

PEER REVIEW HISTORY

BMJ Paediatrics Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Creating Inclusive Digital Health Resources for Marginalised Culturally Diverse Families: A Call to Action
AUTHORS	Tengkawan, Jeslyn Agnihotri, Richa Minhas, Ripudaman Singh

VERSION 1 – REVIEW

REVIEWER	Reviewer name: Dr. Luis Rajmil Institution and Country: Homer 22 1st 1 Barcelona, Spain Competing interests: None
REVIEW RETURNED	27-Aug-2022

GENERAL COMMENTS	<p>The authors present a proposal on access to digital information and inequalities affecting ethnic minorities and racialized families. The proposals seem to be concrete and acceptable.</p> <p>It is evident that today the vast majority of families are seeking health information via internet and social media, and also that the global community must commit to continuing to overcome digital inequities for families who do not have internet access or smartphones.</p> <p>Only one aspect deserves to be reviewed: It is true that digital information is often not contrasted and can generate confusion, but it is striking that the authors do not mention the barriers to access to the healthcare services, which are in most cases racialized families and what would be the proposal to solve this problem, which in turn would facilitate these families to seek not only valid and reliable information but also healthcare attention.</p>
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REVIEWER	Reviewer name: Dr. Simon Lenton Institution and Country: Maple Grove, United Kingdom of Great Britain and Northern Ireland Competing interests: None
REVIEW RETURNED	15-Aug-2022

GENERAL COMMENTS	<p>Creating Culturally Inclusive Digital Health Resources for Racialized Families: An Urgent Call to Action</p> <p>This is a well written, short commentary on the topic of access to culturally inclusive digital resources.</p> <p>It is written by two North American authors and while the general themes around improving access to digital resources by all communities is important, some of the language/semantics may be misunderstood by global BMJ Open readers.</p> <p>For example, the term "racialized families" requires definition and the differences between racialised and marginalised communities explained.</p> <p>Given that the BMJ Open readership is international, it might be helpful to set this commentary in the framework of the UN Convention on the Rights of the Child where many of the articles relate to participation and health promotion, neither of which can be</p>
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	<p>achieved without access to meaningful and culturally appropriate information.</p> <p>Digital health resources would be just one “channel” to provide evidence-based information to support engagement and coproduction of programmes to address existing inequities of health outcomes that exist for many culturally diverse communities often mediated through poverty.</p> <p>It was unclear whether the five “key imperatives” relate to improving parenting decisions, health knowledge and critical thinking or child literacy (especially girls) and children’s knowledge about health. Or all.</p> <p>The five key imperatives to improve health literacy could be reduced to three:</p> <ol style="list-style-type: none"> 1. to improve access to information via digital media (and alternatives for those without screens), 2. to improve the content of digital media (e.g. to support parenting), 3. to improve relevance of digital information for culturally diverse groups. <p>This will require a population/community-based public health approach, coproduction with the communities involved, rigorous evaluation to learn what works and rapid spread of new knowledge to enable maximal and equitable improvements in health literacy for both parents children and young people of all cultures.</p> <p>The commentary raises the interesting question of whether increasing the evidence base for effective parenting strategies will in the long term create more consensus and less variation in practice across diverse communities.</p> <p>Minor points.</p> <p>Is “digital” just via screens (including TV) or include radio?</p> <p>The term “target” communities should be avoided.</p> <p>“In italic quotes seem out of place in the article</p> <p>Reference for Neely et al 2021 needed</p> <p>Stephen Neely 1 , Christina Eldredge 2 , Ron Sanders 3 Health Information Seeking Behaviors on Social Media During the COVID-19 Pandemic Among American Social Networking Site Users: Survey Study</p>
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VERSION 1 – AUTHOR RESPONSE

Dear Dr. Shanti Raman, MBBS, PhD

Associate Editor, BMJ Paediatrics Open

Professor Imti Choonara, MBChB, MD, FRCPC, DTM&H

Editor in Chief, BMJ Paediatrics Open

We thank all the peer-reviewers and editors for the attention and time devoted to our work. Here are our responses to all of the peer review comments:

Editor in Chief Comments to Author :

Delete the Key Messages (What is already known on this topic, etc) as these are not needed for Editorials

Title delete "for Racialized Families" - it is not needed

Avoid the term "racialized families". It is not understood outside the USA. I presume you mean "black and minority ethnic families"

☑ Thank you for your comments. We deleted the key messages, and fixed title and racialized terms.

Associate Editor

Comments to the Author:

The reviewers have made constructive comments that would add to the strength of the paper, if re-written to address the suggestions.

☑ Thank you, we re-wrote and addressed the suggestions thoroughly.

Reviewer: 1

Dr. Simon Lenton

This is a well written, short commentary on the topic of access to culturally inclusive digital resources.

It is written by two North American authors and while the general themes around improving access to digital resources by all communities is important, some of the language/semantics may be misunderstood by global BMJ Open readers. For example, the term "racialized families" requires definition and the differences between racialised and marginalised communities explained.

☑ As suggested by the editor in chief, we changed the term "racialised". However, as BIPOC communities are not really a "minority" in the world, we use "marginalized cultural groups" or "marginalized cultural-linguistic groups" instead.

Given that the BMJ Paediatrics Open readership is international, it might be helpful to set this commentary in the framework of the UN Convention on the Rights of the Child where many of the articles relate to participation and health promotion, neither of which can be achieved without access to meaningful and culturally appropriate information.

Digital health resources would be just one "channel" to provide evidence-based information to support engagement and coproduction of programmes to address existing inequities of health outcomes that exist for many culturally diverse communities often mediated through poverty.

It was unclear whether the five "key imperatives" relate to improving parenting decisions, health knowledge and critical thinking or child literacy (especially girls) and children's knowledge about health. Or all.

The five key imperatives to improve health literacy could be reduced to three:

1. to improve access to information via digital media (and alternatives for those without screens),
2. to improve the content of digital media (e.g. to support parenting),
3. to improve relevance of digital information for culturally diverse groups.

This will require a population/community-based public health approach, coproduction with the communities involved, rigorous evaluation to learn what works and rapid spread of new knowledge to enable maximal and equitable improvements in health literacy for both parents children and young people of all cultures.

The commentary raises the interesting question of whether increasing the evidence base for effective parenting strategies will in the long term create more consensus and less variation in practice across diverse communities.

☑ Thank you for these valuable insights and comments. We restructured our key points and made some adjustments, tailored to our initial ideas.

Minor points.

Is “digital” just via screens (including TV) or include radio?

☑ We recognize the new emerging digital medias, including smartphones and social medias; however, we want to emphasize that improving literacy should be custpmised according to the population of interest, including using the old modalities, such as radio. We have added this on the paragraph discussing customization of digital tools.

The term “target” communities should be avoided.

“In italic quotes seem out of place in the article

Reference for Neely et al 2021 needed

☑ We have eliminate “target” terms, remove the italic format, and added the reference.

Reviewer: 2

Dr. Luis Rajmil

The authors present a proposal on access to digital information and inequalities affecting ethnic minorities and racialized families. The proposals seem to be concrete and acceptable.

It is evident that today the vast majority of families are seeking health information via internet and social media, and also that the global community must commit to continuing to overcome digital inequities for families who do not have internet access or smartphones.

Only one aspect deserves to be reviewed:

It is true that digital information is often not contrasted and can generate confusion, but it is striking that the authors do not mention the barriers to access to the healthcare services, which are in most cases racialized families and what would be the proposal to solve this problem, which in turn would facilitate these families to seek not only valid and reliable information but also healthcare attention.

☑ Thank you for your comments, our field experience regarding marginalized communities showed that families reluctant to seek healthcare services as they do not have an adequate literacy on

health. However, we realize it can also go both ways. We put this point into the end of third paragraph.

On behalf of all authors,

Best wishes,

Jeslyn Teng kawan

VERSION 2 – AUTHOR RESPONSE

Dear Dr. Shanti Raman, MBBS, PhD

Associate Editor, BMJ Paediatrics Open

Professor Imti Choonara, MBChB, MD, FRCPCH, DTM&H

Editor in Chief, BMJ Paediatrics Open

We thank you for the additional comments. Here are our responses:

Associate Editor

Comments to the Author:

I agree that “racialised” is not understood and should not be used in the Title..Can the authors please change the title to: Creating

inclusive digital health resources for marginalised culturally diverse families: A Call to Action.

☑ Thank you, we revised the title.

I think the authors also need to specify that this call to action is more about culturally diverse populations in high income

countries than necessarily being relevant to all marginalised children in the world.

☑ Looking at the example of Indonesia with its diverse population, most low-income families (including blue-collar

workers) have smartphones and can access social media, such as WhatsApp. In fact, there were 98.2% of Indonesian

owned smartphones and 96.4% were mobile internet users (<https://perpustakaan.bsn.go.id/index.php?p=news&id=1412>).

All information (all kinds, right and wrong) can be broadcasted within seconds. This stress the importance of spreading

the correct information to those communities, including those low-income families living in developing countries (also

marginalised population), since they're easily provoked/believe and tend to not fact check/think critically (e.g., vaccine

misinformation that led to vaccine hesitancy and vaccine rejection)

(<https://onlinelibrary.wiley.com/doi/10.1111/aspp.12608>). We also found the rising in smartphone use in other developing

countries (<https://www.pewresearch.org/global/2018/06/19/2-smartphone-ownership-on-the-rise-in-emerging-economies/>). This was published in 2018 and possibly underestimated today's situation after the pandemic that raised

smartphone/internet use.

I also think that there are far more important blocks to access to child health and parenting support in the global south than access

to digital space - "where the vast majority of families are seeking health information". Please amend that statement to perhaps

"where many families search for relevant health information".

☑ Thank you, we revised the sentence.

We believe all comments have improved our paper to be more relevant and impactful for the readers. We really

appreciate your time and attention. Thank you.

On behalf of all authors,

Best wishes,

Jeslyn Tengkawa