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Veille scientifique en économie de la santé

Watch on Health Economics Literature

Janvier 2025 / January 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*
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Hôpital	*Hospitals*
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Méthodologie – Statistique	*Methodology - Statistics*
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Travail et santé	*Occupational Health*
Vieillissement	*Ageing*

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Cette publication mensuelle, réalisée par les documentalistes de l'Irdes, rassemble de façon thématique les résultats de la veille documentaire sur les systèmes et les politiques de santé ainsi que sur l'économie de la santé : articles, littérature grise, ouvrages, rapports…

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Veille scientifique en économie de la santé / **Watch on Health Economics Literature**

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ISSN : 2556-2827

Institut de recherche et documentation en économie de la santé
21-23 rue des Ardennes - 75019 Paris • Tél. : 01 53 93 43 00 • www.irdes.fr

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Assurance maladie

Health Insurance

Assessing Health Insurance Literacy in Switzerland: First Results From a Measurement Tool

BARDY T. L. C.
2023
European Journal of Public Health 34(2): 237-243.
https://doi.org/10.1093/eurpub/ckad190

Health insurance literacy (HIL) is crucial for individuals to make informed-decisions and navigate complex choice-based health insurance systems. However, there is a lack of evidence on HIL in countries outside the US, with Switzerland no exception. Using the HILM-CH, a survey instrument developed to measure HIL in Switzerland, this study first describes the answers to the HILM-CH. Second, the study uses ordinary least squares and quantile regressions to investigate the associations between the HIL score and demographic, socioeconomic, health, and preference factors in the German, French, and Italian Swiss regions. A third of the population faces difficulties in finding health insurance information. Understanding it and managing the financial aspects of the Swiss health insurance system pose the biggest barriers to the population. The HIL score significantly and positively correlates with age and financial risk, while non-Swiss individuals have lower HIL scores. No association was found between HIL, gender, education and time preference. There is a small health gradient, with more doctor visits associated with higher HIL in the lowest quantiles of the HIL score. Similarly, wealthier individuals in the Swiss German part of Switzerland have a higher HIL when choosing their health insurance. This study provides important insights into Swiss HIL and its associated factors. These findings contribute to the international literature on HIL and highlight the importance of understanding variations in HIL and various factors in choice-based health insurance systems.

Cost-Associated Unmet Dental, Vision, and Hearing Needs Among Low-Income Medicare Advantage Beneficiaries

GUPTA A., JOHNSTON K. J., SILVER D., *et al.*
2024
Health Affairs 43(10): 1392-1399.
https://doi.org/10.1377/hlthaff.2024.00210

Medicare Advantage (MA) supplemental benefits offered at no or low premiums are a key value proposition for low-income beneficiaries. Despite nearly $20 billion in rebate payments to MA plans for funding supplemental benefits, their quality or enrollee access is not monitored. Using 2018–19 Medicare Current Beneficiary Survey data linked to MA plan data, we found that regardless of plan benefit generosity, low-income beneficiaries were more likely to report dental, vision, and hearing unmet needs because of cost. Enrollment in plans with higher corresponding-year (that is, the same year as unmet need measurement) star ratings was associated with lower dental unmet need. Income-related disparities in dental unmet needs were lower in the highest-rated plans. However, prior-year star ratings that determined plan payments were not associated with unmet needs or disparities in those needs. Policy makers should consider monitoring supplemental benefits for equity and access, and they should assess the value added by quality bonus payments to high-rated plans for beneficiaries' access.

The Impact of Medicaid Accountable Care Organizations on Health Care Utilization, Quality Measures, Health Outcomes and Costs From 2012 to 2023: A Scoping Review

HOLM J., PAGAN J. A. ET SILVER D.
2024
Medical Care Research and Review 81(5): 355–369.
https://doi.org/10.1177/10775587241241984

Most of the evidence regarding the success of ACOs is from the Medicare program. This review evaluates the impacts of ACOs within the Medicaid population. We identified 32 relevant studies published between 2012 and 2023 which analyzed the association of Medicaid ACOs and health care utilization (n = 21), quality measures (n = 18), health outcomes (n = 10), and cost reduction (n = 3). The results of our review regarding the effectiveness of Medicaid ACOs are mixed. Significant improvements included increased primary care visits, reduced admissions, and reduced inpatient stays. Cost reductions were reported in a few studies, and savings were largely dependent on length of attribution and

years elapsed after ACO implementation. Adopting the ACO model for the Medicaid population brings some different challenges from those with the Medicare population, which may limit its success, particularly given differences in state Medicaid programs.

The Impact of Children's Access to Public Health Insurance on Their Cognitive Development and Behavior

HULL M. ET YAN, J.
2024
Journal of Health Economics 98: 102935.
https://doi.org/10.1016/j.jhealeco.2024.102935

While a large literature examines the immediate and long-run effects of public health insurance, much less is known about the impacts of total program exposure on child developmental outcomes. This paper uses an instrumental variable strategy to estimate the effect of cumulative eligibility gain on cognitive and behavioral outcomes measured at three points during childhood. Our analysis leverages substantial variation in cumulative eligibility due to the dramatic public insurance expansions between the 1980s and 2000s. We find that increased eligibility improves child cognitive skills and present suggestive evidence on better behavioral outcomes. There are notable heterogeneous effects across the subgroups of interest. Both prenatal eligibility and childhood eligibility are important for driving gains in the test scores at older ages. Improved child health is found to be a mediator of the impact of increased eligibility.

E-santé

E-Health

Electronic Health Record Documentation Burden Crowds Out Health Information Exchange Use by Primary Care Physicians

HOLMGREN A. J., ADLER-MILSTEIN J. ET APATHY N. C.
2024
Health Affairs 43(11): 1538-1545.
https://doi.org/10.1377/hlthaff.2024.00398

Although electronic health record (EHR) documentation burden is known to be associated with reduced clinician well-being and burnout, it may have even worse unintended consequences if documentation work also crowds out other high-value EHR tasks. We examined this possibility by assessing the relationship between documentation burden and a high-value but optional EHR task: the use of health information exchange (HIE) to view patient records from outside organizations. Our study took advantage of an exogenous shock to documentation time: appointment no-shows. We found that documentation time had a strong impact on HIE use, with each additional hour spent documenting resulting in a 7.1 percent reduction in the proportion of patients with an outside record viewed by the primary care physician seeing them that day. Our results point to the urgent need for policy makers to do more to reduce documentation burden.

Impact of the COVID-19 Pandemic on Electronic Referrals to Rapid Access Clinics for Suspected Breast, Lung and Prostate Cancers in Ireland

BAMBURY N., ZHANG M., MCCARTHY T., *et al.*
2024
Eur J Public Health 34(5): 908-913.
https://doi.org/10.1093/eurpub/ckae092

BACKGROUND: The coronavirus disease 2019 (COVID-19) pandemic impacted cancer services worldwide. We examined the effect of the first three pandemic waves on the number of electronic (e)-referrals to rapid access clinics (RACs) for breast, lung and prostate cancer in Ireland. METHODS: This study used a retrospective, repeated cross-sectional design. The predicted weekly number of e-referrals by suspected cancer types from March 2020 to May 2021 was calculated using the Holt-Winters seasonal smoothing method, based on the observed numbers from a representative pre-pandemic period (01 January 2019 to 01 March 2020) and compared this with the observed number across the first three pandemic waves (02 March 2020 to 09 May 2021). Percentage differences were calculated between observed and predicted numbers of e-referrals for the three RACs and patterns were

examined in each wave. RESULTS: Observed e-referrals were lower than predicted for all three RACs in the first wave of the pandemic (15.7% lower for breast, 39.5% lower for lung and 28.1% lower for prostate) with varying levels of recovery in the second and third waves for the three e-referral types. CONCLUSIONS: The COVID-19 pandemic impacted patterns of e-referrals to RACs in the first three pandemic waves in Ireland. Early identification of changes in engagement with health services, such as a decrease in primary care presentations with a resultant decrease in e-referrals to RACs can allow for a rapid response from cancer control programmes. Continued surveillance of the impact of service disruption on cancer services allows policy makers and strategic leaders in cancer control programmes to respond rapidly to mitigate the impact on cancer outcomes.

Digital Geographies of Care: Telehealth Landscapes of Addiction Treatment During the COVID-19 Pandemic

RISHWORTH A., KING B. ET HOLMES L. M.

2024

Health & Place 89: 103296.

https://doi.org/10.1016/j.healthplace.2024.103296

The COVID-19 pandemic has created new digital health care landscapes for the management of substance use and misuse. While telehealth was prohibited for addiction treatment prior to the pandemic, the severity of COVID-19 precipitated telehealth expansion for the delivery of individual and group-based treatment. Research has highlighted benefits and challenges of telehealth; however, little is known about the impacts of telehealth on the quality, use, and effectiveness of treatment. Fewer studies examine how these emerging digital geographies of care transform the spaces and landscapes of substance misuse. This article examines how telehealth affects landscapes of opioid use disorder care in Pennsylvania, West Virginia, and Kentucky during the COVID-19 pandemic. Our findings reveal that while telehealth extends access to treatment for opioid use disorder (OUD), it also creates new care inequities within and between providers and clientele that can undermine effective care and recovery.

Advancing Geospatial Preconception Health Research in Primary Care Through Medical Informatics and Artificial Intelligence

SEGUNDO E., CARRERE-MOLINA J. ET ARAGON M. *et al.*

2024

Health Place 89: 103337.

https://doi.org/10.1016/j.healthplace.2024.103337

Established life course approaches suggest that health status in adulthood can be influenced by events that occurred during the prenatal developmental period. Yet, interventions such as diet and lifestyle changes performed during pregnancy have had a small impact on both maternal and offspring health outcomes. Currently, there is a growing body of literature that highlights the importance of maternal health before conception (months or years before pregnancy occurs) for the future health of offspring. While some studies have explored factors such as maternal body composition, nutrition, and lifestyle in this area, location-based environmental and socioeconomic exposures before conception may also contribute to future offspring health. In this line, the study of a patient's geographic history presents a promising avenue. To foster research in this direction, the integration of geospatial health, medical informatics and artificial intelligence techniques offers great potential. Importantly, novel sources of big health data sets such as electronic health records registered at the primary care level provide a unique framework due to its inherent longitudinal nature. Nonetheless, a number of privacy, ethical, and technical challenges need to be overcome for this kind of longitudinal analysis to mature and succeed. In the long-term, we support the vision of incorporating a patient's geographic history into her clinical history to equip clinicians with useful contextual information to explore.

Reconfiguration of Uncertainty: Introducing AI for Prediction of Mortality at the Emergency Department

TYSKBO D. ET NYGREN J.

2024

Social Science & Medicine 359: 117298.

https://doi.org/10.1016/j.socscimed.2024.117298

The promise behind many advanced digital technologies in healthcare is to provide novel and accurate information, aiding medical experts to navigate and, ultimately, decrease uncertainty in their clinical work.

However, sociological studies have started to show that these technologies are not producing straightforward objective knowledge, but instead often become associated with new uncertainties arising in unanticipated places and situations. This study contributes to the body of work by presenting a qualitative study of an Artificial Intelligence (AI) algorithm designed to predict the risk of mortality in patients discharged to home from the emergency department (ED). Through in-depth interviews with physicians working at the ED of a Swedish hospital, we demonstrate that while the AI algorithm can reduce targeted uncertainty, it simultaneously introduces three new forms of uncertainty into clinical practice: epistemic uncertainty, actionable uncertainty and ethical uncertainty. These new uncertainties require deliberate management and control, marking a shift from the physicians' accustomed comfort with uncertainty in mortality prediction. Our study advances the understanding of the recursive nature and temporal dynamics of uncertainty in medical work, showing how new uncertainties emerge from attempts to manage existing ones. It also reveals that physicians' attitudes towards, and management of, uncertainty vary depending on its form and underscores the intertwined role of digital technology in this process. By examining AI in emergency care, we provide valuable insights into how this epistemic technology reconfigures clinical uncertainty, offering significant theoretical and practical implications for the integration of AI in healthcare.

The EU Artificial Intelligence Act (2024): Implications for Healthcare

VAN KOLFSCHOOTEN H. ET VAN OIRSCHOT J.

2024

Health Policy 149: 105152.

https://doi.org/10.1016/j.healthpol.2024.105152

In August 2024, the EU Artificial Intelligence Act (AI Act) entered into force. This legally binding instrument sets rules for the development, the placing on the market, the putting into service, and the use of AI systems in the European Union. As the world's first extensive legal framework on AI, it aims to boost innovation while protecting individuals against the harms of AI. Since healthcare is one of the top sectors for AI deployment, the new rules will significantly reform national policies and practices on health technology. In this article, we highlight the implications of the AI Act for the healthcare sector. We give a comprehensive overview of the new legal obligations for various healthcare stakeholders (tech developers; healthcare professionals; public health authorities). We conclude that, due to its horizontal approach, it is necessary to adopt further guidelines to address the unique needs of the healthcare sector. To this end, we make recommendations for the upcoming implementation and standardization phase.

Économie de la santé

Health Economics

From the Value of a Statistical QALY (VSQ) to Willingness To Pay (WTP): A Concrete Example That Could Apply to France

TÉHARD B., MIDY F., SAMBUC C., *et al.*

2024

Journal de gestion et d'économie de la santé 41(1): 45-57.

Bien que l'évaluation économique de la santé en France se concentre sur une analyse coût-efficacité basée sur les QALY depuis 10 ans, aucune valeur de référence pour qualifier le rapport coût-efficacité différentiel (ICER) n'a été définie. Ce statu quo est clairement lié à l'absence de consensus sur l'utilisation d'une valeur de référence pour l'évaluation économique en France. Une étude récente a estimé la valeur du QALY statistique (VSQ) entre 147 093 € et 200 398 €. La VSQ a été dérivée de la valeur de la vie statistique (VVS), une mesure standard associée à la volonté de payer pour sauver une vie ou réduire un risque mortel. On considère que la VSQ reflète davantage la propension à payer pour un gain de vie que pour une amélioration de la santé et qu'elle surestime donc la propension à payer pour un QALY (WTP-Q). Nous avons utilisé un cadre théorique récemment publié pour estimer la WPT-Q pour la France. En appliquant un cadre innovant récent, nous avons estimé une WPT-Q unique qui

reflète à la fois la WPT pour l'amélioration de la santé et le gain sur la durée de vie. La WPT-Q est dérivé de la VSQ, du risque de décès imminent et à long terme, du gain d'utilité minimum et maximum attendu sur une espérance de vie dépendant de l'âge, et de l'aversion au risque pour des scénarios futurs incluant à la fois la probabilité d'une bonne santé et d'une santé très détériorée. Nous avons appliqué le taux d'actualisation recommandé par le Comité français d'évaluation économique et de santé publique (CEESP).En fonction de l'aversion individuelle pour le risque, allant d'une aversion totale à une position neutre, nous avons estimé que la WPT-Q se situait entre 27 847 et 112 586 euros. En supposant que la VSQ reflète de manière incomplète la VWPT-Q, il a été possible d'estimer les limites inférieures et supérieures de la WPT-Q. S'il reste encore à discuter pour définir le niveau acceptable d'aversion au risque et où il s'applique, nous espérons que notre contribution aidera à définir une valeur de référence pour l'évaluation économique de la santé en France.

▶ Specification of the Health Production Function and Its Behavioral Implications

BOLIN K. ET CAPUTO M. R.

2024

Health Economics 33(11): 2671-2684.

https://doi.org/10.1002/hec.4883

Abstract The health production function of the canonical health-capital model is generalized to allow the state of health to affect the total and marginal products of health investment. If the total and marginal products of health investment are nonincreasing functions of the state of health, then the solution of the generalized model is locally qualitatively identical to that of the canonical model. Moreover, and in contrast to the canonical model, the generalized model is able to rationalize the cycling of the state of health and health investment observed in some individuals. The necessary conditions on the health production function for cyclical behavior are identified as well.

▶ Le défi de la standardisation des coûts : construction d'un référentiel statistique de coûts unitaires des prestations en santé

CASTELLI C., MOUNIÉ M. ET COSTA, N.

2024

Journal de gestion et d'économie de la santé Vol. 41(1): 58-72.

Les résultats d'études d'efficience constituent une information importante pour l'aide à la décision qui est incontournable en matière d'adoption de stratégies de santé et in fine d'allocation des ressources en santé. La mesure de l'efficience des stratégies de santé nécessite l'estimation du coût et de l'utilité de l'objet évalué. Pour mesurer l'utilité des états de santé et réduire l'incertitude liée à cette mesure, la HAS recommande l'emploi systématique de l'outil EQ-5D-5L. Concernant la mesure des coûts, lorsqu'aucun référentiel validé n'est disponible, la valorisation monétaire des ressources nécessaires à la prise en charge des patients dépend des hypothèses formulées par l'économiste. Ces hypothèses induisent une variabilité dans le résultat produit. La standardisation des coûts permet d'éviter cet écueil. Ainsi l'objectif de ce travail est de mettre à la disposition des chercheurs un référentiel statistique de coûts unitaires moyens des différentes prestations en santé en France à partir des données de l'assurance maladie et notamment l'ESND (Echantillon du Système National des Données de santé). Il est produit par un consortium national multidisciplinaire expert et suit une méthodologie éprouvée incluant une validation croisée des résultats.

▶ Paying for Advance Care Planning in Medicare: Impacts on Care and Spending Near End of Life

CHEN A. J. ET LI J.

2024

Journal of Health Economics 98: 102921.

https://doi.org/10.1016/j.jhealeco.2024.102921

Spending at end of life (EOL) accounts for a large and growing share of healthcare expenditures in the US, and often reflects aggressive care with questionable value for dying patients. Using a novel instrumental variables approach, we conduct the first study on the causal effect of Medicare reimbursement for advance care planning (ACP) — the process of discussing and recording patient preferences for goals of care — on care utilization, spending, and mortality outcomes for critically ill Medicare patients. We find that billed ACP services substantially increase hospice use and hospice spending within a year, accompanied by corresponding increase in one-year mortality. The impacts of ACP services on hospice use and spending are especially prominent among patients with dementia and those of lower socioeconomic status. Among decedents, death is significantly less likely to occur in the hospital, and total and inpatient spending within the last 30 days of

life fall significantly. Our findings suggest that paying for ACP services can be effective in improving hospice use for critically ill Medicare patients, with the (possibly intended) consequence of increased one-year mortality.

L'incertitude dans les études d'efficience des vaccins

DE POUVOURVILLE G. ET LÉVY E.

2024

Journal de gestion et d'économie de la santé 41(1): 3-21.

Objectif : Le but de cette étude a été d'identifier quelles étaient les principales sources d'incertitude dans les études coût-efficacité des programmes de vaccination, liées aux caractéristiques spécifiques de ces interventions.Méthode : Une recherche en ligne des rapports publics du Conseil supérieur de l'hygiène public de France, du Haut conseil de la santé publique et des avis d'efficience de la Haute autorité de santé a permis d'identifier onze études portant sur cinq maladies infectieuses entre 2006 et 2020. Parmi celles-ci, une analyse approfondie de l'évaluation économique de la vaccination contre le rotavirus chez les nourrissons a été menée : les ratios différentiels coût-efficacité variaient en effet de 138 000 €/QALY pour la première étude réalisée à 24 413 €/QALY et 29 797 €/QALY pour les études de 2014. Les choix faits dans chaque étude en termes de choix méthodologiques, paramétriques et structurants et leurs liens avec les spécificités des études coût-efficacité de la vaccination ont été comparés. Résultats : Une amélioration des connaissances sur la dynamique de l'infection et sur les coûts de prise en charge entre 2006 et 2014 expliquaient en partie les différences observées. L'ajout d'un effet de troupeau et d'un bénéfice indirect sur les infections nosocomiales à rotavirus contribuaient à diminuer le résultat économique, ainsi que les coûts de prise en charge hospitalières et en ville des infections. Ces facteurs seuls ne permettaient pas d'expliquer la totalité de l'écart. Conclusions : Dans le cas de la vaccination, une attention particulière doit être portée aux choix structurants de modélisation.

Expected Out-Of-Pocket Costs: Comparing Medicare Advantage With Fee-For-Service Medicare

IPPOLITO B., TRISH E. ET VABSON B.

2024

Health Aff (Millwood) 43(11): 1502-1507.

10.1377/hlthaff.2024.00295

We compared the generosity of Medicare plans in terms of out-of-pocket costs attributable to cost sharing and premiums, including both basic and supplemental services. From 2014 through 2019, projected out-of-pocket costs for a typical enrollee were 18-24 percent lower in Medicare Advantage than traditional fee-for-service Medicare.

Policy and Payment Decisions on Peritoneal Dialysis in the United States: A Review

LOKHANDE A., PAINTER D. F., VOGT B., *et al.*

2024

Med Care Res Rev 81(6): 419-431.

https://doi.org/10.1177/10775587241233614

End-stage kidney disease (ESKD) accounts for a sizable proportion of Medicare spending. Peritoneal dialysis remains an underutilized treatment modality for ESKD despite its quality of life and cost-saving benefits. Medicare policy on reimbursements and patient eligibility for dialysis coverage has been amended numerous times since its inception in 1972. Over the last two decades, Medicare policy on ESKD reimbursements has evolved from a primarily fee-for-service model to a prospective payment system, and within the past few years, it has begun including more experimental payment structures. While prior work has explored the evolution of Medicare's ESKD policy as a whole, we specifically outline the impact of Medicare policy changes on peritoneal dialysis reimbursement rates, uptake by physicians and dialysis facilities, and accessibility to patients. This narrative review offers historical insights, an overview of modern ESKD policy, actionable strategies, and policy opportunities to increase the accessibility of this treatment modality.

The Development of a New Approach for the Harmonized Multi-Sectoral and Multi-Country Cost Valuation of Services: The PECUNIA Reference Unit Cost (RUC) Templates

MAYER S., BERGER M., PERIĆ N., *et al.*

2024)

Applied Health Economics and Health Policy 22(6): 783-796.

https://doi.org/10.1007/s40258-024-00905-0

Increasing healthcare costs require evidence-based resource use allocation for which assessing costs rigorously and comparably is crucial. Harmonized cross-country costing methods for evaluating interventions from a societal perspective are lacking. This study presents the development process and content of the service costing templates developed as part of the European project PECUNIA.

Understanding the Evolution of Competing Institutional Logics in the Marketization of Care: A Stage Model Analysis of Australia's National Disability Insurance Scheme

SALIGNAC F., BARKEMEYER R., FRANKLIN-JOHNSON E., *et al.*

2024

Health Policy 149: 105173.

https://doi.org/10.1016/j.healthpol.2024.105173

This study explores the marketization of healthcare through a stage model analysis, focusing on Australia's National Disability Insurance Scheme (NDIS). By employing mixed methods, including sentiment and frequency analysis as well as qualitative content analysis of policy documents and media coverage, we trace the NDIS's evolution and the interplay of competing social welfare and market logics over time. Our findings underline that the evolution and interplay between competing institutional logics follow a stage model of institutional change, detailing pre-emergence, orientation, contestation, consolidation, and normalization phases. Additionally, we observe a shift in dominant institutional logics across different stages, demonstrating the critical role of media and public sentiment in shaping discourse about the marketization of care, which intertwines with policy decision-making. Our findings emphasize the importance of adaptive engagement and communication strategies by policymakers to avoid marginalizing vulnerable groups as institutional logics evolve, especially in the latter stages of the process when a dominant logic has emerged. The study highlights the complex dynamics of institutional change and offers insights for both researchers and practitioners in the healthcare sector, shedding light on the coevolution of competing logics in the policy development and implementation process.

Motivators, Barriers, and Facilitators to Choosing Care in VA Facilities Versus VA-Purchased Care

SLATORE C. G., SCOTT J. Y., HOOKER E. R., *et al.*

2024

Medical Care Research and Review 81(5): 395–407.

https://doi.org/10.1177/10775587241264594

Many Veterans receive Department of Veterans Affairs (VA)-purchased care from non-VA facilities but little is known about factors that Veterans consider for this choice. Between May 2020 and August 2021, we surveyed VA-purchased care-eligible VA patients about barriers and facilitators to choosing where to receive care. We examined the association between travel time to their VA facility and their choice of VA-purchased care (VA-paid health care received in non-VA settings) versus VA facility and whether this association was modified by distrust. We received 1,662 responses and 692 (42%) chose a VA facility. Eighty percent reported quality care was in their top three factors that influenced their decision. Respondents with the highest distrust and who lived >1 hr from the nearest VA facility had the lowest predicted probability (PP) of choosing VA (PP 15%; 95% confidence interval: 10%–20%). Veterans value quality of care. VA and other health care systems should consider patient-centered ways to improve and publicize quality and reduce distrust.

The Impact of Unrelated Future Medical Costs on Economic Evaluation Outcomes for Different Models of Diabetes

ZHAO T., TEW M., FEENSTRA T., *et al.*

2024

Applied Health Economics and Health Policy 22(6): 861-869.

https://doi.org/10.1007/s40258-024-00914-z

This study leveraged data from 11 independent international diabetes models to evaluate the impact of unrelated future medical costs on the outcomes of health economic evaluations in diabetes mellitus.

Environnement et santé

Environmental Health

Exploring Ownership of Change and Health Equity Implications in Neighborhood Change Processes: A Community-Led Approach to Enhancing Just Climate Resilience in Everett, MA.

BRETON-CARBONNEAU A. C., ANGUELOVSKI I., O'BRIEN K., *et al.*

2024

Health & Place 89: 103294.

https://doi.org/10.1016/j.healthplace.2024.103294

Traditional planning processes have perpetuated the exclusion of historically marginalized communities, imposing vulnerability to climate (health) crises. We investigate how ownership of change fosters equitable climate resilience and community well-being through participatory action research. Our study highlights the detrimental effects of climate gentrification on community advocacy for climate security and health, negatively impacting well-being. We identify three key processes of ownership of change: ownership of social identity, development and decision-making processes, and knowledge. These approaches emphasize community-led solutions to counter climate health challenges and underscore the interdependence of social and environmental factors in mental health outcomes in climate-stressed communities.

Public Greenspace and Mental Wellbeing Among Mid-older Aged Adults: Findings From the HABITAT Longitudinal Study

CARVER A., RACHELE J. N., SUGIYAMA T., *et al.*

2024

Health & Place 89: 103311.

https://doi.org/10.1016/j.healthplace.2024.103311

We explored temporal associations between public greenspace and adults' mental wellbeing. Participants (n = 5,906) aged 40–65 years at baseline had data at >2 post-baseline waves of HABITAT, a multilevel longitudinal study (2007–16) in Brisbane, Australia. Participants self-reported mental wellbeing (short Warwick-Edinburgh Mental Wellbeing Scale) and neighbourhood self-selection reasons at Waves 2–5 (2009-11-13-16). We examined associations between Δgreenspace (within 1 km of home) and Δmental wellbeing using a linear fixed effects model, adjusting for time-varying confounders. Mental wellbeing increased ($\beta = 1.75$; 95% Confidence Interval:0.25–3.26) with greenspace exposure, adjusting for self-selection. Urban planning and policy initiatives to increase public greenspace may benefit mental wellbeing.

Development and Validation of the Environmental Health Literacy Index: A New Tool to Assess the Environmental Health Literacy Among University Students

FIORE M., LORINI C., BONACCORSI G., *et al.*

2024

European Journal of Public Health 34(5): 1001-1007.

https://doi.org/10.1093/eurpub/ckae120

Environmental health literacy (EHL) is a rather recent concept that applies health literacy skills to environmental issues. Research in this field is still at the beginning, and there is currently no existing tool in the literature designed to comprehensively assess individual general EHL among university students. The aim of our study is to fill this gap through the validation of the Environmental Health Literacy Index (EHLI) in such a target group. We adapted a previously administered survey, originally completed by 4778 university students from various Italian universities. Starting from the original questionnaire, our methodology involved a three-round item selection process, followed by a comprehensive evaluation of the instrument's psychometric properties. The EHLI consists of 13 Likert-type items, covering three primary domains of health literacy: functional (six items), interactive (three items), and critical (four items). The Cronbach's alpha coefficient is 0.808 for the global scale, while it stands at 0.888 for the functional, 0.795 for the critical, and 0.471 for the interactive components. The area under the receiver operating characteristic curve reached a value of 0.643. Spearman correlation analysis revealed a significant yet slight correlation between EHLI and both functional health literacy score and the extent of pro-environmental behaviors adoption. Our study serves as an important initial step in developing a tool able to evaluate the EHL of university-aged individuals. Further research efforts may improve the question-

naire's validity and completeness, as well as to explore its applicability to different age groups.

Air Pollution, Viral Spread and Health Outcomes Evidence From Strikes in France

GODZINSKI A. ET SUAREZ CASTILLO M.

2024
Health Econ 33(11): 2575-2617.
https://doi.org/10.1002/hec.4884

To evidence the impact of air pollution on the health of urban populations, several studies use natural experiments that shift commuting from public transport to cars (or vice-versa). However, as public transport use declines, reduced interpersonal contact may lead to slower virus spread and thus lower respiratory morbidity. Using a difference-in-differences strategy, we show that respiratory hospitalisations are both positively affected by air pollution and negatively affected by viral spread following partial unavailability of public transport due to strikes in the ten most populated French cities during the period 2010-2015. Our results are in line with studies in other countries that have found a significant increase in urgent respiratory hospitalisations following a public transport strike, most likely due to car pollution, but we also find a detectable interaction with viral spread, which should not be overlooked when interpreting these studies.

L'impact environnemental peut-il être considéré comme une dimension du bon usage des médicaments ? Retour sur le 5e Forum de l'Association Bon Usage du Médicament

HAMON P. A., BIENVENU A. L., GIMENES N., *et al.*

2024
Ann Pharm Fr 82(6): 1008-1012.
https://doi.org/10.1016/j.pharma.2024.07.001

Résumé Par son empreinte tout au long de son cycle de vie, de la production à son utilisation, le médicament a un impact négatif sur l'environnement. La réduction de cet impact est rarement envisagée sous l'angle des choix que les professionnels de santé pourraient être amenés à opérer dans leur pratique de prescription ou de dispensation. Faut-il faire de l'impact environnemental, à côté de l'efficacité et la tolérance, une des dimensions du bon usage des médicaments ? Le 5e Forum de l'Association pour le Bon Usage des Médicaments a rappelé les principales dimensions de l'impact environnemental des médicaments : l'empreinte carbone et toutes les formes de pollution liées aux déchets produits à toutes les étapes de la chaîne de valeur du médicament, de sa conception à son usage par les patients. L'outil d'évaluation suédois « Hazard Score », qui permet de classer les molécules en fonction de leur pouvoir polluant dans le milieu aquatique, a été présenté comme outil d'orientation des choix de prescription. Les échanges entre les différents acteurs (pouvoirs publics, médecins, pharmaciens, industriels, patients) intervenus dans le cadre du forum ont permis d'émettre des préconisations dans l'attente de recommandations scientifiques et éthiques souhaitables. Summary Through their footprint throughout their life cycle, from production to use, medicines have a significant impact on the environment. Reducing this impact is rarely considered from the perspective of the choices that healthcare professionals might have to make when prescribing or dispensing medicines. Should we consider environmental impact, alongside effectiveness and tolerance, one of the dimensions of the proper use of medicines? To address this question, the 5th Forum of the Association for the Proper Use of Medicines highlighted the main sources of pharmaceutical pollution: the carbon footprint linked to production, greenhouse gas emissions, the impact of residues on water and waste from packaging. While the eco-design of medicines should make it possible to limit their environmental impact upstream, there are still few initiatives aimed at their use. The Swedish "Hazard Score" assessment tool, which classifies compounds according to their potential to pollute the aquatic environment, was presented as a tool for guiding prescription choices. Through the exchanges between the various stakeholders (public authorities, doctors, pharmacists, manufacturers, patients) during this forum, recommendations were drawn up both on scientific and ethical grounds.

Impact macroéconomique des dommages climatiques en France

JACQUETIN F. ET CALLONNEC G.

2024
Économie et statistique(543): 39–64.

Pour évaluer le coût économique de l'inaction climatique, nous introduisons le coût des dommages dans le modèle macroéconomique « Three-ME » de l'ADEME. Le cadre traditionnel « keynésien » du modèle a été modifié pour tenir compte des risques pesant sur cer-

tains secteurs (agriculture, électricité) qui entraineraient des baisses contraintes de leur production. Les dommages incluent à la fois les risques chroniques, découlant de changements graduels, et les risques aigus découlant d'événements courts de forte intensité comme les catastrophes naturelles. Ces dommages sont introduits de manière « bottom-up », c'est-à-dire à la fois au niveau de l'offre et de la demande des agents concernés. Selon les simulations, par rapport à une transition anticipée et planifiée limitant le réchauffement à 1,5 °C d'ici 2100, l'inaction climatique pourrait coûter près de 7 points de PIB annuels à la France à l'horizon 2100.

Health Systems and Environmental Sustainability: Updating Frameworks for a New Era

PADGET M., PETERS M. A., BRUNN M., *et al.*

2024

BMJ 385: e076957.

https://doi.org/10.1136/bmj-2023-076957

Analyzing Effect Modifiers of the Temperature-Mortality Relationship in the Paris Region to Identify Social and Environmental Levers for More Effective Adaptation to Heat

PASCAL M., GORIA S., FORCEVILLE G., *et al.*

2024

Health Place 89: 103325.

https://doi.org/10.1016/j.healthplace.2024.103325

Adaptation to heat is a major challenge for the Paris region (France). Based on fine-scale data for the 1,287 municipalities of the region over 2000-2017, we analyzed (time-serie design) the temperature-mortality relationship by territories (urban, suburban, rural), age (15-64 and >/= 65) and sex, and explored how it was modified by vegetation and socio-economic indicators. Heat was associated with an increased mortality risk for all territories, age groups, sex, and mortality causes. Women aged 65 and over residing in the most deprived municipalities had a relative risk (RR) of deaths at 29.4 degrees C (compared to 16.6 degrees C) of 4.2 [3.8:4.5], while the RR was 3.4 [3.2:3.7] for women living in less deprived municipalities. Actions to reduce such sex and social inequities should be central in heat adaptation policy.

Environmental Determinants of Health: Measuring Multiple Physical Environmental Exposures at the United States Census Tract Level

PELUSO A., RASTOGI D., KLASKY H. B., *et al.*

2024

Health & Place 89: 103303.

https://doi.org/10.1016/j.healthplace.2024.103303

Physical environment plays a key role in determining human health risks. Exposure to toxins, weather extremes, degraded air and water quality, high levels of noise and limited accessibility to green areas can negatively affect health. Furthermore, adverse environmental exposures are often correlated with each other and with socioeconomic status, thereby compounding disadvantages in marginalized populations. Moreover, despite their importance in determining human health risks, the role of multiple environmental exposures is not well studied, and only a few resources contain aggregate environmental exposure data and only for selected areas of the contiguous US. To fill these gaps, we took a cumulative approach to measuring the environment by generating a composite Multi-Exposure Environmental Index (MEEI) as a US Census Tract-level summary of key environmental factors with known health effects. This measure quantifies multiple environmental exposures in the same area that can result in additive and synergistic effects on health outcomes. This information is crucial to better understand and possibly leverage environmental determinants of health for informed policy-making and intervention.

The 2024 Europe Report of the Lancet Countdown on Health and Climate Change: Unprecedented Warming Demands Unprecedented Action

VAN DAALEN K. R., TONNE C., SEMENZA J. C., *et al.*

2024

The Lancet Public Health 9(7): e495-e522.

https://doi.org/10.1016/S2468-2667(24)00055-0

Residential Proximity to Oil and Gas Development and Mental Health in a North American Preconception Cohort Study: 2013–2023

WILLIS M. D., CAMPBELL E. J., SELBE S., *et al.*

2024

American Journal of Public Health 114(9): 923-934.

https://doi.org/10.2105/ajph.2024.307730

Objectives. To evaluate associations between oil and gas development (OGD) and mental health using cross-sectional data from a preconception cohort study, Pregnancy Study Online. Methods. We analyzed baseline data from a prospective cohort of US and Canadian women aged 21 to 45 years who were attempting conception without fertility treatment (2013–2023). We developed residential proximity measures for active OGD during preconception, including distance from nearest site. At baseline, participants completed validated scales for perceived stress (10-item Perceived Stress Scale, PSS) and depressive symptoms (Major Depression Inventory, MDI) and reported psychotropic medication use. We used log-binomial regression and restricted cubic splines to estimate prevalence ratios (PRs) and 95% confidence intervals (CIs). Results. Among 5725 participants across 37 states and provinces, residence at 2 km versus 20 to 50 km of active OGD was associated with moderate to high perceived stress (PSS ≥ 20 vs < 20: PR = 1.08; 95% CI = 0.98, 1.18), moderate to severe depressive symptoms (MDI ≥ 20 vs < 20: PR = 1.27; 95% CI = 1.11, 1.45), and psychotropic medication use (PR = 1.11; 95% CI = 0.97, 1.28). Conclusions. Among North American pregnancy planners, closer proximity to OGD was associated with adverse preconception mental health symptomatology. (Am J Public Health. Published online ahead of print July 11, 2024:e1–e12. https://doi.org/10.2105/AJPH.2024.307730)

État de santé

Health Status

Alcool, alcoolisation, alcoolisme, dépendance, addiction : définitions et chiffres français

CADET-TAÏROU A.

2024

Médecine des Maladies Métaboliques 18(6): 490-497.

https://doi.org/10.1016/j.mmm.2024.08.002

Résumé Cet article propose quelques repères pour appréhender les évolutions des usages d'alcool en France. Premièrement, la décision publique en matière de prévention des risques de l'usage d'alcool y est fortement contrainte par le poids économique et l'influence de la filière vinicole. Deuxièmement, la multiplicité des termes et l'évolution des concepts qui décrivent les usages d'alcool créent de la complexité. Troisièmement, la consommation d'alcool des Français continue de régresser. L'âge d'initiation recule. La baisse des niveaux d'usage des lycéens s'intensifie depuis 2018, y compris pour la pratique des alcoolisations ponctuelles importantes (API). La part des usages quotidiens devient marginale chez les jeunes adultes. La pratique des API n'est pas réservée aux jeunes générations, notamment chez les hommes. Enfin, les repères de consommation sont relativement bien connus, mais pas toujours respectés.

Summary This article offers some insights into changes in alcohol consumption in France. Firstly, public decision-making on preventing the risks associated with alcohol use is strongly constrained by the economic weight and influence of the wine industry. Secondly, the multiplicity of terms and the evolution of concepts describing alcohol use create complexity. Thirdly, French alcohol consumption continues to decline. The age of initiation is falling. The decline in levels of use among secondary school students has intensified since 2018, including for heavy episodic drinking (HED). Daily use is becoming marginal among young adults. HED is not restricted to the younger generation, particularly among men. Finally, safer drinking guidelines are relatively well known, but not always respected.

COVID-19 Impact on Incidence and Stage at Diagnosis of Five Prominent Cancers: A French Cancer Registry-Based Study

DEMOUSTIER B., SEIGNEURIN A., JACQUET E., *et al.*

2024

Journal of Epidemiology and Population Health 72(5): 202555.

https://doi.org/10.1016/j.jeph.2024.202555

ABSTRACT Background The French healthcare system

has been affected by the COVID-19 pandemic in 2020, including cancer care. Methods In order to evaluate the impact of this pandemic on cancer incidence, the Isere Departmental Cancer Registry compared the actual 2020 incidence of melanoma, breast, colorectal, prostate and lung cancers with the expected 2020 incidence based on data collected by the Registry between 2015 and 2019, taking into account periods of lockdown and reopening. When available, cancer stages and/or prognostic scores were recorded. Results During the period of initial confinement, a 54%, 50% and 36,8% drop in incidence was observed for breast, prostate and colorectal cancer respectively. Although their annual incidence remained stable, a worsening trend emerged as a decline in the number of low stages/scores at diagnosis in favour of higher stages/ scores towards the end of 2020. In contrast, a significant 17,8% drop was observed in annual incidence of melanoma, particularly for Breslow scores < 1 (-27,4%). However, this trend was noticeable before the lockdown, as well as the 14% reduction in the incidence of lung cancer in women, but not in men. Conclusion The incidence of certain cancers was caught up over the year but the COVID-19 pandemic seems to be associated with a change in their severity at diagnosis throughout 2020. The downward trends in female lung cancer and melanoma incidence point to complex underlying phenomena. Further analysis is still needed to assess the global impact of the COVID-19 pandemic on cancer incidence.

Self-Rated Health Predicts Mortality - But It Depends on Your Age

DORE E. C. ET IDLER E.

2024

Social Science & Medicine: 117439.

https://doi.org/10.1016/j.socscimed.2024.117439

While self-rated health (SRH) has long been known to predict mortality in adult populations, the age of respondents plays an interesting and complex role in both explaining and modifying the association. The objective of this study is to test for differences by age in the association of SRH with all-cause mortality. Because much of the research has been conducted with older samples, a wider age range of adults may show that some age groups have more predictive SRH than others. We estimated Cox proportional hazards models to determine if SRH in 1999 predicted survival to 2021 differently based on age, using data from the Panel Study of Income Dynamics. The sample consisted of 5,843 respondents aged 25 to 97 who were interviewed in 1999 and followed for survival until 2021. We included demographic and socioeconomic factors, physical health and mental health indicators, and health risk behaviors as covariates to assess their potential mediating role in the predictive ability of SRH. The results showed a significant interaction between SRH and age, with larger and more significant hazards for those aged 40-54 and 55-74. There were no significant effects at all for the youngest group and virtually none for the oldest group. For example, for individuals aged 40-54, there were significant HRs for poor health (2.49, 95% CI 1.05, 5.89) and fair health (1.95, 95% CI 1.11, 3.42) compared to excellent health in the fully adjusted models. Our findings suggest that age group differences in the predictiveness of SRH may reflect an absence of health knowledge and experience for younger respondents, and a survivor bias for the oldest age group due to the lifetime elimination of those with poor health.

Global Health 2050: The Path to Halving Premature Death by Mid-Century

JAMISON D. T., SUMMERS L. H. ET CHANG, A. Y.

2024

The Lancet 404(10462): 1561-1614.

https://doi.org/10.1016/S0140-6736(24)01439-9

Endométriose : état des connaissances épidémiologiques

KVASKOFF M.

2024

Questions de sante publique(48)

L'endométriose est une maladie inflammatoire chronique touchant 10 % des femmes lors de leur vie menstruelle. Elle est associée à des symptômes invalidants, notamment des douleurs abdomino-pelviennes, qui ont un impact important dans la vie des femmes touchées et pour la société en termes de coûts directs et indirects, et elle représente l'une des plus grandes causes d'infertilité. Ce numéro de « *Questions de santé publique* » propose une vue d'ensemble de l'état des connaissances actuelles sur l'épidémiologie de l'endométriose et évoque le changement de reconnaissance récent de la maladie dans la société, jusqu'à la stratégie nationale contre l'endométriose.

Évolution de la corpulence déclarée dans les baromètres de Santé publique France de 1996 à 2017

SALANAVE B., VERDOT C. ET ESCALON H.

2024

Bulletin épidémiologique hebdomadaire(15): 306-312.

Dans le contexte de l'augmentation de la corpulence qui est observée depuis plusieurs années en population générale en France, les données de poids et de taille déclarées, malgré leur biais de déclaration, permettent de suivre les évolutions du surpoids et de l'obésité sur de longues périodes. La compilation des baromètres de Santé publique France de 1996 à 2017 a permis de disposer d'une série temporelle sur la corpulence déclarée des adultes sur une période de plus de 20 ans. Chez les hommes, la proportion de personnes se déclarant en surpoids (y compris l'obésité) a augmenté entre 1996 et 2008, passant respectivement de 40 % à 48 %, et semble depuis s'être stabilisée autour de 48-50 %. L'obésité concernait 7 % des hommes en 1996 et a augmenté pour dépasser les 14 % en 2016, avant d'enregistrer une baisse significative et revenir à 13 % en 2017. Chez les femmes, la corpulence a augmenté de façon régulière. Le surpoids (y compris l'obésité) déclaré chez les femmes était inférieur à 25 % en 1996 et a atteint 39 % en 2017. L'obésité déclarée chez les femmes, qui était inférieure à 6 % des femmes en 1996, a atteint 14 % en 2017. Ces données anthropométriques déclarées issues des baromètres de Santé publique France nous renseignent sur l'évolution du surpoids et de l'obésité au cours du temps. Ces tendances devront néanmoins être confirmées par le recueil de données anthropométriques mesurées. Toutefois, quelles que soient ces tendances, les niveaux de surpoids et d'obésité des adultes en France restent très élevés et nécessitent l'intensification des politiques de prévention en la matière.

Addressing Chronic Diseases: A Comparative Study of Policies Towards Type-2 Diabetes and Hypertension in Selected European Countries

SEGHIERI C., FERRE F., TORTU C., *et al.*

2024

European Journal of Public Health 34(4): 781-786.

https://doi.org/10.1093/eurpub/ckae070

Type-2 diabetes (T2D) and hypertension (HTN) are two of the most prevalent non-communicable diseases (NCDs): they both cause a relevant number of premature deaths worldwide and heavily impact the national health systems. This study illustrates the impact of HTN and T2D in four European countries (Albania, Bulgaria, Greece and Spain) and compares their policies towards the monitoring and management of HTN and T2D and the prevention of NCDs as a whole. This analysis is conducted throughout the DigiCare4You Project (H2020) —which implements an innovative solution involving digital tools for the prevention and management of T2D and HTN. The analysis is implemented through desk research, and it is enriched with additional information directly provided by the local coordinators in the four countries, by filling specific semi-structured forms. The countries exhibit significant differences in the prevalence of HTN and T2D and available policies and programs targeted to these two chronic conditions. Each country has implemented strategies for HTN and T2D, including prevention initiatives, therapeutic guidelines, educational programs and children's growth monitoring programs. However, patient education on proper disease management needs improvement in all countries, registries about patients affected by HTN and T2D are not always available, and not all countries promoted acts to contain the increasing rates of risk factors related to NCDs. While political awareness of the risks associated with HTN, T2D and NCDs in general is growing, there is a collective need for countries to strengthen their policies for preventing and managing these chronic diseases.

Time Preference Shifts in Medical Decision-Making After Serious Illness

XU B., SHAO Y. F., XI H. L., *et al.*

2024

Social Science & Medicine 360: 117321.

https://doi.org/10.1016/j.socscimed.2024.117321

This study explores the impact of serious illnesses, such as cancer, on patients' time preferences in medical decision-making. Specifically, we assess how patients value extending their lifespan by one year under varying survival prognoses through three experimental studies. The findings reveal that patients exhibit a higher Subjective Discount Rates (SDR) in their medical decisions after a serious illness diagnosis. Notably, this difference in individual health also affects the time preferences of their family members. Additionally, the subjective contextual setting of the illness can also increase an individual's SDR levels. The research highlights a tendency for patients and families facing a

potential short life expectancy to focus more on immediate concerns, leading to potentially shortsighted and irrational medical choices. This behavior often results in regret during the end-of-life stage. These insights are vital for healthcare professionals in optimizing treatment plans and for policymakers in understanding patient behaviors more comprehensively. The study emphasizes the need for considering psychological and behavioral changes in patients grappling with severe health challenges.

Géographie de la santé

Geography of Health

Spatial Disparities in Access to NHS Dentistry: A Neighbourhood-Level Analysis in England

CLARK S. D.

2024

European Journal of Public Health 34(5): 854-859.

https://doi.org/10.1093/eurpub/ckae099

Over the past decade, access to National Health Service (NHS) dentistry in England has been problematic. There are increasing media reports of patients being unable to find treatment at a local NHS dentist. However, the extent of this issue varies by location and by the characteristics of the neighbourhood. The study uses official data sources on NHS dental provision and population. Travel accessibility is measured using car journey times. An advanced form of Floating Catchment Area accessibility is used, which accounts for supply competition, varying catchments, and distance decay. Spatial availability and accessibility indices are calculated. Ways in which the method can be used to explore various types of 'what-if' scenarios are outlined. Both availability and accessibility vary by the level of neighbourhood deprivation and the urban/rural nature of the neighbourhood. A case study, based on a real-world situation, shows the impact on the local neighbourhood of the closure of a dental practice. For all neighbourhoods, NHS dental provision is generally less than would be needed to provide basic dental care. The interpretation of outputs needs to take account of edge-effects near to Scotland and Wales. Possible improvements include the inclusion of other modes of travel and the exclusion of the population that does not want to access NHS care.

Suicide Variations Between English Neighbourhoods Over 2017-21: The Role of Spatial Scale

CONGDON P.

2024

Soc Sci Med 362: 117414.

https://doi.org/10.1016/j.socscimed.2024.117414

Geographic studies of suicide variation typically focus on predictors at the same level as the event rates, and the possible interplay between different spatial scales does not generally figure. In this paper we focus on suicide variations between 6856 small area census units in England, but against a background provided by nine regions, broad urban-rural categories, and 155 local labour markets. Suicide death totals vary considerably between the small areas, with more areas than expected having no deaths, so we apply zero inflated regression. With this framework, we consider the relative contribution of factors at higher and lower spatial scales in explaining small area suicide contrasts, and why some areas have unduly elevated or unduly low suicide rates. We find significantly lower suicide levels in English metropolitan regions, after allowing for neighbourhood influences, but considerable heterogeneity in risks within broader spatial units. Varying incidence in general is associated significantly with all observed neighbourhood risk factors (social fragmentation, socioeconomic status, mental ill-health, ethnic mix), but low fragmentation and low psychiatric morbidity are the only significant influences on unduly low incidence.

Socio-Spatial Trajectories and Health Disparities Among Older Adults in Chile

VIDAL S., CABIB I., BOGOLASKY F., *et al.*

2024

Health & Place 89: 103324.

https://doi.org/10.1016/j.healthplace.2024.103324

In this study, we examine residential trajectories since birth among older adults in the Santiago Metropolitan Area, Chile, and their association with health outcomes. We linked retrospective residential information for a sample of 802 individuals aged 65–75 in 2019 to context-based information from decennial censuses. Our analysis reveals substantive heterogeneity in individuals' residential trajectories, thus mirroring social and urban changes in Chile's largest city. We found significant associations between residential histories and health outcomes at the time of the interview. Consistent residence in advantaged areas was linked to better health, whereas relocating to the metropolitan area from elsewhere was generally linked to poorer health, except for those moving to emerging middle-class areas. These findings underscore the importance of longitudinal and life course approaches in understanding the complex relationship between place and health.

The impact of Place on Multimorbidity: A Systematic Scoping Review

ZHENG C., MACRAE C., ROWLEY-ABEL L., *et al.*

2024

Social Science & Medicine 361: 117379.

https://doi.org/10.1016/j.socscimed.2024.117379

Multimorbidity, commonly defined as the co-existence of two or more long-term conditions, is a major global public health challenge with significant impacts for health and social care systems. There is a substantial body of work identifying different individual- and household-level determinants of multimorbidity, yet the role of place-based characteristics in affecting multimorbidity remains limited. This systematic scoping review identifies place-based risk factors for multimorbidity and further synthesises the potential pathways explaining these relationships using longitudinal evidence. By systematically searching seven major databases, such as Medline, Embase, and Web of Science, using relevant search terms (e.g., MeSH) relating to place-based risk factors and multimorbidity, 76 out of 7,761 studies were included for evidence synthesis. We include studies exploring the relationship between place-based risk factors and multimorbidity among the general population older than 18 years old in the setting of community-dwelling, primary, and secondary care. We identified 12 types of place-based risk factors, with the impacts of area-level deprivation/SES, pollution, and urban/rurality on multimorbidity being most frequently considered and with the most consistent findings, with people living in more deprived/low SES, highly polluted, or more urbanised areas having increased risks of multimorbidity. Further, the impact of these place-based risk factors on multimorbidity varied according to the operationalisation of the multimorbidity measure. We also identified that the impacts of other types of place-based factors on multimorbidity remain underexplored, such as social cohesion and greenspace. Finally, using these longitudinal findings, we propose a conceptual framework linking place and multimorbidity. We suggest that future studies adopt more precise measures of place-level environmental exposures, exploit electronic health records to implement more consistent and reproducible measurements of multimorbidity, moreover, make greater use of longitudinal study designs or analytical approaches better suited to identifying causal processes.

Handicap

Disability

Long COVID Among People With Preexisting Disabilities

HALL J. P., KURTH N. K., MCCORKELL L., *et al.*

2024

American Journal of Public Health 114(11): 1261-1264.

https://doi.org/10.2105/ajph.2024.307794

Objectives. To document the prevalence of long COVID among a sample of survey respondents with

long-term disabilities that existed before 2020 and to compare the prevalence among this group with that among the general population. Methods. We conducted a cross-sectional, descriptive study using data from the 2022 National Survey on Health and Disability (n = 2262) and comparative data for the general population from the federal Household Pulse Survey (HPS). Results. The prevalence of long COVID was higher among people with preexisting disabilities than in the general population (40.6% vs 18.9%). Conclusions. People with preexisting disabilities experienced and continue to experience increased exposure to COVID-19 and barriers to accessing health care, COVID-19 vaccines, and COVID-19 tests. These barriers, combined with long-standing health disparities in this population, may have contributed to the greater prevalence of long COVID among people with disabilities. Public Health Implications. The needs of people with disabilities must be centered in the response to the COVID-19 pandemic and future pandemics. (Am J Public Health. 2024;114(11):1261–1264. https://doi.org/10.2105/AJPH.2024.307794)

Hôpital

Hospital

Les métiers de la santé font-ils encore rêver ?

BONNEFON A.

2024

Gestions hospitalières 2024(638): 424-426.

Cet article analyse les problèmes d'attractivité qui touchent les établissements hospitaliers et leur étendue à l'ensemble du corps et métiers au regard des enjeux de santé publique. De la crise des vocations à la santé comme objet politique autant qu'objet de soin en passant par la préservation du capital humain et la confrontation au plafond de verre, il propose un tour d'horizon des réalités rencontrées par les professionnels de santé pour faire face à la continuité des soins.

Les infirmiers praticiens spécialisés au Québec. Un modèle à implanter en France ?

DEBALME C.

2024

Gestions hospitalières 2024(638): 427-430.

En France, la possibilité d'une «pratique avancée» pour les infirmiers a été reconnue par la loi de modernisation de notre système de santé du 26 janvier 2016. Pourtant, elle reste peu développée, tant du point de vue de la quantité d'infirmiers formé que du côté des missions qui leur sont dévolues. Le modèle québécois de l'infirmier praticien spécialisé (IPS) a récemment connu une forte revalorisation, permettant une reconnaissance plus importante. Malgré quelques freins encore présents, ce modèle outre-Atlantique est une réelle source d'inspiration pour le système de santé français.

Performance Feedback in Healthcare Organizations: The Role of Accountability Measures and Competition

HONG S., JI S., KIM B. J., *et al.*

2024

Social Science & Medicine 361: 117362.

https://doi.org/10.1016/j.socscimed.2024.117362

This study examines the impact of accountability arrangements in the form of performance feedback on organizational behaviors among healthcare organizations. Specifically, it evaluates the effectiveness of a performance management program implemented in South Korean healthcare settings, focusing on antibiotic prescription patterns. The study presents three key findings. First, significant performance improvement occurred mainly among low performing organizations. Second, public healthcare organizations exhibited greater performance enhancements compared to their private counterparts. Third, organizational responses to performance feedback were more pronounced when robust competition prevailed among the assessed healthcare institutions. This synergy between performance management and competitive environments was primarily evident in private organizations.

The Long-Run Effect of COVID-19 on Hospital Emergency Department Attendances: Evidence From Statistical Analysis of Hospital Data From England

JACOB N., SANTOS R. ET SIVEY P.

2024

Health Policy 150: 105168.

https://doi.org/10.1016/j.healthpol.2024.105168

During the COVID-19 pandemic, hospital emergency departments worldwide experienced a pronounced fall in utilisation of emergency care, with a decrease of up to 40% in many countries. Evidence suggests the cause of these changes include both population fear of COVID-19 and the effects of lockdowns and the interaction of these two effects. We analyse a sub-sample of national data on Accident and Emergency (A&E) attendances in England over an extended period from April 2019 to March 2022 for different patient groups, including by age, mental/physical health status, acuity, and common clinical groupings. Our results showed that all patient groups experienced substantial declines in attendances during the first two waves of the pandemic, including high acuity and cardiovascular patients. Mental health patients were the only exception, with a smaller decline in attendances. Our findings suggest that policymakers should recognise the potential harmful effects of lockdowns, public messaging, and changes in health care provision on all patients during health emergencies.

Improving the Management of Hospital Waiting Lists by Using Nudges in Letters: a Randomised Controlled Trial

MURPHY R. P., TAAFFE C., BYRNE M., *et al.*

2024

Social Science & Medicine 361: 117343.

https://doi.org/10.1016/j.socscimed.2024.117343

Objective A commonly adopted intervention to help to reduce wait times for hospital treatment is administrative validation, where administrators write to patients to check if a procedure is still required. The did not return (DNR) rate to validation letters is substantial. We tested whether the DNR rate was reduced by introducing nudges to validation letters. Methods Participants from eight public hospitals (N = 2855; in 2017) in Ireland were randomized to receive an existing (control group) or a redesigned validation letter including nudges (intervention group). Results Participants in the intervention group were less likely not to return it than those in the control group, OR = .756, SE = .069, p = .002. Control and intervention group DNR rates were 23.97% and 19.24%. This is equivalent to 1 in 5 non-responders changing their behaviour because of the redesigned letter. Conclusions The redesigned letter increased patient compliance with the validation process. The redesign has subsequently been adopted by public hospitals in Ireland.

Changes in Patient Care Experiences and the Nurse Work Environment: A Longitudinal Study of U.S. Hospitals

ROSENBAUM K. E. F., LASATER K. B., MCHUGH M. D., *et al.*

2024

Medical Care Research and Review 81(6): 444-454.

https://doi.org/10.1177/10775587241282403

Addressing patient experience is a priority in the health care system. Hospital Consumer Assessment of Providers and Systems (HCAHPS) survey results incentivize hospitals to elevate patient experience, a factor in patient-centered care. Although hospital nursing resources have been positively associated with better HCAHPS ratings, it is unknown how changes in nursing resources are associated with changes in HCAHPS ratings over time. This two-period longitudinal study ranked the associations between changes in nurse staffing, skill mix, nurse education, and work environment on HCAHPS ratings and found that changes in the work environment had the strongest associations

($\beta = 2.29$; $p < .001$) with improved HCAHPS ratings. Our findings provide hospital administrators with empirical evidence that may help make informed decisions on how to best invest limited resources to improve HCAHPS ratings, including the potential utility of improving the work environment through enhancing Nursing Quality of Care and Nurse Participation in Hospital Affairs.

Improving Hospital Performance by Understanding its Logistics Function: The Diversity Revealed by the Organizational Charts of French University Hospital Centers

SAMPIERI-TEISSIER N., CAMMAN C., LIVOLSI L., *et al.*

2024

Journal de gestion et d'économie de la santé 41(1): 22-44.

La logistique représente un moteur important pour l'amélioration des conditions de travail des professionnels de la santé, des soins aux patients et de l'efficacité des hôpitaux. L'une des conditions pour permettre à la logistique de jouer ce rôle repose sur la structure organisationnelle. Cependant, l'organisation de cette fonction est rarement analysée dans les hôpitaux. Pour étudier ce thème, ce document entend analyser la manière dont la fonction logistique est répartie dans les hôpitaux, en termes de position et de contenu. L'hypothèse sous-jacente est que la position de la fonction logistique dans la structure reflète sa nature stratégique. Pour répondre à la question de recherche, nous explorons une méthodologie spécifique qui compare les organigrammes de 30 centres hospitaliers universitaires français. Nous cherchons à savoir si ces artefacts peuvent révéler la position de la logistique dans les organisations hospitalières en tant que fonction stratégique ou opérationnelle et de soutien. Cette recherche révèle plusieurs résultats. Au niveau académique, en développant une typologie, l'article met en évidence que lorsque la logistique est rattachée à un niveau stratégique (comme dans 47% des cas), elle s'inscrit dans une perspective de gestion de la chaîne d'approvisionnement en lien avec d'autres fonctions (achats ou investissements). La contribution méthodologique est basée sur une comparaison d'organigrammes qui pourrait être réutilisée dans plusieurs contextes. Cette méthodologie pourrait être utilisée pour comparer la position et le contenu d'autres fonctions à différents moments afin d'analyser leur dynamique. Les résultats permettent aux responsables des soins de santé de comparer leur structure afin de les aider à modifier (ou à maintenir) leur organisation.

Measuring the Direct Medical Costs of Hospital-Onset Infections Using an Analogy Costing Framework

SCOTT R. D. 2ND, CULLER S. D., BAGGS J., *et al.*

2024

PharmacoEconomics 42(10): 1127-1144.

https://doi.org/10.1007/s40273-024-01400-z

The majority of recent estimates on the direct medical cost attributable to hospital-onset infections (HOIs) has focused on device- or procedure-associated HOIs. The attributable costs of HOIs that are not associated with device use or procedures have not been extensively studied.

Freedom of Choice for Specialized Consultation in Portugal: An Observational Analysis of Response to Hospital Quality

VALES J., CIMA J. ET PERELMAN J.

2024

Health Policy 149: 105163.

https://doi.org/10.1016/j.healthpol.2024.105163

Background Portugal introduced freedom of choice for initial specialist consultations in 2016 to boost quality via competition. However, for tangible benefits, specialized care demand must be quality-elastic. This research probes the relation between choosing hospital out the residence area and their quality traits. Methods We used data for all primary consultation requests from primary care centres to hospitals from 1/1/2017 to 31/12/2018 (n = 3,346,335). We modelled the choice of a hospital as a function of its quality characteristics, adjusting for area-based socioeconomic variables using logistic regressions. Results: Results indicate that patients and their general practitioners consider quality indicators when choosing a hospital. Higher mortality, longer waiting times and higher readmission rates at the hospital of origin were positively associated with the patient's choice. Freedom of choice is less used when the distance to the hospital of origin increases. Similar patterns were observed for larger hospitals and those with academic status. Discussion This study underscores the relevance of quality considerations in hospital selection by both patients and their general practitioners (GPs). The implications are two-fold. Firstly, improving quality appears as a factor to increase attractiveness, so that hospital competition may lead to improved health outcomes. Secondly, it highlights that hospital financing should include an activity dimension in which "money follows the patient", otherwise no financial incentive exists to improve quality. Hence, the current hospital financing model and the limited possibility to choose in certain areas limit the potential of quality improvement based on enhanced attractivity. Decision makers should be aware that quality is a driver of patient choice, as our study demonstrates, and adapt the system to take advantage of this reality.

Inégalités de santé

Health inequalities

Promoting Access to Hospital Care in Rural Areas: Current Approaches and Ongoing Challenges

CARROLL C., BERQUIST V. ET CHERNEW M. E.

2024

Health Affairs 43(12): 1664-1671.

https://doi.org/10.1377/hlthaff.2024.00600

Financial distress among rural hospitals is a significant concern for policy makers. Poor financial performance increases the likelihood of hospital closure and merger, and it can limit hospitals ability to invest in quality improvements. In response to these challenges, policy makers are actively seeking ways to ensure access to affordable, high-quality care for rural communities. We discuss two broad policy approaches for supporting rural hospitals. First, although current policy supports rural hospitals financially through a variety of public programs, this support is not well targeted. There are opportunities to target public funds more effectively to hospitals that are critical sources of care in their communities through Medicare or other public programs. Second, in cases where markets cannot support the delivery of high-quality care at multiple hospitals, regulation is crucial to ensure public benefit and limit the potential deleterious consequences of reduced competition, such as increased prices, reduced quality, and limited access to care.

Program Implementation Strategies Associated With Reduced Acute Care Utilization for Medicaid Beneficiaries in California's Whole Person Care Pilot Program

CHUANG E., YUE D., O'MASTA B., *et al.*

2024

Med Care Res Rev 81(6): 432-443.

https://doi.org/10.1177/10775587241273404

Public health care policymakers and payers are increasingly investing in efforts to address patients' health-related social needs (HRSNs) as a strategy for improving health while controlling or reducing costs. However, evidence regarding the implementation and impact of HRSN interventions remains limited. California's Whole Person Care Pilot program (WPC) was a Medicaid Section 1115 waiver demonstration program focused on the provision of care coordination and other services to address eligible beneficiaries' HRSN. In this study, we examine pilot-level variation in impact on acute care utilization and identify factors associated with differential outcomes. The majority of pilots reduced emergency department (ED) visits for enrollees relative to matched controls; however, only four pilots reduced both ED visits and hospitalizations. Coincidence analysis results highlight the importance of cross-sector partnerships, field-based outreach and engagement, and adequate program investment in differentiating pilots that reduced acute care utilization from those that did not.

Do Financial Hardships Affect Health? A Study Among Older Adults in Switzerland

DUMONTET M., HENCHOZ Y. ET SANTOS-EGGIMANN B.

2023

European Journal of Public Health 34(1): 7-13.

https://doi.org/10.1093/eurpub/ckad202

A growing number of studies have underlined the relationship between socioeconomic status and health. Following that literature, we explore the causal effect of financial hardships on changes in health at older ages. Rather than traditional measures of socioeconomic variables, we study the role of financial hardships. The declarative measurement of financial hardships is particularly relevant for assessing the impact of short-term financial difficulties on health among older adults. In this study, we use data from the Lausanne cohort 65+. Participants are community-dwelling older adults representative of the population aged 65–70 years in 2004 and living in Lausanne (Switzerland) (n = 1352). We use longitudinal annual data with 11 years of follow-up (2006–16) to estimate dynamic panel models on several indicators measuring older adults' health (self-rated health, number of medical conditions, depressive symptoms, difficulties with daily living activities).We find evidence of causal effects of financial hardships on self-rated health (coef. = 0.059, P>0.10) and on depressive symptoms (coef.=0.060, P > 0.05). On the other hand, we find no

evidence of causality running from financial hardships to the number of medical conditions and the difficulties in daily living activities. These results make a contribution to the literature where nearly all previous research on associations between financial hardship and health does not establish causal relationships. Our results support the need to integrate health policies that mitigate the potential adverse health effects of financial hardship for older adults.

Socio-Economic Inequalities in Health-Related Quality of Life and the Contribution of Cognitive Impairment in Australia: A Decomposition Analysis

HAQUE R., ALA, K., GOW J., *et al.*
2024
Social Science & Medicine 361: 117399.
https://doi.org/10.1016/j.socscimed.2024.117399

Background The distributional effects of cognitive impairment on inequalities in health-related quality of life (HRQoL) are not well studied. This relationship has not been studied in any Australian health inequality literature. Therefore, this study aims to examine how cognitive impairment affects the distribution of HRQoL across various socio-economic classes amongst older Australians. Methods Data for this study was collected from the Household, Income and Labour Dynamics in Australia (HILDA) survey. The final analysis consisted of 5,247 and 5,614 unique individuals from wave 2012 and wave 2016, respectively. An ordinary least squares (OLS) regression model was used to investigate the relationship between cognitive impairment and HRQoL. Additionally, the Wagstaff-Doorslaer-Watanabe standard concentration index was used to examine socioeconomic inequality in HRQoL. Results The findings revealed pro-rich inequalities in HRQoL, as indicated by the concentration indices of 0.029 and 0.025 for wave 12 and wave 16, respectively. Additionally, the results showed that mild cognitive impairment accounted for 7.60% and 9.03%, respectively, of pro-rich socioeconomic inequality in HRQoL in 2012 and 2016. Conclusion People from lower socioeconomic status (SES) groups tend to have lower HRQoL compared to those from higher SES. This leads to a greater disparity in HRQoL based on SES. Cognitive impairment positively contributed to this inequality in HRQoL. Therefore, it is critical to incorporate cognitive impairment into the design of interventions to reduce socioeconomic inequality in HRQoL.

Childhood Mental Health and Educational Attainment: Within-Family Associations in a Late 20th Century U.S. Birth Cohort

KLUGMAN J., SCHNITTKER J. ET VAZQUEZ V.
2024
Soc Sci Med 362: 117417.
https://doi.org/10.1016/j.socscimed.2024.117417

Mental health problems during childhood are associated with lowered educational attainment in adulthood. However, it is not clear if these associations hold when controlling for unobserved features of the family environment and if they depend on the socioeconomic status (SES) of parents. We use the Panel Study of Income Dynamics (PSID) Child Development and Transition into Adulthood Supplements (CDS; TAS) to examine these questions. Using linear and logistic regression, we isolate within-family variability in mental health problems among full sibling pairs (n = 958 individuals in 479 pairs). Associations depend on the measure used. Parental reports of problem behaviors and diagnosed problems have the most consistent negative associations with educational attainment (for example, a hyperactivity diagnosis is associated with 0.74 fewer years of schooling). Retrospective self-reports of diagnoses other than depression or anxiety also have a negative association (0.96 fewer years of schooling). But self-reports of depressive symptoms and emotional or psychological well-being during late childhood and adolescence have no significant associations with educational attainment. In addition, there is no significant moderation of these associations by SES.

Patients Like any Others? Providing Coverage to Undocumented Migrants in France: Effects on Access to Care and Usual Source of Care

MARSAUDON A., JUSOT F., WITTWER J., *et al.*
2024
Eur J Public Health 34(6): 1157-1162.
https://doi.org 10.1093/eurpub/ckae143

Medical State Assistance is a French public health insurance programme that allows undocumented migrants (UM) to access primary, secondary, and tertiary care services free of user charge, either premium or out-of-pocket. The objective of this study is to assess the effect of Medical State Assistance on access to healthcare services and on usual source of care (USC). We rely on representative data of 1,223 UM attending places of assistance to vulnerable populations in

Paris and in the greater area of Bordeaux (France). In this sample, 51% of UM are covered by Medical State Assistance. We use probit and ordinary least square regressions to model healthcare uses of undocumented migrants. The results show that UM covered by Medical State Assistance are more likely to access outpatient healthcare services (by +22.4 percentage points) and less likely to do so on non-governmental organizations (by -6.7 percentage points) than their eligible but uncovered counterpart. Additionally, covered undocumented migrants made 36.9% more medical visits in outpatient healthcare services and 65.4% fewer visits in non-governmental organizations than eligible but uncovered ones. Moreover, covered UM are also more likely to report that primary care services are their USC, in preference to emergency departments and other outpatient care services. UM covered by Medical State Assistance are more likely to consult in outpatient healthcare services.

Stroke But No Hospital Admission: Lost Opportunity for Whom?

MILCENT C., RAMAROSON H. ET MAURY F.

2024

Plos one 19(8): e0307220

https://doi.org/10.1371/journal.pone.0307220

To counter the spread of COVID-19, the French government imposed several stringent social and political measures across its entire population. We hereto assess the impact of these political decisions on healthcare access in 2020, focusing on patients who suffered from an ischemic stroke. We divide our analysis into four distinct periods: the pre-COVID-19 pandemic period, the lockdown period, the “in-between” or transitional period, and the shutdown period. Our methodology involves utilizing a retrospective dataset spanning 2019– 2020, an exhaustive French national hospital discharge diagnosis database for stroke inpatients, integrated with income information from the reference year of 2019. The results reveal that the most affluent were more likely to forgo medical care, particularly in heavily affected areas. Moreover, the most disadvantaged exhibited even greater reluctance to seek care, especially in the most severely impacted regions. The data suggest a loss of opportunity for less severely affected patients to benefit from healthcares during this lockdown period, regardless of demographic, location, and socioeconomic determinants. Furthermore, our analysis reveals a notable discrepancy in healthcare-seeking behavior, with less affluent patients and seniors (over 75 years old) experiencing slower rates of return to healthcare access compared to pre-pandemic levels. This highlights a persistent gap in healthcare accessibility, particularly among socioeconomically disadvantaged groups, despite the easing of COVID-19 restrictions.

The Transmission of Social Inequalities Through Economic Difficulties and Lifestyle Factors on Body Mass Index: An Intersectional Mediation Analysis in the Swedish Population

MORENO-LLAMAS A., SAN SEBASTIÁN M. ET GUSTAFSSON P. E.

2024

Social Science & Medicine 360: 117314.

https://doi.org/10.1016/j.socscimed.2024.117314

Body mass index (BMI) has increased in Sweden, disproportionally for socially disadvantaged groups, including women, low-educated, and immigrants, who may also face economic constraints, physical inactivity, and poor-quality diets. Intersectional public health research aims to unravel such complex social inequalities, but the intersectional transmission of inequalities to BMI remains unexplored. We aimed to examine intersectional inequalities in BMI mediated by economic strain and health-related lifestyle in the Swedish population. By using the Health on Equal Terms cross-sectional surveys in 2016, 2018, 2020, and 2021 (n = 44,177 inhabitants aged 25 and over), we performed an intersectional mediation analysis to analyze how inequalities across social intersectional strata (by gender, education, and migration status) may be transmitted through economic strain and unhealthy lifestyle (physical inactivity or inadequate fruit/vegetables consumption) to BMI. Our findings showed a sequential transmission that indicates the fact that socially disadvantaged strata (compared with high-educated native men) experienced more economic strain, which in turn led to poorer health-related lifestyles and ultimately to a higher BMI. We also found that certain intersectional strata, such as high-educated women, were more vulnerable to economic strain, despite having lower BMI than high-educated native men. Additionally, the highest BMI and unhealthy lifestyle risk was observed among low- and middle-educated men. In conclusion, not only inequalities in BMI, but also the economic and behavioral pathways underpinning the inequalities, act by intersectional patterns. Public health interventions should provide economic security, particularly for

women and migrant population as well as promoting a healthy lifestyle in lower-educated strata, especially among men, to achieve healthy BMI levels.

Loneliness and Social Isolation Amongst Refugees Resettled in High-Income Countries: A Systematic Review

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2024

Social Science & Medicine 360: 117340.
https://doi.org/10.1016/j.socscimed.2024.117340

Refugees encounter multiple psychosocial stressors post-resettlement which increases their risk of developing a mental illness. Loneliness and social isolation are commonly reported in the refugee population and have been demonstrated to be associated with multiple physical and mental health comorbidities in the general population. However, no study to date has systematically reviewed how loneliness and social isolation may affect refugees who have resettled in high-income countries. This systematic review aims to study the prevalence, risk factors, consequences, and interventions for loneliness and social isolation among refugees who have resettled in high-income countries. Systematic searches on five electronic databases yielded 2950 papers, of which 69 were deemed eligible following a double-blinded review by title and abstract then later by full text. From the included studies, it was found that the reported range of prevalence rates of loneliness (15.9 to 47.7%) and social isolation (9.8 to 61.2%) were higher than population norms. Risk factors associated with loneliness and social isolation included family separation, acculturative stress, being female or a parent and a current diagnosis of a mental illness. Loneliness and social isolation were found to be associated with depression, post-traumatic stress disorder (PTSD), psychological distress as well as physical health problems. Only three interventions addressing loneliness and social isolation were identified which demonstrates the importance of integrating social support in refugee psycho-social support programs. In summary, loneliness and social isolation were reported by a large proportion of refugees who have resettled in high-income countries. Whilst certain risk factors were pre-migratory and static, most were post-migratory in nature and were found to adversely affect mental and physical health. Thus, interventions focused on reducing loneliness and social isolation that are guided by the needs of refugee communities are urgently required.

Towards a Better Understanding of Inequity and the Psychological Processes Underlying the Intergenerational Transmission of Socioeconomic Status

OTTEN R. ET HA T.

2024

Social Science & Medicine 360: 117330.
https://doi.org/10.1016/j.socscimed.2024.117330

As poverty in the U.S. is increasing and the income gap continues to rise, addressing disparities in socioeconomic status (SES) has become a national priority. This study employs the Interactionist Model, a well-established theoretical framework for examining the intergenerational transmission of SES. Specifically, using longitudinal data from a sample of 998 adolescents, 47.2% of whom are females, from diverse ethnic backgrounds, we investigated how parents' SES influences both their material and immaterial resources, and subsequently affects their offspring's SES through inhibitory control during adolescence. Our findings support an indirect effect wherein parental SES influences the SES of the next generation via parental material and immaterial investments. Additionally, we demonstrate that immaterial investments influence the next generation's SES, mediated by inhibitory control. The implications of these findings are further discussed.

Social Inequalities in Medical Appointment Cancellations and Reschedulings at the Onset of the COVID-19 Epidemic in France

POUSSON J. E., JUSOT F., SILBERZAN L., *et al.*

2024

European Journal of Public Health 34(4): 652-659.
https://doi.org/10.1093/eurpub/ckae101

Inconsistent results are found regarding social inequalities related to healthcare appointment cancellations during the COVID-19 crisis. Whether rescheduling was associated with social status is unknown. By studying both cancellations and rescheduling, we comprehensively describe which social groups were affected by care disruption. First follow-up of a random population-based cohort was used, including 95 118 people aged 18 or older at baseline and who live in France. Poisson and multinomial regressions were used to study social factors associated with experiencing both medical appointment cancellation by health professionals during the first COVID-19 lockdown, and

rescheduling within six months. Among all individuals (including those without scheduled appointment), 21.1% reported cancellations initiated by healthcare professionals. Women, the richest, and those with a chronic disease were the most affected by these cancellations. Although 78.1% who had their appointment cancelled obtained a new appointment within six months, 6.6% failed to reschedule and 15.2% did not want to reschedule. While the oldest were more likely to reschedule, regardless of their health status, the poorest and those with multiple chronic diseases were less likely to do so. Difficulties in rescheduling revealed certain social groups were ultimately more penalized by the restriction of access to care during the first wave of the COVID-19 pandemic. Given that the poorest people, a social group that is in poorer health condition compared to other groups, were the most affected, our results raise questions about the ability of the healthcare system to reduce social health inequalities during a major health crisis.

Social Determinants of Health Analysis Makes Causal Inference and Requires Analytic Epidemiology Methods

XIA Q., ZHENG Y., FONG M. C., *et al.*

2024

Social Science & Medicine 360: 117344.

https://doi.org/10.1016/j.socscimed.2024.117344

The growing emphasis on reducing health disparities and addressing social determinants of health (SDH) has prompted many national and local health agencies to report population health data by SDH measures. However, many agencies rely on descriptive epidemiology methods for such reports and are susceptible to biased findings due to inadequate confounding control. In this brief analytic essay, using the data presented in an HIV Surveillance Report by the Centers for Disease Control and Prevention (CDC), we demonstrated an example of how reporting health outcomes by SDH with descriptive methods could bias the results and conclusions. SDH are causes of health disparities and SDH analysis requires analytic epidemiology methods to ensure valid research results and effective interventions.

Médicaments

Pharmaceuticals

Le financement et l'évaluation des dispositifs médicaux innovants en France

BELGHITI J.

2024

Bulletin de l'Académie Nationale de Médecine 208(9): 1189-1193.

https://doi.org/10.1016/j.banm.2024.10.005

Résumé Le développement de nouveaux dispositifs médicaux (DM) est crucial pour l'amélioration des soins aux patients et vital pour maintenir une technologie nationale performante. Le financement des projets de recherche est favorablement soutenu par les acteurs institutionnels et les porteurs de projets sont hébergés dans de nombreuses pépinières et incubateurs. Les protocoles de recherche sont évalués et autorisés par l'ANSM dont l'objectif est de garantir la qualité des données scientifiques. Les recherches qui impliquent des personnes humaines sont validées et suivies par les CPP qui veillent au respect de leurs droits et de leur sécurité. Tout DM mis sur le marché européen doit avoir un marquage CE délivré par un organisme notifié qui évalue ses risques dans le cadre du nouveau MDR 2017. Le marquage CE est indispensable mais pas suffisant pour être pris en charge par l'Assurance maladie. C'est la HAS qui évalue le service médical attendu et le tarif de remboursement est négocié en fonction du niveau d'évaluation du service attendu par le CRPS. La prolongation des délais d'approbation des protocoles de recherche, l'augmentation des exigences de sécurité et de traçabilité suscitent des critiques qui peuvent être surmontées par une plus grande implication des professionnels de la santé et des chercheurs. Un des principaux facteurs de réussite de ce parcours reste la rencontre avec des décideurs capables de déceler l'intérêt d'une innovation. Summary The development of new medical devices is crucial for improving patient

care and vital for maintaining a strong national industrial technology. Research project funding is strongly supported by institutional actors. Project leaders are hosted in numerous nurseries and incubators. Research protocols are evaluated and authorized by the Agence nationale de sécurité du médicament et des produits de santé (ANSM), whose objective is to ensure the quality of scientific data. Research involving human subjects is validated and monitored by the Comités de protection des personnes (CPPs), which ensure respect for their rights and safety. Any medical device placed on the European market must have a CE marking issued by a notified body that assesses its risks. The CE marking is essential but not sufficient to be covered by health insurance. It is the responsibility of the Haute Autorité de santé (HAS) to evaluate the expected medical service and negotiate the reimbursement rate based on the level of service evaluation. The extension of research protocol approval deadlines, increased safety and traceability requirements, prompt criticism that will be overcome by greater involvement of healthcare professionals and researchers. One of the main success factors in this process remains the meeting with decision-makers capable of recognizing the interest of an innovation.

From Prevention To Treatment: Prescription Medication, Information, and Health Behaviors

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2024

Health Economics 33(11): 2618-2644.

https://doi.org/10.1002/hec.4885

Abstract Medical innovations may lessen the perceived risk of disease which can decrease the take-up of healthy behaviors, a phenomenon known as risk compensation. In contrast, a diagnosis provides updated information about the state of one's health which may motivate positive behavior change. In this paper, I consider how behavior changes in response to a diagnosis of cardiovascular disease (CVD) before and after the FDA approval of new classes of drugs to treat high blood pressure and high cholesterol in 1973. I find that individuals diagnosed with CVD are more likely to follow a diet and decrease body-mass index in response to the diagnosis, irrespective of medication approvals. Nonsmoking is a notable exception. Prior to medication availability, there is no change in smoking behavior in response to a CVD diagnosis. Conversely, when medication is available, there is a significant decline in smoking. The empirical complementarity of medication and smoking cessation may be driven by increased exposure to medical professionals (who emphasize the harms of smoking) or because medication decreases the risk of CVD death which heightens the importance of investing in future health.

Drug Company Methodologies Used for Reporting in the UK Pharmaceutical Industry Payment Transparency Database Between 2015-2019: A Content Analysis

LARKIN D. J., MATTHES D. B., AZRIBI M., *et al.*

2024

Health Policy 149: 105155.

https://doi.org/10.1016/j.healthpol.2024.105155

Pharmaceutical companies spend hundreds of millions of pounds on marketing/R&D-related payments annually to healthcare organisations and healthcare professionals. UK pharmaceutical industry self-regulatory bodies require member companies who sign up to their code of conduct to publish details of their payments. They are also required to publish the methodologies underlying these payments, namely methodological notes. This study aimed to analyse UK pharmaceutical companies' methodological notes and their adherence to the Association of the British Pharmaceutical Industry code of conduct and other relevant guidance. We conducted a content analysis of methodological notes for the years 2015, 2017 and 2019 and assessed companies' adherence to self-regulatory bodies' requirements and recommendations for methodology disclosure. Overall, 90 companies made payment disclosures in all three years, publishing 269 methodological notes. We found gaps in adherence to self-regulatory requirements. Only 3 (3.3%) companies provided clear information for all self-regulatory body recommendations and regulations in all of their notes. Companies also varied in their approaches to important areas. For example, of the 244 notes with clear information on VAT management, 36.1% (N=88) included VAT, 30.3% (N=74) excluded VAT, and 33.6% (N=82) had multiple rules for VAT. There was evidence of widespread non-adherence to self-regulatory requirements. This suggests flaws with self-regulation and a need for greater enforcement of rules or consideration of a publicly mandated disclosure system.

Improving Antibiotic Prescribing – Recommendations for Funding and Pricing Policies To Enhance Use of Point-Of-Care Tests

VOGLER S., STEIGENBERGER C. ET WINDISCH, F.

2024

Health Policy OPEN 7: 100129.

https://doi.org/10.1016/j.hpopen.2024.100129

Introduction Diagnostics can contribute to the improved quality of antibiotic prescribing. However, there is potential to enhance the use of point-of-care tests (POCTs) in general practice. This paper presents fit-for-purpose policy recommendations related to funding and pricing for POCTs applied for community-acquired acute respiratory tract infections (CA-ARTIs). Methods The development of the recommendations was informed by an analysis of the current status of funding and pricing policy frameworks for CA-ARTI POCTs in European countries, and an identification of barriers and facilitators for their uptake. Draft recommendations were developed and subsequently revised based on written and verbal feedback from meetings with experts. Results The proposal includes four recommendations for policy interventions related to funding and three recommendations regarding pricing policies. Two of the funding policy-related recommendations concern physicians' remuneration and two relate to product-specific reimbursement (public coverage) of the CA-ARTI POCTs. The pricing-related recommendations include a proposal to explore the introduction of price regulation, to pilot subscription-fee procurement models and to enhance more strategic approaches in public procurement of CA-ARTI POCTs. Conclusions Optimised pricing and funding policies could make a difference in enhancing uptake of CA-ARTI POCTs. It is crucial for the successful implementation of policies to consider country settings. Additionally, supportive policy action is recommended, including the systematic use of health technology assessment, stakeholder communication, and monitoring and evaluation.

Méthodologie – Statistique

Methodology-Statistics

Non-Classical Measurement Error in Instrumental Variables Estimation: An Application To the Medical Care Costs of Obesity

BIENER A. I., MEYERHOEFER C. ET CAWLEY J.

2024

Health Economics 33(11): 2558-2574.

https://doi.org/10.1002/hec.4882

Abstract Estimates of the impact of body mass index and obesity on health and labor market outcomes often use instrumental variables estimation (IV) to mitigate bias due to endogeneity. When these studies rely on survey data that include self- or proxy-reported height and weight, there is non-classical measurement error due to the tendency of individuals to under-report their own weight. Mean reverting errors in weight do not cause IV to be asymptotically biased per se, but may result in bias if instruments are correlated with additive error in weight. We demonstrate the conditions under which IV is biased when there is non-classical measurement error and derive bounds for this bias conditional on instrument strength and the severity of mean-reverting error. We show that improvements in instrument relevance alone cannot eliminate IV bias, but reducing the correlation between weight and reporting error mitigates the bias. A solution we consider is regression calibration (RC) of endogenous variables with external validation data. In simulations, we find IV estimation paired with RC can produce consistent estimates when correctly specified. Even when RC fails to match the covariance structure of reporting error, there is still a reduction in asymptotic bias.

Creating Area Level Indices of Behaviours Impacting Cancer in Australia With a Bayesian Generalised Shared Component Model

HOGG J., CRAMB S., CAMERON J., *et al.*

2024

Health Place 89: 103295.

https://doi.org/10.1016/j.healthplace.2024.103295

This study develops a model-based index approach called the Generalised Shared Component Model (GSCM) by drawing on the large field of factor models. The proposed fully Bayesian approach accommodates heteroscedastic model error, multiple shared factors and flexible spatial priors. Moreover, unlike previous index approaches, our model provides indices with uncertainty. Focusing on unhealthy behaviors that increase the risk of cancer, the proposed GSCM is used to develop the Area Indices of Behaviors Impacting Cancer product - representing the first area level cancer risk factor index in Australia. This advancement aids in identifying communities with elevated cancer risk, facilitating targeted health interventions.

Extracting Social Determinants of Health From Inpatient Electronic Medical Records Using Natural Language Processing

MARTIN E. A., D'SOUZ A. G., SAINI V., *et al.*

2024

Journal of Epidemiology and Population Health 72(6): 202791.

https://doi.org/10.1016/j.jeph.2024.202791

Background Social determinants of health (SDOH) have been shown to be important predictors of health outcomes. Here we developed methods to extract them from inpatient electronic medical record (EMR) data using techniques compatible with current EMR systems. Methods Four social determinants were targeted: patient language barriers, employment status, education, and whether the patient lives alone. Inpatients aged 18 and older with records in the Calgary-wide EMR system were studied. Algorithms were developed on the January 2019 hospital admissions (n=8,999) and validated on the January 2018 hospital admissions (n=8,839). SDOH documented as structured data were compared against those extracted from unstructured free-text notes. Results More than twice as many patients had a note documenting a language barrier in EMR data than in structured data; 12% of patients indicated by EMR notes to be living alone had a partner noted in their structured marital status. The Positive Predictive Value (PPV) of the elements extracted from notes was high, at 99% (95% CI 94.0%-100.0%) for language barriers, 98% (95% CI 92.6%-99.9%) for living alone, 96% (95% CI 89.8 %-98.8%) for unemployment, and 88% (95% CI 80.0 %-93.1%) for retirement. Conclusions All SDOH elements were extracted with high PPV. SDOH documentation was largely missing in structured data and sometimes misleading.

Understanding the Conditions Included in Data-Driven Patterns of Multimorbidity: A Scoping Review.

SUKUMARAN L., WINSTON A. ET SABIN, C. A.

2023

European Journal of Public Health 34(1): 35-43.

https://doi.org/10.1093/eurpub/ckad179

Despite the growing utilization of data-driven methods to investigate multimorbidity patterns, there is currently no consensus or guidance on the conditions to include when identifying patterns. This scoping review aims to systematically examine the nature of conditions included in existing studies using data-driven techniques. A comprehensive search of three electronic databases (MEDLINE, Web of Science and Scopus) was conducted to identify relevant publications from inception to 28 February 2022 using predefined search terms and inclusion/exclusion criteria. The reference lists and citations of relevant papers were also searched. Among 7326 search results, 5444 relevant articles were identified. After screening against the eligibility criteria, 60 articles were included in the review. Half of the reviewed studies reported selection criteria for conditions, with prevalence in the population of interest being the most common criterion (40%). Most studies included at least one neurological [59 (98.3%)], musculoskeletal [58 (96.7%)], respiratory [57 (95.0%)] or mental health [56 (93.3%)] condition. In contrast, only a small proportion of studies included skin [17 (28.3%)], infections [14 (23.3%)] or autoimmune conditions [10 (16.7%)]. Nine conditions (hypertension, diabetes, cancer, arthritis, COPD, asthma, depression, stroke and osteoporosis) were included by more than half of the studies. This review highlights the considerable heterogeneity among the conditions included in analyses of multimorbidity patterns. Researchers should provide a clear rationale for the selection of conditions to facilitate comparisons across studies and ensure reproducibility, as well as consider selecting a diverse range of conditions to capture the complexity of multimorbidity.

Politique de santé

Health Policy

Effects of Medicaid Accountable Care Organizations on Children's Access To and Utilization of Health Services

CONSTANTIN J. ET WEHBY G. L.

2024

Health Services Research 59(5): e14370.

https://doi.org/10.1111/1475-6773.14370

Abstract Objective To evaluate the effects of Medicaid Accountable Care Organizations (ACOs) on children's access to and utilization of health services. Study Setting and Design This study employs difference-in-differences models comparing ACO and non-ACO states from 2018 through 2021. Access measures are indicators for preventive and sick care sources, unmet healthcare needs, and having a personal doctor or nurse. Utilization measures are preventive and dental care, mental healthcare, specialist visits, emergency department visits, and hospital admissions. Data Sources and Analytic Sample Secondary, de-identified data come from the 2016–2021 National Survey of Children's Health. The sample includes children with public insurance and ranges between 21,452 and 37,177 depending on the outcome. Principal Findings Medicaid ACO implementation was associated with an increase in children's likelihood of having a personal doctor or nurse by about 4 percentage-points concentrated among states that implemented ACOs in 2018. Medicaid ACOs were also associated with an increase in specialist care use and decline in emergency visits by about 5 percentage-points (the latter being concentrated among states that implemented ACOs in 2020). There were no discernable or robust associations with other pediatric outcomes. Conclusions There is mixed evidence on the associations of Medicaid ACOs with pediatric access and utilization outcomes. Examining effects over longer periods post-ACO implementation is important.

The Impact of NHS Outsourcing of Elective Care To the Independent Sector on Outcomes for Patients, Healthcare Professionals and the United Kingdom Health Care System: A Rapid Narrative Review of Literature

FLETCHER S., EDDAMA O., ANDERSON M., *et al.*

2024

Health Policy 150: 105166.

https://doi.org/10.1016/j.healthpol.204.105166

ABSTRACT The NHS is increasingly turning to the independent sector, primarily to alleviate elective care backlogs. However, implications for the healthcare system, patients and staff are not well understood. This paper provides a rapid narrative review of research evidence on NHS-funded elective care in the independent sector (IS) and the impact on patients, professionals, and the health care system. The aim was to identify the volume and evaluate the quality of the literature whilst providing a narrative synthesis. Studies were identified through Medline, CINAHL, Econlit, PubMed, Web of Science and Scopus. The quality of the included studies was assessed in relation to study design, sample size, relevance, methodology and methodological strength, outcomes and outcome reporting, and risk of bias. Our review included 40 studies of mixed quality. Many studies used quantitative data to analyse outcome trends across and between sectors. Independent sector providers (ISPs) can provide high-volume and low-complexity elective care of equivalent quality to the NHS, whilst reducing waiting times in certain contexts. However it is clear that the provision of NHS-funded elective care in the IS has a range of implications for public provision. These surround access and outcome inequalities, financial sustainability and NHS workforce impacts. It will subsequently be important for future empirical work to incorporate these caveats, providing a more nuanced interpretation of quantitative improvements.

Explaining Political Differences in Attitudes to Vaccines in France: Partisan Cues, Disenchantment With Politics, and Political Sophistication

WARD J. K., CORTAREDONA S., TOUZET H., *et al.*

2024

Journal of Health Politics, Policy and Law 49(6): 961-988.

https://doi.org/10.1215/03616878-11373758

Context: The role of political identities in determining attitudes to vaccines has attracted a lot of attention in the last decade. Explanations have tended to focus on the influence of party representatives on their sympathizers (partisan cues).Methods: Four representative samples of the French adult population completed online questionnaires between July 2021 and May 2022 (N = 9,177). Bivariate and multivariate analyses were performed to test whether partisan differences in attitudes to vaccines are best explained by partisan cues or by parties' differences in propensity to attract people who distrust the actors involved in vaccination policies. Findings: People who feel close to parties on the far left, parties on the far right, and green parties are more vaccine hesitant. The authors found a small effect of partisan cues and a much stronger effect of trust. More importantly, they show that the more politically sophisticated are less vaccine hesitant and that the nonpartisan are the biggest and most vaccine hesitant group. Conclusions: The literature on vaccine attitudes has focused on the case of the United States, but turning attention toward countries where disenchantment with politics is more marked helps researchers better understand the different ways trust, partisanship, and political sophistication can affect attitudes to vaccines.

Prévention

Prevention

▶ L'éducation thérapeutique du patient, une intervention de promotion de la santé

ALBOUY M., RUSCH E., AUBRY J.-D., *et al.*

2024

Santé Publique vol. 36(5): 9-13.

https://doi.org/10.3917/spub.245.0009

L'éducation thérapeutique du patient (ETP) a évolué, passant d'une approche biomédicale à une approche biopsychosociale, et est aujourd'hui au cœur des stratégies de la charte de promotion de la santé d'Ottawa : développement des aptitudes individuelles des personnes dans une visée de bien-être « capabiliste », création de milieux favorables de soutien par le biais de l'expérience de soins, renforcement de la démarche communautaire par le biais du partenariat patient et réorientation des services de santé vers les pratiques cliniques préventives et la responsabilité populationnelle. L'implémentation de l'ETP promotrice de santé appelle au continuum des éducations en santé et au rassemblement de tous les acteurs de la promotion de la santé.

▶ The Impact of NHS Outsourcing of Elective Care To the Independent Sector on Outcomes for Patients, Healthcare Professionals and the United Kingdom Health Care System: A Rapid Narrative Review of Literature

FLETCHER S., EDDAMA O., ANDERSON M., *et al.*

2024

Health Policy 150: 105166.

https://doi.org/10.1016/j.healthpol.2024.105166

ABSTRACT The NHS is increasingly turning to the independent sector, primarily to alleviate elective care backlogs. However, implications for the healthcare system, patients and staff are not well understood. This paper provides a rapid narrative review of research evidence on NHS-funded elective care in the independent sector (IS) and the impact on patients, professionals, and the health care system. The aim was to identify the volume and evaluate the quality of the literature whilst providing a narrative synthesis. Studies were identified through Medline, CINAHL, Econlit, PubMed, Web of Science and Scopus. The quality of the included studies was assessed in relation to study design, sample size, relevance, methodology and methodological strength, outcomes and outcome reporting, and risk of bias. Our review included 40 studies of mixed quality. Many studies used quantitative data to analyse outcome trends across and between sectors. Independent sector providers (ISPs) can provide high-volume and low-complexity elective care of equivalent quality to the NHS, whilst reducing waiting times in certain contexts. However it is clear that the provision of NHS-funded elective care in the IS has a range of implications for public provision. These surround access and outcome inequalities, financial sustainability and NHS workforce impacts. It will subsequently be important for future empirical work to incorporate these caveats, providing a more nuanced interpretation of quantitative improvements.

▶ Recommandations de dépistage en France : une revue systématique

MEUNIER P.Y., MAIGA K., MAILLET D., *et al.*

2024

Santé Publique vol. 36(5): 15-35.

Introduction : Il n'existe pas de synthèse des dépistages recommandés en France. L'objectif de cette étude était d'identifier les recommandations de dépistage publiées par la Haute Autorité de santé (HAS), de décrire leurs caractéristiques et de les comparer avec celles de l'United States Preventive Services Task Force (USPSTF). Méthodes : Revue systématique des recommandations de dépistage publiées par la HAS et l'USPSTF. Résultats : Au total, 53 recommandations de la HAS et 67 recommandations de l'USPSTF ont été incluses. Celles de la HAS concernaient 74 pathologies, dont 67 à dépister, 6 à ne pas dépister et une à la balance bénéfices-risques incertaine. Celles de l'USPSTF concernaient 65 pathologies, dont 30 à dépister, 7 à ne pas dépister et 28 à la balance bénéfices-risques incertaine. Parmi les 67 pathologies à dépister selon la HAS, 16 étaient des pathologies cardio-vasculaires ou métaboliques (24 %), 11 des dépistages néonataux (16 %), 11 des infections (16 %), 9 des dépistages développementaux et sensoriels (13 %), 5 des problèmes psychosociaux (8 %), 5 des cancers (incluant une prédisposition génétique) (8 %), 4 des

expositions environnementales (6 %) et 6 d'autres pathologies (9 %). Un quart des préconisations de la HAS comportaient un niveau de preuve gradé, dont 71 % avec un accord d'experts. Conclusions : La HAS recommande de dépister 67 pathologies, dont 4 cancers. L'élaboration de recommandations dédiées aux dépistages, issues d'une méthodologie appropriée et incluant la présentation de leur niveau de preuve, est attendue pour améliorer leur qualité et leur bon usage.

Maternal Outcomes and Pre, Syn, and Post-Partum Care in the United States and Five High-Income Countries: An Exploratory Comparative Qualitative Study

PAPANICOLAS I., BERENSON R. A., SAWAYA T., *et al.*

2024

Health Policy 149: 105154.

https://doi.org/10.1016/j.healthpol.2024.105154

Many studies have documented differences in maternal health outcomes across high-income countries, noting higher and growing maternal mortality in the US. However, few studies have detailed the journeys of care that may underlie or influence differences in outcomes. This study explores how maternity care entitlements and experiences vary among the US and five high-income countries, to study variations in child delivery care practices. Health systems with different organizational structure, insurance coverage and with known differences in maternal care delivery and maternal health outcomes were selected. Data was collected using a structured questionnaire, comparison of secondary data, and literature scan. We find that, while prenatal care approaches were broadly similar across all six countries, there were some important differences in maternity care provision among the comparator countries: (1) the US has more fragmented coverage during pregnancy than comparator countries (2) there were differences with regards to the main provider delivering care, the US relied primarily on physician specialists rather than midwives for prenatal care and delivery which was more common in other countries, (3) the intensity of labor and delivery care varied, particularly with regards to rates of epidural use which were highest in the US and France and lowest in Japan, and (4), there was large variation in the use of postnatal home visits to assess health and wellbeing, notably lacking in the US. The US' greater use of specialists and more intensive labor and delivery care may partially explain higher costs of care than in comparator countries. Moreover, US maternal mortality is concentrated in the pre- and postnatal periods and thus may be related to poorer access to prenatal care and the lack of an organized, community-based approach to postnatal care. Given the increase in maternal mortality across countries, policy makers should look across countries to identify promising models of care delivery, and should consider investing in more comprehensive coverage in pre- and post-natal care where there appear to be the largest differences across countries.

Explaining Political Differences in Attitudes To Vaccines in France: Partisan Cues, Disenchantment With Politics, and Political Sophistication

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Prévision-Evaluation

Prevision- Evaluation

A New Framework for Monitoring and Evaluating Health Impact Assessment: Capitalising on a French Case Study With the Literature in Evaluation

JABOT F., ROMAGON J. ET DARDIER G.

2024

International Journal of Environmental Research and Public Health 21(9): 1240.

Health impact assessment (HIA) is a prospective approach that aims to identify the potential consequences of policies or projects on health in order to propose measures to make them healthier. Initiated in the late nineties, the approach emerged over ten years ago in France. However, the evaluation of HIA effectiveness remains seldomly practised and its theoretical background should be deepened. The aim of this article is to generate a discussion on how to evaluate HIA effectiveness and contribute to its methodological tooling, drawing on an evaluative experience of multiple French HIAs. Our work is based on an iterative approach between an analysis of the evaluation literature and a critical look at an HIA evaluation. We first carried out the evaluation of three HIAs in 2017–2018, combining a normative approach and qualitative research in order to explore each HIA as a phenomenon in its own context. Two years later, we conducted a self-assessing expertise on this evaluation, supported by an analysis of the literature in the field of public policy evaluation, in order to refine the theoretical framework for evaluating HIA effectiveness and ultimately to enhance professional practice by evaluators. This work led to the production of a logic model that identifies, through three dimensions (context, implementation and governance), the multiple pathways that HIA may take to bring about change. It also seeks to show the interdependence of these pathways towards change and helps identify the key drivers and mechanisms of HIA success. In this respect, it complements existing HIA evaluation models as it can serve both as a generic framework for evaluating HIA effectiveness and as an instrument for monitoring HIA implementation.

Psychiatrie

Psychiatry

Money and Mental Health: The Impact of Intergenerational Transfers on Elderly People in China

APPLETON S., HUANG J., LOU X., *et al.*

2024

Health Economics 33(11): 2645-2670.

https://doi.org/10.1002/hec.4887

Abstract Using three waves of the China Health and Retirement Longitudinal Study, this paper examines whether financial transfers from adult children to elderly parents affect the latter's mental health. Both OLS and instrumental variable (IV) estimates show that financial transfers significantly attenuate depressive symptoms of elderly individuals, with a much larger size of the IV estimates. We also examine the income and cultural channels through which intergenerational transfers work and further discuss the explanatory powers of these two channels through a decomposition analysis. The results suggest the cultural channel accounts for a larger proportion of the financial transfer effect. This means that the unique beneficial impact of intergenerational financial transfers on the mental health of older adults cannot be fully substituted in the foreseeable future.

Enjeux actuels de la psychiatre publique et politique de soin en psychiatrie, quelles perspectives d'avenir ? - Interview de François Crémieux, directeur général de l'Assistance publique des hôpitaux de Marseille

BLANDINE B.

2024

L'Information Psychiatrique 100(7): 509-522.

https://doi.org/10.1684/ipe.2024.2761

From PREMIUM to MyPsy&I®: Transforming Mental Health Care With a Digital Platform for Adaptive PREMs and PROMs

BOYER L., FERNANDES S., BROUSSE Y., *et al.*

2024

Journal of Epidemiology and Population Health 72(6): 202785.

https://doi.org/10.1016/j.jeph.2024.202785

Analysis of the Impact of Financial and Labour Uncertainty on Suicide Mortality in England

CLAVERIA O., SORIC M. ET SORIC, P.

2024

Health Place 89: 103329.

https://doi.org/10.1016/j.healthplace.2024.103329

This paper examines the relationship between different dimensions of economic uncertainty and suicide rates in England from 1985 to 2020, both in the short and long term. The study employs a non-linear autoregressive distributed lag framework for cointegration estimation. This approach allows testing for the existence of possible asymmetries in the response of suicide mortality to increases in economic uncertainty. Uncertainty is gauged by different proxies that allow computing financial uncertainty and labour market uncertainty indicators. The analysis is replicated by gender and across regions, controlling for unemployment and economic growth. Overall, the analysis suggests that uncertainty intensified during the first year of the COVID-19 pandemic. This is in line with the stylized facts of economic uncertainty and its pronounced role in recessions. When replicating the experiment by gender, we find that women seem to be more sensitive to changes in uncertainty. Regarding the existence of asymmetries, we found that decreases in economic uncertainty have a greater impact on suicide mortality than increases.

Socioeconomic Differences and Global Trends in Youth Wellbeing and Emotional Distress in 165 Countries and Territories

ELGAR F. J., PFORTNER T. K. ET ROTHWELL D.

2024

Health & Place 89: 103322.

https://doi.org/10.1016/j.healthplace.2024.103322

Social stratifications in youth wellbeing are a concern for social policy. Using data from the Gallup World Poll (2009–2022), we examined time trends and income differences in youth wellbeing and their associations with area-level income and income inequality. Results showed that a growing proportion of youth have experienced emotional distress in recent years, and this trend disproportionately affected youth at lower incomes. Higher income inequality relates to lower life satisfaction and larger income differences in life satisfaction. Socioeconomic inequality in youth wellbeing underscores the need for coordinated policy actions that reduce economic inequality and its impacts on youth wellbeing.

Épidémiologie des troubles psychiatriques en prison : un casse-tête méthodologique et clinique

FALISSARD B.

2024

Bulletin de l'Académie Nationale de Médecine 208(8): 1118-1121.

https://doi.org/10.1016/j.banm.2024.07.015

Résumé : Une étude de 2006 signalait des taux élevés de troubles psychiatriques parmi les détenus des prisons françaises. Cette étude pointait également les défis de l'application des outils diagnostiques standardisés en prison, un contexte où la souffrance psychique est influencée par l'isolement et le stress lié à l'incarcération prolongée. Le présent article revient sur points en les éclairant par les résultats d'une étude qualitative qui évaluait l'impact de l'isolement, des dynamiques relationnelles en prison, et de la réflexion sur la punition et la culpabilité sur le fonctionnement psychique des détenus. Le présent article argumente pour une approche plus clinique de l'évaluation phénotypique en milieu carcéral. Summary A 2006 study reported high rates of psychiatric disorders among inmates in French prisons. This study also highlighted the challenges of applying standardized diagnostic tools in prison, a context where psychological suffering is influenced by isolation and the stress

associated with prolonged incarceration. The present article revisits these points, illuminating them with the results of a qualitative study that assessed the impact of isolation, relational dynamics in prison, and reflections on punishment and guilt on the psychological functioning of inmates. The article argues for a more clinical approach to phenotypic assessment in the prison environment.

Les nombres parlent des personnes hospitalisées en psychiatrie : 1835-1998

FRANÇOIS C.

2024

L'Information Psychiatrique 100(7): 475-482.

Prises ensemble, les personnes dans les établissements psychiatriques sont une population qui se renouvelle continuellement et qui est formée d'individus différents les uns des autres. L'étude démographique de cette population est pertinente. Beaucoup de données quantitatives sont disponibles en France depuis 1835, mais peu de recherches s'y consacrent. Un moyen simple de les étudier utilise les séries temporelles. Ensuite, l'attention portée à la vitesse de renouvellement de la population analyse le régime démographique. Enfin, les changements dans la composition de la population montrent la dynamique démographique. La population à étudier doit être précisément circonscrite de même que son mode de construction. Le régime démographique et la dynamique populationnelle sont des processus qui peuvent être décrits et les principaux facteurs qui les structurent peuvent être identifiés. Alors et seulement alors, des comparaisons fructueuses peuvent être entreprises. Cet article montre de nouveaux exemples de telles recherches. Ainsi, de 1842 à 1938, la vitesse de renouvellement de la population est faible ; après la Seconde Guerre, elle devient élevée : le régime démographique se modifie. Deux mouvements commencent alors : la hausse soudaine, massive et durable du nombre de personnes admises (toujours inexpliquée à ce jour), et la forte baisse des durées de séjour. Sans le second facteur, les hôpitaux psychiatriques auraient été incapables d'accueillir un si grand nombre de personnes. La baisse du nombre de personnes présentes un jour donné à la fin des années 1960 résulte de l'effet combiné de ces deux mouvements.

Les décisions médicales concernant des soins somatiques pour les patients avec des troubles psychiques. Quels dilemmes éthiques ?

LÉOCADIE S., MARTA S., CÉCILE H., *et al.*

2024

L'Information Psychiatrique 100(9): 731-737.

La prise en charge somatique des patients avec un trouble psychique est un réel enjeu de santé publique. La littérature reste pour autant majoritairement quantitative. L'objectif de cette étude consiste à mettre en lumière les dilemmes éthiques auxquels sont confrontées les équipes dans des situations de décisions médicales qui concernent des traitements somatiques pour des patients avec des troubles psychiques. L'article s'appuie sur une analyse de saisines du Centre d'éthique clinique (CEC) de l'AP-HP de 2020 à 2022, qui utilise l'approche de l'éthique clinique. Celle-ci montrera que la dimension psychiatrique peut gêner les équipes dans leur évaluation de la balance bienfaisance/non-malfaisance, qui constitue la base de la décision médicale, pour des raisons liées ou bien à la meilleure façon de respecter l'autonomie du patient, ou bien à des questions qui concernent la prise en charge d'un point de vue plus global.

Pattern of Encounters To Emergency Departments for Suicidal Attempts in France: Identification of High-Risk Days, Months and Holiday Periods

ROCHOY M., PONTAIS I., CASERIO-SCHÖNEMANN C., *et al.*

2024

L'encephale 50(6): 630-640.

Introduction : Les variations saisonnières des tentatives de suicide sont mal connues en France et peuvent différer des autres pays occidentaux. Nous avons cherché à déterminer les périodes de pointe (jours, mois et périodes de vacances) des tentatives de suicide en France. Méthodes: Nous avons réalisé une étude épidémiologique rétrospective multicentrique, en utilisant les données du réseau de l'Organisation de la surveillance coordonnée des urgences (OSCOUR®). Nous avons agrégé les données quotidiennes du 1er janvier 2010 au 31 décembre 2019. Les variations des tentatives de suicide sur des jours spécifiques ont été étudiées en comparant leurs fréquences (scores Z ad hoc). Résultats : 114 805 488 consultations aux urgences ont été enregistrées dont 233 242 consulta-

tions aux urgences concernant des tentatives de suicide. Les hommes représentaient 45,7 % des consultations. Une fréquence significativement plus élevée de consultations aux urgences pour des actes suicidaires a été observée les dimanches des mois de mai et juin pour les deux sexes et le jour de l'an, pour tous les sexes et tous les groupes d'âge. Un risque accru a également été constaté le 14 juillet (fête nationale) et le 22 juin (solstice d'été). Un effet protecteur a été observé le lendemain de la Saint-Valentin, le jour de Noël et pendant la période de Noël (en particulier les 24 et 26 décembre). Conclusion : Les dimanches, le mois de juin et le jour de l'an sont à risque accru de tentatives de suicide en France, ce qui nécessite un renforcement de la prévention.

Impact of the COVID-19 Pandemic and Lockdowns on Emergency Data Related To Mental Health Disorders in Nouvelle-Aquitaine, France

ROSELY M., MEURICE L., LARRIEU S., *et al.*

2024

L'encéphale 50(6): 641-648.

Cette étude estime le lien entre les passages aux urgences pour troubles de la santé mentale (TSM) et le contexte sanitaire associé à la pandémie de COVID-19 dans la région française de Nouvelle-Aquitaine. Cette étude rétrospective a été réalisée à partir des données des services d'urgences disponibles entre 2018 et 2021. Nous avons défini l'exposition principale selon cinq périodes : « Pré-pandémie (période de référence) », « Premier confinement », « Deuxième confinement », « Troisième confinement » et « Pandémie hors confinement ». Nous avons établi les indicateurs quotidiens de passages aux urgences pour chaque TSM en fonction des diagnostics médicaux. Nous avons décrit et modélisé les séries chronologiques quotidiennes à l'aide de modèles additifs généralisés avec une régression de quasi-Poisson. L'analyse a porté sur 5 693 341 résumés de passages aux urgences, dont 4 % pour des TSM. Nous avons observé une baisse des passages aux urgences pour la plupart des indicateurs, en particulier durant le premier confinement. Les modèles ont révélé une augmentation relative statistiquement significative des passages aux urgences pour la quasi-totalité des TSM pendant le premier confinement, pour l'anxiété et les troubles psychiques de l'enfant pendant le deuxième confinement et uniquement pour les troubles psychiques de l'enfant pendant la période pandémique hors confinement. La crise sanitaire et les confinements associés à la pandémie de COVID-19 ont été d'importantes sources de stress qui pourraient expliquer en partie la détérioration des indicateurs de TSM, ce qui entraîne de nouvelles préoccupations en matière de santé publique (notamment chez les plus jeunes). La santé mentale est un déterminant majeur de la santé globale et devrait donc être prise en compte dans la gestion des crises qui pourraient nécessiter des réponses similaires à l'avenir.

The Cost of Illness and Burden of Suicide and Suicide Attempts in France

SEGAR L. B., LAIDI C., GODIN O., *et al.*

2024

BMC Psychiatry 24(1): 215.

https://doi.org/10.1186/s12888-024-05632-3

BACKGROUND: With 11,558 deaths and 200,000 suicide attempts in 2019, France is among the European countries most affected. The aim of this study was to determine the costs and burden of suicides and suicide attempts in France (population 67 million). METHODS: We estimated direct costs, comprising healthcare, as well as post-mortem costs including autopsy, body removal, funeral expenses, police intervention and support groups; indirect costs comprised lost productivity, daily allowances; the burden of disease calculations used a monetary value for death and disability based on incidence data. Data was obtained from the national statistics, health and social care database, registries, global burden of disease, supplemented by expert opinion. We combined top down and bottom up approaches. RESULTS: The total costs and burden of suicides and suicide attempts was estimated at euro18.5 billion and euro5.4 billion, respectively. Direct costs were euro566 million and euro75 million; indirect costs were euro3.8 billion and euro3.5 billion; monetary value for death and disability was euro14.6 billion and euro1.3. The monetary value for death and disability represented 79.1% and 24.8% of total costs for suicide and suicide attempt respectively. Some costs were based upon expert opinion, caregivers' burden was not counted and pre COVID data only is reported. CONCLUSIONS: In France, the total cost and burden of suicides and suicide attempts was several billion euro, suggesting major potential savings from public health interventions.

Psychiatrie en prison : quel avenir pour les patients et pour les soins ?

TOUITOU D. ET LECULEE C.

2024

Bulletin de l'Académie Nationale de Médecine 208(8): 1122-1128.

https://doi.org/10.1016/j.banm.2024.06.019

Résumé L'exercice de la psychiatrie auprès de la population carcérale est un défi du quotidien. Il nécessite une expérience professionnelle solide et une connaissance aiguisée des particularités de cette population. L'offre de soins s'est diversifiée avec le temps mais également avec les besoins qui se sont accentués au gré des politiques pénales et des changements sociétaux. Il persiste encore de nombreux freins pour parvenir à une offre à la hauteur des besoins mais les professionnels se réinterrogent régulièrement et réinventent la discipline en fonction des avancées permises par certains dispositifs innovants. De plus, il persiste chez certains une confusion entre dimension comportementale de certains troubles psychiques et transgressivité, nécessitant d'être au clair sur les soins à apporter, entre soins psychiatriques curatifs, soins psychiatriques préventifs, soins psychocriminologiques... Summary Practicing psychiatry with the prison population is a daily challenge. It requires a solid professional experience and a keen knowledge of the particularities of this population. The health care provision has diversified over time but also in response to needs that have grown more acute as a result of penal policies and societal changes. There are still many obstacles to reach an offer that meets these needs, but professionals regularly question each other and reinvent the discipline according to the advances allowed by some innovations in care. In addition, there remains confusion among some between the behavioral dimension of some mental disorders and transgressivity, requiring clarity on the care to be provided, between curative psychiatric care, preventive psychiatric care, psychocriminological care...

Disparities in Spatiotemporal Clustering of Maternal Mental Health Conditions Before and During the COVID-19 Pandemic

ULRICH S. E., SUGG M. M., DESJARDINS M. R., *et al.*

2024

Health & Place 89: 103307.

https://doi.org/10.1016/j.healthplace.2024.103307

Mounting evidence indicates the worsening of maternal mental health conditions during the COVID-19 pandemic. Mental health conditions are the leading cause of preventable death during the perinatal and postpartum periods. Our study sought to detect space-time patterns in the distribution of maternal mental health conditions in pregnant women before (2016–2019) and during (2020–2021) the COVID-19 pandemic in North Carolina, USA. Using the space-time Poisson model in SaTScan, we performed univariate and multivariate cluster analysis of emergency department (ED) visits for perinatal mood and anxiety disorders (PMAD), severe mental illness (SMI), maternal mental disorders of pregnancy (MDP), suicidal thoughts, and suicide attempts during the pre-pandemic and pandemic periods. Clusters were adjusted for age, race, and insurance type. Significant multivariate and univariate PMAD, SMI, and MDP clustering persisted across both periods in North Carolina, while univariate clustering for both suicide outcomes decreased during the pandemic. Local relative risk (RR) for all conditions increased drastically in select locations. The number of zip code tabulation areas (ZCTAs) included in clusters decreased, while the proportion of urban locations included in clusters increased for non-suicide outcomes. Average yearly case counts for all maternal mental health outcomes increased during the pandemic. Results provide contextual and spatial information concerning at-risk maternal populations with a high burden of perinatal mental health disorders before and during the pandemic and emphasize the necessity of urgent and targeted expansion of mental health resources in select communities.

Sociologie de la santé

Sociology of Health

▶ Sources and Processes of Social Influence on Health-Related Choices: A Systematic Review Based on a Social-Interdependent Choice Paradigm

PILLI L., VELDWIJK J., SWAIT J. D., *et al.*

2024

Social Science & Medicine 361: 117360.

https://doi.org/10.1016/j.socscimed.2024.117360

Background Most choices in healthcare are not made in social isolation. However, current econometric models treat patients' preferences as the sole determinants of their choices. Through the lens of sociology and medical sociology theories, this paper presents a systematic literature review of identifiable social influences on patients' choices, serving as a first step in developing a social-interdependent choice paradigm. Methods Following the PRISMA guideline and using nine databases, we identified the individual agents or groups involved in health-related choices, the functional content through which social relationships influence patients, and the choice constructs affected by these processes. From 9,036 screened articles, we selected 208 to develop an analytical framework connecting social relationships with choice constructs. Results Social influences predominantly come from family, friends, specialized physicians, and general practitioners. We decomposed the functional content of social relationships into functions and contents. Dyadic interactions and expert knowledge were prominent functions, followed by social control. Prescriptive and informational contents were prevalent, followed by instrumental and emotional ones. Expert knowledge and social norms aligned with prescriptive and informational signals, while dyadic interactions provide emotional and instrumental signals. Reference points for social norms included friends, coworkers, and patients. Social relationships primarily impact which alternatives are evaluated, followed by alternative evaluation strategies and goal selection. Distinctions between medical domains and dimensions emerged, highlighting how the medical area conditions the social influence process. Conclusion This systematic review presents a comprehensive framework that elucidates the social influence process in healthcare patient decision-making. By detailing the functional content of social relationships into functions and contents and linking these components to the elements of the choice process, we created a structured approach to understanding how social relationships impact patient choices. This will facilitate the systematic integration of social relationships into econometric models of patient choice.

Systèmes de santé

Health Systems

▶ International Comparison of Hospitalizations and Emergency Department Visits Related To Mental Health Conditions Across High-Income Countries Before and During the COVID-19 Pandemic

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2024

Health Services Research 59(6): e14386.

https://doi.org/10.1111/1475-6773.14386

Abstract Objective To explore variation in rates of acute care utilization for mental health conditions, including hospitalizations and emergency department (ED) visits, across high-income countries before and during the COVID-19 pandemic. Data Sources and Study Setting Administrative patient-level data between 2017 and 2020 of eight high-income countries: Canada, England, Finland, France, New Zealand, Spain, Switzerland, and the United States (US). Study Design Multi-country retrospective observational study using a federated data approach that evaluated age-sex standardized rates of

hospitalizations and ED visits for mental health conditions. Principal Findings There was significant variation in rates of acute mental health care utilization across countries. Among the subset of four countries with both hospitalization and ED data, the US had the highest pre-COVID-19 combined average annual acute care rate of 1613 episodes/100,000 people (95% CI: 1428, 1797). Finland had the lowest rate of 776 (686, 866). When examining hospitalization rates only, France had the highest rate of inpatient hospitalizations of 988/100,000 (95% CI 858, 1118) while Spain had the lowest at 87/100,000 (95% CI 76, 99). For ED rates for mental health conditions, the US had the highest rate of 958/100,000 (95% CI 861, 1055) while France had the lowest rate with 241/100,000 (95% CI 216, 265). Notable shifts coinciding with the onset of the COVID-19 pandemic were observed including a substitution of care setting in the US from ED to inpatient care, and overall declines in acute care utilization in Canada and France. Conclusion The study underscores the importance of understanding and addressing variation in acute care utilization for mental health conditions, including the differential effect of COVID-19, across different health care systems. Further research is needed to elucidate the extent to which factors such as workforce capacity, access barriers, financial incentives, COVID-19 preparedness, and community-based care may contribute to these variations. What is known on this topic Approximately one billion people globally live with a mental health condition, with significant consequences for individuals and societies. Rates of mental health diagnoses vary across high-income countries, with substantial differences in access to effective care. The COVID-19 pandemic has exacerbated mental health challenges globally, with varying impacts across countries. What this study adds This study provides a comprehensive international comparison of hospitalization and emergency department visit rates for mental health conditions across eight high-income countries. It highlights significant variations in acute care utilization patterns, particularly in countries that are more likely to care for people with mental health conditions in emergency departments rather than inpatient facilities The study identifies temporal and cross-country differences in acute care management of mental health conditions coinciding with the onset of the COVID-19 pandemic.

▶ Use of Cost-Effectiveness Thresholds in Healthcare Public Policy: Progress and Challenges

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2024

Applied Health Economics and Health Policy 22(6): 797-804.

https://doi.org/10.1007/s40258-024-00900-5

The article offers a comparative analysis of the influence of cost-effectiveness thresholds in the decision-making processes in financing policies, coverage, and price regulation of health technologies in nine countries. We investigated whether countries used cost-effectiveness thresholds for public health policy decision making and found that few countries have adopted the cost-effectiveness threshold as an official criterion for financing, reimbursement, or pricing. However, in countries where it is applied, such as Thailand, the results have been very favorable in terms of minimizing health technology prices and ensuring the financial sustainability of the health system. Although the cost-effectiveness threshold has opportunities for improvement, particularly in certain institutional contexts and with adequate participation of the different strategic actors in the formulation of public policy, its potential use and added value are significant in various aspects.

Soins de santé primaires

Primary Healthcare

▶ Medical Ethics and Physician Motivations

ANDREWS B. P.

2024

Journal of Health Economics 98: 102933.

https://doi.org/10.1016/j.jhealeco.2024.102933

This paper provides an institutional economics framework for analyzing medical ethics. An ethical policy

partitions the set of physician actions into (un)ethical subsets, with unethical actions then unavailable. Individual physicians' preferences over policies combined with a political process determine equilibrium constraints. I show that physicians' concern for colleagues' patients uniquely motivates their support for ethics which restrict behavior under strong assumptions. Without these assumptions, even identical physicians might ban actions they would otherwise select for reasons varying from protecting patients to differences in the costs of maintaining ethical policies. Interestingly, heightened altruism for colleagues' patients makes the former reasoning less credible. Novel applications for 'Provide Free Care to Physicians' and 'Duty to Treat in a Pandemic' demonstrate: (i) rising physician income can explain long-run weakening of both formal ethics in the United States; and (ii) the duty to treat can deteriorate as fewer physicians are required to improve pandemic outcomes.

Primary Care Indicators for Disease Burden, Monitoring and Surveillance of COVID-19 in 31 European Countries: Eurodata Study

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ET DEL RIO L. R.
2024
European Journal of Public Health 34(2): 402-410.
https://doi.org/10.1093/eurpub/ckad224

During the COVID-19 pandemic, the majority of patients received ambulatory treatment, highlighting the importance of primary health care (PHC). However, there is limited knowledge regarding PHC workload in Europe during this period. The utilization of COVID-19 PHC indicators could facilitate the efficient monitoring and coordination of the pandemic response. The objective of this study is to describe PHC indicators for disease surveillance and monitoring of COVID-19's impact in Europe. Descriptive, cross-sectional study employing data obtained through a semi-structured ad hoc questionnaire, which was collectively agreed upon by all participants. The study encompasses PHC settings in 31 European countries from March 2020 to August 2021. Key-informants from each country answered the questionnaire. Main outcome: the identification of any indicator used to describe PHC COVID-19 activity. Out of the 31 countries surveyed, data on PHC information were obtained from 14. The principal indicators were: total number of cases within PHC (Belarus, Cyprus, Italy, Romania and Spain), number of follow-up cases (Croatia, Cyprus, Finland, Spain and Turkey), GP's COVID-19 tests referrals (Poland), proportion of COVID-19 cases among respiratory illnesses consultations (Norway and France), sick leaves issued by GPs (Romania and Spain) and examination and complementary tests (Cyprus). All COVID-19 cases were attended in PHC in Belarus and Italy. The COVID-19 pandemic exposes a crucial deficiency in preparedness for infectious diseases in European health systems highlighting the inconsistent recording of indicators within PHC organizations. PHC standardized indicators and public data accessibility are urgently needed, conforming the foundation for an effective European-level health services response framework against future pandemics.

Lessons Learned From a Pay-For-Performance Scheme for Appropriate Prescribing Using Electronic Health Records From General Practices in the Netherlands

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2024
Health Policy 149: 105148.
https://doi.org/10.1016/j.healthpol.2024.105148

Introduction A nationwide pay-for-performance (P4P) scheme was introduced in the Netherlands between 2018 and 2023 to incentivize appropriate prescribing in general practice. Appropriate prescribing was operationalised as adherence to prescription formularies and measured based on electronic health records (EHR) data. We evaluated this P4P scheme from a learning health systems perspective. Methods We conducted semi-structured interviews with 15 participants representing stakeholders of the scheme: general practitioners (GPs), health insurers, pharmacists, EHR suppliers and formulary committees. We used a thematic approach for data analysis. Results Using EHR data showed several benefits, but lack of uniformity of EHR systems hindered consistent measurements. Specific indicators were favoured over general indicators as they allow GPs to have more control over their performance. Most participants emphasized the need for GPs to jointly reflect on their performance. Communication to GPs appeared to be challenging. Partly because of these challenges, impact of the scheme on prescribing behaviour was perceived as limited. However, several unexpected positive effects of the scheme were mentioned, such as better EHR recording habits. Conclusions This study identified ben-

efits and challenges useful for future P4P schemes in promoting appropriate care with EHR data. Enhancing uniformity in EHR systems is crucial for more consistent quality measurements. Future P4P schemes should focus on high-quality feedback, peer-to-peer learning and establish a single point of communication for healthcare providers.

How Competition Play a Role in Dental Pricing? A Study on French Medico-Administrative and Tax Reports Dataset

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2024

Health Policy 149: 105149.

https://doi.org/10.1016/j.healthpol.2024.105149

Objectives French dentists charge additional fees for dental prostheses. This paper aims to provide new information on the determinants of dental price setting and inform public decision-making in the context of the widespread rejection of prosthetic dental care for financial reasons. We focus on the competitive mechanism in the dental prosthetics market and measure the impact of the density of professionals and competitors' prices on the fees charged by dentists. Methods We use data merging from an administrative health insurance database and information from tax declarations of French dentists. We test the effect of competitor prices and competition on individual price-setting using instrumental variables. The database obtained included 29,220 dentists. Results Practitioners' prices grow with competitors' prices (+1€ in competitor prices entails an increase of + 0.37€ in the practitioner's price). Women set lower prices, and having a young child in the household predicts an increase in price of 6.8€ (p-value=0.014). Rural areas present lower fees than urban areas (+11.4€ (p value=0.000)). Conclusion Prosthetic prices are strategic complements that are compatible with the application of monopolistic competition in the dental care market. We encourage the regulator to develop competitive mechanisms, for example, through a public offer at moderate prices.

Être médecin en prison : perspectives d'avenir et question déontologique

CARTON B.

2024

Bulletin de l'Académie Nationale de Médecine 208(8): 1113-1117.

https://doi.org/10.1016/j.banm.2024.07.014

Résumé La loi du 18 janvier 1994 a transféré la responsabilité de l'organisation des soins en prison de la justice à la santé. Depuis, ce sont des équipes hospitalières qui prennent en charge les personnes au cours de leur détention après un bilan de santé à l'arrivée. Il s'agit d'un exercice varié, polyvalent, qui s'attache à prendre soin de personnes d'abord vulnérables, souvent angoissés, malades et délaissés. Les soignants en prison s'attachent à faire appliquer les principes fondateurs de la médecine comme le respect du secret médical, un égal accès aux soins pour tous. Pour permettre le maintien et l'évolution de ce système de soin, il est indispensable de faire connaître l'exercice, d'améliorer les conditions dans lesquels il s'exerce, y compris en favorisant l'articulation dedans-dehors et, point essentiel, d'améliorer l'attractivité. Summary As a consequence of the law passed on January 18th 1994, the responsibility of healthcare was transferred from the judicial system to the public health authorities. Since then, a medical team from a hospital unit offers healthcare to detained patients, after a first medical assessment upon arrival in detention. The healthcare provided is diverse with the aim of prioritising care for the more vulnerable patients, for example with anxiety issues, depression as well as somatic illness. The foundation of carceral medicine is based on equality: to guarantee access to healthcare for all with respect of medical confidentiality. Furthermore, continuity of care must be ensured by creating a link with healthcare professionals "outside" prison, involved in the follow-up of a detained patient after her/his liberation. The latter being a crucial point to enhance the attractivity of carceral medicine.

État des lieux des soins non programmés en soins primaires. Une étude descriptive prospective dans le Vexin

CHEVALLIER F., CHAMBRION C., VIONNET FUASSET J., *et al.*

2024

Santé Publique 36(5): 109-117.

https://doi.org/10.3917/spub.245.0109

Introduction : Les soins non programmés (SNP) sont exclusivement étudiés en France par le prisme des consultations aux urgences. But de l'étude : Cette étude vise à quantifier les SNP sur un territoire en incluant les soins ambulatoires. Méthodes : Sur le territoire d'une CPTS, les SNP ont été explorés par une étude

transversale descriptive prospective, pour les médecins généralistes (MG), infirmières (IDE), pharmaciens, kinésithérapeutes, ostéopathes, sages-femmes, service des urgences de l'hôpital de proximité. La définition du SNP pour l'enquête était un soin qui n'était pas prévu sur l'agenda du professionnel la veille de la séance ou un nouveau problème évoqué lors d'une séance déjà programmée pour un ou plusieurs autres problèmes de santé. Les soins prescrits ou adressés étaient exclus de l'enquête. Résultats : Rapportés à l'effectif du territoire, les SNP ont été réalisés par les médecins généralistes (41 %), les pharmaciens (20 %), les infirmières (15 %), les urgences (11 %), les kinésithérapeutes (5 %), les ostéopathes (4 %), les sages-femmes (4 %). Plus de 80 % des patients bénéficient d'un avis en ambulatoire. Dans une large majorité, les SNP sont pris en charge par le professionnel qui est en premier recours sur le SNP. Seules 8,5 % des réorientations ont lieu vers l'hôpital, ce qui correspond à 1,2 % des SNP réalisés. Conclusions : Les professionnels ambulatoires constituent un maillage du territoire en mesure de prendre en charge la majorité des demandes de SNP. Une plus grande coopération entre eux permettrait d'augmenter la qualité et la couverture des besoins de SNP.

▶ How General Practitioners in France are Coping With Increased Healthcare Demand and Physician Shortages. A Panel Data Survey and Hierarchical Clustering

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2024

Health Policy 149: 105175.

https://doi.org/10.1016/j.healthpol.2024.105175

Background General practitioners (GPs) face quantitative and qualitative changes in patient demand and doctor shortages. Objectives To investigate how GPs cope with doctor shortage issues. Materials and methods Two cross-sectional surveys of a representative panel of 1530 GPs in 2019 and 2022 about their perceptions of physician shortages, working hours worked (WHW), and adaptive behaviors. Hierarchical clustering enabled identification of profiles with different adaptation patterns. Multiple Poisson or logistic regression models studied associations between GPs' profiles and professional characteristics. Results 87.4 % of GPs applied at least one adaptation to control patients' healthcare demand. 24 % adopted task-shifting while their average WHW decreased by 3.6 h between 2019 and 2022. Four GP profiles were identified. "Low adapters/low workload" and "Low adapters/high workload" (25 % of the sample each) reported 2.4 adaptive measures: 75.5 % refused to be new patients' preferred doctor in the former group (vs 5.1 %). "High adapters/unchanged consultations" (30.7 %) and "High adapters/shortened consultations" (18.9 %) reported 4.8 and 6.1 adaptations, respectively. They were more likely to practice in medically underserved areas. Conclusion These results call into question GPs' gatekeeper role in the French healthcare system. Moreover, the marked reduction in WHW in underserved areas is likely to exacerbate their uneven distribution nationwide. Encouraging vertical integration between HCPs while enhancing cooperation and task-shifting is probably a pathway toward improving the relative GP shortage.

▶ Implementing Primary Care Reform in France: Bargaining, Policy Adaptation, and the Maisons de Santé Pluriprofessionnelles

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2024

Journal of Health Politics, Policy and Law 49(6): 1015-1050.

https://doi.org/10.1215/03616878-11373736

Context: The organization of primary care in France has long remained a secondary issue on the political agenda. The government began to address the difficulties of care access and coordination in the 2000s, when a seemingly viable solution emerged from the field: the maisons de santé pluriprofessionnelles (MSPs). In a corporatist system and a predominantly private sector, the government chose an incentive-based contractual policy to encourage providers to join these structures. This article analyzes the implementation of this policy, which depends on private providers' commitment. Methods: The article offers a comparative case study of six MSPs. Data were collected through semistructured interviews, observation sessions, and document analysis. Findings: First, the article shows that the emergence of MSPs has only been possible thanks to an unprecedented alliance between general practitioners, the state, and the health insurance fund. Second, it argues that MSP policy implementation relies on a complex bargaining process between private providers and public authorities that enables the former to shape it to their local needs. Conclusions: MSP implementation experiences raise questions both about the understanding of medical corporatism in France and the assimilation of policy changes and local variation through policy implementation.

How do Dental Practices Respond To Changes in Scope of Practice Regulations?

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2024

Health Economics 33(11): 2508-2524.

https://doi.org/10.1002/hec.4878

Abstract Regulations that restrict the tasks that credentialed workers are allowed to perform may affect a firm's input choices, output, and which part of the market the firm serves. Using dental practice survey data from 1989 to 2014 and a stacked difference-in-differences design, this paper examines the effects of state-level scope of practice regulations on the behavior of dental practices. Results suggest that scope of practice deregulation in regards to dental hygienists' ability to administer nitrous oxide or local anesthesia is associated with fewer dentist visits per week in the short-term, lower patient wait times, and an increased likelihood of treating lower revenue generating publicly insured patients. There is weak evidence that scope of practice deregulation alters a practice's labor inputs.

Travail et santé

Occupational Health

The Hidden Crisis: Moral Injury Among French Healthcare Workers

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2024

Journal of Epidemiology and Population Health 72(6): 202780.

https://doi.org/10.1016/j.jeph.2024.202780

Background Amidst reports that one in five doctors and one in four nurses might leave their professions within three to five years due to high levels of burnout, this qualitative review explored the deeper crisis impacting healthcare workers in France, questioning whether factors beyond burnout contributed to their distress. Methodology This study analyzed testimonies from French healthcare workers and reviewed relevant literature to uncover the underlying causes of their distress. Results The qualitative analysis revealed profound distress among healthcare workers, stemming from a misalignment between their ethical standards, specifically the principle to 'put patients first,' and the practical realities of their work. Testimonies underscored unsustainable working conditions and economic pressures that compel healthcare workers to make decisions that compromise care quality and their own integrity. Nurses reported closing their practices due to non-profitability, forced to prioritize financial considerations over patient needs. Similarly, general practitioners expressed disillusionment, feeling disconnected from the type of medicine they aspired to practice. This distress goes beyond mere burnout, touching on deep-seated conflicts between personal values and professional demands, leading to significant attrition among healthcare workers. Comparative insights from the United States highlight a global trend where healthcare professionals face diminishing trust in systems that favor financial or operational efficiency over patient-centric care. 'Moral Injury,' as identified in our literature review, aptly describes the situation faced by French healthcare workers. It refers to the psychological distress that occurs when they cannot practice according to their ethical beliefs due to external constraints — whether from profit maximization in predominantly financialized systems like those in the United States or from funding and management gaps in public systems like those in France. Conclusion Healthcare workers observe that the French healthcare system, once praised for its excellence and accessibility, no longer allows them to put patients at the heart of their concerns, in contradiction with their values. It is therefore essential to recognize the existence of "Moral Injury" to guide the structural and organizational reforms necessary to transform our healthcare system.

Work Overload and Associated Factors in Healthcare Professionals During the COVID-19 Pandemic

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2024

Journal of Healthcare Quality Research 39(5): 291-298.
https://doi.org/10.1016/j.jhqr.2024.05.001

Introduction The COVID-19 pandemic changed the work routine of professionals at the family health-care center (Núcleo de Atenção à Saúde da Família – NASF-AB), providing new conditions and work overload. Objective The purpose of this study was to explore factors associated with work overload in NASF-AB professionals during the COVID-19 pandemic. Methods A cross-sectional study was carried out with NASF-AB workers in the city of Salvador, Bahia, Brazil, from May to August 2021. Working conditions and overload were assessed using the National Program for Improving Access and the Quality of Primary Care questionnaire (Programa Nacional de Melhoria do Acesso e da Qualidade da Atenção Básica – PMAQ) and the scale measuring burden of professionals in mental health services (Escala de Avaliação da Sobrecarga de Profissionais em Serviços de Saúde Mental – IMPACTO-BR), respectively. A multivariate linear regression model was used. A total of 68 health professionals participated in the study, including 19 physiotherapists, 13 occupational therapists, 10 social workers, 10 nutritionists, 9 psychologists and 7 physical education professionals. Results There was a significant association between overall overload and being female (p=<0.005), having spaces for reflection on the work process (p=0.027), and having difficulty moving around to conduct activities in the territory (p=0.002) for increasing the chance of work overload. Conclusions Our findings encourage workers' health policies and closer ties and negotiation with local management, as well as the return of the institutional support figure for the effectiveness and resolution of actions in primary healthcare units.

Risk of Unemployment and Work Disability Among Refugee and Non-Refugee Migrants With Incident Psychotic Disorders in Sweden and Denmark

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2024
European Journal of Public Health 34(1): 129-135.
https://doi.org/10.1093/eurpub/ckad207

Unemployment and work disability are common among individuals with non-affective psychotic disorders (NAPDs) but it is unknown whether rates differ among migrants and native-born individuals. The present study aimed to compare the risk of these outcomes during the first 5 years of illness in non-refugee migrants, refugees and native-born individuals with NAPDs in Sweden and Denmark — two countries with different immigration policies and models of early psychosis care. Using national registers, we identified all individuals aged 18–35 years in Sweden and Denmark who received an incident NAPD diagnosis between 2006 and 2013 (N = 6750 and 8320, respectively). Cohorts were followed for 5 years to determine the days of unemployment and sickness absence (analyzed using zero-inflated negative binomial models) and the time to receipt of disability pension (analyzed using complementary log-log models).Relative to their native-born peers, refugees and non-refugee migrants in Sweden and non-refugee migrants in Denmark were significantly less likely to have zero unemployment days (OR range: 0.54–0.72) and all migrant groups experienced more unemployment days (IRR range: 1.26–1.37). Results were largely unchanged after adjustment for sociodemographic and clinical factors. In the adjusted model, both Swedish migrant groups and refugees in Denmark were more likely to experience zero sickness absence days than native-born individuals (OR range: 1.48–1.56). Only refugees in Denmark were at greater risk of disability pension. On-refugee migrants and refugees with NAPDs in both Sweden and Denmark are particularly vulnerable to experiencing unemployment. Targeted interventions may help to reduce these disparities and promote long-term work ability among migrant groups.

The Sociodemographic Patterning of Sick Leave and Determinants of Longer Sick Leave After Mild and Severe COVID-19: A Nationwide Register-Based Study in Sweden

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2024
European Journal of Public Health 34(1): 121-128.
https://doi.org/10.1093/eurpub/ckad191

Studies on sociodemographic differences in sick leave after coronavirus disease 2019 (COVID-19) are limited and research on COVID-19 long-term health consequences has mainly addressed hospitalized individuals. The aim of this study was to investigate the social patterning of sick leave and determinants of longer sick leave after COVID-19 among mild and severe cases. The study population, from the Swedish multi-register

observational study SCIFI-PEARL, included individuals aged 18–64 years in the Swedish population, gainfully employed, with a first positive polymerase chain reaction (PCR) test for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) from 1 January 2020 until 31 August 2021 (n = 661 780). Using logistic regression models, analyses were adjusted for sociodemographic factors, vaccination, prior sick leave, comorbidities and stratified by hospitalization. In total, 37 420 (5.7%) individuals were on sick leave due to COVID-19 in connection with their first positive COVID-19 test. Individuals on sick leave were more often women, older, had lower income and/or were born outside Sweden. These differences were similar across COVID-19 pandemic phases. The highest proportion of sick leave was seen in the oldest age group (10.3%) with an odds ratio of 4.32 (95% confidence interval 4.18–4.47) compared with the youngest individuals. Among individuals hospitalized due to COVID-19, the sociodemographic pattern was less pronounced, and in some models, even reversed. The intersectional analysis revealed considerable variability in sick leave between sociodemographic groups (range: 1.5–17.0%).In the entire Swedish population of gainfully employed individuals, our findings demonstrated evident sociodemographic differences in sick leave due to COVID-19. In the hospitalized group, the social patterning was different and less pronounced.

Dual Trajectories of Short-Term and Long-Term Sickness Absence and Their Social- and Health-Related Determinants Among Women in the Public Sector

SUUR-USKI J., FAGERLUND P., GRANROTH-WILDING H., *et al.*

2024

European Journal of Public Health 34(2): 322-328.
https://doi.org/10.1093/eurpub/ckae023

Short- and long-term sickness absence (SA) vary in their determinants. We examined short- and long-term SA contemporaneously as two interconnected phenomena to characterize their temporal development, and to identify employees with increasing SA at an early stage. We extracted 46- to 55-year-old employed women from the Helsinki Health Study occupational cohort during 2000–17 (N = 3206) and examined the development of short- (1–14 days) and long-term (>14 days) SA using group-based dual trajectory modelling. In addition, we investigated the associations of social-, work- and health-related factors with trajectory group membership. For short-term SA, we selected a three-group solution: 'no short-term SA' (50%), 'low frequency short-term SA' (40%), and 'high frequency short-term SA' (10%) (7 spells/year). For long-term SA, we also selected three trajectory groups: 'no long-term SA' (65%), 'low long-term SA' (27%), and 'high long-term SA' (8%). No SA in the short-term SA model indicated a high probability of no SA in the long-term model and vice versa. The developmental pattern was far less certain if participant was assigned to a trajectory of high SA in either one of the models (short- or long-term SA model). Low occupational class and poor health behaviours were associated with the trajectory groups with more SA.SA does not increase with age among most employees. If either SA rate was high, the developmental patterns were heterogenous. Employers' attention to health behaviours might aid in reducing both short- and long-term SA.

Vieillissement

Aging

Effect of Frailty on Unplanned Readmission in Older Adults: A Systematic Review

BOURRIQUEN M., COUDERC A. L., BRETELLE F., *et al.*

2024

Journal of Epidemiology and Population Health 72(5): 202774.
https://doi.org/10.1016/j.jeph.2024.202774

Background Frailty and hospital readmissions are two major problems for older people because of their impact on health, quality of life and healthcare systems. The aims of this study were to investigate the relationship between frailty and unplanned readmissions at 30, 90, 180 days and 1 year in hospital-

ised older people, and to identify the most relevant tools for assessing readmission risk in different clinical settings to facilitate systematic identification of this high-risk population by healthcare professionals. Method This review was based on a systematic search of the MEDLINE, EMBASE and SCIENCEDIRECT databases for articles published between January 2011 and December 2021 that examined the association between frailty and unplanned readmission in hospitalised adults aged 65 years and over using identified validated tools. Results 44 eligible studies out of 1362 were included in a descriptive analysis. Sixteen countries were represented with older adults hospitalised in medical, surgical, post-acute care and rehabilitation, and emergency departments. Up to 84.5% of frail older adults had an unplanned readmission. Of the 21 tools identified, the Hospital Frailty Risk Score (HFRS), the Frailty Index (FI), its derivatives, the Clinical Frailty Scale (CFS) and the Fried model were the most widely used and relevant tools for identifying the association between frailty and unplanned readmission. Conclusion Frailty is widely associated with readmission risk in older adults. The HFRS, FI, CFS and Fried model appear to be the most commonly used tools to assess frailty and prevent unplanned readmissions.

Rapport au territoire des personnes vieillissant en espace peu dense: Une analyse par la mobilité liée aux achats

BRACHET A.

2024

Retraite et société 92(1): 19-46.

https://doi.org/10.3917/rs1.092.0019

Après la retraite, les achats constituent le premier motif de déplacement. Affranchies de la contrainte d'une organisation de la mobilité attachée au lieu d'emploi, les personnes âgées peuvent choisir plus librement les lieux d'achat qui leur conviennent. Ce choix des commerces fréquentés pourrait alors refléter leurs préférences spatiales, leur lien au territoire. Or, en vieillissant, les personnes peuvent rencontrer des difficultés pour se déplacer, l'espace fréquenté se rétractant autour du domicile. Loin des métropoles, là où l'offre commerciale est plus diffuse, les distances à parcourir sont plus importantes, et le choix de la proximité n'est ainsi pas toujours garanti. En analysant la diversité des mobilités pour achats des personnes âgées, nous mettons en évidence les rapports qu'elles entretiennent avec le territoire.

Development of a Practical Framework and Indicators for Monitoring Integrated Long-term Health and Care Needs and Service Use

KIM H., YOON N. H., SEO D., *et al.*

2024

Health Policy 149: 105167.

https://doi.org/10.1016/j.healthpol.2024.105167

This case study presents an evidence-building approach to support policy planning for integrated health and care delivery for older adults. We developed an integrated needs-assessment framework to monitor the complex long-term medical and care needs of older individuals, using routinely collected, standardized needs-assessment and utilization data from the public health and long-term care (LTC) insurance systems in South Korea. We also developed a set of misuse indicators and analyzed service utilization patterns, while accounting for their varying types of needs. Approximately 11 % of older Koreans were identified as having complex long-term medical and care needs, which were categorized into four distinct need groups. More than one-third of those in the higher-medical/lower-care needs group stayed in LTC hospitals for six months or more during the year, and about one-third of those in the higher-medical/higher-care needs group inappropriately resided in LTC facilities, where medical services are limited. The newly developed integrated needs-assessment framework and misuse indicator set provide practical tools for monitoring the extent and nature of complex needs, as well as patterns of over- or under-utilization of health and care services over time. The empirical evidence gathered here highlights the need for reforms in South Korea's health and LTC systems.

Vieillir dans les Outre-mer: des situations et enjeux pluriels

LÉPORI M. ET KLEIN A.

2024

Gérontologie et société 174(2): 9-16.

Instruments and Warning Signs for Identifying and Evaluating the Frequency of Adverse Events in Intermediate and Long-Term Care Centres: A Narrative Systematic Review

MALGRAT-CABALLERO S., KANNUKENE A. ET ORREGO C.

2024

Journal of Healthcare Quality Research 39(5): 315-326.

https://doi.org/10.1016/j.jhqr.2024.06.004

Introduction There is a lack of data about adverse events (AE) in intermediate and long-term care centers (ILCC). We aimed to synthesize the available scientific evidence on instruments used to identify and characterize AEs. We also aimed to describe the most common adverse events in ILCCs. Material and methods A narrative systematic review of the literature was conducted according to Prisma recommendations. The PubMed database was searched for articles published between 2000 and 2021. Two reviewers independently screened and reviewed the studies through blind and independent review. We evaluated bias risk with Cochrane's risk of bias tool. Disagreements were resolved by consensus. Discrepancies that were not resolved by discussion were discussed with a third reviewer. Descriptive data was extracted and qualitative content analysis was performed. Results We found 2191 articles. Based on the inclusion and exclusion criteria, 272 papers were screened by title and abstract, and 66 studies were selected for full review. The instruments used to identify AEs were mostly tools to identify specific AEs or risks of AEs (94%), the remaining 6% were multidimensional. The most frequent categories detected medication-related AEs (n=26, 40%); falls (n=7, 11%); psychiatric AEs (6.9%); malnutrition (4.6%), and infections (4.6%). The studies that used multidimensional tools refer to frailty, dependency, or lack of energy as predictors of AEs. However, they do not take into account the importance of detecting AEs. We found 2–11 adverse drug events (ADE) per resident/month. We found a prevalence of falls (12.5%), delirium (9.6–89%), pain (68%), malnutrition (2–83%), and pressure ulcers (3–30%). Urinary tract infections, lower respiratory tract infections, skin and soft tissue infections, and gastroenteritis were the most common infections in this setting. Transitions between different care settings (from hospitals to ILCC and vice versa) expose AE risk. Conclusion There are many instruments to detect AEs in ILCC, and most have a specific approach. Adverse events affect a significant proportion of patients in ILCC, the nurse-sensitive outcomes, nosocomial infections, and adverse drug events are among the most common. The systematic review was registered with Prospero, ID: CRD42022348168.

Effects of Essential Caregiver Policies on COVID-19 and Non-COVID-19 Deaths in Nursing Homes

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2024

Health Economics 33(10): 2321-2341.

https://doi.org/10.1002/hec.4873

Abstract Federal authorities banned nursing home visitation in the early days of the coronavirus disease 2019 (COVID-19) pandemic. However, there was growing concern that physical isolation may have unintended harms on nursing home residents. Thus, nursing homes and policymakers faced a tradeoff between minimizing COVID-19 outbreaks and limiting the unintended harms. Between June 2020 and January 2021, 17 states implemented Essential Caregiver policies (ECPs) allowing nursing home visitation by designated family members or friends under controlled circumstances. Using the Nursing Home COVID-19 Public File and other relevant data, we analyze the effects of ECPs on deaths among nursing home residents. We exploit variation in the existence of ECPs across states and over time, finding that these policies effectively reduce both non-COVID-19 and COVID-19 deaths, resulting in a decrease in total deaths. These effects are larger for states that implemented policies mandatorily or without restrictions, indicating a dose-response relationship. These policies reduce non-COVID-19 deaths in facilities with higher quality or staffing levels, while reducing COVID-19 deaths in facilities with lower quality or staffing levels. Our findings support the use and expansion of ECPs to balance resident safety and the need for social interaction and informal care during future pandemics.

De la prison à l'établissement d'hébergement de personne dépendante (EHPAD), ou faut-il continuer de soigner en détention les sujets âgés en perte d'autonomie ?

QUENETTE O.

2024

Bulletin de l'Académie Nationale de Médecine 208(8): 1129-1134.

https://doi.org/10.1016/j.banm.2024.07.016

Résumé Le texte décrit l'expérience du centre St Barthélemy, un EHPAD qui a accueilli des personnes âgées en perte d'autonomie ayant été en détention. L'initiative a débuté il y a 15 ans, basée sur la mission d'hospitalité de l'Ordre de Saint-Jean de Dieu, qui accueille les populations vulnérables. Après avoir accueilli 29 anciens détenus de 54 à 89 ans, l'EHPAD a mis en place une méthodologie d'admission progressive, des activités de travail rémunérées pour les résidents, et une approche multidisciplinaire pour répondre à leurs besoins spécifiques. Le projet a été présenté au niveau national, visant à sensibiliser les acteurs du secteur médico-social et pénitentiaire à la question des soins de santé en détention. Des partenariats ont été établis avec la DAP, la FNADEPA et la FEHAP pour élargir les possibilités d'intégration d'anciens détenus dans les EHPAD. L'objectif est de créer un modèle reproductible pour offrir une approche digne et respectueuse aux personnes âgées en détention. L'expérience du centre St Barthélemy offre des pistes de réflexion sur la prise en charge des personnes âgées en perte d'autonomie ayant été en prison. Elle met en lumière l'importance de l'approche humaniste, de la collaboration entre différents acteurs et de l'adaptabilité du modèle aux réalités locales. Ce projet pourrait inspirer d'autres établissements à repenser la prise en charge de ces populations vulnérables, en mettant l'accent sur le respect de la dignité humaine. Summary The text describes the experience of the St Barthélemy center, a nursing home that welcomed elderly people with reduced autonomy who have been in detention. The initiative started 15 years ago, based on the hospitality mission of the Order of Saint John of God, which welcomes vulnerable populations. After accommodating 29 former inmates aged 61 to 82, the nursing home implemented a methodology for progressive admission, paid work activities for residents, and a multidisciplinary approach to meet their specific needs. The project was presented at the national level, aiming to raise awareness among medical and social care and penitentiary sector actors about healthcare in detention. Partnerships were established with the DAP, FNADEPA, and FEHAP to expand the possibilities of integrating former inmates into nursing homes. The goal is to create a replicable model to offer a dignified and respectful approach to elderly people in detention. The experience of the St Barthélemy center provides insights into the care of elderly people with reduced autonomy who have been in prison. It highlights the importance of a humanistic approach, collaboration among different actors, and adaptability of the model to local realities. This project could inspire other institutions to rethink the care of these vulnerable populations, focusing on respecting human dignity.

Community-Level Social Capital and Subsequent Health and Well-being Among Older Adults in Japan: An Outcome-Wide Longitudinal Approach

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2024

Health Place 89: 103336.

https://doi.org/10.1016/j.healthplace.2024.103336

There is inconsistent evidence on the association between community-level social capital and the health or well-being of older adults. This study examined the association between community-level social capital and multidimensional health and well-being outcomes using an outcome-wide approach. We used data from the Japan Gerontological Evaluation Study, a nationwide cohort study of Japanese older adults (analytic samples: 47,227 for outcomes obtained from the long-term care insurance registry and 34,183 for other outcomes). We assessed three aspects of school-district-level community social capital in 2016 (civic participation, social cohesion, and reciprocity) and 41 subsequent health and well-being outcomes through 2019. We performed either a modified multilevel Poisson regression or a multilevel logistic regression analysis. We adjusted for pre-baseline characteristics, prior outcome values, and individual-level social capital from the 2013 wave. Even after Bonferroni correction, we found that community-level social capital was associated with some subsequent social well-being and physical/cognitive health. For example, community-level reciprocity was associated with a higher prevalence of taking a social role (Prevalence ratio [PR] = 1.03, 95% confidence interval [CI] = 1.02, 1.04) and undergoing health screening (PR = 1.03, 95% CI: 1.01, 1.04). There was modest evidence that community-level civic participation was associated with a higher competency of intellectual activity (PR = 1.01, 95% CI: 1.01, 1.02) and community-level social cohesion was associated with a reduced onset of functional disability (PR = 0.94, 95% CI: 0.90, 0.98). Community-level social capital may promote social well-being and some physical/cognitive health outcomes.

Association Between Self-Direction and Personal Care Aide Wages

TYLER D. A., FUJITA M. ET CHAPMA, S. A.
2024
Med Care Res Rev 81(6): 455-463.
https://doi.org/10.1177/10775587241273413

The supply of personal care aides (PCAs), who assist people receiving home care, is a growing concern. PCA shortages result, in part, from the low wages earned by these workers. State policies have had some effect on wages. Self-direction (SD) may be associated with wages because SD allows home care recipients to hire and manage workers, including setting wages in most states. We used wage data from the Bureau of Labor Statistics to examine the association between SD and the wages of PCAs. We found implementation of SD did not have a consistent association with PCA wages, with wages improving in some states and worsening in others. We also found little difference in PCA wages between states that allow participants to set worker wages and those that do not. SD does not seem to improve PCA wages in states, so other policy strategies will be needed.

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