

The CINDI Programme in Poland: Vision and Reality. A 25-year Story

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A – research concept and design, B – data collection, C – data analysis and interpretation, D – article writing, E – critical review of the article, F – final approval of the article

DOI: 10.26399/rmp.v29.3.2023.18/w.drygas/a.szychowska/j.ruszkowska/m.kwasniewska

ABSTRACT

The CINDI Programme in Poland: Vision and Reality. A 25-year Story

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The CINDI (Countrywide Integrated Noncommunicable Diseases Intervention) programme of the World Health Organization is one of the most famous long-term international intervention and research programmes focused on health promotion and prevention of chronic non-communicable diseases on a population scale. The origins of the CINDI Programme date back to the early 1990s, when on the initiative of the WHO European Office and a group of European countries interested in the prevention of noncommunicable diseases, several countries from the European region and Canada joined the international network.

In Poland the CINDI initiatives were coordinated by the Department of Preventive and Social Medicine, Medical University of Lodz, and several other urban centres (among others Kalisz, Ostrów Wielkopolski, Chorzów, Toruń, Pabianice, Cieszyn, Włocławek, Przemyśl, Pleszew, Rawa Mazowiecka) joined the national programme activities. This article presents the most important achievements of the CINDI programme, with particular emphasis on health monitoring activities, training of medical staff, and innovative educational and intervention programmes. The anti-tobacco campaign "Quit and Win", the National Physical Activity Campaign "Revitalize Your Heart" as well as several representative population health surveys in Łódź and Toruń turned out to be particularly successful.

Taking into account the social, medical and economic benefits resulting from the long-term activities of the CINDI programme, the authors emphasized the need to undertake further initiatives and outlined the prospects for development of the programme on a national and international scale.

Key words: CINDI Programme, prevention of chronic diseases, health education, international cooperation, health education media campaigns

STRESZCZENIE

Program CINDI w Polsce: wizja i rzeczywistość. Historia 25 lat działalności

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Program CINDI (Countrywide Integrated Noncommunicable Diseases Intervention Programme) Światowej Organizacji Zdrowia należy do najbardziej znanych wieloletnich międzynarodowych programów interwencyjno-badawczych ukierunkowanych na promocję zdrowia i zapobieganie przewlekłym chorobom niezakaźnym w skali populacyjnej. Początki Programu sięgają początku lat 90. ubiegłego stulecia, kiedy to z inicjatywy Biura Europejskiego WHO oraz grupy krajów europejskich zainteresowanych profilaktyką chorób cywilizacyjnych stworzono sieć obejmującą kilkadziesiąt krajów z obszaru europejskiego WHO i Kanadę. W Polsce działania programu CINDI koordynowała Katedra Medycyny Społecznej i Zapobiegawczej Uniwersytetu Medycznego w Łodzi, a do sieci ośrodków współpracujących włączyły się inne jednostki m. in. z Kalisza, Ostrowa Wielkopolskiego, Chorzowa, Torunia, Pabianic, Cieszyna, Włocławka, Przemyśla, Pleszewa, Rawy Mazowieckiej.

W niniejszym artykule przedstawiono najważniejsze osiągnięcia programu CINDI, ze szczególnym uwzględnieniem działań monitorujących stan zdrowia, szkolenia kadr medycznych, innowacyjnych programów edukacyjno-interwencyjnych. Szczególnym sukcesem okazały się m. in. kampania antytytoniowa „Rzuć palenie i wygraj”, Ogólnopolska Kampania Aktywności Fizycznej „Postaw serce na nogi”, a także kilkukrotne populacyjne reprezentatywne badania stanu zdrowia ludności w Łodzi i Toruniu.

Mając na uwadze społeczne, medyczne i ekonomiczne korzyści wynikające z wieloletnich działań programu CINDI, autorzy podkreślili potrzebę podejmowania dalszych tego typu inicjatyw oraz zakreślili perspektywy dalszego rozwoju programu w skali krajowej i międzynarodowej.

Słowa kluczowe: program CINDI, profilaktyka chorób przewlekłych, edukacja zdrowotna, współpraca międzynarodowa, medialne kampanie zdrowotne

The CINDI (Countrywide Integrated Noncommunicable Disease Intervention) Programme was established in 1981 by the World Health Organization within the framework of the Health for All global health movement. It was one of the most active WHO programmes in influencing health professionals to adopt a comprehensive disease prevention and health promotion strategy and in translating theoretical evidence into practical action. Major NCD (noncommunicable diseases) include cardiovascular diseases, cancer, chronic respiratory diseases, accidents, mental disorders and diabetes mellitus. Many of these conditions are linked to common risk factors. These risk factors include tobacco use, unhealthy diet, obesity, reduced physical activity, alcohol abuse and are the most prevalent especially in poor and disadvantaged populations [1,3,4,8].

The CINDI network was established in 1985 and has grown to 28 countries. Poland joined the group of countries implementing the CINDI WHO programme in the early 90s. The coordinating centre for the WHO CINDI Programme in Poland was the Chair of Social and Preventive Medicine at the Medical University of Lodz (Łódź), and the first director of the Programme was Professor Włodzimierz Sapiński – a pediatrician and specialist in social medicine and health care organization.

Łódź, a city with a very interesting history and rich in culture linking the heritage of four nations, was at that time the second largest city in Poland with a population of nearly 800,000 residents. Thanks to the efforts of Professor Sapiński and his associates, in only a few years a number of other cities joined in implementing the CINDI programme in Poland, among others, Kalisz, Ostrów Wielkopolski, Chorzów, Toruń, Pabianice, Cieszyn, Włocławek, Przemyśl, Pleszew and Rawa Mazowiecka (Fig. 1, Fig. 2).

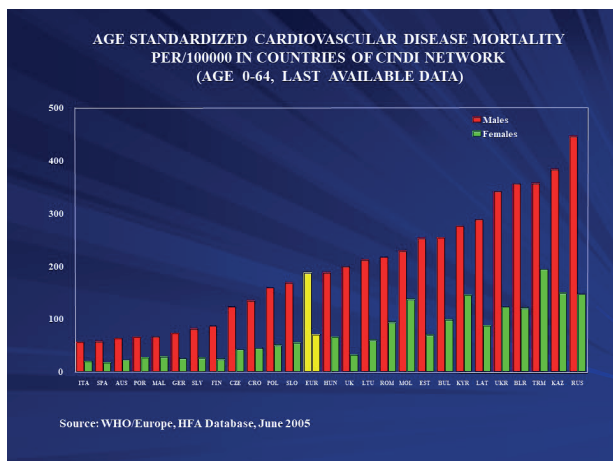


Figure 1. Cardiovascular mortality in 26 countries of the CINDI Network (WHO Europe, HFA Database, 2005)



Figure 2. Poland's map with centres involved in the CINDI Programme

From the beginning of the CINDI operation, programme organizers in Poland supported interdisciplinary cooperation, the inclusion of primary care physicians and nurses into the programme, regular training and the improvement of qualifications of medical personnel in the field of early diagnosis and prevention of chronic diseases, a skillful combination of educational activities aimed at the public tasks in the field of health promotion and prevention, especially cardiovascular diseases.

Monitoring the state of health

It is difficult to summarize in a brief report an assessment of more than 25-year implementation of the CINDI Programme in Poland. Certainly, a valuable benefit of the programme was the directing of much more attention of the medical community, politicians and the general public to the need of taking action in the field of health promotion and the prevention of chronic diseases, which will contribute to the improvement of the health of Polish society. In the early 90s, Poland belonged to the group of countries with the highest mortality rates in Europe due to cardiovascular diseases and very high rates of premature mortality (particularly among men), and in this respect, among the largest cities in Poland, Łódź stood out particularly badly.

Hence, an important component in the activities of the CINDI Programme in Poland was to monitor the health situation in the areas covered by the programme and the skillful use of the obtained information concerning risk factors and health behaviors in the shaping of health policy at regional and local levels. The first study of a representative sample of adult residents of Łódź was conducted in the years 1991–1992, and further in 1996–1997, in 2001–2002 and 2006. Similar studies using epidemiological research methodology applied in the international CINDI Programme were carried out in Ostrów Wielkopolski, Chorzów, Pabianice and twice in Toruń. In total, more than 20,000 adult men and women participated in the

studies of the state of health, risk factors and health behaviors performed under the auspices of the CINDI Programme in Poland [1, 2, 3].

Among the risk factors, high prevalence of smoking, poor dietary habits, excessive alcohol consumption and low levels of physical activity amongst most of the population drew attention. High incidence of hypertension, hypercholesterolemia, overweight and obesity, lack of systematic control of risk factors were the problems identified and included among the priorities in the activities of the CINDI Programme in Poland. The results of these studies were presented in reports and put at the disposal of local authorities as well as numerous local and international scientific publications [2, 3, 4, 8].

Between 1997 and 1999, we participated in a very interesting international research project "Bridging East-West Health Gap" with six countries involved in the CINDI Programme (Finland, Spain, Poland, Germany, Russia and Hungary) coordinated by the National Public Health Institute (KTL) in Helsinki [5,6,7]. It should also be noted that the results obtained during regular CINDI Programme research in Łódź and Toruń were used in the international analysis of the determinants of the reduction of mortality from coronary heart disease in Poland in the years 1991–2005 with the help of the IMPACT model developed by Capewell et al. from the University of Liverpool and published in the prestigious British Medical Journal in 2012 [8]. Practical experience resulting from the implementation of epidemiological studies under the CINDI Programme was also useful in the development of methodological assumptions and in the implementation of Poland's largest representative multicentre studies on the state of health: WOABSZ I during the period from 2003 to 2005, NATPOL 2011 and WOBASZ II from 2013 to 2014.

Training of medical staff

We have tried to convince everyone that the traditional, even the most effective but at the same time costly curative medicine cannot be the only way of arresting and restricting the epidemic of chronic diseases. We passed on this knowledge and the experience of other countries with the greatest achievements in the field of health promotion and prevention of chronic diseases during CINDI Programme seminars regularly organized every two years in Łódź and at the Central Olympic Preparation Center in Spała. Among the lecturers, there were the most prominent Polish and foreign experts in the field of public health and clinical medicine. A group of CINDI Programme leaders in Poland participated in numerous national and international congresses, symposia and seminars. We put

a lot of effort to make preventive medicine and health promotion an important part of the curriculum in Polish medical schools. Thanks to these activities and the many publications of the Polish CINDI Programme, the level of knowledge of the medical personnel was steadily improving.

The Programme for the Prevention of Cardiovascular Diseases

Based on their own experience in implementing the CINDI Programme, Łódź team has developed a programme for the prevention of cardiovascular disease covering both early diagnoses of risk factors as well as intervention measures (education carried out by specially trained staff, treatment in primary health care setting (POZ), referrals for specialized tests, etc.). This programme, aimed at people aged 35–55, developed jointly with the Department of Public Health at the Łódź City Hall was implemented in Łódź in 2002. The financial resources necessary for its implementation were provided by the local authorities. The positive experience associated with its implementation in Łódź caused that in 2004 the Ministry of Health and the National Health Fund (NFZ) decided to implement our Programme as the leading programme for the prevention of cardiovascular diseases throughout Poland. In the first years the Programme was annually attended by approximately 300,000 adult women and men. This programme in a modified version continues to this day.

The Quit & Win campaign

In the CINDI Programme operations in Poland, we paid particular attention to the need of smoking reduction and actions to promote greater physical activity levels in children, youths and adults. Poland was among a dozen countries that in 1994 organized the first edition of the international Anti-tobacco Quit & Win Campaign coordinated by the National Public Health Institute (KTL) in Helsinki. Subsequent campaigns in 1996–2006 organized with an active and creative support of many centres and a big involvement of the media certainly contributed to the rapid and significant decline in tobacco smoking in Poland over the last 15–20 years (Fig. 2). We organized special contests for medical staff and the students. It is worth noting that while in the early '90s more than 60% of adult men smoked cigarettes regularly, the latest research indicates that this figure is now less than 30%. As probably the only centre participating in the International Quit & Win Campaign, we evaluated the effectiveness of the anti-tobacco campaign among the contestants who declared quitting smoking after 5 or even 10 years [9].



Figure 3. "Quit & Win" Antismoking Campaign in Poland

Physical Activity Campaign – "Postaw serce na nogi" (Revitalize Your Heart)

Among the best known and highly regarded achievements on an international scale of the CINDI Programme in Poland we should mention the innovative Physical Activity Campaign "Postaw serce na nogi" (Revitalize Your Heart), organized in cooperation with the Polish Olympic Committee and the Association of Healthy Cities in Poland in the years 2001–2003. The patron of the campaign was the then Polish President Aleksander Kwasniewski, and many outstanding athletes were involved in its implementation. The originator and coordinator of the campaign was the director of the CINDI Programme in Poland (since 1997), Professor Wojciech Drygas.

Campaign organizers set themselves very ambitious goals: 1) to educate the population about the health benefits of regular physical activity; 2) to promote participation in exercise for health and quality of life; 3) to mobilize local organizations and politicians to create innovative social and physical environments that support physical activity; 4) to create strong coalitions of NGOs (e.g. scientific societies, professional associations, the media), to promote healthy lifestyles including physical activity; and 5) to disseminate successful physical activity promotion elements to other regions (countries) where sedentary lifestyle is prevalent.

The educational campaign was accompanied by a contest that rewarded systematic physical activity among young people and adults with very attractive prizes. Contest coupons were distributed in many

medical centres, pharmacies, health clubs and shopping malls, printed by cooperating newspapers and magazines and also available on the Internet.

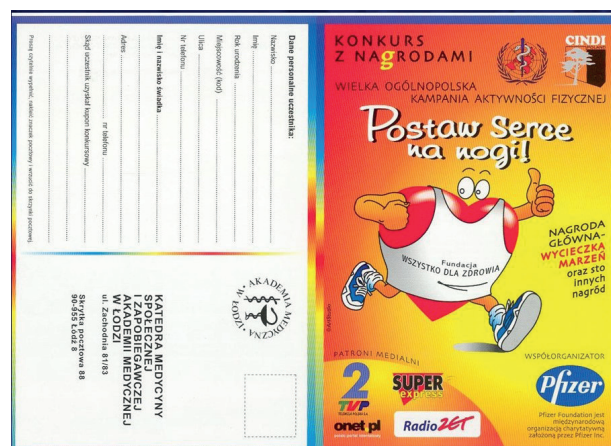


Figure 4. "Postaw serce na nogi" (Revitalize Your Heart) contest coupon designed by Halina Sibinska

The campaign met with a great interest in both the public and medical community and the media. In its last edition over 137 centres across Poland took part. A detailed description of the campaign and the results of evaluation studies have been published in the scientific literature [7, 10, 11].

Campaign organizers put in a lot of effort to make the innovative Physical Activity Campaign "Postaw serce na nogi" become a campaign on an international scale. We repeatedly presented assumptions, methods of implementation and results of the Campaign during international conferences and symposia (including Finland, Canada and Slovenia) as well as during the yearly meetings of the Directors of the CINDI Programme. In 2004, we organized a special symposium and workshops in Łódź attended by representatives of CINDI Programmes from seven countries: the Czech Republic, Canada, Russia, Romania, Slovakia, Slovenia and Poland. We are glad to note that our friends from the Czech Republic, Romania and Slovakia have decided to carry out campaigns similar to the Polish one – "Postaw Serce na Nogi" (Revitalize Your Heart) – coupled with a competition in their respective countries. In this way, it was probably the first European campaign promoting physical activity that crossed the borders of one country. In a WHO review published by Australian authors A. Bauman, S. Schoppe and M. Lewicka from the University of Sydney in 2008, our programme placed in the elite group of the world's best projects promoting physical activity on the population scale.



Figure 5. “Postaw serce na nogi” (Revitalize Your Heart) Campaign: Working with the Media (Wojciech Drygas with popular journalists Katarzyna Dowbor and Magda Mołek, Warszawa, 2004)



Figure 6. “Postaw serce na nogi” (Revitalize Your Heart) Campaign: Bicycle ride in Rzeszów with more than 700 participants

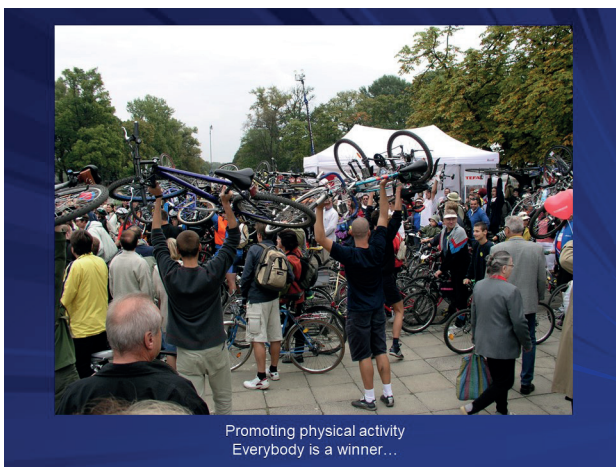


Figure 7. Promoting physical activity “Everyone is a winner”

Cooperation and partnership in Polish nationwide programmes

We sought cooperation and partnership with various organizations and scientific societies in order to carry out joint activities in the field of effective prevention of cardiovascular diseases and metabolic disorders. The cooperation with the community of family physicians, general practitioners, cardiologists as well as the sports medicine community was of particular importance. The CINDI Programme in Poland was in the group of partners and founders of the Polish Forum for Prevention, which played a very important role in the XXI century in raising the awareness and knowledge of physicians and the public in Poland by issuing regular guidance, manuals and educational materials for patients. The experience of the CINDI Programme in Poland has been used in various research-intervention programmes implemented by academic centres, among others, in an innovative Programme “Hypertension – this you need to know” (“Nadciśnienie o tym trzeba wiedzieć”) and “The Polish 400 Cities Project”.

The CINDI Programme Director in Poland was the coordinator of a long-term and very successful and popular educational programme “Pamiętaj o sercu” (Mind Your Heart), which received considerable attention in Poland and beyond the borders of our country. As part of this project (2003–2009) funded by the Ministry of Health there were such as two sets of TV advertising films produced, the so-called spots aimed at adults (11 films) and children and adolescents (5 films). Moreover, dozens of special television and radio programmes, and two very attractive websites were developed: www.pamietajosercu.pl for adults and www.graoserce.pl for children; festivals and picnics were organized, amongst others, as part of World Heart Day. This programme implemented in partnership with the public media and repeatedly presented at international conferences and seminars can be considered in terms of effectiveness (including economics) as a model educational programme in the field of cardiovascular diseases [14].



Figure 8. World Heart Day: Warszawa, Kraków, Łódź, Chojnice

CINDI Art and Science – international cooperation

Probably the most important benefit obtained from the participation in the implementation of the international CINDI WHO Programme was the possibility of genuine partnership, exchanging ideas and reciprocal use of the experience of other countries in the field of health promotion and chronic disease prevention. It is hard to forget the yearly directors meetings of the CINDI Programme and extremely creative discussions among experts from 20–30 countries. The meeting places were in the world's oldest university halls: Charles University in Prague and the University of Pavia, capitals and known metropolitan areas: Barcelona, Bratislava, Helsinki, Copenhagen, Montreal, Warsaw and Liverpool and extremely picturesque places like Dubrovnik in Croatia or Montebello in Canada. Seminars, conferences, and workshops organized in different countries were an opportunity to develop new strategies and programmes. We had many opportunities to increase our knowledge and understanding of health problems in different countries and regions [12]. It is through the CINDI Programme that we could discuss health policy with prominent Canadian experts, study and implement the experience of Finnish experts who for over 20 years had been implementing the North Karelia Project or compare trends in changes in risk factors and health behaviors in countries, often very distant geographically and politically. Our younger colleagues had the opportunity to participate in regular CINDI training / CDC Evidence Based Public Health in Austria, in the North Karelia Project training in Finland. Of great importance for us was the possibility of closer cooperation with neighboring countries or regions with a similar social and economic situation: the Czech Republic, Romania, Slovakia and Slovenia, which impresses in terms of scale and skillful implementation of various public health programmes.



Figure 9. CINDI Programme among other health-oriented initiatives in Canada

With such enthusiastic and charismatic leaders like Pekka Puska, Sylvie Stachenko, Vilius Grabauskas, we could be confident that we are heading in the right direction and our actions will have an effect! An invaluable role in the programme was played Professor Igor Glasunov and Dr. Aushra Shatchkute, who for many years coordinated and supported our actions on behalf of the European Office of the WHO in Copenhagen. Everyone will hold in high regard the competence, kindness and commitment in the implementation of the programme of such wonderful personages as professors Andres Petrasovits, Helios Pardell, Endre Morava, Egbert Nussel, Fernando de Padua or the creator of the Polish CINDI Programme – Włodzimierz Sapiński. It is a shame that they are no longer among us; however, there will remain a grateful remembrance of their accomplishments and... many colourful anecdotes and stories. Especially when the stories were accompanied by a sip of wine from a huge decorated gold CINDI goblet, which quickly became a symbol of cooperation and friendship.

In October 2018, we had the pleasure to organize with financial support of the Ministry of Health in Warsaw the International Conference on best practices in NCD prevention and health promotion and a CINDI Directors Meeting. We shared with our colleagues from 12 countries from western and eastern part of Europe and Canada our successes and failures in health promotion and NCD prevention with special emphasis on media campaigns, innovative NCD prevention programmes and involvement of primary health care organizations in health promotion.

Unfortunately, over the last 5 years the CINDI Programme has lost its previous extent, prestige and dynamic on the global scale. The WHO Europe management decided not to support international networking like CINDI, some countries i.e. Finland, the Czech Republic, Hungary, Spain decided to concentrate their efforts on NCD prevention on a national level only. For

many CINDI leaders, the main problem is a lack of prioritizing of NCD prevention and health promotion in national health policies and a lack of adequate financial support. It seems, however, that new initiatives presented by colleagues from Lithuania (WHO Collaborating Centre in Kaunas) supported by Poland, Austria, Canada, Italy, UK and other CINDI members will result in restoring the CINDI network and coming back to an integrated NCD intervention and innovative health promotion programmes.

The CINDI Programme on a global scale was certainly one of the most important international initiatives at the turn of the century aimed at reducing morbidity and mortality due to chronic diseases and the practical implementation of the principles of a healthy lifestyle [13, 15]. Basic principles of the CINDI Programme: integrated activities, multifactorial intervention, partnership, creating a coalition, building resources and infrastructure at the local community level have proved their worth in Polish conditions. The CINDI Programme in Poland contributed to a significant reduction in overall mortality, a reduction in mortality from cardiovascular diseases and extended the lifespan of the inhabitants of our country. And that is something we can be proud of!

Common abbreviations:

National Health Fund = NFZ (Polish)
 National Public Health Institute = KTL (Finnish)
 Primary Health Care = POZ (Polish)
 Noncommunicable Diseases = NCD (English)

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No potential conflict of interest was reported by the authors.

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