

**Health communication and social
media in multicultural Australia:
THE EXPERIENCES OF CALD COMMUNITY LEADERS IN USING
SOCIAL MEDIA TO IMPROVE HEALTH OUTCOMES
FOR THEIR COMMUNITIES**

Michael Cruz Camit

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Abstract

There is growing evidence of the potential of social media for health promotion. However, very little is known about how culturally and linguistically diverse (CALD) communities use and can benefit from social media related health communication.

Using a participatory action research approach, this thesis documents the experience of 26 community leaders from diverse migrant and refugee backgrounds who attended monthly social media workshops for six months. The researcher facilitated the workshops and for three years maintained regular contact with participants through a closed Facebook page as well as through individual contact. After three years, participants were invited to reflect on their experience of using social media for health communication for themselves and their communities.

The findings suggest that social media afforded CALD community leaders and their communities voice, knowledge management, listening and monitoring tools, social capital, solidarity, agency and self-determination.

This thesis argues that social media enable CALD community leaders to exercise their agency to curate, adopt, tailor or reject health information for themselves and their communities. More importantly, social media enable CALD leaders to build online communities and advocate to improve the social, living and working conditions of their communities, the social determinants of health.

The thesis makes four theoretical contributions. First, it extends Dutta's *culture-centred approach* to the realm of social media for health communication. Second, this study offers an alternative view of health communication from the

perspective of CALD audiences, recognising that audience members are not only the receivers of messages but also potential collaborators and disseminators of health communication. Third, the study challenges the implicational sequence of engaging with social media suggested by Van Dijk's *resource appropriation theory*. The study presents evidence that CALD community leaders do not have to overcome all barriers about social media in order to achieve strategic objectives for their community. Instead, leaders can rely on support from within their communities to develop social media strategies for their community. Finally, the study also provided evidence to suggest social media's relationship with and direct influence on the social determinants of health, consistent with Viswanath's *structural influence model of communication*.

The thesis also makes contributions to policy and practice. It advocates for a review of how health organisations engage with CALD communities as collaborators and not just passive recipients of health information. Insights from the barriers identified from this thesis can inform current and future digital inclusion initiatives. ■