The New Educational Review

Katarzyna Borzucka-Sitkiewicz,
Katarzyna Kowalczewska-Grabowska
Poland

Preventing Overweight and Obesity in Poland According to The National Health Programme 2007–2015. The Implementation of its Operational Objective 3

DOI: 10.15804/tner.2015.41.3.14

Abstract

Both in developing and developed nations an incorrect diet is a source of health problems. Inadequate nutrition contributes to chronic, non-infectious illnesses such as cardiovascular diseases, some types of malignant cancer and diabetes type 2 (Kuszewski et al., 2007). Due to the dramatic increase in the number of chronic, non-infectious illnesses, implementation of preventive measures became an important challenge for upgrading public health. Improving the population's diet and food quality, as well as decreasing the amount of obesity, were defined as operational objectives of the National Health Programme for the years 2007–2015 in Poland (operational objective 3). The activities undertaken nationwide are based on the Global strategy on diet, physical activity and health, developed by the WHO and adopted at the 57th meeting of the World Health Assembly (WHO, 2004).

The primary goal of the study was to verify the achievement of operational objective 3 of the National Health Programme for 2007–2015, which referred to the improvement of food and its quality as well as the reduction of obesity.

Keywords: *the National Health Programme, health promotion, obesity, overweight, nourishment, state and local government*

Introduction

National health policy is a strategy which aims at controlling and optimizing the use of medical knowledge and available resources in solving health problems

(Włodarczyk & Paździoch, 2012). The policy is determined by political, economic, demographic and health factors. The more complex political and economic condition of a state and less favorable demographic trends, the more difficult it is to plan and implement a health policy.

Implementation of a health policy at a local level requires cooperation between local politicians and community (level and lifestyle of local community and local environment in the social, economic and physical context).

The Polish state promotes, plans and organizes the health of the population by means of its National Health Programme. The first National Health Programmes were launched at the beginning of the 1980s. At that time, the WHO Regional Office for Europe published a new "Health for All" strategy. In response, many countries introduced national health programmes. In 1987 Poland implemented a "Polish Programme Health for All up to 2000" (Woynarowska, 1999), but only in 1990 was the first version of the National Health Programme drawn up. The next three National Health Programmes were prepared in 1993, 1996 and 2007. Unfortunately, they remain as basic documents concerning health promotion, but have not been made into law. The first version was adopted by the Resolution of the Council of Ministers of 19th November 1990. The second one was introduced on the basis of the Memorandum of Understanding of the Council of Ministers (No. 32 of 1993), the third one – as the Resolution of the Council of Ministers (Felińska, 2008), and the last one as an Attachment to Regulation No. 90/2007 of the Council of Ministers of 15th May 2007.

The 1996 National Health Programme was a turning point in the Polish state's health policy and planning. It was based on the salutogenic model of Antonovsky (Antonovsky, 1996). The focus was on factors beneficial to health, and not, as in the previous programmes, on illnesses and preventive activities (pathogenic orientation). All activities were aimed at the strategic objective of "the improvement of people's health and quality of life" by changing people's lifestyles and by re-shaping life, work and learning environments to make them beneficial to health. It was also important to reduce inequalities in the health status and access to healthcare across the population (Borzucka-Sitkiewicz, 2009).

At present, in Poland, the version drawn up in 2007 is in force. It provides for the implementation of 8 strategic objectives and three groups of operational objectives. The main purpose is "to improve the health status and health-related life quality, as well as to reduce health inequalities" (Kuszewski et al., 2007).

Our main interest was operational objective 3 referring to food quality as well as reduction of overweight and obesity. Expected results in National Health Programme related to improving the diet of the Polish by 2015 include:

1. Limiting energy intake from fat to less than 30%, and further improvement in the forms of edible fat consumption;
2. Increasing fish consumption;
3. Increasing the consumption of fruit and vegetables, and legumes, whole grain products and low fat milk products;
4. Limiting the intake of sugar;
5. Limiting table salt consumption;
6. Providing possibilities for consuming a meal during the workday, especially in schools, and increasing the positive impact of this practice on popularising a healthy diet;
7. Increasing the percentage of exclusively breastfed infants;
8. Producing further improvement in the observation of recommendations and norms in the field of health quality and safety of food (Kuszewski et al., 2007).

To achieve operational objective 3, a multi-annual programme, aimed at implementing the WHO *Global Strategy on Diet, Physical Activity and Health*

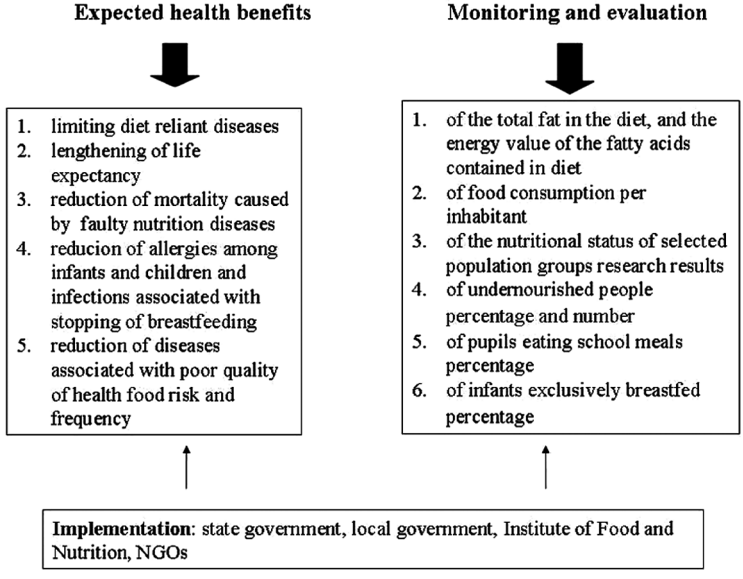

Figure 1. Expected health benefits and ways of monitoring the implementation of operational objective 3 of the National Health Programme in Poland

Source: Adapted from The National Health Programme 2007–2015.

was employed. Figure 1 shows expected health benefits and ways of monitoring the implementation of operational objective 3 of the National Health Programme.

Research Methodology

The primary goal of the study was to verify the achievement of operational objective 3 of the National Health Programme for 2007–2015, which referred to the improvement of food and its quality as well as reduction of obesity. Content-related analysis was applied to examine documents obtained from the Department of Public Health of the Ministry of Health of Poland, which receives annual reports from Provincial Representatives for the National Health Programme. The results of the presented study cover the year 2011 and include an analysis of the proportion of activities, undertaken in all provinces in Poland. In the study it was also possible to specify the number of beneficiaries of co-financing of nutrition education in local communities. The representatives, in turn, are obliged to obtain information from individual local government units in the provinces.

Research Results

The territory of Poland has been divided into 16 provinces, 380 districts and 2,479 communes. Individual local government units have been assigned specific tasks. Communes are responsible for: healthcare as well as support and promotion of self-government. Such activities include the creation of conditions for the operation and development of auxiliary units, as well as implementation of programs to stimulate active citizenship and pro-family policies, i.e., providing pregnant women with social, medical and legal assistance (Act of Commune Self-Government of 8th March 1990). Some of the tasks, listed in the Act of Commune Self-Government (Act of Province Self-Government of 5th June 1998) are, to some extent, related to health problems, and primarily refer to health determinants.

"A commune can perform tasks assigned by the government administration and other assignments entrusted on the basis of individual agreements with an appropriate local government unit or a government body" (Karski, 2009). A district, being an intermediary unit between a commune and a province, performs trans-communal tasks, including, among other things, health protection and promotion (Art.4 of the Act of District Self-Government, 2001). At the provincial

level, the assignments focus on regional development strategy (Official Journal of Laws of 2001).

The material obtained is based on the testimony of officials concerning activities under Objective 3. Table 1 presents the proportion of local government units in individual provinces that returned completed reporting forms and declared that they had achieved operational objective 3 of NHP in 2011.

Table 1. Proportion of local government units, implementing operational objective 3 of the NHP in individual provinces in 2011.

Province	General number of forms		% of self-government units implementing operational objective 3
	Sent	Returned	
Dolnośląskie	195	96	46
Kujawsko-pomorskie	150	90	79
Lubelskie	179	74	70
Lubuskie	96	100	76
Łódzkie	155	77	92
Małopolskie	161	80	66
Mazowieckie	351	100	58
Opolskie	82	99	79
Podkarpackie	118	64	75
Podlaskie	132	97	75
Pomorskie	104	70	73
Śląskie	92	45	70
Świętokrzyskie	115	98	59
Warmińsko-mazurskie	126	93	76
Wielkopolskie	180	68	72
Zachodniopomorskie	132	98	48

Source: Public Health Department of the Polish Ministry of Health (2012). The study on the implementation of the National Health Programme in 2011 by local authorities according to reports of provincial representatives for the National Health Programme. National Institute of Public Health. Warsaw.

Officials sent back 100% of the submitted forms in only two provinces, (Mazowieckie and Lubuskie provinces). In the next seven, more than 90% of the reports were returned.

The province of Silesia had the lowest ranking, as only 45% out of 92 forms were returned. In fact, the decline in the number of people covered by activities in this region is quite alarming. This is particularly so in the light of the fact

that the health status of that province's inhabitants is worse when compared to other regions of the state (Public Health Department of the Polish Ministry of Health, 2012). In reference to the degree of the achievement of operational objective 3, by far the largest proportion of measures, including improving the diet of the population, the quality of food and reducing obesity, is implemented in the Łódzkie province. 92% of the local government units in this province implement health-related activities. In ten provinces (Kujawsko-Pomorskie, Lubelskie, Lubuskie, Opolskie, Podkarpackie, Podlaskie, Pomorskie, Śląskie, Warmińsko-Mazurskie, Wielkopolskie) over 70% of the local government units carry out activities under NHP operational objective 3. In the Dolnośląskie and Zachodniopomorskie provinces the percentage amounted to less than 50% (46% and 48%, respectively). In the remaining provinces – Małopolskie, Mazowieckie and Świętokrzyskie – it was about 60%.

The data obtained from the Department of Public Health of the Polish Ministry of Health showed that in 2011, in all the provinces, nearly 25.3 million persons benefited from the National Health Programme. It means that out of 100 inhabitants, 66 people were beneficiaries of the activities undertaken by the local governments (Public Health Department of the Polish Ministry of Health, 2012). Detailed data on the number of people involved in the activities under operational objective 3 of the NHP are presented in Table 2. The table shows the proportion of persons involved in activities aimed at diet improvement and obesity reduction, compared to the total number of persons engaged in local government initiatives under the NHP.

Table 2. Number of people covered by activities under operational objective 3 of the NHP, undertaken by local governments in individual provinces in Poland in 2011

Degree of achievement of operational objective 3 of the National Health Programme in each province	Province population*	Number of people included in the programme	% of people in included in the programme in each province	% of addressees of all NHP activities
Dolnośląskie	2915241	116005	3.98	6.3
Kujawsko-Pomorskie	2097635	124880	5.95	7.3
Lubelskie	2175700	114936	5.28	6.1
Lubuskie	1022843	123044	12.02	10.0
Łódzkie	2538677	135537	5.34	7.6
Małopolskie	3337471	169392	5.07	6.7

Degree of achievement of operational objective 3 of the National Health Programme in each province	Province population*	Number of people included in the programme	% of people in included in the programme in each province	% of addressees of all NHP activities
Mazowieckie	5268660	268416	5.09	9.9
Opolskie	1016212	69234	6.81	8.4
Podkarpackie	2127286	116740	5.49	9.6
Podlaskie	1202365	75546	6.28	9.1
Pomorskie	2276174	111904	4.92	7.3
Śląskie	4630366	150653	3.25	7.2
Świętokrzyskie	1280721	54746	4.27	6.4
Warmińsko-Mazurskie	1452147	128876	8.87	9.7
Wielkopolskie	3447441	129288	3.75	6.9
Zachodniopomorskie	1722885	118106	6.85	10.8

** http://www.stat.gov.pl/cps/rde/xbcr/gus/LUD_ludnosc_stan_str_dem_spo_NSP2011.pdf*

Source: Public Health Department of the Polish Ministry of Health (2012).The study on the implementation of the National Health Programme in 2011 by local authorities according to reports of provincial representatives for the National Health Programme. National Institute of Public Health. Warsaw.

Given the number of the inhabitants of each province, it should be noted that the largest percentage of people involved in the activities aimed at achieving operational objective 3 of NHP lived in the Lubuskie and Warmińsko–Mazurskie provinces (12.02% and 8.87%, respectively). In turn, the lowest number of persons was noted in the Śląskie, Wielkopolskie and Dolnośląskie provinces (3.25%, 3.75% and 3.98%, respectively). In most provinces the proportion of programme beneficiaries ranged from 4 to 6% of the total population. This is a very small percentage in the light of the fact that the objectives of the NHP are focused on improving the health of the entire Polish population. Table 2 also shows that only in two provinces (Lubuskie and Zachodniopomorskie) the percentage of beneficiaries under operational objective 3 exceeded 10% of the total number of persons involved in the Programme (10% and 10.8%, respectively). In Mazowieckie, Podkarpackie, Podlaskie and Warmińsko-Mazurskie it ranged from 9.1 to 9.9%. In other provinces the percentage was less than 9%. The worst results were noted in the Lubelskie province, where the objective 3 implementation in 2009, 2010 and 2011 showed percentages of 6.1%, 9.1% and 7.8% respectively (Public Health Department of the Polish Ministry of Health, 2012).

Discussion

Main findings of this study

The study shows that among the most frequent activities conducted under operational objective 3 of the NHP were:

- Co-funding of nutrition education, including long-term and immediate activities (competitions, training, lectures, talks, individual counselling); development of educational materials (flyers, brochures, posters).
- Subsidies granted by a commune or a district for supplementary feeding of the homeless, the elderly and other people experiencing difficult living and housing conditions;
- Supporting non-governmental organizations responsible for supplementary feeding of inhabitants (financial, material, accommodation-related support; organizational and legal counselling).

Nevertheless, the data presented above show that the activities relating to operational objective 3 are not widespread and, in fact, they constitute only a small proportion of the total number of initiatives within the overall NHP. It should be emphasized that the percentage of beneficiaries of the aims of objective 3 (improving nutritional habits of the population and the health quality of food; reducing the prevalence of obesity – elaborated in Figure 1) in individual provinces was extremely small and ranged only from 3 to 12%.

What is already known about this issue

The European Health Interview Survey conducted in Poland by the Central Statistical Office in 2009 revealed that 61% of men and nearly 45% of women suffer from excessive weight (BMI: 25–30) or obesity (BMI: 30 and more). This tendency has grown within recent years. Since 2004 the proportion of people suffering from excessive weight and obesity in general population has increased by 9% in the case of men and by 5% in the case of women (Poznańska et al., 2012). As a consequence of these changes, in comparison to other European countries, Poland's results are worse than those a few years ago. At present, the proportion of men suffering from excessive weight and obesity is one of the highest in the EU. In the case of women it is around the average level of the EU countries. In recent years, such alarming trends have also been noticeable in children and adolescents of both sexes, however, more often among boys. A survey conducted in 2010 by the Institute for Mother and Child in Warsaw showed that 21% of boys aged 11–16 had a problem with maintaining healthy weight (Mazur & Małkowska-Szkutnik,

2011). These trends have made it necessary to introduce targets related to improving the diet of the Polish to National Health Policy.

What this study contributes

The data presented in the article refers to 2011, i.e., half of the planned duration of the National Health Programme for 2007–2015. The fact that 61% of men and nearly 45% of women (Poznańska et al., 2012) in Poland are overweight or obese, leads to the conclusion that the activities outlined above for objective 3 may be insufficient and will not bring the expected results targeted for 2015. Furthermore, some of the initiatives of objective 3 (e.g., feeding people in need) do not comply with the purposes of promoting healthy nutritional habits. Such activities do not include any educational elements. These are only temporary activities, directed at selected categories of persons, who require social intervention. The analysis clearly shows that the measures specified above are insufficient and poorly targeted. To remedy these shortcomings, the activities need to be extended to a higher number of people and further initiatives should be added that would clearly promote healthy lifestyles. Only in this way would it be possible to achieve, in the long term, the objective of "improving people's health and quality of life as well as reducing inequalities in health status across the population", which is the major objective of the National Health Programme.

Limitations of this study

Since 2007, local governments have been involved in reporting to varying degrees, as reports are only non-obligatory surveys. Initially, some local governments withdrew from monitoring. Since 2010, the interest in reporting has increased, and in 2011 the Ministry of Health received information from 2,368 units of local government (Public Health Department of the Polish Ministry of Health, 2012), however some important information may be missing.

References

Act on Commune Self-Government of 8 March 1990. Initial text: Official Journal 1990, No. 16, item 95. Consolidated text: Official Journal 1996, No. 13, item 74. Consolidated text: Official Journal 2001, No. 142, item 1591. http://prawo.legeo.pl/prawo/ustawa-z-dnia-8-marca-1990-r-o-samorzadzie-terytorialnym/ (last accessed 11 April 2012).

Act on Province Self-Government of 5 June 1998. Initial text: Official Journal 1998, No. 91, item 576. Consolidated text : Official Journal 2001, No. 142, item 1590. http://prawo.

legeo.pl/prawo/ustawa-z-dnia-5-czerwca-1998-r-o-samorzadzie-wojewodztwa/?q=ustawa o sam (last accessed 11 April 2012).

Antonovsky, A. (1987). Unraveling the Mystery of Health. Jossey-Bass, San Francisco.

Antonovsky, A. (1996). The salutogenic model as a theory to guide health promotion, *Health Promotion International*, 11(1), 11–18.

Borzucka – Sitkiewicz, K. (2009). Promocja zdrowia i edukacja zdrowotna. In Syrek, E. Borzucka – Sitkiewicz, K. (eds), Edukacja zdrowotna, Warsaw: Wydawnictwa Akademickie i Profesjonalne, p. 75.

Felińska, J. (2008). Historia promocji zdrowia w Polsce. In Andruszkiewicz, A., Banaszkiewicz, M. (eds), Promocja zdrowia dla studentów studiów licencjackich kierunku pielęgniarstwo i położnictwo. Volume 1. Teoretyczne podstawy promocji zdrowia, Lublin: CZELEJ Publishing House, p.118.

Green, L. W. and Kreuter, M. W. (1990). Health promotion as a public health strategy for the 1990s. *Annual Review of Public Health*, 11,319–334.

Kakareko, K. (2010). Europejskie normatywne determinanty polityki zdrowotnej i próby ich realizacji w polskim systemie prawnym. In Popielski, K., Skrzypek, M. and Albińska, E. (eds), Zdrowie i choroba w kontekście psychospołecznym, Lublin: KUL Printing House, pp. 176–177.

Karski, J. B. (2009). Polityka zdrowotna samorządu terytorialnego, Warsaw: CeDeWu Printing House, p. 39.

Kuszewski, K., Goryński, P., Wojtyniak B., Halik, R., (eds) (2007). National Health Programme 2007–2015. Warsaw. http://www.mz.gov.pl/__data/assets/pdf_file/0020/12494/zal_urm_npz_90_15052007p.pdf#treść programu (last accessed 1 May 2014).

Mazur, J., Małkowska-Szkutnik, A. (eds) (2011). Wyniki badań HBSC 2010. Technical report. Institute for Mother and Child, Warsaw: pp 97–99. http://www.imid.med.pl/klient2/pliki/hbsc_rap1.pdf (last accessed 17 November 2013).

National Programme for the Prevention of Diseases of Civilization. Programme of Countermeasures Against Overweight, Obesity, and Chronic Non-Communicable Diseases through Improved Nutrition and Physical Activity for the years 2012–2014: http://www.mz.gov.pl/__data/assets/pdf_file/0018/5607/10amod1progrnadwaga_201210301313.pdf (last accessed 1 May 2014).

Peckenpaugh, N., J. (2011). Podstawy żywienia i dietoterapia, Wrocław: Elsevier Urban & Partner, pp. 207, 547.

Poznańska, A., Rabczenko, D., Wojtyniak, B. (2012). Wybrane czynniki ryzyka zdrowotnego związane ze stylem życia. In Wojtyniak, B., Goryński, P., Moskalewicz, B. (eds), Sytuacja zdrowotna Polski i jej uwarunkowania, Warsaw: National Institute of Public Health – Institute of Hygiene, p. 296. http://www.pzh.gov.pl/page/fileadmin/user_upload/statystyka/Raport_stanu_zdrowia_2012.pdf (last accessed 16 November 2013).

Public Health Department of the Polish Ministry of Health (2012). The study on the implementation of the National Health Programme in 2011 by local authorities according to reports of provincial representatives for the National Health Program, Warsaw: National Institute of Public Health, p. 37, 40.

WHO (2004). Global strategy on diet, physical activity and health. http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf (last accessed 16 November 2013).

Włodarczyk C., Paździoch S (2001). Systemy zdrowotne. Zarys problematyki, Kraków: Wydawnictwo Uniwersytetu Jagiellońskiego, p. 29.

Woynarowska, B. (1999). Narodowy Program Zdrowia – ewolucja, możliwości realizacji. In J. B. Karski (ed) Promocja zdrowia, Warsaw: Wydawnictwo IGNIS, p.88.