

**MIDDLESEX-LONDON BOARD OF HEALTH**

**REPORT NO. 12-25**

**TO:** Chair and Members of the Board of Health  
**FROM:** Dr. Alexander Summers, Medical Officer of Health  
Emily Williams, Chief Executive Officer  
**DATE:** 2025 February 20

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**AMENDMENTS TO MLHU ANTI-BLACK RACISM PLAN**

**Recommendation**

*It is recommended that the Board of Health:*

- 1) *Receive Report No. 12-25 re: “Amendments to the MLHU Anti-Black Racism Plan” for information; and*
  - 2) *Amend the Middlesex-London Health Unit’s Anti Black Racism Plan (ABRP) to include changes to recommendations 18, 27, 33, 36.*
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**Report Highlights**

- The Anti-Black Racism Plan (approved April 2021) has been updated to amend four recommendations. Recommendations 18 and 33 were revised to align with Public Health Standards, while Recommendations 27 and 36 were removed as they fall outside public health’s scope.
- These proposed changes were endorsed by the Anti-Black Racism Advisory Committee in 2024.

**Background**

The Middlesex-London Health Unit (MLHU) Anti-Black Racism Plan ([ABRP](#)) was endorsed by the Board of Health in April 2021. Additional background on the ABRP can be found in [Report 11-25](#).

The plan included 45 actionable recommendations. Just over two-thirds (67%) of the recommendations are implemented, in progress, or being sustained. However, four recommendations require revision as they fall outside the scope of public health practice. The proposed modifications were presented to the ABRP Advisory Committee on November 20, 2024 for discussion and to seek their counsel and perspectives on the modifications. This process reflects MLHU’s ongoing commitment to addressing anti-Black racism through thoughtful engagement, collaboration, and accountability. The proposed changes were endorsed by the ABRP Advisory Committee.

**Recommendations proposed for modification:****Recommendation #18**

“Create an ACB paid position at MLHU that will focus on relationship-building, communication, and connection between the ACB community and MLHU.”

- **Proposed modification:** “MLHU will ensure that recruitment and talent management practices are equitable such that members of the African, Caribbean, and Black communities can be represented and perform at their full potential in the workforce at all levels. Furthermore, MLHU will ensure that the voice of people with lived experience of anti-Black racism guides public health practice from within and outside of the organization.”
- **Rationale for modification:** Lived experience of anti-Black racism is critical to understanding the individual and structural factors that sustain racism and health inequity. However, a paid position for a person that identifies as a member of one of the ACB communities is not the only way to ensure that lived experience is part of the collective knowledge of MLHU. For example, regular and genuine engagement through the ABRP Advisory Committee is another mechanism to gain lived experience knowledge at MLHU. Nevertheless, MLHU has made lived experience of being racialized or a member of a racialized community a requirement for the Public Health Nurse role within the Health Equity and Reconciliation Team.

**Recommendation #33:**

“Seek out opportunities at community tables to advocate for increased Black representation and meaningful participation (including at decision-making tables), and call others to join in taking the initiative to challenge anti-Black racism and existing injustices.”

- **Proposed modification:** “The MLHU's Senior Leadership Team, in collaboration with the Anti-Black Racism Plan (ABRP) Advisory Committee and the Health Equity and Reconciliation Team, will prioritize community tables to advocate for increased representation and meaningful participation from Black communities.”
- **Rationale for modification:** Advocacy that advances the health of our community is a responsibility of the BOH enacted by the Medical Officer of Health in consultation with Senior Leadership Team (SLT) as outlined in the Healthy Public Policy Development Priorities and Positions policy. Input from the ABRP Advisory Committee will be critical to ensure that advocacy is advanced in ways that align with the African, Caribbean, and Black (ACB) communities' priorities.

**Recommendations proposed for removal:****Recommendation #27**

“Promote the creation and ongoing maintenance of an ACB health and allied health care professional directory so that ACB community members can more easily access practitioners from the ACB community if they wish.”

- **Reason for Removal:** This is outside the scope of public health mandate and practice.

**Recommendation #36**

“Advocate with health system leaders for ACB “Connectors” that can support ACB community members with connection and navigation within and across the entire health care system.”

- **Reason for Removal:** This is outside the scope of public health mandate and practice.

**Next Steps**

The MLHU acknowledges that recommendations 27 and 36 of the Anti-Black Racism Plan fall outside the jurisdiction of public health and, therefore, cannot be directly facilitated. However, we recognize the importance of advocating whenever opportunities arise. While the MLHU lacks the capacity and mandate to fulfill these recommendations directly, there remains strong commitment to amplifying the concerns of the diverse African, Caribbean, and Black (ACB) communities. Furthermore, MLHU is actively engaged with recommendations within the ABRP that hold staff and leaders accountable to collaboration, influence, and support for community systems addressing anti-Black racism. This includes significant efforts related to Recommendations 23, 14, and 20, which align with the MLHU’s commitment to advancing Anti-Black Racism projects and initiatives in partnership with community stakeholders.

This report was written by the Health Equity and Reconciliation Team.



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Medical Officer of Health



**Emily Williams, BScN, RN, MBA, CHE**  
Chief Executive Officer

**This report refers to the following principle(s) set out in Policy G-490, Appendix A:**

- The Health Equity standard as outlined in the [Ontario Public Health Standards: Requirements for Programs, Services and Accountability](#).
- The following goal or direction from the [Middlesex-London Health Unit’s Strategic Plan](#):  
We have strong relationships with our partners and are trusted by our community.  
Direction 1.1: Facilitate meaningful and trusting relationships with prioritized equity-deserving groups, specifically Black and Indigenous communities

**This topic has been reviewed to be in alignment with goals under the Middlesex-London Health Unit’s [Anti-Black Racism Plan](#), specifically recommendation #18, 27, 33, 36.**