Submission No 26

IMPROVING CRISIS COMMUNICATIONS TO CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES

Name: Dr Michael Camit

Position: Manager, Health Literacy

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Inquiry into improving crisis communications to culturally and linguistically diverse communities (CALD)

Dr. Michael Camit, (PhD), member of the UTS Health Communication Research Group,

Industry Fellow, UTS School of Communication

Adjunct Fellow, Management, School of Business UTS
Health Literacy Manager, South Western Sydney Local Health District (SWSLHD)

Key themes for consideration

a) Use of multicultural and CALD community groups and networks to distribute in-language Information

1. Multicultural and CALD community groups and networks can play more than a distribution and dissemination role in times of crisis. As seen in the COVID-19 pandemic, the current model of top down communication where key resources are developed in English first and translated, checked, formatted, in- language media booked and information distributed – is inadequate especially with the changing nature of advice. Translating information (top down) in multiple languages is resource intensive and not sustainable due to the sheer number of languages spoken in Australia.

2. Not everyone is connected to a multicultural group or follow a community leader. The assumptions that we make about who is a "CALD" person and the media they consume need to be reviewed and be verified. (Camit 2022).

3. Multicultural and CALD community groups and networks can play a more significant role in co-producing or sharing the responsibility of developing crisis communication. Research has shown that CALD community groups/leaders are not passive consumers of health information on social media; they are active agents in monitoring online community activities, curating and repurposing as well as producing health communication (Camit 2021). They can be collaborators in crisis communication. There are a number of examples of local community members from migrant/ refugee backgrounds who have learned how to use social media/ YouTube videos to provide daily up-to-date information that to fill the information gap in relevant languages[1].

4. Current practice and structures do not allow for immediate – two way feedback on crisis communication by the government. The current model is dominated by top down, one way flow of information (i.e. We communicate TO CALD communities) and not two way collaboration (we communicate WITH CALD community organisations). The changing nature and diversity of media/ social media and availability of various peer to peer network media (What's app, Line etc.) requires a more collaborative approach by the government to the diversity of in-language, subcultural channels available to CALD communities.

[1] Some examples include Khmer nurse Srey Kang https://www.smh.com.au/national/nsw/for-the-past-year-nurse-srey-has-been-the-khmer-kerry-chant-20210407-p57h6n.html and Mani Sidara https://www.abc.net.au/news/2021-09-02/sydneysiders-pitch-in-help-community-covid-outbreak/100425732

5. Health literacy, digital health literacy, misinformation and disinformation play a major role in moderating any impact of government crisis communication with CALD communities (Camit 2022)

b) ways to improve channels of communication with CALD communities

1. Evaluate the current reach of current known, used and paid-for channels using the lens of intersectionality. Ask to what extent do our current channels reach or are effective in reaching and eliciting a response from people from a CALD background who are also living with a disability, religious or have faith based groups, come from low socio-economic background, homeless, refugee status/ emerging –and smaller language groups[2], regional and remote, diverse sexualities – individual characteristics that impact their ability to obtain, receive and act on the recommended advice from crisis communication materials/ strategies

2. Fund projects that co-design, involve and pilot place based approach that builds resilience of communities against crises

Each crisis such as COVID-19 brings unique and continuous insights that can result in community resilience (bouncing back from a situation) or *process-related resilience*, which is defined as continual learning and taking responsibility for making better decisions to improve the capacity to handle hazards[3]. We are currently working on two projects that is both building resilience and co-designing and testing of place based approaches to crisis communication with refugee /emerging communities in South Western Sydney.

The first project is by the STARTTS building resilience of refugee/emerging communities against COVID-19 misinformation[4]. The second project is a two year project to improve digital health literacy amongst refugees living in South Western Sydney[5]. Both projects provide opportunities to explore crisis communication in heath.

References

Camit (2022) Beyond command and control; rethinking community engagement, strategic communication and the changing nature of media Public Sector Communications and Communications Conference 28 April 2022

[2] Refugee languages/ emerging communities – may have smaller than 3000 speakers but are nevertheless affected by emergencies. These languages are not often considered for regular translations or multilingual communication.

[3] Cutter et.al. (2008) A place-based model for understanding community resilience to natural disasters. Global Environmental Change 18 (2008) 598–606

[4] http://startts.cmail19.com/t/ViewEmail/r/FA5908010AA70D692540EF23F30FEDED/1145AF8C3F03368C981D23A7722F2DCD?alternativeLink=False

[5] The Digital Health Literacy and Refugee Project is funded by NSW Health and is led by the Health Literacy Unit of South Western Sydney Local Health District.