

**2023 Annual General Meeting  
Community Health Services (Saskatoon) Association Ltd.**

**Agenda**

1. Call to Order
2. Welcome and Blessing
3. Adoption of the Agenda
4. Adoption of the Rules of Order
5. Adoption of the 2022 AGM minutes
6. Reports: President, Executive Director, Medical Director
7. Auditor's Report and Financial Statements
8. Consideration and Disposal of Reports
9. New Business
  - a. Report from the Nominating Committee and Elections
  - b. Resolutions
  - c. Appointment of Auditor
  - d. Foundation Report
10. Presentation: Indigenous People's Health and Cultural Safety, Dr. Jaris Swidrovich
11. Announcements
12. Adjournment

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## AGM 2023 Rules of Order

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1. The Chairperson shall call the meeting to order.
- 2.a When a member wishes to speak, they will request to do so via the Zoom Chat and provide their first and last names and whether or not they are a member.
- 2.b The Board secretary will monitor the Zoom Chat and announce to all those present, the first and last names of the person who wishes to speak.
- 2.c The Chairperson will then recognize the speaker. IT will unmute the person who has been recognized to speak by the Chairperson. The speaker, when recognized by the Chairperson, shall give her/his first and last names and confine all remarks to the question at issue.
- 2.d Only requests to speak will be announced by the Board secretary; comments provided in the Zoom Chat will not be announced.
- 3.a A speaker will be permitted to speak for two minutes.
- 3.b This shall not apply to the person presenting a report or resolution when the report or resolution is being presented.
- 3.c The Chairperson may at any time during debate call upon the spokesperson for the Board of Directors or committee to provide an explanation of the report under debate.
- 3.d The Chairperson will inform all present that the speaker's time has reached two minutes either verbally or by a visual or audible signal.
4. A speaker shall not speak more than once per motion, except that the mover or designate, or the person who introduced a report or resolution, may also close the debate.
5. A member shall not interrupt another except to call for a point of order.
6. If a speaker is called to order, the speaker shall yield the floor until the question of order has been decided.
7. Any two members may appeal the decision of the Chairperson by requesting to do so through the Zoom Chat; one of whom shall state the reasons for the appeal, their name and the name of the second member making the appeal. The Chairperson shall make an explanation of the decision and shall put the question: Shall the decision of the Chairperson be sustained? The question shall not otherwise be debatable.
- 8.a Except for procedural motions (see 8.d) voting on motions will be undertaken electronically using the Election Buddy program.
- 8.b Resolutions must be provided in writing 10 days in advance of the meeting and will be included in the meeting package of materials for review by member in advance of the meeting.
- 8.c A vote count will be announced if requested from the floor by any two members.

- 8.d Votes on procedural motions, for example approval of minutes, will be conducted through the Zoom Chat. The Chairperson will present the procedural motion and ask if there are any objections or abstentions and if so, ask that the objection or abstention be indicated in the Zoom Chat. Any member who neither objects nor abstains shall be taken as having voted in favour of the motion. The secretary will inform the meeting as to the number of objections and abstentions.
- 8.e The Chairperson will announce the results of all motions.
- 9. The Chairperson shall not vote on any question, except in the case of a tie where the Chairperson shall cast the deciding vote.
- 10. Debate can be closed by the Chairperson if no one seeks the floor for further debate, or by a member calling for the question. When a member calls for the question, no further discussion or amendment of the motion is permitted until there has been a procedural vote on the call for the question. If the majority vote that the question now be put, it shall be put without debate. If the motion to put the question is defeated, debate will continue.
- 11. A motion may be reconsidered provided the mover of the motion to reconsider voted with the majority, and the motion to reconsider is supported by two-thirds of the members present and voting.
- 12. The hours of the meeting, including any advance registration deadlines, will be established by the Board of Directors.
- 13. Any of the above rules may be suspended by unanimous consent or may be changed for the members meeting in which such change is made, by a vote of two-thirds of the members present and voting, on a motion moved and seconded by two members.
- 14. The Agenda may be changed by a specific motion to do so, provided such motion is supported by two-thirds of the members present and voting, on a motion moved and seconded by two members.
- 15. Election of Directors shall follow the procedures described in Board Policy G-P 22, *Nomination and Election of Directors*
- 16. Motions to amend the bylaws must follow the procedures outlined in *The Co-operatives Act, 1996* (Sask).
- 17. In all matters not otherwise regulated herein, Robert's Rules of Order shall apply.



Community Health Services (Saskatoon) Association Ltd.

## **60<sup>th</sup> Annual General Meeting Summary**

Wednesday June 15, 2022 at 6:30 pm, Virtual

The 60<sup>th</sup> Annual General Meeting took place virtually on Wednesday June 15, 2022. 73 members and five guests registered in advance.

### **1. Call to Order**

President Patrick Lapointe called the meeting to order at 6:30 pm. He acknowledged that we are situated on Treaty 6 territory and the homeland of the Métis. He reaffirmed our relationship with one another and our commitment to addressing inequities.

### **2. Blessing**

Elder Florence Highway joined by recorded video. An offering was made to the Creator and was asked to bless us this evening.

### **3. Adoption of Rules of Order**

Mr. Lapointe announced that the meeting is governed by the Roberts Rules of Order. As tonight's meeting is held virtually, supplementary rules were adopted. The rules were included in the meeting package.

That the CHSA Annual General agenda dated June 15, 2022 be accepted as amended.

Moved by: Frank Quennell, Seconded by: Dominique Rislund, Carried.

Mr. Lapointe further explained that due to the virtual meeting format, proposed resolutions would not be accepted from the floor. Resolutions were to be submitted ten days in advance so members could have an opportunity to review and consider prior to attending tonight's meeting. Leah Pennock served as the parliamentarian.

That the Rules of Order titled AGM 2022 Rules of Order, prepared for the CHSA annual general meeting and circulated to the membership, be accepted as presented.

Moved by: Dominique Rislund, Seconded by: Frank Quennell, Carried.

### **4. Reading and disposal of the minutes of the preceding AGM**

That the CHSA Annual General Meeting minutes dated June 16, 2021 be accepted as presented.

Moved by: Dominique Rislund, Seconded by: Frank Quennell, Carried.

### **5. Business Arising out of Minutes**

Resolution to include Long-Term Care in Canada Health Act. – Letters were sent to provincial and national dignitaries. We received correspondence indicating that they have reviewed the documents but unfortunately, all have declined a meeting.

Resolution related to Co-operative Education - A co-operative education committee has been established to develop co-operative education programs for our clients, members, staff and board. The committee has examined co-operative education programs at co-operatives and credit unions across Canada and mined them to develop our own. The committee's first co-op education will be for 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 this fall. We will then evaluate this program and make any necessary changes before moving on to expanded education for clients, members and board.

## **6. Reports of the President, Directors, Administrator, Medical Director, Treasurer and other officers**

Board of Directors Report – Patrick Lapointe

### Unique Value Proposition

The Board of Directors engaged Dr. Lou Hammond Ketilson to work with us in developing a Unique Value Proposition for the Saskatoon Community Clinic. She worked with members, the Board and employees in to develop the UVP which will be used to engage staff, patients and members. Our UVP will be communicated to the Ministry of Health and our partner organizations. It will help guide us in making future decisions about programs and services. The Value Proposition is as follows:

#### Single statement:

The highest quality, non-judgmental, primary health care for the entire community, co-operatively.

#### Summarized statement:

Through our membership, the Saskatoon Community Clinic strives to provide equitable access to the highest quality primary health care, with a specific focus on vulnerable members of our community. We practice non-judgmental, interdisciplinary, team-based care, focused on and working with the whole person. As a co-operative, we acknowledge the social injustices that exist in our community, and seek to work with others to address these challenges in order for the health of our clients and our community to improve.

#### Full statement:

Under the guidance of our membership, the Saskatoon Community Clinic strives to provide equitable access to the highest quality primary health care possible – care that is continuous, person-centered, relationship-based and considers the needs and preferences of individuals, families, and communities. The Saskatoon Community Clinic recognizes that high quality care is often least accessible to our most vulnerable groups. We commit to ensuring our delivery of primary health care considers the social determinants of health and to practice non-judgmental, interdisciplinary, team-based care focused on the whole person. We actively seek

to work with our clients and members to create a space for inclusive leadership. As a co-operative, we acknowledge the social injustices that exist in our community, and seek to work with others to address these challenges in order for the health of our clients and our community to improve.

#### CHSA 60<sup>th</sup> Anniversary

This summer marks the 60th Anniversary of Medicare and the CHSA. An open invitation to members and patients to join the following events:

- Afternoons of July 5, 6 and 7 from 1 pm to 4 pm at the Downtown location, stop by for visiting and celebratory treats. There is also opportunity to do Community Clinic trivia and a chance to enter your name in a draw for prizes.
- July 14, Westside Clinic from 3 PM to 5 PM BBQ.

Mr. Lapointe completed his report with appreciation to the staff for their continued efforts related to providing care during a pandemic, in particular to our most vulnerable clients who are disproportionately impacted by COVID-19. Mr. Lapointe thank the CHSA Board and Foundation board for their leadership this year. Mr. Lapointe thanked our membership for continued support of our health care co-operative.

#### Executive Director Report – Lisa Clatney

##### Enhancements to patient/client care

- SCC was one of the first sites selected in Saskatoon to provide COVID-19 to our patients and members when the vaccine was not readily available.
- Focused on improving our 'no show rate' - improving the percentage of clients who attend their appointments. Solutions include automated appointment reminders, online booking being available, and continuing to offer telephone appointments where appropriate.
- We are taking steps to build a strong, representative membership base. The critical component in this exploration of membership for our patients at the Westside location, starts with the relationship they have with the staff. Our survey of over 200 clients this year revealed that over 90% of clients feel respected when they walk through the doors at Westside location
- SCC continues to work on improving access - close to 600 patients this year across both locations. Noted that there is significant shortage of family physicians provincially and nationally.
- Successful in receiving some temporary funding from the SHA specific to the refugee health care program. This allowed us to augment our physician services to help meet the demands on the program this past year with the influx of refugees arriving in Saskatoon from Afghanistan.
- In terms of staff development, focused on building skillsets in the areas of gender inclusivity/identity and staff resiliency. Also, a physician is supported to participate in Health Quality Council's Clinical Quality Improvement program – a 10 month initiative seeking to improve our processes to better support patients who receive opioid agonist therapy.

### Partnerships

- We continue to build on our partnerships with Prairie Harm Reduction, Saskatoon Tribal Council and Sanctum.
- Connected Community Care, a partnership between the SCC, Saskatchewan Health Authority, Central Urban Metis Federation, and the Saskatoon Tribal Council has also been a continued focus. Our extended hours of operation continue to fill a gap in our community, allowing us to provide an additional 1000 patient appointments / quarter.
- Despite our COVID-19 restrictions in place, we were still able to provide supervision to a total of 34 family med clerks/residents across both of our sites this past year.

### Facility Enhancements

This past year we made a number of upgrades to ensure that our facilities and equipment were functioning as optimally as possible. These purchases were made possible by some funding provided by the Ministry of Health and contributions from our Foundation which we are very thankful for. Items and projects noted: three new patient vital monitors, two new patient exam beds, lab fridge, flooring Downtown location, paving patient/visitor portion of our parking lot and a telephone upgrade.

### Challenges

- Concerns with significant increase in the number of overdoses in our community, and an exacerbation of social and health challenges associated with our clients living in poverty and experiencing unstable housing.
- Concerned by the growing number of HIV diagnoses in women of child-bearing age. This, coupled with the syphilis epidemic is a strong indicator that many of our vulnerable clients are falling through the cracks. Currently working with the SHA to redesign how HIV care is provided to this community.
- Will continue to advocate for permanent and sustainable funding for our REACH program.

### 2022-2023 Plans

Quality of Care - Improving access and capacity to serve new and existing clients. Internal access committee established and will make recommendations regarding appropriate panel sizes of our physician practices.

Team Delivered - Engaging in a number of capacity building opportunities with staff this year, including violence prevention and de-escalation approaches, inclusive leadership, co-operative education and gender-based analysis plus (GBA+).

Value Focused - Strengthening and revitalizing our co-operative by expanding membership with a specific focus on creating more representative membership within CHSA.

Community Driven - Continuing to work with valued community partners, with a particular focus on ensuring that meaningful community input is received to help inform the design of the urgent care centre in Saskatoon. It is imperative those closest to the challenges have an opportunity to help shape the most effective solutions. Also, engaging in advocacy to increase support for and strengthen co-operative primary health care services and programs, preserving and enhancing publicly funded health care, and improving conditions that impact the social determinants of health. Specific activities will be undertaken this year to engage with our members, patients and broader community to mark the Saskatoon Community Clinic's 60th year.

#### Medical Director Report – Dr. Larissa Kiesman

As Westside Community Clinic grows and SCC continues to take on new and exciting initiatives, there is now a co-medical director at WSCC and at Downtown location. Dr. Larissa Kiesman and Dr. Paula Paley have been appointed, replacing Dr. Kendra Morrow who resigned as the Medical Director. Dr. Morrow was thanked for her leadership.

#### Staffing Updates

- 4 new physicians recruited in 2022
- 2 general call for Downtown
- 1 Obstetrical Call for Downtown
- 1 general call for WSCC
- 1 physician resigning and 1 physician decreasing to half-time.
- 2 physicians relocating to WSCC/REACH program

#### Initiatives

- Re-establishment of Access Committee - review of physician patient panel sizes, make recommendations for patient transfers. Plan for opening practices to new patients. WSCC is always open to catchment area.
- Ongoing work with – Pediatric mental health; Trans care; Unplanned-pregnancy care; REACH
- Westside Clinic - High-risk/complex prenatal care; HIV Care - 750 patients, Collaboration with SHA to increase HIV services (SW, pharmacy, nursing); grant and research opportunities; Studying Spencer - home medication dispensing technology for most disadvantaged; Ongoing partnership work with Sanctum Care Group, PHR and STC.

#### Communications Committee – Cheryl Hewitt

Ingrid Larson was thanked for 28 years of service, with the clinic and appreciate her support with their team and member involvement. Jill Hodgkinson and Cheryl Hewitt welcomed back Carol Glazer who joined the Communications Committee at the Semi-Annual Meeting. An invitation to members was announced to consider running for the open position tonight as Cheryl has reached her term. Ms. Hewitt went on to report that in last six month, the committee has worked with a new team consisting of Danielle Chartier, Member and Public Relations Director, Pam Driedger, Administrative Coordinator and



Kaitlin Wong, Communications and Marketing Specialist. The committee truly appreciates their energy, their ideas, effectiveness and commitment, easing the transition.

Ms. Hewitt discussed member relations through communications. Committee members are elected by the CHSA membership, to bring member perspective to communications. Committee ensures flow of timely and useful information, will offer advice, and do 'hands on' work, all through a member's perspective. Also reported was that the Focus newsletter is now designed in house. A commemorative issue will be published in the fall. The committee will also help with the anniversary celebration in July. The committee will also support the board with co-op education. Finally, Ms. Hewitt always welcome ideas from members.

## **7. Report of Auditor and Consideration of the Financial Statement**

Andrea Harris, chair of Finance and Audit Committee, and Jesse Radu with PricewaterhouseCoopers provided the audit and financial report.

That the Financial Statements for the year-end ending March 31, 2022 be approved as presented.

Moved by: Frank Quennell, Seconded by: Dominique Rislund, Carried.

## **8. Discussion, Consideration and Disposing of Reports set out in Items 6 & 7**

That the reports of the President, Executive Director, Medical Director and Communications report be approved as presented.

Moved by: Dominique Rislund, Seconded by: Frank Quennell, Carried.

Member questions:

- What was the provincial stats for HIV increase? Dr. Kiesman responded 237. WSCC 2021 stats have not been completed yet. However, the researcher currently working on database, noted that in the last few months, deaths amongst HIV patients have increased since Covid, 40-50 people, but we don't have the year over year increase for 2021 yet.
- What does the 750 HIV patients represent? Dr. Kiesman clarified that it is the number of active patients served at the SCC, the highest clinic load in the province.
- Looking at the financial report, it seems like a large amount goes to salary, how does this rank in terms of employers/organizations in Saskatoon? Mr. Clatney noted that SCC is a unionized work environment. The majority of our staff are in-scope and their salaries fall slightly below SHA, which is standardized across the province.
- How many staff are there? Ms. Clatney reported approximately 160-170.
- Comment – CHSA is making a large contribution to the Saskatoon economy.
- Given lack of response for press for attention on elder care, does the board have any actions to highlight the importance of addressing long term care in the province? Mr. Lapointe responded, noting that letters were sent to Ministry. He welcomed the Communications Committee and Seniors Advisory Council to put forward recommendations for further actions.

**9. Resolution, Recommendation and Bylaws**

Election buddy platform launched for members to vote on the following resolution.

Provincial Coverage for Shingles Vaccine for Seniors

Whereas nearly one in three older adults will suffer from Shingles, which according to the National Institute on Aging (NIA), infects 90,000 Canadians over 50 years of age every year, costing the national health care system an estimated \$67-82 million;

And whereas despite the prevalence of Shingles in the older population, and the risk of serious health complications it carries for them, only 27% of Canadians 50 years of age and over have received a Shingles vaccine;

And whereas cost is a major deterrent or barrier for seniors to receive the protection vaccination would provide, as the vaccine is not covered by the Saskatchewan Seniors' Prescription Drug Program (the effective Shingrix vaccine costs more than \$300 in Saskatchewan);

And whereas the vaccine would prevent the harm and suffering caused by shingles, and in would in most cases be less costly than the treatment costs incurred by a patient who contracts shingles;

Be it resolved that the Community Clinic Board request that the government of Saskatchewan include coverage for seniors to receive the Shingrix vaccine through the Saskatchewan Seniors' Prescription Drug Program.

Moved by: Michael Finley, Seniors Advisory Council Co-Chair

Seconded by: Cheryl Loadman, Seniors Advisory Council Member

*3% opposed*

Carried.

**10. Elections of directors and communications committee member**

Dominique Rislund reviewed election process. Call for nominations from the floor were made three times. Cathy Cole, Jason Majid and Janice Paslawski were elected by acclamation to the CHSA Board of Directors. Departing board members Patti Warwick and Sherri Swidrovich were thanked for their leadership and dedication to CHSA. New board members were invited to introduce themselves to the members.

One position was available for election to the Communications Committee. Call for nomination from the floor were made three times. Anne Doucette has been elected by acclamation.

**11. Report of Special Committee.**

None.

**12. Unfinished Business**

None

### **Appointment of Auditors**

That PricewaterhouseCoopers be appointed as auditor for CHSA for 2022-2023.

Moved by: Frank Quennell Seconded by: Dominique Rislund, Carried

### **13. New Business**

#### Foundation

Michael Finley, Vice-President of the Saskatoon Community Clinic Foundation was called upon to give a Foundation update. Mr. Finley noted a successful year raising fund, specifically related to bequests. Mr. Finley reminded members that the Foundation helps that clinic with special projects that isn't funded by the government so urged members to donate regularly if they can. Mr. Finley, also thank departing foundation board member Myrna Hewitt for her service and contribution over the years.

#### REACH

Melanie Baerg reported that Refugee Engagement and Community Health (REACH) is a collaborative partnership with the Saskatoon Community Clinic, University of Saskatchewan College of Medicine (Family Medicine, Paediatrics, 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. Ms. Baerg shared patient stories.

### **14. Adjournment**

The meeting adjourned at 9:30 pm.

Motion to adjourn.

Moved by: Frank Quennell Seconded by: Dominique Rislund, Carried.

# **Community Health Services (Saskatoon) Association Ltd.**

Financial Statements  
**March 31, 2023**

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## Independent Auditor's Report

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To the Members of Community Health Services (Saskatoon) Association Ltd.

### Opinion

We have audited the financial statements of Community Health Services (Saskatoon) Association Ltd. (the Association), which comprise the statement of financial position as at March 31, 2023, and the statement of revenue and expenses - operating fund, statement of revenue and expenses - capital fund, statement of changes in fund balances and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Association as at March 31, 2023 and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

### Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Association in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Other Matter

The financial statements for the year ended March 31, 2022 were audited by another auditor who expressed an unmodified opinion on the financial statements on May 31, 2022.

### Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Association's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Association or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Association's financial reporting process.

### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing



standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Association's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Association to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

*BDO Canada LLP*

Chartered Professional Accountants

Saskatoon, Saskatchewan  
June 5, 2023

# Community Health Services (Saskatoon) Association Ltd.

## Statement of Financial Position

As at March 31, 2023

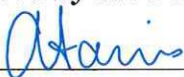
	2023		2022
	Operating fund \$	Capital fund \$	Total \$
<b>Assets</b>			
<b>Current assets</b>			
Cash and cash equivalents	4,404,070	-	4,404,070
Investments (note 3)	602,865	-	602,865
Accounts receivable	232,011	-	232,011
Inventory (note 4)	287,008	-	287,008
Prepaid expenses	181,198	-	181,198
	5,707,152	-	5,707,152
<b>Investments</b> (note 3)	924,013	-	924,013
<b>Tangible capital assets</b> (note 5)	-	1,635,946	1,635,946
<b>Intangible assets</b> (note 6)	-	61,319	61,319
	6,631,165	1,697,265	8,328,430
<b>Liabilities and fund balances</b>			
<b>Current liabilities</b>			
Accounts payable and accrued liabilities (note 7)	2,348,778	-	2,348,778
Deferred revenue (note 8)	760,346	-	760,346
Members' loans (note 9)	23,848	-	23,848
Interfund	416,367	(416,367)	-
	3,549,339	(416,367)	3,132,972
<b>Fund balances</b>			
Net assets	3,081,826	2,113,632	5,195,458
	6,631,165	1,697,265	8,328,430

Line of credit (note 10)

Commitments and contingencies  
(note 11)

Economic dependence (note 12)

Approved by the Board of Directors



Director



Director

The accompanying notes are an integral part of these financial statements.

# Community Health Services (Saskatoon) Association Ltd.

## Statement of Revenue and Expenses – Operating Fund

For the year ended March 31, 2023

	2023 \$	2022 \$
<b>Revenue</b>		
Receipts from Saskatchewan Health	13,438,261	13,322,807
Pharmacy (schedule 1)	3,953,656	3,224,301
Other (schedule 2)	495,219	381,148
Refugee clinic	107,143	72,384
	<u>17,994,279</u>	<u>17,000,640</u>
<b>Expenses</b> (note 13)		
Physicians	4,254,996	4,180,048
Pharmacy (schedule 1)	3,750,226	3,030,935
West side	2,316,911	2,433,611
Administration and main building operations	1,927,857	1,842,025
Nursing	1,111,317	1,050,567
Counselling	956,110	936,258
Laboratory	771,328	844,881
Physiotherapy	620,663	596,574
Reception	500,574	465,622
Information systems	361,267	328,643
Radiology	281,713	280,833
Occupational therapy	154,031	121,381
Members' activities	146,461	152,075
Medical records	146,441	165,507
Nutrition	103,919	118,261
Health promotion	17,951	13,707
Termination pay (recoveries)	12,281	(1,243)
Time in lieu	2,281	9,457
Vacation pay (recoveries)	(25,542)	(52,287)
	<u>17,410,785</u>	<u>16,516,855</u>
<b>Excess of revenue over expenses</b>	<u>583,494</u>	<u>483,785</u>

The accompanying notes are an integral part of these financial statements.



# Community Health Services (Saskatoon) Association Ltd.

## Statement of Revenue and Expenses – Capital Fund

For the year ended March 31, 2023

	2023 \$	2022 \$
<b>Revenue</b>		
Receipts from Saskatchewan Health	105,495	105,495
Donations	45,218	32,421
	<u>150,713</u>	<u>137,916</u>
<b>Expenses</b>		
Amortization	<u>389,642</u>	<u>445,102</u>
<b>Deficiency of revenue over expenses</b>	<u>(238,929)</u>	<u>(307,186)</u>

The accompanying notes are an integral part of these financial statements.

## Community Health Services (Saskatoon) Association Ltd.

### Statement of Changes in Fund Balances

For the year ended March 31, 2023

	2023					
	Operating Fund \$	Capital Fund \$	Total \$	Operating Fund \$	Capital Fund \$	
<b>Balance – Beginning of year</b>	2,479,924	2,370,969	4,850,893	1,996,139	2,678,155	4,674,294
(deficiency) of revenue over expenses	583,494	(238,929)	344,565	483,785	(307,186)	176,599
and transfers	18,408	(18,408)	-	-	-	-
<b>Balance – End of year</b>	<b>3,081,826</b>	<b>2,113,632</b>	<b>5,195,458</b>	<b>2,479,924</b>	<b>2,370,969</b>	<b>4,850,893</b>

Accompanying notes are an integral part of these financial statements.

# Community Health Services (Saskatoon) Association Ltd.

## Statement of Cash Flows

For the year ended March 31, 2023

	2023 \$	2022 \$
<b>Cash provided by (used in)</b>		
<b>Operating activities</b>		
Excess of revenue over expenses	344,565	176,599
Item not affecting cash		
Amortization	389,642	445,102
	734,207	621,701
Changes in non-cash working capital items		
Accounts receivable	(54,152)	(37,948)
Inventory	3,009	8,559
Prepaid expenses	(17,256)	(5,661)
Accounts payable and accrued liabilities	232,318	(184,579)
Deferred revenue	(555,820)	(61,933)
	342,306	340,139
<b>Financing activities</b>		
Repayment of members' loans	(100)	-
<b>Investing activities</b>		
Purchase of investments	(8,228)	(8,022)
Purchase of tangible capital assets	(186,768)	(134,446)
	(194,996)	(142,468)
<b>Change in cash and cash equivalents during the year</b>	147,210	197,671
<b>Cash and cash equivalents – Beginning of year</b>	4,256,860	4,059,189
<b>Cash and cash equivalents – End of year</b>	4,404,070	4,256,860
<b>Cash and cash equivalents consist of</b>		
Cashable term deposits	3,411,310	2,537,462
Cash balances with banks	991,910	1,718,367
Petty cash	850	1,031
	4,404,070	4,256,860

The accompanying notes are an integral part of these financial statements.

# Community Health Services (Saskatoon) Association Ltd.

## Notes to Financial Statements

March 31, 2023

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### 1 Description of business

Community Health Services (Saskatoon) Association Ltd. (the Association) is incorporated under The Co-operatives Act in the Province of Saskatchewan. The Association's mission is to achieve excellence and innovation in co-operative primary health care.

### 2 Summary of significant accounting policies

#### Basis of preparation

The financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organization (ASNPO) and include the following significant accounting policies.

#### Use of estimates

The preparation of financial statements in conformity with ASNPO requires management to make judgments, estimates and assumptions that affect the reported amounts of assets, liabilities, revenue and expenses during the report period and disclosure of contingencies as at the date of the financial statements. These estimates and assumptions are reviewed periodically and, as adjustments become necessary, they are recorded in the periods in which they become known. Significant items subject to such estimates and assumptions include: the useful lives of tangible capital assets, the accrual for retroactive pay and provisions for contingencies.

#### Fund accounting

The accounts of the Association are maintained in accordance with the principles of fund accounting. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds.

- Operating Fund

The Operating Fund is a general fund that reflects the primary operations of the Association, including funds received for the provision of health services from Saskatchewan Health and prescription revenue.

- Capital Fund

The Capital Fund is a restricted fund that reflects funds received for the acquisition of tangible capital assets.

#### Cash and cash equivalents

Cash and cash equivalents consist of cash on hand, deposits held with banks and term deposits that are highly liquid investments that can be redeemed on demand.

# Community Health Services (Saskatoon) Association Ltd.

## Notes to Financial Statements

March 31, 2023

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### Inventory

Inventory is stated at the lower of cost and net realizable value, with cost determined by the first-in first-out method. Inventories are written down to net realizable value when the cost of inventories is estimated to be greater than the anticipated selling price less costs to sell. When circumstances that previously caused inventories to be written down below cost no longer exist, the amount of the writedown is reversed.

### Tangible capital assets and amortization

Tangible capital assets are recorded at cost less accumulated amortization and impairments. Amortization is based on the estimated useful life for each major class of assets using the straight-line method. The estimated useful lives are as follows:

Buildings	20 years
Equipment	8 years
Computers	5 years
Renovations	5 years
Telephones	5 years
Electronic medical records	5 years

In the year of acquisition, amortization is taken at one-half of the above rates if purchased in the last six months of the fiscal year. If acquired in the first six months of the fiscal year, amortization is taken at the full rate.

### Intangible assets

Intangible assets are recorded at cost less accumulated amortization. Intangible assets with finite useful lives are amortized over their estimated useful lives using the straight-line method. The estimated useful lives are as follows:

Software	5 years
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### Impairment of long-lived assets

Long-lived assets are tested for impairment whenever events or changes in circumstances indicate that their carrying amount may not be recoverable. An impairment loss is recognized when the carrying amount of the asset (or asset group) exceeds the sum of the undiscounted cash flows resulting from its use and eventual disposal. The impairment loss is measured as the amount by which the carrying amount of the long-lived asset exceeds its fair value. Impairments of long-lived assets are not reversed.

### Revenue recognition

The Association follows the restricted fund method of accounting for contributions. Restricted contributions for which a corresponding restricted fund is present are recognized as revenue of that fund in the current period. Restricted contributions are recognized in the general fund using the deferral method when an appropriate restricted fund does not exist.

# Community Health Services (Saskatoon) Association Ltd.

## Notes to Financial Statements

March 31, 2023

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Unrestricted contributions and internally restricted contributions are recognized as revenue of the appropriate fund when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Resources transferred to a restricted fund as a result of the Association imposing internal restrictions are recognized as interfund transfers.

Contributions restricted for the acquisition of tangible capital assets are recorded in the Capital Fund in the year in which the contribution is received. Externally restricted contributions for purposes other than the acquisition of tangible capital assets are deferred and recognized as revenue in the Operating Fund in the year in which the related expenses are incurred.

Revenue from prescriptions is recognized at the time of sale.

### **Employee future benefits**

The Association's employee future benefit program consists of a defined contribution pension plan. The Association's contributions to the defined contribution plan are expensed as incurred.

### **Income taxes**

Due to the nature of the Association's activities as a not-for-profit organization, it is exempt from income taxes.

### **Financial instruments**

#### Recognition and derecognition

A financial asset or a financial liability is initially recognized when the Association becomes a party to the contractual provisions of the financial instrument. A financial liability is derecognized when it is extinguished. Where the terms of a financial liability are renegotiated in an arms length transaction, resulting in substantially different terms, this is accounted for as an extinguishment of the original financial liability and the recognition of a new financial liability, with any difference recognized in the statement of revenue and expenses. Where the terms of a financial liability are renegotiated with a related party, this is accounted for as an extinguishment of the original financial liability and the recognition of a new financial liability. Any difference is recognized in either net income or equity, depending on the circumstances.

#### Measurement

The Association initially measures financial assets originated or acquired and financial liabilities issued or assumed in an arm's length transaction at fair value. These financial assets and liabilities are subsequently measured at amortized cost, except for equity investments quoted in active markets and derivative financial instruments, which are measured at fair value. Changes in fair value are recognized in net income. Financial assets measured at amortized cost include cash and cash equivalents, investments and accounts receivable. Financial liabilities measured at amortized cost include accounts payable and accrued liabilities and member loans.

# Community Health Services (Saskatoon) Association Ltd.

## Notes to Financial Statements

March 31, 2023

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Where transactions with related parties result in the recognition of derivative contracts, quoted debt or equity instruments, or debt instruments where significant inputs to measure their fair value are observable, these are initially measured at fair value. All other financial assets originated or acquired, and financial liabilities issued or assumed in a related party transaction are initially measured at cost. For financial instruments with repayment terms, cost is determined as the sum of undiscounted cash flows, excluding interest and dividend payments, less any impairment losses previously recognized by the transferor. For financial instruments with no repayment terms, cost is determined by reference to the consideration transferred or received by the Association in the transaction. Equity instruments quoted in active markets and derivative financial instruments are subsequently measured at fair value, with changes in fair value recognized in revenue. All other financial instruments resulting from related party transactions are subsequently measured at cost less any reduction for impairment.

Transaction costs on financial assets and liabilities measured at amortized cost are adjusted against the carrying value of the related asset or liability and then recognized over the expected life of the instrument using the straight-line method. Transaction costs on equity investments quoted in active markets are recognized immediately in the statement of revenue and expenses.

### Impairment

At the end of each reporting period, the Association assesses whether there are any indications that a financial asset measured at amortized cost may be impaired. If there are indicators of impairment, and the Association determines there has been a significant adverse change in the expected amount or timing of future cash flows, an impairment is recognized.

For all financial assets, other than investments in debt or equity instruments originated or acquired in a related party transaction and initially measured at cost, the carrying amount of the asset is reduced to the higher of: the expected cash flows expected to be generated by holding the asset, discounted using a current market rate of interest, the amount that could be realized by selling the asset as at the balance sheet date, and the amount that could be realized by exercising the Association's right to any collateral held, net of all costs necessary to exercise those rights.

For a debt instrument originated or acquired in a related party transaction and initially measured at cost, the carrying amount of the asset is reduced to the higher of: the undiscounted expected cash flows, excluding interest and dividends, the amount that could be realized by selling the asset as at the balance sheet date, and the amount that could be realized by exercising the Company's right to any collateral held, net of all costs necessary to exercise those rights.

For an equity instruments originated or acquired in a related party transaction and initially measured at cost, the carrying amount is reduced to the amount that could be realized by selling the asset.

If circumstances change, a previously recognized impairment may be reversed to the extent of the improvement, provided the adjusted carrying amount is no greater than the amount that would have been recognized if the impairment had not been recorded.

# Community Health Services (Saskatoon) Association Ltd.

## Notes to Financial Statements

March 31, 2023

### 3 Investments

	2023 \$	2022 \$
Guaranteed investment certificates (GICs)	1,524,013	1,515,803
Share account in cooperative organizations	2,865	2,847
	<hr/>	<hr/>
	1,526,878	1,518,650
Less: Current portion	602,865	2,847
	<hr/>	<hr/>
	924,013	1,515,803

Investments mature between 2023 to 2027 and are subject to fixed interest rates ranging from 0.85% to 3.25% (2022 – 0.85% to 3.25%).

### 4 Inventory

	2023 \$	2022 \$
Westside Pharmacy	113,015	132,490
Pharmacy	107,506	101,773
Supplies	66,487	55,754
	<hr/>	<hr/>
	287,008	290,017

The amount of inventory recognized as an expense during the year ended March 31, 2023 is \$2,799,511 (2022 – \$2,105,477).

### 5 Tangible capital assets

	2023			2022
	Cost \$	Accumulated amortization \$	Net \$	Net \$
Land	371,975	-	371,975	371,975
Buildings	3,308,333	2,499,788	808,545	873,228
Renovations	1,683,406	1,512,417	170,989	228,397
Equipment	1,521,119	1,342,976	178,143	154,511
Computers	637,149	549,402	87,747	129,295
Electronic medical records	295,421	295,421	-	-
Telephones	109,928	91,381	18,547	24,539
	7,927,331	6,291,385	1,635,946	1,781,945



# Community Health Services (Saskatoon) Association Ltd.

## Notes to Financial Statements

March 31, 2023

### 6 Intangible assets

	<b>2023</b>		<b>2022</b>
	<b>Cost</b>	<b>Accumulated amortization</b>	<b>Net</b>
	<b>\$</b>	<b>\$</b>	<b>\$</b>
Software	325,358	264,039	118,194

### 7 Accounts payable and accrued liabilities

	<b>2023</b>	<b>2022</b>
	<b>\$</b>	<b>\$</b>
Trade accounts payable	894,159	772,790
Accrued vacation pay	835,314	860,856
Accrued salaries	284,216	162,206
Accrued termination pay	264,678	252,397
Other accruals	50,522	50,606
Accrued time in lieu	19,617	17,336
PST payable	272	269
	<b>2,348,778</b>	<b>2,116,460</b>

As at March 31, 2023, the Association has outstanding government remittances payable including amounts for provincial sales taxes and payroll taxes of \$272 (2022 – \$39,192). None of these remittances are in arrears.

The Association is liable for termination pay to its employees. As at March 31, 2023, the potential liability was approximately \$264,678 (2022 – \$252,397). Amounts have been accrued for termination pay based on estimates prepared for the Association for the contractual obligation.

# Community Health Services (Saskatoon) Association Ltd.

## Notes to Financial Statements

March 31, 2023

### 8 Deferred revenue

Deferred revenue represents unspent externally restricted grants and donations for specific projects. The changes in the deferred revenue balance are as follows:

	2023			
	Balance – Beginning of the year \$	Contributions \$	Releases \$	Balance – End of year \$
College of Medicine and Dentistry	5,495	156,146	(148,691)	12,950
Affinity Credit Union Grant program	1,092	-	(254)	838
Chronic disease management	97,760	10,964	-	108,724
SCCF diabetes programming	4,511	-	-	4,511
Saskatchewan Health Authority	1,067,171	1,143,387	(2,014,591)	195,967
Canadian Association of CHC's	14,360	25,000	(18,408)	20,952
Non-targeted	125,777	-	-	125,777
Affinity Credit Union One Roof Grant	-	30,000	(254)	29,746
Spencer Project	-	95,000	(36,414)	58,586
Refugee Interpreter	-	10,000	(77)	9,923
Ministry of Health	-	11,790,292	(11,790,292)	-
REACH Operating	-	176,372	-	176,372
Healthcare Excellence Canada	-	16,000	-	16,000
Community Initiatives Fund	-	2,160	(2,160)	-
	1,316,166	13,455,321	(14,011,141)	760,346

	2022			
	Balance – Beginning of the year \$	Contributions \$	Releases \$	Balance – End of year \$
College of Medicine and Dentistry	12,855	89,300	(96,660)	5,495
Physician increase	99,306	-	(99,306)	-
Affinity Credit Union Grant program	1,092	-	-	1,092
Chronic disease management	94,629	3,131	-	97,760
SCCF diabetes programming	4,511	-	-	4,511
Saskatchewan Health Authority	1,039,929	1,779,062	(1,751,820)	1,067,171
Ministry of Health	-	11,663,304	(11,663,304)	-
Canadian Association of CHC's	-	17,000	(2,640)	14,360
Non-targeted	125,777	-	-	125,777
	1,378,099	13,551,797	(13,613,730)	1,316,166

# Community Health Services (Saskatoon) Association Ltd.

## Notes to Financial Statements

March 31, 2023

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### 9 Members' loans

	2023 \$	2022 \$
Unsecured, non-interest bearing, non-maturing members' loans totalling \$20,424 (2022 – \$20,524). The remaining \$3,243 (2022 – \$3,243) represents unsecured members' loans bearing interest rates from 6% to 10% per annum	23,667	23,767
Debentures fully matured, bearing interest rate of 6.75%, interest payable monthly	181	181
	<u>23,848</u>	<u>23,948</u>

Members' loans have no fixed repayment terms. In the absence of a signed agreement confirming repayment terms, the entire outstanding balance is presented as a current liability.

### 10 Line of credit

The Association has four credit facilities available up to a maximum of \$1,525,000 with interest rates ranging from 6.7% to 8.2%. No amounts were drawn on these facilities as at March 31, 2023. The facilities are secured by GICs, term deposits, certain buildings and land.

### 11 Commitments and contingencies

#### Funding

The Association has entered into funding agreements with the Saskatchewan Ministry of Health. Funding received under these agreements is subject to repayment if the Association fails to comply with the terms and they must be set aside as a reserve fund for unforeseen losses or other contingencies for the maintenance or further development of the services provided by the community clinic.

#### Retroactive pay

The Association has unsigned contracts with its employees. Negotiations towards new agreements are ongoing and settlements may result in retroactive salary and benefit increases.

### 12 Economic dependence

During the year, the Association received 75% (2022 – 78%) of its funding from the Saskatchewan Ministry of Health. The Association's ability to continue ongoing operations in its present form is dependent on continued funding from the Ministry.

# Community Health Services (Saskatoon) Association Ltd.

## Notes to Financial Statements

March 31, 2023

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### 13 Expenses by object

	2023 \$	2022 \$
Salaries	11,243,378	11,288,671
Cost of sales	2,799,511	2,105,477
Employee benefits	1,622,664	1,589,365
Utilities	282,813	267,035
Licenses, fees and study Leave	246,427	236,242
Repairs and maintenance	229,822	209,027
Professional fees	193,752	156,500
Medical supplies	187,560	188,469
Supplies and printing	114,855	102,662
Insurance	76,203	87,489
Minor equipment	64,411	23,588
Security	57,985	59,245
Travel and car allowance	44,007	34,844
Laundry and clothing allowance	39,962	37,952
Workers' compensation	27,117	17,516
Meals and entertainment	22,980	9,049
Advertising	21,035	23,137
Subscription fees	21,020	17,132
Computer	18,340	18,141
Client care	17,951	13,707
Administration	17,452	1,240
Board of directors	14,134	18,014
Postage	13,073	9,534
Bank charges	12,682	11,029
Termination pay (recoveries)	12,281	(1,243)
Parking	7,200	7,200
Contracted services	7,012	8,801
Delivery and freight	6,837	6,493
Program	5,876	8,275
Photocopier	5,706	5,097
Time in lieu	2,281	9,454
Vacation pay (recoveries)	(25,542)	(52,287)
	<u>17,410,785</u>	<u>16,516,855</u>

# Community Health Services (Saskatoon) Association Ltd.

## Notes to Financial Statements

March 31, 2023

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### 14 Related party

The Association has significant influence in Saskatoon Community Clinic Foundation Inc. (the Foundation). The Foundation raises money to support grants to the Association for new programming, equipment, therapies, research and resources that improve the quality of healthcare for members of the Association. The Foundation is incorporated under the Saskatchewan Non-Profit Corporations Act and is a registered charity under the Income Tax Act (Canada). The Foundation solicits funds on behalf of the Association and contributes a substantial amount of the funds solicited to the Association. During the year, the Foundation contributed \$53,597 (2022 – \$41,195) to the Association. As at March 31, 2023, accounts receivable includes \$54 (2022 – \$44) receivable from the Foundation.

### 15 Financial instruments and risk management

The Association, through its financial assets and liabilities, has exposure to the following risks from its use of financial instruments.

#### Liquidity risk

Liquidity risk is the risk an entity will encounter difficulty in meeting obligations associated with its financial liabilities. The Association is exposed to liquidity risk mainly with respect to its accounts payable and accrued liabilities and member loans. The Association manages liquidity risk by forecasting cash flows from operations in amounts sufficient to maintain an adequate cash balance.

#### Credit risk

Credit risk is the risk one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. Financial instruments that potentially subject the Association to credit risk consist principally of cash and cash equivalents, investments and accounts receivable. The carrying amount of financial assets on the statement of financial position represents the Association's maximum exposure as at the statement of financial position date. The credit risk on cash and cash equivalents and investments is limited because the counterparties are chartered banks with high credit ratings. The Association does not have a significant credit risk exposure attributable to its accounts receivable.

#### Market risk

Market risk is the risk the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: interest rate risk, currency risk and other price risk. The Association is exposed to interest rate risk.

#### Interest rate risk

Interest rate risk is the risk the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The Association is exposed to interest rate risk on its fixed and floating interest rate financial instruments. Fixed interest instruments subject the enterprise to fair

# Community Health Services (Saskatoon) Association Ltd.

## Notes to Financial Statements

March 31, 2023

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value risk, while floating rate instruments subject it to cash flow risk. Investments bear interest at fixed rates. The Association does not actively manage this risk as it does not consider itself to have significant interest rate risk exposure.

### 16 Meger Transportation Trust Fund

In 1981, a trust fund was established with monies received by the Association under bequest for the purpose of providing transportation for the elderly. The balance and transactions of the trust fund are not reflected in the financial statements of the Association. A summary of balances and transactions of the fund for the year are as follows:

	2023 \$	2022 \$
<b>Receipts</b>		
Contributions	4,500	-
Interest	2,299	1,816
	<hr/> 6,799	<hr/> 1,816
<b>Disbursements</b>		
Transportation	1,970	2,612
Administration	35	40
	<hr/> 2,005	<hr/> 2,652
<b>Net change in trust fund</b>	4,794	(836)
<b>Balance – Beginning of year</b>	<hr/> 100,461	<hr/> 101,297
<b>Balance – End of year</b>	<hr/> 105,255	<hr/> 100,461
<b>Total assets</b>	<hr/> 105,255	<hr/> 100,461
<b>Total liabilities</b>	<hr/> -	<hr/> -

# Community Health Services (Saskatoon) Association Ltd.

## Schedule 1 – Pharmacy

For the year ended March 31, 2023

	2023 \$	2022 \$
<b>Revenue</b>		
Prescriptions	3,953,656	3,224,301
<b>Cost of sales</b>	2,799,511	2,105,477
	<u>1,154,145</u>	<u>1,118,824</u>
<b>Expenses</b>		
Salaries	759,380	736,615
Employee benefits	115,239	117,452
Supplies	33,544	26,893
Licences, fees and study leave	15,156	17,468
Bank charges	9,015	8,389
Delivery and travel	8,911	8,010
Repairs and maintenance	5,638	7,757
Minor equipment	2,522	1,818
Laundry, linen and clothing allowance	848	1,206
Subscription fees	286	-
Administration and building costs	176	(150)
	<u>950,715</u>	<u>925,458</u>
<b>Excess of revenue over expenses before amortization</b>	203,430	193,366
Amortization of pharmacy equipment	<u>3,406</u>	<u>3,787</u>
<b>Excess of revenue over expenses</b>	<u>200,024</u>	<u>189,579</u>

# Community Health Services (Saskatoon) Association Ltd.

## Schedule 2 – Other Revenue

For the year ended March 31, 2023

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	2023 \$	2022 \$
Rental	179,388	170,951
Interest	119,537	44,731
Medical fees	85,591	100,668
Sundry	79,740	30,882
Memberships and assessment fees	15,345	17,520
Foot care fees	12,008	11,603
Radiology fees	3,120	3,600
Physiotherapy fees	473	1,147
Dividends and patronage refunds	17	19
Laboratory fees	-	27
	<hr/>	<hr/>
	495,219	381,148



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## Board of Directors – Candidates' Statements

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### **CHARTIER, MICHAEL**

My name is Mike Chartier. I was born and raised in Saskatoon and have been a Community Clinic member since 2007. I was a Community Clinic board member from 2007-2010 and sat on the board of directors for both the Community Clinic Foundation and the Community Health Co-operative Federation. I am social historian of medicine and am currently a PhD candidate at the University of Saskatchewan in the Department of History. My dissertation research focuses on twentieth century children's health and health education. In addition to this academic work, my previous graduate research was supported by the Centre for the Study of Co-operatives at the University of Saskatchewan and explored co-operative governance and the history of co-operative development in Saskatchewan.

Outside of my academic pursuits, I have been a middle-years teacher with Saskatoon Public Schools since 2005. Having worked in many community schools, I understand the important role of health services access and health education Saskatoon's inner-city communities as well as the important advocacy and access to services provided by the Community and Westside Clinics. I am also keenly aware of the significant children's mental and physical health issues that have emerged in part due to recent health crises and the systematic underfunding of health and education by the provincial government.

The clinic, and its holistic patient-centred model of healthcare delivery, has provided my family with exceptional health services over the past sixteen years. All three of my children were delivered by Community Clinic doctors. Like many of you, we are profoundly concerned about the current threats to quality single-payer healthcare in Saskatchewan and across Canada. Historically, the clinic has played a significant role in advocating for public health services and is often at the forefront of providing these services to marginalized community members. As a grateful member of this clinic, I am seeking a position on the board of directors so that I may share my knowledge, skills, and experience advocating for community-based, single-payer healthcare and the wellbeing of clinic doctors, staff, and patients.

Nominated by: Erika Dyck and Michele Chartier

### **HAGBLUM, GALE**

The clinic is a valued organization that I have attended since it opened. I have been fortunate to live in several places across Canada and I found that no other community measured up to the health care I received at the Saskatoon Community Clinic. I want to support the clinic to continue the excellent care it provides for both members and patients. Sustainability and preparedness are key to managing the growth and viability of the clinic.

Nominated by: Dianne Bekolay and Meg Gerwing

## **HARTMAN, BONNIE**

I am pleased to extend my interest in serving a seat on the Community Health Services (Saskatoon) Association (CHSA) board of directors as a way to channel my passions for health and community development. I offer to a membership 45 years of experience combined as a patient, volunteer, wellness practitioner, and agent of change. Having been a patient of both the Westside and 2<sup>nd</sup> Avenue locations most of my life and having used a lot of the services quite regularly, you might see why I hold serving this community particularly close to home.

I come with an abundance of lived experience as a patient navigating the larger healthcare system as a cancer survivor and mother/grandma to my children and grandbabies who have health conditions and disabilities around heart conditions, diabetes, and inflammatory diseases. My passion for serving the community comes from over 25+ years of volunteering for various initiatives such as the Saskatoon Blood Bank, Saskatoon Festival of Trees, Saskatoon Pride, Rosetown Food Bank, Elrose Low Housing, Saskatchewan Karate Association, and YBC bowling coach.

Over the past few years, I have become more active in my Métis Local, continuing my own learning of Métis history, culture, and traditions. We are very active in preserving the traditions of storytelling, crafting, dancing, and language. As I engage with my culture, I am humbled in realizing my own journey of learning my peoples' Indigenous ways in addition to unlearning and decolonizing my understanding of moving through the world and how care is delivered.

I have over 10 years of experience working in human resources serving various organizational functions including payroll, finance and bookkeeping, policy development, occupational health & safety, business operations, and evaluation. I currently function as a Board-Certified Health and Wellness Coach (NBC-HWC) at Psystem with a specialty focused on supporting people living with chronic pain and people struggling with mild to moderate anxiety or depression. During my career, I have worked with seniors in both private/public senior care homes and through homecare services, so I also have a special place in my heart for serving my elders and the senior community. I previously served a three-year term on the Saskatchewan Association of Licensed Practical Nurses (SALPN) representing the voice of the public. During this time, I also served as a member on the LPN Disciplinary Committee.

With all of these lived experiences, I hope to be able to serve in the best way that supports your vision for equity and accessibility in healthcare. I have a deep passion in understanding the membership needs and supports and serving this SCHSA community.

Nominated by: Sierra Hartman and Owen Hartman

## **RISLUND, DOMINIQUE**

My name is Dominique Rislund and I am seeking re-election to the Board of Directors of the Community Health Services (Saskatoon) Association (CHSA). I reside in Saskatoon with my husband, 2 sons aged 3 and 5 and my daughter we just welcomed into the family 3 months ago.

I completed my Bachelor of Science in Nursing at the University of Saskatchewan in 2010 and my Masters in Health Science through the College of Medicine at the University of Saskatchewan in 2015. I am a Nursing Instructor for the Faculty of Nursing, University of Regina for the Saskatchewan Collaborative Bachelor of Science in Nursing (SCBScN) program, Saskatoon campus. I am also a casual Registered Nurse for the Saskatchewan Health Authority (SHA) in Maternal Services, providing care in both the Labor & Delivery and Postpartum areas.

I have served on the board for the past 3 years, as chair of the values and nomination committees for 2 years, and as Vice President for one year. The core values of the community clinic align with my own. I strongly believe in the strength of collaboration, and that my experience in health care and adult education would continue to be an asset to the board. I am passionate about approaching health with upstream initiatives, engaging communities, promoting autonomy and building equity through advocacy, education, and policy development. I believe the community clinic's primary health model is an example of what primary health should be and I would be honored to continue on the board of this strong organization.

Thank you for your consideration.

Nominated by: Andrea Harris and Patrick Lapointe