



# Breaking WEIGHT BIAS

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Promoting Health without harming through digital training tools

Project number:

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## Desk Research Report

Danmar Computers

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## 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](mailto:alina.forray@publichealth.ro) and [madalina.coman@publichealth.ro](mailto: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

Country Profile Statistics - Poland				
Population (The Word Bank, 2019)	37,965.47 [1]	Population under 18 (stat.gov.pl, 2016)	7677 [16]	
GDP per capita (current \$) (The Word Bank 2019)	15,694.739 [2]	HDI Index & Ranking (UNDP, 2019)	HDI: 0.88 Ranking: 35 [17]	
GNI per capita (current \$) (The Word Bank, 2019)	32,790 [3]	Poverty headcount ratio at the national poverty line (% of population) (The Word Bank, 2018)	0.2 [7]	
Gini Index (The Word Bank, 2018)	30,2 [4]	Completion rate of lower secondary education (The Word Bank, 2018)	94.334 [8]	
Nurses (per 1,000 people) (OECD, 2020)	5,2 [12]	Mental Health Professionals (per 1,000 people) (WHO, 2016)	0.02/1000 [18]	
Physicians (per 1,000 people) (CIA.gov )	2.38 [5]	Dietitians and Nutritionists (per 1,000 people) (Source, Year)	No data	
Physical therapists (per 1,000 people) (x-rehab, 2020)	2 [13]	Life expectancy at birth (The Word Bank, 2019)	77,856 [9]	
			74.1 years male	81.8 years female
Prevalence of Type 2 diabetes (The Word Bank, 2019)	6.1 [6]	Literacy rate in adults (CIA.gov, 2015) [5]	99.9% male	99.7% female
Prevalence of cardiovascular diseases (WHO,2018)	46% [14]	Prevalence of overweight among adults (20 years and over) (WHO,2018) [14]	25% male	26% female
Saturated fat intake from total calorie intake (WHO,2012)	9.8% [15]	Prevalence of overweight among adolescents (5-19 years) (WHO,2018) [14]	10% boys	4% girls
Added sugars intake from total calorie intake	No data	Prevalence of overweight among children (0-5 years) (The World Bank, 2011)	5% overall children [10]	
Fruit and vegetable supply in grams per capita per day (WHO,2009)	499 grams [15]	Number of people who are undernourished (The Word Bank, 2018)	2.5 % [11]	
Salt intake in grams per capita per day (WHO,2000)	7.0 grams [15]	Prevalence of physical inactivity in adults (WHO,2018) [14]	33% boys	36% girls



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

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

Overweight and obesity is a serious health and economic problem worldwide, and what is more, this problem increasingly affects children and young people. In Poland, there are many strategies aimed at preventing overweight and obesity and counteracting discrimination on the grounds of obesity, including:

- The National Health Programme - The operational objectives of the National Health Programme 2021-2025 include the prevention of overweight and obesity. The programme aims, among others, to shape health attitudes, promote proper nutrition and physical activity, promote breastfeeding, update nutrition standards for the population, define nutrition standards in hospitals, raise public awareness of health determinants, etc. This regulation entered into force with effect from 1 January 2021. [19]

- Law on Equal Treatment – This law defines areas and ways of counteracting discrimination based on sex, race, ethnic origin, nationality, religion, belief, worldview, disability, age or sexual orientation, as well as other bodies competent in this field. [20]

- Charter on nutrition and physical activity of children and adolescents at school – The idea behind this programme is to ensure nutrition and opportunities for safe physical activity in Poland. The main objective is to ensure adequate knowledge and formation of skills and motivation related to rational nutrition and physical activity, to provide children with appropriate nutrition at school, as well as to ensure proper sanitary and organisational conditions for their consumption.

Environmental, social and economic factors:

**Environmental factors:** poor eating habits of parents, easy access to fast-food, consumption of large amounts of sweets and sweetened drinks, skipping breakfast, reduced physical activity.

**Social factors:** inactivity imposed by urbanisation and consequently low physical activity, culture, customs, traditions, level of education, material and intellectual conditions of choice of the type of food consumed.

**Economic factors:** easy availability of sweets and sugary drinks, low prices of fast-food, financial situation of families.

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

There are many clinics in Poland that have been established to meet the needs of patients. Their methods are based on contemporary trends in holistic medicine and are equipped with modern medical equipment. The clinics employ professionals with specialist knowledge who know how to provide patients with comprehensive medical care and support.

As regards organisations which fight against weight discrimination, we should mention here the OD-WAGA Foundation of People Suffering from Obesity. The main aim of the foundation is to lead to the creation of a national system in Poland: prevention, diagnosis, treatment and rehabilitation of obesity, as well as the fight against discrimination of people suffering from obesity in all areas of social life. The foundation also disseminates reliable information on the disease of obesity and safe methods supporting its treatment. [21]



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

In Poland, if the patient would like to use the free dietetic clinic within the National Health Fund services, a referral from the general practitioner (to the metabolic diseases clinic) is needed. The patient may also decide to visit a private clinic, which is not reimbursed, in this case, the patient must pay for the visit according to the price list of the dietician.

The guidelines for the principles of management of overweight and obesity in family physician practice are described in detail in a document edited by the College of Family Physicians in Poland, the Polish Society of Family Medicine and the Polish Society for the Study of Obesity (2018) [22]

We have not come across any information to suggest that health professionals are paid extra in managing people with obesity.

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

The campaign "Porozmawiajmy Szczerze o Otyłości" has been launched in 2019, the campaign is organised by the Polish Cardiometabolic Society. The main aim of the campaign is to raise public awareness that obesity is a chronic disease and needs to be treated because it threatens health. On the campaign website, you can find information and educational materials about the disease, learn about the causes of obesity, and find out how to fight obesity. The campaign also provides information and practical advice on how to persevere and support people who are struggling with the disease. The website also includes doctors who deal with obesity treatment. [23]

On the other hand, an example of a campaign which was supposed to encourage people to change their eating habits, but in the meantime stigmatised and gave complexes to people with eating disorders, is the 'Eat Carefully' campaign. The aim of this project was to draw attention to healthy lifestyle issues and to encourage people with obesity to change their culinary habits. Participants in the campaign were tasked with designing a poster on healthy eating, but it aroused much controversy. Many of the works referred to unhealthy eating habits and their consequences for human life. Some of the works unfortunately reinforced the image of obesity sufferers, so that their appearance in the public space caused a lot of controversy and very many negative comments. [24]

Another good practice in counteracting discrimination against people suffering from obesity is the establishment of the Team for Counteracting Discrimination against People with Obesity, which was set up in the Office of the Patient Ombudsman. The aim of this team is to develop good practice for the staff of health care providers in promoting awareness of the rights of patients suffering from obesity, and in particular to prevent discrimination on grounds of appearance or lifestyle. [25]



## 5. Affected persons

This section examines the status of affected overweight and obese persons. It also looks into access to health care services. This part should not exceed one page.

### Access to services and goods

The monitoring carried out by the Patient Ombudsman, which was inspired by the activities of the OD-WAGA Foundation, showed that the health service is not adequately prepared to care for people with obesity, and therefore obese patients (especially those with morbid obesity) have difficult access to health services. According to the data collected, there is insufficient dissemination of knowledge about the disease, an insufficient number of specialists, and shortages of equipment in facilities.

For this reason, among others, the Program of comprehensive medical care for patients with surgically treated giant obesity was created. This programme will be implemented in 2021 as a pilot in several coordinating centres. The main objective of the pilot is to improve the quality and effectiveness of treatment of patients diagnosed with giant obesity. Under the programme, the patient will be provided with comprehensive care at all stages of treatment.

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

This part should examine the education and training offered for health professionals working with individuals with obesity regarding weight bias awareness, causes of weight gain and loss, health effects, determinants, bariatric sensitivity, interventions and counselling for weight prevention and management.

As well, identify whether these aspects from the curriculum of health professionals are taught at which level (undergraduate or postgraduate) and whether this is mandatory or optional. This should include formal, non-formal and informal education and training offered to the direct target group of the project, and whether the education programme or scheme is national, regional, or local.

This is the most important chapter of the Desk review. It should be from 2 to 4 pages.

### Formal training and education in undergraduate and postgraduate programs

This section includes aspects regarding weight stigma and bias towards persons living with obesity included in the formal curriculum, and also, coverage and gaps regarding weight bias and obesity stigma.

Identify the number of Higher Education Providers and include aspects included in the curriculum from the following programs:

#### 1. Medical Programs

In Poland there are 9 medical universities and 5 Collegium Medicum. There are also university faculties with a medical specialisation (4) and non-public universities with a medical specialisation (4). According to the Act of 20 July 2018. Law on Higher Education and Science, universities in Poland are public universities and are supervised by the minister responsible for health [26]. Analysing the curricula at universities in Poland, we can observe that the topic of obesity is quite common. For example, at the Medical University of Bialystok, programmes on



obesity are conducted. And at the Pomeranian Medical University in Szczecin, we can find a course entitled 'Obesity - an interdisciplinary issue'. Apart from training institutions, there are also many medical programmes in Poland which aim to prevent and treat overweight and obesity. An example of such a medical programme is the 'Programme for Prevention and Treatment of Overweight and Obesity', which is aimed at people who are trying to regain control of their figure and do not know where to start. [27]

## 2. Dietitian Nutritionist Programs

In the years 2007, education in the profession of dietician with the current requirements was conducted on faculties such as: food technology and human nutrition and public health. Currently, education in the profession of dietician is provided at the level of higher vocational studies on the faculty of dietetics. During the studies, subjects such as: food chemistry, human anatomy, biochemistry, clinical psychology, internal diseases, paediatrics, nutrition in diabetes, food toxicology etc. are implemented.

In Poland, the profession and specialisation of dietician is still not popular. However, year by year the awareness of the society about a healthy lifestyle is increasing, so more and more people take advantage of the advice and services of dieticians. There are many courses for dieticians, one of them is "Obesity, causes, effects and treatment methods", which addresses issues related to obesity, but we have not found any information that would mention specialisations or courses related to counteracting weight discrimination.

## 3. Nursing programs

The training of nurses in Poland takes place exclusively at universities, which is regulated by law. Nurses are required to undergo continuing education. According to the ordinance of the Minister of Science and Higher Education in Poland, at the studies in nursing we will encounter such classes as basic health care, health promotion, nursing in long-term care, etc. We have not reached any materials that suggest training on weight discrimination in the nursing curriculum.

## 4. Physical therapy and kinesiology programs

In Poland, each physiotherapist has to belong to a physiotherapist self-government whose organisational unit is the National Chamber of Physiotherapists - KIF [28]. There are many educational materials, e.g. at [skuteczna-fizjoterapia.pl](http://skuteczna-fizjoterapia.pl), where there are materials that define the specifics of rehabilitation with overweight and obesity. In higher education, it is very common to find a course related to obesity. For example, the Higher School of Pedagogy and Administration in Poznan, introduced the study "Obesity Therapy". The main objective of this course is to provide knowledge and practical skills in the fight against obesity. The participants can be graduates of all higher education institutions, however, it is mainly addressed to graduates of physiotherapy, physical education, pedagogy and psychology.

## 5. Pharmacy programs

In Poland, studies on the pharmacy faculty include lectures, seminars and exercises in basic and directional contents as well as internships.

The curricula of pharmacy studies include such issues as: nutritional recommendations concerning the composition of food and the diet of people in the prevention of civilisation diseases, such as obesity. However, after analysing the data, we do not notice any training programme that refers to the prevention of obesity.

## 6. Other programs

World Obesity Day, 2018 - On 11 October 2018, we celebrated World Obesity Day. The aim of this global action was to draw public attention to the development of the pandemic disease of obesity. In 2018, the theme was the stigmatisation of people suffering from obesity.



## Non-formal and Informal training and education

In Poland, there is a lack of training and education on weight stigma for health professionals who work with people with obesity on a daily basis within the health care system. There are a number of programmes, as cited in the previous section of this desk research, but we did not reach information where specific training on tackling stigma and discrimination against obese people would be provided. This is why it is so important to empower health professionals to effectively deal with situations related to weight bias, and to equip them with public health and human rights skills and methodological tools. These skills and materials will certainly identify these biases and highlight the problems associated with discrimination.

## 7. Appendices

In the appendix, it can be useful to share your sources and list the documents used as in a bibliography. Please cite any information sources in the APA citation style.

- [1] "Population, total – Poland"; <https://data.worldbank.org/indicator/SP.POP.TOTL?view=chart&locations=PL>
- [2] "GDP per capita"; <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=PL>
- [3] "GNI per capita, PPP (current international \$) – Poland"  
<https://data.worldbank.org/indicator/NY.GNP.PCAP.PP.CD?locations=PL>
- [4] "Gini index (World Bank estimate) – Poland" -  
<https://data.worldbank.org/indicator/SI.POV.GINI?view=chart&locations=PL>
- [5] "The world factbook; Poland"; <https://www.cia.gov/the-world-factbook/countries/poland/#people-and-society>
- [6] "Diabetes prevalence (% of population ages 20 to 79) – Poland"  
<https://data.worldbank.org/indicator/SH.STA.DIAB.ZS?view=chart&locations=PL>
- [7] "Poverty headcount ratio at \$1.90 a day (2011 PPP) (% of population) – Poland";  
<https://data.worldbank.org/indicator/SI.POV.DDAY?view=chart&locations=PL>
- [8] "Primary completion rate, total (% of relevant age group) – Poland";  
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<https://data.worldbank.org/indicator/SH.STA.OWGH.ZS?view=chart&locations=PL>
- [11] "Prevalence of undernourishment (% of population) – Poland";  
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- [14] World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018
- [15] "Nutrition, Physical Activity and Obesity – Poland", WHO, 2012
- [16] "Size and structure of population by age groups in 1989-2016", stat.gov.pl;  
<https://stat.gov.pl/en/topics/population/population/structure-of-the-population-by-2016,7,1.html>
- [17] Human Development Index (HDI) Ranking, 2019
- [18] "Poland, Psychiatrists working in mental health sector (per 100 000 population), 2016"  
<https://apps.who.int/gho/data/view.main.HWF11v>
- [19] Projekt rozporządzenia Rady Ministrów w sprawie Narodowego Programu Zdrowia na lata 2021-2025
- [20] USTAWA z dnia 3grudnia 2010r.o wdrożeniu niektórych przepisów Unii Europejskiej w zakresie równego traktowania
- [21] Fundacja Osób Chorych na Otyłość OD-WAGA; <https://od-waga.org.pl/fundacja-od-waga/>
- [22] Zasady postępowania w nadwadze i otyłości w praktyce lekarza rodzinnego, Kolegium Lekarzy Rodzinnych w Polsce, Polskie Towarzystwo Medycyny Rodzinnej, Polskie Towarzystwo Badań nad Otyłością, 2018
- [23] Porozmawiajmy szczerze o otyłości; <https://ootylosci.pl/>



[24] Czy „jedz ostrożnie” to dobra kampania?; <https://www.termedia.pl/mz/Czy-Jedz-ostroznie-to-dobra-kampania-32828.html>

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[26] [Dz.U. z 2018 r. poz. 1668](#).

[27] „Poradnia leczenia nadwagi i otyłości - Informacje ogólne”; <https://www.citomed.pl/poradnie/leczenie-nadwagi-i-otylosci/o-poradni-30>

[28] Fizjoterapie w Polsce; <https://www.villamedica.pl/fizjoterapie-w-polsce/>