

AgeFLAG Project

Report on national needs and priorities to improve health and well-being of the
ageing population in Russia

Collected during a national needs assessment workshop

Conducted on
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By

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Health of the Russian Federation (FRIHOI of MoH of the RF)

In

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1. Background

This report has been developed in connection to the project “Roadmap to improve the health and well-being of the ageing population in the Baltic Sea Region (AgeFLAG)”.

The project seeks to identify the most important issues in relation to active and healthy ageing that countries in the region are facing. For this purpose, the project partners have organized national needs assessment workshops, which will later feed into a joint regional report and guide the partners’ efforts to develop common solutions through cross-border cooperation.

Federal Research Institute for Health Organization and Informatics of Ministry of Health of the Russian Federation (FRIHOI of MoH of the RF) carries out its activities in several areas: scientific and educational activities, health informatization and international cooperation. The main objective of the Institute is to develop the scientific foundations of implementation of the health state policy, as well as scientific justification for development of public health, health care organization and informatization of health services in the Russian Federation.

Alongside with carrying out a wide range of medical, demographic and socio-hygienic researches of health and reproduction of the population, including the study of public opinion on various aspects of medical and social areas, cooperation with local and international organizations to conduct joint research and experience exchange in the field of public health, the Institute implement the work in the field of development and implementation of innovative patient-centred health and social care technologies for elderly with noncommunicable diseases (NCD).

2. Aim of the workshop

The aim of the workshop was to bring together the most relevant national stakeholders to identify the *top five* national needs that should be addressed to improve active and healthy ageing in Russia.

The focus for the seminar was both on prevention and support for population older than working age (men 60+, women 55+). This age gradation is currently used by the Federal State Statistics Service to determine group of population above the working age.

3. Facts and figures about ageing in Russia

Demography trends in Russia

- In Russia “older” population defined as a population above working age for women 55+ and for men 60+. ¹

¹ <https://gks.ru/folder/13877#>

- Increase in number of citizens older than working age from 30.2 million people (21.1%) in 2008 to 37.4 million (25.4%) in 2018;
- The share of population older than working age in Russia will increase from 24.0% (2015) to 27.0% (2025) and will reach up to 39.9 million people according to forecasts;
- In Russia life expectancy at birth in 2020 according to the low prognosis: men 63.6; women 75.3, high prognosis men 69.5; women 79.5; in 2030 -low prognosis: men 70.35 women 79.15 high prognosis men 76.03; women 83.12²
- Gender imbalance (in 2019 per 1 man 60 + there were 1.8 women older than working age);
- Increase in lifespan. Woman have higher life span (2007 - 74.02 years; 2017 - 77.6 years) compared to with men (2007 - 61.5 years; 2017 - 67.5 years);
- Increase in dependency ratio indicator (2007 - 330 people older than working age, 2017 - 413 persons) per 1.000;
- Share of working pensioners in total number of retired persons according to the data of the Russian Federation Pension Fund system decreased to 20.4% as of 1 January 2019 (as of 1 January 2018 - 21.1%);
- The average pension is 30% of the average wage;
- One in five pensioners continues to work after retirement. After retirement a pensioner is working in average 6,5 years.

The dominant features characterizing Russian population dynamics since 1991 have been negative natural population growth, an aging population structure, and demographic waves induced by irregularities in age distribution. The aging process is occurring at the same that time in all regions of the country.

The ageing process has a special impact on human health. It is accompanied by the development of age-related changes in the structure of morbidity the share of acute diseases decreases and the number of chronic diseases increases. There is an increased risk of situations requiring not only medical, social and rehabilitation assistance, but also external care.

Along with medical and social problems, elderly population is characterized by social and psychological problems. The problems of a social nature are mainly related to the financial conditions. Elderly might have problems in purchasing medicines, medical equipment (ex. wheelchairs, prostheses), paying for expensive types of medical care, rehabilitation and spa treatment. These difficulties can be avoided by receiving material and non-material support from the state (provision of allowances and benefits). But the procedure for the provision of medicines, rehabilitation and care for seriously ill patients, other benefits and allowances is of declarative nature. There is a problem in informing citizens about their rights to benefits and allowances.

Retirement leads to reduction in social ties and the possibility of communicating with a wide range of people. This circumstance is particularly acute for elderly and lonely people of old age. There is a psychological problem - loneliness, to a large

² <https://gks.ru/folder/12781>

extent, and determines the need for outside care, both in case of illness and in everyday life.

The need for outpatient medical care among the elderly is 2-4 times higher than among persons of working age, and the level of hospitalization is about 165 per 1,000 people. At present, there is a tendency in inpatient health facilities to reduce the length of a patient's stay and other signs of intensification of the treatment and diagnostic process. For elderly patients with chronic forms of diseases, who require long-term maintenance therapy or rehabilitation measures after hospitalization, this may lead to feelings of premature discharge. The shortened duration of stay of patients in inpatient conditions is associated with: 1. Examination at the pre-hospital stage; 2. Lack of substantiation for inpatient treatment after acute condition elimination; 3. Possibility to conduct rehabilitation measures in outpatient conditions; 4. High cost of inpatient treatment. Such tendency is observed all over the world.

Health and social care systems

Medical and social assistance is a complex of measures of medical, social, psychological, pedagogical, rehabilitation and legal nature, carried out at the state and regional levels and aimed at meeting the basic needs of socially vulnerable categories of citizens (elderly citizens, as well as people with disabilities - the disabled). This assistance is provided by inpatient facilities in both the health-care and social service sectors.

Medical and social assistance in the Russian Federation is provided in two main forms - outpatient and inpatient. Outside hospital care is provided at medical and social assistance units, which are structural subdivisions of outpatient and polyclinic institutions, a specialized dispensary and a medical and sanitary unit. Inpatient care plays a special role in institutions where older patients in need of long-term care and observation can be hospitalized - from 1 to 3 months or more (residential homes, nursing homes, geriatric centers, hospitals, homes and nursing units). Such units are designed to improve the quality of care for the elderly and seniors and to make more rational use of the institution's beds by differentiating them according to the intensity of treatment and care. The main purpose of the wards is to provide medical care to elderly patients with a lack of self-caring, with chronic somatic pathology, who require medical supervision and nursing care but do not require intensive treatment in specialized wards of the hospital.

Medical and social care is provided in inpatient health care facilities, such as nursing care units. The aim of social and medical assistance is to maintain and improve the health of elderly citizens, to carry out rehabilitation measures through the organization of therapeutic and health-improvement activities, the provision of medicines, medical and rehabilitation equipment, counselling, assistance in obtaining qualified medical care in a timely manner, and to solve other social and medical problems in life. This type of assistance is provided in inpatient social services establishments for elderly citizens - residential homes for the elderly and

disabled. Thus, it can be stated that there are common features in the content of medical-social and social-medical assistance, and the wording of the name of the type of assistance defines its belonging to the relevant sphere of activity and branch of the national economy.

Long-term care

Federal Law No. 122-FZ of August 2, 1995 "On social services for elderly citizens and disabled persons" provides for the possibility of referral of elderly citizens and disabled persons to inpatient institutions run by the social sphere (residential homes for the elderly and disabled), with the appropriate package of documents and the absence of medical contraindications.

In addition to State institutions, commercial establishments have been organized for the temporary and permanent residence of elderly citizens in need of social and medical care. These institutions are being set up to fully meet the needs of elderly citizens and persons with disabilities, as well as to expand social services and improve the effectiveness of social protection institutions.

In State residential homes, residents are also charged 75 per cent of the pension they receive. The financial resources received by the institution from residents are intended for the purchase of food, soft equipment, maintenance of residential premises and other economic needs of the institution. Inpatient care, in particular the provision of medical services, is financed from the budget.

The organization of medical and social services is aimed at meeting the specific needs of elderly. Inpatient social institutions providing medical and social care to the elderly various services: medical care that meets their needs, and rehabilitation activities, as well as measures aimed at the socio-psychological adaptation of older persons to new living conditions.

Many social functions continue to be performed by health care. This inevitably leads to additional expenditures on the organization of medical and social care for older people by interested service areas. Thus, in practice, older people with natural needs, reduced ability to work and limitations of habitual activity are socially isolated, unprotected and deprived of the necessary medical and social assistance.

In practice, there is a lack of consistency in the actions of medical and social structures in addressing this problem. In accordance with Order No. 297 of the Ministry of Health of the Russian Federation of 28 July 1999 "On improving the organization of medical care for elderly and old-age citizens in the Russian Federation", it is necessary to carry out structural reforms both in health care and in other social institutions with the participation of all interested ministries, departments, health and social welfare systems and other organizations to address this problem. The objectives of these restructurings should be to increase the volume and accessibility of medical and social care for older persons.

Thus, a program of measures to improve the quality of life of older persons, maintain their capacity for self-care and improve the quality of medical and social assistance should be planned with mandatory consideration of the special needs of this category of citizens. The main directions of the program can be implemented both by strengthening the specialized geriatric service and by developing the preventive and rehabilitation activities of primary health care institutions and inpatient social service institutions for older persons. It is also necessary to train qualified specialists capable of providing safe and quality medical and social assistance to the elderly population.

Current Strategy and Federal project for older citizens in the Russian Federation.

Order of the Government of the Russian Federation No. 164-r dated 05.02.2016 "Strategy of Action for the Benefit of Older Citizens in the Russian Federation until 2025". The goal is to increase the lifespan, standard and quality of life of older people.

Principles: Non-discrimination of older citizens; Active participation of older citizens and taking into account their views in setting priorities in the implementation of the Strategy; Differentiated approach to defining forms of social support for different categories of older citizens; Respect for the rights and legitimate interests of older citizens in all spheres of life; Full and effective inclusion and inclusion of older citizens; Family, society and state partnership for older citizens; Ensuring interagency cooperation in the implementation of the Strategy at all levels of government for the benefit of older citizens.

Tasks: Ensuring equal access to services in all spheres of life; Access to targeted, timely assistance for older citizens in need; Ensuring financial well-being; Create conditions that ensure that older citizens are not discriminated against and encourage them to continue working; Creating conditions for meeting the educational needs of older citizens; Improved financial and legal literacy in today's economy; Enabling access to information; Creation of conditions for systematic physical exercise and sports, involvement in cultural life of society, increase of access to tourist services; Development of geriatric service and care needs assessment system, improvement of the health care system of older citizens; Development of the system of social services for older citizens and creation of conditions for the development of the social services market; Creating conditions for the formation of a comfortable consumer environment for older citizens; Development of public transport production, including adaptation of the public transport fleet to the needs of low-mobility population groups; Development of charity and volunteer activities for the benefit of older citizens; Building positive and respectful attitudes towards older people.

Alongside with the Strategy there is a National Project Demography and Federal project "**Elderly Generation**" within it. The timeline for the project implementation is 01.01.2019 – 31.12.2024.

Project goals and targets by 2024:

- Reduction of mortality rate in population older than working age to 36.1 (per 1,000 people);
- Increase in healthy life expectancy to 67 years old;
- Coverage of preventive examinations of persons older than working age - 70%;
- 160,000 people are assisted in new geriatric centres and departments.

4. Participants

The list of participants was formed based on recommendations from the NDPHS Secretariat and FRIHOI management. The representatives of Russian delegation in NDPHS from the Ministry of Foreign Affairs and the Ministry of Health, policy-makers on regional and municipal levels, Russian representatives of NDPHS experts groups, representatives from medical organization on the level of top management and GP, academia and NGOs were invited to participate to the workshop

Due to Covid-19 safety recommendations, some of invited participants were not able to attend the meeting.

5. Methodology

The workshop methodology was designed to identify and prioritize the national needs to improve active and healthy ageing through a 4-step process:

- 1) Participants have been presented with the most recent national data and other information, as presented in the facts and figures section of this report. This presentation was designed to provide a common understanding of the topic.
- 2) Participants were invited to map all possible problems arising from the topic in the national context (Annex 3)
- 3) Participants were split into 3 working groups. Within each group, problems were prioritized and needs derived from them. Each group was asked to present per 5 needs.
- 4) All groups presentation were discussed and *top five* national priorities were identified.

5.1 Reflection on workshop implementation and lessons learned

The participants took active part during discussions and identifying problems and needs in the area of health and wellbeing of ageing population in Russia. After the session the list of problems was printed out and disseminated among the participants for group work.

During the group discussions participants proposed more than 5 priority needs.

It was useful to make an online table of all proposed needs in summary table for the final discussion.

After the workshop participants shared their impression that they found useful to discuss the problems and needs in the area of health and wellbeing of ageing population with multi sectoral stakeholders.

As lesson learned it is advisable to plan a pause/coffee-break after group presentation of their 5 priorities and before the final discussion of *top five* national priorities for facilitators to formulate them based on groups' presentations.

6. Outcomes: *Top five* priorities for action on healthy ageing in Russia

Within the group work the following needs in health and wellbeing of ageing population were formulated.

No	Group 1	Group 2	Group 3
1	Mental wellbeing	Social adaptation (to the new status) and preparation for retirement age	Social adaptation, involvement, spirituality, sense of need
2	Information support and digital literacy	Physical and mental health	Literacy in health preservation and promotion
3	Receiving quality and effective medical and social care	Obtaining information (services, employment, healthy lifestyle, finance)	Care and protection in long-term care for certain groups of older persons
4	Accountable and professional information about healthy lifestyles	Self-fulfillment and development	Knowing your health status and necessary prevention and treatment measures
5	Ensuring labour and social activity, creating conditions	The need for respect	Creation and organization of leisure time (hobby, additional education for self-realization)
6	Financial literacy		Psychological support (prof. burnout, the desire to be heard) for health care providers

			and elderly
7	Ensuring security through appropriate information for elderly		

After the group presentation and discussion participants came to the agreement that 5 top national priorities in health and wellbeing of ageing population are:

1. Physical and mental health (healthy ageing);

To receive adequate integrated quality patient-centred medical and social care based on determined diagnoses (incl. mental health). Particular attention should be given to loneliness and mental health.

2. Knowledge: health literacy, own's health status, social privileges and rights, computer and financial literacy;

To know (according to your age) what kind of lifestyle to lead and what measures to take to preserve health, promote social well-being and security and be able to do so. Participants discussed that there is a need in age-friendly resources where elderly population could receive up-to-date evidence and data.

3. Social adaptation to a new status as a pensioner, creation of environment for self-realization and development;

There is a need in a system that support transition from working life to retirement at the working place. Adaptation to the new conditions and environment for self-realization and development.

4. Creation of environment for social and labour activities (formal and informal) of elderly population;

Legal protection of the rights of working pensioners, retraining and incentives for self-employment, lifelong learning.

5. Personnel (intergenerational communication, respect, training of geriatricians and specialists).

Teaching geriatrics to GPs and nurses, clinical recommendations on medical care for silver patients.

The priorities were formulated by the end of the workshop . After the workshop the list with agreed priorities was disseminated among participants by email for receiving additional feedback and comments within a week after the end of the seminar.

Annexes:

Annex 1:

AGENDA
National needs assessment workshop on health and social well-being of aging
population in the Russian Federation
March 11, 2020
Moscow

09.30 - 10.00	Registration and coffee
10.00 - 10.15	Opening
10.15 - 10.20	Introduction of participants
10.20 - 11.00	Presentations: “Current situation and trends in health and well-being of aging population in Russia.” “Results of a survey of elderly population on basic life problems in Kaliningrad region.”
11.00 - 11.15	About the AgeFLAG project supported by Swedish Institute.
11.15 - 11.30	Coffee break
11.30 - 13.00	Discussion and identification of health and well-being problems of aging population in Russia.
13.00 - 14.00	Lunch
14.00 - 15.00	Work in groups to identify priority problems and needs in health and well-being of the aging population in Russia.
15.00 - 15.30	Discussion and identification of 5 priority national needs in health and well-being of the aging population in Russia.
15.45- 16.00	Workshop wrap-up
16.00	Coffee/Tea

Annex 2: List of participants

no	Participant	Job Title	Representing
1	Yulia Mikhaylova	First Deputy Director	FRIHOI of MoH of RF
2	Valery Chernyavskiy	Deputy Head of the Unit	FRIHOI of MoH of RF
3	Olga Andreeva	Deputy Head of the Unit	FRIHOI of MoH of RF
4	Irina Shikina	Professor of Department of Health care and Public Health Organization, Health Insurance and State Control in Health Care	Central State Medical Academy of the Presidential Administration of the Russian Federation
5	Irina Chuhrienko	Head of Department of organization of medical care for population older than working age	FRIHOI of MoH of RF
6	Nina Rubtsova	Head of scientific - organizational department, expert of OSH EG	Federal State Budgetary Scientific Institution, Izmerov Research Institute of Occupational Health
7	Maria Lisitsyna	Leading specialist for scientific and technical information	FRIHOI of MoH of RF
8	Maria Lopatina	Scientific researcher for integrated prevention programs, NCD EG	National Medical Research Center for Preventive Medicine under the Ministry of Health of Russia
9	Eugenia Koshkina	Deputy Director for Science, ASA EG	Moscow Research and Practical Center on Addictions
10	Margarita Smirnova	Research associate	Moscow Research and Practical Center on Addictions
11	Luka Ezersky	Department of European Cooperation	Ministry of Foreign Affairs
12	Andrey Gayderov	Deputy Director, Department of International Cooperation and Public Relations	Ministry of Health
13	Alexander Mikhaylov	Senior Research associate	FRIHOI of MoH of RF
14	Tatiana Siburina	Department head of	FRIHOI of MoH of RF

		methodology for strategic planning and monitoring of health care development	
15	Ivan Mikhaylov	Research assistant of the Department of Economic and Mathematical Modeling	RUDN University
16	Olga Nechaeva	Head of Tuberculosis Control Monitoring Center, HIV EG	FRIHOI of MoH of RF
17	Nina Khurieva	HIV EG alternative expert	FRIHOI of MoH of RF
18	Alia Senenko	Department head of scientific bases of primary health care organization	FRIHOI of MoH of RF
19	Anna Korotkova	Deputy Director for International Affairs	FRIHOI of MoH of RF
20	Mark Tseshkovsky	Advisor on cooperation with WHO	FRIHOI of MoH of RF
21	Stepan Mirakyan	Chief doctor	Hospital No.2 in Kaliningrad
22	Igor Elizov	GP, project coordinator	Zelengradsk Central District Hospital in Kaliningrad
23	Anna Savina	Leading researcher	FRIHOI of MoH of RF
24	Svetlana Feyginova	Medical statistician	FRIHOI of MoH of RF
25	Natalia Kosolapova	Legal expert on health care provision	FRIHOI of MoH of RF
26	Igor Korolev	Specialist	NGO "Demographic Crisis Response fund"
27	Valery Buzin	PhD in sociology, Advisor	Public health council

Annex 3:

The problems identified during workshop in the area of health and well-being of population older than working age in Russia

1. Insufficient public awareness of possibilities to receive medical care or services
2. Insufficient public awareness of opportunities to receive social and other services
3. Ineffective mechanisms of interaction between medical and social services
4. Ensuring mental wellbeing for elderly people of working age
5. List of occupational diseases - occupational burnout is not included, it is between the lines.
6. Lack of concept in Russia of "mobbing - displacing" and "bullying"
7. Lack of information about available services
8. Abuse of psychoactive substances
9. Loneliness
10. Living alone
11. Lack of human contact leading to abuse: drugs, tobacco, alcohol
12. Somatic diseases - the group older than working age is growing
13. Negative effects of drug use and alcohol on family and society
14. Lack of family support and loss of employment leads to increased use of narcotics and alcohol
15. Unmet need, which leads to alcohol consumption
16. Ageism - age discrimination
17. "Old people are another planet," people want to stay young forever
18. Organic perception of age
19. Loss of respectful intergenerational relations
20. Low computer literacy, information education
21. Social adaptation of patients
22. Professional uninterest of medical personnel for the elderly, especially PHC ("65 years old - already old enough to be treated")
23. Availability of medicines (the price of medicines in correlation to the pension is not comparable)
24. Failure in social services, medical care alone is not enough.
25. Lack of a single supervisor for medical and social care for patients older than working age
26. Health literacy (sources of information, level of understanding, quality, accessibility, language, location - local community)
27. Quality of communication - how we communicate with older people.

28. Huge change of social status - social degradation ("professional - pensioner" - "was everything - became nothing") - feeling of needlessness
29. Lack of preparation for a change in social status due to retirement (10 years before retirement)
30. Poverty - sharp decline in income due to retirement
31. The inability to solve their problems, the "sense of him or herself"
32. Low financial literacy (before retirement) among various population groups, including savings, fraud, financial security
33. Discrimination on social services in legislation ("older person" is not documented)
34. Strong growth in the share of the elderly population, restriction of the consumer market for the elderly
35. Lack of motivation to communicate, healthy standard of living.
36. Individuals who work and those who do not - results may be different
37. Madrid Action Plan - quality of care, prevention of elder abuse and other areas - lack of results
38. Lack of information (health, employment, transition to a new activity, etc.) - an information resource for older people with evidence-based data
39. A dangerous trend in the abandonment of mental hospitals
40. Inadequate attention to mental health