

Focus

Saskatoon
Community
Clinic
"Your Health
Care Co-op"



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Community Health Services (Saskatoon) Association Ltd.
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Vaccinations: Myths and Misconceptions

By Haseeb Rizvi (BSc) Medical Student, and CHSA Seniors Program Volunteer



Haseeb Rizvi

With winter here, the Saskatoon Community Clinic reminds you that it is time for you and your family to be immunized against the flu. Every year, the vaccination period generates debates about the benefits of vaccinations, debates led primarily by 'anti-vaxxers' or vaccine-skeptics. Therefore, it is an opportune time to clarify some of the common misconceptions about vaccinations and immunizations.

Vaccines are one of the greatest advances in modern medicine. Since their creation in 1796, medical professionals have recognized the effectiveness of introducing weakened or killed forms of germs into our bodies to strengthen our immune systems.

Prior to 1979, 500 million people died from smallpox. Since 1979, when widespread vaccination for smallpox was achieved, there have been NO deaths attributed to this illness. Other illnesses such as measles are nearing eradication, but in recent times some of these pathogens have started to make a comeback. Between 2001 and 2013 the

United States averaged 60 measles infections per year in; in 2013, cases reached almost 200; in 2013 the number rose to over 600. This is an alarming trend. This disease can have serious health consequences, and yet it is easily prevented by vaccination.

People choose not to vaccinate themselves or their children for a variety of reasons, but often their decisions are based on myths and misconceptions.

The first major myth is that vaccines cause autism. This myth was perpetuated by a flawed and unscientific study published in 1998. Although the scientific community has disproven that work, great damage has been done and this myth is still regarded by some as true.

The second significant misconception is that vaccinations may do more harm than good, usually relating to the rare but potential side effects of vaccines. Side effects vary depending on the type of vaccination but most are minor and temporary - soreness at the injection site, fever, aches, headaches or fatigue. Very rare side effects for the measles, mumps & rubella (MMR) vaccine include serious allergic reactions, seizures or brain damage. But the odds of having these major complications are close to one in a

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Attend the Semi-annual Meeting

Wednesday, January 13, 2016, 7 p.m.
902 33rd Street West, Saskatoon
**Truth and Reconciliation Commission
Calls to Action**

Guest speaker: Dr. Veronica McKinney, Family Physician and Director, Northern Medical Services

See page 3 for details.

million (0.0000001%) while the odds of death from measles are about thirty five in one thousand (0.035%). Any medication or medical procedure has potential risks or complications, but those must be balanced against the benefits. In the case of vaccinations, the benefits greatly outweigh the risks.

The third and final common misconception suggests that vaccines are made with substances such as mercury or

formaldehyde that are toxic to the body. Vaccines often use these types of ingredients as preservatives; intensive research is done to make sure that the small amounts of these chemicals are safe for people.

Vaccines are a major part of preventative medicine, vital to keeping people healthy and key to keeping health care costs down. If you have any questions about vaccines, arrange a consultation with your healthcare provider. ❖

Integrating Body and Mind Strategies to Promote Well-being

By Nayyar Javed, Community Clinic Psychologist and Brenda Goossen, Occupational Therapist

Over the past 15 years or so, science has discovered much more about how the brain works. Neuroplasticity or the new brain science are some of the common terms you may have heard. These terms refer to a growing understanding of how the brain works and how we can work with our brain to improve our physical, emotional and cognitive well-being.

Previously we thought that once we reached adulthood much about the brain was fixed. Now we know that there is great capacity for change throughout our lifespan. We have learned that we can develop skills that facilitate changes in our brains. We can build our ability to focus and be aware of what is going on in our body, emotions and thoughts. Being more aware, we can then work with these to grow in

directions we desire and for purposes of improving our health and well-being.

We will offer a couple of sessions in the new year, to talk about this growing new understanding of how the brain works. As well we plan to offer some experiential practices that help us develop our ability to work with what we now know about the brain. Practices include things like mindfulness, body-mind based movement practices such as yoga or qui gong, and through these practices, developing coherence, a measure of health and well-being.

We will be offering sessions in the new year, 2016. Watch for posters at the Community Clinic and on our website, www.saskatooncommunityclinic.ca. ❖

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, 1528 20th St. W.

You can also mark them "Westside Donation" and drop them off at the front reception desk of the Downtown Clinic.

Thank you for your support!



Thank you to the CHSA Handicraft Club for their Winter Hats and Scarves Initiative! Club members have knitted or crocheted over 100 hats and scarves for Westside Clinic clients in need.

Saskatoon Community Clinic
Community Health Services (Saskatoon) Association Ltd.

Semi-annual Meeting Notice

Wednesday, January 13, 2016

Registration: 6:30 - 7:00 p.m. Meeting: 7:00 – 9:30 p.m.
Mayfair United Church Hall, 902 33rd Street West, Saskatoon

Agenda

1. Introduction
2. Summary of minutes of previous annual meeting
3. Interim report by Board Chairperson
 - a. Motion to Amend articles of incorporation to correspond with bylaw changes:

Whereas:

- A. *The Members approved amendments to the Bylaws at the Annual General Meeting, dated June 18, 2015*
- B. *The Corporate Registry has noted that the amendments to the Bylaws approved by the Members require a corresponding amendment to the Articles in relation to the number of directors allowed before the amendments to the Bylaws may be registered;*
- C. *The current Articles state the following under Item No. 3:*
“The number (or minimum and maximum number) of directors:
12”.

The Members hereby resolve:

1. *To amend the Articles as follows:*
Item No. 3: “The number (or minimum and maximum number) of directors:”
By striking out the existing information under Item No. 3 and substituting therefor the following:
9;
2. *The amendments to the Articles be entered in the Corporate Registry in order to proceed with registering the amendments to the Bylaws.*
4. Approval of annual service fee
5. Presentation/Discussion

Truth and Reconciliation Commission: Calls to Action

Guest speaker: Dr. Veronica McKinney,
Family Physician and Director, Northern Medical Services

6. Written resolutions recommending action to the Board
7. Elections to the Board of Directors (three positions available)*
8. Announcements
9. Adjournment

* Three members may be elected at the 2016 Semi-annual meeting to fill vacancies on the Board of Directors. With the change in number of Directors from 12 to 9 (effective at the June 2016 AGM) the Board has chosen to not have an active recruitment campaign as any Directors elected will serve for six months only. Members may choose, however, to stand for election for these positions.

If you would like to run for election, require transportation, childcare or have a resolution to submit phone Member Relations at 306-664-4243 or e-mail memberrelations@communityclinic.sk.ca

End of Life Medical Issues: The Legal Landscape

By Doug Surtees, Associate Professor of Law; University of Saskatchewan

Note from the Editor:

In February 2015, the Supreme Court of Canada (SCC) ruled that Canadians have a constitutional-right to a 'physician-assisted death.' In order to give Parliament time to respond, the SCC issued a suspended declaration of invalidity – meaning that its decision would not take effect until February 2016. Given the significant implications of this decision for health centres across Canada, Doug Surtees (CHSA Member and Law Professor at the U of S) graciously volunteered to lead Clinic members in a discussion about its future implications. Below is a summary of the discussion that took place at a recent 'Seniors of Tomorrow' session.

When it comes to end of life issues, the legal landscape in Canada is at the beginning of a major change. We do not yet know how it will change, but we do know it is changing.

Criminal law is a federal responsibility. While suicide is not a crime in Canada (it hasn't been in decades), it is a crime to help someone else commit suicide. The law calls this 'aiding and abetting' suicide. It is a crime even if the individual consents prior to dying.

In 1993, Sue Rodriguez challenged the law that makes a crime for anyone to help her commit suicide. She had a debilitating terminal disease (amyotrophic lateral sclerosis or ALS). She wanted to be able to choose when to end her life. To do so, she would need assistance, so she sought a court order to permit a physician to assist her to die, when she felt the time was right. Four Supreme Court judges would have allowed this, but the majority of five did not. The federal prohibition on assisting suicide remained intact.

In the two decades since the Rodriguez case the international context has changed. A number of western jurisdictions outside of Canada now permit assisted dying, in some form. These jurisdictions include Oregon, Washington, Vermont, Montana, Netherlands, Belgium, Luxembourg, and Switzerland.

The Canadian context has also changed. Public support for assisted dying continues to grow. A 2012 poll found 65% of Canadians supported legalizing physician-assisted suicide for people with a terminal illness. Remarkably when respondents were divided by region, age group or voting preference, a majority in every category supported legalization. (National Post, December 29, 2011)

Quebec recently passed a law (An Act Respecting End of Life Care) to allow physicians to provide lethal injections to terminally ill patients to bring about death. Quebec characterizes this as a health care law, and therefore within their jurisdiction.

In these changing circumstances, the Supreme Court of Canada revisited the issue of assisted suicide. In the landmark case of *Carter v. Canada*, the Supreme Court of Canada said that the combination of prohibiting assisted suicide and not allowing any individuals to consent to their own death infringes Canadians' right to 'life, liberty and security of the person', as guaranteed by section 7 of the Charter.

In February, 2015, the Supreme Court of Canada said the Criminal Code provisions would no longer prohibit "physician-assisted death for a competent adult person who (1) clearly consents to the termination of life and (2) has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition." The Supreme Court of Canada gave lawmakers a year (until February 6, 2016) to pass appropriate laws to regulate assisted dying.

The Court's job is to determine when (as here) legislation must be struck down. It is up to Parliament to remedy the situation by passing new legislation that complies with the Court's ruling. "Parliament must be given the opportunity to craft an appropriate remedy... Complex regulatory regimes are better created by Parliament than by the courts." (*Carter v. Canada*, paragraph 125)

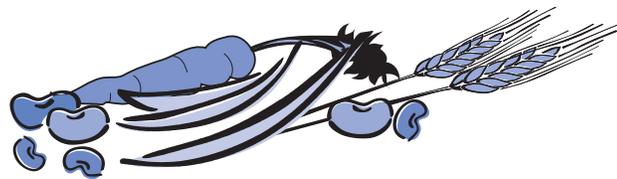
Canadians, their physicians and those who enforce the law, need regulations to make it clear when and how physicians are permitted to assist someone in dying. The clearest way for these regulations to be developed would be through legislation. Parliament can do this by amending the Criminal Code. Provincial legislators can do this by passing health care laws. The Canadian Medical Association and provincial Colleges of Physicians and Surgeons (which are the regulatory bodies governing physician licensing and conduct), have developed rules to govern how physicians may assist a person to die. These rules are not laws, but do set standards for appropriate physician behavior.

Once the decision in *Carter* is implemented, physicians will be able to assist consenting adults in dying, as long as the adults have grievous and irremediable medical conditions which cause intolerable suffering. We do not know whether the procedures for carrying out this assistance will be mandated federally, through the criminal law power, or whether each province will develop its own set of rules through its health care power, or both. If the rules are set federally, procedures may be consistent across the country. If they are set provincially, they are very likely to vary from province to province. ❖

Filling Up on Fibre!

Written by: Lori Malinowski, Nutrition Student

Adapted by: Calysta Adams, RD & Renee Nagus, RD



Looking for that super food to help improve your health? Give fibre a try! Fibre is found in all plant foods and cannot be broken down by the human gut. Fibre comes in two types: insoluble and soluble. Most fibre-containing foods have a mix of both.

Insoluble fibre is found in the skins of vegetables and fruit and the bran portion of whole grains. The benefits of insoluble fibre include:

- Improving regularity.
- Lowering risk for certain cancers, such as colon cancer.
- Maintaining a healthy digestive system.

Soluble fibre interacts with water to form a sticky, gummy gel. It is found in some vegetables, fruit and legumes (beans, peas and lentils). Soluble fibre provides multiple benefits including:

- Helping you feel full for longer after meals.
- Lowering blood cholesterol levels.
- Managing blood sugar levels.
- Lowering risk for intestinal ulcers.
- Managing diarrhea and loose stools.
- Improving gut health by increasing the amount of healthy bacteria.

Many Canadians do not consume enough fibre. How do you know if you're getting enough? Ask yourself two questions.

• **Do you consume 7 to 10 servings of whole vegetables and fruit each day?** Whole vegetables and fruit include the skins and flesh of produce. It is best to choose whole vegetables and fruits instead of juice as juice contains little or no fibre.

• **Do you make at least half of your grain product choices whole grain each day?** The bran found in whole grains contains fibre. Examples of whole grains include barley, brown rice, oats, quinoa, whole grain breads, whole wheat pasta and wild rice. Refined grains such as products made with enriched wheat flour and white rice have had most of their fibre removed.

To maximize the benefits of fibre, aim to meet fibre recommendations by slowly increasing your own fibre intake, consuming enough fluids and staying physically active. Every little bit of fibre adds up during the day, so try

one of these easy ideas to increase the fibre in your diet.

- **Power-up your breakfast.** Choose a high fibre cereal and top with fruit, nuts, seeds or ground flax. Replace juice with a piece of whole fruit.
- **Make snacks count.** Offer fresh fruit, raw veggies with hummus or whole grain crackers. Try adding a handful of spinach to fruit smoothies. Top your favourite yogurt with berries and oats.
- **Trade-up your choices.** Swap white bread, bagels, pasta and rice for whole wheat options.
- **Experiment with legumes.** Add beans, peas and lentils to your cooking staples. When cooking with ground meat, try replacing half the meat with black beans or lentils.
- **Revamp your family meal.** Start meals with a small salad topped with a variety of nuts and seeds. Serve regular and sweet potatoes with the skins on. ✦

Recipe Corner: Revved-up Oatmeal

- 2/3 cup oats (steel-cut or large flake)
- 1 1/3 cups water
- 1/4 cup nuts
- 1/4 cup seeds
- 1/4 tsp cinnamon
- 1 chopped apple (skin included)



1. Place all ingredients in a microwave safe bowl.
2. Cook on high for 3-5 minutes or until oats are soft and water is absorbed.
3. If desired, top with a scoop of your favourite yogurt and fresh berries.

Makes 2 servings.

References

Food Sources of Soluble Fibre Fact Sheet (2013). Dietitians of Canada. Accessed on October 27, 2015 from <http://www.dietitians.ca/Your-Health/Nutrition-A-Z/Fibre/Food-Sources-of-Fibre.aspx>

Oatmeal image accessed from www.womansday.com via Google Images.

Board of Directors Semi-annual Report

The Board of Directors is pleased to report on its past six months of activities. Board business during this period included: resolution follow-up, receipt of operational reports, development of new Board policies and changes in our management team.

We have taken the following steps to address the resolutions passed at the 2015 AGM:

Bylaw amendments:

The amendments agreed to at the AGM have been submitted to the Registrar of Co-operatives. One additional member motion (see page 3), is required to be passed by the membership to complete the change.

Resolution to reinstate a Psychiatrist:

We are pleased to announce that Dr. David Porter has started seeing clients for psychiatric assessment and care at the Downtown Clinic. Dr. Porter's presence complements the psychiatric care access that already exists at Westside Clinic provided by Drs. Brennan and Bennett.

Resolution calling for Long-term health care for Saskatchewan Seniors:

The Board of Directors has requested a meeting with the Minister of Health who has indicated his willingness to meet, although not likely until after the current session of the legislature.

Resolution to amend the Vital Statistics Act to Respect Gender Self- Identification:

This resolution has been referred to Administration for follow-up which we hope will be completed early in 2016.

Resolution regarding the feasibility of hiring a Chiropractor:

This resolution has been referred to Administration to determine feasibility, support staff, programming and space requirements.

During this period the Directors received reports from Administration on on-going operations and new initiatives including: a review of our pharmacy operations; a proposal to provide enhanced services to refugees; progress on our strategic plan; and improved reproductive health programming through increased support for unplanned pregnancies.

The Board has struck a facilities planning committee. Its role is to look at all the facilities and determine long-term facility needs. A Request for Proposals has been issued seeking a consultant who has experience in assessing

building lifespans, needs and future development. The Second Avenue Seniors Housing Co-operative plan, discussed at members' meetings and in our newsletter, will be looked at as part of this project.

The Board is now in phase two of the Board Governance Review Committee's work following approval of the bylaw changes at the AGM. The Board met at a retreat in November at which a draft of new Board policies were adopted in principle. Further work on these will continue to be required to ensure that all former policies have been dealt with either through operational policies or as part of the new Board policies.

The Board has established two standing committees. The Values Committee (a merger of the Member Services Committee and the Political and Social Action Committee) is planning an advocacy plan to bring forward over the next several years. The Finance and Audit Committee (formerly the Operations and Personnel Committee) has met once since the AGM to review the second quarter financial statements. They will continue to monitor our financial and operational performance. Terms of Reference for both committees continue to be in draft format as we work through our bylaw and policy changes.

The CHSA Board of Directors has appointed Primary Directions Consulting (Stan and Judy Rice) to provide Executive Management on an interim basis. They can be reached by phone at 306-664-4241 or email srice@communityclinic.ca or jrice@communityclinic.ca.

Thank you to our members, staff and community partners for your on-going support of our health care co-operative. ♦

Missed the Drop-in Flu Clinic?

The Saskatoon Community Clinic continues to offer flu vaccine. From October 30, 2015 and onward to March 25, 2016, all walk-in patients of the Clinic or those who have an appointment and require immunization, will be accommodated on a daily basis.

In order to receive free flu vaccine at the Saskatoon Community Clinic, you must meet the following criteria:

- Current patient of a Community Clinic physician.
 - 6 months of age or older.
- No appointment is required, just drop in.

Please Note: FluMist is recommended for ages 2 yrs - 17 yrs and is only available at a Public Health Clinic or Office.

Seniors of Tomorrow Winter 2016 Education Series

Welcome to the Seniors of Tomorrow Education Series, a Counselling and Community Services Department drop-in education program for Community Clinic members and patients.

Time: 2 – 4 p.m. Wednesdays

*Location: Langer Building,
424 1st Ave. N.*

January 20th

An Overview of Graphology

Join us for a fun and informative program on the links between handwriting, personality and well-being!

Facilitated by Norine Shewchuk,
Community Clinic Counsellor

February 17th

Transitions in Aging

Explore and understand the effects of aging on our physical and psychological health during this interactive program.

Facilitated by Nayyar Javed,
Community Clinic Counsellor

March 30th

Keeping You On Your Toes: Activities to Improve Balance

Facilitated by Trudy Myers,
Community Clinic Physical Therapist

For more information: Laurie Stone,
Seniors' Volunteer Coordinator,
(306) 664-4282 or Norine Shewchuk,
Seniors' Counsellor (306) 664-4270.

Raffle Supports Seniors' Programs

By Laurie Stone, Seniors Volunteer Co-ordinator

Congratulations to the winners of the Saskatoon Community Clinic Seniors' Advisory Council 2015 Raffle.

The lucky winners are:

Pat Hommen: Anniversary quilt donated by Shirley Wilmot

Isabelle Kleckner: Painting by Dr. Leane Bettin

Jean Thompson: \$100 Saskatoon Co-op gift certificate.

The Clinic would like to thank the members of the Seniors Advisory Council, who put in many volunteer hours to organize ticket sales and events at the Clinic and in the community. Funds raised are used to support seniors programs such as our Happy Gang/Silver Threads Seniors Group, the Seniors of Tomorrow Education Series, and the Kohkums Aboriginal Grandmothers.

A big thank you to those who donated prizes and to all of our seniors, CHSA members and staff who made this such a success!

Holiday Hours

*Best wishes for the holiday season from the Board
and staff of the Saskatoon Community Clinic.*



The Community Clinic holiday hours are:



Thursday December 24th

Christmas Eve: Clinics open from 9 a.m. to 12 noon full service

Drop-in Clinic: 12 noon to 4 p.m. Downtown Clinic only

Pharmacy open 8:30 a.m. to 4 p.m.

Friday, Saturday, Sunday December 25th, 26th, 27th

All Clinics and Pharmacy Closed all Day



Monday December 28th

Drop-in Clinic: 9 a.m. to 1 p.m. Downtown Clinic only

Westside Clinic closed.

Pharmacy open 9 a.m. to 1 p.m.



Tuesday, Wednesday December 29th and 30th

Full service all day, regular hours



Thursday December 31st

New Year's Eve: Clinics open from 9 a.m. to 12 noon full service

Drop-in Clinic: 12 noon to 4 p.m. Downtown Clinic only

Pharmacy open 8:30 a.m. to 4 p.m.



Friday January 1st

New Year's Day: All Clinics and Pharmacy Closed All Day





Gifts to the Saskatoon Community Clinic Foundation

In Memory of:

Alice & Walter Allan from Bonnie & John Lawrence
Margaret Cloak from Mrs. Margolee Horn,
 Laurence Thompson & Beth Berry
Cyrille Fortin from Clem Fortin
Albert Freiermuth from Sonja Freiermuth
Lawrence Gera from Dan & Marilyn Ostryznik
Shelley & Laurie Goff from Brent Goff
Bruce P. Henderson from Sandra Henderson
Lena Hodgson from Howard Hodgson
Mrs. Patricia Holtslander from Jim Holtslander
Darcey John & Tommy Fink from Robert Fink

J. Gren Jones from Isobel Jones
Herb Maskell from Betty Maskell
John Matthews from Clifford Matthews
James Mitchell from Laura I. Mitchell
Cyril & Lillian Plaster from Faye & James Puckett
Lois Quigley from Tim Quigley & Deb Hopkins
Clarence Schulte from Gen Schulte
Karl Seemann from Sarah Seemann
Alexander Smith & Shirley Smith from Carol Glazer
Danny Umperville from Phyllis Umperville

Donations:

Jack E. Adams, Tim & Judy Archer, Sandra Beardsall & Bill Richards, Lorna Lee Bereza, Catherine Lesley Biggs, Randall & Doreen Chapman, Linda A. Charlton, Ron Cruickshank, Edward Decker, Graham Dove & Kathleen Slavin, Lisa Gastel, Margaret V. Gauley, Edward Gilroy, Martin & Lorie Irwin, Raymond Landreau, Karen Larson, Abram & Sarah Loewen, Pat Macsymic, Nicholas McCormick, G. Allan McGuire, Beulah McMillan, Alfred Mueller, Lila M. O'Grady, Rosemary Peet, Marjaleena Repo, Michael Rohatynski & Elizabeth Quinlan, Robert Rutherford, Dorothy P. Sagan, Richard & Trish Santo, Sarah Seeman, Leith & Beulah Shearer, Margaret K. Shearer, Alex Sokalski, Anne Thiessen, Burton Urquhart, Tanya Marie Veeman, Dorothy Walmsley, Don Wilson

Honouring:

In Honour of Dennis and Teresa Harley's Diamond Wedding – Alaister & Pat Stiley

With Special Regards to Dr. Margaret McMahon from Thomas Finlay

In Celebration of Dr. Mel Langer & Dr. Margaret Mahood from Rosanna & Jeff Langer

Thank you for your generosity – September 5, 2015 – November 23, 2015

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