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## **Editorial**

## Amanda Kenny

In an interesting review in this issue, Fisher *et al.* (2017) identifies major policy change and questions whether these changes pose a risk to equitable access to primary care. This review links well with the article by Corscadden *et al.* (2017) on barriers to accessing primary health.

These articles provide a good background to others in this issue. To me, the key to good, useful and effective policy is in the translation to practice. How a policy is implemented is the key in determining whether the policy supports more equitable health care and better health outcomes.

The participatory methods employed in the study by Thomas *et al.* (2017) reminded me of a discussion that I had with a colleague this week. He submitted a manuscript to the *British Medical Journal* and it was returned by the Editor indicating that further information was needed about consumer involvement in the study, consistent with their policy on public participation in research. I thought the contrasting views of primary health providers and Aboriginal people (Smith *et al.* 2017) and the work of McFarlane *et al.* (2017) reinforced the need for greater participation by people who access primary health services.

Adebayo and colleagues tackle an important issue in equitable healthcare through their focus on oral health in residential aged care facilities (Adebayo *et al.* 2017). They indicate a multitude of structural barriers that need to be addressed to ensure the potential of ICT can be realised in promoting good oral health to this important group of older people.

There are some really interesting discussions in this issue. Having spent some time in Canada, with one of my doctoral students looking at food security, I thought about food security policy when reading the article by Kleve *et al.* (2017) and the differences between Canada and Australia. I really liked Hilder's point about the differences between 'best practice' and 'good practice' in the use of family members as interpreters in general practice (Hilder *et al.* 2017). I think the lessons are translatable in many contexts. The article by Hobden *et al.* (2017) provides some interesting findings on rates of depression and level of alcohol misuse. As a parent, I am mightily pleased that worrying about kids and 'Schoolies' is well behind me, but I enjoyed reading the account of Jongenelis *et al.* (2017) about alcohol consumption and the amount of money spent in celebrating the end of secondary schooling.

Douglass's work provides insight in to STI testing (Douglass *et al.* 2017). The focus on testing was picked up again in the article written by Leidel *et al.* (2017), this time with a focus on HIV among people who were homeless or described as marginalised. I was intrigued by the article by Turbitt *et al.* and the concerns that were expressed by paediatricians about discharge (Turbitt *et al.* 2017).

I teach an undergraduate subject on managing chronic conditions so found the work of Baxter et al. (2017) and

McFarlane *et al.* (2017), really relevant and wondered about the health promotion implications of the study by Turner *et al.* into people presenting at after-hours clinics (Turner *et al.* 2017). It is always great to see new authors publishing, and Borkowski's work on research culture in allied health should be of interest to many (Borkowski *et al.* 2017).

In Bendigo, where I am based, the mornings have been absolutely freezing so I hope reading this issue gives you a good excuse to stay in bed if it is frosty in your part of the world. If you are somewhere where it is warm, spare a thought for the Victorians, frost, and the  $<0^{\circ}$ C starts to the day. I hope you enjoy the read.

Mandy

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