

**Community Advisory Committee (CAC)
Meeting 4/2016**

Wednesday 23 November 2016

5:00 – 7:00pm

**Tutorial Room, Level 1
Monash School of Rural Health
Latrobe Regional Hospital campus**

Minutes

1. Welcome & Apologies

Attendees:

Tracie Lund (Chair), Cr Dale Harriman, Alda Dunlop, Ruth Churchill, Dr Glenys Butler, Andrew Wood, Ian Gibson, Carolyne Boothman, Dr Tim Owen, John Guy, Professor Michael Abramson

Observers:

Dr Jill Blackman (Senior Project Manager), Susan Denny (Recruitment and Engagement Coordinator), Dr Sharon Harrison (Minutes), Kylie Sawyer (Administrative Assistant)

Apologies:

Professor Charles Guest, Kellie O'Callaghan, Professor Judi Walker, Associate Professor Wendy Wright, Dr Iain Nicolson

2. Declaration of Conflicts of Interest

There were no declared conflicts of interest.

3. Confirmation of minutes from meeting held 29 June 2016

The minutes of Meeting 3/2016, held on 14 September 2016, were endorsed by the CAC and confirmed as a true and accurate summary.

Action: Minutes of CAC Meeting 3/2016 to be uploaded to the website.

4. Actions arising

Action Item 1: Action Item 1 was complete.

Action Item 20: The minutes were endorsed at the last meeting and can go up on the website.

Action Item 21: As Dr Matthew Carroll is on leave and it will be necessary to check with him whether this Action Item is complete.

Action Item 22: Members of the CAC had been informed of the date of the Annual Community Briefing. It was noted that CAC members had not been consulted about the date of the briefing.

Action Item 23: Associate Professor Joseph Tam, Chair, Clinical Reference Group, and Tracie Lund had jointly written to DHHS about the recommendations from the Deloitte Review in and that a response had been received from the Chief Health Officer. Professor Abramson reported that a Ministerial Advisory Committee will be set up to replace the Contract Committee. However, there will be no further changes to the governance of the HHS and the Community Advisory Committee and Clinical Reference Group will remain separate.

5. Schools Study Findings: Dissemination Plan and Fact Sheet

The Dissemination Plan Proposal and Fact Sheet had been circulated on the day of the meeting. Members expressed concern that they had not had the opportunity to review the documentation before the meeting

Professor Abramson provided some background information. The Schools Study went into the field in Term 3, 2015, in schools in Morwell, Newborough, and Traralgon. Students, parents, and teachers were surveyed. A sub-set of the participants was also interviewed. There was a response rate of approximately 15%. Schools Study investigators identified that participants recruited in Morwell schools had slightly higher scores on the Children's Revised Impact of Events Scale (CRIES). The questionnaire data indicated that children in Morwell were distressed at the time of the mine fire event. However, on average, school children are not displaying higher than normal levels of anxiety now. The higher CRIES scores in Morwell are explained partly by the fact that a higher number of younger children were recruited in Morwell. HHS investigators consulted the Clinical Reference Group regarding the appropriate response to these preliminary findings.

Professor Abramson reported that DHHS had given a directive to the Principal Investigator to communicate findings ahead of the Annual Community Briefing on 29 November 2016 and thus the letter and Fact Sheet has been prepared for dissemination to parents, schools principals, school nurses, the primary health network, and the broader community (through a media release, the HHS website, and social media). He requested feedback on the Fact Sheet and letter to parents from CAC members, particularly those who are parents.

Members' feedback included:

- the explanation regarding ways of coping was satisfactory,
- some parents may struggle with the Fact Sheet
- the Headspace Guidelines to accompany the Fact Sheet were helpful, providing information about what to look out for and ways to support those suffering from anxiety or concern.

Professor Abramson emphasised the very short timeframe within which to comply with the DHHS directive. Both the Clinical Reference Group and the Project Steering Committee had held emergency meetings on the previous day to respond to the directive.

The Chair suggested that CAC meetings should be held more frequently and that meeting papers be provided a week ahead of CAC meetings.

Government's response to the Deloitte Report

The Government had not accepted Deloitte's recommendation that the CRG and the CAC be merged. The main change to the governance of the Hazelwood Health Study will be the establishment of a Ministerial Advisory Committee next year. Professor Abramson reported that Deloitte's advice to the government was that the cost of a study of emergency responders would outweigh the benefits of extending the study. Consequently the government will not commission a study into the health of emergency responders, but has committed to ongoing routine monitoring.

6. Annual community briefing

Dr Blackman announced that the Annual Community Briefing was scheduled for 29 November 2016 and has been advertised in the Gippsland Times and the Latrobe Valley Express, and on local radio.

The Chair requested that more notice be provided to CAC representatives and that proposed dates be circulated to CAC members.

7. Stream updates

Adult Survey

The recent Status Report submitted to DHHS covered the period up to the end of October and the 2nd Annual Report was submitted last week. The Annual Report will be circulated and uploaded to the HHS website once it has been accepted by DHHS.

Dr Blackman outlined the community engagement work and wide range of engagement efforts that have been undertaken to improve the Adult Survey recruitment rate. Media releases had been tailored to convey different messages, addressing barriers to participation and issues that residents have raised. Radio adverts had been run and roadside banners deployed to promote participation in the Adult Survey. It was estimated that an overall recruitment rate of 35% in Morwell would be achieved.

Currently the overall recruitment rate in Morwell was 30%. In Area 1, the area where recruitment commenced first, there is a 35% participation rate, while in Area 6 the recruitment rate is at 20%. Recruitment will continue until the end of January, which is a slight extension to the original plan. It is hoped that the participation rate in the areas that were contacted later will increase.

In Sale there is a recruitment rate of around 20%. A constraint in Sale is that only particular areas are being targeted.

Dr Blackman noted that those who refused to participate in the Adult Survey were asked to complete a short refuser questionnaire. The data from the refuser questionnaire will be used to compare those who refused to participate with other participants to assess bias in the study sample.

Investigators were trying to maximise recruitment in the final weeks of the Adult Survey. Community Packs have been left in a number of locations in Morwell and Sale for eligible participants who did not receive the invitation pack, eg whose invitations were returned to sender, silent electors, and those who were not on the electoral roll at the time of the mine fire. The telephone and web-based interviews are due to close at the end of November. Hunter Research Foundation will refer anyone who contacts them to the HHS

1800 number.

Dr Tim Owen reported that DHHS is currently conducting its Preventative Health Survey. It was noted that the target of 70% recruitment rate was based on the DHHS Preventive Health Survey.

Dr Blackman reported that some complaints had been received from residents about participation in the Adult Survey who alleged being harassed over the telephone or through door-knocking. When followed up, it became clear that there has been confusion with other health surveys being undertaken.

Susan Denny is holding weekly sessions in local libraries to assist people with culturally and linguistically diverse (CALD) backgrounds participate in the Adult Survey.

A community event is being held in Sale on 7 December 2016.

Early Life Follow-up (ELF)

Dr Blackman reported that recruitment for the ELF study is complete, with a total of 538 families participating in the survey. It was noted that ELF has encountered difficulties in obtaining hard-copy consent forms from participants for the Medicare and hospital data linkage and is considering strategies to encourage the return of the consent forms. It was noted that paper consent is required for the Medicare data linkage and verbal consent will not be allowed.

Professor Abramson noted that, given the difficulties encountered by the ELF researchers in obtaining paper consent forms, he was satisfied that investigators made the right decision not to seek written consent from participants for the Adult Survey data linkage.

Door-knocking by the ELF team in Morwell had yielded 30 responses from a total of 300 households that were contacted. It was suggested that there is little benefit to be gained by sending out fieldworkers.

Older Persons Policy Review

The final report and Policy Brief has been submitted to DHHS. Participant workshop feedback on the earlier draft report has been incorporated into the final report.

Clinical Streams

Professor Abramson reported that approximately 600 Adult Survey participants will be invited to take part in clinical testing, advising that the original sample size planned would be revised due to low participation levels in Sale. It was initially planned that 300 participants would be recruited from Morwell and 300 from Sale. Researchers now plan to recruit 450 participants in Morwell and 220 participants in Sale.

Respiratory Stream participants will complete a questionnaire and tests:

- breathing tests (spirometry)
- lung inflammation test
- multi breath nitrogen washout to measure the function of the small airways
- forced oscillation technique (FOT) tests to measuring lung stiffness.

Cardiovascular testing will involve:

- blood pressure tests
- electro-cardiographs (ECG)
- ultrasound to measure airway disease
- venous blood tests

The ethics application for the clinical streams has been submitted and the protocol has been sent to the Scientific Reference Group. Further input will be sought from the CAC regarding the plain language statement.

8. Other business

Merger of Morwell Primary Schools

It was reported that three Morwell primary schools, Tobruk Street, Commercial Road and Crinigan Road, will shortly close. The three schools merged schools will become Morwell Central Primary School on a new site and will open in 2017. It was noted that the merger of these schools may lead to a communication overload and could impact communication for the Schools Study.

Clinical Pathways

Professor Abramson noted that Clinical Reference Group's role includes responsibility for establishing a process for dealing with abnormal results for individual participants. This was a requirement of the Ethics Committee. He emphasized that investigators are committed to providing feedback, but there is also the question of which tests provide meaningful health information for participants and the doctors. The Clinical Stream leaders will provide advice on this.

Dr Blackman apologised for the delay in sending the meeting papers. , Professor Judi Walker is on extended sick leave, Dr Matthew Carroll on parental leave, and Dr Martine Dennekamp has taken up a position overseas.

9. Meeting Dates

It was proposed that the next CAC meeting be held in February. The Chair proposed that meetings be held more frequently next year.

Action: SD organise a Doodle Poll to check members' availability to attend a CAC meeting in February

Meeting closed at 6.15 pm