

Czech Republic	Slovakia	Hungary	Poland
<p>HL is heterogeneous; several definitions. HL: important social determinant; is based on an observable set of skills that can be developed and improved through effective communication and education. HL: connected to 3 “pillars”: the health system, the field of culture and society, and the sphere of education.</p> <p>-Low HL affects individuals’ health and increases the use of health care and the financial costs associated. In opposition, a literate population often shows a higher level of education, higher incomes, better health, and, overall, a higher level of well-being.</p> <p>-3 levels of health literacy: 1. functional, 2. interactive, and 3. Critical.</p> <p>-4 fundamental periods: child at the beginning of school (approx. 7 years); young adult (approx. 15-25 years), adult, adult on the threshold of old age - senior (approx. 65 years).</p> <p>-Important factor: demographic perspective. Aging trend of the population in Europe. HL of the population is declining with age.</p> <p>Health literacy research dates back to the mid-90s. Throughout the years, different methods used to calculate the levels of health literacy, incl. : REALM (Rapid Estimate of Adult Literacy in Medicine); TOFHLA (Test of Functional Health Literacy in Adults); Health Activity Literacy Scale (HALS), which measures five areas of health literacy: health promotion, health protection, disease prevention, health care and maintenance, and the ability to navigate a health facility ; Newest Vital Sign (NVS) ; HLSQ-EU.</p> <p>3 surveys in the CZ (2014, 2016-2018,</p>	<p><u>(D)HL definitions used in SK:</u></p> <p>In Slovakia, the WHO definition (1998) which defines health literacy (HL) as “the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health”, is considered one of the most influential of the existing definitions of health literacy.</p> <p>The key prerequisites for HL are reading literacy, mathematical literacy, knowledge of the Slovak language, digital and media literacy, which are currently considered “basic skills” (literacy).</p> <p>In relation to digital health literacy, it is not a question of finding health information, but rather of knowing where to look for it, whether accessible sources of information provide adequate and useful information and whether health information is reliable. Digital health literacy is an essential element for the successful implementation of e-Health.</p> <p><u>DHL definition used in SK:</u></p> <p>Digital literacy is defined as “the ability to understand and use information in a variety of formats from a variety of sources presented through information and communication technologies”. With regard to digital health literacy (DHL), it is not a question of finding health information, but rather of knowing where to look for it, whether accessible sources of information provide adequate and useful information and whether health information is reliable. DHL is an essential element for the successful implementation of e-Health.</p> <p><u>Data collection methods (measures) used in (D)HL research studies:</u></p> <p>Within the period of 2015-2022, three research</p>	<p>1. The population of Hungary is ageing. This is more due to low birth rates than an increase in life expectancy. As a result, the size of the population is decreasing. In 1990 13% of the population was above the age 65, in 2020 it reached 20%. According to forecasts, the number of people over the age of 65 in Hungary will reach 29% of the population in 2030.</p> <p>2. There are big differences in the numbers in some regions of the country, which also means that a different solution will have to be found to care for the elderly in urban area where their proportion is the lowest, and in rural area, where it is the highest</p> <p>3. Based on a Health Literacy Survey’s results, although the understanding of health in Hungary is similar to the trends in other European countries, its extent somewhat lower than that. More than half of Hungary’s 16 or older population has only limited health literacy</p> <p>4. In another study, 14.3% of the respondents had either inadequate or marginal health literacy (8.3% inadequate, 6% marginal health literacy scores). The results are in accordance with the European outcomes of the S-TOFHLA, as in many countries the proportion of either marginal or inadequate health literacy was around 10 to 15%.</p> <p>5. Regarding the socio-demographic predictors, the results show that older participants possess a lower level of health literacy, which is in accordance with previous findings. As chronically ill people need to use and understand health-related</p>	<p><u>Ageing in Poland</u></p> <p>The ageing process in Poland is uneven, with cities experiencing faster ageing compared to rural areas. Differences in population ageing also exist between regions, beyond simple territorial divisions. Rural and small-town areas differ from large cities in terms of population ageing, access to technology, and health-related practices and competences. Economic, family, and social situations, as well as education levels, also influence health literacy among older adults. Lack of formal support can lead to exclusion and marginalisation of the elderly, especially when family assistance is insufficient.</p> <p>The sociodemographic context of the ageing population, with a growing number of older individuals and their increasing percentage in the population. The oldest age group, 80+, is expected to experience significant growth in the coming years. However, there are challenges in health literacy and the use of new technologies among older adults.</p> <p><u>Problems in health literacy amongst elders</u></p> <p>There are several deficits in health and pro-health behaviours among older adults, including digital health literacy, nutrition, physical activity, and smoking habits. Multimorbidity is common among the elderly, and the introduction of electronic systems and telemedicine can improve their medical care coordination. However, a significant percentage of older individuals continue to smoke, and physical inactivity is prevalent, contributing to negative health</p>

2019-2011). Next European survey: 2024.

1) Low levels in the CZ, the worse situation is in the field of disease prevention (i.e., the **ability to obtain adequate information, evaluate and use it in terms of disease prevention**).

2) **Strong evidence of the link between health literacy and the financial situation of seniors & health literacy and the social status of seniors.** The study also distinguished between navigation, communication, digital and vaccination health literacy.

3) Difficult for many respondents to assess different treatment options, use media information to prevent disease, and **find information on how to manage mental health problems.**

-List of recommendations of the authors of the studies on how to improve policy, research/practice:

-the adequate physical activity of the elderly (related problems: obesity, malnutrition, dehydration, insomnia,

-qualitatively and quantitatively balanced nutrition,

-sleep hygiene,

-adequate physical activity with regard to the individual's state of health,

-awareness of seniors about healthy lifestyle issues,

-educational programs and activities dealing with health promotion,

-free preventive examinations focused on diseases of civilization and screening examinations,

-prevention of injuries and poisonings in old age, memory exercises and cognitive training.

-make efforts to enable people to better access, understand, evaluate and apply information in order to strengthen health care, disease prevention, and health promotion,

-regular measurement of health literacy status and progress,

-systematic introduction of health literacy in schools, adult education, media, etc.

-targeting at-risk groups in order to reduce

studies were carried out among adult population including Slovak senior citizens and using the following measures:

- 2014-2015 - the Health Literacy Questionnaire (HLQ);

- 2019-2020 - the short forms of the European Health Literacy Survey Questionnaire (HLS₁₉-Q12, HLS₁₉-Q16, HLS₁₉-DIGI);

- 2021 - the Newest Vital Sign (NVS).

Main findings on (D)HL in seniors:

The current state of (digital) health literacy among Slovak seniors can be described only partially due to the limited availability of data. Some trends in the (digital) health literacy level among Slovak seniors can be estimated from surveys in selected areas of reading, mathematical, financial or digital literacy.

The HLS₁₉ data (2019-2020) showed the following share of the General HL levels achieved in the Slovak population: "problematic" (36%), "sufficient" (31%), "inadequate" (23%), and "excellent" (10%). The highest average difference between the "subpopulation means" and the country' GEN-HL mean score (69.7 in SK) was found for respondents "aged 76 or older" with -22.4 points, followed by those with the "lowest education ISCED levels 0 or 1" with -20.4, and by subpopulation with "bad or very bad self-perceived health" with -19.6 points.

A more detailed assessment of the digital knowledge level of people in pre-senior (55-64 years) and senior (65-74 years) age is available through the regular internationally harmonised **European Social Survey surveys (ESS, 2017)**. The results showed that more than a third of the Slovak population aged 55-64 had not worked with the Internet in the last three months, and thus their overall digital skills could not be identified. In senior age, such behaviour accounted for almost two-thirds of the population and at the age of over 75, only about a tenth of respondents said they had worked

information on a regular basis, it is crucial to increase the health literacy level in this population.

6. Research in 2020 has shown that the participants find the health care systems complex, expensive, and difficult to access. As a result, they often do not seek the care they know they would need. Also, although experiencing problems with navigating the health care systems first-hand, the participants did not feel empowered to change these systems but rather felt they had to endure them.

7. Based on the data of 2010–2018, a quarter of the population in Hungary feels limited in terms of everyday activities.

8. As a survey conducted in 2015 found that about half of Hungarians did not have adequate health education, there would be a need for effective policy measures that would hopefully improve the health status of the population and the overburdening of the healthcare system

consequences. Unfavourable dietary trends, such as the consumption of refined flour products and low intake of vegetables and fruits, further impact health.

The prevalence of **obesity and overweight** among older adults is a concern, with higher rates among women and those with lower education levels or living in rural areas. These health risks are influenced by various factors such as health habits, family status, education, financial situation, and place of residence.

The COVID-19 pandemic has highlighted the importance of responding to the needs of the elderly, leading to changes in the health system and social policies. New technologies have played a role in maintaining social contacts and mental well-being during isolation. However, digital exclusion among seniors remains a challenge that needs to be addressed through long-term actions.

The impact of the Ukraine-Russia war on Poland's health system

The ongoing war in Ukraine has also impacted the ageing population in Poland, with an influx of refugees, particularly women and the elderly. This situation poses additional challenges for the health care system, which was already burdened before the war. The need for accessible services in the Ukrainian or Russian languages adds complexity to the health care system's response.

Established health programs

To support healthy ageing, programs such as the 40+ prevention program offer free diagnostic tests for early disease detection.

health literacy inequalities, eg in mental health, -strengthening communication and interaction in health and healthcare-related environments, -developing health literacy capacity, the workforce to improve health and well-being, -strengthening systems and organizations to make them more health-literate, eg easier for them to find their way around, and -increasing the credibility of vaccination information and communication.

National Strategic programs: are based on statistics on the health status of the population of the CZ, demographic data, and the overall social situation, in order to actually set the priorities and goals. Ministry of Health of the CZ is the main sponsor. An integral part of these strategies was the effort to increase the health literacy of the population.

- **National Strategy for the Protection and Promotion of Health and Disease Prevention (2016-2020), in relation to Health 2020 - National Strategy for Protection and Support & European Health 21 program**

*** 2 strategic goals: Improve the health of the population and reduce health inequalities; Strengthen the role of public administration in the field of health and invite the establishment and decision-making of all sections of society, social groups and individuals.**

*** 4 priority areas:**

- 1) Implement lifelong investments in health and disease prevention, strengthening the role of the citizen and his or her health potential;
- 2) To face serious health problems in the area of non-infectious and infectious diseases and to continuously monitor the health status of the population ;
- 3) Strengthen people-centered health systems, ensure access to health

with the internet in the last three months.

Digital competencies play a role in accessing these programs, and remote tools have become more important during the pandemic. Initiatives from both **governmental and nongovernmental actors** aim to promote physical activity and overall well-being among seniors. However, digital exclusion, limited publicity, and the ongoing crisis of care activities in Poland are factors that need to be addressed to improve health literacy among the elderly.

services, focus on health protection and promotion and disease prevention, develop public health capacity, ensure crisis preparedness, continuous health monitoring, appropriate emergency response;

4) Participate in creating conditions for the development of resilient social groups.

Table 2 – Topics for the development of activities within the NS Health 2020

- **Health 2030 - Strategic framework for the development of health care in the Czech Republic until 2030.**

Objective 3 - Health and quality of life deals specifically with the topic of health.

Main goal: **"The health of all citizens is improving"**.

3 strategic goals: **1) Improving the health of the population, 2) Health system optimization, and 3) Support for science and research.**

see Table 3 – Specific objectives Health 2030

The issue of population health literacy has an irreplaceable place in the program. It is devoted to a section called **1.2 Specific objective - Primary and secondary disease prevention, literacy, and responsibility of citizens for their own health**. This specific goal seeks to methodically address the issues of primary and secondary prevention, so as to contribute to increasing the health literacy of the population. Part of the program is the establishment of an interdisciplinary platform that would participate in the implementation of defined objectives. An important prerequisite is a close cooperation with health care providers, especially at the level of primary care.

The implementation activities were specified on the basis of the following conclusions:

- flexibility of the health care system in connection with current threats
- infectious diseases
- non-infectious diseases are the most common cause of death in the Czech Republic - the need for a conceptual solution to primary, secondary and tertiary prevention,
- exposure to air pollutants,
- declining immunization and antimicrobial resistance,
- high prevalence of obesity, including the child population,
- inappropriate behavioral aspects of health,
- unhealthy lifestyle
- substance abuse,
- optimization of screening programs

From these conclusion+COVID - 19 pandemic, a fundamental focus on the area of health promotion and protection and disease prevention is evident. **See Table 4 – Sub-objectives**

-Despite previous surveys and programs, the health literacy of the Czech population is still low and lags behind most European countries. The **community is aging** and its health is still very much affected by **lifestyle risk factors such as tobacco use, alcohol consumption, unhealthy lifestyle and associated obesity.**

-"It is necessary to focus on the knowledge and skills of older individuals, not to highlight their potential shortcomings. The whole approach is based on an awareness of the rights of older adults and seniors in terms of their independence, participation, dignity, care and personal fulfillment and an effort to integrate them into a society in which they are considered full citizens".

-"Active Aging": A Policy Framework, WHO; The EU's contribution to active aging and intergenerational solidarity, 2012. **Key words, definitions.**

The policy of preparation for aging in the Czech Republic is coordinated by the Ministry of Labor and Social Affairs. Its main activities include the preparation of strategies (MLSA): **National Action Plan Supporting Positive Aging.** Health literacy was mainly addressed in the **Healthy Aging** chapter and the strategic goals:

- Strategic goal G1: To increase the awareness not only of seniors about a healthy lifestyle and to motivate them to take responsibility for their health*
- Strategic goal G2: To create a sufficient offer of prevention programs in the community and in a society that emphasizes a holistic approach*
- Strategic goal H1: To set scales of health and social services that meet the different needs and specific life situations of seniors*
- Strategic goal H2: To increase the awareness of informal carers who use their maximum potential both in their job and in the care of their loved ones*

3 remarks:

- prevention programs are often aimed only at the elderly and do not sufficiently reflect the diverse needs of citizens over the age of 50 and over.
- a frequent barrier is their insufficient interest and motivation to participate in preventive actions.
- Local governments are of great importance in the development of health conditions, which, within their independent competence, should also deal with the all-around development of their territory and the needs of their citizens. It is the creation of local communities and the implementation of specific programs within them that is the most effective tool leading to changes or the promotion of a healthy lifestyle.

<p>-Strategic framework for preparation for the aging of society 2021-2025 Part of the document deals with health and prevention (quality of life, access to health care as well as the issue of integration of health and social care, and the need for a comprehensive solution for geriatric care). Are also included in educational activities (i.e. the preparation of round tables or senior days).</p>			
<p>Digital health care = 2 broad categories: eHealth and mHealth.</p> <p>-According to EU, eHealth (including mHealth and Telehealth) services and products » topic focuses on the following aspects: <ol style="list-style-type: none"> 1. Approval, certification, authorization, and reimbursement rules 2. Interoperability 3. Privacy and liability rule 4. Professional qualifications 5. Online sales of pharmaceutical products </p> <p>-Digital health technologies and care enable meaningful integration of knowledge and information to accompany citizens in preventing, diagnosing, monitoring, and solving their health-related issues, and lifestyle habits that impact health and to effectively strengthen the capabilities and capacities of medical workers in these situations.</p> <p>-For patients/consumers: Facilitate prevention, early diagnosis of life-threatening diseases, and management of chronic conditions outside of traditional health care settings, monitoring oh health and wellness-related activities.</p> <p>-For providers/other stakeholders: Reduce inefficiencies and costs, improve access, increase quality, and make medicine more personalized for patients by benefiting from a</p>	<p>Findings from the long-term project on Digital Literacy in Slovakia showed that problems in mastering modern technology or complete resignation currently affect people over the age of 65 - up to 40% have difficulties with adapting and 52% do not adapt at all.</p> <p>Based on the HLS₁₉ data (2019-2020), in identifying the sources from which they sought the latest health information, 26% of seniors consulted a health professional, 26% obtained information from printed materials such as newspapers, leaflets or books, and 21% preferred information from their surroundings (family or friends). Furthermore, they drew less information from the digital sources or alternative healers. Of the seniors who reported they used the digital environment to obtain health information, more than half visited websites and more than a third watched social networks and discussion forums. Digitally-skilled seniors also reported using electronic communications with their healthcare provider and mhealth apps on a smartphone. However, as many as 74% of seniors said it was difficult for them to assess the pros and cons of different treatment options. For 67% of seniors, it was difficult to assess whether the information on health risks presented in the media is credible. For more than half of the seniors, it was difficult to decide how to protect themselves from the disease according to information from the media. For most of them, it</p>	<p>In 2020, 88% of Hungarian households already had Internet access. 28% of Hungarian Internet users used the Internet to register for a medical examination at a health care institution, and one-fifth to access their personal health data. Instead of visiting health care facilities in person, 21% of Internet users sought an online consultation or a prescription.</p> <p>However, due to physical isolation during the Covid-19 pandemic the internet became a major contact channel regarding all aspects of life and the Eurostat data shows significant increase in internet usage also among the 65-74 years old population there was still high proportion (appr. 45%) of Hungarian older adults who never used internet in 2020.</p>	<p>Digital health literacy among older adults in Poland is becoming increasingly important as the country faces a rapid ageing population. With over 1/5 of the population being elderly, there is a growing need to focus on healthy ageing and ensuring appropriate healthcare conditions and lifestyles. The use of digital technologies, especially in the context of healthcare, is crucial for meeting the diverse needs of older individuals and supporting their health competencies. The COVID-19 pandemic has further emphasised the importance of digital competences and remote communication channels in addressing health threats and challenges faced by older adults.</p> <p><u>The impact of COVID-19 in the development of digital health literacy</u></p> <p>During the pandemic, the mental and physical health of seniors was negatively impacted due to isolation and limited activity. Studies have shown a deterioration in mental well-being and decreased physical activity among older adults. Accessing healthcare, particularly specialist care, became difficult for two-thirds of seniors, and a third of them had to discontinue their treatment due to the pandemic. This situation not only affected the older adults but also put significant pressure on their</p>

<p>more holistic view of patient health through access to data.</p> <p>-Digitally health-literate individuals can indeed use ICTS and devices to find and benefit from health services and information and communicate effectively with health professionals.</p> <p>-Populations at risk for limited health literacy are similarly vulnerable to having challenges with digital health literacy. In this category can be found the seniors.</p> <p>6 skills :</p> <ul style="list-style-type: none"> -traditional literacy -health literacy -information literacy -scientific literacy -media literacy -computer literacy. <p>-Digital health offers real opportunities to enable better use of increasing volumes of health data in research and innovation to support policymaking, personalized healthcare, better health interventions, and more effective, accessible, and resilient healthcare systems.</p> <p>-Internet use by seniors : The elderly= not heterogeneous population because they have different needs as they age, so this usually leads to the division of the elderly into three distinct groups: 55-64 years old, 65-74 years old, 75 and more years old. 55 is the starting seniors' age in CZ. The number of seniors aged 65 and over increased in 2020. The average life expectancy at the age of 65 developed similarly.</p> <p>-CZ has a medium rate of elderly people using internet-based health care services among European countries, elderly people remain in overall less experienced with the internet, and hence, in danger of being</p>	<p>was easier to understand the health advice from family and friends.</p> <p><u>National strategies, programs and action plans linked to (D)HL in seniors:</u></p> <ul style="list-style-type: none"> - Strategic framework for health for 2014-2030 - declares that, healthy and active ageing of population is a policy priority and important research priority; and among the seniors will be very important the engagement in initiatives aimed at active and healthy ageing contributing to a healthier and better life of people in retirement categories and to their long-term self-support. - The expected outputs in terms of impacts of the National Health Promotion Program implementation include increased (D)HL (knowledge and attitudes) in the field of healthy lifestyle, diet and eating habits, and in relation to vaccination. - Strategy for Lifelong Learning and Counselling for the years 2021-2030 presents the public policy aimed at increasing general literacy which is an important prerequisite for increasing the (D)HL. It considers digital and media literacy to be an essential part of basic skills. - National Active Ageing Program for 2021-2030 (NPAS-II) supports general literacy of seniors in the strategic goal: Utilising the potential of people for active ageing as a basis for sustainable development of society through sustainable development of further education infrastructure; and seniors' health literacy in the strategic goal: Affordable and quality health care supporting the initial potential of people for active ageing. - 2030 Digital Transformation Strategy for Slovakia and the Action Plan for the Digital Transformation of Slovakia for 2019-2022 presents the key national documents for supporting the potential of seniors in increasing their digital skills (digital literacy) including DHL. <p><u>Main interventions:</u> At present, further education of seniors in</p>		<p>families and caregivers. Caregivers experienced mental distress and faced challenges in accessing healthcare.</p> <p><u>Digital medicine in Poland</u></p> <p>Tele-advice, a form of e-health, has emerged as a critical tool during the pandemic. Although tele-advice was introduced in Poland in 2019, its utilisation significantly increased during the pandemic. It allows healthcare professionals to provide remote care using electronic systems or connectivity. While tele-advice is regulated for primary care physicians, there are no specific standards for specialist care services. The implementation of tele-advice has been analysed concerning the needs of older adults, including those with communication difficulties. Although tele-advice regulations were initially considered for exclusion from elderly patients, they did not come into force.</p> <p>Telecare, specifically for older adults with limited independence, has great potential in digital health development. It utilizes communication and information technologies to address healthcare needs, support caregivers, and coordinate services effectively. While Poland has a strong ICT sector and is well-prepared technologically, telecare is still in an early stage of development. Existing solutions involve safety sensors that enable crisis response through SOS signals. However, there is a lack of systemic regulation and public policies in this area. The use of advanced tools such as robotics and artificial intelligence in telecare, which are increasingly utilised in Western and northern Europe, remains limited in Poland's long-term care for the elderly.</p> <p><u>Digital competencies and digital gap in Polish elders</u></p>
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<p>excluded.</p> <p>-The proportion of mobile internet users among the elderly remains low and is due, among other things, to the fact that most elderly people do not have a smartphone. There is a strong correlation between internet access and household income levels.</p> <p>-Age (as well as respondents' previous experience with the Internet, such as at work) is a key factor in older adults' Internet use and that internet use decreases with age, but the breakout age appears to be above 75.</p> <p>-Older adults should receive training on how to use the Internet, as training can help them overcome psychological and social barriers that limit their use of the Internet.</p> <p>-European Citizens' Digital Health Literacy survey released in 2014: -CZ citizens do use the internet to search for health related information, but only 3/10 seniors (aged 55 and over) do it. -CZ citizens looked for information to get a second opinion after visiting their doctor & general information on health-related topics or ways to improve their health. This information concerns notably lifestyle choices, such as diet, nutrition, physical activity, smoking, alcohol, etc. -not very satisfied with the health-related information found on the Internet, mostly for the following reasons: commercially oriented, not tailored to their specific needs, not available in a language they speak.</p> <p>-national/nationwide systems to support the provision of health services through information and communication technologies (telemedicine) remain limited.</p> <p>-the knowledge of the influences of the adoption of internet-based health and care services by elderly people is still insufficient.</p>	<p>Slovakia including (D)HL is provided mainly by universities of the third age (UTV) at universities; academies of the third age, which operate mainly with the support of cities and municipalities; seniors' clubs within the Pensioners' Union in Slovakia; Regional Public Health Authorities; other further education institutions or NGOs. The key actors and their actions in the field of seniors' digital health literacy or related areas are presented in Table 6.</p> <p><u>Main findings of desktop research:</u></p> <ul style="list-style-type: none"> • In Slovakia, (digital) health literacy is a new public health research area with very limited data on (digital) health literacy of seniors. • In the area of seniors' (digital) health literacy, Slovakia refers more to data from other countries and increases the awareness on the issue by presenting it in national language. • The growing interest in (digital) health literacy research is observed more in nursing and public health than in other health professions. • Health literacy is partly incorporated in the strategic national documents. • There is a need to integrate health literacy as a cross-cutting theme in general reading, mathematics, financial and digital literacy projects for seniors. • There is a need for coordination and networking of literacy actors among seniors at local and regional level 		<p>The digital competences of older adults in Poland vary based on their age and social status. A survey conducted in 2021 revealed that 17.7% of respondents aged 60 and above do not use a computer or laptop at home. The percentage increases with age, with 52.3% of seniors aged 80 and above not using these devices. Additionally, 61.5% of seniors do not utilize the internet for health-related information. Digital exclusion is a significant concern, affecting the ability of older adults to function fully in society. Despite these challenges, there is a growing interest among seniors, especially the younger ones, in remote doctor consultations and health monitoring.</p> <p>New technologies, including the internet, play a crucial role in supporting the independent and active lives of older adults. They provide access to information, enable participation in cultural and educational events, and facilitate engagement in local communities. The internet has also become a platform for seniors to contribute to participatory budgets and report issues to local authorities.</p> <p>Digital health literacy among older adults in Poland is essential for promoting healthy ageing and addressing the healthcare needs of this growing population. The COVID-19 pandemic has highlighted the importance of digital competences and remote communication channels in ensuring the well-being of older adults. Tele-advice and telecare have emerged as valuable tools, although their implementation and development are still in progress. Overcoming digital exclusion and improving digital competences among older adults are critical steps towards enhancing their overall health and quality of life.</p>
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Same goes for the **share of information about the patient's condition and the course of their treatment.**

-CZ won the **lowest rating in the area of patient rights and information among the six areas** that evaluated the performance of the health system (*electronic prescribing, access to electronic medical records, online health service ordering, registering of healthcare providers with the evaluation of quality*) because **patients must explicitly agree with the management and processing of data** apart from healthcare providers. Shared private health data through electronic health records faces important resistance in the CZ, due to **data privacy issues.**

-The **inadequacy of the legislative system is considered as one of the causes of the current situation**, which is according to ITU analysis of mHealth in the EU only in the experimental phase. A **voluntary policy is needed** to subsidize the equipment of health providers or raise remuneration, train the users, and put in place judicial rules that reassure people on the use of the information.

-Surveys from WHO :

-effectiveness and cost-effectiveness as well as funding, policy, legal issues, and priorities constitute a very important barrier to mHealth supporting universal health coverage

-the lack of integration and information sharing also constitutes an important barrier to big data supporting universal health coverage

-Individuals don't have the legal right to specify which health-related data from their EHR can be shared with health professional of their choice

Results unknown :

-tertiary institutions provide training to students of health sciences on the use of ICT for health (eHealth) or the use of social media for health,

-institutions or associations offer in-service training in the use of social media for health as

part of the continuing education of health professionals.

-health care organisations actually use social media to promote health messages as a part of health promotion campaigns

-National Strategy for eHealth (2016-2020) : develop support in the provision of healthcare services using information technology, which brings growth in the availability, quality, safety, and efficiency of the Czech healthcare. 4 strategic objectives, incl. : **Creation and development of information infrastructure and electronic healthcare management.**

Considers ICT to be **supporting tools which allow solving problems of health systems and the healthcare system as a whole.**

Besides, during this period:

-the mandatory use of electronic prescriptions has been enshrined in existing legislation (2018).

-an adequate national system has finally managed to be introduced when digitalization of health records and the creation of a national health information portal was viewed as a solution.

-Strategic Framework 2030 : Every citizen is expected to have an **electronic health record by 2030**, in a **digital environment enabling the sharing of health records.**.. All interaction btw patients, medical professionals, and insurance companies will become more efficient and faster, whereby emphasis will be placed on cyber security and data protection. Since 2016, the Ministry of Health has been focusing on the **reliable identification of patients, healthcare workers and providers, and other entities as well as the sharing of information about health care across the whole sector.**