



# **Advancing FH pediatric screening with tailored communication: A citizen-centered approach in Romania and Cyprus**

**Centre for Innovation in Medicine  
June 2025**

# Why FH?



- FH is **the most common inherited cardiovascular risk factor** worldwide
- Affects **1 in 300 people** ~2 million adults and 500,000 children in Europe
- **Passed down in families**, FH causes high cholesterol from birth → Without treatment, it leads to premature cardiovascular disease
- **Early diagnosis changes lives** → When detected in childhood, individuals can live a normal life expectancy
- The challenge: 90% of people with FH remain undiagnosed. Millions unknowingly live with elevated risk

**F + H = FH**



**Family history**  
of early cardiac events



**High LDL cholesterol:**  
above **190 mg/dL** in adults  
and **160 mg/dL** in children



**Familial**  
**Hypercholesterolemia**

# PERFECTO

- **Consortium:** Led by FH Europe Foundation (NL), with partners from Romania (InoMed), Cyprus (CUT), Germany (EuroScan), and Brussels (EPHA). Supported by expert advisory groups.
- **The main objective** of PERFECTO is to advance the implementation of FH Paediatric Screening across Europe.
- **Work Packages:** 5 interconnected WPs addressing awareness, literacy, screening pathways, and policy support.
- Co-funded by the European Union, under the EU4Health Programme








**PERFECTO -**  
**preventing the preventable.**  
*FH paediatric screening for CVH.*


 Co-funded by the European Union

# Objectives

 **Understand population behaviors:** Collect and analyze behavioral data on FH awareness and cardiovascular risk perceptions in Romania and Cyprus.

 **Segment the population:** Develop behavioral clusters and personas to reflect diverse motivations, barriers, and health beliefs.

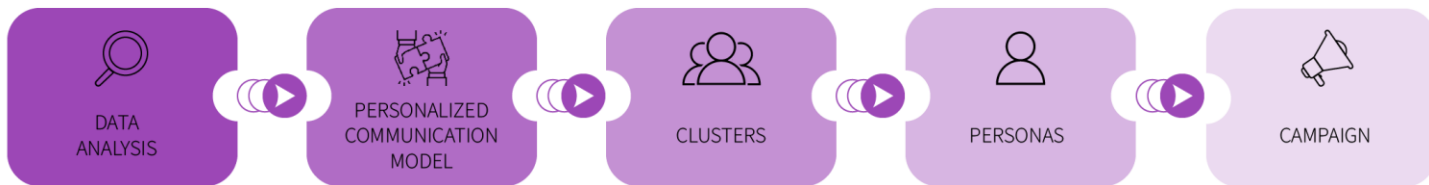
 **Design a Personalized Communication Model (PCM):** Create targeted communication strategies tailored to each persona and cluster.

 **Validate across contexts:** Test and refine the PCM to ensure cultural and systemic relevance in both Romania and Cyprus.

 **Increase FH pediatric screening uptake:** Improve public engagement, especially among parents and caregivers, through effective, multi-level outreach.

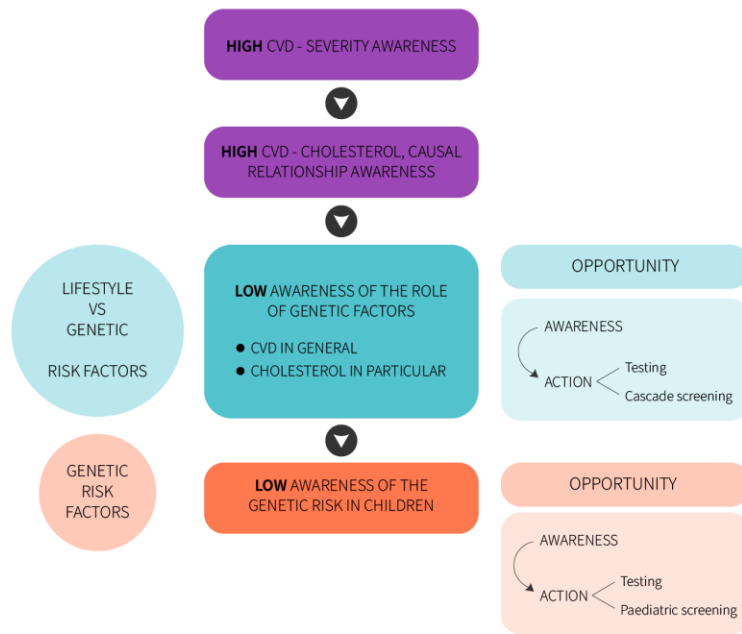
# Methodology

- **Phone surveys** (CATI): 1000 participants in Romania, 455 Cyprus
- **Online surveys**: detailed beliefs, attitudes, and behaviors.
- **Expert focus groups and national consultations** with healthcare professionals (cardiologists, geneticist), patients, authorities
- **Large Language Models** used to synthesize and refine personas (PCM integrates AI + human expertise)



# Results

KEY FINDINGS OF PHONE SURVEY, ONLINE SURVEY AND FOCUS GROUP  
IN ROMANIA

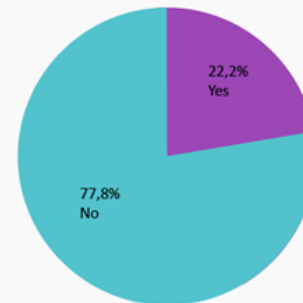
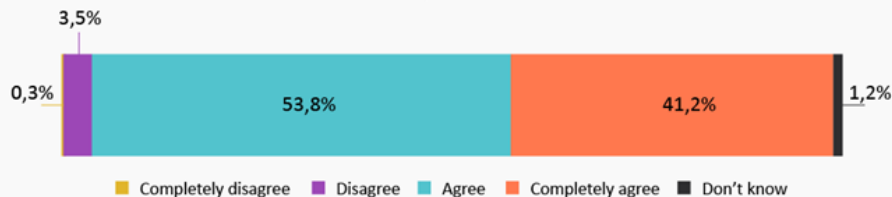


- FH awareness is low despite strong interest in prevention
- Family doctors & pediatricians are trusted—key messengers
- Big gap between knowing and acting—PCM can help bridge it

# Need for Enhanced Education on Genetic Factors in Cardiovascular Health

How much do you agree that cardiovascular diseases are caused by lifestyle factors?

- unique answer -

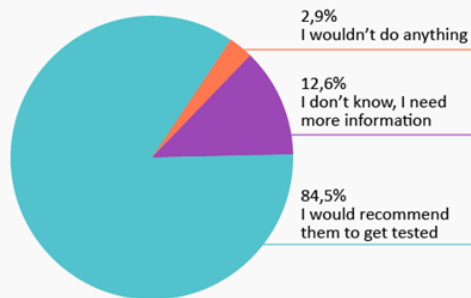


How much do you agree that someone with a family history of cardiovascular disease can develop such a disease themselves? (unique answer)

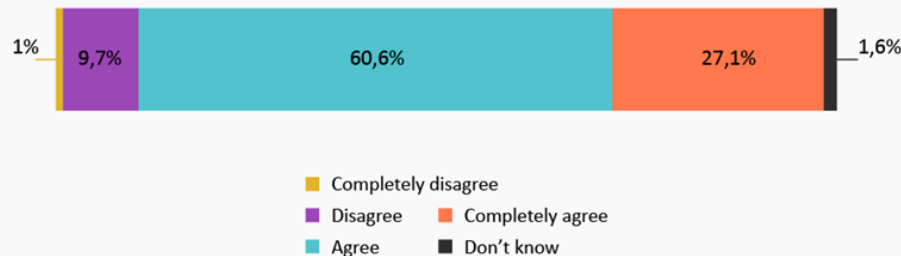


# Missed Opportunity in Familial Risk Communication

If there existed a test that could indicate that you and your grade I family members are at high risk of cardiovascular disease at a young age, what would you do?  
(unique answer)



How much do you agree that someone with a family history of cardiovascular disease can develop such a disease themselves?  
(unique answer)





# PERSONALISED COMMUNICATION MODEL FOR FAMILIAL HYPERCHOLESTEROLEMIA PAEDIATRIC SCREENING



**perfecto**  
Preventing the Preventable

## DIRECT TARGETING

### MICRO CHANNELS

- Personalised communication from healthcare providers.
- Social media campaigns.
- Mobile health apps with reminders and educational content.

### MESO CHANNELS

- Educational programs in schools and workplaces.
- Community health events and workshops.
- Collaboration with community leaders and influencers.

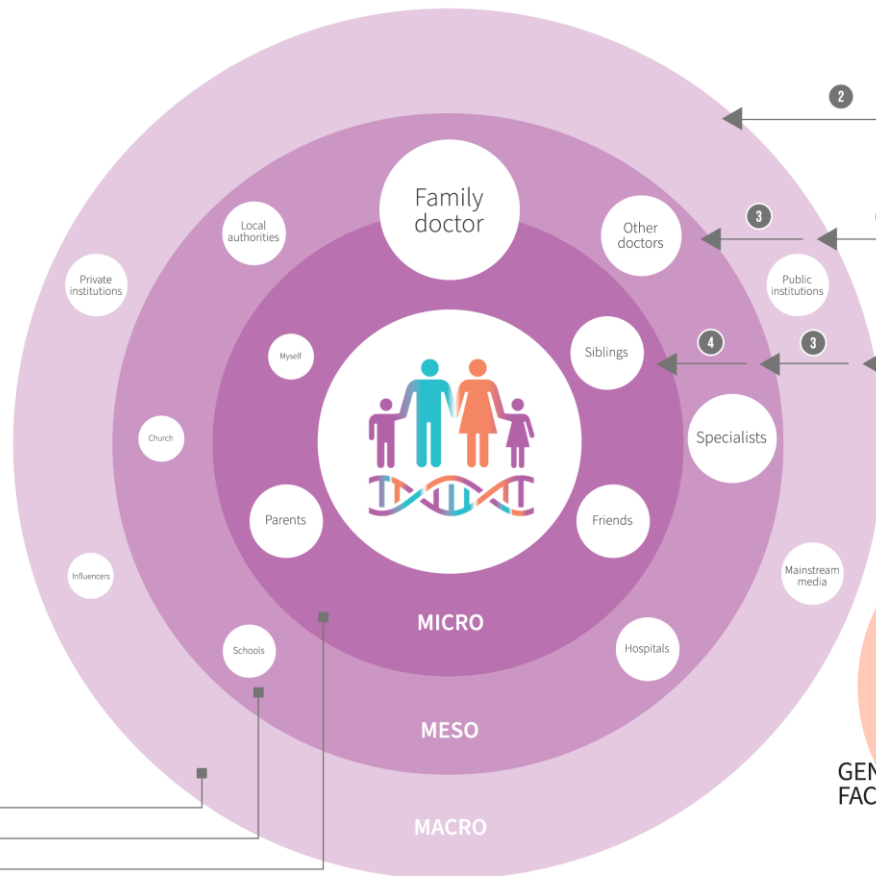
### MACRO CHANNELS

- National media campaigns (TV, radio, online).
- Policy briefs and advocacy with government and health organizations.
- Partnerships with national healthcare providers and NGOs.

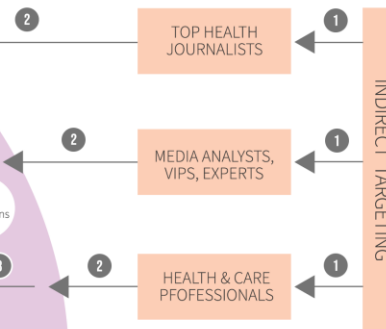
### KEY FACTORS

- Frequency
- Type of message
- Medium & channels
- Right moment

CONTINUOUS  
ASSESSMENT OF  
EFICACY AND  
PERSONALISATION  
THROUGH PERIODICAL  
STUDIES



## INDIRECT TARGETING





## SILVIA

The Elderly Advocate Engaged in Community Health

68 YEARS OLD | MARRIED, 1 CHILD | UNIVERSITY DEGREE | URBAN

### CHARACTERISTICS

- Highly aware and actively educates others about CVD.
- Regularly monitors her health and advocates for screenings.
- Understands and promotes awareness of genetic risks.
- Proactive; organizes health events and mentors others.
- Trusts healthcare professionals and collaborates with them.
- Prefers comprehensive information from reputable sources.

### PERSONA

## The Proactive Health Advocate

#### HEALTH LITERACY



#### AWARENESS OF CVD RISKS



#### ENGAGEMENT WITH PROFESSIONALS



#### WILLINGNESS TO PARTICIPATE IN SCREENING PROGRAMS



### BARRIERS

- Need for new challenges and engagement.

### SOLUTIONS

- Involve her in leadership roles in health initiatives.

### STRATEGIES

- Support her efforts to organize events and provide resources.
- Offer opportunities for her to participate in policy advocacy.
- Connect her with networks of like-minded individuals.



## MIHAI

The Young Adult Feeling Invincible Due to Age

25 YEARS OLD | SINGLE, 0 CHILDREN | UNIVERSITY DEGREE | URBAN

### CHARACTERISTICS

- Believes CVD is a concern for older adults.
- Minimal concern about cholesterol and genetic factors.
- Unlikely to engage in health screenings unless symptomatic.
- Doesn't have a regular family doctor.
- Prefers digital platforms and is influenced by trends.
- Relies on online information and peer advice.

### PERSONA

## The Busy and Indifferent

#### HEALTH LITERACY



#### AWARENESS OF CVD RISKS



#### ENGAGEMENT WITH PROFESSIONALS



#### WILLINGNESS TO PARTICIPATE IN SCREENING PROGRAMS



### BARRIERS

- Perception of invincibility due to youth.

### SOLUTIONS

- Use impactful messages that resonate with his desire for a successful future.

### STRATEGIES

- Share stories of young adults affected by heart issues.
- Emphasize how preventive actions now can safeguard his ambitions.



## GHEORGHE

The Elderly Man Skeptical of Modern Medicine

68 YEARS OLD | MARRIED, 2 CHILDREN | HIGH SCHOOL DIPLOMA | URBAN

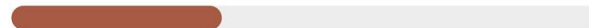
### CHARACTERISTICS

- Skeptical about the emphasis on CVD.
- Questions the significance of cholesterol levels.
- Prefers traditional practices over medical treatments.
- Distrusts the modern healthcare system.
- Values discussions with peers over professional advice.
- Prefers information from traditional media.

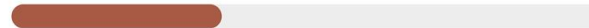
### PERSONA

## The Skeptical and Distrustful

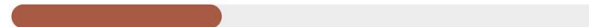
#### HEALTH LITERACY



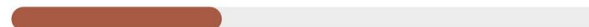
#### AWARENESS OF CVD RISKS



#### ENGAGEMENT WITH PROFESSIONALS



#### WILLINGNESS TO PARTICIPATE IN SCREENING PROGRAMS



### BARRIERS

- Distrust of modern healthcare.

### SOLUTIONS

- Acknowledge his experience and introduce information respectfully.

### STRATEGIES

- Share testimonials from peers who have benefited from screenings.
- Provide information through channels he trusts.

# Why it matters and what is next?

- ✓ PCM = people-centered, scalable, and adaptable
- ✓ PCM aligns evidence with empathy.
- ✓ Gives us tools to speak to real people, in their language.
- ✓ Builds trust, addresses barriers, drives participation
- ✓ Supports EU strategies on CVD, health literacy, digital health



Learn more about PERFECTO





# THANK YOU

