

Further investment in Aboriginal and Torres Strait Islander men's health research funding is urgently required

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The burden of disease for Aboriginal and Torres Strait Islander peoples is 2.3 times that of non-Indigenous Australians, and of that, approximately 70% of the gap between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians is accounted for by chronic disease.¹ For virtually every health marker, including key social and cultural determinants of health, Aboriginal and Torres Strait Islander men fair worst of any population subgroup; they have the highest morbidity rates,² the highest mortality rates and a current life expectancy 8.6 years less than their non-Indigenous counterparts.³ They are also more likely to be diagnosed with depression or mental illness and be hospitalised for self-harm.² The Australian government has acknowledged that Aboriginal and Torres Strait Islander men are a priority population in the first National Male Health Policy published in 2010⁴ and the more recent National Men's Health Strategy 2020–2030.⁵

With the introduction of the first National Male Health Policy in 2010, the Australian government committed \$16.7 million in initiatives focused on improving the health of all males.⁶ Of this, \$6 million was dedicated to promote the role of Aboriginal and Torres Strait Islander fathers and partners, grandfathers and uncles in a bid to support men to increase their engagement in the lives of their children and families.^{4,6} The policy also categorised Aboriginal and Torres Strait Islander men as a 'priority population', stating a focused need to improve health equity between different population groups of males.⁴ Thirteen years on, this policy and funding has yet to produce noticeable improvements in the health and wellbeing inequalities experienced by Aboriginal and Torres Strait Islander men. The Australian government has committed a further \$19.7 million towards

the National Men's Health Strategy 2020–2030.^{5,7} The media release notes that "Aboriginal and Torres Strait Islander men live significantly shorter lives than other men" and outlines the funding allocations—\$3.8 million for research into male infertility, \$3 million to Andrology Australia (now known as Healthy Male), \$11.2 million for the Men's Shed movement and \$1.5 million to implement the other key actions from the Strategy—with no mention of funding earmarked for Aboriginal and Torres Strait Islander men even though the Strategy document defines Aboriginal and Torres Strait Islander men as having "higher rates of fatal and non-fatal burden for almost every health condition".^{5,7} Disparities and inequalities of this magnitude require fresh solutions. Delivering health services in the same way as previously is unlikely to provide any substantive change in the levels and impact of absolute and relative disadvantage. Culturally informed evidence-based research and health and social service reform is needed to provide the innovation required to define and implement effective solutions.⁸

According to the Association of Australian Medical Research Institutes, the peak body for medical research institutes across Australia, 'the purpose of health and medical research is to deliver better health outcomes for all'.⁹ In Australia, the National Health and Medical Research Council (NHMRC) supports and funds health and medical research, and the Australian Research Council (ARC) supports and funds all fields of natural sciences, social sciences and the humanities, which includes health and wellbeing research that benefit the Australian community.^{10,11} The ARC and NHMRC are two of the largest funders of research projects in

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Table 1: Research funding awarded by the NHMRC and ARC (2011–2020)^a.

Research funding	National Health and Medical Research Council, 2011–2020	Australian Research Council, 2011–2020
Total awarded	\$8,407,854,815.00	\$7,690,405,248.00
Awarded for Aboriginal and Torres Strait Islander health (% of total)	\$565,088,022.30 (6.72%)	\$51,414,461.00 (0.67%)
Awarded for Aboriginal and Torres Strait Islander men's health (% of Indigenous health)	\$1,659,589.85 (0.29%)	\$751,668.00 (1.46%)

^aData sourced directly from the NHMRC and ARC, misclassified project removed.

Australia and collectively have awarded \$16,098,260,063 during the 10-year period from 2011 to 2020.

Since Aboriginal and Torres Strait Islander men are experiencing the poorest health outcomes of any population group within Australia,⁵ it would be reasonable to expect that Aboriginal and Torres Strait Islander male health research would receive targeted research and be funded proportionate to need as foundations for achieving equity.

Data from the Australian Bureau of Statistics 2016 estimated that Aboriginal and Torres Strait Islander people account for 2.8% of the Australian population,¹² of which, Aboriginal and Torres Strait Islander men (aged ≥15 years) make up 32%,¹² which equates to only 1% of the Australian population. If funding was to reflect merely the size of the population, you may expect 1% of health funding to be allocated to Aboriginal and Torres Strait Islander men. Alternatively, if funding reflected health need, which we argue it should, with a disease burden 2.3 times that of non-Indigenous peoples, a proportion significantly more than 1% would be required. Our findings show that Aboriginal and Torres Strait Islander men remain almost invisible within the Australian health research landscape. From 2011 to 2020, the funded research that focussed exclusively on Aboriginal and Torres Strait Islander men's health was inconsistent with population parity and any meaningful representation of equity.

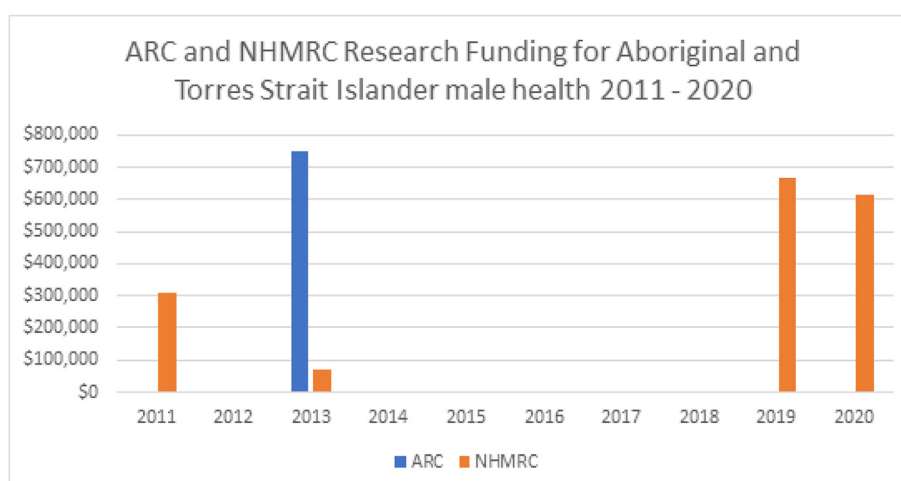
Following a request from the authors, the ARC provided the data in July 2021 and utilised the following Fields of Research (FoR), Research

Fields, Courses and Disciplines (RFCD) and Socio-Economic Objective (SEO) codes for the Aboriginal and Torres Strait Islander health research data: FoR111701, FoR110403, RFCD321207, SEO940102, SEO920301, SEO920302, SEO920303, SEO920399, SEO750309 and SE30206.

In total, across the 10-year period from 2011 to 2020, the National Competitive Grants Program, administered by the ARC, awarded \$7,690,405,248 to research projects.⁹ Of this funding, the ARC awarded \$267,959,702 (3.48% of the total) to research projects that were categorised by the ARC as Aboriginal and Torres Strait Islander research, noting that these are for grants across all areas of research, and \$51,414,461 (0.67% of the total) to Aboriginal and Torres Strait Islander health and wellbeing projects. Of the \$51,414,461 total ARC funding from 2011 to 2020, \$8,048,270 was awarded to 13 projects led by Aboriginal and Torres Strait Islander researchers in the field of Public Health and Health Services through the Discovery Indigenous Grants scheme. However, none of these focussed exclusively on Aboriginal and Torres Strait Islander male health. Over the 10-year period, one project was funded that focussed exclusively on Aboriginal and Torres Strait Islander men, totalling just \$751,688 or just 1.46% of all funds awarded to Aboriginal and Torres Strait Islander research projects and 0.01% of all National Competitive Grants Program ARC funds awarded.

Likewise, the NHMRC provided the authors with data for the same 10-year period from 2011 to 2020, received in October 2021. The NHMRC awarded \$8,407,854,815 in grants. Of this funding, \$565,088,022 (6.72%) was awarded to Aboriginal and Torres Strait Islander health, noting that for a research project to qualify as Aboriginal and Torres Strait Islander health research, only 20% or more of the research effort and/or capacity building must relate to Aboriginal and Torres Strait Islander health. From this amount, five projects, totalling \$2,442,870, were reportedly awarded exclusively for Aboriginal and Torres Strait Islander male health. Close inspection of the data and review of the five projects, however, found that one, worth \$783,280.68, was not focused on Aboriginal and Torres Strait Islander men but was a men's health project focused on all Australian men and their subsequent publications have not specified the number of Aboriginal and/or Torres Strait Islander men included in the study. We deem this project,

Figure 1: Graph of health research funding committed by the ARC and NHMRC for Aboriginal and Torres Strait Islander male health, 2011–2020*. *(Data sourced directly from the NHMRC and ARC, misclassified project removed). ARC, Australian Research Council; NHMRC, National Health and Medical Research Council.



misclassified and have removed it from the data including in table 1 and Figure 1. The adjusted figure for funding exclusively for Aboriginal and Torres Strait Islander male health is \$1,659,589.85, equating to 0.29% of the Aboriginal and Torres Strait Islander health funding.

As highlighted, very few ARC and NHMRC grants have been awarded to research projects with a focus exclusively on understanding and delivering programs and projects for Aboriginal and Torres Strait Islander men. The authors of this paper recognise that there is a detailed process for research funding to be awarded and without access to the data on all of the applications submitted and the peer reviews/scores for each, it is impossible for us to determine what is driving the lack of funding allocated towards Aboriginal and Torres Strait Islander men's health—whether it relates to the number of applications, quality of applications or alignment with the research scheme's priorities. We have also not included the relatively new funding scheme, the Medical Research Future Fund, established in 2015 through the Department of Health awarding competitive, competitive pre-qualified and targeted grants (ANAO) with grants awarded from 2018. We also acknowledge the Lowitja Institute that funded over 160 projects since 2010¹³ and has had targeted funding rounds on valuing young Aboriginal & Torres Strait Islander males, awarding funds to 7 projects.¹⁴

Prioritised funding schemes and targeted funding could attract more applications and result in substantially more research to provide the evidence required to support new initiatives seeking to grow and sustain the health and wellbeing of Aboriginal and Torres Strait Islander men. The NHMRCs recent invitation for stakeholders and members of the public to submit research priorities in Aboriginal and Torres Strait Islander health closed in February 2021. The results are yet to be released, but the NHMRC did indicate that the priorities identified may form the basis of a Targeted Call for Research. We hope that Aboriginal and Torres Strait Islander men's health is identified as a priority. A similar approach would be justified with Medical Research Future Fund and ARC investments.

There is urgency for dedicated funding towards research that will support Aboriginal and Torres Strait Islander men's health, especially while research funding is not being equitably distributed. Targeted investments could also increase the global evidence base by supporting collaboration focused on global Indigenous men's health issues. Without research, no knowledge will be gained to progress the health status of Aboriginal and Torres Strait Islander men. Australia is a wealthy nation, yet Aboriginal and Torres Strait Islander men are being left behind. Research funders should also consider special requirements for research focused on Aboriginal and Torres Strait Islander men's health. Failure to ensure research is focused on Aboriginal and Torres Strait Islander men will result in further failure

to close the gap, and Aboriginal and Torres Strait Islander men will continue to “experience the worst health condition of any population group in Australia”.⁴

Ethics approval

As the data requested is public, no ethics approvals were required.

Conflicts of interest

The authors have no competing interests to declare.

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