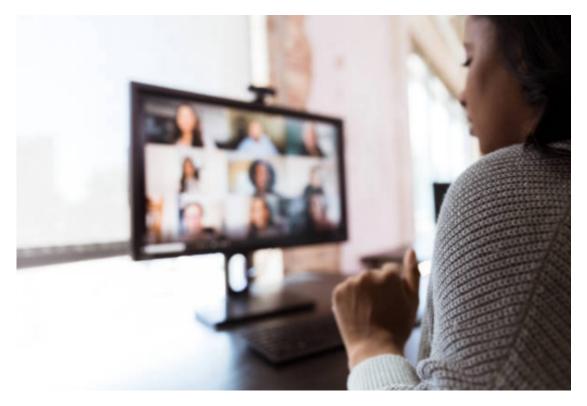**Australasian Medical Services Coalition Ltd (AMSC) Media Release 26 August 2021:**

CULTURALLY AND LINGUISTICALLY DIVERSE (CALD) HEALTH PRACTITIONERS

COVID-19 VACCINE ROUNDTABLE

On 6 August 2021, the National COVID Vaccine Taskforce (the Taskforce) held a roundtable meeting with approximately 40 health practitioners working with culturally, ethnically and linguistically diverse communities (CALD) in a variety of roles and settings. The purpose was to share information on the COVID-19 vaccine rollout and communications, and to discuss the challenges health practitioners and culturally, ethnically and linguistically diverse patients are facing during the COVID-19 pandemic and vaccine rollout.

Australasian Medical Services Coalition Ltd (AMSC) was invited to attend the roundtable and 3 of the Board Directors attended the Meeting. Dr Lucas de Toca, First Assistant Secretary, Implementation and Primary Care Response, National COVID Vaccine Taskforce, provided an overview of the COVID-19 vaccine rollout in Australia and the work the Taskforce is doing to engage multicultural communities.

Issues discussed at the roundtable included international travel, eligibility and prioritisation for vaccination, vaccination of specific cohorts, Covid-19 vaccination and specific medical conditions, adverse reactions reporting, vaccination data, CALD data, messaging around testing, booking systems, COVID-19 digital certificates, misinformation, communications materials and translated resources, sharing ideas, informed consent as well as health workforce.

Associate Professor Seng Chua, chair of the Board of Directors of AMSC, raised the following suggestions to the taskforce as follows:

1. Risk-specific data collection on the people within the various CALD groups getting vaccines:

    While there is robust data collection with high (97%) matching of different datasets based on demographic, AMSC would be interested in updating vaccine uptake based on multiple CALD and infection specific parameters to target higher risk groups. An example would be to get specific data based on the various Local Health Districts (LHD) which have the outbreaks, are high risk, have low uptake of vaccine and subdivide these into different cultures, language, age or other high-risk parameters such as pregnancy and breastfeeding groups.

2. If this can be done and provided to AMSC, we can be better at "micro-managing" the specific groups via various platforms and culture-specific knowledge that are available to us.

    To give this forum some direction and more credibility, we could consider getting or providing feedback (from various stakeholders and from DOH) on any results of programs that were implemented. Setting some form KPI might be useful.

As AMSC's main constituents are in Sydney, we are very keen to have all our healthcare provider members from all CALD groups to provide not just information of various languages into all vulnerable areas. AMSC is also very keen to look at doing this in a more systematic and collaborative fashion.

AMSC recognises ongoing issues affecting our community with various aspects of the pandemic, especially the effective outreach of pertinent health information to Culturally and Linguistically Diverse (CALD) groups. AMSC would like to contribute further with the current Sydney outbreak and have sent letters for collaborations with (1) NSW/ACT Community Engagement, Social Cohesion Division, Social Cohesion and Citizenship Group, Department of Home Affairs; (2) COVID-19 Health Advisory Group Secretariat from the Australian Government Department of Health and (3) NSW Multicultural Health Communication Service on 20 July 2021.