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4 avril 2014 / April the 4th 2014

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http:www.irdes.fr/english/documentation/watch-on-health-economics-literature.html

Sommaire

Assurance maladie / Health Insurance

Besstremyannaya G., Simm J. (2014). Multi-payer health insurance systems in Central and Eastern Europe: lessons from the Czech Republic, Slovakia, and Russia. Moscou : NES – CEFIR

Abstract: Transition countries in Central and Eastern Europe and the former Soviet Union introduced social health insurance (SHI) to foster universal coverage, stable financing revenues, and consumer equity through a principle of solidarity. In particular, the Czech Republic, Slovakia, and Russia emphasized managed between health insurance companies. However, insufficient financing of the health care systems and excessive regulation led to deficiencies of the multi-payer SHI model in the three countries. The paper examines common trends in the development of the SHI systems in the Czech Republic, Slovakia, and Russia, and conducts empirical estimations with data for Russian regions.
http:www.cefir.ru/papers/WP203.pdf

Clemens J. (2014). Regulatory Redistribution in the Market for Health Insurance. Cambridge : NBER

Abstract: In the early 1990s, several U.S. states enacted community rating regulations to equalize the health insurance premiums paid by the healthy and the sick. Consistent with severe adverse selection pressures, their private coverage rates fell by around 8 percentage points more than rates in comparable markets over subsequent years. By the early 2000s, following substantial public insurance expansions, coverage rates in several of these states had improved significantly. As theory predicts, recoveries were largest where public coverage expanded disproportionately for high cost populations. The analysis highlights that the incidence of public insurance and community rating regulations are tightly intertwined.
http:www.nber.org/papers/w19904

Maestas N., Muellen K.J., Strand A. (2014). Disability Insurance and Health Insurance Reform: Evidence from Massachusetts. Santa Monica : The Rand

Abstract: As health insurance becomes available outside of the employment relationship as a result of the Affordable Care Act (ACA), the cost of applying for Social Security Disability Insurance (SSDI) - potentially going without health insurance coverage during a waiting period totaling 29 months from disability onset - will decline for many people with employer-sponsored health insurance. At the same time, the value of SSDI and Supplemental Security Income (SSI) participation will decline for individuals who otherwise lacked access to health insurance. This paper studies the 2006 Massachusetts health insurance reform to estimate the potential effects of the ACA on SSDI and SSI applications.
http:papers.ssrn.com/sol3/papers.cfm?abstract_id=2387214

Powell D., Seabury S.A. (2014). Medical Care Spending and Labor Market Outcomes: Evidence from Workers' Compensation Reforms. Santa Monica : The Rand

Abstract: There is considerable controversy over whether much of the spending on health care in the United States delivers enough value to justify the cost. This paper contributes to this literature by studying the causal relationship between medical care spending and labor outcomes, exploiting a policy which directly impacted medical spending for reasons unrelated to health and using a unique data set which includes medical spending and labor earnings. The focus on labor outcomes is motivated by its potential usefulness as a measure of health, the importance of understanding the relationship between health and labor productivity, and the policy interest in improving labor outcomes for the population that it studies - injured workers. It exploits the 2003-2004 California workers' compensation reforms which reduced medical care spending for injured workers with a disproportionate effect on workers suffering lower back injuries. It links administrative data on workers' compensation claims to earnings and test the effect of the reforms on labor force outcomes for workers who experienced the biggest drop in medical care costs. Adjusting for the severity of injury

and selection into workers' compensation, it finds that workers with low back injuries experienced a 7.3% greater decline in medical care after the reforms, and that this led to an 8.3% drop in post-injury earnings relative to other injured workers. These results suggest jointly that medical care spending can impact health and that health affects labor outcomes.
http:www.rand.org/pubs/working_papers/WR1028

Economie de la santé / Health Economics

Cunningham P., Carrier E. (2014). Trends in the Financial Burden of Medical Care for Nonelderly Adults with Diabetes, 2001 to 2009. *American Journal of Managed Care ,* 20 (2)

Abstract: Objectives: To examine trends in out-of-pocket spending and the financial burden of care for persons with diabetes between 2001 and 2009, and to examine whether these trends are consistent with trends in access to prescription drugs and utilization of hospital services. Study Design and Methods: Data are from the 2001 to 2009 Medical Expenditure Panel Survey (MEPS). The sample includes persons aged 18 to 64 years with diagnosed diabetes. The primary outcome variable is the percent of people with out-of-pocket spending on insurance premiums and services that exceed 10% of family income. Secondary outcome measures include the percent with diabetes-related prescription drug use, perceived access to prescription drugs, hospital inpatient stays, and emergency department use in the past 12 months. Multiple regression analysis is used to control for changes in comorbid chronic conditions and other characteristics of persons with diabetes. Results: Both out-of-pocket spending and the percent with high financial burden decreased markedly for persons with diabetes between 2001 to 2003 and 2007 to 2009. The decrease in spending was driven primarily by a decrease in spending on prescription drugs, including diabetes-related prescriptions. The shift from brand name drugs to generics accounts for much of this decline, although decreases in out-of-pocket spending for both brand name and generic drugs also contributed. During the same period, utilization of and access to diabetes-related prescriptions increased, and hospital use decreased. Conclusions: Although the prevalence of diagnosed diabetes continues to increase, treatment is becoming more affordable, especially prescription drugs. This may offset some of the costs to the healthcare system of higher prevalence by reducing complications of uncontrolled diabetes that result in more costly hospital use.

Heider D., Matschinger H., Muller H.(2014). Health care costs in the elderly in Germany: an analysis applying Andersen's behavioral model of health care utilization. *Bmc Health Services Research,* 14 (71)

Abstract: Background: To analyze the association of health care costs with predisposing, enabling, and need factors, as defined by Andersen's behavioral model of health care utilization, in the German elderly population. Methods: Using a cross-sectional design, cost data of 3,124 participants aged 57–84 years in the 8-year-follow-up of the ESTHER cohort study were analyzed. Health care utilization in a 3-month period was assessed retrospectively through an interview conducted by trained study physicians at respondents' homes. Unit costs were applied to calculate health care costs from the societal perspective. Socio-demographic and health-related variables were categorized as predisposing, enabling, or need factors as defined by the Andersen model. Multimorbidity was measured by the Cumulative Illness Rating Scale for Geriatrics (CIRS-G). Mental health status was measured by the SF-12 mental component summary (MCS) score. Sector-specific costs were analyzed by means of multiple Tobit regression models. Results: Mean total costs per respondent were 889 € for the 3-month period. The CIRS-G score and the SF-12 MCS score representing the need factor in the Andersen model were consistently associated with total, inpatient, outpatient and nursing costs. Among the predisposing factors, age was positively associated with outpatient costs, nursing costs, and total costs, and the BMI was associated with outpatient costs. Conclusions: Multimorbidity and mental health status, both reflecting the need factor in the Andersen model, were the dominant predictors of health care costs. Predisposing and enabling factors had comparatively little impact on health care costs, possibly due to the characteristics of the German social health insurance system. Overall, the variables used in the Andersen model explained only little of the total variance in health care costs.

http:www.biomedcentral.com/1472-6963/14/71

Sanwald A., Theurl E. (2014). How will the Affordable Care Act change employers'incentives to offer insurance? Innsbruck : University of Innsbruck

Abstract: Out-of-pocket health expenditures (OOPHE) are a substantial source of health care financing even in health care systems with an established role of prepaid financing. The empirical analysis of OOPHE is challenging, because they are fixed in an interaction with other sources of health care financing. This study analyzes to what extent a set of socio-economic and socio-demographic covariates of private households in influences the OOPHE-patterns in Austria. Its empirical research strategy is guided by the approach Propper (2000) used to study the demand for private health care in the NHS. The study uses cross-sectional information provided by the Austrian household budget survey 2009/10. It applies a Two-Part Model (Logit/OLS with log-transformed dependent variable or Logit/GLM). It presents results for total OOPHE and for selected OOPHE-subcategories. Overall, it finds mixed results for the different expenditure categories and for the two decision stages. Probability and level of OOPHE increase with the household size and the level of education, while household income shows mixed results on both stages. Private health insurance and OOPHE seem to be complements, at least for total OOPHE and for OOPHE for physician services, while this relationship is insignificant for pharmaceuticals. Different forms of public insurance have an effect on the total OOPHE-level, for physician services and pharmaceuticals on both stages. To some extent the participation decision is influenced in a different way compared to the intensity decision. This is especially true for age, sex, household structure and the status of retirement. It turns out, that the explanatory power of the used variables is low for OOPHE for pharmaceuticals. A splitting up of pharmaceuticals into prescription fees and direct payments gives better insights into the determinants. It is necessary to investigate subcategories of OOPHE. It also turns out, that systematic covariates explain only a very small part of the variation in the OOPHE-patterns. Finally, the study also concludes that information on OOPHE from general household budget surveys are of limited value when studying the determinants.
http://eeecon.uibk.ac.at/wopec2/repec/inn/wpaper/2014-04.pdf

Etat de santé / Health Status

(2013). Country profiles on nutrition, physical activity and obesity in the 53 WHO European Region Member States. Methodology and summary. Copenhague : OMS Bureau régional de l'Europe

Abstract: The aim of this document is to give an overview of information on selected monitoring and surveillance indicators as well as on policy developments and actions in the areas of nutrition, physical activity and obesity in the 53 WHO European Region Member States. It gives a description of the data sources used and summarizes some of the information that is included in individual country profiles, which are issued separately. The monitoring and surveillance section addresses overweight and obesity in three age groups, exclusive breastfeeding during the first six months of life, intake of saturated fatty acids and salt, fruit and vegetable supply, iodine status and physical inactivity. The policy section focuses on salt-reduction initiatives, trans fatty acids policies, actions taken in the area of marketing of food and non-alcoholic beverages to children, physical activity policies and recommendations. This document intends to support the exchange of experiences, policy development and action in these increasingly important areas of public health.
http:www.euro.who.int/__data/assets/pdf_file/0004/243337/Summary-document-53-MS-country-profile.pdf

Cavaco S. Eriksson T., Skalli A. (2014). Life Cycle Development of Obesity and Its Determinants in Six European Countries. Tokyo : Hitotsubashi University. Institute of Economic Research. Center for Economic Institutions.

Abstract: This paper empirically examines the role and relative importance of parents' and individuals' own socioeconomic status and how their impacts on the probability of overweight and obesity evolve over the life cycle. The impact of individuals' health behaviours on their obesity status later in life is also studied. We use data from Denmark, Finland, France, Greece, the Netherlands and the U.K. in which about 6,000 individuals aged 50 to 65 are surveyed and where individuals' height and weight at different ages (25, 25, 45 and current age) are available. We perform "repeated cross-sections" analyses as well as dynamic probit analyses of the individuals' obesity histories. Key findings are: (i) parents' socioeconomic status predicts obesity in early adulthood whereas the individual's own socioeconomic status as adult is more important in explaining obesity at later stages of the life cycle, (ii) changes in obesity status are associated with changes in health behaviours, (iii) obesity in late adulthood is strongly and positively correlated with overweight and obesity in younger ages, and (iv) cross-country differences in obesity and overweight largely remain after controlling for parental and childhood factors and individuals' health behaviours.
http:hermes-ir.lib.hit-u.ac.jp/rs/bitstream/10086/26092/1/wp2013-8.pdf

He H., Huang K.X., Hung S.T. (2014). Are Recessions Good for Your Health? When Ruhm Meets GHH. Paris : Cepremap

Abstract: This paper first documents several important business cycle properties of health status and health expenditures in the US. We find that health expenditures are pro-cyclical while health status is counter-cyclical. We then develop a stochastic dynamic general equilibrium model with endogenous health accumulation. The model has four distinct features: 1) Both medical expenditures and leisure time are used to produce health stock; 2) Health enters into production function; 3) Depreciation rate of health stock negatively depends on working hours; 4) Health enters into utility function. We calibrate the model to US economy. The results show that the model can jointly rationalize the counter-cyclicality of health status and pro-cyclicality of medical expenditure. We also investigate the relative importance of each feature in affecting the business cycle properties of health status. We find that the joint presence of the time channel (feature 1) and the production channel (features 2 and 3) is crucial in replicating counter-cyclicality of health status.
http:www.dynare.org/wp-repo/dynarewp031.pdf

Hôpital / Hospitals

(2014). Plans d'amélioration de la qualité des hôpitaux. Une analyse des points à améliorer 2013-2014 : Toronto : Qualité des services Ontario .
http:www.hqontario.ca/portals/0/documents/qi/qip-analysis-hospitals-2013-fr.pdf

Inégalités de santé / Health Inequalities

Marmot M. (2013). Health inequalities in the EU — Final report of a consortium. Bruxelles : European commission .

Abstract: Ce rapport donne une perspective plus précise des inégalités dans le secteur de la santé dans l'Union européenne et des réponses institutionnelles possibles au niveau de l'Union et des États membres depuis 2009. Il envisage successivement les inégalités entre les États membres et les régions, entre les groupes sociaux, les causes de ces inégalités et les réponses politiques. Il conclut sur les effets de la crise économique et financière en tant que menace sur le système européen de

santé. Des engagements extérieurs sont essentiels. La Commission européenne est appelée à prendre des initiatives.
http://ec.europa.eu/health/social_determinants/docs/healthinequalitiesineu_2013_en.pdf

Brekke K.A., Kverndokk S. (2014). Impacts of Transfers for the Concentration Index: Explaining the Health Equality Paradox? Oslo : University of Oslo

Abstract: Empirical studies often report that social inequalities in health are larger in Nordic welfare states than in less egalitarian societies. This is called the health equality paradox, and may actually follow from some properties of bivariate measures such as the concentration index. In this paper, we show why some income transfers increase measured health inequality. While unconditional income transfers will reduce the concentration index, income transfers from a rich to a poor, both with equal health, will increase the concentration index. We then argue that such health contingent income transfers are as relevant as the non-continent ones, and that both kinds of transfers can occur for any direction of the causality between income and health. In the models we study, policies that reduce the impact of family background on income, induce health contingent income transfers. This seems like a plausible mechanism for the recent empirical finding that the concentration index is positively correlated with public expenditures on education.
http:papers.ssrn.com/sol3/papers.cfm?abstract_id=2402705

Médicaments / Pharmaceuticals

Kaestner R., Long C., Alexander C. (2014). Effects of Prescription Drug Insurance on Hospitalization and Mortality: Evidence from Medicare Part D. Cambridge : NBER

Abstract: We examine whether obtaining prescription drug insurance through the Medicare Part D program affected hospital admissions, expenditures associated with those admissions, and mortality. We use a large, geographically diverse sample of Medicare beneficiaries and exploit the natural experiment of Medicare Part D to obtain estimates of the effect of prescription drug insurance on hospitalizations and mortality. Results indicate that obtaining prescription drug insurance through Medicare Part D was associated with an 8% decrease in the number of hospital admissions, a 7% decrease in Medicare expenditures, and a 12% decrease in total resource use. Gaining prescription drug insurance through Medicare Part D was not significantly associated with mortality.
http:papers.nber.org/papers/w19948

Yarbrough C.R., Bradford B.D. (2014). Direct-to-Consumer Advertising and Insurers' Spending Control Mechanisms for Prescription Drugs : Atlanta : University of Georgia

Abstract: Numerous studies have examined the effects of direct-to-consumer advertising (DTC) on patient and physician behaviors; however, none has focused on the relationship between DTC and insurance benefit design. In this study, we explored the impact of DTC advertising on the cost control behaviors of private firms supplying insurance in the Medicare Part D program. We used data from the IMS National Prescription Drug Promotions database and formulary information from Medicare Part D prescription drug plans from the Centers for Medicare and Medicaid Services (CMS) to study the relationship between DTC spending and formulary tier placement, using an instrumental variables estimator to control for the endogeneity of DTC spending. Our results suggest that direct-to-consumer advertising puts pressure on insurers for more favorable formulary placement. Television direct-to-consumer advertising and other measures of manufacturer market power had a significant and negative effect on the likelihood of a branded drug being classified as nonpreferred in formularies. Similarly, we found that when insurers had more market power, branded drugs were more likely to be placed in a nonpreferred formulary tier. We hypothesize that consumers play an important mediating role in the relationship between DTC advertising and insurance coverage for drugs.
http:papers.ssrn.com/sol3/papers.cfm?abstract_id=2396606

Méthodologie – Statistique / Methodology - Statistics

Caumel Y. (2011). Probabilités et processus stochastiques. Collection Statistique et probabilités appliquées. Paris : Springer

Abstract: Ce livre a pour objectif de fournir au lecteur les bases théoriques nécessaires à la maîtrise des concepts et des méthodes utilisées en théorie des probabilités, telle qu'elle s'est développée au dix-septième siècle par l'étude des jeux de hasard, pour aboutir aujourd'hui à la théorisation de phénomènes aussi complexes et différents que les processus de diffusion en physique ou l'évolution des marchés financiers. Après un exposé introductif à la théorie probabiliste dont les liens avec l'analyse fonctionnelle et harmonique sont soulignés, l'auteur présente en détail une sélection de processus aléatoires classiques de type markoviens à temps entiers et continus, poissoniens, stationnaires, etc., et leurs diverses applications dans des contextes tels que le traitement du signal, la gestion des stocks, la modélisation des files d'attente, et d'autres encore. Le livre se conclut par une présentation détaillée du mouvement brownien et de sa genèse. Cent cinquante exercices (pour la plupart corrigés), ainsi qu'un ensemble de notules historiques ou épistémologiques permettant d'illustrer la dynamique et le contexte de découverte des théories évoquées, viennent compléter cet ouvrage (4e de couverture).

Cocozza-Thivent C. (1997). Processus stochastiques et fiabilité des systèmes.
Collection Mathématiques & Applications ; 28. Paris : Springer

Abstract: Ce livre, construit à partir des cours de DESS et de DEA de l'auteur, peut également intéresser des étudiants de maitrise et des ingénieurs. Son fil directeur est la fiabilité et son but est de montrer concrètement ce que peut apporter l'étude des processus stochastiques dans ce domaine. Chemin faisant, cela permet d'aborder, dans des cas relativement simples, des techniques variées utilisées dans l'étude des processus stochastiques, tout en conservant l'esprit des démonstrations générales. Certaines parties sont d'inspiration très appliquée et peuvent être abordées par toute personne (étudiant, ingénieur) ayant des connaissances en probabilités- statistiques. D'autres font appel à des concepts plus pointus et offrent des ouvertures sur la recherche, certaines applications présentées ont d'ailleurs été obtenues récemment. Le plus souvent un thème donne lieu à deux chapitres: le premier présente les outils mathématiques, le second les applications en fiabilité (4e de couverture).

Courtemanche C., Pinkston J.C., Stewart J. (2014). Adjusting Body Mass for Measurement Error with Invalid Validation Data. Cambridge : NBER

Abstract: We propose a new method for using validation data to correct self-reported weight and height in surveys that do not weigh and measure respondents. The standard correction from prior research regresses actual measures on reported values using an external validation dataset, and then uses the estimated coefficients to predict actual measures in the primary dataset. This approach requires the strong assumption that the expectations of actual weight and height conditional on the reported values are the same in both datasets. In contrast, we use percentile ranks rather than levels of reported weight and height. Our approach requires the much weaker assumption that the conditional expectations of actual measures are increasing in reported values in both samples, making our correction more robust to differences in measurement error across surveys. We then examine three nationally representative datasets and confirm that misreporting is sensitive to differences in survey context such as data collection mode. When we compare predicted BMI distributions using the two approaches, we find that the standard correction is biased by differences in misreporting while our correction is not. Finally, we present several examples that demonstrate the potential importance of our correction for future econometric analyses and estimates of obesity rates.
http:papers.nber.org/papers/w19928

Nuel G. (2007). Analyse statistique des séquences biologiques : modélisation markovienne, alignements et motifs. Collection bioinformatique. Paris : Lavoisier ; Paris : Hermes Science

Abstract: L'ouvrage Analyse statistique des séquences biologiques est le résultat de quinze années de recherche et présente de manière synthétique et didactique une approche nouvelle fondée sur les automates finis. L'analyse statistique des séquences génomiques - un des points forts de la recherche en bioinformatique ou en biostatistique en France - développe des outils permettant la modélisation des séquences (chaînes de Markov, chaînes de Markov cachées) ainsi que l'étude des occurrences de motifs (par une approche novatrice fondée sur les automates finis déterministes). Elle permet également la recherche automatique de gènes et d'autres signaux biologiques (annotation) et compare des séquences provenant d'espèces différentes (alignement), en particulier pour reconstruire l'histoire de leur évolution (phylogénie).Une présentation du domaine biologique et des divers modèles markoviens utilisés permet une lecture autonome. Les méthodes sont illustrées par de nombreux exemples et figures, les algorithmes qui leur correspondent sont systématiquement détaillés et l'on donne en référence les sites web et programmes qui permettent leur mise en œuvre pratique (4e de couverture).

Saramago P., Chuang L.H., Soares M. (2014). Network meta-analysis of (individual patient) time to event data alongside (aggregate) count data. York : University of York

Abstract: Objectives: Network meta-analysis (NMA) methods extend the standard pair-wise framework to allow simultaneous comparison of multiple interventions in a single statistical model. Despite published work on NMA mainly focusing on the synthesis of aggregate data (AD), methods have been developed that allow the use of individual patient-level data (IPD) specifically when outcomes are dichotomous or continuous. This paper focuses on the synthesis of IPD and AD time to event data, motivated by a real data example looking at the effectiveness of high compression treatments on the healing of venous leg ulcers. Methods: This paper introduces a novel NMA modelling approach that allows IPD (time to event with censoring) and AD (event count for a given follow-up time) to be synthesised jointly by assuming an underlying, common, distribution of time to healing. Alternative model assumptions were tested within the motivating example. Model fit and adequacy measures were used to compare and select models. Results: Due to the availability of IPD in our example we were able to use a Weibull distribution to describe time to healing; otherwise, we would have been limited to specifying a uniparametric distribution. Absolute effectiveness estimates were more sensitive than relative effectiveness estimates to a range of alternative specifications for the model. Conclusions: The synthesis of time to event data considering IPD provides modelling flexibility, and can be particularly important when absolute effectiveness estimates, and not just relative effect estimates, are of interest.
http:www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP95network_meta-analysis_patient_time_event-data_aggregate_count-data.pdf

Sericola B. (2013). Chaînes de Markov : théorie, algorithmes et applications. Collection Méthodes stochastiques appliquées. Paris : Lavoisier ; Paris : Hermes Science

Abstract: Les chaînes de Markov sont des modèles probabilistes utilisés dans des domaines variés comme la logistique, l'informatique, la fiabilité, les télécommunications, ou encore la biologie et la physique-chimie. On les retrouve également dans la finance, l'économie et les sciences sociales. Cet ouvrage présente une étude approfondie des chaînes de Markov à temps discret et à temps continu avec des applications détaillées aux processus de naissance et mort et aux files d'attente. Ces applications sont illustrées par des algorithmes généraux de calcul de probabilités d'état et de distribution de temps de passage. Le développement de ces algorithmes repose sur l'utilisation de la technique d'uniformisation des chaînes de Markov qui est présentée de manière théorique et intuitive. Ce livre s'adresse aux ingénieurs et chercheurs ayant besoin de modèles probabilistes pour évaluer et prédire le comportement des systèmes qu'ils étudient ou qu'ils développent (4e de couverture)

Politique de santé / Health Policy

Hirsch E. (2014). Traité de bioéthique. Tome III : handicaps, vulnérabilités, situations extrêmes. Collection "Espaces éthiques". Toulouse : Erès

Abstract: Loin de se limiter aux aspects fascinants de la biomédecine, la réflexion bioéthique s'intéresse aux problèmes les plus immédiats et parfois les plus redoutables de la médecine et du soin, lorsque les devoirs d'humanité concernent des personnes vulnérables dans le handicap, la maladie, ou dans ces situations extrêmes en réanimation ou en fin de vie. Les dépendances liées aux affections psychiatriques, aux maladies neurologiques dégénératives interrogent au même titre que le soin en prison ou les modalités de prises de décisions dans un contexte où les dilemmes ne peuvent viser que le moindre mal. Comment intervenir avec humanité, sollicitude et respect auprès de la personne en rééducation à la suite d'un AVC ou éprouvée par une souffrance qu'elle ne parvient plus à assumer ? Comment accompagner un patient en situation d'échec thérapeutique, en phase terminale, ou un proche en deuil à la suite d'années de présence active dans le contexte de la maladie grave ? L'attention bioéthique suscite une capacité de questionnement là où abdiquer équivaut à abandonner la personne malade à la solitude et au désespoir. Les auteurs de ce traité aident à comprendre l'exigence bioéthique comme une capacité de résister au nom des valeurs indispensables (4e de couverture).

Smits P.A. , Denis J.L. (2014). How research funding agencies support science integration into policy and practice: An international overview. *Implementation Science,* 9 (28)

Abstract: Background: Funding agencies constitute one essential pillar for policy makers, researchers and health service delivery institutions. Such agencies are increasingly providing support for science implementation. In this paper, we investigate health research funding agencies and how they support the integration of science into policy, and of science into practice, and vice versa. Methods: We selected six countries: Australia, The Netherlands, France, Canada, England and the United States. For 13 funding agencies, we compared their intentions to support, their actions related to science integration into policy and practice, and the reported benefits of this integration. We did a qualitative content analysis of the reports and information provided on the funding agencies' websites. Results: Most funding agencies emphasized the importance of science integration into policy and practice in their strategic orientation, and stated how this integration was structured. Their funding activities were embedded in the push, pull, or linkage/exchange knowledge transfer model. However, few program funding efforts were based on all three models. The agencies reported more often on the benefits of integration on practice, rather than on policy. External programs that were funded largely covered science integration into policy and practice at the end of grant stage, while overlooking the initial stages. Finally, external funding actions were more prominent than internally initiated bridging activities and training activities on such integration. Conclusions: This paper contributes to research on science implementation because it goes beyond the two community model of researchers versus end users, to include funding agencies. Users of knowledge may be end users in health organizations like hospitals; civil servants assigned to decision making positions within funding agencies; civil servants outside of the Ministry of Health, such as the Ministry of the Environment; politicians deciding on health-related legislation; or even university researchers whose work builds on previous research. This heterogeneous sample of users may require different user-specific mechanisms for research initiation, development and dissemination. This paper builds the foundation for further discussion on science implementation from the perspective of funding agencies in the health field. In general, case studies can help in identifying best practices for evidence-informed decision making.
http:www.implementationscience.com/content/9/1/28/abstract

(2014). Evaluation multipays des capacités de prise en charge des troubles de l'audition. Genève : OMS

Abstract: En 2012, l'OMS a entrepris une enquête par questionnaire pour évaluer les moyens qu'ont les États Membres de dresser et de mettre en œuvre des plans et des programmes nationaux ou infranationaux axés sur la prise en charge des troubles de l'appareil auditif et de l'audition dans le but

de prévenir la perte auditive. Le présent rapport dresse un panorama des moyens disponibles dans le monde pour prévenir, diagnostiquer et prendre en charge la perte auditive.
http:www.who.int/pbd/publications/WHOReportHearingCare_Frenchweb.pdf

Chereque F., Vanackere S. (2014). Évaluation de la 1ère année de mise en oeuvre du plan pluriannuel contre la pauvreté et pour l'inclusion sociale : Rapport : Pièces jointes au rapport. Rapport IGAS ; 2013 024. Paris : IGAS

Abstract: Le plan pluriannuel contre la pauvreté et pour l'inclusion sociale a été adopté en Comité interministériel de lutte contre les exclusions (Cile) le 21 janvier 2013, à la suite de la tenue d'une conférence nationale les 10 et 11 décembre 2012. Ce plan se structure en 3 axes complémentaires : le premier met l'accent sur la prévention, le deuxième sur les actions d'accompagnement et d'insertion, et le troisième est consacré aux questions de gouvernance des politiques de solidarité. Le plan regroupe 61 mesures, qui empruntent à 7 "paquets thématiques" différents (accès aux droits, emploi, hébergement-logement, santé, enfance et famille, inclusion bancaire et surendettement, gouvernance des politiques de solidarité). L'évaluation du suivi de la mise en œuvre de ce plan a été confiée à l'IGAS : le présent rapport dresse un premier bilan d'étape après une année de mise en oeuvre.
http:www.igas.gouv.fr/spip.php?article350

Prévention / Prevention

Simon D. (2013). Education thérapeutique : prévention et maladies chroniques. Abrégés. Paris : Elsevier Masson

Abstract: Depuis plusieurs années, le nombre de patients atteints de maladies chroniques ne cesse d'augmenter. Vivre avec ces maladies requiert une connaissance approfondie de ces dernières et de leurs traitements et demande également aux patients de développer leurs capacités d'auto-surveillance et d'adaptation. L'éducation thérapeutique permet au patient l'apprentissage de ce nouveau quotidien. Cet ouvrage offre à l'ensemble des professionnels de santé un guide pratique pour répondre aux questions de son patient et pour l'accompagner tout au long de sa maladie. Cette nouvelle édition conserve tous les éléments qui ont fait son succès tout en complétant son contenu par les plus récentes approches pluridisciplinaires dans ce domaine : l'art-thérapie, le théâtre du vécu, le parcours éducatif, etc. Les spécialités des pathologies chroniques les plus courantes (cardiologie, pneumologie, rhumatologie, ...) sont l'objet d'un chapitre spécifique, chacun écrit par une équipe de spécialistes et de formateurs non-cliniciens engagés activement dans une démarche éducative. Cet ouvrage pratique aidera le soignant à se positionner face au dispositif de l'éducation thérapeutique, se révélant indispensable pour tous les professionnels concernés par la formation du patient à la prise en charge de son traitement (4e de couverture).

Psychiatrie / Psychiatry

Coldefy M., Nestrigue C. (2013). L'hospitalisation sans consentement en psychiatrie en 2010 : première exploitation du Rim-P et état des lieux avant la réforme du 5 juillet 2011. *Questions d'Economie de la Sante (Irdes),* (193)

Abstract: Ce premier état des lieux de l'hospitalisation sans consentement, s'appuyant sur les données récemment disponibles du Recueil d'informations médicalisées en psychiatrie (Rim-P), a plusieurs objectifs : réaliser une photographie des personnes hospitalisées sans leur consentement en psychiatrie et de la diversité de leurs prises en charge et trajectoires de soins en 2010. Il s'agit à terme

de suivre les effets de la réforme engendrée par la loi du 5 juillet 2011, relative aux droits et à la protection des personnes faisant l'objet de soins psychiatriques. Cette loi, modifiée en septembre 2013, vise à faire évoluer l'exercice des soins sous contrainte en psychiatrie : l'hospitalisation à temps plein n'y est plus la seule modalité de prise en charge et l'intervention d'un juge des libertés et de la détention est désormais prévue dans ce cadre. Que recouvre la notion de contrainte aux soins ? Combien et qui sont les patients hospitalisés sans leur consentement en psychiatrie en France en 2010 ? Sous quel mode de prise en charge, dans quel type d'établissements, pour quelle durée et pour quelles pathologies le sont-ils ? Telles sont les principales questions auxquelles ce premier éclairage répond.
http:www.irdes.fr/recherche/questions-d-economie-de-la-sante/193-l-hospitalisation-sans-consentement-en-psychiatrie-en-2010.pdf

Gilburt H., Peck E. (2014). Service transformation : lessons for mental health. Londres : The King's Fund .

Abstract: The development of community-based alternatives to hospital care has been a long-standing policy objective in the United Kingdom and elsewhere. Despite a widespread consensus that enhanced forms of primary and community care are necessary to meet the challenge of an ageing population with rising rates of long-term conditions, there has been limited success so far in bringing about large-scale change. Mental health services have gone through a radical transformation over the past 30 years – perhaps more so than any other part of the health system. A model of acute and long-term care based on large institutions has been replaced by one in which most care is being provided in community settings by multidisciplinary mental health teams. These teams support most people in their own homes but have access to specialist hospital units for acute admissions and smaller residential units for those requiring long-term care. The process, however, has not been simple. The closure of the asylum system overall was a success and no further large institutions exist. But the model of community care has undergone a number of changes in light of emerging knowledge and developments in the social context of mental health care provision. This report takes mental health services for adults in England as a case study and examines the relevance of this experience to current policy. It focuses on understanding the dramatic changes to mental health services and the factors that enabled that change to happen. The report is based on two workshops held in July 2013 and supplemented by evidence from a review of published literature. Workshop participants included individuals who had been personally involved in supporting the transition from institutional to community-based care, service users and carers who lived through the changes, and professionals currently involved in attempts to develop out-of-hospital care in other clinical areas.
http:www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/service-transformation-lessons-mental-health-4-feb-2014.pdf

Ehrenberg A. (2014). Santé mentale : L'autonomie est-elle un malheur collectif ? *Esprit* , (402) :

Abstract: Dans les sociétés contemporaines, la santé mentale est plus que jamais liée à l'interaction sociale, les compétences d'aujourd'hui sont tout autant relationnelles et émotionnelles que professionnelles ou académiques. Dès lors, la dépression, les addictions, l'hyperactivité sont des pathologies qui affectent nécessairement la société dans son ensemble autant que les individus qui en souffrent.

Soins de santé primaires / Primary Health Care

Chandez C. (2014). Déterminants de l'installation en médecine générale libérale. *Médecine : Revue de L'Unaformec* , 10 (2) :

Abstract: Depuis une dizaine d'années la médecine générale libérale souffre d'un désintérêt croissant. Les raisons de ce rejet sont connues : gestion administrative, peur de l'isolement, craintes sur la qualité de vie et l'organisation du travail. Mais les jeunes médecins généralistes ne sont pas

complètement opposés au libéral : en 2006, en première inscription à l'ordre, 10 % sont installés en libéral alors que, 5 ans plus tard, ils sont 35 % [1]. Ils souhaitent mieux connaître cette forme d'exercice, qui les attire pour la liberté, l'autonomie et la polyvalence.

Staat M. (2011). Estimating the efficiency of general practitioners controlling for case mix and outlier effects. *Empirical Economics,* 40 (2)

Abstract: Data on some 600 general practitioners located in the same region of Austria for the years 2001-2003 are analyzed using Data Envelopment Analysis. The available information comprises patient numbers by age category, case mix, and resource use; outliers are removed with a procedure based on the order-m estimator. The results do not vary much over different samples and specifications and imply an average inefficiency of around 15%. Throughout the observation period, only slight changes in total factor productivity are observed.

Kleiner M.,Marier A., Park K.W. (2014). Relaxing Occupational Licensing Requirements: Analyzing Wages and Prices for a Medical Service. Cambridge : NBER

Abstract: Occupational licensing laws have been relaxed in a large number of U.S. states to give nurse practitioners the ability to perform more tasks without the supervision of medical doctors. We investigate how these regulations may affect wages, employment, costs, and quality of providing certain types of medical services. We find that when only physicians are allowed to prescribe controlled substances that this is associated with a reduction in nurse practitioner wages, and increases in physician wages suggesting some substitution among these occupations. Furthermore, our estimates show that prescription restrictions lead to a reduction in hours worked by nurse practitioners and are associated with increases in physician hours worked. Our analysis of insurance claims data shows that the more rigid regulations increase the price of a well-child medical exam by 3 to 16 %. However, our analysis finds no evidence that the changes in regulatory policy are reflected in outcomes such as infant mortality rates or malpractice premiums. Overall, our results suggest that these more restrictive state licensing practices are associated with changes in wages and employment patterns, and also increase the costs of routine medical care, but do not seem to influence health care quality.
http:papers.nber.org/papers/w19906

De Silva D. (2014). Helping measure person-centred care. A review of evidence about commonly used approaches and tools used to help measure person-centred care. Londres : Health Foundation .

Abstract: Person-centred, individualised, personalised, patient-centred, family-centred, patient-centric and many other terms have been used to signal a change in how health services engage with people. This rapid review summarises research about measuring the extent to which care is person-centred. Three key questions guided the review: How is person-centred care being measured in healthcare? What types of measures are used? Why and by whom is measurement taking place? The review signposts to research about commonly used approaches and tools to help measure person-centred care. It aims to showcase the many tools available. A spreadsheet listing 160 of the most commonly researched measurement tools accompanies the review. This allows users to search according to the type of tool, who it targets and the main contexts it has been tested in. Hyperlinks to the abstracts of examples of research using each tool are also provided. The review shows that, while a large number of tools are available to measure person-centred care, there is no agreement about which tools are most worthwhile. It also makes clear that there is no 'silver bullet' or best measure that covers all aspects of person-centred care. Combining a range of methods and tools is likely to provide the most robust measure of person-centred care.
http:www.health.org.uk/public/cms/75/76/313/4697/Helping%20measure%20person-centred%20care.pdf?realName=lnet6X.pdf

(2014). Which doctors take up promising ideas? New insights from open data. Londres : Nesta.

Abstract: The report looks at early adoption of promising new ideas across primary care in England and argues that analysing open data can help public services gain a greater understanding of their take up of innovations. This report demonstrates a rising opportunity to inform practitioners and patients by making use of open data. Analysis of primary care open data shows the potential to chart GP surgeries' uptake of promising innovations in technologies, drugs and practices. Using open data, this report charts where, when and which GP practices across England have taken-up promising innovations. As well as showing the varied uptake of certain proven drugs, technologies and practices by GP surgeries, the report explores how making use of open data can help people understand trends and differences in service within primary care, and inform patient and practitioner priorities and choices.The report is based on the analysis of open datasets from the Health and Social Care Information Centre, demographic data, as well as qualitative and quantitative research.
http:www.nesta.org.uk/publications/which-doctors-take-promising-ideas-new-insights-open-data

Edwards N. (2014). Community services. How they can transform care. Londres : The King's Fund .

Abstract: This paper looks at the changes needed to realise the full potential of community services for transforming care. The Transforming Community Services policy, launched in 2008, was mainly concerned with structural changes. While the emphasis on moving care closer to home has resulted in some reductions in length of hospital stay, it is now time to focus on the bigger issue of how services need to change to fundamentally transform care.
http:www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/community-services-nigel-edwards-feb14.pdf

Kasteridis P., Street A., Dolman M. (2014). The importance of multimorbidity in explaining utilisation and costs across health and social care settings: evidence from South Somerset's Symphony Project. York : University of York

Abstract: Since the inception of the NHS, an ever-present challenge has been to improve integration of care within the health care system and with social care. Many people have complex and ongoing care needs and require support from multiple agencies and various professionals. But care is often fragmented and uncoordinated, with no one agency taking overall responsibility, so it is often left to individuals and their families to negotiate the system as best they can. South Somerset's Symphony is designed to establish greater collaboration between primary, community, acute and social care, particularly for people with complex conditions. This study examines patterns of health and social care utilisation and costs for the local population to identify which groups of people would most benefit from better integrated care. We analyse data to identify groups of people according to the frequency of occurrence of underlying conditions; the cost of care; and utilisation of services across diverse settings. The empirical identification strategy is supplemented by local intelligence gained through workshops with health and social care professionals about the appropriateness of existing patterns of provision. We employ two-part regression models to explain variability in individual health and social costs, in total and in each setting.
http:www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP96_multimorbidity_utilisation_costs_health_social%20care.pdf

Systèmes de santé / Health Systems

Bojke C., Castelli A., Grasic K.(2014). NHS Productivity from 2004/5 : Updated to 2011/12. York : University of York

Abstract: We report productivity growth over the period 2004/5 to 2011/12, focusing on the issues involved in calculating the most recent set of figures. We find that productivity growth in 2010/11 – 2011/12 was around 2.13% to 2.38% depending on the choice of mixed or indirect input index used. Over the whole time series we find that quality adjusted output has increased by 40%. Inputs have increased by 28% using the mixed input measure and by 26% using the indirect measure, leading to a total factor productivity growth over the entire period of 10% and 11% respectively. In the next section

we describe our data sources. The output index is populated in section 3. Section 4 reports the elements of the input index. Section 5 summarises the productivity growth figures. Concluding remarks are provided in Section 6.
http:www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP%2094_NHS_productivity_update2011-12.pdf

Harris J.E., Lopez-Valcarcel B.G., Barber P. (2014). Efficiency versus Equity in the Allocation of Medical Specialty Training Positions in Spain: A Health Policy Simulation Based on a Discrete Choice Model. Cambridge : NBER

Abstract: Background. In Spain's "MIR" system of allocating residency training positions, medical school graduates are ranked according to their performance on a national exam and then sequentially choose from the remaining available training slots. We studied how changes in the MIR system might address the inadequate supply of practitioners of family and community medicine in that country. Data. Our data included: a registry of the actual residency positions chosen by medical school graduates in the 2012 MIR cycle; a 2012 post-MIR survey in which graduates made counterfactual choices as to what they would have chosen but for their position in the national rankings; and a 2011 survey of the relative importance of specialty attributes among final-year medical students in the same cohort. Methods. We modeled the MIR system as a one-sided matching mechanism based priority rankings, also called "serial dictatorship." Within this model, we developed a framework for evaluating the tradeoff between the efficiency gains from increasing the supply of practitioners of family and community medicine and the equity-related benefits of permitting the most talented medical students to make their specialty choices first. We then applied our framework to real data on medical school graduates' specialty choices during 2012 MIR cycle. Our empirical analysis, based on the multinomial logit model with random coefficients, took account of the endogeneity of choice sets induced by the MIR scheme. We then used the parameter estimates to simulate various alternative public policies, including random ranking of candidates, restrictions on the supply of training positions, and policies designed to upgrade medical school graduates' evaluations of a career in family and community medicine. Results: Both random ranking and restrictions in supply resulted in a relatively small efficiency gains from training more productive medical school graduates in family and community medicine, but at the same time a substantial equity losses. Improvements in two key attributes of family and community medicine - professional prestige and the proportion of income from private practice - resulted in substantial gains in both equity and efficiency. Conclusions: Policies designed to increase the prestige and remuneration of practitioners of family and community medicine have the potential to be more efficient and equitable than other alternatives.
http:www.nber.org/papers/w19896

(2014). Comparaisons internationales : regard sur la qualité des soins. Ottawa : C.I.H.I.

Abstract: L'OCDE est une source fiable et exhaustive de données internationales touchant divers secteurs économiques et sociaux, dont les soins de santé. Elle a créé des indicateurs qui peuvent servir à comparer les politiques de différents pays, à s'inspirer des bonnes performances et à coordonner la réalisation d'analyses comparatives entre les pays. En 2001, l'OCDE a lancé un projet visant à élaborer une série d'indicateurs de la qualité des soins qui seraient comparables à l'échelle internationale. En 2013, la liste s'est enrichie de plus de 30 indicateurs mesurant dans quelle mesure les soins de santé sont efficaces, sécuritaires et axés sur le patient. Les résultats pour bon nombre de ces indicateurs sont présentés dans le rapport bisannuel Panorama de la santé de l'OCDE, dont la plus récente édition a été publiée en novembre 2013. Au même moment, l'Institut canadien d'information sur la santé (ICIS) a publié le rapport Analyse comparative du système de santé du Canada : comparaisons internationales, qui porte sur la performance du Canada par rapport aux pays de l'OCDE pour quatre groupes d'indicateurs : l'état de santé, les déterminants non médicaux de la santé, l'accès aux soins et la qualité des soins. Le présent rapport analyse en profondeur quelques-uns des indicateurs de la qualité des soins recueillis par l'OCDE. Les comparaisons peuvent nous aider à comprendre et fixer les points de référence et les objectifs (que pourrait viser le Canada), ainsi qu'à déceler les meilleures performances (les pays ayant atteint les meilleurs résultats et la nature de leurs réalisations).
https:secure.cihi.ca/free_products/OECD_AFocusOnQualityOfCareAiB_FR.pdf

(2013). Transforming urgent and emergency care services in England : Urgent and emergency care review end of phase 1 report. Londres : NHS .

Abstract: Le gouvernement britannique devrait dévoiler en mars une série de mesures visant à réduire d'environ 600 millions d'€ chaque année les dépenses publiques de santé dès 2015. La réforme repose essentiellement sur la suppression de certaines prestations gratuites accordées aux étrangers non membres de l'Espace économique européen qui ne cotisent pas au NHS (National Health Service). Afin d'accéder aux services d'urgences des hôpitaux britanniques, ces derniers devront donc s'acquitter d'un montant forfaitaire, qui pourrait atteindre une centaine d'€. L'objectif est d'abord de désengorger des services au bord de l'implosion. Ce rapport fait un bilan des services d'urgence anglais (A&E - Accident & Emergency).
http:www.nhs.uk/NHSEngland/keogh-review/Documents/UECR.Ph1Report.FV.pdf

Travail et santé / Occupational Health

Banks J., Emmerson C., Tetlow G. (2014). Effect of Pensions and Disability Benefits on Retirement in the UK. Cambridge : NBER

Abstract: This paper examines to what extent differences in employment rates across those in better and worse health in the UK can be explained by the availability of publicly-funded disability insurance and the financial incentives provided by other retirement income schemes. Using an option value approach, we find that individuals' labor force participation is affected by financial incentives. A one standard deviation change in the option value is estimated to reduce the likelihood of an individual leaving the labor market in the next year by between 2.7 and 3.1 percentage points, relative to an average exit probability of 9.4%. This suggests the variation in financial incentives across different individuals could explain a significant proportion of retirements. However, we find no evidence that individuals with different levels of health respond to our measure of financial incentives differently. We also conclude that it would require a very large change in the stringency of the disability insurance program on its own to generate an economically significant change in overall employment rates of older workers in the UK. This reflects the fact that - for many individuals in the UK - the level of disability benefits they might be able to receive is low relative to the amount they could earn and, therefore, large changes in rates of eligibility would not induce large changes in overall employment rates.
http:papers.nber.org/papers/w19907

Buelter M., Deuchert E., Lechner M., (2014). Financial work incentives for disability benefit recipients: Lessons from a randomized field experiment. Saint Gallen: University of Saint Gallen

Abstract: Disability insurance (DI) beneficiaries lose some of their benefits if their earnings exceed certain thresholds ("cash-cliffs"). When this reduction is too high, this implicit taxation of earnings is considered to be one of the prime reasons for the low outflow from DI. This paper analyzes a conditional cash program that incentivizes work related reductions of disability benefits in Switzerland. A randomized group of DI beneficiaries receive the offer to claim a payment of up to CHF 72,000 (USD 71,000) if they take up or expand employment and reduce DI claims. This paper presents the results of the short-term evaluation by analyzing the first reactions to the announcement of seed capital. Overall, the interest in taking-up the financial incentive is low at only 3%. Individuals close to cash-cliffs react more on seed capital but the overall magnitude is small. Our results suggest that work disincentives imposed by cash- cliffs are unlikely to be the main driver for low employment and outflow from the Swiss disability insurance system, despite the fact that the partial disability insurance system generates a non-linear budget set and bunching behavior at cash cliffs prior to the implementation of seed capital.
http:www1.vwa.unisg.ch/RePEc/usg/econwp/EWP-1406.pdf

Ceren I. (2014). Les accidents du travail entre 2005 et 2010. Une fréquence en baisse.
Dares Analyses, (010) :

Abstract: Entre 2005 et 2010, le risque d'accident du travail a diminué dans les secteurs concurrentiels, en partie du fait du ralentissement de l'activité économique. Le nombre d'accidents du travail avec arrêt, comme leur fréquence par rapport au nombre d'heures rémunérées, ont atteint en 2009 leur minimum sur la période, avant d'augmenter légèrement entre 2009 et 2010. Les ouvriers, les hommes et les jeunes sont les plus exposés aux accidents du travail, mais la baisse a été plus forte parmi ces catégories sur la période récente. A contrario, le risque d'accident du travail n'a pas diminué pour les femmes. La construction reste en 2010 le secteur le plus exposé, même si le risque d'accident du travail y a diminué davantage que la moyenne entre 2005 et 2010. C'est ensuite dans les secteurs des « activités des agences de travail temporaire », de la « production et distribution d'eau et assainissement, gestion des déchets et dépollution », de « l'hébergement médico-social et social et action sociale sans hébergement », des « transports et entreposage » et des « arts, spectacles et activités récréatives » que l'on dénombre le plus d'accidents. Le risque élevé d'accidents du travail dans ces secteurs est en partie lié à leurs caractéristiques (taille des établissements, proportion d'ouvriers…). Une fois tenue compte de ces différences, ce sont les salariés des arts, spectacles et activités récréatives qui apparaissent les plus exposés, même si les accidents y sont en moyenne moins graves comparés à l'ensemble. Les accidents sont les plus graves dans la construction, les industries extractives et dans la production et distribution d'eau, l'assainissement, la gestion des déchets et la dépollution.
http:travail-emploi.gouv.fr/IMG/pdf/2014-010.pdf

Grunow M. (2014). Reference-Dependent Effects of Unemployment on Mental Well-Being. Augsburg : University of Augsburg

Abstract : Several contributions to the literature have shown that the perception of the individual employment status depends on the surrounding unemployment rate. We argue that expectations are a possible link between unemployment rates and the individual employment status regarding changes in mental well-being. Theoretical foundation comes from models for reference-dependent preferences with endogenous reference points. We provide a simple theoretical model to motivate and structure the empirical analysis. Using data from the German Socio-Economic Panel, we estimate a pairwise interacted model for employment status and expectations over two time periods. Life satisfaction is used as a proxy for mental well-being. To identify a causal effect of unemployment, expectations and their interactions on mental well-being, the analysis relies on fixed effects and exogenous entries into unemployment due to plant closures. We confirm the standard result that unemployment has a negative effect on mental well-being. Furthermore, the results deliver empirical evidence for reference-dependent effects of unemployment on mental well-being. We find that becoming unemployed unexpectedly is more severe as if the unemployment was expected. Therefore, this paper contributes to the understanding of how mental well-being is affected by unemployment and delivers empirical support for the theoretical models of reference-dependent preference wit endogenous reference points determined by expectations.
http://www.wiwi.uni-augsburg.de/vwl/institut/paper/323.pdf

Vieillissement / Ageing

Gustman A.L., Steinmeier T.L. (2014). The role of health in Retirement. Cambridge : NBER

Abstract: This paper constructs and estimates a dynamic model of the evolution of health for those over the age of 50 and then embeds that model of health dynamics in a structural, econometric model of retirement and saving. The health model traces the effects of smoking, obesity, alcohol consumption, depression and other proclivities on medical conditions, including hypertension, diabetes, cancer, lung disease, heart problems, stroke, psychiatric problems and arthritis. These in turn influence an overall index of health status based on self-reported health, work limitations and ADLs, which is used to classify the population into good, fair, poor or terrible health. Compared to a situation where the entire population is in good health, the current health status of the population reduces the retirement age of the entire population by an average of about one year. While poor health or terrible health have a great impact on the disutility of work and thus on retirement, fair health as opposed to good health has a relatively minor effect. Smoking depresses full-time work effort by up

to 3.5 percentage points by those in the early sixties, reducing the average retirement age by four to five months. Effects of trends in health care and health policies on retirement are also analyzed. Including detailed measurement of health dynamics in a retirement model improves understanding of the effects of health on retirement. It does not, however, influence estimates of the marginal effects of economic incentives on retirement.
http:www.nber.org/papers/w19902

Mazzonna F., Peracchi F.(2014). Unhealthy retirement? Evidence of occupation heterogeneity. Svizzera : Università della Svizzera Ilaliana

Abstract: We investigate the causal effect of retirement on health and cognitive abilities by exploiting the variation between and within European countries in old age retirement rules. We show negative and significant effect of retirement on both health and cognitive abilities. We also show evidence of significant heterogeneity across occupational groups. In particular, the negative effect of retirement disappears and turn to be even positive for those working in very physically demanding jobs.
http:doc.rero.ch/record/209168/files/WP1401.pdf

Ishii K. (2014). Système de prise en charge des personnes âgées dépendantes : une étude comparative entre la France et le Japon. Noisy-le-Grand : IRES .

Abstract: Cette étude analyse les systèmes de prise en charge à domicile des personnes âgées dépendantes au Japon et en France. En s'appuyant sur deux méthodes comparatives (comparaison institutionnelle et étude de cas-types), l'objectif est de caractériser les bases (notamment politiques) des différences entre ces deux systèmes et de mettre en exergue des similarités parfois fondamentales mais peu visibles. L'étude est constituée de trois parties. La première présente l'évolution démographique et retrace l'émergence des politiques concernant les personnes âgées dans les deux pays. La deuxième compare les principaux dispositifs d'un point de vue institutionnel à travers l'étude de quatre dimensions : le mode de financement, le critère d'accès, la nature de la prestation et l'organisation et la gestion. Finalement, une comparaison par les cas-types permet d'analyser l'impact des divers dispositifs en se plaçant du point de vue de l'usager.
http:www.ires.fr/images/files/EtudesAO/CFECGC/Rapport__CFECGC_personnes_agees_prises_en_charge_France_japon_2013.pdf

Oliver D., Foot C., Humphries R. (2014). Making our health and care systems fit for an ageing population. Londres : The King's Fund .

Abstract: Our fragmented health and care system is not meeting the needs of older people, who are most likely to suffer problems with co-ordination of care and delays in transitions between services. This report sets out a framework and tools to help local service leaders improve the care they provide for older people across nine key components (résumé de l'éditeur).
http:www.kingsfund.org.uk/publications/making-our-health-and-care-systems-fit-ageing-population

Poterba J.M. (2014). Retirement Security in an Aging Society. Cambridge : NBER

Abstract: The share of the U.S. population over the age of 65 was 8.1 percent in 1950, 12.4 percent in 2000, and is projected to reach 20.9 percent by 2050. The percent over 85 is projected to more than double from current levels, reaching 4.2 percent by mid-century. The aging of the U.S. population makes issues of retirement security increasingly important. Elderly individuals exhibit wide disparities in their sources of income. For those in the bottom half of the income distribution, Social Security is the most important source of support; program changes would directly affect their well-being. Income from private pensions, assets, and earnings are relatively more important for higher-income elderly individuals, who have more diverse income sources. The trend from private sector defined benefit to defined contribution pension plans has shifted a greater share of the responsibility for retirement security to individuals, and made that security more dependent on choices they make. A significant subset of the population is unlikely to be able to sustain their standard of living in retirement without higher pre-retirement saving.
http:papers.nber.org/papers/w19930

Crespo C.J., Labaj M., Pruzinsky G. (2014). Prospective Ageing and Economic Growth in Europe. Vienna : Vienna University of Economics and Business

Abstract: We assess empirically the role played by prospective ageing measures as a predictor of income growth in Europe. We show that prospective ageing measures which move beyond chronological age and incorporate changes in life expectancy are able to explain better the recent long-run growth experience of European economies. The improvement in explanatory power of prospective ageing indicators as compared to standard measures based on chronological age is particularly relevant for long-run economic growth horizons.
https:epub.wu.ac.at/4080/1/wp165.pdf

Jurges H., Thiel L., Bucher Koenen T.(2014). Health, financial incentives, and early retirement: Micro-simulation evidence for Germany. Wuppertal : University of Wuppertal

Abstract: About 20% of German workers retire on disability pensions. Disability pensions provide fairly generous benefits for those who are not already age-eligible for an old-age pension and who are deemed unable to work for health reasons. In this paper, we use two sets of individual survey data to study the role of health and financial incentives in early retirement decisions in Germany, in particular disability benefit uptake. We show that financial incentives to retire do affect sick individuals at least as much as healthy individuals. Based on 25 years of individual survey data and empirical models of retirement behavior, we then simulate changes in the generosity of disability pensions to understand how these changes would affect retirement behavior. Our results show that making the disability benefit award process more stringent without closing other early retirement routes would not greatly increase labor force participation in old age.
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