

LEGACY *in* ACTION



Edmonton
Community
Foundation



PHOTO: MICHAEL KUBY

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TIMOTHY CAULFIELD

The local writer and professor debunks health myths perpetuated by celebrity culture

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ROOT CAUSES

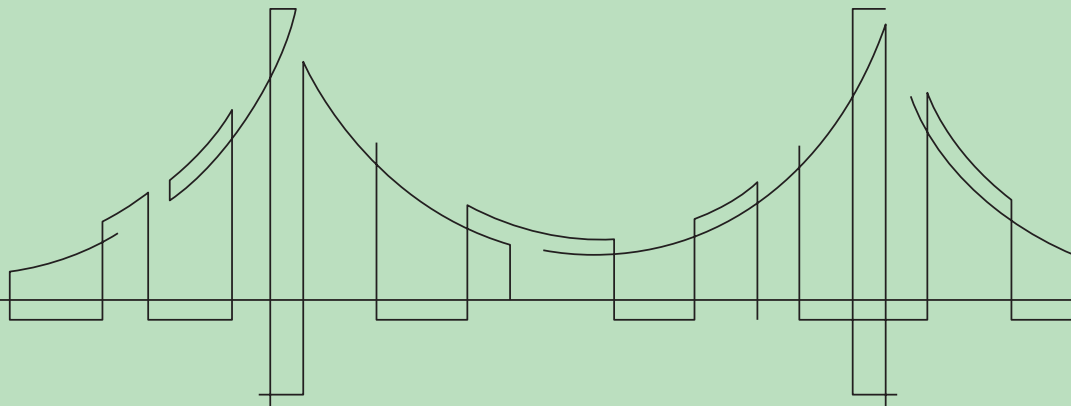
A program at the Royal Alexandra Hospital tackles the underlying social issues affecting inner city healthcare

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CAPITAL CARE

The power of endowment ensures support for career development at CapitalCare

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For more information, please contact us or visit ssga.com.

Randy Oswald

Alberta, Saskatchewan and Ontario
+1 647 775 7789 randy_oswald@ssga.com

Vincent Marcoux

Quebec & Eastern Canada
+1 514 282 2413 vincent_marcoux@ssga.com

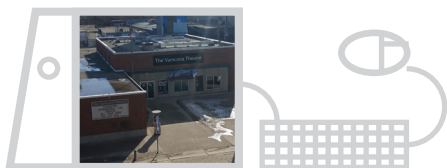
Anthony Spagnolo

British Columbia and Manitoba
+1 647 775 7868 anthony_spagnolo@ssga.com

Michael Brown

Consultant Relations
+1 647 775 5778 michael_w_brown@ssga.com

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CEO
Martin Garber-Conrad

DIRECTOR OF COMMUNICATIONS
Carol Watson

COMMUNICATIONS ADVISOR
Andrew Paul

COMMUNICATIONS ADVISOR
Elizabeth Bonkink

EDMONTON COMMUNITY FOUNDATION
9910 103 St. NW
Edmonton, Alberta, Canada T5K 2V7
T 780.426.0015 F 780.425.0121



PUBLISHER
Orville Chubb

EDITOR
Caroline Barlott

ART DIRECTOR
Erik Grice

CONTRIBUTORS
Caroline Barlott Molly Little
Michael Hingston Andrew Paul
Michael Kuby Vikki Wiercinski

PRINTING
Transcontinental Inc.

ODVOD PUBLISHING INC.
10221 123 St. NW
Edmonton, Alberta, Canada T5N 1N3
T 780.451.1379 F 780.482.5417
www.odvodpublishing.com

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Timothy Caulfield photographed at the University of Alberta by Michael Kuby



MESSAGE FROM THE CEO



Edmonton
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For good or ill, all of us will interact with Alberta's healthcare system at some point. This is why Edmonton Community Foundation dispersed more than \$2 million to organizations in the health sector in 2014.

These grants are supporting frontline workers, including the dedicated team

running the Royal Alexandra Hospital's Inner City Health and Wellness Program. Our feature story (**page 8**) examines this ground-breaking pilot project that is revolutionizing inner-city healthcare by addressing root social factors such as housing, poverty and addiction that contribute to preventable emergency room visits.

We wouldn't be able to provide financial support to invaluable initiatives in Edmonton without donors' generosity. On **page 13** Caroline Barlott takes us inside the CapitalCare Fund which was established by the late Pearl Hawrelak Porter and Jean McBean. The fund plays an instrumental role in training staff at CapitalCare to provide long-term care for the elderly and those living with dementia.

ECF also understands that bringing the

community together to discuss health-related topics is key to the pursuit of good health. It's easy to become overwhelmed with the sheer amount of information, and misinformation, out there. Michael Hingston helps cut through the noise with our cover story featuring Professor Timothy Caulfield, the author of *Is Gwyneth Paltrow Wrong About Everything?: When Celebrity Culture and Science Clash*. Professor Caulfield will also be debunking health myths and pseudoscience as part of our Speakers Series on June 16 at the Citadel Theatre. We hope you will join us.

In the meantime, welcome to our summer issue of Legacy in Action.

Martin Garber-Conrad
CEO

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A portrait of Timothy Caulfield, a man with short dark hair and glasses, wearing a blue zip-up hoodie over a checkered shirt and a purple tie. He is standing outdoors with trees in the background.

Timothy Caulfield

BY: MICHAEL HINGSTON
PHOTOGRAPHY: MICHAEL KUBY

Q+A

As a young man, Timothy Caulfield had dreams of being a rock star. But in recent years the health-policy professor at the University of Alberta has found a different way of capturing the public's attention: by writing rigorous yet lively takedowns of all kinds of bogus diets, misleading beauty products and exercise fads. His latest pop-science book, *Is Gwyneth Paltrow Wrong about Everything?* (Penguin), looks at the increasingly murky intersection between science and celebrity culture.

Caulfield will bring that same energy — not to mention a raft of peer-reviewed research in his back pocket — when he headlines the second installment of Edmonton Community Foundation's Speaker Series at the Citadel Theatre on June 16.

Michael Hingston: A lot of your work is about debunking. Just so we're clear: what are the things that *will* keep you healthy?

Timothy Caulfield: We've known the basics for so long. You don't smoke. You get real exercise. You eat real food. You try to manage your weight. I'm adding sleep — I think sleep is increasingly important. And you take your basic preventative steps: you wear a bike helmet and seatbelt. One of the reasons I wrote the book is because I think celebrity culture pulls us away from those basic facts.

MH: The facts may be well known, but people are still drawn to these risky, long-shot diets and fads. Why?

TC: People want simple, magical solutions. They want something that solves their problem, whether it's fatigue, weight management, or depression issues. Celebrity culture sells that. The other thing celebrity culture sells is this idea that we should be doing things for looks, or for a short-term goal. Research tells us that all of that is bad news, because extreme strategies don't work. We can't maintain them. And when you have extrinsic goals — aesthetic reasons, instead of health reasons — you're more likely to fail, and more likely to be unhappy with the result.



MH: Your new book is about the ways in which celebrity culture is at odds with science. Is this a new phenomenon? Where did it come from?

TC: That's a great question. It's not tremendously new, but celebrities are increasing their brand. They're movie stars, *plus* they have a lifestyle website. In addition to that, there's a growing distrust of science. People are not trusting traditional sources of science as they used to. There's an increased space for pseudoscience and celebrities to step in.

MH: You did the Gwyneth-approved Clean Cleanse for the book, and you did lose weight — at least at first. What happens to our bodies when we attempt these kinds of regimens?

TC: Short-term, you are going to succeed. With these extreme diets, you're paying attention to what you're eating, and you're eating fewer calories. They're crash diets. When you lose that weight, you think, "Oh my gosh, this is working!" And, of course, as soon as you come off the crash diet, all the weight comes back on. That's certainly what happened to me. So you get this reward from the weight loss, and you attribute the benefits to the program. But when you put the weight back on, that's your fault. *You* fell off the wagon. *You* didn't follow Gwyneth's advice all the way to the end.

MH: Let me play devil's advocate: Even if these fads don't actually work, who cares? What's the harm?

TC: Let's talk about the beauty industry. First of all, there's financial exploitation. Then there's this constant social pressure on us to look a particular way. This has always been with us. It's not new. But it's been intensified through celebrity culture, and the social comparator has been kicked up to an impossible standard: Gwyneth, Gisele, Brad Pitt. That creates this perpetual dissatisfaction machine. So that's the problem — and one of the by-products of that problem is this massive anti-aging beauty industry.

MH: In the book, you ask people about celebrity-endorsed products, and most admit to being skeptical — but are willing to try them anyway. Do you ever feel like this is a battle that can't be won?

TC: In the long term, no. We've become more accepting of scientific answers. That's the general trend of history. So we can't give up. One of the reasons I wrote the book is to be out there, and to be engaged, and to try to get critical thinking and scepticism in the mix. Short term, I think it's extremely challenging. It's very difficult to change people's perspectives. I still think, though, that there are signs of hope. That's why it's so important to educate kids, and to have good sources of independent health information that are accessible to the public.

MH: One of the criticisms you hear from readers is that scientists can't be trusted anyway, because they're all in the pocket of the pharmaceutical industry. How do you respond to that?

"PEOPLE WANT SIMPLE, MAGICAL SOLUTIONS. THEY WANT SOMETHING THAT SOLVES THEIR PROBLEM"

TC: I am sympathetic to that view. Our own research at the Health Law Institute has found that when scientists are involved with industry, public trust in their work diminishes quickly and dramatically. But good systematic reviews take that potential for bias into account. If the scientific method is applied rigorously, we do get closer to the truth. Science eventually wins. But these biases should remind our governments, our universities, and our researchers how important maintaining that public trust is, and the cost of comprising.

MH: There is no shortage of A-list celebrities who use their platform to endorse products that have no scientific merit. What about the flip side? Are there celebrities who you think are using their powers for good — to advocate for science and rationality?

TC: The Angelina Jolie example is fantastic. It really highlights how complex this phenomenon is. She wrote this piece for the *New York Times* [in 2013] about her decision to get a double mastectomy and to get genetic testing. It was thoughtful. She

wasn't in our face about it: she made the announcement and then she went away. It created a national discussion. There's also evidence that women went to great websites, like the NIH [National Institutes of Health] website.

The problem is that once she makes this announcement, she's a celebrity — she no longer has control over the impact of the message. If you look at the research, it's unclear whether it was all good. Something that may be in the bad column is that women already greatly overestimate their risk of breast cancer. It's unclear about the benefits of mammograms, for example, for certain age groups. Did this increase the desire for double mastectomies among women who perhaps shouldn't be getting them? Research to date says it did. They call it the Jolie Effect. It's a fascinating good news/bad news story.

MH: The new book has made quite a splash since its release in Canada in January. Any comment yet from the Gwyneth camp?

TC: Nothing from Gwyneth. But the interest has been tremendous. I hope I hear from her. And I do think I'm kind of gentle. But even since the book has been published, she continues to say crazy things! She can't stop herself. I was worried that people would think I was piling on, but that concern is starting to wane.

MH: What can people expect from your talk at the ECF event held at the Citadel later this month?

TC: I'm going to try to explain why it's important to understand the impact celebrity culture is having. And I'm also going to make an argument that it's relevant to everyone — even if they don't know who Katy Perry is. This topic is still important. I promise it'll be fun and provocative, and I also love hearing what people in the audience have to say. ■

»ECF Speaker Series

Dr. Timothy Caulfield
June 16 at 6:45pm
Citadel Theatre

Tickets: \$25 each, \$20 for students/seniors
Tickets available at ecfoundation.org





UNDERLYING ISSUES



A NEW PILOT PROGRAM AT THE ROYAL ALEXANDRA HOSPITAL ADDRESSES THE ROOT CAUSES OF PHYSICAL AND MENTAL HEALTH PROBLEMS FOR THOSE IN THE INNER CITY, ENSURING LONG TERM SOLUTIONS

BY: ANDREW PAUL ILLUSTRATION: VIKKI WIERCINSKI

For years, Dr. Kathryn Dong treated thousands of patients on the frontlines of hospital emergency departments. From stab wounds to car accidents, she had seen it all, but during her time as an ER physician she also realized that Edmonton's inner city community uses a disproportionately high amount of medical resources.

"I see so much trauma, so much violence, so much substance use, and so much that I think is preventable if things were different for some of our patients," Dong says. "Ever since I started working in the inner city I knew we had to do better at the Royal Alexandra Hospital (RAH)."

This realization started Dong on the path to explore the relationship between emergency visits and social issues such as housing, poverty, and addiction. After completing her Masters in Population Health in 2007, where she studied the impact of opioid overdoses on Edmonton communities, Dong teamed up with Dr. Ryan Cooper, an infectious disease physician. Together they applied for funding from the Royal Alexandra Hospital Foundation to set up the Edmonton Inner City Health Research and Education Network (EICHREN) in 2008.

EICHREN's goal was to research ways to improve inner city patients' healthcare experience. To do that, Dong and Cooper knew that the patients themselves needed to be closely involved. "There is time when I'm suturing a patient up in the emergency department that I can spend talking about the weather or the Oilers, or I can use it to talk about the fact you were hit in the head with a beer bottle and now you're in the emergency department with sutures and maybe there's something more to that story we should explore."

And explore she did. Through EICHREN's research, Dong and her team conducted a series of one-on-one survey sessions with patients in their care. Through the surveys the patients made two things very clear: 1) underlying social factors contribute to emergency room use; 2) patients feel that hospitals are an appropriate setting to discuss these sensitive issues.

At the end of EICHREN's pilot period, the RAH Foundation asked Dong to submit a proposal for the next steps of the project. The Royal Alexandra Hospital's Inner City Health and Wellness Program (ICHWP) is the result.

Since opening on July 14, 2014, the \$3.5 million, three-year pilot project has moved forward with a three prong approach to address the massively complex issue of inner city health.

THE CLINICAL ARM

The Clinical arm is managed by a three-member team with a staff of five rotating physicians, a full-time nurse practitioner and a full-time social worker, who provide frontline services through the Addiction Recovery and Community Health (ARCH) Team.

Located in the Community Services Centre on the RAH campus, the ARCH Team has served 488 individual patients for a total of 1,066 interactions as of March 1, 2015.

What makes the work being done through ARCH so unique are its partnerships with other community organizations to help address the social issues facing its patients.

Boyle McCauley Health Centre (BMHC) jumped on board at the beginning and were involved in the design of the program. Both organizations share patients and have created a consent-based knowledge sharing arrangement that makes it easier to access and update medical records of mutual patients. The agencies touch base every Wednesday to discuss their patients' progress, develop discharge plans, book follow up appointments, and track who is prescribing which medications to whom. BMHC is also enabling Dong and her team to submit new patient referrals to the centre's physicians.

"That's been unbelievably valuable," Dong says adding that BMHC is one of the only medical centres in the city that will accept patients without ID. Proper identification is a major hurdle facing members of the inner city community, and in order to address the problem ICHWP is working with Human Services and Alberta Health

“
HARM REDUCTION
IS ABOUT KEEPING
PEOPLE AS HEALTHY
AND SAFE AS
POSSIBLE, PERIOD...
”

Services to expand an ID program for homeless patients. This program will allow patients to obtain ID more easily, use the hospital as a mailing address and store their ID securely. This opens up access to employment opportunities and several services that require ID including income support programs, and housing which Dong identifies as one of the most important challenges facing the inner city community.

This is where Homeward Trust Edmonton, an organization dedicated to funding and implementing the Province's 10-year plan to end homelessness in Edmonton, comes in.

Once ICHWP's clinical team assesses a patient and identifies that homelessness is a contributing factor, they can refer them to Homeward Trust who then helps them find a stable place to live. By approaching the situation from a housing first perspective, the benefits to both the individual and society are far reaching.

"Housing is a human right, and from a tax-payer's perspective it's far cheaper to house and support people in those situations," says Ashley Eddy from Homeward Trust. "The cost associated with homelessness far exceeds what it costs to have a worker visit a person in their new home, because of the cost on the public system with things like police services or hospitals."

Dong agrees, adding, "We need to get people off the street before we can deal with their other issues, and that's a huge challenge for us."

Housing is the most pressing issue, but a close second is harm reduction.

Dong says that it is naïve to think that one or two brief interventions will be enough to help someone to stop injecting heroin after 25 years of use. The key is to empower them with the education and resources to use safely, and to do this, ICHWP relies on the expertise of the staff at Streetworks — Edmonton's needle exchange program.

"Harm reduction is about keeping people as healthy and safe as possible, period," Marliis Taylor, Streetworks Program Director says. "We are not demanding that people quit drugs in order to receive service — that is unrealistic and cruel in some cases."

The services Streetworks provides go far beyond exchanging needles. The agency is a national leader in opioid overdose prevention, and was the first organization in Canada to introduce community-based Naloxone training in 2005.

Naloxone is an injectable medication that reverses opioid overdoses by knocking opiates off of chemical receptors in the brain. Last year the World Health Organization identified Naloxone as one of the essential medications that people should have access to.

"I think about it in the same way as an EpiPen®," Dong says

explaining that it would be malpractice if they treated someone with a severe allergic reaction and didn't send them home with an EpiPen®. "We need to start thinking of this in the same way — if someone comes in who is injecting opiates and they've had an overdose and are near death in the emergency department they need to go home with this kind of training."

RESEARCH ARM

The research team, headed by Dr. Ginetta Salvalaggio from the Department of Family Medicine, is responsible for tracking the outcomes of the program. This is done by monitoring patients' progress over six and 12 month periods to see how their interaction with the program has affected several different outcomes including their use of Edmonton's health system.

How successful has ICHWP been? Dong recalls a female patient who entered the program in its early stages. For privacy reasons we'll refer to her as Anon and must omit identifying details. Anon moved to Canada as a teenager with her substance-using parents. Because of her parents' addictions, Anon was never registered with Canadian authorities and as a result never received proper ID — on paper she didn't exist. Anon quickly became homeless and began working in the sex trade to support her addictions.

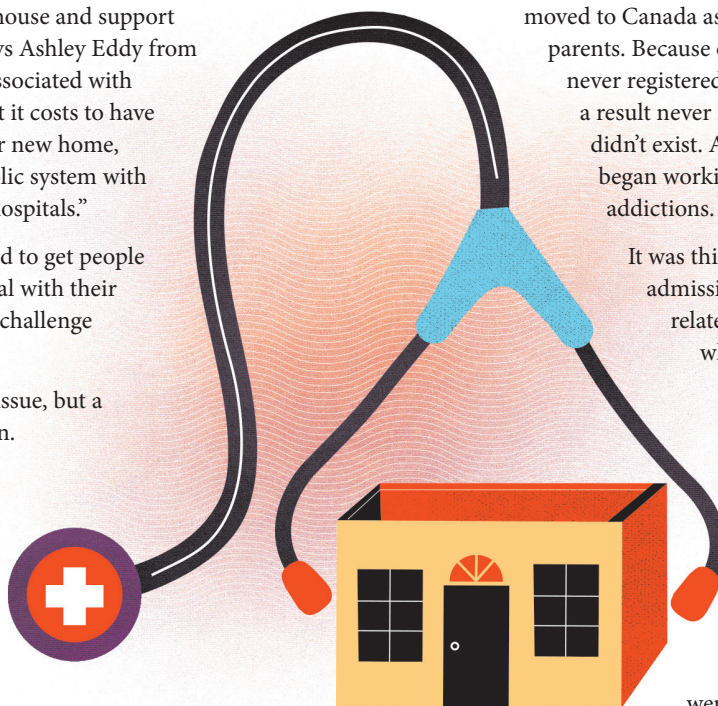
It was this lifestyle that led to multiple admissions to the RAH for withdrawal-related seizures and several accidents where she was hit by cars. For the seizures she'd be admitted to internal medicine and meet with a social worker. For the car-related trauma she'd be admitted to surgery and meet with a different social worker. Only focusing on her immediate needs while she was admitted to hospital meant that the complex underlying social issues leading to Anon's admittance were not being fully addressed. That's

until Dong and the ARCH Team stepped in after Anon was referred to them during a particularly prolonged hospital stay.

"It was very predictable that she was going to be back in another week having been hit by another car or something horrible," Dong recalls. "Our team was able to provide continuity — she would see our social worker every time she was admitted, she would see our nurse practitioner, our physician, we all became very involved in her care."

Thanks to their efforts, Anon is close to receiving official ID, and has moved into a stable housing situation, which is enabling her to begin addressing her addictions. In short, Anon is incredibly fortunate that the Royal Alex was piloting a program like ICHWP.

However, Dong admits there's still a lot of work to be done to get everyone on the same page and that's where ICHWP's third and final arm comes into play.



EDUCATION ARM

The education team is still in its building phase and is where Edmonton Community Foundation (ECF) saw a great opportunity to support this innovative pilot project.

Through its Community Grants Program, ECF provided \$40,000 in funding to hire a knowledge translator and a peer outreach coordinator for ICHWP.

The knowledge translator will coordinate electives within the ICHWP for medical students and residents, because, as Dong explains, “it’s super important to inspire people early to do this type of work and give them the skills to do it.”

The translator will develop programming that offers voluntary educational sessions to patients to help fill down-time during their hospital stays. These sessions might focus on things like addiction management and harm reduction. However, Dong notes that the patients themselves will play a big role in identifying the types of services they’ll receive through group and information sessions.

Dong says that working with patients to develop the program is key in bridging the culture gap between the hospital and the streets. Patients who live on the streets can experience severe “culture shock” when they enter a hospital environment that has a different set of rules, expectations and even a different language. This can lead to aggravated situations and it will be part of the peer outreach coordinator’s job to help bridge the gap.

“If you’re downtown and something happens you get bigger, you

get more aggressive, you use a different language that really doesn’t translate well in a hospital setting but that’s what you’re used to, that’s how you survive,” Dong says.

Hospitals can make people feel uncomfortable. But doctors can also feel uncomfortable venturing into new territory including asking patients about social factors that may have led to their admittance.

Dong admits that there’s a strong debate about whether it’s a doctor’s job to address the underlying social issues leading to ER visits.

“One of our docs, when we were setting up this program, said, ‘well I can ask all the questions you want about whether they smoke crack or inject heroin, but I have no idea what to do with the answer,’” Dong recalls, noting that she sympathizes with her colleague. “We’re not trained to ask about these other things.”

But that’s a big part of what ICHWP is trying to change. By bringing the community together with a focus on care, research and education, ICHWP is taking the first steps to revolutionizing the way doctors, patients and community stakeholders view, practice and support inner city medicine. ■

ECF GRANTED \$40,000 THROUGH ITS COMMUNITY GRANTS PROGRAM TO THE INNER CITY HEALTH AND WELLNESS PROGRAM TO HIRE A KNOWLEDGE TRANSLATOR AND A PEER OUTREACH COORDINATOR

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CONTINUED GROWTH

AN ORGANIZATION SUPPORTS ITS STAFF THROUGH ENDOWMENT FUNDS THAT ENCOURAGE SKILL ENHANCEMENT

BY: CAROLINE BARLOTT
ILLUSTRATION: MOLLY LITTLE

Anjula Narayan has been working for the CapitalCare Foundation, an organization supporting specialized and long-term care for the elderly and those with dementia for 20 years. She's passionate about helping those in her care — and it shows through her desire to constantly update her skills.

When she started at CapitalCare, she was a health care aide, and in 2012, she went to school to become a licensed practical nurse. One of the great things about the organization, says Narayan, was that they were able to support her education through bursaries provided by endowment funds.

Two funds were started about 20 years ago by high profile women in Edmonton — the late Pearl Hawrelak Porter, wife of former mayor William Hawrelak started one, while the late Jean McBean, a successful local lawyer, began the other. The goal of the funds is to

“I’M EXCITED THAT WE CAN CONTINUE WITH THE GOALS CREATED BY THE DONORS 20 YEARS AGO”

help educate staff in the areas of physiotherapy, occupational therapy and foot care. It's a goal that helps ensure the continued growth of the organization, and one that remains important to both the families of the original funders, and to CapitalCare.

For Narayan, the extra help meant she was able to take courses in pharmacology and physiology, and most recently an immunization course. Without the bursaries, it would have been very difficult for her to update her education. “My husband is on disability and we do not always have extra money. So, the bursaries have been a great help,” Narayan says. Money from the endowment funds is meant to help individuals like Narayan, who will then go on to help countless patients within the foundation's care. Just a few years ago, the funds were no longer growing, and the organization had to decide whether to spend the principal or find a way to make them viable.

CapitalCare decided to take part in Edmonton Community Foundation's (ECF) Endowment Sustainability Program, a workshop

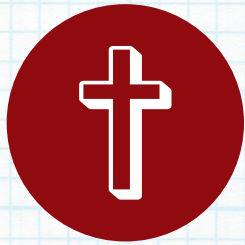
composed of five classes taught by experts who speak about tax benefits, financial benefits, and how to effectively connect with donors. ECF also has a team of experts who can manage these endowment funds once they're in place.

Both of the CapitalCare funds are now in the care of ECF, and Sherry Schaefer, director of fundraising and donor relations, says they've both increased, which means the annual earnings generated by the funds can actually go towards long-term goals. “I'm excited that we can continue with the goals created by the donors 20 years ago,” says Schaefer.

ECF can help both by educating charities about endowments, and by actually facilitating those funds. Noel Xavier, donor advisor of ECF, says the first step is helping organizations understand why donors want to create endowment funds in the first place. “Donors who support endowments appreciate being part of the inner circle. They get to be part of the future, not just what is happening today. And it really gives them a sense of ownership, and a sense of pride in the charities that they most love. They have peace of mind in knowing this is their legacy going forward,” says Xavier. ■



SPOTLIGHT ON FUNDS



When the Augustana Lutheran Church closed their doors earlier this year, the congregation wanted to ensure the church's legacy lived on. They accomplished this by creating the **Augustana Lutheran Church Continuing Ministry Fund** at Edmonton Community Foundation (ECF). The fund was opened with a \$1.4 million donation from the sale of the church, which sits on prime downtown land at 9901 107 St. The first grants made through the fund will support: the Brian Rude El Salvador Mission, ministry work at Alberta's post-secondary campuses, and the E4C, a charity that works with vulnerable people in Edmonton.



Ron Rowsell opened **The Senior Centre's — Jack and Fran Thomas Fund** in 2004 to honour his aunt and uncle. The fund provides grants to the Central Lions Seniors Association and North Edmonton Senior's Association on alternating years with a goal to enhance health and wellness, and education and recreation opportunities for senior citizens. The highest priority is given to supporting, enhancing or maintaining fitness facilities or fitness centres for senior citizens.



In 2012, ECF Board Member Terena Delaney and Sam Chapple, her husband, wanted to do something to "support mental health and reduce the stigma of mental illness," so they teamed up with the Support Network to start the **Delaney-Chapple Support Network Fund**. This fund provides grants to support counselling and assistance for individuals and families in the greater Edmonton area who are experiencing distress or who are affected by circumstances relating to suicide.

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Whether you know exactly what you wish to support or have only an inkling, our Donor Services Team can help. We specialize in matching your support with organizations whose goals mirror your own. Our only criterion is that the money be granted to a registered Canadian charity — so you're not limited to local causes. Whatever you want to accomplish, we'll talk to you about it.

2 MAKE AN AGREEMENT

Next we'll draft an agreement. This will explain, in writing, the goal of your fund and the extent of participation you want to have in allocating the money.

3 GET STARTED

A fund can be started with just \$10,000. You can donate it all at once or build it up over a 10-year period. Your gift is invested and approximately four per cent is distributed annually. This means your fund will continue to support causes important to you in perpetuity.

4 MAINTENANCE

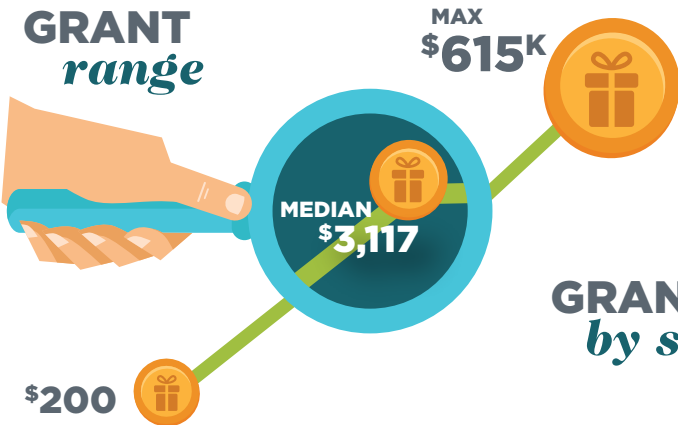
Once the fund reaches \$10,000 it's ready to grant. Your level of involvement is your choice. You can choose whether to add to your fund, stay active in the annual grant process or engage ECF's skills in making great grants.

For more information visit ecfoundation.org or call our Donor Services Team at 780-426-0015

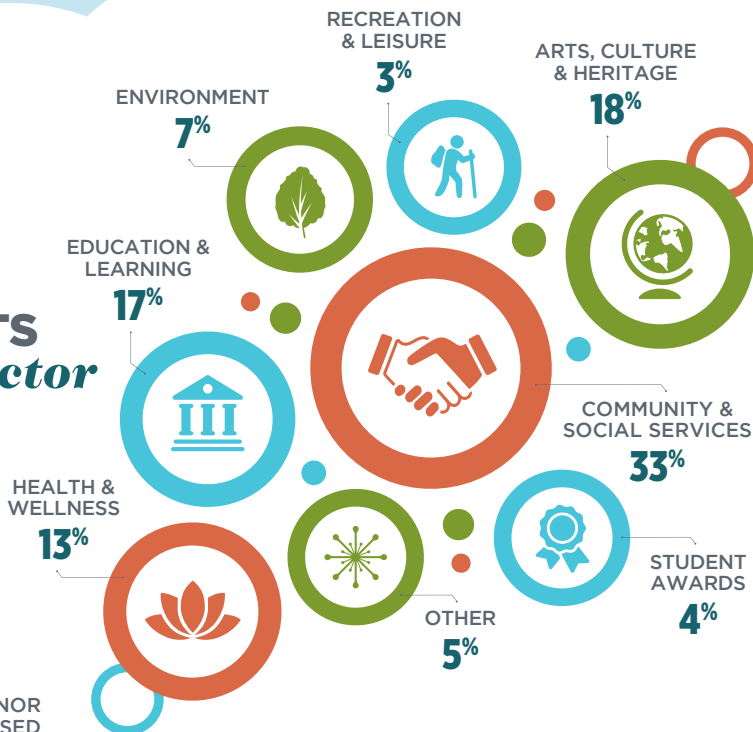


ECF BY THE numbers 2014

GRANT range

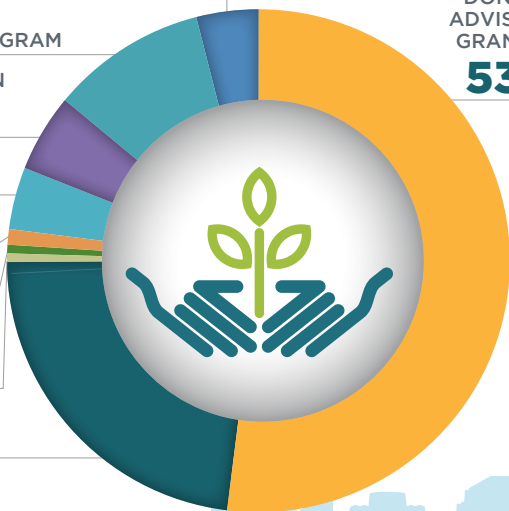


GRANTS by sector



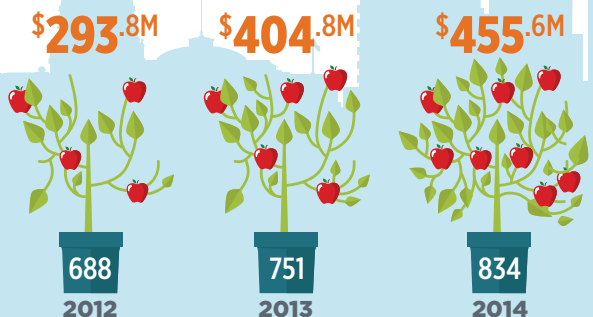
TOTAL GRANTS
\$16.8M

- 4 ANNIVERSARY GRANTS
- 10 COMMUNITY GRANTS PROGRAM
- 5 FOUNDATION DIRECTED INITIATIVES
- 4 STUDENT AWARDS
- 1 VITAL SIGNS GRANTS
- >1 COMMUNITY PLAY SPACE
- >1 YOUNG EDMONTON GRANTS
- 23 DESIGNATED GRANTS



975
GRANTS

TO **500** ORGANIZATIONS & **220** STUDENT AWARDS



NUMBER OF FUNDS

I am passionate about my community!

TOTAL DONATIONS FOR 2014
\$19.4M



Speaker Series

Engaging Edmonton in thoughtful conversation

The Edmonton Community Foundation is pleased to present...



June 16, 2015
Prof. Timothy Caulfield

Professor of Health Law & Science Policy, Author of *Is Gwyneth Paltrow Wrong About Everything?*

He will be debunking myths around celebrity endorsed health regimes.

The Citadel, Maclab Theatre
- 9828 101 A Ave NW



October 7, 2015
Susan Aglukark & Georgina Lightning

Susan Aglukark
Inuit singer, songwriter and champion of our Northern communities

Georgina Lightning
Cree actress, film director and screen-writer

Speaking and performing at an evening highlighting Aboriginal women and the arts.

The Citadel, Maclab Theatre - 9828 101 A Ave NW



Tickets: \$25 per event, \$20 students/seniors per event

For more information go to ecfoundation.org



Edmonton
Community
Foundation