AgeFLAG Project

Report on national needs and priorities to improve health and well-being of the ageing population in POLAND

Collected during a national needs assessment workshop

Conducted on
NATIONAL INSTITUTE OF GERIATRICS, RHEUMATOLOGY AND REHABILITATION
In
WARSAW

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Content

1. Background

This report has been developed in connection to the project "Roadmap to improve the health and well-being of the ageing population in the Baltic Sea Region (AgeFLAG)". The project seeks to identify the most important issues in relation to active and healthy ageing that countries in the region are facing. For this purpose, the project partners have organized national needs assessment workshops, which will later feed into a joint regional report and guide the partners' efforts to develop common solutions through cross-border cooperation.

National Institute of Geriatrics, Rheumatology and Rehabilitation in Warsaw is a science & research institute and medical services provider. It trains physicians and physiotherapists to be specialists in geriatrics, develops national standards of care and conducts research projects. The Institute also cooperates with NGOs, organizes events and seminars to teach about healthy ageing.

2. Aim of the workshop

The aim of the workshop was to bring together the most relevant national stakeholders to identify the *top five* national needs that should be addressed to improve active and healthy ageing in Poland.

3. Facts and figures about ageing in Poland

Life expectancy in 2018	Women: 81,7; Men: 73,8 Comment: Life expectancy kept increasing for decades but the process stopped in 2016.
Old age dependency ratio (65+ vs. 15-64)	2018: 23,9% 2030: 35,6% 2050: 52,2%
Pension age:	Women: 60; Men: 65 Exceptions for various professional groups such as teachers, miners, judges, prosecutors, police, army and numerous other groups. Comment: Increased to 65 for women and 67 for men in 2012 but then lowered again in 2017 back to 60 and 65, respectively. There is no national strategy on how to adapt do demographic change. The labour market is adapting by attracting workers from other countries.
Labour market participation of the older	Employment rate for 60+: 12,6% (EU avg. 15,5%, Norway 33,7%) - 18,4% of men and just 7,7 of women. Employment rate for 65-69: 10,6% (Great Britain 21,7%; Canada 26,5%, USA 33 according to OECD). Reaching the pension age is the most common reason (86%) for leaving labor market. Still, the overall unemployment rate was 3,8% in 2018 according to the Eurostat methodology – one of the lowest in the EU. Ageing of the working population is one of the most serious challenges for the economy. App. 9,15m people aged >50 were economically inactive (68,5% of all economically inactive aged >15). Among them

	women accounted for 62% which results from lower retirement age for women (60 vs 65) and higher life expectancy (81 vs. 74). The major reasons for inactivity among the >50 group were pension entitlements (78,9%) and disease/disability (11,9%).
Healthcare system	Based on a single public payer (National Health Fund) financed by mandatory health premiums (paid by all employees, 9% of salaries). It contracts mostly public hospitals (usually controlled by local or other authorities). The role of the private sector is very limited in terms of in-patient care but substantial in out-patient care. Healthcare expenses are below EU average: 6,15% of GDP in total with public expenses at 4,3% of GDP.
Pension system	The Polish pension system underwent a reform in 1999. One of the reasons was addressing the upcoming demographic challenges. It was divided into three pillars – mandatory public (pay-as-you-go), mandatory private (private pension funds receiving part of the publicly collected premium) and voluntary private. The system kept evolving over the following years with role of the second, private pillar being more and more limited. Soon (2021), another reform will take place and the system will become a two-pillar: mandatory, pay-as-you-go public system and voluntary private one. All the changes seem to be mostly driven by the central budget needs.
Elderly care	1. Wide selection of private elderly homes run by entrepreneurs or various organization, costing app. EUR 450-1100 monthly. 2. Assisted living facilities – co-financed in 30% by the public payer, for people that have completed their hospital treatment, do not qualify to be further hospitalized but are unable to function independently. 3. Social care houses – usually run by local authorities and funded jointly by them, central budget and residents. The average cost is around EUR 560 out of which 60% is covered by the central budget while the rest by local authorities and residents themselves. 4. Social care centers – run and funded by local authorities and delivering various kinds of services such as home visits to assist in different activities, financial, legal or medical support. Addressed to all people in difficult situation. They do not offer stationary services.
Social care expenses	The expenses qualified as social amounted to 25,8% of GDP in 2015 which is more than in CEE countries (avg. of 24,3%) but less than in EU-15 (avg. 28,2%). The total cost of pensions amounted to 13,5% of GDP which was 2,7pp higher than the average for CEE countries.
(Social determinants of healthy ageing (e.g. social inclusion, poverty among elderly, accessibility and availability of cultural and social events, ageism)	It is emphasized by experts that Poland has a low Active Ageing Index for the 60+ population. The sedentary lifestyle, poor nutrition habits, obesity, alcohol and tobacco consumption contribute to quicker deterioration of biological functions. People >60 that attend third age universities are more inclined to get involved in health-related activities. Local authorities are usually involved and offer various, free-of-charge activities for seniors such as third age universities or sports and co-finance many initiatives, however it refers more to urban areas.
Recent or planned government	There is the official government policy called „The 2030 Social Policy for the Elderly. Safety – Inclusion – Solidarity" being implemented by various

initiatives to promote active and healthy ageing	bodies. It aims to improve economic and housing conditions of the elderly as well as increase their involvement in terms of professional, social, educational, cultural and sports activities. It defined specific areas to be addressed such as: promoting positive image of the elderly, health promotion, disease prevention, access to diagnostic, treatment and rehabilitation services, promotion of intergenerational solidarity and integration. There is also the National Health Program framework with a overarching goal of increasing Healthy Life Years, improving quality of lives and reduce health inequalities. It sponsors various initiatives and research conducted by non-governmental and public institutions. Examples include different reports such as: "Most common injuries among people >60" or "Safe housing facility for seniors".

Data on physical and mental health of older people

Table: Selected health indicators for the elderly

Indicator	Poland	EU-28 Average	Rank in EU
Life expectancy of people aged 65			
	18,3	19,9	20.
Declared diseases/health issues (%)			
Aged 65-74	67,0	56,9	21.
Aged 75-84	80,8	66,9	21.
Aged 85+	84,5	72,5	20.
Declared problems with walking (%)			
Aged 65-74	14,2	11,2	15.
Aged 75+	40,4	32,4	20.
Declared visual disturbances (%)			
Aged 65-74	6,5	2,9	27.
Aged 75+	15,4	8,7	28.
Self-assessed health: very good or good (%)			
Aged 65-74	24,6	49,7	22.
Aged 75-84	13,0	34,1	20.
Aged 85+	9,7	25,0	16.

Source: Eurostat, Główny Urząd Statystyczny

4. Participants

The list of addresses included: mayors of the largest Polish cities, relevant ministries and government bodies, parliamentary bodies, NGOs (ex. patient organizations, senior organization), healthcare providers, universities and institutes or business organizations. All in all, we sent out 50 letters with a response rate of 40%. We did receive some comprehensive and valuable input from the mayors, however some of them, including the largest cities, did not reply at all. We also found it disappointing to receive no replies at all from parliamentary bodies that we approached – Speakers and relevant committees. We have counted on some interesting points of view from organizations representing business or architects but eventually did not receive any.
The most comprehensive and valuable input came from the mayors, Commissioner for Human Rights, National Institute of Public Health, Ministry of Health, Ministry of Family, Labour and Social Policy, regional government of Mazovia.

5. Methodology

The original workshop under the auspices of the President of Poland was set to take place on March 19th with all the participants confirmed. Using the opportunity during one of the events for the elderly organized earlier by the Institute, we managed to conduct a short survey among the elderly about their needs and their perceived role in the society. The plan was to use it as an introduction theme during the conference and a reference point for the discussion among participants. Sadly, just days prior to the event Poland went into a lockdown due to the COVID pandemic so it had to be cancelled. As a result we decided to consult remotely as many stakeholders as possible and sent to numerous institutions and stakeholders a letter requesting information in line with the conference guidelines. We clearly asked in the letters to distinguish in the replies between prevention or support and between needs or solutions with the focus on needs.
Based on the replies received, we identified the opinion makers that we assumed would contribute to fruitful online discussions. Then, we conducted a series of online meetings.

5.1 Reflection on workshop implementation and lessons learned

We found the remote consulting process through letters to be informative and valuable. Naturally however, such model did not deliver any discussions which was the original goal of the project. We tried to overcome this through online meetings that we subsequently conducted but they proved somewhat ineffective in free and easy exchange of opinions. We believe the technology is to be blamed for that not participants. Online meetings seem more suitable for sort of monologues of different actors or at best commenting others' statements. Real, conclusive discussions seem difficult.

6. Outcomes: *Top five* priorities for action on healthy ageing in Poland

1. **Education aimed at increasing health literacy in society.**

People make lifestyle choices that and build health attitudes that may eventually determine their healthy ageing. Low health literacy is quite common among the elderly and may contribute to making uninformed choices. Examples include no perceived need to participate in prevention programs or insufficient involvement in chronic diseases treatment. It has been

confirmed that health literacy does indirectly affect health condition and adults with low health literacy consider their health as poor more frequently. Unequal access to healthcare and a modern model of cooperation with patients require seniors to play an active role in managing their health. Thus, there is a need for solutions that would encourage people to increase their health literacy and use it to make informed life choices.
Building health literacy is even more important as health information, choices and decisions become more and more complex. Finding reliable source of information becomes more challenging than finding information. People must understand numerous, sometimes unclear and inconsistent recommendations, warnings or guidelines to protect their health.
This need seems crucial and refers to all age groups. It also is in line with WHO's "Education and health through the life-course" policy. Health is a unique resource that determines quality of all other aspects of life.

2. Increasing employment rate among 60+

The Employment rate for Polish individuals aged 60+ equaled to 12,6% (18,4% of men and just 7,7% of women) in 2018 while the EU average was 15,5% with some European countries exceeding 30% (Norway - 33,7%). It drops to 10,6% for the 65-69 age group which is even lower compared with other countries: Great Britain at 21,7%; Canada at 26,5% and USA at 33% according to OECD data.
Reaching the pension age is the most common reason (86%) indicated by individuals for leaving the labor market. Considering the fact that Poland has one of the lowest levels of pension age (60 for women and 65 for men) which was lowered in 2017 suggests that the national policy does not take into account at all the demographic challenges and seniors' employment
Moreover, the overall unemployment rate was 3,8% Poland in 2018 according to the Eurostat methodology – one of the lowest in the EU. This suggests that the country needs seniors to be active in the labor market.
Work of seniors is beneficial for employers and young employees, who may learn from their experience and knowledge, and for the society because it contributes to increasing GDP. Work is also source of other non-material benefits as it builds prestige of seniors, defines their role in the society and family. It encourages other activities and allows them to feel socially useful while enhancing intergenerational ties. Work may provide meaning in life, motivate to leave home or take care of oneself in terms of physical and psychological condition.
There is a need for implementing initiatives aimed at encouraging seniors to continue their employment.

3. Access to comprehensive and integrated healthcare services

The Polish healthcare system lacks mechanisms that would ensure delivering comprehensive care to seniors and does not take into account complexity of their health and care needs. It neither guarantees sufficient access to healthcare, its continuity and comprehensiveness such as coordinating specialist care by family physicians, supervising medications use, nursing care at home, collecting samples for lab tests at home or access to rehabilitation services. As result, seniors in Poland declare their health to be in bad condition much more often their European counterparts.

Ageing society is a challenge for the entire healthcare system not only in terms of organization or integration of care but also medical staff shortages.

4. **Increasing digital literacy among seniors.**

This need although already articulated in recent years has gained a priority status due to the COVID-19 pandemic. The unprecedented lockdowns of countries have elevated digital literacy from status of a useful skill to a necessity as some services became available online only. This increased not only the social isolation of some elderly people but made it impossible for them to take care of some official matters.
Increasing and fostering digital literacy among seniors is a must as the pace at which world is getting digital have suddenly accelerated. Surveys suggest that just around 20% of individuals aged 65+ use internet compared with 100% or close to 100% for age groups up to 44.

5. **Introducing and implementing integrated, comprehensive, long-term national policy that would address challenges related to healthy ageing and demography.**

Poland lacks a consistent and systemic approach towards healthy ageing and demography issues. Responsibilities and competencies are spread among many actors and there no coordination between them. Some of the aspects that should be taken into account include:

- Introducing a system that would integrate home, health and social care for the elderly,
- Implementing a more holistic approach with interventions by interdisciplinary teams addressing physical, behavioral, social and functional aspects of life,
- Developing and encouraging alternative and non-institutional forms of care (such as family care or supported care) to avoid hospitalization unless it is absolutely necessary
- Encouraging seniors to live independently as long as possible
- use of technology and information technology in order to implement optimal solution