



International Workshop

‘Health Economics, Management and Policy’

International Centre for Health Economics, Management and Policy of St. Petersburg

School of Economics and Management,

National Research University Higher School of Economics

14-15th November 2017

3A Kantemirovskaya Street, Saint Petersburg, room 358

14th November 2017

Quantitative Research In the Field Of Health Economics

9.30-9.45 - *Registration*

9.45-10.00

Welcome and introduction to Workshop (professor Christopher J. Gerry, Peter Meylakhs, HSE St. Petersburg, director of Centre for Health Economics, Management and Policy)

10.00-12.00

- Health and labor force participation of elderly Russians (*Ekaterina Aleksandrova, (coauthor Maxim Bakhtin) HSE St. Petersburg, Centre for Health Economics, Management and Policy*);

Summary:

The effect of health on labor force participation is an accepted fact. This research hypothesizes endogeneity of health due to the reverse effect, reporting bias and unobserved factors. Relationship between health and labor force participation of elderly Russians is modeled with simultaneous equations using data from World Health Organization Study on Global Ageing and Adult Health, Wave 1 (WHO SAGE, 2007-2010). A strong and non-linear effect of health on labor force participation is confirmed. Unlike for a complex health measure, endogeneity, confirmed by correlation of unobserved shocks in the system of equations, is found for single-question health measures. The results show that an increase in the official retirement age will have a moderate positive effect on labor force participation among women, affected by the reform, and a weaker or no effect among men. Health of elderly Russians does not impose strong limitations on this reform.

- Moral Hazard in the Russian Market for Private Health Insurance (*Andrey Aistov (coauthors Ekaterina Aleksandrova, Christopher J. Gerry) HSE-Nizhny Novgorod, Centre for Health Economics, Management and Policy*)

Summary:

This paper contributes to the discussion around ex post moral hazard in voluntary private health insurance. We consider doctor visits, tobacco and alcohol consumption, physical exercise, and self-assessed health (SAH) to identify moral hazard empirically. In empirical estimates (based on the RLMS-HSE data, 2000--2015), we use ordered choice models controlling for the individual fixed effects. The results indicate an increased frequency of doctor visits, alcohol consumption, and decreased SAH during the period of insurance.

- The Effect of Closing Hour Restrictions on Alcohol Use and Abuse in Russia (*professor Alexander Skorobogatov, HSE St. Petersburg*)

Summary:

This research estimates the effect of the restriction of trading hours on the use of alcoholic beverages falling under the restriction, and to evaluate the substitution effect for the beverages not under the restriction. The hypotheses tested are that these policies decrease use of factory-made vodka and increase use of home-made vodka (samogon) and factory-made light beverages. Overall use, binge drinking, and the consumption of vodka, samogon, beer, and wine were examined. The conclusions are that the sales restrictions leads to a decrease of factory-made vodka consumption and its

partial substitution by samagon for people most exposed to the restriction. A by-product of the restriction is a redistribution of alcohol market in favor of the big shops that resulted in a fall in samogon sales and rise in wine sales.

12.00-12.30 – Refreshments (room 411)

12.30-14.30

- Comparison of health elicitation methodologies: results from a study of young Russians (*Alina Khabibullina (coauthors Anastasia Butorina, Julia Chernenko), HSE St. Petersburg, Centre for Health Economics, Management and Policy*)

Summary:

"The paper identifies the opportunities and feasibility of different health related quality of life valuation methods. Drawing on a survey of young Russians in Moscow and St. Petersburg was identified key differences arising from the methodologies and propose an instrument for further exploring this issue through a large-scale Russian survey.

Study based on the interviews with a series questions on health using self-assessment EQ-5D-3L questionnaire with Visual Analog Scale (VAS), Best-Worst Scaling (BWS), Time Trade-Off (TTO) and Standard Gamble (SG) as health evaluation methodologies. The 'props'-method was used for TTO and SG through an Excel-based tool, also the Skype interviews were trialed in a small sub-sample of cases.

The preliminary findings demonstrate important difference in evaluating "abstract" health status compared to the "own" health, absence of unambiguous decision- making perception between risk and time and statistically significant difference in values between the chosen methods. Data analysis also helped to detect confusions emerged over understanding methods and EQ-5D codifications for preparing important issues and further recommendations."

- Spatial analysis of environmental pollution in Russian regions (*Vera Ivanova, HSE St. Petersburg*)

Summary:

Based on Russian regional data, I estimate the relationship between environmental pollution and economic development, known as environmental Kuznets curve (EKC). Empirical papers on cross-country data display evidence that air pollution increases at lower level of income, and emissions decrease at higher level of income, and the relationship is inverted U-shaped. Previous studies of EKC on Russian data do not consider spatial autocorrelation of regional variables, and this may lead to biased inferences. I show that 1) Russian regional per capita emissions are spatially autocorrelated; 2) regional data confirm spatial inverted U-shaped EKC. Also, I reveal that the share of regions with income exceeding a turning point of EKC are relatively low.

14.30-14.45 - summing up the work of the section (Christopher J. Gerry)

15th November 2017

Qualitative Research In the Field Of Health Economics

9.30-9.45 - Registration

10.00-12.00

- Sentenced to treatment: drug rehabilitation and health of female drug users with criminal records. (*Alisa Alieva, HSE St. Petersburg, Centre for Health Economics, Management and Policy*)

Summary:

Female drug users are a vulnerable group discriminated in modern Russian society. Women who use drugs experience additional barriers in accessing health and harm reduction services and face specific problems associated with drug use. Criminal record increases their stigmatization and makes it more complex, although different types of court sentences result in diverse experiences, social and health consequences for FDU. Additionally, criminal record can catalyze the drug treatment process in several ways: either the woman can be sentenced to treatment or decide to undergo it in order to get a lighter penalty or conditional release. Thus current research aims to investigate the interwoven experiences of sentence serving and drug dependence treatment of women who use drugs.

- HIV, HCV and other risks associated with hard drug use among young drug users in St. Petersburg: quantitative analysis results (*Peter Meylaks, HSE St. Petersburg, Centre for Health Economics, Management and Policy*)

Summary:

In this presentation the results of quantitative pilot (n=40) will be discussed: risk injection and sexual practices of young hard drug users, moral hierarchies and social distances constructed by these users with regards to risk injection use, opiate use, and people who have HIV and HCV statuses; and also the role of the Internet in their practices of procuring and use of various drugs.

12.00-12.30 - Refreshments (room 411)

12.30-14.00

- Living with depression in Russia: patient experience (*Svetlana Kolpakova, HSE St. Petersburg, Centre for Health Economics, Management and Policy*)

Summary:

Mental health problems are one of the major public health and socioeconomic problems in all countries, since they are a leading cause of ill health and work related disability. After the collapse of the Soviet Union the organisation of mental health care in Russia underwent a number of reforms and yet little is known about how these changes have influenced the quality of treatment, the accessibility of care, the awareness of people concerning modes of treatment and the impact on the quality of life of mental health patients. Additionally, distrust of psychiatrists, stemming from the tradition of “heavy” diagnosis, strong medical therapy, perceived ‘incurability’ and the social exclusion of patients, continues to shape the delivery and engagement with health care in this sphere. The patient experience both in terms of engagement with the health system and in terms of the social “value” of living with depression in Russia was in the focus of field work. The preliminary results of interviews along with international literature review will be presented.

- Assessment of quality of life of mental health patients in Saint-Petersburg (*Vladislav Plotnikov, HSE St. Petersburg, Centre for Health Economics, Management and Policy*)

Summary:

The study will include a convenience sample of approximately 150 men and 150 women (aged 20-69) sampled from at least three St. Petersburg mental health clinics. Potential participants are invited to the study during their routine check-up visit 1 month following their first attendance with a doctor. Currently was collected data on ~200 patients in the primary treatment and ~60 cases follow-up visits. According to the sample:

- The most adherent to a treatment is group of patients with psychotic disorders.
- Older patients are likely to support usual visits to doctors (all follow up visitors are older than 30).
- Usual activities and self-care issues are pretend to be most important aspects of treatment for patients, while cognitive and mental health (correlated with Mini Mental State Examination (MMSE scale)) are most important questions during doctors assessment of patients’ health state.
- Affective disorders are not very usual cases making Russian citizens visit mental health doctors; this kind of diagnosis means low probability of follow up visit as well

14.00-14.15 - summing up the work of the Workshop (Christopher J. Gerry)