

Różnice w zdrowiu w populacji Polski
29 września – 1 października 2011
Warszawa

Health differences in Polish population
29 September – 1 October 2011
Warsaw, Poland

Project PONS – study design

Establishing infrastructure for population health study in Poland
PNRF-228-AI-1/07

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CHAPTER 9: Policy implications and recommendations

Recommendations



comprising senior representatives of many ministries and other partners, to ensure that a coherent approach is taken to public health policies, and that policy objectives for the health gap are properly balanced in political, economic and technical dimensions.

Targets – providing they are realistically attainable – make policy objectives more specific, allow progress towards them to be monitored, and inspire many people to actively support public health policy development. Targets require an assessment of the present situation, help to determine priorities; they can focus discussion on what it had hoped to achieve and why, and whether this was successful, and why; they provide a powerful communication tool, taking policy-making out of bureaucratic confines and making it a clearly understood public activity; they give all partners a clearer understanding of the objectives of the policy; they strengthen accountability for the policy and they motivate people for action.

Accountability for the health impact of public programmes rests with all sectors of society, as well as with government officials who create policy, allocate resources and initiate legislation. Accountability can be achieved through mechanisms for coordinating, monitoring and evaluating progress in policy implementation, and through procedures for reporting to elected bodies, as well as to the mass media.

Recommendations

1. A European mechanism and focal point for health inequalities should be allocated within the European Commission with adequate staff and financial resources to oversee the development of European policy to close the health gap in line with the Commission's public health programme. A European Observatory of health inequalities (established as a continuation of the HEM project) could continuously and periodically ascertain the situation in order to generate solutions and monitor interventions.
2. Action plans to reduce the health gap with challenging and realistic objectives, strategies and targets should be formulated and implemented.

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Letter of Intent*

Between
The Cancer Center, Institute of Oncology
Warsaw, Poland

and
The Norwegian University of Science and Technology
Trondheim, Norway

Preamble

The Parties state that they have initiated/will initiate negotiations with the aim to commence the cooperation by establishing a legal partnership in order to prepare the project "Establishing infrastructure for population study of health in Poland" and to implement the case of receiving the grant assistance from the Polish-Norwegian Research Fund.

From HEM
and HUNT
to PONS
Study

PONS (lat. bridge)

POLish-Norwegian Study

PROJECT TITLE:

Establishing infrastructure for population study of health in Poland



Why do we need the PONS study?

Despite rapid economic and social development in Poland, there is a wide gap in health and disease compared to western European countries, and the much higher rate of premature deaths in Poland is of particular concern.

There is an urgent need to understand the underlying causes of these differences; because such an understanding will provide the necessary base for rational means of prevention.



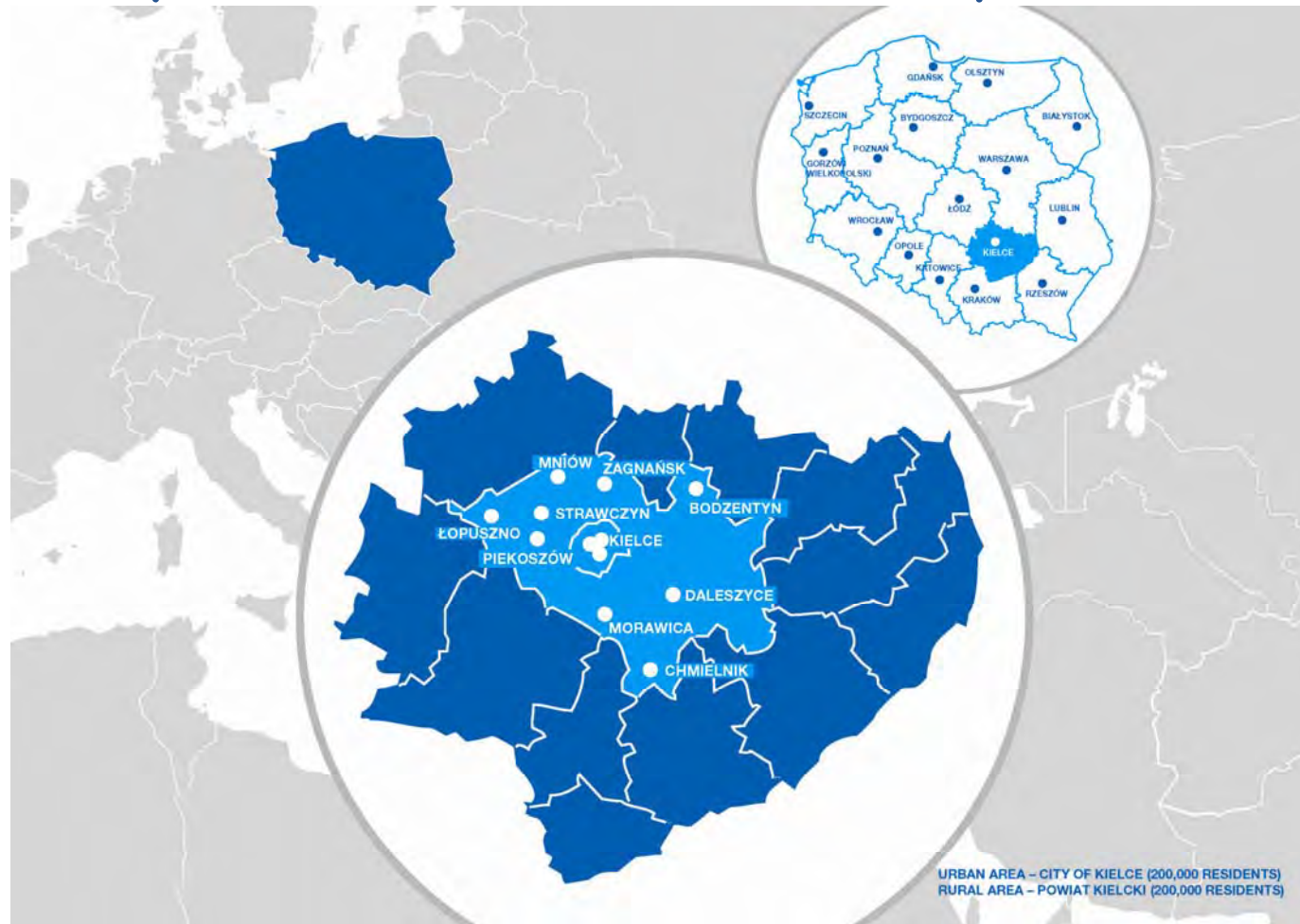
PONS - aims of the study

A large-scale population study of health and disease would represent the most powerful tool to address these important issues in Poland. The aim is to extensively survey the study population with respect to important factors related to health and wellbeing, and subsequently, the intention is to follow up the population for important health outcomes, including the incidence and mortality of cancer, cardiovascular disease, and other major causes of morbidity and mortality.

The ultimate aim of the study is to advance our understanding of important causes of morbidity and mortality in Poland, and to establish a solid knowledge base for the prevention of these major causes of premature morbidity and mortality.

Location

The study is set in south-eastern part of Poland



Eligibility criteria

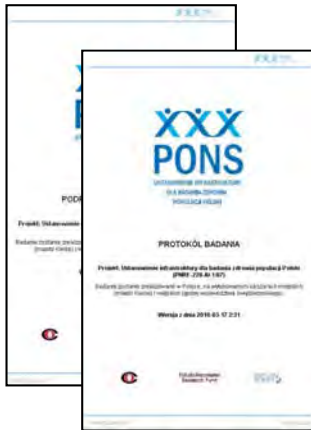
- Population aged from 45 to 64 years from the city of Kielce and surrounding rural area (powiat kielecki).
- First phase of the study will embrace above 10,000 people: men and women from both urban and rural area.

Content of data collection



- Questionnaire
- Physical measurements and anthropometry
- Blood and urine sample

Study documents



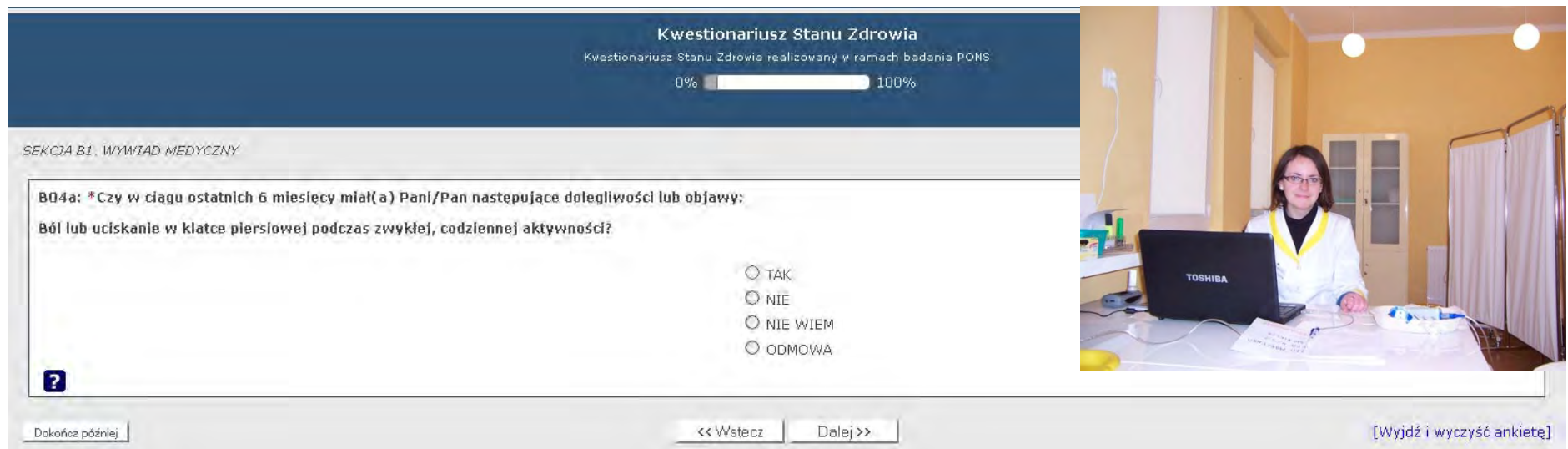
- Questionnaire
- Interviewer manual
- Study protocol with all procedures
- Information for participant
- Consent form

Study tools


- **Recruitment strategy** - next presentation of dr A. Polewczyk
- **Electronic system** - next presentation of dr D. Paczesny
- **Quality assurance system** - next presentation of dr D. Wawrzyniak

Questionnaire

- Filled in electronically
- Sections on respondents health, medical history, tobacco, alcohol, diet, physical activity, household
- Data directly sent to a server



The image shows a screenshot of a web-based questionnaire interface on the left and a photograph of a researcher on the right. The questionnaire is titled "Kwestionariusz Stanu Zdrowia" (Health Status Questionnaire) and is part of the PONS study. It shows a progress bar at 0% and a question in Polish: "B04a: *Czy w ciągu ostatnich 6 miesięcy miał(a) Pani/Pan następujące dolegliwości lub objawy: Ból lub uciskanie w klatce piersiowej podczas zwykłej, codziennej aktywności?". The response options are radio buttons for "TAK", "NIE", "NIE WIEM", and "ODMOWA". The interface includes navigation buttons like "Dokończ później", "<< Wstecz", "Dalej >>", and "[Wyjdź i wyczyść ankietę]". The photograph shows a woman in a white lab coat sitting at a desk with a Toshiba laptop, working on the questionnaire.

- **Medical measurement**
 - ECG
 - spirometry
 - blood pressure
 - CO measurement
 - **Anthropometry**
 - weight
 - height
 - waist and hip circumference
 - **Biological sample**
 - blood
 - urine
 - **Laboratory tests**
(for the participant)
 - glucose level
 - lipids profile
 - **Biobank** (for storage)
- 

Results have been input directly to an electronic participant record.

Feedback for participants

After two weeks from collecting all data from particular participant there is prepared an information with preliminary health assessment and guidelines for improving lifestyle. Additionally the participant receives results of fasting glycaemia and lipids profile.



The image shows two white envelopes. The front envelope is addressed to "BIO-MEDIC" and "XXX PONS". It contains a return address form with fields for: Nazwisko, Imię, Adres, Kod, Miejscowość, Telefon, Data urodzenia, and Pesel. A "norway grants" logo is also present. At the bottom, there is a note: "Uwaga! W przypadku zmiany danych teledresowych prosimy o kontakt pod nr tel. 41 344 33 16".

Currently in the study

(as on 25.09.2011)

8662 people enrolled:

- 5310 women
 - 3555 form urban area
 - 2245 from rural area
- 3352 men
 - 1755 form urban area
 - 1107 from rural area

Recruitment is on-going. Until the end of 2011 there will be recruited a few more thousands of participants.

Preliminary results

All following presentations of preliminary results show descriptive analysis of

3862 participants sample

3862 participants sample

- 2572 women (67%)
 - 1786 from urban area
 - 786 from rural area
- 1290 men (33%)
 - 894 from urban area
 - 396 from rural area

Total urban: 2680 (69%)

Total rural: 1182 (31%)

Percentage of „healthy people“ (self-reported:
answered no to all questions about pathologic conditions) - 34%

38,4% in men

31,8% in women