



Breaking WEIGHT BIAS

Promoting Health
without harming through
digital training tools

Project number:

2020-1-UK01-KA204-
079106

Desk Research Report Romania



1. Desk Review Template - Purpose of this tool

Babeş-Bolyai University has developed this tool as a guide and generic template for creating a desk research report. We have tried to make it user-friendly by providing explanations and examples under each heading.

A desk research report is a compilation of existing secondary data in a readable and usable format. It usually includes data from before and after the crisis/emergency.

The research team from Babeş-Bolyai University is available to support any efforts to compile this desk research report and is responsible for overseeing the compilation of the final desk research report. The contact info for the coordination team for this task is provided here: **alina.forray@publichealth.ro** and **madalina.coman@publichealth.ro**.

Some tips for compiling the Country Desk Research Report:

- Contact active organizations and institutions and conduct the review in coordination with them
- Identify gaps in knowledge and communicate these to the BBU coordination group to follow up on additional information
- Ensure sign-off by key actors when appropriate



2. Summary

[To be developed at the end of the desk review with the key messages from the desk review. Should not exceed a page.]

- [Key Message 1]
- [Key Message 2]
- [Key Message 3]
- [Key Message 4]
- [Key Message 5]
- [Etc.]



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3. Country profile statistics

Present background elements about the country, health, nutrition and physical activity indicators. Present main social, economic and development indicators. **It should not exceed 1.** This part can be presented as a table. Data can usually be found on the UNICEF website, the World Bank databank, and at the Governmental Statistics Office of the country in question.

Country Profile Statistics				
Population (Source, Year)	19,366,221 (World Health Organization, 2021b)	Population under 18 (Source, Year)	4,138,000 (Statistics, 2021)	
GDP per capita (current \$) (Source, Year)	12,913.1\$ (World Health Organization, 2021b)	HDI Index & Ranking	HDI: 0.828 Ranking: 49 (Human Development Data Center, 2020)	
GNI per capita (current \$) (Source, Year)	29,497\$ (Human Development Data Center, 2020)	Poverty headcount ratio at the national poverty line (% of population) (Source, Year)	23.8 (World Health Organization, 2021b)	
Gini Index (AHDR 2012)	35.8 (World Health Organization, 2021b)	Completion rate of lower secondary education (Source, Year)	88.0 (World Health Organization, 2021b)	
Nurses (per 1,000 people) (Source, Year)	7.4 (World Health Organization, 2021b)	Mental Health Professionals (per 1,000 people) (Source, Year)	0,26/1000 (World Health Organization, 2019)	
Physicians (per 1,000 people) (Source, Year)	3.0 (World Health Organization, 2021b)	Dietitians and Nutritionists (per 1,000 people) (Source, Year)	No data available	
Physical therapists (per 1,000 people) (Source, Year)	No data available	Life expectancy at birth (Source, Year)	76.1 (Human Development Data Center, 2020)	
			72.6 y male	79.5 y female
Prevalence of Type 2 diabetes (Source, Year)	Diabetes overall, in adults: 8.8% (International Diabetes Federation,	Literacy rate in adults (Source, Year)	99% Male (World Health Organizati	99% Female (World Health Organizatio



	2020)		on, 2021b)	n, 2021b)
Prevalence of cardiovascular diseases (Source, Year)	45% arterial hypertension (Regina Maria Center, 2021b)	Prevalence of overweight among adults (20 years and over) (Source, Year)	63.2% male (World Health Organization, 2021c)	49% female (World Health Organization, 2021c)
Saturated fat intake from total calorie intake (Source, Year)	9% (Health Organization & Office for Europe, 2013)	Prevalence of overweight among adolescents (5-19 years) (Source, Year)	27% Boys (Health Organization & Office for Europe, 2013)	10% girls (Health Organization & Office for Europe, 2013)
Added sugars intake from total calorie intake	No data	Prevalence of overweight among children (0-5 years) (Source, Year)	Overall children 25% (Green report, 2021)	
Fruit and vegetable supply in grams per capita per day (Source, Year)	620 grams/day (Health Organization & Office for Europe, 2013)	Number of people who are undernourished (source, Year)	3% (World Health Organization, 2021b)	
Salt intake in grams per capita per day (Source, Year)	10-12 grams/day (Health Organization & Office for Europe, 2013)	Prevalence of physical inactivity in adults (20 years and over) (Source, Year)	40% boys (Simionescu, Bilan, Gavurova, & Bordea, 2019)	45% girls (Simionescu et al., 2019)

According to the European Committee of the Regions, Romania is a sovereign, independent national state and the form of government being a Parliamentary Republic with a semi-presidential regime. The Romanian President is directly elected for a five-year mandate, for maximum two terms. The Romanian Parliament is bicameral and consists of the Chamber of Deputies (Camera Deputatilor) and the Senate (Senatul), with a four-year mandate (European Committee of the Regions, 2021). According to Article 3(3) of the Constitution, the territory of Romania is divided into Communes (comune), Towns (orașe) and Counties (județe); the big towns (cities) are declared municipalities (municipii) through a specific law. The intermediate administrative level consists of 41 Counties. The Municipality of Bucharest (the Capital of the country), holds both municipality and county competences (European Committee of the Regions, 2021).

Organizational structure of the Health Services System in Romania:



The health services system comprises all the human, material, financial, informational resources used to produce care and services aimed at improving or maintaining health.

Since 1999, the main organizations involved in the system health services are:

- Ministry of Health and County Public Health Directorates;
- The National Health Insurance House (C.N.A.S.), the county health insurance houses and the C.A.S.A.O.P.S.N.A.J. - the insurance house of the army, public order, national security and the judicial authority;
- Romanian College of Physicians (CMR) and county colleges of doctors as well as similar organizations of other professions in the health sector subsequently established: Romanian College of Pharmacists (CFR), Romanian College of Dentists (CMDR) Romanian Order of Nurses and Midwives (OAMMR) and the Order of Biochemists, Biologists and Chemists (OBBC);
- other ministries and structures of local authorities (local councils, town halls, prefectures) with specific competences in health issues; other providers of public health services: public health institutes, other institutes; the main providers of individual health services: medical offices, hospitals, medical, diagnostic and treatment centers, medical laboratories and pharmacies (De Sănătate, n.d.).

4. General information about bias in obesity management and prevention policies, strategies and services related to a health-promoting lifestyle

Obesity management and prevention policies, strategies and services related to a health-promoting lifestyle from Romania

On March 27, 2008, the Nutrition Committee was set up, which operates under the Ministry of Public Health. The purpose of the committee is to develop policies and strategies in the field of nutrition and improving the health of the population. Also in 2008, the new order appeared with a revision of the one from 2006 regarding the list of foods not recommended for pre-schoolers and schoolchildren and the principles underlying a healthy diet for children and adolescents. These recommendations will undergo positive changes as soon as the Romanian College of Nutritionists and Dietitians is born, scheduled for the fall of 2021 (Gilbert et al., 2009).

So far there is only the Association of Dietitians in Romania, which includes part of the dietetic community. Obesity among dietitians does not have a general framework, with recommendations on attitudes towards obese people, which exist predominantly, is secondary and tertiary intervention, less prevention. In Romania, the Ministry of Health organizes and finances national health programs, some aimed at preventing and combating obesity in adults and children. Thus, within the "Action Plan" for the period 2014-2020 for the implementation of the "National Health Strategy", the following strategic directions are highlighted: increasing the effectiveness of the role of health promotion and disease reduction, promoting a healthy lifestyle, information and destigmatization campaigns as well as improving the health and nutrition of the mother and child and reducing the risk of maternal and infant death.

In 2008, the law approving the sale of fast-food products in schools was approved.

In 2017, the "Milk and corn" program was implemented at national level, as well as the program to encourage the consumption of fruits and vegetables in schools, thus ensuring Romania's participation in the EU School Program (Health Ministry, 2017).

Specific determinants and their dynamics

Romania presents the epidemiological profile of all developed countries, with a low prevalence of communicable diseases and at the same time an increase in cardiovascular disease, cancer, and external causes, including



violence and accidents, as well as preventable lifestyle factors, especially smoking, alcohol consumption and poor eating habits (Health Ministry, 2017).

Life expectancy has increased in Romania by 6 years since the Revolution, the sincerest indicator of the increase in living standards is in terms of food. Although rationalized, the basic foods were not found. The food shortage of the past and the lack of diversity formed for the Romanians aberrant eating habits, totally unhealthy, which were passed on to today's generations. After the Revolution, with the disappearance of restrictions and the emergence of diversity, other eating habits were created, which were just as unhealthy! However, Romania is on the 7th place in the rapid increase of life expectancy, until 2030 (TVR & RomanianTelevision, 2017).

Although the modern lifestyle, based on a chaotic, unbalanced diet, late meals, lack of sports activity, regular hours of sleep, stress due to raising a family, bank rate or unemployment causes high levels of cortisol and change food preferences (over 80% of the population declares stress) (Dymanic HR, 2017).

The psychological problems associated with obesity are quite common and sometimes very serious. Often obese people are stigmatized. Cultural and ethnic factors certainly modulate the social impact of obesity. (ANALIZA DE SITUAȚIE (gov.ro) Another natural consequence after the revolution is the social inequality that is directly proportional to obesity. Many experts claim that obesity is genetically determined, and no doubt genes play a role in obesity susceptibility. However, the rapidly increasing prevalence of obesity in less than two generations cannot be exacerbated by genetic factors but rather by lifestyle changes. Romanian society is not prepared to accept and properly integrate people with obesity, so that discrimination occurs, reduced work capacity, high absenteeism, low income, inversely proportional to high health expenditures (Pop, 2021).

The direct costs of obesity are the resources used in the health care system, which may include the costs of excessive outpatient use, hospitalization, pharmacotherapy, laboratory or radiological tests, long-term care, due to conditions favoured by excessive weight (cardiovascular disease, cancer, osteoarthritis). In addition to direct costs, there are significant indirect costs, such as declining disability-free years and increasing pre-retirement mortality, early retirement, absenteeism or declining productivity and disability pensions because of chronic obesity-related diseases (Health Ministry, 2017).

Main national recommendations, strategies and policies on weight bias, stigma, and discrimination

The project entitled "Developing university study programs and expanding learning opportunities for the student and the labor market, a project funded by the European Social Fund 2007-2013 -'Investing in people 'addressed issues such as discrimination and anti-discrimination strategies.

In the Romanian legislation there are government ordinances - Ordinance no. 137/2000 which defines discrimination as the difference in treatment of two or more persons in identical or comparable situations or on the contrary the identical treatment of persons in different situations if such treatment has no objective justification. Romanian legislation, mainly the Romanian Constitution, but also special laws, provide the following criteria: race, nationality, ethnicity, language, religion, social category, beliefs, sex, sexual orientation, age, disability, chronic non-communicable disease, HIV infection, membership in a disadvantaged category, another criterion whose purpose or effect is to restrict, remove the recognition, use or exercise, on equal terms, of the rights recognized by law, in the political, economic, social and cultural field or in any other field of public life.

The Government of Romania presents and defines the forms of discrimination: direct, indirect, harassment, victimization, and harm to the dignity of the person. It also presents the legal framework to be followed for a person who is considered a victim of discrimination. It has several means at its disposal to counteract acts of discrimination: prosecuting the perpetrator, claiming damages in court, annulling the administrative act containing discriminatory provisions, or initiating an international procedure before the European Court of Human Rights if the proceedings did not lead to the desired results. However, in the same government ordinance no. 137/2000, the burden of proof of discrimination is reversed, the victim must prove the difference in treatment, and the person on whom the accusation is based must prove that such a difference in treatment is



based on objective criteria (*Proiect finanțat din Fondul Social European prin Programul Operațional Dezvoltarea Resurselor Umane 2007-2013 “Investește în oameni” DISCRIMINAREA ȘI STRATEGII ANTIDISCRIMINATORII*, n.d.).

According to civil procedures, proving discrimination in this context becomes extremely difficult, the person in question not having a procedure to follow but only establishing an attitude, opinion or way of thinking. For the prosecution of the contravention, the person in question can make a complaint, based on the same ordinance, and addresses either the court or the National Council for Combating Discrimination (public authority in the field of discrimination, autonomous, with legal personality, under parliamentary control and guarantor of observance of the application of the principle of non-discrimination - CNCD). CNCD provides a model petition that must be submitted within one year from the date of the act, with the mention that CNCD cannot grant moral or material damages. Although the Parliament together with the Romanian Government has the legal framework for discrimination, defined, categories and measures to be followed in case of unfavourable/favourable treatment apart from mentions on discrimination of non-contagious chronic diseases, there is no legal mention regarding the stigmatization of obese people (National Council for Combating Discrimination, 2021).

Partnerships and professional networks that work in nutrition, physical activity, and obesity

Private clinics provide a medical team that best serves a patient facing obesity, with programs designed especially for children. Evaluation and treatment planning are collaborative processes between doctors of different specialties, because obesity is a disease with multiple diseases.

Whether the patient suffers from cardiovascular, pneumological or locomotor problems, a multidisciplinary centre for the treatment of obesity will have the support of several specialists through a complex and customized management for each patient (Medlife, 2017).

The multidisciplinary team generally consists of a cardiologist, a pulmonologist, a specialist in diabetes and metabolic diseases, internal medicine and endocrinology, a dietitian, a psychologist, a physiotherapist and a specialist in bariatric and metabolic surgeon (Arcadia Medical, 2021).

Coordination mechanisms among healthcare professionals in treating people with overweight and obesity

In 2006, Romania published its dietary guidelines for a healthy diet - led by the Ministry of Health, universities and nutrition institutes. Romania uses a food pyramid divided into seven food groups (Food and Agriculture Organization of the United Nations, 2021).

The food pyramid is a graphic expression of the nutritional standards, quantities and types of food that must be consumed daily to maintain health and reduce the risk of developing various food-related diseases. The old pyramids had limitations in terms of practical applicability, food groups being expressed as a percentage of daily caloric needs. Today the indications are expressed in portions of food, whose daily consumption will provide essential nutrients. The current pyramid aims to get most of the energy from carbohydrates, while limiting fat intake (Romanian Nutrition Society, 2006).

In general, the food pyramid comprises the following groups (1 - top of the pyramid & 5 - bottom):

1. Meat, fish, eggs (2-3 servings a day).
2. Milk and derivatives (2-3 servings per day);
3. Fruits (2-4 servings per day);
4. Vegetables and vegetables (3-5 servings per day);
5. Bread, cereals, rice and pasta (6-11 servings per day) (Romanian Nutrition Society, 2006);

Since 2006 Romania has had the same “dietary guidelines for a healthy diet” and recent scientific studies regarding food intake, proportions, calories, portions etc. were not taken into consideration in the process of



developing new guidelines for the general population.

Furthermore, Romania doesn't have a coordination system in which overweight patients or the ones suffering from obesity are sent to dietitians or nutritionists with a medical referral ticket that can refund the payments. The journey of an overweight person or a patient suffering from obesity is not properly regulated due to the fact that Romania is lacking a College of Dietitians and Nutritionists.

Payment settlement (refunding) of medical services for overweight or obese people

In the list of medical conditions (diagnoses) medically resolved case in day hospitalization and the maximum rates per medically appropriate case: Obesity due to an excess of calories - 305.19 lei (National Health Insurance House, 2021).

Social and cultural norms, awareness campaigns and media coverage related to stereotypical portrayals of people living with obesity

In the period 2009-2011, the project financed from funds granted by the Norwegian Government in Romania took place, within which the Life Campaign took place. 4 healthy behaviours were promoted: 1. Drink water, not juice; 2. Eat breakfast daily; 3. Consume three vegetables and two fruits daily; 4. Exercise vigorously for at least 60 minutes daily. The campaign had national coverage. Partnership agreements and county action plans have been signed. The target group was all children and adolescents between 3-19 years old (Public Health Directorate Timis, n.d.).

To reduce fat and sugar consumption among the population, the Ministry of Health and the Romanian Employers' Federation of the Food Industry (ROMALIMENTA) concluded a collaboration protocol in 2012. It was agreed to promote the reduction of fat and sugar consumption at national level, to improve health. population. In 2015, an Intervention Guide for healthy eating and physical activity in kindergartens and schools was published, with the promoter of the National Institute of Public Health. ". The guide provides models and tools for carrying out actions in support of healthy eating and physical activity in kindergartens and schools (Health Ministry, 2017).

In 2017, the National television started the "Children with Weight " campaign, which consisted of a series of reports, broadcast in the news on 2 national channels, as well as debates. It involved organizing events designed to form healthy habits and counteract obesity. Also, the local television initiated a petition in 2017 to introduce nutrition classes in schools. In 2021, this petition has not yet been approved, at least not in the free education system (TVR & RomanianTelevision, 2017).

There are in the online community in Romania, support groups to support the positive image of the body even anti-diet clubs.

A simple google search, the phrase "obesity pandemic" gave 31 results. Articles published on blog pages claim that "Most public health experts believe that a sedentary lifestyle is the main culprit for today's obesity pandemic."

In a YouTube search, countless videos appear, entitled "why not be obese", "I'm fat, I eat a little - why don't I lose weight?" "Are you fat and beautiful"?

Dove, together with Nivea or other personal care companies, promotes body positivity in Romania with messages "your skin, your story". Fashion bloggers, or content creators with followers over 23K were involved in similar campaigns, the messages were sent both visually and in the form of slogans - "everybody is a beach body".

On the other side of the barrier, in the online environment there are opinion leaders who promote an image of a fit person, starting from an obese person without describing and presenting the difficult path and the difficulties



encountered. Local music promotes and presents weak / fit people as role models, and obese or overweight people are ridiculed both visually and especially through discriminatory descriptive messages.

5. Affected persons

Access to services and goods & Excluded groups

Within the private sector, at Regina Maria Center is available the “Group Therapy for overweight or obese patients” (Perla Polyclinic Obesity Center) - the first and only obesity management center in Romania accredited by the European Association for the Study of Obesity (EASO). According to the American Psychological Association (APA), people who attend group meetings to support those struggling with weight (group psychotherapy) are more successful. The support group is a reliable source of support, which helps patients cope with challenges without feeling lonely, helps them experience interpersonal learning and receive honest and constructive feedback.

Techniques:

Cognitive-behavioral strategies for cognitive restructuring

Relaxation techniques and hypnosis

Directed imaging techniques (Regina Maria Center, 2021a).

6. Educational and training for health professionals working with individuals living with obesity and those that want to improve their current lifestyle

Formal training and education in undergraduate and postgraduate programs

In Romania there is the Romanian Agency for Quality Assurance in Higher Education (ARACIS) which has the task of external evaluation of the quality of education offered by higher education institutions.

Medical programs

Romania has a number of 10 Universities of Medicine and Pharmacy. At a brief analysis of the curriculum at all universities specializing in general medicine there are subjects that treat obesity as chronic noncommunicable disease, endocrinological diseases and diabetes, but the only subjects that represent the area of interest is medical psychology and communication with the patient, but the courses do not include communication with the obese patient. The course of communication with the patient involves only the communication of bad news, with children, the elderly, the disabled or the family of the terminal patient. There are platforms that ensure a continuous, optional education of doctors or health specialists on obesity or nutrition, all of which can be accessed online and are free, offering the possibility of effective communication, including for patients suffering from obesity. Courses include "The Impact of Nutrition on Mental Health", Type 2 Diabetes and the Integrated Patient Approach and Communication with the Chronic Illness Patient.

Nutrition and Dietetics Programs



Regarding Nutrition and Dietetics, the specialization has existed in Romania for over 10 years, but with an exponential growth and a wider applicability. Under the undergraduate program, there are 8 faculties throughout the country. The study programs within the main Universities of Medicine and Pharmacy address obesity, causation, symptoms, complications, and treatment, but unfortunately the stigma part, discrimination is not addressed in any form.

There is the possibility of integrating an optional course, both in the 5 years of medicine and in the 3 + 2 master's degree programs of a subject that summarizes an education of the future health practitioner for communication and behaviour with the obese patient.

Nursing programs

Regarding the training of nurses in the 4 years of study in Romania (higher education) there are subjects in the study program aimed at literacy of future practitioners in obesity, endocrine or metabolic diseases. Education in the topic of interest is not applicable, but there are subjects that could include an intervention in the desired direction - Behavioral Sciences / Medical Sociology / Medical Psychology. The post-secondary training regime for nurses in Romania (3 years of study) is similar to the higher education system. There are continuing education platforms dedicated to nurses, with courses that include 'How can you improve the nurse-patient relationship in just 5 steps?' Or Proper communication with the patient?'

Physical therapy and kinesiology programs

Specialty available in 5 centres in Romania studies subjects in the medical field, including a subject called hydro therapy, which presents methods of managing motor problems because of obesity but the only subject that requires communication with the patient is only medical psychology, a subject that does not obesity is treated as a subject of stigma.

Psychology programs

In Romania there are 17 training faculties in psychotherapy, the labor market providing a large number of specialists for the education of medical staff in stopping the stigmatization of obese people. In the curriculum there are subjects such as social psychology or social cognition where discrimination is addressed, but not on the basis of obesity, because it is not considered a mental illness.

Pharmacy programs

In the 10 higher education units in which there is the specialty of pharmacy, in the 5th year of study the communication of the pharmacist with the patient is taught. The topics covered are generally similar to the educational unit, general information, without addressing the stigma of obesity.

Other programs

Bariatric surgery - In Cluj Napoca - in the state regime there are 3 clinics that perform bariatric surgery for patients with morbid obesity. Surgery 1, 2, and 3 and 2 clinics that perform the intervention in private. In Bucharest there are 3 other centers, 6 in Brasov and 4 in Timisoara and 1 in Constanta. There are no continuing education programs for physicians in the emotional treatment of patients with bariatric interventions.

Nutrition technician courses - They are nutrition education courses to serve family physicians, resident physicians, and nurses who want to enrich their information about nutrition in general and therapeutic nutrition in particular.

Non-formal and Informal training and education



Romania is lacking non-formal and informal training and education on weight stigma for health professionals working with individuals with obesity through the health system. However, the World Health Organization is working in four distinct areas to tackle the stigma experienced by people with obesity, and encourage others to join them in this. The healthcare professionals from our country can do training in this field only within non-governmental organizations or associations which are trying to fill the gaps and mismatches in the Romanian Healthcare System.

Healthcare professionals education (WHO)

To tackle stigma in healthcare settings, WHO is calling for better obesity education for healthcare professionals, as well as running their own e-learning platform SCOPE (World Health Organization, 2018). Many healthcare professionals say they do not feel equipped to treat patients with obesity, and patients with obesity have self-reported their doctors as being a key source of stigmatizing remarks and WHO believes that by providing and advocating for healthcare professional education on obesity, they can reduce stigma amongst this group, leading to better treatment for people with obesity, as well as instilling a compassion for people with obesity that will trickle into the rest of our society (World Health Organization, 2021a).

7. Appendices

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