

LIUDMILA ZASIMOVA
(HSE, IEP)
***“MEASURING ACTIVE
AGEING IN THE RUSSIAN
FEDERATION”***

RANEPА-RESET WORKSHOP

ECONOMICS OF HEALTH AND HEALTH REFORMS IN RUSSIA

MOSCOW, GAIDAR INSTITUTE FOR ECONOMIC POLICY, JUNE 5, 2014

STRUCTURE OF PRESENTATION

1. Research questions
2. Active aging concept – why to use?
3. How different components of active aging can be measured and aggregated?
4. Measuring active aging in RF:
 1. Data
 2. Method
 3. results

RESEARCH QUESTIONS

1. How to measure active aging?
2. What is the proportion of actively aging in Russia?

ACTIVE AGING CONCEPT

Other concepts:

Healthy aging

Successful aging

Productive aging

harmonious aging

“**Active aging** is the process of optimizing opportunities for **health, participation and security** in order to enhance quality of life as people age”

WHO, 2002

MEASURING HEALTH COMPONENT

Physical health (*Pruchno, 2010; Chansarn, 2012; Lee et al. 2011; McLaughlin et al., 2010*):

chronic diseases,
disabilities,
physical functions,
painful sensations

Mental health:

changes in mood (*Chaves et. al., 2009*),
feelings of anxiety, sadness, depression (*Ko, et al., 2007; McLaughlin, et al., 2010; Chansarn, 2012*),
ability to relax and self-confidence (*Bowling, Iliffe, 2006; Lee, et al., 2011*).

future plans (*Kahana et al.,2005; Onedera and Stickle, 2008*)

Self-rated health: (*Ko, et al., 2007; Chansarn, 2012; Doyle et al., 2010; Lee et al., 2011*)

MEASURING PARTICIPATION COMPONENT

Labor activity

presence of paid work (*Pruchno et al., 2010*)

volunteering (*Duay, Bryan, 2006; Marina, Ionas, 2012*)

Social activity

contacts with family / friends / neighbors etc (*Duay, Bryan, 2006; Lee et al., 2011*).

marital status (*Chansarn, 2012*),

having a close friend (*Payne et al, 2006*),

provision of support to family members (*Vance, et al., 2005; Chansarn, 2012*),

leisure and hobbies (*Doyle, et al., 2010*),

political participation (*Zaidi, et al., 2013*),

participation in religious activities (*Ng, et al., 2009;*

Pruchno, et al., 2010; Lee, et al., 2011; Marina, Ionas, 2012).

MEASURING SECURITY COMPONENT

Living safety

non-slippery ground floor, stair handrail, handrail in bathroom, non-slippery toilet, etc (*Chansarn, 2012*).

Financial security

personal income (*Strawbridge, et al., 2002; Jang, et al., 2009; Garcia, et al., 2011*),

household income (*Chaves, et al., 2009; McLaughlin, 2010; Wang, Lin, 2012*),

sufficiency of income (*Duay, Bryan, 2006; Chansarn, 2012*),

savings and indebtedness (*Chansarn, 2012*),

accommodation ownership (*Chansarn, 2012*).

MEASURING ACTIVE AGING IN RF

Data:

WHO Study of Global Ageing and Adult Health (SAGE)

- 4947 respondents of 50 years and older with a small control group of younger adults from 18 to 49 years.
- Representative at a country level.
- At present, only the first wave (2007-2010) is available for research.
- Data collected on rich selection of socioeconomic, health, demographic, questions
- Includes questions that enable researchers to measure all three components of active aging: health, participation, and security

	Age groups					
	under 55	55-64	65-74	75-84	85 and older	total
men	440	491	378	210	29	1548
women	705	764	752	500	81	2802
total	1145	1255	1130	710	110	4350

RESEARCH METHOD

- (1) Calculate indicators for the three components of AAI (health, participation in social activity, and security).**
- (2) aggregate indicators into the three component-specific indexes, namely: Health component index (HCI); Participation component index (PCI); Security component index (SCI).**
- (3) aggregate component-specific indexes into overall outcome indicator AAI.**

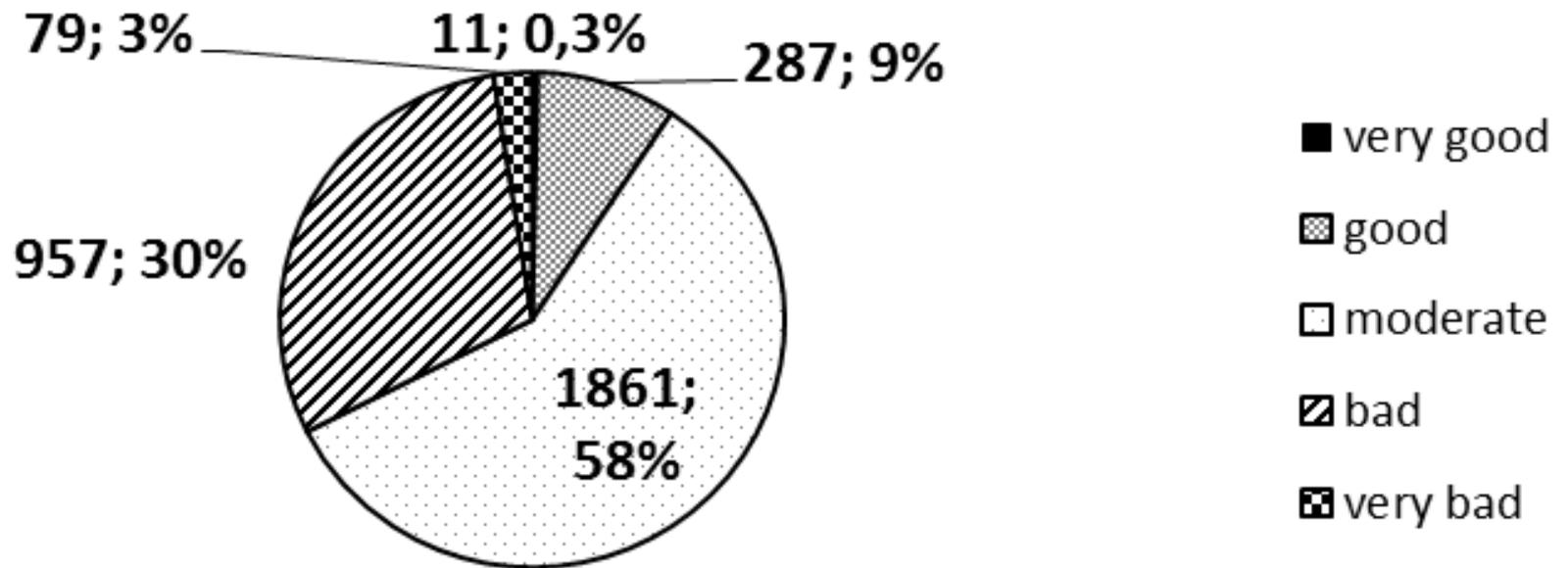
STEP 1 – CALCULATING INDICATORS

Components	Indicators
Health (HCI)	Physical health:
	<i>concentration of chronic conditions</i>
	<i>concentration of difficulties with physical actions</i>
	<i>pain and discomfort and difficulties due to pain</i>
	Mental health
	<i>feeling sad, low or depressed</i>
	Self-assessed health
Participation in social activities (PCI)	Work participation (including volunteering)
	Participation in different public activities
	Family and friends participation:
	<i>marital status</i>
	<i>intensity of contacts with friends and relatives</i>
Security (SCI)	Financial stability
	<i>sufficiency of income</i>
	Living security
	<i>self-assessed accommodation conditions</i>
	<i>feeling safe at home</i>

CONCENTRATION OF CHRONIC CONDITIONS

Chronic	frequency	%
No chronic conditions	800	25,2
1	935	29,4
2	706	22,2
3	434	13,7
4	213	6,7
5	67	2,1
6	23	0,7
total	3178	100

SELF-ASSESSED HEALTH (IN GENERAL, HOW WOULD YOU RATE YOUR HEALTH TODAY?)



RATE OF PARTICIPATION IN DIFFERENT PUBLIC ACTIVITIES

Activity	%
1. Public meeting with discussion of local or school affairs	55,7
2. Personal meeting with a community leader	24,9
3. Group, club, society, union or organizational meeting	14
4. Participation in any activity with other people in the neighborhood to fix or improve something	4,8
5. Religious services	0,7

STEP 2 - COMPOSING AGGREGATED SUB-INDEXES

Main question – how to aggregate different indicators?

Health component (HCI) - we decided that a person cannot be regarded as “active” if he/she had reported very bad physical or mental health, or he/she estimated his own health as “very bad”.

Participation component (PCI)- elderlies who had a job or participated in public activities or had contacts with friends and relatives can be regarded as “actively aging”.

Security component (SCI), - individuals who did not have enough money to meet their needs, or were very dissatisfied with their living conditions or felt very unsafe at home should be regarded as “inactively aging”.

All sub-indexes are calculated as binary variables that are equal to 1 if individual meets index-specific criteria of active aging and 0 if not.

STEP 3 - COMPOSING THE INDEX FOR “ACTIVE AGING”

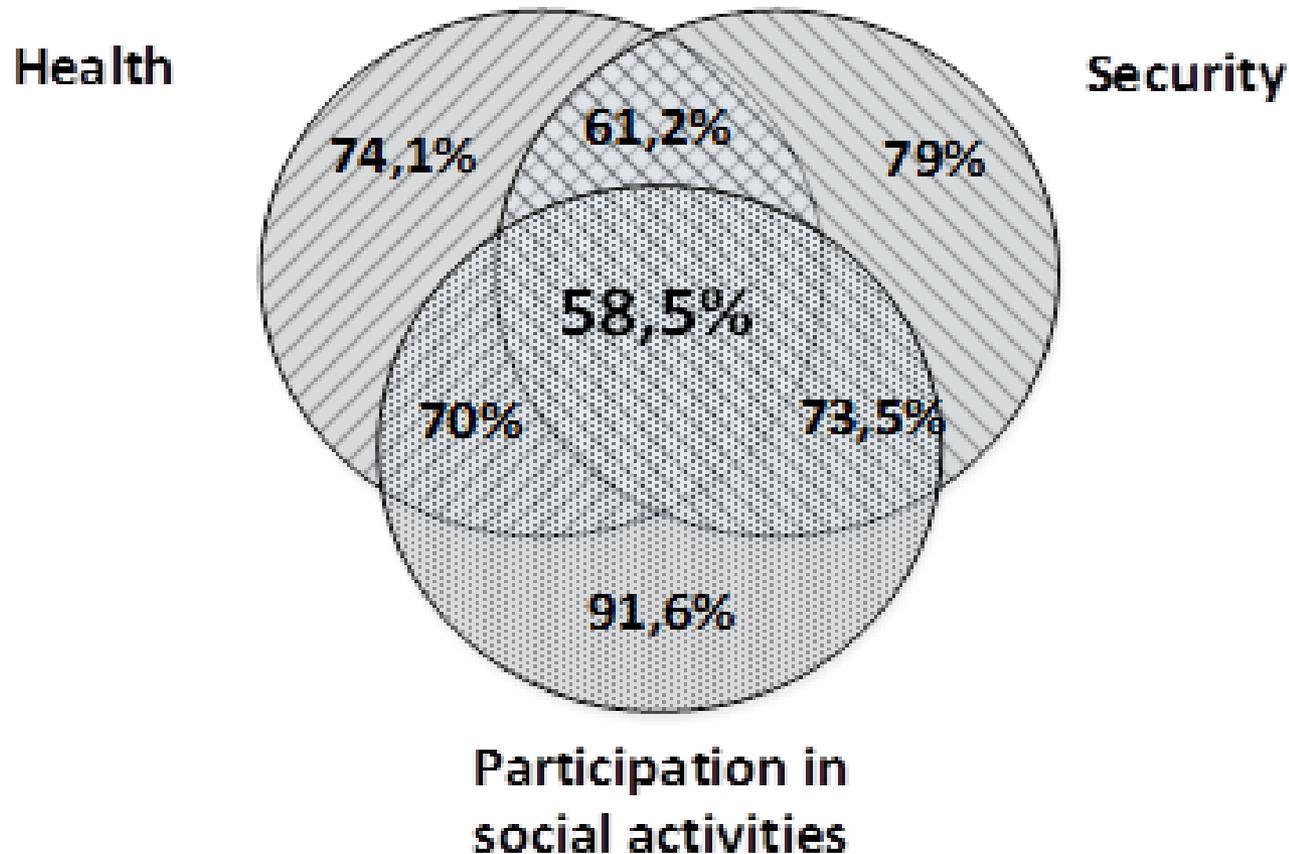
AAI is a binary variable that is equal to 1 if a respondent meets the criteria of actively aging regarding all three components, i.e. if sub-indexes HCI, PCI and SCI are equal to 1.

In case any of the sub-indexes equaled 0, the outcome index AAI is also 0.

RESULTS (1)

Components	Indicators
Health (HCI) 26%	Physical health: <u>25,7%</u> <i>concentration of chronic conditions – 9,5%</i> <i>concentration of difficulties with physical actions – 11,1%</i> <i>pain and discomfort and difficulties due to pain – 16,7%</i>
	Mental health: <u>0,7%</u> <i>feeling sad, low or depressed</i>
	Self-assessed health: <u>2,5%</u>
	Participation in social activities (PCI) 8,5%
	Work participation (including volunteering) - <u>22,7%</u> Participation in different public activities - <u>35,6%</u> Family and friends participation: <u>13,2%</u> <i>marital status – 47,4%</i> <i>intensity of contacts with friends and relatives – 24%</i>
Security (SCI) 20,9%	Financial stability – <u>14,3%</u> <i>sufficiency of income</i>
	Living security – <u>10,6%</u> <i>self-assessed accommodation conditions 2,5%</i> <i>feeling safe at home 8,7%</i>

RESULTS (2) SHARE OF ELDERLY SATISFYING CRITERIA OF ACTIVE AGING



RESULTS 3 - SHARE OF ACTIVELY AGING ELDERLIES BY AGE AND GENDER, %

	Age groups				
	55-64	65-74	75-84	85 and older	All ages
Actively aging elderlies, % of total in each group	69,3	58,3	43,7	32,3	58,5
Only men	71,8	67,2	52,5	48	65,8
Only women	67,8	53,9	39,8	26,8	54,6

CONCLUSION

Overall, 41,5% of elderly respondents are inactive, which is a large number.

Our estimates show the minimum share of inactively aging Russians as we have introduced very low lines of inactivity for the majority of indicators (corresponding to most unfavorable extreme values). Changing the lines would significantly increase the proportion of inactively aging elderlies.

As almost 70% of elderlies have a low value of only one sub-index, there is a high potential for moving a part of the inactive elderlies to the active group.

Thank you!