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Creating inclusive digital health resources for marginalised culturally diverse families: a call to action

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'How can I get my son to eat his congee?'

'Is it okay that my daughter cosleeps with her grandparents?'

'I always hand feed my children. Is that a problem?'

'Is it good to teach my children more than one language?'

More than ever, parents and caregivers seek online health information and need access to evidence-based digital health resources to inform their decision-making around their children's health and development. We know that parents' decision-making processes impact health behaviours and outcomes. As such, they ought to be addressed in a way that honours their diverse values and perspectives on parenting and children's health.[1]

While a recent survey showed that 68% of American parents searched for health and parenting-related information,[2] only 59% found helpful parenting information.[3] A survey by Neely *et al*.[4] also showed that more than half of social media users did not check the accuracy of the health information they retrieved on the internet.[4]

Existing online resources for parents are not accessible to a large proportion of families globally due to barriers relating to language, culturally incongruent caregiving frameworks and are centred on the values of healthcare providers. During the pandemic, where systemic inequities have become more exacerbated, the informational needs of marginalised cultural–linguistic communities have become more evident.[5] As the healthcare sector grapples with implementing the foundational concepts of equity, diversity and inclusion into clinical care, we must also translate these into a digital space—where many families search for relevant health information. Families can become reluctant to seek healthcare services as they do not have an adequate literacy on health. However, this goes both ways, where lack of access in healthcare services also reduce chances of these families to receive adequate health information, further put them at risk of unhealthy habits and parenting styles.

This paper discusses the need for digital child health resources that are culturally inclusive, representative and responsive to the evolving profiles and values of diverse parenting communities globally. Here, we propose three key imperatives to ensure no families are left behind in this new digital landscape.

First, we must ensure accessibility of child health information and leveraging the new technologies. However, alternatives of old modalities, such as radio, should be considered whenever the new technologies are not available. The global community must commit to continuing to overcome digital inequities for families who do not have internet access or smartphones through multisectoral collaboration. We should engage whole of society approach with multidimension resource to maximise any intervention, especially in improving health literacy through digital health. As asserted by Evans *et al*, 'Colour-blind' or pan-cultural approaches are inherently inequitable, in that, these generic resources are built around Eurocentric values of parenting, child health and programme delivery.[6]

All communities must be included as equal partners in assessing the community's health values and perceived needs, understanding what child health information is being accessed, household child health decision-making dynamics and the ideal modalities for digital delivery.

Second, child health information should be relevant and culturally acceptable. Academic and community partners must cocreate approaches to improve health literacy and critical thinking among diverse communities to battle the spread of misinformation, which

is seemingly ubiquitous and present in all languages and mediums. Many healthcare organisations have developed social media recommendations to help clinicians share general health information online. However, digital health education tools must be customised to the diverse cultural, linguistic and literacy profiles of the population of interest.

Community-based participatory research has successfully engaged marginalised communities as equal partners in the design and implementation of novel in-person health solutions, leading to greater content relevance, uptake and programme sustainability. The same inclusive and participatory principles should be applied to the design and implementation of digital resources and may be facilitated through rapid online participation strategies (eg, online polls, comments, direct messages).

Finally, these modalities should be evidence based, evaluated for their impacts in individual and community settings. We must prioritise research avenues that design and evaluate the digital delivery of evidence-based health information to marginalised parenting communities. There are only two relevant studies regarding the effectiveness of social media interventions in accessing child health information among marginalised cultural–linguistic populations: Grow2gether and B'more Healthy Communities for Kids (BHCK) studies.

The Grow2gether study randomised 87 low-income, low-literacy women in Philadelphia. The intervention was conducted for 11 months in the form of interactive Facebook group discussions, and participants received stipends.[7] The programme was found to be feasible and acceptable in the local community, with participants actively engaged in the discussion. BHCK randomised 28 low-income, predominantly African-American Baltimore communities.[8] it is important to scale up and adapt the strategies of the successful social media intervention programmes, such as BHCK and Grow2gether, to the unique profiles of other communities.[7 8] This is mainly to mobilise child health science in a way that is relevant and applicable to parents' experiences and needs.

Overall, social media and text messaging analysis showed high dose delivery, high fidelity and medium reach.

We urge our colleagues through this call to action to improve the quality, rigour, diversity, and accessibility of child health resources globally. As more parents engage in social media, there are more opportunities lie ahead to increase child health literacy and advance public health through population-based interventions that leverage social media.

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