



Mission: Deliver an outstanding patient care experience driven by a passionate commitment to excellence

BOARD OF DIRECTORS

Thursday, June 03, 2021

VIA ZOOM: 1700 hours

Windsor, Ontario

(ZOOM link is included with the meeting invitation)

	TAB	TIME	ACTION
1. <u>CALL TO ORDER</u> (Paniccia)		1700	
2. <u>DECLARATIONS OF CONFLICT OF INTEREST</u> (Paniccia)		1702	
3. <u>PREVIOUS MINUTES:</u> May 06, 2021 (Paniccia)	Tab A	1703	MOTION (approve)
4. <u>REPORT OF THE PRESIDENT & CEO</u> (Musyj) Will be live presentation -		1705	FYI
5. <u>SCHULICH REPORT</u> (Jacobs)		1730	FYI
6. <u>FINANCIAL PRESENTATION & TREASURER'S REPORT</u> – (Allen)	Tab B	1735	MOTION (accept)
7. <u>CONSENT AGENDA:</u> Finance/Audit & Resources – May 25, 2021 (Allen)	Tab C	1745	MOTION (accept report)
8. <u>NEW BUSINESS:</u> Statement of Endorsement – Community Wealth <u>Building Report</u> (Musyj)	Tab D	1750	MOTION (approve)
9. <u>CORRESPONDENCE/PRINTED MATTER:</u> • Media Report – FYI only (Paniccia)	Tab E	1800	FYI
10. <u>BOARD MEMBER QUESTIONS, COMMENTS OR NOTICES OF MOTIONS</u> (Paniccia)		1800	
11. <u>DATE OF NEXT REGULAR BOARD MEETING:</u> Thursday, September 09, 2021 – ZOOM		1810	FYI
12. <u>ADJOURNMENT</u> (Paniccia)		1810	MOTION

REGRETS ONLY TO dawn.sutherland@wrh.on.ca, or (519) 254-5577 X52517



MINUTES of the **BOARD OF DIRECTORS** meeting held on **Thursday, May 06, 2021**, 17:00 hours, via ZOOM, live streamed on YouTube.

PRESENT VIA ZOOM:

Anthony Paniccia, Chair

Genevieve Isshak

Paul Lachance

Michael Lavoie

Penny Allen

Cynthia Bissonnette

Dr. Laurie Freeman

Arvind Arya

Dan Wilson

Patricia France

Dr. Wassim Saad (ex-officio, non-voting)

David Musyj (ex-officio, non-voting)

Karen Riddell (ex-officio, non-voting)

Dr. Larry Jacobs (ex-officio, non-voting)

STAFF VIA ZOOM:

Executive Committee

REGRETS:

Dr. Anil Dhar (ex-officio, non-voting)

Pam Skillings

1. CALL TO ORDER:

The meeting was called to order at 1700 hours with Mr. Paniccia presiding as Chair, and Ms. Clark recording the minutes.

2. DECLARATIONS OF CONFLICT OF INTEREST:

None declared.

3. PREVIOUS MINUTES:

The minutes of the April 01, 2021 Board meeting had been previously circulated.

MOVED by Mr. A. Arya, **SECONDED** by Ms. C. Bissonnette and **CARRIED THAT** the minutes of the April 01, 2021 Board of Directors meeting be approved.

Nursing week starts week of May 10. We have outstanding staff, who work tirelessly, even beyond our Windsor/Essex County borders. From the Board and all of the W/E residents, thank you.

Given all the stress all of our employees are under during these difficult times, do not hesitate to call our employee Assistance Program for help. The number is on WRH website.

Two events that will be occurring in the near future:

- i) Sail into Summer- June 23-27, hosted by Carol Parent and the Windsor Yacht Club.
All funds support purchase of an ultrasound machine for the Urology Department.

- ii) Bridge 2 Bridge Marathon of Health. Supporting WRH, HDGH and Canadian Mental Health Association of Windsor.
- iii) Thanks to Noah Gascogne and Windsor Facts Finders. He and his volunteers are trying to ensure that no vaccination appointments go unfilled.

4. REPORT FROM THE PRESIDENT & CEO:

Mr. Musyj reported.

- i) Status of HIS implementation: it is going well. It will be a process that will never stop. As we continue to change our processes for the better, the underlying process will change with us. Many staff and professional staff were involved and helped our staff get used to the new system. Thanks to our partners in Erie St Clair and Transform for their assistance.

- ii) Update on COVID in our region and what the future looks like:
The positivity rate for Ontario last week was 9.34%. Windsor/Essex remained stable unlike some other areas in Ontario. As discussed at the last Board meeting, the science table indicated we were going to get to the pinnacle time around May 08 and we would go in one of two directions – either almost double our current number (that is where the stay at home number arose). Once the stay at home was in place, the number plateaued. It was predicted that as of May 6, we should have 925-937 COVID positive patients in ICU beds. Today the number is 868 patients in ICU's across the province. Reviewed weekly positivity for COVID in the 34 public health units in Ontario. Our moderate number will continue to drop. We will be at this number for a period of time though and it will drop slightly. We cannot afford as a province to have 868 patients in ICU beds if we come out of wave 3 too quickly and then get into wave 4. That number has to get down to 200 patients or less.

Hospitalizations are flattening. ICU occupancy will continue to rise. 20-30% of the patients hospitalized with COVID will find their way into ICU's. We have not seen ramifications of that yet. We are not out of the woods yet provincially.

Concern raised by science table is as occupancy continues to rise, it will take some time for the re-start of surgeries. The beds are for COVID positive patients in the GTA and ICU beds are needed for surgeries. We have a limited amount of ICU beds and a limited amount of critical care staff.

Over the next 4-5 years, there will not be a lot of new hospital construction coming on line.

We have staff who have been working non-stop for 13-16 months and will need to re-charge their batteries. It will not be easy for any of us to come out of this pandemic. We will have to get ready for a world where COVID positive patients come into the hospital and who will eventually need the ICU. We will not have 100% vaccination rates.

Since we started taking patients from the GTA two weeks ago, we have taken 16 ICU patients and 54 ward patients, a total of 70 patients from the GTA or London. On a positive note, 28 of them have already been discharged home. We currently have 48

COVID positive patients in hospital; 8 from our region, 40 from outside our region. There will be more patients coming to WRH

The West region has accepted 450 patients from outside our region.

Karen Riddell added that the individuals around the operations table meet daily, 7 days a week and twice on Wednesdays. They talk about the capacity in our region to help the province. They generate a report from that meeting and they are all aware of the plan going ahead for the next 24 hours.

We met with Trillium to facilitate the transfer into Erie/St Clair. Hospitals in Toronto were transferring out many patients a day to several hospitals. It was tabled to the province that we would partner one hospital with one hospital. Trillium chose WRH for the first group of patients. We meet with Trillium and EMS partners daily. We identify our capacity for transfers and patients to be transferred and we book EMS. Windsor/Essex and Wallaceburg EMS send trucks to Toronto as soon as the patients are identified. We plan for the next 24 hours, confirm who will be coming, our physicians speak with their physicians, and we do the nurse to nurse hand off. We debrief as well daily on the previous day's activities. We liaise with the families every day, as it is stressful for the patient being so far from their home base. We have had great success and have discharged many back home; we pay for that transport. Thanks to our staff, HDGH and Erie Shores for their part in this.

Names can change for the patients who were supposed to come here because if they are not stable enough, another patient could be put on the list at the last minute.

Dr. Jacobs complimented the WRH team for making this happen. It is working quite well.

Mr. Musyj added that people in our area are concerned we are increasing our positivity rate in our community with these transfers from Toronto or London. That is not correct. We have an obligation to take care of our Ontario residents. We have capacity and ethically and morally, we need to help.

We stop replications/mutations/variants by following public health measures and through vaccinations as quickly as possible. If we can get 70-85% of our population vaccinated, we can get to herd immunity. The way to stop wave 4 is to get vaccinated.

One week ago, we were at 33.8% of our overall W/E population who had at least one dose. Yesterday that number was 38% of the total population. The population 18 and over age group is about 300,000 people. If we have 300,000 people, we are above 50% by vaccinating with one dose. We are getting there as a region. How did we avoid the wave 3 that hit GTA? We had access to Pfizer, Moderna and Astra Zeneca, so we were aggressive in getting a large number of the population vaccinated. We did it quickly. We avoided wave 3 because of that aggressive nature with respect to vaccinating people. Overall, our community has done a good job following public health measures, plus we followed the stay at home order. Otherwise, we could not have helped out the rest of the province like we have done.

Dr. Saad stated that in the early part of the pandemic, patients presenting at hospital were in 60-80 age range. That demographic disappeared from the hospital once we began vaccinations in that age group. Recent Ministry data shows that someone getting COVID after two doses is very low. Only 4% of people got COVID after two doses. Vaccinations are working. If we can get to herd immunity, the number of patients in ICU's with COVID will drop dramatically.

Last week two reports were issued from the Auditor General and the other from the Long Term Care Commission.

They highlighted the positive relationships among hospitals and retirement homes across the province. They also identified the work in creating the field hospital at St. Clair College.

The Commission suggested Ministries should look to WRH's field hospital as a model for how alternative health care space can be created quickly in a crisis.

The Chair thanked Mr. Musyj and the staff for everything they have done during the pandemic.

5. REPORT FROM SCHULICH:

Dr. Larry Jacobs had not submitted a written report. Highlights of his verbal report are below:

- **4th year Match** occurred on April 20, which was match day (first round of the match) for 4th year students. The overall rate for Schulich was a 90% successful match. About 10% of the students will move into the 2nd round on May 20. The Windsor campus had a similar rate of 90% as well. 60% of our students selected Family Medicine residencies. Locally, we have two post grad programs here; Family Medicine and Psychiatry. Psychiatry filled both of their spots. Family Medicine filled 9 out of 10 spots.
- **SWARP research grants:** This is a collaborative grant we run with the University of Windsor and Schulich. It is intended for our students to work with local faculty either at the University of Windsor, St. Clair College or where there is professional staff. All 10 were granted, 9 of those being related to Windsor Regional Hospital. Several professional staff at WRH and the University received grants supporting students with these research endeavours.

6. Financial Presentation

There was no financial presentation for the May 06 Board meeting.

7. CONSENT AGENDA:

MOVED by Ms. P. Allen, **SECONDED** by Dr. L. Freeman and **CARRIED** **THAT** the report from the April 26, 2021 Finance/Audit & Resources Committee meeting be accepted.

8. CORRESPONDENCE/PRINTED MATTER:

a) Media Report

9. BOARD MEMBER QUESTIONS, COMMENTS OR NOTICES OF MOTIONS:

None

10. DATE OF NEXT REGULAR MEETING:

Thursday, June 03, 2021, 1700 hrs VIA: ZOOM

11. ADJOURNMENT:

There being no further business to discuss, it was

MOVED by Mr. P. Lachance, **SECONDED** by Ms. P. France and **CARRIED**
THAT the May 06, 2021 Board of Directors meeting be adjourned at 1758 hours.

Anthony Paniccia, Chair
Board of Directors
/cc

Cheryle Clark
Recording Secretary



Finance/Audit and Resources Committee
Financial Presentation (March 2021 Results)
Board of Directors Meeting June 3, 2021

Financial Results - Hospital Operations (1,000's of dollars)

March 31, 2021

	Current Year Actual	Budget	\$ Variance Fav/(Unfav)	% Variance Fav/(Unfav)
Revenue	\$ 584,335	\$ 534,769	\$ 49,566	9.3%
Expenses				
Salaries and Wages	\$ 260,296	\$ 245,344	\$ (14,952)	(6.1%)
Employee benefits	64,339	63,663	(676)	(1.1%)
Employee ben. - future ben. costs	2,051	1,933	(118)	(6.1%)
Medical staff remuneration	58,057	52,163	(5,894)	(11.3%)
Medical & Surgical supplies	40,468	36,236	(4,232)	(11.7%)
Drugs	67,631	60,252	(7,379)	(12.2%)
Supplies & other expenses	72,523	61,846	(10,677)	(17.3%)
Long term Interest	3,532	2,234	(1,298)	(58.1%)
Equipment lease / rental	3,623	2,389	(1,234)	(51.6%)
Equipment amortization	8,955	8,796	(159)	(1.8%)
Total Expense	\$ 581,475	\$ 534,857	\$ (46,618)	(8.7%)
Surplus / (Deficit) From Hospital Operations	\$ 2,860	\$ (88)	\$ 2,948	

Financial Results

March 31, 2021

Ministry of Health Indicated That They Would Support Hospitals For The Extraordinary Costs They Would Incur As a Result of COVID-19.

The following is a Summary of the Funding That Was Provided:

- ▶ Funding for Incremental COVID-19 Operating Expenses \$51.2 million
- ▶ Funding to Support Lost Revenue \$5.5 million
- ▶ Utilization of Unearned Volume Base Funding for Any Remaining Cost Pressures \$9.5 million
- ▶ Temporary Physician Funding \$5.0 million
- ▶ Pandemic Pay for Qualified Staff \$7.0 million

Total \$78.2 million

Financial Results

March 31, 2021

The Ministry of Health wanted to ensure that Hospitals balanced their books with the funding that was made available to them, but in a prescribed manner as follows -

Step 1 - Recognize all COVID-19 incremental expense funding to the amounts prescribed

Step 2 - Recognize any unearned volume based funding to cover any remaining COVID-19 cost pressures

Step 3 - Recognize the funding provided for lost revenues for those eligible categories (parking, preferred accommodations.... to name a few)

Patient Volume

March 31, 2021

Comparative Data:

	March 2021 Actual	March 2021 Budget	Variance to Budget	March 2020 Actual	Variance to Prior Year
Total Weighted Cases (estimated)	43,291	50,165	(6,874)	50,211	(6,920)
Patient Days	178,969	193,819	(14,850)	188,213	(9,244)
ED Visits and Holds	86,761	108,677	(21,916)	107,184	(20,423)
Operating Room Cases	19,784	32,335	(12,551)	30,904	(11,120)
Clinic Visits	150,475	184,588	(34,113)	180,956	(30,481)
Community Services Visits	120,735	20,469	100,266	20,455	100,280

**Treasurer's Report
Board of Directors**

**Financial Summary - March 2021
(\$000's)**

	Line	March 2021 Actuals		
		Actual	Budget	Variance *
Hospital Ops				
Total Revenue	9	\$ 584,335	\$ 534,769	\$ 49,566
Total Expense	20	581,475	534,857	(46,618)
Surplus / (Deficit)	21	2,860	(88)	2,948
Other Votes (net)	22	(12)	(48)	36
Other Recoveries / (Exp)	23	41,903	-	41,903
Subtotal	24	44,751	(136)	44,887
Net bldg. amortization	25	(1,536)	(1,776)	240
Net Surplus (Deficit)	26	\$ 43,215	\$ (1,912)	\$ 45,127

Hospital Margin	\$ 48,283	\$ 2,098	\$ 46,185
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Capital Equipment Expenditures	\$ 45,880	\$ 33,842	\$ 12,038
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* Variance - favourable / (unfavourable)

Operational Highlights

- The operating results for the twelve months ended March 31, 2021 resulted in a surplus of \$43,215,000 (\$48,283,000 Positive Hospital Margin) based on MoH definition. There are three significant revenue factors reflected in these results.
 - With respect to 2020-2021, the Ministry has committed to date to the funding that was recommended in the Optimization Review Report with the exception of the \$5 million in one time funding. None of this revenue has been accrued to date.
 - The Ministry has committed the following one time funding amounts for fiscal 2021-2021: up to \$42.9 million for working capital, up to \$15.2 million in COVID-19 operating funding for expenses incurred for December 2020 to March 2021 and up to \$6.9 million for non-ministry lost revenue.
 - Patient services and preferred accommodation revenue is \$2,888,000 below plan as a result of COVID-19. Diagnostic revenues are well below plan as volumes were scaled back considerably and inpatient volumes were significantly decreased as WRH created capacity for pandemic by cancelling elective surgeries.
- Year to date salary and wages have a negative variance of \$14,952,000 or 6.1%. The two segments of pandemic pay covering the period of April 24, 2020 to August 13, 2020 in the amount of \$7,015,305 is included in the year to date expense. These payment are 100% funded by the Ministry of Health. The remaining deficit is due to staffing of the COVID-19 Assessment Centres, Staff and Visitor Screening, the Vaccination Centre and surge staffing for COVID-19 inpatients.
- Medical/Surgical Supplies are unfavourable \$4,232,000. Savings have been incurred due to elective surgery volumes reductions implemented to create capacity for potential COVID-19 surge. These have been offset by the expensing of the N95 mask inventory was were purchased in the early stages of the pandemic.
- Drugs are unfavourable \$7,379,000 year to date. The retail pharmacies, renal program and chemotherapy suite are favourable in terms of net revenue to drug expenses. Clinical areas such as the Intensive Care and Medicine units are unfavourable to budget due to a surge in COVID-19 patients.
- Other Supplies and Expenses are unfavourable \$10,677,000 year to date. The deficit is attributable to equipment expenses and renovation costs due to COVID-19, one-time set up costs for the St. Clair College Field Hospital, referred-out expenses for ophthalmology surgeries, the vaccine centres, information technology expenses and legal fees.
- Equipment lease/rental is over budget by \$1,234,000 as additional beds were rented for the St. Clair College Field Hospital and the Met and Ouellette sites in preparation for a possible surge in volumes due to the pandemic.
- Long term interest is \$1,298,000 over budget and includes the interest on the 40-year debentures issued in November 2020.

Penny Allen, Chair & Treasurer, Finance/Audit & Resources Committee
June 3, 2021



MOTION/ACTION SHEET

From The

FINANCE/AUDIT & RESOURCES COMMITTEE MEETING ***General Session***

Tuesday, May 25, 2021

THERE ARE NO RECOMMENDATIONS FROM THE FINANCE/AUDIT & RESOURCES COMMITTEE.



MINUTES from the meeting of the **FINANCE/AUDIT & RESOURCES COMMITTEE** (*General Session*) held on Tuesday, May 25, 2021 Via Zoom (following the In-Camera Session).

PRESENT:

Penny Allen	Beth Yeh
Dr. Laurie Freeman	Dianne Aziz
Paul Lachance	Ian McLeod
	Sandra Boglitch

Anthony Paniccia, Chair of the Board

STAFF:

David Musyj
Mark Fathers
Heidi Zimmer
Mary Macera

REGRETS:

Arvind Arya
Dr. Lawrence Jacobs

1.0 CALL TO ORDER

Mrs. Allen called the meeting to order at 5:50 p.m.

The proceedings were recorded by Mary Macera.

2.0 APPROVAL OF AGENDA

MOVED by Ian McLeod, **SECONDED** by Paul Lachance that the **General Finance/Audit & Resources Committee Agenda of Tuesday, May 25, 2021, be approved.**

CARRIED.

3.0 CONFLICT OF INTEREST

No "Conflict of Interest" was declared.

4.0 PRESENTATIONS

There were No Presentations.

5.0 FOR APPROVAL / RECOMMENDATION

5.1 Minutes of Previous Meeting – Monday, April 26, 2021

The Finance/Audit & Resources Committee Minutes of the **General Meeting of Monday, April 26, 2021** were previously circulated to all members.

MOVED by Dianne Aziz, SECONDED by Laurie Freeman that the General Meeting Minutes from the Finance/Audit & Resources Committee of Monday, April 26, 2021 be approved.

CARRIED.

6.0 FOR DISCUSSION

6.1 Monthly Operating Results Report – March 31, 2021 (As Appended)

Ms. Zimmer provided the following highlights:

- Operating results report for fiscal year ended March 31, 2021 resulted in a surplus of \$43,215,000 (\$48,283,000 positive Hospital Margin).
- Items to note:
 - Results include a combined \$56.7 million in higher costs and in lost revenues due to COVID-19.
 - To date, WRH has received and/or have confirmation of reimbursement of \$51.7 million utilizing the COVID-19 reporting mechanism. The Ministry has confirmed correspondence to three funding amounts; a maximum of \$42,950,000 in one-time funding for working funds deficits, \$15,155,200 for COVID-19 reimbursements for expenses incurred and \$6,950,000 for non-ministry lost revenues.
- Year to date revenue – base and one-time funding of \$51.3 million favourable (details are provided in the appended documents).
- Year to date expenses – salary and wages \$14.9 unfavourable; med staff remuneration \$5.8 million unfavourable (this includes \$5 million in COVID-19 related payments) and med/surg supplies \$4.2 million unfavourable.
- Drugs - \$7.4 unfavourable.
- Other supplies and expenses - \$10.7 million unfavourable.
- Patient Volume – Met variance to prior year of (\$2,859) for total weighted cases; Ouellette variance to prior year of (\$4,061) for total weighted cases. Patient days, ED Visits, and Holds for both campuses are detailed in the appended financial presentation.
- Organization Health – Met Campus – variance in percentage of sick time and overtime. Ouellette Campus – also variance in percentage of sick time and overtime.

6.2 2021-2022 Operating Budget (Verbal Report)

Mr. Fathers indicated that the Hospital needs to bring a budget forward for 2021-2022. We understand that the funding letters are on the Minister's desk for final approval.

We anticipate that by the committee's next meeting in June, the Hospital will have something to bring forward for the committee members' review.

7.0 FOR INFORMATION

7.1 President's Report – May 2021

Mr. Musyj's report is available to all community members via YouTube.

8.0 DATE OF NEXT MEETING

The Finance/Audit & Resources Committee will meet on **Monday, June 21, 2021 at 5:00 p.m. Via Zoom.**

9.0 ADJOURNMENT

Mrs. Allen indicated that there was no further business.

MOVED by Paul Lachance, SECONDED by Dianne Aziz that the General Meeting from the Finance/Audit & Resources Committee of Tuesday, May 25, 2021, be adjourned at 6:40 p.m.

CARRIED.

Mrs. Penny Allen, Chair & Treasurer
FinAudit&Resources_Minutes
20210525

Mary Macera
Recorder

Windsor Regional Hospital

Operating Results Report

For the Twelve Months Ended March 31, 2021

Financial Summary - March 2021 (\$000's)				
March 2021 Actuals				
	Line	Actual	Budget	Variance *
Hospital Ops				
Total Revenue	9	\$584,335	\$ 534,769	\$ 49,566
Total Expense	20	581,475	534,857	(46,618)
Surplus / (Deficit)	21	2,860	(88)	2,948
Other Votes (net)	22	(12)	(48)	36
Other Recoveries / (Exp)	23	41,903	-	41,903
Subtotal	24	44,751	(136)	44,887
Net bldg. amortization	25	(1,536)	(1,776)	240
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Hospital Margin		\$ 48,283	\$ 2,098	\$ 46,185
Capital Equipment Expenditures		\$ 45,880	\$ 33,842	\$ 12,038
* Variance - favourable / (unfavourable)				

Operation Highlights:

- The operating results for the fiscal year ended March 31, 2021 resulted in a surplus of \$43,215,000 (\$48,283,000 positive Hospital Margin) based on the MoH definition. There are three items worth noting -
 - a. Operating results include a combined \$56.7 million in higher costs and lost revenues attributable to meeting our clinical responsibilities related to COVID-19. The Ministry had indicated their intent to reimburse most of these costs and to date we have received and/or confirmation of reimbursement of \$51.7 million for operating expenses submitted via the COVID-19 reporting mechanism covering the months of April to November 2020.
 - b. WRH has receive correspondence from the Ministry committing to three significant funding amounts. WRH is eligible to receive up to a maximum of \$42,950,000 in one-time funding for working funds deficits, \$15,155,200 for COVID-19 reimbursements for expenses incurred from December 2020 to March 2021 and \$6,950,000 for non-ministry lost revenues. These amounts have been accrued and reflected in our year end results.

- c. WRH received funding details for the 2020-2021 fiscal year on June 4, 2020. In comparing these details to what was included in our 2020-21 budget for Ministry funding (which was based on the recommendations in the Optimization Review Report), all were confirmed with the exception of the \$5 million in one-time funding. This revenue has not been accrued in the year to date March 2021 results. Given the working capital funding we are scheduled to receive we are not expecting to receive any additional payments of this type for working capital replenishment that was recommended in the Optimization Review Report.

1. Financial Results for the Twelve Months ended March 31, 2021
(Statement 2)

For the twelve months ended March 31, 2021, the surplus after net building amortization is **\$43,215,000**, which is \$45,127,000 better than plan. This represents a positive Ministry of Health Margin of \$48,283,000 (one year ago, the margin was positive \$6,167,000). Combined extraordinary operating expenses and revenue losses related to COVID-19 in the amount of \$56.7 million are included in these results. In the month of March, the COVID-19 impact was \$9.3 million. Below is a chart that shows the revenue losses and costs that have been incurred in the period April 1, 2020 to March 31, 2021 and which have been funded or not funded –

Windsor Regional Hospital COVID-19 Revenue Loss & Expenses Year-to-Date March 2021			
	<u>Funded</u>	<u>Unfunded</u>	
Revenue			
Patient Services	3,148,684	-	
Recoveries	2,362,620	-	
Total Revenue	5,511,304	-	
Expense			
Compensation	18,214,604	195,851	
Pandemic Pay	7,015,305	-	
Medical Staff Fees	4,556,671	476,182	
Med. Surg. Supplies	8,816,124	1,803,966	
Drugs	431,525	-	
Other supplies & expense	3,629,324	-	
Equipment Expenses	2,292,035	2,506,828	
Renovations	1,211,095	-	
Total Expense	46,166,682	4,982,826	
Total Operating	\$ 51,677,986	\$ 4,982,826	

It should also be noted that with respect to Ministry volume based funding, we have unearned revenue for these twelve (12) months of \$16.4 million as compared to \$1.1 million one year ago. Similar to one year ago the Ministry has allowed the hospital to utilize some of the unearned revenue to offset any remaining COVID-19 unfunded

costs. That amount in fiscal 2020-21 was \$9.5 million as compared to \$1.1 million one year ago.

Revenue

Ministry revenue (combined base and one-time) is \$51,270,000 higher than budget. One time funding is favourable year to date, as it includes \$42.9 million in working capital funding, \$15.2 million for COVID-19 expenses for December 2020 to March 2021, \$5.5 million for lost non-ministry revenues and approximately \$7 million in one time pandemic pay funding that has been recognized to date.

The Ministry through its Broad Based Reconciliation Process has indicated that hospitals can offset unearned volume funding against Fund Type 1 pressures. Through this process, WRH has recognized one time funding of \$9.5 million in total. This includes \$3.5 million for COVID-19 expenses in excess of the \$15.2 million confirmed funding. It should be noted that this reconciliation process does not allow hospitals to offset net building amortization expenses or long term interest payments as these are not considered Fund Type 1 pressures.

The Ministry has confirmed funding for lost non-ministry revenues of \$6,950,000 for WRH in fiscal 2020-2021. The hospital has accrued \$5.5 million of this revenue for losses related to programs including parking, retail food services, preferred accommodation and co-payment revenue. The difference has been set up as a payable back to the Ministry.

Early in the fiscal year, the Ministry directed Hospitals to reduce elective services and the corresponding volume reductions have reduced the amount of revenue earned for Quality Based Procedures (QBPs), wait time procedures, neuroservices and cardiac funding. As an example, for QBP funded volumes, our year end March 2021 revenues are \$15.4 million lower than one year ago.

In February, the Ministry confirmed that it will pay a 20% premium for designated services where volumes exceed 50% of the funded volumes. These include cardiac services, wait time procedures, elective QBPs and cancer surgeries. The Hospital was eligible to earn a total of \$3.1 million on these cases and the Hospital has recognized \$2,115,000 of this funding for the fiscal year.

QBP funding includes a component of Urgent/Emergent cases which are Pneumonia, Hip Fracture, Stroke, Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD). There has been a significant reduction in these cases in the current fiscal year which has resulted in unearned revenue of \$5.9 million at year-end. Last fiscal year 100% of this funding (\$28 million) was earned. An additional volume-based revenue shortfall is forecasted in the Complex Malignant Hematology program which funds the treatment of acute leukemia patients. The year end shortfall in this program is \$714,000 due to lower than funded volumes.

Ministry drug reimbursements have a positive variance of \$4,400,000 (20%). This revenue comes from the Cancer Centre's New Drug Funding program and the renal program. This revenue offsets the corresponding drug expenses in both programs.

The preferred accommodation revenue variance is unfavourable to budget by \$2,846,000 and is tracking lower than last year by \$2,770,000. Lower occupancy due to the reduced number of elective surgeries contributes to this shortfall, as well as the Ministry of Health directive that hospitals cannot bill uninsured patients for semi-private and private accommodation during the pandemic. Previously, uninsured patients would have paid out of pocket for this accommodation. Infection prevention and control measures often require patients to be placed in private rooms and we are unable to bill for this accommodation in these circumstances.

Chronic Co-payment revenue is \$42,000 under budget due to the factors mentioned above for preferred accommodation.

Patient Services revenue variance is \$984,000 unfavourable (3.1%) year to date. Diagnostic revenues were well below plan by almost \$2.9 million as earlier in the year outpatient volumes were reduced significantly due to pandemic restrictions. The patient services revenue losses are offset by the recovery for services being provided to uninsured patients. There is a mechanism to submit these claims to the Ministry for reimbursement. These amounts vary considerably from month to month and WRH has been reimbursed \$3 million to date for the nine month period of April to December 2020.

Equipment Grant amortization is \$637,000 (24.7%) higher than budget. Timing of the receipt of these grants affects their amortization.

Other Recoveries are \$2,869,000 unfavourable (6.6%) to budget. Similar to patient services, this revenue category was also impacted by the reduction in hospital services earlier in the year. Revenues were significantly reduced for parking, retail pharmacy and food operations early in the fiscal year. Year to date retail pharmacy recoveries have rebounded and are \$227,000 favourable at year end.

Expenses

Salaries are currently over budget (unfavourable) by \$14,952,000 (6.1%) year to date and includes the \$7 million in pandemic pay as mentioned in previous reports.

The salary variance in the month of March was a deficit of \$1,493,000. Salaries for COVID-19 screening (staff, patients and visitors), staffing for the Assessment Centres and the Vaccination Centre totalled \$789,000 in the month. Other significant negative variances occurred in inpatient medicine and critical care units that are experiencing a surge in COVID-19 volumes (\$352,000) including patient transfers from other hospitals in Ontario.

Year to date spending for employees in paid isolation is \$828,000, paid sick time due to COVID-19 is \$992,000. Temporary hires (COVID Helpers) have been paid \$2,920,000 to date. The majority of COVID Helpers are nursing students who are part of the new Nursing Extern Program funded by the Ministry of Health. This program is in effect from January 1, 2021 to March 31, 2022 and costs are claimed through the COVID-19 expense reimbursement process. Staff who normally work in areas where volumes were reduced were redeployed to the screening desks, the COVID-19 Community Assessment Centres, the St. Clair College (SCC) field hospital and the vaccination centre.

Renal Program salaries are over budget \$429,000 year to date due to a significant increase in patient referrals from the community. Some of these cases will earn additional funding but we will not know to what extent until coded data is available.

Employee Benefits are unfavourable to budget by \$676,000 (1.1%). The variance is attributable to the wage variance.

Employee Future Benefits are higher than budget by \$118,000 (unfavourable by 6.1%). Subsequent to the month end as part of the year end audit we received a roll forward of actuarial estimates which gave rise to this change.

Medical Staff Remuneration is over budget (unfavourable) by \$5,894,000 (11.3%). Medical Staff Remuneration attributable to COVID-19 totals \$5,033,000 at year end of which \$4,557,000 has been confirmed as funded. The remaining variance is attributable to physician retroactive payments as a result of OMA settlements, increases in alternate funding agreements and increased volumes in diagnostic services. The retroactive payments and alternate funding increases are fully funded by the Ministry. In the case of diagnostic services, the Hospital earns additional technical fee revenue on these volumes. In February, we received notice that the Ministry has extended the temporary COVID-19 physician funding until September 30, 2021.

Medical & Surgical Supplies are unfavourable to budget by \$4,232,000 (11.7%) year to date. The perioperative programs at both sites are favourable due to the cancellation of elective surgeries, with the Met campus favourable by \$738,000 and Ouellette \$1,805,000. In the Diagnostic Departments, Interventional Radiology and the Cardiac Catheterization Lab are \$804,000 under budget to date because of volume decreases. Due to COVID-19, spending on Personal Protective Equipment (PPE), which is included in medical & surgical supplies expense, has increased. The incremental cost for PPE year to date is approximately \$4,561,000 for general supplies and an additional \$4,844,000 for N95 masks.

It should be noted that elective surgery cancellations affect the ability to reach QBP funded volumes and may result in some funding having to be returned to the MOH at year-end. For 2020-21, the Ministry has allowed hospitals to apply lost volume funding to address Fund Type 1 pressures as part of the broad based reconciliation process.

Drug expenses are over budget (unfavourable) by \$7,379,000 (12.2%) year to date. These expenses are offset by recoveries in the retail pharmacies and by Ministry funding in the chemotherapy suite and renal program. The retail pharmacies have a \$320,000 year to date net positive drug revenue to expense variance, while the chemotherapy and renal programs combined are \$178,000 net positive to date. At year end, drug expenses in clinical departments were slightly favourable at \$232,000 (1.4%).

Supplies and Other Expenses are unfavourable to budget by \$10,677,000 (17.3%). The major variances include the following:

- Minor equipment mainly due to COVID19 related purchases (\$2,001,000)
- Equipment maintenance expenses (\$2,000,000)
- Legal fees (\$1,150,000)
- Building and grounds expenses (\$934,000)
- Laboratory supplies & courier (\$856,000)
- Referred out expenses for cataract cases (\$786,000)
- Laundry (\$672,000)

An additional supplies and other expenses in the month is \$2,500,000 in costs due to the delay in the Cerner HIS project implementation. These costs have been submitted as incremental COVID-19 expenses. Secondly, abandonment costs for redundant projects in the amount of \$1,000,000 have been submitted as Fund Type 1 pressures.

Offsetting these negative variances are utilities which are favourable \$1,767,000 due to the ongoing energy rebate.

Long-term Interest expense is \$1,298,000 (58.1%) over budget. The year to date expense includes debenture interest of \$1,961,000 to date. The debenture interest cost was not part of the 2020-21 budget.

Equipment Lease/Rental is \$1,234,000 unfavourable to budget (51.6%). This is due to the rental of beds to increase capacity in preparation for COVID-19 and to equip the St. Clair College Field Hospital with 100 beds. Most of this cost was incurred early in the fiscal year.

Equipment amortization is \$159,000 over budget (1.8%).

Other Votes – Other Votes are \$36,000 favourable.

Other Recoveries / (Expenses) – consistent with the prior year's audited financial statement presentation, we have segregated the legal fees related to a particular legal case. Year to date March 2021, these expenses amount to \$1,001,000 with \$135,000 in the month of March. We have also disclosed the one time working capital funding of \$42.9 million as part of this presentation. Unlike the prior year where we received a lump sum energy rebate, the Hospital did continue to receive a rebate however it was embedded into the monthly energy charges and not included as part of this disclosure.

2. Statement of Financial Position (Statement 3)

As at March 31, 2021 the \$45 million in Ministry cash advances received earlier in the fiscal year, had been repaid. Statement #5 includes the \$200 million, 40-year debenture that was issued in November 2020 that will be used to fund capital projects and to replenish our working capital. There have been challenges in trying to find suitable short term investments for these funds that offer a better rate of return than we currently get on account. The receipt of these funds has greatly improved our working capital ratio. A sinking fund of \$25 million was put in place by March 31, 2021 and the HIS bridge loan that has a balance as at February 28, 2021 of \$38.6 million has been repaid in full.

Our inventory balance as at March 31st is \$572,000 higher than March 31st. The bulk purchase of masks for \$4.8 million has been expensed in the year and claimed as part of the COVID-19 reimbursement process. The main reason for the inventory increase is the required higher drug inventory required for COVID-19 treatments.

Our Ministry / CCO receivable has increased by \$83.2 million. The \$89.6 million receivable includes \$42.9 for working capital, \$15.5 million for COVID-19 incremental expenses, \$6.9 million for lost revenue, \$9.5 million for volume-based funding applied to Fund Type 1 pressures and \$4 million for capital expenditures. There is also a \$3.6 million receivable from CCO of which \$2.1 million are for qualifying drug expenses.

Our Ministry / CCO payable has increased by \$31.2 million to \$35.4 million. These amounts relate mainly to volume-based funding of which \$32.2 million are for global programs and the remaining \$3.2 million for CCO funded programs.

It should be noted that the Ministry has funded \$6,856,000 in COVID-19 capital expenditures incurred throughout the fiscal year. The amount has been treated as a capital grant.

3. Patient Volumes (Met Campus only)

Acute care patient days are 7,575 lower than the budget and 5,884 lower than the same period last year. Combined ED visits and holds for the year are 11,093 below budget and 9,574 fewer than last year at this time. Acute separations are 7,485 lower than plan, and are 2,583 lower than one year ago. Combined OR Inpatient and Day Surgery cases are 4,674 cases lower than plan. Ambulatory visits are 608 below plan and 763 higher than one year ago. Community visits are 5,656 above plan and 6,216 higher than one year ago as this includes 9,926 Met Campus Assessment Centre visits to date. Weighted cases are estimated to be 3,238 lower than plan and 2,859 lower than one year ago.

Patient Volumes (Ouellette Campus only)

Acute care patient days are 7,967 days below budget year to date and 4,262 days lower than the same period last year. Acute separations are 9,522 lower than plan and 1,723 lower than last year. Mental health patient days are 545 days higher than budget and 684 higher than the same period last year. OR Inpatient and Day Surgery cases are currently 7,877 lower than plan. ED visits and holds at Ouellette are 10,823 below budget and 10,849 lower than the prior year. Ambulatory visits are 33,505 below budget and 31,244 visits lower than prior year. Community visits are 94,610 above plan, as this includes 95,060 visits to the Ouellette Campus COVID-19 Community Assessment Centre. Weighted cases are estimated to be 3,636 lower than plan and 4,061 less than one year ago.

Patient Volumes (St. Clair College Field Hospital only)

Acute care patient days at the St. Clair College Field Hospital are 1,568 days and 271 weighted cases. The Field Hospital was closed on June 12, 2020, but is ready to reopen on a few hours notice. The St. Clair College Assessment Centre visits are included as part of the Ouellette Campus volumes.

Patient Access

Acute care length of stay at Met was 4.64 days as compared to a target of 4.54 days. Lengths of stay for Ouellette acute care was 8.12 days versus a plan of 7.33. Length of stay for the adult psychiatric patients was 11.79 below the plan of 12.43 days and Maryvale (adolescent psychiatry) length of stay is 5.80 compared to the target of 6.44. The longer than expected lengths of stay in acute care at both Met and Ouellette are impacted by the COVID-19 cases and their related lengths of stay.

4. Organizational Health

The percentage of sick time year to date for the Met Campus is 6%, which is over target by 2.3%, while overtime is .2% over target at 2.5%.

Sick time at the Ouellette Campus is 6.2% compared to the target of 3.7%, while overtime is over target at 5% year to date compared to the target of 2.3%.

Some of the increase in sick time costs at both campus relates paying staff to remain home in isolation due to COVID-19. When we have inpatient units on "outbreak" affected staff are sent home to self isolate. We are also assuming some of the incidental sick time is staff dealing with childcare issues.

With respect to FTEs, the Met Campus is favourable to budget by 8.7 FTEs. This is comprised of a .9 FTE surplus in hospital operations and a 7.8 FTE surplus in Cancer Centre operations. At the Ouellette Campus, the FTE variance is unfavourable by 16.4

FTE with the main variances in the inpatient medicine and critical care units which are 19.4 and 7.4 FTEs over budget respectively.

FTEs attributable to COVID-19 additional staffing are 129.6 in total, 100.2 for hospital operations and 29.4 for the St. Clair College Field Hospital and Vaccination Centre combined.

The COVID-19 staffing has not been in place consistently all year and as such does not have a huge impact on the YTD average FTEs.

Statement #1
WINDSOR REGIONAL HOSPITAL
 Consolidated Operating Results for the Twelve Months Ending March 31, 2021

Description	Current Month		Year To Date		Year End		Prior Year Actual	
	Actual	Fav/(Unfav) Budget	Actual	Budget	Forecast	Budget	Year to Date	Year End
Revenue (\$000's)								
1 Ministry Funding - Base	\$ 41,966	\$ 6,946	\$ 408,369	\$ 411,915	\$ 408,369	\$ 411,915	\$ 401,055	\$ 401,055
2 Ministry Funding - One-time	32,765	31,098	74,810	20,003	74,810	20,003	27,770	27,770
3 Ministry Funding - Drug Reimb.	2,488	653	26,422	22,022	26,422	22,022	22,103	22,103
4 Preferred Accommodation	115	(199)	850	3,696	850	3,696	3,620	3,620
5 Chronic co-payment	-	(4)	-	42	-	42	47	47
6 Patient services	1,105	(1,818)	30,883	31,867	30,883	31,867	32,594	32,594
7 Capital grant amortization	707	169	7,260	6,456	7,260	6,456	6,550	6,550
8 Other recoveries	4,058	(3,162)	40,115	42,960	40,115	42,960	43,232	43,232
9 Total Revenue	\$ 83,204	\$ 33,683	\$ 588,709	\$ 538,961	\$ 588,709	\$ 538,961	\$ 536,971	\$ 536,971
Expense (\$000's)								
10 Salaries	\$ 21,408	\$ (1,494)	\$ 260,466	\$ 245,514	\$ 260,466	\$ 245,514	\$ 242,858	\$ 242,858
11 Employee benefits	6,382	733	64,378	63,695	64,378	63,695	61,424	61,424
12 Employee ben. - future ben. costs	279	(118)	2,051	1,933	2,051	1,933	2,325	2,325
13 Medical staff remuneration	5,405	(660)	58,057	52,163	58,057	52,163	54,183	54,183
14 Medical & Surgical supplies	4,735	(1,974)	40,468	36,237	40,468	36,237	35,882	35,882
15 Drugs	6,358	(1,329)	67,631	60,252	67,631	60,252	60,153	60,153
16 Supplies & other expenses	15,783	(10,331)	76,189	64,228	76,189	64,228	61,257	61,257
17 Equipment lease / rental	223	(11)	3,623	2,402	3,623	2,402	2,675	2,675
18 Capital amortization	1,176	28	14,534	14,448	14,534	14,448	13,947	13,947
19 Total Expense	\$ 61,749	\$ (15,155)	\$ 587,397	\$ 540,873	\$ 587,397	\$ 540,873	\$ 534,704	\$ 534,704
20 Other recoveries (expense)	42,769	42,769	41,903	-	41,903	-	572	572
20 Net Surplus (Deficit) - \$000's	\$ 64,224	\$ 61,297	\$ 43,215	\$ (1,912)	\$ 43,215	\$ (1,912)	\$ 2,839	\$ 2,839
1 Total Margin - \$000's	\$ 65,018	\$ 61,671	\$ 48,283	\$ 2,098	\$ 48,283	\$ 2,098	\$ 6,167	\$ 6,167
COVID-19 related unfunded extraordinary operating expenses and revenue loss included above	4,983	(4,983)	4,983	-	4,983	-	-	-

Fav/(Unfav) % #DIV/0!

(0.86%)
 273.98%
 19.98%
 -77.00%
 -100.00%
 -3.09%
 12.45%
 -6.62%
 9.23%
 -6.09%
 -1.07%
 -6.10%
 -11.30%
 -11.68%
 -12.25%
 -18.62%
 -50.82%
 -8.60%

Statement #2
WINDSOR REGIONAL HOSPITAL
 Operating Results for the Twelve Months Ending March 31, 2021
 Consolidated - Met and Ouellette Campuses

Description	Current Month		Year To Date		Year End		Prior Year Actual			
	Actual	Fav/(Unfav) to Unapproved Budget	Actual	Budget	Fav/(Unfav)	Forecast	Budget	Fav/(Unfav)	Year to Date	Year End
Revenue (\$000's)										
1 Ministry Funding - Base	\$ 41,959	\$ 6,955	\$ 408,108	\$ 411,645	\$ (3,537)	408,108	\$ 411,645	\$ (3,537)	\$ 400,826	\$ 400,826
2 Ministry Funding - One-time	32,765	31,098	74,810	20,003	54,807	74,810	20,003	54,807	27,770	27,770
3 Ministry Funding - Drug Reimb.	2,488	653	26,422	22,022	4,400	26,422	22,022	4,400	22,103	22,103
4 Preferred Accommodation	115	(199)	850	3,696	(2,846)	850	3,696	(2,846)	3,620	3,620
5 Chronic co-payment	-	(4)	-	42	(42)	-	42	(42)	47	47
6 Patient services	1,105	(1,818)	30,883	31,867	(984)	30,883	31,867	(984)	32,594	32,594
7 Equipment grant amortization	339	124	3,217	2,580	637	3,217	2,580	637	2,662	2,662
8 Other recoveries	4,011	(3,173)	40,045	42,914	(2,869)	40,045	42,914	(2,869)	43,150	43,150
9 Total Revenue	\$ 82,782	\$ 33,636	\$ 584,335	\$ 534,769	\$ 49,566	\$ 584,335	\$ 534,769	\$ 49,566	\$ 532,772	\$ 532,772
Expense (\$000's)										
10 Salaries	\$ 21,389	\$ (1,493)	\$ 260,296	\$ 245,344	\$ (14,952)	\$ 260,296	\$ 245,344	\$ (14,952)	\$ 242,720	\$ 242,720
11 Employee benefits	6,378	734	64,339	63,663	(676)	64,339	63,663	(676)	61,387	61,387
12 Employee ben. - future ben. costs	279	(118)	2,051	1,933	(118)	2,051	1,933	(118)	2,325	2,325
13 Medical staff remuneration	5,405	(660)	58,057	52,163	(5,894)	58,057	52,163	(5,894)	54,183	54,183
14 Medical & Surgical supplies	4,735	(1,974)	40,468	36,236	(4,232)	40,468	36,236	(4,232)	35,881	35,881
15 Drugs	6,358	(1,329)	67,631	60,252	(7,379)	67,631	60,252	(7,379)	60,153	60,153
16 Supplies & other expenses	15,077	(9,918)	72,523	61,846	(10,677)	72,523	61,846	(10,677)	59,414	59,414
17 Long term interest	697	(400)	3,532	2,234	(1,298)	3,532	2,234	(1,298)	1,695	1,695
18 Equipment lease / rental	223	(24)	3,623	2,389	(1,234)	3,623	2,389	(1,234)	2,675	2,675
19 Equipment amortization	711	22	8,955	8,796	(159)	8,955	8,796	(159)	8,426	8,426
20 Total Expense	\$ 61,252	\$ (15,159)	\$ 581,475	\$ 534,857	\$ (46,618)	\$ 581,475	\$ 534,857	\$ (46,618)	\$ 528,859	\$ 528,859
21 Surplus / (Deficit) From Hospital Operations	\$ 21,530	\$ 18,477	\$ 2,860	\$ (88)	\$ 2,948	\$ 2,860	\$ (88)	\$ 2,948	\$ 3,913	\$ 3,913
Surplus / (Deficit) from Other Operations (\$000's)										
22 Other Votes (net)	-	-	(12)	(48)	36	(12)	(48)	36	(13)	(13)
23 Other Recoveries / (Expenses)	42,769	42,769	41,903	-	41,903	41,903	-	41,903	572	572
24 Subtotal	\$ 64,321	\$ 61,246	\$ 44,751	\$ (136)	\$ 44,887	\$ 44,751	\$ (136)	\$ 44,887	\$ 4,472	\$ 4,472
25 Net Building Amortization	\$ (97)	\$ 51	\$ (1,536)	\$ (1,776)	\$ 240	\$ (1,536)	\$ (1,776)	\$ 240	\$ (1,633)	\$ (1,633)
26 Net Surplus (Deficit) - \$000's	\$ 64,224	\$ 61,297	\$ 43,215	\$ (1,912)	\$ 45,127	\$ 43,215	\$ (1,912)	\$ 45,127	\$ 2,839	\$ 2,839
COVID-19 related unfunded extraordinary operating expenses included above	\$ 4,983	\$ (4,983)	\$ 4,983	\$ -	\$ (4,983)	\$ -	\$ -	\$ -	\$ -	\$ 1,629
COVID-19 related unfunded non-ministry revenue loss included above	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,549	\$ -	\$ (10,549)	\$ -	\$ -
YTD - Unearned Ministry volume funding	\$ 1,596	\$ (1,596)	\$ 19,155	\$ -	\$ (19,155)	\$ 8,985	\$ -	\$ (8,985)	\$ 1,500	\$ 1,110

WINDSOR REGIONAL HOSPITAL
Operating Results for the Twelve Months Ending March 31, 2021
Consolidated - Met and Ouellette Campuses

Description	Current Month		Year To Date		Year End		Prior Year Actual			
	Actual	Fav/(Unfav)	Actual	Budget	Fav/(Unfav)	Forecast	Budget	Fav/(Unfav)	Year to Date	Year End
Financial Performance Measures										
1 Total Margin - \$000's	\$ 65,018	61,671	\$ 48,283	\$ 2,098	\$ 46,185	\$ 48,283	\$ 2,098	\$ 46,185	\$ 6,167	\$ 6,167
2 Total Margin - %	78.49%	71.67%	8.26%	0.39%	7.87%	8.26%	0.39%	0.0%	1.16%	1.16%
3 Unrestricted cash - \$000's	n/a	n/a	\$ 119,892	N/A	N/A	\$ 119,892	N/A	N/A	411	\$ 411
4 Current ratio	n/a	n/a	1.83	0.40	1.43	1.83	0.40	N/A	0.33	0.33
Capital equipment expenditures - Fiscal 2020 - 21 \$000's	\$ 2,563	n/a	\$ 16,037	\$ 6,672	\$ (9,365)	\$ 16,037	\$ 7,279	\$ 8,758	\$ 11,829	\$ 11,829
5a Capital equipment expenditures - PY C/F \$000's	\$ 212	n/a	\$ 4,796	\$ 530	\$ (4,266)	\$ 4,796	\$ 578	\$ -	\$ 5,414	\$ 5,414
5b	\$ 5,738	n/a	\$ 25,047	\$ 26,640	\$ 1,593	\$ 25,047	\$ 29,062	\$ 4,015	\$ 19,570	\$ 19,570
5c Funded / Own Funds Capital Projects										
Patient Volume Measures										
1 Total Weighted Cases (est) - HIG	2,125	22	21,525	24,763	(3,238)	21,525	24,763	(3,238)	24,384	24,384
2 Acute separations (excl psych)	1,494	(551)	16,595	24,080	(7,485)	16,595	24,080	(7,485)	19,178	19,178
3 Acute pat. days (excl. psych)	7,200	13	77,051	84,626	(7,575)	77,051	84,626	(7,575)	82,935	82,935
4 Psychiatric - Adolescent pat. days	176	68	1,416	1,269	147	1,416	1,269	147	1,198	1,198
5 Emergency visits and ER holds	3,978	(655)	43,458	54,551	(11,093)	43,458	54,551	(11,093)	53,032	53,032
6 OR - Inpatient cases	275	(57)	2,956	3,909	(953)	2,956	3,909	(953)	3,896	3,896
7 OR - Day Surgery cases	801	(4)	5,763	9,484	(3,721)	5,763	9,484	(3,721)	9,054	9,054
8 Clinic visits	12,830	2,252	123,941	124,549	(608)	123,941	124,549	(608)	123,178	123,178
9 Community Services visits	2,044	1,136	16,351	10,695	5,656	16,351	10,695	5,656	10,135	10,135
10 Variable Revenue Volumes:										
(a) Hip procedures	3	(3)	82	67	15	82	67	15	90	90
(b) Knee procedures	15	(20)	142	410	(268)	142	410	(268)	390	390
(c) Pacemaker inserts	-	-	-	-	-	-	-	-	-	-
11 MRI Hours of Operation	565	24	6,255	6,364	(109)	6,255	6,364	(109)	6,268	6,268
12 CT Hours of Operation	749	10	8,910	8,696	214	8,910	8,696	214	8,604	8,604
Patient Access Measures & System Integration										
1 Acute Average LOS	4.82	(0.28)	4.64	4.54	(0.10)	4.64	4.54	(0.10)	4.32	4.32
2 Psych Average - Adolescent LOS	5.33	1.11	5.80	6.44	0.64	5.80	6.44	0.64	4.74	4.74
Organizational Health										
1 % Sick Time to Total Comp	5.90%	N/A	6.00%	3.70%	-2.30%	6.00%	3.70%	-2.30%	5.70%	5.70%
2 % Overtime to Total Comp	2.60%	N/A	2.50%	2.30%	-0.20%	2.50%	2.30%	0.20%	2.30%	2.30%
3 FTE staffing (Hospital Ops Only)	1,693.6	N/A	1,700.9	1,709.6	8.7	1,700.9	1,690.1	(10.85)	1,685.3	1,685.3

WINDSOR REGIONAL HOSPITAL
Operating Results for the Twelve Months Ending March 31, 2021
Consolidated - Met and Ouellette Campuses

Patient Volume Measures		Year To Date		Year End		Prior Year Actual	
Description	Actual	Budget	Fav/(Unfav)	Forecast	Budget	Fav/(Unfav)	Year to Date
	1 Total Weighted Cases (est) - HIG	2,360	25,402	(3,636)	21,766	25,402	(3,636)
2 Acute separations (excl psych)	858	19,043	(9,522)	9,521	19,043	(9,522)	11,244
3 Acute pat. days (excl. psych)	7,222	85,253	(7,967)	77,286	85,253	(7,967)	81,548
4 Psychiatric - Adult patient days	1,770	22,671	545	23,216	22,671	545	22,532
5 Rehab patient days	-	-	-	-	-	-	-
6 Emergency visits and ER holds	3,894	54,126	(10,823)	43,303	54,126	(10,823)	54,152
7 OR - Inpatient cases	286	3,989	(964)	3,025	3,989	(964)	4,022
8 OR - Day Surgery cases	1,368	14,953	(6,913)	8,040	14,953	(6,913)	13,932
9 Clinic visits	3,076	60,039	(33,505)	26,534	60,039	(33,505)	57,778
10 Community Services visits	9,079	9,774	94,610	104,384	9,774	94,610	10,320
11 Variable Revenue Volumes:							
(a) Hip procedures	30	333	(150)	183	333	(150)	321
(b) Knee procedures	25	471	(245)	226	471	(245)	484
(c) Pacemaker inserts	23	265	(8)	257	265	(8)	265
12 Cataracts							
a) Unilateral	573	5,053	(2,743)	2,310	5,053	(2,743)	4,849
b) Bilateral	2	154	995	1,149	154	995	171
13 MRI Hours of Operation	545	6,307	89	6,396	6,307	89	6,139
14 CT Hours of Operation	935	8,776	3,613	12,389	8,776	3,613	8,778
Patient Access Measures & System Integration							
1 Acute Average LOS	8.42	7.33	(0.79)	8.12	7.33	(0.79)	7.25
2 Rehab Average LOS	-	-	-	-	-	-	-
3 Psych Average - Adult LOS	9.67	12.43	0.64	11.79	12.43	0.64	12.80
Organizational Health							
1 % Sick Time to Total Comp	5.30%	3.70%	-2.50%	6.20%	3.70%	-2.50%	6.00%
2 % Overtime to Total Comp	4.90%	2.30%	-2.70%	5.00%	2.30%	-2.70%	4.50%
3 FTE staffing (Hospital Ops Only)	1,442.2	1,426.5	(16.4)	1,442.9	1,434.4	(8.5)	1,431.8

Patient Volume Measures		Year To Date		Year End		Prior Year Actual	
Description	Actual	Budget	Fav/(Unfav)	Forecast	Budget	Fav/(Unfav)	Year to Date
	1 Total Weighted Cases (est) - HIG	-	-	271	271	-	271
2 Acute separations	-	-	53	53	-	53	-
3 Acute patient days	-	-	1,568	1,568	-	1,568	-
4 Acute Average LOS	-	-	29.58	29.58	-	(29.58)	-
5 FTE staffing	-	-	18.6	18.6	-	(18.65)	-

Statement # 3

WINDSOR REGIONAL HOSPITAL
STATEMENT OF FINANCIAL POSITION
 As At March 31, 2021
 (Amounts in 000's)

	March 31, 2021	March 31, 2020	March 31, 2021	March 31, 2020
ASSETS				
Current assets:				
Cash & short-term investments	\$ 119,492	\$ -	\$ -	\$ -
Cash, restricted	5,422			11,623
Accounts Rec. - Ministry / CCO	89,619	6,348	31,203	25,266
- OHIP	8,791	8,306	35,392	4,235
- Other	8,029	6,142	58,525	53,449
Inventories	5,711	5,139	3,355	3,569
Prepaid & deferred charges	3,729	5,259	1,196	1,134
Due from related parties	2,522	2,116	495	742
Total current assets	243,313	33,310	130,167	100,018
Long term assets:				
Long Term Investments	25,022	6,044	239,641	56,218
Property, Plant, Equipment, Net	165,204	158,644	23,478	22,624
Construction in progress	62,593	37,807	933	1,340
	227,797	196,451	1,222	1,795
Total long term assets	252,819	202,495	124,933	121,663
		396,965	210,574	
Total assets	\$ 496,133	\$ 235,805	\$ 496,133	\$ 235,805
LIABILITIES AND EQUITIES				
Current liabilities:				
Bank overdraft				
Bank indebtedness				11,623
Accounts payable - trade		6,348	31,203	25,266
Accounts payable - Ministry		8,306	35,392	4,235
Accrued liabilities		6,142	58,525	53,449
Current portion of long term debt		5,139	3,355	3,569
Current portion accrued benefit obligations		5,259	1,196	1,134
Current portion of capital lease		2,116	495	742
Ministry of Health - advance				
Total current liabilities		33,310	130,167	100,018
Long term liabilities:				
Long Term Debt		6,044	239,641	56,218
Accrued benefit obligations			23,478	22,624
Capital lease obligations			933	1,340
Marked to market			1,222	1,795
Sick benefits payable		158,644	6,758	6,934
Deferred revenue - capital grants		37,807	124,933	121,663
		196,451		
		202,495	396,965	210,574
Remeasurement losses:			(1,222)	(1,795)
Net assets:			(29,777)	(72,992)
Total liabilities and net assets	\$ 496,133	\$ 235,805	\$ 496,133	\$ 235,805

Statement # 4

Windsor Regional Hospital
Statement of Cash Flows
For the Twelve Months Ending March 31, 2021

With Comparative Amounts For the Year Ending March 31, 2020

(Amounts in 000's)

	March 31, 2021	March 31, 2020	Month of March 2021
OPERATING ACTIVITIES			
Net Surplus/(deficit) for the period	\$ 43,215	\$ 2,839	\$ 60,540
Add (deduct) non-cash items:			
Amortization of capital assets	14,534	13,947	1,177
Loss / (Gain) on disposal	-	-	-
Amortization of deferred capital contributions	(7,260)	(6,550)	(2,124)
Cash flow from / (used in) operating activities	50,489	10,236	59,592
Cash provided by operating activities	7,570	26,272	5,351
INVESTING ACTIVITIES			
Purchase of capital assets	(45,881)	(36,812)	(8,515)
FINANCING ACTIVITIES			
Long term investments	(18,978)	(479)	(18,812)
Cash restricted for special purposes	(5,422)	-	-
Loans payable	170,994	2,402	(39,424)
Capital grants and donations received	10,530	7,841	3,967
Notes payable and other long term liabilities	679	776	(1,069)
Cash provided by (used in) financing activities	157,803	10,540	(55,338)
Net increase (decrease) in cash during the period	119,492	-	\$ (58,501)
Cash, beginning of period	-	-	183,415
Cash, end of period	\$ 119,492	\$ -	\$ 124,914

Windsor Regional Hospital
Summary of Investments and Bank Borrowings & Long Term Debt
 March 31, 2021

Investments		Bank Borrowings & Other Long Term Debt			
Type of Investment	Amount	Bank Facility Type	Amount Available	Amount Authorized By The Board	Amount Used
1. Cash & Short term Investment Account					
(a) General Account	\$ 119,492,000	1. Credit A - Line of credit	\$ 30,000,000	\$ 30,000,000	\$ -
CIBC Investment Account	1,000	Average utilization during the month (Interest rate = CIBC Prime - .25% (2.20%))			
		2. CIBC - Credit B - Committed Installment Loan - net of current portion of \$663,000	\$ -	\$ 7,317,000	\$ 7,317,000
		3. CIBC - Credit C - Committed Capital Equipment Revolving Loan with interest rates of 2.46% to 3.26% - net of current portion of \$981,000	\$ 3,036,000	\$ 6,800,000	\$ 2,753,000
		4. CIBC - Credit E - Demand Installment Loan - HIS Project	\$ -	\$ -	\$ -
Accrued interest	4,000				
		5. TD - Four Term loans with interest rates of 2.69% to 5.6% - net of current portion of \$1,410,000	\$ -	\$ -	\$ -
Equity Investment	400,000	Date of next rate renewal - February 15, 2022	\$ -	\$ 23,966,000	\$ 23,966,000
		6. CIBC - Credit F - non-revolving installment loan with a 20 year amortization, funded Banker's Acceptances plus .80% commitment stamping fee, net of current portion of \$300,000	\$ -	\$ 5,575,000	\$ 5,575,000
	<u>\$ 119,897,000</u>				
2. Capital Investment a/c - grant account balance		Other Disclosures			
		CIBC - re: Credit B - Committed Installment Loan - Marked to Market Value Adjustment	N/A	N/A	\$ 1,234,000
Restricted cash	5,422,000				Note 2
		Other Long Term Debt			
Long Term Investments	\$ 25,022,000	Senior Unsecured Series A Debentures, 2.711% annual interest maturing Nov. 18, 2060	-	\$ 200,000,000	\$ 200,000,000
		Note 1 - interest rate set through 25 year interest rate SWAP agreement with an interest rate of 5.035% with fixed principal and interest payments of \$86,641 per month.			
		Note 2 - market value adjustment reviewed at end of each quarter			
Total	<u>\$ 30,444,000</u>				



Memo to WRH Board of Directors Re: ProsperUs and Community Benefits

Date: May 17, 2021

Windsor Regional Hospital is one of 47 regional organizations participating in **ProsperUs**, a collaborative community initiative implementing strategies to transform conditions in our region to dramatically improve the outcomes for children and young people in Windsor and Essex County. Its stated vision is to ensure that every child and young person in Windsor-Essex has the opportunity to succeed “From Cradle to Career.”

The concept is one called “Collective Impact” whereby there is a recognition that multiple organizations and stakeholders in the region, as opposed to just one or a few, can work together to share data, examine it and identify co-solutions to remove barriers for children. You can read more about the initiative here: <https://weunlockpotential.com/comingtogether/>. To date, ProsperUs has identified three priority neighbourhoods – Downtown Windsor, West Windsor, and Leamington – and developed Community Action Network Working Groups to working table involving residents and youth in these communities to collect data and develop concepts for solutions to local economic and social barriers.

Most of the funding for ProsperUs comes from the Ontario Trillium Foundation, an agency of the Government of Ontario, and the Solcz Family Foundation. The “backbone” support and work for ProsperUs is conducted by the United Way Windsor-Essex County.

In April, a report entitled “*Building Community Wealth - What is Possible in Rural, Small and Mid-Sized Communities*” was tabled at a monthly ProsperUs meeting of local organizational partners. The report, co-written by Frazier Fathers and Sarah Morris, provides “initial perspectives on how community wealth building instruments like community benefits can be successful in any size community and almost any development process.” The idea is common in various American, UK and Canadian jurisdictions, including Ontario communities, for infrastructure projects both large and small. The report identifies as examples some measures of community benefits that can be included in local procurement strategies to help support

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local businesses; support job training in the skilled trades for women and vulnerable populations; take steps to protect the environment and combat climate change and ensure community voices are heard in the development process.

ProsperUs has asked all participating organizations to endorse their support “of the principles of community wealth building as outlined in this report.”

Specifically, ProsperUs has identified these principles as:

- Identifying and Addressing Community interests and concerns
- Transparent, Inclusive, and Accessible Development
- Meaningful, Measurable, and Accountable Benefits
- Standardized Data Collection

Lorraine Goddard, Chief Executive Officer of United Way Windsor-Essex County, suggests that from a WRH perspective, the hospital is being asked to endorse “a willingness to include good and new ideas from the community” and to “have an open dialogue around potential concerns that are raised.” She says the hospital is not being asked to endorse anything beyond the kinds of community consultations and engagement it has held in the past, and isn’t asking for any specific tangible or intangible commitments, just an endorsement for the principles of discussion outlined above.

Please review the attached documents in your package and the motion appended below.

Steve Erwin

Manager, Corporate Communications, Government and Community Relations



MOTION TO WRH BOARD OF DIRECTORS:

As a ProsperUS partnering organization, Windsor Regional Hospital supports the principles of community wealth building as outlined in the report entitled *Building Community Wealth - What is Possible in Rural, Small and Mid-Sized Communities*” based on the following four principles:

- **Identifying and Addressing Community interests and concerns**
- **Transparent, Inclusive, and Accessible Development**
- **Meaningful, Measurable, and Accountable Benefits**
- **Standardized Data Collection**



Building Community Wealth

What is Possible in Rural, Small and Mid-Sized Communities

By Windsor-Essex Community Benefits Coalition and United Way/Centraide Windsor-Essex County

This report was drafted on land, which is the traditional territories of the Three Fires Confederacy of First Nations, comprised of the Ojibway, the Odawa, and the Potawatomie peoples. We ask the reader to take a moment to reflect upon the lands that they are situated and the peoples who were here before us.

Authors: Frazier Fathers and Sarah Morris with Brady Holek and Anam Khan
Designed by:

The authors would like to thank all of the people who contributed and provided feedback on this report.

Report funded by the Atkinson Foundation

Forward

As Canada looks to recover from the impacts of COVID-19, we must look at ways to ensure that the recovery in our communities is both just and inclusive. Community benefits are a tool that can help move us towards a more inclusive economy, but for a long time they were viewed as an activity that can only occur on big projects in big cities. This report hopes to dispel that myth.

Although a true Community Benefits Agreement between developers, government and the community is the gold standard, many small and medium sized communities have begun to adopt elements of broader community benefit provisions to ensure development is equitable and inclusive. Some measures include local procurement strategies to help support local businesses; supporting job training in the skilled trades for women and vulnerable populations; taking steps to protect the environment and combat climate change and ensuring community voice is heard in the development process.

This report strives to shine a light on what is possible in smaller towns and cities by highlighting policies that are already in place or forthcoming. The goal is to empower communities to demand more than the status quo. To the best of our ability, we have tried to constrain the examples in this report to smaller communities from within Canada, so that the structural and legal frameworks are more easily replicable.

Our hope is that this report can be a launching pad for a broader dialogue on a more inclusive economy across Ontario and Canada.

This report will:

- Provide inspiration to communities as to what is possible and can be accomplished.
- Be a springboard for local research for local community wealth strategies.
- Enable coalitions of like-minded people and organizations to come together and discuss ideas of what should be.
- Support advocacy with municipal, provincial and federal governments
- Help to right-size community wealth ideas for communities - regardless of their size.
- Highlight how - for a marginal upfront investment - long-term dividends can be gained through more prosperous local economies.

Introduction

The challenges of the modern world are complicated and systemic. Decisions made halfway around the world can affect people and communities across Canada in ways that are not always seen or understood. These systems and structures have seen wealth inequality rise, commoditization of housing and acceleration of climate change impacts, while communities and those living in them are being left behind.

Bringing fairness into this system seems like a daunting task, but by taking actions at a local level and through smaller steps a broader movement can be built to create community wealth, fairer economic systems and empower communities. Exploring the adoption of tools like community benefit agreements, social procurement policies, decent work provisions, environmental justice and racial equity and reconciliation can not only transform communities but raise the expectations of the people who live there as to what is possible.

Given the shock to our economy, communities and society due to Covid-19, the growth of the movement of Black Lives Matter and the ongoing journey to reconciliation and ensuring Indigenous justice, there is an opportunity for communities to deploy innovative solutions to help recover, revitalize and reconnect.

A key community wealth building strategy to create a more inclusive economy is through community benefits. These tools and others have been utilized internationally for years in the United Kingdom, the United States and beyond with numerous successful examples.ⁱ They have been used in partnership with Indigenous communities for years, these tools are still newer to other parts of Canada and are only now taking root in towns, cities, and provinces across the country.

When looking at tools to build local inclusive economies and community wealth most often the research, analysis and projects are centred on larger cities. With 60% of the population living outside of Canada's 15 largest metro areas, there are significant opportunities to transform economies across the country by shifting focus to rural, small and mid-size community contexts.ⁱⁱ

Community benefit processes have been seen as a tool on billion-dollar projects in big cities. When viewed in the context of mid-sized, small and rural communities these benefits are often seen as a burden rather than an opportunity to build decent work, train future workforce and create communities that are more inclusive. This report will provide some initial perspectives on how community wealth building instruments like community benefits can be successful in any size community and almost any development process.

By illustrating what can occur in communities of all sizes and not just in big cities, it helps change the narrative that rural, small and mid-sized communities. What emerges from this setting is a more knowledgeable and engaged citizenry. It can help residents and communities create spaces and opportunities in their cities, towns and neighbourhoods while empowering equity-seeking and

Indigenous communities to strengthen self-governance and create economic opportunity. These social and civic engagement benefits compound the defined economic benefits that emerge from these processes, enabling communities to better speak for their needs and aspirations.

This report will outline how these community wealth building strategies can be accomplished through examining successful practices that can be scaled down to mid-size, small and rural community contexts. The findings will primarily focus on the Ontario, but the general principles can be applied across Canada.

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What are Community Benefits?

Community benefits are one of the more well known tools to build community wealth and are general term for a process which brings residents and communities into the public or private development processes in meaningful ways. The goal of this engagement is to lessen negative effects of development and amplify positive impacts for a community. The process of negotiation supports communities to set their sights high and leverage existing resources to drive additional positive change. Community benefits will be used as an umbrella term for a wide range of approaches designed to mitigate negative impacts of projects or create additional value for the communities and people who will shoulder the burden of hosting infrastructure or new development.ⁱⁱⁱ

A **Community Benefit Agreement (CBA)** is a legal agreement that sets forth specific community expectations from an infrastructure or development project. The benefits of the agreement are ideally defined through an inclusive and transparent community engagement process of those who are most impacted. These agreements are legally binding and enforceable contract often between the developer or project builder, government and local community which contain clear outcomes and expectations of the project and benefits set in a manner that are meaningful and measurable.^{iv}

Community benefit agreements are not designed to unduly add costs to projects, rather they are thoughtfully designed to maximize benefits to a wide range of community members including those who are often overlooked. Community benefits processes have been taking shape for the last two decades around the world with different styles emerging that are summed up in the table below:

Model Type	Background	Example
American Model	Primarily driven by community coalitions who enter into freestanding legal agreements (CBAs) with developers and local government. For developers in order to access municipal incentive programs frameworks requiring community benefit processes, are often established at a municipal level to support the surrounding communities.	Milwaukee Bucks Arena CBA (2016: Milwaukee, WI): The Alliance for Good Jobs negotiated with owners of the Milwaukee Bucks for the construction of a new arena, which included a 50% hiring target from high unemployment neighbourhoods, higher minimum wage, and the right for employees to unionize. ^v
U.K. Model	Driven by government through legal and policy structures which focus on workforce training, social enterprises and local procurement. Community members are less involved in the process.	Welsh Community Benefits in Public Procurement Initiative (2003: Wales): a government pilot project which aimed to incentivize contractors to employ and train a percentage of its workforce from among the unemployed. ^{vi}
Ontario Model	The "Ontario model" that has emerged in recent years, is a mix of both the American and U.K style particularly led by the City of Toronto. Recent governments (generally Federal or Provincial) have begun to require some community benefits elements incorporated into large infrastructure projects. Often these CBAs have been in response to advocacy from community groups resulting in grassroots community involvement in the process and benefits. Some large urban centres have begun	The Rexdale-Woodbine Casino CBA signed by the City of Toronto and One Toronto Gaming in concert of Rexdale Rising (a community, labour, faith coalition) and ACORN Toronto. Community groups like the Torontor Community Benefit Network, ACORN and others pressured the City to place requirements on the developer resulting in guarantees of local hiring, community spaces, over

	to adopt formal Community Benefit provisions at a municipal level.	\$5 million in new childcare spaces and facilities to ensure the community is not adversely impacted by the project. ^{vii}
Vancouver Model	<p>The City of Vancouver has implemented a Community Benefit requirement on all large development projects exceeding 45,000 square metre. In order receive rezoning approval developers must meet key conditions based on three core provisions.</p> <p>Local hiring with 10% of new entry-level jobs available to people in Vancouver first, specifically those who are equity-seeking and purchasing a minimum of 10% of goods and services from local businesses, through two pathways:</p> <ol style="list-style-type: none"> 1) Social procurement – valuing the positive social and environmental impacts created by purchasing select goods and services, in addition to value for money. 2) Supplier diversity – purchasing from organizations that are at least 51% owned by equity seeking groups.^{viii} 	<p>A pilot for this initiative was the Parq Resort and Casino in Vancouver; a \$330 million project featuring a casino, 2 hotels and 8 restaurants. Negotiated between the City and private developer</p> <p>Initial targets were 10% local hiring and 10% local procurement totaling approximately \$33 million. Upon completion both targets were met although geographic boundaries were increased for the developer, with 21% of hires being local and construction/procurement targets reaching 15% or \$62.7 million.^{ix}</p>

A **community benefits policy** is a policy adopted by a local government that requires community benefits on projects undertaken by the government or by a private developer. The City of Toronto implemented a Community Benefits Framework and defined the process as “a way for government (and other institutions) to multiply the impact of their spending” by implementing conditions that “create community benefits opportunities.”^x

Through legally binding CBAs, taxpayers are protected as the agreement binds developers with enforceable penalties put in place on missed targets and failed timelines.^{xi} These policy and legal frameworks allow communities to scale these processes and “right size” them for their community. These formalized systems help to ensure consistency throughout processes and measurable responses without ignoring local needs and priorities that vary from community to community.^{xii}

In the last three decades, Community Benefits Agreements (CBAs) have become more and more commonplace throughout North American cities, bringing residents into the negotiating process of large developments. Exploring how smaller communities can draw inspiration from successful projects and implement them within their own local context is a vital next step.

What is Social Procurement?

Provincial, territorial and local governments spend over \$400 billion annually across Canada.^{xiii} Beyond government, anchor institutions (university, colleges, hospitals, school boards etc.) also spend billions across Canada, although an exact amount is harder to determine. Whether it is purchasing of office supplies, specialized equipment, information technology, or construction the question becomes how to

achieve additional value from the purchasing that is already occurring in big and small communities across the country.

The answer is a social procurement mechanism. One of the most popular and wide ranging community benefit provisions is social procurement. It is used to ensure that purchases that need to be made are targeted and used as an opportunity to buy directly from businesses that are local, support or are owned by equity-seeking populations, or that serve a social purpose (i.e. social enterprise).^{xiv}

There are a number of different mechanisms to enable social procurement. A path that some municipal governments and anchor institutions have pursued includes setting spending thresholds for staff and directing them to support business on projects and bids that meet the criteria related to social procurement priorities. Another common approach has been to include “buy local provisions” within contracts to ensure that equipment, workers and materials are sourced from within communities.

Tender reform where the value of social and environmental impact is included in the bidding process is beginning to emerge. By leveraging existing tender and bidding processes, community benefits can be embedded within current procurement frameworks while still providing an oversight structure that the community can follow if properly implemented.^{xv} This tender reform would embed community benefits within the framework by asking proponents to include key elements within their bid process and possibly bonus scoring for bidders who go above and beyond. Evidence from the United Kingdom where Community Benefits is far more entrenched is that bidder quickly adapts to meet these provisions and costs of projects do not rise significantly.^{xvi}

Recent research by *Buy Social Canada* has highlighted how social procurement can still occur where free trade agreements are in place.^{xvii} Almost all free trade agreements hold exemptions and thresholds that allow for institutions and municipalities to undertake various forms of social procurement to support social causes or if funding amounts are under certain thresholds.

Social Procurement Strategy	Description	Outputs
Manitoba Social Enterprise Strategy	<p>Emerging in 2015, the Manitoba Social Enterprise Strategy strives to strengthen the not-for-profit sector and create employment for vulnerable populations in the province.</p> <p>The strategy is based on 5 pillars that see public, private, non-profit partners that work together to achieve positive outcomes.^{xviii}</p>	<p>One of the goals of the MSES was to double current social procurement through Manitoba housing from \$5 million/year to \$10 million/year over 3 years. The strategy was a success, resulting in contracts between Manitoba Housing and six social enterprises: BUILD, Manitoba Green Retrofit, North End Community Renewal Corporation, New Directions, Aki Energy, and the Brandon Neighbourhood Renewal Corporation, which receive a total of \$7 million/year in government contracts through Manitoba Housing.^{xix}</p>
Coastal Communities Social Procurement Initiative	<p>Is a partnership of municipalities on Vancouver Island to leverage best practices on how to create</p>	<p>The village of Cumberland has outlined a dozen key priorities that its social procurement efforts will work to address. Some objectives include:</p>

	additional value from their procurement process as well as to coordinate and potentially leverage local economic development opportunities.	<ul style="list-style-type: none"> - Contribute to a stronger local economy; - Increase diversity among suppliers; - Promote the Living Wage and fair employment practices; - Help move people out of poverty; - Provide increased independence and sustainable employment for those in need.^{xx}
ANCHOR TO	AnchorTO, a group of 18 local institutions that include public authorities and universities looking to use their combined \$20 billion annual operating spending to drive inclusive economic growth. ^{xxi}	The 18 partners have leveraged their purchasing power to support three action areas: social procurement, inclusive workforces and capital investments. For example, the City of Toronto Social Procurement Program requires: For procurement between \$3,000 and \$50,000 in value, divisions will be required to seek at least one quotation from a diverse supplier as part of the Divisional Purchase Order process. ^{xxii} As of Jan 2021 – 50 contracts had been awarded. ^{xxiii}

Many times Social Procurement policies also involve capacity-building measures, like training and development programs, to help these smaller businesses access opportunities and grow to scale for the project.^{xxiv} This is where partnerships with Business Improvement Associations (BIAs) and small business centres can be leveraged to strengthen the ability of local businesses to effectively bid on and win local contracts. Not only will this strengthen local business but it will help lay the foundation for economic diversification and resilience.

Expanding the Definition of Community Benefits

So often large cities receive the bulk of resources and spotlight following economic shocks; leaving smaller communities to work with what is left. Community benefits and social procurement are tool of community wealth building can be utilized by communities of any size, for any type of project - you just have to “right size” the benefit and the expectations. As we look to respond to shocks to our economic and social systems there is an opportunity to build resiliency and diversify local economies, while also building inclusive economic growth.

An evolution is underway in how benefits to communities are valued in Canada, in light of the disruptions that occurred through 2020 - highlighting racial injustice and systemic barriers in our society, the impacts of the pandemic and growing economic inequality. The pressures of the status quo are quickly becoming untenable.

Community benefits in many ways are far more than legally binding agreements attached to formal frameworks. They are a process to achieve more in our communities and they are becoming a part of standard operating procedures in communities of all sizes. The shift that is occurring is one from “How can a project be done most quickly and inexpensively for taxpayers?” to “How can a project provide additional value while maintaining a positive return on investment for taxpayers?” These broader approaches are growing beyond just procurement or major projects to include environmental

sustainability, social inclusion, community engagement and broader inclusive economic growth in a wide range of projects and programs in villages, towns and cities. This is community wealth building.

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Perceived Constraints and Opportunities for Mid-Sized, Small and Rural Communities to Adopt Community Wealth Approaches

In the minds of many, community benefit initiatives occur in big cities or on big projects. A similar statement can be made about many social procurement initiatives as anchor institutions tend to be clustered in larger urban centres. To some extent this is true. Due to the economies of scale of these projects and institutions more benefits can be captured from an investment. However both community benefit agreements, social procurement initiatives and other mechanisms of community wealth building can be utilized in mid-sized, small and rural communities to support their local economies and create opportunity for their residents.

Not Enough Projects

A common argument against implementing these practices in smaller communities is the simple fact that they have fewer big projects and anchor institutions. There is no disputing this fact, the question that needs to be asked is: Why can't smaller projects be used to generate additional benefit?

The Ontario Municipal Act and other legislation enables, and in some cases requires municipalities to maintain municipal asset management plans, 10-year capital budgets and even multi-year operating budgets.^{xxv} Just looking at the asset classes that municipalities of all sizes manage, the opportunities that could be generated through the maintenance and replacement of existing infrastructure is huge.^{xxvi} These long-term spending plans and forward looking analysis of infrastructure needs can enable smaller municipalities to bundle their infrastructure investments in order to create economies of scale.

The question can then be asked why can't a municipality have ten years worth of capital projects bundled together to create extra value? Why not plan for 10 years worth of training opportunities for apprentices to line up with capital projects, in a pipeline preparing to strengthen the local labour force? Rather than tendering on an annual basis, why not tender for multiple years', with an annual accountability matrix, to create cost certainty for all parties and allow for savings to be reinvested into other initiatives? The benefits in smaller communities will certainly look different than they do in big cities. Having an occasional big project can be the catalyst to lay the foundations for future smaller projects. Once a few communities test the process, the concept can be scaled.

Projects in small communities are too small

Fewer projects and anchor institutions in smaller communities is often linked to the fact that developments tend to be smaller in nature. The resource development agreements that have been signed with First Nations and Inuit communities show that big projects do go to small communities.^{xxvii} However, not every community is so fortunate with natural resources or being at a strategic location where critical infrastructure needs to be built.

The key is to reframe the question from “how big a project needs to be to provide community benefit” to “how small a project can be that additional benefit can be generated without creating undue burdens”. Building a supply chain of work, that is required to be completed, will allow you to move these initiatives forward. It is true you might not have a \$500 million project. Rather, a community may have fifty, \$10 million projects over the next 10 years that could be leveraged to accomplish the same goals.

The overall benefits to the community do not need to be huge, incremental shifts now can provide positive impacts that can pay dividends over the long term. For example, the City of Vaughan has a tree replacement requirement as a part of new development. Individuals and developers must replace every individual tree that meets certain size/type threshold that is removed from a property (with some exemptions) either through new planting on the property or through cash in lieu to a City reserve fund.^{xxviii} Over a generation, this will maintain their tree canopy and provide a wide range of environmental benefits to their community.

Capacity

Unfortunately, one of the biggest factors affecting small and mid-sized communities is local capacity as 60% of Canadian municipalities have five staff members or less.^{xxix} The ability to manage and bundle projects together does take time and effort from staff and the community. Smaller communities are also home to smaller community agencies and groups who can face barriers engaging in what may be perceived to be complex processes.

Fortunately, the barriers to entry are dropping and this is where the experiences of large cities can be of value. Large municipalities like Toronto and Vancouver have already put policies in place that can be models for smaller communities to adapt and adopt. In British Columbia, the *Coastal Communities Social Procurement Initiative* brought together smaller communities from across Vancouver Island around 8 common goals to use procurement to drive overall community wellbeing.^{xxx} For suppliers, like businesses and social enterprises training and resources are available leading to a certification that the municipalities recognize in their bidding and procurement processes. The goal is, for these smaller communities to leverage their local purchasing power to support their local economies.

Building capacity starts bottom up with local grassroots organizations and not-for-profits working and advocating for change in their community. Although often constrained due to their small-size, the tighter social networks in smaller communities allow for mobilization and advocacy to be activated very quickly. The proliferation of web platforms through COVID-19 have reduce barriers to education and training for these small communities. What is missing in many cases, are resources to sustain this work over the medium long term. Although quickly mobilized for a key project or issue, the ability to maintain that momentum over the long term or across different projects requires support a reliable funding stream.

There is certainly opportunity for backbone organizations to emerge at a provincial or regional level to support this work. Organizations like Association of Municipalities of Ontario (AMO) or the Federations of Canadian Municipalities (FCM) could certainly house resources and best practices. The 2020 shift to remote communications makes the potential for a centralized information portal incredibly important. Some national organizations like *Buy Social Canada*, offers consulting, guides and training to municipalities, community organizations as well as suppliers and purchasers lists for social procurement processes.^{xxxix} At the same time, local organizations that support community, social and economic development and inclusion can specialize in specific delivery models within communities, meaning that the burden would not be solely held by smaller municipalities to deliver benefits.

Beyond individual communities, the opportunity for municipalities to cooperate for both community benefits and other services is another avenue that can be explored.^{xxxix} Formal municipal collaboration beyond statutory requirements is an underdeveloped area of municipal governance, but the opportunity for a small community to collaborate to reduce the burden on a single municipal entity is certainly available.^{xxxix} A potential avenue for this cooperation, in Ontario particularly, is upper tier regional governments in partnership with or in parallel to regional institutions like Police, EMS, School Boards etc. By adopting a regional approach, economies of scale can be created that cannot be achieved in a single community. The built-in purchasing power and capacity that emerges from these collaborative services create natural synergies that develop and leverage these community wealth-building tools.

Complexity

The myth that free-trade agreements prevent local communities from leveraging their buying power to build themselves up has been largely debunked.^{xxxix} Almost all free trade agreements contain provisions that allow spending thresholds, or target marginalized groups to be prioritized or granted additional benefits from local procurement processes. It is complex and given that every community has its own unique make up, history, challenges, potential projects and opportunities, the fact is, there is no one size fits all approach. Leadership and collaboration from numerous parties is required to move these initiatives forward and scaled down models from larger communities.

Many initial steps towards building community wealth are already occurring in existing municipal and community processes. By not accepting minimum standards on zoning or planning applications; ensuring inclusive open engagement and community processes; providing living wages; strategically collaborating with local anchor institutions, municipalities are already taking first steps. It will take time and resources to tie these disparate actions together given the capacity constraints of smaller communities. These small steps will build the capacity and capability in communities which will enable bolder action in the future. It will require leadership to make this shift. Uprooting the status quo is always a challenge, but provincial and federal changes may begin to encourage forward-thinking communities to act.

Culture Change

One of the biggest shifts that will need to occur is cultural for both elected officials and the administrative staff in municipalities. The shift requires a change from looking exclusively at the cost to taxpayers for a particular project to looking at broader societal value and long-term benefit beyond the upfront cost to taxpayers. The City of Windsor for example has begun to do this with “triple bottom line” analysis on key capital and operational projects.^{xxxv}

Calculating a more robust measure is just one-step on this cultural change. A driver of this shift will be education and training of key decision makers and staff around what is possible. This is where collaboration and the learnings of larger communities can come into play, as their best practices can be shared and right sized to the particular context. As mentioned above, it is important having provincial or national bodies like AMO or FCM, facilitate these learnings and provide training and materials at scale. These conveners can identify early adopters and elevate their stories as case studies and demonstration cases.

Even for developers and businesses, the idea that community benefits are “red tape” is something to be dispelled. By engaging the community, you (the developer) are preventing conflict and saving time and money. Political delays in receiving approvals at municipal planning tables or councils and potential OMB/LPAT appeal from resident groups all carry their own significant risks. Although the developer may ultimately win an appeal, this risk can be mitigated by authentically and proactively engaging the community. Bringing residents into the development process and meeting their needs although not required, can be a redeeming quality for controversial projects.

Advocacy from a grassroots and institutional position will also help. By demanding more for communities, we can begin to bring about change. Leveraging tools like this report and asking questions around “Why not here?” is important to drive cultural change discussions in communities. Building trust and shifting culture within and between communities takes time. Community benefits are not about a zero-sum view of development but rather a more inclusive way to create benefits within and across communities. Adopting various incremental community benefits approaches can provide pathways to strengthen ties and achieve socio-economic-environmental benefits for communities.

By taking steps to build community wealth, it can build reserves and solidarity that municipalities can tap into in hard times. Although smaller communities are often perceived to be more “tightly knit” the divisive nature of these times show that building resiliency and trust in any community

Conditions that support community wealth building - Federal and Provincial

Recovery of COVID-19 creates both the impetus and need for upper levels of government to empower communities, reduce inequity and build wealth. Both the provincial and federal governments have implemented changes to their procurement processes and policies to encourage community benefit and social procurement activities.

Community Employment Benefits

In 2018, each province signed long-term (10-year) partnership agreements with the federal government on the Investing in Canada Infrastructure Program.^{xxxvi} These benefits must target at least one priority population groups identified by the federal government including: apprentices - from traditionally disadvantaged communities, Indigenous peoples, women, persons with disabilities, veterans, youth, new Canadians, or small to medium-sized enterprises and social enterprises.

Community Employment Benefits are the federal government's effort to leverage their existing infrastructure spending in partnership with provinces. Within the agreements, resources can be used for communities to develop a community employment benefit plan (See Schedule A – Program Detail Section Ai).^{xxxvii} This is an important tool for communities to leverage as a strategic evaluation of the infrastructure projects that will be needed over the next decade. Aligning those projects to broader employment and social service needs now, can pay significant dividends in local economic and workforce development over the long term.

Unfortunately, the Community Employment Benefit provisions did contain an opt-out in which the recipient, can provide an explanation and opt out of these provisions.^{xxxviii} Hopefully, this opt-out will be removed from future rounds of funding. In the meantime, local organizations and interested communities should be vigilant around these opportunities, engage their political representatives and advocate for their use.

Schedule A: Community Employment Benefits	
Province	Project Threshold
Alberta	\$ 25,000,000
British Columbia	\$ 25,000,000
Manitoba	\$ 10,000,000
Newfoundland and Labrador	\$ 10,000,000
New Brunswick	\$ 10,000,000
Nova Scotia	\$ 10,000,000
Northwest Territories	\$ 10,000,000
Nunavut	\$ 10,000,000
Ontario	\$ 10,000,000
Prince Edward Island	\$ 10,000,000
Quebec	\$ 10,000,000
Saskatchewan	\$ 25,000,000
Yukon	\$ 10,000,000

Beyond Community Employment Benefits, the mandate letter for the Minister of Public Services and Procurement outlines that green and social procurement are a priority of the existing government.^{xxxix} Again, this creates opportunities for forward-thinking communities to collaborate with local federal

government offices, facilities and departments to create economies of scale for local procurement initiatives.

Provincial Community Benefit Pilot Projects

The Province of Ontario under the Conservative-led government has continued some of the community benefit pilot projects that initiated under the previous Liberal government.^{xi,xlii} These pilots look at applying community benefits to different types of provincial infrastructure (hospital, prison, courthouse etc.) beyond the transit projects.

Although framed as pilots, it does not mean that a municipality could not use the model on local projects or request their own pilot project on a major provincial investment in their community. The current government has also made significant investments in apprenticeships and experiential learning programs in the skilled trades that would strongly align with community benefit projects.^{xliii} For local organizations and municipalities, the opportunity to proactively line up some of these training dollars with local projects is real. Coupling this with the aforementioned community employment benefits - a robust framework of local projects can be designed to train residents in smaller municipalities to build up their own community while creating good paying jobs.

Planning Changes in Ontario

A number of recent bills (108, 138 and 197) looked at reforming the planning and development processes in Ontario. The goals of these bills were to make it easier for projects to move forward by reducing approval timelines and other “red tape” that delays development. Although the timeline reductions are a concern for municipalities and community groups, the introduction of “community benefit” charges under the planning act has the potential to be a tool to build community infrastructure.

In many ways, these “community benefit” charges are an enhancement of traditional development charges, which will allow for community amenities (libraries, community centres, long-term care and public health facilities and parkland) to be supported so long as the development justifies their inclusion. Having received royal ascent in September of 2020, municipalities are now in a place to begin implementing these development charge changes.^{xliiv}

“Community Benefit” Charge Threshold ^{xliiii}	
Municipality Type	Threshold of Property Value
Single Tier Municipality	15%
Lower Tier Municipality	10%
Upper Tier Municipality	5%

Prior to passing a “community benefit” charge by-law local councils will be required to pass a strategy which will look at community amenities current demand and how anticipated development and growth will impact those services and amenities. This plan would include items like anticipated upfront capital costs as well as future maintenance and infrastructure costs; outline other sources of funding being used to support this infrastructure and examine how existing residences use these new community amenities.

The benefits can be charged based on the land value of the proposed development with municipal structure determining the percentage threshold that can be assessed.

This new charge, although a benefit to communities does create some language confusion in Ontario. In many ways, the new “Community Benefit Charge” is just a shift in provision and type of pre-existing development charges. Due to the language being what it is, it is quite possible that municipalities and elected officials will not distinguish between these charges and the broader community benefits and wealth building approaches.

Thinking ahead, municipalities of all sizes are going to have to adapt to these new circumstances and the new tools that are available to them. The key is to have vision and not accept the lowest level of requirements. Building forward and leveraging best practices and knowledge from other communities can create a foundation of expectations for communities to build for the future.

The London Children’s Museum (LCM) is developing and designing a new location to serve the growing demand for its services in London, Ontario. This project involves renovating one story of a vacant factory and a rooftop garden. It is estimated that this project would cost between \$7 to 10 million. Throughout the development of this project the LCM has been intentional in how it integrates and responds to community needs in both design and implementation, understanding that their impact is not only in delivering programs, but in how they build their facility. Building on their core values, a new relationship is emerging with Inclusive Economy London and Region to explore more deeply how the construction and procurement of the project can align with their values through a community benefits approach.

With the leadership of the Children’s Museum, they are seeing their work generate impact beyond their walls. Thanks to the willingness of their contractor, Michael Clark Construction, this project is promising to demonstrate the impact that smaller scale developments can have across a community and region. Through this project we will look more deeply into how requests for proposals (RFPs) could be structured in ways that yield social outcomes and increase benefits to the London community. The London Poverty Research Centre at King’s, Impact Consulting at Pillar Nonprofit Network and Buy Social Canada are working together to build local capacity to develop and implement community benefit agreements and social procurement activities.

Best Practices in Community Benefits

Community wealth building strategies have a number of tools in their proverbial toolbox. For many of these tools like community benefit agreements and social procurement strategies the best practices are well established, the challenge is bringing them together and implementing them in a local context.

These practices require shifting from the status quo and going beyond statutory minimums which can be a barrier in smaller communities. The question becomes what incremental steps can be taken to improve and embed these practices as a new normal. Many communities are already adapting elements or all of these best practices, the key is then to track and quantify the good work that is already occurring so the story of a community and project can be told from beginning to end.

Identifying and Addressing Community Interests and Concerns:

Many community wealth building processes come together due to the longstanding organizing and activism in a particular neighbourhood while others are a condition of a project. By nature, each project is unique, which coincides with the challenges of each community.

Having a clear understanding of specific community's interests, issues and concerns is important and in smaller communities, this is often easier to identify. By leveraging personal networks, community agencies and the relatively tighter knit nature of smaller communities, gathering key information can be a relatively simple process. One item that community benefit processes in smaller communities do need to be aware of is the need to break out of their traditional circles for identifying and addressing concerns. For marginalized and/or low-income communities, development can signal displacement, a rising cost of living, environmental harm, or other disruptions to the ways of living. Having active and authentic representation from the community ensures that the true concerns from the communities at risk are being met and social issues can be addressed.^{xlv}

The benefit of a robust community engagement process for developers and government is that it allows concerns to be dealt with before shovels hit the ground. When the community is able to work with developers and municipalities from the beginning and have their concerns met, it limits the role of community resistance and potential litigation to resolve disputes in the future.^{xlvi} Having buy-in from the community eases the process of development over the long-term.

Transparent, Inclusive, and Accessible Development:

This "buy-in" is created by building trust through ensuring the process and those carrying it out are acting in a transparent, accountable and inclusive manner. Cynicism around development is often in response to empty promises and perceived backroom deals that meet the standards outlined in legislation, but do not meet the test of those impacted.^{xlvii} A formalized process that puts the residents rather than developers at the centre of the work shifts this paradigm.^{xlviii} Although planning and

development processes are formalized, resident engagement is often an afterthought with plans being finalized and dictated to the community, looking for a rubber stamp.

Instead, by using 'human centred design principals', the development process can ensure that everyone wins.^{xlix} In successful development processes, the community is actively engaged from start to finish and their feedback is actively used to improve the outcomes of the project. The community is engaged in meaningful ways through a variety of mechanism: formal coalitions or committees, community consultations, public forums, information sessions, newsletters. In addition to consulting with the community in a variety of ways, the process should ensure that the engagement is a two-way street, where ideas are heard and taken into the process, so a broad range of concerns are addressed before the project begins and throughout its construction.^l

Community benefit agreements formalize this process by creating or empowering a community-based entity to formally have a seat at the table. Whether this formalization needs to occur on every project is debatable, but ensuring that local and impacted community groups have a clear voice and influence in the process is vital. This process features community members and can involve government, business, labour, advocacy groups and other stakeholders.^{li}

It is not necessarily about the number of people engaged, but rather the quality of the engagement that matters. Every community should strive to ensure that benefits are identified within geographic boundaries, using census information or other community data, and through engagement of marginalized and self-identified groups.^{lii}

Meaningful, measurable, and accountable benefits:

The transparent process to identify community concerns that can be mitigated through community benefit culminates in measurable and accountable outcomes along with a framework for their reporting. Fundamentally, the community benefit should try to answer the question; does it help solve a problem being faced in the community? Whether these problems are big (like racialized unemployment) or small (like more greenery on the side of streets) they can look very different depending on the social, economic and environmental needs of a particular community. What is needed is commitment to specific targets and objectives that can be reported on publicly.

These commitments must be measurable and meaningful to the community. Through a transparent, accountable process, the terms are concrete with realistic deliverables, timeframes, monitoring requirements, enforcement mechanisms and reporting schedules.^{liii} For large projects, these commitments should be legally enforceable but in the cases of smaller communities and projects, extra legal requirements may be too burdensome. That is where shifting standard tender processes and culture within communities becomes important to ensure the inclusion of benefits and accountability back to the community.^{liiv}

Standardized Data Collection:

Robust and systematized data collection is a vital part of any community benefit approach. As mentioned above, ensuring that benefits are measurable is key to determine the success of an initiative in improving the state of a community, beyond any new infrastructure being built. Depending on the scope and nature of the project, data that is collected can be shared responsibly with the community to enable monitoring, allow for accountability and to facilitate continuous improvement. In many cases, some data is already being collected in municipalities but not aligned to particular projects, like tree planting or employment services. Shifting this collection to projects does take time and effort but resources like the Community Employment Benefit strategy funding from the federal government enables this.

Beyond specific communities, it is hoped that standardized data collection could be established across municipalities. This is where organizations like AMO or FCM could come in to establish common standards for tracking for all municipalities can support this work. Element could also be tracked through the Ontario College of Trades who could monitor training pathways onto infrastructure projects.

Windsor Neighbourhood Small Business Grants: A partnership between a local United Way and the Small Business Centre in Windsor-Essex.

Businesses that open storefront commercial spaces in targeted, amenity constrained neighbourhoods in Essex County would be eligible for a \$5,000 grant.^{lv} These businesses were required to partner with the community to provide benefits to the neighbourhood beyond their physical space

A success story of this initiative was a bookkeeping and financial service organization that provided free tax filing services to low income residents on OW or ODSP; provide free bookkeeping to a local resident committee; and provide 3 free budgeting workshops for the community as a part of a broader community capacity building series.^{lvi}



Types of Community Wealth Strategies typical for Small and Mid-Sized Communities

There are a wide range of benefits that communities and municipalities can strive to achieve through a community benefit strategy. As mentioned above, these should align with identified community needs but also create opportunities to enhance existing elements and build on existing work. These benefits require collaboration between developers, governments, training organizations, community, educational institutions and the broader public, which will take time and effort to build. This process can be expedited by ensuring a transparent, meaningful and measurable process is undertaken, partnerships are built and identified needs are met.

Workforce Development:

One of the most common components of many community benefits is a workforce development provision. Workforce development fits into broader community strategies but leverages the project to

Markham Vacant Building Revitalization for Affordable Housing and Job Training. A partnership between Blue Door Shelter, a construction social enterprise called BuildingUp and Parks Canada.

A number of vacant building were taken over by Parks Canada when the Rouge Valley National Park was established. These houses are now being renovated by construction trades trainees from BuildingUp who are learning skill trades. Blue Door Shelter staffs these homes as transitional affordable housing for individuals and families coming out of shelter. Parks Canada has provided 20 year rent-free occupancy.^{lvii}

train individuals within high demand career areas that offer decent work to create a pipeline of talent into a specific industry in local communities. What this looks like often varies widely on different projects and communities. The most common workforce development activity is supporting apprentices in the skilled trades. As most projects require construction and national shortage of skilled trades persons is a present issue, the logical connection is to use these projects to train the next generation of these workers.

For a large project, it is easy to visualize how workforce development can occur, as hundreds, if not thousands of workers are required and it can take years to complete. For smaller communities and projects, more creative solutions are required.

Educational institutions, labour unions and their training centres, workforce and community development agencies, community groups etc. will have to come together to align their work. This will likely require linking a number of smaller projects together and structuring the recruitment and training of cohorts of trainees in a more flexible manner.

Setting clear and reportable targets for hiring, training and mentorship enables a community to plan its future workforce. Agencies can ramp up recruitment from key demographics and education and awareness programs can support students, etc. For the project developer, workforce development creates future talent recruitment channels while residents in identified communities have access to improved opportunities.^{lviii} The municipality itself wins by supporting individuals who will be able to find good paying work.

Improved Community Infrastructure Utilization:

Additional value for a community, beyond the replacement of existing infrastructure, can be unlocked by wrapping a community benefit process around a project. We have all heard the story of a playground being built and it not being used because it was not wanted or needed by the community. Getting robust direct input from residents can improve a project aesthetically, allow for testing the functionality of the design and exploration of new potential uses, and create buy-in before a shovel hits the ground.

Infrastructure should also strive to create space in communities.

It is not just about constructing a road, a building or a park, it is about how that space can be activated and by which people. Is it a vision crafted by a largely affluent group of bureaucrats, planners, politicians and developers or is it a vision of the children, youth, parents, and seniors who live in that community? Even the naming of these places, can be strengthened by engaging the community, ensuring that all members feel welcome and safe when using these spaces. Improved infrastructure will encourage civic pride, ownership and use of a space. By ensuring that benefits, it will help to move the needle on social issues.

Ensuring Decent Work:

Ensuring that projects and their outputs create good paying decent work in communities is important. Community benefits are not just about ensuring that workers building the project are paid well and treated fairly, it is also about ensuring those in the supply chain and those workers who will be working in the finished facility (if applicable) are able to support themselves and their families.^{lx}

Studies of worker happiness, productivity and overall business success can be linked to increased worker security through transitioning employees to more stable and long-term employment opportunities.^{lxii} Living wage provisions that are linked to inflation, enabling unionization of the workforces, ensuring temporary or seasonal employment staff are protected and treated fairly, and transitioning temporary or contract employees to full time roles, are all elements to ensure decent work before, during and after the project.

These are all elements of building strong and resilient communities and by ensuring that the projects and the infrastructure that is built facilitates decent work, you are helping strengthen local businesses and build the local economy for the future.

The People's Place, the Antigonish Town and County Branch of the Pictou-Antigonish Regional Library in Nova Scotia. Following extensive consultation with community to replace the original library from 1947 the Antigonish Town Library is now home to a wide range of environmental features solar panels to power the Community Access Program or CAP site—lights, computers and offices and is the first off-the-grid CAP site in Canada. An additional \$200,000 of locally produced art was added to the facility to make it a warm and inviting location for the community.^{lix}

Living Wage Ontario Network – A province-wide networks of municipalities and organizations that are advocating for living wages in their communities.

The network and local partners, including municipalities, not only calculate living wages in their particular communities but also provide supports and recognition to businesses that implement these policies.^{lx}

Environmental Benefits:

There has been a growing focus on climate action, which looks at the climate crisis through a human rights lens and focuses on communities most vulnerable to climate impacts.^{lxiv} Community benefits can help to mitigate some of the negative environmental impacts of development. By leveraging training opportunities to reskill people and retrofit buildings, implement best building practices in construction and support sustainable projects in the community.^{lxv}

For some community benefits projects, environmental benefits can be protecting and enhancing the ecosystem around the project: planting native species; minimizing noise, dirt and debris from construction; and investing in local parks and natural areas. For other projects, mandating sustainable and green building practices (like LEED or other green building certifications^{lxvi}) should be used when developing the project, but can be incorporated in any community benefits project like building community centres, renovating housing, or other projects that positively affect the community. These green strategies can be linked to workforce development, so that local and marginalized workers will have the experience and benefit of working in the green economy and can bring those skills to future projects.

Kingston On – Workplace Inclusion Charter -

In 2019, the City of Kingston, in partnership with KEYS Job Centre, launched a Workplace Inclusion Charter with the aim of helping to guide local businesses in creating and upholding inclusive workplaces. The pilot phase of the Charter focused on newcomer's inclusion in the workplace, engaging over 30 local employers. Building on the success of the pilot project, in 2020 the project's focus was expanded to inclusion practices for immigrants, racialized people, Indigenous people and people with disabilities in the workplace. These groups are the focus of inclusion strategies because they continue to experience systemic barriers to employment, high rates of unemployment and underemployment, and disproportionate representation in low-pay and low-status jobs.^{lxviii}

Supporting and Encouraging Local Economic Growth and Small Businesses:

One of the most common complaints about major infrastructure projects are its impacts on local and small businesses. Residents and customers cannot as easily reach businesses or municipal services (public transit) due to closed street, as an example. Construction disrupting access to businesses is sometimes unavoidable but minimizing the project impact on local businesses is vital. Clear communication, impact mitigation and financial supports, are some tools that can be utilized to support businesses that are negatively impact by a project. Beyond just mitigating disruptions, community benefit plans can include leveraging local small business and innovation centres, business improvement areas, community improvement plans and incentives for new enterprises to start up. As an example, the Gordie Howe International Bridge in Windsor/Detroit is supporting businesses on both sides of the border.^{lxvii}

At the same time, anchor institutions and municipalities can directly support these businesses, through social procurement. Local governments and institutions are already buying local in many cases, what is needed are transparent tracking of expenditures, clear pathways for businesses to bid and coordinate their purchasing power across institutions in new ways.

An emerging tool that is used by municipalities and anchor institution is building a local vendor supply list. The City of Toronto has a relatively straight forward process that allows for local and other

businesses/social enterprises owned and operated by equity seeking population to be preferred vendors for a wide range of good and services under certain purchasing thresholds.^{lxviii} This removes administrative burden for businesses and expedites procurement for institutions, while ensuring that municipal dollars support local businesses.

Surplus Land Use:

Many projects do not productively utilize 100% of the land for development. Thinking about how that land can be put to productive use creates a world of possibilities in communities. Whether a large piece of land like in Jane and Firch community, where a community centre is to be built or affordable housing on the Hamilton on surplus land near LRT routes.^{lxx} To small street changing projects like a surplus lot transformed into a parkette or community garden; to the naturalization of that piece of land to encourage wildlife and flood mitigation. Communities and residents impacted by the project need thinking critically about every inch of land and how benefit can be gained from that land – whether public or private.



(Photo Credit: DAN JANISSE The Windsor Star **Stan Ribee Parkette – Windsor ON.** A small corner lot in the heart of a historic Business Improvement Area. This plot of land was used to store broken down cars but was entrusted to the community apart of revitalization efforts. A parkette was created to increase public greenspace and seating near a busy transit stop, and to help reshape the image of a community and anchor revitalization efforts.^{lxxix}

Legacy Funds:

A piece of infrastructure can be a legacy but is the project going to create burden for the community? The long-term impacts – such as light pollution, traffic congestion, poorer air quality – are not always clear when a project first begins. Those impacts need to be questioned to determine how they will be offset. Setting aside funds now to mitigate any potential median or long-term effects is something to consider. Whether a fund set aside at the time of construction or revenues generated earmarked to mitigate specific impacts of a project a legacy fund can ensure that the people impacted by the project are not facing undue burdens.

Belle River Wind – A 40 tower wind turbine project which now only generates clean energy and created 200 construction jobs. Belle River Wind is bringing strong economic benefits to the Lakeshore community, including more than \$10 million over 20 years in property taxes and community benefits. \$6 million dollars has been committed to the Town of Lakeshore as part of a long-term Community Benefit fund to support education and other initiatives.^{lxxi}

Conclusion

The possibilities outlined in the pages above are by no means an exclusive or exhaustive list of strategies to create community benefits or wealth building in rural, small & mid-sized communities. The key is for each community to find the right formula that works for them in a way that adds value and enables the start of a conversation. The examples, ideas and processes outlined here will need to be “right sized” for needs and challenges of particular communities while success stories can be held up to support local advocacy efforts while inspiring specific actions.

What is most important to understand is that for a small upfront investment in community, the broader social value that is created not just through infrastructure and development will create savings and community wealth that will compound into the future.

As communities look to recover from COVID-19, and build more inclusive and equitable economies, it is clear that the old ways of doing things will not work. Innovative thinking, building new partnerships and listening to the needs of people will be vital to ensure that the recovery is inclusive and long lasting. Creating community wealth by leveraging tools like community benefits not only build communities but people as well.

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ⁱⁱⁱ Community Benefits Law Center. (n.d.). *Community benefits agreements*. <https://www.forworkingfamilies.org/cblc/cba>

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The following partners support the recommendations of this report.

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WINDSOR REGIONAL HOSPITAL

OUTSTANDING CARE – NO EXCEPTIONS!

Media Report to the Board of Directors - JUNE 2021

What does COVID-19 look like in children? Signs and symptoms to watch for

CTV Windsor, April 27, 2021

<https://windsor.ctvnews.ca/what-does-covid-19-look-like-in-children-signs-and-symptoms-to-watch-for-1.5404674>

Video: <https://windsor.ctvnews.ca/video?clipId=2190013>

Health unit expands COVID-19 vaccine rollout to residents 40-plus in Windsor-Essex

AM800, April 27, 2021

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Residents 40-plus in Windsor-Essex hot spots eligible to book COVID-19 vaccination appointments

CTV Windsor, April 27, 2021

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Windsor-Essex lowers vaccine eligibility to 40 in COVID-19 hot spots

CBC Windsor, April 27, 2021

<https://www.cbc.ca/news/canada/windsor/windsor-essex-hotspot-vaccine-covid-1.6003332>

Mass vaccination sites open to 40-plus in hot spots or with at-risk conditions

Windsor Star, April 27, 2021

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Blackburn News, April 27, 2021

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Windsor Star, April 27, 2021

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Jarvis: Overlooked and underappreciated and in a way betrayed

Windsor Star, April 27, 2021

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Connecting residents with COVID-19 vaccines

CTV Windsor, April 27, 2021

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CTV Windsor, April 27, 2021

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Windsor Star, April 27, 2021

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Health unit issues COVID-19 exposure notice for Vets Cab

CBC Windsor, April 27, 2021

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Early trend indicates Windsor-Essex case rate stabilizing

Blackburn News, April 28, 2021

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The human cost of COVID-19 focus of this year's national day of mourning

CTV Windsor, April 28, 2021

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Vaccine eligibility age drops to 55 and older in Windsor-Essex

CTV Windsor, April 29, 2021

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Reader letter: Grateful to those helping with COVID-19 vaccine effort

Windsor Star, May 2, 2021

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High number of opioid overdoses in region alert issued by WECHU

CTV Windsor, May 1, 2021

<https://windsor.ctvnews.ca/high-number-of-opioid-overdoses-in-region-alert-issued-wechu-1.5410275>

Windsor-Essex reports spike in opioid overdoses

Blackburn News, May 1, 2021

<https://blackburnnews.com/windsor/windsor-news/2021/05/01/windsor-essex-reports-spike-opioid-overdoses/>

Shipping vaccines from Michigan means Windsor could receive more doses faster, says hospital CEO

Windsor Star, May 3, 2021

<https://windsorstar.com/news/local-news/shipping-vaccines-from-michigan-means-windsor-could-receive-more-doses-faster-says-hospital-ceo>

Windsor politicians propose allowing Canadians to access Detroit's excess vaccines

CBC Windsor, May 3, 2021

<https://www.cbc.ca/news/canada/windsor/windsor-essex-detroit-vaccines-1.6011863>

All educators eligible for COVID-19 vaccine Thursday

AM800, May 3, 2021

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Teachers, some other essential workers can book vaccine appointments starting Thursday

Windsor Star, May 3, 2021

<https://windsorstar.com/news/local-news/teachers-some-other-essential-workers-can-book-vaccine-appointments-starting-thursday>

Mass vaccination sites open to 50+, 18+ in hot spot postal codes

Windsor Star, May 3, 2021

<https://windsorstar.com/news/local-news/mass-vaccination-sites-open-to-50-plus-18-plus-in-hot-spot-postal-codes>

Region's top doctor begging the community to follow the safety measures after alleged church gathering

AM800, May 3, 2021

<https://www.iheartradio.ca/am800/news/region-s-top-doctor-begging-the-community-to-follow-safety-measures-after-alleged-church-gathering-1.15121519>

'I beg them, please' – Ahmed reacts to large gathering at Harvest Bible Church

CTV Windsor, May 3, 2021

<https://windsor.ctvnews.ca/i-beg-them-please-ahmed-reacts-to-large-gathering-at-harvest-bible-church-1.5411762>

Local church stages mass for hundreds in defiance of pandemic restrictions

Windsor Star, May 3, 2021

<https://windsorstar.com/news/local-news/local-church-stages-mass-for-hundreds-in-defiance-of-pandemic-restrictions>

Vaccination videos go multilingual

Windsor Star, May 3, 2021

<https://windsorstar.com/news/local-news/vaccinations-videos-go-multilingual>

Bridge 2 Bridge marathon of health kicks off

CTV Windsor, May 3, 2021

<https://windsor.ctvnews.ca/bridge-2-bridge-marathon-of-health-kicks-off-1.5412243>

Despite backlash, local top doc still urging people to accept first vaccine available

Windsor Star, May 4, 2021

<https://windsorstar.com/news/local-news/despite-backlash-local-top-doc-still-urging-people-to-accept-first-vaccine-available>

Several challenges in accessing excess vaccines from Detroit

CTV Windsor, May 4, 2021

<https://windsor.ctvnews.ca/several-challenges-in-accessing-excess-vaccines-from-detroit-1.5413485>

'Windsor nurse wants province to look closer to home when bringing health-care professionals to Ontario

CBC Windsor, May 4, 2021

<https://www.cbc.ca/news/canada/windsor/windsor-nurse-calls-for-more-local-health-care-workers-1.6012304>

More than 1,100 people vaccinated at two pop-up clinics

AM800, May 4, 2021

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Windsor-Essex reports 28 new COVID-19 cases — lowest number since late March

CBC Windsor, May 4, 2021

<https://www.cbc.ca/news/canada/windsor/windsor-essex-covid19-may4-1.6013058>

Windsor Vax Finders on a mission to get everyone in Windsor-Essex vaccinated

AM800, May 5, 2021

<https://www.iheartradio.ca/am800/news/windsorvax-finders-on-a-mission-to-get-everyone-in-windsor-essex-vaccinated-1.15136916>

Drug overdose increases ringing an alarm in Windsor-Essex

CTV Windsor, May 5, 2021

<https://windsor.ctvnews.ca/drug-overdose-increases-ringing-an-alarm-in-windsor-essex-1.5415308>

Reader letter: Waiting so long for second dose dangerous policy

Windsor Star, May 5, 2021

<https://windsorstar.com/opinion/letters/reader-letter-waiting-so-long-for-second-dose-dangerous-policy>

Jarvis: People are dying all over the world and we're not able to use the vaccine

Windsor Star, May 7, 2021

<https://windsorstar.com/news/local-news/jarvis-people-are-dying-all-over-the-world-and-were-not-able-to-use-the-vaccine>

Essential workers embrace push for cross-border vaccine access

CBC Windsor, May 7, 2021

<https://www.cbc.ca/news/canada/windsor/truck-drivers-us-border-vaccines-windsor-1.6017578>

Rapid COVID-19 tests made available for small businesses

AM800, May 10, 2021

<https://www.iheartradio.ca/am800/news/listen-rapid-covid-19-tests-made-available-for-small-businesses-1.15159678>

Dr. Ahmed urging community to celebrate mom safely

Blackburn News, May 7, 2021

<https://blackburnnews.com/windsor/windsor-news/2021/05/07/dr-ahmed-urging-community-celebrate-mom-safely/>

Dilkens gets drive thru COVID-19 jab

Windsor Star, May 8, 2021

<https://windsorstar.com/news/local-news/dilkens-gets-drive-thru-covid-19-jab>

Windsor mayor receives first dose of COVID-19 vaccine

CTV Windsor, May 8, 2021

<https://windsor.ctvnews.ca/windsor-mayor-receives-first-dose-of-covid-19-vaccine-1.5419841>

Met COVID-19 Assessment Centre to remain open

AM800, May 10, 2021

<https://www.iheartradio.ca/am800/news/met-covid-19-assessment-centre-to-remain-open-1.15159775>

Musyj disputes anonymous complaint about postponed surgeries

Windsor Star, May 10, 2021

<https://windsorstar.com/news/local-news/musyj-disputes-anonymous-complaint-about-postponed-surgeries>

Elective surgeries still weeks away as WRH takes patients from across Ontario

AM800, May 10, 2021

<https://www.iheartradio.ca/am800/news/elective-surgeries-still-weeks-away-as-wrh-takes-patients-from-across-ontario-1.15166245>

Windsor-Essex mass vaccine sites open for 40+

Blackburn News, May 10, 2021

<https://blackburnnews.com/windsor/windsor-news/2021/05/10/windsor-essex-mass-vaccine-sites-open-40/>

Medical officer of health calls drug-related overdoses a troubling trend in Windsor-Essex

AM800, May 10, 2021

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CP24 Toronto – David Musyj – May 11, 2021

<https://www.cp24.com/video?clipId=2199683>

CTV National News – David Musyj (included in larger story on COVID news in Canada) – May 11, 2021

<https://www.ctvnews.ca/video?clipId=2200036>

Hospital in Windsor, ON, applies to access surplus COVID-19 vaccines from Detroit

Canadian Press, May 11, 2021 (*news wire story posted on multiple online news sites; examples below*)

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<https://www.ctvnews.ca/health/hospital-in-windsor-ont-applies-to-access-surplus-covid-19-vaccines-from-detroit-1.5423297>

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CTV “Your Morning” – Dr. Wassim Saad – May 12, 2021

<https://www.ctv.ca/shows/your-morning/windsor-ont-hospital-asking-for-permission-to-take-excess-vaccines-from-michigan-s5>

Audio: The Afternoon News: New hospital for Windsor-Essex moving forward

AM800, May 12, 2021

<https://www.iheartradio.ca/am800/audio/the-afternoon-news-new-hospital-for-windsor-essex-moving-forward-1.15180448>

City looks forward to next stage of new mega hospital

CTV Windsor, May 12, 2021

<https://windsor.ctvnews.ca/city-looks-forward-to-next-stage-of-new-mega-hospital-1.5424968>

CAMPP loses latest bid to scuttle hospitals chosen County Rd 42 location

Windsor Star, May 12, 2021

<https://windsorstar.com/news/local-news/campp-loses-latest-bid-to-scuttle-hospitals-chosen-county-rd-42-location>

Hospital location opponents lose another court battle

Blackburn News, May 12, 2021

<https://blackburnnews.com/windsor/windsor-news/2021/05/12/hospital-location-opponents-lose-another-court-battle/>

Designated vaccination area created for local indigenous community

Windsor Star, May 12, 2021

<https://windsorstar.com/news/local-news/designated-vaccination-area-created-for-local-indigenous-community>

Vaccine eligibility in Windsor-Essex lowered to 30 ahead of provincial schedule

CBC Windsor, May 12, 2021

<https://www.cbc.ca/news/canada/windsor/windsor-essex-covid19-may12-1.6023349>

Windsor-Essex booking system opens to residents 30+

Blackburn News, May 12, 2021

<https://blackburnnews.com/windsor/windsor-news/2021/05/12/windsor-essex-booking-system-opens-residents-30/>

So you received the AstraZeneca COVID-19 vaccine — now what?

CBC Windsor, May 12, 2021

<https://www.cbc.ca/news/canada/windsor/windsor-essex-astrazeneca-vaccine-faq-1.6023644>

Jarvis: I got the AstraZeneca vaccine, now what happens?

Windsor Star, May 12, 2021

<https://windsorstar.com/news/local-news/jarvis-i-got-the-astrazeneca-vaccine-now-what-happens>

Erie Shores Healthcare seeks funds for physician recruitment campaign

Windsor Star, May 12, 2021

<https://windsorstar.com/news/local-news/erie-shores-healthcare-seeks-funds-for-physician-recruitment-campaign>

Jarvis: Ontario finally gets it – Ford extends lockdown, stay-at-home order

Windsor Star, May 13, 2021

<https://windsorstar.com/news/local-news/jarvis-ontario-finally-gets-it-ford-extends-lockdown-stay-at-home-order>

Health unit stands by provincial restrictions on outdoor recreation

Windsor Star, May 13, 2021

<https://windsorstar.com/news/local-news/windsor-essex-health-unit-stands-by-provincial-restrictions-on-outdoor-recreation>

Vaccinations to start for Windsor-Essex students this month, no decision on return to classroom

CTV Windsor, May 13, 2021

<https://windsor.ctvnews.ca/vaccinations-to-start-for-windsor-essex-students-this-month-no-decision-on-return-to-classroom-1.5426637>

Health unit really pleased by Windsor-Essex vaccination progress

Windsor Star, May 13, 2021

<https://windsorstar.com/news/local-news/health-unit-really-pleased-by-windsor-essex-vaccination-progress>

COVID-19 vaccine rollout reaches another milestone in Windsor-Essex

AM800, May 13, 2021

<https://www.iheartradio.ca/am800/news/covid-19-vaccine-rollout-reaches-another-milestone-in-windsor-essex-1.15185334>

One more COVID-19 death in Windsor-Essex, 59 new cases

AM800, May 13, 2021

<https://www.iheartradio.ca/am800/news/one-more-covid-19-death-in-windsor-essex-59-new-cases-1.15184741>

Secrecy, top security surround Windsor vaccine deliveries supplies

Windsor Star, May 14, 2021

<https://windsorstar.com/news/local-news/secrecy-top-security-surround-windsor-vaccine-deliveries-supplies>

WRH CEO asks feds to clarify whether COVID-19 vaccines are essential

AM800, May 15, 2021

<https://www.iheartradio.ca/am800/news/wrh-ceo-asks-feds-to-clarify-whether-covid-19-vaccines-are-essential-1.15201104>

Quarantine exemption sought for Canadians crossing border for COVID-19 vaccine

Windsor Star, May 14, 2021

<https://windsorstar.com/news/local-news/quarantine-exemption-sought-for-canadians-crossing-border-for-covid-19-vaccine>

More than 200,000 in Windsor-Essex have now had first dose of COVID-19 vaccine

CBC Windsor, May 16, 2021

<https://www.cbc.ca/news/canada/windsor/200-thousand-first-doses-covid-19-windsor-essex-1.6028865>

COVID-19 numbers remaining consistent in Windsor-Essex

AM800, May 16, 2021

<https://www.iheartradio.ca/am800/news/covid-19-numbers-remaining-consistent-in-windsor-essex-1.15208341>

Windsor-Essex 'not out of the woods' as COVID rates remain high

CBC Windsor, May 14, 2021

<https://www.cbc.ca/news/canada/windsor/windsor-essex-covid19-may14-1.6026731>

46 new cases of COVID-19 reported in Windsor-Essex

CTV Windsor, May 16, 2021

<https://windsor.ctvnews.ca/46-new-cases-of-covid-19-reported-in-windsor-essex-1.5430030>

Local COVID-19 indicators remain high

Blackburn News, May 14, 2021

<https://blackburnnews.com/windsor/windsor-news/2021/05/14/local-covid-19-indicators-remain-high/>

Canada Goose picks outside WRH's NICU centre to lay eggs

CTV Windsor, May 15, 2021

<https://windsor.ctvnews.ca/canada-goose-picks-outside-windsor-regional-hospital-s-nicu-centre-to-lay-eggs-1.5429394>

Progress being made toward getting Windsor-Essex residents cross-border vaccine exemption

CTV Windsor, May 17, 2021

<https://windsor.ctvnews.ca/progress-being-made-toward-getting-windsor-essex-residents-cross-border-vaccine-exemption-1.5431360>

Windsor mayor says he'd travel to U.S. again for son's medical appointment

CBC Windsor, May 17, 2021

<https://www.cbc.ca/news/canada/windsor/drew-dilkens-windsor-cross-border-1.6029346>

COVID-19 vaccine milestone in Windsor-Essex

AM800, May 17, 2021

<https://www.iheartradio.ca/am800/news/covid-19-vaccine-milestone-in-windsor-essex-1.15216276>

Windsor-Essex reaches major vaccine milestone

Blackburn News, May 17, 2021

<https://blackburnnews.com/windsor/windsor-news/2021/05/17/windsor-essex-reaches-major-vaccine-milestone/>

Hats On For Healthcare surpasses its fundraising goal

AM800, May 18, 2021

<https://www.iheartradio.ca/am800/news/hats-on-for-healthcare-surpasses-its-fundraising-goal-1.15220978>

Canadians can drive to US for COVID-19 vax and avoid quarantine

Canadian Press (*published on CTV News and multiple other sites*), May 18, 2021

<https://www.ctvnews.ca/health/coronavirus/canadians-can-drive-to-u-s-for-covid-19-vax-and-avoid-quarantine-ottawa-confirms-1.5432906>

Canadians ‘may’ be able to travel to U.S. for vaccines without quarantine on return

CBC Windsor, May 18, 2021

<https://www.cbc.ca/news/canada/windsor/covid19-vaccines-windsor-regional-hospital-1.6030647>

Kidney doctor Kadri faces new hearing, accusations of disgraceful dishonourable or unprofessional conduct

Windsor Star, May 18, 2021

<https://windsorstar.com/news/local-news/kidney-doctor-kadri-faces-new-hearing-accusations-of-disgraceful-dishonourable-or-unprofessional-conduct>

Windsor doctor set to face disciplinary hearing accused of incompetence

CTV Windsor, May 18, 2021

<https://windsor.ctvnews.ca/windsor-doctor-set-to-face-disciplinary-hearing-accused-of-incompetence-1.5432845>

People across Windsor-Essex encouraged to get screened for cancer

AM800, May 18, 2021

<https://www.iheartradio.ca/am800/news/people-across-windsor-essex-encouraged-to-get-screened-for-cancer-1.15222369>

COVID-19 vaccine eligibility expands in Windsor-Essex

AM800, May 18, 2021

<https://www.iheartradio.ca/am800/news/covid-19-vaccine-eligibility-expands-in-windsor-essex-1.15223037>

Teen essential workers, those 12+ with health conditions eligible to book vaccines in Windsor-Essex

CBC Windsor, May 18, 2021

<https://www.cbc.ca/news/canada/windsor/windsor-essex-covid19-may18-1.6030858>

Jarvis: A lot of opportunity to improve long-term care staff vaccination

Windsor Star, May 18, 2021

<https://windsorstar.com/news/local-news/jarvis-a-lot-of-opportunity-to-improve-long-term-care-staff-vaccination>

Confusion abounds after U.S. agency bars entry to Canadians looking to get vaccinated

CTV News, May 19, 2021

<https://www.ctvnews.ca/health/coronavirus/confusion-abounds-after-u-s-border-agency-bars-entry-to-canadians-looking-to-get-vaccinated-1.5434903>

U.S. border agency says COVID vaccine not essential; Canadians could be denied entry

Canadian Press (on multiple websites), May 19, 2021

<https://www.cp24.com/news/u-s-border-agency-says-covid-vax-not-essential-canadians-could-be-denied-entry-1.5434541>

'Vaccine tourism' debate heats up as PHAC gives go-ahead, with conditions

Travelweek.ca, May 19, 2021

<https://www.travelweek.ca/news/vaccine-tourism-and-the-latest-war-of-words-over-fords-demand-for-pre-departure-pcr-testing-for-domestic-flights/>

U.S. throws cold water on border-crossing vaccine plan

Windsor Star, May 19, 2021

<https://windsorstar.com/news/local-news/u-s-throws-cold-water-on-border-crossing-vaccine-plan>

Local hospitals to resume non-urgent surgeries

Blackburn News, May 19, 2021

<https://blackburnnews.com/windsor/windsor-news/2021/05/19/local-hospital-resume-non-urgent-surgeries/>

Local hospitals to gradually resume some non-urgent surgeries

Windsor Star, May 19, 2021

<https://windsorstar.com/news/local-news/local-hospitals-to-gradually-resume-some-non-urgent-surgeries>

Some non-emergency surgeries to resume at WRH and ESHC

CTV Windsor, May 19, 2021

<https://windsor.ctvnews.ca/some-non-emergency-surgeries-to-resume-at-windsor-regional-hospital-and-erie-shores-healthcare-1.5434944>

Non-urgent surgeries to resume gradually at WRH

AM800, May 19, 2021

<https://www.iheartradio.ca/am800/news/non-urgent-surgeries-to-resume-gradually-at-windsor-regional-hospital-1.15234681>

Jarvis: Just get 'er done

Windsor Star, May 20, 2021

<https://windsorstar.com/news/local-news/jarvis-just-get-er-done>

Canada's public health agency goes bonkers reversing vaccine exemption for border crossers

National Post, May 20, 2021

<https://nationalpost.com/opinion/matt-gurney-canadas-public-health-agency-goes-bonkers-reversing-vaccine-exemption-for-border-crossers>

Lilley: Trudeau blocks Canadians from getting American vaccine shots

Toronto Sun, May 20, 2021

<https://torontosun.com/opinion/columnists/lilley-trudeau-blocks-canadians-from-getting-american-vaccine-shots>

Jarvis: Who kiboshed the plan for Canadians to be vaccinated in Detroit and why?

Windsor Star, May 20, 2021

<https://windsorstar.com/news/local-news/jarvis-who-kiboshed-the-plan-for-canadians-to-be-vaccinated-in-detroit-and-why>

Audio: Morning Drive – WRH Update (border issue)

AM800, May 20, 2021

<https://www.iheartradio.ca/am800/audio/morning-drive-windsor-regional-hospital-update-1.15238294>

Elective surgeries set to resume

CTV Windsor, May 20, 2021

<https://windsor.ctvnews.ca/video?clipId=2206673>

Health unit seeks permission to expedite second AstraZeneca doses

Windsor Star, May 20, 2021

<https://windsorstar.com/news/local-news/health-unit-seeks-permission-to-expedite-second-astrazeneca-doses>

WECHU to release details on accelerated distribution of AstraZeneca second doses

CTV Windsor, May 20, 2021

<https://windsor.ctvnews.ca/wechu-to-release-details-on-accelerated-distribution-of-astrazeneca-second-doses-1.5437208>

Fluctuation in new COVID-19 cases reported in Windsor-Essex

CTV Windsor, May 20, 2021

<https://windsor.ctvnews.ca/fluctuation-in-new-covid-19-cases-reported-in-windsor-essex-1.5436117>

Vaccinated people must remain cautious, top doctor warns

Windsor Star, May 20, 2021

<https://windsorstar.com/news/local-news/vaccinated-people-must-remain-cautious-top-doctor-warns>

Windsor-Essex sees 36 new cases of COVID-19

CBC Windsor, May 20, 2021

<https://www.cbc.ca/news/canada/windsor/windsor-essex-covid19-may20-1.6033894>

Windsor-Essex records 36 new cases of COVID-19

AM800, May 20, 2021

<https://www.iheartradio.ca/am800/news/windsor-essex-records-36-new-cases-of-covid-19-1.15238237>

COVID-19 assessment centres remain open Victoria Day

Blackburn News, May 20, 2021

<https://blackburnnews.com/windsor/windsor-news/2021/05/20/covid-19-assessment-centres-remain-open-victoria-day/>

WRH accepts COVID-19 patients from Manitoba

Blackburn News, May 23, 2021

<https://blackburnnews.com/windsor/windsor-news/2021/05/23/wrh-accepts-covid-19-patients-manitoba/>

Two COVID-19 patients from Manitoba come to WRH

CTV Windsor, May 23, 2021

<https://windsor.ctvnews.ca/two-covid-19-patients-from-manitoba-come-to-windsor-regional-hospital-1.5440525>

Windsor Regional Hospital receives 1st out-of-province COVID-19 patients

CBC Windsor, May 23, 2021

<https://www.cbc.ca/news/canada/windsor/manitoba-patients-at-wrh-1.6038364>

CAMPP pursuing other options to challenge Windsor-Essex megahospital site

Windsor Star, May 22, 2021

<https://windsorstar.com/news/local-news/campp-pursuing-other-options-to-challenge-windsor-essex-megahospital-site>

CAMPP still fighting hospital location

Blackburn News, May 21, 2021

<https://blackburnnews.com/windsor/windsor-news/2021/05/21/campp-still-fighting-hospital-location/>

CAMPP says they're down but not out after latest court decision

AM800, May 24, 2021

<https://www.iheartradio.ca/am800/news/listen-campp-says-they-re-down-but-not-out-after-latest-court-decision-1.15245841>

Pfizer vaccine now available for residents 12 and up in Windsor-Essex

AM800, May 23, 2021

<https://www.iheartradio.ca/am800/news/pfizer-vaccine-now-available-for-residents-12-and-up-in-windsor-essex-1.15260933>

Jarvis: This could actually work

Windsor Star, May 21, 2021

<https://windsorstar.com/news/local-news/jarvis-this-could-actually-work>

Mennonite church in Chatham-Kent continues to defy COVID-19 restrictions

AM800, May 25, 2021

<https://www.iheartradio.ca/am800/news/mennonite-church-in-chatham-kent-continues-to-defy-covid-19-restrictions-1.15267917>

WECHU reporting 51 new COVID-19 cases Sunday, no new deaths

CTV Windsor, May 23, 2021

<https://windsor.ctvnews.ca/wechu-reporting-51-new-covid-19-cases-sunday-no-new-deaths-1.5440102>

51 COVID-19 cases added to Windsor-Essex case count

Blackburn News, May 23, 2021

<https://blackburnnews.com/windsor/windsor-news/2021/05/23/51-covid-19-cases-added-windsor-essex-case-count/>

COVID variants cause two deaths in Windsor-Essex

Windsor Star, May 21, 2021

<https://windsorstar.com/news/local-news/covid-variants-cause-two-deaths-in-windsor-essex>

Former Sears property tapped for possible vaccination clinic

AM800, May 25, 2021

<https://www.iheartradio.ca/am800/news/former-sears-property-tapped-for-possible-vaccination-clinic-1.15273598>

Early talks under way to transform former Sears into vaccination clinic

CTV Windsor, May 25, 2021

<https://windsor.ctvnews.ca/early-talks-underway-to-transform-former-sears-into-vaccination-clinic-1.5441852>

Vaccine demand remains high as eligibility expands to 12-plus

Windsor Star, May 25, 2021

<https://windsorstar.com/news/local-news/vaccine-demand-remains-high-as-eligibility-expands-to-12-plus>

Windsor mayor fumes as government policies prevent cross-border COVID-19 vaccinations

Toronto Star, May 25, 2021

<https://www.thestar.com/politics/federal/2021/05/25/windsor-mayor-fumes-as-government-policies-prevent-cross-border-covid-19-vaccinations.html>

Social Media Metrics - May 2021

MyWRH:

Users: 2,800 users this month, -17.9% from last month

New Users: 906, down 44%

Average view time: 4 m 32 s up 19%

How do people access the site?

Desktop: 81% /Mobile: 10%/Tablet: 7%

Top pages:

- 1) Home Page – 16,000 views
- 2) Career Opportunities –6,100 views
- 3) Current Postings –6,000 views
- 4) Employee Corner – 3,600 views
- 5) Departments and Services – 3,400
- 6) News and Announcements – 2,800
- 7) Physician On Call Schedule – 2, 300

WEB:

Users: 50,000 users this month, --10.2% from last month

New Users: 73.1%

Average view time: 1 m 41 s

How do people access the site?

Mobile: 49.9%,

Desktop: 47.3%,

Tablet: 2.8 %,

Top pages:

- 1) Home Page – 28,874 views
- 2) COVID Assessment Centre –10,282 views
- 3) Emergency Wait times –6,431 views
- 5) Careers – 6,276 views
- 6) Covid-19 Vaccination Centres – 4,986 views
- 7) Coronavirus – 3,594 views
- 8) Contact us – 3,374 views
- 7) Pharmacy Department – 2, 806 views
- 8) Pharmacy Login – 2,755 views

YOUTUBE:

Views: 5,484 views

Watch Time: 288 hours/Subscribers: 605, +15

Top videos internal:

- 1) Nurses Week Trivia – Lorraine Goddard –365 views
- 2) Nurses Week Trivia – Drew Dilkens – 358 views
- 3) Nursing Week Staff Shout out – 346 views
- 4) Demonstrating Compassion – 318
- 5) Guidelines for basic neurological observation –280

Top videos external:

Report from President and CEO – 336 views

- 1) Coping with COVID – long haulers – 152 views
- 2) Open Board Meeting – 127
- 3) Negative air pressure rooms at WRH – 106
- 4) Nursing Week Thanks - 105

FACEBOOK: 9,851 followers +176

83,542 monthly reach – -23%

37,423 people “engaged” on our site - commented or liked our posts this month, -14%

21,242 videos viewed, +1%

Top Posts:

- 1) Mental Health Week – 11,036 reached, 780 reactions
- 2) VIDEO: Doctor’s Day thanks –8,945 reached, 519 reactions
- 3) Nurses Week profile – Dave Wagner– 6,187 reach, 353 reactions
- 4) PSW Day – 5,428 reached, 288 reactions
- 5) Canada Geese call NICU home – 5,124 reached, 265 reaction

INSTAGRAM – Followers: 3,470, +42

Reach: 4,443 – up 41.9%

Top Posts:

- 1) Thank you Curb Side Cards – reach 1,890, likes, 235
- 2) Jeanne Mance Award Winners – reach 1,842, likes, 220
- 3) Happy Nurses Week – reach 1,815, likes 214
- 4) Nurses Week Profile – Dave Wagner – reach 1,619, likes 120
- 5) Organ donor message from Cindy Levesque - reach 1,493, likes 73

TWITTER:

Followers: 4,605, +57 this month

Impressions: 269,000 +69.2%

Tweets: 65, -31.6%

Trending topics:

- 1) Vaccinations available for 30+ –10,863 impressions, 285 engagements
- 2) Vaccinations available for 40+ – 10,790 impressions, 272 engagements
- 3) Vaccinations available for 18+ – 9,639 impressions, 97 engagements
- 4) Vaccinations available for 50+ - 7,848 impressions, 230 engagements
- 5) PSW Day –7,352 impressions, 54 engagements