Digital sexual and reproductive health resources for C15 and tailoring was however important for user satisfaction. Increased personalization promoting behaviours and everyday routines as part of lifestyle-based stroke prevention. The app nudged the participants toward healthy behaviours and habits in everyday life for cardiovascular diseases, including stroke. mHealth apps can promote increased awareness of current habits and risk factors and serve as nudging to incorporate healthy everyday activity patterns, keep track of lifestyle habits and risk factors and identify persons at risk for stroke. The app contributed to observations conducted over 18 months with persons (n = 12) identified with a risk for stroke. The aim of the study was to explore experiences of this new intervention which integrated a digital augmented educational workshop in target populations. A digitally augmented intervention called ‘Make My Day’ has been developed for implementation in healthcare. The workshops? The feedback showed texts with links to be accessed but when access is restricted it can be used independently, or ordinarily as a supplementary tool to workshops. It is meant an alternative, none face to face delivery method was required. Migrant camps exist throughout Europe, and access are key to the public health for all but specifically for non-Caucasian migrants and refugees. C19 and a national lockdown restrictions due to C19 continue across the world increasing restrictions for migrant camps. This vulnerable population. C19 and a national lockdown may mean an alternative, none face to face delivery method was required. Migrant camps exist throughout Europe, and access are key to the public health for all but specifically for non-Caucasian migrants and refugees.

Preliminary findings show that the app contributed to motivation to behaviour change and use of mHealth apps. Suggested improvements of the app included: automated and personally tailored options for registrations and feedback. The utility of the app also depended on how well it accounted for aspects of participants literacy levels. The usefulness of the app was dependent on variables such as language, literacy levels and access to devices. Personal relevance and literacy levels are important to consider in stroke prevention mHealth apps to promote motivation to behaviour change and use of mHealth apps. Higher CoV-eHEALS were seen in higher level of education ($\chi^2=17.03; p = 0.002$), higher knowledge ($\beta=0.19; p = 0.000$), lower conspiracy ($\beta=-0.27; p = 0.000$) and higher adherence to protective measures ($\beta=0.24; p = 0.000$). Higher knowledge was seen in greater ages ($\beta=0.11; p = 0.000$), higher education ($\chi^2=36.40; p = 0.000$) and greater income ($\chi^2=19.96; p = 0.001$). Lower conspiracy was seen in higher education ($\chi^2=31.50; p = 0.000$) and higher income ($\chi^2=9.71; p = 0.046$).

**eLiteracy on covid among portuguese women: web-based survey study**

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**Background:**

Digital tools are recognized as public health tools for literacy. Their effectiveness is relatively unknown - some studies describe 40% of adults with literacy levels below the necessary for optimal use. eLiteracy has been a buzzword during the pandemic, but we still don’t understand who benefits from it. This study aims to understand the ability of women to identify and use COVID-19 online information and its link with knowledge and behavior.

**Methods:**

Web-based survey conducted on female adults. Coronavirus eHealth literacy scales measured skills to apply information (CoV-eHEALHS) and COVID-19—related knowledge, conspiracy beliefs, and adherence to protective behaviors (COVID-19 KAPs). Spearman correlation and Kruskal-Wallis tests were used to identify association between CoV-eHEALHS and COVID-19 KAP, and between these and age, income, and education level.

**Results:**

Higher CoV-eHEALS were seen in higher level of education ($\chi^2=17.03; p = 0.002$), higher knowledge ($\beta=0.19; p = 0.000$), lower conspiracy ($\beta=-0.27; p = 0.000$) and higher adherence to protective measures ($\beta=0.24; p = 0.000$). Higher knowledge was seen in greater ages ($\beta=0.11; p = 0.000$), higher education ($\chi^2=36.40; p = 0.000$) and greater income ($\chi^2=19.96; p = 0.001$). Lower conspiracy was seen in higher education ($\chi^2=31.50; p = 0.000$) and higher income ($\chi^2=9.71; p = 0.046$).
Higher adherence to protective measures had no correlation with socioeconomical factors.

Conclusions:
There was association between higher eHealth literacy and COVID-19 KAP, reinforcing public health stakeholders to invest on disseminating digital information. There were worse results in younger women of lower education and income, suggesting information should be adapted to this population

Key messages:
- Digitally disseminated information is important because of the association between higher eHealth literacy and knowledge and protective behavior.
- It should be adapted for younger women with lower levels of education and income to maximize results.