effects on the body. How much vitamin D do we need? Recent research indicates that the current recommendations for vitamin D are probably too low. Vitamin D researchers now recommend 800-1000 IU per day for adults. 400 IU is considered a minimum daily dose. Some vitamin D experts are recommending 5-10 minutes of sun exposure to the back, arms and legs (without sun block) a few times per week. However, this recommendation is controversial since sun exposure can increase the risk of skin cancer.

The bottom line is: vitamin D can help lower your risk of serious disease and deficiency is common. Be sure you are getting adequate vitamin D, ideally from your diet or supplements.

October is Membership Month!

Join us the week of October 25-29th as we celebrate Membership Days at the Community Clinic. A membership greeting table will be set up at the back entrance of the Main Clinic between 9:30 - 11:30 a.m. and 1:30 - 3:30 p.m. with refreshments, prize draws and information about membership.

Congratulations to our lucky winners from Spring Membership Days, Charlene Rogers and Marion Bailey. Each received a basket

of Beanie Babies and Buddies.

Thank you to our wonderful member volunteers: John and Betsy Bury, Cliff Elliott, Sonja Frieirmuth, Margaret Fredeen, Cathy Fry, Jean Hopkins, Kay Howsam, Ray Lawrence, Marguerite O'Toole, Ruben Peters, Smokey Robson and Kathy Storrie.

If you would like more information or to volunteer to assist with membership days please contact Member Relations at 652-0300.



Congratulations to member, Marion Bailey, who won the March 2004 member appreciation draw.

Advanced Access at the Community Clinic

By Ingrid Larson, Membership Director

The Clinic has adopted a new health care model, Advanced Access, which we hope will provide more timely access by patients to their family physician. This initiative is in response to concerns we have been hearing in the past few years from many who use the Clinic about their ability to see their family physician within a period of time that meets their needs.

Advanced Access was pioneered in Great Britain by the National Health Service as well as some primary care and specialty care practices in the United States. The theme of the model is “do today’s work today”. In a traditional booking model appointments are pushed into the future; in Advanced Access the emphasis is on a shorter booking period for appointments and continuity of care with one’s own health care provider.

The Advanced Access model has three components:

- ◆ Booking systems are designed so that patients have more timely appointments with their family doctor. This frees up more appointment time because there are fewer “do not shows”; fewer repeat visits because the patient sees their own doctor more often rather than on-call doctors; and greater satisfaction for patients and staff.

- ◆ Methods of practice are redesigned to include more telephone communication between health care providers and patients, group consultations, and a greater emphasis on self-help.

- ◆ Skill mix of practices are developed to include highly skilled nurses and

the increased use of related health care providers to enable GPs and nurses to target their skills appropriately.

Research done in the United States has shown, that in addition to improving patient and staff satisfaction, this model can also improve clinical outcomes.

The Community Clinic’s goal is for patients to be able to see their family doctor within two working days, for



During June the Community Clinic conducted a survey on patients' satisfaction with access to services. Seen here is Kristen Holfeuer, summer student who administered the survey.

any health concern, the majority of time. Patients can book appointments in the future if they prefer. This goal will take a few months to achieve.

In order to implement Advanced Access our “back-log” of appointments needed to be reduced. During the summer months our physician, nursing and reception team successfully reduced the “back-log” of appointments for the majority of our physicians. We appre-

ciate their efforts in doing this as we now are able to begin the introduction of Advanced Access.

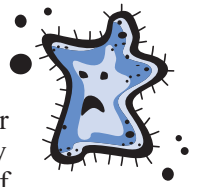
We have also hired a nurse practitioner for a 6 month term position. Use of alternative health care providers, such as nurse practitioners, are a key element of Advanced Access. In addition, we have hired a new physician to fill a vacant position. These hirings will help in meeting our Advanced Access goals.

As the Board moves forward in its current strategic planning process, we will be looking at other access issues such as hours of service and the ways that we are delivering services. In June 2004 we surveyed approximately 300 clients to obtain their feedback on access to services at the Clinic. The results, which will be available in the fall, will be used by the Board in strategic planning. We hope to repeat parts of the survey within a year to determine if patient satisfaction has improved with the implementation of Advanced Access.

I would like to thank the committee members who have championed this model at the Clinic. They are Carla Eisenhauer, Head of the Medical Group, Patrick Lapointe, Administrator, Bev Brown, Director of Clinical Services, Cheryl Hand, Director of Nursing and Dr. Margaret McMahon, family physician. I serve as chair of the Committee.

We are very appreciative of the support that has been provided by the Saskatchewan Health Quality Council which is promoting the Advanced Access model throughout the province. They are providing educational, research and consulting assistance to us as we learn about and implement Advanced Access at the Community Clinic.

Flu season approaches - protect yourself!



Influenza is an acute viral illness with a sudden onset that produces a fever, muscle aches and cough. The illness can produce serious complications such as pneumonia, especially in people who already have health problems or who are over 65 years of age.

How do you protect yourself against influenza?

Influenza vaccine gives protection against getting influenza and its complications such as pneumonia. The vaccine is considered very safe to receive.

The strains of the influenza virus change each year. These new strains are used to make the current year's vaccine. The person who is immunized is protected for 5-6 months. It is important to get a flu shot every year.

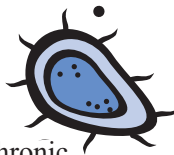
Who can get the Flu Shot at the Community Clinic?

In order to receive the vaccine at the Community Clinic, you must be a current patient of one of the clinic physicians; otherwise you may receive the vaccine at Public Health Services. Westside patients may receive the flu shot at Westside Clinic.

How much does it cost?

The flu shot is free if you:

- are 65 years or older
- are under 65 years with any of these chronic health problems:
 - chronic heart/lung disorder
 - chronic conditions such as diabetes and cancer
 - are 6 months to 18 years old and have been treated for long periods with Aspirin.



For others, there is a \$20 charge, payable at the time of your visit, for receiving the flu shot at the Community Clinic. This charge covers the cost of purchasing the serum.

It is public health policy in Saskatchewan to provide flu shots free of charge to individuals deemed to most be at risk for serious health complications resulting from contracting the flu. This cost is subsidized by the provincial government.

When is this year's Flu Clinic?

This year's flu clinic is October 5th to 8th and 12th to 15th, mornings from 10 a.m. to noon, and afternoons from 1 - 4 p.m. No appointment is required - just drop in to the Main Clinic. You will be asked to wait for 15 minutes after your flu shot to ensure that no reaction has taken place.

Saskatoon Community Clinic

Drop-In Flu Clinic

October 5 - 8 and October 12 - 15

Mornings: 10 a.m. to noon Afternoons: 1 p.m. to 4 p.m.

No Appointment Necessary - Just Drop in.
Cost: \$20, payable at the time of visit.
Free for seniors and others with chronic health conditions.

You must be a current patient at the Clinic to receive the flu shot here. Westside patients may receive the flu shot at the Westside Clinic

Your Support is Needed

This year the Saskatoon Community Clinic Foundation is urgently in need of funds to cover the cost of a new blood analyzer and computer based lab information system.

Details regarding these funding requests may be found in our annual appeal letter which will be inserted in your December issue of Focus.

Another option of giving to ensure that your Clinic remains financially viable is through a bequest.

To make a donation or for more information contact the Saskatoon Community Clinic.

Community Health Services (Saskatoon) Association Ltd.

Privacy of Personal Information

Privacy of personal information is a fundamental right of health care in Canada. In order to provide you with health care services we need to collect personal information from you. When you provide us with this information we give you these assurances:

- We will:
- ◆ Only collect information required for your care and treatment.
 - ◆ Only share your information with other health professionals or health care institutions to the extent necessary to provide you with proper health care.
 - ◆ Ask your permission to share your personal information if required for other purposes unless we must provide it for legal reasons.
 - ◆ Keep accurate records.
 - ◆ Keep your information secure and retain or destroy these records as required by law.
 - ◆ Give you access to your own records and,

if requested, make copies of them at a reasonable cost.

Our role in protecting your health information is guided by:

- ◆ Professional and licencing policies and practices
- ◆ Saskatchewan Health Information Protection Act
- ◆ Government of Canada Personal Information and Electronic Documents Act

For more information or to file a complaint please contact:

Administrator
Saskatoon Community Clinic,
455 Second Avenue North, Saskatoon,
Saskatchewan S7K 2C2
Telephone: (306) 652-0300
Fax : (306) 664-4120

April - June 2004 Donations

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

Alice A. Allen, Joyce Amundson, Janet A. Anderson, Janet I. Anderson, Dolena & John Atherton, Lloyd & Helen Baker, William & Elma Bergen, Emilia Bertrand, Catherine Lesley Biggs, Millie Boucher, Charles J. Burnett, Roger Carriere, Gerry & Yvonne Caudle, Linda A. Charlton, John Comer, William & Marjorie Cram, Ruth & Ronald Cruickshank, Ed & Marlene Decker, W. Paul Denham & Gail Osachoff, Graham Dove & Kathleen Slavin, Ewald Draeger, Ida M. Eliason, Lorna Gaudet, Donald G. Gibson, Florence Glazebrook, Olive Gordon, Doreen Gruza, Ken Gruza, Muriel E. Harbor, Anna Harms, Erwin & Ingrid Hoehn, Ken Homenick, William E. & Jessie M. Hope, Lori Irwin, Etienne & Semon Jalbert, Laurel Jensen, Laura M. Jones, Mrs. Josephine Kiss, Abram & Sarah Loewen, Del Lummerding, Lillie Milne, Laura Mitchell, Randall & Isabella Nelson, Sarah Neudorf, Agatha Neufeldt, Mary Pattison, Arnold & Lillian Petty, Ninette Leonie Prociuk, Logan & Irene Prowse, Elsie & Stener Rasmussen, Ann Ratzlaff, Marjaleena Repo, Anne G. Roper, William & Mary Riesen, Cecil A. (Smokey) Robson, Eva F. Ryhorchuk, Dorothy Sagan, John & Anne Sheard, Maisie J. Shiell, Phyllis Siemens, Audrey Smith, Elsie M. Smith, Tillie Taylor, Mary M. Thompson, Darryl C. Wilkie, Mabel & Gerald Willick, Shirley Wilmot, Mike & Lena Woloshyn, Bernie Zuk

In Honour of Dr. Carla Eisenhauer: Shirley Mahoney for Westside Parenting Programs and Lab Analyzer

For Seniors Programs: Del Lummerding

Donations Received in Memory:

In Memory of John & Ann Achtemichuk: James & Nancy Yasinowski
In Memory of Bessie Bittner: Viola & William Bucsis
In Memory of Al & Hazel Brenneman: Heather Brenneman
In Memory of Elsie Brown: William Brown
In Memory of Mrs. Florette Brown: Peter Brown
In Memory of Jane Clark: William Clark
In Memory of Dr. Frank Coburn: Colin Boyd, D. Mavis Carleton, Stuart Thiessen, Joanne Miller, Ben & Adele Smille, Geoff & Betty Hopkins, John E. Brockelbank, Jean Hopkins, Linda A. Charlton, John & Betsy Bury, Heather Musgrove & Rene Roy, Clifford A. Matthews
In Memory of Tommy Fink: Robert Fink
In Memory of Marcella Hoppe: Mercedes Abrahamson
In Memory of Darcey John: Robert Fink
In Memory of J. Gren Jones: Isobel Jones
In Memory of Mary Ellen Kidd: Frederick J. Kidd
In Memory of Dr. Mel Langer: Jeff & Rosanna Langer
In Memory of Morley Lowe: Eloise Lowe
In Memory of Clarence Lyons: John E. & Ina Brockelbank
In Memory of Helen McLellan: D. Jean Hopkins
In Memory of Cliff McMillan: Jeff & Betty Hopkins
In Memory of Fred Miller: Norma Pangras, Verna Loewen and Grace Miller
In Memory of Clifford Milne: Lillie Milne
In Memory of Harold Newfeldt: Judith Martin, Bob & Judy Weenk
In Memory of Jean Newman: Jack Newman
In Memory of Elizabeth Paulsen: Paul M. Paulsen
In Memory of Sam & Helen Postnikoff: Mercedes Abrahamson
In Memory of Edna Wells: Norval Wells
In Memory of John Zarembo: Malonie Zarembo

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.

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