

EDITORIAL

The advent of the *Australian Journal of Primary Health - Interchange* reflects the changes which are taking place in the Australian health sector and the increased and increasing importance of primary health care and community health services. The significant role of primary care in maintaining health and enhancing wellbeing is at last being recognised, and the relationships between primary care, continuing care, and acute care are being redefined and the connections made, so that improvement in continuity of care can be achieved.

Community health is crucial to the primary health care approach which aims to achieve a health system which is accessible and responsive to all, and the journal will provide both a higher profile for community health and a vehicle for the increased dissemination of knowledge in the area which is relevant, accessible, and immediate for practitioners, the community and academics.

Administration in community health is responding to the need for greater accountability to its local and diverse communities and to provide services and programs which reflect their needs, and in which they are directly involved. To promote quality improvement and best practice in all areas of primary health care is a goal which can only be achieved by commitment from policy makers, administrators and practitioners. It is also one which is difficult to achieve in a context of recognition of the scarcity of resources, of different values about such issues as social justice, and an increasing demand for health care.

The importance of policy developments at state and national levels cannot be overestimated, and the journal provides the opportunity and a forum for information, debate and discussion. The exchange of information between the states, and between

the states and the Commonwealth, either at a policy or practitioner level, means that developments can be planned and strategies shared. The focus on primary health care in Australia has implications also for international health, particularly in the countries in the South East Asian region.

The challenge for the journal is to provide an interdisciplinary and critical focus, but more than this, the challenge is to combine and maintain linkages between practice and research and between theory and practice, so that the journal maintains its relevance for practitioners and academics. Just as there are different disciplines working together in community services, so too are there different approaches to research. There is a need, therefore, to use different methods of inquiry; to seek information through qualitative and quantitative approaches; to ask members of community groups themselves what is present or what is missing from services, for example, in continuity of care.

Innovative programs in primary health care are widespread, and many of these are based on previous research, combine a research and intervention approach, and are progressively evaluated. Further, the structure of the journal and its collaborative co-ordinating mechanisms are innovative in their linkages between the field, the professions, and academic programs.

The enthusiasm with which the idea of the journal has been greeted and the support already received suggest that community health is indeed alive, and it is hoped that we can do justice to that enthusiasm, knowledge and expertise.

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