MIG-DHL
Migrants Digital Health Literacy

INTELLECTUAL OUTPUT 3: DESIGNED

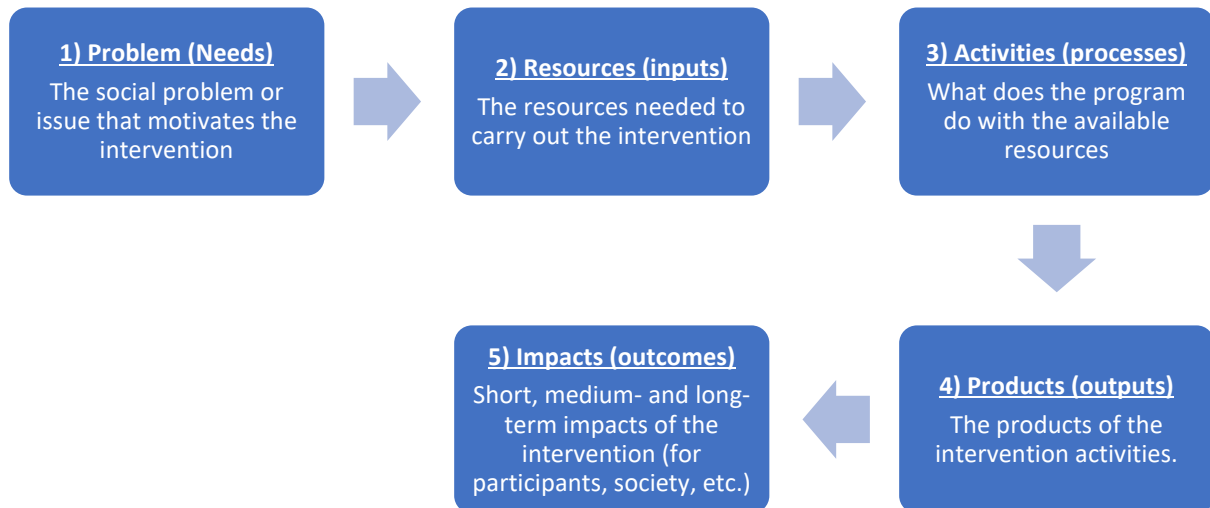# PRACTICAL TRAINING ACTIVITIES

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INTELLECTUAL OUTPUT PRESENTATION

This Designed Practical Training Activities belongs to the project ERASMUS+ "MIG-DHL: Development of a training program for improving Digital Health Literacy of Migrants" (ref. 2020-1-DE02-KA204-007679), and it is framed within the Intellectual Output 3 "Designed Practical Training Activities", coordinated by Polibienestar Research Institute -UVEG-. This document tries to serve as a guide for the development of the training sessions for migrants. In this document the contents and methodology for the final users are presented based on the previous co-creation sessions carried out during the project. To this end, the main objective of this Designed Practical Training Activities is to present the contents, methodologies, and tools needed for creating and improving the critical competences of migrants in order to enhance their Digital Health Literacy.

To ensure that the resources and contents of the Training will be able to improve the Digital Health Literacy of trainees, the development of Intellectual Output 3 follows the results produced by the Intellectual Output 1: Co-Created Methodological Guide for Increasing the competences of Migrants for IMPROVING their DIGITAL HEALTH LITERACY. In this respect, the study of the state of the art and the co-creation sessions developed in the different countries of the partners belonging to this consortium allow the development and use of the theory of change for the construction of a training that is coherent with the general objectives of the project:

Public interventions, such as the one proposed by the MIG-DHL project, are associated with a theory, more or less explicit, of how changes are supposed to be induced that will mitigate the problem or improve the situation that gives rise to the intervention. The **theory of change** (also known as intervention theory or program theory) is the chain of hypotheses about how the resources allocated to the intervention are expected to enable the development of activities whose fruit will be certain products (outputs), which, in turn, will generate short-, medium- and long-term benefits for society as a whole or for the target population of the policy or program (impacts or outcomes). In other words, the theory of change is the causal hypothesis that explains how a policy or programme, by applying certain resources and developing a series of activities, achieves certain results.

The Theory of change consists of the elements shown in the following figure:

1) Problem (Needs)		2) Resources (inputs)		3) Activities (processes)
The social problem or issue that motivates the intervention	→	The resources needed to carry out the intervention	→	What does the program do with the available resources

5) Impacts (outcomes)		4) Products (outputs)
Short, medium- and long-term impacts of the intervention (for participants, society, etc.)	←	The products of the intervention activities.

The training designed within the framework of the MIG-DHL aims to improve Digital Health Literacy among migrants, as well as to provide migrant peers and health professionals with the tools to be leaders in this area and to be able to pass on their knowledge to newcomers and migrants in situations of greater vulnerability. To achieve this, it is necessary that the resources and the design of the activities carried out to achieve these objectives are coherent and appropriate. Thus, activities should aim to improve all dimensions of the Digital Health Literacy concept: Operational skills; Navigation skills; Information searching; Evaluating reliability; Determining relevance; Adding content; protecting privacy, including the optimal and oriented exploitation of the developed Training Materials within real environments. Thus, the theory of change behind the intervention proposed by the MIG-DHL project is represented as follows in the table below:

	INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM IMPACTS	LONG-TERM IMPACTS
Definition	What is needed to carry out the planned activities	What is done with the resources in order to achieve the objectives of the intervention	What the activities are expected to produce directly	The benefits or changes that are expected to be detected as a result of the products	The fundamental changes that are expected to be achieved after several years

Description	Rooms and spaces where activities can be carried out. Electronic devices + e-platform for trainees to follow the class. Human resources (trainers), guidance for the trainees, support materials for the lessons.	Lessons for vulnerable migrants that focus first on developing basic health literacy skills, and cross-cutting and targeted lessons focusing on the development of each of the six digital health literacy skills.	Trained participants	Health literacy and digital health literacy skills development	Increased capacities to manage one's own health properly and to use digital devices independently and safely, as one of the key elements of the integration and social inclusion of newly arrived immigrants.
Key Hypothesis	…	The availability of material and human resources makes it possible to develop the activities for the target groups.	The trainees' attendance to the described activities allows to obtain trainees formed in digital health literacy skills.	The trainees' attendance to the described activities allows them to develop the main digital health literacy skills.	The use of electronic devices for self-health management is set to increase in the future, making this a key factor in the integration and social well-being of newly arrived immigrants.
Indicators	No. of rooms, room elements, no. of electronic devices, no. of trainers, no. of training materials and guides used.		Nº of Trained participants	DHL survey	IPL-12 survey

SUMMARY OF THE DESIGNED PRACTICAL TRAINING ACTIVITIES

Designed Practical Training Activities are a set of Tangible Templates to be used by Trainers in the implementation of the Training Activities including, among others, a detailed explanation of the methodology to be implemented, number of recommended trainees, duration, resources needed, recommendations for managing the sessions, specification of the scenarios where implement the real environment experiences and tools for supporting them. The Designed Practical Training Activities included in the documents must be understood as a standard approach that must be adapted and customized by Trainers to each specific target group, in terms of duration, prioritization and sequence of contents or support of the e-Training Platform. At the end of this document, a set of "Tips for implementation" are included, based on the direct experience get during the implementation of the Pilot Validation Actions of the project, with recommendations for the proper adaptation of this standard Designed Practical Training Activities to several environments. The Designed Practical Training Activities (DPTAs) which have been developed are the next:

- **DPTA 1**. What is Digital Health Literacy and its relevance?
- **DPTA 2**. Main health issues when landing in a new country.
- **DPTA 3**. Healthcare Services
- **DPTA 4**. Turning digitally literate.
- **DPTA 5**. Exploring Digital Health tools
- **DPTA 6**. Being active in the digital health environment.

The current structure of DPTAs presented is based on the following **rationale**: In **DPTA_1**, trainees are expected to know the aim of the course and the concept around which the course will revolve: Digital Health Literacy. It is expected that this DPTA will help trainees to realise that this is an interesting and necessary course for them. **DPTA_2** focuses on the cultural differences between their home countries and the countries they are in. **DPTA_3** focuses on developing the trainees' health literacy on the host country's healthcare services as a fundamental precondition for good digital health literacy. The fact that the first two DPTAs do not focus specifically on the development of digital health literacy skills does not prevent them from being developed incidentally, as a normal mechanism for solving some activities. The following DPTAs focus specifically on the development of digital health skills: **DPTA_4** focuses on basic skills (Operational skills; Navigation skills; Information searching; Evaluating reliability)

and **DPTA_5** will aim to test, in an eminently practical way, whether participants have managed to achieve most of the digital health literacy skills (Operational skills; Navigation skills; Information searching; Evaluating reliability; Determining relevance). The **DPTA_6** will focus on the last digital health literacy skills (Adding content and protecting privacy) and will be followed by a final wrap-up of the course. The aim is for participants to understand what it means to be digital health literate in today's world.

The trainer, however, may decide to alternate the order of some DPTAs or to eliminate or reduce the duration of some DPTAs, based on the characteristics/profile of the trainees. Some trainees may not need to develop the most basic digital skills (how to control a computer, how to carry out an internet search) but may need an in-depth lesson on which healthcare services they can access (most likely in the case of a young target group). Conversely, it is possible to find a target group in the opposite situation (with "advanced" knowledge of the national health system but needing to develop the most basic digital skills). It is therefore left to the trainer's discretion according to the different necessities and profiles of participants. DPTAs are therefore designed to be flexible.

The Designed Practical Training Activities have been developed with the next structure:

- Face to Face sessions, including theoretical and, especially, practical activities.
- Online training, including assignments and other practical activity to be done out of the classroom for supporting the learning process.

Each of the DPTAs is composed, thus, of face-to-face and online sessions. With regard to the online sessions, the fact that they are called "online" does not mean that all activities must be carried out through online methods or via the internet. The aim of these activities is that trainees can reflect, reinforce, etc. in a practical way on the contents of the face-to-face sessions, as well as learn new contents and skills in a dynamic way. In this respect, synonyms for online sessions are out-of-class sessions, offline sessions, remote sessions, synchronous or asynchronous sessions.

The Designed Practical Training Activities have been developed with the next standard duration:

- Face to Face sessions; 27 hours.
- Online training; 9 hours.

The number of hours is indicative. Nonetheless, MIGDHL consortium is of the opinion, and has favoured in the design of the DPTAs, in view of the results of I.O.1, that the total number of hours of the Training should in no case exceed 40 hours.

MIG-DHL

Migrants Digital Health Literacy

DPTA

Module 1

What is Digital Health Literacy and its relevance

Authors:

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MIG-DHL Program containing 6 learning modules in total, which has been developed within the Erasmus+ Strategic Partnership **MIG-DHL- Migrants Digital Health Literacy.**

The training contents at a glance:

MIG-DHL Programm

Module 1: What is Digital Health Literacy and its relevance
Module 2: Main health issues when landing in a new country
Module 3: Healthcare Services
Module 4: Turning Digitally Literate
Module 5: Exploring Digital Health Tools
Module 6: Being Active in the Digital Health Environment

You can find more information at the homepage: https://mig-dhl.eu/

DESIGNED PRACTICAL TRAINING ACTIVITY_1 WHAT IS DHL AND ITS RELEVANCE

Objectives:

- To introduce the training course contents
- To introduce the main concepts of Digital Health Literacy

Participants & roles:

- Migrants: About 10 (newcomer) migrants in each country as beneficiaries of the training.
- Migrant peers (about 1-2): migrant peers can actively participate in the sessions outlined, as the concept of DHL is not very widespread, they can benefit from actively participating in the introductory session (irrespective of the fact that, in certain cases, they can play the role of trainers).
- Health professionals (about 1-2): The expected role of health professionals is to actively participate in the sessions (optional), based on the same argumentation as migrant peers. Health professionals may also be unfamiliar with the concept of DHL and its relevance for migrants. It is therefore advisable to invite health professionals to participate in the different sessions of this DPTA as observers and with access to the materials and online platform in case they want to observe (and even conduct) the online tasks.

Competences:

- Knowledge about Digital Health Literacy (for migrants, migrant peers and health professionals)
- Gained awareness about Digital Health Literacy's relevance for migrant's health (for migrant, migrant peers and health professionals)

Training contents:

- Introduction to the training course:
  - The Erasmus+ Programme
  - Overview of the project
  - Overview, objectives, and schedule of the whole training course
- Concept of DHL
- DHL components: Operational skills; Navigation skills; Information searching; Evaluating reliability; Determining relevance; Adding content; protecting privacy.
- DHL self-awareness & benefits for migrants

- DHL vocabulary

Duration of the sessions: 5'30 hours.

- Face to face session: 4'30 hours (1 session of two and a half hours, one session of 2 hours)
- Online session: 1 hour.

Transversal training:

- Social skills
- Language skills
- Ability of teamwork
- Skills to put in practice theoretical contents.

Methodology:

- Active and participative
- Face to face training:
  - o Dialogue
  - o Role playing
  - o Teamwork
- Online training:
  - o Watching some selected videos
  - o Practical implementation -through assignments- of some tips agreed in the classroom.
  - o Some collaborative work

Training materials:

- Face to face sessions:
  - o PowerPoint presentations
  - o Word documents. Explaining the main concepts shown on PPT
  - o Selected videos
  - o Survey
- Online sessions:
  - o Online assignments in the training platform

FACE2FACE 1.1 SESSION: GUIDELINES, DURATION AND TOOLS (Day 1)

Action 1.1.1 Opening

Once the attendees have arrived at the classroom, the trainer will introduce him/herself. It is important to point out what the trainer's role will be during the course. The trainer will train the trainees to acquire digital health skills. Although it may happen that the trainer answers questions regarding personal and specific problems of the trainees in the context of some activities, the trainer should not adopt the role of a "doctor" who solves all personal and specific health related questions of the trainees. Trainees should be encouraged to deal with questions about their own health management in an autonomous and independent manner, as far as possible.

After that, the trainer will introduce the Erasmus+ programme and will give an overview of the project: an overview, objectives, and schedule of the whole training. The trainer will introduce DPTA 1, including objectives, activities, and planning. This (especially the introduction of the Erasmus+ programme) will be done in a light way, with plain and simple language, relying on the Training Materials.

Then, a dynamic will be carried out for trainees to introduce themselves. To carry out the presentation, different possibilities can be chosen:

- In case the participants already know each other, the participants can be asked to carry out a general presentation of themselves to the rest of the group: name, where they come from, why they came to this country, what motivations and goals they have regarding this course, and personal hobbies.
- In case the trainees do not know each other, they can make a presentation in pairs and then a group presentation.

The aim of the presentation of the participants is twofold:

1) To create a friendly and safe atmosphere.
2) To get a first insight into the trainees' circumstances in a way that can be useful for the trainer for the rest of the course.

- **Duration**: 30 minutes
- **Tools**: Module 1 – 1.1.1 Opening (PPT)

Action 1.1.2 Group Dynamic: Concept of Digital Health Literacy

Digital Health Literacy (DHL) is the ability to seek, find, understand, and appraise health information from electronic sources and apply the knowledge gained to addressing or solving a health problem (WHO Digital Health Literacy, 2017). This concept will be presented in an eminently practical, active and participatory way through its different dimensions.

In this respect, it is recommended that the trainer starts with a brief definition (in an eminently practical way, with examples) of what health literacy is all about. To this end, two actions will be developed: For Action 1.2, the trainer will invite the trainees to reflect on the ways in which they manage their own health and whether they use digital means to do so. This will be done by asking a series of questions in order to address what, in the trainees' own opinion, is their starting baseline with regard to the different dimensions of the DHL.

The specific set of questions is developed as a Training Material, but an example is presented below:

Operational skills: How easy or difficult is it for you to:

> (1) use your computer and web browser?
> (2) to show/teach this to others/to guide someone else to do so.

Navigation skills: How easy or difficult is it for you to find your way around the internet?

Information searching: How easy or difficult is it for you to find information on the internet? (Related to health issues, specific diseases, etc.) Would you say you know how to look for information on the internet?

Evaluating reliability: When you search for health information on the Internet, do you find it easy or difficult to... o Decide whether the information is reliable or not?

Determining relevance: When you search for health information on the Internet, do you find it easy or difficult to... o Choose between all the information you find?

Adding content: Have you ever… o posted a medical review? o Posted a message on a peer support forum or social networking website?

Protecting privacy: Have you ever… o Shared personal health information (yours, or others) with others on the internet? o Accessed your own electronic health record?

The trainer should show that the trainees' contributions are all useful, with expressions such as "thank you", or "that was quite useful".

- **Duration**: 30 minutes
- **Tools**: Module – 1.1.2 Group Dynamic: Concept of Digital Health Literacy (PPT)

Break: 15 minutes.

Action 1.1.3 Group Dynamic: Practical Example

The trainer will then introduce a practical example. This practical example will consist of a problem (which the trainer will present in first person). Although the concrete example/problem will be developed in the training materials, an example is given: "During the last few days, I have had a fever/dry cough. I want to know if I have COVID symptoms, but I don't know how to do it. Furthermore, I don't know what I should do in case I have symptoms. Can you help me to solve my problem? What should I do? What should I use to solve my problem? How should I look for information on the internet? Which website should I choose to get information? how do I find out about the next steps?"

- **Duration**: 30 minutes
- **Tools**: Module 1 – 1.1.3 Practical Example

During this group dynamic, the trainer should take notes and present the conclusions of the activity, which should conclude, in any case, with a presentation of the concept of DHL (in all its dimensions). In closing, the trainer should make a compilation of what the different dimensions of DHL are and carry out a definition of DHL.

Action 1.1.4 Survey on previous knowledge

A questionnaire will be handed out to the participants in order to gather information about the participants regarding their Digital Health Literacy skills and some integration/social inclusion data. Even if the trainees' knowledge of the HL concept has increased as a result of the session, it is preferable to introduce the questionnaire at the end of the session so that they can give context to the items and understand the vocabulary a little better. The administration of these questionnaires will be repeated at the end of the training (after DPTA_6 last session), in order to observe the trainees' evolution.

- **Duration**: 45 minutes

- **Tools**:

  - Module 1 – 1.1.4 Survey on previous knowledge (PPT)

  - Printed Survey (Questionnaire)

Action 1.1.5 Closing - debriefing

The trainer summarises the content of the session and tries to clarify possible doubts and questions. The trainer summons trainees for the next F2F training session. The trainer explains the activities that trainees have to carry out outside the classroom.

- **Duration**: 10 minutes.
- **Tool**: Module 1 – 1.1.5 Closing (PPT)

ONLINE SESSION 1.1: GUIDELINES, DURATION, AND TOOLS

During the week, the trainees will reflect and analyse the contents of the first face-to-face session and will make notes of the most relevant aspects related to content presented. The aim is for trainees to reflect on what they found most relevant from the previous session in order to refresh it during the next face-to-face session.

- **Duration**: 30 minutes
- **Tool**: assignment in platform 1.1

During the week, trainees will develop a health self-assessment: thinking about which aspects of their health they consider most relevant and which aspects they consider most problematic in managing their own health. The results of this activity will be discussed in the following face-to-face session. The aim will be to enable trainees to identify which health issues are most relevant to them. This will be useful for the trainers (as they will be able to emphasise certain issues during the rest of the training) and for the trainees themselves to make them realise that the training (the rest of the DPTAs) will be useful for them.

- **Duration**: 30 minutes
- **Tool**: assignment in platform 1.2

FACE2FACE SESSION 1.2: GUIDELINES, DURATION, AND TOOLS (Day 2)

Action 1.2.1 Opening

Once the attendees are in classroom, the trainer will introduce the objectives of the session, including objectives, activities, and planning.

- **Duration**: 10 minutes
- **Tool**: Module 1 - 1.2.1 Introduction to the session (PPT)

Action 1.2.2 Pooling of the homework

Discussion about the reflection made during the week about the contents of the training.

Discussion about the reflection made during the week about health self-assessment. The trainer will record the session and note down the issues that most concern the trainees, in order to introduce practical activities at the end of the training that are related to finding reliable information about these concerns through the use of digital skills.

It is possible that trainees may not have completed the proposed online activities. In case they have not done them, you can start the session by reminding them of the most important issues covered in the previous face-to-face session and asking them what they found most important. This would be followed by a health self-assessment to identify which issues (related to health management) are of most concern to the trainees.

Please take into consideration that this dynamic may result in some people not wanting to give sensitive information about their health. The trainer needs to respect that position and allow those who wish to share information to do it.

- **Duration**: 40 minutes.
- **Tool**: Module 1 – 1.2.2 Pooling of the homework (PPT)

Break 10 minutes.

Action 1.2.3 How to manage one's own health

Trainees are given examples (training material to be determined) of actions carried out by (invented) people. These people, in the examples, try to manage their own health and the health of others, but do so incorrectly. The trainees, in a collaborative way (groups of 2), will discuss and understand why these people do not behave correctly and why they should use basic digital skills for the correct management of their health.

The training materials will develop 3 or 4 examples in which the invented persons will carry out actions focusing on the different dimensions of DHL. In pairs, trainees will discuss why they think the person in the example did not do the right thing and what is the right course of action for the problem stated in the example. The results will be shared with everyone.

- **Duration**: 60 minutes.
- **Tool**: Module 1 – 1.2.3 How to manage one's own health (PPT)

Action 1.2.4 Closing - debriefing

The trainer summarises the content of the session and tries to clarify possible doubts and questions. The trainer explains the assignments to be done in the online training session and summons trainees for the next F2F training session. The trainer will preview some of the content to be covered in DPTA_2.

- **Duration**: 10 minutes.
- **Tool**: Module 1 – 1.2.4 Closing – debriefing (PPT)