



## Peer-reviewed study shows the benefits of Westside’s model of HIV care in pregnancy

By Danielle Chartier, Member and Public Relations director

People facing multiple obstacles can have positive healthcare outcomes if adequate resources are in place, according to a study at Westside Clinic focused on human immunodeficiency virus (HIV) and prenatal care.

“This study shows the people we are caring for face a lot of barriers, but if they are given the right support, they can be successful,” explains Kali Gartner, a physician at Westside and the preceptor for the then-medical student/now physician, McKayla Cozart, who led the research project.



Nurse practitioner Della Magnusson and Dr. Kali Gartner

The peer-reviewed study in the Journal of Obstetrics and Gynaecology Canada included 55 HIV positive women over 10 years who sought prenatal care at Westside for their initial pregnancy. None of the moms transmitted HIV to their babies. This compares to six cases of mom-to-baby transmission in Saskatchewan and 62 in Canada during the same time.

The research showed primary health care teams like Westside can provide high quality prenatal care to women living with HIV, demonstrated by high anti-retroviral uptake, lower HIV viral loads at time of delivery and no HIV infections in the babies born to these mothers.

“It was really striking how we were able to show, even with our limited data, a relationship between women that had some kind of stable housing and being able to more quickly achieve an undetectable HIV viral load,” says Gartner.

Gartner credits a few things for the positive results – the collective strength and resilience of people living with HIV, supports that address the social determinants of health like housing, and primary care teams working in collaboration with specialist support and intensive outreach.

“What is really unique about the work we’re doing at Westside is, within primary care, we’re bringing expertise as best we can to the community by partnering with obstetricians and infectious diseases specialists and embedding addiction medicine and maternity care into one location, all without dedicated resources to do this work,” says Gartner.

“This is a real example of how the Community Clinic responds to the community and provides the flexibility for clinic staff to get extra training in an area and have

your team adapt to what the community needs.”

Westside’s model for the provision of HIV care in pregnancy is different than most services in other parts of Canada, which are usually located in a tertiary centre with dedicated resources and led by specialists, she says.

The study was funded by a University of Saskatchewan (USask) College of Medicine program allowing students to be introduced to research and connected to preceptors in the community with project ideas.

*Continued on page 2...*

### ANNUAL GENERAL MEETING

Community Health Services (Saskatoon) Association Ltd.

Virtually over Zoom  
WEDNESDAY, JUNE 15, 2022 at 6:30 p.m.

Registration required by  
SUNDAY, JUNE 5, 2022 at midnight.

See page 2 for further details

Gartner had been a part of this program herself once a medical student at Westside and wanted to carry this on. Co-author and Westside nurse practitioner Della Magnusson had been doing prenatal care there with women living with HIV for about 10 years and keeping diligent records.

“We thought it might be a good opportunity to do a formal retrospective review of primary care because the HIV numbers were increasing over the years along with the complexity. McKayla was really interested in women’s health, primary care and HIV, so it was a good fit for her,” explains Gartner of the genesis of the study.

After data collection, Prasanta Mondal, a research scientist at the USask, helped the team with statistical analysis.

Saskatchewan has the highest rate of new HIV infections in Canada with women, particularly Indigenous women, disproportionately affected – 56 per cent of those infected

identify as female, 76 per cent as Indigenous, and 70 per cent report a history of intravenous drug use.

This study lays bare the significant barriers these women face to engage consistently with care including trauma, criminalization of substance use, institutionalized racism, poverty and unstable housing.

On the flipside, Gartner says it is important to emphasize their strength and the potential for positive outcomes demonstrated by this research.

“It was really interesting to see the initial visits and bloodwork where about 80 per cent of people had a detectable viral load, meaning they weren’t on treatment and had probably not been engaged in HIV care. But by the time of delivery, it flipped, so about 80 per cent or more had had a low viral load. That was significant.”

*Continued on next page...*

## ANNUAL GENERAL MEETING

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

Virtually over Zoom — WEDNESDAY, JUNE 15, 2022, 6:30 p.m.  
Advance registration required by WEDNESDAY, JUNE 5, 2022 at midnight.

To register, email [agm@communityclinic.ca](mailto:agm@communityclinic.ca) or phone 306-664-4265.

Submission of resolutions accepted no later than Sunday, June 5 at midnight.



### DIRECTOR AND COMMUNICATIONS COMMITTEE ELECTIONS

Members will elect three directors and one Communications Committee member.

Registered members will receive ballots by email or text message during the meeting. If you do not have access to this technology, please phone 306-664-4265 by the registration deadline to discuss alternate options for voting.

If you are interested in running, please see the Candidate’s Package posted at [www.saskatooncommunityclinic.ca](http://www.saskatooncommunityclinic.ca) or contact the board secretary at 306-664-4240. If we receive your biography seven days before the meeting, it will be included in the package sent to all registrants.

### VOTING ELIGIBILITY

Advanced registration is required to ensure ability to participate in voting. Each member will be entitled to one vote only and no member may vote by proxy. In cases where a member has a spouse or a spouse and dependents who are members (joint or family memberships), the spouse and any dependent who is 18 or older shall be entitled to vote and shall be eligible to be elected as a director. ***Please note, each eligible family member must register separately and have their own email address or cell number in order to vote during the meeting.***

### RESOLUTIONS

Resolutions **MUST** be submitted in writing by midnight on **June 5** to be considered at the meeting. The resolutions will be included in the meeting package to give members the opportunity to read and consider the resolutions in advance. To submit a resolution, please email [agm@communityclinic.ca](mailto:agm@communityclinic.ca).

### MEETING MATERIALS

Meeting materials are available seven days in advance and posted at: [www.saskatooncommunityclinic.ca](http://www.saskatooncommunityclinic.ca). Registrants will receive an email link to these materials. For more information, please contact the Member and Public Relations Department at 306-664-4265 or [agm@communityclinic.ca](mailto:agm@communityclinic.ca).

*Continued from page 2...*

Gartner says the need for the kind of integrated care offered at Westside is increasing every year with more people living with HIV and more missed opportunities where we could have potentially prevented HIV and helped people live healthier lives.

Despite continuing to have the highest rates of new HIV cases in Canada, Saskatchewan has not had a province-wide HIV plan since its previous strategy expired in 2014.

A new strategy is imperative, Gartner says, one that takes into consideration the disproportionate impact of HIV on women here and one that comes with necessary funding.

“We can’t keep adapting without more dedicated resources. The potential risk if we’re not able to expand this care is that people that really need and deserve a high level of care do not get the kind of care they deserve.”

## CHSA board of directors annual report

By Patrick Lapointe, president



Patrick Lapointe

COVID-19 continued to dominate the delivery of primary health care services this year. Clinic leadership and staff have done a wonderful job over these difficult times preventing people from getting the disease and helping support them when they do. At the same time, leaders and staff have diligently and capably helped us manage our other health care concerns. They have been

particularly devoted to supporting the health needs of the most vulnerable in our community, which has demanded a tremendous amount of creativity, fluid adaptation and extra time and energy on their part. We recognize that the staff is tiring under these circumstances. On behalf of CHSA members and clients, I wish to thank the leadership and staff for working so hard and effectively at supporting us to keep as healthy as possible during these tumultuous times.

The Board has worked well as a team to address the governance issues of the day and to plan for a positive future for our organization. In particular, we have continued to work on our Unique Value Proposition (UVP). We are pleased to share it with you at the annual meeting. The UVP, based on feedback and input received from our members and staff, will help guide decisions about future programs and services, position ourselves for future funding opportunities and promote engagement for staff and members. We continue to look for opportunities to expand our services, but the limited space in all of our physical facilities confines us. We are defining our facility needs and are looking for opportunities, particularly through community partnerships, to expand our space to allow us to expand service capacity. I thank the board of directors for their devoted and capable leadership over the year.

The Federation of Co-operative Health Centres has been advocating to the provincial government for continued and expanded support of our health care model. We have called for our engagement in the provincial and local health care service decisions that affect us and the people we serve. The provincial government advised the Saskatchewan Co-operative Association (SCA) last year that they will review the Co-operatives Act over the next couple of years; Co-operative

Health Centres are addressed specifically in one section of the Act. The Federation is working together with SCA to identify issues we would like to see attended to in this review.

Health and social advocacy for the benefit of our clients and community, particularly the most vulnerable, continues to be a priority. Some areas of advocacy this past year included: COVID-19; refugee health; Urgent Care Centre; HIV care; housing and homelessness; community health centres; co-operative model of care; and improving long-term care.

In response to the resolution from members concerning the need for co-operative education within our organization, we have an active co-operative education committee developing education programs for our clients, members, staff and board. We have reviewed co-operative education programs across Canada and mined them to develop our own. We were surprised at how under-developed co-operative education is at even the largest co-operative organizations in Canada.

Our first co-op education priority is a strong and ongoing co-operative education program for our staff as they are positioned to be effective co-operative advocates as the most frequent contact for members and community. That program is now under development and we intend to introduce it in 2022/23. We will then move on to expanded education for clients, members and the board. We have supported board members to take advantage of an online course in co-operative governance education developed by Co-operatives First, a key resource for co-ops in Western Canada. Two have completed it thus far.

The Community Clinic Foundation continues to creatively and diligently raise funds to support capital and program needs not fully funded through other sources. We thank them very much for their wonderful work.

I want to end this report by thanking you as members for your continued support of our health care co-operative. Your support helps us maintain the co-operative’s vibrancy. It motivates us to expand our scope and increase the quality of our services to meet our community’s health and social support needs.

# Executive director annual report

By Lisa Clatney, executive director



Lisa Clatney

It is hard to believe we are well into our second year of the COVID-19 pandemic. Operations of the Saskatoon Community Clinic (SCC) continued with additional safety measures and precautions in place to ensure members, clients and staff were safe.

I wish to express my gratitude to members of the Community Health Services (Saskatoon) Association (CHSA) for their patience and understanding this past year. Although we experienced staffing shortages at times and needed to reschedule appointments or move appointments from in-person to telephone, we were able to maintain all services with the exception of group programming and did not experience any clinic closures.

When we asked about care experiences during the pandemic, the feedback was overwhelmingly positive. People largely reported receiving safe, high-quality service during the pandemic and that we were able to meet their expectations with our communications about and response to the COVID-19 pandemic.

Despite these challenging times, we continued to engage staff in building our internal capacity, including providing training and skill set development in the areas of gender inclusivity/identity and staff resiliency. We supported one family physician to participate in Health Quality Council's Clinical Quality Improvement Program, a 10-month initiative. The physician is working through a project to develop a process to help an interdisciplinary team better manage missed opioid agonist therapy (OAT) appointments for our clients at Westside clinic.

CHSA continues to maintain strong collaborative relationships with education partners. This past year, we supervised 34 family medicine clerks/residents across both our sites. We were also pleased to support a University of Victoria Public Health and Social Policy practicum student who completed a literature review highlighting positive patient outcomes and benefits to the health system linked to the co-operative, team-based model of care embraced by the clinic.

She also gathered information from over 200 clients who receive care at the Westside location to better understand clients' awareness of CHSA as a co-operative and how to promote membership. Based on input from members and staff, the Board developed a unique value proposition (UVP)

for the CHSA. This proposition will help guide decisions around programs and services and serve as an important anchor for staff.

The UVP will be integral to the co-operative education program we are developing. The co-operative education resolution passed by members at the last AGM served as a catalyst for this important work.

A new internal access committee has been formed to improve access to physician services. It will monitor relevant data tracked by the clinic; gather information on best practices outside of CHSA; recommend specific actions to determine appropriate physician panel sizes within the organization; identify improved processes for wait list management for those seeking CHSA physician services; examine the internal transfer process; and provide data and suggestions to advocate for supports to improve primary health care access for patients. In recent months, we have hired three new physicians which will also improve access.

Our support for the Connected Community Care Phase II initiative continues. This partnership with Saskatoon Tribal Council, Central Urban Métis Federation and the Saskatchewan Health Authority helps reduce reliance on hospital acute care services and better align community-based services in Saskatoon's core neighborhoods. Our patients experienced positive health outcomes as a result of the addition of a .5 full time equivalent (FTE) nurse practitioner and a 1.0 FTE community mental health nurse to the Connected Community Care team. Both these positions work across our partner organizations in the core neighborhoods to support clients with their mental health needs. Our extended hours of operation continue to fill a gap in our community, allowing us to provide an additional 1000 patient appointments each quarter.

Other highlights this past year include CHSA participation in four full-day COVID-19 vaccine clinics where we provided first and second doses to thousands of people. In addition, the Downtown Clinic pharmacy has administered 1110 COVID-19 vaccines since May 2021 and 459 flu vaccines so far this year. We are grateful for some temporary funding we received to support additional physician time to provide refugee care through our REACH program. Increased clinics helped meet the demands on the program this past year with the influx of refugees arriving in Saskatoon from Afghanistan. We continue to advocate for permanent funding to maintain this critical service for all refugees who arrive in Saskatoon.

CHSA made the following improvements and enhancements to infrastructure and facilities during the past year with funding provided by the Ministry of Health and the Saskatoon Community Clinic Foundation: purchased three new patient

vital monitors, two new patient exam beds and a lab fridge to enhance patient care; replaced aging windows and HVAC equipment; continued to upgrade flooring at the Downtown clinic; completed a phone system upgrade at the Saskatoon Community Clinic; and paved the visitor/patient portion of our parking lot to create a more even, stable surface for patients arriving and leaving the clinic.

In closing, I wish to extend my gratitude to the staff at the Saskatoon Community Clinic. Working in healthcare during a pandemic has been difficult and staff continue to rise to the challenge with patience, commitment and perseverance. I hope everyone – CHSA members, staff and directors – is able to experience some reprieve in the coming months.

## Sparking interest in co-operatives

By Cheryl Hewitt, Communications Committee member



### CO-OPERATIVE YOUTH RETREAT

Co-op pioneers created credit unions and agricultural and retail co-operatives in Canada in the early 20th century. By mid-century, health and housing co-ops emerged followed by worker, social care and environmental co-ops and many others. Alongside these community-based enterprises grew a sturdy network of co-op organizations providing services and supports to the sector. Now, in the 21st century, a co-operative economy exists within the broader economy.

The Community Health (Saskatoon) Association, the Saskatoon Community Clinic, has embarked upon a new co-operative education process. Ongoing education about our own co-op and its role in a co-operative future is critical if we want to remain strong, relevant and nimble as the world changes. Our education process must also support the next generation of leaders to face increasingly intense social, environmental and economic issues.

The Saskatchewan Co-operative Association offers a youth program focused on summer camps for ages 12 to 18. We can encourage youth we know to attend Camp Kindling where they will meet others who want to become more engaged in their communities, and together they will develop skills and knowledge to enable them to be change-makers.

“Young people leave Camp Kindling with an increased understanding of co-operatives and credit unions and the skills and self-confidence to become co-operative members, employees, academics and leaders,” says the Camp Kindling website.

The clinic board is committed to sponsoring two youth each summer to attend the camp. This year, CHSA will also sponsor a full week of co-op camp to help raise awareness about our healthcare co-op with youth from across the province.

We need to spark the same fierce commitment in the hearts of future clinic activists that sustained Saskatchewan’s early co-operators.

If you know a young person interested in attending who could benefit from sponsorship, please get in touch with Danielle at [member.relations@communityclinic.ca](mailto:member.relations@communityclinic.ca) or 306-664-4243. For camp information, go to [www.campkindling.coop](http://www.campkindling.coop).

## CELEBRATE 60 YEARS WITH US!



This summer, the Community Health Services (Saskatoon) Association (CHSA) celebrates 60 years of co-operative healthcare, led by members and centred on the needs of the people we serve.

The CHSA’s Saskatoon Community Clinic opened its doors on July 3, 1962 on the third floor of the Avenue Building during the tension of the doctors’ strike. The founders of our healthcare co-operative worked hard and put themselves and their families at risk to ensure that health services were available to everyone without regard for ability to pay.

We have come a long way since those early days when members received services in a bare room with two telephones, two folding tables with mattresses, two doctors and one nurse.

Join us at the Downtown Clinic on July 5, 6 and 7 from 1 p.m. and 4 p.m. each day for celebratory activities and to chat with other members, board directors and staff as we celebrate our successes and look to the future.

Or stop by the Westside Clinic from 3 p.m. to 5 p.m. on July 14 for our anniversary family barbecue.

Hope to see you there!

# Reconciliation reading list

One of the recognized keys to reconciliation is education. “Education got us into this mess and education will get us out of it,” says Honourable Justice Murray Sinclair, Chair of the Truth and Reconciliation Commission.

Educating ourselves is good way to recognize National Indigenous People’s Day on June 21 and to affirm the Saskatoon Community Clinic’s commitment to truth and reconciliation.

With that in mind, the Community Health Services Association (CHSA) Communications Committee wanted to provide members and staff with a reconciliation reading list to help along the way.

We turned to community clinic leaders to choose some of their favourite reads. Please feel free to share your own favourites with us at [member.relations@communityclinic.ca](mailto:member.relations@communityclinic.ca).

The Saskatoon Public Library also has several lists of Indigenous reads including ‘Read for Reconciliation,’ ‘Read for Reconciliation for Children and Teens,’ ‘Honouring Reconciliation Survivors,’ ‘Local Indigenous Writers,’ among others. You can find the lists at [saskatoonlibrary.ca](http://saskatoonlibrary.ca).



**CHASITY HEAD-STONESTAND,**  
board member, Community Health Services  
(Saskatoon) Association

*Healing Haunted Histories by Elaine Enns and Chad Myers*

“This is a book that I’m reading right now. The ‘why’ read this book is simply because of the importance of decolonizing ourselves in reconciliation work. This book shares personal testimony and the journey of connecting self to history. Elaine, who grew up in Saskatchewan but now lives in California, has identified herself as a white settler person who is part of the Mennonite community. Elaine shares how she and her family arrived here to this land and how she is working to better understand what that means in terms of the relationship with Indigenous people ... there is important discussions of restorative solidarity and reparations in this book.



**KALI GARTNER,**  
physician

“Do I have to choose just one?”

Kali provided us with her own list we had to pare down, and a comment about why these books matter to her.

“If we are to move forward in a future of mutual respect, we must first confront the truth of the colonization and theft of this land and ongoing wrongdoings towards the people who are Indigenous to this place and their ancestors.

“It’s important for settlers to read these books, reflect and sit with the discomfort that they raise as we all have varying degrees of “un-learning” to do in terms of inherent stigma, racism and white supremacy that we have inherited.”

\*Please note, the book descriptions from Kali’s list come from their book jackets/reviews.

*Braiding Sweetgrass by Robin Wall Kimmerer*

“Beautiful stories weaving Indigenous scientific wisdom and western science celebrating the reciprocal relationships in the natural world.”

*Sacred Bundles Unborn by Morningstar Mercredi and Fire Keepers*

“The voices of Indigenous women who have experienced forced sterilization in Canada and an exploration of the history of forced sterilization and its ongoing legacy in Canada.”



**KENDRA MORROW,**  
physician

***The Education of Augie Merasty: A Residential School Memoir by Joseph Auguste Merasty and David Carpenter***

“I chose this book because of the honesty and courage you can feel in August’s telling of his story. I kept imagining how that would feel as a parent to have my five-year-old son taken from me and it just broke my heart. The resiliency and heart these survivors have in sharing their stories in residential schools is heroic.”



**PATRICK LAPOINTE,**  
president, Community Health Services  
(Saskatoon) Association

***Half Breed by Maria Campbell***

“It was the first book I read about the First Nations and Métis experience. My mother-in-law and father-in-law, as Northern First Nations persons, spent their formative years in a residential school in Yellowknife. They recounted many sad stories. My mother in-law often said, “There was no love there.”

***Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada***

“It continues to resonate with me, particularly for its 94 recommendations concerning actions we need to take for reconciliation. We, individually and collectively, need to regularly touch base with them to chart our progress on these calls to action, to ensure we have plans and to take actions in pursuit of them.”



**TWILA GRONA,**  
director, Nursing and Reception

***Single Cree, Father of Two: The Beginning by BE’OBISQ***

“I was intrigued to read this book when I learned it was written by a local Saskatchewan author and based on experiences living on a reserve in Northeast Saskatchewan; a small town in Saskatchewan, Nipawin; and the City of Saskatoon. It’s an inspiring read to get the perspective of a single father who never gave up persevering for love and his children. I can’t help but hope there will be a book two and book three to continue the story of acceptance and growth within this family.”



**TOBY ESTERBY,**  
chief operating officer, Westside Clinic

***From the Ashes by Jesse Thistle***

“This book characterizes the struggles and triumphs of growing up as a Metis-Cree man, and lays bare the trauma and hardship that many in our city are faced with. I’ve had the pleasure of meeting Jesse a few times, as well as members of his family who live here in Saskatoon. The book is raw, real, and eye opening.”

## COVID 19 UPDATE



Visitors to all our sites – Westside, Downtown and the Langer Building – will notice some changes to our COVID 19 entry protocols.

We no longer have screeners in place, but both visitors and staff are still required to wear a medical mask while in any of our facilities.

When you get to the clinic, please sanitize your hands, put on a new medical mask and go through the self-screening checklist:

1. Are you currently under federal orders to isolate/quarantine due to recent travel?
2. Have you or someone in your household tested positive for COVID-19 in the last 10 days?
3. In the last 24 hours, have you had any symptoms of a cough, cold or flu?

### Downtown

If you answer ‘yes’ to any of the questions, we ask that you proceed upstairs to reception and let them know so we can serve you safely. We will still take care of you, but with a few extra precautions.

If your answer is ‘no’ to each question, you are welcome to proceed to your destination – pharmacy, lab, therapies or reception.

### Westside and Langer Building

If you answer ‘yes’ to any of the questions, please let reception know.

We will still take care of you, but we will take a few extra precautions to keep us all safe.



# Gifts to the Saskatoon Community Clinic Foundation

## In Memory of:

**Alice & Walter Allen** from Deanna Gruending-Hallman  
**Joan & Tom Bell** from Scott Bell  
**Bill Bucsis** from Viola Bucsis  
**Laurel Chelsom** from Karin Buchanan & Robert Levesque  
**Jim Fergusson** from Angie Fergusson  
**Dennis and Terry Harley** from Caroline Melis  
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**Ruddick & Muriel Welwood** from Lisa Clatney  
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## Honouring:

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**Thank you for your generosity. Donations from February 4, 2022 to April 30, 2022**

The Saskatoon Community Clinic respectfully acknowledges that we are situated on Treaty 6 territory and traditional lands of First Nations and Métis people.

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