



# FRAME Health Project

## Community Infodemic Management and Health Literacy Program (CIMP)



## Module 4 – Working with Vulnerable Communities and Migrants

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# Introduction

Working with vulnerable communities requires more than simply providing information. It requires understanding the real barriers people face when trying to access healthcare – including language, cultural differences, administrative complexity, and lack of trust.

This module focuses on how health literacy can be made **inclusive, practical, and accessible**, especially for migrants, low-income groups, and people who are often excluded from traditional communication channels. It combines real-life examples from **Italy and Bulgaria** with practical tools for professionals working in the field.

## Learning Objectives

- Build inclusive approaches to health literacy and digital participation amongst vulnerable adults
- Address linguistic, cultural, and digital barriers to health information
- Promote community resilience and intercultural dialogue

## Expected Outcomes

- Strengthened community cohesion and inclusion
- Increased capacity of organisations to reach and empower marginalised adults
- Creation of multilingual, culturally sensitive learning resources



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# 1. Understanding Vulnerability and Epistemic Injustice

Vulnerability is not only about economic conditions. It also relates to how people access, understand, and are included in knowledge systems. Across Europe, access to reliable health information is strongly influenced by education level, digital skills, language, income, and trust in institutions.

## 47%

### Limited Health Literacy

According to the European Health Literacy Survey (HLS-EU), almost half of Europeans have limited health literacy, meaning they may struggle to understand, evaluate, or use health information in everyday situations. The survey found that around 47% of respondents showed "limited health literacy" (problematic or inadequate levels). [https://pmc.ncbi.nlm.nih.gov/articles/PMC4668324/?utm\\_source=chatgpt.com](https://pmc.ncbi.nlm.nih.gov/articles/PMC4668324/?utm_source=chatgpt.com)

Vulnerable groups – including migrants, elderly people, low-income communities, and people with limited digital skills – are particularly exposed to misinformation and exclusion from healthcare systems.

Many vulnerable individuals experience what is called **epistemic injustice** – their experiences, doubts, or knowledge are not fully recognised or valued. This can happen when people feel ignored, misunderstood, or judged by institutions or healthcare professionals, reducing trust and increasing reliance on informal information sources.

## How Misinformation Affects Vulnerable Groups

### Low Institutional Trust

People with low trust in institutions may rely more on informal networks for health advice, increasing exposure to unverified information.

### Language Dependency

Migrants may depend on information in their own language, even if unreliable, when official materials are not available in accessible formats.

### Economic Barriers

Financial constraints can limit access to verified healthcare services, pushing people towards informal and potentially inaccurate sources.

**Example:** A migrant worker may rely on advice from a community WhatsApp group instead of consulting a doctor, especially if they are unsure about their rights or fear administrative consequences.

## European Context

Digital exclusion and misinformation are closely connected across Europe. According to Eurostat, only **56% of EU citizens** aged 16–74 had at least basic digital skills in 2023, meaning that almost half of the population may face difficulties critically evaluating online information or accessing digital health services.

<https://ec.europa.eu/eurostat/web/interactive-publications/digitalisation-2024>

The situation is particularly relevant for vulnerable groups such as elderly people, migrants, and people with lower educational levels, who are more exposed to misleading online content and less likely to verify sources.

The World Health Organization (WHO Europe) has also highlighted that vulnerable communities were **disproportionately affected by misinformation during the COVID-19 pandemic** because of language barriers, lower institutional trust, and reduced access to reliable communication channels.

## Migrants and Health Literacy: What the Evidence Shows

### Disproportionate COVID-19 Impact

ECDC (2021) found that some migrant groups were disproportionately represented in COVID-19 cases, hospitalisations and deaths, partly due to lower accessibility to public health messaging and language barriers. Strategies to reduce this gap must include culturally and linguistically tailored communication, co-designed with affected communities. (ECDC, June 2021)

### COVID-19 Health Literacy Gap

A 2022 study of 2,354 socioeconomically vulnerable migrants found a significant correlation between socioeconomic vulnerability and difficulty finding and understanding COVID-19 health information. The most vulnerable migrants also showed higher adherence to unscientific theses not part of official communication. (International Journal of Public Health, 2022)

### Social Gradient in Health Literacy

The WHO HLS19 survey (2019–2021), covering 17 European countries and 42,445 interviews, confirmed a clear social gradient in health literacy across all countries: financial deprivation, low social status, low education, and old age are the strongest predictors of limited health literacy. Immigration status was also identified as a social determinant in several countries. (WHO M-POHL, 2021)

## Country Context: Italy and Bulgaria



### Italy

In Italy, health literacy challenges are closely linked to ageing, education, and digital exclusion. Recent studies based on HLS19 data indicate that **more than half of adults in Italy** may experience limited health literacy, particularly among elderly people, low-income groups, and socially isolated communities. <https://www.mdpi.com/2254-9625/15/8/153>

Digital inequality also plays an important role. Elderly people are especially exposed to misinformation shared through Facebook, television, or WhatsApp groups.

<https://ec.europa.eu/eurostat/web/products-eurostat-news/w/wdn-20240429-1>

Migrants and temporary workers may face additional barriers related to language, bureaucracy, and lack of familiarity with the Italian healthcare system, increasing dependence on informal networks for advice and information.



Bulgaria faces important challenges related to both

health literacy and trust in institutions. Earlier European health literacy studies showed some of the **highest levels of limited health literacy** among participating countries, particularly among people experiencing financial difficulties, low education levels, or social exclusion.

Digital vulnerability is also significant. Eurostat data show that Bulgaria remains **below the EU average for basic digital skills**, increasing the risk of exposure to online misinformation.

<https://www.facebook.com/EurostatStatistics/posts/56-of-eu-people-have-basic-digital-skills-in-2023highestthe-netherlands-83finla/762863775882617/>

During the COVID-19 pandemic, Bulgaria also experienced high levels of vaccine hesitancy and distrust towards official communication, demonstrating how low institutional trust and digital vulnerability can directly affect public health behaviours.

## 2. Cultural Mediation and Trust Building

Effective communication in healthcare is not only about language—it is also about trust, cultural understanding, and the ability to make people feel safe and understood. This is particularly important when working with migrants, refugees, ethnic minorities, or socially marginalised communities, who may face barriers not only in accessing healthcare, but also in understanding how healthcare systems function.

In this context, *cultural mediators* play an important role. Cultural mediators are professionals or trained community workers who help bridge the gap between healthcare institutions and vulnerable communities. Their role goes beyond translation: they help explain cultural differences, healthcare procedures, rights, and expectations in ways that are understandable and respectful for both patients and professionals.

**In practice, mediators may support people by:**



### Language Support

Explaining medical procedures in the patient's native language



### Administrative Help

Helping patients understand administrative requirements and paperwork



### Cultural Sensitivity

Assisting healthcare professionals in understanding cultural or religious sensitivities



### Reducing Fear

Reducing fear, mistrust, or misunderstandings during medical visits

**Example:** A migrant patient may avoid visiting a doctor because they fear costs, deportation, or discrimination. A mediator can explain what services are available, what rights the patient has, and how the healthcare system works.

## The Role of Mediators: Italy and Bulgaria



In **Italy**, cultural mediation has become increasingly

important due to migration flows and the diversity of communities accessing the healthcare system. Mediators often work in hospitals, local health authorities (ASL), reception centres, and NGOs.

They are particularly active in areas such as:

- Maternal and child healthcare
- Vaccination campaigns
- Mental health support
- Emergency care access

During the COVID-19 pandemic, several Italian regions used multilingual mediators and community associations to explain prevention measures and vaccination procedures to migrant communities.

(Source: Italian Ministry of Health – intercultural mediation and migrant health

<https://www.salute.gov.it> )

### Why Trust Matters

Many vulnerable individuals have previous experiences of exclusion, discrimination, or administrative difficulties. Trust is therefore built through respectful communication, listening without judgement, cultural awareness, and clear and understandable information. Without trust, even accurate health information may fail to reach the people who need it most.



In **Bulgaria**, healthcare mediation has been strongly

associated with work in vulnerable and marginalised communities, particularly Roma communities and migrants. One important example is the development of *health mediators* working at community level to improve communication between institutions and vulnerable groups.

Health mediators in Bulgaria often help with:

- explaining preventive healthcare services
- supporting vaccination campaigns
- helping people register with general practitioners
- improving trust between communities and institutions

Bulgaria has developed a **national model for health mediators**, especially within Roma communities, which has been recognised internationally as a good practice for reducing health inequalities.

(Source: National Network of Health Mediators – Bulgaria

<https://www.zdravenmediator.net> )

## Practical Tips for Mediators

Working with vulnerable communities requires patience, empathy, and the ability to create trust over time. Cultural mediators often work in situations where people may already feel anxious, excluded, or mistrustful towards institutions. For this reason, communication style is just as important as the information itself.

One of the most important principles is to use **simple, respectful, and non-technical language**. Medical terminology that may seem normal for healthcare professionals can be confusing or intimidating for people with limited health literacy or limited language skills.

### 1 Use Simple, Respectful Language

Avoid medical terminology that may be confusing or intimidating. Instead of "preventive screening for cardiovascular risk factors," say: *"We would like to check your blood pressure and heart health to prevent future problems."*

### 2 Avoid Assumptions

Not all people from the same country or community share the same experiences, values, or understanding of healthcare. Ask open questions: *"Have you ever received this type of medical care before?"* or *"Do you have any concerns about this treatment?"*

### 3 Build Relationships Gradually

Trust is rarely created in a single interaction, especially when people have experienced discrimination or negative experiences with institutions in the past.

- ✔ In many communities, mediators become trusted figures because they speak the language of the community, understand cultural sensitivities, explain systems in practical ways, and provide continuity and human contact.

## Doctors and Communication – A Real Issue

Communication problems between doctors and patients are common across Europe and are not always caused by lack of medical competence. Very often, they are linked to structural and communication challenges such as:


Limited Consultation Time

Highly Technical Language

Stress and Workload

Lack of Communication Training

Cultural and Language Barriers

 **Example:** A doctor may explain a diagnosis correctly from a medical perspective, but the patient may leave the appointment without fully understanding what the problem is, what treatment to follow, when to return, or why the treatment is important.

This issue becomes even more serious in multicultural contexts, where patients may have different understandings of illness, prevention, gender roles, or authority figures.

## Why Communication Training Matters

Across Europe, there is growing recognition that communication should be considered a **core healthcare skill**, not only a "soft skill." Poor communication can lead to misunderstanding of treatments, reduced adherence to medication, fear or mistrust, delayed care, and increased exposure to misinformation.

For this reason, many experts advocate for stronger and sometimes mandatory training in patient-centred communication, intercultural communication, health literacy awareness, and communication with vulnerable groups. The European Commission and WHO Europe have repeatedly highlighted the importance of patient-centred and culturally sensitive healthcare communication as part of inclusive healthcare systems.

# 3. Prevention and Health Monitoring

One of the biggest challenges identified by partners is the **lack of a strong preventive health culture**. In many communities, people tend to seek medical help only when symptoms become serious or difficult to manage. This is particularly common among vulnerable groups, people with low health literacy, migrants, and individuals facing economic difficulties or mistrust towards institutions.

Prevention plays a fundamental role in protecting both individual and public health. Preventive healthcare helps detect diseases early, reduces long-term healthcare costs, improves quality of life, and increases the chances of successful treatment.

## What Regular Prevention and Screening Can Detect

Preventive care is not only about avoiding illness – it is also about monitoring health regularly and identifying risks before they become emergencies.



### Cardiovascular Diseases

Early detection of heart conditions and blood pressure issues



### Diabetes

Blood sugar monitoring to identify pre-diabetic conditions



### Cancers

Screening programmes for breast, cervical, and colorectal cancers



### Chronic Illnesses

Identifying chronic conditions before they become emergencies

📌 **Reality check:** Many people only visit doctors when pain or symptoms become severe, even when free preventive services are available. This is often linked to lack of information, fear of diagnosis, economic barriers, low trust in healthcare systems, or difficulty navigating services.

## Preventive Healthcare in Italy

Italy's **Servizio Sanitario Nazionale (SSN)** provides several preventive services free of charge or partially covered, especially through national and regional screening programmes.

Programme	Target Group	Service	Frequency
Breast Cancer Screening	Women aged ~50-69	Mammography (free via SSN)	Every 2 years
Cervical Cancer Screening	Women aged ~25-64	Pap test or HPV test (free via SSN)	Every 3-5 years
Colorectal Cancer Screening	Men and women aged ~50-69	Fecal occult blood test + colonoscopy if needed (free via SSN)	As recommended

# Preventive Healthcare in Italy

## Free Screening Programmes

### Vaccination Programmes

Italy provides free vaccination programmes for children, elderly people, and vulnerable groups, including:

- Childhood vaccinations
- Flu vaccines for elderly people and high-risk groups
- HPV vaccination for adolescents

### General Preventive Checks

Depending on age, region, or medical condition, people may also access:

- Blood pressure monitoring
- Blood tests and diabetes screening
- ECG
- Prenatal and maternal healthcare

### Useful reference:

Italian Ministry of Health – Prevention and screening programmes

<https://www.salute.gov.it>

# Preventive Healthcare in Bulgaria

In Bulgaria, preventive healthcare is linked to the **National Health Insurance Fund (NHIF)**. People **who are health insured have access to annual preventive examinations** and some screening services.

### Annual Preventive Examination

Available to all insured adults. Includes:

- General physical examination
- Blood pressure check
- BMI evaluation
- Basic laboratory tests (depending on age and risk factors)

**Cost:** Covered by health insurance

### Women's Preventive Care

- Gynaecological exams
- Cervical cancer screening
- Pregnancy monitoring

### Vaccination Programmes

Mandatory childhood vaccinations are provided free of charge under the national immunisation programme.

### Preventive Tests and Screenings

Depending on age and gender, insured individuals may receive referrals for:

- Blood tests and urine tests
- ECG
- Mammography
- Gynaecological examinations
- Prostate examinations

**Challenges in Bulgaria:** Despite the existence of preventive programmes, participation rates remain lower than the EU average in some areas. Economic difficulties, distrust towards institutions, and limited health literacy can discourage people from attending regular preventive examinations.

Useful references:

National Health Insurance Fund (Bulgaria)

<https://www.nhif.bg>

Bulgarian Ministry of Health

<https://www.mh.government.bg>

## Health Monitoring and everyday prevention

Prevention is not limited to formal screening programmes. Simple everyday actions can help identify problems before they become severe:

- Checking blood pressure regularly
- Monitoring blood sugar
- Regular blood tests
- Discussing symptoms early with doctors

# 4. Blood Donation as a Health Literacy Practice

Blood donation is not only a medical act that helps save lives – it is also an important example of **prevention, solidarity, and active participation** in public health systems. Donating blood can encourage people to monitor their health more regularly and engage more confidently with healthcare services.

Across Europe, blood donation systems depend heavily on voluntary donors. According to the World Health Organization (WHO), regular blood donation is essential for surgeries, emergency care, cancer treatments, chronic diseases, and maternal healthcare.

## Why Blood Donation Is Important

### Saves Lives

Supports hospitals, emergency services, cancer treatments, and maternal healthcare

### Promotes Solidarity

Encourages civic participation and community engagement in public health

### Encourages Monitoring

Promotes regular health checks and increases contact with healthcare systems

### Supports Vulnerable Groups

For many, donation may be one of the few moments of regular health monitoring

For many people, especially vulnerable groups or individuals who rarely access preventive healthcare, blood donation may become one of the few moments when they receive regular health checks.

## How Blood Donation Works in Italy

Italy has one of the strongest voluntary blood donation systems in Europe, largely coordinated through the **Servizio Sanitario Nazionale (SSN)** together with organisations such as **AVIS** (Associazione Volontari Italiani Sangue). Blood donation in Italy is voluntary, anonymous, and unpaid.

### Before Each Donation

- Medical interview
- Blood pressure check
- Haemoglobin control
- Evaluation of general health conditions

### After Donation – Tests Provided

- Blood count analysis
- Cholesterol and glucose
- Iron levels
- Liver function
- Infectious diseases (HIV, hepatitis, syphilis, etc.)

Donors usually receive these results for free through online portals, apps, or local donation centres.

- ✔ **Why this matters for health literacy:** Many people discover iron deficiencies, high cholesterol, abnormal glucose levels, or early health problems through regular donation monitoring – even when they do not usually visit doctors. For vulnerable individuals or people with limited financial resources, blood donation may become a preventive health check, a way to monitor personal health, and an opportunity to interact positively with healthcare services.

## Blood Donation in Italy – Real Data

Italy has relatively high levels of voluntary blood donation compared to several European countries.

**1.67M**  
Annual Donors

Italians donate blood each year

**3M**

Annual Donations

Blood donations collected annually across Italy

The system is based almost entirely on **voluntary and non-remunerated donors**. (Source: Centro Nazionale Sangue - <https://www.centronazionale sangue.it> )

### ✔ Strengths of the Italian System

- Strong volunteer culture
- National donor associations (especially AVIS)
- High public trust in the donation system
- Integration with preventive healthcare

### ⚠ Weak Points and Challenges

- Ageing donor population
- Lower participation among younger generations
- Regional differences between North and South
- Seasonal shortages (especially summer periods)

Some vulnerable groups, migrants, or socially marginalised communities also participate less frequently because of lack of information, language barriers, or fear and mistrust of institutions.

## Blood Donation in Bulgaria

Blood donation in Bulgaria is organised mainly through the **National Centre for Transfusion Hematology** and regional blood centres. As in Italy, donation is voluntary and donors receive basic medical evaluation and laboratory testing before donation.

### Tests Before Donation Include

- Blood type
- Haemoglobin levels
- Infectious disease screening
- General eligibility checks

### Real Context

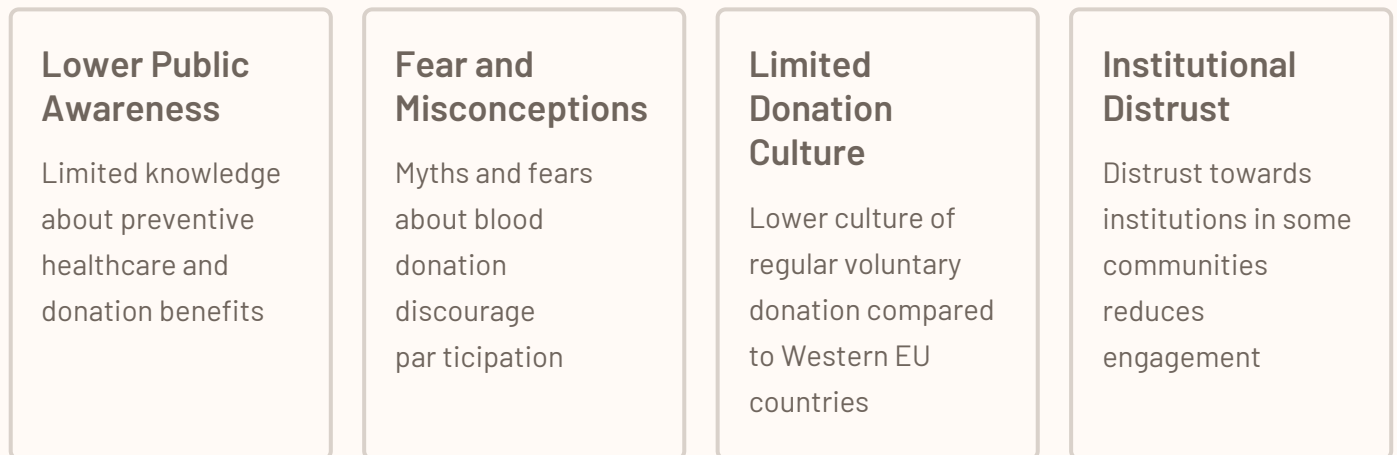
Bulgaria has **lower blood donation rates** compared to many EU countries. According to WHO and national health data:

- Bulgaria often experiences shortages in blood supply
- Donation rates remain below recommended levels in several regions
- Emergency appeals for blood donors are relatively common

One important challenge is the lower culture of regular voluntary donation compared to countries such as Italy.

(Source: Bulgarian Red Cross <https://www.redcross.bg> )

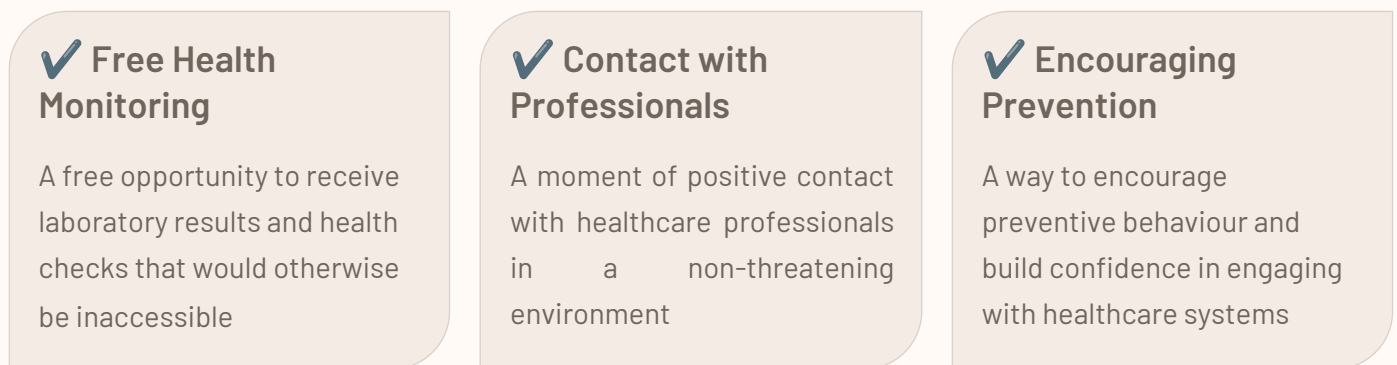
## Weak Points Identified in Bulgaria



Economic factors also play a role. Some people avoid preventive tests because of costs or irregular access to healthcare. (Source: Bulgarian Red Cross)

## Why Blood Donation Can Support Vulnerable Groups

In contexts where people cannot afford regular tests, do not monitor their health, avoid healthcare systems, or have low health literacy, blood donation offers a unique opportunity.



**i** 🙌 This is particularly relevant for socially vulnerable communities, where prevention is often weaker and healthcare is accessed mainly during emergencies. Blood donation can serve as a gateway to broader health engagement.

# 5. Digital Empowerment

Digital tools can play an important role in improving health literacy and reaching vulnerable communities.

Today, many people receive health information through smartphones, social media, messaging apps, or online videos rather than through traditional healthcare channels. When used correctly, digital communication can help make health information more accessible, immediate, and understandable.

However, **digital access alone does not automatically lead to digital inclusion**. Many vulnerable individuals still face important barriers that limit their ability to benefit from online health information and digital services.

## Common barriers

### Lack of digital skills

Many people, especially elderly individuals or socially marginalised groups, may struggle with:

- searching reliable information online
- using healthcare apps or portals
- recognising false or misleading content

According to Eurostat, almost half of EU citizens still lack at least basic digital skills, making digital exclusion a major public health challenge. (Source: Eurostat – Digital skills statistics

[https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Digital\\_skills\\_statistics](https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Digital_skills_statistics) )

### Language barriers

Migrants and refugees may find health information difficult to understand when:

- materials are available only in the national language
- translation is too technical
- healthcare terminology is complex



**Example:** A migrant family may receive written instructions about emergency services or vaccinations but fail to fully understand how or where to access them due to language and digital barriers.

### Distrust of online information

Some vulnerable groups may distrust official online communication because of:

- previous negative experiences with institutions
- exposure to misinformation
- preference for informal community networks

As a result, people may rely more on:

- WhatsApp groups
- Facebook communities
- word-of-mouth advice

even when the information shared is inaccurate.

# Practical Solutions for Digital Empowerment

Digital empowerment does not necessarily require sophisticated technologies. In many cases, simple and accessible communication tools are more effective.



## Use Familiar and Accessible Platforms

Platforms already used daily by communities are often the most effective: WhatsApp, Facebook groups, short videos on TikTok or Instagram, and voice messages.

A short WhatsApp audio message explaining when to call emergency services may reach vulnerable users more effectively than a long institutional document.



## Create Visual and Easy-to-Understand Content

Visual communication helps overcome both literacy and language barriers. Useful tools include icons, infographics, subtitles, short animations, and illustrated step-by-step guides.

A poster showing the symptoms of stroke using images and colours can be easier to understand than a page of medical text.



## Provide Multilingual Resources

Healthcare communication should be adapted into different languages, simplified versions, and audio or video formats – especially for migrants, refugees, and elderly people with low literacy.



**Digital empowerment in practice:** Short videos explaining how to access emergency care, how to register with a doctor, or how vaccination appointments work can often be more effective than written administrative instructions, especially for vulnerable communities.

# 6. Participatory Co-creation

Traditional "top-down" communication approaches often fail when working with vulnerable communities. Information created only by institutions or experts may be technically correct, but not always understandable, culturally appropriate, or trusted by the people it is intended to reach.

Co-creation means involving communities directly in the design, testing, and improvement of health literacy initiatives and communication materials. Rather than treating people only as recipients of information, participatory approaches recognise communities as **active contributors** with valuable knowledge, experiences, and perspectives.

## What Works Better

- Asking communities what information they actually need
- Understanding fears, doubts, and everyday barriers
- Co-creating materials together with community members
- Testing communication tools before dissemination
- Adapting language and formats based on feedback

## Why Co-creation Matters

Many vulnerable groups have experienced exclusion from decision-making, distrust towards institutions, and communication that feels distant or judgemental. Participatory approaches help:

- Increase trust
- Improve understanding
- Reduce misinformation
- Strengthen community engagement



**Example:** Creating a health poster together with migrant communities helps ensure that language is understandable, content reflects real needs, cultural sensitivities are respected, and trust towards institutions increases.



## Practical examples of participatory approaches

1

### Community Workshops

Small local workshops where residents, mediators, educators, and healthcare professionals discuss common health concerns, misinformation circulating online, and barriers to accessing services.

2

### Testing Materials Before Publication

Before publishing health leaflets or videos, organisations test them with migrants, elderly people, low-literacy groups, and community mediators to identify confusing language, cultural misunderstandings, or inaccessible formats.

3

### Using Community Ambassadors

Trusted members of communities can help spread reliable information more effectively than institutions alone. During COVID-19, migrant associations, Roma mediators, and local volunteers helped explain vaccination procedures in multiple languages.

4

### Co-creation and Digital Participation

Communities may help create WhatsApp campaigns, short videos, multilingual audio messages, social media posts, and visual guides – increasing accessibility, relevance, and trust in communication.

**⚠ Challenges of participatory work:** Co-creation also requires time, listening skills, flexibility, and long-term relationship building. Participation should not become symbolic or superficial. Communities need to feel that their feedback genuinely influences decisions and communication strategies.

# 7. Case Studies: Good Practices from EU Projects

## CASE 1

### MedLit – Migrants' Health Literacy and Communication (IOM Europe)

The MedLit initiative, developed by the **International Organization for Migration (IOM)** together with European partners, focused on improving health literacy and healthcare communication for migrants and refugees across Europe.

The initiative recognised that migrants often experience language barriers, lack of knowledge about healthcare rights, administrative difficulties, fear or mistrust towards institutions, and difficulties understanding medical terminology.

#### Concrete Actions Developed

- Multilingual health information campaigns
- Communication support for migrants and refugees
- Training for professionals working with vulnerable communities
- Awareness activities on prevention and access to healthcare

Special attention was given to vaccination access, maternal healthcare, mental health support, and prevention and public health communication.

- ✓ The project demonstrated that **culturally adapted communication significantly improves healthcare access and engagement** among vulnerable groups.

## CASE 2

### Bulgarian Health Mediators Network

Bulgaria developed one of the **best-known health mediation systems in Europe**, particularly focused on Roma communities and socially vulnerable groups. Health mediators work directly within communities to improve communication and trust between vulnerable populations and healthcare institutions.

#### Concrete Actions Developed

- Explaining healthcare rights and procedures
- Helping people register with general practitioners
- Promoting preventive healthcare and vaccinations
- Supporting communication during medical visits
- Organising local awareness campaigns and educational meetings

#### Recent Data and Impact

- More than **300 trained health mediators** across Bulgaria
- Mediators operate in municipalities across the country
- Recognised internationally as a positive example of reducing health inequalities

- ✓ The Bulgarian health mediation model has been recognised by the **Council of Europe – ROMACT Programme** as a good practice for strengthening community inclusion.

# Key Lessons from Both Examples

Both initiatives show that **healthcare access is not only a medical issue**, but also a communication, trust, and inclusion issue.

## Multilingual Communication

Providing information in accessible languages and formats

## Long-term Local Engagement

Sustained presence and commitment at community level



## Community Participation

Involving communities as active contributors, not just recipients

## Cultural Mediation

Bridging the gap between institutions and vulnerable communities

## Trust-Building

Creating respectful, long-term relationships with communities

Vulnerable communities are more likely to engage with healthcare systems when communication is **understandable, respectful, and adapted to real community needs**. These examples from Italy and Bulgaria demonstrate that inclusion in health is achievable – with the right tools, the right people, and the right approach.



## About the Project

FRAME Health–CommunityInfodemicManagement Programme (CIMP) is developed within the Erasmus+ project <FRAME Health= (Project No. 2024-2-IT02-KA210-ADU-000280006).

The project focuses on strengthening health literacy, combating misinformation and infodemics, and supporting more inclusive and accessible health communication practices across Europe. Through community-based education, digital literacy, and intercultural approaches, the project aims to empower adult educators, social workers, mediators, and local communities to better navigate health information in digital environments.

## Project Partners

### POT Project APS – Italy

Cultural association active in adult education, media literacy, digital storytelling, and social inclusion.

Website: <https://potproject.it>

### BISI – Bulgaria

Organisation working in the fields of health literacy, vulnerable communities, and social inclusion initiatives in Bulgaria.

Website: <https://b-isi.eu/>

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