



# LAMBTON COMMUNITY HEALTH STUDY

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## **Discussions, Decisions and Action Plans: Moving the Lambton Community Health Study Forward**

A short report encompassing the discussions of the Board of the Lambton Community  
Health Study, at the February 28, 2013 meeting

## Overview

This document is a report focusing on the Lambton Community Health Study (LCHS) February 28, 2013 Board meeting in which consideration was given to whether or not the health study should continue.

Specifically, the meeting objectives were:

1. Understand the current status and context of the Lambton Community Health Study
2. Determine if the LCHS will continue
3. Identify what remains to be done and how to do it

The document outlines the discussions, the decisions and the actions agreed upon.

## Summary of the Meeting Discussion

The discussion covered the following broad topics:

- Current status of the project
- Achievements
- Remaining original objectives
- Resources required
- Strategies and goals
- Continuance of the LCHS
- Action plans

## Current Status of the Project and Achievements

(For full details, see the pre-work document “Pre-reading Package – Strategic Planning Session, February 28”, attached)

The project was designed in three phases. The first phase was about putting an appropriate governance infrastructure in place; the second phase was to identify the research questions to be answered; the third phase was to conduct the study (ies) that would answer the questions. To date, the first and second phases are complete. That leaves the design and the implementation of the study.

There were a number of points discussed

- A question was raised about what came after the study; what would be done with the results. The ensuing discussion suggested that any issues identified would be given sufficient profile that action would be taken by one or more levels of government to resolve. It was also agreed that more discussion on this was required.
- A question about whether or not the current Board had to be directly involved in conducting the community health study was brought forward. The idea of this is that the Board could hold onto the implementation of the study or it could advocate for the study, ensuring it was done but by other people. The consensus was that community health studies had legitimacy where the local community played an integral role in the implementation, so it was agreed that the Board would continue in its current role.
- There was a discussion around community grass roots advocacy and science coming together in this project and that the Board had to find ways of ensuring both elements were properly and appropriately given due consideration in the design and implementation of any study.

In the end, there was agreement that the Board had achieved many positive, progressive outcomes. It was stated and generally agreed that a lack of money was what was holding the Board back from completing the project.

### Remaining Objectives & Resources

Broadly, people felt that despite what had been achieved, the main objective was to actually complete the study. And that remains undone. Further, various participants shared that there is a level of discontent, or impatience from a number of people that the study has been going on for 5 years with no clear indications that phase 3 – the study itself – will be completed.

The discussion went from the general to the specific, with the identification of specific actions or objectives that needed to be done, including:

- Phase 3 with specific questions around:
  - Is there a concrete plan on how to complete the phase?
  - What is the scope?
  - Can we answer all of the research questions? If not, which ones should we focus on?
  - How much money do we need to conduct phase 3?
- Continued and increased communication to the community, both directly and through the media (about the achievements, the status, etc)

A key to achieving the remaining objectives is regaining the momentum. Some of the original Board members acknowledged that they expected to be wrapping up phase 3 at this point, rather than trying to find the resources to begin it. Time has passed. It has been some time since significant progress has occurred; the LCHS is no longer prominent in the community and that has to change for there to be final and full success. There is both angst and frustration amongst Board members and the community about the current state.

Leading up to the question about whether or not to continue with the LCHS, a number of participants shared their thoughts and beliefs about the importance of the study, what it meant to the community and how important it was to continue.

Additionally, the discussion about how research is conducted, lead to the conclusion that the design could not be separated from the implementation itself, so that funding for the entire phase had to be secured and one researcher / group of researches would be selected to do all of phase 3 work. In short, more money would be needed from the outset.

In talking about how funding has been secured to date, it was generally agreed that the relatively piecemeal approach of small pots of money, with in-kind resources provided would not work going forward. In asking for large sums of money, those with the funds want to know what the research will look like and how it will be conducted and the LCHS does not have those answers because that is all part of phase 3. At roughly this point in the session, Dean Edwardson of Sarnia-Lambton Environmental Association reiterated a point that had been made in the past, which was that the SLEA industry partners were prepared to pay up to 30% of a health study that was in keeping with the intent of the LCHS. To date, there had been reluctance on the part of the Board to accept anything more than 10% funding from industry, which stemmed from a concern that any findings from a study that was significantly industry-financed could be seen to be biased. That concern seems to have evaporated.

## Strategies & Goals

The discussion around strategy came back to the questions of 'what would be done, once the study was complete and the findings publicized' and 'what was the economic impact of what might need to be done to address those findings (e.g., future investments in health care)'. The intent of these points was to ensure that the Board thought through what it was trying to do and how it would have to construct its arguments to gain funding. This point came back later on in this section.

Other suggested strategies and goals that would help achieve the remaining objectives of the LCHS included:

- Examining other community health studies to learn how they moved forward to completion and identify what the LCHS might adopt from them
- Partner and / or ally with like-minded entities to help get our research questions answered
  - It was pointed out that other parts of the world have similar environmental situations and their studies might inform how we achieve our objectives
- No matter how the research questions will be answered going forward, the oversight and accountability to the project funders and the community will reside with the Board
- A focused communication plan to raise the profile of the LCHS, including branding and other marketing activities
- Re-invigoration of the Board and its governance model
- Focus more tightly by reducing the Re-evaluate what we do and don't do regarding research questions

Towards the end of this section, an idea was floated that would see the Board put together a formal 'ask' (a specific proposal to obtain funding) and let the outcome of that request determine how the Board moved forward. This idea became the way forward in answering the question about whether or not to continue with the Lambton Community Health Study.

## Should the LCHS Continue to Completion?

There is no question that all participants wanted to see the project completed in its entirety. The question was whether or not it could be completed, given the problems in securing funding. The two ideas were connected in the following way; a detailed request for money would be made to the most appropriate funding organizations. The decision to continue or to terminate the project would be contingent on getting that commitment.

When presented with this approach to determining if and how the project would move forward or be terminated, there was full agreement to adopt this strategy. In more detail, the strategy was developed into this:

The Board would put together an 'ask' that would be a formal funding request. It would include sufficient details to indicate what the intent of the health study is and how it would be completed, to the best of the Board's and the Technical Committee's ability. There would be a business plan, an implementation plan, etc. The request would be for a minimum of \$5 million, spread over a 5 year period. Industry's contribution of 30% of the total will be clearly stated, thereby indicating that there is significant financial support in the community. The requests (likely multiple) will occur sometime between November 2013 and March 2014. If money is not committed by April 1, 2014, the Lambton Community Health Study project will be terminated immediately.

***(Facilitators note – We identified \$5 million as being an amount of money that would answer some of the research questions; we didn't subtract the 30% from that amount to illustrate industry's contribution)***

Given that this was a Board meeting, a motion was made, seconded and received unanimous support. That motion is:

**The Board of the Lambton Community Health Study will secure a minimum of \$5 million in funding for the completion of Phase 3 of the study by April 1, 2014, or it will terminate the LCHS project.**

In the interim, the existing activities of the LCHS will continue.

## Leadership

The question of leadership was about having the human resources available and committed to moving the project to successful completion. The discussion began with a general sense that the right people were already in place, but that a few additional skill sets would be helpful to achieve the funding required. Specifically, the suggested people / suggested skill sets were made in the form of additional seats at the Board table, thereby expanding the overall size. A cautionary note was sounded about the need to make the Board larger; was the need to have access to skills to further the Board's objectives? If so, do such people need to sit on the Board or merely provide their skills, opinions, etc on a non-formal manner? There was no final agreement on whether or not seats would be added; we moved along to brainstorming additional people / skill sets that would be considered at a future Board meeting:

A representative from / a specific person:

- The hospital or the local Community Care Access Centre
- Lambton College / McMaster / University of Western Ontario
- Ministry of the Environment
- Research Park
- Youth demographic

There was also a counter-point to this suggestion of adding more people to the Board. It was pointed out that given the immediate direction of putting together a formal 'ask', the current Board was fully in the loop and may not need additional resources. Further, additional resources could be accessed on an ad hoc basis. Finally, that there was already an attendance issue with existing Board members and perhaps that issue should be addressed first.

## Governance

The questions here revolved around asking what changes are required / might be required, for the Board to be successful in moving to complete Phase 3. Generally, it was felt that the existing model served the project well. There were a couple of suggestions for changes:

- Add the Warden of Lambton County to the Board to raise the profile of the project
- Examine the Board meeting frequency
- Consider a steering committee or a funding committee to take on the funding request work

It was agreed that a formal task force be struck, with the interim name of the "Ask Task Force". The rest of the ideas would be more fully discussed at a future Board meeting and resolved then.

### **Striking the 'Ask Task Force'**

This task force will be the major focus for the Board between March and November. A short list of skills that should be available to the task force as it constructs the funding request include:

- Financial analysis and business plan creation
- Project planning
- Grant writing
- Communication
- Political connections

The membership of the task force does not need to be exclusively Board members. It was suggested that external members be handpicked so that the best possible skills and abilities are brought to bear on this task.

Rory Ring, Anne Marie Gillis and Alison Mahon are the initial Board volunteers.

The terms of reference have not been fully fleshed out but the task is to create a significantly detailed, fully formed funding request that would be approved by the Board no later than November 15, 2013, for use in securing a \$5 million commitment over 5 years.

## Action Plan

### In March

- Secure funding for the “Ask Task Force” (ATF) activities through November
- Strike and stock the ATF
- The LCHS strategic goals and directions would be reviewed by the Board to adjust and adapt them for use in the ‘Ask’ funding request, at March 25<sup>th</sup> Board meeting
- Invigorate the Board and get commitments to the new direction
- Communicate to the community about today’s meeting and moving forward
- Hold the first ATF the week of March 11 – 15

### April to June

- ATF to:
  - Refine Phase 3 cost estimates
  - Identify key activities
  - Firm up industry funding
  - Draft initial funding request for Board consideration
  - Get local MP / MPP input into the funding request
- Board to check in with various health study partners and get them up to speed with the recent moves
- Board to begin the soft cultivation of funders – get input from them

### July to October

- Create the ATF funding request implementation plan
  - Schedule of who to ask, where to ask and when (e.g., AMO Conference in August will have MP’s and MPP’s in attendance and is a good opportunity to socialize and ask)
  - Identify point people who will do the asking
- Formal approval of funding request and implementation plan by Board

### November to March 31, 2014

- Implementation of the funding request plan

### April 1, 2014

- Decision on whether or not to continue the Lambton Community Health Study

### **Suggestions on Moving Forward**

- Move quickly to get the ATF together and focused on its terms of reference. Don't be too detailed or worry about Board approval, but spend enough time that you understand the deliverables and generally who will be on the task force and what resources are available.
- Don't over burden the ATF. Make it a working group, much like the Technical Committee. Save the reviews and the political considerations for the Board meetings.
- Have the ATF present what they are doing every month or so, so that the Board doesn't get too far away from it, but not too close so as to essentially having the Board micro-manage the work.
- Consider communicating your intentions to ask for funds from the people you are going to ask; find out if they have specific formats, timelines, critical funding request components, etc.
- Create a Table of Contents for the final document first. Don't worry that it won't be accurate; you'll adjust it as you go, but you need a structure to get you started.
- Spend some time talking, discussing and getting input from people who know how to create such requests, so the ATF members clearly understand what they are doing and what the final product will look like.
- Consider using a facilitator to keep you on track in key meetings where difficult decisions / discussions exist.