TRIO

Adult education on **digital**, **health** and **data** literacy for citizen empowerment

Digital, health and data literacy and the healthcare system

ABOUT THIS PUBLICATION

This report summarises the results of the research activities carried out in Portugal, The Netherlands, Spain, Romania and Germany within the Erasmus+ project **TRIO: Adult education on digital, health and data literacy for citizen empowerment** (cooperation partnerships in adult education programme under grant agreement no. KA220-ADU-000033817.). More information is available at **https://trioproject.eu/**.

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1. Digital, health and data literacy

1.1 What are digital, health and data skills?

You may have noticed the TRIO logo is comprised of three overlapping circles (a Venn diagram). This symbolises the interconnections between digital, health, and data skills. In the figure below you can find the project's definitions of the three literacies. The overlapping areas represent the occasions in which a combination of skills is required:
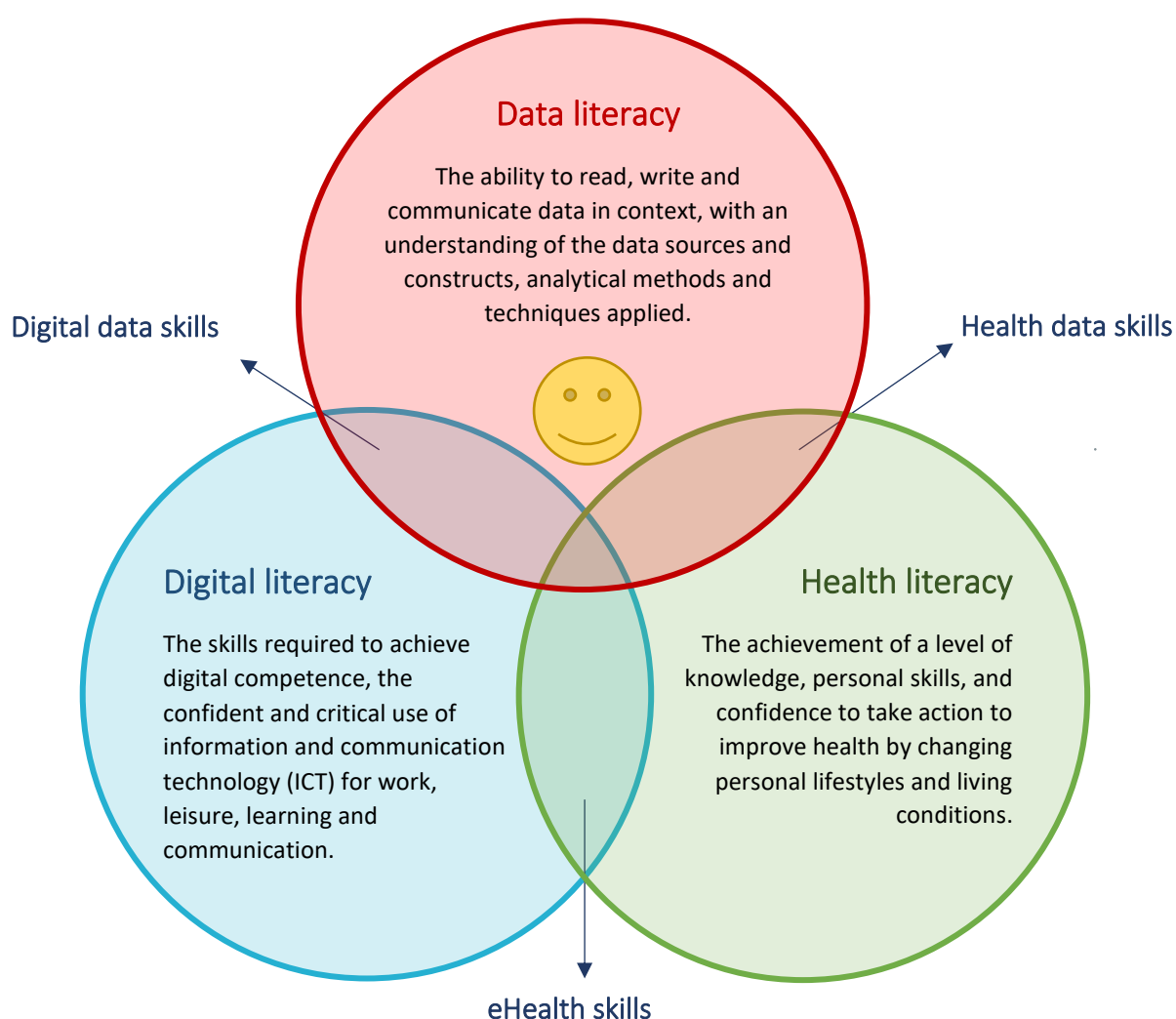
The **red** circle symbolises all data literacy skills, both analogue (like data stored in books or files) and digital (like data on the internet), the **green** circle represents all health literacy skills, and the **blue** circle represents all digital literacy skills.

The overlapping area between digital and data literacy is about **digital data skills** specifically. The overlapping area between health and data represents **health data skills**, like knowing

where your personal health record is stored and how to access it. The overlapping area between health and digital represents digital health skills (also called **eHealth skills**), like making a doctor's appointment online.

The small triangle at the centre of the Venn diagram is where all three elements come together, and what the TRIO-project aims to improve: **the ability to understand, evaluate, use, and communicate all aspects of digital health data**. For instance: finding reliable health information online and knowing how to use it to improve your overall health.

1.2 TRIO skill levels in Europe

This chapter gives an overview of the identified needs and gaps for the TRIO literacies in each project partner country (Germany, the Netherlands, Portugal, Romania, and Spain) and European wide.

By 2030, 80% of citizens should have at least a basic level of digital skills. This goal was set by the European Union in 2021. Some countries are already very close to this goal, but others are still far.

On average, 54% of people are estimated to have basic digital skills in the EU. The European Commission lists other problems as well:

- Less than 40% of teachers feels capable of using digital technology in their class.
- And 25% of households with a low income do not have access to computers or internet.

In the context of the TRIO project, digital skills include digital health skills (also called eHealth skills) and digital information skills. More and more health services are being digitalised. This is necessary because the healthcare system can otherwise not keep up with our growing population. Therefore, it is important that everyone has basic digital health information skills, so that everyone continues to have access to healthcare. Currently, many people are struggling with these skills.

Research has shown that people have the most difficulty with:

- Knowing how to <u>navigate the internet</u> to find (reliable) health information.
- And knowing how to <u>use health information</u> found on the internet.

Of course, these difficulties vary per person and can depend on a someone's age, education, income, or cultural background.

Preliminary research

The information in this chapter was gathered during desk research of available statistics and current education offers, and interviews with citizens of different ages and education levels, as well as professionals in the healthcare or health policy sector. The aim of this research was to identify the gaps and needs in digital, health, and data skills in all partner countries, as well as European wide, and which factors play a role in this. The results are described in **the national and European reports**. These reports can be accessed by clicking the flags below:

In a later stage, workshops were conducted with citizens of different age groups to further determine where the main difficulties lie and how to improve their skills. The results of the **workshops** can be found here:
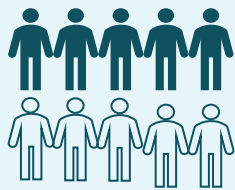
Are you curious about the statistics on digital, health, and data literacy in your country?

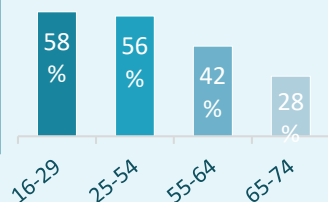Check out the information sheets on the next pages

TRIO

DIGITAL, HEALTH, AND DATA LITERACY IN GERMANY

DIGITAL LITERACY

49% of German citizens aged 16-74 have **at least basic digital skills**

Digital proficiency **drops** significantly **with age**

16-29	25-54	55-64	65-74
58%	56%	42%	28%

Digital skills are more or less **equal** between men and women in Germany

Digital literacy is most **influenced by:**

Place of Birth

Employment

Income

HEALTH LITERACY

Most **difficulties** are perceived in:

Health Care

& **Disease prevention**

58,8 % of German population has **poor health literacy skills**

75% of German population interviewees has **low literacy in assessing health information**

Health literacy is most **influenced by**:

Education

Migratory background

Social status
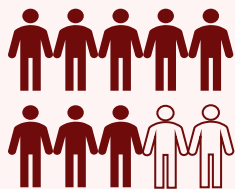
DATA LITERACY

77% of German citizens have **basic data skills**

Data literacy is (slightly) **influenced by:**

Education

Age

Migratory background

There are **no remarkable differences** in data literacy regarding gender

SOCIETAL AND ECONOMIC IMPACTS

Low education and income negatively affect:

Nutrition

Sport

Lifestyle

Lower health expectancy is clearly linked to:

Lower income

Unemployment is linked to:

Low education

& **Migratory background**

Mental sufferings are linked to:

Low education

DIGITAL, HEALTH, AND DATA LITERACY IN THE NETHERLANDS
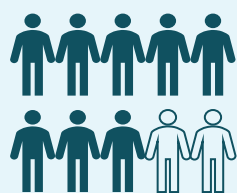
DIGITAL LITERACY

79% of Dutch citizens aged 16-74 have **basic digital skills**

Digital proficiency **drops** significantly **with age**

- 18-35: 92%
- 35-55: 84%
- 55-75: 64%
- 75+: 28%
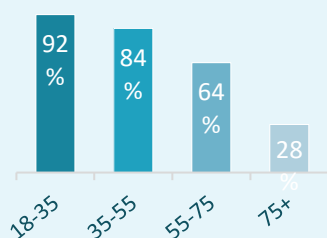
Digital skills are **equal** between men and women aged **18-55**, but **better** among **men** aged **55-75**

Digital literacy is most **influenced by**:
- **Education**
- **Employment**
- **Income**

HEALTH LITERACY

Most **difficulties** are perceived in:
- **Health Promotion** & **Disease prevention**

6% of Dutch interviewees had **poor eHealth skills**

63% of Dutch interviewees had **low food literacy**

Health literacy is most **influenced by**:
- **Education**
- **Income**
- **Social status**
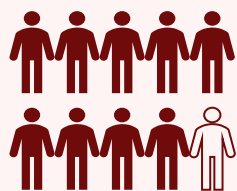
DATA LITERACY

93% of Dutch citizens aged 16-74 have **basic data skills**

Data literacy is (slightly) **influenced by**:
- **Education**
- **Income**
- **Employment**
- **Migratory background**

Both **younger** (16-25) and **older** (65+) individuals are **less apt** in **online data security**

SOCIETAL AND ECONOMIC IMPACTS

Low education and income negatively affect:
- **Nutrition**
- **Sport**
- **Lifestyle**
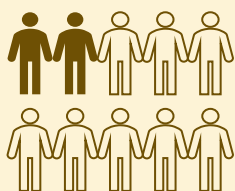
18% of Dutch citizens is considered **low literate**

Unemployment is linked to:
- **Low education** & **Migratory background**

Roughly **30%** of **social media posts** about health topics contains **misinformation**

DIGITAL, HEALTH, AND DATA LITERACY IN PORTUGAL
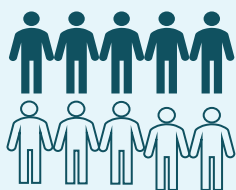
DIGITAL LITERACY

55% of Portuguese citizens aged 16-74 have **basic digital skills**

Digital proficiency **drops** significantly **with age**

- 18-35: 86%
- 35-55: 65%
- 55-75: 26%
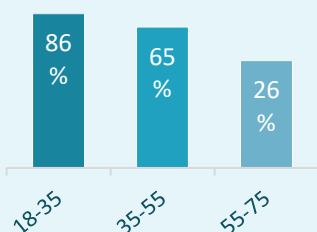
Digital skills are **better** among **women** aged **18-55**, but **better** among **men** aged **55-75**

Digital literacy is mostly **influenced by**:
- Education
- Employment
- Income

HEALTH LITERACY

Most **difficulties** are perceived in: **Health Promotion.** And then **Disease Prevention** & **Health Care**

73% of the population has difficulty accessing, understanding and using **health information**

17% of Portuguese are **overweight**

Health literacy is most **influenced by**:
- Education
- Income
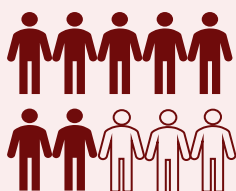
DATA LITERACY

55% of Portuguese citizens aged 16-74 have **basic data skills**

Data literacy is (highly) **influenced by**:
- Education
- Employment
- Income

Older (65+) individuals are **less apt** in **online data security**

SOCIETAL AND ECONOMIC IMPACTS

Low education and income negatively affect:
- Nutrition
- Sport
- Lifestyle

3% of Portuguese citizens are considered **illiterate**

Unemployment is linked to: **Low education** & **Age** (16-24)

49% of Portuguese citizens search for health information **online** with the risk of **misinformation**

TRIO

DIGITAL, HEALTH, AND DATA LITERACY IN ROMANIA
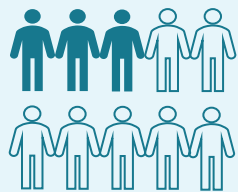
DIGITAL LITERACY

28% of Romanians aged 16-74 have **basic digital skills**

Digital proficiency **drops** significantly **with age**

- 16-24: 47%
- 35-44: 36%
- 55-64: 14%
- 65-74: 4%
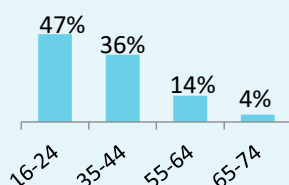
Digital skills of men and women aged **16-24** are **unequal**: **51%** of **men** have digital skills compared to **44%** of **women**

Digital literacy is most **influenced by**:

Education

Employment

Living environment

HEALTH LITERACY

Most **difficulties** are perceived in:

Health Promotion & **Disease prevention**

7.5% of respondents have **poor e-Health skills**

40% of Romanians search for health information online

More than **21%** of Romanian interviewees find it **difficult** to **protect** themselves from diseases **based** on **health information in the media**

Health literacy is most **influenced by**:

Education

Social status
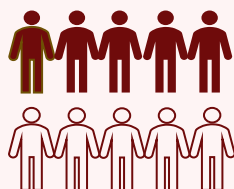
DATA LITERACY

48% of Romanians aged 16-54 have **basic data skills**

Data literacy is **influenced by**:

Education

Employment

income

Both **younger** (16-24) and **older** (65+) people are **less apt** in

Of the **25%** of people aged **65-74** that have basic digital data security skills, only **9% refused** to have their **personal data used for advertising purposes**

SOCIETAL AND ECONOMIC IMPACTS

Low education and income negatively affect:

Nutrition

Sport

Lifestyle
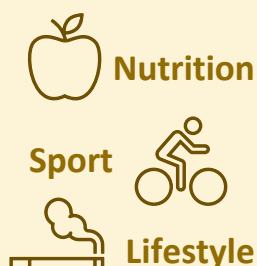
15% of Romanians participate weekly in **physical activities and sports**

Unemployment is related to:

Low Education

Gender

Age

41% of Romanian citizens is considered **low literate**

TRIO

DIGITAL, HEALTH, AND DATA LITERACY IN SPAIN

DIGITAL LITERACY

Digital proficiency drops significantly with age

Age	%
16-24	68%
25-34	55%
35-44	41%
45-54	32%
55-64	19%
65-74	7%
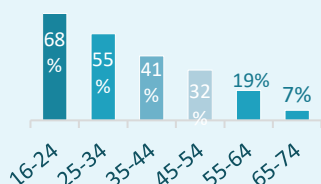
In the last 3 months…

…have **used a smartphone**
99% aged 16-54
97% aged >55

…have **shopped online**
68% aged 16-34
62% aged 35-54
30% aged >55

…have **used internet daily**
97% aged 16-34
90% aged 35-54
50% aged >55

Preferred activities

Aged 16-34

Aged 35-54

Aged >55

HEALTH LITERACY

Most **difficulties** are perceived in:

Identifying **political determinants of health**

Assessing media-based **health information**

Spanish citizens aged 35 - 54 most often **use health-related digital tools**

Age	Search info about health topics	Make online doctor's appointments	Access to health data	Access to other health services
16-34	73%	39%	18%	21%
35-54	76%	48%	21%	24%
+55	50%	31%	12%	15%

Health literacy is most **influenced by**:

Education

Income

DATA LITERACY

80% of Spanish citizens aged 16-74 believe that they possess **advanced data skills**

Most data literacy resources are geared towards the workforce

86% of Spanish workers believe that data is instrumental in helping them perform their job duties

83% of the Spanish workers have expressed interest in enhancing their proficiency in Data Literacy

Only half of the Spanish workers report having access to the necessary datasets to enhance their job performance

Most important data literacy skills for Spanish citizens

Using data appropriately for specific purposes

Interpreting data visualisations

Applying critical thinking

Using analytical tools and methods

Identifying manipulated data

SOCIETAL AND ECONOMIC MPACTS

Self-perceived health status and **wellbeing** of Spanish citizens increases with **educational level**

	%
EQF 5-8	86%
EQF 3-4	78%
EQF 0-2	59%
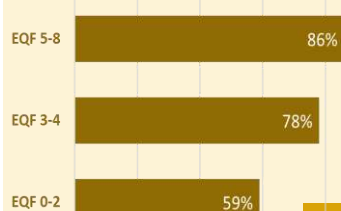
Unemployment is linked to:

Economic crisis

Lack of specific training & skills

International competition

Technological changes

High dependance on seasonal tourism

1 out of 3 social media posts about health topics contains **fake, inaccurate, or misleading information**

1.3 Test you own eHealth skills

If you want to get a better insight into your own eHealth skills, you can do the short questionnaire below. The test is called **eHeals** (eHealth Literacy Scale)[1] and it is meant to assess your self-perceived skills in using information technology for health purposes.

Please keep in mind that this is just a short test about your self-perceived eHealth skills and it may not accurately reflect your health literacy level. This test only serves as a tool for self-reflection.

Instructions: answer each question on a scale of 1 to 5 as followed:

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree

Now answer the **8 questions** below and record your points (1 to 5) for each question:

QUESTION	POINTS
1. I know how to find helpful health resources on the Internet.	
2. I know how to use the Internet to answer my health questions.	
3. I know what health resources are available on the Internet.	
4. I know where to find helpful health resources on the Internet.	
5. I know how to use the health information I find on the Internet to help me.	
6. I have the skills I need to evaluate the health resources I find on the Internet.	
7. I can tell high quality from low quality health resources on the Internet.	
8. I feel confident in using information from the Internet to make health decisions.	
TOTAL POINTS	

Add up the points of all your answers (it should be between 8 and 40). No scoring table is available for this test, but the mean average of participants in a Dutch validation study was 28 points.

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[1] Norman, C.D.; Skinner, H.A. eHEALS: The eHealth literacy scale. J. Med. Internet Res. 2006, 8, e27.

2. The healthcare system

This chapter gives a short overview of how the healthcare system works in Germany, the Netherlands, Portugal, Romania, and Spain, with helpful links and a clear step-by-step guide on what to do when you are in need of medical care.

Note: If you are travelling to another country in the European Union, be sure to bring your European Health Insurance Card. This will make it easier for you to declare potential medical costs. For more information visit:
https://ec.europa.eu/social/main.jsp?catId=559&langId=en.

Healthcare in Germany

How are the healthcare system and the insurance organised?

There are **4 principles** of healthcare:

Public health insurance is **compulsory** for German citizens; a private insurance is optional.

Public insurance **contributions are divided** between the insured and the employer.

The **Solidarity** principle: bearing the same 'risk' of health costs means having the same right to medical care for everyone.

Principle of **self-administration**: the state sets the framework conditions for medical care and the individual is responsible for the financial and organisational part.

The **structure** of the system:

Joint Federal Committee

Highest body

Representatives

medical professionals, psychotherapists, health insurance funds, hospitals and patients

Decision-making

Which services are offered and financed in which form by the health insurance providers.
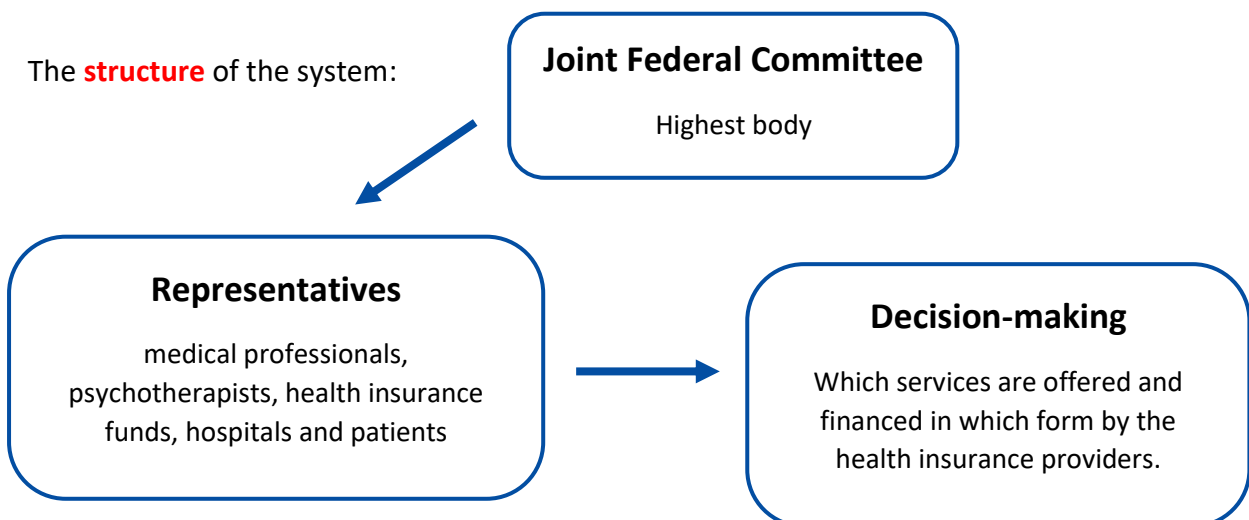
What is covered by the public insurance in Germany?

Which services are ultimately covered by the respective health insurance funds is not centrally regulated for all services. Thus, insured persons must consult the benefit catalogues of their respective insurance companies and inquire about the coverage of certain benefits in case of illness.

However, there are overview pages that attempt to list the basic benefits of the statutory health insurances in a clear manner and distinguish them from private benefits. You can find more information here:

https://www.gesetzlichekrankenkassen.de/leistungen/leistungen.html

https://www.krankenkasseninfo.de/leistungen/gesetzliche-leistungen/

Accessing the German healthcare system

The healthcare system in Germany can be used by every person regardless of their social or economic status. Every person in Germany is obliged to be insured through one of the public health insurance funds. The costs are shared by employees and their employers and deducted directly from the gross salary. The only difference is for people with private insurance. You can only access this from a certain income level or, for example, if you are a civil servant in an institution. This includes services that are not covered within the public insurance benefits. People with public insurance would have to pay for such treatments themselves.

In Germany, most people commonly are registered with a family doctor who acts as the first point of access to the health system. This doctor can also refer patients to specialists or hospitals. Hospital visits and stays after accidents or serious illnesses are also covered by the statutory insurance for all persons. Only, as described above, certain forms of therapy may possibly result in additional costs.

More information on the German healthcare system can be found here:

- https://www.bundesregierung.de/breg-de/service/publikationen/schaubild-unser-gesundheitssystem--1666134
- https://www.bundesgesundheitsministerium.de/gesetzlich-versicherte.html

TRIO

What to do when in need of medical care?

Emergency

In life threatening situations

→ Call

112

First aid

Something that is not life threatening, but needs immediate medical attention

→ During working hours:

Contact your family doctor

Outside working hours:

Contact the medical stand-by service

The GP will refer you to the first aid post if necessary. No own risk contribution is needed for a visit to your GP or the GP centre. Visiting the first aid post requires an own risk contribution.

Primary care

For health checks, advice, diagnoses, and treatments

→ **Your first point of contact with the healthcare system**

Examples:
- Family doctor / GP
- Dentist
- Pharmacist
- Optician

Specialist care

For specific medical conditions or illnesses (both physical and mental)

← A primary care physician can refer you to a specialist

→ **A specialist has expertise on a specific body part or condition / illness**

Examples:
- Dermatologist
- Cardiologist
- Mental health professional
- Surgeon

Healthcare in the Netherlands

How are the healthcare system and the insurance organised?

Basic care – everyone living or working in the Netherlands has an equal right to basic healthcare.

While citizens are **required to take out health insurance**, they have the freedom to choose the healthcare insurer and any additional coverage; they cannot be declined.

For individuals with **sub-nominal income** the government provides a healthcare allowance covering part of the costs of the health insurance premium. Children under the age of 18 do not need to pay a premium at all.

How to apply for healthcare benefit

Dutch citizens with a low income can receive a healthcare benefit to help them pay for their health insurance. The limit of this income requirement varies per year. In 2023 the bar is set at a gross income of € 38.520 a year or a joint gross income of €48.224 a year. The maximum amount of benefit you can receive in 2023 is €154,- a month.

Find out if you're eligible for healthcare benefit here:
https://www.belastingdienst.nl/wps/wcm/connect/nl/zorgtoeslag/content/kan-ik-zorgtoeslag-krijgen

Apply for healthcare benefit here:
https://www.belastingdienst.nl/wps/wcm/connect/nl/zorgtoeslag/content/hoe-moet-ik-zorgtoeslag-aanvragen

The Dutch Health Insurance Act (Zvw)

The Dutch Health Insurance Act describes which healthcare treatments, services and products must be made available to people by the private health insurance companies and health providers.

Accessing the Dutch healthcare system

- **Access** to Dutch acute and outpatient hospital and mental care is only possible by first going to the general practitioner (GP), who functions as a gatekeeper. When more specialistic care or further treatment is needed the GP will arrange a reference to a specialist. For emergency care, a visit to the GP is not needed, an emergency care post is available in every hospital.
- There is **no obligation** to register at a GP, but registration is highly recommended, since it will assure fast access to a doctor, also during evenings, nights, and weekends. Citizens are free to choose a (new) GP at any time, but the GP is allowed to refuse new patients, for instance if they live too far away or the GP practice is fully booked
- **Medicine's prescription and availability** – Certain medicines can be bought without prescription. The Medicines Evaluation Board (CBG) decides which medicines should be made available and where. For instance, only at apothecaries and pharmacies, or also at supermarkets and gas stations. Medicines for long-term use, that can have severe side effects, need an injection, or are relatively new on the market need a prescription from a GP or specialist and can only be picked up at the apothecary
- A **website** was created by medical professionals and contains reliable and clear information on medical symptoms and which actions to take: www.thuisarts.nl

TRIO

What to do when in need of medical care?

Emergency		Call
In life threatening situations	→	**112**

First aid

Something that is not life threatening, but needs immediate medical attention

→

During working hours:

Contact your family doctor

Outside working hours:

Contact the GP centre

The GP will refer you to the first aid post if necessary. No own risk contribution is needed for a visit to your GP or the GP centre. Visiting the first aid post requires an own risk contribution.

Primary care

For health checks, advice, diagnoses, and treatments

→

Your first point of contact with the healthcare system

Examples:
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- Dentist
- Pharmacist
- Optician

Specialist care

For specific medical conditions or illnesses (both physical and mental)

←

A primary care physician can refer you to a specialist

→

A specialist has expertise on a specific body part or condition / illness

Examples:
- Dermatologist
- Cardiologist
- Mental health professional
- Surgeon

Healthcare in Portugal

How are the healthcare system and the insurance organised?

There are 3 Systems providing healthcare:

National Health Service (SNS)

Special health insurance schemes

For certain professions and sectors, such as government functions or big banks

Private systems
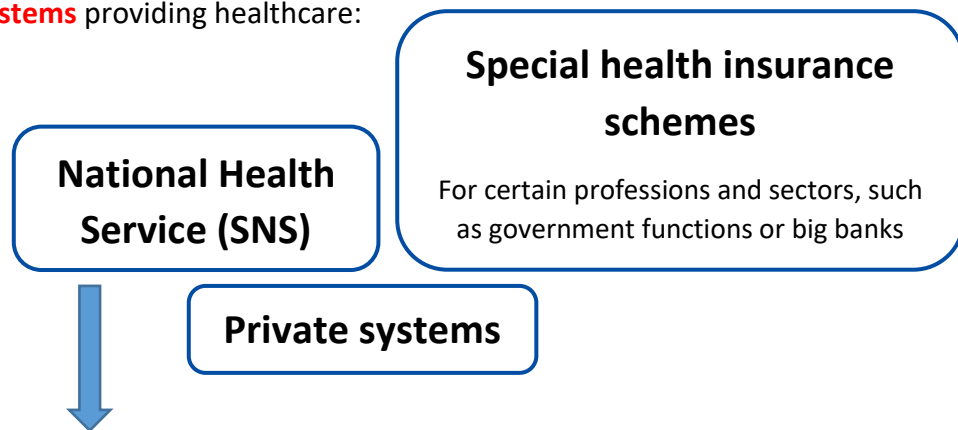
The **National Health Service**

The 'Serviço Nacional de Saúde' (SNS) in Portugal consists of a set of institutions and services under the Ministry of Health.

Purpose of the institutions: To guarantee equal access to healthcare for all citizens.

System financing: The health system is financed by tax payments.

Insurance Coverage: The SNS covers a broad benefits package for Portuguese citizens. with the exception of dental care, that is predominantly offered by private institutions. However, there are certain groups that can receive a 'Dentist's check' such as pregnant women receiving SNS care, recipients of the Solidarity Supplement, young people up to the age of 18 regardless of their school or institution, individuals with HIV/AIDS infection, and users with suspected oral cancer lesions.

How to access the National Health Service

Universal health coverage ensures that everyone has access to the necessary health services, regardless of when and where they need them, without experiencing financial difficulties.

To access the Portuguese National Health Service (SNS), individuals are required to have a user number. This number is assigned to each person and serves as their identification when accessing public healthcare services. Obtaining a user number is free of charge.

- Portuguese citizens automatically receive a user number when they apply for the Citizen Card, and it can be found on the back of the document.
- Foreign individuals living or staying in Portugal with a valid residence permit must request a user number for the SNS.

To learn **how to register** at your health centre:
https://eportugal.gov.pt/servicos/inscrever-se-no-centro-de-saude

To learn **how to make an appointment** at the health centre:
https://eportugal.gov.pt/pt/servicos/marcar-uma-consulta-no-centro-de-saude

Accessing the Portuguese healthcare system

App SNS 24 – A mobile application that allows citizens to access digital health information and services, like the following:

- Vaccination bulletin
- Prescriptions and examinations
- Medication consultation.
- EU COVID-19 Digital Certificate.

Co-funded by
the European Union

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What to do when in need of medical care?

Emergency		Call
In life threatening situations	→	**112**

First aid

Something that is not life threatening, but needs immediate medical attention

→

During working hours:

Contact your family doctor or SNS 24 - 808 24 24 24

Outside working hours:

SNS 24 - 808 24 24 24

The GP or SNS 24 will refer you to the first aid post if necessary. No own risk contribution is needed for a visit to your GP or the GP centre. Visiting the first aid post requires an own risk contribution.

Primary care

For health checks, advice, diagnoses, and treatments

→

Your first point of contact with the healthcare system

Examples:
- SNS 24 nurses
- Family doctor / GP
- Pharmacist
- Optician

Specialist care

For specific medical conditions or illnesses (both physical and mental)

←

A primary care physician can refer you to a specialist

→

A specialist has expertise on a specific body part or condition / illness

Examples:
- Dermatologist
- Cardiologist
- Mental health professional
- Surgeon

Healthcare in Romania

How are healthcare system and insurance organised?

A **public health insurance is mandatory** for all citizens; a private health insurance is voluntary.

Romania has a **public healthcare system**, regulated by Law no. 95/2006. According to the law, the public health system comprises all medical structures, public and private organisations, institutions and resources designed to prevent illness, and to maintain, to improve and to restore the population health.

Instances: The Ministry of Health is the main authority in public healthcare.

System financing: Health insurance premiums are paid by all citizens who work or have an income over 50% of the minimum annual salary. The state pays for unemployed and retired citizens and those on social benefits.

The **main principles** of the Romanian medical system are:

- **Social responsibility** for public health
- Focus on **population groups** and **primary prevention**
- Focus on **health determinants**: social, environmental, behavioural and health services
- Close **communication** with the population and local authorities
- **Decisions** are based on current scientific research and the precautionary principle
- **Decentralisation** of the public health system
- Existence of an integrated **informational and computerised system** for public health management

> **How to apply for healthcare benefit**
>
> Employed individuals are automatically registered as beneficiaries of the Romanian public healthcare system (CNAS). Unemployed individuals and those with an income below the limit (set at ½ the annual minimum salary) can apply yearly for healthcare benefits by filling in the D212 declaration and paying the contribution (10%) corresponding to 6 monthly minimum salaries. In 2023 this contribution is calculated as 6x3000RONx10%=1800RON. Children up to 18 years old and students up to 26 years old benefit of free healthcare services of the public healthcare system.
>
> **Find out if you're eligible** for healthcare benefit here:
> Verificare calitate asigurat – Casa Națională de Asigurări de Sănătate
> http://cnas.ro/verificare-asigurati/
>
> **How to apply** for healthcare benefit: The declaration D212 can be submitted through the virtual space of the Romanian Tax Authority (ANAF) at
> www.anaf.ro/

Accessing the Romanian healthcare system

- **Access** to Romanian acute and outpatient hospital and mental care is only possible by first going to the Family Doctor. **Exception**: emergency care.
- A **registration** at a Family Doctor is compulsory.
- **Medicine's prescription and availability**: the decision on the percentage of compensation is made periodically by the National Health Insurance Organization (CNAS). The updated list can be found here: https://cnas.ro/medicamente/.
  A prescription is needed to receive compensation.
- Detailed information on **the services and how to access** the Romanian Public Healthcare System can be found in the dedicated guide: https://cnas.ro/wp-content/uploads/2023/03/cnas_ghidul_asiguratului_final_v2-1.pdf.

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What to do when in need of medical care?

Emergency

In life threatening situations

→ Call

112

First aid

Something that is not life threatening, but needs immediate medical attention

→

During working hours:

Contact your family doctor

Outside working hours:

Visit the Emergency Hospital Unit

The family doctor will refer you to the emergency hospital unit if necessary. No own risk contribution is needed for a visit to your GP or the emergency hospital unit.

Primary care

For health checks, advice, diagnoses, and treatments

→

Your first point of contact with the healthcare system

Examples:
- Family doctor / GP
- Dentist
- Pharmacist
- Optician / Optometrist

Specialist care

For specific medical conditions or illnesses (both physical and mental)

←

The family doctor can refer you to a specialist

→

A specialist has expertise on a specific body part or condition / illness

Examples:
- Dermatologist
- Cardiologist
- Mental health professional
- Surgeon

Healthcare in Spain

How are the healthcare system and the insurance organised?

Main principles of National Health System:

The Spanish Constitution states that public authorities shall maintain a **public Social Security System** for all citizens. The 'Sistema Nacional de Salud' (SNS) regulates public healthcare in Spain.

System financing: the health system is financed by tax payments.

The healthcare system is **decentralised** to 17 autonomous communities, who all have there own healthcare systems. The State keeps the overall coordination of health issues.

The **public health system covers 85%** of health services in Spain. Private health services are also available.

Health card

In Spain you get a health card to get access to healthcare benefits. This card includes specific data of the cardholder.

Spain is divided into **autonomous communities** → each community has its own digital health card format which can be read throughout the State.
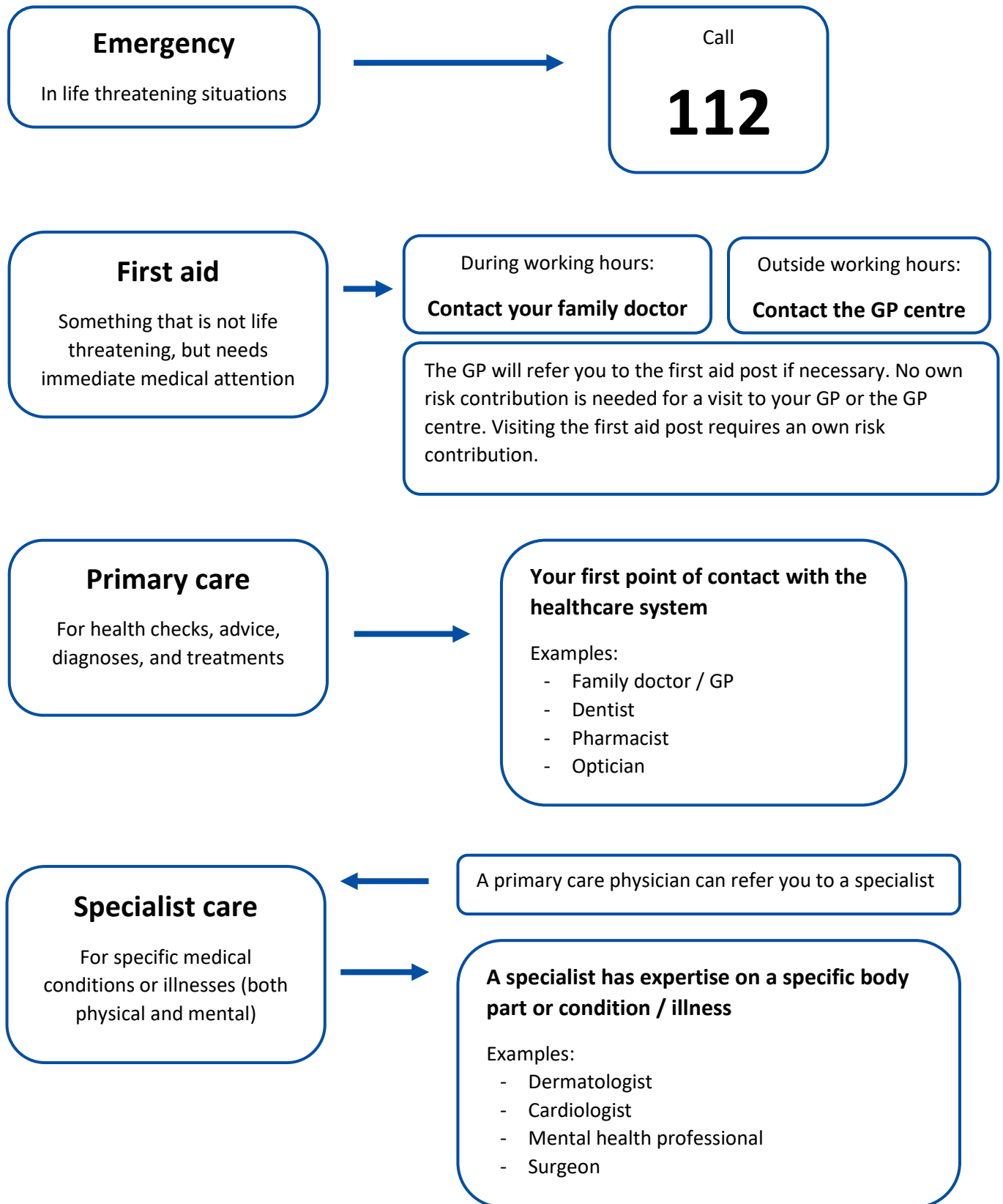
How to apply for healthcare benefit

Spanish healthcare system is decentralised, so procedures and processes may vary slightly among autonomous communities. However, the general steps for applying for healthcare benefit are applicable in most cases:

1. The first step is to be **registered in the municipality** where you live, the official record of residence is necessary to access health services in Spain and can be delivered at the municipal town halls.
2. Once you registered, you must **obtain the Tarjeta Sanitaria Individual (TSI)**, the document that identifies you as a beneficiary of the health system in Spain and entitles you to receive medical care. They are delivered in the municipal health centres.
3. With the TSI, you will be able to **choose a general practitioner or health centre**. This involves selecting a referring doctor who will coordinate your medical care, follow up with you and refer you to specialists if necessary. To choose your GP, you must go to your assigned health centre and request a change or assignment to the doctor of your choice.
4. When you need medical care, you can **contact your family doctor to make an appointment**. He or she will assess your situation and provide you with the right treatment. If necessary, he or she will refer you to specialists or other care facilities, such as hospitals or clinics.

Accessing the Spanish healthcare system

1. **Non-emergency care**
    - Citizens can make an appointment with the GP.
    - *How?* – by calling the primary health centre. In some regions there are websites or apps available as well.

2. **Primary care**
    - For example:
        o On-demand, scheduled and urgent health care
        o Family care & basic rehabilitation
        o Children, teenagers, older adults
        o Chronic patients & other risk groups
    - The general practitioner refers the patients to a specialist

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What to do when in need of medical care?

Emergency In life threatening situations	→	Call **112**

First aid

Something that is not life threatening, but needs immediate medical attention

→

During working hours:

Contact your family doctor

Outside working hours:

Contact the GP centre

The GP will refer you to the first aid post if necessary. No own risk contribution is needed for a visit to your GP or the GP centre. Visiting the first aid post requires an own risk contribution.

Primary care

For health checks, advice, diagnoses, and treatments

→

Your first point of contact with the healthcare system

Examples:
- Family doctor / GP
- Dentist
- Pharmacist
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