Ms Gladys Berejiklian

Premier of New South Wales

Via email:

*URGENT*

Saturday 11th September 2021

Dear Premier

Last Thursday 9th September 2021, the NSW Government outlined your plan to lift restrictions when the State reaches the target of 70 per cent double vaccination rate of eligible persons in mid-October.

We write to raise our serious concerns that more must be done to ensure people on lower incomes and in high-risk groups are not left behind in the race to reopen and that they will be adequately supported under your plan.

At this time, it seems clear that people on lower incomes and in high-risk groups are seriously behind in achieving vaccination rates.  These groups are also at far greater risk of dying of COVID if infected.

As Dr Kerry Chant has confirmed

*“We are only as good as the vaccination levels in our vulnerable communities.”*

Research released on Friday 10th September 2021 by the Australian Institute of Health and Welfare shows that **people on lower incomes have died of COVID at four times the rate of higher income people**. Lower income communities are **also behind in achieving safe vaccination rates**. ACOSS calculations based on research by Dr Hassani-Mahmooei from Monash University indicate there has been **an alarming ‘vaccine divide’ between higher and lower income areas**.

In NSW, as at 22 August 2021:
• in regions with average household incomes **above $2,000pw**, **about 75%** had 65% or more adults partly vaccinated (first dose);
• In contrast, in regions with average household incomes **below $1,000pw**, **none** had 65% or more adults partly vaccinated (first dose) and 5 out of 8 had less than 55% partly vaccinated.

We need current, accurate data to show the vaccination rates by income level, and between LGAs by average household incomes. Whilst we are encouraged by recent data showing an uplift in vaccination rates in the 12 NSW LGAs of current concern, we do not have access to detailed data by income and risk across NSW from the NSW Government.

Moreover, we are deeply concerned about the national precedent that will be set if NSW opens up before we achieve safe vaccination rates amongst people who are at greater risk. The example set by Australia’s largest state and biggest economy will in all likelihood be followed by other jurisdictions.

Further, if NSW opens up before safe vaccination rates are achieved amongst lower income and high-risk groups, the virus will likely spread across borders and take hold in other states, again more harshly affecting lower income and high-risk groups and communities.

Following the Thursday announcements, we would be grateful if you can urgently advise:

1. What is the difference between current vaccination rates across different income brackets? Are we leaving people who are poorest further behind as people on higher incomes start "getting back to normal"?

2. What is the strategy for preventing a concentrated epidemic of COVID amongst low income communities, including First Nations people, people with disability, people from culturally and linguistically diverse communities and other more high-risk groups?

3. Have you done modelling about what will happen under your plan if vaccination rates are not equitably achieved across income levels and high risk groups? If so, can this be immediately released?

We call for NSW to adopt the following principles before reopening:

1. Commit, at a minimum, to achieving the safe target vaccination rate in accordance with public health advice (e.g. 70, 80 or 85 per cent double vaccination rate) **across each income decile** and across LGAs with a particular focus on **LGAs with lower average household income areas**.

2. Ensure there is a published detailed strategy to swiftly lift vaccination rates among those people and communities being seriously left behind, partnering with trusted community leaders and organisations. Major resources are needed for community organisations to drive community-led engagement and vaccination strategies.

3. Commit to a weekly release of official data verifying the vaccination gap between different groups, including by income and other risk status. These risk categories include First Nations people and by income levels, as well as by disability, those with chronic illness, and those living in regional and remote areas.

4. Commit to advocating for a nationally consistent set of policies at National Cabinet.

Premier, NSW has a proud history of public health excellence which explicitly recognises the social determinants of health, including in our globally-recognised response to the HIV pandemic. We need to learn from this success.  As we battle the gravest public health crisis in modern history, we should remember the critical importance of these principles and put them into practice.

We refer you to the previous [ACOSS Open Letter to National Cabinet](https://www.acoss.org.au/wp-content/uploads/2021/08/210820.2-Letter-to-National-Cabinet_Urgent-Actions_Vaccinations-and-People-at-Risk.pdf) dated 19th August 2021 and the [ACOSS Briefing on Vaccination Targets and Data Transparency](https://www.acoss.org.au/wp-content/uploads/2021/08/210819_ACOSS-Briefing_Vaccinations-Targets-and-Data-Transparency_Final-for-Release.pdf), together with the [ACOSS and AFAO Briefing: Learning from One Pandemic to Live with Another](https://www.afao.org.au/wp-content/uploads/2020/11/2887_afao_jointAFAO_ACOSS_report_webart.pdf) , November 2020.

We remain strongly committed to working with National Cabinet, the Federal Government and your Government to secure a safe pathway through this pandemic for all.

Please do not hesitate to contact us to discuss.

Yours sincerely

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Dr Cassandra Goldie

CEO

**Australian Council of Social Service**



Ms Joanna Quilty

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