FINAL REPORT
CSIRO’s 3rd National Indigenous Science and Research Roundtable, in conjunction with the Cooperative Research Centre for Aboriginal Health (CRCAH)

Nutrition and Preventative Health in Indigenous Futures
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1. EXECUTIVE SUMMARY

The 3rd National Indigenous Science and Research Roundtable, co-hosted by CSIRO’s National Preventative Health Flagship and the CRC for Aboriginal Health, was held in Adelaide on August 4th-5th, 2009. The purpose of the roundtable was to seek informed guidance from Indigenous community representatives, scientists, policy formulators, service providers, and colleagues on how CSIRO could collaborate on an Indigenous research response to nutrition and preventative health in Indigenous futures.

The Roundtable was attended by 37 delegates from across Australia (please refer to the delegate list on pages 14-16) with Indigenous and non-Indigenous representatives from government, academia, community health services, non-government organisations, and local service providers.

The dialogue at the Roundtable was insightful, honest, and valuable, and allowed CSIRO to listen to the stories and priorities for Indigenous Australians. The meeting was also crucial in guiding CSIRO on how our research and science capabilities can assist in improving the health and livelihood of Indigenous communities. The 3rd National Indigenous Science and Research Roundtable was an important first step in future collaboration, discussion, and focus between CSIRO National Preventative Health Flagship, the CRCAH and the Indigenous health sector.

The Roundtable made some vital suggestions for action that fall into four broad categories:

1. **Foundation: basic principles**
   Recognising and acknowledging the basic principles that underpin the success of health programmes, research and nutrition in Indigenous communities.

2. **Linking research and action:**
   Understanding how research can be used to invoke real change in Indigenous health and nutrition outcomes.

3. **System interactions:**
   Identifying interactions among social disadvantage, nutrition and health and understanding how policies and strategies can be used to sustain positive health outcomes.

4. **Partnerships:**
   Recognising the needs and benefits of a collaborative and united approach to research, policy and Indigenous needs.
CSIRO made a commitment to delegates that the Roundtable was the beginning of a focused effort in addressing health and nutrition outcomes with greater impact for our Indigenous communities. It is now important that the discussions captured at the Roundtable are synthesised, prioritised and actioned. The first step in this process, which is currently underway, is to establish a memorandum of understanding between CSIRO and CRCAH to formalise this collaborative approach to Indigenous health and nutrition. The second step is to form a working party, ‘Working Group for Preventative Health and Nutrition in Indigenous Futures’ for which we are currently seeking expressions of interests. The role of the working party will be to prioritise key action areas from the Roundtable and develop future research, health activities, and education programmes that aim at addressing the identified issues to provide Australian Indigenous communities with better health and total wellbeing outcomes, now, and into the future.

Some of the opportunities for the working party, together with CSIRO and CRCAH, to develop and progress resources, knowledge and impact in Indigenous Health and Nutrition were highlighted at the Roundtable. These included:

- Creating an Indigenous tick of approval to enhance food choices by Indigenous people across Australia in partnership with the National Heart Foundation;
- Creating Indigenous Community Lifestyle Services models delivered by Indigenous people in partnership with the Health Sector;
- Develop an National Indigenous nutritional accountability framework;
- Develop information technology systems for National reporting and real time reports and data sets that helps direct action on the ground;
- Explore rapid evaluation tools that could be applied in Indigenous communities by Indigenous people, to enable immediate appropriate health action responses to arrest the statistics on chronic conditions in Indigenous peoples;
- Develop an Indigenous engagement model that follows the research impact to adoption pathways process;
- Develop CSIRO IP protection for Indigenous people in this sector; and
- Enhance Indigenous peoples understanding of the science CSIRO is currently using through a CSIRO laboratory guided tour process.

The above key action areas, together with others highlighted in this report, will be tabled at the first meeting of the working party with the objective of ranking the issues in order of priority, and weighing up where CSIRO and CRCAH can have the most impact.
If you are interested in joining the *Working Group for Preventative Health and Nutrition in Indigenous Futures*, please contact Belinda Wyld at CSIRO Food and Nutritional Sciences (phone: 08 8303 8854 or E-mail: belinda.wyld@csiro.au) or Arwen Nikolof at CRCAH (phone: 08 8201 7825 or E-mail: anwen.nikilof@crcah.org.au).

I would like to take this opportunity to thank Wendy Ah Chin, Deputy Chief Executive Officer of CRCAH, for moderating the Roundtable and generating interesting, insightful and valuable discussions. Thanks must also go to all our keynote speakers, panel members and presenters who committed to bringing focus and action on Indigenous health and nutrition matters.

The pathway forward is a challenging but important journey for CSIRO and we look forward to working with you on these issues of National importance for our Australian Indigenous communities.

Kind regards

Professor Richard Head
*Director*
*CSIRO Preventative Health Flagship*
2. TERMINOLOGY

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<td>CSIRO</td>
<td>Commonwealth Scientific and Industrial Research Organisation</td>
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<td>CRCAH</td>
<td>Cooperative Research Centre for Aboriginal Health</td>
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<tr>
<td>LIVELIHOODS</td>
<td>The whole system of assets, abilities and activities needed to make a living (e.g. social, natural, cultural, spiritual, economic).</td>
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3. INTRODUCTION

The Commonwealth Scientific and Industrial Research Organisation (CSIRO), in conjunction with the Cooperative Research Centre for Aboriginal Health (CRCAH), hosted the 3rd National Indigenous Science and Research Roundtable entitled “Nutrition and Preventative Health in Indigenous Futures” on 4th-5th August 2009 in Adelaide, South Australia. This Roundtable fulfilled a commitment to the delegates from the inaugural Roundtable, held in Broome in July 2008, to hold future discussions with a focus on health and nutrition for Indigenous Australians.

The National Indigenous Science and Research Roundtable Series are designed to bring Indigenous Australia and CSIRO together to explore research and scientific priorities to address the needs and aspirations of Australia’s Aboriginal and Torres Strait Islander communities. They have also been the starting point for the Indigenous Engagement Strategy process in identifying and prioritizing opportunities for research contributions by CSIRO.

CSIRO and the CRCAH would like to acknowledge the Kaurna people, the traditional owners of the land where the Roundtable took place, and thank Uncle Lewis O’Brien for welcoming us.
3.1 Aims of the Roundtable

The objectives for the Adelaide Roundtable meeting were to:

- Gain Indigenous perspectives on the research needs and priorities on Nutrition in Preventative Health;
- Share knowledge, experiences and stories on how to engage Indigenous Australians in policy, research and research adoption processes to improve their nutrition, health, lifestyles and wellbeing.
- Share insight into CSIRO priorities and research activities relating to Nutrition and Preventative Health in Indigenous Futures;
- Discuss the pathway for Indigenous engagement in current and future research on Nutrition and Preventative Health to assist in achieving measurable impact;
- Discuss Nutrition and Indigenous health policies and identify what key policy issues influence research and political agendas.

The meeting began with a ‘Country, Culture and Food’ experience at the Living Kaurna Cultural Centre, situated in the Warriparinga Wetland. The centre is a vital place for ensuring that Kaurna culture and the Dreaming Story of the Land, is passed on from generation to generation.

Warriparinga', a windy place by the river, is an important and sacred place for the Kaurna people, the Aboriginal custodians of the Adelaide Plains. It is the beginning of the Tjilbruke Dreaming Track, which follows the coastline to Cape Jervis. It is a peaceful reserve and wetland with an abundance of bird and wildlife.

Delegates were taken on a cultural journey by our Kaurna guide, Paul Dixon, who walked guests through the long history of the Kaurna people, and shared a few secrets of local medicine plants and bush tucker. A local Indigenous caterer then provided delegates with the opportunity to savour lemon myrtle biscuits and scones with quandong or Muntrie jam.
That evening, guests were invited to join fellow delegates at a welcome dinner, held at Jolleys Boathouse. The second day consisted of discussions on nutrition and preventative health issues in Indigenous futures.
3.2 Roundtable Summary

The Roundtable offered CSIRO the opportunity to experience the stories and journey of Indigenous people and the issues they face in health and nutrition. The day was opened by a Welcome to Country by Uncle Lewis Yerloburka O'Brien, where delegates acknowledged the traditional owners of the land on which the Roundtable was held, the Kaurna people. Professor Richard Head, Director of CSIRO’s National Preventative Health Flagship, provided an overview of CSIRO and set the scene for the day’s discussion. The Roundtable was moderated by Ms Wendy Ah Chin, Deputy Chief Executive Officer of the CRC for Aboriginal Health, who offered insight into the role of the CRCAH as well as outlining the aims and objectives for the Roundtable discussion.

The meeting began with a poignant Indigenous perspective of health and nutrition by Che Cockatoo-Collins, Indigenous Employment and Training Adviser SANTOS. Among many stories shared by Che, the strongest was told to him by his father, and highlighted the importance of Indigenous controlled health delivery models such as the Aboriginal Medical Centres network. This was followed by shared knowledge and insight by Indigenous panel members who highlighted the health and nutrition issues for Indigenous communities, as well as offer their perspective on what is working, and where we fail in meeting the needs and priorities of Indigenous Australians.

The Indigenous panel brought together experience from across community and government Aboriginal health services and was represented by:

- **Mr Harry Miller**: Chief Executive Officer, Port Lincoln Aboriginal Health Service;
- **Ms Aletia Moloney**: Senior Public Health Nutritionist (Cairns), Tropical Population Health Services, Queensland Health;
- **Ms Sandy Wilson**: Aboriginal Health Living Coordinator, Aboriginal Primary Health Care Unit (Murray Bridge, SA); and
- **Ms Sharon Thorpe**: Aboriginal Nutrition Project Officer, Victorian Aboriginal Community Controlled Health Organisation (VACCHO).
After morning tea, key researchers in the area of Indigenous health, nutrition and livelihoods provided delegates with information about the problems facing Indigenous communities, how policy formulators, educators, scientists, service providers and others have failed to address the priorities of our Indigenous Australians, and examples of ways forward. The research perspectives session brought together decades of research knowledge and experience throughout rural, remote and metropolitan Australia and was represented by:

- **Dr Paul Burgess**: DMO Maningrida & NHMRC PhD Scholar, Menzies School of Health Research;
- **Professor Robyn McDermott**: Pro Vice Chancellor & Vice President, University of South Australia;
- **Dr Michael LaFlamme**: Socioecological Systems & Indigenous Livelihoods Scientist, CSIRO Sustainable Ecosystems; and
- **Dr Jocelyn Davies**: Principal Research Scientist and Geographer, CSIRO Sustainable Ecosystems.

During the afternoon, the meeting was joined by the Honourable John Hill MP, Minister for Health in South Australia, who talked to the statistics about Indigenous health and mortality in Australia and applauded delegates for their contribution to turning those figures around.

Additional insights into the policy and governmental agendas and priorities were provided by the following key panel members:

- **Associate Professor Rosemary Knight**: Principal Advisor/Chronic Diseases, Primary and Ambulatory Care Division, Department of Health and Ageing;
- **Ms Linda Cooper**: Project Director, Bragg Initiative/Ri Australia, Department of the Premier and Cabinet;
- **Ms Katherine Cullerton**: Senior Project Officer NATSINSAP, National Heart Foundation; and
- **Associate Professor Mark Lawrence**: Associate Professor (Public Health Nutrition), Deakin University.
The remainder of the Roundtable enabled small group discussion and feedback from delegates on opportunities for impact on Indigenous Futures, key action areas for targeting change, and measures of the Roundtable success.

A synthesis group was created specifically for this Roundtable, and their task was to accurately record a collective summary of the day’s discussion as well as drive a future working party that would be responsible for fulfilling CSIRO’s commitment to delegates in the key action areas outlined and agreed to on the day. The synthesis group consisted of:

- **Associate Professor Manny Noakes**: Research Program Leader - Nutrition and Health Sciences, CSIRO Food and Nutritional Sciences;
- **Dr Michael LaFlamme**: Socioecological Systems & Indigenous Livelihoods Scientist, CSIRO Sustainable Ecosystems;
- **Ms Belinda Wyld**: Project Coordinator, Diet and Lifestyle Projects, CSIRO Food and Nutritional Sciences;
- **Mr Greg Davison**: Indigenous Engagement Officer, The Office of Indigenous Engagement, CSIRO; and
- **Ms Arwen Nikolof**: Program Manager, Healthy Skin & Chronic Conditions, CRC for Aboriginal Health.
4. **KEY ACTION AREAS**

Key points and action areas that the Roundtable identified as important considerations in addressing Preventative health and nutrition in Indigenous futures are outlined below.

4.1 **Synthesis Group Summary**

4.1.1 **Foundation: basic principles**

- Indigenous communities have a culturally inherent right to control their health service, as Indigenous experiences and needs are different. The health inequity gap that Indigenous communities face has arisen from prejudicial behaviour and ineffective health services that have been based on racism.
- Indigenous engagement needs to be active through the entire research process, from conception to implementation.
- We must address Indigenous issues by using and adapting Indigenous knowledge.
- Indigenous people have taught Australia what *real* health is: the physical, social, cultural and emotional wellbeing of the entire community.
- Indigenous people bring *energy* to solutions.

4.1.2 **Linking research and action**

- We need sustained support for Indigenous designed and delivered healthy lifestyle programs.
- Need to realise the value from existing pilot programs (both successful and unsuccessful) and how to sustain them.
- Need new research on the processes of adoption. For example, how is the right measure chosen? Is the data used well? How is the research implemented? Is the private sector engaged? Are the local goals achieved in a coherent manner?
- Community expertise in holistic evaluation and their energy for action research needs to be resourced.
- Indigenous communities need to get real benefits while research is conducted (for example, intertwine research with health activities and improve wellbeing).
- Wicked problems require sustained action through resources, livelihoods and policies.
- Need to increase numbers, capacity and the leadership of the Indigenous work force: health workers, nutrition workers & researchers.
4.1.3 System interactions

- Identify interactions among social disadvantage, nutrition and health. For example, the relationships among price, real cost, and nutrient density of food.
- Incorporate nutrition in primary health care planning, as well as in non-health organisations such as sport and education.
- Identify pathways that link local expertise, problem identification, planning, action and review into learning cycles.
- Embedding health strategies in livelihoods enables improvements to be sustained long enough to achieve measurable changes in national indicators.

4.1.4 Partnerships

- Design research partnerships with equitable two-way science/culture mentorship.
- Develop frameworks for government accountability to Indigenous communities.
- Use Indigenous models of prevention that recognise the relationships among land, body, and spirit.
- Reduce isolating structures by linking policy-makers, scientists, agencies, industries, technologies, and communities in equitable social networks.
- CSIRO can challenge the norms and assumptions of Australian society about Indigenous people.
- Need leadership: topic-based and agenda-based such as strategic advisory committees to articulate the key policy evidence.
- Aboriginal leadership can help reduce the cultural barriers that limit understanding of the implications of research, and thus limit its implementation.
4.2 Small Working Groups Summary

4.2.1 Group 1: Research Issues

- Work with communities / local ownership
- Feedback and community consultation is essential
- Need to have an ethical approach to research, including Indigenous consideration
- Requires a holistic approach, not purely the scientific method
- Intervention based / action research / pragmatic approach is best
- Gather Indigenous perspectives on tools of measurement rather than relying on ‘mainstream’ tools.
- Absence of discussion of IP issues – maybe not so important for ‘social research’ although we need to consider models of cost recovery.
- Need to discuss the implications of the results and how to address issues that arise as well as consider how the results are translated into policy and practice.
- There is still a need for education about ethical approaches to research and Aboriginal Communities
- Funding bodies should make provision for additional time required for adequate community consultation / practice & service implementation issues & community expectations on Indigenous researchers
- Capacity building of communities is also an important consideration, for example employment, training, partnership, mentorship.
- When interpreting results & writing reports, we need to be cognisant of Indigenous cultural issues, IP and authorship of papers.
- Consider innovative research roles / training opportunities for Indigenous people, such as Graduate Certificates etc.
- Important to hear and learn from past experiences and pilot programs
- Evaluation is critical to service / intervention
- Important to consider systems for data collection
- Sustainability – need to define what this means
- Need to measure and evaluate outputs at various levels
- Evaluation → process → output → outcome
- **Need clarity around what to measure, what are reasonable outcomes given time & funding constraints, and also need to achieve a balance between community and funding expectations of outcomes (e.g. qualitative versus quantitative).**
Dominant issues identified for Indigenous Australians that require further research and understanding are:
- Overweight & Obesity
- Food security
- Diabetes
- Healthy food choices
- Cost of food
- Mothers and babies (intergenerational effects)
- RBL folate / anaemic
- Public Health Nutrition
- Social & economic determinants of health
- Data integrity
- Smoking, employment

4.2.2 Group 2: Policy and Research Issues

- Needs to be a better way of working with Indigenous communities
- Nexus between scientific research and research, policy & practice
- Need futures analysis of research to address “so what…”
- What could be, should be, rather than what is: we work with what there is because the plans are there.
- Need to understand policy research and the policy process
- The clearing house - What strategy plans exist? Implement what we know (value add role from existing platforms e.g. CRCAH, Indigenous Health Infonet etc)
- CSIRO research on scaling up and on taking on a broader approach
- Building capacity at the local level to evaluate and contribute to the evidence base – CSIRO/CRC to resource / broker this (e.g. researcher in residence)
- CSIRO/CRC to resource / broker (Researcher in residence)
- Where to focus? Remote / urban
  - Research across multiple settings
  - Multi-d research
- Need to not be scared of taking a systemic approach, for example:
  - Folate in food
  - Legislative
  - Regulation re food supply
- Sustainability
  - Engagement with communities
  - Leadership important
  - Needs to be sustained by a local workforce (not there now)
  - Needs to be succession planning
  - Deal with the acute issues before you can do the preventative work
- Community control
- Innovation around tobacco control and food supply
  - understanding the barriers
What would success look like?
- good pregnancy
- healthy baby
- good introduction to nutrition through childhood

Annual report card
- CSIRO / CRC
- Measure interventions
- Supply
- Security

In 12 months time: Have the right structure in place across organisations, support program delivery, action research plan.

4.2.3 Group 3: Indigenous, Research and Policy Issues

- Develop a process for “translating things up” e.g. making programs (such as Murray Bridge Ngarrindjeri Kids Café) accessible to other services to ensure sustainability of successful programmes.
- Knowledge that there are good things happening out there – it’s just that not everyone knows about them.
- Need for a series (not just one) of interlinked approaches that allow for networking & collaboration among programs.
- For example:
  - a National website listing of programs (similar to the register of CRCAH “in-kind” projects) - but who updates it; how do we inform about new programs etc
  - National meetings to put faces to names, such as the Nutrition Networks Conference in Alice Springs
  - Registrar of CCO’s interested in having program evaluation done (earlier discussion – not everyone has experience in evaluation)
- Focusing on small, achievable changes
• Frustration of the group was knowing what the needs of communities etc. are but where do we get the resources/funding from in order to do things? Lack of coordinated, strategic funding.
• One strategy does not work everywhere.

5. FUTURE JOURNEY

CSIRO made a commitment to delegates that the Roundtable was just the first step in ongoing discussions, collaborations, and focus on having on a greater impact on health and nutrition outcomes for our Indigenous communities.

We are seeking expressions of interest from delegates and others to join a working party, led by CSIRO’s National Preventative Health Flagship and the CRC for Aboriginal Health. The aim of the working party, ‘Working group for Preventative Health and Nutrition in Indigenous Futures’, is to progress the insights, stories and knowledge shared at the Adelaide Roundtable and call to action policy formulators, researchers and service providers to provide Australian Indigenous communities with better health and total wellbeing outcomes, now, and into the future.

Please forward you interest in joining the Working group for Preventative Health and Nutrition in Indigenous Future to Belinda Wyld at CSIRO Food and Nutritional Sciences (phone: 08 8303 8854 or E-mail: belinda.wyld@csiro.au) or Arwen Nikolof at the CRC for Aboriginal Health (phone: 08 8201 7825 or E-mail: arwen.nikolof@crcah.org.au)
CSIRO’S INDIGENOUS ENGAGEMENT STRATEGY

The Commonwealth Scientific and Industrial Research Organisation (CSIRO) is Australia’s premier research organisation. CSIRO believes that Indigenous Australians have extraordinary contributions to make to Australia across cultural, economic and scientific domains. Furthermore, CSIRO recognises the social and economic disadvantage experienced by Indigenous Australians and is committed to overcoming the gap between Indigenous and non-Indigenous Australians.

CSIRO initiated its Indigenous Engagement Strategy in July 2007. The Strategy aims to achieve greater Indigenous participation in CSIRO’s research and development agenda and activities. This participation will ensure that CSIRO benefits from the insights that Indigenous people can bring to the national challenges. It also provides a means of ensuring that CSIRO’s activities are as effective as possible in contributing to addressing the challenges and aspirations of Indigenous communities.

The Strategy addresses four focus areas:

1. **Scientific Opportunities** - engage in research and projects underpinned by a universally accepted ethical framework, that will impact on the quality of life of Indigenous peoples and thereby all Australians.

   CSIRO conducts research for the benefit of the Australian community. The focus on employment, education and cultural awareness as well as investment in identifying key areas for research contribution to the needs of Indigenous communities will ensure that an appropriate proportion of this benefit accrues to Indigenous communities.

2. **Employment** - to close the gap incrementally of reaching 2.5% Indigenous employment nationally within CSIRO

   Indigenous participation as employees in CSIRO is a powerful means of raising the contribution from and to Indigenous people from our research. It will also contribute to tackling the national issue of high unemployment within Indigenous communities.

3. **Education Outreach** - increase participation and education outcomes of Indigenous children and youth of school age level and beyond within science.

   Education outreach initiatives and opportunities for Indigenous students to undertake science programs will break down the barriers between CSIRO and Indigenous peoples by helping to make science more accessible.
4. **Cultural Learning and Development - broaden the knowledge and understanding of Indigenous issues and cultures within CSIRO.**

In order to ensure that CSIRO is a trusted research provider and an employer of choice by Indigenous peoples, the organisation must be able to demonstrate an understanding and empathy of Indigenous issues and values. A cultural learning program and an ethics framework that reflects, acknowledges and respects Indigenous values are therefore high priorities.

7. **ROUNDTABLE DELEGATES**

7.1 **Moderators, Panel Members, Keynote Speakers and Key Guests**

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<td>Ms</td>
<td>Wendy</td>
<td>Ah Chin</td>
<td>CRC for Aboriginal Health</td>
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<td>Dr</td>
<td>Paul</td>
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<td>Hon</td>
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<td>Hill MP</td>
<td>Minister for Health</td>
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<td>Dr</td>
<td>Richard</td>
<td>Head</td>
<td>CSIRO Preventative Health Flagship</td>
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<td>Yerloburka O'Brien</td>
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### 7.2 Delegates Attending

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<td>Do It For Life Program, Southern Primary Health</td>
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<tr>
<td>Ms</td>
<td>Annabelle</td>
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### 7.3 Facilitators and Support Staff Attending

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<tr>
<th>Title</th>
<th>First Name</th>
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<tr>
<td>Mr</td>
<td>Cris</td>
<td>Kennedy</td>
<td>CSIRO Executive, Comms Science Strategy</td>
</tr>
<tr>
<td>Ms</td>
<td>Belinda</td>
<td>Wylde</td>
<td>CSIRO Food &amp; Nutritional Science</td>
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### 7.4 Apologies from Delegates Unable to Attend

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<tr>
<td>Dr</td>
<td>Mick</td>
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<td>Dr</td>
<td>Alex</td>
<td>Brown</td>
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<tr>
<td>Dr</td>
<td>Julie</td>
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<td>Menzies School of Health Research</td>
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<tr>
<td>Ms</td>
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<td>Carnell, AO</td>
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<tr>
<td>Prof</td>
<td>Alan</td>
<td>Cass</td>
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<td>Ms</td>
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<td>Charteris</td>
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<tr>
<td>Ms</td>
<td>Lee</td>
<td>Choon Siauw</td>
<td>Victorian Health Promotion Foundation</td>
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<tr>
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<td>John</td>
<td>Coveney</td>
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<td>Michael</td>
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<tr>
<td>Ms</td>
<td>Erica</td>
<td>Kneipp</td>
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<tr>
<td>Mr</td>
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<td>Kris</td>
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<tr>
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<td>Lee</td>
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<td>Dympna</td>
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<tr>
<td>Mr</td>
<td>Michael</td>
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<tr>
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<td>Mr</td>
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<tr>
<td>Mr</td>
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<td>See Kee</td>
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<tr>
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<tr>
<td>Dr</td>
<td>Jim</td>
<td>Walker</td>
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<tr>
<td>Dr</td>
<td>Daniel</td>
<td>Walker</td>
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<tr>
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<td>Wilson</td>
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<tr>
<td>Prof</td>
<td>Gary</td>
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