

# Disability, work disability, and work

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# Labour and health

- ▶ Why do we care about workers health ?
  - ▶ Affects workers welfare
  - ▶ Affects productivity → labour demand
  - ▶ Affects trade-off b/w leisure and consumption → labour supply
  - ▶ Affects planning horizon → training, retirement decisions,...

# Health : many dimensions

- ▶ Physical pain
- ▶ mental health
- ▶ other diseases (chronic or acute)

Different components of health affect differently labour demand and labour supply.

# Health and labour supply

- ▶ Trade-off leisure / consumption affected by health :
  - ▶ Capacity to enjoy consumption
  - ▶ Capacity to enjoy leisure
  - ▶ Cost of labour may be different from value of leisure
- ▶ All these relationships depend on :
  - ▶ Individual attitudes
  - ▶ Health systems (health care, insurance)
  - ▶ Type of work, environment...
  - ▶ Type of consumption and leisure
  - ▶ Institutions !

# Work disability across countries

- ▶ Is there such a thing as “actual work disability” ?
- ▶ Different attitudes towards the same vignette :
  - ▶ social norms ?
  - ▶ or effect of health care systems, institutions ?
- ▶ Ex : back pain.
  - ▶ well treated in country A, not in country B
  - ▶ mild problem in country A, more severe in country B
  - ▶ nothing to do with justification bias or social norms !

## US-EU comparison

- ▶ “Relation between work disability and work much stronger in the US.”
- ▶ Access to care ?
  - ▶ Health care more accessible → reduces problems caused by work disability
  - ▶ → limits the impact on work.
- ▶ Can we identify the impact of “institutional” factors (US-EU, within EU) on responses to vignettes ?
  - ▶ Quality of the health care system
  - ▶ Health promotion at work
  - ▶ Job environment
  - ▶ Social protection...