



Australian Government

Department of Health

Indigenous Health Research Fund

Implementation plan

November 2021



Background

The Indigenous Health Research Fund (IHRF) is investing \$160 million over 11 years to improve the health of Aboriginal and/or Torres Strait Islander people under the Medical Research Future Fund (MRFF).

Health and social equity for Aboriginal and/or Torres Strait Islander people remains one of contemporary Australia's most enduring challenges. Despite specific policy and strategic focus over several decades, progress has been agonisingly slow. Health and medical research can drive impactful policy and service delivery to improve the health of Aboriginal and/or Torres Strait Islander people, but requires moving beyond short-term projects and fragmented research to intervening at the national, regional and local levels, at scale and over the longer term. The research must also be driven by Aboriginal and/or Torres Strait Islander people and focused on their identified priority health issues.

This plan supports the implementation of the IHRF roadmap and establishes a strategic plan to address the IHRF's goals within the context of the MRFF 10-year plan.

Indigenous Health Research Fund

In recognition of the challenges facing Aboriginal and/or Torres Strait Islander people's health, the IHRF was established through the MRFF. The IHRF will mobilise health and medical research to prevent disease and promote health and social equity. Through cohesive, Aboriginal and/or Torres Strait Islander-led research, designed to deliver community benefits, the IHRF seeks to inform and transform the way the health system and scientific community responds to the needs of Aboriginal and Torres Strait Islander people across the life course.

This agenda is purposefully informed by and aligned with the National Agreement on Closing the Gap, which enshrines the importance of *Shared Decision Making, Building the Community Controlled Sector, Improving Mainstream Institutions, Aboriginal and Torres Strait Islander Data governance*, with specific *Socio-economic Targets* to guide the development and implementation of programs and policies directly related to the needs and aspirations of Aboriginal and/or Torres Strait Islander people.



This will be achieved primarily, but not exclusively, by focusing on the following overarching objectives:

- Supporting the establishment of a sustainable, capable and enabled Aboriginal and/or Torres Strait Islander community, health service and institution-based research workforce
- Supporting collaborative, multidisciplinary and transformative research at an international, national, regional and local level, developed in partnership with Aboriginal and/or Torres Strait Islander communities and focused on matters of highest priority that will reduce inequalities in health and social outcomes for Aboriginal and/or Torres Strait Islander people
- Building on the unique knowledges, strengths and endurance of Aboriginal and/or Torres Strait Islander communities, with particular reference to the central importance of Country, culture and spirituality as foundations for a healthier future for all
- Recognising the key role that mainstream health services, research and industry must play in improving Aboriginal and/or Torres Strait Islander peoples' health and wellbeing
- Identifying and stimulating critical co-investment in research, evidence-based health care and social policy development
- Delivering meaningful and sustained impact on the drivers and manifestations of inequity in health and social outcomes experienced by Aboriginal and/or Torres Strait Islander people, families and communities

Grand challenges: targeting structural and system-wide impediments to Aboriginal and/or Torres Strait Islander people's health and wellbeing

Aboriginal and/or Torres Strait Islander communities, organisations, advocates and research community have long called for substantive change in the health and social challenges facing Aboriginal and/or Torres Strait Islander people. Previous attempts at research investment, alongside national and jurisdictional health and social policy, have so far failed to achieve all that is necessary to realise equality in outcomes. Much of this is a result of:

- short-term funding cycles
- a lack of a defined and specific evidence base
- structural impediments to Aboriginal and/or Torres Strait Islander community development
- research that has not been conducted in genuine partnership with Aboriginal and/or Torres Strait Islander leadership, people and communities



- profound and entrenched inequalities
- underinvestment in developing an Aboriginal and/or Torres Strait Islander-led research workforce and capacity building
- failures to translate findings of research into policy, practice and service provision
- lack of alignment between research and researcher interests and the expressed needs and aspirations of Aboriginal and/or Torres Strait Islander people, communities and organisations

For far too long, research has failed to adequately respond to priorities identified by Aboriginal and/or Torres Strait Islander communities and organisations themselves, and establish appropriate, meaningful and equivalent partnerships to ensure research is of the highest quality, and directly addresses issues of most importance to these communities.

The IHRF aims to provide a vehicle to address some of these impediments. Given the 10-year timeframe, the IHRF seeks to target research investment towards overcoming these challenges. Although many areas are worthy of focus, by drawing on strengths within the research sector and existing targets within current health policy, the IHRF has identified critical investment priorities. These frame the grand challenges the IHRF seeks to address, which are:

- ensuring a strong sense of identity and culture to develop and sustain healthy communities
- promoting and providing physically and psychologically healthful environments
- improving the social and emotional wellbeing of individuals, families and communities
- ensuring culturally safe health systems that are free of racism
- ensuring the best start to life for our children
- preventing and reducing the impact of chronic and infectious conditions
- understanding the biological determinants of disease susceptibility across the life course
- facilitating involvement in, leadership of, input from and co-design with Aboriginal and/or Torres Strait islander people, communities and organisations

The IHRF will seek to strategically invest in establishing collaborative and multidisciplinary research teams, which will develop and deploy unique and innovative long-term research programs that target these grand challenges. This will be enacted through a series of investments, and project and



program calls. The IHRF investments will focus on Aboriginal and/or Torres Strait Islander leadership in all aspects of research projects, especially in the chief investigator team, and this leadership will be embedded into the grant guidelines, and will inform project selection. The IHRF will also focus on projects that:

- target the IHRF priorities
- support the development of multidisciplinary teams focused on key program areas
- ensure that research is translated into clinical practice, population health programs and health and social policy
- explicitly build the capacity and capability of Aboriginal and/or Torres Strait Islander people, communities or organisations

Consistent with the National Agreement on Closing the Gap, existing health and wellbeing needs and policy, and the primacy of overcoming the root causes and drivers of health and social inequity, particular attention will be paid to research that operates at the intersection of priority areas, and influences health and wellbeing across grand challenges and programs. Research teams will be encouraged to think broadly across areas and targets, and evaluate impacts that influence the holistic needs of individuals, communities and organisations.



Overview

To target activities to achieve the objectives of the IHRF within the 10-year plan, the following aims and priority areas for research investment have been identified.

Aim	Priority areas for investment
1. Ensure a healthy start to life	<p data-bbox="678 649 1412 683">1.1 Improving health outcomes during the first 2000 days of life</p> <p data-bbox="678 705 1412 772">1.2 Promoting the health and wellbeing of Aboriginal and/or Torres Strait Islander mothers before, during and after their pregnancies</p> <p data-bbox="678 795 1412 862">1.3 Improving health and social and emotional wellbeing in young people</p> <p data-bbox="678 884 1412 918">1.4 Preventing youth suicide</p>
2. Ensure lifelong health	<p data-bbox="678 952 1412 1019">2.1 Supporting whole-of-community and whole-of-system infectious disease prevention, management and control</p> <p data-bbox="678 1041 1412 1075">2.2 Supporting community-based chronic disease prevention</p> <p data-bbox="678 1097 1412 1164">2.3 Developing health system-based and population-level interventions and prevention trials</p> <p data-bbox="678 1187 1412 1220">2.4 Improving cancer survival</p> <p data-bbox="678 1243 1412 1310">2.5 Understanding the relationships between infection, inflammation and chronic diseases to guide prevention efforts</p>
3. Implementation science – deliver what works	<p data-bbox="678 1344 1412 1467">3.1 Improving the quality, research capabilities and impact of interventions within the community-controlled sector, particularly primary care, and social, emotional and wellbeing services and programs</p> <p data-bbox="678 1489 1412 1612">3.2 Mitigating the impact of preventable causes of health inequality, including, but not limited to, preventable blindness, deafness, rheumatic heart disease, infectious and chronic conditions, and mental health</p>
4. Address the root causes of inequity	<p data-bbox="678 1635 1412 1713">4.1 Building on, strengthening and reconnecting culture, Country and spirituality as central determinants of health and wellbeing</p> <p data-bbox="678 1736 1412 1769">4.2 Developing a health care system that is free from racism</p> <p data-bbox="678 1792 1412 1825">4.3 Intervening in the social and environmental determinants of health</p> <p data-bbox="678 1848 1412 1948">4.4 Enhancing the social and emotional wellbeing of all Aboriginal and/or Torres Strait Islander people, families and communities across the life course</p>



Implementation strategy

The implementation strategy identifies how the program areas and priorities will be targeted, implemented and impact assessed over the short, medium and long term. The implementation strategy has been developed to guide research investment over the life of the IHRF, to build capability and knowledge, and to facilitate translation of advancements to clinical practice and policy. The implementation strategy is intended to make the research purpose and direction transparent, and provide certainty to stakeholders. It also establishes how the outcomes of each focus area will be evaluated in terms of benefit to Aboriginal and/or Torres Strait Islander people, communities and organisations. Importantly, benefit must demonstrate the alignment with the explicit priorities, needs and aspirations of Aboriginal and/or Torres Strait Islander people, communities and organisations.

Priority areas for investment are allocated across short, medium and long-term timeframes. Outcomes of initial IHRF funding rounds and emerging health priorities will inform the current gaps in the long-term timeframe.

The approach is underpinned by the following principles:

- The IHRF will be underpinned by Aboriginal and/or Torres Strait Islander leadership at all stages
- All research must be of the highest quality, demonstrate an unwavering commitment to research excellence, and be conducted by the most capable organisations and individuals with experience working with Aboriginal and/or Torres Strait Islander people, communities and organisations
- Investment must lead directly to benefit for Aboriginal and/or Torres Strait Islander communities and be informed by the lived experience and knowledge of Aboriginal and/or Torres Strait Islander people
- Markers of success and their monitoring should be aligned with and guided by the needs and aspirations of Aboriginal and/or Torres Strait Islander communities
- Research excellence is enabled by focusing on collaborations to ensure impact
- Investment will be used to grow and develop the number and capability of Aboriginal and/or Torres Strait Islander people in health and medical research, services and implementation sciences
- Although funded research projects or programs will need to focus on specific priorities, the manner and size of impact on the predefined grand challenges will also be a key consideration



- A purposefully staged and iterative funding approach is required for success. This will vary depending on whether the program focuses on areas where there is existing baseline knowledge, or where the evidence base is underdeveloped and requires early-stage or seed funding support
- Recognition that the entire MRFF, including but not limited to the IHRF, has a role to play in improving the health and wellbeing of Aboriginal and/or Torres Strait Islander people

Aim 1 – Ensure a healthy start to life

Rationale

Improvements in maternal and child health are critical to the long-term health and wellbeing of Aboriginal and/or Torres Strait Islander people and populations, and have long been understood as a key priority in Aboriginal and/or Torres Strait Islander peoples' health and social policy. Our young people make up most of our population, and are profoundly important to our future as people, and as communities and society more broadly. Despite this, progress in improving health and development in our youngest children has remained slow, nor has there been sufficient investment in research for young people from 5 years throughout adolescence. There is a growing need to understand and respond to the health and psychosocial needs of this target group.

Program objectives

This program will target the achievement of healthful early life, with subsequent generational impacts on chronic disease, preventable illness, and social and emotional wellbeing – enhancing the success, productivity and cultural capital of our nation. This program will expect a strong approach to community, carer and family engagement, and involve national and local leaders in maternal, child and adolescent health focused on developing and translating research outcomes.

Aim 2 – Ensure lifelong health

Rationale

Chronic diseases form most of the reasons for the life expectancy gap, and are the primary drivers of premature mortality and the major contributors to direct and indirect health care expenditure in Aboriginal and/or Torres Strait Islander populations. Cardiovascular diseases (CVDs), diabetes and chronic kidney disease combine to account for 80% of the life expectancy differential.



In addition, cancer is emerging as the leading cause of mortality, and the next 10 years are likely to see further disparity in adverse outcomes. Infectious diseases are a significant contributor to morbidity and early-life mortality, and drive profound health inequalities across the life course. Importantly, there is increasing recognition of the important relationship between infectious and chronic disease aetiology and progression.

Program objectives

The overarching program objective will be to understand and address the environmental, behavioural, cultural and biological determinants of infectious and chronic diseases. Investment will focus on:

- preventing and reducing mortality from CVD and cancer
- reducing diabetes-related complications
- delaying and preventing the progression of kidney disease
- reducing the rates and preventable burden of infectious disease across the life course

This will require significant investment to enable large-scale prevention activities as well as multidisciplinary collaboration among researchers, communities, Aboriginal organisations and service providers across health system, environmental health, social and policy setting.

Aim 3 – Implementation science – deliver what works

Rationale

Delivering key evidence-based services and policy is likely to make significant inroads into the unacceptable divide in health status between Aboriginal and/or Torres Strait Islander people and non-Indigenous Australians. Aboriginal and/or Torres Strait Islander people experience elevated rates of preventable blindness, deafness and rheumatic heart disease, which are profound and unnecessary drivers of the health gap, with life-long impacts on longevity, social functioning and educational outcomes. Aboriginal primary care and mental health care remain the engine room for health development within our communities, but requires critical investment and support to best engage, deliver more efficient and effective services, share its success and contribute to the evidence base on what works, and both drive and use research to deliver improved outcomes.



Program objectives

Given the particular focus on implementing evidence or developing novel approaches to maximise the reach, efficiency and impact of health system reform, investment will focus on establishing national or quasi-national research and health service coalitions to deploy and evaluate the translation of research into policy and practice across the health system. Research should focus on:

- defining and implementing evidence-based interventions that require health system development, resourcing and capability growth
- upscaling demonstrated successes into everyday practice

Aim 4 – Address the root causes of inequity

Rationale

Relieving inequality is unlikely to be achieved without significant investment into research that seeks to overcome the root causes of health and social disparity. Although much can be done within the health care system, broader actions on the cultural and social determinants of health are fundamental for reducing disparity and informing equity-based policy.

Despite the enormous challenges posed to our communities since colonisation, Aboriginal and/or Torres Strait Islander people have endured. We are nurtured and embraced by culture, Aboriginal and/or Torres Strait Islander knowledge systems, our symbiotic relationship with the land, and deep connections to people and place. These strengths are essential to our future prosperity, health, and social and emotional wellbeing. Multiregional and cross-portfolio investment is critical to make significant headway into health and social inequalities.

Although there have been efforts to describe the inequity and its drivers or correlates, much less has been done to address the structural, systemic and interpersonal contributors to ill health. Building a health care system free of racism; enriching community and individual social and emotional wellbeing; resolving the structural imbalance of power among Aboriginal and/or Torres Strait Islander people, the institutions of civil society and their agents; and supporting peoples' ability to flourish must be a critical part of reducing the inequality that Aboriginal and/or Torres Strait Islander people experience. Further, intervening on the environmental, educational and social challenges that negatively influence community health remains a priority.



Program objectives

The program will focus on establishing multisectoral collaborations that develop and deliver innovative interventions that address the root causes of inequity in contemporary life. The IHRF aspiration will be to drive the development of a health care system that is free of racism, and mitigate the impact of social disadvantage and structural inequality at the interpersonal, institutional, community and systemic levels. This will seek to build the argument for, and evidence to guide, significant reform in policy and practice, social debate and health system architecture.



AIM 1

Ensure a healthy start to life



Priority area 1.1

Improving health outcomes during the first 2000 days of life

Priority area 1.2

Promoting the health and wellbeing of Aboriginal and/or Torres Strait Islander mothers before, during and after their pregnancies

Research to begin in the ...

Priorities for investment (research questions and objectives)

short term 1–2 years

Small-scale developmental projects will establish feasible, evidence-based approaches that demonstrate:

- local, regional or national collaboration to address key priorities
- how to overcome barriers to effective maternal health and health care
- the key actions that are most effective in improving health and development outcomes for Aboriginal and/or Torres Strait Islander children over the first 2000 days

medium term 2–5 years

Larger-scale multidisciplinary projects will be supported to:

- improve the health and development outcomes for Aboriginal and/or Torres Strait Islander children over the first 2000 days
- explore the biological, psychological and/or social determinants of intergenerational health and inequality

long term 6–10 years

Large-scale multidisciplinary interventions in early life with impacts on the development of disease in adulthood

AIM 1



Opportunities to use additional investment and other research to support the priority areas

Opportunities should be promoted for research partnerships to leverage additional investment and coordinate collaborative research in areas of shared interest. These may include:

- National Health and Medical Research Council (NHMRC) and Australian Research Council (ARC) funding programs
- MRFF initiatives – Primary Health Care Research; Rapid Applied Research Translation; Clinical Trials Activity; Rare Cancers, Rare Diseases and Unmet Need; 2021 Improving the Health and Wellbeing of Aboriginal and Torres Strait Islander Mothers and Babies Grant Opportunity
- MRFF mission co-investment (eg Million Minds Mental Health Research Mission)
- corporate and philanthropic partnerships
- government investment (eg the National Indigenous Australians Agency [NIAA] – enhancing investment in the social determinants of health)
- mental health and suicide prevention nongovernment organisations (NGOs) and research bodies (eg Beyondblue, Black Dog Institute)



Activities required to support the research and facilitate long-term implementation

- Given the importance of this area, pipeline capacity-building support will be offered, linked to the grand challenges prioritised in the IHRF and linked to specific funding rounds across all program areas

AIM 1



Priority area 1.3

Improving health and social and emotional wellbeing in young people

Priority area 1.4

Preventing youth suicide

Research to begin in the ...

Priorities for investment (research questions and objectives)

short term 1–2 years

Small-scale developmental projects will be sought to establish feasible, evidence-based approaches that demonstrate:

- immediate action needed to improve adolescent physical, social and emotional wellbeing
- how communities and service providers strengthen protective factors for young Aboriginal and/or Torres Strait Islander people to prevent suicide and self-harm
- the nature and timing of interventions to positively alter the life trajectories of our young people, including reductions in disease across the life course

medium term 2–5 years

Larger collaborative projects will support:

- interventions to improve adolescent physical, social and emotional wellbeing
- mechanisms for minimising and responding to traumatic events in children
- strategies for communities and service providers to strengthen protective factors for young Aboriginal and/or Torres Strait Islander people to prevent suicide and self-harm
- interventions that positively alter the life trajectories of our young people, including the reductions in disease across the life course

AIM 1



Opportunities to use additional investment and other research to support the priority areas

Opportunities should be promoted for research partnerships to leverage additional investment and coordinate collaborative research in areas of shared interest:

- NHMRC and ARC funding programs
- MRFF initiatives – Primary Health Care Research; Rapid Applied Research Translation; Clinical Trials Activity; and Rare Cancers, Rare Diseases and Unmet Need
- MRFF mission co-investment (eg Million Minds Mental Health Research Mission)
- corporate and philanthropic partnerships
- government investment (eg NIAA – enhancing investment in the social determinants of health, National Suicide Prevention Strategy)
- mental health and suicide prevention nongovernment organisations and research bodies (eg Beyondblue, Black Dog Institute)
- youth justice programs
- state/territory and regional health departments



Activities required to support the research and facilitate long-term implementation

- Given the importance of this area, pipeline capacity-building support should be offered, linked to the grand challenges prioritised in the IHRF and linked to specific funding rounds across all program areas



Evaluation approach and measures

- **Benefit:** a clear demonstration of the research providing a direct benefit to Aboriginal and/or Torres Strait Islander communities:
 - progress towards reductions in hospitalisation in early life
 - improved growth and development indicators in children aged <5 years, including rates of low birthweight
 - improved health status among Aboriginal and/or Torres Strait Islander mothers before, during and after their pregnancies
 - reduction in Aboriginal and/or Torres Strait Islander youth suicide rates
 - development of social, community, cultural and health system interventions built to respond to the expressed and defined needs of Aboriginal and/or Torres Strait Islander adolescents
 - clearer understanding of the elements and definitions of wellbeing from the perspectives of young Aboriginal and/or Torres Strait Islander people
- **Aboriginal and/or Torres Strait Islander leadership:** a clear demonstration of Aboriginal and/or Torres Strait Islander leadership at all stages of the research – decision making, project development, deployment, evaluation and translation
- **Capacity building:** a clear demonstration of growth in, and development of, the capability of Aboriginal and/or Torres Strait Islander people in the research area
- **Contribution to overcoming grand challenges:** clear alignment with, specific investment in, and progress against the listed grand challenges – strong identity and culture, healthful environments, improved social and emotional wellbeing, and ensuring the best start to life
- **Collaboration and multidisciplinary team capability:** the establishment and success of creating (or further enhancing) national, regional and local research, service, policy and community partnerships to help deploy, evaluate and translate research
- **Translation to policy and practice:** a clear demonstration of the translation of IHRF-funded research into novel methods, and innovative programs, policy and practice

AIM 2

Ensure lifelong health



Priority area 2.1

Supporting whole-of-community and whole-of-system infectious disease prevention, management and control

Priority area 2.2

Supporting community-based chronic disease prevention

Priority area 2.3

Developing health system-based and population-level interventions and prevention trials

Priority area 2.4

Improving cancer survival

Priority area 2.5

Understanding the relationships between infection, inflammation and chronic diseases to guide prevention efforts

Research to begin in the ...

Priorities for investment (research questions and objectives)

short term 1–2 years

Small-scale developmental projects will establish feasible, evidence-based approaches that demonstrate or identify:

- how using co-design in partnership with communities can successfully reduce the impact of infectious or chronic disease on Aboriginal and/or Torres Strait Islander people
- interventions targeted towards the prevention of multimorbidity within Aboriginal and/or Torres Strait Islander communities
- biological and/or social determinants and risk factors of infectious and chronic diseases
- interventions that are most effective in reducing the multiple risk factors within Aboriginal and/or Torres Strait Islander communities that contribute to chronic disease

AIM 2

medium term

2–5 years

Large-scale multidisciplinary projects will develop and evaluate:

- interventions that reduce cancer incidence and improve cancer survival rates among Aboriginal and/or Torres Strait Islander people
- new strategies to reduce the prevalence and incidence of infectious disease in Aboriginal and/or Torres Strait Islander people
- effective strategies to reduce the prevalence of chronic disease in Aboriginal and/or Torres Strait Islander people
- improved understanding of the relationships between infection, inflammation and chronic diseases among Aboriginal and/or Torres Strait Islander people

Projects that address multiple priority areas or use system-wide approaches will be prioritised.

long term

6–10 years

- The establishment of a National Aboriginal and Torres Strait Islander chronic disease prevention consortium
- Large-scale community, environmental and/or social interventions that reduce the incidence and impact of infectious disease

AIM 2



Opportunities to use additional investment and other research to support the priority areas

Opportunities should be promoted for research partnerships to leverage additional investment and coordinate collaborative research in areas of shared interest:

- NHMRC and ARC funding programs
- MRFF initiatives – Primary Health Care Research; Rapid Applied Research Translation; Clinical Trials Activity; and Rare Cancers, Rare Diseases and Unmet Need
- MRFF mission co-investment (eg Cardiovascular Health Mission; Genomics Health Futures Mission; Dementia, Ageing and Aged Care Mission)
- corporate and philanthropic partnerships
- government investment (eg NIAA – enhancing investment in the social determinants of health)
- NGO sector (eg Diabetes Australia, Cancer Australia, Cancer Council(s), Heart Foundation)
- state/territory and regional health departments



Activities required to support the research and facilitate long-term implementation

- Capacity building is central to building sustainable research programs over the life of the IHRF and beyond, and to translating outcomes. People support mechanisms will enable communities, researchers and NGOs to be active partners in research. Aboriginal and/or Torres Strait Islander-led approaches to data-sharing and translating research results will require resourced activity to achieve optimal results



Evaluation approach and measures

- **Benefit:** a clear demonstration of the research providing a direct benefit to Aboriginal and/or Torres Strait Islander communities:
 - reduction in measures of inequality in incidence and mortality from CVD, diabetes, kidney disease, cancer and infectious diseases
 - reduced rates of diabetes-related microvascular and macrovascular complications
 - reduced rates of preventable hospitalisation related to chronic and infectious diseases
 - improved all-cancer and cancer-specific 5-year survival
 - identification of biological factors/determinants of chronic and infectious disease to inform treatment, clinical care options and therapeutic development
 - identification of whole-of-community and whole-of-system strategies that prevent or reduce the impact of major infectious and chronic diseases on Aboriginal and/or Torres Strait Islander people
 - collating of knowledge on the role of infectious disease in the development of chronic disease
- **Aboriginal and/or Torres Strait Islander leadership:** a clear demonstration of Aboriginal and/or Torres Strait Islander leadership at all stages of the research – decision making, project development, deployment, evaluation and translation
- **Capacity building:** a clear demonstration of growth in, and development of, the capability of Aboriginal and/or Torres Strait Islander people in the research area
- **Contribution to overcoming grand challenges:** clear alignment with, specific investment in, and progress against the listed grand challenges – strong identity and culture; healthful environments; preventing chronic and infectious disease; understanding the biological determinants of disease across the life course
- **Collaboration and multidisciplinary team capability:** the establishment and success of creating (or further enhancing) national, regional and local research, service, policy and community partnerships to help deploy, evaluate and translate research
- **Translation to policy and practice:** a clear demonstration of the translation of IHRF-funded research into novel methods, and innovative programs, policy and practice

AIM 3

Implementation science – deliver what works



Priority area 3.1

Improving the quality, research capabilities and impact of interventions within the community-controlled sector, particularly primary care, and social, emotional and wellbeing services and programs

Research to begin in the ...

Priorities for investment (research questions and objectives)

short term 1–2 years

Small-scale developmental projects will establish feasible, evidence-based approaches for improving:

- the translation of evidence into practice in Aboriginal and/or Torres Strait Islander-led primary health care and other sectors of the health system
- access to essential primary care through novel/innovative health system interventions in areas without adequate access to care
- involvement by primary care workers in research, to ensure clinical and community relevance of research projects

medium term 2–5 years

Targeted primary health care research will focus on implementation trials to mobilise primary and mental health care research capabilities to:

- improve primary and mental health care service delivery
- provide sustainable and culturally appropriate models of care, care coordination and operation management to meet community needs

long term 6–10 years

Large-scale collaborative and integrated research programs that support the development of real-world solutions and capability of community controlled health and social services to reduce health inequality for Aboriginal and/or Torres Strait Islander people

AIM 3



Opportunities to use additional investment and other research to support the priority areas

Opportunities should be promoted for research partnerships to leverage additional investment and coordinate collaborative research in areas of shared interest:

- NHMRC and ARC funding programs
- MRFF initiatives – Primary Health Care Research; Rapid Applied Research Translation; Clinical Trials Activity; and Rare Cancers, Rare Diseases and Unmet Need
- MRFF mission co-investment (eg Cardiovascular Health Mission; Genomics Health Futures Mission; Million Minds Mental Health Research Mission)
- corporate and philanthropic partnerships
- government investment (eg NIAA – enhancing investment in the social determinants of health; the Indigenous Australians’ Health Programme [IAHP] – primary health care service delivery, models of care; rheumatic heart disease control programs; outreach specialist services)
- state/territory and regional health departments



Activities required to support the research and facilitate long-term implementation

Support will need to focus on capacity and capability development of a community-based and primary health care research workforce. In addition, the following will be crucial to finalise specific research questions and identify areas of key research:

- translation
- consultation with Aboriginal and/or Torres Strait Islander people
- data capabilities and close consultation with, and input from, NGOs and peak organisations in the Aboriginal and/or Torres Strait Islander sector

AIM 3



Priority area 3.2

Mitigating the impact of preventable causes of health inequality, including, but not limited to, preventable blindness, deafness, rheumatic heart disease, infectious and chronic conditions, and mental health

Research to begin in the ...

Priorities for investment (research questions and objectives)

short term 1–2 years

Multidisciplinary, collaborative and multijurisdictional large-scale research project(s) to support effective implementation of the:

- blindness roadmap to action
- deafness roadmap to action
- rheumatic heart disease roadmap to action

medium term 2–5 years

Develop novel collaborative intervention research that connects early life preventable disease and the development of health equity across the life course of Aboriginal and/or Torres Strait Islander people.

Priority will be given to interventions that will impact improvement in early life health and wellbeing, as well as adult health and healthy ageing.

long term 6–10 years

Collaborative projects that mitigate the impact of preventable causes of health inequality by:

- establishing acceptable and sustainable mental health, or chronic and/or infectious disease services underpinned by research, which focus on meeting population-based needs, understanding the biology of health inequalities and ensuring strong links across the continuum of care
- deploying a national research and service agenda to progress towards the elimination of rheumatic heart disease, blindness and deafness
- impacting at multiple timepoints across the life course

AIM 3



Opportunities to use additional investment and other research to support the priority areas

Opportunities should be promoted for research partnerships to leverage additional investment and coordinate collaborative research in areas of shared interest:

- NHMRC and ARC funding programs
- MRFF initiatives – Primary Health Care Research; Rapid Applied Research Translation; Clinical Trials Activity; and Rare Cancers, Rare Diseases and Unmet Need
- MRFF mission co-investment (eg Cardiovascular Health Mission; Genomics Health Futures Mission; Million Minds Mental Health Research Mission)
- corporate and philanthropic partnerships
- NGO sector (eg Fred Hollows Foundation, Macular Disease Foundation Australia)
- government investment (eg NIAA – enhancing investment in the social determinants of health; IAHP– primary health care service delivery, models of care; rheumatic heart disease control programs; outreach specialist services)
- state/territory and regional health departments



Activities required to support the research and facilitate long-term implementation

Support will need to focus on capacity and capability development of a community-based and primary health care research workforce. In addition, the following will be crucial to finalise specific research questions and identify areas of key research:

- translation
- consultation with Aboriginal and/or Torres Strait Islander people
- data capabilities and close consultation with, and input from, NGOs and peak organisations in the Aboriginal and/or Torres Strait Islander sector



Evaluation approach and measures

- **Benefit:** a clear demonstration of the research providing a direct benefit to Aboriginal and/or Torres Strait Islander communities
 - increased uptake of interventions known to reduce preventable blindness, deafness, and rheumatic heart disease
 - improved primary care outcomes through the enhanced capacity and capability in Aboriginal and/or Torres Strait Islander primary care services to undertake, engage in, define, make use of and drive research. This should include measuring the extent to which primary care has been able to implement and develop new evidence of best practice in prevention and treatment, and applying implementation science in partnership with (not duplicating) programs that fund service delivery
 - eliminating avoidable blindness and vision loss (cataract, diabetic retinopathy, refractive error, trachoma)
 - significant reduction in avoidable deafness among young Aboriginal and/or Torres Strait Islander people
 - reduction in acute rheumatic fever incidence and recurrences, and mortality from rheumatic heart disease
- **Aboriginal and/or Torres Strait Islander leadership:** a clear demonstration of Aboriginal and/or Torres Strait Islander leadership at all stages of the research – decision making, project development, deployment, evaluation and translation
- **Capacity building:** a clear demonstration of growth in, and development of, the capability of Aboriginal and/or Torres Strait Islander people in the research area
- **Contribution to overcoming grand challenges:** clear alignment with, specific investment in, and progress against the grand challenges
- **Collaboration and multidisciplinary team capability:** the establishment and success of creating (or further enhancing) national, regional and local research, service, policy and community partnerships to help deploy, evaluate and translate research
- **Translation to policy and practice:** a clear demonstration of the translation of IHRF-funded research into novel methods, and innovative programs, policy and practice

AIM 4

Address the root causes of inequity



Priority area 4.1

Building on, strengthening and reconnecting culture, Country and spirituality as central determinants of health and wellbeing

Priority area 4.2

Developing a health care system that is free from racism

Priority area 4.3

Intervening in the social and environmental determinants of health

Priority area 4.4

Enhancing the social and emotional wellbeing of all Aboriginal and/or Torres Strait Islander people, families and communities across the life course

Research to begin in the ...

Priorities for investment (research questions and objectives)

short term 1–2 years

Small-scale developmental projects will establish feasible, evidence-based approaches for:

- integrating community and health system responses to environmental health issues
- addressing racism in the health system at multiple levels

Early-stage developmental research to improve our understanding of:

- interpersonal, institutional, community and system-based factors that contribute to inequality, and actions to reduce the impact of these factors on Aboriginal and/or Torres Strait Islander health and wellbeing
- the contribution of culture and cultural practices to Aboriginal and/or Torres Strait Islander people's health and wellbeing

AIM 4

medium term

2–5 years

Early-stage developmental research to improve understanding of the association between racism, intergenerational trauma and issues of social justice and health outcomes, and how they intersect with other forms of disadvantage.

Small-scale developmental projects will establish feasible, evidence-based approaches for:

- embedding Aboriginal and/or Torres Strait Islander concepts of health and wellbeing within health systems
- ensuring the health care systems can support the cultural and social determinants of health

long term

6–10 years

Large-scale multidisciplinary and collaborative projects will design, implement and evaluate strategies for addressing the root causes of inequities in health outcomes by:

- integrating evidence-based Aboriginal and/or Torres Strait Islander family and community health care delivery and education
- utilising the important connection between Country, culture and health outcomes as a point of intervention to improve the lives of Aboriginal and/or Torres Strait Islander people
- conducting intervention studies that will impact on the social determinants of health inequality

AIM 4



Opportunities to use additional investment and other research to support the priority areas

Opportunities should be promoted for research partnerships to leverage additional investment and coordinate collaborative research in areas of shared interest:

- NHMRC and ARC funding programs
- MRFF initiatives – Primary Health Care Research; Rapid Applied Research Translation; Clinical Trials Activity; and Rare Cancers, Rare Diseases and Unmet Need
- MRFF mission co-investment (eg Cardiovascular Health Mission; Genomics Health Futures Mission; Million Minds Mental Health Research Mission)
- corporate and philanthropic partnerships
- government investment (eg NIAA – enhancing investment in the social determinants of health; IAHP – primary health care service delivery, models of care; rheumatic heart disease control programs; outreach specialist services; National Suicide Prevention Strategy; Australian Government’s climate change and environmental health strategies)
- state/territory and regional health departments
- Australian Institute of Aboriginal and Torres Strait Islander Studies, and the Lowitja Institute



Activities required to support the research and facilitate long-term implementation

- Capacity building, translation, consultation with Aboriginal and/or Torres Strait Islander NGOs and peak organisations on specific research questions, data capabilities
- Developmental work may be required to understand people’s understanding and experience of racism within the health system and its impact



Evaluation approach and measures

- **Benefit:** a clear demonstration of the research providing a direct benefit to Aboriginal and/or Torres Strait Islander communities
 - develop knowledge of the interpersonal, institutional, community and system-based factors that contribute to inequality, and actions to reduce the impact of these factors on Aboriginal and/or Torres Strait Islander people's health and wellbeing
 - improved understanding of the contribution of culture and cultural practices to Aboriginal and/or Torres Strait Islander people's health and wellbeing
 - develop effective strategies to address racism in the health system at multiple levels
 - embed Aboriginal and/or Torres Strait Islander concepts of health and wellbeing within health systems
 - outline how health care systems can support the cultural and social determinants of health
 - understand the association between discrimination, intergenerational trauma and issues of social justice and health outcomes, and how they intersect with other forms of disadvantage
- **Aboriginal and/or Torres Strait Islander leadership:** a clear demonstration of Aboriginal and/or Torres Strait Islander leadership at all stages of the research – decision making, project development, deployment, evaluation and translation
- **Capacity building:** a clear demonstration of growth in, and development of, the capability of Aboriginal and/or Torres Strait Islander people in the research area
- **Contribution to overcoming grand challenges:** clear alignment with, specific investment in, and progress against the grand challenges
- **Collaboration and multidisciplinary team capability:** the establishment and success of creating (or further enhancing) national, regional and local research, service, policy and community partnerships to help deploy, evaluate and translate research
- **Translation to policy and practice:** a clear demonstration of the translation of IHRF-funded research into novel methods, and innovative programs, policy and practice