

Hazelwood Mine Fire Health Study

Project Scientific Reference Group

Meeting 3

Thursday 24 March 2016, 2:30-4:30pm

Hetzel Room, Level 5, the Alfred Centre, AMREP

MINUTES

1. Attendance:

Professor Michael Abramson (Chair), Monash University
Professor Ross Coppel, Director of Research, FMNHS, Monash University
Professor Rory Wolfe, School of Public Health & Preventive Medicine, Monash University
Dr Michael Keating, Medical Scientist
Dr Melita Keywood, CSIRO Ocean & Atmosphere Flagship
Dr Jillian Blackman, Project Manager
Dr Fay Johnston, University of Tasmania
Dr Sharon Harrison (Minutes)

2. Apologies

Professor Judi Walker, Monash University
Professor Brian Priestly, Australian Centre for Human Health Risk Assessment
Professor Alexander McFarlane, University of Adelaide
Associate Professor Christine Roberts, Kolling Institute, University of Sydney
Dr Rebecca Kippen, School of Rural Health, Monash University
Professor John McNeil, School of Public Health & Preventive Medicine, Monash University
Professor Dennis Moore, Director - Krongold Centre, Monash University

3. Conflict of Interest

Melita Keywood declared that her partner is a student who has started an Honours project working with the Hazelwood Health Study Schools stream. Michael Abramson noted that he did not perceive this as a conflict of interest.

4. Latrobe ELF Study

Fay Johnston joined the meeting of the Scientific Reference Group providing an overview of the Latrobe Early Life Follow-up Study (ELF) stream and reporting on progress. The ELF Study team have a recruitment target of 500. Refer to Powerpoint presentation provided by Fay.

Fay noted that the ELF stream will undertake assessments of respiratory and vascular function in Years 3, 6 and 9, commencing in 2017. It was noted that six years of age is about the youngest that spirometry can be administered. FJ noted that the tests that will be carried out are simple and non-invasive. Fay Johnston also reported that ethics approval had just been received from the Australian Institute of Health and Welfare (AIHW) for the Victorian Data Linkage.

Rory Wolfe raised a query regarding the retention of participants. Fay noted that the ELF study needs to start thinking about a retention strategy and that the monthly diary participants are asked to complete will offer an opportunity to follow up and re-engage with participants.

5. DHHS Recruitment Report (report to be circulated)

Jill Blackman reported that the Milestone report had recently been submitted to the Department of Health and Human Services, noting that the Older People stream is on track and the Community Wellbeing stream recently presented their findings on their analysis of social media during the Hazelwood Mine Fires and smoke event to DHHS.

6. Mine Fire Inquiry

Michael Abramson reported on the third report released by the Mine Fire Inquiry, noting that it is fairly positive on the whole and looks forward, particularly with respect to planning for health improvement in the Latrobe Valley. Andrew Tonkin and Michael Keating attended the meetings in the Latrobe Valley. Key recommendations relevant to the HHS are that the scope of the study should be reviewed and could also look at emergency responders to the Mine Fire. The whole of government response is still to be released. Michael noted that it will not be necessary to restructure the governance of the HHS.

It was noted that at the Community Advisory Committee (CAC) meeting in December 2015 meeting that Principal Co-Investigator agreed to step aside from interim Chair duties and an independent chair for the Community Advisory Committee would be appointed. Suggestions for a suitable candidate for fulfil this role were sought from the Scientific Reference Group.

7. Study Overview

Michael Abramson reported that that the Schools Study team approached 34 schools. Initially 24 schools agreed to participate and a further 2 schools subsequently withdrew. The Schools Study, eventually had a disappointing response rate of only 16% of eligible parents. Given the low response rate, it is not possible to exclude response bias.

8. Adult Survey

8.1. Victorian Electoral Commission (VEC)

Michael Abramson reported that the VEC had approved the data extraction from the Electoral Roll, after the Commissioner for Privacy and Data Protection agreed that the public interest test had been met. It has taken 8 months to obtain the approval. The data extraction will be subject to standard confidentiality conditions. The Dean of the Faculty has provided permission for Michael to sign the agreement on behalf of Monash University. The University's office of General Counsel has raised issues with respect to liability and indemnity, specifically the issue of employee misconduct leading to disclosure, and is seeking to vary the agreement. It was noted that the Privacy Commissioner may also require a privacy audit.

8.2. Reimbursement of Participants

Jill Blackman reported that the Project Steering Committee had made the decision to offer a reimbursement of \$20 to those who participate in the Adult Survey, noting that, given the low recruitment rate in the Schools Study, this is a necessary step.

It was noted that money from the participant reimbursement will go back into the local community through the provision of Latrobe City gift cards, which can be redeemed at local businesses in Morwell. In order to avoid problems with the theft of gift cards, a local newsagent in Morwell will distribute the gift cards. Confidentiality issues will therefore arise as a consequence: participants will need to agree to the release of their name for the purposes of distributing the gift cards; and the newsagent will be required to sign a confidentiality agreement.

8.3. Hazelinks Medicare Linkage

It was reported that Medicare approved the release of identified MBS/PBS data, but not verbal consent. Obtaining written consent would involve additional layers of complexity for participants and as a consequence is not viable. The HHS will now only seek an extract of anonymous data from Medicare. The disadvantage of this approach is that data on confounding factors will not be available.

9. Schools Study

It was reported that the Schools Study had a return rate of 15.6%. The Schools Study researchers were forced to go into the field before they were ready because the Department of Education and schools stipulated that the survey must be done in Term 2 and Term 3. The time constraints also meant that the team had no opportunity to re-group after their pilot. In hindsight, the Schools Study probably needed to provide an incentive for participation. The problems in the recruitment for the Schools Study has been flagged in the report to DHHS.

Given the low participation rates in the School Survey, a number of the Study's research questions cannot be answered and there are limits to the usefulness of a longitudinal approach. The Schools Study team are brainstorming about how to gather data in different ways, such as NAPLAN results and qualitative interviews with key school staff. Using the available data, researchers will be able to provide simple analysis for the report to DHHS and mixed-methods analysis using the qualitative data collected through interviews. Darryl Maybery has recently met with biostatistician Lahn Straney to discuss the data analysis plan.

Action: Invite DM to the next meeting of the Scientific Reference Group.

10. CSIRO Air Quality Modelling

The CSIRO Air Quality Modelling Report and comments from Brian Priestley were circulated ahead of the SRG meeting.

MK noted Brian Priestley's comments and that the Environment Protection Authority has also provided comments. The EPA has approached the CSIRO regarding emissions from the mine.

It was noted that the CSIRO's Air Quality Modelling report is not on the HHS website yet and that a lay summary will be prepared for the website. The next report from the CSIRO is due in June. Researchers are also considering concentrations from different pollutants in the context of other events.

11. Publications Process

The HHS Publication Policy was circulated ahead of the meeting.

JB reported that an issue had arisen with conference abstracts/proposals. The results of the HHS should be released to the community so that they are adequately informed and the HHS team (and DHHS) are not keen to delay the release of results. The Community Advisory Committee has expressed the concern that information released to the public should be provided in a form that it can be understood by lay persons and also include information regarding “what you should do if you have concerns”.

According to the Publication Policy, 30 days notice is required for DHHS before submission. Publications need to be endorsed by the SRG before submission to DHHS. It was suggested that the HHS should refer results to DHHS and allow them to determine how to release information. Melita Keywood emphasized the difference between an abstract and a full report.

RC emphasized that the team needs to ensure that the community does not find out indirectly and that the HHS needs to provide information and adequate support for the community, as there is a risk of the HHS could lose the good will of the community.

Action: Request a meeting with a Ministerial Advisor to discuss the release of results.

MA noted that DHHS did not require that the SRG review abstracts and that he was not sure that this was the right type of review. He was also concerned that the demands on the SRG would increase as time goes on. It was noted that the Project Steering Committee was not independent.

Decision: It was decided that abstracts should be sent to a selected group of SRG members, depending on the topic of the abstract, and that this selected group should confirm whether they endorse the submission of the abstract. This could be trialled with the next few abstracts that are submitted.

12. Other Business

Michael Keating noted that a contact at the VMIA had advised that they have data for SEC employees and that the Yallourn Brown Coal Mine fire in 1944 could provide a point of reference to the Hazelwood Mine Fire. The data would be in the Death Index.

13. Next Meeting

Ross Coppel suggested that the issues with communication/the release of results need to be resolved. It was agreed that if the issues with the release of results are resolved offline then another meeting should be convened in six months.

Scientific Reference Group

Preamble

The Scientific Reference Group (SRG) comprises scientific experts in the various scientific disciplines contributing to the study who will provide input into the study directions. These include, but are not limited to: toxicology, psychiatry, sociodemography, biostatistics etc.

Meetings and Membership

Meeting at least twice a year, by tele-/video-conferencing or face-to-face, the SRG will be initially Chaired by Professor Michael Abramson. Meetings will be minuted.

Terms of Reference

The specific roles of the SRG are to:

1. Assist the academic leads and stream leaders develop their research plans
2. Monitor the progress of the study's research activities
3. Provide the academic leads and stream leaders with ongoing advice
4. Review protocols and adherence
5. Function as a data monitoring and safety board in the event of adverse responses or complaints
6. Consider proposals for new research activities or streams
7. Identify potential new collaborations and recruits
8. Provide guidance on the annual review of research activity, and consider and endorse the review report.