

# Weekly Hot Articles

2016.2.29. No.80

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## **Greece: assessing health-system capacity to manage sudden, large influxes of migrants**

WHO

### **A b s t r a c t**

After increasingly large numbers of migrants crossed the borders of Greece, the Greek Government invited the WHO Regional Office for Europe to organize a joint mission with Greek institutions to assess the health system's capacity to manage such influxes. The mission took place in December 2014 and had three aims: to assess the ongoing preparedness and response activities of the local health system, to plan ad hoc technical assistance if required, and to pilot-test the WHO toolkit for assessing health systems' capacity to manage large influxes of migrants in the acute phase. The members of the assessment team visited first reception centres and pre-departure facilities, and conducted interviews with all key stakeholders. From the assessment findings, the team made recommendations for, for example, improving living conditions in migrant centres, preparing a national multisectoral contingency plan, and developing a harmonized health data collection system and a stronger policy on immunizing migrants.

*Full Text:* [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0007/300400/Greece-Assessment-Report-en.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0007/300400/Greece-Assessment-Report-en.pdf?ua=1)

## **Making things happen 2014-2015. Implementing the European policy framework for health and well-being Health 2020 in the former Yugoslav Republic of Macedonia**

WHO

### **A b s t r a c t**

This publication provides an overview of the WHO activities and achievements in the former Yugoslav Republic of Macedonia in the period 2014-2015, focusing on the implementation at national level of Health 2020, the WHO European policy framework for health and well-being.

*Keywords* HEALTHY PEOPLE PROGRAMS, HEALTH PLAN IMPLEMENTATION, HEALTH POLICY, GLOBAL HEALTH, WORLD HEALTH ORGANIZATION

*Full Text:* [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0008/299348/MTH-Implementing-E-PFHWB-Health2020-Macedonia-14-15.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0008/299348/MTH-Implementing-E-PFHWB-Health2020-Macedonia-14-15.pdf?ua=1)

Social Science & Medicine. 2016 Jan v. 149 pp. 37-45

## **Does income inequality have lasting effects on health and trust?**

Jasper Jelle Rozer, Beate Volker

### **A b s t r a c t**

According to the income inequality hypothesis, income inequality is associated with poorer health. One important proposed mechanism for this effect is reduced trust. In this study, we argue that income inequality during a person's formative years (i.e., around age 16) may have lasting consequences for trust and health. Multilevel analyses of data from the combined World Values Survey and European Values Study that were collected between 1981 and 2014 support our prediction and show that income inequality is associated with ill health in young adults, in part because it reduces their social trust. The negative consequences of income inequality remain stable for a substantial period of life but eventually fade away and have no effect after age 36.

*Keywords* Income inequality, Perceived health, Social trust, Period and cohort effects

*Full Text:* <http://www.sciencedirect.com/science/article/pii/S0277953615302537>

Social Science & Medicine. 2016 Jan v. 149 pp. 84-92

## **Subjective socioeconomic status and health in cross-national comparison**

Patrick Prägea, Melinda C. Millsa, Rafael Wittek

### **A b s t r a c t**

Research has established a robust association between subjective socioeconomic status (SES) and health outcomes, which holds over and above the associations between objective markers of SES and health. Furthermore, comparative research on health inequalities has shown considerable variation in the relationship between different objective markers of SES and health across countries. Drawing on data from 29 countries, we present the first cross-national study on the subjective SES-health relationship. For two health outcomes, namely self-rated health (SRH) and psychological wellbeing, we are able to confirm that subjective SES is related to health in all countries under study, even when income, education, and occupational

prestige are accounted for. Furthermore, we document considerable variation in the strength of the subjective SES–health association across countries. This variation however is largely independent of country differences in income inequality and country affluence. The health benefits of a high subjective SES appear to be slightly larger in more affluent countries, but only for SRH, not for psychological wellbeing.

**Keywords** Perceived social position, Subjective social status, Self-rated health, Health inequalities, International comparison, Psychological wellbeing

**Full Text:** <http://www.sciencedirect.com/science/article/pii/S0277953615302501>

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Health Economics. 2016 Feb v. 25 n. S1 pp. 9–28

## **Economic Evaluation in Global Perspective: A Bibliometric Analysis of the Recent Literature**

Catherine Pitt, Catherine Goodman and Kara Hanson

### **A b s t r a c t**

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We present a bibliometric analysis of recently published full economic evaluations of health interventions and reflect critically on the implications of our findings for this growing field. We created a database drawing on 14 health, economic, and/or general literature databases for articles published between 1 January 2012 and 3 May 2014 and identified 2844 economic evaluations meeting our criteria. We present findings regarding the sensitivity, specificity, and added value of searches in the different databases. We examine the distribution of publications between countries, regions, and health areas studied and compare the relative volume of research with disease burden. We analyse authors' country and institutional affiliations, journals and journal type, language, and type of economic evaluation conducted. More than 1200 economic evaluations were published annually, of which 4% addressed low-income countries, 4% lower-middle-income countries, 14% upper-middle-income countries, and 83% high-income countries. Across country income levels, 53, 54, 86, and 100% of articles, respectively, included an author based in a country within the income level studied. Biomedical journals published 74% of economic evaluations. The volume of research across health areas correlates more closely with disease burden in high-income than in low-income and middle-income countries. Our findings provide an empirical basis for further study on methods, research prioritization, and capacity development in health economic evaluation.

**Keywords** bibliometrics, economic evaluation, cost-effectiveness analysis, low-income

countries, middle-income countries, high-income countries

*Full Text:* <http://onlinelibrary.wiley.com/doi/10.1002/hec.3305/abstract>

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Health Economics. 2016 Feb v. 25 n. S1 pp. 29-41

## **Comparison of Economic Evaluation Methods Across Low-income, Middle-income and High-income Countries: What are the Differences and Why?**

Ulla Kou Griffiths, Rosa Legood and Catherine Pitt1

A b s t r a c t

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There are marked differences in methods used for undertaking economic evaluations across low-income, middle-income, and high-income countries. We outline the most apparent dissimilarities and reflect on their underlying reasons. We randomly sampled 50 studies from each of three country income groups from a comprehensive database of 2844 economic evaluations published between January 2012 and May 2014. Data were extracted on ten methodological areas: (i) availability of guidelines; (ii) research questions; (iii) perspective; (iv) cost data collection methods; (v) cost data analysis; (vi) outcome measures; (vii) modelling techniques; (viii) cost-effectiveness thresholds; (ix) uncertainty analysis; and (x) applicability. Comparisons were made across income groups and odds ratios calculated. Contextual heterogeneity rightly drives some of the differences identified. Other differences appear less warranted and may be attributed to variation in government health sector capacity, in health economics research capacity and in expectations of funders, journals and peer reviewers. By highlighting these differences, we seek to start a debate about the underlying reasons why they have occurred and to what extent the differences are conducive for methodological advancements. We suggest a number of specific areas in which researchers working in countries of differing environments could learn from one another. © 2016 The Authors. Health Economics published by John Wiley & Sons Ltd.

*Keywords* cost-effectiveness, cost-benefit, review, low-income and middle-income countries, research methods

*Full Text:* <http://onlinelibrary.wiley.com/doi/10.1002/hec.3312/abstract>

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Health Economics. 2016 Feb v. 25 n. S1 pp. 83-94

## **Outcomes in Economic Evaluations of Public Health Interventions in Low- and Middle-Income Countries: Health, Capabilities and Subjective Wellbeing**

Giulia Greco, Paula Lorgelly and Inthira Yamabhai

A b s t r a c t

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Public health programmes tend to be complex and may combine social strategies with aspects of empowerment, capacity building and knowledge across sectors. The nature of the programmes means that some effects are likely to occur outside the healthcare sector; this breadth impacts on the choice of health and non-health outcomes to measure and value in an economic evaluation.

Employing conventional outcome measures in evaluations of public health has been questioned. There are concerns that such measures are too narrow, overlook important dimensions of programme effect and, thus, lead to such interventions being undervalued. This issue is of particular importance for low-income and middle-income countries, which face considerable budget constraints, yet deliver a large proportion of health activities within public health programmes.

The need to develop outcome measures, which include broader measures of quality of life, has given impetus to the development of a variety of new, holistic approaches, including Sen's capability framework and measures of subjective wellbeing. Despite their promise, these approaches have not yet been widely applied, perhaps because they present significant methodological challenges. This paper outlines the methodological challenges for the identification and measurement of broader outcomes of public health interventions in economic evaluation in low-income and middle-income countries.

**Keywords** capabilities, subjective wellbeing, happiness, life satisfaction, economic evaluation, public health

**Full Text:** <http://onlinelibrary.wiley.com/doi/10.1002/hec.3302/abstract>

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Health Economics. 2016 Feb v. 25 n. 2 pp. 237-248

## **Future Costs, Fixed Healthcare Budgets, and the Decision Rules of Cost-Effectiveness Analysis**

Pieter van Baal, David Meltzer and Werner Brouwer

A b s t r a c t

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Life-saving medical technologies result in additional demand for health care due to increased life expectancy. However, most economic evaluations do not include all medical costs that may result from this additional demand in health care and include only future costs of related illnesses. Although there has been much debate regarding the question to which extent future costs should be included from a societal perspective, the appropriate role of future medical costs in the widely

adopted but more narrow healthcare perspective has been neglected. Using a theoretical model, we demonstrate that optimal decision rules for cost-effectiveness analyses assuming fixed healthcare budgets dictate that future costs of both related and unrelated medical care should be included. Practical relevance of including the costs of future unrelated medical care is illustrated using the example of transcatheter aortic valve implantation. Our findings suggest that guidelines should prescribe inclusion of these costs.

**Keywords** future costs, economic evaluation, decision rules

**Full Text:** <http://onlinelibrary.wiley.com/doi/10.1002/hec.3138/abstract>

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## **To leave or not to leave: retirement intentions and retirement behaviour**

PER ERIK SOLEM, ASTRI SYSE, TRUDE FURUNES, REIDAR J. MYKLETUN, ANNET DE LANGE, WILMAR SCHAUFELI and JUHANI ILMARINEN

### *A b s t r a c t*

Research on the correspondence between retirement intentions and subsequent behaviour is scarce. We aimed to explore possible associations between retirement intentions and behaviour, using five-year high-quality quantitative panel data on Norwegian senior workers. Retirement intentions operate at different levels of firmness: (a) considerations; (b) preferences; and (c) decisions. Compared to work continuation considerations, a targeted age for retirement improved predictive power whether the target was preferred or decided, and particularly so if the target (i.e. the preferred or decided age of retirement), corresponded with a normative retirement age. Because more workers are able to state a preferred age of retiring than a decision about when to retire, preferences may be better proxies for retirement behaviour than decisions, when the issue is planning for policies. The correspondence between intentions and behaviour varies primarily by health, education and type of work. Older workers with poor health, and workers with low education, often retire earlier than they prefer. Blue-collar workers often retire earlier than they had decided. These findings illustrate the possible effect of labour market resources, not only for senior workers' labour market participation, but also for their opportunities to work up to the age they prefer or had decided. Even for white-collar workers and those in good health, constraints seem to apply when they wish to retire late.

**Keywords** decision-making, older workers, retirement, employment, early retirement, Norway

**Full Text:** <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=10108927&fulltextType=RA&fileId=S0144686X14001135>

## **Measuring living standards of older people using Sen's Capability Approach: development and validation of the LSCAPE-24**

## **(Living Standards Capabilities for Elders) and LSCAPE-6**

MARY BREHENY, CHRISTINE STEPHENS, ANNETTE HENRICKSEN, BRENDAN STEVENSON, KRISTIE CARTER and FIONA ALPASS

### **A b s t r a c t**

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The impact of disparities in socio-economic status on the health of older people is an important issue for policy makers in the context of population ageing. As older people live in different types of economic circumstances and because, as people age, their desires and needs are different to those of younger generations, measures of living standards need to be appropriate for older people. This paper reports on the validation of a measure of living standards for older people based on Sen's Capability Approach. Using this approach, living standards are conceptualised as varying from constraint to freedom rather than from hardship to comfort. Using the New Zealand Longitudinal Study of Ageing omnibus survey of 3,923 adults aged 50–87 years, the validity of the measure was assessed. The results indicate that this measure assesses what older people are able to achieve. In addition, this measure discriminates better at the higher end of the living standards spectrum than an existing measure that assesses living standards from hardship to comfort in terms of what people possess. From this, a short form of the measure has been developed which offers a conceptually based and valid measure useful for survey research with older people. This measure of living standards provides future avenues for improved understandings of socio-economic position in later life.

**Keywords:** living standards, socio-economic status, wellbeing, Capability Approach

**Full Text:** <http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=10108954&fulltextType=RA&fileId=S0144686X14001160>

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