PROCEEDINGS OF THE
INTERNATIONAL WORKSHOP ON

SOCIAL SECURITY REFORM

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Polish Academy of Sciences

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International Institute for Applied Systems Analysis

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Proceedings of the International Workshop
held in Warsaw on 23-24 September 1997

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Warsaw 1998

Publication of this volume was made possible due to financial assistance of:

- International Institute for Applied Systems Analysis
- Polish Committee for Cooperation with IIASA
- State Committee for Scientific Research of the Republic of Poland

ISBN 83-85847-14-6

Chapter 3:

The Outline of the Polish Case

Recent trends in the health status of the Polish population

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The health status of a population cannot be easily assessed in a straightforward manner. Definitions of health do vary, however, the best known one, adopted by the World Health Organization, says: *"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".*

This definition is considered, through, to be an ideal rather than an operational definition allowing for the population health status assessment.

There have been several attempts to develop positive health indicators which have not ended with a great success. In practical assessments of the population health status negative indicators informing about health deficiencies and negative health events are commonly being used.

Thus, the major health problems of the Polish population will be presented with reference the above mentioned two groups of indicators.

1. The overall health situation

The first period after the war brought the decrease in mortality in all age groups. This resulted in longer life expectancy which, in mid sixties, was comparable to that observed in Austria and Finland. The positive change was mainly due to a reduction in mortality from communicable diseases. Later on, the health condition of middle-aged men started to decline and this process has continued over successive years. Women's health condition worsened during the seventies, but the change was not so extensive.

Since 1991 the health situation has begun to improve. Total mortality has dropped down, although the premature death rate remains still very high. At present one third of deaths is noted among persons under 65 years of age. If current mortality pattern remains, 35% of men and 15% of women born in 1996 are not likely to reach the age of 65 years.

Life expectancy at birth which in 1996 was 68.1 years for men and 76.6 for women is considerably lower than in member states of the European Union.

At present the newborn Polish boys may expect their life to be on the average shorter by 6.3 years when compared to EU average while newborn Polish girls will live 4.2 years shorter than their EU counterparts. In 1974 when the differences in mortality between Poland and EU countries were the smallest the excess mortality was 1.3 and 0.8 years in the boys and the girls respectively.

2. Diseases of the circulatory system

Cardiovascular diseases are a major public health problem in Poland like in other developed countries. In 1995 they caused 50.4% of all the deaths, that is – 194,710. Mortality rates due to cardiovascular diseases have declined in all the developed countries since mid seventies. At the same time the incidence of these diseases has been increasing in Poland, particularly in the male population. This adverse trend reached its peak in 1991 and since then a long expected declining tendency has been observed. In 1995 male mortality from cardiovascular diseases in Poland was higher by 84% than the mean level in EU countries. The excess of rates in Polish women was slightly lower and was 78%. When compared with European countries of the former communist block (Central and Eastern Europe - CEE) the rates for males are close to average and for women they are even lower.

Cardiovascular diseases belong now to the most frequent cause of hospitalization. During the years 1979-1995 the proportion of in-patients hospitalized due to these diseases increased from 15% to 20% among men and from 11% to 16% among women.

3. Malignant neoplasms

Malignant neoplasms form the second group of major causes of mortality in Poland being responsible, in 1995, for 21.5% of all deaths in men and almost 18% in women. In the seventies the risk of malignant neoplasms in Poland was much lower than in the majority of European countries. During the next decade overall male mortality from cancer increased. At present, the male and female mortality

rates, especially in the 20-64 age group, are higher than the average in the whole Europe, including the postcommunist countries. In 1995 male mortality from malignant neoplasms in Poland was higher by 13% then the mean in European Union. The excess of rates in women was 5%. Temporal changes of cancer mortality in Poland are similar to the changes in CEE countries, however, the level of mortality is higher in our country.

The data from the recent years indicate that the negative trend is slowly levelling off and some decline in mortality from malignant neoplasms could be expected in a not too distant future.

The most dynamic increase is observed in mortality from the trachea, bronchia and lung cancer. In 1995 mortality from this cause was higher in Poland by about 43% for men and by 10% for women than the average values in European Union.

Since the eighties, breast cancer has been the leading malignant neoplasm in women in Poland. Breast cancer mortality rate has remained stable since 1988 and now it is lower than in most of Europe.

The rate of mortality of Polish women from malignant neoplasm of the cervix is one of the highest in Europe. At present a declining trend is being observed, however the decline is slower then in the majority of European countries.

Malignant neoplasms are responsible for every tenth hospitalization. During the years 1979-1995 the contribution of these diseases as the cause of hospitalization doubled.

In 1995 over 400 thousand cases of neoplasms treated in hospitals included more than 55 thousand cases of lung cancer, 33 thousand cases of breast cancer, and over 16 thousand cases of cancer of the lower alimentary tract. In 1979-95 lung cancer was the largest single contributor to the increased hospitalization.

4. Injury and poisoning

External causes of injury and poisoning constitute the leading cause of death among males of age 1-45 and females of age 1-35. The situation in Poland in this regard is worse than the average in Europe in terms of both the level of mortality and the pattern of its change in time. In 1995 the rate of mortality from injury and poisoning was higher by over 90% for men and by almost 33% for women than the average for European Union.

Traffic accidents are still one of the main causes of death, and they are responsible for one fourth of all the deaths from external injury and poisoning among men and one fifth among women. In Poland, traffic accidents are characterized by pro-

foundly high mortality: 12 deaths per 100 traffic accidents, whereas in the European Union this rate is at 3.5.

According to the 1995 data obtained from the Police Road Traffic Department, 6,900 person involved in 56,904 road accidents died. The share of pedestrians' deaths in the total mortality due to road accidents was 40%.

Bearing in mind that road accidents are one of main causes of death among young people (second, third and fourth decade of life), they are responsible for the largest number of lost potential years of life.

Another matter of great concern is that of suicides which constitute only a slightly smaller life threat than road accidents. The number of deaths due to committed suicides increased from 4,970 in 1990 to 5,499 in 1995. The male suicide rate is higher in Poland than the average in European Union whereas the female rate is lower.

In 1995, about 14% of men and 6% of women in the group of discharged patients were hospitalized as a result of injury and poisoning. During the years 1979-1995 the hospitalization rates for these causes remained at the same level.

5. Diseases of the respiratory and digestive systems

Diseases of respiratory and digestive systems are less often discussed as the public health problem due to their lower fatality. However, their prevalence as well as their burden for health services is quite high as indicated by the hospitalization rates.

Both the categories of diseases are among the main causes of hospitalization of men as they are responsible for over one fourth of the total number of hospitalized cases. Among women they play only a little less important role, since every fifth woman treated in a hospital suffers from one of these diseases.

In Poland every fifteenth death is caused by diseases of the respiratory or digestive system, and mortality rates in both groups of causes are the same.

6. Mental disorders

In Poland 15-25% of persons suffer from mental disorders and 10-20% of children and adolescent at the school age need mental health and psychological care: psychogenic disorders or conditions in which psychogenic factors play important role are most frequent.

During the years 1985-95 general incidence of mental disorders registered in outpatient health service facilities was almost at constant level (about 450 per

100,000 population). But a significantly growing tendency has been observed in the case of affective psychosis (an increase of 60%). Environmental conditions, and the aging process of the population, on the one hand, and better diagnostic methods and easier access to mental treatment, on the other hand, contribute to the increased number of registered cases.

It is difficult to estimate the real number of drug addicts. At present, the number of opiate addicts alone is estimated at 25-30 thousand persons. Recently, the amount of illicit psychoactive substances such as amphetamine, cocaine, hallucinogens, cannabis-type drugs has rapidly increased on the Polish market. The same applies to opiate, volatile solvent and multiple drugs. The increase in consumption of illicit drugs has been observed especially among younger people who are not as yet addicted but are exposed to risk of intravenous use of drugs.

7. Disability

It is estimated that in Poland there are about 4.8 million people with various disabilities including about 300 thousand children and adolescents. In about one third of cases disability occurred at the age between 40 and 50 years, and every twentieth person is disabled from birth or first year of life. Diseases of the musculoskeletal and circulatory systems are the major causes of disability (60%). About 30% of disabilities result from injuries.

8. Conclusions

Health status of the Polish population, though similar to the status observed in other CEE countries, is definitely worse than in member countries of EU.

It seems that at a certain stage of development the CEE countries faced the problem of new health hazards typical for developed countries, that were responsible for increasing thwart of cardiovascular diseases, cancer, accidents. The new risks could not be mediated by economical resources or social mechanisms that were available in developed democratic countries.

There is both a lot of interest in and the uncertainties regarding the changes in health of population in the most recent period of political transformation. Although the assessment of the situation is not uniform, it seems that from the present perspective it is justified to say that there are indications of positive changes in health of Polish population in recent years both in the case of some specific health problems and in the overall dimension:

- the increasing trend of cardiovascular mortality has been reversed

- the increase of cancer mortality has been slowing down
- the declining trend of infant mortality has been maintained.

In the consequence of diminishing life threat from some diseases life expectancy at birth has been slowly increasing. However, the gap between Poland and EU countries is not decreasing yet and the positive changes have to be broadened and gain momentum.

The causes of poor population health in Poland as well as in other CEE countries and the currently observed changes are complex and not sufficiently recognized.

There are four groups of factors which affect human health:

- lifestyle, which affects health the most (50-60%), however, changes in lifestyles lay within the reach of each individual,
- physical and social factors in the living and working environment (20%),
- genetic factors (20%),
- health services, which are able to solve 10-15% of health problems of the population.

The objectives and targets identified in latter the recently developed new version of the National Health Programme, which was adopted by the Council of Ministers on 3 September 1996 as a governmental document, focus on these three groups of factors.

Each sector of economic and social policy (e.g. wages, taxes, social security, education, transport etc.) is related to health. Therefore, health policy should be developed at all levels and by all actors participating in public life. This would permit to bring the governing mechanisms closer to people, moving them from the central level of the management and the state administration to the local level, committing at the same time all people and public institutions.

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