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Creating Culturally Inclusive Digital Health Resources for Racialized Families: An Urgent Call to Action

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Abbreviations: BHCK (B'more Healthy Communities for Kids), COVID-19 (Coronavirus Disease 2019)

What is already known on this topic - Health information is often not accessible to a large proportion of families globally. Parents need culturally acceptable and reliable information to enable them to live healthily and help them make daily parenting decisions.

What this study adds – This commentary 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.

How this study might affect research, practice or policy - We propose five key imperatives to ensure no families are left behind in this new digital landscape and how to improve child health literacy equity.

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

"Is it okay that my daughter co-sleeps 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. (2021) also showed that more than half of social media users did not check the accuracy of the health information they retrieved on the internet.

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 marginalized and racialized communities have become more evident.[4] 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 the vast majority of families are seeking health information.

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 five key imperatives to ensure no families are left behind in this new digital landscape.

First, target 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.

Community-based participatory research has successfully engaged marginalized communities as equal partners in the design and implementation of novel in-person health solutions, leading to greater content relevance, uptake, and program 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 (e.g., online polls, comments, direct messages).

Second, we must prioritize research avenues that design and evaluate the digital delivery of evidence-based health information to marginalized parenting communities. There are only two relevant studies regarding the effectiveness of social media interventions in accessing child health information among marginalized and minority populations: Grow2gether and B'more Healthy Communities for Kids (BHCK) studies.

The Grow2gether study randomized 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.[5] The program was found to be feasible and acceptable in the local community, with participants actively engaged in the discussion. BHCK randomized 28 low-income, predominantly African-American Baltimore communities.[6] Overall, social media and text messaging analysis showed high dose delivery, high fidelity, and medium reach.

Third, academic and community partners must co-create approaches to improve health literacy and critical thinking amongst diverse communities to battle the spread of misinformation, which is seemingly ubiquitous and present in all languages and mediums. Many healthcare organizations have developed social media recommendations to help clinicians share general

health information online. However, digital health education tools must be customized to the diverse cultural, linguistic, and literacy profiles of the target populations.

Next, it is important to scale up and adapts the strategies of the successful social media intervention programs, such as BHCK and Grow2gether, to the unique profiles of other communities.[5,6] This is mainly to mobilize child health science in a way that is relevant and applicable to parents' experiences and needs.

Finally, the global community must commit to continuing to overcome digital inequities for families who do not have internet access or smartphones through multisectoral collaboration. As asserted by Evans et al., "Color-blind" or pan-cultural approaches are inherently inequitable, in that these generic resources are built around Eurocentric values of parenting, child health, and program delivery.[7]

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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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. (2021) 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 marginalized 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 the vast majority of families are seeking 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 multi-dimension resource to maximize 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 program 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.

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