

An Analysis of Trends in Healthy Life Expectancy: Evidence from the Russian Federation

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Background



1917



1991



Present



Russian Revolution

The end of USSR

Russian Federation



V. I. Lenin



M.S. Gorbachev

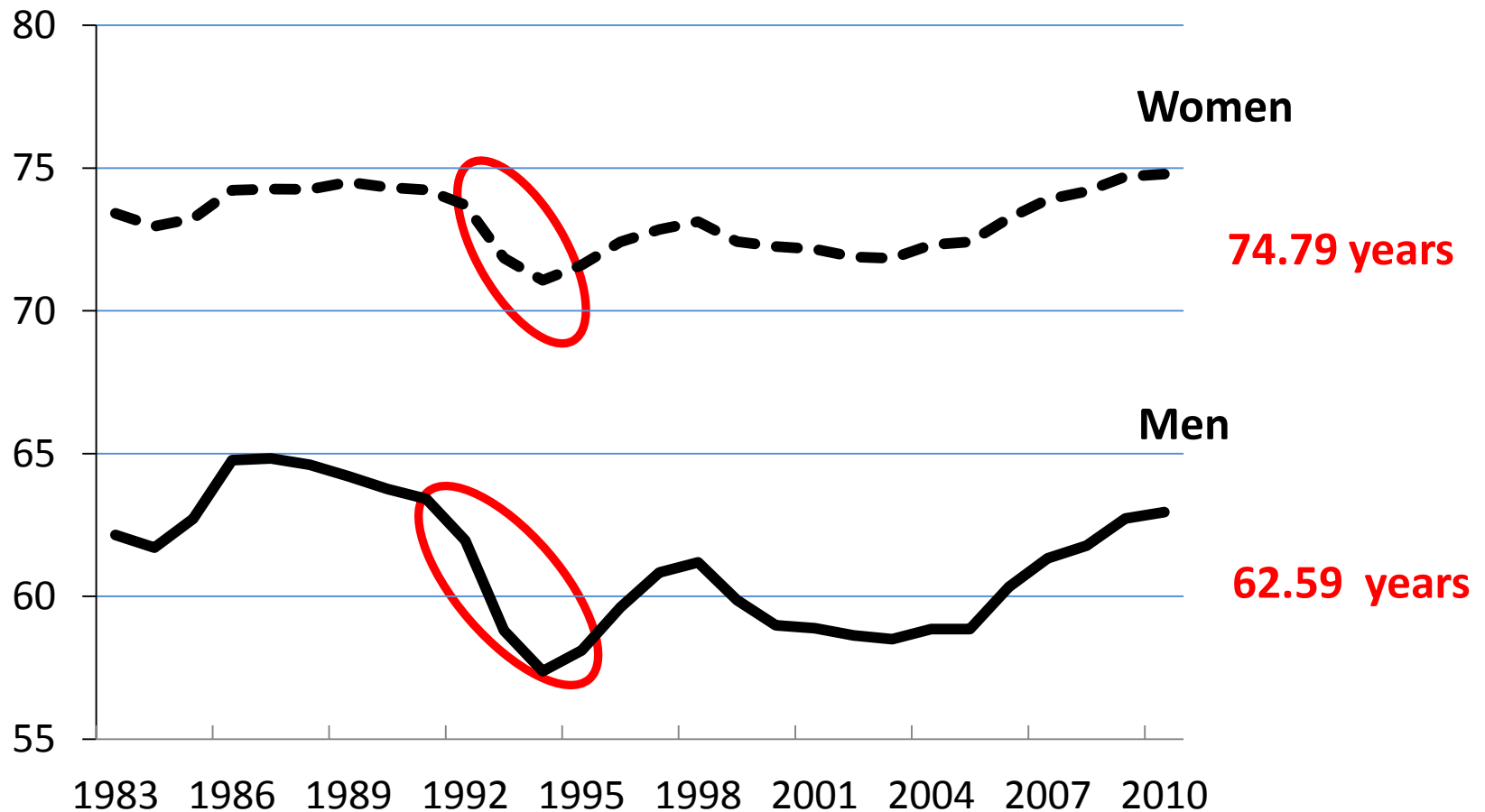


B. N. Yeltsin



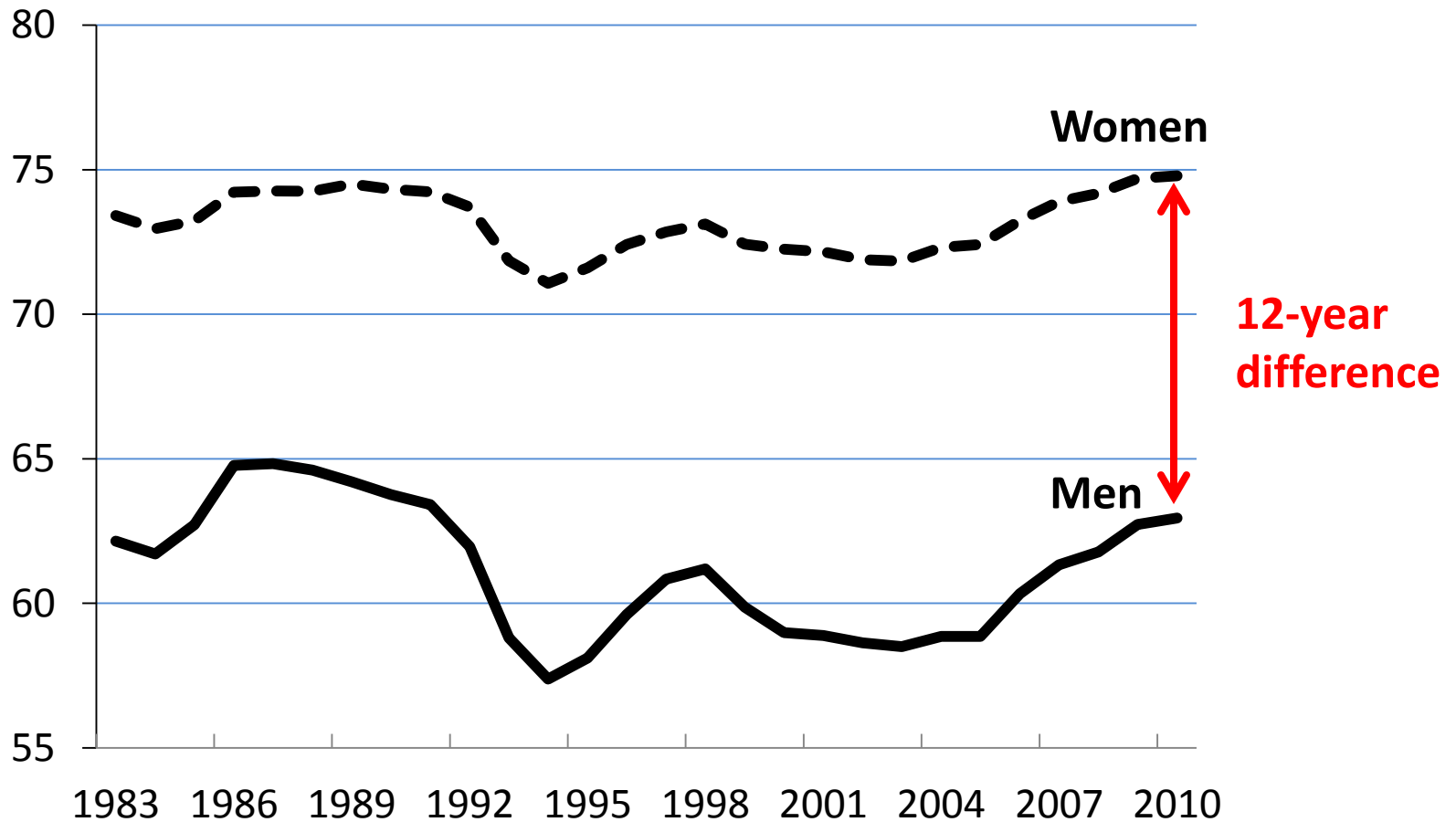
V. V. Putin

Trends in life expectancy at birth among Russians



Source: Human Mortality Database (HMD)

Trends in life expectancy at birth among Russians



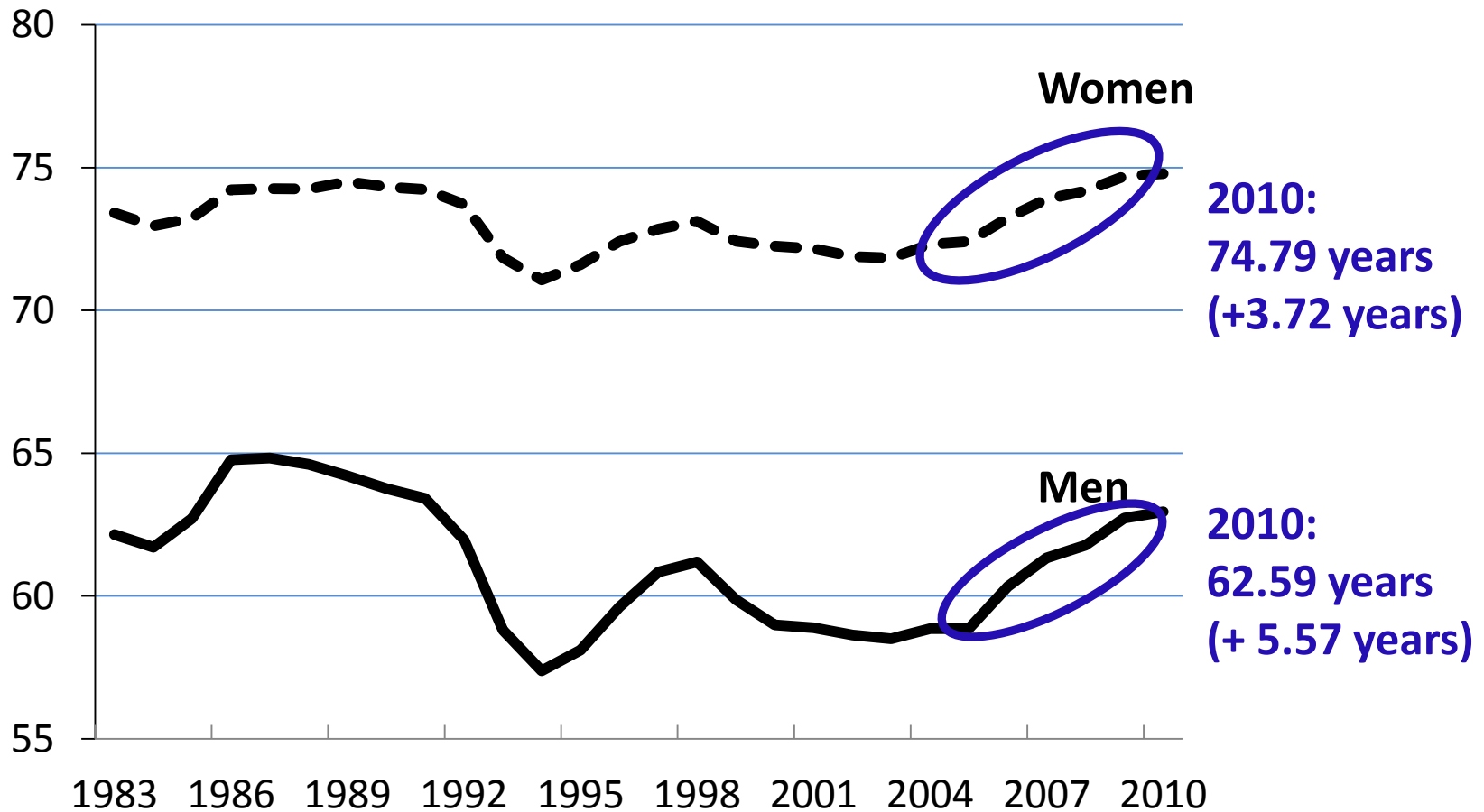
□ Potential explanations

- Deterioration of socioeconomic conditions
- Breakdown of health care system
- Stress
- Unhealthy lifestyles (e.g., alcohol consumption)



(Bobak and Marmot 1996; Notzon et al. 1998;
Shkolinikov and Nemtsov 1997)

Current Health Situation



Conceptual Framework

- ❑ Increasing life expectancy does not in itself mean a healthier population (Crimmins, Saito, and Ingegneri 1989, 1997)
- ✓ It is important to focus on both mortality and morbidity

Present Study

Prior research

- Focus on mortality (e.g., Notzon et al. 1998)
- Data limitation (Andreev et al. 2003)

Present study

- Examine healthy life expectancy (HLE) over the past two decades
- ✓ What are the trends and changes in HLE?
- ✓ Are people in Russia now living longer as well as healthier lives?

Sample

□ Data

- Life table: the Human Mortality Database
- Self-rated health: the Russian Longitudinal Monitoring Survey of Higher School of Economics (RLMS-HSE)

	1994		2000		2006	
	Men	Women	Men	Women	Men	Women
N	3,851	4,932	3,792	5,075	5,232	7,041
Age	15-92	15-98	15-93	15-98	15-95	15-96

Measures

☐ Self-rated health

“Very good”

“Good”

“Average, not good, but not bad”

“Bad”

“Very bad”

}
} **“Good”**

}
} **“Average”**

}
} **“Poor”**

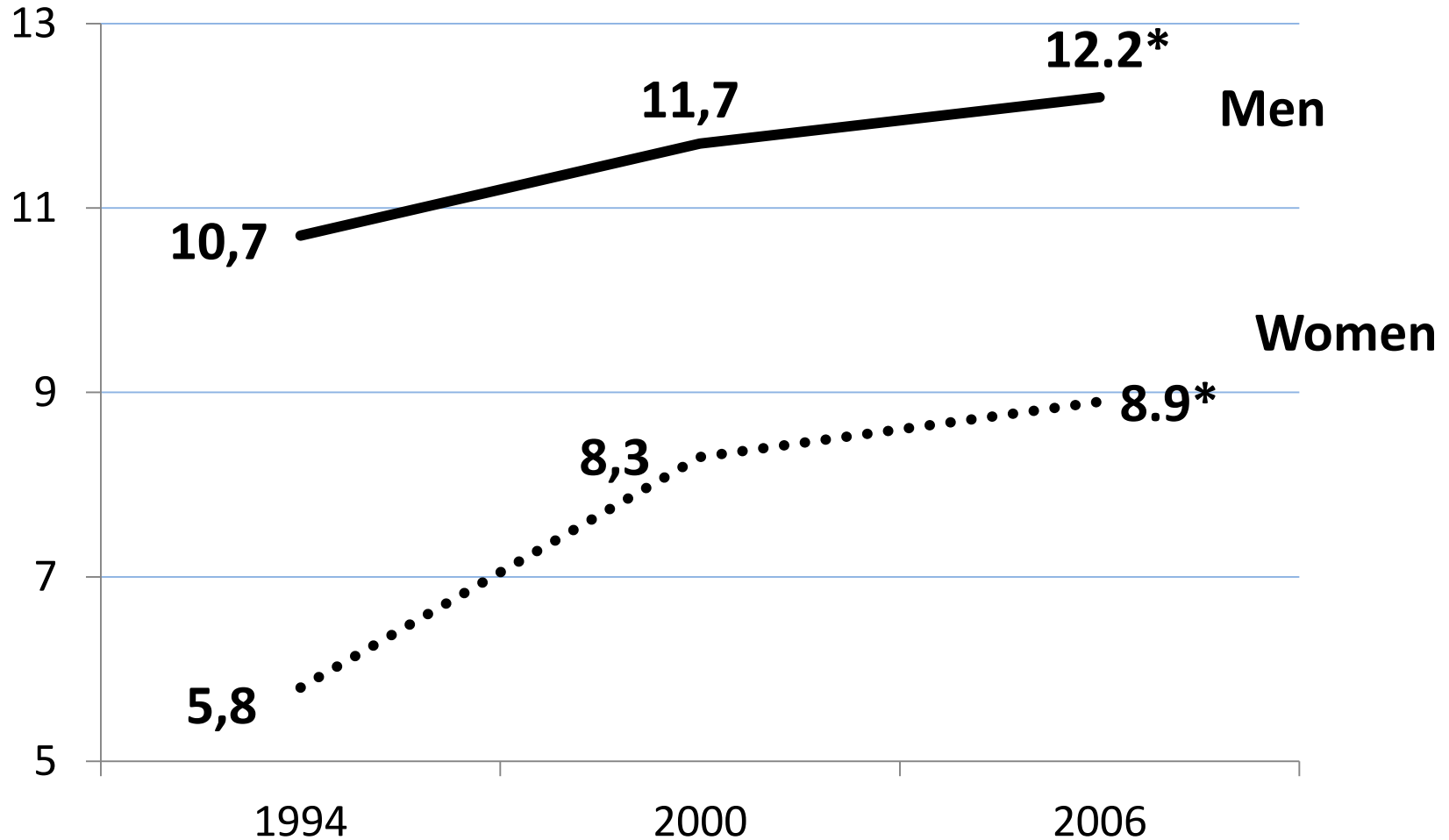
Analytical Plan

- ❑ Use the Sullivan method (1971)
- ❑ Calculate the length of life in which individuals can expect to spend in good, average, and poor health states at 25, 45, and 65
- ❑ Estimate the proportion of life expectancy spent in each health state

Results (1)

- Upturns in HLE between 1994 and 2006
 - Years lived in good health have increased at all ages among men and women

Changes in years in good health at 25

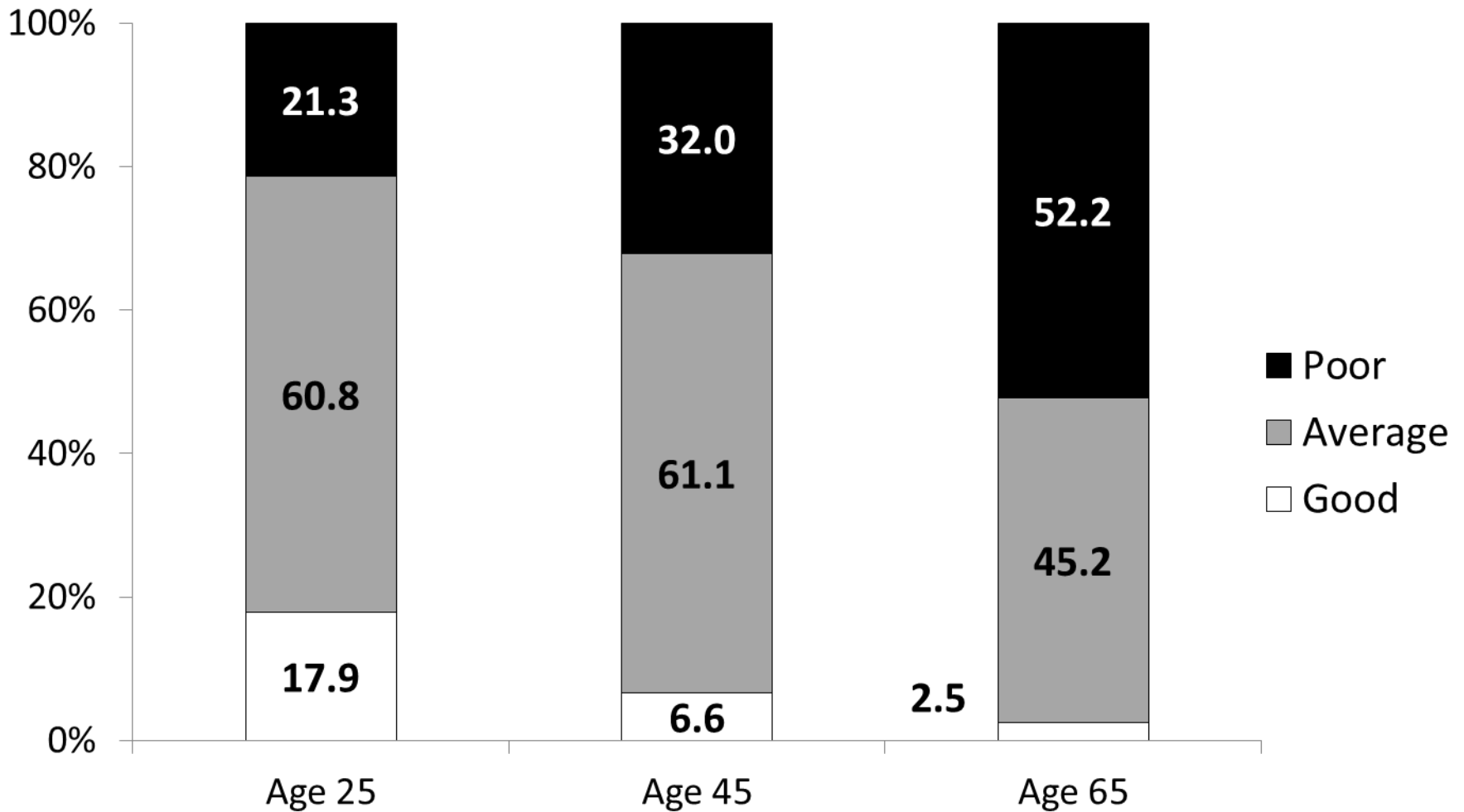


Note: * indicates significant changes from 1994 at the .05 level

Results (2)

- ❑ Russians face disadvantages not only in longevity, but also in HLE
- The proportion of life expectancy lived in poor health remains large

Women, 2006



Results (3)

- ❑ Large gender differences in HLE
 - In contrast to life expectancy, it is women who face greater disadvantages in terms of HLE

Gender differences in HLE at 25

Table 1: Years spent in good/poor health (years)

	Good health		Poor health	
	Men	Women	Men	Women
1994	10.7	5.8	5.2	13.6
2000	11.7	8.3	5.7	12.1
2006	12.2	8.9	4.6	10.6

Table 2: Proportion of life expectancy spent in good/poor health (%)

	Good health		Poor health	
	Men	Women	Men	Women
1994	30.1	12.0	14.6	28.2
2000	31.6	16.9	15.4	24.6
2006	32.5	17.9	12.3	21.3

Note: All results reach statistical significance at the .05 level

Summary of Findings

1. Upward trends in HLE
2. Great disadvantages in terms of quantity as well as quality of life
3. Consistent gender patterns in HLE

Cautionary note

❑ The study excludes institutionalized individuals

⇒ the small number of the institutionalized

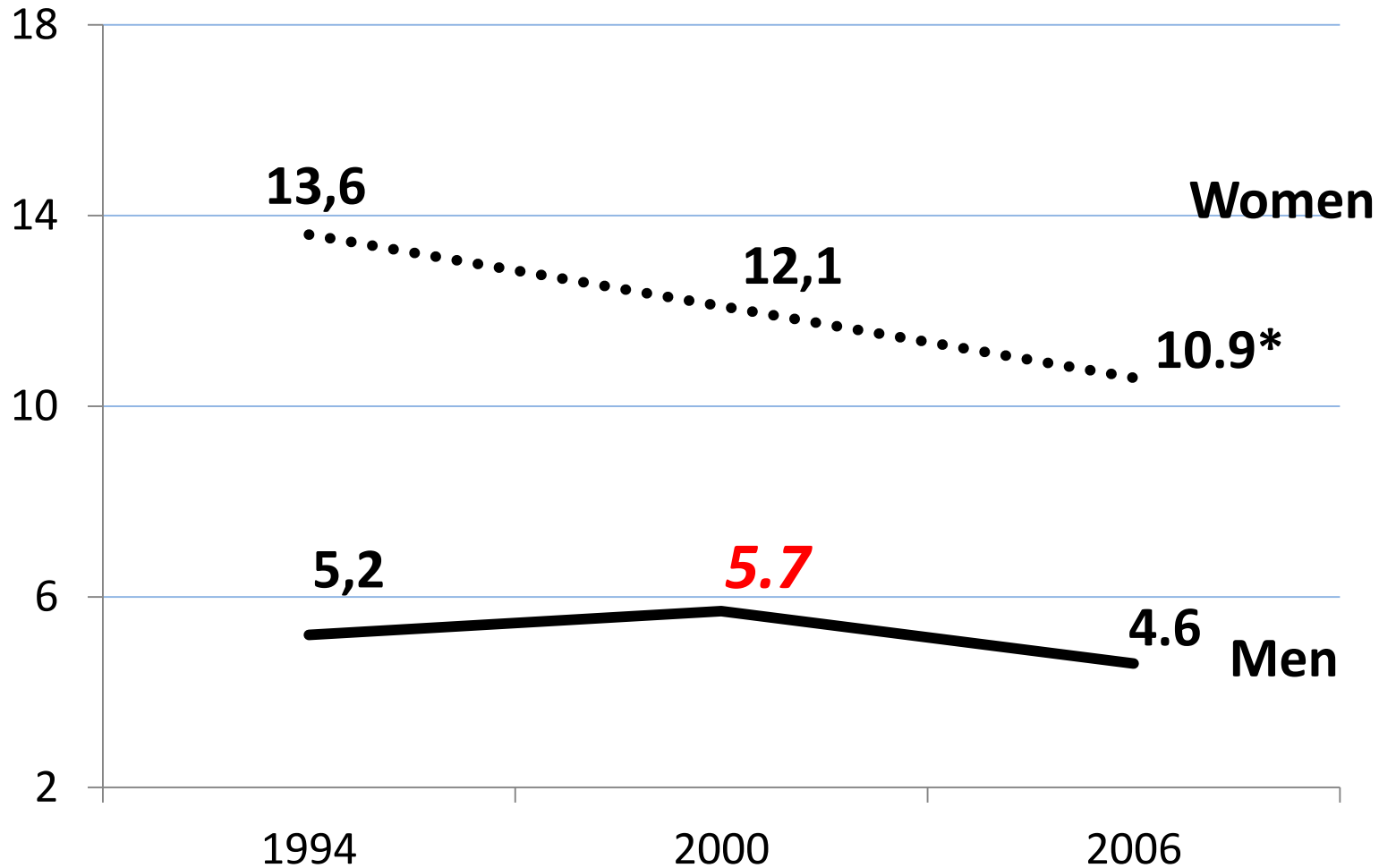
⇒ the results may be overestimated

Discussion

- ❑ Importance of considering HLE to better understand the health status of populations
- ❑ More research on HLE in Eastern Europe is needed (e.g., Jaggar et al. 2005)

Thank you

Changes in years in poor health at 25



Note: * indicates significant changes from 1994 at the .05 level

Men, 2006

