Australian Government

Department of Health, Disability and Ageing

Multicultural Health Advisory Group

Terms of Reference

The Terms of Reference reflect the key role and function of the Multicultural Health Advisory Group (Advisory Group).

Context

The Australian Government is committed to improving health equity for people from multicultural communities.

The Advisory Group was established in December 2020 to provide the Department of Health, Disability and Ageing (the department) with advice on the experiences of multicultural communities during the COVID-19 pandemic and to mitigate the health impact of COVID-19.

In November 2022, the Advisory Group was extended to continue the collaborative partnership forged throughout the pandemic with multicultural communities. The remit was expanded to provide advice and recommendations across the Health and Aged Care portfolio.

In December 2024, the Advisory Group was extended and refreshed to continue the important collaboration and dialogue between the department and multicultural communities to improve health outcomes for multicultural communities. Following final endorsement from members, the Culturally and Linguistically Diverse Communities Health Advisory Group will be renamed to Multicultural Health Advisory Group.

1. Role

The Advisory Group is a key engagement mechanism to provide a coordinated approach to multicultural health and wellbeing in the department. The work of the Advisory Group aligns with the department's strategic priorities and recommendations from the COVID-19 inquiry.

The Advisory Group is strategically positioned to provide expert advice to the Commonwealth Government through the department to ensure policies and communications are effective and appropriate for people from multicultural communities. Focus areas include:

- **Improving health equity:** Advise on strategies to enhance health and wellbeing outcomes and reduce health disparities for multicultural communities by ensuring equitable access to, and support with, healthcare services.
- **Access to health care:** Advise on strategies to improve health system navigation and promote access to health services and information that are culturally safe and appropriate.
- **Support for language and interpreting services:** Provide advice to improve language support and interpreting services, including the use of bicultural health workers.
- **Strengthening community engagement:** Provide guidance on strengthening engagement and partnerships with multicultural communities, ensuring their voices are integrated into health policy and program development.
- **Improving emergency preparedness:** Recommend measures to boost the government's preparedness in addressing the needs of multicultural communities during public health emergencies.
- **Enhancing cultural competency and safety:** Provide advice on promoting and integrating culturally safe practices across the health sector.
- **Improving data collection and utilisation:** Advise on the development of robust data collection and analysis frameworks to better understand and address the health needs of multicultural communities.

- **Advancing health literacy:** Offer guidance on initiatives to improve health literacy, enabling multicultural communities to navigate the health system more effectively.
- **Fostering community-led, co-designed approaches:** Support and recommend community-led, co-designed policy and program development to ensure health and wellbeing interventions are culturally appropriate and effective.

2. Term

The Advisory Group has been extended to 31 December 2027 and will be subject to annual reviews to ensure it is achieving its intended outcomes.

3. Membership

Membership will include experts and representatives from various backgrounds including:

- Multicultural peak bodies representing the diverse and unique needs and experiences of the multicultural communities
- Public health and medical experts
- Civil society organisations
- Carer and consumer representatives
- State and territory governments (as observers)

Member organisations will also represent any auspiced bodies aligned to their organisations. Other parties may be co-opted onto the Advisory Group, as required, for ongoing membership or specific timeframes, at the invitation of the Chair.

4. Governance

The Advisory Group will be chaired by the Assistant Secretary, Prevention and Equity Branch, and will report to the Deputy Secretary, Prevention, Primary Care and Medicare Group in the department.

The Advisory Group may provide information and advice to any area of the department or associated Health committee as required.

The Advisory Group will provide an annual report to Government.

Secretariat services will be provided by the department.

5. Meeting schedule

Meetings will occur quarterly, held via videoconference or face to face where required.

6. Meeting protocols

Care will be taken to schedule meetings to maximise attendance of Advisory Group members.

Notice of any meeting of the Advisory Group shall be given in writing as soon as possible, and where possible not fewer than five working days *before the day of the meeting*.

The distribution of agenda papers and meeting outcome notes are to be prepared by the Secretariat.

All decisions are to be recorded in the meeting outcome notes, including any *relevant background information*.

7. Proxies, Observers and additional attendees

Should Members wish to nominate a proxy to attend a meeting on their behalf or an additional attendee to join a meeting with them, it is essential to seek the Chair's agreement prior to the meeting. Proxies and additional attendees will be required to complete the Confidentiality, Conflict of Interest, Privacy and Secrecy Deed Poll before they can attend.

Given the expertise of the membership, only reasonable and equivalent proxies may be nominated.

Observers are invited to attend meetings and listen to the conversation, but they are not expected to actively participate in the discussion.

8. Conflict of interest

All members of the Advisory Group will declare all existing or potential conflicts of interest and stand aside when the majority of Advisory Group members consider the conflict of interest may have undue influence on the members' *ability to remain impartial*.

9. Record keeping

At the end of the term of the Advisory Group, the department will store a copy of the documents and records generated by the Advisory Group.

10. Confidentiality

Advisory Group members may be invited to publicly share information on matters before the Advisory Group, however, it will be clarified at the time on whether information is confidential for Advisory Group purposes only, or if information is to be shared more broadly.

VERSION

1.7	Revised – 18 November 2026	Secretariat