

Peer Review File

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Reviewer A

Overall, the authors discussed the wide use of social media, challenges with social media use for immigrants and provide recommendations for future health research. However, there are not so many evidence to support the arguments. I hope the authors can discuss more based on existing studies/programs. Below are some specific comments:

1. Can the authors discuss social media based programs conducted for the majority? What are challenges encountered in these program/research? Do we anticipate these challenges in social media based programs for immigrants/minorities? Why or why not?

Reply 1: We have followed the reviewer's suggestion and added a section in the paper to discuss the literature on studies on social media and health promotion. The existing small number social media-based interventions were mostly delivered via the platforms frequently used by mainstream populations and particularly non-Hispanic whites, with very limited data from minority populations and virtually none from immigrants (see page 3-4 for details). We further elaborated on how the lack of diversity in delivery channels and scarcity of intervention studies for immigrants present significant challenges to addressing health disparities in these vulnerable populations (see pages 4-5 for details).

2. Is there any social media based programs that target to immigrants/minorities? It would be great if the authors can provide some examples and compare them with programs that performed in the majority.

Reply 2: The existing studies on social media use among minorities and immigrants were mostly descriptive with very few interventions aimed to change health outcomes. We haven't found any social media-based intervention specifically targeting for immigrants. We have added the literature summary into the revised manuscript (page 3-4).

3. Line 103, the concept of cultural competence is not well explained in the manuscript. Can the authors define this concept before the discussion? In addition, health literacy can be a potential challenge for both majority and immigrants/minority. Can the authors briefly discuss this?

Reply 3: We have followed the reviewer's suggestion and added the definition of cultural competence (page 6) and elaborated on its importance in social media-based public health

programs for minorities or immigrants. We agree with the reviewer that health literacy is an important factor to consider in the design and implementation of public health programs, especially for immigrants and minorities who may have limited health literacy and/or cultural and linguistic familiarity with “mainstream society”. We have added a paragraph in the section “Challenges faced by immigrants in the social media era” to address health literacy (page 4).

Reviewer B

This study attempted to contribute to the understanding of social media apps used by immigrants in the United States. Although the research is interesting I consider that the authors should apply minor edits.

First of all, the manuscript structure should be improved. I advise the following:

1. Introduction (sub-introduction parts)
2. Literature Review or Related Work. A table referring to others research studies is a good option
3. Methodology
4. Analysis of results
- 5 Discussion
6. Conclusion (sub-conclusions parts such as limitations and future research)

Paper research gap: This part is very general and lacked alignment to the research findings, no Discussion was provided to derive the implication.

In addition, the author should make references to what is the originality and value of the research work to the industry. Why is it necessary to develop this study? Explain in detail.

Reply: We appreciate the constructive comments from Reviewer B on the manuscript structure. This manuscript is an *editorial* or viewpoint and not a traditional research paper. Hence, the typical research paper structure (Introduction, Methods, Results, Conclusion) does not apply. We did ensure that the sections flow logically in this revision.

The purpose of this editorial is to draw attention to the scarcity of studies on social media-based interventions for immigrants and advocate for using the social media apps popular in immigrants to address health disparities in vulnerable populations. We have followed Reviewer A’s comments to add details on the literature review and elaborate on our points with examples from the literature (see responses to Reviewer A).