

Project E-Health Literacy
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**RECOMMENDATIONS
FOR FURTHER MEASURES IN THE AREA OF E-
HEALTH AND TEACHING DIGITAL SKILLS**



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POSITION OF THE E-HEALTH LITERACY PROJECT

TRANSFERABILITY OF THE “E-HEALTH GUIDE” APPROACH

The digital transformation of health might be another societal exclusion factor for people with no or low digital skills. To prevent people being unable to access health services, the dissemination of e-health literacy is imperative. Thus, the project developed a training scheme to qualify multipliers to become **e-health guides** as well as a repository containing existing resources concerning e-health. The project understands multipliers as (1) people working / volunteering in the field of non-formal adult education and (2) health professionals in contact with patients.

E-health guides educate and inform people about e-health services and thus about their use of data. This knowledge gives patients the sovereignty over their data, which is important for informed and responsible citizens.

Despite the systemic variations among the piloting countries, a common need for establishing e-health guides is evident. People with no or low digital skills need support when it comes to using (or well-founded rejecting) e-health applications, e.g., electronic patient file, e-prescription, and health and lifestyle apps. The notion that this supporting task will be taken over by other family members is unrealistic because European society views education as a matter of state or the individual. In fact, the state has a duty to ensure that all citizens have access to health services. Multipliers can either support patients ad hoc – as a doctor or medical assistant when using the e-patient file - or as contact persons for people who want to educate themselves.

The modules of the training kit have proven to be repeatable and consistent, working with target groups with different vocational backgrounds. They combine pedagogical competences for health professionals with e-health topics for educators. Flexibility in choosing the content and methods eases the workload for volunteers as well as the adaptation for various contexts and target groups. Institutional support facilitates the successful adaptation of the methods, but it is key that the multipliers have the capacity in terms of time and own initiative in order to implement the successful promotion of e-health competences on the local level.

The E-HEALTH Literacy project has succeeded in demonstrating the applicability, transferability and continuation of its approach. The piloting program in five countries with varying health systems and types of multipliers has yielded insights into the implementation of the project’s concept in different settings. A clear strength of the approach thereby lies in it being adaptable, low-threshold and takes different learners into account. **The result of the approach is an adaptable and modular toolkit for multipliers to facilitate a highly changing topic.**

The transfer of the approach of e-health guides and the qualification scheme to other settings and countries need to be accompanied by right conditions. Thus, the project has recommendations for stakeholders on all levels to support the process and level the path.

RECOMMENDATIONS FOR FURTHER ACTION

Funding programmes for adequate staffing and equipment. Multipliers of non-formal adult education work / volunteer often for non-profit or welfare organisations that contact points in neighbourhoods. These places are often reliant on funding. Thus, there should be funding programmes regarding e-health guidance.

Awareness raising for all citizens. E-health services such as e-prescription or e-patient file are so essential that it should not be left to chance or alone to the insurances if people are aware of them or not. If there is an opt-out process for the e-patient file, it is even more important that this is brought to people's attention. Especially, medical professionals need to understand what e-health services can do and that e-health apps exist that they can be used.

E-health literacy is a matter of society and state. Not supporting the development of building the competences in e-health would lead to failure of the health system and could have long lasting consequences. It is on policy makers (1) to involve insurances to provide proper education for all insured people / all citizens, (2) to make it mandatory for hospitals and pharmacies to install e-health guides when they use digital services, (3) to fund the training of e-health guides. E-health literacy in senior citizens cannot be the responsibility of the individual and their families.

Society is only as good as its weakest member. Especially vulnerable people need to be considered. Guiding and learning material need to be easily accessible and low threshold. That means using an easy language and avoiding foreign words, also when campaigning the changes of the e-health services (like the e-patient file).

Lifelong learning is a key concept in the success of the digitalisation of health. The digital transformation makes learning throughout life necessary that serves to improve knowledge, qualifications and competences and takes place within a personal, civic, social or employment-related perspective. E-Health literacy must become a key objective of that concept.

Importance of e-health guidance and material in rural areas. All elements of e-health including telemedicine can be particularly advantageous for people living in rural areas to absorb the loss of infrastructure. Medical practices, hospitals and pharmacies are not available everywhere. E-health can support a comprehensive coverage of services through e-health applications for prevention, diagnose and treatment. In order for people to use these services, they need to be aware of them and have the competences. Thus, a roll out of qualifying e-health guides targeting especially rural areas is an investment in rural environments.

Data protection is key in the health sector. When it comes to data protection, it is important to create the right regulatory and political conditions. That should not be the burden of the individual, to even risk losing or compromising their data. However, patients must be also made aware of how they disseminate their data when it comes to lifestyle apps that are commercial. They must know the difference between app on the free market and apps that are licenced and can be prescribed.

Data and information literacy is the basis for e-health literacy. When it comes to health issues people look for answers at several places: family members, friends, and of course online. Thereby disseminating critical data especially on the internet. Thus, the basic facilitation of digital competences, information competences and data competences are key to have responsible citizens who can use the services with sovereignty.

E-health is a way of autonomy and independence for all citizens. It can be a means for senior citizens to practice active aging and be longer able to stay in their own homes. Apart from health monitoring, cognitive training and staying connected, e-health service can also provide fall detection and home safety. In an aging society, e-health is more than a facet of lifestyle. It is way to mitigate the skills shortage but only if patients and medical professionals receive support and training in using the services.

Facilitate the process and communication between practitioners and patients. E-health service can make the interaction between patients and medical professionals easier and more efficient. Electronic patient files and telemedicine are tools to facilitate diagnose and treatment independent of location but with all information at hand.

Clear separation of state, private companies, and the health sector. Data protection and flow of information between the sectors needs to be well regulated and monitored. The clear separation of state, private companies, and the health sector concerning data privacy is a fundamental necessity in today's digital age. Effective data protection and the secure flow of information are paramount for safeguarding individual privacy and ensuring the integrity of sensitive data. By maintaining a distinct boundary between these sectors, we can establish a robust framework for regulating and monitoring data access and usage. Such separation helps prevent the misuse or unauthorized disclosure of personal health information, ensuring that individuals can trust that their data is handled with the utmost care and respect for their privacy.

Focus on preventions as an advantage of e-health. Shifting our understanding of health from treating the illness to a focus on prevention should go along with the implementation of e-health services in society. Using e-health services could mean a chance in raising awareness on the notion that not being sick is not the same as being healthy. When it comes to the use of e-health apps, prevention, monitoring and a healthy lifestyle are mostly downloaded categories. This trend must be supported by regulators and insurances.

**THESE RECOMMENDATIONS PRESENT THE IMPORTANCE OF RAISING
AWARENESS FOR E-HEALTH SERVICES AND PROMOTING DIGITAL HEALTH
COMPETENCES FOR SOCIETY.**