

**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:

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:

**1) Problem (Needs)**

The social problem or issue that motivates the intervention

**2) Resources (inputs)**

The resources needed to carry out the intervention

**3) Activities (processes)**

What does the program do with the available resources

**4) Products (outputs)**

The products of the intervention activities.

**5) Impacts (outcomes)**

Short, medium- and long-term impacts of the intervention (for participants, society, etc.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **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.

 **DPTA**

**Module 4**Turning Digitally Literate

**Authors:**

Pantelis Balaouras, GUnet; Josemar Alejandro Jimenez, Oxfam;

Jenny Wielga, IAT

This Designed Practical Training Activity for module 4 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/>

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# DESIGNED PRACTICAL TRAINING ACTIVITY\_4 TURNING DIGITALLY LITERATE

**Objectives**:

For improving the Digital Health Literacy, an improvement of the Digital Literacy is very important. To achieve this, the next three DTPAs – DPTA 4, 5 and 6 – are focusing on this topic. Therefore, it will be orientated on the seven dimensions of Digital Health Literacy defined by van der Vaart & Drossaert 2017 : 1) Operational skills; 2) Navigation skills; 3) Information searching; 4) Evaluating reliability; 5) Determining relevance; 6) Adding content; 7) protecting privacy, related to the competences of Digital Literacy defined by the European Commission : (1) Information and data 2 literacy, 2) Communication and collaboration, 3) Digital content creation, 4) Safety and 5) Problem solving).

This DPTA 4 Turning Digitally Literate can be seen as an introduction to digital literacy. The focus is on operational skills such as how to use a digital device, what digital devices are available, where to find information on the internet and what rules are needed to be considered while acting in the digital environment.

**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 and therefore have a better understanding of the problems the migrants are facing.
* Health professionals (about 1-2): It is 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. They also can gain knowledge of the digital competences of migrants and can get ideas on how they can include the use of digital devices in their daily work.

**Competences**:

* Knowledge about the differences between Computer, Smartphone and Tablet and the different use of it
* Ability to navigate and search information on the internet
* Knowledge about data protection and security on the internet
* Knowledge about communication channels on the internet

**Training contents**:

* Explanation on the difference between smartphone, tablet and computer
* How to use a computer, smartphone, tablet
* How to search on the internet (Opening web-browser, what search engines do exist, and how to create a search string)
* Tips on data protection and security when using the Internet browser
* Presentation of communication channels on the internet

**Duration of the sessions: 6 hours**.

* Face to face session: 4 hours (2 sessions of 2 hours)
* Online session: 2 hours.

**Transversal training**:

* Social skills
* Language skills
* Ability of teamwork

**Methodology**:

* Active and participative
* Face to face training:
	+ Dialogue
	+ Role playing
	+ Teamwork
* Online training:
	+ Practical implementation -through assignments- of some tips agreed in the classroom.

**Training materials**:

* Face to face sessions:
	+ PowerPoint presentations
	+ Word documents. Explaining the main concepts shown on PPT
* Online sessions:
	+ Online assignments in the training platform

**FACE2FACE 4.1 SESSION: GUIDELINES, DURATION, AND TOOLS- BEING DIGITALLY LITERATE**

**Action 4.1.1 Opening**

Once the attendees have arrived at the classroom, the trainer will introduce the objectives of the session, including learning objectives, activities, and planning.

In the introduction to this work session, the trainer recalls some of the content that emerged in previous DPTAs and especially in DPTA1.

In particular, the definition of Digital Health Literacy, as it emerged in the collective analysis of DPTA1, is recalled.

The activities of this module are all practical: they concern the use of IT tools and the focus on internet research, security and privacy, digital communication.

For this reason, it is to be considered to focus in the introduction on the fact that the concept of digital health literacy is not only about the skills needed to use technology and devices (ICT literacy, computer literacy), but rather refers to a perspective in which the internet is an ecosystem and a reflection of society. Therefore, skills are required regarding the digital environment, its evaluation, reliability, caution and especially critical thinking.

It is recommended, in order to humanise the trainer and to have a closer trainer-trainee relationship, that the trainer points out that, as technology is constantly changing, being digital literate is something that needs to be constantly updated and that the trainer himself has to pay attention to these issues.

* **Duration**: 10 minutes
* **Tool**: Module 4 - 4.1.1 Introduction (PPT)

**Action 4.1.2 Practical Activity: Getting to know different digital devices**

In the beginning of this practical activity, different digital devices are shown (smartphone, tablet, computer) to give an introduction to acting in the digital environment. This activity aims to clarify the various possible use of the different digital devices, as some activities in the digital environment are easier to conduct with a computer (e.g. writing an email, collect information), and some others are easier to conduct with a smartphone (e.g. social communications, like WhatsApp).

To make it more interactive, the trainer asks the participants which devices they are usually using and starts a discussion on suggestions about which devices they think could be useful for which actions. The differences identified during the discussion can be collected on a board, flipchart, poster, or directly in PowerPoint.

At the end of the activity, attention is drawn to the fact that the devices presented are those most commonly used. Additionally, there are various kinds of them; in relation to this, it is important to reflect on the fact that digital literacy is a contextual knowledge and not static, closely related to the development of technology and ways of using it.

**Practical Activity:** After the discussion, the trainer hands out the different digital devices to the participants. If there are not enough digital devices for all the participants, the participants can be divided into groups. Each group/participant should have the chance to test all of the digital devices.

* **Duration**: 45-60 minutes
* **Tool**: Module 4 - 4.1.2 Getting to know different digital devices; different digital devices (smartphone, tablet, computer) (PPT)

**Break: 10-15 minutes**

**Action 4.1.3 Practical Activity: Searching on the internet**

This action should provide some first information about searching for information on the internet.

In the beginning, the trainer shows how to open a web browser and where to enter the internet addresses. As the navigation on the internet can differ between the languages and countries, an example is provided about the differences in menu navigation between the various languages and countries.

After that introductory part, different search engines are shown, complemented by short explanations of their differences.

The next part is about how to find good keywords to find the information one is interested in. **Discussion:** For that, different examples of search strings are shown and the participants can discuss in groups, which are the best ones. It is also important to talk about the arrangement of information. Are the most relevant ones the first ones? Or are there other aspects which influence the arrangement of the information? (Link to DPTA 5, action 2.2)

* **Duration**: 60 minutes
* **Tool**: Module 4 - 4.1.3 Searching on the internet (PPT)

**END OF FIRST DAY**

**FACE2FACE 4.2 SESSION: GUIDELINES, DURATION, AND TOOLS- BEING DIGITALLY LITERATE (Day 2)**

**Action 4.2.1 Security and Privacy**

This part of DPTA 4 "Security and Privacy" includes concepts and basic tips and aims to raise awareness of security and privacy issues on the internet and to provide information on how to decide if a website is trustable.

*Theoretical part:* The concepts of security and privacy are orientated on the definitions given by the document European Digital Competence Framework for Citizens[[1]](#footnote-1).

Developing competencies in relation to security and privacy thus refers to the ability to protect devices, content, personal data, and privacy in the digital environment. The implication of this action allows the protection of physical and mental health, well-being, and social inclusion (it is possible to mention the topic on how to recognise the phenomena of cyberbullying and sexting). Finally, the need to be aware of the environmental impact of digital technologies/devices is pointed out. To this end, the issue of disposal is addressed.

*Practical activity:*

* The trainer shows how to install a web browser (e.g., download of Google Chrome) and some differences between the browsers (e.g., the linkage of Google Chrome to Google as a search engine; the linkage of internet explorer to bing).
* In the sequel, the topic of security and privacy starts to be discussed. Therefore, the trainer explains, that the different web-browsers can have different privacy-regulation (only little input).
* The next part is about how to decide if a website is safe, and if it is ok to enter personal information or to buy things. Criteria, which are relevant for deciding if a webpage is trustable (“https” in the beginning of a link, existing of an imprint, etc….), should be collected. Therefore, the trainer can ask the participants if they have ideas, which criteria need to be considered while deciding if a page is trustable. The results can be collected on a board, flipchart, poster or directly in PowerPoint.
	+ Group-work: In the end, the participants are divided into different groups. Each group gets case-studies (as an alternative: instead of case-studies, maybe they can use their own research results of DPTA 2 and 3) which are dealing with different situations, where it is necessary to decide if the page is trustable or not. All groups have to justify their decision.
	+ Link to DPTA 6.
* **Duration**: 45-60 minutes
* **Tool**: Module 4 - 4.2.1 Security and Privacy (PPT)

**Break: 10-15 minutes**

**Action 4.2.2 Digital communication**

This part provides an overview about different ways of communication in the digital environment in general (practical activities are in DPTA 6).

* In the beginning, the trainer can ask the participants what ways of communication they use in the digital environment and if they differentiate between the communication tools, regarding the person they want to contact or the topic they want to talk about.
* The next part focuses on email. The trainer provides examples, where and how an e-mail account is set-up.
* *Practical Activity 1:* All participants can create a personal email address.
* *Practical Activity 2:* Have a look on the internet to find a specific email address (e.g., e-mail of a doctor near to your home). (Link DPTA 5, activity 5.4.2)
* Another way of communication is by using forums. The trainer explains what a forum is, and when it is usually used. The trainer also gives some examples.
* *Link to DPTA 6*
* **Duration**: 45-60 minutes
* **Tool**: Module 4 – 4.2.2 Digital communication (PPT)

**Action 4.2.3 Closure**

The trainer summarises the content of the session and tries to clarify possible doubts and questions. The trainer invites the trainees for the next F2F training session. The trainer explains the activities that trainees have to carry out outside the classroom as well as explains how to attend, if desired, the online session.

* **Duration**: 10 minutes.
* **Tool**: Module 4 – 4.2.3 Closure (PPT)

**END OF SECOND DAY**

**COMPLETION OF THIS DPTA/MODULE**

**ONLINE SESSION 4.2: GUIDELINES, DURATION, AND TOOLS**

Tasks of being active in the digital environment.

1. Creating a search string: Each participant thinks about a topic he/she wants to know more about and creates a search string to find the information he/she is interested in.

2. E-Mail: Each participant writes an email to the trainer, including the created search-string and the main information he/she has found doing the research.

* **Duration**: 1-2 hours
* **Tool**: Platform
1. Riina Vuorikari, R., Carretero Gomez, S., Punie, Y., Van Den Brande, G. (2017). DigComp 2.1: the Digital Competence Framework for citizens with eight proficiency levels and examples of use. Luxembourg, Publication Office of the European Union. doi: 10.2760/38842. [↑](#footnote-ref-1)