

FOCUS

Saskatoon
Community
Clinic
"Your Health
Care Co-op"



Spring, 2016
Volume 52, Number 1

Community Health Services (Saskatoon) Association Ltd.
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Residential Schools and the Path to Reconciliation

By Giustino Garcea, Member and Public Relations Coordinator

Shortly after Confederation, residential schools became a central component of the Canadian government's policy of "aggressive assimilation" towards Indigenous peoples. School officials worked to assimilate Indigenous children into the dominant Euro-Canadian society by breaking communal, familial and cultural bonds. Children were forcibly taken from their communities, separated from their families and punished for expressing their cultural identities.

Ultimately, the schools failed to meaningfully integrate attendees into the fledgling country. Instead, they produced enduring trauma, division and exclusion.

Canada's last residential school was closed on Gordon's Reserve, Saskatchewan in 1996. Throughout their history, roughly 150,000 Indigenous children attended one of the 139 residential schools in Canada. Although the experiences of attendees were diverse, the legacy of residential schools has been profoundly negative, and a contributing factor to several of the socio-economic challenges that persist in communities across Canada.



Dr. Veronica McKinney at Semi-annual meeting, speaking about the Truth and Reconciliation Commission.

The experiences of those who attended residential schools were virtually unknown to most Canadians until 1990 when former Assembly of First Nations Chief Phil Fontaine spoke publicly about the physical and sexual abuse he and others endured in residential schools. According to Chief Fontaine, what differentiated the punishment at residential schools from the corporal punishment commonplace in all schools during this time was "the extent and the intensity of the abuse that went on. In my grade three class...there were 20 boys, and every single one of them...experienced some aspect of sexual abuse."

Seventeen years after Fontaine's revelation, the Canadian government apologized for residential schools. In response to increasing public pressure and mounting lawsuits, Canada also implemented the Indian Residential Schools Settlement Agreement (IRSSA) in 2007. The IRSSA is the largest class-action settlement in Canadian

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history, and had two main effects – it provided \$2 billion in compensation to the families of over 85,000 Indigenous survivors, and it initiated the Truth and Reconciliation Commission (TRC).

Led by Justice Murray Sinclair, the Truth and Reconciliation Commission (TRC) released its final report in 2015 (available at www.trc.ca), after hearing from 7,000 survivors across Canada. The report included 94 ‘Calls to Action’, covering a wide-range of areas from child welfare and cultural reclamation, to legal equity and further investigations into missing children. The TRC calls on federal and provincial authorities to recognize and address inequalities in health outcomes between Indigenous and non-Indigenous communities, fund healing centres, and recognize the value of Aboriginal healing practices. Perhaps most importantly, the TRC asks all Canadians to learn about the enduring legacy of residential schools.

At the Saskatoon Community Clinic’s Semi-Annual Meeting, Dr. Veronica McKinney talked about the history of

residential schools and the path to reconciliation. She recommended that we focus on building new ‘relationships’ and engaging in inclusive and respectful dialogue about what reconciliation should look like. While every person and community has different needs, reconciliation should support one reformation of systems (legal, political, economic, social, educational etc.) that perpetuate injustice and inequality.

Reconciliation is an opportunity to affirm the values of citizenship, as we stand in support of each other’s collective and individual well-being. It is an opportunity to engage in an intercultural dialogue about how to build communities that are healthy, safe, equitable, inclusive and just.

While we cannot guarantee equality of outcomes, we can work to eliminate discrimination and establish the right to a basic standard of living for all Canadians. We can ensure that no matter where you are born in Canada you are no more likely to drop out of school, have unsafe drinking water, inadequate housing, or significant health problems. ❖

Community Clinic Pharmacy Fee Changes Important Benefit for Pharmacy Patients!

The Community Clinic Pharmacy has made some changes to professional fee charges. These will be of benefit to our Pharmacy patients as in some cases it will reduce the amount charged for professional fees.

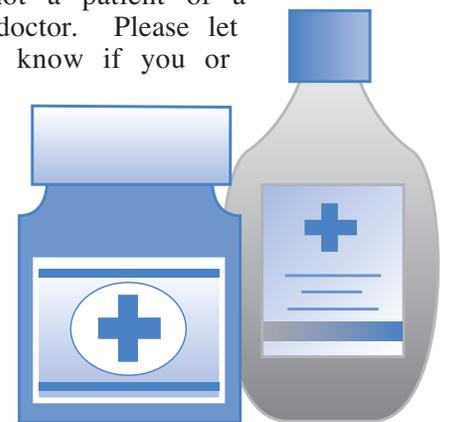
As a service and convenience to Pharmacy patients you may now order up to a 100 day supply of a drug under “one fill”. You will be charged one dispensing fee for that supply. This applies only to medications used for chronic conditions and only after you have been stabilized on a new medication. The following categories are included:

- Heart and blood pressure
- Oral diabetes medication
- Thyroid
- Anti-convulsant
- Hormone and oral contraceptives

Other classes of drugs, such as mood-modifying drugs, sleep aids, and certain pain medications are available for a 100 day supply if your physician has approved this and written a 100 day supply as one fill on your prescription.

If you are currently a Community Clinic Pharmacy patient and would like a 100 day supply on your refills please speak to a Community Clinic Pharmacist. They will be able to tell you if your prescription is eligible. In addition please call ahead to ensure that the Pharmacy has time to stock all the medication that is required to fill the 100 day supply as in some cases the medication may need to be brought in from a supplier.

Please note that the Community Clinic Pharmacy is always accepting new customers. It is open to the public even if you are not a patient of a Community Clinic doctor. Please let our Pharmacy staff know if you or someone you know would like to transfer from another pharmacy to take advantage of our 100 day supply under one fill policy. Transferring your medications is easy. Call us at 306-664-4277. ❖



Semi-Annual Meeting Report

By Ingrid Larson, Member and Public Relations Director

On January 13th 2016, the Community Health Services (Saskatoon) Association Ltd. (CHSA) held its Semi-Annual Members Meeting. Members heard reports from CHSA Directors, participated in a presentation on the Truth and Reconciliation Commission and were provided the opportunity to ask questions and provide input on the operation of their co-operative.

President Bill Davies welcomed members to the meeting. He presented an overview of the Board of Directors report published in the Winter Issue of Focus. Acting Executive Manager Stan Rice reported on recent activities including several department head hirings, a call for proposals for a review of the Association's facilities and support for the settlement of Syrian refugees. Specialized Clinics are being held, in partnership with other agencies, at the Downtown Clinic, to provide initial health screenings, immunizations and other services for newly arrived refugee families.

Dr. Veronica McKinney provided an informative presentation on the Truth and Reconciliation Commission. Dr. McKinney who is of Cree and Metis background has worked with urban, rural and remote Aboriginal populations, and has provided services as a Family Practitioner, Emergency Room Physician, Nurse and Lab Technologist over a span of 25 years. She spoke about the history of residential schools and the path to truth and reconciliation in Canada. Dr. McKinney also discussed the successes and challenges at the Saskatoon Community Clinic in achieving the Commission's Calls to Action articulated in the final report. She appealed to members to think about their own children and family situations and the effect on their children, themselves and the community if their children were removed from their homes and required to live in residential schools.

Members Gertie Paul and Carol Eaton were acclaimed to the CHSA Board of Directors. Their positions will be 6-month terms as the Board transitions from a 12 to 9 member board.

The members approved a motion to amend the articles of incorporation. At the 2015 AGM members approved Bylaw changes which required corresponding amendments to the Articles related to the number of directors (from 12 to 9).

A motion was also carried asking Board of Directors to write another letter to the Ministry of Health requesting action on this Provincial Mental Health Action Plan released in 2013.

Ingrid Larson, Member and Public Relations Director presented CHSA's Outstanding Service Award to the Student Wellness Initiative Toward Community Health (SWITCH) volunteers. SWITCH has become a role model for similar programs in Canada. Thousands of post-secondary students, with the support of professional mentors, have provided clinical and social support programs after hours at the Westside Clinic for the past ten years. SWITCH's Executive Director, Karen Cederwall with SWITCH Volunteer Coordinator Mike Skilnick and Board member Soma Dalai accepted the award and provided an overview on SWITCH. Members applauded SWITCH for their excellent efforts.

Bill Davies thanked members for their participation at tonight's meeting and throughout the year. ♦



Left to right: Soma Dalai, Karen Cederwall and Mike Skilnick of SWITCH accept CHSA's Outstanding Service Award.



Health On-line

The Community Clinic has developed a list of health and wellness websites and on-line resources covering topics related to primary health care. The list includes medical information, mental health resources, patient advocacy and health professional websites.

You will find this resource on our website, www.saskatooncommunityclinic.ca by clicking the tab on the homepage "Health On-line". You can print out the list or go directly to the websites from the page.

Common tests, treatments and procedures you may think you need. *Let's think again.*

Reprinted from Choosing Wisely Canada

Choosing Wisely Canada is a campaign to help physicians and patients engage in healthy conversations about unnecessary tests, treatments and procedures, and to help physicians and patients make smart and effective choices to ensure high-quality care.

It focuses on tests, treatments and procedures for which there is concrete evidence of no benefit to patients. Unnecessary tests, treatments and procedures do not add value to care. In fact, they can potentially be hazardous to the health of patients. For example, X-rays and CT scans expose patients to potentially cancer-causing radiation, and can lead to follow-up tests and treatment with additional risks.

In partnership with the Canadian Medical Association, Choosing Wisely Canada is led by Canadian physicians through their medical specialty societies. Participating specialty societies have developed “Top 5 Lists” of tests, treatments and procedures they say are done more often than necessary. Below are the five examples culled from those lists.

For more information, please visit www.ChoosingWiselyCanada.org.

1. ECGs (electrocardiograms)

The problem: An ECG records the electrical activity of your heart at rest. It provides information about your heart rate and rhythm, and shows if there is enlargement of the heart due to high blood pressure (hypertension) or evidence of a previous heart attack (myocardial infarction).

The risks: The ECG will not harm you. However, it can sometimes show mild nonspecific abnormalities that are not due to underlying heart disease, but cause worry and lead to follow-up tests and treatments that you do not need.

When to consider the tests: You may need an ECG test if you have risk factors for heart disease such as high blood pressure, or symptoms such as palpitations or chest pain. Or you may need it if you already have heart disease.

2. Imaging tests for lower-back pain

The problem: Getting an X-ray, CT scan or MRI may seem like a good idea. But back pain usually subsides in about a month, with or without testing. For example, one study found that back pain sufferers who had an MRI in the first month were eight times more likely to have surgery, but didn't recover faster.

The risks: X-rays and CT scans expose you to radiation, which can increase cancer risk. CT scans and X-rays of the lower back are especially worrisome for men and women of childbearing age, because they can expose testicles and ovaries to substantial radiation. Finally, the tests often reveal abnormalities that are unrelated to the pain, but can prompt needless worry and lead to unnecessary follow-up tests and treatment, sometimes even including surgery.

When to consider the tests: X-ray and CT scans often make sense if you have nerve damage, or signs of a serious underlying condition such as cancer or a spinal infection. “Red flags” that can alert your doctor that imaging may be worthwhile include a history of cancer, unexplained weight loss, recent infection, loss of bowel or bladder control, abnormal reflexes, or loss of muscle power or feeling in the legs.

3. CT scans and MRIs for headaches

The problem: Many people who have headaches want a CT scan or MRI to find out if their headaches are caused by a brain tumour or other serious illness and doctors often comply to provide reassurance. But all that's usually needed is a careful medical history and neurological exam. Adding a CT scan or MRI rarely helps.

The risks: A CT scan of the head uses a low radiation dose. This may slightly increase the risk of harmful effects such as cancer. Risks from radiation exposure may add up, so it is best to avoid unnecessary radiation. The results of your CT scan or an MRI may also be unclear. This can lead to more tests and even treatment that you do not need.

When to consider the tests: They are often warranted if you have an abnormal result on a neurological exam, or if your doctor can't diagnose the problem based on your symptoms and medical exam. See a doctor if you have head pain that is sudden or explosive; different from headaches you've had in the past; brought on by exertion; or accompanied by fever, a seizure, vomiting, loss of coordination, or a change in vision, speech or alertness.

4. Bone-density tests (DEXA scans)

The problem: Many people are routinely screened for weak bones with an imaging test called a DEXA scan. If it detects osteoporosis, the results can help patients and their doctor decide how to treat the problem. But many people learn they have only mild bone loss, a condition

known as osteopenia, and for them the risk of fracture is often quite low.

The risks: A bone-density test gives out a small amount of radiation, but radiation exposure can add up. A diagnosis of osteopenia often leads to treatment with such drugs as alendronate (Fosamax) and risedronate (Actonel), which pose numerous risks. But there is little evidence that people with osteopenia benefit from these drugs.

When to consider the test: Women should have a DEXA scan at age 65 and men at age 70. Younger women and men ages 50 to 69 should consider the test if they have risk factors such as a fracture from minor trauma, rheumatoid arthritis, low body weight, a very low vitamin D level, a parent who had a hip fracture, or if they have used corticosteroid drugs for a long time, or they drink excessively or smoke. Whether follow-up tests are needed depends on the results of the initial scan.

5. Antibiotics for sinusitis

The problem: People with sinusitis (congestion combined with nasal discharge and facial pain) are often prescribed antibiotics. In fact, 15 to 21 percent of all antibiotic prescriptions for adults are to treat sinusitis. But most people don't need the drugs. That's because the problem almost always stems from a viral infection, not a bacterial one—and antibiotics don't work against viruses.

The risks: About one in four people who take antibiotics report side effects, such as a rash, dizziness and stomach problems. In rare cases, the drugs can cause severe allergic reactions. Overuse of antibiotics also encourages the growth of bacteria that can't be controlled easily with drugs. That makes you more vulnerable to antibiotic-resistant infections and undermines the usefulness of antibiotics for everyone.

When to consider antibiotics: Antibiotics should usually only be considered when symptoms last longer than a week, start to improve but then worsen again, or are very severe. Worrisome symptoms that can warrant immediate antibiotic treatment include a fever over 38.6°C, extreme pain and tenderness over your sinuses, or signs of a skin infection, such as a hot, red rash that spreads quickly.

Ask these questions:

Do I really need this test, treatment or procedure?

The answer should be direct and simple. Tests should help you and your doctor decide how to treat your problem, and treatments and procedures should help you live a longer, healthier life.

What are the downsides?

Discuss the risks as well as the chance of inaccurate results or findings that will never cause symptoms, but may require further testing. Weigh the potential complications against possible benefits and the symptoms of the condition itself.

Are there simpler, safer options?

Sometimes lifestyle changes will provide all the relief you need.

What happens if I do nothing?

Ask your doctor if your condition might worsen—or get better—if you don't have the test or treatment now.

This information in this article is reprinted from Choosing Wisely Canada Campaign supported by the Saskatoon Community Clinic physician group. ❖

Community Resources medSask Drug Information Service

By Jonathan Kiesman, Pharmacist

Pharmacists can provide you with information about your medications, interactions and side effects but if you require more in-depth information about any of your drugs you can contact medSask Drug Information Service for timely, unbiased, current and accurate information on drugs and drug therapy. And its free of charge!

medSask is a non-profit organization that is sponsored by Saskatchewan Health. It operates out of the College of Pharmacy and Nutrition at the University of Saskatchewan, and is staffed with licensed pharmacists.

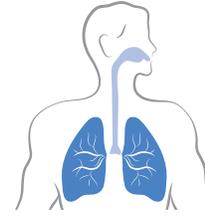
Information about drugs and drug therapy includes (but not limited to) adverse reactions and/or side effects, compounding problems, precautions, drug availability, drug dosages, drug identification (Canadian, foreign), drug use in pregnancy and lactation, drugs of choice, pharmacology and therapeutic indications.

Contact medSask by phone at 306-966-6378, email at med.sask@usask.ca, online at <http://medsask.usask.ca/> by fax at 306-966-2286 or by text at 306-260-3554. ❖



New to the Community Clinic! Respiratory Care Program

By Dorothy Griffith, R.N., Certified Respiratory Educator (CRE)



The New Year brings an opportunity to reassess our personal health goals and to consider adopting healthier lifestyle choices. In the same spirit, the Saskatoon Community Clinic started the Respiratory Care Program in 2016. Patient education and support will now be offered, by appointment, for the following health concerns:

- respiratory disease
- lung function
- the use of inhalers (puffers)
- medication side effects
- individualized treatment or action plans
- tobacco cessation
- long term oxygen therapy
- recognition of worsening symptoms (COPD)
- loss of control (asthma symptoms)
- and other respiratory concerns

The program is designed to assist patients, their families and caregivers improve lung health self-management skills. Improving the quality of life for those with respiratory disease is the overall goal. Patients can self-refer or be referred by a health care professional.

Let's take a look at two simple screening tests for lung health.

1. If you are 40 years of age or older and smoke or used to smoke, you may be at risk for developing Chronic Obstructive Pulmonary Disease (COPD).

Take stock of your lung health by taking the Canadian Lung Health Test:

- a. Do you cough regularly?
- b. Do you cough up phlegm regularly?
- c. Do even simple chores make you short of breath?
- d. Do you wheeze when you exert yourself, or at night?
- e. Do you get frequent colds that persist longer than those of other people you know?

If you answered "yes" to ONE or more questions, please ask your Family Physician, Nurse Practitioner or Respiratory Educator about having a breathing test (spirometry).

2. Are you at risk for an asthma attack? Answer these questions to find out!

- a. Do you use your rescue inhaler four or more times a week?

- b. Do you have night time symptoms (e.g., coughing, wheezing, chest tightness) 1 or more nights a week?
- c. Does your asthma prevent you from exercising or performing other physical activities?
- d. Do you miss work or school because of asthma?
- e. Do you have any daytime symptoms such as cough, wheezing or chest tightness four or more days a week?

If you answered "yes" to ANY of these questions, your asthma is not well controlled. Please see your Family Physician, Nurse Practitioner or Respiratory Educator to review your asthma control.

The Community Clinic's respiratory educator will work with other members of your health care team to help prevent complications and to support you, as well as your family members and caregivers who are affected by your respiratory disease.

If your breathing or lung health concerns you, please call 306-652-0300 to book an appointment with your Respiratory Educator, Family Physician or Nurse Practitioner.

Breathe Easy Everyone! 

Co-op Camp is Back for 2016!

Do you know youth ages 12-18 who would enjoy a week of summer camp featuring dynamic and engaging co-operative educational programming?

The Saskatchewan Co-operative Youth Program (SCYP) offers multiple 4 to 6 day camps at two lakes this summer. Saskatoon Community Clinic sponsorships will cover some of the costs.

Please visit Co-op Youth website at www.sask.coop or contact the Community Clinic Member Relations Department at 306-664-4243. There are a limited number of sponsorships available so apply early!



Seniors of Tomorrow Spring 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 Avenue North**

April 20th

The Great Canadian Trivia Challenge

Test your knowledge and memory, learn more about Canada and have fun at this interactive program.

*Facilitated by Laurie Stone,
Seniors Volunteer Co-ordinator*

May 18th

Healthy Gut – Healthy Person

Learn how your gut health can be linked to a wide range of health conditions including: depression, cardiovascular disease and auto immune diseases.

Facilitated by Dr. Louise Gagné

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

The Saskatoon Community Clinic Seniors Advisory Council, a group that support 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: Thursday April 21, 2016 and
Thursday May 19, 2016

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' Corner To Drive Or Not To Drive

By Laurie Stone, Seniors Volunteer Coordinator



There is no question that driving a vehicle affords a level of independence and convenience that many older adults value and want to maintain for as long as safely possible. So at what point do you start thinking about whether you are able, or even want to continue to drive?

This is a very personal decision and one which can be linked to a number of factors, the most important of which is personal health. I know seniors in their nineties who are in good health, are more than capable of operating a vehicle, and enjoy the independence and flexibility it affords them. Others, perhaps even younger seniors, have noticed a decrease in their response times and ability to see, process and react to other drivers and road conditions. They make a conscious choice to stop driving.

I also know many seniors who are happier to rely on walking, biking and public transportation as a greener mode of transportation which affords a more active lifestyle and the health benefits that go with it. When it comes to driving there is no “one size fits all” approach. And for some, the cost of owning and operating a vehicle is simply not cost efficient for the few times they use it, particularly when there are other transit options such as Saskatoon CarShare Co-operative available.

Here are some questions to ask yourself or a loved one. Can you see the road clearly or is it time for new glasses? Are you on medications that affect your response times or mental clarity? Can you still shoulder check? Do you feel upset or frustrated while driving and does that affect your behaviour? Please check with your family doctor at your next visit to discuss any health issues you are experiencing that affect your ability to drive.

There are also a number of community services and programs that can help you assess whether you are still “road worthy”, and can be useful when trying to help an older adult in your life evaluate whether they are still safe to drive. It is better to be proactive than run the risk of having an accident that could harm yourself or cause harm to others.

There are a number of resources and supports for older drivers in Saskatoon. Mature Drivers Refresher Courses are offered through the Saskatoon and District Safety Council. There is also a Driver Evaluation Safety Program in Saskatoon, which can evaluate your driving skills. SGI has produced a comprehensive guide entitled The Older and Wiser Driver, which includes a Driver 50 Plus self-rating form and some safe driving tips.

Call 1-800-667-9868 or visit www.sgi.sk.ca/individuals/medical/family/agingdrivers.html for more information. ♦



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ISSN 0015-5195

Canadian Publications Mail Product Sales Agreement 40052408



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