

Focus

Saskatoon
Community
Clinic
"Your Health
Care Co-op"



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Community Health Services (Saskatoon) Association Ltd.
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No-shows – Summer Student Practicum

By Lisa Clatney, Executive Director



Lisa Clatney, Executive Director

This past summer, Saskatoon Community Clinic staff supervised a Master's of Public Health student who dove deep into the Downtown clinic's records of missed appointments. Improving access to services is one of our Co-op Association's consistent goals. Consequently, when Downtown patients or members don't attend their appointments and do not let Clinic staff know in advance

that they will not be attending, clinical resources are wasted, the member or patient misses an opportunity for health care, and another member or patient misses the chance for an appointment.

Public research identifies many factors associated with increased 'no-show' rates – age, sex, ethnicity, the day of the appointment, medical history/diagnoses, and geographic proximity to the clinic. When we surveyed Downtown

patients, we discovered several common reasons for missing appointments:

- forgetting their appointments;
- being unaware of the negative impact of missed appointments;
- transportation problems;
- inclement weather;
- anxiety associated with seeing a physician; or
- long waiting times, either when trying to contact the clinic or physical waits to see the provider.

To address these issues, the student researcher looked at strategies that other primary care clinics had implemented to reduce the number of patients who missed their appointments. He made a number of recommendations including:

- Adopting a process of having an appointment reminder system for members and patients;
- Educating members and patients about the importance of keeping their appointments; and
- Communicating no-show rates to Downtown Clinic staff.

The Community Clinic is immediately adopting these three recommendations. Patient education resources now include posters, electronic signage and patient appointment cards. Administration is monitoring providers' no-show rates, and working with them to implement processes to improve these rates.

Finally, CHSA is exploring a number of appointment automation tools – phone, email, and text reminders of appointments, as well as on-line appointment booking and self-check-in at the Clinic.

A small team, including a patient advisor, reception staff and a physician, plan to test some of these tools over the next several months. Please note that participation in these trials will be optional for patients. Calling the Reception staff to book appointments in the traditional way will always be an option for members and patients. 



Saskatoon Community Clinic

COVID-19 Update

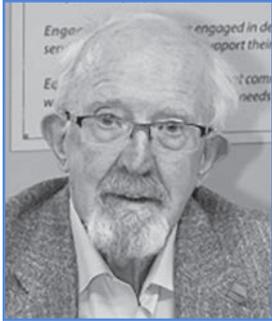
The Community Clinic is following all public health advice regarding the COVID-19 pandemic.

An insert with information about our protocols is included in this issue.

Thank you for your cooperation.

Nine Good Things about the Saskatoon Community Clinic

By Michael Murphy, Saskatoon Community Clinic Foundation Board member



Michael Murphy

As a Foundation Director, I am often asked “So what is so special about the Saskatoon Community Clinic?” I am a long-term member and grateful user of the Saskatoon Community Clinic and its services. I have great pride in the organization, which perhaps explains my answers to this question!

1. The Saskatoon Community Clinic is a registered co-operative, guided by a Board elected by the members to serve the health interests of the community.

2. The founders played an important role in bringing medicare to Saskatchewan, which set a precedent for the federal government and the other provinces to provide medicare for all Canadians.

3. It is a non-profit organization with all healthcare providers remunerated through salary rather than ‘fee for service’.

4. It provides a wide range of primary health services at its Downtown and Westside Clinics including: physician and nurse practitioner consultations; counsellors; lab & x-ray; dietitian, physical and occupational therapy services; pharmacy; health support groups and much more.

5. The Downtown Clinic provides services to the general public and also offers specialized health-related programs for seniors and refugees.

6. The Westside Clinic provides services in the core area of Saskatoon - home to many disadvantaged people.

7. The Board of Directors advocates to the provincial and Federal governments for new medicare coverage such as pharmacare and to improve social programs that affect health such as affordable housing for all.

8. The employees work collaboratively with other organizations to help deliver the best possible health care to Saskatonians.

9. The Association’s work is supported by the Saskatoon Community Clinic Foundation, run by volunteers to raise funds for equipment and program needs.

Visit our website for more information on the Foundation and its important work at saskatooncommunityclinic.ca or contact the Member and Public Relations Department.

Donations can be made in person at the reception desk, by mail or on-line at www.canadahelps.ca Monthly giving and planned gifts are always welcome.

Thank you to all for your support of the Foundation! ♦

Partnership Happenings

Your health care co-operative association partners with important community agencies to support the health and wellness needs of patient and members. Did you know that the following community groups offer these programs?

OUT Saskatoon Coffee Row

A casual gathering for LGBT + Older Adults
(Lesbian, Gay, Bisexual, Two-Spirit,
Transgender, +)

Wednesday @ 10:00 a.m.
2013 Avenue C South

For additional Info:
306-665-1224

Saskatchewan Health Authority

Do You have Oral Health questions? We have answers!

An oral health professional is available
to discuss your dental needs.

Every second Wednesday, 9:00 am – 1:00 pm
Community Health Centre, Market Mall
Oral health screening provided at no cost.

For more information, contact Oral Health Program at
306-655-4462 or oralhealthprogram@saskhealthauthority.ca

Investing In Affordable Housing and Homelessness

Reprinted from Canadian Association of Community Health Centres



On a daily basis the staff of community health centres throughout Canada witness the effects of inadequate housing on the health and well-being of the people we serve. The Canadian Association of Community Health Centres has identified housing as a priority advocacy issue. They are calling on the federal government to:

1. Preserve and expand the stock of social, non-profit and cooperative housing across Canada.
2. Develop and implement an urban, rural and northern Indigenous Housing Strategy,
3. Further invest in accessible shelter spaces, social services and health services, and other supports for individuals facing temporary or chronic homelessness,
4. Enshrine the right to housing in federal legislation which will provide accountability mechanisms, an adjudication process to address systemic rights violations, goals and timelines for the elimination of homelessness and access to adequate housing, and annual reporting to Parliament on progress toward these objectives.

Canada continues to face a housing crisis. Roughly 1.7 million households are in “core housing need” and 200,000 Canadians experience homelessness each year.

Lack of affordable housing has a major impact on the health of Canadians and creates major downstream costs. Poor housing conditions are associated with a wide range of health conditions including respiratory infections, asthma, lead poisoning, injuries, and mental illness. High costs of housing result in inadequate household resources for other essential supports for health including adequate nutritious food, transportation and non-insured healthcare supports.

The federal government’s 10-year National Housing Strategy (NHS) introduced in late 2017 provides a foundation for reversing Canada’s housing crisis. However, there remain gaps in the NHS and adequate investment in the various pillars of the strategy must be committed in order to have the desired impact.

The NHS goal to invest in 60,000 new affordable housing units over 10 years is insufficient to meet actual needs across Canada right now, let alone ten years from now. More than 120,000 households are currently on wait lists for social housing in six Canadian cities alone: Halifax, Montreal, Toronto, Calgary, Metro Vancouver and Whitehorse. The federal government promised double this number of new units ten years ago. A much broader need for affordable housing faces every town and city across the country.

The absence of an Indigenous housing strategy is a glaring omission in the NHS. Indigenous peoples are disproportionately affected by the housing crisis. Core housing need amongst Indigenous households is 18.3%, compared to 12.4% for non-Indigenous households. The homeless population in every major Canadian city is disproportionately Indigenous: 10%-38% in Toronto, Calgary, and Vancouver and over 70% in Winnipeg, Regina and Thunder Bay. A specific strategy for Indigenous housing, with leadership from Indigenous communities, must be developed and implemented.

A comprehensive housing strategy must not lose track of the urgent need for shelter and support for individuals experiencing or at risk of homelessness. Our investments through the NHS must continue to increase shelter spaces along with appropriate health and social services to meet the needs of the diverse individuals and groups experiencing homelessness. The increased prevalence of visible and hidden homelessness among women and children and its connection to domestic and societal violence (including the crisis of missing and murdered Indigenous women and girls) must be addressed through focused NHS investments.

The overarching commitment to housing and support for all residents of Canada must be effectively enshrined in legislation that ensures progress now and for generations to come.

For more information visit www.cachc.ca 



Do We Have Your E-mail Address?

The Saskatoon Community Clinic sends regular updates to its members by e-mail. If you haven’t provided us with your email address we invite you to do so by emailing it to member.relations@communityclinic.ca Thank you!

Introducing: Indigenous Advisors

By Karen Timoshuk, Member and Public Relations



From left to right: Elders Evelyn Linklater, Florence Highway, Barb Badger, Frank Badger and Irene Sharp

To act on the Community Clinic's commitment to the Truth and Reconciliation Calls to Action, the Indigenous Advisory Council (IAC) helps CHSA staff by providing guidance and feedback on Clinic programs, services, and policies that impact Indigenous members and patients. The five Elders are determined to help heal Indigenous and non-Indigenous relations and work tirelessly to do so, both with the Community Clinic and within the community at large. CHSA is both honoured and fortunate to receive their guidance, blessing, and support. Each Elder has overcome many personal obstacles to get to where they are today. We can learn much from their stories.

Evelyn's Story

My life began in Pelican Narrows but, at the age of eight, I was taken away by plane to the nearest residential school. My time there was hard. At fourteen, I returned to Pelican but left at seventeen when my granny passed away. It was her guidance and her teaching of living off the land that saved me in my teen years. After taking a nurses' aid course, I worked in La Pas and later found my way to Saskatoon.

Now, I am a community volunteer. I am a Peer Leader with the Live Well with Chronic Conditions Program, a volunteer with SWITCH and a participant in the Clinic's Kohkums group which is dear to my heart as it means "everybody's grandmother".

I have been a patient at the Westside Clinic for over 20 years and I feel welcomed there. I feel a connection with the Indigenous staff and there is also an outreach worker there that I can speak to in Cree. Because I have lots of family and friends that go there, it feels like a community centre as well as a health clinic.

Florence's Story

Like Evelyn, my childhood began in Pelican Narrows. I was surrounded by the warmth and security of my family and our entire community. But at the age of nine, some strangers showed up and took my sister and me to residential school. Like Evelyn, the two summer months when I returned to Pelican is what kept me going for the rest of the year and this was of great comfort to me.

I now consider Saskatoon my home and use my Social Work background, communication skills and friendliness to reach out to the clients that come to the Westside Clinic by listening and offering advice. I also help out at Westside by helping with client surveys in the waiting room. This work, my work as a Diabetes educator, and my beadwork all fill voids in my life that together make me feel whole and with purpose.

The actions and staff of the Westside Clinic give us hope. I feel that, together, we are looking forward to a better, healthier tomorrow.

Barb's Story

I consider Beardys and Okemasis my primary homes although I have been living on and off in Saskatoon for the past 41 years. I was a single parent who had lived through residential school as a child. I have also been personally affected by the loss of missing and murdered Indigenous women and girls. Frank and I lost all of our children in a tragic car accident 23 years ago.

Besides being a past employee of the Westside Community Clinic, I have worked at a northern hospital where I provided Cree-English translation for patients and staff. My abilities as a facilitator and counsellor did not come from a textbook but from my life experiences.

I am humbled to be on the Clinic's Indigenous Advisory Council as it allows me to do my part to help clientele as they are on their healing journey. Westside Clinic gives those who are struggling a place where they can go and be treated with dignity. It's a place where we can work together, side by side, regardless of our nationality and heal.

Frank's Story

I was born in Mistawasis but also consider Beardys and Okemasis my home. I spent 10 years in residential school

and it greatly affected my life. Then, and for years following, I experienced alcoholism, family violence, and sexual, physical, spiritual and emotional abuse. I turned my life around by becoming sober (now for 39 years) and achieving my B.Ed. and becoming a teacher. I retired from teaching 3 years ago and am now a life experience helper to others as they begin their healing journey. I am considered an Elder now as I have turned my life around from alcoholism, poverty and unemployment and I have become a productive member in our society. I have learned and continue to speak my native language of Cree. Continuous help from other Elders has given me strength and humbleness that I use daily. It is an honour to be taken seriously when you are given the title of “Elder” and humour is also a big factor in this role.

I believe reconciliation is happening. The Westside Clinic is taking positive steps to learn the proper protocols of reaching out to First Nations and other nationalities. The staff treats everyone with respect and dignity. When improving their services, they involve clientele and the community at large. Their actions inform and teach non-native people to respect each other and to not look down on an individual's struggles. We show that we can work together to better the community we call home—Saskatoon!

Irene's Story

I call Green Lake my home because, at 6 months old, that is where my mother left me with my widowed kokum (grandmother) who raised me. From her, I learned how to live from the land—how to pick berries and snare rabbits. At the age of 8 though, I was taken from my kokum and placed in foster care. At 14, my loneliness and homesickness became unbearable and I ran back to my kokum. At that point, kokum decided to rent a home in Meadow Lake to give my life stability.

My life has been a journey of overcoming discrimination, physical and sexual abuse. My decision to serve as a Metis Elder came after praying for guidance from the creator who sent me a sign while driving through the presence of two eagles flying in unison and a few miles further down the road another eagle in a circle or ravens. Being an Elder is so humbling and life changing as it comes with a responsibility to teach and help others along their journey.

I have been a member of the Community Clinic's Kokum's Group for ten years and presently sit on the Clinic's Seniors Advisory Council where I learn so much from others. I am also honoured to be the Community Clinic's Elder during their annual Blanket Exercise for staff. 

Dietitians are talking about how healthy eating is about so much more than food!

Submitted by Community Clinic Dietitians

Dietitians of Canada encourages Canadians to consider not only what we eat, but how we eat. They suggest:

- Be mindful of your eating habits.
 - Take time to eat.
 - Notice when you are hungry and when you are full.
- Cook more often.
 - Plan what you eat.
 - Involve others in planning and preparing meals.
- Enjoy your food.
 - Culture and food traditions can be a part of healthy eating.
- Eat meals with others.
 - Eating together is a great way to connect and add enjoyment.

The new Dieticians of Canada Recipe eBook includes 12 recipes hand-picked by dietitians. The recipes offer

something for everyone: breakfast, lunch and dinner ideas, snacks and desserts. You will find local products and traditions or you might choose to try something new like mangoes, avocados or fresh figs! All of the recipes have clear instructions and can easily be shared with others.

Do you have questions about how to modify a recipe to fit your medical needs or your lifestyle? Dietitians work with patients, clients and communities to understand their unique needs as well as their tastes and preferences. Dietitians are important members of your healthcare team and work in a variety of roles across all areas of food and nutrition.

The Community Clinic has dietitians on staff to support our patients needs. To self-refer phone (306) 664-4259.

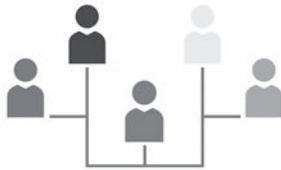
Adapted from the Dietitians of Canada's Nutrition Month materials. Find more information about Nutrition Month at www.nutritionmonth2020.ca. Links to the Recipe eBook are available on this site. 

Patient and Researcher Connection Site

By Ingrid Larson, Member and Public Relations

A new service offered by the Saskatchewan Health Quality Council connects patients with researchers in Saskatchewan. Launched in November, the Patient and Researcher Connector Service (P&RCS) seeks to advance patient-oriented research and improve healthcare in Saskatchewan by linking patients, informal caregivers (such as family and friends) and communities with patient-oriented research projects.

The P&RCS allows researchers to post collaboration opportunities for Patient Partners as well as opportunities for Patient Participants. Interested patients, families or community members can submit their contact information to P&RCS or contact the researchers directly. The website also allows potential patient participants to join an e-mail list to receive updates on new opportunities. If you are interested, visit the website at: <http://qi.hqc.sk.ca/scpor-connection-site/> 



PATIENT & RESEARCHER CONNECTION SITE

www.patientandresearcherconnection.ca

An online tool that links patients, families, and communities with patient-oriented research projects

What is 211?

211 Saskatchewan is a free, confidential service that connects people to health and social services in the province. People can connect by telephone, text, or web chat. With over 5,500 programs and services in a searchable database, 211 is the 'front door' to a wide range of community services, focusing on providing people with information and helping them navigate services. 211 makes referrals to other helplines and services based on the callers' needs.

Trained professionals locate services to meet callers' needs. Over 175 languages, including 17 Indigenous languages, are available over the phone. This access to community, health and government services is available 24 hours a day, 7 days a week, 365 days a year. Callers remain anonymous and calls are confidential.

211 is not a duplication of services - it serves its own unique purpose and complements other Saskatchewan three-digit phone lines.

211 is funded by the Regina and Saskatoon area United Way agencies. Partners include the Government of Canada, SARC, Canadian Mental Health Association, Provincial Association of Transition Houses of Saskatchewan, Saskatoon Crisis Intervention Services, Saskatchewan Seniors Mechanism, Kids Help Line, and the Saskatoon Association of Immigrant Settlement and Integration Agencies. 



Congratulations to Two Very Worthy Recipients

By Ingrid Larson, Member and Public Relations

On behalf of CHSA members, the Board of Directors presented awards to two very worthy recipients at the January semi-annual members meeting.

C.A. Robson Award for Outstanding Service *Carol Armstrong Monahan*



This award, honouring one of CHSA's founders C. A. 'Smokey' Robson, recognizes superlative service to CHSA. Recipients have demonstrated compassion, cooperation and commitment in their service to patients and members. Smokey was an active member, Board President and Administrator of the Association and an exemplary cooperative and community leader.

Carol has provided over 40 years of service to the Saskatoon Community Clinic as an employee, volunteer and member. As she noted at the semi-annual meeting, she is very honoured to receive this award having known and worked with Smokey and having great respect for his contributions.

Carol was the Clinic's Nutritionist for close to 30 years providing nutrition counselling and education programming for patients. She then served as Director of Client Care Programs. For the past ten years she has supported nutrition and food security programs at the Westside Clinic.

In the roles she has also provided leadership in community-wide initiatives including:

- collective kitchens;
- the Good Food Box program at the Community Clinic;
- Fitness, Food and Fun;

- cooking programs;
- nutrition health education;
- breast feeding and pre-natal programs; and most recently
- the Westside Clinic Peer Leader Program.

In all these roles Carol has provided exemplary service with a sense of humour, compassion and empathy for the needs of both patients and our community.

Congratulations Carol!

Volunteer Recognition Award *Irene Sharp*



This annual award recognizes a Community Clinic volunteer who has provided outstanding service. Irene has been involved many Community Clinic roles over the past twenty years:

- Longtime volunteer with the Kohkums group;
- Facilitator and Elder for Kohkums group for last two years;
- Seniors Advisory Council member for 5 years;
- Blanket Ceremony Elder and facilitator;
- Member of the Saskatoon Community Clinic's Indigenous Advisory Council;
- Active in her community and in ministering to survivors of residential school abuse.

Irene is introduced more fully in this issue of Focus as a member of the newly created Indigenous Advisory Council.

Congratulations Irene!



Gifts to the Saskatoon Community Clinic Foundation

In Memory of:

Bette & Roy Atkinson from Bob Atkinson, Leta Atkinson, Mike Atkinson, Patricia Atkinson, Wenda Atkinson

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Honouring:

Dr. Abdul Hadi from Colleen Gerwing

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