Australian Government
Department of Health, Disability and Ageing

Medical Research Future Fund

Roadmap
Reducing Health Inequities Mission

The Reducing Health Inequities Mission is investing $150 million over ten years from 2027-28 into research to address inequities in health outcomes by improving access to quality health services by priority populations.

Rationale:

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. At a population level, health inequities are linked to higher health and social costs, and impact adversely on productivity and overall economic performance. While health inequity exists along a continuum, some 'priority populations[1]' – notably Aboriginal and Torres Strait Islander peoples - experience additional contributing factors related to colonisation and racism that amplify poorer outcomes. Stigma, social, political and policy environments also influence how some populations are recognised, supported and resourced.

In Australia, reducing health inequities aligns with commitments to human rights, addressing systemic and individually mediated discrimination, and supporting national prosperity and productivity. Progress in this area can be complex, as many of the contributing fa interconnected and multifaceted, often described as 'wicked problems' that ben coordinated, cross-sector and whole-of-government approaches.

[1] RHIM adopts AMRAB's definition of 'priority populations'. Evidence-based rationales for additional priority populations will be considered on a case-by-case basis.

Australia's health and medical research systems have delivered internationally recognised achievements including world-leading discoveries, high-quality healthcare, and strong population health outcomes. Continued effort is needed to ensure that these benefits are shared as broadly and equitably as possible. Structural, geographic, cultural, policy, and socioeconomic factors can influence access to timely, appropriate, and safe health and social care, and shape the extent to which different groups benefit from research advances. Many communities bring deep knowledge, resilience, and leadership grounded in lived-experience of navigating health and other systems, often in the context of, marginalisation and structural disadvantage.

The Reducing Health Inequities Mission (RHIM) builds on these strengths by supporting 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.

Scope

The RHIM will invest in translational health and medical research and related activities that:

- identify key modifiable mechanisms that reduce health inequities in access to, and quality of, health services for people and communities experiencing inequity across Australia support translation of research into actionable and scalable interventions and policy reforms to reduce these health inequities
- accelerate implementation of successful health and medical research interventions and approaches that improve health and wellbeing, and access to quality health care for priority populations
- address cross-cutting factors that contribute to health inequities and identify where targeted approaches may be effective
- close the gap in Aboriginal and Torres Strait Islander health, and improve health outcomes for people experiencing structural disadvantage and/or marginalisation, to improve health equity across Australia
- promote co-designed, community-driven and multidisciplinary approaches to translational research addressing health inequity that include the perspectives of those most impacted by health inequities.
- generate diverse forms of evidence that can inform changes to policy, practice and systems by including a focus on implementation, process and impact evaluation, sustainability, and scalability.

Goal

The goal of the RHIM is to reduce health inequities in Australia by generating and translating evidence that improves population health, strengthens communities, enhances productivity and participation, and co-creates scalable, sustainable, effective and inclusive health and social structures and systems.

Purpose

The purpose of the RHIM is to drive transformative health and medical research that strengthens systems, informs policy and practice, and enables everyone in Australia regardless of circumstances, to achieve equitable health and wellbeing outcomes.

Aims

1. Reduce health inequities in Australia by:
   - Developing strategies to strengthen and/or reorientate health systems and structures to reduce health inequities
   - Leveraging cross-sectoral partnerships to advance the development and implementation of approaches consistent with Health-in-All-Policies (HiAP)
   - Comprehensively documenting and monitoring the drivers, and protective factors that promote health equity in Australia
   - Understanding and addressing the cumulative and intersectional impacts of health inequities
   - 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:
   - 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
   - Strengthening research translation to ensure emerging health inequities research is accessible, understood and applied by end-users
   - 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

Funding principles

The following principles apply to activities funded under the RHIM:

- People in Australia, irrespective of who they are, their circumstances or where they live have access to timely, evidence-based, best-practice health promotion and prevention strategies, investigation, treatment, and care.
- Research focuses on identifying, implementing and/or evaluating interventions that are co-designed, bold, innovative and impactful, and that can create service and system-level changes which reduces health inequities without duplicating or conflicting with other existing initiatives.
- Research recognises intersectionality and focuses on addressing the often intertwined social, and structural barriers to healthcare access and quality for those experiencing health and social inequities. This includes but is not limited to ensuring that healthcare is affordable, safe, accessible and inclusive, and based on universal design principles so that nobody in Australia is disadvantaged. This includes service and workforce development for safe, inclusive practice.
- Research involving Aboriginal and Torres Strait Islander people must be culturally safe and adhere to contemporary Indigenous Data Sovereignty principles and ethical guidelines, including those developed by NHMRC and AIATSIS.
- Research includes paid roles or appropriate remuneration for people from communities experiencing disadvantage, including those with cultural knowledge and lived-experience, together with carers, families and representative organisations, including community-controlled orgs. This includes contributing to research design, methods and outcomes, supported by training, shared decision-making and mentoring.
- Research includes dedicated resourcing for co-design that extends beyond advisory roles, supporting paid positions and sustained investment in community-controlled organisations as core partners and not as an add-on.
- Research encourages and supports domestic and international collaboration with large teams, spanning multiple Australian jurisdictions, and includes key stakeholders (such as health services, community controlled organisations, policy-makers,) and other end-users in genuine partnerships. All stakeholders are enabled to have their contributions recognised.
- Research is designed in genuine partnership with implementation partners (government, non-government and/or community-controlled health services, policy makers and end-users) where co-funding by partners (in-kind and/or cash) is encouraged and translation is planned in partnership from the research design phase.
- Research is interdisciplinary and informs policy, practice and systems design with strong emphasis on implementing interventions and strategies that reduce health inequities, and respond to emerging trends and challenges.
- Research acknowledges, and aims to understand, what underlying shared and unique barriers, circumstances and mechanisms are important to addressing health inequities across priority populations, including ensuring that efforts to reduce inequities for one group do not inadvertently create or worsen inequities for others.
- Research funding, infrastructure and capacity-building is equitably distributed across Australia to ensure that regional, rural and remote communities receive proportionate

investment aligned with population need, burden of disease, health service access inequities, and historical research under-representation.

- Reducing health inequities relies on increasing the capacity and resources of the sector, including capability of lived-experience voices, peer workers and community controlled organisations, higher degree research students, early- and mid-career researchers, data systems, frameworks and on improving alignment of research with the needs of affected communities, including those with lived-experience and their carers, families and health professionals.
- Research funding prioritises and strengthens peer-led and community-controlled organisations and the peer workforce, recognising their role as a critical and evidence-informed component of the health system, particularly in improving access, trust, and outcomes for underserved communities.