

03 April 2020

The Hon. Greg Hunt MP  
Minister for Health  
Australian Government  
[Minister.hunt@health.gov.au](mailto:Minister.hunt@health.gov.au)

Dear Minister Hunt,

In recent days the lack of consideration for CALD communities in accessing appropriate, reliable COVID-19 information, and most specifically behaviour change advice and directives from government has become apparent in the communities we work with and represent.

While the federal Department of Health has translated information available online, it is in twelve languages only (Arabic, Vietnamese, Simplified Chinese and Traditional Chinese, Farsi, Italian, Korean, Greek, Chin Hakka, Spanish, Kurdish and Hazaragi). The Victorian health department is leading the way with fact sheets in 48 languages and NSW, WA and QLD have produced their own translated materials. We also acknowledge SBS taking the initiative to translate COVID-19 information on its website in many more languages.

However, the reality is that such information is not reaching into many CALD communities in a way that actively engages the communities and individuals to enable them to fully understand what is required of them now and into the coming weeks of the COVID-19 response nationally.

It is particularly clear that messages about behaviour change and social isolation are not getting through to CALD communities, leaving them vulnerable as community transmission of the virus begins to climb.

Respected, generalist research company Newgate Research has been tracking community responses over the past two weeks with sample sizes of 1,000. People who speak a language other than English at home are the highest rated group in the sample who register as 'extremely concerned' at 79% versus 61% of people speaking only English at home. Of those born overseas, 73% nominate they are 'extremely concerned' versus 60% of those born in Australia.

We also recognise the extremely difficult position many women from CALD backgrounds are now faced with juggling unpaid care work with remote employment, or lost employment compounding poverty issues and family stress. Gendered violence while self-isolating will

also leave many women from migrant and refugee backgrounds at increased risk in the current environment. Access to translated information through appropriate communication channels for CALD women is also of heightened importance.

The time to act is now.

We are calling on the Federal Department of Health to ensure appropriate advice in a wide enough spread of languages is made available and that engagement is undertaken to disseminate this information through communication channels preferred by CALD communities. The approach needs to be proactive and contend with issues of first language literacy, digital literacy and access to digital information. Many of these communities are made more vulnerable given their advanced age profile.

We also call on state and territory Departments of Health to ensure they are providing translated advice in those languages tailored to their populations and also enacting engagement activities to ensure messages are received by CALD communities in their jurisdictions.

Our organisations are ready and willing to assist in these activities.

Together with government we must ensure that CALD communities are not left behind in their access to and understanding of COVID-19 and are not made more vulnerable than other parts of the Australian community because they have become an afterthought in the rapid response to curbing infections.

Yours sincerely

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