



# MIG-DHL

Migrants Digital Health Literacy

## INTELLECTUAL OUTPUT 3: DESIGNED PRACTICAL TRAINING ACTIVITIES



VNIVERSITAT  
DE VALÈNCIA



Co-funded by the  
Erasmus+ Programme  
of the European Union

The European Commission support for the production of this publication does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein. Project number: 2020-1-DE02-KA204-007679.



## TABLE OF CONTENTS

|  |   |
|--|---|
| INTELLECTUAL OUTPUT PRESENTATION                           | 0 |
| SUMMARY OF THE DESIGNED PRACTICAL TRAINING ACTIVITIES      | 4 |
| DESIGNED PRACTICAL TRAINING ACTIVITY_3 HEALTHCARE SERVICES | 4 |



## 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,

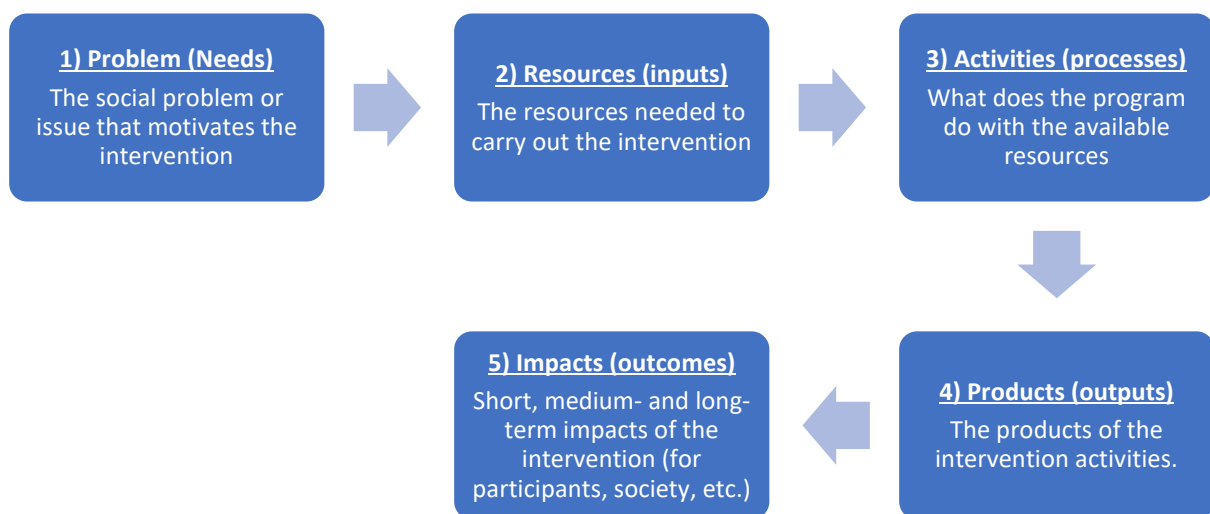


Co-funded by the  
Erasmus+ Programme  
of the European Union

The European Commission support for the production of this publication does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein. Project number: 2020-1-DE02-KA204-007679.

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:



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 |
|--------|------------|---------|--------------------|-------------------|
|--------|------------|---------|--------------------|-------------------|

| <b>Definition</b>     | <b>What is needed to carry out the planned activities</b>   | <b>What is done with the resources in order to achieve the objectives of the intervention</b>  | <b>What the activities are expected to produce directly</b>  | <b>The benefits or changes that are expected to be detected as a result of the products</b>                          | <b>The fundamental changes that are expected to be achieved after several years</b>   |
|-----------------------|---|--|--|--|---|
| <b>Description</b>    | 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. |
| <b>Key Hypothesis</b> | ...   | 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.                     |
| <b>Indicators</b>     | 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 3

Healthcare services

#### Authors:

Carlos Serra, UVEG; Maria Mitsa, PROLEPSIS



Co-funded by the  
Erasmus+ Programme  
of the European Union

The European Commission support for the production of this publication does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein. Project number: 2020-1-DE02-KA204-007679.

This Designed Practical Training Activity for module 3 is a part of the 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/>



**Declaration on Copyright:**



This work is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License. You are free to:

- share — copy and redistribute the material in any medium or format
- adapt — remix, transform, and build upon the material

under the following terms:

- Attribution — You must give appropriate credit, provide a link to the license, and indicate if changes were made. You may do so in any reasonable manner, but not in any way that suggests the licensor endorses you or your use.
- NonCommercial — You may not use the material for commercial purposes.
- ShareAlike — If you remix, transform, or build upon the material, you must distribute your contributions under the same license as the original.

### DESIGNED PRACTICAL TRAINING ACTIVITY\_3 HEALTHCARE SERVICES

#### Objectives:

- To improve the health literacy of migrants in terms of their knowledge about the functioning of the host country's national health system.
- To promote the health literacy of migrants regarding their rights and duties to the national health care system, as well as the necessary requirements to access the healthcare system.
- To provide trainees with a first approach to navigating the national health system through the internet.

#### Participants & roles:

- Migrants: About 10 (newcomer) migrants in each country as beneficiaries of the training.
- Migrant peers: About 1-2 migrant peers, who are key persons in the migrant communities or are already integrated in the host country. Migrant peers have a fundamental role to play in the development of this DPTA, given that they have previously been in the same situation that the trainees are currently facing. It is very important, therefore, that migrant peers can bring their particular experience in terms of the steps they have taken in using and benefiting from the host country's national health care system.
- 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. 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. The health professionals invited to participate in this DPTA, thus, will adopt an expert role: within the scope of their competences, they will help the trainees (and the trainer himself) to solve some of the questions and exercises proposed. The health professionals have the opportunity to provide a deeper insight into the functioning of the health system in the field of their competences and to collaborate with the trainer in resolving certain doubts that may arise from the trainees during the resolution of the exercises or in the framework of more open discussions on the functioning of the health system. The health professional can also be an essential link in order to be able to carry out the excursion planned at the end of the DPTA.



### Competences:

- Ability to understand the general functioning of the national health system and apply it in their relations with the health system.
- Ability to understand and put into practice how to become a user of the national health system.
- Ability to understand what the rights and obligations are, as an immigrant, in the national health system, and how to inform themselves adequately about them.

### Training contents:

- Basic notions about the functioning of the National Health System.
- Basic vocabulary of the National Health System.
- How to become a beneficiary of the National Health System.
- Rights and obligations of immigrants in the National Health System.

### Duration of the sessions: 5 hours.

- Face to face session: 4 hours (1 session of 2 hours 45 minutes, 1 session of 1 and a half hours)
- Online session: 1 hour.

### Transversal training:

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

### Methodology:

- Active and participative
- Face to face training:
  - Dialogue
  - Role playing
  - Teamwork

- Guided visit
- Online training:
  - Watching some selected videos
  - Practical implementation -through assignments- of some tips agreed in the classroom.
  - Some collaborative work

#### Training materials:

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

#### FACE2FACE 3.1 SESSION: GUIDELINES, DURATION, AND TOOLS (Day 1)

##### Action 3.1.1 Introduction

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

- **Duration:** 10 minutes
- **Tool:** Module 3 - 3.1.1 Introduction to the Practical Training Activity

##### Action 3.1.2 What Do I Need to be a health system user

This activity aims to present, in each country, the legal framework of each country regarding access to health services, focusing on the basic requirements that immigrants have to meet in order to become beneficiaries of the national health system and the basic actions they need to follow.

To do this, the trainer will carry out two actions: First of all, a definition of the national health system as a set of health services of the State Administration and the health services of the regions of the country will be given. During this definition, reference should be made to the fact that the health

system in a given country also includes private services, and the vital work of civil society organisations in this regard should be noted. This will be followed by a simple question: do you know how the national health system works? Have you ever had a problem, or had to repeat a process, because you don't know how the national health system works here in [country]? The trainer should collect in some way (recorder, notebook, etc.) the main doubts and questions that the participants have about the functioning of the national health system, as this will be relevant for the rest of the activities. It is proposed that the trainer, once this DPTA is finished, asks the participants again if they still have the same doubts about the national health system or not.

Then, the participants will be exposed to a short video explaining this topic, followed by a discussion. Participants will be asked if they have understood the content of the video and, if not, a discussion will follow. The discussion will focus on whether they found the video useful, whether they understood it and whether they were familiar with the concepts explained in the video.

- **Duration:** 45 minutes
- **Tool:** Video 3.1 Basic functioning of National Health system.

### **Action 3.1.3 Group Dynamic: What would you do? Part 1**

The aim of this activity is for participants to gain knowledge, in a practical and dynamic way, about the basic functioning of the host country's health system. To do this, participants will get together in pairs (or larger groups) and discuss among themselves how to solve the questions they are asked. They will then present how they would resolve these issues to the rest of the class and, if prompted, start a discussion. The scenarios to be discussed will consist of basic questions about navigating the country's healthcare system, starting from the beginning. These scenarios will be common to all countries (although country-specific issues and scenarios can be introduced, if necessary) and, of course, how the different situations are resolved will depend on the functioning of the National Health System in each country.

The method for carrying out the activity is as follows:

- 1) split participants in groups of 3-4 persons.
- 2) give them different issues or questions for group discussion.
- 3) allow a reasonable amount of time for them to discuss among themselves.
- 4) allow time for participants to explain to the other groups the scenario they have received and how they would solve it.

- 5) encourage a short discussion on how the group has solved the scenario.
- 6) Explain, in a simple and straightforward way, the basic functioning of the health system in the area of the question under discussion, confirming or refuting the solution arrived at by the groups.

The common scenarios to be solved by the participants in the session will address the following themes:

1. Emergency/urgency
2. General admission/entry (health card, social security number)
3. Family doctor
4. Hospital/specialist
5. Dental services
6. Psychologist
7. Pharmacy/drugstores
8. Vaccinations

This activity will be divided into two actions, separated by a break. In the first action, participants will discuss the first half of the questions posed and, in the following action, the second half.

The training tool to be developed to support this activity is the national healthcare system online map: it will consist in a concise and clear description on how the healthcare system works in the following European countries: Spain, Italy, Germany & Greece. This e-map shall contain, in addition to basic information on each of the above-mentioned dimensions concerned, a glossary of basic terms. This map will give participants access to a basic knowledge of the functioning of the national health system in order to be able to apply it to choose the right strategy in case of health problems (theirs or their family). The development of the information will include issues relating to payments for these services and links to where to find updated information. The scenarios for discussion/resolution will be provided on paper and the map will be used for the subsequent resolution.

- **Duration:** 50 minutes
- **Tool:** Scenarios proposed on cards/paper + online-map or Module 3 – 3.1.3 & 3.1.4 What would you do? (PPT)

**Break: 10 minutes.**

#### **Action 3.1.4 Group Dynamic: What would you do? Part 2**

Continuation of the previous dynamic, using the second half of the questions to be discussed.

- **Duration:** 50 minutes
- **Tool:** Scenarios proposed on cards/paper + online-map or Module 3 – 3.1.3 & 3.1.4 What would you do? (PPT)

#### **Action 3.1.5 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. The trainer will summon participants to the health centre where the next face-to-face activity will be held.

- **Duration:** 10 minutes.
- **Tool:** Module 3 – 3.1.5 Closing – debriefing (PPT)

### **ONLINE SESSION 3.1: GUIDELINES, DURATION, AND TOOLS**

The aim of this activity is to reinforce basic knowledge of the basic functioning of the health system in the host country. To do so, it is proposed that participants enter the online map described above, browse through the different categories, and then try to complete the proposed crossword puzzle. This will also serve as a creative way of revising basic vocabulary in this topic. The crossword puzzle will be developed as a training material through Puzzlemaker, Crossword Labs, Eclipse Crossword, etc. by using words from the online map's glossary.

- **Duration:** 60 minutes
- **Tools:**
  - online map
  - proposed puzzle in the online platform

### **FACE2FACE SESSION 3.2: GUIDELINES, DURATION, AND TOOLS (Day 2)**

#### **Action 3.2.1A Excursion/practical visit**

The participants will visit, accompanied by their trainer, a health centre to receive a visit and a practical lesson on how the national health system works and, in particular, on the rights and obligations that participants have as immigrants and as general users of the system.

Preparation: a facility to visit (Health centre, hospital, pharmacy, etc.) will be picked and an appointment will be made in advance.

Suggestions:

- Prepare some activities before the excursion, such as preparation of questions & doubts. The work done in the previous DPTAs will allow the trainer sufficient knowledge to develop a series of questions regarding key issues for each country's group of training participants.
- Prepare a field trip report sheet (for noting new information or vocabulary)
- During the excursion, focus on providing students relevant information, so they don't get overwhelmed. Highlight new vocabulary that might be useful for them.
- Dedicate some time, during the following F2F session, to reflect on the main issues that emerged during the visit.
  
- **Duration:** 1 hour and a half
- **Tool:** Set of questions and doubts & Field trip report sheet

### **Action 3.2.1B Excursion/practical visit ALTERNATIVE**

It is proposed as an alternative, in the event that the socio-health situation (or the lack of availability of human resources) does not make it advisable to carry out the guided visit, to make it possible for a socio-health professional to come to the centre where the face-to-face sessions will take place. The objective of this session would be similar to the visit to the health centre: for the participants to obtain a more practical view of how these centres work and to be able to resolve any doubts they may have regarding the management of their health there.

The health professional attending the session would carry out a brief explanation of the specific functioning of the health centre where he/she works, focusing on the needs of migrants and then a round of questions would follow in the same way as in the excursion/guided visit.

- **Duration:** 1 hour and a half
- **Tool:** Set of questions and doubts & Field trip report sheet.

### **Action 3.2.2 Closing - debriefing**

The trainer summarises the content of the session and tries to clarify possible doubts and questions.  
The trainer will preview some of the content to be covered in DPTA\_4.