## Research Report

# Health Prevention and Health Inequalities

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#### Introduction

The National Center for Health Policy and Health Inequalities Research at Cardinal Stefan Wyszyński University was established at the initiative of the Ministry of Education and Science in 2023.

The main objective of the Center's activities is to develop scientific research on health policy to increase the efficiency of the health care system in Poland, and improve health by promoting prevention and health promotion solutions.

In 2024, the National Center for Health Policy and Health Inequalities Research conducted a nationwide representative cross-sectional study "Health prevention and health inequalities". The main objective of the research project was to assess social attitudes and behaviors towards health prevention in a representative nationwide sample of people aged 18-64. The results obtained in the cross-sectional study constitute the basis for conducting further research and analyses in the field of identifying factors influencing well-being, lifestyle, and health behaviors in the Polish population, taking into account health inequalities and socio-demographic differences.

The public opinion survey "Health prevention and health inequalities" was carried out as part of a task financed by the Minister of Education and Science under Agreement No. MEiN/2023/DPI/2717 of 13/10/2023: "National Centre for Health Policy and Research on Health Inequalities of the Cardinal Stefan Wyszyński University in Warsaw" (ID 1013339).



#### Methodology

The public opinion survey was conducted using the Computer Assisted Web Interview (CAWI) method via a website owned by ARC Rynek i Opinia (www.epanel.pl). The original research questionnaire was available from December 4 to 16, 2024 on a dedicated research platform.

The survey was conducted on a representative group of adult Poles aged 18-64. The sample selection took into account the following stratification criteria: gender, age, size of the place of residence and level of education. The survey sample was representative of the adult population of Poland aged 18-64.

An invitation to participate in the survey was sent to randomly selected users of the research panel (www.epanel.pl), taking into account the stratification criteria of the survey sample. Participation in the survey was voluntary. Each respondent expressed voluntary and informed consent to participate in the survey.

Complete responses were obtained from 5,006 individuals.

The research tool was an original research questionnaire developed by the Team of the National Center for Health Policy and Health Inequalities Research at Cardinal Stefan Wyszyński University.

The research questionnaire contained questions regarding:

- self-assessment of health status and the occurrence of chronic diseases;
- health of family and closest persons;
- attitudes and behaviors towards health prophylaxis, preventive examinations and protective vaccinations;
- lifestyle;
- · level of physical activity;
- sleep hygiene;
- use of tobacco and alcohol products;
- attitudes towards protection against environmental exposures;
- use of social media;
- socio-demographic characteristics of the study group.

The set of questions (in Polish) used in the study is listed in Appendix 1.

This document presents the most important results of the public opinion survey, which will constitute the basis for further, in-depth analyses aimed at identifying socio-demographic differences and health inequalities.

### **Key Results**

The characteristics of the respondents in the public opinion survey are presented in Table 1.

Table 1. Characteristics of the respondents in the public opinion survey (n=5006).

| Variable                              | %    |
|---------------------------------------|------|
| Gender                                |      |
| female                                | 49.9 |
| male                                  | 50.1 |
| Age                                   |      |
| 19-24                                 | 10.8 |
| 25-34                                 | 19.8 |
| 35-44                                 | 26.5 |
| 45-64                                 | 42.9 |
| Education                             |      |
| primary                               | 8.2  |
| vocational                            | 23.6 |
| secondary                             | 37.9 |
| higher                                | 30.3 |
| Place of residence                    |      |
| village                               | 40.6 |
| city up to 19 thousand inhabitants    | 12.9 |
| city 20-49 thousand inhabitants       | 10.6 |
| city 50-99 thousand inhabitants       | 8.1  |
| city 100-199 thousand inhabitants     | 8.5  |
| city 200-499 thousand inhabitants     | 7.3  |
| city 500 thousand inhabitants or more | 12.0 |
| Professional activity                 |      |
| full-time work                        | 57.2 |
| part-time work                        | 10.1 |
| occasional work                       | 7.9  |
| no professional activity              | 24.8 |
| Marital status                        |      |
| married                               | 46.6 |
| in an informal relationship           | 15.6 |
| single                                | 27.3 |
| other (widowed, divorced)             | 10.5 |
| Number of household residents         |      |
| 1                                     | 12.8 |
| 2                                     | 25.8 |
| 3                                     | 25.2 |
| 4 or more                             | 36.2 |

The vast majority of respondents (41.5%) assessed their health as the same as that of their peers (Figure 1).

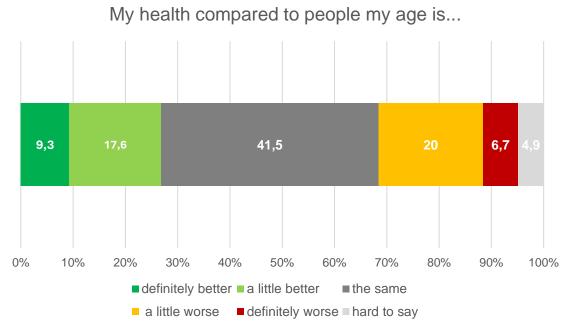


Figure 1. Self-assessment of health status (n=5006).

In the last 12 months, the vast majority of respondents consulted a doctor (77.6%) or a dentist (65.4%) (Figure 2). Only one in ten respondents declared that they consulted a nurse or midwife. Almost one in five respondents consulted a physiotherapist in the last 12 months.

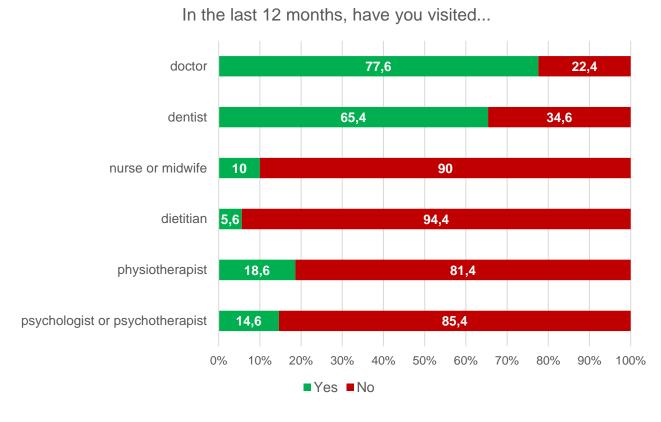


Figure 2. Use of healthcare professional services in the last 12 months (n=5006).

The main reasons for medical visits were routine or periodic examinations (34.4%) and prescription visits (30.3%) (Figure 3).

Main reasons for visiting a doctor in the last 12 months

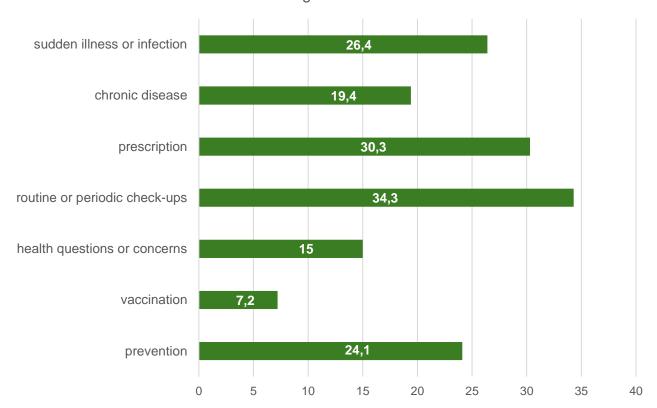


Figure 3. Main reasons for visiting a doctor among people who visited a doctor in the last 12 months (n=3887).

In 2024, more than half of respondents (59.2%) had a complete blood count, 41% had a blood sugar measurement, and 32.2% had a lipid profile (Figure 4).

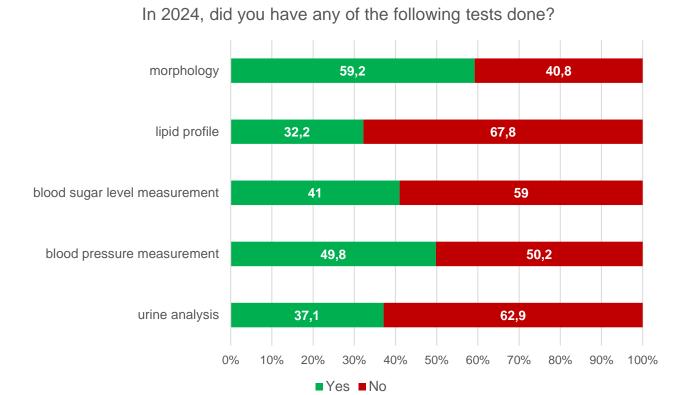


Figure 4. Preventive screening tests in 2024 (n=5006).

In the surveyed group of adults aged 18–64, every third respondent had not heard of the "Profilaktyka 40 PLUS" programme (Figure 5).



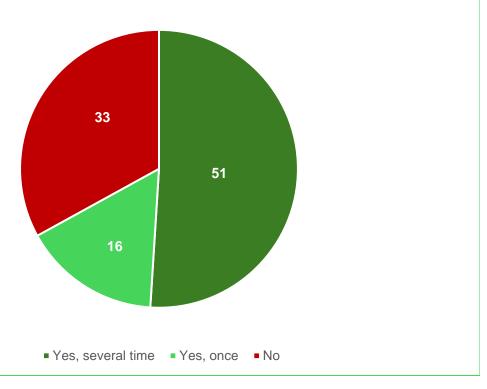


Figure 5. Level of social awareness of the "Prevention 40 PLUS" program (n=5006).

Body weight was measured at least once a month by 47% of respondents (Figure 6).

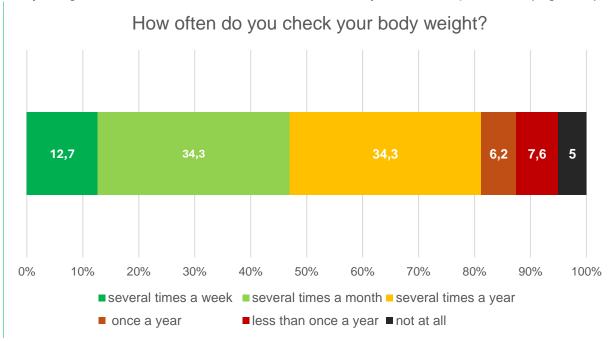


Figure 6. Frequency of body weight measurements among respondents (n=5006).

The vast majority of respondents (86.6%) consumed at least three meals a day (Figure 7).

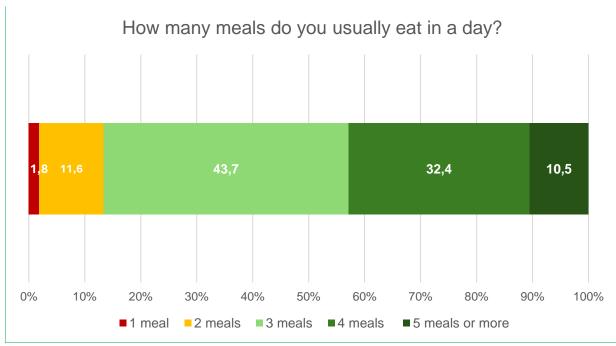


Figure 7. Number of meals usually consumed per day by respondents (n=5006).

Almost every fifth respondent did not engage in moderate physical activity during the week (Figure 8). Only every tenth respondent engaged in moderate physical activity lasting more than 150 minutes during the week.

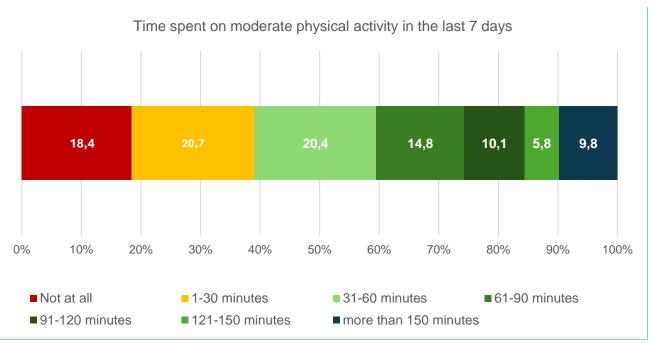


Figure 8. Level of physical activity (moderate exercise in the last 7 days) among respondents (n=5006).

Among respondents, 66.3% used Facebook daily, 39.4% used YouTube daily, and 30% used Instagram daily (Figure 9).

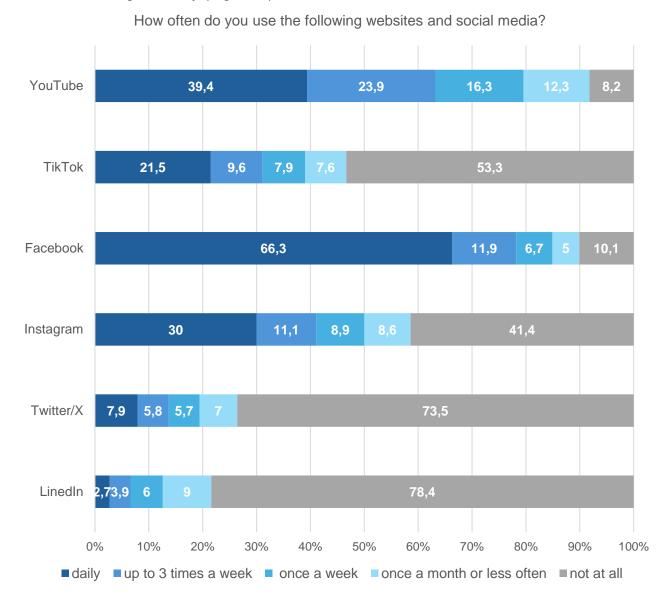


Figure 9. Frequency of social media use by respondents (n=5006).

The main source of information on health-related topics indicated by respondents (32%) were health-related websites (Figure 10). Almost one in three respondents (29.5%) declared that they did not look for information on health-related topics at all.



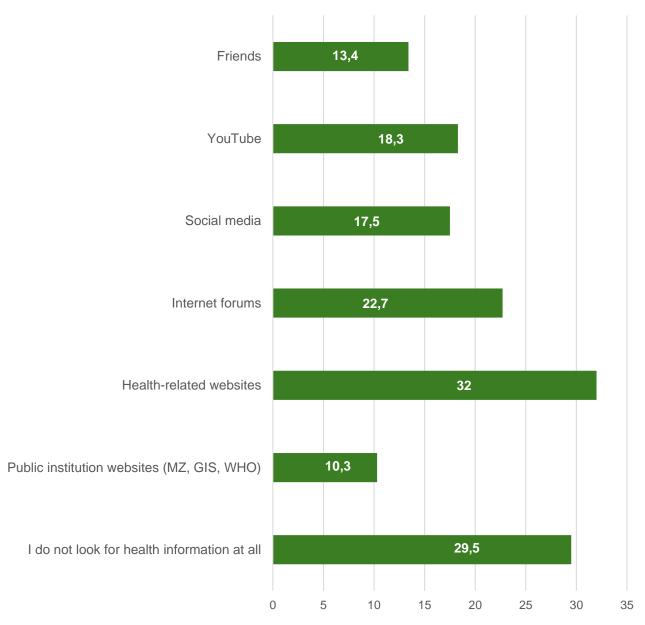


Figure 10. Main sources of information on health-related topics (n=5006).



#### **Conclusions**

This study presents the most important, basic results of the public opinion survey "Health prevention and health inequalities" conducted by the National Center for Health Policy and Health Inequalities Research Team at Cardinal Stefan Wyszyński University.

Among adults aged 18-64, almost one in three adults assess their health as worse than that of their peers, which indicates existing health needs in terms of diagnostics and treatment of diseases.

Over 22% of adults have not had a doctor's visit in the last 12 months, and one in three adults aged 18-64 have not had a dental consultation in the last 12 months. This observation requires further analysis to identify social groups that consciously refrain from contacting a doctor and groups that have not had a doctor's visit due to existing barriers to accessing medical advice.

More than every fourth person using medical advice needed medical advice due to a sudden illness or infection, which indicates a high percentage of emergency visits related to urgent health needs, in the total number of medical visits.

Morphology was the most frequently performed preventive examination, but the percentage of respondents performing preventive laboratory tests remains insufficient.

Despite the operation of the "Prophylaxis 40 PLUS" program since July 1, 2021, and the accompanying educational and information campaigns, every third adult aged 18-64 declared a lack of knowledge of this preventive program, which indicates limited public interest in topics related to preventive examinations.

There is a need to build social awareness of the role of regular body weight measurements in shaping pro-health habits and behaviors that allow for weight control.

Every tenth respondent consumed fewer than three meals a day, which indicates the existence of gaps in nutritional knowledge or socio-economic barriers to access to food.

The vast majority of adults aged 18-64 do not engage in the World Health Organization-recommended moderate-intensity physical activity of at least 150 minutes per week.

Social media are widely used by adults aged 18-64, with Facebook being the most popular social media platform.

The main source of knowledge on health-related topics is health-related websites, and a small percentage use official websites of public institutions dealing with health issues. This observation indicates the need to verify the way health content is presented on public institutions' websites.



#### **Data availability statement:**

Data obtained as part of the public opinion survey "Health prevention and health inequalities" are available from the Research Team of the National Center for Health Policy and Health Inequalities Research at Cardinal Stefan Wyszyński University upon reasonable request, for non-commercial use for scientific purposes consistent with the scope of the Center's activities.