



**City of Kingston
Report to Council
Report Number 26-023**

To: Mayor and Members of Council
From: Neil Carbone, Commissioner, Corporate & Emergency Services
Resource Staff: None
Date of Meeting: December 16, 2025
Subject: “Centre of Community” Fitness and Aquatics Facility Update –
YMCA of Eastern Ontario and City of Kingston Partnership

Council Strategic Plan Alignment:

Theme: 3. Build an Active and Connected Community

Goal: 3.1 Expand parks and recreation opportunities and participation.

Executive Summary:

In March of 2024, Council endorsed a series of recommendations aimed at increasing access to aquatics facilities and programming for the City’s growing population ([Report Number 24-002](#)).

As part of its motion, Council endorsed the concept for a new competitive 25-metre, 10-lane aquatics facility combined with a wellness centre, to be developed in partnership with the YMCA of Eastern Ontario (YMCA), to be located at the INVISTA Centre at 1350 Gardiners Road. The full project scope had an estimated capital cost of \$102 million (2024 dollars) and was proposed to be funded through a mix of grants, municipal accommodation tax, City debt as well as a contribution from the YMCA generated in part through fundraising.

As part of the March 2024 motion, Council approved \$3 million from the Municipal Capital Reserve Fund to advance planning, design, and engineering work on the new aquatic facility in preparation for construction at a future date. In addition, Council directed staff to pursue partnership discussions with health-care stakeholders to determine the feasibility of a health and wellness centre, to explore a variety of financing options, and to develop a more detailed

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operating partnership with the YMCA, including roles and responsibilities for the development and operation of the proposed facility.

This report outlines the progress on these initiatives aimed at readying the City for the proposed construction of the new facility, as well as providing more detailed timelines and project scope information in the context of the Mayor's recent direction to secure the necessary debt financing to allow for a 2027 groundbreaking on this new facility.

This report also provides an update on the feasibility of the health centre based on the outcomes of a consultant's report and interviews with local rehabilitation service providers. The report recommends Council endorsement in principle of an operating model for this initiative which would allow the City to move ahead with an RFP process subject to the advancement of the broader project at the INVISTA Centre in partnership with the YMCA.

Recommendation:

That Council endorse, in principle, an operating model for the health centre component of the proposed new facility as outlined in Exhibit A of Report Number 26-023 (TwenteOne Consulting Report) and generally described as a multi-disciplinary health hub focused on rehabilitation, where related clinical services are delivered under a single, independent management entity which would oversee scheduling, billing, and coordination with other programming and use of common spaces to create an integrated patient/client experience.

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Authorizing Signatures:

ORIGINAL SIGNED BY COMMISSIONER

**Neil Carbone, Commissioner,
Corporate & Emergency
Services**

ORIGINAL SIGNED BY CHIEF

ADMINISTRATIVE OFFICER

**Lanie Hurdle, Chief
Administrative Officer**

Consultation with the following Members of the Corporate Management Team:

Paige Agnew, Commissioner, Growth & Development Services Not required

Jennifer Campbell, Commissioner, Community Services

David Fell, President & CEO, Utilities Kingston Not required

Desirée Kennedy, Chief Financial Officer & City Treasurer

Jenna Morley, City Solicitor

Ian Semple, Commissioner, Transportation & Infrastructure Services Not required

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Background

As part of Council's 2023-2026 [Strategic Plan](#), Council directed staff to consider the feasibility and business case for a new aquatics facility to address the growing demand for aquatics programming, leverage tourism opportunities, and contribute to broader community wellness.

In September 2023, Council entered into a partnership with Loyalist Township ([Report Number 23-074](#)) to secure access to the W.J. Henderson pool, which is currently under renovation, to begin to address the City's aquatics needs. As part of Report Number 23-074, Council received an Aquatic Facility Needs Assessment Review conducted by Sierra Planning and Management, which identified the need for the equivalent of 1.0 additional municipal-type pools to support population growth and increased demand in aquatic services, in addition to the pool access previously secured with Loyalist Township.

In March 2024 Council received [Report Number 24-002](#) which provided a comprehensive strategy to address Kingston's growing need for aquatics services, driven by population growth, ageing infrastructure, and regional demand. The report outlined immediate, medium-term, and long-term options to expand capacity, with a focus on improving community access, supporting competitive swimming, and integrating health and wellness services.

Staff recommended two priority actions in that report:

1. **Enclosing Culligan Water Park** to create a year-round municipal aquatics facility, adding significant new leisure and program capacity; and,
2. **Advancing design and engineering for a new competitive 25m, 10-lane aquatic and wellness facility at the INVISTA Centre**, to be developed in partnership with the YMCA and health-care providers. This facility would replace the aging YMCA building at 100 Wright Crescent, while creating capacity for regional competitions, and incorporate a wellness/rehabilitation centre.

The report presented high-level capital and operational considerations, including estimated project costs, partnership opportunities, and potential funding sources (including development charges, reserve funds, debt, grants, and MAT contributions). It recommended initiating design work on the new pool project at the INVISTA site so the City would be "shovel-ready" for future provincial and federal grant opportunities.

At the meeting, Council approved a series of recommendations to advance the multi-site approach, including approving \$3M from the Municipal Capital Reserve Fund to advance initial design work for the proposed facility at the INVISTA Centre.

In the fall of 2025, as work has progressed on the conceptual design and necessary partnership agreements, the Mayor issued his [2026 Budget Direction](#) which directed staff to prepare to issue debt for the groundbreaking on the proposed new pool facility in 2027.

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Discussion:**Future Kingston YMCA**

In December 2023, the City of Kingston and the YMCA of Eastern Ontario entered a non-binding Memorandum of Understanding (MOU) to guide ongoing collaboration toward the potential development of a new Aquatic & Wellness Centre at the INVISTA Centre property on Gardiners Road. The MOU confirmed the parties' shared interest in advancing planning, design, and fundraising activities associated with the project.

Following Council's March 2024 direction, the City and YMCA have been engaged in the early conceptual design process as well as discussions on the formalization of capital and operating agreements, subject to Council's and the YMCA Board's future approval.

It is important to note that while this new facility is intended to be City-owned, the partnership arrangement would see the YMCA contributing towards the capital costs through a combination of fundraising and other funding, in exchange for operating the new facility as its new Kingston YMCA "Centre of Community" under a long-term agreement.

As the project moves forward, the partners intend to refer to the new facility as a YMCA Centre of Community in support of fundraising and other efforts to advance the project.

Discussions are underway around the necessary capital and operating agreements needed to advance this partnership; however, the likely operating model would see the YMCA assuming daily operation of the facility as a YMCA in accordance with all its programs and policies, with an appropriate delineation of responsibility for things like interior upkeep and day-to-day maintenance, building envelope, mechanical, utilities, and ongoing capital renewal responsibilities. In any scenario, the City would retain operation of the ice pads at the INVISTA Centre.

An important consideration for the parties is the cost and structure of public access to aquatics programming at the new facility to ensure appropriate value and accessibility for City taxpayers while respecting the proven operating model of the YMCA. Specifically, the YMCA employs a universal membership model which differs from the City's aquatics programming access and fee structures. The parties are actively collaborating on an appropriate approach to these needs. Alignment of the partners' subsidy programs is also being discussed.

Following the March 2024 Council direction, the City and YMCA have been jointly engaged with the project's prime consultant, CS&P Architects, on the conceptual design for the proposed facility based on the project scope approved by Council.

While conceptual designs have been progressing at a pace that would allow for construction to commence in 2027, the project remains in early planning and is subject to several stages of Council and YMCA Board approval, detailed design work, and confirmation of funding sources (See Exhibit B – Project Timeline).

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Design Update

As outlined in [Report Number 24-002](#), the proposed project is a new, fully integrated **aquatic, wellness, and health-oriented community facility** developed in partnership with the YMCA of Eastern Ontario. The concept includes:

- A 25-metre, 10-lane competitive pool designed to host training, regional and other competitions, and community programming.
- A leisure pool inclusive of a swim competition warm up area, and that is able to serve other programming purposes.
- Associated spectator seating, change rooms, lifeguard and support spaces.
- Design standards that meet requirements for competitive swimming while supporting learn-to-swim, fitness, and therapeutic aquatic programs.
- A gymnasium for sport and recreation programming and community use.
- A modern fitness centre with cardio, strength, and functional training areas.
- Multi-purpose studios for group fitness, wellness programming, and community use.
- Supporting spaces including reception, administrative areas, locker rooms, and universal change facilities.
- Flexible, clinic-ready space designed to support a collaborative health-hub model, aligned with ongoing partnership discussions.
- Additional parking by way of expanded ground lots and/or a parking structure.

The project continues to progress as planned, with work being accelerated in preparation for a potential construction start in 2027. Following a detailed and competitive procurement process, CS&P was retained as the Prime Consultant in March 2025. Under their direction, several key due diligence work packages have been completed, including the site survey, traffic circulation study, geotechnical study, preliminary energy and GHG modeling, preliminary utility review, and environmental assessment. Ongoing due diligence studies include a detailed parking analysis, acoustic study, and detailed utility and grounding assessments.

In parallel with the due diligence work, the design team comprised of CS&P, YMCA representatives, and City staff from Recreation & Leisure Services and FMCS completed the programming and pre-design phase. This phase confirmed the project scope, performance objectives, and functional requirements.

Using the due diligence findings, CS&P developed several conceptual design options, including a schematic site plan, floor plan, building massing, and a preliminary cost estimate. The project scope remains consistent with the March 2024 Report Number 24-002, except for adjustments

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to the therapy tank and wellness space. Through the schematic design process, it was determined that the most efficient approach is to construct a new fitness area within the new portion of the facility and repurpose the existing fitness area for a future wellness operator. Additionally, through interviews with local rehabilitation service providers and feedback from the City’s Health Hub consultant, it was determined that the core functions of a therapy pool can be incorporated into the leisure pool, while allowing for a dedicated, private therapy tank to be included within the wellness space, should it be required by a future operator.

The project is now at the first validation and endorsement stage, where both the YMCA and the City, in consultation with other partners including Tourism Kingston and potential Health Hub operators, will use the schematic design information to complete pro formas, finalize partnership agreements, and provide approval to proceed into detailed design. The detailed design phase will include finalizing the design, permitting, and the preparation of construction documents under the Prime Consultant’s direction.

To maintain the 2027 construction start as outlined in the Mayor’s 2026 Budget direction, schematic design approval will be required by early Q1 2026.

Competitive Swim and Tourism Kingston

As outlined in the March 2024 report, the scope of the proposed facility includes a 25m, 10-lane main pool tank and a separate warm-up location within the leisure pool, in addition to other amenities that would permit competitive swim and potentially other aquatics competitions to be hosted.

The current scope meets, and in most cases, exceeds Aquatic Sport Council Ontario Level 1 Competitive Pool guidelines which accommodates the following activities:

Competition Levels for Level 1 - 25M Pool	
Lifesaving	Club Invitational, Regional, Provincial
Competition Swimming	Club Invitational, Regional
Artistic Swimming	Training Only, Recreational Competition
Water Polo	Training Only, Recreational Competition
Diving	Training Only, Recreational Competition

As a proposed contributing partner in the facility, the City is engaged with Tourism Kingston on more detailed specifications for things like spectator seating, lane widths, tank depths and other competition-related amenities that may align with or exceed the Aquatic Sport Council Ontario guidelines. Through these discussions, the City, YMCA and Tourism Kingston will balance

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capital and future operational costs, with the capacity and attractiveness of the facility for competitions.

Importantly, the level of competitive swim that can be accommodated by the facility will be dictated only in part by the size, amenities, and capacity of the new facility. The limited number of high-level events that take place across the province and the existence of larger facilities in other urban centres will also play a significant factor; however, the facility is anticipated to make Kingston a more marketable location for Club and Regional competitive swim competitions.

Health Hub Component

As part of the March 2024 report, Council directed staff to continue discussions with health care partners to develop an operational model for a wellness/health care centre focused on rehabilitation services. This direction aligned with [Council's Strategic Priority 4.3.2](#), to evaluate a business case for an innovative partnership to integrate with a health centre/hub focused on health promotion/rehabilitation and recreation.

Since this direction, the health centre/hub concept has evolved as a result of consultant supported research and engagement with local clinicians to focus on a clinical rehabilitation-centred model that could be independently operated but remain aligned with YMCA recreational programming and other services, to provide a continuum of care and wellness for patients and users alike.

Review of Similar Models

TwenteOne Consulting Group was engaged to assess existing community wellness and rehabilitation centre models across Ontario and to provide guidance for the development of Kingston's proposed Community Health Hub. The consultant reviewed university-affiliated therapeutic wellness programs, YMCA models, and other relevant service providers, and contacted several local stakeholders including post-secondary and health care institutions, to understand their program structures, strengths, and limitations.

Across all sites reviewed, the consultant identified limitations in the existing models including a narrow range of chronic conditions treated and a lack of broad-based rehabilitation services delivered by regulated health providers. Centres also relied heavily on user fees, grants, and philanthropic funding with little or no use of insurance billing, limiting both financial sustainability and patient accessibility. Programs focused primarily on wellness rather than clinical rehabilitation, and a requirement for physician referrals created a further barrier to timely access.

The consultant concluded that Kingston has an opportunity to establish a more innovative and sustainable model by integrating regulated rehabilitation services, secondary prevention programs, therapeutic wellness, and general fitness in a coordinated, accessible environment. Central to this opportunity is the inclusion of a clinical rehabilitation component – physiotherapy, occupational therapy, kinesiology, and other regulated services – that can bill third-party insurers such as WSIB, motor vehicle insurers, disability insurers, and extended health benefit

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plans. The report noted that this component would significantly strengthen financial sustainability while improving access for residents requiring post-acute and condition-specific rehabilitation.

Operating Partner

To support this model, TwenteOne recommends that the City consider partnering with an experienced rehabilitation provider capable of operating a clinic within the hub on a fee-for-service basis. This partner would manage clinical rehabilitation programming, provide billable services, and work collaboratively with other hub partners to ensure smooth transitions between medically unstable secondary prevention, medically stable programs, and general fitness offerings. Such a partnership could be structured through rental agreements or revenue-sharing arrangements, creating a predictable funding stream for hub operations.

Based on comparable models, the report estimates at a high level that such an approach could generate approximately \$500,000 annually from fees or memberships, depending on the scope of service and level of integration with other facility operators, and up to \$1 million in insurance-funded rehabilitation services, with potential to expand as programs mature.

Further, under a public/private partnership model, the City may be able to incent the delivery of rehabilitation and related services at a reduced cost to qualifying individuals, or to offset broader facility operating costs.

Overall, the consultant's report concludes that Kingston is well-positioned to develop a Community Health Hub that surpasses existing models in sustainability, inclusivity, and scope.

Outreach to Potential Health Hub Partners

Following TwenteOne's favourable review of the Health Hub concept, interviews with local physiotherapy and rehabilitation service providers were conducted to gauge interest and to validate design and amenity needs being considered in the conceptual design process, which was taking place concurrently.

Nearly 40 local service providers were invited to participate in hour-long interviews, 15 of whom accepted. It was made clear to all participants that these were fact-finding and validation discussions and that no final decision had been made on an operating model for the proposed health hub, nor did the invitation for an interview constitute a step in the selection process of a potential partner(s).

Rehabilitation service providers indicated a preference for either a simple rental arrangement, or a collaborative health hub model anchored by independent clinical management, with the second model being more in keeping with the consultant's recommendations.

Of those favouring the more collaborative model, a structure where multiple therapy disciplines – physiotherapy, occupational therapy, kinesiology, and related services – could operate under a single, neutral management entity responsible for clinical coordination, shared scheduling, and

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billing was preferred. This approach was seen as essential to achieving true collaboration, shared programming, and a seamless patient experience.

This model also carries important implications for design. Clinics consistently identified the need for between 3,000-5,000 sq ft, including a 500 sq ft transition exercise area to bridge patients into fuller use of the main fitness amenities. This configuration would support active rehabilitation pathways and provides the privacy and controlled environment needed for early-stage therapy. Clinics also expressed strong preferences for fully private treatment rooms (rather than curtained bays).

Alternatively, several providers favoured a straightforward space-rental model, operating independently with no integration with the YMCA or other services/programming. While this would be a simpler model to implement and would provide some lease revenues to help offset facility capital and operating costs, it would likely not provide for greater revenue generation beyond lease payments and may not allow for innovative fee-sharing models that could provide greater community access to these services through subsidy to qualifying individuals.

Overall, the interview findings reinforced the feasibility of a collaborative, multi-disciplinary health hub with independent governance as the model most likely to meet clinical needs, support program innovation, and align with the City's broader vision.

This report is recommending Council endorse this approach in principle, to allow staff to refine the model further, and to continue discussions with potential service providers, subject to advancement of the overall project.

Next Steps

Council has previously approved completion of detailed design of the new facility with a longer-term outlook (2029) and in preparation for funding opportunities.

With the Mayor's 2026 budget direction, the partners have accelerated necessary activities to allow for construction to begin in mid to late 2027, while continuing to operate within the scope of work and funding approved by Council in March 2024.

Upcoming milestones in that process will include:

- Budget submission with Mayoral direction to commence construction in 2027
- Begin public engagement
- Finalizing schematic design to develop proformas and operating/capital agreements
- Obtain appropriate endorsement from partners to proceed to Detailed design
- Complete detailed design (extent of current Council-approved scope of work)
- Finalize partner agreements
- Proceed to Procurement

The process above will involve multiple additional checkpoints with Council and stakeholders over the next 18-24 months.

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Public Engagement

Public engagement is scheduled to begin in the new year and will be at the inform, consult and involve levels on the IAP2 spectrum of engagement. It will primarily focus on the use of the space, providing community the chance to contribute input towards programming, services and other offerings from the project partners, while informing on the design process within the approved scope of the facility.

The City's Get Involved Kingston platform will be used to share project information and updates including conceptual designs, provide an opportunity to reach out to the YMCA and City contacts with questions/comments, and publish updates to frequently asked questions. As the project develops opportunities for feedback and online engagement will be posted there as well.

In-person engagement opportunities are also being considered to provide information and answer questions.

Climate Risk Considerations

This project will generate additional GHG emissions but will avoid more intensive emissions through energy efficient technology and net-zero readiness. It is not expected to have an impact on temperature or precipitation.

The facility will utilize highly energy-efficient yet conventional mechanical systems which allow for easy maintenance and operations. A fully net-zero facility was not recommended as part of the full scope option in 2024 due to the considerable cost premium (15-20%) and with consideration for current local electrical grid capacity challenges. Instead, the facility will be net-zero ready, with the roof designed to support a future solar photovoltaic system and mechanical systems easily converted to full electric when grid capacity and cost factors permit.

The current design process has the new facility trending at least 70% more efficient than a baseline aquatics facility.

It should be noted that since this new facility will ultimately replace the YMCA's current aging facility located at 100 Wright Crescent in Kingston which operates with older, less efficient mechanical systems and an aging building envelope, there will be some level of offsetting reduction in GHGe associated with that older facility's closure when that move occurs.

Financial Considerations

As outlined in Report Number 24-002, the Full Scope / Competitive Option (25 m, 10-lane pool with wellness and fitness components) was estimated at \$102 million. This estimate was based on 2024 pricing and does not include escalation to the anticipated year of construction. The project is expected to experience inflationary impacts as it progresses toward final design and procurement. Design changes, value engineering efforts, and variability of the construction market will also impact final costing. Updated Class estimates will be prepared at each major project phase to refine projected costs and manage budget expectations.

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[Report Number 24-002](#) also outlined the following potential funding sources for a project of this scale:

Funding Sources	Competitive Option - \$102M (2024)
Municipal Accommodation Tax	\$9M
Parking Reserve	\$4M
Fundraising Campaign (YMCA-led)	\$10M
Other contribution from YMCA	\$10M
Development Charges	\$14M
Municipal Capital Reserve Fund	\$5M
Debt Issuance	\$25M
Federal/Provincial Governments	\$25M
Total (2024)	\$102M

The anticipated funding sources remain unchanged, save for the expectation of government funding which, given current economic conditions and the budgetary priorities outlined by the current Provincial and Federal Governments, cannot be relied upon to advance the project on a more accelerated timeline.

Additional City debt issuance remains the most realistic means of making up the project funding shortfall, but as the project progresses, staff will continue advocacy to senior levels of government and will consider other sources of funding where appropriate. Final estimated costs and financing options will be reported to council as detailed design is close to completion.

It is anticipated that the City's operating costs for the new facility will be offset significantly through the partnership with the YMCA, subject to the terms of the capital and operating agreements currently being developed.

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Exhibits Attached:

Exhibit A – TwenteOne Consulting Report

Exhibit B – Updated Project Timeline

Exhibit C – Updated Schematic Designs



City of Kingston Proposed Community Health Hub: Considerations and Recommendations

Delivered Date:	December 23, 2024
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City of Kingston Proposed Community Health Hub: Considerations and Recommendations

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City of Kingston Proposed Community Health Hub: Considerations and Recommendations

Overview

The City of Kingston is seeking to develop an innovative Community Health Hub based on the values outlined in “Pillar 4 - Foster a Caring and Inclusive Community” of Kingston’s Strategic Plan. This pillar emphasizes creating a community that is accessible, inclusive, and supportive of all residents. The proposed Community Health Hub can play a vital role in advancing these goals by offering accessible rehabilitation and healthcare services for diverse populations, including marginalized and underserved groups.

This report highlights the limitations of existing Wellness/Health Centres, considerations for the City of Kingston’s proposed hub and provides recommendations for a sustainable funding model. The below considerations also address Objective 4.3: Increase Access to Healthcare Professionals and Services. Specifically, the proposed Community Health Hub fulfills Action 4.3.2, which aims to evaluate an innovative partnership for a health center focused on health promotion, rehabilitation, and recreation.

Survey of Similar Programs

Terminology

In gathering the information to prepare this report it became evident that a wide range of community and healthcare leaders did not use the same nomenclature or terminology. The terminology ranged significantly to describe the same or similar sets of services or interventions. During data collection the writers of this report identified the following three areas of intervention associated with the planned City of Kingston Community Health Hub.

1. Clinical Rehabilitation Programs-Services provided by regulated healthcare professionals and often billed to third party providers such as the WSIB, motor vehicle insurers, disability, and extended benefit insurers.
2. Secondary Prevention Programs- Structured therapeutic programs designed to address specific health care conditions including but not limited to cardiac, COPD, cancer, Alzheimer’s, diabetes, obesity, pre & post joint replacement, stroke, Parkinson, frail elderly, pediatric and cognitive disorders etc. These programs fall into two categories identified as medically unstable and medically stable.

Depending on the situation medically unstable programs are typically funded via Extended Health Benefits (EHB) or membership fees. In some situations, the costs may be covered by a Disability Insurer (i.e. Manulife, Canada Life, SunLife etc.). The typical progression of these individuals is to a medically stable program where the programs do not need to be delivered by regulated health care professionals and can be supervised by qualified fitness personnel. Often the medically stable programs require a referral of a regulated health care professional for acceptance into the program (i.e. family physician, medical specialist, physiotherapist etc.) Once participants move to a medically stable program the costs are covered by membership fees. These membership fees can be assisted through donations, grants, and philanthropy.

3. General Fitness/Primary Programs- Individuals participate in general fitness programs designed to improve overall physical fitness and are not focused on a specific injury or health condition. These programs can be either home based or completed in a facility setting. If conducted in a facility setting the programs are primarily funded through private membership fees. These facilities and the fitness programs are typically what individuals think of when referring to attending or joining a gym. It is possible for participants of the medically stable and medically unstable programs to progress to an independent general fitness/primary prevention program.

In this report the writer has tried to use the above terminology as consistently as possible. The writers are open to alternative terminology but suggest for ease of communication that consistent terminology be consistently utilized.

Program Review

TwenteOne visited five existing Therapeutic Wellness/Health Centres and reviewed their programs and services. The YMCA facilities also offered general fitness programs in addition to Therapeutic Wellness programs. The locations visited included the following:

- University of Waterloo (CCARE)
- Brock University (Bfit)
- McMaster University (PACE).
- Kingston YMCA
- Les Chater Family YMCA

In addition to the above programs the writers also exhausted several attempts to connect with the Toronto Rehabilitation Institute operating under the UHN umbrella.

Common Themes

Common themes that were identified across these existing programs are listed below:

1. Staffing and Volunteers:

- All three of the university affiliated models rely heavily on a mix of professional staff and student volunteers.

- Professional staff includes kinesiologists, physiotherapists (only at PACE program), and exercise specialists.
- At the university affiliated models Student volunteers play a crucial role in program implementation and supervision.

2. Referrals and Eligibility:

- A common theme amongst all the models reviewed was that referrals are often needed from a family physician or medical specialist.

3. Funding:

- Funding sources include membership fees ranging from \$45-\$120 per month, donations, grants, and institutional support.
- All centers have structured membership options with fees varying based on the program duration and frequency of visits.
- The Kingston YMCA estimated that 20% of their general fitness memberships were fee assisted.
- The Kingston YMCA estimated that 30% of its Total Life Care programs were fee assisted.

4. Programs and Services:

- Programs tend to be tailored to a narrow spectrum of specific health conditions such as cancer, cardiac issues, multiple sclerosis, spinal cord injuries, and senior health with most programs focusing primarily one a few specific conditions.
- In the PACE Program at McMaster a physiotherapist conducts an initial assessment to ensure medical stability. It should also be noted that a physiotherapist has primary access and does not require a physician referral to assess or treat.
- The Kingston YMCA reported the widest range of conditions covered (cardiac, COPD, cancer, diabetes, obesity, pre & post joint replacement, stroke, Parkinson, frail elderly, pediatric and cognitive disorders)

5. Goals and Mission:

- Emphasis on improving health, quality of life, and independence through exercise and activity.
- The three university affiliated centres that were reviewed have a focus on therapeutic wellness where the focus was on maintaining or improving functional abilities.

These programs focus solely on therapeutic wellness and fitness and are limited to only a few conditions. There is a high reliance on grants and membership fees which decreases long term viability and sustainability and there is no real focus on rehabilitation. A more in-depth review of the limitations of these centres is listed below:

Limitations of Current Models:

1. Narrow Focus on Specific Conditions

- **The three university affiliated programs (CCARE, Bfit, PACE)** These models primarily focus on addressing specific chronic health conditions, such as cancer, cardiac issues, and multiple sclerosis. While this is beneficial for targeted populations, it limits accessibility for individuals with acute and complex health issues requiring rehabilitation under the direction of a regulated health care professional (physiotherapist, occupational therapist, kinesiologist, psychotherapist, social worker etc.), particularly those needing general rehabilitation for injuries or chronic pain.
- **Limitation:** These programs miss opportunities for more generalized rehabilitation services, which could address the needs of a larger population, including individuals recovering from surgery or injuries not related to their specialized areas.
- **Misses opportunities for participants of therapeutic wellness programs to easily access rehabilitation should they become injured.**
- **Misses the opportunity for individuals requiring rehabilitation to be introduced early to therapeutic wellness and general fitness programs and provide a continuum of care to make positive lifestyle changes.**

2. Dependence on Membership Fees and Donations

- **All Models:** Membership fees and donations constitute a sizable portion of the revenue, making these programs financially vulnerable, especially if participant numbers drop. The high reliance on donations and grants also introduces uncertainty in long-term sustainability.
- **Limitation:** Reliance on membership fees and donations may restrict growth and make it difficult for some community members, especially lower-income individuals, to participate due to cost barriers.
- We are not recommending that the therapeutic wellness/fitness programs would abandon a membership fee model but that profits obtained from the rehabilitation clinic via services charged to third party funders such as Workplace Safety and Insurance Board, private auto insurers, disability insurers (i.e. Manulife, Sunlife, Canada Life and Extending Health Benefit (EHB) would provide additional funding along with donations, grants and philanthropy to provide additional fee assisted opportunities.

3. Limited Use of Insurance Billing

- **CCARE, Bfit, PACE:** These models do not access insurance revenues, such as billing for rehabilitation services through private insurance, workers' compensation, disability insurance or motor vehicle insurance. Although PACE does bill for initial physiotherapy assessments, insurance integration could be significantly improved.
- **Limitation:** The lack of comprehensive insurance billing limits potential revenue streams to support therapeutic wellness and general fitness programs that are primarily dependent on user fees.

- Decreased access to rehabilitation provided by regulated healthcare professionals for participants in therapeutic wellness/general fitness programs who become injured resulting in either termination or delayed return to their therapeutic wellness or general fitness program.

4. **Focus on Wellness over Rehabilitation**

- **All Models:** While therapeutic wellness programs are emphasized, the primary focus is on disease prevention and maintaining functional abilities rather than intense rehabilitation services.
- **Limitation:** A more substantial emphasis on rehabilitation, especially in post-acute or chronic conditions, could broaden the scope and appeal of the centres, filling a gap for individuals needing more robust recovery services rather than ongoing wellness maintenance.

5. **Physician Referral Dependency**

- **All Models:** Requiring referrals from physicians or healthcare providers restricts access, particularly for those who may not have easy access to a doctor or for people seeking preventive or early rehabilitation services.
- **Limitation:** The heavy reliance on physician referrals creates a barrier to access for many, reducing opportunities for early intervention and rehabilitation in cases where formal referrals are not available.

A Business Case for Kingston's Proposed Community Health Hub

Kingston's proposed Community Health Hub could play a vital role in providing programs that are accessible, inclusive, and sustainable. By emphasizing rehabilitation over wellness, incorporating insurance billing, and making services more accessible, the proposed Kingston Community Health Hub can be more innovative, sustainable, and inclusive than the models reviewed. The following recommendations should be considered to aid Kingston in achieving these goals:

Recommendations

1. Add a Focus on Regulated Healthcare Provider Rehabilitation

Rehabilitation Centred Model

Extend the focus to include clinical rehabilitation rather than limiting services to medically stable secondary prevention and general fitness. Secondary prevention programs with medically unstable participants must be delivered under the supervision and guidance of a regulated health care professional (i.e. Physiotherapist, Kinesiologist, Nurse etc.) and would be best offered using a rehabilitation centred model. The ideal scenario would be for

individuals participating in a medically unstable secondary prevention program at the Health Hub to be introduced at the beginning of their programs to the providers offering the medically stable secondary prevention programs (i.e. YMCA). Alternatively, those participating in a medically stable secondary prevention program can have expedited access in the case of a reoccurrence of medically unstable symptoms. Similarly, those participating in a Health Hub primary prevention/general fitness programs or other community based primary prevention programs would have expedited access to a regulated health care professional secondary prevention program should they experience a medical condition that prevents their regular participation in their preferred primary prevention/general fitness activity.

In addition to the secondary prevention programs develop/offer programs that provide post-acute care for individuals recovering from surgery, injury, or chronic conditions like arthritis or musculoskeletal injuries. This increases healthcare access, particularly for those needing specialized recovery programs that may not be widely available in Kingston. It is recommended that the Clinical Rehabilitation programming be the responsibility of a separate rehabilitation clinic or supervised by an entity familiar with providing clinical rehabilitation services in an environment accessing third party funding. The clinical rehabilitation clinic and would work in collaboration with the YMCA and other organizations offering medically stable secondary prevention and primary prevention/general fitness programs.

Partnership with Hospitals

Work closely with local hospitals and clinics to provide seamless transitions from acute care to community-based rehab. Specialized rehabilitation programs could include orthopedic, neurological, and cardiopulmonary rehabilitation, filling a gap not fully covered by hubs such as CCARE, Bfit, or PACE.

Integrate Insurance Billing

- **Billing Revenue Streams:** By accessing insurance billing for physiotherapy, occupational therapy, and kinesiologist services, the Kingston Community Health Hub could open a significant new revenue stream. Billing insurance plans (including private, public, and workers' compensation) for rehabilitation services would provide more financial stability and increase accessibility for individuals with insurance coverage.
- **Expanded Physiotherapy Services:** Make physiotherapy and rehabilitation services the foundation of the health hub's offerings. This could include offering physiotherapy assessments, which are billable under insurance, as well as follow-up treatments that could generate ongoing revenue. Building a rehabilitation program that offers physiotherapy, and related services would further enhance access to healthcare professionals. These services would be foundational to the Community Health Hub and would meet a broader range of community needs, from post-operative care to long-term rehabilitation.

2. Consider A Partnership with an Experienced Rehabilitation Provider:

- Fee-for-service model in partnership with an experienced rehabilitation provider.
- The rehabilitation partner should have experience billing and marketing to third party funders such as WSIB, MVA Insurers, Disability Insurers and Extended Health Benefit providers.
- The rehabilitation partner can operate as a private for profit or on a nonprofit basis.
- Allocation of dedicated rehabilitation space within the hub to the private provider, allowing them to deliver specialized clinical rehabilitation services on a fee-for-service basis.
- By utilizing common equipment and facilities shared with other health hub services, this model ensures optimal use of resources and fosters a collaborative environment.
- The integration of a clinical rehabilitation provider enhances the range of services offered within the health hub, providing clients with access to high-quality rehabilitation care while generating revenue to support the health hub's sustainability (either through rental income or revenue sharing income).
- Organizations to consider as potential clinical rehabilitation partners include but are not limited to both large and local private providers as well as publicly funded agencies.
- The next stage of this project is to visit a mix of potential clinical rehabilitation partners.

3. Broad Program Offerings with Flexible Entry

- **Reduce Referral Barriers:** Make it easier for community members to access services without requiring strict physician referrals. Offer walk-in assessments by physiotherapists or kinesiologists, allowing people to access services more quickly and easily. This approach can reduce delays in care and enable residents to take charge of their health without unnecessary administrative barriers. The participants of these walk in assessments would be directed to the appropriate clinical rehabilitation, therapeutic wellness, or general fitness program.
- **Custom Rehabilitation Plans:** Provide custom rehab plans for individuals at various stages of recovery, from immediate post-injury to long-term recovery, which could attract a broader base of participants.

4. Holistic Care Approach

- **Integrated Health Teams:** Assemble interdisciplinary teams including but not limited to physiotherapists, occupational therapists, kinesiologists, respiratory therapists, and mental health professionals to provide comprehensive care that addresses both physical and mental health. This would differentiate the Kingston Health Hub from wellness-focused programs by offering holistic clinical rehabilitation care. Following the completion of the clinical program individuals that received mental health care would be directed to the appropriate community-based program.

- **Incorporate Advanced Technologies:** Like PACE's use of advanced rehabilitation technologies (e.g., Lokomat and ZeroG), the Kingston Hub could adopt innovative rehabilitation technologies and equipment to enhance treatment outcomes. This would make the hub a center of excellence for rehabilitation in the region.

5. Tailored Program Offerings

- Design programs targeting specific health conditions that are community specific (e.g., cardiac rehabilitation, COPD, cancer recovery, multiple sclerosis, joint replacement, falls prevention, and senior fitness) modeled after PACE's and Les Chater Family YMCA's Total Life Programs.
- Incorporate a care navigation function to facilitate care coordination and ensure seamless transitions between healthcare providers and community services. This includes care coordination for individuals with complex health needs, assistance with accessing specialty care, and support for transitions.
- Mental health services with interdisciplinary teams of professionals, including psychiatrists, psychologists, social workers, and counselors, offering a continuum of support from early intervention to crisis intervention.
- Health promotion and wellness programs tailored to the needs of the community, including nutrition education, fitness classes, smoking cessation programs, and preventive health screenings.
- Preventative Screening Programs: preventative screening and testing (to monitor health status of individuals. These screenings may include bone density testing, body mass index (BMI), skin checks, cholesterol and blood pressure screening, eye health screening, immunizations, and glucose monitoring for diabetes. Lifestyle assessments and counseling sessions on diet, exercise, and smoking cessation can be provided to support individuals in adopting healthier behaviors and reducing their risk of chronic diseases. Depending on the results the individual would be directed to the most appropriate clinical rehabilitation, therapeutic wellness, or general fitness program.
- *As part of the stakeholder engagement process, TwenteOne also met with individuals from Providence Healthcare, Kingston Community Health Centres, KFL & A Public Health Seniors Kingston, St. Lawrence College & Queens University. Through these discussions the following common themes were identified for program consideration at the proposed Hub:*
 - Diabetes management programming
 - Foot care services
 - Physiotherapy and other rehabilitation focused programming
 - Integration of public and private rehabilitation services
 - COPD programming
 - Programs for Veterans (fee for service opportunity to be a vendor for Veterans Affairs Canada)
 - Programming geared to all members of family and caregiver specific programming alongside programming for loved ones.
 - Outreach programs
 - Care Coordination

- Utilizing students from Queens and St. Lawrence as part of staffing compliment to deliver programming and provide opportunities for experiential learning.
- Both Queens and St. Lawrence identified that they would welcome additional opportunities for experiential learning as opportunities in the greater Kingston area are limited
- St. Lawrence was interested in applied research opportunities.

6. Financial Accessibility with Sliding Scale Fees

- **Fee Assisted Memberships and Services:** Develop a tiered fee structure or sliding scale based on income to improve accessibility, particularly for marginalized communities. This will ensure that financial barriers do not prevent community members from accessing necessary healthcare and rehabilitation services, thus creating a more equitable and inclusive environment.
- **Hybrid Funding Model:** Leverage a mix of insurance revenue, fee assisted, and institutional funding. This approach would mitigate the financial limitations seen in existing models, providing more reliable income streams, and reducing dependence on membership fees and other funding sources.

7. Community Outreach and Partnerships

- **Expand Partnerships:** Create partnerships with local healthcare providers, rehabilitation specialists, insurance companies, and educational institutions to expand the reach of the Kingston Community Health Hub.
- **Community Involvement:** Engage the local community through health workshops, education programs, and preventive care initiatives to build a broader client base and enhance awareness of rehabilitation services.

8. Facility and Equipment:

- Secure a spacious facility to accommodate various activities and specialized equipment that can be shared between rehabilitation/healthcare and community fitness/wellness program.
- Most programs reviewed operated in an **8000 to 10,000** square foot space. The YMCA of Kingston estimated its current footprint was eight thousand square feet.
- Invest in advanced rehabilitation technology and create dedicated spaces for different health conditions, similar to PACE's neuro gym.

The above recommendations exemplify an innovative model by integrating health promotion, rehabilitation, and recreation into one accessible centre. It provides:

- **Increased access to specialized rehabilitation** services through partnerships with hospitals and clinics.

- **Sustainability through insurance billing** mechanisms and flexible financial models.
- **A holistic and inclusive approach** by offering interdisciplinary care teams and advanced rehabilitation technology.

This innovation would establish Kingston as a leader in community health, supporting long-term health and well-being for all residents while aligning perfectly with **Pillar 4** of Kingston’s Strategic Plan.

Sample Governance, Program, and Service Delivery Models for Consideration

When planning for a community health hub, consideration should be given to governance for developing and operating the hub. Governance models formalize processes used to guide and share leadership and decision-making among various partners and stakeholders with clear lines of accountability. The following are sample governance models and program and service delivery model recommendations for the City of Kingston to consider:

Sample Governance Models

- Informal Network – No lead organization; all members participate in decision-making as equal partners; administration shared or managed by designated organization.
- Single Organization – Single organization that functions as a community health hub; builds partnerships and shares space; may be part of broader network/umbrella association.
- Partnership Models – Initial partners share the hub development process through steering committee or similar; may secure development funds through individual members; partners may secure separate leases/agreements to secure space in the hub but develop shared governance structure; may transition to lead agency model or incorporated organization.
- Lead Agency – One agency takes responsibility for hub related funding for shared functions; principal leaseholder or owner of building; hub vision, structure principles developed collaboratively; may transfer some decision-making authority to an inclusive hub governance structure such as an advisory board.
- Incorporated Organization – New organization incorporated to govern/manage hub; can be newly incorporated or trustee by hub partner or outside organization.

Sample Program and Service Delivery Models

Community Health Hub program and service delivery can vary along the following continuum:

Individual:

- Organizations providing services operate independently.
- Separate funding and minimal communication between organizations

Cooperation:

- Organizations providing services operate independently with cooperation.
- Organizations share information, work together on a case-by-case basis, and endorse each other's programs.

Coordination:

- Organizations providing services operate independently with coordination.
- Some joint planning occurs between organizations including synchronization of schedules, activities, goals, and events.

Collaboration:

- Organizations providing services work collaboratively.
- Shared cultures, visions, values, actions between organizations and a willingness to relinquish some autonomy in interest of collective goals.

Integration:

- Organizations collaborate with one another to delivery integrated services to ensure client focused service delivery.
- Shared vision, goals, outcomes, funding and consistent policies and procedures across organizations

Program and Service Delivery Model Recommendations

It is suggested that the City of Kingston consider the following two models of service delivery:

Integration: Within an integrated model, organizations and programs are combined in a manner to address the needs of a specific population and offer a comprehensive suite of services. This coordinated approach allows for individual organizations to integrate their services to create efficiencies and improve effectiveness. In addition, this integrated approach allows for reduced administrative burden and operating efficiencies.

Collaboration: The co-location of services allows for the participating organizations to work towards collaborative inter-dependence and funding sources while sharing a common facility. In this mode of operation, the organizations within the proposed Community Health Hub will share specific resources and amenities within the facility (such as meeting rooms or gymnasium space). However, each organization will maintain a separate organizational structure, with individual goals and objectives.

It is strongly recommended that the proposed Community Health Hub integrates the inclusion of a care navigation function either through including it within the role of a Health Hub Lead or through partnership with the clinical rehabilitation, therapeutic wellness, general fitness, and other providers. The care navigation function is pivotal for ensuring the effectiveness of health hub programming by acting as a liaison between clients, health care providers, and community resources. It will help guide clients through the complex health care system, ensuring they receive timely and appropriate care. This will help optimize health outcomes and enhance client satisfaction. The Care navigation function identifies and addresses gaps in services, gathers, and analyzes data on client needs and outcomes, and provides insights that inform the development of

innovative programs and services within the hub. This function can also play a critical role in accessing funding opportunities by preparation of comprehensive reports and proposals, demonstrating the hub's impact and potential to prospective funders and stakeholders. Additionally, it facilitates referrals to the hub by maintaining strong relationships with external health care providers and community organizations, ensuring a steady stream of clients, and fostering collaboration across the health care continuum. This function is instrumental in streamlining processes, improving care coordination, and enhancing the overall sustainability of the health hub.

Financial Models for Sustainability

The financial models listed below focus on achieving long term viability and sustainability in a Wellness/Health Centre. The key features, benefits and challenges are outlined for each model.

Membership Fee Model:

A membership-based model where community members pay a fee to access services offered by partners within the health hub. A membership fee model would be most suitable for medically stable secondary prevention programs and primary prevention/general fitness programs.

Key Features:

- Tiered Membership Levels: Different levels of membership with varying fees and benefits, such as basic, premium, and family memberships.
- Sliding Scale or Fee Assisted: Membership fees adjusted based on income to ensure affordability for all community members. (similar to existing daycare models)
- Annual or Monthly Payments: Flexible payment options to accommodate different financial situations.

Benefits:

- Provides a steady revenue stream.
- Encourages long-term commitment from community members.
- Facilitates financial planning and resource allocation.

Challenges:

- Requires effective marketing to attract and retain members.
- Needs careful management of membership benefits to ensure value for money.

Grant Funding Model:

Securing funds from government bodies, foundations, and philanthropic organizations to support health hub operations.

Key Features:

- Diverse Grant Sources: Applying for provincial and federal grants as well as private foundation grants.
- Program-Specific Grants: Targeting grants for specific programs or services offered by the hub.

Benefits:

- Significant funding without requiring direct payments from community members.
- Can fund specific programs and innovations.
- Increases credibility and community support.

Challenges:

- Highly competitive and time-consuming application processes.
- Dependency on grant availability and renewal.

Collaborative Public-Private Funding Model:

Collaboration between public entities and private organizations to fund and manage health hubs.

Key Features:

- Shared Investments: Both public and private sectors invest in the hub's infrastructure and operations.
- Joint Management: Governance structures that include representatives from both sectors.
- Outcome-Based Contributions: Private sector contributions tied to specific health outcomes.

Benefits:

- Combines resources and expertise from both sectors.
- Promotes innovation and efficiency.
- Enhances community trust and engagement.

Challenges:

- Requires strong coordination and clear agreements between partners.
- Potential conflicts of interest need to be managed.

Social Enterprise Model:

Operating the health hub as a social enterprise where surplus revenues are reinvested into the centre's programs and services.

Key Features:

- Revenue-Generating Activities: Offering fee-based services such as wellness programs, fitness classes, and workshops.
- Reinvestment Strategy: Surpluses are reinvested to improve services and expand reach.
- Community Engagement: Encouraging community ownership and participation.

Benefits:

- Generates sustainable revenue.

- Aligns business activities with social goals.
- Empowers community members.

Challenges:

- Requires effective business planning and management.
- Balancing revenue generation with affordability and access.

Insurance Reimbursement Model:

Generating revenue through reimbursements from health insurance providers (i.e. WSIB, MVA Insurers, Disability Insurers, EHB providers) for services rendered. This model aligns with a regulated health professionals rehabilitation clinic.

Key Features:

- Accreditation: Ensuring the health hub meets the standards required by insurance providers.
- Billing Systems: Implementing efficient billing and claims processing systems.
- Service Coverage: Offering services that are reimbursable by insurance plans.

Benefits:

- Provides a steady and predictable revenue stream.
- Expands access to services for insured community members including those already engaged in hub related primary prevention and medically stable secondary prevention.
- Encourages comprehensive care.

Challenges:

- Navigating complex insurance regulations and reimbursement processes. This challenge can be navigated by partnering with a private or non-profit provider that is familiar with marketing and billing third party funders.
- Ensuring services are covered by a wide range of insurance plans.

Financial Model Recommendations

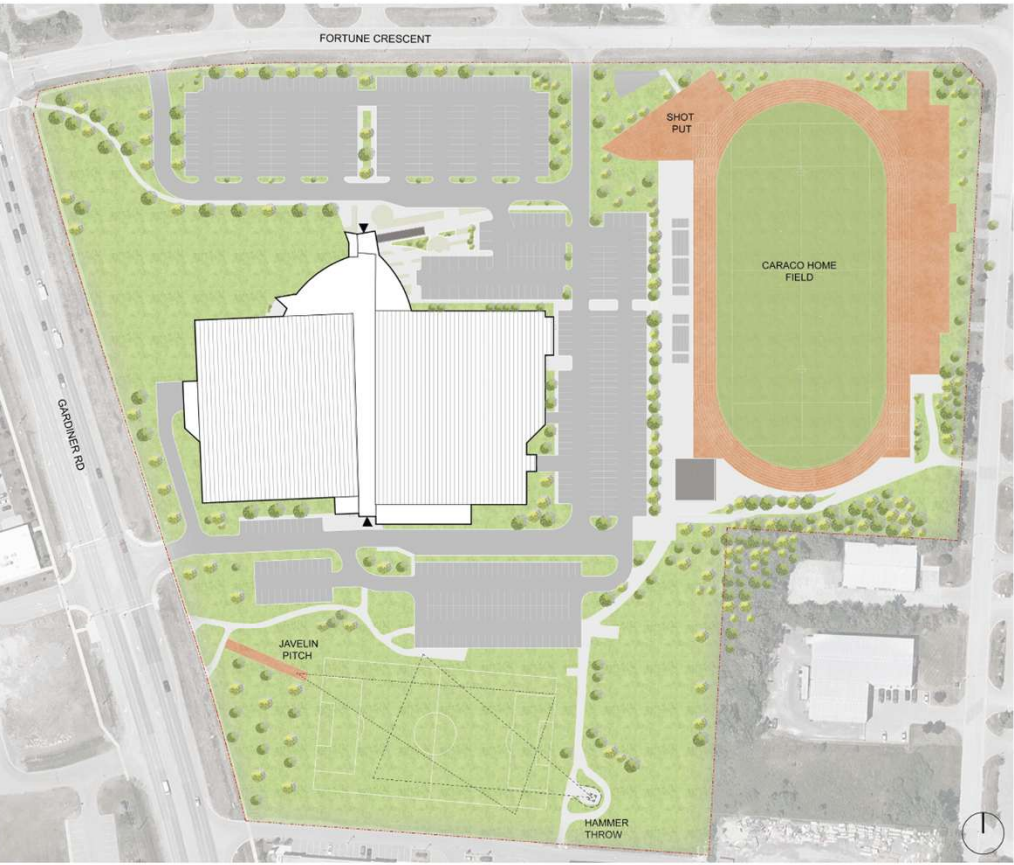
To ensure the sustainability of the proposed Kingston Health Hub Centre, it is recommended to focus on the following funding models:

- 1. Membership Fee Structure:**
 - Implement tiered membership options with fee assisted fees to accommodate different income levels.
 - Offer family memberships and discounts to encourage broader community participation.
- 2. Collaborative Public-Private Funding Model/ Leverage Insurance Reimbursements:**
 - Collaborate with local government and private healthcare companies for shared investments in equipment and programming.

- Partner with local private or non-for-profit healthcare organizations with established caseloads and programs
- Partner with a larger private or nonprofit healthcare organizations who have established preferred provider relationships with insurance and fee for service funders to leverage funding covered by health insurance and understand how to navigate the insurance sector.
- Develop clear agreements outlining roles, responsibilities, and contributions.
- Establish a revenue sharing agreement that enables the health hub to subsidize cost of staffing and/or operations.

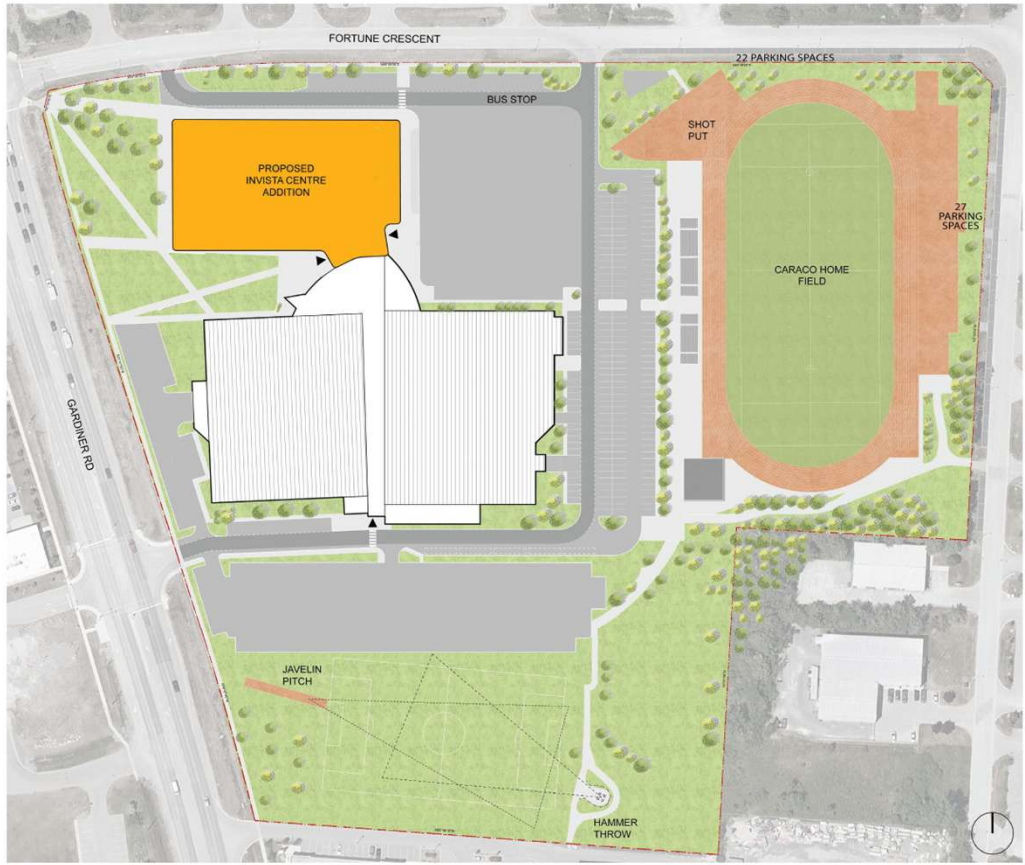
It is projected that the financial models outlined above can achieve revenues of approximately \$500K from membership fees and \$1 million from a public/private model with insurance reimbursement through strategic and comprehensive approaches. By implementing a tiered membership fee structure, the organization can accommodate various income levels, ensuring affordability and inclusivity. Offering family memberships and discounts will further encourage broader community participation, driving up membership numbers and revenue. The Kingston YMCA has experience offering fee assisted primary prevention/general fitness and medically stable secondary prevention programs. Concurrently, the collaborative public/private funding model can generate substantial income by partnering with private or nonprofit healthcare organizations and other companies to invest in necessary equipment and programs. Collaborations with established private and nonprofit healthcare practitioners and larger healthcare organizations can leverage existing preferred provider relationships and navigate the insurance sector effectively. Insurance sector funding comes from sources such as WSIB (workplace injuries), motor vehicle accident and disability insurance and employee extended health benefit programs. Having clear agreements outlining roles, responsibilities, and contributions will ensure that the health hub can subsidize staffing and operational costs, further enhancing financial sustainability and investing funding back into new programming and services. Should a revenue sharing model be considered the market tolerance for revenue sharing models is usually a 70/30 split with 30% of overall revenues being retained by the Health Hub. These projections are conservative and with appropriate programming and execution revenues can continue to grow annually.

Additionally, grant funding and fundraising can offset costs and contribute to the long-term viability of the health hub.



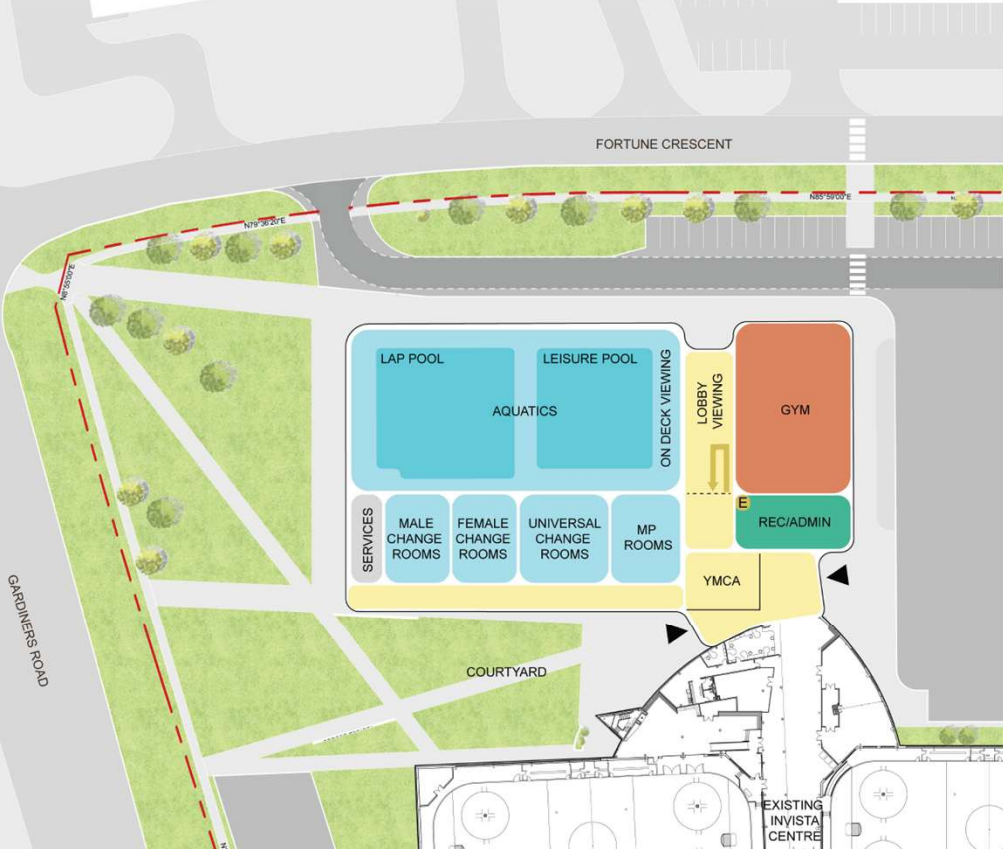
EXISTING SITE PLAN

EXISTING INVISTA CENTRE

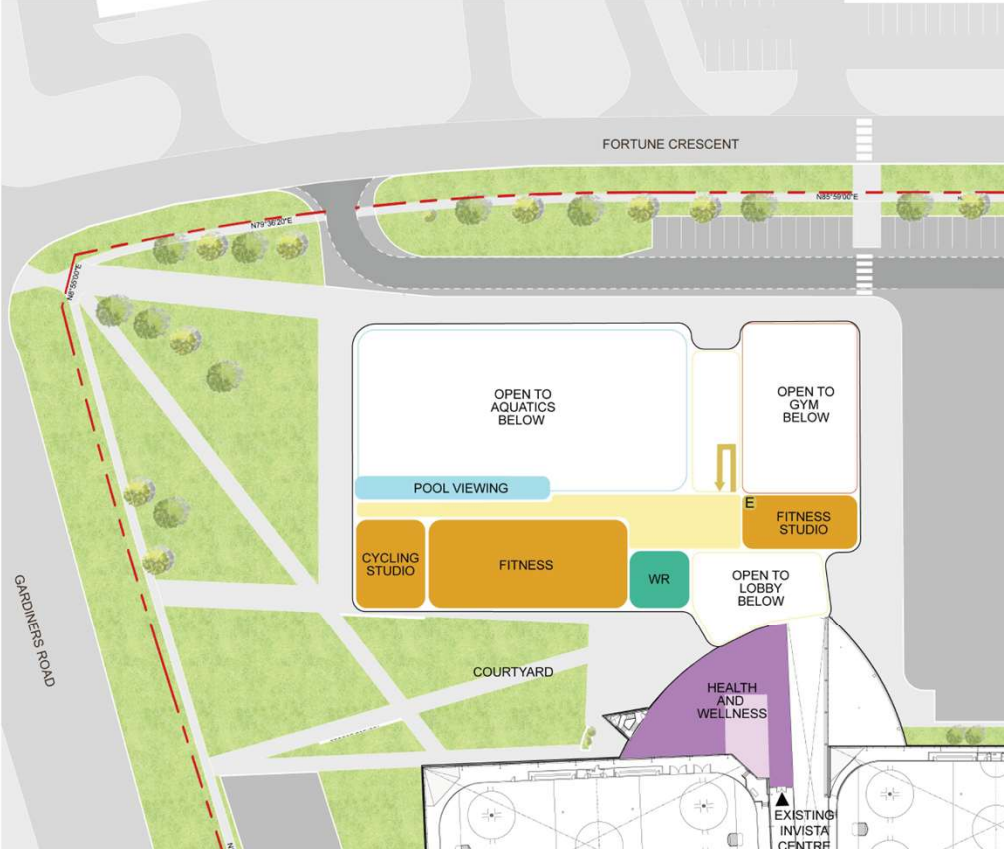


PROPOSED SITE PLAN

PROPOSED SITE PLAN



PROPOSED GROUND FLOOR
GROUND FLOOR



PROPOSED SECOND FLOOR
SECOND FLOOR