# **MEMORANDUM OF UNDERSTANDING**

Between the Queensland Aboriginal and Islander Health Council (QAIHC) and Queensland Primary Health Networks (PHNs)

#### Parties

The Queensland Aboriginal and Islander Health Council (QAIHC) was established by community leaders in 1990 and is the peak body for Aboriginal and Torres Strait Islander health in Queensland. It is focused on improving the health status of Aboriginal and Torres Strait Islander Cueenslanders. QAIHC Members are Aboriginal and Torres Strait Islander Community Controlled Health Services that deliver health and wellbeing services to communities across Queensland. QAIHC works closely with stakeholders to address social determinants of health and improve health system performance by providing an Aboriginal and Torres Strait Islander perspective of what works. This knowledge is embedded in health planning, coordination and service delivery. This approach reduces duplication, enhances efficiency and sustainable outcomes, and ensures that expenditure meets the actual needs of the Aboriginal and Torres Strait Islander community.

The seven (7) Queensland Primary Health Networks (PHNs) were established by the Australian Government in 2015. The Government has agreed to seven key priorities for targeted work by PHNs and these are mental health, Aboriginal and Torres Strait Islander health, population health, health workforce, digital health, aged care, and alcohol and other drugs. PHNs have the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care, in the right place, at the right time. Queensland PHNs achieve these objectives by working directly with general practitioners, other primary health care providers including Aboriginal and Torres Strait Islander Community Controlled Health Services, secondary care providers and hospitals to facilitate improved outcomes for patients.

QAIHC, its Members and Queensland PHNs have a significant influence on Aboriginal and Torres Strait Islander health status in Queensland.

#### Background

At the time of the 2016 Census, there were over 186,000 Aboriginal and Torres Strait Islander peoples living in Queensland. This represents more than one-quarter (28.7%) of all Aboriginal and Torres Strait Islander peoples in Australia and approximately 4% of Queensland's total population. Between 2011 and 2016, the Census count of Aboriginal and Torres Strait Islander Queenslanders increased by 30,658 (or 19.7%). This growth is attributed to natural population increase, an increase in people identifying as being of Aboriginal and Torres Strait Islander origin, and improved data collection methods.

Queensland Aboriginal and Torres Strait Islander peoples also continue to die much younger. In 2016, the median age of death for Aboriginal and Torres Strait Islander men in Queensland was 57.8 years, compared with 77.8 years for non-Indigenous men (this represents a 20-year gap). While the median age of death for Aboriginal and Torres Strait Islander women in Queensland was 63.2 years, compared with 84.4 years for non-Indigenous women (this represents a 21.2 year gap).

Aboriginal and Torres Strait Islander Queenslanders continue to have a higher burden of disease and a poorer health status compared to non-Indigenous Queenslanders. This is attributed to social determinants of heath, poor health system performance and expenditure on Aboriginal and Torres Strait Islander health programs that do not meet the actual need of the Community, Achieving improvements in the health of Aboriginal and Torres Strait Islander peoples in Queensland is a priority for QAIHC, its Members and Queensland PHNs.

#### Purpose

The purpose of this Memorandum of Understanding (MOU) is to state how QAIHC and the Queensland PHNs will work together to improve health outcomes for Aboriginal and Torres Strait Islander peoples in Queensland. The MOU supports future collaboration between the two parties. It does not override or preclude any existing or future relationships, agreements or policies with other parties.

### **Shared Principles**

The parties

- agree to respect Aboriginal and Torres Strait Islander cultural values and traditions in the way they work together, including reciprocity, respect and mutual responsibility.
- 2. respect each other's vision, mission and objectives
- recognise and respect the diverse strengths that each brings to this relationship.
- commit to open discussion, positive negotiation and problem-solving approach in matters relating to improving this relationship.
- will have equal decision-making status on all matters related to fulfilling the relationship.
- agree that any collaboration will focus on supporting what works in improving the health and wellbeing of Aboriginal and Torres Strait Islander peoples living in Queensland.

## Recognition

The parties recognise:

- that culturally appropriate and safe health systems are necessary to improve Aboriginal and Torres Strait Islander health.
- the valuable and unique role of Aboriginal and Torres Strait Community Controlled Health Services.
- that the issues concerned with Aboriginal and Torres Strait Islander health are best presented by Aboriginal and Torres Strait Islander peoples.
- that partnerships between Aboriginal and Torres Strait Islander organisations and a broader range of stakeholders with experience in relevant areas can be beneficial.
- that trust and cultural respect is needed to facilitate meaningful conversations with Aboriginal and Torres Strait Islander stakeholders.

#### Intellectual and Cultural Property

The parties agree:

- that outcomes from this MOU will not breach the intellectual property or privacy rights of any organisation.
- to retain ownership of their data, information and intellectual property (IP), including improvements to the data and IP.
- 14. that all publications (i.e. journal articles, reports, posters, conference presentations etc) arising from this MOU will be seen to be as a co-authorship of QAIHC and Queensland PHNs and each publication will require approval by the parties before publication.

## Commitment to Work Together

The parties commit to:

- 15. cooperate within the Shared Principles of this MOU.
- work together to improve Aboriginal and Torres Strait Islander health outcomes in Queensland, and where necessary in consultation with the Queensland Health and other stakeholders.
- a QAIHC and Queensland PHN Working Group consisting of the CEO of QAIHC and the CEOs of Queensland PHNs and that this Working Group will:
  - develop a work plan that identifies areas of concern in health, priorities and opportunities to collaborate
  - · meet at least four (4) times per year.
- Chairpersons of each party meeting annually to review the MOU and the review the progress of any collaborations under this agreement.
- support information sharing including population health intelligence to assist co-design, evaluation and collaboration between QAIHC and Queensland PHNs.
- agree to share information on programs and activities relevant to the parties in working to improve health outcomes for Aboriginal and Torres Strait Islander peoples.

# Scope of this MOU

The parties agree that:

- this MOU provides official recognition of the intent to establish an effective and ongoing positive relationship between QAIHC and Queensland PHNs.
- 22. any specific opportunities to collaborate will be discussed at the QAIHC and Queensland PHN Working Group.

# Review of this MOU

The parties agree that this:

- MOU will remain current for three (3) years unless a variation or review is requested or until it is terminated by notice in writing from either party to the other party.
- 24. agreement can be reviewed following notice in writing to the other party.

# Authorisation

This MOU is signed by the parties on 10 September 2019:

Spil Wasori Chairperson

Neil Willmett

John Gregg CEO

Vlad Matic

Pattie Hudson CEO

Peter Dobson

Stuart Gordon

Merrilyn Strohfeldt

John Minz

Matt Carro

Matt Carrodus CEO Mike Bosel CEO

Mil unhau Dale

Cindy Shannon

Or Abbe Anderson

Queensland Aboriginal and Islander Health Council Northern Queensland Primary Health Network Central Queensland, Wide bay, Sunshine Coast Primary Health Network Western Queensland Primary Health Network Darling Downs and West Moreton Primary Health Network Gold Coast Primary Health Network Brisbane South Primary Health

Brisbane North Primary Health















