

exclusive for analytical purposes. In our initial analysis we separated out various ethnic groups, but during the peer review and revision process we were asked to present pooled results for our Table 1 and for the final logistic regression. Nevertheless, we did specifically discuss differences between ethnic groups in our Results section. With regard to potential underpowering, we acknowledged small numbers as a limitation of the study and understand that there may have been a lack of power to detect other potential differences.

We believe it is both scientifically and ethically sound to view this study as having the potential to improve the lives of people who have suffered and continue to suffer health disparities.

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[Dr. Cass responds:]

Janet Smylie appropriately stresses the need for mutual respect, understanding and partnership if research relating to indigenous communities is to truly benefit those communities. Her argument is supported by our research in the Northern Territory of Australia, which

explores the extent of miscommunication in health care delivery and its impact on quality of care.¹ In that study health care professionals used participatory action methodology to collaborate with Aboriginal patients and community members in planning and conducting the research and then in using the results to improve delivery of services for people with chronic kidney disease.

Smylie also expresses concern about use of the categorization “Aboriginality” in health research, arguing that it has “little grounding in the day-to-day realities of the heterogeneous groups to which it refers.” Despite concerns regarding the quality of indigenous identification in health data sets, this categorization can be used to demonstrate inequitable access to care and inequitable health outcomes.² Such data will be required to support efforts to improve health equity.

As outlined in my commentary,³ the “indigenous” or “Aboriginal” label needs to be unpacked to determine which specific factors maintain health disparities and which particular characteristics of individual communities should shape policy interventions so that they are both appropriate to local conditions and sustainable.

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Clinical trials registry

The requirement of the International Committee of Medical