Community Health Study
Terms of Reference (Melbourne Airport)

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1. Abbreviations

APAM	Australia Pacific Airports (Melbourne) Pty Ltd — the owner and operator of Melbourne Airport.
CACG	Melbourne Airport Community Aviation Consultation Group — a forum bringing together Melbourne Airport, community representatives and key agency stakeholders to support open dialogue on airport planning, development, operations and associated impacts.
CHS	Melbourne Airport Third Runway Community Health Study.
M3R	Melbourne Airport Third Runway — the third runway project at Melbourne Airport that is the subject of the Community Health Study.
MDP	Major Development Plan — a statutory planning document required under the *Airports Act 1996* for major airport developments, including the third runway.
NHMRC	National Health and Medical Research Council.
The Department	The regulator — the Australian Government, the federal Department of Infrastructure, Transport, Regional Development, Communications, Sport and the Arts at the time of writing these Terms of Reference.
ToR	Terms of Reference — the document that sets out the purpose, scope and methodology of the Melbourne Airport Third Runway Community Health Study.

2. Introduction and background

Melbourne Airport is seeking to appoint independent and suitably qualified community health expert/s to undertake a Community Health Study (CHS). The community health expert/s are expected to conduct the study with the collection of baseline data in the years prior to operations beginning on the third runway, and for 20 years once operations commence.

On 10 September 2024, the Minister for Infrastructure, Transport, Regional Development and Local Government approved the draft *Major Development Plan (MDP) for Melbourne Airport's Third Runway (M3R)*.

The Minister's approval was accompanied by a range of conditions that are set out in the *Third Runway Major Development Plan Melbourne Airport Conditions of Approval*.[1]

The requirement for an independent long-term study into the impacts of aircraft noise on the community in areas surrounding Melbourne Airport associated with the ongoing operation of M3R was established in paragraphs 5.1 to 5.9 of the Conditions of Approval.

These Terms of Reference (ToR) for the CHS have been prepared in full accordance with the conditions as follows:

a) Melbourne Airport Community Aviation Consultation Group (CACG) has been consulted during their preparation and evidence of consideration of CACG member feedback has been provided;

b) the Terms of Reference set out the methodology for a study that:
   i. monitors each of the community health impacts associated with aircraft noise identified in Chapter D3 of the MDP;
   ii. collects baseline data in relation to each of those community health impacts in the years prior to operations commencing on M3R;
   iii. after the commencement of operations on M3R, collects data in relation to each of those community health impact on an annual basis for 20 years;

c) provides an annual report and presentation to CACG on the progress of the study over its duration.

In addition to consultation with CACG, preparation of the ToR considered input from:

- Consultation with community stakeholders (interviews, stakeholder informed community and knowledge exchange workshops, and an online open access public survey).
- Consultation with international public health and other experts with recent experience working with operational airports (2020–2025), chosen to ensure coverage from different global regions.
- Review of recent scientific peer reviewed and grey literature to update the review included in the MDP.

[1] Department of Infrastructure, Transport, Regional Development, Communications and the Arts. (2024) 'Third Runway Major Development Plan Melbourne Airport Conditions of Approval'. Available at: https://www.infrastructure.gov.au/sites/default/files/documents/third-runway-major-development-plan-melbourne-airport-conditions-of-approval-16september2024.pdf

The additional consultation and expert input considerations have informed the CHS ToR. There was no detail on CHS design expectations included in the *Conditions of Approval* or the MDP.

3. Study objectives

In consultation with lead stakeholders, to establish a long-term community health study, encompassing baseline and 20-year follow up, to monitor health impacts within the communities surrounding Melbourne Airport associated with aircraft noise arising from the addition of M3R. Specifically, to:

1. Establish a CHS Scientific Steering Committee with lead stakeholder representation.
2. Develop and implement a stakeholder engagement plan.
3. Collect and report baseline data annually in relation to community health impacts associated with aircraft noise in the years prior to M3R operations commencing. This will include the communities that form the core of CHS data collection, including those not currently impacted by aircraft noise, and where aircraft noise levels may or may not increase when M3R comes into operation. Baseline data collection is also to include control populations.
4. Collect data and report annually in relation to community health impacts for 20 years after the commencement of operations on M3R.
5. Provide reporting that is accessible and regularly reviewed and evaluated by the CHS Scientific Steering Committee to ensure it meets stakeholder needs.
6. Provide an annual report and presentation to CACG on the progress of the study over its duration.
7. Co-design accessible reporting mechanisms with the CHS Scientific Steering Committee, community stakeholders and the public.
8. Monitor changes over the study period in aircraft activity, flightpaths and other determinants of aircraft noise, and changes in the demographic profiles of the communities impacted, and adapt the CHS governance mechanisms, stakeholder engagement and study design to reflect these changes.
9. Publish the study protocol and monitoring findings in peer reviewed scientific journals.

4. Lead stakeholders

- The regulator, the federal government, which is the Department of Infrastructure, Transport, Regional Development, Communications, Sport and the Arts, Australian Government at the time of writing these ToR (The Department)
- Melbourne Airport Community Aviation Consultation Group (CACG)
- The communities surrounding Melbourne Airport (see Section 6.1)
- Relevant Local Governments
- Australia Pacific Airports (Melbourne) Pty Ltd (APAM)
- Airservices Australia, as the authority responsible for air traffic management including flight paths

5. Guiding principles for study design and conduct

The CHS is to serve the communities surrounding Melbourne Airport by providing monitoring data on the health of those communities, and any changes in the health of those communities that coincide with changed aircraft noise. This is a 'first of kind' study as an industry funded long-term health monitoring project associated with major infrastructure development. It is

expected the CHS will generate data that supports a granular level understanding of the health impacts of aircraft noise and will be of international interest to airport regulators, operators, health researchers, authorities and impacted communities.

Community input has indicated that health impacts associated with Melbourne Airport can potentially be favourable in some circumstances, and the CHS should be designed to provide insights on health gains where appropriate. For example, job and financial security, and Melbourne Airport investment in local community initiatives.

To achieve the study objectives, the CHS is to be designed, governed and conducted in accordance with the following conditions and expectations.

5.1 Independence, transparency and trust

The CHS must satisfy the condition of independence as set out in the *Conditions of Approval* for M3R. Trust in the CHS is of paramount importance and can only be realised if the CHS is, and is perceived to be, an independent study. Trust will also depend on transparency regarding decisions on the methods for monitoring, collecting and reporting of health and aircraft noise data, and the governance structure (further addressed in Section 13).

5.2 Community first

The communities surrounding Melbourne Airport are highly diverse. The study design and stakeholder and community engagement will recognise this diversity and accommodate sub-population differences in the degree and nature of health impacts, ability to mitigate the impacts of aircraft noise and opportunity to contribute to, or access information from, the CHS. The CHS should also monitor for new community concerns about health impacts, and consider investigating a case for monitoring, or produce the data to allay concerns.

The CHS is expected to partner with community-based services and organisations to engage the community and leverage existing trusted relationships and communication channels. Community engagement opportunities will also strengthen community trust and support in the CHS. Where health service partnerships are integral to data collection, local community providers should be prioritised.

5.3 Feasibility and sustainability

The CHS is to leverage existing data where possible (aircraft noise exposure and health outcomes) to ensure the CHS is sustainable over the extended study period (baseline plus 20 years). To this end, the CHS is not required to be established as a longitudinal cohort. The expected changes to community size and profile, land use, flightpaths and aircraft activity, and aircraft noise in particular, will challenge CHS monitoring sustainability. Ways to manage this need to be incorporated into the CHS design, together with a succession plan for CHS leadership and oversight. Section 6 sets out guidance on the scope of work to ensure the CHS community health expert/s design the CHS to deliver on the objectives while remaining financially feasible over the study period.

6. Community Health Study communities

6.1 Study population

The CHS geographic frame is the communities surrounding Melbourne Airport. The Melbourne Airport precinct is out of scope. ‘Communities surrounding Melbourne Airport’ should be

selected to include communities with a range of aircraft noise exposures to examine health impacts according to magnitude and frequency of aircraft noise exposure.

Local Government Areas (LGAs) prioritised for inclusion will have all or part of the community experiencing aircraft noise above $L_{eq,day}$ 60 dB(A) measured outside, or $L_{eq,night}$ 55 dB(A) at the dwelling facade[2], or where $L_{eq,day}$ or $L_{eq,night}$ are expected to exceed these aircraft noise levels. Aircraft noise contours will be prepared for each Melbourne Airport Master Plan to reflect planned Melbourne Airport aircraft activity utilising $_{Leq,day}$60dB(A) and $_{Leq,night}$55dB(A) metrics. These contours and annual noise modelling will define the CHS study population.

The study area is to also include communities within these LGAs, or in additional LGAs, that have current or anticipated aircraft-related noise at a range of lower levels, with no dB(A) or aircraft noise frequency lower bound. This will allow investigation into the aircraft noise thresholds associated with the onset of aircraft noise-related health impacts. Baseline data collection should include communities that currently have low aircraft noise impacts and are not expected to be differently affected by aircraft noise when M3R is in operation.

Independent aircraft noise modelling and aircraft noise monitoring data, as well as aircraft noise modelling and monitoring data Melbourne Airport commissions, will guide community selection. The initial CHS community footprint may change over the course of the study period if aircraft noise contours change in relation to alterations in flight paths or other aspects of aircraft activity, or technological changes to aircraft that influence aircraft noise emissions.

Geographic areas should be identified at LGA-level for consultation with local governments, and by postcode or Statistical Area Level 2 (SA2). This will ensure more detailed community profiling and population-level health indicator comparisons within and between communities based on aircraft noise exposure profiles.

6.2 Sub-populations of interest

Particular sub-populations have been identified as being at elevated risk from aircraft noise health impacts. The CHS is expected to take this into consideration in health monitoring data collection and analysis. Sub-populations identified include, but are not restricted to:

- Children and young people, particularly in relation to education
- Older adults
- People with pre-existing conditions relevant to the health outcomes monitored
- Socially and economically disadvantaged residents
- Shift workers
- People from culturally and linguistically diverse backgrounds
- People living with disability

6.3 Comparator populations

Given that there are many risk factors associated with most of the health outcomes known to be associated with aircraft noise, it will be necessary for the CHS to collect comparable information from similar communities unaffected by Melbourne Airport aircraft noise. This may include comparisons across communities in LGAs with highly variable noise impacts, or by comparison with matched populations or schools outside the study area.

[2] enHealth. (2018). *The health effects of environmental noise*. Canberra: Commonwealth of Australia

7. Community engagement

Successful community engagement will rely on the CHS community health expert/s co-designing and applying innovative engagement models of practice in accordance with the following principles:

- Being transparent, timely and consistent.
- Being inclusive, accessible and tailored to participants' various needs.

Stakeholder engagement will be central in the development, implementation, relevance and translation of the CHS through:

- Community representation in governance and decision-making.
- Informing and co-designing CHS monitoring activities and reporting wherever feasible.
- Advising on community needs and expectations of the CHS, and any changes in these over the study period.
- Assisting in CHS information dissemination through trusted networks, such as schools and community services.

8. Working with Melbourne Airport

The CHS will be aware of, informed of, and take account of activities to share and ameliorate aircraft noise associated with the operations of M3R including, but not limited to, the programs set out in the *Conditions of Approval* (such as the Noise Sharing and Airspace Concept Plan, and Noise Amelioration Plan and Program). This will occur through the CHS community health expert/s and APAM having a direct and ongoing working relationship.

Melbourne Airport will have representation on the CHS Scientific Steering Committee to:

- Be kept abreast of the CHS protocol development and conduct.
- Advise, for example, on significant changes in aircraft operations or aircraft noise amelioration that may alter noise impacts on surrounding communities.
- To minimise the risk of duplication in noise data collection or other areas of potential overlap.

In addition, regular and ongoing working meetings as agreed by APAM and the CHS community health expert/s will be required to accommodate more detailed and timely information exchange on changes in airport activity, including aircraft noise amelioration works and in coordinating community engagement.

9. Study phases

The study phases are set out in paragraphs 5.2(b)ii and iii in the *Conditions of Approval*:

> Phase I: prior to M3R operations commencing – baseline data collection.
> Phase II: from operations commencing on M3R, which are expected to be phased in.

10. Study methodology

The CHS is expected to provide health impact monitoring employing a combination of routinely collected aircraft noise monitoring data, health data, demographic data and purposefully collected CHS-specific noise exposure and health data. The CHS will include quantitative and

qualitative approaches, informed and codesigned through engagement with community and key stakeholders.

10.1 Aircraft noise exposure monitoring and modelling

Aircraft noise exposure refers to the amount of physical noise energy from aircraft operations in and around an airport. This includes noise emanating from aircraft engines during flight and on the ground (preparation for flight; taxiing; take-off; landing).

The CHS will use metrics for exposure to aircraft noise that are relevant in Australia, for example ANEF (Australian Noise Exposure Forecast) and will also be cognisant of, and comparable with, studies in other regions.

Exposure measures will take into account the temporal dimension to aircraft noise. This includes but is not limited to specific events (Lmax), as well as time-averaged metrics such as daily averages (LAeq), exposure (ANEF), Nx (number of events) and Tx (time above) for different times of day and night. It should consider current and planned aircraft operations, including altitude of aircraft on approach and during take-off.

Monitoring aircraft noise

The CHS will have access to exposure data commissioned by Melbourne Airport, including but not limited to:

- Aircraft noise monitoring data and noise modelling prepared or commissioned by Melbourne Airport.
- Flight paths of aircraft landing and taking off at Melbourne Airport.
- Modelled aircraft noise levels and noise contours.
- Complaints about aircraft noise.

Airservices Australia provides real time updates of aircraft noise complaints linked to airport activities across Australia.[3]

The CHS will conduct supplementary individual level studies as needed to investigate community health impacts from aircraft noise. This should include aircraft noise monitoring in homes, schools or other specified indoor or outdoor areas in exposed and control areas to provide localised aircraft noise measurement.

10.2 Health outcomes monitoring

Health outcomes associated with aircraft noise have variable lead times to detectable change in health state: immediate, secondary and long-term. Data collection should:

- Prioritise routinely collected health data for health condition monitoring.
- Augment routinely collected health data with CHS-specific data collection on sleep disturbance, annoyance and other risk factors, mediators, modifiers and short-term health outcomes directly associated with aircraft noise.

Health impacts associated with aircraft noise, and risk mediators and modifiers, include:

- Sleep disturbance (self-reported and objective measurement)
- Annoyance (the subjective, adverse psychological response to aircraft noise)

[3] ASA National Insights

- Mental health (e.g. depression, anxiety and other outcomes)
- Hearing loss
- Neurological conditions (e.g. dementia, cognitive dysfunction, episodic memory loss)
- Cardiovascular disease (e.g. myocardial infarction, hypertension)
- Metabolic health (e.g. diabetes)
- Communication interference
- Reading comprehension and learning outcomes
- Physical activity
- Quality of life

Financial security associated with airport activity has also been identified in community consultation as a potential mediator of downstream health impacts, both positive and negative, and should be considered.

The CHS is to include these impacts when designing health monitoring data collection protocols. Routine health data will not encompass all health impacts and so intermittent individual level measurement/health service data will be required in accordance with recommendations from the CHS Scientific Steering Committee. Other objective measures of health impacts are recommended, such as changes in biomarkers to complement routine health data, and the application of sleep monitoring to assess impacts coinciding with real-time measures of aircraft noise exposure.

10.3 Data sources

Several data-sources of potential utility in monitoring the short and long-term health impacts of aircraft noise are listed below. The CHS is not restricted to the following sources, nor required to use these specific data to monitor the community health impacts listed in Section 10.2. associated with aircraft noise.

Routinely collected data suggested by stakeholders

- Australian Bureau of Statistics
- Australian Institute for Health and Welfare
- Department of Education and school-based surveys
- Local governments, such as community satisfaction or wellbeing surveys
- Victorian Admitted Episodes Dataset and Victorian Minimum Emergency Dataset
- Victorian Population Health Survey
- Condition-specific registries (e.g. Cardiac Outcomes)

10.4 CHS-specific data collection

Some of the health impact indicators, including annoyance and sleep disturbance, will not be available in routine data sources. It is anticipated that the CHS will need to collect data to monitor these outcomes, and to gather contextualising epidemiological information to interpret routine health data in the context of aircraft noise exposure.

Suggestions from stakeholders for CHS-specific health data collection for supplemental individual-level studies include:

- Physiological indicators such as hormonal blood markers to assess biological effects of stress and aircraft noise exposure.

- Electronic medical record data from local health services (e.g. audiology, mental health services, and sleep clinics).
- Health economic data (e.g. disability-adjusted life years and heath service costs associated with health impacts).

Similarly, aircraft noise data available through Melbourne Airport may not be sufficiently granular to permit nuanced analysis of the relationship between different types or levels of aircraft noise, and health or learning outcomes. The CHS will be responsible for monitoring aircraft noise in local areas. This data will provide relevant aircraft noise measures to associate with individual level health data in studies that supplement aircraft noise data available through Airservices and Melbourne Airport. It will also assist small areas aircraft noise modelling to complement models based on APAM aircraft noise monitoring.

10.5 Data collaboration

The CHS should be designed to enable study collaborations that leverage the CHS platform, to provide a more nuanced understanding of the relationship between aircraft noise and health impacts. This could include partnering with local health services or other health studies that have a footprint within the CHS-study area, for example collaborating through:

- Data collected by local health services and community organisations.
- Longitudinal cohort studies within, or overlapping, communities surrounding the airport.

10.6 Analytic plan

The purpose of the CHS is to monitor health impacts from aircraft noise on communities surrounding Melbourne Airport associated with the ongoing operations of M3R. To achieve this, an analytic plan will be required to describe the methods for estimating the attributable risks associated with aircraft noise over and above the background risk for CHS-specified health outcomes in these communities.

It is anticipated that the CHS will take advantage of the variation in the level, frequency, time of day and average aircraft noise levels within LGAs, and between communities surrounding Melbourne Airport and comparator populations further from the airport. This is because it is important that the relationship between Melbourne Airport aircraft noise and health is investigated across a range of aircraft noise exposure settings to understand the aircraft noise levels where health impacts are first detected. To this end, the CHS is expected to analyse health impacts according to actual aircraft noise levels rather than clustering the population for analysis into pre-specified aircraft noise contours.

In addition, it is likely the health risks associated with aircraft noise will vary among sub-populations within local areas. The analytic plan should therefore consider this variability and report findings stratified at sub-population level where appropriate, including those identified in Section 6.2.

The analytic approach may include:

Descriptive: Identification and understanding of the impacts of differing aircraft noise levels and patterns of aircraft noise on health outcomes (actual health measures and predictors of altered risk of health impacts). Findings should be reported by total and sub-populations where possible.

Analytic: Quantitative (e.g., health outcome measures, surveys) and qualitative data (e.g., submissions, interviews, group discussions and focus groups) to explore health impacts in relation to aircraft noise — existing, changing and emerging. And designing analytic approaches to using variability in aircraft noise exposure, by area and over time, to adjust for confounding and estimate attributable health impact from M3R activity. This may include modelling trends based on current health impacts adjusted for changes in population demographics, or predicted under certain noise sharing and amelioration programs from APAM, or flight path changes by Airservices Australia.

10.7 Documentation and data storage requirements

CHS proposals need to provide detail on data oversight, management privacy and security. The CHS will have a plan in place to manage data responsibly, and the CHS community health expert/s will ensure that the collection, use and disclosure of any data for the CHS complies with:

- Requirements of the *Privacy Act 1988 (Cth)* (as amended by the Privacy and Other Legislation Amendment Act 2024) and the Australian Privacy Principles.
- Current guidance issued by the National Health and Medical Research Council (NHMRC), for example 'Management of data and information in research: a guide supporting the Australian Code for the Responsible Conduct of Research' (2019)[4].
- Or such guidance as agreed with the CHS Scientific Steering Committee.

10.8 Adaptive protocol design

Considerations for adaptive design include mechanisms for identifying when protocol changes are prudent, and the addition or exclusion of health outcomes measures. It will be necessary for the CHS to adapt to changing evidence on health impacts from aircraft noise, evolving routine health outcome data collection and linkage capability, and changing technology (e.g., aircraft noise mitigation and aircraft noise and health measurement).

Populations of interest may also change as health impacts are assessed. Longer-term changes in the profile of CHS communities may also require review and updating of the stakeholder register. Health impact changes over the course of the study should trigger review of the composition of the CHS community health expert/s, CHS scientific advisory capability and the lead stakeholders comprising the CHS Scientific Steering Committee. Updates may also be required in avenues for stakeholder input and sustaining community engagement in a changing population context.

10.9 Study protocol review

All aspects of the CHS protocol and stakeholder engagement plan will be reviewed and evaluated on an annual basis by the CHS Scientific Steering Committee and adjusted as needed.

[4] Available at: https://www.nhmrc.gov.au/sites/default/files/documents/attachments/Management-of-Data-and-Information-in-Research.pdf.

11. Reporting

The CHS community health expert/s are required to prepare a report annually on the findings of the community health impact monitoring.

The reports will commence with pre-operation baseline report(s), then on the anniversary of the date that aircraft operations begin on M3R. Reports will be:

- Prepared and delivered to CACG annually for the duration of the CHS.
- Provided to CACG as soon as practicable after they have been finalised.
- Published on the CHS and Melbourne Airport websites as soon as practicable after they have been finalised.
- Provided as an annual presentation to CACG.
- Submitted annually to the responsible Australian Government Minister(s).

Reporting modes, target audiences and innovative ways to keep hard to reach communities informed and engaged should feature in CHS study design proposals.

The CHS profile and utility will be enhanced by ongoing publicly available reporting of health monitoring findings, including but not restricted to, a CHS-dedicated website, live dashboard-style reporting, regular reporting through Melbourne Airport and community organisation newsletters, and other communication networks and channels.

The protocol, monitoring findings and results of supplementary studies using individual-level data are to be published in peer reviewed scientific journals in a timely way. This enables independent expert review, retains confidence in CSH protocols and disseminates the findings to add to global understanding of the relationship between aircraft noise and health.

12. Intellectual property

The intellectual property of the CHS will remain with the CHS community health expert/s to ensure independence in undertaking the study and reporting.

The CHS community health expert/s must grant APAM an exclusive, irrevocable, transferable, royalty-free licence to use, reproduce and develop (and allow other APAM group members to do likewise) the materials, workings, results and deliverables of the CHS.

13. Governance

The design, conduct, analysis and reporting of the CHS will be demonstrably independent from the funder.

APAM is the Secretariat for the CHS. The Secretariat coordinates the CHS project, the CHS Scientific Steering Committee and supplementary study advisory groups. The APAM Secretariat will instil regular and ongoing operational meetings during the study, as agreed by APAM and the CHS community health expert/s.

13.1 Governance principles

The CHS will be guided by the following principles:

- Transparent: the CHS community health expert/s, CHS Scientific Steering Committee and APAM Secretariat will demonstrate due diligence in reporting and managing any potential conflicts of interest.

- Independent: the CHS community health expert/s will not be subject to any restrictions on publication of data and findings from the CHS beyond ethical requirements towards CHS participants.
- Inclusive and culturally representative: the CHS will be conducted and reported on to ensure it is relevant to the communities surrounding Melbourne Airport.
- Long-term: the CHS community health expert/s will ensure there is stability, continuity and institutional memory of the CHS over its duration, and will seek to maintain constructive and responsive relations with stakeholders and community groups.
- Serve public interest: the CHS will support healthy and thriving communities around Melbourne Airport and contribute to Australia's ability to support communities that live close to airports.

13.2 Community Health Study Scientific Steering Committee

At its inception, the CHS will have a CHS Scientific Steering Committee.

Good and transparent practice is to be followed in the committee structure, appointment processes and declarations of interest. Remuneration may be considered for time spent on the CHS Scientific Steering Committee, including preparation, attendance and travel.

The overall design and conduct of the CHS, including monitoring conduct, progress, reporting, and CHS administration, will be overseen by the CHS Scientific Steering Committee. This will be critical to CHS transparency. The CHS Scientific Steering Committee will test the strategy, feasibility and acceptability of CHS protocol proposals put forward by the CHS community health expert/s and provide final sign-off on the overarching CHS protocol, funding bids and reporting content and dissemination.

The CHS Scientific Steering Committee will also:

- Advise on the feasibility and acceptability of CHS design (for baseline and ongoing data collection), including information dissemination and utilisation.
- Advise on community partnerships to support stakeholder engagement. communication and community participation.
- Monitor high-level findings arising from the study.
- Review and comment on reports.
- Monitor whether overall study design is fit for purpose on an ongoing basis.
- Respond to proposals for supplementary studies within the main CHS, and potential collaborations with other health outcome studies.

The CHS Scientific Steering Committee will be established with representation aligned with the CHS protocol, and will include at a minimum a representative from each of:

- CHS lead community health expert/s
- Community organisations
- A Local Government that is included in the CHS study footprint
- Melbourne Airport
- Victorian Government Department of Health
- Experts in, but not limited to, epidemiology, aviation, aircraft noise monitoring, the health effects of aircraft noise, and acoustic expertise

The CHS Scientific Steering Committee will be chaired by an independent/external member and the Chair will have the casting vote in any decisions if there is not a simple majority. Melbourne Airport will be a voting member of the CHS Scientific Steering Committee.

The Department (Australian Government) will remain as a Lead Stakeholder as identified in Section 4.

The CHS Scientific Steering Committee will ensure the quality, legitimacy and relevance of reporting. This will involve overseeing the design of preliminary studies that inform the final CHS protocol (e.g., reliability of self-reported sleep disturbance, extent and potential impacts of sub-audible noise). The committee will evaluate data, analyses and dissemination plans, research proposals for collaborations, and oversee research integrity and ethics.

The APAM Secretariat and a representative from the CHS Scientific Steering Committee will provide quarterly updates to the Melbourne Airport CACG.

Supplementary study advisory groups

Supplementary studies will vary in size and duration and may focus on specialty areas of aircraft noise exposure or health outcomes, or in particular populations within the community. These studies should be reviewed on an individual basis in early planning stages, to determine if they require a study-specific advisory group with appropriate community representation and technical expertise to advise on design, implementation and reporting.

14. Funding arrangement

Funding arrangements need to be established that preserve CHS integrity and independence. The funding source for the CHS must be disclosed in all CHS-related publications.

15. Review of the Terms of Reference

The CHS is a long-term study and will be responsive to evolving environments. APAM will appoint independent community health expert/s to review the ToR every five to seven years to ensure their responsiveness.

Any amendments to these ToR will be considered if they are scientifically justified, materially relevant and deliverable within approved budgets. Any amendment(s) must be consistent with Condition 5 of the *Conditions of Approval* for M3R and will require Ministerial approval.

16. Ethical considerations

The CHS will comply with the NHMRC National Statement on Ethical Conduct in Human Research and will seek approval from appropriate Human Research Ethics Committees. It will be the responsibility of the community health expert/s to gain the necessary approvals.

The CHS will incorporate, in both its design and communications, consideration of the diversity of the communities who live around the airport, including potential variation in aircraft noise and health impacts across different population groups.

17. Risk management

Tender submissions must include a preliminary Risk Management Plan, outlining key project risks and proposed mitigation measures. Upon contract award, a comprehensive Risk

Management Plan will be required to be developed and an active risk register must be maintained for the life of the CHS.

18. Community Health Study tender selection process

An initial call for expressions of interest (EOI) will be followed by an invitation for a full protocol and budget submission utilising APAM's procurement policy and process. EOIs will be assessed against the evaluation criteria set out in Section 17.1, to identify options that represent the best overall value in monitoring Melbourne Airport aircraft noise-related health impacts on communities surrounding Melbourne Airport, and comparison with control populations.

APAM will consult with the DITRDCSA and Melbourne Airport CACG on the preferred CHS community health expert/s to be appointed.

A signed conflict of interest declaration will be required by the lead community health expert applicants, demonstrating that they have no conflicts of interest and declaring any previous dealings and/or contracts with APAM.

18.1 Evaluation criteria

To enable a comprehensive and accurate assessment of each EOI and full submission, interested parties should provide sufficient information against the following evaluation criteria:

Expertise and qualifications (20%)

- Team capability and demonstrated experience in community health studies, epidemiology, aircraft noise impacts on health and airports, acoustics in relation to aircraft noise and health studies.
- Evidence of successful and sustained stakeholder engagement at scale.
- Knowledge of relevant legislation, governance and ethical considerations.
- Strong communication and interpersonal skills.

Project methods (30%)

- Detailed plan for the CHS, including research design, data collection, management, analysis and dissemination.
- Proposed methods for engaging the community.
- Roles and responsibilities of the leads overseeing CHS design and conduct.
- Demonstrated commitment to ethical research practices.

Community engagement (20%)

- Demonstrated experience in engaging with diverse community groups.
- Plans for involving community members in CHS design and implementation.
- Strategies for identifying and addressing potential conflicts of interest.

Capacity and resources (15%)

- Adequate and demonstrably sustainable staffing and resources to deliver the study.
- Experience in managing similar projects, meeting deadlines and managing budgets.
- Experience in partnering with community organisations and local government.

Financial viability and project sustainability (15%)

- Cost-effectiveness of the proposed approach.
- Transparency in resource allocation.
- Mechanisms to review and adapt the CHS through:
    - study phases
    - response to changes in the population profile
    - evidence of health impacts from aircraft noise
    - aircraft noise itself.