


# Arctic region and main domains of Active Aging Index in Russia: from global to regional perspective

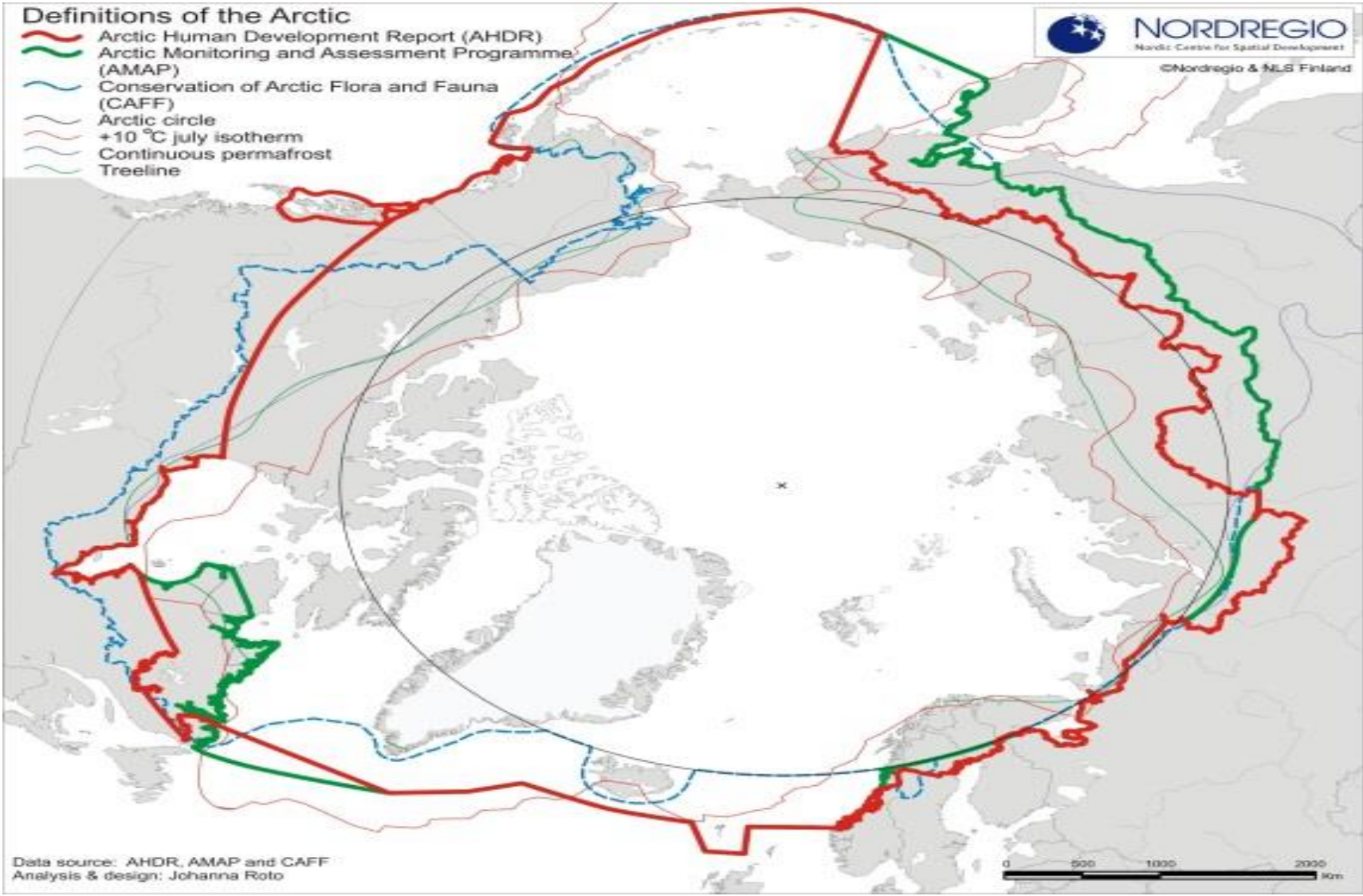
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Active Ageing Index and its potential", Brussels, 16-17 April 2015**

The Arctic covers over one sixth of the Earth's surface and all twenty-four time zones. Eight countries make up the Arctic: Russia, USA, Canada, Denmark/Greenland/Faroe Islands, Iceland, Norway, Sweden and Finland



## Unfavorable climatic factors of the Barents region:

- Cold weather (average annual  $t$  is  $+0,8^{\circ}\text{C}$ , days below zero about 180)
- High helio-magnetic activity
- High humidity of 80% (about 176 days)
- Long winter (from October to May)
- Sharp photo periodicity (polar nights and days)

Overall Index

## Active Ageing Index

Domains

Employment

Participation in Society

Independent, Healthy  
and Secure living

Capacity for active  
and healthy ageing /  
enabling environment

Indicators

Employment rate 55-59

Voluntary activities

Physical exercise

Remaining life  
expectancy at age 55

Employment rate 60-64

Care to children

Access to health and  
dental care

Share of healthy life  
expectancy at age 55

Employment rate 65-69

Care to older adults

Independent living

Mental well-being

Employment rate 70-74

Political participation

Financial security  
(three indicators) \*

Use of ICT

Physical safety

Social connectedness

Lifelong learning

Educational  
attainment

Actual experiences of active ageing

Capacity to actively  
age

# Domain “Employment”

According to the RF Federal Law № 213, retirement age is 55 years for women and 60 years for men; in the Arctic regions of Russia it is defined as 50 years for women and 55 years for men.

In Russia, 37.4% of pensioners officially continue to work receiving old-age pension, 56% of older people expected to work beyond retirement age. Notably, for the past 20 years opinion about the reasons why seniors want to work has changed.

The number of those who pointed to the insufficient amount of pension during the survey has greatly increased (from 49% to 81%); the number of those who work due to the habit of working increased from 15% to 24% and the number of those who work because they are interested in their work rose from 13% to 21%.

In contrast, less frequently Russians explain this desire because they want to help children financially (the numbers dropped from 41% to 36%)



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# Domain “Participation in the society”

In the current Russian system of care for the elderly there can be traced a dominance model of passive living out in the functioning of health and social care and in the lack of information and the promotion of an active image of longevity. The traditional model of social services for older adults in the residential environment is characterized by the advantage of medical and social services over all other activities.

The implementation of practices to support the elderly population occurs within a paternalistic attitude towards the older age group, which determines the later age as a period of "survival" and "overcoming", not a full-fledged social inclusion.



# Social and psychological factors that are essential for the elderly's well-being:

- 1. Close contact with habitual environment.** The habitual environment of villagers include cropping lands, climate, weather conditions, water resources, flora and fauna. Normally, villagers know all the ins and outs of the place they live in.
- 2. Backyard.** There are many manifestations in the history of rural family of labor being the key source of subsistence. Villagers' household plots or farms have always been the safest guarantee of food and income
- 3. Traditionalism.** The roots of Russians are in the countryside. Inheriting the customs and traditions shared by the older generations, local people are conservative – a trait instilled in them by nature. Traditionalism guaranteed not only the stability and well-being of community, but also the survival. Traditions live in local rites and customs and are inherited by the collective mind. They are still being kept up by many rural populations and are reflected in the forms of mutual support and cooperation.

- 1. The role of family.** The notion of the family means much more than it does to urban one. The well-being and self-sufficiency of families largely depends on the ability to pool together the efforts and resources of their members. It is extremely important for the elderly to maintain contact with their friends and relatives and this should also be considered when rendering social support.
- 2. The role of mutual interpersonal support.** People living in the countryside are said to be strongly interdependent. Accustomed to the communal lifestyle, the villagers would rather go for help to their neighbours than to public agencies. This form of mutual support involves large number of participants and is a core means of social protection.
- 3. The role of public opinion.** The strategy of governmental authorities, that often pursues their own interests, often contradicts the communality spirit of rural communities.

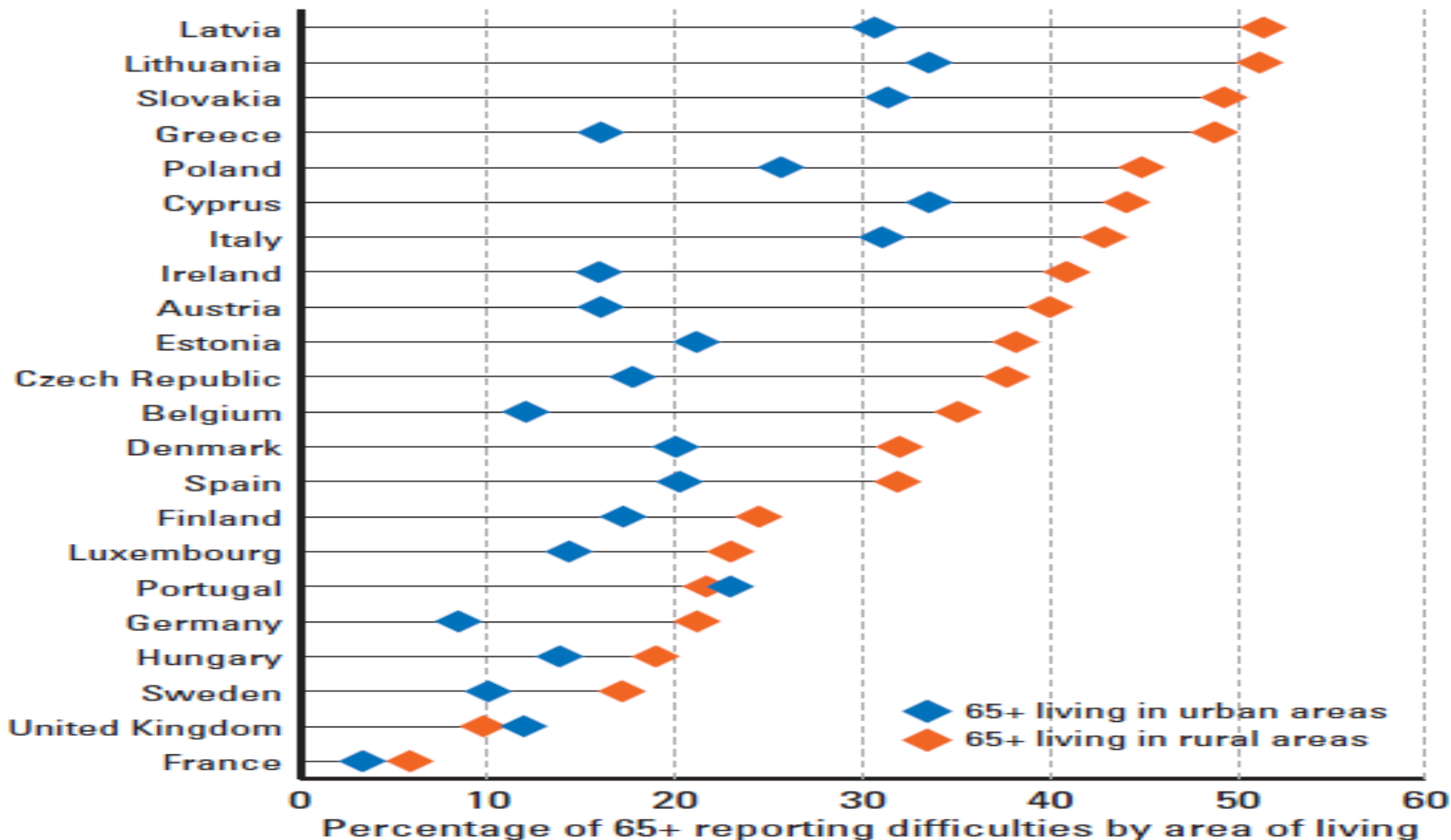


# Domain “Independent, Healthy and Security living”

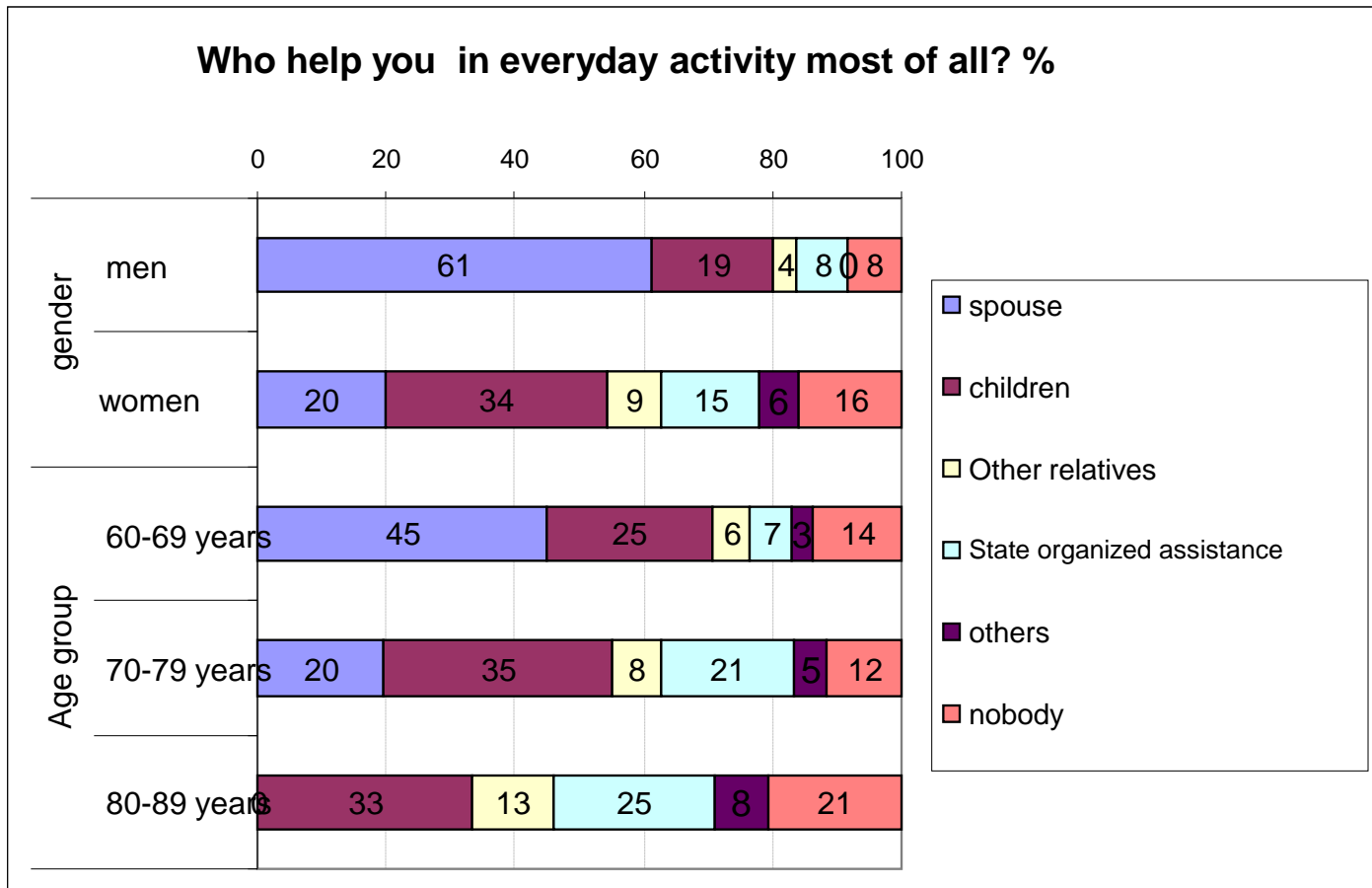
In the Russian Federation, the idea of lifelong learning have been hailed in the law "On Education" and "National Doctrine of Education in the Russian Federation", 2000. Adult education in "third age" is not intended to produce a profession, for better employment, it is referred to as non-formal education, having a goal of personal development, social adaptation and communication between people, the preservation of their active life position.

At the current stage of development of lifelong education with the focus to gerontological education represented in more than 20 of the 83 regions of the Russian Federation in the forms of Universities of the Third Age-based institutions of higher education, courses in social service centers, NGOs projects, social programs on municipal and regional levels.

# Older persons living in urban/rural areas who report difficulties in accessing health care services



## Characteristics of assistance in daily activity with sex and age dependence, %





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- Elderly population living in the northern sparsely remote areas in their daily activities traditionally rely on assistance spouse (s) and children, informal assistance to neighbors and friends over to the state institutions
- Due to the lack of development of the legal framework in relation to non-state social services and support for family care, these areas are actively used in northern European countries, in the Russian context is almost not applicable.

Marital status and family relationships have a significant impact on the active role in the society played in older age and independent living. Such changes in family status as divorce or a spouse's death (41%), living separately with children (27%), parents' death (20%), losing contact with close relatives (12%) decrease the active role of an older person in the family sphere to a great extent. The reason is that an older person's well-being and life quality is greatly determined by their family status in the Russian conditions.



## Types of elderly activity during free time (regional data), %

Types/age group	60–69	70–79	80–89	%
TV, radio	50	43	7	58,9
Relaxing	52	34	14	40,8
Reading	66	26	8	34,7
Communication	59	32	10	32,6
Walking	57	36	8	16,6
Visiting country house	64	27	9	10,0
Creative activity	71	24	5	6,3
Social activity	81	19	0	6,3
Social contacts	79	21	0	5,7
Entertainment	76	18	6	5,1
Nothing	72	21	7	10,3
Visiting cultural organizations	80	20	0	1,5
<b>Physical activity</b>	<b>75</b>	<b>25</b>	<b>0</b>	<b>1,2</b>
Religion	75	25	0	1,2
Travelling	100	0	0	0,6

- Elderly people are not motivated enough to use available methods to maintain and restore health by resources of physical culture (not more than 1.2% of the respondents)
- The using of specially selected set of physical exercises in the day care institutions of medical and social care helps relieve mental tension, increase productivity psychological activity, resilience to the new microenvironment.



# Minimum living income of pensioners (2014)

Source: <https://lenizdat.ru/articles/1027124/>

Regions of Russian Federation	Income (rub.)
Russia (average)	7476
Moscow	9046
Arkhangelsk	8812
Murmansk	8972
Sakha	13857
Kursk	5973
Novgorod	6822



Country	Domain 1	Domain 2	Domain 3	Domain 4	AAI	Rating
Austria	24,6	21,4	73,2	56,3	34,7	10
Belgium	19,8	20,4	73,1	59,6	33,3	15
Bulgaria	24,6	12,9	60,4	51,9	29,5	24
United Kingdom	35,5	20,0	74,3	61,8	39,2	3
Hungary	17,8	16,1	68,6	45,3	27,8	27
Germany	31,2	14,9	74,4	55,8	34,7	9
Greece	24,4	14,2	64,4	46,2	29,2	26
Denmark	34,0	20,1	78,9	66,7	40,2	2
Ireland	31,0	25,2	74,3	59,2	38,9	6
Spain	23,3	18,3	68,9	56,1	32,6	17
Italy	20,9	24,1	69,1	55,9	33,8	14
Cyprus	36,1	18,7	66,1	50,6	35,9	7
Latvia	28,3	13,9	57,2	45,7	29,6	23
Lithuania	27,3	15,3	67,3	46,4	30,9	19
Luxembourg	21,1	22,6	74,9	63,0	35,4	8
Malta	18,7	18,2	69,4	55,4	30,9	20
Holland	31,4	22,4	78,5	61,3	38,9	5
Poland	19,9	12,2	64,9	47,3	27,2	29
Portugal	35,3	14,3	66,4	51,0	34,2	12
Russia	25,1	15,7	59,0	54,9	31,1	18
Romania	31,4	12,9	60,2	39,9	29,5	25
Slovakia	20,1	13,7	66,4	46,0	27,7	28
Slovenia	21,6	16,7	74,0	49,0	30,6	21
Finland	32,0	22,4	78,6	60,5	39,0	4
France	20,9	22,4	75,3	57,5	34,2	11
Croatia	22,3	17,8	64,8	49,8	30,5	22
Czech	26,4	19,4	70,8	54,4	34,0	13
Sweden	41,6	22,6	78,5	68,6	44,0	1



# Comparative Global AgeWatch Index Results in CIS countries

[Source]: <http://www.helpage.org/global-agewatch/reports/global-agewatch-index-2013-insight-report-summary-and-methodology>

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Country/ year	Income security		Health status		Capability		Enabling environment		Overall ranking	
	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
Russia	69	37	78	86	21	26	90	82	78	65
Ukraine	39	43	77	85	35	85	86	85	66	82
Belarus	44	50	80	84	57	64	52	44	60	64

"active longevity."

# Analysis of capability to actively age in Russia

- High level of employment
- High level of education and adaptation to the labor market
- Low life expectancy
- Poor health (including mental)
- Poor living conditions
- Low level of social activity

Source: Poor health does not disturb elderly people to work.  
Materials of the seminar "Active aging in the context of social policy: problems of measurement- 10.03.2015

## Conclusion

### Priorities of gerontological social policy at national level:

- improving the availability and quality of health care and social services with the focus of preventive programs that will improve the health of the elderly;
- development of volunteer movement, as it will enhance the activity of "young" elderly;
- development of safety living at home;
- lifelong learning: development and implementation of training programs, vocational training

# Conclusion

## Priorities of gerontological social policy on regional level:

- The presented research experience on the implementation of the policy of active longevity in Russia (Arctic region) revealed an insufficient number of Russian research in this area.
- Part of the indicators, such as "asses to health and dental care", "care to children", "physical safety" hard to describe when the difference in the content of the term or the available statistical information.
- Due to the large differentiation of quality of life in the elderly population (urban-rural, megalopolis- district center), climatic and geographical location of the regions in Russia are likely significant differences in the indicators of active aging. Each region should have the gerontological policy rely of meaning of own indicators of AAI in the framework of national gerontological policy and its indicators.

**Thank you for your attention!**

**We are open for cooperation!**

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