Institut de recherche et documentation en économie de la santé
Institute for Research and Information in Health Economics

Veille scientifique
en économie de la santé

Watch on Health Economics Literature

Février 2024 / February 2024

Assurance maladie	*Health Insurance*
E-santé- Technologies médicales	*E-health - Medical Technologies*
Économie de la santé	*Health Economics*
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Veille scientifique en économie de la santé

Watch on Health Economics Literature

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Assurance maladie

Health Insurance

Evaluating the Effects of the 2017 National Health Insurance Coverage Expansion on Amenable Mortality and Its Disparities Between Areas in South Korea Using Bayesian Structural Time-Series Models

EUN S. J.

2024

Social Science & Medicine: 116574.

https://doi.org/10.1016/j.socscimed.2024.116574

To improve the low coverage rate of the National Health Insurance (NHI), South Korea implemented the NHI coverage expansion plan in 2017 to cover medically essential non-covered services and reduce copayment rates. This study aimed to estimate the effects of the 2017 NHI coverage expansion on amenable mortality and its disparities between areas in South Korea under a controlled interrupted time-series design using Bayesian structural time-series models. Age-standardized amenable mortality rates and rate differences (RDs) and rate ratios (RRs) between areas for amenable mortality were calculated monthly between July 2012 and December 2021 and used as the response series. The non-equivalent control series were monthly non-avoidable mortality rates and their regional disparities. After the coverage expansion, amenable mortality rates decreased for both males (−8.8%, 95% credible interval [CrI] −13.4% to −3.9%) and females (−8.3%, 95% CrI −13.4% to −2.4%), with the largest decline in the non-Seoul-Capital metropolitan area (−11.6%, 95% CrI −16.5% to −6.3%) rather than the Seoul Capital Area (−7.5%, 95% CrI −11.9% to −2.5%) and a non-significant reduction in the non-Seoul-Capital non-metropolitan area in females. RDs and RRs between areas for amenable mortality decreased non-significantly (−16.2%, 95% CrI −31.3%–2.6% for RD and −1.2%, 95% CrI −3.7%–1.5% for RR), except for a significant decrease in RD in males (−21.8%, 95% CrI −38.0% to −1.5%), and decreased less in females than in males. The coverage expansion was generally effective in reducing amenable mortality rates by area, but had limited effects in closing amenable mortality disparities between areas, favoring males and the non-Seoul-Capital metropolitan area. These results implied that additional measures are necessary to improve access to quality health care for females and underserved areas to enhance the effectiveness of the coverage expansion.

E-santé- Technologies médicales

E-health - Medical Technologies

AI Maturity in Health Care: An Overview of 10 OECD Countries

CASTONGUAY A., *et al.*

2023

Health Policy: 140:104938.

https://doi.org/10.1016/j.healthpol.2023.104938

Background Artificial intelligence (AI) and its applications in health care are on the agenda of policymakers around the world, but a major challenge remains, namely, to set policies that will ensure wide acceptance and capture the value of AI while mitigating associated risks. Objective This study aims to provide an overview of how OECD countries strategize about how to integrate AI into health care and to determine their actual level of AI maturity. Methods A scan of government-based AI strategies and initiatives adopted in 10 proactive OECD countries was conducted. Available documentation was analyzed, using the Broadband Commission for Sustainable Development's roadmap to AI maturity as a conceptual framework. Results The findings reveal that most selected OECD countries are at the Emerging stage (Level 2) of AI in health maturity. Despite considerable funding and a variety of approaches to the development of an AI in health supporting ecosystem, only the United Kingdom and United States have reached the highest level of maturity, an integrated and collaborative AI in health ecosystem (Level 3). Conclusion Despite policymakers looking for opportunities to expedite efforts related to AI, there is no one-size-fits-all approach to ensure the sustainable development and safe use of AI in health. The principles of equifinality and mindfulness must thus guide policymaking in the development of AI in health care.

Optimizing Telehealth Services: A Mixed-Methods Needs Assessment Conducted Among Community Health Center Patients

PACK A. P., *et al.*

2024

Medical Care 62(1): 30-36.

https://journals.lww.com/lww-medicalcare/fulltext/2024/01000/optimizing_telehealth_services__a_mixed_methods.5.aspx

https://doi.org/10.1097/MLR.0000000000001932

Background: The Covid-19 pandemic increased telehealth services in federally funded community health centers (CHCs). Yet little is known about common determinants of use among CHC patients. Objective: We examined the use of telehealth among patient participants at 1 large CHC network providing care to underserved populations at urban and suburban sites in the Midwest. Methods: We conducted a mixed-methods study utilizing a sequential explanatory design. Participants were English and/or Spanish-speaking adults who attended ≥1 visits for themselves or their child over a 12-month period at any practice location. Research staff conducted a structured phone survey of eligible adults. The results subsequently facilitated purposive sampling of telehealth "users" and "nonusers" for qualitative phone interviews. Results: The survey participants included 500 adults. Most had access to the resources needed to utilize telehealth, including a smartphone (90.4%) and home internet (83.0%). About half (50.8%) "rarely or never" had problems with internet speed, reliability, or quality. Most (81.1%) were aware of the patient portal and 59.8% had utilized video visits. Participants who were Spanish-speaking and with limited English proficiency faced some of the greatest barriers. Qualitative interview participants included 12 users and 12 nonusers of telehealth. Users found telehealth convenient and efficient, while nonusers lacked awareness about how telehealth services could be beneficial or needed assistance to sign up, join, or use telehealth. Conclusions: Most participants had the resources and awareness necessary to use telehealth services. Those who use them appreciate the convenience and efficiency. Nevertheless, additional support may be needed to prevent telehealth from exacerbating health inequities.

Triage des patients et consultations à distance dans les structures de soins primaires pendant la pandémie de Covid-19 en France (étude PRICOV-19)

VIEGAS L., *et al.*

2023

Santé Publique 35(4): 393-403.

https://www.cairn.info/revue-sante-publique-2023-4-page-393.htm

Introduction : PRICOV-19 est une étude transversale européenne basée sur un questionnaire en ligne, décrivant l'impact de la pandémie sur les structures de soins primaires (SSP). En France, les SSP sont les cabinets solo (CS), les cabinets de groupe mono ou pluriprofessionnels (CG), les structures d'exercice coordonné (SEC) : maisons de santé et centres de santé. Le triage, qu'il soit numérique (TN), téléphonique (TT) ou à l'arrivée (TA) est indispensable pour réduire le risque infectieux, et fait partie des pratiques d'organisation recommandées. But de l'étude : En s'appuyant sur les données françaises de l'étude PRICOV-19, l'objectif est de décrire la fréquence et les facteurs associés au triage dans les SSP pendant la pandémie de COVID 19. Résultats : 1 100 structures ont répondu au questionnaire. Le TN a été mis en œuvre dans 64 % des SSP (53,3 % des CS, 64,9 % des CG, 73,2 % des SEC). Le TT a été mis en œuvre dans 76 % des structures (72,7 % des CS, 75,4 % des CG et 81 % des SEC). Enfin, le TA a été mis en œuvre dans 52 % des structures (37,7 % des CS, 52 % des CG et 67 % des SEC). Les autres facteurs positivement associés sont le territoire urbain et la charge de travail moins importante pour le TN, et la présence d'une réceptionniste pour le TA. Conclusion : Les pratiques de triage semblent clairement associés à l'organisation et aux conditions d'exercice dans les SSP, et en premier lieu au type de structure.

Économie de la santé

Health Economics

Decomposing Social Risk Preferences For Health and Wealth

ATTEMA A. E., *et al.*

2023

Journal of Health Economics 90: 102757.

https://doi.org/10.1016/j.jhealeco.2023.102757

This study reports the results of the first artefactual field experiment designed to measure the prevalence of aversion toward different components of social risks in a large and demographically representative sample. We identify social risk preferences for health and wealth for losses and gains, and decompose these attitudes into four different dimensions: individual risk, collective risk, ex-post inequality, and ex-ante inequality. The results of a non-parametric analysis suggest that aversion to risk and inequality is the mean preference for outcomes in health and wealth in the domain of gains and losses. A parametric decomposition of aversion to risk and inequality shows that respondents are averse to ex-post and ex-ante inequality in health and wealth for gains and losses. Likewise, respondents are averse to collective risk, but neutral to individual risk, which highlights the importance of considering different components of social risk preferences when managing social health and wealth risks.

Public Preferences For the Allocation of Societal Resources over Different Healthcare Purposes

BOXEBELD S., *et al.*

2023

Social Science & Medicine: 341 116536.

https://doi.org/10.1016/j.socscimed.2023.116536

Objective Increasing healthcare expenditures require governments to make difficult prioritization decisions. Considering public preferences can help raise citizens' support. Previous research has predominantly elicited preferences for the allocation of public resources towards specific treatments or patient groups and principles for resource allocation. This study contributes by examining public preferences for budget allocation over various healthcare purposes in the Netherlands. Methods We conducted a Participatory Value Evaluation (PVE) choice experiment in which 1408 respondents were asked to allocate a hypothetical budget over eight healthcare purposes: general practice and other easily accessible healthcare, hospital care, elderly care, disability care, mental healthcare, preventive care by encouragement, preventive care by discouragement, and new and better medicines. A default expenditure was set for each healthcare purpose, based on current expenditures. Respondents could adjust these default expenditures using sliders and were presented with the implications of their adjustments on health and well-being outcomes, the economy, and the healthcare premium. As a constraint, the maximum increase in the mandatory healthcare premium for adult citizens was €600 per year. The data were analysed using descriptive statistics and a Latent Class Cluster Analysis (LCCA). Results On average, respondents preferred to increase total expenditures on all healthcare purposes, but especially on elderly care, new and better medicines, and mental healthcare. Three preference clusters were identified. The largest cluster preferred modest increases in expenditures, the second a much higher increase of expenditures, and the smallest favouring a substantial reduction of the healthcare premium by decreasing the expenditure on all healthcare purposes. The analyses also demonstrated substantial preference heterogeneity between clusters for budget allocation over different healthcare purposes. Conclusions The results of this choice experiment show that most citizens in the Netherlands support increasing healthcare expenditures. However, substantial heterogeneity was identified in preferences for healthcare purposes to prioritize. Considering these preferences may increase public support for prioritization decisions.

Place or Patient As the Driver of Regional Variation in Healthcare Spending – Discrepancies By Category of Care

JOHANSSON N., *et al.*

2024

Social Science & Medicine: 342 116571.

https://doi.org/10.1016/j.socscimed.2024.116571

We study how much regional variation in healthcare spending is driven by place- and patient-specific factors using a random sample of 53,620 regional migrants in Sweden. We find notable differences depending on the category of care, with place-specific factors having a significantly larger impact on specialized outpatient care compared to inpatient and pharmaceutical care. The place effect is estimated to 75% of variation in specialized outpatient care, but 26% or less in variations in inpatient care, and 5% in prescription drug spending. We also find that the empirical estimator has a substantial impact on the estimates of the place-specific effect. The results based on the traditional approach in the literature with two-way fixed effects and event-study models produce much larger estimates of the place-specific effect compared to results based on recently developed heterogeneity-robust models. For total healthcare spending, the traditional two-way fixed effects model estimates a place effect of 78%, while the heterogeneity-robust estimator finds a place effect around 10%. This finding indicates that previous results in this literature, all based on traditional two-way fixed-effects regressions, should be interpreted with care.

Community Health Center Staff Perspectives on Financial Payments For Social Care

LOPEZ J. M., *et al.*

2023

The Milbank Quarterly 101(4): 1304-1326.

https://doi.org/10.1111/1468-0009.12667

Policy Points State and federal payers are actively considering strategies to increase the adoption of social risk screening and interventions in health care settings, including through the use of financial incentives. Activities related to social care in Oregon community health centers (CHCs) provided a unique opportunity to explore whether and how fee-for-service payments for social risk screening and navigation influence CHC activities. CHC staff, clinicians, and administrative leaders were often unaware of existing financial payments for social risk screening and navigation services. As currently designed, fee-for-service payments are unlikely to strongly influence CHC social care practices. Context A growing crop of national policies has emerged to encourage health care delivery systems to ask about and try to address patients' social risks, e.g., food, housing, and transportation insecurity, in care delivery contexts. In this study, we explored how community health center (CHC) staff perceive the current and potential influence of fee-for-service payments on clinical teams' engagement in these activities. Methods We interviewed 42 clinicians, frontline staff, and administrative leaders from 12 Oregon CHC clinical sites about their social care initiatives, including about the role of existing or anticipated financial payments intended to promote social risk screening and referrals to social services. Data were analyzed using both inductive and deductive thematic analysis approaches. Findings We grouped findings into three categories: participants' awareness of existing or anticipated financial incentives, uses for incentive dollars, and perceived impact of financial incentives on social care activities in clinical practices. Lack of awareness of existing incentives meant these incentives were not perceived to influence the behaviors of staff responsible for conducting screening and providing referrals. Current or anticipated meaningful uses for incentive dollars included paying for social care staff, providing social services, and supporting additional fundraising efforts. Frontline staff reported that the strongest motivator for clinic social care practices was the ability to provide responsive social services. Clinic leaders/managers noted that for financial incentives to substantively change CHC practices would require payments sizable enough to expand the social care workforce as well. Conclusions Small fee-for-service payments to CHCs for social risk screening and navigation services are unlikely to markedly influence CHC social care practices. Refining the design of financial incentives—e.g., by increasing clinical teams' awareness of incentives, linking screening to well-funded social services, and changing incentive amounts to support social care staffing needs—may increase the uptake of social care practices in CHCs.

The Impact of Different Types of NHS Expenditure on Health: Marginal Cost Per QALY Estimates For England For 2016/17

MARTIN S., *et al.*

2023

Health Policy 132: 104800.

https://doi.org/10.1016/j.healthpol.2023.104800

English data from 2003 to 2012 suggests that it costs the NHS £10,000 to generate an additional quality-adjusted life year (QALY). This estimate relates to all NHS expenditure and no attempt was made to explore possible heterogeneity within this total. Different types of expenditure – such as secondary care, primary care and specialized commissioning – may have different productivities and estimates of these may help policymakers decide where additional investment is most beneficial. We use the two-stage least squares estimator and data for 2016 to explore the mortality response to three types of healthcare expenditure. Three specifications are estimated for each type of expenditure: backward selection and regularized regression are used to identify parsimonious specifications, and a full specification with all covariates is also estimated. The regression results are combined with information about survival and morbidity disease burden to calculate the marginal cost per QALY for each type of expenditure: the most conservative results suggest that this is about £8,000 for locally (CCG) commissioned services, while estimates for specialized commissioning and primary care are more uncertain. When this heterogeneity is taken into account, the estimated marginal cost per QALY for all NHS expenditure increases slightly, from about £6,000 to £7,000. Our results suggest that additional investment is likely to be most productive in primary care and in locally commissioned services.

Risk Preferences over Health: Empirical Estimates and Implications For Medical Decision-Making

MULLIGAN K., *et al.*

2024

Journal of Health Economics: 102857 [Ahead of pub].

https://doi.org/10.1016/j.jhealeco.2024.102857

Mainstream health economic theory implies that an expected gain in health-related quality of life (HRQoL) produces the same value for consumers, regardless of baseline health. Several strands of recent research call this implication into question. Generalized Risk-Adjusted Cost-Effectiveness (GRACE) demonstrates theoretically that baseline health status influences value, so long as consumers are not risk-neutral over health. Prior empirical literature casts doubt on risk-neutral expected utility-maximization in the health domain. We estimate utility over HRQoL in a nationally representative U.S. population and use our estimates to measure risk preferences over health. We find that individuals are risk-seeking at low levels of health, become risk-averse at health equal to 0.485 (measured on a 0-1 scale), and are most risk-averse at perfect health (coefficient of relative risk aversion = 4.51). We develop the resulting implications for medical decision making, cost-effectiveness analyses, and the proper theory of health-related decision making under uncertainty.

A Panel Vector Autoregression Analysis For the Dynamics of Medical and Long-Term Care Expenditures

SUGAWARA S., *et al.*

2023

Health Economics (Ahead of pub).

https://doi.org/10.1002/hec.4794

Although medical and long-term care expenditures for older adults are closely related, providing rigorous statistical analysis for their dynamic relationship is challenging. In this research, we propose a novel approach using the panel vector autoregression model to reveal the realized patterns of the interdependence. As an empirical application, we analyze monthly panel data on individuals in a city of Japan, where social insurance covers many formal services for long-term care. Our estimation results indicate the existence of intertemporal transition from expensive acute medical care to reasonable at-home medical care, then to at-home long-term care. Under this context, the enhancement of formal long-term care sector in Japan might have played an important role in the suppression of the total care cost in spite for its rapid aging over the past 2 decades. Additionally, we find that daycare plays multiple roles in Japanese long-term care, such as respite and rehabilitation, but there is no considerable transition from outpatient rehabilitation to daycare in the long-term care sector.

État santé

Health Status

Risk Factors For Deaths of Despair in England: An Ecological Study of Local Authority Mortality Data

CAMACHO C., *et al.*

2024

Social Science & Medicine: 116560.

https://doi.org/10.1016/j.socscimed.2024.116560

Deaths of Despair (DoD) are socially patterned fatalities encompassing those attributable to drug and alcohol misuse and suicide. DoD occur much more frequently in socially deprived communities. This ecological study aimed to yield new knowledge on the spatial distribution of DoD, and socioeconomic factors that predict DoD risk in England. Via ICD-10 coding, deaths nationally during 2019–2021 were classified to non-overlapping categories of drug-related death, alcohol-specific death, and suicide. The proportion of DoD from each of these causes was calculated and age standardised DoD rates were generated for local authorities. A multivariable regression model for DoD risk was developed using 25 socioeconomic indicators. In 2019–2021, an estimated 46,200 people lost their lives due to DoD. Rates were higher in the North and in coastal areas ($p < 0.001$), ranging regionally from 25.1/100,000 (SD 6.3) in London to 54.7/100,000 (SD 9.5) in the North East. Alcohol-specific deaths were the largest contributor of DoD, accounting for 44.1% (95%CI 43.5–44.8%) of all such deaths. Living in the North, unemployment, White British ethnicity, living alone, economic inactivity, employment in elementary occupations, and living in urban areas were significantly associated with elevated DoD risk. DoD in England are spatially patterned, with northern regions experiencing a much higher burden of mortality from these avoidable causes. This study provides novel insights into the area-level factors associated with DoD in England. Potential ecological error is a key limitation.

What Can We Learn From Historical Pandemics? A Systematic Review of the Literature

DORAN Á., *et al.*

2023

Social Science & Medicine: 342. 116534.

https://doi.org/10.1016/j.socscimed.2023.116534

What are the insights from historical pandemics for policymaking today? We carry out a systematic review of the literature on the impact of pandemics that occurred since the Industrial Revolution and prior to Covid-19. Our literature searches were conducted between June 2020 and September 2023, with the final review encompassing 169 research papers selected for their relevance to understanding either the demographic or economic impact of pandemics. We include literature from across disciplines to maximise our knowledge base, finding many relevant articles in journals which would not normally be on the radar of social scientists. Our review identifies two gaps in the literature: (1) the need to study pandemics and their effects more collectively rather than looking at them in isolation; and (2) the need for more study of pandemics besides 1918 Spanish Influenza, especially milder pandemic episodes. These gaps are a consequence of academics working in silos, failing to draw on the skills and knowledge offered by other disciplines. Synthesising existing knowledge on pandemics in one place provides a basis upon which to identify the lessons in preparing for future catastrophic disease events.

Adolescent Hazardous Drinking and Socioeconomic Status in France: Insights into the Alcohol Harm Paradox

LEGLEYE S., *et al.*

2023

Journal of Adolescent Health [Ahead of Pub]

https://doi.org/10.1016/j.jadohealth.2023.10.008

Purpose The “alcohol harm paradox” has been evidenced among adults, but it is still largely unexplored among adolescents. We examined in a sample of French adolescents the relation between family socioeconomic status (SES), family living arrangement and parental substance use on 1 hand, and heavy episodic drinking (HED), lifetime alcohol-induced emergency room visits (A-ERV), and number of alcoholic drinks and solitary drinking during the last episode on the other hand. Methods A cross-sectional nationwide survey in March 2017 involved 13,314 French adolescents aged 17–18.5 years. They completed a pen and paper questionnaire about their own and their parents' alcohol and tobacco consumption. We used risk ratios (RRs) from modified Poisson regressions to assess the relationships. Results Adolescents from the lowest SES had reduced likelihood of reporting 1–2 or 3–5 episodes of heavy drinking compared to those from the highest SES (RR = 0.58, 95% confidence interval = [0.50; 0.66] and 0.35 [0.27; 0.45]), but no difference for six or more episodes (RR = 0.81 [0.59; 1.12]). A-ERV was more frequent among lowest SES adolescents (RR = 1.86 [1.05; 3.30]), possibly due to drinking larger quantities of alcohol and to more frequent solitary drinking in their last episode (p < .001). SES, parental substance use, and family living arrangement were independently associated with HED. Discussion Our findings reveal an "alcohol harm paradox" in late adolescence in France. Lower SES adolescents exhibit reduced HED but were more likely to consume large quantities alone and experience A-ERV. This emphasizes the significance of considering social determinants in alcohol-related research and interventions.

▶ Décryptage d'une stratégie zéro-Covid-19 en territoire insulaire : l'exemple de Saint-Pierre-et-Miquelon

MONTAUFRAY M. A., *et al.*

2024

Bull Epidemiol Hebd(1): 11-17.

https://www.santepubliquefrance.fr/content/download/596717/4159870

Saint-Pierre-et-Miquelon est un archipel français d'Amérique du Nord, comptant 5 974 habitants en 2019. Dès mars 2020, les autorités sanitaires du territoire ont adopté une stratégie zéro-Covid afin de protéger la population et les structures sanitaires. Cet article décrit la dynamique épidémique de la Covid-19 à Saint-Pierre-et-Miquelon au regard de l'évolution des stratégies mises en place de mars 2020 à mai 2022. L'ensemble des mesures sanitaires a été recueilli auprès de la préfecture et les données de surveillance épidémiologique et de vaccination sont issues des réseaux mis en place par l'Administration territoriale de santé (ATS) et des résumés des passages aux urgences (RPU). Après un confinement strict de 6 semaines, des mesures d'isolement des cas et des contacts et une réduction importante du trafic aérien ont été instaurées. La vaccination a été proposée à l'ensemble de la population en mars 2021 et a rapidement été acceptée dans toutes les tranches d'âges. Aucune diffusion communautaire n'a été observée avant novembre 2021, puis trois vagues épidémiques se sont succédé, atteignant un taux d'incidence de 9 687 cas pour 100 000 habitants au plus haut. Un unique décès en lien avec la Covid-19 a été recensé. L'entrée du virus sur le territoire a été concomitante de l'apparition de nouveaux variants et du relâchement des mesures sanitaires. La stratégie zéro-Covid appliquée à Saint-Pierre-et-Miquelon a permis de retarder l'entrée du virus sur le territoire pour préparer les infrastructures sanitaires et pour permettre au plus grand nombre de se faire vacciner. Cette stratégie a contribué au faible impact sanitaire qu'a pu avoir le virus, mais au prix d'un isolement fort du territoire et des populations durant un an et demi.

▶ État des lieux de la situation du tabagisme en France : tendances observées et nouveaux enjeux

OBRADOVIC I., *et al.*

2023

Santé Publique 35(5): 19-33.

https://www.cairn.info/revue-sante-publique-2023-5-page-19.htm

Cet article fait le point sur les évolutions en matière de consommation de tabac et de produits de vapotage, en France, depuis une trentaine d'années, et les enjeux qu'elles soulèvent pour les pouvoirs publics, en termes de prévention et de prise en charge des conséquences socio-sanitaires. Produit d'une analyse conjointe de Santé publique France (SpF) et de l'Observatoire français des drogues et des tendances addictives (OFDT), il montre d'abord un « tournant générationnel » dans la consommation de tabac et les représentations sociales de la cigarette depuis le milieu des années 2010, avec un recul marqué de l'expérimentation parmi les adolescents, qui est devenue à la fois moins courante et plus tardive, ce qui était un des objectifs des plans nationaux de réduction du tabagisme successivement mis en place depuis 2014. Le tabagisme reste néanmoins assez stable parmi les adultes, prédominant chez les hommes, avec des écarts entre hommes et femmes qui se maintiennent depuis le début des années 2000. Au-delà du différentiel de genre, les disparités sociales de consommation restent importantes, parmi les jeunes comme à l'âge adulte. Cependant, si la prévalence du tabagisme ne progresse plus, celle du vapotage augmente, ce qui constitue un point d'attention dès lors qu'une partie de ces pratiques induit une consommation de nicotine. Cela induit également le risque d'une « renormalisation » de l'acte de fumer, qui constitue un point de vigilance des autorités sanitaires, en France comme dans d'autres pays européens. L'analyse se conclut sur la nécessité de continuer à adapter le système d'information statistique et les enquêtes qualitatives pour permettre un suivi épidémiologique de la situation qui reste performant.

Analyse de l'hypertension en France : pour une analyse intersectionnelle de la cascade de soins

SILBERZAN L., *et al.*

2023

Revue d'Épidémiologie et de Santé Publique 71(6): 102159.

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En France métropolitaine, on estime que plus d'un adulte sur trois est hypertendu. Les traitements à faible coût sont disponibles, pourtant moins d'une personne hypertendue sur quatre a une hypertension maîtrisée sous le seuil de 140/90 mmHg. Le contrôle de l'hypertension est plus élevé dans d'autres pays à hauts revenus comme le Canada (65 %) ou l'Allemagne (52 %). Le recours au modèle de la cascade de soins, qui décompose le continuum de soins de l'hypertension du diagnostic au contrôle, en passant par le traitement, permet de mieux situer les origines d'un faible contrôle. Par ailleurs, le cadre théorique de l'intersectionnalité qui tient compte simultanément des positions sociales de genre, de classe et d'appartenance ethno-raciale pourrait permettre de donner sens aux inégalités sociales de santé observées en matière d'hypertension. Cet article propose une revue critique de la littérature internationale pour dégager des pistes d'analyses qui pourraient être appliquées aux données françaises de la cohorte Constances.

Self-Reported Childhood Adversity, Unhealthy Lifestyle and Risk of New-Onset Chronic Kidney Disease in Later Life: A Prospective Cohort Study

ZHANG K., *et al.*

2024

Social Science & Medicine 341: 116510.

https://doi.org/10.1016/j.socscimed.2023.116510

Background The prospective relation of childhood adversity with the risk of chronic kidney disease (CKD) remains unclear. We aimed to investigate the association of childhood adversity with new-onset CKD and examine the potential modifications by unhealthy lifestyle on this association. Methods A total of 115,453 adults without prior CKD at baseline were included from UK Biobank (2006–2010). Childhood adversity was retrospectively evaluated through online Childhood Trauma Screener in 2016. Six common lifestyle factors including smoking, body mass index, sleep, diet, physical activity and alcohol consumption, were combined into an unhealthy lifestyle score. New-onset CKD was the primary outcome. Result The average age of participants in the study was 55.3 (SD, 7.7) years, and 39.3% of them were male. During a median follow-up duration of 14.1 years, 1905 participants developed new-onset CKD. Childhood adversity was significantly positively related with the risk of new-onset CKD in dose-response pattern. Each additional type of childhood adversity was associated with a 12% increment in the risk of developing CKD (adjusted hazard ratio (HR)1.12; 95% CI 1.08, 1.16). Among participants with high unhealthy lifestyle score, those with 4–5 types of childhood adversity increased the 1.73-fold risk of incident CKD (95% CI 1.17, 2.54) compared with those free of any childhood adversity. However, no statistically significant interaction was observed between unhealthy lifestyle and childhood adversity for new-onset CKD (P interaction = 0.734). Conclusions Childhood adversity was significantly associated with an increased risk of new-onset CKD in a dose-response pattern regardless of unhealthy lifestyle.

Géographie de la santé

Geography of Health

Les médecins généralistes libéraux diplômés à l'étranger contribuent à renforcer l'offre de soins dans les zones sous-dotées

CHEVILLARD G., *et al.*

2023

Questions d'Economie de la Santé (Irdes)(282)

https://www.irdes.fr/recherche/questions-d-economie-de-la-sante/282-les-medecins-generalistes-liberaux-diplomes-a-l-etranger.pdf

Dans un contexte de désertification médicale, l'arrivée de médecins généralistes libéraux diplômés à l'étranger n'a pas encore fait l'objet d'une analyse précise en France. Différentes populations de médecins généralistes libéraux, inscrits pour la première fois à l'Ordre des médecins ou non, sont observées selon leurs lieux de diplôme et de naissance. Les logiques d'installation des médecins nés et diplômés à l'étranger sont plus spécifiquement étudiées dans les zones sous-dotées, les marges rurales et les espaces périurbains, afin de voir s'ils contribuent à réduire les inégalités territoriales d'offre de soins. Comparés aux médecins généralistes libéraux diplômés en France, ceux nés et diplômés à l'étranger sont davantage installés dans les marges rurales que dans les autres types d'espace. Ce constat est encore plus marqué pour les primo-inscrits qui cependant ont davantage tendance à changer de lieu d'exercice dans les cinq années suivant leur installation en ruralité. Ces primo-inscrits nés et diplômés à l'étranger sont significativement plus âgés que les Français et contribuent, malgré leur plus grande mobilité, à renforcer l'offre médicale dans les marges rurales peu attractives. Dans les espaces périurbains, la proportion de médecins nés et diplômés à l'étranger et de ceux nés et diplômés en France est proche, mais la propension des primo-inscrits étrangers à s'y installer et à y rester au moins cinq ans est plus élevée, à âge et sexe contrôlés, si bien qu'ils contribuent là aussi à renforcer l'offre médicale. Ainsi, dans un contexte de raréfaction de l'offre de soins, l'apport des médecins nés et diplômés à l'étranger apparaît utile, en complément d'autres politiques publiques visant à améliorer les conditions d'exercice, pour augmenter l'offre disponible dans les zones sous-dotées.

Dual Barriers: Examining Digital Access and Travel Burdens to Hospital Maternity Care Access in the United States, 2020

HUNG P., *et al.*

2023

The Milbank Quarterly 101(4): 1327-1347.

https://doi.org/10.1111/1468-0009.12668

Policy Points The White House Blueprint for Addressing the Maternal Health Crisis report released in June 2022 highlighted the need to enhance equitable access to maternity care. Nationwide hospital maternity unit closures have worsened the maternal health crisis in underserved communities, leaving many birthing people with few options and with long travel times to reach essential care. Ensuring equitable access to maternity care requires addressing travel burdens to care and inadequate digital access. Our findings reveal socioeconomically disadvantaged communities in the United States face dual barriers to maternity care access, as communities located farthest away from care facilities had the least digital access. Context With the increases in nationwide hospital maternity unit closures, there is a greater need for telehealth services for the supervision, evaluation, and management of prenatal and postpartum care. However, challenges in digital access persist. We examined associations between driving time to hospital maternity units and digital access to understand whether augmenting digital access and telehealth services might help mitigate travel burdens to maternity care. Methods This cross-sectional study used 2020 American Hospital Association Annual Survey data for hospital maternity unit locations and 2020 American Community Survey five-year ZIP Code Tabulation Area (ZCTA)–level estimates of household digital access to telecommunication technology and broadband. We calculated driving times of the fastest route from population-weighted ZCTA centroids to the nearest hospital maternity unit. Rural-urban stratified generalized median regression models were conducted to examine differences in ZCTA-level proportions of household lacking digital access equipment (any digital device, smartphones, tablet), and lacking broadband subscriptions by spatial accessibility to maternity units. Findings In 2020, 2,905 (16.6%) urban and 3,394 (39.5%) rural ZCTAs in the United States were located >30 minutes from the nearest hospital maternity units.

Regardless of rurality, these communities farther away from a maternity unit had disproportionally lower broadband and device accessibility. Although urban communities have greater digital access to technology and broadband subscriptions compared to rural communities, disparities in the percentage of households with access to digital devices were more pronounced within urban areas, particularly between those with and without close proximity to a hospital maternity unit. Communities where nearest hospital maternity units were >30 minutes away had higher poverty and uninsurance rates than those with <15-minute access. Conclusions Socioeconomically disadvantaged communities face significant barriers to maternity care access, both with substantial travel burdens and inadequate digital access. To optimize maternity care access, ongoing efforts (e.g., Affordable Connectivity Program introduced in the 2021 Infrastructure Act), should bridge the gaps in digital access and target communities with substantial travel burdens to care and limited digital access.

Handicap

Disability

Les configurations organisationnelles de la transformation de l'offre : vers quel schéma cible se dirige-t-on ?

ACEF S.

2023

Vie sociale 43(3): 19-30.

https://www.cairn.info/revue-vie-sociale-2023-3-page-19.htm

La transformation de l'offre médico-sociale, appliquée au champ du handicap, est un terme, un enjeu auquel il est désormais systématiquement fait référence tant au niveau des politiques publiques, des associations représentatives des personnes et des familles que des organismes gestionnaires et des professionnels eux-mêmes. Pour autant, ce processus nécessite d'être mieux qualifié concernant ses déterminants sociopolitiques ainsi que son périmètre, sa profondeur et sa complexité. Souvent approchée par les objets techniques, administratifs ou opérationnels qui la dessinent peu à peu, il s'agit dans cet article de problématiser les différentes configurations organisationnelles que cette transformation revêt selon des formes successives de maturité interne et externe. La problématique du schéma cible d'une telle reconfiguration systémique sera abordée non pour figer les choses, mais pour éclairer le processus à l'œuvre au travers de quatre dimensions dynamiques qui nous semblent particulièrement structurantes du phénomène : l'intégration interne et externe de l'offre de services en réseau, la responsabilité populationnelle, la continuité des parcours, l'effectivité des droits et des rôles sociaux. À partir de cette grille d'analyse, trois configurations organisationnelles seront évoquées : le fonctionnement en dispositif intégré, la plateforme de services coordonnés, la plateforme territoriale de services intégrés à visée inclusive.

Defining Pre-Existing Disability Among Adults Captured By the National Trauma Data Bank: A Descriptive Assessment of Patient Characteristics and Details of Injury

DRAPER K. D., *et al.*

2023

Disability and Health Journal: 101574.

https://doi.org/10.1016/j.dhjo.2023.101574

Background There is limited research on trauma in people with disability (PWD), despite potentially increased risk for trauma and negative outcomes following injury. Objective This study describes characteristics of trauma among both narrow and broad subsamples of PWD. Methods Data from the 2016 National Trauma Data Bank was used to identify two Disability Comparison Groups (DCGs). DCG-1 included adult patients with a functionally dependent health status, and DCG-2 included DCG-1 plus other adult patients with disability-associated diagnoses. Trauma characteristics (e.g., signs of life, intent of injury, mechanism of injury, and injury severity score [ISS]) were compared via logistic regression. Results Among the 782,241 reported trauma events, 39,011 belonged to DCG-1 and 193,513 to DCG-2. Falls caused most instances of trauma across both groups (DCG-1: 88.7 %; DCG-2: 67.3 %). Both DCGs were less likely than patients without disability to arrive at the facility without signs of life (DCG-1:aOR = 0.22, 95%CI 0.15–0.31; DCG-2:aOR = 0.40, 95%CI 0.36–0.45) or to have an ISS greater than 15 (DCG-1:aOR = 0.81, 95%CI 0.79–0.84; DCG-2:aOR = 0.92, 95%CI:0.91–0.94). They were, however, more likely to have an ISS greater than or equal to 8 (DCG-1:aOR = 1.14, 95%CI 1.11–1.16; DCG-2:aOR = 1.06, 95%CI 1.05–1.07). Conclusion PWD have greater odds for moderately scored injuries and presenting with signs of life at U.S. trauma centers compared to patients without disability. However, they can be more likely to have certain intents and mechanisms of trauma depending on their functional status and the nature of their impairment. Differences warrant further and continued assessment of trauma experiences among patients with pre-existing disability.

Disability and COVID-19: Challenges, Testing, Vaccination, and Postponement and Avoidance of Medical Care Among Minoritized Communities

MARTIN H. R., *et al.*

2023

Disability and Health Journal: 101571.

https://doi.org/10.1016/j.dhjo.2023.101571

Background People with disabilities face heightened vulnerability to Covid-19. Objective This study investigated (1) the relationships between disability and COVID-19-related challenges, testing, vaccination, and infection and (2) predictors of loss of healthcare coverage and postponement and avoidance of medical care during the pandemic. Methods This cross-sectional study was conducted in Miami, Florida, between March 2021 and February 2022 as part of the NIH Rapid Acceleration of Diagnostics-Underserved Populations initiative. Disability was defined using a standard measure that assesses six universal functions. Participants reported sociodemographic data, Covid-19 testing, infection history, challenges, and healthcare history. Vaccinations were confirmed with medical records and Covid-19 positivity was assessed using real-time reverse transcription-polymerase chain reaction. Statistical analyses included multivariable logistic regression. Results Among 1,689 participants with a median age of 57.0, 50.6% were male, and 48.9% were non-Hispanic Black. Disability was associated with greater odds of all assessed COVID-19 challenges: healthcare (aOR:1.60; 95% CI:1.23-2.07), housing (aOR:2.15; 95% CI:1.62-2.87), insufficient food (aOR:1.97; 95% CI:1.54-2.52), water scarcity (aOR:2.33; 95% CI:1.60-3.37), medications (aOR:2.04; 95% CI:1.51-2.77), and transportation (aOR:2.56; 95% CI:1.95-3.36). Those reporting employment disability were less likely to have received COVID-19 testing (81.1% vs. 85.3%, p = 0.026) or to have history of COVID-19 positivity (aOR:0.63; 95% CI:0.44-0.92). Disability predicted avoidance (aOR:2.76; 95% CI:1.95-3.91) and postponement (aOR: 2.24; 95% CI:1.72-2.91) of medical care. Conclusions Disability is associated with higher odds of COVID-19 challenges and postponement and avoidance of medical care. Those reporting employment disability had a lower likelihood of Covid-19 testing. Public health responses to healthcare crises should prioritize the special challenges of people living with disabilities.

Comparative Study of Poverty Dynamics and Income Structure: Pre and Post Covid-19 Impact on Households with and Without Disabilities in South Korea

NAM S.-J., *et al.*

2024

Disability and Health Journal: 101580.

https://doi.org/10.1016/j.dhjo.2024.101580

Background The Covid-19 pandemic, as an external shock, has affected the health and economic well-being of individuals. Vulnerable populations with limited resources have also been affected, exacerbating societal inequalities throughout the pandemic. Objective This study examined poverty dynamics in South Korea before and after the Covid-19 outbreak, focusing on changes in the poverty status and income structure of the population with and without disabilities. Methods We conducted a multinomial logistic regression analysis using data from the 14th and 16th waves of the Korea Welfare Panel Study. Results The results show that the pandemic had a significant impact on income levels, particularly for individuals who experienced poverty, and notable differences were observed in income structures between groups with and without disabilities. While individuals without disabilities relied primarily on business income and regular as well as irregular income prior to experiencing poverty, those with disabilities experienced a decline in irregular and private transfer income. In addition, the poverty escape groups with and without disabilities showed increases in regular and irregular income. Conclusion The results of this study show how current population groups with and without disabilities have experienced changes in the poverty structure due to Covid-19. These results highlight the need for a comprehensive social protection system to address the external shocks faced by vulnerable populations.

Polyhandicap, Profound Intellectual Multiple Disabilities : Concept and Definition of a Highly Specific Public Health Issue

ROUSSEAU M.-C., *et al.*

2023

Revue d'Épidémiologie et de Santé Publique 71(6): 102184.

https://doi.org/10.1016/j.respe.2023.102184

Objectifs : Le concept de polyhandicap est apparu fin des années 60 en France, sa définition est actuellement consensuelle. Ce consensus n'a pas encore été atteint au niveau international ce qui limite les progrès de la recherche et de la planification sanitaire pour ces personnes. Méthodes Cet article décrit l'histoire de l'émergence du concept de polyhandicap en France et au niveau international Résultats L'émergence du concept et de la définition du polyhandicap en France s'inscrit dans l'histoire du développement de l'éducation spécialisée et de la prise en charge des enfants handicapés amorcée à la fin du 19ème siècle et durant la première moitié du 20ème siècle. Entre 1970 et 2002, des groupes de travail composés de professionnels et d'associations de familles ont progressivement élaboré et affiné la définition du polyhandicap, en le différenciant d'autres entités cliniques proches comme la paralysie cérébrale. Au niveau international, le terme polyhandicap est utilisé dans 4 pays européens mais aussi en dehors de l'Union Européenne. Différents termes peuvent être utilisés dans le monde pour décrire des entités cliniques similaires au polyhandicap ; le plus fréquemment utilisé dans la littérature est le terme Profound Intellectual and Multiple Disabilities (PIMD) ou PIMD spectrum qui désigne une entité clinique proche mais ne fait pas systématiquement référence à la précocité de l'atteinte cérébrale. Discussion Le concept et la définition du polyhandicap évoluent peu à peu vers un consensus à l'internationale et on peut espérer que, comme ce fut le cas pour la paralysie cérébrale dans les années 2000, les différentes équipes de recherche travaillant sur ce sujet à travers le monde créeront des collaborations et des réseaux de recherche ciblant cette population spécifique. Conclusions Un consensus autour d'une définition précise du polyhandicap est important pour que ces personnes soient reconnues dans leur singularité et leurs spécificités et qu'elles bénéficient d'une prise en charge adaptée.

Hôpital

Hospital

La sortie du tout-T2A ? : Entre grandes envolées et rase-mottes...

ABEILLE D.

2023/11

Gestions Hospitalieres(630): 558-561.

Une annonce présidentielle aux voeux du Nouvel An le 6 janvier 2023, un rapport à mi-année de la Cour des Comptes, un projet de loi de financement de la sécurité sociale (PLFSS) en fin d'année..., la tarification à l'activité (T2A) aura encore fait couler beaucoup d'encre en 2023, alors même que les hôpitaux ne sont pas entièrement sortis de la garantie de financement mise en place lors de la crise sanitaire. Existe-t-il aujourd'hui un consensus sur le financement à l'activité tel qu'il a été pratiqué depuis presque vingt ans ? Que penser du pilotage des réformes et des systèmes de financement ? La T2A est-elle vicieuse ou son usage vicié ? Est-elle perfectible ?

La biographie de la T2A

BAGUET F. ET *et al.*

2023/11

Gestions Hospitalieres(630): 550-552.

Dans son rapport de juillet 2023, la Cour des comptes fait le bilan de 20 ans de mise en œuvre de la tarification à l'activité (T2A) dans les établissements de santé. L'exercice n'est pas nouveau et a déjà été proposé par plusieurs institutions depuis 2012, par conséquent il est difficile d'être particulièrement innovant sur ce sujet avec des constats inédits. Toutefois, les soixante pages du rapport ont le mérite de synthétiser l'ensemble des avantages et inconvénients de ce système de tarification, en chiffrant les impacts jusqu'en 2019. Les spécialistes de finances hospitalières n'y trouveront que peu de nouveautés, mais le rapport constitue une bonne entrée en matière pour comprendre les débats du PLFSS 2024 sur l'évolution des modes de tarification des établissements de santé, ou pour mieux comprendre les débats, souvent simplifiés, sur ce dispositif.

Des SSR aux SMR… : Vers la valorisation du juste soin au juste coût ?

DEVAILLY J. P.

2023/11

Gestions Hospitalieres(630): 568-573.

Depuis leur création à partir des moyens séjours, les soins de suite et de réadaptation (SSR) peinent à définir les fonctions qui composent leurs activités. De fait, les tentatives de classification à visée tarifaire ont buté sur l'absence de définition précise de leurs missions, sur la difficulté à définir des critères d'orientation des patients vers les différentes autorisations et sur des conditions de fonctionnement minimalistes. En distinguant clairement les missions des futurs soins médicaux et de réadaptation (SMR), l'instruction du 28 septembre 2022 offre l'opportunité d'une valorisation des activités conforme au modèle international des comptes de la santé. En fournissant une nouvelle base d'analyse fonctionnelle de la valeur des soins, elle permet pour tous les secteurs du système de santé de se rattacher aux stratégies de santé de l'OMS et à un financement par destination des soins.

An Analysis of a Rural Hospital's Investment Decision Under Different Payment Systems

GUO X.

2023

Health Economics [Ahead of Pub]

https://doi.org/10.1002/hec.4786

From an economic perspective, large investments in medical equipment are justifiable only when many patients benefit. Although rural hospitals play a crucial role locally, the treatments they can offer are limited. In this study, I characterize investment level that maximizes the total surplus, encompassing patients' welfare and producer surplus, and subtracting treatment costs. Specifically, I account for economic externalities generated by the investment in the rural hospital and for different utility losses that patients suffer when they cannot be treated locally. I demonstrate that the optimal investment level can be implemented if the Health Authority has the power to set specific prices for each disease. Additionally, I explore a decentralized situation wherein the investment decision lies with the rural hospital manager, and the Health Authority can only make a discrete decision between two payment systems: Fee-for-service, which covers all treatment costs, or Diagnosis-Related-Groups, which reimburses a price per patient based on the overall average cost. I find that the Diagnosis-Related-Groups system outperforms the Fee-for-service in terms of total surplus when the treatment cost at the rural hospital is lower. However, when the rural hospital has higher costs and the Health Authority seeks to incentivize investment, the Fee-for-service system is superior.

Variations in the Intended Utilization of Emergency Care in Case of Gastrointestinal Diseases

KLEIN J., *et al.*

2023

Health Policy: 140. 104970.

https://doi.org/10.1016/j.healthpol.2023.104970

Frequent utilization of emergency care and overcrowded emergency departments (EDs) are highly relevant topics due to their harmful consequences for patients and staff. The present study examines variations of intended health care use in urgent and non-urgent cases among the general population. In a cross-sectional telephone survey, a sample of N = 1,204 adults residing in Hamburg, Germany, was randomly drawn. At the beginning of the survey, one of 24 different vignettes (case stories) describing symptoms of inflammatory gastrointestinal diseases were presented to the participants. The vignettes varied in sex (male/female), age (15, 49, 72 years), daytime (Tuesday morning, Tuesday evening), and urgency (low, high). Participants were asked in an open-ended question about their primal intended utilization if they or their children would be affected by such symptoms. Overall, about 14% chose emergency facilities (ED, ambulance, emergency practice) despite presentation of non-urgent conditions (n = 602). Intended emergency care use varied considerably even if the degree of urgency was comparable. Adolescence, male sex, and symptoms occurring in the evening were associated with increased ED and ambulance use. Inappropriate utilization of ED and ambulance (analyses regarding utilization due to non-urgent problems) was more often observed among male respondents and those with a migration background (1st generation). Information campaigns focused on emergency care use and reorganisation of emergency care wards are possible interventions.

▶ Dix ans de soins MCO : Tendances, défis et perspectives

HERMAN D.

2023/11

Gestions Hospitalieres(630): 562-567.

Dans un univers sanitaire en perpétuel mouvement, les institutions médicales aspirent sans cesse à perfectionner leurs prestations de soin. L'exploration des données du programme de médicalisation des systèmes d'information (PMSI) relatives aux activités de médecine, chirurgie et obstétrique (MCO) sert de boussole pour naviguer dans ce dédale complexe. L'auteur vise ici à encourager les établissements à entreprendre une enquête approfondie des données MCO, étalée sur une décennie par exemple, afin de mieux cerner les dynamiques à l'œuvre et prévoir les exigences futures.

▶ La réforme du financement des activités MCO : Le PLFSS 2024 réduit (enfin) la place d'un financement à l'activité

LORIT B.

2023/11

Gestions Hospitalieres(630): 554-557.

Le projet de loi de financement de la sécurité sociale (PLFSS) 2024 a retenu trois modes de financement pour les activités de médecine, chirurgie, obstétrique (MCO) des établissements de santé : une tarification à l'activité, des dotations relatives à des objectifs de santé publique et d'autres relatives à des missions spécifiques.

▶ International Strategies, Experiences, and Payment Models to Incentivise Day Surgery

KREUTZBERG A., *et al.*

2023

Health Policy: 140. 104968.

https://doi.org/10.1016/j.healthpol.2023.104968

The importance of day surgery as a less costly alternative compared to conventional inpatient hospital stays is growing internationally. The rate of day surgery activities has increased across Europe. However, this trend has been heterogeneous across countries, and might still be below its potential. Since payment systems affect how providers offer care, they represent a policy instrument to further increase the rate of day surgeries. In this paper, we review international strategies to promote day surgery with a particular focus on payment models for 13 OECD countries (Australia, Austria, Canada, Denmark, England, Estonia, Finland, France, Germany, Netherlands, Norway, Sweden, Switzerland). We conduct a cross-country comparison based on an email survey of health policy experts and a comprehensive literature review of peer-reviewed papers and grey literature. Our research shows that all countries aim to strengthen day surgery activity to increase health system efficiency. Several countries used financial and non-financial policy measures to overcome misaligned incentive structures and promote day surgery activity. Financial incentives for day surgery can serve as a policy instrument to promote change. We recommend embedding these incentives in a comprehensive approach of restructuring health systems. In addition, we encourage countries to monitor and evaluate the effect of changes to payment systems on day surgeries to allow for more informed decision-making.

Inégalités de santé

Health Inequalities

Accès aux soins d'une population d'anciens travailleurs immigrés vivant en foyer

BETTAYEB L., *et al.*

2023

Santé Publique 35(5): 13-17.

https://www.cairn.info/revue-sante-publique-2023-5-page-13.htm

Les Chibanis – "cheveux blancs" en arabe dialectal – désignent les anciens travailleurs immigrés arrivés en France dans les années 1970 pour exercer un emploi. Ils vivent encore pour la plupart au sein de foyers construits pour des hommes seuls exerçant une profession et non pour accueillir des hommes en situation de vieillissement. Notre travail anthropologique s'est organisé autour d'une population de Chibanis, vivant dans un foyer dans le 15e arrondissement de Marseille. Les objectifs étaient de mieux connaître cette population d'un point de vue médico-socio-culturel, de connaître les modalités de leur accès aux soins et enfin de connaître leur adhésion aux actions de prévention d'une association. 67 Chibanis ≥65 ans ont été inclus, avec une médiane de l'âge de 77 ans : 91 % déclaraient avoir un médecin traitant, 86,6 % avaient plus de 2 maladies chroniques. Plus de la moitié des Chibanis souffraient de problèmes dentaires et près de 20 % présentaient des problèmes ophtalmologiques. Seuls 32,8 % des Chibanis inclus ont accepté de réaliser un suivi par les infirmiers. La population des Chibanis, isolée géographiquement de leur famille, économiquement précaire et avec une couverture médico-sociale souvent insuffisante, doit « gérer » ses pathologies chroniques, et des problèmes de santé notamment dentaires et ophtalmiques couteux. L'amélioration de leurs parcours de santé nécessite de mieux comprendre leurs spécificités et les divers facteurs qui peuvent entraver les actions de prévention.

Immigration, Policies of Integration and Healthcare Expenditure: A Longitudinal Analysis of the INHS (2002-2018)

D'ANDREAMATTEO A., *et al.*

2023

Health Policy (Ahead of pub).

https://doi.org/10.1016/j.healthpol.2023.104960

Background : Immigration has become a structural phenomenon in Italy, a country reputed as being 'immigrant-friendly'. The increase in the proportion of immigrants has led to increasing efforts to design and implement health policies throughout the country while controlling public spending. Method : Being interested in both the cross-sectional and time series dimensions of analysis, we used a PVAR (Panel Vector Autoregression) model, which combines the VAR technique with panel data models, to estimate the impact of regular immigration on health expenditure. Findings Our results confirm that an increase in the share of regular immigrants in the total population decreases the amount of aggregate public health expenditure. Conclusion : Despite the intense activity by Italian governments on social and health integration policies for immigrants, policymakers may focus more on the implementation of national policies at regional and local levels, on their costs and with a specific focus on undocumented immigrants.

Tabac et précarité : l'enjeu central de l'accès aux soins

DELILE J.-M.

2023

Santé Publique 35(5): 69-80.

https://www.cairn.info/revue-sante-publique-2023-5-page-69.htm

La prévalence et la sévérité du tabagisme sont particulièrement élevées dans les populations en situation de précarité et font du tabagisme un déterminant essentiel des inégalités sociales de santé, du fait de son impact particulièrement catastrophique sur la santé de ces populations. La réduction générale du tabagisme, moins importante dans les populations défavorisées, contribue à accroître encore ces inégalités et le tabagisme a tendance à se concentrer dans les populations les plus vulnérables. Les relations entre tabac et précarité sont examinées en identifiant, sur la base d'une revue de la littérature, les principaux facteurs communs de vulnérabilité : stress et adversité sociale, auto-stigmatisation, faible sentiment d'auto-efficacité, fonction sociale du tabagisme, ambivalence de la demande, addictions associées, sévérité de la dépendance au tabac, éloignement des dispositifs d'aide et de soins… Une attention spécifique est prêtée à certaines conditions particulières : troubles mentaux, addictions (hors-tabac), mal-logement, détention, migrations. Sur cette base, des pistes d'actions sont proposées pour améliorer l'accès aux soins et leur efficacité chez les personnes concernées. Un accent particulier est porté sur la mobilisation des professionnels qui ont souvent tendance à négliger les questions de tabagisme au regard de la sévérité immédiate des problèmes à l'origine de la demande des personnes accueillies. Une offre d'accompagnement à la réduction des risques (vapotage notamment) semble particulièrement adaptée à la demande souvent ambivalente des personnes. L'importance du travail en réseau et de l'implication des CSAPA/CAARUD est également soulignée. Sur le plan systémique, tout ceci doit s'accompagner d'un plaidoyer politique pour réduire ces inégalités et déterminants sociaux de santé.

▶ How, When, and Why Is Social Class Linked to Mental Health and Wellbeing? a Systematic Meta-Review

DOUGALL I., *et al.*

2023

Social Science & Medicine (Ahead of pub).

https://doi.org/10.1016/j.socscimed.2023.116542

Rationale Meta-reviews synthesising research on social class and mental health and wellbeing are currently limited and focused on specific facets of social class (e.g., social capital) or mental health and wellbeing (e.g., mental health disorders), and none sought to identify mechanisms in this relationship. Objectives The present meta-review sought to (1) assess the overall relationship between social class and mental health and wellbeing, (2) determine the mechanisms that act in this relationship, and (3) evaluate the strength of evidence available. Methods The protocol was prospectively registered on PROSPERO ([redacted for anonymity]). We systematically searched twelve databases in September 2022 and identified 149 eligible reviews from 38,257 records screened. Quality of evidence was assessed with the JBI levels of evidence and risk of bias with the ROBIS tool. Results A large but low-quality evidence base points to class-based inequalities in mental health and wellbeing, with the strongest available evidence linking lower social positions to an increased risk of depression. In terms of different facets of stratification, the best available evidence suggests that deprivation (e.g., poverty), socioeconomic status, income, and subjective social status are consequential for individuals' mental health and wellbeing. However, high-quality evidence for the roles of education, occupation, other economic resources (e.g., wealth), and social capital is currently limited. Most reviews employed individual-level measures (e.g., income), as opposed to interpersonal- (e.g., social capital) or community-level (e.g., neighbourhood deprivation) measures. Considering mechanisms, we found some evidence for mediation via subjective social status, sense of control, and experiences of stress and trauma. There was also some evidence that higher socioeconomic status can provide a buffer for neighbourhood deprivation, lower social capital, and lower subjective social status. Conclusions Future research employing experimental or quasi-experimental methods, and systematic reviews with a low risk of bias, are necessary to advance this area of research.

▶ Moving Toward Inclusion: Access to Care Models For Uninsured Immigrant Children

GIRTAIN K., *et al.*

2023

The Milbank Quarterly 101(4): 1009-1032.

https://doi.org/10.1111/1468-0009.12665

Policy Points Models for access to care for uninsured immigrant children that mitigate structural and sociopolitical barriers to inclusive health care include funding structures (e.g., state-sponsored coverage) and care delivery systems (e.g., federally qualified health centers,). Although the quintessential model of access to care necessitates health coverage for all children regardless of immigration status or date of United States entry, incremental policy change may more realistically and efficiently advance equitable access to high-quality health care. Intentional advocacy efforts should prioritize achievable goals that are grounded in data, are attentive to the sociopolitical milieu, are inclusive of diverse perspectives, and would meaningfully impact health care access and outcomes.

Enfants placés en famille d'accueil et assistants familiaux : estimations des difficultés psychosociales et des recours aux soins à partir d'une enquête en population générale et comparaisons avec les ménages ordinaires

HAZO J.-B., *et al.*

2023

Revue française des affaires sociales(3): 235-268.

https://www.cairn.info/revue-francaise-des-affaires-sociales-2023-3-page-235.htm

Le décours de la crise sanitaire du Covid-19 fut marqué par des observations inquiétantes concernant la santé mentale des enfants, adolescents et jeunes adultes. L'épidémiologie psychiatrique française a longtemps manqué de données fiables et régulières pour estimer les troubles psychiatriques et documenter les déterminants de la santé mentale des mineurs. Par conséquent les inégalités sociales et territoriales de santé mentale chez l'enfant sont peu couvertes en France et il est difficile de s'intéresser à des sous-populations particulièrement à risque. Parmi elles, les mineurs pris en charge par l'Aide sociale à l'enfance se distinguent singulièrement. Cette étude a pour objectif d'évaluer les difficultés psychosociales et les recours aux soins pour raisons psychologiques des mineurs pris en charge en famille d'accueil et de ceux en ménage ordinaire. Secondairement, les facteurs associés à ces difficultés et aux recours aux soins pour raisons psychologiques ont été identifiés. Une comparaison des ménages de famille d'accueil et des ménages ordinaires est également proposée. Il s'agit d'une étude transversale sur données d'enquête en population générale. La population d'étude est composée de mineurs âgés de 3 à 17 ans ainsi que de leurs parents ou, le cas échéant, de l'assistant familial répondant. Les difficultés psychosociales sont évaluées au moyen du Strengths and Difficulties Questionnaire renseigné par l'adulte répondant. Ces difficultés ainsi que le recours aux soins pour raisons psychologiques sont décrits au moyen de statistiques bivariées et multivariées. Les données sont issues de l'enquête de panel EpiCov qui repose sur un échantillonnage dans les bases de données fiscales. Des pondérations spécifiques s'appliquent aux répondants et aux enfants concernés par la collecte qui a eu lieu en juillet 2021 au moyen de questionnaires téléphoniques et en ligne. L'enquête « EpiCov » a permis de collecter des données pondérées sur 20 127 enfants représentatifs des enfants âgés de 3 à 17 ans vivant en France, parmi eux, 92 sont placés en famille d'accueil. En population générale, 9 % des enfants présentent un score de difficultés psychosociales anormalement élevé, c'est le cas de 22 % des enfants en famille d'accueil. Parmi ces derniers, 49 % des garçons et 30 % des filles ont recouru à un professionnel de santé entre mai 2020 et juillet 2021 pour un motif psychologique. D'importantes disparités socio-économiques de difficultés psychosociales et de recours sont identifiées, elles ne sont pas symétriques selon le sexe de l'enfant. D'autres facteurs de risque sont également identifiés, notamment la santé mentale et le soutien social du parent ainsi que les temps d'exposition aux écrans, d'activité physique et de lecture de l'enfant. Les données d'EpiCov portant sur les difficultés et aptitudes psychosociales des mineurs apportent des données de cadrage importantes qui pourront en outre permettre aux autres initiatives quantitatives mobilisant les mêmes outils d'avoir des données de référence issues d'un échantillon important.

Droit universel à la santé pour les populations migrantes vulnérables : un objectif d'efficience et une valeur à défendre pour les soins primaires

JANCZEWSKI J., *et al.*

2023

Médecine 19(10): 453-456.

https://doi.org/10.1684/med.2023.941

L'Organisation mondiale de la santé positionne l'accès universel et l'équité des soins comme des critères d'évaluation de la performance des systèmes de santé. Les Nations Unies sont en faveur d'une Couverture sanitaire universelle, objectif 2030. En France, il a été proposé de redéfinir l'Aide Médicale d'État (AME), en argumentant une économie budgétaire. Les personnes en situation irrégulière auraient accès aux soins uniquement pour les situations médicales urgentes. L'état de santé de tous les primo-arrivants est préoccupant, avec une grande fréquence des problèmes de santé physiques et psychiques. Parmi eux, ceux en situation irrégulière et les demandeurs d'asile sont particulièrement vulnérables. Seule une faible proportion des personnes pouvant bénéficier de l'AME auraient ouvert leurs droits. Ce papier de position explore les interactions entre le droit universel à la santé et la vulnérabilité des populations migrantes. Il propose aux soins de santé primaires de prendre soin de ces populations vulnérables, en appliquant les principes de l'universalisme proportionné, d'aller-vers et de faire-avec. Il avertit qu'une réduction du panier de soin de l'AME aurait pour effet d'augmenter le renoncement aux soins et de dégrader l'état de santé des populations concernées.

Two Generations Later: New Evidence on Health Equalisation in Youth

KLOCKE A. ET STADTMÜLLER S.

2023

Social Science & Medicine: 342 : 116522.

https://doi.org/10.1016/j.socscimed.2023.116522

In the 1990s, Patrick West argued that, in contrast to childhood and adulthood, youth was characterised by relative social equality in health. This equalisation hypothesis has since been empirically tested several times, but with inconclusive results. The objective of the present study was to provide an up-to-date contribution to the question of health equalisation in youth by drawing on data from the German longitudinal study Health Behaviour and Injuries at School Age (GUS). The target population of GUS comprised students who were in 5th grade at German public secondary schools in the school year 2014/15. Over 10,000 students from randomly selected schools participated in the initial survey wave and were followed up in annual surveys until 10th grade. As GUS included a variety of health-related variables as well as indicators for family affluence, we could examine how social inequalities affected the health and health behaviour of young people with increasing age. Our study goes beyond previous research in two ways. First, from a youth and health sociology perspective, we present reasons why we expect an increase in socially determined health inequalities in the present youth generation. Second, we fully exploit the potential of our panel data, and thus arrive at very reliable results. For self-rated general health, as well as for numerous mental health and health behaviour items, our data show that health inequalities emerged or increased during the observation period (ages 10–16 years). Despite some indications of equalisation, especially for the consumption of unhealthy food and beverages, most of our results contradict West's equalisation hypothesis and suggest that social inequalities play an increasing role in health disparities among youth in the process of growing up.

Les inégalités de santé entre les femmes et les hommes sont longtemps restées ignorées et demandent encore à être mieux définies, comprises et mesurées

ROLLAND C. ET EL KHOURY F.

2023

Santé Publique 35(4): 363-365.

https://www.cairn.info/revue-sante-publique-2023-4-page-363.htm

Potentially Avoidable Hospitalizations and Socioeconomic Status in Switzerland: A Small Area-Level Analysis

SPYCHER J., *et al.*

2023

Health Policy: 139 :104948.

https://doi.org/10.1016/j.healthpol.2023.104948

The Swiss healthcare system is well known for the quality of its healthcare and population health but also for its high cost, particularly regarding out-of-pocket expenses. We conduct the first national study on the association between socioeconomic status and access to community-based ambulatory care (CBAC). We analyze administrative and hospital discharge data at the small area level over a four-year time period (2014 – 2017). We develop a socioeconomic deprivation indicator and rely on a well-accepted indicator of potentially avoidable hospitalizations as a measure of access to CBAC. We estimate socioeconomic gradients at the national and cantonal levels with mixed effects models pooled over four years. We compare gradient estimates among specifications without control variables and those that include control variables for area geography and physician availability. We find that the most deprived area is associated with an excess of 2.80 potentially avoidable hospitalizations per 1,000 population (3.01 with control variables) compared to the least deprived area. We also find significant gradient variation across cantons with a difference of 5.40 (5.54 with control variables) between the smallest and largest canton gradients. Addressing broader social determinants of health, financial barriers to access, and strengthening CBAC services in targeted areas would likely reduce the observed gap.

De l'invisibilisation de la pauvreté à la visibilité des « désordres » familiaux

STETTINGER V.

2023

Revue française des affaires sociales(3): 91-110.

https://www.cairn.info/revue-francaise-des-affaires-sociales-2023-3-page-91.htm

De nombreuses familles accompagnées par les services de protection de l'enfance vivent au quotidien différentes formes de pauvreté : conditions précaires de logement, manque de solidarité familiale, amicale ou de voisinage, faiblesse des ressources culturelles et économiques. À partir des données recueillies lors d'une recherche ethnographique de longue durée réalisée auprès de quinze familles vivant dans la pauvreté et bénéficiant d'une mesure d'action éducative en milieu ouvert (AEMO), nous verrons d'abord comment une intervention sociale centrée sur une approche individuelle et relationnelle finit par invisibiliser la pauvreté de ces familles. Nous montrerons ensuite comment ces pauvretés rendent ces familles plus visibles aux institutions et l'intervention sociale, via le prisme des « désordres » familiaux. Ces deux mouvements complémentaires expliqueraient en partie certaines limites des actions conduites auprès des familles.

Pathologies et désavantage social des moins de 18 ans en France métropolitaine, en 2018, à partir des données du SNDS

TUPPIN P., *et al.*

2024

Bull Epidemiol Hebd(1): 2-10.

https://www.santepubliquefrance.fr/content/download/596716/4159867

De très nombreuses études ont rapporté que la présence de conditions socio-économiques défavorables chez les enfants, y compris aux plus jeunes âges, est associée à une moins bonne santé physique et mentale, persistant à l'âge adulte. Malgré le développement de politiques visant à lutter contre ces inégalités, l'écart de santé continue de se creuser. A l'aide du SNDS, les objectifs de cette étude observationnelle transversale sur une année auprès d'enfants de moins de 18 ans inclus en 2018 sont de décrire et comparer la fréquence des affections de longue durée (ALD), des diagnostics hospitaliers, dont ceux évitables avant 11 ans, selon des niveaux de défavorisation.

Médicaments

Pharmaceuticals

An International Comparative Policy Analysis of Opioid Use Disorder Treatment in Primary Care Across Nine High-Income Jurisdictions

CHIU K., *et al.*

2024

Health Policy: 104993.

https://doi.org/10.1016/j.healthpol.2024.104993

Background Opioid use disorder (OUD) and opioid-related harms are current health priorities in many high-income countries such as Canada. Opioid agonist therapy (OAT) is an effective evidence-based treatment for OUD, but access is often limited. Aims To describe and compare OUD treatment policies across nine international jurisdictions, and to understand how they are situated within their primary care and health systems. Methods Using policy documents, we collected data on health systems, drug use epidemiology, drug policies, and OUD treatment from Australia, Canada, France, Germany, Ireland, Portugal, Sweden, Switzerland, and Taiwan. We used the health system dynamics framework and adapted definitions of low- and high-threshold treatment to describe and compare OUD treatment policies, and to understand how they may be shaped by their health systems context. Results Broad similarities across jurisdictions included the OAT pharmacological agents used and the need for supervised dosing; however, preferred OAT, treatment settings, primary care and specialist physicians' roles, and funding varied. Most jurisdictions had elements of lower-threshold treatment access, such as the availability of treatment through primary care and multiple OAT options, but the higher-threshold criteria of supervised dosing.

Conclusions From the Canadian perspective, there are opportunities to improve accessibility of OUD care by drawing on how different jurisdictions incorporate multidisciplinary care, regulate OAT medications, remunerate healthcare professionals, and provide funding for services.

The Impact of Prescription Drug Coverage on Disparities in Adherence and Medication Use: A Systematic Review

KAPLAN C. M., *et al.*

2024

Medical Care Research and Review (Ahead of pub).

https://doi.org/10.1177/10775587231218050

Prescription drug cost-sharing is a barrier to medication adherence, particularly for low-income and minority populations. In this systematic review, we examined the impact of prescription drug cost-sharing and policies to reduce cost-sharing on racial/ethnic and income disparities in medication utilization. We screened 2,145 titles and abstracts and identified 19 peer-reviewed papers that examined the interaction between cost-sharing and racial/ethnic and income disparities in medication adherence or utilization. We found weak but inconsistent evidence that lower cost-sharing is associated with reduced disparities in adherence and utilization, but studies consistently found that significant disparities remained even after adjusting for differences in cost-sharing across individuals. Study designs varied in their ability to measure the causal effect of policy or cost-sharing changes on disparities, and a wide range of policies were examined across studies. Further research is needed to identify the types of policies that are best suited to reduce disparities in medication adherence.

Pour mieux soigner : enrichir et mettre à jour ses choix thérapeutiques. Le tri des éléments les plus marquants de l'année 2023

PRESCRIRE

2024

Revue Prescrire 44(483): 37-59.

Dans cet article, Prescrire présente, comme chaque année, son bilan thérapeutique pour 2023 Ce bilan répond à l'objectif suivant : pour des soins de qualité ; il est utile de trier en permanence, sans confondre progrès thérapeutiques et nouveautés commerciales, sans confondre les informations fausses, biaisées ou inutiles avec les informations solides, prouvées, opérationnelles.

Rapport 23-18. Pénuries de médicaments, stocks de sécurité, indépendance nationale et législation de l'Union européenne

TILLEMENT J. P., *et al.*

2023

Bulletin de l'Académie Nationale de Médecine 207(9): 1165-1178.

https://doi.org/10.1016/j.banm.2023.09.003

L'Académie nationale de médecine propose différents niveaux d'intervention pour contrer la pénurie de médicament et de rétablir la souveraineté de l'Union européenne en la matière. Le premier est, en complément de celui des MITM, de relever et d'étudier le statut des médicaments essentiels et sans alternative au plan thérapeutique et qui sont les plus exposés au risque de pénurie. Le second est de constituer des stocks de matières premières (ou de principes actifs) composants des médicaments critiques : on y voit comme avantages, la possibilité de fabriquer en urgence une forme pharmaceutique manquante (une préparation pédiatrique par exemple alors que d'autres sont disponibles), tout en respectant la législation européenne — ce n'est pas un médicament mais un moyen d'en faire — et une excellente façon de faire appel au tissu industriel français, en particulier à ses chimistes et à ses façonniers tout à fait capables de fabriquer les médicaments manquants. On peut imaginer qu'à l'intérieur de l'Union européenne, un certain partage prévisionnel des tâches puisse couvrir les besoins de tous ses membres. La conclusion de ce rapport est claire, il est et sera difficile à chaque État membre de l'Union européenne de résoudre seul le problème national de ses propres pénuries car la tâche est trop lourde et les investissements très importants. D'où la troisième proposition : seules des décisions européennes coordonnées pourront résoudre le problème globalement. Des décisions politiques en ce sens sont annoncées, elles seront à appliquer.

Méthodologie – Statistiques

Methodology-Statistics

▶ Repérer les usagers de fauteuils roulants en France et calculer leur reste à charge à partir des données du Système national des données de santé (SNDS) de 2012 à 2019

ESPAGNACQ M., *et al.*

2022

Question d'Economie de la santé (IRDES)(272)

https://www.irdes.fr/recherche/questions-d-economie-de-la-sante/272-reperer-les-usagers-de-fauteuils-roulants-en-france-et-calculer-leur-reste-a-charge-a-partir-des-donnees-du-snds.pdf

La création en 2021 de la cinquième branche de la Sécurité sociale dédiée à l'autonomie et le débat sur la nécessité d'une grande loi sur son financement mettent en lumière les enjeux d'amélioration de la connaissance de ce secteur. Cette étude fait partie d'un programme de recherche (Fish) qui a pour objectif, en s'appuyant sur les données administratives issues des remboursements des soins par l'Assurance maladie (SNDS), d'améliorer la connaissance des limitations fonctionnelles en France. Ce premier travail s'intéresse aux usagers des fauteuils roulants afin d'en évaluer le nombre, de connaître leur profil (âge, sexe), le type de fauteuil qu'ils acquièrent et à quel coût, en distinguant les dépenses d'assurance maladie et le reste à charge.

▶ Addressing the Distributional Consequences of Spillovers in Health Economic Evaluation: A Prioritarian Approach

HENRY E. ET CULLINAN J.

2024

Health Economics (Ahead of pub).

https://onlinelibrary.wiley.com/doi/abs/10.1002/hec.4796

Health spillovers arise when an individual's serious illness affects those close to them emotionally, psychologically, and/or physically. As a result, healthcare interventions that improve the lives of patients may also confer wider health benefits. However, contrary to widespread calls for health spillovers to be included in health economic evaluation, others have argued this could have adverse distributional consequences and equity implications. This paper presents a novel approach to spillover inclusion in health economic evaluation using a 'prioritarian transformation' of health gains that allows these equity concerns to be addressed. Affording greater weight to the incremental change in patient outcomes when incorporating carer/family health spillovers into resource allocation decisions, the method provides a feasible means of moderating the distributional impact of spillover inclusion. It also introduces a normative, theoretical perspective to a largely empirical extant literature and, as such, its axiomatic basis is examined. Finally, an illustrative example of the approach is presented to demonstrate its application.

▶ La cohorte GAZEL, un tiers de siècle de publications scientifiques, quel bilan ?

LECLERC A., *et al.*

2023

Revue d'Épidémiologie et de Santé Publique 71(6): 102180.

https://doi.org/10.1016/j.respe.2023.102180

En 1989, plus de 20 000 personnes, âgées de 40 à 50 ans (pour les hommes) et de 35 à 50 ans (pour les femmes), appartenant à EDF-GDF, se sont portées volontaires pour faire partie de la cohorte GAZEL, cohorte dont l'objectif était de constituer une infrastructure de recherche ouverte à la communauté de recherche et de santé publique, destinée à être le support de travaux concernant des thèmes, des pathologies ou des facteurs de risque diversifiés. Depuis cette date, les données recueillies ont permis le développement de nombreux projets de recherche, qu'ils soient internes à l'équipe de la cohorte, menés par des équipes de recherche extérieures, ou enfin menés dans le cadre de partenariats internationaux multi-cohortes. Par ailleurs, en 2012, une nouvelle cohorte, CONSTANCES, a été mise en place par la même équipe. Si l'expertise liée au développement de GAZEL a été utile pour CONSTANCES, inversement CONSTANCES a pu aussi aider à la vitalité des activités scientifiques autour de GAZEL, car les équipes mobilisées autour de CONSTANCES ont aussi développé des projets sur GAZEL. Les publications scientifiques issues de GAZEL sont donc *a priori* nombreuses, et ciblées sur des thématiques variées. L'objectif du travail présenté ici était de confronter l'objectif initial de GAZEL, à savoir une ouverture large à différentes thématiques, à ce qui a pu être réalisé sur une période de plus de 30 ans. Pour ce faire, un bilan de la production scientifique basée sur les données de la cohorte a été mené, bilan partiel car n'incluant pas les travaux multi-cohortes. Ce travail, relevant de la bibliométrie, porte sur les publications issues de GAZEL, leurs thématiques et leurs citations.

Politique de santé

Health Policy

Four System Enablers of Large-System Transformation in Health Care: A Mixed Methods Realist Evaluation

FRANCIS-AUTON E., *et al.* .

2023

The Milbank Quarterly (Ahead of Pub).

https://doi.org/10.1111/1468-0009.12684

Policy Points The implementation of large-scale health care interventions relies on a shared vision, commitment to change, coordination across sites, and a spanning of siloed knowledge. Enablers of the system should include building an authorizing environment; providing relevant, meaningful, transparent, and timely data; designating and distributing leadership and decision making; and fostering the emergence of a learning culture. Attention to these four enablers can set up a positive feedback loop to foster positive change that can protect against the loss of key staff, the presence of lone disruptors, and the enervating effects of uncertainty. Context Large-scale transformative initiatives have the potential to improve the quality, efficiency, and safety of health care. However, change is expensive, complex, and difficult to implement and sustain. This paper advances system enablers, which will help to guide large-scale transformation in health care systems. Methods A realist study of the implementation of a value-based health care program between 2017 and 2021 was undertaken in every public hospital (n = 221) in New South Wales (NSW), Australia. Four data sources were used to elucidate initial program theories beginning with a set of literature reviews, a program document review, and informal discussions with key stakeholders. Semistructured interviews were then conducted with 56 stakeholders to confirm, refute, or refine the theories. A retroductive analysis produced a series of context-mechanism-outcome (CMO) statements. Next, the CMOs were validated with three health care quality expert panels (n = 51). Synthesized data were interrogated to distill the overarching system enablers. Findings Forty-two CMO statements from the eight initial program theory areas were developed, refined, and validated. Four system enablers were identified: (1) build an authorizing environment; (2) provide relevant, authentic, timely, and meaningful data; (3) designate and distribute leadership and decision making; and (4) support the emergence of a learning culture. The system enablers provide a nuanced understanding of large-system transformation that illustrates when, for whom, and in what circumstances large-system transformation worked well or worked poorly. Conclusions System enablers offer nuanced guidance for the implementation of large-scale health care interventions. The four enablers may be portable to similar contexts and provide the empirical basis for an implementation model of large-system value-based health care initiatives. With concerted application, these findings can pave the way not just for a better understanding of greater or lesser success in intervening in health care settings but ultimately to contribute higher quality, higher value, and safer care.

A Global Comparative Analysis of the Criteria and Equity Considerations Included in Eighty- Six National COVID-19 Plans

KAPIRIRI L., *et al.*

2023

Health Policy: 104961.

https://doi.org/10.1016/j.healthpol.2023.104961

Systematic priority setting (PS), based on explicit criteria, is thought to improve the quality and consistency of the PS decisions. Among the PS criteria, there is increased focus on the importance of equity considerations and vulnerable populations. This paper discusses the PS criteria that were included in the national

COVID-19 pandemic plans, with specific focus on equity and on the vulnerable populations considered. Secondary synthesis of data, from a global comparative study that examined the degree to which the COVID-19 plans included PS, was conducted. Only 32% of the plans identified explicit criteria. Severity of the disease and/or disease burden were the commonly mentioned criteria. With regards to equity considerations and prioritizing vulnerable populations, 22 countries identified people with co-morbidities others mentioned children, women e.t.c. Low social-economic status and internally displaced population were not identified in any of the reviewed national plans. The limited inclusion of explicit criteria and equity considerations highlight a need for policy makers, in all contexts, to consider instituting and equipping PS institutions who can engage diverse stakeholders in identifying the relevant PS criteria during the post pandemic period. While vulnerability will vary with the type of health emergency- awareness of this and having mechanisms for identifying and prioritizing the most vulnerable will support equitable pandemic responses.

▶ Éradiquer sans prohiber ? Évolutions internationales des politiques publiques de contrôle du tabac au XXIe siècle

TAICLET A.-F.

2023

Santé Publique 35(5): 39-49.

https://www.cairn.info/revue-sante-publique-2023-5-page-39.htm

Cet article propose une synthèse analytique des tendances internationales observables dans les politiques publiques de régulation du tabac dans ce premier quart du XXIe siècle. Il revient d'abord sur la densification du répertoire d'actions publiques et l'affirmation d'une stratégie consistant à encercler le tabac (désigné comme un ennemi) et à l'attaquer par le biais de différentes tactiques matérielles et symboliques. La régulation du tabac est un processus en mouvement permanent, du fait de l'intensité des échanges de coups entre protagonistes : ces interactions agonistiques se traduisent dans des luttes de cadrage qui entraînent une diversification des qualifications du tabac, comme problème sanitaire mais aussi environnemental et social. Enfin, l'article montre comment, à l'issue de ce quart de siècle de mobilisations diverses, s'esquisse la formulation progressive d'un changement de paradigme, où l'objectif de l'action publique ne serait plus seulement le contrôle du tabac mais sa disparition comme bien courant.

▶ Nutrition, politiques de santé et prévention : leçon inaugurale de Mathilde Touvier

TOUVIER M.

2023

Santé Publique 35(4): 367-369.

https://www.cairn.info/revue-sante-publique-2023-4-page-367.htm

Même s'il nous reste encore énormément de choses à comprendre en matière d'impact de l'alimentation sur notre santé, nous avons tout de même extraordinairement progressé au cours des dernières décennies. Cette évolution des connaissances est le fruit d'une recherche multidisciplinaire, alliant, études écologiques, études épidémiologiques observationnelles (ex. cohortes Nurses' health study aux USA, Epic en Europe ou NutriNet-Santé en France), essais randomisés, lorsqu'ils sont éthiquement et matériellement réalisables (ex. SU.VI.MAX, SU.FOL.OM3, PREDIMED), et recherche expérimentale sur modèles cellulaires ou animaux, pour explorer les mécanismes sous-jacents, dont certains comme l'inflammation, l'insulino-résistance, le stress oxydant, les perturbations métaboliques ou encore les dysbioses semblent être partagés par de multiples pathologies chroniques…

Politique sociale

Social Policy

Protection de l'enfance et pauvreté : Avant-propos

CAPELIER F. ET FRECHON I.

2023

Revue française des affaires sociales(3): 7-27.

https://www.cairn.info/revue-francaise-des-affaires-sociales-2023-3-page-7.htm

Le présent numéro de la Revue française des affaires sociales cherche à éclairer les liens entre pauvreté et protection de l'enfance à travers des prismes multiples. Il s'agit d'abord de mieux saisir les effets de la pauvreté sur l'entrée en protection de l'enfance. Le numéro s'intéresse également à la manière dont la pauvreté de l'enfant au sein de sa famille est considérée et saisie à l'entrée, au cours et à la sortie du dispositif de protection de l'enfance. Ce dossier vise plus largement à approcher le parcours des enfants pauvres faisant l'objet d'une mesure de protection, en se penchant, par exemple, sur les mobilités sociales possibles ou, au contraire, les risques de reproduction de la pauvreté auxquels sont exposés les enfants protégés. En mettant au cœur des analyses les déterminants sociaux des enfants et des familles repérées et accompagnées par les services de protection de l'enfance, ce numéro entend enfin contribuer à une meilleure compréhension des enjeux et des limites de l'action publique aujourd'hui mise en œuvre en France comme dans d'autres pays occidentaux (ici la Suisse et le Canada).

Prévention

Prevention

Prevalence, predictors and reasons for Covid-19 vaccine hesitancy : comment

DAUNGSUPAWONG H. ET WIWANITKIT V.

2023

Health Policy: 139 104964.

https://doi.org/10.1016/j.healthpol.2023.104964

Dénormalisation du tabac et de son industrie par la société civile : mise en œuvre et évaluation de la campagne « Pouvoir de vivre » par l'ACT – Alliance contre le tabac

DE GUIRAN E., *et al.*

2023

Santé Publique 35(5): 51-60.

https://www.cairn.info/revue-sante-publique-2023-5-page-51.htm

Cet article présente l'approche dite de dénormalisation, qui s'est progressivement imposée dans le champ de la lutte contre le tabac. Cette démarche regroupe un ensemble varié de pratiques et entend renouveler les méthodes de la lutte contre le tabac en élargissant sa portée au-delà des considérations individuelles et sanitaires habituelles ; elle envisage le tabagisme en tant que problématique sociétale. Cette contribution illustre la mise en œuvre de cette approche, incarnée en France par les campagnes de dénormalisation de l'Alliance Contre le Tabac depuis 2019. La dernière campagne réalisée en janvier 2023 démontre que le tabagisme, au-delà de son impact sanitaire, aggrave aussi les difficultés financières quotidiennes des personnes les plus modestes. La présentation de ce dispositif permet d'illustrer le déploiement de ce type de campagne, la méthodologie utilisée, les outils mobilisés et les résultats obtenus, grâce à la réalisation d'un post-test.

Health Protective Behaviours During the Covid-19 Pandemic: Risk Adaptation or Habituation?

MARTIN-LAPOIRIE D., *et al.*

2023

Social Science & Medicine: 342 :116531.

https://doi.org/10.1016/j.socscimed.2023.116531

Many epidemiological works show that human behaviours play a fundamental role in the spread of infectious diseases. However, we still do not know much about how people modify their Health Protective Behaviours (HPB), such as hygiene or social distancing measures, over time in response to the health threat during an epidemic. In this study, we examined the role of the epidemiological context in engagement in HPB through two possible mechanisms highlighted by research into decision-making under risk: risk adaptation and risk habituation. These two different mechanisms were assumed to explain to a large extent the temporal variations in the public's responsiveness to the health threat during the Covid-19 pandemic. To test them, we used self-reported data collected through a series of 25 cross-sectional surveys conducted in France among representative samples of the adult population, from March 2020 to September 2021 (N = 50,019). Interestingly, we found that both mechanisms accounted relatively well for the temporal variation in the adoption of social distancing during the pandemic, which is remarkable given their different assumptions about the underlying social cognitive processes involved in response to a health threat. These results suggest that strengthening the incentives to encourage people to maintain health protective behaviours and to counter risk habituation effects is crucial to disease control and prevention over time.

Barriers and Facilitators to the HPV Vaccine: A Multicenter Qualitative Study of French General Practitioners

TRON A., *et al.*

2024

Arch Public Health 82(1): 2.

https://doi.org/10.1186/s13690-023-01227-8

In France, human papillomavirus (HPV) vaccination coverage is low, with 30.7% of 17-year-old girls having received a complete HPV vaccination schedule in 2020. AIM: To determine the perspective and behaviors of general practitioners (GPs) regarding HPV vaccination with their patients and if a reluctance is observed. DESIGN AND SETTING: A qualitative study based on semi-directed individual interviews was conducted between December 2019 and December 2020. A representative sample of GPs with various profiles were included in 4 French regions. METHOD: A purposive sampling was used and interviews were continued until data saturation was reached. The analysis was based on the grounded theory. RESULTS: Twenty-six GPs aged 29-66 years were interviewed. The measures taken by the French health authorities (lowering the target age, reimbursing the vaccine, extending the target population to boys) were perceived as facilitators. The reported barriers were organizational, due to low attendance of adolescents, and relational, mainly due to parental vaccine hesitancy. Physicians had to deal with fears about the perceived risks and concerns about sexuality conveyed by HPV vaccination and linked to the socio-cultural characteristics of the families. Physicians developed strategies, including scientific knowledge mobilization, empowerment of families by promoting health through prevention, repetition of the vaccination proposals, personal experience and relationship. Different practices were identified according to three GP typologies: effective, convinced but unpersuasive, and reluctant physicians. CONCLUSION: Based on these results, specific interventions, including communication techniques, especially for hesitant or unpersuasive physicians, are needed to enable GPs to become more effective.

Psychiatrie

Psychiatry

Longitudinal Associations Among the Big Five Personality Traits and Healthcare Utilization in the U.S

ATHERTON O. E., *et al.*

2023

Social Science & Medicine: 340 : 116494.

https://doi.org/10.1016/j.socscimed.2023.116494

Objective One critical component of individual and public health is healthcare utilization, or the extent to which individuals have routine check-ups, schedule treatments, or use emergency services. However, we know little about who uses healthcare services and what types, the conditions that exacerbate utilization, or the factors that explain why people seek out services. The present study fills these gaps in the literature by investigating the role of personality factors in predicting various forms of healthcare utilization, how these associations vary by age, socioeconomic resources, and chronic conditions, as well as one potential psychological mediating mechanism (i.e., sense of control). Methods We use data from a large longitudinal sample of Americans (N = 7108), with three assessments spanning 20 years. Participants reported on their Big Five personality traits using the Midlife Development Inventory, healthcare utilization across three domains (routine visits, scheduled treatment, urgent care), age, income, insurance, chronic conditions, and sense of control. Results Multilevel models showed that people who were more agreeable and neurotic tended to use more healthcare services. Moreover, on occasions when people were more extraverted and open, they tended to use more healthcare services. There were several nuances in personality-healthcare utilization associations depending on the type of healthcare service, age, and socioeconomic resources. Longitudinal mediation analyses demonstrated sense of control as one mechanism linking personality traits to healthcare utilization in U.S. Conclusions We discuss the theoretical and practical implications of interactions between individuals and structural systems for promoting the health of aging Americans.

Socioeconomic Status and Access to Mental Health Care: The Case of Psychiatric Medications For Children in Ontario Canada

CURRIE J., *et al.*

2024

Journal of Health Economics 93: 102841.

https://doi.org/10.1016/j.jhealeco.2023.102841

We examine differences in the prescribing of psychiatric medications to lower-income and higher-income children in the Canadian province of Ontario using rich administrative data that includes diagnosis codes and physician identifiers. Our most striking finding is that conditional on diagnosis and medical history, low-income children are more likely to be prescribed antipsychotics and benzodiazepines than higher-income children who see the same doctors. These are drugs with potentially dangerous side effects that ideally should be prescribed to children only under narrowly proscribed circumstances. Lower-income children are also less likely to be prescribed SSRIs, the first-line treatment for depression and anxiety conditional on diagnosis. Hence, socioeconomic differences in the prescribing of psychotropic medications to children persist even in the context of universal public health insurance and universal drug coverage.

La santé mentale des Français pendant l'épidémie de Covid-19 : principaux résultats de la surveillance et des études conduites par Santé publique France entre mars 2020 et janvier 2022

DU ROSCOÄT E., *et al.*

2023

Bull Epidemiol Hebd(5): 115-123.

https://www.santepubliquefrance.fr/content/download/591397/4139421

En France, l'apparition des premiers cas de Covid-19 fin janvier 2020 et l'augmentation rapide des hospitalisations et des décès ont conduit les pouvoirs publics à instaurer un confinement de l'ensemble de la population le 17 mars 2020. Ce confinement, inédit dans le contexte français, sera le premier d'une série de mesures de limitation des interactions sociales visant à réduire la diffusion du SARS-CoV-2 au sein de la population et à éviter le débordement du système de soins. Dans ce contexte, Santé publique France a mis en place dès mars 2020 différentes études, afin d'observer et de suivre l'évolution de la santé mentale des Français durant la crise épidémique. Il s'agissait principalement de mesurer l'ampleur du phénomène, de recueillir les informations nécessaires à l'orientation et à l'ajustement des réponses préventives, et d'en tirer les enseignements utiles à la gestion de futures pandémies. Cet article propose une synthèse des résultats issus de ces dispositifs de surveillance et d'études. Il en présente les principaux constats ainsi que leurs contributions à la mise en place de dispositifs de promotion de la santé mentale et de prévention des troubles psychologiques.

Psychiatrie, addictologie, et santé mentale en Guyane : revue de la littérature, état des connaissances actuelles et orientations prioritaires de recherche

JANVIER C. ET NACHER M.

2023

L'information psychiatrique 99(9): 641-649.

https://www.cairn.info/revue-l-information-psychiatrique-2023-9-page-641.htm

La Guyane, territoire ultramarin français d'Amazonie, dispose d'un contexte historique, géographique, démographique et socio-anthropologique unique, propre à produire une clinique psychiatrique et addictologique tout à fait originale, nécessitant une adaptation des interventions nationales. Notre objectif premier était d'établir une revue de la littérature et un état des connaissances actuelles dans la discipline en Guyane. Malgré 54 références recensées, ces travaux sont souvent anciens, méconnus et peu accessibles, mal valorisés, disparates et hétérogènes, et même opportunistes et déconnectés du soin et donc peu exploitables. Finalement, peu de professionnels en santé mentale ont conduit des recherches pour éclairer leur pratique, hormis quelques travaux d'épidémiologie descriptive sur le risque addictologique ou le risque suicidaire, sur la population carcérale ou certaines communautés autochtones. Si des études d'épidémiologie descriptive et de prévalence font encore défaut et sont nécessaires, par ailleurs, des travaux sur la problématique liée à la consommation de crack, sur les phénomènes du suicide et de la contagion suicidaire, sur les situations de psychotraumatisme (dont le traumatisme historique) sont attendus. De même, la population infanto-juvénile, la population précaire et/ou migrante et les populations natives autochtones doivent devenir des publics particulièrement investigués. L'impact des métaux lourds et des perturbateurs endocriniens sur les troubles neurodéveloppementaux des enfants, la poursuite des travaux croisés avec les confrères spécialistes de l'infectiologie et de la dermatologie-vénérologie sont également à envisager. Enfin, des recherches intégratives en sciences humaines seraient d'une grande plus-value sur ce territoire multiculturel où l'intégration de la médiation, de l'approche interculturelle et de l'approche communautaire en santé sont un paradigme. Dans un contexte de transformation en CHRU, ce « calendrier », propose une feuille de route pour une recherche dynamique et innovante en psychiatrie, en addictologie, en santé mentale en contexte amazonien.

Depression As a Mediator of the Association Between Vision And/Or Hearing Loss and Recent Substance Use: NHANES 2013–2018

MCCLINTOCK H. F., *et al.*

2023

Disability and Health Journal: 101575.

https://doi.org/10.1016/j.dhjo.2023.101575

Background Previous research has demonstrated a significant association between vision and/or hearing loss and lifetime substance use. Objective The objective of this analysis was to assess whether depression mediates the association between vision and/or hearing loss and recent substance use (RSU). Methods Data from 9408 NHANES 2013–2018 participants were used for a survey-weighted analysis to assess whether the indirect effect (IE) of disability status (neither, vision loss only, hearing loss only, both) on the outcome RSU (past 30-day use of marijuana, cocaine, methamphetamine, or heroin) was mediated by recent (past 2 weeks) depression (Patient Health Questionnaire- 9 items score; none = 0–4, mild or greater = 5+), adjusting for confounders. Results The estimated prevalence of vision and/or hearing loss, mild or greater depression, and RSU were 6.7 %, 24.1 %, and 16.8 %. RSU was significantly positively associated with disability status before ($p = .018$) but not after adjusting for depression ($p = .160$), and the indirect effects were statistically significant ($p < .001$). Conclusions The data are consistent with the hypothesis that recent depression mediates the association between vision and/or hearing loss and RSU. Initiatives may be needed that incorporate a focus on the prevention, management, or care for depression to intervene on the pathway between hearing and/or vision loss and RSU.

Tensions de changements et épuisement des personnels en hôpital psychiatrique

PIPERINI M.-C., *et al.*

2023

L'information psychiatrique 99(10): 711-720.

https://www.cairn.info/revue-l-information-psychiatrique-2023-10-page-711.htm

Cette étude explore comment au sein de l'hôpital psychiatrique, les changements organisationnels sont vécus par les personnels. Le stress professionnel est un processus qui va de l'état de tensions, de préoccupations et d'activation jusqu'à l'épuisement. Il naît dans les transactions entre l'individu et les demandes de son environnement professionnel telles qu'il les perçoit. Notre enquête par questionnaire en ligne auprès de 510 agents souligne que le stress est favorisé par les tensions du côté des changements du travail et que les restructurations de services avec mouvements du personnel sont les changements récents les plus fréquemment cités. Cette catégorie de tensions correspond aussi à des scores d'accomplissement personnel bas et de hauts scores d'épuisement émotionnel.

Feeling Too Low to Be Active: Physical Inactivity Mediates the Relationship Between Mental and Physical Health

ZAGER KOCJAN G., *et al.*

2024

Social Science & Medicine 341: 116546.

https://doi.org/10.1016/j.socscimed.2023.116546

Background Physical inactivity is one of the most influential and pervasive risk factors for health problems. Therefore, public health experts call for interventions to promote physical activity across the lifespan. This study aimed to examine the role of mental health in physical inactivity and the subsequent role of physical activity in various aspects of physical health. Methods Data were collected in the third wave of the European Health Interview Survey (EHIS) in Slovenia. A nationally representative sample of 9,900 people (49.6% male) aged 15 years or more (M = 49.2; SD = 18.9 years) provided self-reports on depression (PHQ-8), subjective well-being (MHC-SF), physical (in)activity, bodily pain, long-standing activity limitations, their general health status, and possible chronic diseases. Results The results of a path analysis showed that depression had a positive effect and well-being had a negative effect on physical inactivity, which in turn contributed to the likelihood of severe bodily pain, activity limitations, poor self-rated health, and multimorbidity. Depression and well-being contributed to health-related outcomes directly and indirectly through physical inactivity. Limitations Because of the cross-sectional design, this study is limited in its ability to draw causal conclusions. All health data were self-reported. Conclusions Results suggest that high levels of depression and low levels of subjective well-being may be an early warning sign of physical health problems. Interventions aimed at preventing or reducing mental health problems and promoting positive mental health may benefit not only mental health per se, but also prevent physical inactivity and, consequently, physical health problems.

Sociologie

Sociology

Patient-Centered or Population-Centered? How Epistemic Discrepancies Cause Harm and Sow Mistrust

DONNELLY K.

2024

Social Science & Medicine 341: 116552.

https://doi.org/10.1016/j.socscimed.2023.116552

Medical distrust is often conceived of as a problem of misinformation or ignorance. In this paper, I depart from this framework, attributing distrust instead to epistemic divergence between lay people and experts. Using data from a contraceptive side effects Facebook group and in-depth physician interviews, I find that providers employ a "body-as-subject" lens informed by population-health goals, while group members employ a "body-as-agent" lens that privileges individuality and bodily autonomy. Provider epistemologies are privileged, creating epistemic injustice and harm for patients. Ultimately, this erodes trust in providers and the medical community more broadly.

Soins de santé primaires

Primary Health care

Building High-Performing Primary Care Systems: After a Decade of Policy Change, Is Canada "Walking the Talk?"

AGGARWAL M., *et al.*

2023

The Milbank Quarterly 101(4): 1139-1190.

https://doi.org/10.1111/1468-0009.12674

Policy Points Considerable investments have been made to build high-performing primary care systems in Canada. However, little is known about the extent to which change has occurred over the last decade with implementing programs and policies across all 13 provincial and territorial jurisdictions. There is significant variation in the degree of implementation of structural features of high-performing primary care systems across Canada. This study provides evidence on the state of primary care reform in Canada and offers insights into the opportunities based on changes that governments elsewhere have made to advance primary care transformation. Context Despite significant investments to transform primary care, Canada lags behind its peers in providing timely access to regular doctors or places of care, timely access to care, developing interprofessional teams, and communication across health care settings. This study examines changes over the last decade (2012 to 2021) in policies across 13 provincial and territorial jurisdictions that address the structural features of high-performing primary care systems. Methods A multiple comparative case study approach was used to explore changes in primary care delivery across 13 Canadian jurisdictions. Each case consisted of (1) qualitative interviews with academics, provincial health care leaders, and health care professionals and (2) a literature review of policies and innovations. Data for each case were thematically analyzed within and across cases, using 12 structural features of high-performing primary care systems to describe each case and assess changes over time. Findings The most significant changes include adopting electronic medical records, investments in quality improvement training and support, and developing interprofessional teams. Progress was more limited in implementing primary care governance mechanisms, system coordination, patient enrollment, and payment models. The rate of change was slowest for patient engagement, leadership development, performance measurement, research capacity, and systematic evaluation of innovation. Conclusions Progress toward building high-performing primary care systems in Canada has been slow and variable, with limited change in the organization and delivery of primary care. Canada's experience can inform innovation internationally by demonstrating how preexisting policy legacies constrain the possibilities for widespread primary care reform, with progress less pronounced in the attributes that impact physician autonomy. To accelerate primary care transformation in Canada and abroad, a national strategy and performance measurement framework is needed based on meaningful engagement of patients and other stakeholders. This must be accompanied by targeted funding investments and building strong data infrastructure for performance measurement to support rigorous research.

Financial Incentives and Prescribing Behavior in Primary Care

BODNAR O., *et al.*

2023

Health Economics. [Ahead of Pub]

https://doi.org/10.1002/hec.4793

Many healthcare systems prohibit primary care physicians from dispensing the drugs they prescribe due to concerns that this encourages excessive, ineffective or unnecessarily costly prescribing. Using data from the English National Health Service for 2011–2018, we estimate the impact of physician dispensing rights on prescribing behavior at the extensive margin (comparing practices that dispense and those that do not) and the intensive margin (comparing practices with different proportions of patients to whom they dispense). We control for practices selecting into dispensing based on observable (OLS, entropy balancing) and unobservable practice characteristics (2SLS). We find that physician dispensing increases drug costs per patient by 3.1%, due to more, and more expensive, drugs being prescribed. Reimbursement is partly based on a fixed fee per package dispensed and we find that dispensing practices prescribe smaller packages. As the proportion of the practice population for whom they can dispense increases, dispensing practices behave more like non-dispensing practices.

Place actuelle et à venir des maisons de santé pluriprofessionnelles, des centres de santé et des CPTS dans la construction d’un service de médecine de proximité

DE HAAS P.

2023

Médecine des Maladies Métaboliques 17(6): 499-503.

https://doi.org/10.1016/j.mmm.2023.08.003

Face à l’accroissement du nombre de malades chroniques, de leur complexité, du vieillissement des populations et, d’autre part, face à la pénurie de médecins (déserts médicaux), la médecine de proximité, en France, tend à s’organiser aujourd’hui en exercice regroupé coordonné et pluriprofessionnel. Les Maisons et centres de santé se multiplient rapidement avec les incitations et l’aide et de l’État, mais ceux- ci restent insuffisantes et/ou d’une lisibilité organisationnelle délicate. Le mode de rémunération à l’acte ou au forfait reste à déterminer. Cependant, le nombre de ces centres augmente de façon linéaire. Ce mode d’exercice sera donc très majoritaire demain, et correspondra mieux aux aspirations des jeunes praticiens, des paramédicaux formés à cet effet (délégation de tâches), de missions territoriales qui diffèrent et, bien sûr, des besoins et attentes des patients. Mais ces changements sont un peu trop longs à venir.

The Impact of Scope-Of-Practice Restrictions on Access to Medical Care

GUO J., *et al.*

2024

Journal of Health Economics: 102844.

https://doi.org/10.1016/j.jhealeco.2023.102844

We study the impact of scope-of-practice laws in a highly regulated and important policy setting, the provision of medication-assisted treatment for opioid use disorder. We consider two natural experiments generated by policy changes at the state and federal level that allow nurse practitioners more practice autonomy. Both experiments show that liberalizations of prescribing authority lead to large improvements in access to care. Further, we use rich address-level data to answer key policy questions. Expanding nurse practitioner prescribing authority reduces urban-rural disparities in health care access. Additionally, expanded autonomy increases access to care provided by physicians, driven by complementarities between providers.

A Novel Application of Interrupted Time Series Analysis to Identify the Impact of a Primary Health Care Reform on Intersectional Inequities in Avoidable Hospitalizations in the Adult Swedish Population

GUSTAFSSON P. E., *et al.*

2024

Social Science & Medicine: 116589 [Ahead of pub].

https://doi.org/10.1016/j.socscimed.2024.116589

Primary health care (PHC) systems are a crucial instrument for achieving equitable population health, but there is little evidence of how PHC reforms impact equities in population health. In 2010, Sweden implemented a reform that promoted marketization and privatization of PHC. The present study uses a novel integration of intersectionality-informed and evaluative epidemiological analytical frameworks to disentangle the impact of the 2010 Swedish PHC reform on intersectional inequities in avoidable hospitalizations. The study population comprised the total Swedish population aged 18–85 years across 2001–2017, in total 129 million annual observations, for whom register data on sociodemographics and hospitalizations due to ambulatory care sensitive conditions were retrieved. Multilevel Analysis of Individual Heterogeneity and Discriminatory Analyses (MAIHDA) were run for the pre-reform (2001–2009) and post-reform (2010–2017) periods to provide a mapping of inequities. In addition, random effects estimates reflecting the discriminatory accuracy of intersectional strata were extracted from a series MAIHDAs run per year 2001–2017. The estimates were re-analyzed by Interrupted Time Series Analysis (ITSA), in order to identify the impact of the reform on measures of intersectional inequity in avoidable hospitalizations. The results point to a complex reconfiguration of social inequities following the reform. While the post-reform period showed a reduction in overall rates of avoidable hospitalizations and in age disparities, socioeconomic inequities in avoidable hospitalizations, as well as the importance of interactions between complex social positions, both increased. Socioeconomically disadvantaged groups born in the Nordic countries seem to have benefited the least from the reform. The study supports a greater attention to the potentially complex consequences that health reforms can have on inequities in health and health care, which may not be immediate apparent in conventional evaluations of either population-average outcomes, or by simple evaluations of equity impacts. Methodological approaches for evaluation of complex inequity impacts need further development.

Retention of Community Health Workers in the Public Health Workforce: Public Health Workforce Interests and Needs Survey, 2017 and 2021

KIRKLAND C., *et al.*

2024

American Journal of Public Health 114: 44-47

https://doi.org/10.2105/AJPH.2023.307462

The objectives of this study is to investigate the organizational factors contributing to the intent of community health workers (CHWs) to quit their jobs in local and state health departments in the United States. Methods. We used the 2017 (n = 844) and 2021 (n = 1014) Public Health Workforce Interests and Needs Survey data sets to predict CHWs' intent to leave with Stata 17 balanced repeated replication survey estimations. Results. CHWs dissatisfied with organizational support, pay, or job security had high probabilities of reporting an intent to leave (50%, $P < .01$; 39%, $P < .01$; and 42%, $P < .01$, respectively) relative to satisfied or neutral workers (24%, $P < .01$; 21%, $P < .01$; and 26%, $P < .01$, respectively). Conclusions. Improving organizational support, pay satisfaction, and job security satisfaction in public health agencies can significantly improve CHW retention, potentially lowering overall organizational costs, enhancing organizational morale, and promoting community health. Public Health Implications. Our findings shed light on actionable ways to improve CHW retention, including assessing training needs; prioritizing diversity, equity, and inclusion; and improving communication between management and workers. (Am J Public Health. Published online ahead of print November 30, 2023:e1–e4. https://doi.org/10.2105/AJPH.2023.307462)

Co-construction d'un dispositif d'ETP mono et polypathologique dans un centre municipal de santé

LEGOBIEN A., *et al.*

2023

Santé Publique 35(4): 405-416.

https://www.cairn.info/revue-sante-publique-2023-4-page-405.htm

L'accessibilité de l'Éducation Thérapeutique du Patient (ETP) est essentielle pour contribuer à une réduction des inégalités sociales et répondre aux défis posés par l'accroissement des maladies chroniques. En France, la répartition de l'offre d'ETP sur le territoire est inhomogène et les patients y occupent une place encore trop modeste. Dans ces perspectives, un centre municipal de santé a élaboré un dispositif innovant d'ETP en impliquant, dès le début, des patients concernés. Objectifs : Les objectifs de cet article sont de présenter la méthodologie mise en œuvre pour co-construire un dispositif d'ETP pour des patients porteurs d'une ou de plusieurs maladies prévalentes sur le territoire, ainsi que les résultats de la co-construction. Méthodes : Constitution d'une équipe projet avec divers acteurs : patients, professionnels de santé, administratifs, chercheurs. Organisation de temps synchrones et asynchrones. Résultats : Quatre réunions et de nombreux échanges ont permis de : définir les valeurs communes et les règles de fonctionnement de l'équipe projet, réfléchir sur la coordination du parcours de soins, identifier des besoins propres et partagés des patients touchés par le diabète de type 2, l'hypertension artérielle et/ou l'obésité, se mettre d'accord sur les principes du dispositif. Conclusion : Ce dispositif présente des avantages certains : organisation souple avec de nombreux liens avec les acteurs locaux, développement du partenariat, élargissement de la population concernée. Néanmoins, des questionnements et des difficultés ont été rencontrés comme la coordination des acteurs et la représentation des patients partenaires pour les maladies ciblées. Ce dispositif sera expérimenté et évalué principalement en vue de son amélioration.

▶ Home Health Agencies with High Quality of Patient Care Star Ratings Reduced Short-Term Hospitalization Rates and Increased Days Independently at Home

LI J.

2024

Medical Care 62(1): 11-20.

https://doi.org/10.1097/MLR.0000000000001930

Background: Critics argue that Medicare's Quality of Patient Care home health star ratings are inaccurate. Valid ratings are essential to help patients find high-quality care. Objective: The aim of this study was to determine whether using the highest-rated home health agency available in a ZIP code improves outcomes. Research Design: A retrospective study of 1,870,080 Medicare fee-for-service beneficiaries using home health care from July 2015 through July 2016 in the United States. An instrumental variables approach is used to address the endogeneity of agency choice, where the instrument is the differential proximity of the patient to the closest highest-rated and closest lower-rated agency. Outcomes: Days independently at home; health care setting-specific days and death; hospitalization, emergency department use, and institutionalization risk. Results: Treatment by the highest-rated agencies available decreased risks (in percentage points) of hospitalization (–3.2; 95% CI, –4.1 to –2.3), emergency department use (–2.2; 95% CI, –3.2 to –1.1), and institutionalization (–0.9; 95% CI, –1.3 to –0.5) during the initial episode, and increased days independently at home by 2.6% or 3.75 (95% CI, 2.20–5.29) days in the 180 days after the end of the initial episode. Treatment effects were more pronounced for agencies that were above-average (6.51 d; 95% CI, 4.15–8.87), had ≥1 more star than the next-best agency (7.80 d; 95% CI, 4.13–11.47), and nonrural residents (4.57 d; 95% CI, 2.75–6.40). Effects were positive for both postacute (3.40; 95% CI, 1.80–5.00) and community-entry (5.60; 95% CI, 2.30–8.89) patients. Conclusions: Medicare's Quality of Patient Care star rating correlates with reduced short-term hospitalizations and emergency department use and increased days independently at home in the longer term.

▶ The Effect of Primary Healthcare on Mortality: Evidence From Costa Rica

MORA-GARCÍA C. A., *et al.*

2024

Journal of Health Economics 93: 102833.

https://doi.org/10.1016/j.jhealeco.2023.102833

This paper uses the gradual implementation of a primary healthcare (PHC) intervention in Costa Rica to examine the long-term effect of PHC on mortality. Nine years after opening a primary care center, known as a Health Area, there was an associated 13% reduction in age-adjusted mortality rate in the assigned patient population. The effect was highest among adults over 65 years of age and for those with noncommunicable diseases, such as cardiovascular-related causes of death. We also show that as Health Areas opened, more individuals sought care at primary care clinics, while fewer sought care at emergency rooms; these changes may have partially mediated the effect of the intervention on mortality.

Navigating Interprofessional Boundaries: Midwifery Students in Canada

NEITERMAN E., *et al.*

2024

Social Science & Medicine 341: 116554.

https://doi.org/10.1016/j.socscimed.2023.116554

The literature on professional socialization focuses on how students adopt and internalize professional identities and values, and assumes that boundary work is essential to learning how best to practice their profession. However, a focus on boundary work in the context of midwifery training - which is embedded in the gendered and hierarchical landscape of maternity care - is lacking. Thus, this article examines how Canadian student-midwives learn to navigate and negotiate interprofessional boundaries. Grounded in a symbolic interactionist approach, it draws on 31 semi-structured qualitative interviews from a mixed-methods national study on midwifery retention, explores how midwifery students make sense of the tensions among midwives, physicians, and nurses, and describes what strategies they utilize when navigating boundaries. Our analysis, based in constructivist grounded theory, revealed that participants learned about interprofessional tensions in clinical placement encounters via direct or indirect interactions with other healthcare professionals, and that strategies to navigate these tensions included educating others about midwifery training and adopting a learner identity. This article proposes that the process of professional socialization enables to reshape professional boundaries and that students are not only learners but also agents of change. These findings may yield practical applications in health education by highlighting opportunities for improving interprofessional collaborations.

Overseas General Practitioners (GPs) and Prescription Behaviour in England

NICODEMO C., *et al.*

2023

Health Policy: 104967.

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The UK imports many doctors from abroad, where medical training and experience may differ. This study aims to understand how drug prescription behaviour varies in English GP practices with higher shares of foreign-trained GPs. Results indicate that in general prac- tices with a high proportion of GPs trained outside the UK, there are higher prescriptions for antibiotics, mental health medication, analgesics, antacids, and statins, while controlling for patient and practice characteristics. However, we found no significant impact on pa- tient satisfaction or unplanned hospitalisations, suggesting that this behaviour may be due to over-prescribing. Identifying differences in prescribing habits among GPs is crucial in deter- mining best policies for ensuring consistent services across GP practices and reducing health inequalities.

Heterogeneity in Physician's Job Preferences in a Dual Practice Context – Evidence From a DCE

PESTANA J., *et al.*

2023

Social Science & Medicine: 140 : 116551.

https://doi.org/10.1016/j.healthpol.2023.104967

Many countries are facing challenges in recruiting and retaining physicians, particularly in regions where the public and private sectors compete for doctors. Understanding the factors influencing physicians' job choices can help inform policies aimed at attracting and retaining this valuable workforce. This study aims to elicit the strength of physicians' preferences regarding various job-related aspects, including earnings, time flexibility, discussion of clinical cases, frequency of facilities and equipment updates, training opportunities and autonomy in decision making. To achieve this, a Discrete Choice Experiment (DCE) was administered to 697 physicians. Each participant completed a series of eight choice tasks, where they had to choose between two hypothetical jobs differing in these attributes with levels mirroring positions in the public and private sectors in Portugal. The resulting choices were analysed using mixed logit, generalized multinomial logit and latent classes models to account for diverse unobserved variations in physicians' preferences and to explore preference heterogeneity across different observable characteristics. Jobs that offered more autonomy and training opportunities were strongly preferred, as physicians would require additional compensation to work with reduced autonomy (equivalent to 28.62% of gross income) or less frequent training (equivalent to 22.75%). This study also shows that the ranking of the job characteristics is similar between physicians working exclusively in the public sector and those engaged in dual practice. Nevertheless, public sector physicians place more emphasis on the availability of frequent training possibilities and frequent updates of facilities and equipment compared to their counterparts in dual practice. These findings contribute to existing knowledge by highlighting the significance of non-monetary attributes and shedding light on the preferences of physicians across various employment scenarios. They offer valuable insights for policy development aimed at influencing physicians' allocation of time between sectors.

▶ Differences in Health Care Utilization of High-Need and High-Cost Patients of Federally Funded Health Centers Versus Other Primary Care Providers

POURAT N., *et al.*

2024

Medical Care 62(1): 52-59.

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Background: Primary care providers (PCP) differ in their ability to address the needs and reduce use of costly services among complex Medicaid beneficiaries. Among PCPs, Health Resources and Services Administration (HRSA)-funded health centers (HCs) are shown to provide high-value care. Objective: We compared health care utilization of complex Medicaid managed care beneficiaries whose PCPs were HCs versus 3 other groups. Research Design: Cross-sectional study using propensity score matching comparing health care use by provider type, controlling for demographics, health status, and other covariates. Subjects: California Medicaid administrative data for complex adult managed care beneficiaries with at least 1 primary care visit in 2018. Measures: Primary and specialty care evaluation & management visits and services; emergency department (ED) visits; and hospitalizations. PCPs included HCs, clinics not funded by HRSA, solo, and group practice providers. Results: HRSA-funded HCs had lower predicted rates of specialty evaluation & management and other services than all others; lower predicted probability of any ED visits than clinics not funded by HRSA [54% (95% CI: 53%–55%) vs. 56% (95% CI: 55%–57%)] and group practice providers [51% (95% CI: 51%–52%) vs. 52% (95% CI: 52%–53%)]; and lower PP of any hospitalizations than solo [20% (95% CI: 19%–20%) vs. 23% (95% CI: 22%–24%)] and group practice providers [21% (95% CI: 20%–21%) vs. 24% (95% CI: 23%–24%)]. Conclusions: Differences in HC care delivery and practices were associated with lower use of specialty, ED, and hospitalization visits compared with other PCPs for complex Medicaid managed care beneficiaries. Understanding the underlying reasons for these utilization differences may promote better outcomes among these patients.

▶ Stemming the Tide: The Challenges that Must Be Overcome to Reverse the Great Resignation of Healthcare Staff

ROLEWICZ L., *et al.*

2024

BMJ 384: q81.

https://doi.org/10.1136/bmj.q81

Global shortages of healthcare staff have been reported for a long time and are a core issue affecting the timely delivery of high quality care. According to the World Health Organisation, there could be a global shortage of 10 million healthcare workers by 2030, highlighting the scale of the staffing challenge.1 Reducing the demand for healthcare overall, including through the development of coherent public health strategies and improving efficiency in the system, can help limit the impact of staff shortages. But the retention of staff is vital to tackle the backlog of care and manage rising global demand for healthcare.

▶ Staying Silent During a Crisis: How Workplace Factors Influence Safety Decisions in U.S. Nurses

TEDONE A. M. ET LANZ J. J.

2023

Social Science & Medicine: 341 116548.

https://doi.org/10.1016/j.socscimed.2023.116548

Rationale It is critical for healthcare organizations to promote upward communication of safety information to ensure safety issues experienced on the work floor are promptly identified and addressed, especially during crisis events. Objective This study investigates mechanisms through which workplace factors affect nurses' motivation to speak up about safety issues, and ultimately their safety behaviors, in a pandemic work environment. Method The work experiences of 152 frontline U.S. nurses were captured across three time-points during the height of a global pandemic. Results indicate that nurses who experienced a greater frequency of pandemic-related demands and/or perceived a greater social risk associated with voicing concerns were more likely to remain silent about safety issues due to job-related constraints or a fear of negatively impacting their reputation, respectively. As a consequence, nurses were more likely to bypass safety protocols while completing work tasks, especially for those who are low in risk propensity. Conclusion These findings advance the literature on workplace safety by investigating factors that affect employee communication and ultimately safety workarounds in nurses within the context of a global pandemic.

Systèmes de santé

Health Systems

▶ Post-Covid Health Policy Responses to Healthcare Workforce Capacities: A Comparative Analysis of Health System Resilience in Six European Countries

BURAU V., *et al.*

2023

Health Policy 139: 104962.

https://doi.org/10.1016/j.healthpol.2023.104962

A cross countries in Europe, health policy is seeking to adapt to the post-pandemic 'permacrisis', where high demands on the healthcare workforce and shortages continue and combine with climate change, and war. The success of these efforts depends on the capacities of the healthcare workforce. This study aims to compare health policy responses to strengthen the capacities of the healthcare workforce and to explore the underpinning dynamics between health systems, policy actors and health policies. The study draws on a qualitative, comparative analysis of Austria, the Czech Republic, Denmark, Germany, Italy and the Netherlands.

Travail et santé

Occupational Health

▶ Measuring the Overall Performance of Mental Healthcare Providers

ARAGÓN M. J., *et al.*

2024

Social Science & Medicine: 139 : 116582.

https://doi.org/10.1016/j.socscimed.2024.116582

To date there have been no attempts to construct composite measures of healthcare provider performance which reflect preferences for health and non-health benefits, as well as costs. Health and non-health benefits matter to patients, healthcare providers and the general public. We develop a novel provider performance measurement framework that combines health gain, non-health benefit, and cost and illustrate it with an application to 54 English mental health providers. We apply estimates from a discrete choice experiment eliciting the UK general population's valuation of non-health benefits relative to health gains, to administrative and patient survey data for years 2013–2015 to calculate equivalent health benefit (eHB) for providers. We measure costs as forgone health and quantify the relative performance of providers in terms of equivalent net health benefit (eNHB): the value of the health and non-health benefits minus the forgone benefit equivalent of cost. We compare rankings of providers by eHB, eNHB, and by the rankings produced by the hospital sector regulator. We find that taking account of the non-health benefits in the eNHB measure makes a substantial difference to the evaluation of provider performance. Our study demonstrates that the provider performance evaluation space can be extended beyond measures of health gain and cost, and that this matters for comparison of providers.

The Labour Market Returns to Sleep

COSTA-FONT J., *et al.*
2024
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Despite the growing prevalence of insufficient sleep among individuals, we still know little about the labour market return to sleep. To address this gap, we use longitudinal data from Germany and leverage exogenous fluctuations in sleep duration caused by variations in time and local sunset times. Our findings reveal that a one-hour increase in weekly sleep is associated with a 1.6 percentage point rise in employment and a 3.4% increase in weekly earnings. Such effect on earnings stems from productivity improvements given that the number of working hours decreases with longer sleep duration. We also identify a key mechanism driving these effects, namely the enhanced mental well-being experienced by individuals who sleep longer hours.

Liens entre le statut tabagique et la situation vis-à-vis de l'emploi : analyse transversale de la cohorte CONSTANCES

EL HADDAD R., *et al.*
2023
Santé Publique 35(5): 81-94.
https://www.cairn.info/revue-sante-publique-2023-5-page-81.htm

Estimer les prévalences d'usage de tabac en 2017 et en 2019 en population française couverte par le Régime Général d'Assurance Maladie en fonction du statut vis-à-vis de l'emploi. À partir d'un échantillon de 18 008 volontaires inclus en 2017 dans CONSTANCES, une cohorte nationale en population générale française ayant recruté de manière aléatoire des volontaires de 18-69 ans affiliés au Régime Général d'Assurance Maladie, les prévalences d'usage du tabac en fonction de du statut vis-à-vis de l'emploi ont été estimées en 2017 et en 2019 après correction pour les biais de sélection à l'inclusion et de non-réponse au suivi. En 2019, la prévalence du tabagisme était plus élevée chez les actifs inoccupés (29,2 % chez les hommes et 20,7 % chez les femmes) par rapport aux actifs occupés (16,5 % chez les hommes et 13,8 % chez les femmes). La prévalence du tabagisme la plus élevée concernait les personnes sans activité professionnelle pour raisons de santé (38,5 % chez les hommes et 35,8 % chez les femmes). Les fumeurs étaient plus à risque d'être actifs inoccupés comparativement aux non-fumeurs (OR 2,63 [95 % Intervalle de confiance [IC] : 1,79 ; 3,85] chez les hommes et OR 1,55 [95 % IC : 1,08 ; 2,22] chez les femmes). Chez les hommes, la prévalence d'actifs occupés parmi les petits fumeurs (<10 cigarettes/jour) a baissé entre 2017 (87,1 %) et 2019 (74,8 %). Ces analyses soulignent l'importance d'intensifier les campagnes de prévention sur le tabagisme parmi les actifs inoccupés et les inactifs, en particulier pour raisons de santé.

Economic Activity and Suicides: Causal Evidence From Macroeconomic Shocks in England and Wales

LEPORI G. M., *et al.*
2023
Social Science & Medicine: 342 : 116538.
https://doi.org/10.1016/j.socscimed.2023.116538

The relationship between economic activity and suicides has been the subject of much scrutiny, but the focus in the extant literature has been almost exclusively on estimating associations rather than causal effects. In this paper, using data from England and Wales between January 1, 1997 and December 31, 2017, we propose a plausible set of assumptions to estimate the causal impacts of well-known macroeconomic variables on the daily suicide rate. Our identification strategy relies on scheduled macroeconomic announcements and professional economic forecasts. An important advantage of using these variables to model suicide rates is that they can efficiently capture the elements of 'surprise or shock' via the observed difference between how the economy actually performed and how it was expected to perform. Provided that professional forecasts are unbiased and efficient, the estimated 'surprises or shocks' are 'as good as random', and therefore are exogenous. We employ time series regressions and present robust evidence that these exogenous macroeconomic shocks affect the suicide rate. Overall, our results are consistent with economic theory that shocks that reduce estimated permanent income, and therefore expected lifetime utility, can propel suicide rates. Specifically, at the population level, negative shocks to consumer confidence and house prices accelerate the suicide rate. However, there is evidence of behavioural heterogeneity between sexes, states of the economy, and levels of public trust in government. Negative shocks to the retail price index (RPI) raise the suicide rate for males. Negative shocks to the growth rate in gross domestic product (GDP) raise the population suicide rate when the economy is doing poorly. When public trust in government is low, increases in the unemployment rate increase the suicide rate for females.

Lifetime Exposure to Unemployment and Prior Working Conditions Are Associated with Retiree's Health: A Retrospective Study in a Large Population-Based French Cohort

SANCHEZ RICO M., *et al.*

2024

Social Science & Medicine 341: 116550.

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It is unclear whether unemployment exposure, as well as working conditions, can have sustained effects on the health of retirees who are no longer exposed. The aim of the present study is to investigate this issue in 29,281 French retirees from the CONSTANCES cohort in whom the prevalence of suboptimal self-rated health, disability for routine tasks, cardiovascular diseases and cancers is assessed according to lifetime exposure to unemployment and prior working conditions. The analyses are performed retrospectively using multivariable logistic regression models with adjustment for potential confounders such as sex, birth year, parental histories of cardiovascular disease and cancer, social position, retirement age and duration. High lifetime exposure to unemployment is associated with an increased prevalence of suboptimal self-rated health (adjusted odds ratio (95% CI), 1.39 (1.23–1.57)), disability for routine tasks (1.41 (1.26–1.57)) and several cardiovascular diseases including stroke (1.66 (1.19–2.31)), myocardial infarction (1.65 (1.18–2.31)) and peripheral arterial disease (2.38 (1.46–3.90)). Bad prior working conditions are associated with an increased prevalence of disability for routine tasks (1.17 (1.04–1.33)) and cancers (1.27 (1.04–1.54)), notably prostate cancer (1.60 (1.01–2.64)). These findings suggest that unemployment and working conditions have long-term health effects that may cumulate over lifetime, emphasizing that risk evaluation and preventive strategies in retirees, as in workers, should take into account the life-course of individuals in addition to traditional risk factors.

Vieillissement

Ageing

Geodemographic Profiles of Covid-19 Mortality Inside/Outside Nursing Homes. Spatial Analysis From Microdata in North Spain

DE COS GUERRA O., *et al.*

2024

Applied Geography 162: 103153.

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After two years of the Covid-19 pandemic, there is extensive research on the spread of the virus and geo-statistical analysis of spatial patterns. However, from the perspective of health geography, Covid-19 mortality is still under-studied. This research aims to provide a geographic profile of Covid-19 mortality, in terms of the space-time evolution and the relationship with individual and contextual variables. To this end, we geocoded the daily Covid-19 microdata of deceased persons provided by the Government of Cantabria (in northern Spain) from March 1, 2020 to March 31, 2022. The study also took cadastral variables, population records, and connections to geo-enrichment services accessed through ArcGIS Pro License (ESRI) into account. Using spatial statistics methods, such as 3D bins and emerging hot spots, local bivariate relationships, and ordinary least squares, we propose an exportable and scalable methodology to help policymakers cope with the current stage of living with the epidemic virus. Our results suggest that the spatial distribution of mortality is less clustered than that of contagion and shed light on differences in Covid-19 mortality profiles inside/outside nursing homes, such as higher age, and the temporal concentration of deaths in nursing homes. Spatial regimes showed hot spots of Covid-19 mortality in urban and metropolitan areas, with a pattern of repetition over time, such as sporadic hot spots that accounted for 36.28% of deaths in only 11.88% of the area with Covid-19 deaths. Despite immunization, periods of high contagion meant a subsequent increase in mortality, such as during the Omicron wave, where consecutive metropolitan hot spots accounted for 37.50% of the area and 51.45% of deaths were concentrated. Finally, there were interesting nuances in the significant local context variables of Covid-19 mortality compared with the explanatory factors of Covid-19 cases.

The Role of Place in Person- and Family-Oriented Long-Term Services and Supports

FABIUS C. D., *et al.*

2023

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Policy Points Little attention to date has been directed at examining how the long-term services and supports (LTSS) environmental context affects the health and well-being of older adults with disabilities. We develop a conceptual framework identifying environmental domains that contribute to LTSS use, care quality, and care experiences. We find the LTSS environment is highly associated with person-reported care experiences, but the direction of the relationship varies by domain; increased neighborhood social and economic deprivation are highly associated with experiencing adverse consequences due to unmet need, whereas availability and generosity of the health care and social services delivery environment are inversely associated with participation restrictions in valued activities. Policies targeting local and state-level LTSS-relevant environmental characteristics stand to improve the health and well-being of older adults with disabilities, particularly as it relates to adverse consequences due to unmet need and participation restrictions. Context Long-term services and supports (LTSS) in the United States are characterized by their patchwork and unequal nature. The lack of generalizable person-reported information on LTSS care experiences connected to place of community residence has obscured our understanding of inequities and factors that may attenuate them. Methods We advance a conceptual framework of LTSS-relevant environmental domains, drawing on newly available data linkages from the 2015 National Health and Aging Trends Study to connect person-reported care experiences with public use spatial data. We assess relationships between LTSS-relevant environmental characteristic domains and person-reported care adverse consequences due to unmet need, participation restrictions, and subjective well-being for 2,411 older adults with disabilities and for key population subgroups by race, dementia, and Medicaid enrollment status. Findings We find the LTSS environment is highly associated with person-reported care experiences, but the direction of the relationship varies by domain. Measures of neighborhood social and economic deprivation (e.g., poverty, public assistance, social cohesion) are highly associated with experiencing adverse consequences due to unmet care needs. Measures of the health care and social services delivery environment (e.g., Medicaid Home and Community-Based Service Generosity, managed LTSS [MLTSS] presence, average direct care worker wage, availability of paid family leave) are inversely associated with experiencing participation restrictions in valued activities. Select measures of the built and natural environment (e.g., housing affordability) are associated with participation restrictions and lower subjective well-being. Observed relationships between measures of LTSS-relevant environmental characteristics and care experiences were generally held in directionality but were attenuated for key subpopulations. Conclusions We present a framework and analyses describing the variable relationships between LTSS-relevant environmental factors and person-reported care experiences. LTSS-relevant environmental characteristics are differentially relevant to the care experiences of older adults with disabilities. Greater attention should be devoted to strengthening state- and community-based policies and practices that support aging in place.

Burnout Among Nursing Home Care Aides and the Effects on Resident Outcomes

GRUNEIR A., *et al.*

2023

Medical Care Research and Review (Ahead of pub).

https://doi.org/10.1177/10775587231220072

While burnout among health care workers has been well studied, little is known about the extent to which burnout among health care workers impacts the outcomes of their care recipients. To test this, we used a multi-year (2014–2020) survey of care aides working in approximately 90 nursing homes (NHs); the survey focused on work–life measures, including the Maslach Burnout Inventory (MBI) and work-unit identifier. Resident Assessment Instrument Minimum Data Set (RAI-MDS 2.0) data were obtained on all residents in the sampled NHs during this time and included a unit identifier for each resident. We used multi-level models to test associations between the MBI emotional exhaustion and cynicism sub-scales reported by care aides and the resident outcomes of antipsychotics without indication, depressive symptoms, and responsive behaviors among residents on units. In 2019/2020, our sample included 3,547 care aides and 10,117 residents in 282 units. The mean frequency of emotional exhaustion and cynicism across units was 43% and 50%, respectively. While residents frequently experienced antipsychotics without indication 1,852 (18.3%), depressive symptoms 2,089 (20.7%), and responsive behaviors 3,891 (38.5%), none were found to be associated with either emotional exhaustion or cynicism among care aides.

Assessing the Impact of Caregiving For Older Parents on Caregivers' Health: Initial Health Status and Trajectories of Physical and Mental Health Among Midlife Caregivers For Parents and Parents-In-Law in Britain

ZUERAS P. ET GRUNDY E.

2023

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https://doi.org/10.1016/j.socscimed.2023.116537

Assessing the impact of caregiving for older parents on caregivers' health is increasingly important in the context of population changes and curtailment of state provided services. This has been extensively studied but results are inconsistent, possibly reflecting a lack of attention to health-related selection into the caregiver role. We use data from a nationally representative UK longitudinal study to analyse differences in the health of people aged 40–69 at baseline by whether they were 'eligible' to provide parent care (with a living parent/parent-in-law) and by whether they subsequently assumed a caregiver role. We measured initial health status using a latent variable derived from three observer-recorded indicators as well as self-reported health. We analysed trajectories of physical and mental health over a seven-year follow-up for those providing intensive care (20+ hours per week) to a parent or parent-in-law, providers of lesser amounts of care, and non-caregivers. Outcomes were measured using the SF-12 indicators of mental and physical health. Results showed that those with a living parent or parent-in-law had better health than those lacking these relatives. However, among potential caregivers for a parent or parent-in-law, those assuming intensive caregiving had poorer initial health than non-caregivers or those who became providers of less intensive care. Fixed effects analyses of follow-up data showed that the mental health of intensive caregivers deteriorated. However, the physical health of intensive caregivers with low levels of education improved. Results show the importance of taking account of whether people are at risk of providing parental care and initial health status when assessing impacts of caregiving on health. They also indicate differential effects of caregiving on health depending on socio-demographic characteristics and reaffirm the need for greater supports for those providing substantial amounts of care to older parents.

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