Citizens for an Accountable Mega-Hospital Planning Process (CAMPP)

The proposed site of the new hospital is physically detached from the communities it should serve

- Its location beyond all residential neighbourhoods at the far end of the airport land means there is no direct way to access it from the core
- This major community institution will no longer anchor Windsor's urban core
- As long as the airport remains where it is, Windsor residents' access to acute healthcare services will be dislocated from the city
- The zoning of the location is tied to a proposed 400 hectare / 1,000 acre development south of the airport.

Note: The distance projections in the hospital proposal don't specify whether they are as the crow flies, or exact routes. Many W-E residents who technically live within 10km of the County Rd 42 location will find themselves travelling significantly further to get around the airport land.

All of CAMPP's distance projections are exact, and we have selected the shortest routes available in our calculations.

CAMPP'S CONCERNS: ACUTE

A CCESS to hospital healthcare services

C OST of infrastructure for greenfield construction

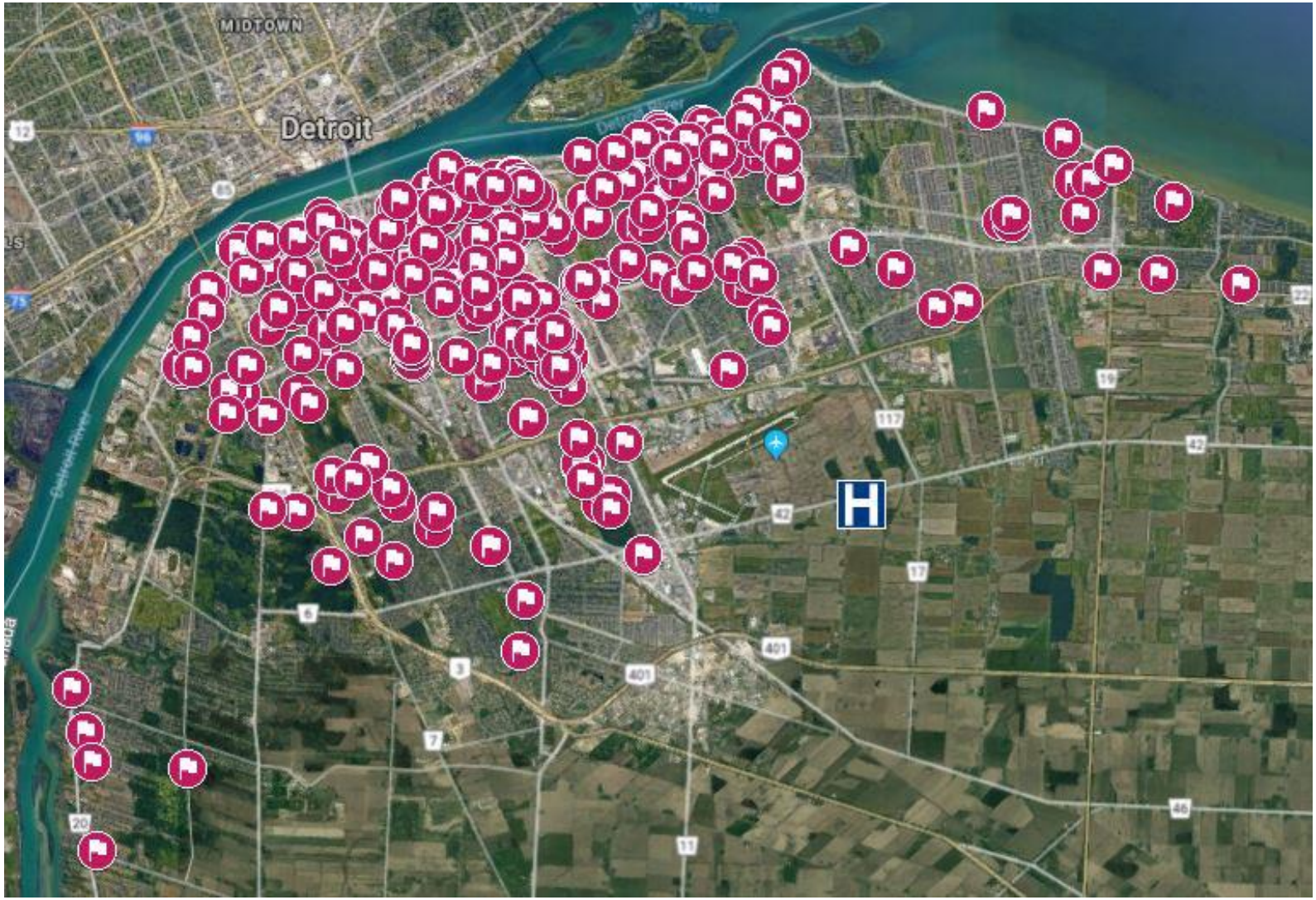
U **RBAN PLANNING**

T RANSPARENCY lacking in site selection process

E NVIRONMENT – farmland protection and amount of driving

A Groundswell of Opposition to a Flawed Proposal

Link to Interactive Map showing first edition ReThink signs throughout Windsor and Essex County.
Click on map below to see current edition of signs:




RE-THINK
the Mega-Plan
It's not a done deal!
www.WindsorMegaHospital.ca
RE-THINK
the
MEGA-HOSPITAL
WE deserve a better plan!
WindsorMegaHospital.ca

Principles for a Good Plan

To guarantee affordable, timely healthcare services in Windsor-Essex, a good plan must start by understanding the needs of a rapidly aging community with stagnant future population growth, that is spread out over a large geographic area.

1. **Access to the right healthcare**:
    - Maximise ease of access for the greatest number of people, regardless of income or age
    - Address root causes of bed shortages and bottlenecks, including: ER and surgical wait times, and bed shortages for residents waiting for LTC and ALC.

2. **Community Stewardship**
    - Maintain a focus on social and environmental responsibility
    - Use public funds responsibly from start to finish

3. **Sustainable development**
    - Follow the language and principles of Ontario Planning Policy that prioritizes the removal of barriers to access for persons with disabilities and seniors, cost-effective development, active transportation, sustainable land use and adaptive reuse
    - Plan according to population density and demographic trends
    - Build in established neighbourhoods
    - Ensure efficient land use with a compact building design

What CAMPP means by "ReThink"

CAMPP's goal is very specific. We are asking for one thing only: a transparent, unbiased and thorough hospital system planning process.

1. **Acknowledgement that what has been proposed is not good enough**
    - While Ottawa and Muskoka face different issues with regard to their proposed new hospital, they have reconsidered in the face of public concern. We are asking the same for our region.
    - It is inexcusable that our elected officials (councillors and MPPs) claim to have no say in the matter of the hospital planning process and its location.
    - It is unacceptable that they stand by in the face of clearly identified problems that threaten residents' access to healthcare services and the health and well-being of our community.
2. **We need an independent third party to step in**
    - In other communities, the re-start began with a promise to conduct independent public consultations. We too would like to see a series of well-publicized, readily accessible town hall meetings.
3. **Information should be freely given**, questions comprehensively answered and respectful discussion encouraged
    - With input and involvement from experts in their fields, such as: frontline healthcare workers, urban planners, architects, environmentalists, infrastructure specialists, community organizers, as well as the general public, these open door meetings will provide the basis for the best possible solution regarding the future of our healthcare in Windsor-Essex.

Only then can we be assured of a regional healthcare solution that's accessible, cost-effective, and in alignment with both planning and environmental policy.

Windsor population expectations have been falling since 2008
Source of High, Low & Reference Scenarios: Windsor Planning Department February 2018

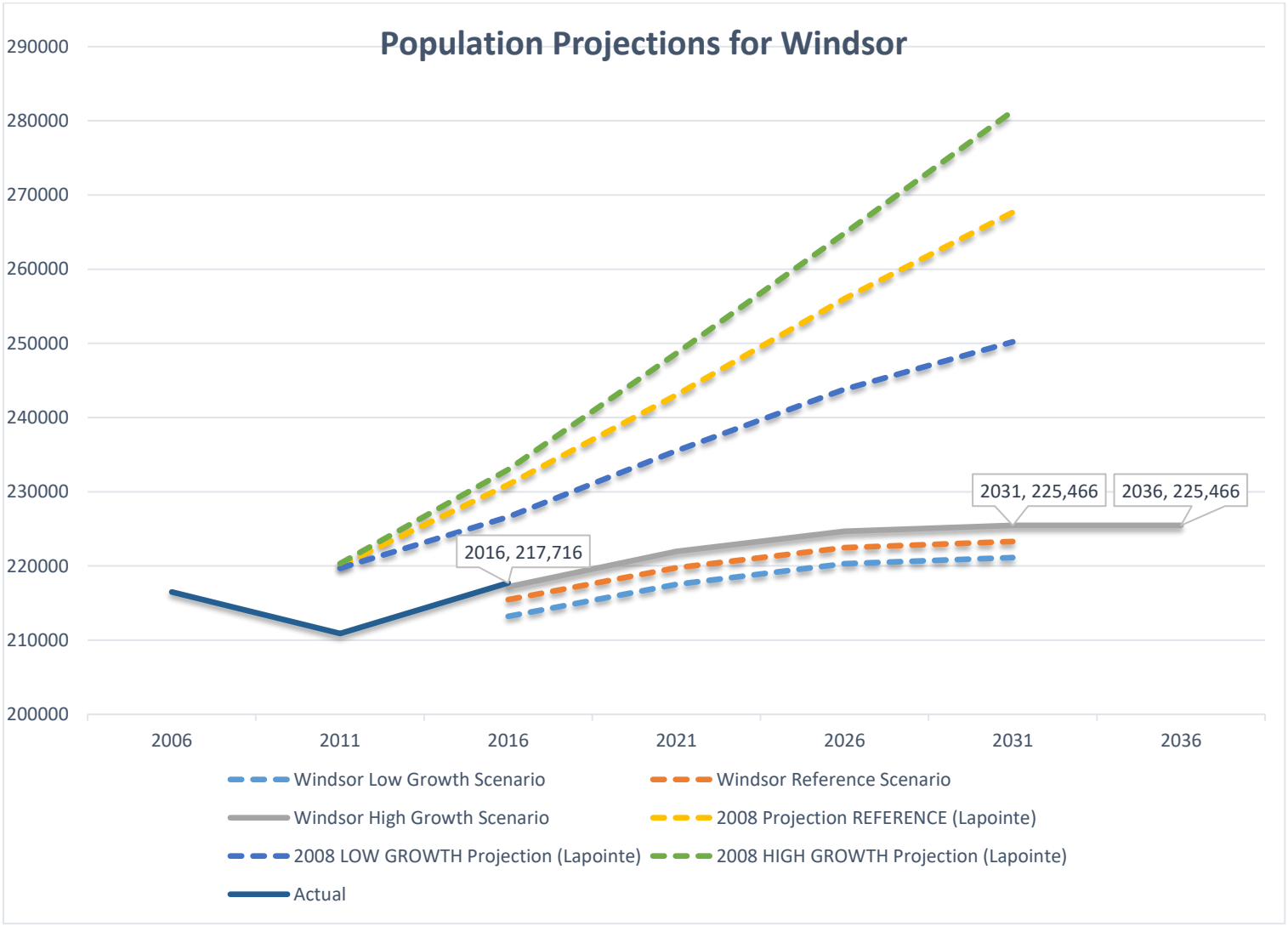


Table 1: Windsor Potential Growth Scenario

Year	2016	2021	2026	2031	2036
2015 Projection (Planning Dept)	217,716	221,955	224,677	225,466	225,466
Growth (5 year increments)		4,240	2,722	789	NIL

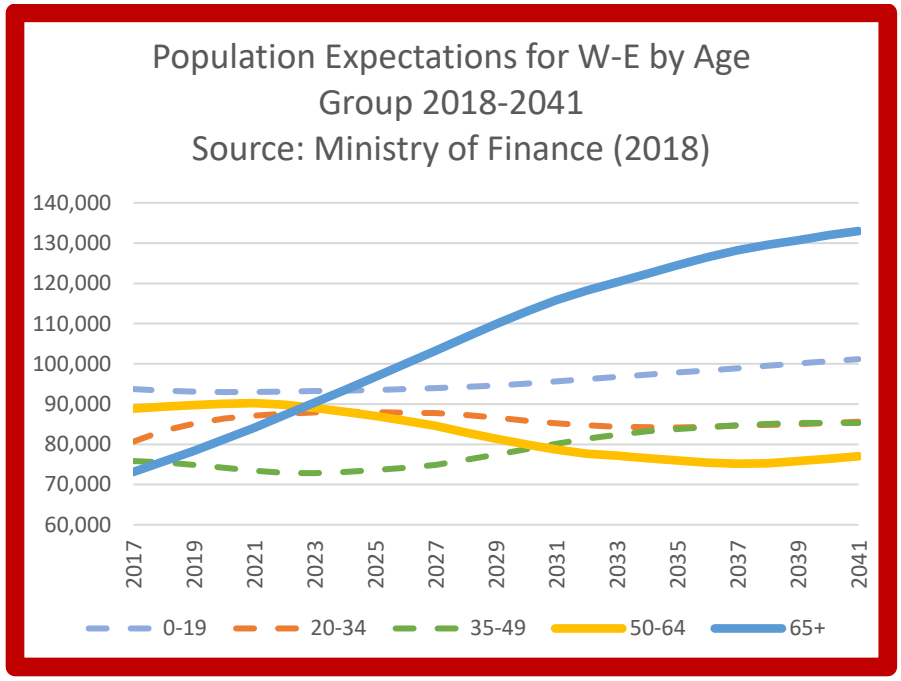
The overall population of the City is anticipated to grow by approximately 7,750 persons between 2016 and 2036. It is possible as a result of an aging demographic that the population of the City may decline slightly between 2031 and 2036. For the purposes of this analysis we have assumed no growth in the 2031 – 2036 period. It is noted that reduced population does not mean reduced housing units since reduction in family size increases demand for housing.

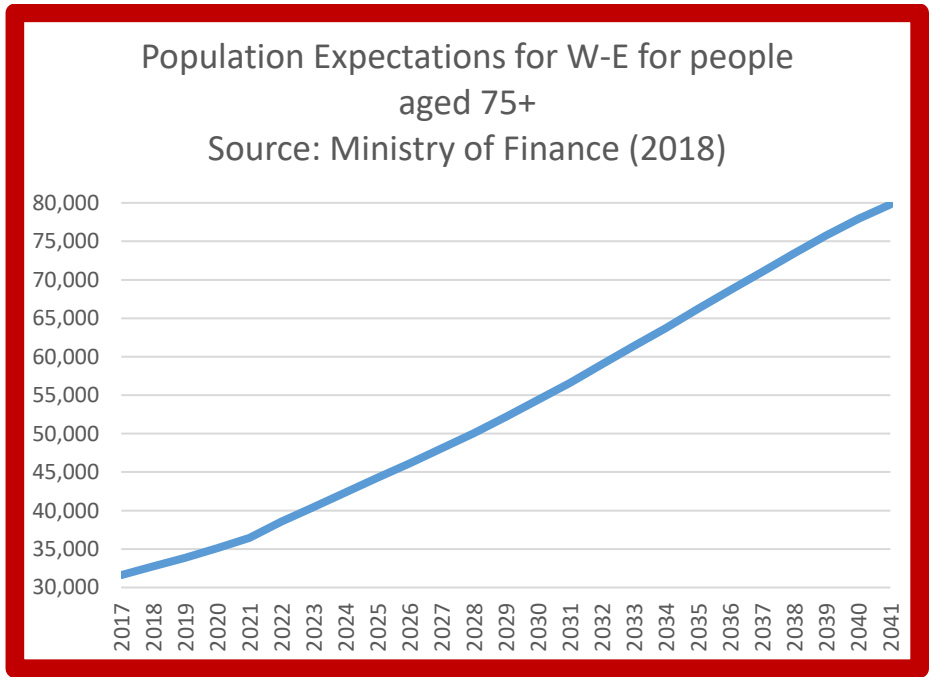
January 2018 MHBC | 56

Essex County Long-Term Population Projections
Source: Ministry of Finance (Updated 2018)

Essex County's overall population is expected to grow by 70k or 17% between now and 2041.

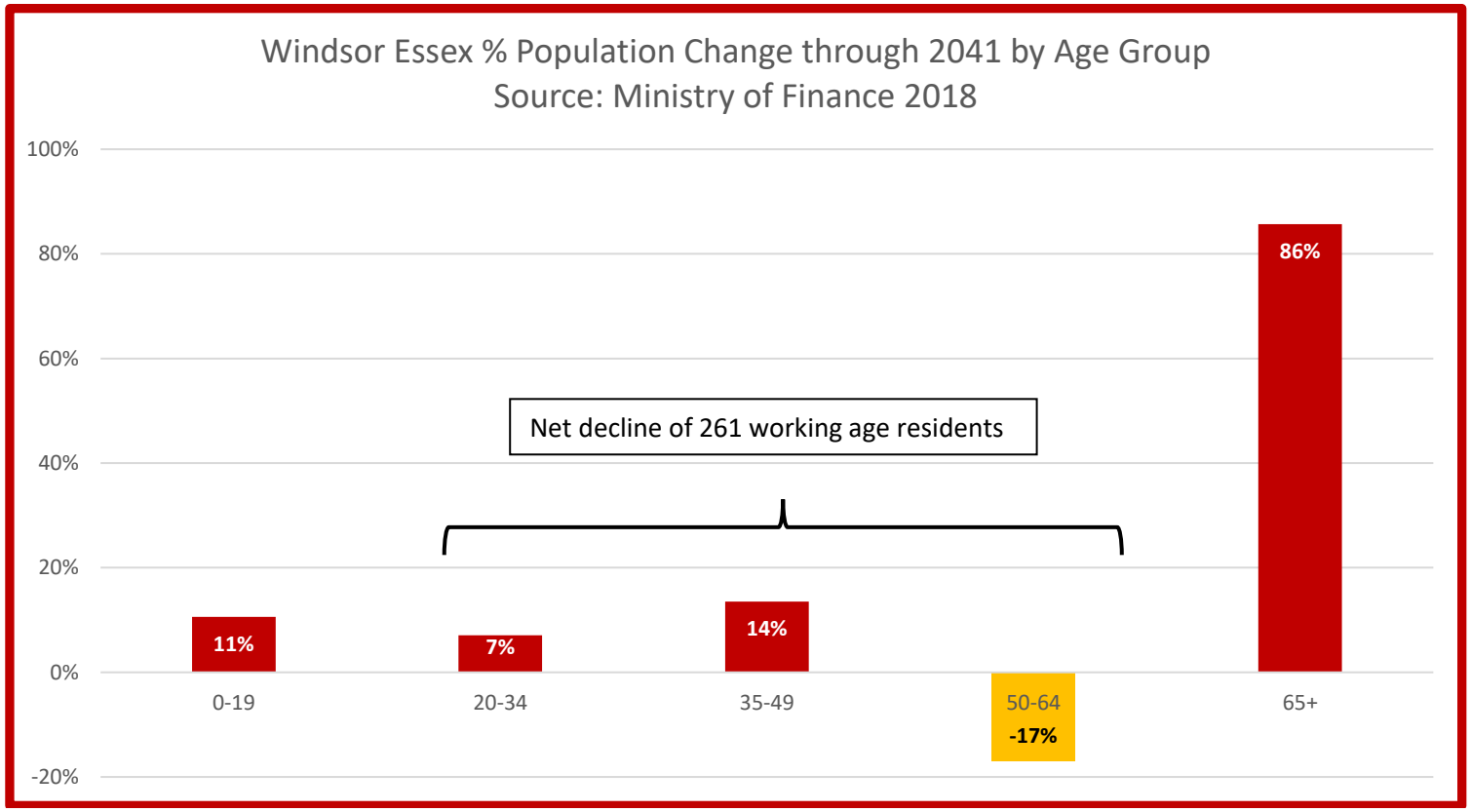
86% of this growth will come from the cohort of residents older than 65.
69% of our population growth will be made up of those who are older than 75.





New subdivisions and health care located far from where our future seniors live will not serve them well if they wish to age in place. The latest Ministry of Finance projections show a rapidly aging community, while all the other age groups are expected to stagnate.

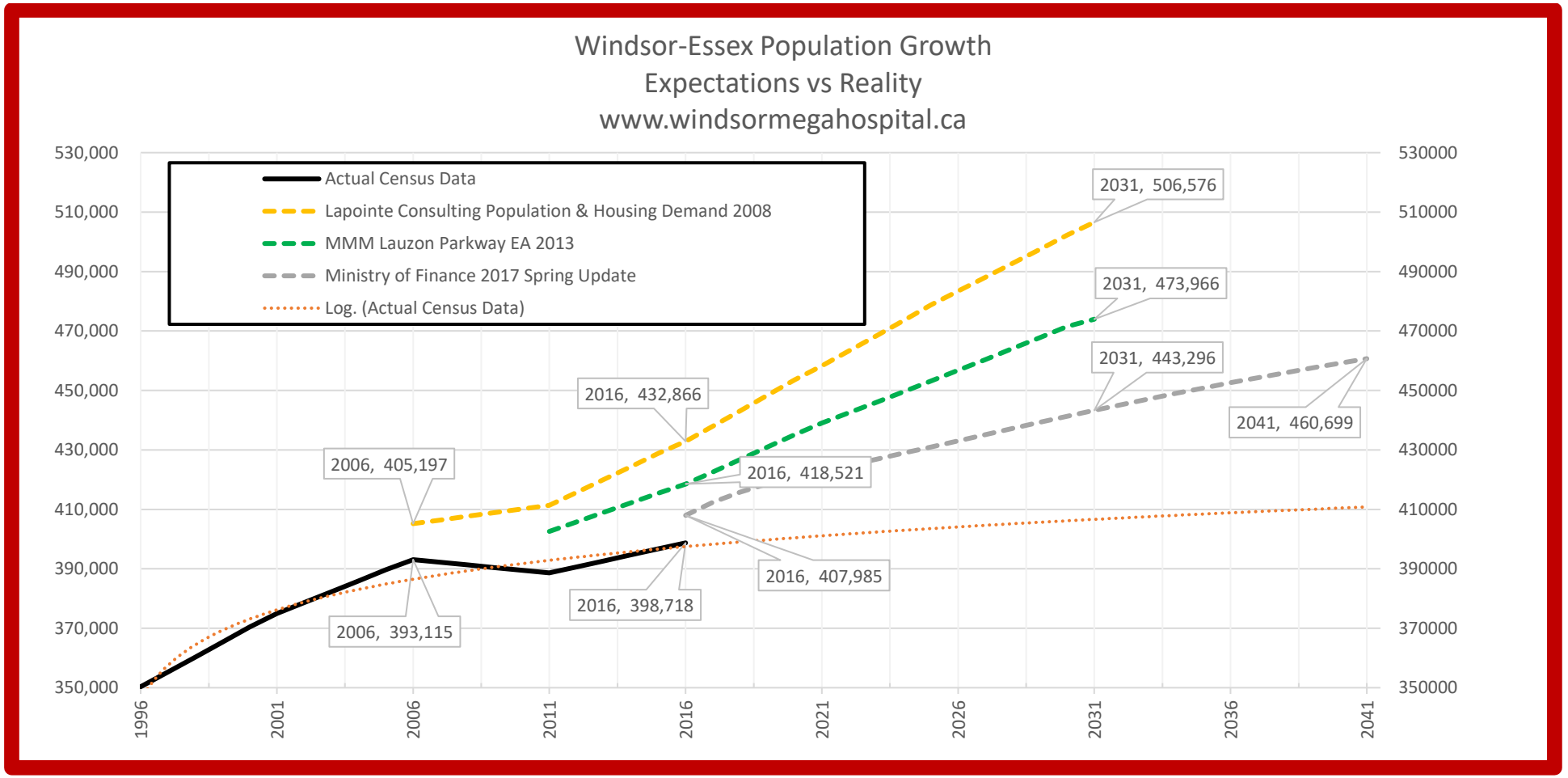
The decline in the 50-64 year old age group is troubling because it's the age at which people often are at their peak earnings potential.

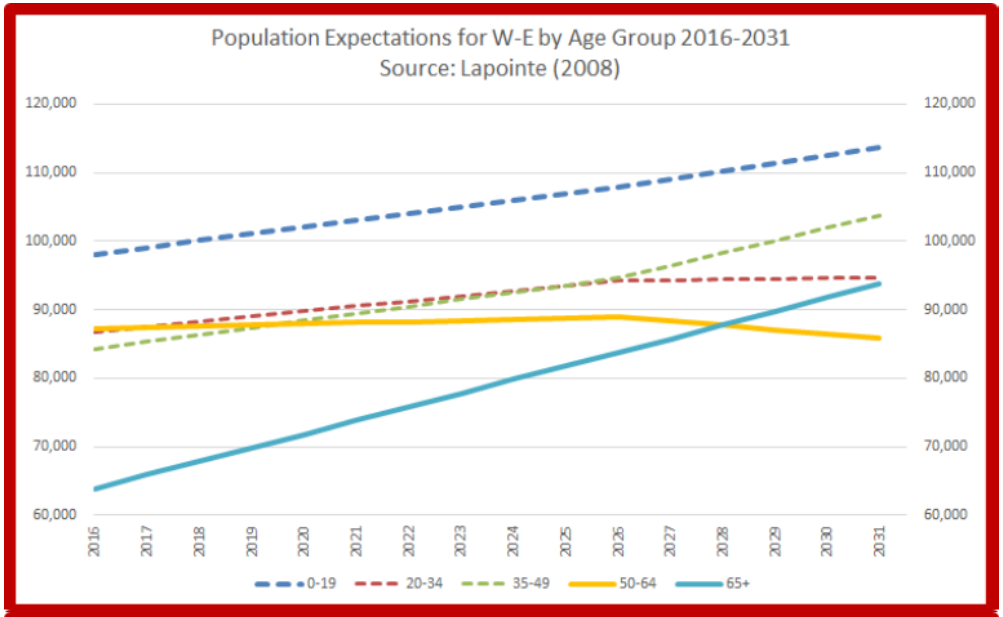


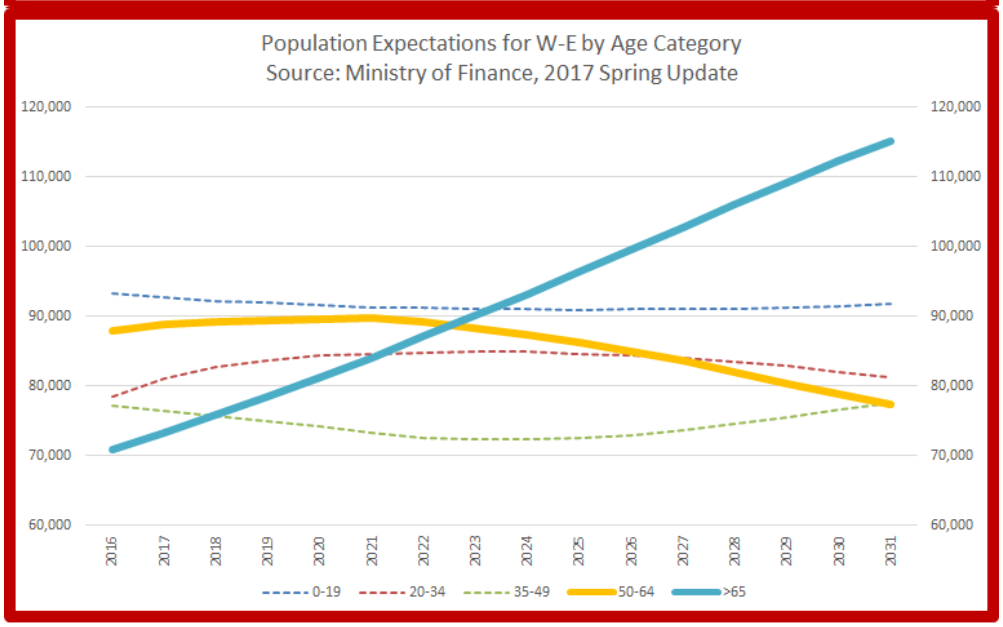
2016 Census and 25 Year Projection

The most recent census figures show a recovery to slightly above 2006 levels. These are short of projections.

Census data shows a need to update the figures in the reports being used.





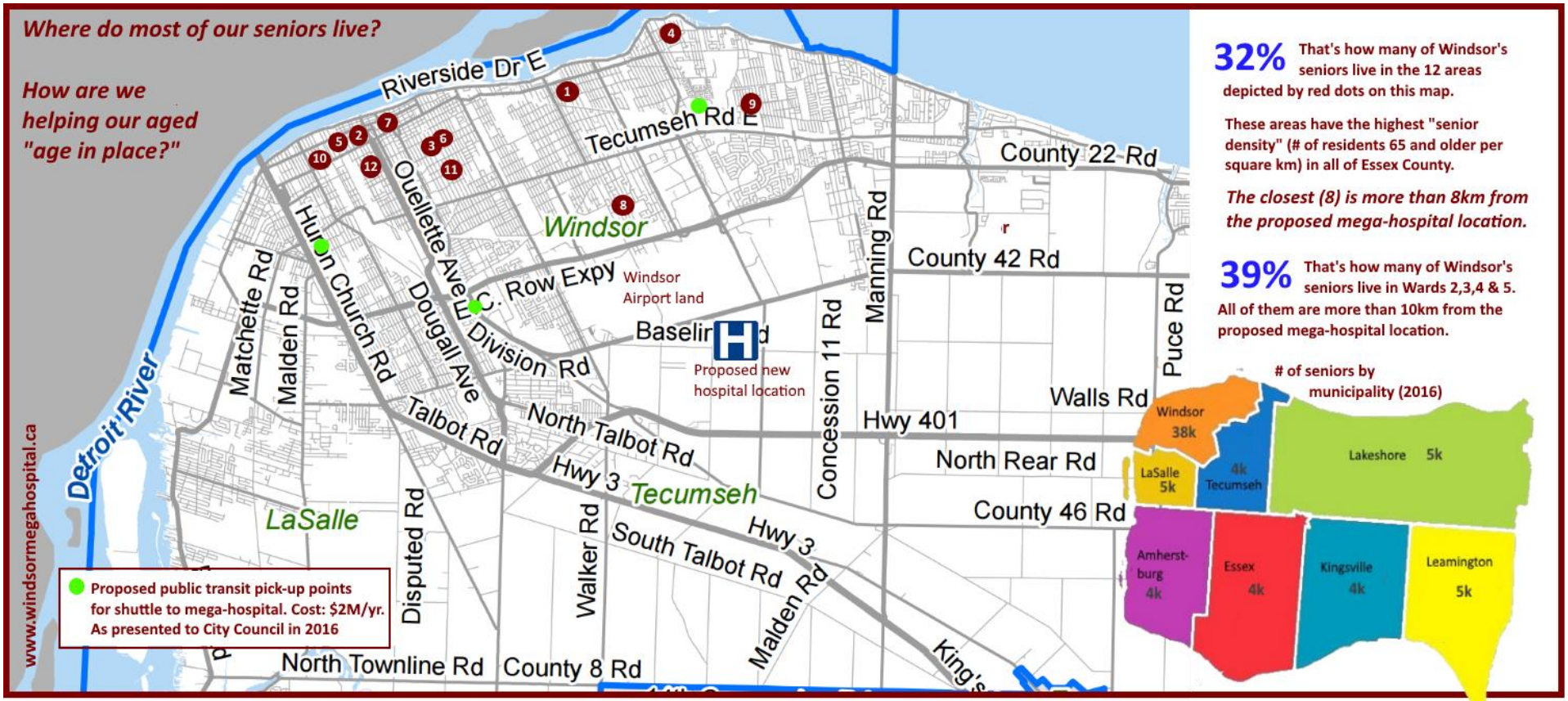


Official projections are based on outdated figures and are completely at odds with Ministry of Finance projections.

Population projections prepared in 2008 by the consultant Lapointe are at odds with the more recent Ministry of Finance figures. They predict steady increases in all age groups, except the 50-64 year old group, which only shows a very slight decline. In this model, children are the dominant group and seniors are a much smaller percentage of the total population.

The discrepancies between these two projections are worrisome. This is because the Lapointe projection, though out of date, is still being used by the City of Windsor to predict future employment growth in Windsor Essex.

An expectation of growth is the justification for developing Sandwich South.



The proposed greenfield mega-hospital location contravenes Planning Policy and Windsor's Official Plan. It increases land use barriers for seniors. It forces more driving and reduces the compactness of our urban form.

Ontario Planning Policy

1.1.1 Healthy, liveable and safe communities are sustained by improving accessibility for persons with disabilities and older persons by identifying, preventing and removing land use barriers which restrict their full participation in society.

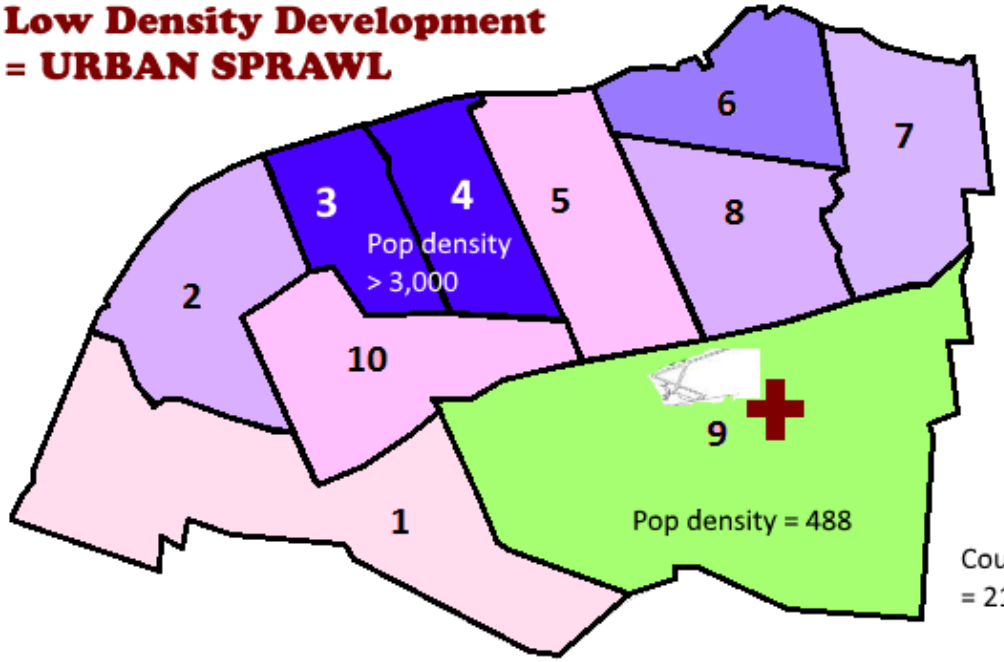
Windsor Official Plan

4.2.2.3 encourage community planning, design and development that is sustainable.

4.2.2.4 promote development that meets human needs and is compatible with the natural environment.

Geographic name		Central point	Ward	65+	# of seniors /km	17.7% % of pop
5590040	1	Rossini & Wyandotte	5	2,050	1,708	40%
5590032	2	Park & Church	3	955	1,151	20%
5590033	3	Mercer & Broadhead	3	965	985	20%
5590043.01	4	Wyandotte & Westcheste	6	1,410	959	28%
5590031	5	University & Oak	3	410	953	27%
5590034	6	Langlois & Niagara	4	590	728	14%
5590035	7	Glengarry & University	3	725	718	20%
5590018.03	8	Westminster & Joinville	8	1,005	679	29%
5590019.03	9	McHugh & Magnolia	7	2,445	586	24%
5590030	10	Martindale & McEwan	2	500	575	15%
5590024	11	Shepherd & Langlois	4	580	552	15%
5590026	12	Pine & Church	3	500	505	13%

Low Density Development = URBAN SPRAWL



County pop. density = 210

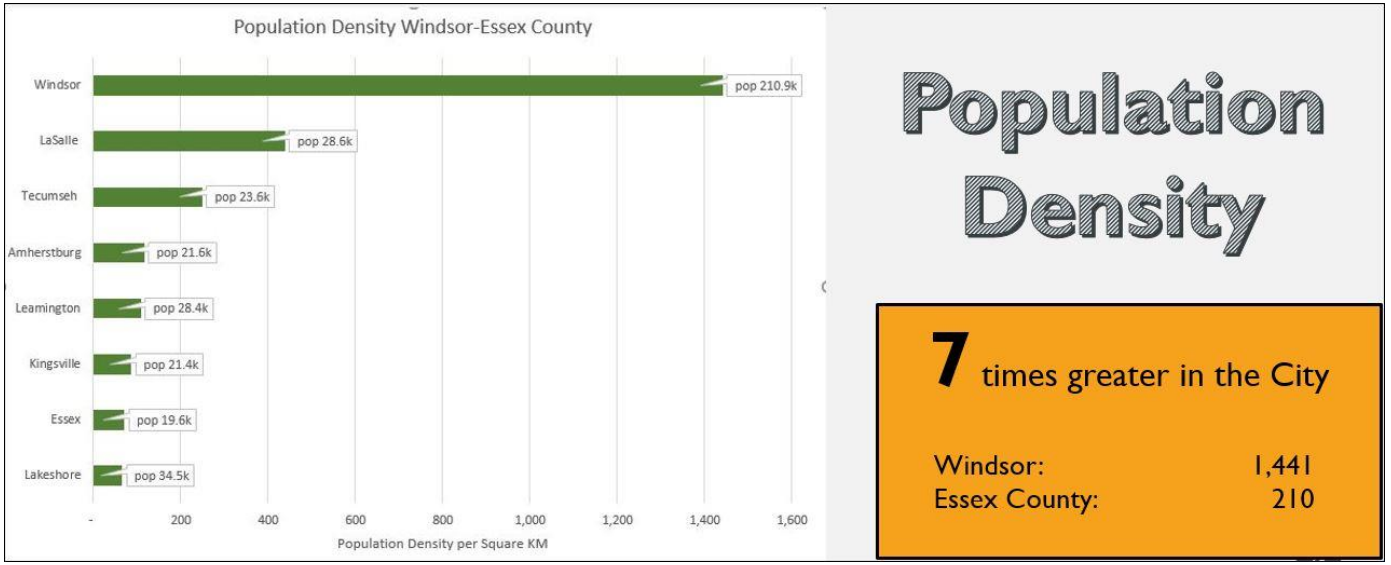
Legend		
Ward	Population density (Residents per Sq. km)	Pop 2011
3	3,152	21,432
4	3,016	24,126
6	2,742	23,305
7	1,971	23,058
8	1,755	18,780
2	1,713	20,042
10	1,642	19,698
5	1,601	18,407
1	894	22,071
9	488	19,945
LaSalle	439	28,643
Tecumseh	249	23,610
Amherstburg	116	21,556
Essex	71	19,600
Lakeshore	65	34,546
Windsor	1,441	
County	210	

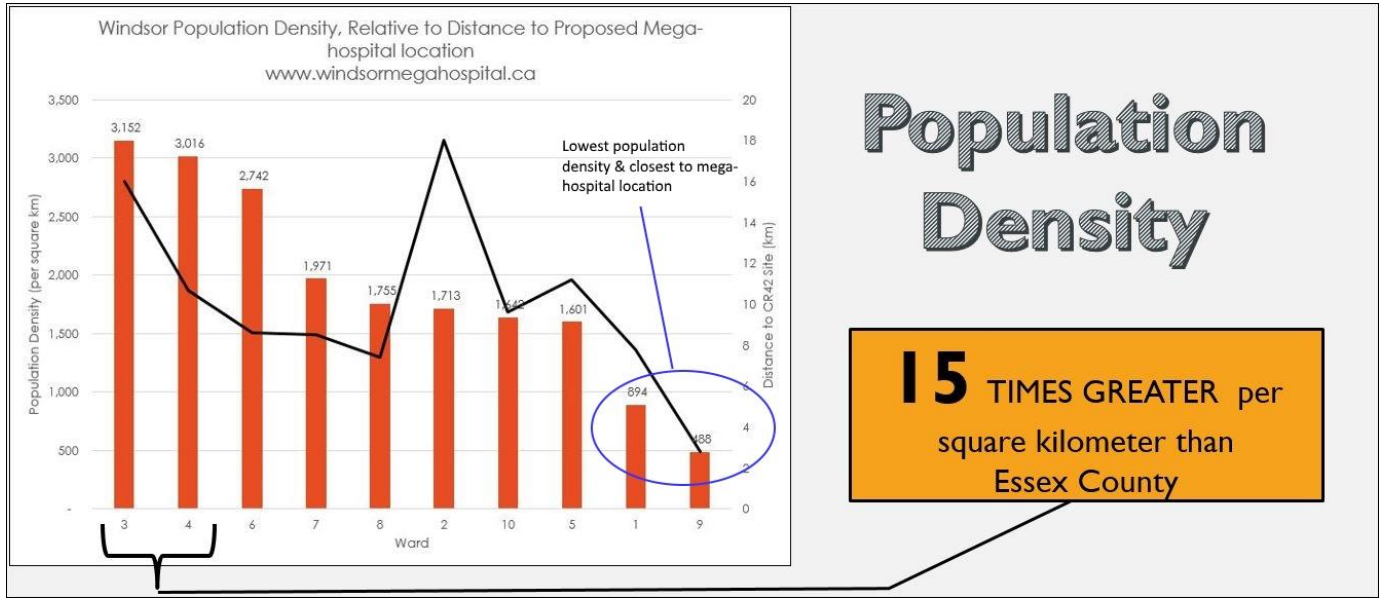
- The 2 neighbourhoods closest to Windsor's city centre both have 15 times the population density of Essex County
- The proposed hospital location is in an area that has Windsor's lowest population density
- With more than 3,000 members of staff travelling to and from the hospital every day, this will take Windsor's 2nd largest employer out of the city, greatly affecting traffic on our roadways, and vibrancy of the neighbourhoods left behind
- For residents without cars and those with mobility challenges, the distance to hospital will make it difficult for them to access hospital-based healthcare services

Site of proposed mega-hospital, 13-16km from Windsor city centre, south of the airport

Windsor's population density is 7 times that of the County

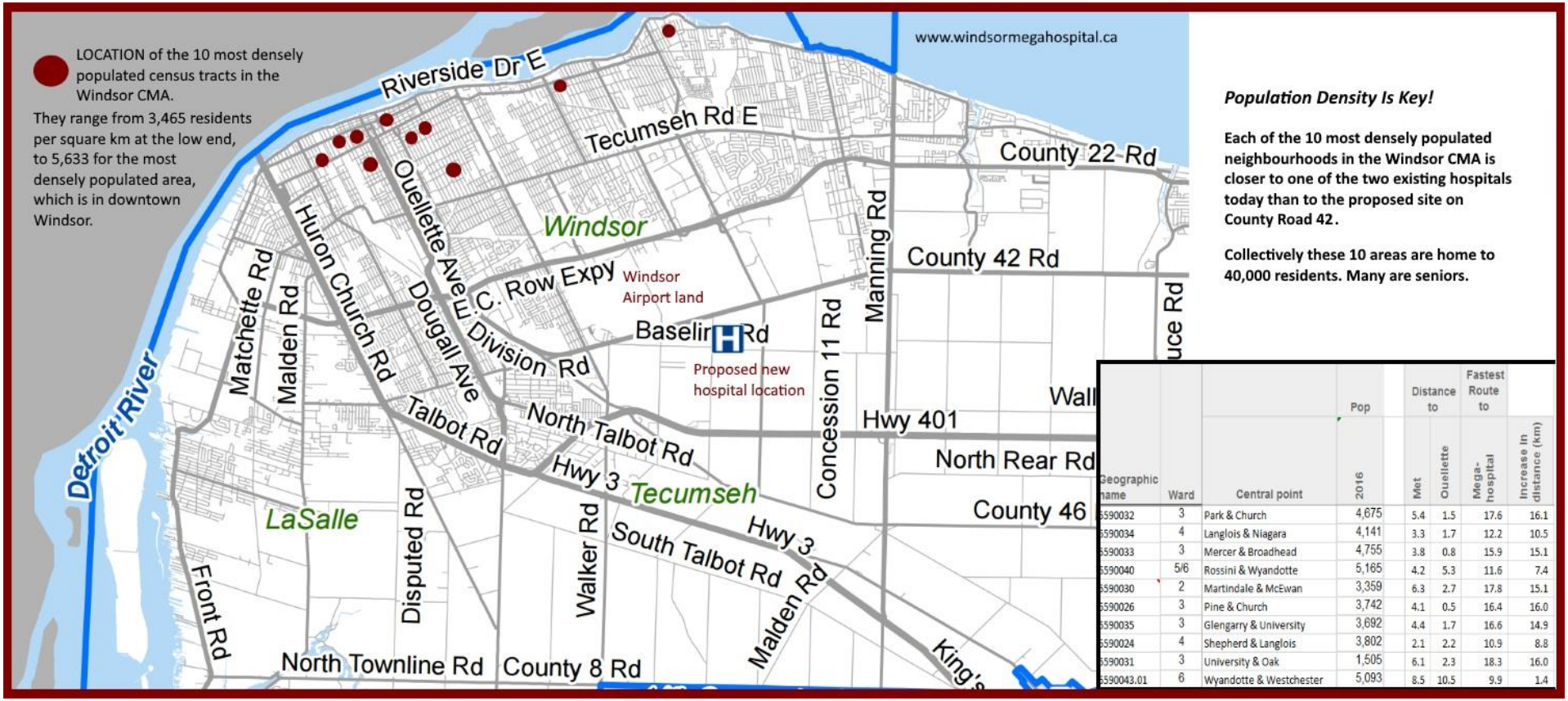
www.windsormegahospital.ca


Population Density Windsor-Essex County
Windsor
LaSalle
Tecumseh
Amherstburg
Leamington
Kingsville
Essex
Lakeshore
pop 210.9k
pop 28.6k
pop 23.6k
pop 21.6k
pop 28.4k
pop 21.4k
pop 19.6k
pop 34.5k
200
400
600
800
1,000
1,200
1,400
1,600
Population Density per Square KM
Population Density
7 times greater in the City
Windsor: 1,441
Essex County: 210

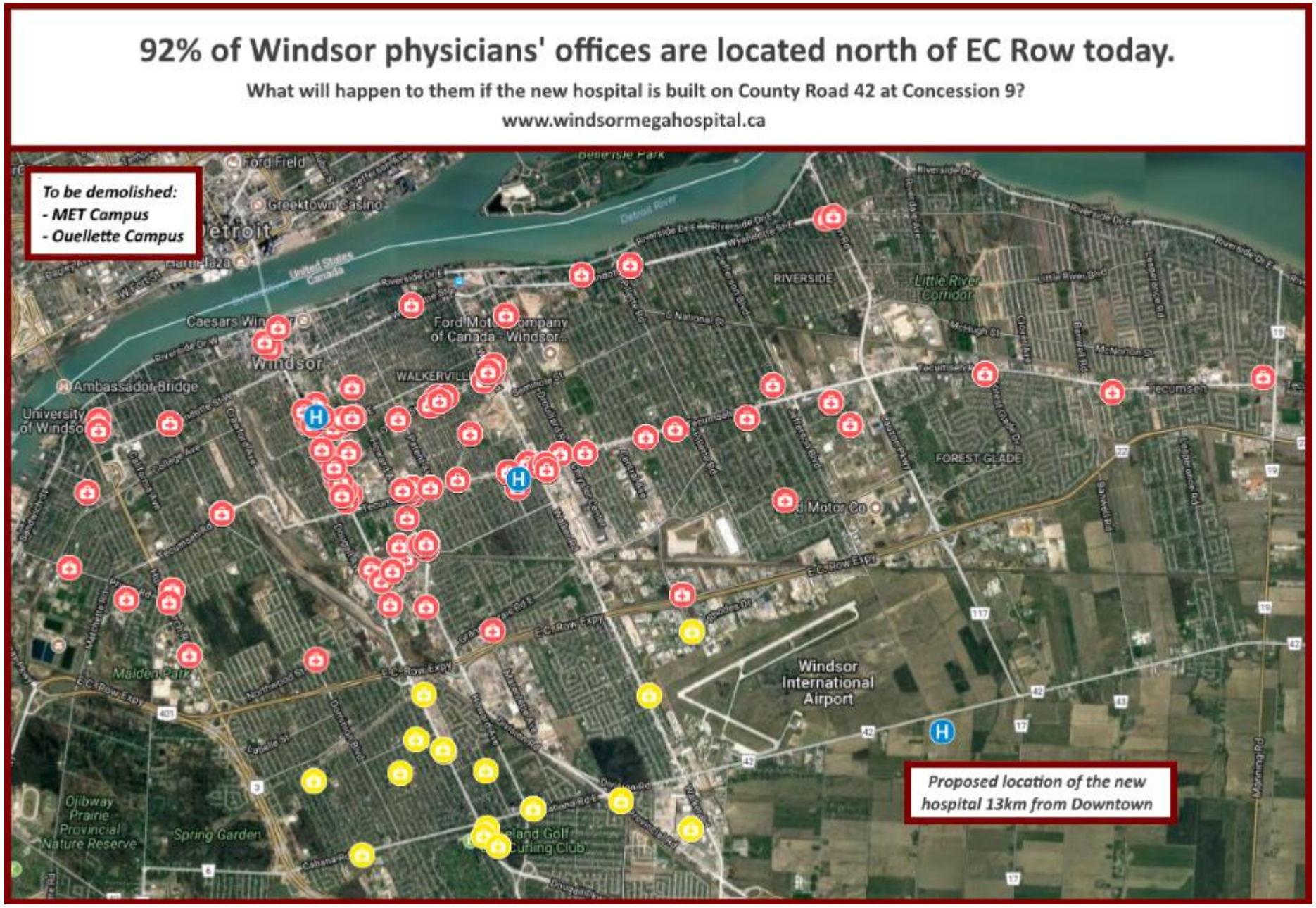

Windsor Population Density, Relative to Distance to Proposed Mega-hospital location
www.windsormegahospital.ca
Population Density (per square km)
Distance to CR42 Site (km)
3,152
3,016
2,742
1,971
1,755
1,713
1,601
894
488
Lowest population density & closest to mega-hospital location
3
4
6
7
8
2
10
5
1
9
Ward
Population Density
15 TIMES GREATER per square kilometer than Essex County

The 2016 Census provides insight into the **most densely populated census tracts within the Windsor CMA**. This map shows where the top 10 are located. These areas typically have numerous high rises. Many are retirement facilities, or independent living for retirees.

- **Eight** of these census tracts are clustered around the downtown area
- **All ten** are further from the proposed new hospital location than the closer of the existing facilities, nine of them considerably so – as shown in the insert box in the bottom right of this map.



Geographic name	Ward	Central point	Pop 2016	Distance to Met	Distance to Ouellette	Fastest Route to Mega-hospital	Increase in distance (km)
5590032	3	Park & Church	4,675	5.4	1.5	17.6	16.1
5590034	4	Langlois & Niagara	4,141	3.3	1.7	12.2	10.5
5590033	3	Mercer & Broadhead	4,755	3.8	0.8	15.9	15.1
5590040	5/6	Rossini & Wyandotte	5,165	4.2	5.3	11.6	7.4
5590030	2	Martindale & McEwan	3,359	6.3	2.7	17.8	15.1
5590026	3	Pine & Church	3,742	4.1	0.5	16.4	16.0
5590035	3	Glengarry & University	3,692	4.4	1.7	16.6	14.9
5590024	4	Shepherd & Langlois	3,802	2.1	2.2	10.9	8.8
5590031	3	University & Oak	1,505	6.1	2.3	18.3	16.0
5590043.01	6	Wyandotte & Westchester	5,093	8.5	10.5	9.9	1.4


92% of Windsor physicians' offices are located north of EC Row today.
What will happen to them if the new hospital is built on County Road 42 at Concession 9?
www.windsormegahospital.ca
To be demolished:
- MET Campus
- Ouellette Campus
Proposed location of the new hospital 13km from Downtown
Windsor International Airport
Ambassador Bridge
Ford Field
Greektown Casino
Detroit
Windsor
RIVERSIDE
Little River Corridor
WALKERVILLE
FORESTGLADE
Tecumseh
Maiden Park
Spring Garden
Ojibway Prairie Provincial Nature Reserve
E.C. Row Expy

Aggregate distance travelled to hospital will increase if the proposed hospital location is approved.

Increased travel distance is more expensive, limits opportunities for active transportation, and creates barriers to healthcare, especially for those who don't drive, including seniors and those with disabilities.

62% 62% of residents live **closer than 10 km** to a hospital today; only 45% live within 10 km of the proposed site[1].

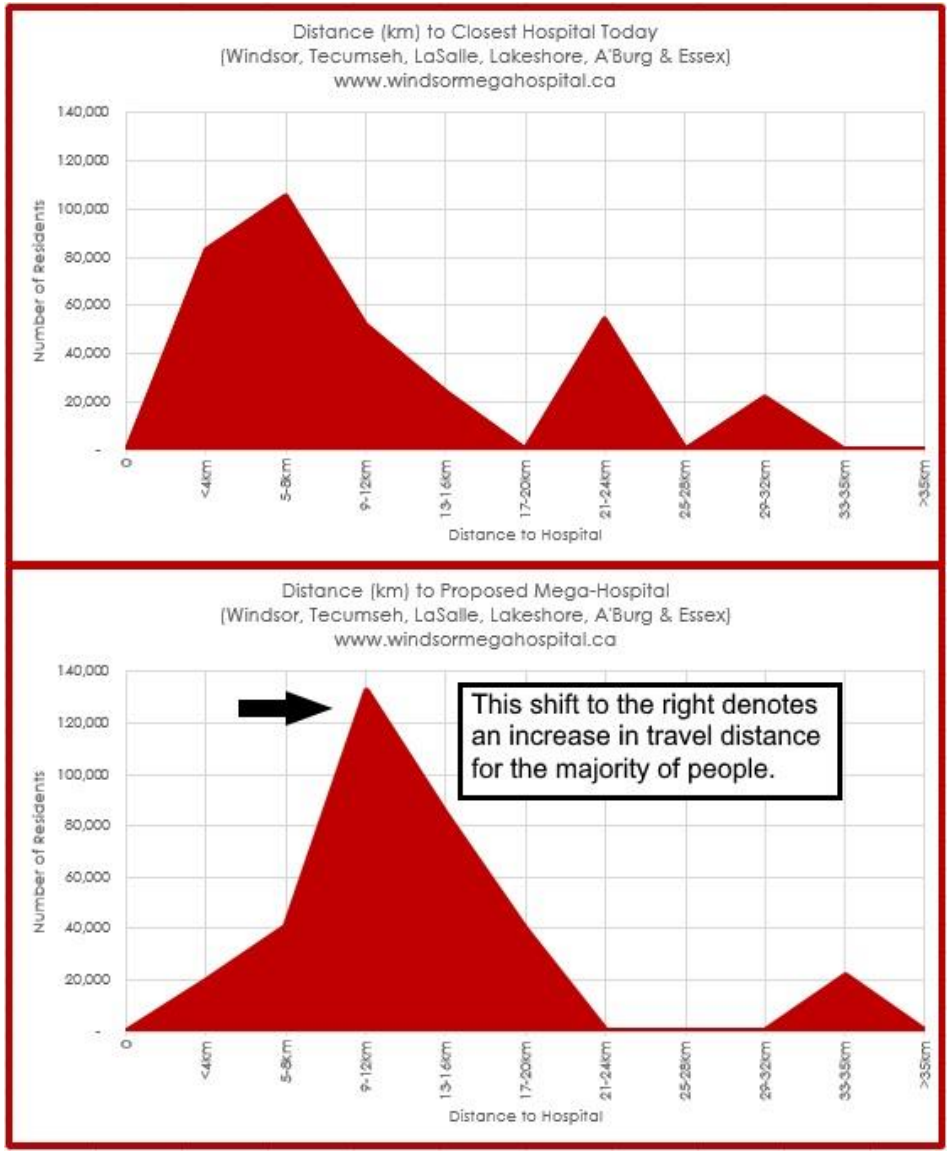
38% 38% of residents live **farther than 10 km** from hospital today; 56% are more than 10 km from the proposed site.

30% 30% of residents live **closer than 5 km** today. Only 6% live within 5 km of the proposed site.

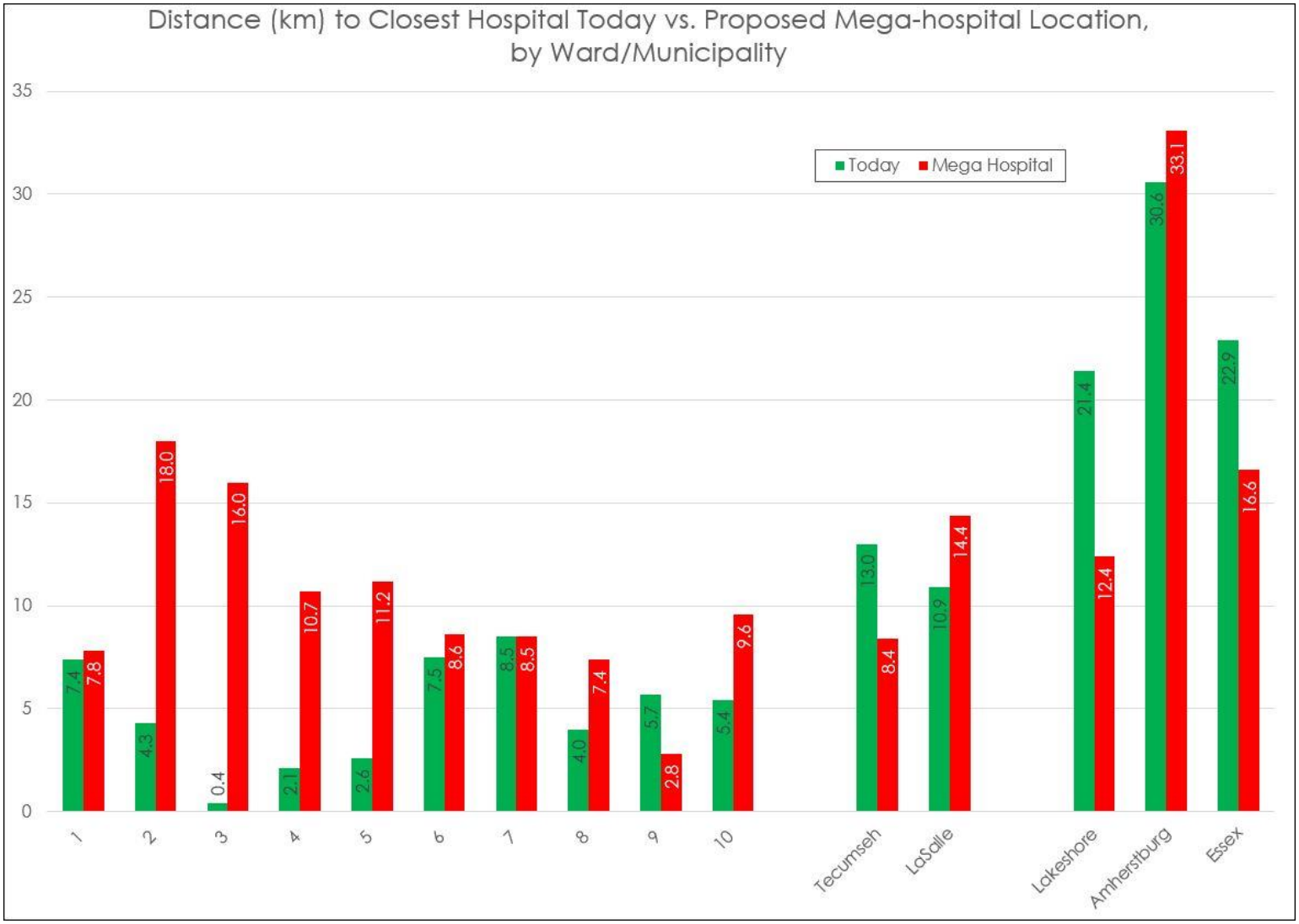
Lakeshore and Essex residents live closer to the proposed hospital location than currently, while LaSalle and Amherstburg residents will be farther away.

Only one Windsor ward (the 20k residents in Ward 9) faces reduced travel distance.

Why does this proposal not include any satellite facilities to bring healthcare services closer to county residents?



[1] We excluded the approx. 50k Kingsville and Leamington residents from this analysis, because they will continue to be able to use the hospital in Leamington. While it is a community hospital, it does have an ER, ambulatory care and OR.



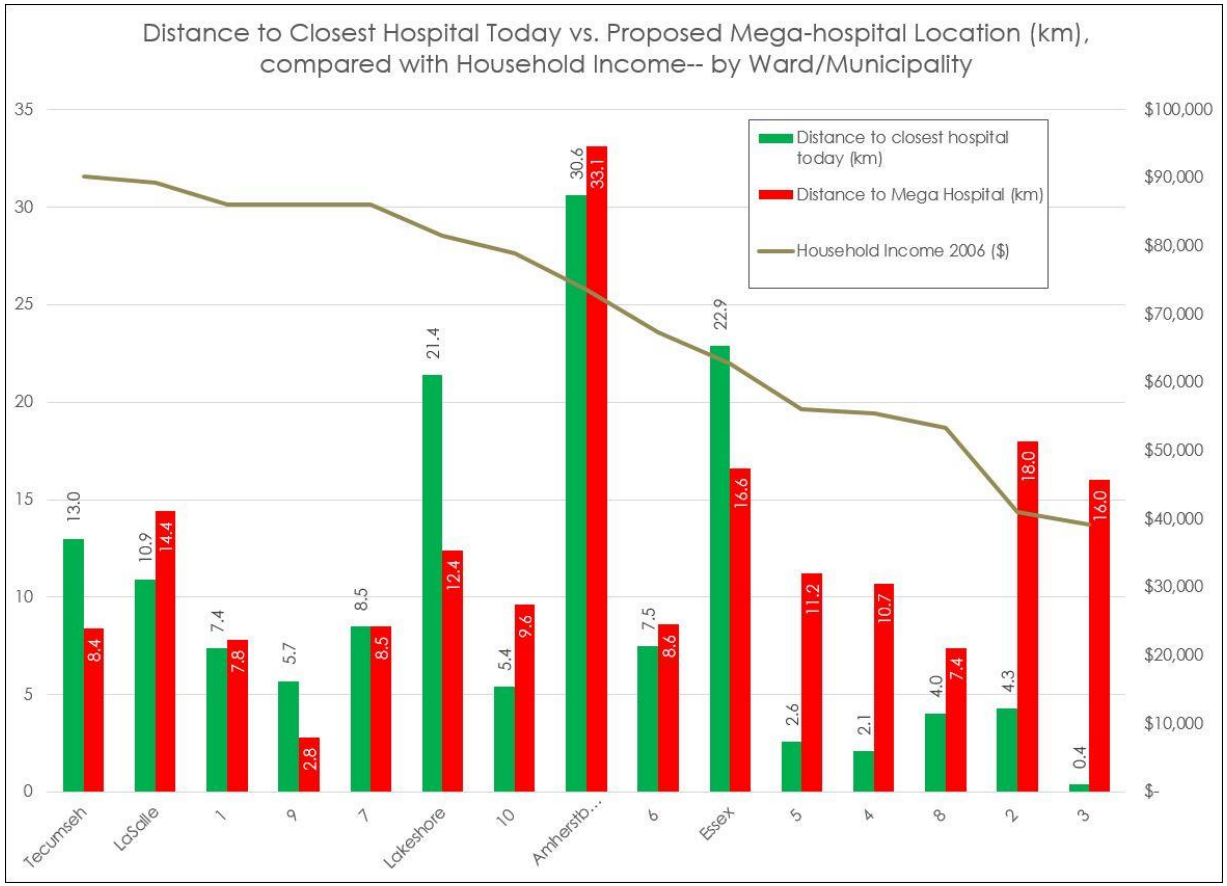
The proposed location, while being closer to the County, will not bring healthcare closer to more residents.

It is farther from urban residents. Amherstburg, which is the farthest away today, is even farther away from the County Rd 42 location.

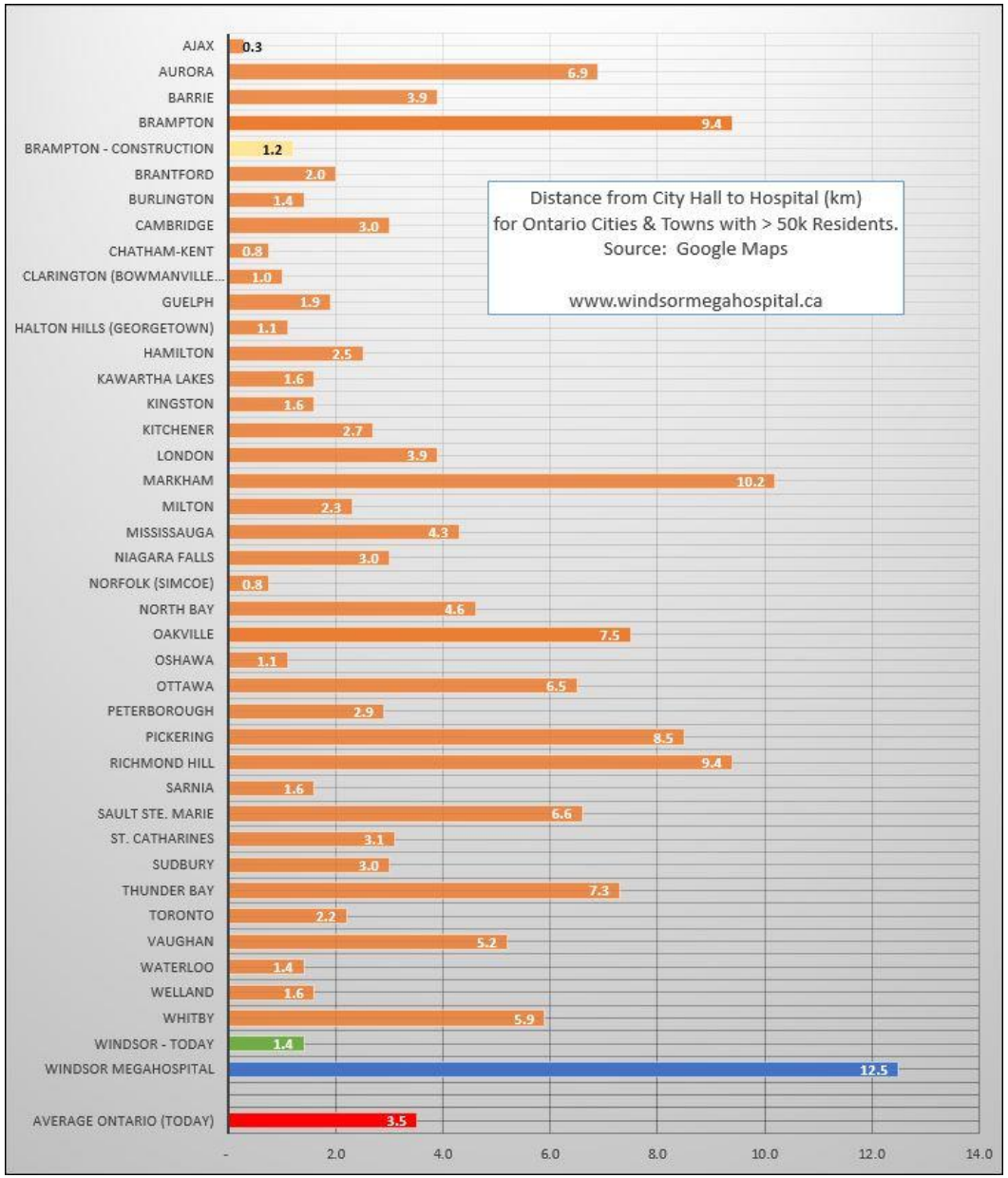
Where the median distance today is 7.4 km, the median distance to the proposed location is 10.7 km.

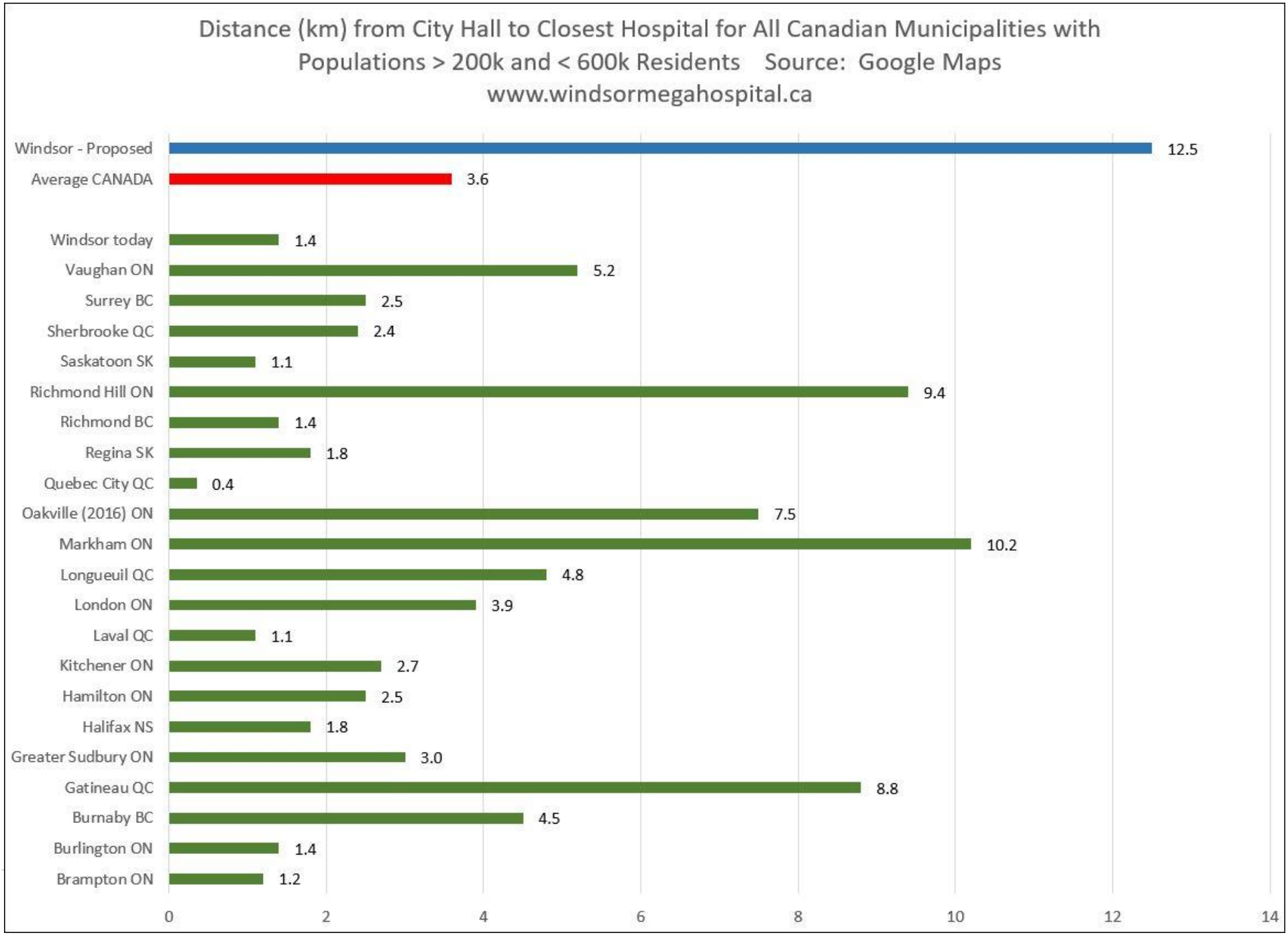
Windsor's lowest income neighbourhoods face the greatest increases in travel distance to the proposed site on County Rd 42.

Many residents' medical needs will not be addressed by the Urgent Care Clinic. It will not provide surgeries, clinics or access to surgical specialists, and it **will not be open 24/7**. Furthermore, Wards 2 and 5 are approximately 5 km from the Urgent Care Clinic location. There is more poverty and relatively lower car ownership in these two wards, making this a **social justice concern** that is not addressed by the proposed plans.



The proposed location is farther from Windsor's core than any **other hospital in Ontario:**



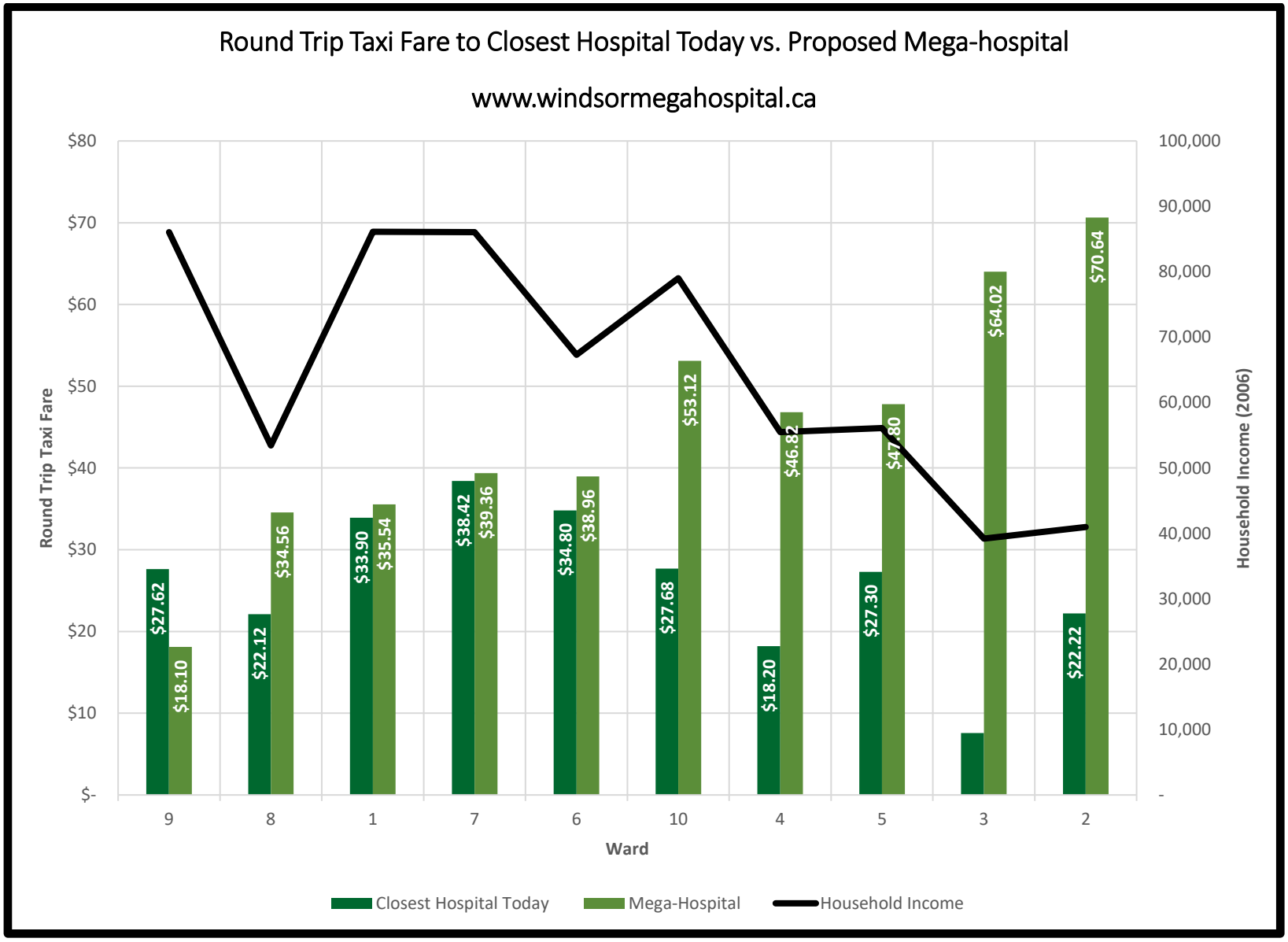

Distance (km) from City Hall to Closest Hospital for All Canadian Municipalities with Populations > 200k and < 600k Residents Source: Google Maps
www.windsormegahospital.ca
Windsor - Proposed 12.5
Average CANADA 3.6
Windsor today 1.4
Vaughan ON 5.2
Surrey BC 2.5
Sherbrooke QC 2.4
Saskatoon SK 1.1
Richmond Hill ON 9.4
Richmond BC 1.4
Regina SK 1.8
Quebec City QC 0.4
Oakville (2016) ON 7.5
Markham ON 10.2
Longueuil QC 4.8
London ON 3.9
Laval QC 1.1
Kitchener ON 2.7
Hamilton ON 2.5
Halifax NS 1.8
Greater Sudbury ON 3.0
Gatineau QC 8.8
Burnaby BC 4.5
Burlington ON 1.4
Brampton ON 1.2
0
2
4
6
8
10
12
14

	2011 Census population	Location in centre of ward	Met Campus	Ouellette Campus	shortest distance	Mega hospital	Round trip today	Round trip to Megahospital	Difference in km	Change in km
Windsor Metro Area										
Tecumseh	23,610	Tecumseh/Manning	13.0	17.6	13.0	8.4	613,860	396,648	- 4.6	-35%
LaSalle	28,643	LaSalle (Reaume & Matchette)	15.5	10.9	10.9	14.4	624,417	824,918	3.5	32%
1	22,071	Cabana & Dominion	9.0	7.4	7.4	7.8	326,651	344,308	0.4	5%
9	19,945	42 & Concession 7	5.7	10.2	5.7	2.8	227,373	111,692	- 2.9	-51%
7	23,058	Firgrove & Venetian	8.5	17.1	8.5	8.5	391,986	391,986	-	0%
Lakeshore	34,546	Lakeshore Discovery	21.4	25.9	21.4	12.4	1,478,569	856,741	**- 9.0**	-42%
10	19,698	Dominion & Northwood	7.5	5.4	5.4	9.6	212,738	378,202	4.2	78%
Amherstburg	21,556	Amherstburg centre	31.9	30.6	30.6	33.1	1,319,227	1,427,007	2.5	8%
6	23,305	Isabelle & Edgar	7.5	8.8	7.5	8.6	349,575	400,846	1.1	15%
5	18,407	Central & Seminole	2.6	4.6	2.6	**11.2**	95,716	412,317	**8.6**	331%
4	24,126	Ontario & Lincoln	2.1	2.1	2.1	**10.7**	101,329	516,296	**8.6**	410%
8	18,780	Jefferson & Tecumseh	4.0	7.8	4.0	7.4	150,240	277,944	3.4	85%
2	20,042	College & Huron Church	6.9	4.3	4.3	**18.0**	172,361	721,512	**13.7**	319%
3	21,432	Erie & Ouellette	4.0	0.4	0.4	**16.0**	17,146	685,824	**15.6**	3900%
Population	319,219					Aggregate increase				27%

CAMPP's Analysis shows:

1) **29% of W-E** lives closer to the proposed location than to current hospitals.
2) **9% of Windsor** residents live closer to the proposed location.
3) Windsor residents live, on average, 4.85km from closest hospital today. The farthest a Windsor resident has to travel to hospital today is 8.5km. Half are closer than 5km, and almost 70% are closer than 6km.
4) For Windsor residents, the average distance will more than double, to 10.1km (18km for Ward 2).
5) County-wide, the aggregate distance increases from 10.9km to 13.1km.
6) 40% of Windsor residents (Wards 2-5, all of whom enjoy hospital facilities on their doorsteps today) will travel further than 10km.
7) County beneficiaries of the proposed hospital location are the more affluent Tecumseh and Lakeshore. Windsor wards that are disadvantaged the most include our lowest income residents. An urgent care facility and improved access to mental health services will not fully mitigate their loss of access to healthcare.

Windsor's lowest income wards face the highest taxi fares:



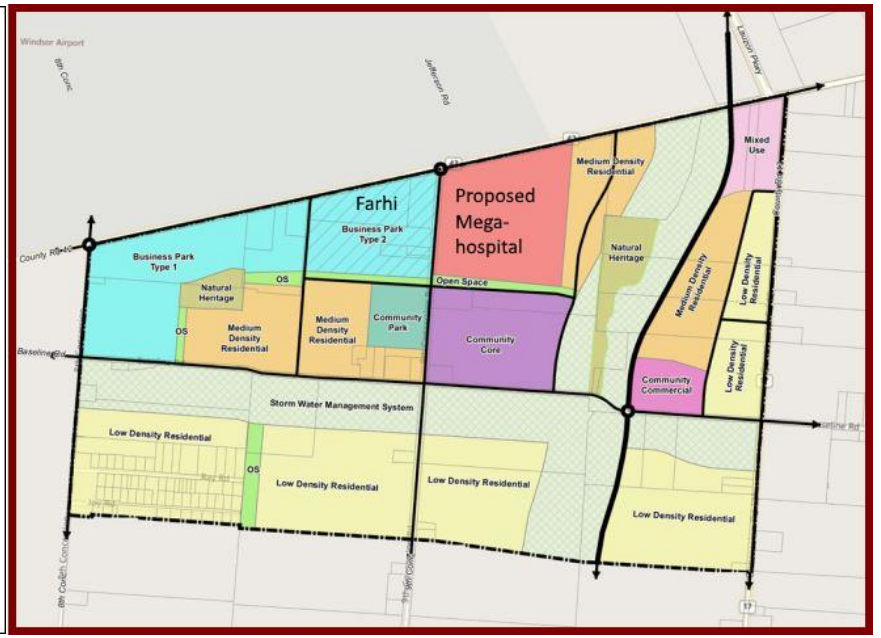
What Windsor's Official Plan says about the Location of the Proposed Site

1.23 Agricultural Transition Areas

(added by OPA #60 – 05/07/07- B/L85-2007)

The Agricultural Transition Areas identified on Schedule A: Planning Districts & Policy Areas in the Primary Plan is comprised of a large portion of the lands acquired by the City of Windsor in 2002 as part of a Boundary Adjustment Agreement with the County of Essex and Town of Tecumseh. The Agricultural Transition Areas are generally located south of County Road 42, north of Highway 401 and to the eastern boundary of the City of Windsor. This entire area is intended to accommodate development over the twenty year planning horizon to 2026. However, development in this area will be subject to the completion of Secondary Plans and the availability of municipal servicing and infrastructure. Due to logical phasing for municipal servicing, some portions of the Agricultural Transition Area are not expected to develop for anywhere from five to twenty years.

At the time the Agricultural Transition Areas were added to the City of Windsor urban boundary, most were used for agricultural purposes, primarily crop production or small-scale livestock operations. It is important that these agricultural uses be able to continue and provide economic benefit to the residents and surrounding community until such time as development is needed and appropriate on the basis of population growth and servicing availability.



The Urgent Care Centre will have no overnight beds, no ambulance arrivals and no treatment for life-threatening conditions.

Ambulatory care clinics and operative care, MRI services, as well as the region's only emergency department will be located at the acute care hospital.

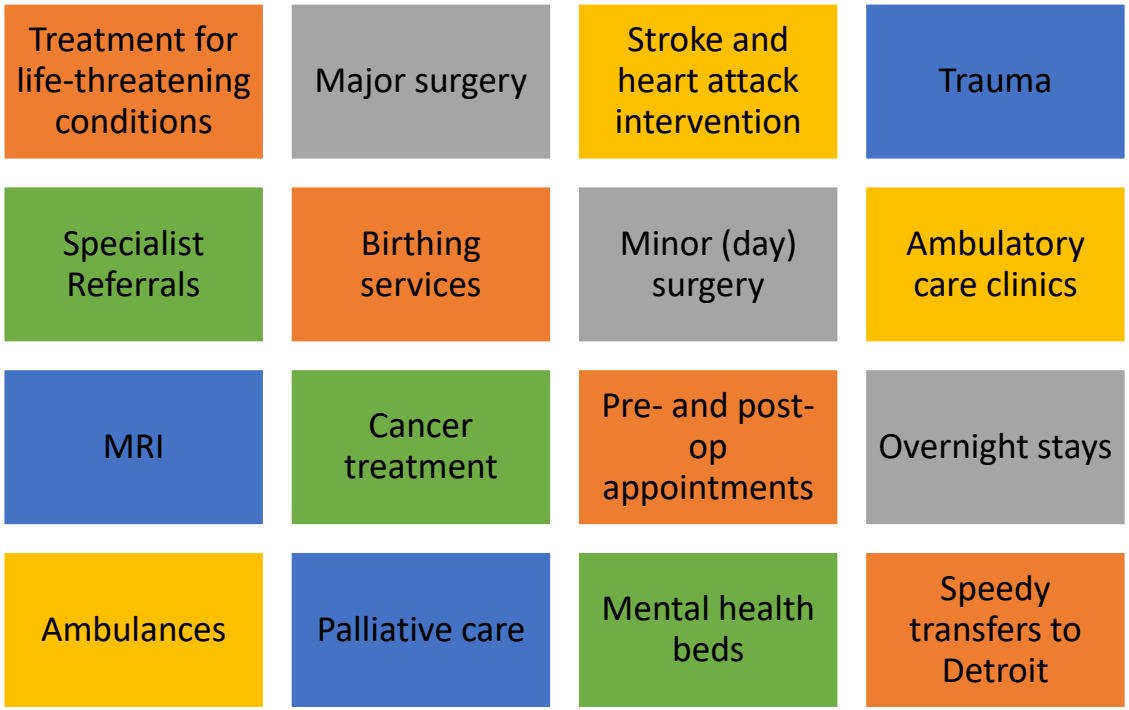
Patients with referrals to specialists and clinics will need to travel to the acute care hospital, according to the plan details that have been announced to the public and published in the Stage 1a and b planning documents.

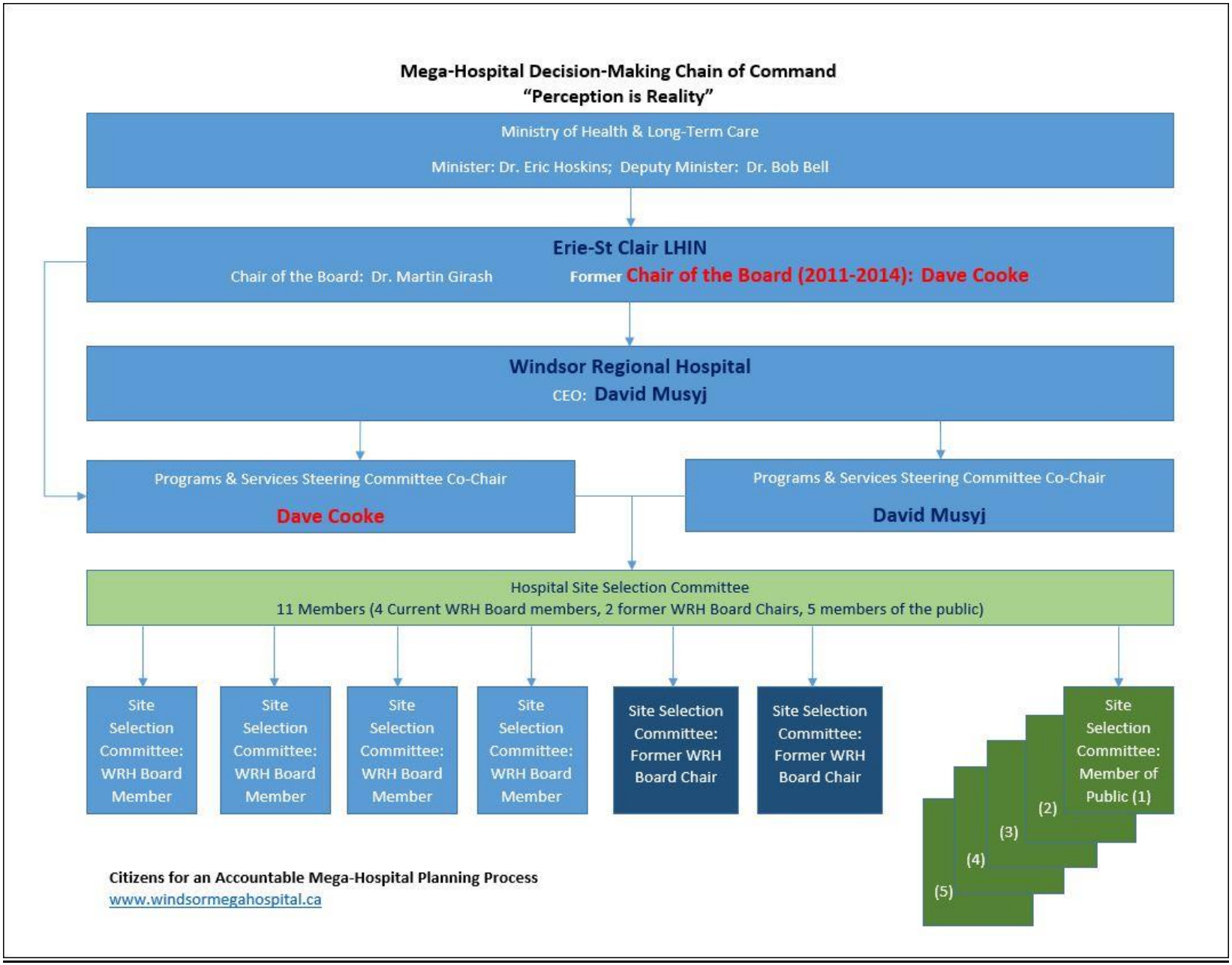
There is no analysis of the extent of further referrals for patients visiting the emergency department who do not need to be admitted.

CTAS 1 and 2 ER Visits
as a % of Total ER Visits at Ouellette Campus
2010-2013
www.windsormegahospital.ca

UCC will be equipped to treat CTAS 3-5
Treatment of CTAS 1 and 2 patients will be at Acute Care Hospital

		2010/11	2011/12	2012/13
	Total ER Visits	56,602	57,868	60,368
CTAS1	Resuscitation	342	368	386
CTAS2	Emergent	18,292	18,727	19,376
		18,634	19,095	19,762
% of Total ER Visits		**33%**	**33%**	**33%**
Year on year caseload growth			**2%**	**3%**




Mega-Hospital Decision-Making Chain of Command
"Perception is Reality"
Ministry of Health & Long-Term Care
Minister: Dr. Eric Hoskins; Deputy Minister: Dr. Bob Bell
Erie-St Clair LHIN
Chair of the Board: Dr. Martin Girash
Former Chair of the Board (2011-2014): Dave Cooke
Windsor Regional Hospital
CEO: David Musyj
Programs & Services Steering Committee Co-Chair
Dave Cooke
Programs & Services Steering Committee Co-Chair
David Musyj
Hospital Site Selection Committee
11 Members (4 Current WRH Board members, 2 former WRH Board Chairs, 5 members of the public)
Site Selection Committee: WRH Board Member
Site Selection Committee: WRH Board Member
Site Selection Committee: WRH Board Member
Site Selection Committee: WRH Board Member
Site Selection Committee: Former WRH Board Chair
Site Selection Committee: Former WRH Board Chair
Site Selection Committee: Member of Public (1)
(2)
(3)
(4)
(5)
Citizens for an Accountable Mega-Hospital Planning Process
www.windsormegahospital.ca

Program and Services Steering Committee

Below is a list of the 18 members of the **Program and Services Steering Committee**.

- Five of the members are connected with the LHIN. Gary Switzer is no longer with the LHIN and Ralph Ganter is now its CEO.
- Eight represent our hospitals.
- Two represent the CCAC.
- Two represent municipalities.
- One is the past President of the Essex County Medical Association.

Program and Services Steering Committee Members:

Dave Cooke – Co-Chair, Program and Services Steering Committee
David Musyj – Co-Chair, Program and Services Steering Committee; President & CEO, Windsor Regional Hospital
Carol Derbyshire – Executive Director, The Hospice of Windsor and Essex County and Chair, Hotel-Dieu Grace Healthcare (now Past Chair)
Steve Erwin – Manager, Corporate Communications & Government Relations, Windsor Regional Hospital
Ralph Ganter – Senior Director, Health System Design & Implementation, Erie St. Clair LHIN
Brian Gregg – CAO, County of Essex
Thom Hunt – City Planner/Executive Director, City of Windsor
Allison Johnson – Manager, Communications, Windsor Regional Hospital
Janice Kaffer- President and CEO, Hotel Dieu Grace Healthcare
Sandra Lariviere – Health System Design Manager, Erie St. Clair LHIN
Kevin Marshall – Director Facilities & Capital Planning, Windsor Regional Hospital
Lori Marshall – CEO, Erie St. Clair CCAC
Dr. Tim O'Callahan – President, Essex County Medical Association (now Past President)
Terry Shields – President and CEO, Leamington District Memorial Hospital
MaryAnn Stirling – Erie St. Clair LHIN
Gary Switzer – CEO, Erie St. Clair LHIN
Gay Wyre – Chair, Windsor Regional Hospital (now Past Chair)
Annette Zimmer – Erie St. Clair CCAC

About the Erie St. Clair LHIN

The Erie St. Clair LHIN has 6 sub-regions, and a total population of 636k residents. Windsor has one-third the population (218k) of the total region.

1) The LHIN's monthly Board meetings are usually held in Chatham, the geographic centre of the region.

2) Windsor has no representation on the LHIN's Board: None of the organization's 9 Board members live in Windsor.

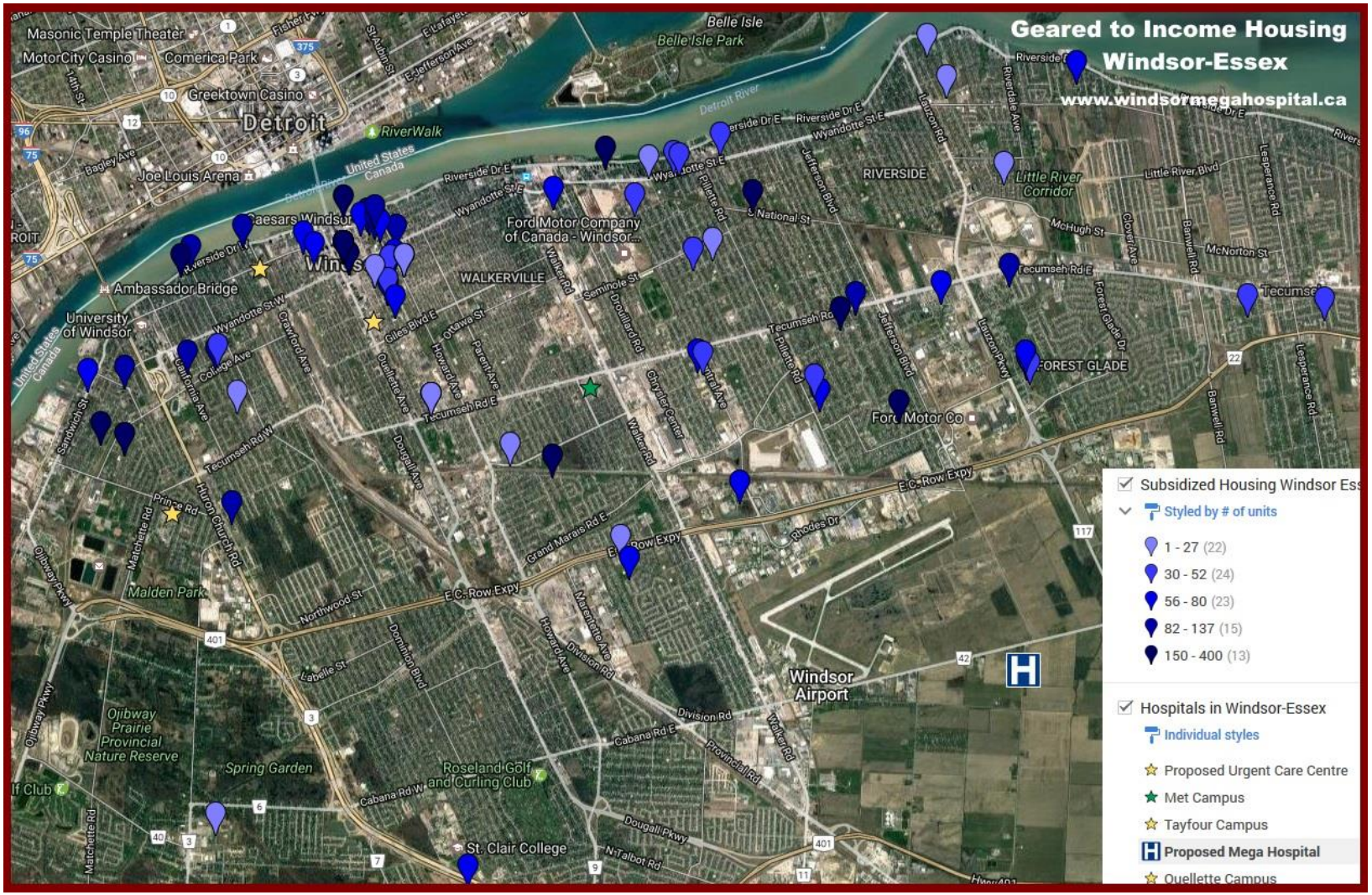
3) Six of its Board members live in the areas inhabited by just a third of the population

4) Under the Windsor-Essex Hospitals Systems Plan, two sub-regions (Windsor and Tecumseh-Lakeshore-Amherstburg-LaSalle) will share one hospital between them.


Geared to Income Housing
Windsor-Essex
Ontario Planning Policy states:
1.1.1 Healthy, liveable and safe communities are sustained by:
improving accessibility for persons with disabilities and older persons by identifying, preventing and removing land use barriers which restrict their full participation in society
www.windsormegahospital.ca
Subsidized Housing Windsor Ess...
Styled by # of units
1 - 27 (22)
30 - 52 (24)
56 - 80 (23)
82 - 137 (15)
150 - 400 (13)
Hospitals in Windsor-Essex
Individual styles
Proposed Urgent Care Centre
Windsor Regional Hospital - ...
Hôtel-Dieu Grace Healthcare
Proposed Mega Hospital
Windsor Regional Hospital - ...
Leamington District Memori...
Windsor Airport
Dearborn
Melvindale
River Rouge
LaSalle
Wyandotte
Riverview
Grosse Ile
Lakeshore
South Woodslee
Essex
HARROW
MIDTOWN
www.windsormegahospital.ca

The map below zooms in on subsidized housing within the Windsor CMA. The greatest concentration is in Windsor's downtown area, as well as to the east of downtown.

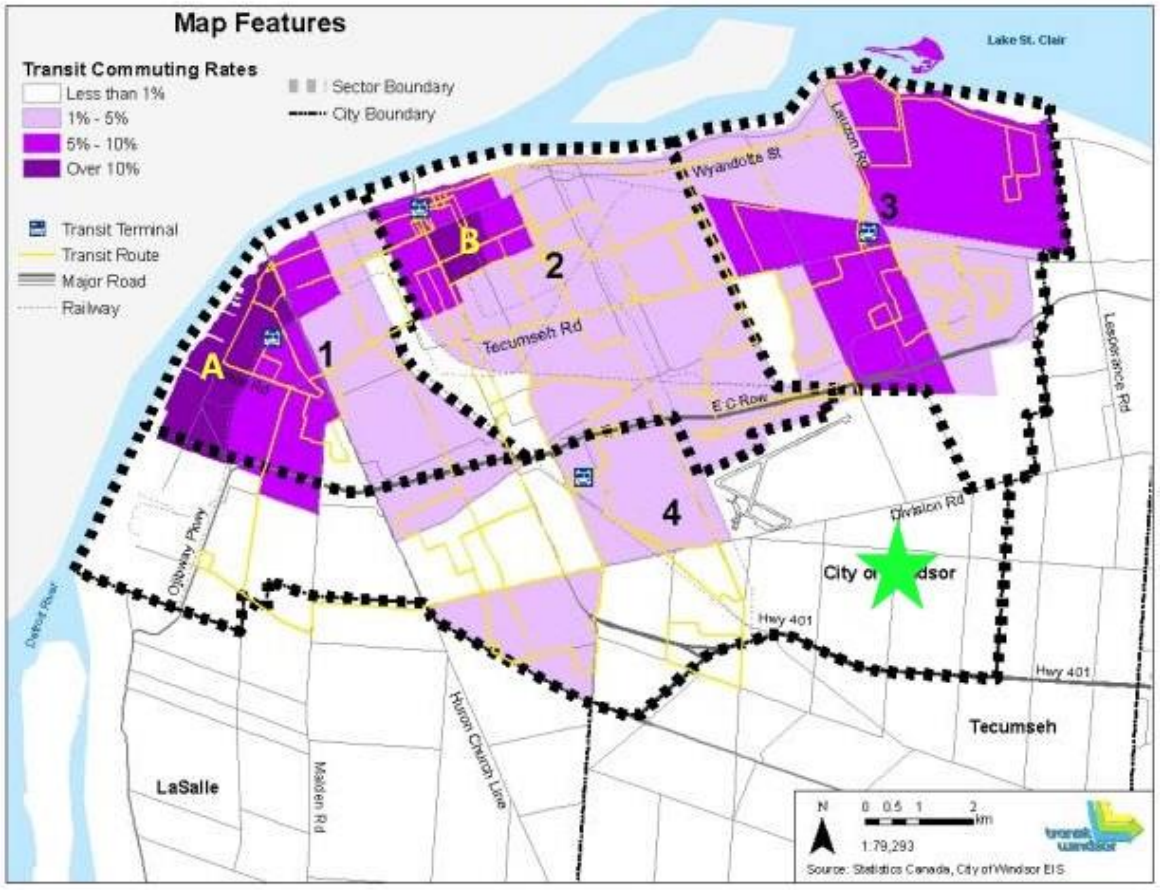
Almost all housing is well north of E.C. Row Expressway.



Transit Usage Map: Last Updated in 2001
Taken from City of Windsor Transportation Master Plan

Transit usage is strongly inversely correlated with income. In Wards 2 and 3 (marked A and B respectively) more than 10% of the population is wholly dependent on public transit for its transportation needs. These areas also correlate with the concentration of poverty as mapped on the previous two pages.

Exhibit 2-10: Regular Transit Commuters, 2001



Social Deprivation

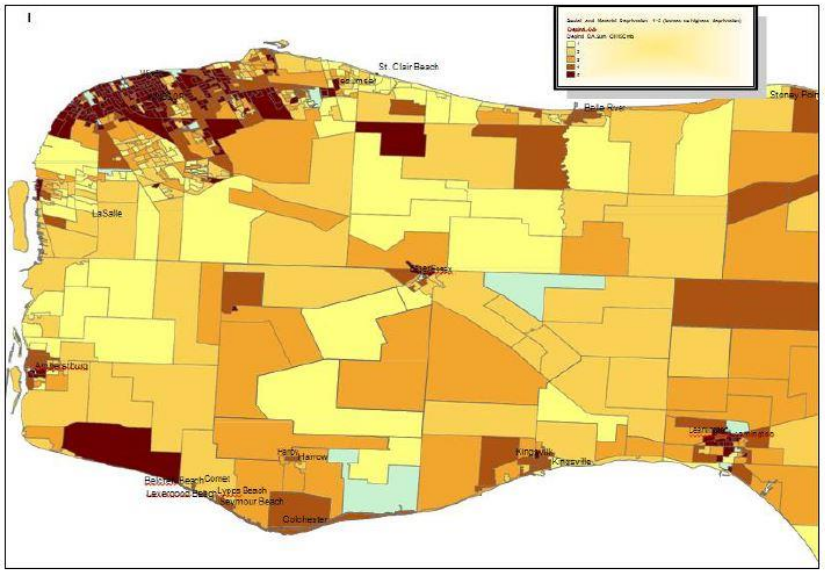
This map is taken from the Erie-St. Clair LHIN IHSP4 report.

It shows areas in Essex County where people live in poverty and are more likely to have higher hospitalization rates.

While the scale of the map makes it hard to see the detail, it shows a **correlation with transit usage** in the previous map.

The proposed location of the new hospital is far from the areas of greatest social deprivation:

Figure 5: Windsor/Essex Deprivation Index Map



SDI mapping for Windsor/Essex indicated the following:

Key areas with a high concentration of social deprivation that require attention include Windsor West, Windsor City Centre and Essex County South Shore. These areas have:

- very high percentages of people living below the low-income cut-off
- very high unemployment rates
- higher utilization for hospital separation rate, average total acute and ALC LOS in comparison to Ontario
- higher CHF and ischemic heart disease hospital discharges per population than Ontario
- a high active mental health case rate

Vacant Windsor Project

While the majority of these vacant lots wouldn't be suitable for a hospital, they point to the extent of the hollowing out of Windsor's core.

Questions Relating to the Hospital Proposal
Presented to the Board of the Erie St. Clair LHIN on May 24, 2016

ACCESS

1. Why are no satellite facilities proposed for county municipalities, e.g. Urgent Care facilities with diagnostic services in Essex and Amherstburg?
2. What lessons have been learned regarding moving hospitals far from their patient populations? For example, Brampton recently built its hospital 9 km from the city centre and is currently building a new day facility downtown with services that include surgery and ambulatory care.
3. What analysis exists to assess the transportation and other barriers of patients (60%) whose healthcare needs won't be met at the Urgent Care facility?
4. What strategies have been developed to eliminate patient confusion in determining which facility is appropriate for their medical needs?
5. What percentage of ER patients who are not admitted to hospital receive referrals for follow-up specialist or other care?
6. What transportation barriers exist to access this care?

COST

7. Why were alterations made to the Consulting Engineer's calculations for the two shortlisted sites without prior consultation with him?
8. What financial impact analysis exists relating to EMS transfers between the proposed Urgent Care Facility to the proposed Mega-hospital on County Road 42? What capital outlays and additional EMS personnel will be needed and who will bear this cost?
9. Why was transit to the hospital site not included in site cost comparisons?

URBAN PLANNING

10. Have physicians with offices near the two existing hospitals been surveyed to determine whether they intend to move if the new hospital is built on County Road 42? If yes, what were the results?
11. What analysis has been performed to determine the impact on the neighbourhoods surrounding the existing hospitals following demolition?
12. To what extent were population densities of the municipalities and neighbourhoods considered when assessing the suitability of the proposed location?

TRANSPARENCY

13. Gary Switzer told CAMPP in a meeting on December 3, 2015, that the LHIN had data on public consultations that had taken place on the location of the mega-hospital. He said he would get it to us after returning to his office. We never received this information and request again that it be made public.
14. What opportunities did the public have to provide feedback **in ways that were formally measured** regarding the location of the new hospital and its satellite facilities?
15. If such data doesn't exist, as we believe, what will the LHIN do to facilitate an objective public consultation?
16. What was the process to determine whether infrastructure costs should be included or excluded from site cost considerations?

ENVIRONMENT

17. How does the greenfield hospital location relate to Federal, Provincial and Municipal environmental legislation and policy, for example Ontario's Climate Change Strategy?
18. How was it possible to overlook the Wynne Government's goal to protect productive farmland from development, especially in view of the region's low population growth expectations and the abundance of brownfield and infill land in Windsor?
19. What other creative site development options were explored that could avoid the need for a large expanse of surface parking, e.g. a smaller site with a privately owned and financed parking structure on an adjoining site?
20. Please explain why you think the County 42 road site is a superior choice to site "V", which was rated higher by the Site Selection Committee.