

# Hazelwood Mine Fire Health Study

Scientific Reference Group Meeting 2/2019

Tuesday 26 November 2019

4.00-5.00pm AEST

Jolley Room, Level 2, 553 St Kilda Road

and via Zoom

**MINUTES**

## Membership:

### 1. In attendance

Professor Ross Coppel (Chair), Professor Michael Abramson, Dr Jillian Blackman, Dr Beth Edmondson, Dr Sharon Harrison (Minutes), Dr Melita Keywood, Associate Professor Rebecca Kippen, Professor Alexander (Sandy) McFarlane, Professor Rory Wolfe

### 2. Apologies

Professor Michael Ackland, Professor John Attia, Associate Professor Jane Ford, Professor Anna Hansell, Michael Keating, Professor Judi Walker, Professor Graeme Zosky

### 3. Conflict of Interest

No conflicts of interest were declared.

### 4. Minutes of previous meeting (Att. 1)

The minutes of the previous meeting were accepted.

MA raised a process issue with respect to the confirmation of minutes for the SRG, which has been meeting twice yearly. The confirmation and release of the SRG minutes has been delayed, due to the infrequency of meetings. Given the proposed changes to the governance of the Study, MA proposed that in future SRG meeting minutes be circulated and confirmed in between meetings.

RC agreed with this proposal, suggesting that the minutes be circulated after the meeting and members be given two weeks to provide corrections/additions.

### 5. Proposed Changes to Governance

MA reported that the Study had reviewed its governance structure following a decision by DHHS that the budget envelope would not be increased in Years 6-10 of the Study. The current governance structure for the Study is resource intensive and the Study team is looking to reduce

the administrative load. A proposal for revisions to the Study governance will be submitted to DHHS following consultation with members of the SRG, CRG and CAC.

It has been proposed that the Study collaborate more closely with the Latrobe Health Assembly and increase engagement with local doctors via the Latrobe Regional Hospital.

- **Requirement for SRG Member to Review of Study Research Outputs**

JB has proposed changes to the requirement for a SRG member to independently review each Study paper/report before it is submitted to DHHS for approval. This requirement has sometimes proved problematic, as SRG members are already listed as co-authors on some papers/reports. JB proposed that SRG members be offered co-authorship where they provide significant feedback on a paper.

Rebecca Kippen advised that she would be happy with the proposal that SRG members be offered co-authorship where appropriate.

Melita Keywood suggested that the plan to merge activities of the CRG and CAC with other health bodies in the Latrobe Valley was a good idea. MK supported the offering of co-authorship, adding that this would depend on the contribution provided by the reviewer. Beth Edmondson agreed with MK's views, emphasizing that the reviewer would need to make a meaningful contribution to be offered co-authorship.

It was emphasized that the Study would need to ensure that there are not any unexpected/unintended consequences vis-à-vis the independence of the review.

RC emphasized that maintaining the Study's community license is paramount and the Study needs to continue involving the community. RC suggested that if the CAC/CRG are to be dissolved and the Study engages with the local community and health professionals via the Latrobe Health Assembly, it would be desirable to have the Hazelwood Health Study listed as a standing item on the LHA meeting agenda so that the visibility of the Study in the Latrobe Valley is maintained.

RC stressed that there will need to be a communications strategy to explain the changes to governance and community engagement to the local community.

RC noted the feedback provided by SRG members in relation to the review of Study papers/reports and co-authorship, emphasizing that there are criteria that can be used to determine whether co-authorship should be offered and papers submitted for publication are subject to a scholarly review process.

MA agreed that it is important for the Study to maintain a community license. He noted that the LHA did not exist in 2014 when the Study was set up. The Study also maintains close links with LHA Board Chair, Professor John Catford, and LHA Executive Officer, Ian Needham. There is also a requirement under the contract with DHHS to hold an Annual Community Engagement session.

JB emphasized that she is concerned regarding the burden on SRG members who spend a considerable amount of time reviewing papers/reports and she would like to find a balance

between sourcing appropriate experts to review papers/reports and offering authorship to reviewers, where appropriate, in recognition of the work involved in reviewing papers. At present, if a member of the SRG is already a co-author on a paper then another reviewer needs to be found.

- **SRG Meeting Frequency**

MA advised that the Study team is looking to reduce the workload around governance and proposes to reduce the frequency of the SRG meetings to once a year, with members responding to questions raised out-of-session as has been the practice for the SRG.

RC suggested that a Slack workspace be set up, as this will support group discussion and contributions will be recorded sequentially. This is better than having feedback recorded in a long email chain.

These proposed changes to governance were accepted.

RC reported that some University committees are using the Slack platform to circulate and review committee papers and proposed that Slack be used for the SRG. Feedback provided on committee papers is recorded in one location, rather than contained in a series of emails.

## 6. Revised Project Plan - Years 6 & 7 (Att. 2)

The SRG's contribution to the development of the Study's Revised Project Plan for Years 6 & 7 was acknowledged. MA noted that unfortunately DHHS did not increase funding for the Study and it will therefore be necessary to limit the scope to work within the original Study budget.

RC encouraged Study researchers to look for opportunities for follow-on studies, basing further work on the Study data.

## 7. Study Findings

- **Hazelinks Mortality Report (Att. 4)**

MA reported that researchers had identified an additional 11 deaths in Morwell during the first 30 days of the mine fire, attributed with the mine fire event. This is an important finding. The results of this analysis were not entirely as expected but accorded with the information provided to the mine fire inquiry in relation to mortality attributable to the mine fire event.

The analysis compared Morwell to the remaining parts of the Latrobe Valley, and then non-exposed parts of Gippsland, focussing on the 30 days when residents were exposed the most. This was compared to the year before the fire and 1 year after the fire.

RC requested that Table 4 from the Mortality Report be included in the meeting notes.

**Table 4 Summary of associations between time period, location and mortality**

Cause of death	In all Latrobe Valley (incl Morwell)	In Morwell	In the rest of Latrobe Valley
<b>During the mine fire</b>			
Overall deaths	As expected	As expected	As expected
All injuries	Increased, particularly in men and in residents aged 80+	Increased (may account for most of the increase in all Latrobe Valley)	Increased (weak)
All cardiovascular	As expected	As expected	As expected
Ischaemic Heart Disease	As expected	As expected	As expected
All mental health	As expected in total population, a small increase in risk among women	Too few cases to estimate	As expected
Respiratory-related	As expected	As expected	As expected
<b>In the 6 months after the mine fire</b>			
Overall deaths	As expected	Increased (weak)	As expected
All injuries	As expected	As expected	As expected
All cardiovascular	Increased, particularly in men and in residents aged 80+ (and weak evidence in residents aged <80)	Increased	As expected
Ischaemic Heart Disease	Increased, particularly in men and in residents aged 80+	Increased (may account for most of the increase in all cardiovascular)	As expected
All mental health	As expected	As expected	As expected
Respiratory-related	As expected	As expected	As expected

There was some evidence of an increased overall risk of death in Morwell in the six months after the mine fire period, which was anticipated based on the Mine Fire Inquiry data. In the six months after the mine fire, an increased risk of death from cardiovascular conditions, particularly Ischaemic Heart Disease, was observed in Morwell and the broader Latrobe Valley. In the first 30 days of the mine fire period, the analysis of the death data showed an increase in injury-related deaths in males and in people over the age of 80 in Morwell, and in the broader Latrobe Valley. Most of the increase in injury-related deaths was in Morwell. There was also a small increase in mental health-related deaths in women.

Belinda Gabbe has reviewed the Mortality Report. In relation to the increase in injury-related deaths associated with the mine fire event, BG advised that this sort of phenomenon has been recorded before and had suggested that researchers might access the National Coronial Information System. MA discussed the findings with Richard Basset, Deputy Director, Victorian Institute of Forensic Medicine, who advised that given that the increase in

mortality numbers are relatively small a formal request to the National Coronial Information System may not yield a lot of information.

MA noted that there was not an increase in respiratory-related deaths. The SRG considered possible reasons for this: were those with respiratory conditions more conscious of the risks and did they take preventive action? Analysis of the PBS and VAED data has shown increased use of respiratory medications and increased hospital admissions.

It was suggested that the mortality report could be sent to an external reviewer, given the sensitivity around mortality.

RC asked whether there would be further analysis of mortality. MA advised that the Study has deidentified data extracts for the whole of the Latrobe Valley and linked data for a cohort of 4,000. MA noted that as further time passes we are losing the connection with the mine fire event and the closure of the mine and power station will also have an impact.

RC suggested that it would be helpful to know the number for each cause of death. The SRG discussed whether numbers for each cause of death should be included in the report.

The SRG discussed which conditions are included in the category of mental health, including dementia, suicide and depression and whether those suffering from depression were already depressed or new onset?

The SRG discussed the public dissemination of the Mortality Report. It was noted that this report is likely to attract attention from the media and broader community. The report has not been approved for release by DHHS yet. It was emphasized that the report findings should be presented in lay language and sensitively.

Sandy McFarlane noted that increase CV-related mortality has been observed around earthquakes, events which cause acute stress and PTSD, and suggested that this be written into the Mortality Report. AF advised that he will forward references for some papers on PTSD and CVD following the World Trade Centre Disaster and the CVD after the Great East Japan Earthquake and resulting in a nuclear disaster, the Fukushima Daiichi Nuclear Power Plant accident.

## **8. Other Business**

There was no other business.

## **9. Date of Next Meeting**

The SRG discussed the date for the next meeting. MA suggested that it might be helpful to schedule the meeting in September, before daylight saving time commences in Australia, as this time may work better for Anna Hansell. A Slack workplace will be set up in the interim to facilitate consultation with SRG members.

RC thanked the SRG members for their contributions to the Study.