RURAL HEALTH

RESEARCH PLAN

2023-2028

Dhayn ngiyani winangaylanha Australia-ga ganunga-waanda yanaylanha, dhaymaarr ganugu-waanda nhama ngarrangarranmaldanhi.

We respect Aboriginal peoples as the First Peoples and custodians of Australia.

Build research and policy alliances to explore and promote best practice in building healthy and prosperous disadvantaged communities.

Australia is a large country. Rural constitutes more than 90 percent of its land mass, and 25 percent of its people. This results in significant healthcare challenges as limited services are dispersed across a vast area.

The challenge of delivering high quality health care to rural communities is made more difficult because these communities often lack a network of proximate towns that would typically enable small communities to leverage regional assets to address resource constraints. Poorly targeted, fragmented funding and service delivery models designed far away from rural people compound the problem. A pervasive deficit narrative has replaced research and policy ambition, amplifying the effect of geographic barriers and blinkering decision-makers to successful rural-led innovative models of care.

It is often argued that the problems stem from the geographic remoteness of small rural communities from decision making centres of power. But in reality, the problems stems from the remoteness of decision-makers from the knowledge and expertise that exists in small rural communities. Technocratic remoteness, rather than geographic remoteness, ensures policies and programs are not meaningfully informed by local needs contributing to policy failure and waste.

More often than not, metropolitan-determined solutions are evaluated based on their institutional impact (increase rural practice intention of metropolitan medical graduates) rather than the impact on community health (increase the number of GPs living and working rurally).

Locally informed research that is readily translatable to policy reform is indispensable in this context. Rural people, and clinicians, intimately understand community barriers and needs. Yet, engaging rural people in research has been a challenge because we lack the operational framework or structures to support this.

Australia needs to engage rural people if it is to have any chance of solving the problems created by remote decision making. Communities need to be partners in the identification of issues, prioritisation of research, codesign of research initiatives, and the engagement of local people with relevant lived experience in research.

The need for change is now greater than ever. After more than 20 years of exclusion, the health outcomes of rural people continue to decline, workforce shortages have become worse, and the gap in service access has expanded.

To address the challenge we need to need a national research and funding strategy led by rural people which delivers research that meet their priorities and needs. Far from helping to solve problems in rural health, the exclusion of rural people, and clinicians, has directly contributed to growing health disparities in Australia.

Rural communities, and clinicians, face myriad challenges in access to health care, which often leads to needs-based, innovative and practical solutions. Despite their creativity in overcoming barriers, the lack of visibility of rural successes among decision-makers means that national health research and policy remains ridgedly stuck in a deficit narrative.

This draft Rural Health Research Plan has been developed in consultation with rural people, and clinicians.

The Plan outlines a strategy to establish a nationally supported, community-led, research centre led by people with lived-experience of the challenges facing rural communities.

The objective of the Foundation is to "build research and policy alliances to explore and promote best practice in building healthy and prosperous disadvantaged communities". The Foundation is not a research organisation. However, intimate engagement with rural people through our programs and practices has enabled us to support a range of rural research projects that link rural people, and clinicians, to relevant research leaders and Institutes.
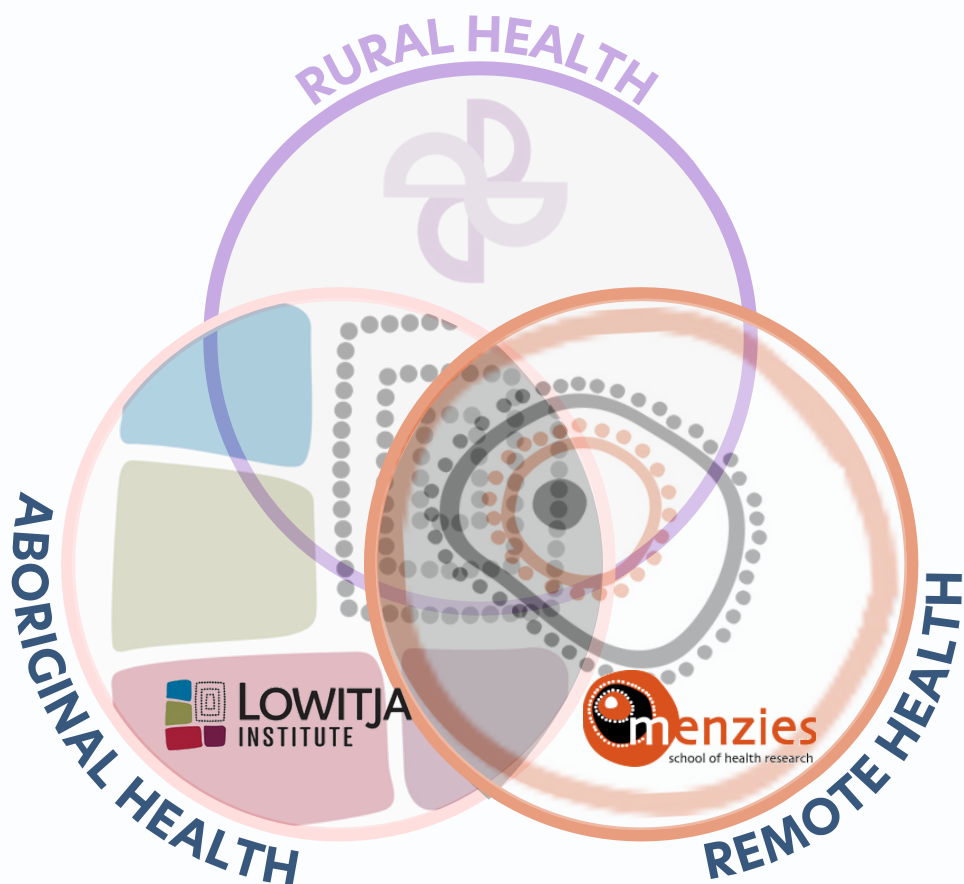
For the Foundation, research plays two interconnected roles:

1. creating a scientific evidence base to document the challenges faced by rural people, and engaging rural people and clinicians in the design of solutions that work, and which can translate local success into national policy reform;
2. building partnerships that promote a strengths-based narrative about rural communities and their health, and elevating the influence of rural people, and clinicians, who have lived experience in the national policy reform debate.

The Foundation's research plan is premised on building collaborative partnerships with leading national research institutes to foster collaborative community-led research.

A key gap in national research capacity is the lack of a dedicated institution focussed on the unique needs of small rural towns (under the Modified Monash Model MMM3-5). The Foundation's long term goal is to work with relevant universities and government to establish a translational research institute focussed on rural health and social care in Australia.

Around the two main national research institutes are a number of smaller, place-based, research centres or academic researchers with dedicated research in relevant fields. The Foundation aims to work with these centres and researchers, in particular fostering linkages between national institutes and local research to ensure scarce resources are deployed effectively and are used to promote better health for rural and Aboriginal people in Australia.

RESEARCH PARTNERS

Participating institution in the Centre for Research Excellence in Strengthening Remote Healthcare in Australia

Joint Remote and Collaborative Health Research Initiative funded by Foundation

Rural and Remote FASD Screening Initiative funded by NMHRC

MRFF application for COPD models of care

Pending application for dental and oral health improvement

Developing application for standardised neurodiversity screening and care.

Galariinbaraay Centre for Agricultural Education, Training and Research

National Rural Health, Medical & Social Care Research Council

RESEARCH PLAN 2023-2028

1. Strengthen the capacity of rural people to participate in research co-design and creation relevant to local needs.

Establish the Rural Community Health, Medical and Social Care Research Council.	December 2024
Conduct community training in social determinants of health, research strategy, health systems and policy, health funding, and research methods to build research literacy	July 2025
Survey communities on local needs, strengths and drivers of health and social outcomes to inform research planning.	December 2025
Publish 'Local Needs, Policy Impact' Translational Research Framework	December 2025

2. Build the rural and remote health related research workforce.

Encourage Foundation clinical and professional staff to participate in research programs and support engagement.	December 2024

Provide top-up scholarships to rural and Aboriginal early and mid-career clinical and professional staff to undertake postgraduate research degrees in rural and remote health priority areas.	July 2023
	The Foundation has funded 5 annual top-up scholarships for rural, remote or Aboriginal early career researchers at Charles Darwin Uni engaging in remote health research for 5 years.
Facilitate linkages between rural communities, and clinicians, and researchers working in rural health and related fields.	June 2028

3. Influence the rural and remote health research agenda.

Establish MOU or similar with Menzies School of Health Research (MMM6-7) regarding remote community health research.	December 2023
Establish MOU or similar with Lowitja Institute for Aboriginal Health or similar.	June 2028
Work with universities and researchers to explore the establishment of a new research council focussed on health, medical and social care in small rural towns (MMM3-5).	December 2024

4. Apply for funding directly, and with partners, to engage in research in areas of community identified need in rural communities.

Health System: Sustainable workforce retention in rural and remote communities.	June 2028
Health System: Sustainable funding models for rural and remote health care delivery.	June 2028
Health System: Appropriate Use of Telehealth in Rural, Remote & Aboriginal communities	June 2028

Health System: Virtual Supervision of Junior Doctors in Rural and Remote Communities to build local workforce	June 2028
Health System: Rural Career Pathways for International Medical Graduates	June 2028
Prevention & Early Intervention: Improving oral health literacy in rural and remote children	June 2028
Prevention & Early Intervention: Reducing long-term health impacts through better neurodiversity screening	June 2028
People-Centred Care: Improving health outcomes and literacy for people in custody	June 2028
People-Centred Care: Identifying the health needs of LGBTQI+ people in rural and remote communities	June 2028
Community Development: Integrated approaches to education, training, employment, economic development & health	June 2028
Integrated Care: Remote Integrated and Collaborative Care (RICH)	June 2028
Integrated Care: Improving health maintenance for elderly Australians in residential care	June 2028
Chronic Disease Management: Diabetes	June 2028
Chronic Disease Management: Chronic Obstructive Pulmonary Disorder	June 2028

Most reports conclude with a page acknowledging the contributions of the people who worked tirelessly on the projects mentioned within. Below, list down the names of those committed to these projects, such as:

Those responsible for **concept and coordination**
Your **group of researchers**
The **writers** behind the impact report
The **designers** of the impact report
Your **colleagues** from Local and Partner Organizations
Your **contributors**

We thank you for your continued support in our efforts to contribute to the SDGs.

Contact