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,
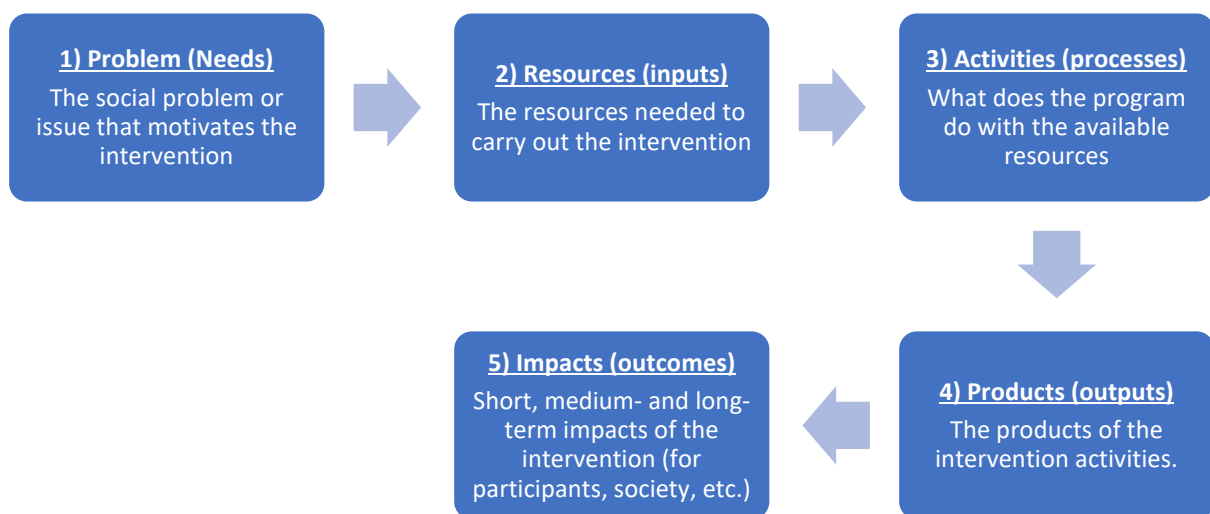
the theory of change is the causal hypothesis that explains how a policy or programme, by applying certain resources and developing a series of activities, achieves certain results.

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

1) Problem (Needs) 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
				↓
5) Impacts (outcomes) Short, medium- and long-term impacts of the intervention (for participants, society, etc.)	←			4) Products (outputs) 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.

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DPTA

Module 6

Being Active in the Digital Environment

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This Designed Practical Training Activity for module 1 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/

DESIGNED PRACTICAL TRAINING ACTIVITY_6_BEING ACTIVE IN THE DIGITAL ENVIRONMENT

Objectives:

This DPTA 6 "Being active in the digital health environment" focuses on the ability to interact and react on health-related topics in the digital health environment. It should summarize the achieved knowledge in the previous DPTAS and enable the participants to find information and help in the digital environment for their personal health-related issues on their own. As health-topics are often related to personal information and data, to achieve awareness of privacy and security regarding personal data is also an objective of this session. Therefore, this DPTA focuses in specific on the dimensions 6 (Adding content) and 7 (protecting privacy) of Digital Health Literacy. These dimensions are described as followed:

Adding content: To create and edit digital content and also to improve and integrate information and content into an existing body of knowledge while understanding how copyright and licences are to be applied.

Protecting Privacy: To protect devices, content, personal data and privacy in digital environments. To protect physical and psychological health, and to be aware of digital technologies for social well-being and social inclusion. To be aware of the environmental impact of digital technologies and their use.

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): The expected role of health professionals is as an active participant or as an observer. It is advisable to invite health professionals to participate actively in the different sessions of this DPTA as they can provide information from their own experiences about communication on health-related topics in the digital environment. They also have the opportunity to exchange information with users about information and communication tools related to health topics in the digital environment.

Competences:

- Knowledge about and ability to join digital communication on health topics.
- Ability to communicate with medical professionals in a digital way.
- Ability of evaluating different sources regarding health-related information in the digital environment.
- Knowledge about data protection and safety in the digital environment.

Training contents:

- Learning to find digital communication tools on health topics.
- Digital ways of communication with health professionals.
- Learning how to protect the own privacy in the digital environment and getting aware of specific risks.

Duration of the session: 5-7 hours.

- Face to face session: 4 hours (2 days- 2 hours per day)
- Online session: 1-2 hours

Transversal training:

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

Methodology:

- Active and participative
- Face to face training:
    - Dialogue
    - Teamwork
- Online training:

    - Practical implementation - through assignments - of some tips agreed in the classroom.

    - Some collaborative work

Training materials:

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

FACE2FACE 6.1 SESSION: GUIDELINES, DURATION, AND TOOLS (Day 1)

Action 6.1.1 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
- **Tools**: Module 6 Part 1- 6.1.1 Introduction (PPT)

Action 6.1.2 Protecting privacy and personal data in the digital environment

The teacher can start with a short summary of what the participants have learned so far:

1. To use a digital device
2. How and where to find information
3. Assessing information and the source of information
4. Ways of communication in the digital environment

Now it´s time to add the part of protecting privacy.

- Therefore, this action starts with a brainstorming about possible risk factors in the digital environment. The trainer asks the participants what they know about possible risk factors by using digital devices and surfing on the internet. This is to determine whether the participants are aware of the risk factors in the digital environment. The aim is to collect risk factors such as computer viruses, hacking, and associated identity theft (more risk factors are provided by the training materials).

- In the next step, the criteria on how to decide if the website is trustable are repeated: Imprint, data-protection regulation, website starts with https, etc. Some examples should be shown.

- Another risk exists by spam mails. The participants should learn to identify spam mails. Therefore, examples of different mails are shown, and the participants should decide, which ones are spam mails and which ones are not (Examples provided by training materials).

- Also, the creation of a safe password is important for protecting personal data. The main criteria for creating a safe password should be discussed and should be collected on the blackboard/whiteboard/power point.

- **Practical Activity**: Before the break, a last activity is to be conducted. To get a linkage to DPTA 5, the evaluation of the pre-identified websites from the group dynamic activity "what kind of information can we find online" can be expanded by a few questions related to the privacy and security (e.g. Is the user's privacy protected? Does the website clearly state a privacy policy? Can the users protect their health information?).

- **Duration**: 50 minutes

- **Tool**: module 6 Part 1 – 6.1.2 Protecting privacy and personal data (PPT)

Break 20 minutes

Action 6.1.3 Digital communication on health information (forum)

The next part of the session aims to raise awareness of the sensitivity of health data. To do this, it is important to learn what information can be disclosed by oneself in the digital environment, e.g., in a post in a forum, and what information should rather not be posted publicly on the internet.

Group-work: The participants are divided into different groups (3-5 participants). Each group gets case studies of persons who describe their health-problem in a forum. The next step is to discuss in the groups which case study includes too many personal information. Each group should collect the information which are too private on a sheet of paper. In the end, they discuss in plenum, which information are too personal and collect together some generic terms (e.g., surname, birthday or specific medical values) on the blackboard/whiteboard or Power Point. Every participant has to write down the generic terms, so that everyone has a kind of "checklist" about what information should not be included while communicating about health-related problems in the digital environment.

- **Duration**: 50 minutes
- **Tools**: Module 6 Part 1- 6.1.3 Digital communication on health information (forum) (PPT)

  o **Slides**: 23 - 29

END OF FIRST DAY

FACE2FACE 6.2 SESSION: GUIDELINES, DURATION, AND TOOLS (Day 2)

SECOND DAY

Action 6.2.1 Digital communication on health information (e-mail)

To focus on the communication about health-related topics in the digital environment, two ways are discussed doing the session:

- Writing an e-mail
- Joining in a forum

The learnings should cover the following:

1. How to join a forum? What information can I include by writing a post for a forum?

  ▪ The results of the previous day are to be repeated.

2. How to write an email to a health-care professional? What questions are suitable for an email? Which information need to be included in an email, which ones are not necessary or too detailed?

  ▪ The trainer shows some good-practice examples for an email.
  ▪ In the next step, they collect in the plenum what has to be included in an email on a blackboard/whiteboard/PowerPoint. After that, a checklist, quite similar to the one for a post in a forum, is to be created by each participant. Each participant should compare the checklist with a partner.

- **Duration**: 40 minutes
- **Tool**: Module 6 Part 1– 6.2.1 Digital communication on health information (PPT)

Break 20 minutes

Action 6.2.2 Getting active - Solve a health-related issue

Practical Activity: This activity aims to combine all the learnings of the previous sessions. Each participant has to select one example on a health-related issue and has to find information about the health-problem and ways to communicate about it.

1. Each participant has to decide if the information are trustable and justify it shortly.
2. Each participant has to decide if the forum or the contact details are trustable and justify it shortly.
3. After that, each participant has to prepare a draft for a post in the forum or a draft for an e-mail.
4. Get mutual feedback: After finishing the draft, each participant should change the email or the post with a partner, to give him/her feedback on the draft and to receive feedback on his/her own draft.

● **Duration**: 50 minutes
● **Tools**: Module 6 Part 1 - 6.4 Getting active - Solve a health-related issue (PPT)

Action 6.2.3 – Closure / Summary of Module 6

The trainer summarises the content of the session and tries to clarify possible doubts and questions.

Action 6.2.4 Summary of the training programme

A short summary of the training programme is given. Each trainer asks for feedback for the training programme, e.g., with an App such as Kahoot!

● **Duration**: 10-15 minutes
● **Tools**:

o   Module 6 Part 2 (PPT)

o   App for evaluating the training programme, e.g., Kahoot!

END OF SECOND DAY

COMPLETION OF THIS DPTA/MODULE