

Is it time to retire the label “CALD” in public health research and practice?

TO THE EDITOR: We read with great interest the perspective *Is it time to retire the term “CALD” in public health research and practice?* and appreciate the discussion on how we define diversity in public health research and practice.¹ However, we argue that the issue is not the term itself but the context in which it is used. The problem arises not from “culturally and linguistically diverse” (CALD) as a term, but from the descriptions and assumptions that follow it. No single term can fully capture the lived experiences, challenges, advantages or disadvantages of a group of people.

The article presents only one side of the coin. Although CALD is often associated with social disadvantage, we must ask: does having an English-speaking background automatically confer social advantage? In Australia, the assumption is often yes.² But what if someone is from an English-speaking background in Japan or Saudi Arabia; are they still advantaged? The reality is that this term is primarily a functional descriptor that reflects linguistic and cultural diversity in a specific social context, rather than inherent disadvantage.³

The real issue is how researchers and policy makers use these terms. If a public health program describes CALD communities only in terms of vulnerability or deficiency, it reinforces marginalisation. However, when used correctly, CALD could be a neutral, inclusive term that simply acknowledges the presence of another language and culture within the demographic characteristics of a person.⁴ Changing the discourse of “othering” is the challenge.⁵

In contrast, “culturally and racially marginalised” (CARM) carries more negative connotations. Unlike CALD, which describes diversity, CARM labels communities as marginalised indefinitely. For instance, a person who arrived in Australia as a refugee 30 years ago may still be referred to as a “refugee” despite having acquired Australian citizenship, education and fluency in English. At what point does one fully belong and loses vulnerability? CARM risks trapping individuals and communities within the label of marginalisation.

Rather than retiring CALD, the focus should be on how we define and use such terms in public health discourse. Clearer, more thoughtful contextualisation is needed to ensure these terms reflect diversity without reinforcing disadvantage and power hierarchies. However, if we are to move

away from broad classifications such as CALD, we must embed structural changes or there is risk that any new term simply replicates the same systemic issues under a different name.

Sabine Allida^{1,2} 
Della Maneze²

¹ Centre for Chronic and Complex Care Research, Western Sydney Local Health District, Sydney, NSW.

² University of Wollongong, Wollongong, NSW.

sallida@uow.edu.au

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