

People with limitation in activities because of health problems on the Polish labour market

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Introduction

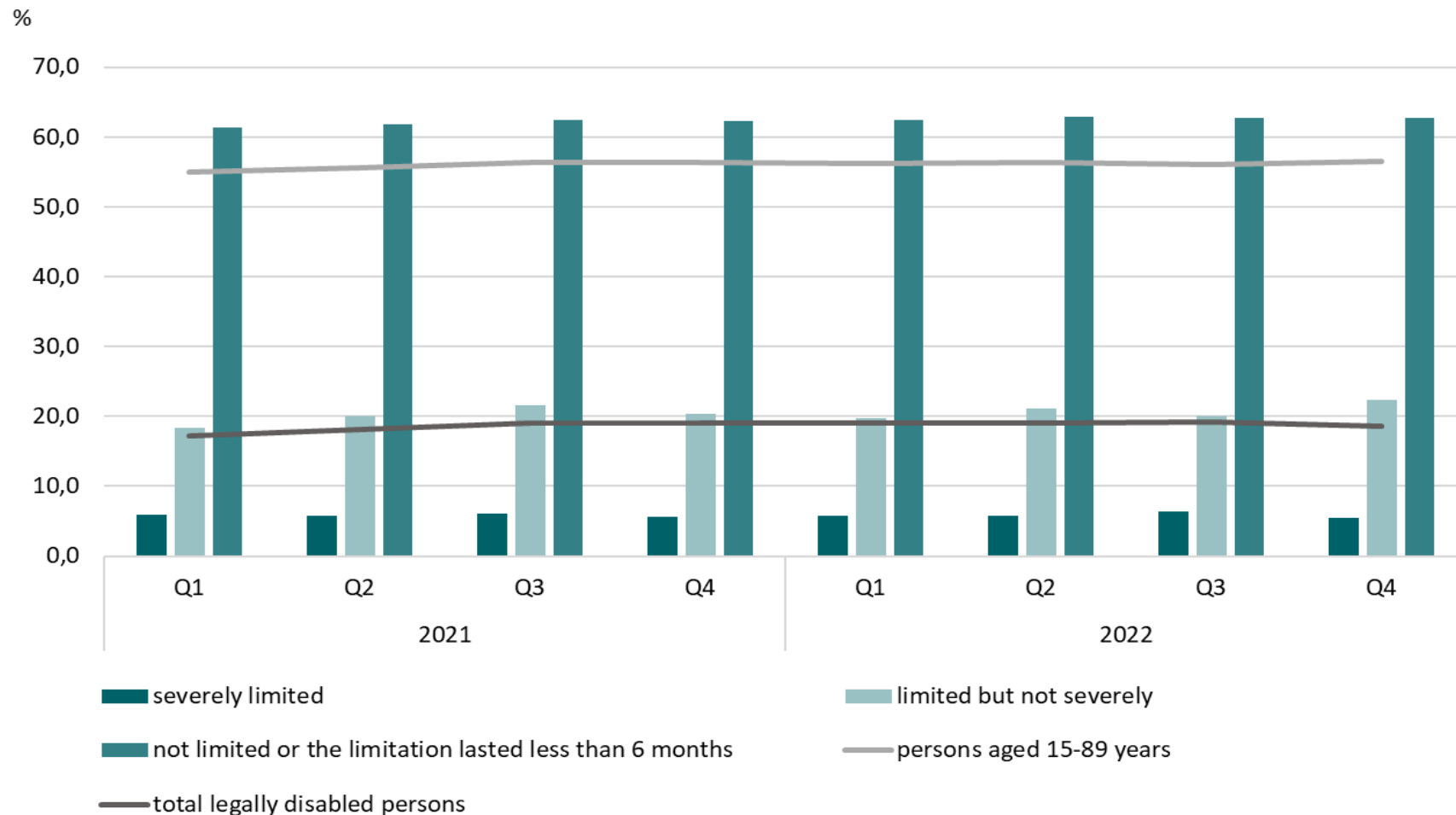
- Elements of the Minimum European Health Module (in particular the Global Activity Limitation Indicator - GALI) as biennial variables in the EU LFS
- Implementation in the Polish LFS => 1st quarter 2021
- Formal (legal) disability covered by Polish LFS

Labour market situation by GALI

- Limitation in unemployment analysis
- Employment rates for people aged 15-89 years by degree of long-standing limitation of the ability to perform daily activities because of health problems
- Chart #1 data for eight quarters – from Q1 2021 to Q4 2022
- Chart #2 – additional breakdown by sex and working age (18-59 women/18-64 men)/post-working age (60-89 women/65-89 men) in 2022 (for annual averages)

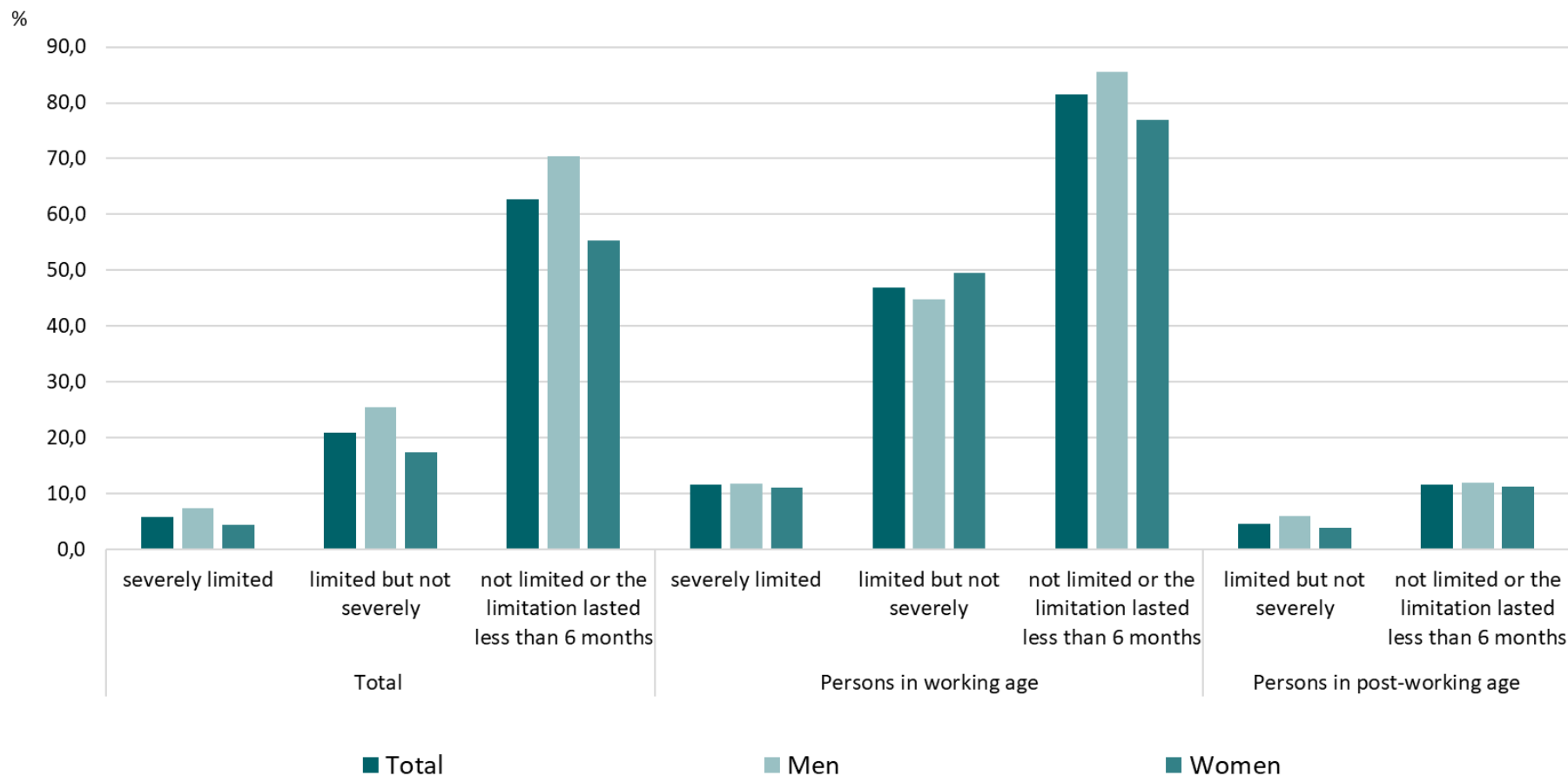
Labour market situation by GALI

Chart#1. Employment rate by the degree of long-standing limitation of the ability to perform daily activities because of health problems in the period of Q1 2021 - Q4 2022



Labour market situation by GALI

Chart #2. Employment rate by the degree of long-standing limitation of the ability to perform daily activities because of health problems, sex and working/post-working age



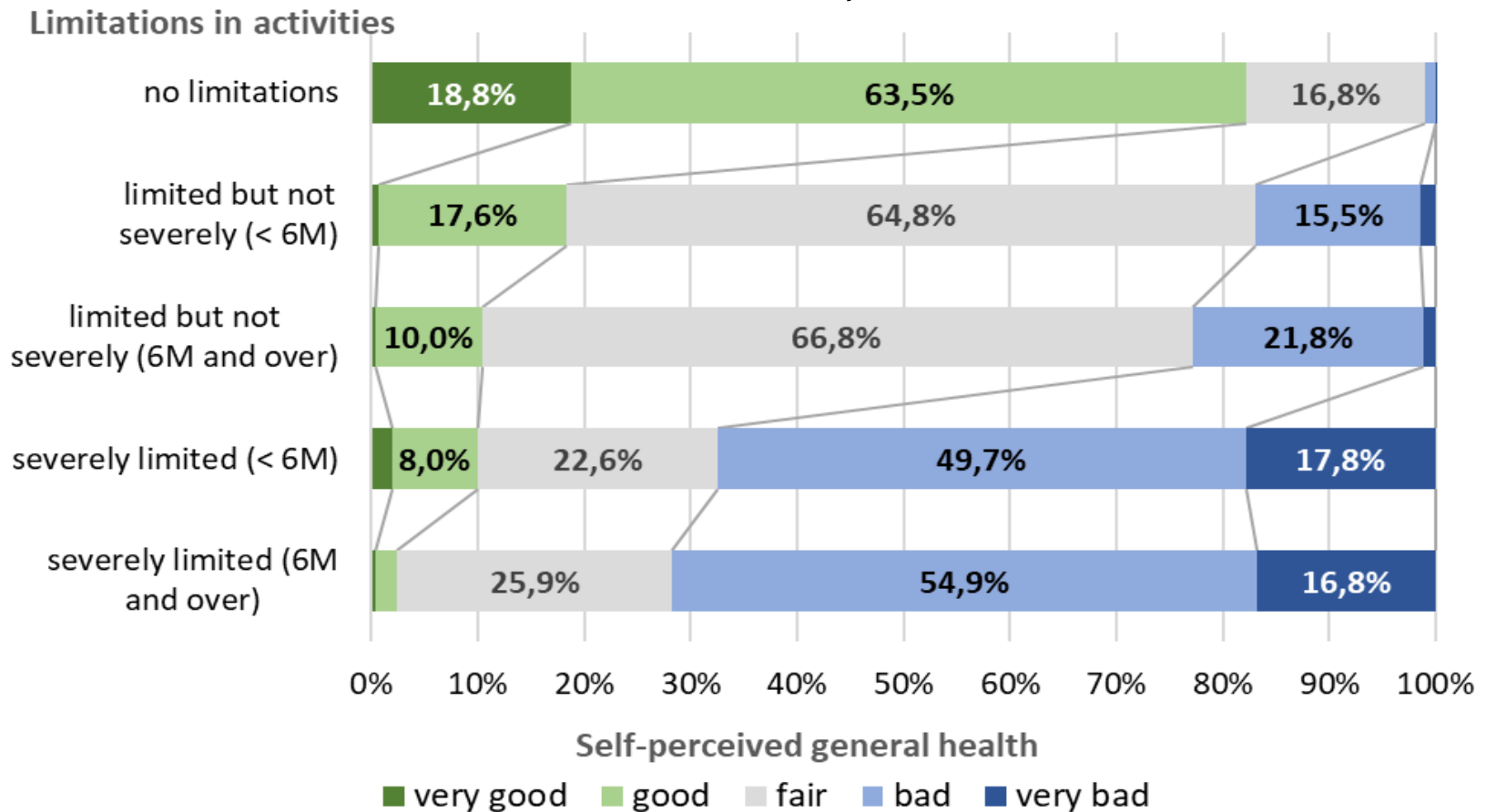
Analysis of relationships

The next part is devoted to analysis of three kinds of relationships (based on 2022 annual averages) between:

- self-perceived general health vs limitations in activities
 - subjective health and health-related assessments vs formal disability
 - subjective health and health-related assessments vs economic activity (ILO status)
- The starting point is an assessment of the consistency of two measures that describe the self-perceived health and the health-related limitations => to check to whether feeling/experiencing limitations affects the self-assessment of general health using the good-bad scale

Self-perceived general health vs limitations in activities

Chart #3. Self-perceived general health by self-declared limitations in activities because of health problems

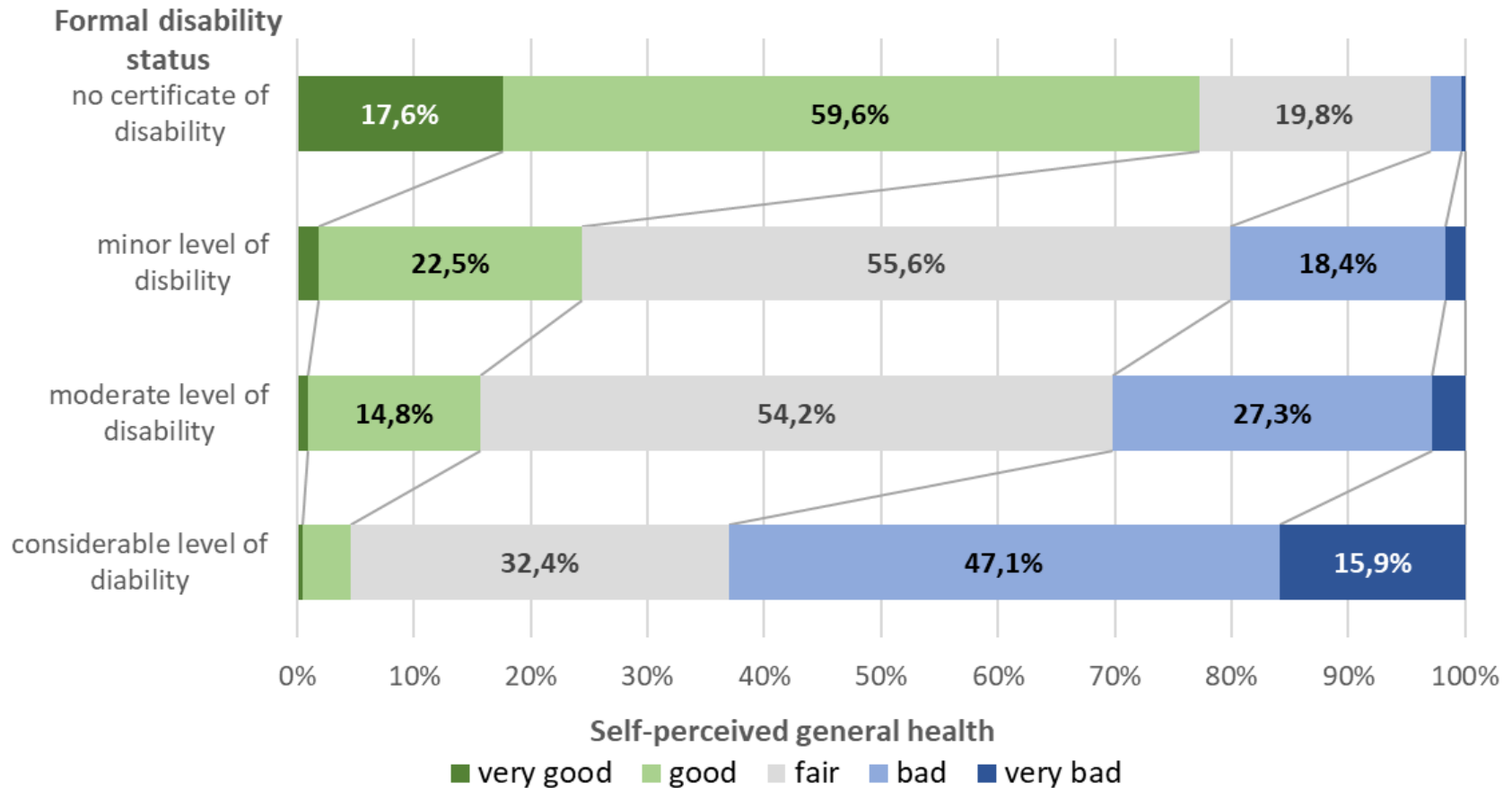


Subjective health and health-related assessments vs formal disability

- The second point is to check how subjective assessments of health (including health-related limitations in activities) are related to formal disability, understood as having an appropriate legal certificate of disability
- Chart #4 shows the distribution of self-perceived general health (subjective self-assessment of health) by formal disability
- Chart #5 presents the assessment of the actual (informal) disability (understood as experiencing limitations in performing daily activities due to health condition, according to the subjective assessment) by formal disability

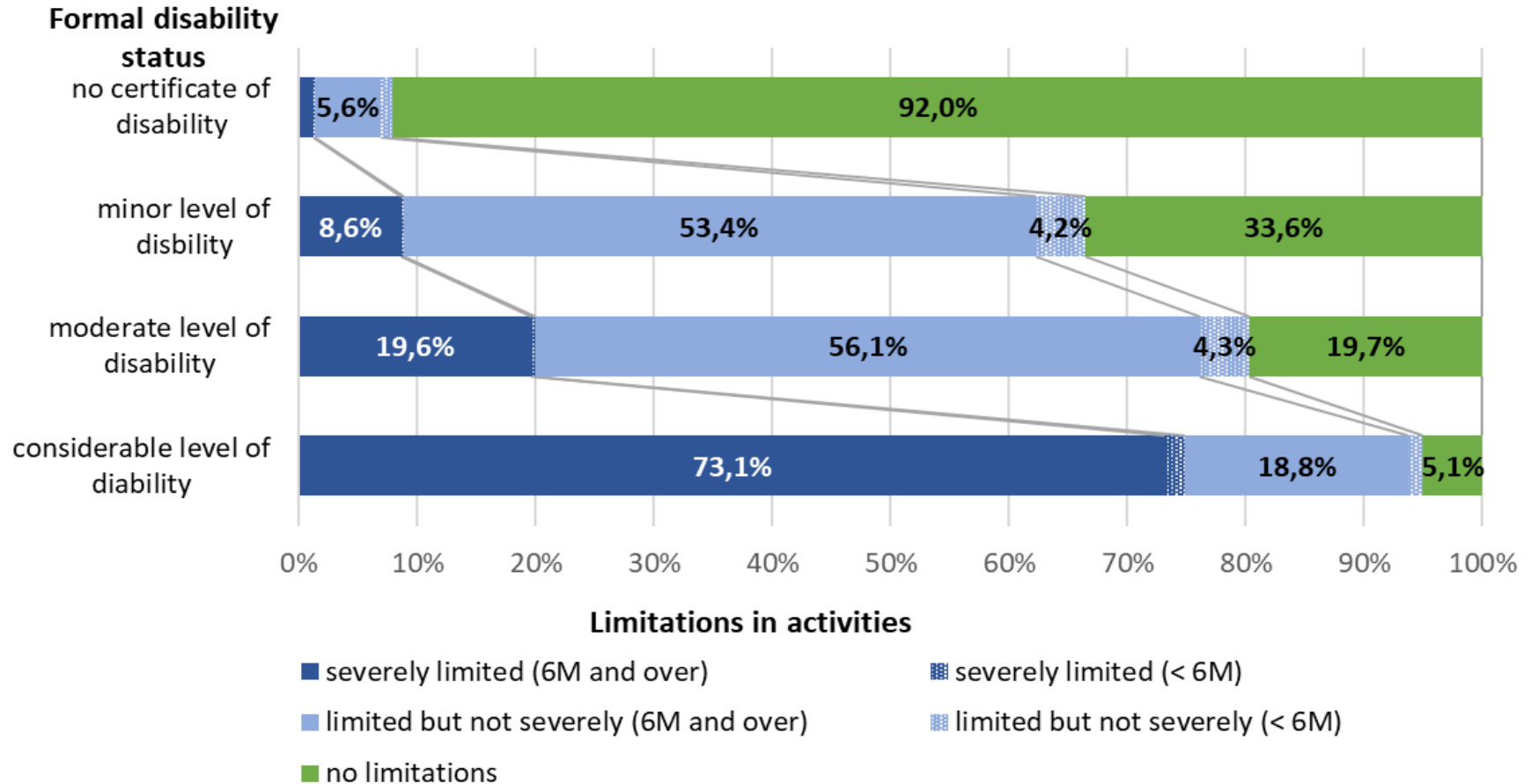
Subjective health and health-related assessments vs formal disability

Chart #4. Self-perceived general health by formal disability status (having an appropriate certificate of legal disability)



Subjective health and health-related assessments vs formal disability

Chart #5. Actual disability (self-declared limitations in activities because of health problems) by formal disability status (having an appropriate legal certificate of disability)

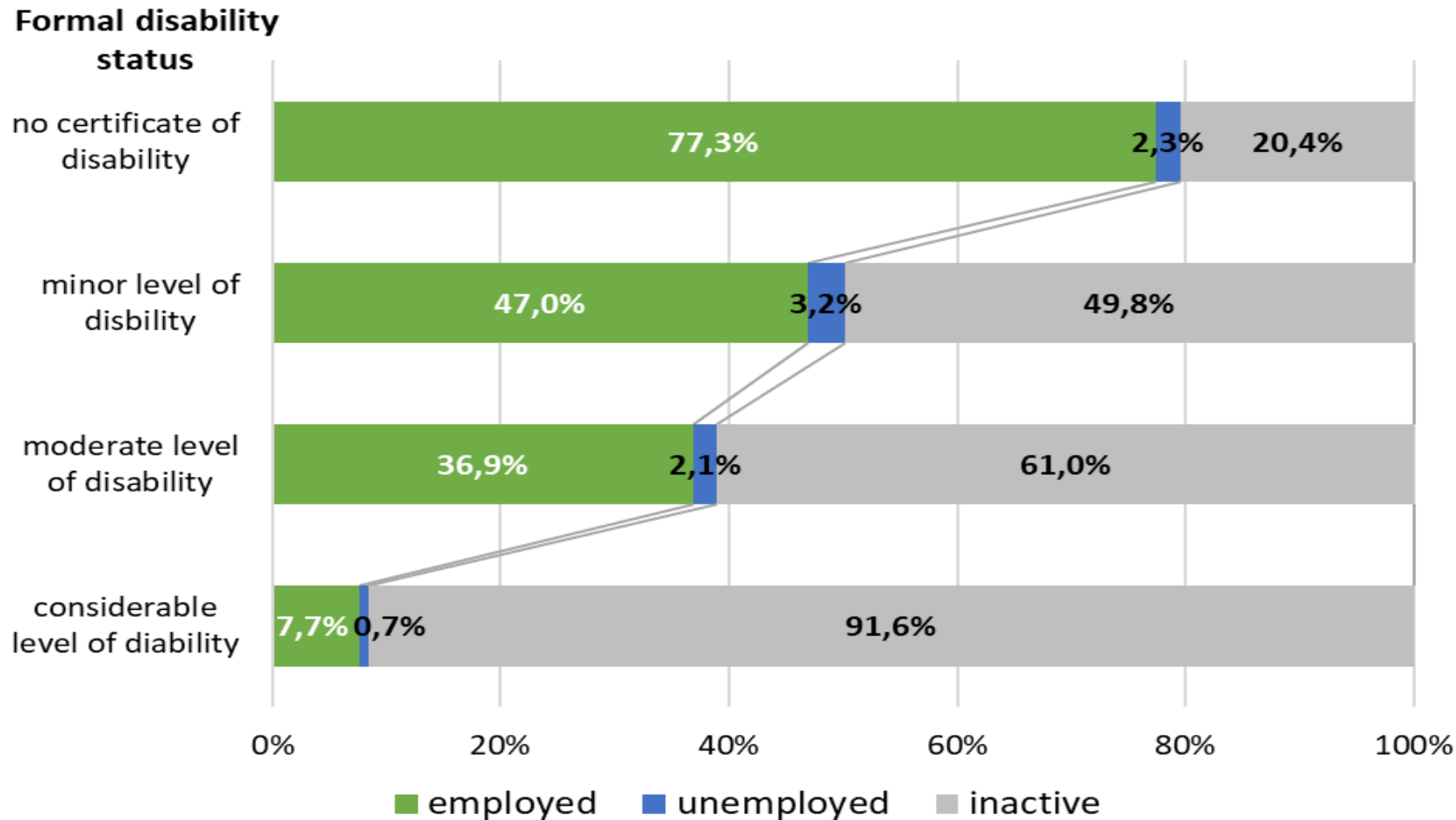


Subjective health and health-related assessments vs economic activity

- Age plays an important role in all the relationships described. This is because all measures describing health and disability, both formal and informal, tend to deteriorate with age
- In the older part of the population, economic activity also decreases with age (in the younger part this relationship takes a different form)
- In order to limit this effect and to obtain useful conclusions, only people who have not yet reached retirement age (i.e. people aged 15-59 for women and 15-64 for men), were included in the main part of the analysis

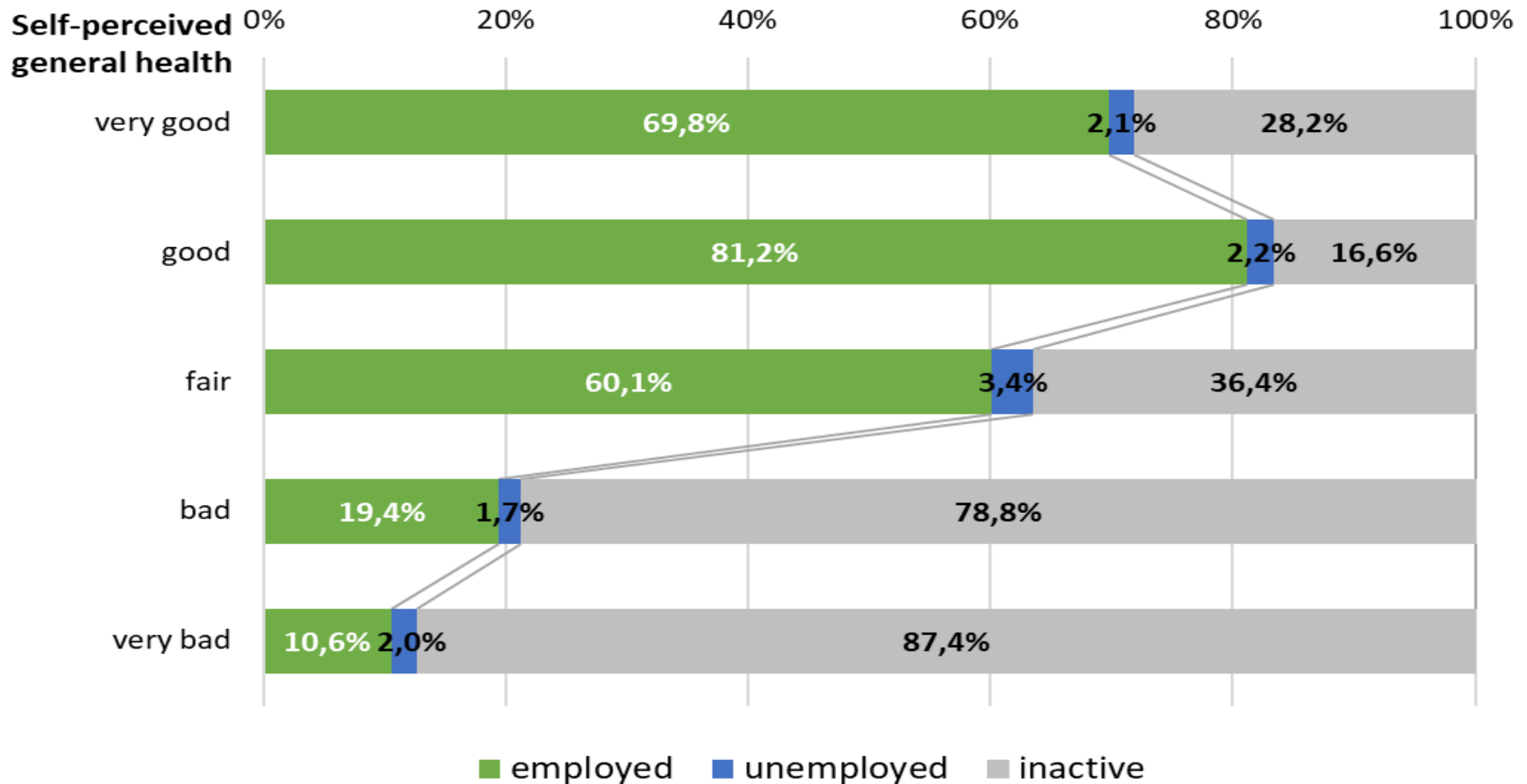
Subjective health and health-related assessments vs economic activity

Chart #6 Economic activity (ILO status) by formal disability status – people, who **have not reached retirement age** (15-59 for women, 15-64 for men)



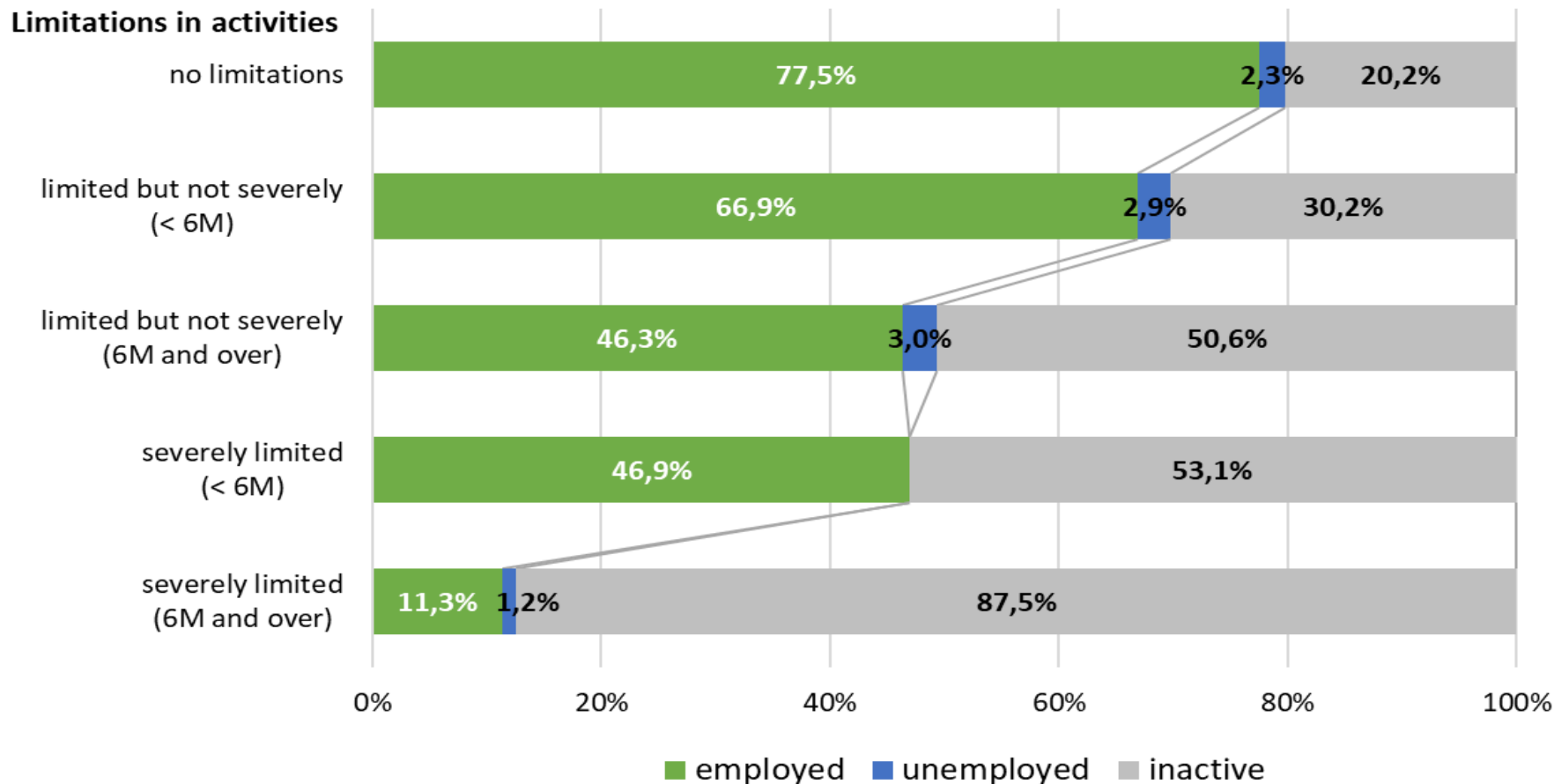
Subjective health and health-related assessments vs economic activity

Chart #7 Economic activity (ILO status) by self-perceived general health – people, who **have not reached retirement age** (15-59 for women, 15-64 for men)



Subjective health and health-related assessments vs economic activity

Chart #8 Economic activity (ILO status) by self-declared limitations in activities because of health problems (actual disability) – people, who **have not reached retirement age** (15-59 for women, 15-64 for men)

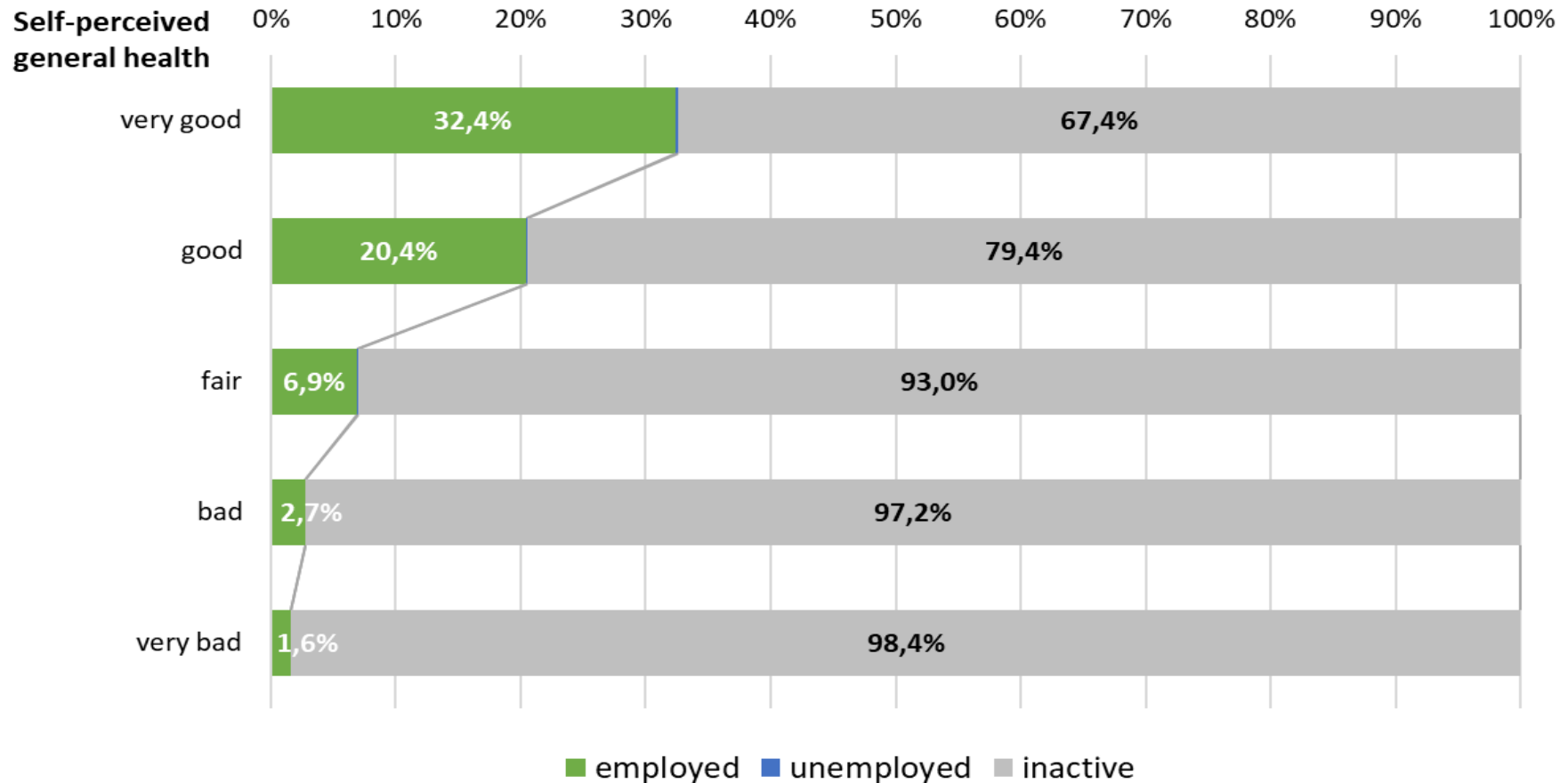


Subjective health and health-related assessments vs economic activity

- The last part regards the assessment of the extent to which health condition affects the economic activity of people who have reached retirement age (slightly exceeded it)
- In other words => whether the state of health affects the decision to remain in the labour market after reaching the retirement age
- Last two charts present differentiation of economic activity according to self-assessment of health status and perceived limitations in activities (actual disability) for people at retirement age up to 74 years old was presented (60-74 years for women, 65-74 for men)

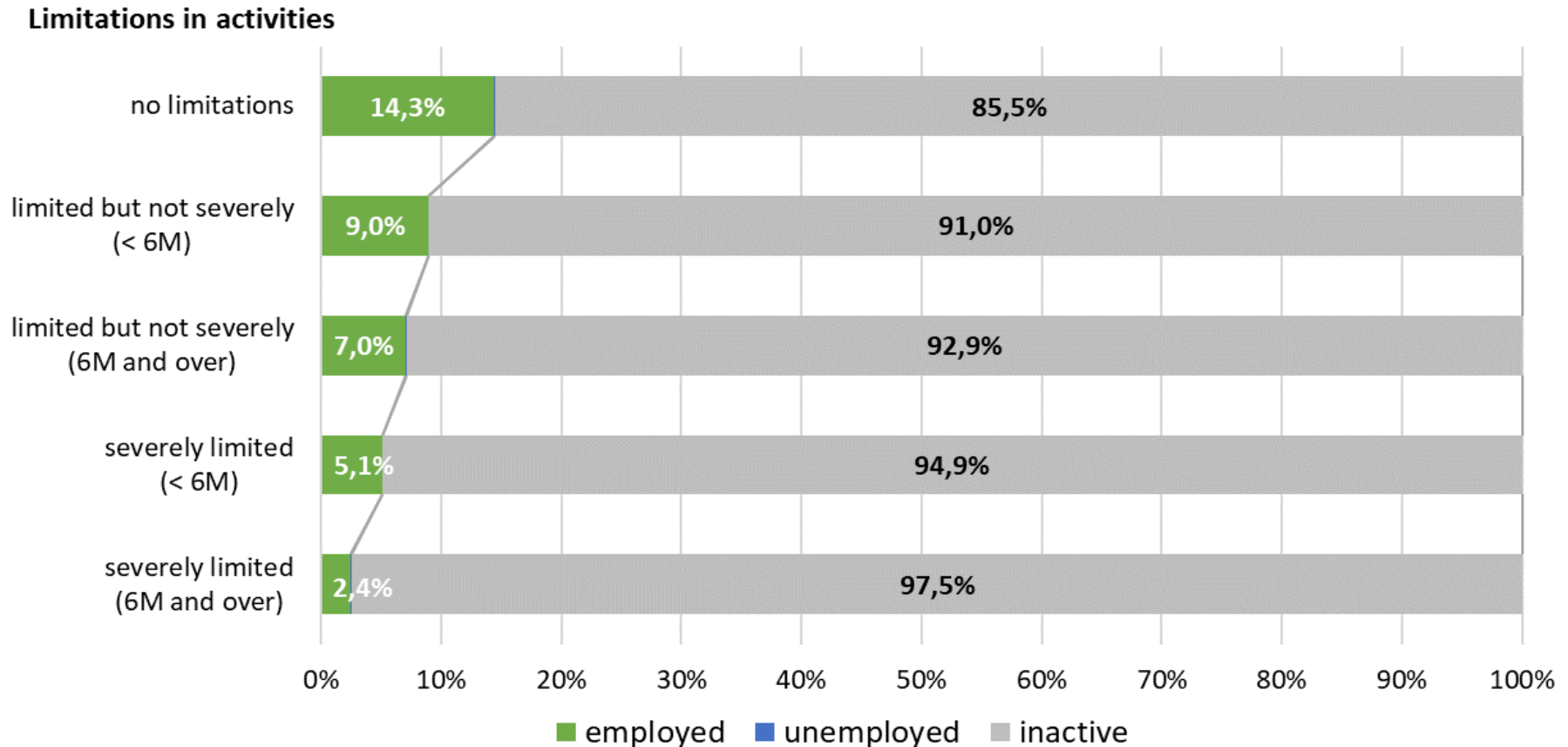
Subjective health and health-related assessments vs economic activity

Chart #9 Economic activity (ILO status) by self-perceived general health – people, who have **reached retirement age** (60-74 for women, 65-74 for men)



Subjective health and health-related assessments vs economic activity

Chart #10 Economic activity (ILO status) by self-declared limitations in activities because of health problems (actual disability) – people, who **have reached retirement age** (60-74 for women. 65-74 for men)



Summary

- The presented data indicate that both self-perception of health and limitation in activities because of health problems have significant influence on the economic activity
- The analysis of employment rates by GALI and then the analysis of three kinds of relationships deliver very coherent results
- The data collected as part of the Polish LFS can be used for the purposes of shaping the appropriate labour market and health care policy
- Aging resources of the labour market require prior provision of appropriate health care in order to extend their professional activity

Thank you for your attention

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