

# Label2Enable 2nd Multi-stakeholder workshop

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# Label2Enable

## defining success of labelling in 5 to 10 years

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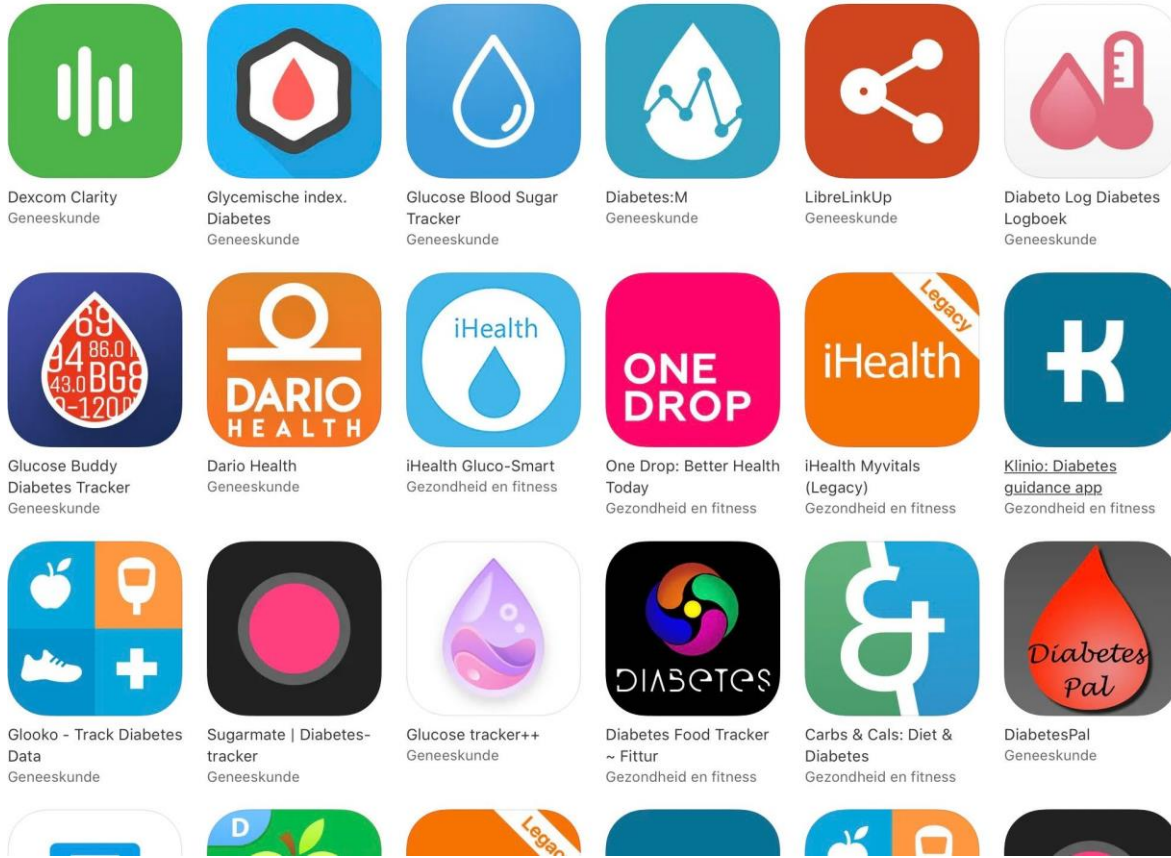
2nd multi-stakeholder workshop – Jun 26, 2023

# there are great apps, but how to find them?

## App Store Preview

mySugr - Diabetestracker-log

### Suggesties voor jou

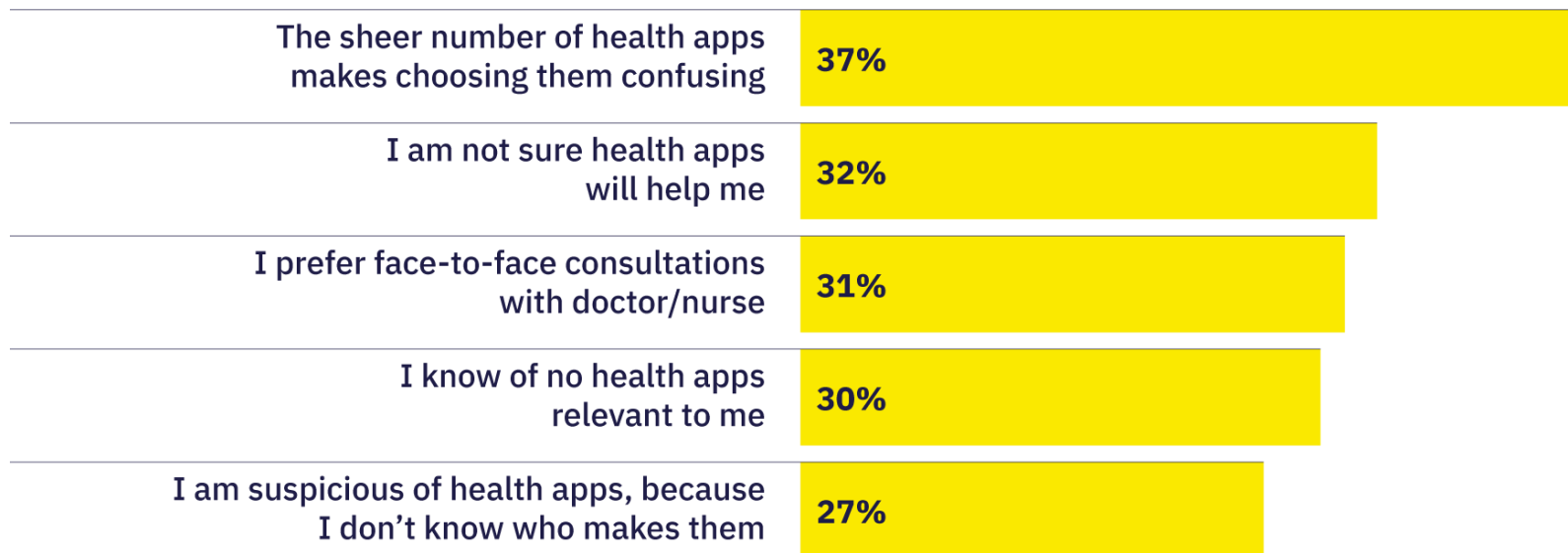


**Wyatt (2018)** How can clinicians, specialty societies, and others evaluate and improve the quality of apps for patient use?

**Larsen et al. (2019)** Using science to sell apps: Evaluation of mental health app store quality claims

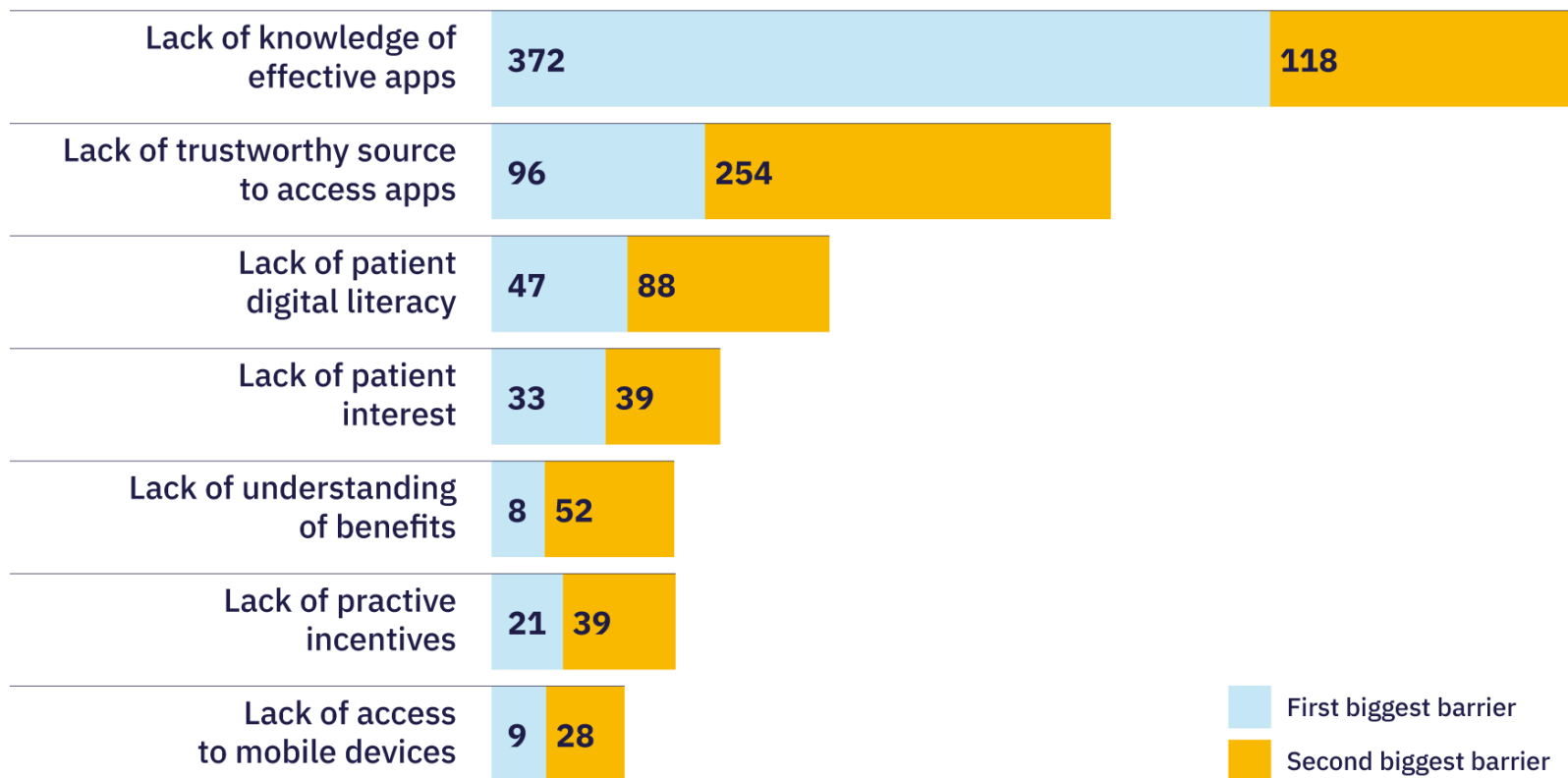
**Singh et al. (2016)** Many health apps target high-need, high-cost populations, but gaps remain

# choosing a 'good' health app is difficult



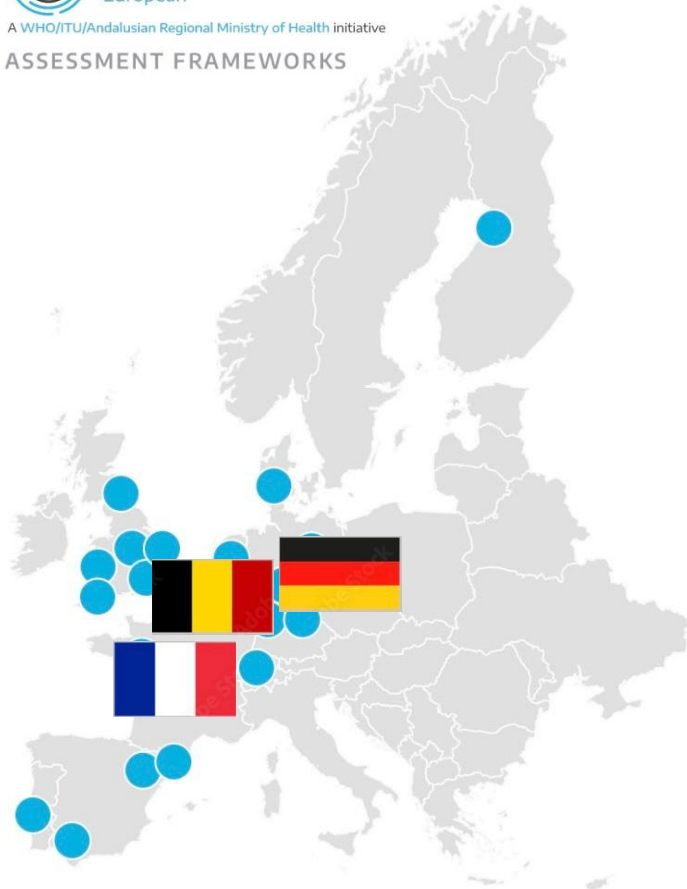
**Get-ehealth.eu (2015)** What do patients and carers need in health apps – but are not getting? Global survey of 1,120 patients and carers

# choosing a 'good' health app is difficult



**Byambasuren et al (2019)** Current knowledge and adoption of mobile health apps among Australian General Practitioners: Survey study

# delivering a 'good' health app is difficult



**mHealth Hub (2022) Health App Assessment Frameworks**

Federal Institute for Drugs and Medical Devices

The Fast-Track Process for Digital Health Applications (DiGA) according to Section 139e SGB V  
A Guide for Manufacturers, Service Providers and Users



**Early access to reimbursement for digital devices (PECAN)**

# reviewing a health app is difficult too

npj | digital medicine

Health app policy:

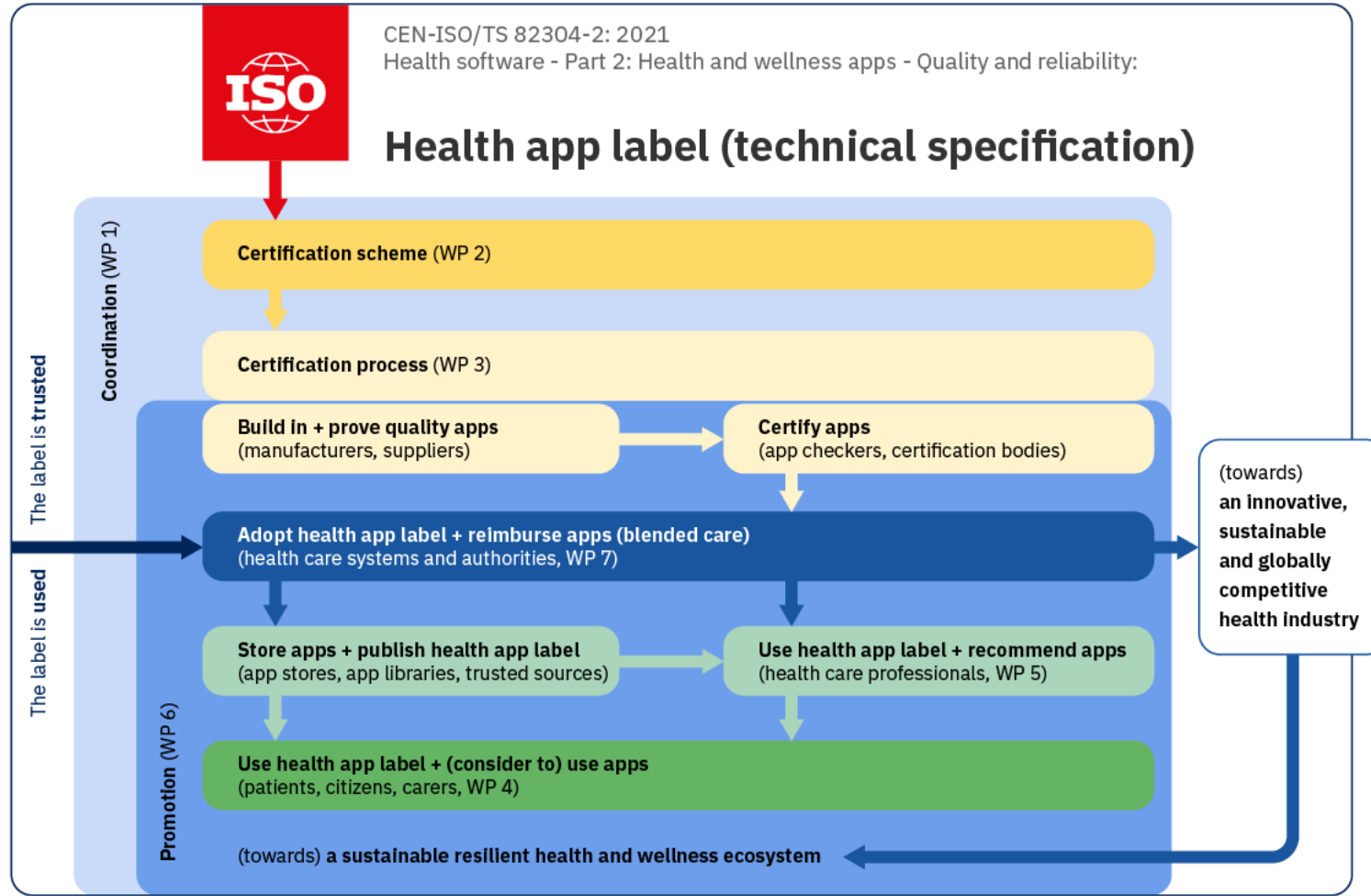
- Belgium
- Denmark
- England
- Germany
- Netherlands
- Norway
- Sweden
- Singapore
- United States

“There is great interest in the use of apps in all the countries evaluated, but even Belgium, Germany and the UK, which are relatively far along in their operationalization of frameworks, are struggling with efficient implementation.

Cross-national efforts are needed around regulation and for countries to realize the benefits of these technologies.”

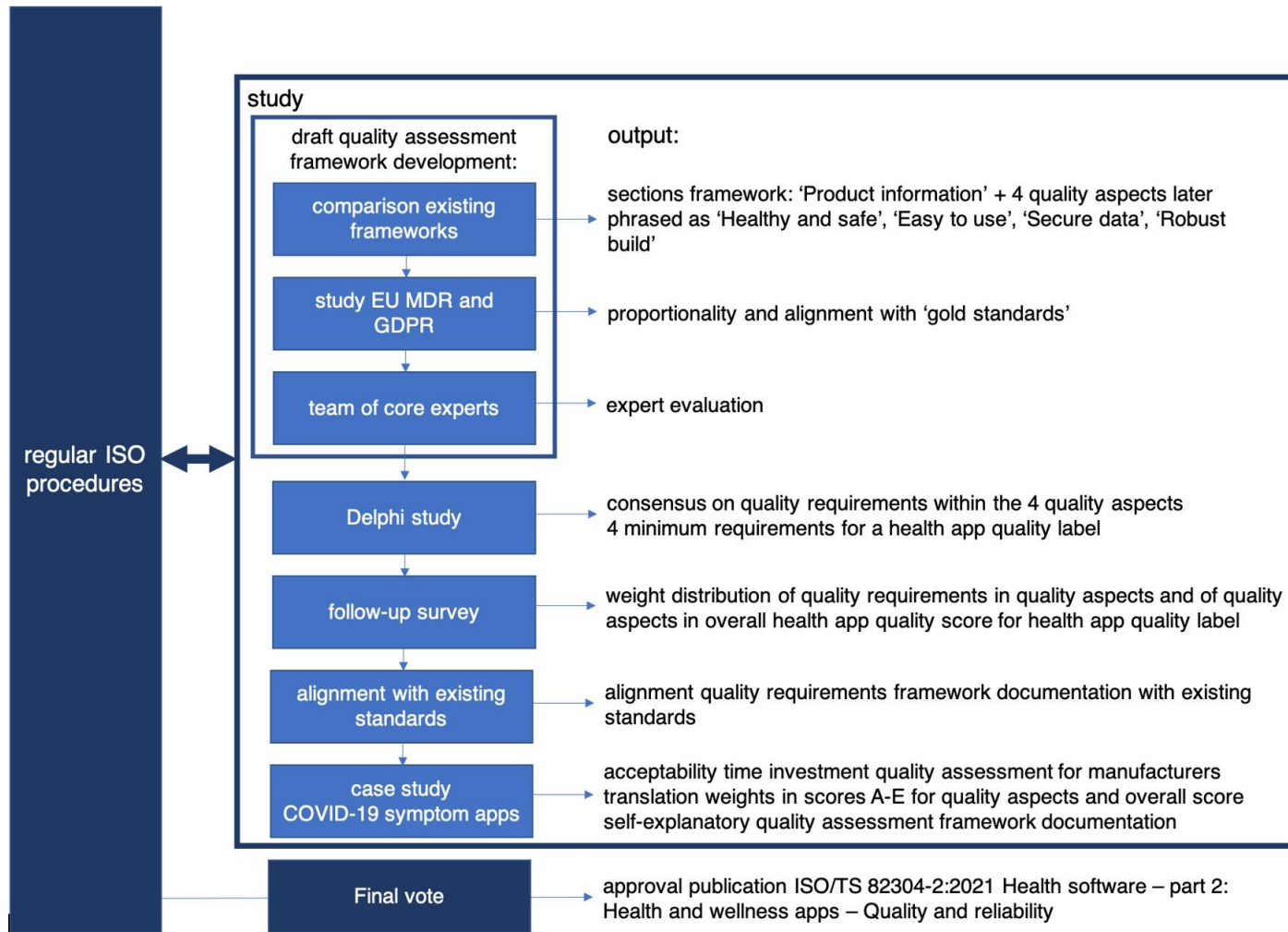
Essén et al (2022) Health app policy: international comparison of nine countries' approaches

# multi-stakeholder



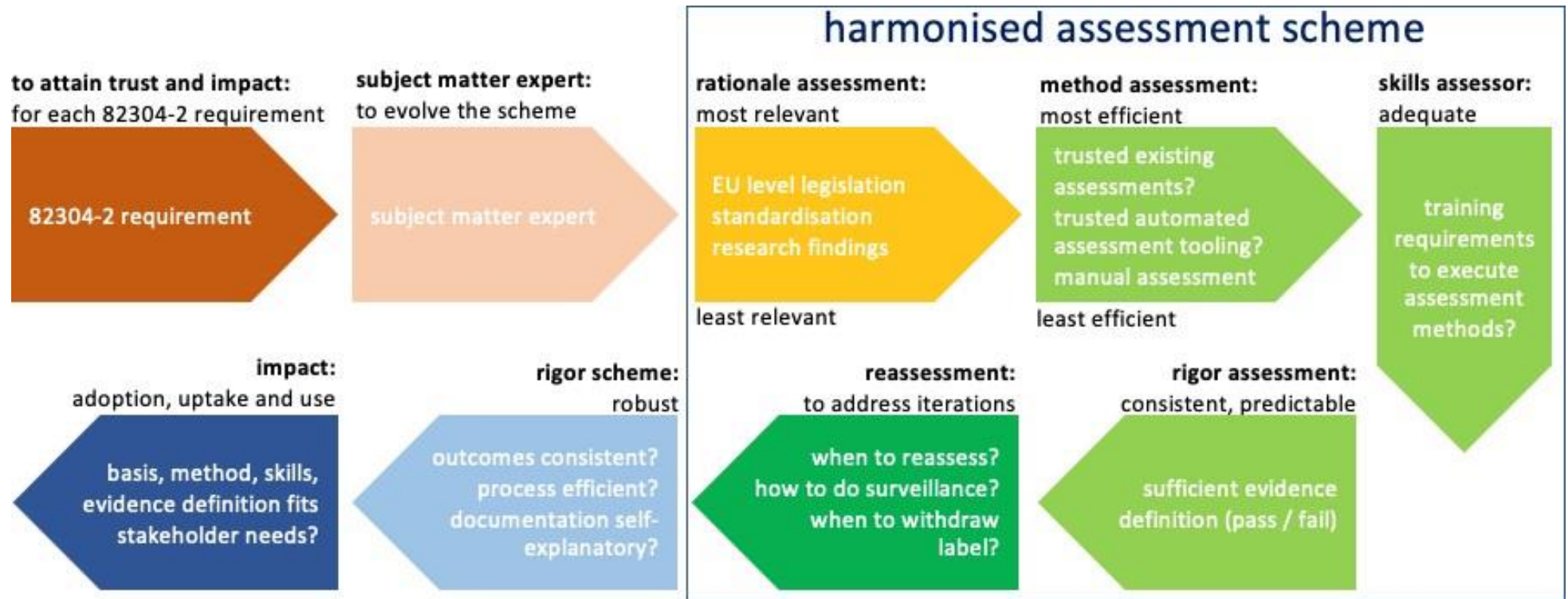


# useful, proportional, ...

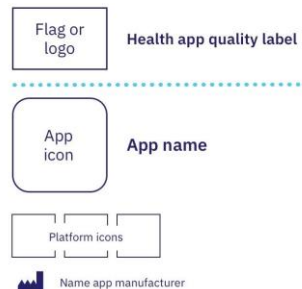


**Hoogendoorn et al (2023)**  
 What makes a quality health app – Developing a global research-based health app quality assessment framework for CEN-ISO/TS 82304-2: Delphi study

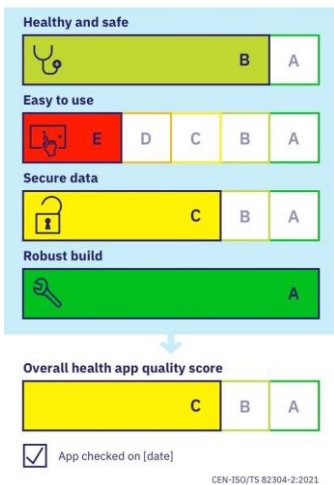
# useful, trusted, affordable, scalable, etc.



# CEN-ISO/TS 82304-2:2021 helps choose apps



**Benefit of the app**  
 With this app [intended users] can [intended use] / With this app [x in 10] [intended users] [health effect] [if use]  
 ⚠ Check [here] when app requires approval from a health professional before use



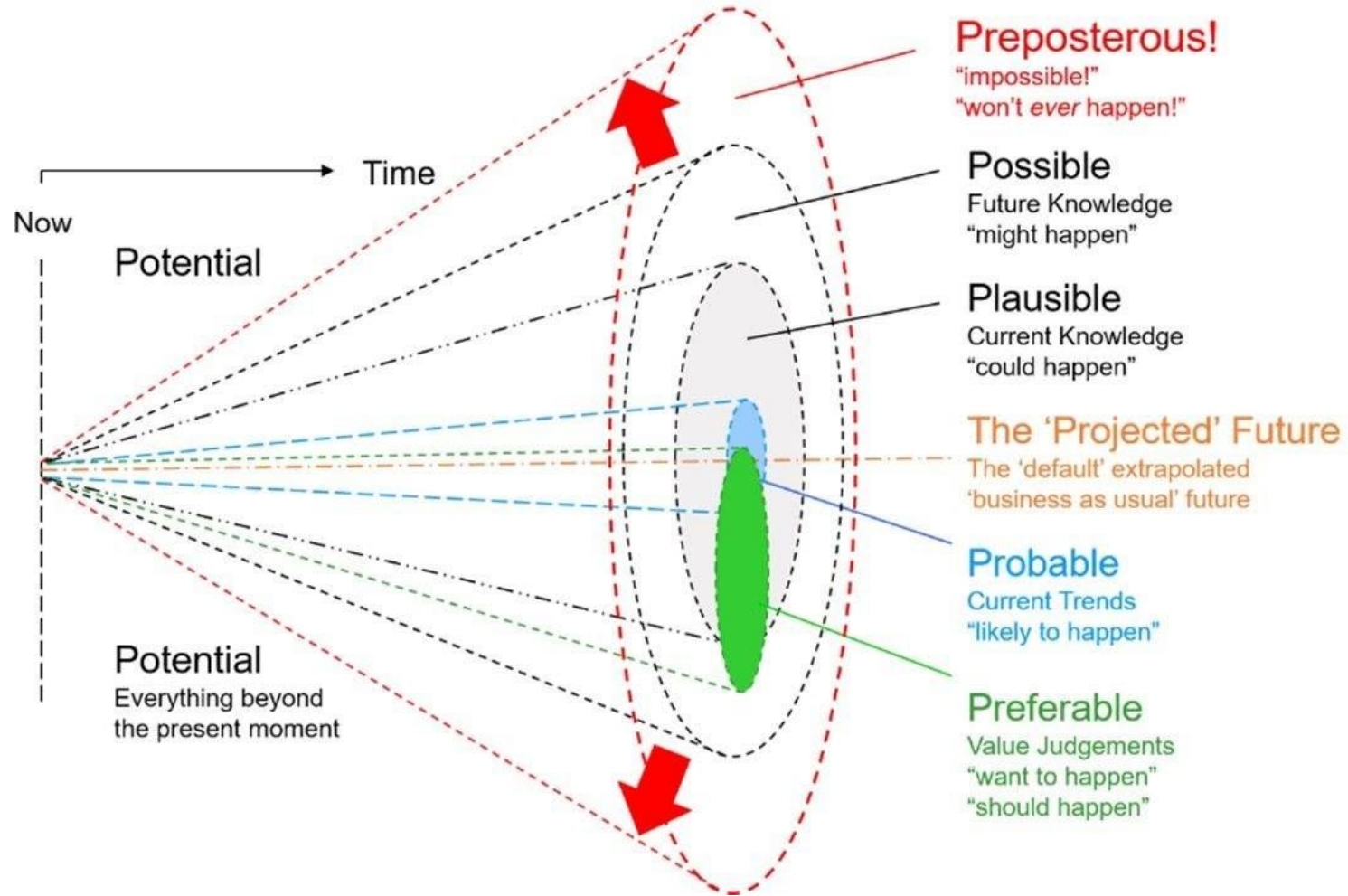
- Comprehensive** For wellness and medical device apps, not duplicating the work of notified bodies
- Evidence-informed** Inspired by the EU energy label: used by 85% EU consumers and in 59 non-EU countries
- Inclusive** Label tested with people with low health literacy
- Informative** Score, label and report communicate quality in a glance to the needed detail
- Proportionate** At most 81 questions, of which at most 67 score-impacting yes/no questions
- Testable** Yes-answers require evidence to be assessed by accredited app assessors
- Relevant** Assessment framework founded in a Delphi study with 83 experts from 8 stakeholder groups

**Maintained**



[https://ec.europa.eu/commission/presscorner/detail/en/MEMO\\_19\\_1596](https://ec.europa.eu/commission/presscorner/detail/en/MEMO_19_1596)

# 1<sup>st</sup> workshop: the preferred vs projected future



"The Futures Cone"

# 1<sup>st</sup> workshop: aware we cannot predict it all

WHO LED THE DIGITAL TRANSFORMATION  
OF YOUR COMPANY ?



THE CEO



THE CTO



COVID-19

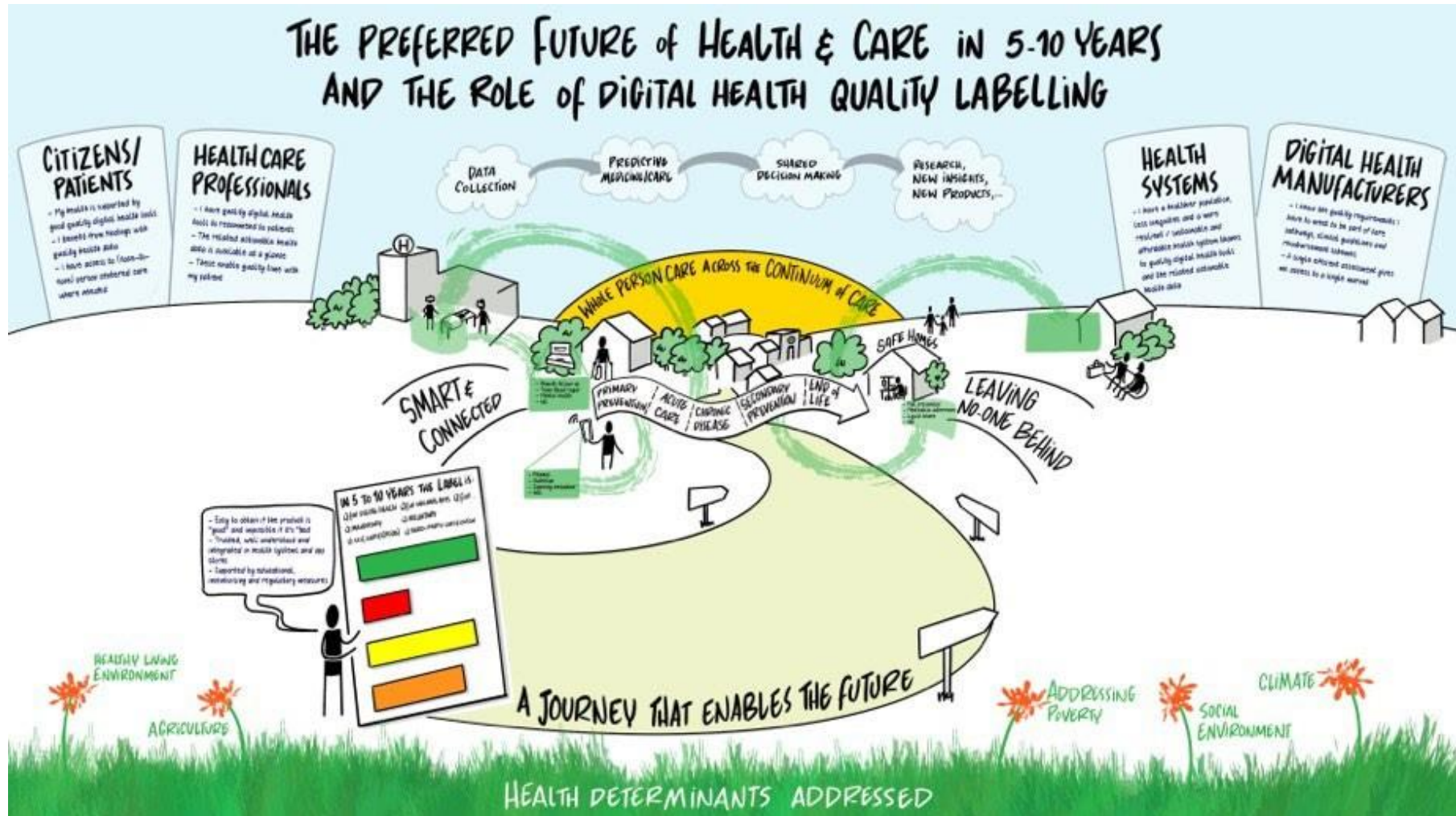
BUSINESSILLUSTRATOR.COM



# 1<sup>st</sup> workshop: the elephant and its habitat



# 2<sup>nd</sup> workshop: the desire and the path



## 2<sup>nd</sup> workshop: the desire

### Desire

**Desires** are states of mind that are expressed by terms like "wanting", "wishing", "longing" or "craving". A great variety of features is commonly associated with desires. They are seen as propositional attitudes towards conceivable states of affairs. They aim to change the world by representing how the world should be, unlike beliefs, which aim to represent how the world actually is. Desires are closely related to agency: they motivate the agent to realize them. For this to be possible, a desire has to be combined with a belief about which action would realize it. Desires present their objects in a favorable light, as something that appears to be good. Their fulfillment is normally experienced as pleasurable in contrast to the negative experience of failing to do so. Conscious desires are usually accompanied by some form of emotional response.





### Desire path

A **desire path** (often referred to as a **desire line** in transportation planning), also known as a **game trail**, **social trail**, **fishermen trail**, **herd path**, **cow path**, **elephant path**, **buffalo trace**, **goat track**, **pig trail**, **use trail** and **bootleg trail**, is an unplanned small trail created as a consequence of mechanical erosion caused by human or animal traffic. The path usually represents the shortest or the most easily navigated route between an origin and destination, and the width and severity of its surface erosion are often indicators of the traffic level it receives.

## 2<sup>nd</sup> workshop: the roped off path



A desire path roped off for [revegetation](#) in [Brisbane, Australia](#)

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## 2<sup>nd</sup> workshop: the accommodated path



An accommodated desire path in [Delft](#), Netherlands

### Desire path

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# agenda

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## 10.00-11.50h - Plenary Session I: Recent developments and inspiration

Inspiration from the journey and results of the EU Energy label - Stamatis Sivitos, DG ENER

Labelling in the EHDS and related developments (AI Act, Pharma Act) - Petra Wilson, HIMSS

Label2Enable patient and health care professional thoughts and feelings -

Gözde Susuzlu, EPF and Antanas Montvila, Kaunas Clinics

## Label2Enable findings and updates

Healthcare professional survey on recommending health apps - Ieva Biliunaite, LUMC

Testing the label scheme with 24 apps and 5 assessment organisations - Paul Weston, ORCHA

Testing the label in 4 corners of Europe: Denmark, France, Hungary, Italy - Vania Putatti, EuroHealthNet

## Initiatives of participating stakeholders

Levelling the playing field for start-ups - Rita Campos, F6S

Back casting with CPME and EJD - Antanas Montvila, EJD

## **11.50-12.20h - Break-out session I: Stakeholder thoughts and feelings and labelling characteristics**

**Citizens patients carers and healthcare professionals** - Dipak Kalra, Gözde Susuzlu

**App assessors, libraries, manufacturers, SDOs, consultants** - Petra Hoogendoorn

**Health authorities and insurers** - Zoi Kolitsi

## **13.30-14.00h Plenary Session II: Reports from break-out session I**

## **14.00-15.30h Break-out session II: What changes are needed for bringing about this preferred future?**

Who are needed to realize the changes and activities required?

What are in between targets and milestones, drivers and barriers, steady factors and trends?

What is your (stakeholder group's) unique role in getting to that future in 5 to 10 years?

## **15.45-16.30h Plenary Session III: Reports from break-out session II and wrap up**

Input for follow up agenda, dependencies and synergies

# European Health Future Academy

EUROPEAN JUNIOR DOCTORS







# Health Trends & Application of Futures Thinking

- HOW TO DEVELOP OR ADAPT YOUR CURRENT STRATEGIES TO FACE THE DIGITAL HEALTH TRANSFORMATION AND PREPARE DIGITAL HEALTH LEADERS?

## Exercises

MAY 2022



# Impact-Uncertainty Matrix

MAPPING THE DEGREE OF UNCERTAINTY & IMPACT OF KEY UNCERTAINTIES

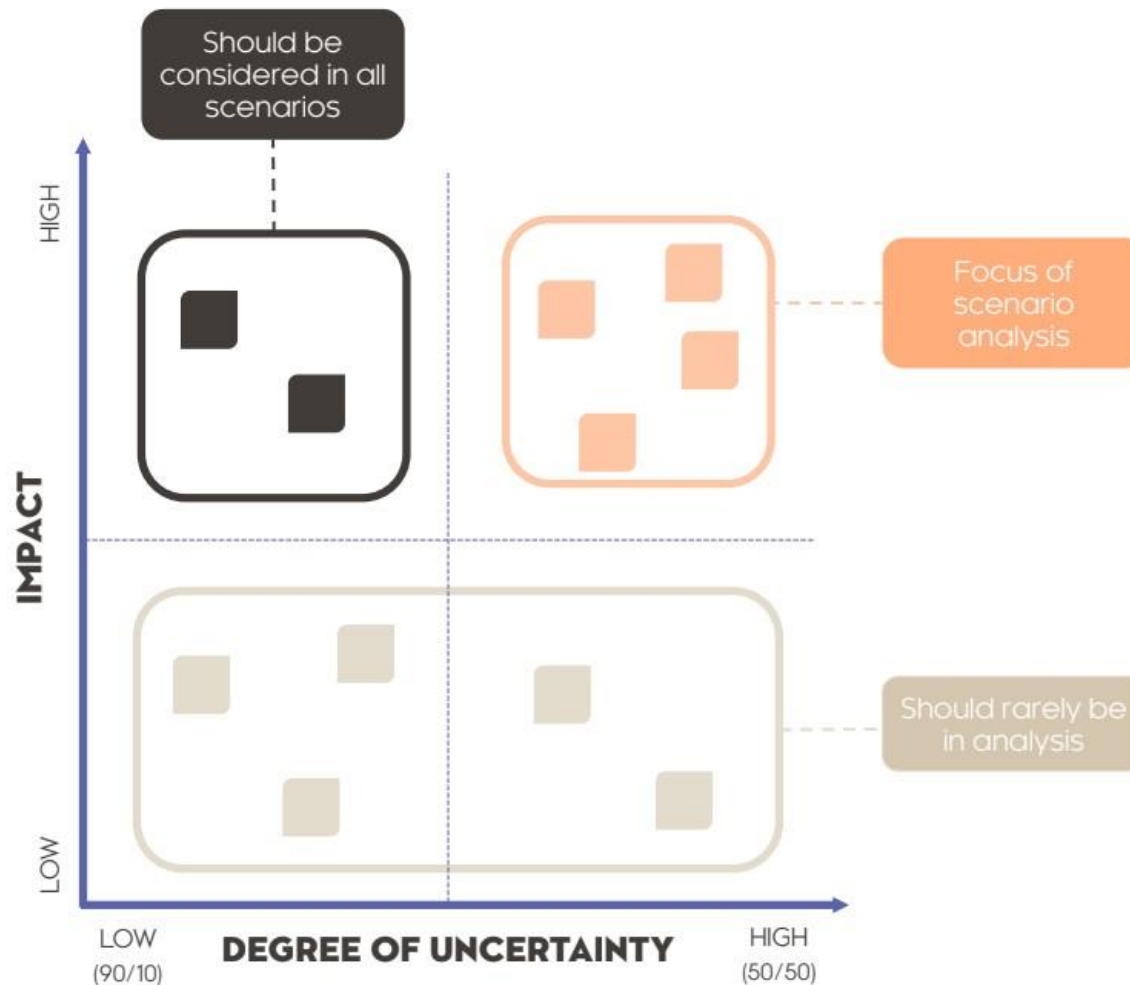
## IMPACT

- **HIGH** – expected to have a **significant** impact that will **fundamentally alter** the organisation, market, or business environment.
- **LOW** – expected to have an *insignificant* impact that will **NOT** fundamentally alter the organisation, market, or business environment.

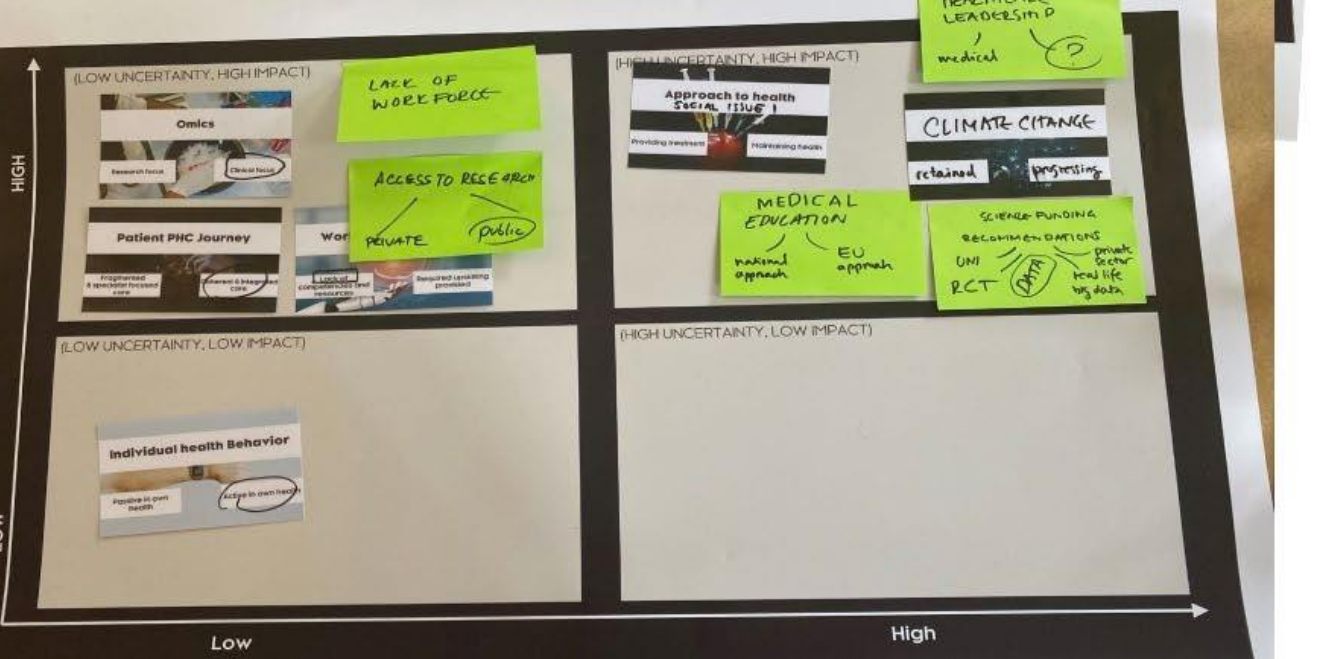
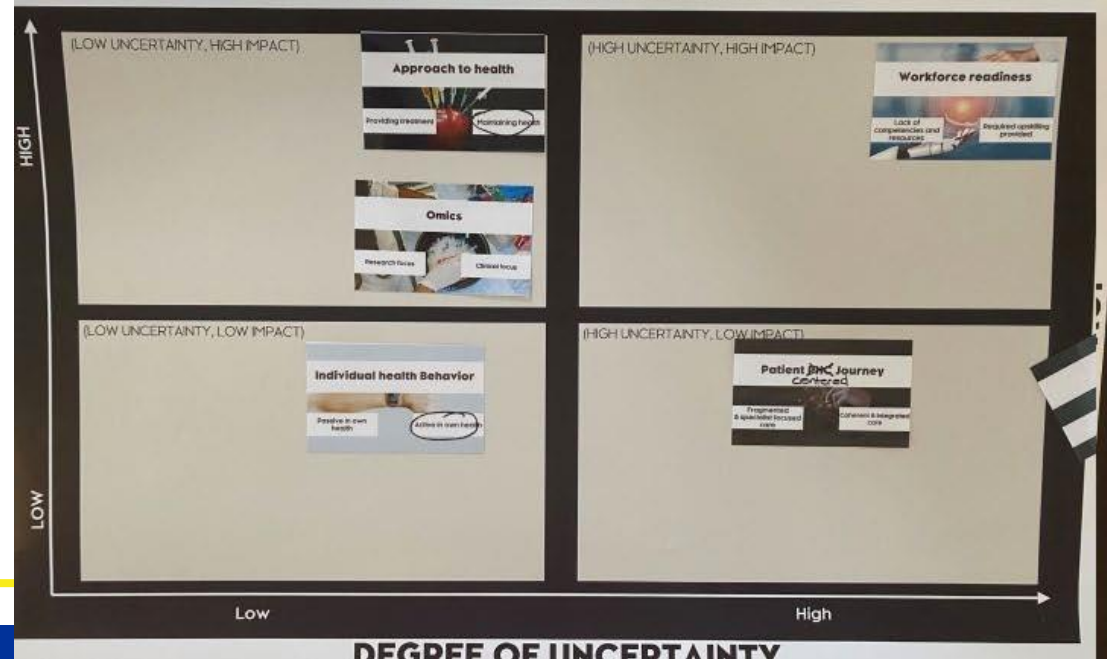
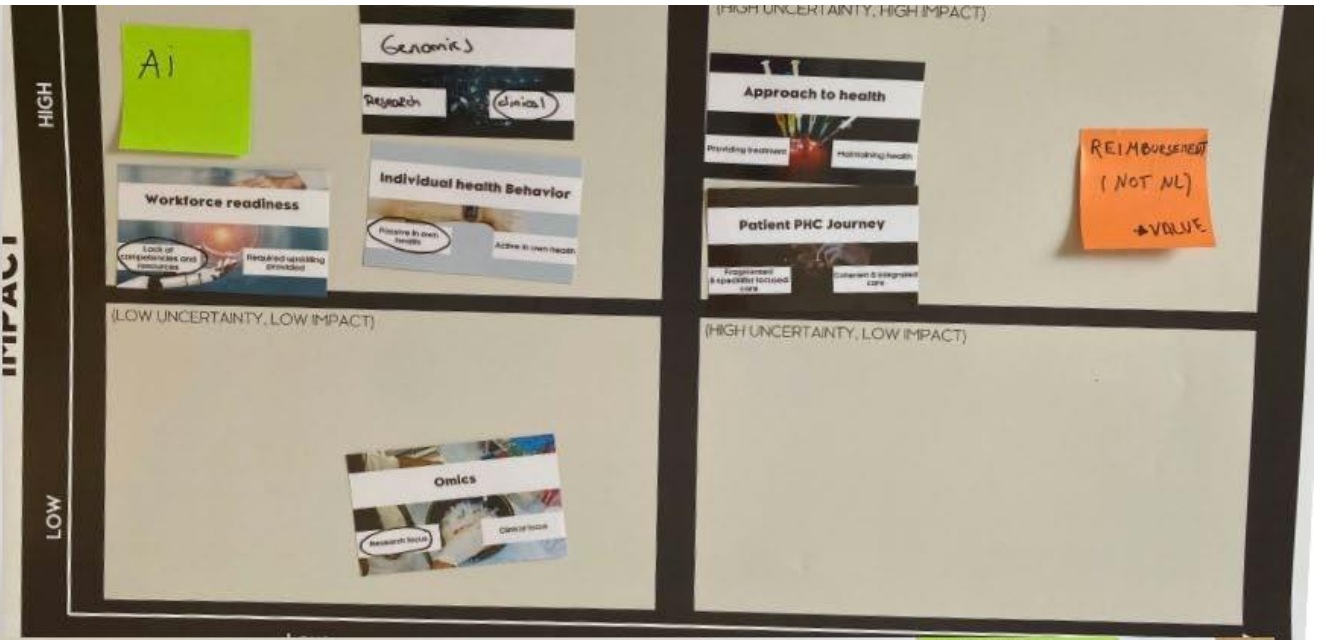
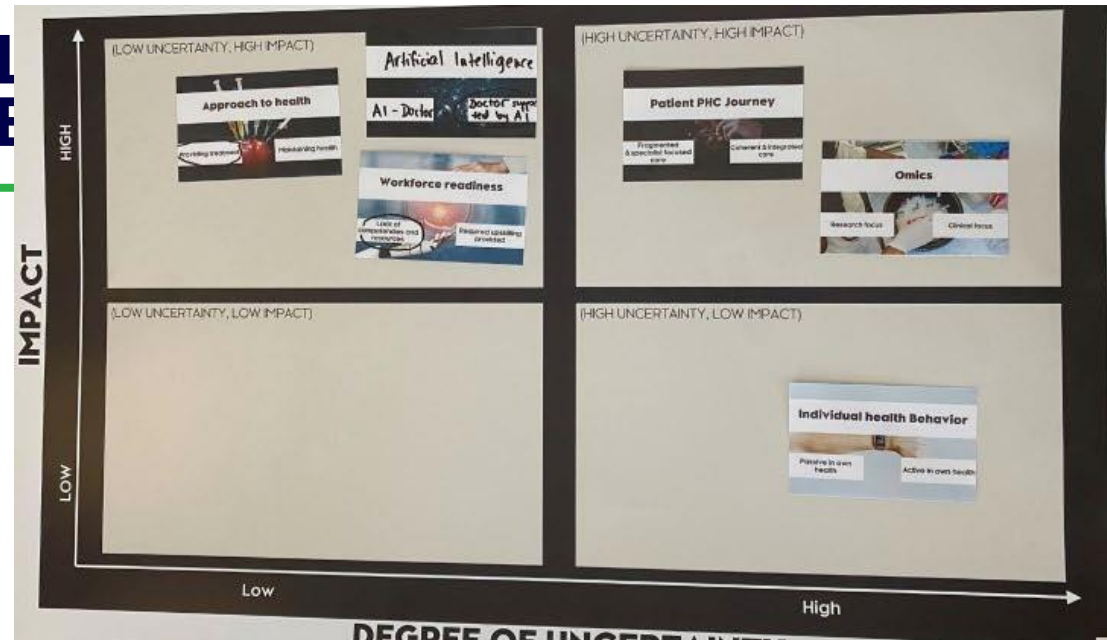
## UNCERTAINTY

- **HIGH** – a 'coin flip' with 50/50 outcomes that are difficult to anticipate, generating high uncertainty
- **LOW** – future trajectory is likely in a particular direction, above 70/30 or below 30/70 outcomes, resulting in low uncertainty

*Important:* something is **not** uncertain just because we may not want it to happen...









Access & attitudes to data sharing	How protective will society/organisations/governments be about their data? Will data be forfeited or willingly shared or in-between? Is it just health data or other types of data?
Ageing and disease burden	How much focus will be put into NCDs and elderly care? Will there be a focus on palliative care? What will the health landscape look for older people?
Point of care	Where will people go to get healthcare, what will they use? Who will they talk to? How many stages before care starts?
Emerging health technologies	How do you see the influence of AI in the design of future health technologies? What direction will technology go towards?
Role of patients	Will patients have an opinion, or even dictate their healthcare? Consider how patients can be treated as passive recipients of care vs actively engaged in their care, including self-care, self-testing etc.
Workforce	With knowledge expanding, how will education impact the practical aspect of the job? I.e. will the need for constant education take up time? How will professionals stay up-to-date? What roles will grow or become outdated?



# 2035 SCENARIOS FOR PERSONALISED HEALTH



**POLARITY A**  
MAINTAINING HEALTH  
(Health as an investment)

**A**

**2035 LD-HELL**

**B**

**Sick-xit**

**POLARITY A**  
EU FRAGMENTATION

(Different regulatory frameworks in healthcare)

**POLARITY B**

EU CONSENSUS

(Common long-term, cohesive vision)

**D**

**WE treat YOU better**

**C**

**Europe Cares**

**POLARITY B**  
PROVIDING TREATMENT  
(Health as a cost)



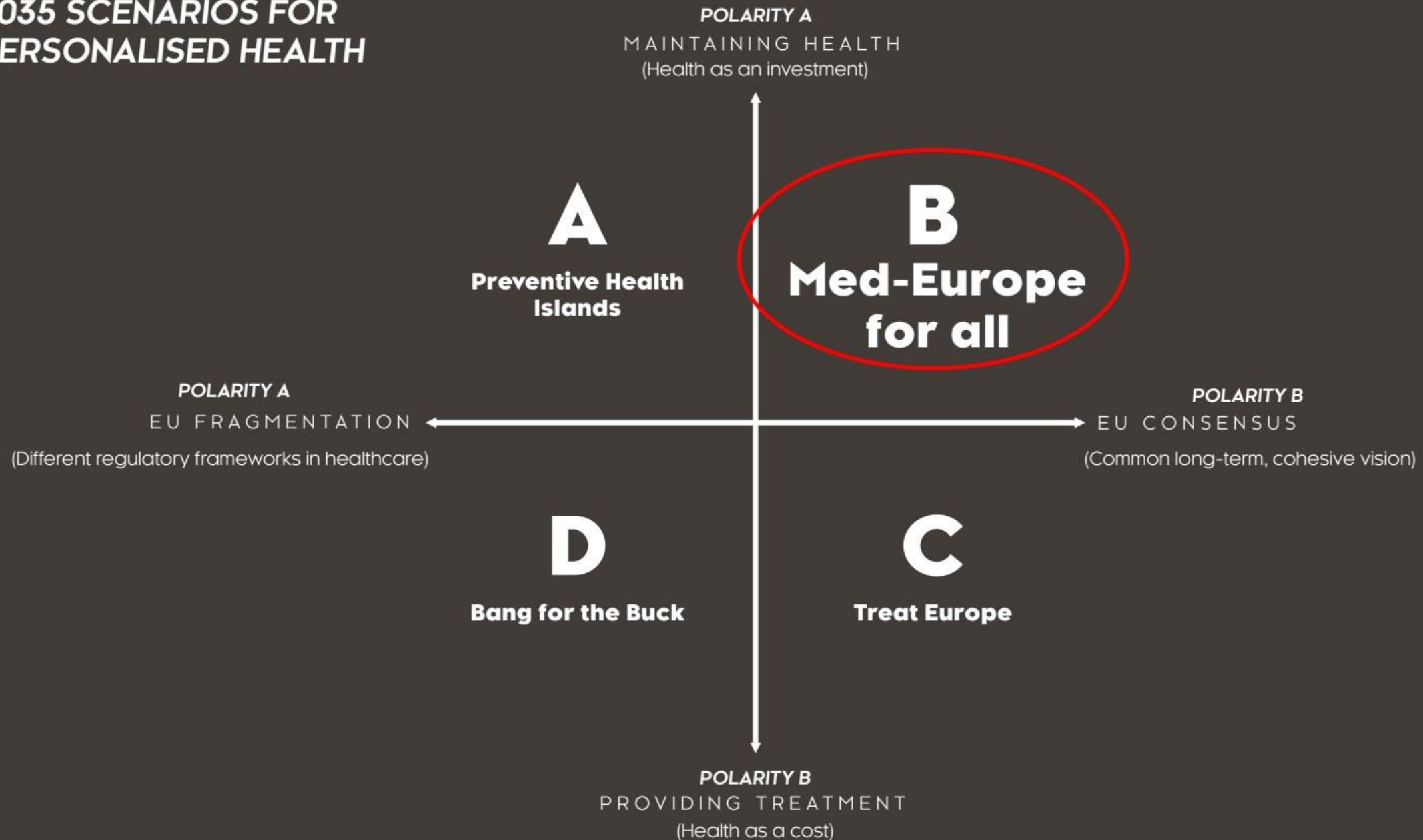


# Sick-xit



Access & attitudes to data sharing	<ul style="list-style-type: none"><li>• Not protective</li><li>• Regulation doesn't limit</li></ul>	Technical data has the same syntax and readability	We need data ab. <ul style="list-style-type: none"><li>• Purchases</li><li>• Movement</li><li>• Basic life data</li></ul>	
Ageing and disease burden	High focus on prevention of NCDs	Mandatory end of life declaration	Elderly receive most of generated interventions	Palliative care "keep it simple" in collaboration with patients
Point of care	EU insurance covers preventive problems	General screening strategy	Stages: 1-3 disease dependent	
Emerging health technologies	Digital health check-ups	Personalised health with prevention orientations	Data analysis for city planning	
Role of patients	Patient opinion likely to be sceptical	Incentive system	Data analysis for city planning	Maintaining health -active Active treatments -passive
Workforce	Higher emphasis on motivational strategies	Less sub-specialities	Even reduced need for constant education	More public educators

# 2035 SCENARIOS FOR PERSONALISED HEALTH



# Med-Europe for all



Access & attitudes to data sharing	<ul style="list-style-type: none"> <li>Data protection</li> </ul>	Privacy	Interoperability between states	Regulate how to use data	Transparency, no "big brother"	Optional XX for citizen using XX their data
Ageing and disease burden	Big focus	Big financial problem		Build environment & help elderly	And prevent NCD	Environment that offers and force more physical mobility
Point of care	Specialist	GP		Check-up Centers Europe-wide?		
Emerging health technologies	Technology will be implemented in different processes to support and avoid mistakes		AI systems	Intelligent homes and hospitals		
Role of patients	Patient education	XX				
Workforce	OI I <-> Doctor	XX		Robotic surgery	Radiology -> OI i	



# BACKCASTING

## WHAT

Backcasting is an effective way of connecting a given future to the present and identifying what needs to be done to deliver it. If you have identified alternative futures – or a preferred future – e.g. through a scenario process, backcasting can be used to determine the path of events that will make these scenarios come true.

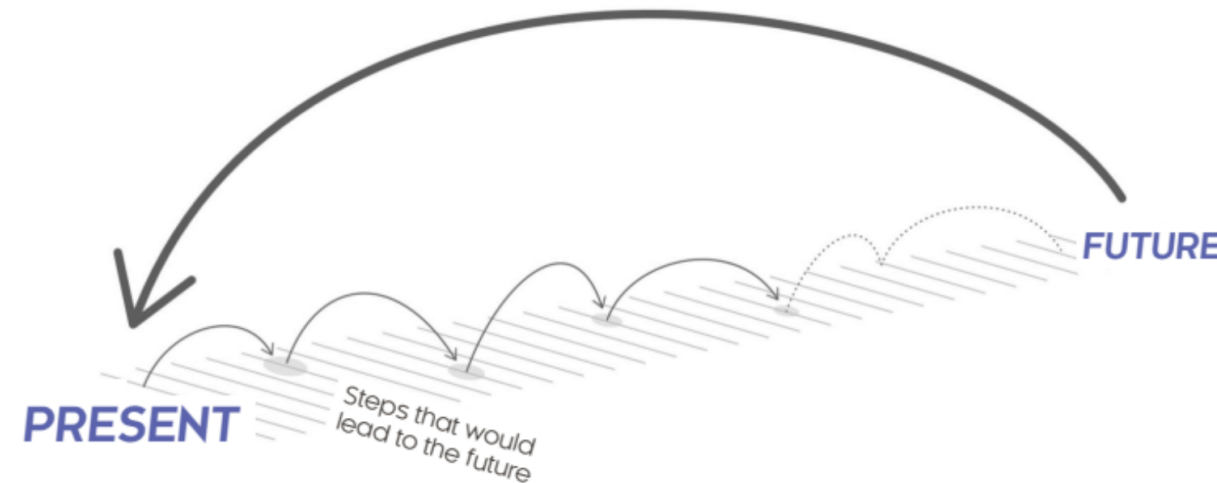
Essentially, a timeline is established in reverse, as you work backwards from the future and identify the key steps, events and decisions that will make it happen. One particular focus of backcasting is to identify what lies within the control of the strategy-makers, and can therefore be managed, and what lies outside their control and therefore needs to be monitored.

Alternatively, backcasting can be used to determine what series of events that could lead to a given undesirable scenario, and what steps could be taken to avoid such a scenario or mitigate its consequences .

## WHY

- To connect a given future to the present and identify what needs to be done to deliver it;
- To identify what future events lie within the organisation's control and what events lie outside its control;
- To develop a plan to achieve future success with prioritised steps, creating a realistic picture of the scale of the task ahead and building a shared purpose.

**FIGURE:** Backcasting – Connecting the Future to the Present





5 years

10 years

EU HEALTH UNION 2035 😊

2022

Fragmented EU Limited Data sharing

Health in all policies (Hiap)

EHR Robust

Common DATA Protection LAWS Implementation

DATA OWNERSHIP Issue Resolved

RAPID DATA Influx

Common DATA Sharing Standards

Interoperability between states & Health Systems

Free Passage of Patients

Aging Population w/ ↑ DALY

Health in all policies

5% → Mandatory 5% Treating

Prevention

Improve Schools more teachers

Screening programme For NCD + RARE Diseases

Financial Incentives for Screening

Environment promotes health / healthy behaviour

Significantly reduced DALY (better quality of life)

LACK OF GP → More work on Specialists + ER

health in all policies

5% MAINTAINING 5% TREATING

REIMBURSEMENT OF AT HOME SMART DEVICES

REVISOR MDR LEGAL DECENTRALISED TRIALS

PREDICTIVE AI ALGORITHMS EMPLOYED

RWD BACKED OR REIMBURSED

Shift in ethical framework (focus on health, health technologies)

Wide spread implementation of AI in medical field

Home based Medicine

Decentralized Medicine / Care & Integrated Care

Difficult Access to Novel Tech (Approval + Access)

Health in all policies

REIMBURSEMENT OF AT HOME SMART DEVICES

REVISOR MDR LEGAL DECENTRALISED TRIALS

PREDICTIVE AI ALGORITHMS EMPLOYED

RWD BACKED OR REIMBURSED

Shift in ethical framework (focus on health, health technologies)

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Home based Medicine

Decentralized Medicine / Care & Integrated Care

Health + Digital Literacy → low Minimal Patient input in their own care

Health in all policies

Education programme w/ heavy emphasis on mobility/healthy Eating

Shift in Patient-Doctor Mentality

Empowerment of the Patient

Personalised medicine

BURNOUT BRAIN DRAIN Working Condition

Health in all policies

Encourage health Improvement workers (Fitness, mental health)

Improve the funding/ salary from nurses, midwifery, ...

EXCHANGE SPECIALISTS/ TRAIN THE TRAINERS

Support health care workers Better Document. Work

↓ need for more working → Less time needed for treatment

RAPID Redirection of workforce to preventative medicine





## Plenary Session I: Recent developments and inspiration

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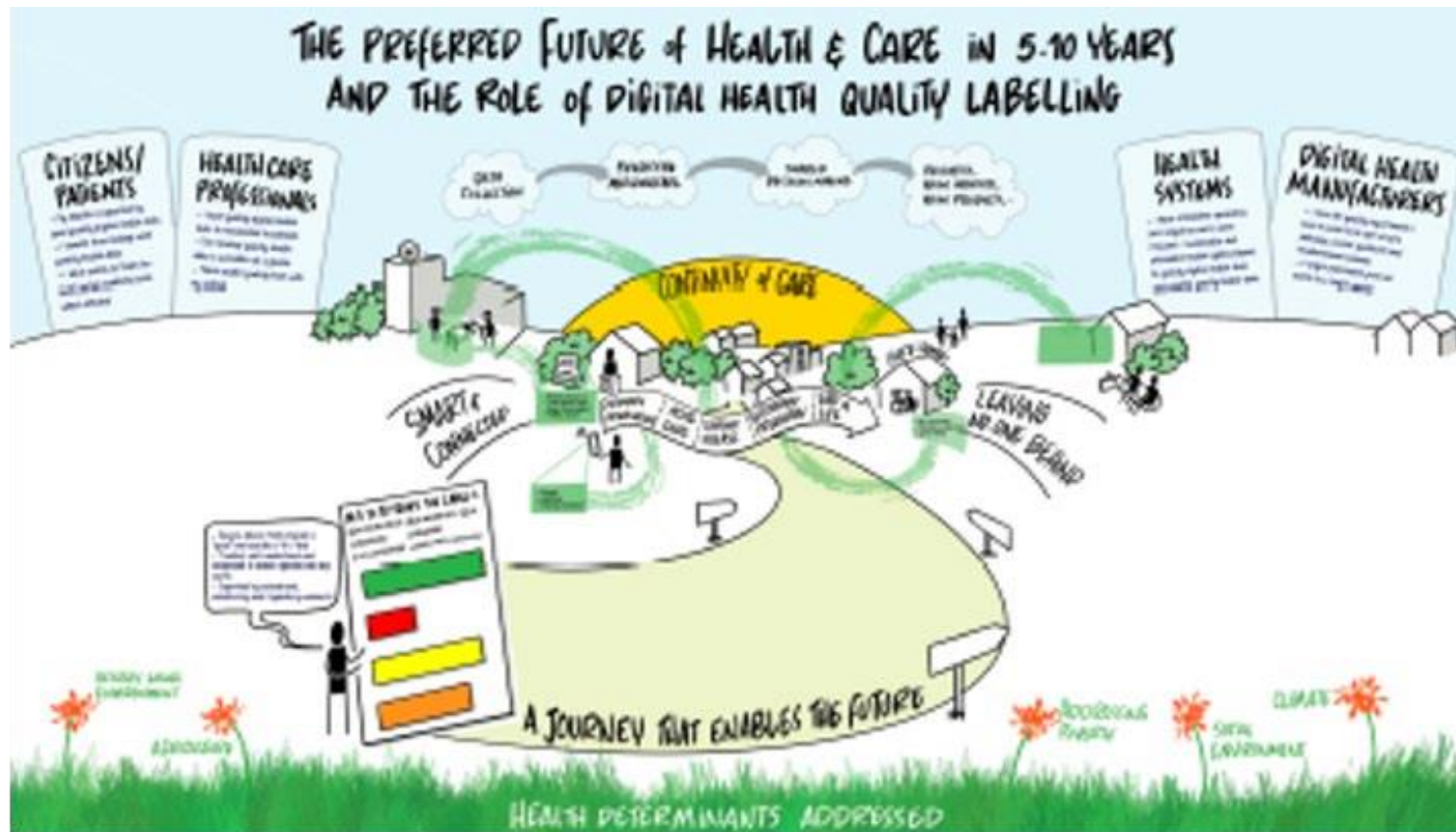
Patient /citizen / carer and Healthcare professional advisory board/group thoughts and feelings in the preferred future

Gozde Susuzlu Briggs

Antanas Montvila

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# User Advisory Group input and perspective on digital health labelling in the next decade



“During the post pandemic period, patients might feel isolated and disconnected from everything around them. This is why digital health applications should be compared to a compass. When patients are facing challenges in terms of navigating the health care apps, these applications should be a reliable guide, helping them to find the right way to medical information, treatment options and health care providers. As a compass, digital health applications should provide users with accurate information and personalized guidance.”



“This picture is about focusing, giving clarity to something that is blurry and unclear. If you are looking through a lens or a magnifying glass, you can see a bigger landscape. Therefore, a digital health label should bring clarity and help patients to clear up misunderstandings.”



“An island in the desert – means that in a world where health care resources are difficult to access, health care applications provide essential information and support at a touch of a bottom.

Just as an oasis that offers relief and sustenance to a traveler, digital health applications offer a vital lifeline to patients seeking medical advice, monitoring and management of their health condition.”

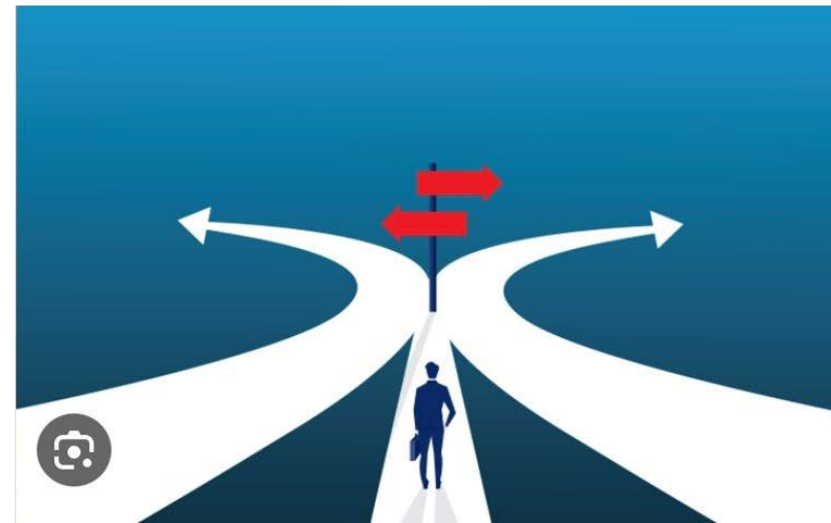




“As a signposting and the information found on a highway road sign, the label should help patients to identify the route and show them the right way to go.”



“As patients, we should be aware that in general, there are more paths in terms of digital health labelling. Hopefully, this health application gives us information about which way to choose.”



“Digital health labelling in the next 5 to 10 years must be about trust. Therefore, a digital health application might help to build trust, credibility and confidence.”



“A label can only exist because of digital health. A label should bring simplicity and it must be easy to use. It should give patients a smile. When patients meet doctors or health care professionals who don't know how to encourage them to share information nor give them more understandable information, this can easily lead patients to frustration. Therefore, digital health labelling should give the frustration away. It must be about simplicity, happiness, joy and a general increase of well-being. This should be the outcome of the digital label, and this is the reason why we should put patients at first when talking about health care apps.”



“This picture shows a very active patient. Patients should be embedded in real life, and digital health labelling in the next 10 years should give them more accessibility and visibility.”



“Many patients already use health care applications, and they are continuing to use them daily.

For instance, using apps to check blood sugar level makes the process easy and fast to record, monitor blood glucose, and manage diabetes!

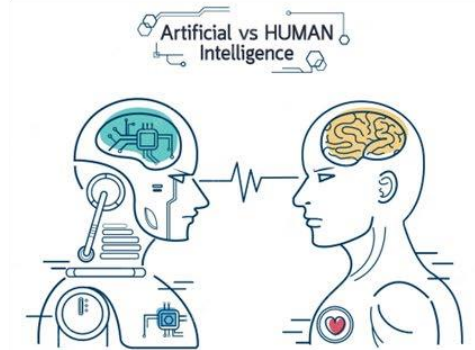
This app makes life easier and accessible, and it helps us to understand the meaning of measurement values.”





“AI is a hot topic because there are no standards established yet by the regulators. It is a controversial topic and there are lots of biases as regards AI, which can be problematic. However, label makes patients feel more comfortable if they fear AI. Digital health labelling can help health care professionals to focus more on patients instead of spending time on administrative staff. If AI could be replacing the red tape, then health care professionals would have more time to focus on patients. This can also help patients to improve their mental health in the sense that they don’t need to look for a therapist in their proximity, but they can choose him from the app.”

“ We are already surrounded by health apps, but the issue is that some patients are digitally excluded. They don’t feel comfortable with using technology. Therefore, we need to educate and make them feel more comfortable about digital health labelling. It means that in the next 10 years, digital health applications should overcome all unmet needs for those who are not digital literates.”





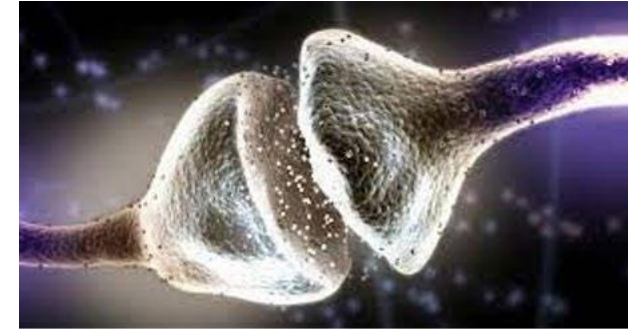
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“I am skeptical about the fact that digital health labelling can replace our human holistic health care system. This is the reason why we should find a way to promote digital apps but considering the health care professionals as part of the new era.

Despite the digital health labelling, human connection still needs to exist. Therefore, screens should not be replacing doctors and the digital label should contain a disclaimer like this : ‘Do not use only digital health application, make sure you stay in touch with your doctor as well!’.

The use of apps and visiting your health care professional should be complementary with each other. ”





“Representing choice enabling people to have digital healthcare that works for their needs”



“Representing the label providing a map for patients to know what to expect from a digital

“Representing connectedness and the ability for healthcare professionals to gain insights from apps that patients use to help with clinical care”

● Typical value per 100g    ● 30g serving with 125ml of semi skimmed milk

ENERGY	1606 kJ 379 kcal	733 kJ 173 kcal
PROTEIN	14 g	9 g
CARBOHYDRATE	76 g	29 g
of which sugars	17 g	11 g
starch	59 g	18 g
FAT	1.5 g	2.5 g
of which saturates	0.5 g	1.5 g
FIBRE	2.5 g	0.8 g
SODIUM	0.45 g	0.2 g
SALT	1.15 g	0.5 g
<b>VITAMINS:</b>	<b>(% RDA)</b>	<b>(% RDA)</b>
VITAMIN D	8.3 µg (167)	2.5 µg (50)
VITAMIN C	134 mg (167)	42 mg (52)
THIAMIN (B <sub>1</sub> )	1.8 mg (167)	0.6 mg (55)
RIBOFLAVIN (B <sub>2</sub> )	2.3 mg (167)	1 mg (72)
NIACIN	26.7 mg (167)	8.2 mg (51)
VITAMIN B <sub>6</sub>	2.3 mg (167)	0.8 mg (56)
FOLIC ACID	334 µg (167)	108 µg (54)
VITAMIN B <sub>12</sub>	4.2 µg (167)	1.8 µg (71)
<b>MINERALS:</b>		
IRON	11.6 mg (83)	3.5 mg (25)

“Representing labelling being objective, reliable information which consumers can expect to be provided with”





Reducing digital exclusion in rural and remote areas. Better internet access and infrastructure. Labels to indicate what can be accessed in low bandwidth areas.



Improvements in digital health literacy. Innovations in place to help people use digital health technologies. Labels to indicate user friendliness and accessibility.



Interoperability within health systems. Better integration and flow of data. Labels to indicate how it connects to other elements of wider systems.



“The future in 5 to 10y will need a significant paradigm change. To get different attitudes and skills – digital thinking and digital skills – from the future health workforce, a radical and emergency change has to happen in medical and healthcare professionals education NOW, these take 5-10y to mature, including those who just graduated. So my feeling is that there IS NO sense of emergency in high level health and educational policy makers, without a FEELING OR URGENCY, no significant change will be visible in 5 to 10y really, as digital health will only have impactful results if processes and services transformation happens.”

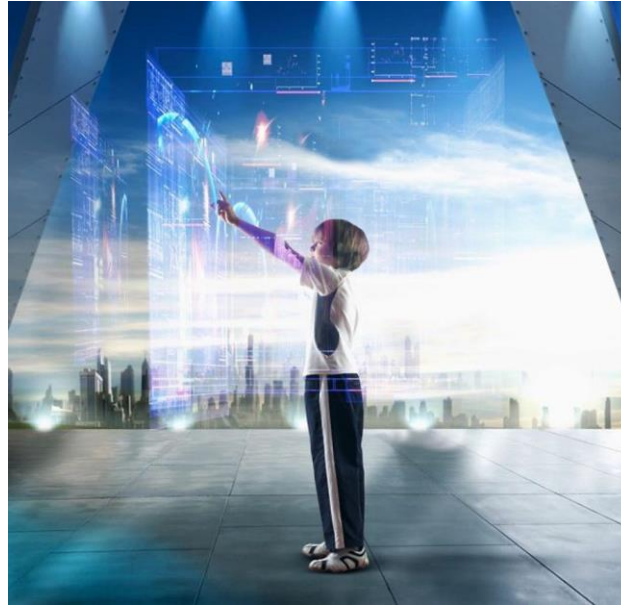




“The outlook about the digital health future is positive. I think it adds to the overall development and bettering of the services, but on the other hand it is still very much a labyrinth when it comes to understanding the full scope of it.”

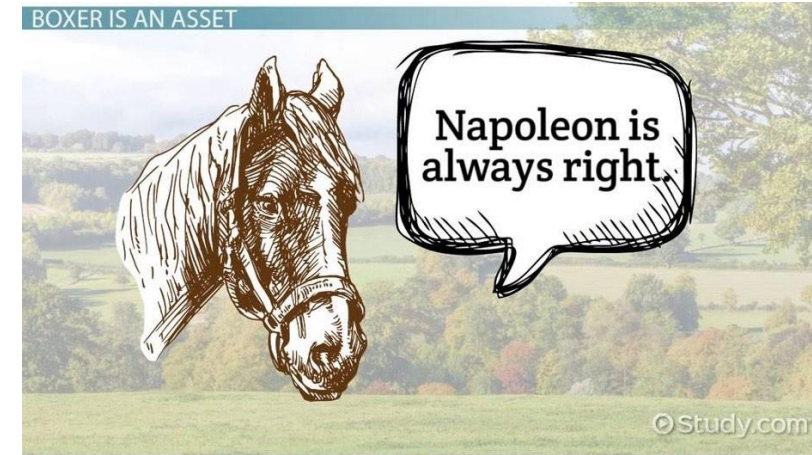
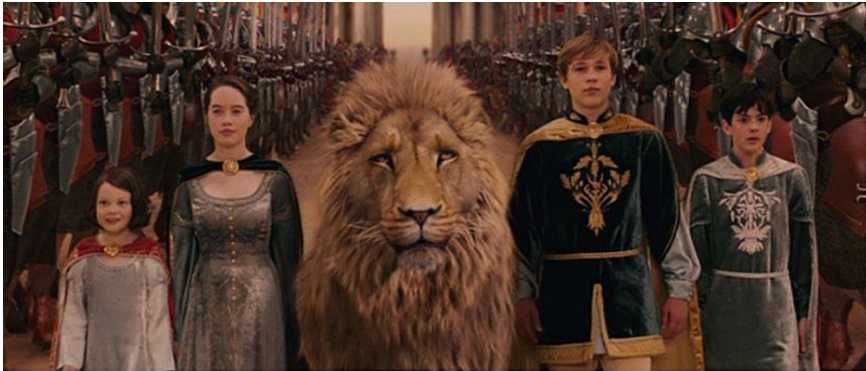


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“My thoughts and feelings regarding the digital health future: the yellow light at the end of darkness symbolises a new improved era, however there is a slight worry that the “new” might be failed by the current rusted ways with gaps yet unfilled. Digital health future to me is very much like a child yet with many options in their cubicle to chose from and the most important aspect if for it to be protected - hence the firm steal in the last picture”





“Completely digital health future now still appears to sometimes be as fictional as Narnia – other world - where we are still searching for our ways out to return to the deep, truthful contact with our patients. Then on the other hand every day with more and more digital solutions and requirements being introduced seems to be like chasing an acorn – trying to not undermine your actual medical services. And then one sometimes feels like the horse in animal farm – tired, overworked, but working for what seems to be a common bigger

~~purpose , trying no to fail the society”~~



“Dreadfulness of less human interaction”

“Doubt and uncertainty”



“Daily convenience and easier  
planning”



“Fear of over-reliance on technology”



“The feeling of curiosity”





“This describes a feeling of serenity and tranquility that this future will bring to my daily work routine as a doctor, by simplifying procedures and offering more quality time for my patients but also for me personally and my family. It also symbolizes the equilibrium between work commitments and personal commitments, which is always an intended goal for all healthcare professionals”.



“This is supposed to be an all-inclusive resort hotel, which is a metaphor for UHC in this future world of digital transformation. Every patient and citizen will be included in accessing healthcare services but also decision-making”.

## Positive

- Trust
- Education and Literacy
- .Guidance
- Inclusion
- Better care and work-life balance
- Better access
- Better interoperability

## Negative

- Fear of over-dependency and less human interaction
- Scepticism towards positive impact in explored time frame

# Thank you for your attention

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More information [gozde.susuzlu@eu-patient.eu](mailto:gozde.susuzlu@eu-patient.eu)

[antanas.montvila@kaunoklinikos.lt](mailto:antanas.montvila@kaunoklinikos.lt)



#### Disclaimer

**Summary for Multistakeholder meeting – June 2023**

**Healthcare professional survey on recommending health apps**

***Preliminary findings***

Presenter: ieva Biliunaite

The goal of the presentation was to present preliminary findings of the study evaluating healthcare professionals' willingness to recommend apps with and without the CEN-ISO/TS 82304-2 label.

The study was aimed at all healthcare professionals (physicians, nurses, but also mental health professionals, pharmacists, etc.) who were licensed to practice in the EU, Iceland, Liechtenstein, Norway, and Ukraine. All participating healthcare professionals were randomly divided into two groups: one group was informed about the quality label while the other wasn't. Then, healthcare professionals were provided with six short stories describing scenarios in which they could choose to recommend different apps (prevention, self-management, or healthcare) to patients with differing backgrounds (either with low or high socioeconomic backgrounds). After reading each of the stories, healthcare professionals were asked to answer nine questions about their attitude toward recommending apps. At the end of the study, participants were also asked about their demographic characteristics as well their previous experience of recommending apps as well as whether they received patient requests for recommending apps.

We have received a total of 116 responses from healthcare professionals across Europe. Currently, a scientific article is submitted for publication. The article and the full findings will be shared after the article's acceptance for publication.



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## Testing the label in four corners of Europe: Denmark, France, Hungary, Italy

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Vania Putatti, Policy Coordinator, EuroHealthNet



# EuroHealthNet

The Partnership for Health,  
Equity and Wellbeing

**Help build a sustainable, fair  
and inclusive Europe**

**Tackle health inequalities  
between and within European  
states**



# Digital transformation and equity



# Digital transformation and equity





# Digital transformation and equity

Ability to **reach vulnerable groups** and peripheral areas

Enhanced **prevention** models through better population health monitoring

**Person-centered** approaches

Actively **manage personal health** and care

Better (self-)observance of **healthier behaviours**

More **efficiency** and sustainability of health systems and improved **affordability**



# Digital transformation and equity



**Digital divide** exacerbates inequalities, where populations that have poorer health outcomes continue to have poorer health outcomes despite technological improvements

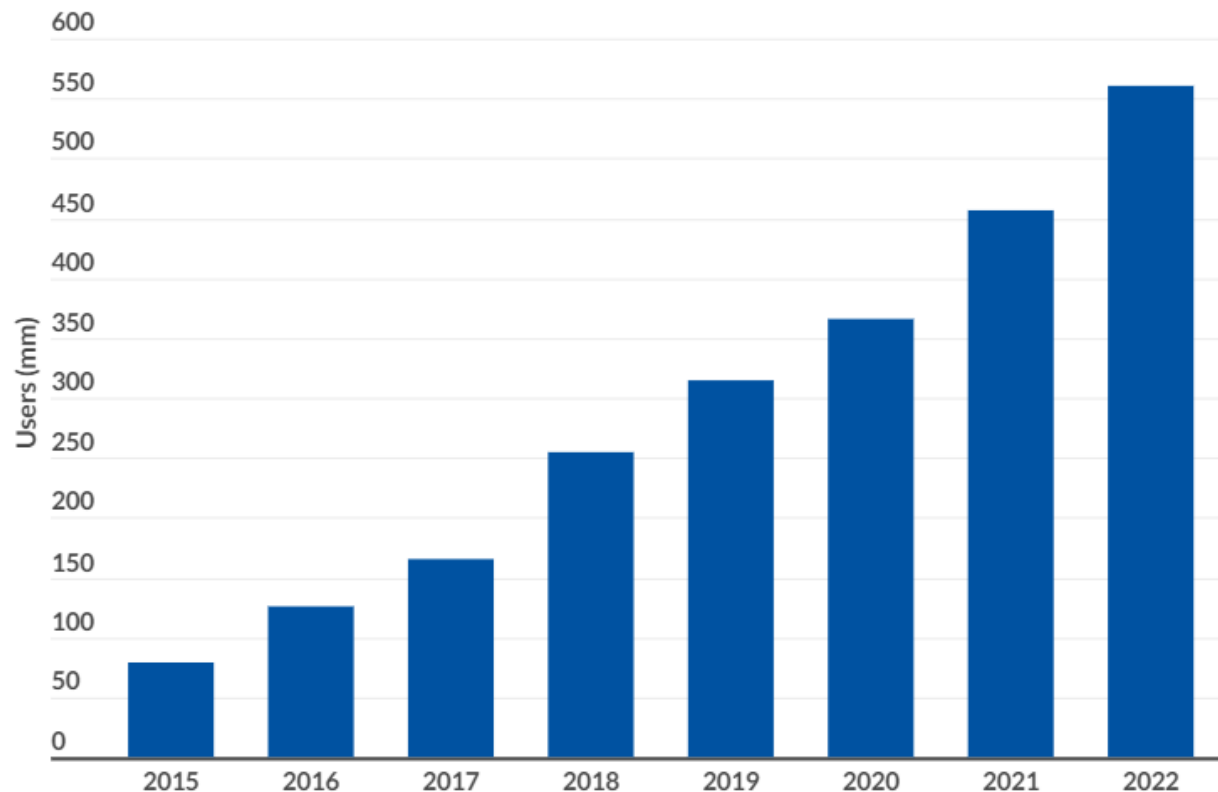
**Unsafe** use of digital technologies, especially in the treatment of sensitive data, can expose people (namely the those more vulnerables) to negative outcomes

**Bias** in the development of AI algorithms can result discriminatory outcomes toward underrepresented groups

**Quality and affordability** represent a substantial barrier in accessing digital technologies

# Exponential increase in health apps

Health App Annual Users 2015 to 2022 (mm)



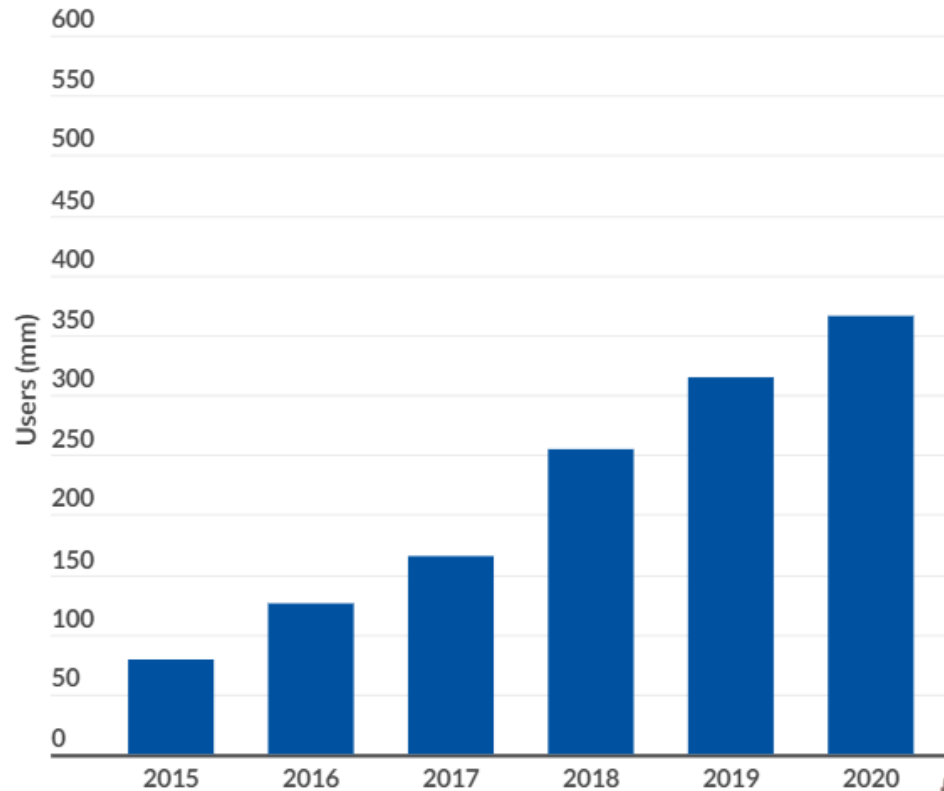
Sources: Company data, EU-Startups, BBC, Market Watch, Think with Google

- Over 350,000 health apps in 2022
- 250 new apps released every day
- Health apps 47% of all apps in 2021 (+ 28% from 2015)


 Share

# Exponential increase in health apps

Health App Annual Users 2015 to 2022 (mm)



Sources: Company data, EU-Startups, BBC, Market

 Share



250,000 health apps released

2022

47% of all apps released in 2021 (+ 28%)



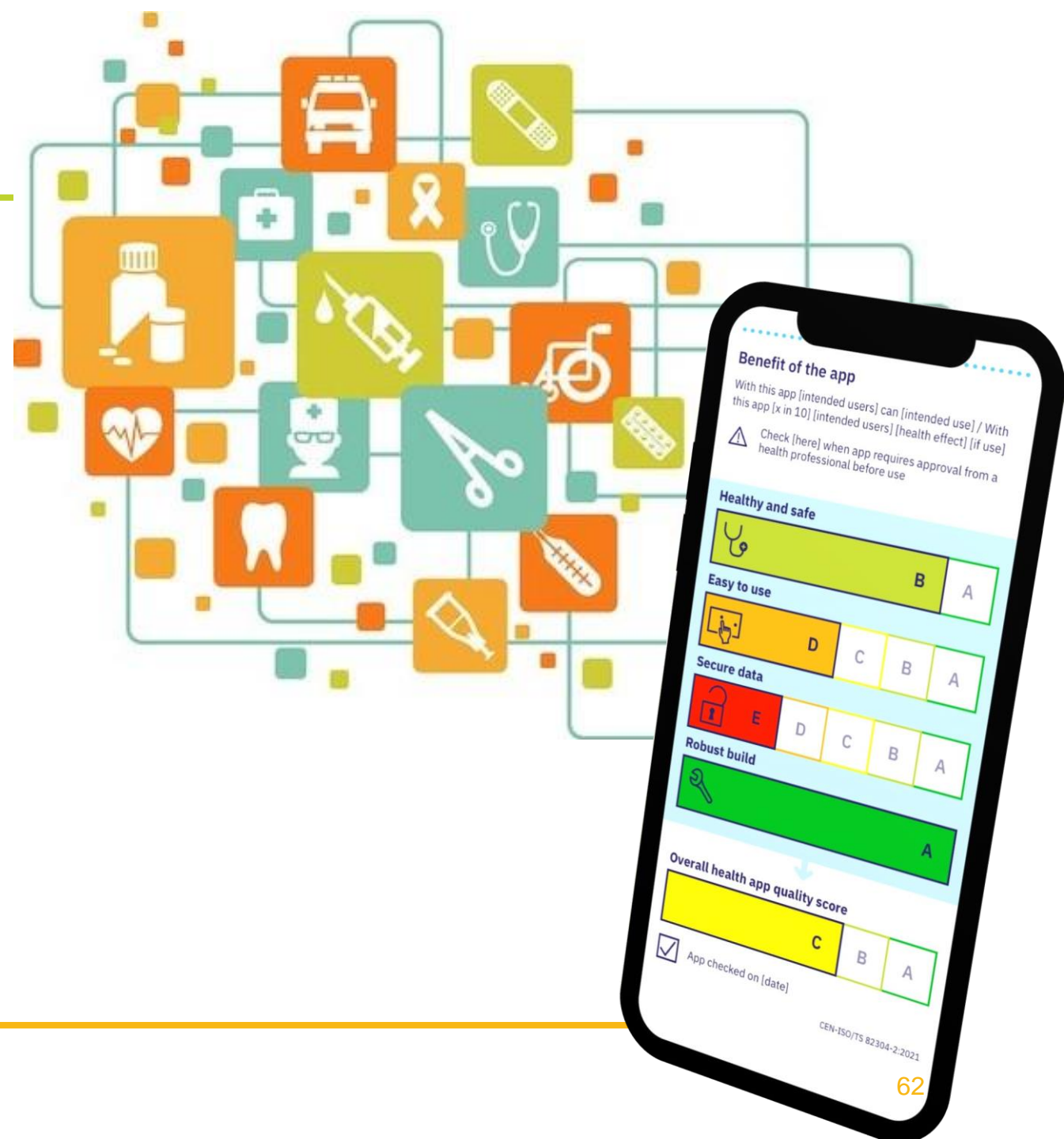
*“People who are most in need of support (in particular, older people and those experiencing social deprivation) are often least likely to engage with digital platforms”*

*2021, Digital Inverse Care Law in the Time of COVID-19: Potential for Digital Technology to Exacerbate or Mitigate Health Inequalities*

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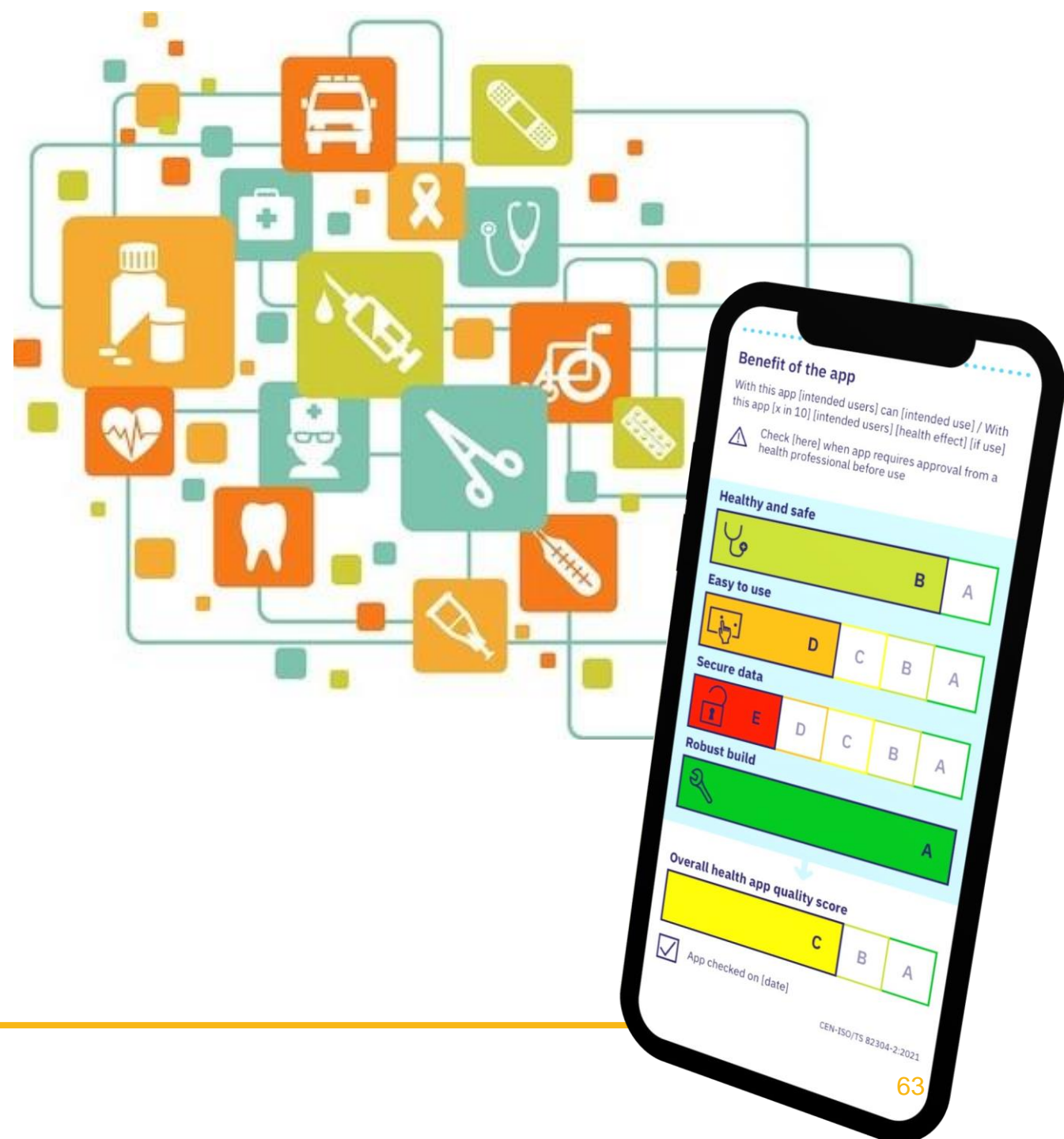
Help everyone  
understanding and  
assessing the digital health  
app...

...while addressing equity  
challenges



Test with people with low digital health literacy...

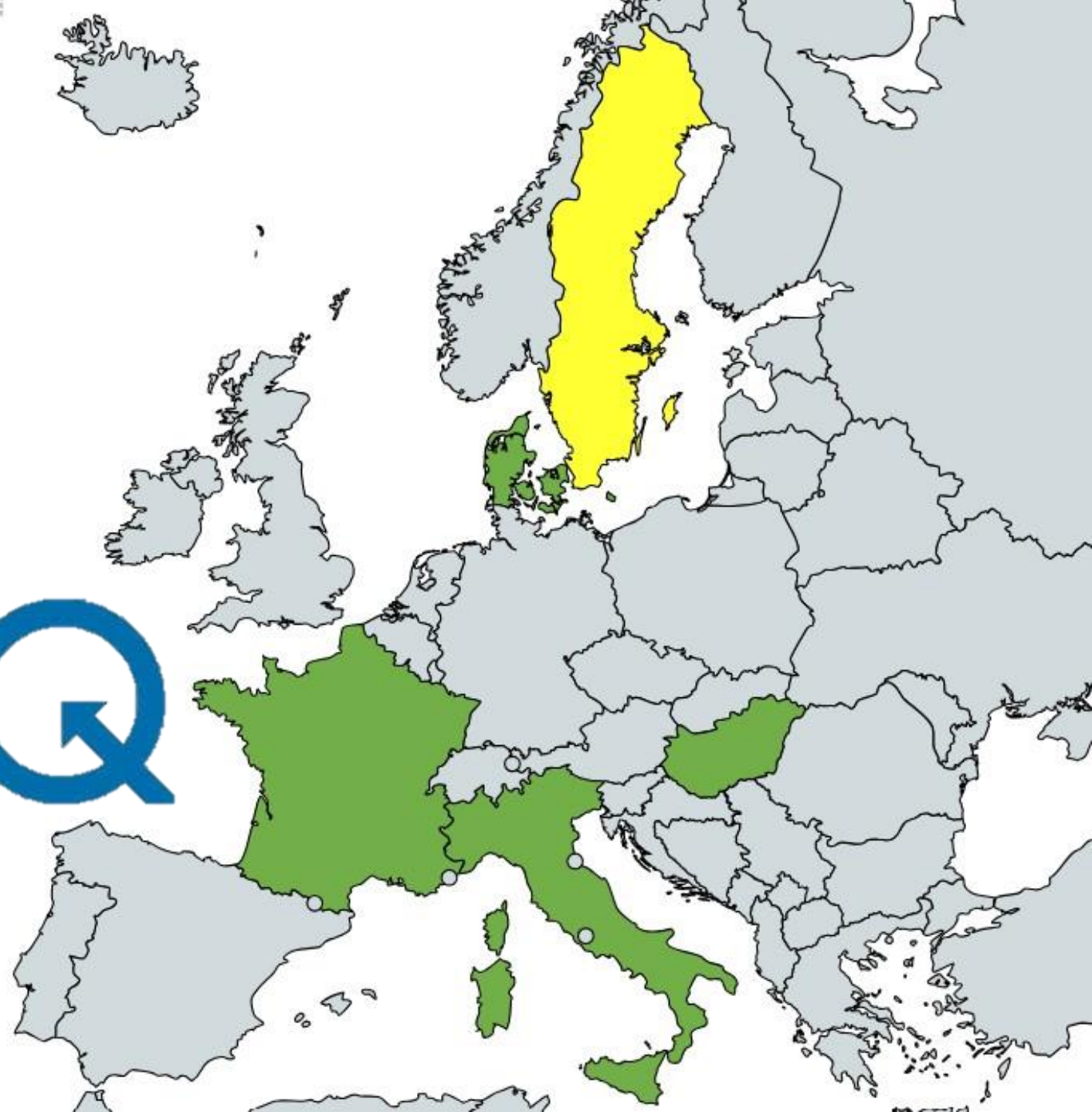
...if it works for the most vulnerable, it works for everyone



# Four corners of Europe



Danish Committee  
for Health Education





January 2023

## Testing the health app label

Anke van Dam, Strategic  
Eline Heemskerk, Senior



Pharos: center of expertise on health disparities

- Sustainable improvement of the quality, effectiveness and accessibility of care and prevention for people with limited health literacy, non-



### Programme

- 9.30 – 9.45 Welcome and Introduction by Caroline Costings & Vania Putatti (EuroHealthNet)
- 9.45 – 10.00 Introduction of trainees
- 10.00 – 10.30 Background information
- 10.30 – 11.00 Recruitment and testing
- 11.00 – 11.15 Break
- 11.15 – 12.10 Preparation for testing
- 12:10 – 12:15 Wrap up

### What is your experience with testing?



## Step 1: Trainings



Understandability of the the various elements of the label:

- Text
- Icons
- Colors
- Rating system
- Etc.



## Step 2: Test in Italy

1. **Confusion:** The interviewees expressed confusion, particularly in associating colors with letters
2. **Need for clarity:** The questions posed in the interviews were perceived as unclear, contributing to the participants' confusion
3. **Importance of a legend:** The suggestion is made for a legend that explains the colors and their corresponding letter associations
4. **Lack of awareness about healthcare apps:** The interviewees demonstrated a lack of clarity regarding the usefulness of healthcare apps and the significance of labels





## Step 3: drafting of the article

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...to be continued

Adopting CEN-ISO/TS 82304-2 and a trusted EU mHealth label for a single market that enables patients, citizens, health professionals, systems and authorities to benefit from a healthy supply of useful apps.

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# Thank you

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**More information:** Vania Putatti, Policy Coordinator [v.putatti@eurohealthnet.eu](mailto:v.putatti@eurohealthnet.eu)



**Disclaimer**