In this the second issue of the new look *Australian Journal of Primary Health*, the papers continue to show the range of issues in the primary health field. We are very pleased that we have been able to maintain publication of papers on our diverse population and to consider seriously through research their needs and how they experience issues that affect their health and wellbeing. A number of papers look at health risks and how these can be better identified and overcome, and at how changes in the organisation of primary health care and partnerships might assist in this aim.

While we have always evidenced our concern for the health of women in our community, we have also maintained an equal concern for the wellbeing of men and this tradition is continued in this issue. We are proud to publish "Chasing Money and Damaged Health" about Korean men in Australia by Gil-Soo Han and Janice Chesters. This is the second paper and it is about skilled business migrants. It explores the subjective explanations for ill health among Korean migrant men in Australia. Rather than suffering poor physical health because of their heavy involvement in manual work and the stress of migrant life, business migrants say they enjoy better physical health because they spend considerable amounts of time on sporting activities, such as golf. However, all groups reported experiencing mental health problems.

Vicki Tsianakas and Pranee Liamputtong have examined the influence of Islam on women's perceptions of pregnancy, the use of prenatal testing, and abortion. It is based on an in-depth interview study on women's perceptions and experiences of prenatal testing. It is clear that Islam has a marked influence on women's perceptions and practices relating to pregnancy, prenatal testing, and abortion. Prenatal technology, which will not harm the individual's health and wellbeing is acceptable, but if the possibility exists that technology could have a harmful effect on the foetus, it is not, and in general abortion is prohibited unless the mother's health is endangered. Health care providers who work with women from Islamic background during their pregnancies need to be aware of women's religious beliefs so that a better understanding can be achieved, and culturally sensitive care can be provided. The authors argue that this might make the experience of pregnancy for Muslim women in their new homeland a more enjoyable one.

One by Paul O'Halloran, Robert Kirkby, and Kate Webster follows this article on changes in mood during exercise. Recreational runners were administered the instrument, Profile of Mood States, and ten runners were assessed during an equivalent period of quiet reading. Analysis by a series of 2-way Repeated Measures ANOVAs with post hoc tests revealed that mood did not change during the condition in which participants ran at 65% of their maximum heart rate. During the run conducted at 85% of maximum heart rate, levels of fatigue were significantly higher, relative to prerun levels, and remained elevated at each of the subsequent assessment points. No alterations in mood were reported during the control condition. The findings supported reports linking negative mood with demanding physical activity and emphasised the importance of using a familiarisation assessment of mood prior to preexercise measures.

The influence of demographic, behavioural and treatment characteristics on problem gambling counselling is researched by Beth Crisp, Shane Thomas, Alun Jackson and Neil Thomason. The paper considers the influence of client characteristics and gambling behaviour as well as treatment modality on the resolution of gambling behaviour for clients who sought help from the publicly funded BreakEven counselling services. Statistical data about clients and their consultations was collected. Client demographics were identified as discriminating between problem gamblers who achieved some resolution of their gambling behaviour and those whose behaviour did not change. Variables associated with gambling behaviour and treatment variables accounted for some variance in treatment outcomes. Collectively, the three types of data could explain 26% of the variance in problem resolution. These findings demonstrate that the resolution of problematic gambling behaviour is affected by a complex interplay of client characteristics, their gambling behaviour and the treatment they receive. They conclude that the evaluation of treatment programs for problem gambling, and potentially all counselling programs in the primary health arena, needs to include measures from each of these domains.

There are three papers in the Professional Practice section that together show that primary health professionals have a key role to play as agents for change in promoting and implementing policies and actions aimed at improved quality of life for people in their communities or in hospital. In their paper on 'Financial Issues in Caring for Someone with Terminal Cancer at Home', Deborah Parker, Carol Gribich and Ian Maddocks argue that for the majority of patients with terminal cancer their preferred place of death is at home. Many factors determine this choice, in particular the availability of a carer, the patient's physical condition and adequate services. A factor is the financial impact of caring for someone at home. The paper examines the financial concerns of carers of terminally ill cancer patients and whether current Australian health care policy is able to address these concerns. The two main categories of cost were those related to the patients' physical care needs and those that impacted on carer lifestyles. Government allowances to assist carers in these costs are limited by carers either being unaware that the benefits existed or by the strict qualifying criteria that restrict access to those who care for the terminally ill. This paper is followed by one which deals with carers but this is about pastoral care and is in the hospital context.

John Barletta and Michael Thomsen show how pastoral care in hospitals has developed considerably since
The emerging research appears to support the efforts of words of comfort. In this century, professionally trained ordained minister, who made sacramental visits with some lay pastoral carers balance the numbers of visiting clergy. The emerging research appears to support the efforts of these pastoral carers, in their diverse roles and functions, in increased patient recovery rates. The article provides an overview of the current situation relative to pastoral care, and argues that quality research, consultancy, and training are imperative if it is to thrive and be considered an integral part of health care system.

The final paper in this section is “Nonfinite Loss and Grief as Counterparts” by Elizabeth Bruce and Cynthia Schultz. The paper is based on the book Nonfinite Loss and Grief: A Psychoeducational Approach (Bruce & Schultz, 2001) and demonstrate support for the statement that “acceptance of loss in emotional life is probably neither a clinical fact nor a human characteristic” (Rochlin’s, 1965, p.131). Traditional assumptions are challenged and the argument is made that loss and grief are counterparts where neither can be adequately explained in isolation from the specifics relating to the other. The paper is concerned with explaining and presenting the particular and unique grief responses, which characterise nonfinite losses. It questions a simplistic approach to grief and loss, which fails to consider the implications inherent in the cumulative nature of loss in many situations, including bereavement. In conclusion it emphasises the need for a critical approach to the conceptualisation of loss and the resulting application of grief theory to practice.

The three papers in Community Health Live all demonstrate how care must be taken in analyses of the ways in which we write about, talk about, and put into practice new ways of interpreting and implementing primary health interventions. They all look at the role of collaborative partnerships in health and how these might improve health outcomes, but also how they threaten established health systems.

Why primary health care offers a more comprehensive approach to tackling health inequities than primary care is argued strongly by Helen Kelcher. She argues that as governments attempt to focus more intently on how to deal with measures of health disadvantage and inequities, a reformist gaze seems to have settled on the primary care sector, and that the terms primary health care and primary care are increasingly interchanged. There is much to be lost if primary health care and health promotion is disguised as primary care, and not understood for their capacity to make a difference to health inequities. Characteristics of primary care and primary health care are juxtaposed to show that if the strengths and limitations of each model are understood, they can be mobilised in collaborative partnerships to deal more effectively with health inequities.

The social construction of the care coordinator within the Tasmanian Coordinated Care Trials is the concern of Simon Kitto. State and corporate changes to health care systems are occurring globally and are altering the environment, which previously supported the medical profession’s perceived dominance over health. Changes in the health care system threaten the autonomy of general practitioners through attempts to expand their occupational territory. The paper analyses the social processes involved in the construction of the care coordinator occupation in the Coordinated Care Trial in Tasmania. His analysis is of occupational encroachment and the strategies employed by government health agencies, general practitioners, nurses, and pharmacists during the construction of the position description of the care coordinator. The focus is on how general practitioners acted to retain their position within the health care system, when facing the challenge from the state and from existing professions.

John McDonald, Angela Murphy and Warren Payne write about the Ballarat Health Consortium as a case study of influential factors in the development and maintenance of a health partnership. Intersectoral partnerships in health have a central role in current policy and programs, and partnerships are an effective strategy for maximising health outcomes. The paper reports on a case study of an intersectoral consortium using a health promotion approach to cardiovascular disease using a model of partnership formation and development. The health consortium was formed in response to a critical health issue, and as a separate legal entity without recurrent funding, but it has been maintained through the commitment of individual members. Project funding has, it is argued, dictated its operations. The case study reveals the difficulties and achievements of the consortium over five years. To produce sustainable health outcomes, partnerships require strategic management, which make use of individual efforts, organisational alignments, and government priorities. Any ideological passion for intersectoral health partnerships, they argue, must be balanced by rigorous evaluation with indicators for measuring success in partnerships in health promotion.

Looking to the future, this issue of AJPH contains an announcement about a Special Issue to be published in 2002 on The Future of Primary Health Care. Special Issues are a feature of the Journal and we would like to have as many papers as possible for this issue so that the content of the papers reflects the sections in the Journal and provides useful and relevant material for our readers.

Heather Gardner, Editor