Declines in Self-Reported Disability in the Russian Federation: Fewer but Further Marginalized?

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Extended Abstract

The collapse of the Soviet Union in 1991 coincided with a marked deterioration of population health across many of the countries of the former Soviet Union, and to a lesser extent, Eastern Europe. Substantial deteriorations in life expectancy, particularly for men, are well documented. In spite of recent economic growth and increases in labor demand, assessments of public health in the Russian Federation are predominately dire. The negative Soviet legacy operating within health care institutions and the "insufficient action to strengthen essential public health services" are often noted.(Marquez et.al. 2007:1040) Persistent health problems will provide acute economic challenges in the coming decade as pension demands increase (Denisova et.al. 1999). Even with increases in wages, as population aging intensifies and working aged Russians "suffer substantially worse health and higher mortality than residents of other countries at similar—and indeed even much lower---levels of income", the challenges of population health will raise serious challenges for state stability. (Eberstadt and Groth, 2010:23) While mortality in the Russian Federation has received substantial study, relatively less attention has been paid to specific topic of disability (Bobak, et.al. 2004), or how economic and social changes may alter the way in which individuals assess their own level of disability. Excellent studies examining regional differentials and labor market exclusion of the disabled in the Russian Federation (Andreev and Becker 2010; Becker and Merkuryeva, 2008) highlight the importance of institutional contexts for recognizing disability and individual labor market strategies. Fewer studies seek to integrate available measures of disability in the Russian Federation into global discussions and debates concerning the relative validity of self-assessments, administrative recognition/certification, observed measures and composite indicators (BADLs and IADLs). Few studies have attempted to evaluate risk factors for disability using nationally representative individual-level data, or how relative risk and national trends in disability have changed.

Disability differs from, "functional limitation by its relationship to the *required capacities* for the performance of normal roles and activities" (Haber, 1967:20), but its precise measurement is an area for continuing discussion. Using official registries of individuals approved for some form of disability payments tends to under estimate actual levels of disability, as low or unreliable support structures may lessen the perceived benefits of registration in comparison to the costs and inconvenience (Denisova et.al. 1999). Benitez-Silva and colleagues in 1999 posited that self-reported health and disability, in addition to being biased and endogenous, may inflate the incidence and severity of health problems and disability in times of economic difficulty. (2004) These researchers found scant levels of inflation in disability levels

due to self-reports, but more recent studies confirm the importance of economic context and labor market access in promoting changes in reported disability rates. (Cutter 2001, CBO 2010) The availability of adaptable employment, higher wage rates and supportive infrastructure (such as transport or telecommuting) are posited to drive disability rates lower.

While economic conditions may exert and effect on overall disability levels, at the more micro-level, several social characteristics raise the risk of disability. Women tend to report higher levels of disability than men, and also perform worse on directly observed tasks. (Merrill et.al. 1997) The age of an individual, their ethnicity, nativity, education and socio-economic status are all linked to the probability of becoming disabled. (Lynch et.al. 2009). Wealth is also viewed as a protective factor. (Smith 1999) Given the patterning of disability risks, broad based declines in disability rates are unlikely to be experienced equally across all disabled individuals. Moreover, the importance of economic factors in decreasing disability rates may tend to favor those with high levels of human capital and other attributes valued in the labor market. If declining levels of disability alter the risk factors associated with the probability of becoming disabled, the composition of the disabled population will change. The implications of such changes, in terms of social isolation, are important to explore in order to understand the social implications of disability decline.

Research Questions

1. How has Russia's disability rate changed in recent years? How can we evaluate self-reported disability rates?
2. Which social groups benefit most from Russia's disability decline?
3. How have changes in prevalence influenced the social risks associated with disability?

Data and Methods

This paper seeks to further integrate the study of disability within the Russian Federation into larger debates within the Demography of Disability concerning disability risk, measurement and meaning. I plan to employ a rarely used data set in the study of disability, the European Social Survey, to examine individual self-reported disability. The ESS is a multi-country survey of social and political attitudes. The Russian Federation has participated since 2006, with four waves of nationally representative, cross sectional data (2006, 2008, 2010, 2012) available for analysis. Samples for each wave consist of between 2,281-2,409 respondents. Design weights to enhance representation. Disability is measured through a single question across all waves of the survey, "Are you hampered in your daily activities in anyway by any long standing illness, or disability, infirmity or mental problem?" While broad, including both mental and physical limitation, the question does focus specifically on the capacities for daily activities. Response categories include being seriously hampered, somewhat hampered, and not hampered. Additional health measures include a Likert scaled question concerning overall self-rated health. These indicators will be used to address the first question.

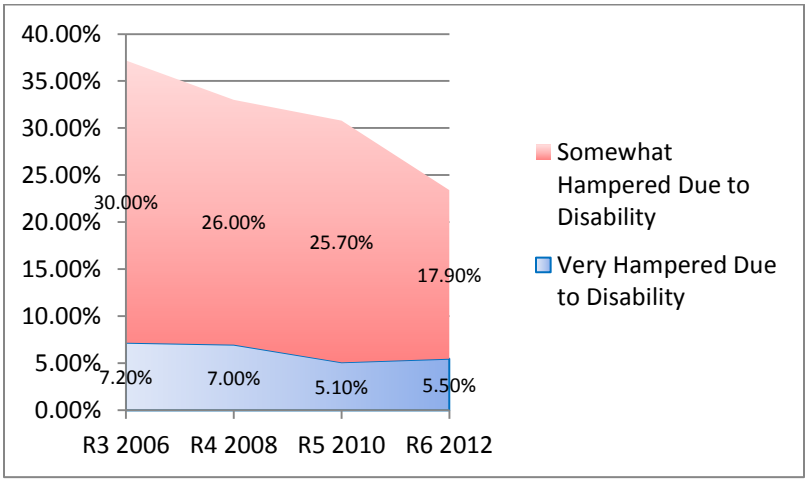
In addition to disability and overall health, the ESS contains individual data on gender, age, rural/urban residence, household size, nativity, marital status, employment, education,

global indicators of SES and income sources. These indicators will be used to address the second question.

Finally, the ESS has a uniquely rich set of questions concerning social isolation and integration. In addition to a variety of questions regarding political and religious participation, the ESS contains self-reported assessments of social activity (relative to the age of the respondent), questions concerning fear of crime and feelings of security, social support networks, notions of perceived control, social activities per week, media consumption and life satisfaction. These factors will inform the third research question.

Preliminary Findings

FIGURE ONE. "Are you hampered in your daily activities in any way by any longstanding illness, or disability, infirmity or mental health problem?", Weighted results for the Russian Federation, European Social Survey Rounds 3-6



Russians Very Hampered or Somewhat Hampered by Disability, By Age and Sex, 2006 and 2012 ESS (Weighted)

	Men, 2006			Men 2012		
	Very	Somewhat	N	Very	Somewhat	N
15-24	0.50%	8.10%	209	2.10%	5.70%	192
25-34	1.90%	12.70%	158	0.50%	13.00%	207
35-44	3.70%	28.00%	161	0.60%	12.70%	165
45-54	3.40%	20.50%	176	3.00%	17.80%	169
55-64	8.00%	36.80%	125	12.90%	26.60%	124
65-74	16.00%	44.00%	75	9.90%	45.10%	71
75+	41.30%	47.80%	46	17.50%	42.50%	40

	Women 2006			Women 2012		
	Very	Somewhat	N	Very	Somewhat	N
15-24	0.00%	13.70%	256	1.30%	8.20%	232
25-34	1.50%	23.10%	195	5.40%	16.70%	203
35-44	2.40%	29.30%	208	1.80%	24.70%	279
45-54	3.20%	40.30%	248	2.10%	27.10%	280
55-64	11.20%	53.00%	152	7.10%	38.80%	240
65-74	56.20%	56.20%	185	13.90%	45.10%	122
75+	41.40%	47.10%	87	22.40%	52.90%	85

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