



Registered Nurses'
Foundation of Ontario

RNFOO NEWSLETTER

FALL 2007

Dorothy Wylie, Honourary Life Member

Honourary Life Membership is given to honour an individual who has made a significant contribution to the foundation's work over time. Dorothy Wylie was presented with this award at the Gala in May 2007.

Dorothy has been recognized as a leader in the nursing community within Ontario and across the country. As a renowned teacher, mentor, coach and visionary leader, she is committed to education, learning and to the advancement of nursing practice.

A graduate of St. Michael's Hospital School of Nursing in Toronto, Dorothy completed a Bachelor of Science in Nursing from New York University, and a Master of Arts from Columbia University. Later in her career, Dorothy commuted on weekends to Washington, DC to complete a Master of Science in Human Resource Development at American University. These academic achievements illustrate the value that Dorothy places on

education for nurses. Dorothy's extensive leadership experience includes roles at Scarborough Centenary Hospital, Sunnybrook Medical Centre, now the Sunnybrook Health Sciences

In addition, Dorothy has served as Associate Professor in the Faculty of Nursing at the University of Toronto, Assistant Professor at the University of Manitoba Faculty of Nursing, and President of the

College of Nurses of Ontario. As a founding member of the Provincial Nurse Administrators' Interest Group in Ontario, and volunteer editor of the Canadian Journal of Nursing Administration, she was influential in ensuring that nursing leaders have ready access to leading edge knowledge of leadership research and practices.



Centre, the Registered Nurses Association of Ontario and the Toronto General Hospital, now part of the University Health Network. At the time of her retirement as Vice President of Nursing at the Toronto General in 1987, Dorothy was widely respected as a mentor, promoter of excellence in nursing practice and an advocate for the nursing profession.

Although Dorothy has been retired for a number of years, she continues to share her wisdom, time and many talents with volunteer organizations. Dorothy was an RNFOO Board Member from 1999-2003, and was instrumental in developing new systems to strengthen RNFOO as a revitalized and evolving charitable organization. As Chair of the



Investing in nursing....celebrating 35 years

President's Message

I hope you enjoy this issue of our newsletter in which we have focused on our donors, their investments and the impact of their gifts on the lives of others. Our goal is to demonstrate how, as an organization, the Registered Nurses' Foundation of Ontario (RNFOO) actually lives its mission, specifically working to raise funds, invest these and then distribute awards and scholarships to Registered Nurses and nursing students in Ontario. Indeed, in May 2007 at the annual RNFOO Gala, we were able to award 41 scholarships worth \$76,000. Additionally, on a quarterly basis we review funding requests to support the professional development of those who are seeking advancement in the field of infection prevention and control, and to date have awarded \$48,811.

RNFOO is able to contribute to the education of nurses only by the support of its donors, and this is demonstrated in many different ways. Many donors give of their 'treasure', which is the source of the funds for investment and scholarships. However, RNFOO is

primarily a volunteer organization, and as such relies on a myriad of people who give generously of their time and talents. Without all of these gifts - time, talent and treasure - RNFOO simply could not exist.

Reflecting on the sentiment of RNFOO's mission and the contributions of so many people coming together to make it happen, brings to mind the following quote attributed to Winston Churchill:

"We make a living by what we get;
we make a life by what we give."

We can readily see how the scholarships help recipients 'make a life', and Noel's story in this issue illustrates how his scholarship from RNFOO enabled him to finish his studies in infection control and to reach out to a small African Village. As well, I recently came across the findings of Dr. Abraham Brunk, a researcher/teacher in The Netherlands, detailing how 'givers' have healthier bodies and spirits than those whose lives are defined only by what they do for themselves. Therefore, giving not only



enhances us emotionally, it is also good for the body.

So, thank you to our many donors and volunteers whose gifts and contributions are essential to RNFOO, and enjoy good health!

Best regards,

Dorothy

Dorothy Wylie, Honourary Life Member (Continued)

Communications Committee, she led a team to rejuvenate the newsletter - the major venue for keeping our donors regularly informed of RNFOO activities and laid the groundwork for developing RNFOO's first web site. Then as Treasurer and Chair of the Finance Committee, she designed and implemented important new systems and structures to further strengthen the work of the Board.

Dorothy was and continues to be an active and strong supporter of the Gala, RNFOO's Signature Event.

Many will recognize her name associated with the Dorothy M. Wylie Nursing Leadership Institute. At the Institute, carrying on Dorothy's pioneering vision, current and emerging health care leaders work to accomplish core leadership

competencies appropriate to leading current and future knowledge workers in our complex health care organizations.

Dorothy's significant contributions over the years truly exemplify her as a nurse who invests in nurses and nursing and as such, make her truly deserving of RNFOO's Honourary Life Membership.



2008 GALA



WEDNESDAY MAY 7, 2008



A new tax break when you donate securities to charity.

Recent tax changes have made it even more attractive to donate publicly traded securities to a charitable cause that's important to you. Under the old rules, when you donated securities to charity, it was deemed a disposition for tax purposes. That meant that any appreciation in the value of the securities, from the date you acquired them to the date they were donated, was treated as a taxable capital gain.

In the 2006 federal budget, this rule was changed to provide a significant tax break for charitable donors. **You may now donate stocks, bonds, futures and options, as well as shares in mutual funds to a registered charity without paying any tax on the capital gain.** As a donor, these tax savings may increase the amount you can afford to give, or simply reduce the out-of-pocket expense of your gift. What a win-win for you and the RNFOO!

Here's an example of the significant tax savings

The following table compares the tax consequences of selling a security and

	Sell Security	Donate Security
Market Value of security	\$100,000	\$100,000
Adjusted Cost Base of security	\$50,000	\$50,000
Taxable portion of capital gain (50%)	\$25,000	\$0
Tax Payable on capital gain*	\$11,603	\$0
Charitable donation/tax receipt	N/A	\$100,000
Charitable tax credit*	N/A	\$46,410
Net Proceeds	\$88,398	\$46,410

*Based on Ontario's top marginal tax rate of 46.41%

realizing a capital gain, versus donating the same security to a charity.

In this example, making a donation of securities allowed the investor to avoid \$11,603 in capital gains tax in addition to receiving a \$46,410 charitable tax credit. On an after-tax basis, when you factor in both the tax credit and the capital gains savings, this \$100,000 gift to charity cost the investor only \$41,987.

It is now possible for you to donate shares and receive a charitable tax receipt equal to their market value,

without triggering any capital gains tax. Thanks to this new tax legislation, it's never been more affordable to show your generosity and assist a worthy cause.



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LAST CHANCE

A special evening

Honouring Dr. Sheela Basrur

and the launch of the

Oncology Nursing Education Fund

Tuesday, November 20th, 2007

5:30pm - 7:30pm

Ryerson University



For more information and to register visit www.rnfoo.org or contact 416-426-7029 or events@rnfoo.org

GALA 2007 Raffle Prize Winners

- | | | |
|---------------------------|------------------------|---------------------|
| Liz Budd | Erma Wolfe | Lesley Beagrie |
| Elizabeth Logan | Margaret Hosany | Bernadette Yuen |
| Shirley Strachen Jackmans | Lesma Bartley | Lily Spanjevic |
| Cenia Aceludo | Doris Doidge | Ann Tourangeau |
| Nelson Lee | Rhonda Seidman | Joan Henry |
| Lianne Jeffs | Marg Howell | Leinic Chung-Lee |
| Jeff Baine | Suzette Anderson | Annette Weeres |
| Ruth Lee | Gabriella Golea | Sheerie Fox |
| Natalie Burkitt | Shobana Poopalasingham | Alice Jyu |
| Carol Fine | Ann Miller | Kileen Tucker-Scott |
| Linda Flockhart | Karen Kerry | Cynthia Struthers |
| Bernadette Yuen | Nancy Wylie | Simin Faridani |
| Pamela Pogue | Loretta Morson | Therese Kwok |
| Lori Korkola | Sandra Bochus | Irene Simpson |
| Irene Simpson | Jane Lee | Elsabeth Jensen |
| Esterlynn Pilapil | Jodie Boltuc | Joyce Grandy |
| Joyce Grandy | Janice Dusek | Jean Trimmell |
| Patricia Campbell | Doris Doidge | Silvana Oppedisano |
| Kim Colapinto | Karen Brill | Deborah Trequanno |

“Making a Life.” by Noel Belcourt

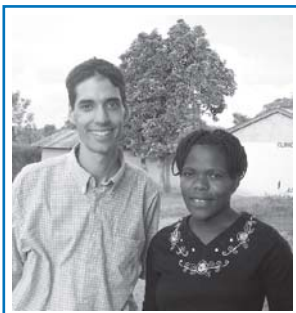
As a recipient of the 2006 SARS Memorial Fund for Infection Control Practitioners I was able to pursue further professional development prior to leaving for western Kenya where my wife and I recently spent a working year. Funded mostly by Canadian Crossroads International as part of its North-South partnership-building mandate, we embarked on a mission to strengthen activities between two organizations, one in Canada and one in Kenya; The Ugunja Community Resource Centre. The Centre had, a small health clinic called St. Paul's Health Centre (SPHC). Located in a small rural village, it operated during daylight hours, serving as an outpatient clinic. In addition the clinic has a comprehensive outreach program.

We found SPHC bursting with ingenuity and compassion, despite high turnover of staff and many problems associated with lack of funds; no running water; poorly stocked medications; and non-existent infection control practices. For example, all waste, including medical, went into the latrine. Despite their poverty and many illnesses, people persevere and are resilient, they are an example to us all. Here we found an acceptance of the transitions of life cycles, very different from our own experiences in Canada. As part of our work we accompanied the community health workers on outreach, traveling to people's homes for house calls, visiting those who could not manage to cover the distance themselves to come the health centre. On one particular day we walked for miles, far from anything that could be called a road, and yet there was hardly a moment when we didn't pass someone on the path or walk past a dwelling. We passed homes, mud and stick dwellings with cut grass roofs, and plot after plot of maize crops with occasional cassava, or millet, every bit of land lived on or farmed.

As we approached one patient's house, the smell of sickness hung heavy in the air. Sitting on the ground on the doorstep of a dilapidated and crumbling mud hut was an emaciated old woman with a dirty shawl

covering her legs. A quick peek underneath revealed festering and oozing wounds on both feet. The smell, flies, and sight of advanced untreated and unclean venous ulcers was sickening.

She could no longer walk and since all of her family including children, and grandchildren had died of AIDS, she was left fending for herself with the help, from time to time, of neighbours also enduring the ongoing struggle of illness and poverty. She couldn't fetch food or water and struggled to crawl from her bed to the doorway where we now found her. She had a small bucket for bodily waste which she dragged to the doorway and emptied out next to her where she sat. We cleaned her wounds, offered her some small bits of food, spoke briefly with a neighbour and village community health worker, and then left for yet another similar and tragically familiar case.



Official statistics say the HIV prevalence rate is 24%, the highest rate in Kenya, but no one really knows. A doctor from a nearby village pegged the rate at around 40% for young adults. There are some signs of progress. The HIV/AIDS support group at SPHC registered over 300 members since October 2005. This gives hope and inspiration for many. Although anti-retroviral therapy is not yet offered at SPHC people living with AIDS and HIV can gain peer support, nutritional advice, medical consultation, free medicines for opportunistic infections, community support in income-generation, regular blood work to monitor the advancement of their HIV infection, and referral to government hospitals for free ARV therapy.

It is this support that creates hope and that sustains people. My scholarship helped me to know better about what to do in these difficult situations and I look forward to helping to improve infection control practices as well as working with our local HIV/AIDS community in making deeper partnerships with those at home and abroad.



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