

A photograph of children playing around a large tree trunk. The children are in motion, with some reaching out to touch the bark. The scene is outdoors, with a brick path and greenery in the background.

CANADA'S URBAN HEALTH CATALYST



Annual Report 2004-2005

WE BELIEVE

That Canada's one tier, universally accessible health care system is the fairest, most equitable and effective approach to ensure proper health care for all.

That urban health is an inalienable right, and that all community members benefit from the fundamental principles of healthy urban environments.

That healthy urban communities result from a holistic approach based on the social determinants of health. These include income and income distribution, housing and homelessness, social exclusion, early life conditions, education, employment, working conditions, job security, food security, health services and the social safety net.

That equality of access must be an underpinning of public health.

That services must meet the needs of people regardless of race, ancestry, place of origin, ethnic origin, colour, creed, citizenship, gender, sexual orientation, age, marital status, family status, disability, receipt of public assistance, political affiliation, religious affiliation, record of offences, or level of literacy.

That we must be champions for healthier urban communities, willing to engage all levels of civil society to achieve our goals.

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OUR VISION

TO ENHANCE THE HEALTH AND WELLNESS OF URBAN COMMUNITIES BY ACTING AS A LEADER AND CATALYST.

OUR MISSION

TO BE A LEADER AND CATALYST FOR ENHANCING THE WELLNESS AND HEALTH OF THE PEOPLE OF SOUTHEAST TORONTO AND OTHER URBAN COMMUNITIES.



EXECUTIVE MESSAGE

As the contents of these pages attest, the Wellesley Central Health Corporation has enjoyed the most active and productive year in its six-year history.

In particular, the substantial progress made toward the completion of the redevelopment of the former lands of the Wellesley Central Hospital in Southeast Toronto was a major accomplishment. As planning and approvals now give way to the emergence of built form, the 86-year legacy of the health care once provided on the site has been successfully reclaimed. We thank all those who have contributed to this wonderful cause.



We have titled this year's annual report "Canada's Urban Health Catalyst." The phrase speaks to the increasing acclaim that our work has earned in both capacity and coalition building in the wider urban health community. Unlike any previous year, we have solidified our place as a builder of capacity among our communities of interest with whom we share common cause. Similarly, we have made important strides in establishing ourselves as developers of broad-based coalitions that leverage our unique expertise. In particular, we continue to achieve international acclaim for our leadership in community-based research. In all these efforts, we are intent on advancing inclusive and interdisciplinary activity that results in real solutions for real people in real time.

More than ever, our financial and intellectual independence has proven fertile ground for remarkable creativity and innovation. We aspire to set the world standard in the applied knowledge economy, promoting new levels of community leadership in education and idea exchange. In this regard, we are convinced that we are limited only by the depth of our organizational imagination.

We are grateful for the many contributions of our energetic and highly engaged Board of Directors, who remain instrumental in directing our strategic evolution. We acknowledge and thank our management and support team, our organizational partners and alliances, our dedicated communities of interest, and our professional associates.

With their assistance and encouragement, we are proudly emerging as Canada's urban health catalyst.

Dennis Magill
Chair, Board of Directors

J. Richard Blickstead
Chief Executive Officer

STRATEGIC PLANNING:

Since its inception, WCHC has made substantial progress in its evolution from a hospital corporation to an urban health organization. In order to advance that progress, the organization embarked on a 5-month strategic planning process to further refine its aspirations, articulate its goals, identify its strengths and areas for improvement, set priorities to shape its future, and begin to define the capacity necessary to achieve its goals. Having application to the period 2005-2008, the Wellesley Central Strategic Plan was adopted by the Board in January 2005.

Central to the Plan is the determination of three interdependent strategic priorities:

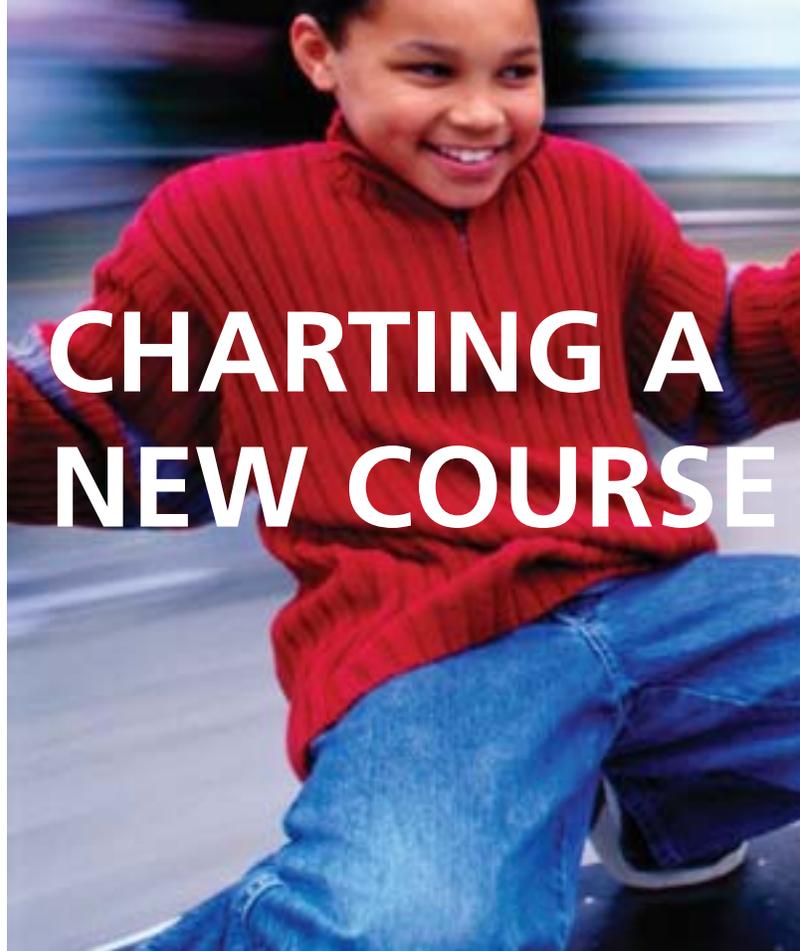
- Promoting urban health research;
- Building organizational and community capacity; and
- Informing public policy

In addition, a series of five enabling strategic directions have been established to support the implementation of these priorities:

- Ensuring effective governance and management;
- Ensuring financial stability;
- Developing innovative infrastructure;
- Managing real estate assets; and
- Facilitating innovation

Each of these is given strategic precision by well-articulated goals, objectives, key strategies, desired outcomes, indicators of success and performance measures of effect and effort. Work plans are being developed that will align all our undertakings with these priorities and directions.

In addition to new vision and mission statements, the strategic planning work also produced an expanded set of values and principles, providing a framework for decision making and day-to-day operations. They are: relevance, effectiveness, efficiency, excellence, responsiveness, innovation, ethical standards and integrity.



CHARTING A NEW COURSE

**A PROCESS TO FURTHER
REFINE OUR ASPIRATIONS,
ARTICULATE OUR GOALS,
IDENTIFY OUR STRENGTHS
AND AREAS FOR
IMPROVEMENT, AND SET
PRIORITIES TO SHAPE OUR
FUTURE.**



CANADA'S URBAN HEALTH CATALYST

Since its inception, the Wellesley Central Health Corporation has had an evolving agenda. We have been active in land redevelopment, granting programs, capacity building focused on community-based research, and coalition building aimed at informing public policy. This variety in activity has been complemented by a variety in reach: while many activities are focused on the diverse communities of Southeast Toronto, we are also active contributors on regional, national and international stages.

The urban health niche we have carved out for ourselves is unique in Canada. So too is the role we play in bringing it to life. Our role is characterized by a determination to:

- encourage and stimulate action that is initiated in the community and drives effective urban health public policy;
- fund and commission academic and community-based research in support of a vision to effect urban health public policy;
- adopt positions consistent with our values and principles that shape the public agenda;
- affect public policy in urban health by building capacity, encouraging and facilitating community mobilization, and

leveraging partnerships among public, private and academic sectors; and

- work with partners who share similar values and beliefs.

Aligned by the interdependent activities of research, capacity/coalition building and the informing of public policy, we serve as a unique catalyst focused squarely on the social determinants of urban health.

Two common threads serve to ground and direct this activity. The first is a determination to serve as a catalyst for change. The second is a focus on the social determinants of urban health and urban health services. In particular, we align our activities with three such determinants: income distribution, housing and homelessness, and social exclusion.

In all these undertakings, we maintain and reinforce the central operating characteristics for which we have earned community respect and acclaim: a progressive, innovative, humanist perspective; the role of catalyst in capacity and coalition building in support of community-based solutions; inclusive and interdisciplinary activity; and a customer-centric culture that is focused on advancing meaningful and practical solutions.

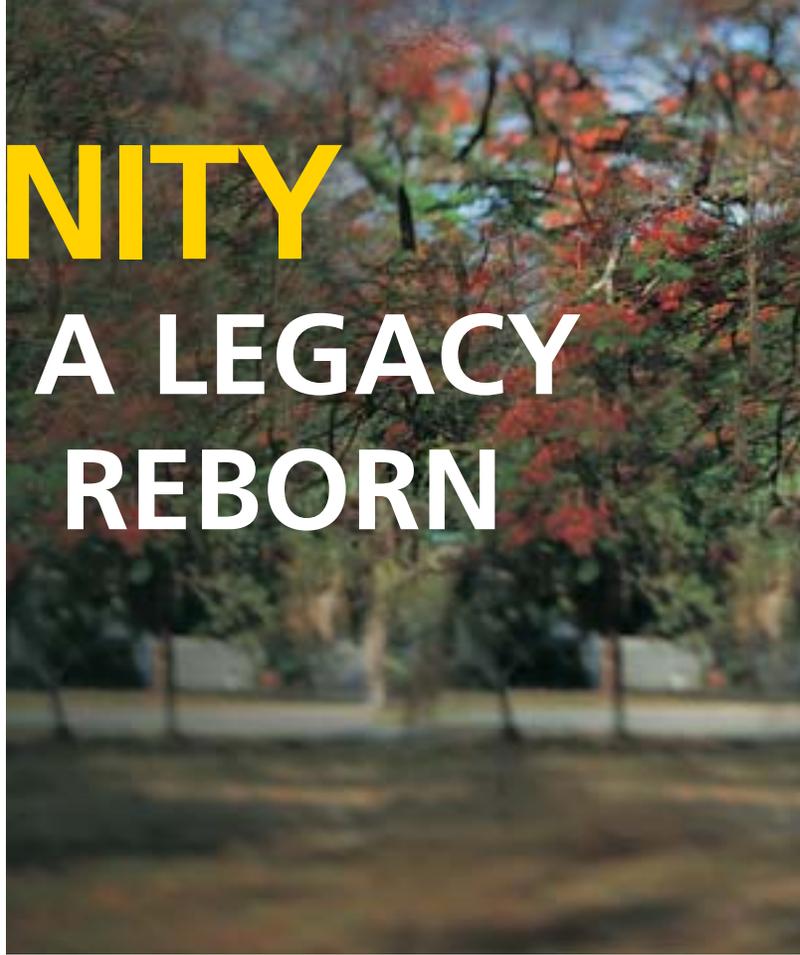
A COMMUNITY REBUILT: A LEGACY REBORN

The Wellesley Central Health Corporation has its genesis in a variety of community-based, urban health aspirations that followed the forced closure of the Wellesley Central Hospital in 1997.

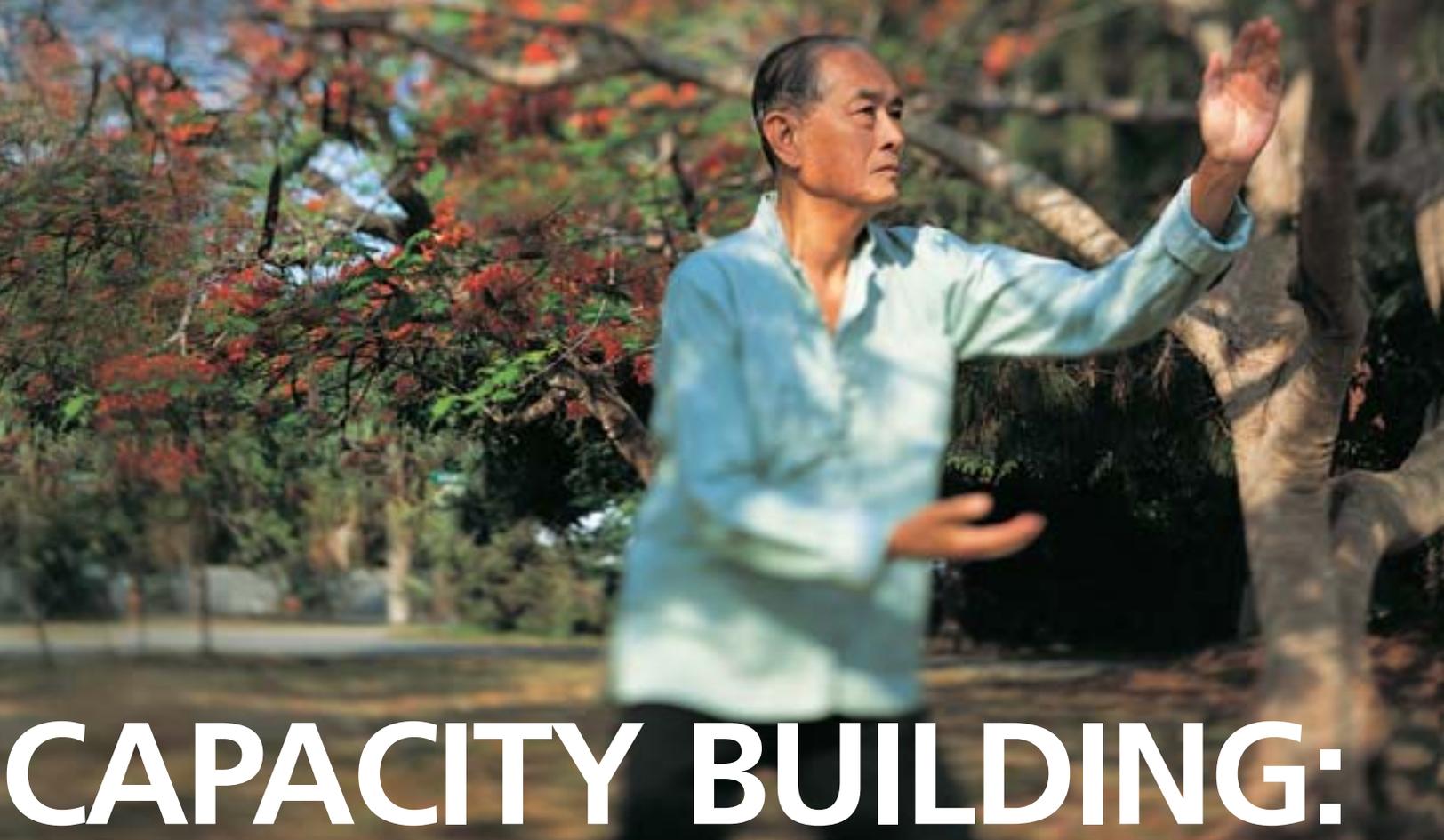
Central to that initiative was a desire to maintain the legacy of urban health care and community service formerly provided on the site. The redevelopment of the 4.3-acre site at Sherbourne and Wellesley Streets in Southeast Toronto is the physical manifestation of that desire.

Last year, this work moved forward dramatically. The plans for a mixed use development include Wellesley Central Residences Inc. – a newly incorporated, 112-unit supportive housing facility for people with HIV/AIDS and the frail elderly; Wellesley Central Place – a long-term care facility; the Wellesley Central public park; and private condominium housing.

Each of these elements is proceeding according to schedule, and the new community – the largest such neighbourhood-based redevelopment in Toronto – is beginning to take shape. We believe that this substantial investment in our community and its people will result in positive and lasting social and economic change.



**AN IMPORTANT LEGACY OF
URBAN HEALTH CARE IS
BEING MAINTAINED AND
ENRICHED THROUGH THE
DEVELOPMENT OF A NEW
GENERATION OF SERVICES
AND AMENITIES ON THE
WELLESLEY CENTRAL LANDS.**



CAPACITY BUILDING: STRENGTHENING OUR COMMUNITIES OF INTEREST

One of the ways that our mission can be best served is through the provision of support to like-minded organizations and individuals active in the promotion of urban health. That is, we help build capacity among our communities of interest with whom we share a common cause.

A primary vehicle for this work is The Resource Centre, Community-Based Research, (RC-CBR) which helps build the capacity of a variety of sector researchers to partner in urban health research, policy development, community empowerment and social change. Approximately 900 people attended our 20 different CBR workshops, a total of 30 of which were held during the year. Six new facilitators representing a diversity of communities were engaged. A first evaluation of these workshops reported a 98% approval rating. Thirty participants received the Wellesley Central Urban Health Certificate in Community-Based Research.

We established the framework for the Resource Centre for Organizational and Community Capacity Building. In addition, we took part in the St. Joseph's Health Centre Health Leadership Program on capacity building; we launched the joint CPH/WCHC list-serve for the CBR community; and a first national survey on community-based research was undertaken.

Launched in 2003, The Wellesley Urban Health Seminar Series continued to build capacity by bringing together North America's leading thinkers and innovators in urban health research, and a first Wellesley Central Visiting Scholars Program was established. In addition, the Wellesley Urban Health Partnership Brokering Initiative actively matches institutionally-based researchers with community groups; and the Wellesley Urban Health Bursaries Program provides support for promising undergraduate students in the Greater Toronto Area.

WE HELP BUILD CAPACITY AMONG OUR COMMUNITIES OF INTEREST WITH WHOM WE SHARE A COMMON CAUSE.

A woman with dark hair, wearing a bright blue button-down shirt and a black skirt, is pushing a bicycle on a sidewalk. She is looking towards the camera with a slight smile. The background is slightly blurred, showing other people and buildings.

AN ACTIVE AND PRODUCTIVE

RESEARCH

- Presented at national and international conferences
- Held Community Advisory Forum to help shape research priorities
- Initiated a Wellesley Urban Health Visiting Scholars Program
- Expanded Wellesley Urban Health Seminar Series
- Led Wellesley-Ryerson work on determinants of health of urban youth
- Funded preparation of extensive bibliography on homelessness in Toronto
- Funded planning for Urban Health Conference with Centre for Research in Inner City Health
- Participated in formation of online planning resource www.torontohealthprofiles.ca
- Held 30 CBR workshops serving approximately 1000 attendees
- Established membership in US Centres for Disease Control CBR curriculum group
- Created Canadian Community Campus Partnerships for Health CBR partnership
- Undertook independent user evaluation of CBR workshops with 90% satisfaction result
- Launched joint CBR list-serve with CCPH
- Launched first national CBR survey in Canada
- Presented award-winning paper on CBR ethics review at International Conference on Urban Health in Boston
- Planned for an Advanced CBR Institute for Toronto
- Externally evaluated and updated enabling grant program
- Provided \$210,166 for 6 Advanced Urban Health Grants
- Provided \$138,350 for 13 Enabling Urban Health Grants
- Provided \$301,986 in commissioned research

TIVE YEAR

CAPACITY/COALITION BUILDING PARTNERSHIPS

- Developed framework for Resource Centre in Leadership Enhancement
- Created the Resource Centre – Organization and Community Capacity Building
- Developed model for creation of Institute for Child and Family with university partner
- Facilitated re-launch of West End Urban Health Alliance
- Facilitated strategic repositioning of South East Toronto alliance
- Provided leadership in Malvern Community Coalition and MYLIFE youth project
- Facilitated development of community integration model at St. Joseph's Health Centre
- Worked to establish Chinese Canadian health alliance
- Created outreach program through 211 database

PUBLIC POLICY

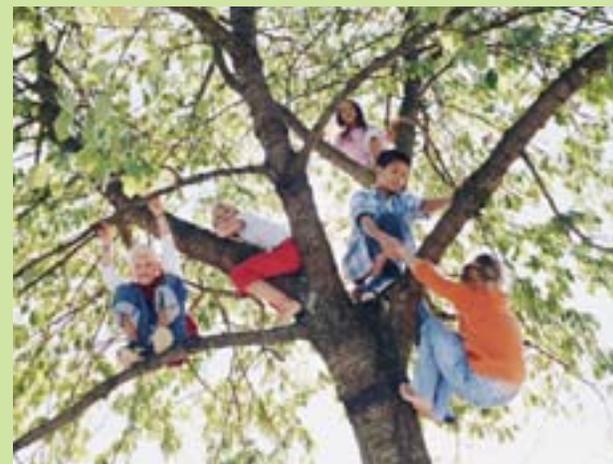
- Provided leadership in facilitating submission on Central Toronto LHIN
- Hosted the Healthy Connections Conference
- Provided funding for HRDC inaugural National Conference on the Homeless
- Developed new governance structure for SILOS for Solutions
- Prepared for co-hosting of the first CCPH conference in Canada
- Established new Public Policy Task Force to drive policy change
- Undertook public policy best practices review
- Commissioned research on public policy effectiveness
- Sponsored 2004 Federal election candidates debate

LAND REDEVELOPMENT

- Completed the development plans and sale of the former WC lands
- Incorporated supportive housing company

INTERNAL REVITALIZATION

- Adopted new Strategic Plan
- Revised processes for strategic planning, annual plan development and budgeting
- Developed expanded Standard Operating Procedures Manual
- Developed more efficient payment systems
- Attracted and retained new professional staff
- Re-launched web site with improved functionality, interactivity and resources



COALITION BUILDING:

Our growing reputation as a leader in urban health has cemented our role as a credible coalition builder in support of a wide variety of progressive initiatives. We instigate and undertake coalition alliances and partnerships in order to leverage our unique expertise in the exchange, transfer and translation of knowledge; capacity building; strategic planning; public policy and advocacy. In all these efforts, we are intent on supporting inclusive and interdisciplinary activity that has a real and practical impact on people.

This year was our busiest yet in such coalition building and participation:

- We worked with the Gerrard Resource Centre to reposition it in line with the mission of Ryerson University, contributing to the founding of the Ryerson Institute for Child and Family, the first of its kind in Canada;
- We developed a renewed governance and operating model for the West End Urban Health Alliance, providing a template for alliance building in other communities;
- We facilitated the strategic repositioning of the South East Toronto project;
- We helped develop a new governance structure and communication strategy for SILOS for Solutions;
- We facilitated the development of a community integration model for St. Joseph's Health Centre;
- We worked with the Malvern Community Coalition and its MYLIFE project on solutions to youth violence, which grew out of our commissioned research grant;
- We advised the Hispanic Community Coalition and contributed to the proposed Canadian Chinese Health Alliance;
- We held a series of Community Advisory Forums to solicit community and academic input on community priorities and build the coalitions necessary to bring them to life;
- We arranged to co-host the first CCPH conference in Canada in 2007; and
- We participated in a community alliance that produced neighbourhood-based health profiles aimed at reducing inequalities in service across the GTA.



SUPPORTING PARTNERS IN P

**A CREDIBLE COALITION
BUILDER IN SUPPORT OF A
WIDE VARIETY OF
PROGRESSIVE INITIATIVES.**



OUR PROGRESS

THE EMERGENCE OF AN URBAN HEALTH CHAMPION

Now in its second year of activity, an emerging public policy agenda is bringing attention to the organization as a new champion of urban health.

Staff and Board members were active in conference presentations including the Healthy Connections Conference: Real Solutions for Real People; the St. Joseph's Urban Health Conference; academic presentations at Wilfred Laurier University, the University of Toronto and Ryerson University; the Community-Campus Partnerships for Health Annual Conference in Atlanta; the American Public Health Association Conference in Washington; and the International Conference on Urban Health in Boston.

External consultants were commissioned to undertake a best practices review of organizations involved in public policy activity; (Research Institutes with Policy Impact) the WCHC public policy niche and refinement of the

social determinants of health; (Identifying and Establishing a Unique Niche in Urban Research) and the status of research into homelessness. (Understanding Research on Homelessness in Toronto)

A first WCHC-sponsored candidates' debate for the federal riding of Rosedale Centre was held. We facilitated and co-led a working group on the preparation of public policy priorities for the Toronto Central Local Health Integration Network. We established two CBR workshops in support of community learning in the practice of translating public research into successful government and media relations. Near the end of the year, we established a first Public Policy Task Force.

Finally, we undertook the repositioning and relaunch of our web site at www.wellesleycentral.com, improving its functionality, resources and user friendliness.

AN EMERGING PUBLIC POLICY AGENDA IS BRINGING ATTENTION TO THE ORGANIZATION AS A NEW CHAMPION OF URBAN HEALTH.

URBAN HEALTH RESEARCH: SETTING THE STANDARD

Our granting programs are designed to support independent research that can have a practical and measurable impact on the urban health of the extraordinarily diverse communities of Southeast Toronto and beyond.

Our granting criteria are squarely focused on research undertakings that are most likely to provide real solutions for real people. Last year, a new administration and procedures manual governing grants was created. Some \$650,502 was provided in support of Advanced and Enabling Grants and commissioned research, including research on best practices in the evaluation of grants and outcomes.

ADVANCED GRANTS

Ontario Women's Health Network
St. Michael's Hospital
Committee for Accessible AIDS Treatment
Ryerson University, School of Nursing
Canadian Council on Social Development
Fife House

ENABLING GRANTS

The Indaba Aid Development
Midaynta Association of Somali Services
Inner City Health Research Unit
The Trent Centre for Community-Based Education
Family Services Association of Toronto
Chinese Canadian National Council
Planned Parenthood of Toronto
The Dream Team
Aurora Family Connections
The South Riverdale Community Health Centre
St. Stephen's Community House

COMMISSIONED RESEARCH

Ryerson University
St. Michael's Hospital – My Baby
St. Stephen's Community House
Health Service Gaps Literature Review
St. Stephen's Community House
Evaluation of the Wellesley Enabling Grant Program
Evaluation of the Wellesley Advanced Grant Program
Evaluation of Wellesley's Community-Based Research Workshop Program
Ryerson University (LEAD)
Suicidal Studies Unit, Youth and Mental Health

BALANCE SHEET

As at March 31, 2005

	2005	2004
ASSETS		
Current		
Cash and cash equivalents	\$ 5,312,103	\$ 7,555,347
Restricted cash	500,000	-
Accounts receivable	25,157	62,552
Due from Wellesley Central Residences Inc.	190,000	98,675
Accrued investment income	143,817	130,691
Prepaid expenses	17,489	4,842
Total current assets	6,188,566	7,852,107
Long-term investments	23,330,447	18,220,104
Capital assets, net	56,839	70,014
Land held for future development	6,396,003	6,115,768
	\$ 35,971,855	\$ 32,257,993
LIABILITIES AND NET ASSETS		
Current		
Accounts payable and accrued liabilities	122,482	268,417
Grants payable	6,500	30,000
Deposits	500,000	-
Total current liabilities	\$ 628,982	\$ 298,417
Contingency		
Net assets		
Unrestricted	28,991,854	6,989,107
Internally restricted	-	18,784,687
Invested in capital assets	6,351,019	6,185,782
Total net assets	35,342,873	31,959,576
	\$ 35,971,855	\$ 32,257,993

STATEMENT OF OPERATIONS

As at March 31, 2005

	2005	2004
REVENUE		
Investment income	\$ 2,213,350	\$ 3,587,821
Other income	25,017	86,474
	\$ 2,238,367	\$ 3,674,295
EXPENSES		
Management and administration	899,572	763,292
Urban health and grants	795,958	436,047
Capacity building and public policy	159,540	166,523
	\$ 1,855,070	\$ 1,365,862
Excess of revenue over expenses before the following	383,297	2,308,433
Gain on sale of 345 Sherbourne Street	3,000,000	-
Excess of revenue over expenses for the year	\$ 3,383,297	\$ 2,308,433

The above information was extracted from the Audited Financial Statements, which were examined by Ernst & Young LLP, Chartered Accountants. Copies of full financial statements, including notes thereto, can be obtained by contacting the office.

THE TEAM

The Board of Directors of the Wellesley Central Health Corporation is guided by a formula for membership that results in broad representation from the many communities it serves. Accordingly, the Board seeks equal membership from three groups: the community at large, the academic community, and the business community. Our Management Team is comprised of qualified, experienced and well regarded professionals, all of whom have demonstrated leadership in their respective fields. In addition, we have successfully recruited outstanding visiting scholars and workshop facilitators.

BOARD OF DIRECTORS

Barstow, Anne
Behrens, Dean
Binder, Louise
Brown, Glen
Campbell, Jan
Cooper, Donald
Davis, Minda
Di Pede, Tony
Jesson, Barbara
MacDonald, Suzanne
Magill, Dennis (*Chair*)
Meagher, Aileen
O'Campo, Pat
Robertson, Ron
Stein, Shari
Swain, Ken
Ty Turner
Warrian, Peter

BOARD COMMITTEES

Finance Committee
Governance Review Committee
Investment Committee
Nominating Committee
Planning and Development Committee
Site Committee
Urban Health Committee
Public Policy Task Force

MANAGEMENT TEAM

Rick Blickstead
Chief Executive Officer

Ashley Bennion
*Special Assistant to the CEO
and Coordinator – Capacity Building*

Sarah Flicker, Ph.D.
Director-Research

Bob Gardner, Ph.D.
Director – Public Policy

Sean McDonald
Coordinator CBR and Grants

Lynne Payne
CBR Administrator

Joan Roberts
*Director – Capacity Building and
Knowledge Exchange*

Nadiya Troyan
Board Administrator

Special thanks to: Bryna Smith
past Board Administrator

VISITING SCHOLARS AND FELLOWS

James Dunn, *Housing &
Homelessness – Centre for Research
on Inner City Health, St Michael's
Hospital*

Irving Gold, *Knowledge Transfer &
Exchange – Canadian Health Services
Research Foundation*

Nazilla Khanlou, *Social Exclusion –
Faculty of Nursing, University of
Toronto*

Meredith Minkler, *Community Based
Research – University of California,
Berkeley School of Public Health*

John Myles, *Income and Income
distribution – Department of
Sociology, University of Toronto*

Blake Poland, *Community-Hospital
Integration – Department of Public
Health Sciences, University of
Toronto*

John Stevenson, *Capacity Building,
St Joseph's Health Centre*

CBR FACILITATORS

Beverly-Jean Daniel
Sarah Flicker
David Goyette
Heather Graham
Hélène Grégoire
Christine McKenzie
Lea Narciso
Cameron Norman
Jennifer M. Poole
Lumembo Tshiswaka