Australian Government
Department of Health, Disability and Ageing

Medical Research Future Fund

Implementation Plan

Reducing Health Inequities Mission

Overview

To target activities to achieve the objectives of the Mission the following aims and priority areas for research investment have been identified.

Aims	Priority areas
1. Reduce health inequities in Australia by:	1.1 Developing strategies to strengthen and/or reorientate health systems and structures to reduce health inequities
	1.2 Leveraging cross-sectoral partnerships to advance the development and implementation of approaches consistent with Health-in-All-Policies (HiAP)
	1.3 Comprehensively documenting and monitoring the drivers, and protective factors that promote health equity in Australia
	1.4 Understanding and addressing the cumulative and intersectional impacts of health inequities
	1.5 Empowering people with relevant lived-experience to co-design and co-produce health promotion, prevention, and health system research that reflects the diverse experiences of priority populations and address the social, cultural, economic, structural, political, and commercial determinants of health
2. Develop and strengthen the health research workforce with skills, knowledge and experiences to lead research focused on reducing health inequities by:	2.1 Creating an inclusive national health equity research network that brings together health and medical researchers across all career stages, peak bodies, collaborating organisations, peer and lived-experience sector from within and beyond the health sector, both nationally and globally, to build and strengthen health equity research and impact in Australia
	2.2 Strengthening research translation to ensure emerging health inequities research is accessible, understood and applied by end-users
	2.3 Building a diverse workforce of health equity researchers who bring relevant lived-experience to their work, and a research culture that centrally positions people with relevant lived-experience

Additional Information

In addition to the objectives specified below applications are required to:

- empower people with relevant lived-experience to participate in prioritisation, development and implementation of research
- be contextually relevant, culturally safe, acceptable to the relevant priority population and place-responsive
- be in partnership with relevant health and community services which may include NGOs, peak bodies, peer-led organisations, and/or Aboriginal Community Controlled Health Organisations
- enable lived-experience and peer-led organisations to participate as properly resourced, equitable partners across all stages of the research cycle
- involve end-users such as policy-makers, health practitioners, and consumers/citizens in the co-design and implementation of the proposed strategies and interventions

More details of the funding principles for the Reducing Health Inequities Mission are described in the roadmap that should be reviewed by potential applicants and will be provided to the grant assessment committee.

Aim 1

Aim 1 – 1. Reduce health inequities in Australia by:

Priority area 1.1 Developing strategies to strengthen and/or reorientate health systems and structures to reduce health inequities

Funding starting around	Grant opportunity (objective, outcome, and funding)
Date: 2031/32	**Objective**: Conduct large-scale multidisciplinary health systems research that builds on the strengths of priority populations and addresses structural barriers within health systems to develop and/or implement and evaluate scalable approaches to improve health program engagement, healthcare access, co-ordination of care, and/or health outcomes. Applications must propose a co-funded project in which collaborators contribute cash and/or in-kind resources to support a shared health translation initiative. CI team must include relevant lived-experience and community partner representation. **Topic A:** The organisation undertaking the majority of the research is based in any area according to the current Modified Monash Model locator (MM 1–7) **Topic B**: The organisation undertaking the majority of the research must be located in, and the Chief Investigator (CI) A and 50% or more of all CIs and all research participants must be primarily resident in, a regional, rural or remote area according to the current Modified Monash Model locator (MM 2–7) **Funding:** $20 million total. Minium grant amount $1 million and maximum $4 million. **Eligibility:** For Early or Mid-Career Researcher (EMCR)-led projects, the Chief Investigator A and >20% of the Chief Investigator team must be early to mid-career researchers (EMCR)** **Grant Model:** Accelerator **Grant Duration:** 5 years *The top two ranked EMCR-led projects will be funded, and then the next remaining highest ranked projects (EMCR-led or not) will be funded

Priority area 1.2 Leveraging cross-sectoral partnerships to advance the development and implementation of approaches consistent with Health-in-All-Policies (HiAP)

Funding Starting around	Investment opportunity (objective, outcome, and funding)
Date: 2027/28	**Objective**: Evaluate the implementation and impact of current Health-in-All Policies approaches that: • involve cross-sectoral partnerships • involve state and/or territory jurisdiction(s) • is focussed on one or more priority populations experiencing health inequity • identifies the enablers of and/or barriers to, planning, implementation, and evaluation • evaluates the impact of the approach and how it addresses health inequities. **Funding:** $10 million. Minimum $1 million, maximum $3 million **Eligibility:** For Early or Mid-Career Researcher (EMCR)-led projects, the Chief Investigator A and >20% of the Chief Investigator team must be early to mid-career researchers (EMCR)** **Grant Model:** Targeted Call for Research **Grant Duration:** 5 years *The one top ranked EMCR-led project will be funded, and then the next remaining highest ranked projects (EMCR-led or not) will be funded

Funding starting around	Investment opportunity (objective, outcome, and funding)
Date: 2029/30	**Objective**: Conduct large-scale, multidisciplinary research to develop and implement approaches which expand Health-in-All Policies to address social determinants of health and promote health equity. Applications must propose a co-funded project in which collaborators contribute cash and/or in-kind resources to support a shared health translation initiative. **Funding:** $10 million. Minimum grant amount $1 million and maximum $3 million. **Eligibility:** For Early or Mid-Career Researcher (EMCR)-led projects, the Chief Investigator A and >20% of the Chief Investigator team must be early to mid-career researchers (EMCR)** **Grant Model:** Targeted Call for Research **Grant Duration:** 4 years *The one top ranked EMCR-led project will be funded, and then the next remaining highest ranked projects (EMCR-led or not) will be funded.

Priority area 1.3 Comprehensively documenting and monitoring the drivers, and protective factors that promote health equity in Australia

Starting around	Investment opportunity (objective, outcome, and funding)
Date: 2027/28	**Objective**: Conduct large-scale multidisciplinary projects, to identify and monitor the environmental, social, cultural, structural, economic, political and health system related factors that: • contribute to health inequities • promote health equity. **Topic A:** The organisation undertaking the majority of the research is based in any area according to the current Modified Monash Model locator (MM 1–7) **Topic B**: The organisation undertaking the majority of the research must be located in, and the Chief Investigator (CI) A and 50% or more of all CIs and all research participants must be primarily resident in, a regional, rural or remote area according to the current Modified Monash Model locator (MM 2–7) **Funding:** $20 million **Eligibility:** For Early or Mid-Career Researcher (EMCR)-led projects, the Chief Investigator A and >20% of the Chief Investigator team must be early to mid-career researchers (EMCR)** **Grant Model:** Targeted Call for Research **Grant Duration:** 5 years *The top two ranked EMCR-led projects will be funded, and then the next remaining highest ranked projects (EMCR-led or not) will be funded

Priority area 1.4 Understanding and addressing the cumulative and intersectional impacts of health inequities

Starting around	Investment opportunity (objective, outcome, and funding)
Date: 2029/30	**Objective**: Conduct pilot or proof of concept studies that inform subsequent large scale implementation research that will address the intersectional determinants and impacts of health inequities. Applications are required to: • be designed to reduce the cumulative impacts of intersecting forms of structural and systemic disadvantage, vulnerability and marginalisation that lead to health inequities **Topic A:** The organisation undertaking the majority of the research is based in any area according to the current Modified Monash Model locator (MM 1–7) **Topic B:** The organisation undertaking the majority of the research must be located in, and the Chief Investigator (CI) A and 50% or more of all CIs and all research participants must be primarily resident in, a regional, rural or remote area according to the current Modified Monash Model locator (MM 2–7) **Funding:** $5 million **Eligibility:** For Early or Mid-Career Researcher (EMCR)-led projects, the Chief Investigator A and >20% of the Chief Investigator team must be early to mid-career researchers (EMCR)** **Grant Model:** Targeted Call for Research **Grant Duration:** 3 years *The top three ranked EMCR-led projects will be funded, and then the next remaining highest ranked projects (EMCR-led or not) will be funded

Starting around	Investment opportunity (objective, outcome, and funding)
Date: 2033/34	**Objective**: Conduct multidisciplinary evaluation and/or implementation research focused on enabling the adoption, sustainability, scaling, of evidence-based interventions, policies and practices which address the intersectional impacts of health inequities. Applications are required to: • be designed to reduce the cumulative determinants and impacts of intersecting disadvantage, vulnerability and marginalisation that lead to health inequities • measure and evaluate implementation outcomes, service outcomes and consumer/community outcomes. Research can also include a focus on de-implementation of ineffective interventions policies and practices. **Topic A:** The organisation undertaking the majority of the research is based in any area according to the current Modified Monash Model locator (MM 1–7) **Topic B:** The organisation undertaking the majority of the research must be located in, and the Chief Investigator (CI) A and 50% or more of all CIs and all research participants must be primarily resident in, a regional, rural or remote area according to the current Modified Monash Model locator (MM 2–7) **Funding:** $20 million **Eligibility:** For Early or Mid-Career Researcher (EMCR)-led projects, the Chief Investigator A and >20% of the Chief Investigator team must be early to mid-career researchers (EMCR)** **Grant Model:** Targeted Call for Research **Grant Duration:** 5 years *The top two ranked EMCR-led projects will be funded, and then the next remaining highest ranked projects (EMCR-led or not) will be funded

Priority area 1.5 Empowering people with relevant lived-experience to co-design and co-produce health promotion, prevention, and health system research that reflects the diverse experiences of priority populations and address the social, cultural, economic, structural, political, and commercial determinants of health

Starting around	Investment opportunity (objective, outcome, and funding)
Date: 2031/32	**Objective**: Identify priorities, develop new health and wellbeing promotion and/or preventive health approaches and/or methodologies and conduct pilot studies that: • consider the social, cultural, economic, structural, political, and commercial determinants of health. • consider the intersectional impact of regional, rural and remote locations • consider the intersectional impact of socioeconomic status Research will focus on one of the following topics: • **Topic A:** Research projects led by and focused on Aboriginal and/or Torres Strait Islander people • **Topic B:** Research projects led by and focused on LGBTIQ+ people • **Topic C:** Research projects led by and focused on people from culturally and linguistically diverse communities • **Topic D:** Research projects led by and focused on people with disability • **Topic E:** Research projects led by and focused on other population groups which experience health inequity. **Funding:** $10 million **Eligibility:** For Early or Mid-Career Researcher (EMCR)-led projects, the Chief Investigator A and >20% of the Chief Investigator team must be early to mid-career researchers (EMCR)** **Grant Model:** Targeted Call for Research **Grant Duration:** 3 years *The top ranked EMCR-led project will be funded in each topic, and the next highest ranked project (EMCR-led or not) will be funded in each topic

Starting around	Investment opportunity (objective, outcome, and funding)
Date 2035/36	**Objective**: implement and/or evaluate health promotion and/or preventive health approaches which: • consider the social, cultural, economic, structural, political, and commercial determinants of health. • Consider the intersectional impact of regional, rural and remote locations • Consider the intersection impact of socioeconomic status Research will focus on one of the following topics: • **Topic A:** Research projects led by and focused on Aboriginal and/or Torres Strait Islander people • **Topic B:** Research projects led by and focused on LGBTQIA+ people • **Topic C:** Research projects led by and focused on people from culturally and linguistically diverse communities • **Topic D:** Research projects led by and focused on people with disability • **Topic E:** Research projects led by and focused on other population groups which experience health inequity. **Funding:** $25 million **Eligibility:** For Early or Mid-Career Researcher (EMCR)-led projects, the Chief Investigator A and >20% of the Chief Investigator team must be early to mid-career researchers (EMCR)** **Grant Model:** Targeted Call for Research **Grant Duration:** 5 years *The top ranked EMCR-led project will be funded in each topic, and the next highest ranked project (EMCR-led or not) will be funded in each topic

Aim 2

Aim 2 – 2. Develop and strengthen the health research workforce with skills, knowledge and experiences to lead research focused on reducing health inequities by:

Priority area 2.1 Creating an inclusive national health equity research network that brings together health and medical researchers across all career stages, peak bodies, collaborating organisations, peer and lived-experience sector from within and beyond the health sector, both nationally and globally, to build and strengthen health equity research and impact in Australia

Starting around	Investment opportunity (objective, outcome, and funding)
Date: 2029/30	**Objective**: Establish a national consortium (i.e. National Health Equity Research Network) to build and strengthen health equity research and impact across all Australian jurisdictions and remoteness classifications. Key components will include: • Involving partnerships across the research sector, both within health and beyond, including academic, health service delivery, peak bodies and lived-experience and peer-led organisations • Involving multi-institutional and diverse collaborations, and diversity in membership across states and territories and geographic contexts from metropolitan to remote communities • Embedding research capacity and capability building, including for HDR students and EMCRs, within all programs of research • Promoting a research culture that centrally positions people with lived-experience • Providing high quality research mentorship opportunities for HDRs and EMCRs. • Providing high quality leadership training and support in health inequities research for MCR and senior researchers. • Building and strengthening health inequities research collaborations at national and international levels • Increasing access to quality healthcare for priority populations • Providing a repository of health inequities research emanating from Australia, including relevant evidence syntheses and special/virtual issues of academic journals. • Incentivising innovative interdisciplinary research projects that focus on reducing health inequities **Funding:** $15 million **Grant Model:** Targeted Call for Research/ Accelerator **Grant Duration:** 7 years

Priority area 2.2 Strengthening research translation to ensure emerging health inequities research is accessible, understood and applied by end-users

Starting around	Investment opportunity (objective, outcome, and funding)
Date: 2033/34	**Objective**: Implement applied and/or action-oriented research that makes optimal use of knowledge generated about health inequities to work with policy-makers, health practitioners, and consumers/citizens to develop and trial new and innovative strategies and interventions aimed at improving equitable health outcomes (i.e. to address 'know-do' gaps). Applications are required to: • propose research that will support the rapid translation of health inequities research findings into policy and practice domains • propose research that focuses on one or more priority population. **Funding:** $10 million (up to 5 grants) **Grant Model:** Targeted Call for Research/Accelerator **Grant Duration:** 3 years

Priority area 2.3 Building a diverse workforce of health equity researchers who bring relevant lived-experience to their work, and a research culture that centrally positions people with relevant lived-experience

Starting around	Investment opportunity (objective, outcome, and funding)
Date: 2033/34	**Objective**: Prioritise the involvement of people with relevant lived-experience in all aspects of health inequities research through innovative capacity and capability building initiatives. Applicants are required to: • propose research which is led or co-led by a researcher with relevant lived-experience of health inequities • provide evidence of a partnership with the National Health Inequities Research Network and/or other research networks funded through MRFF **Funding:** $5 Million (up to 5 grants) **Grant Model:** Targeted Research Call **Grant Duration:** 3 Years

Background

Health inequities are increasing globally and are shaped by social and structural determinants of health including access to resources (including quality healthcare), and broader social, environmental and economic conditions. These factors contribute to preventable illness and premature death, reduced quality of life, and lower levels of trust in health systems. In this context, the ways in which healthcare is organised, accessed and delivered contribute to differences in health outcomes between individuals and communities.

The Medical Research Future Fund's (MRFF) Reducing Health Inequities Mission (RHIM) was announced by the Minister for Health and Ageing, the Hon. Mark Butler MP, on 02 May 2024 and will provide up to $150 million over 10 years, from 2027-28.

The Reducing Health Inequities Mission (RHIM) will support research co-designed with people with lived-experience of health inequities, communities, peer workers, service providers, policy-makers and researchers. By elevating the perspectives of people who experience structural inequities, strengthening participation and leadership, and supporting translation into policy and practice spheres, the RHIM invests in solutions that are relevant, inclusive, scalable, and sustainable. This approach supports ongoing efforts across the health system and other sectors to reflect community expertise, improve access to quality care, and promote equitable health outcomes for all people across Australia.

Enablers

- Improving data capture within Australian research funding systems to better inform targeted calls for health inequities research
- Funders of health equity research should consider how their policies may advantage or disadvantage priority groups, including justice-involved people

Monitoring and evaluation

Guiding principles relevant to RHIM:

- Evaluation approach and measures are consistent with the overarching framework within the MRFF monitoring, evaluation and learning strategy, including MRFF impact measures, measures of success (outcomes) and performance indicators (outputs).
- Capturing impact also includes use of case studies, stories and narratives, which are especially important given the context of RHIM.
- Genuine involvement of people with lived-experience and/or community partners means that consumer involvement indicators[1] also consider accessibility and inclusion of

[1] The MRFF Performance Indicators relevant to consumer involvement include (but are not limited to): inclusion of consumer organisations as project partners or advisory groups; involvement of consumers in the priority setting and co-design of the study; active involvement of consumers in data gathering/analysis; active dissemination of results to consumers; deployment of strategies to include traditionally underrepresented groups; involvement of consumers in project governance.

traditionally under-represented priority populations, as well as the system limitations and power imbalances that challenge data collection in these populations.
- Evaluation approaches and measurement tools go beyond self-reporting from researchers to include consultation with people with lived-experience and/or community partners involved in the research, noting that ideally they are part of the research team.
- Measuring knowledge gain is less focused on citation impact measures and publications, and instead on whether the evidence is reaching the intended audiences.
- Noting the intersectionality of drivers of health inequities, consider impacts outside of the health sector.

Aims and priority areas	Evaluation approach and measures
1. Reduce health inequities in Australia by:	
1.1 Developing strategies to strengthen and/or reorientate health systems and structures to reduce health inequities	• Research projects involve large-scale multidisciplinary health systems research, with genuine involvement of people with lived-experience and/or community partners. • New approaches to improve health program engagement, healthcare access, coordination of care, and/or health outcomes are developed, implemented and evaluated, that build on strengths of priority populations, addresses structural barriers within health systems, and are scalable.
1.2 Leveraging cross-sectoral partnerships to advance the development and implementation of approaches consistent with Health-in-All-Policies (HiAP)	• New Health-in-All-Policies approaches are developed, and current approaches implemented and evaluated, that involve cross-sectoral partnerships, state and/or territory jurisdictions, and focussed on priority populations experiencing health inequity. • New Health-in-All-Policies approaches are embedded in health policy and practice.
1.3 Comprehensively documenting and monitoring the drivers, and protective factors that promote health equity in Australia	• Increased focus of research and knowledge gain of measures as well as the drivers of health inequities, and enablers of health equity in Australia.
1.4 Understanding and addressing the cumulative and intersectional impacts of health inequities	• Research projects with genuine involvement of people with lived-experience and/or community partners, that lead to large scale implementation research addressing the intersectional determinants and impacts of health inequities. • Increased focus of research and knowledge gain of the intersectional determinants and impacts of health inequities. • New interventions, policies and practices are developed, implemented and evaluated, that

	address the intersectional determinants and impacts of health inequities. • New approaches are embedded in health policy and practice, that address the intersectional determinants and impacts of health inequities.
1.5 Empowering people with relevant lived-experience to co-design and co-produce health promotion, prevention, and health system research that reflects the diverse experiences of priority populations and address the social, cultural, economic, structural, political, and commercial determinants of health	• Research projects with co-design and co-produced with people with lived-experience and/or community partners, from priority populations, especially Aboriginal and/or Torres Strait Islander people, LGBTIQ+ people, people from CALD communities, people with disability, other population groups experiencing health inequities. • New health and wellbeing promotion and/or preventive health approaches are developed, implemented and evaluated, that address multi-faceted determinants of health.
2. Develop and strengthen the health research workforce with skills, knowledge and experiences to lead research focused on reducing health inequities by:	
2.1 Creating an inclusive national health equity research network that brings together health and medical researchers across all career stages, peak bodies, collaborating organisations, peer and lived-experience sector from within and beyond the health sector, both nationally and globally, to build and strengthen health equity research and impact in Australia	Evidence of a National Health Inequities Research Network that supports: • Increased multi-institutional partnerships across the research sector: with health service delivery, peak bodies and lived-experience and peer-led organisations; across states and territories and metropolitan to remote communities; and at international levels, i.e. transnational. • Increased capacity and capability building for researchers to conduct health inequities research, i.e. embedding of and mentorship opportunities for HDR students and EMCRs; high quality leadership training and support for MCR and senior researchers. • Genuine involvement of lived-experience and peer-led organisations and communities as properly resourced and equitable partners across all research cycle stages • Increased knowledge gain arising from health inequities research in Australia • New and innovative interdisciplinary research projects on health inequities • Increased access to quality healthcare for priority populations.

2.2 Strengthening research translation to ensure emerging health inequities research is accessible, understood and applied by end-users	• New and innovative strategies and interventions to improve equitable health outcomes are developed, implemented and evaluated. • The community engages with and adopts new treatments, interventions and approaches arising out of health inequities research. • Progress towards equity in patient-based outcomes and experience measures across priority populations vs the broader Australian population.
2.3 Building a diverse workforce of health equity researchers who bring relevant lived-experience to their work, and a research culture that centrally positions people with relevant lived-experience	• More people with lived-experience lead, co-lead or are involved in prioritisation, co-design, co-production in research projects on health inequities. • Research community has greater capacity and capability to undertake translational research in health inequities research. • Increased partnerships with the National Health Inequities Network and/or other MRFF-funded research networks. • Increased partnerships with health and community services, NGOs, peak bodies, and/or Aboriginal Community-Controlled Health Organisations.

Glossary

Term	Definition
Current Modified Monash Model locator	References to the current Modified Monash Model locator are to be updated to reflect the version (eg: 2019, 2023, etc.) in use by the Department at the time when the grant opportunity opens.
Early to mid-career researcher (EMCR)	An individual within 10 years of their PhD award date. If the individual holds multiple PhDs, eligibility will be determined using the earliest awarded PhD. Other qualifications are not eligible for consideration for this definition. The eligibility period is adjusted to account for eligible career disruptions.
Early career researcher (ECR)	An individual within 5 years of their PhD award date. If the individual holds multiple PhDs, eligibility will be determined using the earliest awarded PhD. Other qualifications are not eligible for consideration for this definition. The eligibility period is adjusted to account for eligible career disruptions.
Mid-career researcher (MCR)	An individual within 5-10 years of their PhD award date. If the individual holds multiple PhDs, eligibility will be determined using the earliest awarded PhD. Other qualifications are not eligible for consideration for this definition. The eligibility period is adjusted to account for eligible career disruptions.