

# MELBOURNE AIRPORT

## Community Aviation Consultation Group (CACG)

Tuesday 20 May 2025, 10am-1pm

Novotel Melbourne Airport

### INVITEES

Name	Representing	From or Role
Kim Jordan		Independent Chair
David Cleland	Community	Greenvale
Emma Langoulant		Keilor
Fred Ackerman		Taylors Lakes
Fonda Zahopoulos		Moonee Ponds
Greg Bisinella		East Melbourne
Jane Waldock		Montmorency
Maggie Baron		Kensington
Margaret Giudice		Keilor Downs
Victor Ng	Victorian Trades Hall Council	South Gippsland
Liz Beattie		Project Officer
Justin Burgess		Brimbank City Council
James McNulty		Hume City Council
Lydia Sorensen		Macedon Ranges Shire Council
David Power		Hobsons Bay City Council
Steve Finlay		Melton City Council
Petrus Barry		Moonee Valley City Council
May Li Foong	Airservices Australia	Senior Advisor Community Engagement
Joanna Kormas	Department of Transport & Planning	Manager Statutory (Planning) Policy
Braden Hartcher	Department of Infrastructure, Transport, Regional Development, Communications and the Arts	Director
Emilie Hoffmann Fattore		Senior Regulatory Policy Officer
Distinguished Professor Catherine Bennett	Deakin University	Community Health Study Expert Team
Dr Fiona Gray	Gray Associates	
Professor Ben Cave	Ben Cave Associates	
Dr Roma Yee	Deakin University	
Ass Professor Hassan Vally	Deakin University	
Justin Portelli	Melbourne Airport	EGM, Strategy Planning Community
Edward Martin		Head of Public Affairs

Dr Monika Schott

Simone Bellears

Shantelle O’Riordan

Justin Barbour

Senior Manager Stakeholders & Partnerships

Community Engagement Manager

Community Engagement Advisor

Government Relations Manager

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## **1. Welcome and apologies**

The Chair welcomed and thanked all for attending the meeting and acknowledged the Traditional Owners of Country and paid our respects to Elders past, and present.

Apologies:

- Margaret Guidice
- Lydia Sorenson
- David Power
- Braden Hartcher
- Justin Portelli
- Roma Yee
- Justin Burgess
- Greg Bisinella

## **2. Melbourne Airport updates**

### **2.1 Introduction, Edward Martin**

- We’re on a tight timeframe to submit the draft Terms of Reference to the Minister, noting the conditions state it is APAM that makes the submission to Minister King for approval. We’ve been working with the health study team as well as the Department of Infrastructure these last few months on that process to be in a position to submit by 10 September, 2025.
- The conditions stated Melbourne Airport must make the submission to the Minister within 12 months of the MDP being approved, which was the 10th of September, 2024.
- The draft Terms of Reference will reflect what CACG has contributed to and incorporate the views and feedback that CACG has had in that process.
- The next key milestone is on the 19<sup>th</sup> August which is the next CACG meeting. The Health Study Team will give a presentation and that will be a broad overview and showcase CACG feedback on the draft Terms of Reference.
- Following the CACG meeting APAM will proceed to submit the draft Terms of Reference to the Minister and if they’re approved with or without amendments, the draft Terms of Reference become final. The Terms of Reference will then be published on the APAM website and CACG will receive a copy thereafter.

## **3. Guest presentation**

### **3.1 Community Health Study, Distinguished Professor Catherine Bennett, Dr Fiona Gray and Professor Ben Cave**

- CACG plays a central part in our consultation and the feedback has been valuable. We’re at the point of synthesising feedback and how it translates to our Terms of Reference.

- We're setting the methodology and building guardrails around some methods that individual bidders might bring to the process.
- We're feeding in some advice from community inputs and then also setting broader expectations which we'll go through today.
- We are developing study goals, principles and preferred approaches to frame the methodology, but setting expectations and providing some guidance around methods.
- The backbone of the Community Health Study (CHS) will be health monitoring using routinely collected data, for key health impacts.
- There will be an important place for individual studies or drilling down to certain parts of the community. We had a lot of input around the diversity in the community and people being differentially impacted.
- That's the approach we're taking to not have a whole of population survey or a cohort study trying to follow a large group of people for 20 years. This is because we don't think that delivers monitoring that has the flexibility needed for a sustainable study.
- We've now completed our consultations more broadly with the community through interviews, workshops and expert input. We will have another round of expert engagement to again test what we're putting in the Terms of Reference.
- We opened the portal for community access on our website. We've had over 30 people complete a survey online and we've had nearly 1,000 clicks on the page.
- If you plan something too complex, too big, it's more likely to fall over or be too demanding of community. So, getting that balance right and being adaptable is something that came from our consultation process.
- Anything could change. The population will change; stakeholders potentially change. Flight paths might change, which might have less to do with the airport and more to do with Airservices Australia.
- Allowing for building it into the structures, particularly governance and oversight, so that there is that review. Is the study achieving its aims? Does it need to be modified? Do different stakeholders need to be engaged?
- Coming down to the scope and methods themselves, what we've focused on is trying to make the best use of routinely collected data.
- There will be the necessity to do community based embedded projects that could be through community health services, audiologists, mental health providers, as well as different community segments, so people from different areas that may not be engaged through the regular channels are reached.
- Part of the conversation, and this came up with CACG, is how do you know what health impacts are associated with the airport versus what's happening because the world's changing around us, or the population living in an area has changed? How do you know that a change in risk of cardiovascular disease can be associated with aircraft noise? This is where comparator communities are going to be important.
- We talked about the different aspects of noise. We've heard a lot about it not just being average noise and not even peak noise, it's how frequent the flights are. It's the noise when people are trying to sleep.
- The summary results that come out of this should also be published so there's peer review by the scientific community, making sure that the health study is keeping up with best practice.
- We're probably looking at six LGAs in that process, some of whom are represented through CACG. There's the potential with routinely collected data to drill down to postcode level and the ability to look at those areas that are more highly impacted versus not, using linked data or routinely collected data and then aligning it with exposure data and complaints.
- Health impacts might play out differently across the community and who's most at risk.

- Community engagement principles require agreement about the most important things that will drive success - trust, transparency, genuine, two way communication, consultation and independence.
- There is a lot of discussion around accessibility, and we've heard that from you. The timeliness of the information was implied in many of our conversations about how the information is used.
- Some people were concerned that they'd be waiting 20 years for the study findings at the end. It's definitely not that. Even though annual reporting is a requirement, we would be advocating for something that's more interactive.
- Communication must be tailored to different communities, acknowledging again diversity, we can't overstate it. Having genuine engagement where people are heard and there is true collaboration. It has to be something the community owns, or it won't survive the 20 years.
- Also recognising that you can have potential consultation fatigue. Community should be valued and potentially remunerated, recognising where it's an impost on their time.
- How do you engage schools, families, the broader community, but also how do you identify potentially community champions?
- Independence is a given, having this continuity, recognising there will be change over that long period, including in the population and then serving public interest.
- But importantly, it was the health impacts, pulling from different sources including CACG, our inputs on the surveys, the community interviews and in Sticke workshops.
- The more recent update on the literature, the expert interviews and the main measures for health outcomes are sleep disturbance and annoyance. That's where most of the focus is and we know these mediate other conditions.
- Migraine was raised in D3, but we didn't see that come through anywhere else. It's not an area of focus, but it could be captured under other neurological conditions.
- Things relating to cognition, including dementia and other neurological impacts. Heart disease, including myocardial infarction, is one of the key outcomes that people are concerned about. Also linking metabolic health, including diabetes, hypertension, so blood pressure, high blood pressure in particular, and mental health were the key areas that came up in varying degrees.
- Hearing loss is something that didn't feature across all inputs, but there are studies looking at this and some indication of early signs of hearing loss in people in proximity to an airport. We would be recommending this goes into the draft Terms of Reference but maybe it doesn't stay in the CHS if there isn't a direct link found between aircraft noise, the levels experienced in the community and hearing loss.
- Then we looked at how noise translates to other things that mediate long-term problems that are health related. That includes communication interference, potential reduced physical activity in the way people use their outdoor space, episodic memory or cognition and learning outcomes, particularly for children.
- The other thing we heard through our conversations with CACG right from the start was about balance, what are the positives health impacts associated with airport expansion? In fact, financial security, can work either way when it comes to noise. For some people it might be that they've got the job at the airport that secures their future and financial security which could have positive outcomes. For other people, it's worry about devaluing the price of their home and then not being able to sell and move and that compromising their financial security.
- Finally, there are three other conversations that emerged, which aren't sitting here yet because they're not specifically to do with aircraft noise.
  - One was looking at an increase in traffic and what that might do in terms of general noise and background noise as well as air quality.

- There was air quality itself and the concern that aircraft activity might contribute to that.
- The third one was again sort of downstream, climate anxiety is a real thing that's been measured in terms of health impacts and the long-term view about aircraft activity contributing to lifting levels.
- They're probably getting further away from the project conditions and our project Terms of Reference, but we wanted to put those on the table today to have a discussion.
- There can be a perception in the community when you see big planes that it is associated with air quality. Whereas what's probably more of an effect on air quality in a local area is surface access transport.

Q: I'm curious about sleep disturbance in the health impacts coming up so strongly. Is it perhaps that people are thinking or saying that there'll be sleep disturbance if that's such an important aspect?

A: It's certainly one that that comes through because we also looked at the complaints that have come into Melbourne Airport. With current practices, it's the thing most talked about. I think they do talk about it as current, not just as worried about it going ahead though there's a bit of a mix. Some people I think are anticipating that it could be worse.

It's an umbrella and for some people it might be the extent of the impact. For others it might be the thing that does change their risk for heart disease. We heard from community action groups that they're interested in the CHS looking at biomarkers to see how it is changing people's biology, changing their risk of other health impacts down the track. From an evidence point of view chronic, insufficient or disruptive sleep is of public health relevance and a major adverse consequence of exposure to environmental noise.

- Jane flagged the importance of assessing air emissions impact on health, noting the major changes occurring at the airport and the 24/7 nature of operations.
- Fred noted sleep disturbance is not only at night throughout our communities as there are lots of people on shift work who are sleeping during the day.

Q: Where do education providers such as early childhood, kindergartens, preschools and schools in terms of their annoyance from aircraft noise fit?

A: They come under two things. One is physical activity and use of outdoor space because we know that's potentially an issue in schools under the flight path. The other is looking at episodic memory, learning outcomes and the impact on comprehension. How well they do in school and then how that changes a lot of things that link to health down the track. That's absolutely in there and we've been working with the education department as well.

- Maggie noted it looks like a very thorough range of considerations and to have them all captured in what appears in a fairly succinct way is fantastic. It marks the beginning of a good basis for collection and interrogation of information going forward.
- The expert team is going out to experts on 4 August so feedback from CACG is needed by the end of next week (31<sup>st</sup> July).

Q: Where does respiratory problems fit in this chart?

A: This is part of the conversation about air quality, so that's where respiratory would sit.

- Fonda noted interest in what comes out of conversations with schools and aged care facilities, as well as childcare centres and the impact on children's development.

Q: For the expert interviews, who are they or what group of people were they?

A: We principally spoke with people who fell into four groups. They were:

- Academics who specialise in environmental noise, health effects and aviation.
- Consultants working on health impact assessment of expanding airports.
- People working on broader impact assessment of expanding airports, which also means that that brought in colleagues who work in the Philippines, for example.
- People working with large industrial operations adjacent to communities, and the person interviewed there has a long history of working with large airports and sustainability community around that.
- Emma echoed sentiments about air quality. This is something she would like to see added, particularly just around the younger cohort in the surrounding areas, kids, schools, sporting communities etc.

Q: I know this is probably the first of its type in Australia, I'm wondering whether the results were surprising and whether they compared to similar studies done overseas?

A: The CHS Terms of Reference will actually be world first and no one's ever tried to write Terms of Reference for a study like this. It's so complex and has to be adaptive. But we also have to set guardrails and expectations to make it viable. No surprises, I think it was interesting to think about the health impacts recognising a lot are long term and have multiple risk factors that will predict risk for myocardial infarction, for example, so heart disease.

What is particularly fascinating, challenging and world first about this is the combination of the two, that this is such a long study with integral input from industry in the terms of the airport and community.

- The interest in community organisations wanting to be involved in a way that will breathe life into the project as we talked about in our Sticke workshops. That's been critical, and I've been really encouraged by the way people have responded.
- I've loved to hear the pride in the local community and the acknowledgement that this is part of the community ownership of the progress. We also need to make sure it's managed in a way that doesn't compromise health and particularly young people and the elderly.
- On governance, there will be diverse community representation. APAM will be included on the steering committee so there is a relationship with the airport and opportunity to partner, but it was specified not to have the carrying vote or that it be an APAM chaired committee.
- Kim noted these are all impacts, but it's clear from what we've heard that including air quality is important and that sleep disturbance, and the annoyance are also important.
- We're putting a fair bit in about community engagement and the Sticke workshops gave us some great ways to move ahead with that.
- The study team will be tasked with attributing risk, i.e. finding out what is attributable to the third runway and how much can be attributed to airport activity.

## 5. Close

The meeting ended at 5:12pm. Next meeting is scheduled for 19 August 2025.