



Bolesław Samoliński

Polish workability improvement, connecting with Healthy Ageing agenda

FIT FOR WORK CONFERENCE

April 28th - 29th, Riga, Latvia



The Constructive Ones

"Healthy – Active – Constructive"

Objective: To prevent social exclusion of persons with chronic diseases, and to maintain their ability to work (as illustrated with the example of patients with immune-mediated inflammatory diseases)

Project timeframe: 2013-2015

- Based on Fit-for-Work (a project by The Work Foundation), accepting legitimacy of its findings
- Focus on ability to work (especially that of young people)
- Use of the example of IMIDs
- Employer incentives modelling
- Employee incentive plans
- Systemic recommendations



Patronage
of the Polish EU Presidency



Zdolni do pracy?
Choroby układu mięśniowo-szkieletowego a
rynek pracy w Polsce

Ksenia Zheiltoukhova
Stephen Bevan
Anna Reich





Foundation for Healthy Aging

Founded 2013



- Public health multi-sectoral and multi-stakeholder platform aimed to raise the awareness of ageing process and its consequences
- A platform for exchanging expert opinions based on credibility, trust and accuracy
- The Foundation is the base for the Healthy Ageing Coalition of 700 members, both public and private organizations & institutions
- Foundation's Scientific Council comprising high-level scientific and medical authorities
- A platform for medical practitioners, scientists, NGOs, civil servants, Members of Parliament, entrepreneurs
- High profile of the Scientific Council





Project launch



1st Healthy Ageing Congress (Warsaw, 30-31 January 2014)

Discussion panel

“Is it reasonable to invest in health? A discussion based on the example of chronic IMIDs. The project Constructive Ones. Healthy – Active – Constructive”



Konstruktywni
Zdrowi Aktywni Konstruktywni



Status quo

Poland

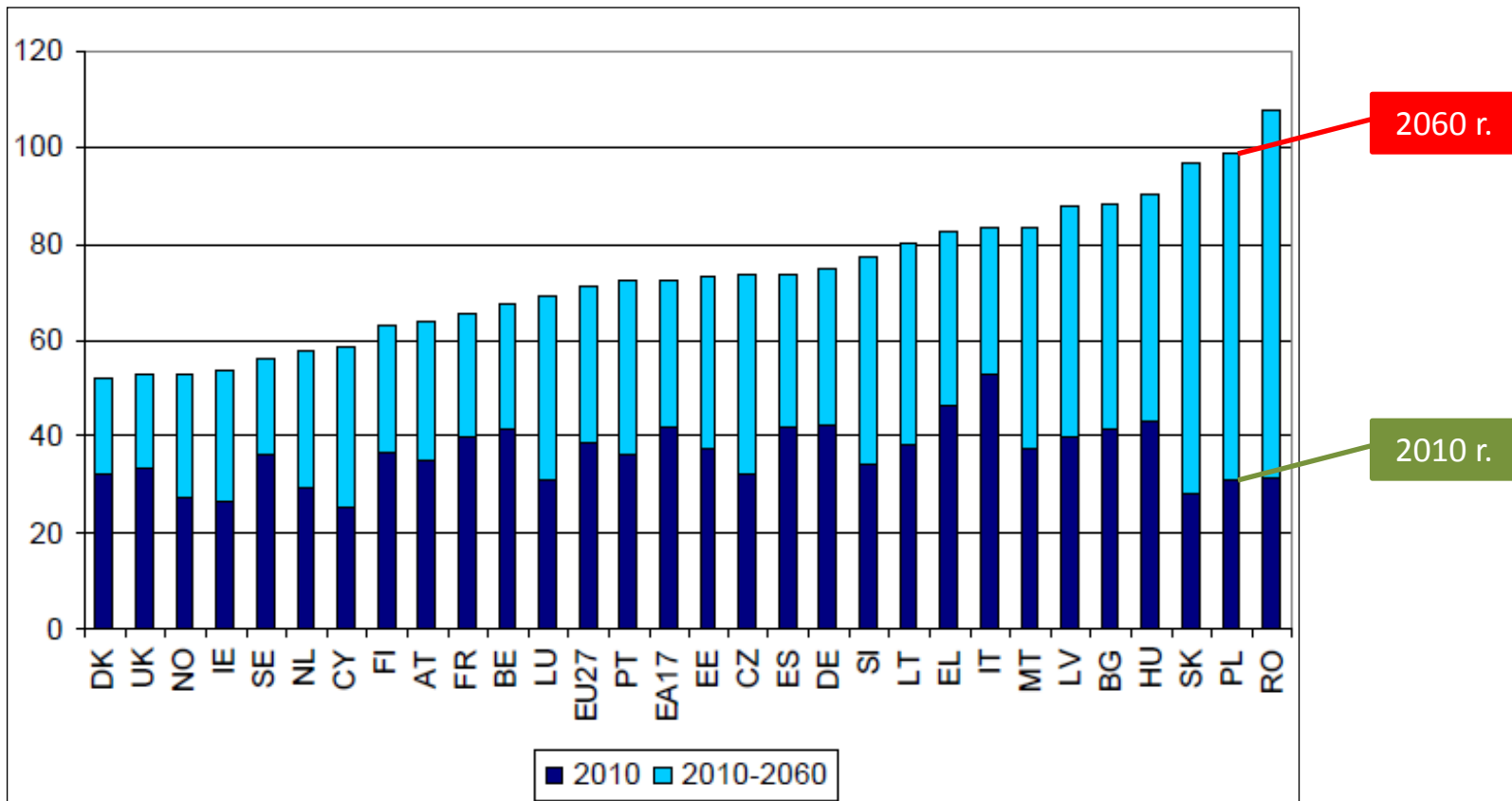
- In less than forty years, the **average age in Poland will be among the highest mean age ratios recorded in Europe.**
- Poland will have **the second highest effective age dependency ratio** in the EU (after Romania).
- On 1 January 2013, Poland commenced the gradual roll-out of a legislative reform **extending the retirement age to 67** for both men and women.

Appointment of the **Committee for the Policy on Ageing** in the Polish *Sejm* (9 May 2014) and adoption of the Premises of the Long-term Policy on Ageing in Poland for the years 2014-2020 by the Council of Ministers (24 December 2013)



Consequences of population ageing

Effective economic old-age dependency ratio* in Europe (2010 and 2060)

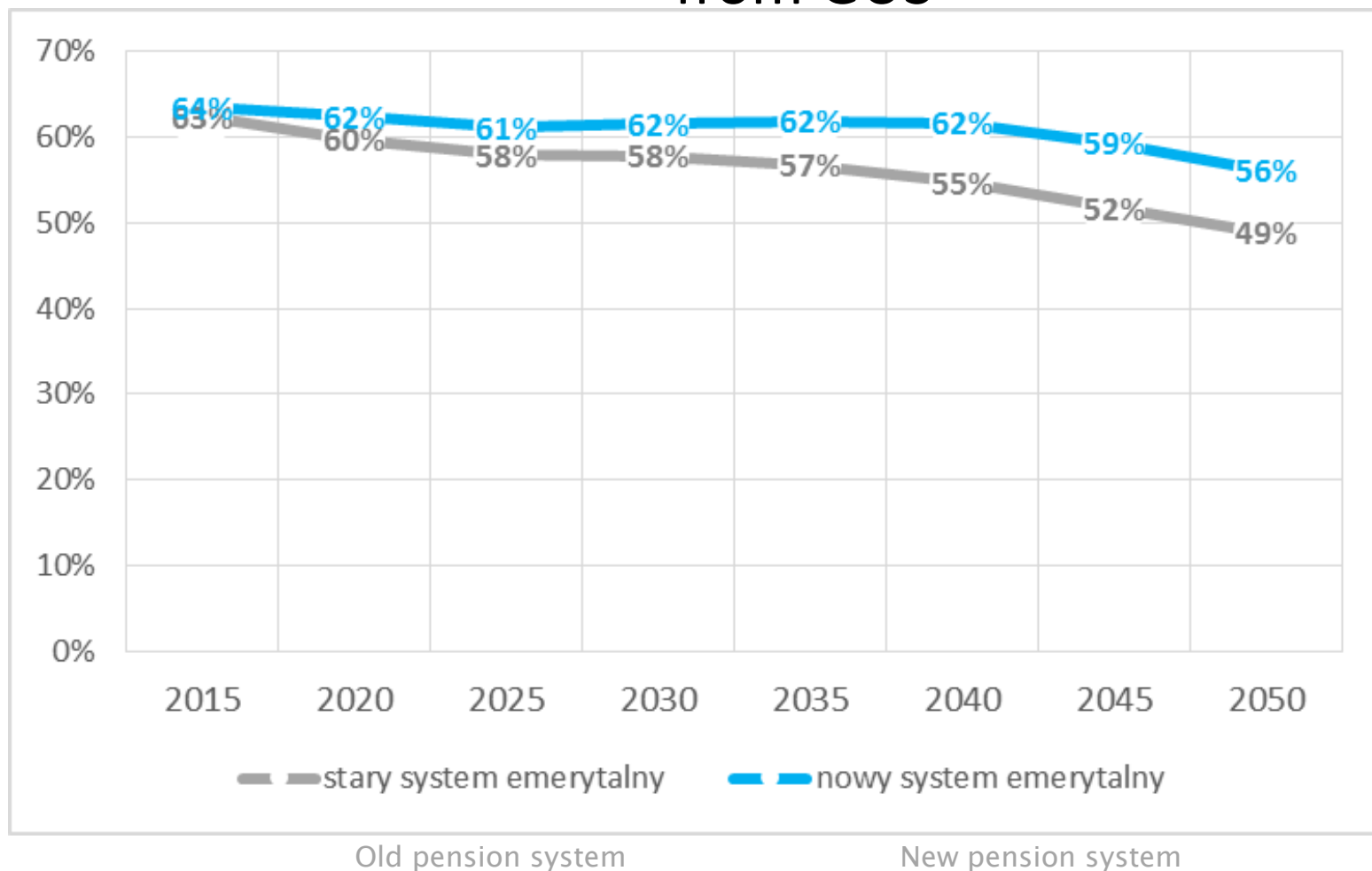


*Ratio of professionally inactive persons aged 65+ to the entire working population aged 15-64

Source: *Ageing Report 2012*, European Commission, 2012.

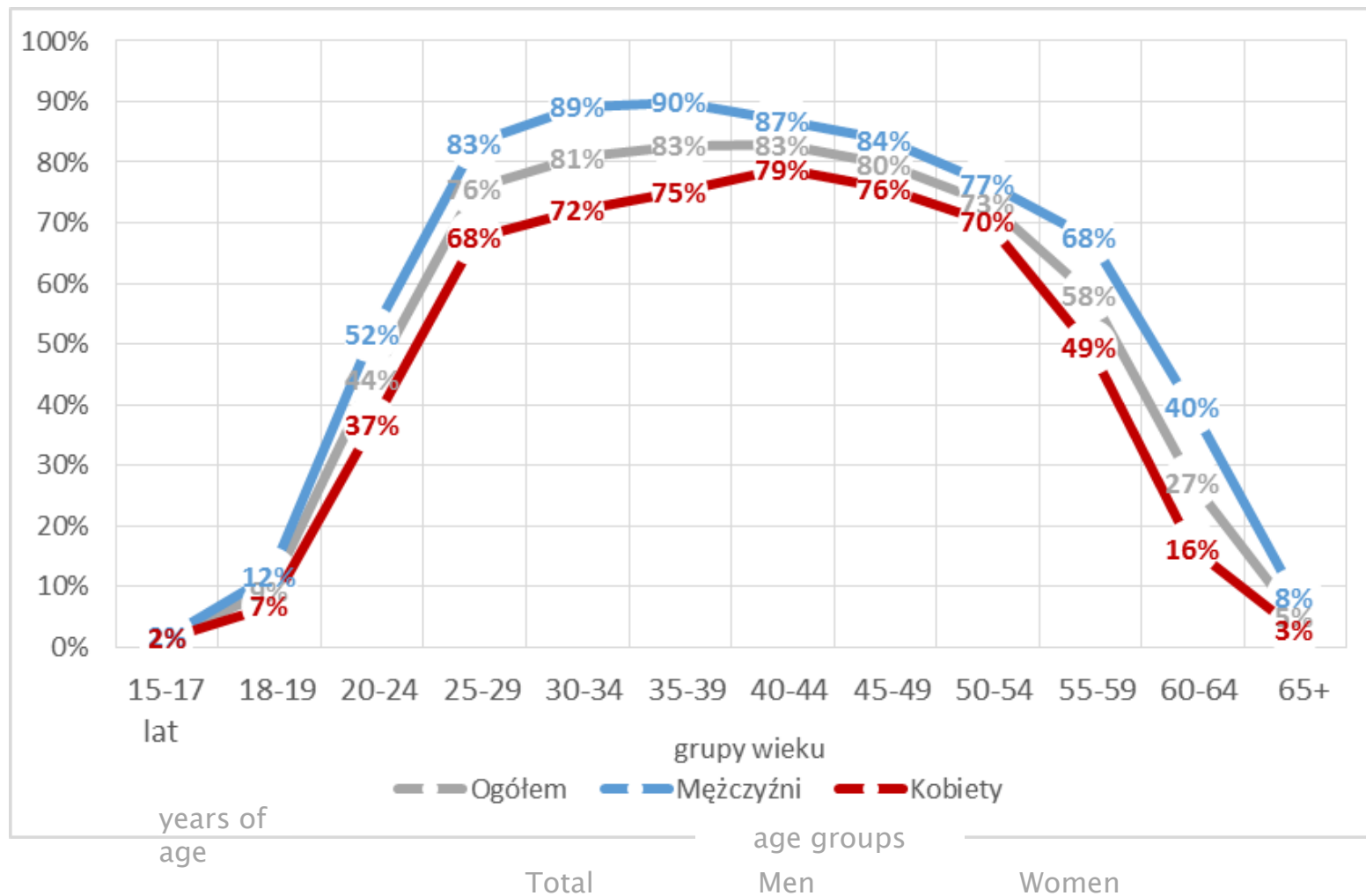


The share of working age population in the total Polish population in the old and new pension systems. Source: own elaboration based on data from GUS



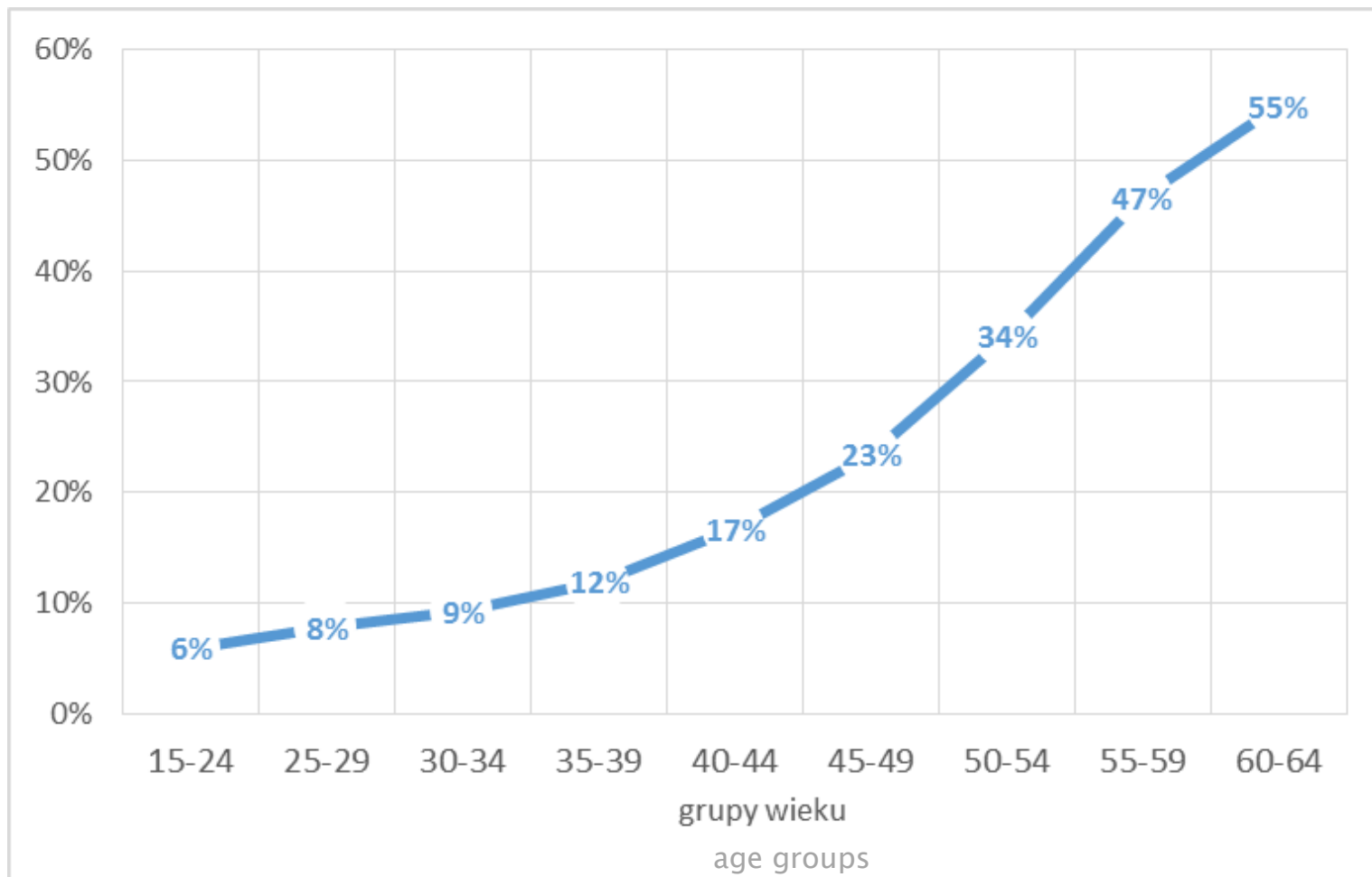


The employment ratio in selected groups in the third quarter of 2014. Source: own elaboration based on data from GUS





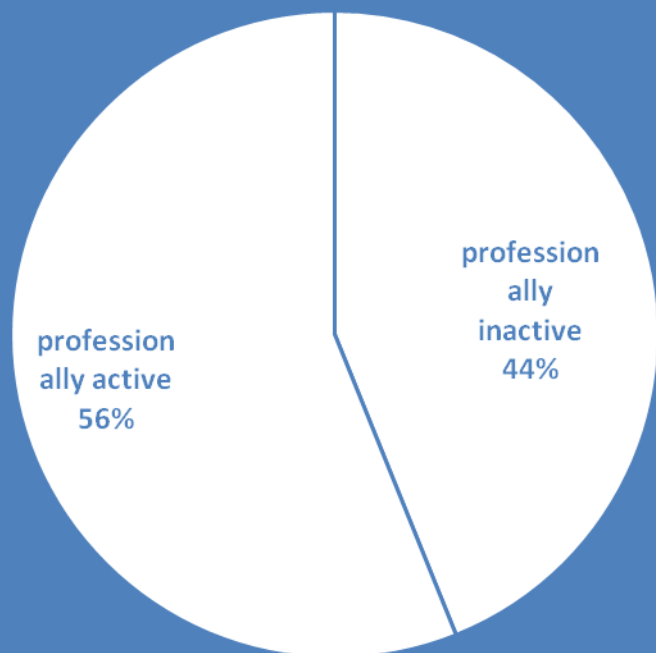
The percentage of people who suffer from long-term health problems or diseases or have troubles with the basic activities of daily living, broken down by individual age groups. Source: own elaboration based on data from GUS





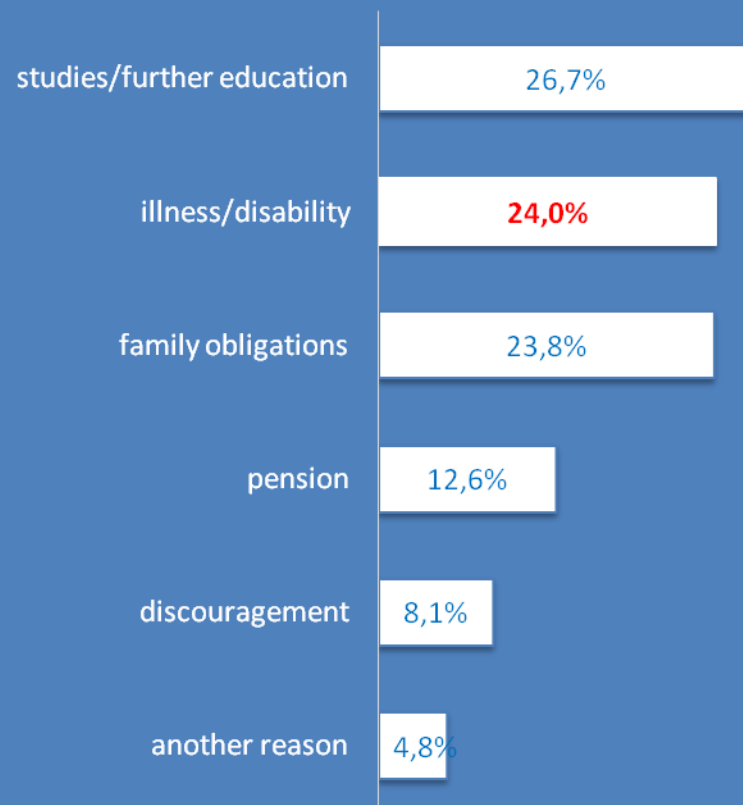
Causes of professional inactivity

SHARE OF PROFESSIONALLY ACTIVE AND INACTIVE PERSONS IN THE POPULATION AGED 15+



5.9 million*

CAUSES OF PROFESSIONAL INACTIVITY OF PERSONS OF WORKING AGE



*Total number of professionally inactive persons is 13.6 million, out of which 43.5% are people of working age (5.9 mln)

Source: Own elaboration based on *Aktywność ekonomiczna ludności Polski*, a study by GUS, 2014



Actions carried out

- Creation of a knowledge base
 - Report – Direct Costs
 - Report "European Policy"
 - Report – Indirect Costs
 - Social costs of disability
 - Report on the social perception of IMIDs
- Co-operation with the Ministry of Labour and Social Policy and the Parliament
- Co-operation with the State Fund for Rehabilitation of Disabled Persons (PFRON)
- Building a partnership with and among public institutions, the Institute of Rheumatology, Institute for the Development of Social Services
- Co-operation with Philips Lighting Polska
- A project-dedicated website for employees and employers.



Constructive
Healthy Active Constructive

Prevalence in population

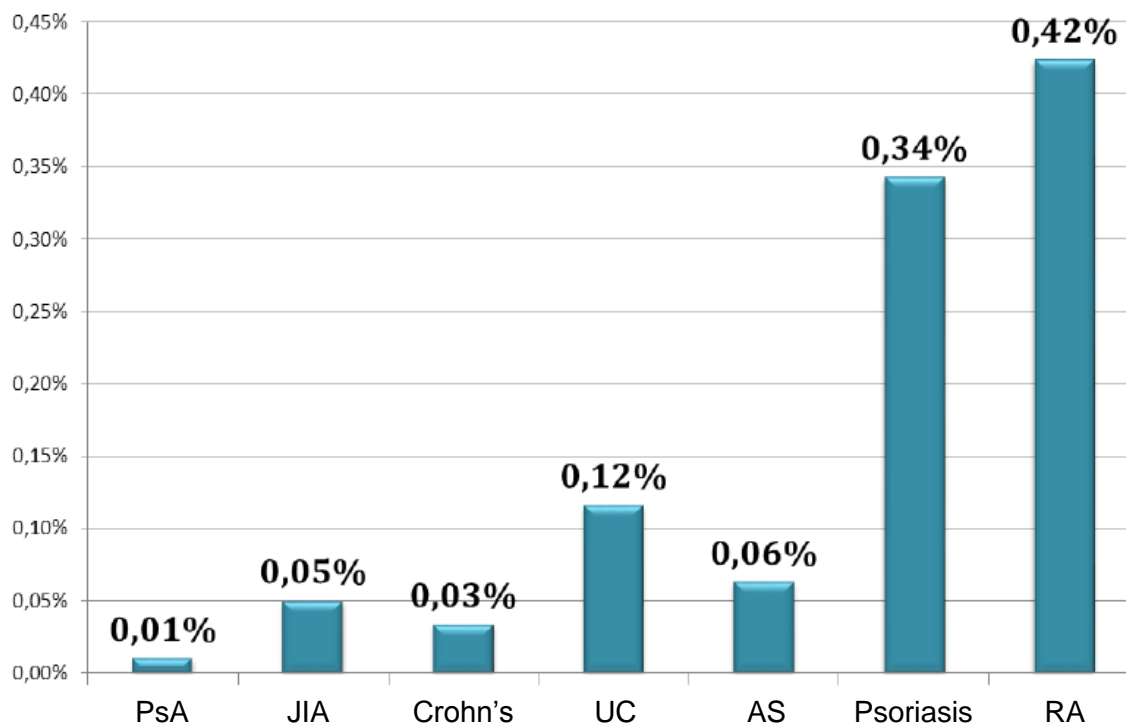


	W50		W51		M00-M25		M45		M05-M06	
Age	2010		2010		2010		2010		2010	
	prevalence rate in total population	number of patients in total population based on data from a sample	prevalence rate in total population	number of patients in total population based on data from a sample	prevalence rate in total population	number of patients in total population based on data from a sample	prevalence rate in total population	number of patients in total population based on data from a sample	prevalence rate in total population	number of patients in total population based on data from a sample
up to 24 years	0.02%	2,060	0.04%	4,586	1.24%	149,552	0.01%	1,263	0.03%	3,456
25-34 years	0.05%	2,939	0.12%	7,642	1.86%	116,882	0.05%	3,135	0.09%	5,780
35-44 years	0.04%	1,841	0.13%	6,612	4.25%	209,684	0.06%	3,204	0.28%	13,634
45-59 years	0.04%	3,585	0.16%	13,145	10.87%	915,509	0.13%	10,544	0.80%	67,271
60-64 years	0.04%	824	0.18%	3,378	15.55%	296,133	0.12%	2,225	1.11%	21,094
65 years and more	0.04%	1,965	0.18%	8,570	15.90%	755,703	0.08%	3,804	0.83%	39,673
Total	0.03%	12,863	0.12%	44,431	7.06%	2,704,832	0.06%	24,020	0.42%	162,300



Krzysztof Gajda **Chronic Inflammatory Diseases**
Epidemiology and economic background

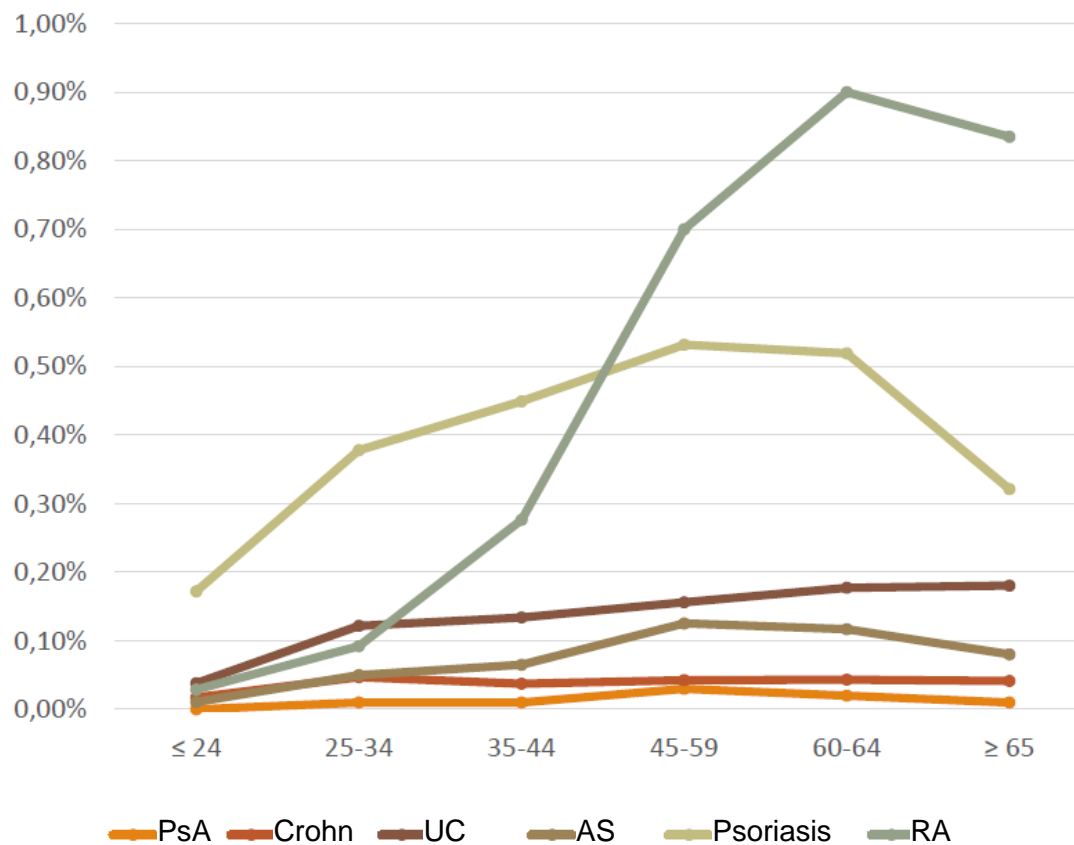
Estimated percentage of patients suffering from certain chronic inflammatory diseases in the entire Polish population, 2010.





Krzysztof Gajda **Chronic Inflammatory Diseases**
Epidemiology and economic background

Percentage of patients suffering from certain chronic inflammatory diseases
in 2010



Costs connected with the disease – 2010

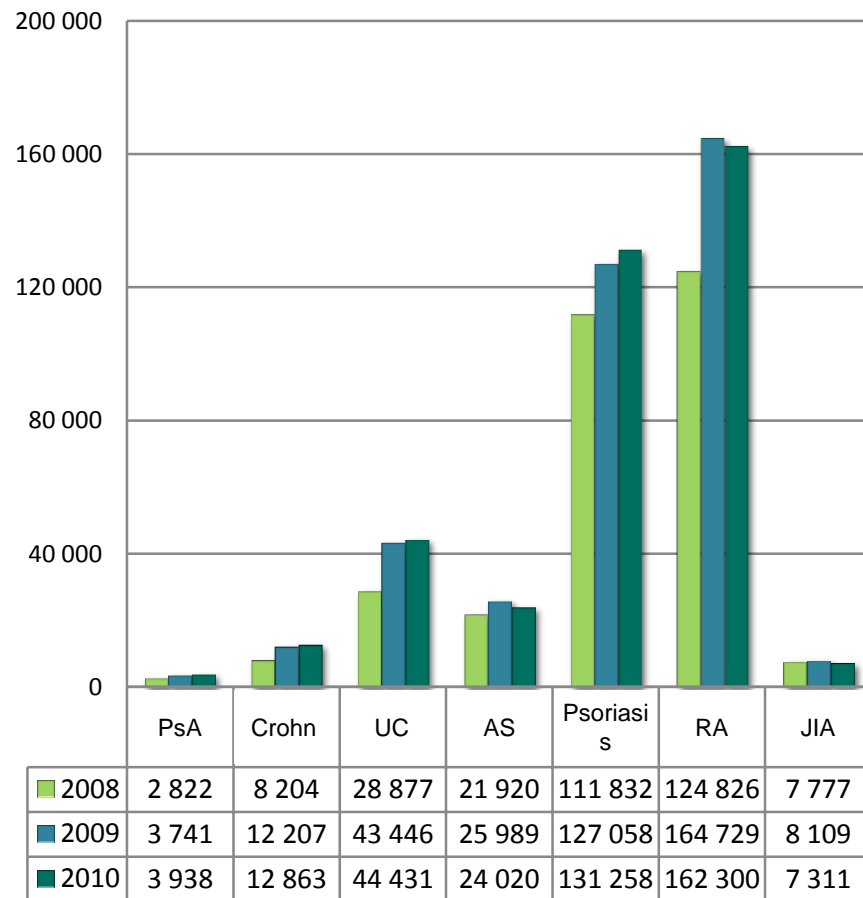


	K50	K51	M00-M25	M45	M05-M06
Age	Total	Total	Total	Total	Total
up to 24 years	162,054	93,365	1,288,798	733	9,763
25-34 years	56,624	83,473	410,553	25,171	51,463
35-44 years	100,045	36,747	1,069,790	24,079	297,906
45-59 years	18,644	139,705	6,393,843	53,533	1,174,038
60-64 years	2,608	24,807	2,816,840	4,235	443,129
65 years and more	31,936	198,663	14,667,146	33,259	1,170,411
Total	371,912	576,761	26,646,970	141,010	3,146,709

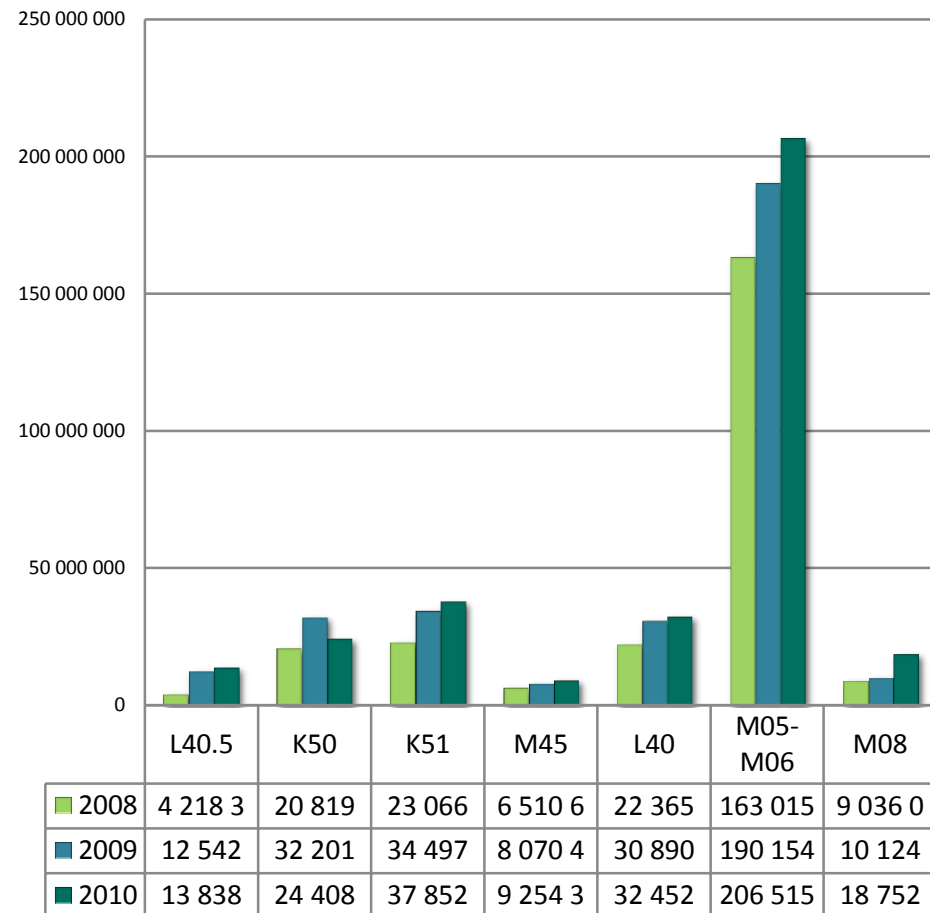


Epidemiology and economic background

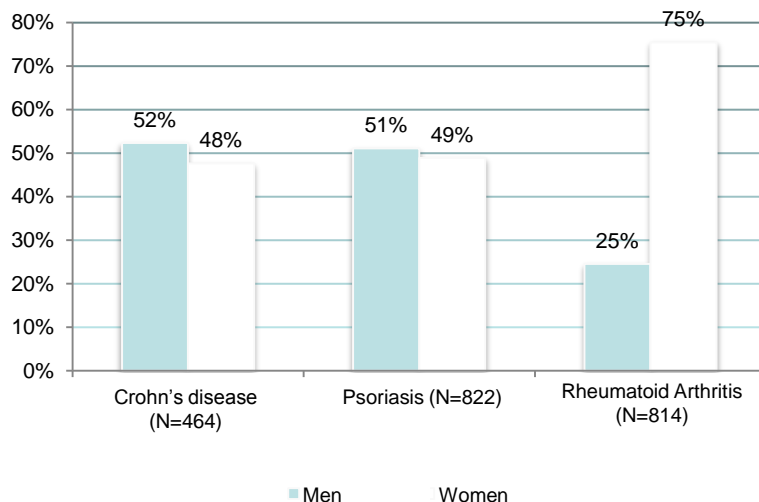
Number of treated patients suffering from the particular diseases in the entire Polish population



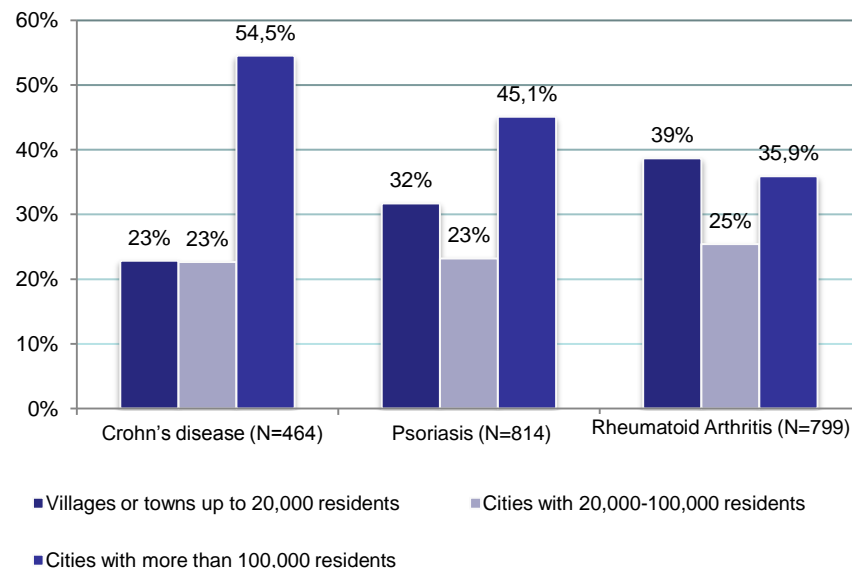
Directs costs of diseases in the Polish population



Patient population broken down by sex



Patient population broken down by the size of localities

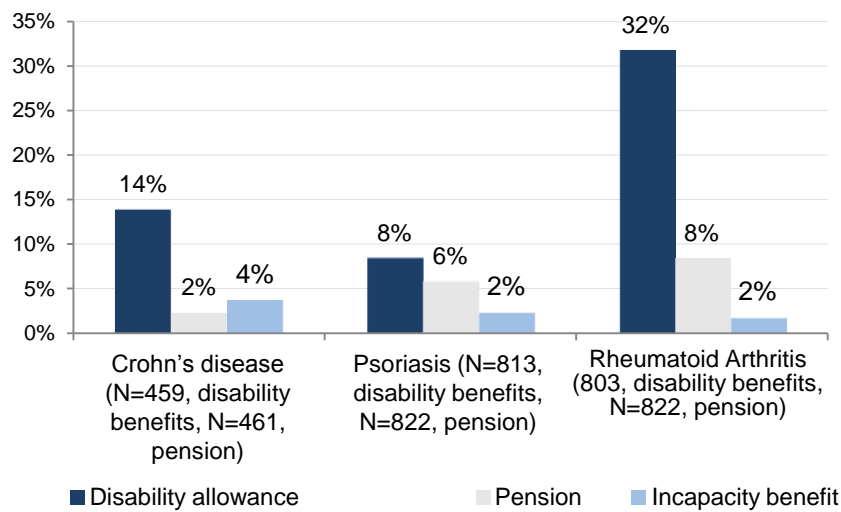


- The percentage of both sexes was comparable in groups of patients with Crohn's disease and psoriasis. In the case of RA the percentage of men was much lower than women – as stated in the literature (women are affected by RA three times more often than men).
- The over-representation of the people with RA in cities with population over 100,000 as compared with total population of Poland (according to GUS data, the figure for the whole population of Poland is 29%).

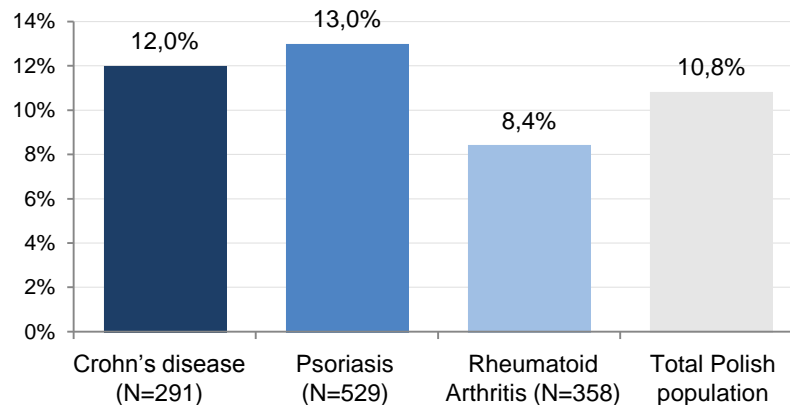
Work participation



Benefits claimed by surveyed patients



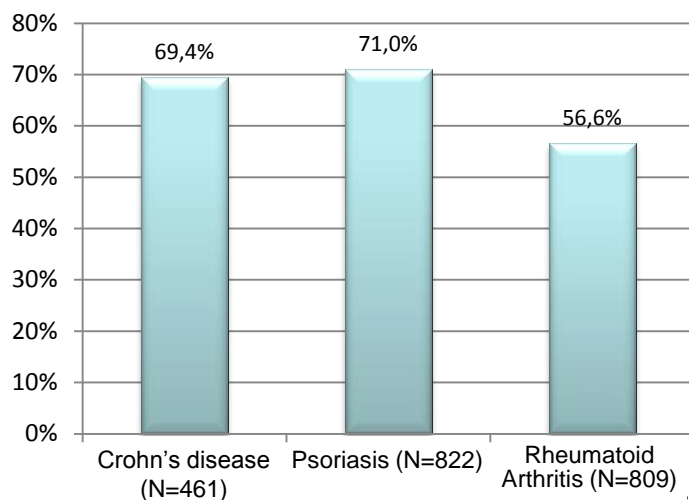
Unemployment rate



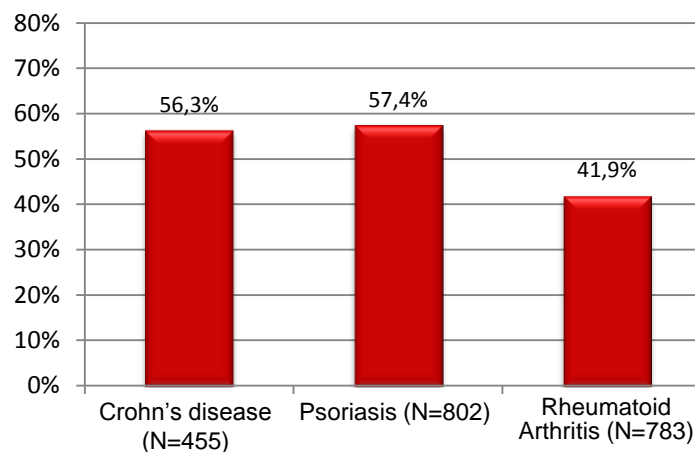
- Total work incapacity has been illustrated by the percentage of patients drawing relevant benefits.
- The rate of unemployment (the ratio of unemployed people to the professionally active people) was compared with the total population of Poland (ZUS data for Q1 2012).
- The highest unemployment rate was recorded in patients with psoriasis (13%).

Work participation

Work participation



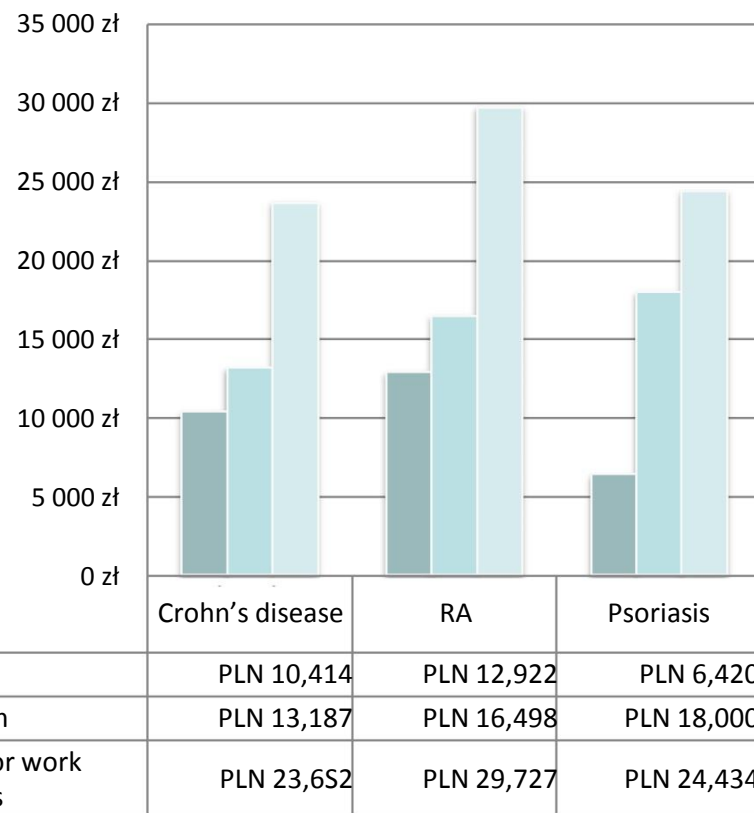
The percentage of the respondents who were professionally active in the week preceding the survey



- A relatively high percentage of patients declared they were professionally active (understood as belonging to one of the following categories: workers, entrepreneurs, farmers or unemployed persons looking for a job).
- The percentage of the persons who claimed they were employed within the week preceding the study was substantially lower.

Annual indirect costs of diseases (per person) connected with absenteeism and presenteeism

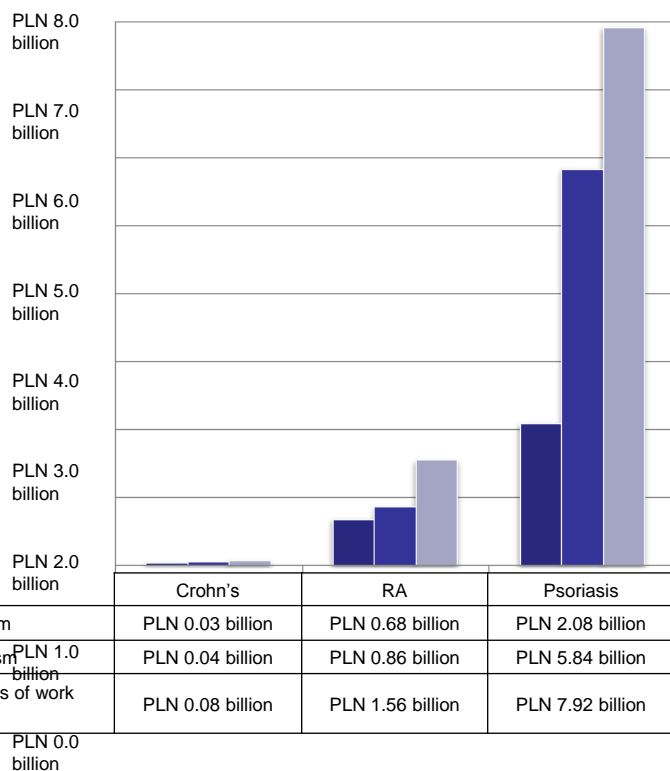
- The highest indirect costs per working person connected with absenteeism are generated by workers suffering from rheumatoid arthritis; the highest presenteeism-related indirect costs are caused by those with psoriasis.
- The highest annual costs per working person connected with the overall loss of work effectiveness are generated by persons with rheumatoid arthritis.



Cost of a unit of lost working time is calculated on the basis of the **GDP per working person**.



Annual indirect costs of diseases connected with absenteeism and presenteeism



Disease	Population of working age patients	The percentage of professionally active persons	Population of professionally active patients
CROHN'S	5,835	56.05%	3,270
RA	120,775	43.37%	52,381
Psoriasis	572,876	56.61%	324,306

If one takes into account epidemiology data, the highest total indirect costs of a disease prevalent in Poland are likely to be associated with psoriasis (the lowest – with Crohn's).

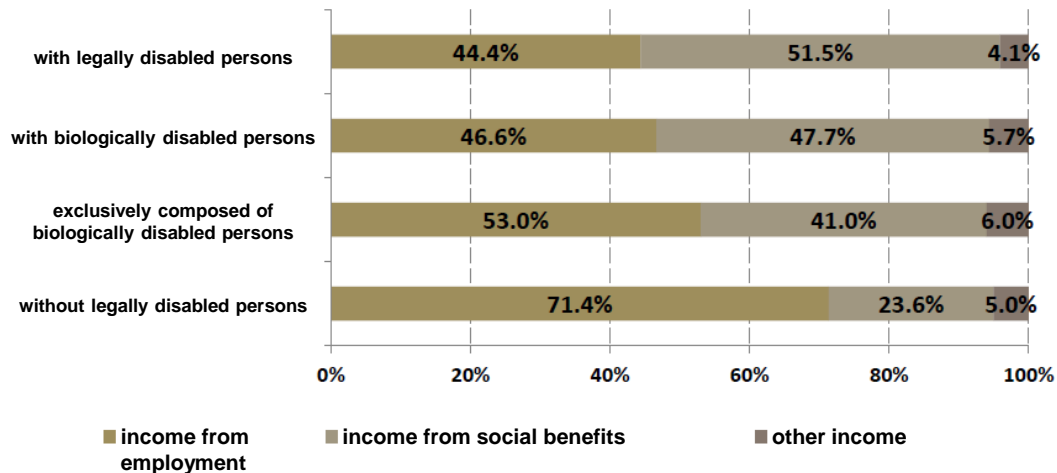
The cost of a unit of lost working time was calculated based on the GDP per a working person ratio



Social and economic implications of a disability and limited ability to work

VERBIS.

Income of households



- In households with disabled persons, the per capita income is ca. 22% lower than that recorded in households without disabled persons

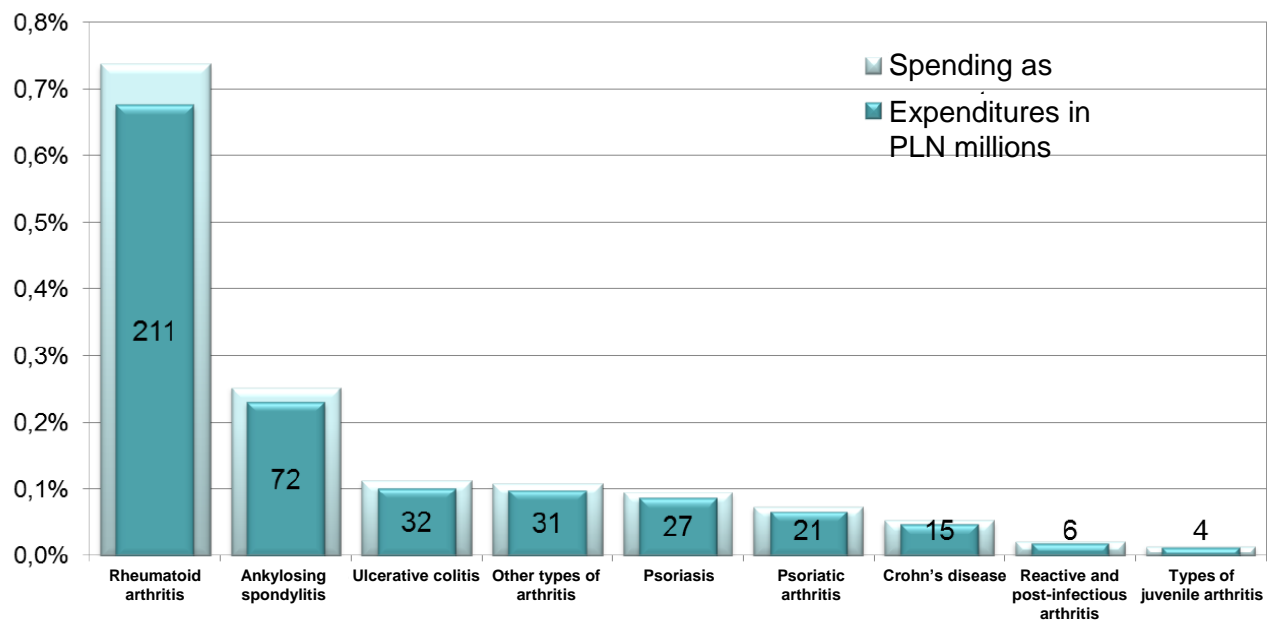


Loss of profits – indirect taxes

	Households with legally disabled persons	Households with biologically disabled persons
Food and non-alcoholic beverages	1.2	1.8
Alcoholic beverages, tobacco products	0.2	0.3
Clothing and footwear	1.5	2.3
Use of housing and energy carriers	1.6	2.4
Furnishing of housing and household keeping	1.0	1.6
Health	-0.5	-0.7
Transportation	2.7	4.0
Communications	0.5	0.7
Culture and entertainment	2.5	3.7
Education	0.7	1.0
Hotels and restaurants	1.1	1.7
Other goods and services	0.9	1.4
Total	13.4	20.2

figures in PLN billions

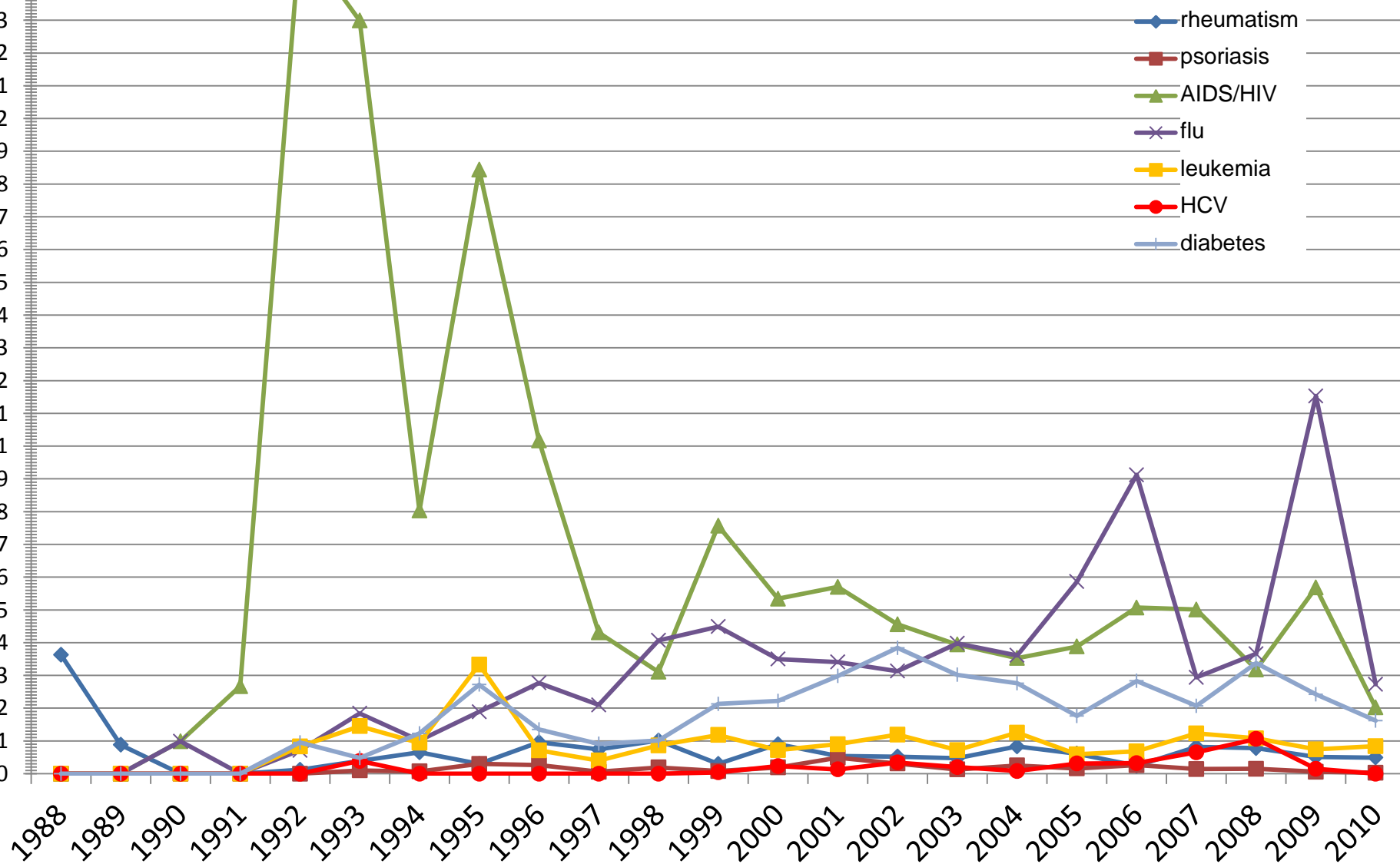
ZUS spending on benefits related to chronic inflammatory diseases





The presence of particular diseases in mass media

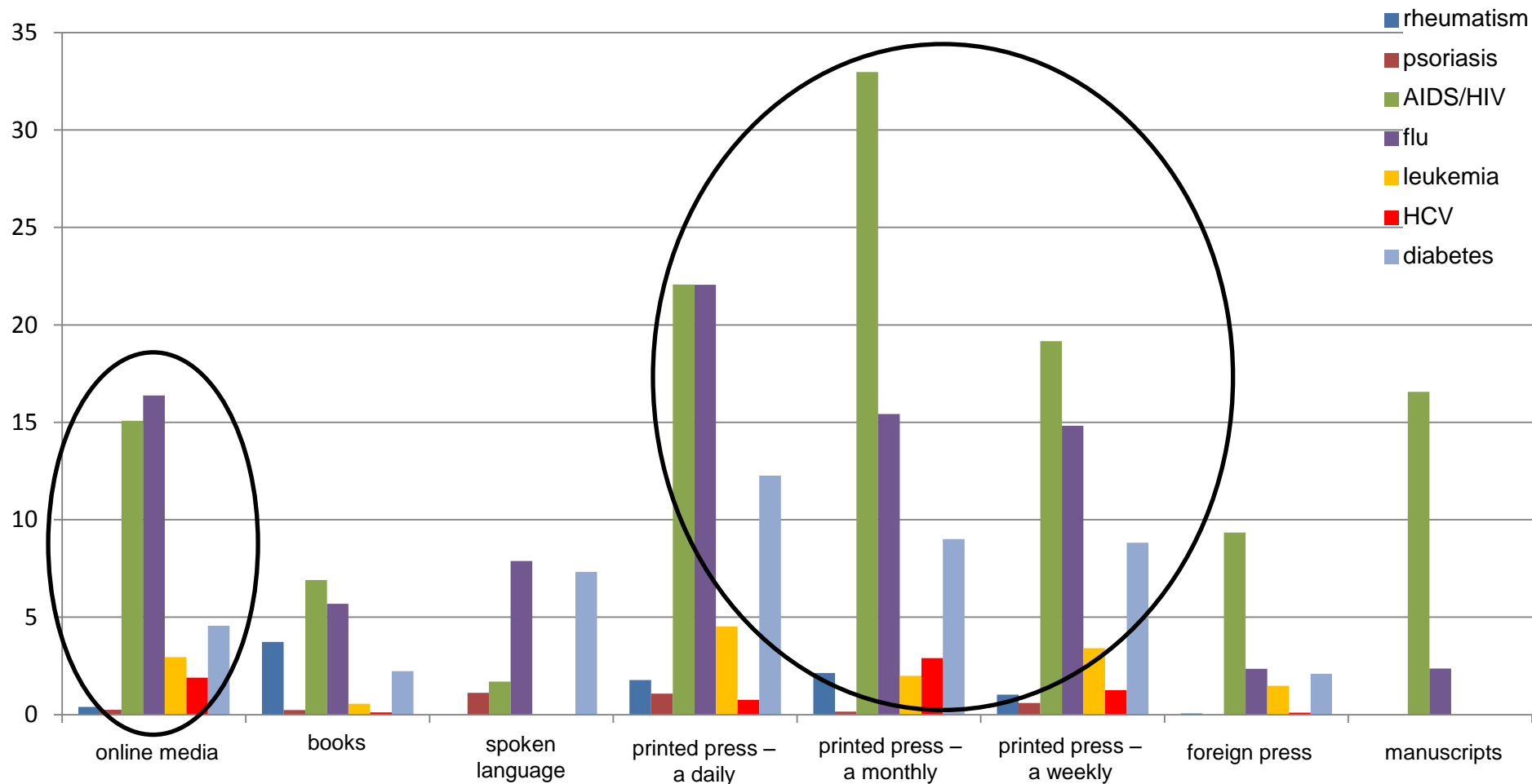
Frequency of words per 1000 paragraphs





The presence of particular diseases in mass media

Frequency per million words, broken down by communication channels





Conclusions

- Non-infectious chronic diseases are considered peripheral conditions: rheumatic diseases are perceived as relatively mild afflictions.



2015

STRATEGY 2014

Attained objective:

Development of a comprehensive set of recommendations on the early medical intervention in IMID cases for decision makers, workers/patients and employers

Developed tools:

KNOWLEDGE
BASE

STAKEHOLDER
SUPPORT

RECOMMENDATIONS

OBJECTIVE:

Implementation of the recommendations on the early medical intervention: **knowledge, awareness & practice**

TOOL: METAREPORT (Q1 2015)

'ENABLERS': Public Affairs and Media Relations activities, social media

STRATEGY 2015



Target groups

identified&acquired in 2014

Medical experts

Patient organisations

**Employers organisations
/employers**

Key Opinion Leaders

Decision makers



Target groups & actions

Improved co-operation in 2015 (1)

Primary care doctors

- Healthy Ageing Foundation's SeniorGAL conferences (the senior citizen at the doctor's office)

Local authorities

- A pilot programme run with the Mazovia Province Governor (co-operation with outpatient clinics/ teaching hospitals/ ABBVIE)
- CEESTAHC conferences

Patients/workers, employers, opinion-forming media

- Launch of the Metareport
- Meetings of employers/ economic fora (Katowice, Krynica, EFNI – TBD)
- Media outlets (national, industry, social media)



Target groups

Improved co-operation in 2015 (2)

Decision makers

- Ministry of Health, Ministry of Labour and Social Policy, MEPs, the Sejm and Senate Committees on Ageing, Social Insurance Institution, Agricultural Social Insurance Fund, State Fund for Rehabilitation of Disabled Persons
- Tool: Metareport

KOLs – IMIDs

- Engagement of new opinion leaders in the area of rheumatology, such as Prof. W. Tłustochowicz, Prof. E. Kucharz, Prof. P. Wiland
- Institute of Rheumatology is currently working on guidelines on early diagnosis of rheumatic diseases. A draft framework for diagnostic services has been already sent to the NHF. The MoH supports its implementation
- Actions of rheumatology experts provide a synergy needed to achieve the objectives of the KONSTRUKTYWNI project
- Inclusion of KOLs in the areas of gastroenterology and dermatology



Work with the media

- **Day-to-day media relations activities:** press releases, direct meetings with journalists
- **Commercial co-operation** with selected media outlets
 - **The launch of the Metareport** – presentation of the Report's recommendations in a large publication
 - Media sponsor: e.g. *Newsweek*
 - **A series of 6 debates** in different cities in Poland
 - Media sponsor: e.g. *Rzeczpospolita*



Summary

- We are looking forward to meeting you at the **Second International Healthy Ageing Congress)**
(In October 2015, parliamentary elections will take place in Poland)
- What have we achieved in the last two years?
 - The knowledge dimension
 - The awareness dimension
 - The systemic dimension
- End of 2015: a special **closure report**
 - Summaries – Conclusions - Recommendations