



“We work to improve health and life expectancy of Indigenous Australians and communities across our region.

Our success lies in true partnership with Indigenous people, their communities, health services and policy makers.

When you partner with us, you will make a difference.”

**Professor Alan Cass**

Director, Menzies School of Health Research

*Make a difference...*

For a confidential conversation on shared value partnering with Menzies School of Health Research call Colin Baillie on 0410 634 889 or [colin.baillie@menzies.edu.au](mailto:colin.baillie@menzies.edu.au)

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**menzies**  
School of Health Research

Celebrating  
**30**  
years



# Thirty years of passion and results for Indigenous health

Now Menzies plans wider involvement, research and outcomes.

Professor Alan Cass has great passion for the Menzies School of Health Research's past and present: its incredible legacy of improving health outcomes for Aboriginal and Torres Strait Islander people over 30 years of age, and its vital work in the field today.

And he has great passion for its future: partnering with more Indigenous communities in Northern and Central Australia, rolling out its programs nationally, expanding into Asia, and facilitating deeper collaboration with government and private industry.

Cass, Director of Menzies and one of Australia's leading kidney specialists, believes a closer relationship with local and international business will help it continue its pioneering work to reduce one of the great social problems of our time – the chronic health and life-expectancy gap between Indigenous and non-Indigenous Australians.

'We need more organisations to get involved in the fight against disease and disadvantage in Indigenous communities,' he says. 'Australia won't make enough of a difference in bridging this gap unless more groups come together to share their knowledge, thinking and resources. It's in everybody's interests to improve Indigenous health.'

Menzies has been doing just that for decades. The Darwin-based research centre celebrates a proud 30-year anniversary in 2015, to be marked by a series of events and the opening of two buildings funded through federal and territory government support.

## On-ground research critical

Menzies started from a belief that building a world-class research centre

for Indigenous health, located near communities it served, and partnering with local organisations, would make a sustainable difference to health issues in Aboriginal and Torres Strait Islander communities. Since opening its doors in 1985, its core commitment has always been to Indigenous health and wellbeing.

Cass points to a need to build a critical mass by attracting top researchers in Indigenous health and having them on-ground, rather than flying in and out.

'That model has served Menzies well. We have incredible staff who deeply care about their work and have built respectful, productive partnerships with local communities over many years. These communities are our most important partners.'

Menzies now employs more than 250 staff members and attracts \$40 million in income to Northern Australia each year. Ten per cent of the staff is Indigenous – a figure Cass wants to lift in coming years. Menzies now works with more than 60 remote communities in North and Central Australia, and makes a difference to the lives of hundreds of thousands of people.

## An applied research focus

Menzies describes its work as 'research in action'. It has five priority areas: child and maternal health; infectious and tropical diseases; chronic diseases; nutrition; and local capacity building, training and education.

Cass says Menzies' work at the 'coalface', with its applied rather than theoretical research, and its focus on Indigenous health issues from pregnancy to old age, is its true point of difference.

'We have seen a fundamental change in the pattern of health problems, with a reduction in early childhood mortality, to a pattern of cancer, diabetes, heart, kidney and other diseases occurring at much earlier ages in Indigenous populations compared to the general population,' he says. 'Working closely with communities over three decades has helped us to understand these changes and develop solutions that are applied in the field today – not in 10 years.'

Menzies' Aboriginal Birth Cohort Study is a key example of its research focus across three decades. It is the longest prospective study of Aboriginal people conducted in Australia, having started in 1987 with 686 babies.

In tropical diseases, Menzies' research has changed treatment regimens for malaria, of which there are 40 million cases reported each year. Led by internationally recognised malaria researchers Professors Nick Anstey and Ric Price, Menzies' work within more than 20 countries across Asia has helped reduce death rates from malaria by 35 per cent.

## Measureable results for stakeholders

This research strategy is producing clear and tangible benefits. Menzies achieved the highest possible research ranking in the federal government's Excellence in Research for Australia initiative, its work described as 'outstanding' and 'well above world standard'.

Cass says that 35 per cent of Menzies' research applications last year to the National Health and Medical Research Council received funding, compared to a 16 per cent national average. 'We have very strong research teams who understand priority issues on the

ground,’ he says. ‘Governments know our work is highly relevant for those communities and for the issues facing our broader health system.’

Menzies has been able to turn its research into cost-effective outcomes. Every dollar it spends creates a social benefit of \$3.12 through savings to public health budgets and increased economic participation, according to research by Deloitte Access Economics.

Menzies also enjoys strong international recognition, and collaborates with health services, universities and research groups across Asia, and in the United States, Canada, New Zealand and Europe. Its work informs federal, state and territory government policy on Indigenous health.

### **Health gains in Indigenous communities**

While Cass is proud of these and other strategic achievements, it is health and developmental gains in local communities that most please him. In the Northern Territory, where Menzies focuses its research efforts, significant progress is being made to meet 2031 Closing the Gap targets in Indigenous health.

Menzies’ continuous quality systems, used in 208 primary health centres across Australia, have led to a doubling in clinic attendances, off a low base, and significant improvements in care quality across maternal and child health, chronic diseases and mental health.

Its national coordination unit has overseen an increase of more than 80 per cent in people receiving best-practice treatment for rheumatic heart disease – a condition that Aboriginal and Torres Strait Islander people are many times more likely to develop than non-Indigenous people.

Menzies’ work in routine screening and treatment for infectious skin diseases in children aged younger than one year has caused rates to drop by 15 per cent. About 70 per cent of children in remote

communities are affected by infectious skin diseases before their first birthday.

Its groundbreaking work in melioidosis, a potentially deadly soil-borne disease, has reduced mortality rates from 30 per cent to less than 10 per cent. Professor Bart Currie, one of Menzies’ most prominent and longstanding researchers, leads this important work.

### **Reducing the causes of disease**

Menzies’ research is also providing unique insights into the link between education, lifestyle and health outcomes for Indigenous communities – and the importance of early intervention.

Menzies’ work on middle ear disease, which affects nine out of 10 Aboriginal children in remote communities, is helping with language development, behaviour and social development. It is trialling new approaches, which include vaccinating pregnant mothers, new combinations of childhood vaccinations, and new surgical and medical treatments to reduce middle ear disease in remote communities.

‘Our challenge is taking the great work of our researchers in child health, and building capacity to deploy it across the country, so that more Indigenous communities benefit,’ Cass explains.

He says that Menzies, generally, is taking more of a national approach to Indigenous health issues, while remaining focused on its Northern Territory base. Led by passionate Aboriginal researcher Professor Gail Garvey, Menzies launched an Indigenous cancer research centre in 2013 to drive a national coordinated approach to improve the prevention, diagnosis and treatment of cancer, which is the second leading cause of death in Indigenous communities.

### **Collaborative opportunities**

Cass says there are significant opportunities for Australian or international companies to work

with Menzies on research projects. Its work in vaccine development, for example, has strong applicability to life science companies in the Asia-Pacific, and its e-health initiatives for remote communities are well suited to information technology enterprises. Headquartered in Darwin, Menzies is ideally placed to expand its research focus in Asia.

‘We understand what happens when Indigenous communities transition from rural to urban locations, how their diets change, and potential changes in physical and mental health,’ he says. ‘These are issues that emerging Asian countries will face as they experience significant demographic and social change.’

Cass says Menzies’ work in nutrition is another potential area for collaboration. It is working with local stores in 20 remote communities to understand food consumption and nutrition patterns, using electronic data. ‘We are looking at whether the pricing of healthy food, and subsidies for fruit, vegetables, water and low-calorie soft drinks, can make a fundamental change. We would like to partner with food companies to address key determinants of chronic diseases.’

Despite clear and sustained health improvements for Aboriginal and Torres Strait Islander children, outcomes are nowhere near those for non-Aboriginal children, nor are they where they should be, Cass says.

‘Indigenous communities face a massive, complex burden of lifestyle-related diseases that is very difficult to overcome. Improving health outcomes requires more organisations respectfully working together, partnering with and growing capacity within communities, and having leading researchers on the ground who are truly passionate to make a difference.’ ●

*To learn more about the Menzies School of Health Research, visit [www.menzies.edu.au](http://www.menzies.edu.au).*