



# **Health status and disability of Polish population.**

## **Factors for assessment of LTC needs**

**The ANCIEN project; CASE Policy Research Seminar**

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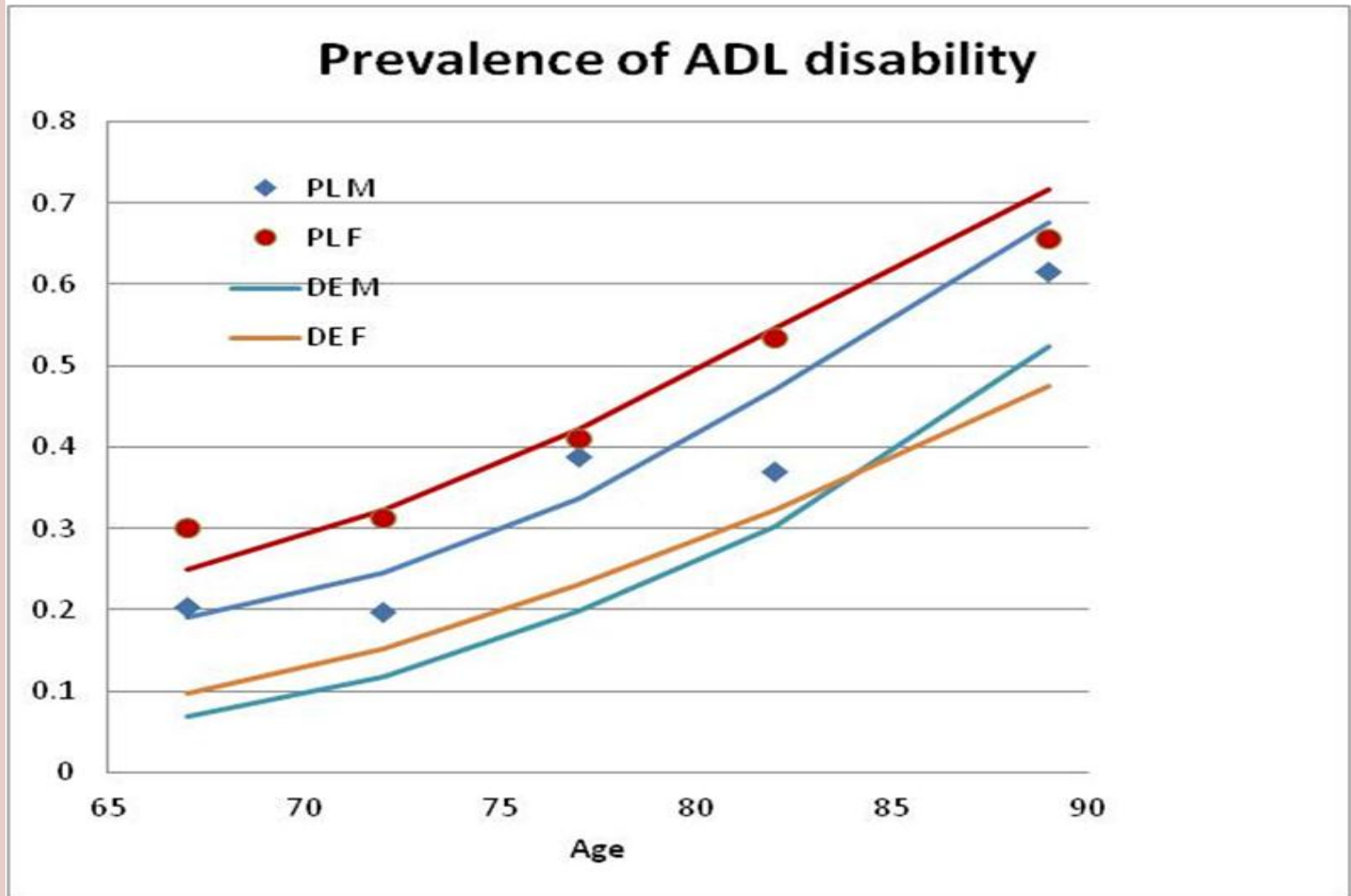


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  - Disability
  - Family changes
  - Longer participation on the labour market



# Disability prevalence Poland and Germany based on SHARE data



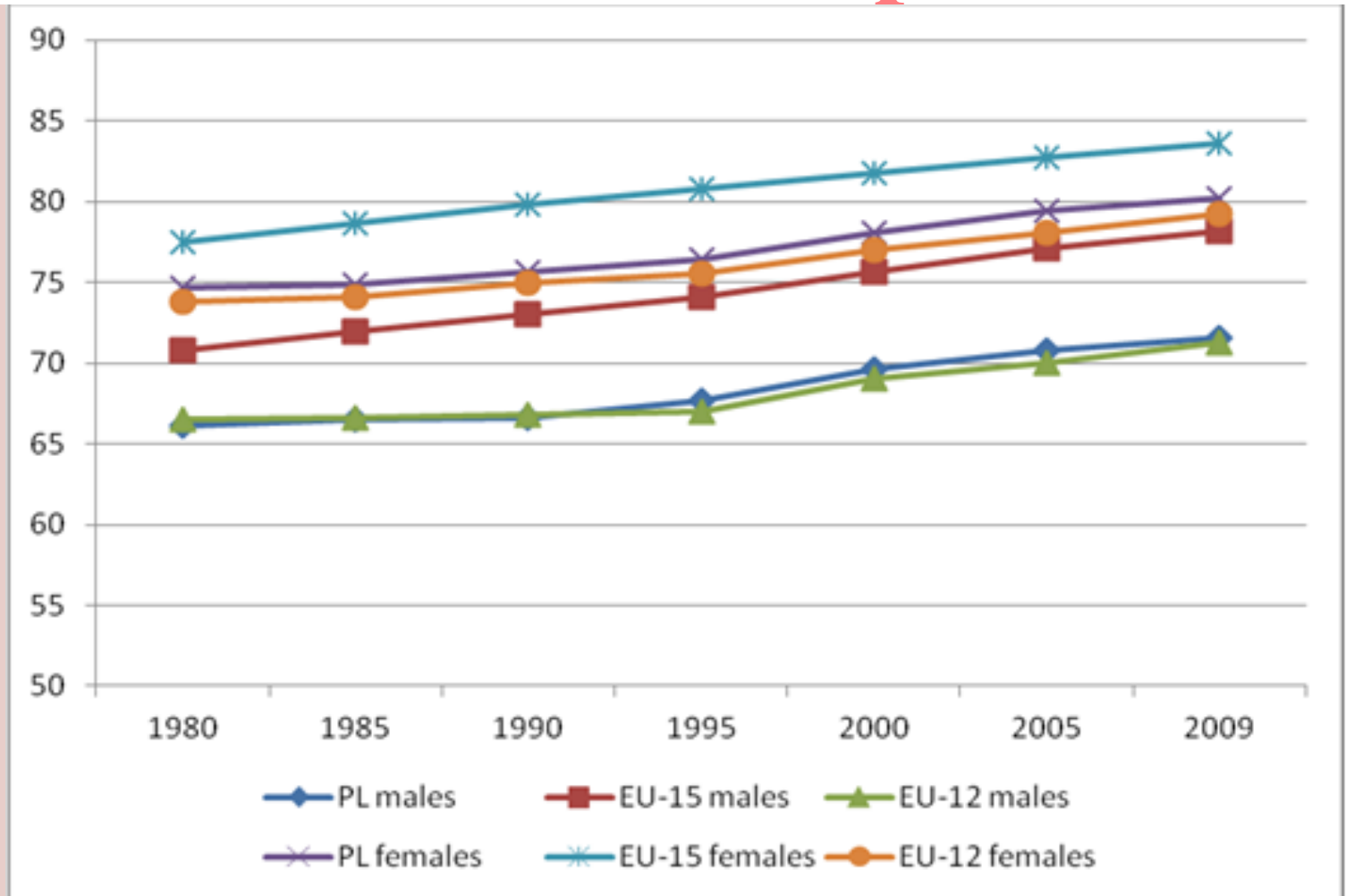


# Health status development in Poland

- Life expectancy at birth and at age 65
- Healthy life expectancy
- Mortality
- Morbidity

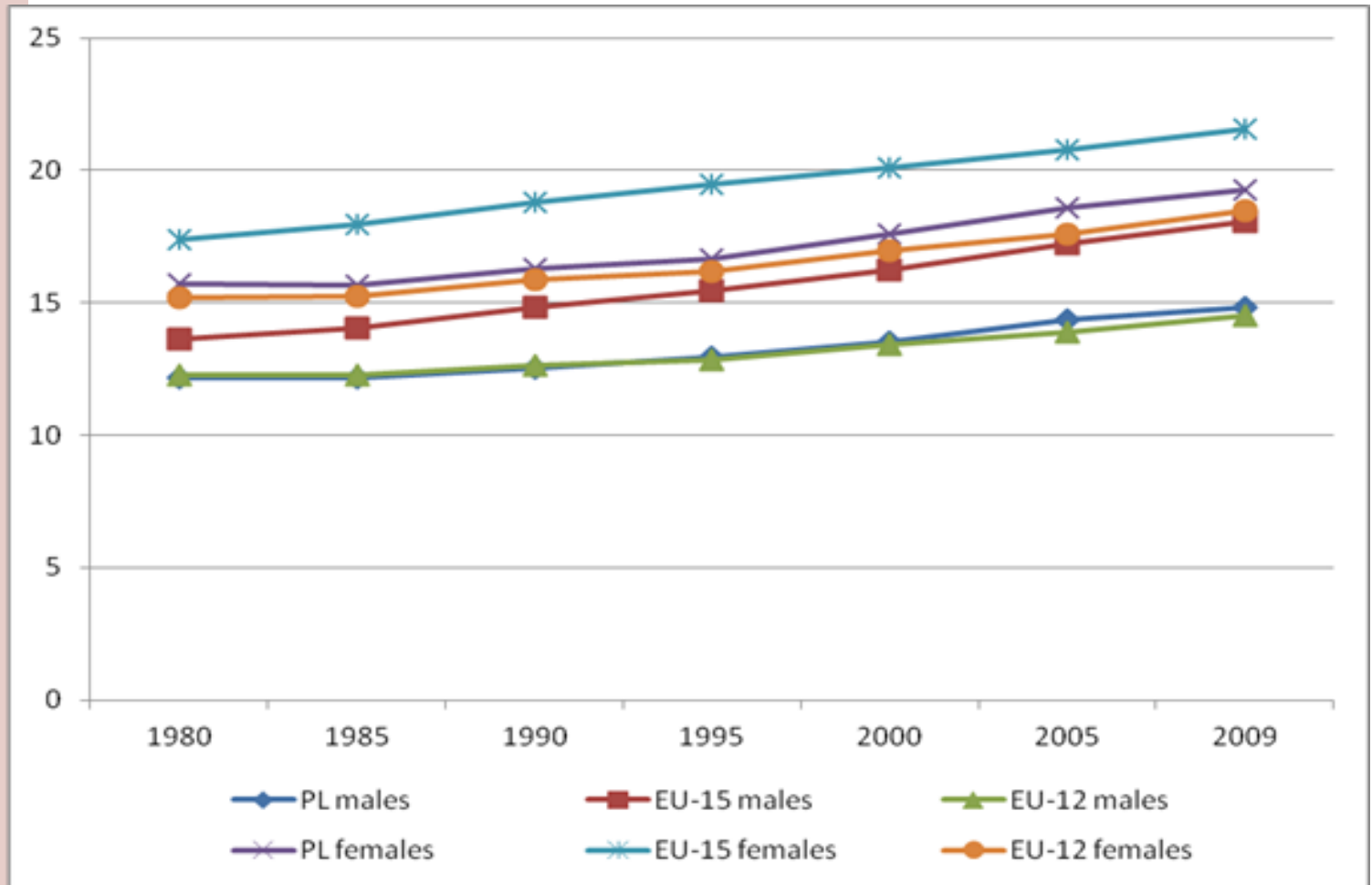


# Health status development - LE





# Life expectancy at age 65





# Healthy life years –HLYs

|        | At birth |        |                     |        | At age 65 |        |                     |        |
|--------|----------|--------|---------------------|--------|-----------|--------|---------------------|--------|
|        | HLYs     |        | Share of HLYs in LE |        | HLYs      |        | Share of HLYs in LE |        |
|        | male     | female | male                | female | male      | female | male                | female |
| EU 27  | 61.3     | 62.0   | 79.9                | 75.1   | 8.4       | 8.4    | 48.6                | 40.2   |
| Poland | 58.3     | 62.5   | 81.5                | 78.0   | 6.9       | 7.7    | 46.6                | 40.1   |



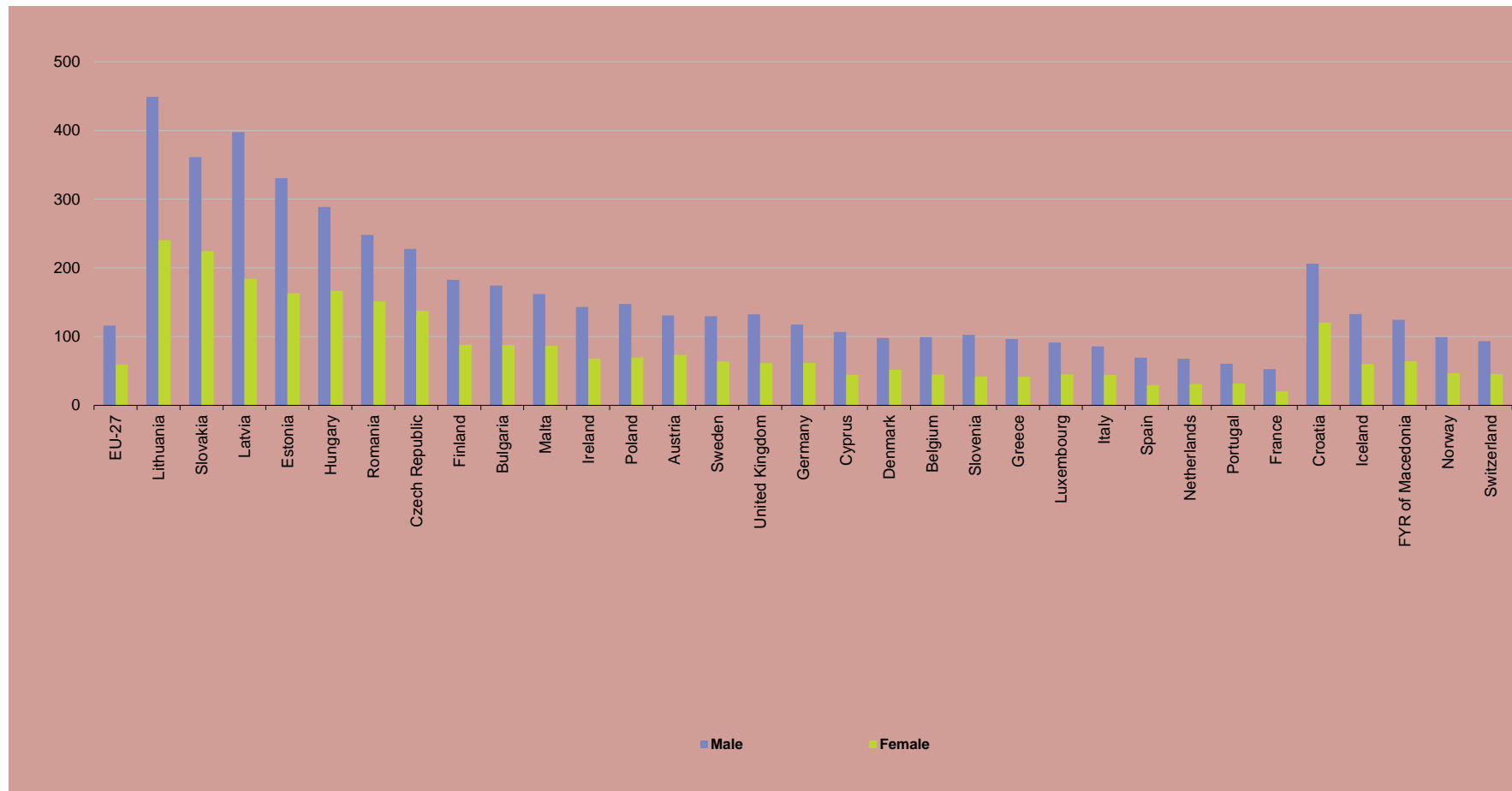
# Mortality

1. Progress – decrease of mortality caused by circulatory diseases – isachemic hearth disesaes
2. Relatively high mortality rate from cancer; dynamic ageing and limited effectiveness of medical interventions
3. External causes – relatively high



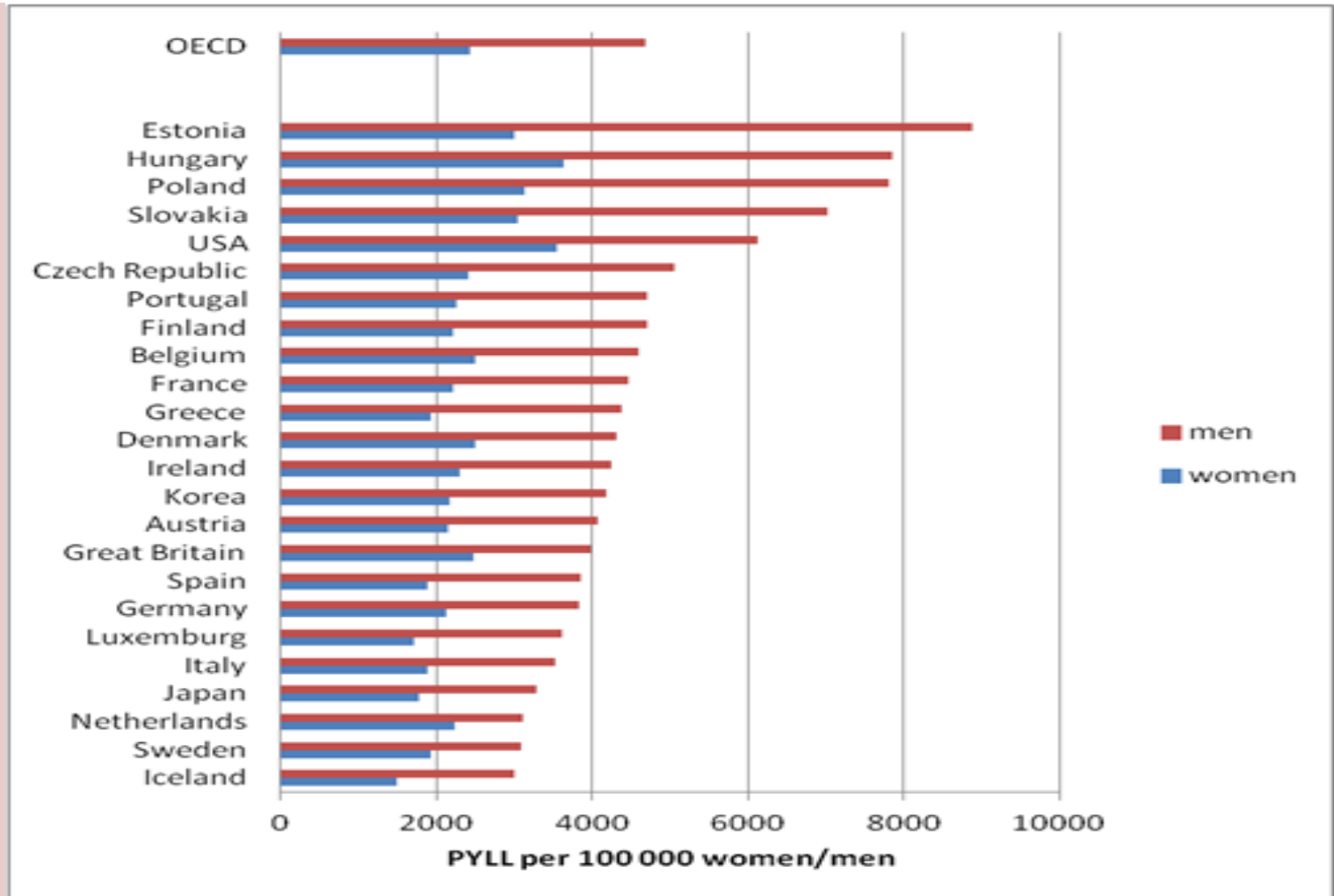


# Mortality rate for ischemic heart disease per 100 thousand population





# Premature mortality – before 70 PYLL





## Epidemiological transition

- From communicable diseases to non-communicable diseases, particularly – chronic diseases
- Osteoarticular and spin diseases
  - Mental disorders and diseases associated with cognitive limitation - dementing illness
  - Diabetics



# DALYs; mln years

| Group of diseases                          | In middle-income countries | In the European Region | In countries with the highest income |
|--|----------------------------|------------------------|--------------------------------------|
| Ischemic heart disease                     | 28.9                       | 16.8                   | 7.7                                  |
| Brain vascular disease                     | 27.5                       | 9.5                    | 4.8                                  |
| Unipolar depressive disorder               | 29.0                       | 8.4                    | 10.0                                 |
| Dementia and Alzheimer's disease           | ~ ~                        | 8.4                    | 4.4                                  |
| Alcohol use disorder                       | 14.9                       | 7.1                    | 4.2                                  |
| Cirrhosis                                  |                            | 3.1                    |                                      |
| Chronic obstructive pulmonary disease      | 16.1                       | 3.3                    | 3.7                                  |
| Other respiratory diseases and lung cancer | ~ ~                        | 3.7                    | 3.6                                  |
| Infectious respiratory diseases            | 16.3                       |                        | ~ ~                                  |
| Bone and joint diseases and osteoporosis   | ~ ~                        | 3.1                    |                                      |
| Damage to sensory organs                   | ~ ~                        | 3.9                    | 4.2                                  |
| Diabetes                                   | ~ ~                        | 2.3                    | 3.6                                  |



# Disability

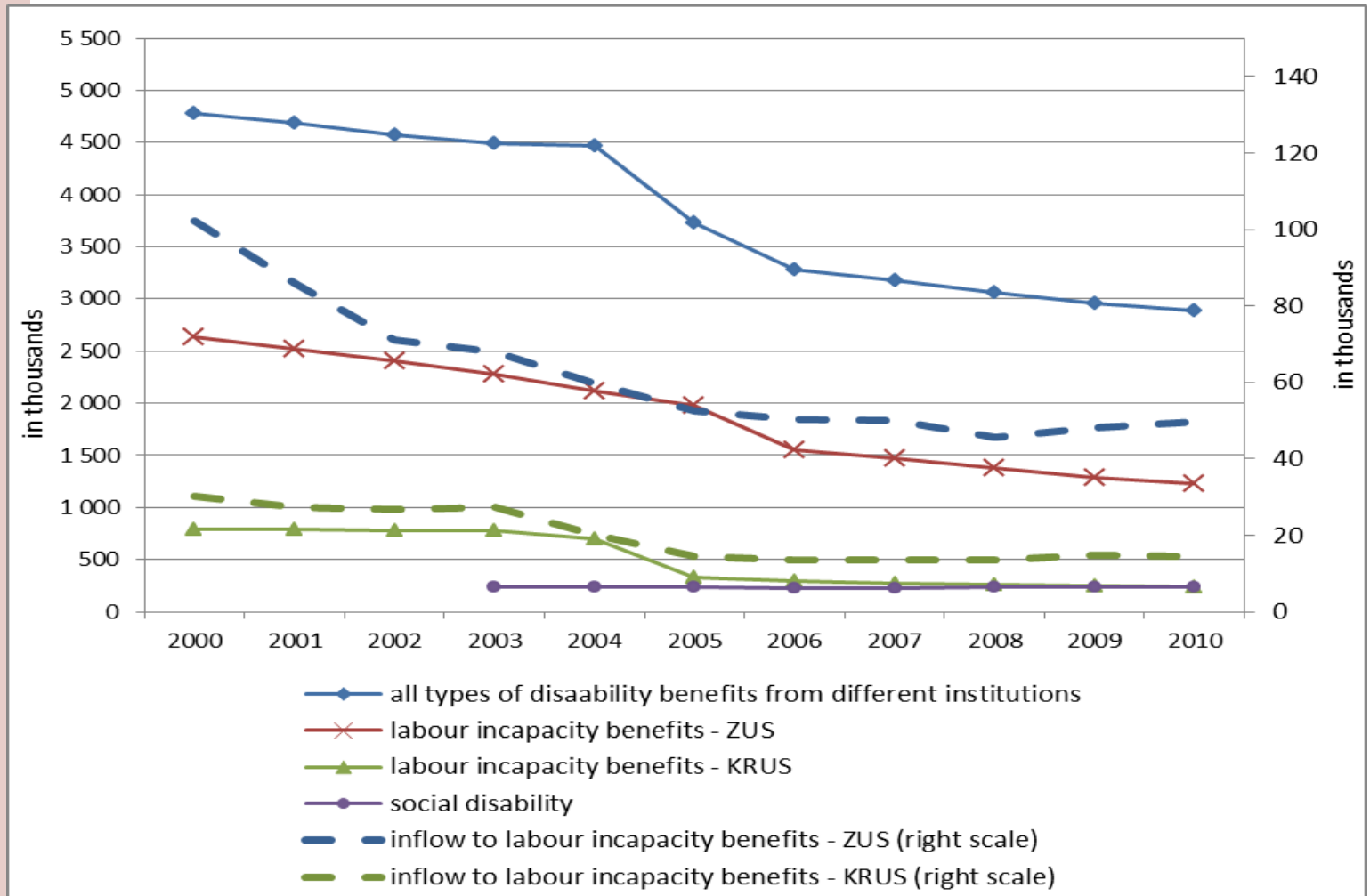
Problems with definitions of disability and measures

- Functional disability based on ICF concept; ADL and IADL
- Legal disability based on medical assessment preformed in social security institutions – entitlement to the disability pensions
- Legal disability definition based on medical assessment on incapacity to work.

|   | Occurrence of disability or long-term (chronic) diseases   | Poland                                      | The average for the given group of countries   |
|---|--|---|--|
| 1 | The share of population with long-term problems or chronic illnesses lasting at least 6 months.<br><br>EHIS / GUS * study                            | 43% (problems)<br><br>55% (diseases) (2009) | 31% (problems) (2008)<br><br>EU-27             |
| 2 | The share of people evaluating their health below good in the general population.<br><br>EHIS / GUS study  | 34% (2009)                                  | 33% (2008)<br><br>EU-27                        |
| 3 | Percentage of people with chronic illness or long-term health problems in the general population.<br><br>EU-SILC survey                              | 32.0% (2007)                                | 30.7% (2007)<br><br>EU-27                      |
| 4 | The percentage of people with limitations in daily activities lasting longer than 6 months among people of working age: 24-64<br><br>EU-SILC survey  | 16.0% (2009)                                | 17.5 (2009)<br><br>EU-27                       |
| 5 | The percentage of people with reduced life activity lasting longer than 6 months aged 55-64 among the people in that age group<br><br>EU-SILC survey | 53.4%                                       | 37.5% (2009)<br><br>EU-27                      |
| 6 | The percentage of people with functional limitations aged 50 + among the people in that age group<br><br>ADL<br><br>IADL<br><br>SHARE Study *        | 16.3% (2006)<br><br>16.7%                   | 6.9% (2006)<br><br>9.1%<br><br>EU 12 countries |
| 7 | Percentage of population aged 20-64 receiving disability benefits.<br><br>OECD data (OECD 2009)  | 7.0 (2007)                                  | 5.8 (2007)<br><br>28 countries                 |



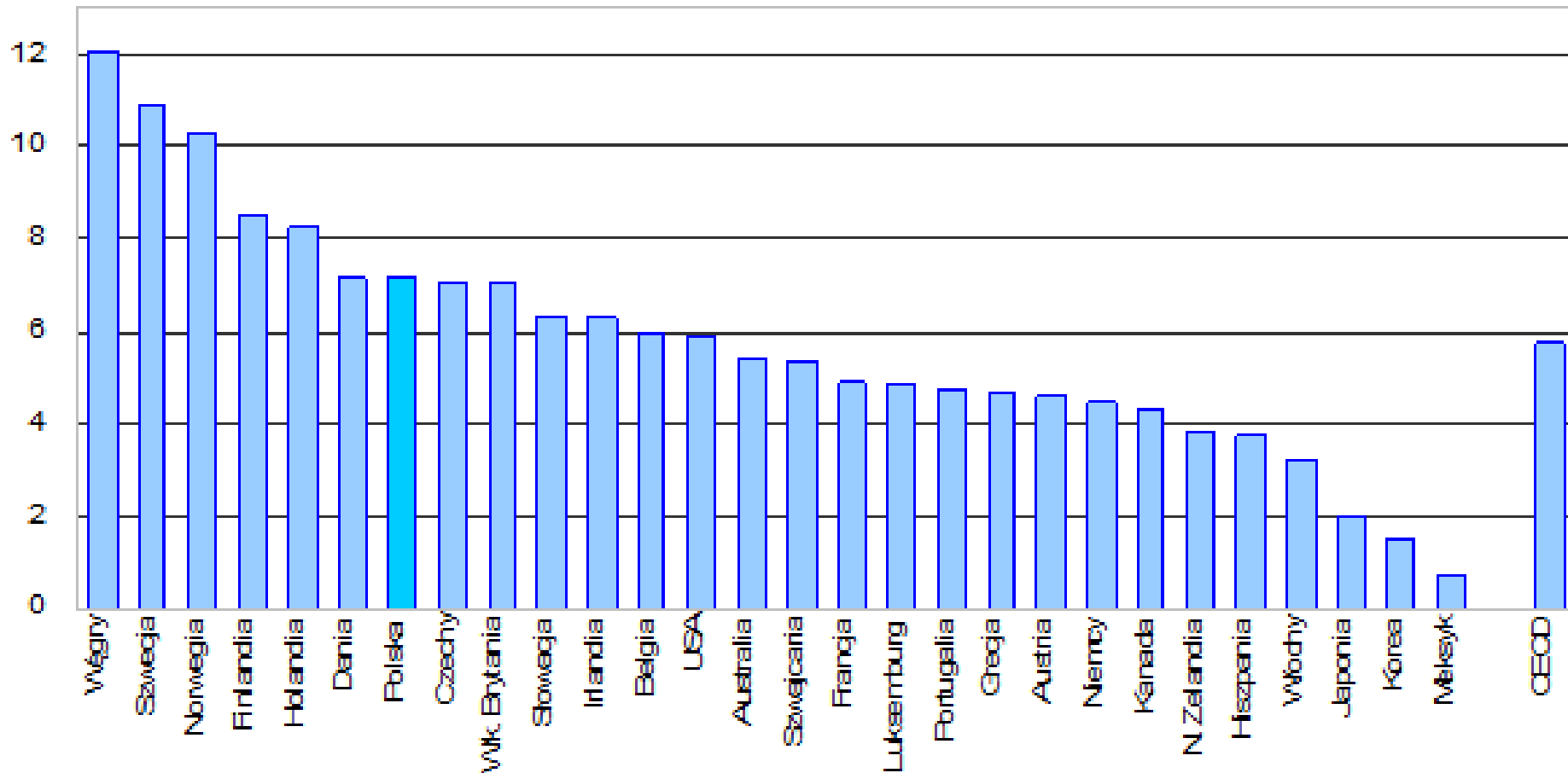
# Decreasing tendency of people with disability pensions



GUS 2011 & 2012



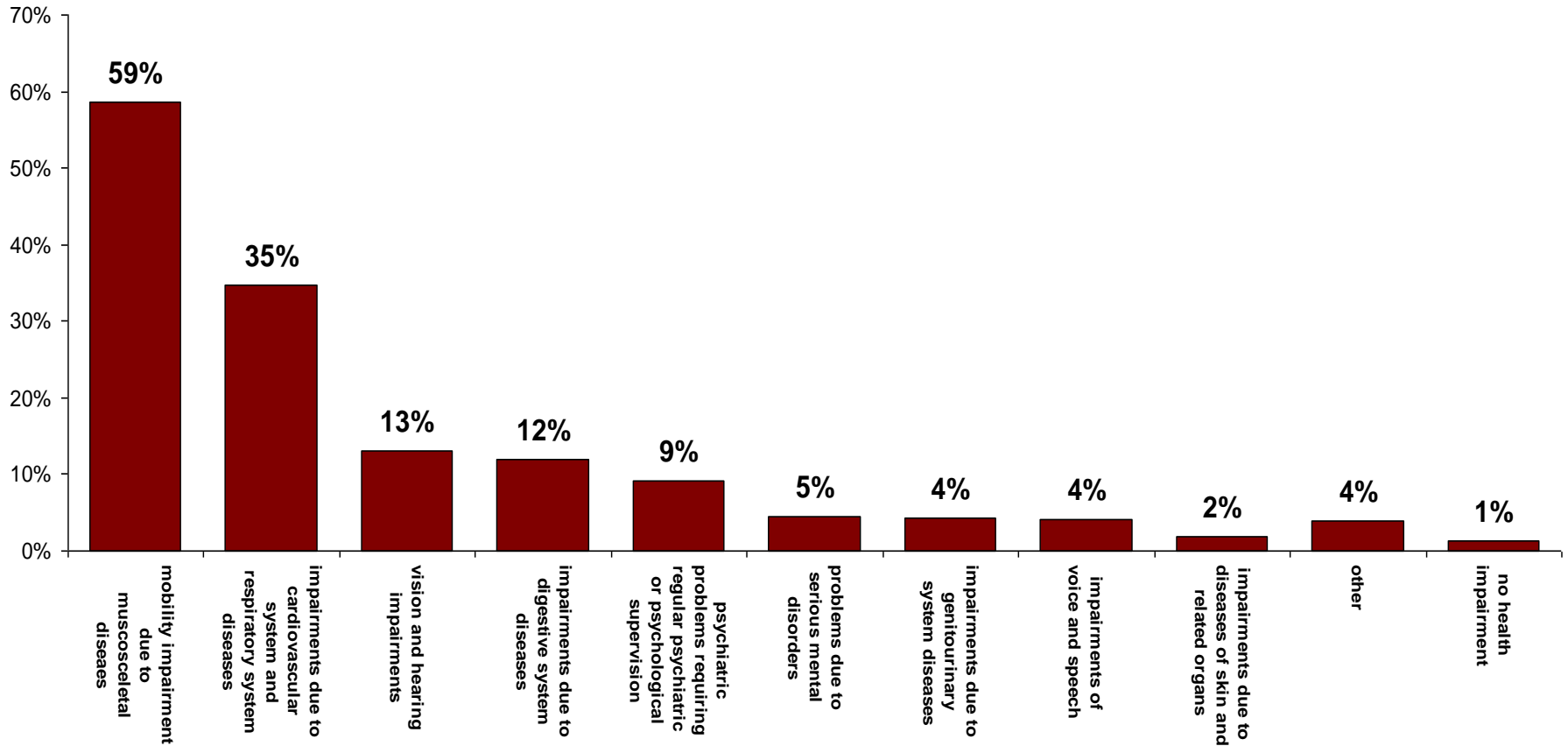
# Share of disabled people receiving disability benefits in the population aged 20-64; comparative data from 2007







# Causes of legal disability





## 3 paths lead to disability

1. Disability from birth, caused by genetic damage and perinatal injuries, early childhood diseases – 10% (a few percent in high income countries)
2. Disability as the result of accident or injury – 20% (about 10% in high income countries)
3. Disability as the result of long-term disease(s) – 60% (in high income countries 65-80%)



# Disability from birth and early childhood diseases

In Poland quite often children are born with serious birth defects, significantly more often than in other countries (European register EUROCAT). At the same time there is developed extended screenings of newborn for hearing defect and congenital metabolic diseases.

Generally it could be estimated that the programs and activities relating to reproductive health and child care in Poland are mainly focused on reducing infant mortality. However, reducing the frequency of chronic diseases and diseases leading to child disability is not a priority in the Polish health policy.



# Disability from injuries

Two main causes of injuries (fatal and nonfatal; the latter is 12 times higher):

- Road traffic accidents; there are several causes of the high level of road accidents in Poland: a dynamic increase in the number of vehicles on the road, failure to comply with safe driving standards (speeding, driving after drinking alcohol), and inadequate road infrastructure
- Accidents at work; monitoring of accidents at work indicates some increase since 2006 (CIOP 2012), although in the years 1990-2005 the trend was rather favourable; concentration in selected sections of economy: mining, manufacturing, construction, and transport.



# Disability as a result of chronic disease (s)

## Who studies (2011)

- Osteoarticular diseases, followed by diseases of the spine,
- Hearing disorders and visual impairment,
- Heart disease and hypertension,
- Diabetes,
- Asthma and respiratory diseases,
- Dementia.

## Studies in Poland - based on ZUS and KRUS evidence

| ZUS                                | KRUS (farmers)                        |
|------------------------------------|---------------------------------------|
| Cancer (FM)                        | Osteoarticular and muscle diseases    |
| Cardiovascular diseases (MF)       | Cardiovascular diseases (MF)          |
| Osteoarticular and muscle diseases | Cancer                                |
| Mental disorders (FM)              | Mental and behavioural disorders (FM) |



# Conclusions

- Despite a significant improvement in the 1990s in reducing mortality from cardiovascular disease, and mainly ischemic heart disease, health status of Polish population is not very high in compare to the EU average health ststus indictors.
- Health status is much worse within poulation aged 50+
- The importance of many chronic diseases is increasing, and their occurrence is more frequent in older age. This leads to an increase in functional disability, which has already been signalled by some European surveys (EHIS, SHARE).



## Conclusions cont.

- There are gender specific diseases as causes of mortality and disability.
- Cancer and mental disorders > relatively new and neglected health and disability problems.
- Functional disability leads to low quality of life of older people.
- Legal disability and functional disability – two perspectives for policy makers.
- High level of functional disability and prevalence of chronic diseases in population aged 50+ > strong factor of increasing LTC needs.