

Minutes – Katherine PFAS Community Consultation Group

Tuesday 19 June 2018

5:45pm – 7:15pm

Venue: Katherine Government Centre Level 1 Conference Room

Attendees:

	Errol Lawson	Community
	Anthony Bartlett	Community
	Petrena Ariston	Community
	Kevin Grey	Community
	Allan Domaschenz	Community
Proxy for Robert Jennings -	Rosemary Jennings	KTC
	Matthew Clarke	DoD
	Andrew Tatnell	RAAF
	Gavin Bucklar	DHS
	Chris Horton	PWC
	Xavier Schobben	DoH
	Nathanael Knapp – Chair/DCM	
	Kallum Peckham-McKenzie – Secretariat/DCM	

Apologies:

	Sue Jones	Community
	Fay Miller	KTC
	Meg Geritz	Community
	Natalie Ellis	Community
	Jake Quinlivan	Chair/DCM
	Robert Jennings	KTC

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Absent or no response:	May Rosas	Community
	Merlyn Smith	Community
	Lisa Mumbin	Community

1 Acknowledgement of Country

2 Apologies and membership

3 Confirmation of previous minutes

Draft Minutes accepted and confirmed from the last meeting on 1 May 2018.

4 Update on Action Items

Refer to Action Register (Attachment A). Members discussed the action register and noted the updates.

Members wished to thank Dr Sara Richards for convening the Q&A session prior to the meeting.

5 Department of Defence (DoD)

Members were provided with an update on the following:

- All residents supplied with rain water tanks have been contacted and offered filter systems
- Tap water testing has been complete
- Human Health Risk Assessment (HHRA) has been released and presented to a community forum on 18 June 2018.

Members were introduced to Mr Gavin Bucklar from the Commonwealth Department of Human Services (DHS). Gavin has taken on a community engagement role with DHS and is available to community members to assist with access and links to support services. Counselling services are now available through Zoe Collins Psychology at Blue Sky Therapies or EASA.

Members were asked to consider changing the date for the next scheduled KPCCG meeting due to DoD representatives unavailability as this date coincides with exercise pitch black and the expected release of the ecological report. Members agreed that the next scheduled meeting could be postponed to a date to be advised in mid-August 2018.

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Members sought clarity on rainwater tank re-fills for residents supplied with rainwater tanks by DoD. Members were advised that rainwater tanks are to receive one re-fill a year for 3 years, consistent with other sites such as Oakey and Williamtown. Rain water tank re-fills have been offered to assist residents with the transition from bore water to a finite source. The size of tanks have been designed to allow for a quarter of a tank redundancy by the end of the dry season.

5.1 Action: Provide contact details for Department of Human Services contact officer, Mr Gavin Bucklar.

Responsibility: DoD

5.2 Action: DoD to advise of new date for the next KPCCG meeting, mid-August 2018.

Responsibility: DoD

5.3 Action: Provide a proposed date for a return site visit to RAAF Base Tindal with Dr Sarah Richards.

Responsibility: DoD

6 Department of Health (DoH)

Members were asked to provide advice on the compilation of a 'safe fish consumption' information brochure/fact sheet similar that used in Borroloola. Members discussed the format, layout and relevant information that could be included in the brochure in addition to the benefit that a document of this kind may be to community members. Food Standards Australia New Zealand (FSANZ) have been requested to provide advice on safe levels of fish consumption in order to inform the detail in the brochure. Cautionary signage will remain in place in the river corridor.

Members were provided with a copy of the Katherine Cancer Incidence Analysis Report (Attachment B). Members were advised that Katherine has lower cancer rates than the Top End and the rest of the NT. This report will be provided to the Institute of Health and Welfare and will be available electronically.

Following the release of the HHRA on 18 June 2018, DoH are now reviewing the report in its entirety.

Members discussed blood testing and the possibility of residents being able to access a second test. Members were advised that the Commonwealth Department of Health's current position was to not conduct a second test. Representatives of the Commonwealth Department of Health will be present at the shop front community engagement session on Wednesday 20 June from 9am to 6pm.

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6.1 Action: KPCCG members to provide further input and recommendations towards the development of a draft 'safe fish consumption' brochure.

Responsibility: DoH / KPCCG members

6.2 Action: Provide electronic link to the Katherine Cancer Incidence Analysis Report

Responsibility: DoH

7 Power and Water Corporation (PWC)

Members were provided the following update:

- Water usage remains in the medium range
- Nil detect for PFAS remains in reticulated water supply
- The water smart team are currently conducting leak checks
- Irrigation checkers will soon be working with residents to identify irrigation leaks and provide advice on how to rectify

8 Information and messaging for community members

Members were provided with an update on the working group meeting and capability of the Katherine Town Council (KTC) website to host KPCCG meeting documentation, reports and links to relevant websites. Members discussed a proposal from KTC to develop a marketing strategy to include print and social media. Members discussed their support for the working group to continue and progress the development of the website and newspaper advertisements in an increased effort to disseminate information to community members.

Members discussed an offer from the DCM Communications Unit to produce a newsletter for Katherine residents, inclusive of articles provided by NTG agencies and community stakeholders. Members were supportive of the concept, however, agreed that the marketing strategy being developed by KTC would provide an adequate platform for information and opinion to be disseminated to the community by the KPCCG. Members wished to thank DCM Communications Unit for the offer and encouraged them to continue exploring opportunities for promoting Katherine.

8.1 Action: Develop a marketing strategy for the dissemination of information and messaging to community members.

Responsibility: Katherine Town Council

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9 General Business

Members sought further information regarding Power Water Corporations plans for a new water source and/or larger treatment plant. Members were advised that a solution may be 18 months to 2 years away.

9.1 Action: Distribute Power Water Corporation presentation from KPCCG Meeting of 1 May 2018 to members.

Responsibility: Secretariat

Members were strongly encouraged to promote the discussion and information provided through the KPCCG forum. Members were also encouraged to draft opinion pieces to be published in print media. Members discussed their role and the associated challenges and opportunities of being a part of the KPCCG forum.

10 Next Meeting

TBA August 2018, 5:30pm, Katherine Government Centre

Meeting close

Meeting closed at 7:15pm

Cancer Incidence in Katherine Health District: 1991–2015

Innovation & Research Branch, Health Policy & Strategy Division, DOH

15/6/2018

Summary

This report is the third in a series of reports on cancer incidence in Katherine Health District and supersedes the previous reports. The two earlier reports included data for the period 1991 to 2014—this report includes 2015 data for Katherine Health District and the NT, however national data is not yet available for 2015.

The second report in the series included the age-standardised incidence rate for all cancers combined in Katherine Health District, for the period 1991 to 2014 (437.0 per 100,000 population). This third report includes the age-standardised incidence rate for all cancers combined in Katherine Health District for the period 1991 to 2015 (439.6 per 100,000 population). This small increase is consistent with increasing cancer rates in the NT, and nationally.

For the period 1991 to 2015, the age-standardised incidence rate for all cancers combined in Katherine Health District was lower compared with the rest of the Top End (471.5) and the rest of the NT (459.5), however the differences in rates are not statistically significant. Incidence of melanoma of the skin was significantly lower in Katherine Health District, while incidence of colorectal and testicular cancers was similar in all three regions.

Whilst the figures presented in this report differ slightly from those in the two earlier reports, the analysis continues to show no evidence of higher cancer incidence in Katherine Health District.

Method

Data sources

- NT cancer incidence data was sourced from the Northern Territory Cancer Registry. NT cancer incidence data is available up to 31 December 2015.
- National cancer incidence data was sourced from the Australian Cancer Database, Australian Institute of Health and Welfare. National cancer incidence data is available up to 31 December 2014.
- Estimated resident population figures were sourced from the Australian Bureau of Statistics.

Measure

Age-standardised incidence rates for all cancers combined, melanoma of the skin, colorectal cancer and testicular cancer. Rates are for the period 1991 to 2015 in the following regions (see attached map):

- Katherine Health District
- The rest of the Top End (includes Darwin Urban, Darwin Rural and East Arnhem)
- The rest of the NT (includes Darwin Urban, Darwin Rural, East Arnhem, Barkly, Alice Springs Urban and Alice Springs Rural)

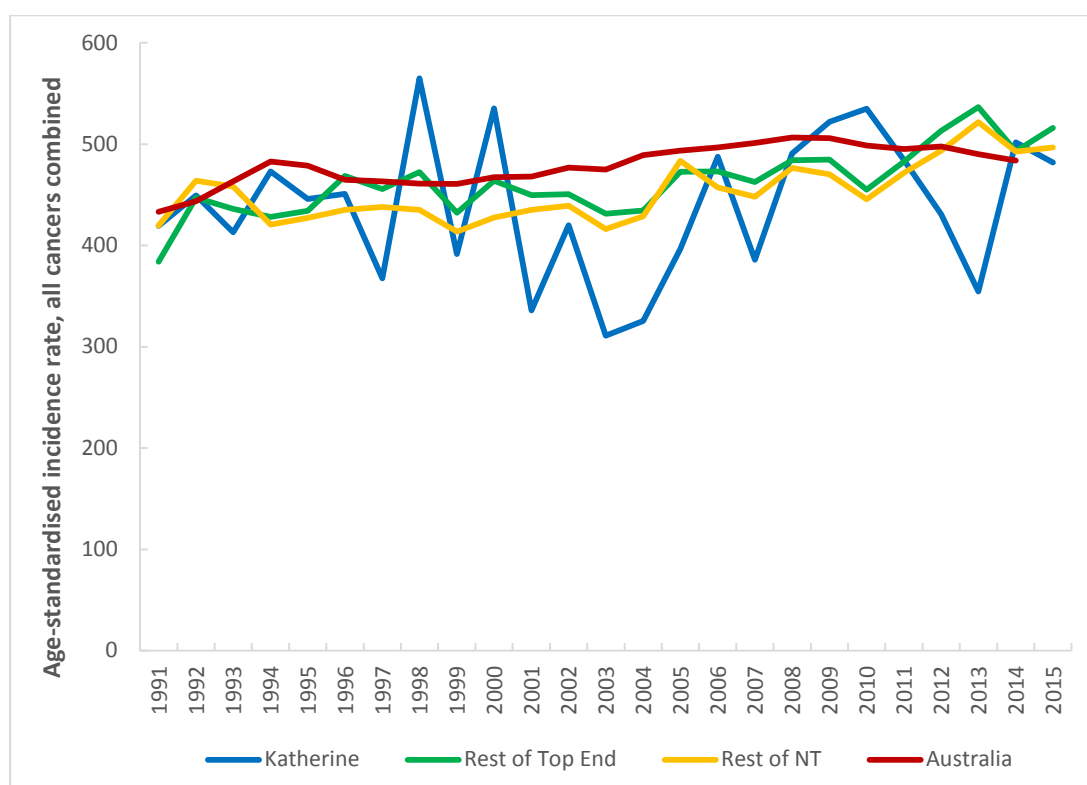
Age-standardised incidence rates were calculated for all cancers combined for Australia for the period 1991 to 2014.

Results

Figure 1 presents age-standardised incidence rates for all cancers combined for the period 1991 to 2015. Age-standardisation allows populations to be compared when the age profiles of the populations are different. For example, the age profile of the NT population differs from that of the national population, as the NT population is generally younger than the total Australian population. The risk of cancer increases with age, therefore it would be expected that the NT population has lower cancer rates than the total Australian population. The age-standardised incidence rates show what the incidence of cancer would be *if the age profiles of the NT population and the total Australian population were the same*.

Rates are presented for the Katherine Health District, the rest of the Top End, the rest of the NT and Australia, based on the place of usual residence at the time of diagnosis.

Figure 1. Age-standardised (a) incidence rate per 100,000 population, by region (b) — all cancers combined 1991–2015 (c)



- (a) Age-standardised to the 2001 Australian Estimated Resident Population.
- (b) See attached map.
- (c) Australian cancer incidence data available up to 31 December 2014.

Between 1991 and 2015, the age-standardised incidence rate for all cancers combined in Katherine Health District was generally consistent with the incidence rate for the rest of the Top End, the rest of the NT and the national incidence rate. The relatively large fluctuation in the incidence rate in Katherine Health District, compared with the other regions, is due to the small population in Katherine Health District—a small increase or decrease in the number of cancer cases in a small population results in a relatively large change in the incidence rate, compared with the change that would be seen in a large population.

Considering the difference in population size and the effect this has on the stability of the incidence rates over time, there appears no evidence of higher incidence of all cancers combined in Katherine Health District compared with the rest of the Top End, the rest of NT, and compared with Australia.

Table 1 presents age-standardised cancer incidence rates for all cancers combined and site-specific cancers, for Katherine Health District, the rest of the Top End and the rest of the NT. For the period 1991 to 2015, the age-standardised incidence rates for all cancers combined, melanoma of the skin and colorectal cancer were lower in Katherine Health District, compared with the rest of the Top End and the rest of the NT. However, the difference in rates was only statistically significant for melanoma of the skin.

While incidence of testicular cancer was slightly higher in Katherine Health District, the difference is not statistically significant. The incidence rate for testicular cancer in Katherine Health District should be interpreted with caution, as the number of cases of testicular cancer in Katherine Health District over the 25-year period was just 12, compared with 100 in the rest of the Top End, and 121 in the rest of the NT.

Table 1. Age-standardised (a) incidence rates per 100,000 population (95% confidence intervals in parentheses), by region (b) and cancer site — 1991-2015

	Katherine Health		
	District	Rest of Top End	Rest of NT
All cancers combined	439.6 (409.5-469.7)	471.5 (460.1-482.8)	459.5 (449.8-469.2)
Melanoma (skin)	27.9 (20.7-35.1)	42.2 (39.0-45.3)	38.8 (36.2-41.5)
Colorectal	47.2 (37.2-57.2)	56.2 (52.0-60.3)	52.8 (49.3-56.2)
Testicular (c)	5.0 (2.1-7.9)	4.8 (3.8-5.7)	4.5 (3.7-5.3)

(a) Age-standardised to the 2001 Australian Estimated Resident Population.

(b) See attached map.

(c) Testicular cancer incidence rate based on male population.

Discussion

This analysis suggests there is no evidence to indicate higher incidence of cancers in Katherine Health District compared with the rest of the Top End, the rest of the NT and the national rates.

Limitations: Due to problems with geographic classifications, Katherine Township could not be clearly defined and distinguished from the wider Katherine Health District in this analysis. The residential information is not accurate enough for detailed geographic analysis, and any attempt to restrict the analysis to Katherine township would result in including and excluding some cases in error. Additionally, the small population in Katherine Health District reduces the statistical reliability of the estimates for this region.

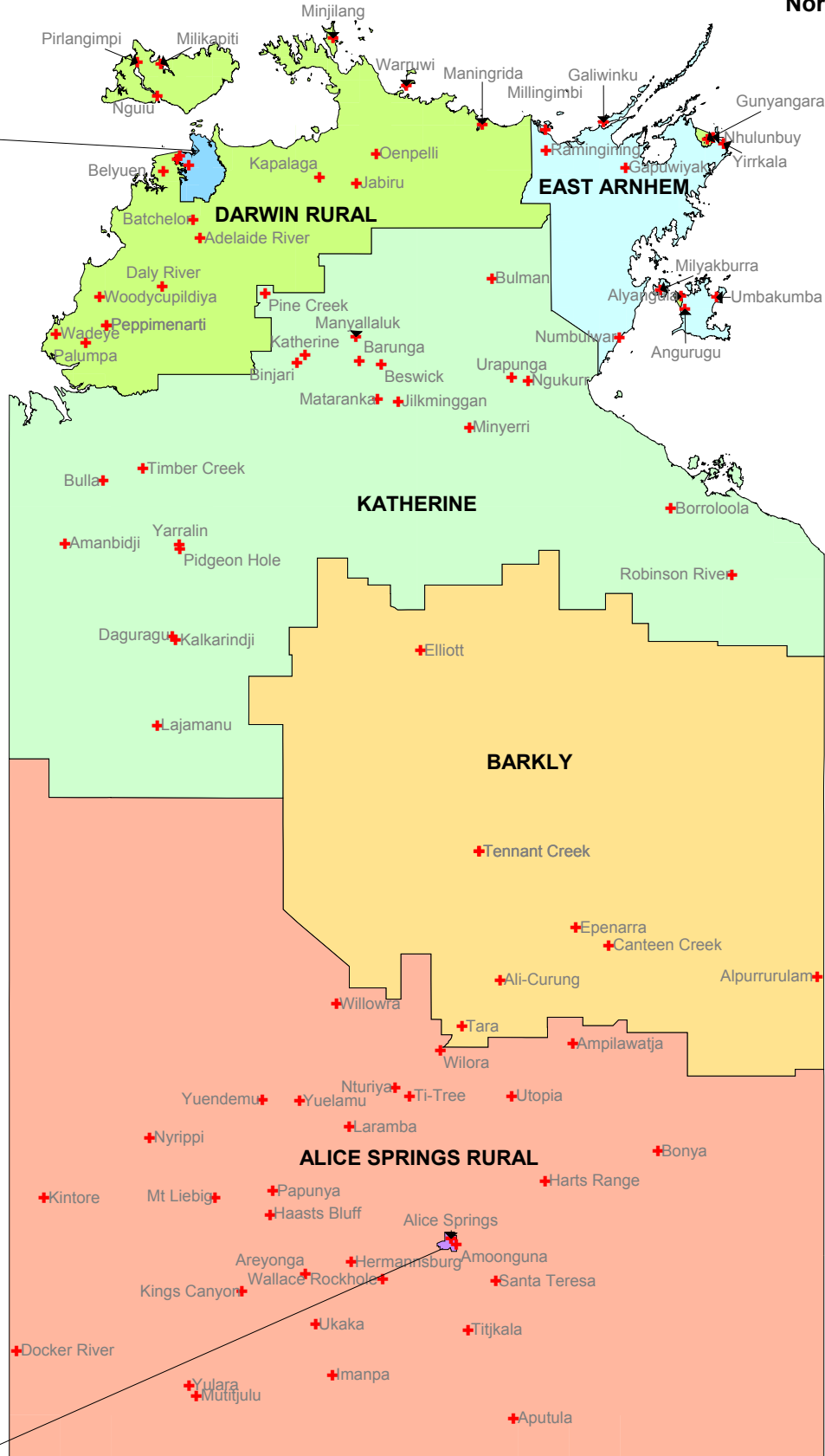
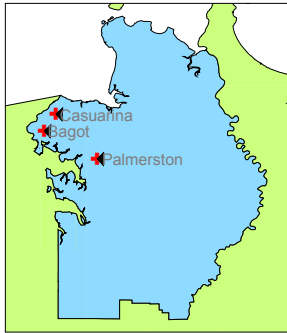
The NT Cancer Registry and the Australian Cancer Database record information on place of usual residence at the time of diagnosis. It is not possible to determine length of residency or place of previous residence using these datasets. A person diagnosed with cancer while living in the Katherine Health District may have lived there for only a short time. Alternatively, a person diagnosed with cancer elsewhere in the NT or Australia, may have lived in the Katherine Health District before the date of diagnosis.

Finally, the figures presented in this report differ from those presented in two earlier reports, the first of which focussed on cancer incidence rates in Katherine Health District compared with the rest of the NT for the period 1991 to 2014, and presented crude incidence rates (not age-standardised). The second report focussed on a comparison between Katherine Health District and the national rates for the period 1991 to 2014, and included age-standardised incidence rates. This third report contains the latest available data (2015 for NT and 2014 for Australia) and includes age-standardised incidence rates, which are the most suitable method for comparing cancer incidence between two populations. This third report supersedes the two previous reports.

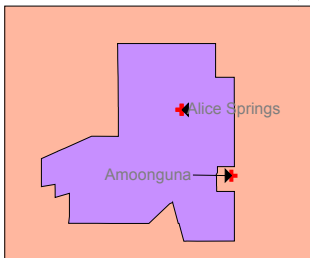
Health Districts

Department of Health and Families
Northern Territory

DARWIN URBAN



ALICE SPRINGS URBAN



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