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Editorial

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Welcome to Volume 3, Issue 1 of the Journal of the Australian Indigenous Health *InfoNet*. We apologise if there is any confusion among our loyal readers. Although this is the first volume of the renamed and relaunched Journal of the Australian Indigenous Health *InfoNet*, it is in fact a continuation of the series formerly known as the *HealthBulletin*. The *HealthBulletin* has been published for over 30 years by the Australian Indigenous Health *InfoNet*. The *HealthBulletin* sought to achieve two complementary goals to facilitate knowledge exchange in Aboriginal and Torres Strait Islander health. The first was to publish original research articles and the second was to provide links to recent key research published elsewhere. In 2020, a decision was made to transition the publication of original research articles to an automated manuscript management system, while the service providing links to recent research published elsewhere remained as an activity within the Health *InfoNet* web resource. To avoid confusion between the two activities and to differentiate more clearly between the two, it was decided to rename the publication outlet for original research articles to the [Journal of the Australian Indigenous Health *InfoNet*](#) while retaining the [HealthBulletin](#) as the repository for recent research published elsewhere.

A key commitment and aspiration for the Journal of the Australian Indigenous Health *InfoNet* is primarily to publish high quality research that makes a positive difference to the everyday practice of health workers in the Aboriginal and Torres Strait Islander health sector. Another, perhaps equally important goal is to encourage and support early career researchers and health practitioners who may have little experience publishing in scholarly journals. We know that this can be a daunting task and rejection can be discouraging and demoralising. We will not compromise our commitment to double blind review to support high quality research publications, but we undertake to work closely with authors to ensure that their work achieves the standard required for publication. This does not mean that all papers will eventually be published. In some cases the work will still be rejected, but we hope that the process will encourage authors to continue to develop their skills and publish their findings to contribute to our shared understanding of the challenges and opportunities for improving the health outcomes for Aboriginal and Torres Strait Islander people throughout Australia.

To achieve this goal, we need support from experienced researchers with good track records of publication to act as reviewers. We understand that reviewing can be a time consuming and perhaps even onerous task, but we ask for your support to continue to develop the journal and the careers of emerging research leaders.

In this issue we present four papers that exemplify what we are striving to achieve. Wilson and colleagues report their research on the crucial role of Aboriginal and Torres Strait Islander Health Workers/Practitioners and Liaison Officers facilitating patient journeys within the acute health care settings. This paper reminds us of the importance of privileging Aboriginal and Torres Strait Islander voices and supporting Aboriginal and Torres Strait Islander-led research. Gentile, Carter and Jobson explore the disturbingly high rates of perceived racism experienced by the respondents and the subsequent impacts on mental health and wellbeing. Worryingly, a significant proportion of respondents' report racism in health, education and government agencies. While the results are based on a relatively small sample, it suggests that there is still much work to be done to challenge racism in a range of settings where we may have hoped for more positive change to be evident. The article by Arthur, Herceg, Shukralla, Payne and Tongs provides encouraging case study results for the first prison health service operated by an Aboriginal Community Controlled Health Service in Australia. Given the unacceptably high incarceration rates of Aboriginal and Torres Strait Islander people, it provides a model of care that is culturally appropriate and safe. The final paper in this issue by Coombes, Cullen, Longbottom, Mackean, Field and Parry also tackles the challenge of providing culturally safe health care. Adopting a case study approach by utilising a yarning approach, the authors provide key success indicators for integrated trauma-informed, culturally safe and responsive care in primary health care settings.

We welcome these important contributions. We believe they offer practical, evidence informed guidance for everyday practice in diverse settings.