



## Mobilizing Public Health Action on Climate Change Roundtable November 7, 2022 SUMMARY NOTES

**Purpose of Roundtable:** On November 7, 2022, the BC Centre for Disease Control and the Public Health Agency of Canada co-hosted “Mobilizing Public Health Action on Climate Change Roundtable”. The Roundtable was a knowledge exchange forum, organized to amplify the Chief Public Health Officer of Canada’s [Report on the State of Public Health in Canada 2022: Mobilizing Public Health Action on Climate Change in Canada](#), and for practitioners to share examples of their work with communities on climate action in BC.

There was only enough time during the Roundtable to present three projects from BC. We know that BC has many more intersectoral climate action projects that are ready to amplify. As a follow-up activity from the Roundtable, PHAC and BCCDC are collaborating to develop a collection of case studies to highlight more projects in BC working at the intersection of climate change and health. We anticipate this collection to be ready to circulate spring 2023.

### Key Messages from Roundtable:

- The ecosystem is our health
- Indigenous sovereignty equals sustainability – we need to take a two-eyed seeing approach to climate action
- Use health co-benefits as a way to promote mitigation
- Public health needs to be the champion of equitable climate action, using our foundation in health equity
- We need to respond to current crisis and long-term issues (upstream and downstream) at the same time – we have no choice. Discussions about immediate needs will drive longer-term considerations
- “Action and hope through art” - Engage heads, hearts and hands of students - integrating the scary science of climate change with art for protective mental health benefits
- Small scale community led action is where real change is possible - "for the community members by the community members"
- Importance of place-based approaches that involve the community in the planning, consider the community’s unique context and tailor the message and dissemination methods to the needs of the community
- Climate crisis, food disruption and rising food prices make a case for sustainable, regenerative, localized Indigenous food production

\*\*\*\*\*

**A recording of the event can be downloaded here ([download](#) to view all 90 minutes):**

[https://www.dropbox.com/s/cjmwveae03ga7nz/GMT20221107-230112\\_Recording\\_3840x2160%20%281%29.mp4?dl=0](https://www.dropbox.com/s/cjmwveae03ga7nz/GMT20221107-230112_Recording_3840x2160%20%281%29.mp4?dl=0)

## \*AGENDA\*

### Facilitators:

- Dr Sarah Henderson, Scientific Director, Environmental Health Services, BCCDC, National Collaborating Centre for Environmental Health (NCCEH)
- Courtney Smith, Interim Regional Director, Western Region, Public Health Agency of Canada (PHAC)

ITEM	TIMING	TOPIC DESCRIPTIONS	LEAD
1.0	3:00-3:10	Welcoming with Knowledge Keeper Shane Pointe (Sulksan)	Dr Sarah Henderson
2.0	3:10-3:15	Opening and Intros	Dr Sarah Henderson
3.0	3:15-3:20	Context Setting	Courtney Smith
4.0	3:20-3:35	CPHO Annual Report <i>Mobilizing Public Health Action on Climate Change in Canada</i>	Dr Theresa Tam
5.0	3:35-3:50	Questions & Discussion	Courtney Smith
		Examples of Action in BC	
		1. <b>A Community-centered Approach to Addressing Climate Change and Supporting Children's Mental Health.</b> Dr Maya K. Gislason, Associate Professor, SFU. Angel M. Kennedy, Researching for Eco-Social and Equitable Transformation (RESET) Lab, SFU.	
6.0	3:50- 4:20	2. <b>Indigenous Food Sovereignty in Tea Creek.</b> Peter Kok, Program Manager, Tea Creek. Flo Sheppard, Chief Population Health Dietitian, and Breanne Frenkel, Northern Health.	Dr Sarah Henderson
		3. <b>Heat Alert and Response System, Ashcroft BC.</b> Heather Deegan, Director, Population Health, Interior Health.	
7.0	4:20-4:50	Discussion	Dr Sarah Henderson
8.0	4:50-5:00	Closing Comments	Courtney Smith and Dr Sarah Henderson
9.0	5:00	Adjourn	

### 1. Welcoming with Knowledge Keeper Shane Pointe (Sulksan)

Sulksun is a proud member of the Pointe Family, Musqueam Indian Band and the entire Coast Salish Nation. Sulksun's motto is Nutsamaht! (We Are One).

In his welcoming, Shane asked us to open our hearts and minds, and as leaders, to lift up the hearts and minds of all Canadians to respect Mother Earth. He grounded the discussion in Indigenous ways

of knowing as the original stewards of the land and ecosystem. He reminded us of our dependency on Mother Earth and Her finite resources that we need to take care of. Ultimately, reminding us that 'We Are One'.

At the end of his welcoming, Shane gifted Dr. Tam his beaded poppy, made by his sister. In return, he was touched that someone gifted theirs to him, and then another to that person. He felt blessed to witness the circle of giving.

The Roundtable continued with a circle of sharing, of stories and evidence, from Dr. Tam and practitioners from BC.



## 2. CPHO Annual Report - Mobilizing Public Health Action on Climate Change in Canada – Dr. Theresa Tam

Dr. Tam provided an overview of her annual report. Objectives include;

- Mobilize the public health system around climate change action
- Establish public health as a key collaborator, convenor, and leader in the climate change landscape to promote health and health equity
- Amplify evidence-based recommendations for adaptation and mitigation and catalyse opportunities for collective action

### Key messages from presentation:

- The Ecosystem is our Health
- We must shift from anthropocentric (human-centered) worldviews and re-learn that we, as humans, are part of a complex and interdependent web on Mother Earth
- The recognition, support, and advancement of Indigenous sovereignty is needed to protect the environment – Indigenous sovereignty is sustainability
- Public health needs to champion equitable climate action, using our foundation in health equity
- Use public health ability to work across sectors to enable other sectors, ministries and departments to collaborate for transformative climate action and intersectoral co-benefits
- Use public health expertise in behavioural sciences to shift behaviour on climate adaptation
- PH can frame climate change in a very tangible way, ex., green house gas levels not very relatable, but health impacts are
- All knowledges, especially Indigenous knowledges, needed to tackle climate action
- With action comes hope

Finally, recognizing limited funding resources available to work in climate change and health, Dr. Tam shared information about the CIHR catalyst grant created to fund research areas recommended in the annual report.

### 3. A Community-centered Approach to Addressing Climate Change and Supporting Children’s Mental Health – Dr. Maya K. Gislason, Associate Professor, SFU and Angel M. Kennedy, Researching for Eco-Social and Equitable Transformation (RESET) Lab, SFU (Bios available in Annex A)



#### Summary of project:

##### Target Population:

- Focused on children’s health, especially mental health
- Focused on the systems that impact children the most – education, health, and living environments

##### Interventions:

- Studying the protective mental health benefits of integrating the arts and sciences to link the heads, hands and hearts of students through three projects:
  1. Working with educators in BC to learn about the role of youth in climate action, identifying how to use art for young people to express feelings and ideas about climate change
  2. Working with health providers and allied health professionals, working with children and youth in BC to learn how children’s mental health is affected by climate events and how community assets can be leveraged to support youth
  3. Working with researchers and communities across Canada looking at an intergenerational justice lens, equity actions for climate change, and sharing tools and frameworks.

##### Impacts:

- Building an understanding of the issues from the children’s perspective – their mental health is impacted not only by climate events but also by lack of action from adults, exposure to disinformation and crisis-oriented messages through the media, and school climate change curricula that traumatize students
- Integrating a range of place-based knowledges and priorities to create equitable, sustainable, and culturally sensitive solutions
- Paying particular attention to the unique needs of rural, remote, northern, and Indigenous communities
- Committed to co-benefits – climate change, environment, mental health, and beyond

#### Key Messages from Presentation:

- Children today have not lived in a world not impacted by climate change. The decisions we make now are determining their life course, their life chances and their health.

- Scientists and policy makers currently have solid baseline evidence about the interacting drivers of children’s and youth’s mental health in relation to climate change, which identifies interactions that are occurring across three significant life spheres: community, school, and healthcare.
- Action-oriented solutions that are age and stage appropriate and engage young people’s heads, hands, and heart are needed.
- Grounded hope, youthful energy and innovation, new priorities and principles to animate societal responses are needed.

**4. Indigenous Food Sovereignty in Tea Creek. Peter Kok, Program Manager, Tea Creek; Flo Sheppard, Chief Population Health Dietitian; and Breanne Frenkel, Northern Health, Tea Creek (Bios available in Annex A)**

<https://docs.google.com/presentation/d/1PhPnSEvRQFaaStcPiEkK7OGdOL2FztYf/edit?usp=sharing&ouid=108167379106809972183&rtpof=true&sd=true> (verification code – 419202)



**Summary of project:**

**Target Population:**

- Indigenous communities in northern BC
- Hoping to scale-up to Indigenous communities across BC and Canada

**Interventions:**

- Indigenous food sovereignty and trades training for Indigenous communities in the north and across BC – sharing the “Tea Creek Model”
- Based on traditional Indigenous agricultural principles
- Launched in 2020 in response to the climate crisis, the pandemic, and food security issues in the area which made a case for sustainable, regenerative, localized Indigenous food production
- Indigenous and community led, culturally safe, land-based, hands-on, experiential training
- Funded through community food action in rural, remote and Indigenous communities from BC Ministry of Health through a collaborative granting program from Northern Health and FNHA
- Tea Creek Model (TCM) is based on four areas:
  - Mental, spiritual, and emotional health
  - Physical health and wellbeing
  - Skills, trades, and work experience



- Agriculture, wild food, medicine, culture, and climate adaptation
- Training is provided in four areas: administration, building, nutrition and hosting, and growing

**Impacts:**

- Recognized as a UN Food Hero, October 2022 (<https://www.fao.org/world-food-day/food-heroes/detail/jacob-beaton-and-jessica-ouellette/en>)
- Trained Indigenous crews to work with communities to till foul land that was previously farmed
- 20,000 lbs of produce donated to communities, with over 5,000 community members impacted
- Graduated over 100 people from 6 nations
- 7,000+ meals served on site, with 5000+ additional guests hosted
- 86% Indigenous full-time staff from the local community
- Partnered with 6 First Nations and have 30 more wanting to partner!! Looking to scale up to train leaders to take the TCM back into their communities

**Key Messages from Presentation:**

- Co-benefits of this model are immense, including: mental health, physical health, job creation, job training, community capacity building, food sovereignty, food security, climate adaptation, and carbon capture
- Climate crisis, food disruption, and rising food prices make a case for sustainable, regenerative, localized Indigenous food production

**5. Heat Alert and Response System (HARS), Ashcroft BC - Heather Deegan, Director, Population Health, Interior Health (Bios available in Annex A)**



**Summary of project:**

**Target Population:**

- 7 nations at risk of impacts from extreme heat in Interior Health Authority catchment
- Interior Health region has some of the hottest communities in the country

**Interventions:**

- Working with communities to support community-led preparations for extreme heat:
  - Worked with community of Ashcroft to create a HARS plan
  - Hosted community workshops with local government partners across the region

- Worked with Indigenous communities to understand if what was learned through the HARS experience is relevant and meaningful to Indigenous communities
- Role in supporting community-led initiatives:
  - Administering and distributing funding from Health Canada
  - Convening cross-sectoral workshops with community and local government partners
  - Facilitating conversations between community, regional, and provincial partners
  - Providing health evidence and data to help assess vulnerabilities and impacts
  - Sharing resources - best practices, frameworks, information resources
- Working with Health Canada Climate Change and Innovation Bureau to support planning and response to extreme heat in rural and remote communities – specifically working with the implementation of the HARS Framework from Health Canada

#### **Impacts:**

- HARS plan created for the community of Ashcroft became template for other rural communities in the region
- Development of a tool kit for interior BC communities
- Knowledge exchange engagements and presentations at conferences, and with various communities of practice
- Publication in Canadian Journal of Public Health - Deegan, H.E., Green, J., El Kurdi, S. et al. Development and implementation of a Heat Alert and Response System in rural British Columbia. Can J Public Health 113, 446–454 (2022). <https://doi.org/10.17269/s41997-022-00611-1>

#### **Key Messages from Presentation:**

- Community driven approaches that use existing assets, embedded into existing systems in the community are integral to the success of the work – small communities, with limited budgets and limited staff can't take on an additional project - "for the community members by the community members"
- Important to understand existing networks and relationships to know how to share information - in Ashcroft, the post office is where information is best shared
- Concurrent and cascading emergencies - wildfires and wildfire smoke, extreme heat, housing affordability crisis, toxic drug supply PH emergency, etc. – put communities that lack existing capacity under significant pressure. These communities need added & dedicated financial support and capacity to integrate heat planning into broader community planning
- Communities are looking for guidance on role clarification, responsibilities, and who's taking the lead
- Collaboration across sectors is needed so that we each bring the best to the table and contribute to collective action
- Regional collaboration is an opportunity to pool resources and share the load
- Health plays a critical role but cannot lead the work, has an important support role
- Need to be patient with the process – it takes time to equitably develop heat plans and funding timeline should consider this
- It's very hard to get quantitative data in small communities – need to re-examine the value of qualitative data to assess the success of community-level climate action in rural and Indigenous communities

## ANNEX A – PRESENTER BIOGRAPHIES

**Heather Deegan:** Heather is a Director of Population Health with Interior Health, the health authority that serves people in the south-eastern interior of BC. Heather leads teams that promote health and prevent disease through their work with communities and families. Program staff work alongside local governments, and other leaders in communities, to help create conditions wherein people can be healthier. Engagement and collaborative efforts with councils, staff and other partners enables the health lens to be applied to planning processes and policy decisions.

Heather began her career as a clinical dietitian, and after completing a Master's degree with a focus on population health assessment, she knew that she would never return to a career in the clinical setting. She has worked in public health for 24 years in Ontario, Alberta and BC and has recently taken a focus on the intersecting fields of public health and climate change.

**Breanne Frenkel:** Breanne is a settler currently residing on the traditional and unceded territory of the Saik'uz First Nation. Her work supports community level organizations in accessing funding for projects addressing health and wellness initiatives. This involves the coordination and quality improvement of the IMAGINE Community Grants program and the Rural, Remote, and Indigenous Food Action Grant program. Additionally, she is involved with developing community partnerships and working on innovative strategies to maximize the impact of Northern Health's community funding programs.

**Maya (“may-ya”) Gislason:** Dr. Maya K. Gislason is an Associate Professor at Simon Fraser University's Faculty of Health Sciences, a Michael Smith Foundation for Health Research Scholar, faculty lead of the Planetary Health Research Group in the Faculty of Health Sciences and the founder of the Research for Equitable Ecosocial Transformation (RESET) Lab at SFU. As a climate change and health equity scholar, Dr. Gislason draws from her degrees in Women's Studies and Sociology to teach and guide research teams in developing Equity, Diversity and Inclusion (EDI) and intersectionality informed evidence generating tools and processes. Dr. Gislason works with communities to address the impacts of climate change on equity deserving groups and with children and youth to advance the field of supporting their mental health resilience and leadership in the context of climate change. Dr. Gislason's research focuses on connecting theory to practice helping address real world challenges, such as climate change and intensive resource extraction, with a particular focus on women and children's health.

**Angel M. Kennedy:** Angel is the Research Manager for the Researching for Eco-Social and Equitable Transformation (RESET) Lab, a PhD student at Simon Fraser University, Researcher for the Environment, Community Health Observatory (ECHO) Network, and coordinator of the Early Career Community for Ecohealth International. Angel holds a Social Sciences and Humanities Research Council (SSHRC) PhD Fellowship, and frequently assists in delivering and designing undergraduate and graduate-level social determinants of health courses. Her work focuses on research at the nexus of eco-social health, asset-based approaches, intergenerational equity, equity-informed knowledge exchange, and co-benefits.  
*to follow*

**Peter Kok:** Peter is the Program Manager for Tea Creek, an Indigenous led food sovereignty initiative based in Northwestern BC. There he leads program development, oversight and generates program support through outreach and collaboration. He also is developing Tea Creek's mental health plan that will be implemented in 2023. Peter works part time in private practice as a counsellor, supporting adults



in their mental health journeys and challenges. Peter is a settler, currently living and working on Sylix territory, of the Okanagan Nations.

**Flo Sheppard:** Flo is a white settler living on Laxyuubm Ts'msyen (Tsimshian) and Kitsumkalum lands since 1996. In her role as the chief population health dietitian for Northern Health she works with partners to support equitable and trauma informed public health messaging, initiatives, and policies. She holds a Bachelor of Science in Human Ecology (Cooperative Education) from Mount Saint Vincent University and a Master of Health Science in Community Nutrition from the University of Toronto.

## ANNEX B - Questions & Discussion Points

### 1. *How has the report been received so far?*

- There was not a lot of media interest, due to COVID-19 coverage. Dr. Tam appeared on CBC (“What on Earth” Podcast and in an interview). COP27 and the release of the National Adaptation Strategy will be further opportunities for communicating the report.
- The report was well received by ECCC as they can see benefits of behavioural sciences, used in public health, being applied to climate action.

### 2. *How do we distill the key action points and put it in front of intersectoral partners?*

- Look for opportunities to convene conversations with other sectors, e.g., with Canadian Federation of Municipalities and planners.
- Allocate resources smartly by getting funding partners to see health co-benefits, e.g., over half of the proposals for Smart cities infrastructure funding were health related.
- Framing is important: people understand, and are moved by, the tangible impacts of climate change, e.g., green house gas levels are distant and not as relatable as deaths from a heat dome or the mental health anxiety impacts in young children.
- *[Comment from Slide: I would like to acknowledge the prudent use of language from the presenters in the use of the word "action" on climate change, rather than 'fighting' climate change. I believe that words that insinuate aggression may act as a deterrent in general, to people who may be considering "action" to address climate change. Thank You for this important consideration.]*

### 3. *How do we prepare local public health units to anticipate displaced persons and migration?*

- Canada receives a lot of refugees and immigrants now. There will be more with climate crises. Public health needs to work with other departments which have responsibility in the areas of global affairs and immigration and refugees. The public health role is to convene the sectors, contribute data and evidence, and anticipate health needs.

### 4. *How might communities be supported to work with public health to advance community capacity?*

- Communities need capacity – human and financial. Support through programs like HealthADAPT by Health Canada is immense. *[Comment from Slide: HealthADAPT funding (HC) was vital to jumpstarting our work in climate vulnerability and capacity assessment -- in a time before substantial organizational/provincial funding was directed to this topic. Success demonstrated with this funding led directly to the growth of the now-institutionalized climate and health program within our public health unit (as well as our neighbour region Fraser Health). (Dr. Michael Schwandt, Vancouver Coastal Health)]*
- Other departments, including, Indigenous Services Canada, Crown-Indigenous Relations and Northern Affairs Canada, and Environment and Climate Change Canada, are also looking at how to support communities to increase capacity.

### 5. *Should we rethink the urgency necessary to respond to these threats?*

- We don't have a choice, we need to respond to the current issues and long term (upstream and downstream) at the same time. For example, health promotion was a part of the pandemic – there was focus on longer term mental health impacts while tackling the immediate needs of an infectious disease like COVID.

### 6. *CIHR funding?*

- The CIHR catalyst grant was created to fund research areas recommended in the CPHO annual report. More information is available on the CIHR website.

### 7. *What are the core public health competencies needed at the municipal level?*

- Best examples of climate change action in Canada have happened at the local level and this is the level that will have the most impact. Core competencies at the municipal level ought to include;
  - Knowledge mobilization and sharing of best practices across communities
  - Planning and built environment work
  - Adequate resourcing at municipal level
  - As leaders and advocates, we need to keep demonstrating and discussing concrete results; use this report to engage NGOs and translate knowledge.

**8. *How can public health balance mitigation and adaptation?***

- Mitigation is least understood. We have to focus on adaptation and help with mitigation by explaining health co-benefits.

## ANNEX C - Roundtable Attendees

Organization	Representatives
BC Centre for Disease Control (BCCDC)	Dr. Sarah Henderson, Scientific Director, Environmental Health Services Charito Gailling, Project Manager, Population and Public Health Dr. Geoffrey McKee, Medical Director Population and Public Health Melanie Kurrein, Manager, Public Health Svetlana Ristovski-Slijepcevic, Project Manager, Population and Public Health Phuc Dang, Policy Analyst Lorraine McIntyre, Food and Environmental Specialist Stefan Iwasawa, Project Coordinator
Public Health Agency of Canada (PHAC)	Dr. Theresa Tam, Chief Public Health Officer of Canada Courtney Smith, Interim Regional Director, Western Region Ponic, Pamela, Chief Of Staff, Office of the CPHO Pogany, Lisa, Director, Outreach and Stakeholder Engagement, Office of the CPHO Mandy Roberts, Manager, Policy and Intergovernmental Affairs, Western Region Jane McCarney, Senior Advisor, Western Region
National Collaborating Center on Environmental Health (NCCEH)	Dr Sarah Henderson, Scientific Director Lydia Ma, Manager Leah Rosenkrantz, Knowledge Translation Scientist Juliette O'keefe, Knowledge Translation Scientist Angela Eykelbosh, Knowledge Translation Scientist Kelsey James, Knowledge Translation Scientist
Environment and Climate Change Canada (ECCC)	Anna Classen, Regional Director General, West and Northern Regions Laniel Bateman, Director, Climate Change Adaptation Policy Division Frances Delaney, Policy Advisor, Climate Change Adaptation Policy Division Tomina Rioux, A/Director Strategic Relations Sukhraj Sihota, Senior Advisor
Office of Provincial Health Officer (OPHO)	Dr. Bonnie Henry, Provincial Health Officer (RSVP Tentative) Dr. Danièle Behn Smith, Deputy Provincial Health Officer, Indigenous Health (RSVP Tentative) Laurel Thompson, Director of Results Management
BC Ministry of Health (BC MOH)	Mary Cameron, Director, Climate Resilience Bryan Melnik, Senior Analyst Policy Research and Evaluation Andrea Godfreyson, A/Director, Injury Prevention and Healthy Settings
First Nations Health Authority (FNHA)	Dr. Shannon McDonald, Chief Medical Officer (sent regrets) Dr. Kamran Golmohammadi, Medical Officer, Public Health Jessica Hart, Community Food Security Coordinator Dionne Sanderson, Program Coordinator, Enviro Contaminants Paul Milller, Director, Community Development

Vancouver Coastal Health (VCH)	Juan Solorzano, Executive Director, Population Health Laura Chow, Senior Planner, Healthy Environments Dr. Michael Schwandt, Medical Health Officer Emily Lomax, Sustainability Consultant Sonja Janousek, Environmental Sustainability Manager Brooklyn Rocco, Planner, Healthy Environments Joanne Sadler, Lead, Injury Prevention Elly Tseng, Enviro Health Officer Craig Brown, Lead, Climate Change and Health Aneisha Collins-Fairclough Emily Brigham
Fraser Health (FH)	Sandra Gill, Manager, Environmental Health Services, Healthy Built Environment Program & Injury Prevention, Health Protection Kori Jones, Energy Manager Suzanna Kaptur, Community Planning Consultant
Interior Health (IH)	Anita Ely, Environmental Health Officer Heather Deegan, Director Population Health Mike Adams, Team Leader Kady Hunter, Climate Change and Health Lead Jenny Green, Team Lead for Healthy Communities Dr. Sue Pollock, Medical Health Officer Kelly MacDonald, Community Health Facilitator
Northern Health (NH)	Lindsay Seegmiller, Regional Manager, Population and Preventive Public Health Doug Quibell, Regional Manager of Environmental Health Flo Sheppard, Population Health Chief Dietitian Breanne Frenkel, Community Funding Coordinator Dr Raina Fumerton, Medical Health Officer Lana Pestaluky, Healthy Settings Advisor
Vancouver Island Health Authority (VIHA)	Dr. Shannon Waters, Medical Health Officer, Island Health Nancy Clements, Water, Healthy Built Environment Consultant
BC Cancer Agency	Breann Corcoran, Leader, Population Health
University of Victoria (UVic)	Dr. Trevor Hancock, Professor and Senior Scholar (Retired)
Simon Fraser University (SFU)	Dr. Maya Gislason, Assistant Professor Dr. Tim Takaro, Professor Dr. Meghan Winters, Associate Professor, Faculty of Health Sciences Angel Kennedy, Research Manager, SFU
UBC	Michael Brauer, Professor, School of Population and Public Health Kai Chan, Professor, Institute for Resources Amanda Giang, Assistant Professor, Institute for Resources Glory Apantaku, Institute for Resources, Environment and Sustainability (IRES)
University of Northern BC (UNBC)	Dr. Margot Parkes, Professor
Public Health Association of BC (PHABC)	Shannon Turner, Executive Director
BC Housing	Magdalena Szpala, Sustainability & Resiliency Director



BC Alliance for Healthy Living	Rita Koutsodimos, Executive Director
BC Healthy Communities	Jodi Mucha, Executive Director
BC Recreation and Parks Association	Rebecca Tunnacliffe, CEO (retired)
Consultants	<p>Darryl Quantz, Public Health Consultant</p> <p>Jade Yehia, Human Geography and Environmental Health Specialist</p> <p>Jennifer Fix, Principal, Ahne Studio</p> <p>Mark Holland, Principal - Westplan Consulting Group Inc</p> <p>Pam Moore, Principal at Pam Moore Consulting</p> <p>Claire Gram, Policy Consultant at Clarity Community Consults</p> <p>Peter Truch, Senior Mobility Engineer, Placemaking and HBE Specialist</p> <p>Tannis Cheadle, Health System Consultant</p> <p>Megan Turnock, Principal, LEES+Associates</p> <p>Robert Smith, Operations Senior Supervisor, LEES+Associates</p> <p>Jim Loney, Senior Director of Operations, More than a Roof</p> <p>Anne Burrill, Social Well-Being Consultant, Urban Matters</p> <p>Janna Janzen, Climate Resilience Planner, Forager Hill Consulting</p> <p>Peter Kok, Program Manager</p>
Municipalities	<p>Marylyn Chiang, Senior Policy Analyst, Union of BC Municipalities (UBCM)</p> <p>Peter Kok, Program Manager, Tea Creek</p> <p>Sarah Webb, City of Victoria</p> <p>Debije Jules, Public Health Nurse, Municipality of Durham (Ontario)</p> <p>Janelle Hatch, Food Literacy Coordinator, Capital Region Food and Agriculture Initiatives</p>
Provincial	Penelope Kuhn, Healthy Built Environment Coordinator, Nova Scotia Health Authority