

explore the experiences of frail older people and informal caregivers with receiving information from health care professionals as well as their preferences for receiving information. Methods We conducted semi-structured interviews with frail older people (n = 11, 65-90 years) and informal caregivers (n = 11, 55-87 years). Interviews were transcribed verbatim and analysed using a grounded theory approach. Results Frail older people and informal caregivers varied in their information needs and discussed both positive and negative experiences with receiving information. They preferred receiving verbal information from their physician during the consultation; yet would appreciate receiving brief, clearly written information leaflets in addition. They employed several strategies to enhance the information provided, i.e. advocacy, preparing for a consultation and searching their own information. Contextual factors for receiving information, such as having enough time and having a good relationship with professionals involved, were considered of great importance. Conclusions Participants described a wide range of experiences with and preferences for receiving information. However, even if the information provided would meet all their preferences, this would be of limited significance if not provided within the context of an ongoing trusting relationship with a professional, such as a GP or practice nurse, who genuinely cared for them

Kotsadam A. (2012). The employment costs of caregiving in Norway. Int J Health Care Finance Econ, 12 (4) : 269-283.

Abstract: Informal eldercare is an important pillar of modern welfare states and the ongoing demographic transition increases the demand for it while social trends reduce the supply. Substantial opportunity costs of informal eldercare in terms of forgone labor opportunities have been identified, yet the effects seem to differ substantially across states and there is a controversy on the effects in the Nordic welfare states. In this study, the effects of informal care on the probability of being employed, the number of hours worked, and wages in Norway are analyzed using data from the Life Course, Generation, and Gender survey. New and previously suggested instrumental variables are used to control for the potential endogeneity existing between informal care and employment-related outcomes. In total, being an informal caregiver in Norway is found to entail substantially less costs in terms of forgone formal employment opportunities than in non-Nordic welfare states

Lipszyk B., Sail E., Xavier A. (2012). Long-term care: need, use and expenditure in the EU-27 : Bruxelles : Commission européenne

Abstract: Public provision of long-term care (LTC) will pose an increasing challenge to the sustainability of public finances in the EU, due to an ageing population. In this view, the paper aims to provide indications on the timing and potential fiscal impact associated to changes in the demographic structure. The ageing of the population is expected to put pressure on governments to provide long-term care services as (very) old people often develop multi-morbidity conditions, which require not only long-term medical care but assistance with a number of daily tasks. This paper presents the projections of public expenditure on LTC in the long run (2060) under alternative assumptions. All scenarios project a non-negligible increase in public expenditure. All other things being equal, the expected increase in the demand for formal LTC support will vary across EU-27 Member States according to their current patterns of LTC provision: the balance between formal and informal care, the emphasis they put on institutional care, home care or provision of cash benefits, the supply constraints both in the formal and informal care sectors, the current average cost and coverage rate for each type of care and their distribution across age groups. The paper also discusses policy implications of the projection results

Cote Irdes : En ligne

http://ec.europa.eu/economy_finance/publications/economic_paper/2012/pdf/ec_p469_en.pdf

Spagnolo G.C., Bergman M.A., Lundberg S. (2012). Privatization and Quality: Evidence from Elderly Care in Sweden : Stockholm : Stockholm Institute of Transition Economics.

Abstract: Many quality dimensions are hard to contract upon and are at risk of degradation when services are procured rather than produced in-house. However, procurement may foster

performance-improving innovation. We assemble a large data set on elderly care services in Sweden between 1990 and 2009, including survival rates - our measure of non-contractible quality - and subjectively perceived quality of service. We estimate how procurement from private providers affects these measures using a difference-in-difference approach. The results indicate that procurement significantly increases non-contractible quality as measured by survival rate, reduces the cost per resident but does not affect subjectively perceived quality

Cote Irdes : En ligne

<http://swopec.hhs.se/hasite/papers/hasite0019.pdf>

Rutledge M.S. (2012). Holding Out or Opting Out? Deciding Between Retirement and Disability Applications in Recessions : Chestnut Hill : Center for Retirement Research at Boston College

Abstract: Workers over age 55 with chronic health conditions must choose between applying for Social Security Disability Insurance (SSDI) benefits or continuing to work until their Social Security retirement benefits become available. Previous research has investigated the influence of macroeconomic conditions on disability application and, separately, on retirement claiming. This project uses data from the Survey of Income and Program Participation Gold Standard File to determine whether there is a relationship between national and state unemployment rates and disability applications, taking into account the current or future receipt of Social Security retirement benefits. First, reduced-form estimates indicate that retirement beneficiaries are more likely to apply for SSDI as unemployment increases – and, conversely, eligible individuals who have not yet claimed benefits are less likely to apply when unemployment rises. But after accounting for unobserved characteristics associated with both the decision to apply for disability insurance and Social Security benefits, individuals are no more likely to apply for disability benefits when unemployment is high. Second, we find that the probability of SSDI application among individuals age 55-61 is unrelated to macroeconomic conditions and unrelated to proximity to one's 62nd birthday. These results suggest that, unlike prime-age adults, the decision among older individuals to apply for disability is based primarily on health, and not financial incentives

Cote Irdes : En ligne

http://crr.bc.edu/wp-content/uploads/2012/11/wp_2012-26.pdf

Richardson D., Patana P. (2012). Integrating service delivery: why, for who, and how? Paris : OCDE

Abstract: There is a need for a policy shift from separation to integration of services in order to tackle the complex social problems experienced by vulnerable populations. Moreover, the growing share of the elderly population, which is more likely to suffer from chronic diseases and have dual or multiple diagnoses, will also increase health expenditure (Vondeling, 2004). In order to prevent the costs of health care increasing in the future, more integrated care delivery solutions are needed to better meet the complex needs of the elderly. The limited empirical evidence-base for, and the absence of tools for, measurement and comparison of integrated services remain a significant barrier for the evaluation and implementation of these policies. There is a need for policy discussion and comparative analysis on integrated services at an international level to assist stakeholders and policymakers to prepare for future challenges

Cote Irdes : En ligne

http://www.oecd.org/els/socialpoliciesanddata/Richardson_Patana%20INTEGRATING%20SERVICE%20DELIVERY%20WHY%20FOR%20WHO%20AND%20HOW.pdf