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

Mai 2025 / May 2025

Assurance maladie	*Health Insurance*
Démographie	*Demography*
E-Santé – Technologies médicales	*E-health – Medical Technologies*
Économie de la santé	*Health Economics*
Environnement et santé	*Environmental Health*
État de santé	*Health Status*
Géographie de la santé	*Geography of Health*
Handicap	*Disability*
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Veille scientifique en économie de la santé

Watch on Health Economics Literature

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Assurance maladie

Health Insurance

Public versus private access in the Italian NHS - The use of Propensity Score Matching to provide more insight on the increasing adoption of voluntary health insurance

BRENNA, E.

2025

Health Policy 154: 105271.

https://doi.org/10.1016/j.healthpol.2025.105271

In the Italian NHS, over the last decades, a growing share of population opted for a Voluntary Health Insurance (VHI) in order to privately access healthcare services and bypass the increasingly long waiting times of the public system. The study analyses whether and to what extent the presence of a VHI may condition the choice of privately accessing healthcare services. Information on different access fees, specifically "full price", "copayment price" and "no price", are furnished for both specialist visits and diagnostic tests; the analysis is focused on these services. Data is drawn from the European Health Interview Survey, and is modelled through Propensity Score Matching to find possible differences in the choice of accessing private, rather than public, healthcare services by individuals with VHI. Results show a higher likelihood of accessing private specialist (+7.3 %) and diagnostic care (+7.3 %) by patients with a VHI compared to patients without VHI; conversely, having a VHI decreases the probability of seeking NHS care, through copayment, by respectively 5.1 % and 6.3 %. These findings suggest that VHI spread may reduce the burden on the NHS and increase the availability of diagnostic and specialist services for patients without integrative coverage. On the other side, the analysis shows that income, education and employment status are directly related to the probability of having a VHI, raising concern on possible inequalities across socioeconomic classes in the access to healthcare services. Policy implications are not univocal and claim for a deeper insight into these aspects by both scholars and policymakers.

Policy Feedbacks and Medicaid on Its 60th Anniversary

CAMPBELL, A.L.

2025

Journal of Health Politics, Policy and Law 50(2): 165-188.

https://doi.org/10.1215/03616878-11567676

Context: Despite early skepticism about Medicaid's ability to withstand retrenchment as a program of "welfare medicine," it has proved remarkably durable. Existing analyses explain durability from a policy feedbacks perspective—how program provisions affect the subsequent political environment and policy-making options. This article updates earlier feedback accounts to the Affordable Care Act (ACA) era. Methods: The article examines extant findings on policy feedbacks in Medicaid at the elite and mass levels since the 2010 passage of the ACA. Findings: Mass feedbacks have been modest. Medicaid expansion under the ACA only slightly increased beneficiary political participation, if at all. Medicaid attitudes among beneficiaries and the larger public have become somewhat more supportive. Elite-level feedbacks are the most powerful, with the federal contribution—increased for expansion populations under the ACA—inexorably shaping state incentives. However, continued rejection of Medicaid expansion and attempts to add conditions to Medicaid eligibility in Republican-led states with large shares of Black residents demonstrate that federalism, race, and the program's welfare medicine image continue to threaten the program. Conclusion: Medicaid survives as the nation's largest health insurance program by enrollment, and it is deeply woven into the health care system. However, it remains chronically vulnerable and variable across states despite robust aggregate enrollment and spending.

Health Insurance Coverage Changes Under the Affordable Care Act Among High Housing Cost Households, 2010–18

CAO, Y., SU, Y., WANG, G., *et al.*

2025

Health Economics 34(3): 415-430.

https://doi.org/10.1002/hec.4912

ABSTRACT This study examines the impact of the Affordable Care Act (ACA) on health insurance coverage among rent-burdened households—those spending more than 30% of their income on rent—and non-rent-burdened households. Using data from American Community Survey, we find that Medicaid take-up rate increased 8.88 percentage points (pp) among rent-burdened households and 7.54 pp among non-rent-burdened households in expansion states. Conditional on household income and demographic characteristics, rent-burdened households exhibit a 1.5 pp higher likelihood of Medicaid enrollment, with an additional decline of 0.7 pp in employer-sponsored insurance and 1.0 pp in directly purchased insurance enrollment. These effects were more pronounced among individuals aged over 26 and those in states without state-run exchanges. The findings show the importance of tailored Medicaid policies to assist households facing housing burdens, especially for those ineligible for housing vouchers.

▶ Medicaid's Political Development since 1965: How a Fragmented and Unequal Program Has Expanded

GROGAN, C.M.

2025

Journal of Health Politics, Policy and Law 50(2): 137-164.

https://doi.org/10.1215/03616878-11567692

The Medicaid program has changed enormously over the past 60 years from a very restrictive program primarily attached to recipients on public assistance in 1965 to a much more expansive program today allowing coverage for persons regardless of marital, parental, or employment status. Incorporating the "medically needy"—an ambiguous concept from the start—allowed states to include many different groups in Medicaid who are not traditionally thought of as poor. In addition, three structural features illuminate why the program has expanded and changed dramatically over time: federalism and intergovernmental financing, the dominance of the private sector, and fragmentation. Unequal treatment among Medicaid-covered groups alongside partisan politics create a political discourse that often reveals Medicaid as a public subsidy for stigmatized groups while hiding Medicaid's reach into the middle class. This central political ideological tension collides with programmatic realities such that Medicaid strangely often suffers from a residual retrenchment politics while at the same time benefiting from embeddedness, making it extremely difficult to truly turn back the clock on Medicaid's expansion.

▶ Public Health Insurance and Healthcare Utilisation Decisions of Young Adults

RIZAL, M.F.

2025

Health Economics 34(3): 500-517.

https://doi.org/10.1002/hec.4922

ABSTRACT This paper investigates the impact of a dependent coverage age-eligibility rule on young adults' health and healthcare utilisation under Indonesia's National Health Insurance (NHI) program. Employing a regression discontinuity design, analysis of the NHI administrative data documents a significant 14.6 to 20.9 percentage points drop in coverage among young adults at age 21, the age cut-off imposed by the rule. Using a large nationally representative household survey, this paper shows that the loss of insurance coverage does not change young adults' health status but markedly decreases the utilisation of outpatient care among those who are ill. Specifically, there is an abrupt 5.3 to 8.4 percentage points reduction in the probability of young adults having any outpatient visit in the past month, primarily driven by lower utilisation of primary care services. The study also finds an increased likelihood of self-treatment and the use of traditional healers, indicating a substitution effect. Further analysis shows a larger impact on those who are poor, less educated, and live in regions with higher healthcare costs.

▶ Public Health Insurance Coverage for Immigrants during Pregnancy, Childhood, and Adulthood: A Discussion of Relevant Policies and Evidence

WHERRY, L.R., FABI, R.E. ET STEENLAND, M.W.

2025

Journal of Health Politics, Policy and Law 50(2): 283-306.

https://doi.org/10.1215/03616878-11567684

Context: Despite major expansions in public health insurance under Medicaid and the Children's Health Insurance Program over the last 60 years, many immigrants remain ineligible for coverage. Methods: The authors discuss the existing federal and state policies that extend public health eligibility to low-income pregnant immigrants, children, and nonelderly adults. They also conduct a literature review and summarize quasi-experimental evidence examining the impact of public health insurance eligibility expansions on insurance coverage, health care use, and health outcomes among immigrants. Findings: Public health insurance eligibility for immigrants varies widely across states because of the implementation of different federal and state policy options. Previous studies on expanded eligibility identified positive effects on insurance coverage and health care utilization among pregnant and child immigrants as well as some evidence indicating improved health outcomes. Additional research is required to understand the longer-term impacts of expanded coverage and to examine impacts of recent state expansions for adults. Conclusions: A complicated patchwork of federal and state policies leads to major differences in immigrant access to publicly funded insurance coverage across states and population groups. These policies likely have important implications for immigrant access to health care and health.

Demographie

Demography

▶ L'évolution démographique récente de la France 2024 : Une position singulière dans l'Union européenne

BRETON, D., BELLIOT, N. ET BARBIERI, M.

2024

Population 79(4)

Au 1^er^ janvier 2024, la France comptait 68,4 millions d'habitants, soit 230 000 de plus qu'au 1^er^ janvier 2023. Le solde naturel a atteint un niveau historiquement bas depuis l'après-guerre et depuis 2018, et le solde migratoire est le principal moteur démographique du pays. Deuxième pays le plus peuplé de l'UE27 (15,2 % de la population), la France présente toutefois un accroissement légèrement inférieur à celui de la moyenne européenne et demeure un peu plus jeune que la moyenne de l'UE, mais vieillit plus rapidement. En 2022, les flux d'entrées de ressortissants de pays tiers ont augmenté et atteignent le niveau le plus élevé depuis 2000 (282 957 personnes). L'année 2022 est marquée par une augmentation conséquente de la part des flux pour raisons professionnelles (+ 4 points) et par une féminisation de ces derniers (+ 15 points). La France est le 5^e^ pays de l'UE27 pour le flux migratoire, mais se trouve seulement en 21^e^ position si l'on tient compte de la taille de la population. En 2023, la baisse historique du nombre de naissances est la conséquence de celle de la fécondité (1,67 enfant par femme), niveau le plus faible observé depuis l'après-guerre. La baisse concerne tous les groupes d'âges. Le profil de la fécondité par âge en France est proche de celui des pays d'Europe de l'Ouest et du Nord, et la proportion de naissances hors mariage y est la plus élevée d'Europe (65,2 %). En 2023, le nombre d'avortements augmente pour la deuxième année consécutive, et 8 avortements sur 10 sont désormais médicamenteux. Quand on rapporte ce chiffre au nombre de femmes de 15 à 49 ans, la France enregistre, avec la Suède, le taux de recours à l'avortement le plus élevé d'Europe, mais c'est aussi un des pays où la réglementation est la moins restrictive. Le nombre de mariages augmente très légèrement en 2023, tout comme celui des pacs en 2022 (année la plus récente disponible), mais le rattrapage post-Covid n'est que partiel. La part des pacs et des mariages entre personnes de même sexe reste relativement stable en 2023 et, avec un âge moyen au mariage qui continue d'augmenter, la France se rapproche des pays du Sud et de l'Ouest de l'Europe, où le mariage est moins précoce que dans les pays de l'Est. En baisse depuis 3 ans, le nombre de décès reste plus élevé que celui observé avant la pandémie (2019). En revanche, l'espérance de vie en 2023 est supérieure à celle de 2019, pour les hommes comme pour les femmes, même si le rebond en France est inférieur à celui observé dans d'autres pays d'Europe. Comparée aux autres pays européens, la mortalité française reste relativement basse aux âges plus élevés, mais le pays montre un retard important et croissant pour la mortalité infantile. L'écart de mortalité entre les hommes et les femmes est plus élevé que dans la moyenne européenne, même s'il continue de baisser. Le cancer est la première cause de mortalité en France, alors qu'il s'agit des maladies cardiovasculaires à l'échelle européenne.

E-Santé

E-Health

Artificial Intelligence In Health And Health Care: Priorities For Action

MATHENY, M.E., GOLDSACK, J.C., SARIA, S., *et al.*

2025

Health Aff (Millwood) 44(2): 163-170.

https://doi.org/10.1377/hlthaff.2024.01003

The field of artificial intelligence (AI) has entered a new cycle of intense opportunity, fueled by advances in deep learning, including generative AI. Applications of recent advances affect many aspects of everyday life, yet nowhere is it more important to use this technology safely, effectively, and equitably than in health and health care. Here, as part of the National Academy of Medicine's Vital Directions for Health and Health Care: Priorities for 2025 initiative, which is designed to provide guidance on pressing health care issues for the incoming presidential administration, we describe the steps needed to achieve these goals. We focus on four strategic areas: ensuring safe, effective, and trustworthy use of AI; promotion and development of an AI-competent health care workforce; investing in AI research to support the science, practice, and delivery of health and health care; and promotion of policies and procedures to clarify AI liability and responsibilities.

The introduction of maximum reimbursement prices for digital health applications in Germany in 2022: Current developments

RÖDIGER, H., BUSSE, R. ET HENSCHKE, C.

2025

Health Policy 155: 105284.

https://doi.org/10.1016/j.healthpol.2025.105284

Germany serves as a pioneering example for the integration of digital health applications. Since October 2020, digital health applications that passed a benefit evaluation have been provisionally or permanently included in the benefit basket of the German statutory health insurance. However, free price setting by the manufacturers in the first year after the introduction in the benefit basket led to high prices. After several policy debates, maximum reimbursement prices were introduced. This article provides an overview of the changing reimbursement and pricing landscape after implementing maximum reimbursement prices. Processes of setting reimbursement prices are described, first results of maximum reimbursement prices are presented and critically reflected by views of stakeholders affected. Results of the first 1.5 years show that only four digital health applications were assigned a product-specific maximum price. For three of these digital health applications, the manufacturer's price is below the statutory health insurance's maximum reimbursement price. Although there is relatively minor impact on costs so far, this may change over the years with a growing number of digital health applications. Nevertheless, a systematic and transparent adjustment of the pricing mechanism after one year of inclusion in the benefit basket is necessary to strike a balance between the benefits of new digital health applications, SHI expenditures and the promotion of novel digital health applications.

The digital mental health challenge in France

SAMALIN, L., BELLIVIER, F., SCHWAN, R., *et al.*

2025

Journal of Epidemiology and Population Health 73(1): 202796.

https://doi.org/10.1016/j.jeph.2024.202796

Economie de la Santé

Health Economics

Healthcare payor management practices are associated with health system performance and population health

DORGAN, S.J., POWELL-JACKSON, T. ET BRIGGS, A.

2025

Social Science & Medicine 368: 117780.

https://doi.org/10.1016/j.socscimed.2025.117780

Good management practice has long been seen as critical to improving the performance, quality, and efficiency of healthcare systems. Better hospital management practice has been shown to correlate with improved clinical quality and performance. However, the association between the management practices of healthcare payors, the performance of the healthcare systems they oversee, and the health of their managed populations, has not been explored quantitatively. We collected data for all 152 healthcare payors and 52 million residents in England to explore the relationships between payor management practices and the performance of the healthcare system each payor managed. First, we found that better healthcare payor management practices are associated with improved health system performance in the domains of quality and value for money, and with improvements in the overall health and well-being of the managed population. Second, we found better payor management practice is associated with improvements in specific outcome metrics related to healthcare system effectiveness, safety, and value for money. Finally, we found no association between payor management practices and metrics for patient experience and access. These findings provide the first known quantitative evidence of a link between healthcare payor management practice and health system performance. They may also help both governments and payors understand what healthcare system performance improvements might be possible from improving the management practices of healthcare payors.

Income receipt, economic activities, and health: Evidence from ambulance transport patterns

IBUKA, Y. ET HAMAAKI, J.

2025

Journal of Health Economics 100: 102970.

https://doi.org/10.1016/j.jhealeco.2025.102970

Studies indicate that mortality increases after income receipt. To explore whether this is due to increased economic activity around the period of receiving income, we examine within-month patterns in ambulance transport incidents, focusing on location and timing. Using Japan's National Pension payments made every two months, we compare the number of ambulance transport incidents on the day of pension payment and on surrounding days in payment months with those in non-payment months. The results show a 4.5% increase in ambulance transport incidents on the day of pension payment, linked to increased activities such as gambling, shopping, and dining out. We show suggestive evidence that income receipt boosts economic activities by the mechanism of easing liquidity constraints. These findings have implications for healthcare system preparedness and the optimal design of public benefit payment.

Medicare austerity reforms and patient out-of-pocket costs: the experience from Australian cancer patients

NAGHSH-NEJAD, M., VAN GOOL, K., HAYWOOD, P., *et al.*

2025

Health Policy 155: 105296.

https://doi.org/10.1016/j.healthpol.2025.105296

In this paper, we examine trends in provider fees charged, government expenditure on private out-of-hospital medical services, and out of pocket costs following policy changes intended to reduce government expenditure. We examine the experience of a high-need patient group: people diagnosed with cancer. The Australian system for these services is predominantly publicly funded under fee for service; with no government control on the fees charged by providers. We calculate out of pocket costs for patients in the 12 months following a cancer diagnosis and find a large variation in these costs according to the type of treatment received as well as the place of residence and presence of additional government protection. We find that volumes of services, provider fees, and out of pocket costs rose over time. These findings are especially important for a high-need patient group as out of pocket costs are considered a barrier to access to healthcare. Governments may respond to the long-term fiscal challenges by attempting to constrain benefits it pays; our results demonstrate that careful consideration of the full impact of such policies is needed.

▶ L'autoprotection influence-t-elle les choix d'assurance des individus ? Une étude expérimentale

PLANTIER, M., MOUMINOUX, C. ET RULLIÈRE, J.L.

2025

Revue économique 75(5): 1043-1085.

https://doi.org/10.3917/reco.755.1043

À l'aide d'une expérimentation en laboratoire, cette étude compare les choix individuels en matière d'assurance, en fonction de la présence, ou non, d'une option d'autoprotection permettant de diminuer la probabilité de perte. Les résultats montrent que la possibilité d'engager un effort d'autoprotection, *a posteriori*, encourage les assurés à choisir des niveaux de couverture plus faibles, révélant ainsi leur préférence pour l'autoprotection par rapport à l'assurance. Cependant, les résultats indiquent également une incohérence dans les choix des individus puisque cet attrait pour l'option d'autoprotection ne se traduit finalement pas par davantage d'efforts d'autoprotection. Classification JEL : D81, C91, D91.

▶ Hospital-physician integration and Medicare spending: Evidence from stable angina

POST, B., KITSAKOS, A., ALINEZHAD, F., *et al.*

2025

Health Serv Res 60(1): e14383.

https://doi.org/10.1111/1475-6773.14383

OBJECTIVE: To examine the association between hospital-cardiologist integration and Medicare spending for stable angina patients. DATA SOURCES AND STUDY SETTING: This study used Medicare Standard Analytic Files from 2013 to 2020 and the Centers for Medicare and Medicaid Services National Downloadable File for accompanying physician data. STUDY DESIGN: This was a retrospective cohort study of Medicare beneficiaries with a new diagnosis of stable angina between 2013 and 2020. DATA COLLECTION/EXTRACTION METHODS: Patients with a new diagnosis of stable angina were categorized by whether they received care from an independent or a hospital-integrated cardiologist. PRINCIPAL FINDINGS: Total spending for this sample was high: an average of $103,946 per patient over 12 months. Adjusted for covariates, patients of integrated cardiologists did not spend significantly more or less than clinically comparable patients of independent cardiologists (-$3856, 95% CI: -$8631 to 920, p = 0.11). This was true for overall inpatient (-$2622, 95% CI: -6069 to 825, p = 0.14) and outpatient (-1162, 95% CI: -$3510 to 1185, p = 0.33) spending as well as cardiology-specific inpatient and outpatient spending. Among high-risk patients, overall spending between the integrated and independent groups was comparable, though patients of integrated cardiologists incurred lower spending than those of their independent counterparts in inpatient care (-$13,589; 95% CI: -24,432 to -2746, p = 0.01). In a supplemental analysis, findings suggested that site-neutral payments would have resulted in lower spending among patients of integrated physicians. CONCLUSIONS: Specific clinical settings may lend themselves to efficiencies created by integration for certain complex patients, though we do not test a causal mechanism here. Adoption of site-neutral payment policy may also lead to lower spending among patients of integrated physicians. WHAT IS KNOWN ON THIS TOPIC: Hospital-physician integration has increased significantly in the United States. Policymakers and health policy experts have expressed concerns that hospital-physician integration leads to increased health spending and may threaten healthcare affordability. While some studies link integration to greater spending, many use incomplete measures of spending, do not consider the potential benefits of care coordination, or rely on outdated data. WHAT THIS STUDY ADDS: Spending among patients with stable angina, a common cardiovascular condition, was nearly equal, on average, across patients of integrated and independent cardiologists. Inpatient spending on high-risk patients was somewhat lower for those under the care of integrated cardiologists. Overall, patients of integrated cardiologists incurred largely comparable spending relative to patients of independent cardiologists, indicating that the impact of hospital-physician integration may depend on the clinical context.

Catastrophic health expenditure during healthcare financing reform: Evidence from Kazakhstan

SARSENBAYEVA, A. ET ALPYSBAYEVA, D.

2025

Social Science & Medicine 371: 117824.

https://doi.org/10.1016/j.socscimed.2025.117824

Unequal access to healthcare and inadequate financing have highlighted the need for healthcare reform to increase efficiency while ensuring equity in healthcare financing worldwide. Our study evaluates the capacity of Kazakhstan's healthcare system reform, transitioning from a tax-financed system to compulsory social health insurance (CSHI), to address equity in healthcare financing. Using quarterly Household Budget Surveys from 2017-Q1 to 2020-Q4 in a staggered difference-in-difference estimation technique, we analyze the impact of the transition on the incidence and intensity of catastrophic health expenditure (CHE) and impoverishment. Our findings show that while the transition from a tax-financed to a CSHI system in the short run lowers both the incidence and intensity of catastrophic health expenditure, it does not alleviate impoverishment. In particular, the reform predominantly benefits wealthier households, with no effect on the relatively poor population. We speculate that the positive outcomes observed from the reform in the short run are largely attributed to the exceptionally high insurance coverage during the transition period. The success of the transition from a tax-based to an insurance-based system is heavily dependent on the rate of insurance coverage of the population, as well as the quality of healthcare services and available finances.

A Mixed-Methods Exploration of the Implementation of Policies That Earmarked Taxes for Behavioral Health

STADNICK, N.A., GEREMIA, C., MAURI, A.I., *et al.*

2024

The Milbank Quarterly 102(4): 913-943.

https://doi.org/10.1111/1468-0009.12715

Policy Points Earmarked tax policies for behavioral health are perceived as having positive impacts related to increasing flexible funding, suggesting benefits to expand this financing approach. Implementation challenges related to these earmarked taxes included tax base volatility that impedes long-term service delivery planning and inequities in the distribution of tax revenue. Recommendations for designing or revising earmarked tax policies include developing clear guidelines and support systems to manage the administrative aspects of earmarked tax programs, cocreating reporting and oversight structures with system and service delivery agents, and selecting revenue streams that are relatively stable across years. Context Over 200 cities and counties in the United States have implemented policies earmarking tax revenue for behavioral health services. This mixed-methods study was conducted with the aim of characterizing perceptions of the impacts of these earmarked tax policies, strengths and weaknesses of tax policy designs, and factors that influence decision making about how tax revenue is allocated for services. Methods Study data came from surveys completed by 274 officials involved in behavioral health earmarked tax policy implementation and 37 interviews with officials in a sample of jurisdictions with these taxes—California (n = 16), Washington (n = 12), Colorado (n = 6), and Iowa (n = 3). Interviews primarily explored perceptions of the advantages and drawbacks of the earmarked tax, perceptions of tax policy design, and factors influencing decisions about revenue allocation. Findings A total of 83% of respondents strongly agreed that it was better to have the tax than not, 73.2% strongly agreed that the tax increased flexibility to address complex behavioral health needs, and 65.1% strongly agreed that the tax increased the number of people served by evidence-based practices. Only 43.3%, however, strongly agreed that it was easy to satisfy tax-reporting requirements. Interviews revealed that the taxes enabled funding for services and implementation supports, such as training in the delivery of evidence-based practices, and supplemented mainstream funding sources (e.g., Medicaid). However, some interviewees also reported challenges related to volatility of funding, inequities in the distribution of tax revenue, and, in some cases, administratively burdensome tax reporting. Decisions about tax revenue allocation were influenced by goals such as reducing behavioral health care inequities, being responsive to community needs, addressing constraints of mainstream funding sources, and, to a lesser degree, supporting services considered to be evidence based. Conclusions Earmarked taxes are a promising financing strategy to improve access to, and quality of, behavioral health services by supplementing mainstream state and federal financing.

Environnement et santé

Environmental Health

Modèle multicritère pour caractériser et réduire la vulnérabilité des territoires aux impacts potentiels du changement climatique sur la santé des populations

BARBOSA, H.P., GALL, A.R.L. ET THOMAS, M.F.

2024

Environnement, Risques & Santé 23(4): 199-206.

https://doi.org/10.1684/ers.2024.1813

Le changement climatique constitue une menace pour la santé publique de plus en plus reconnue par la communauté scientifique. Il impacte de façon directe et indirecte la santé et le bien-être des populations selon différentes voies d'exposition et peut exacerber les inégalités territoriales de santé. Cet article présente un modèle d'aide multicritère à la décision pour estimer la vulnérabilité de 59 territoires de la région Bretagne aux impacts potentiels du changement climatique sur la santé. Le modèle est composé de 24 critères qui caractérisent l'exposition climatique, la sensibilité environnementale et socio-économique des territoires. Ces critères sont des facteurs de risque ou de protection pour la santé, et constituent des leviers d'action sur lesquels les territoires peuvent agir pour réduire leur vulnérabilité. Les résultats de la modélisation permettent d'établir un classement relatif des 59 territoires en fonction de leur exposition et de leur sensibilité, du plus au moins vulnérable. Ce diagnostic de vulnérabilité est une première étape dans l'élaboration d'un plan local d'adaptation au changement climatique.

Critical Steps To Address Climate, Health, And Equity

FRIST, W.H., ANGELL, S.Y., EBI, K.L., *et al.*

2025

Health Affairs 44(2): 171-178.

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Climate change poses an unprecedented threat to human health and well-being in the United States. In this article, part of the National Academy of Medicine's Vital Directions for Health and Health Care: Priorities for 2025 initiative, we outline key strategies to address climate change, health, and equity, using a public health approach. We focus on three critical areas: transitioning to clean energy sources, upgrading health infrastructure, and scaling public health and health care resilience. Priorities for action must be coupled with further research to ensure the equitable implementation of climate solutions, create effective communication strategies, and build public support and momentum. Addressing the climate crisis requires urgent, coordinated action across sectors. With concerted effort, the health sector can play a vital role in mitigating climate change and protecting the population's health.

Exploring the health impacts of climate change: Challenges and considerations for health services research

SCHULMAN, E.B., CHEN, K. ET CHANG, A.Y.

2025

Health Serv Res 60(1): e14408.

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Etat de santé

Health Status

Classifying the WHO European countries by noncommunicable diseases and risk factors

BULUT, T.

2025

Health Policy 153: 105247.

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Background In the twenty-first century, noncommunicable diseases (NCDs) are a major obstacle to global development and the accomplishment of the Sustainable Development Goals set forth by the United Nations. The WHO (World Health Organization) European Region lacks comprehensive understanding of NCD risk factors, the NCDs they trigger, and the more disadvantaged countries. Objective This study aims to classify the countries in the European Region at the country level based on NCDs and their key risk factors. Methods The Ward method, a hierarchical clustering technique based on Manhattan and Euclidean distance measures, was used. The study's dataset comes from the WHO's publicly available NCDs and key risk factors dataset. Results The European region's countries have divided into two clusters due to the key NCD risk factors. The second cluster consists of countries with high income levels. On the other hand, in the European Region, countries fall into three clusters based on NCDs. Countries in the third cluster, which consists of low- and upper-middle-income countries, have lower average values in four variables compared to other countries, resulting in lower overall disease prevalence. Conclusions : The prevalence of NCDs varies among clusters, with high-income countries having lower disease prevalence, particularly in diabetes and hypertension. Addressing risk factors and improving healthcare access and infrastructure are crucial in reducing the burden of NCDs in the European region.

Vieillissement et cancers

CHOUAID, C.

2025

Bulletin de l'Académie Nationale de Médecine.

https://doi.org/10.1016/j.banm.2025.01.002

Résumé L'incidence des cancers augmente avec l'âge et aujourd'hui dans les pays industrialisés, l'augmentation la plus importante des cancers est chez les patients de plus de 80 ans. Le cancer du sein reste une des causes les plus importantes de mortalité chez les femmes de 90–100 ans, alors que le cancer de la prostate et le cancer colorectal sont les principales causes de mortalité par cancer chez les hommes dans cette tranche d'âge. La mortalité par cancer du poumon, en revanche, diminue après 85 ans. Le principal mécanisme expliquant l'augmentation du nombre de cancers chez la personne âgée est l'immunosénescence, c'est-à-dire le vieillissement qualitatif et quantitatif du système immunitaire, associant aussi bien les fonctions humorales que les fonctions cellulaires. Dans le domaine du dépistage, on manque d'études pour évaluer l'intérêt d'un dépistage organisé des cancers dans cette population, en particulier pour définir une borne haute au-delà de laquelle il n'est pas licite de dépister. Sur le plan thérapeutique, les enjeux concernent l'efficacité des traitements dans cette population mais aussi la tolérance. Les personnes de plus de 75 ans sont largement sous représentées dans les essais cliniques d'enregistrement des innovations thérapeutiques et les essais spécifiques aux personnes âgées sont peu nombreux. Des études spécifiques sont nécessaires pour évaluer les modalités de prise en charge dans cette population, avec en particulier l'utilisation d'évaluation gériatrique standardisé permettant au-delà de l'âge de mieux sélectionner cette population. Une attention particulière est nécessaire pour prédire la survenue d'effets secondaires. En conclusion : il s'agit d'un important problème de santé publique qui impose le développement de prises en charges spécifiques. Summary The cancers incidence increases with age and today in industrialized countries, the most significant increase concerns patients over 80. Breast cancer remains the most important causes of mortality in women aged 90–100, while prostate and colorectal cancers are the leading causes of cancer mortality in men and women in this age group. Lung cancer mortality, on the other hand, decreases after age 85. The main mechanism explaining the increase in the number of cancers in the elderly population is immunosenescence, i.e. the qualitative and quantitative aging of the immune system, associating both humoral and cellular functions. In terms of screening, there is a lack of studies to assess the benefits of organized cancer screening in this population, and in particular to define an upper limit beyond which it is not lawful to screen. For a therapeutic standpoint, the issues concern the effectiveness of treatments in this population but also tolerance. People over 75 are largely underrepresented in clinical trials and there are few trials specific to elderly patients. Specific studies are needed in this population. Use of standardized geriatric assessment to better qualify this population beyond age can be useful. Special attention is needed to predict the occurrence of side effects. In conclusion: this is a major public health problem that requires the development of specific care.

What all physicians should know about women's health: a Delphi study

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2025

BMJ Public Health 3(1): e001786.

https://doi.org/10.1136/bmjph-2024-001786

Objectives Over the past few decades, knowledge of women's health regarding sex and gender differences in health has increased but transfer of these new insights into medical education and clinical practice is lagging, resulting in substandard care for women compared with men. This study aimed to reach consensus on what all physicians taking care of women should know about women's health. Methods A Delphi study was executed involving statements prepared by experts in women's health across 10 medical specialties and a patient advisory board. Participants were recruited from Europe and Northern America through the experts' networks and snowball sampling. Participants voted IN/OUT on each statement based on its perceived relevance and feasibility for general physician knowledge, regardless of specialty. The statements were ranked according to a >80% consensus in the first Delphi round and a 4-point Likert scale in the second Delphi round. Results In the first round, 44 participants fully completed the survey. 18 statements progressed to the second round, in which four additional statements were included based on participant suggestions. In the final round, 35 responses on the 22 selected statements resulted in consensus on 18 statements of the highest importance, within the following domains: the societal position of women in health, patient perception of disease and treatment, differences in symptomatology, pharmacological considerations and the impact of the female life cycle on health and disease. Conclusion Consensus was reached on the top priority clinical conditions and public health issues in women's health, resulting in a list of 18 statements on women's health that every physician caring for women should know, regardless of specialty. There was also consensus on the importance of incorporating these insights into medical education. The next step involves implementing women's health education in medical schools, postgraduate education and continuing education for medical specialists.

Behavioral interventions targeting treatment adherence in chronic kidney disease: A systematic review and meta-analysis

EKHOLM, M., AULBACH, M., WALSH, S., *et al.*

2025

Social Science & Medicine 366: 117594.

https://doi.org/10.1016/j.socscimed.2024.117594

Adherence to dialysis, medication regimens and dietary and fluid intake recommendations can improve quality of life and survival in chronic kidney disease, but non-adherence is prevalent. This review and meta-analysis investigated the effects of behavioral interventions on treatment adherence in chronic kidney disease and examined intervention characteristics (Behavior Change Techniques and delivery methods) associated with direct and indirect measures of adherence. Literature searches in five databases identified 149 eligible studies (255 study arms; 15878 patients). Random-effects meta-analyses revealed mostly small and statistically significant beneficial effects on outcomes, ranging from $g = 0.27$ (95% CI [0.03, 0.50]; $p = 0.02$) for dialysis adherence to $g = 0.84$ (95% CI [0.23, 1.45]; $p = 0.01$) for sodium. Moderator analyses revealed 16 Behavior Change Techniques and 12 delivery related moderators associated with improvements in adherence. These included intervention methods targeting behavioral regulation, health beliefs and knowledge, social support, and involving a dietitian or a nurse. The Behavior Change Techniques 'instructions on how to perform the behavior, 'information about antecedents', 'information about health consequences', 'social support (unspecified)', and 'goal setting (behavior)' were associated with beneficial changes in several adherence outcomes. These results can be used to inform the development of new interventions to improve chronic kidney disease treatment adherence.

Déterminants du comportement d'Activité Physique chez les survivantes du cancer du sein participant au programme RIPOSTE : une étude qualitative utilisant le cadre des domaines théoriques

HASNAOUI, S., POUSSEL, M., CARVALHO DE FREITAS, A., *et al.*

2025

Santé Publique 37(1): 151-171.

https://doi.org/10.3917/spub.251.0151

Introduction : Malgré des preuves solides démontrant les bienfaits de l'activité physique sur les effets secondaires du cancer du sein et des traitements associés, de nombreuses patientes ont tendance à être physiquement inactives. Comprendre quels facilitateurs et quelles barrières influencent leur engagement dans la pratique d'activité physique, et son maintien, représente une première étape vers la conception d'interventions ciblées visant à accroître leur pratique. Le but de cette étude est de décrire les déterminants associés au comportement d'activité physique des patientes participant au programme RIPOSTE. Méthode : Une étude qualitative a été menée auprès de dix patientes opérées d'un cancer du sein invasif et participant à un programme d'activité physique adaptée, reposant sur la pratique de l'escrime (RIPOSTE). Les entretiens semi-directifs ont exploré leurs expériences en matière d'activité physique et ont été analysés de manière inductive et déductive à l'aide du cadre des domaines théoriques, examinant les mécanismes de changement de comportements. Résultats : Cinquante-six thèmes ont été identifiés comme facilitateurs et barrières classés dans douze des quatorze domaines. Les domaines « Contexte et ressources environnementales » et « Influences sociales » étaient les plus présents. Les domaines « Rôle social/professionnel et identité », « Optimisme » et « Renforcement » n'ont pas été cités par tous les participants. Conclusion : Cette étude a mis en évidence la complexité du changement de comportement d'activité physique chez les survivantes du cancer grâce au cadre des domaines théoriques. Nos résultats ont fourni une base théorique utile pour éclairer la conception d'interventions visant à améliorer les niveaux d'activité physique des patientes.

New Directions For Women's Health: Expanding Understanding, Improving Research, Addressing Workforce Limitations

JOHNSON, P.A., BRINDIS, C.D., DONELAN, K., *et al.*

2025

Health Affairs 44(2): 156-162.

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In the United States, the field of women's health faces critical challenges. This article, part of the National Academy of Medicine's Vital Dirctions for Health and Health Care: Priorities for 2025 initiative, emphasizes the need for a holistic, lifespan approach to women's health that considers biological sex, gender, and intersecting social factors. We identify three key challenges: broadening the understanding of women's health beyond reproductive issues, improving the research ecosystem, and addressing workforce limitations. With innovative policies and investments across all areas of health, attention to structural determinants, and emphasis on the upstream factors affecting women's lives, significant improvements in women's health outcomes and substantial societal benefits can be achieved in 2025 and beyond.

A conceptual framework to assess the health, socioeconomic and environmental burden of chronic kidney disease

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2025

Health Policy 152: 105244.

https://doi.org/10.1016/j.healthpol.2024.105244

Chronic kidney disease (CKD) is a global health challenge that affects patients, caregivers, healthcare systems, the environment and national economies. Despite its far-reaching impact, there is no framework to systematically evaluate national CKD prevention and management programmes or evaluate the societal burden of disease. This paper has two objectives: first, to introduce a comprehensive framework to assess national programmes, which recognises gaps and weaknesses and identifies feasible policy interventions to reduce overall CKD burden; second, to present some key challenges and success stories in delivering CKD services delivered in eight different country settings. A literature review informed an initial version of the framework, which was further developed and refined via collaboration with a panel of UK experts across relevant disciplines. This framework was then presented to seven other country expert panels (Australia, Brazil, China, Germany, the Netherlands, Spain and the USA) that made further refinements based on their country perspective. The resultant framework covers all health system levels, from preventive public health measures to primary, secondary and tertiary care, including dialysis, transplantation and palliative care. Furthermore, it evaluates the disease burden from economic, social and environmental perspectives. Each panel also discussed challenges regarding providing CKD services in their country and provided success stories, generating valuable insights into areas where policy initiatives could have positive impact on the various components of burden of disease.

▶ Trajectories of Health-Related Quality of Life Across Age Cohorts: A Longitudinal Analysis of the German Population over 16 years

KASINGER, C., KRIECHEL, L., HAHM, S., *et al.*

2025

Social Science & Medicine 366: 117718.

https://doi.org/10.1016/j.socscimed.2025.117718

Background Understanding the trajectories of health-related quality of life (HRQoL) across different age cohorts and sociodemographic factors is crucial for promoting healthy aging. This study aims to examine the course of physical and mental HRQoL over a 16-year period in a nationwide sample of the German population. Methods Data from the German Socio-Economic Panel spanning from 2002 to 2018 (N= 4,111; female = 52.0%; age range = 18 to 81 years; agemean in 2002 = 45.65 years) was analyzed using latent growth curve modeling. Measures of mental and physical HRQoL were assessed using the SF-12 questionnaire. Sociodemographic variables including age, gender, region, income, education were examined as predictors of HRQoL trajectories. Findings The analysis revealed distinct trajectories for mental and physical HRQoL. Mental HRQoL showed a non-linear trend, peaking between the ages of 62 to 72, while physical HRQoL exhibited a linear decline with increasing age. Women consistently reported lower starting values for both mental and physical HRQoL across age cohorts. East Germans reported lower starting values for both dimensions of HRQoL compared to West Germans, although the gap in mental HRQoL narrowed over time. Higher income and education were associated with better HRQoL outcomes, particularly for physical HRQoL. Interpretation This study highlights the importance of considering age, gender, region, income, and education in understanding the trajectories of HRQoL. Target interventions for individuals with certain risk factors can contribute to enhance overall well-being in the population.

▶ Global patterns and trends in breast cancer incidence and mortality across 185 countries

KIM, J., HARPER, A., MCCORMACK, V., *et al.*

2025

Nature Medicine.

https://doi.org/10.1038/s41591-025-03502-3

Updates of current and projected estimates of the burden are critical to monitoring the success of ongoing efforts in breast cancer control, such as the World Health Organization Global Breast Cancer Initiative, which aims to reduce breast cancer mortality by 2.5% per year. We investigated the current (2022) and future (2050) global burden of female breast cancer overall, and by age group, in 185 countries using the GLOBOCAN database, and 10-year trends in incidence and mortality rates in 50 and 46 countries, respectively, using the Cancer Incidence in Five Continents plus and World Health Organization mortality databases. Globally, 2.3 million new cases and 670,000 deaths from female breast cancer occurred in 2022. Annual rates increased by 1–5% in half of examined countries. Mortality rates decreased in 29 countries with very high Human Development Index (HDI), and seven countries (for example, Belgium and Denmark) are meeting the Global Breast Cancer Initiative goal of at least a 2.5% decrease each year. By 2050, new cases and deaths will have increased by 38% and 68%, respectively, disproportionately impacting low-HDI countries. High-quality cancer and vital status data, and continued progress in early diagnosis and access to treatment, are needed in countries with low and medium HDI to address inequities and monitor cancer control goals.

▶ Improving our understanding of the longitudinal relationship between health-related quality of life and multimorbidity: The role of personality traits

KUWORNU, J.P., AFOAKWAH, C., KOOMSON, I., *et al.*

2025

Social Science & Medicine 368: 117820.
https://doi.org/10.1016/j.socscimed.2025.117820

It is well known that multimorbidity negatively impacts health-related quality of life (HRQoL). However, how psychosocial factors moderate this relationship remains unclear. The present study investigated the moderating effects of personality traits on the relationship between multimorbidity and HRQoL. Data were extracted from three waves (i.e., Waves 13, 17, and 21) of the Household, Income, and Labor Dynamics in Australia (HILDA) survey and a representative cohort of the adult (20+ years) population was followed. The outcomes were three dimensions of SF-36: mental health, physical functioning, and general health. The predictor was the degree of multimorbidity, which was measured by counting the number of self-reported health conditions. The moderator was personality traits measured by the Five-Factor Model (extraversion, emotional stability, agreeableness, openness to experience, and conscientiousness). Mixed-effects models were used to explore the relationship between multimorbidity and HRQoL. Overall, the study cohort comprised 13,285 adults in 2013 who were followed up to 2021, for a total of N = 32,950 observations. There were slightly more (53.9%) females, and the mean (SD) age was 50.3 (16.8) years. Personality traits significantly moderated the relationship between multimorbidity and HRQoL. For instance, extraversion and emotional stability significantly moderated the relationship between multimorbidity and mental health. The moderation effect sizes are larger than established minimal clinically important difference (MCID) thresholds. For example, the impact of 3 health conditions on mental health is moderated from 66 (extraversion score of 4) to 77 (extraversion score of 7), a difference of almost twice the MCID threshold of 6 established for mental health. The results showed that personality traits moderated the relationship between multimorbidity and HRQoL to the extent of potentially influencing clinical decisions. Understanding the influences of personality traits on HRQoL in the context of varying degrees of multimorbidity could enhance interventions for improving quality of life.

▶ The Effect of smoking cessation on mental health: Evidence from a randomized trial

MECKEL, K. ET RITTENHOUSE, K.
2025
Journal of Health Economics 100: 102969.
https://doi.org/10.1016/j.jhealeco.2025.102969

One in nine Americans smokes cigarettes, and a disproportionate share of smokers suffer from mental illness. Despite this correlation, there exists little rigorous evidence on the effects of smoking cessation on mental health. We re-use data from a randomized trial of a smoking cessation treatment to estimate short and long-term impacts on previously un-analyzed measures of mental distress. We find that smoking cessation increases short-run mental distress, while reducing milder forms of long-run distress. We provide suggestive evidence on mechanisms including physical health, marriage, employment and substance use. Our results suggest that cessation efforts and mental health supports are complementary interventions in the short run and provide new evidence of welfare gains from cessation in the long run.

▶ Neonatal mortality in 2001–2017 in France: A cause-specific and spatiotemporal analysis

MULIER, G., GHOSN, W., MARTIN, D., *et al.*
2025
Journal of Epidemiology and Population Health 73(1): 202805.
https://doi.org/10.1016/j.jeph.2024.202805

Background In France, the infant mortality rate had a long period of decline, but it stopped decreasing after 2010 and then rose. Neonatal mortality is a large part of infant mortality. The aim of this study was thus to describe its main changes, by cause of death and gestational age, and the main changes in socio-spatial distribution, from 2001 to 2017. Methods For this purpose, we investigated data on neonatal deaths reported in France from 2001 to 2017. Crude, cause-specific and gestational age-specific neonatal mortality rates were computed and an ecological analysis, according to several contextual factors at commune level, was performed using quasi-Poisson regressions. Results The average neonatal mortality rate was 2.42 per 1000 live births in France during the study period, showing an increase from 2011 onwards. This increase was mostly related to perinatal conditions and more births at very low gestational age. Gestational age-specific neonatal mortality rates did not increase during the period. The analysis of socio-spatial factors showed increased mortality rates in large cities, deprived areas and cities with higher percentages of migrants. Conclusion This study suggests that a shift in the distribution of gestational age at birth toward low gestational ages may have contributed to the rise in neonatal mortality in France. Furthermore, there is notable spatial heterogeneity in neonatal mortality. Nevertheless, this observation poorly explains the specificity of the high level and recent upsurge in infant mortality in France, in contrast to its European counterparts.

Géographie de la santé

Geography of Health

Understanding the relationship between health and place: a systematic review of methods to disaggregate data to small areas

ATKINS, R., SANTOS, R., PANAGIOTI, M., *et al.*

2025

Social Science & Medicine 367: 117752.

https://doi.org/10.1016/j.socscimed.2025.117752

Background A systematic review was conducted to examine the extent, range and nature of published research evidence using methods to attribute data reported at aggregate levels to small areas, taken from both the health sciences and geography literatures. Methods Four electronic bibliographic health databases were searched (MEDLINE, Embase, PsychINFO and CINAHL) and one human geography database (GEOBASE). We reviewed titles, abstracts and then full-text articles for their relevance to this review, based on pre-determined exclusion and inclusion criteria. All attribution methods were identified, reviewed in tables and assessed against a set of criteria to robustly compare their applicability to health data. Results Of 634 titles identified, 84 articles met the inclusion criteria. From these studies, we identified four broad categories of attribution methods: spatial interpolation, dasymetric mapping, regression methods and spatial microsimulation. Spatial interpolation and regression methods were the most utilised in the health science literature. Both groups of methods allow adjustments for the underlying demographic of the populations that are being disaggregated. In comparison, dasymetic mapping is the most utilised spatial attribution method in the geography literature. These methods did not adjust for the underlying demographic of the populations. Conclusion The type of spatial attribution method that should be applied to health data will depend on the health measures used. The prevalence of certain health conditions are much more dependent on the sociodemographic of a population than others. For the former, adjusting population distributions for underlying demographic factors is important. Where the prevalence of health conditions is more equally distributed across a population, we may wish to prioritise other criteria when selecting an attribution method.

The association between neighbourhood socioeconomic status and parental mental health in the first years after birth – Cross-sectional results from the SKKIPPI project

BOLSTER, M., FRICKE, J., REINHOLD, T., *et al.*

2025

Health & Place 91: 103407.

https://doi.org/10.1016/j.healthplace.2024.103407

Background The urban environment can influence mental health. However, research on neighbourhood influences on mental health of parents with young children is sparse. This study aimed to analyse the association between neighbourhood socioeconomic status (SES) and mental health outcomes in urban parents in the first years after birth. Methods We included 4707 parents of young children who participated in the SKKIPPI cohort study in Berlin. Data on mental health outcomes (symptoms of depression, anxiety, or both, measured via PHQ- 4) and individual risk factors stemmed from an online questionnaire and were matched with neighbourhood level data from the Berlin Senate Department for Urban Development and Housing. Neighbourhood status (exposure) was categorized in 4 SES categories: high, medium, low, and very low. We use propensity scores to estimate the probability to live in each neighbourhood category to reduce the risk of bias due to neighbourhood self-selection. Binominal generalised linear mixed models with propensity score adjustment were used to estimate the association between neighbourhood SES and symptoms of depression, anxiety, or both. Results Overall, 9.3% of parents showed depressive, 10.3% anxiety, and 5.3% both symptoms. The occurrence of mental health problems was lowest in neighbourhoods with high SES and highest in neighbourhoods with low/very low SES. The association between neighbourhood SES and mental health outcomes seen in unadjusted regression models disappeared when models were adjusted for individual risk factors/neighbourhood self-selection using propensity scores. Conclusion We found no association between neighbourhood SES and mental health outcomes in parents in the first years after birth after adjusting for neighbourhood selection. Nevertheless, the unadjusted findings suggest that the occurrence of individual risk factors and mental health problems was highest in neighbourhoods with low/very low SES, which should be focus for social and preventive health measures.

▶ Neighborhood socioeconomic disadvantage and child health: The role of neighborhood mobility networks

CANDIPAN, J., VACHUSKA, K. ET LEVY, B.L.

2025

Health & Place 91: 103402.

https://doi.org/10.1016/j.healthplace.2024.103402

Despite a large body of work on neighborhood effects on health, past studies are limited in their treatment of neighborhoods as largely static spaces with (dis) advantages based primarily on the average characteristics of their residents. In this study, we draw on the triple neighborhood disadvantage perspective to explore how socioeconomic disadvantage in a neighborhood's mobility network uniquely relates to children's overall health levels, independent of residential disadvantage. We investigate this by combining 2019 SafeGraph data on mobility patterns from roughly 40 million U.S. mobile devices with information on children, families, and neighborhoods from the 2015-19 American Community Survey and 2019 Panel Study of Income Dynamics Child Development supplement. We find that mobility-based neighborhood disadvantage (MND) generally predicts child health better than residential neighborhood disadvantage (RND), but associations vary by race and by family income and are contingent on the broader metropolitan context. Our study advances existing research on the effects of mobility networks by shifting from analyzing aggregate-level outcomes to exploring how mobility-based disadvantage affects individual outcomes. Overall, our results indicate that the relationship between neighborhood disadvantage and child health is nuanced and complex. Findings from our study suggest that researchers aiming to understand the influence of neighborhood contexts should examine individuals' residential environments as well as the environments of neighborhoods connected through individuals' everyday mobility.

▶ Urban density and child health and wellbeing: A scoping review of the literature

DAU, L., BARROS, P., CILLIERS, E.J., *et al.*

2025

Health & Place 91: 103393.

https://doi.org/10.1016/j.healthplace.2024.103393

This scoping review explores the relationship between urban density and child health and wellbeing, focusing on how urban density has been measured and its association with various child health outcomes. By analysing 53 studies spanning from 1972 to 2023, we identify significant variability in how urban density is defined and measured and mixed evidence regarding its relationship with different child health outcomes. We also highlight context-specific findings, which may be connected to a range of dynamic and interconnected local and socio-cultural factors. While most studies showed mixed or inconclusive results for physical health and mental health and wellbeing, some consistent findings were observed for positive associations between urban density and growth and nutritional status in studies from Asia and Africa, and for negative impacts on child development in studies from Europe and North America. The review highlights the need for improved reporting standards, consistent terminology, and context-specific approaches to better understand and address the complex interplay between urban density and child health. It underscores the importance of considering broader social determinants and the unique experiences of children within urban environments for improved policy, practice and placemaking, advocating for participatory research methods to capture children's perspectives on urban density.

Handicap

Disability

▶ Characteristics of geographic environments that support the health and wellbeing of young people with disability: A scoping review

ALDERTON, A., AITKEN, Z., HEWITT, B., *et al.*

2025

Social Science & Medicine 370: 117842.

https://doi.org/10.1016/j.socscimed.2025.117842

Purpose We aimed to: 1) identify key characteristics of geographic environments relating to the health and wellbeing of young people with disability that have been published in the literature, and 2) determine the coverage of evidence examining these characteristics and current gaps in knowledge of the ways geographic environments support health and wellbeing outcomes for young people with disability. Methods This scoping review followed Arksey and O'Malley's methodological framework and established reporting guidelines (PRISMA-ScR Checklist). We searched the following databases: Web of Science (Core Collection), PubMed (Medline), Scopus, Proquest Central. Results We identified 35 studies meeting inclusion criteria, which were mostly from high-income, English-speaking countries. Studies were grouped into ten major themes, which broadly align with place-based social determinants of health (e.g., access to transport, neighbourhood built environments). The largest body of evidence coalesced around neighbourhood social cohesion and related concepts. Notable gaps included a lack of evidence from the Global South, and limited investigation of local employment availability, access to healthcare, leisure and recreation, neighbourhood safety, and transitions into independent living. Conclusions This scoping review characterised the existing evidence around the key characteristics of geographic environments that support (or hinder) the health and wellbeing of young people with disability, and identified several important gaps and opportunities for future research. This includes developing a better understanding of the place-based experiences, geographic scales, and environmental exposures that are most relevant for young people with disability, including through participatory methods (e.g., participatory mapping).

▶ Intellectual Disabilities and Risk of Cardiovascular Diseases: A Population-based Cohort Study

CHO, I.Y., KOO, H.Y., UM, Y.J., *et al.*

2024

Disability and Health Journal 18(2): 101754.

https://doi.org/10.1016/j.dhjo.2024.101754

Background While intellectual disability is associated with higher mortality rates due to circulatory diseases, it is unclear whether intellectual disability is associated with higher risk of myocardial infarction (MI) and stroke than the general population. Objectives We aimed to analyze the risk of cardiovascular diseases (CVD), specifically myocardial infarction (MI) and ischemic stroke, and death due to circulatory diseases in individuals with disability. Methods This retrospective cohort study used data from the National Disability Registration System linked to the Korean National Health Insurance Service database. Individuals who underwent national health examinations in 2009 were followed until 2020. Cox-proportional hazard analyses were performed to estimate the risk of CVD, MI, ischemic stroke, and circulatory disease deaths with adjustment for covariates. Results A total of 3,642 individuals with intellectual disability (mean [SD] age 39.1 [12.6], 28.8% female) and 3,889,794 individuals without intellectual disability (mean [SD] age 47.1 [13.9], 45.6% female) were included. Compared to those without intellectual disability, those with intellectual disability had higher risk of CVD (adjusted hazard ratio [aHR] 1.71, 95% confidence interval [CI] 1.45–2.02), ischemic stroke (aHR 2.21, 95% CI 1.81–2.69), and death due to circulatory diseases (aHR 4.20, 95% CI 3.24–5.45), and a non-significant risk for MI (aHR 1.24, 95% CI 0.95–1.63) after full adjustment for covariates. Conclusions Individuals with intellectual disability were at increased risk of CVD, in particular ischemic stroke, and death due to circulatory diseases. Healthcare professionals should be aware of increased CVD risk in individuals with intellectual disability.

Rationing Rights: Administrative Burden in Medicaid Long-Term Care Programs

HERD, P. ET JOHNSON, R.A.

2025

Journal of Health Politics, Policy and Law 50(2): 223-251.

https://doi.org/10.1215/03616878-11567708

Context: States use Medicaid waivers to provide supports for disabled people in communities rather than in institutions. Because waivers are not entitlements, those deemed eligible are not guaranteed these supports. How do states, in practice, use bureaucratic procedures to ration this "conditional" right? Methods: Drawing on primary and secondary data, the authors analyze waiver programs and document state administrative procedures that indirectly and directly ration access. Findings: Burdens indirectly limit disabled people's access to Medicaid home- and community-based services via a complex array of waiver programs that exacerbate costs associated with gaining eligibility. In addition, burdens directly limit access via wait lists and prioritization among the eligible. There is also evidence that states strategically deploy opaqueness to provide political cover for unpopular wait lists. The overall process is opaque, confusing, and time intensive, with burdens falling hardest on marginalized groups. Conclusions: Administrative burdens impede disabled people's efforts to exercise their right to live in the community as afforded to them under the American with Disabilities Act. The opaqueness and associated burdens with waiver programs are a way to conceal these burdens, thereby demonstrating how burdens "neatly carry out the 'how' in the production of inequality, while concealing . . . the why" (Ray, Herd, and Moynihan 2023: 139).

Hôpital

Hospital

Availability of behavioral health crisis care and associated changes in emergency department utilization

BURNS, A., VEST, J.R., MENACHEMI, N., *et al.*

2025

Health Serv Res 60(2): 267-282.

https://doi.org/10.1111/1475-6773.14368

OBJECTIVE: To determine whether availability of behavioral health crisis care services is associated with changes in emergency department (ED) utilization. DATA SOURCES AND STUDY SETTING: We used longitudinal panel data (2016-2021) on ED utilization from the Healthcare Cost and Utilization Project's State ED Databases and a novel dataset on crisis care services compiled using information from the Substance Abuse and Mental Health Services Administration's National Directories of Mental Health Treatment Facilities. A total of 1002 unique zip codes from Arizona, Florida, Kentucky, Maryland, and Wisconsin were included in our analyses. STUDY DESIGN: To estimate the effect of crisis care availability on ED utilization, we used a linear regression model with zip code and year fixed effects and standard errors accounting for clustering at the zip code-level. ED utilization related to mental, behavioral, and neurodevelopmental (MBD) disorders served as our primary outcome. We also examined pregnancy-related ED utilization as a nonequivalent dependent variable to assess residual bias in effect estimates. DATA COLLECTION/EXTRACTION METHODS: We extracted data on crisis care services offered by mental health treatment facilities (n = 14,726 facility-years) from the National Directories. MBD-related ED utilization was assessed by applying the Clinical Classification Software Refined from the Healthcare Cost and Utilization Project to the primary ICD-10-CM diagnosis code on each ED encounter (n = 101,360,483). All data were aggregated to the zip code-level (n = 6012 zip-years). PRINCIPAL FINDINGS: The overall rate of MBD-related ED visits between 2016 and 2021 was 1610 annual visits per 100,000 population. Walk-in crisis stabilization services were associated with reduced MBD-related ED utilization (coefficient = -0.028, p = 0.009), but were not significantly associated with changes in pregnancy-related ED utilization. CONCLUSIONS: Walk-in crisis stabilization services were associated with reductions in MBD-related ED utilization. Decision-makers looking to reduce MBD-related ED utilization should consider increasing access to this promising alternative model.

Avoidable visits to UK Emergency Departments from the patient perspective: a Recursive Bivariate Probit approach

CALASTRI, C., BUCKELL, J. ET CRASTES DIT SOURD, R.

2025

Health Policy 154: 105265.

https://doi.org/10.1016/j.healthpol.2025.105265

Unsustainably high numbers of patients attending emergency departments (ED) is a serious issue worldwide, with consequences for the quality and timeliness of emergency care. Avoidable visits, i.e. unnecessary or that should be dealt with elsewhere, exacerbate this issue. Most studies focussed on avoidable attendances use clinical data collected by hospital staff, while this study relies on survey data collected from patients asked to recall their last ED attendance and reflect on its necessity. We apply a Recursive Bivariate Probit model to quantify the factors affecting patients' perception of an ED visit being avoidable (or not), unveiling how it relates to socio-demographic and contextual factors. We find that patients who do not trust their GP are less likely to think their ED visit was avoidable. The perception of whether an ED visit was avoidable is also affected by symptoms experienced, patients' ethnicity and waiting time for a GP appointment.

Using social risks to predict unplanned hospital readmission and emergency care among hospitalized Veterans

CORNELL, P.Y., HUA, C.L., BUCHALKSI, Z.M., *et al.*

2025

Health Services Research 60(1): e14353.

https://doi.org/10.1111/1475-6773.14353

Abstract Objectives (1) To estimate the association of social risk factors with unplanned readmission and emergency care after a hospital stay. (2) To create a social risk scoring index. Data Sources and Setting We analyzed administrative data from the Department of Veterans Affairs (VA) Corporate Data Warehouse. Settings were VA medical centers that participated in a national social work staffing program. Study Design We grouped socially relevant diagnoses, screenings, assessments, and procedure codes into nine social risk domains. We used logistic regression to examine the extent to which domains predicted unplanned hospital readmission and emergency department (ED) use in 30 days after hospital discharge. Covariates were age, sex, and medical readmission risk score. We used model estimates to create a percentile score signaling Veterans' health-related social risk. Data Extraction We included 156,690 Veterans' admissions to a VA hospital with discharged to home from 1 October, 2016 to 30 September, 2022. Principal Findings The 30-day rate of unplanned readmission was 0.074 and of ED use was 0.240. After adjustment, the social risks with greatest probability of readmission were food insecurity (adjusted probability = 0.091 [95% confidence interval: 0.082, 0.101]), legal need (0.090 [0.079, 0.102]), and neighborhood deprivation (0.081 [0.081, 0.108]); versus no social risk (0.052). The greatest adjusted probabilities of ED use were among those who had experienced food insecurity (adjusted probability 0.28 [0.26, 0.30]), legal problems (0.28 [0.26, 0.30]), and violence (0.27 [0.25, 0.29]), versus no social risk (0.21). Veterans with social risk scores in the 95th percentile had greater rates of unplanned care than those with 95th percentile Care Assessment Needs score, a clinical prediction tool used in the VA. Conclusions Veterans with social risks may need specialized interventions and targeted resources after a hospital stay. We propose a scoring method to rate social risk for use in clinical practice and future research.

Organizational Resilience in Emergency Healthcare: lessons from the COVID-19 Pandemic in five Danish hospitals

DUVALD, I., OBEL, B., LOHSE, C., *et al.*

2025

Social Science & Medicine 366: 117728.

https://doi.org/10.1016/j.socscimed.2025.117728

The COVID-19 pandemic created significant challenges for healthcare professionals and the provision of hospital care, leading to immense stress and rapidly changing conditions. Hospitals had to constantly adapt their organizational structures and strategies to manage the crisis. This study examines the organizational responses of Danish emergency hospitals during the first COVID-19 surge, focusing on resilience in anticipation, coping, and learning. We conducted a study involving interviews with healthcare professionals and managers from the five emergency hospitals in the Central Denmark Region. The interview guides were based on multi-contingency theory for organizational design, with open-ended discussions to compare key organizational components across hospitals. Topics covered included hospital configuration, task design, resources, information systems, leadership, and coordination during the first surge. Interviews were cross-validated with administrative documents. Results showed that hospitals responded differently to national and regional directives, continuously adjusting their governance structures and strategies to meet the demands for new procedures and information sharing. The ability to introduce, learn from, and adapt organizational changes as the pandemic unfolded was crucial to building resilience. This study provides insights into organizational resilience in healthcare and highlights practical lessons for managing future crises.

Optimizing length of hospital stay among inpatients with spinal cord injury: An observational study

GARCÍA-RUDOLPH, A., DEVILLENEUVE, E.A., WRIGHT, M.A., *et al.*

2025

Journal of Healthcare Quality Research 40(2): 79-88.

https://doi.org/10.1016/j.jhqr.2024.11.001

Introduction and objectives Despite the importance of length of stay (LOS) following spinal cord injury, it remains underexplored in the literature. This study aims to bridge this gap by investigating the association between rehabilitation LOS and functional gains among patients with traumatic (TSCI) or non-traumatic (NTSCI) spinal cord injuries. Methods We conducted a retrospective observational cohort study assessing functional gains using the motor Functional Independence Measure (mFIM) and the Spinal Cord Independence Measure (SCIM III) from rehabilitation admission to discharge. Outcomes were analyzed across four neurological categories based on the American Spinal Injury Association Impairment Scale (AIS): C1-C4 AIS A-C; C5-8 AIS A-C; T1-S5 AIS A-C; and AIS D. Linear regression models estimated changes across rehabilitation LOS quarters (Q1–Q4), adjusting for covariates. Results We included 1036 patients admitted for rehabilitation between 2007 and 2023 (46.3% TSCI, 53.7% NTSCI). TSCI: age 42.7, 80.2% male, 41.8% AIS A, LOS 90.5. NTSCI: age 55.7, 54.2% male, 14.2% AIS A, LOS 69.6. For TSCI, mFIM and SCIM III gains increased significantly from Q1 to Q2 (T1-S5-ABC, n=214) and Q2 to Q3 (AIS D, n=129). For NTSCI, gains increased from Q2 to Q3 (T1-S5-ABC, n=195) and from Q1 to Q2 as well as from Q2 to Q3 (AIS D, n=304). Adjusted models showed decreasing gains for Q2 and Q3 vs. Q1 (TSCI) but increasing gains for Q2–Q4 vs. Q1 (NTSCI) for both measures. No significant gains were observed from Q3 to Q4. Conclusions We identified specific neurological categories and LOS quarters yielding to significant functional gains.

La maladie chronique de l'hôpital public : diagnostic et traitement

GRIMALDI, A.

2025

Cahiers français(443): 32-41.

Urgences saturées, manque de personnel, fermeture de lits… L'hôpital public est confronté depuis plusieurs années à une crise multiforme qui a appelle des changements profonds pour être résorbée. Selon l'auteur la crise est le résultat de trois facteurs : la mixité structurelle de notre système de santé, l'hyperspécialisation et la régulation comptable. Il propose des évolutions profondes incluant, entre autres, la distinction entre les différentes médecines dans les formes d'organisation et des modes de financement, le développement de la démocratie sanitaire, le renforcement de la planification à tous les niveaux et l'unification du système de santé.

Erratum to "The long-run effect of COVID-19 on hospital emergency department attendances: evidence from statistical analysis of hospital data from England" [Health Policy 150 (2024) 105168]

JACOB, N., SANTOS, R. ET SIVEY, P.

2025

Health Policy 152: 105217.

https://doi.org/10.1016/j.healthpol.2024.105217

Variation in batch ordering of imaging tests in the emergency department and the impact on care delivery

JAMESON, J.C., SAGHAFIAN, S., HUCKMAN, R.S., *et al.*

2025

Health Serv Res 60(1): e14406.

https://doi.org/10.1111/1475-6773.14406

OBJECTIVES: To examine heterogeneity in physician batch ordering practices and measure the associations between a physician's tendency to batch order imaging tests on patient outcomes and resource utilization. STUDY SETTING AND DESIGN: In this retrospective study, we used comprehensive EMR data from patients who visited the Mayo Clinic of Arizona Emergency Department (ED) between October 6, 2018 and December 31, 2019. Primary outcomes are patient length of stay (LOS) in the ED, number of diagnostic imaging tests ordered during a patient encounter, and patients' return with admission to the ED within 72 h. The association between outcomes and physician batch tendency was measured using a multivariable linear regression controlling for various covariates. DATA SOURCES AND ANALYTIC SAMPLE: The Mayo Clinic of Arizona Emergency Department recorded approximately 50,836 visits, all randomly assigned to physicians during the study period. After excluding rare complaints, we were left with an analytical sample of 43,299 patient encounters. PRINCIPAL FINDINGS: Findings show that having a physician with a batch tendency 1 standard deviation (SD) greater than the average physician was associated with a 4.5% increase in ED LOS ($p < 0.001$). It was also associated with a 14.8% (0.2 percentage points) decrease in the probability of a 72-h return with admission ($p < 0.001$), implying that batching may lead to more comprehensive evaluations, reducing the need for short-term revisits. A batch tendency 1SD greater than that of the average physician was also associated with an additional 8 imaging tests ordered per 100 patient encounters ($p < 0.001$), suggesting that batch ordering may be leading to tests that would not have been otherwise ordered had the physician waited for the results from one test before placing their next order. CONCLUSIONS: This study highlights the considerable impact of physicians' diagnostic test ordering strategies on ED efficiency and patient care. The results also highlight the need to develop guidelines to optimize ED test ordering practices.

Understanding the impact of minimum staff level policies on the ward nursing team: Insights from a Qualitative Research Study conducted in Germany

MIEDANER, F., BARBARA, W., ROTH, B., *et al.*

2025

Health Policy 155: 105286.

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Background The implementation of legally mandated staffing levels for nurses has complex and wide-ranging effects on the organizational environment in which they operate. Objective The aim of this study was to investigate the perspectives of nursing staff on these consequences. Methods Nine guideline-based expert interviews were conducted with nursing staff at a hospital unit in Germany where minimum nurse-to-patient ratios have been mandated since 2017. The analysis was carried out according to the summarizing qualitative content analysis with the help of the inductive category formation according to Mayring (2015). Results The participants confirmed the intended effects, e.g. the gain in time for care, but also mentioned that strict nurse-to-patient ratio guidelines for different patient types may lack practical relevance. Furthermore, the staff policy had several unintended side-effects on the nursing team: Nurses reported the formation of subgroups within the team, and that new challenges had arisen due to the wider range of personal characteristics, qualifications and experience levels on the team. Conclusions Although the positive effects on patient care reflect the importance of minimum staff policies, the negative repercussions on the nursing team ward and its daily work processes need to be taken into account and actively managed.

Diagnosis Related Payment for Inpatient Mental Health Care: Hospital Selection and Effects on Length of Stay

VALDER, F., REIF, S. ET TAUCHMANN, H.

2025

Health Economics 34(3): 472-499.

https://doi.org/10.1002/hec.4920

ABSTRACT We study a policy introducing diagnosis related payment for inpatient mental health care in Germany with rates decreasing over length of stay. Using data on all hospital cases, we first examine which hospitals voluntarily opt into the new scheme. We show that specialized hospitals that treat more complicated cases and are reimbursed more highly under the new scheme select into it. Second, we study the effect of diagnosis related payment on length of stay. We find that diagnosis related payment is associated with large reductions in length of stay but has no effect on mortality, post-acute care, or the ambulatory sector. We argue that the reductions in length of stay are driven by the fact that diagnoses related reimbursement is higher for more complex cases and by payment decreasing over length of stay. This novel evidence contributes to a scarce literature on the role of payment systems for inpatient mental health care and provides important insights for policymakers.

Inégalités de santé

Health inequalities

Immigrants' self-perceived barriers to healthcare: A systematic review of quantitative evidence in European countries

ALLEGRI, C., BELGIOJOSO, E.B.D. ET RIMOLDI, S.M.L.

2025

Health Policy 154: 105268.

https://doi.org/10.1016/j.healthpol.2025.105268

Background with Europe's demographic diversity growing due to immigration, understanding and addressing the barriers to healthcare experienced by immigrants is of paramount importance. However, an updated systematic review of the literature on this topic is missing. Methods we systematically searched the PubMed and Scopus databases to synthesise quantitative evidence regarding self-perceived barriers to healthcare access faced by immigrants in Europe. Peer-reviewed articles, written in English, published from 2011 onwards, studying adult populations not in detention centres were eligible for the review. Articles were charted according to the population of study, sample size, geographical area and level of study (local vs national), and applied methodology (descriptive vs inferential). Results linguistic and health literacy barriers emerge as the most prominent, and most studied, barriers to healthcare for immigrants. The extant literature covers disproportionally Northern European countries; often uses small sample sizes and convenience sampling; and is particularly limited as far as the undocumented population is concerned. Discussion policies should aim at increasing the availability of interpreters and healthcare materials translated in different languages, as well as at better training health professionals to address specific immigrants' needs. We encourage future research to focus on healthcare barriers faced by immigrants in Southern and Central European contexts; to improve results' robustness and external validity by using high quality sampling techniques and larger sample sizes, and including native populations as comparison groups; and to put more attention to the experience of undocumented immigrants, as they are the immigrant population with the most critical and precarious healthcare status.

Comparing imputation approaches for immigration status in ED visits: Implications for using electronic medical records

AXEEN, S., GORMAN, A., SCHNEBERK, T., *et al.*

2025

Health Serv Res 60(1): e14397.

https://doi.org/10.1111/1475-6773.14397

OBJECTIVE: This study aimed to compare imputation approaches to identify the likely undocumented patient population in electronic health record (EHRs). EHR are a promising source of information on undocumented immigrants' medical needs and care utilization, but there is no verified way to identify immigration status in the data. Different approaches to approximating immigration status in EHR introduce unique biases, which in turn has major implications on our understanding of undocumented immigrant patients. STUDY SETTING AND DESIGN: We used a dataset of all emergency department (ED) visits from 2016 to 2019 in the Los Angeles Department of Health Services (LADHS) merged across patient medical records, demographic data, and claims data. We included all ED visits from our patient groups of interest and limited to patients at or over the age of 18 years at the time of their ED visit and excluded empty encounter records (n = 1,106,086 ED encounters). DATA SOURCES AND ANALYTIC SAMPLE: We created three patient groups: (1) US-born, (2) foreign-born documented, and (3) undocumented using two different imputation approaches: a logical approach versus statistical assignment. We compared predicted probabilities for two outcomes: an ED visit related to a behavioral health (BH) disorder and inpatient admission/transfer to another facility. PRINCIPAL FINDINGS: Both approaches provide comparable estimates among the three patient groups for ED encounters for a BH disorder and inpatient admission/transfer to another facility. Undocumented immigrants are less likely to have a BH diagnosis in the ED and are less likely to be admitted or transferred compared to the US-born. CONCLUSIONS: Researchers should consider expanding EHR with administrative data when studying the undocumented patient population and may prefer a logical approach to estimate immigration status. Researchers who rely on payer status alone (i.e., restricted Medicaid) as a proxy for undocumented immigrants in EHR should consider how this may bias their results. As Medicaid expands for undocumented immigrants, statistical assignment may become the preferred method.

Barriers to quality healthcare among transgender and gender nonconforming adults

BERRIAN, K., EXSTED, M.D., LAMPE, N.M., *et al.*

2025

Health Serv Res 60(1): e14362.

https://doi.org/10.1111/1475-6773.14362

OBJECTIVE: To determine the barriers transgender and gender nonconforming (TGNC) adults face when accessing or receiving healthcare in the United States. DATA SOURCES AND STUDY SETTING: Primary data were collected between September 2022 and March 2023 from a purposive sample of TGNC adults (N = 116 participants) using an online survey with a series of open-ended and closed-ended questions. STUDY DESIGN: Thematic analysis was employed to extract and analyze participants' responses to an open-ended question about challenges they experienced when accessing or receiving healthcare. Two members of the research team conducted qualitative data analyses using Dedoose. The quality of each analysis was subsequently reviewed by a third research team member. DATA COLLECTION/EXTRACTION METHODS: Data were collected from responses to one open-ended question that asked about participants' healthcare barriers as a TGNC individual. PRINCIPAL FINDINGS: Five main themes surrounding healthcare barriers emerged from the content analysis: (1) acceptability, (2) accommodation, (3) affordability, (4) availability, and (5) accessibility. First, participants who noted acceptability issues reported explicit discriminatory treatment from providers, providers not using their chosen names and pronouns (e.g., misgendering), and provider refusal to provide gender-affirming care. Second, participants who experienced accommodation challenges identified provider medical training gaps on TGNC patient needs and administrative barriers to care. Third, participants explained affordability issues due to a lack of adequate health insurance coverage. Fourth, participants described availability challenges with accessing hormone therapy prescriptions. Finally, participants noted accessibility issues with obtaining TGNC-specific care at LGBTQ+-affirming clinics. CONCLUSIONS: There is a growing interest in the needs of TGNC adults within healthcare settings. This requires that health policies are enacted to ensure that TGNC adults have access to healthcare that is accommodating and accepting/affirming. Study findings may provide insight into the potential impact of current legislation on transgender access and availability.

Aggregation Bias and Socioeconomic Gradients in Waiting Time for Hospital Admissions

CARLSEN, F., HOLMAS, T.H. ET KAARBOE, O.

2025

Health Economics 34(3): 371-375.

https://doi.org/10.1002/hec.4913

ABSTRACT Waiting time is a rationing mechanism that is used in publicly funded healthcare systems as a mean to ensure equal access for equal need. However, several studies suggest that individuals with higher socioeconomic status wait less. These studies typically measure patients' socioeconomic status as an aggregate measure from patients' residential area and the results are hence vulnerable for aggregation biases. We shed light on the magnitude of the aggregation bias by analyzing socioeconomic gradients in waiting times when education and income are measured on three different levels: the individual level, the population cell level, and the municipal level. Our individual level socioeconomic gradient is modest compared with the literature. When socioeconomic status is measured on an aggregate level, we observe stronger associations with socioeconomic variables and less accurate estimates. A researcher who only has access to the aggregate data runs the risk of overstating the magnitude of the socioeconomic gradients.

Unveiling patterns and drivers of immigrant health integration policies: A model-based cluster and panel data analysis in MIPEX countries

CHOW, C.

2025

Health Policy 154: 105267.

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Background The integration of immigrant health is a complex process with significant implications for both immigrants and host communities, yet the policies guiding such integration display considerable variation across nations and remain substantially underexplored. This study aims to examine the patterns of health integration policies across countries, identify their distinct characteristics, and investigate the drivers shaping these policies at a global scale. Method We analyzed data from the Migrant Integration Policy Index (MIPEX) using a cluster analysis of health integration policies in 56 countries. Publicly available international datasets on healthcare capacity, migration dynamics, and institutional development were integrated into a panel data analysis to explore the factors driving these policies. Findings The analysis identifies three distinct patterns of health integration policies: supportive, restrictive, and generalized. Key drivers include healthcare expenditure, migrant acceptance, and economic development, indicating the interplay of health system capacity, public attitudes, and institutional efficacy in shaping policy performance of immigrant health integration. Conclusion This research advances understanding of how health integration policies are structured globally and how migration dynamics, institutional factors, and healthcare capacity influence these policies. The findings offer insights into the policy environments that shape immigrant health integration and suggest policy recommendations to promote health equity.

▶ The Long-Term Health Effects of Welfare Reform

DORE, E.C., HAMAD, R., KOMRO, K., *et al.*

2025

Social Science & Medicine 371: 117878.

https://doi.org/10.1016/j.socscimed.2025.117878

Childhood poverty is associated with poor health in adulthood, but social policies may buffer poverty's long-term harmful effects by providing cash and in-kind resources. This study assessed the long-term health effects of welfare reform, which added work requirements, sanctions for noncompliance, lifetime limits, and family caps to welfare programming in the US in the mid-1990s. Research has found mixed evidence on the short-term health effects of welfare reform, but fewer studies have documented its impacts on health across the life course. This study exploited temporal and state variation in the implementation of welfare reform to examine the association between exposure to welfare reform as a child on self-rated health, psychological distress, and chronic conditions in adulthood using data from the Panel Study of Income Dynamics. We found that welfare reform exposure in early childhood, from conception to age five, was associated with more psychological distress (b=0.41, 95%CI 0.08, 0.74) and more chronic conditions (b=0.21, 95%CI 0.10, 0.33) in adulthood. We also found that welfare reform exposure in later childhood, from ages six to 18, was associated with lower likelihood of reporting poor health (b=-0.03, 95%CI -0.05, -0.01), less psychological distress (b=-0.33, 95%CI -0.54, -0.11), and fewer chronic conditions (b=-0.18, 95%CI -0.25, -0.10), which was especially true for non-Hispanic Black and Hispanic individuals compared to non-Hispanic White individuals. Our findings suggest that the difference in outcomes based on age of exposure is related to the ease with which parents fulfill welfare requirements, though more research is needed on possible mechanisms.

▶ Childhood adversity trajectories and not being in education, employment, or training during early adulthood: The Danish life course cohort (DANLIFE)

ELSENBURG, L.K., KRESHPAJ, B., ANDERSEN, S.H., *et al.*

2025

Social Science & Medicine 371: 117841.

https://doi.org/10.1016/j.socscimed.2025.117841

Background Single and cumulative childhood adversities have been associated with not being in education, employment, or training (NEET) in early adulthood, but associations with more comprehensive childhood adversity measures incorporating clustering of adversities in different dimensions (material, health and family) remain to be examined. Methods Data from the Danish register-based DANLIFE study are used. Individuals were divided over five groups of childhood adversity from 0 to 15 years. Longer-term NEET in early adulthood (16–29 years) was defined as: 1) being NEET in two consecutive years (n = 1,276,051) and 2) clusters of NEET status over age (n = 576,570) derived through sequence analysis. Relative risks and differences were examined using binomial regressions adjusted for parental origin, maternal age, and birth year. Results The percentage of individuals in NEET in two consecutive years was 8.2% in the low adversity group, and 16.2% and 23.3% in the early life and persistent material deprivation groups, 18.9% in the loss or threat of loss group, and 44.9% in the high adversity group. Being in any of the childhood adversity groups, compared with the low adversity group, was associated with higher risks of being in longer-term NEET. For example, in the high adversity group, there were 35 additional individuals in NEET in two consecutive years per 100 individuals in adjusted analyses. Conclusion Childhood adversity is strongly associated with the risk of being longer-term NEET in early adulthood. Interventions are warranted as obtaining educational qualifications or employment in early adulthood is of critical importance for future labor market participation.

▶ Forgone Care of doctor's visits in Germany – Results from three cross-sectional surveys

HAEGER, C., KOHL, R., O'SULLIVAN, J.L., *et al.*

2025

Health Policy 155: 105273.

https://doi.org/10.1016/j.healthpol.2025.105273

▶ Impact of neighborhood income inequality on adolescents' mental health. Results from the STARS study

HASELBACH, F., MEHLIG, K., FRIBERG, P., *et al.*

2025

Health & Place 91: 103391.

https://doi.org/10.1016/j.healthplace.2024.103391

Over recent decades, there has been a simultaneous increase in income inequality and adverse mental health outcomes among adolescents in Western countries and especially in Sweden. Prior research on the relationship between income inequality and mental health has primarily focused on studies involving adults, yielding diverse findings regarding the nature of their association. Given the importance of relationships and comparisons to peers in immediate vicinity, we aimed to investigate the impact of neighborhood income inequality on mental health problems among seven-graders in Western Sweden. We used data collected in the STARS (STudy of Adolescence Resilience and Stress) cohort. A total of 1958 adolescents (mean age 13.6, SD = 0.4, 44% male) in 313 Demographic Statistics Areas (DeSO) were included. Adolescents answered questionnaires regarding stress and psychosomatic symptoms. Neighborhood income inequality was measured as DeSO-level's P90/P10 ratio, defined as the ratio between the 10th (highest) and the 1st (lowest) income decile. In a multilevel linear regression analysis, we found that higher neighborhood income inequality was related to lower stress and psychosomatic symptom scores after controlling for sex, individual parental income, and mean income and child poverty rate at DeSO-level. The associations did not differ significantly among DeSO-areas with different income or child poverty rates. Sex-specific-analysis revealed that the inverse association between income inequality and stress and psychosomatic symptoms was stronger in females than in males, but not significantly so. In summary, this study provided evidence supporting an association between higher neighborhood income inequality and reduced levels of seven-graders' stress and psychosomatic symptoms.

▶ Centering Equity in Evidence-Informed Decision Making: Theoretical and Practical Considerations

HIRSCH, B.K., FROBOM, K., GIGLIERANO, G., *et al.*

2025

Milbank Q 103(1): 11-31.

https://doi.org/10.1111/1468-0009.70002

Policy Points The population health research field should develop a synthesized approach to evaluate evidence for an intervention's potential impact on equity. When empirical evidence is lacking, theory and frameworks should guide the equity assessments in four areas: 1) understanding historical context, meaning root causes of disparities and inequity; 2) understanding intervention design and intended beneficiaries; 3) understanding differential impact and intersectionality; and 4) understanding community context before implementing or scaling interventions. The synthesized approach of equity assessment better informs practitioners and policymakers in evidence-based decision making to advance equity.

▶ Les inégalités économiques et sociales dans les outre-mer français : un héritage de l'histoire et des institutions coloniales

HOARAU, J.F.

2024

Revue économique n°75(6): 1127-1160.

https://doi.org/10.3917/reco.756.1127

▶ L'ignorance de genre en santé : exhumer des savoirs que l'on ignore (encore)

LECHAUX, B. ET SAITTA, E.

2024

Sciences sociales et santé 42(2): 61-74.

https://doi.org/10.1684/sss.2024.0276

The right to health for socioeconomically disadvantaged TB patients in South Korea: An AAAQ framework analysis

LEE, J., PARK, Y. ET KIM, M.H.

2025

Health Policy 152: 105236.

https://doi.org/10.1016/j.healthpol.2024.105236

Tuberculosis, a disease of poverty, continues to disproportionately affect socioeconomically disadvantaged populations worldwide. This is particularly concerning given the recent resurgence of TB following the COVID-19 pandemic. In South Korea, despite substantial socioeconomic development, TB remains a prominent problem, ranking as the leading infectious killer in the country. The severe stigma associated with TB, coupled with the significant vulnerability of TB patients, has resulted in the voices of these patients being completely underrepresented in both policy and research. This article addresses this research gap by conducting a qualitative assessment of Korea's national TB control efforts through the lens of the UN's AAAQ (Availability, Accessibility, Acceptability, Quality) right to health framework. Through field observations and 20 in-depth interviews with TB patients, healthcare providers, policymakers, and advocates, we explore the lived experiences of socioeconomically disadvantaged TB patients in accessing care and support in Korea. Findings reveal that the failure to integrate the right to health into TB care and support, including inadequate availability, accessibility, acceptability, and quality of services tailored to the needs of this population, contributes significantly to Korea's TB burden. The findings have important implications for TB policy and practice in countries with high TB burdens or those experiencing a resurgence of TB. Prioritizing the right to health in TB care and support is crucial to effectively combat this disease.

Socioeconomically Disadvantaged Groups May Have Underused The Emergency Department For Nonavoidable Visits, 2018–22

LEUCHTER, R.K., CRAFF, M., VANGALA, S., *et al.*

2025

Health Affairs 44(3): 322-332.

https://doi.org/10.1377/hlthaff.2024.00815

In the decades preceding the COVID-19 pandemic, emergency department (ED) use increased more rapidly for socioeconomically disadvantaged patients than for advantaged patients, often because of barriers to accessing office-based care. However, it remains unknown whether the pandemic has had durable effects on socioeconomic disparities in ED use. We conducted a retrospective cohort study of ED visits in the US, using multipayer claims data. We used a difference-in-differences approach to compare ED visit rates between March 2020 and August 2022 with rates from the same months of 2018–19. Among 15.6 million ED visits, potentially avoidable visits persistently declined for all insured populations during the pandemic period. Potentially nonavoidable visits also declined early in the pandemic but rebounded to more than 95 percent of expected rates. However, stratifying by insurance revealed that this rebound occurred among commercially insured and Medicare fee-for-service patients; potentially nonavoidable visits only returned to about 75 percent of expected rates among Medicaid and dual-eligible patients. Although this suggests a beneficial reduction in potentially avoidable ED use, it also indicates the simultaneous emergence of a disparity wherein socioeconomically disadvantaged groups may be underusing the ED for potentially higher-acuity illness.

Assessing the impact of socioeconomic and environmental factors on mental health during the COVID-19 pandemic based on GPS-enabled mobile sensing and survey data

LIU, D., KAN, Z., KWAN, M.P., *et al.*

2025

Health & Place 92: 103419.

https://doi.org/10.1016/j.healthplace.2025.103419

This study examines the impact of individual socioeconomic factors, living environment factors (e.g., housing conditions), and environmental exposures (e.g., greenspace) on people's mental health during the COVID-19 pandemic in Hong Kong. We measured the environmental exposures to greenspace, noise and air pollution using GPS tracking and mobile sensing data collected from survey participants, in addition to obtaining socioeconomic and living environment data from them using conventional survey questionnaires. We used an ordinal logistic regression model to determine the socioeconomic and environmental factors that are significantly associated with mental health outcomes. The results show that increased greenspace exposure is associated with a higher likelihood of better mental health outcomes, while both lower income level and home ownership with a mortgage are linked to lower odds of better mental health outcomes during the COVID-19 pandemic in Hong Kong. This research contributes to the existing literature by identifying the specific socioeconomic and environmental factors that significantly affect mental health outcomes during the COVID-19 pandemic.

▶ Effects Of Income on Infant Health: Evidence from the Expanded Child Tax Credit and Pandemic Stimulus Checks

LYU, W., WEHBY, G.L. ET KAESTNER, R.

2025

Journal of Health Economics 101 : 102989.

https://doi.org/10.1016/j.jhealeco.2025.102989

During the COVID-19 pandemic, the federal government issued stimulus checks and expanded the child tax credit. These payments varied by marital status and the number of children in the household. We exploit this plausibly exogenous variation in income during pregnancy to obtain estimates of the effect of income on infant health. Data are from birth certificates and the sample focuses on mothers with high school or less education. The main estimates indicate that pandemic cash payments had virtually no statistically significant, clinically or economically meaningful effects on infant health (birth weight, gestational age, and fetal growth outcomes), at least for the range of payments received by most mothers.

▶ Healthy Eating in Life Course Context: Asymmetric Implications of Socioeconomic Origins and Destinations

MALO, J.S., SCHAFER, M.H. ET STULL, A.J.

2025

Social Science & Medicine 372: 117936.

https://doi.org/10.1016/j.socscimed.2025.117936

ABSTRACT Though extensive research links childhood and adult socioeconomic status (SES) to various dimensions of physical and mental health, little of it has examined diet quality, a key health behavior with implications for chronic disease and longevity. Drawing from life course and social mobility perspectives, we investigate how different configurations of SES origin and destination explain variations in the diet quality of American adults. Results from linear regression analyses using the Midlife Development in the United States (MIDUS) Study indicate that higher SES in both childhood and adulthood is associated with elevated diet quality, while low SES at both time points predicts lower quality. Downward mobility is linked to poorer diet quality only for those who fall to the lowest rung of adulthood SES. Upward mobility, on the other hand, shows no discernable benefits, even for those who rise to the highest SES quartile. Most remarkably, we identify an enduring benefit of early SES advantage that persists despite downward mobility, suggesting the importance of class-based health dispositions cultivated in the family, neighborhood, and peer groups of one's youth. We discuss these origin and destination asymmetries in light of life course theory and health lifestyles, emphasizing how early advantage interacts with broader social forces—such as the 'default American lifestyle'—to shape diet quality across adulthood.

▶ Pain as a Symptom of Mental Health Conditions Among Undocumented Migrants in France: Results From a Cross-Sectional Study

MOUSSAOUI, S., VIGNIER, N., GUILLAUME, S., *et al.*

2025

International journal of public health 69 : 1607254)

https://doi.org/10.3389/ijph.2024.1607254

This study aimed to explore the associations between mental health status and experienced pain among undocumented migrants (UMs) in France. We used data from the multicentric cross-sectional "Premier Pas" study conducted in the Parisian and Bordeaux regions from February to April 2019. Participants over 18 years of age were recruited from sixty-three sites. Pain was assessed through two variables: overall pain and musculoskeletal pain. Mental health conditions, including anxiety, sleep disorders, depression, and posttraumatic stress disorder (PTSD) were evaluated. Logistic regression models were used to explore associations, controlling for social determinants of health (SDHs). Our findings revealed significant associations between mental health status and pain among the 1,188 included participants. Sleep disorder was associated to higher odds of musculoskeletal pain (aOR = 2.53, 95% CI [1.20–5.33], p = 0.014). Stratified results indicated that among women, depression was associated to higher odds of pain (aOR = 4.85, 95% CI [1.53–13.36], p = 0.007).This large study confirms the connection between mental health status and pain among UMs, providing valuable evidence for clinicians to address mental health issues in this population.

Determinants and associated costs of unmet healthcare need and their association with resource allocation. Insights from Finland

NGUYEN, L. ET HÄKKINEN, U.

2025

Health Policy 154: 105272.

https://doi.org/10.1016/j.healthpol.2025.105272

The Finnish counties' allocation formulae for welfare services are based on utilisation collected from national registers and do not account for unmet needs. We investigated factors associated with self-reported unmet healthcare need and associated costs of primary and total healthcare, as well as the association between regional variation in unmet needs and utilisation-based need. The 2017–2018 FinSote survey data were matched with 2017 register data (n = 13,800). Costs of healthcare visits were used as a proxy for utilisation. We applied three logit regressions to explore factors related to self-reported unmet need and eight two-part models to analyse cost data. Analysis weights were developed and used. Those reporting unmet need were female, unemployed and foreign-born, and had multiple morbidities and poor self-assessed health. The highest income quintile and good self-rated quality of life were negatively associated with self-reported unmet need. A person with unmet needs spent an additional €32.2–183.9 and €269.7–963.7 yearly on primary and total healthcare, respectively. Regional differences in self-reported unmet need were not fully correlated with the need indices used in the regional resource allocation. To account for unmet need in budget allocations, self-reported unmet need and quality of life data should be collected more extensively and routinely. Addressing unmet need should be viewed as a long-term investment in primary care to reduce avoidable health inequalities.

Explaining Subjective Social Status and Health: Beyond Education, Occupation and Income

ROBSON, M., CHEN, G. ET OLSEN, J.A.

2025

Social Science & Medicine 371: 117869.

https://doi.org/10.1016/j.socscimed.2025.117869

Subjective measures of social status often explain variations in health better than the typical objective measures of education, occupation, and income. This raises the question: if status affects health, then what affects status? To answer this, we ran a survey using representative samples of adult populations in the UK, US and Canada (n=3,431) to gather data on respondents' subjective social status (SSS) and health-related quality of life (HRQoL), alongside an extensive, rarely gathered set of socioeconomic variables: education, occupation, income, comparative income, wealth, childhood circumstances, parents' education, partner's education, and social and cultural capital. We conduct Shapley-Owen decompositions to identify the relative contributions of these variables in explaining variation in SSS and HRQoL and use RIF (recentered influence function) -regressions to go beyond the mean and identify how these contributions change across the quantiles of SSS and HRQoL. Results show that education, occupation, and income explain relatively little of the explained variation in SSS (26%), while comparative income, wealth and childhood circumstances together explain more than 60%. We find that at higher quantiles of SSS and HRQoL the more subjective and relativistic measures of socioeconomic status contribute more to the explained variation, whilst at lower quantiles, variation is better explained by the more objective socioeconomic variables (i.e. education, occupation, income and wealth). These findings shed light on how policy makers could consider intervening to reduce health inequalities.

The relationship between housing and asylum seekers' mental health: A systematic review

SPIRA, J., KATSAMPA, D., WRIGHT, H., *et al.*

2025

Social Science & Medicine 368: 117814.

https://doi.org/10.1016/j.socscimed.2025.117814

Housing is a post-migration risk factor that impacts asylum seekers' health; however, the way in which housing impacts asylum seekers' mental health has not been systematically examined. This systematic literature review identified 21 studies and analysed the data using narrative synthesis. The review found that poor living conditions adversely impact asylum seekers' mental health with some types of housing being more detrimental for mental health than others. Collective housing and detention were identified as particularly harmful for mental health, with detention being highlighted as the worst type of housing associated with the highest levels of self-harm. Private housing and community housing were identified as better alternatives that could improve mental health. Three themes explained why housing impacts asylum seekers' mental health: lack of autonomy, feeling unsafe, and lack of support. Policy implications include the need to safely house all asylum seekers, particularly the most vulnerable asylum seekers. Collective housing and detention should be avoided, as these types of housing harm mental health. Clinical interventions should go beyond psychiatric treatment and target psychosocial wellbeing, addressing issues of social isolation and supporting asylum seekers to manage psychosocial difficulties, including housing problems.

Aborder les disparités de genre en France pour promouvoir l'équité en matière de santé des femmes

VALLÉE, A. ET AYOUBI, J.M.

2025

Santé Publique Prépublications(0): I47-VII.

https://doi.org/10.3917/spub.pr2.0047

Malgré l'ancrage ferme de l'égalité des genres dans les lois et les valeurs de nos sociétés modernes, des disparités indéniables entre les genres continuent d'exister. Il est important de noter que ces disparités de santé entre les genres ne résultent pas seulement des différences biologiques, mais aussi des dynamiques sociologiques et du système de santé français. La première cause de mortalité chez les femmes n'est pas le cancer, mais les maladies cardio-vasculaires. Le cancer occupe la deuxième position, le cancer du sein étant la principale cause de leur mortalité. Malgré un très grand nombre de cas, l'endométriose reste trop peu connue et diagnostiquée tardivement, avec un délai moyen de sept ans en France. La ménopause est un état physiologique chez la femme, mais divers problèmes de santé peuvent progressivement se manifester, tels que le syndrome climatérique. En plaçant la santé des femmes au cœur des préoccupations, nous pouvons transformer cette situation inacceptable en une victoire pour l'égalité des sexes et la justice en matière de santé.

Ignorer le genre dans la recherche clinique en cancérologie

VALLIER, E., BESLE, S. ET CHARTON, E.

2024

Sciences sociales et santé 42(2): 35-60.

https://doi.org/10.1684/sss.2024.0275

Associations between adverse childhood experiences and health service utilisation, prescription claims, and school performance during adolescence

WIJEKULASURIYA, S., LYSTAD, R., ZURYNSKI, Y., *et al.*

2025

Social Science & Medicine 368: 117799.

https://doi.org/10.1016/j.socscimed.2025.117799

Adverse childhood experiences (ACEs) can affect childhood development, often leading to detrimental outcomes in adolescence and adulthood. This study examined the characteristics of young people who experience ACEs, and the association between ACEs in childhood and health service use, prescription claims, and educational achievement in adolescence. This study utilised the Longitudinal Study of Australian Children (LSAC) Kindergarten Cohort, with biennial surveys from age 4 regarding health, social, and family domains. ACEs exposure during childhood (4–11 years) were centred on household dysfunction, including parental separation, parental substance abuse, parental mental illness, or domestic violence. LSAC survey data was linked to administrative health service and education data, which were used to determine number of health service claims, prescription claims, health service costs, and poor educational achievement during adolescence (12–19 years). Around 62% of the cohort experienced ≥1 ACE during childhood. Young people experiencing ACEs had higher odds of poor mental health and lower odds of a physical health condition in adolescence, however, ACEs were not associated with total health service claims, total prescription claims, or total health service costs in the same period. Exposure to one ACE compared to no ACEs resulted in higher odds of poor numeracy in Grade 7, and poor numeracy and poor reading achievement in Grade 9. There was inconsistent evidence of a dose-response relationship between ACEs and poor educational achievement. In this study, the association between ACEs and educational achievement, but not health service outcomes in adolescence may be due to accessibility factors. Future interventions could integrate health and social care services to better support families affected by ACEs.

Entrenched Opportunity: Medicaid, Health Systems, and Solutions to Homelessness

WILLISON, C.E., UNWALA, N.A. ET KLASA, K.

2025

Journal of Health Politics, Policy and Law 50(2): 307-336.
https://doi.org/10.1215/03616878-11567700

Context: As inequality grows, politically powerful health care institutions—namely Medicaid and health systems—are increasingly assuming social policy roles, particularly related to solutions to homelessness. Medicaid and health systems regularly interact with persons experiencing homelessness who are high users of emergency health services and who experience frequent loss of or inability to access Medicaid services because of homelessness. This research examines Medicaid and health system responses to homelessness, why they may work to address homelessness, and the mechanisms by which this occurs. Methods: The authors collected primary data from Medicaid policies and the 100 largest health systems, along with national survey data from local homelessness policy systems, to assess scope and to measure mechanisms and factors influencing decision-making. Findings: Nearly one third of states have Medicaid waivers targeting homelessness, and more than half of the 100 largest health systems have homelessness mitigation programs. Most Medicaid waivers use local homelessness policy structures as implementing entities. A plurality of health systems rationalizes program existence based on the failure of existing structures. Conclusions: Entrenched health care institutions may bolster local homelessness policy governance mechanisms and policy efficacy. Reliance on health systems as alternative structures, and implementing entities in Medicaid waivers, may risk shifting homelessness policy governance and retrenchment of existing systems.

▶ Economic Inequality, Intergenerational Mobility, and Life Expectancy

XIONG, N. ET WEI, Y.D.

2025

Social Science & Medicine 366: 117682.
https://doi.org/10.1016/j.socscimed.2025.117682

This study explores the mediating role of intergenerational mobility (IM) in the relationship between economic inequality and population health in the United States, focusing on life expectancy. Using multilevel structural equation modeling across state and commuting zone (CZ) levels for both genders, we find that economic inequality indices, except for the top 1 percent's income share, adversely affect life expectancy through absolute and relative mobility. Specifically, economic inequality reduces life expectancy more significantly through absolute mobility, especially among males and lower-income groups, with nuanced impacts observed across different geographic levels. Relative mobility also plays a role, primarily affecting males in lower-income groups at the CZ level, showing disparities between genders and no effects on higher-income groups. Including certain covariates, particularly social capital and Black population share, renders previously statistically significant absolute mobility effects for females and relative mobility effects for males at the state level insignificant. The indirect effects of economic inequality on life expectancy through absolute mobility effects for males remain consistently significant across all covariate inclusions. Our study offers nuanced insights into how economic inequality affects life expectancy through IM, suggesting targeted interventions to mitigate disparities and improve public health.

▶ Unequal but Widespread Despairs: Social Inequalities and Self-Rated Health Trends in the United States in 1972-2018

YE, Y. ET SHU, X.

2025

Social Science & Medicine 367: 117732.
https://doi.org/10.1016/j.socscimed.2025.117732

Significance Past studies show rising mortality and morbidity among middle-aged white Americans since the 21st century. This research analyses trends in declining self-rated health (SRH) across demographic groups, focusing on shifts in SRH inequalities by gender, race, and socioeconomic status (SES). It sheds light on declining health trends in the United States and deepens our understanding of health inequalities and their dynamics in high-income countries. Method We analyse 29 waves of cross-sectional data from the General Social Survey (1972–2018, N = 46,133) using Bayesian Hierarchical Age-Period-Cohort Cross-Classified Random Effect models (BHAPC-CCRM) to estimate age, period, and cohort effects, and changes in health gaps over time as interactions between period and race, gender, or SES. Results SRH improved until the 21st century but then declined across all gender, race, income, education, and employment groups after controlling for age and cohort effects. The racial health gap has continued since 2000, with a slight erosion of white health privilege. Nonwhite, low-income, non-college-educated, unemployed, and unmarried individuals have seen further declines in SRH. Baby

Boomers' health advantage was wiped out after 2000. Interpretation In line with the health reversal literature in the U.S. and the U.K., SRH has deteriorated in the 21st century for all racial, gender, and SES groups in the U.S. The diminishing SRH advantage for whites results from a faster decline compared to Blacks and other non-white groups. However, significant racial and SES disparities in SRH persist, with disadvantaged groups experiencing poorer SRH. We discuss the policy implications.

Médicaments

Pharmaceuticals

Unravelling the Association Between Uncertainties in Model-based Economic Analysis and Funding Recommendations of Medicines in Australia

CHEN, Q., HOYLE, M., JEET, V., *et al.*

2025

PharmacoEconomics 43(3): 283-296.

https://doi.org/10.1007/s40273-024-01446-z

Health technology assessment is used extensively by the Pharmaceutical Benefits Advisory Committee (PBAC) to inform medicine funding recommendations in Australia. The PBAC often does not recommend medicines due to uncertainties in economic modelling that result in delaying access to medicines for patients. The systematic identification of which uncertainties can be reduced with alternative evidence or the collection of additional data can help inform recommendations. This study aims to characterise different types of uncertainty in economic models and empirically assess their association with the PBAC recommendations.

Medication Use in People Aged 90 Years and Older: A Nationwide Study

KANAGARATNAM, L., SEMENZATO, L., BAUDOUIN, E.P., *et al.*

2025

Journal of the American Medical Directors Association 26(3): 105459.

10.1016/j.jamda.2024.105459

Objective We aimed to describe the medications prescribed to people aged ≥90 years.

Projections of Public Spending on Pharmaceuticals: A Review of Methods

ODNOLETKOVA, I., CHALON, P.X., DEVRIESE, S., *et al.*

2025

PharmacoEconomics 43(4): 375-388.

10.1007/s40273-024-01465-w

Forecasting future public pharmaceutical expenditure is a challenge for healthcare payers, particularly owing to the unpredictability of new market introductions and their economic impact. No best-practice forecasting methods have been established so far. The literature distinguishes between the top-down approach, based on historical trends, and the bottom-up approach, using a combination of historical and horizon scanning data. The objective of this review is to describe the methods for projections of pharmaceutical expenditure that apply the "bottom-up" approach and to synthesize the knowledge of their predictive accuracy.

The Impact of Eliminating Out-of-pocket Payments for Medicines on Low-Income Households: A Controlled Interrupted Time Series Analysis Using Linked Administrative Data from British Columbia

SHARMA, K., CHENG, L., DORMUTH, C.R., *et al.*

2025

Health Policy 155: 105270.

https://doi.org/10.1016/j.healthpol.2025.105270

Background There is interest in reducing out-of-pocket payments for prescription medicines, but the effects of such interventions remain unclear. Objective To study the impact of changes to the public prescription drug insurance program in British Columbia (BC), Canada that eliminated copayments for low-income households. Methods We used administrative data from 2017-2021 from Population Data BC and a controlled interrupted time-series design to examine a 2019 policy that eliminated copayments for households with incomes below $13,750. Households with incomes over $45,000 experienced no changes in public coverage—served as a control. Our primary outcomes were prescription drug expenditures and the number of prescriptions dispensed. We also conducted a pre-post analysis to study impacts on dispensing and expenditures across therapeutic classes. Results The intervention cohort included 9,095 patients representing 8,011 households with an average age of 48.4. The control cohort included 820,395 patients representing 471,778 households with an average age of 51.1. Copayment elimination led to a level increase of $3.85 (95% CI: $1.13 - $7.03) in monthly drug expenditures and had no impact on the trend. The mean number of prescriptions dispensed had a level increase of 0.07 (95% CI: 0.04 – 0.09) and the rate of dispensing increased by 0.006 prescriptions monthly (95% CI: 0.002 – 0.010). Copayment elimination was associated with increased expenditures and dispensing across most therapeutic classes. Interpretation Copayment elimination for low-income households in BC led to significant increases in prescription drug expenditures and dispensing across drug classes. Eliminating copayments appears to be effective at improving access to medicines for lower-income families.

The sociology of prescribing: A narrative review and agenda

SMITH, A.K.J.

2025

Social Science & Medicine 368: 117830.

https://doi.org/10.1016/j.socscimed.2025.117830

Prescribing is a key symbol of the authority of medical practice, and is restricted to qualified clinicians who permit access to many medicines. Variously framed as over- or under-prescribed, or otherwise inadequately provisioned, sociologists have attended to the clinical logics and practices underpinning prescribing. Despite being a key feature in medical practice, there is only scattered attention to a 'sociology of prescribing' or a general social theory of prescribing. In contrast, there has been a flourishing sociology of diagnosis in recent decades that organises the field. Revisiting a nascent sociology of prescribing that emerged in the 1970s, this article reviews sociological (and other social scientific) contributions to prescribing and provides an agenda for a contemporary approach to sociological perspectives on drug prescribing. A sociology of prescribing conceptualises the act of prescribing as an embodied and relational social practice shaped through the complex choreographies of health encounters and systems. Early prescribing literature documented variations in prescribing practices across clinical sites, attended to the divergent expectations of the prescription between doctor and patient, and characterised prescribing as symbolically potent, enabling the doctor to alleviate, validate, and placate patient concerns. While health industries understand prescribing as a technical process of following the mandates of ethics and evidence-based medicine (or 'rational prescribing'), social research has identified pharmaceutical detailing, workplace cultures, and practice-relevant knowledge as key determinants of prescribing practice. Recent sociological inquiry has also focused on professional tensions with the expansion of non-medical prescribing, critiques of the (bio)medicalisation and pharmaceuticalisation of society, and the impacts of new technologies like electronic prescribing. I propose care, expertise, power, and work as domains for future sociological inquiry on prescribing. Attending to these domains will be vital as prescribing is continually reimagined through transformations in the technological and political arrangements of pharmaceuticals and healthcare.

How does OTC drugs consumption relate to prescribed drugs and health care consultations in Europe?

TAVARES, A.I.

2025

Health Policy 155: 105307.

https://doi.org/10.1016/j.healthpol.2025.105307

Self-medication is prevalent in European countries, where health systems are committed to providing universal and equitable access to medicines and health services. This study aims to explore the relationship between the use of over-the-counter (OTC) and prescribed drugs, as well as between OTC drug use and healthcare service utilization. Data from the European Health Interview Survey, wave 2019, were analyzed using logistic regressions on a sample of employed individuals from 26 countries. The main findings point to complementary and triangular relationships between the consumption of over-the-counter and prescribed drugs, and the use of health care consultations. Additionally, it was confirmed that the consumption of over-the-counter drugs is more likely when people are absent from work for health reasons. Finally, the study recommends fostering collaboration between pharmacists and healthcare providers to create comprehensive medication profiles for patients.

Méthodologie - Statistique

Methodology - Statistics

Produire des données d'enquête en temps de pandémie. Une histoire des projets Sapris et Epicov

DUFOUR, Q.

2024

Sciences sociales et santé 42(3): 41-68.

https://stm.cairn.info/revue-sciences-sociales-et-sante-2024-3-page-41

How do we age? A decomposition of Gompertz law

HANSEN, C.W. ET STRULIK, H.

2025

Journal of Health Economics 101: 102988.

https://doi.org/10.1016/j.jhealeco.2025.102988

A strong regularity of human life is Gompertz's law, which predicts a near-perfect exponential increase in mortality with age. In this paper, we take into account that chronological age is not a cause of death and decompose Gompertz's law into two equally strong laws: (i) an exponential increase in health deficits as measured by the frailty index, and (ii) a power law association between the frailty index and the mortality rate. We show how the increase in the frailty index can be derived from the feature of self-productivity of health deficits. We explore the robustness of the Gompertz decomposition across countries, sex, and over time and show how information about mortality rates can be used to infer the state of health of an age-structured population. Finally, we use this method to infer the biological ages of past populations, such as Australians in 1940 and Swedes in 1770.

How is process tracing applied in health research? A systematic scoping review

JOHNSON, R., BEACH, D. ET AL-JANABI, H.

2025

Social Science & Medicine 366: 117539.

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Complex health system questions often have a case study (such as a country) as the unit of analysis. Process tracing, a method from policy studies, is a flexible approach for causal analysis within case studies, increasingly used in applied health research. The aim of this study was to identify the ways in which process tracing methods have been used in health research, and provide insights for best practice. We conducted a systematic scoping review of applied studies purporting to use process tracing methods in health research contexts. We examined the range of studies and how they conducted and reported process tracing. We found 84 studies published from 2011 to 2023. Studies were categorised into two groups: those with greater methodological description (n = 19 studies) and those with less methodological description (n = 65 studies). A majority of studies were focused on public health and health policy with around half of studies focused on low and middle income countries. Of those 19 studies that provided greater methodological description eight studies featured four areas of good practice: (1) reporting the development of a mechanistic theory and making it explicit; (2) linking empirical material collected to the mechanistic theory; (3) clearly presenting the causal mechanism tracing; and (4) reporting how consideration of counterfactuals or evidence of alternatives within the study were analysed in practice. The review demonstrates the rapid take-up of process tracing to generate theory and evidence to support a better understanding of causal mechanisms in complex health research. To support future studies in conducting and reporting process tracing, we provide emergent recommendations.

Le diable se cache-t-il dans les données ? Quelques remarques sur les fausses corrélations en santé publique (Commentaire)

MATHIEU, C.

2024

Sciences sociales et santé 42(3): 69-76.

10.1684/sss.2024.0281

Using interactions of area dose and individual exposure to estimate effects of population health interventions

SUTTON, M., HUGH-JONES, S. ET WILDING, A.

2025

Social Science & Medicine 372: 117952.

https://doi.org/10.1016/j.socscimed.2025.117952

Evaluations of natural experiments in population health studies typically construct and compare exposed and unnexposed populations classified by area or individual exposure. Populations are often dichotomised on one of these dimensions, even if the underlying dose of exposure is graded. We propose that effects of population health interventions can be estimated more accurately by using both dimensions, using an interaction of a continuous measure of dose at area level and probabilities of exposure at the individual level. This is particularly useful when receipt of treatment by individuals is either unknown or endogenous. This dose-exposure interaction can be integrated into many common natural experiment designs and we propose it as a verification test. Furthermore, this interaction term can be calibrated to be a predicted probability of exposure and then used to ensure the magnitude of the estimated treatment effect is plausible. We describe how to use this approach and demonstrate its application in two examples: the effects of introducing social prescribing link workers on whether people feel supported by local services; and the effects of a welfare reform on the mental health of benefit claimants. In both cases and in a simulation study, the interactions approach produces more specific, precise and interpretable estimates of intervention effects. We suggest that researchers evaluating population health interventions that are expected to impact on some populations more than others should consider using a dose-exposure interaction design.

Les «*mixed methods*» : une littérature méthodologique en débat

TUCCI, I., PEYRIN, A. ET PLESSZ, M.

2024

Revue française de sociologie 65(1-2): 7-34.

https://doi.org/10.3917/rfs.651.0007

Politique publique

Public Policy

La crise du Covid-19 a-t-elle modifié les opinions à l'égard de l'interventionnisme public ? Une enquête auprès d'étudiants français

MASSIN, S., BÉDU, N., MIÉRA, M., *et al.*

2024

Revue économique n°75(6): 1275-1289.

https://doi.org/10.3917/reco.756.1275

La crise du Covid-19 a créé un choc qui a temporairement modifié l'intensité de l'intervention de l'État dans l'économie. Notre objectif est d'étudier si ce phénomène a eu un impact sur les opinions à l'égard de l'interventionnisme public. Nous utilisons des données d'enquête collectées auprès d'étudiants d'universités françaises à trois dates : en 2019 (avant la crise), 2020 (au début de la crise) et 2022 (à la fin de la crise). Nous trouvons que la crise du Covid a conduit les étudiants à être plus favorables aux politiques de relance et moins favorables à la réduction des dépenses publiques. La crise du Covid n'a cependant pas modifié leurs opinions concernant la légitimité de la redistribution des revenus et l'efficacité des entreprises publiques. Les effets trouvés sont d'intensité modeste et sont susceptibles d'être transitoires.

Politique de santé

Health Policy

Identification of health-related needs: the Needs Examination, Evaluation and Dissemination (NEED) assessment framework

MAERTENS DE NOORDHOUT, C., LEVY, M., CLAERMAN, R., *et al.*

2025

Health Policy 155: 105263.

https://doi.org/10.1016/j.healthpol.2025.105263

Innovation in healthcare is highly supply-driven, leading to underinvestment in less profitable health areas, unmet needs and inefficient use of public resources. This study proposes a framework to structure the identification of health-related patient and societal needs across different health conditions, supporting the evolution towards needs-driven healthcare policy and innovation. The Needs Examination, Evaluation and Dissemination (NEED) assessment framework was based on the results of two systematic literature reviews and stakeholder and expert consultation. The first review concerned patient needs criteria and the second concerned societal needs criteria. Relevant publications in Ovid Medline® or Embase®, in English, French or Dutch were included. The NEED framework addresses patient, societal, and future needs across health, healthcare, and social domains. Patient-level needs encompass five criteria in the health domain (e.g., impact on quality of life), four in the healthcare domain (e.g., burden of treatment) and four in the social domain (e.g., impact on social life). Societal needs encompass four health needs criteria (e.g., transmissibility), two healthcare needs criteria (e.g., value for money) and two social needs criteria (e.g., productivity losses). Future needs criteria (2) consider future burden of disease and economic burden. Equity is recognised as a transverse dimension, requiring unmet needs data disaggregated by population sub-groups. Each criterion is associated with one or more measurable indicators. This framework represents an important first step towards a more needs-driven healthcare policy and innovation landscape.

A good start for all children: Integrating early-life course medical and social care through Solid Start, the Netherlands' nationwide action programme

STEEGERS, E.A.P., STRUIJS, J.N., UIJTDEWILLIGEN, A.J.M., *et al.*

2025

Health Policy 152: 105219.

https://doi.org/10.1016/j.healthpol.2024.105219

The foundations of human wellbeing are laid in early life during the preconception stage and the 1,000-days of life from conception to the child's second birthday. This period is therefore receiving scrutiny as a concept for guiding pregnancy-care innovation and public health policy. The Dutch government took responsibility to invest in this. In September 2018, the Dutch Ministry of Health, Welfare, and Sport launched the Solid Start action programme. Coordinated nationally, the programme is implemented locally through coalitions in all 342 Dutch municipalities involving collaboration between medical and social-care professionals, policymakers, parents and organisations. The programme has generated a nationwide movement in which medical and social-care professionals now develop forms of structural collaboration that support (future) parents by offering evidence-based interventions that simultaneously enhance early healthy human development and prevent unwanted pregnancies. Although monitoring of the programme does not currently make it possible to address the causal effects of the programme itself, lessons can be distilled which have contributed to the successful implementation of this nationwide programme. These lessons include 1) having and maintaining an unambiguous narrative, 2) creating a lasting sense of urgency among stakeholders, and 3) ensuring that the programme is multi-sectoral.

Growth Of Chronic Condition Special Needs Plans Among Dual-Eligible Beneficiaries, 2011–24

STEIN, R.I., MA, Y., PHELAN, J., *et al.*

2025

Health Affairs 44(3): 304-312.

https://doi.org/10.1377/hlthaff.2024.00651

Policy makers are actively investing in care programs that integrate Medicare and Medicaid benefits, with the goal of providing better-coordinated care for Medicare-Medicaid dual-eligible beneficiaries. However, nonintegrated plans have become increasingly popular among dual eligibles. One such plan type is the Chronic Condition Special Needs Plan (C-SNP)—a type of Medicare Advantage plan designed for people with specific chronic conditions. Using national Medicare data from the period 2011–24, we found that C-SNPs experienced modest enrollment growth among dual eligibles, with nearly 15 percent of C-SNP enrollees being full-benefit dual eligibles, who are eligible for Medicare and full Medicaid benefits. In 2024, among newly enrolled C-SNP full-benefit dual eligibles, 5.3 percent, 4.8 percent, and 14.9 percent were previously enrolled in plans with high, moderate, and low levels of Medicare-Medicaid integration, respectively. Among full-benefit dual eligibles qualifying for both C-SNPs and more integrated plans, those who were Black or Hispanic were more likely to enroll in C-SNPs rather than more integrated plans, which may have important implications for health equity. Policy makers should attend to these trends to ensure that both national- and state-level efforts to increase dual eligibles' enrollment in integrated plans are not significantly diluted.

Politique sociale

Social Policy

Continuous Eligibility Policies And CHIP Structure Affected Children's Coverage Loss During Medicaid Unwinding

ELIASON, E., NELSON, D. ET VASAN, A.

2025

Health Affairs 44(3): 288-295.

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In April 2023, with the "unwinding" of the Families First Coronavirus Response Act (FFCRA) continuous enrollment provisions in Medicaid, states were permitted to commence redetermination and disenrollment procedures for Medicaid beneficiaries. Using Centers for Medicare and Medicaid Services monthly state enrollment data for forty-nine states and Washington, D.C., from the period January 2021–December 2023, we examined changes in children's Medicaid and Children's Health Insurance Program (CHIP) coverage during the Medicaid unwinding, both overall and by whether states had previous twelve-month continuous eligibility policies for children and by the structure of states' programs for CHIP. We found substantially lower Medicaid and CHIP enrollment among children during the unwinding than during the FFCRA period, with lower levels of coverage declines among children in states that had previous twelve-month continuous eligibility policies and states with a program structure of separate CHIP or Medicaid expansion CHIP, rather than combination CHIP. These findings highlight the consequences of the FFCRA unwinding for children's Medicaid and CHIP enrollment, as well as potential state health policies that can promote coverage continuity and prevent further coverage loss for children moving forward.

Prévention

Prevention

Inequality in COVID-19 vaccine acceptance and uptake: A repeated cross-sectional analysis of COVID vaccine acceptance and uptake in 13 countries

ABEL, Z.D., ROOPE, L.S., DUCH,R., *et al.*

2025

Health Policy 153: 105251.

https://doi.org/10.1016/j.healthpol.2025.105251

Background: COVID-19 vaccine hesitancy was a key barrier to ending the pandemic via mass immunisation. Objectives: Assess magnitudes and differences in socioeconomic inequality in stated COVID-19 vaccine acceptance (hesitancy) and uptake. Methods: Online surveys were conducted in 13 countries, collecting data from 15,337 and 18,189 respondents respectively. The investigation compares socioeconomic inequality in reported vaccine acceptance, measured in 2020-21 and subsequent uptake of vaccination in 2022. Inequalities are quantified using differences, ratios and the Erreygers adjusted concentration index. A regression decomposition approach is used to identify factors associated with inequality. Results: Mean uptake levels were 87%, while acceptance was lower at 77%. The difference between the richest and the poorest quintile was as large as 23 percentage points in acceptance and 30 p.p. in uptake, both observed in France. Acceptance and uptake were pro-rich (regressive) in most countries. Nine countries reported pro-rich inequality in acceptance, and eight in uptake. Uptake was significantly less regressive than acceptance in Australia, China, India, and USA. Australia and Colombia were the only countries where vaccination uptake was pro-poor (progressive). Age, marital status and political ideology were correlated with socioeconomic inequalities in several countries in both waves, while gender and education were associated with acceptance, and health levels with uptake. Conclusion: We found significant inequalities in vaccination acceptance and uptake across countries but inequality was generally lower in vaccine uptake than in acceptance. This suggests that inequalities can be reduced over time if adequate policies are in place to overcome hesitancy and reduce inequalities.

Are we Ready for the Next Pandemic? Public Preferences and Trade-offs Between Vaccine Characteristics and Societal Restrictions Across 21 countries

ANTONINI, M., GENIE, M.G., ATTWELL, K., *et al.*

2025

Social Science & Medicine 366: 117687.

https://doi.org/10.1016/j.socscimed.2025.117687

ABSTRACT In vaccination decisions, individuals must weigh the benefits against the risks of remaining unvaccinated and potentially facing social restrictions. Previous studies have focused on individual preferences for vaccine characteristics and societal restrictions separately. This study aims to quantify public preferences and the potential trade-offs between vaccine characteristics and societal restrictions, including lockdowns and vaccine mandates, in the event of a future pandemic. We conducted a discrete choice experiment (DCE) involving 47,114 respondents from 21 countries between July 2022 and June 2023 through an online panel. Participants were presented with choices between two hypothetical vaccination programs and an option to opt out. A latent class logit model was used to estimate trade-offs among attributes. Despite some level of preference heterogeneity across countries and respondents' profiles, we consistently identified three classes of respondents: vaccine refusers, vaccine-hesitant, and pro-vaccine individuals. Vaccine attributes were generally deemed more important than societal restriction attributes. We detected strong preferences for highest levels of vaccine effectiveness and domestically produced vaccines across most countries. Being fully vaccinated against COVID-19 was the strongest predictor of pro-vaccine class preferences. Women and younger people were more likely to be vaccine refusers compared to men and older individuals. Lower socioeconomic status was associated with vaccine hesitancy and refusal in some countries, while higher-educated and wealthier individuals were more likely to exhibit hesitancy in others. Our findings emphasize the need for tailored vaccination programs that consider local contexts and demographics. Building trust in national regulatory authorities and international organizations through targeted communication, along with investing in domestic production facilities, can improve vaccine uptake and enhance public health responses in the future.

Réalités et perspectives de la prévention en France

BECK, F.

2025

Cahiers français(443): 70-79.

Le système de santé français est dominé par le paradigme curatif. Le développement de la prévention passe par la mise en œuvre de démarches qui produisent des effets significatifs et durables sur le bien-être, la santé et ses déterminants et qui réduisent les inégalités sociales et territoriales de santé. La qualité ses actions peut être objectivée par des évaluations montrant que la prévention peut se révéler très efficace et rentable.

La santé après la crise de la Covid-19

EMERY, G.

2025

Cahiers français(443): 18-23.

Les progrès de la médecine reposent sur la recherche mais aussi l'expérience tirée des crises sanitaires comme celle de la Covid-19. La prévention, qui a longtemps joué un rôle secondaire en France, est désormais l'un des vecteurs essentiels de la lutte contre les maladies chroniques, les troubles de la santé mentale et les inégalités sociales en matière de de santé. L'usage des données, à condition de respecter une grande confidentialité, est appelée de son côté à participer activement à la lutte contre les épidémies.

Déterminants sociaux de la couverture vaccinale en France

LÉVY-BRUHL, D. ET VAUX, S.

2025

Bulletin de l'Académie Nationale de Médecine 209(2): 220-228.

https://doi.org/10.1016/j.banm.2024.10.021

Résumé La dimension sociale de la politique vaccinale s'exerce à un double niveau : d'une part, par la nature collective de l'intervention et le phénomène d'immunité de groupe résultant de la protection indirecte induite par des niveaux élevés de couverture vaccinale. D'autre part, par les déterminants sociaux pouvant intervenir sur les niveaux de couverture atteints. Les études menées en France confirment les différences de couverture selon les caractéristiques sociales, les catégories sociales les moins favorisées étant le plus souvent moins vaccinées pour les vaccins recommandés. Des facteurs liés à l'accessibilité géographique ou financière peuvent contribuer à expliquer ce fait mais des différences quant au niveau d'adhésion à la vaccination semblent jouer un rôle déterminant. Des études complémentaires seraient nécessaires pour investiguer la nature des facteurs en cause. Summary The social dimension of vaccination operates on two levels: firstly, through the collective nature of the intervention and the phenomenon of herd immunity resulting from the indirect protection induced by high levels of vaccination coverage. Secondly, through the social determinants that can influence the levels of coverage achieved. Studies carried out in France confirm differences in coverage according to social characteristics, with the least-favored social categories most often having lower levels of vaccination for the recommended vaccines. Factors linked to geographical or financial accessibility may help to explain this, but differences in vaccination acceptability seem to play a decisive role. Further studies are needed to investigate the nature of the factors involved.

Recrutement actif de seniors socio-économiquement défavorisés pour des ateliers de prévention : la procédure INVITE

BIANCHI, C., BOCQUIER, A., COGORDAN, C., *et al.*

2025

Santé Publique 37(1): 89-99.

https://doi.org/10.3917/spub.251.0089

Introduction : Le risque de vieillir en mauvaise santé est plus important chez les personnes défavorisées, or elles bénéficient moins des actions de prévention sur l'alimentation et l'activité physique destinées aux seniors. But de l'étude : La recherche-action INVITE a pour objectifs [1] de développer une procédure de recrutement actif visant à inciter des seniors repérés comme défavorisés à se rendre à des ateliers de prévention sur l'alimentation et l'activité physique en région Provences-Alpes Côte d'Azur (PACA), [2] d'évaluer la faisabilité et l'acceptabilité de cette procédure, et [3] de mesurer la participation effective aux ateliers des seniors ainsi repérés. Résultats : La procédure INVITE a été développée en co-construction entre chercheurs, médiateurs sociaux et seniors.

Elle comporte 6 étapes : repérage, envoi d'un courrier d'invitation, contact téléphonique, visite à domicile, confirmation téléphonique, accueil lors de l'atelier. Une phase de pré-test a permis d'identifier les freins et motivations des seniors à chaque étape et ainsi d'améliorer la procédure. La phase d'évaluation de la participation effective a montré que, pour 9 ateliers, 47 visites à domicile ont été effectuées et 11 seniors ont participé aux ateliers. Conclusions : La procédure INVITE est globalement bien acceptée et a permis d'aller vers des seniors défavorisés pour les amener vers des ateliers de prévention. Cette procédure pourrait être un levier efficace pour éviter de creuser les inégalités sociales de santé puisqu'elle favorise la mixité sociale dans les ateliers de prévention. Un déploiement à plus grande échelle permettrait de préciser les profils recrutés et d'évaluer les coûts.

▶ The Effect of Compulsory Schooling on Vaccination Against COVID

MONSEES, D. ET SCHMITZ, H.

2025

Health Economics 34(4): 643-654.

https://doi.org/10.1002/hec.4929

ABSTRACT We study the effect of education on vaccination against COVID in Germany in a sample of individuals above the age of 60. In ordinary least squares regressions, we find that, in this age group, one more year of education goes along with a 0.7 percentage point increase in the likelihood to get a COVID vaccination. In two stage least squares regressions where changes in compulsory schooling laws are used as exogenous variation for education, the effect of an additional year of education is estimated to be zero. The results hold for the compliers to the policy change which are older individuals at the lowest margin of education.

▶ Immediate Versus 5-Year Risk-Guided Initiation of Treatment for Primary Prevention of Cardiovascular Disease for Australians Aged 40 Years: A Health Economic Analysis

MORTON, J.I., LIEW, D., WATTS, G.F., *et al.*

2025

PharmacoEconomics 43(3): 331-349.

https://doi.org/10.1007/s40273-024-01454-z

Current Australian cardiovascular disease (CVD) prevention guidelines calculate 5-year CVD risk and recommend treatment when risk crosses specific thresholds. This may leave risk factors untreated for people with a low short-term (i.e. 5 years), but high long-term (i.e. lifetime), risk of CVD. We aimed to evaluate the cost effectiveness of intervention for risk factor control at age 40 years (regardless of calculated risk) compared to intervention for risk factor control at the age recommended by contemporary Australian CVD prevention guidelines (when the 5-year CVD risk reaches 10%) across a range of individual risk factor profiles.

▶ Caring around and through medical tests in primary care: On the role of care in the diagnostic process

POT, M.

2025

Social Science & Medicine 367: 117767.

https://doi.org/10.1016/j.socscimed.2025.117767

Primary care is characterised by a broad understanding of health and illness. Due to the high degree of diagnostic uncertainty in primary care, medical tests play a lesser role in this domain than in specialist medicine. However, medical testing is also becoming increasingly important in primary care, raising questions about how these technologies are integrated into everyday practice. Drawing on qualitative interviews with Austrian doctors, this article shows that the use of medical tests in primary care is often interwoven with practices of care. Doctors engage in care around the use of medical tests by assessing the impact of diagnostic knowledge and addressing patients' needs before and after testing. They also demonstrate care through the use of medical tests, such as administering them to comfort patients rather than for strictly clinical reasons. Situating these findings within the sociology of diagnosis, I argue that diagnostic processes not only guide medical care provision but are also closely intertwined with practices of care.

▶ Framing the loss: preferences for vaccine hesitancy and gender effect in France and Italy

RINALDI, P.A., DELLINO, P.P. ET PARADISO, P.M.

2025

Health Policy 155: 105301.

https://doi.org/10.1016/j.healthpol.2025.105301

Utilizing data from a randomized controlled trial conducted in France and Italy, we propose a seven-category classification system for vaccine behaviors to better investigate the instability of individual preferences in response to two different information framings of the adverse event of vaccine-related death in different languages—one more scientific and abstract, and the other more anecdotal and concrete. We find that loss-framed messages increase vaccine hesitancy in both France and Italy, with abstract framing contributing to a greater extent than concrete framing. The results also highlight significant gender effects. Contrary to previous studies, women exhibit less hesitancy than men. Furthermore, gender differences in reactions to the framing of the loss are revealed: reading the concrete framing, men become less willing to be vaccinated, whereas women become more hesitant with the abstract framing. To enhance vaccine acceptance, effective communication should consider how different loss-framed messages impact vaccine decision-making differently based on gender.

Prévision - Evaluation

Prevision - Evaluation

Public reporting in five health care areas: A comparative content analysis across nine countries

SAPIN, M., EHLIG, D., GEISSLER, A., *et al.*

2025

Health Policy 152: 105222.
https://doi.org/10.1016/j.healthpol.2024.105222

Background Public reporting is crucial to enhance transparency, accountability, and informed provider choice. Therefore, providing accessible and reliable information on provider performance and activities is key for all healthcare areas and the utilization of information by patients, providers and related audiences. Objective This study provides an extensive analysis of public reporting websites across nine high income countries, focusing on five healthcare areas, and aims to understand how these websites support patients in making informed choices about healthcare providers. Methods We apply a comparative cross-country analysis to examine public reporting websites based on a framework consisting of five components: healthcare area, objectives and target audience, quality dimensions, data collection and methodology for quality indicator calculation, and visualization. Using literature and internet search as well as expert interviews, we selected 20 public reporting websites across nine high-income countries. Results The websites vary widely within and across countries for most components of our framework. Notably, we found that within countries, same data used by different websites can lead to confusing or even contradictory information about the same provider, depending on the websites' reporting methods and data usage. Conclusion The findings suggest that establishing national standards for public reporting may reduce the risk of presenting contradictory information to patients and thus, improve provider choice. Our results lay the basis for developing such national standards.

Psychiatrie

Psychiatry

Impact of COVID-19 on medical utilization for psychiatric conditions in Japan

ABE, K., SUZUKI, K., MIYAWAKI, A., *et al.*

2025

Social Science & Medicine 367: 117763.

https://doi.org/10.1016/j.socscimed.2025.117763

Background During COVID-19, Japan experienced an increase in suicides, in contrast to many other countries. We sought to examine whether access to outpatient and inpatient care for psychiatric conditions was maintained in Japan during the pandemic. Methods Difference-in-differences analysis with Poisson regression comparing psychiatric patient admissions during the pre-pandemic period (January 2015-December 2019) versus the pandemic period (January 2020-December 2020) was performed, using the data from 242 acute-care hospitals in Japan. The Japanese government's emergency declaration in April 2020 was considered an exogenous shock. Primary outcomes included the number of inpatient and outpatient admissions for schizophrenia, mood disorders, anxiety disorders, dementia, and alcohol-related disorders. Results During the study period, 79,867 outpatient cases and 2,600 hospitalizations were observed. The difference-in-differences analysis showed a decline in the number of outpatient and inpatient admissions except for anxiety disorders after April 2020: incidence-rate ratios (95% confidence intervals), 0·92 (0·83 - 1·02) and 0·71 (0·46 - 1·09) for outpatients and inpatients with schizophrenia, 0·92 (0·85 - 0·99) and 0·87 (0·50 - 1·49) for mood disorders, 1·02 (0·92 - 1·13) and 1·07 (0·69 - 1·65) for anxiety disorders, 0·88 (0·80 - 0·96) and 0·68 (0·38 - 1·22) for dementia, and 0·77 (0·54 - 1·11) and 0·63 (0·43 - 0·90) for alcohol-related disorders. Conclusion In Japan, psychiatric admissions decreased overall following the start of the COVID-19 pandemic, with the exception of anxiety disorder cases. The decrease in psychiatric care utilization contrasted with rising suicide rates in the nation, underscoring the need for enhanced psychiatric access during crises.

Étudier conjointement l'isolement, la contention mécanique et la contention chimique : étude pilote dans trois établissements psychiatriques français

BLANDIN, A.C., DALLEL, S., DEGRY, J., *et al.*

2025

L'Encéphale 51(1): 95-99.

https://doi.org/10.1016/j.encep.2024.02.013=

Résumé Les services de psychiatrie qui ne recourent qu'exceptionnellement à l'isolement et la contention mécanique peuvent être soupçonnés de recourir à la « contention chimique ». Cependant, face à ces services, l'hypothèse d'une diminution du niveau général de contrainte peut également être formulée. Préalablement à une recherche d'ampleur visant à tester ces hypothèses, la présente étude vise à tester les indicateurs permettant de définir des hauts niveaux de recours à ces mesures et un échantillon pertinent. L'étude a été déployée dans trois établissements auprès des patients hospitalisés sur une semaine donnée, à savoir 254 patients. Cinq pour cent des patients de l'échantillon ont fait l'objet d'une mesure d'isolement et 2 % d'une mesure de contention. Les hautes doses ont concerné 13 % des patients (en comptant les traitements si besoin) et 9 % des patients (en les excluant). Ces données sont inférieures aux données de la littérature et aux moyennes nationales. Des différences apparaissent cependant entre les centres, l'un d'eux affichant, pour les trois mesures des pourcentages plus élevés que les deux autres. Cette étude confirme la faisabilité d'étudier conjointement les trois mesures, la pertinence des indicateurs utilisés et les possibilités d'extraction des données. Cependant, la semaine étudiée ne paraissant pas le reflet de ce qui s'observe sur l'ensemble de l'année en matière d'isolement et de contention, il serait opportun de multiplier les semaines d'observation, voire d'évaluer en continu les pratiques de prescription. Les futures études devront aussi inclure un nombre plus important de centres et inclure également des études de cas, permettant d'approcher plus finement les pratiques d'administration en rapport avec celles de prescriptions.

The mental health of high school students returning to in-class lessons

BOUVARD, M., CASARIN, S., COUTEREAU, F., *et al.*

2025

L'Encéphale 51(2): 149-153.

https://doi.org/10.1016/j.encep.2024.02.005

Résumé Objectifs Les périodes de confinement ont altéré la santé mentale des enfants et plus particulièrement celle des adolescents. L'objectif de notre étude est de présenter une enquête sur la santé mentale de lycéens effectuée après la pandémie. Nous avons comparé un groupe « ni anxieux ni dépressif » à un groupe « anxieux et dépressif » sur le sentiment d'efficacité personnelle. Méthodes Des lycéens d'un établissement scolaire de la région Rhône-Alpes ont participé à une enquête sur la santé mentale des étudiants. Ils ont répondu à trois questionnaires sous forme papier crayon : un questionnaire sur l'anxiété (Échelle d'anxiété état-trait pour enfants ; STAI-C), un questionnaire sur la dépression (Échelle d'auto-évaluation Center for Epidemiological Studies-Depression ; CES-D) et un questionnaire sur l'efficacité personnelle (Questionnaire sur le sentiment d'efficacité personnelle des enfants). Résultats Un total de 709 dossiers a été retenu. La moyenne d'âge des participants est de 15,89 ans avec un écart type de 0,93. Le groupe est composé de 438 filles et de 251 garçons. Par rapport aux garçons, les filles obtiennent une note plus élevée et statistiquement significative au questionnaire d'anxiété trait (STAI-C) et au questionnaire de dépression (CES-D). Au questionnaire d'efficacité personnelle, les garçons se sentent plus efficaces que les filles, et de manière statistiquement significative sur le score total et deux dimensions du questionnaire (efficacité sociale et efficacité émotionnelle). Le résultat principal de notre étude est que 53 % des lycéens sont indemnes d'anxiété ou de dépression, 28 % disent ressentir une anxiété et une dépression au seuil sub-clinique et 19 % soit une anxiété soit une dépression au seuil sub-clinique. Nous avons comparé le groupe ni anxieux ni dépressif au groupe anxio-dépressif : le groupe anxio-dépressif est composé majoritairement de filles alors qu'il y a (presque) autant de filles que de garçons dans le groupe ni anxieux ni dépressif. Le sentiment d'efficacité personnelle ainsi que les trois dimensions du questionnaire (académique, social et émotionnel) est moindre chez les lycéens classés dans le groupe anxio-dépressif. Conclusions Globalement 47 % des participants de l'étude rapportent avoir une anxiété et/ou une dépression sub-clinique. Il ressort que le sentiment d'efficacité personnelle est en lien avec l'anxiété et la dépression : le groupe anxio-dépressif a un moindre sentiment d'efficacité personnelle par rapport au groupe ni anxieux ni dépressif.

Prevalence of mental disorders in closed educational centers in France

BRONSARD, G., LEROUX, P.A., DIALLO, I., *et al.*

2025

L'Encéphale 51(1): 15-21.

https://doi.org/10.1016/j.encep.2023.11.026

Introduction Closed educational centres (CEC) receive young offenders who most often have a conduct disorder (CD). Mental disorders other than conduct disorder are a negative factor in the effect of educational actions. Moreover, adverse life experiences are frequent vulnerability factors in this population. This article aims to document the prevalence and links between psychiatric disorders, exposure to trauma, and the psycho-behavioural characteristics of adolescents placed in CEC. Method We conducted a multicentre epidemiological study on a sample of 101 adolescents placed in nine closed educational centres in France. Psychiatric disorders were measured by the MINI-KID 2 and Conners Rating Scale questionnaires. Several questionnaires were used to collect sociodemographic data and the psychological profile of each adolescent. Results Among the adolescents, 90.2% had at least one mental disorder with a predominance of conduct disorder (80%). Comorbidity was also frequently found: among the subjects with conduct disorder, 37% had at least one other psychiatric disorder. Interestingly, the intensity of conduct disorder and the Adverse Childhood Experiences (ACE) score were significantly correlated. Furthermore, two subgroups were identified: adolescents with isolated conduct disorder (44.6%) and adolescents with other psychiatric disorders (45.7%) with or without conduct disorder. The latter subgroup showed higher vulnerability and poorer outcomes in terms of attachment patterns, feelings of abandonment, hostility and impulsivity. Conclusion This study is the first French epidemiological study of mental disorders in juvenile offenders. It suggests that the detection of psychiatric disorders in young people in CEC is an important prerequisite for the implementation of targeted interventions according to different profiles. Furthermore, collaboration between the medical-psychological and judicial fields, in the form of an operational partnership, is necessary to guarantee better support for these young people. Résumé Introduction Les centres éducatifs fermés (CEF) accueillent des jeunes délinquants qui présentent le plus souvent des troubles du comportement. Les troubles mentaux autres que les troubles du comportement sont un facteur négatif dans l'effet des actions éducatives. De plus, les expériences de vie défavorables sont des facteurs de vulnérabilité fréquents dans cette population. Cet article vise à documenter la prévalence et les liens entre les troubles psychiatriques, l'exposition aux traumatismes et les caractéristiques psychocomportementales des adolescents placés en CEC. Méthode Nous avons mené une étude épidémiologique multicentrique sur un échantillon de 113 adolescents placés dans neuf centres éducatifs fermés en France. Les troubles psychiatriques ont été mesurés par les questionnaires MINI-KID 2 et Conners Rating Scale. Plusieurs questionnaires ont été utilisés pour recueillir les données sociodémographiques et le profil psychologique des adolescents. Résultats Parmi les adolescents, 90,2 % présentaient au moins un trouble mental avec une prédominance du trouble des conduites (80 %). Une comorbidité était également fréquemment retrouvée : parmi les sujets présentant un trouble des conduites, 37 % présentaient au moins un autre trouble psychiatrique. L'intensité du trouble des conduites et le score Adverse Childhood Experiences (ACE) étaient significativement corrélés. En outre, deux sous-groupes ont été identifiés : les adolescents présentant un trouble des conduites isolé (44,6 %) et les adolescents présentant d'autres troubles psychiatriques (45,7 %) avec ou sans trouble des conduites. Ce dernier sous-groupe a montré une plus grande vulnérabilité et de moins bons résultats en termes de modèles d'attachement, de sentiments d'abandon, d'hostilité et d'impulsivité. Conclusion Cette étude est la première étude épidémiologique française des troubles mentaux chez les mineurs délinquants. Elle suggère que la détection des troubles psychiatriques chez les jeunes en CEC est un préalable important à la mise en place d'interventions ciblées et différenciées selon les profils. Par ailleurs, une collaboration entre les champs médicopsychologique et judiciaire, sous la forme d'un partenariat opérationnel, est nécessaire pour garantir un meilleur accompagnement de ces jeunes.

▶ A recovery-oriented day hospital in psychiatry: A springboard for reintegration

DADI, G., VENET-KELMA, L., MENDY, M., *et al.*

2025

L'Encéphale 51(2): 141-148.

https://doi.org/10.1016/j.encep.2024.02.004

Résumé Les pathologies psychiatriques sont fréquentes et peuvent être source de handicap psychique. Si la création des hôpitaux de jour a été l'occasion d'orienter les soins psychiatriques vers la cité, ils ont paradoxalement pu participer à une forme de chronicisation. Aussi, l'hétérogénéité et l'absence d'évaluation des pratiques au sein des hôpitaux de jour ne permettent pas d'avoir de données objectives concernant le devenir des patients. Dans cet article, nous nous proposons de décrire et de mesurer les effets de la transformation des pratiques au sein d'un hôpital de jour de secteur, initialement d'orientation classique de psychiatrie institutionnelle vers un dispositif de soins de réhabilitation intégrant différents outils, structuré en trois phases, et dont l'objectif principal est la réinsertion professionnelle. Il s'agit d'une étude rétrospective en miroir qui compare plusieurs indicateurs, dont le taux de réinsertion professionnel et son maintien à deux ans, avant et après transformation du dispositif de soins. Le nouveau dispositif a permis une très nette augmentation du taux de réinsertion professionnel et son maintien à deux ans, tout en diminuant la durée de séjour autour de 18 mois. Ces résultats encourageants permettent de remettre en lumière le rôle central des hôpitaux de jour comme structures tremplins pour faire face au handicap psychique vers le rétablissement.

▶ Conduites suicidaires en France : des tendances inquiétantes chez les jeunes et de fortes inégalités sociales

GUICHARD, H. ET TROY, L.

2024

Questions de santé publique(50)

Élaboré dans le cadre de l'Observatoire national du suicide, le présent article vise à présenter une synthèse des données épidémiologiques et réflexions sociologiques sur les comportements suicidaires en France et en Europe ainsi que leurs principaux déterminants sociaux. Pour approcher les conduites suicidaires, très intriquées à la thématique de la santé mentale, plusieurs types d'indicateurs statistiques peuvent être mobilisés qui ne répondent pas tous aux mêmes dynamiques : nombres et proportions de suicides, tentatives de suicide, automutilations non suicidaires et pensées suicidaires. Ces phénomènes sont des faits sociaux autant qu'ils répondent à une grande souffrance subjective. La surveillance épidémiologique dont ils font l'objet permet de dégager des tendances et de pointer des populations particulièrement à risque car ils varient singulièrement selon différentes caractéristiques démographiques et socioéconomiques.

Mental Health Treatment Access: Experience, Hypotheticals, and Public Opinion

HASELSWERDT, J.

2025

Milbank Q 103(1): 100-129.

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Policy Points Policymakers should consider both material (e.g., cost) and attitudinal (e.g., skepticism) barriers to mental health treatment access. Public support for government action on mental health is high but varies based on experience-based and hypothetical beliefs about barriers to treatment. Appeals to personal experience and perspective-taking may be successful in building support for government action on mental health. CONTEXT: Mental health problems represent a major public health issue for the United States, and access to mental health treatment is both inadequate and unevenly distributed. There is a strong justification for government action on mental health treatment, but it is unclear whether there is a political constituency for such action. Existing work suggests that stigma and othering of people with mental illnesses contributes to reduced support for intervention. I expand on the existing literature by focusing on mental health as an issue that may apply to Americans' own lives rather than only to a stigmatized outgroup. METHODS: Using original questions on a nationally representative 2023 survey of 1,000 American adults, I measured agreement with statements about barriers to mental health treatment access that respondents have experienced or, if they have not sought treatment, their hypothetical assessment of these barriers. I also measured their support for statements in favor of change to address mental health. I analyzed the demographic and political correlates of agreement with the barrier statements and used regressions to examine their possible causal effect on support for change. FINDINGS: Agreement with statements about access barriers follows expected patterns in some cases (e.g., socioeconomic status) but not in others (e.g., race/ethnicity). I also documented a notable partisan and ideological divide in these experiences and beliefs. I found that Americans who agreed that material factors are a barrier to access were more supportive of action on mental health, whereas those who agreed with statements suggesting discomfort or skepticism were less supportive. CONCLUSIONS: These findings suggest that personal experience and perspective-taking should be integrated into the study of public opinion on mental health, complementing existing work on stigma and othering. Appeals to experience and perspective-taking may be a successful strategy for building public support for action on mental health.

Prevalence of hepatitis C, hepatitis B and HIV and their therapeutic management in a French public psychiatric hospital

ICOLE, F., HAGHNEJAD, V., JEANNOEL, C., *et al.*

2025

L'Encéphale 51(1): 9-14.

https://doi.org/10.1016/j.encep.2023.11.023

Résumé Introduction Plusieurs études suggèrent que les prévalences de l'hépatite C, de l'hépatite B et du VIH sont plus élevées chez les patients psychiatriques que dans la population générale ; cependant, peu d'études françaises ont été publiées. Les objectifs de cette étude étaient de déterminer les séroprévalences de ces trois virus, de décrire le profil des patients infectés et d'évaluer l'initiation du traitement antiviral dans une population de patients hospitalisés en psychiatrie. Méthode Entre janvier et octobre 2020, un dépistage du virus de l'hépatite C (VHC), du virus de l'hépatite B (VHB) et du VIH a été systématiquement proposé à tous les patients admis à l'unité intersectorielle d'accueil et d'orientation d'un hôpital psychiatrique. En cas de sérologie positive, la charge virale était automatiquement déterminée à partir du même prélèvement sanguin. Les antiviraux d'action directe (AAD) n'étant pas financés « en sus » des frais d'hospitalisation, il a été décidé *a priori* de débuter le traitement du VHC immédiatement avant la sortie. Résultats Entre le 7 janvier et le 1er octobre 2020, 407 patients ont accepté le dépistage. Parmi ces patients, 17 (4,2 % ; 95 % IC : 2,2–6,1 %) étaient anti-VHC positifs et deux étaient anti-VIH+/anti-VHC– (0,49 %). L'ARN du VHC était détectable chez neuf patients sur 17 anti-VHC+, avec une prévalence de l'infection de 2,2 % (IC : 0,8–3,6 %). Un usage de drogues a été retrouvé chez 16 patients anti-VHC+ (94 %), dont 10 avec un usage actif. Parmi les neuf patients virémiques, seuls quatre ont reçu une prescription pour un traitement AAD à la fin de l'hospitalisation, et un seul a été suivi par son médecin généraliste avec la confirmation d'une guérison virologique trois mois après l'arrêt du traitement. Aucun patient n'a été testé positif à l'antigène de surface de l'hépatite B, mais 3 % avaient des marqueurs sérologiques indiquant une infection passée par le VHB. Le taux de couverture vaccinale anti-VHB n'était que de 39 % dans l'ensemble de la population et de 41 % pour les patients ayant des antécédents de toxicomanie. Conclusion Notre étude confirme que la prévalence de l'infection par le VHC est significativement plus élevée dans la population psychiatrique que dans la population générale. Le principal facteur de risque d'infection par le VHC est de loin l'usage de drogues. Ceci justifie la réalisation systématique d'un dépistage régulier dans cette population. Le mode de prise en charge des AAD dans les hôpitaux psychiatriques semble être un obstacle majeur à l'initiation du traitement de l'infection chronique par le VHC au cours de l'hospitalisation et donc à l'élimination du VHC dans la population psychiatrique.

▶ The effectiveness of character strength intervention on severe mental illness in Hong Kong

SUN, C. ET KWOK, S.Y.C.L.

2025

Social Science & Medicine 368: 117746.

https://doi.org/10.1016/j.socscimed.2025.117746

The Character Strength Intervention is designed to cultivate and enhance positive traits and virtues in individuals. We sought to explore whether severely mentally ill adult participants who attended sixteen 40-min sessions of the intervention and treatment as usual (TAU) would report higher purpose in life, life satisfaction, recovery, and happiness composite scores than participants in TAU only. Thirty-nine participants received Intervention + TAU, and 50 received TAU-only. The participants filled in the evaluations at baseline, two mid-point assessments during the intervention, and one after the intervention. The ANCOVA models show a significant intervention effect on recovery and happiness at T3 but diminished at T4 after the intervention wrapped up. The intervention group has significantly less deterioration in recovery than the control group. No significant intervention effect emerged in purpose in life and life satisfaction. It should be noted that the intervention outcome is also negatively impacted by the baseline condition. The slope analysis indicates that for intervention recipients whose happiness scores are lower than 14.16, the predicted intervention outcome is even lower than that of the control group. Future severe mental illness interventions could consider incorporating CSI to enhance recovery and happiness while also being mindful of the baseline conditions to enhance intervention efficacy.

▶ Undiagnosed: Relational characteristics of mental health pre-diagnostic self-labeling

VARELA, G.

2025

Social Science & Medicine 369: 117725.

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Mental health self-labeling has garnered significant attention among journalists and physicians. One question is the extent to which self-labeling behavior is transmitted through social relationships. Yet, no study to date has examined the relationship between peer networks and mental health self-labeling. Drawing from prior research on social relationships and mental health, and using longitudinal data of college students from the NetHealth study (n = 402), this article examines how perceived support and actual social connections influence a student's likelihood of self-labeling. Evidence suggests that, conditional on distress severity, students reporting significant family social support are less likely to self-label with a mental illness. In addition, greater contact with others who self-label in local text and phone communication networks predicts self-labeling. Overall, both perceptions and observed social relationships play a role in mental illness self-labeling.

Sociologie de la santé

Sociology of Health

▶ Les âges du soin : missions de santé publique et travail avec les âges dans les centres de santé

BENALLAH, S. ET VEZINAT, N.

2024

Formation emploi n° 168(4): 21-47.

https://doi.org/10.4000/12r2w

Cet article examine les tensions dans les centres de santé entre un cadre règlementaire universaliste et des politiques publiques catégorielles, notamment en termes d'âge (enfant, adolescent, personne âgée). En s'appuyant sur les données de gestion des centres de santé, nous identifions une forte valorisation de la prise en charge des plus âgés par les incitations tarifaires. En fonction des profils de soignants et des besoins exprimés sur leur territoire, les équipes soignantes au sein des structures orientent l'activité proposée autour de missions de santé publique ciblées sur l'âge des patients. L'enquête qualitative s'intéresse ainsi à la manière dont ces patientèles différenciées modifient les pratiques professionnelles et le travail des soignants.

▶ Fabriquer des patients autonomes. Catégorisations et segmentations médicales selon l'âge dans le suivi du diabète de type 1 et de l'asthme

BERGER, L., SCHEPENS, F., KUSHTANINA, V., *et al.*

2024

Formation emploi n° 168(4): 127-145.

https://doi.org/10.4000/12r2x

Issu d'une enquête sur les trajectoires de soin des 12-21 ans atteints de diabète de type 1 ou d'asthme, cet article analyse les discours des médecins pour comprendre comment ils organisent les trajectoires de suivi de la maladie en lien avec les perceptions de l'âge des patients. Tout d'abord, l'article analyse les discours de la construction des mandats des spécialistes des soins pédiatriques et adultes, qui opposent les « enfants » et les « adolescents » aux « adultes ». Ensuite, le moment de la transition de la pédiatrie à la médecine d'adulte est analysé au prisme des représentations de l'acquisition de l'autonomie par les jeunes patients.

▶ Produire des données d'enquête en temps de pandémie. Une histoire des projets Sapris et Epicov

QUENTIN, D.

2024

Sciences sociales et santé 42(3): 41-68.

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Au début de l'année 2020, les premiers cas de contamination au Covid-19 sont détectés en France. De nombreux acteurs cherchent alors à documenter les effets de la crise sanitaire. Parmi eux, l'Institut national de la santé et de la recherche médicale (Inserm) entend produire des données sur les conditions de vie et le statut immunitaire de la population. Dans une perspective de sociologie de la quantification, cet article interroge les effets de la crise sanitaire sur les conditions de production de données d'enquête. Il retrace les stratégies de l'Inserm pour obtenir des données sur la situation sanitaire. Nous montrons que la crise pousse l'institution à expérimenter deux stratégies de production de données, et ce malgré l'urgence et l'intensité du travail. La première s'appuie sur des moyens existants – les cohortes épidémiologiques – et aboutit à l'enquête Sapris. La seconde vise certaines propriétés des données – la représentativité – et débouche sur l'enquête Epicov, en partenariat avec la statistique publique. In fine, la crise sanitaire donne à voir une situation originale de coexistence de stratégies d'enquête dans un contexte d'urgence.

Soins primaires

Primary Health care

▶ Immigration of medical personnel from Ukraine to Poland – Context, regulations, and trends

ANDRIIASHENKO, L., ZABDYR-JAMROZ, M., LIPOWSKI, P., *et al.*

2025

Health Policy 152: 105241.

https://doi.org/10.1016/j.healthpol.2024.105241

Background The migration of healthcare professionals is common phenomenon and shows upwards trends. Poland, which used to be a source country with marginal immigration, has in the past few years received more immigrants due to the simplified access to the labour market for professionals from outside the European Union. We aimed to analyse the immigration of healthcare workforce to Poland with an emphasis on legislative changes regarding the right to practice of medical personnel from outside the EU (mainly from Ukraine). Methods This analysis included the description of legislative changes in the recognition of qualifications of doctors, dentists, nurses, and midwives. Data on the number of non-EU citizens who took up employment in Poland were analysed concerning three periods reflecting these changes: (1) before 2020, (2) during the Covid-19 pandemic (2020–2022), and (3) after the Russian invasion of Ukraine (since February 2022). Also, the medical education systems in Poland and Ukraine were compared. Results The number of Ukrainian health workers seeking employment in Poland has increased significantly in recent years, mainly due to the geopolitical context of the war in Ukraine. This has been supported by the simplification of legal regulations for obtaining a licence to practice. Conclusions It is necessary to implement a comprehensive adaptation process for migrant health workers to maintain the quality of provided services and patient safety.

▶ Les enjeux d'une approche intégrée en addictologie (Commentaire)

ANTONIA, D.

2024

Sciences sociales et santé 42(3): 33-40.

https://doi.org/10.1684/sss.2024.0280

▶ Health Professional Shortage Area Bonus Payments and Access to Care Under Medicare

BRUNT, C.S.

2025

Health Economics 34(4): 601-630.

https://doi.org/10.1002/hec.4924

ABSTRACT For over 3 decades, the Centers for Medicare & Medicaid Services (CMS) has provided a bonus payment for outpatient physician services provided to beneficiaries under Medicare Part B in areas designated as Primary Care Health Professional Shortage Areas (HPSAs) during the previous calendar year. Despite the longstanding existence of the program, no studies have explicitly evaluated how previously established physicians practicing in areas subject to an HPSA designation respond to the bonus payments. Using 2012–2019 physician-level data with stacked event study models that control for several characteristics, including the underlying criteria used to construct HPSA scores, I find little to no statistically significant changes in access to care (as measured through total annual beneficiaries treated or services delivered to Medicare beneficiaries) in the years leading up to HPSA designation. However, once physicians become eligible for a 10% bonus payment, their annual number of beneficiaries treated and volume of services decline, consistent with recent empirical work and CMS's actuarial assumptions about how physicians respond to changes in reimbursement.

▶ Increasing Access Through Integration: Behavioral Health Services and Beyond

CARTER, D.H., MEIMERS, M.C. ET BEMBEN, E.F.

2025

American Journal of Public Health 115(3): 296-300.

https://doi.org/10.2105/ajph.2024.307939

An academic health center (AHC) that provides primary care to an urban, underresourced population recognized the need for an integrated model of care to address behavioral health needs. The Ambulatory Integration of the Medical and Social (AIMS) Collaborative Care Model's five pillars provided the framework and enhanced outcomes through tailored initiatives at the AHC, expanding to onsite satellite locations in senior subsidized housing, and through telehealth services. The results showed increased access to behavioral health care and improved depression and anxiety symptoms. (Am J Public Health. Published online ahead of print January 23, 2025:e1–e5. https://doi.org/10.2105/AJPH.2024.307939)

Les enjeux d'une approche intégrée en addictologie. Commentaire

DANDÉ, A.

2024

Sciences sociales et santé 42(3): 33-40.

https://doi.org/10.1684/sss.2024.0280

Pour le retour des médecins dans les provinces

DIOT, P.

2025

Bulletin de l'Académie Nationale de Médecine.

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Résumé Les inégalités d'accès aux soins en France ont des conséquences graves sur la santé de nos concitoyens et sont devenues inacceptables. Le nombre de médecins formés a longtemps été très insuffisant, du fait de l'application irrationnelle du numerus clausus, mais le problème aujourd'hui est plus une question de répartition et de rôle des médecins dans le système de santé, qu'une question de nombre. Cette situation est le constat d'échec d'une politique des quotas, appliquée sans discontinuer depuis une cinquantaine d'années. À l'image de la politique menée aux Pays-Bas, il importe de définir un véritable projet de santé, incluant la prévention, à échéance de 10 à 15 ans. Cette réflexion de fond doit être l'occasion de redéfinir le rôle du médecin, coordonnateur d'un réseau de soins. Pour améliorer la prospective quant aux besoins de formation, il faut renforcer l'ONDPS et le transformer en un Institut qui s'appuie pleinement sur les régions et les organisations professionnelles. La réforme de l'entrée dans les études de santé doit permettre la diversification des profils des futurs médecins. Pour accompagner ce progrès, l'ouverture des contrats d'engagement de service public (CESP) dès la deuxième année d'études médicales serait probablement bénéfique. Les conditions d'entrée dans le troisième cycle devraient être pour partie régionalisées. Le nombre de postes réservés à la médecine générale pour l'internat doit être augmenté. À court terme, pour secourir les zones les plus démunies, la mise en place d'un service médical à la nation devrait être réfléchie en lien avec les associations représentatives des jeunes médecins. Summary Inequalities in access to healthcare in France have serious consequences for the health of our fellow citizens, and have become unacceptable. For a long time, the number of students in medicine was highly insufficient, due to the irrational application of the numerus clausus, but the problem today is more a question of the distribution and role of doctors in the healthcare system, than a question of numbers. This situation reflects the failure of a quota policy that has been applied without interruption for some fifty years. Following the example of the Netherlands, we need to define a genuine healthcare project, including prevention, for the next 10 to 15 years. This fundamental reflection should provide an opportunity to redefine the role of the doctor as coordinator of a healthcare network. To improve forecasting of medical education, we need to strengthen the ONDPS and transform it into an Institute that relies fully on the regions and professional organizations. The reform of entry to health studies should enable the profiles of future doctors to be diversified. To support this progress, it would probably be beneficial to open up public service commitment contracts (CESP) as early as the second year of medical studies. The number of internship positions reserved for general medicine must be increased. In the short term, to help the most disadvantaged areas, the introduction of a national medical service should be considered in conjunction with associations representing young doctors.

Les conditions fragiles de la pluriprofessionnalité entre médecins et professionnels d'appui : le cas des microstructures médicales addictions (MSMA)

DUPRAT, L.

2024

Sciences sociales et santé 42(3): 5-31.

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Dans le cadre des transformations des soins primaires, de nombreux dispositifs visant la coordination de l'exercice pluriprofessionnel ont été mis en œuvre. Parmi ceux-ci, les microstructures médicales addictions (MSMA) sont des équipes associant médecins généralistes, psychologues, travailleuses sociales et coordinatrices, dans le but d'améliorer le maillage territorial des prises en charge et l'accès à des soins de proximité pour les patients des médecins généralistes présentant des situations d'addiction et de grande précarité. Cet article étudie les conditions et possibilités de cette collaboration en interrogeant la division du travail de soin. Pour ce faire, il s'appuie sur une enquête qui prend pour cible les pratiques de ces professionnels dans trois MSMA opérant en centre de santé, en maison de santé pluriprofessionnelle et en cabinet privé. Ce cas montre une résistance des non-médecins à être contrôlés par les médecins dans l'organisation de leur travail (moments d'intervention et périmètres des tâches) sans que cela perturbe pour autant la stabilisation d'une coopération dans les soins.

▶ How Are You Doing… Really? A Review of Whole Person Health Assessments

GOLD, S.B., COSTELLO, A., GISSEN, M., *et al.*

2025

Milbank Q 103(1): 205-241.

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Policy Points A redirection of measurement in health care from a narrow focus on diseases and care processes towards assessing whole person health, as perceived by the person themself, may provide a galvanizing view of how health care can best meet the needs of people and help patients feel heard, seen, and understood by their care team. This review identifies key tensions to navigate as well as four overarching categories of whole person health for consideration in developing an instrument optimized for clinical practice. The categories (body and mind, relationships, living environment and finances, and engagement in daily life) include nine constituent domains. To maximize value and avoid unintended consequences of implementing a new measure, it is essential to ensure adequate time with the person providing the responses. Use of the instrument should be framed around the goal of better understanding a person's whole health and strengthening their relationship with the care team and not for comparisons across physicians or meeting a target score. CONTEXT: Frustration with the burden of proliferating measures in health care focused on diseases and care processes has added to the growing desire to measure what matters to people, including understanding how people are doing in terms of their whole health. There is no consensus in the literature on an ideal whole person health instrument for use in practice. To provide a foundation for assessing whole person health and support further instrument development, this review summarizes past work on assessing person-reported whole health, articulates conceptual domains encompassing whole health, and identifies lessons from existing instruments, including considerations for administration. METHODS: A scoping literature review and instrument review were conducted. Concepts from the literature and instruments were thematically coded using a grounded theory approach. FINDINGS: We identified four overarching categories of whole person health, consisting of nine domains: body and mind (physical well-being, mental/emotional well-being, meaning and purpose [spiritual well-being], sexual well-being), relationships (social well-being), living environment and finances (financial well-being, environmental well-being), and engagement in daily life (autonomy and functioning, activities). A tenth domain of global well-being was used for instruments that assessed well-being as a whole. In total, 281 instruments were examined; most were specific to a single domain or subdomain. Fifty instruments assessed at least three domains; only five assessed all domains identified. Two key tensions must be navigated in the development of a whole person health instrument: comprehensiveness versus brevity, and standardization versus flexibility. CONCLUSIONS: The array of whole person health domains identified in this review and lack of consensus on how best to measure health present an opportunity to develop a new instrument to support a shift to whole health care. In addition to better tools for assessment, a shift to whole health care will require broader system transformation in payment, care delivery, and the ecology of measurement.

▶ Que faire contre les déserts médicaux ?

GRIMALDI, A. ET DUMONTET, M.

2025

Cahiers francais(443): 42-52.

Quels moyens mettrent en œuvre pour remédier à une offre de soins devenues très insuffisante dans certaines régions françaises ? Peut-on faire l'économie de mesures contraignantes?

▶ Comprehensiveness in Primary Care: A Scoping Review

GRUDNIEWICZ, A., RANDALL, E., JONES, L., *et al.*

2025

Milbank Q 103(1): 153-204.

https://doi.org/10.1111/1468-0009.12723

Policy Points Efforts to address a perceived decline of comprehensiveness in primary care are hampered by the absence of a clear and common understanding of what comprehensiveness means. This scoping review mapped two domains of comprehensiveness (breadth of care and approach to care) as well as a set of factors that enable comprehensive practice. The resulting conceptual map supports greater clarity for future use of the term comprehensiveness, facilitating more precisely targeted research, practice, and policy efforts to improve primary care systems. CONTEXT: Associated with system efficiency and patient-perceived quality, comprehensiveness is widely recognized as foundational to high-quality primary care. However, there is concern that comprehensiveness is declining and that primary care physicians are providing a narrower range of services. Efforts to address this perceived decline are hampered by the many different and sometimes vague definitions of comprehensiveness in current use. This scoping review explored how comprehensiveness in primary care is conceptualized and defined in order to map its attributes in support of being able to more clearly and precisely define this key concept in research, practice, and policy. METHODS: We conducted a scoping review, following the methods of Arksey and O'Malley and Levac and colleagues. The search included terms for two key concepts: primary care and comprehensiveness. Developed in Ovid Medical Literature Analysis and Retrieval System Online (MEDLINE), the search was adapted for Cumulated Index in Nursing and Allied Health Literature (CINAHL) and Embase, as well as for gray literature. After a multistep review, included sources underwent detailed data extraction. FINDINGS: A total of 360 sources were extracted; 57% were empirical studies and 65% were published between 2010 and 2022. Across these sources, we identified nine attributes of comprehensiveness in primary care. We mapped these attributes into two conceptual domains: breadth of care (services, settings, health needs and conditions, patients served, and availability) and approach to care (one-stop shop, whole-person care, referrals and coordination, and longitudinal care). Additionally, we identified three enablers of comprehensiveness, namely structures and resources, teams, and competency. CONCLUSIONS: The conceptual map of comprehensiveness in primary care offers a valuable tool that supports clarity for future use of the term comprehensiveness. The domains and attributes we identified can be used to develop definitions and measures that are appropriate to research, practice, and policy contexts, enabling more precise efforts to improve primary care systems.

How many doctors does a health system need? Histories of workforce planning in the NHS

HERRICK, C. ET ARMSTRONG, D.

2025

Social Science & Medicine 371: 117882.

https://doi.org/10.1016/j.socscimed.2025.117882

Abstract: Health systems across the world are currently facing profound workforce shortages. This is, however, not a new phenomenon. Drawing on the case study of the British National Health Service (NHS), we explore how it has struggled to answer the fundamental question of how many doctors it needs with any accuracy or certainty. While the NHS is organisationally complex, it remains one of the world's most monopolistic health care systems. Despite this, the task of workforce planning has always been beset with basic problems of data accuracy and availability, and a lack of integration with resourcing. Given this, we first explore how fears over doctor 'shortages' have, historically, been intimately linked to concerns about the possible over-supply of doctors. We then examine the mechanistic ways in which current and future doctor numbers have been calculated before setting these efforts in political and policy context. These efforts have consistently revealed that there are numerous "imponderables" that, while crucial to answering the question of how many doctors the NHS needs, remain largely unknowable: how to achieve a 'balanced' system; understanding the work done by doctors and their productivity; and the impact of technology. Drawing on the work of British health economists writing in the 1970s, we examine how the expanded capacity to address medical need has only reinforced the need (and case) for ever more doctors. In conclusion, we argue that the insatiable need of the NHS for more doctors shows no sign of abating. Responding to this will inevitably require politically unpalatable resourcing trade-offs of the kind that have been largely absent from public debate.

Organizational Characteristics Associated with Sustained Participation in Internal Quality Improvement: Findings from Two Waves of a National Sample of Physician Practices in the United States

HURLEY, V.B., BREWSTER, A.L., DEPUCCIO, M.J., *et al.*

2025

Social Science & Medicine 369: 117826.

https://doi.org/10.1016/j.socscimed.2025.117826

Abstract: Background and Purpose Engagement in internal quality improvement (QI) within physician practices is a key avenue by which to deliver evidence-based and patient-centered care, but it can be difficult to sustain such engagement. Consequently, research is needed that identifies organizational factors associated with sustained internal QI. We utilized two waves of a national survey of physician practices to explore whether organizational innovation characteristics including organizational culture, health information technology (HIT) capacity, and Accountable Care Organization (ACO) affiliation distinguish physician practices that sustain their engagement in internal QI from those that do not. Methods We linked two waves of the National Survey of Healthcare Organizations and Systems (NSHOS) fielded between 2017-2018 and 2022-2023 among physician practices in the United States to assess organizational characteristics associated with sustained engagement in QI (n = 714 practices). Our final regression models incorporate survey and nonresponse weights and control for practice size and ownership. Results We found that higher innovative culture scores were associated with almost three times the odds of sustained QI (OR = 2.91, p<0.001). Although high HIT capacity was also associated with greater odds of sustained versus non-sustained QI across both survey waves, this finding was not statistically significant (OR = 1.11, p >0.05). We did not find statistically significant support for our final hypothesis that ACO affiliation (whether commercial, Medicare, or Medicaid) was associated with sustained internal QI (OR = 1.26, p>0.05). Conclusions Our study is the first to our knowledge to underscore the critical importance of innovative organizational culture to sustaining internal QI among physician practices. Although ACO affiliation may signal willingness to participate in QI as a means to advance evidence- and value-based care and HIT capacity may facilitate improvement activities, these characteristics may not assure sustained internal QI engagement without an organizational culture aligned with QI. Practice Implications Policies that advance organizational capacity to develop a learning-oriented innovative culture could enable sustained QI engagement at the physician practice level.

▶ Patient's experience as a tool in analyzing primary care in Catalonia

IRUELA, A., MORAL, I., GÁLVEZ, G., *et al.*

2025

Journal of Healthcare Quality Research 40(2): 72-78.

https://doi.org/10.1016/j.jhqr.2024.10.002

Introduction Primary health care is essential in a well-designed health system. A way of approaching the quality of an institution or service is evaluating different aspects like accessibility, treatment, satisfaction, and efficiency. The COVID-19 pandemic caused substantial disruptions in health systems. The present work focused on assessing the evolution of the experience of patients. It analyzed its relationship with various factors of the centers and the professionals' quality of life. Methods Retrospective quantitative study through a survey carried out in Catalonia evaluating the experience of users in relation to primary health care services. Results from years 2015, 2018, 2021 and 2022 are included in the study. Results Users from 370 centers were included in the study. The highest scores were registered in dimensions as environment and information (more than 90%), while accessibility was the worst scored dimension (mean 65.19). Global satisfaction scores were significantly higher in 2015 and 2018 and dropped the following years showing the impact of the COVID-19 pandemics. Conclusion The evolution of the patient experience in Catalonia shows a progressive decrease from the first edition in 2015 to the most recent edition in 2022, aggravated by the COVID-19 pandemic. During the pandemic, all the characteristics of primary care were affected, and they are beginning to recover. The resilience that primary care has shown during the pandemic contrasts with a downward valuation of the experience of patients who have used it.

▶ Les conditions fragiles de la pluriprofessionnalité entre médecins et professionnels d'appui : le cas des microstructures médicales addictions (MSMA)

LAURA, D.

2024

Sciences sociales et santé 42(3): 5-31.

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Dans le cadre des transformations des soins primaires, de nombreux dispositifs visant la coordination de l'exercice pluriprofessionnel ont été mis en œuvre. Parmi ceux-ci, les microstructures médicales addictions (MSMA) sont des équipes associant médecins généralistes, psychologues, travailleuses sociales et coordinatrices, dans le but d'améliorer le maillage territorial des prises en charge et l'accès à des soins de proximité pour les patients des médecins généralistes présentant des situations d'addiction et de grande précarité. Cet article étudie les conditions et possibilités de cette collaboration en interrogeant la division du travail de soin. Pour ce faire, il s'appuie sur une enquête qui prend pour cible les pratiques de ces professionnels dans trois MSMA opérant en centre de santé, en maison de santé pluriprofessionnelle et en cabinet privé. Ce cas montre une résistance des non-médecins à être contrôlés par les médecins dans l'organisation de leur travail (moments d'intervention et périmètres des tâches) sans que cela perturbe pour autant la stabilisation d'une coopération dans les soins.

How and why do health system factors influence general dentists' participation in publicly funded, contracted primary dental care services: a realist review

LEAVY, P., SYMMONS, S.M., MOCKLER, D., *et al.*

2025

Health Policy 153: 105248.

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Objectives To identify health system contexts and mechanisms influencing general dental practitioners' (GDPs) participation in state funded, contracted primary oral healthcare. Methods Peer-reviewed articles and other sources were identified via EMBASE, Medline (OVID), Web of Science and Google Scholar databases, grey literature search, citation tracking and expert recommendations. Studies meeting the inclusion criteria were assessed for rigour, relevance and richness, and coded to identify data relating to contexts, mechanisms and outcomes. Inductive and deductive coding was used to generate context–mechanism–outcome configurations (CMOCs) and develop the final programme theory. Results Database searching identified 1,844 articles of which 29 were included. A further 33 sources were identified through adjunctive searches. Analysis identified key systems contexts influencing GDP participation. These include system emphasis on treatment over prevention, low priority for oral healthcare, funding constraints, and change implementation with minimal clinician consensus. At operational level, contracts can restrict GDP decision-making and ability to deliver high quality and holistic patient care. Key underlying mechanisms were feelings of ceded clinical and entrepreneurial control, stress and demoralisation, mistrust of the system and feeling undervalued. Conclusions The factors influencing GDP participation in state-funded, contracted dental care over private dental care are complex. The findings presented in this review have the potential to act as a good place to start leveraging health system change including better GDP engagement and increase participation in publicly funded systems.

Innovations in primary healthcare in Slovenia 2011–2020: Exploring the stepwise process behind effective implementation

POLIN, K., SCARPETTI, G. ET VRACKO, P.

2025

Health Policy 152: 105224.

https://doi.org/10.1016/j.healthpol.2024.105224

Countries worldwide seek to strengthen their primary healthcare systems often through introducing health promotion and disease prevention, multidisciplinary teams, group practices and community approaches to advance universal health coverage. These strategies are underpinned by scientific evidence and international standards. Slovenia's primary healthcare system reflects many of these features, with universally accessible, multidisciplinary, and integrated health services, emphasizing health promotion, disease prevention, and equity. Municipal primary healthcare centres serve as hubs within local communities. Slovenia's efforts to strengthen the delivery model are continuous and follow a controlled stepwise implementation process. This approach has strong policy support and organizational and implementation capacities. This paper describes Slovenia's primary healthcare model and three innovations between 2011 and 2020: (1) family medicine model practices, (2) health promotion centres, and (3) mental health centres. These innovations are used both to showcase the efforts of Slovenia to enhance primary healthcare and as a lens to explore Slovenia's established primary healthcare innovation implementation approach. The three innovations have had a positive impact on health outcomes in the short- to medium-term, but mixed health system and implementation outcomes. Slovenia's experience can inspire other countries looking to sustainably integrate primary healthcare fully or effectively introduce single innovations in their primary healthcare systems.

Assessing the acceptability to general practitioners of the French College of General Medicine's recommendations on considering patients' social situations: a Delphi study

RICHARD, B., MOUSSAOUI, S., BONELLO, K., *et al.*

2024

Bmj open 14 (12) : 14 (12) : .e08483

Les déterminants sociaux de la santé (DSS) ont un impact sur l'état de santé des individus dans le monde. Les médecins généralistes (MG) peuvent prendre en compte la situation sociale des patients dans leur pratique de soins. À cette fin, le Collège de médecine générale (CGM) a émis des recommandations en 2022 pour proposer 100 méthodes d'action. Evaluer l'acceptabilité par les médecins généralistes des recommandations édictées par le CGM pour améliorer la prise en compte de la situation sociale des patients en consultation. Étude quantitative, transversale, descriptive, utilisant la méthode Delphi. Les données ont été collectées par l'administration d'un questionnaire auprès de médecins généralistes exerçant en France.

Physician Turnover Increased In Private Equity–Acquired Physician Practices

SINGH, Y., CARDENAS, G.B., TORABZADEH, H., *et al.*

2025

Health Affairs 44(3): 280-287.

10.1377/hlthaff.2024.00974

Consolidation of physician practices by private equity (PE) firms has accelerated, raising concerns that PE's emphasis on short-term profitability may exacerbate physician turnover, with implications for care continuity. Despite their significance, evidence on how PE acquisitions affect physician turnover is limited. Using clinician-level data linked to practice acquisition data from the period 2014–21, we used a difference-in-differences design to examine changes to physician employment and turnover after PE acquisition of 200 ophthalmology practices with 1,980 clinicians. Relative to matched controls, PE-acquired practices increased the total number of clinicians by 46.8 percent through three years after acquisition. This growth was driven by increases in the numbers of both ophthalmologists and optometrists (30.7 percent and 36.2 percent, respectively). PE acquisitions also increased physician turnover, with the share of physicians leaving PE-acquired practices from one year to another increasing by 13 percentage points, or 265 percent, after acquisition, relative to non-PE-acquired practices. Findings highlight how PE acquisitions of physician practices are reshaping physician employment and workforce stability. As PE expands its footprint, policy makers should monitor the long-term implications of PE ownership on physician employment and turnover to mitigate potential undesirable effects on patient health.

The impact of team-based primary care on quality-related healthcare services and access to primary care: Norway's Primary Healthcare Teams pilot program

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2025

Journal of Health Economics 101: 102987.

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This study evaluates Norway's Primary Healthcare Teams (PHT) pilot program, which introduced team-based care in general practice clinics to improve care for patients with complex conditions. Practices hired nurses and chose between an activity-based or block funding model. This analysis examines the activity-based funding model, which incorporated fee-for-service (FFS) for nurses. Using a difference-in-differences (DID) approach, the study assesses the program's impact on quality-related primary care services, out-of-hours care, hospitalizations, general practitioners' (GPs') working hours, and patient list length. The findings show that PHTs increased quality services for target groups (primarily provided by nurses) without affecting GP working hours or list length, suggesting that added nurse capacity was used to enhance care for target patients, not expand primary care access. There is little evidence of changes in healthcare utilization outside primary care, except a possible reduction in hospitalizations for type 2 diabetes patients with ambulatory care-sensitive conditions.

Medical training program size and clinical staff productivity and turnover

TENSO, K., LI, Y., LEGLER, A., *et al.*

2025

Health Serv Res 60(1): e14364.

https://doi.org/10.1111/1475-6773.14364

OBJECTIVE: The objective of this analysis was to evaluate the effect of resident program training size on clinician productivity and turnover in the Veterans Health Administration (VHA), the largest education and training platform for medical professionals in the United States. DATA SOURCES: We retrieved administrative data on training programs and training facilities from the VA Office of Academic Affiliations and the VHA Corporate Data Warehouse. Data on primary care physician shortage areas were retrieved from the Health Resources and Services Administration. STUDY DESIGN: We used a quasi-experimental instrumental variables 2SLS design and constructed an exogenous predicted training allocation treatment variable as a function of the total national training program allocation. The outcome was clinical staff productivity and turnover. Secondary analyses stratified results using Health Professional Shortage Areas data (HPSA). DATA COLLECTION/EXTRACTION METHODS: Data were obtained for a national dataset of 141 VHA medical facilities and 26 specialties that hosted training programs across 11 years from 2011 to 2021 (N = 132,177). PRINCIPAL FINDINGS: Instrumental variables results showed that on average, an increase of one training slot in a specialty leads to a decrease of 0.039 visits per standardized clinic day ($p < 0.001$) and a 0.02 percentage point increase in turnover ($p < 0.001$). The direction of this association varied by specialty: while psychiatry and psychology specialties saw a decline in productivity, fields such as primary care and cardiology experienced an increase in productivity. HPSA stratified results indicate that negative effects on productivity and turnover are driven by areas with little to no primary care physician shortage, whereas shortage areas experienced a small increase in productivity and no effect on turnover. CONCLUSIONS: This quasi-experimental evaluation indicates that resident training program size is associated with reduced productivity and increased turnover in specialties such as psychiatry and in facilities with high baseline productivity. However, in specialties like primary care and cardiology, as well as areas with shortages of primary care, larger training programs are associated with increased productivity.

▶ Does financial incentive for diabetes management in the primary care setting reduce avoidable hospitalizations and mortality in high-income countries? A systematic review

THAVAM, T., HONG, M., DEVLIN, R. A., *et al.*

2024

Health Policy 150: 105189.

https://doi.org/10.1016/j.healthpol.2024.105189

Effective diabetes management can prevent avoidable diabetes-related hospitalizations. This review examines the impact of financial incentives for diabetes management in primary care settings on diabetes-related hospitalizations, hospitalization costs, and premature mortality. To assess the evidence, we conducted a literature search of studies using five databases: Medline, Embase, Scopus, CINAHL and Web of Science. We examined the results by health insurance system, study quality or diabetes population (newly diagnosed diabetes). We identified 32 articles ranging from fair- to high-quality: 19 articles assessed the relationship between financial incentives for diabetes management and hospitalizations, 8 assessed hospitalization costs, and 15 assessed mortality. Many studies found that financial incentives for diabetes management reduced hospitalizations, while a few found no effects. Similar findings were evident for hospitalization costs and mortality. The results did not differ by the type of health insurance system, but the quality of the studies did matter; most high-quality studies reported reduced hospitalizations and/or mortality. We also found that financial incentives tend to be beneficial for patients with newly diagnosed diabetes. We conclude that well-designed diabetes management incentives can reduce diabetes-related hospitalizations, especially for newly diagnosed diabetes patients.

▶ Multiple job holding and its influencing factors among Belgian Nurses: a cross-sectional study

VLEMINCKX, S., SEVENANS, A., BOUCHATTA, M., *et al.*

2025

Health Policy 155: 105288.

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Multiple job holding (MJH), historically referred to as moonlighting, is increasingly recognized among healthcare workers, yet it remains underexplored among nurses. This study investigates the prevalence and motivations for MJH among nurses in Belgium. Using a cross-sectional survey, data were collected in 924 nurses between November 2022 and March 2023. The aim was to identify key influencing factors driving nurses to consider or engage in MJH, with motivations categorized into “push” and “pull” factors. Results show that 38.3% of nurses hold multiple jobs, with financial necessity and job dissatisfaction (push factors) as the dominant drivers. Younger nurses, men, and those without children were more likely to engage in MJH. Pull factors, such as professional growth and job autonomy, also played a role but were deemed less important. Financial insecurity, particularly the inability to live comfortably on a single income, emerged as a strong predictor of MJH. Additionally, nurses with master's degrees were more likely to take on secondary jobs, possibly due to career development motivations. Despite the growing trend of MJH, the study highlights concerns about nurses working outside their primary profession during a nursing shortage. These findings suggest a need for policy interventions to address inadequate financial compensation and improve job satisfaction within nursing roles to reduce the reliance on secondary employment.

▶ Key stakeholder's attitudes towards the professional accountabilities and responsibilities of newly qualified Pharmacist Independent Prescribers (IPs) in England and enablers to implementation at scale?

WARNER, B., THORNLEY, T., ANDERSON, C., *et al.*

2025

Health Policy 152: 105223.

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Background Independent prescribing is set to expand amongst community pharmacists in England in the next few years. This study aims to explore the different accountabilities and responsibilities associated with independent prescribing compared to more traditional pharmacist roles. Objective To inform commissioning frameworks that will allow independent prescribing by community pharmacists to be commissioned safely and appropriately at scale. Design/Methodology A series of qualitative semi-structured interviews were undertaken with key stakeholders. Interviews were analysed using thematic analysis, and over-arching themes developed from emergent findings. Conclusions This study identified three themes, supported by twelve sub-themes, associated with pharmacist independent prescribing being viewed positively. Those three themes were 'self', 'environment' and 'competence'. Whilst pharmacists are well placed through their initial education and training to undertake a prescribing role, we found that there are perceived differences in responsibility between a prescribing and a non-prescribing role, attitude towards risk and the training and support needed to adapt to those changes. These differences are explored leading to a series of overarching themes and recommendations, including that ongoing support is critical and should be built into commissioning frameworks, that newly qualified prescribers need to start prescribing immediately after qualifying and that experiential learning should be built into all training programmes.

Systèmes de santé

Health Systems

▶ From Laggard To Leader: Why Health Care In The United States Is Failing, And How To Fix It

BERWICK, D.M., BATCHLOR, E., CHOKSHI, D.A., *et al.*

2025

Health Affairs 44(2): 179-186.

https://doi.org/10.1377/hlthaff.2024.01007

Health care in the United States is among the most technologically advanced in the world, but it is largely failing to meet the needs of the nation. The US can claim international excellence in important areas of care, such as cancer treatment, and it leads the world in biomedical innovation and building a well-prepared and dedicated clinical workforce. The Affordable Care Act was a major step forward in expanding access to health care in the US. However, Americans are faced with staggering health costs, inadequate access to care, pervasive health inequities, and lagging life expectancy compared with other developed nations. In this article, part of the National Academy of Medicine's Vital Directions for Health and Health Care: Priorities for 2025 initiative, we present a partial road map for transforming the US health care system. We propose bold national goals: affordable and equitable care for all, an additional decade of healthy birthdays after retirement, elimination of racial and ethnic disparities in health, substantial reduction in health care expenditures, and, most important, improved health outcomes. To achieve these goals, we recommend changes to ensure coverage for all, invest in primary care and social determinants of health, create financing to incentivize population health, and improve transparency and accountability. Major systemic transformation of the US health care system is not just required; it is a moral and economic imperative.

How hospitals' goal setting, feedback, and process standardization capacity impact provider payment reforms

HSIANG-TE TSUEI, S. ET CHI-MAN YIP, W.

2025

Social Science & Medicine 370: 117831.

https://doi.org/10.1016/j.socscimed.2025.117831

ABSTRACT BACKGROUND Provider payment reforms (PPRs) can improve providers' efficiency, but they often generate mixed results. Since organizations mediate PPR effectiveness, examining hospitals' management capacity's association with PPR effectiveness can be useful. In the context of clear strategy implications, hospitals' management characteristics related to goal attainment would be key to PPR adaptation. This study examines hospitals' capacity to set goals at appropriate difficulty or specificity, provide feedback, or standardize processes. METHODS We leverage a matched-pair, cluster randomized controlled PPR trial in a low-income Chinese province between 2014-2018. The reform aimed to reduce the per admission expenditure of the public insurance New Cooperative Medical Scheme (NCMS) though this may inadvertently trigger higher out-of-pocket (OOP) expenditure. We categorize 52 hospitals' baseline goal setting, feedback, and process standardization capacities using the World Management Survey and interact these characteristics with the difference-in-difference estimator to examine whether the four management characteristics modified the treatment effect. RESULTS All four management characteristics were non-statistically significantly associated with lower NCMS expenditure growth, consistent with the PPR incentives. However, their effects were jointly significant. Much of the effect came from goal specificity and feedback. Regarding expenditure shifting to OOP sources, only process standardization amplified such behaviour while goal difficulty showed spillover control in OOP expenditure growth. CONCLUSION Management capacity around goal attainment is an important moderator of PPR effectiveness, and future research can further unpack organizational characteristics of PPRs. Policymakers and hospital leaders may use industry peer networks to disseminate high quality goal development approaches and encourage huddles to facilitate feedback. Introducing monitoring and penalties for expenditure shifting—particularly for hospitals that can standardize operations in pursuit of profit—may be helpful.

Rapid evaluation of the NHS Recovery Support Programme (RSP) in England: implementing intensive national improvement support for challenged healthcare providers and systems

KLETTER, M., GILLIBRAND, S., HARKNESS, E., *et al.*

2025

Health Policy 155: 105300.

https://doi.org/10.1016/j.healthpol.2025.105300

Launched in 2021, the Recovery Support Programme (RSP) provides mandated intensive improvement support to NHS healthcare providers and systems in England experiencing significant financial, quality or safety failings. The aim is to prevent further deterioration, embed improvement and to enable sustained stabilisation. We conducted a rapid multi-method study to evaluate the early implementation of the RSP to understand initial impact and identify further developments which could improve its delivery. We found that whilst the RSP is generally perceived as more supportive and less punitive than the special measures regime it replaced, there are areas where its delivery could be enhanced. There is variation in how the programme is delivered across regions and several core processes could be standardised to enable more structured assessment of system capability and development of capacity to support change. The presence of cross system collective leadership and external facilitation may be the core-enabling features necessary to embed improvement and enable sustained stabilisation in NHS organisations.

Le système de santé français comparé aux autres pays européens

LAFORTUNE, G. ET ROCARD, E.

2025

Cahiers français(443): 24-30.

Les dépenses de santé en France sont plus élevées que la moyenne dans l'Union européenne. L'accès financier aux soins est généralement meilleur que dans les autres pays européens du fait d'un reste à charge des patients relativement faible, mais comme ailleurs l'accès effectif aux soins est limité par une répartition inégale des médecins et autres professionnels de santé.

Updating US Public Health For Healthier Communities

MCCLELLAN, M., DESALVO, K.B., BENJAMIN, G.C., *et al.*

2025

Health Aff (Millwood) 44(2): 148-155.

https://doi.org/10.1377/hlthaff.2024.01010

The United States faces urgent public health challenges, including high preventable death rates, pervasive health disparities, and emerging health risks, despite unprecedented medical progress. This article, part of the National Academy of Medicine's Vital Directions for Health and Health Care: Priorities for 2025 initiative, presents a vision for modernizing the US public health system to address these twenty-first-century challenges through federally supported partnerships with health care, social services, and community organizations. We identify actions to address persistent public health challenges that stem from insufficient and fragmented funding models, inadequate data infrastructure, workforce vulnerabilities, and limited public trust. Our proposals focus on four areas: enabling cross-sector collaboration, aligning financing mechanisms with accountability for population health outcomes, improving data systems, and building a ready workforce. These changes would enable significant improvements in population health outcomes and reductions in health disparities and provide a stronger foundation for a «team-based» future public health enterprise.

nvestigating the relationship between unmet need and utilisation of health care in European countries

MORAN, V., NOLTE, E., SUHRCKE, M., *et al.*

2025

Social Science & Medicine 369: 117715.

https://doi.org/10.1016/j.socscimed.2025.117715

Access to health care is a multidimensional concept, influenced by individual and health system factors and the relationship between different access dimensions is not well understood. We used individual-level data from the 2019 wave of the European Health Interview Survey, covering 27 European Union member states, Iceland, and Norway (n=269,799 individuals) and country-level data from the Eurostat, OECD and World Bank databases to explore this important research gap. We investigated six outcome measures: unmet need due to long wait, distance, and affordability of medical care and prescribed medicines, and the utilisation of general practitioner, or specialist care. We investigated the relationship between these outcomes and individual characteristics using a multilevel multivariate logit random effects model, which allowed us to model outcomes simultaneously. After controlling for individual socio-economic position, health status and health behaviour, we assessed the correlation between outcomes at individual and country levels to gain insight into the relationship between different dimensions of access. We investigated the association between each outcome measure and health system characteristics including health expenditure, physician density and primary care gatekeeping as well as macroeconomic characteristics (income and income inequality) using multilevel logit random effects models. We found that people with lower self-reported health status, multimorbidity and limitations due to health problems were more likely to report unmet need and utilisation. Higher household income was negatively associated with unmet need and positively associated with utilisation. After controlling for individual characteristics, correlations between unmet need and utilisation were very low (under 10%) at individual level. At country level, there was a negative correlation between unmet need due to the affordability of prescribed medicines and GP (-49%), and specialist (-42%) care. Individuals in countries that incentivised or required a referral from primary to specialist care were less likely to report use of specialist care. Our findings emphasise that unmet need and utilisation measure different dimensions of access, thus underscoring the importance of employing complementary measures of access to health care.

Health care provider payment schemes and their changes since 2010 across nine Central and Eastern European countries – a comparative analysis

NDAYISHIMIYE, C., TAMBOR, M., BEHMANE, D., *et al.*

2025

Health Policy 153: 105261.

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Health care provider payment schemes consist of a complex set of arrangements used to influence provider behavior towards specific health policy objectives. The study aimed at: 1) providing a structured, comparative overview of current payment schemes within the public health system in selected Central and Eastern European (CEE) countries for different health care providers; 2) identifying and comparing major changes in payment schemes since 2010. Methods included: 1) data collection form development; 2) desk research; 3) national experts' consultations; 4) comparative analysis. The results indicate that the nine CEE countries (Bulgaria, Croatia, Czechia, Estonia, Latvia, Lithuania, Hungary, Poland, and Romania) show numerous similarities in provider payment method mix and in the general direction of the recent changes conducted in this field. Output-based payment methods prevail across all countries and types of providers. Primary health care (PHC) providers are characterized by the most diverse payment method mix. PHC and hospital inpatient care have experienced the most frequent changes in their payment schemes within the last 13 years. These focused mostly on modifying existing payment methods (e.g. detailing payment categories), and applying additional methods to pay for specific services or performance (e.g. fee-for-service, bonus payments). The objectives of conducted change were often similar, thus, there is high potential for a shared, cross-country learning.

▶ Public reporting in five health care areas: A comparative content analysis across nine countries

SAPIN, M., EHLIG, D., GEISSLER, A., *et al.*

2025

Health Policy 152: 105222.

https://doi.org/10.1016/j.healthpol.2024.105222

Background Public reporting is crucial to enhance transparency, accountability, and informed provider choice. Therefore, providing accessible and reliable information on provider performance and activities is key for all healthcare areas and the utilization of information by patients, providers and related audiences. Objective This study provides an extensive analysis of public reporting websites across nine high income countries, focusing on five healthcare areas, and aims to understand how these websites support patients in making informed choices about healthcare providers. Methods We apply a comparative cross-country analysis to examine public reporting websites based on a framework consisting of five components: healthcare area, objectives and target audience, quality dimensions, data collection and methodology for quality indicator calculation, and visualization. Using literature and internet search as well as expert interviews, we selected 20 public reporting websites across nine high-income countries. Results The websites vary widely within and across countries for most components of our framework. Notably, we found that within countries, same data used by different websites can lead to confusing or even contradictory information about the same provider, depending on the websites' reporting methods and data usage. Conclusion The findings suggest that establishing national standards for public reporting may reduce the risk of presenting contradictory information to patients and thus, improve provider choice. Our results lay the basis for developing such national standards.

Travail et santé

Occupational Health

▶ Informal employment as a social determinant of health: A conceptual framework and research agenda accounting for context

ARONSSON, A.E. ET HUIJTS, T.

2025

Social Science & Medicine 368: 117809.

https://doi.org/10.1016/j.socscimed.2025.117809

Despite most workers globally being informally employed, our understanding of the role of informal employment as a social determinant of health and health inequalities remains limited. Existing research tends to focus mainly on direct associations between informality and health and to some extent on how informality affects health through micro-level factors such as gender and working conditions. This research has produced mixed results on the relationship between informality and health. We argue that this is because most existing work has not sufficiently addressed how informality affects health. This holds especially for quantitative research. In this paper, we aim to provide a conceptual framework that addresses these limitations by emphasizing the role of contextual factors located at the macro- and meso-levels in shaping the health consequences of informality. Not only does attention to context allow comparisons to be made across settings despite heterogenous meanings of informality, but such an approach also enables more comprehensive explanations of when, where and for whom informality is harmful to health. We furthermore propose attention to the level of regulation and protection available to workers, as a strategy to analytically operationalize contextual factors. Based on this framework, we present a research agenda in which we suggest prioritized directions for future research that would contribute to a more comprehensive understanding of how informality is linked to health.

Interruptions de carrière et santé des mères après 50 ans : le rôle de la position sociale. Une étude à partir des données de la cohorte Constances

BEAUFILS, C.

2024

Population Vol. 79(2): 233-270.

https://doi.org/10.3917/popu.2402.0233

Gendered employment trajectories and later life health in liberal regime countries: A quantitative study in the United States, England, Switzerland and Chile

CABIB, I., AZAR, A., BAUMANN, I., *et al.*

2025

Health Policy 152: 105216.

https://doi.org/10.1016/j.healthpol.2024.105216

We explore the association between adulthood employment patterns and later life health among men and women in four liberal regime countries: two from Europe (England and Switzerland) and two from the Americas (United States and Chile). We carefully harmonized life-history data from the surveys SHARE (N = 1,143), HRS (N = 4,006), ELSA (N = 3,083), and EVDA (N = 802). The samples included individuals born between 1944 and 1954, with information on employment histories from age 15 to 65 and on 11 health outcomes in later life. In line with welfare regime and health literature, we find significant differences in health outcomes between countries, which are likely explained by differences in health systems. However, we extend previous literature by showing that positive health outcomes are consistently explained by standard employment histories, and poor health outcomes are consistently explained by non-standard employment histories. Importantly, men and women following the same employment pathway across countries are either similarly penalized or compensated in their health. This suggests that it is not gender per se that affects health in later life, but the employment trajectory experienced. Nonetheless, women are disproportionately more likely to experience non-standard employment and thus suffer a greater health disadvantage. Policy measures to mitigate negative health effects of non-standard employment trajectories may therefore pay attention to the specific reasons why women are more likely to experience non-standard trajectories.

Employment Quality and Mental Health in Germany: the Mismatch of Low Employment Quality with Work and Family Values by Gender

DE MOORTEL, D., BALOGH, R., ENGELS, M., *et al.*

2025

Social Science & Medicine: 117906.

https://doi.org/10.1016/j.socscimed.2025.117906

Empirical evidence on whether low-quality employment is detrimental to workers' mental health is mostly cross-sectional and empirical evidence on pathways linking employment quality (EQ) to mental health remains scarce. Consequently, this study examines subsequent mental health associations of low-quality employment. Associations between EQ and mental health are investigated through a typology of employment arrangements. This study also investigates whether the relation between EQ types and subsequent mental health is different for workers with varying intensities of work and family values (i.e., importance of success at work and of having children, respectively) across genders. Using a large representative German panel dataset and Latent Class Cluster Analysis, EQ types are built and linked to mental health two years later. We assess two- and three-way interactions between EQ types and values, and between EQ types, gender and values, respectively. We found six EQ types: SER-like, precarious unsustainable, precarious full-time, SER-light, portfolio and protected part-time employment. Controlled for socio-demographic characteristics, precarious unsustainable employment for men and precarious full-time employment for women were associated to lower mental health after two years, compared to SER-like employment. Although protected part-time employment related to worse mental health for those with moderate to strong work and family values, compared to those with mild values, the interactions show an unclear pattern of the moderating role of values for the relation between EQ and subsequent mental health, for both men and women. This study should be replicated in other countries to confirm similar associations.

▶ A New Empirical Model of the Determinants of Sickness and the Choice Between Presenteeism and Absence

DENIS, T. ET LANFRANCHI, J.

2025

Labour-England 39(1): 61-87.

https://doi.org/10.1111/labr.12286

ABSTRACT This article revisits the association between employment characteristics, working conditions, and the annual duration of sickness presenteeism or absence using a French representative survey. Our novel estimation method controls for endogenous participation, as working conditions can affect employees' likelihood of illness separately from the decision to stay at home or work ill. We use a copula approach to model the link between illness and the duration of presenteeism and absence. Without correcting for endogenous participation, our estimates would be biased, and the determinants of sickness absence or presenteeism incorrectly identified. This work helps to highlight firm policy instruments that protect health and affect the choice between sickness presenteeism and absence.

▶ Is supported employment effective for Disability Insurance recipients with mental health conditions? Evidence from a randomized experiment in Belgium

FONTENAY, S. ET TOJEROW, I.

2025

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We conduct a randomized experiment (n = 600) to evaluate a Supported Employment (SE) program that, through intensive job coaching and follow-along support, aims to increase work activity of Belgian Disability Insurance (DI) recipients with mental health conditions. The control group gets regular vocational rehabilitation. After a 30-month follow-up period, we find that SE increases the probability of working while claiming DI by 7.5 percentage points and reduces the amount of DI benefit received by 110 euros per month (–9.5 percent).

▶ Labor market disadvantages and mental health among the second-generation children of immigrants in Sweden. A population cohort study

KIM, W., JUÁREZ, S.P., DUNLAVY, A., *et al.*

2025

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Children of immigrants born in the host country–the second generation (G2)–face higher risks of unemployment and overqualification compared to the majority native population in Western Europe. While the health effects of unemployment and overqualification are well documented, it remains unclear whether these factors impact the mental health of the G2 in the same way as in the majority population. This study uses Swedish register data to examine the association between different labor market disadvantages, i.e., unemployment and overqualification, and mental health outcomes among the G2 and the majority population. The outcome was measured as time to the first prescription of psychotropic medications (anxiolytics, sedatives, hypnotics, and antidepressants). Descriptive findings showed that psychotropic prescription rates are higher among G2 groups compared to the majority population. Cox proportional hazards models, adjusted for demographic and socioeconomic factors, indicated that unemployment similarly impacts mental health across origin groups, suggesting that being unemployed does not contribute to the mental health inequality between the G2 and the majority population. G2 individuals, especially G2 European individuals, showed higher risks of psychotropic prescriptions across all employment types. These findings imply that improving the labor market position is not sufficient to address mental health inequalities between the G2 and the majority population.

Vieillissement

Ageing

The Hidden Value of Adult Informal Care in Europe

COSTA-FONT, J. ET VILAPLANA-PRIETO, C.

2025

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ABSTRACT The hidden value of adult informal care (IC) refers to the unaccounted value of informal care in overall costs of long-term care (LTC) estimates. This paper estimates the net value of adult IC in Europe, drawing on a well-being-based methodology. We use an instrumental variable strategy and a longitudinal and cross-country dataset to estimate the causal effect of the extensive and intensive margin of caregiving on subjective well-being. We estimate the so-called compensating surplus (CS), namely the income equivalent transfer, to compensate for the net disutility of caregiving. We show that IC reduces average subjective well-being by about 1% compared to the mean (6% among co-residential caregivers). Relative to a country's Gross Domestic Product (GDP), the value of IC ranges between 4.2% in France and 0.85% in Germany. Such relative value declines as the country's share of formal LTC spending increases. These results call for a reconsideration of the existing classifications of LTC regimes. We estimate that the average CS per hour for IC is 9.55€, with a range from 22€ per hour in Switzerland to 5€ per hour in Spain. Additionally, we estimate that the long-term CS (estimated using an individual's permanent income) tends to be lower than short-term CS (estimated using an individual's current income).

Cash-Out Puzzle and Long-Term Care Insurance: Welfare of the Elderly

LEI, X. ET ZHANG, C.

2025

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ABSTRACT This study investigates the effects of diverse payment methods within long-term care insurance (LTCI) on the well-being of elderly individuals, encompassing both in-kind and cash payments. Utilizing panel data from the Chinese Longitudinal Healthy Longevity Survey (CLHLS), we leverage a generalized difference-in-differences (DID) approach and the LTCI pilots across various Chinese cities to identify the impacts of different LTCI payment methods. Our findings indicate that an in-kind LTCI policy significantly decreases the one-year mortality of older adults, with significant improvements on ADL-related care receipt as well as health status. Conversely, no significant impacts are observed under the framework of a cash LTCI policy. We term the weaker effects regarding older adults in cash LTCI policy versus in-kind LTCI policy as "the cash-out puzzle". Our findings emphasize the critical importance of developing right incentives of LTCI payment schemes thoughtfully worldwide.

Caregiver preferences and willingness-to-pay for home care services for older people with dementia: A discrete choice experiment in the Milan metropolitan area

MEREGAGLIA, M., MANFREDI, S., PEROBELLI, E., *et al.*

2025

Health Policy 152: 105220.

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Objectives Dementia is a major health and social care challenge in high-income countries where most people are cared for in their own homes. This study aimed to elicit caregiver preferences for alternative bundles of home care services in the Milan metropolitan area. Methods A binary discrete choice experiment was administered to a sample of informal caregivers of people with dementia recruited through a network of non-profit organizations. The experiment included four attributes: 1) number of home care hours per month; 2) type of care; 3) caregiver peer support group organization; 4) monthly family's cost (in euros), each articulated into three levels. A mixed logit model was applied to analyze the responses using Stata. Results A total of 93 self-administered questionnaires were collected in January-April 2023. Two-thirds of both caregivers (67.7 %) and care recipients (65.6 %) were female, with a mean age of 59.0 (±12.1) years and 82.2 (±6.5) years, respectively. The experiment showed that increased home care hours, mixed health and social home care, caregiver meetings with professional support and lower monthly costs were mostly valued by caregivers. Some preference heterogeneity was

detected in relation to care recipient's characteristics (e.g., age). Conclusions These results are expected to inform policymakers about caregiver priorities in the field of dementia based on the values placed on hypothetical public home care services.

▶ Retirement and Health Plan Choice

MULLER, T., SHAIKH, M. ET KAUER, L.
2025
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Many consumers exhibit choice persistence, often sticking with suboptimal or dominated health plans. We analyze the effect of retirement on health plan choice using a fuzzy regression discontinuity design that exploits Switzerland's old-age pension legislation. Drawing on insurance claims data from 84,731 individuals aged 61 to 68 over the years 2006-2014, we find that retirement significantly increases switching from the standard model to managed care plans, which offer lower premiums but restrict access to specialist care. However, deductible choices remain largely unaffected, as retirees are no more likely to select the cost-minimizing deductible than their non-retired counterparts. We conclude that while retirement may encourage plan switching, many consumers still choose dominated options, underscoring the need for a richer policy framework that provides consumer guidance incorporating measures such as personalized information interventions and simplified choice architectures to promote better health plan choices.

▶ Willingness to Care—Financial Incentives and Caregiving Decisions

REBAUDO, M., CALAHORRANO, L. ET HAUSMANN, K.
2025
Health Economics 34(3): 442-455.
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ABSTRACT As population aging will likely lead to an increasing number of people in need of care, the demand for informal care is expected to rise. In this context, it is often discussed whether financial incentives can motivate more individuals to assume caregiving responsibilities. We analyze the potential effect of financial incentives on the provision of informal care by estimating a structural model with endogenous labor supply and caregiving decisions. This allows us to investigate how both individual wages and financial compensations for caregiving affect the caregiving decision, while accounting for heterogeneous preferences. We find that wage increases are associated with a decreased willingness to care. Financially compensating potential carers for the opportunity costs from caregiving significantly increases the probability of providing care. However, across different subgroups, a large share of about 50% of potential carers remains unwilling to provide care despite the financial incentive. For these individuals, factors such as preferences and social norms outweigh financial considerations in their caregiving decision.

▶ Effects of Nursing Home Closures on Occupancy and Finances of Nearby Nursing Homes

XU, L., SHARMA, H. ET WEHBY, G.L.
2025
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This study estimates the effect of nursing home closure on occupancy, net profit margin, and operating margin of nearby nursing homes. We use national nursing home data from 2009 to 2019 from Medicare cost reports, Medicare Provider of Services (POS), and LTCfocus.org data. Using the Callaway and Sant'Anna difference-in-differences model, we compare the changes in occupancy, net profit margin, and operating margin between incumbent nursing homes in markets with any closure and nursing homes in markets without a closure, overall, and across rurality. Our findings suggest that nursing home closure improves the occupancy rates of remaining nursing homes in the same market in rural areas but there is little evidence of effects in metropolitan and micropolitan areas. Nursing home regulators and local officials should consider the long-term care market heterogeneity when considering interventions targeted at nursing home closure.

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