

SIEF is now known as the Saskatchewan Indigenous Enterprise Foundation Inc. having adopted a new name and logo.

This update supports SIEF's goal to assist in the creation of jobs and to foster economic growth for First Nations people because a strong Indigenous business community means financial independence for all First Nations people.

SIEF's new logo was developed by Tim Neal of the Engagement Party, a First Nations advertising design company in Saskatoon. The logo incorporates the

colours of the medicine wheel as well as core arrow shapes derived from the star blanket pattern. They are linked showing unity and collaboration and are pointing in opposite directions to indicate choice with the lower arrow recognizing and acknowledging the past while the upper arrow is forging forward and looking to the future. The overall concept is a modern look with distinctive traditional elements from the Indigenous cultures of Saskatchewan.

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Dr. Karissa Brabant

As a family physician, Dr. Karissa Brabant is on a mission to provide patients continuous care that is safe and culturally appropriate in a clinic she owns.

rabant started the Circle Medical Centre on the Main Street of Moose Jaw in August 2020.

"When doctors start their own clinic, they need to pay for everything. The government doesn't actually provide money to open a clinic," said Brabant before starting another day of work.

"All of that is many, many thousands of dollars and, when you're brand new in practice, you don't have that money. So, I had to get a loan from the bank.

"Then, the SIEF grant made a huge difference because it essentially allowed me to get started."

Keeping the clinic running has been a challenge. What the government pays family physicians under Medicare can not be enough to cover the costs of operating their clinics. As the sole owner, Brabant is responsible for paying all

the clinic's bills while other physicians working in her clinic contribute a portion of their income to cover its costs.

Brabant was having to branching out from the clinic to find income from other sources to subsidize her clinic. So, she got involved with the Saskatchewan Medical Association (SMA) to advocate for physicians to be paid differently than fee for service which meant what a family physician was paid depended only on how many services they provided.

Now, a new model recommended by a group formed between the SMA, Saskatchewan Health Authority and the Ministry of Health has been announced by the Saskatchewan government. She is excited about this updated compensation model, which will provide two streams of income to family physicians. One stream will be for providing a set of services for each patient with the