COTA TASMANIA
for older Australians

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Submission: Draft Roadmap and Implementation Plan
Medical Research Future Fund – Reducing Health Inequities Mission

1. Overview

COTA Tasmania welcomes the opportunity to comment on the draft Roadmap and Implementation Plan for the Medical Research Future Fund (MRFF) Reducing Health Inequities Mission.

The Mission represents a significant national investment of $150 million over 10 years from 2027–28 to support research addressing inequities in health outcomes and improving access to quality health services for priority populations. [i]

COTA Tasmania strongly supports the purpose of the Mission and its proposed focus on populations experiencing poorer health outcomes and barriers to equitable health care. We particularly welcome the emphasis on research that can translate into improved policy, practice and health service delivery.

Our principal concern is that older people, rural and regional communities, and people experiencing socioeconomic disadvantage need stronger and more explicit recognition within the Mission's priorities and implementation framework.

These characteristics should not be treated simply as background demographic variables or cross-cutting considerations. They can be powerful and interacting determinants of health inequity in their own right.

This is particularly important in Tasmania, where population ageing, dispersed settlement, socioeconomic disadvantage, limited transport options and health workforce shortages frequently intersect.

Greater recognition of older people would also align the Mission with the United Nations Decade of Healthy Ageing 2021–2030, led by the World Health Organisation. The Decade explicitly seeks to reduce health inequities and includes person-centred, integrated care and primary health services responsive to older people among its principal areas for action.[ii]

2. About COTA Tasmania

COTA Tasmania is the leading voice for older Tasmanians. We work to advance the rights, interests and wellbeing of older people and to ensure their experiences and perspectives are reflected in public policy and service design.

Our work is guided by our mission to challenge ageism and promote the rights, interests and value of all Tasmanians as they age.

Tasmania has the oldest population profile of any Australian state or territory, with a median age of 41.8 years in 2022.[iii] This makes the design of equitable, accessible and sustainable health services particularly important.

COTA Tasmania therefore has a strong interest in ensuring that research priorities recognise the diversity of older people's experiences, including the effects of geography, socioeconomic disadvantage, disability, multimorbidity, and access to services.

3. Recommendations

COTA Tasmania recommends that the final Roadmap and Implementation Plan:

1. Explicitly identify older people and people living in rural, regional and remote communities as priority populations.
2. Broaden the description of older people beyond "diseases of ageing" to encompass health inequities experienced in later life more generally.
3. Explicitly recognise socioeconomic disadvantage as a determinant of health inequity and incorporate intersectionality into funding criteria.
4. Prioritise multimorbidity, complexity and coordination of care alongside condition-specific research.
5. Prioritise research into access to continuous, affordable primary health care and GP services, particularly for older people with multimorbidity and those living in rural and regional communities.
6. Ensure substantial investment in health services, workforce, implementation and access research, including models suitable for rural, regional and small-jurisdiction settings.
7. Require meaningful consumer involvement throughout research design, implementation and evaluation, with particular attention to people who are less easily reached through conventional engagement processes and to engagement through trusted community organisations.
8. Require outcomes to be appropriately disaggregated by age, geography, socio-economic status and other relevant characteristics so that inequities are visible rather than concealed within population averages.

4. Detailed Comments

4.1 Explicitly recognise older people and rural and regional communities

The Australian Medical Research and Innovation Priorities 2024–2026 identify both older people experiencing diseases of ageing and people in rural and remote communities as priority populations. [iv]

COTA Tasmania believes these populations should remain clearly visible in the Reducing Health Inequities Mission.

We are concerned, however, that defining older people principally through "diseases of ageing" risks adopting an unnecessarily narrow biomedical view of ageing.

Health inequity in later life is not confined to dementia, cognitive decline or other conditions conventionally regarded as diseases of ageing. It may arise from:

- difficulty accessing GPs, specialists, allied health, dental care and mental health services;
- workforce shortages and lengthy waiting periods;
- transport disadvantage;
- inability to afford treatment, medications or travel;
- digital exclusion;

- fragmented care between primary health, hospitals, aged care and community services;
- social isolation and lack of informal support; and
- poorer access to preventive health and early intervention.

Oral and dental health provides a particularly clear example. Australia's dental system remains predominantly fee-for-service private practice, with publicly funded dental care targeted to eligible groups rather than universally available through Medicare. Cost remains a significant barrier: among Australians aged 75 and over, 22 per cent have reported avoiding or delaying dental care because of cost.

The Mission should therefore explicitly recognise older people experiencing health inequity, rather than limiting its focus to particular age-related diseases.

Rurality should similarly remain an explicit priority rather than being subsumed within broader considerations of access. AIHW reports that 34 per cent - around one in three - Australians aged 65 and over live in rural and remote areas.

Geographic location can affect access to health services, transport, infrastructure and community supports, and can compound other forms of disadvantage.

4.2 Make intersectionality operational

COTA Tasmania strongly supports an intersectional approach.

People do not experience health inequity through a single characteristic. An older person may also live with disability, have a low income, live alone, reside in a rural community, have limited access to transport, belong to a culturally diverse community or identify as LGBTQIA+.

The cumulative effect may be substantially greater than any single characteristic suggests.

For example, an older person living with disability in a metropolitan area with adequate income and family support may have a very different experience of health care from an older person with the same disability who lives alone on a low income in a rural Tasmanian community.

The Mission should therefore require funded research, where appropriate, to examine intersections between priority characteristics rather than treating populations as separate and internally homogeneous groups.

Socio-economic disadvantage should also be explicitly recognised.

Australian evidence demonstrates that multimorbidity is more prevalent in disadvantaged areas and outside major cities. In 2022, multimorbidity affected 43 per cent of people living in the most disadvantaged socioeconomic areas, compared with 32 per cent in the least disadvantaged areas, and 46 per cent of people in inner regional areas and 45 per cent in outer regional and remote areas, compared with 35 per cent in major cities. [v]

These national patterns are reflected in the experience of older Tasmanians. Tasmanian data collected as part of COTA's *State of the Older Nation 2025* report found that 42 per cent of respondents had experienced difficulty accessing the health services they needed, with long waiting lists identified as a barrier by 49 per cent. [vi]

The Tasmanian findings also illustrate the interaction between health and socioeconomic disadvantage: 20 per cent of respondents were living in poverty, rising to 27 per cent among those aged 75 and over and 40 per cent among respondents living with disability.

4.3 Prioritise multimorbidity, complexity, and continuity of primary care

A research agenda based predominantly around individual diseases will inadequately reflect the experience of many older people.

Multimorbidity is strongly associated with age. AIHW estimates that 38 per cent of Australians were living with two or more long-term health conditions in 2022, rising to 79 per cent among people aged 85 and over. [vii]

For many older people, the key challenge is therefore not simply the treatment of one disease but access to appropriate, continuous and coordinated primary health care, including consistent access to GP services, alongside the management of multiple treatments, medications, clinicians and services.

The importance of access should not be underestimated. AIHW reports that in 2024–25 more than one-quarter of Australians who needed to see a GP delayed their visit at least once or did not see a GP, with cost one of the barriers identified.

COTA Tasmania recommends that the Mission explicitly encourage research into:

- multimorbidity and complex health needs;
- access to continuous, affordable primary health care and GP services;
- polypharmacy and medication management, both in residential aged care and for older people living in the community;
- continuity and coordination of care;
- transitions between hospital, primary care, community care and aged care;
- models of multidisciplinary care; and
- the interaction between health conditions and functional capacity, social circumstances and quality of life.

4.4 Research the health system, not only disease

If the Mission is to reduce health inequities, a substantial proportion of its investment should examine how people obtain care, rather than focusing predominantly on biomedical research.

For many Tasmanians the central problem is not that an effective treatment does not exist. It is that the treatment or service cannot readily, consistently or affordably be accessed.

COTA Tasmania therefore supports strong investment in health services and implementation research, including research into:

- rural and regional workforce models;
- access to primary and specialist care;
- outreach and mobile services;
- transport and travel barriers;
- affordability of care;
- alternatives to digital-only access;
- integrated health and aged care services;
- models that allow people to receive care closer to home; and
- approaches that improve continuity of care for people with complex needs.

Research should also examine whether successful service innovations can be implemented sustainably in small jurisdictions and dispersed populations.

Tasmania offers an important environment in which to undertake this work. Its size, ageing population and dispersed communities provide an opportunity not only to identify barriers, but to test new models of service delivery and determine what works, why it works and whether successful approaches can be transferred to other jurisdictions and communities.

4.5 Consumer involvement must extend from research design to implementation

COTA Tasmania welcomes the Mission's emphasis on consumer and community involvement. Meaningful consumer involvement should occur throughout the research cycle: identifying research questions, designing projects, interpreting findings, assessing implementation and evaluating outcomes.

Particular effort may be required to include people who are least likely to participate through conventional consultation mechanisms, including older people who are isolated, digitally excluded, experiencing socioeconomic disadvantage or living in rural communities.

Consumer participation should be appropriately supported and resourced and, where possible, facilitated through trusted community organisations and networks that already have relationships with the populations researchers are seeking to engage.

Importantly, the ultimate measure of success should not simply be whether research is published or produces evidence. It should be whether that evidence leads to measurable improvements in health policy, service delivery, access and outcomes.

4.6 Measure who benefits - and where

National averages can conceal substantial differences between population groups and locations.

The Mission's evaluation framework should therefore require appropriate disaggregation of outcomes, including by:

- age;
- sex and gender where relevant;
- geography and remoteness;
- socioeconomic status;
- disability; and
- other relevant priority characteristics.

Age categories should be sufficiently detailed to identify differences within the older population. Treating everyone aged 65 and over as a single group risks obscuring major differences between people in their late 60s and those aged 85 or 90 and over, including substantial differences in multimorbidity, functional capacity and service need.

This principle should apply to both research design and evaluation. Evaluation should also examine intersections between characteristics wherever sample sizes permit.

5. Conclusion

COTA Tasmania strongly supports the intent of the Reducing Health Inequities Mission and the opportunity it provides to build a stronger evidence base for addressing persistent differences in health outcomes and access to care.

Our principal recommendation is that older age, rural and regional location, and socio-economic disadvantage remain clearly visible within the Mission's priorities, funding decisions and evaluation framework**.** These factors should not be treated merely as background characteristics or cross-cutting considerations, particularly where they intersect with disability, cultural background, social isolation, low income or complex health needs.

For older Tasmanians, health inequity often arises not simply from disease, but from the capacity to obtain timely, affordable and continuous care. Research into multimorbidity, primary health care, workforce, service delivery, access and implementation will therefore be as important as condition-specific biomedical research if the Mission is to achieve meaningful change.

COTA Tasmania also considers it essential that older people themselves are meaningfully involved in shaping this research, and that outcomes are sufficiently disaggregated to identify who benefits, who does not, and where inequities remain.

A ten-year national research investment provides an important opportunity to move beyond documenting health disparities towards changing the systems that produce them. Ensuring that age, place and socioeconomic disadvantage are explicitly recognised will help ensure that older Australians - particularly those living in rural and regional communities and experiencing multiple forms of disadvantage - are not everybody's cross-cutting consideration but nobody's research priority**.**

COTA Tasmania welcomes the opportunity to contribute to the development of the Mission and would be pleased to provide further input as the Roadmap and Implementation Plan are finalised.

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[i] Australian Government Department of Health, *MRFF Reducing Health Inequities Mission*.

[ii] WHO, *UN Decade of Healthy Ageing 2021–2030*

[iii] Australian Bureau of Statistics, *Population Projections, Australia, 2022 (base) –2071*, released November 2023

[iv] Australian Government Department of Health, Disability and Ageing, *Australian Medical Research and Innovation Priorities 2024–2026,* released September 2024

[v] Australian Institute of Health and Welfare, *Older Australians – Regional and remote communities*, 2024.

[vi] COTA Tasmania, *Briefing Paper: 2025 State of the Nation – Tasmania*. Note: the Tasmanian SOTON sample comprised 217 respondents aged 50 and over and was weighted to ABS Census distributions. As an online survey with a relatively small Tasmanian sample, the findings should be interpreted as indicative rather than as population prevalence estimates.

[vii] Australian Institute of Health and Welfare, *Multimorbidity in Australia*, 2025