IMPROVING CRISIS COMMUNICATIONS TO CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES

Name: Distinguished Professor Jim Macnamara
Date Received: 20 June 2022
Improving crisis communication with CALD communities

SUBMISSION TO

The Legislative Assembly Committee on Community Services

12 June 2022
This is an independent submission made upon invitation as per page iii.

The author acknowledges the Gadigal People of the Eora Nation and pays respect to their Elders, past, present, and emerging, recognising them as the traditional owners and custodians of knowledge about the place on which this submission was prepared.
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Make a submission - inquiry into improving crisis communications to CALD communities

Dear Professor Macnamara

The Legislative Assembly Committee on Community Services is conducting an inquiry into improving crisis communications to culturally and linguistically diverse communities. The inquiry terms of reference are on the Committee's webpage.

On behalf of the Committee, I would like to invite you to make a submission to the inquiry. The closing date for submissions is 17 June 2022.

You can make a submission via:
- the Committee's webpage
- email to communityservices@parliament.nsw.gov.au
- mail to The Chair, Committee on Community Services, Parliament House, Macquarie Street, Sydney NSW 2000.

You can find information about making a submission to committee inquiries on the Parliament's website.

For more information about the inquiry or making a submission please contact committee staff by email to communityservices@parliament.nsw.gov.au.

The Committee would greatly appreciate your contribution to the inquiry.
Yours sincerely

The Hon Melinda Pavey MP
Committee Chair
On 31 March 2022, the Legislative Assembly Committee on Community Services of the NSW Parliament self-referred an inquiry to examine improving crisis communications to culturally and linguistically diverse communities.

The terms of reference for the inquiry are as follows.

That the Committee on Community Services inquire into and report on improving crisis communications to culturally and linguistically diverse (CALD) communities, with particular reference to:

a) use of multicultural and CALD community groups and networks to distribute in-language information;

b) ways to improve channels of communication with CALD communities;

c) addressing racism and discrimination related to crisis communications.
The first issue that needs to be acknowledged, and potentially discussed, in examining ways to improve crisis communication with culturally and linguistically diverse (CALD) communities is the category of ‘CALD’ itself.

Other equivalent or similar terms include non-English speaking background (NESB), which was used in Australia for some time; BAME (Black, Asian and minority ethnic) and BAEM (Black and Asian Ethnic Minority) used in the UK; minority ethnic groups; non-native English speaker or English language learner used in the USA; and specific names of cultural backgrounds such as African, Asian, and Hispanic in an international context.

A meeting of the Ministerial Council of Immigration and Multicultural Affairs (MCIMA) in 1996 noted problems associated with the term NESB and agreed that the term should be discontinued in official communications and records. The term is seen as grouping people who are relatively disadvantaged with those who are not disadvantaged, thus being an oversimplified indicator that can result in inappropriate service provision and neglect of positive aspects of cultural and linguistic diversity.1

The description ‘culturally and linguistically diverse’ (commonly abbreviated to the acronym CALD, although this is advised against), introduced by the Australian Bureau of Statistics (ABS) in 1999, classifies people based on (1) country of birth; (2) language spoken at home; (3) English proficiency; and/or (4) other characteristics including year of arrival in Australia, parents’ country of birth, and religious affiliation.2 Country of birth is the most common data element among Australian Institute of Health and Welfare (AIHW) health data collections.

A 2021 systematic review of literature related to CALD status concluded:

There was considerable inconsistency in how CALD status was defined. The review suggests that CALD status would best be defined as people born in non-English speaking countries, and/or who do not speak English at home.3

Being born in a non-English speaking country seems largely irrelevant, given that many older Australians who now speak fluent English were born overseas. Not speaking English at home is more relevant, although this can include young CALD community members who are fluent in English speaking to their parents or other family members at home in another language.

The categorisation of people as culturally and linguistically diverse (CALD) is critiqued by many researchers as too broad and imprecise to be meaningful for the purposes of needs assessment or service design in the Australian context. This is because of Australia’s long-established commitment to multiculturalism whereby ethnic and cultural identities are increasingly complex and hybrid due to long-term migration, inter-marriage, and intergenerational changes.4 The description ‘culturally and linguistically diverse’ can include immigrants who arrived shortly after World War II and who have become largely or fully assimilated into Australian society, but retain their cultural heritage, as well as new migrants and refugees. It could also include Indigenous Australians, although this group is considered separately as Aboriginal and Torres Strait Islander (ATSI) communities.

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To understand differences that require special consideration by policy makers and service providers, such as language skills and social connectedness, many argue that a more precise description is required.

Options suggested by researchers include recently-arrived CALD migrants, or even more specific categories such as forced migrant or refugee. However, some recently arrived migrants with culturally and linguistically backgrounds are highly educated, fluent in English, and may even be of high socioeconomic status with high social capital. Even some forced migrants and refugees come from such backgrounds.

The term BAME (black, Asian and minority ethnic) used in the UK is equally problematic. Skin colour, such as black, is not a reliable indicator of local language proficiency or country of birth in multicultural societies. Also, there are many affluent Asian migrants who are fluent in English, as well as Asian refugees and forced migrants who lack English language skills and sometimes literacy.

It is important for policymakers and service delivery organisations to ensure that the circumstances of groups who need special consideration and often additional support and care are not lost in a categorisation that is overly broad.

A suggestion by this author is non-assimilated immigrants and refugees (NIAR). This is inclusive in that it potentially includes all immigrants and refugees, but it brings attention specifically to those who have not assimilated into Australian society.

Assimilation is not a pejorative term in this context, referring to:

the process whereby individuals or groups of differing ethnic heritage are absorbed into the dominant culture of a society. The process of assimilating involves taking on the traits of the dominant culture to such a degree that the assimilating group becomes socially indistinguishable from other members of the society.

Thus, assimilation includes local language fluency and social connectedness, enabling full participation in a society and access to services.

The term NIAR is not a critique of non-assimilation. It merely serves to identify people who, for various reasons have not, or not yet, assimilated into the society in which they dwell.

Particular focus is required to identify and support non-English speaking people and those with low levels of English language proficiency, and people with low or no literacy, which result in lack of assimilation into mainstream Australian culture and lack of access to important information and services.

This author recognises the complexity of finding a sufficiently precise but inclusive term, but raises this issue for the Committee’s consideration.

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CRISIS AND EMERGENCY COMMUNICATION

While at least 20 definitions of crisis have been presented in public relations and corporate communication literature, crisis is often narrowly defined from an organisation-centric perspective. For example, Tim Coombs, who developed the widely-cited situational crisis communication theory (SCCT), describes a crisis as “an unpredictable event that threatens important expectations of stakeholders and can seriously impact an organisation’s performance and generate negative outcomes”. Elsewhere, Coombs similarly describes a crisis in relation to its effects on an organisation, saying a crisis poses “a significant threat to operations that can have negative consequences if not handled properly”. Coombs does note that, as well as causing financial and reputational damage for organisations, crises can cause public harm such as injuries or loss of lives.

However, evident in these definitions and in most public relations and corporate communication literature is a focus on crises as an event, or event related, and on the effects of crises on organisations and subsequent public communication to protect the interests of organisations. In an extensive review of crisis management and communication literature, University of NSW public relations scholar, Michael Kent, observed that “nearly every conference paper and article implicitly or explicitly treats crisis from the standpoint of the organisation”. Such a perspective is not appropriate for governments.

Political scientists and emergency and disaster management specialists define a crisis more broadly as “a phase of disorder in the development of a person, an organization, a community, an ecosystem, a business sector, or a polity”. Sociological studies also examine crises through a wider lens, focusing on risks to individuals, groups, communities, or social systems and society as a whole. Anthropological literature defines a crisis as “conditions in which “people (including the ‘state’s agents’) must cope with a variety of unexpected disruptions”.

These broader concepts of crisis are the most relevant in understanding the effects of major crises affecting communities and large sectors of society such as bushfires, widespread floods, disease outbreaks, and pandemics.

Types of crises

Eight distinct types of crisis were identified by a widely-cited author on the topic, Otto Lerbinger, who classified crises as:

- Natural disaster;
- Technological crisis;
- Confrontation;
- Malevolence;
- Organisational misdeeds;
- Workplace violence or accident;

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• Rumours;
• Terrorist attacks and other ‘man-made’ disasters.¹³

Immediately, it can be seen that some crises, or what some refer to as emergencies, do not fit into any of these categories. The existential threat posed by the COVID-19 pandemic and its flow-on effects were not a ‘natural disaster’ by most definitions¹⁴ and, despite some ongoing debate over the release of the sudden acute respiratory syndrome coronavirus (SARS-CoV-2) virus, the range of impacts were not ‘man-made’. Yet, governments and almost every organisation worldwide had a responsibility to respond.

Lerbinger later grouped his proposed crisis events into three categories, which he labelled (1) physical crises caused by external factors beyond the control of an organisation such as natural disasters and possibly including technological or biological crises; (2) human-climate crises created by an external stakeholder acting in conflict or malevolently; and (3) management failures.

Coombs takes a different approach and categorises crises based on crisis responsibility. He sees crises as (1) victim crises such as natural disasters, damaging false rumours, and product tampering by an external actor; (2) accidental crises such as industrial accidents beyond an organisation’s control; and (3) intentional crises involving organisational misdeeds such as fraud, safety breaches, or negligence.¹⁵

Based on attribution theory,¹⁶ Coombs goes on to argue that victim crises result in “very low attributions of crisis responsibility” and that accidental crises result in “minimal attributions of crisis responsibility”, with only the intentional crisis cluster leading to “strong attributions of crisis responsibility” and “severe reputational threat”.¹⁷

These categories of crisis and perceptions of responsibility determine crisis communication strategies.

Crisis communication strategies

In situational crisis communication theory (SCCT), Coombs identifies four main crisis response strategies with 10 sub-strategies or tactics, as shown in Table 1.

These response strategies are focussed on avoidance of blame and resulting reputational damage. In this regard, SCCT notes that various intensifiers can exacerbate the level of responsibility, and therefore blame, attached to organisations. Intensifiers include the organisation’s history of crises, its performance history (i.e., track record), and sometimes the severity of damage caused. A positive performance history and reputation does not bestow a halo effect as often claimed, according to research. However, the converse – a poor track record and reputation – can result in a “Velcro effect”, according to Coombs. He argues that the presence of negative intensifiers such as a previous history of crises and/or poor performance can result in a victim crisis being viewed as an accidental crisis and an accidental crisis being viewed as an intentional crisis.¹⁸

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¹⁸ Coombs, 2016, p. 265.
Table 1. Crisis response strategies proposed by Timothy W. Coombs.\(^{19}\) (2015: 266).

<table>
<thead>
<tr>
<th>Response strategy</th>
<th>Tactics</th>
<th>Management action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denial</td>
<td>Denial</td>
<td>Claim that no crisis occurred</td>
</tr>
<tr>
<td></td>
<td>Attack accuser</td>
<td>Confront the person or group claiming a crisis</td>
</tr>
<tr>
<td></td>
<td>Scapegoat</td>
<td>Blame some outside person or group</td>
</tr>
<tr>
<td>Diminish</td>
<td>Excuse</td>
<td>Deny intent to do harm / claim inability to control events</td>
</tr>
<tr>
<td></td>
<td>Justification</td>
<td>Minimize the perceived damage caused</td>
</tr>
<tr>
<td>Rebuild</td>
<td>Compensation</td>
<td>Offer money or other gifts to victims</td>
</tr>
<tr>
<td></td>
<td>Apology</td>
<td>Accept responsibility and ask stakeholders to forgive</td>
</tr>
<tr>
<td>Bolstering</td>
<td>Reminder</td>
<td>Tell stakeholders about past good works</td>
</tr>
<tr>
<td></td>
<td>Ingratiation</td>
<td>Thank or praise stakeholders for their help</td>
</tr>
<tr>
<td></td>
<td>Victimimage</td>
<td>Remind stakeholders that the organization is also a victim</td>
</tr>
</tbody>
</table>

It should be noted that Coombs and other researchers do not endorse all of the response strategies listed in Table 1 – in fact, researchers recommend against strategies such as attacking accusers, scapegoating, and excuses. However, while *apologia* is recommended in some situations, the focus of much crisis communication is on *image restoration* or repair,\(^{20}\) *impression management*,\(^{21}\) and defending against attribution of blame, or what Coombs calls “crisis responsibility”.\(^{22}\)

Studies have also criticised crisis communication approaches and strategies because of their focus on media relations and media publicity, particularly traditional media, pointing out that public communication and stakeholder and community engagement today increasingly involves websites; electronic direct mail (eDM); publications such as information pamphlets, newsletters and posters; events such as town hall meetings and forums; and working through intermediaries such as local community leaders.\(^{23}\) These are important lines of thinking in the context of improving crisis communication, as discussed in later sections including ‘Communication with CALD communities’ and ‘Community engagement’.

There are a number of functions and practices that are closely related to and sometimes overlap with crisis communication as it is theorised in public relations and corporate communication literature. These are noted for how they inform practice, bringing different perspectives to how governments and various agencies should communicate during crises.

**Crisis management**

Crisis management is described as a set of inter-related processes designed “to prevent or lessen the damage a crisis can inflict on an organisation and its stakeholders”. In this description, Coombs identifies three phases of crisis management, referred to as pre-crisis,
crisis response, and post-crisis. This draws attention to what is one of the most important, but often overlooked aspects of dealing with crises – preparation.

One might ask, how can an organisation prepare for a crisis, the occurrence of which is often unpredictable. One example is establishing relationships with stakeholders and communities so that, when a crisis occurs, lines of communication are already open, trust is established, and contacts and networks exist.

Identifying stakeholders and communities with which to establish relationships and build networks is undertaken through scenario development – i.e., hypothesising potential crises and identifying those likely to be affected and their needs in such eventualities.

**Emergency management**

Emergency management is related to crisis management to some extent, and some use the terms interchangeably. Emergency management focuses on risk assessment, preparedness, and management of natural and technological hazards that require the intervention of emergency services, such as hurricanes, tornadoes, tsunamis, floods, wildfires, earthquakes, volcanic eruptions, dam failures, nuclear accidents, hazardous materials incidents, and terrorism, as well as disease outbreaks and pandemics.

**Emergency and risk communication**

Risk communication focusses on communication for minimizing risks and avoiding emergencies and disasters, such as through warnings and public education. Risk communication is defined as “the exchange of information among interested parties about the nature, magnitude, significance, or control of a risk”. Others draw attention to the multiple dimensions and objectives and contexts of risk and emergency communication, which can include persuasion (e.g., health advice) as well as responding to information seeking.

Some researchers argue that it is productive to combine crisis communication and risk communication. While noting differences, health communication specialists Reynolds and Seeger say that risk and crisis communication “have much in common and intersect at a variety of points”. Noting that public relations approaches to crisis communication are primarily focussed on crisis events and that they are mainly concerned with protecting the reputation of the organisation, they propose instead a five-stage approach, which they call crisis and emergency risk communication (CERC). This takes a broader view of crises from pre-event stages to “eruption” and then “post-mortem and clean up stages” and addresses risks to society as well as key stakeholders. This more comprehensive approach to crises, risks, and emergencies offers a productive way of considering crises and crisis communication.

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Crisis leadership

A number of researchers highlight the importance of leadership in a crisis as an essential complement to, or even forerunner of crisis management. In The Politics of Crisis Management: Public Leadership Under Pressure, Boin et al. say:

… in times of crisis, citizens look to their leaders … leaders are expected to chart pathways out of the crisis.29 The job of crisis leadership … is to limit the depth and duration of the chaos, bewilderment, helplessness, and anger that this tends to cause, and to mobilise and harness coping capacity from within the community.30

There is much focus on crisis management in crisis literature. But leadership is different to management in several key respects, such as having an outward versus inward focus and a focus on change and looking to the future rather than stability and preserving or re-establishing the status quo, which is a key focus of management.31 Leadership in a crisis is vitally important.

A kilogram of prevention is worth a tonne of cure

An over-riding conclusion from a large body of research literature on crises and emergencies is that ‘a kilogram of prevention is worth a tonne of cure’. Prevention includes having policies and strategies in place that, even if they cannot prevent a flood, bushfire, earthquake, or pandemic, can lessen its severity and its escalation into a full-blown crisis.

Preparation outweighs mitigation

Related to that aphorism is the fundamental finding that preparation outweighs mitigation. While mitigation of negative impacts is essential in a crisis, preparation serves prevention and has relevant stakeholders and services at the ready to respond when unpreventable crises or emergencies occur.

As noted previously, preparation includes establishing relationships with stakeholders and communities so that, when a crisis occurs, lines of communication are already open, trust is established, and contacts and networks exist. This is particularly important in relation to CALD communities, given that they often among the least accessible and hardest to reach sections of society.32

When a crisis or emergency occurs, a lack of contacts, relationships, lines of communication, and trust delays effective communication and mitigation strategies.

29 Boin et al., pp. 3.
COMMUNICATING WITH CALD COMMUNITIES

In addition to the ABS classification of CALD communities based on country of birth; language spoken at home; English proficiency, and/or other characteristics including year of arrival in Australia, parents’ country of birth, and religious affiliation, a number of other factors are characteristic of many people in what we call CALD communities, which impact communication. These include:

- Ethnic groups in CALD communities are often collective rather than individualistic in their philosophy and social beliefs;
- This in turn leads to many being highly community oriented and community minded;
- They often preference interpersonal communication over mediated communication;
- Many cluster geographically in certain areas, either because of socioeconomic circumstances, or to be close to similar people because of community orientation, or both.

Media diversification

Contemporary public communication continues to be dominated by mass media approaches, particularly media advertising. For instance, a 2022 review of the planning and evaluation of NSW Government public communication reported an overwhelming reliance on paid media advertising on TV, radio, in press, and online in social media sites and digital publications.

While this reaches a substantial section of the NSW population, it is inconsistent with trends in strategic public communication and the information seeking and communication practices of CALD communities. The public communication and marketing mix today has expanded to include, but is not restricted to:

- Websites and special web pages;
- Social media own accounts and posts including text, images, and social media ‘tiles’ (e.g., on Facebook; Twitter; Instagram; TikTok, WeChat, Weibo, YouTube; Vimeo, etc.);
- Videos;
- GIFs and short animations;
- Blogs;
- Podcasts;
- Electronic direct mail (eDM);
- Editorial media publicity generated through media releases, media briefings, and media relations;
- Digital and printed publications such as information pamphlets, brochures, newsletters, posters, infographics, etc.;
- Public events such as forums and ‘town halls’ (face-to-face and online);
- Influencer recruitment and briefing;
- Provision of messaging and images for local leaders and specialist organisations to include in their public communication (i.e., working with intermediaries and partners);
- Meetings with key stakeholders as part of stakeholder and community engagement;
- Invitations to public consultations and receipt and analysis of submissions.

A number of these, in English as well as in a range of relevant languages, are important for reaching CALD communities. Some are particularly important, as discussed in the following.

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Translations don’t always translate

Translations are now widely used for information distributed to CALD communities, including refugee groups. However, several recent studies in NSW and elsewhere have shown that translations are often done by non-native speakers, or by speakers of other languages who already have become assimilated into Australian society and now speak English as their first language. Such translations often use formal and official terms, rather than how languages are spoken, and fail to effectively communicate.

For example, interviews conducted with CALD community leaders in 2022 as part of a review of NSW Government COVID-19 communication with CALD communities in western and south western Sydney during the Delta strain outbreak (June–December 2021) found that they rated government communication as low as two out of 10 in some cases, citing “slow response time for translated materials” and “poor quality translations” as key reasons.35

Translations are essential for reaching members of CALD communities who are not proficient in English. To be effective, these need to be done by native speakers with current knowledge of spoken language.

Community engagement

The 2022 Leaders Report produced by the WPP Government and Public Sector Practice group based on interviews with 60 government communication leaders, a survey of 4,000 government communicators in 50 countries, and a survey of 8,000 citizens in eight countries reported that citizen engagement is expected and important to improve trust in government, demonstrate accountability, improve outcomes such as service delivery effectiveness, and improve policy.36 However, it found that, while governments are philosophically committed to citizen engagement, practice is limited by risk aversion, fear of unpredictable outcomes, and a lack of follow through and action. The study also reported that less than half of government communicators had the capability to evaluate citizen engagement activities.37

Moreover, engagement is reported to have become a “prototypical buzzword” in marketing and public communication.38 It is commonly associated with social media follows, likes, shares, or simple clickthroughs on posts and web pages.39 These under-state and trivialise engagement, reducing it to perfunctory and often habitual actions.

Engagement is a psychological concept involving cognitive processing at the lowest level (thinking about something), as well as affective commitment (also referred to as positive affectivity or emotional attachment), and participation or behaviour of some kind that yields connection and empowerment, such as joining, supporting, or contributing.40 In simple terms, engagement involves thinking about, having an emotional investment in, and participating (doing something) that brings about change and/or contributes to a relationship.

37  Ibid, p. 15.
In practice, community engagement requires activities such as:

- **Meetings** with community leaders and representatives;
- **Visits** to communities to see and hear first-hand (outreach), as well as reading reports remotely and online communication;
- **Public forums**, such as ‘town hall’ meetings;
- **Public consultation** (formal and/or informal);
- **Advisory committees** made up of community representatives;
- **Partnership** with key *intermediaries* such as local community leaders, leaders of minority language groups, and religious leaders.

### Organisational listening

Engagement also requires listening, not only aurally in meetings and public forums, but through analysis of written communication such as correspondence, submissions to consultations, and reports.

Research in Australia and the UK has shown that the voice of communities, even when invited, is often not listened to, such as a lack of systematic analysis of correspondence, submissions and reports. For example, in response to its 2015–16 *Mandate* consultation, the UK National Health Service (NHS) received 127,400 submissions. Neither the NHS nor the Department of Health had textual analysis software to process such a large volume of feedback, so a manual reading of a sample was undertaken, leaving the input of thousands of citizens and health professionals working in communities across the UK ignored.41 This research and a number of other recent studies show that organisational listening is a key element of government-public communication and engagement.

Listening is not the same thing as hearing. Hearing involves an audible signal striking the eardrum in the case of humans. People can hear without listening. Listening involves the interpretation of that signal by the brain to derive meaning and potentially generate a response. In the case of organisations, hearing involves the receipt of correspondence such as e-mails, letters, and complaints, calls to call centres, reports, submissions, and so on. Listening, explicated in the “seven canons of listening” involves (1) inclusive *recognition* of others as having a right to speak, rather than selective listening; (2) *acknowledgement*; (3) paying *attention* to them; (4) *interpreting* what they say fairly and receptively leading to (5) *understanding* of others’ views and perspectives; (6) giving *consideration* to what is heard; and (7) *responding* in an appropriate way. This does not necessarily require agreement, but it must demonstrate attention and consideration.42

Organisational listening, often required at scale,43 needs a culture that is open to listening inclusively to diverse voices; avoidance of the “politics of listening” that often leads to selective listening; policies for listening; and systems, technologies, resources, and skills for listening. Finally, it needs the voice of communities to be articulated to policy makers and decision makers. These elements comprise what has been conceptualised as an *architecture of listening* in organisations.44

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43 Organisations such as government agencies and corporations often have to engage with, and therefore listen to, thousands or hundreds of thousands, of people with an interest or stake in an issue, necessitating systems, technologies, and skills such as use of natural language processing (NLP) textual analysis software and customer journey mapping tools.

Figure 1. An ‘architecture of listening’ required in organisations for effective engagement.

A field of research and practice that can inform communication with CALD communities during crises is health communication. Therefore, some key learnings from contemporary health communication research are summarised in the following.

**Behaviour change communication and social and behaviour change (SBCC)**

Health communication, like most fields of human communication, have been informed by the social sciences, particularly psychology. Along with the Health Belief Model (HBM), one of the widely applied approaches is *behaviour change communication* (BCC).

More recently, social factors have been increasingly recognised as influences on health, reflected in *social and behaviour change communication* (SBCC). SBCC incorporates consideration of both individual change and change of broader environmental and structural factors. However, SBCC remains grounded largely in epidemiological evidence, with some consideration of ‘client’ perspectives, context, and needs.

**Social determinants of health**

Increasingly, researchers have recognised that social factors play a major role in health and ill health. The *social determinants of health* (SDH) refer to the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions

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45 The health field is increasingly moving away from the term ‘patient’ to refer to clients. Providers of other services use other comparable terms such as customers, users, and participants.
of daily life. Research shows that health-related behaviours are substantially linked to socio-economic status and social capital, specifically influenced by factors such as:

- Income
- Education level
- Unemployment and job insecurity
- Working conditions
- Food insecurity
- Housing and basic amenities
- Early childhood development
- Social inclusion and non-discrimination
- Structural and social conflict

The World Health Organization reports that social determinants can be more important than health care in influencing health, accounting for 30–55% of health outcomes.

**Social ecology model**

Contrasting top-down modernist approaches, which are criticised and increasingly found to be ineffective, a *social ecology* model of health communication has gained wide acceptance. This “focuses attention on the contexts of behaviour when designing, implementing or critical evaluating interventions”. Specifically, leading authors say: “We use the term social ecology to focus attention on the social and physical settings contextualising behaviour as well as the interplay between human actors and external factors shaping their agency”.

Prominent studies recommend:

To be successful, health interventions should build on existing practices, skills and priorities, recognise the constraints on human behaviour, and either feature community mobilisation or target those most receptive to change. Furthermore, interventions should strive to be culturally compelling, not merely culturally appropriate: they must engage local communities and nestle within social and ecological landscapes.

The terms “be culturally compelling, not merely culturally appropriate” and “engage communities and nestle within social and ecological landscapes” are particularly noteworthy.

**Culture-centred approach**

Most recently and even more specifically, a “culture-centred approach” (CCA) to health communication is advocated, which “seeks to address health disparities by fostering opportunities for listening to the voices of those at the margins through a variety of participatory communication methods”. This is described as including “co-constructive data gathering and analysis”, “community dialogues”, “community-driven media advocacy”, and “town hall meetings”. *Co-construction* is deemed to be “at the heart of CCA”, described as “a process of

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47 Ibid, para. 4.
50 Panter-Brick et al., p. 2810.
collaboration and power sharing” between academic researchers, health authorities, and marginalised communities.51

These recently developed theoretical frameworks, which draw on understandings of user-centred design, co-design, co-production, and co-creation from other disciplines,52 are particularly relevant and important in planning, implementing, and evaluating communication with CALD communities.

Such approaches call for high levels of community engagement, both directly and working with community leaders and relevant intermediaries, rather than ‘at a distance’ mediated communication such as advertising campaigns and websites.

During crises, characterised by an environment of fear and anxiety, mis- and disinformation, and questions about who to trust, working with local community leaders and representatives and direct engagement with CALD communities is critical.

These conclusions, drawn from extensive research literature, speaks directly to (a) and (b) in the Terms of Reference.

Media literacy

Notwithstanding substantial bodies of data showing a need for close community engagement with CALD communities during crises and emergencies, contemporary societies are highly mediatised. This refers to the fact that much information and debate in the public sphere occurs through media of some type, whether it is newspapers, radio, TV, written letters, e-mail, or social media platforms. As sociologists Nick Couldry and Andreas Hepp say in The Mediated Construction of Reality, “the basic fabric of the social world has been constructed through mediated communications” with recent decades characterised by “successive waves of mediatisation that have resulted in the current stage of ‘deep’ mediatisation.”53 Sonia Livingstone commented as early as 2009 that “everything is mediated”.54

Social and political scientists and media and communication researchers agree that media continue to play a key role in distributing information to people. In Media, Society, World: Social Theory and Digital Media Practice, Nick Couldry says:

Many factors (economic, political, military) and many processes (trade, transport, measurement) contributed to the making of the world we take for granted today, but it is media that install that world as ‘fact’ into everyday routines.55

This remains the case in Australia. A 2020 survey of 3,510 adult Australians to understand the different types of media they use found that most Australians use several different types of media each day and they believe a diverse range of media activities are important in their lives.56

However, the study found that people have a low level of confidence in their media abilities in terms of critical reading to identify misinformation and disinformation. Furthermore, Tanya Notley and colleagues found that “far too many Australians don’t have access to any media literacy support when they need it.”57 This is particularly the case in CALD communities.

A 2020 study of the teaching of media literacy in schools similarly found that educators believe that the ability to check and verify news is “considered very or extremely important for nearly all respondents (94%) and the ability to use and compare multiple news sources was seen to be very or extremely important (93%). However, teachers report that many barriers stand in their way to teach news literacy.”58

Figure 1. Research shows media literacy is important.

![Figure 1](image1)

Figure 2. Adult media literacy in Australia.

![Figure 2](image2)

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57 Ibid.
Media literacy has been defined as the ability to apply critical thinking to digital and non-digital media through analysis, evaluation and reflection. Core concepts of media literacy are (1) critically reflect on one’s own and others’ media use; (2) develop knowledge of media industries and technologies and how they work; (3) consider the social and cultural contexts in which media are produced and consumed; and (4) analyse media representations. These core concepts have provided the foundation for the design of media literacy education for more than three decades.59

However, while this approach has been used extensively in school-based education in the UK, Australia and many other countries, it has been less frequently included in adult education and rarely adapted to CALD communities.

It is also important to recognise that media literacy is now conceptualised at two levels.

**Media literacy of consumption**
The long-standing approach described above is referred to as the *media literacy of consumption*.60 Increasingly in the age of ‘democratised’ social media, a number of scholars and advocates also call for media literacy in terms of producing and distributing information.

**Media literacy of production**
The *media literacy of production* involves development of skills for people to go beyond critical consumption of content to produce and distribute information that provides facts and trustworthy advice for others. Also, the media literacy of production can include ‘armies of fact checkers’ correcting misinformation and disinformation.61

Media literacy in both forms is widely identified in research as necessary for a viable public sphere and for the functioning of contemporary societies.

**Digital literacy**

Until the late 20th century, media literacy initiatives focussed on traditional mass media (i.e., press, radio, and TV).

Since the proliferation of personal computers and development of the internet – particularly the World Wide Web (now simply referred to as the web and websites) and social media – along with a growing range of personal digital devices, public communication has increasingly become digitalised.

While bringing major advances in provision of services, administration, and access to information, this has brought with it a requirement for new knowledge and skills, such as:

- **Online search** for information;
- Understanding **social media platforms** (i.e., their protocols, conventions, and settings);
- **Fact checking**;
- Ways to **respond to misinformation and disinformation**;
- **Accessing online support programs**.

A number of projects are underway to increase digital media literacy in relation to health and other issues. For example, the South Western Sydney Local Health District has launched a digital health literacy project working with a number of CALD communities in south western Sydney. But researchers say much more needs to be done to increase digital media literacy among adults as well as children.


61 Ibid.
SUMMARY

From a range of literature, the following conclusions are presented for consideration.

1. **The term ‘culturally and linguistically diverse’ (CALD)** is problematic in that a large part of the Australian population qualify as culturally and linguistically diverse, including people who have English language fluency, affluence, social capital, and agency. While it may be beyond the scope of this inquiry, the Committee has the opportunity to contribute to debate on a more appropriate term that allows identification of people whose circumstances mean they lack language proficiency, sometimes literacy, and social connectedness leading to relative disadvantage. This author has suggested *non-assimilated immigrants and refugees* (NIAR).

2. Much crisis communication literature focusses on protecting the interests of an organisation. Literature on **risk communication, emergency communication, and the recently emerged field of crisis and emergency risk communication (CERC)** offer insights into key principles and practices for protecting the public interest.

3. The research literature also shows that **crisis leadership**, as well as effective crisis management, is important. While crisis management necessarily focuses on mitigation and day-to-day actions to restore the status quo, leadership looks to the future seeking longer-term solutions, giving people hope, and also addresses the emotional needs of crisis victims.

4. The preferred strategies in relation to crises (and emergencies) are **prevention and preparation**. While many crises and emergencies are not preventable, some are through having appropriate policies in place (e.g., adequate resources in hospital and healthcare facilities, adequate water supplies, adequate bushfire prevention, etc.). Even in unpreventable crisis and emergencies, preparation is a government’s greatest resource and most important strategic consideration. Preparation leads to quick and effective response and availability of necessary resources and skills.

   An understanding of crisis, risk and emergency communication underpins any strategy to improve crisis communication with CALD communities.

5. **Media are increasingly diversified.** Many people no longer rely on newspapers, TV, or radio for their news and information, turning to social media platforms and news feeds. Also, trust in media is low. Public communication is now undertaken through a wide range of channels such as websites; organisation’s ‘owned’ publications such as brochures, pamphlets and newsletters; videos; podcasts; public events such as forums; etc. Governments can longer rely on mass media campaigns such as TV advertising to communicate effectively with the public. This is particularly the case in CALD communities in which many people do not engage with English language media and prefer more local community-based sources of information.

   An understanding of contemporary media – paid, earned, owned, and shared (referred to as PESO) also underpins any strategy to improve crisis communication with CALD communities.

6. **Best practice community engagement** includes visits to communities (outreach); public forums tailored to local community interests; public consultation; advisory committees and groups; and **partnerships with local community leaders who act as intermediaries and influencers** within their communities. (See also summary points 7, 8 and 9.)

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63 Media are today classified as paid (e.g., advertising), earned (editorial media publicity), owned (e.g., organisation websites and publications), and shared (social media platforms)
7. Communication and engagement require listening as well as talking to communities. Often communication and engagement are conceptualised as sending out information. Communication is a two-way process (as opposed to information transmission). Listening to communities aurally is important (such as in meetings and forums), but listening also needs to be applied to textual data such as correspondence, submissions, and reports, requiring textual analysis tools and skills, as well as specialist applications such as behavioural insights and customer journey mapping.

8. Communication with CALD communities needs to be culturally appropriate and embedded within the sociocultural context of communities. This includes:

   a. Translations by native speakers fluent in spoken language;
   b. Use of appropriate media and other channels, including relevant ethnic media and social media platforms;
   c. Adherence to social and cultural traditions and customs of targeted communities (e.g., a preference for interpersonal communication and an orientation to local community leaders as trusted sources of information and advice.

Social ecology models and culture-centred approaches to communication provide guidelines on these and other relevant matters.

9. Research shows that communication programs with culturally diverse groups need to be collaborative, often to the extent of co-design and co-production. This is important because the lived experience of local communities and their cultural understanding bring insights to planning and implementation that are not readily attainable by outside ‘experts’. Also, the collective attitudes of many CALD communities mean that they have an expectation of a say, and even participation, in matters that affect their communities.

10. Effective use of mainstream and social media depends on media literacy, including digital literacy. Research shows that media literacy is lacking across many sections of the community and digital literacy is particularly low in some groups, including CALD communities. Effective communication programs with CALD communities depend on concurrent development of media literacy and digital literacy. This is particularly important in an environment of misinformation and disinformation about many issues, which undermine official government communication.

Points 6–10 are directly relevant to Term of Reference (b).

Points 6 and 9 are particularly relevant to Term of Reference (a).

Addressing Term of Reference (c) requires attention to points 1–10. If the needs of CALD communities are not included in preventive strategies and preparation for crises and emergency; if appropriate media are not used; if translations use official language not easily understood by local communities; if lack of literacy is not considered; and if local community leaders are not consulted, listened to, and engaged, discrimination and racism are present, even if unintentionally.

The most fiendish way to treat another is to ignore them.

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64 See as an example, the ‘Pink Sari Project’ for increasing breastscreening among Indian and Sri Lankan women in NSW, which achieved above-target results and won several international awards for effective communication. Documented in Macnamara, J., Camit, M. (2017). Effective CALD community health communication through research and collaboration: An exemplar case study. Communication Research & Practice, 3(1), 92–112. https://doi.org/10.1080/22041451.2016.1209277

Distinguished Professor Jim Macnamara, PhD, FAMI, CPM, FAMEC*

Jim Macnamara is a Distinguished Professor in the School of Communication at the University of Technology Sydney (UTS), currently serving as Deputy Dean of the UTS Faculty of Science. He is also a Visiting Professor at The London School of Economics and Political Science (LSE), Media and Communications Department, and a Visiting Professor at the London College of Communication (LCC) in the University of the Arts London (UAL).

Jim is recognised internationally for his research into evaluation of public communication such as advertising, public relations, and health communication campaigns, and for his pioneering research into organisational listening by governments, corporations, and non-government organisations as an essential part of engagement.

His work on evaluation of communication includes being Chair of the Academic Advisory Group of the International Association for Measurement and Evaluation of Communication (AMEC) and a co-author of the AMEC Evaluation Framework; an adviser on development of the UK Government Communication Service (GCS) Evaluation Framework; a member of the Institute for Public Relations (IPR) Measurement Commission in the USA; an adviser to the European Commission Directorate-General for Communication (DG COMM) in Brussels on evaluation of EC communication; and since early 2020 he has co-led evaluation of communication for the World Health Organization (WHO) in relation to COVID-19 and World Health Days.

Jim also has led research projects to support the design and evaluation of smoking reduction programs conducted by the Cancer Institute NSW (New South Wales); promotion of breast screening among CALD communities for the NSW Multicultural Health Communication Service; and conducted studies for the NSW Department of Health into the welfare and retention of nurses and midwives and for the UK Department of Health in relation to the National Health Service (NHS).

Over the past seven years, Jim has led The Organisational Listening Project that has examined how, and how well, organisations listen to their stakeholders, noting that listening is an essential component of effective engagement and relationships. His research has identified major gaps in organisational listening and opportunities to substantially address disengagement and the decline in public trust in governments and institutions through effective listening.

Jim holds a PhD in media research, as well as a Master of Arts by Research in media studies and a Bachelor of Arts in journalism, media studies, and literature. He is the author of 16 books and more than 80 academic journal articles and book chapters, as well as many professional journal and media articles.

* Fellow of the Australian Marketing Institute (FAMI); Certified Practicing Marketer (CPM); and Fellow of the International Association for Measurement and Evaluation of Communication (FAMEC).