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Zdravotní problémy populace v produktivním věku v ČR

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ANALYSIS

4 May 2012

HEALTH PROBLEMS OF THE CZECH REPUBLIC POPULATION OF THE PRODUCTIVE AGE

In the course of 2011 data on the health status of respondents aged 15-64 years were measured within the Labour Force Sample Survey (LFSS). Data were acquired in the sample of over 30 thousand respondents and results were grossed up to the projected country population for 2011. The survey subject was the own opinion of respondents on their health status.

Last year over 18% of all persons aged 15-64 years had some long-term health problems. The most frequently reported diseases were those of musculoskeletal system and of circulatory system. The number of persons suffering from some health condition grows fast as their age is growing. There were almost a half of such respondents in the group of younger sexagenarians. A great number of persons of productive age with long-term health problems stated that they suffer from limitations of their movement activities or sensory perception. Demands of the economically inactive and the unemployed for potential employment are often conditioned by a suitable type of work and shorter working hours.

In the age group of 15-64-year respondents **over 18% had long-term health problems¹ (when grossed up to the whole population this accounted for 1 341 thousand persons)**. Health problems are somewhat more frequently felt in females (19.5%) than in males (17.1%). Respondents could give two types of long-term problems while that exerting the most serious impacts on respondents' everyday life was considered the main one. **The most frequent causes of the main health conditions are either diseases of musculoskeletal system, supporting of muscular one, and then diseases of heart and the circulatory system (cardiovascular)**. Major issues are often troubles with upper or lower limbs and especially troubles with spine. Almost the same number of persons, as those stating diseases of limbs as the main health problem, gave cardiovascular diseases as the main health condition. Thus almost two thirds of persons having certain long-term health problems considered diseases of the musculoskeletal system and circulatory system to be the main cause of their problems.

Numerous respondents mentioned other type of disease as well. These types of diseases correspond to the most frequent groups of diseases, which the respondents considered the main ones. Diabetes or headache are mentioned relatively more often within the other type of disease. This is due to the fact these types of health conditions are in close relation to the main health problem (diabetes and cardiovascular diseases, or headache and the main troubles with spine or neck).

¹ *Long-term health problems are, according to the adopted international definition, such problems, which last or are likely to last for six months, at least. These conditions are typically of permanent nature and the need of long-term medical care can be expected.*

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The number of persons aged 15-64 years with long-term health problems by type of disease

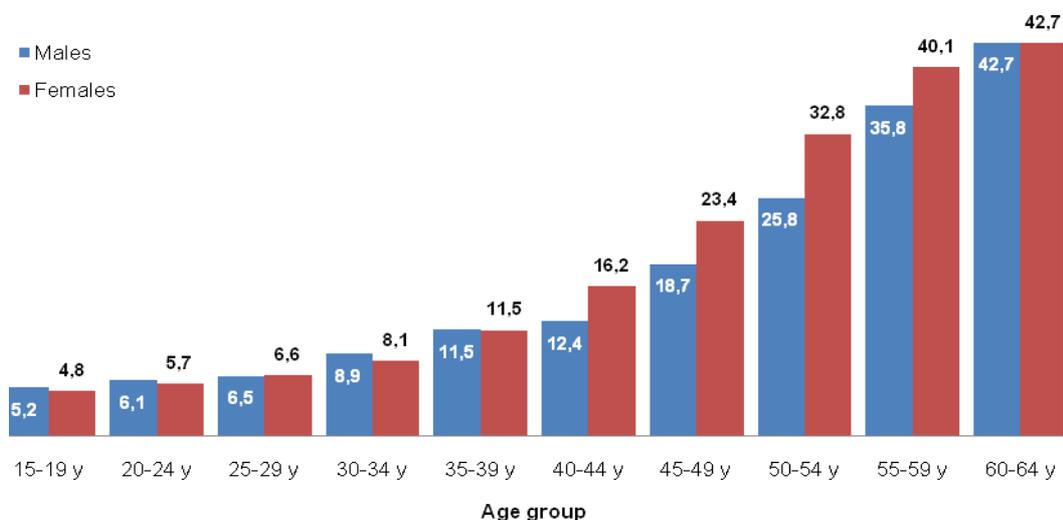
thousand

Selected types of diseases	The number of persons with long-term health problems					
	Total		Males		Females	
	Main disease	Other diseases	Main disease	Other diseases	Main disease	Other diseases
Total	1340.8	452.4	633.8	208.0	707.1	244.4
of which:						
Problems with upper limbs	87.5	26.0	42.5	13.0	45.0	13.0
Problems with lower limbs	186.4	75.1	95.5	34.6	90.9	40.5
Problems with spine and/or neck	295.1	67.5	131.2	35.7	163.9	31.8
Skin diseases	81.4	17.3	33.7	5.9	47.7	11.4
Cardiovascular diseases	255.5	68.5	136.2	32.8	119.3	35.7
Lung and/or breathing disorders	69.3	27.8	36.6	16.8	32.7	11.0
Stomach diseases	65.8	27.7	31.2	13.1	34.6	14.6
Diabetes	58.5	36.0	28.8	16.9	29.6	19.1
Headache	31.7	27.9	6.4	5.3	25.4	22.6
Other mental and/or neural disorders, incl. depressions	49.0	32.3	21.6	15.2	27.4	17.0

Source: CZSO - LFSS

The most important factor affecting the health status of the population is obviously the respondent's age. If every fifth respondent aged 15-64 years felt long-term health problems (concerning the elevated limit for the old-age retirement entitlement this age group can be taken as the productive age one), in the youngest five-year group of aged 15-19 years mere 5% of respondents felt the same. The relatively low share of persons with long-term health problems is noticeable up to the age of 30 years.

The share of persons with long-term health problems by age and by sex in 2011 as percentage



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Source: CZSO - LFSS

After thirties a significant and quick increase in the number of persons with health problems can be seen. The shares of males and females with such troubles are roughly the same till their forties. Once forties have been attained the share of females with health problems grows faster than that of males. Then the shares are levelled in the age group 60–64 years when the shares of males and females are nearing a half of the whole population of this age (42.7%). Therefore, substantial numbers of males and females are entering retirements who, in their opinion, suffer from a chronic disease.

The occurrence of most diseases rose as people are ageing. The numbers and shares of persons suffering from a disease of musculoskeletal system, circulatory system, and diabetes are growing. On the other hand, some diseases can be considered typical to the younger generations. If the young suffer from some long-term health problems then these are often skin diseases or lung or breathing disorders. The breathing disorders are related mostly to asthma problems. Persons aged 25-29 years relatively often gave mental problems not specified in detail.

The given differences in the type of a chronic disease by respondent's age can be detected both in males and females. What is interesting is the fact the number of cardiovascular diseases is, in the whole age group measured, clearly higher in males than in females, starting from the youngest age, and gets levelled after sixty years of age.

Shares of selected types of diseases in the total number of persons having health problems in five-year age groups

Age group	Total	Selected types of diseases					
		Problems with upper and lower limbs	Problems with spine or neck	Skin diseases	Cardiovascular diseases	Lung and/or breathing disorders	Depressions and/or other mental problems
Total	100.0	20.9	20.2	5.5	18.1	5.4	4.5
15-19 years	100.0	8.3	3.3	28.4	9.1	11.0	7.6
20-24 years	100.0	15.1	4.6	23.2	5.0	13.5	5.4
25-29 years	100.0	10.7	10.2	21.5	3.3	5.3	13.5
30-34 years	100.0	11.3	14.0	13.7	8.1	8.5	8.3
35-39 years	100.0	18.0	20.7	8.7	8.9	6.9	7.0
40-44 years	100.0	19.3	22.6	7.5	13.8	6.0	6.3
45-49 years	100.0	21.1	25.5	4.2	14.8	5.2	5.2
50-54 years	100.0	20.8	21.8	2.6	19.4	5.8	4.1
55-59 years	100.0	24.8	21.9	1.7	21.6	4.7	3.3
60-64 years	100.0	23.7	20.2	2.1	25.5	3.5	2.0

Source: CZSO - LFSS

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Great differences can be seen in the shares of persons with chronic health problems by educational attainment. Virtually all respondents of productive age with no education had health problems of a permanent nature. It is alerting that in the large groups of persons aged 15-64 years with basic and secondary education without A-level examination the shares of persons with chronic problems represented almost one quarter of all respondents of the given educational attainment, respectively. This share substantially decreases in persons with A-level examination and in the group of persons with higher education drops down to one tenth of all persons with tertiary education.

A vast majority of respondents has achieved their highest formal educational attainment by thirty years of age and therefore the youngest age group of productive age can be excluded here. **Almost a half of the thirty-year old and older persons with basic education suffer from chronic health conditions which is a significantly higher level than in the largest group with secondary education without A-level examination, which mostly comprises those bearing apprenticeship certificates.** The share of persons with health problems in the group of those with secondary education with A-level examination drops to 17% and in the group of those with higher education falls even further to 12%. These differences are at a great extent caused by the fact the lower educational attainments occurs mostly in the group of the older people, while in the group of the younger persons higher educational attainments have more significant shares. The trend can be seen in both sexes while shares of females with health problems are at every educational attainment higher than in males.

Numbers of persons aged 30-64 years with chronic health problems by formal educational attainment

Formal educational attainment		Numbers of persons with health problems, thousand			Shares in the total number of persons as percentage		
		Total	Males	Females	Total	Males	Females
Total		1222.8	572.4	650.4	22.9	21.3	24.6
of which							
Education:	Attainment						
Basic	1, 2	196.7	58.1	138.6	46.6	45.6	47.1
Secondary without A-level examination	partly 3	596.6	341.0	255.5	27.6	26.4	29.3
Secondary with A-level examination	partly 3, 4	312.7	114.2	198.4	17.1	14.6	19.0
Higher	5, 6	109.8	53.5	56.2	12.0	11.2	12.8

Source: CZSO - LFSS

The share of persons with health problems that generally increases proportionally to growing age is naturally different in respective groups of respondents by their **economic position**. Working persons suffer from long-term problems at relatively lesser extent (13.3% compared to 18.3% in the whole age group 15-64 years). In the group of working persons it was females who felt chronic health problems slightly more frequently (14.6% compared to 12.3% in males). Yet the situation is different in other two categories of the economic position of the unemployed and

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the inactive. Every fourth unemployed male and/or female have long-term health problems. This, of course, affects their work placement, because their share of chronically ill is almost twice as high as that in the group of working persons. Unemployed persons suffer, first of all, from diseases of musculoskeletal system, either supporting or muscular one.

The inactive give a long-term illness relatively most frequently although this group encompasses the whole age group of the young who are still preparing for their jobs and frequency of long-term diseases in them is naturally lower. That means this is due to a high number of long-term health problems mostly after the age of sixty has been attained.

Numbers of persons aged 15-64 years having long-term health problems by their economic position

Economic position	Long-term health conditions					
	Total		Males		Females	
	Absolute number, thousand	Share in the total number of persons as percentage	Absolute number, thousand	Share in the total number of persons as percentage	Absolute number, thousand	Share in the total number of persons as percentage
Total	1340.8	18.3	633.8	17.1	707.1	19.5
The employed	643.0	13.3	338.8	12.3	304.2	14.6
The unemployed	87.2	24.7	44.0	25.6	43.2	24.0
The inactive	610.6	28.2	250.9	31.7	359.6	26.2

Source: CZSO - LFSS

It was documented and published in January 2012 in the analysis on economic activities of pensioners, which can be found at the CZSO webpages at: <http://czso.cz/csu/csu.nsf/ainformace/799800315550>, that the number of working females rapidly drops once they have attained sixty years of age and the number of working males goes the same way yet with a roughly five-year delay. The health status of this age population and the fact they have attained the old-age retirement limit and availability of suitable work opportunities are the decisive factors affecting further potential work activities of the respondents.

In the group of employed persons we can interconnect results of the standard sample survey and the ad hoc module 2011 and thus assess also **relations in between the health status and other attributes**, which affect back the health status of respondents. The survey results revealed effects of a concrete type of job on the occurrence of long-term health problems in respondents. The highest numbers of the long-term ill are definitely in the main classes 5 and 7 of the CZ-ISCO – ‘service workers and shop and market sales workers’ and ‘craft and related trades workers’. A substantial number of persons with health problems is also in the class ‘plant and machine operators and assemblers’ and in the class ‘technicians and associate professionals’, which is the largest one concerning the number of working persons in the group.

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There is a great difference in the share of persons with long-term health problems in the total employment in respective classes of the CZ-ISCO. Relatively the least frequent health problems were reported by 'legislators, senior officials and managers' and similarly by 'technicians and associate professionals'. The share of diseases in the group of persons working as workers and operators is in contrast to the previous. The share of persons with long-term problems, for instance, in the group of 'skilled agricultural and fishery workers' is virtually twice as high as that in the CZ-ISCO main class 1 - 'legislators, senior officials and managers' while both the groups are similar in their age structure. Who suffers from a chronic disease most are persons in the group of 'elementary occupations' in which every fourth working person feels such condition.

Jobs requiring higher physical efforts are in general more risky for the health status. Almost two thirds of all working persons with long-term health problems worked in occupations classified to classes 5-9 of the CZ-ISCO. The character of the occupation performed is also reflected in the type of disease in respective classes of working persons. 'Legislators, senior officials and managers' are the only main class of the CZ-ISCO, in which the afflicted suffer most frequently from cardiovascular diseases. All other classes are dominated by diseases of the musculoskeletal system.

The nature of the occupation is also reflected in the structure of persons with a health condition by sector of the national economy. The share of persons with disability is higher in industries of the primary and secondary sectors. Yet in manufacturing there is a lower share of older workers than in the national economy as a whole.

Numbers of the working persons aged 15-64 years with long-term health problems by sector of the national economy

Sectors of the national economy		Number of working persons with health problems, thousand			Share in the total number of working persons in the sector as percentage		
		Total	Males	Females	Total	Males	Females
Total	CZ-NACE section	643.0	338.8	304.2	13.3	12.3	14.6
Agriculture	A	26.3	16.7	9.7	18.3	15.8	25.2
Industry	B to F	263.4	181.8	81.6	14.1	13.3	16.3
Services	G to U	353.3	140.3	213.0	12.6	11.0	13.9

Source: CZSO - LFSS

It is evident that the duration of active working life is affected by the type of occupation performed. This is also confirmed by conclusions of the aforementioned analysis on activities of older persons, which revealed that demands in numerous occupations taken in a great portion by persons with higher educational attainment are more favourable for health than those in the production sector. Employment in the secondary sector in industry and construction is the highest in the Czech Republic of all Member States of the European Union and the health

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status of a great portion of the respondents makes it hard to retain their current jobs after they have reached the retirement age.

Other block of the survey questions concentrated on the **identification of basic activities, in which the persons may be limited when performing daily operations**. This meant limitations of movement activities or sensory perception of the respondents. The subject of interest was such limitations, which last or probably will last six months as minimum, similarly as in the case of long-term diseases. The respondents had the opportunity to decide, which limitation he/she consider the main one and in case of need he/she could also give other types of limitation.

A great number of the respondents having long-term health problems stated they are either limited in their movement activities or suffer from a disorder of their sensory perception². Concerning main types of limitations, problems with walking and problems with lifting and bearing of burdens or other objects were the most frequently mentioned ones. The respondents also relatively often complained of problems with sitting or standing and problems with body flexibility. If other limitations were given as well then these were often related to the character of the main one.

Numbers of persons with long-term health problems who simultaneously suffer from limitations of movement activities or sensory perception

thousand

Selected types of diseases	Number of persons with limitations of movement activities or sensory perception					
	Total		Males		Females	
	Main limitation	Other limitation	Main limitation	Other limitation	Main limitation	Other limitation
Total	548.8	256.8	265.5	121.9	283.2	134.9
of which:						
Sight disorders	43.7	4.1	19.0	1.1	24.8	3.0
Hearing disorders	8.3	3.2	4.8	1.3	3.5	1.9
Walking problems	176.2	22.2	88.1	10.2	88.1	12.1
Problems with sitting and/or standing	73.9	53.0	28.0	24.6	45.8	28.4
Concentration and/or memory problems	25.5	19.6	13.0	11.4	12.5	8.1
Communication problems	16.1	11.7	10.2	7.6	5.9	4.1
Problems with stretching	14.0	8.2	7.3	3.8	6.7	4.4
Problems with lifting and bearing of burdens	115.7	68.8	58.8	27.7	56.9	41.1
Problems with flexibility	61.5	50.0	30.4	26.4	31.1	23.6
Posture and rotation problems	12.5	15.3	5.6	7.4	6.9	7.9

² Wearing glasses or hearing aids were not classified as a cause of limitations of sensory perception unless the respondent considered troubles with sight or hearing the source of their long-term health problems.

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Source: CZSO - LFSS

Differences in the occurrence of limitations by the nature of occupation can be seen here. Workers, machine operators in production industries and service workers feel, in general, more limitations of their movement activities or sensory perception disorders.

Other questions in the ad hoc module focused on effects of long-term health problems or any type of the health limitation on work activities of the respondents. These are either real troubles in a group of working persons, or impacts of these adverse effects on potential placement in employment of the unemployed or the inactive.

These limiting factors have strongest impacts on the type of job the respondent performs or may perform. It is very often stated that health problems exert limiting effects on the number of hours at work. They have or may have somewhat lower impacts on commuting to work.

Answers of respondents, however, differ significantly by their economic position. Effects of health problems or limitations were substantially less frequent in the group of working persons than in those of the inactive or the unemployed. The inactive with long-term health problems or limitations often give that their health status affects their decision making on potential work activities. This holds, first of all, for the group of younger sexagenarians. A half of the inactive with health problems in this five-year age group think their potential further occupation is conditioned by finding a suitable type of job. A significant portion of them assume they would work for a lower number of hours.

The trouble is the fact that the unemployed requirements for suitable jobs are comparable to those of the inactive.

Numbers of persons with health problems by impact on their current or potential work activities

Impacts on the current or potential job	Total	The employed	The unemployed	The inactive
	Absolute number, thousand			
Total 15-64letí	7345.0	4827.8	352.5	2164.7
Aged 15-64 years with health problems or limitations of their movement activities or sensory perception	1405.3	684.1	91.7	629.4
Number of hours at work	457.2	86.7	39.9	330.7
Type of job	679.2	222.6	63.2	393.3
Commuting to work	347.9	62.6	19.2	266.1
	Shares of respective types of limitations in the number of persons with health problems			
Number of hours at work	32.5	12.7	43.5	52.5
Type of job	48.3	32.5	69.0	62.5
Commuting to work	24.8	9.1	20.9	42.3

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Source: CZSO - LFSS

The ad hoc module also included questions if the respondents with long-term health problems use or need a special assistance, equipment, tools, or adjustment of working environment, or tailoring of work activities.

At present a minimum number of persons with disability, who are working, use some personal assistance. Relatively few working respondents with health problems had at their disposal subjects or technical aids, which enable them to perform work activities or improve their performance at work. These include, besides aids for the disabled with a sensory impairment, mostly barrier-free access to buildings and movement inside, suitable parking, etc. A larger number of persons had an option to arrange their work activities to match their needs. This means, for instance, potential of flexible working hours or performing less physical work.

Compared to the group of the working persons, impacts of the health status of the inactive or the unemployed on their personal activities or potential work activities are substantially stronger. Last year there were two and a half of million persons aged 15-64 years out of work. A substantial number of respondents thought that their potential job would require specific arrangements of work activities (lower number of hours, flexible working hours, and lower demands for physical strength). A good few persons conditioned their occupations by availability of suitable aids and/or special equipment or tools.

Numbers of persons aged 15-64 years with long-term health problems who have used or would use a special assistance, equipment, tools, or adjustment of working environment

Type of requirement	15-64 years, total	Persons aged 15-64 years with long-term health problems			
		Total	The employed	The unemployed	The inactive
Total	7345.0	1340.8	643.0	87.2	610.6
Personal assistance provision	95.2	94.0	1.6	1.9	90.6
Use of a special equipment, tools, or adjusted working environment	165.6	163.0	9.3	8.5	145.2
Arrangement of work activities	375.0	369.5	73.4	32.5	263.6

Source: CZSO – LFSS

Numerous jobless persons stated, moreover, that their health status requires a personal assistance. It can be assumed that a potential job assignment or prolongation of work activities are in a great portion of these persons conditioned by the provision of appropriate requirements of social, professional, or financial character.

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