

# Aboriginal and Torres Strait Islander health

Geoffrey Spurling<sup>A</sup>, Catrina Felton-Busch<sup>B</sup> and Sarah Larkins<sup>C</sup>

<sup>A</sup>Primary Care Clinical Unit, University of Queensland, Level 8 Health Sciences Building, Building 16/910, Royal Brisbane and Women's Hospital, Herston, Qld 4029, Australia.

<sup>B</sup>Centre for Rural and Remote Health, James Cook University, 1 James Cook Drive, Douglas, Qld 4811, Australia.

<sup>C</sup>College of Medicine and Dentistry, James Cook University, 1 James Cook Drive, Douglas, Qld 4811, Australia.

As the editors of *Australian Journal of Primary Health's* upcoming Virtual Issue focussing on Aboriginal and Torres Strait Islander health to be published on 1 November, we are pleased to introduce you to this range of research papers which have been published in the *Australian Journal of Primary Health* over the last 10 years. We have included research papers which responded to community health priorities, and were authored by Aboriginal and Torres Strait Islander peoples. Included papers used a variety of research methods including qualitative, quantitative, geospatial mapping and systematic review methodology. Upon publication of the virtual issue, these papers will be free to read for a period of 3 months.

A key message these research papers convey is the importance of community-driven, culture strengthening interventions in primary healthcare settings. For Aboriginal and Torres Strait Islander peoples this message would be self-evident, and Maclean *et al.* present evidence that interventions promoting expression of cultural identities have beneficial effects (MacLean *et al.* 2017). Taking a community wide approach to address social determinants and strengthen cultural identity was more effective than narrow biomedical approaches in addressing youth suicide (Cox *et al.* 2014), pyoderma (Thomas *et al.* 2017), the content of health assessments (Spurling *et al.* 2017), and food insecurity (Murray *et al.* 2014). For example, in Queensland, McCalman *et al.* found that support groups which promote social cohesion for Aboriginal men could lead to a variety of improvements including social and emotional wellbeing (McCalman *et al.* 2010). Furthermore, in Victoria, Thorpe *et al.* report that participation in a football team could be an important source of social and cultural connection for players and the community as a whole (Thorpe *et al.* 2014).

Access to culturally safe primary healthcare, another social determinant of health, was another key message. Panaretto *et al.* reconfirmed the importance of Aboriginal community controlled health services (Panaretto *et al.* 2017). Many Aboriginal and Torres Strait Islander peoples will travel great distances, bypassing mainstream general practices, to access primary healthcare where they feel safe (Panaretto *et al.* 2017). In Western Australia, Reeve *et al.* described how community concerns about high rates of diseases and mortality drove local health service reform. Rather than reactive, siloed healthcare with a biomedical emphasis, integrated primary healthcare services were better equipped to address the area's health

challenges through a greater emphasis on prevention, health promotion and community advocacy (Reeve *et al.* 2015).

Within the primary health care service, O'Donoghue *et al.* describe how systems of audit and feedback could engage the whole primary healthcare team to improve health promotional activities in the Northern Territory (O'Donoghue *et al.* 2014). In South Australia, Aboriginal Health Workers helped Aboriginal clients with type 2 diabetes meet their goals and improve clinical outcomes using the Flinder's model of chronic disease self-management (Battersby *et al.* 2008).

Finally, communication is critical to the success and engagement of Aboriginal and Torres Strait Islander peoples within the primary health care setting. Jennings *et al.* describe the characteristics of good talk that improves access and engagement, and bad talk that involves judgement and 'talking down' (Jennings *et al.* 2018). Lin *et al.* describe how good talk can be operationalised in the consultation using 'clinical yarning' (Lin *et al.* 2016).

These research papers emphasise the importance of cultural and social determinants of health consistent with the holistic definition of health articulated by Aboriginal and Torres Strait Islander peoples (National Aboriginal Health Strategy Working Party 1989), community control of high quality integrated primary healthcare services, and respectful relationships between primary healthcare service providers and community members. These papers also demonstrate the importance of participatory, Indigenous-led processes for conducting relevant research in priority areas.

## Conflicts of interest

The authors declare that they have no conflicts of interest.

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