Co-funded by the European Union

e-Health Literacy Toolkit

Lesson Plans

E-HEALTH4SENIORS:
Strengthening the eHealth literacy skills of older adults

Erasmus+ project (2025-1-EE01-KA210-ADU-000356010)

Website:
https://ehealth4seniorsproject.eu/

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INTRODUCTION

This document presents the **Lesson Plans developed within the eHealth4Seniors project**, designed to support adult educators and trainers in delivering effective and accessible learning sessions on digital health literacy for older adults.

The eHealth4Seniors project aims to strengthen the **digital health literacy skills of adults aged 55 and above**, particularly those living in rural or underserved areas who may face barriers in accessing and using digital health services. As healthcare systems across Europe increasingly adopt digital tools such as telemedicine, online medical records, and mobile health applications, many older adults remain at risk of exclusion due to limited digital skills, low confidence, or lack of access to appropriate learning opportunities. The project addresses this gap by developing practical educational resources that empower seniors to safely and confidently navigate the evolving digital health environment.

The **Lesson Plans form the educator-oriented component of the eHealth Literacy Toolkit**, translating the learning modules created for seniors into structured teaching guidance. While the modules focus on what seniors should learn, the lesson plans provide educators with a clear framework on how to teach the content effectively, using inclusive, learner-centred and practical approaches. They offer guidance on learning objectives, key concepts, teaching methods, materials, suggested timing, and evaluation strategies to support engaging and accessible learning sessions.

These lesson plans are intended primarily for **adult educators, trainers, facilitators, and organisations working with older learners**, including community centres, adult education providers, health organisations, and social inclusion initiatives. The structure and methodology encourage interactive learning, practical demonstrations, and peer support, recognising that older learners benefit from clear explanations, step-by-step guidance, and supportive learning environments.

The approach followed in this toolkit emphasises **accessibility, clarity, and practical application**. The learning sessions are designed to be adaptable to different learning contexts, such as workshops, community programmes, or training sessions, and to support seniors in building confidence when using digital health technologies. By combining simple explanations, hands-on activities, and reflection opportunities, the lesson plans aim to make digital health tools understandable and useful for everyday life.

Ultimately, the purpose of this document is to equip educators with the tools and pedagogical guidance needed to **empower older adults to access digital healthcare services, manage their health information safely, and benefit from digital technologies that support healthy and independent living.**

LESSON PLAN:

TELEMEDICINE AND EHEALTH SYSTEMS

LEARNING OBJECTIVES

- **t**o understand what is telemedicine and what are benefits to use it;
- to identify useful links for services;
- demonstrate skills to navigate national telemedicine system.

KEY CONCEPTS TO TEACH

Why choose telemedicine?

- Don’t have time to visit a clinic
- Need medical advice quickly
- Want to avoid crowded waiting rooms
- Are traveling or unable to leave your location

TEACHING METHODS

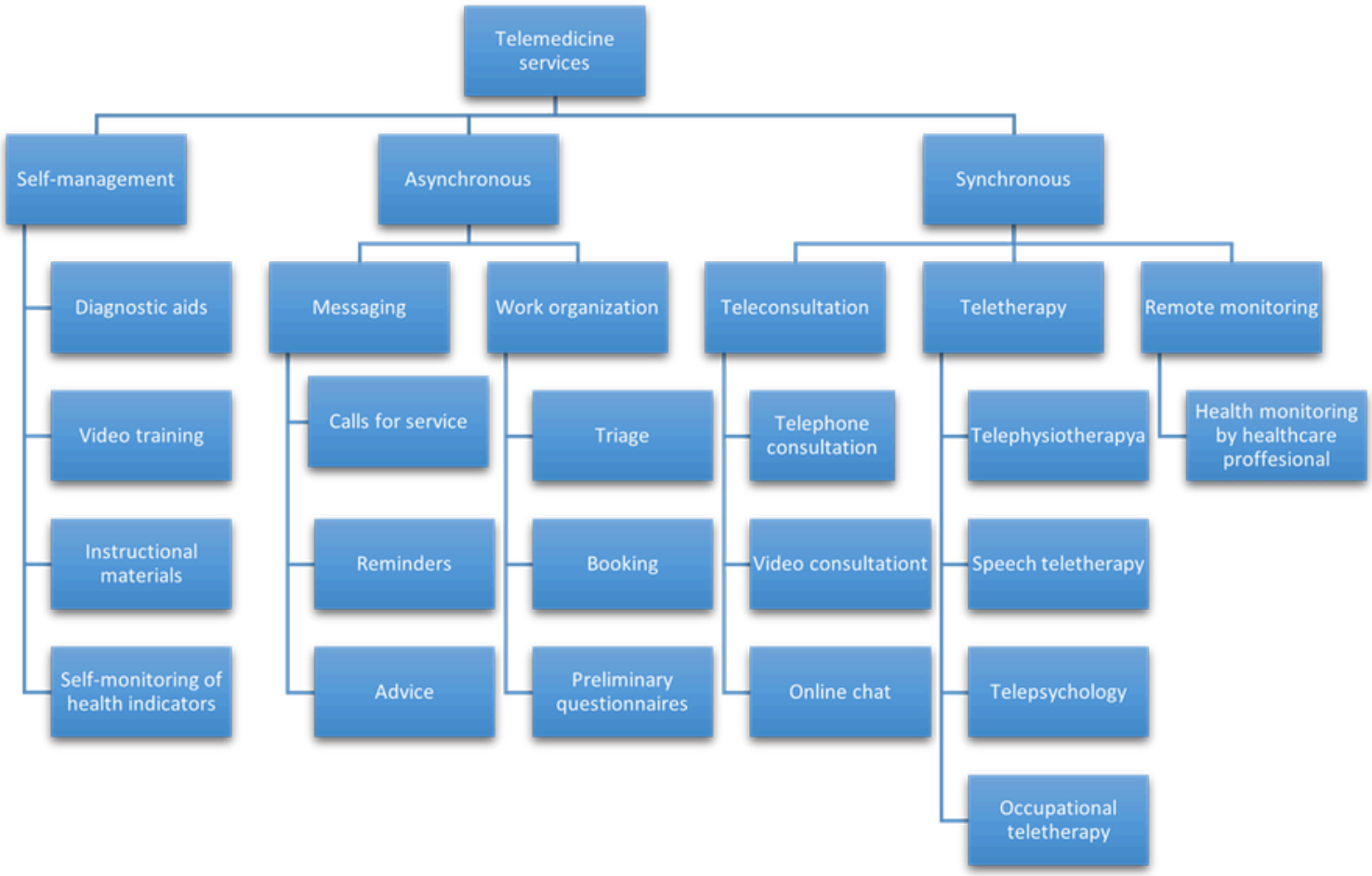
Presentation from trainer.
Navigation national system.
Questions/answers.
Evaluation.

DURATION AND SUGGESTED FLOW

Presentation of telemedicine: 10 minutes.
Presentation of national system: 10 minutes.
Navigation: 20 minutes.
Questions/answers: 10 minutes.
Evaluation: 10 minutes.
Total: 60 minutes.

GENERAL APPROACH

Telemedicine, which enables video or phone appointments between a patient and their health care practitioner, benefits both health and convenience. More health care providers are offering to “see” patients by computer and smartphone. Health organizations are providing virtual appointments and are expanding their telehealth options. You can see your doctor from the comfort of your own bed or sofa.
Doctors can use telehealth appointments to prescreen patients for possible infectious disease. It also saves sick people from having to come in to the office. Less exposure to other people’s germs helps everyone, especially those who are chronically ill, pregnant, elderly or immunocompromised.



Telemedicine and Remote Consultations

Telemedicine has become a standard part of healthcare delivery particularly after the COVID-19 pandemic. Remote consultations via phone, video, and online platforms are widely used, in Estonia they are reimbursed by the Estonian Health Insurance Fund.

Remote therapeutic services such as psychotherapy, physiotherapy, occupational therapy, and speech therapy are also supported.

The European Commission defines remote care or telemedicine as the provision of healthcare at a distance by using ICT, including secure transmission of medical data and information in text, audio, video or other form of media to prevent, diagnose, treat and monitor diseases. Telemedicine services are divided into synchronous (teleconsultation, teletherapy, remote monitoring) and asynchronous (messaging) communication, but it also includes solutions where a person receives healthcare without the involvement of a healthcare professional (so-called patient decision support, reminders, notifications).

Telemedicine can give some specialty practitioners an advantage because they can see you in your home environment. For example, allergists may be able to identify clues in your surroundings that cause allergies. Neurologists and physical and occupational therapists can observe you and assess your ability to navigate and take care of yourself in your home. Telemedicine is also a good way to get mental health assessment and counseling.

Private telemedicine platforms such provide virtual doctor visits, on-demand consultations, secure communication, scheduling, and patient record management. These platforms increase access to care, reduce the need for in-person visits, and streamline clinical follow-up processes.

Digital Health Technologies and Tools

Estonia

The National Health Information System (EHIS) serves as a central backbone for storing medical data such as clinical summaries, lab results, prescriptions, and imaging. The Patient Portal (Digilugu) enables citizens to access their own health information, track who has viewed their data, and manage permissions.

The Estonian Health Insurance Fund started developing telemedicine services in the beginning of 2020. The development of telemedicine aims to increase the continuity and quality of treatment, improve the availability of healthcare and empower patients to take more responsibility for their health. Teleconsultations by video, web or phone contact was first applied and financed by EHIF in spring 2020 during the COVID-19 outbreak as a temporary measure. As of September 2020, EHIF has financed the services on regular basis. Teletherapies (psychotherapy, physiotherapy, speech therapy, occupational therapy) were added to the list of healthcare services at 2021.

Now Estonia has a strong innovation environment that continues to expand digital health capabilities. Numerous mobile health apps, clinical software tools, and patient-facing digital services are integrated with the national system. Interoperability is ensured through nationally defined standards and the X-Road exchange layer. AI-driven tools for diagnostics, monitoring, and decision support are emerging within clinical settings. Research institutions and universities, such as TalTech, offer programs specializing in digital health to support workforce development and innovation.

https://taltech.ee/en/emed-lab

- **Patient Portal**: Access medical data, view prescriptions, and manage appointments.
- **E-Prescriptions**: Digital prescriptions usable at any pharmacy.
- **Private Platforms**: Services like MinuDoc and Salu.MD offer video consultations.

https://www.minudoc.ee/ https://salu.md/

Greece

Greece has revolutionized healthcare by telemedicine, offering patients the opportunity to communicate with doctors without the need for physical presence. Telemedicine services in Greece have evolved, facilitating access to medical care and providing new opportunities for patients.

In 2011, an effort was launched to address the issue effectively, taking into account: a) the causes of past failures, b) relevant studies by the Ministry of Health on the development of telemedicine in Greece, and c) the approach of a comprehensive design, which included not only a technological application or telecommunications infrastructure, but also a comprehensive operational framework that specified parameters for the regulatory framework, institutional coverage, procedures, and ensuring the proper daily operation of an integrated telemedicine network.

In the above context, the 2nd Regional Health Authority of Piraeus and the Aegean Islands, with funding from the Operational Program "DIGITAL CONVERGENCE" 2007-2013, implemented the project: "NATIONAL TELEMEDICINE NETWORK, 2nd HEALTH REGION OF PIRAEUS AND THE AEGEAN ISLANDS" ("EDIT" as it is abbreviated), which has been operating productively since early 2016, having implemented more than 10,000 telemedicine appointments in 10 different specialties to date, with the collaboration of 200 certified doctors and nurses from the National Health System.

Based on the plan drawn up by the government, telemedicine will reach approximately 3,500 locations throughout Greece, while telemedicine stations will also be created for doctors - patient and doctor-consultant telemedicine stations will be installed in the seven university health centers that are expected to be created, at least according to the commitments of the Ministry of Health leadership.

Slovenia

Slovenia has built a national digital health infrastructure that connects healthcare providers and enables core digital services:

- Central Registry of Patient Data (CRPD): This is the backbone of e-health in Slovenia. It stores patients' electronic health records and allows secure, real-time exchange of data among healthcare providers across the country.
- ePrescriptions and eReferrals: Electronic prescriptions and referrals are widely used, with high adoption among doctors — historically above EU averages.
- zVEM patient portal & app: Patients can access their own health data, prescriptions, referrals, and medical records through this secure portal using digital identity.
- Cross-border eHealth: Slovenia participates in EU infrastructure (SiNCP) so health data can be exchanged securely with other EU countries when needed.
- Magda is a mobile application for the elderly, where all important content and information for the elderly are gathered in one place.

Telemedicine is increasingly recognised as an important component of the Slovenian health system, but its national implementation is still evolving rather than fully mainstream. Several telemedicine solutions exist in practice or have been piloted in Slovenia, particularly for remote patient monitoring, provider–patient communication, and professional collaboration. Researchers have identified around fifteen different telemedicine solutions currently used or tested in Slovene healthcare.

Centre for Telehealth (CEZAR) in the General Hospital Slovenj Gradec supports patients with chronic conditions such as heart failure and diabetes at home, showing reduced hospitalisations and improved clinical outcomes through regular remote monitoring.

Providers like Telekom Slovenije offer telemedicine platforms connected to national eHealth infrastructure, enabling remote monitoring of vital signs and communication between patients and health professionals via smartphone or tablet applications.

MATERIALS NEEDED

Estonia

The National Health Information System (EHIS)
https://www.terviseportaal.ee/en/

The e-Prescription system digitalizes nearly all prescription management and allows patients to obtain medicines without printed documents.
https://tervisekassa.ee/en/people/pharmaceuticals

Estonia's digital identity system and the X-Road secure data exchange platform guarantee privacy, authentication, and interoperability across healthcare services.
https://e-estonia.com/solutions/interoperability-services/x-road/

Tervisekassa: (+372) 669 6630
https://tervisekassa.ee/en

Development of telemedicine
https://tervisekassa.ee/en/partner/medical-institutions/development-telemedicine

Teleconsultations
https://tervisekassa.ee/en/partner/medical-institutions/development-telemedicine/teleconsultations

Telemedicine in Estonia
http://telemedicine-momentum.eu/estonia/

Wider Implementation of Telemedicine in Estonia
https://www.praxis.ee/uploads/2014/09/Wider-Implementation-of-Telemedicine-in-Estonia_-summary-of-study.pdf

Greece

- https://lawgroup.gr/telemedicine-in-greece/
- https://www.ktpae.gr/erga/ethniko-diktyo-tileiatrikis-edit/
- https://www.2dype.gov.gr/tileiatriki-2/
- https://www.2dype.gov.gr/edit-4/
- https://www.ertnews.gr/eidiseis/ellada/apo-septemvrio-175-komy-kai-305-stathmoi-tileiatrikis-tha-kalyptoun-tis-anagkes-ton-katoikon-se-apomakrysmenes-perioxes/
- https://clinic.carepoi.com/
- https://www.moh.gov.gr/articles/ehealth/6084-h-thleiatrikh-sthn-ellada

Slovenia

Slovenia's eHealth strategy for 2022-2027
https://digitalhealthuptake.eu/radar-repository/slovenias-ehealth-strategy-for-2022-2027/

Telekap: A telemedicine solution improving acute stroke management through remote neurologist support. Telekap (TeleStroke) has been used since 2015.
https://www.interregeurope.eu/good-practices/telekap-national-telestroke-network-for-timely-specialist-stroke-care-in-slovenia-0

e-Care: A system for emergency communication, vital signs monitoring, and rapid assistance, co-financed by municipalities and integrated into long-term care for people over 80.
https://www.interregeurope.eu/good-practices/e-care-e-oskrba

EVALUATION METHODS

Questions for verbal or written evaluation:

1. What is telemedicine?
2. What telemedicine services do you know in your country?
3. What useful links do you know?
4. Do you use telecommunication services?
5. What are benefits and challengers of telemedicine?

LESSON PLAN:

DATA HEALTH MANAGEMENT AND PRIVACY

LEARNING OBJECTIVES

- to learn what is personal health record;
- to understand why data protection is important;
- to learn risks and what to do for the data protection.

KEY CONCEPTS TO TEACH

A personal health record (PHR)
Medical data
Protecting personal information
Risks and digital safety

TEACHING METHODS

Presentation from trainer.
Navigation.
Questions/answers.
Evaluation.

DURATION AND SUGGESTED FLOW

Presentation: 20 minutes.
Navigation in own data: 20 minutes.
Questions/answers: 10 minutes.
Evaluation: 10 minutes.
Total: 60 minutes.

GENERAL APPROACH

Data concerning health (medical data) is a part of private life and protected by the right to private life. This data is considered sensitive and thus requires special protective measures.

A personal health record (PHR) refers to the collection of an individual's medical documentation maintained by the individual or a caregiver in cases where patients are unable to do so themselves. It can be physical or digital.

This personal information includes details such as:

- The patient's medical history
- Applicable diagnoses
- Historical and ongoing medications, including over-the-counter and alternative treatments
- Past medical and surgical interventions
- Immunization status
- Allergies and other relevant medical conditions that can impact the delivery of emergency care (eg, type 1 diabetes)
- Blood type
- Whom to contact in the event of an emergency
- Insurance information
- Contact information for the patient's regular health providers

Key Components of Health Data Definition

- **Broad Scope**: It covers any data revealing health status, including symptoms, conditions, treatments, diagnoses, genetic predispositions, and even information from healthcare services.
- **Special Category**: It's considered sensitive, requiring stricter processing rules and higher levels of protection than general personal data.
- **Examples**: Medical records, test results, disability information, clinical treatment details, health insurance data, and even genetic/biometric data are included.

Why It Matters:

- **Strict Rules**: Article 9 of the GDPR generally prohibits processing health data unless specific exceptions (like explicit consent or public health interest) apply.
- **Trust and Innovation**: This robust definition ensures strong safeguards for sensitive health information, maintaining public trust in healthcare innovation, research, and digital health initiatives.

What is medical data

Medical data contains information on a person’s state of health and the medical treatment that they have received. The processing of your health data is a restriction of your right to private life and, therefore, must be done only in accordance with the requirements of law.

Such information can be recorded on paper or in digital files and databases, but also in, for example, radio diagnostic film, records of fingerprints and cellular DNA samples.

Cellular samples of DNA, in particular, contain very sensitive and unique information about a person’s health and genetics. Medical correspondence with your doctor also contains your medical data. All of this data reveals medical information about a person and allows for his or her identification.

Medical data is collected and stored in clinics and hospitals, but may also be communicated to public health authorities and other public authorities, for example, the police or a court. Data concerning your health can also be used in research in medical science. However, in this case, strict criteria have to be met and as a general rule an individual's consent is required.

Information contained in medical records relates to an individual's private life, since that data directly concerns his or her health. Such information has a personal and sensitive nature and is a special category of personal data.

Key Aspects of Data Health Management

Data Health Management (DHM) ensures data is accurate, secure, and accessible (its "health"), while Data Privacy focuses specifically on protecting sensitive information (like patient health data, PHI) from unauthorized access, misuse, and disclosure, balancing efficient use with legal (HIPAA, GDPR) and ethical obligations to maintain trust and confidentiality. Together, they form a critical framework for managing digital health information, ensuring data quality for better care while safeguarding patient rights and complying with regulations.

- **Data Governance & Quality**: Establishing rules, policies, and processes to ensure data accuracy, completeness, and consistency.
- **Data Security & Privacy**: Protecting sensitive data through measures like access controls, encryption, and compliance with regulations like HIPAA.
- **Lifecycle Management**: Managing data from creation (capture), processing, storage (EHR/EMR), usage, archiving, and secure destruction.
- **Data Integration & Standardization**: Combining data from diverse sources (lab results, claims, notes) into a single, reliable view.
- **Accessibility & Usability**: Making sure authorized users can easily access the right data for informed decision-making.

Why It Matters (Especially in Healthcare)

- Better Patient Care: Enables efficient clinical decision-making and improved health.
- Operational Efficiency: Reduces time spent on fixing errors and inconsistencies.
- Risk Mitigation: Protects against breaches and non-compliance.
- Innovation: Supports advanced analytics, AI, and machine learning.
- Trust: Builds confidence with patients and partners through privacy protection.

10 Key Components of Data Protection in Healthcare

1. Data Inventory and Classification

The first step in effective data protection is understanding what data you have and where it resides. This involves:

- Mapping out all data sources, including electronic health records (EHRs), medical devices, and SaaS applications
- Categorizing data based on sensitivity and regulatory requirements
- Identifying critical systems and applications that handle patient data

2. Access Control and Authentication

Implementing strong access controls is crucial to prevent unauthorized access to sensitive information:

- Use role-based access control (RBAC) to limit data access based on job functions
- Implement multi-factor authentication (MFA) for all user accounts
- Regularly review and update access permissions
- Establish a robust password policy

3. Data Encryption

Encryption is a critical component of data protection in healthcare:

- Implement end-to-end encryption for data in transit and at rest
- Use strong encryption algorithms that meet industry standards
- Ensure proper key management practices

4. Network Security

Protecting the healthcare network from external threats is essential:

- Implement and maintain firewalls and intrusion detection/prevention systems
- Regularly update and patch all systems and software
- Segment networks to isolate critical systems and limit the spread of potential breaches

5. Mobile Device Management

With the increasing use of mobile devices in healthcare settings:

- Implement a comprehensive mobile device management (MDM) solution
- Enforce device encryption and remote wipe capabilities
- Establish clear policies for BYOD scenarios

6. Employee Training and Awareness

Human error remains a significant risk factor in data breaches:

- Conduct regular cybersecurity awareness training for all staff
- Educate employees on phishing, social engineering, and other common attack vectors
- Foster a culture of security awareness throughout the organization

7. Vendor Management

Many healthcare organizations rely on third-party vendors, which can introduce additional risks:

- Conduct thorough security assessments of all vendors
- Ensure vendors comply with relevant regulations and security standards
- Implement strong data sharing agreements and contracts

8. Continuous Monitoring and Auditing

Proactive monitoring is crucial for detecting and responding to potential threats:

- Implement 24/7 monitoring of all critical systems and networks
- Conduct regular security audits and vulnerability assessments
- Use security information and event management (SIEM) tools to correlate and analyze security events

9. Incident Response Planning

Despite best efforts, breaches can still occur. Having a well-defined incident response plan is crucial:

- Develop and regularly update an incident response plan
- Conduct tabletop exercises to test the plan's effectiveness
- Establish clear roles and responsibilities for the incident response team

10. Compliance Management

Healthcare organizations must navigate a complex regulatory landscape:

- Staying compliant with relevant regulations like GDPR, and state-specific laws
- Implement processes to ensure ongoing compliance
- Conduct regular compliance audits and assessments

Risks

Understanding and managing the changing types of risks in healthcare is important for providing safe, compliant, and efficient care.

Data Health Management treats data as a critical asset, applying healthcare principles to maintain its quality and usability, ensuring it remains reliable for driving better organizational performance and patient well-being.

There are concrete risks for digital safety and data protection like phishing, impersonation, scams, and cite EU cybersecurity threat work (e.g., phishing as a major threat type).

Phishing is the fraudulent attempt to steal user data such as login credentials, credit card information, or even money using social engineering techniques. This type of attack is usually launched through e-mail messages, appearing to be sent from a reputable source, with the intention of persuading the user to open a malicious attachment or follow a fraudulent URL.

Patient data may not be passed on to insurance companies or third parties without further ado. Specific requirements must be observed when passing on data. In some cases, a declaration of consent from the person concerned is required. Both analog data records and the stored patient data within the IT and practice software must be protected. In group practices or hospitals, only the doctors in charge may exchange patient data with each other, and only if this is necessary for the treatment.

SIX SIGNS IT IS A SCAM
1.Scammers Want. You To Wire Money. You may be asked to wire money or purchase pre-paid debit cards. ...
2.Scammers Tell. You To Keep It “Secret” ...
3.Scammers Make. It Sound Too Good To Be True. ...
4.Scammers Contact. You “Out Of The Blue” ...
5.Scammers Claim. There Is An “Emergency” ...
Scammers Ask. For Your Personal Information.

MATERIALS NEEDED

Data health management
https://www.enisa.europa.eu/sites/default/files/publications/ETL2020%20-%20Phishing%20A4.pdf?utm_source=chatgpt.com
Data protection
https://www.hycu.com/blog/what-you-need-know-about-data-protection-healthcare
Data protection in healthcare
https://heydata.eu/en/data-protection-in-healthcare/
DigComp 2.2: The Digital Competence Framework for Citizens - With new examples of knowledge, skills and attitudes
https://publications.jrc.ec.europa.eu/repository/handle/JRC128415?utm_source

Medical data
https://www.inimoigustegiid.ee/en/themes/data-privacy/medical-data/what-is-medical-data

Personal Health Record
https://www.ncbi.nlm.nih.gov/books/NBK557757/#:~:text=A%20personal%20health%20record%20(PHR,Applicable%20diagnoses

Phishing
https://www.enisa.europa.eu/sites/default/files/publications/ETL2020%20-%20Phishing%20A4.pdf

Phishing Identification Checklist
file:///C:/Users/user/Downloads/phishing_identification_checklist%20(1).pdf

EVALUATION

Questions for verbal or written evaluation:

1.What is personal health record?
2.Why data protection is important?
3.What are risks?
4. What can you do for the data protection?

LESSON PLAN:

DIGITAL HEALTH APPLICATIONS

LEARNING OBJECTIVES

- understand what digital health applications and wearable devices are
- recognise common types of health apps and wearable technologies
- install or open a simple health application on a smartphone or tablet
- understand basic health information collected by apps or devices (e.g. steps, heart rate, sleep)
- use digital tools to support healthy habits and self-monitoring
- identify reliable and safe health applications

KEY CONCEPTS TO TEACH

- **Digital health applications**

Mobile applications that help people monitor and improve their health and wellbeing.

- **Wearable devices**

Devices worn on the body (e.g. smartwatches, fitness trackers) that collect health information such as steps, heart rate or sleep.

- **Self-monitoring of health**

Using digital tools to track daily health behaviours such as physical activity, nutrition, or sleep.

- **Health data**

Personal information collected by health apps or wearable devices.

- **Health indicators**

Basic measurements such as step count, heart rate, calories burned, or sleep quality.

- **Health goals**

Targets that users set in apps (for example walking 6,000 steps per day).

- **Reliable health applications**

Apps developed by trusted organisations such as healthcare providers, universities, or well-known technology companies.

- **Limitations of digital health tools**

Apps and wearables can support healthy behaviour but do not replace professional medical advice.

TEACHING METHODS

The session should combine explanation with hands-on experience, allowing seniors to practice using digital tools.

Teaching approaches include:

- Demonstration

The educator shows how a health app or wearable device works, explaining step-by-step how to open the app, view health data, and set simple goals.

- **Guided exploration**

Participants try using the app themselves on their devices while the educator provides individual support.

- **Peer learning**

Participants work in pairs and help each other complete tasks such as finding step counts or setting activity goals.

- **Group discussion**

Participants share experiences with smartphones, smartwatches, or health tracking tools.

- **Storytelling**

The educator presents a simple real-life example (e.g. how a person used a fitness tracker to increase daily walking or improve sleep habits).

MATERIALS NEEDED

- smartphones or tablets (participants' own devices or provided by the trainer)
- internet connection or Wi-Fi
- one example health application installed for demonstration (e.g. step counter or health tracking app)
- optional wearable device (smartwatch or fitness tracker) for demonstration
- projector or screen for demonstration (optional)
- printed step-by-step instructions or visual guide
- flipchart or whiteboard

DURATION AND SUGGESTED FLOW

Total duration: approximately **2 hours**

1. Introduction (15 minutes)

- Welcome participants and introduce the topic
- Discuss what digital health apps and wearable devices are
- Ask participants if they have used any health apps or smart devices

2. Demonstration of a Health App (25 minutes)

- Show how a simple health app works
- Demonstrate how to open the app, view steps or activity levels, and set a daily goal

3. Guided Practice (40 minutes)

- Participants explore the app on their own devices
- The educator supports them with installing or navigating the application
- Participants practice viewing health information such as steps or activity

4. Understanding Health Data (20 minutes)

- Explain what the displayed information means (steps, heart rate, activity time)
- Discuss how this information can support healthier lifestyles

5. Choosing Safe and Useful Health Apps (10 minutes)

- Explain how to recognise reliable applications
- Discuss the importance of using trusted platforms

6. Reflection and Discussion (10 minutes)

- Ask participants how they felt using the app
- Discuss possible benefits and challenges

Evaluation methods

Observation
Observe whether participants can open the health app and find basic health information independently.

Mini quiz
Ask 3–4 simple questions, for example:

- What is a wearable device?
- Can a health app replace a doctor? (True/False)

Reflection discussion
Ask participants:

- What did you learn today?
- How confident do you feel using a health app?

Peer explanation
Participants explain to a partner how to check their step count or activity level in the app.

LESSON PLAN:

ASSISTIVE TECHNOLOGIES AND ACCESSIBILITY

LEARNING OBJECTIVES

By the end of this session, senior learners will be able to:

- **Understand** what assistive technologies are and how they support access to eHealth services
- **Identify** basic accessibility features on smartphones, tablets, or computers (e.g. larger text, audio, voice control)
- **Demonstrate** simple use of at least one assistive tool (screen reader, voice assistant, or adaptive device)
- **Use** assistive technologies to access eHealth tools with increased confidence and independence

KEY CONCEPTS TO TEACH

Educators should cover the following concepts using **simple language, real-life examples, and demonstrations**, adapting the depth based on the group's confidence level.

1. What Assistive Technologies Are

- Assistive technologies are tools or features that make digital devices easier to use
- They help people see, hear, touch, or understand information more comfortably
- They are useful for:
  - Reduced vision or hearing
  - Limited hand movement or strength
  - Memory or concentration difficulties

- Emphasise: Assistive technologies are for everyone, not only for people with disabilities

2. Accessibility and eHealth

- Accessibility means that digital health tools work for different abilities and needs
- Accessible eHealth tools:
  - Use clear text and simple language
  - Allow text to be made bigger
  - Offer audio or voice options
  - Reduce the number of steps needed

- Explain how accessibility helps seniors:
  - Book appointments independently
  - Read medical information more easily
  - Communicate with healthcare providers confidently

3. Built-in Accessibility Features on Devices

- Many smartphones, tablets, and computers already include accessibility features
- Common examples:
  - Increasing text size
  - Adjusting screen brightness and contrast
  - Turning on audio or voice feedback
  - Using touch alternatives (voice instead of typing)

- Important message: No extra apps or payments are usually needed

4. Screen Readers (Listening Instead of Reading)

- A screen reader **reads aloud what appears on the screen**
- Useful when:
  - Text is too small
  - Eyes feel tired
  - Vision is limited

- Basic ideas to explain:
  - Single tap = hear what is on the screen
  - Double tap = select or open

- Connect to eHealth:
  - Reading messages from doctors
  - Listening to appointment details
  - Understanding instructions in health apps

5. Voice Assistants (Using Your Voice)

- Voice assistants allow users to **control the device by speaking**
- Examples of actions:
  - Opening an app
  - Calling a contact
  - Setting medication reminders

- Key points for seniors:
  - Speak clearly and slowly
  - Short commands work best
  - It is okay to repeat or correct the assistant

- Link to independence:
  - Less typing
  - Hands-free use
  - Reduced stress

6. Adaptive Devices (Physical Support Tools)

- Adaptive devices are simple physical tools that make device use more comfortable
- Examples:
  - Stylus pens instead of fingers
  - Phone or tablet stands
  - Large keyboards or buttons
  - Headphones for clearer sound

- Explain benefits:
  - Better control
  - Less strain on hands, neck, or eyes
  - More confidence when using eHealth services

7. Confidence, Independence, and Choice

- Assistive technologies:
  - Support independence, not dependency
  - Allow seniors to choose how they use technology
  - Reduce fear of "doing something wrong"

- Reinforce key messages:
  - Learning takes time
  - Mistakes are part of learning
  - Asking for help is normal

Educator Tip:
Not all concepts need equal time. Focus **more on the tools that are most relevant to participants' everyday health needs** and devices.

TEACHING METHODS

The session should be **hands-on, supportive, and low-stress**, using the following methods:

- Demonstration

The educator shows accessibility features step by step on a real device (projected or held up).

- Guided Exploration

Seniors try the same steps on their own devices while the educator circulates and supports.

- Peer Learning

Participants work in pairs to explore settings together and help each other.

- Storytelling

Share short, real-life examples (e.g. "Using voice commands to set a medication reminder").

- Group Discussion

Encourage participants to share what feels easy, difficult, or helpful.

Repetition and encouragement are key. Allow plenty of time for practice.

MATERIALS NEEDED

- Smartphone(s) and/or tablet(s) (participants' own devices if possible
- Internet connection (Wi-Fi or mobile data)
- Projector or large screen (optional but helpful)
- Printed step-by-step handouts with large font and icons
- Optional adaptive devices (stylus pen, phone stand, headphones)
- Mini quiz / self-assessment (print and digital versions)

DURATION AND SUGGESTED FLOW

1. Welcome & reassurance (5 min)
- Brief introduction
- Emphasise that this is not a test and mistakes are expected

2. Introduction to assistive technologies (10 min)
- Explain key concepts using simple examples
- Ask participants what difficulties they sometimes face with devices

3. Demonstration of accessibility tools (15 min)
- Show text enlargement, screen reader, or voice assistant
- Demonstrate slowly, step by step

4. Guided hands-on practice (15–20 min)
- Participants try features on their own devices
- Educator provides individual support

5. Mini quiz / self-assessment & reflection (5–10 min)
- Complete checklist or short quiz
- Discuss how confident participants feel now

EVALUATION METHODS

Evaluation should be **informal, encouraging, and learner-centred**:

- **Observation**

Educator observes whether participants can activate or use an accessibility feature with limited support.

- **Mini Quiz / Self-Assessment**

3–5 simple questions or a skills checklist (print or digital).

- **Reflection**

Ask questions such as:

  - “What was easiest for you today?”
  - “What would you like to practice again?”

- **Peer Check**

Participants explain one step to a partner (e.g. how to increase text size or use voice commands).

LESSON PLAN:

ETHICAL AND LEGAL ASPECTS OF DIGITAL HEALTH

LEARNING OBJECTIVES

- understand what personal health data is and why it needs protection
- recognise their rights regarding privacy and personal data protection
- understand the concept of informed consent when using digital health services
- recognise situations where their health data may be shared online
- identify safe and trustworthy digital health platforms
- apply basic practices to protect their personal health information online

KEY CONCEPTS TO TEACH

- **Personal health data**

Information about a person's health, such as medical records, prescriptions, test results, or health monitoring data collected through apps or devices.

- **Privacy**

The right of individuals to control who can see and use their personal information.

- **Data protection**

Rules and practices that ensure personal information is stored, used, and shared securely.

- **Informed consent**

Permission given by a person after they understand how their data will be used or shared.

- **Digital identity and authentication**

Methods used to verify a person’s identity when accessing online health services (e.g. passwords, digital ID).

- **Trusted digital health services**

Official or reliable online platforms provided by healthcare institutions, governments, or recognised organisations.

- **Risks in digital environments**

Possible issues such as data misuse, scams, or sharing personal information with untrustworthy services.

- **Patient rights**

Rights individuals have regarding access to their health information and control over how it is used.

TEACHING METHODS

The session should create a safe and supportive learning environment, encouraging questions and discussion.

Teaching approaches include:

Demonstration
The educator shows an example of a consent message or privacy notice from a health app or online health portal and explains what it means.

Guided exploration
Participants review simple examples of privacy settings or consent requests and discuss what information they are being asked to share.

Peer learning
Participants work in pairs to discuss situations where personal information might be shared online and how to respond safely.

Group discussion
Participants share their experiences or concerns about privacy when using digital services.

Storytelling
The educator presents a real-life scenario (for example, receiving a message asking for personal information online) and discusses how to respond safely.

MATERIALS NEEDED

- smartphones, tablets, or computers (optional for demonstration)
- examples of privacy notices or consent screens from health apps or patient portals
- printed examples of safe vs. risky digital situations
- flipchart or whiteboard
- projector or screen (optional)

DURATION AND SUGGESTED FLOW

Total duration: approximately **2 hours**

1. Introduction to Privacy in Digital Health (15 minutes)

- Introduce the topic and explain why privacy is important in digital health
- Ask participants what personal information they usually share with healthcare providers

2. Understanding Personal Health Data (20 minutes)

- Explain what personal health data includes
- Discuss how digital health services store and use this information

3. Informed Consent and Patient Rights (25 minutes)

- Explain what consent means when using health apps or online services
- Show examples of consent messages or privacy notices

4. Recognising Safe and Risky Situations (30 minutes)

- Discuss common digital risks (sharing personal information, suspicious messages)
- Participants analyse simple scenarios and discuss what action they would take

5. Practical Tips for Protecting Personal Health Information (20 minutes)

- Explain simple safety practices such as strong passwords, using trusted platforms, and avoiding public Wi-Fi for sensitive activities

6. Reflection and Discussion (10 minutes)

- Participants discuss what they learned and share any concerns or questions

EVALUATION METHODS

Observation

Observe whether participants can recognise safe vs. unsafe digital situations.

Mini quiz

Ask 3–4 simple questions, for example:

- What is personal health data?
- What does consent mean when using a health app?
- Is it safe to share personal health information with any website? (True/False)

Reflection discussion

Ask participants:

- What new information did you learn today?
- Do you feel more confident protecting your personal information online?

Peer check

Participants explain to a partner one rule for protecting personal health information online.

LESSON PLAN:

ONGOING SUPPORT RESOURCES

LEARNING OBJECTIVES

By the end of this learning session, older learners should be able to:

By the end of this session, older learners should be able to:

- **Identify different types of support resources** available for digital health services, including local helpdesks, community support centres, telephone helplines, and online tutorials.
- **Explain where they can seek help** when they experience difficulties while using digital health tools such as health applications, online health portals, or telemedicine services.
- **Recognise the role of community organisations and public services** (such as municipal centres, libraries, or senior clubs) in supporting older adults with digital technologies and eHealth services.
- **Demonstrate basic awareness of how to prepare when asking for help**, for example by writing down questions, keeping their device nearby, or describing the problem clearly when contacting a helpline or visiting a support centre.
- **Understand the benefits of tutorials and learning materials**, recognising that these resources allow users to learn at their own pace, repeat instructions, and practice new digital skills step by step.
- **Develop confidence in seeking assistance**, understanding that asking questions and requesting support is a normal and positive part of learning how to use digital technologies.
- **Reflect on their personal support network**, identifying at least one place, service, or person they could contact if they need help using digital health tools.

This lesson aims to reinforce an important message for older learners: learning digital health tools is a gradual process and support services exist to assist users throughout this journey. Many older adults feel discouraged or anxious when they encounter technological difficulties. Therefore, the session focuses on building confidence and helping participants understand that asking for help is normal and encouraged within inclusive digital health systems.

KEY CONCEPTS TO TEACH

During the session, educators should focus on explaining the following concepts in clear and simple language suitable for older learners.

Support resources

Support resources are services, people, or materials that help individuals solve problems when using digital tools or online services. In the context of digital health, these resources assist users in navigating health applications, accessing online health portals, managing passwords, booking appointments, or understanding digital health information.

Educators should emphasise that digital systems are designed with support structures because many people need assistance when learning new technologies.

Local helpdesks and community support services

Local helpdesks are physical locations where individuals can receive direct support from trained staff or volunteers. These helpdesks may be located in:

- municipal community centres
- senior clubs
- libraries
- public service centres
- digital inclusion initiatives

Staff members at helpdesks may help users with tasks such as:

- using smartphones or tablets
- accessing health applications
- logging into online health services
- understanding how digital health portals work

Educators should reassure participants that it is acceptable to ask the same question more than once and that support staff are there to help users learn at their own pace.

Telephone helplines

Helplines are phone services that provide remote assistance to users who need help with digital services. They are especially useful for individuals who cannot easily visit a support centre.

Helpline staff may assist with issues such as:

- login or password problems
- navigating digital health portals
- understanding system messages or instructions
- basic technical difficulties with applications

Educators should explain simple steps that can make helpline communication easier, such as preparing questions beforehand or keeping the device nearby during the call.

Tutorials and learning materials

Tutorials are educational resources that help users learn independently. These resources may include:

- short instructional videos
- step-by-step guides
- illustrated manuals
- online training materials

Tutorials allow learners to practice at their own pace. Users can pause videos, repeat instructions, and gradually build confidence with digital tools.

Confidence in asking for help

A central concept of this module is the idea that seeking support is a positive and normal part of learning. Many older adults hesitate to ask for help because they fear making mistakes or appearing inexperienced. Educators should actively reassure participants that technology learning often requires repetition and patience, and that support services exist precisely to assist users in overcoming these challenges.

TEACHING METHODS

Teaching older learners requires a supportive and patient approach. Educators should aim to create a relaxed learning environment where participants feel comfortable asking questions and sharing experiences.

Short presentation and explanation

The educator begins by introducing the topic of support resources and explaining why they are important when learning to use digital health services. The explanation should emphasise that many people, regardless of age or experience, sometimes need help when using technology.

The educator should also highlight that support services are part of the digital health ecosystem and are designed to ensure that everyone can access healthcare services confidently.

Guided discussion

The educator should invite participants to share their own experiences with technology and support. Questions such as the following may help stimulate discussion:

- Have you ever needed help when using a smartphone or application?
- Who did you ask for help?
- What kind of support helped you the most?

This discussion helps participants recognise that many people experience similar challenges when learning digital tools.

Demonstration

Visual demonstrations can greatly improve understanding. The educator may demonstrate examples of support resources, such as:

- showing how a helpline works
- presenting examples of tutorials or learning guides
- explaining where helpdesks are located

If possible, the educator may show simple screenshots or short tutorial videos to illustrate how support resources function.

Peer learning

Participants often learn effectively by exchanging experiences with each other. Educators should encourage participants to share tips or personal strategies for solving technology problems. This collaborative learning environment can strengthen participants' confidence and motivation.

Reflection activity

Reflection activities help participants connect the lesson content with their personal experiences. The educator should encourage learners to think about the types of support they would prefer to use and where they could seek assistance in their community.

MATERIALS NEEDED

To support the delivery of this lesson, educators may use the following materials:

- Laptop or tablet for demonstrations
- Projector or screen for presentations
- Printed handouts with examples of support resources
- Internet connection (optional) to demonstrate tutorials or websites
- Whiteboard or flipchart to write key ideas during discussions

Providing printed materials is especially beneficial for older learners, as it allows them to review the information later and share it with family members or caregivers.

DURATION AND SUGGESTED FLOW (45–60 minutes)

1. Introduction to the topic (5–10 minutes)

The educator introduces the concept of ongoing support resources and explains that learning digital health tools may take time. Participants are reassured that support services exist to assist them whenever they encounter difficulties. The educator may emphasise that digital health inclusion aims to ensure that everyone, including older adults, can benefit from digital healthcare services.

2. Presentation of support resources (15 minutes)

The educator explains the main types of support available to users:

- local helpdesks and community centres
- telephone helplines
- tutorials and online learning materials

Where possible, examples from the participants' country or community should be presented to make the information more relevant.

3. Demonstration and interactive discussion (15 minutes)

The educator demonstrates how someone might use support services. For example:

- calling a helpline to ask for assistance
- using a tutorial video to learn a task
- visiting a helpdesk for face-to-face help

Participants are encouraged to share their thoughts and ask questions during this part of the session.

4. Reflection activity (10 minutes)

Participants reflect on the following questions:

- Do I know where I can ask for help if I have problems using digital health tools?
- Would I feel comfortable contacting a helpdesk or calling a helpline?
- Which type of support would I prefer?

Participants may discuss their answers with the group.

5. Summary and open discussion (5–10 minutes)

The educator summarises the key messages of the session:

- Support services exist to help users navigate digital health tools.
- Asking for help is a normal and positive part of learning.
- Tutorials and community services can make learning digital tools easier and less stressful.

Participants are invited to ask final questions before the session concludes.

EVALUATION METHODS

To evaluate whether participants have understood the key ideas of the lesson, educators may use simple and supportive evaluation methods.

Mini quiz or short questions

Participants may answer questions such as:

- Where can you ask for help if you have difficulty using a digital health application
- What type of help can a telephone helpline provide?
- Is it acceptable to ask the same question more than once when learning digital tools?

These questions reinforce the main learning outcomes of the session.

Observation

During discussions and activities, the educator can observe whether participants are able to recognise different support resources and whether they appear more confident discussing support options.

Reflection feedback

Participants may also share how they feel about seeking help in the future. If learners express increased confidence in contacting support services, the session can be considered successful in achieving its objectives.

LESSON PLAN:

ASSESSMENT TOOL FOR SELF-EVALUATION

LEARNING OBJECTIVES

By the end of this session, senior learners will be able to:

- Understand what self-evaluation is and explain in simple terms why it is useful for their learning
- Recognise the digital health skills they have developed throughout the course (e.g. using apps, accessing services, staying safe online)
- Identify tasks they can complete independently and areas where they may still need support
- Reflect on their learning experience, including what they found easy or challenging
- Build confidence in their ability to continue using eHealth tools and learning new skills

KEY CONCEPTS TO TEACH

Educators should explain the following concepts using simple language, repetition, and real-life examples:

Self-evaluation as a positive process

- Self-evaluation means thinking about what you have learned and what you can do
- It is not a test and there are no right or wrong answers
- It helps learners feel more aware and in control of their progress

Learning as a gradual and ongoing process

- Learning digital skills takes time and practice
- It is normal to forget steps or need support
- Progress can be small but still important

Emphasise: Every small step is progress

Recognition of skills and achievements

- Learners have already developed important skills such as:
  - Using eHealth services (appointments, portals)
  - Understanding basic digital safety
  - Using simple apps or tools
  - Knowing where to find help
- Self-evaluation helps them recognise and appreciate these achievements

Confidence and independence

- Reflecting on skills increases confidence
- Confidence helps learners:
  - Try new tools
  - Use technology without fear
  - Become more independent
- Reinforce the idea: “I can do this with practice”

Reflection and personal learning needs

- Reflection helps learners think about:
  - What was easy
  - What was difficult
  - What they want to practice more
- Encourage setting small, realistic goals (e.g. “I will try to use a health app again”)

Use of checklists and simple questions

- Checklists help learners:
  - Clearly see what they can do
  - Track their progress visually
- Simple questions support understanding without pressure

Motivation and lifelong learning

- Learning does not stop after the course
- Seniors are encouraged to:
  - Continue practicing
  - Use support resources
  - Stay engaged with digital health tools

TEACHING METHODS

The session should be supportive, reflective, and highly interactive, focusing on participation rather than performance:

- Guided Reflection
- The educator asks simple, open-ended questions and allows time for thinking and responding.
- Step-by-step Demonstration
- The educator shows how to complete the self-assessment checklist or quiz.
- Individual Self-Assessment
- Learners complete a checklist or answer simple questions at their own pace.
- Peer Learning
- Participants discuss answers in pairs and support each other.
- Group Discussion (optional)
- Learners share experiences and feelings about using digital health tools.
- Positive Reinforcement
- The educator gives encouragement and highlights progress rather than correctness.

Important: Avoid creating a “testing” atmosphere.

MATERIALS NEEDED

- TPrinted self-assessment checklist (large font, clear layout, icons if possible)
- Printed multiple-choice mini quiz (simple and readable)
- Pens or pencils
- Smartphones or tablets (optional, for digital version)
- Projector or screen (optional, for demonstration)
- QR codes or links for additional practice (optional)

DURATION & SUGGESTED FLOW (45–60 minutes)

1. Introduction & reassurance (5–10 min)
   - Welcome participants and create a relaxed atmosphere
   - Explain clearly that this is not a test
   - Emphasise confidence and personal progress

2. Introduction to self-evaluation (10 min)
   - Explain the concept using simple examples
   - Ask participants how they feel about their learning so far
   - Use everyday language and relatable situations

3. Demonstration of the assessment tool (5–10 min)
   - Show how to complete the checklist or quiz
   - Explain each section slowly
   - Answer questions before starting

4. Individual self-assessment activity (15–20 min)
   - Participants complete the checklist or mini quiz
   - Educator provides individual support where needed
   - Encourage learners to take their time

5. Reflection & discussion (10–15 min)
   - Ask reflection questions such as:
     - “What was easy for you?”
     - “What would you like to practice more?”
   - Allow optional sharing in pairs or group
   - Reinforce positive experiences

6. Closing & confidence boost (5–10 min)
   - Summarise key messages
   - Highlight participants’ progress
   - Encourage continued learning and practice

EVALUATION METHODS

Evaluation should be informal, supportive, and focused on confidence and awareness:

- Observation
- Educator observes whether learners can complete the checklist with minimal support
- Self-assessment checklist
- Learners identify what they can do and where they need improvement
- Mini quiz (optional)
- Simple multiple-choice questions to reinforce understanding
- Reflection
- Learners express how they feel about their progress and confidence
- Peer discussion
- Learners explain one skill or concept to a partner

The focus is on confidence, awareness, and motivation, not correctness.

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