

EDITORIAL

Rural and remote communities – innovation in the midst of adversity

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It is said that necessity is the mother of invention. *Rural and Remote Health* provides clear evidence of both the necessities^{1,2} facing rural communities and the invention spawned by those who do not accept 'No' as an answer^{3,4}. We have over 70 original research articles progressing through to publication as we speak. And yet, I doubt if we are uncovering more than the tip of the rural and remote health innovation iceberg.

Why? Perhaps it is because most of us just get on with the job, and don't have time to tell people about what we are doing? Perhaps this is related to the humility brought about by the greater connectedness rural and remote people have to the power and unpredictability of nature? Or perhaps it is a function of isolation, of poverty of access to the tools of the academic trade and the self-sustaining networks of influence within the academic community?

Could it be that academic publication is actually a marker, not just of excellence and achievement, but of affluence, and

the choices and opportunities that wealth brings? Such a hypothesis has been a challenge for this journal. It is why we chose an electronic-only format, free to both readers and authors, which can work over low bandwidth connections. It is why we have employed professional editorial staff to work with new authors and those whose first language is not English. It is why we have encouraged a variety of article formats, from short reports and personal views to the latest cutting edge scientific endeavour. It is why we have funded this journal using rural and remote funding available from Commonwealth and State governments in Australia to support our colleagues in other parts of the world that do not have access to similar resources.

As intellectual capital is increasingly being fostered and resourced in rural and remote communities, there is no doubt that academic publication in this field will increase, and lessons learned in our small communities will inform developments and improvements in health care around the world through the network and community created by a



journal such as ours. But how do we tap into that rich vein of wisdom that is likely to remain hidden from publisher's sight? Perhaps this is a task for those of us fortunate enough to have our work visible. We need to identify innovators. We can then partner with them to write a letter to the editor or a short report sharing their achievements and discoveries. We should use our skills to apply relevant and rigorous research frameworks to their endeavours.

It is said that 'knowledge is power' and many attest that 'the squeaky wheel gets oiled'. Rural communities, well established in the industrial and agricultural economies, need to now participate in the knowledge economy. By creating and disseminating such knowledge, rural academic publication can give significant power to rural and remote communities by making objectively visible and measurable their health needs and solutions. I trust this journal is already serving such a purpose.

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