



# THE PATH TO LONGEVITY

## ROUNDTABLE

### HEALTH PROMOTION AS AN INTEGRAL PART OF THE HEALTH CARE SYSTEM

LAZARSKI UNIVERSITY, ŚWIERADOWSKA 43, ROOM 130 (1ST FLOOR, ENTRANCE D – RECTORATE)

Living longer, better, and healthier lives is a goal held by practically all citizens across the globe. So why is achieving this goal proving to be so difficult? To contribute to solving this complex and persistent issue, the World Bank, in cooperation with Lazarski University and the International Foundation for Integrated Care (IFIC) Poland Association, is organizing a series of meetings and conferences on practical approaches to develop prevention and health education as part of the health care system in Poland. The first meeting is a roundtable, entitled the Path to Longevity. The aim of the meeting is to contextualize and problematize health promotion in Poland, familiarize participants with a set of international practices, create a platform for the exchange of ideas, as well as discuss activities to support the broader field of disease prevention in Poland.

#### CONTEXT

“you’ll be sick if you sit in the cold”; “vaccines are harmful”; “vitamin c is best for cancer”; “you’ll get colic if you swim after eating”

Conspiracy theories, unsubstantiated claims, as well as pseudo-scientific messages can – at best – create confusion about what is healthy and beneficial, and – at worst – lower people’s quality of life, damage health, and endanger lives. Faced with enormous amounts of information from different sources, it is increasingly difficult for citizens to distinguish fact from myth, and to access and make use of scientifically validated and expert-verified information. Health myths are deeply rooted in culture in Poland. When searching online for information related to their health, Polish citizens who use the Internet, are almost a hundred times more likely to search for information on various chronic diseases than to search for content related to prevention and health education.

The roundtable thus invites experts to discuss the most frequently reproduced myths, verify some “obvious truths” about health promotion, and reflect on the legitimacy and relevance of existing preventive actions being adopted in Poland. The objective is to ensure that the development and implementation of health reforms related to health prevention is grounded in evidence and supported by the latest scientific developments. While health prevention can benefit from innovation in health service care delivery or technology, a first-order priority is to ensure established prevention tools can be implemented comprehensively and to their full potential.

Nearly 40 percent of Poland's population agree that they are the most influential actor in their health. Yet, the health and lifestyle behaviors of many are not conducive to living a healthy and long life. Smoking tobacco (including direct and passive smoking) is linked to one-fifth of all deaths in Poland, while poor diet, including low consumption of fruit and vegetables and high levels of salt and sugar intake is linked to another fifth. Vegetables and fruit are most often eaten by elderly people; and more than 18 percent of adults in Poland are obese. Sadly, this is also observed in young people with 16 percent of 15-year-olds reportedly overweight or obese. Only 39 percent of Poles are physically active, with women slightly less often than men. There are also significant short fallings on one-off preventive behaviors, such as attending the dentist or getting the flu vaccine: several million people in Poland do not see a dentist once a year, although as many as 98 percent have problems with their teeth, and 800,000 do not even have their own toothbrush; flu vaccination rates in Poland are also among the lowest in Europe.

**There has been a welcome paradigm shift in that health outcomes are now seen as a product of social and environmental determinants; and it is increasingly being understood that a large part of being in good health depends on the individual. In this light, the health care system in Poland should promote prevention as an integral part of its engagement with patients to preemptively support their health and well-being, in a way that puts them at the center and is informed by their family and living environment. As such, during the conference, a key outcome is to consider how to make meaningful progress on the well-established aspiration of health promotion being an integral part of the health system.**

Digital services are now ubiquitous in day-to-day engagement on health. In 2020, during the COVID-19 pandemic in Poland, 36 percent of all primary health care (PHC) and 16 percent of all secondary health care (SHC) services were provided via telemedicine. Fifty percent of Polish citizens declare that they search for information on their health symptoms on the internet. There are now thousands of apps worldwide to help maintain health and fight illness: in 2019, more than 300,000 health apps were available worldwide, and in 2021, 290 million installations of health-related apps (mainly nutrition and sports-related, but also meditation or sleep) were recorded in Europe alone. The global app market is now worth several hundred billion dollars.

Moreover, health data represents one third of all data available worldwide. However, only 20 percent of this data is usable. Full exploitation of this abundant data is still a long way off, but tools are already available that can support better population health outcomes, such as surveillance of outbreaks and data to reduce adverse events (e.g., sepsis) in health settings. As recently evidenced during the pandemic, access to data allowed identification of groups that were most at risk and subsequently prioritized for immunization.

Solutions are even more urgently needed as health care resources are set to become further stretched. In less than 30 years, one third of the Polish population will be over 65 years of age. At present, an average patient over 60 suffers from around 3 to 4 chronic diseases. For women, illness accounts for 25 percent of their lifetime. This is usually caused by diseases for which the onset could be delayed, and often-times could be prevented. Reducing disease burden and having more healthy life years will also give the healthcare system in Poland a chance to meet the demands of an ageing population.

**Even in the face of these many challenges, there is still reason to be optimistic. New innovations are entering the market to improve health delivery and promotion, more usable data is available than ever before, and the COVID-19 pandemic has highlighted possibilities for leveraging alternative courses of care (such as telemedicine). Still, concerted effort is needed to identify and make use of new and existing solutions to support population health and well-being in Poland.**

## THE SCOPE OF SOLUTIONS

The planned solutions should address several areas:

- the integration of prevention and health education into each part of the health care system, including but not limited to:
  - ♦ paying for prevention as part of health services (as is currently the case with primary care providers (PCP))
  - ♦ taking a health outcomes approach in the health service purchasing models
  - ♦ strengthening prevention services simultaneously to the occupational medicine
  - ♦ promoting prevention as a permanent part of restorative medicine
- use of new technologies and behavioral tools to work with patients including but not limited to:
  - ♦ improving the flow and quality of health data
  - ♦ linking different databases to create a holistic picture of patient and population health
  - ♦ introducing population health management tools
  - ♦ exploiting the potential of technology for self-managed care
- introduction of system changes to increase the effectiveness of existing and new forms of health prevention, including:
  - ♦ coordinating the numerous existing programs and platforms for the prevention and health education
  - ♦ regularly evaluating ongoing prevention programs to determine “value for money”
  - ♦ increasing funding for prevention activities

## CONFERENCE PLAN

### SESSION 1 – FACTS AND MYTHS

In this session, presenters and participants will discuss the state of engagement with preventive actions among the population of Poland, the level of knowledge about appropriate health behaviors, the population's preferred communication tools, as well as trusted sources of information and preferences for prevention activities in the future

### DISCUSSION

Participants will discuss how to sustainably integrate preventive actions into the system of curative medicine, specifically a pay-for-performance mechanism, population-based management, the role of prevention in primary care, as well as preventive actions in selected fields of oncology and cardiology

### SESSION 2 – NEW TECHNOLOGIES

This session will showcase data that can be used to support population management, and presenters and participants will discuss precision medicine, as well as health applications (including the use of the Internet Patient Account)

### SESSION 3 – BEHAVIOUR MATTERS

The application of behavioral and social sciences requires a multidisciplinary approach informed by theories, methods, research, practical tools, and techniques drawn from psychology, sociology, anthropology, communication, marketing, economics, systems thinking and design thinking, among others. Presenters and participants will discuss challenges in adoption of health-promoting behaviors and discuss examples of behavioral tools that can influence behavior at the individual, community, and population levels, that can improve policy and program planning, communication, and products and services to achieve better health for all. Participants will also discuss tools that can be used in prevention activities to help combat myths and misinformation.

## AGENDA

FRIDAY, 19TH MAY 2023, 9:30 – 16:30, LAZARSKI UNIVERSITY, ŚWIERADOWSKA 43,  
ROOM 130 (1ST FLOOR, ENTRANCE D – RECTORATE)

9.30 – 10.00 **REGISTRATION & COFFEE**

10.00-10.20 **OPENING OF THE CONFERENCE**

**Marcus Heinz**, Resident Representative, World Bank  
**Tania Dmytraczenko**, Practice Manager, World Bank  
**Małgorzata Gałązka-Sobotka**, Institute of Management in Health Care of Lazarski University  
**Adam Niedzielski**, Minister of Health, Poland  
**Moderator: Anna Kozieł**, World Bank

10.20-11.15 **PLENARY SESSION 1. FACTS AND MYTHS ABOUT HEALTH PREVENTION**

OVERVIEW OF THE MAIN CHALLENGES AND PLANNED SOLUTIONS FOR HEALTH PREVENTION IN POLAND  
**Joanna Głażewska** (Department of Public Health, Ministry of Health)

IMPROVING PREVENTIVE HEALTH CARE THROUGH TECHNOLOGICAL INNOVATIONS  
**David Wilson** (Program Director, World Bank)

KEY FINDINGS FROM THE POLAND 2022 PREVENTION SURVEY AND THE PREVENTION 40+ PROGRAM  
**Anna Kozieł** (World Bank)

### PANEL DISCUSSION

11.15-12.30

PREVENTION AS AN INTEGRAL PART OF THE SYSTEM:  
SHOULD PREVENTION BE A NEW SET OF SERVICES/HEALTH PROGRAMMES?  
**Iwona Kowalska-Bobko** (Jagiellonian University - Collegium Medicum),  
**Małgorzata Gałązka-Sobotka** (Institute of Management in Health Care of Lazarski University),  
**Joanna Głażewska** (Ministry of Health),  
**Bernard Waśko** (National Institute of Public Health)  
**Moderator: Anna Hucko** (IFIC Poland)

12.30-13.15 **LUNCH**

13.15-14.45 **PLENARY SESSION 2. DIGITAL INNOVATIONS IN PREVENTIVE HEALTHCARE**

**Moderator: Sabina Karczmarz** (IFIC Poland)

HEALTH PROMOTION TOOLS IN INTERNET PATIENT ACCOUNT  
**Krzysztof Napora** (Ministry of Health, e-Health Centre)

SCOPE AND SALIENCE OF PRECISION PREVENTION – EVIDENCE FROM SWEDEN  
**Stefan Swartling Peterson** (Karolinska Institutet)

USE OF NHS DATA IN PREVENTION  
**Andi Orlowski** (National Health Service, England)

THE ROLE OF DATA IN SUPPORTING ORGANIZATION OF HEALTHCARE. TOWARDS E-INTERVENTION  
(DATA-DRIVEN PREVENTION)  
**Filip Urbański** (National Health Fund)

14.45-15.30 **PLENARY SESSION 3 – BEHAVIORAL SCIENCE AND PREVENTION**

**Moderator: Mukesh Chawla** (World Bank)

WHAT DOES POLICY IMPLEMENTATION BASED ON BEHAVIOURAL SCIENCE LOOK LIKE?  
**Renos Vakis** (on-line) (World Bank)

BEHAVIOURAL ELEMENTS FROM THE 2022 SURVEY ON HEALTH PREVENTION FROM THE PREVENTION 40+  
PRO- GRAMME IN POLAND  
**Anna Król-Jankowska** (World Bank)

DESIGNING BEHAVIOURALLY INFORMED SOLUTIONS FOR HEALTH PREVENTION  
**Michelle Dugas** (World Bank)

15.30 – 16.00 **BEHAVIORAL LEARNING IN ACTION – ACTIVITY/GAME**

**Michelle Dugas** (World Bank)

16.00 – 16.30 **CLOSING REMARKS**

**Moderator: Anna Kozieł** (World Bank)