The ‘Closing the health gap in the European Union’ report, prepared by the HEM project team, describes the epidemiological situation in the new EU member-states and indicates the need for undertaking action for establishing competence and capacity for reducing inequalities in health between the EU countries [1].

Consultations with the new EU member-states conducted by the Polish Government (Health Minister Ewa Kopacz) in collaboration with international research organizations (Peter Boyle) led to the signing of the Warsaw Declaration. The Declaration calls for the establishment of a research network that would allow monitoring of the development of the health situation in East European countries through evidence and science-based public health interventions.

The issue of health inequalities between the EU countries were the principal theme of the public health agenda set during the Polish Presidency of the European Union (July-December 2011). Discussions and analyses of the existing health gap between EU countries, the description of hypothetical causes, but most importantly, proposals for necessary health interventions were discussed during two meetings of EU Health Ministers on 4 July and 2 December 2011 in Sopot, Poland. A crucial element of the proposed course of action is the monitoring of the health situation development, and the assessment of effectiveness of actions undertaken in the member-states.

The PONS Study is a collaboration between Polish and Norwegian researchers, initiated by a generous grant from the Polish-Norwegian Research Fund. The aim of PONS is to establish an open-ended prospective study of a cohort from the Kielce region in Poland, based on the Norwegian experience with the HUNT study [2].

The PONS study includes information about a large range of health-related factors collected by systematic interviews, clinical measurements and blood samples. In this issue of the Journal, several papers describe the initial cross-sectional results of the first 3,840 participants who were recruited to the study. Recruitment to the PONS study has reached over 10,000 participants and is still ongoing. The ultimate goal is to include as many of the 120,000 inhabitants of the region as possible, and to establish a prospective cohort that will be followed over time.

The methodology allows for describing health history and health determinants, conducting health measurements and influencing factors, information of social and environmental factors, which may have an important impact on health situation development among the study participants. The results of all measurements (e.g. the ECG or spirometry) are fed directly into an electronic database. The collected biological material is stored in a biobank after suitable preparation.

Such documentation of health history and determinants (with biological samples) gives a solid baseline for making diagnosis of population health. It provides the possibility to describe and analyze by gender, age group, place of residence, or education. That is also one of the aims of our presentations in this issue of the AAEM Journal.

The collected data will additionally allow conducting an analysis which will help to answer questions about the proximal and distal causes of the present health situation. This will be crucial in attempting to improve the health situation. For example, it can help us understand why a high prevalence of hypertension, obesity, or diabetes exists in the studied population. It can also help answer questions on why people quit, or fail to quit smoking, etc. Such an open-ended prospective health study also allows observation of health changes through time by a follow-up study, which is especially important in the case of a population undergoing transformation.

The establishment of a large prospective study in Poland will contribute to the development of public health research in the country, as well as have a positive impact on population research in other central and eastern European countries.

REFERENCES