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

In reply: We thank Allida and Maneze for their letter[1] and appreciate the engagement on this piece. However, we believe the core message of our article may have been missed.

Allida and Maneze raise an important point regarding the use of the label "culturally and linguistically diverse" (CALD) and its association with social disadvantage. However, the example provided, which raises the question of whether having an English-speaking background still confers social advantage in countries such as Japan and Saudi Arabia, highlights two very different contexts that are not directly comparable. This comparison overlooks the complex ways in which privilege operates across different settings and raises a broader conversation about privilege, an issue strongly alluded to in our article. In fact, a person of an English-speaking background can still confer certain privileges in these contexts, but it will manifest differently than in a Western context. Recognising this distinction is essential when examining how labels function across diverse cultural and regional landscapes.

"CALD" is not a neutral term. The issue extends beyond its usage to the systemic problems embedded within the label itself. The framework it creates oversimplifies complex identities and experiences. As discussed in our perspective, the label "CALD" homogenises diversity, failing to account for the significant differences within the communities it seeks to describe.[2] Identities are complex, highlighting the importance of applying an intersectional lens rather than grouping all multicultural communities under a single umbrella.[3] The letter authors' example of refugees illustrates why the CALD label is problematic. Even though refugees may assimilate and gain citizenship, their unique experiences continue to shape their health outcomes.[4]

Moreover, our article focused on the need for specificity in labelling, rather than advocating for the continued use of the term "culturally and racially marginalised" (CARM). As stated in our article, CARM reinforces a narrative of perpetual marginalisation.[2]

Allida and Maneze highlight an important point about focusing on how we use and define such labels in public health. This is central to our argument. Their perspective raises a question for debate, and we acknowledge that there are no definitive answers. Instead, we emphasise the need for ongoing consultations with communities. There is no one-size-fits-all solution and the language we use must continue to evolve.[2]

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1 Allida S, Maneze D. Is it time to retire the label "CALD" in public health research and practice? [Letter to the Editor] *Med J Aust* 2025; 223: 168.
2 Abdi I, Tinessia A, Mahimbo A, et al. Is it time to retire the label "CALD" in public health research and practice? *Med J Aust* 2025; 222: 220-222. https://www.mja.com.au/journal/2025/222/5/it-time-retire-label-cald-public-health-research-and-practice
3 Crenshaw K. Demarginalizing the intersection of race and sex: a black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. Chicago (IL): University of Chicago Legal Forum 1989; 1: 139.
4 Mahimbo A, Kang M, Sestakova L, et al. Factors influencing refugees' willingness to accept COVID-19 vaccines in Greater Sydney: a qualitative study. *Aust N Z J Public Health* 2022; 46: 502-510. ■