Strengthening Health Literacy of Vulnerable Groups—Introduction of Two New Modules Within the Communal Health Guides Intercultural in Frankfurt am Main Project

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ABSTRACT

Health literacy is limited among most of the German population. Among vulnerable groups, including people with a migration history, it is necessary to provide support. Thus, the public health department of the city of Frankfurt am Main initiated a project called communal health guides intercultural [Kommunale Gesundheitsslotsen interkulturell] where health guides are trained to strengthen the health literacy of people with a migration background as well as of people with poor socioeconomic living conditions. Health guides are trained on specific health topics to pass on their knowledge as multipliers in different target groups. We are introducing two new modules complementing the existing health guide project from conceptualization to evaluation. The first module aims to strengthen health literacy among parents of children younger than age 10 years and the second module addresses inhabitants of community accommodations and aims to improve health communication and information, currently focusing on coronavirus disease 2019 and vaccinations. Another aim of the two modules is to find out the specific information needs of the target populations. The newly added modules aim to reduce health inequities for all citizens of Frankfurt am Main. [HLRP: Health Literacy Research and Practice. 2022;6(3):e239–e246.]

Plain Language Summary: Health literacy is often limited among the German population. Especially for socially disadvantaged groups, the public health department of the city of Frankfurt am Main would like to provide support. A project called Communal Health Guides Intercultural was initiated. Health leaders are trained to strengthen the health literacy of people who are socially disadvantaged. This project consists of two modules. One module is aimed at parents of children younger than age 10 years; the other module is aimed at residents in community accommodation. The project aims to reduce health inequities.

Empirical evidence shows that health literacy is limited in about one-half of the German population, making informed decisions about health more difficult (Schaeffer et al., 2016; Schaeffer, Gille, et al., 2021; Schaeffer, Berens, et al., 2021). "Health literacy is understood as the knowledge, motivation, and ability to locate, understand, assess, and use health-relevant information in order to maintain health, to secure the necessary support from the health care system in the case of illness, or to participate cooperatively in treatment and care and to make the necessary decision[s]" (Schaeffer, Gille, et al., 2021, p. 3).

Since 2007, health insurance is mandatory in Germany, with the idea of universal health coverage for the entire population. The statutory health insurance (SHI) is provided by competing, not-for-profit, self-governing "sickness funds." About 87% of the population have SHI, 11% of population have substitutive private health insurance, and individuals such as clerks and soldiers are insured through specific governmental schemes. Generally, the German health system rests on three pillars: ambulant medical care, in-patient medical care, and public health sector. If a person falls ill, they can go to a general practitioner (GP) or specialist and receive treatment. The GP or specialist can arrange further therapies and hospital treatment if necessary. In case of an emergency, patients can turn directly to a hospital ambulance. However, some groups (e.g., asylum seekers, unemployed European Union citizens, and undocumented migrants) have only limited or even no access to the regular health
system in Germany. It is estimated that hundreds of thousands of people in Germany are without access to the regular health system. Some local health departments and local nongovernmental organizations offer some low-threshold treatment opportunities for vulnerable groups; however, there is no comprehensive offer.

It is known that people with a migration background are more often disadvantaged in many aspects of health and quality of life (Schade, 2014; Spallek & Razum, 2016). Also, there is substantial evidence of inequities in the accessibility and quality of health services available to them (World Health Organization Regional Office for Europe, 2010).

In Germany, the German language competence is important for education level and further on for socioeconomic status, which also affects the social living conditions (Schade, 2014; Schaeffer et al., 2017; Spallek & Razum, 2016) and therefore also affects inequality. A social gradient in health literacy has been identified in a number of studies, in which people with lower levels of education and lower socioeconomic status show lower health literacy (Jordan & Hoebel, 2015; Schaeffer et al., 2016; Schaeffer, Berens, et al., 2021).

Since the second half of the 1990s, the area of migration and health has developed into a focus of health work at the Frankfurt Health Department (Wolter, 2000) culminating in the Competence Center Migration and Health within the Healthy Cities Network in 2004. At that time, the Communal Health Initiative Intercultural project [Kommunale Gesundheitslotsen interkulturell (KoGi)] was launched. Within this initiative in 2013, KoGis (communal health guides intercultural) were trained for the first time. Since then, approximately 80 health guides from nearly 30 nations with diverse language skills have been trained in 3 courses until 2020. All KoGi’s work as multipliers on behalf of the public health department and conduct low-threshold events in mosques, migrant associations, cultural centers, and refugee accommodations on various health topics. Since 2020, the health guides have been coordinated by the cooperation partner, Kinder im Zentrum Gallus e. V. (KiZ), a migrant self-organization. This was previously done by the self-help organization, Selbsthilfe e.V in Frankfurt.

The main goals of the project are (1) intercultural opening, (2) offer multilingual and culturally sensitive health education, (3) strengthen the health literacy of vulnerable population groups, and (4) enable direct low-threshold health communication in Frankfurt am Main.

The usefulness and benefit of multipliers (here KoGis) with different cultural backgrounds and versatile language skills for health education of migrants has been confirmed many times (Bundeszentrale für gesundheitliche Aufklärung [BZgA], 2018; Walter et al., 2007). The multiplier can be considered as a mediator between professional public health system and people of different cultures (Machleidt, 2005; Pfannstiel & Mehlich, 2018; Spallek & Razum, 2016; Walter et al., 2007) and helps to build bridges between the health care system and migrants like the project Sallus in Austria (Liebling, 2019) or the MiMi-project (Salman, 2015).

Likewise, the COVID-19-pandemic further exacerbates social disadvantage (Schade, 2021a; Schaeffer, Berens, et al., 2021; Wachtler et al., 2020a, 2020b; Wachtler et al., 2020). Generally, people with migration background are more likely to be affected due to their social status and living conditions. Low-threshold health information, including on the coronavirus disease 2019 (COVID-19) and its vaccine treatments are needed (Hessisches Ministerium für Soziales und Integration, 2021; Schaeffer, Berens, et al., 2021).

Last year, a new module of the KoGi-project was established to strengthen health literacy of parents with children younger than age 10 years. Additionally, the guide project,
Gesundheit in Gemeinschaftsunterkünften (GiG),” (health in community accommodations) was also implemented as another module within the KoGi-project. The modules that are based on the existing concept represent a meaningful and promising expansion. The two modules follow a participatory approach. Participatory research focuses on the people who are concerned—their perspective, their learning processes, and their individual and collective self-empowerment. Accordingly, it tries to combine the perspectives of different stakeholders. Accordingly, it will combine different stakeholder perspectives, especially those of the target groups (von Unger, 2014). In the following, the two modules in which KoGis are active in daycare centers, kindergarten classrooms, and elementary schools as well as in community accommodations are presented in detail.

**BRIEF DESCRIPTION OF NEW MODULES**

**Module: KoGis in Daycare Centers, Kindergarten Classrooms, and Elementary School Settings**

**Background and objectives.** Parents of infants and younger children should have sufficient health literacy to make informed decisions about their children’s health and well-being. Children, especially in their younger years, are dependent on their parents in many ways due to their limited cognitive and motor skills (Tamburlini, 2002), so supporting the health literacy of these parents with children is essential. Parents need to be empowered with needs-oriented information to be able to act competently on behalf of their children regarding health. Health disadvantages more often affect children and adolescents whose parents have less health literacy (Schaeffer et al., 2016).

Thus, the aim of the additional module is to strengthen the health literacy of parents of vulnerable groups (children up to age 10 years from socioeconomically worse family backgrounds, from families with migration background as well as of single parents) to promote health, prevent disease, and support quality of life. It is advisable to start at the nursery age to strengthen the health competence of parents as early as possible, but intensive parental education should also be carried out at the elementary school level. Both settings are important; however, the problem remains that parents with a migration history and who have educational and social disadvantages have not received sufficient health promotion outreach measures.

This module is being promoted until 2024 by the BZgA – Federal Center for Health Education. It was initiated based on the results of Health Reporting in Frankfurt to promote the health goal of “growing up healthy.” The results indicated that children from weaker socioeconomic family back-grounds more often show poorer health status, and also express poorer health-related quality of life (Schade, 2014). Similarly, data from the annual school entrance examinations made evident that children with an existing migration background are more often disadvantaged in many health-related aspects (overweight/obesity, language skills, developmental problems) (Heudorf, 2016). These children often live in neighborhoods in Frankfurt am Main where poorer social living conditions are more common, and where focused measures for health-related parental education can strengthen the health literacy of parents to improve the health situation of their children in long term.

**Needs analysis.** The first step before the project started was to conduct a needs assessment among parents (especially parents with migrant and socioeconomically disadvantaged backgrounds) to find out which health information parents need to provide adequate care for their children and to make informed decisions about the health of their children. In two guide districts (Höchst and Unterliederbach), parents were contacted at all daycare centers, kindergarten classrooms, and after-school programs. A questionnaire was distributed to all parents in these locations. The needs analysis was carried out as a basis for developing a curriculum. All childcare facilities in Höchst and Unterliederbach were inspected (41 institutions) and 20 facilities provided returns; 147 questionnaires were collected for analysis. The main results of the needs are shown in Figure 1.

In particular, the themes mental health, nutrition and dental health, child development, educational topics, and dealing with digital media were of interest to about half of the respondents. Most of the parents surveyed indicated a preference for events in the daycare, nursery, and elementary school settings (92.4%) and not at central public places. Most parents also preferred to attend events during the week rather than at the weekend. Also, they wished the events during the week to be shorter (1-2 hours) compared to those at the weekend. Approximately one-third of the parents surveyed would also like to take part in events in other languages such as Turkish, Arabic, Spanish, and Italian. Depending on the time of day, childcare would often be needed to enable them to participate in the sessions (Schade, 2021b).

**Development of a curriculum with a participative approach.** The subjects in which parents were trained were not predetermined. The development of the curriculum was jointly developed in a participatory process by a working group within the scope of the preceding needs analysis (parent survey). From August 2020 to December 2020, six working sessions were held to develop the curriculum for KoGis training with several stakeholders. The working group in-
cluded employees from the cooperation partner, trained KoGi guides, educators, health scientists, public health professionals, sports scientists, doctors, employees of various offices (school authority, public health department, children's office), and parents.

The main themes included in the curriculum for education of KoGi guides were exercise, child development, language competence, media competence, mental health, nutritional health, dental health, school entrance examination and vaccinations, COVID-19 and vaccination, accident hazards/poisoning-first aid, children's rights/points of contact for help/inclusion, and educational pathways/German school system/school readiness. Additionally, a method of training was included.

Content and qualification objectives were elaborated for each topic by the group. Table A lists all topics with contents and qualification goals.

Each topic was allotted 3 hours of training time. In addition, methodological competencies were also integrated into the curriculum with two units. For instance, the guides learn how to plan events, how to present well, and how to create presentations.

Acquisition of KoGi-guides for daycare centers, kindergarten classrooms, and elementary schools.

The access to possible KoGi-guide candidates takes place via the children's facilities. Here, special advertising was made for the training and information events offered locally to inform about the conditions for taking part in the training. A poster for advertising was developed and distributed to all facilities with a request to share with parents. In addition, the poster was also widely distrib-

Figure 1. Proportion of parents interested in specified health topics (N = 147). WE = weekend.

ed via an existing email distribution list. Interested persons could apply, with a letter of motivation and a Curriculum Vitae, for training as a KoGi guide. Applicants needed the following qualifications: intercultural competence, multilingualism, sufficient knowledge of German, and an educational or medical background.

Training course. The training started in January 2021 and lasted until the end of March 2021. The KoGi guides were trained on the individual topics in 14 sessions, of which some also took place on Saturdays with more than 1 topic. Due to the COVID-19-pandemic, most of the training course units were conducted in an online conference format. Only the methodological training and dental health could be carried out in presence. The trainees had to complete 80% of the course content to receive a certificate as a KoGi guide.

The training of the KoGi guides was done by specific specialized professionals of the coordinating organization, the public health department, and external lecturers including graduate pedagogues, sports scientists, health scientists, doctors, and psychologists.

In mid-April 2021, the first 30 trained KoGi guides for daycare centers and elementary schools received their certificates at a ceremony. Due to the pandemic, it was not yet possible to hold events in the locations, so a series of online events for parents were held in which all 12 trained topics were offered by KoGi guides. Since the beginning of the new school year, KoGi guides have been active in the facilities. The goal for 2021 was to carry out 70 events in specific settings.

Evaluation. The project was evaluated by the BZgA - Federal Center for Health Education. In addition, the events were also evaluated by the project team. The participants filled out a short feedback form and the KoGi guides prepared a short report on the event they have conducted. In the series of online events, 55 interested parents have participated (an average of 5 people per event). Unfortunately, despite massive advertising in the district, via the facilities and on the internet, the online offer did not always reach the desired target group. The most frequently booked events were on the topics of mental health, media
arrived in Germany and/or are in precarious social situations. In the case of people who are seeking asylum, they also face entitlement restrictions and further barriers in accessing health care. They need a health care voucher to visit a doctor for which they must apply for it at the local welfare agency (Bozorgmehr et al., 2019). Not surprisingly, study results confirm significant shortcomings in the primary and specialist health care of refugees (Biddle et al., 2019). Thus, many inhabitants of community accommodations have an increased need for health communication, among others, information on infectious diseases such as COVID-19 are of special interest in that setting, but also information regarding medical and social contact points.

To address these issues, the module “health in community accommodations,” was launched in April 2021 by the public health department in cooperation with the KoGi project partner KiZ. The GiG-project provides an important supplement to a communal health communication concept focusing on COVID-19–related issues. The target groups are inhabitants of community accommodations. This concept is called Frankfurt bleib gesund and it started with a website where information on COVID-19 can be translated in many languages (www.frankfurt-bleib-gesund.de).

The main objectives of the new module are strengthening health literacy and self-efficacy among community members. In the medium term, a participative development of the module was planned, and the training contents will be extended from only COVID-19–related information to other topics important to the target group. In the future, there will be a needs analysis regarding important health topics and health guides will also be recruited among the community.

The GiG module kicked off in the middle of April 2021, roughly at the same time as mobile vaccination teams were deployed. According to the federal vaccination regulation (Bundesministerium für gesundheit [Federal Ministry of Health (Germany)], 2021), the inhabitants of community accommodations belonged to the prioritization of group 2: “vaccinations with high priority.” Due to the vaccine shortage and the few available slots in the communal vaccination center between April and May 2021, vaccination of the inhabitants of community accommodations should be prioritized. However, it was not always possible to efficiently deploy the health guides before the implementation of the mobile vaccination teams.

**Recruiting of Health Guides and Training**

The first training courses on COVID-19 and related important information for trained guides in the general KoGi project were held in July 2020. For the GiG project, train-
ing material regarding COVID-19 as well as an evaluations questionnaire was developed by the project coordination at the public health department and KiZ. The training contents were based on experiences made by the outbreak team responsible for social institutions and community accommodations during the pandemic (Steul et al., 2020; Steul et al., 2021). Guides who were interested in participating in the new module were recruited from the existing KoGi pool by the project coordination at KiZ. Fifteen KoGi guides expressed their interest; however, due to the pandemic restrictions, only nine guides could attend the training. The other six guides were offered the opportunity to participate in the next training. The training on COVID-19 took place on April 15 2021, and was held by the project coordination at the public health department focusing on the specific conditions of inhabitants of community accommodations. One focal point was information on health care provision in respect to testing and vaccination opportunities.

**Employments and Evaluation**

The employments were planned by the project coordination at the KiZ together with the facility management of the communal accommodations. They were supported by the communal staff responsible for the accommodations. Despite high COVID-19 rates in late spring 2021 and often difficult spatial and technical conditions in the accommodations, the employment teams consisting of health mediators and project coordination reached 171 people in 10 different facilities due to their high flexibility. For example, the employment team offered time slots for single counseling when there was no suitable meeting room available and, on some occasions, the PowerPoint presentation in German language had to be translated simultaneously. The contents were translated in five different languages. After the respective events, the health guides handed out the evaluation questionnaires to the residents as well as to the participating staff.

Of 171 participants, 118 completed the evaluation form (response rate 69%). The evaluation showed that the employments were generally rated as very positive by the inhabitants as well as the staff. In some cases, the events seemed to influence willingness to vaccinate. Furthermore, the participants gave feedback that it was important to them to conduct the event in their mother language so that more people could be informed about the training contents.

**Planned Procedure After Summer Vacation**

Starting at the end of September 2021, more deployments in communal accommodations for people seeking asylum or who are homeless people were planned. Due to the ongoing COVID-19 pandemic, the main theme will still be COVID-19 with a special focus on vaccination. The training material will be updated and adjusted; in addition to the first trained health mediators, further health mediators with additional cultural backgrounds will also be trained. The evaluation questionnaires will be translated into the most represented languages. As health disparities between some migrants and their host populations include a pattern of exclusion whereby migrants are under-represented in health care decision-making forums for citizens (de Freitas & Martin, 2015), a participatory development is planned for the module, “health in communal accommodations.” The next steps toward this will be initiated at the upcoming deployments. Inhabitants will be asked for their requests regarding health issues in the evaluation questionnaire and they will also be asked for their interest in joining the training as a health guide.

**LESSONS LEARNED AND IMPLICATIONS FOR THE FUTURE**

The multiplier concept with the training of migrants has already proven itself (receiving the Health Award Hesse 2019) and is an important component to improve health equality in Frankfurt am Main. For the public health department of Frankfurt, the health mediators work as gatekeepers for vulnerable target groups that are difficult to reach. Also, they gain the trust of the target groups more easily and they can communicate the information to the people at a low threshold by taking cultural aspects into account. It is purposeful to extend this approach in our city profitably and to strengthen interculturality in our city. For this purpose, it is indispensable to train multipliers who come from the same cultural circle, district, and life situation as the target group to be informed. This facilitates access and can contribute significantly to informing those who benefit most from such measures. It also minimizes language barriers. Furthermore, the multipliers have intercultural skills as well as inclusive competencies. The training of lay multipliers facilitates access to the target groups and thus enables low-threshold access to health information to strengthen health literacy.

The project is embedded in the overall strategy of gut geht’s [doing well] together for a good and healthy life in Frankfurt to promote equal health opportunities for all residents of Frankfurt am Main with preventive and health-promoting measures. The development of health literacy among vulnerable groups in specific settings such as daycare centers, kindergarten classrooms, elementary schools, and community accommodations presents a valuable contribution to overcoming existing barriers to health equity.
**MULTIPLIERS FOR DAYCARE CENTERS, KINDERGARTEN CLASSROOMS, AND ELEMENTARY SCHOOLS**

Many relevant topics for “Growing Up Healthy” are included in the curriculum for the module in daycare centers, kindergarten classrooms, and elementary schools and can be taught to parents. Despite the restraints posed by the current pandemic, the KoGi guides are continuously trained. For example, within the module another training on mental health under COVID-19 was performed in November 2021. It was also attempted to convey to the cross connections to other topics (e.g., media literacy and exercise) and their effects on mental health.

A participatory approach to curriculum development has proven successful in this module. In particular, the interdisciplinary involvement of different professions as well as parents and already trained guides was successful. Language barriers played a minor role in the working group, because people from all sectors had been living in Germany for a long time and could understand the German language. In this way, the training content could be specifically geared to the needs in the child-related institutions and to the needs of the parents. The events held by the guides are evaluated with a feedback form and the content is reviewed annually and adapted and revised where appropriate. Furthermore, they are also reflected to the working group annually, where they are also reviewed and revised where necessary. To increase the acceptance of such events, it also benefits Frankfurt to work with multipliers who are specially trained on these topics and carry the knowledge into the settings to the parents.

**MULTIPLIERS FOR COMMUNITY ACCOMMODATION**

Regarding the module “health in community accommodation,” it is important to carefully evaluate the sessions and their genuine use for the target audience. The training contents should be regularly adjusted in consultation with the feedback of the health mediators and the feedback of participants. Soon, the implementation of the planned participatory development of this module is crucial to include the target group as well as possible in the design of this project.

A regular training for health mediators by the public health department is essential to keep the health information conveyed up to date and to make sure all topics are well understood and correct. As the health mediators are working on behalf of the public health department, it is crucial to make sure that the correct information is passed on and that regular quality assurance takes place without compromising the professional standard of the health mediators regarding target-group focused communication.

For the future, it is planned to develop further modules on healthy aging within the KoGi project. KoGi guides could be trained and used for giving relevant health information to older adults who are vulnerable to support their health literacy.

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| Module name         | Content                                                                                                                                                                                                 | Qualifications goals                                                                                                                                                                                                 |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Child development   | - Child development stages from 0 to 10 years  
- Importance of sleep for child development  
- Children with special needs  
- Promotion of giftedness  
- Transition from nursery school to primary school and elementary school to secondary school: What is the child facing and what skills does he or she need for a successful start? | Participants:  
- know the different developmental stages of children between 0-12 years of age  
- know the different sleep needs of children  
- know the sexual development stages in children  
- can explain how strengths and talents in children can be recognized and promoted  
- know contact points for parents with questions about special needs (pediatrician, early intervention center, social pediatric centers, Centre for the Highly Gifted)  
- know the developmental prerequisites for children so that a successful transition from day-care to elementary school and elementary school to secondary school can take place. |
| Healthy activity    | - Definition of (healthy) exercise  
- Physical activity behavior in the population  
- Impact of physical activity and physical inactivity on physical and mental health  
- International guidelines and recommendations of the World Health Organization (WHO)  
- Behavioral and physical prevention  
- Offers, prevention courses of the health insurance  
- Networks/cooperation partners, associations in the social area | Participants:  
- know the definition of healthy movement and can explain it  
- know the motor development stages in child development  
- know the physical activity behavior in the population and can name the effect on health  
- know the WHO recommendations of physical activity volume by age  
- know the importance of appropriate footwear and foot health  
-know suitable offers of the health insurances  
- know different contact points for physical activity offers in the social area |
| Language skills | Participants: |
|-----------------|--------------|
| Language development in monolingual and multilingual children - Each child acquires language at his or her own pace and follows an individual path in language acquisition - Multilingualism as a competence, promotion of multilingualism - Communicative competencies are considered key qualifications - Prerequisite for children's emotional and cognitive development - Component of all other areas of competence and education - Prerequisite of children's school and educational opportunities - Language develops according to the individual needs, interests, and possibilities of children - In addition, it is shaped by the respective cultural and social context - It is important to discover, understand and appreciate the linguistic abilities of each individual child. - Language education takes place in all areas of education - Language develops in the first years of life in a variety of settings (especially in the family). | - know the developmental trajectories of monolingual and multilingual children. - convey a positive and appreciative attitude towards multilingualism - know the different types of communication Non-verbal aspects - differentiated perception and sensitive picking up of non-verbal signals (body language) of the children Development of literacy (competencies and experiences around books, storytelling, rhyming and written culture): - Early introduction of children to reading and writing is of central importance. - lifelong process - promote language development - are among the essential prerequisites for the ability to abstract and form concepts - great importance in the later acquisition and differentiation of written language competencies (e.g., text comprehension, reading, writing) Phonological awareness: - is the ability to perceive the sound structures of spoken language (e.g., rhymes, syllables, individual sounds). |

| Media competence | Participants: |
|------------------|--------------|
| Use of media (from what age what to use?) - What are the dangers on the Internet (naming dangers)? - How do children develop the ability to question critically? - how to critically question content on the Internet - Mobbing via social networks | - recognize the importance of their own role model function. - are aware of possible dangers on the Internet and are able to communicate them - know how to support a child in developing the ability |
| Role model function of parents | Mental health | School readiness and German school system |
|--------------------------------|--------------|------------------------------------------|
| Cell phone free times          | Resilience - definition and which possibilities of promotion exist | School Entrance Examination: When is a child ready for school? |
| Staying in contact with the children | Self-efficacy in children | Pre-school course |
| To name the advantages of using media | Stress in school children | Importance of early attendance at day-care (e.g. significant for social behavior) |
| What resources does the Internet have | Offers of the health insurance companies for the promotion of mental health | Importance of day-care for the start of school - transition from day-care to elementary school |
| Possibility of communication | Culturally sensitive contact points for mental health issues | Emotional/social ability |
| Importance of certain basic skills when using media | Experiences of bullying, discrimination and racism and the significance for mental health | Stress in school children |
| Educational games, knowledge programs | Rules for media use to support everyday family life | Recognize symptoms of stress |
| Rules for media use to support everyday family life | to "critically question" something. | Participants: |
|                                   | - know the advantages of using media | - know the importance of the day-care center for a successful start to school for children |
|                                   |                             | - know contents and procedure of the school entrance examination |
|                                   |                             | - know what the child needs in order to have the best possible start at school (in terms of competencies but also school materials). |
|                                   |                             | - know about prevention or intervention of stress |

Participants:
- know what resilience is and how it is promoted
- know which factors promote self-efficacy in children
- know culturally sensitive contact points/help systems for questions about mental health and resilience promotion
- recommendations for action in the event of mental health challenges
- know stress factors of school children and ways to avoid stress
- know contact and counselling centers for bullying, discrimination, and racism experiences
| Children’s rights, inclusion, and points of contact for assistance | - Children's rights  
- Inclusion  
- Contact points for families in need of support |
|---|---|
| Participants: | - know the rights of the child as defined by the UN and their significance in day-care centers, schools, and families.  
- know about Inclusive education as a pedagogical approach whose essential principle is the appreciation and recognition of diversity in education and upbringing.  
- know rights of parents regarding inclusive education of their children.  
- know about counselling centers for parents |
| School entrance examination and vaccinations | For vaccination:  
- Vaccination recommendation of the vaccination commission  
- Preventive examinations  
- Measles vaccination  
- Vaccination calendar  
- Mandatory vaccinations  
On school entrance examination:  
- Contents and procedure of the examination |
| Participants: | Vaccination:  
- know where the child can vaccinated in Frankfurt am Main  
- know the vaccination recommendation of the German vaccination commission (StIKo)  
On school entry screening:  
- can communicate the contents of the school entry examination and the process to parents |
| Nutrition | - Healthy nutrition from the very beginning  
- Why do we need food?  
- What do we need for our body to function  
- Nutrition education |
| Participants will be able to teach the following content: | - Healthy nutrition is not so difficult after all  
- Nutrition modules |
| Dental health | Accident hazards, poisoning, first aid |
|---------------|----------------------------------------|
| - Why do children need healthy teeth from the beginning? | - Children falls |
|   - Primary dentition and permanent dentition | - Injuries |
|   - What happens in the mixed dentition? | - scald/burns |
|   - The first teeth | - poisoning |
|   - When and why should the first dental visit take place? | - Swallowing |
|   - The right dental care | - Drowning |
|   - Dental diseases and how to avoid them | - strangulation/suffocation |
|   - Sugar - effects on children's teeth | - Electrocution |
|  | - Pseudocroup |
|  | - febrile convulsion |
|  | - sudden infant death syndrome (SIDS) |
|  | - shaking trauma |
|  | - shock |
|  | - Loss of consciousness |
|  | - In case of emergency |

Participants will be able to teach the following content:

- Importance of tooth development for the general health of the child.
- Proper dental care and its effects
- Effects of sugary diet on dental health
- Development of caries and its effects on the child's health

Participants will be able to teach the following content:

- The most common childhood accidents and how to avoid them.
- Correct reaction in case of an accident
- Prevention of accidents
- First aid for children
| Coronavirus disease 2019 (COVID-19) | About COVID-19:  
- What is COVID-19?  
- How can I protect my family and myself from infection  
- hygiene measures  
- What to do at home if COVID-19 affects someone within the family?  
- Contact points in case of psychological stress  
- Importance of the mouth guard and other preventive actions  
- Vaccination  
- travelling and vacation in times of COVID 19  
- COVID 19 and different settings | Participants:  
- know exactly what COVID-19 is and how they can best deal with it, for example, to protect themselves and their families  
- know what to do if someone is infected with COVID 19  
- know important contact points (for example in case of psychological stress) |
|--------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------|
| Methods transfer | - Plan and structure a health event  
- Intercultural aspects of a Kommunale Gesundheitslotsen interkulturell (KoGi) event  
- Rules of conversation and leadership  
- Target groups / specifics  
- Checklist for an event  
- Stumbling blocks and tips  
- Presenting health information to the group  
- how to moderate  
- speak confidently in front of a group and overcome stage fright | Participants:  
- are able to plan and confidently conduct a parent event  
- know the aspects of good preparation  
- can present as well as lead a group discussion with confidence  
- know the stumbling blocks of an event and use the tips for a successful implementation  
- have intercultural skills and are able to engage with and inform different parents |