

Hazelwood Mine Fire Health Study
Clinical Reference Group Meeting 1/2015 Minutes
Thursday 19 March 2015 at 6:00 – 7:30pm
The Annexe, School of Rural Health - Latrobe Valley
Latrobe Regional Hospital

Attendees: Joseph Tam (Chair) (JT), Andrew Tonkin (Teleconference) (AT), Ryan Hoy (Teleconference) (RH), Angela Scully (AS), Alistair Wright (AW), Fred Edwards (FE), Ian Webb (IW), Judi Walker (JW), Matthew Carroll (MC) and Gillian Ormond (Project Manager) (GO)

Apologies: Paul Lee

1. Introductions

- JT welcomed all invited to the first meeting of the Clinical Reference Group (CRG). All present introduced themselves to the group and advised of their area of expertise.

2. Terms of reference (TOR)

- JT clarified each item in the draft TORs.
 1. Advise on clinical fieldwork for the project
 - Each member to be contacted by the research group when needed for their particular expertise.
 2. Provide guidance on linkage of relevant local healthcare data
 3. Establish a process for dealing with abnormal results for individual participants
 4. Disseminate the findings to professional organisations
- The TORs were accepted by all in the group.
- JW noted it is possible to introduce additional expertise to the group if and when it is required. JW also thanked the members for volunteering to participate.

3. Confidentiality Agreements

- JW noted that Monash University is bound by contract with Department of Health and Human Services to ensure confidentiality of study data. Members of the Community Advisory Committee (CAC) have signed confidentiality agreements. Members of the Scientific Reference Group (SRG) felt these were not needed as each individual is bound by a code of confidentiality already. Members of the CRG were asked if they considered that confidentiality agreements were required and all agreed confidentiality agreements were not required for this group since members were bound by a code of confidentiality as health professionals.

4. Study overview

- JW and MC presented an overview of the Hazelwood Mine Fire Health Study research program which may be found in the presentation attached to the minutes.
- JW noted the importance of advising all this is a health study that is driven by science, not by the desires and requirements of particular interest groups. The community is integral to the study with the CAC as the peak group in the project structure.

5. Members' particular interests and experiences

- JW noted the strengths and expertise of the study team members and members of the project's reference groups. External expertise will also be sought when required.
- FE suggested it would be advisable to invite younger clinical advisors into the group for the long term stages of the study.

6. Scope and piloting of the adult survey

- MC advised the adult study is the focus of the project initially. The ethics application for this has now been submitted. The aim is to recruit 10,000 adults in Morwell and similar numbers in a comparison community. The comparison community will be chosen based on a modelling report from CSIRO.
- Participants for the sub-studies will be recruited from the adult survey and will include studies on an older population as well as children.

JW noted it will be important to minimise bias as much as possible in all the studies.

- MC enquired if the CRG would like to comment on the adult survey? The CAC have committed to pre-testing the adult survey after Easter.

Action: GO to get in touch with each member to determine if they would like to comment on the adult survey.

- A discussion on literacy and language proficiency and how to recruit participants ensued. It was noted A Computer Assisted Telephone Interview (CATI) will be conducted to assist the community in answering the survey. It was noted a 30 – 40 min survey may be too long for some community members to complete.

- David O’Keeffe has been appointed as Recruitment Coordinator and will be based at the local study headquarters.
- AT noted it is important not to compromise the short term outcome questions in favour of the long term outcome questions in the survey.
- MC noted that a media statement about the CAC membership had been released. The study team are happy to promote the study and will talk to all groups.
- FE requested a clear process on how to disseminate information when asked. JW noted a protocol has been developed for this.

Action: GO to send process of how to disseminate information when it is finalised.

- FE enquired if it would be possible to widen the title of the project. JW noted the official name of the study is Hazelwood Mine Fire Health Study with the short name of Hazelwood Health Study. The CAC have advised on the title and did not want to deviate too much from the original name. This will be open for discussion again as the study progresses.
- It was discussed how this long term study could inform health care planning in the future. JW noted the range and quality of data collected in the past has not been consistent. A data linkage officer will be employed in the study to link data such as PBS, Medicare and health service use. The data collected may be used like the Busselton survey in WA.

7. Other business

- No other business was noted.

8. Next steps

Action: JT to organise the next meeting for October/November 2015, if there is no reason to meet before then. Thursday is the best day for all.

- AW enquired if it would be possible to get a one page information sheet on the study.

Action: GO to put a package together of what the study involves to include interim website and to be in touch with group.