

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

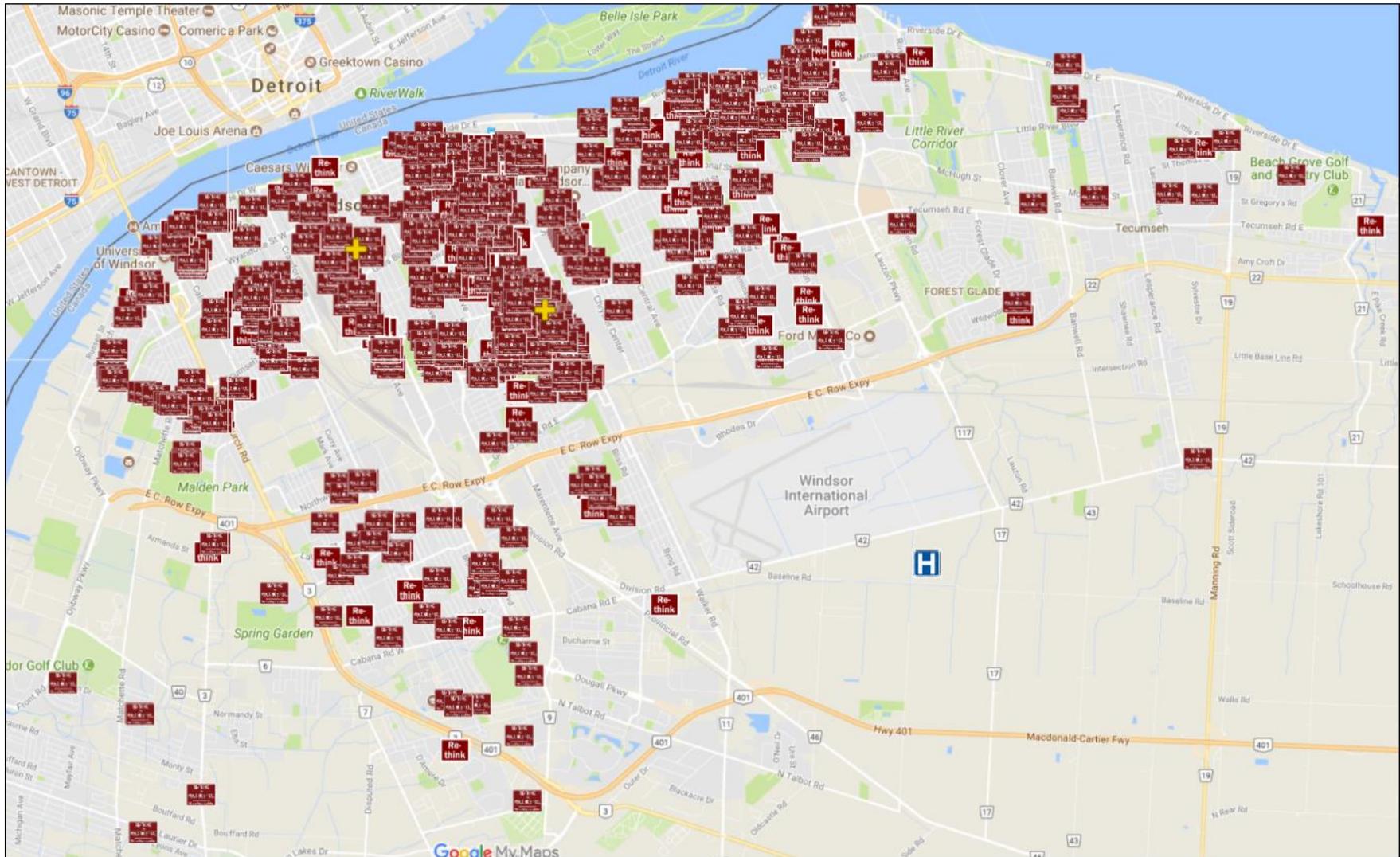
U RBAN PLANNING

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 location of ReThink signs throughout Windsor and Essex County at bit.ly/CAMPP_map



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.

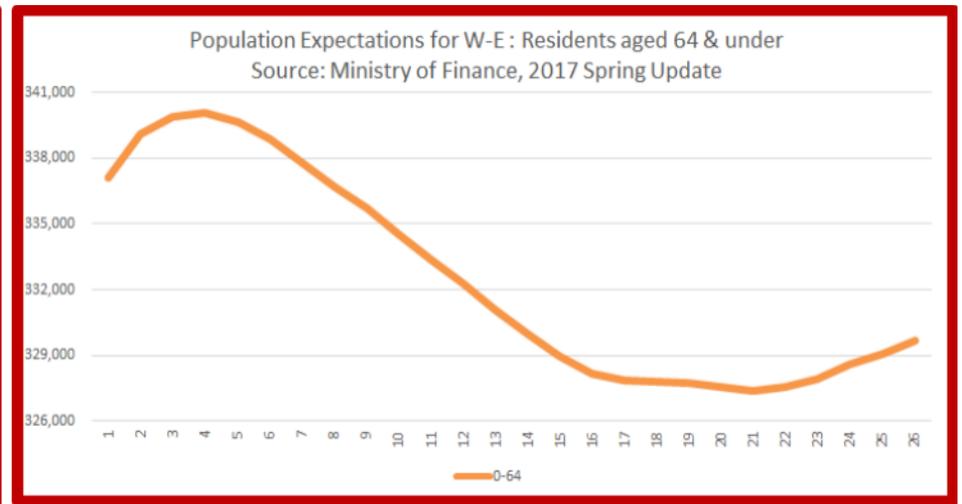
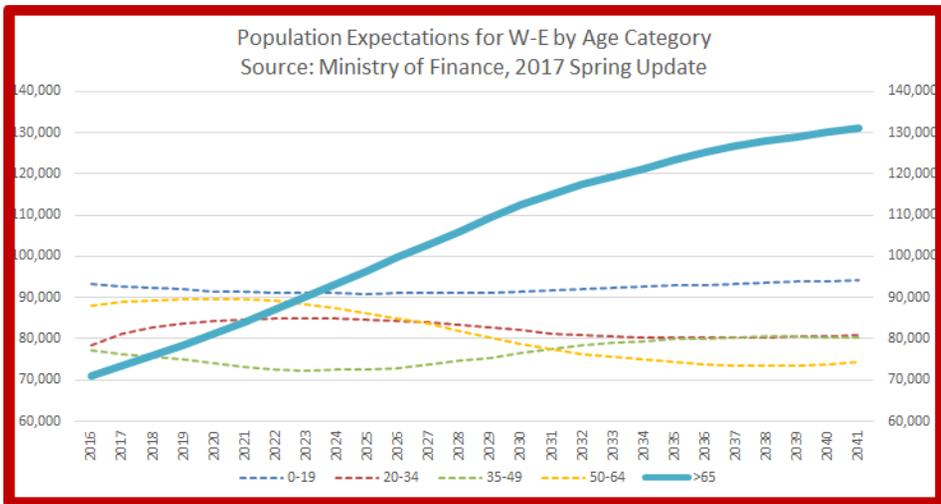
1. **Acknowledgement that what has been proposed is not good enough.** While Ottawa and Muskoka face different issues with regard to their proposed new hospital, they have reconsidered in the face of public concern. We are asking the same for our region. It is inexcusable that our elected officials (councillors 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.

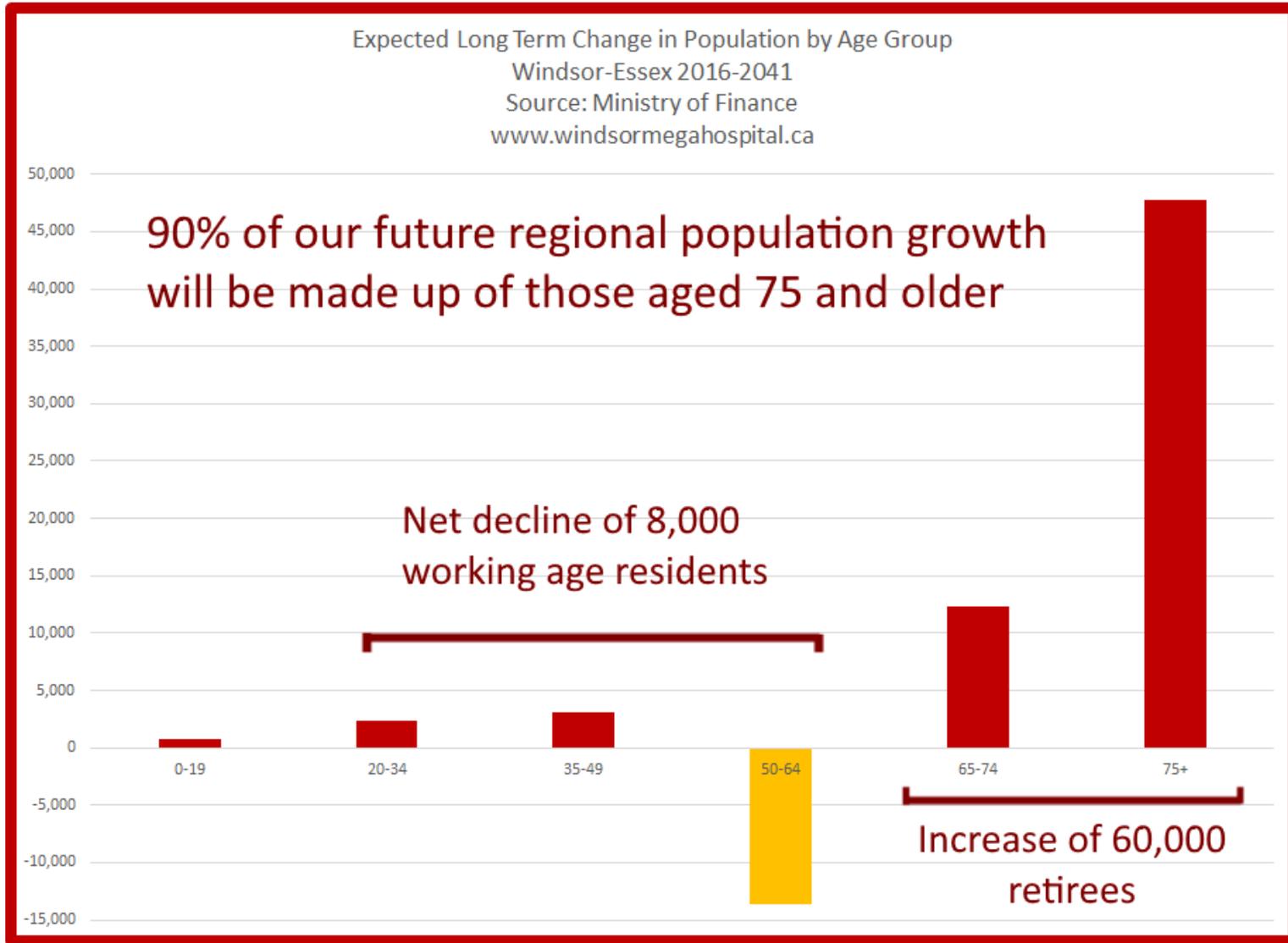
Essex County Long-Term Population Projections Source: Ministry of Finance (Updated Spring 2017)

Essex County's overall population is expected to grow by 60k or 13% over the next 25 years.
This growth will come entirely from the cohort of residents older than 65.

90% of our population growth will be made up of those who are older than 75.

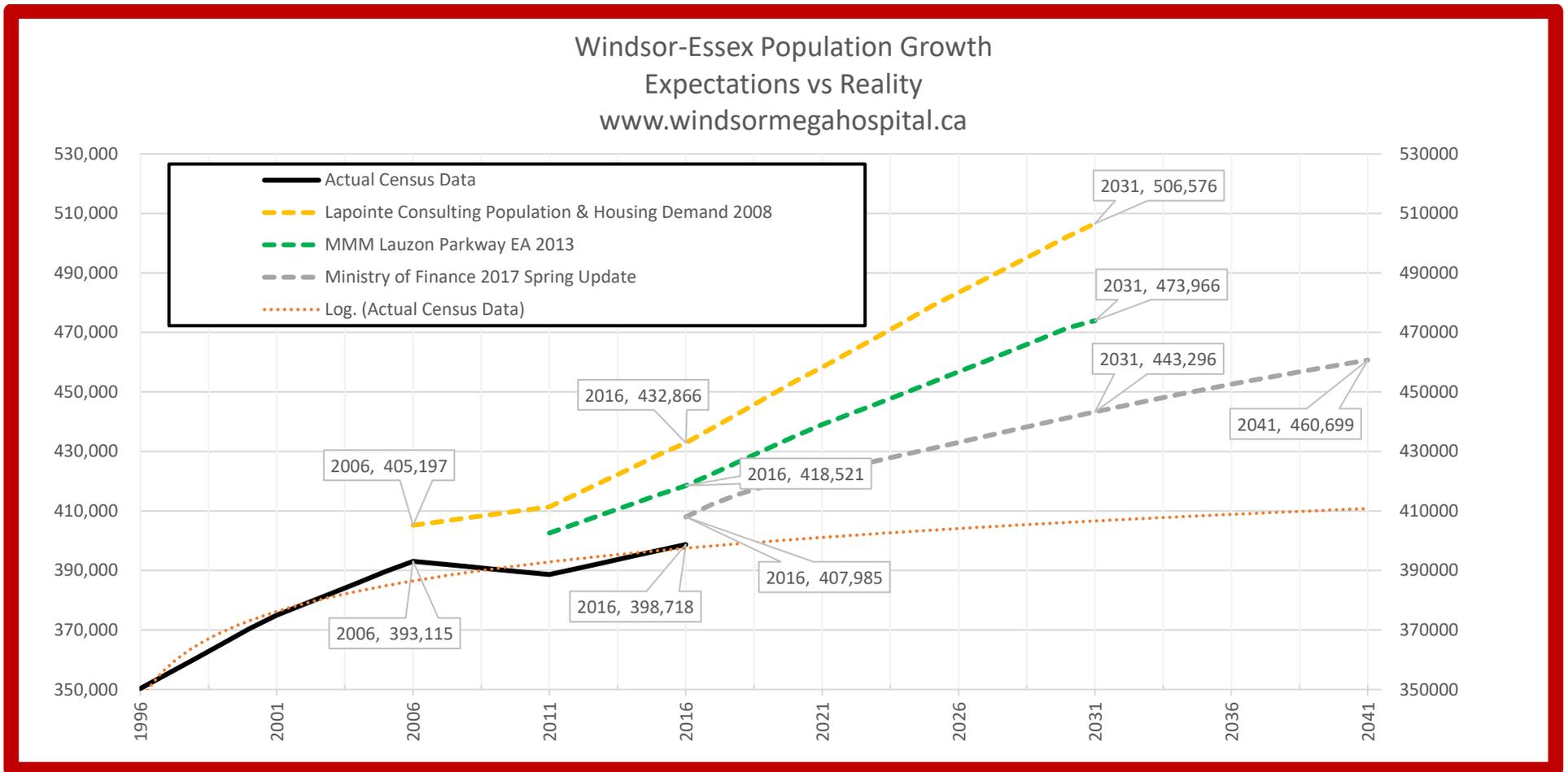


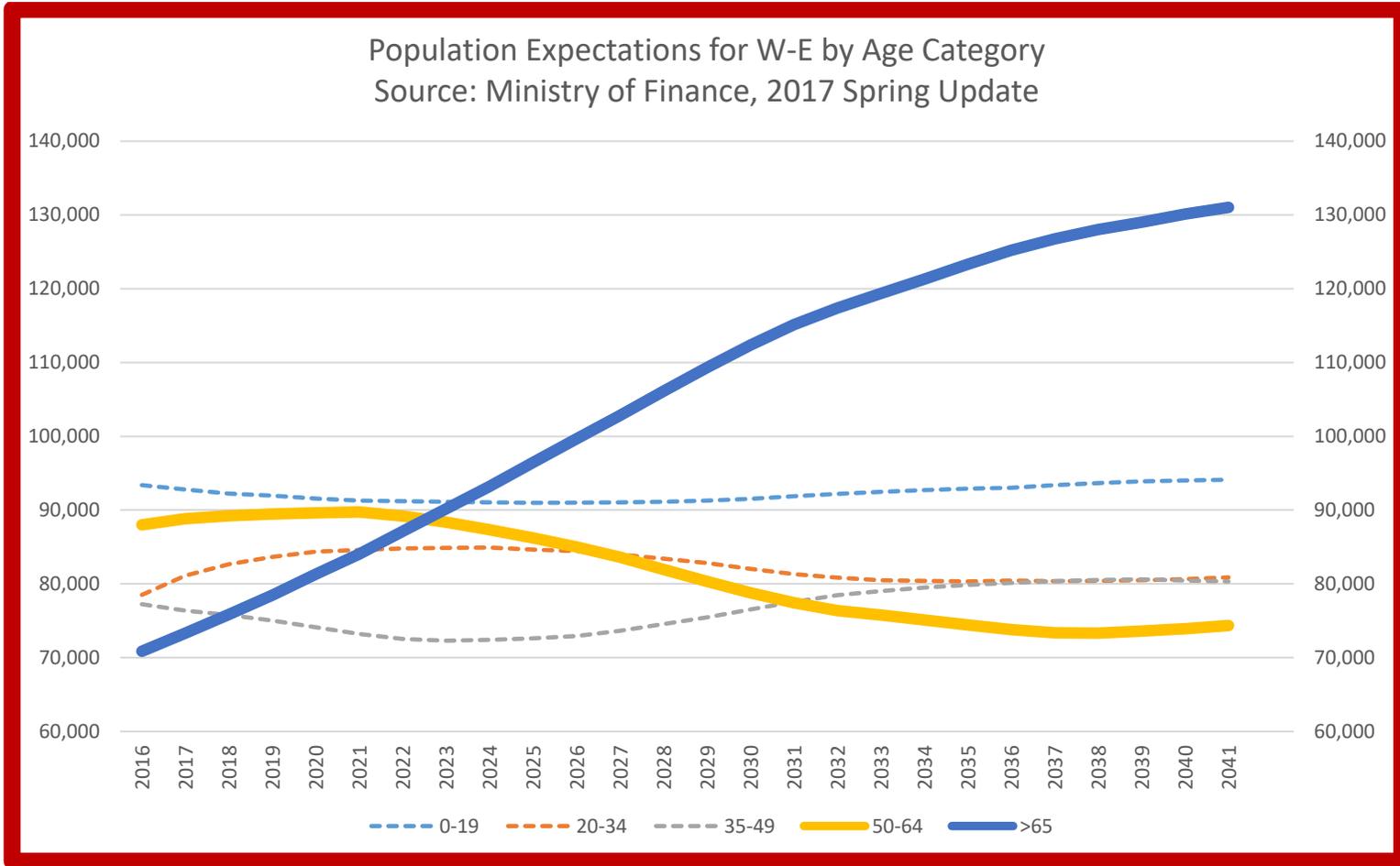
New subdivisions and health care located far from where our future seniors live will not serve them well if they wish to age in place:



2016 Census and 25 Year Projection

The most recent census figures show a recovery to slightly above 2006 levels. These are short of projections.
The data shows a need to update the figures in the reports being used.



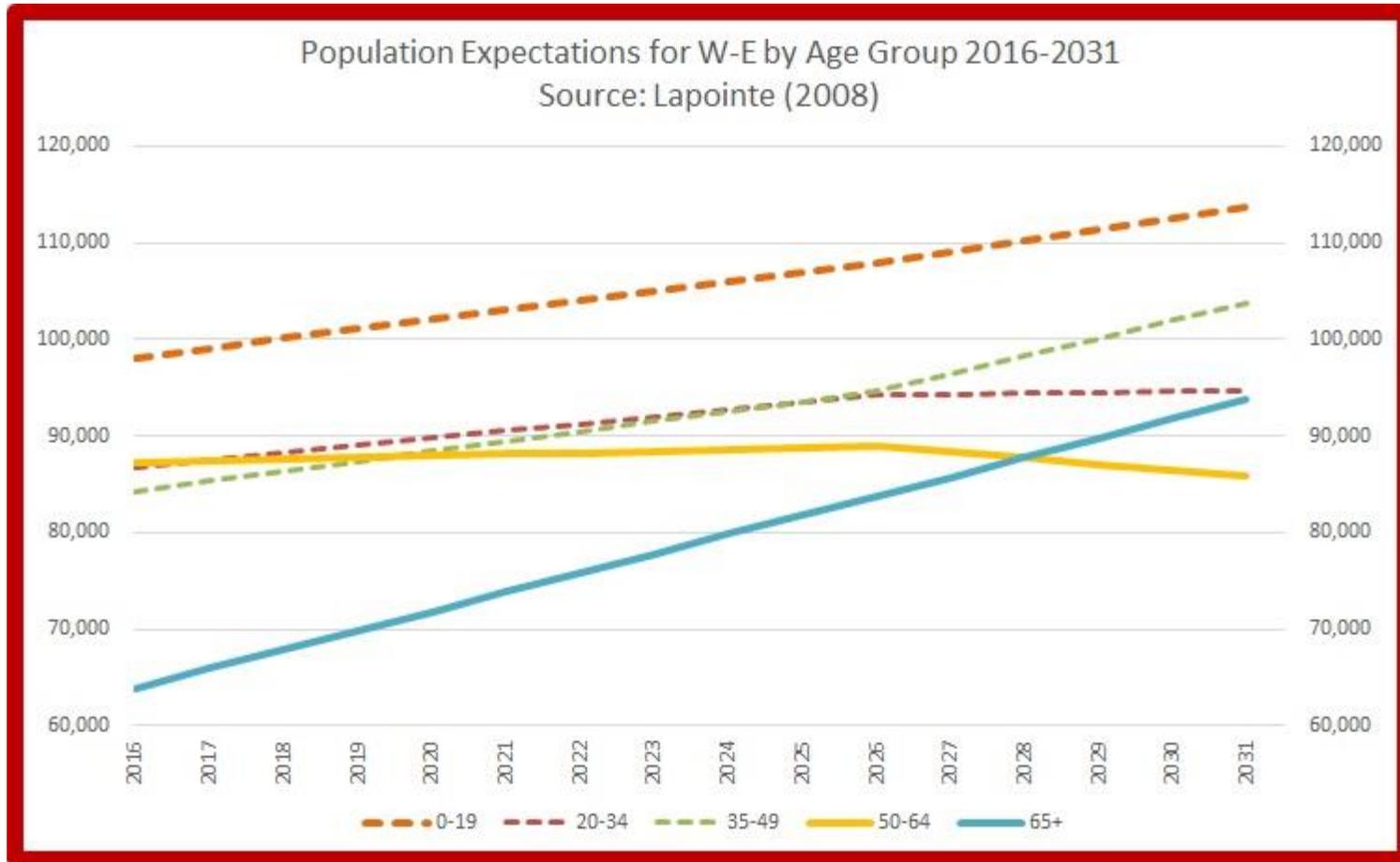


The latest Ministry of Finance projections show a rapidly aging community, while all the other age groups are expected to stagnate.

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.

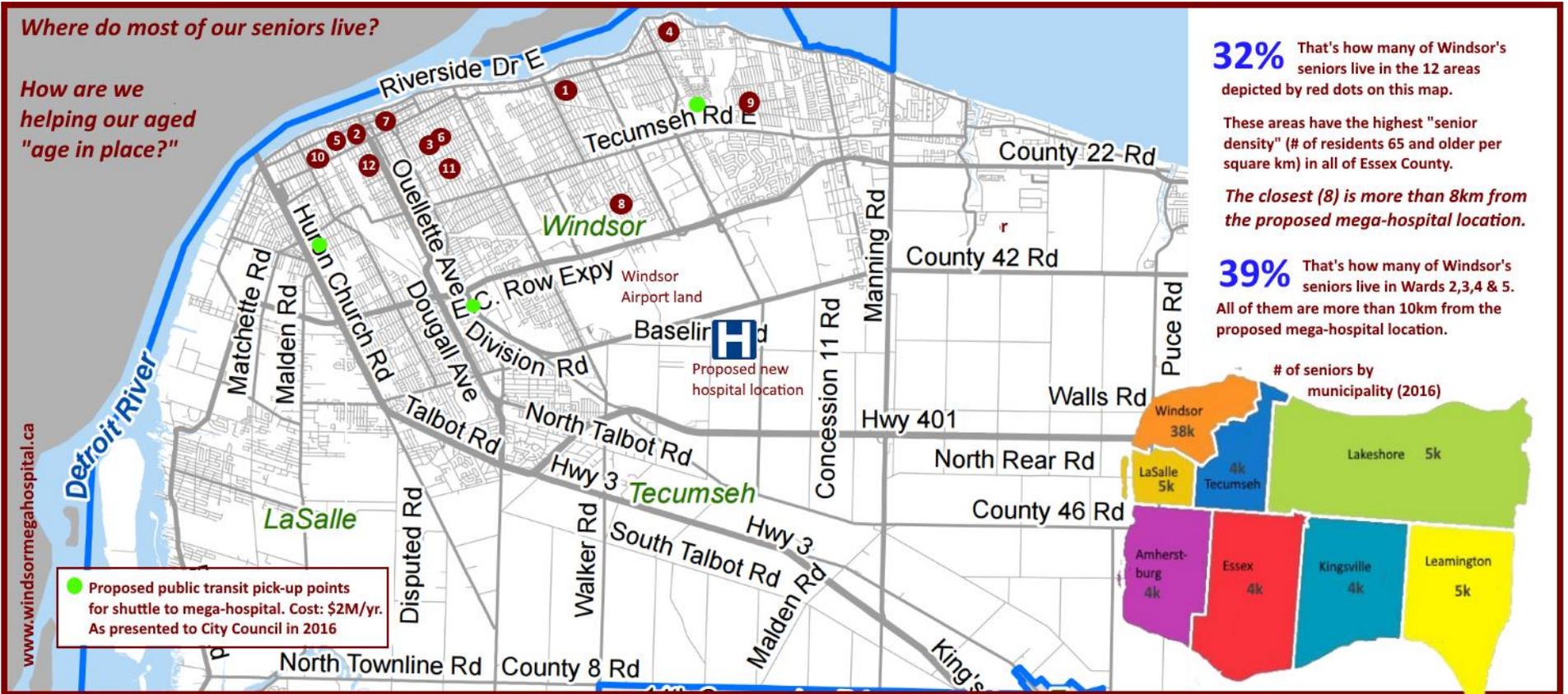
The lack of growth in the number of younger people is troubling too, because it means schools will continue to struggle to maintain capacity.

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 latter, though out of date, is still being used by the City of Windsor to predict future growth in Windsor Essex. An expectation of growth is the justification for developing Sandwich South.



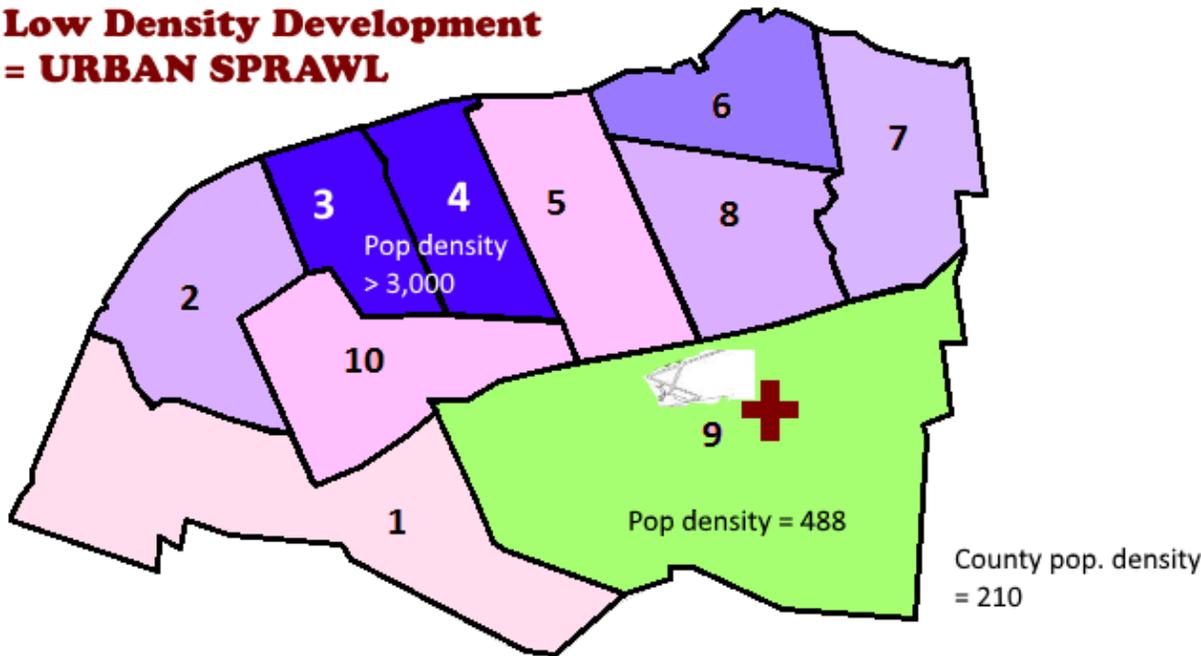
The proposed greenfield mega-hospital location contravenes Planning Policy and Windsor's Official Plan. It increases land use barriers for seniors. It forces more driving and reduces the compactness of our urban form.

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.

Geo graphic name	Central point	Ward	65+	# of seniors	
				/km	% 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**



- 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

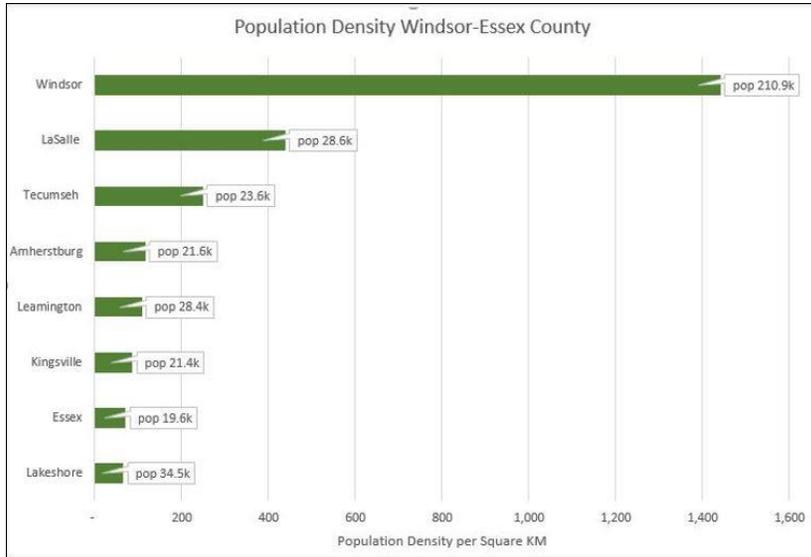
Legend			
Ward	Population density (Residents per Sq. km)	Pop 2011	
3	3,152	21,432	
4	3,016	24,126	
6	2,742	23,305	
7	1,971	23,058	
8	1,755	18,780	
2	1,713	20,042	
10	1,642	19,698	
5	1,601	18,407	
1	894	22,071	
9	488	19,945	
LaSalle	439	28,643	
Tecumseh	249	23,610	
Amherstburg	116	21,556	
Essex	71	19,600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



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

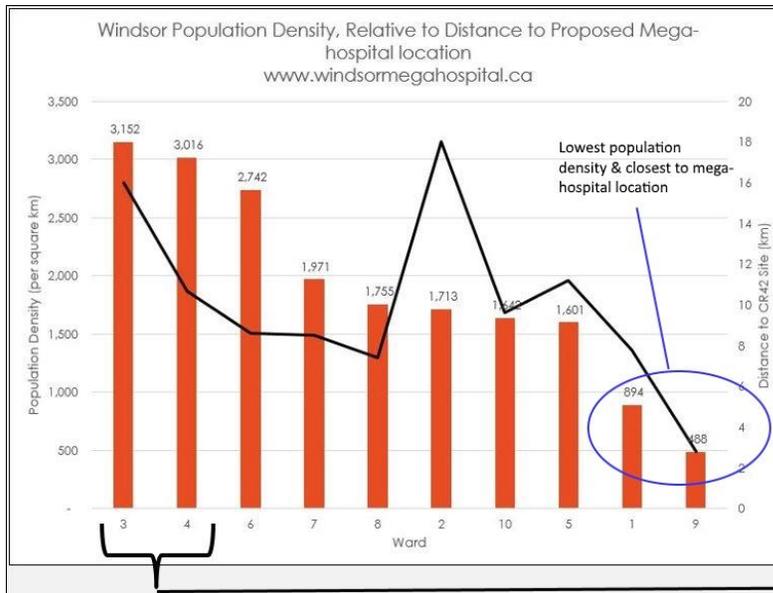
www.windsormegahospital.ca



Population Density

7 times greater in the City

Windsor: 1,441
Essex County: 210

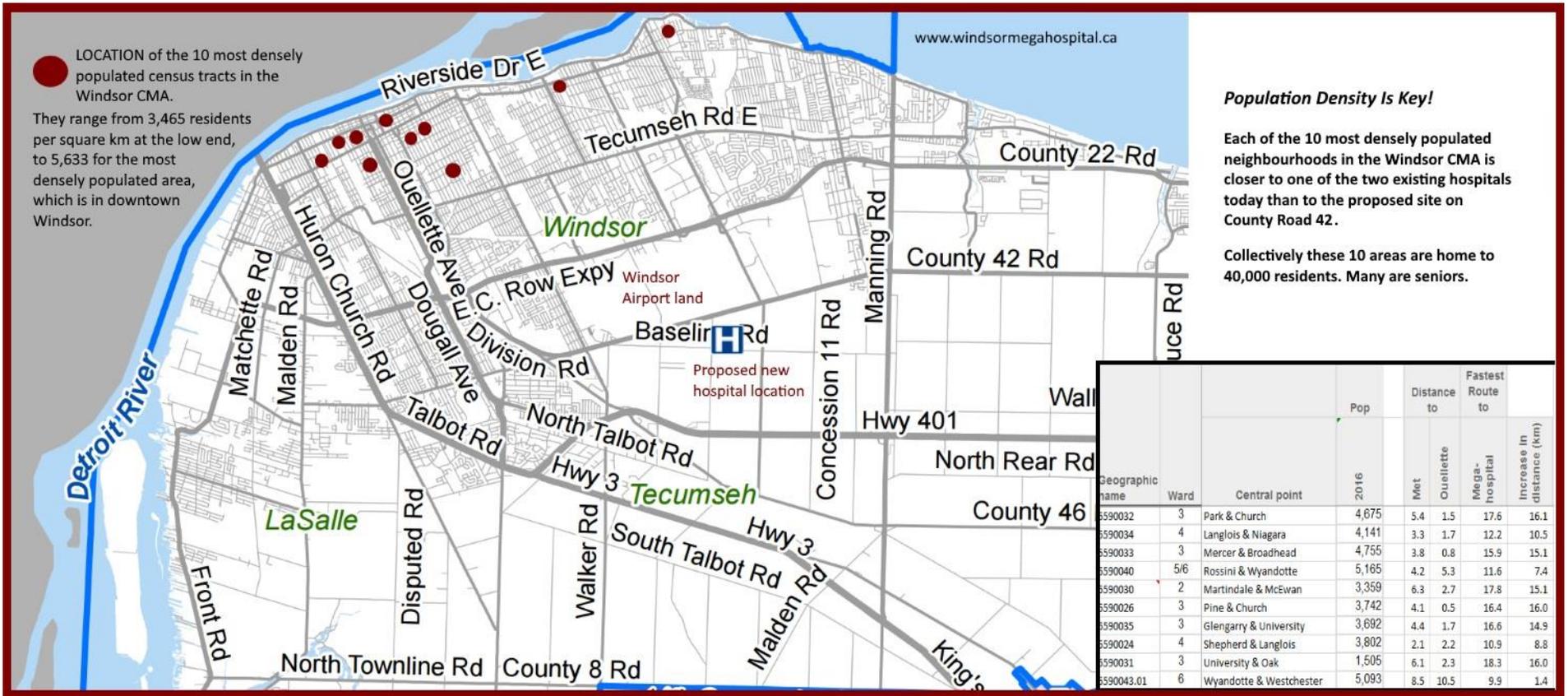


Population Density

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.

- 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.
- These areas typically have numerous high rises. Many are retirement facilities, or independent living for retirees.



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



The aggregate distance travelled to hospital will increase by at least 20% 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 site¹.

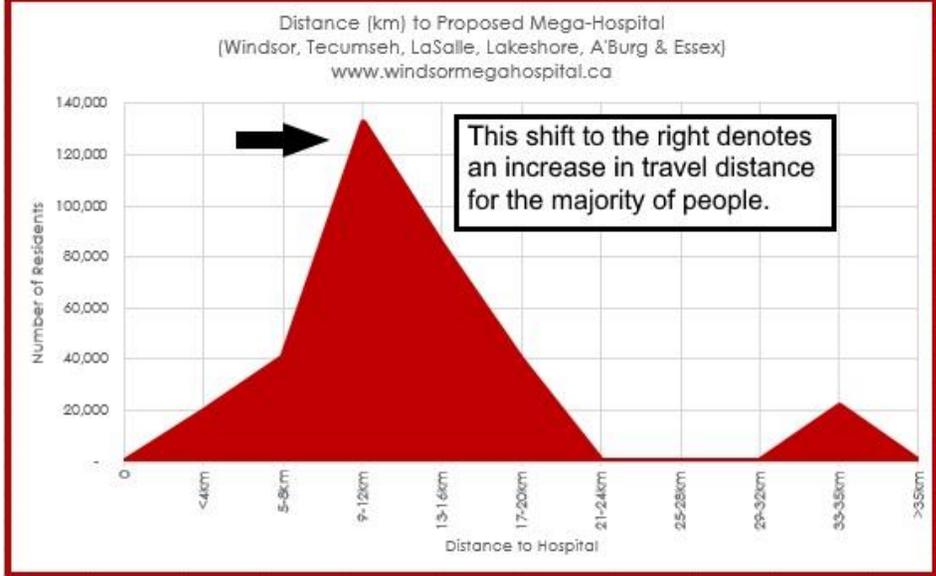
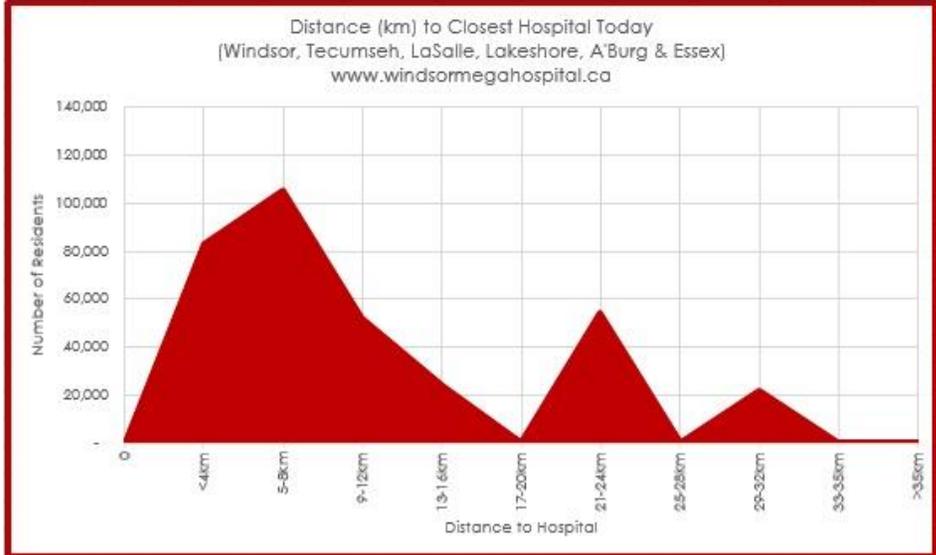
38% 38% of residents live **further than 10 km** from hospital today; 56% are more than 10 km from the proposed site.

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

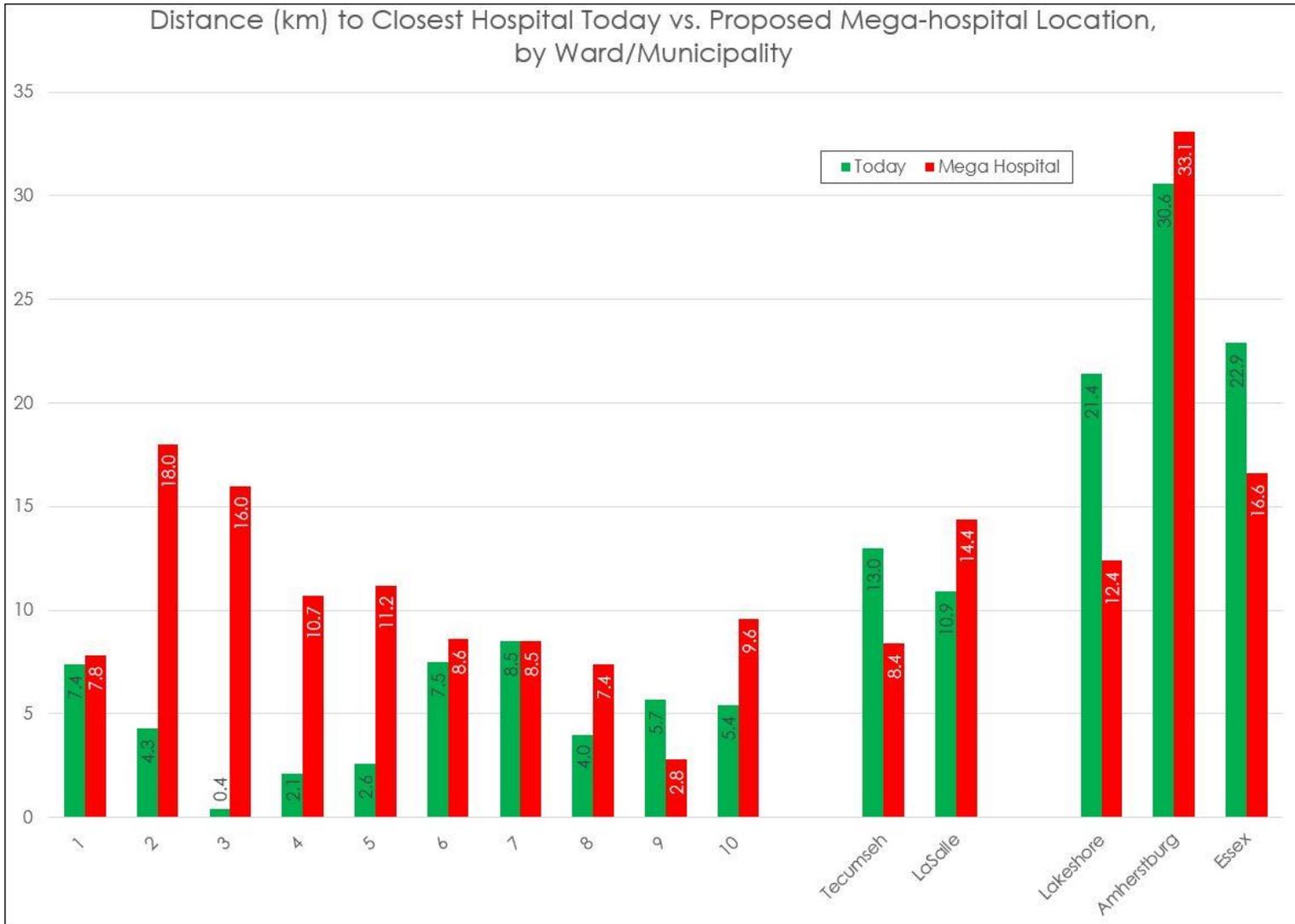
Lakeshore and Essex residents live closer to the proposed hospital location than currently, while LaSalle and Amherstburg residents will be further away.

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?



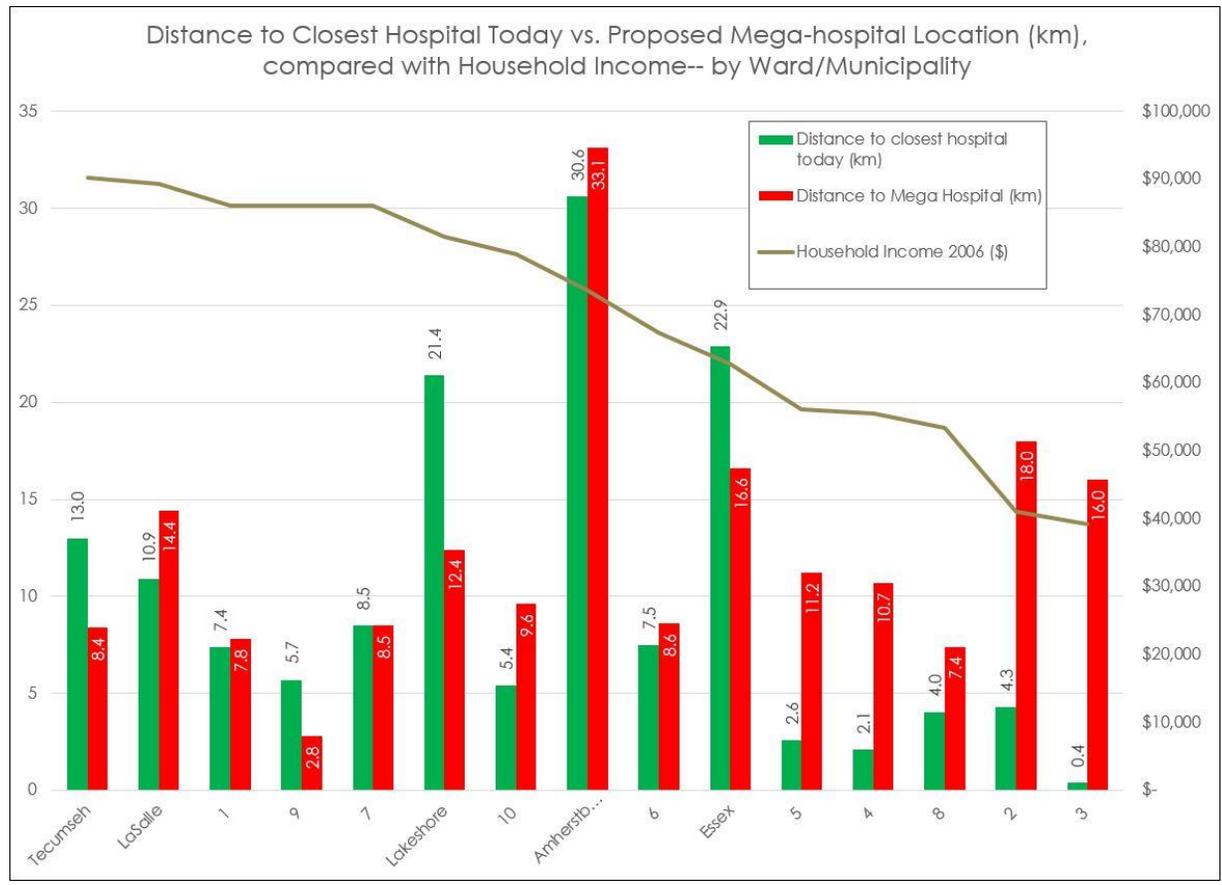
¹ We excluded the approx. 50k Kingsville and Leamington residents from this analysis, because they will continue to be able to use the hospital in Leamington. While it is a community hospital, it does have an ER, ambulatory care and OR.



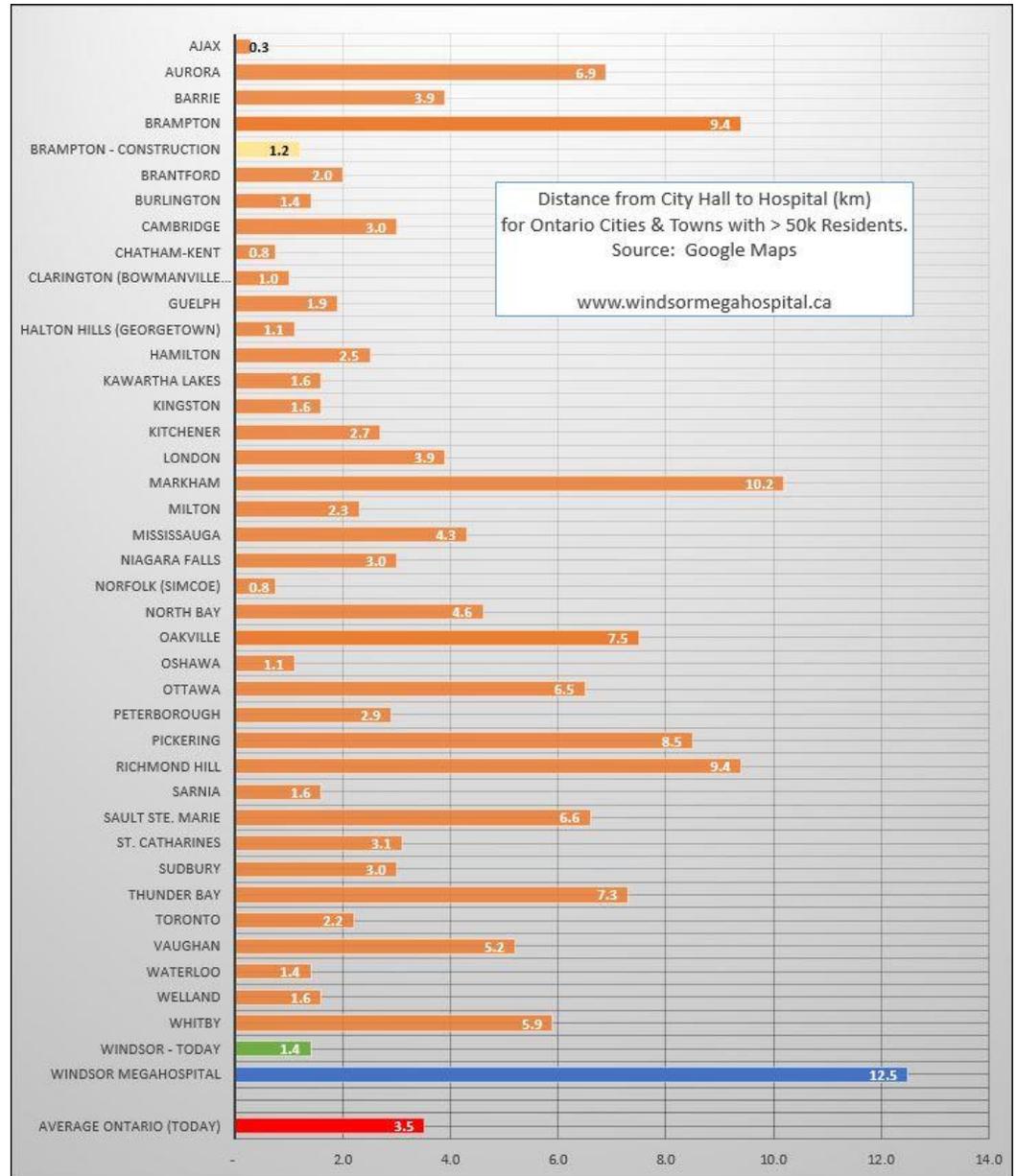
The proposed location, while being closer to the County, will not bring healthcare closer to more residents. It is further away from urban residents and Amherstburg, which is the furthest away today, is even further away from the County Rd 42 location. Where the median distance today is 7.4 km, the median 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.

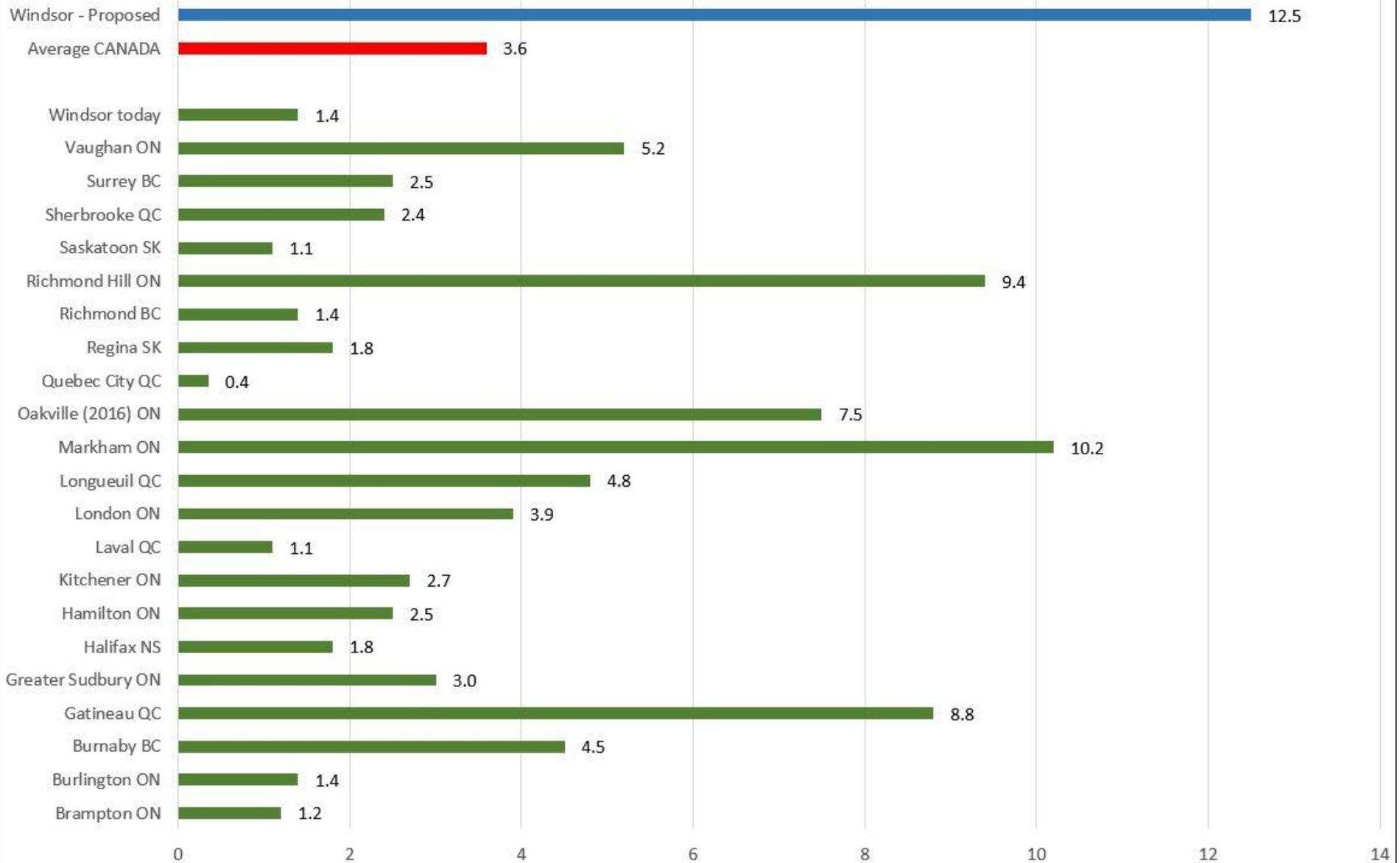
Many residents’ medical needs will not be addressed by the Urgent Care Clinic. It will not provide surgeries, clinics or access to surgical specialists, and it **will not be open 24/7**. Furthermore, Wards 2 and 5 are approximately 5 km from the Urgent Care Clinic location. There is more poverty and 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 further 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

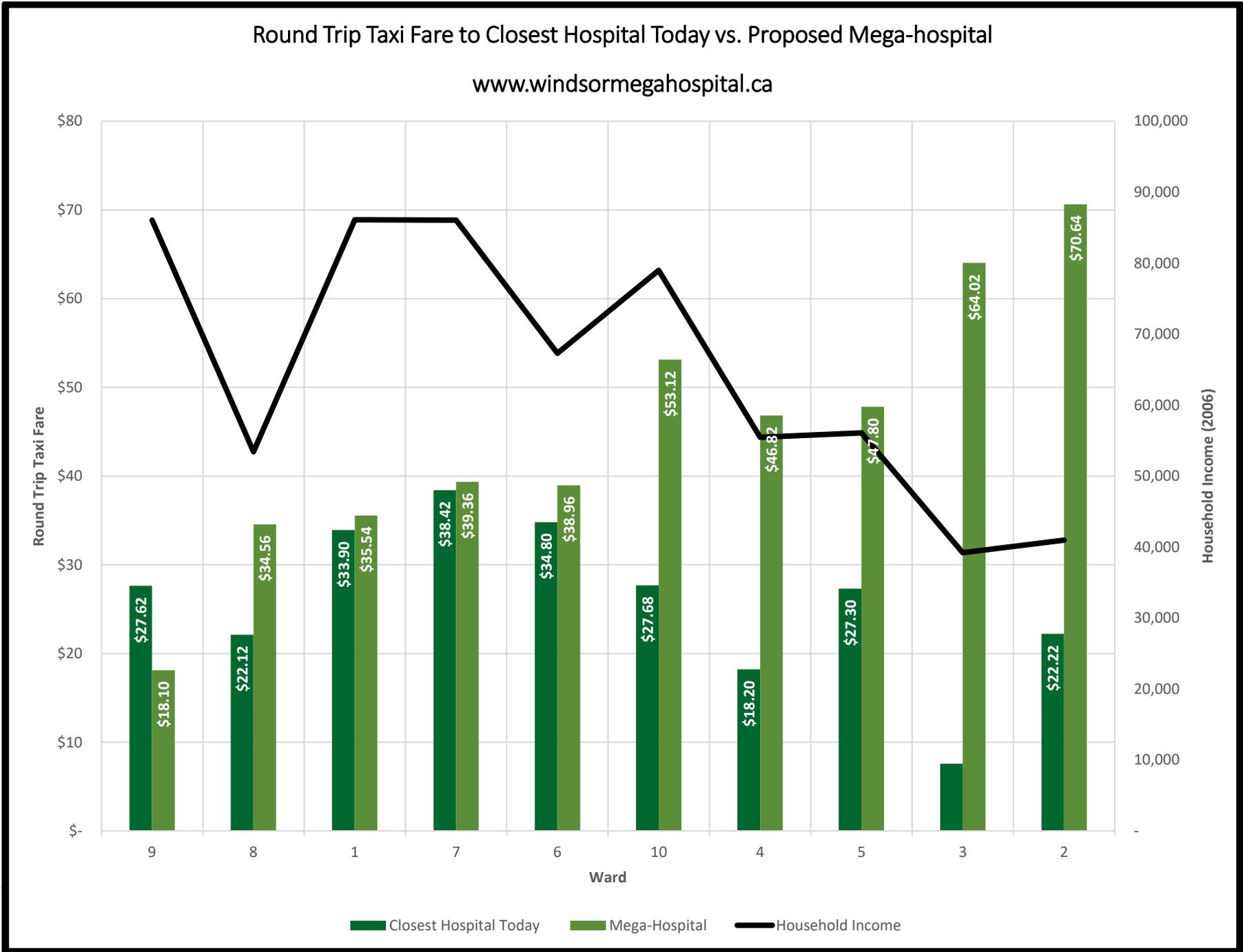


	2011 Census population		Location in centre of ward	Met Campus	Ouellette Campus	Mega hospital	shortest distance	Round trip today	Round trip to Megahospital	Difference			
Windsor													
1	22,071	10%	Cabana & Dominion	9.0	7.4	7.8	7.4	326,651	344,308	17,657	5%		
2	20,042	10%	College & Huron Church	6.9	4.3	18.0	4.3	172,361	721,512	549,151	319%		
3	21,432	10%	Erie & Ouellette	4.0	0.4	16.0	0.4	17,146	685,824	668,678	3900%		
4	24,126	11%	Ontario & Lincoln	2.1	2.1	10.7	2.1	101,329	516,296	414,967	410%		
5	18,407	9%	Central & Seminole	2.6	4.6	11.2	2.6	95,716	412,317	316,600	331%		
6	23,305	11%	Isabelle & Edgar	7.5	8.8	8.6	7.5	349,575	400,846	51,271	15%		
7	23,058	11%	Firgrove & Venetian	8.5	17.1	8.5	8.5	391,986	391,986	0	0%		
8	18,780	9%	Jefferson & Tecumseh	4.0	7.8	7.4	4.0	150,240	277,944	127,704	85%		
9	19,945	9%	42 & Concession 7	5.7	10.2	2.8	5.7	227,373	111,692	-115,681	-51%		
10	19,698	9%	Dominion & Northwood	7.5	5.4	9.6	5.4	212,738	378,202	165,463	78%	2,195,811	107%
	210,864	100%											
County													
Tecumseh	23,610	18%	Tecumseh/Manning	13.0	17.6	8.4	13.0	613,860	396,648	-217,212	-35%		
Lakeshore	34,546	27%	Lakeshore Discovery	21.4	25.9	12.4	21.4	1,478,569	856,741	-621,828	-42%		
LaSalle	28,643	22%	LaSalle (Reaume & Matchett)	15.5	10.9	14.4	10.9	624,417	824,918	200,501	32%		
Amherstburg	21,556	17%	Amherstburg centre	31.9	30.6	33.1	30.6	1,319,227	1,427,007	107,780	8%		
Essex	19,600	15%	Essex (S. Talbot & Arthur)	22.9	26.0	16.6	22.9	897,680	650,720	-246,960	-28%	-777,719	-16%
	127,955	100%											
Source: http://www.citywindsor.ca/residents/planning/Plans-and-Community-Information/About-Windsor/Demographics/Pages/2011-Demographics.aspx													
						Aggregate KM driven		6,978,869	8,396,961	1,418,092	20%		
						Difference			1,418,092	20%			
Population	338,850			38%									

- 1) Only 29% of **W-E** lives closer to the proposed location than to current hospitals.
- 2) Only 9% of **Windsor** residents live closer to the proposed location.
- 3) Windsor residents live, on average, 4.85km from closest hospital today. The furthest 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.

Round Trip Taxi Fare to Closest Hospital Today vs. Proposed Mega-hospital

www.windsormegahospital.ca



Ontario Planning Policy

<p>Ontario Planning Policy states:</p> <p>The fundamental principles set out in the Provincial Policy Statement apply throughout Ontario.</p> <p>To support our collective well-being, now and in the future, all land use must be well managed.</p> <p>www.windsormegahospital.ca</p>	<p>Ontario Planning Policy states:</p> <p>Part III: The policies of the Provincial Policy Statement represent minimum standards.</p> <p>www.windsormegahospital.ca</p>	
<p>Ontario Planning Policy states:</p> <p>1.6.3 Before consideration is given to developing new infrastructure and public service facilities:</p> <p>The use of existing infrastructure and public service facilities should be optimized; and opportunities for adaptive re-use should be considered, wherever feasible.</p> <p>www.windsormegahospital.ca</p>	<p>Ontario Planning Policy states:</p> <p>1.8.1 Planning authorities shall support</p> <p>land use and development patterns</p> <p>which promote compact form</p> <p>www.windsormegahospital.ca</p>	<p>Ontario Planning Policy states:</p> <p>1.8.1 Planning authorities shall support</p> <ul style="list-style-type: none">- energy conservation and efficiency,- improved air quality,- reduced greenhouse gas emissions,- and climate change adaptation <p>through land use and development patterns which promote compact form</p> <p>www.windsormegahospital.ca</p>
<p>Ontario Planning Policy states:</p> <p>1.6.5 Public service facilities should be co-located in community hubs, where appropriate, to promote cost-effectiveness and facilitate service integration, access to transit and active transportation.</p> <p>www.windsormegahospital.ca</p>	<p>Ontario Planning Policy states:</p> <p>1.1.1 Healthy, liveable and safe communities are sustained by:</p> <p>improving accessibility for persons with disabilities and older persons by identifying, preventing and removing land use barriers which restrict their full participation in society</p> <p>www.windsormegahospital.ca</p>	

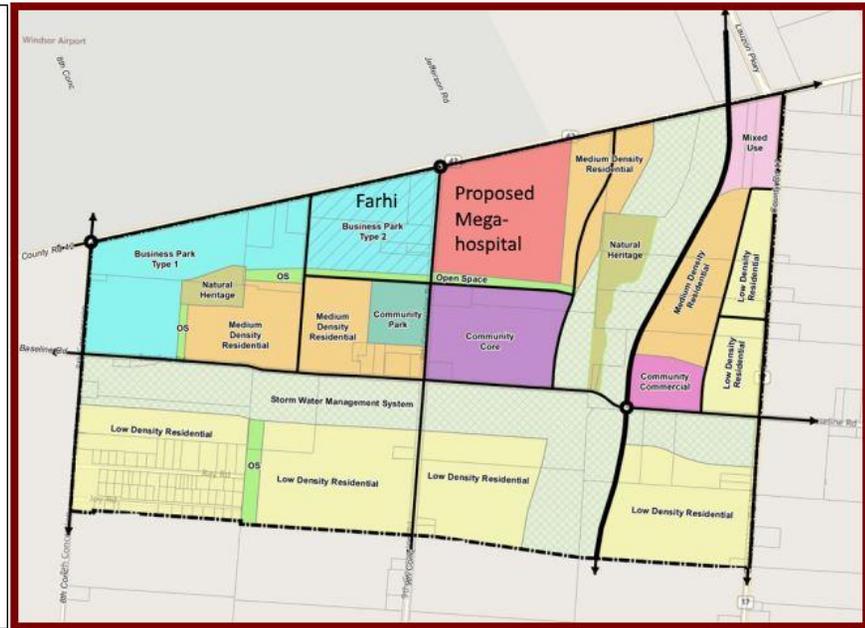
What Windsor's Official Plan says about the Location of the Proposed Site

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.



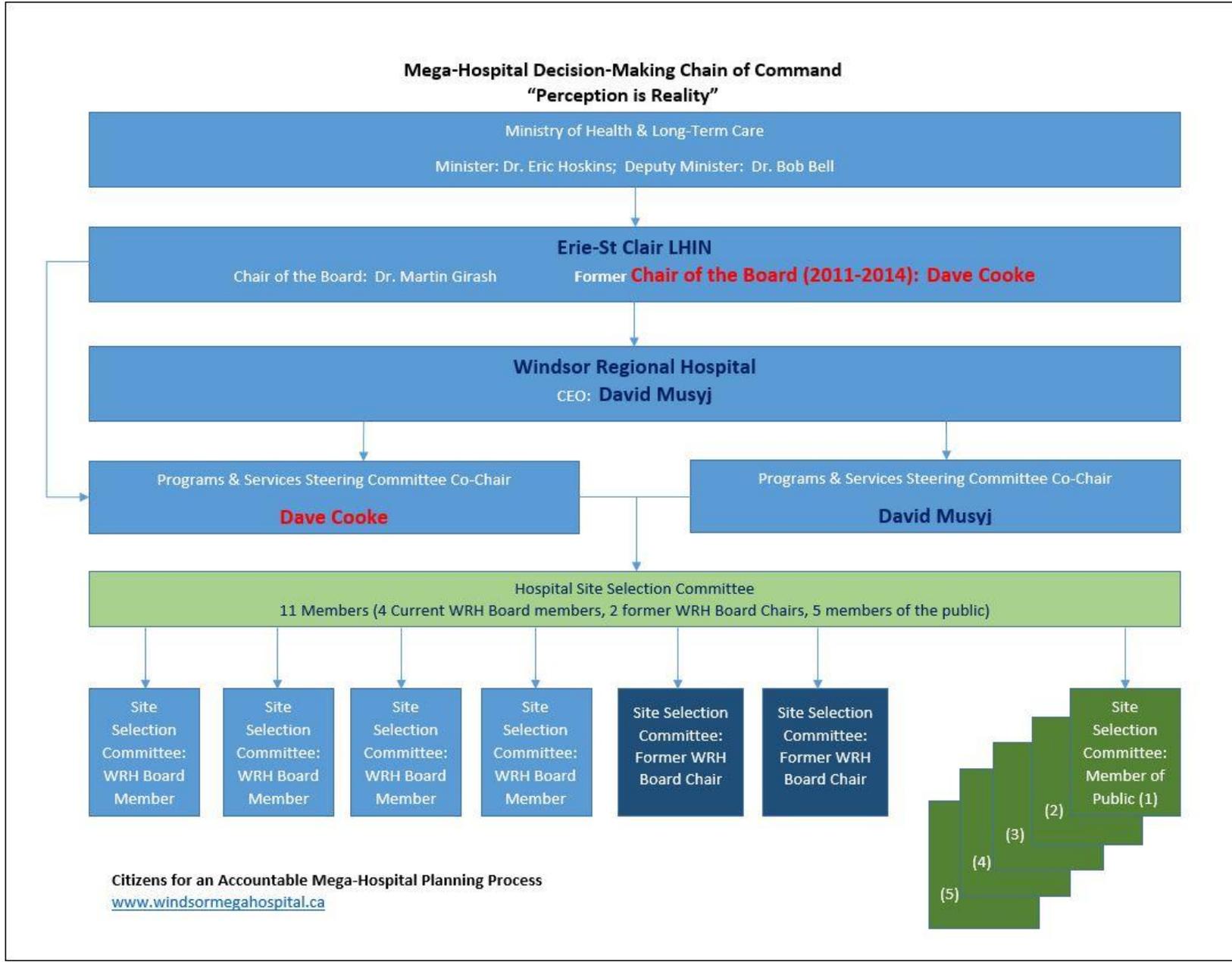
Citizens for an Accountable Mega-Hospital Planning Process

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Summary of Service Provision at Urgent Care Centre vs. Acute Care Hospital Site

	<u>Urgent Care Centre *</u>	<u>Acute Care Hospital</u>
Ambulatory care (day procedures)		X
Cancer Care		X
Diagnostic tests	x	X
Emergency medical care		X
Inpatient care		X
Less serious medical Issues	x	
Specialist referrals		X
Surgery		X
Trauma		X

*** An alternate site for patients with less serious issues, who do not require all the resources available in an emergency department. Open approximately 18 hours a day (peak volume) with the ability to extend hours if necessary.**



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.
- 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

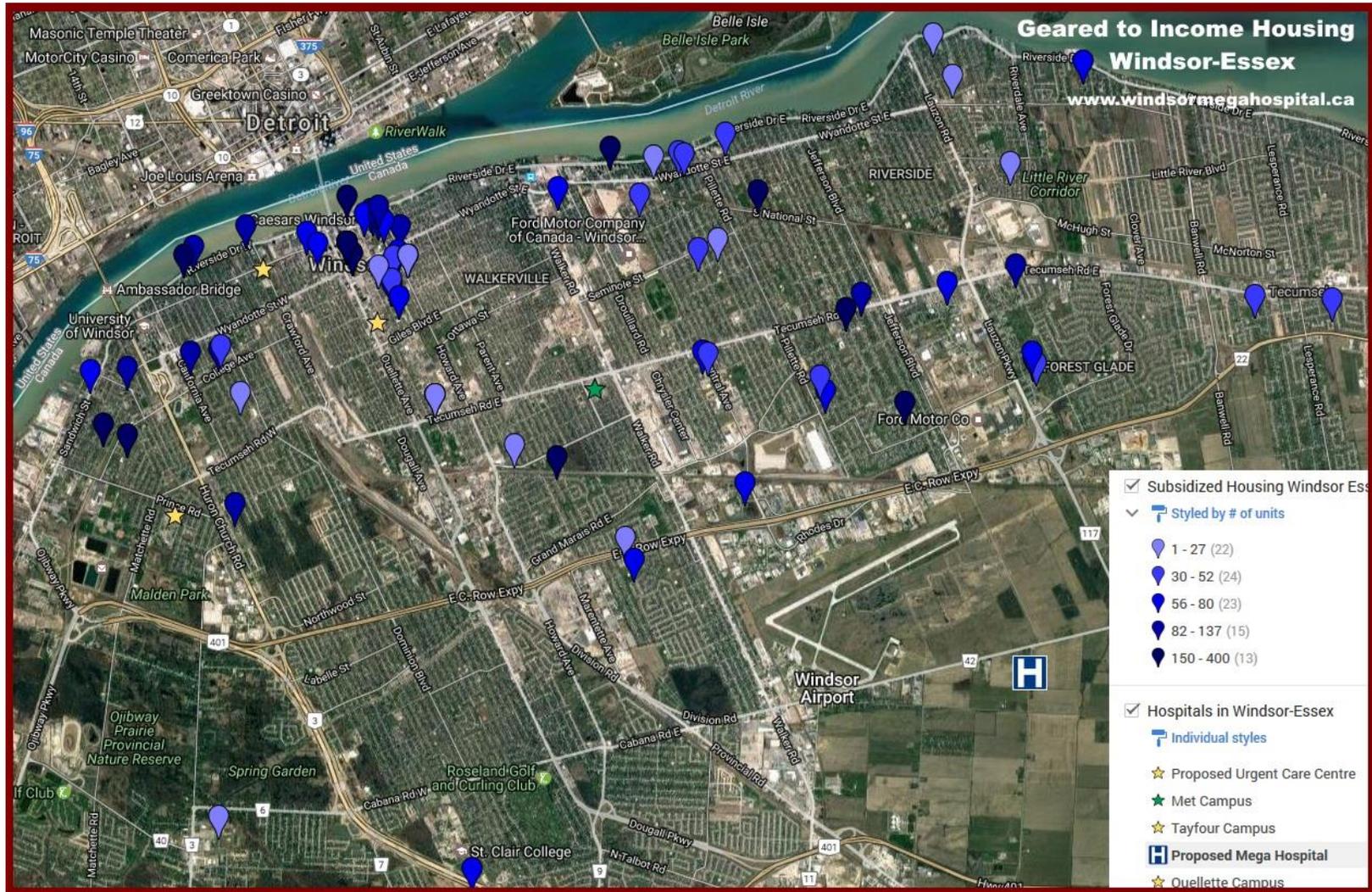
Gay Wyre – Chair, Windsor Regional Hospital (now Past Chair)

Annette Zimmer – Erie St. Clair CCAC



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.

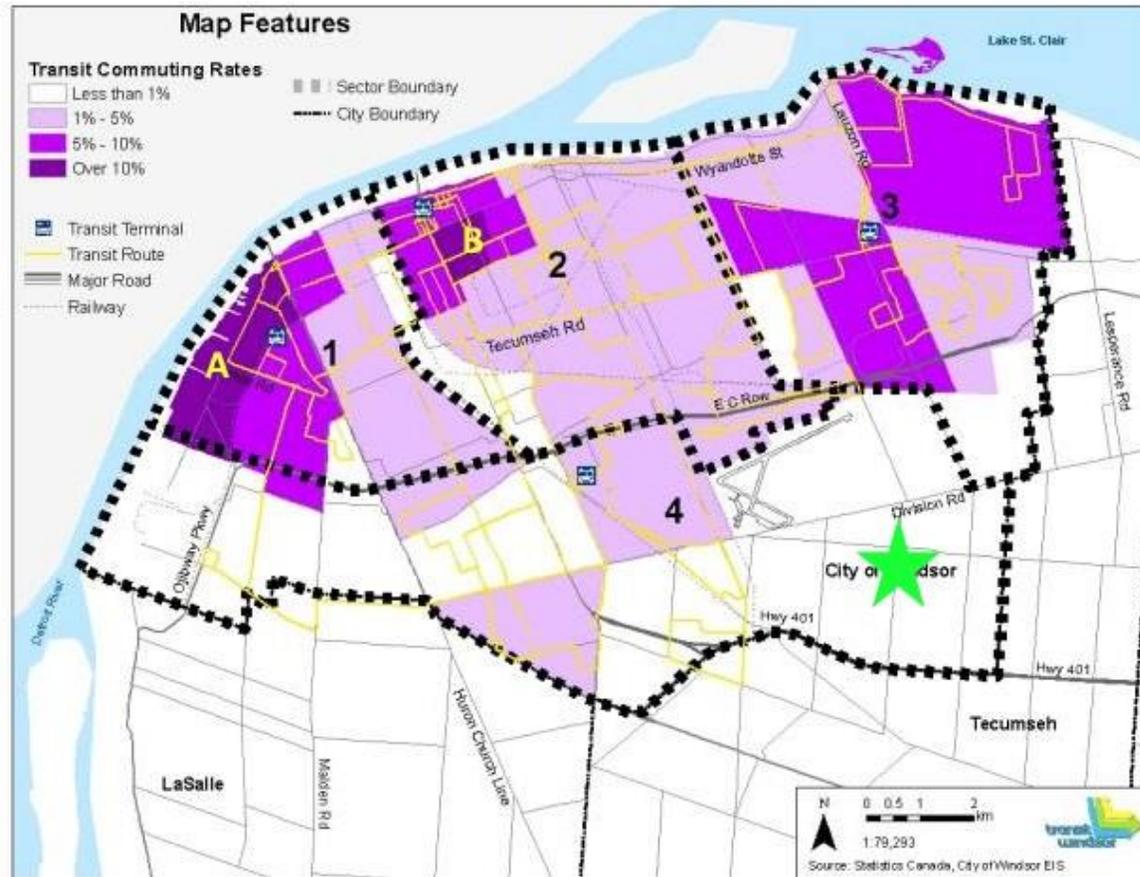
Almost all housing is well north of E.C. Row Expressway.



Transit Usage Map 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

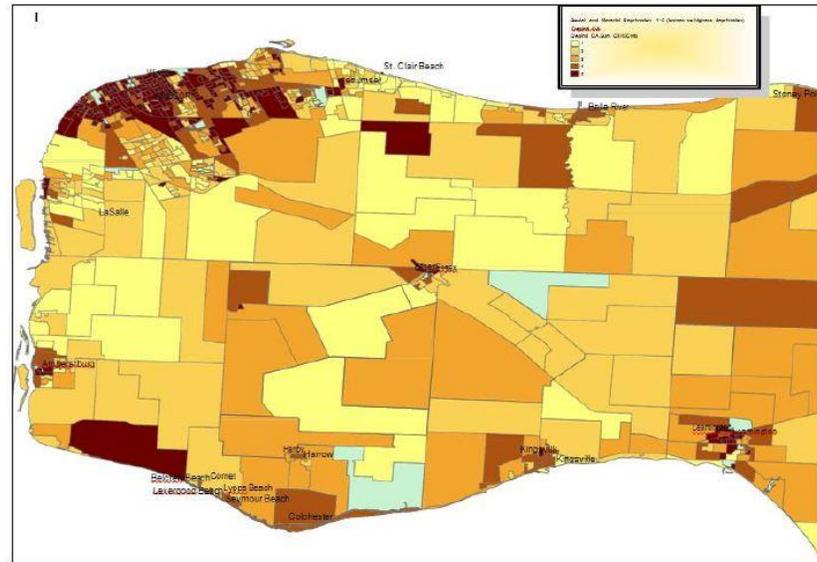
This map is taken from the Erie-St. Clair LHIN IHSP4 report.

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.

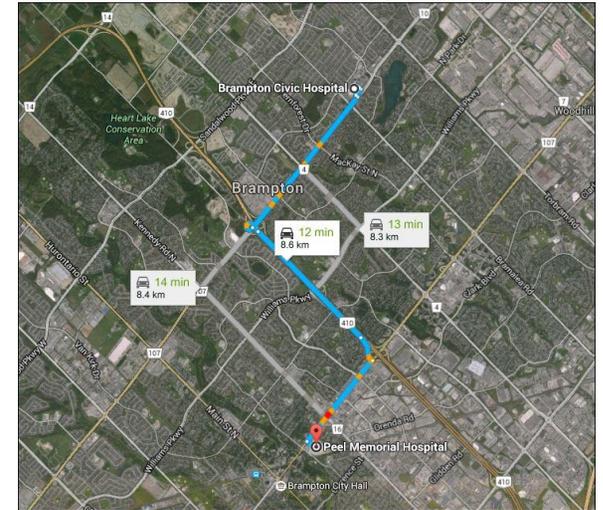


Other Hospital Construction Projects in Ontario

Several hospitals recently opened or are under construction in Ontario. None of them are anywhere nearly as far from the core as the acute care location proposed for Windsor-Essex. Covered parking structures are the norm, rather than exclusive surface parking:

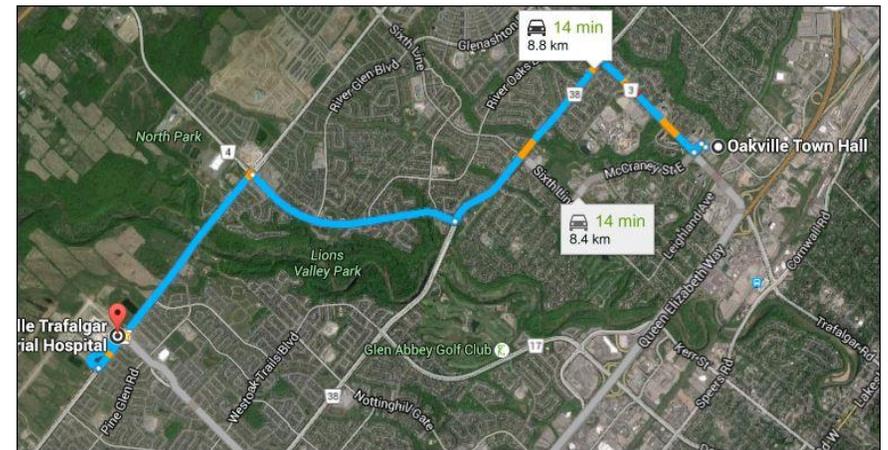
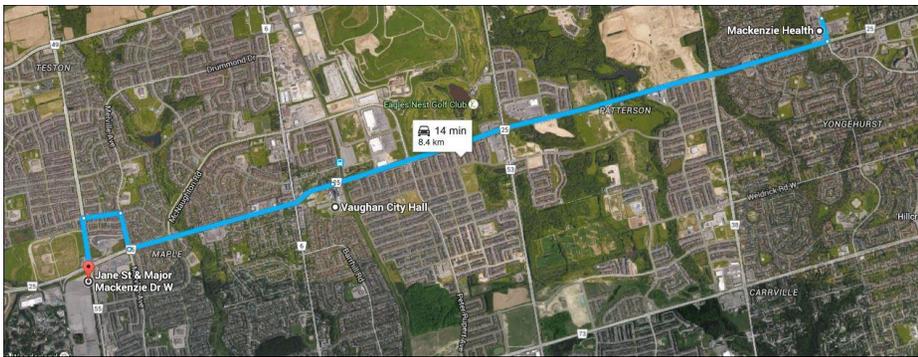


1. Brampton (593k residents): The Civic Hospital was built 9 km outside the core, replacing an older hospital just 1 km from its city hall. This original site was recently rebuilt to better serve residents in the core with a facility providing urgent and ambulatory care as well as day surgeries.
2. Humber River Hospital, Toronto (850k patient population): Opened in 2015, this highly accessible hospital was built on a 30 acre brownfield site. A covered on-site parking structure reduces the surface



area allocated to parking.

3. Oakville (183k residents): Opened in December 2015, this greenfield facility was constructed on the outskirts of the community. The distance from the core is 8.8 km.
4. Vaughan (288k residents): Plans are underway to construct a new hospital located 3 km from the city hall. Currently, residents travel to Mackenzie Health, which is 5 km from the core in the opposite direction.



**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.

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

The [Windsor Hospitals Study](#) is a report co-authored by Dave Cooke, Teresa Piruzza and Tom Porter in 2012 endorsing a new acute care hospital to serve the Windsor-Essex region. Three central questions were asked to support their conclusion:

1. Would a new single site acute care hospital **improve the delivery** of acute care services in Windsor-Essex County?
2. Would a new single site facility provide **value for money**?
3. If there is community support for a new hospital, what **other considerations** must be addressed during subsequent planning phases?

CAMPP has identified five areas of concern regarding the proposed location of the new hospital on greenfield land on County Rd 42 at Concession 9, and the process to determine that location:

Proximity to Hospital Services – Access to Care
Cost
Urban Vitality
Environment
Public Consultation Process

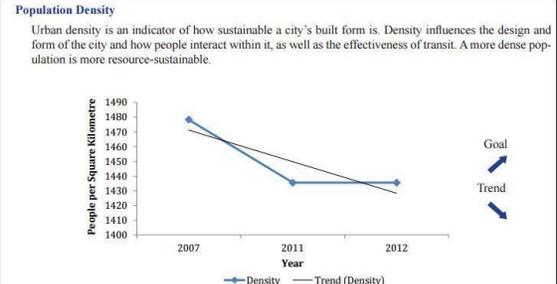
We have organized our concerns around the above-mentioned questions in the pages that follow.

Proximity to Hospital Services – Access to Care	Why this is a Concern			Suggested Action
	Delivery of acute care services	Value for Money	Other considerations	
<p>“Our population age structure is changing. We’re living longer and baby boomers are reaching the age where they’ll need more health care. ... today’s health care system must now prepare for the demographic shift that will double the number of seniors living in Ontario over the next 20 years. Of course the older we are, the more we depend on our health care system. The cost of care for a senior is three times higher than for the average person.”</p> <p>-- Ontario’s Action Plan for Health Care. Better patient care through better value from our health care dollars</p>				
<p>The proposed site on the far side of the airport is further from Windsor’s centre than any other city in Ontario and significantly further than currently:</p> <ul style="list-style-type: none"> • 80% of Windsor residents and 40% of county residents will see a longer distance to the hospital. • Wards 2,3,4 and 5 are urban neighbourhoods with higher concentrations of senior citizens, people with disabilities and low incomes, who are less likely to own cars. There is also a high concentration of university students, many of whom also do not drive. Residents in these wards stand to lose two urban hospitals in their midst, for an ex-urban hospital 11-18 km away. • Residents in the city’s west end and Sandwich Town (home to many of the most region’s economically challenged 	<p>X</p>	<p>X</p>	<ul style="list-style-type: none"> • Towns (Tecumseh & Lakeshore) with shorter distance to hospital are more affluent and residents more likely to own motor vehicles than Windsor urban wards facing longer distance to hospital. • Personal cost of travel to hospital is higher given the distances involved • Time to access hospital & ER rises • County access was not identified as a concern in Windsor Hospitals Study • Approximately half of county employment is tied to Windsor. EC Row Expressway is primary 	<ul style="list-style-type: none"> • Review alternative sites closer to urban core especially those with aggregate distance to hospital that is no further than currently. • Consider turning locations around so UCC is on city outskirts (or even outside the city) and hospital in the core.

residents, as well as university students), face distances exceeding 18 km.			access route from Tecumseh & Lakeshore.	
<p>Proposed Urgent Care Centre will only handle less serious hospital services. Shortest distance between UCC and hospital is 15km.</p> <ul style="list-style-type: none"> Patients needing ER services that cannot be treated at UCC will need to transfer, by ambulance or own transportation, depending on need. Cost of taxi to the County Rd 42 site is causing considerable concern to low income residents in urban wards facing the most significant reduction in access to Emergency Department and hospital. Hours limited to 18/24. Patients will not have continuous access to UCC. 	X	X	<ul style="list-style-type: none"> Urgent Care Clinic will not handle ambulatory care or day surgeries, which will impact lower income residents with higher medical needs disproportionately more. Peel Memorial Centre in Brampton is under construction & will include ambulatory care and day surgery 	<ul style="list-style-type: none"> Consider adding more services to UCC Consider locating Acute Care Hospital closer to UCC Consider building UCC on city outskirts; Acute Care Hospital within Windsor urban core Review analysis of ER usage to understand which neighbourhoods experience highest usage, timing of ER visits. Obtain EMS impact analysis.
<p>While population is ageing, Ont Min. of Finance projects the area's total population will not increase in the next 25 years:</p> <ul style="list-style-type: none"> Windsor's population is the same as in 1970. Essex County municipalities' growth rate (employment is closely tied to Windsor) lags the national average. 	X	X	As baby boomers age, and young people are increasingly choosing to live without cars, it is important to plan for a future that enables residents to access community services without driving long distances.	<ul style="list-style-type: none"> Re-evaluate ex-urban acute care hospital in light of population growth expectations Consult urban planners to determine concentration of highest future medical needs.
Ambulance transfers from Ouellette campus to Detroit through the Detroit-Windsor tunnel for acute cases will no longer be as fast as currently due to the distance involved.	X	X	The current cross-border ambulance service takes under 10 minutes door to door and provides efficient life-saving service several times a week	Compare cost and efficiency of replacing ambulance transfers with helicopter service.
The proposed site is 18km from the University of Windsor's medical school.	X			Compare the distance to the university with that of other shortlisted sites.

Cost	Why this is a Concern			Suggested Action
<p>“The costs of new hospitals constructed elsewhere in the province (roughly \$1.2 billion) is well exceeded by the \$2 billion estimated cost in total to rebuild Windsor Regional Hospital’s Metropolitan campus and reconstruct seven inpatient floors at Hôtel-Dieu Grace Hospital.”</p> <p>-- Windsor Hospitals Study 2012</p>	Delivery of acute care services	Value for Money	Other considerations	
<p>Road and other infrastructure costs (utility relocations & municipal services including fire hall, additional buses) for the proposed ex-urban location (estimated at over \$250-\$300M by Windsor City Engineer):</p> <p>This is <u>in addition to</u> the 10% locally funded hospital construction cost. This will take away from other local infrastructure priorities.</p>		X	Road & other infrastructure expansion at proposed hospital site not previously identified as priority, thus all funds spent on expansion will take away from other identified projects	<ul style="list-style-type: none"> Identify & analyze incremental infrastructure costs Critically review plan to finance locally funded costs, particularly how the total anticipated amount compares with alternative sites Determine what previously determined projects will be reprioritized.
<p>The selected site has insufficient hydro capacity. The cost of bringing it to the site does not appear to be included in site selection cost calculations (Source: bit.ly/1VI75WI)</p>		X		<ul style="list-style-type: none"> Quantify cost of bringing required hydro service to the site Recalculate true cost used to select sites
<p>Ongoing costs of maintaining new infrastructure, including but not limited to: road surface maintenance, extended public transit routes, policing, fire department, waste management, snow removal, landscaping, street lighting.</p>		X	There will still be ongoing maintenance costs for the areas left behind eg the South Walkerville and Midtown neighbourhoods that will be vacated to make way for new medical offices around the new hospital.	<ul style="list-style-type: none"> Identify & analyze incremental ongoing costs Critically review plan to finance locally funded costs, particularly compared to alternative sites Determine how spending will be reprioritized to pay for new development.

Construction budget has ballooned from \$1.2B per Windsor Hospitals Study to over \$2B		X	Per Windsor Hospitals Study, renovation is \$2B vs. \$1.2B to build.	<ul style="list-style-type: none"> • Determine why project cost has risen so much • Re-evaluate purpose of rebuilding if renovation budget is no longer more expensive.
<p>The contracted land price for 60 acres on County Rd 42 is \$100k/acre.</p> <p>The reasoning for the premium for the O'Keefe site, which is still wholly unserviced, has not been explained.</p>		X	<ul style="list-style-type: none"> • Current market value for farm land is \$8-\$10k/acre • Development sites are normally in the range of \$30k/acre. 	<ul style="list-style-type: none"> • Obtain explanation for premium above market rate • Purchase land that is in line with market rates • Public support will be enhanced if rationale is divulged, if there is a good reason.
<p>One of the stated reasons for the need for 60 acres of land is to provide sufficient surface parking. Parking for 4,000 employees and upwards of 1,000 daily patients and visitors is a significant portion of the construction budget.</p> <p>The cost of snow removal and shuttle services needs to be factored in.</p>		X	Urban parking needs are significantly reduced when people access the site via alternative means including walking, street parking and privately owned parking lots. This is possible in urban locations.	<ul style="list-style-type: none"> • Consult urban planning experts to confirm parking needs • Re-evaluate conceptual desirability of an ex-urban hospital • Analyze snow removal and shuttle cost increase at proposed site vs. other shortlisted options.
County Rd 42 site does not currently have sufficient roadway capacity. Environmental assessment (2014) estimated \$25.7 million to perform the work required. This has not progressed beyond the EA phase and has not been approved by Council or budgeted for. Per the EA, this sum does not include the cost of municipal services and utility relocations.		X		Review Lauzon Parkway Improvements Class Environmental Assessment Study Final Report January 2014 – <i>Cost Estimates for Phase 3B listed on Page 44:</i> bit.ly/1T6FoDa
The proposed site is approximately 2 ½ times further away from Tayfour Campus than the current hospitals. There are daily ambulance transfers of long term care patients to hospital.		X		Obtain cost analysis for ambulance transportation between sites.

Urban Vitality	Why this is a Concern			Suggested Action												
<p>Population Density</p> <p>Urban density is an indicator of how sustainable a city's built form is. Density influences the design and form of the city and how people interact within it, as well as the effectiveness of transit. A more dense population is more resource-sustainable.</p>  <table border="1"> <caption>Population Density Data</caption> <thead> <tr> <th>Year</th> <th>Density (People per Square Kilometre)</th> <th>Trend (Density)</th> </tr> </thead> <tbody> <tr> <td>2007</td> <td>~1480</td> <td>~1475</td> </tr> <tr> <td>2011</td> <td>~1435</td> <td>~1430</td> </tr> <tr> <td>2012</td> <td>~1435</td> <td>~1425</td> </tr> </tbody> </table>	Year	Density (People per Square Kilometre)	Trend (Density)	2007	~1480	~1475	2011	~1435	~1430	2012	~1435	~1425	Delivery of acute care services	Value for Money	Other considerations	
Year	Density (People per Square Kilometre)	Trend (Density)														
2007	~1480	~1475														
2011	~1435	~1430														
2012	~1435	~1425														
<p>A new urban hospital has the potential of significantly improving Windsor's urban landscape, affecting the health of the entire region.</p> <p>An abundance of brownfield land exists in the immediate vicinity of Met Campus. While CAMPP has been careful not to align itself with any one particular location, the group would like to know why this land was deemed unsuitable. From an urban revitalization point of view, a location like this would be transformative for the city.</p>			<ul style="list-style-type: none"> • Urban planners did not serve on Site Selection Committee • There is increasing awareness of the importance of "Meds and Eds" in anchoring communities. Buffalo, Cleveland and Minneapolis are example of cities reversing long term urban decay by building urban healthcare networks. 	<ul style="list-style-type: none"> • Review shortlisted sites for suitable urban locations • Consult urban planning experts 												
<p>There is little disagreement in W-E regarding the need for regional transit. Infrastructure funding applications for regional transit are more likely to be accepted than those for road-widening to allow more cars.</p>			<ul style="list-style-type: none"> • Provincial funding for transit infrastructure could be applied for to provide regional transit system enabling alternative access for county residents to hospital 	<ul style="list-style-type: none"> • Investigate regional transit opportunities for adding alternative transportation options for county residents 												
<p>WRH provides direct and indirect employment to 4,000 people, many of whom live in walkable neighbourhoods just minutes away from one of the two hospitals slated for closure. Moving one of the largest employers in the region from the urban core to the city's outskirts</p>			<ul style="list-style-type: none"> • Employees who currently live within short distance of hospital face major lifestyle change if urban hospitals are lost 	<ul style="list-style-type: none"> • Provide opportunities for stakeholder input. If a townhall format is selected, there must also be an opportunity for residents to respond in writing 												

<p>will have a profound influence on the fabric of the city.</p> <p>Surgeons have medical offices close to the hospital in order to be able to deal with emergencies quickly. The preferred site will result in the migration of these offices, to be closer to the new location.</p>		<ul style="list-style-type: none"> • Over time, many will migrate to new location, leaving blight and lower property values behind due to loss of major employer. • The risk of neighbourhood decay is significant with no planned economic activity to take place of vacated offices. 	<p>if they are unable to attend such a meeting.</p> <ul style="list-style-type: none"> • Consult urban planning experts regarding risks and costs of neighbourhood degradation if medical offices migrate. • Factor this into site selection decision making & compare with alternative options.
<p><u>Windsor Urban Structure Plan (page 12):</u></p> <p>“The future development of employment lands on the Windsor International Airport property will be guided by the forthcoming Windsor International Airport Master Plan. Lands generally east and south of the current airport are planned for future employment uses. Lands immediately adjacent to the current airport are <i>ideally suited aviation-related uses</i>. Preliminary employment developments include several advanced manufacturing facilities and an aircraft maintenance-repair-overhaul service provider.”</p>		<ul style="list-style-type: none"> • Proposed site previously identified for aviation use • Population growth expectations have changed since this report was published, reducing the need for development of farmland • Recently announced National Airlines bringing international flights to Windsor raises questions about wisdom of hospital placement near airport. 	<ul style="list-style-type: none"> • Consult urban planning experts to align health care needs with Urban Structure planning.
<p>Mental health support services planned for the downtown core acknowledge the current vulnerability of the population. However, this also tacitly ignores opportunities for longer term economic stability and neighbourhood health.</p>		<p>Hospitals provide stable employment. A new hospital in the core will result in greater diversity of incomes</p>	<ul style="list-style-type: none"> • Consult urban planning experts to model neighbourhood improvement potential in urban core.

Environment	Why this is a Concern			Suggested Action
<p>“The Ministry of Health and Long-Term Care believes in the wise use and conservation of natural resources. The ministry will support Government of Ontario initiatives to conserve energy and water in its own operations, and to wisely use our air and land resources in order to generate environmental, health and economic benefits for present and future generations.”</p> <p>-- MOHLTC Statement of Environmental Values</p>	Delivery of acute care services	Value for Money	Other Considerations	
<p><u>2014 Provincial Planning Statement</u> “Planning authorities shall identify appropriate locations and promote opportunities for intensification and redevelopment where this can be accommodated taking into account existing building stock or areas, including brownfield sites, and the availability of suitable existing or planned infrastructure and public service facilities required to accommodate projected needs.”</p> <p>“1.1.3.7 Planning authorities shall establish and implement phasing policies to ensure: a) that specified targets for intensification and redevelopment are achieved prior to, or concurrent with, new development within designated growth areas; and b) the orderly progression of development within designated growth areas and the timely provision of the infrastructure and public service facilities required to meet current and projected needs.”</p>		X	While brownfield sites often initially appear more costly than greenfield options, existing road and municipal infrastructure, and proximity to stakeholders makes them more cost-effective in the longer term	Evaluate available brownfield sites for suitability
<p><u>City of Windsor Brownfield Redevelopment Strategy</u></p>		X	Removing brownfield eyesores in the urban core will improve the health of the region.	Investigate partnership opportunities with City of Windsor to mitigate costs of brownfield

<p>“The rationale for addressing the brownfield issue in Windsor can be found in the significant economic, environmental and social benefits that would accrue in the City of Windsor.” “Redevelopment of brownfield sites for residential, commercial and other uses represents an excellent economic opportunity for the City of Windsor to significantly increase the property tax revenues generated by these properties without incurring the significant public infrastructure costs typically associated with greenfield development.”</p>				<p>clean-up as alternative to greenfield construction.</p>
<p>The proposed hospital location will, in aggregate, involve 20% more driving for all W-E residents before considering multiplier effect for residents in neighbourhoods with greater medical need.</p> <p>In view of Canada’s leadership role in the recent Paris agreement on Climate Change, the new global temperature targets will require commitment at all levels of decision making.</p>			<ul style="list-style-type: none"> • Carbon emissions from automobile use are estimated to contribute to a third of greenhouse gas buildup • Demographic trends are already pointing to lower automobile dependency among the millennial generation. • As our population ages, it is important to consider transportation issues facing senior citizens who no longer drive. 	<p>Ensure new hospital is sited in a location that does involves less, not more, road usage than currently.</p> <p>Select a site that enables a greater (not smaller) percentage of patients, staff and other hospital visitors to use alternative forms of transportation to get there.</p>
<p><u>Windsor Hospitals Report</u></p> <p>“Government, with local community, input may consider making continued use of the relatively new cancer centre at WRH’s Metropolitan campus for outpatient service needs.”</p>		<p>X</p>	<p>WRH Ouellette and Met campuses are both slated for demolition, in spite of recent extensive renovations, including \$48 million cancer centre at Met campus.</p>	<p>Critically evaluate plans to tear down buildings that have not reached the end of their useful lives.</p>
<p><u>Statement of Environmental Values</u></p>			<ul style="list-style-type: none"> • Greenhouse gas emissions from motor vehicles are 	<ul style="list-style-type: none"> • Ensure new hospital is sited in an urban location that does

<p><i>The people of Ontario have as a common goal the protection, conservation and restoration of the natural environment for the benefit of present and future generations.</i></p> <p>To assist in fulfilling these purposes, the Act provides:</p> <ul style="list-style-type: none"> • increased accountability of the Government of Ontario for its environmental decision-making; • increased access to the courts by residents of Ontario for the protection of the environment... <p>The Ministry of Health and Long-Term Care is committed to applying the purposes of the <i>EBR</i> when decisions that might significantly affect the environment and the health of Ontarians need to be made in the ministry...</p> <p>The ministry's decisions will seek to provide leadership, local and regional planning, open, collaborative processes, good research and information, attention to special needs, efficiency incentives, and sound human resource management in meeting the health goals for Ontario.</p>			<p>affected by aggregate distance travelled to get to hospital</p> <ul style="list-style-type: none"> • Construction away from the urban core acts as a disincentive for walking or cycling to hospital • Surface parking lots act as heat sinks, increasing exposure to climate change • Greenfield construction reduces the finite inventory of farmland 	<p>involves less, not more, road usage than currently.</p> <ul style="list-style-type: none"> • Select a site that enables a greater (not smaller) percentage of patients, staff and other hospital visitors to use alternative forms of transportation to get there. • Consider parking structures rather than surface parking lots
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Public Consultation Process	Why this is a Concern			Suggested Action
<p>“... culture needs to support open, constructive dialogue, the airing of differences while respecting the opinions of others, a search for consensus, and a focus on what is best for the corporation...”</p> <ul style="list-style-type: none"> Public trust follows public perception Public perception follows hospital performance Hospital performance follows strong leadership, healthy organizational culture, and effective hospital and clinical operations.” <p>-- Report of the Supervisor Hôtel-Dieu Grace Hospital J. Kenneth Deane Submitted to The Honourable Deb Matthews Minister of Health and Long-Term Care, 2012</p>	<p>Delivery of acute care services</p>	<p>Value for Money</p>	<p>Other considerations</p>	
<p>The public consultation process was tightly controlled and consisted for the most part of PR presentations followed by Q&A.</p> <p>Public consultation ended before Phase 2 started and no information about the shortlist has been revealed to date.</p> <p>The opportunity to give public input on site selection was limited in scope, carefully scripted and time windows were brief.</p> <ul style="list-style-type: none"> In spite of this, comments in the hospital’s site selection survey showed 154 of 364 respondents preferred an urban site, with only 103 calling for a rural site. This was not reflected in the chosen site, suggesting the public’s preference was ignored. 			<p>Lack of stakeholder involvement in the process undermines public support.</p>	<p>Provide opportunities for meaningful stakeholder input on the proposed site. If a townhall format is selected, there must also be an opportunity for residents to respond in writing if they are unable to attend such a meeting.</p>

<ul style="list-style-type: none"> Community groups representing disadvantaged residents were not specially invited to participate, so anybody not paying attention to popular media channels was at risk of not being informed. We are aware of several groups that didn't know about it until it was too late. 				
<p>The Erie St-Clair LHIN has not been visible in the process to date in spite of a specific mandate to engage its stakeholders.</p> <ul style="list-style-type: none"> LHIN delegated public engagement activities to WRH management This engagement took the form of highly selective PR rather than a comprehensive process to inform all residents and gather information about concerns. Since the proposed site announcement in July 2015, there have been no community consultations. 			<p>Per Erie St Clair website: “Community Engagement is both a legislated responsibility and a core function of the LHINs. Local decision-making is the model that the LHINs are built on, and one that values the input of community members, health care professionals, and stakeholders to inform our planning and decision-making processes. “</p>	<p>Mobilize LHIN to conduct meaningful and comprehensive public engagement</p>
<p>The possibility of the funding going to another region has been a constant message. Councillors were told that Ottawa is next in line for hospital funding.</p>	X		<p>By stifling open discussion and debate in this way, the possibility of overlooking well-founded concerns is increased.</p>	<p>Emphasize that the best decisions come from thorough consideration of stakeholder needs.</p>
<p>Site selection occurred without soliciting the input of doctors, nurses and other hospital staff.</p> <ul style="list-style-type: none"> LHIN communications staff acknowledged in a teleconference with CAMPP on April 25, 2014, that they 	X		<p>Lack of stakeholder involvement undermines staff morale at WRH and negatively impacts ability to attract and retain top talent – one of the stated desired outcomes of a new hospital.</p>	<p>Provide opportunities for stakeholder input on site selection plan. If a townhall format is selected, there must also be an opportunity for residents to</p>

<p>drew their information from committees without soliciting the opinions of the broader physician and nursing body.</p> <ul style="list-style-type: none"> CAMPP has many supporters who work in healthcare and for the City of Windsor but who are afraid to put their names to any documents for fear of professional retributions. 				<p>respond in writing if they are unable to attend such a meeting.</p>
<p>The 11 Site Selection Committee members consist of 4 current WRH Board members, 2 former Board members (both are former Chairs), and 5 members of the public. None of them have a background in urban planning.</p>	<p>X</p>		<ul style="list-style-type: none"> De facto control of process by the Board of Windsor Regional Hospital without representation by urban planners or community groups especially those living in poverty and those with disabilities. Risk of insufficient consideration of challenges faced by higher needs medical users. 	<p>Provide opportunities for stakeholder input on site selection plan from community groups representing people living with disabilities and urban anti-poverty groups like Voices Against Poverty, Pathway To Potential.</p>
<p>The site selection criteria for accessibility (D16) indicate that if a roadway is planned for expansion, inadequate roadway capacity would not be seen as a limiting factor.</p>		<p>X</p>	<p>Since widening County Rd 42 has not been approved and funding not yet secured or budgeted, it <i>gives the appearance</i> that this language was specifically included to enable approval of a site where roadway expansion hasn't made it beyond the EA stage.</p>	<ul style="list-style-type: none"> Determine specific status and needs of roadways Compare road construction and municipal infrastructure needs to those of alternative site locations with infrastructure already in place.

References to Supporting Documentation

CAMPP Website: www.windsormegahospital.ca

Windsor Hospitals Study - Final Report: *A public conversation on the future of hospital services in Windsor-Essex, by the Windsor Hospitals Study Task Force Co-Chairs Dave Cooke, Teresa Piruzza, MPP, Tom Porter:*

http://www.wrh.on.ca/Site_Published/AcuteCare/Document.aspx?Body.Id=55587&LeftNav.QueryId.Categories=774

MOHLTC Statement of Environmental Values: <https://www.ebr.gov.on.ca/ERS-WEB-External/content/sev.jsp?pageName=sevList&subPageName=10018>

Lauzon Parkway Improvements Class Environmental Assessment Study Final Report January 2014 – *Cost Estimates for Phase 3B listed on Pg44:* <http://lauzonparkwayea.ca/wp-content/uploads/ESR/Lauzon%20Parkway%20ESR%20for%20Filing%20-%20TOC%20+%20Executive%20Summary.pdf>

City of Windsor 20 Year Strategic Vision (Draft): http://www.citywindsor.ca/cityhall/City-Council-Meetings/Meetings-This-Week/Documents/Item%2013%20Windsor%2020%20Year%20Plan_Final_26%20June.pdf

Population projections 2013 to 2041: <http://www.fin.gov.on.ca/en/economy/demographics/projections/table13.html>

City of Windsor Brownfield Redevelopment Community Improvement Plan: <http://www.citywindsor.ca/residents/planning/Plans-and-Community-Information/Know-Your-Community/Community-Improvement/Pages/Brownfield-Redevelopment-Community-Improvement-Plan.aspx>

Windsor & Essex population trends – United Way 2015 Community Well-being Report: <http://online.flipbuilder.com/zpbp/vibv/#p=8>

Site Selection Committee Members:

http://www.wrh.on.ca/Site_Published/AcuteCare/RichText1.aspx?Body.QueryId.Id=57560&LeftNav.QueryId.Categories=774

Ontario Provincial Policy Statement related to Land Use Planning and Development 2014:

<http://www.mah.gov.on.ca/AssetFactory.aspx?did=10463>

City of Windsor Urban Structure Plan 2011: <http://www.citywindsor.ca/residents/planning/plans-and-community-information/official-plan-review/documents/opr%20draft%20urban%20structure%20plan%20background%20report.pdf>

Erie St Clair LHIN Mandate on Community Engagement: <http://www.eriesticlairlh.in.on.ca/Community%20Engagement.aspx>