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**Official Report
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(Hansard)**

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des débats
(Hansard)**

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**Standing Committee on
Government Agencies**

Intended appointments

1st Session
43rd Parliament

Thursday 2 November 2023

**Comité permanent des
organismes gouvernementaux**

Nominations prévues

1^{re} session
43^e législature

Jeudi 2 novembre 2023

Chair: Will Bouma
Clerk: Isaiah Thorning

Président : Will Bouma
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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON
GOVERNMENT AGENCIESCOMITÉ PERMANENT DES
ORGANISMES GOUVERNEMENTAUX

Thursday 2 November 2023

Jeudi 2 novembre 2023

The committee met at 0900 in room 151.

COMMITTEE BUSINESS

The Chair (Mr. Will Bouma): Good morning, everyone. Thank you for joining us, colleagues. The Standing Committee on Government Agencies will now come to order. We are meeting to conduct a review of an intended appointee. We are joined by staff from legislative research, Hansard, and broadcast and recording. As always, all comments by members and witnesses should go through the Chair.

The first item on the agenda is committee business. Committee members, an official opposition vacancy has arisen on the subcommittee on committee business. Do we have a motion? Member Glover.

Mr. Chris Glover: I move that Chandra Pasma be appointed to the subcommittee on committee business.

The Chair (Mr. Will Bouma): Member Glover has moved the motion. Is there any discussion on the motion? Seeing none, are members ready to vote? Yes. All those in favour? Any opposed? I'm going to call that unanimous because it looked that way, and I haven't heard any objections—so, good. I declare the motion carried unanimously.

SUBCOMMITTEE REPORT

The Chair (Mr. Will Bouma): The second item of business will be the adoption of a subcommittee report which was distributed in advance. We have the subcommittee report dated October 26, 2023. Could I please have a motion?

Mr. Kevin Holland: I move adoption of the subcommittee report on intended appointments dated Thursday, October 26, 2023, on the order-in-council certificate dated October 20, 2023.

The Chair (Mr. Will Bouma): Member Holland has moved the adoption of the subcommittee report. Is there any discussion on the subcommittee report? Seeing none, are members ready to vote? All those in favour? That's also unanimous. That's carried.

INTENDED APPOINTMENTS

DR. MARK AWUKU

Review of intended appointment, selected by government party: Mark Awuku, intended appointee as member, Windsor-Essex County Health Unit board of health.

The Chair (Mr. Will Bouma): Our intended appointee today is Mark Awuku, nominated as member to the Windsor-Essex County Health Unit board of health.

Mark—if I may say your first name—come forward. Thank you very much for joining us today. You may make an initial statement, at your discretion. Following this, there will be questions from members of the committee. With that questioning, we will start with the government side, followed by the official opposition, with 15 minutes allocated to each recognized party. Any time you take in your statement will be deducted from the time allotted to the government.

Again, thank you very much for joining us, and I apologize that there are these cameras in here, but we've made great steps forward so that we can now broadcast these things. Please go ahead with your statement.

Dr. Mark Awuku: Good morning, and thank you for this opportunity. I am Dr. Mark Awuku, and I'm proud to be telling you a little about myself. I'll try to summarize it as much as possible.

I'm a pediatrician, and I graduated from the University of Ghana Medical School many years ago, in 1975. I came to SickKids in Toronto for a pediatric residency, where I spent five years. In that time, I took on various roles as an associate chief resident, chief resident and a fellow in pediatric critical care.

I moved to Sydney, Nova Scotia, in 1985, as a consulting pediatrician, and I was there for five years. In 1990, I relocated to Windsor, Ontario, and I have been there since.

Throughout my career, my passion has been education—teaching medical students, residents and faculty. I strongly believe that all forms of learning can be enhanced, depending on the environment in which it is put in. I've been involved in many leadership roles in medical education, including chief of department of pediatrics, academic director and clerkship coordinator in the Windsor program.

Currently, I hold the position of professor of pediatrics, as well as professor emeritus. You probably are saying, "How can you get those things at the same time?" I can explain that: at Western University.

I am also the chair of the CPD accreditation committee of the Royal College of Physicians and Surgeons of Canada, and I am still an examiner for the Royal College of Physicians—I have been an examiner there for the past 18 to probably 20 years. I also serve as an assistant editor for the Paediatrics and Child Health journal.

I have served in numerous roles in Windsor for the past 33 years, mainly as a pediatrician. When I came to Windsor, there were five pediatricians serving a community of about 300,000. I served as chief of pediatrics for about six years,

and during that time I worked as much as possible to increase the capacity of the department. We then went on to get the establishment of the satellite medical school, and as you will see, I was an associate dean of the school for some time.

I have been in Windsor and been in medicine and have known the fabric or the landscape of the medical community in Windsor for 33 years. I thought I would be able to help with the health unit. Somebody called me about, “Would you like to serve on the board of directors?” and I said, “What is the commitment?” She said, “Once a month.” I said, “Well, I’ll give it consideration.” Then, she said, “Go on the public appointments site and put your résumé there,” which I did. And with that, from then, I am sitting here today.

What I intend to bring to the committee, as I have said, depends on many aspects of what the committee does. As a physician, I thought I would be able to present them with informed decisions when it comes to child and adolescent care in the community. I would also be able to present them with current advancements and best practices in pediatric and adolescent care. With community insight, I have been there for some time and would be able to produce situations or give some enlightenment when it comes to tailoring services to who needs what in the community.

Then, advocacy for pediatrics: Every pediatrician is an advocate for children—which is what keeps us going, actually—and I hope that information that I may be able to provide to the board may help when it comes to prioritization of the unique health care needs of children and adolescents, and we would be able to also collaborate well, since what we do is probably like what you also do: mainly collaboration and encouragement when it comes to developing programs.

I’ve been a teacher for more than 30 years, and I have learned to make the complex more understandable. So I think when it comes to, say, health campaigns, I would be able to help in terms of breaking things down for situations to be more understandable.

I also have served as a member of the board of directors of Windsor Regional Children’s Centre and on the board of directors for the United Way of Windsor, as well as on the allocations committee of the United Way. I put in some summary of my exposure to leadership and teaching for you to see.

I intend to actively contribute to the work of the health unit, which is tasked with overseeing the delivery of mandatory programs and service guidelines set by the Ministry of Health of Ontario, the ministry of child and youth services, and the Health Protection and Promotion Act legislated by the government of Ontario.

I am going to leave it here as part of my introduction to the committee. Thank you for the opportunity.

The Chair (Mr. Will Bouma): Thank you very much.

We’ll now turn to the government for questions. You have seven minutes and 45 seconds. Member Gallagher Murphy.

M^{me} Dawn Gallagher Murphy: Thank you very much for being here today.

I did want to thank you for the care that you provide to children and to families. That truly is a calling, and I can tell from all your work and experiences that you’ve been invaluable to your community. So, first off, thank you very much for that.

As you’re aware, public health is a critical part of our health care system. Especially going through the COVID-19 pandemic—there is such a need to ensure that our public health units are strong and that they’re modernized, as well.

You’re probably aware that this past August in London, at the Association of Municipalities of Ontario conference, changes were announced noting that public health units can voluntarily merge to continue building healthier communities.

So my question to you would be, what do you think that you can do to support this modernization for the public health units and really bring our communities into a 21st century of care?

Dr. Mark Awuku: What I can do becomes—it’s not one person’s effort but, certainly, it’s going to be the teamwork. I’m aware of the proposals that were made in terms of encouraging local health units to compare what they do and see if there are things that they can do in terms of merging to get rid of overlaps and, also, as we said, to bring health services close to the community.

We know that COVID tested every situation, including not even only the health care. Health care did as much as possible, but then we have learned from it. In terms of what can be done to improve situations, it’s looking at—one will be emergency services, and that was addressed over there in terms of increasing the number of trained health care—that is, in emergency situations, so that we decrease the waiting times.

Also, ambulances and the workers with ambulances—as to why sometimes they get a code black where they cannot take anyone anymore, and you may see that they are waiting in the emergency departments to off-load patients so they can go back into their community. There have been situations where I think there has been a consideration by the government to ensure that they are going to fund nursing in situations where ambulances drivers can off-load patients so they can go back into their community. All these will help in smoothing and hastening making care available to people who need it.

Then, the next thing that you probably also asked is training of health care personnel—that the colleges are increasing positions. I think positions have been increased, where they are getting more positions to train health care professionals.

So I think this will all help in providing care. Care is already being provided, but as we said, to make into the next—yes, it’s going to move things forward.

0910

The Chair (Mr. Will Bouma): Three minutes, member Kusendova-Bashta.

Ms. Natalia Kusendova-Bashta: Good morning, Dr. Awuku. It’s really wonderful to have you here. With your 40 years of experience working as a pediatrician, you bring

a wealth of expertise, knowledge—and as you were speaking about, training and working in collaboration with nursing colleagues. It's really important to have that kind of experience on the board of a public health unit. I myself am a registered nurse. I worked in the emergency room. So it's always great to have one of our medical colleagues here with us.

I wanted to ask you, how do you feel that your experience over the last 40 years—and it has been varied across different sectors—will bring to the health unit? Also, one of the things that we're looking at right now and we're studying is interprofessional collaboration. Interprofessional health teams are really important. At the public health unit, you will also be collaborating with other board members. How do you feel that your experience and the concept of interprofessional collaboration will be of benefit in your work?

Dr. Mark Awuku: Where I trained, there's a procedure which we call exchange transfusion—where you would see a baby coming with severe jaundice going into brain damage, and we'd do exchange transfusion. The person who taught me how to do an exchange transfusion—in Ghana, we call them the nursing sisters. That's the British system. So it's a nurse who taught me how to do that, and working in collaboration with the teamwork—I tell my students, it makes one plus one become four. We don't work in little silos. That is something which is happening.

As chair of the CPD committee of the royal college of Canada, one of the things we are looking at is interprofessional collaboration, and as we are talking now, we are still working on programs in terms of continuing professional development aimed mainly at interprofessional collaboration. That always helps. It's not only the doctor who is there; the ward clerk is there, the one who cleans the floor is there. We all work together to make the situation or medicine function as it should be. So what I could do to make it better—well, we have to champion these conditions, wherever we are, to let people know that this is what needs to be done, and we actually are developing programs to teach that.

The Chair (Mr. Will Bouma): Unfortunately, that concludes the time available for the government side.

We'll now turn to the official opposition. Member Pasma, you have 15 minutes.

Ms. Chandra Pasma: Thank you so much for being here this morning, Dr. Awuku. I know it's not always the most comfortable experience to come before the committee and be grilled, but it really is an important part of our democratic process, that we have the opportunity to review the qualifications of government appointees. It's a power that the government doesn't always allow us to exercise as freely as we should be able to, but it is an important part of the process of assuring Ontarians that appointments are being on the basis of qualification. So thank you for coming and sharing your experience with us here and answering our questions. You certainly have very extensive experience in the health care system in Ontario.

One of my questions to you is, from the perspective of a health care provider, what do you see as the biggest chal-

lenges within our health care system right now, and how can you help to mitigate or advocate for or address those challenges in your new role on the board of public health?

Dr. Mark Awuku: This is not a simple question; that's right. What is the biggest challenge? I probably wouldn't be able to sit here and say this is the biggest challenge—but then we have to look at who is receiving care, and they will probably give us that perception of what they are receiving. To say this is what my concern is—probably somebody may say that is access to care, which is being addressed by increasing medical situations and increasing trainees. But in terms of seeing the biggest challenge—that would be difficult to pinpoint.

I know that there are people who are in the health care professions—some of them are tired because they are always working. That was there before I entered medicine, and it probably will be there after I leave medicine. Everybody is making that effort to make sure that access is made better—which probably would be what I would say the concern would be.

Ms. Chandra Pasma: Well, certainly. You mentioned everyone feeling tired, and I know this is something I hear from health care professionals in Ottawa, where I live—that nurses and health care workers, in particular, are burnt out, but family doctors as well. Many of them are leaving the profession because they can't take the working conditions any longer—the disrespect they have felt from the government over the past few years—and these departures are having a serious impact on access to care because of wait times, lack of access to family doctors driving up the number of people who have to use the emergency room to access even primary care, long wait times for surgeries, and lack of staff for beds.

Is there a role for public health in addressing some of these challenges in access to care or in taking some of the burden off other parts of our health care system so that we reduce the workload and we improve some of the working conditions for our health care workers?

Dr. Mark Awuku: I know that they are being addressed—as I was asked a few minutes ago as to what is being made to change. I know that training is being looked at and also different models of care are being considered. Yes, and this is at almost everywhere you go—I haven't been to any place where there isn't a concern about health care. Yes, it's not in Canada alone; it's almost universal. So I don't see that as an isolated condition, but I see the situation where we always have to assess, evaluate and see what we can do to make things better.

Public health is to make health care accessible and convenient to the target audience, to people who use it—but I see things as being addressed at this point.

Ms. Chandra Pasma: I'm particularly interested—you mentioned you see one of the things you will bring to the table as bringing informed decisions on best practices for child and adolescent care. I can tell you, my perspective as a parent of three is that this is an area where we have really not empowered public health units to fully support child and adolescent care.

The Ottawa Public Health unit, because of the loss of temporary COVID funds, has just gone down from 45 school nurses to one school nurse overseeing the entire Ottawa region, which is incredibly large—four school boards. So I see that as a real challenge, particularly when parents are already having difficulty accessing mental health resources in schools—access to family doctors.

I see a role for public health in helping to address those challenges, but I am wondering what you see as best practices that public health could be doing to address the challenges of child and adolescent care in Ontario.

Dr. Mark Awuku: They are there doing the work at the moment, but one area I think they could be looking at, which I think is also being looked at, is mental health. After COVID, I saw that we had a lot of children who required mental health—it wasn't like that before COVID, because our pediatric psychiatrists were not having long waiting times before COVID, but after COVID, it became like that, which is something that I think affected everybody.

0920

Mental health is something that can be addressed—so that we can try as much as possible to decrease waiting times for child and adolescent mental health.

Ms. Chandra Pasma: Another issue that Windsor-Essex is dealing with in particular—and it's not unique to Windsor-Essex, but they do have a challenge with opioid and substance abuse. There is a harm reduction site, SafePoint, which has opened under a federal exemption. They have made an application to the province for funding that would allow the site to continue to operate. It's not the only site in Ontario where this is the case, but that permission and those funds have not been granted, which puts the future of the site in jeopardy, and it concerns a lot of community advocates that we're not doing all we can to address the opioid crisis and make sure that, first and foremost, we keep people alive so that they can seek assistance with their addictions.

I'm wondering what you think is the role of the safe consumption site in ensuring public health in the Windsor-Essex region and what you think the board of health can do to address the opioid crisis in the region.

Dr. Mark Awuku: I think it's being addressed at this point. The one in Windsor is at 101 Wyandotte Street and is open; it's functioning, it's running. The city is supporting it to some point as well, and I was told that the government is also considering to come and support it.

Ms. Chandra Pasma: There has been an application made but no decision made on the application. So do you think the provincial government should support the—

Interjection.

Ms. Chandra Pasma: Okay, you're not going to pronounce on that one.

Another challenge within the Windsor-Essex region, again, not unique, is that there is a significant francophone minority. While we have health care workforce challenges generally, we have really specific workforce challenges for the francophone community in Ontario. Having qualified health care professionals who can provide care to francophones in their own language—I've had the experience of being in a francophone place where I had to try to explain

my health issues in French. I know how hard it is to speak in a language that's not your primary language and receive good care.

What do you see as the role of the board of health in ensuring that Franco-Ontarians in the Windsor-Essex region have access to care in their primary language?

Dr. Mark Awuku: This is something that, as you are mentioning, is going to evolve and get solved. In terms of what I can do for this, or the board of health can do, I would probably go and find out what they are doing at this point, because they may be doing things that I don't know, since I haven't been on the board yet. Sometimes it's like me interviewing somebody for medical school, and I say, "You are not a physician yet." Certainly, anything that will help improve care or patient outcomes is something that everybody considers. If I go on the board and the board agrees that this is going to be something that needs to be addressed, then they will prioritize it and see what we can offer for that.

Ms. Chandra Pasma: Thank you. I'm glad to hear that that element of access to care will be a commitment.

Over the past few years, the government changed the funding model for public health in Ontario, reducing the proportion that the province was contributing—which created great difficulty. I know when I speak to the Ottawa board of public health, funding is always a challenge, and the government reducing its contribution made funding an even greater challenge. Even with the announcement this summer that the government is restoring the 5% that they cut, the capacity is really not there to fully address the public health challenges within the Ottawa area.

Do you believe that the province should be providing additional funding and support to public health units so that you can fully play a role in supporting public health in the Windsor-Essex region?

Dr. Mark Awuku: I will say that funding for every organization—extra funding is always welcome; it doesn't have to be public health specifically. I know that from January 1, 2024, there is going to be, they say, a base funding of 75% from the province and 25% from the community. In terms of whether it's going to be good, yes, certainly any more funding will help.

Ms. Chandra Pasma: Okay, more is better.

I'm going to conclude with a series of quick, uncomfortable questions, but I ask them of all witnesses. I think it's important to have on the record.

Have you ever been a member of the Progressive Conservative Party of Ontario?

Dr. Mark Awuku: No.

Ms. Chandra Pasma: Have you ever been a member of the Conservative Party federally?

Dr. Mark Awuku: No.

Ms. Chandra Pasma: Have you donated to the Conservative Party or the Progressive Conservative Party?

Dr. Mark Awuku: No, I haven't.

Ms. Chandra Pasma: Have you ever worked on a Conservative election campaign?

Dr. Mark Awuku: No.

Ms. Chandra Pasma: Have you ever sat at the Premier's table at a family wedding?

Dr. Mark Awuku: Oh, no.

Ms. Chandra Pasma: Thank you. I'm going to turn it over to MPP Glover.

The Chair (Mr. Will Bouma): A minute and 45 seconds, MPP Glover.

Mr. Chris Glover: Thank you for your long service here—40 years of service—to children in Windsor and in Toronto. You mentioned SickKids at the beginning. Thank you for this.

What is one of the most—of the things that you've done, one of your accomplishments as a pediatrician in Canada?

Dr. Mark Awuku: One would be training medical students and training residents to make new pediatricians, examining them—and also helping to establish the satellite medical school in Windsor, and building capacity for the pediatricians in Windsor to be able to handle more complex situations.

Mr. Chris Glover: Thank you for your service. That's all my questions.

The Chair (Mr. Will Bouma): Good. We'll end there.

Thank you very much, Dr. Awuku, for your presentation today. Your work here is done, but I think I heard member

Glover advise you to take a tour of the building—because we do hope to remodel in a few years. If you have the opportunity, please do so, or you can stay and listen to our deliberations.

We will now consider the intended appointment of Mark Awuku, nominated as member of the Windsor-Essex County Health Unit board of health. Do we have a motion? Member Holland.

Mr. Kevin Holland: I move concurrence in the intended appointment of Mark Awuku, nominated as member of the Windsor-Essex County Health Unit board of health.

The Chair (Mr. Will Bouma): Concurrence in the appointment has been moved by member Holland. Is there any discussion? Seeing none, are members ready to vote? All those in favour? That is unanimous.

Colleagues, before we conclude, I just have one point: The deadline to review the intended appointment of Peter Danielson, selected from the October 20, 2023, certificate is November 19, 2023. Do we have unanimous agreement to extend the deadline to consider the intended appointment to December 19, 2023? I heard a no.

Colleagues, thank you very much. That concludes our business for today. This committee now stands adjourned.

The committee adjourned at 0933.

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