

Focus

Saskatoon
Community
Clinic
"Your Health
Care Co-op"



Winter, 2004
Volume 40, Number 4

Community Health Services (Saskatoon) Association Ltd.
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President's Report

By Cheryl Loadman, President



Cheryl Loadman, President

The arrival of the winter season signals the coming to a close of another busy year at the Saskatoon Community Clinic. It has been a year of change and activity, at almost every level of our organization.

CHSA welcomed new members over the year and there has been an increase in the use of our services across every area of the organization. In June, we saw a number of new board members elected.

They, together with those returning, bring a wealth of experience, energy and commitment to our cooperative health efforts.

Our year has also been marked by an optimistic return to sound financial footing. Albeit, work still remains on balancing the future financial needs of CHSA, and the services we have and hope to provide. One of the major ongoing exercises of CHSA throughout this year is our strategic planning process. Developing the vision for our organization for the next 3 – 5 years involves a dynamic approach including discussions with our employees, our stakeholders and our members. We have asked people to join us in looking into the future, and to share lessons and learn from past experiences. We invite and encourage you to be part of this process, to tell us your ideas and dreams for the CHSA of tomorrow.

In response to our members' comments, we embarked on a number of exciting internal reviews and actions. The year saw us study the roles of our staff to confirm what was working well and to identify areas for gains in service efficiencies. Another major initiative, Advanced Access, is our new innovative approach to booking appointments. This is a response to members' comments regarding physician

access. While still in its early stages, this new system is designed to provide faster access to your physician of choice. Please help us by letting us know your experiences with it.

CHSA is pleased to be a leader in the primary care model. Over the year, we have had many adjustments in our physicians staffing; however, a dedicated effort now means we have on board a full complement. We have also added another Nurse Practitioner to CHSA. Together these individuals work daily in conjunction with our other service areas to ensure you receive your full health care needs in an affirming, knowledgeable and complete manner as possible.

Lastly, I want to recognize the efforts of all of the CHSA staff who every day work on behalf of our members and clients to deliver outstanding health care service. Thank you to our members and to our clients who use our services. In addition, my appreciation to you for taking the time to advise us on how to make our health system better and to challenge us to new standards of service. As well, thanks to CHSA Board members for their unwavering commitment to public community-based healthcare.

CHSA's Semi-Annual Meeting is scheduled for January 18, 2005. I invite you to participate in the meeting. Our agenda includes items such as Strategic Planning, Vision Care Review, Advanced Access, and we will introduce you to our youth project (SWITCH) and other exciting initiatives and projects in the plans for CHSA.

CHSA Semi-annual Meeting

Tuesday, January 18, 2005

Mayfair United Church Hall
902 33rd Street West

See page 3 for details

First Ministers' Accord on Health Care: Advances and Disappointments

By Kathleen Storrie, Member of the Political and Social Action Committee, CHSA

Over the years, the CHSA Board has created numerous briefs and has taken positions on various aspects of health care and on the determinants of health. It is these perspectives which provide a basis for a brief commentary on the important agreement reached by the First Ministers in mid-September. One CHSA position is that the Federal Government should restore federal cash transfers to the Provinces and Territories to at least 25% of total health costs and that this should be sustained over time. As recently as June, 2004, a resolution to this effect was passed by CHSA members at the Annual General Meeting. The Federal Government has now committed to health care expenditures of \$41.2 billion new dollars spread over the next ten years, with a 6% escalator clause. These two provisions ensure that federal funds will remain more adequate, stable, predictable and long term. For their part, the provinces agreed to use a federal Wait Time Reduction Fund to deal with wait times in five priority areas: cancer, heart, diagnostic imagery, joint replacements and sight restorations. They also agreed to a reporting mechanism to demonstrate that the new federal dollars have had the desired effect on waiting lists.

Some advances were made in other areas of particular interest to CHSA: primary care reform and public health. For example, it was agreed to aim at providing 50% of Canadians with 24/7 access to multidisciplinary teams by 2011, to share strategies to advance primary health reform, to provide new immunization coverage to children and to address common health risk factors. Steps were taken to improve home care services: the provinces undertook to cover, by 2006, two weeks of acute care and two weeks of mental health management and crisis response services and palliative care including palliative-specific pharmaceuticals. However, this is very far from making all home care services an integral part of the health care system under the Canada Health Act. The ministers also agreed to improve the supply

of health professionals through a Health Human Resources Strategy and other measures.

CHSA has been strongly advocating a comprehensive pharmacare programme including a national drug formulary and stricter regulation and monitoring of the pharmaceutical industry. The first ministers did decide to develop a national pharmaceutical strategy with various elements such as catastrophic drug coverage, a common drug formulary, purchasing strategies for best prices and better access to non-patented drugs. However, other changes advocated by CHSA such as reviewing and changing Canada's patent laws were absent.

The First Ministers' Agreement disappointed us in at least three respects: for-profit health care, health promotion and accountability. CHSA opposes for-profit delivery of health care for several reasons. It takes scarce human and financial resources out of the public system, it costs more and has a higher death rate than the publicly-delivered system. It also turns what should be a public good devoted to saving lives and improving health into a commodity – something available for selling and buying in a market. The Prime Minister and Premiers failed to move to curb such practices as Public-Private-Partnerships and the privatizing and contracting out of medically-necessary health services and hospital services such as providing laundry and food. Although immunization and also other public health mechanisms were promised, health promotion was not stressed. Finally, apart from the strategy to reduce wait times, the ministers only made vague commitments to “regularly report on progress to their citizens.” We should all surprise them by holding them to account in a most “unvague” way!

If you are looking for a detailed analysis of this agreement I would suggest referring to the National Union of Public and General Employees web site www.nupge.ca



Community Clinic Introduces New Smoking Policy



Effective immediately, there will be no smoking within 10 metres of the entrances (back and front) of the Main Clinic, the Mel Langer Building and between the Main Clinic and the Red Cross building. You must be at least 10 feet away from the back door at Westside Clinic to smoke.

Smoking is permitted at Main Clinic or Westside in the Patient Parking lots.

Thank you for helping us support good health for all.

Advanced Access is in Action at the Community Clinic!

Our goal is for you to be able to see your family doctor within two working days, for any health concern, the majority of time. The new way to book an appointment with your family doctor is to call the day, or the day before, you wish to be seen. Also you can book appointments in the future, if you prefer. Please let us know how this new system works for you.

Community Health Services (Saskatoon) Association Ltd.

Semi-annual Meeting

Tuesday, January 18, 2005

Mayfair United Church Hall, 902 33rd Street West, Saskatoon, SK
7:00 p.m. to 9:30 p.m. Registration is from 6:30 p.m. to 7:00 p.m.

Agenda

1. Introduction
2. Summary of minutes of previous annual meeting
3. Interim report by the board Chairperson
4. Approval of assessment rate
5. Vision Care Report
6. Written resolutions recommending action to the Board
7. Elect directors to fill vacant positions (no positions available at time of notice)
8. Guest speakers focussing on Youth Involvement: Reid McGonigle and Vikki Vogt, Student Wellness Initiative Towards Community Health (SWITCH), a University of Saskatchewan Student Initiative at Westside Michelle Korvin, Saskatchewan Co-operative Youth Program, a province wide program encouraging greater youth involvement in co-operatives
9. Special resolution regarding re-incorporation as a co-operative (see below)

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

Change of Incorporation Status

Background Information for Members

From the beginning, the Community Health Services (Saskatoon) Association Ltd. has not been incorporated under the Co-operatives Act but rather under the Mutual Hospital and Medical Benefits Act, the registrar of which is Saskatchewan Health. When Community Clinics began in the early sixties, this was the only option available for us to receive funding. We have long been interested in re-incorporating under the Co-operatives Act as it is more truly representative of the nature of our organization. Most of our sister clinics have done this. Saskatchewan Health has encouraged us to follow suit because there are so few organizations incorporated under the original act that the Department would like to abandon it. At this year's upcoming semi-annual meeting the following resolution will be debated. If it is successful the Board of Director will take the necessary steps to re-incorporate the Association.

Special Resolution of the members of Community Health Services (Saskatoon) Association Limited

The following resolution will be presented for a decision at the January 18, 2005 semi-annual meeting of CHSA members:

Be it resolved that the members authorize the Board of Directors to transfer the incorporation of the Community Health Services (Saskatoon) Association Ltd. (CHSA) from **The Mutual Medical and Hospital Benefit Associations Act, 1996 to The Co-operatives Act, 1996** by making application to the Department of Justice for Continuance under **The Co-operatives Act, 1996**. This authorization will include that they may:

1. File Articles of Continuance under **The Co-operatives Act, 1996** on behalf of CHSA;
2. Modify the bylaws of CHSA to change references in them from **The Mutual Medical and Hospital Benefit Associations Act, 1996 to The Co-operatives Act;**
3. Do all things and carry out all acts necessary to give effect to these resolutions and to complete the continuance of CHSA under **The Co-operatives Act, 1996**.

How to Lower Your Cholesterol Naturally

By Louise Gagné, Family Physician

Many people today are finding they have high cholesterol levels. High cholesterol is a well known risk factor for heart disease and stroke. Other risk factors are increased levels of inflammation, inactivity, smoking, obesity, high blood pressure and diabetes.

Doctors often order a screening test to measure the different fats found in the blood. The chart below provides an overview of different lipids (*).

HDL (high density lipoprotein) is the one type of cholesterol that you want to increase. HDL is often called “good cholesterol”. It is considered so heart protective that people with a value higher than 2 are considered to have the “longevity gene”. On the other hand, LDL (low density lipoprotein) is the artery clogging “bad” type of cholesterol. Most doctors and nutritionists focus on lowering the LDL, while raising or keeping the HDL level stable. High triglycerides can also contribute to heart disease risk and may be a sign of diabetes.

The cholesterol in our bodies comes partly from animal foods such as meat and cheese. We also produce significant amounts of cholesterol in the liver. Cholesterol is used to make bile salts, which help us to absorb fats and fat soluble vitamins. We also use cholesterol to make hormones, and to build our cell membranes. We need cholesterol for our bodies to function normally. However, too much cholesterol, especially LDL, can promote the buildup of fat in our arteries which leads to heart attack and stroke.

Conventional medical opinion has been that dietary changes can only do so much to lower lipid levels. Many people are eventually prescribed a cholesterol lowering medication. However, in a recent study, people who ate a “portfolio diet” managed to lower their cholesterol levels just as much as if they had been treated with a prescription.

So what did people on the portfolio diet eat? The portfolio diet was specially designed to be high in soluble fiber, soy protein, plant sterols and nuts. It was also a vegetarian diet, using sources of protein such as soy products, beans and nuts. The portfolio diet included a generous amount of fat (80gm per day) and the participants found it very satisfying.

Even if you don’t choose to eat a vegetarian diet, you can make use of this research. Each of the following suggestions will help you lower your cholesterol by a modest amount. Together, their effects can add up to a significant change in your blood fats and in your overall health.

Soluble fiber: This type of plant fiber is a water soluble gel- think of oatmeal porridge, or barley soup. Soluble fiber helps prevent cholesterol from being reabsorbed back into our bloodstream from the bowel. Good sources of soluble fiber are oats, barley, beans, flax, eggplant, apples and okra. Supplements such as psyllium or PGX are also excellent sources of soluble fiber. (These should always be taken with a large glass of water.) People on the portfolio diet ate foods rich in soluble fiber and also took psyllium three times per day.

Soy: Soy protein lowers cholesterol levels by reducing production of cholesterol in the liver. People on the portfolio diet ate about 50gm of soy protein per day. Try foods such as soy milk, tofu and soy nuts.

Plant sterols: Plant sterols are cholesterol-like substances found in leaves, nuts, seeds, grains and vegetable oils. Plant sterols can reduce the absorption of cholesterol. The portfolio diet group used a special margarine enriched with plant sterols (2gm per day). These margarines are not yet available in Canada, but plant sterols are sold here as supplements.

Almonds were the nuts used in the portfolio diet, but

*Lipids	Desirable	Borderline	Abnormal
*Total cholesterol	Below 5.2	5.2-6.2	Over 6.2
*LDL cholesterol	2.6-3.4	it depends	Over 4.1
*HDL cholesterol	Over 1.6	1.0-1.6	Under 1.0
*Triglycerides	Below 1.7	1.7-2.3	Over 2.3
Total cholesterol/HDL	Below 3.5	3.5-5	Over 5

LDL: 2.6 is desirable if you have heart disease, diabetes or multiple cardiac risk factors

...cont.

other nuts such as cashews, macadamia nuts and pecans would also be beneficial. Almonds contain mono-unsaturated fats, plant sterols, fiber and other nutrients that together have been shown to improve blood lipids. The portfolio group ate about 23 almonds per day. Despite eating all these nuts, portfolio dieters lost weight!

Eat a **plant based diet** with abundant fruits and vegetables, whole grains and beans. Avoid refined, high glycemic index carbohydrates.

Bad fats: Reduce your **saturated fat** intake from meats and dairy products to less than 15gm/per day. Choose products that are free of **trans fats** (trans fats are also called hydrogenated or vegetable shortening). Trans fats are especially harmful since they lower protective HDL in addition to raising damaging LDL.

Good fats: Choose olive oil, canola oil, raw nuts and avocados as healthy sources of fat. Eat more **fish** such as wild salmon and sardines or consider taking a good quality fish oil supplement (e.g. Nordic Naturals). Oily fish contain omega 3 essential fatty acids that can lower triglyceride levels and raise protective HDL.

If you are overweight, aim to lose **5-10% of your weight** over the next 6 months. Even modest weight loss can help lower cholesterol levels. Cutting back on unhealthy fats, eating more fruits and vegetables (aim for 6-10 per day) and starting a regular exercise program are healthy ways to lose extra pounds. **Exercise** itself can lower cholesterol levels and raise HDL. Drink **green tea** and cranberry juice. Cook with **turmeric, ginger** and **garlic**. Try shiitake mushrooms.

Bon Appetit!

For more information:

<http://www.portfolioeatingplan.com/>

<http://ww1.heartandstroke.ca>

Seniors' Corner



By Sandy Hagele,
Seniors Volunteer Coordinator

Saskatchewan Centennial 2005

There was excitement and celebration in Regina on September 4, 1905. Saskatchewan was inaugurated as a province into the Dominion of Canada with Prime Minister Sir Wilfred Laurier and Governor General Earl Grey officiating in the ceremonies.

On September 4, 2005 Saskatchewan will celebrate 100 years of growth, progress, and accomplishment as a Province of Canada. The theme for the year is "100 Years of Heart." The provincial government is encouraging communities, organizations and individuals to celebrate this historic event throughout the year.

Premier Lorne Calvert has announced several planned events, including a New Year's Day ringing in of the Centennial, a visit from Queen Elizabeth in May, Centennial Leadership Awards, and the Canada Summer Games in Regina in August. The biggest of these celebrations will happen on September 4th.

Another initiative was the formation of the SASKATCHEWAN CENTURY CLUB with the help of the Saskatchewan Seniors' Mechanism. The Club is an informal association of seniors who have reached the age of 90 years and are determined to continue living in as full and active a lifestyle as possible to age 100 and beyond. Benefits include:

- ♦ motivation to keep active, healthy and involved in the community
- ♦ opportunities to network to establish new friendships and exchange experiences
- ♦ special recognition and celebration at the age of 100 years

There are chapters throughout Saskatchewan, and Saskatoon has over 150 members to date. There is no charge for membership. For an application form contact the Saskatoon Council on Aging at 652-2255. For information on Centennial events and interesting history and trivia about Saskatchewan go to www.sask2005.ca.



Parents Kim and Morgan Reid hold Callan Reid in a quilt made and donated by the Handicraft Club. Callan was the first Community Clinic baby born after July 3, 2004. This Anniversary Gift is made annually by the Handicraft Club to the baby born after July 3, the date the Community Clinic opened in 1962.

Making the Best of the Snow Shoveling Experience

By Matt Enns, Physical Therapist

Snow shoveling in winter can be dangerous...research has shown that the incidence of heart attacks is increased in weeks following snowstorms. You are at increased risk if you have had a heart attack or other heart disease, have high blood pressure or cholesterol levels, if you are a smoker, or lead a sedentary lifestyle. If you experience heavy sweating, shortness of breath or any severe pain while clearing snow, stop immediately and talk to your doctor. Shoveling can also be associated with less threatening problems such as frostbite, backaches and maybe most commonly, bellyaching. Although I can't answer the age-old question: does a person wait until it stops snowing (to avoid trampled, packed down sidewalks) or go out there while it is still snowing (see Sisyphus) I can speak to a few questions people may have about this topic.

First you must choose your weapon. There are many shovel design features that can make your life easier:

- ♦ *The bent handle* - Use of a bent handle shovel reduces the bending that your body has to do. This reduces the spinal compression and shear forces produced when lifting.
- ♦ *Metal versus plastic* - This is a question of personal preference. The trade-off is durability versus weight.
- ♦ *Shovel size* - Generally a smaller shovel is recommended because it will force you to take smaller scoops, and therefore, less weight. However, with a light dusting of snow you may want a broader shovel to increase your efficiency. A sidewalk broom may be as efficient in this situation.
- ♦ *Handles* - The handle should be large enough to grip with mittens. The fiberglass "D-handle" is the best for grip and comfort.

Now that you have your tool of choice, here are a few tips to maximize your shoveling experience:

- ♦ *Warm up your muscles.* This can take place in the house with some slow lumbar rotations, some deep knee bends and optimally mimicking the movement you will be doing while shoveling (grab a broom or the shovel itself). Taking your body through the ranges that you will be using without the added weight of snow and the decreased friction encountered

outdoors is the best way to prepare yourself.

- ♦ *Shovel newly fallen snow ...* it is much easier to shovel snow before it is trampled. I relearn this lesson about once a year.
- ♦ *Push snow rather than lift* whenever possible. If you have to lift, avoid twisting (don't throw over your shoulder or side), sit down with your legs rather than bending at the waist, widen your hands on the shovel to get extra leverage, and take small frequent scoops.
- ♦ *Take frequent breaks, stay hydrated, and if it is too difficult, hire someone.*

Dressing appropriately is also important. Cover as much exposed skin as possible. Wear something on your head as much heat escapes out of this area. Wear non-skid boots to avoid slips and falls. Wear layers...this allows heat to sit between layers and also provides the option to remove a layer and keep going as you heat up. This will keep your clothes from soaking with perspiration, which can lead to getting cold as you cool off. The layer closest to the body should be able to wick sweat from your skin. Wool and synthetic fabrics such as polypropylene, transfer moisture from the skin to the surface of the fabric. Avoid cotton against the skin; its absorbency will hold moisture next to the body. Middle layers can be made up of almost anything. The outer layer should be windproof and breathable to allow moisture to escape from the inner layers. Gore-tex is a common fabric used as it has both of these properties.

Shoveling can be a good cardiovascular workout if done safely with the correct biomechanics. There are actually people who will say they enjoy shoveling. This reminds me of the fellow who was packing up to go south for the winter. He attached a shovel to the roof of his car. His neighbor, of course, asked what the heck he would need a shovel for. The answer, "When somebody asks me what that thing on my roof is, I know I can stop." So if you are unable to toss that shovel on the roof and migrate, using some of these principles will keep you as prepared as possible to shovel safely and efficiently.



On October 29th the Saskatoon Community Clinic Foundation was presented with a cheque from the Royal Canadian Legion Poppy Trust Fund Board in the amount of \$10,000.00 which will go towards the cost of a new haematology analyzer. The presentation was made by veteran Al Mahoney at the Legion's annual poppy pinning ceremony and gratefully accepted by Margaret Shearer, on behalf of the Foundation Board.



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:** Full service until Noon. Drop-in Clinic from noon - 4 p.m. staffed by one physician, lab and pharmacy.
- December 25, 26 & 27:** Clinic closed **December 28:** Drop-in Clinic from 9 a.m. - 1 p.m. staffed by one physician, lab and pharmacy
- December 29 & 30:** Regular hours **December 31:** Full service until Noon. Drop-in Clinic from noon - 4 p.m. staffed by one physician, lab and pharmacy **January 1, 2 & 3:** Clinic Closed

Understanding Osteoarthritis

By Helene Leis, R.N., BSc.N, NP

The Saskatoon Community Clinic in conjunction with the Arthritis Society is presently involved with the Getting a Grip on Arthritis project. The goal of the project is to increase the capacity for primary care providers and people with arthritis to work together in managing arthritis. The emphasis of this project will be on prevention, early arthritis detection, comprehensive care and self-management.

The word arthritis “arth” meaning joint and “itis” meaning inflammation, encompasses more than a 100 different conditions. These conditions can vary from mild forms of tendonitis, i.e. tennis elbow and bursitis, to more involved forms such as rheumatoid arthritis. Osteoarthritis (OA), another form of arthritis, will be the focus of discussion in this article.

Incidence of Osteoarthritis

Osteoarthritis is the most common form of arthritis. It affects 3,000,000 (1 in 10) Canadians. After the age of 70 years of age, 8.5 out of 10 Canadians will have osteoarthritis. The majority of the population will develop osteoarthritis after the age of 45, but it can occur at any age.

Defining Osteoarthritis

Osteoarthritis is defined as a degenerative disease of the cartilage. Over time the cartilage that covers and protects the bones begins to thin and break down. Without the protection of the cartilage, bone ends rub together. The more the cartilage wears down, the more rubbing there is during movement and more pain and stiffness one will experience.

Causes of Osteoarthritis

The exact cause of Osteoarthritis is unknown. However, certain factors have been associated with the increased risk of developing the disease including:

- ♦ The chances of getting Osteoarthritis increase with age.
- ♦ Heredity appears to be responsible for the fragility of cartilage and joints.
- ♦ Being overweight can increase our risk of getting Osteoarthritis. Overweight people are at higher risk of developing Osteoarthritis in the hip and knee.
- ♦ Injury to a joint or repeated overuse of it can also damage the cartilage and lead to Osteoarthritis.
- ♦ Other types of arthritis can also damage joints and lead to Osteoarthritis.

Signs and Symptoms of Osteoarthritis

Osteoarthritis usually affects weight-bearing joints such as the hips, knees, feet and spine. However non-weight bearing joints such as finger joints and joints at the base of the thumb may also be affected. The disease process is known to have an insidious onset. Signs and symptoms of Osteoarthritis are:

- ♦ Pain that worsens with activity and improves with rest;

- ♦ Stiffness: less than 30 minutes, occurring after periods of inactivity;
- ♦ Decreased range of motion and limitation of function;
- ♦ Swelling/ bone deformity.

Lowering Your Risk of Osteoarthritis

Regular moderate exercise and maintaining a healthy weight are two ways in which one can protect their joints. Although this will not cure the disease, it can delay the onset of Osteoarthritis.

For further information on OA:

1. Saskatoon Arthritis Society, #600-333-25th St.E, Phone-306-244-9922
2. Arthritis Helpline-1800-321-1433
3. Arthritis Society's website: www.arthritis.ca
4. Community Clinic- video is available on OA

Board and Staff News

Congratulations to...

Dr. Carla Eisenhauer, long-time family physician and Head of the Medical Group at the Community Clinic who was awarded the Community Family Medicine Teacher of the Year Award by the Department of Academic Medicine of the College of Medicine, University of Saskatchewan.

Dr. Sally Mahood, Associate Professor in the Department of Family Medicine in Regina was awarded the Saskatchewan Family Physician of the Year by the Saskatchewan College of Family Physicians. Before assuming her academic appointment Sally practised at the Regina Community Clinic. She is the daughter of Margaret and Ed Mahood, early pioneers of the Saskatoon Community Clinic.

Physician staffing...

Since July 2004 **Drs. Haigh and Loftus** have commenced a shared practice with each working for a six month period. Initially, Dr. Haigh was working full-time until October 31, 2004. Since then she has gone to East Africa to work with her husband. Dr. Loftus, in turn, will be working full-time until the end of April 2005. He will see Dr. Haigh's patients in her absence.

In memoriam...

Condolences to the family and friends of two long-time CHSA members who contributed to our Focus newsletter in the 1960s. **Loren Teed** served as Editorial Advisor when Focus began publication in the early 1960s. **Rennie Fast** served as Assistant Editor of Focus from 1967- 1973.

August - October 2004 Donations

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

Don Adams, Jack Adams, Joyce & Ruben Amundson, Catherine Lesley Biggs, Bill & Mary Chapman, Linda A. Charlton, Estate of Frank Emerson Coburn, Ed & Marlene Decker, June & Lorne Digneau, Graham Dove & Kathleen Slavin, Mark & Joyce England, Albert & Elizabeth Epp, Adeline Germann, Thelma Howard, Don & Mildred Kerr, Doug Lavallie, H. Raymond Lawrence, Lydia Lazenby, Betty P. Maskell, Robert W. McLellan, Isabel Mills, Rupert Murray, Sarah Neudorf, Lila O'Grady, Daniel & Elizabeth Painchaud, Mary Pattison, Clifford & Rosemary Peet, Leonie "Ninette" Prociuk, Marjaleena Repo, James Roach, Eva F. Ryhorchuk, Maisie J. Shiell, Alex Smith, Audrey Smith, James & Myrtle Strachan, Marcelle Strom, Harold H. Tilley, William A. Young.

Donations Received in Memory:

In Memory of John & Ann Achtemichuk:

James & Nancy Yasinkowski

In Memory of Thomas W. Bell: Joan Bell & Family

In Memory of Elsie Brown: William Brown

In Memory of Frank Coburn: Margaret Fredeen, Clifford A. Matthews

In Memory of Harold Cody: Magdalena Cody

In Memory of Ernie Dickson: Elsie, Carol & Dennis Dickson

In Memory of Rennie Fast: Clifford & Rosemary Peet

In Memory of Elsie & Joe Hegarty: Noreen & Neil Sutherland

In Memory of Darcy John & Tommy Fink: Robert Fink

In Memory of J. Gren Jones: Isobel Jones

In Memory of Mary Ellen Kidd: Frederick J. Kidd

In Memory of Jean Newman: Jack Newman

In Memory of Walter Swityk: Mrs. Jean Swityk

In Memory of Loren Teed: Genevieve Teed

In Memory of Al Wonsiak: Donna Wonsiak

Mittens, hats and scarves needed

Westside Clinic needs donations of hats, mittens 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.

The Saskatoon Community Clinic Foundation is looking to contract with a client who is a strong and articulate Clinic supporter and who has marketing experience to inform our clients about opportunities for Planned Giving. If you would like more information call Patrick Lapointe, Administrator at 664-4241 or e-mail him at plapointe@communityclinic.sk.ca

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www.saskatooncommunityclinic.ca

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