

### OBJECTIVES AND TARGET GROUP

The main objective of the pilot is to strengthen prevention and health promotion in primary care and improve health literacy among targeted populations, in order to reduce the risk of cancer and non-communicable diseases (NCDs) through behavioural and lifestyle changes in regions with the greatest health inequalities.

### KEY ACTIVITIES

- **Activity 1:** Develop and implement a health promotion methodology for primary care.
- **Activity 2:** Design educational materials.
- **Activity 3:** Train nurses to deliver the interventions
- **Activity 4:** Testing in regions with lower socioeconomic status.
- **Activity 5:** Develop a framework to support long-term financing and integration into the healthcare system.

### PROMISING RESULTS

- Developed lifestyle intervention methodology for primary care (nutrition, physical activity, stress and sleep, alcohol, tobacco and nicotine).
- Developed educational materials and client-friendly and visual tools to support understanding and health education.
- Developed client handbook including self-management guidance.

### STAKEHOLDERS

Health insurance companies  
 Ministry of Health  
 General practitioners  
 Schools

### SYNERGIES WITHIN THE JA

WP6.6  
 WP7.4 Health Literacy Survey (M-POHL network) and cluster Vulnerable group

Countries involved: Czechia

Lead institution: National Institute of Public Health, [eva.ulicna@szu.gov.cz](mailto:eva.ulicna@szu.gov.cz)

Scope of the pilot: regional

## OBJECTIVES AND TARGET GROUP

**The main objective of the pilot is** to contribute to the reduction of health- and social-related inequalities among the target group by strengthening health literacy and empowering individuals to better navigate health-related information, services, and decision-making processes. At the same time, the pilot aims to foster sustainable cooperation with relevant local stakeholders, thereby enhancing coordinated action and capacity for health promotion within the participating locations.

## KEY ACTIVITIES

- **Participatory needs assessment at community level**
- **Participatory development of culturally and context-sensitive intervention components**
- **Recruitment, training, and support of peer mediators**
- **Implementation of peer-based health literacy activities**
- **Strengthening and coordination of local stakeholder networks**

## PROMISING RESULTS

### **Scalable and transferable peer-based health literacy intervention method:**

Validated, scalable peer-based health literacy intervention method transferable across municipalities.

### **Practice-based evidence supporting system-level capacity building:**

Strong practice-based evidence for strengthening local health promotion capacities.

### **Policy-relevant recommendations for sustainable integration:**

Actionable policy recommendations for sustainable integration of health literacy in municipal systems.

## STAKEHOLDERS

- **Municipal public health authorities and local administrations**
- **Verband deutscher Sinti und Roma** (national civil society organisation)
- **Diarom** (trusted access points to the target group) **and community-based organisations**

## SYNERGIES WITHIN THE JA

- Task 6.6:** community-based health literacy methods for capacity building at local level
- Task 6.7:** real-world testing of health promotion infrastructure guidelines in vulnerable communities
- Task 9.6:** contribution of local health literacy interventions to wellbeing economy goals
- Task 5.7:** local evidence on health inequalities and access barriers in vulnerable groups

Countries involved: Germany (BIÖG)

Lead institution: [elke.hacklaender@bioeg.de](mailto:elke.hacklaender@bioeg.de)

Scope of the pilot: Municipal level, implemented in selected local settings, with relevance for regional, national, and EU-level health promotion strategies

### OBJECTIVES AND TARGET GROUP

The main objective of the pilot is to encourage schools to incorporate health literacy education into their school curricula. The expectation is that health will gain importance in school curricula, with an emphasis on health literacy. The target group is compulsory school teachers and school children aged 10 to 15 (grades 5-10).

### KEY ACTIVITIES

**Activity 1:** Health literacy data will be collected with questionnaires pre- and post- guideline implementation.

**Activity 2:** Health literacy guideline development based on the WHO concept paper and recommendations from Finland and Germany.

**Activity 3:** Guideline implementation in participating schools.

**Activity 4:** Data analysis of pre- and post-data to evaluate if guideline implementation has increased health literacy

### PROMISING RESULTS

Increased knowledge of health literacy (both for pupils and staff)

That health literacy will become part of the school curriculum (not national curriculum, as of now).

To ensure the availability of accessible materials such as a toolbox or guidelines on health literacy that schools can use.

### STAKEHOLDERS

Schools / teachers

Ministries

Local level / municipalities

### SYNERGIES WITHIN THE JA

WP 6, task 6.7.

WP 9, task 9.1

WP 7, subtask 7.4.1.

Countries involved: Only Iceland

Lead institution: Directorate of Health, Iceland. [ingibjorg.gudmundsdottir@landlaeknir.is](mailto:ingibjorg.gudmundsdottir@landlaeknir.is) ; [margret.johannsdottir@landlaeknir.is](mailto:margret.johannsdottir@landlaeknir.is)

Scope of the pilot: local level working with individual schools and on national level through the Health Promoting Schools network

## OBJECTIVES AND TARGET GROUP

The main objective of the pilot is to improve oral health literacy among vulnerable populations using digital health interventions. As part of this pilot project, we have also created an AI tool that scientifically validates and adapts the form and means of disseminating health promotion content to these audiences.

## KEY ACTIVITIES

- **Activity 1:** Create, test and validate the AI tool
- **Activity 2:** Evaluate the Oral Health Literacy of target population
- **Activity 3:** Implement digital oral health intervention
- **Activity 4:** Evaluate the impact of the intervention of oral health literacy of target population

## PROMISING RESULTS

We have already developed an AI tool that enables the scientific validation, allowing the message and means of communication to be adapted and customized for the target audience.

We will know the level of oral health literacy of certain target audiences.

We will learn about the impact of certain public health interventions using digital health on oral health literacy.

## STAKEHOLDERS

Public health agency (local, regional, national and international)

Public and private insurance

All actors from the field in contact with target audience.

## SYNERGIES WITHIN THE JA

7.4.1

7.4.2

7.4.3

7.4.5

Countries involved: France, Greece, Norway (outside the JA)

Lead institution : CHU Montpellier, France, [n-giraudeau@chu-montpellier.fr](mailto:n-giraudeau@chu-montpellier.fr)

Scope of the pilot: municipality/regional/national/EU

### OBJECTIVES AND TARGET GROUP

The main objective of the pilot is to increase the number of middle-aged female sex workers (FSWs) who participate in cervical cancer preventive actions in Valencia (Spain).

### KEY ACTIVITIES

- **Activity 1:** Carrying out an educational campaign for FSWs.
- **Activity 2:** Carry out training sessions for professionals and/or future professionals who will be in contact with FSWs.
- **Activity 3:** Developing collaboration agreements between Fisabio, University of Valencia and NGOs which work with FSWs.

### PROMISING RESULTS

- **Low awareness of screening and negative healthcare experiences** are major barriers to cervical cancer screening among female sex workers.
- **HPV vaccination** shows high acceptability if provided free of charge in this population.
- **Trauma related to sex work** is highly prevalent and strongly affects mental health.

Together, these preliminary findings underscore the potential of the pilot to **inform scalable, trauma-informed, and equity-focused cervical cancer prevention policies.**

### STAKEHOLDERS

**Public health authorities, healthcare providers, NGOs and community organizations** supporting female sex workers, and **researchers**, who could use the results to inform prevention strategies, service delivery, and policy development.

### SYNERGIES WITHIN THE JA

#### WP9

T9.1 – Strengthening HiAP implementation

Countries involved: Spain

Lead institution: FISABIO-Public Health (email: [natalia.marin@fisabio.es](mailto:natalia.marin@fisabio.es))

Scope of the pilot: local