



CLOSING THE GAP *with* PHILANTHROPY

By: Angela Bhutani

How giving—and community—can lead to meaningful change in health care.

In this inspiring conversation, Angela Bhutani, Vice President, Investment Counsellor for Burgundy's Private Client Team, sits down with remarkable women from key Canadian organizations focused on mental health and social services, and the philanthropists who have partnered with them to support their missions. Deborah Gillis, President and CEO

of the CAMH Foundation (camh.ca), Teresa Vasilopoulos, Executive Director of the WoodGreen Foundation (woodgreen.org), and philanthropists Juliana Sprott and Sandi Treliving share moving and empowering examples of how to drive meaningful change by leveraging time, resources, and networks, ultimately revealing how each of us can make a lasting impact.

Angela Bhutani: *Charitable organizations and philanthropists are playing a crucial role in addressing the healthspan-lifespan gap. They step in when government alone cannot bridge these gaps. Teresa, please describe WoodGreen and its work.*

Teresa Vasilopoulos: WoodGreen is the largest social service agency in Toronto, serving the community for 87 years. We support people who find themselves unhoused, unsupported, or unfed. In terms of senior care, WoodGreen Community Services has been front and centre. We help when you are in the hospital as an elderly person and have to be discharged home but might have more complex needs than when you entered. We send in Personal Support Workers (PSWs) and provide that home care.

AB: *Deborah, please tell us about CAMH.*

Deborah Gillis: CAMH, the Centre for Addiction and Mental Health, is the largest mental health care hospital in Canada, and has a mandate and focus on education, research, and advocacy. The hospital sees over 40,000 patients a year. Our emergency department, one of the only 24/7/365 emergency departments for mental health in the country, sees about 16,000 patients a year. The hospital also provides treatment and conducts research for patients ranging from young people to older adults experiencing mental health challenges.

AB: *Sandi, the strongest partnerships between donors and organizations they support normally stem from a personal story. What initiated your involvement and support of CAMH?*

Sandi Treliving: My brother, 10 years older than I, developed psychosis and schizophrenia. His whole life was about managing his wellness as best he could in the '70's, when there was no support for persons with lived experience and certainly nothing for the family. We have come a long, long way. But my heart is in the

cause of mental health.

AB: *And it is a family affair. Both you and your husband, Jim, support CAMH, but at a certain point in 2020, your personal involvement really deepened through your help in launching an initiative called womenmind™. Describe*

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what that initiative is about.

ST: womenmind™ came about for a couple of reasons. I was doing extra work with the board because I am also co-chairing the current \$500 million campaign, No One Left Behind, which will be build-

ing the new Temerty Discovery Centre [research tower] on the CAMH campus—an incredible, game-changing advancement for mental health. Deborah pulled me aside with some other board members. She has had a career in gender equality work, and asked the VP of research to get some data about how many research studies are focused specifically on women's mental health, and how we're supporting careers for women in research. Even though 40 percent of our scientists are women, we learned that they are not getting the funding, mentorship, or leadership they need to advance their work and careers.

After we had this conversation, I kept it in the back of my head. I was also thinking, “It's time for us to do another gift.” However, the first gift felt too much about me, about my husband, and it wasn't inclusive of family and our values regarding how we view the importance of money, causes, and bonding together. I pitched my husband on an idea: “What if it's not actually a gift from you and me, but rather a gift from the Treliving women, and we give to women's mental health?” He responded, “Oh, love it, love it. Go back, talk to the girls. If we get buy-in, let's do it.” And that's how it started.

womenmind™ is a community. We weren't sure what that was going to look like, so that took the collaboration of the CAMH Foundation, the hospital, and the researchers coming together and saying, “Okay, what does success look like?”

We decided we were going to create a giving circle. We wanted to include more families, individuals, women, and men who were interested in supporting the cause. And we distribute funds through leadership programs, seed grants, post-docs, and mentoring programs—all to bolster our women working in science on women's mental health. That's not being done anywhere else but here.

AB: *Why is this so important?*

ST: We don't know enough. We've lived

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in a world that was created for male-dominated health care. Only 3 percent of all research dollars go to women's health, and one half of 1 percent goes to women's mental health.

Women experience depression, anxiety, and trauma more than men. Women are given antidepressants that were never tested on women—only on men. We're so far behind. Women are an underrepresented, underserved, and undervalued population. And we're the caregivers of the world.

AB: *You described this, at first, as a "giving circle." And so, it serves to magnify reach and impact for further involvement.*

ST: A lot of people don't know where to get started, so here it is. It's been absolutely amazing how these women have rallied. They're not just giving their funding—they're giving their time, their resources, their networks. They're bringing friends into the community.

DG: It's one of the things we didn't anticipate or plan for. We've got over 100 members in this giving circle now, and we host events that are both awareness-raising and knowledge-sharing—researchers talking about the work and the issues, ranging from young people dealing with eating disorders, to perinatal mental health and menopause, to Alzheimer's and dementia.

We've seen women share their stories, often for the first time, and the reaction of other women in the room, often strangers, is to walk up to them, put an arm around them, and embrace them. There's that piece of knowing you're not alone in this and there's hope. What's really been exciting is seeing women go from surprise and anger when they hear the statistics that Sandi just shared, to hope and optimism from the research that's being done, the community that's being built, and the support that people are offering each other.

AB: *Let's change the spotlight to Juliana and the Sprott Foundation. What*

is the Sprott Foundation's mandate, and where does it come from?

Juliana Sprott: The Sprott Foundation focuses on urgent human need, homelessness, and hunger. My mom was born in a refugee camp during the Second World War and grew up in a very poor environment. She lived in Timmins, Ont., and it was a difficult upbringing. When my parents came to a point financially where they thought, "We can actually give back," the thinking was to focus on the basics: hunger and homelessness.

AB: *You became involved with WoodGreen through your funding of an incredible project: 60 Bowden Street. Describe to us what 60 Bowden Street is about.*

JS: Sixty Bowden Street is 50 units—and I would actually prefer to say 50 homes—within a single building that will provide

holistic services such as meals, PSWs, and social workers for single seniors aged 59-plus. The senior population is so underserved that when this donation request crossed our board desk, it was unanimously agreed upon very quickly.

AB: *It matches all of the key areas that WoodGreen is doing well in providing health and wellness in one's home and meeting the increasing number of seniors who are otherwise relying on Toronto community housing. This is an incredible project. It was also a fairly large investment, wasn't it, at the time?*

TV: It was the largest single investment in WoodGreen in its 87-year history. It's something that speaks to what we're all talking about today, and that is the senior population that is having that lifespan, wealth, and health gap. This is a unique affordable housing project—it is an old





church that will be demolished and redesigned, maintaining a historical element, to create a spectacular senior centre with strong community connections. It will even include a food bank to support the community at large.

AB: *What I take away from knowing you, Sandi, and Juliana, is that your giving and contributions have taken different forms than what might be considered traditional gifts or forms of support. Are you finding that you are giving, acting, and thinking differently about support compared to your parents?*

JS: When my parents started the foundation, they preferred to give anonymously. At the time, they didn't want to draw attention to themselves—they just wanted to do the work in the background. However, when I took over the foundation in 2005, I really tried to impart to them that putting our name out there accomplishes several things. First, it encourages other donors to give and think: "Okay, this family's doing this, and we have an interest as well. Let's get on board with this project." Second is that there's this bizarre misconception that the government is this beautiful, benevolent being that takes care of everybody. This perception is wrong. Private family



Left: Angela Bhutani, Juliana Sprott, Teresa Vasilopoulos, Sandi Treliving, and Deborah Gillis on stage at Minerva Summit.

Top to bottom: Deborah Gillis; Della Langley; and Burgundy Chair and Co-Founder Tony Arrell, all at Minerva Summit.



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philanthropy, corporate philanthropy, and individual philanthropy make up a huge chunk of the funds these charities operate with. So, I said, “No way, we are not letting the government take credit for our investment in our own community. Forget it.”

TV: Additionally, it lends a real stamp of credibility and trust to an organization when a family puts their name on something, since often it will be people who are philanthropic leaders or well-recognized business leaders. The ability to say, “Oh, if they’ve invested in this organization, they’ve done their homework. This must be a good organization that’s managing their funds well.” This gives [other donors] a bit of trust.

AB: *Let’s stay on the subject of anonymity. CAMH recently experienced the disclosure of an anonymous donor who had gifted \$203 million, given over time. Deborah, can you talk about the impact that revealing the donor’s identity had for the organization?*

DG: There was a time when no one wanted to publicly attach their name to the cause of mental health because of the stigma associated with mental illness and addictions. Therefore, it took some very public champions in the early days to initiate change and shift the dynamic.

Subsequently, there’s been a huge change as awareness and understanding have grown and people have been willing to be associated with the cause of mental illness. The “anonymous donor” who was unveiled first came to CAMH in 2017, sending an email to info@camhfoundation.ca. This is a true story. That email stated: “I’m interested in making a donation. Can I speak to someone?” They were connected with a foundation team member, who invited them to tour our facilities, learn about our research, what was happening, and the plans and vision for the hospital.

Unlike most cases, where we typically know who a donor is and know something

about their philanthropic background or interests, we knew virtually nothing about the prospective donor. The tour happened, and in the elevator on the way back to the office, the foundation team member asked, “So what were you thinking?” Their response was, “\$50 million?” As you can imagine that person almost fell over in the elevator. As they tell the story, so too did

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all the other people in the elevator who overheard that conversation.

That \$50 million first indicated in February 2017 turned into an announcement in January 2018 for \$100 million. The donor wished to remain anonymous—not because of the stigma issue, but more like Juliana’s parents—feeling like “It’s not about me. It’s about the institution. I don’t

want the attention, and I don’t need to be recognized for what I’m doing.” The \$100 million turned into \$200 million, with a \$100 million investment in our current campaign supporting our campus redevelopment. Additionally, they made another \$3 million gift to endow a chair in forensic psychiatry, one of only four in the world.

Eventually, they decided to put their name on our forensic mental health building—this is incredibly important because there’s probably no population of clients the hospital serves who is more deeply stigmatized than those in the forensic system. They’re also often the sickest patients we are dealing with, often with very serious mental illness. Therefore, the donor’s choice to put their name on that building was really amazing. However, it’s named not for their name, but for the address of the home where they lived in Ottawa: Waverley Street. They described their home as a place where people felt welcome, and they opened it up to people who came to Canada from other countries—there was always an open door, food to share, and a sense of inclusion. It seems perfect that this will become the name of this building. It also means that every building on the CAMH campus will carry a donor name, marking an incredible change over 25 years.

What was surprising to me was the reaction of the staff. The announcement was made on a Thursday, and on the Friday morning, we conducted huddles with the hospital staff in the forensic program. As I was wrapping up and leaving with one of the team leaders, he got very choked up. He turned to me and said, “I was really considering quitting until this announcement—it told me that my work is valued. The patients I work so hard to treat and serve are seen, cared for, and valued as well.”

So being open, putting your name on things, being public about your support has an incredible impact on people’s lives—you’re standing with them, saying they matter, and saying you care.

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AB: *You've all gone through a learning journey and really changed your approach to your relationship with organizations. In the last number of years, we've seen more focus on "trust-based" philanthropy. Juliana, what do you think these words mean, and how do they drive that relationship you have?*

JS: I think it was through our work with Indigenous groups that we started to shift towards trust-based philanthropy and essentially tried to get out of the way. [It was like saying:] "We trust you. We believe that you know what you're doing. We're not there every day. It's not our place to tell you what you're doing right or wrong." We really believe in the charities with whom we are allies, and trust-based philanthropy is now at the core, as well as really shifting toward unrestricted funding. These concepts go together.

As a result, we have excellent relationships with our grantees. They really can text me, call me, whatever, anytime. We have a beautiful holistic relationship. The trust-based philanthropy and the unrestricted funding really help that.

TV: Yeah, absolutely. While you'll have many things like PSWs and different components of a WoodGreen organization that are supported by the government, there are service gaps where we can only help people through philanthropy. A great example of unrestricted funds in action was during COVID-19. Suddenly, we had these vulnerable seniors across the city who were not able to reach the grocery stores and were experiencing food insecurity. We established a food bank with unrestricted funds within WoodGreen, and we delivered those groceries weekly to these vulnerable residents. If we didn't have the unrestricted funding, we wouldn't have been able to respond in that situation.

DG: I think part of this is on the charitable sector and the language that we use. When I say, "unrestricted funds," what does that make you think? I think we need to be better at explaining that these funds go directly to the highest priority and often urgent needs of the organizations they support. These funds give the leadership of those organizations the flexibility to say, "This is a priority. This changed and we need to be able to act quickly and move funds to those priorities as they emerge." **M**



Top to bottom: Sandi Treliving; Lauren Davis Landau (left); Burgundy Chief Executive Officer Rob Sankey (right); Deborah Gillis, Teresa Vasilopoulos, Angela Bhutani, Sandi Treliving, and Julianna Sprott.

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