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Response to 'Let's change the conversation'

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We agree researchers should examine improvements in Aboriginal and Torres Strait Islander health, not just endlessly describe 'deficits' compared with the health of other Australians. In our paper, we examined the determinants of two examples of positive behaviour change (starting and sustaining quit attempts) within a national sample of Aboriginal and Torres Strait Islander people.¹

We also agree that researchers should describe both the broader socio-cultural facilitators for health improvements as well as narrower proximate factors. But we should not shy away from examining potential barriers to these improvements so that these barriers can be overcome. We should also understand the diversity of experiences in the Aboriginal and Torres Strait Islander population. A similarly wide range of research questions has been suggested by the Aboriginal Community Controlled Health Services who participated in this project.²

We were encouraged by our finding that typical measures of disadvantage did not seem to be a pervasive barrier to quitting within the Aboriginal and Torres Strait Islander population, just as we were encouraged by our finding that increasing personal empowerment (e.g. getting a job) may lead to improvements in quitting.

We believe that there are empowering messages for the Aboriginal and Torres Strait Islander community and Aboriginal community controlled health services in our new research, as there are in the sustained falls reported in the national Aboriginal and Torres Strait Islander smoking prevalence.³ These messages need to replace the disempowering myth that nothing is working

to reduce Aboriginal and Torres Strait Islander smoking and the harm it causes.

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