A decade of NHMRC People Support expenditure in review: is support for Indigenous health research increasing?

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ABSTRACT

Objective: To investigate National Health and Medical Research Council (NHMRC) support over the decade to 2006 for researchers studying Indigenous health and researchers who self-identified as Indigenous.

Design and setting: Review of data on all recipients of People Support awards and Capacity Building Grants in Population Health Research who were researching Indigenous health or who self-identified as Indigenous between 1996 and 2006.

Main outcome measures: Annual People Support and Capacity Building grants and expenditure, by broad research area, state or territory, administering institution, and Indigenous status (as self-identified by award recipients in their applications).

Results: Between 1996 and 2006, 134 People Support awards were made to researchers studying Indigenous health; of these, 27 (20%) were to researchers who self-identified as Aboriginal or Torres Strait Islander. In 2006, about 2.9% of the annual expenditure on all People Support funding was for Indigenous health research, representing a doubling in the proportion of funds since 2001. There was no increase in the number of self-identified Indigenous researchers funded under People Support, but Capacity Building Grants increased the number of people from Indigenous backgrounds supported by the NHMRC, with funds allocated to 36 Indigenous researchers from 2002 to 2006, compared with 14 funded by People Support during the same period.

Conclusions: Funding to support Indigenous health research through the People Support scheme has increased since the NHMRC adopted policy changes in 2002, but it has not reached the targeted expenditure of at least 5% of agency allocations. The Capacity Building Grants have been a more effective vehicle for funding researchers from Indigenous backgrounds.

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As Australia's leading agency for funding health research, the National Health and Medical Research Council (NHMRC) has the major responsibility for funding research to improve the health of Aboriginal and Torres Strait Islander people. In 2002, the NHMRC committed to spending at least 5% of its budget on Indigenous health research and endorsed *The NHMRC Road Map: a strategic framework for improving Aboriginal and Torres Strait Islander health through research.*[1] The NHMRC Road Map emphasises the need to build research capacity in Indigenous health, by improving research practices and increasing the numbers of researchers, particularly those from Indigenous backgrounds.[2,3]

The NHMRC expends about a fifth of its annual research budget on Scholarships and Fellowships, known as People Support awards, that pay the salaries of researchers at different stages of their careers. The People Support awards are particularly important for building research capacity in historically underfunded areas, such as Indigenous health, because they offer an opportunity to increase the number and quality of researchers and develop the workforce for the future.[4] People Support funds four main types of awards for researchers with increasing experience: Scholarships, Training Awards, Career Development Awards, and Career Awards.[5]

In addition to these established schemes, in 2002, NHMRC Capacity Building Grants in Population Health Research were introduced for a period of 5 years to build capacity in public health and health services research through support for early career researchers in a team environment. Within each research team, senior researchers, or lead applicants, are identified as mentors for junior team investigators.[6]

Here, we examine the impact of the decision to commit 5% of funding to Indigenous health research by analysing the decade of awards from 1996 to 2006 through the People Support scheme and the Capacity Building Grants in Population Health Research. We describe changes in funding over this decade to researchers studying Indigenous health and researchers who self-identified as Aboriginal or Torres Strait Islander. Although classified as Strategic Awards by the NHMRC, we included Capacity Building Grants in this study because they provide salary support for individual researchers and are a mechanism to build the research workforce.

METHODS

Data sources and data extraction

We used the NHMRC Research Management Information System to capture information about the distribution of People Support awards to advance Indigenous health research between 1996 and 2006. A keyword search was used to identify awards with the terms "Aborigines or Aboriginal", "Torres Strait Islander", "Indigenous" or "Koori" in either the title, lay summary, keywords, or fields of research. Among all applicants for NHMRC People Support, only those who were successful and commenced their award were included. The data included information on: grant identification number, applicant name, name and state of administering institution, project title, broad research area and fields of interest, type of award, and financial allocation per calendar year. These data were reconciled against those on the NHMRC website at <http://www.nhmrc.gov.au/grants/dataset/_files/aboriginal.xls> (as at July 2008); however, this was not possible for data on funding for people from Indigenous backgrounds.

For Capacity Building Grants from 2002 to 2006, data for the same fields were recorded from standardised application forms. A standardised question from the application form was used to identify "research involving Aboriginal and Torres Strait Islander Peoples" (Section 1.3). Applications that had been marked "yes" or used the keywords "Aborigines or Aboriginal", "Torres Strait Islander", "Indigenous" or "Koori" to describe the field of research were included.

Classification of Indigenous status

NHMRC People Support and Capacity Building Grant applicants were classified as

1 New People Support awards for Indigenous health research, by type, 1996–2006

Year	Career Awards (Fellowships)	Career Development Awards	Training Awards (Postdocs)	Scholarships	Total
1996	0	0	3	6	9
1997	0	0	2	5	7
1998	0	0	1	7	8
1999	0	0	1	10	11
2000	0	0	1	2	3
2001	0	0	0	11	11
2002	0	1	0	11	12
2003	1	0	1	9	11
2004	4	4	3	12	23
2005	3	3	6	8	20
2006	2	2	5	10	19
Total	**10**	**10**	**23**	**91**	**134**

"researchers who self-identify as Aboriginal or Torres Strait Islander" or "non-Indigenous" according to how they self-identified on the application form.

Data analysis

The extracted data were used to examine changes in annual NHMRC People Support grants and Capacity Building Grants and expenditure over time. Grants were analysed by type of award, broad research area, state or territory, administering institution, and Indigenous status of the researchers. The distribution of awards was examined by the number of new awards, the numbers of active grants in each year, and the annual expenditure.

Expenditure over time was not adjusted for inflation, so that comparisons could be made with NHMRC's web-based data. In addition, the observed changes in expenditure occurred in the context of substantial increases to overall NHMRC funding, and it is the changes in the proportion of funds allocated to Indigenous health research that are of interest, rather than the absolute dollar value.

RESULTS

Funding for Indigenous health research

People Support awards

From 1996 to 2006, 134 People Support awards were made to researchers studying Indigenous health (Box 1). Most awards were PhD scholarships, but over time there was an increasing number of more senior awards in Indigenous health. Most researchers studying Indigenous health identified public health as their broad research area (60%), with 20% nominating basic sciences, 10% clinical medicine and science, 9% health services research, and 1% preventive medicine and science. Among all NHMRC People Support recipients, the respective figures are 10% public health, 64% basic sciences, 23% clinical medicine and science, 2% health services research, and 1% preventive medicine and science.

The numbers of active awards and unadjusted expenditure from People Support for all recipients and for only those studying Indigenous health from 2001 to 2006 are shown in Box 2. Data before 2001 are not shown because changes to the NHMRC's method of recording Fellowships in 2001 mean that funds for total People Support awards are not comparable before this date. These changes do not affect the data for Indigenous health awards alone, as no Fellowships in Indigenous health were awarded before 2003.

The proportions of both the number of active awards and the annual expenditure on Indigenous health increased steadily, particularly from 2004 onwards. By 2006, 4.5% of active awards through People Support were for researchers working on Indigenous health. The proportion of annual expenditure on Indigenous health awards doubled from 1.4% in 2001 to 2.9% in 2006. The proportion of awards in Indigenous health is greater than the proportion of related expenditure, because more awards in Indigenous health are for Scholarships or Training Awards that are of lower monetary value.

Capacity Building Grants

Over the 5 years of Capacity Building Grants from 2002 to 2006, nine of the 25 grants were either fully (5) or partly (4) for Indigenous health research. One grant was allocated in 2002, two in 2004 and six in 2006. These nine grants were allocated to support 67 early career researchers.

Research capacity among Aboriginal and Torres Strait Islander people

From 1996 to 2006, across both People Support awards and Capacity Building Grants, the greatest numbers of recipients who self-identified as Aboriginal or Torres Strait Islander were from Queensland (21; 9 People Support, 12 Capacity Building), Western Australia (17; 7, 10), New South Wales (11; 5, 6), and South Australia (7; 1, 6), with smaller numbers from other states and territories. Across both People Support awards and Capacity Building Grants, the greatest numbers of recipients who self-identified as Aboriginal or Torres Strait Islander were based at Curtin University of

2 People Support awards — active awards, expenditure* and proportions allocated to Indigenous health research, 2001–2006

	Number of active awards			Expenditure		
Year	All awards	Indigenous health	Proportion to Indigenous health	All awards	Indigenous health	Proportion to Indigenous health
2001	699	23	3.29%	$38 439 910	$543 095	1.41%
2002	871	30	3.44%	$52 299 126	$799 537	1.53%
2003	1020	30	2.94%	$62 787 946	$863 562	1.38%
2004	1192	46	3.86%	$74 918 144	$1 635 981	2.18%
2005	1345	60	4.46%	$84 682 390	$2 221 698	2.62%
2006	1492	67	4.49%	$94 620 900	$2 711 794	2.87%

* Expenditure has not been adjusted for inflation or the overall increase in the National Health and Medical Research Council budget during this period. ◆

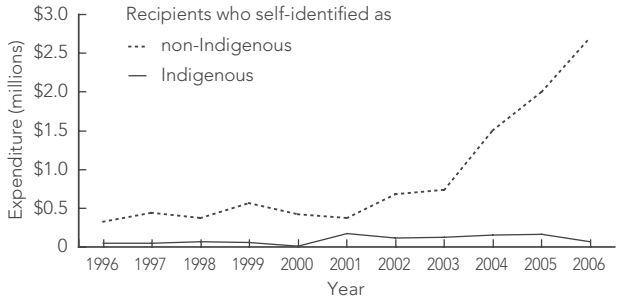
Technology (17), James Cook University (12), and the University of Sydney (8).

People Support awards

From 1996 to 2006, NHMRC People Support Scholarships worth $1.1 million were awarded to 27 researchers who self-identified as Indigenous. No researchers who received awards in other more senior categories self-identified as Indigenous.

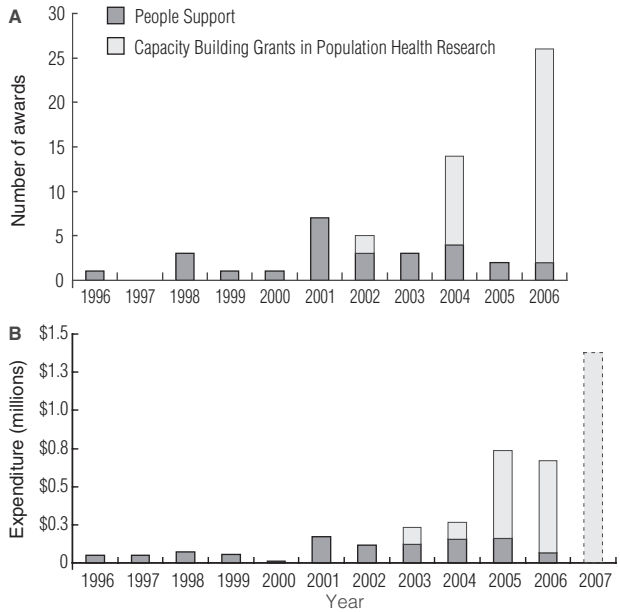
Box 3 shows the annual unadjusted People Support expenditure on Indigenous health research for scholars who self-identified as Indigenous compared with those who did not. The total expenditure on People Support awards for Indigenous health research increased from $376 023 in 1996 to $2.7 million in 2006; over the same period, expenditure on researchers from Indigenous backgrounds remained relatively unchanged, with $50 592 in 1996 and $64 038 in 2006. Thus, although the funds expended on People Support awards for Indigenous health research increased substantially during this period, there was no comparable increase in support for researchers from Indigenous backgrounds.

3 Annual expenditure on People Support awards for Indigenous health research, 1996–2006*



* Expenditure has not been adjusted for inflation or the overall increase in the National Health and Medical Research Council budget during this period. ◆

4 Awards to people from Indigenous backgrounds, by (a) number of new awards and (b) annual expenditure,* 1996–2006



* Expenditure has not been adjusted for inflation or the overall increase in the National Health and Medical Research Council budget during this period. Anticipated expenditure is shown for 2007, based on number of awards granted in 2006. ◆

Capacity Building Grants

Of the 67 researchers who were funded under Capacity Building Grants for Indigenous health research, 36 self-identified as Indigenous.

Box 4 compares People Support and Capacity Building Grants during the period 1996–2006 by (a) the number of new awards to Indigenous recipients and (b) by annual expenditure on scholars from Indigenous backgrounds. In 2006, there was a substantial increase in the number of new awards to Indigenous researchers through Capacity Building Grants; however, these funds only began to flow in 2007. Although beyond the period of analysis of this study, Box 4 shows the anticipated expenditure in 2007, to illustrate the likely substantial flow-on effects of the numbers of awards granted in 2006. During the period of the Capacity Building Grants (2002–2006), substantially more funding was granted to Indigenous researchers through the Capacity Building Grants program (36 positions) than through People Support (14 new awards).

DISCUSSION

In 2002, the NHMRC decided to increase expenditure on Indigenous health research to 5% of its annual budget. The data reported here provide an early indication that this policy change has had an impact on funding for Indigenous health research through both the People Support scheme and Capacity Building Grants.

The proportions of People Support funding allocated to Indigenous health research remained relatively stable from 1996 to 2002, despite a major injection of funds to the NHMRC following the Wills Review in 1998.[7] However, after the policy change in 2002, there was a substantial increase in the proportion of funds allocated to Indigenous health research, rising from 1.4% of annual expenditure in 2001 to 2.9% in 2006. By 2006, 4.5% of active People Support awards were to people studying Indigenous health, albeit with most of these awards at the most junior level. This increase occurred without extensive implementation strategies by the NHMRC; the primary strategies were to lower the cut-off point for success and to advertise NHMRC's commitment to increased funding.

Despite this substantial increase, People Support funding had not reached the 5% funding target 5 years after the policy change. Although the NHMRC never made a commitment to reach the 5% target on a scheme-by-scheme basis, increased expenditure in People Support is most relevant to building research capacity and therefore more likely to have an impact on the research effort in the long term. Further, the increased funding for Indigenous health research through People Support has almost exclusively supported increased numbers of researchers from non-Indigenous backgrounds; there has been no increase in the amount of People Support funding for applicants who self-identify as Indigenous. Over the decade to 2006, less than 10% of expenditure on People Support for Indigenous health was allocated to researchers who self-identified as Indigenous.

Over the first 5 years since the scheme began, the Capacity Building Grants allocated funds to support 67 early career researchers studying Indigenous health. In contrast to the People Support awards, these grants have been very successful in increasing the num-

bers of researchers from Indigenous backgrounds — 36 of these 67 researchers (54%) self-identified as Indigenous.

Some limitations should be considered. It is possible that self-identification might under-report Aboriginality, but this is unlikely because the application forms provide many prompts for registering as Indigenous and there are incentives to so do. It is also possible that not all of the people nominated as part of a Capacity Building Grant took up their awards, and our analyses may therefore slightly overstate the extent of training positions. In addition, this study reports early results of the impact of the NHMRC's policy change. The analyses are based on relatively small numbers and limited years, and therefore some care must be taken in their interpretation. It will be important to continue to monitor these trends over the coming years.

The reasons for the relative success of the Capacity Building Grants in supporting researchers from Indigenous backgrounds are not clear. However, it seems likely that these grants might be perceived as offering better opportunities for researchers from Indigenous backgrounds. The grants are longer (5 years), incorporate larger teams with established infrastructure (including members of Indigenous communities and organisations), and provide greater financial support to team investigators than might be received through a Scholarship. They also offer the opportunity to work with other early career researchers from Indigenous backgrounds. The applications are written by a team of experienced investigators who actively seek potential team investigators, possibly making involvement easier for Indigenous researchers who might come to research from outside of traditional routes. The multidisciplinary team mentoring model might also be more appropriate for Indigenous scholars, many of whom will be using a range of social science, epidemiological and clinical research techniques to address the complex determinants of Aboriginal health.

The Capacity Building Grants program was established initially for a 5-year period. The NHMRC has recently announced another year of funding; however, the long-term future of this funding vehicle is unclear. Our findings show that, should these grants not be continued, there will be a need for additional programs beyond the People Support scheme if the increase in the numbers of researchers from Indigenous backgrounds supported by the NHMRC is to continue.

There are a number of innovative international programs specifically targeting researchers from indigenous backgrounds that might inform future Australian programs. For example, New Zealand has made a commitment to establish a critical mass of Māori scholars by training 500 PhD scholars across all disciplines within 5 years. According to reports from the New Zealand Centre of Research Excellence, this is on target and progress has been greatly facilitated by the roll-out of a comprehensive mentoring program for all PhD students.[8] In Canada, one of the Institutes of Health Research focuses on indigenous health, and an innovative training model similar to a travelling university has been developed by the Centre for Aboriginal Health Research to teach applied research skills to indigenous people in their communities.[9,10] These programs are carefully targeted to address the needs of indigenous people in training for research; as with the Capacity Building Grants, they offer systematic mentoring approaches.

There remains considerable opportunity to learn from experiences in Australia and internationally to develop models that better support health researchers from Indigenous backgrounds.

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COMPETING INTERESTS

The NHMRC reimbursed travel costs to Canberra for Sophia Leon de la Barra on two occasions. Sally Redman was a member of NHMRC's Research Committee during the preparation of this manuscript. Sandra Eades was a member of the NHMRC Aboriginal and Torres Strait Islander Research Agenda Working Group and a co-author of the NHMRC Road Map. Carey Lonsdale was employed by the NHMRC from July 2005 to January 2008, during which one of her responsibilities was to advance the Aboriginal and Torres Strait Islander health research agenda.

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