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## Editorial

Neil M. Drew

*Australian Indigenous HealthInfoNet*, n.drew@edu.edu.au

Darren Deves

*Australian Indigenous HealthInfoNet*, d.deves@ecu.edu.au

Hannah Tarrant

*Australian Indigenous HealthInfoNet*, h.tarrant@ecu.edu.au

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In this issue of the Journal of the Australian Indigenous Health *InfoNet*, we once again publish a diverse range of papers exploring important areas of Aboriginal and Torres Strait Islander health.

In a study conducted in the Kimberley region of Western Australia, Cox et al. explore the experiences of Aboriginal social and emotional wellbeing (SEWB) workers. Seven workers employed at Aboriginal Community Controlled Health Organisations across the region identified the needs of an Aboriginal workforce who deliver SEWB services to Aboriginal clients. The study found that while the workers experienced a great sense of pride and job satisfaction in delivering these services to their local community, the role also had its challenges and barriers. The study highlights the importance of induction and professional development support and describes the development of an induction support resource.

Rates of incarceration for Aboriginal and Torres Strait Islander people are unacceptably high and can disconnect prisoners from their networks of support and culture. This culminates, as observed by Anderson in this issue, in high rates of re-incarceration. Anderson describes an initiative to support Aboriginal prisoners from the time of imprisonment to their release and during their post release journey, what Anderson calls 're-entry'. She describes the development and potential implementation of a peer navigator program on the lands of the Noongar people in Perth, Western Australia to support prisoners during their re-entry. Peer navigators bring their lived experience of the prison system to provide support to prisoners on their post imprisonment journey. Anderson argues that peer navigators are culturally responsive and their use in the Australian justice system would be a novel innovation.

It is manifestly evident that racism continues to negatively impact the health and wellbeing of Aboriginal and Torres Strait islander people. In this issue, Atkinson et al. provide a thought-provoking analysis of key policies relevant to the Aboriginal and Torres Strait Islander content in medical course curricula in Australia. They utilise an Indigenous Research Paradigm and Intersectionality Based Policy Analysis to guide their review of key documents that underpin medical school curricula, to better understand how racism and anti-

racism are represented in these documents. They point to the importance of elements of critical self-reflection for students guided by a commitment to authentic leadership by Aboriginal and Torres Strait Islander people in curriculum development.

In the systematic review of the literature, Menges and associates sought to identify the elements of effective programs to improve the wellbeing of Aboriginal men. They conclude that successful programs enhance identity and social connection. These two interlocking themes were evident in a high proportion of studies that met the inclusion criteria. The authors conclude by examining the extent to which these themes are reflected in the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Wellbeing.

In another literature review, Dawson et al. examine factors that affect Aboriginal men accessing sexual health services. In their rationale for the review, the authors note that Aboriginal and Torres Strait Islander men have the highest rates of sexually transmissible infections when compared to Aboriginal and Torres Strait Islander women and non-Indigenous people. They identify a range of barriers - both structural (e.g., where people live, income, health literacy) and interpersonal (e.g., racism, stigma, trust in health services, gendered health roles) to accessing appropriate services. They conclude by calling for the provision of more culturally safe healthcare pathways for Aboriginal men to access sexual health care.

It is important that informed consent processes with Aboriginal and Torres Strait Islander patients are conducted in a culturally safe approach. Coombes et al. present a study protocol to explore the consent process in relation to Aboriginal and Torres Strait Islander patients undergoing surgical procedures and participating in medical research. The proposed study works to contribute a greater understanding of Aboriginal and Torres Strait Islander people's experiences during this process. The study will aim to provide insights into how the health outcomes of Aboriginal and Torres Strait Islander people can be improved through the culturally safe design and application of informed consent resources and approaches.

Finally in this issue we include a brief report, in fact an opinion piece, that calls for acute post-streptococcal glomerulonephritis (APSGN) to become a notifiable condition in Queensland, to bring it in line with other states such as Western Australia and the Northern Territory. Neville et al. compare the strong public health response to the COVID-19 pandemic to what they call the 'short-term band-aid' approach to APSGN. Somewhat provocatively, they note that more Aboriginal and Torres Strait Islander people were repatriated from remote communities to hospital in Far North Queensland for APSGN and Acute Rheumatic Fever (ARF) than for COVID-19 and yet APSGN attracts limited public health concern or political interest.

Once again, our goal is to present readers with a diverse range of articles that address important issues and offer pathways to positive improvement in understanding of and services for Aboriginal and Torres Strait Islander people. In the interests of fostering ongoing dialogue and engagement on issues impacting the health and wellbeing of Aboriginal and Torres Strait Islander people, we welcome feedback on all works published in the *Journal of the Australian Indigenous Health/InfoNet*.