



Western Australia

**Rural Western Australian Indigenous  
Health Program Bill 2023**

## **Explanatory Memorandum**

Across almost every indicator, Aboriginal Australian people are disadvantaged compared with all Australians. Numerous studies have demonstrated that Aboriginal Australian people living in rural or very rural areas have, on average, higher rates of risky health behaviours such as smoking, poorer access to health services, and worse health than people living in metropolitan areas.

Aboriginal Australian people have lower life expectancies, higher rates of chronic and preventable illnesses, poorer self-reported health, and a higher likelihood of being hospitalised than non-Aboriginal Australians. Therefore, differences in health with increasing remoteness could also be explained by the poorer health of the Indigenous population living in these areas.

The purpose of this Bill is to develop a health program for Aboriginal people who reside in regional areas to increase their access to quality health services. It addresses the health access shortages that Aboriginal Australians living in the rural area face. By establishing this program, its aim is to prevent and manage the spread of diseases. By collaborating with local medical clinics, it aims to improve Indigenous health by collaborating with and involving Aboriginal Australians.

This Bill will also establish a medical research program will also be established to conduct research on the health of Indigenous individuals in order to identify the health concerns that affect the Indigenous communities and how to tackle those concerns.

This Bill will allow Aboriginal Australians living in rural areas to have better accessibility to specific healthcare services that are crucial in regional areas which will create high quality health outcomes. The program mentioned in this Bill will be constantly finding areas to improve due to collaborating with different ministers and various health sector areas to find where Indigenous health can be improved and made more accessible.

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Western Australia

## **Rural Western Australian Indigenous Health Program Bill 2023**

**A Bill for an Act to improve healthcare services for Aboriginal Australians  
living in rural areas of Western Australia.**

## **Part 1 — Preliminary**

### **1. Short title**

This is the *Rural Western Australian Indigenous Health Program Act 2023*.

### **2. Commencement**

This Act commences on the day on which this Act receives Royal Assent (*assent day*).

### **3. Terms used**

In this Act —

***Aboriginal descent*** means an individual who has at least one parent from an Australian Indigenous background;

***Aboriginal Elder*** means an individual from an Australian Indigenous background who is recognised in the community they identify with;

***ACCHO*** means Aboriginal Community Controlled Health Organisation;

***ACCO*** means Aboriginal Community Controlled Organisation;

***AHCWA*** means Aboriginal Health Council of Western Australia;

***AHMMR*** means the Minister for Aboriginal Affairs, Minister for Health, Minister for Mental Health, Minister for Medical Research and Minister for Regional Development;

***CASWA*** means Council of Aboriginal Services Western Australia;

***RWAIHP*** means Rural Western Australian Indigenous Health Program;

## **Part 2 — Rural Western Australian Indigenous Health Program**

### **Division 1 — Purpose and Function of the Rural Western Australian Indigenous Health Program**

#### **4. Establishment of the Program**

The Rural Western Australian Indigenous Health Program (*RWAIHP*) is established with the purpose of improving health-related outcomes for Aboriginal peoples residing in rural and remote communities.

#### **5. Responsibilities of the Program**

- (1) Educate about appropriate health care and preventions, as outlined in Part 3.
- (2) Facilitate free nationally recognised health training courses, as outlined in Part 3.
- (3) Offer free general health check-ups, as outlined in Part 4.
- (4) Conduct research regarding Indigenous health, as outlined in Part 5.

#### **6. Management of the Rural Western Australian Indigenous Health Program**

The RWAIHP will be run by professionals who have the following qualifications—

- (a) minimum 3 years of experience in the Indigenous health sector;
- (b) attainment of at least a Certificate IV in a relevant field;
- (c) a current Western Australian Department of Health Criminal Record Screening Card, Working With Children's Check and Police Clearance; and
- (d) cultural competency training through the online learning modules provided by the Department of Health.

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**7. Responsibilities of rural and remote communities**

Each rural and remote community has the responsibility to—

- (a) allocate time for facilitation of the program; and
- (b) provide the program in an area with adequate space that can safely accommodate all participants.

**Division 2 — Establishment of the Rural Indigenous Health Committee of Western Australia**

**8. Purpose of the Committee**

- (1) The Rural Indigenous Health Committee of Western Australia (*the Committee*) is to perform duties, in collaboration with the Government, with the purpose of facilitating, overseeing and providing ongoing feedback on the effectiveness and impact of the Rural Western Australian Indigenous Health Program.
- (2) The Rural Indigenous Health Committee of Western Australia is to act as a communication channel between health professionals, participants of the program, the wider community and Parliamentary decision-making bodies.

**9. Duties of the Committee**

- (1) Overseeing the facilitation of the RWAIHP as outlined in this Act.
- (2) Collaborating with partners in the implementation and facilitation of the RWAIHP as outlined in this Act.
- (3) Appointing the health professionals conducting the RWAIHP.
- (4) Conducting monthly committee meetings, organised by the Chairperson, to discuss the effectiveness of outcomes of the program and any other related issues.
- (5) Conducting research, in a form at the discretion of the RWAIHP, into the ongoing effectiveness and outcomes of the RWAIHP and reporting any findings in said research.

- (6) Providing written and oral feedback to Parliament on the current effectiveness and outcomes of the program, including but not limited to—
  - (a) insight into any issues with the facilitation of the RWAIHP; and
  - (b) an overview of participant and worker satisfaction.
- (7) Providing resources to Health Professionals facilitating the program, including but not limited to—
  - (a) financial support; and
  - (b) logistical assistance.

**10. Limitations**

The Rural Indigenous Health Committee of Western Australia does not retain the power to make legally binding decisions.

**Division 3 — Membership**

**11. Appointment of Committee Membership**

- (1) Members of the Rural Indigenous Health Committee of Western Australia will be selected and appointed by the Minister for Aboriginal Affairs, Minister for Health, Minister for Mental Health, Minister for Medical Research and Minister for Regional Development (*AHMMR*).
- (2) AHMMR will present possible future members of the Rural Indigenous Health Committee of Western Australia at the end of every term and upon casual vacancies.
- (3) AHMMR must come to a majority decision on all selected and appointed committee members.

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**12. Diversity of Committee Members**

AHMMR shall commit to appointing members from a range of demographics including people from—

- (a) a range of age groups (above 18 years);
- (b) a range of cultural backgrounds;
- (c) all genders, including male, female and non-binary;
- (d) the disabled community identifying as disabled;
- (e) the LGBTQIA+ community; and
- (f) rural and remote backgrounds.

**13. Roles within the Committee**

The Committee shall consist of these appointed positions—

- (a) a Chairperson;
- (b) a Treasurer;
- (c) a Secretary;
- (d) an IT and Communications Specialist;
- (e) a Health Education and Training Officer;
- (f) a Research Officer; and
- (g) a Review Officer.

**14. Ordinary Committee Members**

The committee must consist of five (5) ordinary committee members including —

- (a) one rural or remote health professional working with Aboriginal peoples;
- (b) one Indigenous Australian health professional working with Aboriginal peoples;
- (c) one health professional working with Aboriginal peoples;
- (d) one Aboriginal Elder; and
- (e) one Aboriginal Liaison Officer.

**15. Term of Appointment**

- (1) Members will be appointed for a period of two years unless their appointment is otherwise extended or terminated.
- (2) At the end of a member's tenure, AHMMR and the remainder of the committee will discuss the committee member's reappointment.
- (3) Consideration for reappointment is determined by assessing a member's contribution towards the duties stipulated in Division 2.
- (4) AHMMR retains the power to terminate the membership of any member at any time for failing to perform the duties stipulated in this Act or on legal grounds, by giving written notice.
- (5) Committee members may resign at any time for any reason by giving AHMMR 14 days written notice.

**16. Review of Committee Performance**

- (1) A review of the effectiveness of the Committee will be conducted annually by AHMMR in collaboration with the Committee.
- (2) The Committee's effectiveness is determined by assessing its dedication towards and execution of duties outlined in Division 2.
- (3) If the Committee is deemed to be performing inadequately, AHMMR retains the power to either—
  - (a) selectively reappoint or replace members;
  - (b) amend the Committee purposes and duties in Division 2;
  - (c) continue ongoing consultation with the Committee to improve its execution of its purposes and duties; or
  - (d) decide upon an alternative approach with intent of improving the performance of the Committee.

## **Part 3 — Education**

### **17. Education program of AHMMR**

An established body will provide culturally relevant health education on, including but not limited to—

- (a) first aid training;
- (b) mental health first aid training;
- (c) general healthcare education;
- (d) disease prevention; and
- (e) biannually-identified areas of concern.

### **18. Requirements of Education program**

- (1) Where possible, treatment plans and educational aids must be provided both physically and digitally.
- (2) Where possible, treatment plans and educational aids must be provided both in English and relevant Indigenous languages.
- (3) All educational services must be accredited as culturally safe by a relevant ACCO.

### **19. Collaboration with Education program**

Education providers will collaborate with stakeholders in communities locally and state-wide, including but not limited to—

- (a) relevant community members;
- (b) AHCWA, CASWA and relevant local ACCOs;
- (c) local health professionals, including but not limited to alternative health practitioners;
- (d) Indigenous health care workers and liaisons; and
- (e) local clinics.

**20. Supporting community healthcare**

- (1) The body established under section 17 will work with recognised community members who may not have formal qualifications to assist or collaborate when possible.
- (2) They will host open sessions to train interested community members in current best health practices.
- (3) They will provide either full or partial remuneration to community volunteers depending on level of contribution hours worked.

**21. Education requirements for workers**

- (1) Workers must have relevant qualifications for assigned tasks.
- (2) Workers must undergo relevant cultural competency courses.
- (3) At least 20% of the workers are required to have Aboriginal descent.

**22. Supporting Health Education**

This program will facilitate health care practitioner training for rural Indigenous community members.

**Part 4 — RWAIHP Health Consult**  
**Division 1 — Participants of RWAIHP Health Consult**

**23. Medical participants**

- (1) The RWAIHP health consult will be run by legally qualified medical doctors, who—
  - (a) have completed at least four years in a medical school approved by the Australian Medical Council;
  - (b) have completed 12 months internship at a recognised health practice; and
  - (c) are registered with the Medical Board of Australia;
  - (d) possess a current Working with Children Check and police clearance;
  - (e) are vaccinated as per the Australian Immunisation Handbook;
  - (f) have completed the Aboriginal culture online learning module provided by the Department of Health; and
  - (g) hold valid first aid and mental health first aid certificates.
- (2) In the event of disease, the patient must be referred to the resident GP or relevant specialist.

**24. Non-medical participants**

Each ACCHO has the responsibility to—

- (a) designate an accessible space in the community suitable to hold the consults; and
- (b) advertise the space through any means they see fit.

**25. Patient eligibility**

The RWAIHP health consult will be open to any person identifying as of Aboriginal descent.

**26. Expenses**

- (1) The RWAIHP will cover expenses for—
  - (a) travel;
  - (b) accommodation;
  - (c) medical materials;
- (2) Any additional costs are to be covered by the medical practitioner.

**Division 2 — Format of the RWAIHP Health Consult**

**27. Responsibility of the practitioner and healthcare provider**

- (1) The practitioner and healthcare provider will use culturally safe ways to greet, welcome and communicate with the patient, their family and community.
- (2) The practitioner and healthcare provider will establish and maintain a culturally safe appointment.
- (3) The practitioner must ask the patient what their health concerns are and provide an informed response that reflects best practice.
- (4) The practitioner must inform the patient the purpose of the appointment is -
  - (a) for the patient to learn about preventative health measures through health promotion and health literacy;
  - (b) to increase the quality and uptake of health checks for Aboriginal and Torres Strait Islander peoples living in rural and remote Western Australia;
  - (c) to build positive and safe relationships between health services and Aboriginal and Torres Strait Islander peoples living in rural and remote Western Australia;
  - (d) to inform patients of management plan options available to them; and
  - (e) to inform patients of third-party health and education providers who may provide added benefit to the physical and mental health and wellbeing of the patient.

(5) The practitioner must inform the patient of the confidentiality of appointments.

(6) The practitioner must gain informed consent prior to the assessment, treatment, outcomes of the appointment and participation in research.

(7) With informed consent, the practitioner may perform health checks as they see fit or necessary.

(8) Informed consent requires -

(a) the patient to understand and have adequate knowledge of the risks, benefits and alternatives to their healthcare; and

(b) the chosen plan for care to be voluntary.

### **28 Rights of the patient**

The patient holds all rights established in the current edition of the Australian Charter of Health Care Rights.

### **29 Research purposes**

Any research conducted during these appointments must be in line with the Maiam nayri Wingara Indigenous Data Sovereignty Principles.

## **Part 5 — Medical Research Program**

### **29. Medical Research Program**

- (1) The RWAIHP will establish a research program into matters identified by the Committee as of concern to Indigenous communities or that affect these communities disproportionately.
- (2) The research program will collaborate with learning institutions.
- (3) The results of all research will be made publicly available and in relevant languages.

### **30. Purpose of Medical Research Program**

A medical research team will be set up by the Committee for—

- (a) further understanding of diseases common in remote regions;
- (b) advice for the curation and prevention of common diseases;
- (c) enhancing the sustainability of the RWAIHP; and
- (d) improving the health and social equity of the Indigenous community in regional areas.

### **31. Leadership and Partnerships**

- (1) This program shall be led by Aboriginal and Torres Strait Islander organisations and individuals.
- (2) The program will be partnered with external organisations, including but not limited to—
  - (a) health students from the University of Western Australia;
  - (b) the National Health and Medical Research Council;
  - (c) the Department of Health, Western Australia; and
  - (d) the Indigenous Health Research Fund.

**32. Privacy**

Medical records can only be accessed if—

- (a) the patients have been informed and agreed to participate in the research projects;
- (b) the patients have signed physical consent forms; and
- (c) the records have been deidentified.



YOUTH GOVERNOR OF  
WESTERN AUSTRALIA

**DECLARATION OF ROYAL ASSENT**

IN THE NAME OF HIS MAJESTY, I assent to this Act.

A handwritten signature in black ink, appearing to read 'ZDBJ', with a horizontal line underneath.

**His Excellency, Hon. Doug Jackson**  
Youth Governor of Western Australia  
16 October 2023