

## Annual General Meeting Report

*By Ingrid Larson, Member and Public Relations Director*

The 2016 CHSA Annual General Meeting held on Wednesday June 22, 2016 was attended by 64 members and guests. The meeting included year-end reports, elections of new Directors and a presentation by a representative of the Saskatchewan Co-operative Youth Program.

President, Bill Davies reviewed the Board of Directors year-end report published with the meeting notice. Highlights of his report included:

- Saskatchewan Information Services Corporation has approved the Articles and bylaw changes agreed to by the membership at prior meetings; the Board will now be comprised of nine members rather than twelve; there is a limit on the number of terms Directors can serve continuously (2 terms or 6 consecutive years); and the Board can appoint committees as required either by motion or legislation rather than being written as part of the bylaws;

- New Executive Director, Lisa Clatney, was welcomed to CHSA; the members present thanked Interim Managers, Primary Direction Consulting (Stan and Judy Rice), for their service;

- The Board is in the process of developing a twenty-year master capital plan; they have engaged CapacityBuild Consulting to prepare a report for discussion in the fall of 2016.

Highlights of the Interim Executive Management report provided by Stan and Judy Rice included:

- Operational reporting structures, practices and policies are being reviewed and updated to ensure that there is provision of meaningful reports to the Board, the membership and the Ministry of Health;
- The new Respiratory Care Program established in January is now operating one day per week;
- The Pharmacy is now providing a 100-day supply of an expanded number of maintenance drugs for one dispensing fee saving pharmacy customers money and which will be more convenient for patients;
- Our organization assisted Syrian refugees living in Saskatoon who required initial health assessments at scheduled visits at our Downtown Clinic. Held on Saturdays

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*Welcome to new and returning Board members from left, back row: Carol Eaton, Gertie Paul, Jason Majid, Bill Davies, Carla Smith, Anne Doucette, Diane Ewert. Front row: Jason Cruickshank, Leading Eagle Man*

and some evenings 400 refugees were seen over a 10-week period. The Clinics were held in partnership with Saskatoon Open Door Society, Global Gathering Place, Saskatoon Health Region and the College of Medicine. Family physicians from throughout Saskatoon, including some of our physicians, provided the health assessments with the support of nurses, lab staff and translators.

Audited financial statements were received for the fiscal year-ending March 31, 2016 with revenue of \$12,647,139 and expenses of \$12,558,106. The year ended in a positive financial position of \$89,033. The Saskatoon Community Clinic Foundation, governed by a separate Board received \$98,779 in donations from 256 donors for the year ending December 30, 2015.

Ingrid Larson, Member and Public Relations Director, reported that in 2015 she received 128 inquiries and complaints. She is available to members and patients who have inquiries or suggestions that other staff cannot help with. Concerns and suggestions can be provided in writing, by e-mail, by phone, appointment or if she is available by dropping in to see her.

Elections were held for five vacant Board positions. Welcome to new Board member Jason Cruickshank and returning Board members Bill Davies, Jason Majid, Carol Eaton and Gertie Paul. Departing Board members James Gilliard, Rachel Gough and Glen Kovatch were thanked for their service on the Board and provided with gifts of appreciation. ♦

## Welcome to Saskatoon Community Clinic's New Executive Director

Lisa Clatney grew up in rural Saskatchewan. In 2001 she obtained her Masters degree in Applied Social Psychology. She then began her career with the Health Services Utilization and Research Commission (HSURC) which later became the Health Quality Council. Focusing on quality improvement and evidence-based practice, Lisa supported initiatives in primary health care such as the Chronic Disease Management Collaboratives and Clinical Practice Redesign.

In 2012 Lisa joined Saskatoon Health Region as the Client and Family Care Specialist. In that role she was responsible for developing and implementing strategies to advance client and family centred care. In her two-year tenure she worked with people in the community to develop several advisory councils, including the Aboriginal Peoples, Dubé Centre

for Mental Health, Home Care, and Long Term Care.

Prior to joining CHSA, Lisa was the Operational Manager for the Labour & Delivery, Antepartum and Fetal Assessment Unit within the Saskatoon Health Region. One of the most rewarding aspects of this role for her was the opportunity to engage in strategic planning for the Children's Hospital of Saskatchewan, and to have a key role in shaping and beginning to implement the future vision of Maternal Services for our province.

Lisa is excited to have the opportunity to work again in the primary health care sector and wishes to extend her appreciation for the warm welcome she has received since coming to the Saskatoon Community Clinic in July! ♦



*The Saskatoon Community Clinic celebrated diversity and the LGBT community on Saturday June 11 with an entry in Saskatoon's Sweet 16 Pride Parade by carrying a banner and wearing colourful balloon backpacks that are always a hit at pride parades around the world! From left are: Dr. John Dosman, Diane Hiltz, Ingrid Larson, Dr. Leane Bettin.*



*On Friday June 17th for 36 hours, 10 Saskatoon residents were given the opportunity to get a glimpse of what it's like living on the streets with HIV. As part of the Sanctum Survivor Challenge they had to attempt to live on the streets, completing tasks like washing clothing and getting medication. The idea was a city-wide fundraiser hosted by Sanctum Care Group, Saskatchewan's first HIV hospice and transitional care home. Seen here is our very own Dr. Morris Markentin who took part in the challenge that raised over \$100,000.00 of which \$90,000.00 will go towards a prenatal home for high risk and HIV positive pregnant women. Several Saskatoon Community Clinic Board members and staff attended the evening gala in support. Please go to the Sanctum Care Group website to learn more.*

## In Memory of Margaret Humnicka-Szott

*By Dr. Ewa Olszynski: It is with heavy hearts that we announce the passing of Dr. Margaret Humnicka-Szott (December 15, 1953 – September 11, 2016). Dr. Szott was a compassionate and devoted physician practicing medicine for twenty-five years at the Saskatoon Community Clinic.*

*We are all shocked and deeply touched by her passing. She was taken from us so suddenly, so prematurely, so fast.*

*The night before her funeral in Calgary, her son, Dr. Lukasz Szott, wrote this letter to Her and about Her. Obviously he wasn't able to read it by himself.*

*My children, Magda and Martin, who live in Calgary and cherish their childhood friendship with Luke, had the honour to share with us, present at the ceremony, his love for his mother, his admiration, his despair.*

*With her son and husband's permission, I would like to share this speech with all of you. Her dear patients, friends, colleagues, all who loved and respected her, I'm giving to you this difficult, coming from crying heart text.*

*By Dr. Lukasz Szott: my Mother ... My Mother Malgorzata was a bright, caring, loving woman with a wonderful sense of humour. She was dedicated to her work and patients but she also loved spending time with her family. My Mother loved to travel and visited many countries throughout her life. She was strict but compassionate, serious but funny, strong but gentle, accomplished but humble ... she was everything you could imagine in a Mother ... and more.*

*My Mother loved her four boys. She cared for her husband deeply. They would travel the world, go for long walks in the evening, ski in Kimberley and even once in a while, to satisfy my Father, she would venture out for nine holes of golf with him. Besides her husband and son, her love had absolutely no limits when it came to her Grandchildren Laken and Kaysen. In her eyes, those two little monsters could do no evil. Anytime we spent time together, my Mother would be the first one up to feed the boys the most amazing breakfasts. Crepes, fresh croissants, grilled sandwiches, fresh fruit, a multitude of cheeses ... the menu was always extensive. I am pretty sure my Mother would have been content spoon feeding those kids until they finished High School. She loved building puzzles with them, taking them to the park, and cuddling with them on the couch reading books. Even towards the end, the boys brought life to her smile and a peace to her mind that seemed to take all the pain away and allow her to momentarily forget about her condition.*



*My friend Brad, who is a pastor and with us today, taught me the importance of spending some genuine alone time with my Mother while she was in the hospital. It is truly difficult to know what to say or how to act when someone is heavily sedated, in and out of sleep, or unresponsive in a hospital bed. Brad said that you have to take the time now, express all your thoughts and feelings and tell your Mother how you truly feel. I was fortunate enough to have that moment the day before my Mother passed. I finished work early on Saturday, rushed to the hospital in the afternoon, held her hands, wept and let it all out. I finally had that moment of truth, with all my defences down, to express my forever love and gratitude to my Mother. Although at this point she could not verbally respond ... I know she heard me because I could see a tear fall from each of her eyes.*

*Grieving is a difficult process that everyone exemplifies differently. My Mother was such an intelligent woman and I feel like she tried to prepare us for what was about to come. Day by day she would slightly fade more away trying to ease Dad and I into what was about to come. I believe she waited long enough until she was comfortable that we understood and were strong enough to deal with the inevitable.*

*Dr. Szott's Saskatoon memorial service will be announced by her family in the Star Phoenix.*

# A Snapshot of Food Insecurity: Part 1

By Calysta Adams, RD CDE & Renee Nagus, RD CDE

When you hear the words food insecurity, what comes to mind? Do you see an...

- Individual who has limited finances to purchase healthy food?
- Community where the only store is a convenience store?
- Event where only donuts and soft drinks are served?
- Individual who lacks the skills to plan and prepare meals?

All of these situations highlight the broad nature of food insecurity. To understand what we can do to improve our food security, it is important to know a few basic facts.

## *The Definition:*

The World Health Organization identifies that “food security exists when all people at all times have physical and economic access to sufficient, safe, nutritious food to meet their dietary needs and food preferences for an active and healthy life.” In other words, food security involves all aspects of our food environment. This includes how we grow, procure and use food.

When a person does not have food security they are food insecure. Food insecurity can affect people of all backgrounds regardless of their financial situation. It may look like:

- Worrying about running out of food or limited food selection (marginal food insecurity).
- Compromising the quality or quantity of food (moderate food insecurity).
- Missing meals or reducing food intake (severe food insecurity).

## *The Stats:*

- In 2014...
  - 10.6% of Saskatchewan households were identified as food insecure.
  - 19% of Saskatchewan children lived in food insecure households.
- Food costs in Saskatchewan increased by 6.4% between 2009 & 2012.
- 58% of people accessing Saskatchewan food banks were supported by social assistance.

## *The Health Impact:*

We know that food insecurity and health issues go together. Living with food insecurity increases the risk of

poorer health and health care costs. Rates of chronic disease and mental health conditions increase for both children and adults experiencing food insecurity. Also, people who are food insecure have more difficulty managing existing chronic health problems like diabetes and HIV. Due to a lack of resources, food insecure individuals may forego critical expenses like medication.

## *The Causes:*

Food insecurity can be caused by a number of situations including:

- Poverty (this is the main cause of food insecurity in Saskatchewan).
- High prices for healthy foods.
- Lack of local access to grocery stores.
- Lack of nutrition education.
- Lack of cooking & kitchen skills.

Individuals are more likely to experience food insecurity if they:

- Receive their income from minimum wages, part time jobs, workers compensation, employment insurance or social assistance
- Are First Nation, Metis or Inuit
- Have children (especially with a lone mother)
- Are homeless
- Are new immigrants
- Have chronic health problems

Household food insecurity is much more than a food problem. Research shows that food insecurity is reduced when the underlying problems related to poverty and material deprivation are addressed. In the next *Focus* newsletter, look for *A Snapshot of Food Insecurity: Part 2* that will delve into opportunities for addressing food insecurity. 

## References & Resources:

- Canadian Association of Community Health Centres <http://www.cachc.ca/>
- Dietitians of Canada <http://www.dietitians.ca/>
- Food Matters Manitoba <http://www.foodmattersmanitoba.ca/>
- Food Secure Canada <http://foodsecurecanada.org/>
- Proof Food Insecurity Policy Research <http://proof.utoronto.ca/food-insecurity/>
- Thought About Food? Workbook <http://www.foodthoughtful.ca/>

# Air Quality Health Index

by Dorothy Griffith, RN, Certified Respiratory Educator

(Information adapted from [www.asthma.ca/aqhi](http://www.asthma.ca/aqhi), [www.airhealth.ca](http://www.airhealth.ca) & [www.weathernetwork.ca](http://www.weathernetwork.ca))

The Air Quality Health Index (AQHI) is a public information tool that helps Canadians protect their health on a daily basis from the negative effects of air pollution. Children, the elderly, diabetics and those with heart or lung disease are the most sensitive to the health effects of air pollution. The AQHI identifies when air quality is at a safe level to participate in outdoor activities.

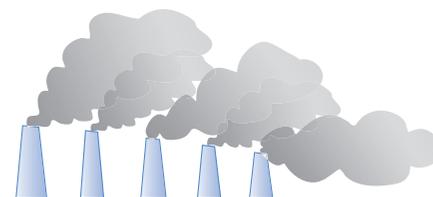
Even modest increases in air pollution can cause small, but measurable increases in the number of people with breathing problems going to emergency rooms or getting admitted to hospital. As an example, high AQHI readings can cause increased asthma symptoms such as coughing, wheezing, chest tightness and the need for increased inhaler use.

The following table provides the health messages for 'at risk' individuals and the general public for each of the AQHI Health Risk Categories.

Health Risk	Air Quality Health Index	Health Messages	
		At Risk Population	General Population
Low	1 - 3	Enjoy your usual outdoor activities.	Ideal air quality for outdoor activities.
Moderate	4 - 6	Consider reducing or rescheduling strenuous activities outdoors if you are experiencing symptoms.	No need to modify your usual outdoor activities unless you experience symptoms such as coughing and throat irritation.
High	7 - 10	Reduce or reschedule strenuous activities outdoors. Children and the elderly should also take it easy.	Consider reducing or rescheduling strenuous activities outdoors if you experience symptoms such as coughing and throat irritation.
Very High	Above 10	Avoid strenuous activities outdoors. Children and the elderly should also avoid outdoor physical exertion.	Reduce or reschedule strenuous activities outdoors, especially if you experience symptoms such as coughing and throat irritation.

Plan your outdoor activities by checking the AQHI to minimize health risks. Look for it with your local weather forecasts @ [www.weather.gc.ca](http://www.weather.gc.ca) or at [www.airhealth.ca](http://www.airhealth.ca). The Weather Network Phone App also includes air quality information, the UV Report & Pollen Forecast. It is particularly helpful for asthmatics and those suffering from environmental allergies.

The AQHI:



1. Measures air quality in relation to your health on a scale from 1 to 10. The higher the number, the greater the health risk associated with the air quality. When the amount of air pollution is very high, the number will be reported as 10+.
2. Identifies categories that describe the level of health risk associated with the index reading (e.g. Low, Moderate, High, or Very High Health Risk).
3. Communicates health messages customized to each category for both the general population and the 'at risk' population.
4. Provides current hourly AQHI readings and maximum forecast values for today, tonight and tomorrow.

The AQHI is designed to give you information along with suggestions on how to adjust activity levels depending on your individual health risk from air pollution.

Even if you're relatively healthy, fit and active, it is important to consult the AQHI to decide when and how much to exercise or work outdoors. Monitoring your day and night symptoms and following your health care provider's advice is critical to staying healthy. For additional information, please talk to your Doctor/Nurse Practitioner or Respiratory Educator. ❖

# Shingles - Questions and Answers

By Dr. McMaster, Primary Care Physician, Regina Community Clinic

**What is Shingles?** Shingles is a painful blistering skin rash that can develop anywhere on the body and is often shaped like a band which wraps around half of the body. Another name for shingles is Herpes Zoster.

**What causes Shingles?** Shingles is caused by the same virus that causes chicken pox. When someone has chicken pox the virus stays in the body, hiding dormant in nerve tissue close to the spine. It can become active in one or more of the nerves and travel out to the skin causing the Shingles rash.

**Is Shingles contagious?** Yes and No. It is not possible to “catch” shingles from someone who has the rash. However the chicken pox virus is present in the blisters and someone could catch the virus and get sick with chicken pox if they had not previously been exposed or immunized. It is not very common to catch chicken pox in this way. It is important not to touch the rash if you have never had chicken pox or the vaccine, and people who have compromised immune system should be very careful (such as people receiving chemotherapy treatment for example).

**What are the symptoms of Shingles?** Often the earliest symptom is unusual sensations in the skin such as burning, tingling, and itching. People often describe several days of pain prior to the rash starting. Redness and blisters appear on the skin surface anywhere along the nerve path of the affected nerve. Often it is on the back or torso. The rash typically will stay on one half of the body. Within 3-4 days the blisters turn into open ulcers. Scabs form by 7-10 days. Once they are dry and scabbed most people are no longer shedding the virus from the site.

**Can Shingles be serious?** Yes, it can be serious but that is rare. Shingles occurring around the eye and forehead can cause damage to the eye. Rarely it can cause widespread infection if people have other medical conditions. 1/10 people will have long term pain at the site. This is called postherpetic neuralgia. The pain can be so bad that it interferes with sleep and normal functioning.

**Can Shingles be treated?** If you are diagnosed within 3 days of the rash starting then antiviral medication can be prescribed to help speed recovery and reduce the risk of developing postherpetic neuralgia. This medication is not that effective if not started early enough (within 3 days). Pain medications are often prescribed as well.

**Can Shingles be prevented?** People can reduce their chance of getting shingles by getting the shingles vaccine. The vaccine reduces your chance of getting shingles by about 50%, and appears to reduce the severity of the shingles if you do get it. The vaccine is approved for people over 50. The risk of having shingles increases as you get older. Some people who have problems with their immune system can not have the vaccine.

Please speak to your physician or nurse practitioner if you need additional information regarding Shingles, its treatment and prevention. The Shingles Vaccine can be ordered by the Saskatoon Community Clinic Pharmacy. It can be provided, by appointment, if you are a Saskatoon Community Clinic patient. Please inquire at our Pharmacy or with our Receptionists as to how to receive it at the Saskatoon Community Clinic. It is also available through Saskatoon Health Region – Public Health. ❖

The Saskatoon Community Clinic Seniors Advisory Council, a group that supports programs for seniors, invites you to:

## Treats, Treasures and Temptations

**What:** An opportunity to purchase tasty treats, buy a special treasured item, or consider being tempted by lovely silent auction items.

**When:** Wednesday, November 16th, 2016 from 10:30 am – 2:00 pm

**Where:** Downtown Community Clinic – Back door waiting area located at 455 2nd Ave North

Come and enjoy, chat with other members and learn about our services for seniors.

## Seniors of Tomorrow Fall 2016 Education Series

**Time:** 2:00 – 4:00 p.m. on Wednesdays  
**Location:** Langer Building, 424 1st Ave N

### October 12th

#### **HOT Communication: What is it?**

Come learn, connect with others and enjoy an opportunity to share.  
Facilitated by: Joanne Toh, Instructor,  
University of Regina

### October 26th

#### **Trudy's Top Ten: Exercises for Every Day!**

Learn and practice exercises that stretch and strengthen the whole body.  
Facilitated by Trudy Myers, Physical Therapist

### November 9th

#### **Choosing to Live Optimally**

Come experience new-to-you ways of coping and managing the bumps on the journey of life.  
Facilitated by Norine Shewchuk, Seniors' Counsellor

### November 23rd

#### **A Look at Parkinson's Disease and Alzheimer's**

Come gain an understanding of Parkinson's Disease and Alzheimer's. Learn the current research and techniques to symptom management.

Facilitated by: Jennifer Schoeck, Community Engagement Coordinator, Parkinson Canada and Laura Steeves-Green, First Link Coordinator, Alzheimer's Society of Saskatchewan Inc.

### December 14th

#### **Taking Care of Your Brain: Reducing the Risk of Dementia**

Dr. Gagné will discuss the underlying risk factors for developing dementia and what we currently know about how to reduce your risk.  
Facilitated by Dr. Louise Gagné, Family Physician

For more information:

Laurie Stone, Seniors' Volunteer Co-ordinator  
(306) 664-4282

Norine Shewchuk, Seniors' Counsellor  
(306) 664-4270

Counselling and Community Services Department

## Seniors' Corner The Stages of Aging



By Laurie Stone,  
Seniors' Volunteer Coordinator

As the baby boomers move into older adulthood, there has been an explosion of new books and resources on aging. Topics are diverse: fitness, healthy eating, financial planning, brain health, and disease prevention. When planning for the Seniors of Tomorrow Education Series, we aim for programming that encompasses all aspects of physical, mental and social health. Our new fall programs, page 7, are an example of the Community Clinic's whole-person perspective.

Spiritual Health, however, is one aspect of aging that often receives less attention. *Aging as a Spiritual Practice: A Contemplative Guide to Growing Older and Wiser* by author Lewis Richmond, 2012, provides a framework for recognizing and understanding the stages of aging from a spiritual and contemplative perspective.

The first stage of aging, "Lightning Strike" involves the surprise of discovering that we are aging. This can occur at any age, but may be brought on by a life or family change – such as a child growing up, an aging parent or a change in personal health. The second stage, "Coming to Terms", occurs when we begin to compare ourselves with how we once were. The third stage, "Adaptation", takes place when we stop comparing our present self with our younger selves. The fourth and final stage of "Appreciation" involves an acceptance of one's self in the present.

"As long as we keep comparing ourselves to a younger, better self (who may have been better only in hindsight), we shortchange the possibilities for becoming an older, wiser one. The wisdom of Adaptation begins in the willingness to let go of who we used to be and embrace who we are now," wrote Richmond.

The journey of aging is a very personal one and the stages of aging may take some detours along the way. I hope that on your journey through life, you are able to take advantage of the wisdom and insights provided by those who have come before, and find meaning and acceptance in your relationships, activities and spiritual well-being. ♦



## Gifts to the Saskatoon Community Clinic Foundation

### *In Memory of:*

**Roy Atkinson** from Eileen Archdekin, Harry Atkinson, Joan Bell, Betsy Bury (Directed to the Betsy Naylor Bursary), Harold Chapman, Myrna Hewitt & Bill Davies, Gordon & Illa Knudsen, Terri Lohela & Kathy Muttart, Gordon Taylor

**Allan Blakeney** from Robert Hackett, Isabelle Nelson

**Bill Bucsis** from Viola J Bucsis

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