

**ENHANCED COMMUNICATIONS FOR CULTURALLY AND LINGUISTICALLY DIVERSE
(CALD) COMMUNITIES-
PREVENTION AND MANAGEMENT OF CHRONIC CONDITIONS**

**COMMUNITY-LED CAMPAIGNS
2024**

**PROJECT ADVISORY GROUP
TERMS OF REFERENCE**

ABOUT THE COLLABORATIVE

1. The Australian Multicultural Health Collaborative (the Collaborative) is the national peak body that gives voice to the broad health and wellbeing needs of Australia's multicultural communities. The Collaborative represents the voices of wide-ranging multicultural health and wellbeing issues at the national level through a formal membership structure which includes multicultural consumers and carers, together with health and wellbeing services, health and social care practitioners, researchers, and organisations and institutions for whom the primary focus is health for multicultural populations.
2. The Collaborative welcomes as members 'mainstream' services and organisations with a significant commitment to multicultural health and wellbeing and partner with relevant national organisations.
3. The title 'Collaborative' is significant as an indication as to how members will work – that is, in genuine collaboration on agreed priority areas, drawing on each other's areas of focus and expertise on particular issues.
4. The approach and work of the Collaborative is based on a commitment to:
 - The lived experience of multicultural health care consumers and carers
 - A strengths-based approach
 - Translation of evidence into policy and practice
 - A holistic view of health, including mental health
 - Integration of health and social care
 - Health promotion and preventive health
 - Social determinants of health
5. The Collaborative's Foundation document can be found [here](#).

ENHANCED COMMUNICATIONS FOR CULTURALLY AND LINGUISTICALLY DIVERSE (CALD) COMMUNITIES- PREVENTION AND MANAGEMENT OF CHRONIC CONDITIONS COMMUNITY EMPOWERMENT INITIATIVE

6. The Collaborative is being supported by the Department of Health and Aged Care to develop and implement the **Enhanced Communications for Culturally and Linguistically Diverse (CALD) Communities-Prevention and Management of Chronic Conditions Campaign Community Empowerment Initiative**(Community-led Campaign). The Collaborative will administer this Community-led Campaign to support community groups to lead and undertake targeted grass roots activities amongst multicultural communities.
7. The Collaborative believes that culture-centred and community-driven participatory approaches have well-established impacts on understanding problems, for prioritising solutions, for developing solutions, and for implementing them (Basu & Dutta, 2009; Dutta, 2008). They help create communication infrastructures that are meaningful to culturally, ethnically and linguistically diverse communities thereby building their capability as 'sites of active health promotion' (Dutta, 2008).
8. The Community-led Campaign will contribute to national efforts to increase rates of cancer screening uptake among multicultural communities, which is one of the focus areas of the National Preventive Health Strategy 2021-2030. By co-producing with culturally, ethnically and linguistically diverse communities, it is hoped that these groups will make a positive contribution to multicultural communities, especially in increasing rates of breast, bowel and cervical screening uptake among these communities.

PROJECT ADVISORY GROUP PURPOSE

9. The **Enhanced Communications for Culturally and Linguistically Diverse (CALD) Communities-Prevention and Management of Chronic Conditions Campaign Community-led Campaign on Breast, Bowel and Cervical Health Screening Advisory Group (the Advisory Group)** will be composed of 4 - 6 representatives that reflect the Collaborative's membership and whose work and expertise are well-recognised across targeted community groups. The Advisory Group will collaborate to review and finalise guidelines on the Community-Led Campaign:
 1. Application process
 2. Eligibility criteria
 3. Assessment criteria
 4. Approval process
 5. Initiative agreements
 6. Reports and acquittals

10. Participation in the Advisory Group is an opportunity for people to contribute to increased screening in breast, bowel and cervical cancer screening in multicultural communities. Members of the Advisory Group will also gain a platform to interact and network with like-minded people and gain knowledge on how to guide strategic initiatives within an innovative co-production/empowerment framework.

MEMBERSHIP APPOINTMENT

11. The Collaborative will put out a call for Expressions of Interest (EOI) to appoint members to the Advisory Group. The Advisory Group will be composed of 4 – 6 people with a broad representation of expertise across the three targeted cancers.
12. Advisory Group EOIs will be open from 28 May 2024 – 11 June 2024. The Collaborative will review applications and will send a letter of invitation to confirm members of the Advisory Group.
13. The Advisory Group will be comprised of three (3) Collaborative staff and three to four (3-4) members from the Collaborative membership and partners.
14. The proposed composition of the Advisory Group includes:
 - Omar Al-Ani – The Collaborative Director
 - Nidia Raya Martinez- The Collaborative, Senior Program Manager (Chair)
 - Mariane Elias – The Collaborative, Program Manager (Member and Secretariat support)
 - Consumer and/or Carer member
 - Health and Wellbeing and/or social care service member
 - Health and social care practitioner member
 - Research member
15. Representatives from the Department of Health and Aged Care, and other project partners, may be invited to join the Advisory Committee meetings, as appropriate.

DUTIES

16. The Advisory Group's responsibilities will be as follows:
- To make meaningful and evidence-informed decisions on the progression of the Community-led Campaign.
 - To attend all meetings of the Advisory Group
 - To discuss issues pertaining to the Advisory Group without breach of confidentiality
 - To monitor project key performance indicators
 - To make recommendations, reached by the majority to the Department of Health and Aged Care, and project partners
17. The Chair's responsibilities will be as follows:
- Chair meetings
 - Assist with agenda/meeting preparation in conjunction with the group secretariat
 - Monitor attendance; contact members as necessary re absences
 - Represent the Advisory Group when presenting recommendations to the Department of Health and Aged Care and project partners
 - Present a written and verbal report to the Department of Health and Aged Care on outcomes from the Project Advisory Group
18. The Advisory Group will meet fortnightly by videoconference or teleconference on average with a consideration for ad hoc meetings depending on the Community-led campaign needs.

ADVISORY GROUP ADMINISTRATION

19. The Collaborative Secretariat will be responsible for the preparation of meeting agendas, minutes, reports and other administrative functions:
- The Advisory Group meeting agenda will be circulated to group members a minimum of seven (7) days prior to the date of the meeting.
 - A conflict-of-interest declaration will be included, group members will need to complete the declaration and notify the Chair of any conflicts.
20. Draft minutes of Advisory Group meetings will be circulated to group members for confirmation within two weeks of the meeting.
21. When Advisory Group meeting minutes are confirmed, a formal report with recommendations will be drafted by the Collaborative secretariat and tabled at the next meeting for endorsement.

22. The Advisory Group will review recommendations from the Review Panel¹ for endorsement. Any questions from the Advisory Group in relation to a specific application will be directed to the Review Panel for consideration and response.

23. Significant milestones achieved by the Advisory Group may be published on the Collaborative's website and social media platforms.

MEMBERSHIP

RESPONSIBILITIES

24. The Advisory Group does not have power, authority or delegated financial responsibility.

COMMUNICATIONS

25. All communications from the Advisory Group in relation to communications, such as but not limited to media releases, shall be reviewed by the Chair and forwarded to the Collaborative Communications Department prior to being published or released.

CONFLICT OF INTEREST

26. All members of the Advisory Committee 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.

CONFIDENTIALITY

27. Advisory Group members are responsible for maintaining the confidentiality of all proprietary or privileged information that they are privy to while serving as a group member.

REVIEW

28. The Advisory Group may review its Terms of Reference to ensure it is operating at maximum effectiveness and recommend changes it considers necessary to the Collaborative for approval.

TIMELINE

29. This is an Advisory Group associated with the Enhanced Communications for Culturally and Linguistically Diverse (CALD) Communities-Prevention and Management of Chronic Conditions Campaign a national campaign due for completion in October 2024.

¹ The purpose of the Review Panel is to evaluate initiative proposals and recommend potential recipients.

REMUNERATION

30. Remuneration is only for community organizations, carers and consumers at 89.6/hr.

TERMINATION

31. The Advisory Group shall be considered dissolved upon completion of their task, upon the termination or expiry of the Advisory Group, or being otherwise dissolved by resolution of the Collaborative.

FURTHER INFORMATION

For further information on this Terms of Reference or the operations of the Advisory Group, please contact:

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