

Hazelwood Mine Fire Health Study

Project Scientific Reference Group Meeting 2/2016

Friday 2 December 2016, 11:00am-12:30pm

Hetzel Room, Level 5, the Alfred Centre

and via Zoom

MINUTES

1. Welcome & Introductions

In attendance

Michael Abramson

Jill Blackman

Melita Keywood

Brian Priestly

Rory Wolfe

John McNeil

Sharon Harrison (Minutes)

Apologies

Alexander McFarlane

Christine Roberts

Judi Walker

Dennis Moore

Michael Keating

Ross Coppel

Rebecca Kippen

MA acknowledged Rebecca Kippen's apology and noted that Hazelwood Health Study staff need to consult with her regarding population denominators for the write up of the Adult Survey.

2. Conflict of Interest

No conflicts of interest were declared.

3. Mine Fire Inquiry

MA reported that the State government had ordered a review of the scope, structure and governance of the long-term health study of the Hazelwood mine fire event. Deloitte's report did not recommend any changes to the Scientific Reference Group. The government has advised

that it will appoint a Ministerial Advisory Committee (MAC) to oversee the HHS, which the Department of Health and Human Services (DHHS) expects will be established by April 2017. While the composition of the MAC is yet to be determined, it was suggested that the Chairs of CRG and the CAC could also be members of the MAC. It is likely that the MAC would replace the Contract Committee meetings with DHHS.

MA reported that staff in the Department of Health and Human Services (DHHS) Environmental Health area are moving to the Environment Protection Authority (EPA). This represents around 30% of staff working in this area. MA reported that Michael Ackland is trying to set up a meeting with the CEO of the EPA and noted that he had recently attended an EPA forum that was also attended by the Chief Health Officer.

4. Adult Survey

4.1. Report on Recruitment (JB)

It was noted that a 12-month recruitment period has been compressed into six months, with recruitment to now close at the end of January 2017. JB reported that a recruitment rate of roughly 30% has been achieved in Morwell and 20% in Sale. There have been around 3,500 participants of the Study, around 2,800 in Morwell and 700 in Sale. The Study team is closely monitoring feedback regarding the barriers to participation. Local recruitment events have been run in order to increase participation, but these events have had limited response. Radio and newspaper advertising have been run to address key messages. Susan Denny has left community packs at various public venues, such as libraries, doctors' surgeries, sports centres, Probus groups etc., in Morwell and Sale and has spoken to clinic managers.

JB reported that the Hunter Research Foundation (HRF) denominator calculation excluded a lot of people we would consider to be eligible.

JB reported that younger adults seem to be under-represented amongst the participants, with a larger proportion of older participants than expected.

JB reported that telephone and on-line survey options have now closed, noting that the recruitment rate is better amongst those who were telephoned by HRF.

The refuser rate is 10%.

4.2. Potential extensions to study (MA)

MA noted that Deloitte had done a cost benefit analysis of extending the scope of the HHS Adult Survey to include emergency responders and people who worked, but did not live, in Morwell. The Government subsequently advised that the scope would not be extended and that any impact on emergency responders would be detected through routine monitoring.

4.3. Hazelinks Medicare Linkage (MA)

MA reported that the Productivity Commission inquiry is investigating ways to improve the availability and use of public and private sector data and noted that public servants treat public data like state secrets. MA advised that Medicare had refused to allow verbal

consent for the Medicare and Pharmaceutical Benefits Scheme (PBS) data linkage. Therefore this linkage had been removed from the Adult Survey protocol rather than include the administrative burden of obtaining paper consent. Researchers have instead requested anonymous data at SA2 level, which covers all of Morwell. MA noted that the Early Life Follow-up (ELF) was struggling to get participants to return written consent for their identified data linkage, with around 250 (or half) of the participants having not yet returned their forms.

5. Schools Study

It was noted that the Schools Study went into the field before the other streams, with pressure from the schools to undertake data collection in Terms 2 and 3 of the 2015 school year. This allowed little time for comprehensive piloting. A total of 323 surveys were completed, while qualitative interviews have been completed with 69 students, drawn primarily from Morwell. The Schools Study achieved an overall response rate of 15%.

MA reported that the Schools Study analysis identified some children who had elevated scores on the Children's Revised Impact of Events Scale (CRIES). Darryl Maybery, Leader for the Psychology Stream attended the Contract Committee meeting with DHHS in May, providing an update on the Schools Study findings. As a consequence of these preliminary findings reported by the Schools Study, the Chief Health Officer instructed the HHS to send out a letter and Fact Sheet to parents, schools and the primary health network in Gippsland.

The DHHS also instructed the HHS that a Clinical Pathway for Adverse findings should be prepared. A meeting of the Clinical Reference Group was convened to discuss the Clinical Pathway, with CRG Chair Joseph Tam, Dennis Moore, Paul Lee and Jo McCubbin contributing to the discussion. The CRG emphasized that the elevated CRIES scores on one occasion were not diagnostic and further testing would be required. The CRG recommended that children with persistently elevated CRIES scores should undergo further assessment. Paul Lee recommended the Achenbach Questionnaire be administered.

JB advised that a letter and Fact Sheet had been sent to all parents who participated in the Schools Study. The Fact Sheet was also sent to the Gippsland Primary Health Network, school principals and school nurses.

It was noted that the Schools Study has focussed on the high CRIES scores and has not completed the analysis of other data. The Schools Study's data analysis plan needs to be updated.

Action: It was agreed that the data analysis plan should be circulated to Rory Wolfe and that RW should advise Lahn Straney on the appropriateness of the data analysis plan.

6. CSIRO Air Quality Modelling

The SRG discussed the Air Quality Modelling report prepared by the CSIRO. MA reported on approaches to modelling emissions during the Hazelwood mine fine event. The CSIRO also estimated the amount of coal burnt, but did not have access to Engie data on the amount of coal

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burnt. It was noted that there was no air monitoring in the southern part of Morwell until ten days into the mine fire and thus the CSIRO modelling has aimed to fill in the gaps for this period. MA advised that satellite information will also be looked at. It was noted that it is difficult to model other chemical pollutants associated with fire-fighting foam.

Brian Priestly noted that estimating the toxicity of carbon monoxide is very complicated and the potentially different effects of peaks vs average exposure needs to be taken into account, as well as the possible /confounding effect of exposures to PM_{2.5} needs to be taken into account.

Action: Melita Keyword to provide a plain language statement on the main results.

It was noted there were temporal differences. It was suggested that this validated the assessment made by HHS researchers that it was not possible to write a simple algorithm for assigning individual exposures.

Action: JB to email Melita Keyword regarding the end of year close-off date for payments by the University.

It was noted that the once the draft report is finalised it needs to be sent to the DHHS. This will mean that the report will not be released until 2017.

7. Dissemination of Findings

MA reported that a fact sheet had been prepared and circulated on the initial findings from the analysis of ambulance call outs during the event.

8. Other Business

8.1. Community Briefing

JB reported that the Annual Community briefing took place on 29 November. Around 20 members of the public attended the meeting. The event was not attended by the media. It was suggested that all findings should be presented in a media release. It was suggested that JB discuss this with Wordwise.

8.2. Clinical Protocol

MA reported that the Human Ethics application had been submitted for the Respiratory and Cardiovascular Streams. The Protocol for the Respiratory and Cardiovascular Streams was circulated before the meeting. MA reported that the recruitment rate in Sale meant that the HHS would struggle to meet the target for the proposed sample size. RW has assisted with adjusting the sample size. Twice as many participants will be recruited in Morwell than Sale. SRG members were asked to provide comment on the protocol.

9. Next Meeting

It was proposed that the SRG meet again after the HHS annual retreat in February and once the results of the Adult Survey are available.

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