

Focus

Saskatoon
Community
Clinic
"Your Health
Care Co-op"



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2008 Semi-annual Meeting Report

by Ingrid Larson, Membership Director

The Saskatoon Community Health Services Association (CHSA) held its semi-annual meeting January 15, 2008. Forty members, staff and guests braved the cold temperatures to learn about the Association's most recent initiatives, debate resolutions and hear about developments at our Westside Clinic.

Several resolutions on pharmacare were debated. Member Kathleen Storrie, on behalf of the Political and Social Action Committee, provided background information on publicly funded pharmacare, economical models developed in New Zealand and British Columbia, and how our government might draw on those experiences for improving pharmacare benefits for Saskatchewan citizens.

An Outstanding Volunteer Service Award was presented to Ollie Sittler for long-time services to the Association through her involvement, since 1982, with our Seniors Volunteer Program and Advisory Council. Past, present and future Political and Social Action Committee members were awarded the C.A. Robson award recognizing "compassion, co-operation and commitment" for the work those members have done since 1996 in the area of advocacy for improved health and social programs.

President Cheryl Loadman and Director Peggy Macleod highlighted current Westside Clinic programs and updated members on the ongoing plans to expand Westside. The membership heard about the Board's exploration of two options: leasing space in the planned Station 20 West Enterprise Centre (see last issue of Focus) as well as purchasing property on Avenue M. They noted that the purchase of property would be an interim measure in response to immediate space needs as Station 20 West may not be ready until 2009, or later. It would also serve as a possible location for other CHSA community programs.

As CHSA would be unable to adequately fund the expansion into Station 20 West from its current budget, President Loadman indicated that the Board requires new

funding from the Saskatchewan Health. Such funding would support lease costs for the larger space in Station 20 West, and also enable CHSA to provide new services in coordination with other health and social agencies.

Loadman noted that Saskatchewan Health recently provided a disappointing response to CHSA, indicating they will not support CHSA's purchase or lease of new property and they will not provide new funding for expanded services in Station 20 West. As a result of these communications, the Board at the urging of the membership has requested an urgent meeting with Health Minister McMorris and has asked for meetings with Saskatoon Saskatchewan Party (SP) MLAs.

Subsequent to the Semi Annual Meeting, President Loadman and Director Gary Beaudin met with MLAs Joceline Schriemer and Serge LeClerc. They reported that

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Board member Peggy Macleod presents outstanding volunteer service award to Ollie Sittler.

both MLAs were extremely supportive of CHSA's work in the community and indicated that they would assist in advancing CHSA's issues to Ministry officials and in addition that it was a pleasure to meet with these very informed individuals who share CHSA's views of the future of the inner city. President Loadman has also met with the Honourable Don Morgan, Minister of Justice. President Loadman has indicated that he provided an equally

supportive response and willingness to assist. With their assistance, it is the hope of the Board that CHSA's excellent work in the inner city will receive the required acknowledgement and support from Ministry officials.

Copies of the meeting resolutions are available on the CHSA website, www.saskatooncommunityclinic.ca.

What Can We Do to Provide Necessary, Safe and Affordable Prescription Drugs?

By Kathleen Storrle, CHSA Member

At the Association's semi-annual meeting in January, members passed several resolutions that addressed this question. Following are the resolutions and a summary of the background information provided at the meeting.

Containing the Cost of Drugs

Resolution: Be it resolved that CHSA urges the government of Saskatchewan to develop new strategies to reduce the cost of prescribed drugs which would be similar to those employed by the Pharmaceutical Management Agency of New Zealand, such as reference pricing, rebates and discounts, package agreements and contracts.

Prescription drug costs are rising on average 12% a year and are the most expensive item of health care expenditures after hospitals, costing \$609 million in Saskatchewan in 2006. Public funds are meeting about half of this amount and also are paying the premiums for benefit plans for public service workers. These premiums are costing about 15% more each year because they mainly go to pay ever-increasing drug costs.

The Saskatchewan Drug Plan, based on means tests and selected medical conditions, is difficult to access and very expensive to run.

Other factors driving these unsustainable costs include:

- Some physicians prescribing newer and more expensive, but mostly not more effective, drugs in the place of older, cheaper ones;
- Aggressive, massive advertising by drug companies;
- Extended patent protection delaying the introduction of cheaper, non-patented drugs;
- A fractured system with many players impeding bulk purchasing and negotiating for lower prices;
- Huge profits made by drug companies.

This resolution speaks to formulary-based policies, which can be applied very effectively to manage drug costs in the community. For example, the BC government's drug costs are much lower than the national average through applying reference pricing to five classes of drugs. (Reference pricing involves the formulary paying only for low-cost alternatives demonstrated to be equally safe and beneficial as more expensive equivalents.) On the other hand, New Zealand's drug costs are even lower because of the policies and practices of New Zealand's Pharmaceutical Management Agency (PHARMAC) with its national formulary.

Independent Evaluation of Prescribed Drugs

The practise of prescribing drugs is complex and time consuming often requiring considerable research. Also, according to leading medical journals, huge grants by drug companies to universities and research units in hospitals are biasing research outcomes. We need a new drug approval process at the federal level. The members agreed that, in the meantime, provincial action was needed.

Another resolution was passed that urged the provincial government to establish an independent organization along the lines of the University of British Columbia's Therapeutics Initiative. Its mandate would be to critically appraise summary evidence primarily from controlled trials and to provide physicians and pharmacists with up to date, evidence-based, practical information on rational drug therapy. At the time of the meeting, the author and mover of the resolution was not aware that RxFiles Academic Detailing Program, funded by Saskatchewan Health, already exists with a mandate similar to that of Therapeutics Initiative, although its scope and range of activities appear to be less. Consequently, the author recommends that at a future members' meeting, the CHSA Board present a new

resolution taking into account the current situation in Saskatchewan.

Universal Drug Plan to Improve Efficiencies and Access to Necessary Drugs

Be it resolved that CHSA urges the government of Saskatchewan to create a universal drug plan, providing prescribed drugs that have been proven effective and safe, to all residents of the province regardless of their age and income.

Such a plan would be far more effective and efficient than the present “hodge podge” of multiple private plans and a costly and ineffective Saskatchewan Drug Plan. It would also give the provincial government the clout needed to negotiate successfully with drug companies for lower prices using policies similar to those of New Zealand’s PHARMAC. The savings gained in this way would contribute greatly to reducing the cost of an enlarged drug plan.

Community Clinic Formulary

Be it resolved that the Community Clinic using the information by the Canadian Agency for Drug Technology form a Formulary Committee and re-establish the Saskatoon Community Formulary.

In the late 1960s the Community Clinic established its own formulary consisting of 225 preparations in 500 dosage forms after a survey of the twelve physicians’ prescribing practices. By restricting the number of drug preparations and brand names significant savings were made in purchasing. Savings were estimated at 30 per cent. In 1975 the Provincial Government introduced the Saskatchewan Prescription Drug Plan based on the Clinic’s example at which time the Community Clinic’s formulary was discontinued. The Canadian Agency for Drug Technology regularly reviews all prescription medications used in Canada and evaluates them for cost, safety and relative effectiveness, and so could act as the Clinic’s expert panel.

Seniors’ Corner

by Sandy Hagele, Seniors’ Volunteer Co-ordinator

Volunteers: What We Couldn’t Do Without You

With National Volunteer Week in April, I recently reviewed past issues of FOCUS to find articles about the involvement of volunteers at the Community Clinic over the years. There were many articles, but one especially caught my eye. It was entitled “Volunteers: What Would We Do Without You?” As I thought about our Community Clinic Volunteer Program with the Elderly, I was reminded that without the help of capable and dedicated volunteers, there would be no program.

Indeed, without volunteers, we would be unable to:

a) Provide weekly programs to Clinic seniors to:

- relieve social isolation by bringing seniors together for socialization, entertainment and education.
- create regular opportunities for seniors to share their interests, life stories and current events with others.
- organize events in the community.
- organize subsidized transportation to and from groups.

b) Provide volunteers to visit seniors on a one-to-one basis to:

- help relieve the loneliness of isolated seniors.
- improve quality of life through regular contact and caring.
- become a link for the senior to the community.
- establish a routine, something for the senior to look forward to.

Address seniors’ issues through the Seniors’ Advisory Council by:

- networking with community agencies with similar goals.
- exploring and initiating action on seniors’ issues such as footcare, pedestrian safety, elder abuse and seniors’ housing.
- providing information and making recommendations to the CHSA Board and Committees.
- fundraising to subsidize seniors’ group activities.

Would you like to join us in continuing this important volunteer program? If so please phone Sandy Hagele, Seniors’ Volunteer Co-ordinator at 664-4282 for information or volunteer job descriptions.



The Sublime Joy of Weight Loss

By Dr. Louise Gagné

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

If you are at a weight you are happy with and in vibrant good health- congratulations! You need not read any further. For the rest of us, maintaining an optimum body weight and avoiding chronic disease is a challenge. Why are so many people of all ages carrying extra weight around the waist? Why is obesity becoming an epidemic?

Some people believe that our genes are to blame. And certainly, some of us have to work harder than others to avoid becoming overweight. But rates of obesity are changing much faster than our genetic evolution. A fascinating new area of research called nutrigenomics is shedding some light on this discrepancy. Essentially, nutrigenomics examines how diet can influence gene expression. 'Gene expression' you say? Our DNA is composed of 20,000-25,000 individual genes, one set from each of our parents. Genes have switches that can turn them off and on or 'dim' them. A gene is said to be 'upregulated' if it is stimulated to send out more of its own unique message to our cells. A gene is 'down regulated' if its activity is suppressed. Recent research is revealing that the action of our genes can be influenced both by environmental and dietary factors. This helps to explain why someone may be born with an increased susceptibility to a disease but never develop it. It is a hopeful message for all of us who have a less than fabulous family health history. So, don't worry about your genes too much. It turns out you can influence them by how you eat and live.

At first glance, the path to weight loss is straight forward: eat less and exercise more. But what if you get ravenously hungry? What if you can't seem to lose weight even when eating less and less? What if you have no time to exercise, are often fatigued or lack motivation? What if you tend to eat to support your mood or deal with stress? All of these issues must be addressed in order to achieve sustainable weight loss.

Let's begin with the problem of hunger. In order to successfully lose weight, we must avoid the type of hunger 'attack' that is accompanied by strong cravings for sugary/starchy foods and that may cause us to feel weak, dazed, irritable or shaky. Usually these symptoms mean that our blood sugar levels are falling too low. When this happens, our brain begins sending us urgent messages saying: eat something sweet or starchy NOW! THIS IS AN EMERGENCY! Under these circumstances, we are often driven to overeat, usually choosing exactly the sort of

foods we have sworn to stay away from. So, in order to achieve slow, steady weight loss, we must avoid hunger attacks.

One way to avoid hunger attacks is to eat balanced meals that contain low glycemic index (GI) carbohydrates. (See focus article: summer 2004 www.saskatooncommunityclinic.ca/publications) The glycemic index tells us how quickly a food will raise our blood sugar. A high GI carbohydrate, such as potatoes, breaks down very quickly into glucose or 'blood sugar'. This results in a sharp spike in blood sugar, usually followed by a precipitous fall. High GI foods cause an outpouring of insulin, which packs the sugar away into our cells and lowers our blood sugar. What this means is that, even if we have eaten a substantial number of calories, we soon feel hungry again. High insulin levels also make it very difficult for us to burn our excess fat for energy. Choosing 'slow burning' (low GI) carbohydrates results in a longer feeling of satiety after meals. Recent studies have shown that eating a breakfast that contains low GI carbohydrates can help us to eat more moderately and still feel satisfied throughout the rest of the day. Interestingly, low GI carbohydrates have also been shown to 'upregulate' genes that give us resistance to obesity. This is good news!

To feel energized all day and arrive at meals feeling calm, always make time for breakfast and eat regular meals and snacks throughout the day. Plan to eat balanced meals that include some healthy fat (olive oil, nuts, avocados), some protein (eggs, cheese, fish, meat, beans, tofu); some fruits/vegetables and some low GI carbohydrates. Good carbohydrate choices are: large flake oatmeal, bulgur wheat, quinoa, 100% whole grain breads, basmati rice, al dente pasta and high fiber cereals such as All Bran. Avoid or eat less: potatoes, most breads, bagels, jasmine rice, instant rice, instant oatmeal, over done pasta and most cold breakfast cereals. Good choices for snacks are: nuts, apples, low fat yogurt or soy nuts. You can easily look up the GI of any food by going to www.glycemicindex.com. This site is a very reliable source of information about the glycemic index. I also recommend any of the 'Glucose Revolution' books by the same group of researchers. Their most recent book, *The Low GI Diet Revolution* by Brand-Miller, Foster-Powell and McMillan-Price is specifically aimed at helping people to lose weight and is an excellent resource.

In part 2 of this series, I will discuss how to increase your metabolic rate, how stress is linked to weight gain and ways to support your mood so that you can make your weight loss program a lasting success.

Sailing Along With Healthy Vessels

Join Us For A New Group Program

By Jone Barry, NP

The Saskatoon Community Clinic is offering a group program for people with High Blood Pressure. Participants are able to share knowledge and experiences with other people in the group. As adults we learn better by talking about issues with each other than from being told by a 'teacher'. Using a table top model, shown in the attached photo, participants are guided through a river and learn how to avoid damaging their "healthy vessels". A nurse or nurse practitioner will assist in keeping participants "sailing along" by guiding the topics and being a resource when needed.

Topics to be covered are:

- The risks of developing high blood pressure
- What is blood pressure?
- Diagnosing high blood pressure
- Common myths about high blood pressure
- Healthy lifestyle recommendations
- Goal setting to make successful changes

We encourage those who are interested to join us for this novel way of learning about high blood pressure. You can contact me at 652-0300 to receive more information about times and dates or to enroll. Participation is limited to people who see a Community Clinic Physician.



Board and Staff News

Welcome to...

Rena Smith, Pharmacy Technician
Linda Snell, Confidential Secretary
Ryan Meili, Physician, Westside Clinic
Terresa Borowski, Lab Tech
Joleen Harach, Lab and X-ray Tech
Lori Verity-Anderson, MLT
Patricia Petty and Julie Grund, Awasis Kids First home visitors
Carlos Torrico (Bohrt), Cleaner



Farewell to...

Delvena Doucette, who worked at the Community Clinic for 32 years, in many roles, including receptionist, optometric assistant, nurse and most recently as our Westside Clinic Nurse Practitioner.

Agnes Lariviere, Cleaner
Erin Clarke and Christa Chizek, Receptionists
Rhonda McKinney, Receptionist
Christine Plemel, Awasis KidsFirst Home visitor

Retirements...



Our fond farewells are extended to two long-time staff from our Rose Area, **Gail Sherwin**, Nurse and **Diane Hiltz**, Receptionist. Both have retired. We wish them all the best in their retirements. Enjoy!

Retirees Gail Sherwin and Diane Hiltz, former Rose area staff with Mardi Apesland, RN.

Condolences to...

Family and friends of **Joanne Kutz** who passed away in January. A strong Clinic and union activist, Joanne will always be remembered as one who never shied away from any challenge or opportunity to improve either her own position in life or that of others. Joanne was one of those who saw a great future (and challenge) in the Community Clinic when it was first started out the 1960s signing on as Secretary in July 1964, and later serving as Board secretary and a department supervisor, retiring in 1988. During those years she made many valuable and important contributions to the Association.

Employment Equity Program Positive Influence on Workplace

By Bev Brown, Employment Equity Coordinator

The Community Clinic's Employment Equity Program (formerly called the Affirmative Action Program) began in 1996 with the aim of creating a workforce that reflected the community we serve. Ten years of employment equity initiatives have had a very positive influence on our workplace. Our staff group now more closely reflects the community we serve and our clients from target groups have noticed the changes. The program has increased awareness, understanding and tolerance of other cultures.

The following is an excerpt from the program that the Clinic submitted, in 1996, to the Saskatchewan Human Rights Commission (SHRC), for approval:

"To prevent discrimination and support racial, gender, cultural and individual sensitivity and acceptance, our Association wants our workplace to reflect society and the diversity of the people we serve. We propose to establish the following goals for the organization:

- to designate persons of Aboriginal ancestry, people with disabilities, visible minorities and women as the target groups for which the Affirmative Action program is designed.
- to have our designated groups represented in each of our employment categories proportional to their representation in the Saskatchewan population except for Westside Clinic which will be in proportion to their client population."

Since the inception of the Affirmative Action Program in 1996, our workforce has grown and our employment equity initiatives have been successful in attaining representation of the target groups. We have been particularly successful in increasing our Aboriginal representation mostly through our Westside Clinic. Our representation of Aboriginal persons has grown from 0.75 % in 1996 to 20.6 % in 2007. We still

have work to do in order to attain proportional representation of disabled workers in our workplace. We will need to focus on this in our future hiring initiatives.

Ten years ago finding qualified workers from the target groups to fill positions was a challenge for some of the departments, for example, Laboratory, Physical Therapy, Nursing, and Pharmacy. In the last few years we are finding more qualified workers available to us as schools are graduating more students from Aboriginal and Visible Minority backgrounds. An increase in immigrant and refugee populations has also brought more skilled workers into the workplace. Our biggest challenge now is to attract and retain workers as we are often only able to offer casual or term positions as entry employment positions. Many decline positions or leave us for more permanent employment.

In keeping with guidelines provided by the SHRC, we have divided our staff positions into categories based on qualifications and experience required for the particular position. While we have made good progress, in general, in employment of those from the target groups, our progress has been greater in those categories of staff that require fewer qualifications. One reason for this is because there are fewer people available from the target groups who require more qualifications and experience for higher level categories. The availability of qualified candidates from the target groups for these higher categories is improving and, over time, we should see successful recruitment of more candidates in these categories.

The changing demographics (i.e. increasing aboriginal and visible minority populations) in the province will mean that we will have to continue our employment equity initiatives in order to continue to mirror the community we serve.

Saskatoon Community Clinic Employment Equity Comparison 1996 to 2007

	% for Clinic 1996	SHRC % for Saskatchewan 1996	% for Clinic 2007	SHRC % for Saskatchewan 2007
Aboriginal	0.75	12.8	20.6	13.9
With Disabilities	1.5	9.7	4.6	9.7
Visible Minorities	0.75	2.6	5.3	3.1
Women	74.5	45.0	88.0	47.0

Falls Prevention Through Exercise

By Suzanne Zimmer, Physical Therapist

There is an old saying that goes “Pride goeth before a fall.” Its truth lies in the mistake people often make thinking that a fall will never happen to them. But instead the statistics show that falls occur more often than we think and carry some serious consequences:

- One in three people over the age of 65 will suffer a fall in 2008;
- Falls are the leading cause of injury in persons over the age of 65; and
- They are the sixth leading cause of death (Ontario Medical Association)

Many older people have had falls and the fact that these falls can jeopardize their health and quality of life is an under-publicized problem. Often a fall happens in isolation, in a person’s home, and it is therefore considered an individual problem rather than as a collective problem. In fact the number of falls that occur on a regular basis is a serious social concern that we need to address collectively and individually.

Environmental hazards are the easiest risk factors to identify and modify. Objects that may be tripped over (i.e. rugs and cords), poor lighting, slippery surfaces, stairs and a change in flooring (i.e. from linoleum to carpet) are examples of common environmental hazards. It is necessary to alter your surroundings (turn on lights, remove floor rugs etc.) to reduce clutter and the potential risk of injury.

Physical factors associated with aging and/or chronic conditions are decreased muscle strength, disturbances in balance and mobility, reduced vision, reduced hearing and impaired mental function. Physical factors, especially when

in combination with environmental factors present a major fall risk.

Subtle, yet progressive declines in activity levels often cause noticeable declines in a person’s independence and functional mobility. Activities that were once easy may slowly start to become more challenging. These may include maneuvering on icy sidewalks, reaching up to high shelves, getting into and out of the tub or getting on and off the toilet. People may find that they are modifying the way they do things or avoiding certain activities altogether to feel safe.

In order to reduce your risk of falling and injuries sustained by a fall, it is important to educate yourself on fall risk factors and how to modify these. The Fall Risk Clinics held at the Saskatoon Community Clinic, the series of “Focus” articles on Fall prevention and talking to a health care professional are all means of education. Once you realize that you are at risk for a fall, you can seek appropriate intervention to reduce your risk.

If you have noticed a decrease in endurance, balance, strength, movement of joints or activity levels, seeing a Physical Therapist can help to identify and modify these risks. With your Physical Therapist you can learn to modify environmental hazards and improve your balance and mobility in a safe yet effective way. Making sure to remain physically active by walking, swimming, biking, dancing, cross country skiing or other activities are ways to maintain your conditioning, balance and strength. Balance exercises are also an effective way to improve posture and body awareness. Just remember it is never too late, or too early, to improve balance, agility and mobility. Your safety and independence depend on it.

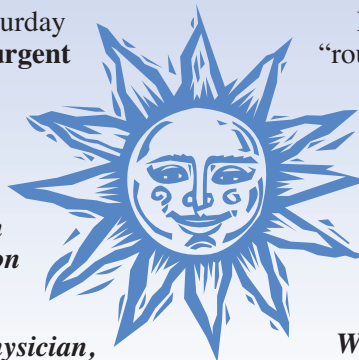
Saturday Morning Services

The Community Clinic is open on Saturday mornings (except Statutory holidays) for **urgent care** for Community Clinic patients.

Hours are 9 a.m. to 1 p.m.

An appointment is not required. Enter through the back door of the Main Clinic and come to the front reception desk to see a physician.

The service is provided by one physician, receptionist, lab tech, nurse and pharmacist.



Please note that this service is not for “routine” non-urgent visits, such as completion of forms, drivers medicals, standing orders, allergy and vitamin injections. These normally need to be scheduled during regular Clinic hours when a full complement of staff are available.

Saturday services are also available at the Westside Clinic through the student run health service, SWITCH, from 11 a.m. to 1:30 p.m.

Donations November 1, 2007 – December 31, 2007

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

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Donations Received in Memory:

In Memory of Walter F. Allen: John & Bonnie Lawrence
In Memory of Vernon Altwasser: Margaret Altwasser
In Memory of Dora & Otto Baker: Helen Baker
In Memory of Thomas W. Bell: Joan Bell
In Memory of John Boolanoff: William Nykiforuk

In Memory of Pat Clay: Reverend Colin Clay
In Memory of John & Hazel Coates: Helen Baker
In Memory of Dr. Frank Coburn: Clifford A. Matthews
In Memory of Irene Driedger: Jack M. Driedger
In Memory of Walter Edmunds & Jean Swityk: Anonymous donor
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In Memory of J. Gren Jones: Isobel Jones
In Memory of Mary Ellen Kidd: Frederick J. Kidd
In Memory of Michael & Margaret Kopko: Douglas Kopko
In Memory of Allan W. Krahn: June E. Krahn
In Memory of René Lussier: Barbara Lussier
In Memory of Barb MacNab: Beverly D. Wilson
In Memory of George Bertram Mather: Rowena McLellan
In Memory of Doreen McConnell: John McConnell
In Memory of Robert C. McNulty: Margaret McNulty
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In Memory of Les Sittler: Olive Sittler
In Memory of Joan Smith: Hazel G. Kelly, Mary A. Richiger
In Memory of Walter, Jean & Terry Swityk: Howard & Roxanne Salisbury
In Memory of Helen Thorsteinson: Stanley Thorsteinson
In Memory of Jessie Weightman: Melvin H. Weightman

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