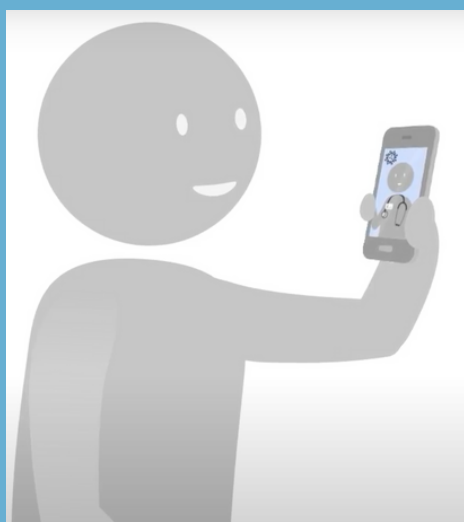




ANNUAL  
PROGRAM  
SUMMARY

2022



An initiative of the

**Stanford**

Center for Health Education



# A note from our leaders

Although 2022 extended the pandemic-related health challenges faced by our global community, we are optimistic about the coming year. With gratitude to the support of our many collaborators and the commitment of each member of our team, we are pleased with the continued global impact of Digital Medic. We continue to evolve our educational styles to be adaptable and scalable so that we can continue to amplify our global relevance. We have focused our energy over this past year on using lessons learned in addressing the global crisis to shape our future strategies and directions. At a high level, we have learned that:

**DIGITAL SOLUTIONS ARE HERE TO STAY:** The pandemic accelerated the adoption of digital solutions out of necessity, rapidly increasing digital literacy and allowing digital training solutions like ours to be embraced as a scalable and effective strategy for the global distribution of health education.

**MISINFORMATION/DISINFORMATION IS A CRITICAL THREAT:** With the explosion of social media and online sharing, there has been a rapid increase in the spread of health misinformation and disinformation. The need for evidence-based trusted health sources has never been so clear.

**SOCIAL MEDIA IS A CRITICAL DISTRIBUTION CHANNEL:** We have paid closer attention to our distribution channels, including social media, and plan to continue expanding our collaborations and learner reach through new media.

**NEGLECTED ROUTINE HEALTH IS OUR NEXT GLOBAL HEALTH CRISIS:** As we emerge from the Covid-19 pandemic, we must reverse community members' reluctance to attend immunization clinics. We are focusing our work on increasing confidence in vaccination safety, and the importance of routine immunizations.

**HEALTH EQUITY NEEDS MORE ATTENTION:** The pandemic highlighted the existing disparities in access to healthcare. Digital Medic is committed to democratizing health education and information equity. We believe that access to reliable health education is a human right. We are committed to working to increasing this access.

**PARTNERSHIPS ARE EVERYTHING:** Collaboration has been a core part of our mission since our founding. We are humbled to work with so many dedicated organizations that help to expand our impact into new geographies.

As we look to next year, we renew our commitment to the training of Community Health Workers through expanding our library of digital training resources. We will redouble our efforts as a learning lab to share knowledge on how to make digital health training effective, increase our outreach efforts to strengthen our relationships with health and government organizations, and celebrate our team and partnerships.

Thank you for your continued support of our mission and team - we could not do this without you.

With best wishes,  
Charles and Aarti



**Charles G. Prober, MD**  
Founding Executive Director  
Stanford Center for Health  
Education



**Aarti Porwal**  
Managing Director  
Stanford Center for Health  
Education

## Update from our team

## REVISITING OUR CORE VALUES

Since Digital Medic was founded in 2016 by a group of passionate educators at Stanford Medicine, our organization has evolved, we've learned from every experience, and we've grown. Our team has expanded fourfold, we've established and grown our offices in California and South Africa, and we've narrowed our focus to primarily supporting community health workers and their communities. A guiding principle for us from the beginning is our commitment to extending the global accessibility of high-quality health education, with the ultimate goal of improving health outcomes.

With this commitment to health as our guide, our team took time in 2022 to examine what values govern our work. Here are the six core values that reflect what Digital Medic stands for:

**ACCESS TO HEALTH AND EDUCATION ARE HUMAN RIGHTS.** Access to health and education are distinct human rights. Quality health education is a critical lever in enabling people around the world to improve health outcomes for themselves and their communities. We work to expand access to health education for health workers and community members worldwide, particularly those in medically underserved areas.

**IMPROVING HEALTH OUTCOMES IS OUR ULTIMATE GOAL.** We strive to improve the health of communities globally, documenting outcomes through rigorous evaluation. We focus on high-need health issues that have the greatest impact on morbidity, mortality, and quality of life.

## EVIDENCE MATTERS.

Our learning design, content creation, and evaluation work is rooted in evidence-based science. As representatives of Stanford University and our global community, we hold ourselves to the highest standards of reliability, trustworthiness, and quality.

**PEOPLE COME FIRST.**

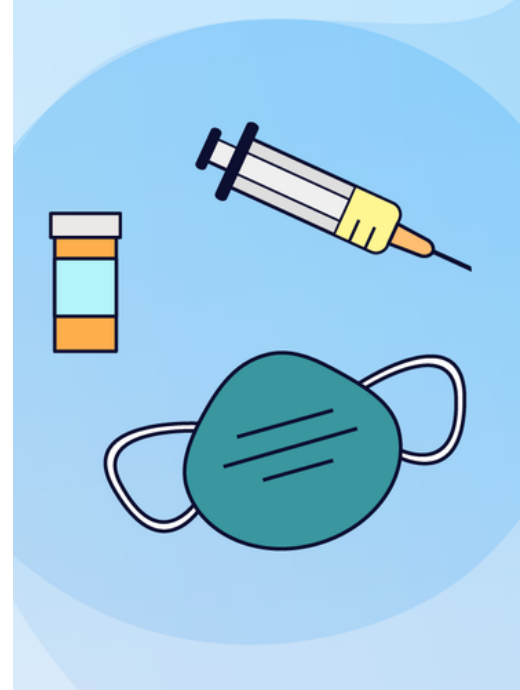
The diverse talents and perspectives of our global team and collaborators make our work possible. We approach our interactions with compassion, respect, and humility. We apply a people-centered approach to all of our activities in the pursuit of our mission.

**SUCCESS COMES FROM WORKING TOGETHER.**

We cannot accomplish our mission alone. We build lasting relationships with a diverse network of organizations to improve and sustain the quality of life for the communities we serve. We are proud to be a strategic collaborator supporting the health education needs determined by those living and working in low- and middle-income communities.

**WE ARE LIFELONG LEARNERS.**

We embrace a growth mindset in our operations and dedicate ourselves to ongoing improvement, experimentation, and flexibility. We recognize that we are one piece within larger systems and have much to learn from our global community.





# Accessible health education saves lives.



Community health workers with the Philani Maternal, Child Health and Nutrition Trust walk to visit patients in the Eastern Cape, South Africa.  
*Photo credit: Kira-Leigh Kuhnert.*



# We believe access to health education is a human right.

**Our mission** is to create engaging, high-need digital health education that can scale quickly and cost-effectively to communities worldwide.

Digital Medic is an initiative of the Stanford Center for Health Education at Stanford University. We collaborate with health-focused organizations around the world to co-create digital health content and evaluate its benefits for community health workers and the general public.

Based in Stanford and Cape Town, we are a team of clinicians, global health researchers, and learning design experts working to improve global health outcomes through high-quality health education.

[Meet our team.](#)

44

GLOBAL  
COLLABORATORS

420

EDUCATIONAL  
VIDEOS

36M+

LEARNERS  
2016-2022





# We are proud to be a strategic collaborator in global health improvement initiatives.

***Education is a key lever in improving global health outcomes.*** We support the health education needs determined by those living and working in low- and middle-income communities through global collaboration, learning design, and research and evaluation:

## GLOBAL COLLABORATION

Success comes from working together. We build lasting relationships with governmental bodies, health-focused organizations, and the communities we serve to co-create, distribute, and evaluate our content.

## LEARNING DESIGN

Our expertise lies in translating complex health information into rich learning experiences that resonate with learners across various backgrounds and literacy levels. We use a community-based, learner-centered approach to create health education content with collaborators. We hold focus groups and iterative feedback sessions with learners to ensure the materials we produce are actionable and relevant. All of the materials we create are open-access, freely available to use and distribute under Creative Commons licensing.

[☑ Review our sharing guidelines.](#)

## RESEARCH & EVALUATION

Our research and evaluation team works with both Stanford faculty experts across academic disciplines and collaborators around the world to identify impactful strategies and opportunities for improvement in digital learning models.

[☑ See our publications and ongoing studies.](#)

**“One of our goals is to free up on-the-ground community health organizations’ resources for training and caring for patients and clients. Every organization shouldn’t have to be writing and illustrating educational materials - it’s more efficient to share resources.”**

*Dr. Victoria Ward, Digital Medic Medical Director*

---

Community health workers in India watch a video on immediate newborn care. Photo credit: Carlos Sanchez.



## In 2022

we completed three rigorous impact evaluations using our health education content — we observed significant knowledge gains and/or positive behavior change across **all of them**.



Breastfeeding champion Thandy Makola shares a video on promoting healthy child development with patients. Photo credit: Sihle Zingani, Qhawekazi project - Madwaleni Hospital, Elliotdale, Eastern Cape, South Africa.

# Why health education?

*Our theory of change is rooted in the belief that an increase in health knowledge leads to an increase in health-promoting behaviors, which ultimately results in improved health outcomes.*

Health knowledge is a cornerstone of behavior change and individual empowerment, essential at both the health worker and community member levels. While health education has always been available, it has not always been accessible. We overcome common barriers of traditional health education methods by making our resources:

**CREDIBLE:** All materials are evidence-based, vetted by health experts, and shared through locally-trusted sources.

**ENGAGING:** Our content is story-based, actionable, and relevant to increase learner engagement and knowledge retention.

**ADAPTABLE:** The materials we create with one community can be adapted to resonate with others. Mostly digital, resources can be updated if information changes.

**ACCESSIBLE:** Our video-based and visual-centric content overcomes literacy barriers.

**SCALABLE:** Our resources are widely available through our collaborators as well as our website, YouTube channel, and mobile app with downloadable content. We create content in a variety of formats to reach learners across devices and data barriers.

**10 million**

**more healthcare workers are needed by 2030 to achieve universal health coverage, primarily in low- and lower-middle income countries.**

WORLD HEALTH ORGANIZATION

# Building capacity for the global health workforce

**Between 2016 and 2022, Digital Medic content reached an estimated**

**15.5 million** frontline health workers.

**We are proud of the work we have accomplished with our collaborators, but more needs to be done to support the ongoing training needs of the global health workforce.**

Frontline health workers provide life-saving care around the world. Community health workers (CHWs) in particular understand their patients' circumstances and serve their communities' needs, filling urgent gaps in primary care delivery. However, as the global health workforce continues to shrink, it is vital to ensure health workers worldwide have high-quality resources and training opportunities.

***In 2022, our team continued to create and broaden the impact of health education content created with and for healthcare providers, with an emphasis on supporting CHWs.***



# Promoting Digital Education for Community Health Workers

## BOOSTING CHWS' PERCEIVED CREDIBILITY USING VIDEOS & TABLETS

Though CHWs have a unique ability to meet people where they are with information when it is needed most, they report encountering skepticism about their credibility as health professionals. We worked with the Philani Maternal, Child Health and Nutrition Trust to conduct a qualitative study within a larger randomized controlled trial in Khayelitsha, South Africa. The findings, published in 2022, indicate that using tablet devices and educational videos during visits can help legitimize CHWs and improve their experiences delivering care.

[Read more on our blog.](#)

## EXTENDING THE IMPACT OF THE CHW ADVOCACY TRAINING COURSE

In 2021, we worked with the Community Health Impact Coalition (CHIC) to develop a free digital course on advocacy, storytelling, and technology — core skills to help CHWs take charge of their work and champion their own well-being. In 2022, we created a complementary course Facilitator Guide that prepares CHWs who have taken the course to train other health workers. All materials are also now available in English, French, and Spanish through the Digital Medic mobile app and the CHIC web app.

[View the course and facilitator guide.](#)

In 2022, we saw the course in action.

Thousands of CHWs completed the course, and we are now working with organizations to apply the materials within specific country contexts:

- Resolve To Save Lives is offering our course through their learning platform to provide health workers in primary care facilities with the skills to advocate for safer workplaces.
- The Uganda Ministry of Health and Nama Wellness Community Centre facilitated an in-person training of over 160 CHWs. The course is now part of Uganda's national training curriculum and will soon reach an additional 5,000 CHWs across the country.

**"There is stigma to be undermined in the township as if we don't know what we are talking about.**

**Amavidiyo...anike umsebenzi wethu isidima: The videos gave weight to our work."**

*Mentor-Mother, Philani Maternal, Child Health and Nutrition Trust*



CHW advocacy training session in Lira District with Nama Wellness Community Centre and the Uganda Ministry of Health.  
Photo credit: Nama Wellness Community Centre

## SUPPORTING VACCINATION: A TOOLKIT FOR CHWS

CHWs have a deep understanding of their communities' needs and sentiments toward vaccination, enabling them to play an important role in global vaccination efforts for COVID-19 and other preventable illnesses. However CHWs around the world report facing barriers to improving vaccine uptake including a lack of educational materials, inadequate training opportunities, and gaps in understanding about vaccines.

With an advisory group of CHWs, we developed a toolkit to equip CHWs with the knowledge and confidence to educate communities about the importance of vaccines, and to guide people through the vaccination process. The mobile-friendly toolkit contains videos, audio files, and infographics, accessible anytime and shareable via mobile chat platforms.

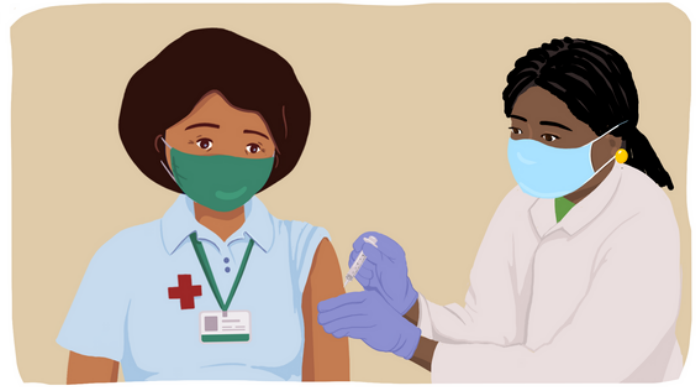
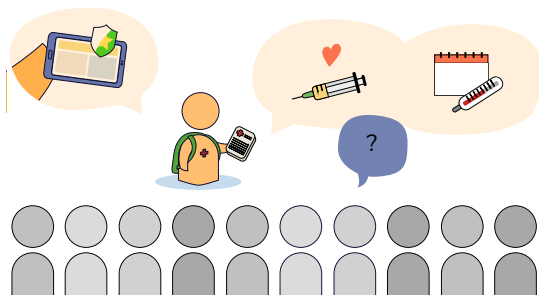
All elements of the toolkit stem from a fundamental understanding that with adequate support and resources, CHWs are uniquely qualified to influence behavior shifts within the communities they know and care for.

**In 2022, the toolkit reached over 400,000 learners.** We are in the process of translating all materials into additional languages and are eager to continue spreading the toolkit to more CHWs around the world.

[View and download all resources.](#)

**"Their main challenge was convincing their communities, who were overwhelmed with myths and misinformation about the vaccine, to get vaccinated."**

*Nophiwe Job, Digital Medic Research Analyst*



### CHW ADVISORY GROUPS

To develop this toolkit, we worked with CHWs from the Philani Maternal, Child Health and Nutrition Trust and One to One Africa. In focus group sessions, CHWs spoke about their personal experiences of getting vaccinated as well as conducting vaccine outreach.

#### Key needs we learned from CHWs and built into the toolkit:

- Ensure flexible and convenient access to materials: CHWs expressed a need for educational resources they can access and revisit on their own time, e.g. during travel or between tasks, and even while working with clients.
- Create clear, understandable visuals to use in community outreach: CHWs shared a desire for fewer paper handouts that tend to get put aside or lost, but they still had a need for visual aids to educate their communities.
- Incorporate CHWs' lived experiences: Videos in the toolkit feature Sarah, an animated CHW narrator. Her story reflects the fears, hopes, and vaccination experiences that CHWs shared with us.

**"Training is needed because we have questions that we get stuck on in our communities as we encourage them to get vaccinated... For example, this thing of blood clots and what causes it and you know that you are not informed about this, but you still encourage them. Training is needed."**

*CHW advisor*



## WORK IN PROGRESS: CARING FOR SICK CHILDREN IN THE COMMUNITY

Community health workers play a key role in communities by identifying signs and symptoms of common childhood illnesses and ensuring that children access the care they need as early as possible. With sufficient training, CHWS can identify mild signs and symptoms and help caregivers to treat these at home. They can also identify severe signs of illness and danger signs and then refer these children urgently to health facilities for medical care.

In 2022, we began working with Lwala Community Alliance, Philani Maternal, Child Health, and Nutrition Trust, and One to One Africa to create a free digital training on childhood illnesses for CHWs, with input from CHWs throughout the development process. This training, which will be launched in 2023, is part of a larger effort to improve maternal and child health outcomes by building health system capacity through digital health education.

[Subscribe to our quarterly newsletter to receive project updates.](#)

### How to identify fast breathing

For all children with a cough, count the number of breaths in one minute to find out if they have fast breathing. Continuous fast breathing can be a sign that the child is very sick.

Steps	Tips	
<b>Positioning</b> 	Make sure the child is calm and not bent at the waist. They can be awake or asleep.  Check that you can see the chest clearly, especially as the child breathes in.	If the child is scared, crying or moving, wait until the caregiver calms the child.  If clothing is covering the chest, ask the caregiver to roll it up or remove it.
<b>Equipment</b> 	Use a clock or watch with a second hand, a respiratory timer or a timer.	If using a watch or clock, start counting when the second hand reaches 12 or 6 so that it is easy to remember.
<b>Counting</b> 	Start the timer and count the number of times the child breathes in (and the chest expands) for 60 seconds or one minute.	It can be helpful to have someone say "Start or Go" at the beginning and "Stop" at the end of 60 seconds.

Check if the child has fast breathing according to their age.

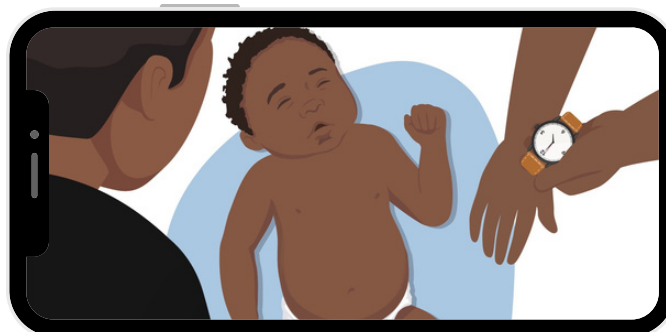
2 months to 12 months

**50 breaths**  
or more per minute

12 months to 5 years

**40 breaths**  
or more per minute

If the child has fast breathing, they need urgent treatment or to be referred to a health facility.



# Advancing Digital Education for All Health Professionals

## EVALUATING DIGITAL EDUCATION FOR HEALTH PROFESSIONALS: EVIDENCE MAP, CONCEPTUAL FRAMEWORK, & RESEARCH AGENDA

Many populations facing the greatest burden of disease have the least access to health services — accessible digital education for health professionals can help address this gap. We participated in a global collaboration to review findings on the use of digital tools for health professionals education. The resulting evidence map, conceptual framework, and synthesis of research questions were published in the open-access Journal of Medical Internet Research (JMIR). **We hope this publication will help educators and researchers plan, develop, and study digital health education for professionals.**

[Read the paper.](#)

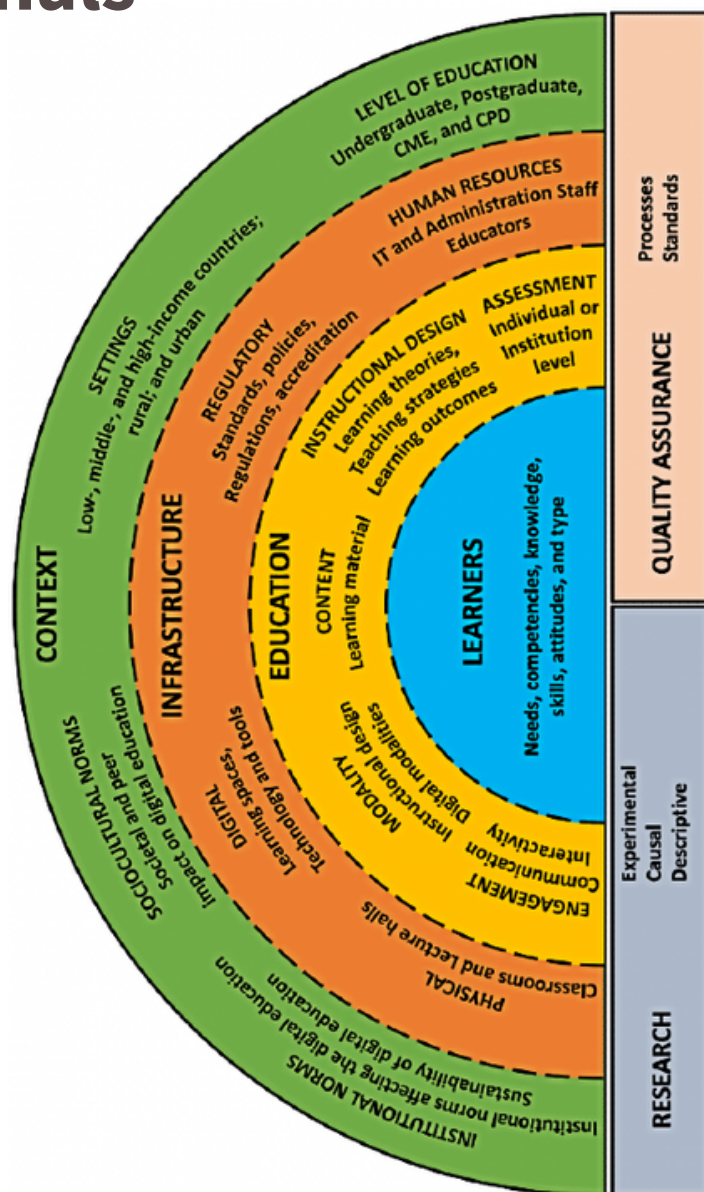
## COURSE DESIGN AND FACILITATION: DIGITAL HEALTH APPLIED LEADERSHIP PROGRAM

Digital technology can continue to strengthen healthcare if leaders are equipped to build, manage, and grow sustainable systems. The University of Global Health Equity (UGHE) brought together a diverse team to create a training curriculum to upskill key stakeholders in Africa into digital health leaders.

[Learn more about the program.](#)

The first cohort started the Digital Health Applied Leadership Program (DHALP) in 2022. The DHALP includes a digital health leadership course that our team co-created. The course included topics such as:

- Engaging in self-reflection for authentic leadership.
- Improving organizational processes using human-centered management approaches.
- Leading teams and coaching with compassion.
- Leading organizations through change.



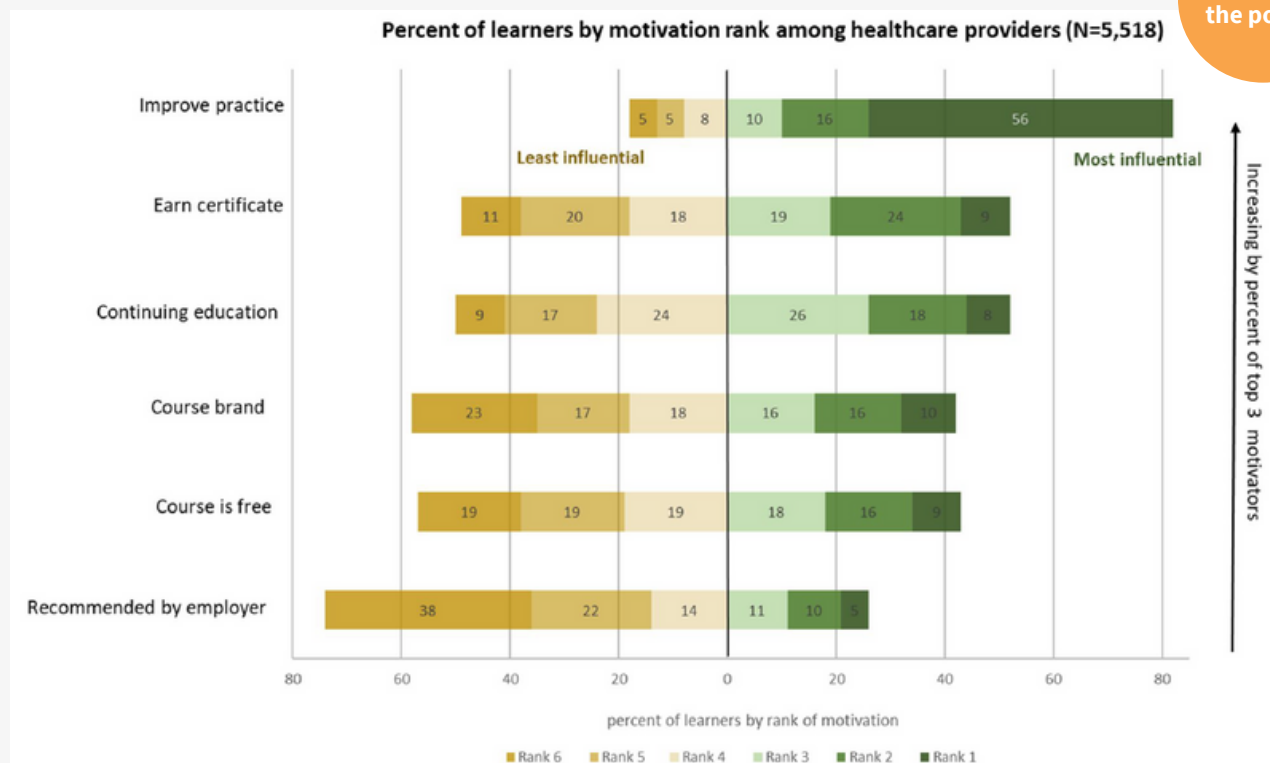
**"DHALP's focus on training emerging leaders paves the way for positive change and optimization of digital health strategies that will save lives."**

Aarti Porwal, Stanford Center for Health Education Managing Director



## Motivations of Healthcare Workers Enrolled in Massive Online Open Courses for Just-in-Time Training During a Public Health Emergency.

[View the poster](#)



MSource: Poster presented at CPHIA 2022 by Nophiwe Job (Digital Medic) and Ngouille Ndiaye (WHO).

## INVESTIGATING THE USE, SHARING, AND ADAPTATION OF OPEN-SOURCE ONLINE HEALTH EDUCATION FOR HEALTH WORKER JUST-IN-TIME TRAINING GLOBALLY

Open-source educational content can support rapid health worker training during public health emergencies, but barriers to access persist. In 2022, we conducted three studies to examine how online courses provided by Digital Medic, the WHO Health Emergencies Programme, and the COVID-19 Digital Classroom were used, shared, and adapted, with particular focus on use in low- and middle-income countries.

**We found that though health workers around the world find online education useful and there is ongoing demand for such training, there is a need for more accessible, targeted, and contextualized content to impact hard-to-reach communities.**

## ONGOING RESEARCH: INVESTIGATING THE IMPACT OF INTERACTIVE VOICE RESPONSE COVID-19 VACCINATOR TRAINING IN THE DEMOCRATIC REPUBLIC OF CONGO WITH VIAMO

Interactive voice response (IVR) interventions involve using pre-recorded audio files to share information with mobile phone users. Because IVR does not rely on internet access, it can address education and training gaps in low-bandwidth areas. With collaborators at Viamo, we conducted a randomized-controlled trial and a qualitative study to measure the effects of a local-language IVR training on health workers' COVID-19 vaccine knowledge, beliefs, and preparedness in the Democratic Republic of Congo.

**We observed that the training significantly raised health worker knowledge and acceptance of COVID-19 vaccines, suggesting that IVR can be a useful tool for training health workers during public health emergencies.** Our qualitative findings point to ways to optimize IVR health worker training for greater effectiveness.

The spread of medical misinformation is growing in the public domain — on some social media platforms, falsehoods are

**70%**

more likely to be shared than facts.

WORLD HEALTH ORGANIZATION

# Supporting healthy communities around the world

Since 2016, our evidence-based content has reached over

**20.5 million**

general learners across

**180 countries**

We are committed to creating accurate, timely, and understandable public health information as health emergencies arise as well as for ongoing high-need health priorities.

We are proud to have a diverse network of global collaborators that know their communities best. Together, we identify high-need public health challenges – from vaccine hesitancy to inadequate nutrition – and develop open-access health education resources that reach the general public. Our processes are community-centric and integrate the potential for adaptation and translation to achieve greater impact.

*In 2022, our team continued to create and measure the benefits of accessible health education content for audiences in low-resource settings around the world.*

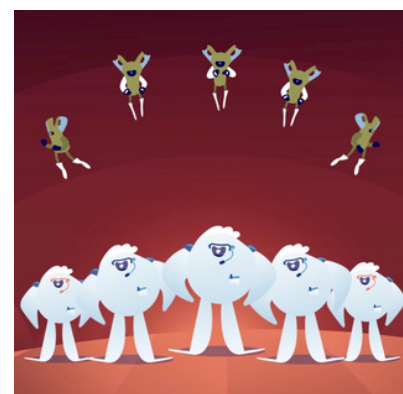
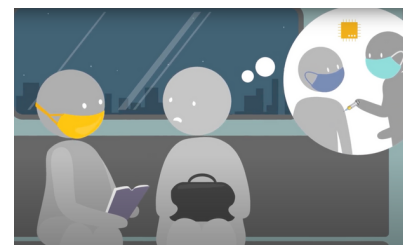


# Addressing Urgent Gaps in Vaccine and COVID-19 Education

## UNDERSTANDING AND OVERCOMING VACCINE HESITANCY AMONG INDIGENOUS POPULATIONS IN GUATEMALA

In the months following the introduction of the COVID-19 vaccine, vaccination rates among Indigenous Maya Guatemalans remained concerningly low. We worked with Wuqu' Kawoq | Maya Health Alliance and the University of California San Francisco's Institute for Global Health Sciences on a multi-phase study to understand the barriers to vaccine uptake and to explore a localized approach to vaccine outreach.

Through discussions with local health workers and community members, we found that increasing vaccine acceptance would require integrating cultural understanding and Indigenous languages into messaging. With this in mind, we drew from our existing COVID-19 education toolkit to create new videos that shared basic facts about vaccines and COVID-19 and addressed myths and misinformation specific to Indigenous communities in Guatemala. All videos reflected local nuances (dress, food, and concepts of disease) and were voiced and captioned in Spanish, K'iche', and Kaqchikel.



"If you search the internet for information about COVID in Kaqchikel there is nothing... people do not have information and do not want to get vaccinated. They have reason to be afraid because fear arises from the unknown, from the lack of information."  
*Focus group interview participant*

These videos were disseminated via Facebook, the most relevant and accessible social media platform for the target communities. We compared the effectiveness of the vaccine education videos in the Mayan languages versus Spanish, and conducted follow-up surveys and interviews to evaluate the videos' impact on vaccine perceptions.

**The post-intervention analysis showed that those who reported watching the videos were 1.78 times more likely to get vaccinated compared with those who did not.** Overall findings suggest that contextually relevant vaccine education shared through preferred platforms may improve vaccine uptake in marginalized communities.

We look forward to expanding this work in 2023.

[🔗 Learn more about the ongoing project.](#)

## PROMOTING CHILDHOOD IMMUNIZATION IN MOZAMBIQUE WITH PICTORIAL EDUCATION CARDS

In 2022, we worked with VillageReach, the Mozambique Ministry of Health, local health authorities, health workers, and community members on a health education solution to help reduce child immunization drop-out rates in the rural Zambézia Province. Based on community-based participatory research findings, we created a series of pictorial cards covering routine immunization schedules, vaccine side effects and how to treat them, and other relevant topics for caregivers of young children.

The cards were delivered to 11 participating health facilities. Health workers then distributed 408 cards to caregivers and held 464 group and individual education sessions using the cards.

[🔗 Learn more and view the cards.](#)



*Health workers report that the cards were easy to use, understandable to caregivers, and prompted caregivers to ask more questions about the vaccination process.*

### THE DESIGN PROCESS

VillageReach researched the barriers local caregivers face as they seek to vaccinate infants and children. The results helped determine key messages to be delivered through the educational cards, including:

- Vaccines save children's lives. In a baby's first 18 months they should have six vaccine appointments.
- Vaccine side effects are normal and there are simple things you can do to make your baby more comfortable.
- Vaccinating your child is a shared responsibility.

With these messages in mind, our team developed prototypes of the cards. Community members then provided

feedback and, based on their insights, we refined the visuals and language used on the cards. The final prototypes were presented to the Ministry of Health and tested in the community.

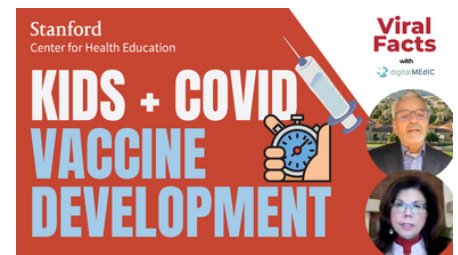
**"I am very happy to be a part of the prototype workshop ... we have the chance to think, shape and propose solutions that are adequate for our community."**

*CHW feedback from prototyping workshops*

## ANSWERING QUESTIONS AND COUNTERING MISINFORMATION ABOUT COVID-19

In 2022, we completed our “Viral Facts” YouTube series, which featured Stanford Medicine faculty addressing timely topics related to the COVID-19 pandemic. In the three final videos, Dr. Charles Prober answered questions about booster shots, variants, and treatment with fellow Stanford infectious disease expert Dr. Bonnie Maldonado. Though this series has concluded, the COVID-19 pandemic continues to impact communities worldwide and we are prepared to support the ongoing response as needs arise.

[Browse the playlist.](#)



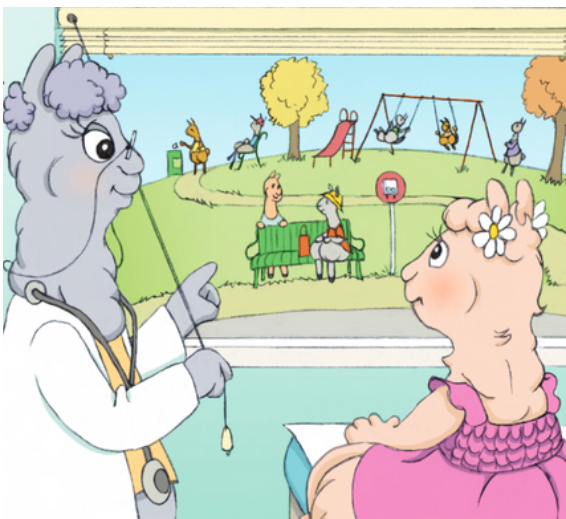
29 VIDEOS → 6M+ VIEWS 2021 - 2022

## LILY THE LLAMA HELPS HER HERD: VACCINE EDUCATION THROUGH STORYTELLING

The COVID-19 pandemic revealed an urgent need for engaging vaccine education content aimed at children and families. *Lily the Llama Helps Her Herd*, written by Stanford University student Emma Rashes and illustrated by Theresa Jahn, is a picture book that explains the importance of vaccination. The story follows Lily, a young llama who goes to the doctor for her yearly checkup and is due for a shot.

The book is now recognized as a digital public good and is available to read online and download for free in English, Spanish, and Portuguese. In 2022, Brazilian YouTube creator Flavia Calina published a video read-along in Portuguese. We also collaborated with actor Peri Gilpin to produce a video read-along in English, which garnered over 1 million YouTube views.

[Learn more and access the book.](#)





# Adapting Content to Reach New Audiences

## LOCALIZING GLOBAL FOOD-BASED DIETARY GUIDELINES FOR CONSUMERS IN TANZANIA

Many countries around the world have adapted the UN Food and Agriculture Organization and WHO food-based dietary guidelines (FBDGs) to improve local health. However, only nine African countries have established their own FBDGs. We worked with collaborators at Stellenbosch University and the Tanzania Food and Nutrition Centre to develop and test FBDGs for dissemination in Zanzibar and Mainland Tanzania.

Based on this work, we published an open-access paper in 2022 explaining how community feedback informed the development of contextually relevant messages and illustrations.

[Read the paper.](#)

**"Art is important. For so many reasons, one of those being low literacy levels. Yes, it's pretty to look at, but it can communicate so much more. Concepts and ideas can be expressed across languages, across cultures, across all the barriers we put in place to stop people from having a better life. Knowledge can be shared through art."**

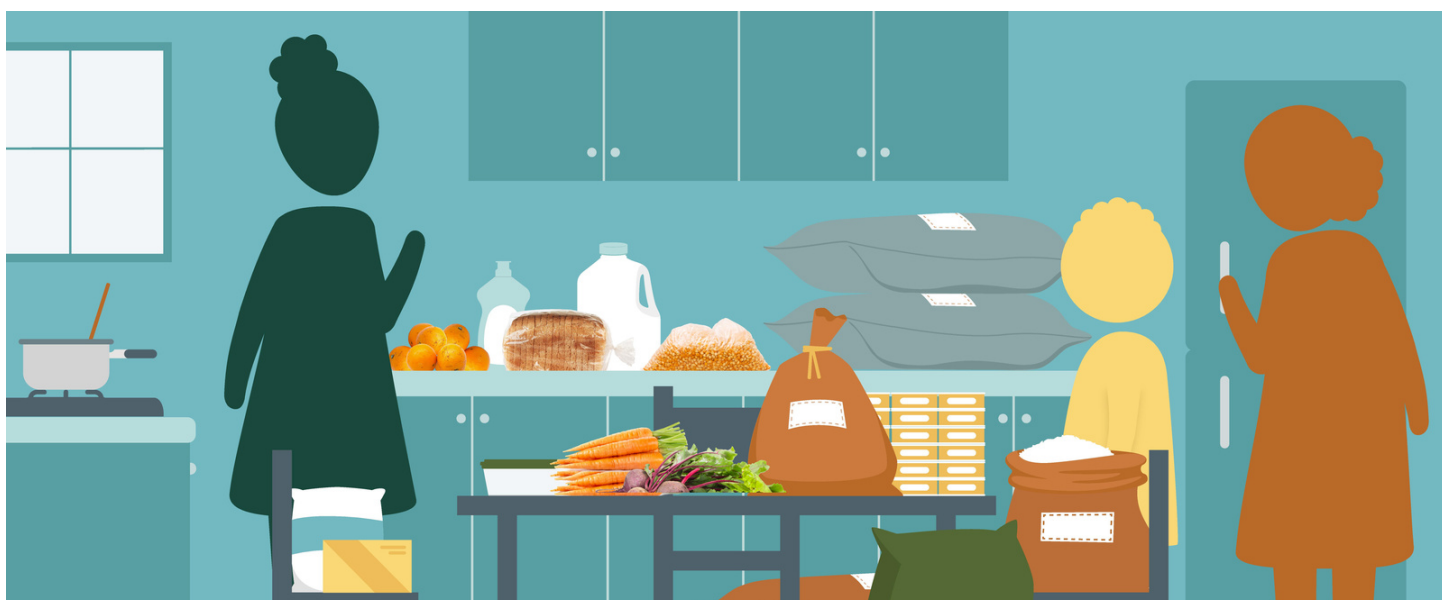
*Shân Fischer, Digital Medic Illustrator*





**"Because many of the challenges that lead to stunting are experienced by families across cultures and geographies, we designed these videos to be adapted easily for new audiences."**

*Semay Johnston, Digital Medic Learning Experience Director*



## TRANSLATING CHILD HEALTH EDUCATION VIDEOS FOR MORE FAMILIES

At present, one in four children in South Africa is stunted. The impact of stunting reaches far beyond height – it impairs a child’s brain development, performance in school, and learning ability for the rest of their life – and it can begin even before a baby is born. Beginning in 2018, we’ve collaborated with the Grow Great team in South Africa on an educational video series promoting healthy behaviors for caregivers of infants and young children to prevent stunting and support healthy development.

In 2022, we extended the reach of this vital health information by translating the videos into additional local languages, including isiXhosa, Zulu, SiSwati, and Sepedi. Translation work will continue into 2023.

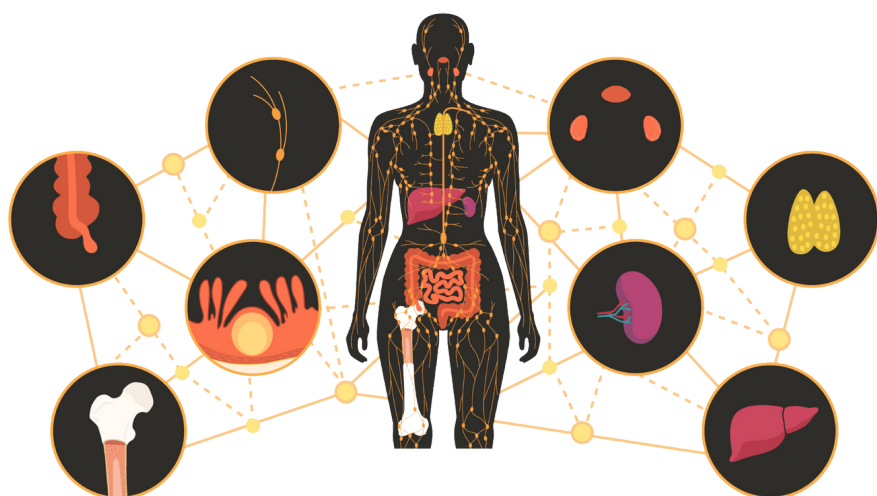
[🔗 Learn more and browse the videos.](#)

## EXPLAINING COMMON HEALTH CONDITIONS IN ENGLISH AND SPANISH

From 2021 through 2022, we released 70 videos featuring Stanford Medicine faculty members explaining essential information and answering common questions about various health conditions in English. **These videos have been viewed over 1.4 million times since 2021.**

To expand the impact of this effort, in 2022 we began producing 56 new Spanish-language videos on the most searched-for health conditions in Spanish. Through this ongoing work, we aim to reach a broader audience with accessible health information on topics including mental health, cancer, HIV / AIDS, and more.

[🔗 Explore the playlists.](#)

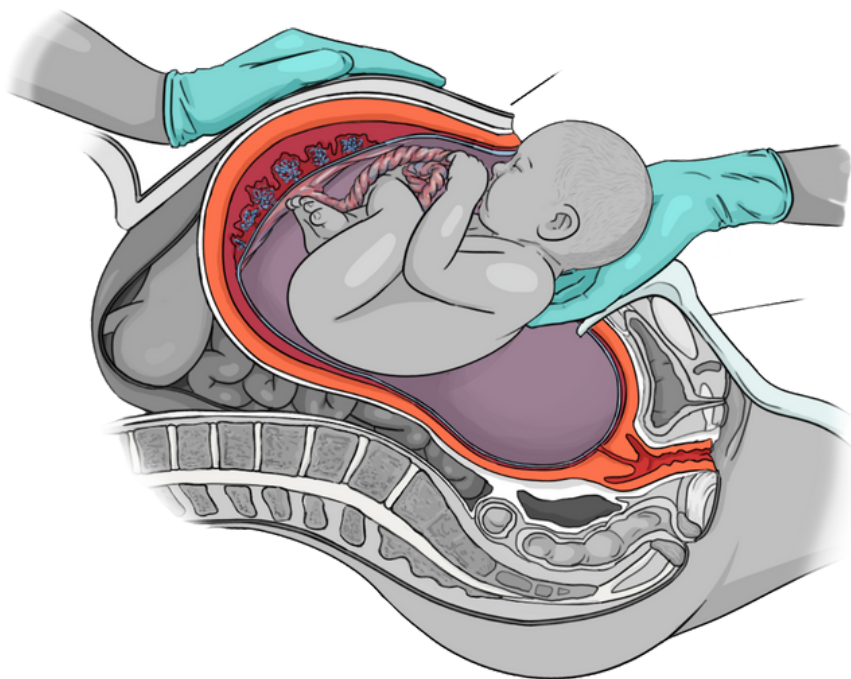


### SPOTLIGHT: VIDEOS ON MENTAL HEALTH

Public awareness and education around mental health conditions can increase understanding, "end stigma and discrimination, and lessen the need for treatment and recovery services," according to the World Health Organization.

Education is one piece, but a critical piece, of improving health outcomes. We are proud to contribute to the growing global body of evidence-based mental health content through this series on common health conditions, with videos on schizophrenia, depression, anxiety, post-traumatic stress disorder, anorexia, binge eating disorder, and more.

[🔗 Explore our mental health videos in English and Spanish.](#)







*Our team thanks you.*

## Follow our work

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# Thank you to our supporters and collaborators.

*We thank you for your continued support in our efforts to improve global health outcomes through high-quality health education.*

*—*

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