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Primary health on the Medline radar

The Australian Journal of Primary Health is celebrating our recent inclusion in Medline, to add to our inclusion in the Web of Knowledge. The journal will now be on the radar of the main source of biomedical and health information, and this, along with the recent impact factor, gives AJPH two ‘ticks of quality’. More than that, it is proof that the material contained within is indeed of significance and relevance to the widest expert audience.

The contents of this September issue certainly warrant greater exposure. Merkes’ timely review article draws attention to the benefits of mindfulness based stress reduction, which shows potential for much wider application in Australian primary care settings for people with chronic disease. Saniotis picks up a current thread in this journal on the links between climate change and health by raising awareness of some of the possible effects of climate change on older Australians. Older Australians feature in two further research papers, on reasons for widespread problems with and lower uptake of generic medicines amongst seniors (Bulsara et al.), and the value of 75+ health assessments in terms of increased screening rates compared to usual care (Cheffins et al.). The latter paper illustrates what a practice based research network, in this case in North Queensland, can achieve in researching topics of practical relevance. Ali et al.’s evaluation of a pictorial post-vaccination care resource is another practical example of research relevant to practice.

The primary health care workforce remains a key theme for research. Wilkin and Liamputtong employed an innovative unobtrusive method, photovoice, to provide rich information about the experiences of Aboriginal health workers through photographs. Keleher et al.’s national audit on undergraduate nursing curricula raises concerns about patchy undergraduate student preparation for practice in primary health and community settings. The demanding context in which nurses will practice is illustrated in Joyce and Piterman’s paper on the extent and nature of general practice nurses’ clinical work, much of which is not captured in existing data collections. Ceramidas and Parker bring into the open the relative absence of organisational responses to patient initiated aggression in primary health care.

In the Practice and Innovation pages, Young et al. investigate referral pathways from primary care to consumer health organisations, and Foley identifies the importance of framing nutrition promotion to households rather than individuals in the urban Aboriginal community.

The diversity in these papers reflects the complexity of primary health care practice and research. The AJPH is one of the few journals with a mandate to explore this diversity, which makes it a valuable contributor to the global literature. Inclusion in Medline means research in AJPH will be read by an even wider audience. This is a welcome encouragement to the contributors, reviewers, editors, publishers, subscribers and readers of the Journal.

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References


