



IDEAHL
Improving Digital Empowerment for Active Healthy Living

Newsletter n. 2

Get to know IDEAHL!

1. Co-creation activities: promoting participation and inclusion within IDEAHL

Get to know our participatory activities of IDEAHL and its Consortium: the project has made significant progress in improving digital health literacy. Co-creation activities, coordinated by ISRAA, engaged **19 target groups** across **10 European countries**.

During the co-creation phase, **1,434 participants**, including policymakers, experts, practitioners, and vulnerable groups, collaborated in **140 sessions**. The findings highlighted challenges faced by vulnerable populations, such as low digital skills and limited digital infrastructure availability. Reliable health information sources and tailored digital health training were identified as crucial needs.

The insights gathered will contribute to a strategy aimed at enhancing digital health literacy at national and local levels. The IDEAHL project will now move into the implementation phase involving pilot actions aligned with the co-creation results and (d)HL Strategy.

Partners' co-creating activities: a long journey filled with interesting lessons

Consulta Europa has actively fostered co-creation and gathered valuable insights by organizing two pivotal co-creation sessions with policymakers, one at the European Parliament and another one online. Additionally, three sessions with young women from diverse backgrounds were conducted, combining online and in-person gatherings at their Gran Canaria office.

Policymakers' discussions unveiled key barriers within the (d)HL strategy, primarily emphasising legal, administrative, and social hurdles. Subsequently, they provided crucial feedback on the initial draft of the Strategy, emphasising the need to broaden its scope to include healthcare professionals and citizens while tailoring it to each country's unique needs.

Concurrently, discussions with young women revealed obstacles in accessing health-related information, particularly regarding topics like the menstrual cycle. Solutions discussed included social media awareness campaigns, workshops, and online guides for women's healthcare.

These insights will be the foundation for targeted interventions and initiatives, furthering their commitment to enhancing digital health literacy.



Fig. 1 – Consulta Europa co-creation sessions, respectively at CE premises in Gran Canaria and the European Parliament.

During its co-creation journey **ISRAA** had the chance to encounter 155 people between older adults and caregivers. The meetings were fundamental to shedding light on the relationship these target groups share with technology and the use of online services in relation to (d)HL.

Nowadays technology is part of the life of every participant, but they approach it with different levels of skills. Some had the possibility to learn how to use technological devices while working, others never had the chance and decided to take up a course, conversely some people never showed interest in learning how to use them. Despite their differences, what unites these categories are the barriers they face: the fact that technology evolves too fast for them to keep up with; a language that is too technical and with a massive use of English terms; the perception that local and health institutions are not able to listen to the needs of the citizens anymore.

What these groups call for is a stronger institutional intervention, headed to ensure equal access to technology and online services to all, by providing support to tighten what is perceived to be a generational technological gap.



Fig. 2 Co-creation sessions and participatory approaches led by ISRAA.

In *Hamburg*, six co-creation sessions were conducted by MLHSA with people with migration background. In total 61 migrants participated in the sessions.

Lessons learnt from the co-creation sessions are that on the one hand side, the target group is generally interested in improving their (d)HL because they consider themselves vulnerable and disconnected from the majority society. However, their marginalization often leads to a mistrust of available health information. Some participants believe that there is an intention behind their marginalization and their lack of integration.

They also mentioned that measures to improve (d)HL of immigrants in **Germany** not only have to consider language as a barrier. There is also a cultural code that needs to be translated and a trust basis that needs to be established. The participants of the sessions also mentioned that older aged persons will most likely not have the same competency as the younger generation in using digital devices. Among the target group, (d)HL is usually limited to making online doctor appointments.

The sessions were conducted by well-integrated migrants with good skills in German and the native languages of the target groups. This established a trust advantage.

In Sweden, are several challenges that hinder digital health literacy. One of the main difficulties is people's ability to find the right platforms and information when searching for health-related information online. Additionally, individuals often struggle to assess the credibility of the information based on the sender. Another issue is that Swedish governmental agencies have limited knowledge about digital health literacy and how to work with digitalization in healthcare.

The main conclusions from co-creation with policy makers in Sweden were as follows: there is a need to prioritize digital health literacy on the policy agenda and develop a national strategy to strengthen it across the country. This strategy could be a standalone initiative or integrated into existing strategies in Sweden. Most participants supported an integrated solution that incorporates digital health literacy into ongoing efforts on digitalization and healthcare.

Barriers to digital health literacy for individuals with an immigrant background include a lack of support in assessing and using digital solutions within healthcare. Digital support tools could be utilized to gather patients' symptoms and questions before meeting with healthcare professionals. These tools should be able to identify any cultural aspects that healthcare professionals need to be aware of. Additionally, some individuals from certain countries struggle to participate in discussions for making shared treatment decisions due to a historical tendency of not questioning healthcare professionals. Patients may require healthcare professionals who are knowledgeable in a specific language or the assistance of an interpreter. It was suggested that the digital support tool could be completed during the waiting time between booking an appointment and the actual appointment (whether in-person or a virtual meeting).

The main conclusion was that there is a critical need for better support for immigrants in Sweden to strengthen their digital health literacy and enable them to access the digital solutions already provided in healthcare.

Barriers to digital health literacy for people with disabilities involve challenges in searching for and assessing the right information online in a suitable format that is understandable and usable. Other obstacles include long waiting times or complicated navigation to access information. Governmental agencies need to take more responsibility in including people with disabilities in the digitalization of society to ensure they are not left behind in the welfare system. Additionally, people with disabilities form a heterogeneous group with diverse needs, so the various actors and stakeholders involved in digitalizing society need to provide multiple solutions, including non-digital options, for those who require them.

Recruiting participants with disabilities proved more difficult than expected, resulting in not reaching the target number of 10 participants.

The main conclusion is that both digital and clinical visits should be offered based on individual preferences and needs. Interaction with healthcare professionals is crucial for individuals with cognitive disabilities to receive the best support and care tailored to their specific needs.

ADIPER co-creation sessions were tailored according to different groups of people: seniors, caregivers, health care professionals and families.

First, ADIPER introduced the IDEAHL project, its objectives, purpose, the strategy and how they would implement the feedback collected from the session.

Then, through a series of questions and different formats participants expressed their opinions, ideas or experiences in relation to the use of digital tools in relation to health and the challenges encountered.

Finally, general conclusions were drawn about the main challenges encountered when using digital tools and recommendations or potential solutions for these challenges.

Most of the participants shared that they do use digital tools to make consultations about health, but they experience several challenges. The most common were the lack of digital skills, access to the Internet and not knowing which tools and websites are reliable. From all the sessions we concluded that a digital competence strategy in the healthcare field is generally needed in the current society. Regardless of their background, the majority of the participants require a series of trainings and further information to improve their digital health literacy.



Fig. 3 – ADIPER co-creation sessions.

UCN used co-creative approaches and methods for running physical and online workshops on how to support patients' digital health literacy, when being chronically ill. Co-creation made it possible to invite diverse different stakeholders to contribute with comprehensive aspects on the subjects at stake.

The co-creative approach made it possible for two different groups (formal and informal caregivers) to jointly attend the workshops, which was effective in generating new ideas solutions. Furthermore, UCN found certain methods useful for the participants when discussing and clarifying the characteristics of the problems they meet when supporting chronically ill patients' digital health literacy. The approach provided a good process of idea generation and guided the participants to keep their focus on co-creating in producing proposed solutions.

The methods proved to be suitable for an informal approach that encountered all participants' attitudes, experiences and ideas and allowed for a calm and relaxed atmosphere where everyone was equal.

From April to July 2023, **CSPA, SESPA and FICYT** conducted 25 co-creation sessions with 7 groups: migrants, low-income people, prisoners, primary school students, pregnant women, carers and health and social care professionals, involving 609 participants.

Among the findings of the various groups, the following stand out:

- The difficulty in assessing the reliability of information sources.
- The need to improve the digital literacy of the population and to train professionals, both in health and digital and cultural aspects, in order to adapt tools, language and content to the specific needs of groups.
- The need to improve access to digital media (connectivity, simplicity, free/reduced fees, etc.).
- Since it is impossible to find a one-size-fits-all digital tool adapted to the needs of different groups, it is proposed to vary the formats: websites, games, apps, social networks, podcasts...
- Generally, the importance of providing specific training to improve dHL and make information more accessible to all people, regardless of their physical, sensory, cognitive or linguistic abilities, is highlighted.

PARTNER	TARGET GROUP	DATE OF THE SESSION	MODALITY	PARTICIPANTS RECRUITED SO FAR (informed consent signed)
CSPA/SESPA/FICYT	Migrants	1st session - April, 2023	Online Survey	117
		2nd session - 21 April 2023	Presential - Oviedo, Asturias (Spain)	
		3rd session - 29 May 2023	Presential - Gijón, Asturias (Spain)	
		4th session - 29 May 2023	Presential - Gijón, Asturias (Spain)	
		5th session - 29 May 2023	Presential - Gijón, Asturias (Spain)	
		6th session - May-June 2023	Presential - Gijón, Asturias (Spain)	
	Low-income citizens	1st session - 03 March 2023	Presential - La Espina, Asturias (Spain)	97
		2nd session - March, 2023	Survey by phone	
		3rd session - 10 March 2023	Presential, Cangas, Asturias (Spain)	
		4th session - 10-17 March 2023	Survey by phone	
		5th session - 17 March 2023	Presential, Cangas, Asturias (Spain)	
		6th session - 03 May 2023	Presential, Cangas, Asturias (Spain)	
		7th session - 17-31 May 2023	Presential, Salas, Asturias (Spain)	
	Prisoners	1st session - 06 June 2023	Presential, Asturias Prison, Asturias (Spain)	133 - 280
		2nd session - 06 June 2023	Presential, Asturias Prison, Asturias (Spain)	
		3rd session - 6-9 June 2023	Presential, Asturias Prison, Asturias (Spain)	
	School children	1st session - 31 March 2023	Presential, Sariego, Asturias (Spain)	53
		2nd session - 31 March 2023	Presential, Sariego, Asturias (Spain)	
	Pregnant women	1st session - 19 April 2023*	Presential, Oviedo, Asturias (Spain)	10
		2nd session - 26 April 2023	Presential, Oviedo, Asturias (Spain)	
	Caregivers	1st session - 4 July 2023	Presential, Gijón, Asturias (Spain)	101
		2nd session - 19 July 2023	Presential, Oviedo, Asturias (Spain)	
3rd session - 20 July 2023		Online		
Health professionals and social workers	1st session - 22 May 2023	Presential, Gijón, Asturias (Spain)	98	
	2nd session - May 2023	Online survey		

Fig. 4 – Co-creation sessions carried out by CSPA/SESPA/FICYT.

Seinäjoki University of Applied Sciences (SeAMK) was responsible for organising co-creation sessions for social and health care students, lecturers and professionals during spring 2023. Students of physiotherapy, nursing and gerontology were involved in the co-creation. Teachers and professionals represented a wide range of curricula and operating environments in health and social services. Total of 109 participants participated in the workshops.

In the first workshops the participants discussed the concepts of health literacy and digital health literacy. The main co-creation of the workshop focused on describing the challenges and barriers as well as ethical issues related to health literacy and presenting suitable solutions.

The main barriers listed were lack of technology, lack of skills to use the technology and the large amount of information available and platforms used. All participants agreed that the service system must ensure that it is not up to individuals to try and cope with the flood of information. The organisations and their employees must have relevant skills to support the citizens’ ability to find information and live healthy.

Between June and July 2023, the *CEI Central European Initiative – Executive Secretariat* carried out 3 co-creation workshops dedicated to policymakers to ensure their support for the development of the

IDEAHL Strategy at EU level— promoting its long-term sustainability. The target objective of the activity was to uncover specific barriers and challenges in the development and implementation of policies and initiatives fostering dHL, as well as to discuss potential interventions related to health promotion, disease prevention, and treatment and self-care.

The importance of dHL as a strategic objective for the wellbeing of all European citizens has been growing in recent years. Nonetheless, the promotion of dHL still suffers from a lack of sustainability for scale-up initiatives and from a scarcity of fundings allocated to related awareness campaigns. The workshops highlighted the urgency of clarifying the long-term benefits of dHL interventions— clearly showcasing its direct link with citizens’ health and wellbeing. Unfortunately, the scarcity of debates on the argument at regional and national level, as well as the difficulty in finding trusted sources of information, has increased citizens’ vulnerability to disinformation and hostile narratives. For this reason, it is ever more important to contribute with the dissemination of health information with a scientific, yet accessible, language to the general public.

2. Synergies with WHO - World Health Organization

Encouraging primary health care: insights from CEI on IDEAHL project at WHO conference

Building on the cooperation with the WHO Regional Office for Europe, the CEI – Executive Secretariat has been invited to support the WHO international event “Primary health care policy and practice: implementing for better results” - co-hosted by the WHO Regional Office for Europe, UNICEF and the Government of Kazakhstan on 27 September. The event focused on strategic health leadership at the national and subnational levels shaping the transformation of primary health care and service delivery.

At the conference, the CEI participated as a speaker in the deep dive session on enhancing health literacy and digital health literacy. The aim was to share concepts and practices that could help develop a policy strategy, re-orienting Primary Health Care (PHC) to be more literate. The online session, featuring 10 high-level experts from diverse countries, gave participants the chance to learn from existing strategies and initiatives aimed at fostering health and digital literacy (d)HL skills and interventions.

As part of the *Improving Digital Empowerment for Active Healthy Living (IDEAHL) project*, the CEI shared its experience in engaging policymakers within the large co-creation process supporting the development of the IDEAHL Strategy at European level. The event showed the joint efforts of the IDEAHL project consortium - underlining the importance of gathering insights from all relevant stakeholders to ensure that better health is achieved without leaving anyone behind.

Thanks to its results in the implementation of the CEI health agenda, the WHO offered an exhibitor boot to showcase the organization and its activities, together with the IDEAHL project's results and methodology.

3. Latest Events

In November 2023 UCN run co-creative workshops with stakeholders focusing on how to increase health professional's knowledge of and ability to uncover citizen's and patient's digital health competence. The workshops were based on results obtained in the second package of project technical activities, regarding how citizens and patients with a chronic physical illness can best be supported in their digital health skills. The workshops were conducted methodically based on co-creative activities.

Each workshop included 3 target groups divided into 3 separate targeted workshops:

- Health care professionals and leading health care professionals.
- Teachers at health education
- Leaders in health education institutions and policymakers.

4. Opportunities



Join the IDEAHL Community to Improve Digital Health Literacy in Europe!

Are you passionate about enhancing digital health literacy? We have an incredible opportunity for organizations to collaborate with us in replicating three highly successful pilot actions across Europe.

The IDEAHL – Improving Digital Empowerment for Active Healthy Living – Consortium is actively searching for replicators who are dedicated to empowering individuals with the knowledge and skills to navigate the digital health landscape. This is your chance to engage and educate your local community about the significance of digital health literacy through targeted actions.

Join us in making a significant impact and driving transformation! Together, we can bridge the digital health literacy gap throughout Europe!

Benefits of Replicating:

- Contribute to better healthcare access and improved outcomes.
- Build strong networks with like-minded individuals and organizations.
- Gain access to valuable resources, training, and mentorship.

How to Get Involved:

- Read the Call to action on the IDEAHL project website: <https://ideahl.eu/ideahl-improving-digital-empowerment-for-active-healthy-living>
- Fill out the online application form:
<https://docs.google.com/forms/d/e/1FAIpQLSdMEHVCZrFgpA2LYjN0DJvkGTJJM-Op4-8BEdH5p51F0KRChA/viewform>
- Help us reach potential replicators by sharing our posts on IDEAHL Social media channels!

Don't miss out on the opportunity to make a difference in the field of digital health literacy. Join us today and be part of a movement that will shape the future of healthcare in Europe!

The Call will be open until **November 30, 2023**.

For more information, visit the provided links and get ready to embark on a rewarding journey towards empowering individuals, and regional and local communities with digital health literacy with the aim to create a healthier and more informed society.

GDPR Policy

We are sure you are aware that new laws about data protection have come into force in May 2018. As your privacy is important to us, we wanted to assure you that your data will only be used to keep you informed about the latest activities of the project and invite you to its events. We will not give out your data to any other third-party address on its mailings list nor to other people without your permission.

You do not need to do anything unless you no longer wish to receive emails concerning IDEAHL project. Should this be the case, please contact us in reply to the email stating this fact. If we don't hear from you, we shall assume you wish to continue receiving information about IDEAHL and keep your email address on our list.

Our mailing address is:

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