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Featured throughout this issue are paintings from the Shalom Gamarada Ngiyani Yana Art Exhibition. The sale of these artworks by acclaimed Aboriginal artists supports the Shalom Gamarada Indigenous Scholarship Program at the University of New South Wales (UNSW), a collaboration between Shalom College (a residential college at the UNSW) and the Muru Marri Indigenous Health Unit, School of Public Health and Community Medicine at UNSW. For more information about the exhibition and sale, and the scholarship program, see the Shalom Gamarada website: http://www.shalompamarada.org
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How does the experience of racism affect young people in the vulnerable adolescent years?
Research into the health of Aboriginal and Torres Strait Islander people has often been accused of being too observational and deficit-focused, with a dearth of interventional studies. Ten years ago, when the MJA editors were reviewing the Journal’s coverage of the topic, we even considered putting a moratorium on publishing the many observational studies that were crossing our desks.

In the past few years, the concept of closing the gap in life expectancy between Indigenous and non-Indigenous Australians has galvanised thinking in the area. Coming as it did from Indigenous leaders, and rapidly gaining widespread support, this movement has provided a much needed focus for all Australians. But as time has moved on, it has become increasingly obvious that we need to better understand the contributors to the gap in order to close it.

In this issue, for instance, McDermott and colleagues are able to show, after following a cohort of Aboriginal and Torres Strait Islander adults for over 7 years, that the non-traditional risk factors of glycaemia and proteinuria make a significant contribution to the excess cardiovascular risk seen in Indigenous Australians (page 514). This has important implications for screening and treatment. Looking beyond conventional causes of morbidity, Priest and colleagues quantify the devastating effect of racism on the social and emotional wellbeing of Aboriginal adolescents (page 546). Larkins and colleagues use mixed methods to tease out some of the issues for disadvantaged young Indigenous people with high rates of teen pregnancy (page 551). Neither of the latter two studies suggests any simple avenue for medical intervention, but the findings should strengthen our resolve, as a nation, to identify and overcome the root causes of the health gap.

We asked Professor Sir Michael Marmot, who chaired the World Health Organization’s Commission on Social Determinants of Health, to comment on how the Commission’s findings might be applied to the health of Australia’s first peoples (page 512). He identified two classes of influence that help explain the poor health of Indigenous Australians: social disadvantage, and marginalisation within Australian society.

Both the need to understand the contributors to the health gap and Marmot’s observation that people who are marginalised and disempowered cannot enjoy good health underscore an important principle: Indigenous Australians should have the opportunity to lead and guide research into their own health and any proposed interventions. The ongoing work of the newly formed Lowitja Institute (previously the Cooperative Research Centre for Aboriginal Health), described by Arabena and Moodie on page 532, is vital in this respect. The Institute’s Indigenous leadership, and its charter to ensure that Aboriginal and Torres Strait Islander voices have strong input at each step of the research process, will give the best chance of asking the right questions and getting the right answers.

We do need more high-quality interventional research in Indigenous health but, with many of the answers already obtained from research into other populations, we know that without addressing disadvantage and marginalisation, we will at best be tinkering around the edges. There is now a need to explore the best ways of applying what we know to the many and varied circumstances of Aboriginal and Torres Strait Islander people; and for this, we need Indigenous Australians firmly in the driving seat.

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