



MIG-DHL

Migrants Digital Health Literacy

INTELLECTUAL OUTPUT 3: DESIGNED PRACTICAL TRAINING ACTIVITIES



VNIVERSITAT
DE VALÈNCIA



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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,

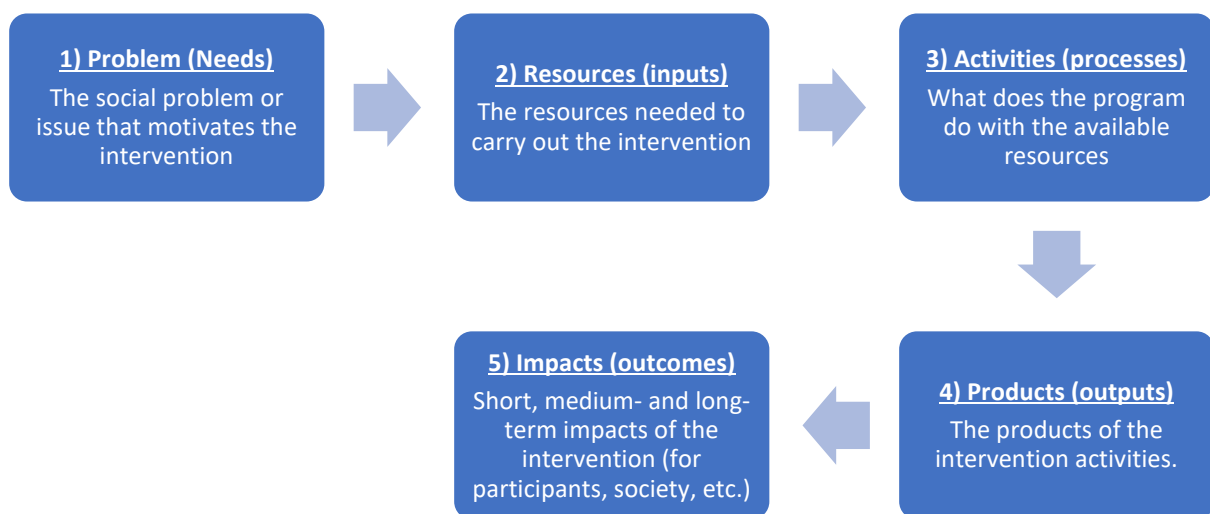


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the theory of change is the causal hypothesis that explains how a policy or programme, by applying certain resources and developing a series of activities, achieves certain results.

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
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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 2

Main health issues when landing in a new country

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This Designed Practical Training Activity for module 2 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_2 MAIN ISSUES WHEN LANDING IN A NEW COUNTRY

Objectives:

This DPTA 2 “Main health issues when landing in a new country” focuses on raising awareness about the health issues migrants are particularly prone to when arriving in a new country. This module will focus on factors which influence health before, during and after arrival in the new country. Each of these phases impact on the physical and mental health of migrants, and in some cases they are interrelated and mutually dependent. Health issues are not only manifested in disease symptoms.

They also have to do with language and terms, and different ways of dealing with illness. Behind symptoms and their description there are often also culture-specific narratives, and migrants and their doctors should also be sensitised to this. The module describes the most common diseases and corresponding treatments a migrant may face in the host country and how these can be addressed using digital means. Another goal of the training is to explore the main health determining behaviours that are related and influence health and health outcomes.

Learning objectives:

- To understand the various risks to migrant health during all the stages of the migrant journey.
- To understand the cultural differences influencing health narratives between the country of origin and the host country
- To use online tools that can facilitate understanding of health issues and country specific health related circumstances (how health is perceived and treated in host countries compared to country or origin)
- Learn relevant to health country specific terminology and explore useful online tools
- To understand the main health protective behaviours and learn how to find reliable relevant online sources.
- Develop a health checklist in their own language

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. These persons are to be treated as confidants within

the learning processes. They therefore have a dual role: an affirmative role ("Yes, I also had this experience when I started to deal with the health system in the country of arrival.") and an encouraging role ("It took me a while to figure everything out, but there is a lot of support around."). It is very important that this role is clearly communicated in advance. Peers may even play the role of trainers in certain cases.

- Health professionals (about 1-2): The expected role of health professionals is to actively participate in the sessions (optional), in the same way as migrant peers will. 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 on the online platform in case they want to observe (and even conduct) the online tasks.

Competences:

- Understanding differences about health and health treatment in the country of origin and the country of arrival
- Understanding how culture can affect health narratives
- Gaining knowledge on specific physical and mental health risks migrant populations are at risk of during the migrant journey, learn how to use relevant online sources
- Gaining knowledge about specific prevention and health promotion strategies and use relevant online tools
- Gaining awareness about Digital Health Literacy's relevance for migrants' health

Training contents:

- Learning the health risks to migrants across the migrant journey
- Learning how culture can affect the health narrative
- Learning about the differences of health and health treatments between the host country and the country of origin. Use online relevant tools
- Learning about prevention and health promotion strategies and how to use online sources for doing so.

Duration of the sessions: 5'00 hours.

- Face to face session: 4 hours

- Online session: 1 hour.

Transversal skills of the trainer:

- Social skills
- Language skills or skills to organise access to different languages (via interpreters or technical support devices)
- Being sensitive to other cultures especially when coping with health questions
- Ability to lead teamwork with trainees from different cultural backgrounds
- Skills to put in practice theoretical contents.

Methodology:

- Active and participative
- Face to face training: o Educational training o Group discussion o Case studies - role playing o Teamwork
- Online training: o Watching some selected material (videos etc) o Practical implementation - through assignments- of some tips agreed in the classroom. o Some collaborative work

Training materials:

- Face to face sessions:
 - PowerPoint presentations
 - Word documents. Explaining the main concepts shown on PPT
 - Selected videos
- Online sessions:
 - Online assignments in the training platform
 - Tasks to be implemented during a given time frame

FACE2FACE 2 SESSION: GUIDELINES, DURATION AND TOOLS

Action 2.1 Opening

The aim of the opening session is to have a small introduction on the session's objectives and the activities

- **Duration:** 10 minutes
- **Tool:** Module 2 – 2.1 Introduction (PPT)

Action 2.2 Risk factors for health issues according to different migration stages

Risks of health for migrants arise at every stage of migration, starting from the country of origin (especially if coming from unstable situations or conflicts). Various risks may come up also during the journey and at the destination or transit country, but also at the stage of relocation. For Action 2.1.2. the trainer will first ask participants to reflect on various health risks that may arise from migration, without defining the stages.

While sharing, the trainer will write down all the thoughts of the participants or let the participants note them down. It is suggested using flipcharts to note down everything. An introductory video will then be shown and followed by a detailed explanation of health risks according to the stages. Helpful online resources will be explored which can support migrants in understanding the differences in health and treatments between the host country and the country or origin.

- **Duration:** 30 minutes
- **Tools:**
 - Flipcharts for the initial group sharing.
 - Video <https://www.youtube.com/watch?v=eLbmUbj0edk>
 - Module 2 - 2.3 Identify Health Risks before, during and after coming to a new country (PPT) <https://publichealthreviews.biomedcentral.com/articles/10.1186/s40985-018-0104-9/figures/2>

Action 2.3: Exploring the physical and mental health of migrants

Migrant populations are at risk of specific physical and mental health issues. In this activity, participants will be introduced to the symptoms of health and mental health issues that are more prevalent in the migrant population. The trainer will then facilitate a group discussion, exploring the illness narrative of the participants, aiming to overcome cultural barriers that may influence health literacy. For this to be implemented specific questions will be asked, based on the questions of Kleinman (2007).

1. "What do you call the problem?"
2. What do you think has caused the problem?

3. Why do you think it started when it did?
4. What do you think the sickness does? How does it work?
5. How severe is the sickness? Will it have a long or a short course?
6. What kind of treatment do you think the patient should receive?
7. What are the main problems the sickness has caused? 8. What do you fear most about the sickness?"

Questions will be included in the relevant ppt, which will be used as a training material for this specific activity. By the end of this session, participants will be split into groups and each group will discuss a specific case study or act in a role play, identifying through the symptoms the disease and suggesting specific actions.

The trainer at this point should make clear that participants should always consult their doctor for the diagnosis and especially for the treatment.

- **Duration:** 90 minutes
- **Tool:** Module 2 - 2.3. Exploring the physical and mental health of migrants (PPT)

Break 10 minutes

Action 2.4 Prevention strategies

Physical and mental health promotion strategies will be explained, such as vaccination, nutrition, preparing meals under a low budget, the importance of physical activity, screening for specific diseases, hygiene principles (e.g., for certain diseases in a pandemic), women's health, special care in pregnancy, special requirements for baby care, building mental health resilience. The preventive strategies should come from the participants themselves. The trainer asks the participants and visualises the results to make the most important topics clear. The aim is not to cover as many topics as possible, but to filter out the ones that are most important to the participants.

- **Duration:** 60 minutes
- **Tool:** Module 2 - 2.4 Prevention strategies (PPT)

Action 2.5 Closing - debriefing

The trainer will summarize the main points of the training and will explain the homework for the trainees to be implemented online through the platform. The trainer will preview some of the content to be covered in DPTA_3.

- **Duration:** 10 minutes.

ONLINE SESSION 2: GUIDELINES, DURATION, AND TOOLS

During the week, the trainees will reflect and analyse the contents of the face-to-face session and will make notes of the most relevant aspects related to the content presented. The aim of the homework is to create a pocket guide with main relevant to health words used in the host country translated in their local language, using the template provided in the e-learning platform. They will also be assigned to explore various tools available on the platform. Trainees will be provided also with a checklist for main aspects of prevention they need to take care of (e.g., vaccinations, what kind of and when, basics of nutrition, hygiene rules, etc.)

- **Duration:** 60 minutes
- **Tools:**
 - Pocket guide template with important health words, issues and symptoms available in English and Greek to be translated in their language