

The Corporation of the Town of Ajax

COUNCIL

Monday September 14, 2015 at 7:00 p.m.
Council Chambers, Town Hall
65 Harwood Avenue South



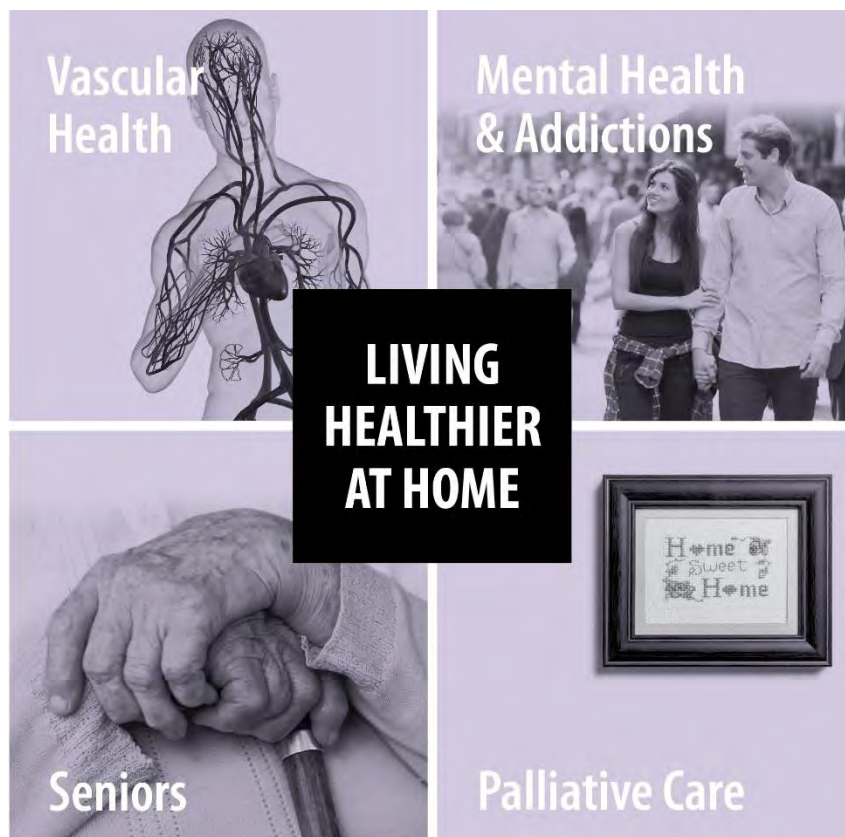
PRESENTATIONS

Alternative formats available upon request by contacting:
accessibility@ajax.ca or 905-619-2529 ext. 3347

Anything in **blue** denotes an attachment/link. By clicking the links on the agenda page, you can jump directly to that section of the agenda. To manoeuvre back to the agenda page use the **Ctrl + Home** keys simultaneously.

4. Delegation and Presentations / Public Hearings

- 4.1 **Central East Local Health Integration Network (LHIN) Update**
~ Deborah Hammons, Chief Executive Officer
- 4.2 **Support for Continued Auto Production of General Motors in Durham Region**
~ Ron Svajlenko, President, Unifor Local 222
- 4.3 **Culture Days**
~ Robert Prochilo, Community Development Coordinator
~ Robert Gruber, Manager Community & Cultural Development



Living Healthier at Home
**Integrated Health
Service Plan 2016/19**
**Advancing Integrated
Systems of Care**

A presentation to the
Town of Ajax
September 14, 2015

Sessions Objectives

What we would like to share with you today

What is the role of the LHIN and what **value does it continue to bring to the overall health care system?**

What has the LHIN been doing to **improve the delivery of health care** in your community over the past three years?

What are the **priorities and areas of focus** for the next three years?

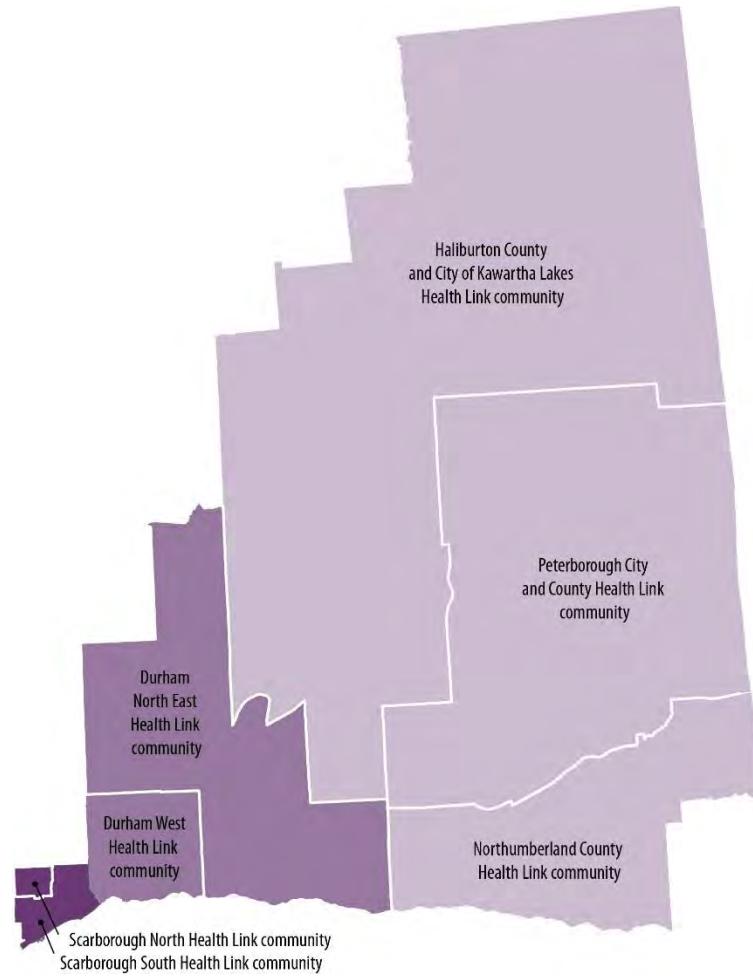
How will the **LHIN and its partners** be supporting your residents to *live healthier in their homes and community*?

Section 1

What is the role of the LHIN and what value does it continue to bring to the overall health care system?

Role of the Central East LHIN

Devolving health care decision-making to the local level



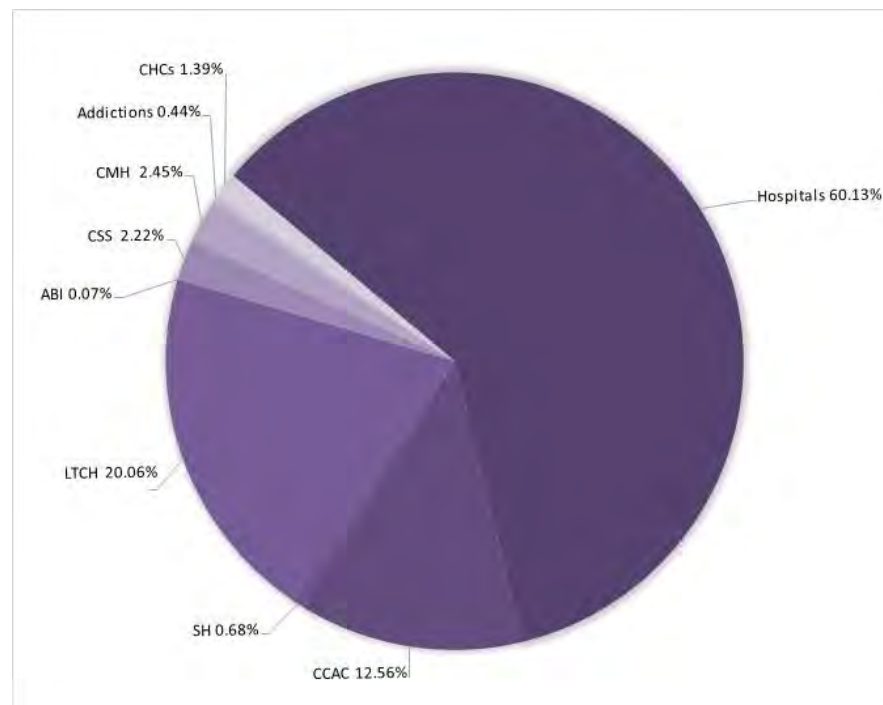
- The Central East LHIN works with its stakeholders - patients and caregivers, health care providers and other local organizations, community leaders, local residents and the Ministry of Health and Long-Term Care - to **create an *integrated sustainable health care system that ensures better health, better care and better value for money.***
- With dramatic changes underway in health care finance, clinical practice, demographic shifts, and technology, **the LHIN provides *strategic oversight and system leadership*** to a diverse health care system that encompasses Scarborough, the Region of Durham, Northumberland County, Peterborough City and County, the City of Kawartha Lakes and Haliburton County.

Central East LHIN Funded Health Service Providers

Which organizations are accountable to the LHINs?

LHINs have responsibility for approximately half of the Ontario health care budget. In the Central East LHIN this means providing over \$2 billion on an annual basis to:

- 10 hospitals operating on 16 sites
- 68 Long-Term Care Homes
- 1 Community Care Access Centre
- 36 Community Support Services
- 3 Acquired Brain Injury Services
- 16 Assisted Living Services in Supportive Housing
- 7 Community Health Centres
- 17 Community Mental Health Programs
- 4 Addictions Providers



Over the past three years, funding to the community sector has increased by over 17% as hospitals focus on delivering acute care services.

Health Services in Durham Region

Rouge Valley Health System

Lakeridge Health

Ontario Shores

Community Care Durham

Durham Mental Health Services

Central East CCAC

Barbara Black Centre for Youth

Oshawa Community Health Centre

Brock Community Health Centre

CMHA Durham

Alzheimer Society of Durham

Brain Injury Association of Durham

CNIB Durham

Oshawa Senior Citizen's Centre

VON

VON Durham Hospice

Personal Attendant Care

Long Term Care Homes:

- The Wynfield
- Extendicare Oshawa
- Hillsdale Estates
- Hillsdale Terraces
- Thornton View
- Winbourne Park
- Ballycliffe Lodge
- Fosterbrooke
- Marnwood
- Strathaven
- Bon Air
- Lakeview Manor
- Community Nursing Home Pickering
- Community Nursing Home Port Perry
- Bay Ridges
- Fairview Lodge
- Village of Taunton Mills
- Sunnycrest
- Reachview Village

Why is the LHINs' Role so Crucial?

Building a health system around people, not providers

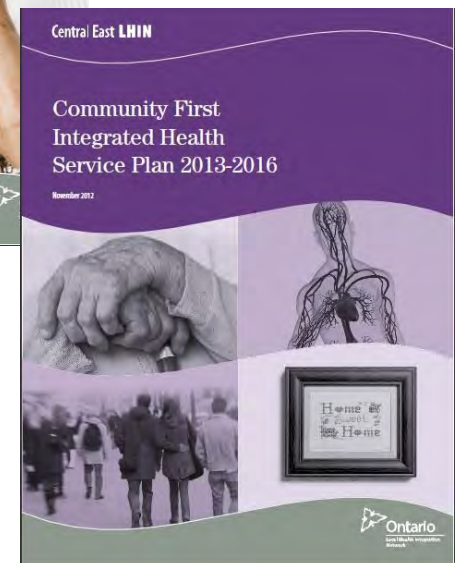
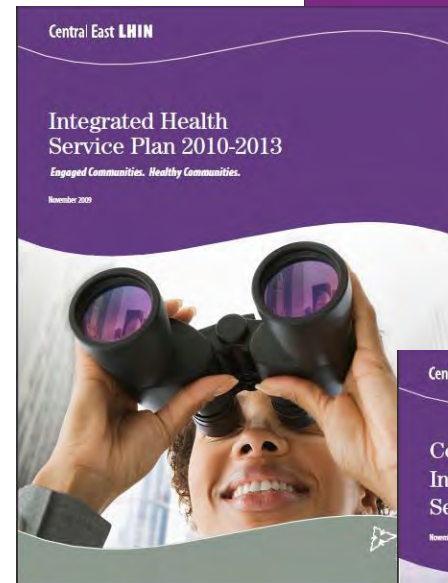
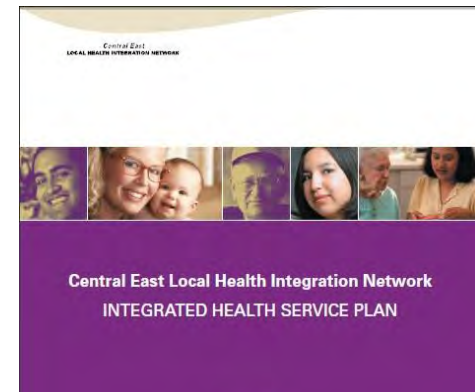
- Ontario's fourteen LHINs **plan, fund, integrate** and **monitor** local health care systems and also align their strategic directions with provincial priorities.
- LHINs provide a structure to help **break down traditional silos** and **connect health service providers**.
- LHINs are the one organization responsible for the **transition points in health care** – our greatest opportunity for **improvements in patient satisfaction, quality and safety**.
- LHINs ensure that health service providers not only do what is right for their own organization, but also **what is right for the system**.
- LHINs help create a **more efficient health care system** that is **easier for patients to navigate**.

Section 2

What has the LHIN been doing to improve the delivery of health care in your community over the past three years?

Integrated Health Service Plan (IHSP)

- The strategic planning document which identifies system-level goals for Central East LHIN.
- A provincial 'road map' for pursuit of better health, better care and better value for money for residents.
- Aligned with provincial and pan-LHIN priorities.
- Guides identification of priorities and funding decisions for a 3 year time period.
- Provides direction for all LHIN Accountable Health Service Providers.



2013-2016 Integrated Health Service Plan

Strategic Directions and AIMS



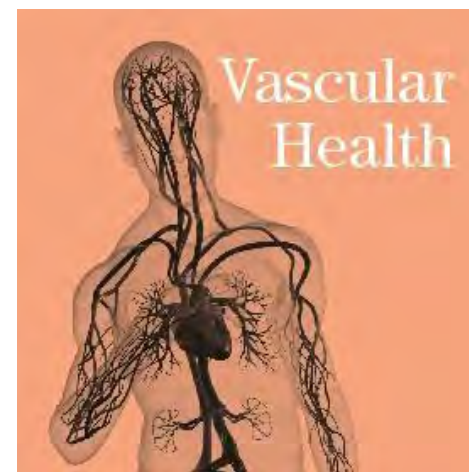
With an overall theme of “Community First – Help Central East LHIN residents spend more time in their homes and their communities”, four aims have been guiding the system over the past three years:

- Continue to improve the **vascular health** of residents so they spend 25,000 more days at home in their communities by 2016. - **SURPASSED**
- Strengthen the system of supports for people with **Mental Health and Addictions** issues so they spend 15,000 more days at home in their communities by 2016. - **SURPASSED**
- Increase the number of **palliative patients** who die at home by choice and spend 12,000 more days in their communities by 2016. - **SURPASSED**
- Reduce the demand for **long-term care** so that seniors spend 320,000 more days at home in their communities by 2016. – **WILL NOT ACHIEVE***

**Despite a number of investments to support seniors there are significant offsetting influences impacting the LTC waitlist used to measure this AIM.*

Investing in our Strategic Aims – 2014/15

Expand access to Cardiac Rehabilitation and Secondary Prevention to continue to improve the vascular health of residents so they spend fewer days in the hospital



- ***Rouge Valley Health System***
 - Regional Cardiovascular Rehabilitation and Secondary Prevention (CRSP) - \$1,480,000

CRSP is a regional approach to providing comprehensive care with a centralized, integrated referral process for Cardiovascular secondary prevention services in the Central East LHIN for patients at high risk including those with diabetes, chronic renal disease, stroke, cardiac disease, congestive heart failure and peripheral vascular disease.

Community Sites in Durham include: Ajax Community Centre, Pickering Soccer Club, Whitby Abilities Centre, Oshawa Civic Complex, Oshawa Legends Centre and the Bowmanville Indoor Soccer Complex.

At the end of 2015, CRSP was serving over 2,250 patients across the Scarborough-Durham and North East clusters of the LHIN. Through operational efficiencies, the cost per case has reduced from \$1180 to \$900 per patient.

Investing in our Strategic Aims - 2014/15

Advance a comprehensive mental health strategy, building on success and including innovations to increase supports within housing

- **Oshawa Community Health Centre/The Youth Centre**
 - Child and Youth Mental Health Strategy - \$400,000
- **Durham Mental Health Services/Pinewood Centre/Rouge Valley Health System/Community Care Durham/Ajax Municipal Housing/Region of Durham**
 - Housing, Housing Co-ordination and Housing Now: Scott Hub - \$826,500
- **Durham Mental Health Services/Ontario Shores**
 - Housing, Housing Co-ordination and Housing Now: Ajax High Support - \$483,500
- **Durham Mental Health Services**
 - Community Crisis Services - \$600,000
- **Durham Mental Health Services/Rouge Valley Health System/Community Care Durham/Region of Durham**
 - Peer Support Hub Implementation – New Leaf Peer Support - \$240,000

The New Leaf Peer Support program, located in north Ajax, is a social recreational program designed to provide opportunities for individuals who are socially isolated and/or living with mental illness in West Durham. The recent investment allowed the program to extend its hours to a five day per week schedule resulting in an additional 122 people per year in West Durham receiving Peer Support Services.



Investing in our Strategic Aims – 2014/15

Develop Palliative Care Community Teams to support palliative patients to spend more days in their home and community

- ***Central East Community Care Access Centre***
 - Ongoing provision of community-based palliative care to over 750 patients a day - \$2.7 million
- ***Central East Regional Palliative Care Plan: Five Priority Recommendations***
 - Establish Dedicated Interdisciplinary Palliative Care Community Teams – Durham – Pending
 - Enhance Hospice Palliative Care Education & Training – Ongoing
 - Create Integrated Hospice Palliative Care Hospital Programs - Pending
 - Create Integrated Hospice Palliative Care Programs in LTCHs - Pending
 - Promote Community Hospices as Central Hubs - Pending



Investing in our Strategic Aims – 2014/15

Strengthen comprehensive Primary Health Care models for at-risk seniors through new Geriatric Assessment and Intervention Network (GAIN) Community Teams, expansion of Adult Day Programs and Assisted Living Services to helping individuals and their caregivers lead active lives and spend more time in their homes and communities

- **Central East Community Care Access Centre**
 - 5 Day Wait Time Target for Personal Support and Nursing Services - \$8,735,100
- **Oshawa Community Health Centre**
 - GAIN Community Team - \$620,000
- **Lakeridge Health**
 - GAIN Enhancement – Behavioural Supports Ontario (BSO) - \$170,000
- **Oshawa Senior Citizen Centre**
 - Adult Day Programs - \$151,100
- **Les Centres d'Accueil Heritage**
 - Adult Day Programs - \$60,697
- **Community Care Durham**
 - Assisted Living Services for High Risk Seniors - \$691,542



Building on previous investments in 2011/12 and 2012/13, CCD supported another 55 people a year to maintain their independence and remain in their homes for as long as possible at a new location in Clarington. This is in addition to over 200 people already receiving ALS-HRS in Oshawa and North Durham.

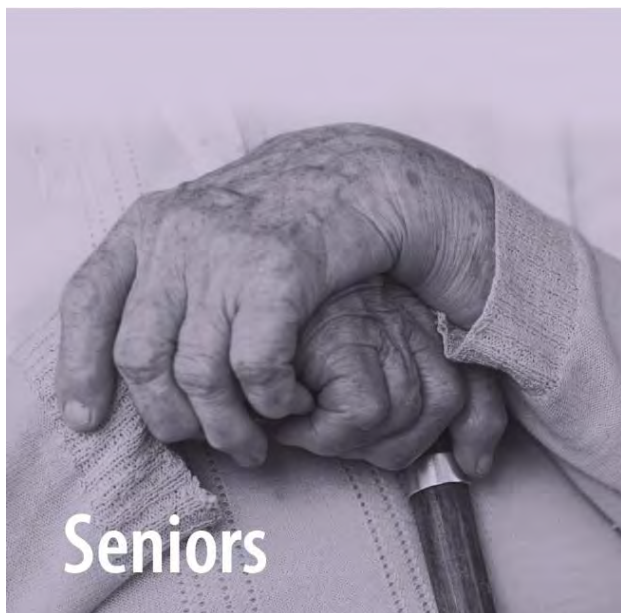
Section 3

What are the priorities and areas of focus for the next three years?

2016-2019 Central East LHIN Integrated Health Service Plan



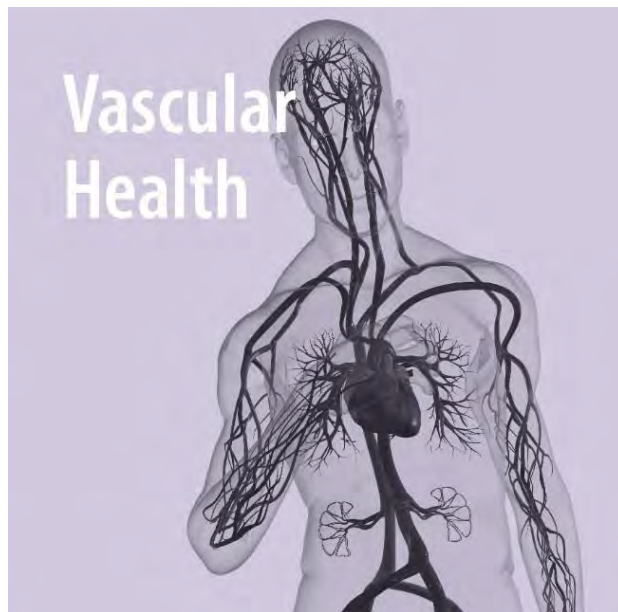
Living Healthier at Home – Advance integrated systems of care to help Central East LHIN residents live healthier at home.



Continue to support frail older adults to live healthier at home and reduce the need for hospital care.

- Improving health care for seniors (also referred to as older adults) and their caregivers is a top priority of the Central East LHIN, made all the more so, by an increasing senior population and the fact that the health care needs for older adults are often complex and require high resource utilization.

- The Central East LHIN population for **residents over the age of 65 increased by 17%** from 2010 to 2015.
- The Central East LHIN population for **residents over the age of 75 increased by 12%** from 2010 to 2015
- Central East LHIN has the **3rd highest demand for long term care.**
- Central East LHIN demand (118/1000 pop. 75+) is **higher than the provincial average** (102.4/1000 pop. 75+)



Continue to improve the vascular health of people to live healthier at home and reduce the need for hospital admission.

- Vascular diseases are major causes of illness, disability, hospitalization and death in the Central East LHIN and across Canada. Despite reductions in the number of people who die each year from vascular diseases, it remains the leading cause of preventable death in adult Canadian men and women (Public Health Agency of Canada). Nine out of every ten Canadians over age 20 have at least one risk factor for vascular disease and one in three have more than one risk factor (Public Health Agency of Canada: 2009).
- 51.4% of Central East LHIN residents are **overweight or obese**
- In 2014, **48% of Central East LHIN residents reported being physically inactive**
- 65% of LHIN residents **do not consume enough fruits and vegetables**
- The prevalence rate for Central East LHIN residents who have **at least one chronic condition is 40.1%**
- This value is above the provincial average of 37.3% and **has been increasing since 2009-2010**

Mental Health & Addictions



Continue to support people to achieve an optimal level of mental health to live healthier at home and reduce the need for hospital care.

- Ensuring that those with mental health and addictions issues are provided with proper supports will positively impact individuals and families as well as the health system at large. When those supports are integrated in the wider health care system, not only do people recover more quickly, but their recovery is more sustainable.

- Central East LHIN has the **2nd highest number of active mental health cases**
- Support within housing for community mental health services had the **longest median wait times** compared to other wait times for services in the Central East LHIN
- **Active mental health cases increased 6.8%** since fiscal year 2010, slightly higher than the provincial increase of 4.9%



Palliative Care

Continue to support palliative patients to die at home by choice and reduce the need for hospital end-of-life care.

- Living the highest quality of quality life until time of death remains the focus of the Central East LHIN's Palliative Care Aim. All Central East LHIN residents have the right to die with dignity, to have access to physical, psychological, bereavement, and spiritual care, and to be granted the respect and freedom of choice, consistent with other phases of life. Achieving the aim of ensuring timely access to quality palliative is not only an ethical imperative but a vital component of our health care system.
- The Central East LHIN ranks 12th amongst the 14 LHINs **for patients discharged home with support for palliative care** – (3rd from the bottom)

Patients First: Action Plan for Health Care – Key Objectives

Access: Improve access -providing faster access to the right care;

Connect: Connect services -delivering better coordinated and integrated care in the community, closer to home;

Inform: Support people and patients - providing the education, information and transparency they need to make the right decisions about their health; and

Protect: Protect our universal public health care system -making decisions based on value and quality, to sustain the system for generations to come.



LHINs and Patients First: Ontario's Action Plan for Health Care

Ontario's LHINs recognize the value of focusing their collective efforts on common challenges. For this reason, and to better align high-level objectives of Patients First with the work of local health service providers and community partners, LHINs have developed the following provincial strategic initiatives:

- Transform the patient experience through a relentless focus on quality
- Tackle health inequities by focusing on population health
- Drive innovation and sustainable service delivery.

And, working together, LHINs have agreed to build and foster integrated networks of care in and across each LHIN in the following priority areas:

- Mental Health and Addiction Services
- Health Links
- Home and Community Care
- Long-Term Care Redevelopment
- End-of-Life / Palliative Care

Section 4

How will the LHIN and its partners be supporting your residents to live healthier in their homes and community?

Engaging with our Stakeholders

The Central East LHIN has a mandate to engage its community – health service providers, other health and social service partners, patients/caregivers, local residents as it does its work – including developing each Integrated Health Service Plan.

We have actively engaged with our Seniors Care Network, our Vascular Health Coalition, our Mental Health and Addictions Co-ordinating Council and our Hospice and Palliative Care Network on the development, planning, implementation and monitoring of each of our aims.

To support IHSP 4 we have once again engaged with local residents through the use of an on-line survey that is also available in hard copy.

Since the survey was launched in early August, over 200 patients/caregivers and front line health service providers have taken the time to provide their feedback.

Patients are sharing their experiences that are helping our planning teams identify priorities areas and actions for the next three years.

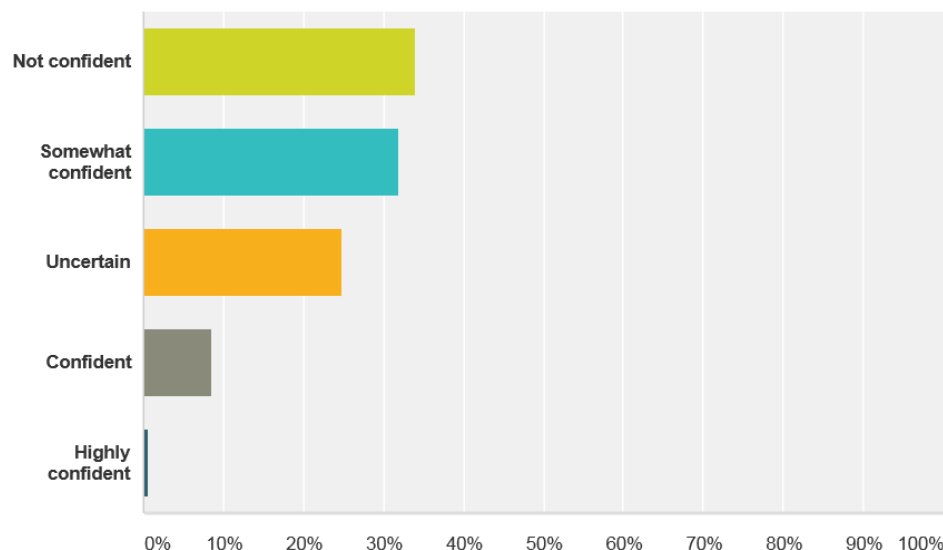
Highlights from Engagement to date

- Patients and Caregivers are looking for information on nutrition, more timely access to high quality care, support for family members, support with navigating the system.
- Front line Service providers state that they are working with patients and caregivers to achieve better health, better care, better value and that their ability to respond as a co-ordinated system in the last three years has increased.

But the ongoing challenge remains...

How confident are you that your patients and their family/caregivers can access the health care services they need at the right place, at the right time, and receive the right care?

Answered: 153 Skipped: 6



As the system managers, the LHIN's role is to facilitate the development, understanding and implementation of an IHSP that captures the interconnection between vision statements, strategic directions, desired outcomes and a range of elements advancing system development so as to enable the achievement of the strategic aims resulting in a strong and sustainable integrated system of care.

An Invitation...

- **IHSP 4**
 - Living Healthier at Home – Advance integrated systems of care to help Central East LHIN residents live healthier at home.
- **Survey Link**
 - Patients, clients, consumers, residents and caregivers
 - www.centraleastlin.on.ca
 - Click on IHSP4 button



For more information

**Please visit the Central East Local Health
Integration Network website
www.centraleastlhinc.on.ca**

**Follow us on Twitter @CentralEastLHIN
Visit our Facebook Page**

**Contact us directly by phone 905-427-5497 ext. 212
or email karen.obrien@lhins.on.ca**

Maintaining and growing the Auto Industry in Durham Region, Ontario and Canada

An Update on Canada's Auto Performance

June 2015





Overview

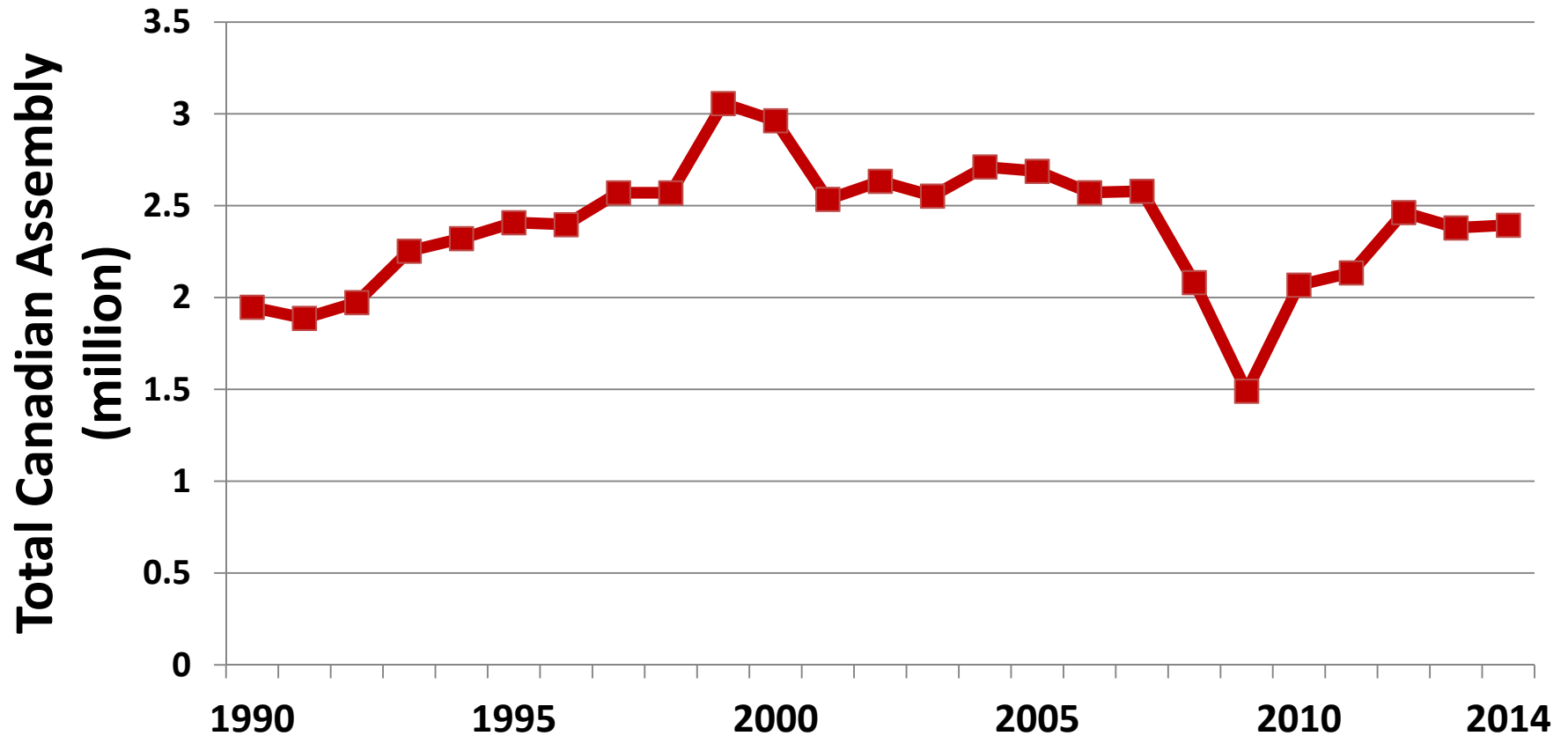
1. Review of recent Auto Industry trends.
2. Key challenges facing Canada's Industry.
3. Why Oshawa is a great place to build vehicles.



Gradual Recovery... Now What?

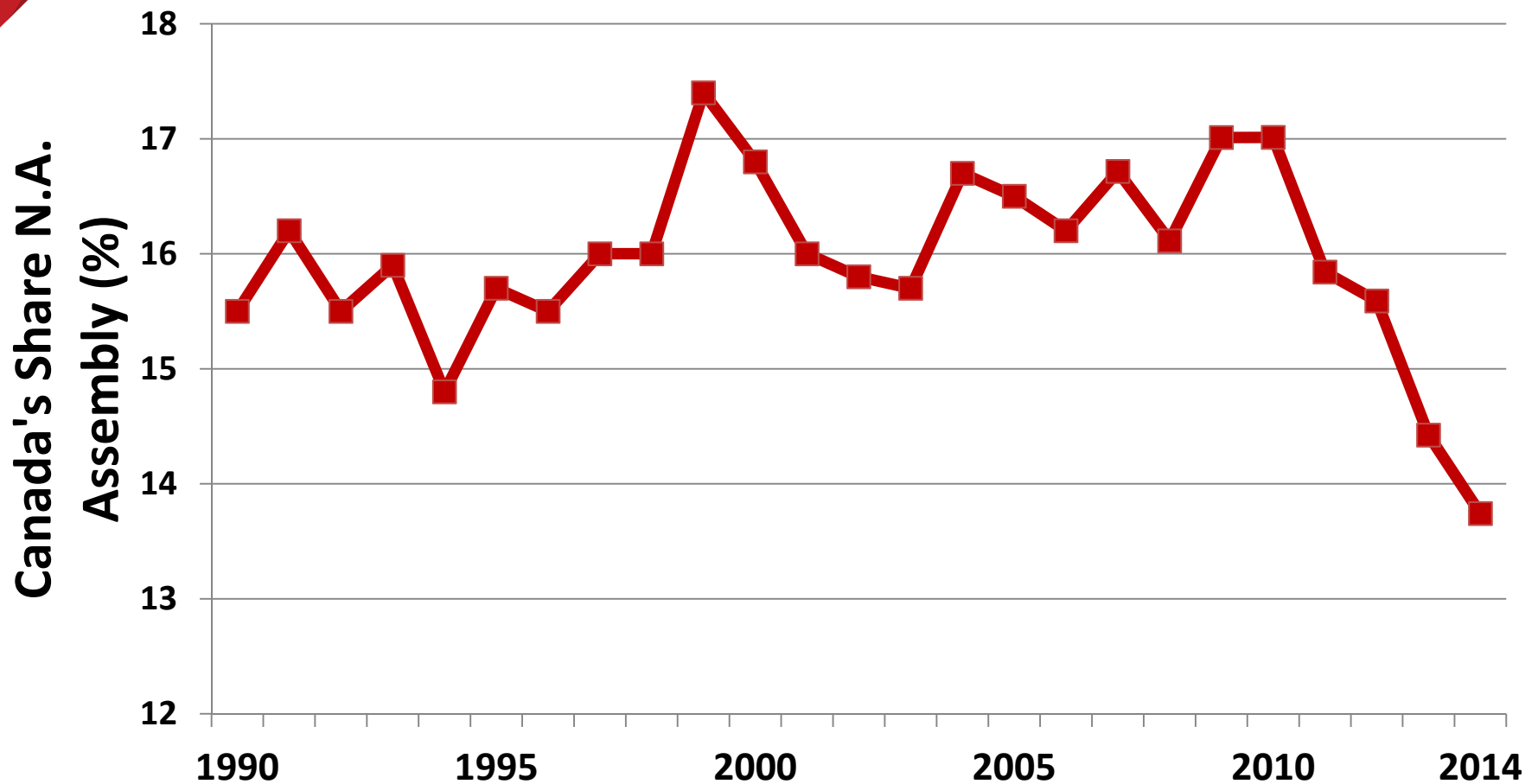
- Assembly output has bounced back from the 2009 low point and stabilized.
- Strong U.S. demand has helped.
- But Canadian production is not sharing in the overall North American market *gains* experienced since 2011.
- Therefore, Canada's *share* of total North American production is falling sharply: to under 14%, the lowest level since the late 1980s.
- Canadian sales have been strong.

Canadian Assembly



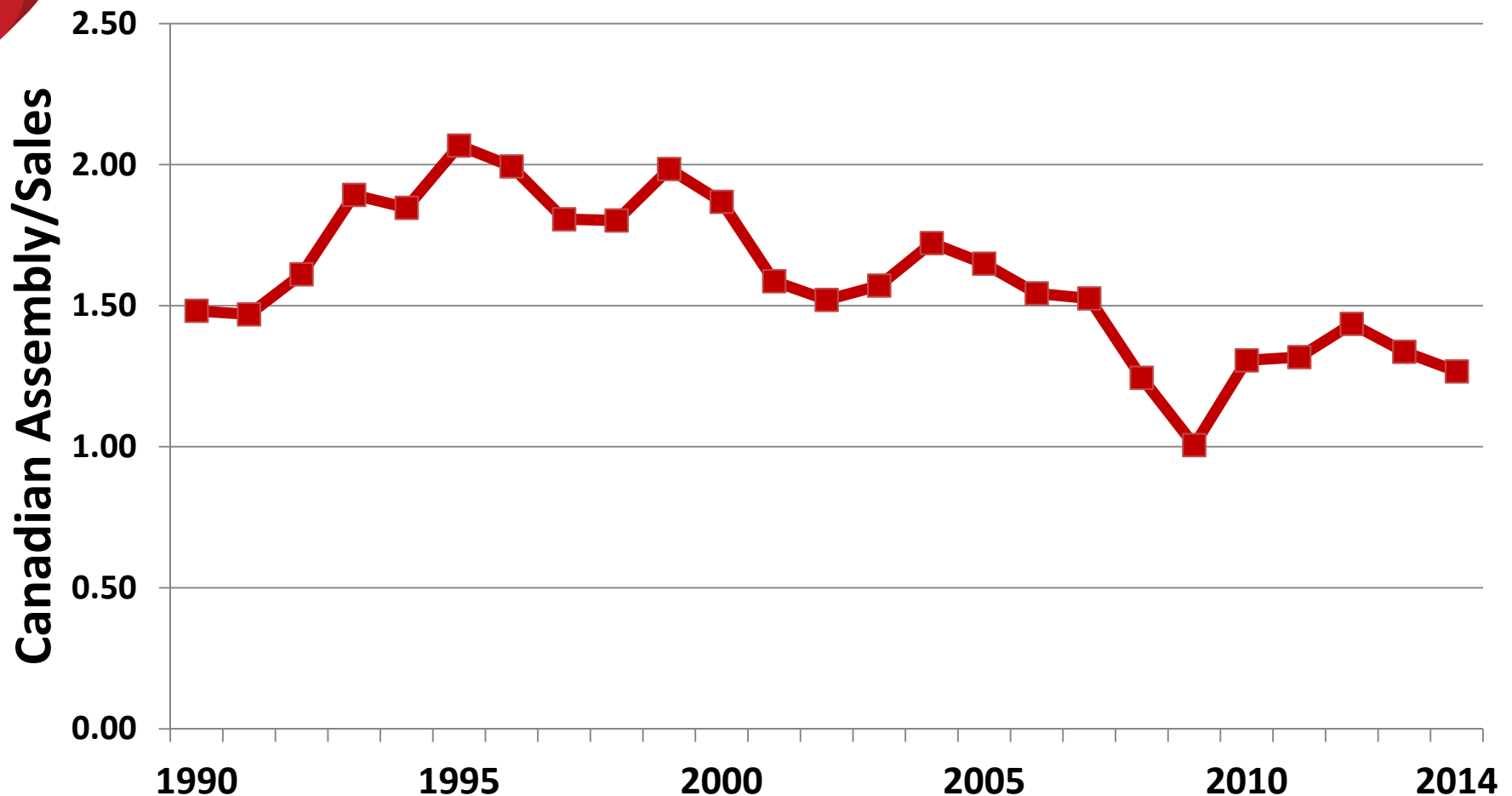
Since the crisis, assembly has stabilized at just under 2.5 million units.

Canada's Share of NA Assembly



Since 2010 our share has fallen from 17% (record high) to 13.7% (lowest since 80s). This mostly reflects strong growth in Mexico's output.

Production-to-Sales Ratio



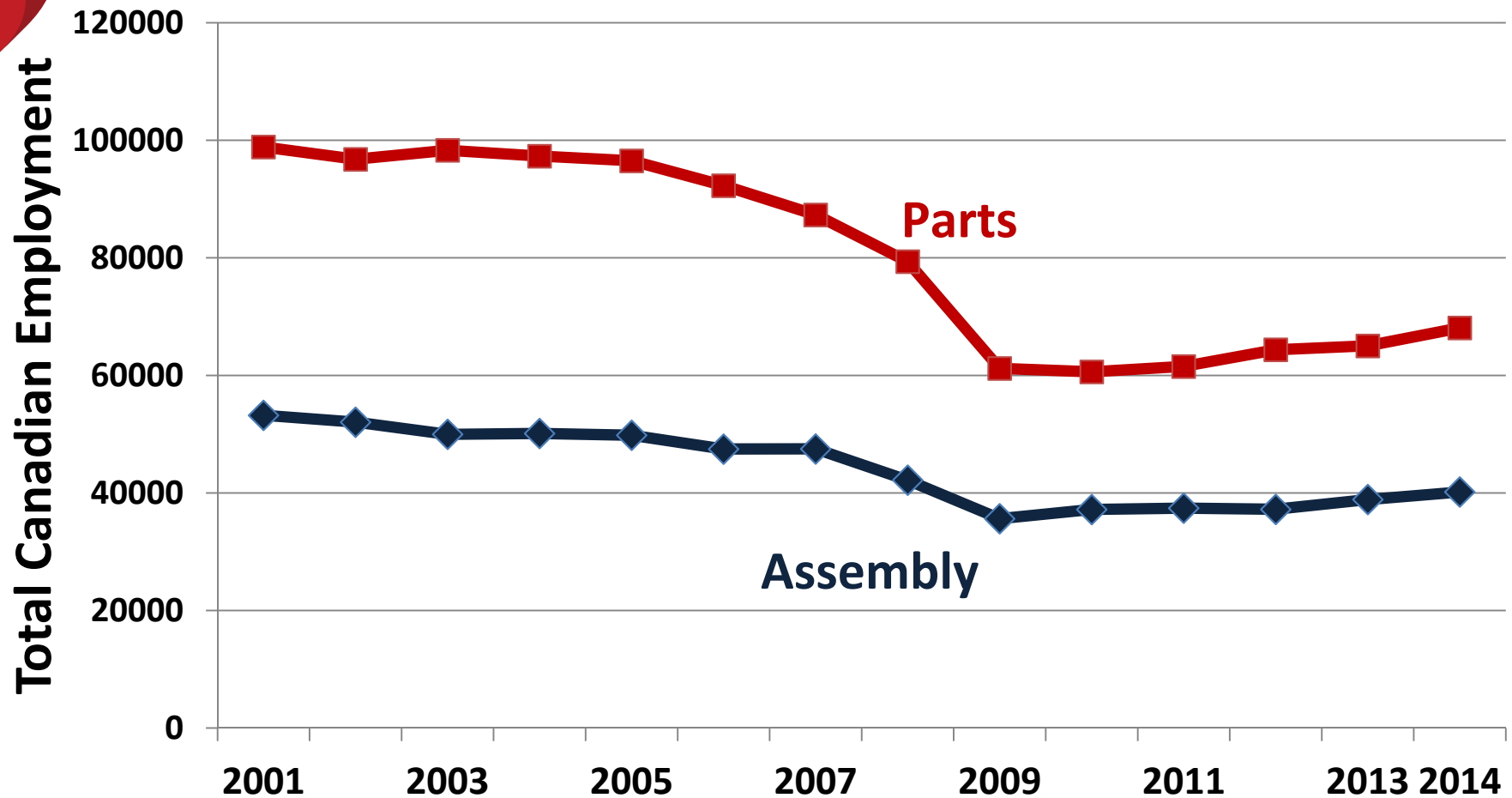
Our sales are growing, but our production is not. So the ratio of production to sales (which reached over 2 in the peak years) is now falling toward 1.



Jobs: Some Modest Recovery

- From 2001 to 2009 assembly lost 18,000 jobs (one third) and parts lost 40,000 jobs (40%).
- Since 2009, a total of 12,000 jobs have come back (about half in assembly and half in parts).
- We have won back about one-fifth of the jobs we lost earlier.
- Employment is picking up in parts (3,000 new jobs last year, more to come this year). The lower dollar helps parts suppliers dramatically.

Auto Manufacturing Employment



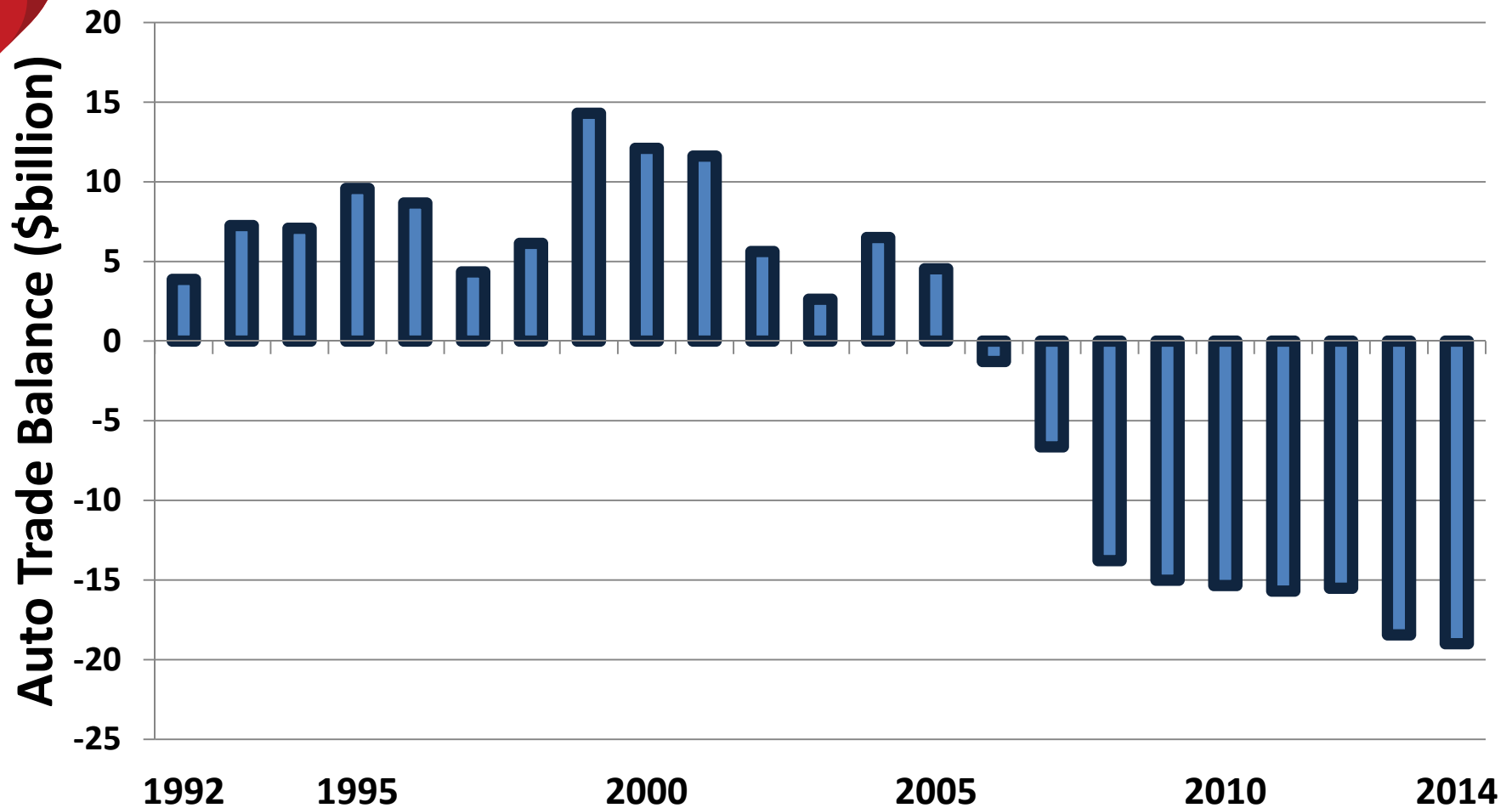
Since 2009 the industry has added 12,000 jobs: one-fifth of those lost in the previous 8 years.



Auto Trade Balances by Region

CNTRY	U.S.	Mex	Japan	EU	Korea	China	Other	Total
Bal. (2014)	\$7.5	-\$10.3	-\$4.5	-\$6.0	-\$2.9	-\$1.8	-\$1.0	-\$19.0
Ratio: Import/ Export	0.9	14	139	23	170	7	2.5	1.3

Auto Trade Balance



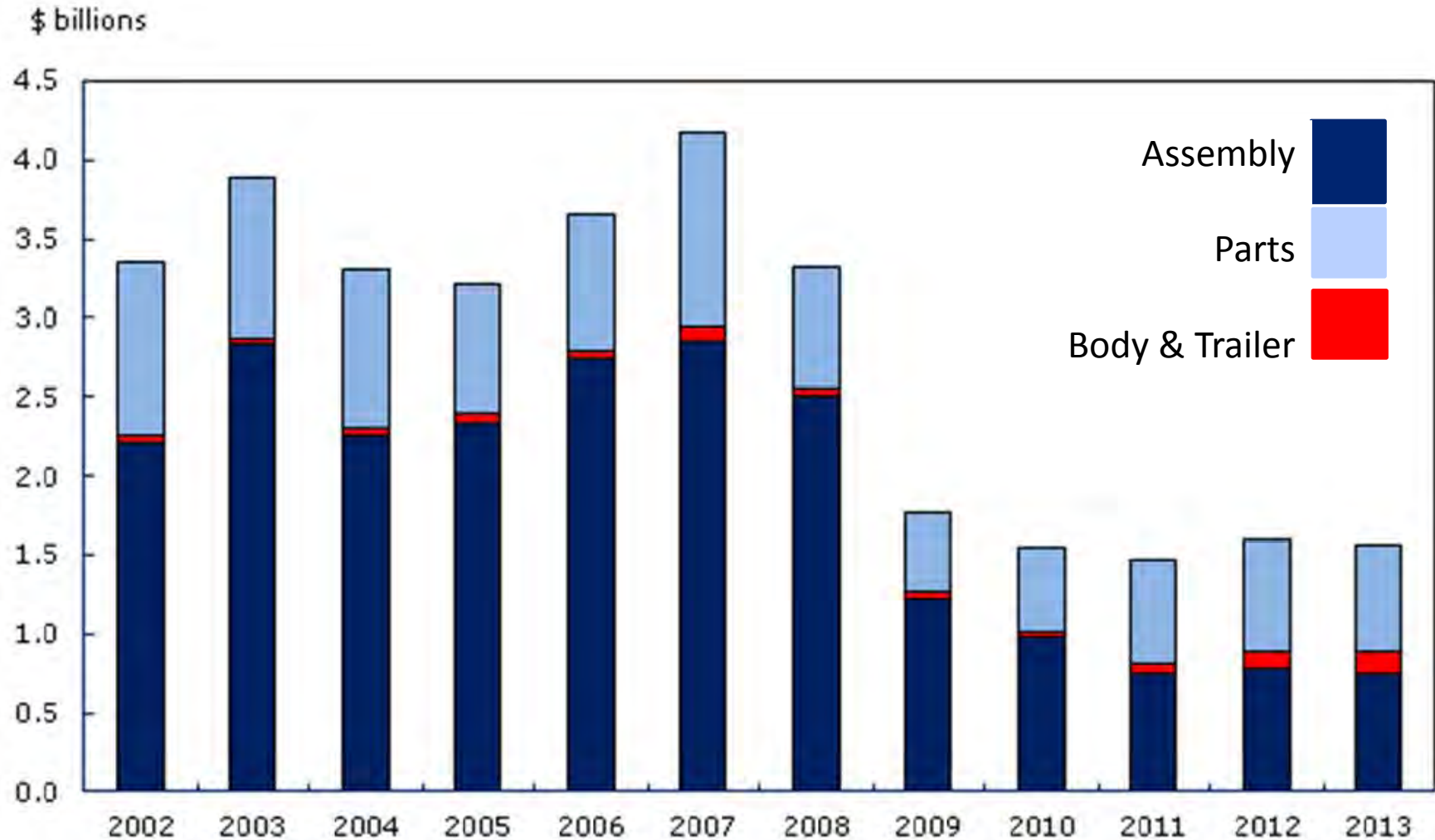
Our auto trade deficit with Mexico surpassed \$10 billion last year – more than double 2009 figures. Our overall auto trade deficit was almost \$19 billion (1999=+\$15b).



Auto's Future Challenges

- Canada's production is flat.
- Canada's sales are strong.
- We must increase new capital spending in Canada's plants. Right now we aren't winning enough even to maintain our reduced share of total output – let alone rebuild it.
- We must improve Canada's effectiveness in investment marketing and attraction. Lack of federal, provincial and municipal coordination is hurting us.
- We must address our growing trade imbalances – starting with the exploding gap with Mexico.

Auto Capital Spending in Canada





The Mexican Juggernaut

- All 7 of 8 new assembly plants announced in North America since 2009 all went to Mexico:
 - Toyota, Audi, Mercedes, BMW, Kia, Nissan, GM
- Ross Perot predicted a “giant sucking sound” with NAFTA: it took 20 years, but it is happening.
- Continued repression of Mexican wages (no higher today in real terms) this is not “free trade.”
- China wages are higher in US dollars than Mexico!



Hard Numbers on the Importance of the Auto Industry

- Unifor commissioned independent research by the Centre for Spatial Economics to calculate the spin-off economic and fiscal benefits from a major auto facility.
- Case study: GM Oshawa. Worst-case: complete closure.
- Two scenarios: low (20% of GM's parts made in Canada) and high (30% of GM's parts made in Canada).
- Dramatic findings:
 - Over 33,000 jobs lost by 2nd year (8-to-1 ratio).
 - Over \$5 billion/yr in lost GDP.
 - Up to \$332/yr cut in average wages for all Ontarians.
 - Over \$1 b/yr in lost revenue to fed & prov gov'ts.



What Is Needed to Keep Jobs

1. Better integrate the Federal, Provincial and Municipal investment attraction efforts.
2. Ensure that Canada's incentive programs are competitive with competing jurisdictions, and efficiently designed.
3. Increase fiscal support for auto R&D, tied to Canadian production.
4. Stress importance of maintaining \$C at a normal level in the future; limits on currency manipulation; 30 Year Average= 0.80 US
5. Ensure EDC is focused first and foremost on attracting investment to plants in Canada; **no more loans like \$500 million to Volkswagen for NO Production**
6. Engage all stakeholders through CAPC or other forums to finally define and implement a National Auto Strategy.



Oshawa GM IS Cost Competitive

The hourly cost of production in Oshawa is competitive with the UAW plants in the U.S., yet our Oshawa MP is erroneously blaming unionized workers' wages at the GM Oshawa plants for the loss of jobs.

Here are the facts.

Our existing members' rate is \$34.48 Cdn/hr. The Canadian dollar at \$0.85 US makes that \$29.30 US/hr.

The Canadian health care cost advantage is \$5 per/hr, bringing the cost down to \$24.30 US/hr.

There is a 5% to 10% productivity advantage at GM Oshawa which puts our **existing wages in the \$22 US/hr range**. The UAW existing wage is over \$28 US/hr.

New members start at \$20.49 Cdn/hr. The Canadian dollar at \$0.85 US makes that \$17.41 US/hr.

The Canadian Health Care Cost advantage is \$5 per/hr, bringing the cost to \$12.41 US/hr.

The 5% to 10% productivity advantage at GM Oshawa puts our **new member wages below \$11 US/hr**. The UAW new worker wage is \$14 US/hr.



Oshawa IS Cost Competitive

All-in cost of Unifor Local 222 members (including wages and benefits) are about \$10 US/hr lower for existing members and about \$15 US/hr lower for new members than in the American plants, at current exchange rates. The UAW is entering bargaining which is strongly expected to increase the hourly cost in the U.S. Meanwhile, the demographic of the workers in Oshawa allows for 2/3 of our workforce to be retirement eligible by the end of 2015, thereby lowering our production costs even further.

During the 2008 auto bailout package from the Canadian Government, our Union agreed to reduce our overall cost by thousands of dollars by changing job rules, reducing time off, reducing benefits, etc. It is a distortion to compare Canadian wages to those in China and Mexico. All-in cost (including wages and benefits) in Mexico are under \$6 US/hr and the average industrial wage in China is \$4 US/hr. **Can anyone reading this live on that?!**



Oshawa IS Cost Competitive

The Federal government was the largest single shareholder of GM stock and awarded a member on the GM Board of Directors, yet they made no effort to use the GM shares, bought with your tax dollars, to allocate product in Oshawa. Why?

The Oshawa MP's boss, Stephen Harper, ordered the sale of the GM stock at a loss of over 3 billion taxpayer dollars to balance his budget, while he handed over \$2 billion a year to the richest 15% of Canadians. Why?

We are losing 1,000 good jobs at GM Oshawa, which will result in 5,000 to 7,000 jobs gone from our community. This is a time for Unions and governments to cooperate. We are a transparent Union and are happy to inform the public and politicians of the facts. Unifor Local 222 has made responsible decisions to protect jobs and we will continue to pursue new products and job opportunities for our community and our country.

We have made the difficult changes to be competitive and we are not the problem!



What Is Needed to Keep Jobs

1. Better integrate the Federal, Provincial and Municipal investment attraction efforts.
2. Ensure that Canada's incentive programs are competitive with competing jurisdictions, and efficiently designed.
3. Increase fiscal support for auto R&D, tied to Canadian production.
4. Stress importance of maintaining \$C at a normal level in the future; limits on currency manipulation; 30 Year Average= 0.80 US
5. Ensure EDC is focused first and foremost on attracting investment to plants in Canada; **no more loans like \$500 million to Volkswagen for NO Production**
6. Engage all stakeholders through CAPC or other forums to finally define and implement a National Auto Strategy.

Together We Can Keep Good Jobs in Our Community



UNIFOR

June 2015

culture days



CREATE, PARTICIPATE & SHARE
September 25, 26, 27, 2015

A Weekend of Free Events!



Celebrating 60 Years

CULTURE DAYS BACKGROUND



Title Sponsor

ONTARIO POWER
GENERATION

- Founded in 2009
- Provides Canadians with opportunities to participate in, and appreciate, all forms of arts and culture.
- Takes place annually – last weekend of September
- Free activities
- Town's Culture Days contributions have included Doors Open Ajax (bi-annually), concerts, displays and St. Francis Centre Season Launch events



2015 PROGRAMMING

Paints & Pints

- Friday, September 25 at 7 p.m.
- Opportunity to create a piece of art in a relaxed, casual setting
- No experience required
- Free to attend, all materials provided, cash bar and concessions available for sale



2015 PROGRAMMING



Ajax Spirit Walk

- Saturday, September 26 at 7 p.m.
- Opportunity to commemorate the Town's 60th anniversary and discover the Town's history & heritage
- Partnership with Ajax Community Theatre
- Character Guided Tour – stops could include St. George's Church & Cemetery, Elizabeth St. Cemetery, Old Kingston Road, Village Community Centre and jail cell



Legend

- Stops
- Walking Route
- Bus Route

Elizabeth St.
Cemetery

Village
Community Centre

Gordon House

St. George's
Church and
Cemetery

START/
St. Francis
Centre

Kearney Drive

Cameron Street

Windsor Drive

Linton Avenue

Sherwood Road W

Sherwood Road E

Old Kingston Road

Kingston Road W

Travis Lane

Randall Drive

Raven Lane

Willows Lane

Lincoln Street

Duffin Street

Christena Crescent

Hiley Avenue

George Jones Street

Church Street N

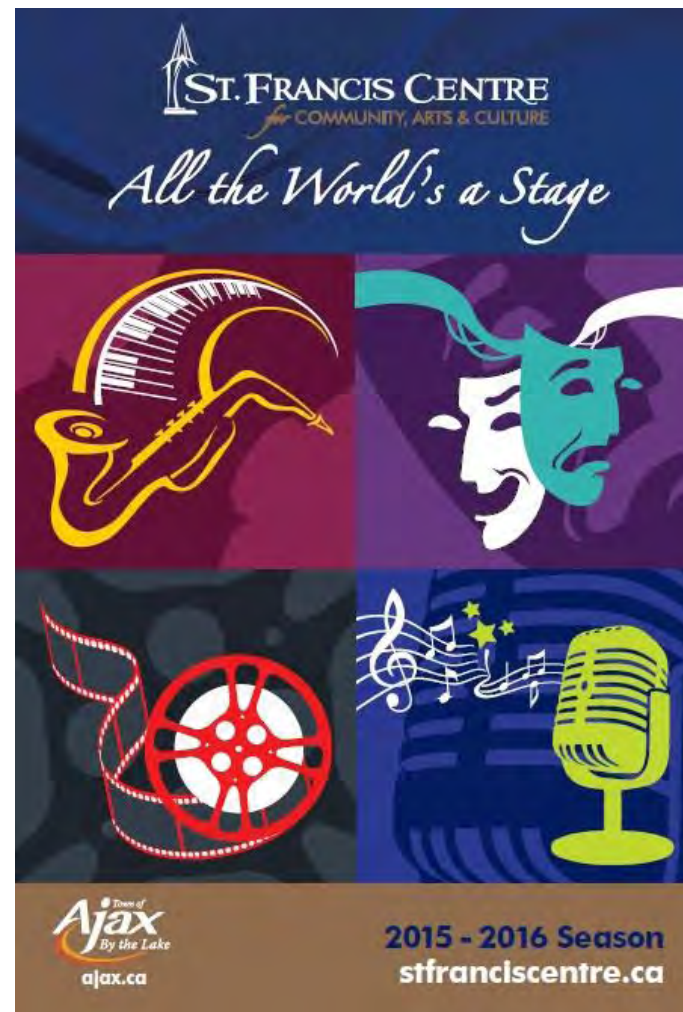
Church Street S

2015 PROGRAMMING

culturedays
CREATE, PARTICIPATE & SHARE
September 25, 26, 27, 2015

St. Francis Centre 2015/2016 Season Launch

- Sunday, September 27 at 2 p.m.
- 5th Anniversary Season
- Showcase of 2015/2016 concerts & shows



culture days



CREATE, PARTICIPATE & SHARE
September 25, 26, 27, 2015

A Weekend of Free Events!



Celebrating 60 Years