# Culturally and Linguistically Diverse Communities COVID-19 Health Advisory Group

## **Update: 28 November 2022**

The Culturally and Linguistically Diverse (CALD) Communities COVID-19 Health Advisory Group (Advisory Group) held its 20th meeting, its first face to face meeting, on 28 November 2022.

## **Updates from the meeting**

The National COVID Vaccine Taskforce from the Department of Health and Aged Care (the department) gave an update on the current COVID-19 wave and the vaccine rollout. On 15 November 2022, the [Australian Technical Advisory Group on Immunisation (ATAGI) released a statement](https://www.health.gov.au/news/atagi-update-on-boosters-following-covid-19-meeting-on-11-november-2022) emphasising the importance of staying up to date with [recommended](https://www.health.gov.au/resources/publications/atagi-recommended-covid-19-doses-and-vaccines) doses of COVID-19 vaccines. Staying up to date is especially important for people aged 65 years and older and [those at higher risk](https://www.health.gov.au/health-alerts/covid-19/advice-for-groups-at-risk/risk-factors-for-more-serious-illness) of severe COVID-19. Eligible individuals can receive either a bivalent or original COVID-19 vaccine. Both vaccines lead to an improved immune response against Omicron subvariants.

The department thanked the Advisory Group for the essential role it has played in the Australian Government’s response to COVID-19. Building on this collaborative partnership, the department is extending the term of the Advisory Group to 31 December 2023. The department is also expanding the Advisory Group’s scope to advise the department on broader health and wellbeing issues. On 1 January 2023 its name will change to the ‘Culturally and Linguistically Diverse Communities Health Advisory Group’.

The department discussed multicultural health policy and the future role of the Advisory Group. The department identifies CALD populations as a priority population in the [National Preventive Health Strategy](https://www.health.gov.au/resources/publications/national-preventive-health-strategy-2021-2030), the [National Women’s Health Strategy](https://www.health.gov.au/resources/publications/national-womens-health-strategy-2020-2030), and the [National Men’s Health Strategy](https://www.health.gov.au/resources/publications/national-mens-health-strategy-2020-2030). The COVID-19 pandemic highlighted the importance of taking a coordinated approach to engaging with multicultural communities. The Advisory Group will be a main engagement point across the department. Members discussed having a multicultural health strategy with links to other health strategies.

The Hon Ged Kearney MP, Assistant Minister for Health and Aged Care, thanked members for their work during the COVID-19 pandemic and announced the changes to the Advisory Group’s term and scope. Members’ expertise and hard work saved lives. The pandemic highlighted that there is more to do for multicultural health and wellbeing. The Assistant Minister is looking forward to continuing to work in partnership with the Advisory Group. Members discussed the importance of ongoing support to the sector and welcomed the Australian Government’s commitment to health equity.

The department discussed the Australian Government’s commitment to mental health and wellbeing. Compared to the general population, multicultural communities use mental health services less and are at higher risk of mental ill‑health. The Australian Government invested more than $1.3 billion to respond to the mental health impacts of the COVID-19 pandemic. The Commonwealth and all jurisdictions signed the National Mental Health and Suicide Agreement in March 2022, which includes a focus on improving outcomes for people from migrant and refugee backgrounds. The department is keen to work with the Advisory Group to better understand and apply lessons from COVID-19. Members discussed social factors affecting the mental health of multicultural communities, social prescribing, increasing support in community languages, and improving interpreter services in mental health settings.

The Advisory Group reflected on what made the Advisory Group successful over the past two years and discussed its draft workplan for 2023. The department highlighted policy frameworks it wishes to engage on with the Advisory Group. Members discussed main issues to include in the workplan, including equitable access to services, mental wellbeing, health workforce and health data. Members discussed continuing to engage with the states and territories, the Department of Home Affairs, and other agencies. The expanded Advisory Group will continue to advise on the COVID-19 response.

The department gave an update on the COVID-19 public information campaign. The current campaign focuses on COVIDsafe behaviours. The department is continuing work to address COVID-19 booster hesitancy in multicultural communities with the lowest booster uptake. Members discussed the importance of drafting documents in plain English and embedding capability for plain English writing in the department.

The department presented on CALD health data from the Multi-Agency Data Integration Project. This included COVID-19 vaccine coverage rates among CALD cohorts and comparisons with those of the general population. The department has analysed vaccine uptake by visa type, long-term health conditions, and socioeconomic status. Members noted that data on COVID-19 infection rates among CALD cohorts is limited and discussed strengthening data collection in the long-term.

The department discussed the consultation process and design principles to establish an Australian Centre for Disease Control (CDC). The aim is for the CDC to improve pandemic preparedness, lead the federal response to future disease outbreaks, and work to prevent non-communicable and communicable diseases. The department invited submissions from members on the [CDC discussion paper](https://www.health.gov.au/resources/publications/role-and-functions-of-an-australian-centre-for-disease-control). Members discussed the role and function of the CDC and how it will link health responses and data across communities, health services, states and territories. Members emphasised ongoing consideration of and engagement with multicultural communities.

The department closed the meeting by reflecting on some of the Advisory Group’s achievements. These include ensuring free COVID-19 vaccinations for everyone regardless of Medicare or visa status, reporting of vaccine coverage rates among CALD cohorts, and embedding interpreters and bicultural workers in the COVID-19 vaccine program.

The Advisory Group will hold its next meeting in the new year.

See [Culturally and Linguistically Diverse Communities COVID-19 Health Advisory Group](https://health.gov.au/committees-and-groups/culturally-and-linguistically-diverse-communities-covid-19-health-advisory-group)and [terms of reference](https://www.health.gov.au/resources/publications/terms-of-reference-culturally-and-linguistically-diverse-communities-covid-19-health-advisory-group) for more information.