

Cutting-edge primary health research: how our work follows world events

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Recent world events have reinforced the fundamental importance of inclusion, safety, diversity and human rights. It is therefore not surprising that the flavour of contemporary research follows this relevant path. This issue presents cutting-edge research that demonstrates how researchers in Australia and other countries are working hard to overcome barriers that prevent 'health for all'. We see special attention paid to health care access through Yang and Wang's exploration of health worker shortages in rural China (Yang and Wang 2019) and Bellamy *et al.*'s interviews with refugees who are unable to access necessary medicines after settling in Australia (Bellamy *et al.* 2019). Le identified a similar pharmaceutical access issue by studying opioid substitution treatment (Le 2019) and Thornton *et al.* has explored why children in statutory care face additional barriers when accessing scheduled immunisations (Thornton *et al.* 2019). These studies demonstrate the ongoing work that is needed to ensure all people have access to timely and appropriate care to maintain good health.

This issue showcases research that acknowledges the influence of individual actions on other people in society. There is a novel take on social inclusion as a means to improve rural health (McIntosh *et al.* 2019) as well as a convincing proposal to embed researchers in rural settings to help to address discrepancies in health outcomes (Moran *et al.* 2019). The influence of physical activity is once again highlighted as a worthwhile and much needed part of routine care. Fan *et al.*'s survey of individuals with type 2 diabetes demonstrates that physical activity has a significant positive influence on proxies for complications (Fan *et al.* 2019). Along similar lines, Barnes *et al.* has shown that advice and referrals for physical activity rarely happen for prostate cancer survivors, despite high-quality evidence of its effectiveness at improving health (Barnes *et al.* 2019). It is therefore not surprising that authors such as Annear *et al.* propose that health providers should prescribe physical activity and refer to other services, particularly when caring for patients with dementia risk factors (Annear *et al.* 2019).

This issue places special attention on vulnerable population groups in the community. Peterson *et al.* provide timely insights into meaningful engagement with communities with refugee backgrounds (Peterson *et al.* 2019). West *et al.* examine why there are high rates of injuries presented by children living in remote Cape York Indigenous communities (West *et al.* 2019). The clinical file audit of children aged 0–14 years demonstrated wide variability in the causes of injuries across three Indigenous communities, but no impact of the recent strengthening of alcohol restrictions. Alcohol was further investigated in Pham

et al.'s report on the 2013 National Drug Strategy Household Survey which showed that Australians with chronic diseases report similar drinking patterns to the rest of the population, despite increased risks associated with this consumption (Pham *et al.* 2019).

The health system needs continual improvements to address disparities in health experienced by Australia's diverse populations. The Chronic Disease Management program within the Medicare Benefits Schedule encourages a more structured approach to managing people with chronic conditions; however, Welberry *et al.* rightly highlights that there has been inadequate evaluation of the program's effectiveness (Welberry *et al.* 2019). This is particularly relevant given Dao *et al.*'s qualitative work that suggests self-management occurs at multiple levels including the individual, interpersonal, organisational and community levels (Dao *et al.* 2019). Finally, Borg *et al.* present a high-quality piece of implementation research on the well-known Primary Care Practice Improvement Tool (PC-PIT) (Borg *et al.* 2019). This work is timely given the increased focus on quality improvement programs in Australia's implementation of the Health Care Homes model.

I have found it a privilege to support the dissemination of important research in this issue. On behalf of the editorial team, I hope you enjoy reading about the studies and reflect on their sentiments during your ongoing work in primary health care.

Conflicts of interest

Lauren Ball is an Associate Editor for *Australian Journal of Primary Health*

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