



Health Community Briefing and Consultations - 17 & 18 August 2015

Summary of Discussions

Kernot Hall, Morwell, 5.30 pm, 17 August

Moe Town Hall, Moe 10.00 am, 18 August

Traralgon Tennis Association, Traralgon 5.30 pm, 18 August

Background

The Hazelwood Mine Fire Inquiry Board (Board) is required in part to report on the short, medium and long term measures to improve the health of the Latrobe Valley communities having regard to any health impacts identified by the Board as being associated with the Hazelwood Coal Mine Fire.

Three facilitated, community consultation sessions were held in Morwell, Moe and Traralgon for communities in the Latrobe Valley to raise their views on the above. There were **60** participants across the three sessions including individual community representatives, various community group and health service representatives and coal mine representatives. An informal session was conducted by the Morwell Neighbourhood House and Learning Centre and feedback has been incorporated in the below.

The Board provided an overview of the Inquiry and invited participants to explore challenges to the health of people in the Latrobe Valley and possible solutions.

The facilitator introduced consultants Evelyne de Leeuw from Glocal Health Consultants and Don Campbell from MonashHealth to provide an overview of the concepts of a Health Conversation Zone and Health Advocate.

Summary of discussion points

1. What are the health challenges in Latrobe Valley?

The 2014 Inquiry report identified that the effects of the mine fire were more significant in the Latrobe Valley because of the underlying poor health in the Valley.

What do you think the biggest health issues in the community are?

- The importance of objective statistical information
- Houses which haven't been de-contaminated from dust/ash from the mine fire
- Still in direct path of the Hazelwood mine
- People worried about their health e.g. asthma
- The impact of poverty and accessing services
- The health of groups in the community e.g. children
- The stress of the unknown
- Concern about the lack of health services for various groups
- Depression linked to unemployment
- Base level health issues – how to measure the impact of what happened from the fires
- An unwillingness and negativity of people to access services
- Mental health / trauma and the stigma of getting treatment

- Impact on health of an increased proportion of shift workers / transient workers
- Increased smoking rates
- Occupational issues for workers and navigating services e.g. pre-exposure
- Waterways polluted – Hazelwood pondage goes into Kernot Lake with no consideration of health or environmental effects of this.
- Higher rates of Cancer
- Stress related to decreased house prices
- Presentation of symptomatic issues
- General public feeling unwell
- Knowing the process and importance of communications
- Air quality and information for the community.
- Drug and alcohol issues as youth have no purpose and nothing to do (no jobs)

2. With regard to the health services in the Latrobe Valley:

2a. What's working well?

- Access to services e.g. meals on wheels, pop up booths (run by CFA/Ambulance Victoria), dentistry, Anglicare, local doctors, Latrobe Community Health, Department of Health and Human services
- Prevention methods
- Relationships with local services e.g. GPS, cancer services
- Good services at the regional hospital, Latrobe Community Health but could be better advertised
- Lung function unit
- Health issues part and parcel of working in the mines
- Services are accessible and good facilities.

2b. What's not working so well?

- Wait list to GPS and other services e.g. specialists, paediatricians
- Counselling voucher system
- People only accessing services if scared or have health issues
- Costs for services can be prohibitive, especially gap payments for specialists
- Availability of different services e.g. podiatry, mental health services, lung function clinic insufficient
- The coordination of services
- Decrease of funding for programs – short term funding or pilot programs
- Importance of information that is targeted to vulnerable groups e.g. disabled
- What services are available or not - locally or metro?
- Newly arrive community members and communications
- Fractured neighbourhood connectivity
- Challenges with transfer to and from services
- Knowing what's available and in some areas lack of information about a range of issues e.g. air quality, alcohol and drugs
- Lack of health expertise in organisations that have an impact on the environment
- Lack of information about the Hazelwood Mine Fire
- Not trusting services
- Family services are strained with kids in danger
- Quality of care in hospitals

- People having to leave the Latrobe Valley for services
- Vulnerable people feeling like they are not being heard e.g. after fires in community meetings
- Emergency management and health services regional plan not fully understood and owned by many
- Marginalised groups
- Not enough beds for mental health
- No specialist child counsellor
- Mental health in schools is always an issue
- Difficulties in paying for transport to and from services.
- Mine fire clinic is only staffed by a nurse who can't refer you to a specialist – can only send you back to your GP. Also, the name means some won't go as they may have general health concerns and not be aware they may be linked to the fire.

3. What are the potential solutions to the health issues in Latrobe Valley?

3a. What would help to strengthen the health services in the Latrobe Valley?

- More hospital beds
- Better access to quality medical services – consistent doctor who becomes your 'family doctor'.
- Strengthen community voice
- Someone to help you navigate as everything is focussed on one issue.
- Workplaces providing access to medicals
- Increased signage / information at services e.g. asthma counselling
- Increase in the number of specialists / experts that are relative to the health issues being experienced in the Latrobe Valley (particularly paediatrician, respiratory and general physicians, geriatricians)
- Increase in available facilities
- Need for increased community understanding
- Increase funding and strategic approaches e.g. long term funding
- Better connection between services and people
- Mine fire services increased e.g. mobile services
- Free transport for people on a low income to attend health appointments
- Good mix of support and services to cater for the long term needs of a community experiencing an environmental disaster e.g. mental health services increased
- Thinking about people who had to travel through the fires to work elsewhere e.g. Dandenong
- Access to medical tests (eg. PET scans)
- Large drug rehabilitation facilities
- Importance of evidence
- A much larger hospital would be good and better facilities
- Better education for clinicians and the community.
- We need health services, but improving health also needs more than just services

3b. What more could be done to improve the health of the whole population of the Latrobe Valley?

- Regional mine rehabilitation e.g. planting trees increases mental health / air quality

- EPA governing mines to decrease emitting / polluting air quality with live monitoring accessible to community members.
- Stop being exposed to dust/ash in roof cavities and from coal.
- Funding for prevention / own health
- Better public transport system e.g. community buses
- Bridge the gap between the wealthy and the poor disposable income
- Health embedded in activities
- No judgement
- A new health model which is community focussed
- Expansion of 'Healthy Together Latrobe' program e.g. expanded into workplaces / schools
- Self-help groups
- Increase jobs / new industry with mines – create purpose
- Competent health services
- Access to services for all e.g. relationship counselling services
- Better cooperation between departments
- Having a plan for Morwell e.g. new industries will rebuild pride in the history of power generation
- Programs where clubs can access health services.
- Clean up the creek and waterways (noting mental health benefits from paths and waterways)
- To turn around trust, agencies need to listen first
- Build on the strength and resilience that already exists within the community

4a. What do you think about Latrobe Valley being designated a special area for health improvement - and perhaps be called a 'Health Conservation Zone'?

- Positives include being based in the local community
- Resourced and focussed services e.g. common priorities / working together
- Community ownership important, also include industry – get people working together
- Ensuring it is not a token effort and does not detract from the Latrobe Valley
- Conservation not the right word – improve not conserve e.g. health improvement zone
- Conservation can be positive such as 'it's safe to be here', a new standard of neutral companies, looking out for community health, accountability, renewable energy
- Strong support for the concept but not sure about the terminology
- Important to bring together with a united focus for the long term and measure improvements
- Latrobe Valley communities seen as a whole not individually would be a positive
- A good platform to have a conversation
- A 'health' conservation area
- New industries that look after community health
- Not sure about name, conjures up a negative response, should reflect = positivity / pride
- Balance between un-empowered versus empowered
- Organising something around schools
- Real opportunity to increase connections (communities have good ideas).
- Needs resources

- 4b. What do you think about the idea of Latrobe Valley having a special 'Health Advocate' who can be a champion - a voice - for the needs of local people?
- Could be a good thing, people feeling validated
 - Support the concept of a health advocate on the proviso that it's a function not an individual (backed up by a team e.g. children as advocates)
 - A neutral, independent function / team that understands community needs and is trusted
 - Has a link between services, groups and ages
 - Communication between decision makers in Melbourne and the Latrobe Valley
 - Positive change is possible and importance of being able to look back to what can be achieved e.g. Latrobe Valley being re-born
 - Good opportunity to explore and advocate for the Latrobe Valley
 - Over 200 health champions on Community Health Network database (focussed on health and wellbeing) and potential link to role of health advocates
 - Vehicle to strengthen community connectedness – a shared path which brings together, strengthens and provides a bright future for young people and children
 - Proximity of engagement to community e.g. taking engagement to people in the community.
 - It is a big job – needs to be appointed by the community and responsible to the community
 - Has to be someone who lives in the Valley – keep the jobs here.

The Board described the next steps in the Inquiry and drew attention to the timing of the public hearings and the completion of reports.

The Board closed all sessions by thanking the attendees for their attendance and participation.