Implementation and Evaluation report: Rural eHealth Facilitators (REACT) project



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REACT
Rural eHealth Facilitators
Funded by the European Union

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FOREWORD

"Rural eHealth facilitators" (REACT) is an Erasmus+ project implemented in four Euro pean countries from 2022-2025. The REACT project has tested the involvement of eHealth facilitators in strengthening the digital inclusion of vulnerable groups across four different welfare state contexts. The core of the project consisted of the development of training material

This report presents and discusses the two-tiered evaluation og the project, evaluating both the training material and the effects of the training itself in the form of pilot projects.

We would like to express our sincere thanks to the actors in voluntary and public organisations who contributed to the project by participating in workshops, by running pilot projects and by contributing to data collection throughout the project period.

Barbara Fersch
Esbjerg, December 2025

1. INTRODUCTION 5

2. REACT-PROGRAMME 7
2.1. Overview 7
2.2. Goals 7
2.3. Program Theory 7
2.4. Associated Partners 8
2.5. Description of pilot project setup 9

3. EVALUATION METHODS 13
3.1. The structure of the evaluation 13
3.2. Evaluation methods for the initial training workshops 13
3.3. Methods for evaluating the implementation of eHealth facilitators 14
3.4. Ethical considerations 17

4. EVALUATION OF THE WORKSHOPS 19
4.1. Denmark 19
4.2. France 21
4.3. Portugal 23
4.4. The Netherlands 25

5. EVALUATION OF INTERVENTIONS 30
5.1. Denmark 30
5.2. France 36
5.3. The Netherlands 42
5.4. Portugal 49

6. CONCLUSIONS 56
6.1. The success of the implementation 56
6.2. Key lessons from each case 57
6.3. Conclusion 59

7. REFERENCES 60

8. APPENDICES 62
8.1. REACT – general – quantitative survey to eHealth facilitators (volunteers) 62
8.2. REACT - general - qualitative interview with the target group (digitally vulnerable citizens) 69

1. INTRODUCTION

Our society is digitizing at an unprecedented pace. Digital technologies are increasingly embedded in nearly every aspect of daily life. From communication and education to work, finance, and healthcare. The COVID-19 pandemic further accelerated this trend, pushing more services online and highlighting the growing reliance on digital tools and accessibility (Beaunoyer et al., 2020). While many have benefited from this transformation, it also exposed and deepened existing inequalities as a significant portion of the population, particularly older adults and other vulnerable groups, struggles to keep up with digital developments (Fersch et al., 2025a).

These citizens often face barriers such as limited access to digital devices, poor internet connectivity, and a lack of necessary digital competences. This "digital divide" has become especially apparent in the domain of healthcare and well-being, where services are increasingly offered online via patient portals, telehealth consultations, and self-monitoring tools. While these innovations can empower individuals to manage their health more proactively, those lacking digital skills risk being left behind. In rural areas digital solutions have the potential to bridge long distances amid centralised and ever more scattered service infrastructure (Lindgren et al., 2019) and thus provide access to health and social care services for remote communities (Melkas et al., 2023; Schneider-Kamp & Fersch, 2021). The demographic profile of the rural population – being older and lower educated (Kirkeministeriet, 2023) – highlights a paradox: despite the significant potential benefits of digital services in these areas, a large share of the digitally vulnerable population resides here.

Digital exclusion not only restricts access to healthcare but also contributes to broader social and economic disadvantages. People with limited digital proficiency, such as older adults, individuals with low socioeconomic status, and those with low literacy levels, often face greater difficulty in accessing public services, finding employment, and maintaining social connections. In rural areas, where access to physical services may already be limited, the inability to engage with digital alternatives further isolates these communities and increases their vulnerability (Nordregio et al., 2022).

In this context, the need for effective digital support is growing. Research suggests that the digital divide will likely persist, as digital services become more complex and demand higher levels of competence (Mubarak & Suomi, 2022). One promising solution is to harness the power of trained volunteers who can provide hands-on digital support to vulnerable rural residents. Volunteers, when adequately trained, can play a key role in reducing digital exclusion by helping individuals build confidence, improve skills, and access essential digital health tools (Mubarak & Suomi, 2022; Dedding & Goedhart, 2021).

This evaluation report focuses on REACT *Rural eHealth Facilitators* Erasmus+ pilot-project, which has been implemented over the past three years to address these challenges. The pilot-project was carried out in Denmark, France, the Netherlands, and Portugal. Volunteers were trained in workshops and deployed to support digitally vulnerable citizens in rural areas, enabling them to make use of eHealth technologies and digital healthcare

services. In doing so, it aimed not only to bridge the digital divide but also to promote greater health equity and social inclusion.

The following sections of this report present the findings and evaluation of the workshops where the volunteers were trained, and the evaluation of the interaction of these volunteers with the citizens.

2. REACT-PROGRAMME

2.1. OVERVIEW

The aim of the REACT project is through the Rural eHealth facilitators concept to provide tools to help digitally vulnerable, older citizens in rural areas with the development of digital capacities to become included in eHealth offerings. The underlying concept is based on a train-the-trainer approach focused on training the professionals who then train the future rural eHealth facilitators. This is an important aspect that ensures the sustainability of the aimed outcomes in the involved organizations (associated partners): This enables the professionals to then be able to independently train volunteers as eHealth facilitators. In order to contribute to a further usability and sustainability of the concept beyond the partner countries and contexts, all training material and as well as illustrative videos will be available on the project website. The purpose of the REACT Rural eHealth facilitators Erasmus+ projects is therefore centred on upskilling professional staff who then educate volunteers to be able to inspire and support digitally vulnerable people to develop the necessary digital skills, to navigate eHealth services and secure digital inclusion.

2.2. GOALS

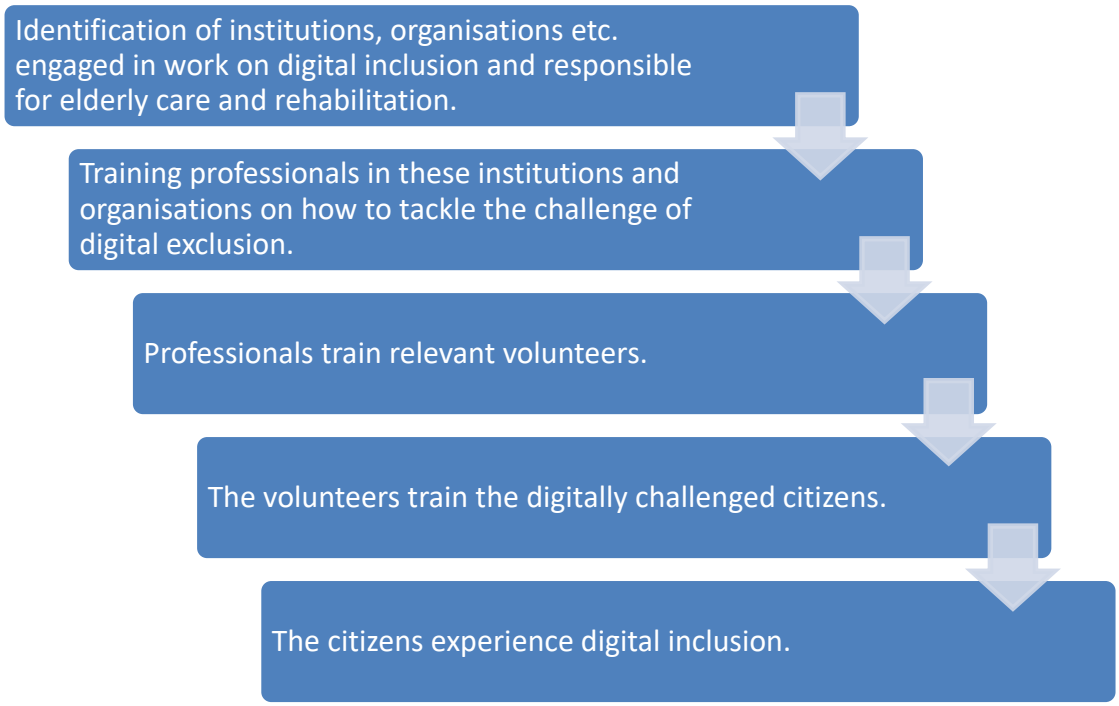
The goals of the REACT project are to develop and test learning materials and the train-the-trainer concept in relation to digital exclusion of mainly older and digitally challenged citizens in rural areas in the four participating countries so that experience from the project can be used in other country contexts with similar challenges in relation to digital exclusion.

The goal of this evaluation is to evaluate the results of the train-the-trainer approach based on input from questionnaires and interviews with professionals, volunteers, and participating citizens.

2.3. PROGRAM THEORY

Scholars (Brix et al., 2020) argue that contribution evaluation and program theory has to answer whether the intervention has made a contribution, to what degree this was caused by the intervention and then what is the quality of the contribution? To effectively answer these questions a program theory is provided to illustrate the purpose of the REACT project, which also serves to illustrate the train-the-trainer approach (figure 2.1.):

Figure 2.1.: REACT program theory.



The contribution of the REACT project, which is to be evaluated, is thus whether digitally challenged citizens have an experience of increased digital inclusion, and whether the intervention of the REACT training has contributed to this effect. By making teaching material for the professionals to use to teach the volunteers should therefore also secure the sustainability and longevity of the REACT project, even after the project period, as the professionals would be able to teach new volunteers, reaching a larger audience. The longevity is not able to be evaluated in this report, but in theory this is a valid outcome if the first instance of the process described above in figure 2.1. is evaluated as being successful.

2.4. Associated Partners

The pilot projects were executed under the lead of the REACT partners in all countries, namely in Denmark by the team at the Danish Center for Rural Research, University of Southern Denmark, Esbjerg, headed by Barbara Fersch, in France at the Health systemic Pathways Unit at University C. Bernard Lyon 1, Lyon headed by Florence Carrouel, in the Netherlands at the Healthy Ageing Network Northern Netherlands (HANNN), Groningen headed by Allette Snijder and in Portugal at University of Minho, headed by Teresa Vilaça.

In concrete terms, the pilot projects were executed together with a range of associated partners, e.g. public, private and voluntary organizations. In Denmark, the associated partners consisted of a municipal health and elder care organization (Nordfyns municipality) and a municipal citizen service organization (Aabenraa municipality), a local general practitioners' clinic (Haderslev municipality), two local branches of the voluntary and interest organization for seniors in Denmark, DanAge and a Protestant voluntary organization providing social work, Blue Cross. In France, the associated partners included

several universities involved in the "service sanitaire" (a volunteer program for medical students), namely Université of Aix-Marseille, University of Lorraine and the University of Jean Monnet Saint Etienne. The associated partners in the Netherlands were the neighbourhood community organizations Bloeizone Appelscha and Bloeizone Grou, a knowledge lab, Leuwarden municipality, NLH Stenden university, a regional care and knowledge organization and several local libraries. The associated partners in Portugal were a local health unit at Braga Hospital, the higher health school of Santarém Polytechnic Institute, the senior university of Vieira do Minho, and the Guimarães delegation of the Teachers' Social Solidarity Association, (see more detailed in Fersch et.al. 2025b). Implementation

2.5. DESCRIPTION OF PILOT PROJECT SETUP

The implementation of the REACT project was different in the four countries. This was due to different welfare-state types, different possible implementation settings available at the time of the project etc. In this chapter we introduce how the implementation of the train-the-trainer concept took place in the respective countries.

Denmark
In Denmark the REACT project was implemented via the municipalities - though in different ways. The Danish case was characterized by the fact that the municipalities are the main players when it comes to the delivery of a wide range of health and social services, such as elder care, health promotion, and rehabilitation. The municipalities involved were Nordfyns Municipality, Haderslev Municipality and Aabenraa Municipality.

In Nordfyns municipality the trainers were municipal health service professionals who then subsequently trained local volunteers on how to help digitally vulnerable – mainly older – citizens. In Haderslev municipality the training sessions for elderly citizens were implemented directly through the local section of DanAge in the small town of Gram, in collaboration with a local general practitioner´s clinic, and the municipality's role was mainly to serve as a gatekeeper and provide relevant contacts. The volunteers in DanAge already had some of the skills to do the training, and these skills were supplemented by the introduction to the REACT learning materials. In Aabenraa municipality, the municipal citizen service provided the trainings to the local Blue Cross volunteer organization to provide digital help to the population group they already had contacts and relations to, namely digitally vulnerable, socially marginalized citizens.

Figure 2.2.: The Danish implementation of the REACT project.



France

The REACT project was implemented in France, under the coordination of the Health Systemic Process Research Unit of the Université Claude Bernard Lyon 1 (UCBL). What made the French implementation particularly distinctive was its integration into an existing national training programme known as the Service Sanitaire.

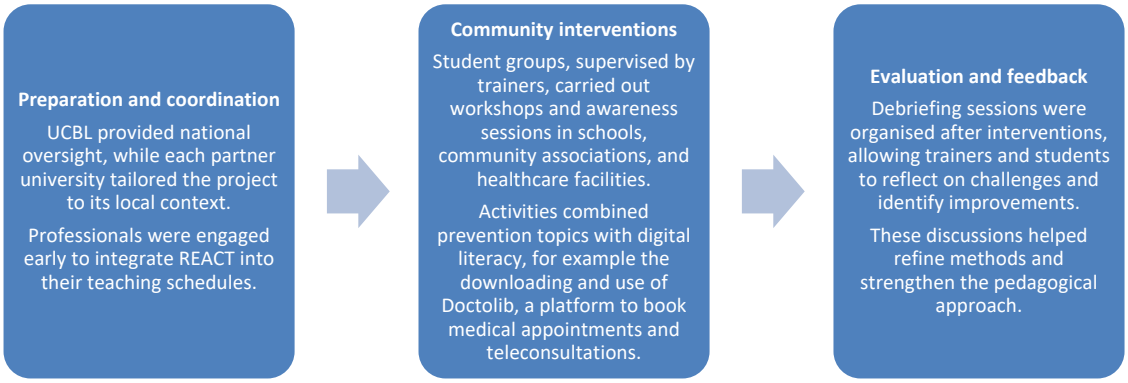
Established in 2018, the Service Sanitaire is a compulsory six-week module for all students in medicine, pharmacy, dentistry, midwifery, nursing, and physiotherapy. Its primary mission is to instil a culture of prevention, equip students with skills in health promotion, and contribute to reducing health inequalities. It is implemented nationwide.
By embedding REACT within this national framework, the project ensured strong institutional support and direct access to both trainers and student volunteers.

The implementation in France involved multiple layers of stakeholders from 3 partner universities: University of Lorraine in Nancy; Jean Monnet university in Saint-Etienne, which is a part of University Claude Bernard Lyon 1; and Aix Marseille university in the South. Each university worked on specific topics. Université de Lorraine (Nancy) used various digital tools. Université of Saint-Étienne worked on digital literacy. Aix-Marseille University focused on oral health, using mobile apps.

The direct beneficiaries of REACT in France were vulnerable groups: Older people with little digital literacy, families from vulnerable neighbourhoods, and individuals distant from healthcare systems. Workshops and activities took place in schools, associations, and local community spaces.

The professional trainers involved included university professors, hospital practitioners, and researchers, who acted as mentors to the eHealth facilitators, who were the students enrolled in the Service Sanitaire, who volunteered to take part in the learning and the workshops with digitally vulnerable citizens. The figure below illustrates how the implementation of REACT in France took place:

Figure 2.3.: The French implementation of the REACT project.



The Netherlands

In the Netherlands, digital support and assistance to residents is mainly taken up by libraries, welfare organisations and local community initiatives. This with the help of many volunteers.

There are many small villages with a lot of older people who still live at home. The idea of them living at their own home as long as possible is appealing, but it is necessary that they have digital access to certain facilities and services.

For this project, the Dutch REACT team therefore sought collaboration with, among others, the Digital Innovation Coalition. Within this coalition multiple initiatives, organisations, individuals and professionals work together for a stronger digital inclusion of older and vulnerable people in rural areas. Several libraries in Friesland and Groningen were also collaborating. Libraries do a lot in the field of digital skills, access to eHealth and on digital citizenship. Most of them already have their own courses where residents can go every week to learn more about digitalization and improve their digital skills. These courses are mainly performed by volunteers.

The Dutch team organised several REACT workshops for professionals. The participants were university lecturers, library staff, coordinators of volunteer organizations, staff of health care and well-being institutions, social initiatives and professional volunteers from the Bloeizones (Blue Zones). A Bloeizone is an area/a village where residents work together to create an environment where people can live longer in good health.

The multiple REACT workshops for volunteers were arranged for relevant volunteers of Bloeizones (including students), volunteers for libraries, and a group of volunteers from a professional social organization.

Figure 2.4.: The Dutch implementation of the REACT project.



Portugal

The Portuguese part of the REACT project was implemented at four different instances. Two of them at hospital and a higher health education, training first teacher-researchers of nursing students who then trained eHealth facilitators volunteers of nursing students, professionals from a nursing home, and volunteers from a catholic voluntary organisation. One instance of training retired teachers connected to the Teachers' Social Solidarity Association who then further trained high school student to become eHealth facilitator volunteers. And the last instance was training older people to be eHealth facilitators, via the training of technicians of educational sciences and a group of older people at a Senior University. The Portuguese cases had volunteers of various demographic groups, but all using the REACT model to create a bridge between the regional and local health and social care providers to the vulnerable and elderly citizens in rural areas.

Figure 2.5.: The implementation of REACT in Portugal

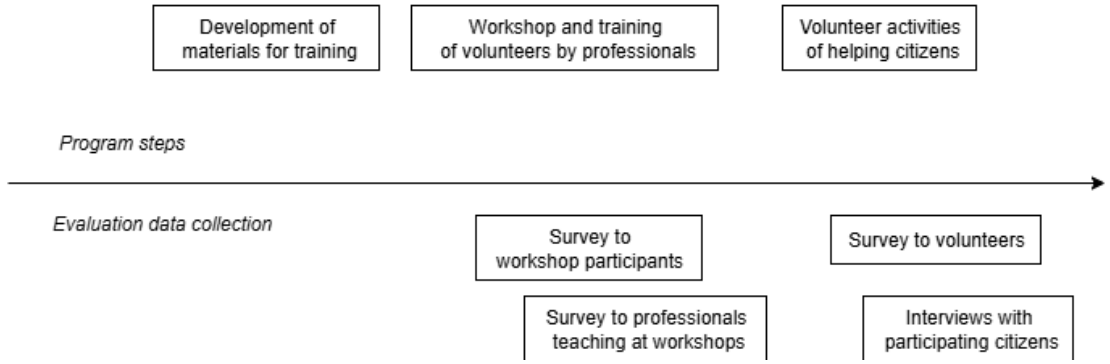


3. EVALUATION METHODS

3.1. THE STRUCTURE OF THE EVALUATION

The evaluation process follows the general timeline of the project (see figure 3.1.). The collection of data for the evaluation of the project has been collected at two different points: immediately after the workshops where held, with short evaluation surveys of the participants, both volunteers and professionals, and secondly in a period between 6-12 months after the workshops, with follow up surveys of the volunteers' experiences as well as impressions from affected citizens. This secures an evaluation for both the training of the trainers, and the following training of citizens in using the digital health services, as per the need for the evaluation of the program theory in validating contribution, intervention and quality (Brix et al., 2020).

Figure 3.1.: Timeline of project



3.2. EVALUATION METHODS FOR THE INITIAL TRAINING WORKSHOPS

To evaluate the workshops a questionnaire to both professionals and volunteers were distributed immediately after the final sessions of the workshops. The questionnaire had quantitative batteries of statements with answer options on a Likert-scale of 5 ranging from "Strongly agree" to "Strongly disagree". The statements for the volunteers where among other items related to the participants expectations, the content of the workshop, organisation, vocabulary used, and quality of instruction. For the professionals they were asked how they perceived the content and their performance.

Apart from the batteries, a few qualitative questions where present in the questionnaire, enabling free text answers. Questions to the volunteers where on the topic of key takeaways from the training, what was most enjoyable and useful, what was missing in the training and any additional feedback they might have had.

The professionals were asked whether they reached their goals, what the participant reactions were, what they liked the most, what their suggestions where for future improvements of the workshop, and any additional comments.

Unfortunately, due to differences in workshop implementation across the case studies, not all cases have respondents from the professionals.

3.3. METHODS FOR EVALUATING THE IMPLEMENTATION OF EHEALTH FACILITATORS

To evaluate the impact and implementation of the REACT Rural eHealth Facilitators pilot-project, a mixed-methods approach was employed. An approach which can capture both the nuanced experiences of digitally vulnerable citizens and the broader patterns of volunteer engagement and effectiveness, not least their experiences with the program workshops and their implementation in their engagement with the citizens.
The evaluation consisted of two primary data collection strategies:

Quantitative surveys (see full questionnaire appendix 08.01) administered to volunteers who participated in the training workshops and subsequent support activities. The surveys collected data on volunteers' backgrounds, training experiences, perceived preparedness, and their interactions with citizens. This component offers a broader overview of the volunteer program's reach, effectiveness, and areas for improvement.

Qualitative interviews (see interview guide appendix 08.02) with citizens who received support from trained volunteers. These interviews aimed to explore individual experiences with digital healthcare technologies, perceived barriers to digital inclusion, and the role of volunteer facilitation in overcoming these challenges. The qualitative data provides rich, contextual insights into how digital exclusion manifests in rural settings and how targeted support can influence digital engagement and well-being. In the Portuguese case these interviews were conducted with the professionals.

Together, these methods allow for an evaluation of both the citizen-facing and volunteer-facing dimensions of the pilot-project, ensuring that the findings reflect the complexity and diversity of experiences across the participating countries.

SURVEY OF VOLUNTEERS

A structured quantitative survey was conducted among the volunteer eHealth facilitators who participated in the REACT pilot projects in each country. The purpose of this survey was to document the volunteers' experiences, assess the effectiveness of the training and activities, and identify areas for improvement in future implementations.

The survey aimed to capture a broad range of perspectives from the volunteers, including:

- **Demographic background** (e.g., age, gender).
- **Motivations for volunteering** and alignment with personal or professional interests.
- **Prior experience** with digital tools and supporting digitally challenged citizens.
- **Training evaluation** on usefulness of different components of the workshops, such as practical exercises, technical information, and communication strategies
- **Perceived preparedness** following the training workshops.
- **Support activities** such as the types of digital assistance they provided, including help with health apps, digital platforms, and communication with healthcare professionals.
- **Challenges encountered** during facilitation.

- **Perceived impact** of their support on citizens' digital health engagement.
- **Satisfaction with their role** and suggestions for program improvement.
- **Program feedback** and suggestions for additional resources, training topics, and improvements to the REACT model.

This data provides a valuable overview of the volunteer experience and helps evaluate the effectiveness of the REACT training model across different national contexts.
The survey was divided into thematic sections and designed to be completed in approximately 15–20 minutes. It included a mix of closed-ended questions using Likert scales and multiple-choice formats to quantify attitudes, experiences, and perceptions. Open-ended questions to allow for elaboration on motivations, challenges, and suggestions. And optional comment fields for deeper reflection and qualitative nuance.

The survey was first prepared in English, in collaboration with all the national research teams, before being translated into different languages. Each national team collected responses for the survey from their country, either by making a digital version or in printed format to distribute among the volunteers. Responses were collected and anonymized to ensure confidentiality and encourage honest feedback. Finally, responses were translated back to English and is being presented in this report.

INTERVIEWS WITH CITIZENS

To gain in-depth insights into the lived experiences of digitally vulnerable citizens, qualitative interviews were conducted as part of the evaluation. These interviews aimed to explore the challenges individuals face in engaging with digital technologies, particularly in the context of healthcare and well-being, and to assess the impact of support provided by trained eHealth facilitators.

The interviews were designed to be intentionally general to allow flexibility and contextual adaptation across the participating countries: Denmark, France, the Netherlands, and Portugal. A general interview guide was agreed upon by the partners and distributed to each partner to be translated and further adapted to the local contexts. This approach ensured cultural relevance and responsiveness to local conditions while maintaining a shared thematic structure across the evaluation. As such, the interviewers could draw on the specific context and knowledge of the implementation in the particular setting of the citizen being interviewed.

The interviews focused on two key phases of the participants' experiences, before and after receiving support from the eHealth facilitators. Each phase was designed to explore specific themes and research questions.

The first part of the interview focused on understanding the participants' baseline experiences with digital technologies prior to their involvement in the REACT project. The aim was to uncover the motivations for seeking help, the nature of the digital challenges they faced, and their emotional and cognitive relationship with digital tools.

Key areas of exploration included:

- **Motivations for seeking support**: Participants were asked why they turned to the eHealth facilitators, including whether a specific event or ongoing frustration prompted them to seek help. Follow-up questions explored whether they had previously attempted to solve these issues independently or with informal support.
- **Barriers and challenges**: The interviews probed into the types of difficulties participants encountered, such as technical problems, lack of confidence, or uncertainty in using specific applications—particularly those related to health and public services.
- **Digital habits and preferences**: Participants were asked about the devices and applications they used, how they chose them, and what functions they found most relevant or difficult.
- **Self-perception of digital competence**: The interviews explored how participants assessed their own digital skills, including whether they felt excluded or frustrated by their limitations, and whether they had access to support in their social environment.
- **Emotional responses and coping strategies**: Participants were encouraged to reflect on how digital challenges affected their daily lives, including feelings of stress, isolation, or dependency, and how they typically responded to these situations.

The second phase of the interview focused on the participants' experiences during and after receiving support from the eHealth facilitators. This part aimed to assess the perceived effectiveness of the intervention and any changes in digital behaviour, confidence, or attitudes.

Key areas of exploration included:

- **Experience of the support process**: Participants were asked to describe how they experienced the support, including whether it felt personalized, whether they felt comfortable and understood, and whether the facilitators' communication style was effective.
- **Changes in digital behaviour and confidence**: The interviews explored whether participants felt more capable or independent in using digital technologies, and whether they had begun using new tools or services they previously avoided.
- **Impact on daily life**: Participants were encouraged to share concrete examples of how their digital engagement had improved their access to healthcare, communication, or other aspects of daily living.
- **Remaining challenges and future needs**: The interviews also addressed whether participants still faced difficulties and what kind of ongoing support they might need.
- **Perceived value and recommendations**: Finally, participants were asked whether they would recommend the support to others, what they found most helpful, and what aspects of the program they believed could be improved.

The interviews were semi-structured, guided by a set of open-ended questions with suggested follow-ups to encourage elaboration and reflection. This format allowed interviewers to probe deeper into individual experiences while maintaining consistency across interviews. The interviews will be used in this evaluation to provide examples of the experienced interventions.

3.4. ETHICAL CONSIDERATIONS

Ethical considerations were systematically embedded in the implementation and evaluation of the REACT Project, reflecting Erasmus+ expectations regarding participant safeguarding, transparency, and responsible project delivery. From the outset, all potential participants received clear and accessible ethical information alongside the invitation to participate, including the objectives of the project, the nature of the planned activities, and the role of the evaluation process. This approach supports informed participation and aligns with European guidance on ethics in research and innovation activities involving human participants (European Commission, 2021a; European Commission, 2021b).

All participants—including professionals and eHealth volunteers—were informed about the scope of their involvement, the expected duration of participation, and the practical procedures used for implementation and evaluation. It was explained that no known or foreseeable risks, nor physical or psychological discomforts, were anticipated as a result of participation. This is consistent with internationally recognised ethical principles for research involving humans, including respect for persons, beneficence, and the requirement to minimise potential harm (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979; World Medical Association, 2013).

The potential benefits of the REACT Project were communicated with emphasis on capacity building, skills development, digital practices, and social value for communities and participating organisations—an approach consistent with Erasmus+ priorities related to inclusion, quality, and sustainable impact. Communicating expected benefits and ensuring proportionality between benefits and burdens reflects recognised good practice in research ethics and responsible research conduct (European Commission, 2021a; Shamoo & Resnik, 2022).

Within the project's cooperation and collaboration arrangements with local stakeholders and authorities, a designated contact person was identified to respond to participants' questions or concerns during implementation and evaluation. This ensured accessibility, accountability, and ongoing participant support, which are key elements of ethically robust project management and fieldwork practice (European Commission, 2021b; Resnik, 2020).

Participation was explicitly voluntary. Participants were informed that refusal to participate would result in no disadvantage and that they could withdraw at any time without any negative consequences. These safeguards operationalise the principle of autonomy and the ethical requirement that participation in research or evaluation activities must be free from coercion or undue influence (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979; World Medical Association, 2013).

Data protection and confidentiality were treated as integral components of the project's ethical framework, particularly given the use of digital tools and the involvement of eHealth-related practices. All personal data were collected and processed in compliance

with the General Data Protection Regulation (GDPR), including principles such as lawfulness, transparency, purpose limitation, and data minimisation (European Union, 2016). Relevant EU guidance on ethics self-assessment also informed internal procedures for identifying and mitigating ethical risks linked to data processing and participant involvement (European Commission, 2021b).

All data collection instruments (e.g., questionnaires, interview guides, evaluation tools) were co-developed and validated collaboratively among partners to ensure clarity, relevance, and cultural appropriateness across participating contexts. A free and informed consent declaration was prepared and adapted nationally to reflect participants' rights, data use, and withdrawal procedures. In several partner countries, the research and evaluation components associated with the REACT Project were submitted to institutional Ethics Committees (or equivalent bodies) in line with national regulations and institutional requirements (European Commission, 2021a; Shamoo & Resnik, 2022).

4. EVALUATION OF THE WORKSHOPS

4.1. DENMARK

EVALUATION OF DANISH VOLUNTEERS

Number of responses analysed.
Total participants present: 15 | **Total participants evaluated:** 15
Training locations: Gram Fritidscenter, Nordfyns Kommune

Quantitative Results

Table 4.1.

Evaluation Criteria	1 Strongly disagree	2 Disagree	3 Neither	4 Agree	5 Strongly agree	Average
1. The training met my expectations and was relevant to me		1	2	5	7	4.2
2. The content was well-organized and easy to follow.		1		5	9	4.5
3. The combination of materials and the sequence of modules was effective.		1	1	4	8	4.4*
4. I am confident that I can apply what I have learned today.		1		8	6	4.3
5. The words used were clear and easy to understand.		1		7	7	4.3
6. The instructions and explanations were good.		1		7	7	4.3
7. Participation and interaction were encouraged.		1		5	9	4.5
8. There was sufficient time for questions and discussions.		1	1	3	10	4.5
9. This training was worthwhile and also interesting for others.		1		3	11	4.6

**Total equates to 14 as one participant missed one question*

Qualitative Results

Key takeaways from the training (What is the most important thing that you have learned in the training?)

In general, there is great satisfaction and positive feedback on the training and the relevance of the project. In addition, it has helped to provide information about IT tools, including health-related tools used in the municipality, to the volunteers, and how volunteers can be helpful and collaborate across organizations. The training has also helped to build confidence in the role of an IT helper and how best to help others with technology. Working with cases and overcoming barriers was also highlighted as positive. However, there is also a demand for more training in specific apps.

What was most enjoyable and useful? The case was highlighted as particularly good, and the barrier exercise gave rise to good discussions and reflection. The importance of communication was also articulated as particularly useful, especially in relation to the way to talk to each other and the mood of communication. In addition, experience sharing, cross-group collaboration, and knowledge about the role of the municipality and the implementation of IT systems were mentioned as being particularly useful.

What was missing in the training? The participants are basically satisfied with the training and didn't miss anything specific; however, they see that the training could be expanded or improved to incorporate knowledge about more specific apps or topics.

Additional feedback: A few participants expressed particular gratitude for the training and the emphasis of the project on how to reach the elderly members of their society. A plan for reaching out to them is deemed very necessary.

EVALUATION OF DANISH PROFESSIONALS

Number of responses analysed

- **Total participants:** 2
- **Training location:** Søndersø (Nordfyns Kommune)

Quantitative results

Table 4.2.

Evaluation criteria	1 (Low)	2	3	4	5 (High)	Average
All things considered, I was content with the training				1	1	4.5
How do I assess myself on the following:						
Focused on learning and goals					2	5
Created a comfortable learning environment					2	5

Had a good understanding of the training material		2				5
Made adjustments to meet the participants' needs better					2	5
Felt prepared			1	1		3.5
Was good at controlling the pace in the training				2		4
Felt that the participants understood me				1	1	4.5
Encouraged to participation and interaction				1	1	4.5
The course material was relevant and fitting for the training				1	1	4.5

Qualitative results:

Question: Did I reach my goals?
The professionals who carried out the training were positive in terms of goals but also assessed a need for multiple sessions with the volunteers and even perhaps a pocket-sized manual, which the volunteers can use.

Question: What were the participants' reactions on the course and the used materials? What did they like the most? Assessment was positive. The fact that they also had relatively high IT capabilities made the training easier. The way the workshop was conducted was evaluated positively. One of the best parts of the training was expressed to be the expectations of the volunteers. They were happy that they did not have to invest in a set day every week to be part of the program.

Question: What are (my) suggestions for improvements for the next time? What could have gone better? Suggestions include that the workshop can be better tailored to the volunteers, as they, the trainers, now know who the volunteers are. Furthermore, it was suggested that the workshop is extended for multiple sessions and the development of pocket-sized manuals for the volunteers to bring along to the citizens.

4.2. FRANCE

EVALUATION OF FRENCH VOLUNTEERS

Total participants evaluated: 27

Quantitative results

Table 4.3.

Evaluation Criteria	1 Strongly disagree	2 Dis-a-gree	3 Neu-tral	4 Agree	5 Strongly agree	Aver-age
1. The training met my expectations and was relevant to me.			1	18	8	4.3
2. The content was well organized and easy to follow.			3	14	10	4.3
3. The materials shown and distributed were useful and relevant.				15	12	4.4
4. I am confident that I can apply what I learned today.			8	12	7	4.0
5. The vocabulary used was clear and easy to understand.				7	20	4.7
6. The quality of instruction was good.				11	16	4.6
7. Participation and interaction were encouraged.				5	22	4.8
8. Adequate time was provided for questions and discussion.			1	4	22	4.8
9. This training was worthwhile, and should be repeated for others.			2	9	16	4.5

Qualitative Results

Key takeaways from the training (What is the most important thing that you have learned in the training?) Participants highlighted a deeper understanding of healthcare and digital inequalities, recognizing the importance of tailoring support to individual needs. Communication emerged as a central theme, with emphasis on empathy, listening without judgment, and adapting language to the person being helped. Practical tools such as the Positive Health spider web tool were appreciated for facilitating dialogue and self-assessment. A notable shift in mindset was observed, moving from solving problems to supporting individuals through co-construction and collaborative networks.

What was most enjoyable and useful? The interactive nature of the training was highly valued, with group work, role-playing, practical and applicable tools, and real-life scenarios enhancing learning and confidence. Participants appreciated the inclusive and non-judgmental atmosphere, which encouraged open sharing and reflection. The clear structure of the sessions and the opportunity to map local resources were also seen as beneficial.

What was missing in the training? While most participants felt the training was comprehensive, some suggested incorporating more role-playing and engaging activities to enhance participation. Others recommended adding explanatory videos and testimonials

from volunteers or trainers. Summary sheets of tools and lists of local contacts or resources were proposed to aid practical application. Additional sessions for follow-up and more time for small group discussions were also mentioned as potential improvements.

Additional feedback: Feedback was overwhelmingly positive, with participants describing the training as enriching and inclusive. Several recommended integrating it into broader health education programs. Trainers were praised for their attentiveness and encouragement. Suggestions included more role-play exercises and follow-up sessions to reinforce learning. Overall, the training was seen as essential and impactful.

4.3. PORTUGAL

EVALUATION OF PORTUGUESE VOLUNTEERS

Total participants evaluated: 26

Quantitative results

Table 4.4.

Evaluation Criteria	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree	Average
1. The training met my expectations and was relevant to me.			1	5	20	4.7
2. The content was well organized and easy to follow.				1	25	5.0
3. The materials shown and distributed were useful and relevant.			1	10	15	4.5
4. I am confident that I can apply what I learned today.			2	7	17	4.6
5. The vocabulary used was clear and easy to understand.				5	21	4.8
6. The quality of instruction was good.			1	1	24	4.9
7. Participation and interaction were encouraged.			1	2	23	4.8
8. Adequate time was provided for questions and discussion.				1	25	5.0
9. This training was worthwhile and should be repeated for others.			3	3	20	4.7

Qualitative Results

Key takeaways from the training (What is the most important thing that you have learned in the training?) Participants reported gaining valuable insights into the concept of Positive Health and how to assess it using tools like the spider diagram and action wheel. Many appreciated the role-playing exercises that helped develop interpersonal skills and highlighted the use of digital apps to promote physical and mental well-being. They also emphasized the games and case studies on active listening and social awareness as useful. Overall, the integration of digital tools and health promotion strategies was seen as a key takeaway.

What was most enjoyable and useful? The most appreciated elements of the training included the use of eHealth apps and the e-book, which provided comprehensive tools and resources. Participants enjoyed interactive activities such as empathy and social awareness bingo, nature walks with health monitoring, and the Positive Health spider diagram. The action wheel was frequently mentioned as a practical tool for planning health promotion. The combination of digital tools and group exercises created a dynamic and engaging learning environment.

What was missing in the training? While many participants felt the training was complete, some suggested including more apps with healthy games and additional role-playing activities. A few participants recommended offering cell phones to the elderly to enhance digital access, with some referencing existing partnerships with local government. Other suggestions included follow-up sessions, and more nature walks to reinforce learning and promote physical activity.

Additional feedback: Feedback was overwhelmingly positive, with participants praising the course atmosphere, collaborative work, and quality of teaching materials. The e-book and PowerPoint presentations were frequently highlighted as useful resources. Several participants noted the course's effectiveness in promoting health equity and appreciated the opportunity for reflection during sessions. The training was described as well-organized, inclusive, and essential.

4.4. The Netherlands

Evaluation of Dutch volunteers

Total participants present: 24
Total participants evaluated: 20
Training locations: Bloeizone Olderberkoop, Bloeizone Appelscha, Forum Groningen and Stjoer Leeuwarden
Training content: Covered all modules of the REACT program

Quantitative results

Table 4.5.

Evaluation Criteria	1 Strongly disagree	2 Dis-a-gree	3 Neu-tral	4 Agree	5 Strongly agree	Aver-age
1. The training met my expectations and was relevant to me.			3	15	2	4.0
2. The content was well organized and easy to follow.				15	5	4.3
3. The materials shown and distributed were useful and relevant.			2	16	2	4.0
4. I am confident that I can apply what I learned today.			3	16	1	3.9
5. The vocabulary used was clear and easy to understand.	1		2	14	3	3.9
6. The quality of instruction was good.				15	5	4.3
7. Participation and interaction were encouraged.			2	15	3	4.1
8. Adequate time was provided for questions and discussion.		1	3	12	4	4.0
9. This training was worthwhile and should be repeated for others.			2	16	2	4.0

Qualitative Results

Key takeaways from the training (What is the most important thing that you have learned in the training?) Volunteers found the parts on communication and digital safety particularly valuable. They learned the importance of applying the right skills depending on the situation, both verbally and non-verbally. The training also emphasized self-care

and setting personal boundaries. Taking small steps when guiding others was seen as a useful approach. The concept of Positive Health was new for many and created real insights and understandings.

What was most enjoyable and useful? Participants appreciated the interaction and the opportunity to share experiences. Communication skills, non-verbal communication, and practicing different communication styles were considered especially useful. Practical examples helped clarify theoretical concepts.

What was missing in the training? Some participants wanted more information on eHealth apps and their applications. It was also suggested that the language be simplified, especially for those who do not speak Dutch as their first language. Additionally, some attendees wanted more clarity on the training's goals and its practical implementation.

Additional feedback: The training was considered valuable and suitable for various sectors. Suggested improvements included using less technical language, providing clearer explanations of the volunteer's role in the initial information, and incorporating video examples and some communication scenarios to fit with the topics of digital inclusion.

EVALUATION OF DUTCH PROFESSIONALS

Total participants present: 17
Total participants evaluated: 16
Training location: Bloeizone Olderberkoop, Bloeizone Appelscha, Forum Groningen and NHL Stenden Leeuwarden
Training content: Covered all modules of the REACT program

Quantitative results

Table 4.6.

Evaluation Criteria	1 (Low)	2	3	4	5 (High)	Average
1. The training met my expectations and was relevant to me		1	5	9	1	3.6
2. The content was well-organized and easy to follow.			2	12	2	3.8
3. The combination of materials and the sequence of modules was effective.		1	3	9	2	3.6
4. The materials provided and displayed were useful and relevant to the theme.				13	3	4.2
5. I feel confident that I can apply and use this information.			1	9	6	4.3
6. There was sufficient time for questions and discussions.			1	9	6	4.3

7. This training was valuable and would also be interesting for others.			1	10	5	4.3

Qualitative Results

What did you find most engaging about this training?

Participants found the combination of the topic and working with volunteers particularly engaging, especially given the growing importance of digital support and the lack of proactive initiatives. The themes were relevant and provided a wealth of useful information and perspectives. Many appreciated the focus on Positive Health, setting boundaries, and discussing expectations.

The training offered diverse insights into (online) volunteer work, with some information being more relevant to specific organizations than others. Practical exercises were well-distributed across the modules, but some participants felt that certain assignments, like the post it activity, needed more time. The balance between keeping things simple and requiring ICT knowledge was also mentioned as a challenge.

Participants valued the exchange of ideas, the focus on volunteer management, and the relevance of eHealth modules, though some found their application in their organization uncertain. The training provided insights into digital skills development through the lens of Positive Health. While the content was rich and valuable, making it more "training-ready" would improve its applicability.

Overall, the training covered a lot of useful communication strategies, offered practical takeaways for volunteer work, and allowed for valuable discussions. Participants appreciated learning from each other, gaining insight into how volunteers handle various situations, and having opportunities for reflection. The completeness of the training, the accessibility of discussions, and the practical tips and tricks were particularly well-received.

Which materials and modules did you find the most useful and interesting?

Participants found the modules on communication skills, volunteer management, and Positive Health particularly valuable. The discussions, group exercises, and interactive elements were seen as engaging and thought-provoking. Several highlighted the importance of topics like setting boundaries, internet safety, and the mental well-being of volunteers.

Modules 1, 4, 5, and 6 were frequently mentioned as useful, with practical handouts that could be applied in various contexts, such as libraries. The Positive Health framework, including the "spider web" model and discussions on barriers and solutions, was also appreciated. Some participants noted they needed more time to fully explore the material. Overall, the combination of theory, real-life examples, and interactive discussions made the training relevant and insightful.

What would you like to see done differently in this training? Did you miss anything?

Participants suggested improvements for the training, including more focus on the target audience volunteers will work with and strategies for recruiting volunteers for this theme. Some felt the training was too lecture-based and would benefit from more interactive methods.

Key suggestions included deeper insights into online safety (such as recognizing trustworthy apps and links) and practical tips for reaching people in need of digital support. Some felt certain modules contained too much basic knowledge for professionals and could be more compact, while others wanted more organization-specific customization. Additional requests included guidance on how to effectively teach digital skills, tips for engaging digitally vulnerable individuals.

The goal of this training is to better prepare you for guiding and potentially training volunteers and staff who will support digitally vulnerable residents in rural areas. To what extent was this goal achieved?
Participants generally felt the training raised awareness of key aspects of the topic and provided a good refresher on health and digital tools. Many found it useful as a starting point for guiding volunteers, offering practical insights for themselves and colleagues. Some noted that while the content was solid, the training lacked a strong focus on facilitation skills—how to apply the knowledge with participants. Others mentioned that its relevance depended on their specific work context, such as in libraries, where volunteers don't visit people at home.

The training encouraged further reflection on implementation, with some participants feeling well-prepared but acknowledging that real-world practice will be the true test. The emphasis on Positive Health and understanding the motivation behind digital skills development was seen as valuable. While the training provided useful tools, the next step is figuring out how best to apply them in practice.

What additional feedback (tips, compliments, suggestions for improvement) would you like to give us?
Overall, participants appreciated the training and the effort put into its development. Many found it valuable, especially as a first step in introducing these concepts. Some suggested that future sessions should focus on making the content more engaging through interactive methods and train-the-trainer elements, which could enhance its impact.
There was positive feedback on the diverse and supportive group dynamic, making discussions open and comfortable. Some participants, particularly those with more experience, found parts of the training too basic and would have preferred deeper insights into certain topics.

A key takeaway was the need to tailor the training to fit within the busy schedules of different organizations and highlight its added value more clearly. There is interest in continuing the initiative through student groups or collaborating organizations like Stjoer, Sûnenz, and libraries.

Additionally, participants emphasized the importance of distinguishing between supporting digital skills development and guiding users in eHealth applications, as the latter often presents greater challenges. Some expressed interest in sharing the training materials via

their platforms and further discussing the content, particularly around effective communication strategies.

The trainers were praised for their interactive approach and engagement. Despite some room for improvement, the session was well received, and participants enjoyed the experience.

5. EVALUATION OF INTERVENTIONS

The following sections presents the findings of the evaluation surveys sent to the volunteers as well as a few interviews made with citizens who have been in contact with the volunteers. The findings are presented case wise to allow for the complexity of context to be addressed in each intervention. Some case countries have had difficulties in the intervention and organisation of following through with the implementation after the workshops which has impacted the amount of data available.

5.1. DENMARK

Context.
In Denmark, the REACT project was implemented through municipalities, each adapting the approach to local conditions. A unique feature of the Danish case is the large size of its municipalities, which are responsible for elderly care, health promotion, and rehabilitation. Unfortunately, organizational issues on the municipal administrative level and in the implementation chain between the professionals and volunteers, only one of the municipalities in the program were able to implement the REACT project in the pilot project period. As such only a few volunteers were able to answer the survey, and the responses reflect only a single place of intervention.

In the survey, 3 responded: all females, with a mean age of 71.

MOTIVATIONS AND PRIOR EXPERIENCE

Looking at what motivates participants to volunteer as eHealth facilitators (table 5.1.), the strongest drivers are the *desire to support the local community* and an *interest in digital health*. All respondents agreed that volunteering gives them the *opportunity to learn new skills*, underlining the role of personal development as an important factor. Social interaction with vulnerable and older citizens was also highlighted, with one-third strongly agreeing and two-thirds agreeing. Fewer participants were motivated by the fact that the work aligns with their current or previous job, and a small share neither agreed nor disagreed with this statement.

Table 5.1.

What motivates you to volunteer as an eHealth facilitator?	Desire to support my local community	Interest in digital health	Opportunity to learn new skills	Social interaction with vulnerable and older citizens	It aligns with my work/previous work
	Percent	Percent	Percent	Percent	Percent
Strongly agree	0,0%	0,0%	0,0%	33,3%	0,0%
Agree	66,7%	100,0%	100,0%	66,7%	33,3%

Neither agree nor disagree	33,3%	0,0%	0,0%	0,0%	33,3%
Disagree	0,0%	0,0%	0,0%	0,0%	33,3%
Strongly disagree	0,0%	0,0%	0,0%	0,0%	0,0%

Looking at the level of experience (table 5.2.), most participants report having *moderate experience* both with providing IT help and with using digital tools, platforms, and apps in the fields of health, social, or elderly care. One-third state they have *a lot of experience* with providing IT help. In relation to digital tools for care, one-third indicate they have *some experience*.

Table 5.2.

	How much volunteering experience do you have with providing IT help?	How much experience do you have with digital tools, platforms, and apps commonly used in health care, social care or elderly care?
	Percent	Percent
A lot of experience	33,3%	0,0%
Extensive experience	0,0%	0,0%
Moderate experience	66,7%	66,7%
Some experience	0,0%	33,3%
Very little experience	0,0%	0,0%

TRAINING EQUIPPING AND CHALLENGES WITH CITIZENS

Regarding how well-prepared participants felt for the role as volunteer eHealth facilitator after the training/workshop (table 5.3.), two-thirds stated that they felt *well prepared*, while one-third reported feeling only *moderately prepared*.

Table 5.3.

	How well prepared did you feel for the role as volunteer eHealth facilitator after the training/workshop?
	Percent
Not prepared at all	0,0%
Less well prepared	0,0%
Moderately prepared	33,3
Well prepared	66,7
Very well prepared	0,0%

Table 5.4.

Which parts of the training/workshop were most useful to you? (choose one or more answers)	The practical exercises	The technical information about eHealth platforms	The technical information about eHealth apps	The information about communication with vulnerable citizens
	Percent	Percent	Percent	Percent
No	33,3%	66,7%	66,7%	66,7%
Yes	66,7%	33,3%	33,3%	33,3%

Evaluating which parts were most useful (table 5.4.), the *practical exercises* were rated highest, with two-thirds of participants finding them valuable. In contrast, only one-third highlighted the *technical information about eHealth platforms*, *eHealth apps*, and *communication with vulnerable citizens* as useful. This indicates that hands-on practice was the most appreciated part of the training, while the more technical or communication-focused content was seen as less relevant or applicable by most participants. Overall, the responses suggest that participants benefit most from active, practice-oriented learning.

Looking at the challenges experienced when supporting digitally challenged citizens (table 5.5.), the most prevailing one is clearly the *citizens' lack of technical understanding*, which all participants reported as a difficulty. Two-thirds also pointed to *handling citizens' feeling of helplessness* as a challenge. In contrast, none of the respondents indicated *language or cultural barriers*, *lack of time*, or *lack of resources* as problematic. Overall, the results highlight that the main barriers are not external factors, but rather the citizens' own skills and emotional responses, which place high demands on patience and supportive communication from the volunteers.

Table 5.5.

What challenges do you experience when supporting citizens who are digitally challenged? (choose one or more answers)	Language or cultural barriers	Citizens' lack of technical understanding	Lack of time	Lack of resources	Handling citizens' feeling of helplessness
	Percent	Percent	Percent	Percent	Percent
No	100,0%	0,0%	100,0%	100,0%	33,3%
Yes	0,0%	100,0%	0,0%	0,0%	66,7%

POSITIVE OUTCOMES AND BENEFITS OF THE PROGRAM

When asked about positive changes observed in citizens after support with digital challenges (table 5.6.), all participants reported *better use of digital health apps*. None, however, indicated improvements in *use of digital health solutions*, *understanding of their health condition*, or *trust in the healthcare system*. Likewise, no one stated that *no positive changes had been observed*. This suggests that the main impact of the support so far has been practical—helping citizens navigate and make use of health-related apps—while broader changes in understanding or trust have not yet been perceived.

Table 5.6.

What positive changes have you observed in the citizens you have supported with their digital challenges? (choose one or more answers)	Better use of digital health solutions	Better use of digital health apps	Greater understanding of their health condition	More trust in the healthcare system	No positive changes have been observed
	Percent	Percent	Percent	Percent	Percent
No	100,0%	0,0%	100,0%	100,0%	100,0%
Yes	0,0%	100,0%	0,0%	0,0%	0,0%

Table 5.7.

What do you think is the greatest benefit of your role as an eHealth facilitator? (choose one or more answers)	Reducing digital exclusion	Improving access to health services	Empowering digitally challenged and older citizens	Creating a more cohesive local community
	Percent	Percent	Percent	Percent
No	0,0%	66,7%	33,3%	100,0%
Yes	100,0%	33,3%	66,7%	0,0%

When asked about the greatest benefit of their role as eHealth facilitators (table 5.7.), all participants highlighted *reducing digital exclusion* as the key contribution. Two-thirds also pointed to *empowering digitally challenged and older citizens*, while one-third mentioned *improving access to health services*. None identified *creating a more cohesive local community* as a benefit. These results suggest that volunteers primarily see their impact in reducing inequalities and directly supporting citizens in becoming more confident and independent in the digital health sphere.

In the free-text responses, participants emphasized both the *citizens' motivation* and their *growing capacity for self-help*. One noted that citizens demonstrated a *good understanding and interest*, alongside a greater tendency toward self-reliance. Another highlighted the *strong interest shown by citizens* themselves.

RECOMMENDATIONS FOR FUTURE TRAINING AND RESOURCES

Table 5.8.

What additional resources would help you support citizens in developing their digital skills? (choose one or more answers)	Printed manuals or guides	Access to a technical support line	Training sessions focused on specific tools
	Percent	Percent	Percent
No	100,0%	33,3%	33,3%
Yes	0,0%	66,7%	66,7%

When asked about additional resources that would help them support citizens in developing their digital skills (table 5.8.), two-thirds of participants indicated a need for *access to a technical support line* and for *training sessions focused on specific tools*. However,

a technical support line is already in place as the volunteer organization have been involved in IT-help services for a longer period prior to the involvement of the REACT project.

In response to how they imagine eHealth facilitators will impact society in the long term, participants from Denmark emphasized *enhancing social contact and understanding through personal interaction*. One noted that facilitators could *lift society* by fostering more connections, while another highlighted the *increased need for help among older citizens*, paired with opportunities for personal contact. The third response described the need for continued ongoing local initiatives. Overall, the reflections suggest that volunteers see their role as contributing both to digital inclusion and to stronger social engagement within the community over time.

INTERVIEWS WITH CITIZENS

The REACT project has had a significant positive impact on the digital inclusion and everyday life of Informant 1, a 75-year-old pensioner with a background in hospitality and home care. Through the support provided by volunteers from DanAge, the informant has gained access to and confidence in using a range of digital health services and apps. The REACT project has in this case been embedded in DanAge's IT cafés which volunteers provided.

Initially, the informant sought help with transitioning from NemID to MitID, a process that was made easier thanks to DanAge's assistance. This marked the beginning of a broader engagement with digital tools, including apps such as MinSundhed, Min Læge, Mit Sygehus, and the digital sundhedskort. These tools have enabled the informant to access medical records, book appointments, view lab results, and even participate in video consultations—particularly valuable during his husband's illness.

The informant emphasized that prior to receiving help, she relied on traditional methods like phone calls to contact his doctor. The introduction to apps came through the REACT sessions, where volunteers demonstrated their use and benefits. She described the experience as empowering, noting that he now feels more competent and motivated to explore digital solutions.

A key strength of the REACT initiative in this case, according to the informant, is the combination of technical support and social interaction. The regular meetings every 14 days not only provide help with apps and devices but also foster a sense of community and shared learning. The informant values the informal setting, the opportunity to ask questions without pressure, and the welcoming atmosphere, including coffee and conversation.

Importantly, the informant expressed increased digital confidence and a reduction in anxiety about making mistakes online. She acknowledged the risks of digital fraud but felt reassured by the guidance and trustworthiness of the volunteers. She has recommended the service to others and continues to attend sessions to stay updated and solve new challenges, such as app updates or changes to payment systems like Rejsekort.

In summary, the REACT project has successfully supported Informant 1 in navigating digital health services, enhancing his autonomy, and improving his quality of life. The combination of practical help, peer learning, and social engagement appears to be a crucial factor in the project's effectiveness.

5.2. FRANCE

Context.
In France, the REACT project was coordinated by the Health Systemic Process Research Unit at Université Claude Bernard Lyon 1 and integrated into the national Service Sanitaire program—a mandatory six-week health promotion module for healthcare students. This integration ensured strong institutional support and access to student volunteers. The project was implemented across three universities: Université de Lorraine (Nancy), Université Jean Monnet (Saint-Étienne), and Aix-Marseille Université, each focusing on different topics such as digital tools, digital literacy, and oral health. Activities targeted vulnerable groups and were carried out in schools, associations, and community spaces, with students mentored by university staff and healthcare professionals.

In the survey, 27 responded: 18 females and 9 males, with a mean age of 23.

MOTIVATIONS AND PRIOR EXPERIENCE

Asking the volunteers we find a various range of motivations for partaking in the program (table 5.9.). In the French case we find the highest degree of motivation related to a "Desire to support my local community" and "Social interaction with vulnerable and older citizens". Still highly motivated, but a little less, we find "Interest in digital health", "Opportunity to learn new skills" and "It aligns with my work/previous work". The last one is interesting as it is the only where some strongly disagree with its motivational factor. Asked whether other factors motivated free text answers show the opportunity for learning new skills in the healthcare sector related to future careers in medicine or nursing.

Table 5.9.

What motivates you to volunteer as an eHealth facilitator?	Desire to support my local community	Interest in digital health	Opportunity to learn new skills	Social interaction with vulnerable and older citizens	It aligns with my work/previous work
	Percent	Percent	Percent	Percent	Percent
Strongly agree	51,9%	33,3%	44,4%	59,3%	48,1%
Agree	37,0%	51,9%	40,7%	33,3%	29,6%
Neither agree nor disagree	11,1%	14,8%	14,8%	3,7%	14,8%

Disagree	0,0%	0,0%	0,0%	3,7%	0,0%
Strongly disagree	0,0%	0,0%	0,0%	0,0%	7,4%

In terms of previous experience the French case shows that 59% had been working with digitally challenged citizens in their work life before the program.
They have though lesser experience from volunteering with IT help and experience in general with the digital tools (table 5.10.).

Table 5.10.

	How much volunteering experience do you have with providing IT help?	How much experience do you have with digital tools, platforms, and apps commonly used in health care, social care or elderly care?
	Percent	Percent
A lot of experience	14,8	7,4
Extensive experience	7,4	18,5
Moderate experience	18,5	51,9
Some experience	29,6	18,5
Very little experience	29,6	3,7

TRAINING EQUIPPING AND CHALLENGES WITH CITIZENS

Overall, the training from the workshop has positively helped prepare the volunteers for the role as eHealth facilitators (table 5.11.), with 70,4 % feeling well prepared and 18,5% feeling very well prepared.

Table 5.11.

	How well prepared did you feel for the role as volunteer eHealth facilitator after the training/workshop?
	Percent
Not prepared at all	0
Less well prepared	0
Moderately prepared	11,1
Well prepared	70,4
Very well prepared	18,5

Table 5.12.

Which parts of the training/workshop were most useful to you? (choose one or more answers)	The practical exercises	The technical information about eHealth platforms	The technical information about eHealth apps	The information about communication with vulnerable citizens
	Percent	Percent	Percent	Percent
No	14,8%	70,4%	66,7%	40,7%
Yes	85,2%	29,6%	33,3%	59,3%

Evaluating which parts where most useful the practical exercises score highest, seconded by how to communicate with vulnerable citizens. Less useful where the technical information about eHealth apps and platforms (table 5.12.). In general, they were satisfied with topics covered by the workshop, though a few would have liked some learning on how to help citizens with cognitive impairment and learning through more role-playing exercises.

Looking at the different challenges (table 5.13.) the most prevailing one is the “Citizens' lack of technical understanding”. Half of the volunteers also mention “Handling citizens' feeling of helplessness” as challenging. And lesser challenges include “Language or cultural barriers”, “Lack of resources” and “Lack of time”. Asked if there were other challenges, they can be summed up to include the citizens resistance to change, and their trust issues and fear/concerns of cyber security.

Table 5.13.

What challenges do you experience when supporting citizens who are digitally challenged? (choose one or more answers)	Language or cultural barriers	Citizens' lack of technical understanding	Lack of time	Lack of resources	Handling citizens' feeling of helplessness
	Percent	Percent	Percent	Percent	Percent

No	70,4%	3,7%	85,2%	74,1%	48,1%
Yes	29,6%	96,3%	14,8%	25,9%	51,9%

POSITIVE OUTCOMES AND BENEFITS OF THE PROGRAM

The volunteers' support has had multiple positive impacts as observed by the volunteers (table 5.14.). Though the expected outcomes have only appeared around half the time.

Table 5.14.

What positive changes have you observed in the citizens you have supported with their digital challenges? (choose one or more answers)	Better use of digital health solutions	Better use of digital health apps	Greater understanding of their health condition	More trust in the healthcare system	No positive changes have been observed
	Percent	Percent	Percent	Percent	Percent
No	48,1%	44,4%	59,3%	55,6%	96,3%
Yes	51,9%	55,6%	40,7%	44,4%	3,7%

The positive examples the volunteers, as eHealth facilitators, highlight through text answers are mostly related to supporting elderly citizens in adopting digital health tools, resulting in increased autonomy and engagement in their healthcare. Examples include helping individuals schedule telemedicine appointments, access patient portals, and use apps for chronic condition monitoring. On positive effects is their improved ability to manage health independently but also strengthened social connections and reduced feelings of isolation. The facilitation has empowered citizens to take control of their health and, in some cases, even assist others in their communities.

All the volunteers rate their support, making "citizens [are] better able to handle their health needs/various health apps" after their support, positively. 22 percent says slightly better and 78 percent says much better or above.

While most agree (29,6% "yes, to a great extent" and 63% "yes, partially") that they have the impression that their "efforts as a facilitator have improved the citizens' access to health services/apps", only 7 percent says neither.

Table 5.15.

What do you think is the greatest benefit of your role as an eHealth facilitator? (choose one or more answers)	Reducing digital exclusion	Improving access to health services	Empowering digitally challenged and older citizens	Creating a more cohesive local community
	Percent	Percent	Percent	Percent
No	18,5%	7,4%	3,7%	77,8%
Yes	81,5%	92,6%	96,3%	22,2%

Ranking their perceived greatest benefits of their role as eHealth facilitators (table 5.15.), 96,3% agree that their role lead to Empowering digitally challenged and older citizens, 92,6% agree that their role lead to Improving access to health services, 81,5% agree that their role lead to Reducing digital exclusion, and scoring last is Creating a more cohesive local community, where only 22,2% agree. Free text answers suggests also that citizens feel more autonomy in their use of digital services.

The volunteers' positive examples of their work are many. This include seeing elderly citizens having experienced significant improvements in their ability to manage health digitally thanks to targeted eHealth facilitation. Individuals who previously struggled with or distrusted digital tools were guided in using patient portals, health apps, and online booking systems. As a result, many now independently schedule appointments, monitor chronic conditions, and access medical information online. These changes have not only enhanced their autonomy and confidence but also fostered stronger social connections, such as reconnecting with distant family members, reducing feelings of isolation and increasing overall well-being.

RECOMMENDATIONS FOR FUTURE TRAINING AND RESOURCES

Table 5.16.

What additional resources would help you support citizens in developing their digital skills? (choose one or more answers)	Printed manuals or guides	Access to a technical support line	Training sessions focused on specific tools
	Percent	Percent	Percent

No	25,9%	55,6%	37,0%
Yes	74,1%	44,4%	63,0%

Additional resources volunteers can see as potentially helpful (table 5.16.) are especially printed manuals and guides and training sessions focused on specific tools. Less requested are access to technical support line. Other suggestions for resources and support mentioned in the survey are live demonstrations from IT professionals to teach how to solve common tech problems.

Finally, the volunteers where asked about how they imagine eHealth facilitators will impact society in the long term. Here answers from the French case can be summed up as respondents consistently envision eHealth facilitators playing a vital role in improving public health by making healthcare more inclusive and accessible. By bridging the digital divide, facilitators are expected to empower vulnerable populations, particularly the elderly, to manage their health independently, reducing unnecessary hospital visits and improving care outcomes. This increased autonomy is seen as a way to lessen the burden on healthcare systems and staff. Additionally, many anticipate enhanced communication, stronger social ties, and a reduction in health inequalities, contributing to a more equitable and connected society.

INTERVIEWS WITH CITIZENS

For many older adults, the digitalization of healthcare has not been a smooth transition. Instead, it has introduced a new layer of complexity into their lives—one filled with unfamiliar terminology, confusing interfaces, and a growing sense of exclusion. The REACT project stepped in to meet this challenge, offering not just technical assistance, but a compassionate and human-centred approach to digital inclusion.

Across different regions and backgrounds, older participants shared a common turning point: a moment when digital barriers directly impacted their health or independence. Some missed medical appointments because they couldn't navigate platforms like Doctolib. Others struggled to open email links for teleconsultations or feared clicking on anything, worried it might be a scam or a virus. These experiences were often accompanied by feelings of helplessness, frustration, and even shame.

One participant described crying in front of her computer after failing to retrieve a password. Another waited in vain for a video consultation, not realizing she needed to click a link. These moments made it clear: something had to change.

Family members, though well-meaning, were often unavailable or explained things too quickly. Participants felt embarrassed to ask for help repeatedly and feared being a burden. For those without close relatives nearby, the isolation was even more profound. Many had simply given up trying, resigned to navigating healthcare the old-fashioned way—until that, too, became impossible.
The arrival of the REACT facilitators marked a turning point. Described as kind, patient, and respectful, these young volunteers didn't just teach—they listened. They asked what

participants wanted to learn, not what they should know. They avoided jargon, repeated instructions, and provided written guides that could be kept near the computer or phone.

Participants were encouraged to try things themselves, to ask questions without fear of judgment, and to learn at their own pace. This approach created a safe space where older adults could rebuild their confidence and begin to engage with digital tools on their own terms.

Newfound Autonomy
The impact was immediate and practical. Participants learned to: Book and manage medical appointments online, send photos and documents to healthcare providers, use WhatsApp to communicate with family, and access prescriptions and health records digitally.

Some even became informal digital helpers in their communities, sharing what they had learned with neighbours and fellow residents. One participant proudly described becoming the "digital referent" in his residence, helping others navigate apps and emails.

Beyond the technical gains, the REACT program fostered emotional resilience and social connection. Participants spoke of feeling "less old," "less alone," and "more equal." They reconnected with family members through digital communication, formed new friendships during sessions, and regained a sense of dignity—especially those caring for ill spouses.

The sessions often extended beyond learning, becoming moments of shared laughter, coffee, and conversation. For many, REACT was not just a training program—it was a community.

Despite the progress, participants acknowledged ongoing challenges. They worried about forgetting what they had learned, about app updates changing familiar interfaces, and about making mistakes in sensitive areas like banking or taxes.

The REACT project has shown that digital inclusion is not just about teaching people to use technology, it's about restoring confidence, autonomy, and connection. By meeting older adults where they are, listening to their needs, and respecting their pace, REACT has helped transform fear into curiosity, and isolation into empowerment.
As one participant put it: "They didn't treat us like outdated people. They valued us."

5.3. THE NETHERLANDS

Context.
As the digital support and assistance to residents in the Netherlands is mainly taken up by libraries, welfare organisations and local community initiatives, the participants, for the REACT workshops for professionals which the Dutch team organised, were university lecturers, library staff, coordinators of volunteer organizations, staff of health care and well-being institutions, social initiatives and professional volunteers from the Bloeizones

(Blue Zones). A Bloeizone is an area/a village where residents work together to create an environment where people can live longer in good health. The multiple REACT workshops for volunteers were arranged for relevant volunteers of the Bloeizones including: students, volunteers for libraries, and a group of volunteers from a professional social organization.

In the survey, 21 responded: 11 females, 9 males, and 1 preferred not to say, with a mean age of 46.

MOTIVATIONS AND PRIOR EXPERIENCE

The Dutch volunteers find motivation for volunteering in many different areas (table 5.17.). An interesting observation is that the options for disagreement and strongly disagreement is not used except for 4,8 % amounting to a single respondent who disagree with the motivation of alignment with work or previous work. As such we find the motivations which is most strongly agreed with, that social interaction with vulnerable and older citizens is the highest factor of motivation with desire to support local community coming in at second. Next, we find motivation through the opportunity to learn new skills, alignment with work or previous work and an interest in digital health. The free text answers fall into two categories: wanting to help others and finding purpose in helping, and those who see the program as an opportunity to learn more to expand the help they can provide.

Table 5.17.

What motivates you to volunteer as an eHealth facilitator?	Desire to support my local community	Interest in digital health	Opportunity to learn new skills	Social interaction with vulnerable and older citizens	It aligns with my work/previous work
	Percent	Percent	Percent	Percent	Percent
Strongly agree	61,9%	28,6%	42,9%	71,4%	38,1%
Agree	38,1%	52,4%	47,6%	23,8%	33,3%
Neither agree nor disagree	0,0%	19,0%	9,5%	4,8%	23,8%
Disagree	0,0%	0,0%	0,0%	0,0%	4,8%
Strongly disagree	0,0%	0,0%	0,0%	0,0%	0,0%

In terms of previous experience, the Dutch case shows that 42,9% of the volunteers had been working with digitally challenged citizens in their work life before the program.

The amount of experience in providing IT-help and general experience with digital tools etc used in healthcare, social care or elderly care, is not very high. Only 14,3% and 19% accordingly, answers they have a lot of experience in the aforementioned. Though majority have either moderate or some experience (table 5.18.).

Table 5.18.

	How much volunteering experience do you have with providing IT help?	How much experience do you have with digital tools, platforms, and apps commonly used in health care, social care or elderly care?
	Percent	Percent
A lot of experience	14,3	19,0
Extensive experience	0,0	0,0
Moderate experience	38,1	28,6
Some experience	33,3	38,1
Very little experience	14,3	14,3

TRAINING EQUIPPING AND CHALLENGES WITH CITIZENS

Overall, the training from the workshop has positively helped prepare the volunteers for the role as eHealth facilitators (table 5.19.), with 52,4% feeling well prepared and 4,8% feeling very well prepared. This should though be seen in the light of the 42,9% only feeling moderately prepared, indicating room for improvement for further workshops or training.

Table 5.19.

	How well prepared did you feel for the role as volunteer eHealth facilitator after the training/workshop?
	Percent
Not prepared at all	0
Less well prepared	0
Moderately prepared	42,9
Well prepared	52,4
Very well prepared	4,8

Table 5.20.

Which parts of the training/workshop were most useful to you? (choose one or more answers)	The practical exercises	The technical information about eHealth platforms	The technical information about eHealth apps	The information about communication with vulnerable citizens
	Percent	Percent	Percent	Percent
No	4,8%	85,7%	66,7%	14,3%

Yes	95,2%	14,3%	33,3%	85,7%

Evaluating which parts were most useful, the practical exercises score the highest (95,2%), followed closely by the information about communication with vulnerable citizens (85,7%). Less useful was the technical information about eHealth apps and especially about eHealth platforms (table 5.20.). In the free-text comments related to other useful parts of the workshop, several volunteers highlighted the communication-focused elements of the training as particularly valuable. This includes role-playing exercises, learning different communication styles, and discussions about setting boundaries as a volunteer. These aspects were seen as essential for effectively engaging with vulnerable citizens and maintaining personal well-being.

Others appreciated the interactive nature of the workshops, especially the opportunity to share experiences, discuss health topics, and explore the concept of Positive Health, which was considered highly relevant for working with the target group. The practical examples and peer interaction were also noted as enlightening and supportive.

Looking at the different challenges (table 5.21.), the most prevailing one is clearly the "Citizens' lack of technical understanding." Two-thirds of the volunteers also mention "Language or cultural barriers" as a challenge. Other difficulties include "Handling citizens' feeling of helplessness" and "Lack of time," while "Lack of resources" appears as less of an issue. Additional comments about challenges point to the difficulties of recognizing trustworthiness and security online, and the language barriers in migrant communities.

Table 5.21.

What challenges do you experience when supporting citizens who are digitally challenged? (choose one or more answers)	Language or cultural barriers	Citizens' lack of technical understanding	Lack of time	Lack of resources	Handling citizens' feeling of helplessness
	Percent	Percent	Percent	Percent	Percent
No	33,3%	4,8%	61,9%	81,0%	52,4%
Yes	66,7%	95,2%	38,1%	19,0%	47,6%

POSITIVE OUTCOMES AND BENEFITS OF THE PROGRAM

The volunteers report positive changes as result of their support to the citizens (table 5.22.). The majority have observed that their support have resulted in both better use of digital health solutions (71,4%) and digital health apps (90,5%), as well as resulted in greater understanding of the citizens heath conditions (61,9%). On the other hand, the

support does not seem to have resulted in more trust in the healthcare system as only 19% answer yes to that.

Table 5.22.

What positive changes have you observed in the citizens you have supported with their digital challenges? (choose one or more answers)	Better use of digital health solutions	Better use of digital health apps	Greater understanding of their health condition	More trust in the healthcare system	No positive changes have been observed
	Percent	Percent	Percent	Percent	Percent
No	28,6%	9,5%	38,1%	81,0%	100,0%
Yes	71,4%	90,5%	61,9%	19,0%	0,0%

Respondents also reported, by text answers in the survey, clear improvements in participants' self-confidence, digital curiosity, and willingness to try new things. Many individuals expressed greater self-awareness and a sense of empowerment after receiving support, particularly in navigating digital tools. The availability of guidance and encouragement helped participants feel more capable and motivated.

All the volunteers rate their support, making "citizens [are] better able to handle their health needs/various health apps" after their support, positively. 38,1 percent says slightly better and 61,9 percent says much better or above.
All volunteers further agree (28,6% "yes, to a great extent" and 71,4% "yes, partially") that they have the impression that their "efforts as a facilitator have improved the citizens' access to health services/apps.

Table 5.23.

What do you think is the greatest benefit of your role as an eHealth facilitator? (choose one or more answers)	Reducing digital exclusion	Improving access to health services	Empowering digitally challenged and older citizens	Creating a more cohesive local community
	Percent	Percent	Percent	Percent

No	47,6%	66,7%	23,8%	38,1%
Yes	52,4%	33,3%	76,2%	61,9%

Ranking their perceived greatest benefits of their role as eHealth facilitators (table 5.23.), 76,2% agree that their role lead to Empowering digitally challenged and older citizens, 61,9% agree that their role has been part of creating a more cohesive local community, and 52,4% agree that their role lead to Reducing digital exclusion. Improving access to health services is evaluated last, with only 33,3% who agree.

The volunteers, when describing other positive examples, consistently described their work as deeply rewarding, emphasizing the personal fulfilment gained from helping. Many noted the value of building relationships within their communities, often encountering the same individuals in everyday settings and witnessing their progress over time. Common examples included supporting older adults and migrants in gaining digital confidence, improving access to health information, and fostering independence. The gratitude expressed by those helped was frequently mentioned as a powerful motivator, reinforcing the social and emotional impact of eHealth facilitation.

RECOMMENDATIONS FOR FUTURE TRAINING AND RESOURCES

Table 5.24.

What additional resources would help you support citizens in developing their digital skills? (choose one or more answers)	Printed manuals or guides	Access to a technical support line	Training sessions focused on specific tools
	Percent	Percent	Percent
No	42,9%	66,7%	52,4%
Yes	57,1%	33,3%	47,6%

Additional resources volunteers can see as potentially helpful (table 5.24.) are printed manuals and guides and training sessions focused on specific tools. Less requested are access to technical support line. But in general, the need for these different resources are only thought of as helpful by around half the volunteers. Other suggestions for resources and support mentioned in the survey are refresher courses or moments where the volunteers come together to exchange experience and tips.

INTERVIEWS WITH CITIZENS

In the Netherlands, the REACT project has made a meaningful difference in the life of an older adult who, like many in her generation, had long felt excluded from the digital world. Her story reflects a broader experience shared by many: the quiet frustration of being left behind as society moves online, and the transformative power of patient, respectful support.

Before receiving help, digital technology felt foreign and intimidating. A basic mobile phone was enough—calling and texting were familiar, but anything beyond that felt overwhelming. A tablet sat unused, except for the occasional game. The internet, online banking, and apps were seen as risky and confusing. The fear of pressing the wrong button and losing money was real, and the process of creating accounts with passwords and codes felt insurmountable.

This sense of exclusion became painfully clear when she tried to buy a ferry ticket to Schiermonnikoog, a place filled with personal memories. The shift to online-only ticketing made her feel as though a cherished tradition was slipping away. The inability to complete the purchase left her sad and discouraged—ready to give up on the trip entirely. The support she received through REACT was described as calm, respectful, and empowering. Volunteers took their time, explained each step clearly, and never made her feel foolish. She was encouraged to ask questions, even ones she feared might seem "silly." This created a safe space where learning could happen at her own pace.

The breakthrough came when she successfully bought her ferry ticket online. It may have seemed like a small task, but for her, it was a major victory—proof that she could still do the things she loved, and that digital tools didn't have to be barriers.

Since then, her relationship with technology has changed. She now uses her tablet to look things up online and has upgraded to a simple smartphone with internet access. She tracks her daily steps with a friend, using a phone app, something she never imagined doing before. WhatsApp has become a way to stay in touch with family, and she's surprised by how easy it is to use.

She's also begun exploring digital health services. During a recent doctor's visit, she learned about accessing her medical dossier online. Though it felt overwhelming at first, she's open to trying it with support from a volunteer or medical assistant.

While she still finds digital tools a bit scary, her mindset has shifted. She now believes she can learn, and she's no longer afraid to ask for help. Her experience with REACT has shown her that age is not a barrier to learning—only a reason to approach it with patience and care.

She strongly recommends this kind of support to others, especially those who feel "too old" or "not smart enough" to engage with digital technology. With the right guidance, she believes anyone can learn—and that there are people out there who genuinely want to help.

5.4. PORTUGAL

Context.
In Portugal, the REACT project was implemented through a network of educators and professionals connected to various institutions. Retired and high school teachers from the Teachers' Social Solidarity Association, educational science technicians, and older adults from the Senior University were involved in the activities. Additionally, teacher-researchers working with nursing students at a Higher Health Education institution collaborated with a hospital to support the intervention.

In the survey 33 responded, 25 females and 8 males, with a mean age of 54.

MOTIVATIONS AND PRIOR EXPERIENCE

Asking the volunteers, we find a diverse range of motivations for participating in the program (table 5.25.). In this case, the strongest motivation is a "Desire to support my local community", with 87.9% strongly agreeing and 12.1% agreeing, showing near-universal support. Equally high levels of motivation are found in "Social interaction with vulnerable and older citizens" and "Interest in digital health", both with 81.8% strongly agreeing, though the latter has a slightly lower overall agreement due to 12.1% neutral responses.

The motivation "Opportunity to learn new skills" also ranks highly, with 63.6% strongly agreeing and 36.4% agreeing, indicating that all respondents found this aspect motivating to some degree. Interestingly, "It aligns with my work/previous work" shows more mixed responses: while 51.5% strongly agree and 18.2% agree, a notable 30.3% strongly disagree, making it the only category with significant disagreement. This suggests that while some volunteers see a direct connection to their professional background, others do not.

Table 5.25.

What motivates you to volunteer as an eHealth facilitator?	Desire to support my local community	Interest in digital health	Opportunity to learn new skills	Social interaction with vulnerable and older citizens	It aligns with my work/previous work
	Percent	Percent	Percent	Percent	Percent
Strongly agree	87,9%	81,8%	63,6%	81,8%	51,5%
Agree	12,1%	6,1%	36,4%	12,1%	18,2%
Neither agree nor disagree	0,0%	12,1%	0,0%	6,1%	0,0%
Disagree	0,0%	0,0%	0,0%	0,0%	0,0%

Strongly disagree	0,0%	0,0%	0,0%	0,0%	30,3%

In terms of previous experience, the Portuguese case shows that only 21,2% of the volunteers had been working with digitally challenged citizens in their work life before the program.

Table 5.26.

	How much volunteering experience do you have with providing IT help?	How much experience do you have with digital tools, platforms, and apps commonly used in health care, social care or elderly care?
	Percent	Percent
A lot of experience	18,2	24,2
Extensive experience	0	0
Moderate experience	57,6	0
Some experience	24,2	27,3
Very little experience	0	48,5

Looking at the volunteers' prior experience, we find a varied background in both IT support and familiarity with digital tools used in health and social care (table 5.26.). When asked about their experience providing IT help, the majority report moderate experience (57.6%), followed by some experience (24.2%), and a lot of experience (18.2%). Notably, none of the respondents indicated having either extensive or very little experience, suggesting a generally capable group with practical, if not expert, IT skills.

In contrast, when asked about their experience with digital tools, platforms, and apps commonly used in healthcare, social care, or elderly care, the responses show a wider spread. While 24.2% report having a lot of experience, and 27.3% some experience, nearly half of the respondents (48.5%) indicate very little experience in this area. This contrast suggests that while volunteers are generally comfortable with IT support tasks, many may be less familiar with the specific digital environments used in care settings. This could point to a need for targeted training or onboarding to ensure volunteers feel confident navigating the digital tools they'll encounter in their roles.

TRAINING EQUIPPING AND CHALLENGES WITH CITIZENS

Overall, the training from the workshop has positively helped prepare the volunteers for the role as eHealth facilitators (table 5.27.), with 57,4% feeling very well prepared and 27,3% feeling well prepared.

Table 5.27.

	How well prepared did you feel for the role as volunteer eHealth facilitator after the training/workshop?
	Percent
Not prepared at all	0

Less well prepared	0
Moderately prepared	15,2
Well prepared	27,3
Very well prepared	57,6

Table 5.28.

Which parts of the training/workshop were most useful to you? (choose one or more answers)	The practical exercises	The technical information about eHealth platforms	The technical information about eHealth apps	The information about communication with vulnerable citizens
	Percent	Percent	Percent	Percent
No	3,0%	48,5%	15,2%	33,3%
Yes	97,0%	51,5%	84,8%	66,7%

Feedback from the training workshops reveals which components were most valued by the volunteers (table 5.28.). The practical exercises stood out as the most useful, with 97.0% of respondents selecting them. This suggests that hands-on learning is particularly effective in preparing volunteers for their roles. The technical information about eHealth apps was also highly appreciated, with 84.8% finding it useful, followed by information about communication with vulnerable citizens (66.7%) and technical information about eHealth platforms (51.5%). Other challenges the respondents mentioned in free-text comments were related to ethical issues, topics on active aging, discussions of barriers and how to take care of oneself while volunteering.

When asked about the challenges they face in supporting digitally challenged citizens (table 5.29.), the most reported issue was citizens' lack of technical understanding, with 100% of volunteers identifying it as a challenge. This underscores the core difficulty of the facilitator role: bridging the digital divide. Other significant challenges include lack of resources (63.6%) and lack of time (12.1%), while handling citizens' feelings of helplessness was noted by 33.3%. Interestingly, language or cultural barriers were not reported as a challenge by any respondent, suggesting that in this context, communication is more hindered by digital literacy than by linguistic or cultural differences.

Asked if there were other challenges multiple respondents mentioned challenges with accessible tech, as lack of internet access or slow connections where an issue. Same with older phones not being able to install the health application the citizens need. As well as general digital literacy and memorization of procedures were a challenge for the group of elderly citizens.

Table 5.29.

What challenges do you experience when supporting citizens who are digitally challenged? (choose one or more answers)	Language or cultural barriers	Citizens' lack of technical understanding	Lack of time	Lack of resources	Handling citizens' feeling of helplessness
	Percent	Percent	Percent	Percent	Percent
No	100,0%	0,0%	87,9%	36,4%	66,7%
Yes	0,0%	100,0%	12,1%	63,6%	33,3%

POSITIVE OUTCOMES AND BENEFITS OF THE PROGRAM

Volunteers were also asked to reflect on the positive changes they observed in the citizens they supported (table 5.30.). The most frequently noted improvement was better use of digital health apps, with 100% of respondents reporting this outcome. This suggests that the support provided has had a tangible impact on citizens' ability to engage with app-based health services.

Other observed changes were less common. Only 18.2% of volunteers reported that citizens showed a greater understanding of their health condition, and 39.4% noted more trust in the healthcare system. Interestingly, none of the volunteers observed better use of digital health solutions more broadly, which may point to a distinction between app-specific improvements and broader digital engagement. Other mentions by comments were the changes to overall confidence and self-awareness of the citizens.

Table 5.30.

What positive changes have you observed in the citizens you have supported with their digital challenges? (choose one or more answers)	Better use of digital health solutions	Better use of digital health apps	Greater understanding of their health condition	More trust in the healthcare system	No positive changes have been observed
	Percent	Percent	Percent	Percent	Percent
No	100,0%	0,0%	81,8%	60,6%	97,0%

Yes	0,0%	100,0%	18,2%	39,4%	3,0%

Table 5.31.

What do you think is the greatest benefit of your role as an eHealth facilitator? (choose one or more answers)	Reducing digital exclusion	Improving access to health services	Empowering digitally challenged and older citizens	Creating a more cohesive local community
	Percent	Percent	Percent	Percent
No	0,0%	18,2%	18,2%	48,5%
Yes	100,0%	81,8%	81,8%	51,5%

Volunteers were also asked to reflect on what they perceive as the greatest benefits of their role as eHealth facilitators (table 5.31.). The most widely recognized benefit is reducing digital exclusion, with 100% of respondents identifying it as a key impact of their work. This aligns closely with the program's overarching goal of bridging the digital divide, especially among older and vulnerable citizens.

Other frequently mentioned benefits include improving access to health services and empowering digitally challenged and older citizens, both selected by 81.8% of volunteers. These responses suggest that facilitators see their role not only as technical support but also as a means of enhancing autonomy and inclusion in healthcare processes.

Interestingly, creating a more cohesive local community was acknowledged by 51.5%, while 48.5% did not see this as a direct benefit of their role. This may reflect differences in how volunteers perceive the social impact of their work, or it could indicate that community cohesion is seen as a secondary outcome compared to more immediate, individual-level benefits.

The positive examples the volunteers, as eHealth facilitators, highlighted in the open text answering regarding their work were under two key areas of impact: emotional well-being and physical activity. The "Empathy Bingo" activity was repeatedly praised for fostering empathy, sincerity, and group cohesion, creating a supportive and emotionally enriching environment. Additionally, seniors showed strong motivation and enjoyment in using apps with physical exercise such as digital games, especially in pairs or with family, which promoted both health and social engagement.

RECOMMENDATIONS FOR FUTURE TRAINING AND RESOURCES

Table 5.32.

What additional resources would help you support citizens in developing their digital skills? (choose one or more answers)	Printed manuals or guides	Access to a technical support line	Training sessions focused on specific tools
	Percent	Percent	Percent
No	51,5%	48,5%	48,5%
Yes	48,5%	51,5%	51,5%

Volunteers were asked what additional resources would be helpful (table 5.32.). The responses show a fairly even split across the three options, indicating diverse needs and preferences. Just over half of the respondents (51.5%) expressed a desire for access to a technical support line and training sessions focused on specific tools, suggesting that real-time assistance and targeted learning could significantly improve their effectiveness. Meanwhile, 48.5% of volunteers indicated that printed manuals or guides would be beneficial, though an equal proportion did not see them as necessary.

Finally, the volunteers where asked about how they imagine eHealth facilitators will impact society in the long term. Many volunteers from the Portuguese case envision the continuation and expansion of the REACT project, involving more volunteers and reaching additional senior centres and communities. This sustained effort is seen as a way to empower older citizens, enhance their quality of life, and foster intergenerational learning and solidarity.

Some responses also highlight a shift in future challenges: while current efforts focus on digital literacy, future facilitators may need to address risks associated with technology misuse, such as digital scams. Overall, the role is seen as contributing to a more cohesive and inclusive society, where older adults are better equipped to navigate digital health tools and maintain autonomy in an increasingly digital world.

INTERVIEWS WITH PROFESSIONALS

Two interviews were made with professionals in the Portuguese case focusing on their impression of the volunteers engagement and interaction with the citizens and the general REACT implementation. The professionals emphasized that volunteers' interactions with older citizens became one of the most transformative and rewarding dimensions of the REACT project. Volunteers discovered that their shared age, life experience, and familiarity with age-related challenges allowed them to connect with seniors in ways that professionals alone could not. As one professional noted, senior volunteers "*better understood the difficulties other seniors face*," which included issues such as poor eyesight,

limited dexterity, and fear of making mistakes on digital devices. This peer-to-peer understanding created trust from the outset, lowering seniors' anxieties about technology and making them more willing to engage.

Volunteers were also highly effective at making the learning process fun and socially meaningful. They introduced citizens to app-based games, step-counting tools, and simple health-promotion apps, often turning these into lively group activities. Professionals observed that volunteers and seniors "*had fun… teaching them how to use the apps with games*," helping build confidence through play rather than instruction alone. The use of Empathy Bingo, outdoor walks, and app-supported exercise sessions further created a relaxed and emotionally open atmosphere, enabling seniors to share personal experiences and strengthen social ties within the group.

A particularly strong theme in the professionals' accounts is the tangible change volunteers observed in citizens' engagement, well-being, and digital capability. Volunteers reported that older adults, many of whom initially believed they would be unable to use apps, began expressing pride in their new skills—saying, for example, "*It's not that difficult after all.*" Seniors continued using step-counting apps outside the sessions, monitored their physical activity, and even showcased their progress to volunteers. The professionals emphasized that volunteers presented "*evidence of change*," noting improvements in seniors' motivation, confidence, and willingness to experiment with digital tools. In cases with more limited resources, such as residential care facilities where few seniors owned smartphones, the volunteers adapted by streaming interactive games to a television so all could participate. This creativity ensured that activities remained inclusive and engaging.

Moreover, volunteers contributed to small but meaningful improvements in seniors' everyday digital practices. One expert highlighted a strategy volunteers taught seniors (such as labelling important contacts as A1, A2, etc.) which helped older adults navigate their phones more easily and reduced anxiety about making mistakes. These minor interventions, according to the professionals, carried significant emotional weight, offering seniors both practical support and reassurance.

Finally, the professionals observed that the volunteers themselves grew more confident through their interactions with citizens. Working directly with seniors helped volunteers feel "*capable of supporting seniors their own age*," reinforcing their sense of purpose and identity within the project. The reciprocal nature of these interactions — volunteers empowering seniors, and seniors validating volunteers' efforts — created a positive cycle that strengthened community bonds and enhanced the perceived value of the REACT model.

Overall, from the professionals' perspective, volunteers' experiences with citizens were characterized by empathy, creativity, mutual learning, and visible impact. Volunteers became catalysts for digital inclusion and social well-being, enabling older adults to develop new skills, build confidence, and participate more actively in their communities.

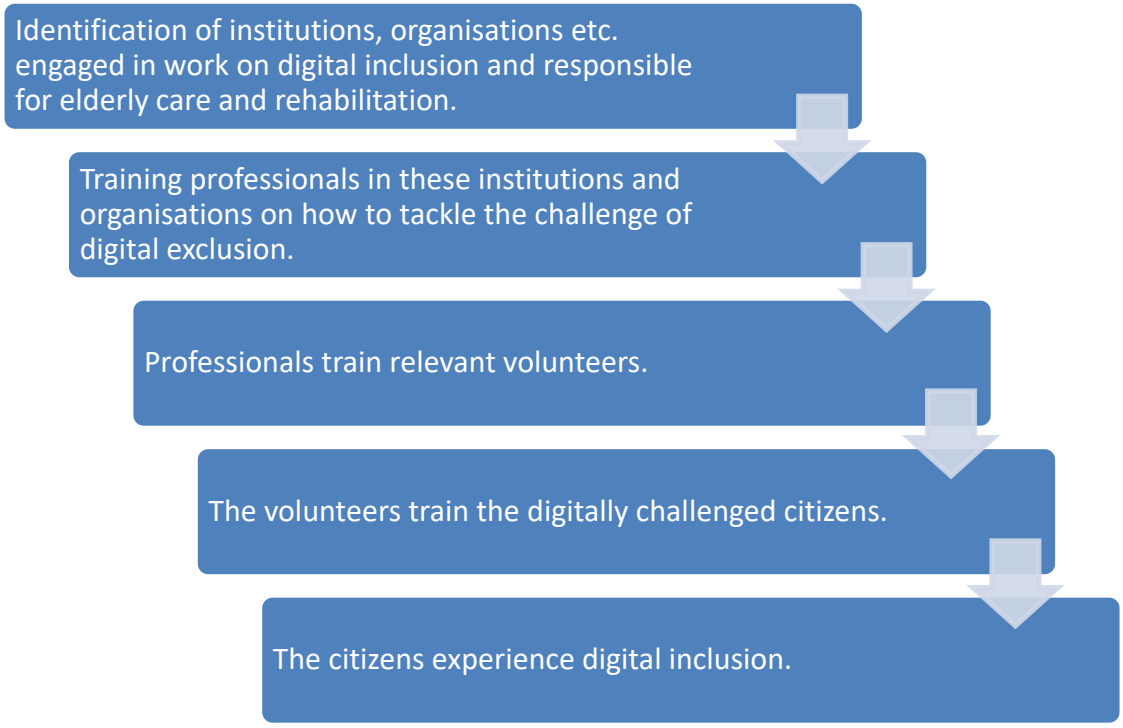
6. Conclusions

6.1. The success of the implementation

This report shows the evaluation of the REACT – Rural eHealth facilitators Erasmus+ project. In this final chapter we will summarize the results of the evaluation according to the program theory stated in chapter 2. This is followed by a short section on key lessons learned from each case and finally some concluding remarks on the general learnings and valuable discussion points, which are worth considering in future implementations of this project or similar projects focusing on this approach and digital inclusion.

The program theory stated that the intervention of training professionals to train volunteers to further assist digitally vulnerable people, would lead to an increase in digital inclusion of an otherwise demographic struggling with digital exclusion.

Figure 6.1.: The program theory:



Throughout the implementation, different surveys and interviews were conducted with the stakeholders to ensure that the evaluation of the project could be completed. The past chapters have each highlighted different aspects of the program theory from each of the four country cases. In terms of achieving the hoped contribution the project has succeeded. In the end, with the testimonies from the end-users, the citizens, and the volunteers who have seen the impact of the project on the digital capabilities of the citizens they have helped train, we find that this project indeed has worked as intended. The train-the-trainer approach ensured that the volunteers where able to support digitally challenged citizens providing them with means to become not just more secure in the technical skillset of using digital health services, but has helped these citizens become more comfortable in general with digital services, with testimonies also relating to digital security

and social media leading to an experience of digital inclusion rather than digital exclusion. It is also safe to conclude that the intervention of introducing the REACT Rural eHealth facilitator Erasmus+ project has been a contribution to reaching this level of success in increasing digital inclusion. While some of the case areas already had initiatives in place, either through professional or voluntary means, which worked toward the same goal, the interviews and survey responses show that the training program and tools have contributed to the desired outcome. As the professionals, after their initial training, throughout most of the case areas themselves have trained the volunteers without the further assistance of the associated partners, it is also safe to conclude that the longevity and sustainability of the project is of high possibility.

6.2. KEY LESSONS FROM EACH CASE

DENMARK

The utilization of existing voluntary organizations who already were involved in developing digital skills through events such as IT cafés has proved efficient for the implementation of the REACT project. In this way the volunteers became better equipped to tackle the issue of digital exclusion and the addition of a holistic health and well-being view which include digital literacy, resulted in a good approach to the assistance with eHealth applications and services. Another of the benefits of the co-production between public and civil society organizations, were the strengthened relationship between the organizations and the professionals from the municipal health care providers. Another key lesson from the Danish case is related to this very involvement of multiple partners. While strengthened relations are an added benefit, it does come with challenges. Throughout the project, challenges regarding the organization, communication and scheduling of the training sessions for the professionals, and the later training of volunteers, delayed the intervention considerably. This could in other places as well result in a potential slow process, if not secured by complete commitment by all involved.

FRANCE

In France a few challenges emerged during the course of the project. Apart from usual challenges of organizing and scheduling meetings for the training of the trainers, the French case utilized the Service Sanitare, a mandatory program for all health-related studies, such as doctors and nurses, to complete a time of voluntary health support of communities. The volunteers recruited to be part of REACT, were students of these programs. As such there were challenges in the student communication styles, as students were very much focused on a lecturing biomedical way of communicating health information. This was addressed with role-play and coaching, to develop a more reflexive and empathic posture, encouraging participants to develop reflexivity in terms of practice. And as the interviews and surveys reflect, the use of students brought multiple positive effects, as they themselves got more empathetic of this demographic, which also will reflect in their future positions in the formal health care system: from curative clinicians to prevention-oriented, health-promoting facilitators. Therefore, future training must stress empathy and posture as much as technical skills, which can be achieved through interactive pedagogy (role-plays, simulations, case studies). A generational gap was also bridged between the

volunteers and those who received help. Likewise, embedding the REACT activities in a national programme also guarantees reach and sustainability for the project in the future.

PORTUGAL

In the Portuguese case they had barriers not as noticeable present in the other case countries. In some of the areas involved in the project challenges, of low internet coverage and the cost of cell phones and computers, meant that the digital divide also include a physical barrier of essential accessibility of the means to use digital health applications. As the general level of digital accessibility was low other digital challenges had to be overcome as well. A fear of fraud when using the internet, as we heard in the interviews, also impacted the general trust in other digital services. A recommendation of the Portuguese team is therefore to also have in mind a simplification of public digital services and the option for accessibility and in-person alternatives, at least until the physical infrastructure is more general accessible.

Another key lesson related to the training, is that continuous support and training is necessary to keep the project sustainable, as the initial training and the lack of ongoing support led to frustration and forgetfulness.

Despite these challenges, the lessons learned in Portugal also counts positive experience. Both with the use of digital games to promote well-being in both volunteers and senior citizens, and the training which gave volunteers and trainers tools to discuss and implement a more holistic view on health and wellbeing, aiding the efforts of digital inclusion, by not just helping them access booking of hospital visits.

THE NETHERLANDS

What stood out in the Netherlands where the realisation of the importance of the simple tools used in the training. Using the concept of Positive Health in training helped the participants getting a broader view of health, with many participants realising for the first time how digital skills and eHealth access directly impact autonomy and social inclusion. Which encouraged the professionals to reflect differently on health and recognize how access to the digital world affects wellbeing. This translated well to the later training of the volunteers who realised that the starting point is important. The right app, not necessarily health related, could motivate someone to develop new digital skills and knowledge. A first app should match the specific needs and interests of the user. Then they gradually become more comfortable navigating other apps as well. So, by choosing the right app from the start, volunteers can help individuals gain confidence in using digital devices and digital eHealth offers. Often without them even realizing they are developing new skills.

As with the experience from the other countries, fear of fraud and cyber security had a bigger influence than first anticipated. A key suggestion for further development of the REACT project or similar interventions, is to add deeper insights into online safety (rec-

ognizing trustworthy apps and links) to the training program, to equip the volunteers better. Pairing this with more practical tips for reaching people in need of digital support, could help secure the sustainability further.

6.3. Conclusion

While an experience of digital inclusion, both in the sense of skills and comfort, of using digital health services was achieved in the REACT project, this report will conclude with a few closing remarks.

Context matters.
This has been a frequent observation throughout the project period when the project partners discussed the implementation. Each case had its own set of constrictions and opportunities due to the context of the nations' different arrangements of welfare provision, digital health services, and the organisation of volunteers. From the Dutch libraries to the Danish municipal service provision, to the Portuguese retired teachers, and not least to the involvement of French students as part of their curriculum. The implementation of the project only succeeded due the adaptive nature of the REACT core materials, which enabled it to be moulded to the shape of the context, in terms of the welfare state presence, the health services, the already available volunteer organisations, the locations, and not least the needs of the citizens.

Network and accountability.
These two are paramount in securing the outcomes, as multiple actors and levels are required to cooperate. In a train-the-trainer concept approach, multiple levels are present, such as professionals and volunteers, and dependent on the transfer of information, and succinct application. The project partners must commit on each level for the implementation to be successful and the breaking or postponement of initiating actions cannot just result in delays of the implementation but frustration of those who already committed and did their part. Securing accountability and trust between the right partners (network) are thus needed for successful results.

Tangible results.
They are not just important for the citizens but also for the volunteers. While the citizen-side have already been discussed and showed in this report, there are also signs of spillovers or tangible gains for the volunteers who participated. Throughout the questionnaires and interviews with the volunteers, there have been frequent mentions of other added benefits. For one they themselves have gained valuable understandings of digital health services as well as insights of how to better being able to help other citizens, not just in the capacity of health services. Another added benefit is the relationships between the citizens and volunteers. In Denmark where they were about the same age, the sessions were accompanied with coffee and people did not just come because someone needed help but for the fellowship enjoyed there. In France where the age difference could be measured in generations the relationship formed during the sessions added to an intergenerational understanding and sentiment for the others life, instead of the generational divides.

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8. APPENDICES

This chapter contains the surveys and interview guide used in the project. They are here provided in their English format, as each case partners translated and adapted to their national context (language and services).

8.1. REACT – GENERAL – QUANTITATIVE SURVEY TO EHEALTH FACILITATORS (VOLUNTEERS)

Survey among eHealth facilitators

This survey aims to collect experiences and results from the work as an eHealth facilitator. eHealth facilitators work as volunteers helping citizens navigate the digital challenges that can arise from using health solutions. The purpose of the survey is to document perspectives, assess the effectiveness of efforts, and identify opportunities for improvement. The questionnaire is divided into 7 sections and will take approximately 15-20 minutes to complete.

Thank you very much for your time.

What is your age?

_____

What is your gender?

(1) ❍ Female
(2) ❍ Male
(3) ❍ Other
(4) ❍ Prefer not to say

What motivates you to volunteer as an eHealth facilitator?

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Desire to support my local community	(1) ❍	(2) ❍	(3) ❍	(4) ❍	(5) ❍
Interest in digital health	(1) ❍	(2) ❍	(3) ❍	(4) ❍	(5) ❍
Opportunity to learn new skills	(1) ❍	(2) ❍	(3) ❍	(4) ❍	(5) ❍

Social interaction with vulnerable and older citizens	(1) ❍	(2) ❍	(3) ❍	(4) ❍	(5) ❍
It aligns with my work/previous work	(1) ❍	(2) ❍	(3) ❍	(4) ❍	(5) ❍
Other	(1) ❍	(2) ❍	(3) ❍	(4) ❍	(5) ❍

If you have answered that you have other motivations, please elaborate here.

_____
_____
_____
_____
_____
_____

How much volunteering experience do you have with providing IT help?
(1) ❍ Very little experience
(2) ❍ Some experience
(3) ❍ Moderate experience
(4) ❍ A lot of experience
(5) ❍ Extensive experience

Do you have previous experience working with digitally challenged citizens in your work life?
(1) ❍ Yes
(2) ❍ No

How much experience do you have with digital tools, platforms, and apps commonly used in health care, social care or elderly care?
(1) ❍ Very little experience
(2) ❍ Some experience
(3) ❍ Moderate experience
(4) ❍ A lot of experience
(5) ❍ Extensive experience

How long have you worked as a volunteer eHealth facilitator?
(1) ❍ Less than 1 months
(2) ❍ 1-3 months
(3) ❍ 4-6 months
(4) ❍ 7-9 months
(5) ❍ Longer than 9 months

What type of support do you most often provide to citizens as an eHealth facilitator? (choose one or more answers)

(1) ❑ Help with using digital health platforms
(2) ❑ Explanation of diagnoses or treatments
(3) ❑ Mediation between citizens and healthcare professionals
(4) ❑ Help with digital health apps
(5) ❑ Other

If you have answered that you provide other forms of support, please elaborate here.

_____
_____
_____
_____
_____
_____

How well prepared did you feel for the role as volunteer eHealth facilitator after the training/workshop?

(1) ❍ Very well prepared
(2) ❍ Well prepared
(3) ❍ Moderately prepared
(4) ❍ Less well prepared
(5) ❍ Not prepared at all

Which parts of the training/workshop were most useful to you? (choose one or more answers)

(1) ❑ The practical exercises
(2) ❑ The technical information about eHealth platforms
(3) ❑ The technical information about eHealth apps
(4) ❑ The information about communication with vulnerable citizens
(5) ❑ Other

If you answered that other parts of the training/workshop were most useful to you, please explain here.

_____
_____
_____
_____
_____
_____

What additional training/workshop topics would have been helpful?

(1) ❍ I was satisfied with the topics
(2) ❍ I would have liked other topics to be included

If you would have liked other topics to be included, please explain what topics here.

_____
_____

_____
_____
_____
_____

How often are you in direct contact with citizens who need digital/eHealth help?
(1) ❍ Every day
(2) ❍ Every week
(3) ❍ Every month
(4) ❍ Every half year
(5) ❍ Less frequently

Which digital health platforms/apps do you work with the most as an eHealth facilitator?

_____
_____
_____
_____
_____
_____

How would you rate the user-friendliness of the digital health platforms/apps you work with as an eHealth facilitator on a scale from 1-5? (where 1 means 'not user-friendly at all' and 5 means 'very user-friendly')
(1) ❍ 1
(2) ❍ 2
(3) ❍ 3
(4) ❍ 4
(5) ❍ 5

What challenges do you experience when supporting citizens who are digitally challenged? (choose one or more answers)
(1) ❑ Language or cultural barriers
(2) ❑ Citizens' lack of technical understanding
(3) ❑ Lack of time
(4) ❑ Lack of resources
(5) ❑ Handling citizens' feeling of helplessness
(6) ❑ Other

If you experience other challenges, please explain what they consist of here.

_____
_____
_____
_____
_____
_____

Can you mention a positive example from your work as an eHealth facilitator? If yes, please describe the example here.

_____
_____
_____
_____
_____
_____

How often do you feel that citizens are better able to handle their health needs/various health apps after your support?

(1) ❍ Not better at all
(2) ❍ Slightly better
(3) ❍ Neither better nor worse
(4) ❍ Much better
(5) ❍ Extremely better

Do you have the impression that your efforts as a facilitator have improved the citizens' access to health services/apps?

(1) ❍ Yes, to a great extent
(2) ❍ Yes, partially
(3) ❍ Neither
(4) ❍ No, only to a limited extent
(5) ❍ No, not at all

What positive changes have you observed in the citizens you have supported with their digital challenges? (choose one or more answers)

(1) ❑ Better use of digital health solutions
(2) ❑ Better use of digital health apps
(3) ❑ Greater understanding of their health condition
(4) ❑ More trust in the healthcare system
(6) ❑ No positive changes have been observed
(5) ❑ Other

If you have observed other changes, then please explain them here.

_____
_____
_____
_____
_____
_____

How satisfied are you overall with your role as an eHealth facilitator?

(1) ❍ Highly satisfied
(2) ❍ Somewhat satisfied
(3) ❍ Neither
(4) ❍ Somewhat dissatisfied
(5) ❍ Highly dissatisfied

What resources or support measures would make your work as an eHealth facilitator easier?

_____
_____
_____
_____
_____
_____

Please provide your suggestions on how the eHealth facilitator program (REACT) can be improved?

_____
_____
_____
_____
_____
_____

Which digital tools or technologies do you think are most important for citizens to receive help in using? (choose one or more answers)

(1) ❑ Video conferencing tools (e.g., Zoom, Skype)
(2) ❑ Health apps (e.g., medication reminders, symptom trackers)
(3) ❑ Online tools for appointment scheduling
(4) ❑ Other

If you have answered that other digital tools or technologies are most important, then please explain what tools and technologies you consider here.

_____
_____
_____
_____
_____
_____

How confident do you feel teaching others to use these digital tools?

(1) ❍ Very confident
(2) ❍ Confident
(3) ❍ Neither nor
(4) ❍ Less confident
(5) ❍ Not confident

Please explain your answer about your level of confidence here

_____

What additional resources would help you support citizens in developing their digital skills? (choose one or more answers)

(1) ❑ Printed manuals or guides

(2) ❑ Access to a technical support line
(3) ❑ Training sessions focused on specific tools
(4) ❑ Other

If you have answered that you need other additional resources, then please write what resources you think of here.

_____
_____
_____
_____
_____
_____

What do you think is the greatest benefit of your role as an eHealth facilitator? (choose one or more answers)
(1) ❑ Reducing digital exclusion
(2) ❑ Improving access to health services
(3) ❑ Empowering digitally challenged and older citizens
(4) ❑ Creating a more cohesive local community
(5) ❑ Other

If you have answered that other benefits are the greatest, then please explain what benefits you think of here.

_____
_____
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_____
_____
_____

How do you imagine eHealth facilitators will impact the society in the long term?

_____
_____
_____
_____
_____
_____

Is there anything else you would like to share with us?

_____
_____
_____
_____
_____
_____

Thank you very much for taking the time to complete this questionnaire.

Please click the button "Afslut". Your responses are a great help to us in reflecting on and improving the eHealth-facilitator program. We wish you a very good day and thank you for your time and commitment as an eHealth-facilitator.

Best regards, The REACT Team

8.2. REACT - GENERAL - QUALITATIVE INTERVIEW WITH THE TARGET GROUP (DIGITALLY VULNERABLE CITIZENS)

The following interview questions for digitally vulnerable citizens are **intentionally general** and should be adapted to the specific context of each country, by the respective participating countries.
Questions about the use of digital technologies before and after support from eHealth facilitators.

Before the support of eHealth facilitators		
Open questions	Possible-follow-up questions	Research topics and questions
1.Why did you turn to the eHealth facilitators?	Was there a specific moment or occasion that motivated you to seek support? Did you tried to overcome the challenges on your own before? If so, what didn't work? Did you hear about someone else's eHealth facilitators, or how did you become aware of the offer? What challenges or problems have led you to seek help? Were the problems more technical problems or uncertainties in using apps? Were there any concrete examples or situations that were particularly difficult for you? How did you try to deal with these challenges before?	Reasons for seeking support from eHealth facilitators What factors and personal reasons led individuals to turn to the eHealth facilitators for support in the use of digital technologies? Challenges and problems in the use of digital technologies What specific challenges or problems did individuals experience in the use of digital technologies that led them

	What was particularly important to you when using digital technologies or apps? Were there functions or applications that were particularly relevant to you? How did you decide which technologies or apps you would use in your daily life?	to seek support from the eHealth facilitators? Use of digital devices Which digital devices were most used before eHealth facilitators supported, and what specific functions or applications were tracked with them?
2.How did you generally feel about using digital technologies before receiving support?	Did you have more positive or negative feelings about digital technologies? Why? Were there specific technologies or apps that caused you more problems than others? Did you feel like you lacked the knowledge or support in your environment?	Experience with digital technologies How did individuals perceive their experiences with the use of digital technologies and apps before the support of eHealth facilitators and what significance did this use have in their everyday lives?
3.Did you have the feeling back then that digital technologies could help you in everyday life? Why (not)?	Do you think your insecurities have kept you from using digital technologies more? Were their areas in your daily life where you would have liked more support through technologies? Did you see digital technologies more as an opportunity or an obstacle at that time? Why? Were there specific situations in which you needed digital	Self-assessment of digital competencies before the intervention How did individuals assess their digital skills in using technologies before being supported by the REACT eHealth facilitators, and what factors influenced this self-perception? Challenges in the use of digital technologies (exclusion)

	technologies but didn't know how to use them? What did you do in such moments to solve the problem? Did such situations cause you stress or frustration? Was there someone in your environment you could ask for help?	What specific challenges did individuals experience in the use of digital technologies, especially regarding the use of apps for health and social services?

After the support of eHealth facilitators		
Open questions	Possible follow-up questions	Research questions
1.How was the overall process of receiving support in using digital technologies for you?	What did you particularly like about the process? Were there moments when you felt insecure or overwhelmed? Did you feel that the support was tailored to your individual needs? How did you feel about the communication with the eHealth facilitators?	Evaluation of the experience with the support received from the eHealth facilitators How can the participants' experience with the digital support of the REACT eHealth facilitators in dealing with digital technologies be evaluated?
2.What changed the most for you through the support?	Are there any concrete examples where you feel safer or more confident or independent today? Has anything in your everyday life improved through the use of digital technologies? Are there digital technology areas where you still wish for support? Did the support help you overcome challenges you had before?	Effectiveness, Improvement in the use of digital technologies To what extent has participation in the REACT program led to an improvement in participants' ability to use digital technologies? What concrete examples of these

	How do you think about digital technologies today compared to before? Do you have more confidence in digital technologies than before? Are there areas where you now like to use digital technologies that you used to avoid? What was the most important reason for your changed view on digital technologies? Are there still reservations or uncertainties you have?	changes can be identified? Influence of eHealth facilitator support on behaviour in relation to digital technologies How did the REACT project influence participants' attitudes and behaviours regarding the use of digital technologies?
3.What did you enjoy the most or find most helpful while receiving digital support?	Was there a particular method or moment that was especially effective for you? Did the personal contact with the eHealth-facilitators help you? If so, how? Was there anything that motivated you to continue? Was the learning process rather easy for you or were there moments that were challenging? Would you recommend the support offer to your friends and relatives? Why would you recommend the offer (or not)? Are there certain groups of people to whom you would particularly recommend support? What do you think your friends or relatives could learn from the support? Are there any aspects of the program that you would improve before recommending it to others?	Key factors of eHealth facilitators' support What specific aspects of the support provided by the REACT eHealth facilitators were experienced by the participants as particularly helpful or challenging? Optimization potentials of the intervention What optimization suggestions can be made for the further development of the REACT program in order to better tailor it to the individual needs of the participants?

		Long-term development of digital skills through eHealth facilitators support (Inclusion) To what extent have the participants developed their skills and understanding of digital eHealth technologies in the long term by supporting the REACT eHealth facilitators? Recommendation and multiplication effect How willing are the participants to recommend the support of the eHealth facilitators in the field of the use of digital health technologies to friends and family members?