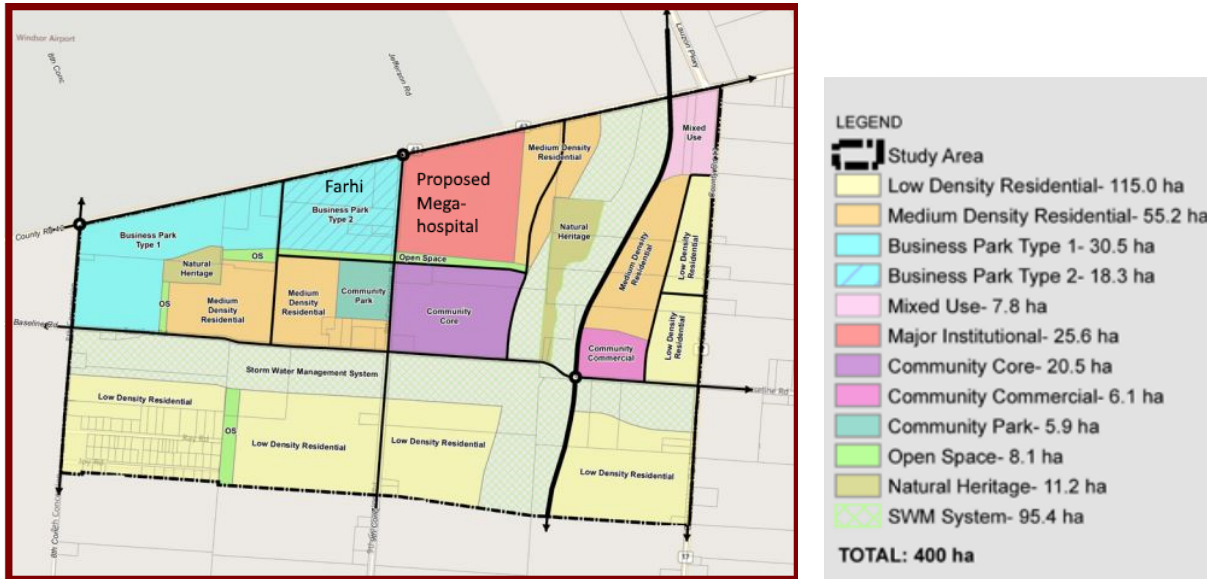


**Citizens for an Accountable Mega-Hospital Planning Process**  
**Response to Development Plan**  
 presented by Jim Dymont, MHBC Partner,  
 at a public meeting on July 5, 2017  
 on behalf of Windsor Regional Hospital

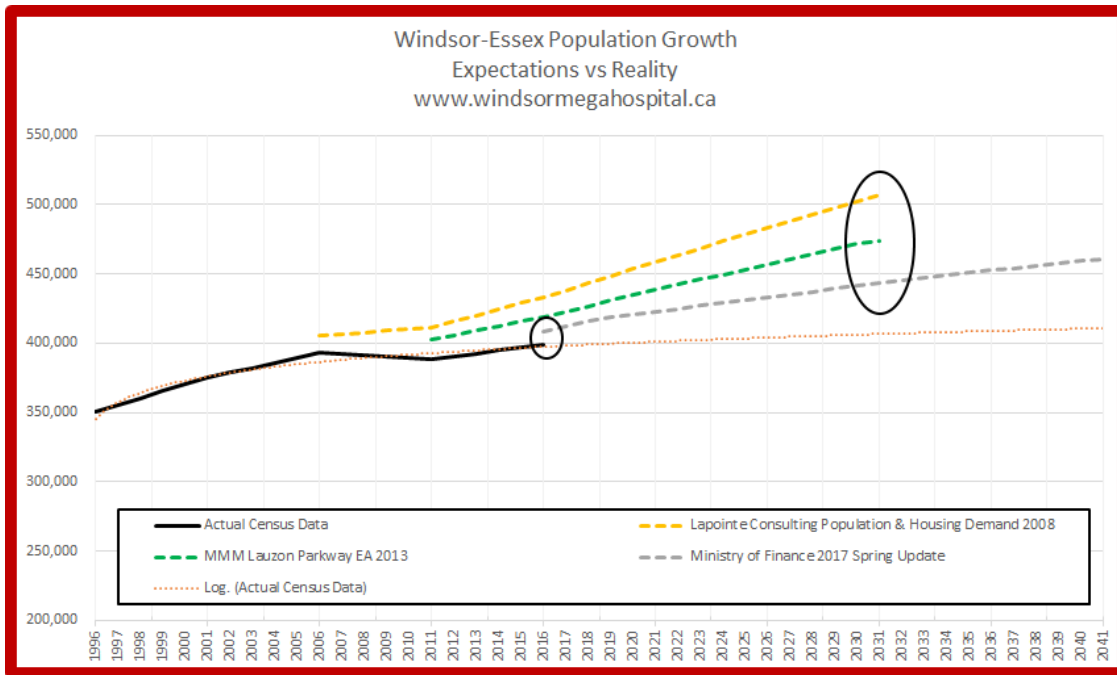


**Population Growth**

The information presented for the proposed 400 hectare / 987 acre development (now 81% larger than the original 221 hectare proposal) at the July 5, 2017 meeting included no analysis of our region’s projected long term population growth.

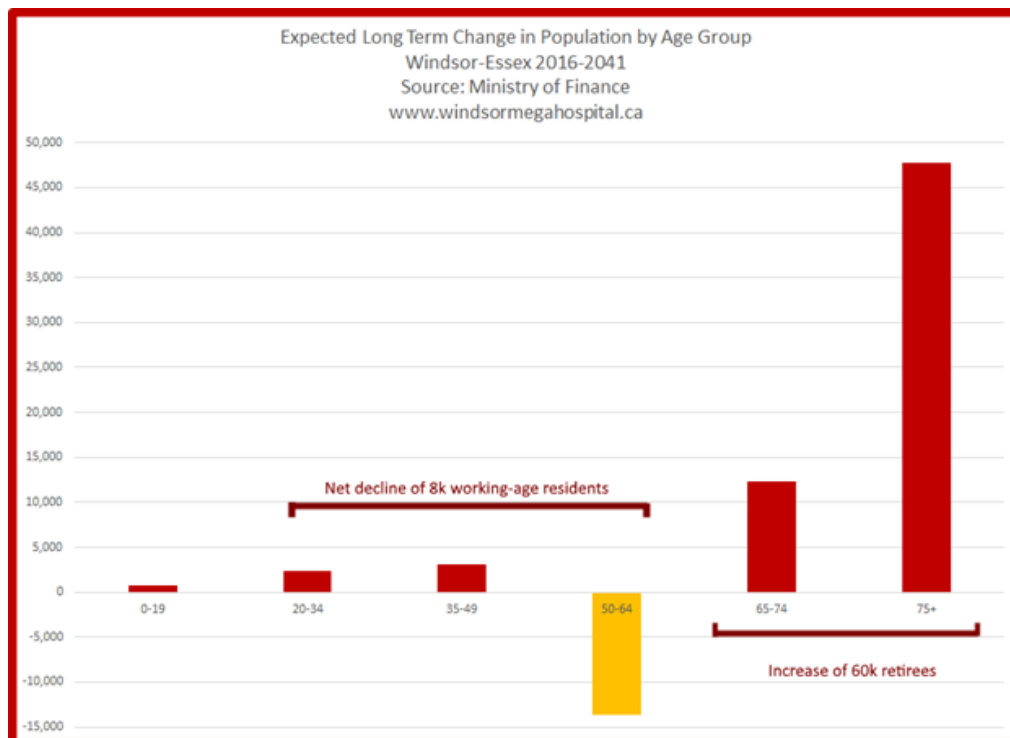
It is unclear whether this was the result of an incomplete planning process, or deliberate oversight. Regardless of the underlying reason, an understanding of our anticipated future demographics is critical to the feasibility of this proposal.

This is especially important because population growth and future projections fell considerably since the transfer of the Sandwich South land to the City of Windsor in 2003. Loss of manufacturing jobs and lower than expected economic diversification resulted in less in-migration and greater out-migration by job-seekers:



**According to the Ministry of Finance, in the next 25 years (through 2041), projected regional population expansion is only 60,000 residents (just shy of 13%).** Windsor’s share of Essex County’s population is approximately 50%.

What might come as a surprise is that all of the anticipated growth is in the oldest demographic, with 90% of that growth expected to be older than 75:



This is in contrast to an anticipated decline in the 50-64 year old age group. Coupled with only small increases in those aged 20-49, it means all of **Essex County’s future working-age tax base will be shrinking, putting increased pressure on younger residents.**

The proposal shows a substantial allocation of land to the creation of low density and medium density housing (new residential subdivisions):

	# of hectares	# of acres	% of whole
Low density residential	115	284	29%
Medium density residential	<u>55</u>	<u>136</u>	<u>14%</u>
	170	421	43%
Total land under proposal	400	987	100%

While it is of course conceptually possible that some of this housing will target the senior end of the market, we would like to suggest that most people over the age of 75 (where almost all of the population growth is concentrated) are not looking to move away from the neighbourhoods where they have lived during their younger years, **unless it is to move to assisted living facilities.**

The proposal therefore suggests inflated expectations for an influx of younger people, even though the data shows this is not the demographic that is growing.

**The proposed residential development is entirely inconsistent with the kind of development an aging community typically requires: compact housing close to existing goods and services, with accessible public transit.**

During his presentation, Mr. Dymont noted high density residential construction is not planned for Sandwich South because the proximity to the airport precludes structures over 10 stories. He also stated that high density buildings are better suited to Windsor’s core, where its population is concentrated.

**In saying this, he tacitly admitted this new residential subdivision, across from an airport, adjacent to a greenfield hospital, would be far removed from the healthcare system’s heaviest users, whether they live in Windsor or in the county.**

**Impact on existing neighbourhoods**

**Given the region’s stalled and aging population, it follows that any new development will extract residents and businesses from existing neighbourhoods.**

An example is the expected development of medical businesses around the proposed mega-hospital site. Many of these offices and facilities are currently located on existing,

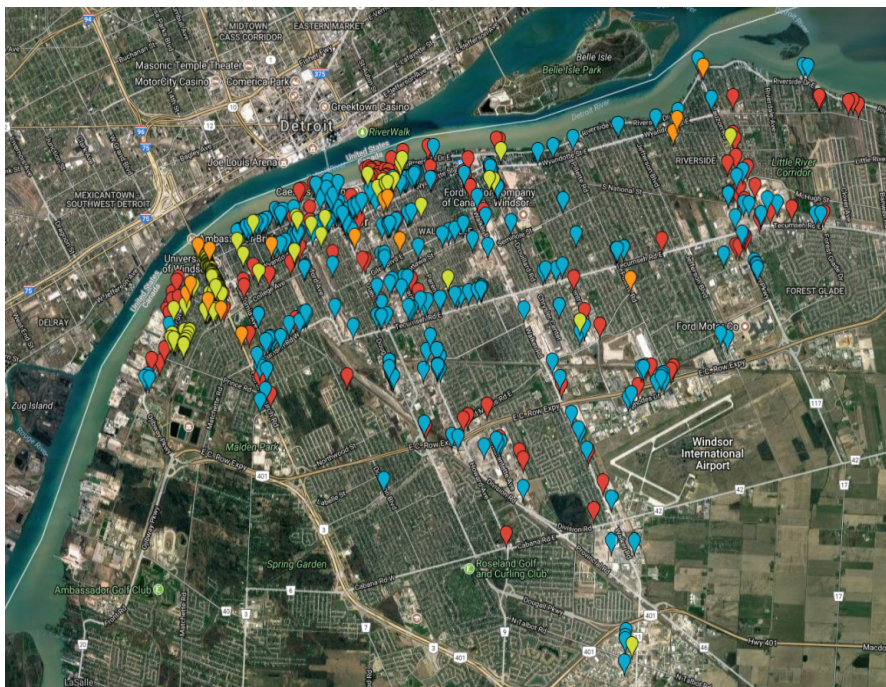
high-ridership public transit routes. This impact was not included in the information provided at the meeting.

### **Urban Doughnut**

**The proposed hospital location and area development plan will inevitably reinforce the economic divisions between haves and have-nots for the most essential of shared Canadian rights: access to health care.**

[Vacant Windsor](#) is a crowd-sourced project to document Windsor's inventory of vacant and abandoned properties.

In 2016, some 700 properties were identified.



While this inventory is not exhaustive and some movement has occurred since then, it provides valuable insight into the extent of Windsor's lack of attention to its most populated areas, while supporting continued urban sprawl on its periphery.

It's human nature for people to wish to live in nice, safe neighbourhoods.

Vacant and derelict properties lead to less attractive neighborhoods as people who can afford to move away, do so. As a result, Windsor has developed a doughnut shape, with a core that houses a greater proportion of the region's most vulnerable residents.

### **Cost**

**The principle behind Windsor's development charge policy is that "growth pays for growth," but the July 5, 2017 meeting provided no clarity about the impact of that principle to the tax base, when part of that "growth" is public sector infrastructure.**

The public needs insight into the extent to which the burden of infrastructure costs will be carried by local taxpayers.

What if the anticipated development doesn't happen as soon as expected? Will Windsor taxpayers be left footing bills for infrastructures that are intended to be borne by future private developers, businesses and homeowners?

It appears that the new hospital will not be required to pay development charges, although Mr. Dymont wasn't able to confirm this. If the hospital is in fact exempt from these charges, a portion of the costs to develop the area in question will not be covered by the stated \$2 billion mega-hospital price tag.

The most obvious of these costs include road building and services like hydro, which have never been clarified to the public, in spite of repeated requests. Public transit was also mentioned at the meeting, but this issue was glossed over and remains unresolved. In previous Essex County community expansions, public transit has typically remained an ongoing problem for many years after development (e.g. Windsor's new jail). This particular issue may have an unsatisfactory outcome for years to come.

### **Future servicing of infrastructure**

**The public has not been allowed insight into ongoing infrastructure maintenance costs, which will be paid by taxpayers in perpetuity.**

Windsor's existing bus service is limited by budget constraints. Windsor's existing roads require repairs and maintenance valued (currently) at \$1 billion.

Where will the money come from to service a remote, new neighbourhood, and what will be the effect on existing public services?

### **Traffic congestion**

**While the Lauzon Parkway EA is intended to facilitate the movement of traffic under the city's existing configuration, the hospital's proposed location will most likely lead to more congestion than currently anticipated, as exponentially more traffic will be using it.**

An area with a hospital employing upwards of 4,000 healthcare and ancillary workers, related medical businesses, as well as up to 15,000 area residents, will require more road infrastructure. County Road 42 and Lauzon Parkway already experience congestion during rush hour. Planners like to remind us that wider roads always lead to more traffic.

### **Loss of Prime Farmland**

**The proposed development is an irresponsible use of finite natural resources that is not warranted by population growth expectations *at this time*. It removes an area the size of Windsor's downtown from the region's supply of farmland and converts it into a subdivision.**

Just because this land has been earmarked for future development, does not mean it is wise to develop it before population growth expectations warrant doing so.

This is prime agricultural land, in a region that derives most of its economic output from the agricultural sector.

It goes against the Wynne Government's election promises to protect provincial farmland, as well as the principles underlying [Ontario Planning Policy](#):

**The policies are founded on core principles supporting more sustainable patterns of development and resource use**



**Ontario Planning Policy strongly encourages compact development**

The image to the left gives an indication of the size of 400 hectares / 989 acres.

The proposal as presented will achieve the opposite of the compact development envisioned by Ontario Planning Policy.

## Climate Change

Windsor's [Climate Change Adaptation Plan](#) identifies increased precipitation and flooding as some of the major consequences of climate change in the region, and warns of the public health impact of extreme heat.

According to the Adaptation Plan, "Development policies created in the absence of Climate Change considerations may create additional vulnerabilities to the impacts of climate change."

- Climate change was only briefly mentioned at the July 5, 2017 public meeting. Mr. Dymont went on to describe challenges of managing the area's stormwater because of the low-lying land, the way the soil drains, the prevalence of geese, and their proximity to Windsor Airport.
- The risks of **urban heat island effect**, which was not mentioned during the presentation, will increase due to the conversion of farmland to housing, surface parking lots and roads.
- The planned new area, even if it has sidewalks and bike lanes, will not make our community more compact. Its distance from the core, located beyond Windsor Airport, will result in more driving and more carbon emissions, instead of enabling more **active transportation**.

Also, the proposed stormwater management system is almost four times the size of the hospital land that this project is intended to support:

	# of hectares	# of acres	% of whole
Mega-hospital	26	60	6%
Stormwater Management	95	236	24%
Total land under proposal	400	987	100%

## Schools

**The mention of the need to plan for new school sites should ring alarm bells to everyone with concerns about proposed neighbourhood school closures in Windsor's older neighbourhoods.**

A new subdivision with new schools will increase the pressure to close older schools and hasten the displacement of families from existing neighbourhoods.

On the other hand, in the event that new schools are not built to accommodate students in the new subdivision, students will have to be driven to school in other neighbourhoods instead. This will increase road traffic, rather than enabling them to walk or ride their bikes.

## **Transparency**

**There is no way to legitimately determine the issues raised nor the extent to which any particular issue of public concern will affect decisions going forward.**

Lack of transparency has been a pattern ever since the project to build a greenfield hospital was announced about 5 years ago.

- At the September 7, 2016 public meeting, those present were told all community feedback would be made available public in its entirety.
- At the July 5, 2017 public meeting, those present were informed that all public feedback will remain private.

## **Inclusiveness**

**Holding a single public meeting in a suburban location south of the expressway, on a subject that will fundamentally impact all residents of Windsor, falls short of the kind of inclusiveness one might expect from a real public consultation.**

In particular, the location - a considerable walk from the nearest bus stop - appears to have been chosen to exclude the residents who will be most negatively impacted by this proposal. Many of the residents in the city's core - its most populated area - do not drive, so the public meeting was difficult for them to reach. We would like to see additional public meetings organized in the wards that are north of E.C. Row.

Future public forums must be better promoted. It seemed that very few people were aware of the July 5, 2017 meeting. Despite this barrier, this meeting was much better attended than the organizer had planned.

These decisions affect a huge number of people. They deserve a well-publicized opportunity to participate in this process.

## **Core Function**

**For an organization that recently had to reduce its bed count and lay off nurses to balance its budget, it is an insult to the users of our healthcare system to see scarce public health care dollars being used for the management and planning of this 400 hectare / 987 acre development.**

Windsor Regional Hospital is driving an extensive project to justify a 60 acre hospital location, rather than focusing on its core function: the provision of public health care.

Windsor Regional Hospital leaders have no expertise in smart land use management, as evidenced by their to date unwillingness to acknowledge any and all of the concerns Citizens for an Accountable Mega-Hospital Planning Process (CAMPP) and other members of the public have brought to their attention regarding the proposed location of the new mega-hospital.

Windsor Regional Hospital's proposal is the tail wagging a large dog.