



Digital HHealth LiteRacy Education for Vulnerable Groups: the iHERE project

The main goal and the development context of iHERE project

iHERE - Digital HHealth LiteRacy Education for Vulnerable Groups is a European funded Erasmus+ program that supports the vulnerable social groups in developing a set of health literacy and digital literacy skills. The project was established in November 2020 and runs for 24 months, between 2020-2022.

iHERE's Consortium includes 8 partners from 6 European countries (Erasmus Brussels University of Applied Sciences and Arts – Belgium, Akademie Klausenhof – Germany, Tiber Umbria Comett Education Programme – Italy, Universitat de València - Spain, Centre for Social Innovation - Cyprus, Research and Education in Social Empowerment and Transformation – Cyprus), two of which come from Greece (the private research institution XENIOS POLIS and the Institute Prolepsis).

Existing problems, such as the spread of COVID-19, hampering the regular function of the health sector, in combination with the financial obstacles of the disadvantaged, vulnerable social groups (e.g. refugees, migrants, groups at risk of exclusion or poverty) intensify the need for the project implementation.

iHERE's main aim is the direct access of the socially vulnerable groups into healthcare services and health promotion information through the familiarization of digital sources and tools in order to ensure health improvement, disease prevention, medication adherence in a meaningful way and through the provision of needs and gaps tailored tools and training. Partners agreed that special focus will be given on migrant and refugee population, older adults and people from low socioeconomic groups and living at risk of poverty.

iHERE addresses adult education trainers, public servants, relative professionals, community leaders, NGOs members, vulnerable and disadvantaged groups.

iHERE Objectives

The iHERE project will:

- promote inclusive educational actions through a holistic and innovative approach,
- support groups that are placed in situations of vulnerability due to financial, cultural or social factors,
- empower adult educators and more particularly, health professionals, in health issues through innovative training tools and resources (curriculum, digital tools, methodological guide),
- compose value and context in the policy field of health promotion and prevention for a shift in the way the vulnerable groups should be addressed for their effective Health Care and Literacy.

Theoretical validation: the first results

The first output of the project, Curriculum and Resources Toolbox, constitutes the specific curriculum & toolbox output for digital health literacy and vulnerable groups training. For the first task of the output, partners developed the theoretical framework of Curriculum and content through a country specific and EU literature review. The aim of this task was to locate existing evidence on the description of vulnerable populations, explore barriers and drivers on DHL and identify existing training opportunities. The literature review covered the following issues: Description of vulnerable population in each country, Health conditions, Legal framework in terms of healthcare services and health professional, country specific drivers and barriers on DHL in each partner country and country specific training opportunities, projects or platforms regarding DHL.

Regarding the description of migrant population, flows seem to vary in each partner country, while the main health issues, that migrants are facing, are Non-communicable diseases (diabetes and cardiovascular diseases), Hygiene issues (due to the living conditions), Infectious diseases, Malnutrition, Sexual and reproductive health issues (SGBV survivors and trafficking), Mental health issues (more prevalent are PTSD and depression). Digital health literacy in the migrant populations seems to be low in all partner countries, however lack of related evidence has been identified in most of the countries. Among the main barriers for DHL are language differences, cultural background, poor quality of Internet or lack of access to the Internet, lack of knowledge of how telematics work and economic problems. On the other side, drivers for improving DHL in the migrant populations are the existing use of ICT tools, applications and the Internet e.g., the majority of migrants in all countries use the Internet for staying connected to their family, the need to develop those skills and the general digitalization process in all partner countries, especially during COVID-19 times.

Concerning older adults, 14% - 25% of the population in partner countries is aged over 60 years old. The health issues that this population is facing are age-related physical, cognitive and mental decline, oral health issues, mental health issues (in particular loneliness and depression), Chronic diseases, arthritis, Parkinson and chronic diseases. Older adults seem to have better levels of HL as age increases. On the other side, older adults face a lot of barriers that prevent them from improving digital health literacy, such as cognitive decline, lack of knowledge regarding ICT tools, lack of ICT skills, phobia on ICT tools and lack of Internet access and ICT tools. Face to face training, audiovisual material, and their willingness to improve those skills, especially for those feeling isolated, could be considered as a facilitator for DHL.

Finally, in low socioeconomic groups belong mainly people with low income, underpaid or unemployed, ex-drug users, former prisoners, single-parent families. This group is crossing also with the other two vulnerable groups and identities, e.g., migrants with low socioeconomic resources. The most prevalent health issues are diabetes, obesity, cardiovascular diseases, cancer and hand/arm pain. Health literacy seems to be higher for this group, however, this functions as a barrier for DHL, since it may prevent them from using the internet for health-related issues.

Other barriers for DHL are the economic issues. Evidence shows that people from low socioeconomic groups would be interested in attending a training in Digital Health Literacy if this was affordable and adjusted to their interests so that they can benefit personally and professionally. Existing use of ICT and the Internet is also an asset.

All the above findings will serve as a basis for developing the educational material of the project, which is the next step of the first output and on which partners will focus the next months. All the educational material will be available through the project's eLearning platform.

Communication Network

For more information, visit the website of the iHERE project at the following link: <https://ihere-digitalhealthed.eu/> or the iHERE's webpages on social media:

Facebook: <https://www.facebook.com/ihereproject/>

LinkedIn: <https://www.linkedin.com/company/ihere-eu/>