

## Hope and Dream

All Saskatchewan residents have access to integrated and co-operative primary healthcare

## Mission

As a health cooperative, our mission is to provide integrated healthcare, social, and educational services to our communities

### Vision

Better health outcomes through innovative care

## Values

Respect – Our environment is welcoming to all

Democracy - Our cooperative model is core to our success

Integrity – We will be accountable and transparent in our provision of services to the community

Excellence - Our service is the best Saskatchewan has to offer

Service – We put the needs of our patients first

Collaboration – Our strategic relationships help foster excellence in our service delivery

Advocacy – We advocate for patients, members, community, and healthcare

## Strategic Imperative

Better patient outcomes



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# Message from the Board of Directors



Marjorie Gavigan, Chair

t is my pleasure to share this message on behalf of the Board of Directors of the Regina Community Clinic. This past year has brought both significant challenges and meaningful progress as we continue our work to deliver high-quality, community-based care rooted in equity, collaboration, and innovation.

As a Board, we take pride in stewarding the Clinic's role as a member-governed health care cooperative. That structure is not just historical—it continues to shape our approach to leadership, accountability, and long-term planning. Our values of democracy, integrity, excellence, service, collaboration, and advocacy remain central to how we operate and make decisions, especially in an environment where public trust in health care is more important than ever.

Currently, more than 2,100 individuals are on our wait list seeking physician care—a clear indication of how essential additional resources are for our community. We are encouraged that the Ministry of Health has agreed to our request for additional funding for both Nurse Practitioners (NPs) and physicians. This welcomed support will help us make tangible progress in reducing the wait list and ensuring more patients receive timely care.

Externally, the broader health care system continues to face growing pressures. Across Saskatchewan and Canada, physician and nursing shortages are ongoing, placing strain on

recruitment efforts. The mental health needs of our population remain high in the post-pandemic era, while an aging population is driving increased demand for chronic disease management and specialized services. Operational funding remains unpredictable, making long-term planning for community clinics particularly complex.

Despite these challenges, our clinic continues to adapt and find opportunity. A new locum physician joined us this year, and if they remain long-term, the Ministry may provide additional funding for a permanent position—critical to expanding our capacity. At the same time, we are developing practice models that more fully integrate the expertise of Nurse Practitioners, enhancing teambased care and improving service flow. Infrastructure improvements are also on the horizon. A proposal to renovate our lab area—enhancing privacy and patient flow—is in progress. Additionally, we've launched a new cybersecurity training platform, helping ensure our team is equipped to protect sensitive patient information.

We are also proud to be an anchoring partner in a new "social prescribing" initiative alongside the Saskatchewan Seniors Mechanism and Healthy Ageing. This reflects our holistic approach to care and commitment to supporting the broader determinants of health.

Behind all these achievements is a remarkable team. I extend heartfelt thanks to our executive director and senior leadership for their tireless work in guiding the organization, navigating policy changes, and managing day-to-day operations with professionalism and compassion. Our physicians,

nurses, therapists, and support staff have demonstrated incredible resilience, especially as we continue to see ongoing demand for services.

I also want to thank the Board of Directors for their stewardship and commitment to the cooperative principles that guide our clinic. Each board member contributes time, insight, and energy to ensuring the long-term sustainability of the Regina Community Clinic. This past year, the Board worked on governance renewal, policy review, and long-range planning—important work that often goes unseen but is essential to the clinic's continued success.

As we look ahead, we remain focused on improving access, strengthening interdisciplinary care, and advocating for the values that define us: equity, cooperation, and community.

There are always challenges—funding pressures, staffing constraints, and system reform—but the strength of the Regina Community Clinic lies in our collective commitment to our patients and our mission.

Thank you to all who make this work possible. Together, we are building a healthier community.

## Message from the

# Executive Director



#### Dawn Martin, Executive Director

ach year brings its own challenges and opportunities, and this past year has been no exception. As I reflect on 2024–25, I'm struck by the resilience of our team, the strength of our partnerships, and the progress we've made—even in the face of ongoing pressures across the health system. It's a privilege to share this report and highlight some of the work that is positioning the Regina Community Clinic for a strong and sustainable future.

Across every part of the organization, our staff have shown remarkable dedication, adaptability, and teamwork. Whether providing care directly or supporting operations behind the scenes, every team member has contributed to keeping our patients at the centre of all we do. Thank you for your commitment—you make the Clinic what it is.

The Regina Community Clinic is a health care cooperative—a model that puts people before profit, community before bureaucracy, and collaboration before competition.

Our structure is more than a legal designation—it reflects our deep commitment to democratic decision-making, community ownership, and patient-focused care. As such, our work is guided by a set of core values:

democracy, integrity, excellence, service, collaboration, and advocacy. These values shape how we care for patients, support one another, and engage with our partners.

As we continue to operate in a complex and evolving health care environment, sustainability has become a central focus. With our current funding agreement with the Ministry of Health set to expire in 2026, we've been working hard to build strong partnerships and advocate for continued investment in community-based care. Over the past year, we've engaged directly with Ministers, MLAs, the Health Critic, and senior officials. These conversations have helped raise awareness of the vital role clinics like ours play—and the support required to meet growing demand.

A key part of that advocacy has been our increased use of data to guide decisions. We've placed a greater emphasis on statistics to better understand patient needs, assess team-based care models, and support our case for additional resources. It's about turning information into meaningful, practical action.

We've also made progress on infrastructure improvements. Using surplus funds, we are renovating our lab area—an upgrade that will enhance privacy, improve patient flow, and better support our clinical teams.

Meanwhile, grant funding has allowed us to support new initiatives aligned with our holistic care model. One example is our involvement in the "social prescribing" initiative, developed in partnership with the Saskatchewan Seniors Mechanism and Healthy Ageing.

This project is helping us connect older adults with broader community supports that address wellness beyond medical care.

We're also proud of our growing partnerships, including our collaboration with The Co-operators and other community organizations. These relationships help us extend our impact and open the door to shared learning and innovation.

Our Board of Directors continues to provide strong and thoughtful oversight. Their commitment to sound governance, cooperative values, and long-term planning helps keep the Clinic grounded and forward focused.

Looking ahead, I'm confident in our direction. We'll continue advocating for sustainable funding, refining our care model, strengthening partnerships, and—most importantly—supporting the people who make it all work. There will be challenges, but with the shared commitment of our staff, Board, and community, I believe we're well prepared to meet them.

Together, as a cooperative, we're building something that truly matters.
Thank you.

## Message from the

# Medical Co-ordinator



#### Dr. Robin McMaster MD, CCFP, FCFP

he 2024-25 year has brought some challenges to our team as we continue to provide care to approximately 7000 patients. We experienced a shortage of providers because of difficulty recruiting physicians to fill temporary vacancies. RCC increased the Nurse Practitioner complement which has helped manage the patient load during our extended vacancies. Our model of primary care attracts interest from physicians who want to provide comprehensive continuous care to a patient panel; however, not all new graduates want to do this work as there are other opportunities that attract them.

As well, changes to physician remuneration, and other available contract positions have made it difficult to compete. The discipline of Family Medicine is in crisis across the country. The number of medical students applying for Family Medicine residency has been declining over the past decade and is at all time lows. What is happening to Family Physicians and primary care?

I have some opinions about this based on my 26 years of practice and hearing from colleagues across the country.

The discipline of Family Medicine has changed: the spectrum of diseases and complexity of care are increasing along with the expectations of patients and other stakeholders in the system are increasing.

The system is under significant strain and many tasks are being directed back to the Family Physician. At the same time, Family Physicians are generally feeling an erosion of the respect and trust that used to be afforded to their profession. The public accesses large amounts of information, and misinformation from the internet. We spend extra time providing evidence-based information to correct what someone has found on Google or Tik-Tok.

This is time consuming and becomes demoralizing. The use of Electronic Medical Records (EMR) in practice has improved some aspects in our record keeping but has added to the administrative work being done directly by the physicians. The time required to manage administrative workload and indirect patient care is increasing. and is done after patient appointment hours.

Finally, the payment system continues to reward high volume patient care and procedural based care disproportionately to that of Family Medicine.

Despite also feeling these frustrations, we have a stable group of physicians who choose to work at RCC to practice comprehensive primary care in a team model.

We will continue to evolve our model and adjust to the realities of the environment in which we are providing care.

I hope we can continue to be an example for new learners of how rewarding it is to develop long-term relationships with our patients, and what a privilege it is to be involved throughout the continuum of their life.

I hope the decision makers understand the high value that Family Physicians provide and work hard to support a physician lead primary care model.

#### **RCC 2024 SURVEY HIGHLIGHT**

72% of respondents at the clinic are over the age of 65, providing a unique opportunity to focus on promoting healthy ageing initiatives.



# RCC Committee Reports

#### Finance Committee

#### Overview

This committee provides financial oversight of the co-operative. Its members help to ensure the clinic has the necessary resources to provide services and programming. They approve the annual budget, and ensure the organization has the cash reserves and investments for long-term success.

The Finance and Audit Committee met five times between July 2024 and May 2025. At most meetings the Committee reviews quarterly financial statements prepared by the Financial Manager at RCC. The Committee is also responsible for reviewing and revising the organization's Environmental Risk Register which details risks, level of probabilities, and mitigation strategies for RCC. In April each year, the Committee also reviews a proposed budget for the following year and recommends approval to the Board.

This last year, the Committee has spent a lot of time and effort reviewing a multitude of financial policies to ensure that RCC has a strong financial policy framework in which to operate.

In addition, the Committee has reviewed and made recommendations to the Board on utilizing our Growth Fund, which is comprised of donations from members and some investment earnings. Each year, we report on the Growth Fund in the RCC Annual Report after the Board approves the Committee's recommendations.

Each year, the Committee also meets with the approved Auditor prior to the annual audit to ensure the plan is strong and meets our reporting commitments to members. In addition, the Committee reviews the auditor's final reports and ensures that all necessary information is provided to members in the annual report. Once again, for 2024-25, we are happy to note that we had a clean audit with no challenges to address.

#### **Committee Membership:**

- · Karen Smith, Vice-Chair, and Treasurer, Committee Chair
- · Marj Gavigan, President Ex Officio
- · Don Savaria, Director
- · Jim Deane, Past Chair

#### Governance Committee

#### Overview

The Regina Community Clinic Governance Committee's purpose is to develop and recommend policies and practices to maintain high standards and best practices in cooperative governance. The Governance Committee pays attention to the composition and skills of the board, supporting the professional development and growth of its directors and operating the Nominating Committee. The Governance Committee also reviews the performance of the board on a regular basis and creates plans to improve governance in support of a strong cooperative organization.

In 2024-25, part of the Governance Committee's work involved facilitating a redrafting of the clinic's strategic plan. The new strategic plan confirms the clinic's vision, mission and values and directs the board and staff towards its key goals and outcomes. Progress on the plan will be reported through a balanced scorecard and upcoming annual reports.

#### **Committee Membership:**

- · Penny Anderson, Director, Committee Chair
- Marj Gavigan, President Ex Officio
- · Ingrid Uhryn, Director
- · Jim Deane, Director

#### **Human Resources Committee**

#### Overview

The HR Committee is accountable to the Board of Directors through the Chair of the Committee. The HR committee provides recommendations to the Board on matters pertaining to human resources, and assists the Board in ensuring there are effective organizational frameworks in place to enable sound human resource management of the clinic. A key role of the HR committee is to ensure that appropriate and effective processes are in place for the selection, evaluation, and succession of the Executive Director.

Over the past two years, the HR Committee has worked hard to review HR policy to ensure legislative compliance and to enable the clinic to attract and retain the brightest and best professionals and staff to serve and support our patients and members. We have developed a streamlined approach to more effectively evaluate the performance of the Executive Director and ensure

performance objectives align to our strategic plan which keeps us resilient and focused on our Hope and Dream: all Saskatchewan residents have access to integrated and cooperative primary care.

**Committee Membership:** 

- · Ingrid Uhryn, Director, Committee Chair
- · Marj Gavigan, President Ex Officio
- · Karen Smith, Director, Treasurer
- · Jim Deane, Director

#### **Advocacy Committee**

#### Overview

The Regina Community Clinic Advocacy Committee, established in 2023, represents and advocates for the healthcare cooperative and its members. We work to create an environment that supports quality healthcare services while promoting the organization's mission and values.

#### **Key Activities**

- Government Engagement: It facilitates annual meetings with elected officials and assist with facility tours to strengthen relationships and advocate for clinic needs.
- Quarterly Environmental Scans: It analyzes emerging issues and opportunities, providing updates to the Board to inform strategic planning.
- Stakeholder Communication: It assists the Board Chair in preparing quarterly updates that are sent to community stakeholders, ensuring transparency and engagement.

#### **Future Goals**

- Strengthen Government Relations: Enhance advocacy efforts with all levels of government to support cooperative health care policies.
- Increase Public Awareness: Expand outreach efforts to educate members and advocate for healthcare improvements.
- Monitor Policy Changes: Track legislative and policy developments, providing timely recommendations to the Board.
- Build Partnerships: Collaborate with healthcare cooperatives, advocacy groups, and community organizations to amplify advocacy efforts.

#### **Committee Membership**

- Don Savaria, Committee Chair
- Majorie Gavigan, President Ex Officio
- Bryan Tudor, Secretary, Director
- · Eric Horbal, Director
- · Ron Podblielski, Member-at Large

The Advocacy Committee remains committed to representing the interests of the healthcare cooperative and its members, ensuring continued access to quality healthcare services.

#### Member Relations Committee

#### Overview

The Member Relations Committee seeks to promote co-operative membership, member benefits, and co-operative education. The committee is also involved in member engagement and fundraising activities.

The Member Relations Committee has dealt with a number of issues during 2024/25, including considering ways to improve communication with and involvement of members in the co-operative. Clinic membership is different from being a user of the Clinic's medical services and this has led to considering difficult questions like 'why does the clinic want member involvement', 'what are the best ways to engage members' and 'why would a person want to be a member of the clinic'. Past member surveys have us with these questions. It can be difficult for people to understand that membership in the Clinic does not guarantee becoming a patient and it is a struggle stating what exactly are the benefits of Clinic membership.

We have been happy to see the Clinic website, the monthly Bulletins and the signage in the Clinic building being continually improved and we trust that these are effective communication vehicles for members.

We agreed with the Management recommendation not to hold a mid-year member connection event this year as attendance previously was disappointing. We have been involved with planning the Annual General Meeting and considering ways to make it interesting and accessible to as many members as possible. In the coming year, the committee will continue to address the questions noted above. We will also provide suggestions and ideas to management about member engagement activities, and will make recommendations to the Board about creating and promoting new opportunities for members to be involved in Clinic governance.

#### Committee Membership

- · Bryan Tudor, Secretary, Interim Committee Chair
- Marj Gavigan, President Ex Officio
- · Penny Anderson, Director
- · Eric Horbal, Director
- Susan Wood, Member-at-Large
- Terry MacDonald, Member-at-Large
- · Sharon Lyons, Member-at-Large
- · Wanda Posehn, Member-at-Large

# Lifestyles' Department

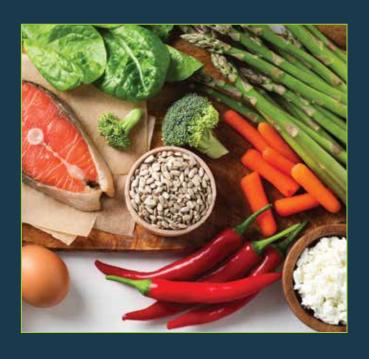
#### **Nutrition**

Sarah Hameluck, RD - Nutritionist

Sarah Hameluck is a registered dietitian. Sarah began working as a nutritionist at the clinic in June of 2024. The nutrition department continued to see a steady increase in referrals this year, and Sarah has been hard at work to ensure there is no waiting list for nutrition counselling.

Sarah presented to a number of groups this year, including the Regina Community Clinic Seniors Group, high school students through the Regina Public Library, nutrition practicum students in Regina, and newcomers through the Regina Immigrant Women's Centre.

She has also been working on writing evidence-based nutrition articles for the Regina Community Clinic website. These articles are currently available on the Nutrition page and are intended to provide an overview on select nutrition related topics to help combat misinformation.



## **Exercise Department**

Allura Weber, BKin CSEP-CEP

In 2024, the Exercise Department received over 250 new referrals and currently has 78 regular gym users. The department keeps growing each year.

Allura continues to mentor Kinesiology Fieldwork students. This year Allura and her students attended the KHS Fair to talk to future students about careers in Kinesiology and what it is like to work at the Regina Community Clinic as an Exercise Therapist.

Allura helps manage select programs offered at RCC, such as the Group Fitness Class, Yoga and Seniors Group. Allura works with Lindsay Gareau, registered social worker, in facilitating the Seniors Group. Over the past year, the number of participants in Seniors Groups has increased significantly. The group has offered dynamic and engaging presenters on a variety of topics. A survey from December 2024, revealed the participants really enjoyed chair yoga along with a diverse range of educational topics, and the social aspect of the group.

# Counselling Department

he counselling department has worked diligently to get our waitlist down to a very manageable level from a place that once seemed impossible. Some of the staples you have grown to expect from us is: in person, phone and video sessions, seniors' group, and men's group. The groups have allowed us to reach out further into the community to provide service to patients, members, and the community. All of these can be found on the RCC website for registration.

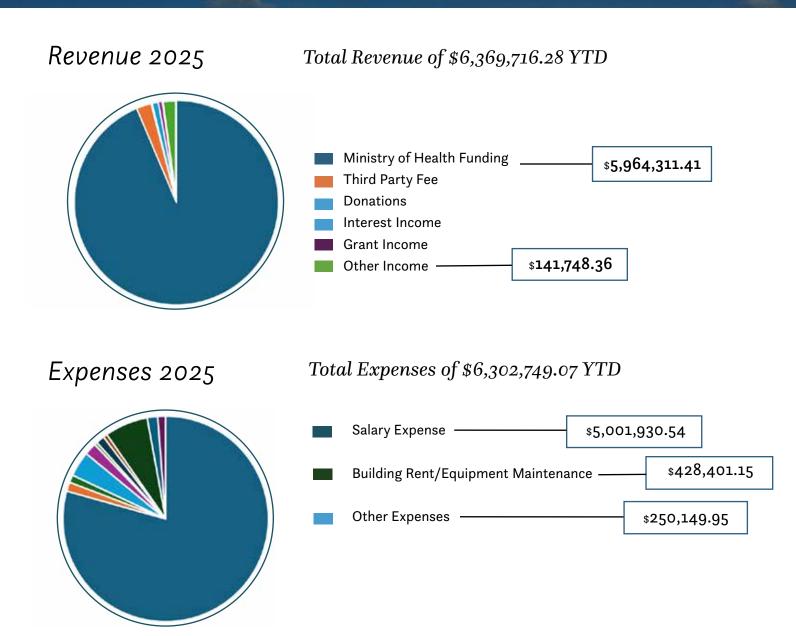
We have a well-rounded staff who help support clients with a broad range of concerns such as anxiety, depression, grief, and other mental health concerns. However, we each have an area(s) of interest that allows us to support patients of the clinic with specific concerns. Brett Liske, new to the clinic last summer is our child and youth counsellor, Lindsay Gareau supports our pregnant and postpartum parents, and Heather Davidson works with couples and sexual intimacy concerns.

"Therapy is a journey, not a destination. It is about learning and growing and it is a process that never ends".

We are a dynamic team willing to work with you through your struggles and celebrate your triumphs.



# Revenue and Expenses



#### RCC 2024 SURVEY HIGHLIGHT

With 26% of respondents having been diagnosed with a mental health condition such as depression or anxiety, the clinic has a commendable level of mental health awareness and diagnostic capability.

## Independent Auditors' Report on the Summary Financial Statements



To the Members, Community Health Services Association (Regina) Ltd.

#### Opinion

The summary financial statements, which comprise the summary statement of financial position as at March 31, 2025, the summary statements operations, changes in net assets and cash flows for the year then ended, and related notes, are derived from the audited financial statements of **Community Health Services Association (Regina) Ltd.** for the year ended March 31, 2025.

In our opinion, the accompanying summary financial statements are a fair summary of the audited financial statements, which were prepared in accordance with Canadian accounting standards for not-for-profit organizations.

#### Summary Financial Statements

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements and the auditor's report thereon.

#### The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited financial statements in our report dated May 28, 2025.

#### Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary financial statements based on the audited financial statements prepared in accordance with Canadian accounting standards for not-for-profit organizations.

#### Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are a fair summary of the audited financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, Engagements to Report on Summary Financial Statements.

May 28, 2025

Regina, Saskatchewan

VIRTUS GROUP UP
Chartered Professional Accountants

# Community Health Services Association (Regina) Limited

Summary Statement of Financial Position March 31, 2025 with comparative figures for 2024		
Malcit 31, 2023 with comparative lightes for 2024	2025	2024
Assets		
Current assets	\$ 1,264,012	\$ 1,324,658
Investments	1,441,990	1,393,159
Capital assets	158,220	249,330
	\$ 2,864,222	\$ 2,967,147
Liabilities and Deferred Contributions		
Accounts payable and accrued liabilities	\$ 431,371	\$ 576,772
Deferred contributions	16,633	41,126
Net Assets		
Externally restricted fund - Health Funded Surplus	333,635	329,485
Invested in capital assets	158,220	249,330
General funds: Growth Fund	105,844	105,153
Unrestricted reserve	1,818,519	1,665,281
	\$ 2,864,222	\$ 2,967,147

Summary Statement of Operations					
ear ended March 31, 2025 with comparative figures for 2024					
		2025		2024	
Revenues					
Externally restricted fund	\$	6,153,616	\$	5,765,406	
General funds*		216,101		264,011	
		6,369,717		6,029,417	
Expenses					
Externally restricted fund	\$	6,149,466	\$	5,862,525	
General funds*		153,282		179,362	
		6,302,748		6,041,887	
Deficiency (excess) of revenues over expenses*	\$	66,969	\$	(12,470	

General funds includes the Growth Fund, grant funding, unrestricted reserve (which includes Loyalty payments, interest and sundry), and amortization of capital assets.

Summary Statement of Growth Fund Operations					
Year ended March 31, 2025 with comparative figures for 2024					
		2025		2024	
Revenues	\$	18,652	\$	37,788	
Expenses		11,692		25,352	
Excess (deficiency) of revenues over expenses	\$	6,960	\$	12,436	
Transfer to Unrestricted reserve		(6,269)		(39,346	
Total Growth Fund transactions during the year	\$	691	\$	(26,910	

The growth fund transferred funds to the unrestricted reserve in 2024 and 2025 for capital asset acquisitions.

#### Note 1:

The summary financial statements are derived from the audited financial statements, prepared in accordance with Canadian accounting standards for not-for-profit organizations. Management has prepared these financial statements to represent a fair summary of the audited financial statements. Detailed audited financial statements are available to members upon request.

On behalf of the Board:

Director

# AGM Guest Speaker



Dr. Nazeem Muhajarine B.A., M.Sc., Ph.D. Professor Community Health and Epidemiology

#### "Trust starts with truth"-

## How the pandemic reshaped public trust in Canada

Public trust in doctors, in public health authorities, scientists, and government is essential for healthcare access, crisis management, and combating mis- and disinformation. During COVID-19 pandemic, erosion of public trust accelerated; currently, public institutions and, collectively, we are faced with rebuilding trust for a healthy society. This talk will focus on public trust and how to rebuild trust.

Trust Dynamics and Equity in Public Health in Canada project, a nationwide mixed-methods study of over 5,600 Canadian adults and 41 qualitative interviews, will be scientific base for this talk. The study analyzed trust across five trust sources: governments (provincial/territorial and federal), public health authorities, health scientists, medical care providers, social networks and interpersonal relationships. It explores shifts in trust levels, and in whom and where, during the pandemic compared to before, highlight the association between attitudes towards vaccines and vaccine trust, and offers some ideas for how to rebuild trust going forward.

ver the past two decades, Dr. Nazeem Muhajarine has established an exemplary record of research, teaching and mentorship, and service. Working with citizens, policy makers and like-minded researchers, he tirelessly leads innovative projects that have profound impacts on a range of stakeholders. His motto, 'Think Globally, Act Locally,' guides his research and has led him to focus, largely, on projects that locally address widespread social issues – such as how income-based social inequality can affect health.

Dr. Muhajarine's projects—such as examining how childrens' social constructs affect them in early life, or identifying major risks during the prenatal period—often bring together a diverse range of academics and off-campus partners to tackle complex, longitudinal studies on socially-pressing issues. Involving decision-makers early and often is a central tenet of his research process and, in doing so, he ensures his research is beneficial to and addresses questions posed by all affected parties.

In total, Dr. Muhajarine has been involved — often as the Principal Investigator — on more than 80 grants and contracts throughout his career. His research programs have attracted millions of dollars from a wide range of funding agencies, including CIHR, SHRF, Grand Challenges Canada, SSHRC, Heart and Stroke, IDRC, and DFATD.

These studies have resulted in a prolific and diverse body of publications. He has published more than 115 papers in refereed journals, penned 13 peer-reviewed books and chapters in books and has written more than 70 technical reports for a wide range of agencies. For example, Dr. Muhajarine took a major

role nationally in his work for the Canadian Index of Wellbeing (CIW), which offers an alternate measure to GDP. He sat on the CIW's research advisory board for many years, and co-authored the Healthy Populations report (2010) that was released as part of the Index of Wellbeing's inaugural report.

Dr. Muhajarine is also a highly regarded academic leader. At the U of S, he served for two terms as the department head of community health and epidemiology, and recently was asked to lead the School of Public Health during a transition. Early in his career, he was also instrumental in establishing two highly-successful research units of national significance—the Saskatchewan Population Health and Evaluation Research Unit and the Community-University Institute for Social Research. Currently, he is leading a 38-member Saskatchewan Strategy for Patient-Oriented Research (SPOR) Network in Primary and Integrated Health Care Innovations. In the global health arena, he is leading a U of S submission to continue Canada's work in Mozambique, focusing on reducing maternal mortality and improving infant health.

He is an exemplary mentor, having supervised 4 post-doctoral fellows, 14 Ph.D. students, 36 Masters students, and 4 undergraduate summer students. He also has sat on the committees of more than 30 others. He is the recipient of multiple awards, including U of Massachusetts' 2014 Alumni Award for Significant Contributions to his field, the Saskatchewan Health Research Foundation's Achievement Award (2009) and the Canadian Institutes of Health Research's (CIHR) Knowledge Translation Award (2006).

## **Growth Fund**

Many of the services and programs at the Regina Community Clinic are made possible by generous donations from members and supporters.

Your contributions are invaluable to our clinic and help us provide our patients, members, and the Regina community with various education and health related services and programs in addition to improvements to our clinic. Funds are raised through membership fees and donations. All expenditures must be approved by the Board of Directors and reported to members at each AGM. If you wish to donate, please visit www.reginacommunityclinic.ca and choose the **Donate tab**. Donations are tax-deductible.

#### A Note of Gratitude...

The Regina Community Clinic is both a registered non-profit and charitable organization. We wish to take this opportunity to express our gratitude to our donors of 2024. Your continued support is truly appreciated. It is a tremendous help to purchase and replace essential medical equipment, make improvements to the clinic, and to continue to provide services and educational programming for our patients, members, and the Regina community. Thank you!

#### Growth Fund Utilization Update - 2024/25



(all previously approved by the Board)

#### **Current Growth Fund Status**

Total of **\$105,800** in Growth Fund (as at March 31, 2025)

# Programming and Grants

We continue to offer regular programs and informational events.



#### Men's Mental Health Group

Facilitator: John Mitchell, Registered Psychiatric Nurse (RPN, RN, BSN, MSc). The group meets once monthly, every 3rd Wednesday evening. *Free of charge.* 

The group averages 8 to 10 participants Started: June 2023 Held once monthly



#### **Grief Solace Circle**

Facilitator: Wanda Gronhovd, retired RN, author, and grief facilitator.

Grief Solace Circle is a support group for adults who are grieving. The group offers support for all types of loss including major life changes, loss of relationships, death of a loved one, loss of a job, or loss of health, as some examples. The circle provides a space in which participants feel safe to share their experiences and feelings as well as offer tools to help others process their grief. This group offers a place where there is permission to grieve. *Free of charge*.

The group averages 5 to 10 participants per month. 2 times per month. Started: December 2023



#### Senior's Coffee - Chat and Check-In

Facilitators: Lindsay Gareau, MSW, RSW; Allura Weber, BKin, CSEP - CEP

The senior's group provides a comfortable, supportive, and safe environment to encourage social connection. The group's activities include cognitive and memory enriching games, wellness topics, healthy snacks and beverages, and opportunity to meet other seniors. Guest speakers are featured once monthly. *Free of charge.* 

The group averages 10 to 15 participants weekly. Started: September 2023, Held once weekly.



#### Yoga

Instructor, Jayme Fenwick. Noon hour yoga classes adaptable to all levels.

Fee: \$100.

Classes average 5 to 10 participants.

Started: May 2023

Each session consists of 10 weekly classes.

We are grateful to have received a donation from the Anonymous Donor Fund at the South Saskatchewan Community Foundation of \$5,625 for our Seniors Coffee Chat and Check-In Group.

This generous donation was made on January 7, 2025 and will help us to maintain this group which has not only increased in attendance but also demonstrate to be very helpful in promoting physical, cognitive, and social well-being for many seniors in our community.



# Partnership with The Co-operators

We want to acknowledge our decadeslong and continued partnership with The Co-operators Insurance company. The Co-operators is a co-operative. It was founded in 1945 by a group of farmers and social pioneers, and it is guided by co-operative principles. Co-operators is a multi-line insurance and financial services co-operative that provides insurance products, wealth management services, and advice to Canadians.



Please read more about The Co-operators on their website: **cooperators.ca/en**, "The Story of The Co-operators and co-operative insurance in Canada".

#### Regina Community Clinic members get more with Co-operators

The Member Benefits Program is one way that Co-operators gives back. As one of our members, when you choose Co-operators for your insurance needs, you can take advantage of:

- Enhanced Home coverage at preferred rates. For example, get Claims Forgiveness automatically on your eligible Home policy, which means that your first home claim has no impact on your policy or premiums.
- A complementary Legal Assistance Helpline for Home, Commercial, and Farm policies, providing on-demand, confidential access to a lawyer for guidance with Canadian legal matters, such as contract

disputes, employment or businessrelated issues, property concerns, tax investigation, and more.

- Identity Fraud Recovery Expense as part of your Home policy with no deductible, no impact to your claimfree discount, and at no additional cost.
- Enhanced Farm Insurance- there are 2 options with over 30 different types of coverage at a reduced cost.
- Additional Farm and Home savings of up to 5% on eligible policies.
- Discounts on Travel insurance3 of up to 10% on eligible policies.
- Enhanced Commercial coverage: This exclusive Commercial Advantage Endorsement provides more than 30 additional coverage extensions and is included for members with property coverage.\*

Grow and protect your financial future along with the great value of the Member Benefits Program, Co-operators can help you build your financial future with a mix of investment solutions, as well as life and health insurance. Their knowledgeable financial representatives will provide personalized advice and tailored coverage to fit your unique needs.

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# Social Prescribing and Healthy Ageing

We are pleased to announce the Regina Community Clinic will be actively involved in this important initiative which is being launched across Saskatchewan. The Clinic is represented on the Steering Committee along with other local organizations.

his two-year initiative is headed by the Saskatchewan Seniors Mechanism and is funded by an anonymous group of donors with a generous donation of \$4,000,000. Regina is one of the communities to be part of this program. Currently, Candle Lake, Moose Jaw, and Yorkton are involved with more communities to join soon.



While social prescribing is not limited to only one age group, this initiative specifically focuses on improving the lives of seniors (55 years plus) with reduced medical and hospital visits along with improved overall well-being

of participants. The process begins with a Health Care Provider who will refer patients, with their permission, to local, non-clinical services, including community and social services. Link Workers (also known as community connectors, navigators, coordinators and other titles) are a crucial component of social prescribing. The Link Worker receives the referral and will follow-up with the patient to acquire more details from the patient in order to link the patient to a service or organization that best suits the patient's needs. Community Partners are cross-sectoral partners or agencies that could be volunteer and community based. The partner agencies seek to improve an individual's physical and mental health. The providers will receive updates from the agencies to which the patient has been referred.

A Healthier Canada: An Analysis of the Potential Economic and Social Impacts of Social Prescribing can be found here: https://www.socialprescribing.ca/a-healthier-canada This reports provides detailed findings and analyses. We are grateful and delighted to be working with the Saskatchewan's



Seniors Mechanism, Age-Friendly Regina, SK Health Authority, Metis Nation-Sask Western Region III, and the Health Quality Council of Saskatchewan along with other agencies and organizations.

Please check our extensive list of resources on the website:

https://reginacommunityclinic.ca/about-us/social-prescribing

#### RCC 2024 SURVEY HIGHLIGHT

90% of respondents felt that healthcare professionals spent enough time during consultations, which reflects positively on patient-provider interactions at the clinic.



# Staff Anniversary Awards

Congratulations to the following for their excellent and long-term service to the Regina Community Clinic.

Hamilton, Dr. Joan	15 Years	2009-07-08
Mananquil, Heidi	15 Years	2009-11-22
Armaan Dogra	5 years	2019-07-08
Dr. Erin Selzer	5 Years	2019-09-03
Heather Davidson	5 Years	2019-09-11
Dr. Starr Davis	5 Years	2020-01-08
Shyla Wild	5 Years	2020-05-07



# The Seven Co-operative Principles

The Community Health Services (Regina) Limited O/A the Regina Community Clinic, like all co-operatives, operates under the 7 guiding principles. Here are some of our co-operative goals we've accomplished related to these principles.

#### Voluntary and Open Membership

The very first principle: co-operatives are voluntary organizations, open to all persons over the age of 18 and willing to accept the responsibilities of membership, without gender, social, racial, political, or religious discrimination. Our co-op is supported collectively by approximately 4000 members who are dedicated to our community. In 2024 we had 172 new co-operative members join our healthcare co-operative.

#### Democratic Member Control

Co-operatives are democratic organizations controlled by their members, who actively participate in setting their policies, visions, and decision-making. Those serving as elected representatives (Board of Directors) are accountable to the membership. Our co-operative has nine Directors and five committees: Finance and Audit, Advocacy, Governance, Human Resources, and Member Relations.

#### Member Economic Participation

The third principle elaborates on the responsibilities of the members to their co-operatives, and how money is to be

treated in the co-operative. As we are not a retail-based co-operative, our members derive several entitlements such as the ability to vote at AGM, run for the Board of Directors, and participate on select committees as Members-at-Large.

## Autonomy and Independence

The fourth principle states: Co-ops are autonomous, self-help organizations controlled by their members. If they enter into agreements with other organizations, including governments, or raise capital from external sources, they do so on terms that ensure democratic control by their members and maintain their co-operative autonomy. Our co-op exists to serve the needs of its members, but we balance that with our fiscal realities.

Founded in 1962, the CHSL has had many community partners along the way, but we remain an independent and controlled non-profit / charity.

In 2023 we celebrated 60 years of providing primary healthcare as a health co-operative. Currently, there are three other clinics in Saskatchewan which have continued to operate as co-operatives: Wynyard, Prince Albert, and Saskatoon. While co-operatives are separate entities, they support one another's co-operative identity and commitment to co-operative values and philosophy. We also collaborate as much as possible.

#### Education, Training, and Information

Co-operatives provide education and training for their members, elected representatives, managers, and employees so they can contribute effectively to the development of the co-op. They inform the public and their members about the nature and benefits of co-operation. The Regina Community Clinic has held virtual member connection forums to engage members and provide information about the co-operative model and philosophy. We also provide resources and information about co-operatives on our website. We are planning more co-operative information education for our staff this year.

We invested in a new website. The website allows us to inform our members and patients about different services and programs our clinic offers and provides members, patients, and the Regina community with helpful resources to enhance their well-being. Our Resource section helps to combat medical misinformation which is rampant in the electronic arena. We publish only credible sources of health information.



#### Co-operation Among Co-operatives

In addition to other clinics, we have many opportunities to work with and support co-ops regionally and across the country. We have formed long-lasting partnerships with The Co-operators, the Saskatchewan Co-operative Association, the Healthcare Co-operatives Federation of Canada, and several non-profit organizations.



## Concern for Community

While focusing on member needs, co-operatives work for the sustainable development of their communities through policies approved by their members. We support Regina and the surrounding area and remain dedicated in our support. We administer surveys on a regular basis and review data to assess how we can best serve and support our members and the Regina community through services and programming we offer. We have a long history of having provided a robust array of programs and services. Please refer to the video of our Clinic's history: https://reginacommunity-clinic.ca/about-us/about-rcc



#### Currently, we offer:

Men's Mental Health Group and Check In – started in 2023 Seniors Coffee Chat and Check In started in 2023

Yoga (noon hour classes) – started in 2022

Participation in Saskatchewan's Social Prescribing Initiative initiated in 2025

#### **RCC 2024 SURVEY HIGHLIGHT**

Overall, the Regina Community Clinic demonstrates strength in patient engagement, timely access to care, and holistic management of complex health conditions.



# Paris Survey Results

A recent survey showed the Regina Community Clinic is a great place to receive care! The RCC participated in the **PaRIS** (**Patient Reported Indicator Surveys**), an international patient satisfaction survey. We are proud our clinic was a significant contributor not only provincially, but internationally! We are grateful to our patients for their willingness to participate.

#### Some survey highlights to note:

**90%** of respondents felt that healthcare professionals spent enough time during consultations, which reflects positively on patient-provider interactions at the clinic.

22% is the percentage of patients on multiple medications suggesting that the clinic is actively engaged in managing chronic conditions and optimizing treatment plans. While medication management is complex, it reflects the clinic's ability to provide tailored care and support to those with more intensive healthcare needs.

7200 of respondents at the clinic are over the age of 65, providing a unique opportunity to focus on promoting healthy ageing initiatives.

An impressive 0500
of respondents felt that they were "Always" or "Most often than not" involved as much as they wanted to be in decisions about their care. This demonstrates the clinic's strong commitment to shared decision-making and patient-centered care, ensuring that patients feel valued and heard during consultations.

Clinic employees are dedicated to and deliver excellent patient-centered care; appreciate the supportive teamwork in all departments and the strong leadership and support of the management team; and the overall positive culture in the clinic that promotes inclusion.

20% of respondents have three or more chronic illnesses, and the clinic has successfully provided comprehensive care for these complex cases. This indicates strong capacity and competency in managing multi-morbidity and supporting patients with diverse healthcare needs.

85% of patients expressed that their care was organized in a way that worked for them. This highlights the clinic's strength in tailoring care processes to fit the individual needs of their patients, creating a supportive and structured environment for healthcare delivery.

With 26% of respondents having been diagnosed with a mental health condition such as depression or anxiety, the clinic has a commendable level of mental health awareness and diagnostic capability.

Overall, the Regina Community Clinic demonstrates strength in patient engagement, timely access to care, and holistic management of complex health conditions.





## regina community clinic. ca

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