

FOCUS

Saskatoon
Community
Clinic
“Your Health
Care Co-op”



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Nutrition Conversations at the Westside Clinic

By Karen Timoshuk, Member and Public Relations Coordinator

With all the health information available today, it can be difficult to sort out sound nutrition advice. Recognizing this, the Community Clinic Dietitians and Westside Clinic Peer Leader Program participants are “hitting the waiting rooms” of the Westside Clinic to connect with patients about the basics of healthy eating and living.

“The waiting room activities started as a pilot project to promote patient-centred nutrition education” says Calysta Adams, Saskatoon Community Clinic dietician “we work collaboratively with Carol Armstrong-Monahan, Peer Leader Coordinator and the Peer Leaders to deliver these activities.” Seven activities have been offered to date, with each activity engaging an average of 25 patients through one-on-one and small group conversations. “The activities also promote food security through knowledge building and by providing food to satisfy immediate hunger needs.” says Adams.

The latest activity, held on the morning of March 16th, focused on the importance of breakfast. After patients completed a short quiz, made up of facts and personal

reflection on breakfast habits, Adams, Armstrong-Monahan and Peer Leaders Donna Neufeldt and Karen Edwardsen, discussed the information and shared simple nutrition-packed recipes with the participants. Take-home samples of a homemade instant oatmeal and muesli were part of the exchange. The importance of including at least three of the four food groups at breakfast was also a key message.

“It’s important to understand the role of breakfast in maintaining optimal health,” says Adams. “The word ‘breakfast’ literally means ‘breaking the fast’ and the foods we eat in the morning have a dramatic effect on our energy level, metabolism and brain function.”

Adams has taken a collective approach to delivering activities for a reason. “The more we can engage patients in ways that are meaningful to their day-to-day lives, the better. One way we do this is by using peer-to-peer education as we can all learn from one another. This fits with the Community Clinic’s key values of using a team delivered and community driven approach to health and wellness.” ♦



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Ardella Benson and Calysta Adams, Dietitian discuss nutrition quiz.

In Memory of Dr. John D. Bury, MRCOG

By Stan Rice, Friend and colleague

John Bury passed away on December 23rd, 2016. John was a Saskatoon Community Clinic Family Physician from 1963 to 1973 and again from 1976 to 1983. John emigrated to Canada from England to join the Community Clinic because of his support of universal medicare. The Community Clinic had been established in 1962 in response to the introduction of universal health care in Saskatchewan and the subsequent doctors' strike. He welcomed the opportunity to get in on the ground floor of medicare in Canada and the opportunity to work in a cooperative clinic – a unique partnership between consumers and providers of health care.

Those first years were difficult for Community Clinic physicians as the College of Physicians and Surgeons did everything in their power to prevent the Community Clinic from flourishing. The College attempted to block Community Clinic doctors from obtaining hospital privileges. There was an attempt to prevent the Community Clinic from publishing a guide "How to Use The Clinic" to help patients access care. Some of these squirmishes ended up in court.

Dr. Bury's emphasis was on improving women's health and working to reduce the cost of prescription drugs. His work on rational prescribing and the establishment of a drug formulary at the Community Clinic led to the formation of the Saskatchewan Prescription Drug Plan.

John worked closely with the architect Roger Walls on the design of the clinic building on Second Avenue.

He had a flair for design and his contribution was most valuable.

John spent three years with the Saskatchewan Government as Director of Regional Health Services and Health Promotion after which he returned to the clinic. He was not a bureaucrat and he returned to his first love of being a family physician.

In retirement he continued to work on health and peace issues. He was a very active member of the Saskatchewan Health Coalition, Veterans against Arms, Project Ploughshares, and Physicians for Global Survival and the Saskatoon Peace Coalition.

His love of watercolour paintings allowed him to paint and donate many pieces for worthwhile causes including Station 20 West. John spent many hours catching the light of the prairie skies and Saskatchewan landscapes. He was never happier than when he was sketching and taking photos and planning his paintings. Family and friends were often recipients of Christmas and birthday cards that were small paintings and photos of his work.

John was the recipient of the Queen's Golden Jubilee Award, the 125th Anniversary Medal and the Saskatchewan Centennial Medal.

Dr. John Bury was a mentor, an advisor, a visionary, an activist, an artist, and most importantly a very caring man. He will be missed by all of us. We owe him so much. ♦

Seniors of Tomorrow Spring 2017 Education Series

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

Time: 2:00 – 4:00 p.m. on Wednesdays

Location: Mel Langer Building, 424 1st Ave N

April 19th **Sleep and Mood**

Learn how to support healthy sleep patterns and discover natural ways to alleviate anxiety and depression.

Facilitated by Dr. Louise Gagné, Family Physician

May 17th

Protecting Your Health

Learn how to lower your exposure to environmental toxins, and support your body's detoxification system.

Facilitated by Dr. Louise Gagné, Family Physician

For more information: Counselling and Community Services Department
Laurie Stone, Seniors' Volunteer Co-ordinator (306) 664-4282,
Norine Shewchuk, Seniors' Counsellor (306) 664-4270

Harold Chapman Receives Order of Canada for Work with Co-operatives

By Laurie Stone, Seniors Volunteer Co-ordinator



Harold Chapman is focused on the future – looking forward to turning 100 in April, receiving the insignia of the Order of Canada in May in Ottawa, and advocating for co-operative education and development.

Harold, who is an active community volunteer, educator and author, looks forward to the occasion of his award as an opportunity to advocate for co-ops and to encourage co-op members to be active in their organizations. Harold was one of the first members of the Saskatoon Community Clinic, itself a co-operative, and the Saskatoon Community Clinic Foundation. He is currently the Co-chair of the Seniors Advisory Council. The Advisory Council provides advice to the Board of Directors and clinic staff on programs and services, raises funds to support our seniors' programs, and often advocates for public policy regarding seniors' health.

When asked how old he feels Harold replies "It's amazing that I'm still here and still able to do the things I do. I feel fortunate that my health is as good as it is and I can't help but give some credit to my doctors that I've had at the Community Clinic since 1962."

It was in 1962 when Saskatchewan doctors went on strike in opposition to the introduction of Medicare that Harold, as the Director of the Co-op College, helped find space for the first Community Clinic in the Avenue Building. And, when the Clinic wanted to construct the current Community Clinic on Second Avenue, Harold worked with other members to establish the Saskatoon Community Clinic Foundation, where he was active for 30 years.

"By the time the Medicare crisis of 1962 arrived co-operatives were already seen as a practical solution to problem solving," said Harold. Because of this earlier work, there were experienced co-op members in the community who were able to come together to establish the Clinic, and keep it going in those early years. "It was challenging for the early doctors at the Clinic, as they were not viewed favourably by the medical community and were often denied hospital privileges to care for their patients."

Harold's knowledge about the development of co-operatives in Saskatchewan came from experience and occasional hardships growing up on a farm in rural

Saskatchewan. He watched the evolution of the Saskatchewan Wheat Pool, as farmers sought co-operative solutions to get their crops to market. He remembers his father raising pigs to pay the doctor who delivered his sister, and recalls with some relief the advent of hospitalization in Saskatchewan in the 1940s. "The people who developed those solutions understood why they did it, and came out to meetings to find community solutions. Subsequent generations who haven't seen people go broke trying to pay doctor's bills and experienced the strain of that, aren't as engaged. I appreciate the saying that without co-operative education a co-op will survive a generation and a half."

Harold's own education was delayed several years as he helped on the family farm. In 1943, he completed a Bachelor of Science in Agriculture at the University of Saskatchewan in May, joined the army in June, and married his wife Mary in November. After two years in the army, Harold joined the Saskatchewan Department of Co-operation and Co-operative Development in 1945. "Saskatchewan underwent a period of great growth in the co-operative sector – of consumer co-ops, credit unions, co-operative farms and health co-operatives. People came together to find community solutions to problems – they built community halls, formed Co-operative Women's Guilds, and discussed ways to provide health care to the communities they lived in."

In 1952, Harold joined the Secretariat of the Royal Commission on Agriculture and Rural Life, and then in 1955 set up an institute for co-operative education, where he continued for 17 years. He left the Co-operative College of Canada in 1973 to become Federated Co-op's Member and Public Relations Director.

When asked why he continues to volunteer at the Clinic, Harold replies that he has an interest in maintaining and supporting the role of the Community Clinic as a co-operative. "My family used the services of the Community Clinic since it first began. As a member of the Seniors Advisory Council, I have the opportunity to let my wishes be known about the variety and quality of services we provide. Also, I'm very glad that we have programs for older adults. It's good to know that they are there, and to participate in them as needed."

Harold's autobiography Sharing My Life: Building the Co-operative Movement, 2012, is available at McNally Robinson, Western Development Museum Gift Shop, and Turning the Tide Bookstore. ♦

Early Cancer Detection: Tests Offered by Saskatchewan Health

By Paula Mercredi, R.N.

Early detection of cancer is the key to early treatment and better health outcomes. Saskatchewan Health offers several screening tests to those that are most at risk for certain types of cancers.

Colorectal Cancer

Colorectal Cancer, also known as bowel or colon cancer, is a leading cause of death due to cancer in Saskatchewan and often develops without symptoms. The good news is that colorectal cancer is 90% preventable when detected early. A screening test for colorectal cancer is offered to residents of Saskatchewan between the ages of 50 and 74 who have not been diagnosed with colorectal cancer in the past 5 years. This test can be done in the comfort of your own home.

If you qualify for the screening program you will receive a "FIT" test in the mail. The test includes instructions on how to gather a very tiny stool sample. You then send the sample to the lab in a postage paid envelope or drop off at a lab in the city. The test results will be sent to your health care provider.

Breast Cancer Screening

The Saskatchewan Cancer Agency's Screening Program for Breast Cancer (SPBC) provides screening mammograms to Saskatchewan women between 50 and 69 years of age. Women over 50 should have a mammogram every 2 years and women with a family history of breast cancer should have a mammogram every year. The SPBC will inform women, by mail, when they are due for a mammogram. Your provider can also arrange for your mammogram.

Cervical Cancer Screening

The cervix is a narrow neck-like passage forming the lower end of the uterus in women. Most cervical cancers are caused by the Human Papilloma Virus (HPV), a very common sexually transmitted disease. People may not know they are infected with HPV so it is easy to transmit to partners. The HPV virus may cause changes in the cervical cells which may then cause cancer.

The Prevention Program for Cervical Cancer (PPCC), a screening program of the Saskatchewan Cancer Agency, informs women when they are due for a Pap test, notifies women of their Pap test results, and works with care providers to ensure appropriate follow-up of abnormal Pap test results.

Women should have their first Pap test at the age 21 or three years after becoming sexually active, whichever occurs later. Thereafter, Pap tests are recommended every two years. After three consecutive normal results, best practice suggests that women continue having a Pap test every three years until they turn 69. Women who have had a subtotal hysterectomy, where your cervix is still present, will continue to need Pap tests. Based on their providers' recommendations, women with certain risk factors may need to have more frequent Pap tests.

Please speak to your physician or nurse practitioner for more information on Saskatchewan Cancer Prevention Programs or contact the Saskatchewan Cancer Agency by phone at 639-625-2010 or online at <http://www.saskcancer.ca/>. ❖

Patient Centred Care in Chronic Disease Management

If you have Diabetes, Chronic Obstructive Pulmonary Disease, Congestive Heart Failure or Coronary Artery Disease and have not been in for a Chronic Disease Management (CDM) visit, please call Reception at 306-652-0300 and ask for a CDM appointment.

At the CDM appointment you will meet with members of the primary health care team which may include: Registered Dietitian, Registered Nurse, Physician, Nurse Practitioner, Pharmacist, Lab Technician, Physical Therapist, Occupational Therapist, Certified Respiratory Educator, or Counsellor.

The primary health care team will work with you to manage your chronic disease with a goal of minimizing complications.

The clinic also encourages those with well controlled chronic disease to make an appointment with the primary health care team.

Each member of the primary health care team plays a part in your care and YOU are the centre of the team.

We look forward to seeing you at your CDM visit. ❖

Congratulations to our Outstanding Volunteer

By Ingrid Larson, Member and Public Relations Director

The Board of Directors was pleased to present the 2017 Community Health Services Outstanding Volunteer Contribution award to Lynn Harvey at the Semi-annual Meeting in January.

Lynn has been a volunteer with the CHSA Seniors Advisory Council and the Kohkums Strengthening the Circle Program for many years. Lynn first joined CHSA as staff in January 1983 and worked in the Counselling Department at both the Downtown and Westside Clinics until her retirement in December 2009.

After retiring from paid employment she continued to give of her time, generously providing hundreds of volunteer hours to Community Clinic activities. She has been active helping with Seniors Advisory Council fundraising events, at Seniors Advisory Council meetings, as well as providing volunteer support to the Aboriginal Grandmothers or Kohkums group. She was also the volunteer gardener for many years keeping the flower beds at the Downtown Clinic beautiful for all to enjoy.

Not only has she been generous with her time Lynn has always been helpful and kind to everyone she has worked with and supported.

Although Lynn has retired from her volunteer activities with the Seniors Advisory Council and gardening, she continues to help out with the Strengthening the Circle program. We celebrate her many contributions and thank her for her service. ♦

— Volunteer Week Celebration —



Monday April 24th 2-4 p.m.

Guest Speaker: Harold Chapman
2017 Order of Canada Recipient

Please join us in honouring Harold, our Seniors Advisory Council Co-Chair on the occasion of his award and his 100th birthday!

Mel Langer Building, 424 1st Ave. N.

Information will be available about our

- Counselling and Community Services Seniors Programs
- Volunteer Opportunities – meet our Volunteers and hear their stories

Please RSVP to Laurie Stone, Seniors Volunteer Co-ordinator at 306 664-4282 or email lstone@communityclinic.ca

REACH Clinic

By Darlene Perry, Quality Improvement Manager and REACH Clinic Coordinator

The Saskatoon Community Clinic (SCC) is pleased to be hosting the Refugee Engagement and Community Health Clinic (REACH) at its Downtown location one half day per week.

The SCC is managing the project, hosting the Clinics each Wednesday morning, providing diagnostic (lab, x-ray, ECG) and pharmacy services. University of Saskatchewan College of Medicine physicians, Family Medicine physician Dr. Blonde and Pediatrician Dr. Brindamour are providing the medical care.

The REACH Clinic is for refugees who need initial health assessments. The organization of the Clinic is modelled on the Syrian refugee clinic we sponsored with partners in 2016. The Community Clinic will provide appointments with a Nurse Practitioner for follow-up care as well as ongoing access to Diagnostic and Pharmacy Services or the patients will be seen by other providers in the community for on-going health care. This is a one-year pilot project.

This service is a collaborative partnership with the Saskatoon Community Clinic, University of Saskatchewan College of Medicine (Family Medicine, Pediatrics, Community Health and Epidemiology), Global Gathering Place, Saskatoon Open Door Society, Saskatoon Health Region (Population and Public Health; Primary Health; Mental Health and Addictions) and TB Prevention and Control Saskatchewan, each group having an important role in supporting refugees new to Saskatoon.



REACH Refugee Clinic Partnership representatives Darlene Perry, Dr. Brendan Gracias, Lori Verity-Anderson, Dr. Mahli Brindamour, Melanie Baerg, Jessica Skene and Linda Maerz

Getting a Good Night's Sleep (Part 1)

(adapted from <http://www.helpguide.org>, www.sleepfoundation.org, <http://www.bettersleep.ca>, www.css-scs.ca and www.heretohelp.bc.ca)

by Dorothy Griffith RN, Certified Respiratory Educator



Sleep problems are common, but much can be done to improve the quantity & quality of our night's sleep. Many people find that their physical and mental well-being improves when their sleep improves. The cure for daytime fatigue and sleep difficulties can often be found in our daily routines. Our sleep schedule, bedtime habits and day-to-day lifestyle choices can make an enormous difference to the quality of our nightly rest. We can increase the behaviours that improve sleep while reducing the behaviours that interfere with sleep. The strategies described here can improve your night's sleep:

1. Support your body's natural circadian rhythm or internal clock:

- Try to go to sleep and get up at the same time every day.
- Avoid sleeping in – even on weekends or nights you've stayed up late. If you need to make up for a late night, opt for a daytime nap rather than sleeping in.
- Be smart about napping as this can make things worse. If sleeping well is a problem, consider eliminating naps altogether or limiting them to 30 minutes or less in the early afternoon.
- Fight after supper drowsiness. Get up off the couch and do something mildly stimulating (wash dishes, prepare for tomorrow, make a phone call).

2. Keep your melatonin (sleep promoting) hormones and sleep-wake cycle on track.

During the day:

- Expose yourself to bright sunlight in the morning and/or spend more time outside during the day.
- Let as much natural light into your home or workspace as possible during the day.
- If necessary, use a light therapy box to simulate sunshine during the short winter days.

During the night:

- Avoid bright screens within 2 hours of bedtime, especially the blue light emitted by electronics (phone, tablet, computer or TV). If necessary, you can minimize the impact by using devices with smaller screens, turning the brightness down or using light-altering software that adjusts the colour of your display.
- Say no to late night television. Not only does the light suppress melatonin, but many programs are stimulating rather than relaxing.

- Be smart about nighttime reading. Not all e-readers are created equal. Devices that are backlit are more disruptive than those that are illuminated from the front. Other smart options include e-ink readers that don't have their own light source and of course, good old-fashioned books.

- Be sure the bedroom is dark, the darker the better. Use heavy curtains or shades to block light from the windows or try a sleep mask to cover your eyes.

- Keep the lights down if you get up at night. Install a dim nightlight or use a small flashlight, rather than turning on the lights.

3. Get regular exercise. Research shows that people who exercise regularly (30 – 60 minutes, three times a week) have deeper sleep. Even so, light exercise such as walking for just 10 minutes a day will improve sleep quality. Moderate to vigorous workouts give you a boost of energy, so it's best not to exercise within three hours of bedtime. Low impact exercises, however, such as yoga or gentle stretching can help promote sleep.

4. Be smart about what you eat, drink and inhale:

- Cut down on caffeine intake or eliminate it after lunch. This is especially true for older adults. Sources of caffeine include coffee, tea, soft drinks and chocolate. Some medications for colds, allergies, pain relief and appetite suppression also contain caffeine.

- Avoid alcohol before bed. It may help you relax and fall asleep, but it will make it harder for you to stay asleep. Your sleep will be disturbed, more shallow, and snoring and sleep apnea may get worse.

- Avoid going to bed too hungry or too full. Heavy, rich foods within two hours of bedtime are difficult to digest. Spicy or acidic foods may cause heartburn or acid reflux.

- If you are hungry a light, healthy snack before bed may help promote sleep. Choose between two food groups from the Canada Food Guide or pick foods missing from the day's previous meals (e.g. small bowl of whole-grain low-sugar cereal or granola with milk, banana and yogurt, peanut butter toast, cheese and crackers, veggies and hummus).

- Drinking too many fluids in the evening may result in frequent trips to the bathroom. Caffeinated beverages also act as diuretics, only making things worse.

- Nicotine is a stimulant and makes it harder to fall asleep. If possible, avoid smoking before going to bed or during the night.

Continued on next page...

5. Wind down and clear your head:

- Relax one hour before bed. Some bedtime rituals include reading a book or magazine by a soft light, taking a bath or shower, listening to calming music, doing some easy stretches, winding down with a favorite hobby, listening to audio books or making simple preparations for the next day. Be sure to dim the lights in the house leading up to bed.

- Save important discussions for the following day.

- Some people lie awake in bed and cannot switch off their thoughts. If this is a problem, set aside some “worry time” during the evening. Use this time to think about your concerns or events of the day, then make plans or identify possible solutions. After this, let these thoughts go until the next day. You can pick them up again tomorrow.

Here are some relaxation techniques:

- Deep breathing. Close your eyes and take deep, slow breaths, making each breath deeper than the last.

- Progressive muscle relaxation. Starting with your toes, tense all the muscles tightly as you can, then completely relax. Work your way up from your feet to the top of your head.

- Visualize. Close your eyes and imagine a place or activity that is calming and peaceful for you. Concentrate on how relaxed this place or activity makes you feel.

6. Improve your sleep environment:

- Keep noise down. If you can't avoid or eliminate noise, try masking it with a fan, recordings of soothing sounds or white noise. Use ear plugs, a sound machine or generate your own white noise by setting your radio between stations.

- Keep your room cool. Temperatures of 16 - 18 degrees C with adequate ventilation is ideal.

- Make sure your bed is comfortable. It is difficult to sleep on a bed or with a pillow that is too small, too soft, too hard or too old. Bedding should be comfortable.

- Dress for the part. Wear loose fitting nightwear made from natural fabric such as cotton, wool or silk.

- Avoid distractions in the bedroom. This may mean removing the television, computer, radio and phone. If there is a clock, it should be covered or turned backwards to avoid clock-watching.

- Avoid using the bedroom as a living room as the brain will no longer link the bed with sleep. The bedroom should be used for sleeping and intimacy only. That way, when you go to bed, your body gets a powerful cue, it's time to either sleep or for romance.

- Reserve your bed for yourself and your partner. Children & pets can disturb your sleep.

7. Stay calm if sleep eludes you:

- Get up if you don't fall asleep within 30 minutes. Leave

your bedroom and do something relaxing like listening to soft music, taking a bath, drinking a warm caffeine-free beverage, having a light snack, meditating or reading a book. Keep the lights dim. Do not watch TV, use a computer or other electronic device or do household chores. Go back to bed once you feel very drowsy. Be consistent with this strategy regardless of your initial experience. Studies show it is very effective in reversing sleep problems.

- Challenge the belief you can't function without a perfect night's sleep. When you can't sleep, it's normal to check the clock and worry about getting through the upcoming day. This increases anxiety and makes it even harder to fall back to sleep. Reassure yourself relaxation and rest are good, it still helps rejuvenate your body. Make relaxation your goal, not sleep. Remind yourself that you can likely do your daily activities even when you feel tired. Do not label yourself an insomniac.

- Postpone worrying and brainstorming. If you wake and feel anxious about a thought or if a great idea comes to you, make a brief note of it on paper and postpone thinking about it until tomorrow when you are refreshed. It will wait for you.

- Be realistic about your sleep needs. Most adults need between seven and nine hours of sleep daily. This includes time spent napping and time spent dozing in front of the TV. Younger people require more sleep. If you are a poor sleeper, it is very important not to spend too much time in bed. If you spend more than eight hours in bed, you are telling your body it's OK to drift in and out of sleep all night. Going to bed later at night may be the single best thing to help reduce your wake time during the night.

If you develop a consistent and peaceful bedtime routine, your brain receives a powerful signal that it's time to wind down and let go of the day's stresses. Remind yourself it takes time to change sleep behaviours and see positive results. A sleep skills diary is available at www.heretohelp.bc.ca to track your progress. Sometimes, sleep problems can be a sign of a sleep disorder, mental health issue or a substance use problem. Health problems like asthma or chronic pain can also affect the way you sleep. Quality of sleep often improves once these problems have been identified and managed. Some medications may also cause sleep problems.

Ordinarily, professionals recommend that you try these sleep strategies before taking over-the-counter or prescription sleeping pills. If you continue to experience difficulties with your sleeping patterns, talk to your doctor/nurse practitioner, pharmacist, respiratory educator or mental health professional. For further information, call the Saskatoon Community Clinic at 306-652-0300. Please watch for the next issue of “Getting a Good Night's Sleep, part 2.”



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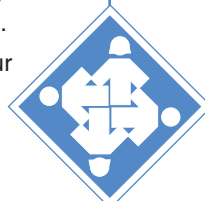
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