MIG-DHL
Migrants Digital Health Literacy

Handbook

Module 1

What is Digital Literacy and its relevance?

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This handbook for module 4 is a part of the MIG-DHL Programm 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

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Content

Introduction

The following handbook belongs to the intellectual output 2 in the project MIG-DHL. This handbook covers all the six modules:

1.) **What is Digital Health Literacy and its relevance?**

2.) Main health issues when landing in a new country

3.) Healthcare Services

4.) Turning digitally literate

5.) Exploring digital health tools

6.) Being active in the digital environment

The handbook itself is addressed specifically to trainers and supporters (social workers, health professionals, etc.). The idea is to provide a deeper knowledge about the topics discussed in the training sessions, so the content of the training materials gets clearer to the trainer. Also, the trainer is prepared to answer questions, which are more detailed than the information given in the training materials. Therefore, this handbook provides a deeper knowledge and linkages to additional resources related to the content- primarily for the trainers, but of course also for all other people who would like to learn more about the topics.

The structure of the handbook is orientated on the structure of the training programme. Every module has a chapter around 6-8 pages.

This particular handbook contains information relating to **Module 1, What is DHL and its relevance**. Therefore, here you will find the necessary theoretical information to support the contents and activities of DPTA_1.

Module 1 has a clearly introductory character and aims to present the contents of the course in a practical way, so that trainees are attracted to the contents of the course. Therefore, the contents of this handbook are based on providing a short piece of information regarding the Erasmus+ programme, the concept of digital health literacy and why this is relevant for migrants.

1. What is Digital Health Literacy and its relevance

1.1 The ERASMUS+ Programme.

Erasmus+ is the EU Programme in the fields of education, training, youth and sport for the period 2021-2027. Education, training, youth and sport are key areas that support citizens in their personal and professional development. High quality, inclusive education and training, as well as informal and non-formal learning, ultimately equip young people and participants of all ages with the qualifications and skills needed for their meaningful participation in democratic society, intercultural understanding and successful transition in the labour market. Building on the success of the programme in the period 2014-2020, Erasmus+ strengthens its efforts to increase the opportunities offered to more participants and to a wider range of organisations, focusing on its qualitative impact and contributing to more inclusive and cohesive, greener and digitally fit societies

As the COVID-19 pandemic has shown, access to education is proving, more than ever, to be essential to ensuring a swift recovery, while promoting equal opportunities for all. As part of this recovery process, the Erasmus+ programme takes its inclusive dimension to a new horizon by supporting opportunities for personal, socio-educational and professional development of people in Europe and beyond, with the aim of leaving no-one behind. To increase the qualitative impact of its actions and ensure equal opportunities, the Programme will reach out more and better to people of different ages and from diverse cultural, social and economic backgrounds. It is at the heart of the Programme to come closer to those with fewer opportunities, including people with disabilities and migrants, as well as European Union citizens living in remote areas or facing socio-economic difficulties. In doing so, the Programme will also encourage its participants, in particular young people to engage and learn to participate in civic society, raising awareness about European Union common values. The Programme will continue to empower young people and to encourage their participation in democratic life, particularly through supporting activities linked to the European Year of Youth 2022, which was announced in the State of the Union address in September 2021. Furthermore, developing digital skills and competences and skills in forward-looking fields, such as combating climate change, clean energy, artificial intelligence, robotics, big data analysis, etc. is essential for Europe's future sustainable growth and cohesion. The Programme

can make a meaningful contribution by stimulating innovation and bridging Europe's knowledge, skills and competences gap. EU businesses need to become more competitive through talent and innovation. This investment in knowledge, skills and competences will benefit individuals, institutions, organisations and society as a whole by contributing to sustainable growth and ensuring equity, prosperity and social inclusion in Europe and beyond.

Inside ERASMUS+ Programme, the **Key Action 2: Cooperation among organisations and institutions**, is expected to result in the development, transfer and/or implementation of innovative practices at organisational, local, regional, national or European levels. Projects funded under this Key Action are also likely to have a positive impact on the persons directly or indirectly involved in the activities, such as an increased level of digital competence. Thus, the impact of this Key Action is expected to be, among others, an improved provision and assessment of basic and transversal skills, particularly: entrepreneurship, social, civic, intercultural and language competences, critical thinking, digital skills and media literacy.

1.2 Digital Health Literacy Concept

The main definition of Digital Health Literacy, which is even used by the World Health Organization (WHO, 2017), is the one developed by Norman and Skinner. In regard to this definition, Digital Health Literacy is defined as "[…] the ability to seek, find, understand, and appraise health information from electronic sources and to apply the knowledge gained to addressing or solving a health problem" (Norman and Skinner, 2006)

This definition gives a first idea of the meaning of Digital Health Literacy. To gain a better understanding of the concept of Digital Health Literacy, it is worth to have a look on the different competences which are included in the concept of Digital Health Literacy. There are six different literacies which are combined by the term Digital Health Literacy: 1) traditional literacy, 2) health literacy, 3) information literacy, 4) scientific literacy, 5) media literacy, and 6) computer literacy (Norman and Skinner, 2006).
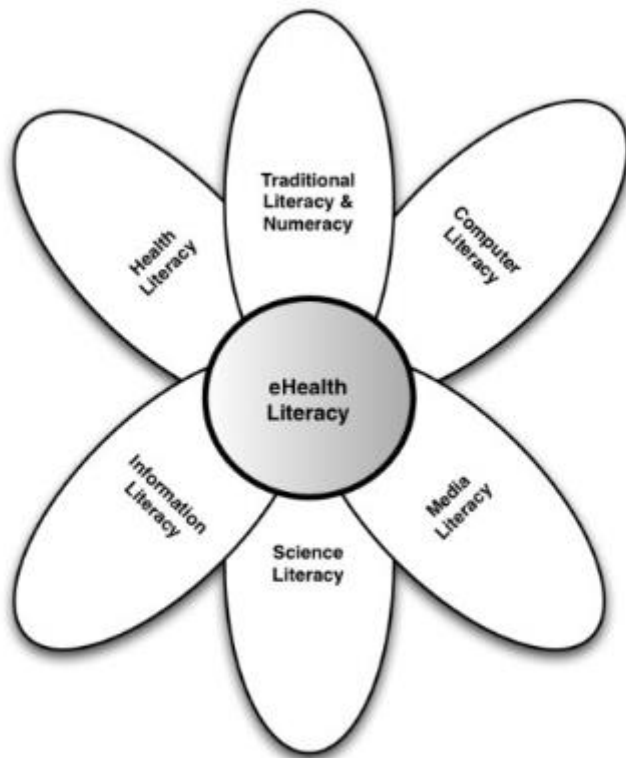
Figure 1: eHealth literacy lily model (Norman and Skinner, 2006)

In the MIG-DHL project we have built on this definition and, above all, on the dimensions of Digital Health Literacy proposed by van der Vaart & Drossaert (van der Vaart & Drossaert, 2017). In their article, Development of the Digital Health Literacy Instrument: Measuring a Broad Spectrum of Health 1.0 and Health 2.0 Skills, they develop 7 different dimensions of Digital Health Literacy, as follows:

(1) Operational skills: to use the computer and Internet browser; Use the keyboard of a computer (e.g., to type words); Use the mouse (e.g., to put the cursor in the right field or to click); Use the buttons or links and hyperlinks on websites.

(2) Navigation skills: to navigate and orientate on the Web; e.g., not to lose track of where you are on a website or the Internet; e.g., to know how to return to a previous page; e.g., to click on something and get to see what you expected, not something different.

(3) Information searching skills: to use correct search strategies; to use the proper words or search query to find the information you are looking for; to make a choice from all the information you find; to find the exact information you are looking for.

(4) Evaluating reliability of online information: decide whether the information is reliable or not; decide whether the information is written in commercial interests (e.g., by people trying to sell a product); to check different websites to see whether they provide the same information;

(5) Determining relevance of online information: to decide if the information you found is applicable to you; to apply the information you found in your daily life; to use the information you found to make decisions about your health (e.g., on nutrition, medication or to decide whether to ask a doctor's opinion)

(6) Adding self-generated content to Web-based apps: e.g., to clearly formulate your question or health-related worry; to express your opinion, thoughts, or feelings in writing; to write your message as such, for people to understand exactly what you mean.

(7) Protecting and respecting privacy while using the Internet: e.g., to find it difficult to judge who can read along when you post a message on a public forum or social media; e.g., to (intentionally or unintentionally) share your own private information (e.g., name or address); to (intentionally or unintentionally) share some else's private information.

1.3 The relevance of Digital Health Literacy for migrants

Digital inclusion is defined by three basic tools: a computer, access to the internet and knowing how to use these two instruments. It is not enough to have a computer and internet access for a person to be digitally included, but it is also necessary for the person to know how to use these two tools. For this reason, people can be affected because if they are unaware of telematic procedures and how the new technologies work, this can limit the development of their full potential and therefore make it difficult for them to integrate into society. It is at this point that people experience processes of exclusion and dependence on those who have all the knowledge of computer tools and can consult and request some type of service, especially those that can only be requested online. And this dependency can result in people paying for help to be able to carry out telematic procedures when these procedures should not generate any cost (Parra and Vásquez, 2020).

This can be seen in the case of immigrants, as it has been yet another barrier to their full inclusion. In particular, it affects groups with a socio-economic and cultural situation in

which the language of the native population is unknown, as they cannot access these procedures due to a lack of tools or knowledge of how they work. For this reason, many immigrants turn to migrant associations seeking to alleviate this lack of knowledge about technology and to facilitate the telematic procedures necessary for their situation but find that the level of information and communication technologies used by immigrant associations is rather low, with only 46% of all associations having some kind of web presence (Parra and Vásquez, 2020).

Thus, the relevance of this form of literacy is demonstrated in recent studies, showing that people's self-perceived skills to use online information actually affect their health and the quality of their health care, and that a lack of such skills may lead to adverse outcomes. Hsu et al. (Hsu et. al., 2014) found that digital health literacy skills are associated with various types of health behavior, including healthy eating, exercise, and sleep behavior. Neter and Brainin (Neter & Brainin, 2012) found relationships between digital health literacy and the presence of chronic illness, perceived self-management skills, and better self-perceived understanding of health status, symptoms, and optional treatments.

Disclaimer: The references and sources of information used in the construction of the materials come, in general, from the WHO, the European Commission and specialised sources and resources in each of the countries belonging to the consortium. For more information, please refer to Module 5.

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