

## Community Advisory Committee Meeting 2/2016

Wednesday 29 June 2016

5:00 – 7:00pm

### Meeting Notes

#### 1. Welcome & Apologies

**Attendees:** Tracie Lund (Chair), Carolyne Boothman, Glenys Butler, Ruth Churchill, Alda Dunlop, Ian Gibson, John Guy, Dale Harriman, Tim Owen, Andrew Wood, Wendy Wright, Alistair Edgar (proxy for Tim Owen)

**Observers:** Judi Walker (Principal co-Investigator Gippsland), Michael Abramson (Principal Investigator), Matthew Carroll (Investigator), Jill Blackman (Senior Project Manager), Susan Denny (Recruitment and Engagement Coordinator), Melanie Reeves (Project Officer - Meeting Notes)

**Apologies:** Charles Guest, Ian Nicolson

#### 2. Declaration of Conflicts of Interest

- The Declaration of Interest Register was completed by Ian Gibson. There were no other declared conflicts of interest.

#### 3. Confirmation of minutes from meeting held 16 March 2016 (Attachment 1)

- Unendorsed notes of the meeting held 16 March 2016 were endorsed by the committee and confirmed as a true and accurate summary. CAC meeting minutes are available on the HHS website.

**Action: Change status of March 2016 meeting notes on the HHS website from unendorsed to endorsed.**

#### 4. Actions arising

- Researchers and Recruitment and Engagement Coordinator have finalised design of the flyers. Names of individuals have been acknowledged.
- CAC members have advised local events for promotion of Adult Survey launch and community engagement is well underway.
- Sub-committee volunteers Dale Harriman and Wendy Wright, worked with the Interim Chair Judi Walker to successfully develop a process for the election of the independent Chair.

#### 5. Membership Issues

##### 5.1 Deputy Chair

- There was consensus that a deputy chair should be elected and that Andrew Wood should fill the position; having been a nominee for the role of independent chair.

##### 5.2 Gippsland Primary Health Network (PHN)

The option of the PHN (formerly Medicare Local and prior to that Divisions of General Practice), joining the CAC was discussed. It was noted that:

- The HHS currently interacts with Gippsland PHN, particularly for the adult survey and network is supportive of the HHS. PHN have access to many reputable health databases, particularly GP data which may assist the study.
- The PHN they are on the task force for the Health Innovation Zone and are a key link for primary care and general practice.
- A good balance of community and stakeholder representation should be maintained within CAC membership and that the committee should be mindful of whether the PHN represent the medical fraternity or the general public
- It was expected that the Deloitte Access Economics review may influence this decision when it examines the composition of the CAC, members also noted that PHN is a Commonwealth funded agency.
- Alternatively, PHN membership on HHS Clinical Reference Group could be considered.

**Action: Tracie Lund to explore further and hold discussion with the PHN CEO, subject to the Deloitte Access Economics review findings.**

### 5.3 Member Code of Conduct – (Attachment 2)

- The member code of conduct which was endorsed by the committee in September 2015 (to replace confidentiality agreement), has been amended to include a mechanism for conflict resolution in the case where consensus fails to be reached.
- The role and responsibilities of the Chair are now included in the code, following the recent process for election of an independent Chair.
- In addition, there is a revised section on the responsibilities of community and organisational representatives.
- The committee agreed to accept the changes and endorse the revised Member Code of Conduct.

### 5.4 Frequency of meetings

- Currently the committee is scheduled to meet four times per year. Terms of reference allow for additional meetings to be called if required.
- Smaller working groups have been formed to address tasks as they arise, rather than calling extra meetings of the full CAC. The committee agreed to continue in this manner.
- Discussion followed regarding the 5pm meeting timeslot. The meeting time of 5pm was upheld as it suited the majority of members.

## 6. **Presentation:** Dr Sue Yell: *Communities, Authority and Trust in the Fifth Estate – social media use during the Hazelwood coalmine fire.* Organised by the Community wellbeing research stream.

- The study examined public interaction with local Facebook sites, The Air That We Breathe, Occupy Latrobe and the Voices of the Valley, during the fire event.
- Key observations found community viewed social media as a watchdog, providing local information not given by mainstream media, a forum for freer speech, advocacy for change, potential for disagreement and conflict, having various levels of trust, and displaying both positive and negative impacts.
- It concluded that social media might assist with providing a forum for rebuilding; but that multiple mediums and channels were necessary for accurate and timely information and relationship building during and after a crisis.
- The committee discussed what the level of social media use might have been during the fire event; given that not all users leave a comment.
- Members talked about other potential avenues to explore and utilise social media, and further expand research in this growing area and looked forward to seeing how the local community develops over time following the fire.

## 7. **Protocol for the dissemination of findings to the community – for discussion (Attachment 3)**

- The protocol stems from ideas explored at length at the previous meeting and forms the basis for the guiding principles.

- Emphasis was placed upon the key importance of the process of dissemination of findings, given the study's unique nature, that it is community driven and very different to traditional health studies. It is also in keeping with the recommendations from the second mine fire inquiry.
- The importance of the community receiving results in an appropriate and timely way was stressed.
- Very helpful discussions have emerged from the Clinical Reference Group; whose terms of reference very much reflect the important process of appropriate dissemination of findings. The role of clinicians was identified as vital for dissemination of findings; this and other round table discussions form the basis of the draft protocol.
- Broad and alternative definitions of various key terms used in the protocol were discussed.
- It was stressed that findings need to be specifically tailored as appropriate to recipients.
- Suggestions were sought from the committee for specific groups that HHS might consider and included multilingual literature, people with disabilities, and allowance for diversity
- Ideas for products/ tools for dissemination were identified as appropriate; with key point being that the tool be fit for purpose and suit the target audience.
- The committee was mindful that communication fatigue amongst the community may be an issue; with multiple agencies holding information sessions, inquiries and communicating various fire event related messages.
- There has been a wealth of terrific ideas and contribution to the process and roles and responsibilities need to be allocated to the particular groups involved to avoid community confusion.
- When preparing output, the community's understanding of the study should be considered and the context needs to be well defined for its target audience, so that the HHS is easily identifiable. There may be a perception that the HHS is able to address other fire event questions unrelated to its findings. Guidelines should therefore be succinct but an attachment showing links to other relevant resources or projects should be on hand to direct people to, should they have concerns not directly related to the HHS.
- The Older Persons study interim report will be the first data to be released and is expected on the 15<sup>th</sup> August. Other items to be released later in the year will include ambulance data, hospital data and the Schools study.
- It was agreed that information or data should be released as soon as available, rather than waiting until the end of year annual report as the community want information now.
- Roles of the Clinical Reference group and Steering committee have been defined. A key role for the CAC would be to identify the target audience and the relevant tools for dissemination, as each research stream releases its outcomes.
- The study seeks professional services from Wordwise communications for this process, however it was acknowledged that there was substantial internal expertise on which to draw, in conjunction with many local organisations.
- The committee was asked to email in ideas that might come to mind before the next meeting.
- It was suggested that the committee be emailed a monthly status report and updates on any pending media releases, community interaction or release of data etc., so that members are kept up to date in between quarterly meetings.

#### **8. Adult Survey: issues arising to date – for advice**

- After lengthy AEC delays the Adult study surveys have now commenced. Early response rates could be higher and the committee was asked for ideas to boost participation.
- An overview of the Adult study was given as per the Status report. Overall recruitment rate from the first mailout was around 22%, allowing for both those with and without contact phone numbers and others actively declining to participate.
- The largest group that the study needs to reach are people who are not responding to requests for participation.
- Recruitment strategies have been strong with SD attending 63 community engagement activities in the last 6 months.
- After initial invitation mailout pack and follow up letter, non-responding participants will be mailed a paper survey, as a final attempt to engage participation.
- Analysis of reasons for refusals include, individual perception that their health has not been impacted by the fire and assumption that their participation is not of value to the study, and also a small group are too busy

and do not view the study in a positive light and are therefore unlikely to be receptive to recruitment. Confusion with listed phone numbers has also occurred in some instances, causing frustration.

- In view of observed barriers to participation, future invitation mailouts will be amended to clearly state that even if potential participants felt they were not affected by the fire, that they were still important to the study.
- A drive to recruit younger persons will also assist in boosting participation for this group who are underrepresented to date. Calls for strategies to engage younger adults were sought from members, advice for this group and others included:
  - Placing notices at Federation University, Federation Training, the Leisure Centre or anywhere that younger adults might gather.
  - Personal stories in the local Latrobe Valley Express newspaper.
  - Community briefings were reported to be extremely useful.
  - Putting up street banners asking if people had completed their surveys.
  - Social media marketing, including placing links/ posts on various community organisations web pages or Facebook sites.
  - Multilingual sessions to assist people to complete the survey.
  - Clarify with community that the study is not seeking their GP medical records.
- Recruitment materials have been changed to be more specific; to allay confusion amongst a minor number of individuals with regard to who is running the study and how they could participate.
- Marketing and community networking will be tailored to address some of the frequently asked questions, in order to encourage all eligible participants to respond.
- Households with multiple adults will be encouraged to respond as individuals, e.g. a family member cannot decline on behalf of all the adults in the household.
- Door to door visits and/ or community volunteer organisations may assist with surveys for residents in certain pockets of Morwell, where various barriers to participation might exist.
- It was emphasised that being an academic and scientific study, recruitment staff/ volunteers should give consistent messages during recruitment, to ensure that scientific rigour is adhered to. Furthermore, all areas of Morwell should be targeted equally to prevent potential bias. Similarly, surveys must be administered in exactly the same way to all participants and volunteers will need to be trained.
- Recruitment strategies for Sale participants were invited, as levels of interest may likely be lower when the region is targeted shortly. The invitation packs have been amended specifically for invited Sale residents.

**9. Status Report – for noting (Attachment 4)**

**10. Any other business**

**11. 2016 Meeting Dates**

23 November

Meeting closed at 7: 08 pm