

# Lambton Community Health Study Board Manual

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# Lambton Community Health Study Board Manual

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## Purpose and Content of the Board Manual

The structure and membership of the governance body has been finalized, agreed processes and rules for agreeing on decisions have been documented. This Board Manual brings together the material that has been agreed upon, and provides additional standards of practice for this Board. With this document, it is intended to minimize confusion, settle disagreements, and allow the Board to move forward with its stated goals and objectives. More specifically, the purpose of Board Manual is to achieve the following goals:

- Serve as a tool and central resource during the Board's work throughout the year; and,
- An important element in the orientation and training of new and current directors.

It is important to note that the Board Manual is not a static document, but rather dynamic document that changes to reflect Board decisions. As such, it is important to keep the Board Manual updated and Directors need to review it regularly to ensure the compliance to the process.

This Board Manual contains the following information organized as follows:

- **Section 1:** Names of board members and their biographies and terms of reference;
- **Section 2:** Conditions of membership, designated seats, organization structure, procedure for adding/removing members, role descriptions (chair, independent process observer, stakeholder observer, secretary);
- **Section 3:** Standard Operating Procedures;
- **Section 4:** Committees and taskforces (e.g., Technical/steering committee); and,
- **Section 5:** Guidelines (e.g., Conflict of Interest and Accountability).
- **Section 6:** Financial Guidelines

## Section 1: Board Members and the Purpose of the Board

### Purpose of the Board

The Board exists to organize and provide a governance structure for the creation and proper administration of a community health study.

The Board of Directors for the Community Health Study will have 14+/- voting members. They will represent the following areas / functions / constituencies with the current seat holder noted.

**Table 1:** Voting members of the Board of Directors for the Sarnia Lambton Community Health Studies.

Member(Alternate)	Area	Function/Constituency
Chris Greensmith	Lambton County	Medical Officer of Health
Anne Marie Gillis	Elected official	City of Sarnia,
Larry MacKenzie	Elected official	Village of Point Edward
Steve Arnold (Pete Gilliland)	Elected official	Township of St Clair
Jim Burns	Elected official	County of Lambton
Sharilyn Johnston (Lareina Rising)	First Nations	Aamjiwnaang First Nation
Dean Edwardson (Marc Mageau)	Industry	SLEA
Alison Mahon	General Public	Community Round Table
Keith McMillan	Unions	Sarnia Communications, Energy and Paper Workers Union
Jim Brophy Mackenzie (Margaret Keith Nora Maher)	Occupational Health	Occupational Health Clinic for Ontario Workers
Barb Millitt (Ada Lockridge)	NGO	Victims of Chemical Valley
Janet George (Diane George)	First Nations	Kettle and Stoney Point First Nation



There will be a number of *ex-officio* stakeholder observers:

- Health Canada – TBD
- Ministry of Environment – Pat Almost
- Ministry of Health & Long-term Care – TBD
  
- Epidemiologist, County of Lambton - Crystal Palleschi
- EHPS Environmental Health Specialist - Kim McAdam
- General Manager, Social & Health Services - Ken Dick (Secretary)

In addition, there will be an Independent Process Observer:

- Mary Jane Marsh

## Section 2: Membership

### Membership Rules

- There will only be one Principal seat holder per designated seat
- There will be a named Alternate per designated seat to replace absent Principals
  - Note: Where Alternates attend with Principals, they do not have standing at the meeting except as an observer.

### Role – Chairperson

The purpose of the position of Chairperson is to insure the integrity of the board's process and to represent the board to outside parties.

The Board Chair is responsible for providing leadership to the Board and co-coordinating its activities. The Chair facilitates and fosters co-operative relationships among Board members and between the Board and senior staff.

The Board Chair shall ensure that all matters relating to the Board's mandate are brought to the attention of, and discussed by the Board.

The Chair of the Board is an *ex officio* member of the TWG.

The Chair may:

- Attend meetings of any committee

## **Managing the Board**

The Chair shall:

- Ensure that the Board undertakes the full governance of the community health study and performs its obligations at law and to the community
- Communicate with the Board in order to provide all necessary information to enable the Board to make such appropriate decisions as may be required in accordance with its mission, vision and values,
- Establish a Board meeting schedule in consultation with the Board,
- Co-ordinate the development of the agenda and all appropriate information required for Board meetings and review Board minutes prior to circulation,
- Act as an ex-officio member of all Committees,
- Verify that the Board is appropriately represented at various functions
- Perform such other duties as from time to time may be determined by the Board

## **Role – Vice Chairperson**

The Vice Chairperson plays the role of the Chair when absences demand. Beyond that, the role includes:

- Setting the agenda for each meeting (in conjunction with the Secretary)
- Monitoring board performance (collective and individual)
- Work with the chair as a team to encourage organizational success through the management and implementation of good sound governance, regulations and processes

## **Role - Secretary**

The role of Secretary is the only *ex-officio* officer role and has no vote on Board matters. The responsibilities include:

- Responsible for ensuring that accurate and sufficient documentation exists to meet legal requirements, and to enable authorized persons to determine when, how, and by whom the board's business was conducted
- Records minutes of meetings, ensures their accuracy, and availability, proposes policies and practices, submits various reports to the board, maintains membership records, fulfills any other requirements of a Director and Officer
- Ensures that proper notification is given of directors' and members' meetings as specified in the bylaws
- Manages the general correspondence of the Board of Directors except for such correspondence assigned to others.
- Organizes meeting locations and
- Accountable to the Board of Directors

- Seek funding as directed by the Board
- May be designated by the Board of Directors as one of the signing officers for certain documents
  - Sign or countersign cheques, correspondence, applications, reports, contracts or other documents on behalf of organization

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## **Role – Board Member**

Individual board members have four tasks:

### **1. Community Representation**

The Board has a special responsibility and accountability to the community to act as trustees (or stewards) on their behalf as the community health study unfolds. The board represents the interests of the community and so must engage in two-way communication with the community. This will be done via informal, one-on-one encounters; more formally organized town hall meetings; etc.

### **2. Shape the Study**

The Board will determine the community health study questions and will shape the process, through the use of information provided by experts in the field.

### **3. Process Monitoring**

The Board will approve the study work plan and will oversee the Study Team doing the research (study) to ensure deadlines are met and that the pace of work is acceptable.

### **4. Performance Monitoring**

The Board will monitor the quality of work through the provision of expert advice from the TWG, scientific review committee, etc.

Board members may attend the TWG meetings, scientific review committee meetings, etc strictly as an observer. They would observe the work of the committee, but would not take part in any of the discussions, deliberations, etc.

## **Role – Independent Process Observer**

At all times, the IPO represents the interest of both the general public and the environment. His/her views and comments are of a personal nature and do not represent his employer. In addition, the IPO will ensure that there is timely and accurate information communicated to the public in an effective manner.

The purpose of the Independent Process Observer (IPO) is to oversee and report on the process used to conduct the study to ensure that it is transparent to the community and that communication with the public is timely and effective. Ideally, the Independent Process Observer (IPO) should have the following characteristics:

- Highly regarded member of the community;

- Sufficiently knowledgeable of health issues relevant to residents of Lambton County;
- An impartial third party;
- Be independent of any bureaucracy;
- Non-voting on the governing board;
- Independent of committees; and,
- Sits as a non-voting member of committees.

At all times, the IPO represents the interest of both the general public and the environment. His/her views and comments are of a personal nature and do not represent his employer. In addition, the IPO will ensure that there is timely and accurate information communicated to the public in an effective manner. Modeled after the Sudbury experience, the IPO's responsibilities include but not limited to the following:

- Regularly reviews the processes under his/her purview;
- Reports to the public on a regular basis;
- Act as an impartial observer and recorder of the process;
- Maintain the right to review information and files such as minutes of meetings, terms of reference, proposals, draft reports, and final reports pertaining to the HHRA/ERA process;
- Act as an observer and where necessary as a facilitator to ensure that proper practice is followed with the governing board and relevant sub-committees;
- Receive comment/input/complaints from the public on matters relating to process and respond appropriately (similar to an ombudsman role);
- Point out and suggest remedies for inconsistencies in procedures in consultation with committee members;
- Recommend process improvements to the Board Committee to ensure effective and timely completion of work assignments, investigations, studies, and reporting;
- Suggest opportunities to improve the process for a more effective outcome for all parties;
- Prepare a quarterly written report on the overall progress and direction of the work of the committees for dissemination to the public; and
- Encourage teamwork through consultation and communication.

Note: The IPO will attend all board meetings and as many committee meetings as she sees fit.

The IPO would not address complaints or concerns from the public, as to do so would impact the IPO's impartiality. However, all of the issues brought o the IPO will be directed to the Board Chair.

### ***Terms of Agreement for Independent Process Observer***

It is expected that the incumbent will continue the role of the Independent Process Observer throughout the length of the project upon mutual agreement of performance

functions. This length will be determined once the study specifications are in place, most likely by September 2008. The proposed remuneration is as follows:

<b>Item</b>	<b>Amount</b>
Retainer	\$250.00 per month
Per diem*	\$118.00 per meeting
Travel expenses	\$0.495 per km

*Notes:* \*The per diem includes travel time, meeting attendance and preparation and debriefing

### **Role – Observer**

- Observe the board process, but not take part in discussions, voting, etc.

### **Officers**

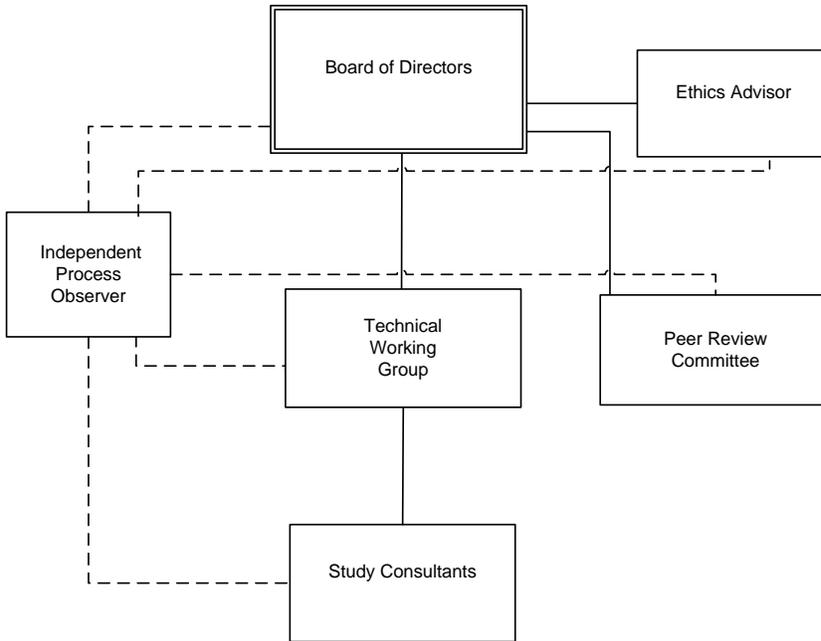
The officers of the Board shall be:

Chairperson – Warden Jim Burns  
Vice Chairperson – Keith McMillan  
Secretary – Ken Dick

### **Term Limits**

The board members will remain on the board until the community health study is complete or until they resign. With regards elected officials, they will remain on the board so long as they remain elected officials and / or so long as they are selected by their constituency to be on the board.

## Organization Structure



The Board of Directors will be the only decision-making body. They will provide direction to the Technical Working Group, which will in turn direct the Study Team.

The Board will call upon the Ethics Advisor and Peer Review Committee, as required, to provide opinions that will help them properly oversee the community health study.

## Section 3: Standard Operating Procedures

### Meeting Times & Frequency

The Board of Directors will meet the Thursday of every month. Where the ebb and flow of the seasons affects the community health study activity (i.e., July and August vacation time), the board may change the frequency of the board meetings to ensure quorum and substantive discussion.

### Meeting Place

The Secretary will determine the meeting place and communicate it to board members via the agenda.

### Agenda / Reporting Mechanism

The agenda will be set by the vice-chair in conjunction with the secretary and will be distributed one week in advance of each meeting. The agenda will be issued within the board package.

Both board members and alternates will receive the Board package.

### Quorum

Quorum will be 50% plus one of the total Board members.

### Audience

The board meetings will be open to the public. The board may choose to meet ‘in-camera’ for the following reasons:

#### In-Camera Proceedings

The Rules of Procedures will also apply to in-camera sessions, save for the following:

- No minutes shall be taken during in-camera proceedings, except to record motions passed by the Board

Board members and their alternates (should they also be in attendance) – both full members and ex-officio - will sit in on the in-camera sessions as will the IPO. The Observers will not sit in.

### Voting / Decision-making

Decision-making will be one of two ways:

1. **Consensus** – The chair will canvas board members on a given issue and will lead a problem-solving discussion to achieve consensus. Consensus is different from

other kinds of decision making because it stresses the cooperative development of a decision with group members working together rather than competing against each other. The goal of consensus is a decision that is consented to by all group members. Of course, full consent does not mean that everyone must be completely satisfied with the final outcome - in fact, total satisfaction is rare. The decision must be acceptable enough, however, that all will agree to support the group in choosing it.

Consensus will exist when each member can say:

- I have had the opportunity to voice my opinions
- I believe the group has heard me
- I can actively support the group's decision as the best possible at this time, even if it is not my first choice and

Consensus decision making requires:

- Sufficient time to explore all the information and opinions
- Strong facilitative leadership
- Members willing to contribute their views and discuss their reasons
- Commitment and effort to develop an atmosphere of honesty and openness in the group
- Willingness to confront and resolve controversy and conflict"

Upon canvassing the board, the Chair will call a consensus if he / she sees that one exists. Where one or more person disagrees with the Chair's view, a vote by show of hands will be undertaken and the details of the vote recorded in the meeting minutes. Where consensus cannot be reached, a different decision-making method will be used.

2. **Vote** – The chair will take a vote on a given issue. Board members will indicate their vote by raising their hands.

## **Attendance**

A board-attendance problem occurs if any of the following conditions exist in regard to a board member's attendance to board meetings:

1. The member (and the named alternate) or the Independent Process Observer (IPO) has two un-notified absences in a row ("un-notified" means the member did not call ahead to the Secretary within 2 working days before the upcoming meeting to indicate they would be gone from the upcoming meeting).
2. The member (and the alternate) or IPO has three notified absences in a row.
3. The member (and the alternate) or IPO misses one third of the total number of board meetings in a twelve-month period.

If a board-attendance problem exists regarding a member, the Chair will promptly contact the member or IPO to discuss the problem. The member's response will promptly be shared by the Chair with the entire board at the next board meeting. In that meeting, the board will decide what actions to take regarding the board member's or IPO's future membership on the board. If the board decides to terminate the board member's or IPO's membership, termination will be conducted per this policy. The board will promptly initiate a process to begin recruiting a new board member or IPO.

Note: Attendance requirements do not apply to Observers.

### **Duties and Privileges of Board Members**

No motion shall be debated or put unless it is in writing and seconded. For the purpose of this rule, the motion may be dictated to and recorded by the Secretary.

No Board member may speak more than twice on the same issue, except the mover, who shall have the right to reply when all the other speakers are finished.

No board member shall resist the rules laid out in the Board Manual or disobey the decision of the Chair or of the Board on questions of order, or practice.

No decisions of this Board shall be reconsidered, suspended, amended or rescinded without a vote in favour of doing so, supported by two-thirds of the members present.

In all unprovided cases in the proceedings of the Board, Roberts' Rules of Orders and Lambton Country Procedural Manual shall apply and be used as required.

### **Reporting**

#### *Chair Reports*

The board chair will present a monthly report to the board detailing any and all actions he or she has taken since the last meeting.

#### *Independent Process Observer Reports*

The IPO will present a monthly report to the Board for their information, outlining his or her activities and observations since the last meeting. The Board may ask questions about the report, but it is not for their approval, merely for their information.

The IPO's report will be available to the public and will be distributed by the Secretary.

#### *Technical Working Group / Committee Reporting*

All committees will present a monthly report, whether activity occurred or not. It will be put into the board package that will be received by each board member one week prior to the meeting.

*Public Input*

A mechanism will be created and run by the Secretary by which members of the public can ask questions, provide feedback or request a presentation to the board.

## Section 4: Committees and taskforces

### Technical Working Group

The Technical Working Group (TWG) is a small group of Board Members who can provide supervision of the technical aspects of the management of the study proposed. (NB: In the case of the Sudbury Soils Study, the TWG is composed of six organizations

The TWG is composed of individuals who provide themselves or have at their disposal technical expertise and resources to assist with their task. The defined tasks will be outlined separately under “Skill Set of the Technical Working Group”.

### Role, Skill Set and Membership of the Technical Working Group (TWG)

#### Role of the Technical Working Group

The TWG reports to the Lambton Community Health Study Board the role of the Technical Working Group (TWG) oversee the implementation of the overall Lambton Community Health study(ies) and advise the Board on issues of science and research methodology.<sup>1</sup>

The TWG shall:

1. Oversee the development of an Request for Proposal(s) (RFP) based upon the agreed upon health questions;
2. Oversee the development of criteria for evaluation and selection of the study team(s) to carry out the study(ies);
3. Present to the Board the results of their evaluation for approval by the Board.
4. Oversee the activities of the study team(s);
5. Receive progress reports as pre arranged and as requested from the study team(s);
6. Organize updates to the Board;
7. Assist the study team(s) with specific problems that may be encountered once the study(ies) are initiated;
8. Arrange the peer review of study team(s) reports at appropriate times;
9. Keep the Board apprised of any issues that may be of real or potential concern to the study such as: budgets; conflicts of interest; research methodology, etc.

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<sup>1</sup> Research methodology includes all study methods, implementation issues, overcoming challenges, ethical issues, and communications.

## **Skill Set of the Technical Working Group**

1. Knowledge of the organization and management of large project;
2. Knowledge of important issues concerning implementation of scientific research studies in general.
3. Knowledge of technical terms that may be used by study team(s);  
*e.g.* epidemiological terms, risk assessment terms and methods, significance of statistics, social science concepts, toxicology, *etc.*
4. Knowledge of the community;
5. Knowledge of environment technical issues;
6. Knowledge of industrial technical issues, emissions issues, *etc.*;
7. Knowledge of health issues

## **Membership of the Technical Working Group**

Community Round Table	Alison Mahon - chair
MOH	Chris Greensmith -
OHCOW	Jim Brophy
SLEA	Industry member with technical expertise – will find an appropriate person and report back to the Board

The TWG can bring expertise to the table if needed or wanted.

The Chair of the Board is an ex officio member of the TWG.

The IPO may sit into meetings of the TWG in his/her role as Observer.

### **Role of External Peer Reviewer (Advisor to the Board)**

- Not involved with the process and does not attend all meetings
- Reviews technical material from TWG on ad hoc basis and reviews ongoing work and special reports as requested
- Is familiar with Board mission and objectives
- Must have technical skills and credentials (TBD according to planned studies)

### **Role of Independent Ethics Reviewer (advisor to the Board)**

- Not involved with the process and does not attend all meetings
- Is familiar with Board mission and objectives
- Must have credentials as ethicist in environmental issues
- Reviews study progress, participation, results, and implications from ethical perspectives

### **Role of Study Team**

- Carry out the work as per RFP requirements  
(Study design, implementation, data collection, analysis, dissemination, *etc.*)

## Section 5: Guidelines

### Resignation

Board members must submit resignations in writing to the chair 60 days before the effective date.

### Community Representation

The Board of Directors has a special responsibility and accountability to the community to act as trustees (or stewards) on their behalf. The board represents the interests of the community and so must engage in two-way communication with the community.

The board should achieve the following:

- being accountable
- educating the community
- transparent operations

### Governing Style

The board will govern with an emphasis on:

- (1) acting in the communities' best interest
- (2) identifying and resolving common problems
- (3) strategic leadership;
- (5) collective decisions;
- (6) the future;
- (7) taking action.

Accordingly:

The board will direct and control the community health study through the identification and adoption of a common, central research question that is applicable to all communities.

The board will enforce upon itself and its members whatever discipline is needed to govern with excellence. Discipline will apply to matters such as attendance, preparation, policy-making principles, respect of roles, and ensuring continuance of governance capability.

Continual board development will include orientation of new members in the board's adopted governance process and periodic board discussion of process improvement.

The board will monitor and discuss the board's process and performance at each meeting. Self-monitoring, on a meeting-by-meeting basis, will include comparison of board activity and discipline to its policies.

## **Education**

It is essential that Board members be fully informed with respect to the background and context of the issues they are called upon to address. A firm commitment to continuing education is the responsibility of each Director, and a responsibility of the Chair to ensure opportunities exist.

### **Educational Opportunities**

Education opportunities will include, but will not be limited to, the following:

(i) **Director Orientation**

Each director will be oriented as to the role of the board, their individual role.

**Presentations at Board Meeting**

Information / education presentations will be a part of regularly scheduled board meetings. In addition, special educational sessions outside of board meetings may be at scheduled times as the Board may direct.

(ii) **Attendance at Committee Meetings**

Members of the Board of Director's may attend committee meetings (TWG, scientific review, etc.)

## **Conflict of Interest**

A conflict of interest refers to a situation in which private interests or personal considerations may affect an employee's judgment in acting in the best interest of the board and the community health study. It includes using a board member's position, confidential information or board time, material or facilities for private gain or advancement or the expectation of private gain or advancement. A conflict may occur when an interest benefits any member of the board member's family, friends or business associates.

## **Personal Conduct**

Board members are expected to conduct themselves with personal integrity, ethics, honesty and diligence in performing their duties for the organization. They are required to support and advance the interests of the organization and avoid placing themselves in

situations where their personal interests actually or potentially conflict with the interests of the board and the community health study.

### **Confidential Information**

Board members may not disclose confidential or privileged information about the property, or affairs of the board or the community health study, or use confidential information to advance personal or others' interests. Board members cannot divulge confidential or privileged information about the work of the board without authorization from the board chair.

### **Public Delegations**

Persons desiring to make a verbal / presentation to the Board on a factual matter or petition regarding the health study question, is to notify the Secretary – in writing – that they would like to address the Board 10 working days in advance of the next Board meeting. They must provide in writing:

- Who they are
- The group / organization they represent
- The nature of their presentation
- Rationale as to how it is relevant to the health study question

The Secretary will discuss the application with the Board Chair and Vice Chair and decide if the presentation should go ahead or not, and at which Board meeting.

Those people granted permission to present to the Board will be limited to a 10 minute presentation. Additional time may be granted by the Chair.

No person shall be permitted to speak to the board on the following matters:

- where the same issue has already been presented to the Board
- regarding a motion or position that the Board has already either voted to accept, unless a motion for reconsideration has been moved and passed by the Board

### **Section 6: Financial Guidelines**

Funds obtained by the Board will be held by The County of Lambton – Finance Department. The department will set up a separate bank account and general ledger to manage any grants, funding, etc received. Revenue and expenditures will be managed according to the County Council approved finance policy and procedures.

Purchases, tenders and Requests for Proposals (RFP) will be managed consistent to County Council approved purchasing policy and procedures

## **Appendix A - Background**

## Background

Adverse health impacts associated with exposure to environmental contaminants has been an area of long-standing concern among residents of Lambton County. Sarnia, the largest city within Lambton County, is also home of the ‘Chemical Valley’ referring to a stretch of the St. Clair River heavily populated by industry. While industry brings economic benefits to the region, emissions from industrial processes are also causes for concern.

To date, numerous ecological studies have been conducted relating geographic residence in Lambton County to health outcomes. The findings of these studies have not resulted in the resolution of the issue of the health impacts of local industry. More recently, publications on impacts to First Nations communities such as changes in sex ratio<sup>2</sup> and to Lambton residents such as increased hospital admissions<sup>3</sup> have added to the concerns. In all cases, health measures have been attributed to industrial emissions, air quality, and to environmental conditions in general.

While some assessments indicate that there may be elevated levels of some cancers and other health conditions in certain areas of the region, a clear relationship attributable to environmental chemicals at the individual level has not been demonstrated. Similarly, current studies do not provide adequate information to conclude that these substances contribute to excess morbidity or mortality rates in the region as a whole. Potential confounding factors need to be considered in the risk estimates. Particularly, important lifestyle factors and other determinants of health should be examined in relation to the above mentioned environmental factors.

In order to clarify in more depth the relationship between certain health outcomes of interest and environmental contaminants or industrial emissions, community leaders and many stakeholders agreed that a comprehensive examination of the issue is needed. While consensus has been reached regarding the need for an epidemiological study of some sort, the process needed to move forward need to be operationalized in a clear and transparent manner. This project was instituted to address the concerns that studies to date have generated, and to examine new questions, a new study to examine the health effects of industry on the Lambton communities. The process of developing the study questions, supervising a study implementation, and participating in the study process is encompassed by a management structure based on stakeholder participation and collaboration exemplified by this governance structure.

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<sup>2</sup> Mackenzie et al (2005), Decline Sex Ratio in a First Nation Community. *Environmental Health Perspectives*. 6:18. 113:1295-1298.

<sup>3</sup> Fung et al (2007), Impact of air pollution on hospital admissions in Southwestern Ontario Canada: Generating hypotheses in sentinel high-exposure places. *Environmental Health*. 113:1295-1298.

## Development of Governance Structure

In March 2007, the County of Lambton began to explore the development of a request for proposal (RFP) for the design for a health study in Lambton County. This request from Lambton County triggered questions about objectives and processes in achieving this goal. For example, a study must address questions of interest to those proposing the study; the study team should be chosen from among the best candidates to do such a study; and it is desirable for a study governance process to be in place to secure funding, to choose the best candidates, to provide feedback to the investigators and guidance on managing community participation and communication of the results. In order to address these questions in a clear and transparent manner, EOHplus proposed the establishment of a governance body to provide a means of moving forward with securing funding and developing the study objectives (questions), choosing candidates, making a road map for communicating results and following through on the implications of any findings, and outlining criteria for success. EOHplus also suggested the inclusion of an Independent Process Observer (IPO) to report to the public on the process used to conduct the study and other relevant matters.

On November 22, 2007 a workshop was held to discuss characteristics of different types of governance structures that could be used for the development of study for Lambton. Stakeholders from the public, different levels of government, non-governmental organizations, industry, First Nations, and academia were invited to attend to provide input into this process. Since this workshop, much progress has been made in moving toward formalizing a governance structure, an important and necessary milestone needed for the successful initiation and completion of a health study.