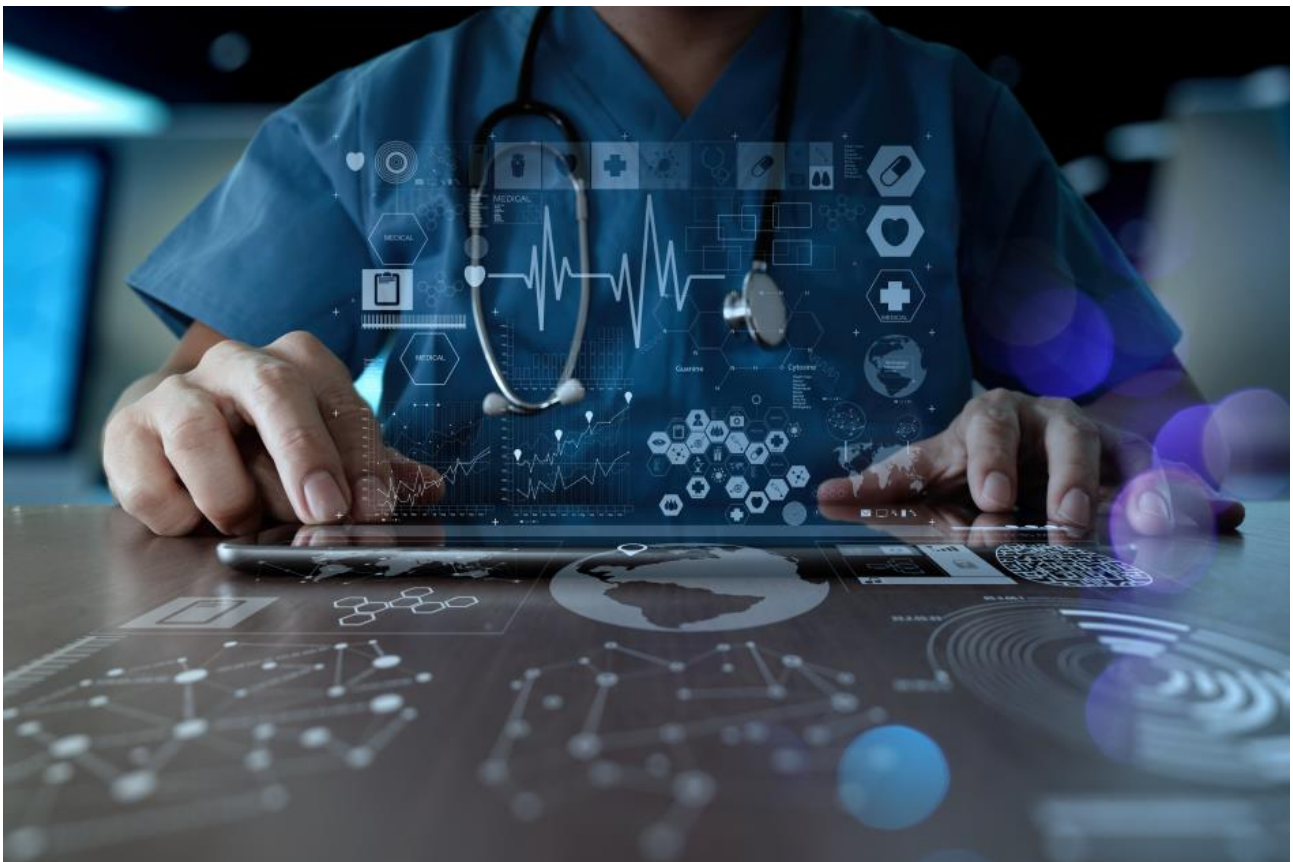


EUROPEAN HEALTH DATA SPACE

Final Report

April 2023

Belgium, Czech Republic, France, Germany, Greece, Italy, Portugal, Spain



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EXECUTIVE SUMMARY

Executive summary

Objectives, methodology and sampling

The primary goal of the European Health Data Space (EHDS) is to empower individuals through better digital access to their electronic health data, nationally and cross-border. The draft regulation also aims to provide both public and private entities (researchers, innovators, policy makers and regulators) with a single access to electronic health data, in a pseudonymized format, across the EU (secondary goal).

However, many questions remain unanswered, such as: what kind of data will be made available for primary and secondary use; who will be granted access to those data, as well as why and for what purpose; what regulatory framework will be put in place, to assure transparency and compliance with data protection standards.

Given the high sensitivity of the initiative, in terms of fundamental rights, more in-depth research is needed to assess the initiative's impact on consumers and their data protection rights. In this context, the following survey aims to collect and measure consumers' knowledge, attitudes, and concerns in relation to sharing their electronic health information and to their right to privacy.

Objectives

The survey aims to assess and measure the following aspects:

- What kind of data are consumers willing to share for primary and secondary use: basic health information, genetic data, pharmaceutical prescriptions, sociodemographic characteristics (e.g., housing, education, work, family, income), etc.
- With what actors (family physician, doctors in urgency services, other health professionals, researchers, private companies, policy makers, regulators) are willing to share their electronic health data and for what purposes.
- "Opt-in" VS "opt-out" options: consumers' attitude by type of data/actor/purposes.
- Level of awareness about the current situation in their country.
- Level of awareness about the EHDS initiative.
- Level of trust in national and EU institutions, regarding safe data handling, transparency, protection against data misuse, etc.

Along with these main subjects, the survey will collect data for consumers' segmentation (socio-demographic variables) and further in-depth analysis.

Some of the key aspects to be covered by complementary analysis are:

- Attitude towards technology and AI systems.
- Awareness of digital rights and knowledge of GDPR regulation.
- Attitude towards data privacy in general.
- Health condition.

EXECUTIVE SUMMARY

Methodology and sampling

An English questionnaire was elaborated, then translated and adapted to the national contexts.

The fieldwork has been carried out in parallel in all countries between the 21st and the 27th of February 2023. Answers were collected through an online self-administered questionnaire distributed to respondents making part of panels provided by an external vendor (Cint*).

For each country, respondents ranging from 18 to 74 years old were involved, the samples were a-priori stratified using interlocked quotas by age, gender and geographical area.

Afterwards, a weighting procedure was applied to the samples in order to reflect the distribution of the national populations in terms of gender, age, educational level and geographical area.

Number of valid questionnaires collected by country:

Belgium	Czech Republic	France	Germany	Greece	Italy	Portugal	Spain	TOTAL
1.012	1.003	1.002	1.009	1.008	1.013	1.015	1.005	8.067

Due to the mathematical correction of the weighting procedure, the total N in the tables is different from the number of valid responses.

*The Cint platform and its products comply with ESOMAR, MRS, ARF, MRIA, AMA, AMSRO, Insights Association standards and ISO 20252. Panellists are recruited by registration pages and validated by a double opt in procedure, with anti-duplication and Geo-IP control.

EXECUTIVE SUMMARY

Minimum number of observations

Whenever the number of observations is too low to be statistically stable, the results in the tables are presented in a grey font and should not be used for publication. This is the case of percentages referring to less than 50 cases and means referring to less than 30 cases.

Ranking most common answers

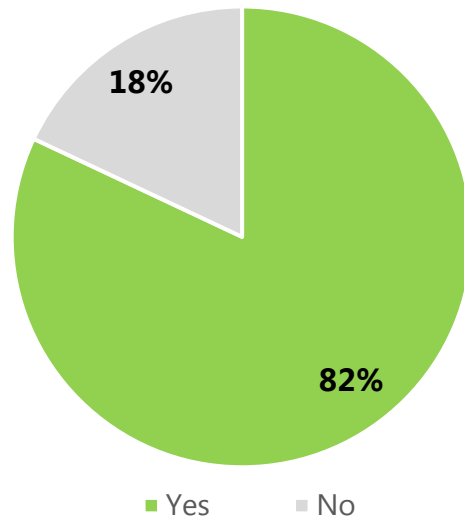
In tables showing results from questions where multiple responses were foreseen, the following scale of greens is used to mark and rank the most common answers. This scale is simply intended to ease the consultation and doesn't reflect any statistical procedure.

1st
2nd
3rd

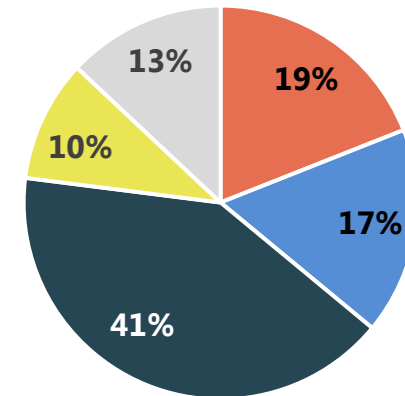
EXECUTIVE SUMMARY

Overall results

Do you use online health platform(s)?



Have you adjusted your privacy settings on them?



Base: respondents using online health platforms

- Yes, I limited the access to some professionals/entities
- Yes, I authorised the access to all foreseen professionals/entities
- No
- No, but I would have wanted to (I didn't know how or it was impossible to do it)
- I don't know/remember

82% of respondents use at least one online health platform [pag. 72-80].

In most of the countries, educational level is the aspect having the highest influence on the use of such platforms, with high educated people using them more than low educated people [pag. 81-82].

The most common purposes for using online healthcare platforms are: fixing appointments/consultations (indicated by 64% of respondents), accessing own medical records (45%), asking/checking medical exams (43%), and asking/checking prescriptions (41%) [pag. 85].

Regarding the privacy settings of these platforms, most people didn't adjust them (41%). 10% of respondents wished to do so, but were not able to do it, 19% did it and limited the access to their personal data to some professionals/entities, and 17% did it and allowed the access to their personal data to all foreseen professionals/entities. The remaining respondents (13%) don't know or don't remember whether they did it or not [pag. 86-88].

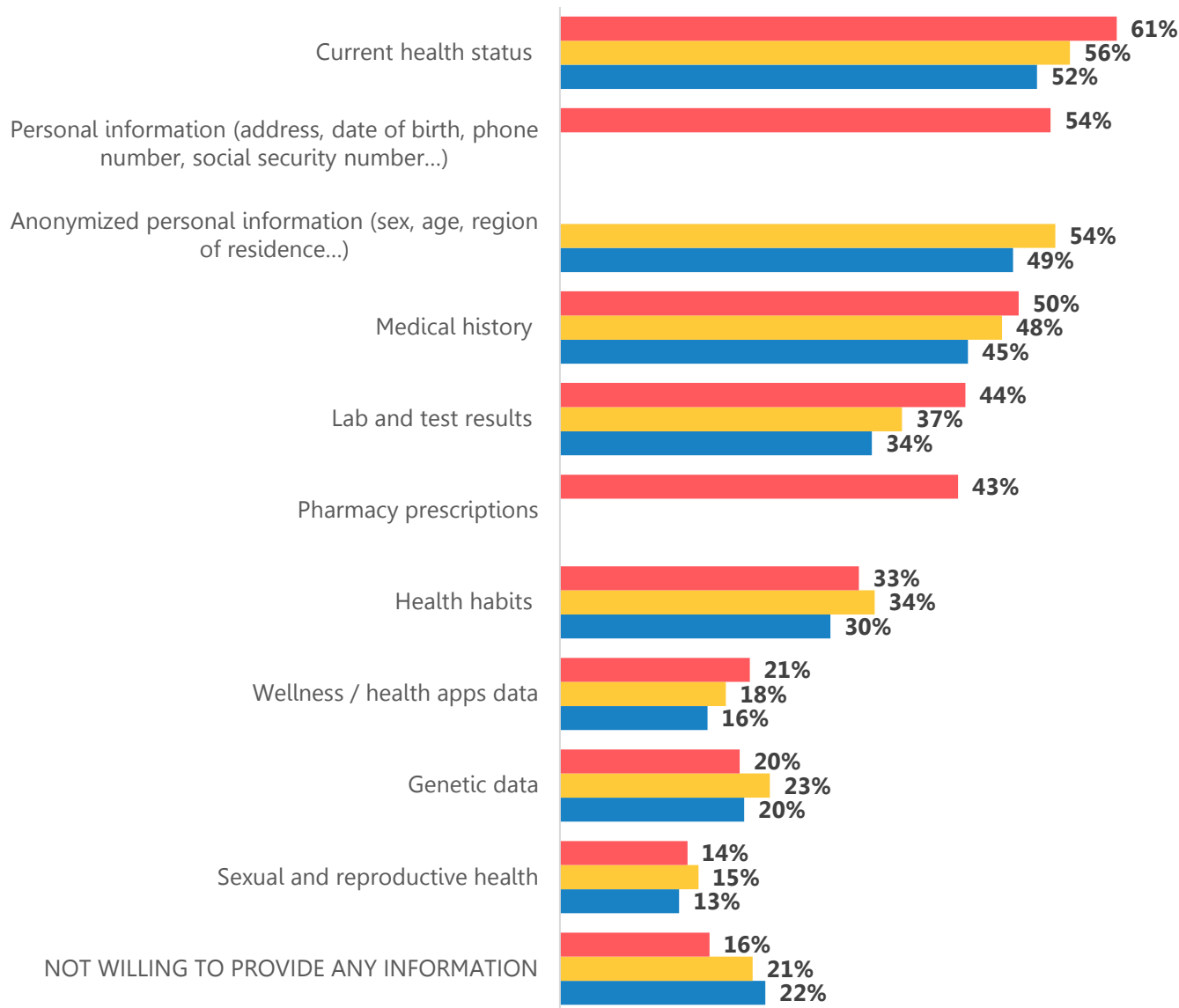
Among respondents who don't use any online healthcare platforms, the most common reasons are: preferring the traditional contact channels (41%), not feeling the need to use them (32%), and not knowing the existence of these services (20%) [pag. 83].

EXECUTIVE SUMMARY

Which of the following types of personal information would you be willing to provide through an online healthcare platform for...?

■ Care purposes ■ Scientific research ■ Public health purposes

[pag. 90; 97; 102]



About one fifth of respondents would not be willing to share personal information for public health purposes (22%) and scientific research (21%). This percentage is slightly lower regarding care purposes (16%).

The kind of information that people are more willing to share (for any of the three purposes investigated) is the current health status.

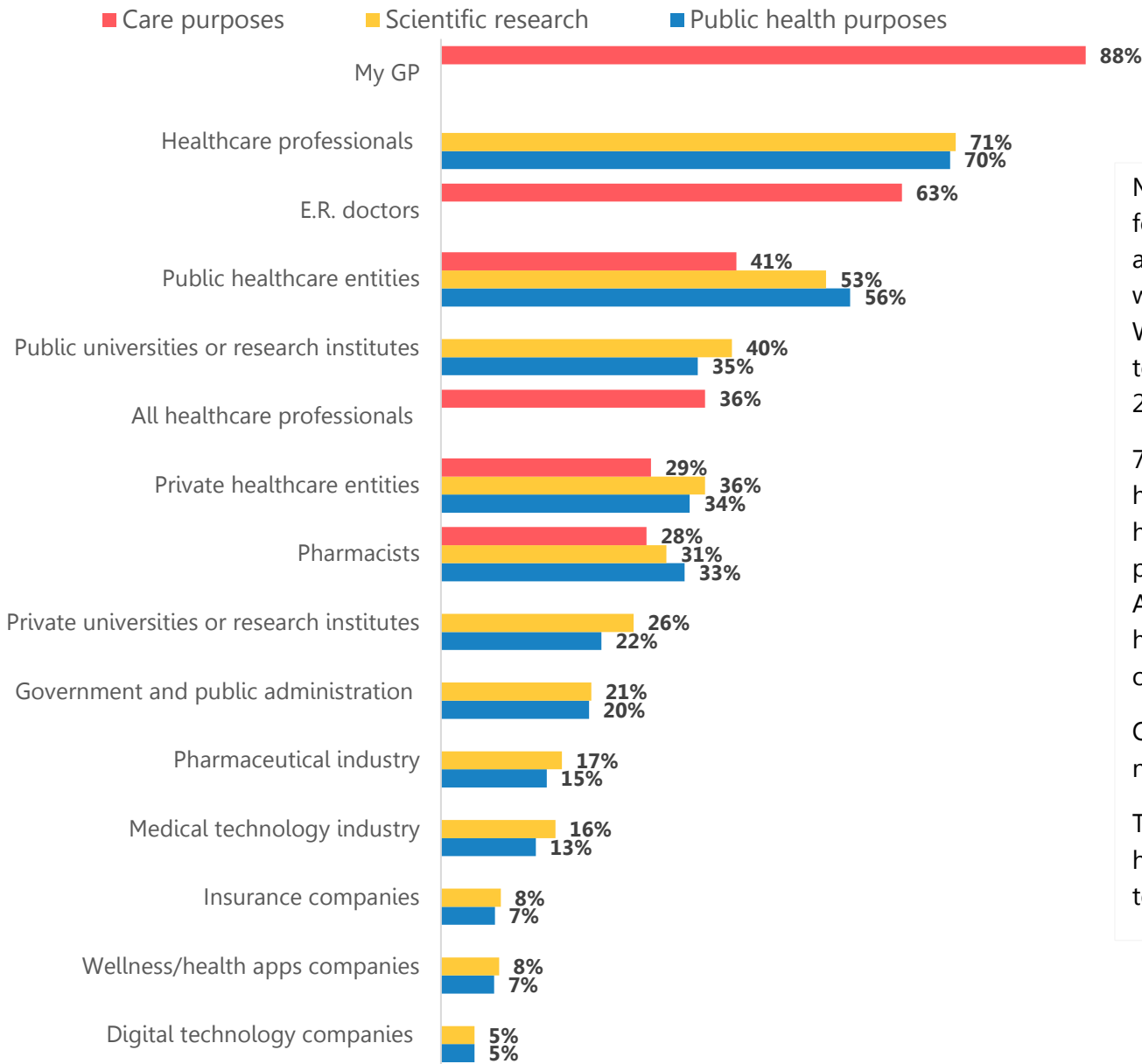
About half of respondents are willing to share personal information (anonymized in the case of scientific research and public health purposes) and their medical history.

The types of information that less people are willing to share are those related to sexual and reproductive health, genetic data and personal data tracked by wellness/health apps.

In most countries, younger respondents tend to be more willing than the older ones to provide their personal health information for each of the three purposes investigated [pag. 91-92; 98-99; 103-104].

EXECUTIVE SUMMARY

Who would you be willing to give access to your health data, through an online healthcare platform, for...?



[pag. 93; 100; 105]

Most people willing to share their health information for care purposes would do it with their GP (88%); 63% are available to share it with E.R. doctors, but only 36% would give access to all healthcare professionals. When asked about healthcare entities, 41% are willing to provide personal health data to public ones and 29% to private ones.

7 out of 10 respondents who are willing to share their health information for scientific research and public health purposes would do it with healthcare professionals.

About half are willing to provide access to public healthcare entities, and about one third to private ones.

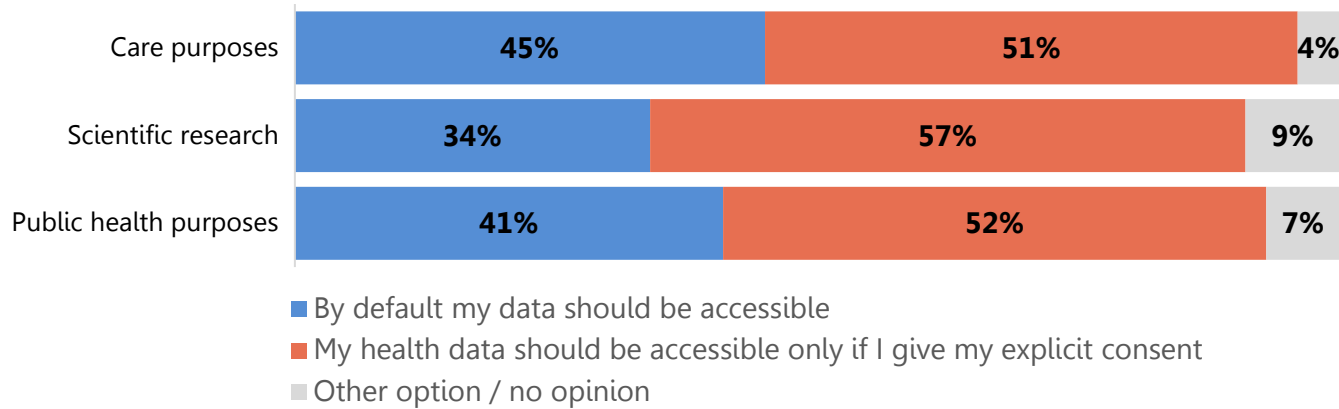
Only 1 respondent out of 5 would give access to the national public administration.

The entities people are less willing to share their health data with are companies in the field of digital technology, wellness/health apps, and insurance.

Base: respondents willing to provide (some) personal data for each purpose

EXECUTIVE SUMMARY

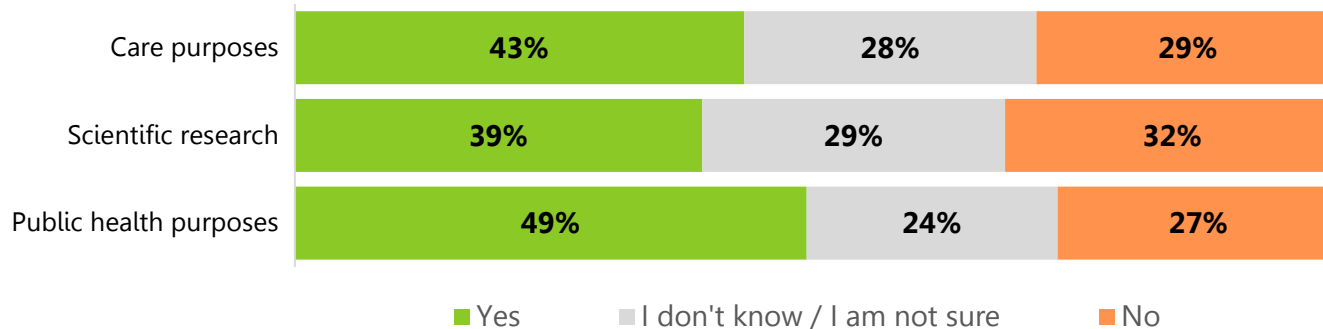
Concerning the access to your health data, which of the following options would you prefer?



Base: respondents willing to provide (some) personal data for each purpose

For all the purposes investigated, about half of respondents think that their health data should be accessible only after they provide an explicit consent. Anyhow, the share of people who prefer their health data to be accessible by default to health professionals/entities is not minor (from 34 to 45%) [pag. 94; 101; 106].

Would you be willing to give access to your health data, in other EU countries for...?

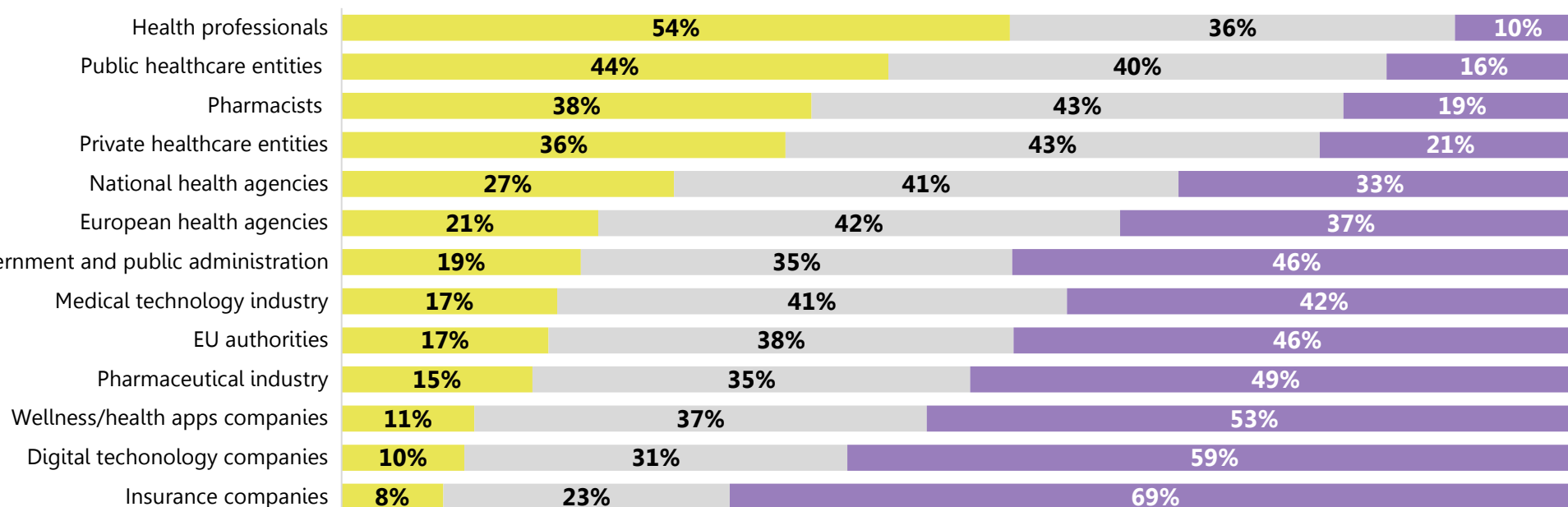


Less than half of respondents (from 39 to 49%) are willing to give access to their own health data across EU countries. The rest of the sample is almost equally divided between those who don't want to give access to their data in other EU countries and those who are not sure or don't have an opinion about it [pag. 94; 101; 106].

EXECUTIVE SUMMARY

To what extent do you trust the following people/entities regarding the use of your collected health data?

■ High/complete trust ■ Some trust/no opinion ■ No/low trust



The graph above shows the percentages of respondents who trust (and don't trust) each professional/entity regarding the use of their collected health data. Only health professionals get high/complete trust by more than half of respondents. Private companies in the field of insurance, digital technology, wellness/health apps and pharmaceuticals are the entities fewer people trust (not more than 15%) [pag. 107-112].

Only 21% of respondents trust national authorities to efficiently control/prevent an abusive use of their health data by organisations and companies, and even less (19%) trust EU authorities on that [pag. 113-114].

The most common worries regarding the share of health data through online platforms are: theft of data by criminals/fraudsters (44%), unauthorized access to personal data (40%), unauthorized use of them (39%) [pag. 115].

On the other hand, the potential benefits perceived by a larger number of respondents are: development of new or better diagnostic systems (39%), easier access to treatments in EU Member States (32%), easier access to the personal health record with less risk of losing documents (32%) and better medical follow-up (30%) [pag. 116].

EXECUTIVE SUMMARY

To what extent do you agree with the following sentences?

Disagree Neither agree not disagree Agree

Healthcare professionals of other EU countries should have access to my personal health data to secure good treatment in case of medical emergencies (e.g. car accident abroad)

22% 27% 51%

Health data that cannot be completely anonymized (e.g., genetic data) should not be used for research purposes, without explicitly asking for consent from patients

11% 20% 69%

Private companies should be able to use citizens' health data also for purposes beyond the ones citizens gave their consent to

63% 20% 17%

The profit created by companies through the utilization of citizens' health data should be reflected in more affordable and accessible healthcare services and medicines

8% 24% 68%

My health data should be automatically registered on an online healthcare platform by health professionals treating me

21% 27% 52%

I want to choose for myself which data I give access to which health care professional and for what purposes

5% 14% 81%

I'm willing to give access to my (anonymized) health data to help develop new medicines and treatments

18% 28% 54%

[pag. 117-121]

Most respondents (81%) state they want to be able to choose which personal data they give access to, to whom, and for what purposes.

A large majority (63%) think that companies shouldn't be allowed to use citizens' health data for purposes beyond the ones they gave consent to.

About two thirds of respondents think that health data which can't be completely anonymized shouldn't be used for research purposes without the patients' explicit consent (69%), and that the profit created by companies when using citizens' health data should be reflected in more affordable health services and medicines (68%).

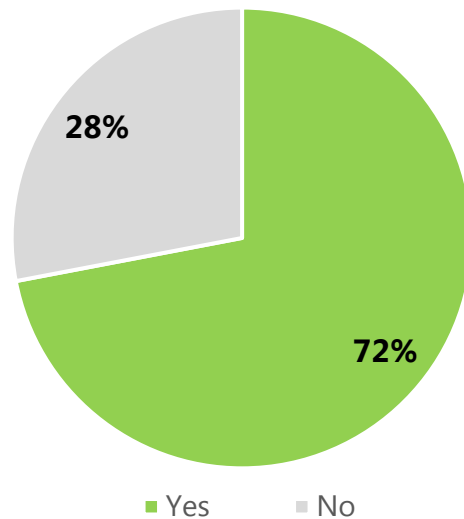
About half of the sample would agree to provide anonymized health data to develop new medicines and treatments (54%), to have their health data automatically registered on online platforms by health professionals treating them (52%), and to give access to their health data to health professionals of other EU countries to secure good treatments when being abroad (51%).

In general, younger people tend to agree more with the statements related to the share of personal health data and less on those related to a limitation/control of the purposes they are used for [pag. 122-129].

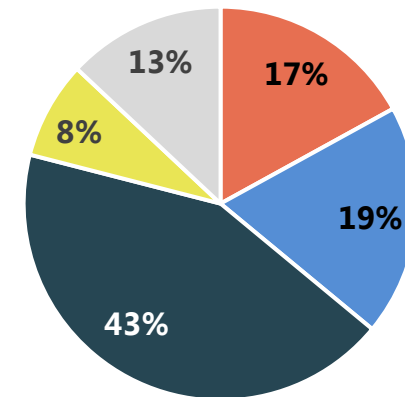
EXECUTIVE SUMMARY

Belgium

Do you use online health platform(s)?



Have you adjusted your privacy settings on them?



Base: respondents using online health platforms

- Yes, I limited the access to some professionals/entities
- Yes, I authorised the access to all foreseen professionals/entities
- No
- No, but I would have wanted to (I didn't know how or it was impossible to do it)
- I don't know/remember

72% of respondents use at least one online health platform [pag. 72; 80].

Educational level is the aspect having the highest influence on the use of such platforms, followed by age. High-educated people up to 55 years old use them more and low-educated people less [pag. 81-82].

The most common purposes for using online healthcare platforms are: accessing own medical records (indicated by 68% of respondents), asking/checking prescriptions (42%), and asking/checking medical exams (40%) [pag. 85].

Regarding the privacy settings of these platforms, most people didn't adjust them (43%). 8% of respondents wished to do so, but were not able to do it, 17% did it and limited the access to their personal data to some professionals/entities, and 19% did it and allowed the access to their personal data to all foreseen professionals/entities. The remaining respondents (13%) don't know or don't remember whether they did it or not [pag. 86-88].

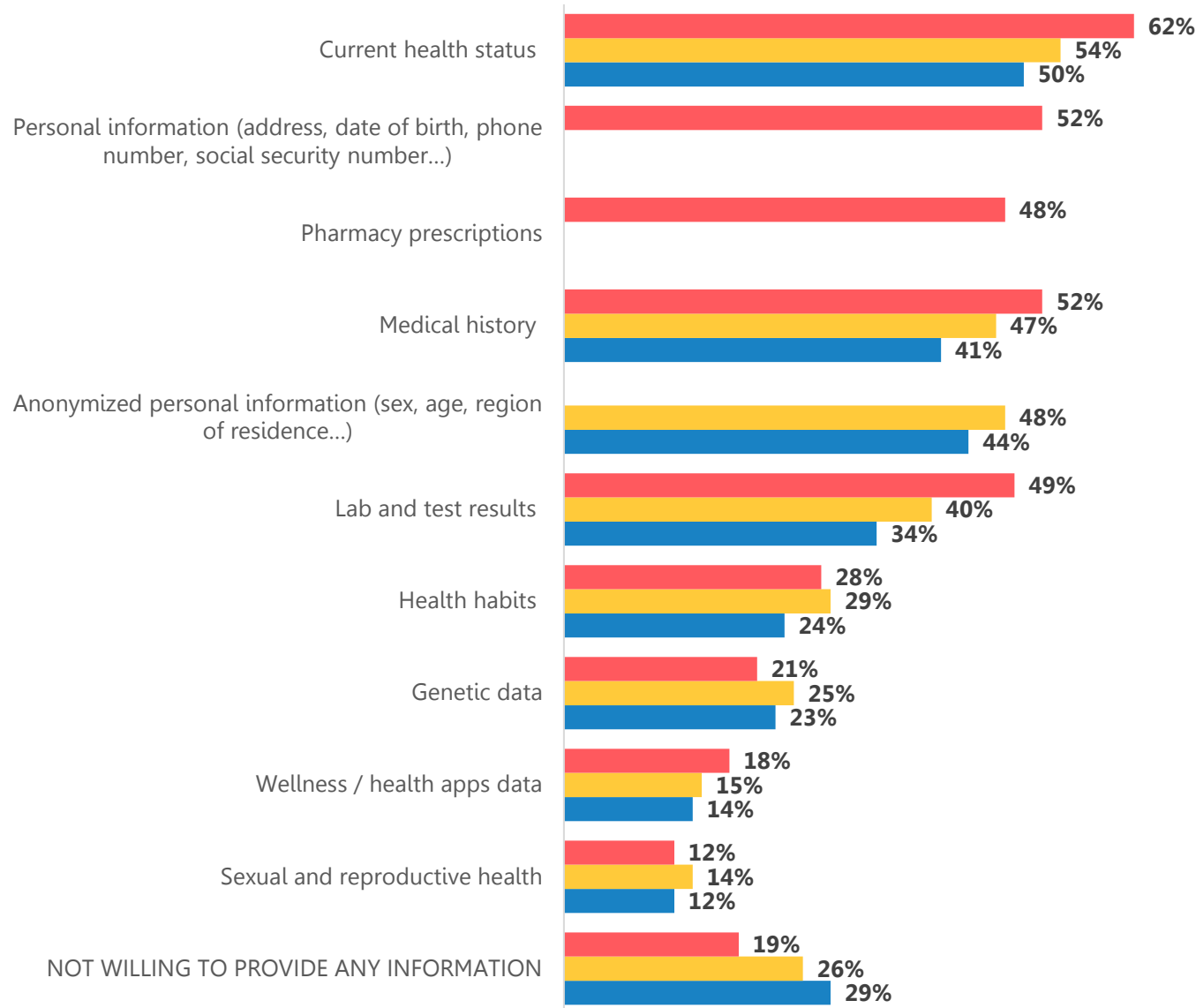
Among respondents who don't use any online healthcare platforms, the most common reasons are: preferring the traditional contact channels (39%), not feeling the need to use them (24%), and not knowing the existence of these services (21%) [pag. 83].

EXECUTIVE SUMMARY

Which of the following types of personal information would you be willing to provide through an online healthcare platform for...?

■ Care purposes ■ Scientific research ■ Public health purposes

[pag. 90; 97; 102]



More than one fourth of respondents would not be willing to share personal information for public health purposes (29%) and scientific research (26%). This percentage is slightly lower regarding care purposes (19%).

The kind of information that people are more willing to share (for any of the three purposes investigated) is the current health status.

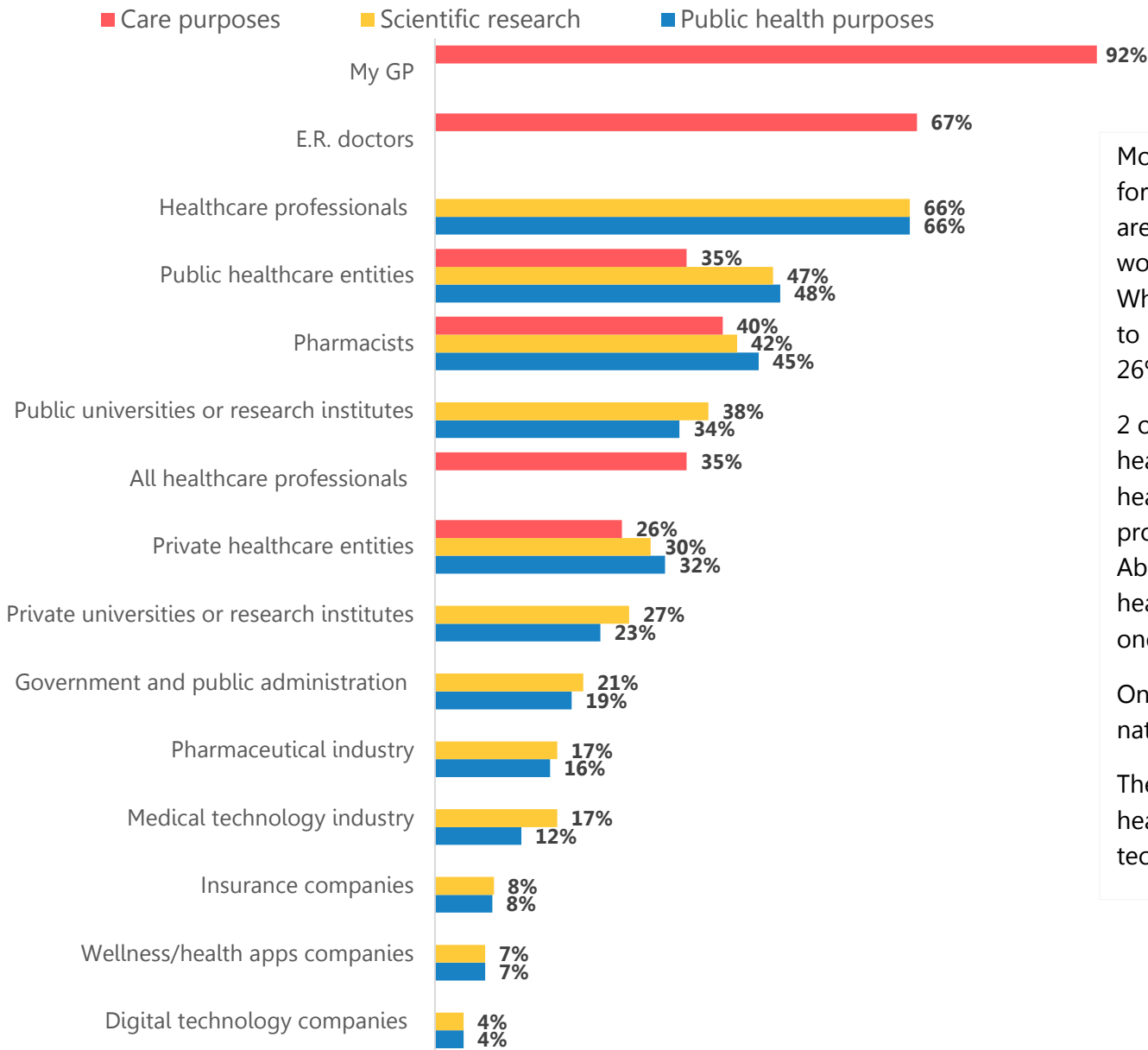
About half of respondents are willing to share personal information (anonymized in the case of scientific research and public health purposes) and their medical history.

The types of information that less people are willing to share are those related to sexual and reproductive health, genetic data and personal data tracked by wellness/health apps.

Younger and higher educated respondents tend to be more willing than the older and lower educated ones to provide their personal health information for care and scientific research purposes. Males are more willing than females to do so for public health purposes [pag. 91-92; 98-99; 103-104].

EXECUTIVE SUMMARY

Who would you be willing to give access to your health data, through an online healthcare platform, for...?



[pag. 93; 100; 105]

Most people willing to share their health information for care purposes would do it with their GP (92%); 67% are available to share it with E.R. doctors, but only 35% would give access to all healthcare professionals. When asked about healthcare entities, 35% are willing to provide personal health data to public ones and 26% to private ones.

2 out of 3 respondents who are willing to share their health information for scientific research and public health purposes would do it with healthcare professionals.

About half are willing to provide access to public healthcare entities, and about one third to private ones.

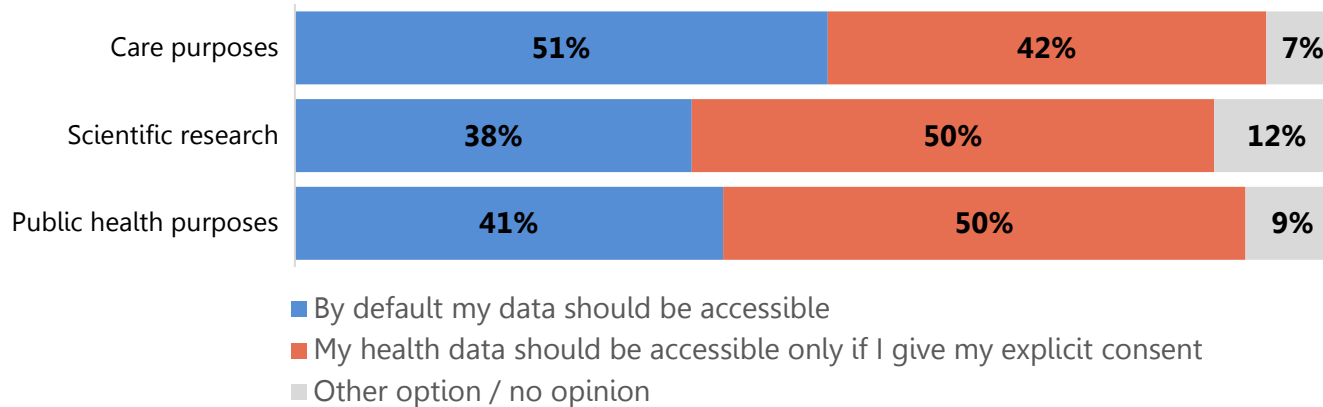
Only 1 respondent out of 5 would give access to the national public administration.

The entities people are less willing to share their health data with are companies in the field of digital technology, wellness/health apps, and insurance.

Base: respondents willing to provide (some) personal data for each purpose

EXECUTIVE SUMMARY

Concerning the access to your health data, which of the following options would you prefer?



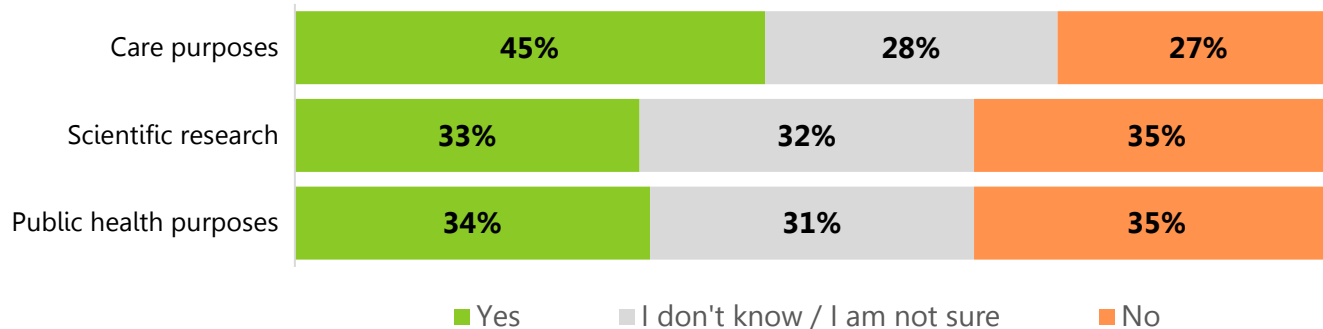
Base: respondents willing to provide (some) personal data for each purpose

For care purposes, half of respondents (51%) think that their health data should be accessible by default to health professionals treating them, 42% consider that they should be available only after they provide an explicit consent.

For scientific research and public health purposes the opinions are inverted with a higher share of respondents preferring their health data to be accessible only after their explicit consent is provided.

[pag. 94; 101; 106].

Would you be willing to give access to your health data, in other EU countries for...?



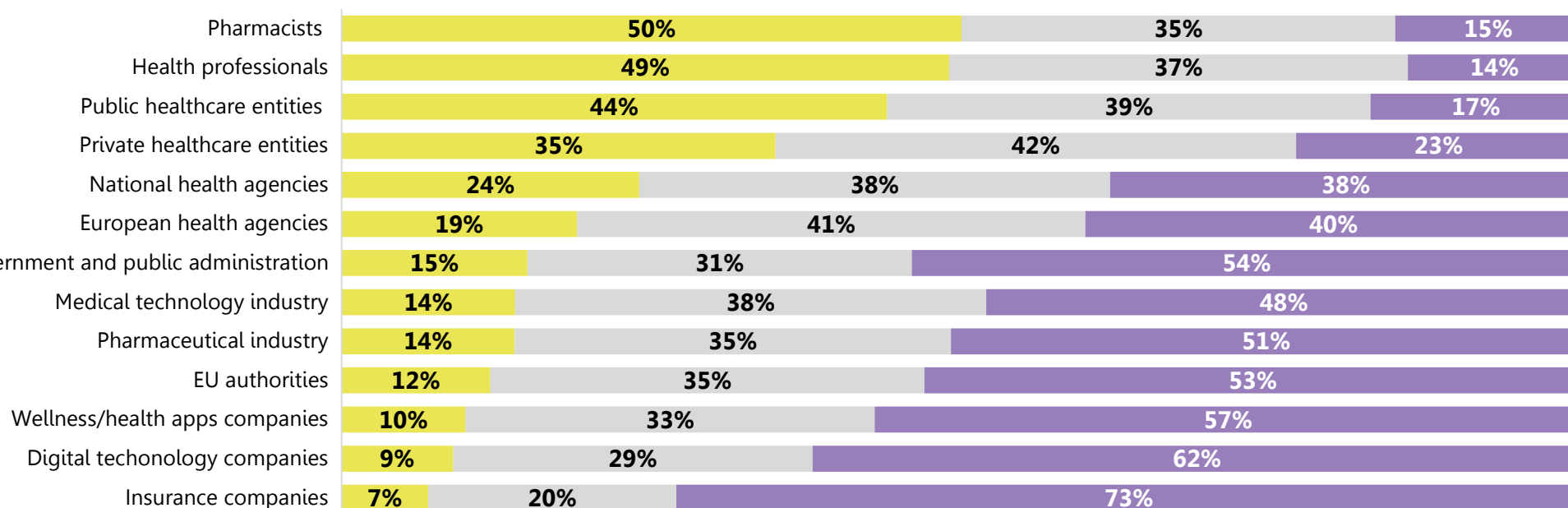
Less than half of respondents (45%) are willing to give access to their own health data to health professionals in other EU countries to be treated when abroad.

And only one third of them are willing to give access to their own health data across EU countries for scientific research and public health purposes [pag. 94; 101; 106].

EXECUTIVE SUMMARY

To what extent do you trust the following people/entities regarding the use of your collected health data?

■ High/complete trust ■ Some trust/no opinion ■ No/low trust



The graph above shows the percentages of respondents who trust (and don't trust) each professional/entity regarding the use of their collected health data. Pharmacists and health professionals are the only ones getting high/complete trust by about half of respondents. Private companies in the field of insurance, digital technology, and wellness/health apps are the entities fewer people trust (not more than 10%) [pag. 107-112].

Only 14% of respondents trust both National and EU authorities to efficiently control/prevent an abusive use of their health data by organisations and companies [pag. 113-114].

The most common worries regarding the share of health data through online platforms are: unauthorized access to personal data (40%), and theft of data by criminals/fraudsters (38%), data being accessed by insurance companies (34%) [pag. 115].

On the other hand, the potential benefits perceived by a larger number of respondents are: development of new or better diagnostic systems (46%), easier access to the personal health record with less risk of losing documents (35%), easier access to treatments in EU Member States (35%), and better medical follow-up (26%) [pag. 116].

EXECUTIVE SUMMARY

To what extent do you agree with the following sentences?

Disagree Neither agree not disagree Agree

Healthcare professionals of other EU countries should have access to my personal health data to secure good treatment in case of medical emergencies (e.g. car accident abroad)

18% 30% 52%

Health data that cannot be completely anonymized (e.g., genetic data) should not be used for research purposes, without explicitly asking for consent from patients

9% 24% 67%

Private companies should be able to use citizens' health data also for purposes beyond the ones citizens gave their consent to

56% 26% 18%

The profit created by companies through the utilization of citizens' health data should be reflected in more affordable and accessible healthcare services and medicines

7% 25% 68%

My health data should be automatically registered on an online healthcare platform by health professionals treating me

20% 30% 50%

I want to choose for myself which data I give access to which health care professional and for what purposes

6% 20% 74%

I'm willing to give access to my (anonymized) health data to help develop new medicines and treatments

19% 34% 47%

[pag. 117-121]

Most respondents (74%) state they want to be able to choose which personal data they give access to, to whom, and for what purposes.

A majority (56%) think that companies shouldn't be allowed to use citizens' health data for purposes beyond the ones they gave consent to.

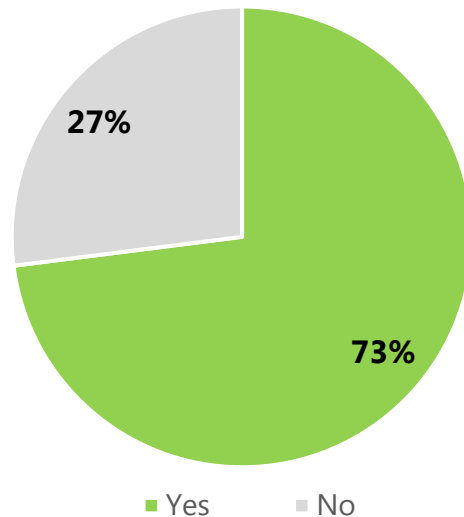
About two thirds of respondents think that health data which can't be completely anonymized shouldn't be used for research purposes without the patients' explicit consent (67%), and that the profit created by companies when using citizens' health data should be reflected in more affordable health services and medicines (68%).

About half of the sample would agree to provide anonymized health data to develop new medicines and treatments (47%), to have their health data automatically registered on online platforms by health professionals treating them (50%), and to give access to their health data to health professionals of other EU countries to secure good treatments when being abroad (52%).

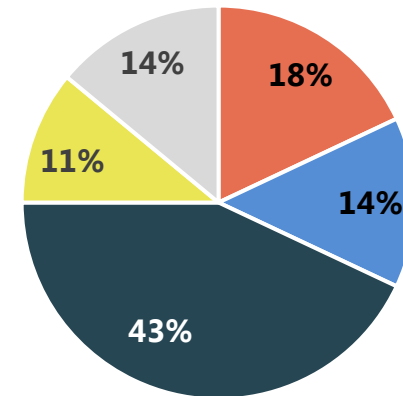
EXECUTIVE SUMMARY

Czech Republic

Do you use online health platform(s)?



Have you adjusted your privacy settings on them?



Base: respondents using online health platforms

- Yes, I limited the access to some professionals/entities
- Yes, I authorised the access to all foreseen professionals/entities
- No
- No, but I would have wanted to (I didn't know how or it was impossible to do it)
- I don't know/remember

73% of respondents use at least one online health platform [pag. 73; 80].

Educational level is the aspect having the highest influence on the use of such platforms, with high-educated people using them more than low/medium-educated people [pag. 81-82].

The most common purposes for using online healthcare platforms are: accessing own medical records (indicated by 48% of respondents), gathering information about health services and treatments (37%), and asking/checking medical exams (32%) [pag. 85].

Regarding the privacy settings of these platforms, most people didn't adjust them (43%). 11% of respondents wished to do so, but were not able to do it, 18% did it and limited the access to their personal data to some professionals/entities, and 14% did it and allowed the access to their personal data to all foreseen professionals/entities. The remaining respondents (14%) don't know or don't remember whether they did it or not [pag. 86-88].

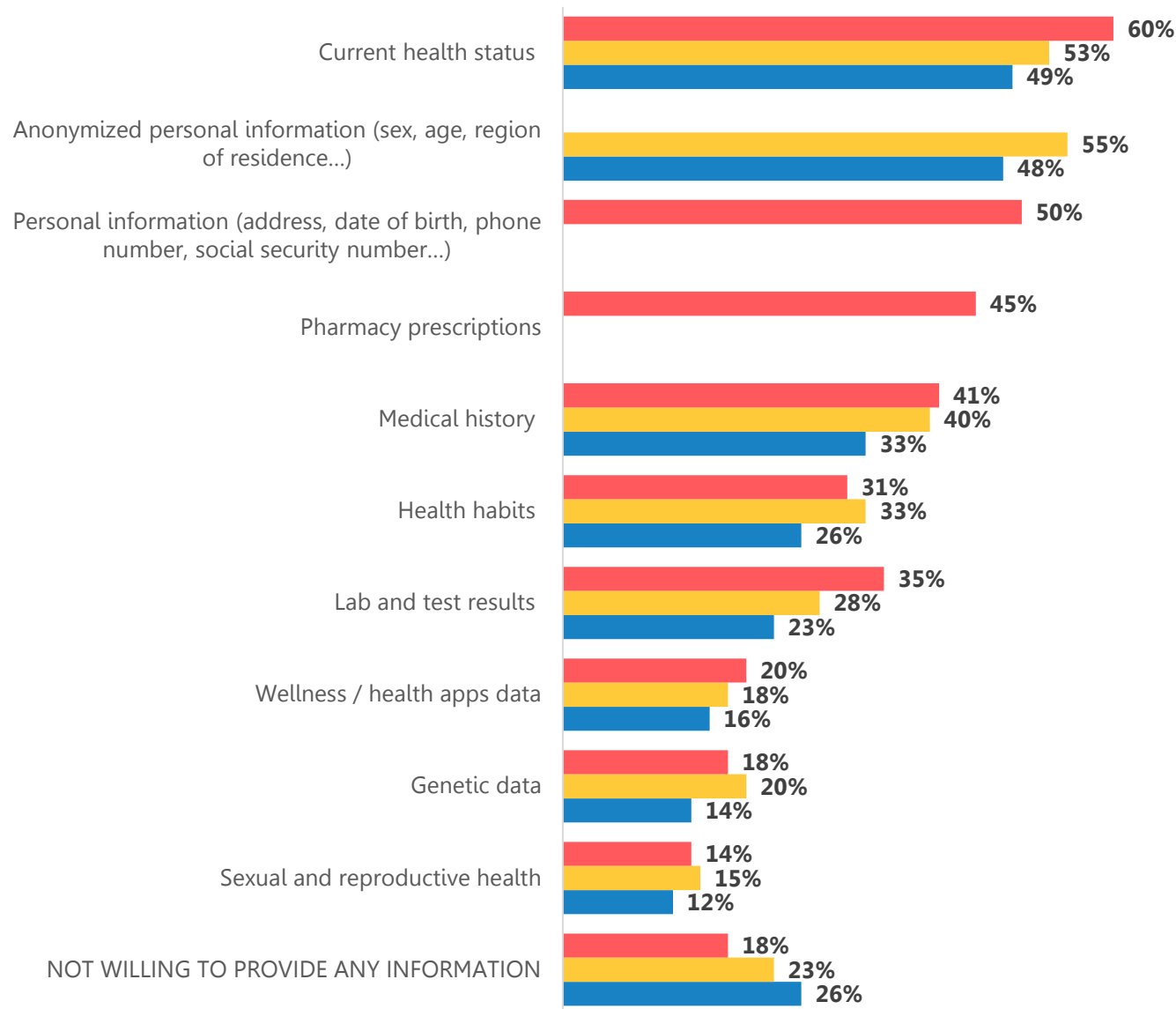
Among respondents who don't use any online healthcare platforms, the most common reasons are: not feeling the need to use them (39%), preferring the traditional contact channels (32%), and not knowing the existence of these services (31%) [pag. 83].

EXECUTIVE SUMMARY

Which of the following types of personal information would you be willing to provide through an online healthcare platform for...?

■ Care purposes ■ Scientific research ■ Public health purposes

[pag. 90; 97; 102]



About one fourth of respondents would not be willing to share personal information for public health purposes (26%) and scientific research (23%). This percentage is slightly lower regarding care purposes (18%).

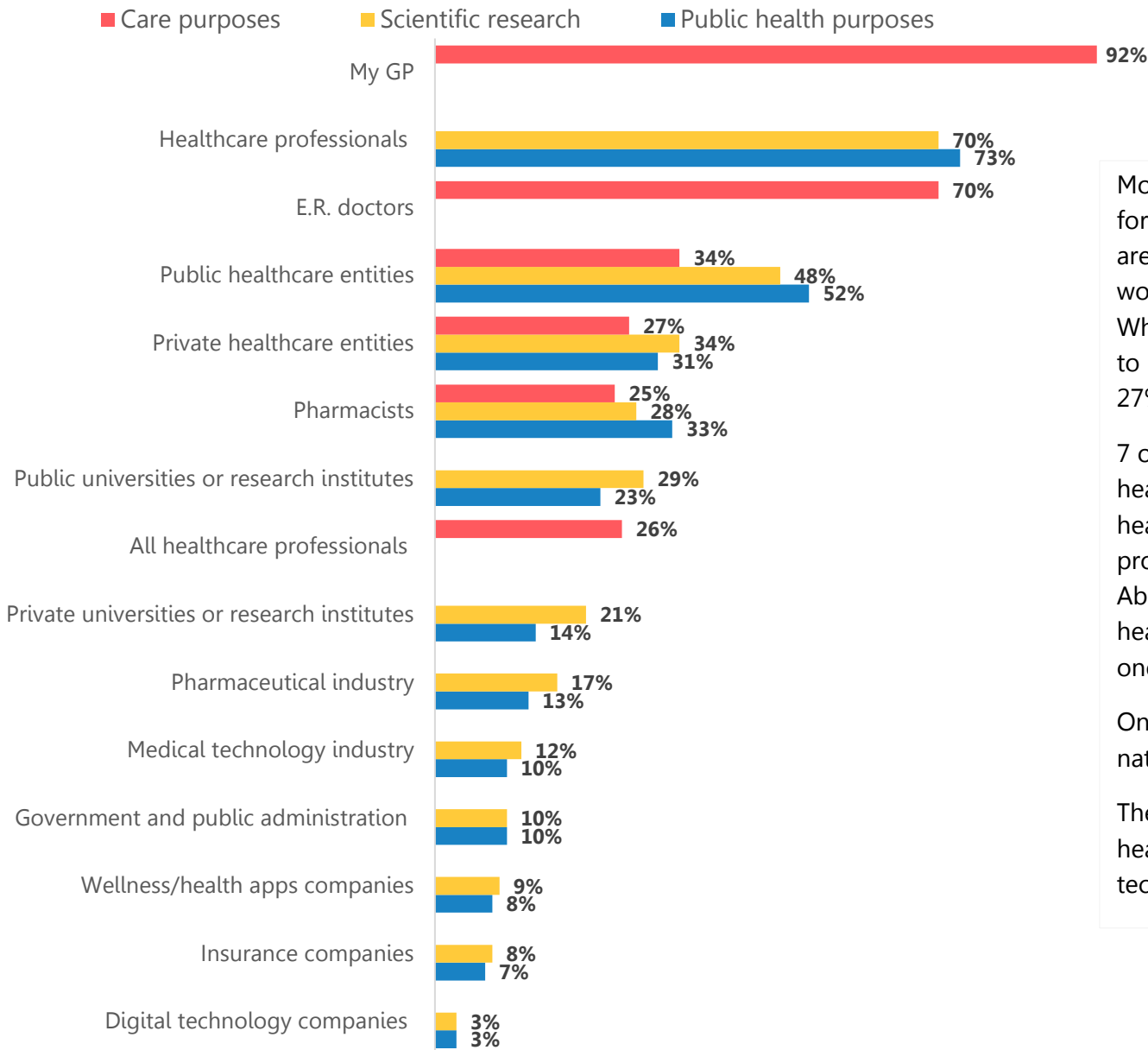
The kinds of information that people are more willing to share (for any of the three purposes investigated) are the current health status and personal information (anonymized in the case of scientific research and public health purposes).

The types of information that less people are willing to share are those related to sexual and reproductive health, genetic data and personal data tracked by wellness/health apps.

Younger respondents tend to be more willing than the older ones to provide their personal health information for each of the three purposes investigated [pag. 91-92; 98-99; 103-104].

EXECUTIVE SUMMARY

Who would you be willing to give access to your health data, through an online healthcare platform, for...?



[pag. 93; 100; 105]

Most people willing to share their health information for care purposes would do it with their GP (92%); 70% are available to share it with E.R. doctors, but only 26% would give access to all healthcare professionals. When asked about healthcare entities, 34% are willing to provide personal health data to public ones and 27% to private ones.

7 out of 10 respondents who are willing to share their health information for scientific research and public health purposes would do it with healthcare professionals.

About half are willing to provide access to public healthcare entities, and about one third to private ones.

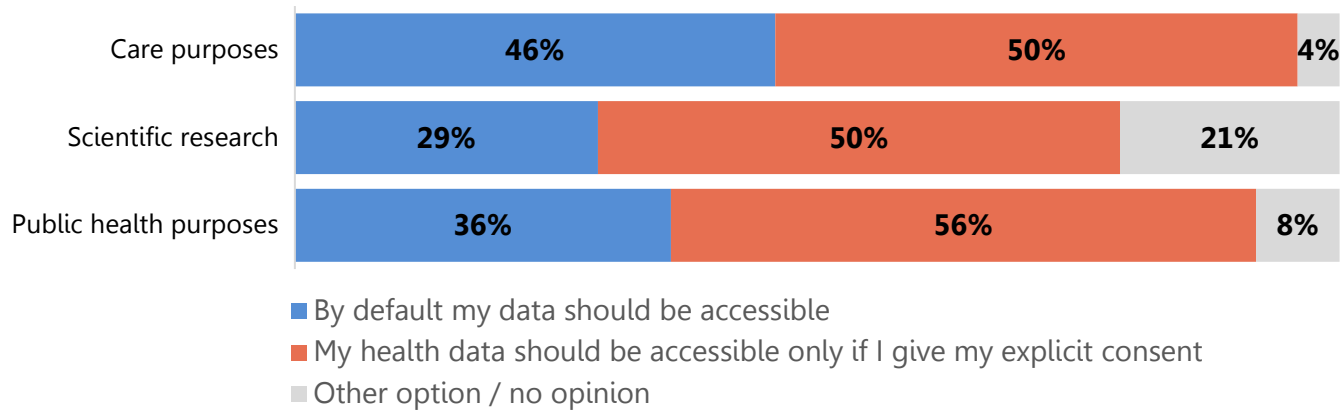
Only 10% of respondents would give access to the national public administration.

The entities people are less willing to share their health data with are companies in the field of digital technology, insurance, and wellness/health apps.

Base: respondents willing to provide (some) personal data for each purpose

EXECUTIVE SUMMARY

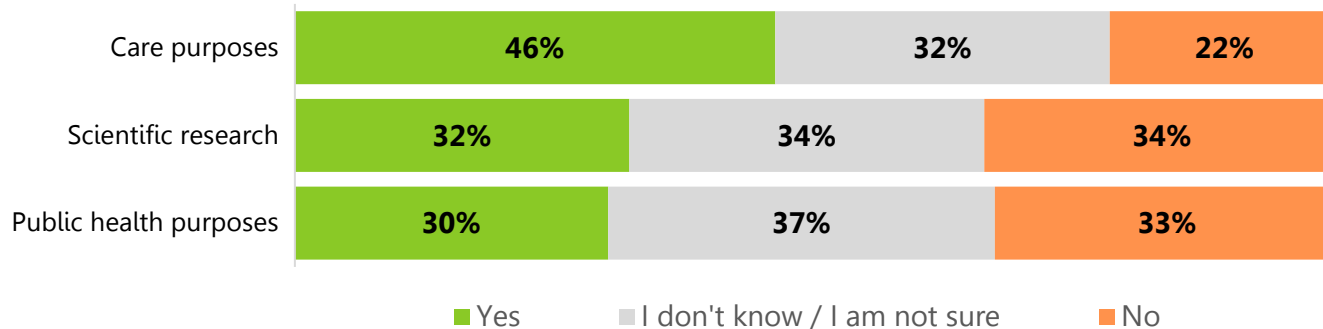
Concerning the access to your health data, which of the following options would you prefer?



Base: respondents willing to provide (some) personal data for each purpose

For all the purposes investigated, about half of respondents think that their health data should be accessible only after they provide an explicit consent. Anyhow, the share of people who prefer their health data to be accessible by default to health professionals/entities is not minor, especially for care purposes (46%) [pag. 94; 101; 106].

Would you be willing to give access to your health data, in other EU countries for...?

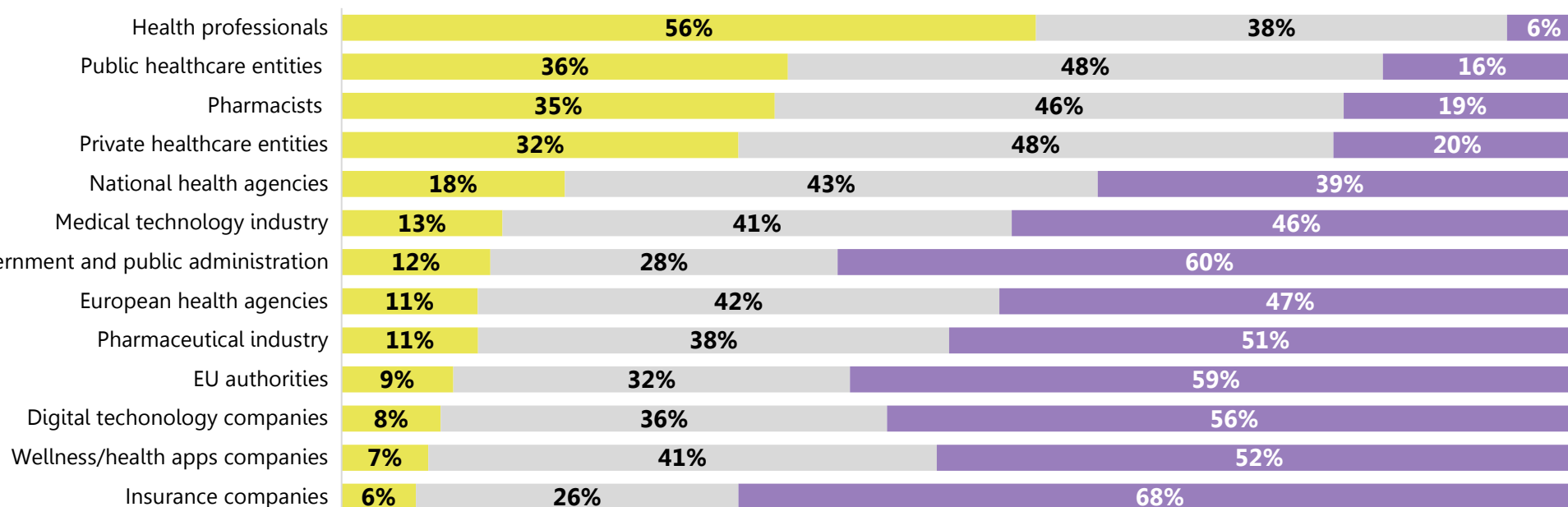


Less than half of respondents (46%) are willing to give access to their own health data to health professionals in other EU countries to be treated when abroad. And only one third of them are willing to give access to their own health data across EU countries for scientific research and public health purposes [pag. 94; 101; 106].

EXECUTIVE SUMMARY

To what extent do you trust the following people/entities regarding the use of your collected health data?

■ High/complete trust ■ Some trust/no opinion ■ No/low trust



The graph above shows the percentages of respondents who trust (and don't trust) each professional/entity regarding the use of their collected health data. Only health professionals get high/complete trust by more than half of respondents. Private companies in the field of insurance, wellness/health apps, and digital technology are the entities fewer people trust (not more than 8%). Only 9% have high or complete trust on EU authorities. [pag. 107-112].

Only about 1 of respondents out of 10 trust national and EU authorities to efficiently control/prevent an abusive use of their health data by organisations and companies. [pag. 113-114].

The most common worries regarding the share of health data through online platforms are: unauthorized access to personal data (47%), unauthorized use of them (47%), and theft of data by criminals/fraudsters (40%). [pag. 115].

On the other hand, the potential benefits perceived by a larger number of respondents are: development of new or better diagnostic systems (35%), easier access to the personal health record with less risk of losing documents (29%), better medical follow-up (28%), and easier access to treatments in EU Member States (27%) [pag. 116].

EXECUTIVE SUMMARY

To what extent do you agree with the following sentences?

Disagree Neither agree not disagree Agree

Healthcare professionals of other EU countries should have access to my personal health data to secure good treatment in case of medical emergencies (e.g. car accident abroad)

24%

28%

48%

Health data that cannot be completely anonymized (e.g., genetic data) should not be used for research purposes, without explicitly asking for consent from patients

15%

21%

64%

Private companies should be able to use citizens' health data also for purposes beyond the ones citizens gave their consent to

70%

17%

13%

The profit created by companies through the utilization of citizens' health data should be reflected in more affordable and accessible healthcare services and medicines

9%

26%

65%

My health data should be automatically registered on an online healthcare platform by health professionals treating me

22%

28%

50%

I want to choose for myself which data I give access to which health care professional and for what purposes

7%

17%

76%

I'm willing to give access to my (anonymized) health data to help develop new medicines and treatments

21%

30%

49%

[pag. 117-121]

Most respondents (76%) state they want to be able to choose which personal data they give access to, to whom, and for what purposes.

A large majority (70%) think that companies shouldn't be allowed to use citizens' health data for purposes beyond the ones they gave consent to.

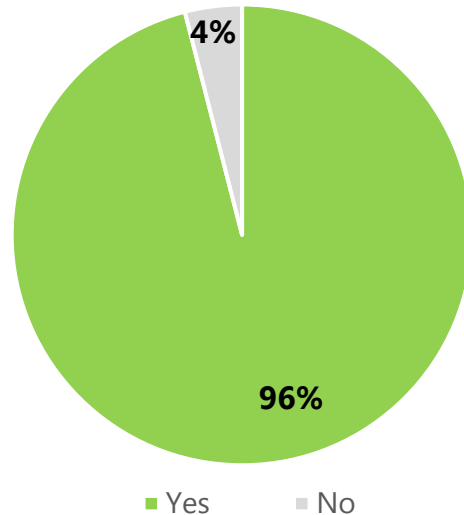
About two thirds of respondents think that health data which can't be completely anonymized shouldn't be used for research purposes without the patients' explicit consent (64%), and that the profit created by companies when using citizens' health data should be reflected in more affordable health services and medicines (65%).

About half of the sample would agree to provide anonymized health data to develop new medicines and treatments (49%), to have their health data automatically registered on online platforms by health professionals treating them (50%), and to give access to their health data to health professionals of other EU countries to secure good treatments when being abroad (48%).

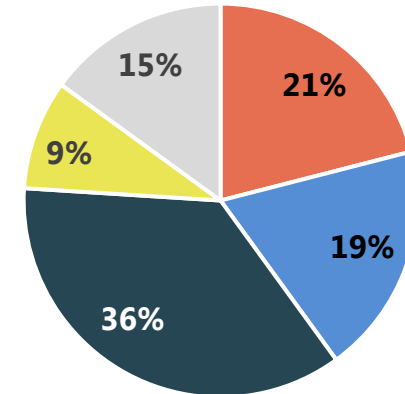
EXECUTIVE SUMMARY

France

Do you use online health platform(s)?



Have you adjusted your privacy settings on them?



Base: respondents using online health platforms

- Yes, I limited the access to some professionals/entities
- Yes, I authorised the access to all foreseen professionals/entities
- No
- No, but I would have wanted to (I didn't know how or it was impossible to do it)
- I don't know/remember

96% of respondents use at least one online health platform [pag. 74; 80].

Educational level is the aspect having the highest influence on the use of such platforms, with high/medium-educated people using them more than low educated people [pag. 81-82].

The most common purposes for using online healthcare platforms are: fixing appointments/consultations (indicated by 82% of respondents), accessing own medical records (37%), asking/checking medical exams (34%), and contacting the GP (32%) [pag. 85].

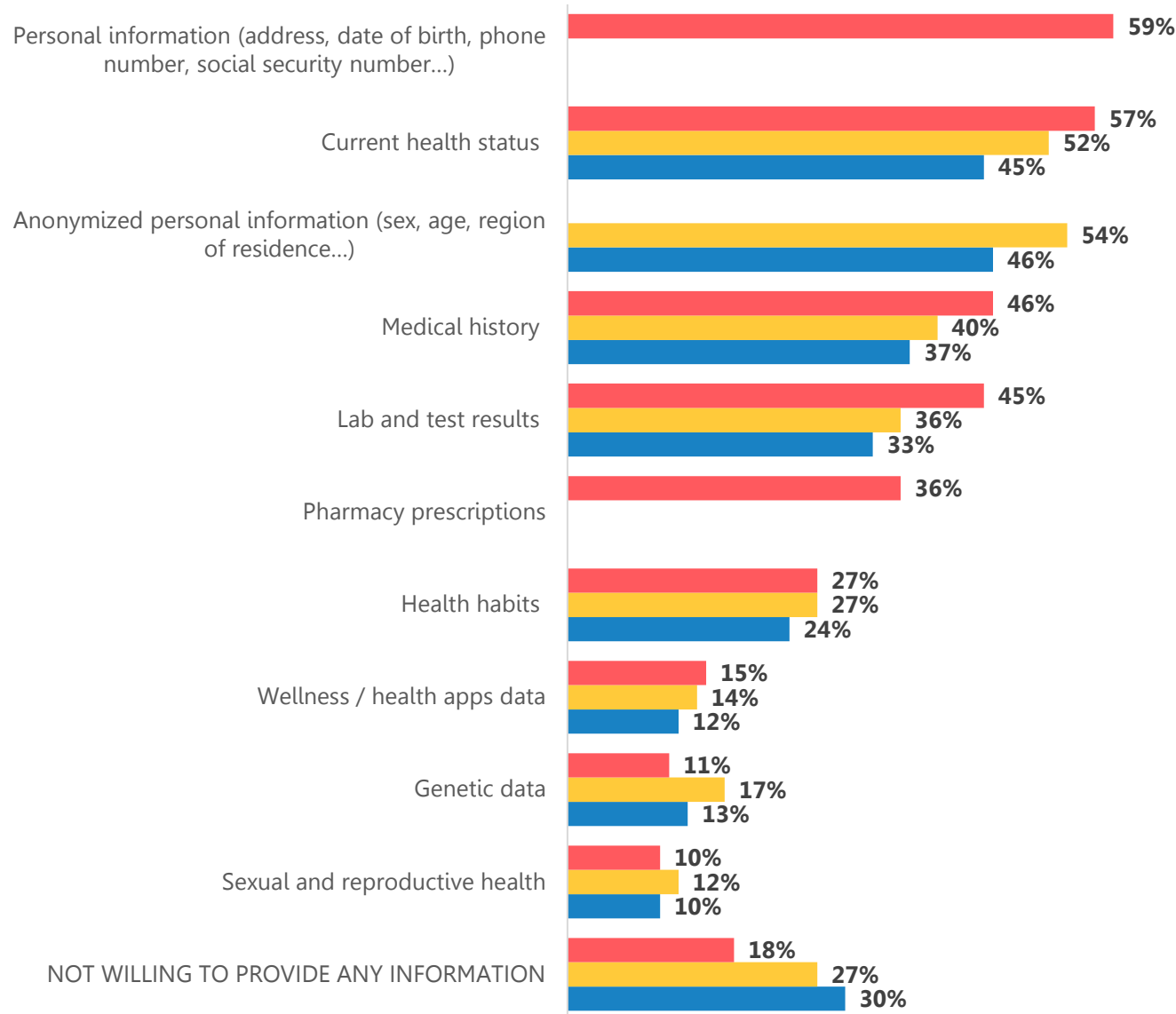
Regarding the privacy settings of these platforms, about one third of respondents didn't adjust them (36%). 9% wished to do so, but were not able to do it, 21% did it and limited the access to their personal data to some professionals/entities, and 19% did it and allowed the access to their personal data to all foreseen professionals/entities. The remaining respondents (15%) don't know or don't remember whether they did it or not [pag. 86-88].

EXECUTIVE SUMMARY

Which of the following types of personal information would you be willing to provide through an online healthcare platform for...?

■ Care purposes ■ Scientific research ■ Public health purposes

[pag. 90; 97; 102]



30% of respondents would not be willing to share personal information for public health purposes and 27% would not do it for scientific research. This percentage is slightly lower regarding care purposes (18%).

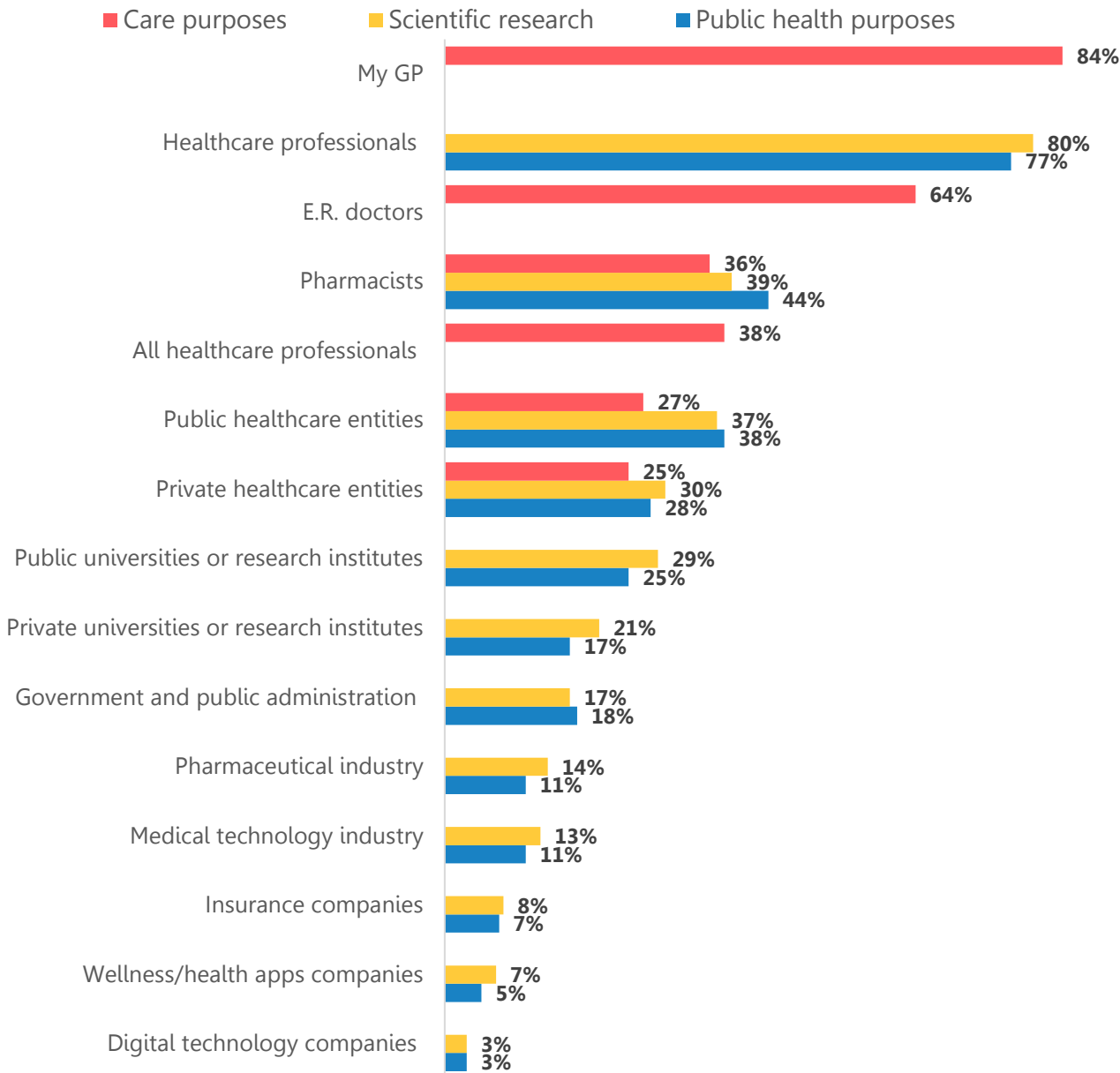
The kinds of information that people are more willing to share (for any of the three purposes investigated) are the current health status and personal information (anonymized in the case of scientific research and public health purposes).

The types of information that less people are willing to share are those related to sexual and reproductive health, genetic data and personal data tracked by wellness/health apps.

Younger respondents tend to be more willing than the older ones to provide their personal health information for each of the three purposes investigated [pag. 91-92; 98-99; 103-104].

EXECUTIVE SUMMARY

Who would you be willing to give access to your health data, through an online healthcare platform, for...?



[pag. 93; 100; 105]

Most people willing to share their health information for care purposes would do it with their GP (84%); 64% are available to share it with E.R. doctors, but only 38% would give access to all healthcare professionals. When asked about healthcare entities, 27% are willing to provide personal health data to public ones and 25% to private ones.

8 out of 10 respondents who are willing to share their health information for scientific research and public health purposes would do it with healthcare professionals.

About 4 respondents out of 10 are willing to provide access to public healthcare entities, and about e out of 10 to private ones.

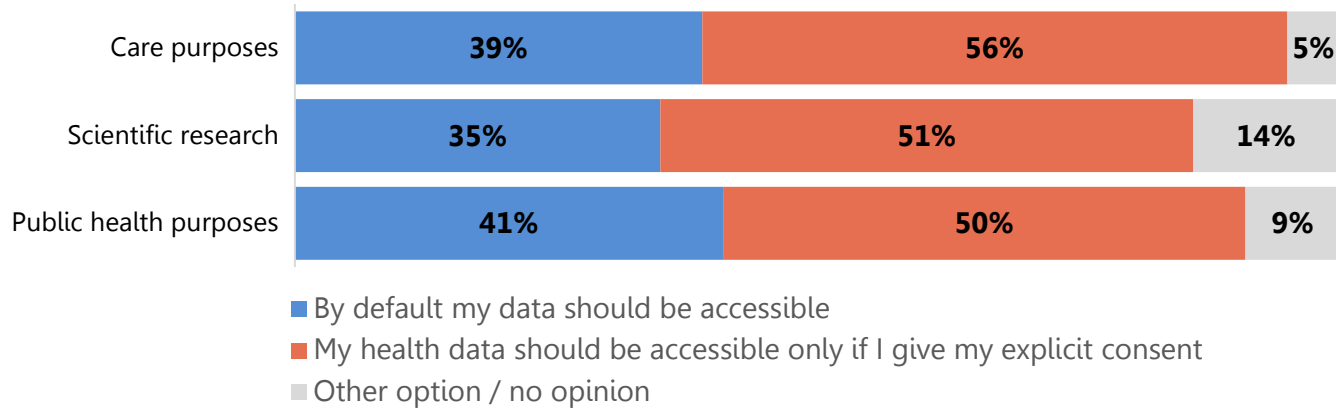
A minority (17-18%) would give access to the national public administration.

The entities people are less willing to share their health data with are companies in the field of digital technology, wellness/health apps and insurance.

Base: respondents willing to provide (some) personal data for each purpose

EXECUTIVE SUMMARY

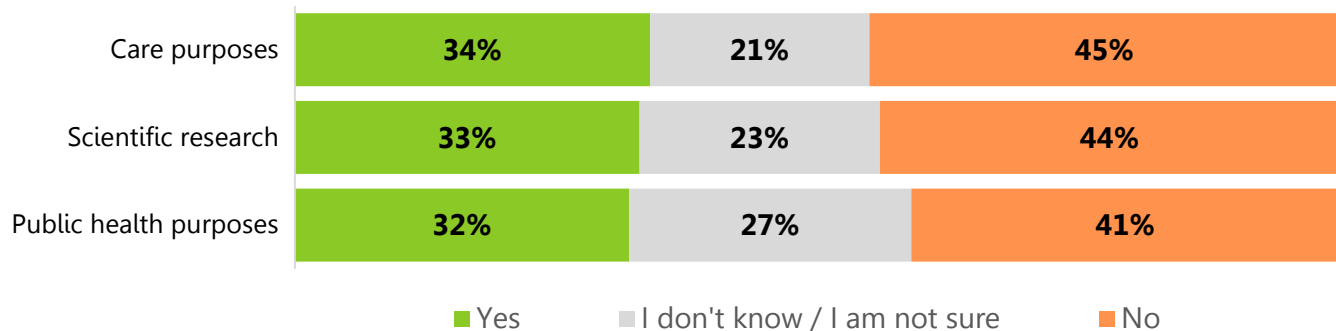
Concerning the access to your health data, which of the following options would you prefer?



Base: respondents willing to provide (some) personal data for each purpose

For all the purposes investigated, about half of respondents think that their health data should be accessible only after they provide an explicit consent. Anyhow, the share of people who prefer their health data to be accessible by default to health professionals/entities is not minor (from 35 to 41%) [pag. 94; 101; 106].

Would you be willing to give access to your health data, in other EU countries for...?



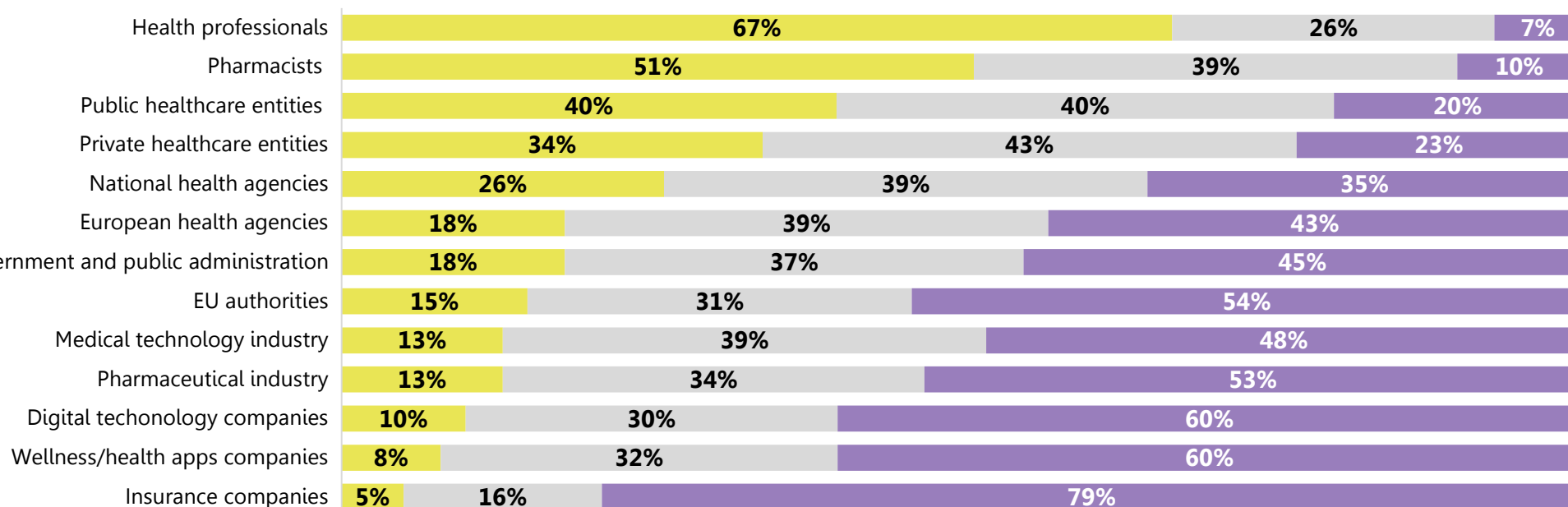
Only about one third of respondents are willing to give access to their own health data across EU countries.

For each of the three purposes investigated, a large share of respondents (from 41 to 45%) would not be available to give access to their data in other EU countries [pag. 94; 101; 106].

EXECUTIVE SUMMARY

To what extent do you trust the following people/entities regarding the use of your collected health data?

■ High/complete trust ■ Some trust/no opinion ■ No/low trust



The graph above shows the percentages of respondents who trust (and don't trust) each professional/entity regarding the use of their collected health data. Health professionals get high/complete trust by two thirds of respondents and pharmacists by half of them. Private companies in the field of insurance, wellness/health apps, digital technology are the entities fewer people trust (not more than 10%) [pag. 107-112].

Only 20% of respondents trust national authorities to efficiently control/prevent an abusive use of their health data by organisations and companies, and even less (15%) trust EU authorities on that [pag. 113-114].

The most common worries regarding the share of health data through online platforms are: theft of data by criminals/fraudsters (47%), unauthorized access to personal data (37%), unauthorized use of them (35%) [pag. 115].

On the other hand, the potential benefits perceived by a larger number of respondents are: easier access to treatments in EU Member States (41%), development of new or better diagnostic systems (38%), easier access to the personal health record with less risk of losing documents (28%) and better medical follow-up (27%) [pag. 116].

EXECUTIVE SUMMARY

To what extent do you agree with the following sentences?

Disagree Neither agree not disagree Agree

Healthcare professionals of other EU countries should have access to my personal health data to secure good treatment in case of medical emergencies (e.g. car accident abroad)

29%

31%

40%

Health data that cannot be completely anonymized (e.g., genetic data) should not be used for research purposes, without explicitly asking for consent from patients

15%

21%

64%

Private companies should be able to use citizens' health data also for purposes beyond the ones citizens gave their consent to

59%

24%

17%

The profit created by companies through the utilization of citizens' health data should be reflected in more affordable and accessible healthcare services and medicines

12%

34%

54%

My health data should be automatically registered on an online healthcare platform by health professionals treating me

22%

29%

49%

I want to choose for myself which data I give access to which health care professional and for what purposes

4%

13%

83%

I'm willing to give access to my (anonymized) health data to help develop new medicines and treatments

26%

31%

43%

[pag. 117-121]

Most respondents (83%) state they want to be able to choose which personal data they give access to, to whom, and for what purposes.

The majority (59%) think that companies shouldn't be allowed to use citizens' health data for purposes beyond the ones they gave consent to.

About two thirds of respondents think that health data which can't be completely anonymized shouldn't be used for research purposes without the patients' explicit consent (64%).

54% think that the profit created by companies when using citizens' health data should be reflected in more affordable health services and medicines.

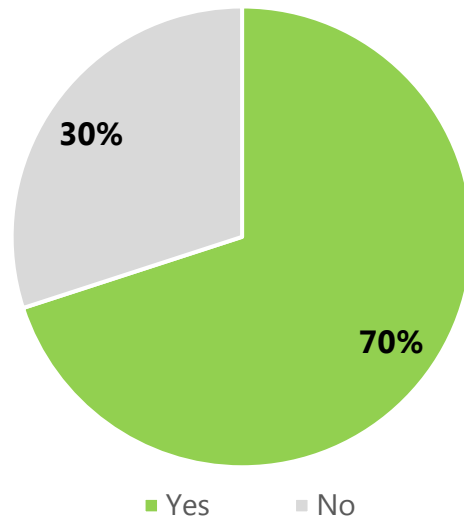
About half of the sample would agree to provide anonymized health data to develop new medicines and treatments (43%), and to have their health data automatically registered on online platforms by health professionals treating them (49%), and

40% agrees that health professionals of other EU countries should have access to their health data to secure good treatments when they are abroad (51%).

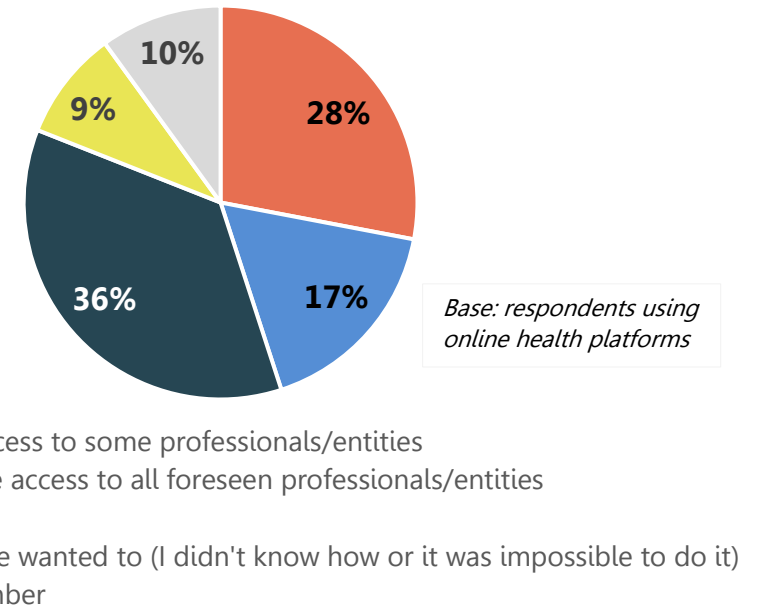
EXECUTIVE SUMMARY

Germany

Do you use online health platform(s)?



Have you adjusted your privacy settings on them?



70% of respondents use at least one online health platform [pag. 75; 80].

Age and educational level are the aspects having the highest influence on the use of such platforms, with high/medium-educated people under to years old using them more and low/medium educated people over 63 using them less [pag. 81-82].

The most common purposes for using online healthcare platforms are: fixing appointments/consultations (indicated by 58% of respondents), gathering information about health services and treatments (41%), contacting the GP (30%) and asking/checking prescriptions (29%) [pag. 85].

Regarding the privacy settings of these platforms, about one third of respondents didn't adjust them (36%). 9% wished to do so, but were not able to do it, 28% did it and limited the access to their personal data to some professionals/entities, and 17% did it and allowed the access to their personal data to all foreseen professionals/entities. The remaining respondents (10%) don't know or don't remember whether they did it or not [pag. 86-88].

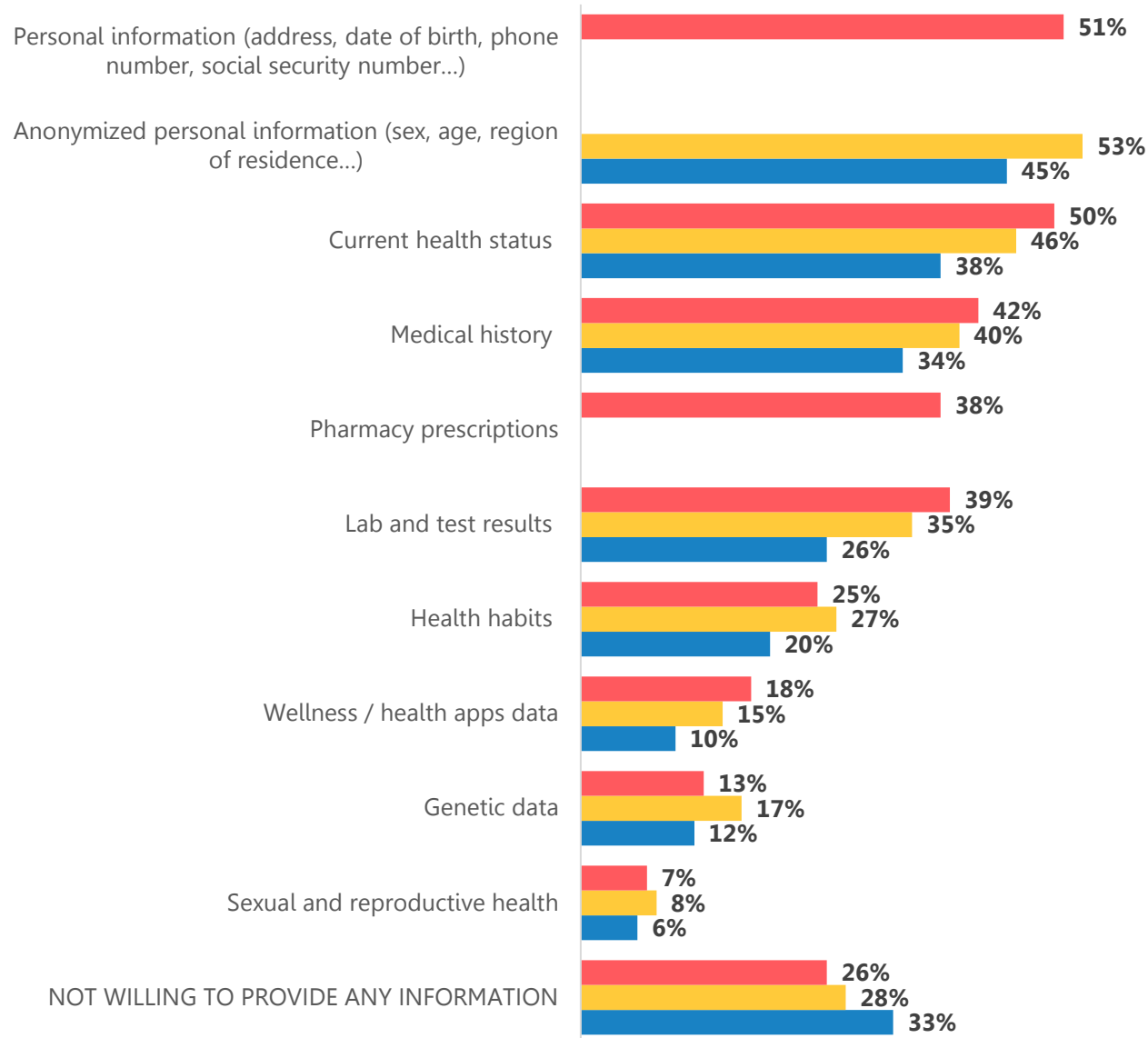
Among respondents who don't use any online healthcare platforms, the most common reasons are: not feeling the need to use them (48%), preferring the traditional contact channels (46%), and lack of trust on the provider these services (21%) [pag. 83].

EXECUTIVE SUMMARY

Which of the following types of personal information would you be willing to provide through an online healthcare platform for...?

■ Care purposes ■ Scientific research ■ Public health purposes

[pag. 90; 97; 102]



One third of respondents would not be willing to share personal information for public health purposes (33%). This percentage is slightly lower regarding scientific research (28%) and care purposes (26%).

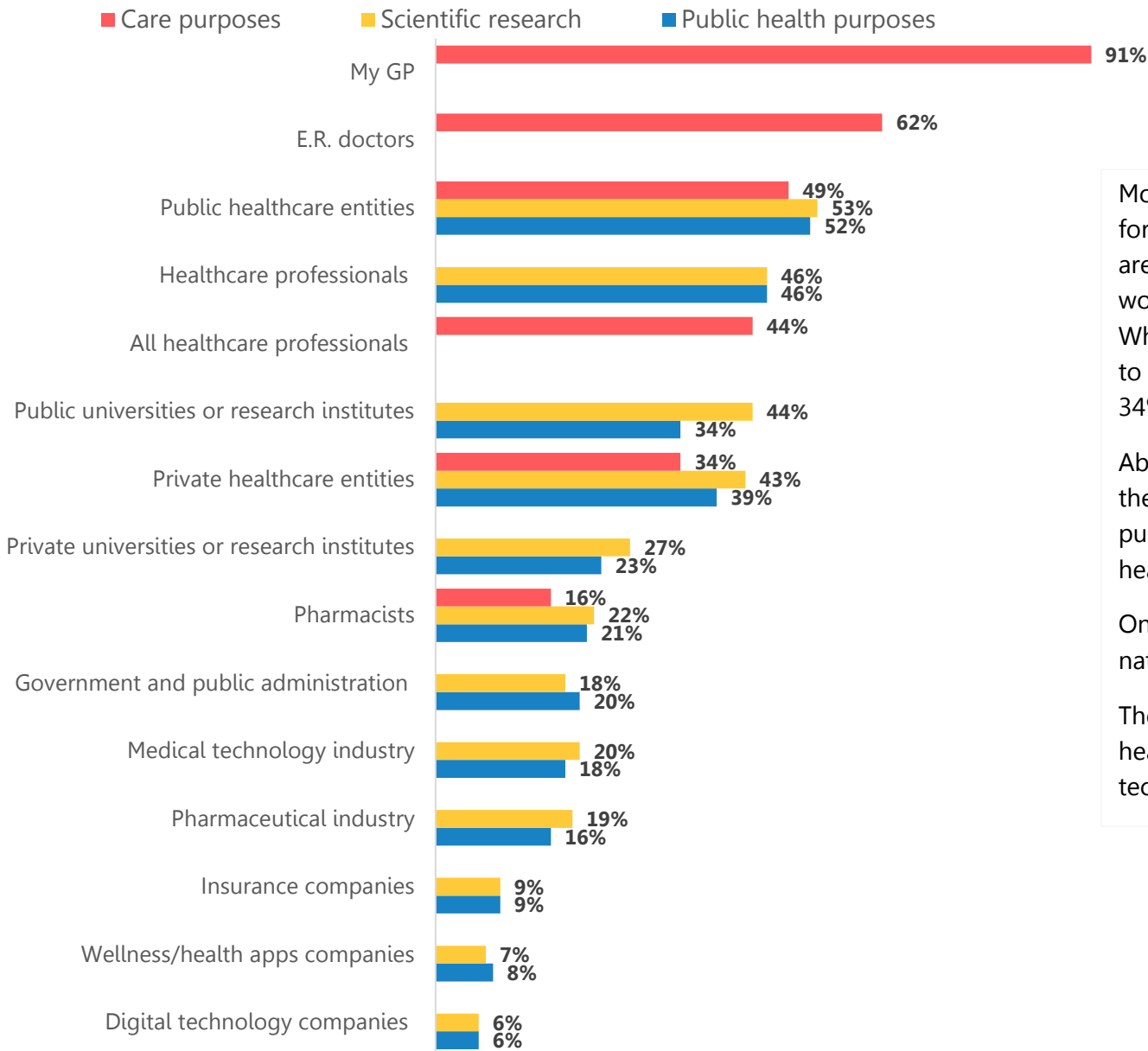
The kind of information that people are more willing to share (for any of the three purposes investigated) personal information (anonymized in the case of scientific research and public health purposes), their current health status and their medical history.

The types of information that less people are willing to share are those related to sexual and reproductive health, genetic data and personal data tracked by wellness/health apps.

Younger and higher educated respondents tend to be more willing than the older and lower educated ones to provide their personal health information for each of the three purposes investigated [pag. 91-92; 98-99; 103-104].

EXECUTIVE SUMMARY

Who would you be willing to give access to your health data, through an online healthcare platform, for...?



[pag. 93; 100; 105]

Most people willing to share their health information for care purposes would do it with their GP (91%); 62% are available to share it with E.R. doctors, but only 44% would give access to all healthcare professionals. When asked about healthcare entities, 49% are willing to provide personal health data to public ones and 34% to private ones.

About half of respondents who are willing to share their health information for scientific research and public health purposes would do it with public healthcare entities and healthcare professionals.

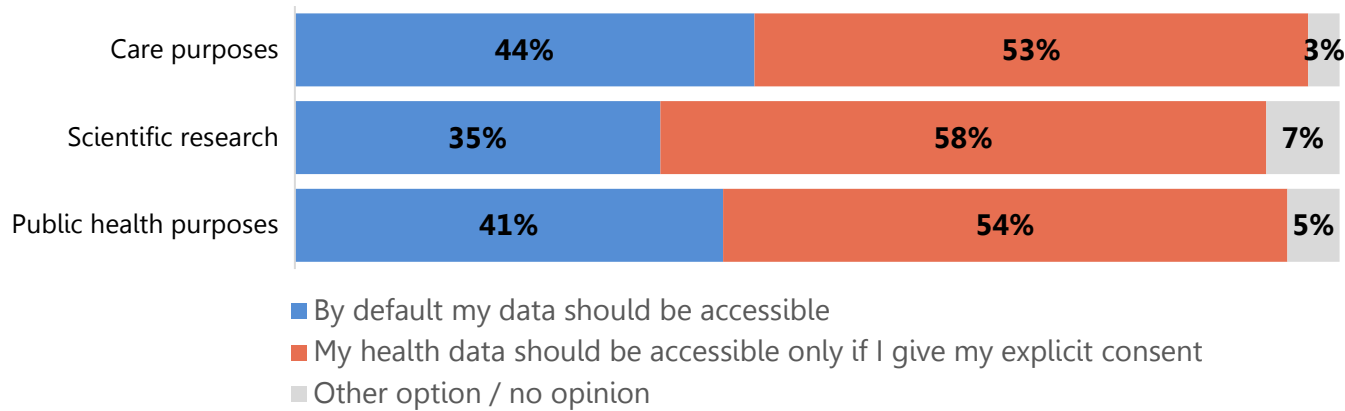
Only 1 respondent out of 5 would give access to the national public administration.

The entities people are less willing to share their health data with are companies in the field of digital technology, wellness/health apps and insurance.

Base: respondents willing to provide (some) personal data for each purpose

EXECUTIVE SUMMARY

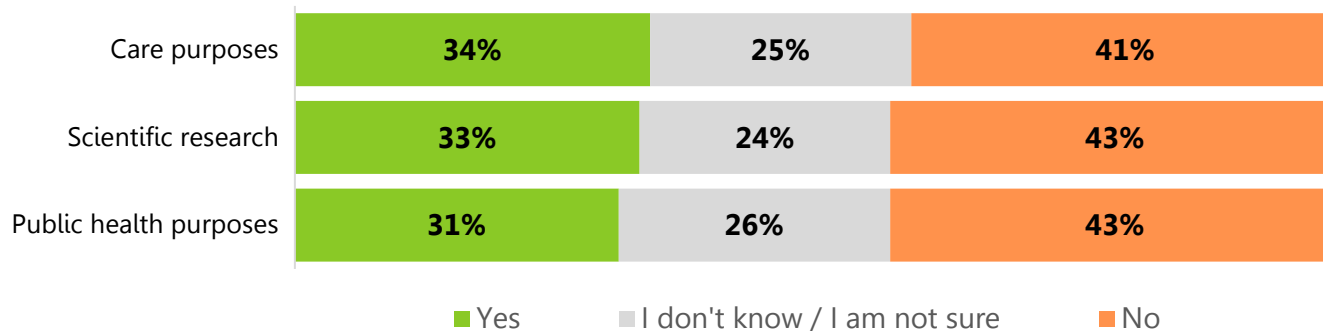
Concerning the access to your health data, which of the following options would you prefer?



Base: respondents willing to provide (some) personal data for each purpose

For all the purposes investigated, the majority of respondents think that their health data should be accessible only after they provide an explicit consent. Anyhow, the share of people who prefer their health data to be accessible by default to health professionals/entities is not minor (from 35 to 44%) [pag. 94; 101; 106].

Would you be willing to give access to your health data, in other EU countries for...?

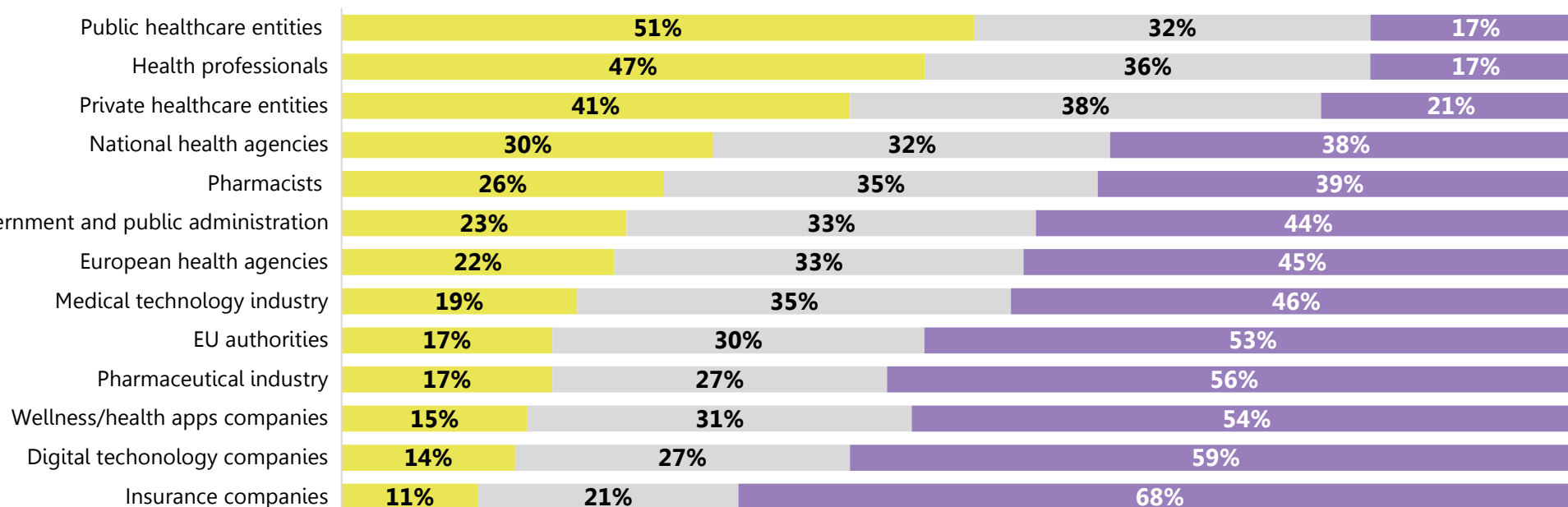


Only about a third of respondents (from 31 to 34%) are willing to give access to their own health data across EU countries. For each of the three purposes investigated, a large share of respondents (from 41 to 43%) would not be available to give access to their data in other EU countries [pag. 94; 101; 106].

EXECUTIVE SUMMARY

To what extent do you trust the following people/entities regarding the use of your collected health data?

■ High/complete trust ■ Some trust/no opinion ■ No/low trust



The graph above shows the percentages of respondents who trust (and don't trust) each professional/entity regarding the use of their collected health data. Only public healthcare entities get high/complete trust by at least half of respondents. Private companies in the field of insurance, digital technology, and wellness/health apps are the entities fewer people trust (not more than 15%) [pag. 107-112].

Only 22% of respondents trust national authorities to efficiently control/prevent an abusive use of their health data by organisations and companies, and even less (21%) trust EU authorities on that [pag. 113-114].

The most common worries regarding the share of health data through online platforms are: unauthorized use of personal data (44%), theft of data by criminals/fraudsters (41%), and unauthorized access to personal data (41%) [pag. 115].

On the other hand, the potential benefits perceived by a larger number of respondents are: development of new or better diagnostic systems (31%), better medical follow-up (31%), easier access to treatments in EU Member States (27%), and easier access to the personal health record with less risk of losing documents (26%) [pag. 116].

EXECUTIVE SUMMARY

To what extent do you agree with the following sentences?

Disagree Neither agree not disagree Agree

Healthcare professionals of other EU countries should have access to my personal health data to secure good treatment in case of medical emergencies (e.g. car accident abroad)

31%

28%

41%

Health data that cannot be completely anonymized (e.g., genetic data) should not be used for research purposes, without explicitly asking for consent from patients

11%

17%

72%

Private companies should be able to use citizens' health data also for purposes beyond the ones citizens gave their consent to

68%

17%

15%

The profit created by companies through the utilization of citizens' health data should be reflected in more affordable and accessible healthcare services and medicines

10%

27%

63%

My health data should be automatically registered on an online healthcare platform by health professionals treating me

42%

23%

35%

I want to choose for myself which data I give access to which health care professional and for what purposes

4%

13%

83%

I'm willing to give access to my (anonymized) health data to help develop new medicines and treatments

23%

25%

52%

[pag. 117-121]

Most respondents (88%) state they want to be able to choose which personal data they give access to, to whom, and for what purposes.

A large majority (68%) think that companies shouldn't be allowed to use citizens' health data for purposes beyond the ones they gave consent to.

72% of respondents think that health data which can't be completely anonymized shouldn't be used for research purposes without the patients' explicit consent.

63% think that the profit created by companies when using citizens' health data should be reflected in more affordable health services and medicines.

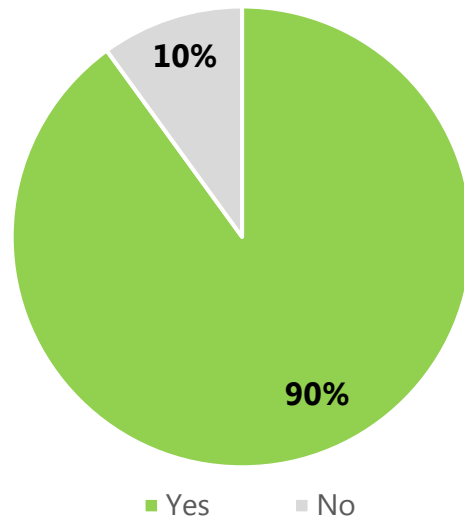
About half of the sample (52%) would agree to provide anonymized health data to develop new medicines and treatments,

Less than half would like to give access to their health data to health professionals of other EU countries to secure good treatments when being abroad (41%) and to have their health data automatically registered on online platforms by health professionals treating them (35%),

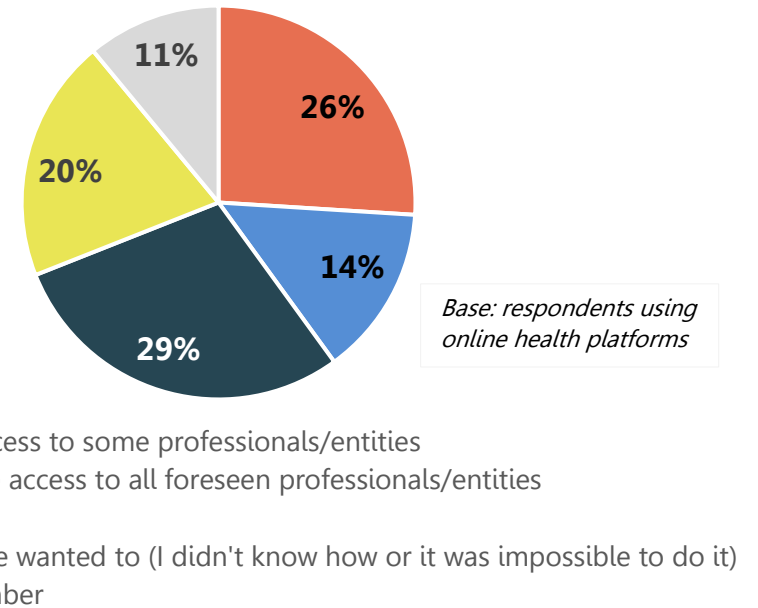
EXECUTIVE SUMMARY

Greece

Do you use online health platform(s)?



Have you adjusted your privacy settings on them?



90% of respondents use at least one online health platform [pag. 76; 80].

The region of residence is the aspect having the highest influence on the use of such platforms, with people living in Attica, Central Macedonia, South Aegean, Epirus, Crete, and East Macedonia & Thrace old using them more than those living in West Macedonia, Peloponnese, North Aegean, and Ionian islands [pag. 81-82].

The most common purposes for using online healthcare platforms are: asking/checking prescriptions (indicated by 72% of respondents), fixing appointments/consultations (70%), asking/checking medical exams (65%), and accessing own medical records (38%), and [pag. 85].

Regarding the privacy settings of these platforms, 29% of respondents didn't adjust them, 20% wished to do so, but were not able to do it, 26% did it and limited the access to their personal data to some professionals/entities, and 14% did it and allowed the access to their personal data to all foreseen professionals/entities. The remaining respondents (11%) don't know or don't remember whether they did it or not [pag. 86-88].

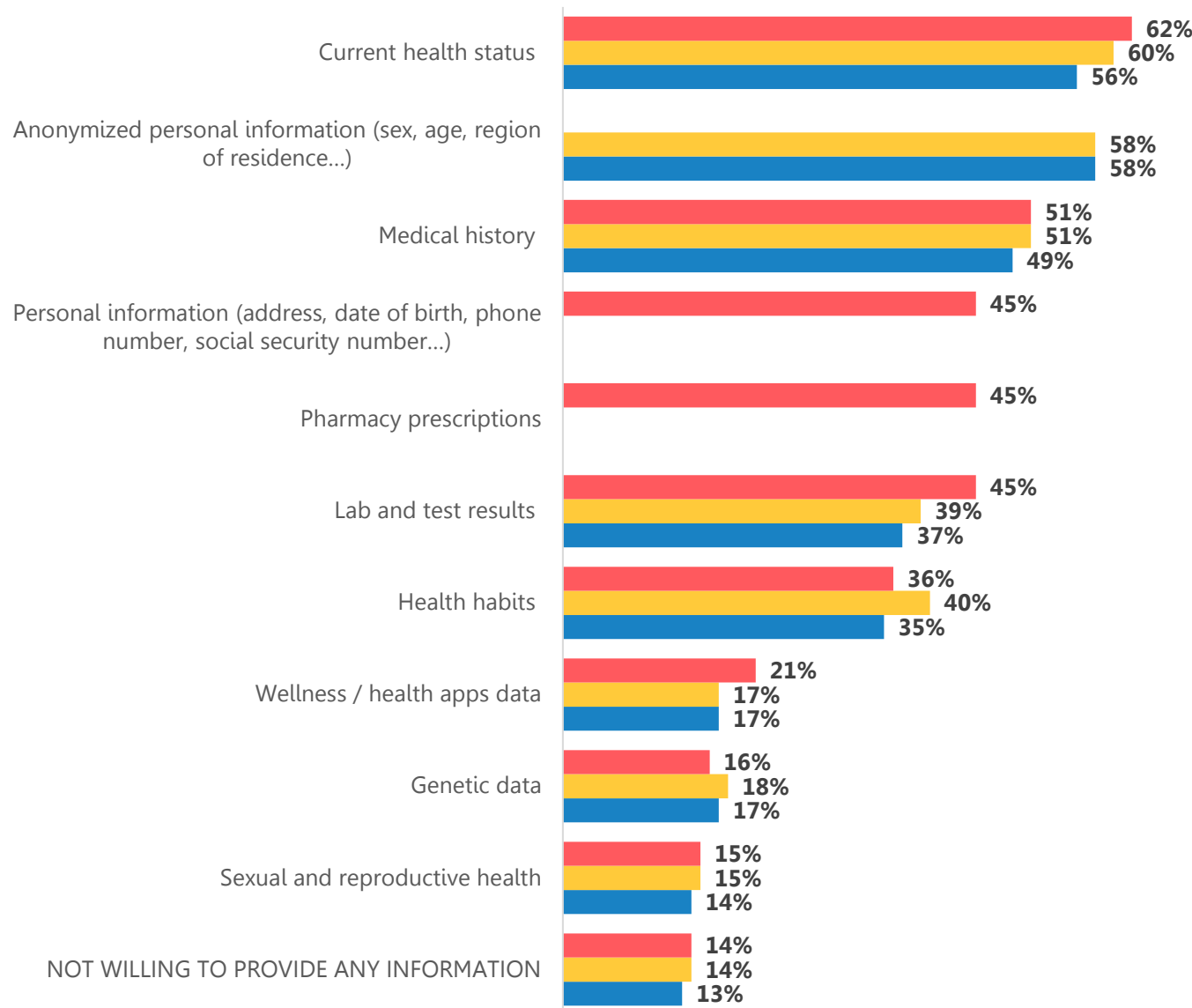
Among respondents who don't use any online healthcare platforms, the most common reasons are: preferring the traditional contact channels (33%), not feeling the need to use them (31%), and not finding them useful (15%) [pag. 83].

EXECUTIVE SUMMARY

Which of the following types of personal information would you be willing to provide through an online healthcare platform for...?

■ Care purposes ■ Scientific research ■ Public health purposes

[pag. 90; 97; 102]



14% of respondents would not be willing to share personal information for care purposes and scientific research. 13% for public health purposes.

The kind of information that people are more willing to share is the current health status; personal information (anonymized in the case of scientific research and public health purposes); and medical history.

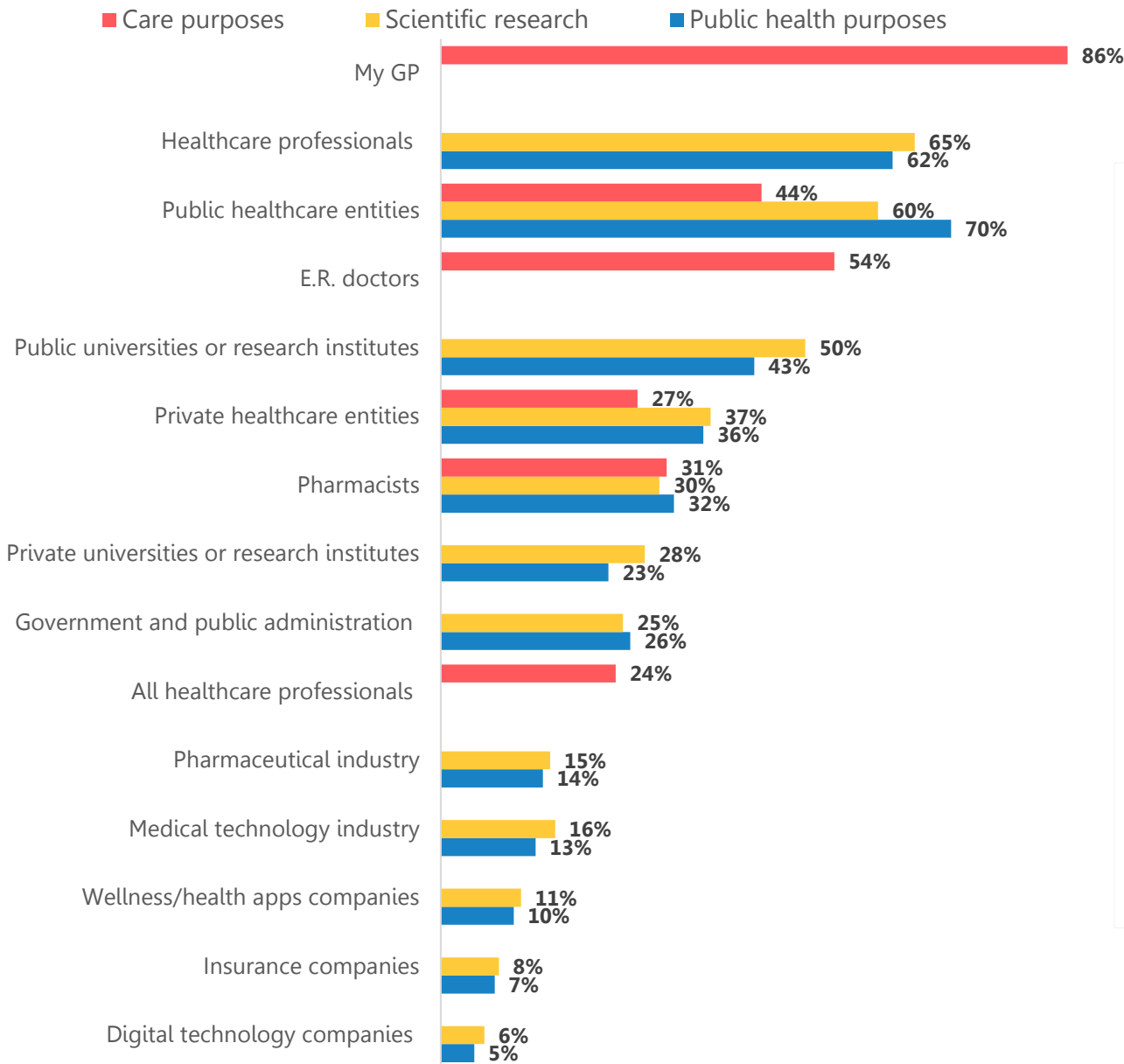
45% of respondents would share lab and test results and pharmacy prescriptions for care purposes.

The types of information that less people are willing to share are those related to sexual and reproductive health, genetic data and personal data tracked by wellness/health apps.

Younger respondents (up to 45 years old) tend to be more willing than the older ones to provide their personal health information for care purposes [pag. 91-92; 98-99; 103-104].

EXECUTIVE SUMMARY

Who would you be willing to give access to your health data, through an online healthcare platform, for...?



[pag. 93; 100; 105]

Most people willing to share their health information for care purposes would do it with their GP (86%); 54% are available to share it with E.R. doctors, but only 24% would give access to all healthcare professionals. When asked about healthcare entities, 44% are willing to provide personal health data to public ones and 27% to private ones.

60 to 70% of respondents who are willing to share their health information for scientific research and public health purposes would do it with healthcare professionals and public healthcare entities. About half would do it with public universities or research institutes and a third with private healthcare entities.

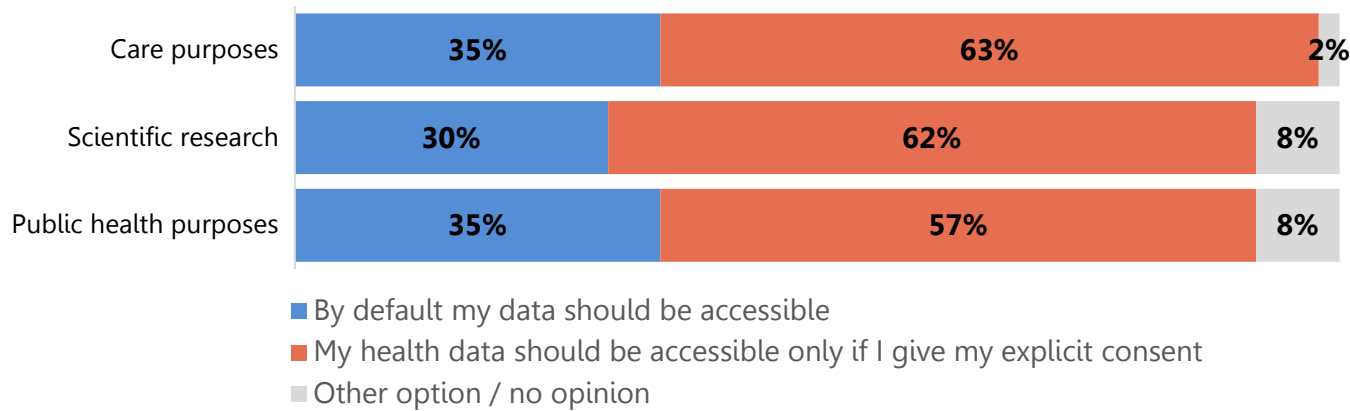
Only 1 respondent out of 4 would give access to the national public administration.

The entities people are less willing to share their health data with are companies in the field of digital technology, insurance, and wellness/health apps.

Base: respondents willing to provide (some) personal data for each purpose

EXECUTIVE SUMMARY

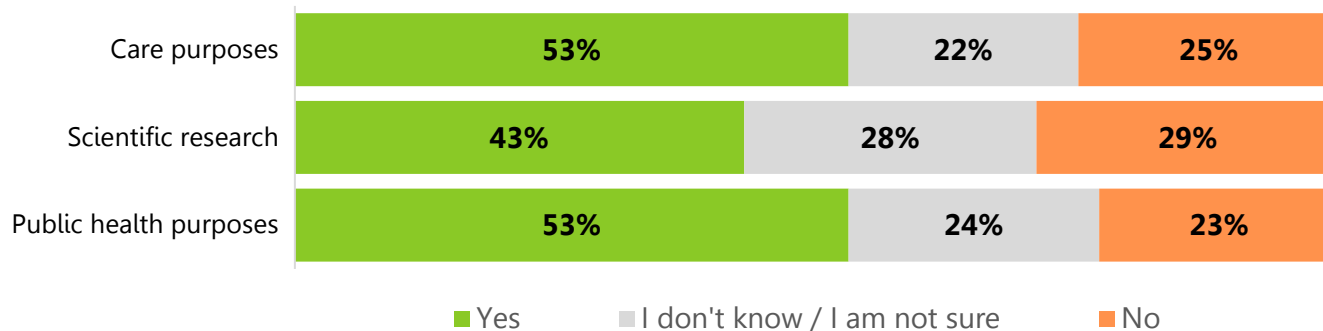
Concerning the access to your health data, which of the following options would you prefer?



Base: respondents willing to provide (some) personal data for each purpose

For all the purposes investigated, the majority of respondents think that their health data should be accessible only after they provide an explicit consent. Anyhow, the share of people who prefer their health data to be accessible by default to health professionals/entities is not minor (from 30 to 35%) [pag. 94; 101; 106].

Would you be willing to give access to your health data, in other EU countries for...?

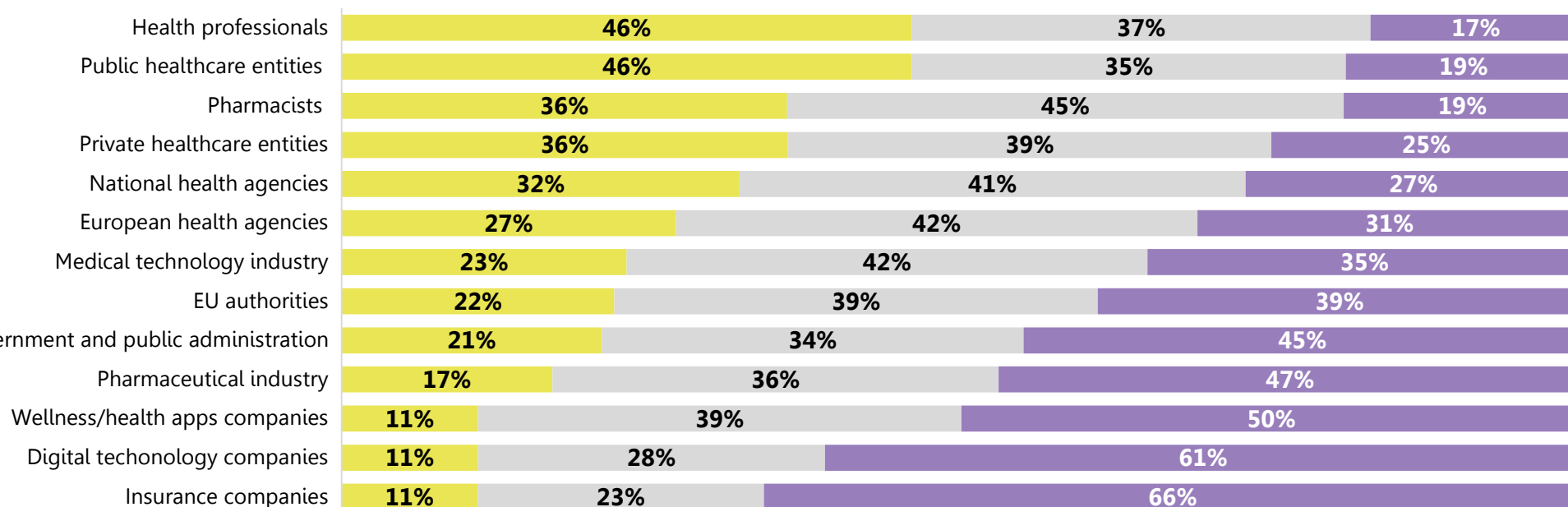


53% of respondents are willing to give access to their own health data across EU countries for care and public health purposes. This percentage is slightly lower for scientific research (43%). The rest of the sample is almost equally divided between those who don't want to give access to their data in other EU countries and those who are not sure or don't have an opinion about it [pag. 94; 101; 106].

EXECUTIVE SUMMARY

To what extent do you trust the following people/entities regarding the use of your collected health data?

■ High/complete trust ■ Some trust/no opinion ■ No/low trust



The graph above shows the percentages of respondents who trust (and don't trust) each professional/entity regarding the use of their collected health data. Health professionals and public healthcare entities are the most trusted (46% of respondents have high/complete trust on them). Private companies in the field of insurance, digital technology, wellness/health apps and pharmaceuticals are the entities fewer people trust (11%) [pag. 107-112].

Only 27% of respondents trust national authorities to efficiently control/prevent an abusive use of their health data by organisations and companies, and even less (25%) trust EU authorities on that [pag. 113-114].

The most common worries regarding the share of health data through online platforms are: unauthorized use of personal data (42%), theft of data by criminals/fraudsters (41%), and unauthorized access to personal data (40%). [pag. 115].

On the other hand, the potential benefits perceived by a larger number of respondents are: development of new or better diagnostic systems (43%), easier access to the personal health record with less risk of losing documents (34%), development of new or better medical products and services (33%) and better medical follow-up (28%) [pag. 116].

EXECUTIVE SUMMARY

To what extent do you agree with the following sentences?

Disagree Neither agree not disagree Agree

Healthcare professionals of other EU countries should have access to my personal health data to secure good treatment in case of medical emergencies (e.g. car accident abroad)

17% 28% 55%

Health data that cannot be completely anonymized (e.g., genetic data) should not be used for research purposes, without explicitly asking for consent from patients

10% 18% 72%

Private companies should be able to use citizens' health data also for purposes beyond the ones citizens gave their consent to

62% 23% 15%

The profit created by companies through the utilization of citizens' health data should be reflected in more affordable and accessible healthcare services and medicines

4% 23% 73%

My health data should be automatically registered on an online healthcare platform by health professionals treating me

17% 28% 55%

I want to choose for myself which data I give access to which health care professional and for what purposes

4% 11% 85%

I'm willing to give access to my (anonymized) health data to help develop new medicines and treatments

16% 26% 58%

[pag. 117-121]

Most respondents (85%) state they want to be able to choose which personal data they give access to, to whom, and for what purposes.

A large majority (62%) think that companies shouldn't be allowed to use citizens' health data for purposes beyond the ones they gave consent to.

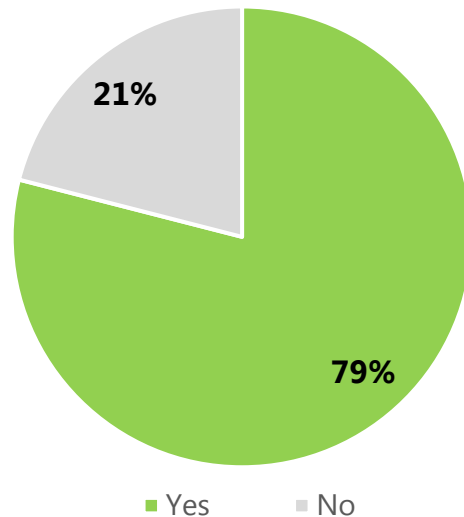
About 2 respondents out of 3 think that health data which can't be completely anonymized shouldn't be used for research purposes without the patients' explicit consent (72%), and that the profit created by companies when using citizens' health data should be reflected in more affordable health services and medicines (73%).

About half of the sample would agree to provide anonymized health data to develop new medicines and treatments (58%), to have their health data automatically registered on online platforms by health professionals treating them (55%), and to give access to their health data to health professionals of other EU countries to secure good treatments when being abroad (55%).

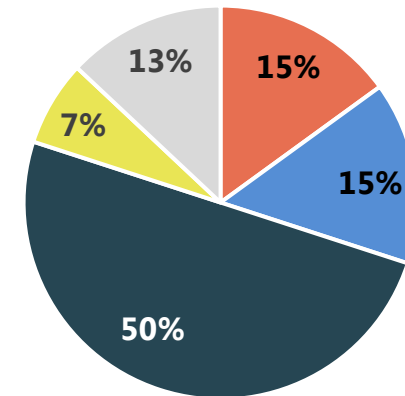
EXECUTIVE SUMMARY

Italy

Do you use online health platform(s)?



Have you adjusted your privacy settings on them?



Base: respondents using online health platforms

- Yes, I limited the access to some professionals/entities
- Yes, I authorised the access to all foreseen professionals/entities
- No
- No, but I would have wanted to (I didn't know how or it was impossible to do it)
- I don't know/remember

79% of respondents use at least one online health platform [pag. 77; 80].

The region of residence is the aspect having the highest influence on the use of such platforms, with people living in South and Islands using them more than less than the rest of respondents [pag. 81-82].

The most common purposes for using online healthcare platforms are: fixing appointments/consultations (indicated by 79% of respondents), asking/checking medical exams (54%), accessing own medical records (49%), and asking/checking prescriptions (45%) [pag. 85].

Regarding the privacy settings of these platforms, half of respondents didn't adjust them (50%). 7% wished to do so, but were not able to do it, 15% did it and limited the access to their personal data to some professionals/entities, and 15% did it and allowed the access to their personal data to all foreseen professionals/entities. The remaining respondents (13%) don't know or don't remember whether they did it or not [pag. 86-88].

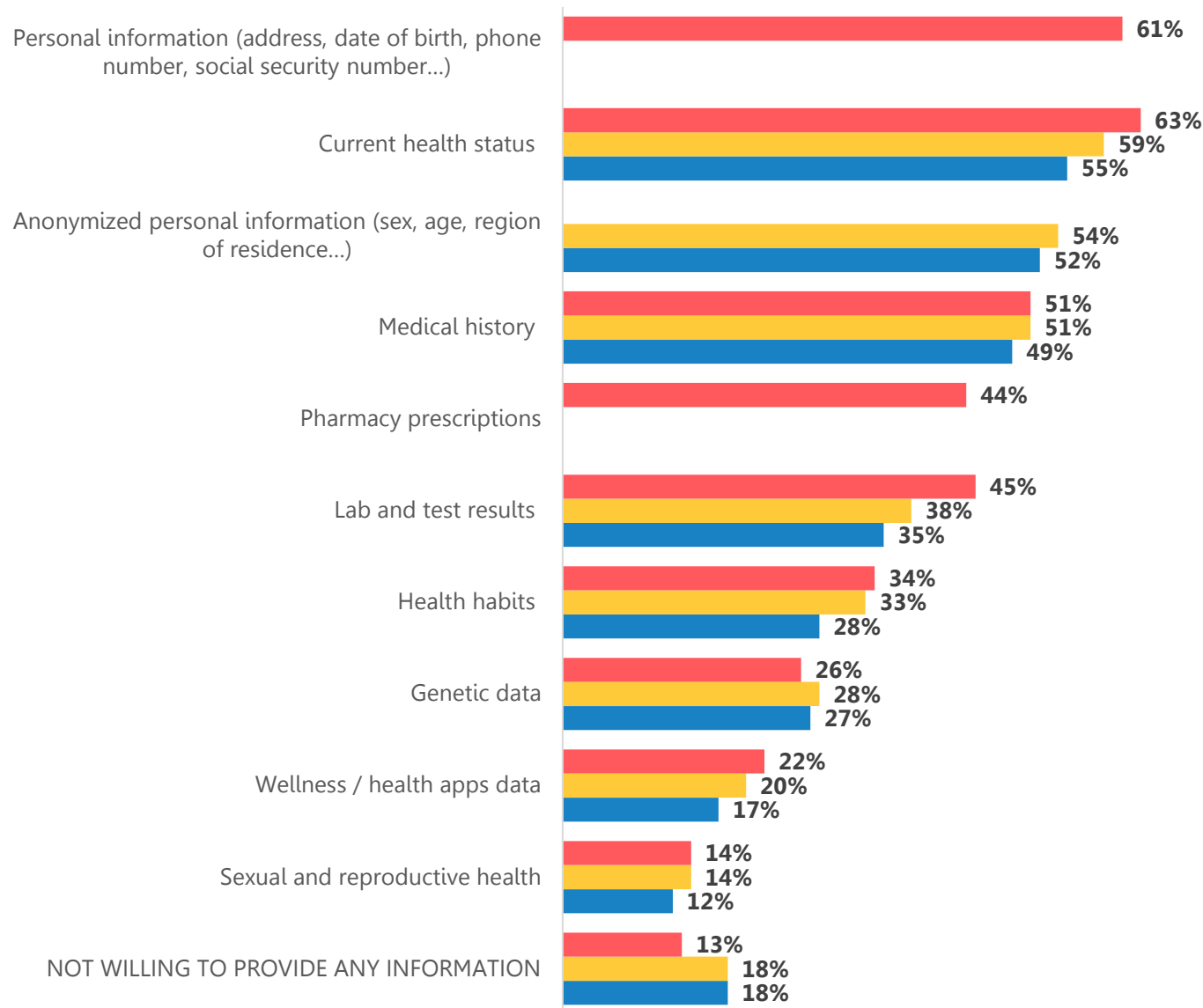
Among respondents who don't use any online healthcare platforms, the most common reasons are: preferring the traditional contact channels (47%), not knowing the existence of these services (21%), and not feeling the need to use them (19%) [pag. 83].

EXECUTIVE SUMMARY

Which of the following types of personal information would you be willing to provide through an online healthcare platform for...?

■ Care purposes ■ Scientific research ■ Public health purposes

[pag. 90; 97; 102]



18% of respondents would not be willing to share personal information for scientific research and public health purposes. This percentage is slightly lower regarding care purposes (13%).

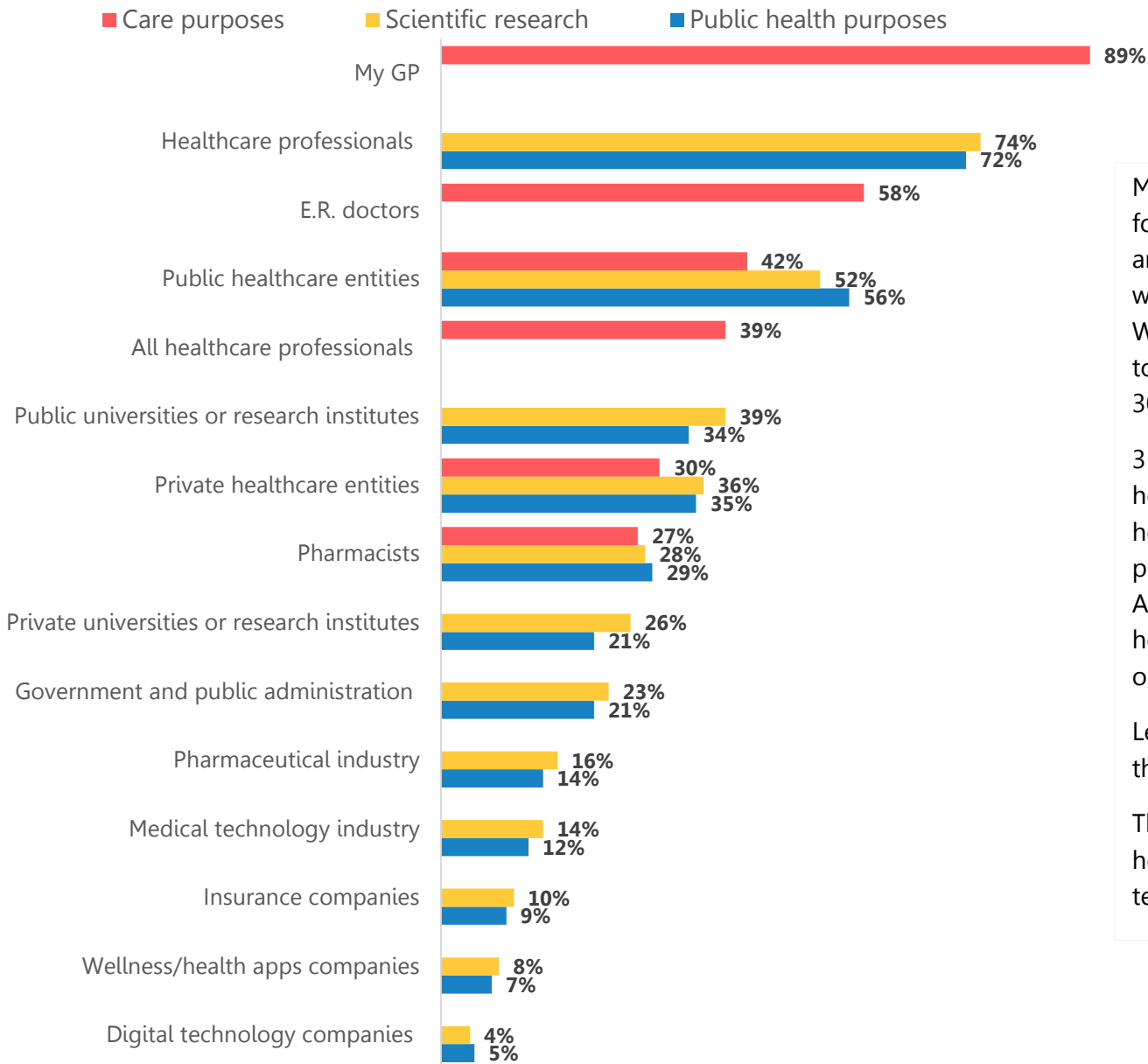
The kinds of information that people are more willing to share (for any of the three purposes investigated) are: the current health status, personal information (anonymized in the case of scientific research and public health purposes), and medical history.

The types of information that less people are willing to share are those related to sexual and reproductive health, personal data tracked by wellness/health apps, and genetic data.

Younger respondents (up to 32 years old) tend to be more willing than the older ones to provide their personal health information for each of the three purposes investigated [pag. 91-92; 98-99; 103-104].

EXECUTIVE SUMMARY

Who would you be willing to give access to your health data, through an online healthcare platform, for...?



[pag. 93; 100; 105]

Most people willing to share their health information for care purposes would do it with their GP (89%); 58% are available to share it with E.R. doctors, but only 39% would give access to all healthcare professionals. When asked about healthcare entities, 42% are willing to provide personal health data to public ones and 30% to private ones.

3 out of 4 respondents who are willing to share their health information for scientific research and public health purposes would do it with healthcare professionals.

About half are willing to provide access to public healthcare entities, and about one third to private ones.

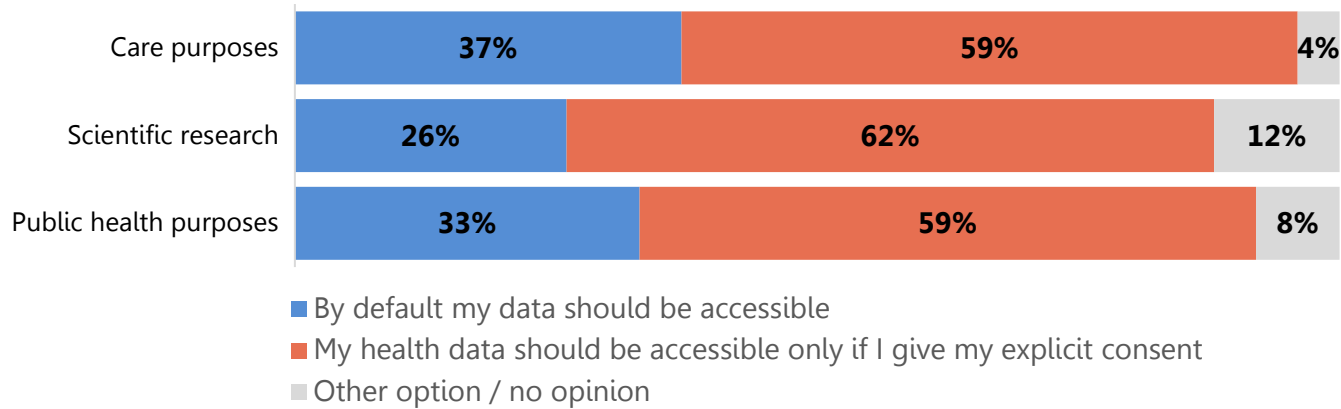
Less than 1 respondent out of 4 would give access to the national public administration.

The entities people are less willing to share their health data with are companies in the field of digital technology, wellness/health apps and insurance.

Base: respondents willing to provide (some) personal data for each purpose

EXECUTIVE SUMMARY

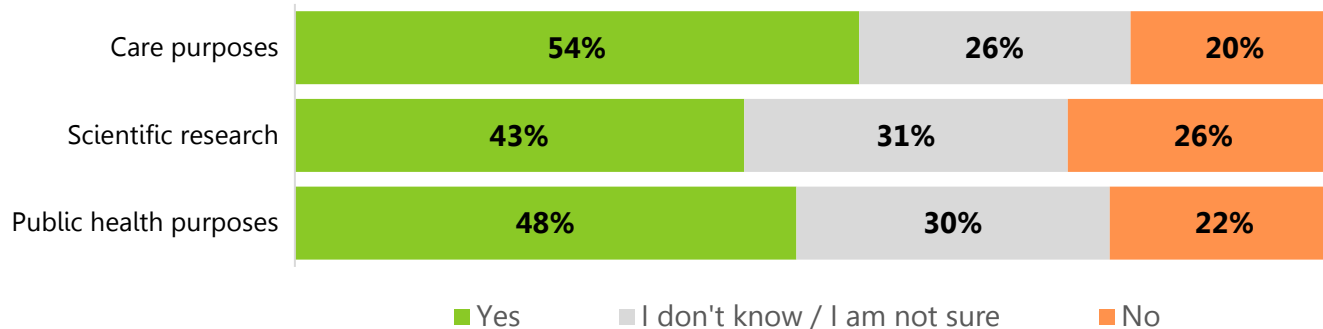
Concerning the access to your health data, which of the following options would you prefer?



Base: respondents willing to provide (some) personal data for each purpose

For all the purposes investigated, the majority of respondents think that their health data should be accessible only after they provide an explicit consent. Anyhow, the share of people who prefer their health data to be accessible by default to health professionals/entities is not minor (from 26 to 37%) [pag. 94; 101; 106].

Would you be willing to give access to your health data, in other EU countries for...?

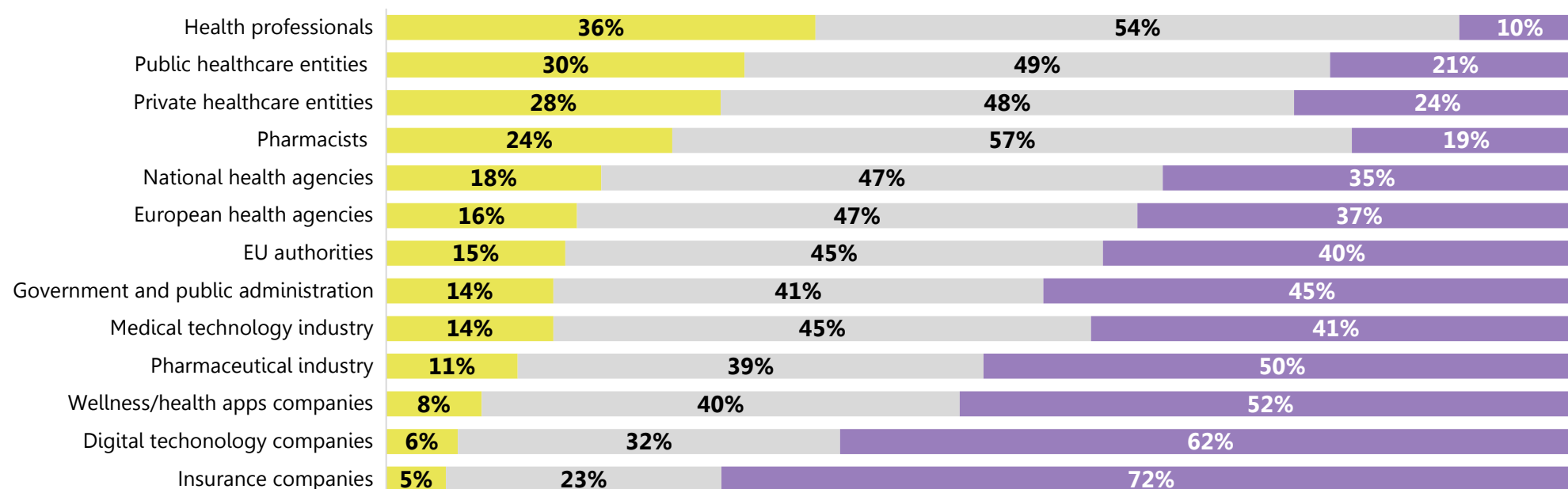


About half of respondents (from 43 to 54%) are willing to give access to their own health data across EU countries. The willingness is higher for care purposes and lower for scientific research. [pag. 94; 101; 106].

EXECUTIVE SUMMARY

To what extent do you trust the following people/entities regarding the use of your collected health data?

■ High/complete trust ■ Some trust/no opinion ■ No/low trust



The graph above shows the percentages of respondents who trust (and don't trust) each professional/entity regarding the use of their collected health data. Only health professionals get high/complete trust by at least a third of respondents. Private companies in the field of insurance, digital technology, wellness/health apps and pharmaceuticals are the entities fewer people trust (not more than 11%) [pag. 107-112].

Only 18% of respondents trust national authorities to efficiently control/prevent an abusive use of their health data by organisations and companies, and even less (16%) trust EU authorities on that [pag. 113-114].

The most common worries regarding the share of health data through online platforms are: theft of data by criminals/fraudsters (47%), unauthorized use of personal data (41%), and unauthorized access to them (36%) [pag. 115].

On the other hand, the potential benefits perceived by a larger number of respondents are: development of new or better diagnostic systems (37%), easier access to the personal health record with less risk of losing documents (34%), easier access to treatments in EU Member States (28%), and better medical follow-up (25%) [pag. 116].

EXECUTIVE SUMMARY

To what extent do you agree with the following sentences?

Disagree Neither agree not disagree Agree

Healthcare professionals of other EU countries should have access to my personal health data to secure good treatment in case of medical emergencies (e.g. car accident abroad)

20%

30%

50%

Health data that cannot be completely anonymized (e.g., genetic data) should not be used for research purposes, without explicitly asking for consent from patients

10%

25%

65%

Private companies should be able to use citizens' health data also for purposes beyond the ones citizens gave their consent to

61%

23%

16%

The profit created by companies through the utilization of citizens' health data should be reflected in more affordable and accessible healthcare services and medicines

5%

27%

68%

My health data should be automatically registered on an online healthcare platform by health professionals treating me

17%

29%

54%

I want to choose for myself which data I give access to which health care professional and for what purposes

6%

13%

81%

I'm willing to give access to my (anonymized) health data to help develop new medicines and treatments

15%

26%

59%

[pag. 117-121]

Most respondents (81%) state they want to be able to choose which personal data they give access to, to whom, and for what purposes.

The majority (61%) think that companies shouldn't be allowed to use citizens' health data for purposes beyond the ones they gave consent to.

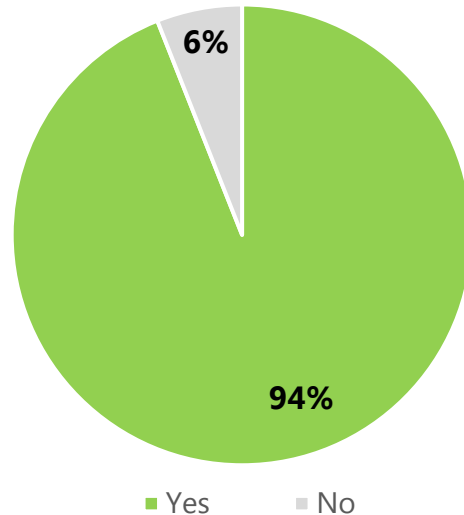
About two thirds of respondents think that health data which can't be completely anonymized shouldn't be used for research purposes without the patients' explicit consent (65%), and that the profit created by companies when using citizens' health data should be reflected in more affordable health services and medicines (68%).

About half of the sample would agree to provide anonymized health data to develop new medicines and treatments (59%), to have their health data automatically registered on online platforms by health professionals treating them (54%), and to give access to their health data to health professionals of other EU countries to secure good treatments when being abroad (50%).

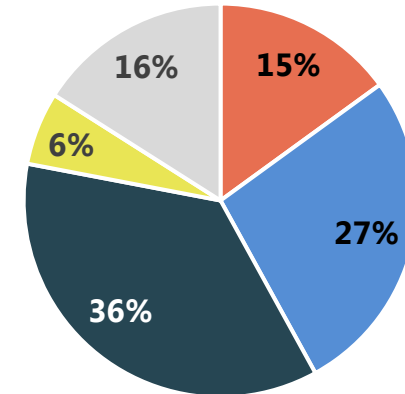
EXECUTIVE SUMMARY

Portugal

Do you use online health platform(s)?



Have you adjusted your privacy settings on them?



Base: respondents using online health platforms

- Yes, I limited the access to some professionals/entities
- Yes, I authorised the access to all foreseen professionals/entities
- No
- No, but I would have wanted to (I didn't know how or it was impossible to do it)
- I don't know/remember

94% of respondents use at least one online health platform [pag. 78; 80].

In most of the countries, educational level is the aspect having the highest influence on the use of such platforms, with high (or medium) educated people using them more than low educated people [pag. 81-82].

The most common purposes for using online healthcare platforms are: fixing appointments/consultations (indicated by 71% of respondents), asking/checking prescriptions (55%), accessing own medical records (53%), and asking/checking medical exams (50%), and [pag. 85].

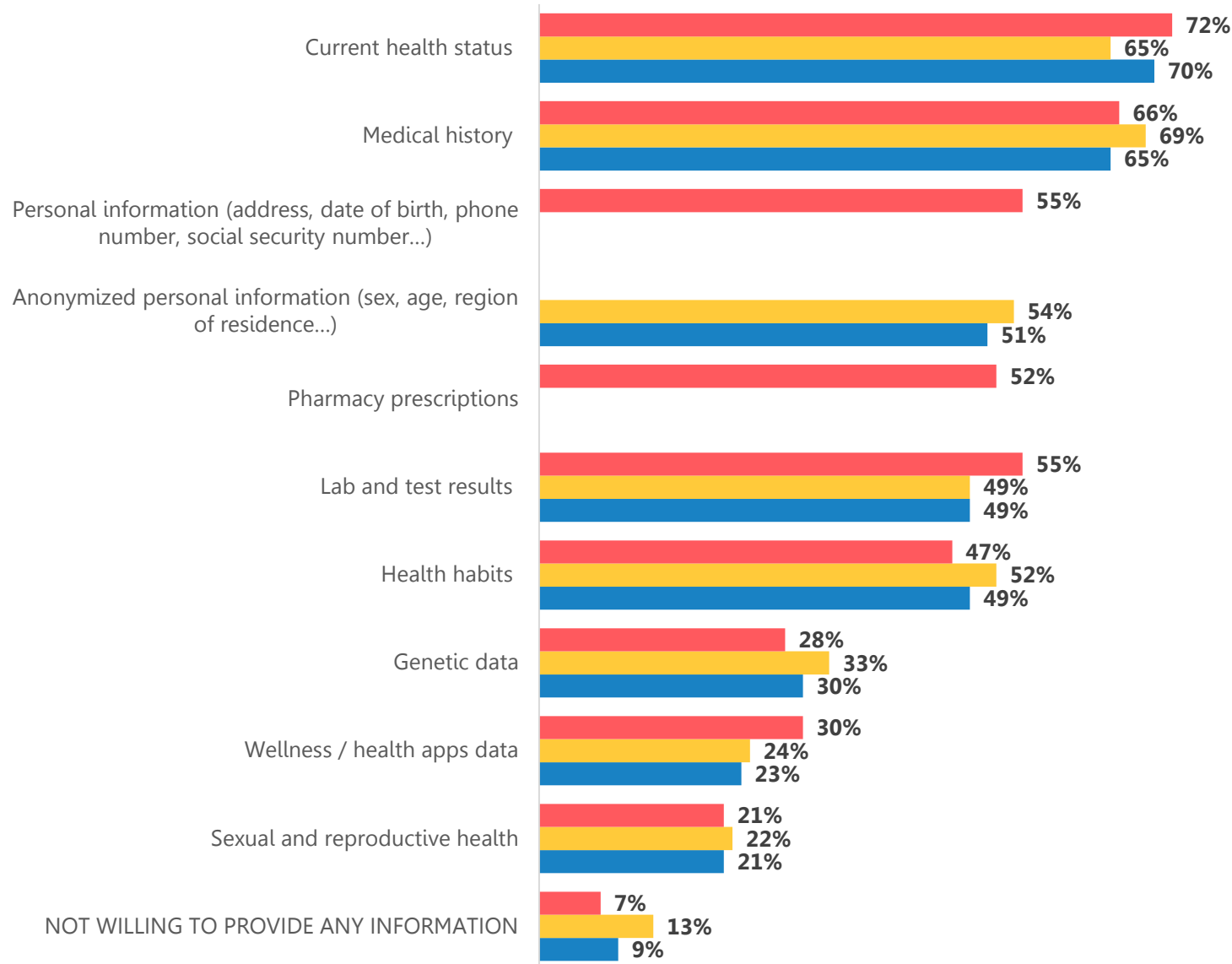
Regarding the privacy settings of these platforms, 36% of respondents didn't adjust them, 6% wished to do so, but were not able to do it, 15% did it and limited the access to their personal data to some professionals/entities, and 27% did it and allowed the access to their personal data to all foreseen professionals/entities. The remaining respondents (16%) don't know or don't remember whether they did it or not [pag. 86-88].

EXECUTIVE SUMMARY

Which of the following types of personal information would you be willing to provide through an online healthcare platform for...?

■ Care purposes ■ Scientific research ■ Public health purposes

[pag. 90; 97; 102]



13% of respondents would not be willing to share personal information for scientific research. This percentage is slightly lower regarding public health (9%) and care purposes (7%).

The kind of information that people are more willing to share (for any of the three purposes investigated) is the current health status and the medical history.

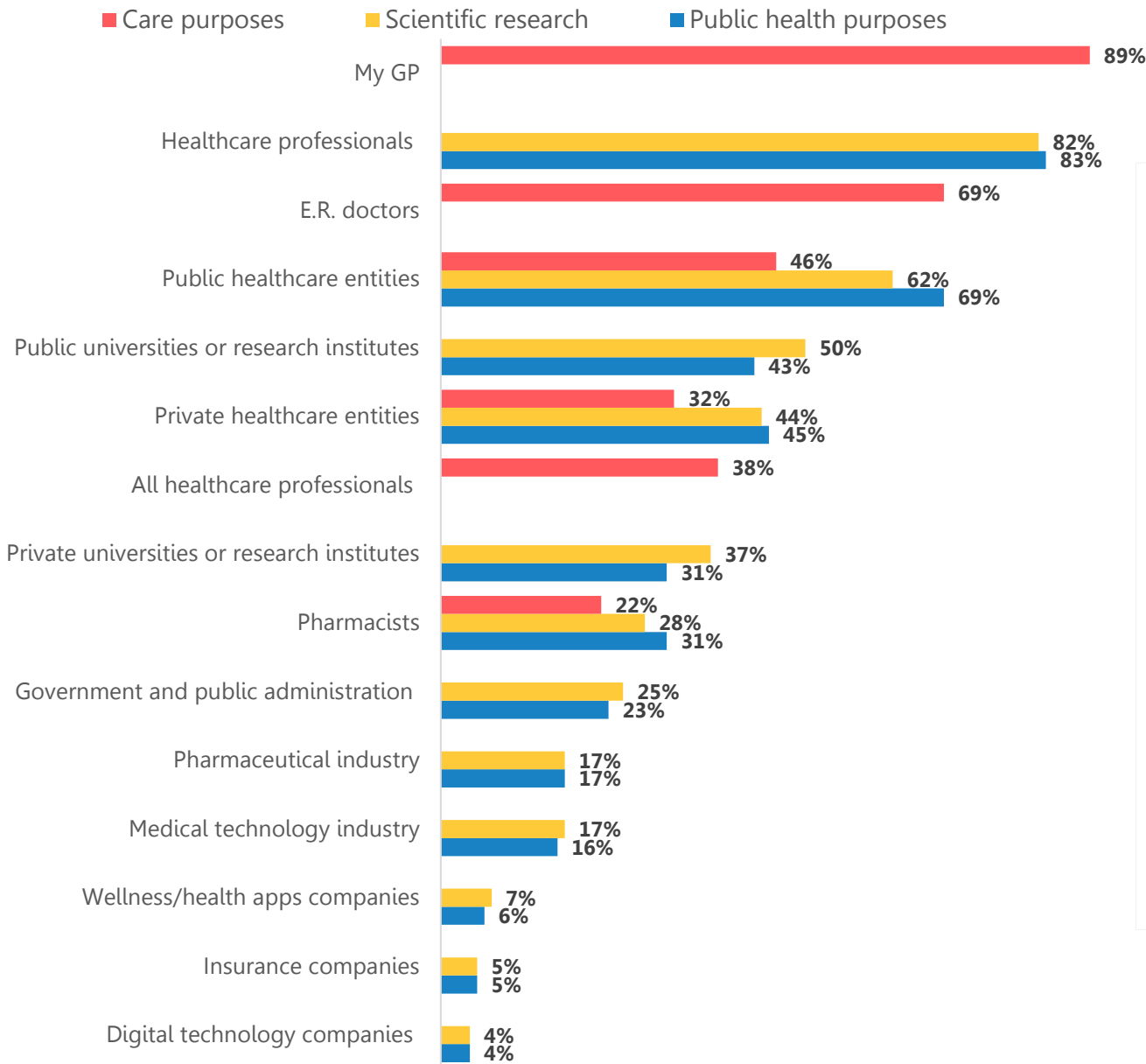
About half of respondents are willing to share personal information (anonymized in the case of scientific research and public health purposes).

The types of information that less people are willing to share are those related to sexual and reproductive health, personal data tracked by wellness/health apps, and genetic data.

Respondents in a good health status tend to be more willing than the older ones to provide their personal health information for scientific research and public health purposes. Females tend to be more willing than males to provide their health information for care purposes [pag. 91-92; 98-99; 103-104].

EXECUTIVE SUMMARY

Who would you be willing to give access to your health data, through an online healthcare platform, for...?



[pag. 93; 100; 105]

Most people willing to share their health information for care purposes would do it with their GP (89%); 69% are available to share it with E.R. doctors, but only 38% would give access to all healthcare professionals.

When asked about healthcare entities, 46% are willing to provide personal health data to public ones and 32% to private ones.

8 out of 10 respondents who are willing to share their health information for scientific research and public health purposes would do it with healthcare professionals.

About two thirds of respondents are willing to provide access to public healthcare entities, and about half of them to private ones.

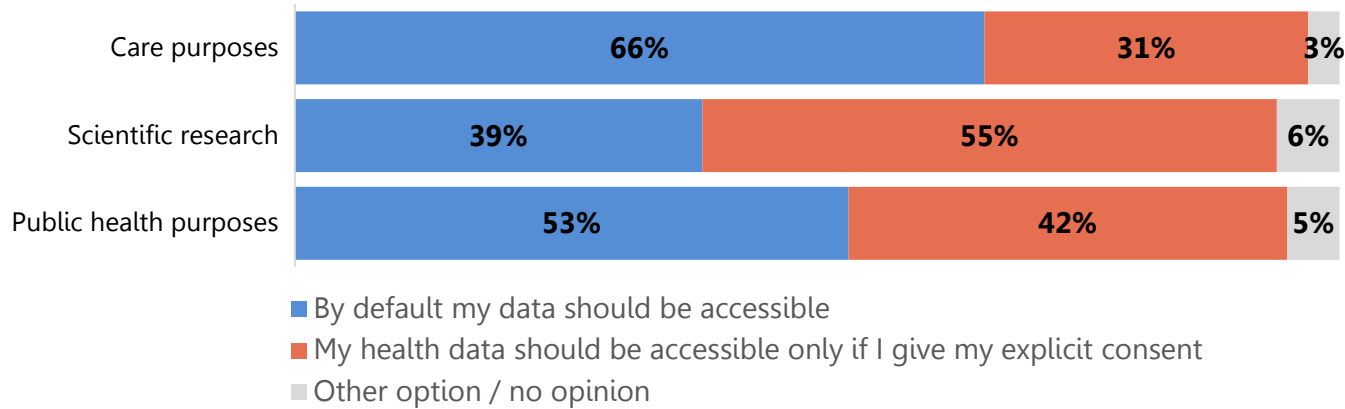
Only 1 respondent out of 4 would give access to the national public administration.

The entities people are less willing to share their health data with are companies in the field of digital technology, insurance, and wellness/health apps.

Base: respondents willing to provide (some) personal data for each purpose

EXECUTIVE SUMMARY

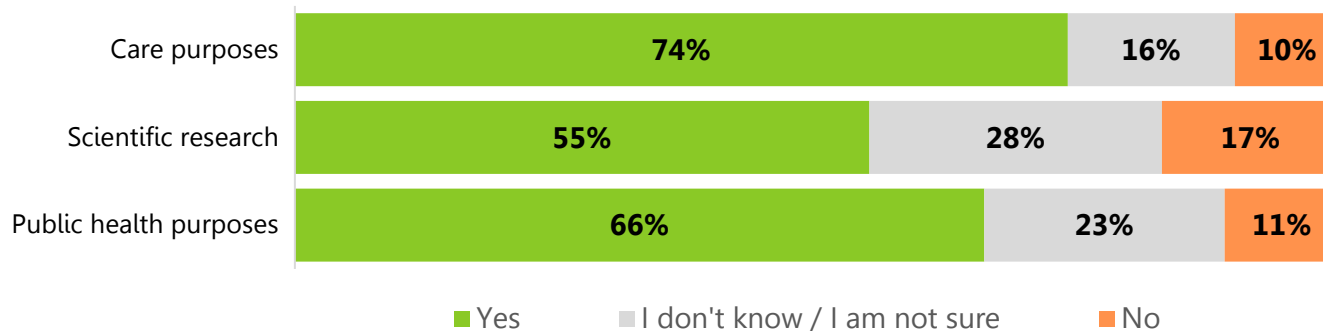
Concerning the access to your health data, which of the following options would you prefer?



Base: respondents willing to provide (some) personal data for each purpose

Regarding care and public health purposes the majority of respondents think that their health data to be accessible by default to health professionals/entities. On the contrary, for scientific research the majority would prefer their health data being accessible only after providing an explicit consent [pag. 94; 101; 106].

Would you be willing to give access to your health data, in other EU countries for...?

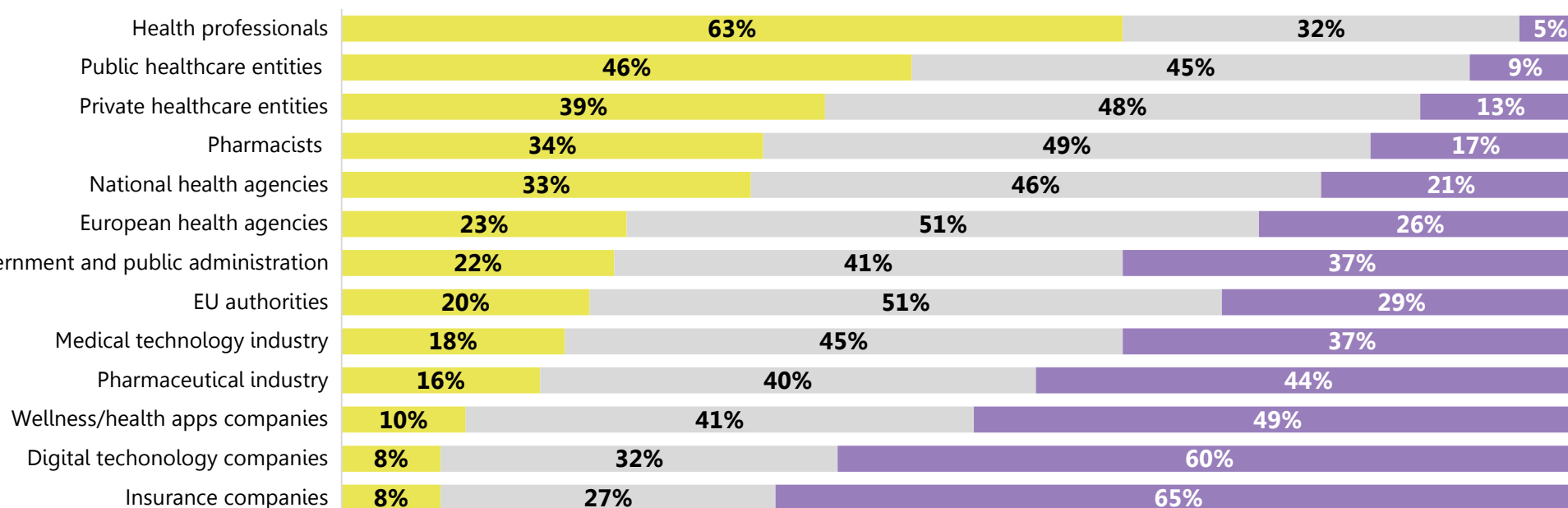


For each of the three purposes investigated, most respondents (from 55 to 74%) are willing to give access to their own health data across EU countries. The willingness to give access to personal health data to health professionals of other EU countries is the highest for care purposes and lowest for scientific research. [pag. 94; 101; 106].

EXECUTIVE SUMMARY

To what extent do you trust the following people/entities regarding the use of your collected health data?

■ High/complete trust ■ Some trust/no opinion ■ No/low trust



The graph above shows the percentages of respondents who trust (and don't trust) each professional/entity regarding the use of their collected health data. Only health professionals get high/complete trust by more than half of respondents. Private companies in the field of insurance, digital technology, wellness/health apps are the entities fewer people trust (not more than 10%) [pag. 107-112].

Only 22% of respondents trust national authorities to efficiently control/prevent an abusive use of their health data by organisations and companies, and even less (20%) trust EU authorities on that [pag. 113-114].

The most common worries regarding the share of health data through online platforms are: theft of data by criminals/fraudsters (53%), unauthorized use of personal data (36%), unauthorized access to them (34%), and more personalized marketing/advertising (34%) [pag. 115].

On the other hand, the potential benefits perceived by a larger number of respondents are: development of new or better diagnostic systems (45%), easier access to treatments in EU Member States (44%), and better medical follow-up (41%) [pag. 116].

EXECUTIVE SUMMARY

To what extent do you agree with the following sentences?

Disagree Neither agree not disagree Agree

Healthcare professionals of other EU countries should have access to my personal health data to secure good treatment in case of medical emergencies (e.g. car accident abroad)

16% 12% 72%

Health data that cannot be completely anonymized (e.g., genetic data) should not be used for research purposes, without explicitly asking for consent from patients

10% 13% 77%

Private companies should be able to use citizens' health data also for purposes beyond the ones citizens gave their consent to

68% 13% 19%

The profit created by companies through the utilization of citizens' health data should be reflected in more affordable and accessible healthcare services and medicines

4% 10% 86%

My health data should be automatically registered on an online healthcare platform by health professionals treating me

9% 15% 76%

I want to choose for myself which data I give access to which health care professional and for what purposes

4% 10% 86%

I'm willing to give access to my (anonymized) health data to help develop new medicines and treatments

10% 18% 72%

[pag. 117-121]

Most respondents state they want to be able to choose which personal data they give access to, to whom, and for what purposes (86%) and that the profit created by companies when using citizens' health data should be reflected in more affordable health services and medicines (86%).

77% think that health data which can't be completely anonymized shouldn't be used for research purposes without the patients' explicit consent.,

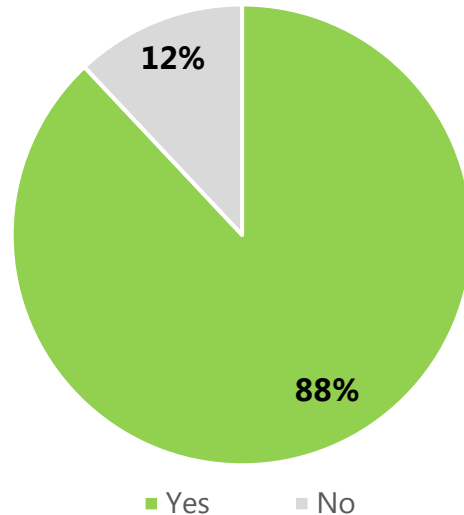
About 3 respondents out of 4 would agree to provide anonymized health data to develop new medicines and treatments (77%), to have their health data automatically registered on online platforms by health professionals treating them (76%), and to give access to their health data to health professionals of other EU countries to secure good treatments when being abroad (72%).

A large majority (68%) think that companies shouldn't be allowed to use citizens' health data for purposes beyond the ones they gave consent to.

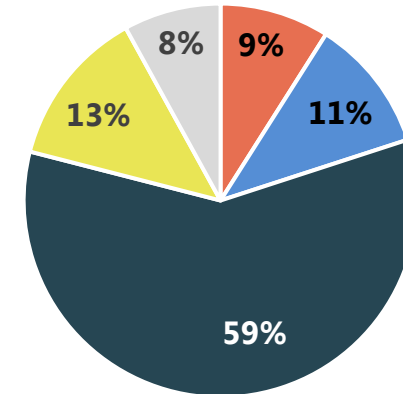
EXECUTIVE SUMMARY

Spain

Do you use online health platform(s)?



Have you adjusted your privacy settings on them?



Base: respondents using online health platforms

- Yes, I limited the access to some professionals/entities
- Yes, I authorised the access to all foreseen professionals/entities
- No
- No, but I would have wanted to (I didn't know how or it was impossible to do it)
- I don't know/remember

88% of respondents use at least one online health platform [pag. 79; 80].

Educational level is the aspect having the highest influence on the use of such platforms, with high-educated people using them more than low/medium-educated people [pag. 81-82].

The most common purposes for using online healthcare platforms are: fixing appointments/consultations (indicated by 64% of respondents), accessing own medical records (45%), asking/checking medical exams (43%), and asking/checking prescriptions (41%) [pag. 85].

Regarding the privacy settings of these platforms, most people didn't adjust them (59%). 13% of respondents wished to do so, but were not able to do it, 9% did it and limited the access to their personal data to some professionals/entities, and 11% did it and allowed the access to their personal data to all foreseen professionals/entities. The remaining respondents (13%) don't know or don't remember whether they did it or not [pag. 86-88].

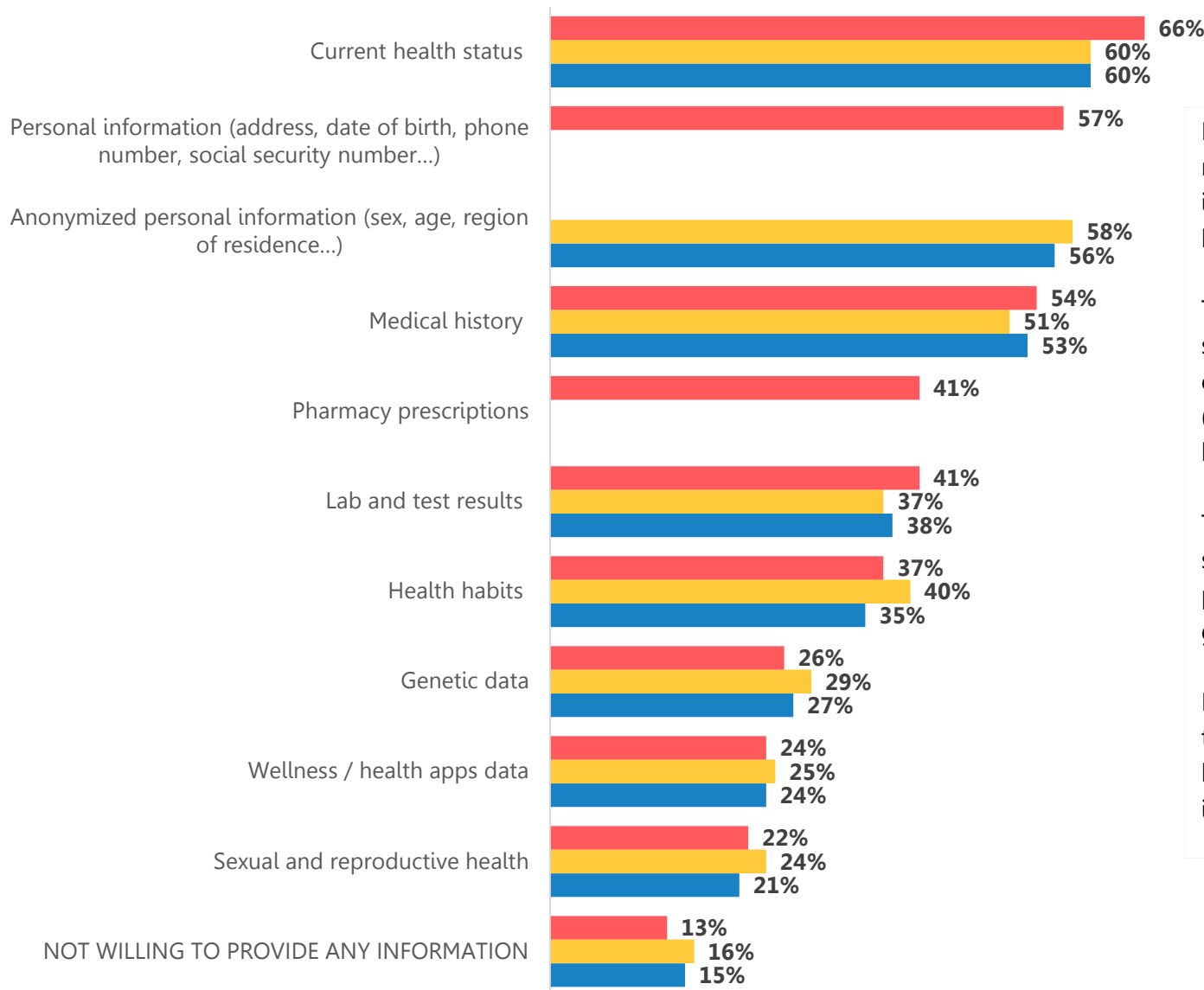
Among respondents who don't use any online healthcare platforms, the most common reasons are: preferring the traditional contact channels (43%), not knowing the existence of these services (21%), and not feeling the need to use them (15%), [pag. 83].

EXECUTIVE SUMMARY

Which of the following types of personal information would you be willing to provide through an online healthcare platform for...?

■ Care purposes ■ Scientific research ■ Public health purposes

[pag. 90; 97; 102]



For each of the purposes investigated, only a minority of respondents would not be willing to share personal information: 16% for scientific research, 15% for public health and 13% for care purposes.

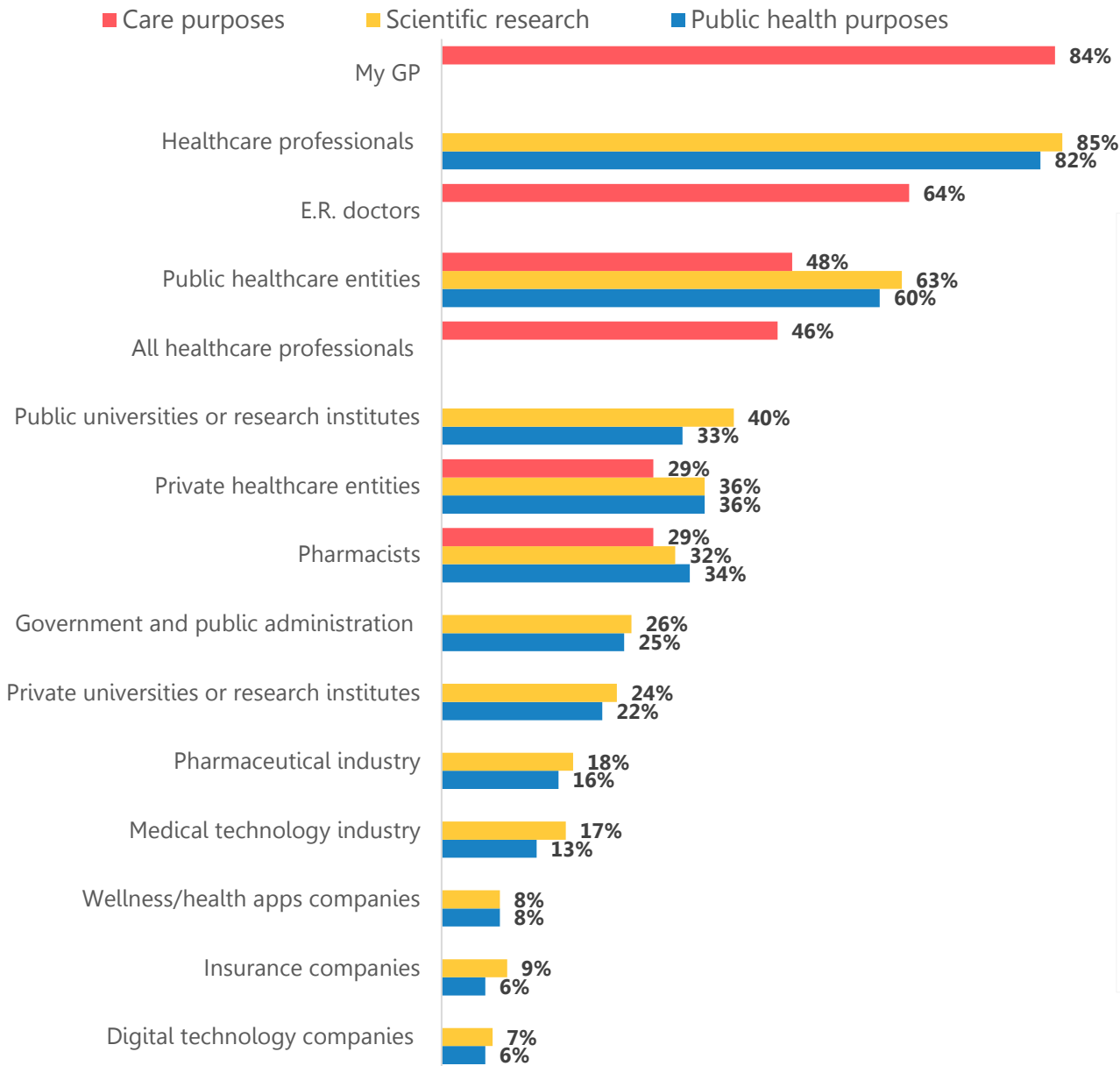
The kinds of information that people are more willing to share (for any of the three purposes investigated) is the current health status, their personal information (anonymized in the case of scientific research and public health purposes), and their medical history.

The types of information that less people are willing to share are those related to sexual and reproductive health, personal data tracked by wellness/health apps, and genetic data.

High-educated respondents tend to be more willing than the low/medium-educated ones to provide their personal health information for each of the three purposes investigated [pag. 91-92; 98-99; 103-104].

EXECUTIVE SUMMARY

Who would you be willing to give access to your health data, through an online healthcare platform, for...?



[pag. 93; 100; 105]

Most people willing to share their health information for care purposes would do it with their GP (84%); 64% are available to share it with E.R. doctors, but only 46% would give access to all healthcare professionals. When asked about healthcare entities, 48% are willing to provide personal health data to public ones and 29% to private ones.

More than 8 out of 10 respondents who are willing to share their health information for scientific research and public health purposes would do it with healthcare professionals.

More than half are willing to provide access to public healthcare entities, and about one third to private ones.

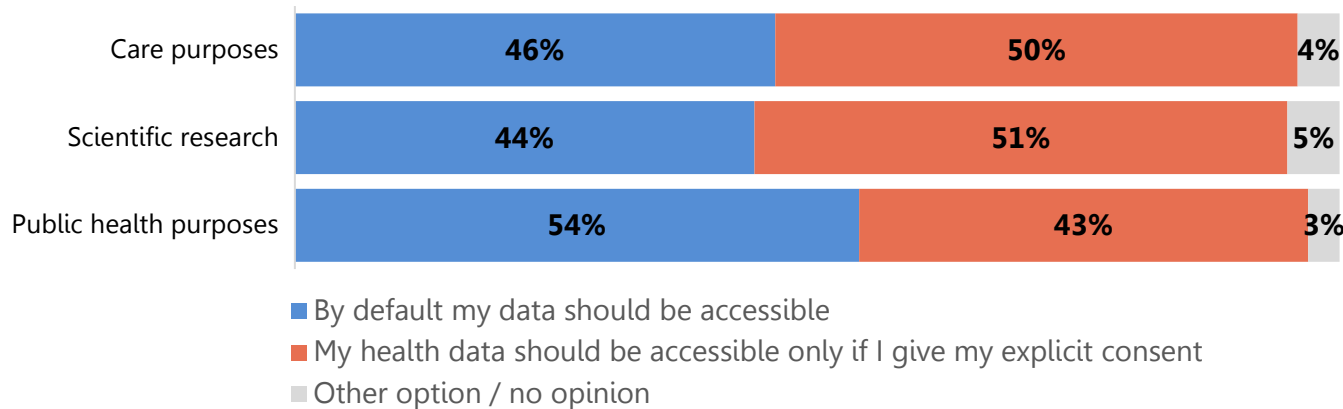
Only 1 respondent out of 4 would give access to the national public administration.

The entities people are less willing to share their health data with are companies in the field of digital technology, insurance, and wellness/health apps.

Base: respondents willing to provide (some) personal data for each purpose

EXECUTIVE SUMMARY

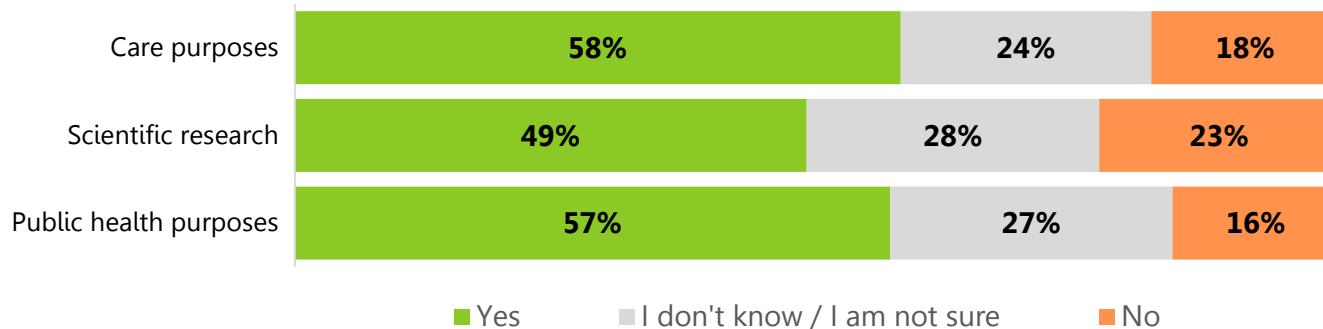
Concerning the access to your health data, which of the following options would you prefer?



Base: respondents willing to provide (some) personal data for each purpose

The sample is almost equally divided between respondents who think that their health data should be accessible only after they provide an explicit consent and those who prefer their health data to be accessible by default to health professionals/entities. With a slight preference for the first option for care purposes and scientific research and for the second option for public health purposes [pag. 94; 101; 106].

Would you be willing to give access to your health data, in other EU countries for...?

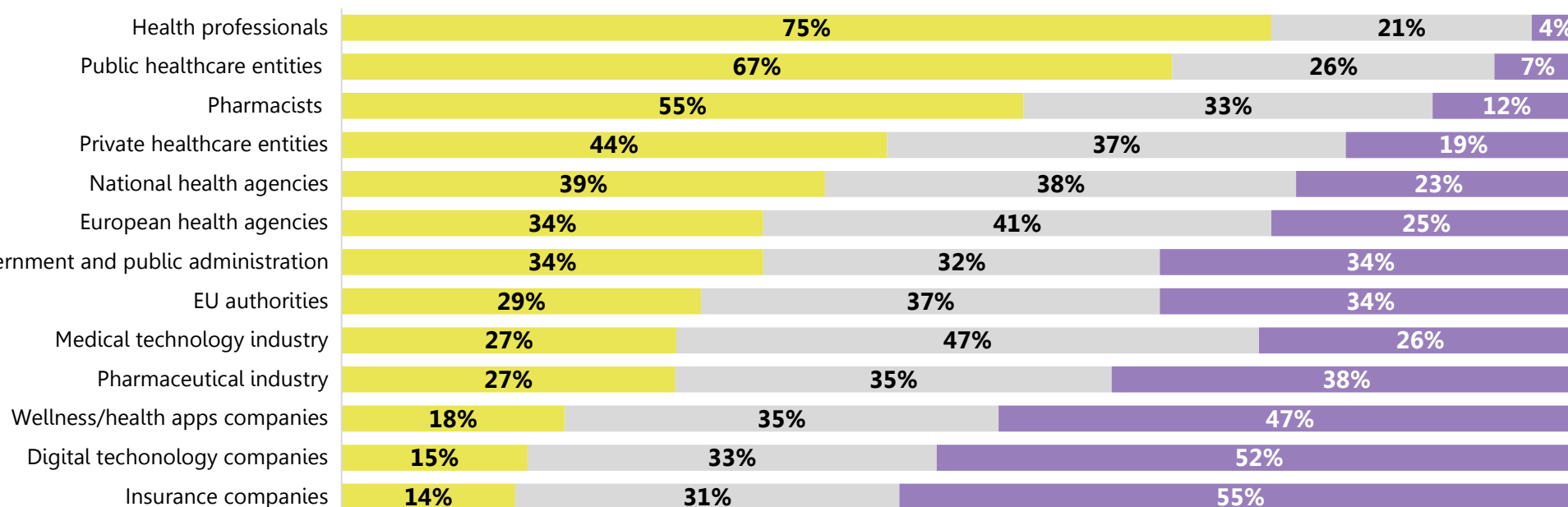


Most respondents are willing to give access to their own health data across EU countries for care (58%) and public health purposes (57%). Regarding scientific research this percentage is slightly lower (49%) [pag. 94; 101; 106].

EXECUTIVE SUMMARY

To what extent do you trust the following people/entities regarding the use of your collected health data?

■ High/complete trust ■ Some trust/no opinion ■ No/low trust



The graph above shows the percentages of respondents who trust (and don't trust) each professional/entity regarding the use of their collected health data. Health professionals get high/complete trust by 3 respondents out of 4, public health entities and pharmacies are highly or completely trusted by more than half of the sample. Private companies in the field of insurance, digital technology and wellness/health apps are the entities fewer people trust (not more than 18%) [pag. 107-112].

34% of respondents trust national authorities to efficiently control/prevent an abusive use of their health data by organisations and companies, and 30% of them trust EU authorities on that [pag. 113-114].

The most common worries regarding the share of health data through online platforms are: theft of data by criminals/fraudsters (44%), unauthorized access to personal data (42%), unauthorized use of them (34%) [pag. 115].

On the other hand, the potential benefits perceived by a larger number of respondents are: better medical follow-up (37%), easier access to the personal health record with less risk of losing documents (36%), development of new or better diagnostic systems (36%), and easier access to treatments in EU Member States (34%) [pag. 116].

EXECUTIVE SUMMARY

To what extent do you agree with the following sentences?

Disagree Neither agree not disagree Agree

Healthcare professionals of other EU countries should have access to my personal health data to secure good treatment in case of medical emergencies (e.g. car accident abroad)

19% 25% 56%

Health data that cannot be completely anonymized (e.g., genetic data) should not be used for research purposes, without explicitly asking for consent from patients

9% 24% 67%

Private companies should be able to use citizens' health data also for purposes beyond the ones citizens gave their consent to

57% 21% 22%

The profit created by companies through the utilization of citizens' health data should be reflected in more affordable and accessible healthcare services and medicines

10% 22% 68%

My health data should be automatically registered on an online healthcare platform by health professionals treating me

18% 28% 54%

I want to choose for myself which data I give access to which health care professional and for what purposes

6% 13% 81%

I'm willing to give access to my (anonymized) health data to help develop new medicines and treatments

16% 26% 58%

[pag. 117-121]

Most respondents (81%) state they want to be able to choose which personal data they give access to, to whom, and for what purposes.

The majority (57%) think that companies shouldn't be allowed to use citizens' health data for purposes beyond the ones they gave consent to.

About two thirds of respondents think that health data which can't be completely anonymized shouldn't be used for research purposes without the patients' explicit consent (67%), and that the profit created by companies when using citizens' health data should be reflected in more affordable health services and medicines (68%).









More than half of the sample would agree to provide anonymized health data to develop new medicines and treatments (58%), to have their health data automatically registered on online platforms by health professionals treating them (54%), and to give access to their health data to health professionals of other EU countries to secure good treatments when being abroad (56%).

SOCIO-DEMOGRAPHICS

Socio-demographics

In the next tables the distribution of the main socio-demographic variables (weighted data) is given.

Table 1. Sociodemographic profile by country


		 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
GENDER	Male	49,4%	50,5%	47,9%	49,5%	47,6%	48,3%	50,6%	51,4%	49,3%
	Female	50,2%	49,3%	51,6%	50,0%	51,9%	51,4%	48,1%	48,0%	50,2%
	Other	0,4%	0,2%	0,4%	0,5%	0,5%	0,3%	1,3%	0,5%	0,5%
AGE	18-34	30,2%	32,5%	24,7%	19,5%	31,5%	23,7%	30,9%	25,6%	27,2%
	30-54	39,1%	38,9%	42,3%	38,1%	41,9%	42,6%	42,6%	48,6%	41,5%
	55-74	30,7%	28,6%	32,9%	42,3%	26,7%	33,7%	26,5%	25,8%	31,3%
	Mean	45	44	47	49	43	46	43	44	45
EDUCATIONAL LEVEL	Low	27,0%	7,3%	16,7%	6,6%	67,3%	44,9%	46,3%	35,5%	30,6%
	Medium	39,9%	75,8%	47,8%	58,5%	9,0%	37,9%	27,3%	37,7%	42,5%
	High	33,0%	16,9%	35,4%	34,9%	23,7%	17,2%	26,4%	26,8%	26,9%
Total N		995	929	892	1009	872	982	793	731	7203

Base: full sample


SOCIO-DEMOGRAPHICS


Table 2. Living area / region


 BE	
Brussels	8,9%
Flanders	58,4%
Wallonia	32,6%
Total N	995

 GR	
East Macedonia & Thrace	6,0%
Central Macedonia	19,9%
West Macedonia	1,6%
Epirus	2,3%
Thessaly	4,3%
Central Greece	3,3%
Ionian Islands	1,2%
West Greece	6,3%
Peloponnese	4,8%
Attica	41,9%
North Aegean	1,2%
South Aegean	2,6%
Crete	4,8%
Total N	872


Base: full sample


 CZ	
Prague	12,8%
Central Bohemia	12,3%
South-West	11,6%
North-West	9,9%
North-East	15,1%
South-East	15,8%
Central Moravia	11,3%
Moravia-Silesia	11,3%
Total N	929

 IT	
North-West	25,9%
North-Est	18,6%
Center	20,4%
South & Islands	35,1%
Total N	982

 FR	
Auvergne-Rhône-Alpes	11,0%
Bourgogne-Franche-Comté	3,5%
Bretagne	4,7%
Centre-Val de Loire	4,1%
Grand Est	8,9%
Hauts-de-France	9,6%
Île-de-France	19,6%
Normandie	5,0%
Nouvelle-Aquitaine	9,7%
Occitanie	9,0%
Pays de la Loire	6,3%
Provence-Alpes-Côte d'Azur-Corse	8,5%
Total N	892









 PT	
Norte	34,9%
Centro	22,8%
Lisboa VT	35,1%
Alentejo	3,8%
Algarve	3,3%
Total N	793

 DE	
North	15,9%
West	35,2%
South	28,4%
East	20,5%
Total N	1009

 ES	
North-West	6,0%
North	9,7%
North-East	19,6%
Center	27,0%
East	11,9%
South & Canarias	25,8%
Total N	731

SOCIO-DEMOGRAPHICS









Table 3. Who do you live with?

	 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
Alone	22,3%	17,9%	23,9%	27,5%	13,2%	10,8%	11,1%	9,4%	17,4%
Partner	55,5%	61,9%	60,1%	60,0%	49,8%	60,0%	65,3%	60,6%	59,0%
Underage children	29,9%	28,7%	29,3%	22,2%	27,3%	24,9%	37,8%	39,7%	29,5%
Children over 18 y.o.	13,2%	11,0%	11,3%	9,4%	16,9%	16,7%	17,0%	22,5%	14,4%
Parents	10,6%	12,4%	7,6%	5,8%	14,1%	24,5%	15,4%	14,8%	13,1%
Extended family	2,0%	4,3%	0,7%	2,7%	9,3%	8,5%	2,9%	9,2%	4,8%
Friends	1,0%	0,9%	1,1%	1,0%	0,7%	0,6%	1,0%	1,4%	1,0%
Other	0,7%	0,5%	0,4%	0,7%	0,8%	0,4%	0,6%	1,1%	0,6%
Total N	995	929	892	1009	872	982	793	731	7203

Base: full sample

SOCIO-DEMOGRAPHICS









Table 4. Which of the following best describes your financial situation?

	 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
I cannot cover basic living costs each month	9,2%	5,4%	12,0%	8,1%	8,6%	9,6%	11,6%	13,2%	9,6%
I just manage to cover basic living costs each month	44,4%	34,0%	46,0%	35,1%	48,4%	46,4%	38,9%	32,0%	40,9%
I have some disposable income each month after covering basic living costs	36,4%	50,4%	39,1%	49,0%	39,2%	42,6%	46,6%	48,3%	43,8%
I live comfortably with plenty of disposable income	9,9%	10,2%	3,0%	7,8%	3,7%	1,4%	2,8%	6,4%	5,7%
Total N	995	929	892	1009	872	982	793	731	7203

Base: full sample









SOCIO-DEMOGRAPHICS

Table 5. What is your (main) professional status?

	 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
Professionally active	53,4%	58,2%	58,8%	63,3%	56,6%	48,8%	70,6%	61,7%	58,6%
Professionally active and student	2,0%	2,9%	2,1%	1,1%	2,1%	2,0%	3,2%	2,8%	2,2%
Student	6,5%	7,4%	6,0%	2,4%	7,7%	6,7%	3,1%	4,3%	5,6%
Unemployed	6,6%	3,2%	5,3%	3,3%	13,9%	15,2%	7,2%	13,7%	8,4%
Retired	19,9%	19,2%	20,0%	23,6%	9,8%	12,2%	9,2%	12,1%	16,1%
Homemaker	4,4%	6,1%	4,5%	4,1%	7,1%	14,1%	2,8%	3,2%	6,0%
Other situation	7,1%	2,1%	2,7%	2,0%	1,5%	0,8%	2,4%	1,8%	2,6%
I prefer not to say	0,1%	0,8%	0,4%	0,2%	1,3%	0,1%	1,4%	0,4%	0,6%
Total N	995	929	892	1009	872	982	793	731	7203

Base: full sample









Table 6. Is (or was) your profession related to healthcare services?

	 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
Yes	15,3%	10,5%	10,8%	14,1%	10,2%	9,4%	12,2%	12,3%	12,0%
No	84,7%	89,5%	89,2%	85,9%	89,8%	90,6%	87,8%	87,7%	88,0%
Total N	886	796	794	941	732	777	734	673	6334

Base: respondents who are professionally active, unemployed, retired or in another professional situation









SOCIO-DEMOGRAPHICS

Table 7. Do you or any other member of your household have been medically diagnosed with any of the following conditions?

	 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
Chronic disease	32,3%	42,5%	28,5%	41,1%	31,5%	30,0%	41,3%	39,4%	35,7%
Food or drug allergy	14,8%	24,8%	13,0%	13,6%	14,6%	20,1%	13,1%	20,1%	16,8%
Immunocompromised	3,1%	12,3%	1,4%	3,6%	1,6%	1,6%	1,9%	2,5%	3,6%
Cancer	7,4%	13,7%	8,2%	8,5%	9,6%	10,5%	17,1%	9,9%	10,5%
No	54,9%	37,9%	57,9%	49,1%	53,9%	52,7%	44,9%	46,8%	49,9%
Total N	995	929	892	1009	872	982	793	731	7203

Base: full sample









Table 8. In general, would you say your health is...

	 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
Very poor	2,7%	2,2%	1,4%	2,3%	1,0%	1,9%	2,3%	1,9%	2,0%
Poor	10,7%	12,4%	7,2%	13,8%	4,2%	6,0%	4,9%	6,0%	8,4%
Neither bad nor good	30,8%	32,8%	34,7%	31,0%	25,9%	27,0%	22,4%	28,9%	29,3%
Good	47,9%	43,2%	47,8%	45,1%	52,4%	56,6%	60,5%	52,8%	50,5%
Very good	7,8%	9,4%	9,0%	7,8%	16,5%	8,5%	9,9%	10,4%	9,8%
Total N	995	929	892	1009	872	982	793	731	7203

Base: full sample

SOCIO-DEMOGRAPHICS

Table 9. To the best of your knowledge, are the following sentences true or false?

		 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
There's a law in my country that allows me to check what personal data has been collected about me by the public administration	True	51,7%	39,5%	60,0%	60,1%	37,1%	44,8%	34,6%	48,7%	47,4%
	False	6,1%	11,4%	6,9%	9,0%	8,5%	9,6%	11,3%	6,7%	8,7%
	I don't know	42,1%	49,1%	33,0%	31,0%	54,4%	45,6%	54,1%	44,5%	43,9%
When data are anonymized, private companies can use health data also for commercial purposes	True	38,1%	41,3%	43,4%	37,9%	53,1%	40,9%	31,0%	43,0%	41,1%
	False	22,3%	23,4%	20,9%	30,6%	15,4%	24,6%	38,4%	20,6%	24,5%
	I don't know	39,6%	35,3%	35,7%	31,5%	31,5%	34,6%	30,5%	36,4%	34,4%
If I ask a company to delete my personal data in their possession, they must do it within one week of receipt of the request	True	50,4%	36,8%	48,4%	55,3%	55,7%	42,2%	54,3%	51,5%	49,2%
	False	9,1%	17,4%	13,3%	11,7%	6,3%	14,5%	9,7%	11,1%	11,7%
	I don't know	40,5%	45,7%	38,3%	33,0%	38,0%	43,3%	35,9%	37,3%	39,1%
I can always withdraw my consent to the use of my personal data by a private company	True	68,2%	70,0%	70,6%	82,4%	68,3%	77,4%	78,8%	72,1%	73,5%
	False	7,0%	8,6%	9,2%	4,0%	7,0%	8,4%	6,0%	8,3%	7,3%
	I don't know	24,8%	21,4%	20,2%	13,6%	24,7%	14,1%	15,2%	19,7%	19,2%
I cannot withdraw my consent to the use of my personal data by the public administration	True	25,7%	17,3%	20,2%	18,7%	21,2%	14,8%	17,5%	20,7%	19,5%
	False	37,2%	48,2%	44,4%	56,8%	43,2%	53,6%	50,1%	41,3%	47,0%
	I don't know	37,1%	34,6%	35,4%	24,5%	35,6%	31,6%	32,4%	38,0%	33,4%
By default, nobody can access my personal data, unless I explicitly give them my consent	True	56,9%	47,6%	54,8%	65,5%	79,7%	64,1%	71,8%	64,9%	62,8%
	False	21,4%	20,8%	20,8%	17,5%	9,5%	15,6%	14,1%	18,6%	17,4%
	I don't know	21,7%	31,6%	24,5%	17,0%	10,7%	20,3%	14,0%	16,5%	19,8%
	Total N	995	929	892	1009	872	982	793	731	7203

Base: full sample

SOCIO-DEMOGRAPHICS

The question presented in the previous page was included with the intent to estimate respondents' level of knowledge on digital rights and GDPR regulation. The correct answers are marked in light blue.









Depending on the number of correct answers provided, respondents' level of knowledge has been classified as follows:

0-2 correct answers => Poor knowledge

3 correct answers => Average knowledge

4-6 correct answers => Good knowledge

Table 10. Level of knowledge on digital rights and GDPR regulation









	 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
Poor	43,6%	43,4%	35,2%	27,9%	39,5%	33,8%	39,9%	37,5%	37,5%
Average	27,6%	26,6%	25,6%	26,8%	25,7%	26,7%	32,9%	28,7%	27,5%
Good	28,8%	30,0%	39,1%	45,3%	34,8%	39,5%	27,1%	33,9%	35,1%
Total N	995	929	892	1009	872	982	793	731	7203

Base: full sample

PERSONAL ELECTRONIC DATA

Personal electronic data


Table 11. Do you use any (private or public) Internet service for managing...?

		 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
YOUR BANK ACCOUNT	Yes	90,4%	89,7%	89,5%	82,3%	74,8%	80,4%	89,1%	89,1%	85,5%
	Not anymore	2,5%	3,0%	3,7%	4,3%	6,2%	4,5%	3,5%	5,3%	4,1%
	No, I never used it	7,1%	7,3%	6,8%	13,4%	19,1%	15,1%	7,4%	5,6%	10,4%
YOUR HOUSEHOLD UTILITY PROVIDER	Yes	80,3%	71,5%	87,4%	65,7%	72,5%	76,1%	84,5%	86,8%	77,6%
	Not anymore	4,0%	5,4%	2,6%	3,7%	6,8%	4,1%	3,3%	3,0%	4,1%
	No, I never used it	15,6%	23,1%	10,0%	30,7%	20,7%	19,8%	12,2%	10,2%	18,2%
YOUR HEALTH DATA OR HEALTH SERVICES	Yes	65,1%	45,0%	74,8%	35,8%	65,4%	71,5%	81,7%	80,6%	63,9%
	Not anymore	5,2%	10,8%	3,8%	5,9%	4,9%	5,7%	5,6%	5,7%	6,0%
	No, I never used it	29,7%	44,3%	21,4%	58,4%	29,7%	22,8%	12,7%	13,7%	30,1%
PUBLIC ADMINISTRATION SERVICES	Yes	79,5%	54,9%	92,6%	54,2%	76,0%	72,4%	89,5%	77,5%	73,9%
	Not anymore	5,7%	8,2%	1,5%	9,6%	6,6%	5,8%	4,3%	6,5%	6,1%
	No, I never used it	14,8%	37,0%	5,9%	36,2%	17,4%	21,8%	6,2%	16,0%	20,0%
YOUR CAR OR HOME INSURANCE	Yes	60,4%	60,0%	72,5%	58,6%	57,1%	54,7%	71,2%	66,6%	62,2%
	Not anymore	5,1%	7,7%	5,0%	5,7%	6,7%	4,2%	4,6%	10,0%	6,0%
	No, I never used it	34,6%	32,2%	22,5%	35,7%	36,1%	41,1%	24,2%	23,4%	31,7%
Total N		995	929	892	1009	872	982	793	731	7203

Base: full sample

PERSONAL ELECTRONIC DATA


Table 12. Which of the following online health platform(s) do you use? | BELGIUM

	
<i>Masante.be (www.ehealth.fgov.be) / Mijngezondheid.be (www.ehealth.fgov.be)</i>	47,8%
<i>Myhealthviewer.be</i>	14,9%
<i>MyNexuzHealth</i>	14,1%
<i>Helena</i>	13,5%
<i>Réseau Santé Wallon</i>	8,4%
<i>Collaboratief Zorgplatform (CoZo)</i>	6,5%
<i>Vitalink</i>	4,4%
<i>Vlaams Ziekenhuisnetwerk Leuven (VZN KUL)</i>	3,4%
<i>Brusafe</i>	1,7%
<i>Brusselshealthnetwork.be</i>	1,7%
<i>Recip-e</i>	1,4%
<i>Intermed</i>	1,2%
<i>Abrumet</i>	0,9%
<i>Other</i>	3,8%
<i>I don't use any online health platform</i>	28,4%
Total N	995

Base: full Belgian sample

PERSONAL ELECTRONIC DATA


Table 13. Which of the following online health platform(s) do you use? | CZECH REPUBLIC

	
<i>eVZP, Všeobecná zdravotní pojišťovna</i>	37,5%
<i>Elektronická přepážka, Česká průmyslová ZP</i>	10,1%
<i>ekomunikace, ZP Ministerstva vnitra ČR</i>	8,9%
<i>Vitakarta, Oborová ZP</i>	8,1%
<i>Klientský portál, Vojenská ZP</i>	5,6%
<i>My213, Revírní bratrská pojišťovna</i>	5,0%
<i>Karta mého srdce, Zaměstnanecká pojišťovna</i>	1,0%
Other	1,6%
I don't use any online health platform	27,2%
Total N	929

Base: full Czech sample

PERSONAL ELECTRONIC DATA

Table 14. Which of the following online health platform(s) do you use? | FRANCE

	
<i>Ameli (plateforme de la Sécurité sociale, de l'assurance maladie)</i>	82,8%
<i>Doctolib</i>	79,4%
<i>Site ou application de votre complémentaire santé (mutuelle, assurance santé, etc)</i>	56,1%
<i>Other</i>	4,1%
<i>I don't use any online health platform</i>	3,6%
Total N	892

Base: full French sample

PERSONAL ELECTRONIC DATA


Table 15. Which of the following online health platform(s) do you use? | GERMANY

	
<i>Onlineportal oder Service-App der Krankenkasse</i>	52,8%
<i>Online-Terminvereinbarungssystem wie Doctolib oder jameda</i>	28,6%
<i>Online-Portal zur Suche und Bewertung von Ärzten oder Krankenhäusern</i>	23,3%
<i>Elektronische Patientenakte (ePA) der Krankenkasse/Krankenversicherung</i>	21,4%
<i>Videosprechstunde bei einem Arzt</i>	14,5%
Other	0,5%
I don't use any online health platform	30,3%
Total N	1009

Base: full German sample

PERSONAL ELECTRONIC DATA

Table 16. Which of the following online health platform(s) do you use? | GREECE

	
Άυλη/ Ηλεκτρονική Συνταγογράφηση	71,0%
Προγραμματισμός Ραντεβού Εμβολιασμού κατά του COVID-19 και έκδοση πιστοποιητικού εμβολιασμού/νόσησης.	65,1%
Σύστημα Πρωτοβάθμιας Φροντίδας Υγείας για τον Πολίτη (ηλεκτρονικός φάκελος υγείας, δεδομένα ηλεκτρονικής συνταγογράφησης, νοσηλεία σε μονάδες δευτεροβάθμιας περίθαλψης κλπ.)	52,4%
Doctor Anytime (για τον προγραμματισμό ιατρικών ραντεβού)	22,1%
Other	0,9%
I don't use any online health platform	10,0%
Total N	872

Base: full Greek sample


Table 17. Which of the following online health platform(s) do you use? | ITALY

	
<i>Piattaforma sanitaria online (sito web/app) della tua regione</i>	71,2%
<i>Sito web/app di ospedali o cliniche private</i>	24,9%
<i>Sito web/app della tua assicurazione sanitaria</i>	14,8%
Other	1,1%
I don't use any online health platform	21,4%
Total N	982

Base: full Italian sample

PERSONAL ELECTRONIC DATA


Table 18. Which of the following online health platform(s) do you use? | PORTUGAL

	
<i>Portal do SNS24 (Serviços do ministério da saúde)</i>	90,1%
<i>MyCUF (CUF)</i>	15,8%
<i>MY LUZ (Hospital da Luz)</i>	15,1%
<i>+Lusíadas (Lusíadas)</i>	7,2%
<i>Other</i>	8,8%
<i>I don't use any online health platform</i>	5,7%
Total N	793

Base: full Portuguese sample

PERSONAL ELECTRONIC DATA









Table 19. Which of the following online health platform(s) do you use? | SPAIN

	
<i>La app/web de la Consejería de Salud de mi Comunidad Autónoma</i>	78,1%
<i>La app/web de mi seguro de salud privado (Adeslas, Sanitas, Asisa, etc.)</i>	25,6%
<i>La app/web de otra compañía de salud privada de la que no estoy asegurado (Adeslas, Sanitas, Asisa, etc.)</i>	6,8%
Other	1,4%
I don't use any online health platform	12,3%
Total N	731

Base: full Spanish sample

PERSONAL ELECTRONIC DATA

Table 20. Using online health platforms.

	 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
Non-users	28,4%	27,2%	3,6%	30,3%	10,0%	21,4%	5,7%	12,3%	18,1%
Users	71,6%	72,8%	96,4%	69,7%	90,0%	78,6%	94,3%	87,7%	81,9%
Total N	995	929	892	1009	872	982	793	731	7203


Base: full sample

PERSONAL ELECTRONIC DATA

An Answer Tree analysis* was performed to highlight significant differences among respondents (in terms of sociodemographic characteristics) regarding the **use of online health platforms**. The independent variables included in the analysis are: gender, age, educational level, region of residence and health status.

The table summarizes the results by showing, for each country, which variable(s) have a higher influence on this dimension and the sociodemographic profile of respondents who tend more and less to use online health platforms.









USE OF ONLINE HEALTH PLATFORMS | Sociodemographic profile

	Variable(s) having a higher influence	Using them more	Using them less
 BE	Main: EDUCATIONAL LEVEL Secondary: AGE	High-educated people up to 55 years old	Low-educated people
 CZ	Main: EDUCATIONAL LEVEL	High-educated people	Low/medium-educated people
 FR	Main: EDUCATIONAL LEVEL	High/medium-educated people	Low-educated people
 DE	Main: AGE Secondary: EDUCATIONAL LEVEL	High/medium-educated people under 50 years old	Low/medium-educated people over 63 years old
 GR	Main: REGION	People living in Attica, Central Macedonia, South Aegean, Epirus, Crete and East Macedonia & Thrace	People living in West Macedonia, Peloponnese, North Aegean and Ionian islands
 IT	Main: REGION Secondary: EDUCATIONAL LEVEL and AGE	People living in North-West, North-East and Center, high-educated	People living in South & islands over 55 years old
 PT	Main: AGE	People up to 24 years old	People over 24 years old
 SP	Main: EDUCATIONAL LEVEL Secondary: HEALTH STATUS	High-educated people	Low/medium-educated people not being in a good health status

*The answer tree analysis (CHAID – Chi-Square Automatic Interaction Detection) is a procedure that generates a classification tree allowing to define which (independent) variables included in the model are more important in explaining the variance of the target (dependent) variable and to highlight the profile of respondents who tend more to follow a certain behaviour or to have a certain opinion.









PERSONAL ELECTRONIC DATA

Table 21. Online health platforms users | By age

	 BE		 CZ		 FR		 DE		 GR		 IT		 PT		 ES		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18-34	220	73,0%	234	77,4%	211	95,9%	165	83,7%	228	83,0%	205	88,2%	225	91,6%	172	91,8%	1659	84,7%
35-54	302	77,7%	256	70,7%	371	98,4%	300	78,0%	338	92,4%	323	77,2%	321	95,0%	318	89,6%	2529	84,6%
55-74	191	62,4%	187	70,5%	277	94,3%	238	55,7%	219	94,3%	244	73,7%	203	96,3%	152	80,3%	1711	75,9%









Base: full sample

Table 22. Online health platforms users | By educational level

	 BE		 CZ		 FR		 DE		 GR		 IT		 PT		 ES		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Low	156	58,1%	36	52,7%	130	87,0%	38	57,4%	516	87,8%	309	70,1%	348	94,9%	208	80,0%	1740	78,9%
Medium	294	73,9%	510	72,5%	418	98,0%	400	67,8%	75	96,0%	314	84,3%	200	92,5%	246	89,4%	2459	80,3%
High	262	79,8%	131	83,0%	313	98,9%	265	75,1%	194	93,7%	149	88,1%	199	95,3%	187	95,8%	1700	87,8%

Base: full sample









Table 23. Online health platforms users | By presence in the household of a person diagnosed with a condition (chronic disease, allergy, immunocompromisation, cancer)

	 BE		 CZ		 FR		 DE		 GR		 IT		 PT		 ES		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
No	359	65,6%	234	66,4%	503	97,3%	340	68,6%	411	87,4%	385	74,4%	325	91,3%	293	85,6%	2849	79,2%
Yes	354	78,9%	443	76,8%	357	95,3%	363	70,7%	374	93,0%	387	83,3%	423	96,8%	348	89,6%	3050	84,6%

Base: full sample

PERSONAL ELECTRONIC DATA









Table 24. Why don't you use an online healthcare platform?

	 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
I prefer to do it the traditional way (face-to-face, by phone, etc.)	38,8%	32,3%	61,7%	46,3%	33,0%	46,8%	42,1%	42,5%	41,1%
I didn't need to use this service	24,0%	38,8%	12,0%	47,6%	31,4%	18,6%	40,7%	15,4%	31,7%
I didn't know that this service existed	21,0%	30,7%	3,7%	7,8%	14,2%	21,2%	40,1%	20,6%	19,6%
I don't find it useful	9,4%	16,0%	11,7%	14,0%	15,2%	7,0%	10,0%	5,9%	11,6%
I don't want to pay for the service, or it is too expensive	12,0%	5,9%	3,5%	19,3%	0,8%	7,5%	3,4%	3,8%	10,0%
I do not trust the provider(s) of this digital service	8,7%	5,1%	10,4%	20,5%	1,7%	10,1%	1,1%	1,1%	9,8%
It's too complicated (I don't know how to use it)	10,1%	8,6%	6,3%	6,6%	8,7%	12,9%	3,1%	14,0%	9,3%
I cannot use it for technical reasons (bad Internet connection, old device, etc.)	2,7%	1,6%	2,8%	5,5%	0,0%	3,9%	0,0%	8,3%	3,4%
Because of an accessibility problem (my visual, hearing, or physical disability)	0,0%	0,7%	0,0%	1,6%	0,0%	3,0%	0,0%	0,0%	1,0%
Other reason	2,9%	4,1%	9,7%	1,1%	2,3%	2,1%	0,0%	0,3%	2,4%
I don't know	10,2%	9,7%	11,8%	6,3%	8,4%	3,6%	1,4%	12,9%	7,9%
Total N	283	252	32	306	87	210	45	90	1305

Base: respondents not using online health platforms

PERSONAL ELECTRONIC DATA









Table 25. Why don't you use an online healthcare platform? | Based on the full population

	 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
I didn't know that this service existed	6,0%	8,3%	0,1%	2,4%	1,4%	4,5%	2,3%	2,5%	3,5%
Total N	995	929	892	1009	872	982	793	731	7203

Base: full sample

PERSONAL ELECTRONIC DATA









Table 26. For what purposes do you use online healthcare platform?

	 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
Fixing appointments / consultations	37,2%	14,7%	82,0%	58,1%	69,7%	78,5%	70,5%	91,8%	63,5%
Access my medical records	67,8%	48,3%	37,3%	17,0%	37,9%	48,8%	53,1%	49,6%	44,7%
Asking / checking medical exams	40,4%	32,0%	33,6%	23,9%	65,1%	53,7%	49,7%	40,2%	42,6%
Asking / checking prescriptions	41,6%	28,5%	17,1%	28,5%	72,1%	45,0%	54,6%	39,1%	40,8%
Contacting my GP	14,5%	21,9%	31,7%	30,0%	29,6%	29,4%	28,4%	52,2%	29,5%
Gathering information about health services, treatments, etc.	21,8%	37,1%	18,5%	40,7%	18,4%	24,2%	31,1%	15,9%	25,7%
Asking / checking medical certificates (e.g. for work)	22,8%	14,3%	13,6%	25,0%	37,0%	19,6%	14,4%	26,1%	21,5%
Contacting other health professionals / services	6,2%	11,7%	30,8%	27,2%	12,6%	15,0%	9,6%	18,6%	16,7%
Other purpose	1,3%	5,8%	2,6%	5,4%	0,1%	0,3%	2,2%	0,3%	2,2%
Total N	713	677	860	703	785	772	748	641	5898

Base: respondents using online health platforms

PERSONAL ELECTRONIC DATA

Table 27. Have you adjusted your privacy settings (who sees what) in these healthcare platform(s)?

	 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
Yes, I limited the access to some professionals / entities	17,1%	17,8%	21,0%	27,9%	25,7%	14,7%	14,7%	9,5%	18,7%
Yes, I authorized the access to all foreseen professionals / entities	19,2%	14,0%	19,2%	17,1%	13,8%	15,4%	26,8%	10,6%	17,2%
No	42,8%	42,9%	36,2%	35,8%	29,0%	50,2%	36,1%	58,8%	41,0%
No, but I would have wanted to (I didn't know how / It was not possible to do it)	7,9%	11,4%	8,7%	9,1%	20,0%	7,0%	6,6%	12,6%	10,4%
I don't know / I don't remember	12,9%	14,0%	14,9%	10,0%	11,6%	12,7%	15,8%	8,6%	12,7%
Total N	713	677	860	703	785	772	748	641	5898

Base: respondents using online health platforms

PERSONAL ELECTRONIC DATA

An Answer Tree analysis was performed to highlight significant differences among respondents (in terms of sociodemographic characteristics) regarding the tendency to **adjust the privacy settings on the online health platforms used**. The independent variables included in the analysis are: gender, age, educational level, region of residence, presence in the household of a person diagnosed with a condition (chronic disease, allergy, immunocompromisation, cancer).









The table summarizes the results by showing, for each country, which variable(s) have a higher influence on this dimension and the sociodemographic profile of respondents who tend more and less to adjust their privacy settings on the health platforms they use.

ADJUSTING PRIVACY SETTINGS ON THE ONLINE HEALTH PLATFORMS USED | Sociodemographic profile

	Variable(s) having a higher influence	Tending more to adjust them	Tending less to adjust them
 BE	Main: AGE Secondary: GENDER	Males up to 37 years old	People over 46 years old
 CZ	Main: AGE	People up to 59 years old	People over 59 years old
 FR	Main: AGE	People up to 37 years old	People over 62 years old
 DE	Main: AGE	People up to 49 years old	People over 49 years old
 GR	Main: AGE Secondary: EDUCATIONAL LEVEL	High/medium-educated people up to 37 years old	People over 37 years old
 IT	Main: GENDER	Males	Females
 PT	<i>No significant differences emerged</i>	-	-
 SP	Main: AGE	People up to 35 years old	People over 49 years old

PERSONAL ELECTRONIC DATA









Table 28. Adjusting privacy setting on the online health platforms used | By age

	 BE		 CZ		 FR		 DE		 GR		 IT		 PT		 ES		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18-34	99	50,8%	85	41,6%	107	56,3%	101	65,8%	116	56,5%	74	40,0%	75	40,8%	60	36,6%	718	48,4%
35-54	105	39,8%	89	38,8%	142	45,4%	137	51,7%	113	37,8%	105	36,9%	161	56,8%	44	15,9%	895	40,5%
55-74	54	33,5%	41	27,6%	97	42,2%	79	36,7%	81	42,7%	53	25,9%	74	46,1%	25	16,9%	504	34,6%

Base: full sample

PERSONAL ELECTRONIC DATA

Table 29. Do you use any wellness/health app or smart device for monitoring your...?

	 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
Running / walking habits	34,2%	22,8%	28,5%	27,8%	41,0%	42,6%	35,9%	43,0%	34,2%
Period/Fertility*	25,0%	40,1%	22,0%	26,2%	50,0%	37,3%	37,8%	30,2%	33,9%
Heartbeat	21,0%	22,1%	10,7%	20,8%	29,7%	22,5%	25,8%	30,0%	22,5%
Sleeping habits	18,4%	17,0%	13,3%	20,7%	19,9%	15,2%	24,4%	24,2%	18,9%
Weight	16,5%	13,8%	17,4%	19,2%	23,7%	14,4%	22,1%	16,5%	17,8%
Nutrition / food diet	10,9%	13,2%	11,2%	15,3%	17,0%	10,5%	14,3%	13,2%	13,1%
Blood sugar level	3,7%	4,1%	3,6%	8,9%	5,7%	4,4%	5,1%	8,6%	5,5%
Other	1,6%	1,8%	0,7%	0,3%	0,1%	0,7%	0,6%	1,1%	0,9%
I don't use any wellness / health app	49,6%	52,9%	56,2%	54,1%	37,1%	42,0%	42,0%	42,0%	47,3%
Total N	995	929	892	1009	872	982	793	731	7203
*Total N	299	284	234	236	271	283	253	232	2091









Base: full sample

Base: females 18-49 years old

SHARING PERSONAL HEALTH DATA FOR CARE PURPOSES

Sharing personal health data for care purposes

Table 30. Which of the following types of personal information would you be willing to provide, for care purposes, through an online healthcare platform?

	 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
Current health status (allergies, current diseases and treatments, vaccination status, etc.)	61,7%	59,5%	56,6%	50,0%	61,6%	62,5%	71,7%	65,5%	60,7%
Personal information (address, phone number, date of birth, social security number, etc.)	51,7%	49,6%	59,4%	50,8%	45,0%	60,5%	54,9%	57,0%	53,5%
Medical history (previous diseases, surgical interventions, clinical reports, diagnoses, treatments, etc.)	51,7%	41,3%	45,6%	41,9%	51,4%	51,4%	66,4%	53,7%	50,0%
Lab and test results (blood and urine test results, diagnostic imaging, ECG, echography, etc.)	49,3%	34,8%	45,1%	38,7%	45,0%	45,2%	55,4%	41,4%	44,2%
Pharmacy prescriptions	47,6%	45,1%	35,5%	38,0%	45,1%	43,6%	52,1%	41,3%	43,4%
Health habits (dietary habits, level of physical activity, smoking and alcohol history, drug use, etc.)	28,0%	30,5%	27,4%	24,7%	36,0%	34,3%	46,9%	36,7%	32,6%
Wellness / health apps data	17,6%	20,4%	14,6%	17,9%	21,0%	22,2%	30,1%	23,5%	20,7%
Genetic data	21,2%	18,0%	11,3%	13,3%	15,6%	26,2%	27,8%	25,6%	19,6%
Sexual and reproductive health	12,1%	14,0%	10,3%	7,4%	14,7%	13,9%	20,7%	21,8%	13,9%
I would not be willing to provide any of the above	18,9%	18,4%	18,2%	25,5%	13,6%	12,5%	7,2%	12,8%	16,3%
Total N	995	929	892	1009	872	982	793	731	7203

Base: full sample

SHARING PERSONAL HEALTH DATA FOR CARE PURPOSES

An Answer Tree analysis was performed to highlight significant differences among respondents (in terms of sociodemographic characteristics) regarding the **willingness to provide (some) personal information through online health platforms for care purposes**. The independent variables included in the analysis are: gender, age, educational level, region of residence and health status.









The table summarizes the results by showing, for each country, which variable(s) have a higher influence on this dimension and the sociodemographic profile of respondents who tend to be more and less willing to provide personal information through online health platforms for care purposes.

WILLINGNESS TO PROVIDE PERSONAL INFORMATION THROUGH ONLINE HEALTH PLATFORMS FOR CARE PURPOSES | Sociodemographic profile

	Variable(s) having a higher influence	Tending to be more willing	Tending to be less willing
 BE	Main: AGE Secondary: EDUCATIONAL LEVEL and GENDER	High-educated people up to 43 years old	Females over 62 years old
 CZ	Main: AGE	People up to 37 years old	People over 37 years old
 FR	Main: AGE Secondary: EDUCATIONAL LEVEL	People up to 42 years old	Low/medium-educated people over 42 years old
 DE	Main: AGE Secondary: GENDER	People up to 28 years old	Females over 58 years old
 GR	Main: AGE	People up to 45 years old	People over 45 years old
 IT	Main: AGE Secondary: GENDER	People up to 32 years old	Females over 59 years old
 PT	Main: AGE Secondary: GENDER	Females up to 51 years old	People over 51 years old
 SP	Main: EDUCATIONAL LEVEL Secondary: AGE	High-educated people up to 35 years old	Low/medium-educated people









SHARING PERSONAL HEALTH DATA FOR CARE PURPOSES

Table 31. Willing to provide (some) personal information through online health platforms for care purposes | By age

	 BE		 CZ		 FR		 DE		 GR		 IT		 PT		 ES		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18-34	265	88,0%	274	90,8%	203	91,9%	172	87,6%	242	88,3%	225	96,7%	226	92,0%	169	90,4%	1775	90,6%
35-54	328	84,4%	284	78,5%	314	83,2%	300	78,0%	319	87,2%	366	87,6%	323	95,8%	294	82,8%	2529	84,6%
55-74	214	70,0%	200	75,2%	213	72,5%	279	65,2%	193	82,8%	268	80,9%	187	89,0%	175	92,4%	1728	76,6%

Base: full sample









Table 32. Willing to provide (some) personal information through online health platforms for care purposes | By level of knowledge on GDPR and digital rights

	 BE		 CZ		 FR		 DE		 GR		 IT		 PT		 ES		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Poor	317	73,1%	295	73,1%	227	72,1%	173	61,6%	279	81,0%	249	75,1%	277	87,5%	221	80,6%	2038	75,5%
Average	233	85,0%	218	88,4%	190	83,1%	209	77,1%	202	90,0%	241	92,0%	251	96,3%	192	91,8%	1737	87,8%
Good	256	89,4%	245	87,7%	313	89,8%	369	80,8%	272	89,7%	369	95,1%	207	96,4%	225	90,7%	2257	89,3%

Base: full sample

SHARING PERSONAL HEALTH DATA FOR CARE PURPOSES









Table 33. Who would you be willing to give access to your health data, for care purposes, through an online healthcare platform?

	 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
My GP	91,9%	91,7%	84,2%	90,5%	86,2%	89,2%	88,8%	83,8%	88,4%
E.R. doctors	67,1%	69,5%	63,6%	61,8%	54,3%	57,6%	68,5%	63,9%	63,2%
Public healthcare entities (health units, hospitals, rehabilitation centers, hospices, etc.)	35,0%	33,8%	27,4%	49,3%	43,8%	41,8%	46,2%	47,5%	40,5%
All healthcare professionals	35,3%	25,9%	38,4%	44,4%	24,4%	38,6%	38,2%	45,9%	36,2%
Private healthcare entities (health units, hospitals, rehabilitation centers, hospices, etc.)	26,1%	26,6%	25,0%	34,2%	27,0%	30,4%	32,2%	29,0%	28,8%
Pharmacists	39,8%	24,6%	36,4%	16,2%	31,1%	26,8%	21,5%	28,6%	28,2%
Other	0,3%	0,6%	0,2%	0,3%	0,1%	0,1%	0,4%	0,1%	0,3%
I don't know	1,2%	1,4%	3,2%	1,7%	2,9%	1,9%	0,4%	2,9%	1,9%
Total N	807	758	730	751	754	859	736	638	6032

Base: respondents willing to provide (some) personal information through an online healthcare platform for care purposes









SHARING PERSONAL HEALTH DATA FOR CARE PURPOSES

Table 34. Concerning the access to your health data by health professionals/entities that are treating you, which of the following options would you prefer?

	 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
By default, my health data should be accessible to health professionals/entities that treat me (unless I explicitly restrict their access).	50,5%	46,1%	39,3%	43,5%	35,1%	36,5%	66,4%	46,4%	45,3%
My health data should only be accessible to health professionals/entities that treat me if I give my explicit consent.	42,2%	50,1%	56,3%	52,5%	62,9%	58,8%	31,3%	49,9%	50,6%
Other	0,2%	0,0%	0,1%	0,0%	0,0%	0,0%	0,0%	0,1%	0,1%
I don't know / don't have an opinion.	7,1%	3,8%	4,3%	4,0%	2,0%	4,7%	2,4%	3,5%	4,0%
Total N	807	758	730	751	754	859	736	638	6032

Base: respondents willing to provide (some) personal information through an online healthcare platform for care purposes

Table 35. Would you be willing to give access to your health data to health professionals in other EU countries, for care purposes (to be treated when you are abroad), through an online healthcare platform?

	 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
Yes	44,6%	45,7%	34,2%	34,4%	53,0%	54,1%	74,2%	57,9%	48,9%
No	27,4%	21,8%	44,9%	40,8%	24,9%	20,5%	9,6%	18,5%	26,6%
I don't know / I am not sure	28,0%	32,5%	20,9%	24,8%	22,1%	25,5%	16,2%	23,6%	24,4%
Total N	995	929	892	1009	872	982	793	731	7203

Base: full sample

SHARING PERSONAL HEALTH DATA FOR CARE PURPOSES









An Answer Tree analysis was performed to highlight significant differences among respondents (in terms of sociodemographic characteristics) regarding the **willingness to give access to personal health data to health professionals in other EU countries through online platforms for care purposes**. The independent variables included in the analysis are: gender, age, educational level, region of residence and health status.

The table summarizes the results by showing, for each country, which variable(s) have a higher influence on this dimension and the sociodemographic profile of respondents who tend to be more and less willing to give access to personal health data to health professionals in other EU countries through online platforms for care purposes.

WILLINGNESS TO GIVE ACCESS TO PERSONAL HEALTH DATA TO HEALTH PROFESSIONALS IN OTHER EU COUNTRIES THROUGH ONLINE PLATFORMS FOR CARE PURPOSES Sociodemographic profile			
	Variable(s) having a higher influence	Tending to be more willing	Tending to be less willing
 BE	Main: AGE Secondary: GENDER	People up to 49 years old	Females over 62 years old
 CZ	Main: AGE Secondary: GENDER	People up to 28 years old	Females over 53 years old
 FR	Main: AGE	People up to 42 years old	People over 67 years old
 DE	Main: AGE Secondary: REGION and GENDER	People up to 39 years old living in the East	Females over 58 years old
 GR	Main: AGE	People up to 29 years old	People over 29 years old
 IT	Main: AGE Secondary: HEALTH STATUS and GENDER	People up to 37 years old in a good health status	Females over 59 years old
 PT	Main: AGE	People up to 45 years old	People over 45 years old
 SP	Main: AGE Secondary: REGION	People up to 36 years old	People over 36 years old living in East or Noroeste

SHARING PERSONAL HEALTH DATA FOR CARE PURPOSES

Table 36. Willing to give access to personal health data to health professionals in other EU countries through online platforms for care purposes | By age









	 BE		 CZ		 FR		 DE		 GR		 IT		 PT		 ES		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18-34	148	49,1%	177	58,7%	106	48,0%	99	50,1%	177	64,5%	169	72,7%	183	74,5%	125	66,9%	1183	60,4%
35-54	194	49,8%	163	45,1%	143	37,8%	150	39,0%	182	49,8%	218	52,1%	243	72,0%	193	54,4%	1486	49,7%
55-74	102	33,5%	84	31,7%	57	19,3%	99	23,1%	103	44,4%	144	43,5%	163	77,5%	105	55,5%	857	38,0%

Base: full sample

SHARING PERSONAL HEALTH DATA FOR SCIENTIFIC RESEARCH

Sharing personal health data for scientific research

Table 37. Which of the following types of personal information would you be willing to provide through an online healthcare platform for scientific research?

	 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
Current health status (allergies, current diseases and treatments, vaccination status, etc.)	53,8%	53,4%	51,6%	46,1%	59,5%	58,5%	64,6%	60,2%	55,6%
(Anonymized) personal information (sex, age, region of residence, etc.)	47,9%	55,3%	53,9%	52,7%	58,0%	53,8%	53,8%	58,4%	54,0%
Medical history (previous diseases, surgical interventions, reports, diagnoses, treatments, etc.)	47,3%	40,1%	40,3%	40,0%	51,2%	50,6%	68,5%	51,2%	48,2%
Lab and test results (blood and urine test results, diagnostic imaging, ECG, echography, etc.)	39,5%	27,7%	35,8%	34,5%	39,1%	38,0%	49,1%	36,6%	37,3%
Health habits (dietary habits, level of physical activity, smoking and alcohol history, drug use, etc.)	28,5%	32,7%	26,9%	26,7%	39,5%	32,7%	52,2%	39,9%	34,3%
Genetic data	24,9%	19,5%	16,8%	17,1%	17,5%	27,6%	32,8%	29,1%	22,9%
Wellness/health apps data	15,2%	17,8%	13,5%	15,0%	17,1%	19,7%	24,2%	24,6%	18,1%
Sexual and reproductive health	13,8%	15,3%	11,7%	8,4%	14,8%	13,9%	22,0%	24,2%	15,1%
I would not be willing to provide any of the above	26,1%	22,7%	26,8%	28,4%	14,4%	17,6%	12,6%	16,2%	21,0%
Total N	995	929	892	1009	872	982	793	731	7203

Base: full sample

SHARING PERSONAL HEALTH DATA FOR SCIENTIFIC RESEARCH

An Answer Tree analysis was performed to highlight significant differences among respondents (in terms of sociodemographic characteristics) regarding the **willingness to provide (some) personal information through online health platforms for scientific research**. The independent variables included in the analysis are: gender, age, educational level, region of residence and health status.









The table summarizes the results by showing, for each country, which variable(s) have a higher influence on this dimension and the sociodemographic profile of respondents who tend to be more and less willing to provide personal information through online health platforms for scientific research.

WILLINGNESS TO PROVIDE PERSONAL INFORMATION THROUGH ONLINE HEALTH PLATFORMS FOR SCIENTIFIC RESEARCH | Sociodemographic profile

	Variable(s) having a higher influence	Tending to be more willing	Tending to be less willing
 BE	Main: EDUCATIONAL LEVEL Secondary: AGE	High-educated people up to 39 years old	Low/medium-educated people
 CZ	Main: AGE Secondary: EDUCATIONAL LEVEL	People up to 28 years old	People over 48 years old, low/medium-educated
 FR	Main: AGE Secondary: HEALTH STATUS	People up to 48 years old in a good health status	People over 48 years old
 DE	Main: AGE Secondary: EDUCATIONAL LEVEL	High-educated people under 40 years old	People over 58 years old
 GR	<i>No significant differences emerged</i>	-	-
 IT	Main: AGE Secondary: GENDER	People up to 32 years old	Females over 32 years old
 PT	Main: HEALTH STATUS	People in a good or poor health status	People neither in good nor poor health status
 SP	Main: AGE Secondary: EDUCATIONAL LEVEL	People up to 36 years old	Low or medium educated people over 36 years old









SHARING PERSONAL HEALTH DATA FOR SCIENTIFIC RESEARCH

Table 38. Willing to provide (some) personal information through online health platforms for scientific research | By age

	 BE		 CZ		 FR		 DE		 GR		 IT		 PT		 ES		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18-34	236	78,5%	270	89,4%	189	85,8%	172	87,2%	246	89,5%	216	92,8%	224	91,4%	172	91,9%	1724	88,0%
35-54	291	74,9%	270	74,6%	278	73,7%	285	74,1%	306	83,8%	342	81,8%	291	86,3%	300	84,5%	2364	79,1%
55-74	209	68,2%	179	67,3%	185	63,1%	266	62,2%	195	83,7%	251	75,8%	178	84,7%	141	74,5%	1603	71,1%

Base: full sample









Table 39. Willing to provide (some) personal information through online health platforms for scientific research | By level of knowledge on GDPR and digital rights

	 BE		 CZ		 FR		 DE		 GR		 IT		 PT		 ES		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Poor	286	66,0%	279	69,2%	196	62,3%	162	57,6%	277	80,6%	235	70,9%	270	85,3%	213	77,9%	1920	71,1%
Average	214	77,9%	203	82,3%	167	73,1%	200	73,8%	199	88,7%	223	85,1%	227	86,9%	184	87,7%	1617	81,7%
Good	236	82,1%	236	84,6%	290	83,0%	361	78,9%	270	88,9%	351	90,4%	196	91,2%	216	87,1%	2154	85,3%

Base: full sample

SHARING PERSONAL HEALTH DATA FOR SCIENTIFIC RESEARCH









Table 40. Who would you be willing to give access to your health data through an online healthcare platform for scientific research?

	 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
Healthcare professionals	66,0%	70,1%	79,9%	46,2%	64,5%	74,2%	82,3%	85,3%	70,6%
Public healthcare entities (health units, hospitals, rehabilitation centers, hospices, etc.)	47,3%	48,1%	37,0%	52,9%	60,4%	52,4%	61,9%	63,0%	52,8%
Public universities or research institutes	38,2%	28,6%	29,4%	43,8%	49,8%	38,8%	50,3%	39,6%	39,9%
Private healthcare entities (health units, hospitals, rehabilitation centers, hospices, etc.)	30,2%	34,0%	30,2%	42,6%	37,3%	35,8%	43,8%	35,9%	36,2%
Pharmacists	41,8%	28,1%	38,6%	22,0%	29,8%	28,4%	27,6%	32,0%	30,9%
Private universities or research institutes	27,1%	21,4%	21,0%	27,0%	27,8%	25,8%	36,7%	23,7%	26,4%
Government and public administration (health ministry, social services, policy makers, etc.)	20,7%	9,8%	17,3%	18,4%	24,8%	22,7%	25,4%	25,7%	20,6%
Pharmaceutical industry	16,9%	16,9%	13,6%	19,1%	14,5%	16,4%	17,2%	17,8%	16,6%
Medical technology industry	16,8%	11,8%	12,9%	20,2%	16,4%	14,2%	16,9%	16,6%	15,7%
Insurance companies	7,9%	7,7%	7,9%	9,3%	8,2%	10,0%	4,9%	9,4%	8,2%
Wellness/health apps companies	6,9%	8,6%	7,4%	7,0%	11,2%	8,4%	6,8%	7,7%	8,0%
Digital technology companies (e.g. Google, Meta, Microsoft, etc.)	4,3%	3,4%	2,8%	6,4%	5,9%	4,0%	3,8%	6,5%	4,6%
Other	0,4%	0,3%	0,0%	0,1%	0,1%	0,0%	0,0%	0,1%	0,1%
I don't know	9,8%	10,3%	7,4%	12,8%	3,3%	5,7%	2,1%	4,1%	7,0%
Total N	736	718	653	723	747	809	693	613	5691

Base: respondents willing to provide (some) personal information through an online healthcare platform for scientific research









SHARING PERSONAL HEALTH DATA FOR SCIENTIFIC RESEARCH

Table 41. Concerning the access to your health data by health professionals/entities/companies, which of the following options would you prefer?

	 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
By default, my health data should be accessible to health professionals/entities/companies (unless I explicitly restrict their access).	38,1%	28,9%	35,2%	35,4%	30,2%	25,7%	39,4%	43,9%	34,2%
My health data should only be accessible to health professionals/entities/companies if I give my explicit consent.	50,4%	61,1%	50,8%	58,1%	62,0%	62,1%	54,9%	51,2%	56,6%
Other	0,1%	0,2%	0,1%	0,2%	0,1%	0,1%	0,1%	0,1%	0,1%
I don't know / don't have an opinion.	11,3%	9,8%	13,9%	6,3%	7,7%	12,1%	5,7%	4,8%	9,1%
Total N	736	718	653	723	747	809	693	613	5691

Base: respondents willing to provide (some) personal information through an online healthcare platform for scientific research

Table 42. Would you be willing to give access to your health data across EU countries, through an online healthcare platform for scientific research?









	 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
Yes	33,1%	31,7%	32,5%	33,5%	42,7%	42,9%	55,2%	49,1%	39,5%
No	34,8%	33,7%	44,0%	42,8%	29,2%	26,0%	17,1%	23,3%	31,9%
I don't know / I am not sure	32,1%	34,6%	23,5%	23,7%	28,1%	31,2%	27,6%	27,6%	28,6%
Total N	995	929	892	1009	872	982	793	731	7203

Base: full sample

SHARING PERSONAL HEALTH DATA FOR PUBLIC HEALTH PURPOSES

Sharing personal health data for public health purposes

Table 43. Which of the following types of personal information would you be willing to provide through an online healthcare platform for public health purposes?

	 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
Current health status (allergies, current diseases and treatments, vaccination status, etc.)	49,8%	48,5%	44,8%	38,2%	55,7%	55,1%	69,8%	59,5%	52,0%
(Anonymized) personal information (sex, age, region of residence, etc.)	43,6%	47,8%	46,1%	44,5%	57,6%	51,5%	51,1%	56,0%	49,4%
Medical history (previous diseases, surgical interventions, reports, diagnoses, treatments, etc.)	41,3%	32,7%	36,8%	33,7%	49,4%	49,4%	65,1%	53,3%	44,5%
Lab and test results (blood and urine test results, diagnostic imaging, ECG, echography, etc.)	34,4%	22,5%	33,0%	26,3%	37,4%	35,0%	49,0%	38,2%	34,0%
Health habits (dietary habits, level of physical activity, smoking and alcohol history, drug use, etc.)	24,3%	26,2%	24,2%	20,1%	35,0%	27,8%	49,1%	34,8%	29,5%
Genetic data	22,8%	14,2%	13,1%	11,8%	17,1%	26,7%	30,4%	27,2%	20,1%
Wellness/health apps data	13,7%	15,5%	12,4%	10,4%	16,7%	16,5%	23,2%	23,9%	16,1%
Sexual and reproductive health	12,4%	11,5%	9,7%	6,3%	13,7%	11,9%	21,1%	21,1%	13,0%
I would not be willing to provide any of the above	29,2%	26,1%	30,1%	33,3%	13,3%	18,2%	9,2%	15,3%	22,4%
Total N	995	929	892	1009	872	982	793	731	7203

Base: full sample

* This question was introduced by an explanation on what is intended for "public health purposes", which is: administration and improvement of healthcare systems, control of communicable diseases, development of medical products and medical devices.

SHARING PERSONAL HEALTH DATA FOR PUBLIC HEALTH PURPOSES

An Answer Tree analysis was performed to highlight significant differences among respondents (in terms of sociodemographic characteristics) regarding the **willingness to provide (some) personal information through online health platforms for public health purposes**. The independent variables included in the analysis are: gender, age, educational level, region of residence and health status.









The table summarizes the results by showing, for each country, which variable(s) have a higher influence on this dimension and the sociodemographic profile of respondents who tend to be more and less willing to provide personal information through online health platforms for public health purposes.

WILLINGNESS TO PROVIDE PERSONAL INFORMATION THROUGH ONLINE HEALTH PLATFORMS FOR PUBLIC HEALTH PURPOSES | Sociodemographic profile

	Variable(s) having a higher influence	Tending to be more willing	Tending to be less willing
 BE	Main: GENDER Secondary: EDUCATIONAL LEVEL	Males	Low-educated females
 CZ	Main: AGE Secondary: GENDER	People under 28 years old	Females over 53 years old
 FR	Main: EDUCATIONAL LEVEL Secondary: AGE	High/medium-educated people up to 48 years old	Low-educated people
 DE	Main: AGE Secondary: EDUCATIONAL LEVEL and GENDER	High-educated people up to 39 years old	Females over 58 years old
 GR	<i>No significant differences emerged</i>	-	-
 IT	Main: AGE Secondary: GENDER	People up to 32 years old	Females over 32 years old
 PT	Main: HEALTH STATUS	People in a good health status	People in a poor or neither poor nor good health status
 SP	Main: EDUCATIONAL LEVEL Secondary: GENDER	High-educated people	Low/medium-educated females









SHARING PERSONAL HEALTH DATA FOR PUBLIC HEALTH PURPOSES

Table 44. Willing to provide (some) personal information through online health platforms for public health purposes | By age

	 BE		 CZ		 FR		 DE		 GR		 IT		 PT		 ES		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
18-34	226	75,1%	260	86,1%	179	81,4%	154	78,2%	249	90,9%	220	94,7%	232	94,7%	170	90,9%	1691	86,3%
35-54	282	72,5%	258	71,4%	266	70,5%	270	70,2%	313	85,8%	332	79,5%	299	88,7%	300	84,6%	2322	77,7%
55-74	197	64,5%	169	63,5%	177	60,3%	249	58,3%	194	83,3%	251	75,8%	189	89,8%	149	78,9%	1575	69,8%









Base: full sample

Table 45. Willing to provide (some) personal information through online health platforms for public health purposes | By educational level

	 BE		 CZ		 FR		 DE		 GR		 IT		 PT		 ES		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Low	166	61,9%	50	73,2%	68	45,3%	43	64,5%	510	86,8%	339	77,0%	326	88,8%	209	80,6%	1711	77,5%
Medium	288	72,3%	509	72,3%	316	74,1%	380	64,3%	71	90,4%	315	84,7%	200	92,2%	238	86,2%	2316	75,6%
High	251	76,3%	128	81,6%	239	75,7%	251	71,2%	176	85,1%	149	88,2%	194	93,0%	173	88,1%	1561	80,7%

Base: full sample









Table 46. Willing to provide (some) personal information through online health platforms for public health purposes | By level of knowledge on GDPR and digital rights

	 BE		 CZ		 FR		 DE		 GR		 IT		 PT		 ES		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Poor	272	62,7%	255	63,3%	179	56,8%	148	52,7%	277	80,6%	234	70,4%	275	86,7%	212	77,3%	1852	68,6%
Average	206	74,9%	194	78,8%	159	69,6%	179	66,2%	204	90,8%	224	85,5%	241	92,3%	189	90,2%	1596	80,7%
Good	227	79,2%	237	85,1%	285	81,8%	346	75,7%	275	90,7%	346	89,1%	204	95,0%	219	88,3%	2140	84,7%

Base: full sample

SHARING PERSONAL HEALTH DATA FOR PUBLIC HEALTH PURPOSES









Table 47. Who would you be willing to give access to your health data through an online healthcare platform for public health purposes?

	 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
Healthcare professionals	65,8%	72,6%	76,8%	46,1%	61,5%	71,9%	82,5%	82,3%	69,8%
Public healthcare entities (health units, hospitals, rehabilitation centers, hospices, etc.)	48,1%	52,1%	38,4%	52,4%	69,8%	55,8%	68,6%	60,4%	56,1%
Private healthcare entities (health units, hospitals, rehabilitation centers, hospices, etc.)	31,7%	31,1%	27,6%	38,9%	35,5%	34,7%	45,2%	35,7%	35,2%
Public universities or research institutes	34,4%	23,2%	24,8%	34,0%	43,1%	34,4%	43,1%	33,4%	34,1%
Pharmacists	45,4%	33,4%	43,5%	20,6%	31,7%	29,4%	30,6%	33,6%	33,4%
Private universities or research institutes	23,0%	14,4%	17,2%	23,4%	23,3%	21,2%	31,2%	21,5%	22,0%
Government and public administration (health ministry, social services, policy makers, etc.)	19,0%	9,8%	17,5%	20,0%	26,4%	20,7%	23,2%	24,9%	20,3%
Pharmaceutical industry	15,5%	13,3%	11,0%	15,5%	13,9%	13,7%	17,0%	16,1%	14,5%
Medical technology industry	12,4%	10,2%	10,7%	18,1%	12,7%	11,8%	15,6%	12,5%	13,0%
Insurance companies	7,8%	7,2%	7,1%	9,4%	7,4%	9,3%	4,6%	6,0%	7,4%
Wellness/health apps companies	6,7%	7,5%	5,3%	7,7%	9,5%	7,2%	6,4%	8,2%	7,3%
Digital technology companies (e.g. Google, Meta, Microsoft, etc.)	3,9%	3,3%	2,9%	5,8%	5,2%	5,4%	4,3%	5,7%	4,6%
Other	0,2%	0,3%	0,0%	0,0%	0,0%	0,0%	0,0%	0,1%	0,1%
I don't know	10,4%	7,5%	8,1%	13,7%	3,8%	6,0%	3,3%	4,9%	7,1%
Total N	705	687	623	673	757	803	720	620	5588

Base: respondents willing to provide (some) personal information through an online healthcare platform for public health purposes









SHARING PERSONAL HEALTH DATA FOR PUBLIC HEALTH PURPOSES

Table 48. Concerning the access to your health data by health professionals/entities/companies, which of the following options would you prefer?

	 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
By default, my health data should be accessible to health professionals/entities/companies (unless I explicitly restrict their access).	40,9%	35,8%	41,0%	40,9%	35,3%	33,4%	53,2%	54,1%	41,5%
My health data should only be accessible to health professionals/entities/companies if I give my explicit consent.	49,9%	56,0%	49,9%	53,5%	57,0%	59,1%	42,2%	42,7%	51,6%
Other	0,1%	0,0%	0,1%	0,0%	0,0%	0,0%	0,1%	0,1%	0,1%
I don't know / don't have an opinion	9,0%	8,2%	9,0%	5,5%	7,6%	7,5%	4,5%	3,1%	6,9%
Total N	705	687	623	673	757	803	720	620	5588

Base: respondents willing to provide (some) personal information through an online healthcare platform for public health purposes

Table 49. Would you be willing to give access to your health data across EU countries, through an online healthcare platform for public health purposes?









	 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
Yes	33,5%	29,9%	31,9%	31,0%	53,2%	47,5%	65,9%	57,3%	42,8%
No	35,2%	32,7%	41,7%	42,8%	22,6%	22,2%	11,3%	16,3%	28,9%
I don't know / I am not sure	31,3%	37,5%	26,4%	26,2%	24,1%	30,3%	22,7%	26,4%	28,3%
Total N	995	929	892	1009	872	982	793	731	7203

Base: full sample









DATA SHARING AND TRUST

Data sharing and trust

Table 50. To what extent do you trust the following people/entities regarding the use of your collected health data (respecting your privacy, not using your data beyond its original purpose, not sharing your data with third parties...)? | Simplified

		 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
HEALTH PROFESSIONALS	No/low trust	13,6%	6,2%	7,4%	16,5%	16,6%	9,9%	4,7%	4,4%	10,2%
	High/complete trust	48,6%	55,6%	67,3%	47,0%	46,4%	35,6%	63,4%	74,9%	53,9%
PUBLIC HEALTHCARE ENTITIES	No/low trust	16,8%	16,3%	20,3%	16,6%	16,5%	20,8%	8,6%	6,5%	15,7%
	High/complete trust	43,6%	36,0%	39,6%	50,5%	45,7%	29,7%	46,1%	67,2%	44,1%
PHARMACISTS	No/low trust	15,4%	18,5%	10,1%	39,0%	19,2%	18,9%	17,0%	12,1%	19,2%
	High/complete trust	50,3%	34,8%	50,7%	25,5%	33,5%	23,7%	33,8%	55,3%	37,9%
PRIVATE HEALTHCARE ENTITIES	No/low trust	23,3%	19,6%	22,8%	21,2%	24,8%	23,9%	12,7%	19,3%	21,1%
	High/complete trust	35,4%	32,4%	34,1%	40,6%	35,5%	28,2%	38,9%	43,8%	35,8%
NATIONAL HEALTH AGENCIES	No/low trust	37,7%	39,2%	34,8%	37,5%	27,0%	34,9%	20,6%	23,2%	32,5%
	High/complete trust	23,9%	18,3%	25,6%	29,6%	31,6%	17,6%	32,9%	39,1%	26,8%
EUROPEAN HEALTH AGENCIES	No/low trust	39,6%	47,0%	42,8%	44,7%	31,1%	36,7%	26,3%	24,6%	37,2%
	High/complete trust	19,1%	10,7%	18,3%	21,6%	26,6%	16,0%	23,0%	34,4%	20,7%
GOVERNMENT AND PUBLIC ADMINISTRATION	No/low trust	53,6%	59,6%	45,0%	44,4%	44,6%	45,2%	36,6%	33,7%	45,9%
	High/complete trust	14,5%	11,7%	18,0%	23,4%	21,1%	13,7%	21,9%	34,1%	19,3%









DATA SHARING AND TRUST

		 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
MEDICAL TECHNOLOGY INDUSTRY	No/low trust	47,6%	45,7%	47,9%	46,1%	35,1%	41,3%	37,3%	26,2%	41,5%
	High/complete trust	14,2%	12,6%	13,4%	19,4%	22,7%	14,4%	18,1%	27,4%	17,4%
EU AUTHORITIES	No/low trust	53,3%	58,9%	53,8%	53,0%	38,7%	40,1%	28,8%	34,0%	45,8%
	High/complete trust	12,1%	8,5%	14,7%	16,8%	22,0%	14,9%	19,8%	28,7%	16,7%
PHARMACEUTICAL INDUSTRY	No/low trust	51,3%	51,3%	53,0%	56,4%	47,1%	50,3%	43,6%	37,6%	49,3%
	High/complete trust	14,1%	10,6%	13,3%	16,5%	16,9%	11,4%	16,1%	26,8%	15,4%
WELLNESS / HEALTH APPS COMPANIES	No/low trust	56,9%	51,8%	59,6%	54,0%	50,0%	51,8%	48,8%	47,2%	52,8%
	High/complete trust	10,2%	6,5%	8,0%	14,9%	11,1%	8,1%	9,9%	17,7%	10,7%
DIGITAL TECHNOLOGY COMPANIES	No/low trust	62,2%	56,2%	60,2%	58,7%	61,0%	62,0%	59,9%	51,9%	59,2%
	High/complete trust	8,6%	7,8%	10,2%	13,6%	10,5%	6,2%	8,1%	15,1%	9,9%
INSURANCE COMPANIES	No/low trust	73,4%	67,7%	79,3%	68,4%	65,8%	71,6%	65,4%	54,6%	68,7%
	High/complete trust	6,9%	6,1%	5,3%	11,3%	10,7%	4,8%	7,8%	13,5%	8,2%
Total N		995	929	892	1009	872	982	793	731	7203









Base: full sample

DATA SHARING AND TRUST









Table 51. To what extent do you trust the following people/entities regarding the use of your collected health data (respecting your privacy, not using your data beyond its original purpose, not sharing your data with third parties...)?

		 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
HEALTH PROFESSIONALS	No single trust	2,6%	1,0%	1,1%	5,1%	4,0%	1,4%	0,9%	1,1%	2,2%
	Low trust	11,0%	5,2%	6,4%	11,4%	12,7%	8,5%	3,8%	3,3%	8,0%
	Some trust	32,2%	36,6%	23,4%	33,1%	33,9%	50,8%	29,9%	19,4%	33,0%
	High trust	39,0%	40,6%	46,2%	34,6%	37,7%	24,0%	49,4%	42,8%	38,8%
	Complete trust	9,5%	15,0%	21,1%	12,4%	8,7%	11,6%	14,0%	32,1%	15,0%
	I don't know	5,7%	1,6%	1,9%	3,3%	3,0%	3,8%	2,0%	1,4%	2,9%
PUBLIC HEALTHCARE ENTITIES	No single trust	4,0%	3,6%	5,3%	4,3%	5,4%	4,1%	1,4%	1,5%	3,8%
	Low trust	12,9%	12,7%	15,0%	12,3%	11,1%	16,7%	7,2%	5,0%	11,9%
	Some trust	36,0%	46,2%	36,4%	31,3%	35,5%	46,0%	43,7%	24,5%	37,7%
	High trust	34,2%	28,7%	30,2%	36,8%	36,4%	21,0%	39,3%	40,3%	33,0%
	Complete trust	9,4%	7,2%	9,5%	13,7%	9,4%	8,7%	6,8%	26,9%	11,1%
	I don't know	3,5%	1,5%	3,7%	1,6%	2,2%	3,5%	1,6%	1,9%	2,5%
PHARMACISTS	No single trust	2,6%	4,5%	2,3%	15,4%	4,3%	2,0%	3,1%	2,8%	4,8%
	Low trust	12,8%	14,0%	7,8%	23,6%	14,9%	17,0%	13,9%	9,3%	14,4%
	Some trust	31,3%	44,8%	37,2%	31,3%	44,5%	52,1%	46,0%	29,9%	39,7%
	High trust	36,6%	27,1%	36,2%	20,4%	27,7%	18,0%	29,0%	38,3%	28,8%
	Complete trust	13,7%	7,7%	14,4%	5,1%	5,8%	5,7%	4,8%	17,0%	9,1%
	I don't know	3,0%	2,0%	2,1%	4,2%	2,8%	5,2%	3,1%	2,6%	3,2%
PRIVATE HEALTHCARE ENTITIES	No single trust	5,6%	4,2%	6,3%	6,2%	7,7%	3,4%	1,4%	5,3%	5,1%
	Low trust	17,6%	15,4%	16,5%	15,0%	17,1%	20,5%	11,4%	14,0%	16,1%
	Some trust	35,9%	44,3%	38,6%	35,0%	37,8%	42,8%	44,9%	32,3%	39,0%
	High trust	28,4%	24,6%	25,8%	29,2%	27,9%	18,5%	32,6%	27,4%	26,6%
	Complete trust	7,0%	7,7%	8,3%	11,4%	7,6%	9,7%	6,3%	16,4%	9,2%
	I don't know	5,4%	3,7%	4,5%	3,2%	2,0%	5,2%	3,4%	4,6%	4,0%









DATA SHARING AND TRUST

		 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
NATIONAL HEALTH AGENCIES	No single trust	12,4%	12,7%	12,0%	14,3%	10,3%	12,0%	4,0%	6,7%	10,8%
	Low trust	25,3%	26,5%	22,7%	23,2%	16,7%	23,0%	16,6%	16,5%	21,6%
	Some trust	30,2%	36,3%	35,3%	29,5%	39,0%	39,9%	42,3%	33,7%	35,6%
	High trust	19,3%	14,8%	21,1%	21,4%	27,3%	13,4%	28,3%	27,8%	21,3%
	Complete trust	4,6%	3,5%	4,5%	8,2%	4,4%	4,1%	4,5%	11,3%	5,5%
	I don't know	8,2%	6,2%	4,3%	3,4%	2,4%	7,6%	4,2%	4,0%	5,1%
EUROPEAN HEALTH AGENCIES	No single trust	15,6%	22,2%	16,9%	19,9%	11,2%	12,6%	7,3%	9,2%	14,7%
	Low trust	23,9%	24,8%	25,9%	24,8%	19,9%	24,1%	19,0%	15,4%	22,5%
	Some trust	28,8%	28,9%	32,6%	28,5%	38,6%	38,4%	42,0%	32,9%	33,6%
	High trust	15,7%	7,9%	14,6%	16,0%	21,4%	11,8%	18,7%	23,5%	15,9%
	Complete trust	3,4%	2,8%	3,6%	5,6%	5,2%	4,2%	4,3%	10,9%	4,9%
	I don't know	12,5%	13,4%	6,3%	5,3%	3,7%	8,9%	8,7%	8,0%	8,4%
GOVERNMENT AND PUBLIC ADMINISTRATION	No single trust	22,5%	28,5%	19,6%	20,8%	20,7%	15,6%	10,2%	12,0%	19,1%
	Low trust	31,1%	31,1%	25,4%	23,5%	24,0%	29,6%	26,4%	21,6%	26,8%
	Some trust	26,2%	24,8%	33,4%	30,2%	31,8%	35,4%	39,1%	29,3%	31,1%
	High trust	11,3%	9,0%	13,8%	17,9%	16,4%	9,7%	17,5%	21,6%	14,4%
	Complete trust	3,3%	2,7%	4,2%	5,5%	4,7%	4,0%	4,3%	12,5%	4,9%
	I don't know	5,6%	4,0%	3,7%	2,1%	2,4%	5,7%	2,4%	3,0%	3,7%
MEDICAL TECHNOLOGY INDUSTRY	No single trust	16,9%	17,9%	21,2%	18,0%	12,5%	10,9%	10,5%	9,2%	14,9%
	Low trust	30,7%	27,8%	26,7%	28,1%	22,7%	30,4%	26,8%	17,0%	26,6%
	Some trust	30,1%	33,1%	32,6%	31,8%	38,1%	35,2%	40,4%	39,6%	34,8%
	High trust	12,2%	10,9%	10,3%	15,7%	20,3%	11,4%	15,9%	22,0%	14,6%
	Complete trust	1,9%	1,7%	3,1%	3,7%	2,4%	3,0%	2,2%	5,4%	2,9%
	I don't know	8,1%	8,6%	6,2%	2,7%	4,1%	9,1%	4,2%	6,9%	6,3%

DATA SHARING AND TRUST

		 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
EU AUTHORITIES	No single trust	24,1%	32,6%	26,1%	26,9%	15,9%	15,0%	10,5%	13,2%	21,0%
	Low trust	29,2%	26,3%	27,7%	26,1%	22,8%	25,1%	18,3%	20,7%	24,8%
	Some trust	24,8%	21,5%	26,0%	25,0%	35,3%	33,7%	44,1%	30,9%	29,8%
	High trust	9,9%	5,8%	11,9%	12,1%	17,7%	10,8%	16,5%	21,1%	12,9%
	Complete trust	2,2%	2,7%	2,8%	4,7%	4,3%	4,1%	3,4%	7,6%	3,9%
	I don't know	9,9%	11,1%	5,5%	5,1%	4,0%	11,3%	7,2%	6,4%	7,7%
PHARMACEUTICAL INDUSTRY	No single trust	22,3%	20,4%	26,6%	24,8%	16,4%	17,2%	14,0%	12,9%	19,6%
	Low trust	29,0%	31,0%	26,4%	31,7%	30,7%	33,1%	29,6%	24,8%	29,7%
	Some trust	28,8%	33,4%	29,2%	25,0%	33,4%	33,1%	37,7%	30,0%	31,1%
	High trust	11,8%	9,4%	9,7%	13,1%	14,5%	7,9%	14,6%	19,3%	12,3%
	Complete trust	2,2%	1,2%	3,5%	3,4%	2,4%	3,6%	1,5%	7,6%	3,1%
	I don't know	5,9%	4,7%	4,5%	2,0%	2,6%	5,2%	2,6%	5,5%	4,1%
WELLNESS / HEALTH APPS COMPANIES	No single trust	20,4%	20,4%	29,9%	24,5%	20,7%	15,2%	16,0%	18,5%	20,8%
	Low trust	36,5%	31,4%	29,7%	29,5%	29,3%	36,6%	32,7%	28,7%	32,0%
	Some trust	25,0%	33,5%	26,9%	26,7%	35,0%	29,4%	36,9%	29,3%	30,1%
	High trust	7,7%	5,6%	6,3%	11,8%	8,8%	5,7%	9,2%	12,8%	8,4%
	Complete trust	2,5%	0,9%	1,7%	3,0%	2,3%	2,5%	0,7%	4,9%	2,3%
	I don't know	7,9%	8,2%	5,5%	4,4%	3,9%	10,6%	4,4%	5,8%	6,4%
DIGITAL TECHNOLOGY COMPANIES	No single trust	29,7%	21,9%	30,7%	28,1%	29,2%	21,5%	26,9%	21,8%	26,3%
	Low trust	32,4%	34,4%	29,5%	30,5%	31,8%	40,5%	33,0%	30,1%	32,9%
	Some trust	24,8%	30,9%	24,9%	25,7%	26,2%	23,0%	29,1%	29,1%	26,6%
	High trust	7,9%	5,8%	7,9%	10,0%	8,3%	3,8%	7,6%	12,4%	7,9%
	Complete trust	0,7%	2,0%	2,3%	3,5%	2,1%	2,3%	0,5%	2,7%	2,0%
	I don't know	4,5%	5,1%	4,7%	2,0%	2,3%	8,8%	2,9%	3,8%	4,3%









DATA SHARING AND TRUST

		 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
INSURANCE COMPANIES	No single trust	44,5%	35,2%	57,8%	41,0%	35,0%	36,3%	31,2%	30,7%	39,3%
	Low trust	28,9%	32,4%	21,5%	27,3%	30,8%	35,3%	34,1%	23,9%	29,4%
	Some trust	14,5%	20,0%	11,4%	18,3%	20,6%	16,9%	23,2%	26,7%	18,6%
	High trust	5,5%	5,5%	4,0%	8,4%	9,9%	3,4%	6,9%	8,5%	6,4%
	Complete trust	1,4%	0,6%	1,3%	2,9%	0,8%	1,4%	1,0%	5,0%	1,7%
	I don't know	5,2%	6,2%	4,0%	2,0%	3,0%	6,7%	3,6%	5,2%	4,5%
Total N		995	929	892	1009	872	982	793	731	7203

Base: full sample

DATA SHARING AND TRUST









Table 52. To what extent do you trust authorities to efficiently control/prevent an abusive use of your health data by (public and private) organisations and companies? | Simplified

		 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
NATIONAL AUTHORITIES	No/low trust	45,4%	43,1%	36,9%	40,1%	32,8%	36,6%	33,4%	27,2%	37,4%
	High/complete trust	14,4%	12,0%	19,9%	22,2%	26,5%	18,4%	22,4%	33,5%	20,7%
EU AUTHORITIES	No/low trust	51,2%	54,7%	48,6%	50,4%	31,3%	40,9%	33,6%	28,6%	43,2%
	High/complete trust	13,9%	10,7%	15,2%	20,6%	24,8%	15,9%	20,1%	30,2%	18,5%
Total N		995	929	892	1009	872	982	793	731	7203

Base: full sample

DATA SHARING AND TRUST









Table 53. To what extent do you trust authorities to efficiently control/prevent an abusive use of your health data by (public and private) organisations and companies?

		 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
NATIONAL AUTHORITIES	No single trust	16,2%	15,1%	14,0%	16,9%	10,7%	8,7%	9,1%	9,6%	12,8%
	Low trust	29,2%	28,0%	22,8%	23,2%	22,1%	27,9%	24,3%	17,6%	24,7%
	Some trust	31,6%	39,4%	36,9%	33,2%	37,9%	37,5%	42,3%	34,6%	36,5%
	High trust	11,5%	11,2%	15,1%	18,0%	21,5%	14,1%	20,2%	25,9%	16,8%
	Complete trust	2,9%	0,8%	4,8%	4,2%	5,0%	4,3%	2,2%	7,6%	3,9%
	I don't know	8,6%	5,4%	6,4%	4,5%	2,8%	7,5%	1,9%	4,6%	5,4%
EU AUTHORITIES	No single trust	21,6%	26,0%	24,4%	25,1%	11,5%	14,1%	10,2%	12,5%	18,6%
	Low trust	29,6%	28,7%	24,2%	25,3%	19,8%	26,8%	23,5%	16,1%	24,6%
	Some trust	25,6%	26,6%	29,9%	23,1%	38,7%	32,4%	43,4%	33,9%	31,2%
	High trust	10,5%	8,8%	10,4%	15,8%	20,4%	10,1%	16,0%	23,5%	14,1%
	Complete trust	3,4%	1,9%	4,8%	4,8%	4,4%	5,8%	4,1%	6,8%	4,4%
	I don't know	9,4%	8,0%	6,3%	5,8%	5,1%	10,9%	2,9%	7,3%	7,1%
Total N		995	929	892	1009	872	982	793	731	7203

Base: full sample

DATA SHARING AND TRUST









Table 54. What are your main worries concerning the sharing of health data through online platforms? (Respondents could select up to 3 answer options)

	 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
Data stolen by criminals or fraudsters	38,0%	40,2%	47,4%	41,3%	41,4%	46,9%	52,6%	43,9%	43,7%
Unauthorized access to my data (by employers, health insurances, advertisers...)	39,8%	47,2%	37,1%	40,9%	39,8%	36,4%	34,4%	41,9%	39,7%
Unauthorized use of my data (by pharmaceutical companies, government agencies, technological companies...)	33,1%	46,5%	35,3%	43,8%	41,8%	41,2%	35,6%	34,3%	39,1%
Data being accessed by insurance companies (which could lead to ban persons, increase insurance premiums...)	34,2%	24,1%	25,0%	33,1%	25,3%	23,2%	21,4%	29,1%	27,1%
Data being used to train algorithms and AI applications for other purposes than healthcare (e.g., surveillance, private profit...)	19,0%	22,0%	21,0%	19,0%	24,1%	24,3%	24,3%	26,9%	22,4%
Potential risks of incorrect diagnosis or overdiagnosis	17,5%	17,3%	17,8%	20,4%	23,9%	19,8%	23,0%	17,5%	19,6%
More personalized marketing/advertising	17,3%	18,6%	16,3%	16,4%	14,7%	11,5%	33,8%	8,6%	17,0%
Risk of discrimination or stigmatization, based on health data	16,0%	15,8%	16,2%	17,8%	22,2%	13,2%	17,6%	15,8%	16,8%
Data used to develop AI-based automated decision-making systems (for diagnosis or therapy indications)	10,8%	10,8%	14,0%	10,9%	14,9%	11,1%	16,8%	13,4%	12,7%
Less human interactions with healthcare professionals	13,6%	8,8%	17,4%	11,7%	7,7%	10,3%	12,2%	15,3%	12,0%
Other	0,1%	0,1%	0,2%	0,0%	0,0%	0,0%	0,1%	0,0%	0,1%
I don't have any worries or concerns	4,9%	3,1%	4,0%	3,3%	1,3%	4,1%	1,4%	1,5%	3,1%
I don't know / Prefer not to answer	5,9%	4,6%	3,7%	2,7%	3,0%	3,4%	1,2%	4,9%	3,7%
Total N	995	929	892	1009	872	982	793	731	7203

Base: full sample

DATA SHARING AND TRUST









Table 55. In your opinion, what are the main benefits of sharing healthcare data through online platforms? (Respondents could select up to 3 answer options)

	 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
Development of new or better diagnostic systems	45,6%	35,3%	38,1%	31,0%	43,1%	36,8%	44,5%	35,9%	38,7%
Easier access for patients to treatment in all EU Member States	35,3%	27,3%	41,0%	26,6%	23,8%	27,6%	44,2%	33,9%	32,1%
Easier access to my health record, decreased risk of losing documents	35,4%	28,9%	27,9%	26,1%	33,6%	34,4%	31,3%	36,2%	31,6%
Better medical follow-up (e.g., booster shots for vaccination)	26,3%	28,2%	27,4%	30,7%	27,2%	25,3%	40,8%	37,3%	30,0%
Development of new or better medical products or services	21,7%	27,5%	16,4%	18,5%	32,5%	20,7%	30,1%	19,7%	23,3%
Data could be used to train algorithms and AI applications in healthcare	19,1%	21,1%	21,8%	25,7%	25,5%	20,6%	23,7%	29,9%	23,2%
Foster scientific research on rare diseases, chronic diseases, and emerging viruses	14,9%	16,8%	14,4%	23,5%	20,3%	23,3%	25,6%	22,2%	20,0%
Personalized medical care and support	12,0%	14,8%	14,7%	22,0%	21,4%	18,9%	24,4%	18,3%	18,2%
Improve the efficiency and quality of healthcare systems	5,4%	7,3%	8,5%	9,7%	11,2%	11,8%	7,9%	8,4%	8,8%
Other	0,3%	0,1%	0,1%	0,2%	0,2%	0,0%	0,1%	0,1%	0,1%
There are no benefits	7,8%	8,6%	9,7%	12,5%	2,3%	8,4%	2,2%	3,4%	7,1%
I don't know / Prefer not to answer	7,8%	9,7%	7,6%	6,7%	5,7%	5,8%	1,3%	7,3%	6,6%
Total N	995	929	892	1009	872	982	793	731	7203









Base: full sample

DATA SHARING AND TRUST

Table 56. To what extent do you agree with each of the following statements? | Simplified

		 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
Healthcare professionals of other EU countries should have access to my personal health data to secure good treatment in case of medical emergencies (e.g., I suffered a car accident abroad)	Disagree	17,7%	23,7%	29,4%	31,2%	17,3%	19,5%	15,9%	18,5%	21,9%
	Agree	51,7%	47,9%	40,2%	41,1%	55,0%	50,0%	71,7%	55,6%	51,1%
Health data that cannot be completely anonymized (e.g., genetic data) should not be used for research purposes, without explicitly asking for consent from patients	Disagree	8,8%	14,9%	12,4%	10,6%	9,5%	10,4%	9,9%	9,0%	10,7%
	Agree	66,6%	64,3%	66,0%	72,4%	71,9%	65,1%	77,4%	67,1%	68,7%
Private companies should be able to use citizens' health data also for purposes beyond the ones citizens gave their consent to	Disagree	55,8%	69,8%	58,7%	67,8%	61,9%	61,1%	67,6%	56,9%	62,5%
	Agree	18,2%	13,2%	17,2%	15,2%	15,2%	16,1%	19,3%	21,6%	16,8%
The profit created by companies through the utilization of citizens' health data should be reflected in more affordable and accessible healthcare services and medicines	Disagree	7,0%	8,5%	11,7%	10,4%	4,0%	5,2%	4,0%	9,6%	7,6%
	Agree	67,6%	64,7%	54,0%	62,9%	73,3%	67,5%	86,0%	68,1%	67,6%
My health data should be automatically registered on an online healthcare platform by health professionals treating me	Disagree	20,1%	21,5%	22,1%	41,8%	16,7%	17,0%	8,9%	18,2%	21,3%
	Agree	49,5%	50,2%	49,3%	35,0%	55,3%	53,9%	75,6%	54,0%	52,2%









DATA SHARING AND TRUST

		 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
I want to choose for myself which data I give access to which health care professional and for what purposes	Disagree	6,2%	6,6%	4,3%	4,1%	4,3%	5,8%	4,4%	5,9%	5,2%
	Agree	74,3%	75,7%	82,8%	85,6%	84,9%	81,0%	86,2%	80,8%	81,3%
I'm willing to give access to my (anonymized) health data to help develop new medicines and treatments	Disagree	18,6%	21,1%	25,7%	23,1%	15,8%	15,3%	9,8%	15,5%	18,3%
	Agree	46,9%	48,8%	43,0%	52,0%	58,2%	58,7%	72,0%	58,4%	54,3%
Total N		995	929	892	1009	872	982	793	731	7203









Base: full sample

DATA SHARING AND TRUST









Table 57. To what extent do you agree with each of the following statements?

		 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
Healthcare professionals of other EU countries should have access to my personal health data to secure good treatment in case of medical emergencies (e.g., I suffered a car accident abroad)	Completely disagree	8,1%	12,2%	18,1%	15,7%	7,0%	9,3%	5,2%	8,8%	10,7%
	Rather disagree	9,6%	11,5%	11,3%	15,5%	10,2%	10,2%	10,7%	9,7%	11,2%
	Neither agree nor disagree	23,0%	21,6%	24,0%	21,3%	23,8%	22,9%	10,4%	17,2%	20,8%
	Rather agree	31,5%	32,0%	28,3%	28,5%	35,1%	30,5%	35,2%	26,6%	31,0%
	Completely agree	20,2%	15,9%	11,9%	12,6%	19,9%	19,4%	36,5%	29,0%	20,1%
	I don't know	7,5%	6,8%	6,4%	6,4%	3,9%	7,6%	2,0%	8,7%	6,2%
Health data that cannot be completely anonymized (e.g., genetic data) should not be used for research purposes, without explicitly asking for consent from patients	Completely disagree	3,0%	6,1%	5,4%	4,1%	3,9%	4,2%	4,3%	4,1%	4,4%
	Rather disagree	5,9%	8,8%	7,0%	6,5%	5,6%	6,2%	5,6%	4,8%	6,4%
	Neither agree nor disagree	16,6%	13,8%	15,0%	13,3%	15,1%	18,6%	9,1%	17,8%	15,0%
	Rather agree	25,9%	25,4%	30,6%	24,1%	23,6%	28,1%	27,2%	23,4%	26,1%
	Completely agree	40,7%	39,0%	35,4%	48,4%	48,3%	37,0%	50,2%	43,8%	42,7%
	I don't know	8,0%	6,9%	6,7%	3,7%	3,4%	5,9%	3,6%	6,1%	5,6%
Private companies should be able to use citizens' health data also for purposes beyond the ones citizens gave their consent to	Completely disagree	36,4%	51,2%	42,4%	53,9%	44,9%	41,7%	53,4%	43,0%	45,8%
	Rather disagree	19,4%	18,6%	16,3%	13,9%	17,0%	19,4%	14,3%	13,9%	16,7%
	Neither agree nor disagree	19,3%	12,6%	17,2%	13,4%	18,4%	15,7%	8,2%	16,0%	15,2%
	Rather agree	13,3%	9,2%	13,0%	11,7%	12,0%	11,9%	14,8%	14,8%	12,5%
	Completely agree	4,9%	4,0%	4,2%	3,5%	3,2%	4,2%	4,5%	6,8%	4,3%
	I don't know	6,7%	4,3%	7,0%	3,6%	4,5%	7,1%	4,9%	5,5%	5,5%

DATA SHARING AND TRUST

		 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
The profit created by companies through the utilization of citizens' health data should be reflected in more affordable and accessible healthcare services and medicines	Completely disagree	3,9%	2,7%	6,1%	4,9%	1,1%	1,7%	2,0%	3,4%	3,3%
	Rather disagree	3,1%	5,7%	5,5%	5,5%	2,9%	3,6%	2,1%	6,2%	4,3%
	Neither agree nor disagree	16,7%	17,0%	23,8%	19,2%	17,3%	15,6%	6,9%	15,6%	16,7%
	Rather agree	27,8%	31,0%	30,8%	29,5%	34,5%	30,6%	21,4%	29,2%	29,5%
	Completely agree	39,9%	33,7%	23,2%	33,4%	38,8%	36,9%	64,6%	38,9%	38,2%
	I don't know	8,7%	9,8%	10,5%	7,5%	5,5%	11,6%	3,1%	6,7%	8,1%
My health data should be automatically registered on an online healthcare platform by health professionals treating me	Completely disagree	9,6%	9,1%	10,7%	23,4%	7,5%	8,0%	2,8%	9,7%	10,4%
	Rather disagree	10,5%	12,4%	11,4%	18,3%	9,2%	9,0%	6,1%	8,6%	10,9%
	Neither agree nor disagree	23,0%	21,5%	22,9%	18,3%	25,0%	21,3%	11,7%	20,8%	20,7%
	Rather agree	29,3%	34,1%	34,1%	22,8%	38,3%	35,2%	35,4%	28,5%	32,1%
	Completely agree	20,2%	16,2%	15,2%	12,2%	17,0%	18,7%	40,3%	25,5%	20,1%
	I don't know	7,5%	6,8%	5,6%	4,9%	2,9%	7,8%	3,8%	6,9%	5,8%
I want to choose for myself which data I give access to which health care professional and for what purposes	Completely disagree	1,9%	2,4%	1,9%	1,0%	2,2%	2,3%	1,9%	1,5%	1,9%
	Rather disagree	4,3%	4,2%	2,4%	3,1%	2,1%	3,4%	2,6%	4,4%	3,3%
	Neither agree nor disagree	13,9%	13,9%	8,9%	8,8%	8,8%	9,7%	6,9%	9,4%	10,2%
	Rather agree	30,2%	32,2%	32,1%	25,2%	28,7%	33,7%	27,3%	23,0%	29,2%
	Completely agree	44,1%	43,4%	50,7%	60,5%	56,2%	47,3%	59,0%	57,8%	52,1%
	I don't know	5,6%	3,8%	4,0%	1,4%	2,0%	3,6%	2,4%	3,9%	3,3%

DATA SHARING AND TRUST

		 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
I'm willing to give access to my (anonymized) health data to help develop new medicines and treatments	Completely disagree	9,3%	7,3%	13,4%	11,4%	5,4%	6,0%	5,6%	7,9%	8,4%
	Rather disagree	9,3%	13,8%	12,3%	11,7%	10,4%	9,2%	4,2%	7,5%	10,0%
	Neither agree nor disagree	25,8%	23,4%	24,9%	21,3%	22,7%	20,5%	14,0%	20,4%	21,8%
	Rather agree	33,1%	35,5%	32,2%	35,9%	41,0%	35,4%	38,0%	32,1%	35,4%
	Completely agree	13,8%	13,3%	10,9%	16,2%	17,2%	23,4%	34,0%	26,4%	18,9%
	I don't know	8,8%	6,7%	6,4%	3,6%	3,3%	5,6%	4,3%	5,6%	5,6%
Total N		995	929	892	1009	872	982	793	731	7203

Base: full sample

DATA SHARING AND TRUST









An Answer Tree analysis was performed to highlight significant differences among respondents (in terms of sociodemographic characteristics) regarding the **agreement with the sentence “Healthcare professionals of other EU countries should have access to my personal health data to secure good treatment in case of medical emergencies”**. The independent variables included in the analysis are: gender, age, educational level, region of residence and health status.

The table summarizes the results by showing, for each country, which variable(s) have a higher influence on this dimension and the sociodemographic profile of respondents who tend more to agree more and more to disagree with the sentence.

Agreement with “Healthcare professionals of other EU countries should have access to my personal health data to secure good treatment in case of medical emergencies” Sociodemographic profile			
	Variable(s) having a higher influence	Tending more to agree	Tending more to disagree
 BE	Main: HEALTH STATUS	People neither in a good nor poor health status	People in a good or poor health status
 CZ	Main: AGE	People up to 53 years old	People over 53 years old
 FR	Main: AGE	People between 37 and 42 years old	People over 42 years old
 DE	Main: AGE	People up to 34 years old	People over 68 years old
 GR	Main: GENDER	Females	Males
 IT	<i>No significant differences emerged</i>	-	-
 PT	Main: GENDER	Females	Males
 SP	<i>No significant differences emerged</i>	-	-

DATA SHARING AND TRUST

Table 58. Agreement with “Healthcare professionals of other EU countries should have access to my personal health data to secure good treatment in case of medical emergencies” | By age

		 BE	 CZ	 FR	 DE	 GR	 IT	 PT	 ES	Total
18-34	Disagree	15,8%	17,7%	24,1%	18,0%	12,0%	16,4%	20,2%	15,1%	17,3%
	Agree	49,1%	56,2%	46,9%	51,4%	59,5%	52,1%	64,8%	60,9%	55,1%
	Total N	301	302	220	197	274	232	245	187	1959
35-54	Disagree	17,9%	23,2%	29,6%	29,5%	20,1%	19,9%	12,4%	16,8%	21,3%
	Agree	57,2%	45,5%	41,5%	42,9%	49,8%	47,8%	78,4%	57,7%	52,2%
	Total N	389	362	378	385	365	418	337	355	2989
55-74	Disagree	19,3%	31,2%	33,1%	38,7%	19,1%	21,2%	16,3%	25,0%	26,6%
	Agree	47,3%	41,8%	33,5%	34,8%	58,0%	51,1%	69,2%	46,3%	46,1%
	Total N	306	265	294	427	233	331	210	189	2255

Base: full sample

DATA SHARING AND TRUST

An Answer Tree analysis was performed to highlight significant differences among respondents (in terms of sociodemographic characteristics) regarding the **agreement with the sentence “Health data that cannot be completely anonymized (e.g., genetic data) should not be used for research purposes, without explicitly asking for consent from patients”**. The independent variables included in the analysis are: gender, age, educational level, region of residence and health status.

The table summarizes the results by showing, for each country, which variable(s) have a higher influence on this dimension and the sociodemographic profile of respondents who tend more to agree more and more to disagree with the sentence.

Agreement with “Health data that cannot be completely anonymized (e.g., genetic data) should not be used for research purposes, without explicitly asking for consent from patients” Sociodemographic profile			
	Variable(s) having a higher influence	Tending more to agree	Tending more to disagree
 BE	Main: AGE Secondary: GENDER	Females over 55 years old	Males up to 55 years old
 CZ	Main: AGE	People over 37 years old	People up to 22 years old
 FR	Main: AGE Secondary: GENDER	People over 48 years old	Males up to 48 years old
 DE	Main: AGE	People over 63 years old	People up to 63 years old
 GR	Main: GENDER	Females	Males
 IT	Main: GENDER	Females	Males
 PT	Main: AGE Secondary: GENDER	People over 56 years old	Males up to 56 years old
 SP	Main: AGE Secondary: EDUCATIONAL LEVEL	People over 57 years old	Medium-educated people up to 40 years old

DATA SHARING AND TRUST

An Answer Tree analysis was performed to highlight significant differences among respondents (in terms of sociodemographic characteristics) regarding the **agreement with the sentence “Private companies should be able to use citizens’ health data also for purposes beyond the ones citizens gave their consent to”**. The independent variables included in the analysis are: gender, age, educational level, region of residence and health status.

The table summarizes the results by showing, for each country, which variable(s) have a higher influence on this dimension and the sociodemographic profile of respondents who tend more to agree more and more to disagree with the sentence.

Agreement with “Private companies should be able to use citizens’ health data also for purposes beyond the ones citizens gave their consent to” Sociodemographic profile			
	Variable(s) having a higher influence	Tending more to agree	Tending more to disagree
 BE	Main: AGE Secondary: GENDER	Males up to 43 years old	People over 43 years old
 CZ	Main: AGE	People up to 48 years old	People over 48 years old
 FR	Main: AGE Secondary: EDUCATIONAL LEVEL	People up to 42 years old	High-educated people over 42 years old
 DE	Main: AGE	People up to 34 years old	People over 58 years old
 GR	Main: AGE	People up to 29 years old	People over 51 years old
 IT	Main: AGE	People up to 46 years old	People over 46 years old
 PT	Main: AGE Secondary: REGION	People up to 45 years old not living in the region of Lisbon	People over 56 years old
 SP	Main: AGE	People up to 25 years old	People over 57 years old

DATA SHARING AND TRUST

An Answer Tree analysis was performed to highlight significant differences among respondents (in terms of sociodemographic characteristics) regarding the **agreement with the sentence “The profit created by companies through the utilization of citizens’ health data should be reflected in more affordable and accessible healthcare services and medicines”**. The independent variables included in the analysis are: gender, age, educational level, region of residence and health status.








The table summarizes the results by showing, for each country, which variable(s) have a higher influence on this dimension and the sociodemographic profile of respondents who tend more to agree more and more to disagree with the sentence.

Agreement with “The profit created by companies through the utilization of citizens’ health data should be reflected in more affordable and accessible healthcare services and medicines” Sociodemographic profile			
	Variable(s) having a higher influence	Tending more to agree	Tending more to disagree
 BE	Main: AGE Secondary: REGION	People over 43 years old	People up to 43 years old living in Wallonia or Brussels
 CZ	Main: AGE	People over 48 years old	People up to 22 years old
 FR	Main: AGE	People over 37 years old	People up to 37 years old
 DE	Main: AGE	People over 49 years old	People up to 49 years old
 GR	Main: AGE	People over 37 years old	People up to 24 years old
 IT	Main: AGE	People over 50 years old	People up to 50 years old
 PT	Main: AGE	People over 56 years old	People up to 29 years old
 SP	No significant differences emerged	-	-

DATA SHARING AND TRUST

An Answer Tree analysis was performed to highlight significant differences among respondents (in terms of sociodemographic characteristics) regarding the **agreement with the sentence “My health data should be automatically registered on an online healthcare platform by health professionals treating me”**. The independent variables included in the analysis are: gender, age, educational level, region of residence and health status.

The table summarizes the results by showing, for each country, which variable(s) have a higher influence on this dimension and the sociodemographic profile of respondents who tend more to agree more and more to disagree with the sentence.

Agreement with “My health data should be automatically registered on an online healthcare platform by health professionals treating me” Sociodemographic profile			
	Variable(s) having a higher influence	Tending more to agree	Tending more to disagree
 BE	No significant differences emerged	-	-
 CZ	No significant differences emerged	-	-
 FR	Main: AGE	People over 57 years old	People up to 57 years old
 DE	Main: AGE Secondary: GENDER	People up to 34 years old	Females over 34 years old
 GR	No significant differences emerged	-	-
 IT	Main: AGE	People over 59 years old	People up to 59 years old
 PT	Main: GENDER	Females	Males
 SP	Main: GENDER	Females	Males

DATA SHARING AND TRUST

An Answer Tree analysis was performed to highlight significant differences among respondents (in terms of sociodemographic characteristics) regarding the **agreement with the sentence “I want to choose for myself which data I give access to which health care professional and for what purposes”**. The independent variables included in the analysis are: gender, age, educational level, region of residence and health status.

The table summarizes the results by showing, for each country, which variable(s) have a higher influence on this dimension and the sociodemographic profile of respondents who tend more to agree more and more to disagree with the sentence.

Agreement with “I want to choose for myself which data I give access to which health care professional and for what purposes” Sociodemographic profile			
	Variable(s) having a higher influence	Tending more to agree	Tending more to disagree
 BE	Main: AGE	People between 55 and 62 years old	People up to 29 years old
 CZ	No significant differences emerged	-	-
 FR	Main: AGE	People over 32 years old	People up to 32 years old
 DE	Main: AGE	People over 54 years old	People up to 39 years old
 GR	No significant differences emerged	-	-
 IT	Main: GENDER Secondary: HEALTH STATUS	Females	Males not in a good health status
 PT	Main: AGE	People over 38 years old	People up to 38 years old
 SP	Main: AGE Secondary: HEALTH STATUS and REGION	People over 44 years old living in Noroeste or Sur & Canarias	People up to 44 years old not in a good health status

DATA SHARING AND TRUST

An Answer Tree analysis was performed to highlight significant differences among respondents (in terms of sociodemographic characteristics) regarding the **agreement with the sentence “I’m willing to give access to my (anonymized) health data to help develop new medicines and treatments”**. The independent variables included in the analysis are: gender, age, educational level, region of residence and health status.

The table summarizes the results by showing, for each country, which variable(s) have a higher influence on this dimension and the sociodemographic profile of respondents who tend more to agree more and more to disagree with the sentence.

Agreement with “I’m willing to give access to my (anonymized) health data to help develop new medicines and treatments” Sociodemographic profile			
	Variable(s) having a higher influence	Tending more to agree	Tending more to disagree
 BE	No significant differences emerged	-	-
 CZ	Main: AGE	People up to 53 years old	People over 53 years old
 FR	Main: AGE	People up to 42 years old	People between 43 and 57 years old
 DE	Main: AGE	People up to 39 years old	People over 68 years old
 GR	No significant differences emerged	-	-
 IT	No significant differences emerged	-	-
 PT	No significant differences emerged	-	-
 SP	Main: GENDER	Females	Males

Annex

Questionnaire

BEFORE STARTING

SOCIO_1. How old are you? *Single choice question. DROP-DOWN MENU from 18 to 74 years old*

SOCIO_2. What is the highest educational level you have attained? *Single choice question. To be adapted by country (according to quota files). Items a posteriori grouped in 3 categories: “low”, “medium” and “high”.*

SOCIO_3. What is your gender?

- 1) Female
- 2) Male
- 3) Non-binary

SOCIO_4. In which region/province do you live? *Single choice question. To be adapted by country (according to quota files).*

- 1) Region1
- 2) Region2
- 3) ...

SOCIO_5. Who do you live with? *Select all that apply. Multiple choice question.*

- 1) Alone -> *Mutually exclusive*
- 2) Partner
- 3) Underage children
- 4) Children over 18 years old
- 5) Parents
- 6) Extended family
- 7) Friends
- 8) Other

SOCIO_6. What is your main professional situation? *Single choice question*

- 1) Professionally active (employee, self-employed, full/part-time)
- 2) Professionally active and student
- 3) Student
- 4) Unemployed
- 5) Retired
- 6) Homemaker
- 7) Other situation
- 8) Prefer not to say

Only show if 1, 2, 4, 5 or 7 selected at SOCIO_6: **SOCIO_7. Is (or was) your profession related to healthcare services?** *Single choice question*

- 1) Yes
- 2) No

SOCIO_8. Do you or any other member of your household have been medically diagnosed with any of the following conditions? *Multiple choice question.*

- 1) Chronic disease (e.g. diabetes, chronic respiratory diseases, hypertension, mental health conditions)
- 2) Food or drug allergy
- 3) Immunocompromised
- 4) Cancer

- 5) No -> *Mutually exclusive*

SOCIO_9. Do you use any (private or public) Internet service for managing...?

- 1) Yes
 - 2) Not anymore (I used it in the past)
 - 3) No, I never used it
-
- A. Your bank account
 - B. Your household utility provider (energy, telecom, water, etc.)
 - C. Your health data or health services (e.g., see test results, schedule a consultation or a diagnostic examination, etc.) *To be adapted by country*
 - D. This is a test question, please answer 'no, I never used it' to continue with the questionnaire
 - E. Public administration services (tax declaration, digital identity authentication for public services, etc.) *To be adapted by country*
 - F. Your car or home insurance company

YOUR ELECTRONIC HEALTH DATA

1. Which of the following online health platform(s) do you use? Tick all that apply. *Multiple choice question.*

1. Example of existing platform *To be adapted by country*
2. Example of existing platform *To be adapted by country*
3. ...
4. Other (specify)
5. I don't use any online health platform -> *Mutually exclusive*

2. Show only if 5 selected at question 1. Why don't you use an online healthcare platform? Tick all that apply. *Randomize order of items. Multiple choice question. To be adapted by country.*

- 1) I didn't know that this service existed
- 2) It's too complicated (I don't know how to use it)
- 3) I prefer to do it the traditional way (face-to-face, by phone, etc.)
- 4) I cannot use it for technical reasons (bad Internet connection, old device, etc.)
- 5) Because of an accessibility problem (my visual, hearing, or physical disability)
- 6) I do not trust the provider(s) of this digital service
- 7) I don't find it useful
- 8) I don't want to pay for the service, or it is too expensive
- 9) I didn't need to use this service
- 10) Other reason (specify)
- 11) I don't know -> *Mutually exclusive*

3. Show only if 5 NOT selected at question 1. For what purpose do you use this/those healthcare platform(s)? Tick all that apply. *Multiple choice question. To be adapted by country.*

1. Fixing appointments/consultations
2. Asking/checking prescriptions
3. Asking/checking medical exams
4. Asking/checking medical certificates (e.g. for work)
5. Contacting my GP
6. Contacting other health professionals/services
7. Access my medical records
8. Gathering information about health services, treatments, etc.
9. Other (specify)

4. Show only if 5 NOT selected at question 1. Have you adjusted your privacy settings (who sees what) in this/those healthcare platform(s)? *Single choice question.*

- 1) Yes, I limited the access to some professionals/entities *To be adapted by country.*
- 2) Yes, I authorized the access to all foreseen professionals/entities *To be adapted by country.*
- 3) No
- 4) No, but I would have wanted to (I didn't know how/It was not possible to do it)
- 5) I don't know/I don't remember

5. Do you use any wellness/health app or smart device for monitoring your...? Tick all that apply. *Multiple choice question. Randomize order of items.*

1. Heartbeat
2. Blood sugar level
3. Nutrition/food diet (calorie counter, diet tracker, etc.)
4. Running/walking habits
5. Weight
6. Sleeping habits
7. *Show only if female, 18-49 yo.* Period/Fertility (birth control)
8. Other (specify)
9. I don't use any wellness/health app -> *Mutually exclusive*

SHARING YOUR HEALTH DATA FOR YOUR CARE PURPOSES

Your health data could be processed for providing you with health and social care services by healthcare professionals (prescribing treatments and medical tests, getting test results, follow-ups, expenses reimbursements, etc.).

6. Which of the following types of personal information would you be willing to provide, for care purposes, through an online healthcare platform?

1. Personal information (address, phone number, date of birth, social security number, etc.)
2. Current health status (allergies, current diseases and treatments, vaccination status, etc.)
3. Medical history (previous diseases, surgical interventions, clinical reports, diagnoses, treatments, etc.)
4. Lab and test results (blood and urine test results, diagnostic imaging, ECG, echography, etc.)
5. Genetic data
6. Pharmacy prescriptions
7. Health habits (dietary habits, level of physical activity, smoking and alcohol history, drug use, etc.)
8. Sexual and reproductive health
9. Wellness/health apps data
10. I would not be willing to provide any of the above -> *Mutually exclusive*

7. *Show only if 10 NOT selected at question 6.* Who would you be willing to give access to your health data, for care purposes, through an online healthcare platform?

1. E.R. doctors
2. My GP
3. All healthcare professionals
4. Pharmacists
5. Public healthcare entities (health units, hospitals, rehabilitation centers, hospices, etc.)
6. Private healthcare entities (health units, hospitals, rehabilitation centers, hospices, etc.)
7. Other (specify)
8. I don't know -> *Mutually exclusive*

8. Concerning the access to your health data by health professionals/entities that are treating you, which of the following options would you prefer? *Single choice question. Randomize order of items 1 and 2.*

- 1) By default, my health data should be accessible to health professionals/entities that treat me (unless I explicitly restrict their access).
- 2) My health data should only be accessible to health professionals/entities that treat me if I give my explicit consent.
- 3) Other (specify)
- 4) I don't know/don't have an opinion.

9. Would you be willing to give access to your health data to health professionals in other EU countries, for care purposes (to be treated when you are abroad), through an online healthcare platform?

- 1) Yes
- 2) No
- 3) I don't know/I'm not sure

SHARING YOUR HEALTH DATA FOR OTHER PURPOSES

Your health data could also be used by public or private entities, for scientific research or for wider public health purposes (administration and improvement of healthcare systems, control of communicable diseases, development of medical products and medical devices). For these purposes, all health information would be rendered anonymous (in such a manner that the patient is not identifiable).

10. Which of the following types of personal information would you be willing to provide, through an online healthcare platform, for...?

A. Scientific research

B. Public health purposes

1. (Anonymized) personal information (sex, age, region of residence, etc.)
2. Current health status (allergies, current diseases and treatments, vaccination status, etc.)
3. Medical history (previous diseases, surgical interventions, reports, diagnoses, treatments, etc.)
4. Lab and test results (blood and urine test results, diagnostic imaging, ECG, echography, etc.)
5. Genetic data
6. Health habits (dietary habits, level of physical activity, smoking and alcohol history, drug use, etc.)
7. Sexual and reproductive health
8. Wellness/health apps data
9. I would not be willing to provide any of the above -> *Mutually exclusive*

11. *Show only if 9 NOT selected at question 10.* Who would you be willing to give access to your health data, through an online healthcare platform, for ...?

A. Scientific research

B. Public health purposes

1. Healthcare professionals
2. Pharmacists
3. Public healthcare entities (health units, hospitals, rehabilitation centers, hospices, etc.)
4. Private healthcare entities (health units, hospitals, rehabilitation centers, hospices, etc.)
5. Public universities or research institutes
6. Private universities or research institutes
7. Government and public administration (health ministry, social services, policy makers, etc.)
8. Pharmaceutical industry
9. Medical technology industry
10. Insurance companies

11. Digital technology companies (e.g. Google, Meta, Microsoft, etc.)
12. Wellness/health apps companies
13. Other (specify)
14. I don't know -> *Mutually exclusive*

12. Concerning the access to your health data by health professionals/entities/companies, which of the following options would you prefer? Please, answer for each of the health data purposes of use. *Single choice question. Randomize order of items.*

- A. Scientific research**
- B. Public health purposes**

- 1) By default, my health data should be accessible to health professionals/entities/companies (unless I explicitly restrict their access).
- 2) My health data should only be accessible to health professionals/entities/companies if I give my explicit consent.
- 3) Other (specify)
- 4) I don't know/don't have an opinion.

13. Would you be willing to give access to your health data across EU countries, through an online healthcare platform, for ...?

- A. Scientific research**
- B. Public health purposes**

- 1) Yes
- 2) No
- 3) I don't know/I'm not sure

DATA SHARING AND TRUST

14. To what extent do you trust the following people/entities regarding the use of your collected health data (respecting your privacy, not using your data beyond its original purpose, not sharing your data with third parties, ...)? Please, answer for each of the following people/entities, even if you never used the services that they provide.

- 1) No single trust
- 2) Low trust
- 3) Some trust
- 4) High trust
- 5) Complete trust
- 6) I don't know

- A. Health professionals
- B. Pharmacists
- C. Public healthcare entities (health units, hospitals, rehabilitation centers, hospices, etc.)
- D. Private healthcare entities (health units, hospitals, rehabilitation centers, hospices, etc.)
- E. Government and public administration (health ministry, social services, policy makers, etc.)
- F. National health agencies (e.g. ...) *To be adapted by country*
- G. European health agencies (e. g., EMA, EFSA)
- H. EU authorities
- I. This is a test question, please answer 'high trust' to continue with the questionnaire
- J. Pharmaceutical industry

- K. Medical technology industry
- L. Insurance companies
- M. Digital technology companies (e.g. Google, Meta, Microsoft, etc.)
- N. Wellness/health apps companies

15. To what extent do you trust authorities to efficiently control/prevent an abusive use of your health data by (public and private) organisations and companies?

- 1) No single trust
- 2) Low trust
- 3) Some trust
- 4) High trust
- 5) Complete trust
- 6) I don't know

A. National authorities

B. EU authorities

16. What are your main worries concerning the sharing of health data through online platforms? Please, select up to 3 items. *Multiple choice question. Randomize order of items.*

- 1. Less human interactions with healthcare professionals
- 2. Potential risks of incorrect diagnosis or overdiagnosis
- 3. Unauthorized access to my data (by employers, health insurances, advertisers, etc.)
- 4. Unauthorized use of my data (by pharmaceutical companies, government agencies, technological companies, etc.)
- 5. Data stolen by criminals or fraudsters
- 6. Data used to develop AI-based automated decision-making systems (for diagnosis or therapy indications)
- 7. Data being used to train algorithms and AI applications for other purposes than healthcare (e.g., surveillance, private profit, etc.)
- 8. More personalized marketing/advertising
- 9. Data being accessed by insurance companies (which could lead to ban persons, increase insurance premiums, etc.)
- 10. Risk of discrimination or stigmatization, based on health data
- 11. Other (specify)
- 12. I don't have any worries or concerns -> *Mutually exclusive*
- 13. I don't know/Prefer not to answer -> *Mutually exclusive*

17. In your opinion, what are the main benefits of sharing healthcare data through online platforms? Please, select up to 3 items. *Multiple choice question. Randomize order of items.*

- 1. Easier access for patients to treatment in all EU Member States
- 2. Foster scientific research on rare diseases, chronic diseases, and emerging viruses
- 3. Data could be used to train algorithms and AI applications in healthcare
- 4. Improve the efficiency and quality of healthcare systems
- 5. Development of new or better medical products or services
- 6. Development of new or better diagnostic systems
- 7. Personalized medical care and support
- 8. Easier access to my health record, decreased risk of losing documents
- 9. Better medical follow-up (e.g., booster shots for vaccination)
- 10. Other (specify)
- 11. There are no benefits -> *Mutually exclusive*
- 12. I don't know/Prefer not to answer -> *Mutually exclusive*

TO FINISH...

18. To the best of your knowledge, are the following sentences true or false? *Randomize order of items.*

- 1) True
 - 2) False
 - 3) I don't know
- There's a law in [my country] that allows me to check what personal data has been collected about me by the public administration.
 - When data are anonymized, private companies can use health data also for commercial purposes.
 - If I ask a company to delete my personal data in their possession, they must do it within one week of receipt of the request.
 - I can always withdraw my consent to the use of my personal data by a private company.
 - I cannot withdraw my consent to the use of my personal data by the public administration.
 - By default, nobody can access my personal data, unless I explicitly give them my consent.

19. To what extent do you agree with each of the following statements? *Randomize order of items.*

- 1) Completely disagree
 - 2) Rather disagree
 - 3) Neither agree nor disagree
 - 4) Rather agree
 - 5) Completely agree
 - 6) I don't know
- Healthcare professionals of other EU countries should have access to my personal health data to secure good treatment in case of medical emergencies (e.g., I suffered a car accident abroad).
 - Health data that cannot be completely anonymized (e.g., genetic data) should not be used for research purposes, without explicitly asking for consent from patients.
 - Private companies should be able to use citizens' health data also for purposes beyond the ones citizens gave their consent to.
 - The profit created by companies through the utilization of citizens' health data should be reflected in more affordable and accessible healthcare services and medicines.
 - My health data should be automatically registered on an online healthcare platform by health professionals treating me.
 - I want to choose for myself which data I give access to which health care professional and for what purposes.

SOCIO_10. Which of the following best describes your financial situation? *Single choice question.*

- 1) I cannot cover basic living costs each month
- 2) I just manage to cover basic living costs each month
- 3) I have some disposable income each month after covering basic living costs
- 4) I live comfortably with plenty of disposable income

SOCIO_11. In general, would you say your health is... *Single choice question.*

- 1) Very poor
- 2) Poor
- 3) Neither bad nor good
- 4) Good
- 5) Very good