Focus

Saskatoon Community Clinic

"Your Health Care Co-op"

Summer, 2016
Volume 52, Number 2

Community Health Services (Saskatoon) Association Ltd.
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Community Clinic Spearheads Saskatoon Refugee Clinics

By Giustino Garcea, Member and Public Relations Coordinator

In the ten weeks between January 9th and March 19th the Saskatoon Community Clinic hosted 'refugee clinics' for four hundred Syrian refugees. For refugees, these clinics were a point of first contact with the Canadian healthcare system. Refugees who attended these clinics received an initial health screening, as well as immunizations. They were also assigned a Saskatoon based family physician and referred for follow-ups.

"The Saskatoon Community Clinic has served vulnerable populations and diverse groups for over 50 years. We are well suited to meet a variety of healthcare needs in our community, including issues faced by those seeking refuge as they flee war." said Stan Rice, Interim Executive Management. "Our breadth of services allows for a 'one stop shop' for a variety of health requirements. Our size allows us to be nimble enough to provide fast and flexible responses."

Five organizations partnered to offer the refugee clinics. The Community Clinic provided the space, receptionists, clinical office assistants, lab/x-ray services and project management. The Saskatoon Health Region's Public Health provided immunizations. Global Gathering Place (GGP) contacted and prioritized patients based on health needs. GGP also provided translators. The Saskatoon Open Door Society provided transportation, caseworkers and volunteers to help host and facilitate. The College of Medicine coordinated family physicians throughout Saskatoon to offer initial health screenings and on-going care for those who attended the clinics.

This partnership initially formed as a result of a community engagement forum hosted by the Global Gathering Place in 2014. In 2015, these agencies submitted a proposal to the Government of Saskatchewan's Ministry of Health, to provide health services to refugees who arrive in Saskatoon. This proposal was based on models of refugee clinics in both Moose Jaw and Regina, including the one offered at the Regina Community Clinic.

The Ministry of Health had not yet to responded to this proposal by the time Syrian refugees began arriving in

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Inside this Issue

The Saskatoon Community Clinic Foundation will be highlighted in the current and next few issues of Focus through a special insert. Watch for information profiling donors, reasons for giving and ways to give. Thank you for your on-going support of the Community Clinic and the Foundation. Other highlights of this issue include:

- Board of Directors Year-end Report . . . . . .pg 4
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Community Health Services (Saskatoon) Association Ltd.

Annual General Meeting

Join us for our Annual Meeting

Mayfair United Church Hall

Wednesday, June 22, 2016

Registration 6:30 p.m.; Meeting 7:00 p.m.

Reports-Elections-Resolutions

See page 3 for details.

Saskatoon Refugee Healthcare Collaborative

Back row L to R: *Angela Huron, Public Health Saskatoon Health Region; Grace Varga, Saskatoon Community Clinic; Jared Soanes, IRCC; Mahli Brindamour, UofS College of Paediatricians;*

Front Row L to R: *Tracy Muggli, Mental Health Saskatoon Health Region; Melanie Baerg, Global Gathering Place; Tina Abellera, Saskatoon Open Door Society*

Saskatoon. When Syrian refugees began arriving in Saskatoon their health care needed to be addressed. Therefore, these five organizations partnered to meet the healthcare needs of those arriving in Saskatoon, until such time as federal funds were available to support the project. Where funding was not available, people volunteered to do the necessary work. This funding has now been received and the organizations have been compensated for their work.

According to Grace Varga, Quality Project Manager and the Community Clinic employee who coordinated the Syrian refugee clinics, "We had a great collaboration and worked very well together. It was very uplifting and rewarding to be a part of this and see healthcare at its finest."

Ali Abukar, Executive Director at Saskatoon Open Door Society noted that "it was amazing to see the community get together to coordinate refugee clinics, respond to the medical needs of refugees and to the call from the federal government to welcome, settle and integrate so many refugees in a very short time period. As an organization we hope to see initiatives like this continue in our community."

According to Belma Podrug, Executive Director, Global Gathering Place, "refugees face numerous barriers when trying to access health care services. Refugees arrive in Canada after spending years in refugee camps where they face limited health support and they often have health conditions rarely seen in the general Canadian population. Refugee clinics break down barriers and bring together professionals specifically versed in meeting their health care needs."

Another proposal for a one-year pilot project has been submitted to the Ministry of Health. If successful the proposal would see a refugee clinic housed at the Saskatoon Community Clinic. The pilot project is based on the model that has been developed for Syrian refugees, and builds on the many lessons learned from that experience.

At a social gathering after the final clinic, refugees expressed how thankful they were for both the care they received and the opportunity to be in Canada. "It is remarkable to see the strength, perseverance and appreciation demonstrated by these refugees despite the trauma they have endured and the dire circumstances they have left behind," said Grace Varga.

There are a number of ways community members can get involved and help out refugees arriving in Saskatoon including: donating to settlement agencies like Global Gathering Place and Saskatoon Open Door Society; providing families with rides to events for refugees; and acting as a local contact to help refugees get oriented, settled and integrated. For further information on how to support refugee settlement, please contact one of Saskatoon's newcomer settlement agencies.

Congratulations!

CHSA's Annual Staff Appreciation Dinner was held the evening of June 1, 2016.
Congratulations to the following staff who received service awards:

5 Years of Service: Carla Smith, Hazel Javier, Shantel McAuslan, Amanda Severight, Daniel Shaw, Marcella McFawn, Violet Munroe, Cheyenne Machiskinic, Kayla Siewert, Dr. M. Markentin

10 Years of Service: Felicity Hogg, Rana Sanad, Bruce Johnson, Renee Nagus, Brandyn Larocque, Joleen Schneider, Sharon Schramm, Randine Sorowski

15 Years of Service: Joan Stephens, Tammy Tallis, Dr. M. McMahon

20 Years of Service: Celine Schlosser, Susan Bouclin, Janet Johnson, Dr. L. Gagné

25 Years of Service: Dr. E. Olszynski

35 Years of Service: Norine Shewchuk, Dr. S. Helliar

Retirements: Linda Snell, Pat Pearce and Sharon Stonehouse

Annual Meeting Notice

Community Health Services (Saskatoon) Association Ltd.

Wednesday, June 22, 2016

Mayfair United Church, 902 33rd Street West, Saskatoon

Registration: 6:30 p.m. - 7:00 p.m.
Meeting: 7:00 p.m. - 9:30 p.m.

Agenda

1. Call to order
2. Reading and disposal of minutes of preceding annual general meeting
3. Business arising out of minutes
4. Reports of President, Directors, Administrator, Medical Director, Treasurer and other Officers
5. Report of Auditor
6. Consideration of financial statement
7. Discussion, consideration and disposing of reports set out in 4, 5 and 6
8. Resolutions, recommendations and bylaws
9. Election of directors
10. Reports of special committees
11. Unfinished business
12. Appointment of auditors
13. New business
14. Adjournment

Election of Directors

There will be election of directors at this meeting. If you are interested in running for the Board of Directors, please contact the Member and Public Relations Director at 306-652-0300. Your name will be forwarded to the Nominations Committee, and an information package will be sent to you. Biographies received seven days in advance of the meeting will be included in the agenda package.

Eligibility for Voting and Elections

Upon approval of the Board of an application for membership, the member shall be entitled to attend any general or special meetings of the Co-operative and be entitled to vote. Each member will be entitled to one (1) 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 eighteen (18) years of age or over shall be entitled to vote and shall be eligible to be elected as a director.

Deadline for Resolutions

Resolutions from members are welcome. Members may introduce resolutions from the floor. However, the Board urges members who would like to put forth a resolution to submit them ten days in advance of the meeting. Early submission allows for copying of the resolutions so they are available for members to review and for copies to be distributed at the meeting.

Transportation and Meeting Packages

If you require transportation, contact the Member Relations Department; we may be able to arrange for a volunteer to bring you to the meeting. The Annual Financial statements, Annual Report and other meeting materials will be available for pick up by interested members at the Clinic seven days in advance of the meeting. For more information, please telephone Member and Public Relations at 306-652-0300.

Board of Directors' Year-end Report

The Board of Directors is pleased to present its annual report to the membership. During the past year, the Clinic has experienced significant change which the Board recognizes is not always easy. We appreciate the co-operation of the Association's staff over the past year and look forward to working together in the coming year as we complete the operational plan and develop new initiatives to serve our members.

This year, the Board embarked on and has completed a complete review of Board policies and changed from an operational governance model to a policy governance model. This change will allow the Board to monitor more effectively whether the operational plan developed by management is meeting the objectives set out in our strategic plan. While the strategic plan has a number of objectives, priority has been given to improving access to the Clinic's services. Improving access means more effectively providing all of the Clinic's services to better serve our members, as well as opening physicians' practices to new patients. The Board appreciates the demonstrated willingness of physicians and staff to work in a collaborative way to achieve better access, and as the operational plan is developed, the Board will be able to provide measurable results as part of our Annual and Semi-annual reports.

The Board is also pleased to report new initiatives for refugee care, transgender initiatives, and therapeutic abortions. These initiatives are part of our strategic plan to improve access to all members of our community and maintain our commitment to our values of respect and equity and our commitment to excellence and innovation in health care.

In addition to improving access, a second major initiative that the Board has undertaken is to develop a twenty-year master capital plan. A highly regarded consulting firm, Capacity Build Consulting, has been engaged to help the Board determine how best to deploy its resources both for the Downtown Clinic and the Westside Clinic to meet our strategic objectives. Capacity Build will be consulting widely and reviewing a range of possible facilities for the Clinic. The review will be completed for consideration by the Board in September of this year.

The Board is continuing the search for a new Executive Director. Primary Directions Consulting (Stan and Judy Rice) continue to provide executive management on an interim basis. The Board is pleased to report that five vacant Directors' positions have been filled and that a search is underway for the Controller's position. The Board would like to thank Verna Thompson, who agreed to take act as Controller on an interim basis, for her ongoing and excellent work.

We have taken the following steps to address the resolutions passed at the 2015 AGM:

Bylaw amendments:

The amendments agreed to at the AGM have been submitted to the Registrar of Co-operatives. One additional member motion was required to be passed by the membership at the semi-annual meeting to complete the change. The membership approved the motion and the amendment has been forwarded to the Registrar of Co-operatives.

Resolution to Reinstate a Psychiatrist:

In 2015 – 2016 Dr. David Porter, a Psychiatric Resident joined our staff at the Downtown Clinic to provide psychiatric assessment and care. This enhanced the mental health services provided by our team. Given the success of this arrangement it is our desire to make similar arrangements in the future. Drs. Brennan and Bennett continue to provide psychiatric care at the Westside Clinic as Visiting Specialists from the University of Saskatchewan.

Resolution calling for Long-term Health Care for Saskatchewan Seniors:

The Board of Directors requested a meeting with the Minister of Health who indicated his willingness to meet. However, after several postponements, we have been referred to the Ministry of Health.

Resolution to amend the Vital Statistics Act to Respect Gender Self- Identification:

The Ministry of Justice has asked us for input with respect to changes to the Vital Statistics Act, and we have provided our response.

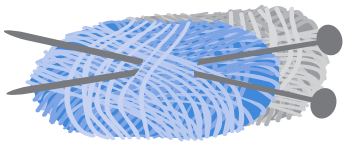
Resolution regarding the Feasibility of Hiring a Chiropractor:

This resolution has been referred to Administration to determine feasibility, support staff, programming and space requirements. Consideration of hiring of a chiropractor will be included in the master planning now being undertaken with Capacity Build Consulting.

The annual report including year-end financial statements and information regarding operational and financial results will be available at our Annual Meeting. The dates and times for the meeting are included in this issue of Focus.

Thank you to you, our members, and our staff for your support and commitment to our health care co-operative.

Knitting, Crafts and Health



By Ingrid Larson, Member and Public Relations Director

In a recent article published in the New York Times, health and wellness author Jane Brody describes how knitting and other needle work projects have benefited her emotionally and physically starting in her college years and continuing today as a grandmother. She states "I for one try not to miss a single weekly meeting of my knitting group". We hear a similar refrain from those who attend the monthly Members Community Clinic Handicraft Club.

Crafts, such as the ones made and sold by the Handicraft Club, result in tangible products, but also, as Jane Brody notes, help to enhance self-esteem, relieve stress, provide social outlets and aid with health goals such as quitting smoking or reducing weight. Jane Brody sites a number of studies to support these and other health benefits.

Brody introduces us to Karen Zila Hayes, a life coach in Toronto, who conducts knitting therapy programs including 'Knit to Quit' to help smokers give up the habit, and 'Knit to Heal' for people coping with health crisis, like a cancer diagnosis or serious illness of a family member as well as a 2009 University of British Columbia study of 38 women with the eating disorder anorexia nervosa which found that learning the craft led to significant improvements. Seventy-four percent of the women said the activity lessened their fears and kept them from ruminating about their problem.

Brody also discusses research done by Bath, England wellness coach Betsan Corkhill author of *Knit for Health and Wellness* who started a non-profit website, www.stitchlinks.com to explore the value of what she calls therapeutic knitting. In a study of 60 self-selected people with chronic pain, Ms. Corkhill and her colleagues reported that knitting enabled the study participants to redirect their focus, reducing their awareness of pain.

The website states, "Not only is there something special in the individual activity of knitting which is beneficial but there is something special in the quality of the social contact experienced through the activity."

Over the years members of the CHSA Handicraft Club have made thousands of items that they enjoy sharing with others. The proceeds from their monthly sale at the Downtown Clinic benefit patient care.

Sonya Freiermurth Co-chair of the Club states "Knitting, crocheting and other craft activities have seen me through many of my life's transitions including having and raising children, moving into retirement, losing my husband, and continues today as I transition into my senior years."

"I have been a member of the group for close to twenty-five years. The Club's members have become my friends and have supported me through all those years. I am a believer in the health and social benefits of crafting and would encourage any member, no matter their age, to get involved in our group."

For more information about the Handicraft Club and how to get involved phone (306)664-4243.

COMING SOON...

On-line and Telephone Keypad Pharmacy Refill Ordering

- **Order your refills 2 new ways:**
  - from a link on our website
  - from your touch-tone phone
- **Convenient**

Order any-time of day, even after the Pharmacy is closed

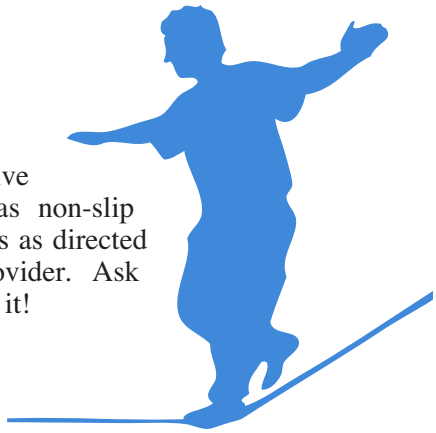
- **User friendly**
- **Secure**

Watch for the launch of our NEW Pharmacy on-line and telephone keypad refill options.

If you have any questions regarding this service, please ask one of our friendly Pharmacy staff members.

Steady as you go!

By Trudy Myers, Physical Therapist



Balance is the ability to keep your weight evenly distributed so you can remain upright and steady. Your balance system is the complex integration of your brain, nerves, eyes, ears, circulation, muscles, joints and bones. Your balance system may be affected as you get older or if there are changes in your health. If part of your balance system is not functioning optimally, you may be at a greater risk for falls.

Your environment plays a role in your ability to maintain your balance. Hazards in your surroundings can challenge your balance and lead to slips, trips and falls. Nearly half of all injuries among seniors happen at home. The greatest risk of slipping, tripping and stumbling occur in the bathroom and on the stairs.

Falls are the leading cause of injury-related hospitalization among Canadian seniors. Research indicates that self-reported injuries due to falls are increasing. Unfortunately, one in three seniors fall each year. In Canadians over the age of 64, falls account for more than half the injuries. The majority of injuries caused by falls are broken bones and over one third of fall related hospitalizations among seniors are associated with hip fractures. The risk of dying from a fall related injury increases as we get older. 34% of all hospital admissions are due to falls and 85% of seniors' hospital admissions are related to falls.

Risk factors for falls include the following:

- Fainting and blackouts
- Vision and hearing problems
- Medication use
- Alcohol use
- Poor general health
- Memory and concentration problems
- Environmental hazards
- Decreased endurance and weakness
- Muscle and joints problems
- Pain
- Continence issues
- Sleep difficulties
- Dizziness
- Fear of falling

What can you do to improve your balance and reduce the risk of falls?

Take your time! Look around and be aware of possible risks to your balance and take action to minimize them. Learn to anticipate fall risks in and outside of the home.

Wear good supportive shoes that ties and has non-slip soles. Use walking aids as directed by your health care provider. Ask for help when you need it!

Take steps to increase your safety around the house! Keep the floors in your home clear. Move furniture to ensure you have clear walking paths. Keep clutter such as papers, shoes, and other objects off the floor and out of the way. Remove scatter or throw rugs from the floor or ensure they are secured to the floor. Have a non-slip surface in your bath tub or shower and add grab bars in the bathroom if you feel unsteady. Move the items you use most often in the kitchen to your waist height so you do not have to reach up high or down low on a regular basis. Your house should have adequate lighting at all times. Stairs should have strong hand rails. Have sidewalk and driveway cracks and bumps fixed. In the winter keep sidewalks and stairs clear of snow and ice adding kitty litter, sand or salt to make it less slippery.

Be an active member in your health care team! Have your eyes examined regularly by an optometrist. See your physician or nurse practitioner regularly for check-ups and to address any health concerns that come up. Your pharmacist, physician, or nurse practitioner can answer any questions about medications you may have. An occupational therapist can assist you with looking at the environmental hazards in your home, adaptive equipment to make your home safer and prescribe walking aids. A physical therapist can assist with improving your endurance; increasing your strength; maintaining joint and muscle flexibility; improving continence; reduce fear of falling; reducing pain, and dizziness. A registered dietitian can help you are optimize your nutrition. Nursing can educate and assist you with foot care.

Look after yourself! Eat healthy and exercise regularly.

https://www.saskatoonhealthregion.ca/locations_services/Services/Falls Prevention/providers/Documents/Community%20Tools/A%20guide%20to%20fall%20prevention.pdf

http://www.phac-aspc.gc.ca/seniors-aines/publications/public/injury-blessure/safelive-securite/chap2-eng.php

http://npm2016.physiotherapy.ca/wp-content/uploads/2016/04/PCH_PreventingFalls_EN.pdf

Thirdhand Smoke: What is it?

Submitted by Dorothy Griffith, RN, Community Clinic Respiratory Educator

This article includes information adapted from: "Clear the Air" by the Canadian Cancer Society; "What is third hand smoke, and why is it a concern?" from www.mayoclinic.org; and "Environmental Tobacco Smoke" from the Saskatchewan Prevention Institute.

Thirdhand smoke is generally considered to be the residual nicotine and other chemicals left by tobacco smoke on a variety of indoor surfaces. For example, when an individual smokes in their home, vehicle or workplace, toxic chemicals from second-hand smoke travel through the air and land on floors, furniture, curtains and other surfaces. These toxic chemicals contain cancer causing substances, posing potential health risks to the non-smokers exposed to it, especially children.

Individuals who smoke have thirdhand smoke on their clothing, skin and hair, smell like smoke even when they're not smoking. It's also the reason why non-smokers smell like smoke after they've spent time with active smokers.

Studies show that thirdhand smoke clings to hair, skin, clothing, drapes, walls, bedding, carpets, dust (yes, I said dust), vehicle interiors and other surfaces long after smoking stops. The residue builds up on surfaces over time and resists normal cleaning. It can't be eliminated by airing out rooms, opening windows, using fans/air conditioners/air purifiers or electronic filters, or confining smoking to only certain areas of a home or work space.

Infants, children and non-smoking adults may be at risk of tobacco-related health problems when they inhale, ingest or touch substances containing thirdhand smoke. Because children breathe faster than adults, they inhale more air relative to their body weight. Their lungs are still growing and developing. Children have a higher metabolism than adults and can, therefore, absorb more smoke. Because babies crawl on the floor, they can easily ingest toxic house dust when they put objects or fingers in their mouth. As a result, babies are exposed to considerably more thirdhand smoke – up to 20 times more than adults.

Thirdhand smoke is dangerous for your pets too. Pets lick thirdhand smoke from their fur when they groom themselves. So do birds when they pick through their feathers. This grooming adds to their cancer risk, most notably for cats.

Thirdhand smoke is a relatively new concept, and researchers are still studying its' possible dangers. The only way to protect non-smokers from thirdhand smoke is to create a smoke-free environment, in your private home or vehicle, your workplace, and other public places. If you would like more information on protecting yourself and your family from the risks associated with both second and thirdhand smoke, or, if you would like help to quit smoking, please speak to your doctor, nurse practitioner, respiratory educator or pharmacist. Help is available.

Never quit trying to quit.

Most smokers try to quit several times before they succeed.

Need help quitting?

Speak to your health care provider. We are available to assist you!

Seniors' Corner News, Notes and Updates!

By Laurie Stone,
Seniors' Volunteer Coordinator

• Congratulations to the Saskatoon Council on Aging on their 25th Anniversary. Several Seniors Advisory Council members attended their celebration held on April 13th at the Western Development Museum. We wish them many more years of success in advocating for older adults in Saskatoon and area!

• Keep your eyes open for the new Seniors Program Volunteer Brochures and posters, up around the Clinic and on our website. If you have an hour or two a week and would like to volunteer with other fun, enthusiastic and committed Community Clinic members, give me a call or send me an e-mail. Tel: (306) 664-4282 or email volunteers@community clinic.ca

Gifts to the Saskatoon Community Clinic Foundation

In Memory of:

Jim Fergusson from Angie Fergusson
Darcey John & **Tommy Fink** from Robert Fink
Hartley Fredeen from Margaret Fredeen
J. Gren Jones from Isobel Jones
George Kowalenko from Elsie Kowalenko
Allan William Krahn from June Krahn
Mrs. P. Holtslander from Jim Holtslander
Jane Hoogeveen from Joyce Reid
Jane Hoogeveen from Cheryl Redekopp,
Ilse Martin from Dieter Martin
John Matthews from Clifford Matthews
John McConnell from Seniors Advisory Council
James Mitchell from Laura L. Mitchell
Alexander & **Shirley Smith** from Carol Glazer
Sheila Steele from Laura M. Jones
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Jack E. Adams, Ruby Bergen, Leane & Jason Bettin, Catherine Lesley Biggs, Richard Burton, Linda A. Charlton, Graham Dove & Kathleen Slavin, Alex Dzubin, David Edney, Margaret V. Gauley, Nikki Gerrard, Deanne Gruending, June Hagerman, Margaret Heffernan, Jessie Hope, Kathryn Howsam, Lorie Irwin, Deborah Janzen, Beth & Dennis Johnson, Sharron Landreau, Ingrid Larson, Genevieve Leslie, Susan Mak, Nicholas McCormick, Richard McCormick, Marie McDonald, G. Allan McGuire, Beulah McMillan, Dr. Eric Ong (In appreciation of the Refugee Clinic), Arnold & Lillian Petty, Marjaleena Repo, Gladene Robertson, Michael Rohatynsky & Elizabeth Quinlan, Myrna Schroeder, Karen Scott, John W. Sheard, Burton Urquhart, Tanya Marie Veeman, Doreen Walmsley, David Weary

Honouring:

Norine Shewchuk from Mike & Violet Kasper

Thank you for your generosity ~ February 27th, 2015 - May 6th, 2016

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ISSN 0015-5195
Canadian Publications Mail Product Sales Agreement 40052408

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