Facilitating change:

Towards a digital inclusive future

Rural eHealth Facilitators project
Recommendations

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Rural eHealth Facilitators project recommendations publication

REACT
Rural eHealth Facilitators

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Facilitating change: Towards a digital inclusive future

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‘Facilitating change: Towards a digital inclusive future’ is the recommendations publication based on the experiences, knowledge and international exchange of good practices between the partners of the ‘Rural eHealth Facilitators’ (REACT) project.

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1 Introduction

Our society is digitising at a rapid pace. We live in a digital world, where every aspect of our lives is heavily influenced by digitalisation. People use more and more digital devices and spend more and more of their time on the internet. Not only communication and social contacts between people are digitising; digitalisation also influences the way we work and learn, how we participate in politics and the economy and how we maintain our health.
The COVID-19 pandemic a few years ago accelerated digitalisation but also clearly showed the challenges of this development as not everyone could board this digital train. It showed risks of inequality, less social cohesion and exclusion for many citizens. Older and vulnerable citizens, specifically in rural areas, have problems with the digitalisation of healthcare and welfare services, among others.
This digital divide in the field of healthcare and wellbeing is still visible due to various reasons. Such as lack of access to technological hardware or not having the necessary digital competences.
In this recommendation report we will focus on the digital inclusion of vulnerable citizens and on the 'Rural eHealth Facilitators' project we have been working on for three years.
We are proud to present a wide range of new perspectives, insights and tools that will inspire many health and social care providers but also other professionals in the digital support of vulnerable and elderly citizens in rural areas.

1.1 | The project mission

'Rural eHealth Facilitators' (REACT) is a transnational project driven by the significant number of digitally vulnerable people in Europe. The REACT project tries to contribute to the inclusion of digitally vulnerable citizens in rural areas. This is essential in times when digital solutions are seen as an important way to provide health and welfare services in areas with less infrastructure and bigger distances. The project focuses on how regional and local health and social care providers can reach the vulnerable and older citizens in rural areas. Ensuring that these citizens, who are at risk of social exclusion, have access to high quality offers of health and wellbeing (eHealth).

Kick-off of the REACT project in Denmark (2023)

Through learning from the knowledge and experiences of the involved partners from Denmark, France, the Netherlands and Portugal, the project has a clear ambition:

Building 'a bridge' between the regional and local health and social care providers, eHealth technology and the vulnerable and elderly citizens in rural areas. This through the engagement and training of Rural eHealth Facilitators, who are volunteers that are willing to assist peer citizens in gaining access to digital solutions through coaching and peer-to-peer learning in digital understanding and skills.

To realise this ambition, the overall aim of the project is to develop, test and propose a "Rural eHealth Facilitator concept". With this concept, the project wants to provide the tools to help vulnerable and older citizens in rural areas with the development of digital capacities to become included in eHealth offerings. The concept includes a training programme which can assist regional and local health and social care providers in reaching these citizens better.

1.2 | The project output

The ‘Rural eHealth Facilitators’ initiative will deliver **three main outputs:** 1) **A strategic development concept for local collaboration** with rural eHealth Facilitators; 2) **Training material for professionals** to train and coordinate the volunteers and **training material for volunteers** to qualify them for the role of rural eHealth Facilitators. All training materials are based on the Needs Analysis executed at the beginning of the project; 3) A **set of recommendations and good practices** in this underlying report. These will give advice and inspiration for the use of the ‘Rural eHealth Facilitators’ concept, as well as recommendations on future initiatives that aim to include vulnerable and older citizens living in rural areas who have difficulty accessing digital health- and welfare offers.
The recommendations are based on the project experiences and results while actively working together with local healthcare and wellbeing professionals, municipalities and other relevant initiatives.
Project updates and activities are also offered through the project website and social media platform Facebook.

https://www.facebook.com/RuraleHealthFacilitators

https://www.sdu.dk/en/forskning/forskningsenheder/samf/clf/forskning/forskningsprojekter/react

1.3 | Publication goals and target groups

With this publication, as a finalization of the ‘Rural eHealth Facilitators’ collaboration initiative, the project partners have three clear targets:

— Offering **a set of reflections and recommendations** for the digital inclusion of vulnerable and older citizens in rural areas.

— **Informing the broader audience** about the ‘Rural eHealth Facilitators’ mission and project outcomes.

— Reaching out to important actors in the field by providing an inspirational guide for promoting **a sustainable and cost-effective way on how to ensure that citizens**, at risk of social exclusion, have access to high quality health and wellbeing offers.

The ‘Rural eHealth Facilitators’ recommendations publication is designed for anyone who’s active in the field of digital inclusion. So that everyone can fully participate in the digital society and eHealth offers. We want to reach out to healthcare and wellbeing professionals, civil society organisations, local government, local communities, national policy makers, international umbrella organisations, volunteers, …

2 Social relevance

In our society, digitalisation is advancing and becoming more complex, which may further increase the demand for digital support. It is likely that there will always be a 'digital divide' between those who benefit from digital offerings and those who cannot. By supporting and educating volunteers, the dangers of the digital divide can be limited. Specialized training can help volunteers improve the digital skills of vulnerable rural residents (Mubarak & Suomi, 2022; Pihlainen et al., 2021). It is important that volunteers are properly trained so that they have the tools to meet digital help demands (Dedding & Goedhart, 2021).
The training materials developed within the REACT project, will prepare organization's staff to train volunteers. These volunteers can then support the target group in improving their digital skills with the aim of reducing or even preventing digital exclusion. At the same time these residents are motivated to use health technologies to promote their health.

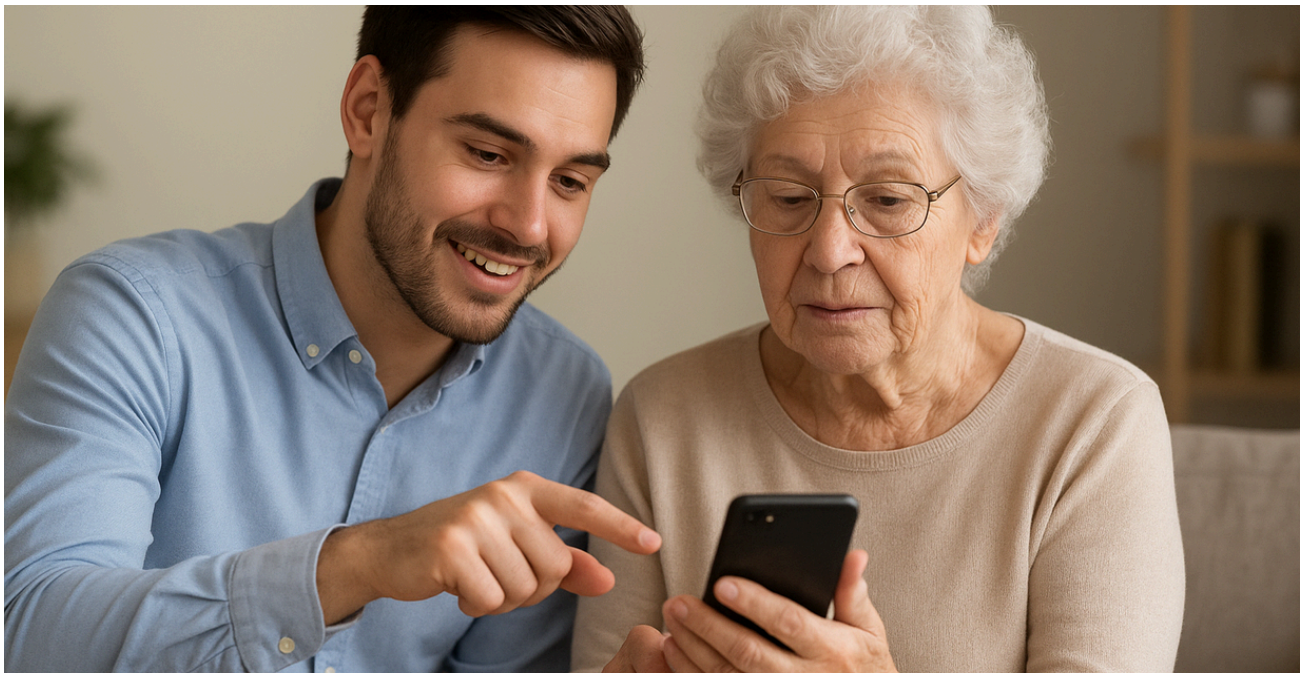
2.1 The potential of eHealth for a healthy lifestyle

Digital skills can provide tools in everyday life and contribute to a healthy lifestyle (Broersma et al., 2022; Heponiemi et al., 2020; Pihlainen et al., 2021). They give people access to information and tools that are promoting health (Van Deursen, 2022). This includes the use of eHealth, which involves online patient portals, measurement devices and online treatment programmes. With eHealth, for example, people can track their daily activity with a pedometer and be encouraged to keep moving. They can also use online patient portals to be reminded to make appointments with healthcare providers.
eHealth can be particularly promising for older people (Buyl et al., 2020; Kavandin & Jaana, 2020). As eHealth can support them in managing their health by, for example, using support apps when suffering from a chronic condition or adopting a healthy lifestyle that allows them to maintain their own control. Moreover, digital skills can facilitate the daily lives of older people by, for example, banking online, shopping online and staying in touch with others (Pihlainen et al., 2021).

2.2 | Digital skills and the risk of exclusion

Despite known benefits, many older people make little use of digital services (Buyl et al., 2020; Heponiemi et al., 2022). There are different attitudes towards improving their digital skills. Some older people learn by doing and are eager to become more digitally proficient, while others do not see the point and find it overwhelming. A key motivation for older people is to keep up in a digitising society and to make everyday life easier.
Besides older people, there are other vulnerable groups where limited digital skills can lead to problems, such as people with low socioeconomic status (SES) and low literacy. People with low SES may have much to do with the (digital) government because of their position. Lacking digital skills and knowledge can therefore be a barrier (Broersma et al., 2022).

In addition, vulnerable people's limited digital skills can result in people lacking access to work opportunities. They are more likely to become or remain unemployed. After all, more and more jobs require digital skills and, vacancies are also increasingly being posted online. Especially in rural areas, older and vulnerable residents have been found to have difficulties with the digitising world. Due to the lack of digital skills, these citizens miss out on health and social benefits (Buyl et al., 2020; Heponiemi et al., 2020; Merkel & Hess, 2020), leading to “digital exclusion” (Esteban-Navarro et al., 2020). So specifically for older and other vulnerable people, improving digital skills can increase independence and improve overall well-being (Pihlainen et al., 2021).



Young man teaching older woman how to use a smartphone | created by ChatGPT

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3 Facts and figures

Digital vulnerability of older people in Europe

Focus on Denmark, France, the Netherlands and Portugal

Digital technology has increasingly become a gatekeeper to full participation in modern societies. Older and vulnerable people, however, often face barriers to accessing and using digital services. A phenomenon widely recognised as digital vulnerability. This issue has become particularly pressing in Europe, where digitalisation intersects with ageing demographics. According to the European Union Agency for Fundamental Rights (FRA), digital exclusion threatens the ability of older people to exercise their fundamental rights, particularly in healthcare, public services, and financial management (FRA, 2023). Because of this, older adults face growing risks of exclusion.

Nearly one in four Europeans aged 75–84 have never used the internet, according to the European Union Agency for Fundamental Rights (FRA, 2023). This digital gap limits access to healthcare, banking, and civic participation. The issue is particularly pressing in countries where digital public service is becoming the default.

3.1 | National disparities

Denmark

Denmark is considered a digital front-runner in Europe. Nevertheless, 12% of Danish seniors aged 75+ report avoiding digital communication with authorities. Even though nearly all public services are online only (FRA, 2023). Research suggests this avoidance stems more from trust issues and usability concerns than lack of access. In response, Denmark implemented “Digital Post Ambassadors,” who assist older adults with online navigation and public services.

France

In France, 35% of people aged 75+ had never used the internet in 2022, despite significant efforts to digitise public services (FRA, 2023). Additionally, 40% of French people aged 65–74 report difficulty using digital devices, especially in accessing online healthcare portals and administrative websites (OECD, 2021). The French government’s initiative “France Relance” includes a €250 million investment in digital inclusion, targeting older and rural populations.

The Netherlands

The Dutch are relatively digitally literate. 83% of the Dutch people between 16 and 75 have at least basic digital skills (CBS, 2023). This puts the Netherlands at the forefront of the EU (Eurostat, 2023). On the other hand, digitalisation is quite advanced in the Netherlands. The consequences of insufficient digital skills are therefore greater. How handy people are with the internet, software and computers varies greatly by age and level of education. For instance, the percentage of Dutch people with more than basic digital skills among 25- to 45-year-olds is more than twice as high as among 65- to 75-year-olds, and four times as high as among people over 75. About 10% of older adults (75+) report never using the internet (CBS, 2023). In the Netherlands there are several platforms and websites (e.g. Seniorweb and digihandig) to help Dutch seniors find their way in the digital world.

Portugal

Portugal displays one of the highest rates of digital vulnerability in Western Europe. As of 2022, more than 50% of people aged 75+ had never used the internet (FRA, 2023), and even among the 65–74 age group, digital engagement is below the EU average (Eurostat, 2023). The Portuguese government has launched regional projects like “Inclusão Digital Sénior,” which provides mobile training units for digital literacy targeting rural elderly populations.

Image from Pixabay

3.2 | Barriers to digital inclusion

Older and vulnerable adults face distinct and layered challenges:

- Physical and cognitive decline (e.g., poor vision, memory loss). (Heponiemi et al., 2023; Liang et al., 2023).
- Lack of motivation or perceived relevance. – up to 46% consider digital tools unimportant to their daily lives (Orben, 2024).
- Digital anxiety and trust issues – over 70% of Europeans aged 65–74 lack basic digital skills, and a majority report concerns about online fraud, privacy, or making mistakes, (Eurostat, 2023; AGE Platform Europe, 2022; OECD, 2021).

- Financial barriers – 54% lack access to adequate devices or stable internet (Xie et al., 2022).

In addition there is also a lack of appropriate digital skills and no or little experience with digital tools and digital solutions.

3.3 | Benefits of improving digital health literacy

Numerous studies highlight the clear advantages of developing digital skills among older adults:

- Health: better access to telehealth, medication management tools, and health tracking. Improved digital literacy correlates with increased physical activity, healthier diets, and more proactive care-seeking behaviour (Xie et al., 2022).
- Mental wellbeing: seniors who use the internet regularly report a 9% drop in depressive symptoms and 7% higher life satisfaction (Orben, 2024).
- Social inclusion: video calls and messaging apps reduce loneliness and foster intergenerational relationships (Chopik, 2016; Charness & Boot, 2016).
- Autonomy: confidence in using online services such as e-banking and e-government increases independence (Tsai et al., 2017).

3.4 | Impact of digital skill development programmes

Appropriate training and awareness programmes offer tangible benefits. Studies show that such programs can increase participation in digital services by up to 40% (OECD, 2021). These programs include:

- Ældre Sagen (Denmark), an organization supporting older adults to strengthen their digital skills, promoting autonomy, safety, and digital inclusion through volunteers.
- France Relance, which focuses on equipping the elderly with essential digital tools.
- Digitaal Meedoen (the Netherlands), which offers practical digital support in local libraries and community centres.
- Inclusão Digital Sénior (Portugal), which focuses on low-income older people living in rural areas through community networks.

These national programs are complemented by the ERASMUS+ REACT project: A cross-European initiative that provides personalized digital mentoring, focusing on eHealth access, digital identity, and secure communication for vulnerable people in rural areas.

Conclusion

Digital inclusion is no longer a luxury for citizens of Europe. It is a necessity for full participation in modern society. While disparities persist across Denmark, France, the Netherlands and Portugal, the benefits of improving digital skills are well-documented. From enhancing access to healthcare and social services to boosting mental wellbeing and autonomy, digital literacy empowers older individuals to lead healthier, more connected lives. Addressing the barriers through tailored policies, local outreach, and sustained investment in training is vital to ensure that no one is left behind in the digital transition. As Europe's population ages, bridging the digital divide must remain central to inclusive and sustainable development.

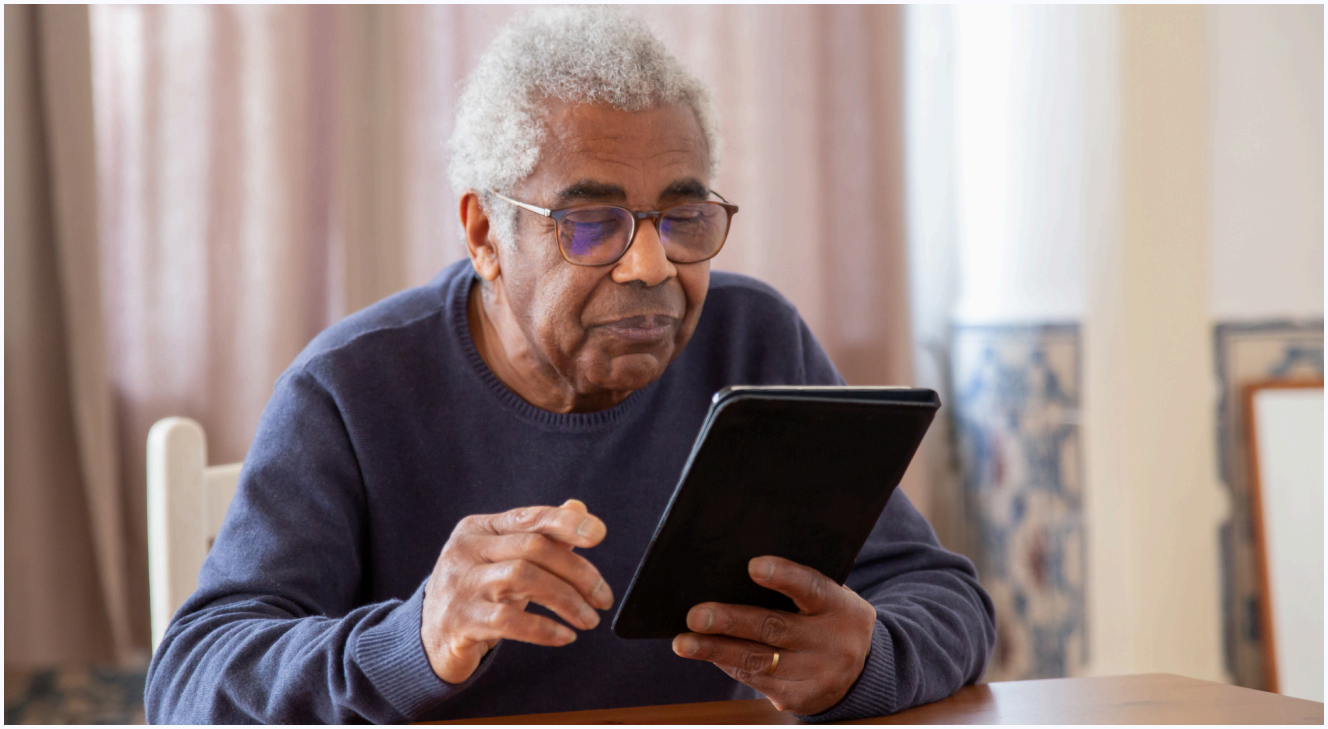

Image from Pixabay

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4 The risk of digital exclusion in rural areas

Across Europe, digital technologies are increasingly seen as a way to bridge healthcare gaps between urban and rural areas. While they offer great potential to improve access to care, especially in remote regions, not everyone is equally able to benefit. Rural populations, often older, less digitally skilled, and living farther from services, could gain the most yet remain the most at risk of being left behind. This chapter explores the growing health inequalities between urban and rural areas and the paradox of digital exclusion that may deepen these divides if not carefully addressed.

4.1 | Health inequalities between rural and urban areas

Geographical disparities between rural and urban areas in the field of health are growing all over Europe. For instance, when it comes to self-reported health, in 2023 the proportion of the EU population of people over 16 who answered that their health was good or very good was higher in urban areas (69.3%) than in rural areas (65.4%) (Eurostat, 2024). In France, for example, significantly lower mortality rates have been found in metropolitan areas compared to agricultural and marginal rural (Fayet et al., 2020). A similar pattern was also found in Portugal (Oliveira et al., 2022).

One reason for this is the increasingly centralised healthcare system. Infrastructure in rural areas is more scattered, and distances to, e.g., the nearest doctor or clinic are longer than in cities. Leading to unequal access to health and social care services. In Denmark, for example, it has been shown that the urban population uses these services more, even though the rural population is older and characterised by a higher share of chronically ill citizens (Bihrmann et al., 2023).

Digitalisation is often seen as a key solution. Driven by the belief that integrating digital tools can help provide quality care more cost-effectively. This approach is also viewed as a way to address geographical disparities. For example, online consultations with healthcare professionals can effectively bridge physical distances, improving access to services. Studies suggest that when digital solutions are designed with social considerations in mind, they can enhance both the quality of services and the relationships between providers and citizens (Schneider-Kamp & Fersch, 2021).

4.2 | The paradox of digital exclusion in rural areas

While digitalisation offers significant promise for improving access to care, including in rural and peripheral areas, studies show that a large proportion of the population remains at risk of digital exclusion. In which the majority are older adults (Winthereik et al., 2024). In Denmark, a recent study highlights that 28% of the population in the most rural areas of Southern Denmark lack sufficient skills to use digital health solutions, compared to just 11% in urban regions (Digitale Sundhedskompetencer i Syddanmark, 2023). The demographic characteristics of rural populations—often older and less educated (Kirkeministeriet, 2023)—illustrate a paradox: despite the potential benefits of digital services in these areas, a large portion of the digitally vulnerable population live there (Fersch et al., 2025). It is increasingly evident that simply providing technology and access is not enough to ensure digital inclusion; users must also possess the necessary skills to engage with these solutions effectively (Park, 2017).

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5 Digital health participation for vulnerable and older people

Challenges and opportunities

5.1 | Barriers to digital health participation

The REACT project has collected a lot of evidence showing that barriers to digital participation for older and vulnerable people can be numerous and often interconnected and contextualised with differences either between countries or between different regions within the same country. These barriers typically fall into nine categories (Figure 1).

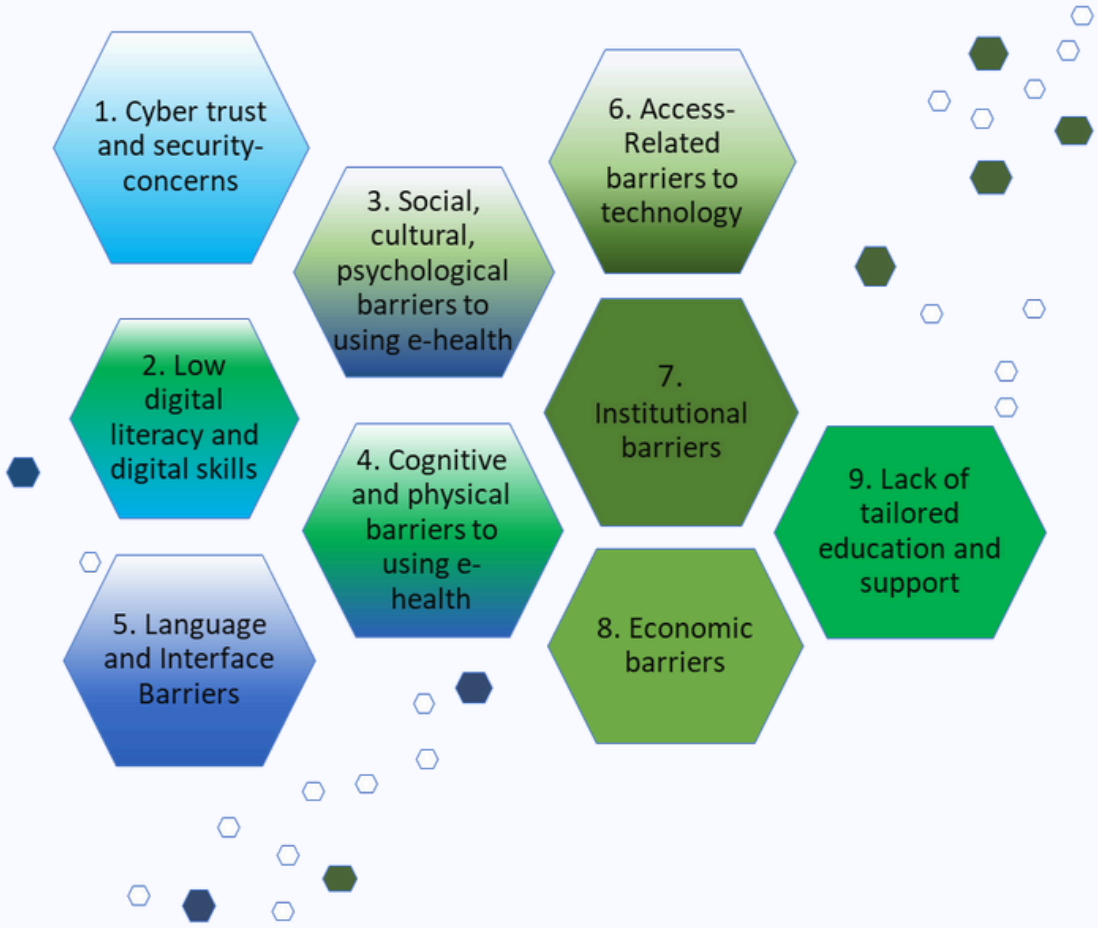

Figure 1. Evidence-based barriers in the REACT project for digital participation

Cyber trust and security concerns

Concerns about cybersecurity and trust were highlighted during the REACT project at multiple levels. First, across all countries involved in the project, several participants expressed concerns about their privacy and were cautious or fearful about sharing personal information online. For example, in Portugal, an older participant stated: “I don’t download healthy gaming apps to my phone, I already have too many! I didn’t put my data back in.” After explaining that no personal data would be needed, she installed the app and had a great time together with the other participants" (Figure 2).

The second concern highlighted was the fear of scams or fraud. Some participants reported previous negative experiences. Many participants showed distrust when entering data to create an account on their cell phone. Many older people said they did not like to use online banking services or share personal information due to the fear of being deceived. These fears regarding digital systems makes using eHealth difficult for many older people.

The third concern was the lack of knowledge about cybersecurity. Many people don’t know how to identify phishing, protect passwords or avoid risky websites.

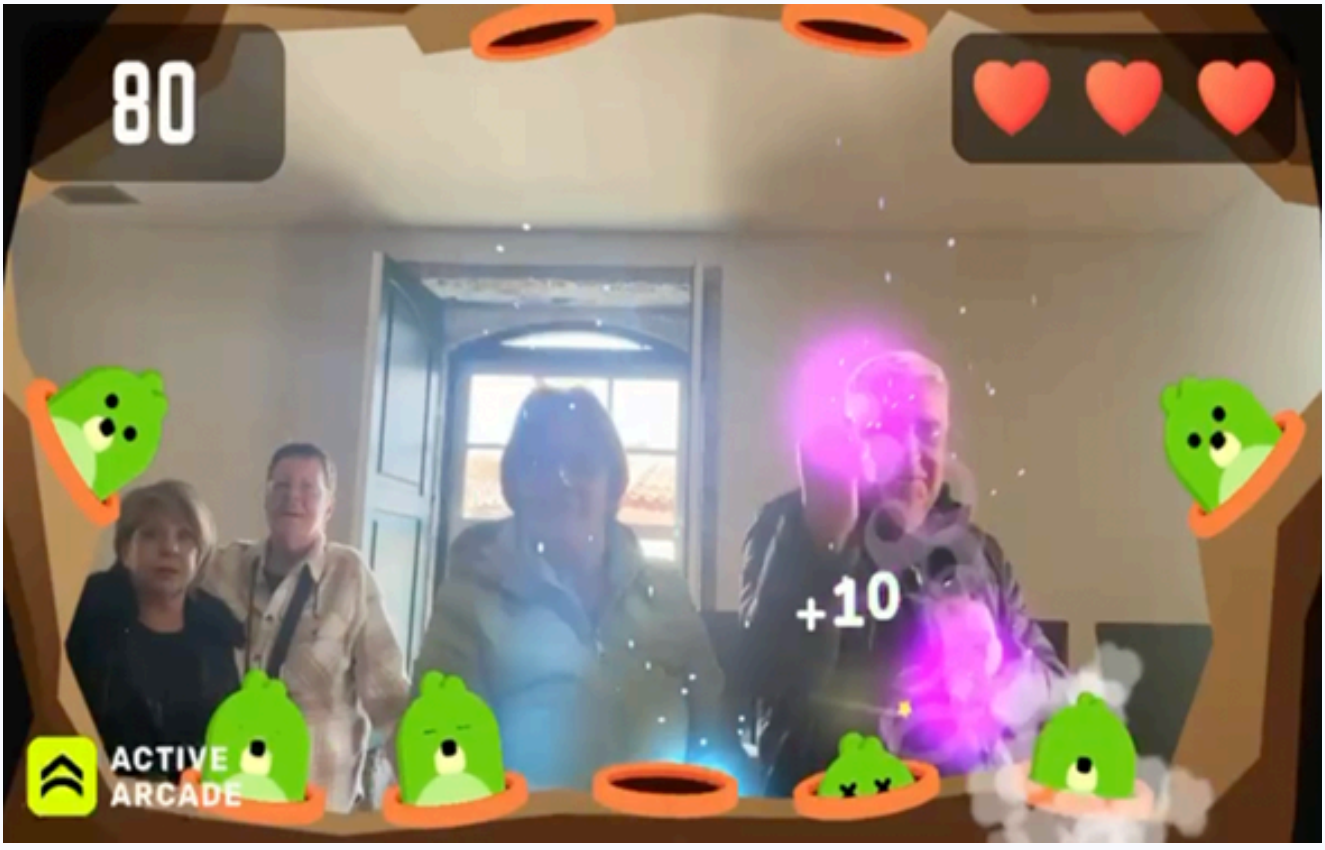

Figure 2. Overcoming the cyber trust barrier in Portugal

Social, cultural and psychological barriers to using eHealth

In some cases social isolation is a barrier to using eHealth. Many older people reported that their grandchildren or children installed WhatsApp on their mobile phones so they can communicate. Some isolated people or people who live alone have no relatives or acquaintances to help them learn or stay connected online.

The stigma of technology was also observed in other cases. Some people just believe that the internet is not for them, as they would not be able to use it. Some have the perception that technology is for young people, that they are too old to learn or that technology is not useful for them. Thus, particular attention was given in the REACT project to this stigma barrier. Gender barriers are not observed in any of the countries participating in this project. That is, in none of the contexts does one gender have less access to digital tools than the other.

Cognitive and physical barriers to using eHealth

Age-related and physical disabilities can be an important barrier to the promotion of eHealth. For example, vision, hearing or motor difficulties (such as arthritis) make it difficult to use small screens, keyboards or touch interfaces, due to a non-inclusive design. Loss of memory or cognitive decline can also lead to difficulty learning new things and remembering digital steps.

Language and interface barriers

Many apps and platforms are in English by default or use untranslated technical terms, creating language barriers. Digital content is often not available in diverse or native languages, limiting the understanding of the games and their experimentation.
The lack of accessible tools, such as screen readers, subtitles and keyboard navigation, is also unavailable in some of the applications used in our REACT workshops.

Economic barriers

Throughout the REACT project it was observed that vulnerable people and older people prioritise essential needs (food, housing) over technology access.
Evidence collected also shows the difficulties that initiatives supporting older people have in providing up-to-date computers and mobile phones and even good access to the internet. Even with a good infrastructure, ongoing costs (data, devices, repairs) can be a barrier.

Tailored education and support

Not in all REACT partner countries age-appropriate training opportunities are available and often there is limited one-on-one support for digitally vulnerable people. The REACT project curriculum and teaching materials were created to support this and adapt to the pace or learning style of older and other vulnerable people.
The great added value of this project is to provide age-appropriate training and promoting individual support, through the creation of a pool of volunteer rural eHealth facilitators. They work together with professionals who train them to overcome these barriers. The REACT project's evidences shows that digitally vulnerable people often benefit from patient and personalised guidance.

5.2 | Enablers and motivators to overcome digital health participation barriers

While many barriers to digital participation for vulnerable people have been identified, important incentives and motivators have also been found to help them overcome these obstacles. These can be broadly grouped into psychological, social, technical, and structural categories (Figure 3).

Figure 3. Enablers and motivators to overcome eHealth barriers

Perceived eHealth usefulness and relevance

At the core of eHealth use by digitally vulnerable people is their perception of the clear value of eHealth in their daily lives. Such as staying in touch with family and friends (e.g. via WhatsApp or video calls), accessing healthcare (e.g. booking online appointments, using e-prescriptions, receiving clinical test results), and managing payments for healthcare services, entertainment to promote mental, social and physical well-being (e.g. using apps with games to promote group exercise).

Sense of empowerment and autonomy using eHealth tools

Achieving small successes (e.g. sending a first message or making an online appointment) builds confidence and starts to develop their autonomy in using eHealth.
For older and other vulnerable people, a key factor in their continued use of eHealth is that they feel more independent in using their tools. Know, control and use them to stay in touch with health possibilities and family professionals who collaborate to promote their health.

Trust in digital systems

Feeling safe online is essential for sustained engagement of digitally vulnerable people. Confidence in systems and data safety is possible when transparent, well-explained information about privacy, security, and fraud prevention is accessible. Stronger trust in institutions that use eHealth tools, such as public health services, can motivate digitally vulnerable people to try digital services. Ensuring support if something goes wrong with the daily-life use of digital eHealth tools is also essential to maintain trust in digital systems.

Social support and peer influence to use eHealth

Help from family members, peers or mentors is crucial for supporting older and other vulnerable people in using eHealth tools. Encouragement and help from family members, caregivers, peers and friends are key factors in adopting eHealth. For example, a grandmother may start using a smartphone because her grandson regularly sends her photos or messages.
Volunteers, mentors and other community agent also have an important role, such as adopting the role of digital friends during and after their training by rural eHealth facilitators.

Accessible and user-friendly technology

The easier it is to use eHealth tools, the less intimidating they are for digitally vulnerable people. Devices and apps to promote health should be simple and have intuitive interfaces with large text, icons, voice commands, simplified apps and accessibility features for people with disabilities (e.g., senior mobile phones). Affordable, low-data apps or government-supported devices can also help.

Positive learning environments

Applying the guidelines of adult education, one-on-one tutoring and an empathetic atmosphere in the training sessions is essential to engage older people. A safe, non-judgmental space to learn, make mistakes, and ask questions is essential to create successful guidance.
Group learning with people from similar backgrounds and trainers who are patient, empathetic, and use plain language are key determinates for positive learning environments. Digital literacy classes at community centres, libraries, or senior clubs can make a big difference.

Community and policy-level support

Systemic, community and policy-level support includes infrastructure, (local) programmes, public Wi-Fi, free or low-cost internet access, public investment in digital infrastructure, local government programmes focused on digital inclusion and laws and policies that promote accessibility and equal opportunity. Voluntary work, such as the Rural eHealth Facilitator concept in the REACT project, can constitute a support network in rural communities. That makes the individual participation of older and other vulnerable people in eHealth possible and sustainable.
External circumstances that require digital use, such as the COVID-19 pandemic, create an urgent need to go online for vaccines, medical care, or social interaction. The digital-only delivery of services (e.g., welfare, healthcare) can also push people to adopt digital tools and show the great contribution of the REACT project.

6 Volunteers bridging the gap in a digital society

Especially for older people, improving digital skills can increase independence and wellbeing (Pihlainen et al., 2021). For both older people and other vulnerable groups, there is an actual wish and need for digital skills support (Heponiemi et al., 2022; Kavandin & Jaana, 2020).

To help digitally vulnerable people, many organisations like to use volunteers (Dedding & Goedhart, 2021). Volunteers are essential as there is often little or no funding available for paid professionals. Moreover, volunteers have an intrinsic motivation to help. Organisations therefore need motivated volunteers who are willing to help vulnerable groups in society to improve their digital skills so they can also participate in this digital society.

Volunteers must be well equipped to provide adequate support to these digitally vulnerable people. Training of the volunteers and guidance from an organisation is therefore important to provide effective digital support with the proper knowledge and skills (Dedding & Goedhart, 2021).

Within the REACT project, training materials have been developed to support both organisational staff and volunteers with this task. Volunteers (eHealth Facilitators as we call them in the REACT project) are trained with these materials to serve as a ‘bridge’ between care and welfare providers and the vulnerable rural residents who lack the skills to use digital services. They learn the best way to show digitally vulnerable people how and what to use digital solutions for. Professionals get information and tools to teach volunteers how to best help their fellow residents.

Having enough volunteers is essential for organisations to improve people's digital skills. Moreover, sufficient volunteers are also needed when individual help is offered. To generate more security and continuity, it is desirable that volunteers feel engaged and want to commit for a certain period of time.

How to attract volunteers?

As mentioned earlier, volunteers are essential for digital inclusion. Volunteering for them is a fantastic way to support an environment where digitally challenged people get help and can participate as best as possible in this digital society. Finding and keeping great volunteers however, can be a constant effort and challenge for organisations. So how can volunteers be attracted to an organisation or initiative?

1 Spread the word

Let everyone know that you are recruiting volunteers and be clear about the reasons why and for what you are recruiting. The reason why also determines mostly who you want to recruit. If you want to recruit everyone, you will not reach anyone!

2 Be concrete

State clearly why you are looking for a specific volunteer, why it is important to the organisation and what you have to offer. Give a concrete description of the tasks/expectations so the volunteer knows what they are signing up for.

3 Formal approach

Potential volunteers might look at the title of the position as if it was an employment opportunity. Even ‘retirees’ like to be recognised with a named role. Create a contract for the volunteer with their rights and mutual agreements.

4 Be creative

Make your description and job title fun. A little flair gets people’s attention. Don’t forget that volunteers choose to help during their spare time, so make the volunteer opportunity special and about making a difference.

5 Advertise effectively

Create simple, catchy texts to spread through various ways. Social media is the most efficient and effective way to spread your announcement. Social media channels are particularly efficient because they reach volunteers who are digitally proficient. Use correct information and keep your website up to date.

6 The right match

Match volunteers with tasks that fit their skills or something that they enjoy. By doing so you give value to their effort, making their experience worthwhile. A volunteer who feels truly needed, is much more likely to stay.

7 Be welcoming

Every new volunteer is an asset to the organisation. Take good care of them! Give them a warm welcome, take the time to get acquainted and discuss the tasks and expectations.

8 Engage the community

Recruiting volunteers has changed the last years to something far more dynamic. Your image can determine whether volunteers would like to work for you or not. Think about creating something fun to engage the community, like an open house or contest.

How to retain volunteers?

Once suitable volunteers have been recruited, the organisation must work to retain them; what they don't want is having volunteers today and none tomorrow. Getting volunteers to sign up is not the final step; it is a constant cycle. Keeping them motivated and engaged is a big challenge. So how can you keep your volunteers happy and committed?

1 Be flexible

Be flexible while creating tasks. Allow your volunteers' own schedules and create opportunities for those who want to volunteer temporarily or less frequently.

2 Training

Ensure your volunteers are well-equipped by giving adequate training and materials. Don't make them feel like they've been thrown into the deep or don't fully understand.

3 Share experiences

Every person is unique and every digitally vulnerable person is therefore their own individual with their own behaviour. Make time for your volunteers to share experiences to get a better understanding and create new ideas.

4 Build a connection

Give your volunteer time and space to gain trust and build a connection. A digitally challenged person sometimes needs some time to adjust and get used to the volunteer.

5 Making a difference

Show volunteers how their work makes a difference. This makes them feel connected to the cause, which is vital for volunteer satisfaction.

6 Get to know them

Volunteers invest their time and value connection. Show appreciation, strengthen relationships, and don't forget personal touches like a birthday or a one-on-one chat.

7 Communicate

To feel part of the team, keep your volunteers in the loop about the organisation and upcoming events and initiatives. Encourage questions and feedback.

8 Share successes

Show your volunteers the difference they make and highlight their contributions and successes. No motivation is greater than making a positive contribution to society.

9 Help them grow

Treat volunteers as seriously as you would a paid employee. Manage them with respect and empower them to have a rewarding experience. Stimulate development and let them meet other people with common goals.

10 Thank you!

It might sound like a no-brainer but appreciation matters. A simple 'thank you' can boost confidence and make volunteers feel good. Without their efforts your organisation will not be able to achieve its goals.

If an organisation invests time and energy into making volunteers feel invaluable, they are likely to make a long-term investment and stay committed for a longer period.

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7 Good Practices in the four REACT countries

Within the REACT project, the four project partners across Europe collaborate to improve digital inclusion in rural areas. This chapter focuses on Good Practices from the various REACT workshops. We show successful experiences that deserve to be shared so more people can get inspired and adopt them. These practical examples highlight effective strategies, tools and approaches from different regions. Providing valuable insights for broader implementation.

7.1 Good Practices from the Danish team

Use of out-of-the box/ Role play| Professionals

Introduction

In Nordfyn Municipality, Denmark, a role-play method was developed as part of the REACT workshops. The aim was for professionals to put themselves in the role of the digitally vulnerable citizens by re-enacting a given situation and come up with suggestions for solving or dealing with such situations. The method was used to create awareness about the challenges of digitally vulnerable citizens and to prepare them for situations that may arise for the REACT volunteers working with this group. The role-play is also intended to train interpersonal skills. So that the REACT volunteers can remain calm even in challenging situations when supporting the vulnerable. A variation of this role-play exercise was used in all the Danish workshops.

Participants

The workshops were organised for professionals from Nordfyn Municipality. These professionals later used the method in their workshops with the local volunteers.

Approach
Participants worked in pairs. They decided themselves who would take which role. One person played the role of a REACT volunteer, the other took on a character from a prepared case as the digitally vulnerable citizen. The cases were based on real-life situations and often involved emotional or complex dynamics, such as a lonely widow struggling with grief or someone needing help to attend an online medical consultation. After reading the case briefly, the pair acted out the scenario. Afterwards the group reflected together, talked about what was good and what was not. This so that the other groups could also come up with suggestions on how to react in the given situations. These reflections focused on what was challenging, how best to handle the situation, and what could be done differently next time.

Workshop with professionals, Aabenraa municipality

Impact & results
The method helped raise awareness of what it is like to be digitally challenged and to be dependent on others. Through role-play, participants discovered how hard it can be to explain something several times in different ways, and how important it is not to take over. The exercise revealed deeper issues, such as the fear of losing control, feelings of inadequacy, or mistrust of technology. Volunteers and professionals also learned to formulate kind and respectful phrases to use in real-life situations.

Tools
Three cases were used

- A woman named Rita, who is grieving and lonely.
- Henrik, who wants to measure his heart rate but does not know how.
- Pia, who needs digital support for a medical consultation. Other municipalities (like Aabenraa) adapted the method to their context, for instance, focusing on Mit ID.

A detailed description of these cases can be found at the bottom of this Good Practice.

Challenges

- For workshop convenors -> Being patient -> the cases were a little bit out of the box and that was very good, but can confuse participants a little bit in the beginning.
- However exactly that (that it is not a neatly solvable problem) opens up a lot of understanding and ideas of how to deal with this – for the professionals.
- In the workshops with volunteers there was a mixture of new and experienced volunteers -> with a majority of experienced ones. This gave a lot of reflections and connection to similar experienced situations and how to deal with them.

Success factors

The use of real-life, emotionally complex scenarios helped create depth in the learning experience and understanding of the complexity of potential situations. Working in pairs encouraged active participation, while group discussions fostered peer learning. The method allowed participants to practice empathy and improve their ability to support others.

Lessons learned

Giving participants time and space to explore complex and emotionally charged situations leads to deeper understanding. Avoiding simplified tasks and giving time to work on them proved effective.

Workshop by professional with volunteers, Nordfyns municipality

The three following cases were developed (based on the cases from the general module of the REACT learning materials) for the Danish context to use in the workshops.

Case 1
Hello, my name is Rita and I miss my husband Peter very much. We have been married for 60 years and we used to have good conversations. We talked about our children's problems, about our past and about the joy we had in each other's company. When I go to bed at night, I think about him, about all the nights we spent together and the love we always felt for each other. I feel lonely! I think I'm getting depressed! I agreed to participate in REACT because I need help! What should I do? How can you help me?

Case 2
My name is Henrik and I am 80 years old. I live independently, but I'm starting to be afraid to go for walks. Sometimes I feel very tired and my heart beats faster. I don't know how to measure my heart rate to understand if walking hurts me! The doctor told me to measure my respiratory rate. He said that while it wouldn't replace regular visits to his office, I could use my cell phone to get an idea of my condition on the walks! Is it possible? Can you help me?

Case 3
Hello, my name is Pia. For the past year I have been in the hospital almost every month! First I broke an arm and then the cancer came. After so many analyses and consultations, I just wanted to make my life a little easier. The doctor talked about teleconsultations and electronic prescriptions. He also said that I could schedule many of the medical tests I still need to have on my cell phone and receive the results there. Can you teach me that? Do you think I can learn it?

First alone, then group exercise (barriers)| Volunteers

Introduction

In many volunteer groups, some people are dominant. They like to talk and dominate group discussions. This can lead to situations where they do most of the talking and implicitly also set the agenda. Other perspectives do not get heard or discussed. The challenge is how to give voice to the quieter participants, and ensure louder, outspoken individuals do not steamroll them.

This good practice is about the ‘First alone-then group’ exercise. This barriers exercise, used in the Danish workshops with volunteers and part of the REACT training material, includes an individual brainstorm before group discussions.

Participants

Based on experiences from workshops with volunteers across multiple locations, this method was tested and used in groups with various types of participants.

Approach

The key idea of this barriers exercise was to start with an individual reflection phase. Allowing each participant to think and come up with their own ideas or perspectives first. After this, a group discussion followed, where these ideas could be shared and explored collectively. This structure aimed to create space for more diverse input.

Workshop with volunteers, Haderslev municipality

Impact & results
The first step of the ‘barrier exercise’ has proven to be an excellent way to make other voices and perspectives come in. This approach resulted in a broader range of insights being shared which benefitted the group. By starting with individual reflection, quieter participants had more opportunity to contribute, and group dynamics improved.

Tools
This barriers group exercise is designed to uncover potential barriers faced by digitally vulnerable individuals and explore ways to overcome them. It begins with individual reflection, where each participant writes down barriers and possible solutions. Then, in small groups, participants share their ideas and critically discuss their feasibility and impact. This step-by-step structure helps ensure that all voices are heard and that a wide range of perspectives is included. The most promising ideas can be selected for further development or inclusion in a practical toolkit.

In the Danish workshops step one of this exercise proved to be quite successful:

Participants form groups to develop ideas collaboratively. Each member independently generates ideas regarding the challenges faced or anticipated by the digitally vulnerable, documenting them along with suggestions on overcoming these barriers.

The full exercise can be found at the bottom of this Good Practice

Challenges
Some participants, mostly among the professionals, wanted to skip over the first (individual) phase.

Success factors
Following the procedure and steps of the exercise was key to its success.

Lessons learned
It is important to use the exercise as described and to keep that first, individual phase. Professionals who may be reluctant to apply the whole exercise should be guided in understanding its purpose and benefits.

The barriers exercise evolves around the questions 'which potential barriers exist for digitally vulnerable individuals?'. Ideas and strategies on how to overcome these barriers, including exploration of motivators, will also be part of the group exercise. Full description of the barriers exercise:

1. Group Collaboration
Participants form groups to develop ideas collaboratively. Each member independently generates ideas regarding the challenges faced or anticipated by the digitally vulnerable, documenting them along with suggestions on overcoming these barriers.

2. Idea Sharing
After individual brainstorming, each group member presents their insights regarding the potential barriers related to digital vulnerabilities and how they can be overcome. These ideas are then collectively reviewed and presented for further group discussion

3. Critical Discussion
Following the Idea Sharing phase, participants engage in critical discourse to assess the feasibility and efficiacy of each proposed idea. Through collaborative analysis, the group scrutinises the potential impact of identified barriers on the digitally vulnerable. This phase aims to deepen comprehension, refine proposed solutions, and identify methods to overcome the identified barriers to effectively address digital vulnerabilities

4.Selection Process
Once the most promising ideas are identified, the group collectively decides on their inclusion in the final toolkit presentation.

7.2 | Good Practices from the French team

Engaging assistant professors as professionals in the REACT Project | Professionals

Introduction

Engaging university faculty researchers in innovative educational projects presents a challenge. Particularly due to their time constraints, academic workload, and for some, their hospital practice. This good practice focuses on the strategies implemented to mobilise and engage these professionals in the REACT learning workshops in France.

Participants

The workshops were designed for university assistant professors, hospital professionals involved in teaching, and academic and institutional partners. The aim was to engage them in the REACT project while considering their professional constraints and making the project relevant to their teaching and research activities.

Approach

Institutional support was crucial in ensuring participation. The training manager played an active role in encouraging assistant professors to take part. Meetings were scheduled flexibly to accommodate academic and hospital constraints, often during lunch breaks or in the evening. A hybrid format, combining in-person and online sessions, was used to make participation easier. Practical workshops, testimonials, and concrete examples were integrated to capture interest. The pedagogical benefits of the REACT project were highlighted, demonstrating its impact on university teaching and clinical training.

Group of professionals from the University Jean Monnet of Saint Etienne during one of their training sessions.

Impact & Results
The engagement of assistant professors in the project increased significantly, leading to better integration of the REACT concept into pedagogical practices. The development of an academic and clinical community around the project further strengthened its impact.

Tools
Interactive training materials were tailored to faculty researchers. Ready-to-use pedagogical tools and learning materials provided by the REACT project reduced preparation time.

Success factors
Flexibility in scheduling meetings to suit academic and hospital constraints was essential. Institutional recognition and support for participating assistant professors helped sustain engagement. A collaborative approach fostered knowledge exchange and strengthened the impact of the project.

Lessons learned
Tailoring activities to the specific constraints of professionals is essential. Interactive and engaging formats improve participation and understanding. Strong institutional support is crucial for the sustainability and integration of training programmes.

Digital Health Literacy for Rural Communities: Using the Doctissimo App | Volunteers

Introduction
Many older adults in rural areas face challenges in accessing reliable health information due to digital literacy issues, misinformation, and distrust in technology. This good practice introduces a structured training module on the Doctissimo app, which is widely used as an appointment booking system and a communication tool between doctors and patients.

Participants
The workshops, facilitated by REACT project trainers, targeted older adults and caregivers in rural communities. The goal was to improve digital health literacy and enable participants to use Doctissimo for accessing medical information, health tracking tools, and healthcare services.

Approach
A step-by-step, hands-on training module was developed to help participants install, navigate, and use the Doctissimo app effectively. The session began with a guided app exploration, followed by practical exercises using real-life health scenarios and peer discussions. The module concluded with a reflective discussion on integrating the app into daily health management. Personalised support was provided to accommodate all skill levels.

Group of French volunters during one of their training sessions.

Impact & Results
Participants gained confidence in independently using health apps. Leading to increased engagement with digital health tools and improved access to medical information. The program contributed to greater digital inclusion among older adults.

Tools
The Doctissimo app was installed on participants' smartphones. A step-by-step user guide was provided in both printed and digital versions. A projector and screen were used for live demonstrations, and Q&A worksheets allowed for additional practice.

Success factors
Hands-on, step-by-step guidance proved more effective than passive learning. Small group or one-on-one training encouraged participants to ask questions. The use of real-life health scenarios made learning more relatable and engaging.

Lessons learned
Interactive, hands-on training is the most effective approach. Personalised support is essential for building confidence. Digital health literacy training should be ongoing, with follow-up sessions to reinforce learning.

7.3 | Good Practices from the Dutch Team

Digital inclusion and health | Professionals

Introduction
Digital inclusion is a crucial yet often overlooked component of health. The REACT workshops for Rural eHealth Facilitators highlight the importance of digital skills and knowledge in enabling vulnerable groups to participate in society.

REACT workshop at the Forum in Groningen

Participants
The workshops were designed for Rural eHealth Facilitators and professionals coordinating them. Aiming to enhance their understanding of digital inclusion and the role they can play in this. Key sessions for professionals took place, among others, at NHL Stenden and in Bloeizone Appelscha. Engaging professionals, both unfamiliar and familiar with the concept of Positive Health and its connection to digital skills.

Approach
The first module of the training, about health and healthy ageing, introduced the concept of Positive Health. This broader view of health shifts the perspective from illness-focused care to a broader understanding of wellbeing. The emphasis is not on illness or the absence of disease. The focus is on the people themselves and their wellbeing, whenever possible. To understand what makes their lives meaningful.

This broader view of health, Positive Health, is elaborated in a model with six dimensions: bodily functions, mental wellbeing, meaningfulness, quality of life, participation and daily functioning (the so-called spiderweb).

A hands-on approach was taken to engage the participants. Together, we explored the six dimensions of the spider web and associated aspects. Some participants were asked to fill in the model based on their own experiences and discuss each dimension with peers. This exercise led to active reflection and lively discussions. For example, when discussing the dimension "participation," many realised for the first time how digital skills directly impact autonomy and social inclusion. Just think about how many places use a QR code to place orders, and how certain things can only be purchased online. Even in the medical world, more and more things are going online, such as making an appointment. All of these situations can contribute to social exclusion.

Impact & results

The spiderweb model of Positive Health turned out to be hugely successful in exploring the relationship between digital inclusion and health. It encouraged the professionals to reflect differently on health and recognise how access to the digital world affects wellbeing.

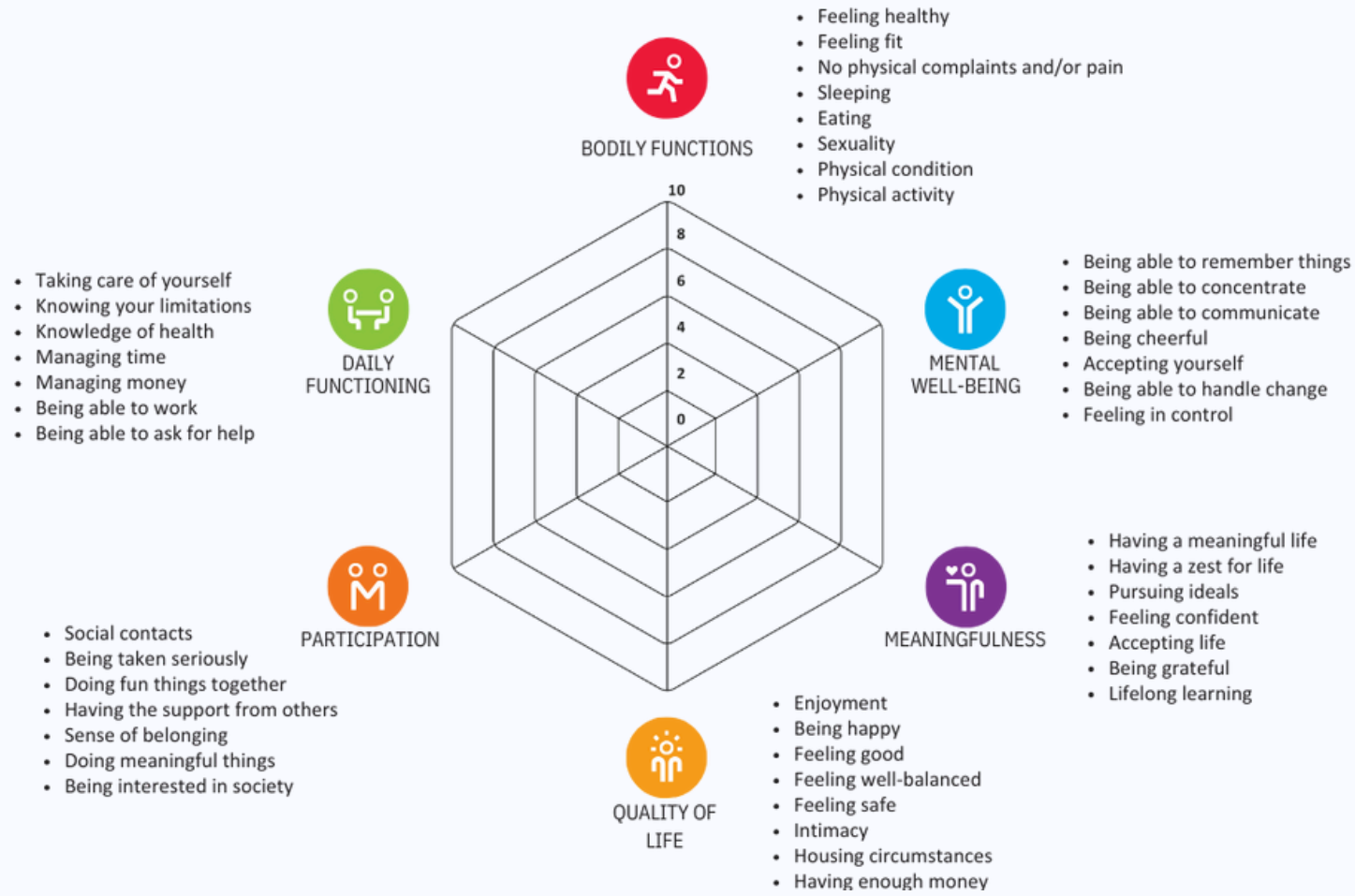
By walking through each dimension together, the participants made clearer connections between digital skills, autonomy, access to eHealth and (social) participation. They became more aware of how being able to participate digitally, contributes to self-reliance and overall participation. The interactive format, real-life experiences and discussions reinforced this understanding.

Several participants mentioned that they would now use the spiderweb of Positive Health to better identify needs and desires of the people they work with.

Participants also left with practical strategies for identifying and addressing digital exclusion in their work. For instance, a community health worker mentioned plans to introduce simple digital literacy checks during intake conversations with clients; this ensures that vulnerable groups receive the support they need to navigate online health and care services.

Tools

The spiderweb of Positive Health.



The spider web of Positive Health

Success factors
The use of Positive Health as a structured framework and communication model was an important factor in the success of the workshops. Engaging participants through real-life cases and discussions helped them connect theory to practice. Providing practical tools and strategies further ensured that professionals could apply their newfound knowledge in real-world situations.

Lessons learned
One of the key things we take from this is that digital inclusion is not always recognised as a health factor. But once introduced, it resonates strongly with professionals. Interactive methods proved highly effective in deepening understanding.

Workshop for professionals at NHL Stenden University

Choosing the right app | Volunteers

Introduction
Selecting the right app is crucial to support individuals in learning digital skills and getting their interest. During the REACT workshops, volunteers realised how significant this choice is in supporting digital inclusion for (digital) vulnerable individuals.

Participants
The workshops targeted volunteers with varying levels of digital skills and knowledge, who already support or want to support their vulnerable fellow residents. Most of these volunteers had not previously considered how much the choice of app can affect learning. Together, we explored the process of selecting tools that align with the user's needs.

Approach
The third module of the training focused on the practical aspects of eHealth apps. Emphasizing that, to motivate someone to develop new digital skills and knowledge, a first app should match the specific needs and interests of the user.

A practical example was shared about an individual with little experience using smartphones. Initially uninterested in digital tools, this person was shown an app that could recognise bird sounds, which sparked their curiosity. As a result, they began using their device more frequently and gradually became more comfortable navigating other apps as well.
This example resonated with many participants, who realised that engagement with technology often starts with something fun or meaningful. Throughout the session, volunteers were encouraged to think beyond just "useful" apps, such as banking or government and health service apps. But instead to focus on what really interests people.

Impact & results
The workshop led to an eye-opening realisation for many volunteers. They understood that digital inclusion is not just about providing access to technology. It is also about making sure the tools are engaging and approachable to motivate others to use digital solutions. By choosing the right app, volunteers can help individuals gain confidence in using digital devices, often without them even realising they are developing new skills.

After the sessions, several volunteers mentioned they would now be more mindful of their recommendations. Instead of suggesting apps they personally liked or going straight to complex health apps, they would first ask about the person's interests and comfort level with technology before recommending a suitable tool.

Success factors
A key factor in the success of the workshops was the focus on equipping volunteers with the knowledge to evaluate apps in a thoughtful and user-centred way. Real-life scenarios and hands-on experiences helped reinforce this understanding, ensuring that volunteers could apply the lessons learned in their daily work.

Lessons learned
Volunteers who support their digital challenged fellow residents often recommend apps based on personal preferences/experiences or official governmental apps, rather than considering the user’s needs. This shift in thinking encouraged participants to be more mindful and deliberate in their choices. Moving forward, volunteers are now better prepared to facilitate digital inclusion by ensuring the tools they recommend are suitable and motivating for the people they support.


Workshop for volunteers at Bloeizone Oldeberkoop

7.4 | Good Practices from the Portuguese team

Positive Health in Practice | Professionals

Introduction

Most health, education and social service professionals in Portugal use the WHO holistic concept of health (a state of complete physical, mental and social well-being). However, this definition defends an unrealistic standard and does not fully address chronic illness, resilience, or adaptability, which are important in modern healthcare.

The Dutch concept of Positive Health emphasises individuals' ability to adapt and self-manage when facing physical, emotional, and social challenges. For older people, this is particularly important due to chronic conditions, social isolation, and psychological stress. Positive Health focuses on well-being rather than disease and encourages people to take action to improve their life satisfaction. In the REACT professionals workshops in Portugal, the concept of Positive Health was used as a dialogue tool to promote self-assessment and action planning.

Participants

Participants involved were professionals from the REACT project and older people from the Senior University of Vieira do Minho. Stakeholders included the Vieira do Minho City Council and the Senior University.

Approach

The activity started with the Cube exercise, where one professional wrote their definition of health on one face of the cube. After sharing this with the group, the cube was passed around so each participant could add their own contribution. Once all sides were filled, the cube was unfolded, and the group's collective health definitions were disclosed and discussed.

Systemic support for individual self-assessment of health based on the Positive Health concept

After this, participants individually rated their own health on a scale from 1 (very poor) to 10 (excellent). A PowerPoint presentation followed, showing the historical development of the health concept and introducing the Positive Health definition. In the next step, each participant received the Positive Health self-assessment questionnaire. The facilitator read each question aloud and asked professionals to evaluate themselves anonymously.

After everyone finished the questionnaire, those who felt comfortable shared their scores and explained their choices. In some cases, group members discussed the question before scoring and asked for feedback on the score they should give. This moment led to a rich dialogue about the meaning of health and the concept of Positive Health in daily life. Participants were then invited to represent their answers on the spider web (Positive Health dimensions). The group supported one another in interpreting results and creating personal or group action plans to improve weaker areas. The professionals were committed and motivated to implement the action plans after the workshop.

Impact & results

Four main outcomes were observed:

- Many participants rated their health higher after learning about Positive Health and were better able to plan concrete actions.
- Some professionals found it challenging to reflect on their daily lives when answering the questions and to represent their answers visually on the spider web of Positive Health.
- Participants were surprised by the various dimensions of health and the holistic look. They felt motivated to teach others about Positive Health.
- Action planning to improve health and quality of life was experienced as very easy. With concrete examples, like deciding who to call when feeling lonely or who to ask for immediate help.

Tools that were used

- The Coventry University’s CUbe activity to co-create the group’s initial health concept.
- Positive Health self-assessment questionnaire.
- Positive Health spider web poster.
- PowerPoint presentation on health concepts.

Challenges

Some questions from the questionnaire needed clarification, which led to the decision to read and explain them aloud. The duration of the activity also caused fatigue in some of the participants. But it was relieved when participants began spontaneously sharing life stories.

Success factors
The relaxed and constructive atmosphere between the trainer and the professionals helped to co-create the methodology. The motivation of the participants to continue working with Positive Health also contributed to the success.

Lessons learned
- Positive Health came as a pleasant surprise for professionals thinking about their own health.
- The hands-on method proved effective in helping professionals see the relevance of Positive Health and was perceived as very useful for the practice of the rural eHealth facilitators.

Rural eHealth facilitators in action | Volunteers

Introduction
A large proportion of older adults in Portugal have a cell phone, although they often only use it to make or receive calls. Most cell phones allow them to install free apps to do fun and active physical exercises.

Promoting wellbeing in older adults involves more than just physical health. It is about supporting holistic wellbeing: physical, emotional, social, cognitive, spiritual, and financial. To maintain physical wellbeing during ageing, it is important to have regular health checks, manage chronic conditions, eat well, stay hydrated, prevent falls and maintain mobility. It includes everyday habits like walking, swimming, gentle yoga, stretching, or short chair exercises. To support emotional wellbeing, social contact, hobbies, regular physical activity and relaxation techniques should be encouraged. Family and friends can help by offering practical and emotional support, encouraging participation in activities, and staying in regular contact. It is also important to create space for meaningful conversations, validate feelings, and watch for signs of depression such as withdrawal or sleep changes.

Participants
Older adults from Community and Leisure Centrees in Vieira do Minho. Volunteers (rural e-health facilitators) worked with these participants within the REACT project.

Volunteers and professional at the Senior University using adult education and one-on-one tutoring

Approach

Volunteers started by exploring the concept of Positive Health with the participants. Then, together, they installed the Active Arcade app on their mobile phones. This app offers free games to help users improve to work on their health and do exercises. Some phones couldn't support the app, but there was at least one working device per pair with the APP installed. They started with the game Whack a Mole, placing the mobile phone on the table. This game focuses on reaction speed but the activity was not competitive. Participants were encouraged to rest when needed. The atmosphere was full of joy, laughter and applause.

Next, they played Cone Knockout. A game that combines agility and endurance. Once again, they were told that the aim was to have fun and that they should stop as soon as they felt tired. Because the phone screen was small, one device was connected to a projector. Participants actively moved, knocked down virtual cones, and again had lots of fun and played with enthusiasm. The emotional and social wellbeing in the room was very evident.

In the following session, they worked with the Google Fit app. This app is pre-installed on some mobile phones and the multi-function application allows users to set weekly goals for the number of steps to take, allowing for planning healthy walking programs for all ages. Participants measured and weighed themselves using equipment provided by the REACT project. With this data, they programmed the Google Fit app and went on a group walk through the Vieira do Minho Forest Park. The walk included breaks, conversations, photo moments, and checking how the app counted steps. In the next session, they planned to measure heart and respiratory rate using the app before and after the walk.

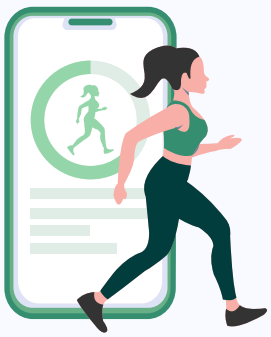
Tools
In these sessions, the tools used were: a PowerPoint presentation to help install Apps; the Active Arcade APP; a tape measure, a balance, and the Google FIT APP.

Challenges
Installing the first app on all mobile phones was a challenge. On the one hand, the mobile phones were very different. On the other hand, initially some participants were resistant to installing new apps on their personal mobile phones. A second challenge was to address all the individual difficulties that arose in the group. However, this was greatly minimised by the existing help and collaboration between the participants.

Impact & results
- All participants were able to install apps on their mobile phones.
- The use of apps with age-appropriate, healthy games proved to be effective tools for supporting wellbeing.
- All participants felt motivated to promote the use of the apps with friends and family
- Setting group goals encouraged the older participants towards regular movement and Positive Health.
- Most participants learned and understood how to use Google Fit and set weekly step goals.
- The app was suitable for monitoring physical activity and stimulating them to do so.

Success factors
The commitment of the future Rural eHealth Facilitators (the volunteers) was key. Their motivation and support helped participants feel confident. Mutual help between participants also played an important role. Finally, the joy and enthusiasm during gameplay and group walks showed that these activities are highly valuable for both physical and emotional health.

Lessons learned
- Healthy games and activity-tracking apps are strong tools to promote Positive Health in older adults.
- Playing in pairs increases motivation and emotional connection.
- The Google Fit app is a practical app for monitoring physical activity and motivating older users.
- Group walking is simple, social, and beneficial on many levels: physically, emotionally, mentally, socially and environmentally.



8 Key takeaways from the REACT workshops

To ensure and measure the effectiveness of the REACT training materials, we created questionnaires to be filled in at the end of the workshops by each participant.
This chapter contains a collection of experiences, highlights and points for consideration for future workshops.

Most appreciated and useful according to the participants

- Participants considered the REACT training materials as simple, intuitive, and highly relevant. They facilitate discussions and encourage a better understanding of eHealth concepts.
- The themes of the various modules were seen as relevant and provide a wealth of useful information and perspectives.
- The concept of Positive Health was new for many and created real insights and understandings.
- Participants particularly appreciated the variety of exercises, such as: The Spider Web (Positive Health exercise) | The Cube (health reflection tool) | Role-playing games (real-life situation simulations to reinforce learning). These methods promote reflective and participatory learning, making the workshops more engaging.
- Participants highlighted the value of a broader perspective on health, incorporating positive health and digital skills. They appreciated the reflection on their own health perceptions before assisting the target audience.
- The emphasis on digital accessibility for vulnerable populations (e.g. elderly people in rural areas) was seen as essential and practical.

- The workshops provided a rich exchange of experiences, with a good balance between theory and practice.

- Participants from the workshops for volunteers found the parts on communication and digital safety particularly valuable. Many appreciated also talking about setting boundaries and discussing expectations.

Points for consideration and suggestions from the participants

- Optimize time management. Be clear about the time needed for the workshop or separate modules. As it takes quite some time to conduct all modules in one go. This could be broken down in more sessions. Or a choice could be made for a combination of specific modules.

- To make the material even more inclusive: improve linguistic accessibility and take into account participants for whom the local language is not their native language.

- More focus and information on the target group (digitally vulnerable people in rural areas) volunteers will work with.

- Maybe include some practical tips for reaching people in need of digital support.

- Deeper insights into online safety would be useful (such as recognizing trustworthy apps and links).

- In addition, participants emphasized the importance of distinguishing between supporting the development of digital skills and guiding users in eHealth applications. The latter often presents greater challenges.

Most engaging about the training according to the participants

- The completeness of the training, the accessibility of discussions, and the practical tips and tricks were particularly well-received.

- The combination of theory, real-life examples, (group) exercises and interactive discussions made the training relevant and insightful.

9 Where do we go from here?

It is very important for the REACT partnership that as many end-users and digitally vulnerable people as possible will benefit from the information and training material that we have developed. Therefore it is crucial that that these tools become well-known and that we reach out proactively. That is why the sixth and final work package of the project, with this publication as the main part, focused on the sustainability and inspiration to use the project results beyond the project period. This way we want to imbed our project results in local and regional initiatives and provide answers and ways to handle future challenges and opportunities in the digitalisation of modern society.

This publication covered a wide range of topics, research and inspiring methods, but they all share a common goal: inclusion of digitally vulnerable people in rural areas. Looking through their perspective and building bridges between the digital world and their daily reality; that is the heart and soul of the REACT project. It is clear that the need for digital support is urgent. We are therefore convinced that the value of this project reaches far broader than the participating countries. We sincerely hope that this publication is not the finish but a first step towards more (inter)national collaboration and support for the digitally vulnerable people.

The REACT project partners

REACT
Rural eHealth Facilitators

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