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Editorial

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Welcome to the first issue for 2024 of the Journal of the Australian Indigenous HealthInfoNet. We are extremely grateful for the support shown for the Journal by both authors and readers throughout the world. We are a ‘young’ old journal. As previously noted, the precursor to this Journal, the Australian Indigenous HealthBulletin was established by the founder of the Australian Indigenous HealthInfoNet, Professor Neil Thomson in 1985 as a way to share information about Aboriginal and Torres Strait Islander health and wellbeing. In 2020, the first issue of the Australian Indigenous HealthBulletin was published for a worldwide audience utilising an automated manuscript management system. This elevated the Journal from a cottage industry passion project to a journal that now (as the Journal of the Australian Indigenous HealthInfoNet) receives thousands of downloads in over 80 countries and across 400 institutions. As proud as we are of these achievements, our goal remains the same: to provide high quality research evidence in a format that is timely, accessible and relevant to the needs of those working in the Aboriginal and Torres Strait Islander health sector workforce. In particular, we encourage practitioners and researchers to submit their work that will have an immediate impact on policy and practice. The articles in this issue are no exception.

The Koolungar Moorditj Healthy Skin Project (Ricciardo et al.) is an excellent example of community-led and owned research that delivers on community priorities and illustrates the quantum leap forward in our understanding of, and indeed obligations to, undertake culturally safe and appropriate research. The product of which is, of course, better research outcomes and impact.

Enkel et al. remind us yet again that the consequences of the ‘know-do’ gap can be profound. The know-do gap is the gap between what we know and what we do. Their example of the relationship between Streptococcus pyogenes (strep A) infections and the enduring historical legacies of racism and health inequalities, particularly in remote communities, is as striking as it is unacceptable.

Using data from the Aboriginal community-controlled health services in five remote communities, White et al. report on what many in the sector has long suspected, that the
prevalence of diabetes in the Kimberley region of WA is markedly higher than reported by the National Diabetes Services Scheme. This highlights once again the importance of the community-controlled sector and jurisdictional data.

In the final article in this issue, Willis et al. speak to the importance of maintaining and fostering a resilient workforce. They note that resilience among Aboriginal and Torres Strait Islander Health Workers is related to identity, reinforced by the capacity to negotiate the intercultural or bicultural space where Western and Indigenous knowledge systems and culture intersect. Collectivist notions of resilience were found to be important for strong cultural identity formation.

We trust that you will enjoy this collection and, importantly, be informed in ways that enhance your everyday work.