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

Veille scientifique
en économie de la santé

Watch on Health Economics Literature

Septembre 2024 / September 2024

Assurance-maladie	*Health Insurance*
Économie de la santé	*Health Economics*
Environnement et santé	*Environmental Health*
État de santé	*Health Status*
Évaluation	*Evaluation*
Géographie de la santé	*Geography of health*
Handicap	*Disability*
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Veille scientifique en économie de la santé
Watch on Health Economics Literature

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Assurance-maladie

Health Insurance

Joint Effects of Medicaid Eligibility and Fees on Recession-Linked Declines in Healthcare Access and Health Status

BENITEZ J., CALLISON K. ET ADAMS E. K.

2024

Health Economics 33(7): 1426-1453.

https://doi.org/10.1002/hec.4823

Abstract Whether Medicaid can function as a safety net to offset health risks created by health insurance coverage losses due to job loss is conditional on (1) the eligibility guidelines shaping the pathway for households to access the program for temporary relief, and (2) Medicaid reimbursement policies affecting the value of the program for both the newly and previously enrolled. We find states with more expansive eligibility guidelines lowered the healthcare access and health risk of coverage loss associated with rising unemployment during the 2007–2009 Great Recession. Rises in cost-related barriers to care associated with unemployment were smallest in states with expansive eligibility guidelines and higher Medicaid-to-Medicare fee ratios. Similarly, states whose Medicaid programs had expansive eligibility guidelines and higher fees saw the smallest recession-linked declines in self-reported good health. Medicaid can work to stabilize access to health care during periods of joblessness. Our findings yield important insights into the alignment of at least two Medicaid policies (i.e., eligibility and payment) shaping Medicaid's viability as a safety net.

The Impact of the 2014 Medicaid Expansion on the Health, Health Care Access, and Financial Well-Being of Low-Income Young Adults

HAMILTON C.

2024

Health Econ 33(8): 1895-1925.

https://doi.org/10.1002/hec.4839

Prior to the 2014 Affordable Care Act (ACA) expansion, 37% of young adults ages 19-25 in the United States were low-income and a third lacked health insurance coverage-both the highest rates for any age group in the population. The ACA's Medicaid eligibility expansion, therefore, would have been significantly beneficial to low-income young adults. This study evaluates the effect of the ACA Medicaid expansion on the health, health care access and utilization, and financial well-being of low-income young adults ages 19-25. Using 2010-2017 National Health Interview Survey data, I estimate policy effects by applying a difference-in-differences design leveraging the variation in state implementation of the expansion policy. I show that Medicaid expansion improved health insurance coverage, health care access, and financial well-being for low-income young adults in expansion states, but had no effect on their health status and health care utilization. I also find that the policy was associated with larger gains in health coverage for racial minorities relative to their Non-Hispanic White counterparts. With the continued health policy reform debates at the state and federal levels, the empirical evidence from this study can help inform policy decisions that aim to improve health care access and utilization among disadvantaged groups.

Horizontal and Vertical Equity and Public Subsidies For Private Health Insurance in the U.S

JACOBS P. D. ET HILL S. C.

2024

Social Science & Medicine 351: 116994.

https://doi.org/10.1016/j.socscimed.2024.116994

ABSTRACT The United States offers two markedly different subsidy structures for private health insurance. When covered through employer-based plans, employees and their dependents benefit from the exclusion from taxable income of the premiums. Individuals without access to employer coverage may obtain subsidies for Marketplace coverage. This paper seeks to understand how the public subsidies embedded in the privately financed portion of the U.S. healthcare system impact the payments families are required to make under both ESI and Marketplace coverage, and the implications for finance equity. Using the Household Component of the Medical Expenditure Panel Survey (MEPS-HC) and Marketplace premium data, we assess horizontal and vertical equity by calculating public subsidies for and expected family spending under each coverage source and using Lorenz curves and Gini and concentration coefficients. Our study pooled the 2018 and 2019 MEPS-HC to achieve a sample size of 10,593 observations. Our simulations showed a marked horizontal inequity for lower-income families with access to employer coverage who cannot obtain Marketplace subsidies. Relative to both the financing of employer coverage and earlier Marketplace tax credits, the more generous Marketplace premium subsidies, first made available in 2021 under the American Rescue Plan Act, substantially increased the vertical equity of Marketplace financing. While Marketplace subsidies have clearly improved equity within the United States, we conclude with a comparison to other OECD countries highlighting the persistence of inequities in the U.S. stemming from its noteworthy reliance on employer-based private health insurance.

▶ Adverse Selection and Network Design Under Regulated Plan Prices: Evidence From Medicaid

KREIDER A., LAYTON T. J., SHEPARD M., *et al.*

2024

Journal of Health Economics (97):102901

https://doi.org/10.1016/j.jhealeco.2024.102901

Health plans for the poor increasingly limit access to specialty hospitals. We investigate the role of adverse selection in generating this equilibrium among private plans in Medicaid. Studying a network change, we find that covering a top cancer hospital causes severe adverse selection, increasing demand for a plan by 50% among enrollees with cancer versus no impact for others. Medicaid's fixed insurer payments make offsetting this selection, and the contract distortions it induces, challenging, requiring either infeasibly high payment rates or near-perfect risk adjustment. By contrast, a small explicit bonus for covering the hospital is sufficient to make coverage profitable.

▶ Impact of Time of Diagnosis on Out-Of-Pocket Costs of Cancer Treatment, a Side Effect of Health Insurance Design in Australia

NAGHSH-NEJAD M. ET VAN GOOL K.

2024

Health Policy 145: 105055.

https://doi.org/10.1016/j.healthpol.2024.105055

The Extended Medicare Safety Net (EMSN) in Australia was designed to provide financial assistance to patients with high out-of-pocket (OOP) costs for medical treatment. The EMSN works on a calendar year basis. Once a patient incurs a specified amount of OOP costs, the EMSN provides additional financial benefits for the remainder of the calendar year. Its design is similar to many types of insurance products that have large deductibles and are applied on a calendar year basis. This study examines if the annual quarter within which a patient is diagnosed with cancer has an impact on the OOP costs incurred for treatment. We use administrative linked data from the Sax Institute's 45 and Up Study. Our results indicate that the timing of cancer diagnosis has a significant impact on OOP costs. Specifically, patients diagnosed in the fourth quarter of the calendar year experience significantly higher OOP costs compared to those diagnosed in the first quarter of the year. This pattern persists after controlling for different types of cancer and different stages of cancer and robustness checks. These findings have important implications for the design of the EMSN, as well as other insurance products.

▶ Déprotection sanitaire des étrangers, de quoi la démission d'Aurélien Rousseau est-elle le nom ?

ZUCMAN D.

2024

Santé Publique 36(2): 95-96.

https://doi.org/10.3917/spub.242.0095

Fin décembre 2023 a été lancé en France un débat parlementaire qui met en danger l'accès à l'Aide médicale de l'État (AME) des étrangers gravement malades résidant en France en situation irrégulière. Les conséquences d'une approche trop restrictive des questions de santé sont connues : détérioration de l'accès aux soins, charge supplémentaire pour l'hôpital public, fragilisation du système de santé dans son ensemble. Les risques pèsent particulièrement sur certaines catégories d'étrangers, parmi lesquels les migrants vivant avec le VIH. On sait pourtant que le nombre de découvertes de séropositivité continue à augmenter chez les hommes ayant des rapports sexuels avec des hommes, nés à l'étranger. Aux considérations de santé publique s'ajoute le risque d'une potentielle atteinte à certains fondements éthiques de la médecine. Le ministre de la Santé Aurélien Rousseau, qui a remis sa démission au lendemain de l'adoption du texte de loi, en décembre dernier, avait rappelé à plusieurs reprises son opposition à une remise en cause de l'AME. Son exemple montre que les responsables politiques s'honorent à rappeler leur attachement au fondement humaniste de la médecine.

Économie de la santé

Health Economics

Business Cycles and Healthcare Employment

ASLIM E. G., CHOU S.-Y. ET DE K.

2024

Health Economics 33(9) : 2123-2161
https://doi.org/10.1002/hec.4866

Abstract Is healthcare employment recession-proof? We examine the long-standing hypothesis that healthcare employment is stable across the business cycle. We explicitly distinguish between negative aggregate demand and supply shocks in studying how healthcare employment responds to recessions, and show that this response depends largely on the type of the exogenous shock triggering the recession. First, aggregate healthcare employment responds procyclically during demand-induced recessions but remains stable during supply-induced recessions. Second, healthcare utilization drops significantly during demand-induced recessions, explaining the decline in healthcare employment during these periods. Finally, there is significant heterogeneity in the employment responses of the healthcare sub-sectors. While healthcare employment in most sub-sectors responds procyclically during recessions caused by both negative demand and supply shocks, it responds countercyclically in nursing-dominant sectors. Importantly, by isolating the recessionary impact of negative aggregate demand shocks from supply shocks on healthcare employment, we provide new empirical evidence that healthcare employment, in general, is not recession-proof.

National Health Expenditure Projections, 2023-32: Payer Trends Diverge As Pandemic-Related Policies Fade

FIORE J. A., MADISON A. J., POISAL J. A., *et al.*

2024

Health Aff (Millwood) 43(7): 910-921.
https://doi.org/10.1377/hlthaff.2024.00469

Health care spending growth is expected to outpace that of the gross domestic product (GDP) during the coming decade, resulting in a health share of GDP that reaches 19.7 percent by 2032 (up from 17.3 percent in 2022). National health expenditures are projected to have grown 7.5 percent in 2023, when the COVID-19 public health emergency ended. This reflects broad increases in the use of health care, which is associated with an estimated 93.1 percent of the population being insured that year. In 2024, Medicaid enrollment is projected to decline significantly as states continue their eligibility redeterminations. Simultaneously, private health insurance enrollment is projected to increase because of the extension of enhanced subsidies for direct-purchase health insurance under the Inflation Reduction Act (IRA) of 2022, as well as a temporary special enrollment period for qualified people losing Medicaid coverage (after eligibility redeterminations). Over the course of 2024-26, the IRA expands Medicare's drug benefit generosity and implements drug price negotiations for beneficiaries; concurrently, the extended enhanced subsidies for direct-purchase health insurance expire in 2026. During 2027-32, personal health care price inflation and growth in the use of health care services and goods contribute to projected health spending that grows at a faster rate than the rest of the economy.

Exposure to Cigarette Taxes As a Teenager and the Persistence of Smoking into Adulthood

FRIEDSON A., LI M., MECKEL K., *et al.*

2024

Health Economics 33(9). 1962-1988

https://doi.org/10.1002/hec.4859

Abstract Are teenage and adult smoking causally related? Recent anti-tobacco policy is predicated on the assumption that preventing teenagers from smoking will ensure that fewer adults smoke, but direct evidence in support of this assumption is scant. Using data from three nationally representative sources and instrumenting for teenage smoking with cigarette taxes experienced at ages 14–17, we document a strong positive relationship between teenage and adult smoking: deterring 10 teenagers from smoking through raising cigarette taxes roughly translates into 5 fewer adult smokers. We conclude that efforts to reduce teenage smoking can have long-lasting consequences on smoking participation and, presumably, health.

Getting the Right Tail Right: Modeling Tails of Health Expenditure Distributions

KARLSSON M., WANG Y. ET ZIEBARTH N. R.

2024

Journal of Health Economics (97):102901

https://doi.org/10.1016/j.jhealeco.2024.102912

Health expenditure data almost always include extreme values, implying that the underlying distribution has heavy tails. This may result in infinite variances as well as higher-order moments and bias the commonly used least squares methods. To accommodate extreme values, we propose an estimation method that recovers the right tail of health expenditure distributions. It extends the popular two-part model to develop a novel three-part model. We apply the proposed method to claims data from one of the biggest German private health insurers. Our findings show that the estimated age gradient in health care spending differs substantially from the standard least squares method.

Do Time Preferences Predict Diabetes Outcomes? A Combined Survey and Register-Based Study

MADSEN K. P. ET KJÆR T.

2024

Health Economics 33(9). 1949-1961

https://doi.org/10.1002/hec.4857

Abstract Identifying determinants of heterogeneity in health outcomes continues to be a focus in the health economic literature. In this study, we analyze whether time preferences predict health outcomes in individuals with type 1 diabetes (T1D) who use insulin pump therapy to manage their condition. We collect data on time preferences using a hypothetical matching task and estimate aggregate as well as individual-level discounting parameters using the exponential, hyperbolic, and quasi-hyperbolic discounting models. These parameters are then regressed against essential diabetes-related health outcomes obtained from registries and medical records, including glycemic control, kidney function, BMI, and number of hospital contacts. Our analyses indicate that all three discounting models fit the data equally well. Except for hospital contacts, we find robust evidence that impatience, as reflected by higher discounting, predicts worse health outcomes. Additionally, present bias is associated with worse kidney function. Our findings suggest that time preferences can explain some of the heterogeneity in health among individuals with T1D and call for increased attention on the role of time preferences in the design of disease management programs for individuals with chronic conditions.

The Impact of Medicaid Expansion on State Expenditures Through the COVID-19 Era

MARKELL J. ET MEISELBACH M. K.

2024

Health Services Research 1-9

https://doi.org/10.1111/1475-6773.14331

Abstract Objective To investigate the impact of Medicaid expansion on state expenditures through the end of 2022. Data Sources We used data from the National Association of State Budget Officers (NASBO)'s State Expenditure Report, Kaiser Family Foundation (KFF)'s Medicaid expansion tracker, US Bureau of Labor Statistics data (BLS), US Bureau of Economic Analysis data (BEA), and Pandemic Response Accountability Committee Oversight (PRAC). Study

Design We investigated spending per capita (by state population) across seven budget categories, including Medicaid spending, and four spending sources. We performed a difference-in-differences (DiD) analysis that compared within-state changes in spending over time in expansion and no expansion states to estimate the effect of Medicaid expansion on state budgets. We adjusted for annual state unemployment rate, annual state per capita personal income, and state spending of Coronavirus Relief Funds (CRF) from 2020 to 2022 and included state and year fixed effects. Data Collection/Extraction Methods We linked annual state-level data on state-reported fiscal year expenditures from NASBO with state-level characteristics from BLS and BEA data and with CRF state spending from PRAC. Principal Findings Medicaid expansion was associated with an average increase of 21% (95% confidence interval [CI]: 16%–25%) in per capita Medicaid spending after Medicaid expansion among states that expanded prior to 2020. After inclusion of an interaction term to separate between the coronavirus disease (COVID) era (2020–2022) and the prior period following expansion (2015–2019), we found that although Medicaid expansion led to an average increase of 33% (95% CI: 21%–45%) in federal funding of state expenditures in the post-COVID years, it was not significantly associated with increased state spending. Conclusions There was no evidence of crowding out of other state expenditure categories or a substantial impact on total state spending, even in the COVID-19 era. Increased federal expenditures may have shielded states from substantial budgetary impacts.

Healthcare Use and Costs in the Last Six Months of Life By Level of Care and Cause of Death

MICHEL Y. A., AAS E., AUGESTAD L. A., *et al.*

2024

BMC Health Services Research 24(688): 1-13

https://doi.org/10.1186/s12913-024-10877-5

Existing knowledge on healthcare use and costs in the last months of life is often limited to one patient group (i.e., cancer patients) and one level of healthcare (i.e., secondary care). Consequently, decision-makers lack knowledge in order to make informed decisions about the allocation of healthcare resources for all patients. Our aim is to elaborate the understanding of resource use and costs in the last six months of life by describing healthcare use and costs for all causes of death and by all levels of formal care.

Public Health Economics: Should It Be More Offensive?

SMITH R.

2024

Health Economics : 1-3

https://doi.org/10.1002/hec.4868

Economic Evaluations of Obesity-Targeted Sugar-Sweetened Beverage (SSB) Taxes–A Review to Identify Methodological Issues

THIBOONBOON K., LOURENCO R. D. A., CRONIN P., *et al.*

2024

Health Policy 144: 105076.

https://doi.org/10.1016/j.healthpol.2024.105076

Introduction Economic evaluations of public health interventions like sugar-sweetened beverage (SSB) taxes face difficulties similar to those previously identified in other public health areas. This stems from challenges in accurately attributing effects, capturing outcomes and costs beyond health, and integrating equity effects. This review examines how these challenges were addressed in economic evaluations of SSB taxes. Methods A systematic review was conducted to identify economic evaluations of SSB taxes focused on addressing obesity in adults, published up to February 2021. The methodological challenges examined include measuring effects, valuing outcomes, assessing costs, and incorporating equity. Results Fourteen economic evaluations of SSB taxes were identified. Across these evaluations, estimating SSB tax effects was uncertain due to a reliance on indirect evidence that was less robust than evidence from randomised controlled trials. Health outcomes, like quality-adjusted life years, along with a healthcare system perspective for costs, dominated the evaluations of SSB taxes, with a limited focus on broader non-health consequences. Equity analyses were common but employed significantly different approaches and exhibited varying degrees of quality. Conclusion Addressing the methodological challenges remains an issue for economic evaluations of public health interventions like SSB taxes, suggesting the need for increased attention on those issues in future studies. Dedicated methodological guidelines, in particular addressing the measurement of effect and incorporation of equity impacts, are warranted.

Environnement et santé

Environmental Health

Les périodes de fortes chaleurs en périphérie urbaine de Lyon. Récits sur les inégalités socio-environnementales et l'action publique

ALLAGNAT M. ET MOLINA G.

2024

Revue française des affaires sociales(1): 185-206.

https://doi.org/10.3917/rfas.241.0185

Cet article vise à caractériser, d'une part, les inégalités socio-environnementales en périodes de fortes chaleurs, d'autre part les dialectiques que ces dernières entretiennent avec l'action publique. S'appuyant sur une recherche doctorale menée en périphérie urbaine de Lyon (Saint-Priest), la contribution propose de mettre en perspective les récits d'habitants face à la chaleur avec les représentations des acteurs institutionnels de la métropole lyonnaise. Cette approche sociogéographique de « l'habiter avec la chaleur » souligne l'importance du cadre de vie, questionné au travers de plusieurs échelles spatiales et problématiques urbaines : depuis celles du banc à l'ombre aux enjeux de la densification urbaine, en passant par les nuisances urbaines et l'importance des espaces publics de proximité. Les témoignages recueillis démontrent combien les périodes de fortes chaleurs participent à amplifier les inégalités structurelles préexistantes. Multiformes, ces inégalités apparaissent liées aux conditions de logement, à l'environnement urbain et aux inégalités de genre. Leur gestion politique témoigne de certains paradoxes d'une action publique à la préoccupation saisonnière.

Expertiser aux marges du système ? Réflexions préliminaires au sujet de trois dispositifs alternatifs locaux de prise en charge des risques sanitaires et environnementaux. Une comparaison en région Sud Provence-Alpes-Côte d'Azur

BARTHÉLÉMY C.

2024

Revue française des affaires sociales(1): 169-181.

https://doi.org/10.3917/rfas.241.0169

Qui supporte le coût de la transition environnementale ? Penser les inégalités face aux risques sociaux liés au changement climatique

BEAUSSIER A.-L., CHEVALIER T. ET PALIER B.

2024

Revue française des affaires sociales(1): 207-230.

https://doi.org/10.3917/rfas.241.0207

Alors que les questions liées à la transition juste occupent une place de plus en plus importante dans les débats politiques, la question des risques sociaux générés par le changement climatique et par les politiques visant à en atténuer la portée reste peu étudiée. De nombreuses lacunes subsistent pour comprendre quels sont ces risques, qui seront affectés et par quels mécanismes. Les risques liés au changement climatique affectent-ils les mêmes groupes de population de la même manière que les risques sociaux traditionnels ? Ou créent-ils de nouveaux schémas d'insécurité pour de nouvelles populations ? Alors que la plupart de la littérature part du présupposé que les groupes de population les plus pauvres souffriront le plus des inégalités environnementales, nous soutenons dans cet article que se concentrer sur les niveaux de revenu n'est pas suffisant pour comprendre les caractéristiques et la distribution des risques socio-environnementaux. Au lieu de cela, nous proposons d'esquisser une analyse des profils de risques sociaux associés au changement climatique, qui s'appuie sur la distinction entre deux principaux types de risques : les risques directement liés au changement climatique (inondations, vagues de chaleur, etc.) et les risques indirects, produits par les politiques environnementales elles-mêmes. Nous soutenons que pour chacun de ces risques, les profils des personnes à risques ne sont pas similaires. Les risques sociaux directs sont en priorité liés aux variables de localisation et de niveau de revenu : les populations les plus pauvres vivant dans les zones exposées sont en effet plus à risques. Les risques « indirects » touchent différents groupes de population, à commencer par les travailleurs faiblement et moyennement qualifiés appartenant à la classe moyenne inférieure et vivant en dehors des grandes villes. La profession et le lieu d'habitation, plus que le niveau de revenu, sont ici d'une importance cruciale. Cela se traduit dans les attitudes politiques envers les politiques environnementales puisque l'opposition à l'action climatique – ici la taxe carbone – est maximale chez les groupes de populations les plus exposées aux conséquences économiques et sociales des politiques de décarbonation.

Including Environmental and Social Sustainability in the Planning Process of Healthcare Services: A Case Study of Cancer Screening Programs in an Inner Area in Italy

BENEDETTO V., FERRÈ F. ET NUTI S.

2024

Health Policy 144: 105074.

https://doi.org/10.1016/j.healthpol.2024.105074

Healthcare systems plan their activities to achieve efficiency and effectiveness, without addressing environmental and social sustainability. This paper describes a new approach adopted in Italy to plan and deliver health prevention services in an inner area of the Tuscany region (in Italy) to guarantee proximity of care and environmental and social sustainability. The project examines the design and delivery of cancer screening programmes using a mobile screening unit to maximise social benefits while minimising environmental waste. A cost analysis was developed to estimate the difference in CO2 equivalent emissions, travel costs, and productivity losses, comparing the current screening programmes against the introduction of a comprehensive full-service mobile screening unit. The results indicate that the new service model reduces direct non-medical costs incurred by the population and improves environmental sustainability. This alternative can reduce, annually, over 95,000 euros in terms of travel costs and productivity losses, as well as 35 tons of CO2-equivalent travel emissions for a population of 59,000 inhabitants in a mountainous area with around 6000 people involved in the screening programme. The study supports the need to adopt a new planning methodology that considers environmental, social, and financial sustainability jointly in the provision of public health services in rural areas.

La politique de l'étiquette. L'individualisation du gouvernement des risques face aux pollutions de l'air intérieur

HOURCADE R. ET LE BOURHIS J.-P.

2024

Revue française des affaires sociales(1): 117-136.

https://doi.org/10.3917/rfas.241.0117

Depuis près de quarante ans, la pollution de « l'air intérieur » des espaces clos (domiciles, bureaux, écoles) a été identifiée comme un risque sanitaire important, du fait de la présence de nombreux polluants toxiques. En France, l'État s'est organisé administrativement et techniquement pour prendre en charge ce nouveau risque. Cette structuration de l'action publique fait suite aux alertes émises par des milieux universitaires et techniques internationaux dès les années 1970, mais ne débouche que trois décennies plus tard avec l'adoption de régulations, dont principalement l'étiquetage de certains matériaux de construction selon leur degré d'émissivité et de dangerosité. Ce traitement du problème est particulièrement discret, au sens où il prend la forme d'une régulation technique spécialisée dans laquelle un petit nombre d'experts et d'organismes a joué un rôle central, en particulier en agissant sur la définition des enjeux, de leur importance relative, des outils de connaissance à mobiliser et des leviers d'action à privilégier. Cet article propose de reconstituer la genèse de l'encadrement techno-administratif du problème des pollutions de l'air intérieur pour comprendre, sous l'angle d'une sociologie de l'action publique et de ses producteurs, comment une « politique de l'étiquette » a finalement prédominé, faisant porter la responsabilité du changement sur les consommateurs individuels.

Comment intégrer recherche académique et politique environnementale ? Élaboration d'une norme de préparation de la population aux risques technologiques

LOLIVE J. ET OKAMURA C.

2024

Revue française des affaires sociales(1): 69-94.

https://doi.org/10.3917/rfas.241.0069

Cet article présente la démarche intégrée d'opérationnalisation d'une recherche académique, basée sur le pragmatisme. Il s'appuie sur les résultats d'une recherche franco-brésilienne, « De la communication sur les risques à la culture du risque : élaboration de méthodes pour renforcer le pouvoir d'action des populations », pilotée par la CETESB (Compagnie environnementale de l'État de São Paulo) en collaboration avec le CNRS. Deux zones pilotes ont été sélectionnées où la population est exposée à des risques complexes : le Condomínio Barão de Mauá, un ensemble d'habitations situé dans une zone contaminée ; la ville de São Sebastião, une cité portuaire où est implanté le plus grand terminal pétrolier d'Amérique du Sud. La recherche a permis d'analyser les modes d'habiter dans les zones à risques. L'équipe de recherche a utilisé ensuite ces résultats pour expérimenter des méthodes permettant de développer une communication du risque intégrant les populations exposées. Les connaissances produites par l'expérimentation ont permis l'élaboration d'une norme de préparation des communautés exposées aux risques technologiques qui est à présent mise en œuvre par la CETESB dans l'État de São Paulo.

▶ Une prospective publique en matière de transition écologique : quelle place pour les savoirs sur le changement social ?

THIRIOT S.

2024

Revue française des affaires sociales(1): 137-149.

https://doi.org/10.3917/rfas.241.0137

▶ Governance Related Factors Influencing the Implementation of Sustainability in Hospitals: A Systematic Literature Review

VAN SCHIE V.

2024

Health Policy 146: 105115.

https://doi.org/10.1016/j.healthpol.2024.105115

Climate change is a pressing issue that has a negative impact on the planet but also on public health. The healthcare sector contributes to environmental pollution, while it aims to improve health. Therefore, its environmental sustainability should be improved. This study focuses on the governance of sustainability in hospitals, since hospitals are the largest operational units in the healthcare system and can therefore make a large impact. To successfully implement and embed sustainable development through the hospital, the right governance approach is needed. This systematic literature review aims to give an overview of governance related factors that influence the implementation of sustainable development in hospitals in Europe. Following PRISMA guidelines, 2426 papers were identified and screened of which 30 were included in the analysis. In these papers, four governance related factors were identified to be important for the implementation of sustainable development in the hospital: knowledge, involvement from management, commitment from healthcare professionals, and technology use. These factors currently mostly form barriers in the implementation process. Future research is recommended on how to practically deploy these factors as facilitators for implementation. Since both involvement from management and commitment from healthcare professionals are crucial factors, further research should look into combining the input of these stakeholders in policy development.

▶ Le financement des politiques publiques environnementales par des obligations vertes souveraines : des risques environnementaux aux risques financiers

VINCENSINI C.

2024

Revue française des affaires sociales(1): 151-168.

https://doi.org/10.3917/rfas.241.0151

État de santé

Health Status

The Hidden Toll of the Pandemic: Excess Mortality in Non-COVID-19 Hospital Patients

FETZER T., RAUH C. ET SCHREINER C.

2024

Journal of Health Economics 95: 102882.

https://doi.org/10.1016/j.jhealeco.2024.102882

Seasonal infectious diseases can cause demand and supply pressures that reduce the ability of healthcare systems to provide high-quality care. This may generate negative spillover effects on the health outcomes of patients seeking medical help for unrelated reasons. Separating these indirect burdens from the direct consequences for infected patients is usually impossible due to a lack of suitable data and an absence of population testing. However, this paper finds robust empirical evidence of excess mortality among non-COVID-19 patients in an integrated public healthcare system: the English National Health Service (NHS). Analysing the forecast error in the NHS' model for predicted mortality, we find at least one additional excess death among patients who sought medical help for reasons unrelated to COVID-19 for every 42 COVID-19-related deaths in the population. We identify COVID-19 pressures as a key driver of non-COVID-19 excess mortality in NHS hospitals during the pandemic, and characterize the hospital populations and medical conditions that were disproportionately affected. Our findings have substantive relevance in shaping our understanding of the wider burden of COVID-19, and other seasonal diseases more generally, and can contribute to debates on optimal public health policy.

Together in Sickness and in Health: Spillover of Physical, Mental, and Cognitive Health Among Older English Couples

JAIN U. ET MA M.

2024

Health Economics 33(9). 1989-2012

https://doi.org/10.1002/hec.4860

Using data from eight waves of the English Longitudinal Study of Aging, we study the cross-domain and cross-spouse spillover of health among married adults aged 50 and above in England. We apply the system generalized method of moments to linear dynamic panel models for physical, mental, and cognitive health, controlling for individual heterogeneity and the influence of marriage market matching and shared environments. Our findings reveal bidirectional spillovers between memory abilities and mobility difficulty among men, as well as between depressive symptoms and mobility difficulty among women. Worsening mobility increases the risk of depression in men, but not vice versa. Additionally, gender-specific cross-spouse effects are observed. Women's mental health is significantly influenced by their spouse's mental health, while this effect is weaker for men. Conversely, men's mental health is notably affected by their spouse's physical health. These results highlight the importance of considering spillovers within families and across health domains when developing policies to promote health and reduce health disparities among the elderly population.

How Did the COVID-19 Pandemic Affect Cancer Patients in England Who Had Hospital Appointments Cancelled?

LONSKY J., NICODEMO C. ET REDDING S.

2024

Social Science & Medicine 352: 116998.

https://doi.org/10.1016/j.socscimed.2024.116998

Gender, Power, and Health: Modifiable Factors and Opportunities For Intervention

RAJ A., BARR E. ET GRIFFITH D. M.

2024

Social Science & Medicine 351 Suppl 1: 116959.

https://doi.org/10.1016/j.socscimed.2024.116959

Surconsommation des écrans par l'enfant et l'adolescent : usage problématique ou addiction ?

TOUITOU Y.

2024

Bulletin de l'Académie Nationale de Médecine.

https://doi.org/10.1016/j.banm.2024.02.018

Differences in Health Utilities Between Cancer Patients and the General Population: The Case of Quebec Using the SF-6dv2

TOURÉ M. ET PODER T. G.

2024

Social Science & Medicine 351: 117001.

https://doi.org/10.1016/j.socscimed.2024.117001

A considerable debate persists in the literature about whose preferences should be considered in the calculation of quality-adjusted life-years. Some suggest considering only the preferences of the general population, while others advocate for the consideration of those of patients or a combination of both. This study aims to inform and measure the differences in health preferences between cancer patients and the general population in Quebec. A total of 60,976 observations representing the preferences of the general population for various health states were collected and used to develop a new value set using the SF-6Dv2. This value set was generated by combining 34,299 observations with time trade-off (TTO) and 26,677 observations with discrete choice experiment (DCE). Utility scores derived from this value set were compared to those of patients' preferences from a new value set in breast and colorectal patients for the SF-6Dv2. For both patients and the general population, the 'Pain' dimension was the highest contributor to the utility score. However, noticeable differences were observed in the estimates. Estimates of levels 2 and 3 were generally lower for cancer patients, while they were more likely to have greater estimates in severe levels. Significant differences in utility scores were also noticed with the general population showing higher mean utility scores for the same health states. These differences increased as the health states worsened. This study sheds light on the existing differences in preferences between cancer patients and the general population of Quebec for a better consideration in healthcare decision-making.

Évaluation

Evaluation

A Bayesian Interrupted Time Series Framework For Evaluating Policy Change on Mental Well-Being: An Application to England's Welfare Reform

GASCOIGNE C., JEFFERY A., SHAO Z., *et al.*

2024

Spatial and Spatio-temporal Epidemiology: 50 100662.

https://doi.org/10.1016/j.sste.2024.100662

Factors contributing to social inequalities are associated with negative mental health outcomes and disparities in mental well-being. We propose a Bayesian hierarchical controlled interrupted time series to evaluate the impact of policies on population well-being whilst accounting for spatial and temporal patterns. Using data from the UKs Household Longitudinal Study, we apply this framework to evaluate the impact of the UKs welfare reform implemented in the 2010s on the mental health of the participants, measured using the GHQ-12 index. Our findings indicate that the reform led to a 2.36% (95% CrI: 0.57%–4.37%) increase in the national GHQ-12 index in the exposed group, after adjustment for the control group. Moreover, the geographical areas that experienced the largest increase in the GHQ-12 index are from more disadvantage backgrounds than affluent backgrounds.

Géographie de la santé

Geography of health

The Impact of Area-Level Socioeconomic Status in Childhood on Mental Health in Adolescence and Adulthood: A Prospective Birth Cohort Study in Aotearoa New Zealand

DENG B., MCLEOD G. F. H., BODEN J., *et al.*

2024

Health & Place 88: 103246.

https://doi.org/10.1016/j.healthplace.2024.103246

Mental health conditions pose a significant public health challenge, and low area-level socioeconomic status (SES) is a potentially important upstream determinant. Childhood exposure might have influences on later-life mental health. This study utilises data from the Christchurch Health and Development Study birth cohort, examining the impact of area-level SES trajectories in childhood (from birth to age 16) on mental health at age 16 and from age 18–40 years. Findings revealed some associations between distinct SES trajectories and mental health. The study underscores the importance of using a spatial lifecourse epidemiology framework to understand long-term environmental impacts on later-life health.

Que faire contre les déserts médicaux ?

DUMONTET M. ET GRIMALDI A.

2024

Cahier français 439(3): 87-95.

https://doi.org/10.3917/cafr.439.0087

Linking Sequences of Exposure to Residential (Dis)Advantage, Individual Socioeconomic Status, and Health

KAMIS C., XU W., SCHULTZ A., *et al.*

2024

Health & Place 88: 103262.

https://doi.org/10.1016/j.healthplace.2024.103262

Life course theories suggest that the relationship between residential (dis)advantage and health is best understood by examining the ordering and duration of cumulative exposures across the life course. This study employs sequence and cluster analysis on two decades of residential histories linked to the Survey of the Health of Wisconsin to define typologies of exposure to residential (dis)advantage and use these typologies to predict self-rated fair/poor health. Exposure to residential (dis)advantage is mostly stable across the adult life course and greater disadvantage predicts fair/poor health. Longitudinal exposures to residential (dis)advantage shape health independently of and in tandem with individual-level resources.

Handicap

Disability

Importance of Health Indicators: Update For People with Polyhandicap

BAUMSTARCK K., HAMOUDA I., BELTRAN A., *et al.*

2024

Journal of Epidemiology and Population Health 72(5): 202547.

https://doi.org/10.1016/j.jeph.2024.202547

La fin de vie en institution : l’angle mort de la pratique sociale

MARCHAND A. ET MELOU F.

2024

Empan 134(2): 117-123.

https://doi.org/10.3917/empa.134.0117

L’accompagnement dans la mort des personnes déficientes intellectuelles souffre encore de tabous, qui laissent peu de place à leur parole, à leur volonté. Ils font face à des émotions, des angoisses et ils ont une représentation de la mort. Un accompagnement social teinté de sollicitude et de considération permet le recueil de leurs souhaits formalisés par des directives anticipées. C'est par la mobilisation de l'intuition dans sa globalité que cet accompagnement mobilisera son humanité.

▶ SERAFIN-PH, de la nomenclature de besoins au besoin de s'autoréaliser

RECHAM A.

2024

Empan 134(2): 128-135.

https://doi.org/10.3917/empa.134.0128

Afin d'enrichir le débat suscité par la réforme Serafin-ph, il est question ici de la déconstruire pour la scruter sous l'angle du besoin, l'un de ses concepts clés. Confrontée à la notion de l'épanouissement personnel, la satisfaction des besoins, bien que nécessaire à toute prise en charge, est loin de constituer un espace de management, à l'instar de l'univers du jeu, favorable à l'autoréalisation.

Hôpital

Hospital

▶ L'activité odontologique hospitalière dans l'offre de soins en zone sous-dotée : exemple en Basse-Normandie

AMBROISE C., GICQUEL E. ET TURPIN Y.-L.

2024

Santé Publique 36(2): 69-77.

https://doi.org/10.3917/spub.242.0069

Introduction : La demande de soins dentaires en Basse-Normandie est extrêmement contrainte par une raréfaction de l'offre locale. L'unité de soins hospitaliers doit répondre en partie à ces difficultés d'accès aux soins. But de l'étude : L'objectif de cette enquête est de déterminer comment s'inscrit l'activité hospitalière dans l'offre de soins dentaires locale. Pour cela, nous avons comparé l'activité de l'unité d'odontologie du CHU de Caen avec celle des cabinets libéraux. Résultats : La part de patients jeunes et notamment de moins de 15 ans est plus importante au CHU qu'en cabinet libéral (20,9 % vs 12,9 %, p < 1.10-5). On retrouve dans l'activité des chirurgiens-dentistes libéraux une proportion plus élevée de soins prothétiques fixés mais aussi d'actes de prophylaxie bucco-dentaire, contrairement aux actes de chirurgie, aux soins restaurateurs directs et aux consultations qui représentent une part plus importante de l'activité hospitalière (10 % vs 22,5 %, p < 1.10-5). Conclusions : L'unité d'odontologie du CHU de Caen se différencie des cabinets libéraux de Basse-Normandie par une activité tournée vers les soins de premier recours ou d'urgence. Cette activité semble retranscrire un risque carieux individuel élevé, probablement associé à une vulnérabilité sociale. L'unité semble donc répondre à un besoin de soins primaires.

▶ Approche intégrative en hôpital de jour

CARPENTIER L.

2024

Empan 134(2): 51-59.

https://doi.org/10.3917/empa.134.0051

La mise en place d'une approche intégrative au sein d'un hôpital de jour pour jeunes enfants autistes, la déclinaison d'une multiplicité d'abords théoriques imposent d'une part un usage non dogmatique des théories qui permet des modélisations éclairantes aux problèmes cliniques, d'autre part une appropriation par toute l'équipe des différents modèles et une coordination particulièrement soutenue entre tous pour éviter les effets de fragmentation, garantir la cohérence du projet de soin et la prise en compte globale de l'enfant.

▶ Diffusion de la réhabilitation améliorée après chirurgie en France. Étude nationale à grande échelle, à partir des données du PMSI

DELAUNAY L., SLIM K., BRIQUET E., *et al.*

2024

Santé Publique 36(3): 69-92.

https://doi.org/10.3917/spub.243.0069

Introduction : L'objectif de cette étude était d'analyser le taux de mise en œuvre des programmes de récupération améliorée en chirurgie (RAC) selon le secteur d'hospitalisation. Méthodes : Il s'agit d'une étude longitudinale rétrospective à partir des séjours hospitaliers entre mars et décembre 2019. Nous avons étudié treize des segments d'activité les plus fréquemment inclus dans un protocole RAC. Le critère d'évaluation principal est le taux de RAC. Les résultats ont été analysés d'abord globalement puis en appariant les séjours RAC aux séjours non- RAC selon le type d'établissement, l'âge, le sexe, le mois de sortie, le niveau de sévérité, et le score de comorbidité de Charlson. Résultats : 420 031 séjours ont été pris en compte dont 78 119 ont été codés en RAC. 62 403 ont été appariés avec des séjours non- RAC. Le taux d'implémentation variait de 5 % à 30 %. Le taux de RAC était plus élevé dans le secteur privé (21,2 %) que dans le secteur public (14,4 %). Les résultats sont inversés pour certaines chirurgies principalement oncologiques. Les patients avaient un score de Charlson plus élevé dans le secteur public. Conclusions : Cette étude nationale à grande échelle permet de dresser un tableau du niveau de diffusion de la RAC en France. Malgré des différences entre secteurs, cette diffusion reste globalement insuffisante. Compte tenu des avantages démontrés de la RAC, davantage d'efforts pédagogiques sont nécessaires pour améliorer leur mise en œuvre en France.

▶ Free-For-All: Does Crowding Impact Outcomes Because Hospital Emergency Departments Do Not Prioritise Effectively?

FRANCETIC I., MEACOCK R. ET SUTTON M.

2024

Journal of Health Economics 95: 102881.

https://doi.org/10.1016/j.jhealeco.2024.102881

Unexpected peaks in volumes of attendances at hospital emergency departments (EDs) have been found to affect waiting times, intensity of care and outcomes. We ask whether these effects of ED crowding on patients are caused by poor clinical prioritisation or a quality-quantity trade-off generated by a binding capacity constraint. We study the effects of crowding created by lower-severity patients on the outcomes of approximately 13 million higher-severity patients attending the 140 public EDs in England between April 2016 and March 2017. Our identification approach relies on high-dimensional fixed effects to account for planned capacity. Unexpected demand from low-severity patients has very limited effects on the care provided to higher-severity patients throughout their entire pathway in ED. Detrimental effects of crowding caused by low-severity patients materialise only at very high levels of unexpected demand, suggesting that binding resource constraints impact patient care only when demand greatly exceeds the ED's expectations. These effects are smaller than those caused by crowding induced by higher-severity patients, suggesting an efficient prioritisation of incoming patients in EDs.

▶ Assessing the Quality of Public Services: For-Profits, Chains, and Concentration in the Hospital Market

KUNZ J. S., PROPPER C., STAUB K. E., *et al.*

2024

Health Economics 33(9). 2162-2181

https://doi.org/10.1002/hec.4861

Abstract We examine variation in US hospital quality across ownership, chain membership, and market concentration. We propose a new measure of quality derived from penalties imposed on hospitals under the flagship Hospital Readmissions Reduction Program, and use regression models to risk-adjust for hospital characteristics and county demographics. While the overall association between for-profit ownership and quality is negative, there is evidence of substantial heterogeneity. The quality of for-profit relative to non-profit hospitals declines with increasing market concentration. Moreover, the quality gap is primarily driven by for-profit chains. While the competition result mirrors earlier findings in the literature, the chain result appears to be new: it suggests that any potential quality gains afforded by chains are mostly realized by not-for-profit hospitals.

Réformer la médecine hospitalière : une nécessité absolue

LEBRANCHU Y.

2024

Bulletin de l'Académie Nationale de Médecine 208(6): 699-700.

https://doi.org/10.1016/j.banm.2024.05.001

Hospital Behavior over the Private Equity Life Cycle

RICHARDS M. R. ET WHALEY C. M.

2024

Journal of Health Economics 97: 102902.

https://doi.org/10.1016/j.jhealeco.2024.102902

Private equity is an increasing presence in US healthcare, with unclear consequences. Leveraging unique data sources and difference-in-differences designs, we examine the largest private equity hospital takeover in history. The affected hospital chain sharply shifts its advertising strategy and pursues joint ventures with ambulatory surgery centers. Inpatient throughput is increased by allowing more patient transfers, and crucially, capturing more patients through the emergency department. The hospitals also manage shorter, less treatment-intensive stays for admitted patients. Outpatient surgical care volume declines, but remaining cases focus on higher complexity procedures. Importantly, behavior changes persist even after private equity divests.

Who Responds to Longer Wait Times? The Effects of Predicted Emergency Wait Times on the Health and Volume of Patients Who Present For Care

STROBEL S.

2024

Journal of Health Economics 96: 102898.

https://doi.org/10.1016/j.jhealeco.2024.102898

Healthcare is often free at the point-of-care so that price does not deter patients. However, the dis-utility from waiting for care that often occurs could also lead to deterrence. I investigate responses in the volume and types of patients that demand emergency care when predicted waiting times quasi-randomly change. I leverage a discontinuity to compare emergency sites with similar predicted wait times but with different apparent wait times displayed to patients. I use impulse response functions estimated by local projections to estimate effects of predicted wait times on patient demand for care. An additional thirty minutes of predicted wait time results in 15% fewer waiting patients at urgent cares and 2% fewer waiting patients at emergency departments within three hours of display. Patients that stop using emergency care are also triaged as healthier. However, at very high predicted wait times, there are reductions in demand for all patients including sicker patients.

Inégalités de santé

Health inequalities

Les enseignements d'une approche longitudinale de la pauvreté

BLAVIER P.

2024

Revue française de sociologie Vol. 64(3): 325-355.

https://doi.org/10.3917/rfs.643.0325

Cet article étudie les trajectoires de pauvreté dans la France des deux premières décennies du XXIe siècle, afin d'élargir l'analyse de la pauvreté au-delà de la disqualification sociale et de l'assistance. En exploitant le volet longitudinal à neuf années de l'enquête Insee « Statistique sur les ressources et les conditions de vie » (« SRCV », 2004-2019), il montre la pertinence d'une appréhension de la pauvreté sous l'angle des trajectoires, soit un prisme d'analyse jusqu'ici peu utilisé, en particulier pour le cas français. Or, cette perspective permet d'abord de relever que de l'ordre de 30 % de la population connait au moins un épisode de pauvreté monétaire au cours des neuf années de suivi. Elle conduit ensuite à identifier deux grands types de trajectoire : d'une part, une pauvreté transitoire marquée par un bref passage dans une situation en dessous du seuil de pauvreté monétaire et, d'autre part, une pauvreté chronique qui prend un caractère plus durable et profond. Ces deux formes de pauvreté recouvrent des déterminants différents, que l'article précise : la pauvreté chronique renvoie à des facteurs structurels, tandis que celle transitoire est liée à des évolutions conjoncturelles, en particulier à la situation sur le marché de l'emploi. L'approche dynamique est donc indispensable pour montrer comment la pauvreté recouvre des trajectoires et des profils très différents, pour en donner des ordres de grandeur quantifiés et pour mieux en comprendre la pluralité des expériences.

▶ Barriers to Cancer Treatment For People Experiencing Socioeconomic Disadvantage in High-Income Countries: A Scoping Review

BOURGEOIS A., HORRILL T., MOLLISON A., *et al.*

2024

BMC Health Services Research 24(670) : 1-17

https://doi.org/10.1186/s12913-024-11129-2

Despite advances in cancer research and treatment, the burden of cancer is not evenly distributed. People experiencing socioeconomic disadvantage have higher rates of cancer, later stage at diagnoses, and are dying of cancers that are preventable and screen-detectable. However, less is known about barriers to accessing cancer treatment.

▶ Regional Trends in Mental Health Inequalities in Young People Aged 16-25 in the UK and the Role of Cuts to Local Government Expenditure: Repeated Cross-Sectional Analysis Using the British Household Panel Survey/UK Household Longitudinal Survey

BROWN H., GAO N. ET SONG W.

2024

Social Science & Medicine: 353 : 117068.

https://doi.org/10.1016/j.socscimed.2024.117068

Young people's mental health globally has been in decline. Because of their low perceived need, young people's services tend to be the first cut when budgets are reduced. There is a lack of evidence on how a reduction in services and opportunities for young people is associated with their mental health. Additionally, how this may be magnified by place and the assets and challenges of place. The aim of this study is to explore trends in young people's mental health measured by GHQ-12 over time in the twelve regions of the UK. We estimated an interrupted time series model using 2010 as a break point from which there was a shift in government policy to a prolonged period of large reductions in central government funding. Repeated cross-sectional data on young people aged 16-25 is used from the British Household Panel Survey and its successor survey UK Household Longitudinal Survey. Results showed a statistically significant reduction in mental health for young people living in the North East, Wales, and the East of England. The North East was the region with the largest reduction in funding and saw the greatest reduction in young people's mental health. Next, we look at how reductions in local government expenditure related to services for children and young people: children's social services, education, transportation, and culture; explain the observed decline in mental health. We employ a Blinder-Oaxaca Decomposition approach comparing young people's mental health between 2011 and 2017. Results show a marginally statistically significant decrease in young people's mental health over this time. Unobserved factors related to transport spending and children's social services explain some of this gap. Area level factors such as deprivation, infrastructure, and existing assets need to be considered when distributing funding for young people's services to avoid exacerbating regional inequalities in mental health.

▶ The Long-Term Health Effects of Childhood Exposure to Social and Economic Policies: A Scoping Review

DORE E. C. ET WURAPA J.

2024

Social Science & Medicine 352: 117024.

https://doi.org/10.1016/j.socscimed.2024.117024

While numerous studies have found a relationship between social and economic policies and short-term health outcomes, fewer studies have explored the long-term health effects of these policies. Given the important association between childhood circumstances and health in adulthood, long-term population health consequences should be considered when designing social and economic policies. This review summarizes the existing literature on the long-term effects of childhood exposure to social and economic policies on adult health, summarizes the findings, the methods employed, and indicates areas for future research. The review process followed the JBI scoping review protocol and PRISMA-ScR reporting guidelines. The search was conducted in three electronic databases (Web of Science, Pub Med, and SCOPUS), and focused on peer-reviewed manuscripts that studied the effects of policy exposures during childhood on health in adulthood. A total of 3471 articles were collected from the databases and 18 were identified as meeting the eligibility criteria. The most commonly studied policies were safety-net policies (N = 6), followed by education policies (N = 5), civil rights policies (N = 3), government investments (N = 3), and child labor laws (N = 1). The health outcomes varied and included chronic conditions, mental health, mortality, and self-rated health. The studies also overwhelmingly employed causal inference techniques (N = 13), including difference-in-differences study designs and instrumental variable analysis. Most studies found long-term positive effects of policies that provided extra resources to historically under-resourced populations, or policies that aimed to increase equality of opportunity. However, there were some studies with null or mixed findings, especially when examining the long-term health effects of education reform. More literature is needed on this important topic, and now is the time to capitalize on longer follow-up periods in currently available data.

▶ Young, Muslim and Poor: The Persistent Impacts of the Pandemic on Mental Health in the UK

DUARTE NEVES H., ASARIA M. ET STABILE M.

2024

Soc Sci Med 353: 117032.

https://doi.org/10.1016/j.socscimed.2024.117032

Muslims in the UK experienced a much larger decline in mental health than the rest of the population during the pandemic and this decline persisted even as mental health in the rest of the population bounced back to pre-pandemic levels. We use panel data from the UK Household Longitudinal Study (UKHLS) to decompose the mental health gap between Muslims and non-Muslims into those attributable to differences between the characteristics of the two groups and find that these differences - particularly Muslims being younger and being substantially overrepresented at the bottom of the income distribution - explain a substantial proportion of this gap. However, over a third of the Muslim-non-Muslim mental health gap remains unexplained by these factors and is driven by the experiences of Muslims who are neither young nor poor suggesting that this may be a result of discrimination experienced by the community. We conclude that being Muslim, being young, and being poor all independently contributed to experiencing a mental health gap and to the persistence of this gap.

▶ Perinatal Mortality Among Pregnant Undocumented Migrants in Norway 1999-2020: A Register-Based Population Study

EICK F., VALLERSNES O. M., FJELD H. E., *et al.*

2024

Social Science & Medicine: 353 : 117055.

https://doi.org/10.1016/j.socscimed.2024.117055

Background Irregular legal status is a recognized health risk factor in the context of migration. However, undocumented migrants are rarely included in health surveys and register studies. Adverse perinatal outcomes are especially important because they have long-term consequences and societal risk factors are modifiable. In this study, we compare perinatal outcomes in undocumented migrants to foreign-born and Norwegian-born residents, using a population-based register. Methods We included women 18-49 years old giving birth to singletons as registered in the Medical Birth Registry of Norway from 1999 to 2020. Women were categorized as ‘undocumented migrants’ (without an identity number), ‘documented migrants’ (with an identity number and born abroad), and ‘non-migrants’ (with an identity number and born in Norway). The main outcome was perinatal mortality, i.e., death of a foetus ≥ gestational week 22, or neonate up to seven days after birth. We used log-binominal regression to estimate the association between legal status and perinatal mortality, adjusting for several maternal pre-gestational and gestational factors. Direct standardization was used to adjust for maternal region of origin. Ethical approval Regional Ethical Committee (REK South East, case number 68329). Results We retrieved information on 5,856 undocumented migrant women who gave birth during the study period representing 0.5% of the 1,247,537 births in Norway. Undocumented migrants had a relative risk of 6.17 (95% confidence interval 5.29-7.20) of perinatal mortality compared to non-migrants and a relative risk of 4.17 (95% confidence interval 3.51-4.93) compared to documented migrants. Adjusting for maternal region of origin attenuated the results slightly. Conclusion Being undocumented is strongly associated with perinatal mortality in the offspring. Disparities were not explained by maternal origin or maternal health factors, indicating that social determinants of health through delays in receiving adequate care and factors negatively influencing gestational length may be of importance.

The Health Disparities Research Industrial Complex

EZELL J. M.

2024

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Research focused on health disparities—whether relating to one's race/ethnicity, gender expression, sexual orientation, citizenship status, income level, etc.—constitutes a large, generative, and highly profitable portion of scholarship in academic, clinical, and government settings. Health disparities research is expressed as a means of bringing greater attention to, and ultimately addressing via evidence-based implementation science, acts of devaluation and oppression that have continually contributed to these inequities. Philosophies underlying health disparities research's expansive and growing presence mirror the formal logic and ethos of the Military Industrial Complex and the Prison Industrial Complex. The "Health Disparities Research Industrial Complex," operationalized in this article, represents a novel mutation and extension of these complexes, primarily being enacted through these three mechanisms: 1) The construction and maintenance of beliefs, behaviors, and policies in healthcare, and society more broadly, that create and sustain disadvantages in minority health; 2) the creation and funding of research positions that inordinately provide non-minoritized people and those without relevant lived experiences the ability to study health disparities as "health equity tourists"; and 3) the production of health disparities research that, due to factors one and two, is incapable of fully addressing the disparities. In this piece, these and other core elements of the Health Disparities Research Industrial Complex, and the research bubble that it has produced, are discussed. Additionally, strategies for reducing the footprint and impact of the Health Disparities Research Industrial Complex and better facilitating opportunities for meaningful implementation in the field are presented.

The Education-Health Gradient: Revisiting the Role of Socio-Emotional Skills

GENSOWSKI M. ET GØRTZ M.

2024

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Is the education-health gradient inflated because both education and health are associated with unobserved socio-emotional skills? We find that the gradient in health behaviors and outcomes is reduced by about 15 to 50% from accounting for fine-grained personality facets and up to another 50% from Locus of Control. Traditional aggregated Big-Five scales, however, have a much smaller contribution to the gradient. We use sibling-fixed effects to net out the contribution from genes and shared childhood environment, decomposing the gradient into its components with an order-invariant method. We rely on a large survey (N = 28,261) linked to high-quality Danish administrative registers with information on parental background and objectively measured diagnoses and care use. Accounting for Locus of Control yields the strongest gradient reduction in self-rated health status and objective diagnoses (30%–50%), and in health behaviors the most important factor is Extraversion, a skill that has been shown to be malleable in interventions.

Gender Health Equity: The Case For Including Men's Health

GRIFFITH D. M.

2024

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United States' federal policy and infrastructure fail to explicitly consider the health of men, particularly the poor health of marginalized men. This inattention to men's health hinders the nation's ability to improve population health, to achieve gender health equity, and to achieve health equity more broadly. Expanding efforts to consider gender in federal policy and infrastructure to include men, naming men as a population whose poor health warrants policy attention, creating offices of men's health in federal agencies, and utilizing an intersectional lens to develop and analyze policies that affect health would likely yield critical improvements in population health and health equity in the United States. Using data from the Centers for Disease Control and Prevention, I illustrate the persistence of sex differences in mortality and leading causes of death, and how these patterns mask gender gaps in health that are driven largely by marginalized men. Given the common practice of presenting data by sex and race separately, it is difficult to recognize when the health of specific groups of men warrants attention. I utilize the case of Black men to illustrate the importance of an intersectional approach, and why men's health is critical to achieving gender and racial equity in health. While a gender mainstreaming approach has enhanced the nation's ability to consider and address the health of women and girls, it has not expanded to be inclusive of boys and men. Consequently, I argue that if our goal is to achieve health equity, it is critical to employ an intersectional approach that simultaneously considers the full range of factors that influence individual and population health and well-being. An intersectional approach would facilitate efforts to simultaneously explore strategies to achieve racial, ethnic, and gender health equity, which are driven by structural determinants beyond sex and gender related factors.

Private Sector Expansion and the Widening NHS Treatment Gap Between Rich and Poor in England: Admissions For NHS-Funded Elective Primary Hip and Knee Replacements Between 1997/98 and 2018/19

KIRKWOOD G., POLLOCK A. M. ET RODERICK P.

2024

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https://doi.org/10.1016/j.healthpol.2024.105118

Parliament has imposed duties on the government and NHS in England aimed at reducing health inequalities. Aim to understand the effect on inequalities of government policies, which require the NHS in England to outsource elective surgery to the private sector. We analysed the numbers of admissions for hip and knee replacement surgery from the least and most deprived population quintiles in three time periods: before the introduction of the policies (1997/98-2002/03); following the implementation of the independent sector treatment center programme (2003/04-2006/07); and after the extension of 'choice at referral' (2007/08-2018/19). Results despite admission rates doubling and trebling for hip and knee replacements respectively between 1997/98 and 2018/19, inequality grew to the detriment of the most deprived. Inequality grew at the fastest rate during period 3; admission rates to the NHS fell while admissions to the private sector continued to rise. By 2018/19 almost a third of NHS funded procedures were provided privately. In 1997/98, for every 10 patients admitted for hip and knee surgery from the most deprived quintile, 13 and 9 respectively were admitted from the least deprived, by 2018/19 the gap had widened to 19 and 15 respectively. Socio-economic inequalities for hip and knee replacement have widened as outsourcing of NHS treatment to the private sector has increased. The NHS must rebuild in-house capacity and provision instead of outsourcing care.

Socioeconomic Deprivation, Health and Healthcare Utilisation Among Millennials

MARTÍNEZ-JIMÉNEZ M., HOLLINGSWORTH B. ET ZUCCHELLI E.

2024

Social Science & Medicine 351: 116961.

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This study estimates and decomposes components of different measures of inequality in health and healthcare use among millennial adolescents, a sizeable cohort of individuals at a critical stage of life. Administrative data from the UK Hospital Episode Statistics are linked to Next Steps, a survey collecting information about millennials born between 1989 and 1990, providing a uniquely comprehensive source of health and socioeconomic variables. Socioeconomic inequalities in psychological distress, long-term illness and the use of emergency and outpatient hospital care are measured using a corrected concentration index. Shapley-Shorrocks decomposition techniques are employed to measure the relative contributions of childhood socioeconomic circumstances to adolescents' health and healthcare inequality of opportunity. Results show that income-related deprivation contributes to significant inequalities in mental and physical health among adolescents aged between 15 and 17 years old. There are also pro-rich inequalities in the use of specific outpatient hospital services (e.g., orthodontic and mental healthcare), while pro-poor disparities are found in the use of emergency care services. Regional and parental circumstances are leading factors in influencing inequality of opportunity in the use of hospital care among adolescents. These findings shed light on the main drivers of health inequalities during an important stage of human development and have potentially important implications on human capital formation across the life-cycle.

Do Physicians' Attitudes Toward Prioritization Predict Poor-Health Patients' Access to Care?

OXHOLM A. S. ET GYRD-HANSEN D.

2024

Health Economics 33(8). 1649-1659

https://doi.org/10.1002/hec.4843

Abstract Physicians often face tight resource constraints, meaning they have to make trade-offs between which patients they care for and the amount of care received. Studies show that patients requiring many resources disproportionately suffer a loss of care when resources are constrained. This study uncovers whether physicians' attitudes toward prioritization of healthcare predicts poor-health patients' access to care. We combine unique survey data on Danish GPs' preferred prioritization principle with register data on their patients' contacts in general practice. We consider different types of contacts as the required effort could impact the need for prioritization. Our results show variation in GPs' prioritization principles, where a majority prefers a principle that may lead to an unequal distribution of services. We further find that GPs' attitudes toward prioritization predict some poor-health patients' access to general practice. GPs who state they prefer the principle of prioritizing patients in the poorest health state when resources tightened provide more contacts to poor-health patients. The additional contacts are typically high-effort contacts such as annual status meetings and home visits, but also low-effort contacts such as emails. Our findings indicate inequity in poor-health patients' access to care across general practices.

Defining Equity, Its Determinants, and the Foundations of Equity Science

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2024

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Advancing equity as a priority is increasingly declared in response to decades of evidence showing the association between poorer health outcomes and the unfair distribution of resources, power, and wealth across all levels of society. Quandries present, however, through incongruence, vagueness and disparate interpretations of the meaning of equity dilute and fragment efforts across research, policy and practice. Progress on reducing health inequities is, in this context, unsurprisingly irresolute. In this article, we make a case for equity science that reimagines the ways in which we (as researchers, as systems leaders, as teachers and mentors, and as citizens in society) engage in this work. We offer a definition of equity, its determinants, and the paradigmatic foundations of equity science, including the assumptions, values, and processes., and methods of this science. We argue for an equity science that can more meaningfully promote coherent alignment between intention, knowledge and action within and beyond the health sciences to spark a more equitable future.

Magnitude and Temporal Variations of Socioeconomic Inequalities in the Quality of Life After Early Breast Cancer: Results From the Multicentric French CANTO Cohort

SANDOVAL J. L., FRANZOI M. A., MEGLIO A. D., *et al.*

2024

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https://doi.org/10.1200/jco.23.02099

PURPOSE Socioeconomic status (SES) influences the survival outcomes of patients with early breast cancer (EBC). However, limited research investigates social inequalities in their quality of life (QoL). This study examines the socioeconomic inequalities in QoL after an EBC diagnosis and their time trends. PATIENTS AND METHODS We used data from the French prospective multicentric CANTO cohort (ClinicalTrials.gov identifier: NCT01993498), including women with EBC enrolled between 2012 and 2018. QoL was assessed using the European Organisation for Research and Treatment of Cancer QoL Core 30 questionnaire (QLQ-C30). summary score at diagnosis and 1 and 2 years postdiagnosis. We considered three indicators of SES separately: self-reported financial difficulties, household income, and educational level. We first analyzed the trajectories of the QLQ-C30 summary score by SES group. Then, social inequalities in QLQ-C30 summary score and their time trends were quantified using the regression-based slope index of inequality (SII), representing the absolute change in the outcome along socioeconomic gradient extremes. The analyses were adjusted for age at diagnosis, Charlson Comorbidity Index, disease stage, and type of local and systemic treatment. RESULTS Among the 5,915 included patients with data on QoL at diagnosis and at the 2-year follow-up, social inequalities in QLQ-C30 summary score at baseline were statistically significant for all SES indicators (SIIfinancial difficulties = –7.6 [–8.9; –6.2], SIIincome = –4.0 [–5.2; –2.8]), SIIeducation = –1.9 [–3.1; –0.7]). These inequalities significantly increased (interaction P < .05) in year 1 and year 2 postdiagnosis, irrespective of prediagnosis health, tumor characteristics, and treatment. Similar results were observed in subgroups defined by menopausal status and type of adjuvant systemic treatment. CONCLUSION The magnitude of preexisting inequalities in QoL increased over time after EBC diagnosis, emphasizing the importance of considering social determinants of health during comprehensive cancer care planning.

Reimagining Rural Health Equity: Understanding Disparities and Orienting Policy, Practice, and Research in Rural America

SOSIN A. N. ET CARPENTER-SONG E. A.

2024

Health Affairs 43(6): 791-797.

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A narrative has taken hold that public health has failed the US. We argue instead that the US has chronically failed public health, and nowhere have these failures been more apparent than in rural regions. Decades of underinvestment in rural communities, health care, and public health institutions left rural America uniquely vulnerable to the COVID-19 pandemic. Rural communities outpaced urban ones in deaths, and many rural institutions and communities sustained significant impacts. At the same time, the pandemic prompted creative actions to meet urgent health and social needs, and it illuminated opportunities to address long-standing rural challenges. This article draws on our cross-disciplinary expertise in public health and medical anthropology, as well as our research on COVID-19 and rural health equity in northern New England. In this Commentary, we articulate five principles to inform research, practice, and policy efforts in rural America. We contend that advancing rural health equity beyond the pandemic requires understanding the forces that generate rural disparities and designing policies and practices that account for rural disadvantage.

Deprivation As a Fundamental Cause of Morbidity and Reduced Life Expectancy: An Observational Study Using German Statutory Health Insurance Data

WENDE D., KARMANN A. ET WEINHOLD I.

2024

International Journal of Health Economics and Management 24(2): 257-277.

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Across all developed countries, there is a steep life expectancy gradient with respect to deprivation. This paper provides a theoretical underpinning for this gradient in line with the Grossman model, indicating that deprivation affects morbidity and, consequently, life expectancy in three ways: directly from deprivation to morbidity, and indirectly through lower income and a trade-off between investments in health and social status. Using rich German claims data covering 6.3 million insured people over four years, this paper illustrates that deprivation increases morbidity and reduces life expectancy. It was estimated that highly deprived individuals had approximately two more chronic diseases and a life expectancy reduced by 15 years compared to the least deprived individuals. This mechanism of deprivation is identified as fundamental, as deprived people remain trapped in their social status, and this status results in health investment decisions that affect long-term morbidity. However, in the German setting, the income and investment paths of the effects of deprivation were of minor relevance due to the broad national coverage of its SHI system. The most important aspects of deprivation were direct effects on morbidity, which accumulate over the lifespan. In this respect, personal aspects, such as social status, were found to be three times more important than spatial aspects, such as area deprivation.

Médicaments

Pharmaceuticals

The Impact of Reference Pricing on Prescribing Patterns, Costs, and Health Services Utilization of Proton Pump Inhibitors: A Quasi-Experimental Study in British Columbia, Canada

AU S. W. S., LAW M. R., CHENG L., *et al.*

2024

Health Policy 144: 105061.

https://doi.org/10.1016/j.healthpol.2024.105061

Introduction The Reference Drug Program (RDP) was established to steer patients toward equally safe and cost-effective medication under British Columbia's public drug coverage. Each RDP class covers at least one reference drug, and non-reference drugs are reimbursed up to the cost of the reference drug. In 2016, the RDP updated to include proton pump inhibitors (PPIs). This study evaluated the impact on drug expenditures, prescription patterns, and health services utilization. Methods We identified a cohort of individuals covered by Fair Pharmacare who used PPIs, and a control group of H2 Blockers users. We used interrupted time series analysis on administrative data from June 2014 to December 2019 on the following outcomes: new users, day supply, expenditures, drug costs, reference drug use, and physician visits and costs. Results The RDP had little impact on overall PPI use patterns. We did not observe any changes in reference drug uptake, new users, physician visits, cost-savings, or significant changes to days supplied post-policy. Cost expenditure results were likely biased due to co-occurring changes to drug prices. Conclusion Inclusion of PPIs to the RDP saw no cost-savings for the provincial drug program and had little impact on prescribing patterns. Overall, our findings are consistent with existing evidence that the RDP is safe for similar therapeutic alternatives, but the impact on PPI costs remains unclear.

HTA Criteria Adopted in Different Models of Public Healthcare Systems For Orphan Drugs: A Scoping Review

FELIPPINI A., BIGLIA L. V., LIMA T. D. M., *et al.*

2024

Health Policy 144: 105080.

https://doi.org/10.1016/j.healthpol.2024.105080

Access to drugs for rare diseases constitutes a challenge to healthcare systems, especially those with public funding. This study aimed to map and summarize the criteria used by HTA agencies in different healthcare systems to evaluate reimbursement recommendations for orphan drugs. A comprehensive literature search was performed on the databases PubMed, LILACS, Scopus, and Embase and the gray literature (Google Scholar and websites of HTA agencies). Publications addressing the criteria used by HTA agencies in countries with public healthcare systems when evaluating reimbursement recommendations for orphan drugs were included. This scoping review included 23 studies published between 2014 and 2023, mostly consisting of reviews of HTA reports, guidance documents, and original articles. The criteria were mapped from 19 countries and ranked within three models of healthcare systems (National Health System, National Health Insurance, and Social Health Insurance). All models shared concerns about unmet needs and disease nature. In addition, NHS countries (e.g., United Kingdom, Sweden, and Italy) prioritized innovation and system-level impact, while SHI countries (e.g., Germany, France, the Netherlands) usually valued budget impact and employed expedited evaluation processes. This review provides a comprehensive understanding of the general tendencies of each healthcare system model in establishing differentiated criteria to address the challenges posed by the limited evidence and investment in the field of rare diseases.

Harmonizing Regulatory Market Approval of Products with High Safety Requirements: Evidence From the European Pharmaceutical Market

GRÜNWALD F. ET STARGARDT T.

2024

Health Economics 33(7): 1546-1564.

https://doi.org/10.1002/hec.4819

Abstract We causally analyzed whether being a member of the European Union (EU) and having access to a centralized marketing authorization procedure (centralized procedure [CP]) affects availability and time to launch of new pharmaceuticals. We employed multiple difference-in-differences models, exploiting the eastern enlargement of the EU as well as changes in the indications that fall within the compulsory or voluntary scope of the CP. Results showed that countries experienced a mean decrease in launch delay of 10.9 months (p = 0.004) after joining the EU. Effects were higher among pharmaceuticals that belong to indications that might voluntarily participate in the CP but are not obliged to. These are often financially less attractive to manufacturers than pharmaceuticals within the compulsory scope. Availability of new pharmaceuticals launched remained unaffected. We found signs that the magnitude of the country-specific effect of centralized marketing authorization on launch delay may be influenced by strategic decisions of manufacturers at the national level (e.g., parallel trade or reference pricing).

▶ Incidence of Antidepressant Discontinuation Symptoms: A Systematic Review and Meta-Analysis

HENSSLER J., SCHMIDT Y., SCHMIDT U., *et al.*

2024

The Lancet Psychiatry 11(7): 526-535.

https://doi.org/10.1016/S2215-0366(24)00133-0

Background Antidepressant discontinuation symptoms are becoming an increasingly important part of clinical practice, but the incidence of antidepressant discontinuation symptoms has not been quantified. An estimate of antidepressant discontinuation symptoms incidence could inform patients and clinicians in the discontinuation of treatment, and provide useful information to researchers in antidepressant treatments. We aimed to assess the incidence of antidepressant discontinuation symptoms in patients discontinuing both antidepressants and placebo in the published literature.

▶ 'Troubling' Medication Reviews in the Context of Polypharmacy and Ageing: A Linguistic Ethnography

POCKNELL S., FUDGE N., COLLINS S., *et al.*

2024

Social Science & Medicine: 117025.

https://doi.org/10.1016/j.socscimed.2024.117025

Healthy ageing is a global priority. Polypharmacy (the use of 5+ medicines) amongst older people is increasing, with over one-third of adults in England, aged 80-89, prescribed at least eight medications. Although sometimes necessary, polypharmacy can be harmful; the risk of harm increases with age and number of medicines prescribed. Medication reviews are recommended as one way of reducing the potential harms of polypharmacy although evidence of clinically significant benefit of medication reviews as currently delivered is limited. What happens in medication reviews in practice is poorly understood. We used a linguistic ethnography approach to explore how medication reviews proceed and what is accomplished during these consultations. We studied 18 video-recorded medication review consultations from three general practices in England. The consultations involved patients aged 65 or older, prescribed 10+ medications ('higher risk' polypharmacy), and primary care clinicians (general practitioner or clinical pharmacist). Video-recordings were gathered as part of a wider ethnographic study investigating practices of polypharmacy in primary care between 2017 and 2021. We conducted microanalysis of consultation data, drawing on our ethnographic knowledge of the organisational, institutional and domestic contexts of polypharmacy to inform our interpretation of these interactions. Consultations were time-consuming and involved lengthy stretches of interactional trouble: non-understandings; misunderstandings; misalignments. These stretches revealed profound uncertainties as to the effectiveness of medicines in the context of multimorbidity and polypharmacy. These uncertainties seeped further into 'troubles talk' concerning patients' existential concerns relating to enduring illness, ageing and mortality. Although these existential concerns were partially articulated, clinicians and patients left such troubles talk unelaborated, unresolved and unfinished. Participants succeeded in smoothing over interactional difficulties and maintaining respectful relationships but often fell short of addressing problematic polypharmacy more directly.

▶ Efficacy of Deprescribing on Health Outcomes: An Umbrella Review of Systematic Reviews with Meta-Analysis of Randomized Controlled Trials

VERONESE N., GALLO U., BOCCARDI V., *et al.*

2024

Ageing Research Reviews 95: 102237.

https://doi.org/10.1016/j.arr.2024.102237

Background Deprescribing is an important intervention across different settings in medicine, but the literature supporting such a practice is still conflicting. Therefore, we aimed to capture the breadth of outcomes reported and assess the strength of evidence of the use of deprescribing for health outcomes. Methods Umbrella review of systematic reviews of the use of deprescribing searching in Medline, Scopus, and Web of Science until 01 November 2023. The grading of evidence was carried out using the GRADE for intervention studies, whilst data regarding systematic reviews were reported as narrative findings. Results Among 456 papers, 12 systematic reviews (six with meta-analysis) for a total of 231 RCTs and 44,193 patients were included. In any setting, deprescribing was able to significantly reduce the number of total and of potentially inappropriate medications (PIMs) in older patients (low certainty of evidence) and to reduce the proportion of participants potentially having several or PIMs (moderate certainty of evidence). In community, supported by a high certainty of evidence, deprescribing was not more effective than standard care in decreasing injurious falls, any falls or number of fallers. In nursing home, deprescribing was associated with a significantly lower PIMs than standard care (very low certainty of evidence). In end-of-life situations, deprescribing significantly reduced mortality rate of approximately 41% (high certainty of evidence). Conclusions Deprescribing is a promising intervention across different settings and situations, but a notable gap in the literature concerning its effects on substantial outcomes still exists.

Méthodologie

Methodology

Quality- and Productivity-Adjusted Life Years: From QALYs to PALYs and Beyond

HANSEN K. S., MORENO-TERNERO J. D. ET ØSTERDAL L. P.

2024

Journal of Health Economics 95: 102885.

https://doi.org/10.1016/j.jhealeco.2024.102885

We develop a unified framework for the measurement and valuation of health and productivity. Within this framework, we characterize evaluation functions allowing for compromises between the classical quality-adjusted life years (QALYs) and its polar productivity-adjusted life years (PALYs). Our framework and characterization results provide a new normative basis for the economic evaluation of health care interventions, as well as occupational health and safety policies, aimed to impact both health and productivity of individuals.

De « Faire avec » à « Faire ensemble », déconstruire la recherche pour mieux travailler en collaboration

HECKER I., JACQUEMOT A.-F. ET TRÉHARD H.

2024

Santé Publique 36(3): 33-37.

https://www.cairn.info/revue-sante-publique-2024-3-page-33.htm

Objectif : Explorer les implications du passage du concept de « Faire avec » à « Faire ensemble » dans le domaine de la recherche en santé publique en France, en mettant l’accent sur la transformation nécessaire du rôle et de la posture du chercheur. Méthodes : Ces réflexions sont celles de jeunes chercheurs en santé publique, qui s’appuient notamment sur les conclusions du séminaire « ”Faire avec”, quel effet sur ma posture de chercheur en santé publique ? », dans le cadre du Réseau doctoral en santé publique animé par l’École des hautes études en santé publique (EHESP)” à la place de “dans le cadre du Réseau doctoral en santé publique de l’École des hautes études en santé publique (EHESP). Résultats : Cet article souligne l’importance de déconstruire pour ensuite reconstruire la conception de la recherche pour mieux intégrer l’approche « Faire ensemble » dans le domaine de la santé publique. « Faire ensemble » nécessite de modifier l’équilibre des savoirs et de prendre en compte les objectifs de toutes les parties prenantes. Notre posture de chercheur doit être réfléchie pour permettre l’expression et la reconnaissance du savoir expérientiel. Conclusions : Ces questions nous paraissent essentielles dans la construction de la recherche en santé publique, tant en tant qu’objet de recherche qu’en tant que réflexion individuelle.

Analyzing Health Outcomes Measured As Bounded Counts

MULLAHY J.

2024

Journal of Health Economics 95: 102875.

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This paper assesses analytical strategies that respect the bounded-count nature of health outcomes encountered often in empirical applications. Absent in the literature is a comprehensive discussion and critique of strategies for analyzing and understanding such data. The paper's goal is to provide an in-depth consideration of prominent issues arising in and strategies for undertaking such analyses, emphasizing the merits and limitations of various analytical tools empirical researchers may contemplate. Three main topics are covered. First, bounded-count health outcomes' measurement properties are reviewed and their implications assessed. Second, issues arising when bounded-count outcomes are the objects of concern in evaluations are described. Third, the (conditional) probability and moment structures of bounded-count outcomes are derived and corresponding specification and estimation strategies presented with particular attention to partial effects. Many questions may be asked of such data in health research and a researcher's choice of analytical method is often consequential.

Requiem For Odds Ratios. Commentary

NORTON E. C., DOWD B. E., GARRIDO M. M., *et al.*

2024

Health Services Research 59(4): 1-3

https://doi.org/10.1111/1475-6773.14337

Les apports méthodologiques et théoriques de l'analyse critique du discours pour la recherche en sciences infirmières

PARADIS-GAGNÉ É. ET DOMINGUE J.-L.

2024

Recherche en soins infirmiers 156(1): 58-66.

https://www.cairn.info/revue-recherche-en-soins-infirmiers-2024-1-page-58.htm

L'analyse critique du discours est une approche méthodologique qui permet une remise en question des structures qui relèguent certaines idées et personnes à la marge. Dans le domaine de la santé, cette approche, issue de la linguistique critique, est utile pour mettre en relief les nombreux processus sociétaux qui privilégient une certaine conception de la santé et des soins au profit d'autres perspectives considérées comme « alternatives ». Pourtant, en sciences infirmières, l'analyse critique du discours est encore trop peu utilisée malgré son potentiel émancipatoire. Nous attribuons cette réticence entre autres à ses ancrages théoriques, à son origine linguistique, et au flou et à la variabilité dans ses méthodes d'analyse. L'objectif de cet article est donc de mieux comprendre comment l'analyse critique du discours peut être utilisée dans la discipline des sciences infirmières afin de mettre en exergue les inégalités sociales et enjeux de pouvoir. Différents exemples d'études réalisées en utilisant l'analyse critique de discours sont aussi présentés afin d'illustrer concrètement comment cette approche peut être utilisée en sciences infirmières.

Advances in Addressing Patient Heterogeneity in Economic Evaluation: A Review of the Methods Literature

SHIELDS G. E., CLARKSON P., BULLEMENT A., *et al.*

2024

PharmacoEconomics 42(7): 737-749.

https://doi.org/10.1007/s40273-024-01377-9

Cost-effectiveness analyses commonly use population or sample averages, which can mask key differences across subgroups and may lead to suboptimal resource allocation. Despite there being several new methods developed over the last decade, there is no recent summary of what methods are available to researchers. This review sought to identify advances in methods for addressing patient heterogeneity in economic evaluations and to provide an overview of these methods. A literature search was conducted using the Econlit, Embase and MEDLINE databases to identify studies published after 2011 (date of a previous review on this topic). Eligible studies needed to have an explicit methodological focus, related to how patient heterogeneity can be accounted for within a full economic evaluation. Sixteen studies were included in the review. Methodologies were varied and included regression techniques, model design and value of information analysis. Recent publications have applied methodologies more commonly used in other fields, such as machine learning and causal forests. Commonly noted challenges associated with considering patient heterogeneity included data availability (e.g., sample size), statistical issues (e.g., risk of false positives) and practical factors (e.g., computation time). A range of methods are available to address patient heterogeneity in economic evaluation, with relevant methods differing according to research question, scope of the economic evaluation and data availability. Researchers need to be aware of the challenges associated with addressing patient heterogeneity (e.g., data availability) to ensure findings are meaningful and robust. Future research is needed to assess whether and how methods are being applied in practice.

Assessing the Validity of a Rapid Review Against a Systematic Literature Review. A Comparison of Systematic Literature Reviews Done By Cochrane with Rapid Reviews and the Impact on Meta-Analyses Results

SMELA B., TOUMI M., SWIERK K., *et al.*

2024

Journal of Epidemiology and Population Health 72(4): 202526.

https://doi.org/10.1016/j.jeph.2024.202526

Introduction Rapid reviews (RRs) offer a less rigorous and methodical approach to the process of reviewing literature in comparison to systematic reviews (SRs), which are currently a gold standard. Materials and methods Three different, expedited strategies of the review process were designed in the different scopes, already reviewed in Cochrane's SRs. Then, the results of our literature searches and the study selection process were compared to the ones from SRs. The final step was assessing the impact of losing some studies on the final results of meta-analyses. Results In RR1, the initial number of references to be reviewed was reduced by half, and the inclusion list was recreated with 84% efficiency. Three out of 19 studies were missed, all having high risk of bias. Studies missed in RR1 were included in Cochrane's meta-analyses for 23 separate outcomes, and their lack impacted significantly the final results, or the possibility to run meta-analyses, in four cases. In RR2, 89% of trials included in the SR were captured (24/27); missing the three studies did not impact the final results of the meta-analyses. In RR3, the list of included studies overlapped completely with Cochrane's, despite a significantly lower workload. Conclusions A prompt and cost-effective methodology may lead to the identification of pertinent evidence in support of healthcare policy; however, it is essential to conscientiously account for potential biases in the analysis.

Lessons Learned From Model-Based Economic Evaluations of COVID-19 Drug Treatments Under Pandemic Circumstances: Results From a Systematic Review

VEIJER C., VAN HULST M. H., FRIEDRICHSON B., *et al.*

2024

PharmacoEconomics 42(6): 633-647.

https://doi.org/10.1007/s40273-024-01375-x

Following clinical research of potential coronavirus disease 2019 (COVID-19) treatments, numerous decision–analytic models have been developed. Due to pandemic circumstances, clinical evidence was limited and modelling choices were made under great uncertainty. This study aimed to analyse key methodological characteristics of model-based economic evaluations of COVID-19 drug treatments, and specifically focused on modelling choices which pertain to disease severity levels during hospitalisation, model structure, sources of effectiveness and quality of life and long-term sequelae.

A Blueprint For Multi-Use Disease Modeling in Health Economics: Results From Two Expert-Panel Consultations

WANG J., POUWELS X., RAMAEKERS B., *et al.*

2024

PharmacoEconomics 42(7): 797-810.

https://doi.org/10.1007/s40273-024-01376-w

The current use of health economic decision models in HTA is mostly confined to single use cases, which may be inefficient and result in little consistency over different treatment comparisons, and consequently inconsistent health policy decisions, for the same disorder. Multi-use disease models (MUDMs) (other terms: generic models, whole disease models, disease models) may offer a solution. However, much is uncertain about their definition and application. The current research aimed to develop a blueprint for the application of MUDMs.

Politique de santé

Health Policy

L'évolution des champs de la santé publique : quelques éclairages historiques

DENIS F. ET HENRARD J.-C.

2024

Santé Publique 36(2): 7-11.

https://doi.org/10.3917/spub.242.0007

Décloisonnement entre ville et hôpital. Décryptage des freins et perspectives des coopérations sur le territoire

LESNÉ C. ET JACQUET M.

2024

Revue Hospitalière de France(618): 18-23.

Les enjeux de décloisonnement entre la médecine de ville et l'hôpital ne sont pas récents. Dès les années 80, dans un contexte de crise sanitaire et économique, alors que la population en croissance affichait de plus en plus une logique consumériste dans son accès aux soins, les acteurs du système de santé français et les pouvoirs publics en évoquaient déjà les insuffisances. Le décloisonnement ville- hôpital interroge fondamentalement l'effectivité d'un parcours de soins fluide et sans rupture pour la population. Aujourd'hui, la question de son utilité ne se pose plus, mais la cloison reste manifestement bien solide. La réponse est indéniablement politique. Mais comment lever les freins à l'intervention sur les territoires de professionnels relevant de différents régimes juridiques et simplifier la coordination des parcours de soins ?

Expanding Eligibility and Improving Quality of Cervical Cancer Screening in Estonia: The 2021 Reforms

RIGBY S., GREENLEY R., UUSKULA A., *et al.*

2024

Health Policy 144: 105077.

https://doi.org/10.1016/j.healthpol.2024.105077

Estonia has one of the highest death rates from cervical cancer in the European Union despite having had a population-based screening programme for over 15 years. In 2021, this high disease burden, alongside a new national cancer prevention plan, prompted a series of cervical cancer screening programme reforms to address low screening uptake and evidence of variable screening test quality. The reforms had three main elements: expansion of eligibility to all women aged 30–65 regardless of insurance status; increasing test provision by enabling family physicians to take screening samples and introducing self-sampling; and improving testing procedures, replacing cytology with HPV testing as the primary screening test. Although the impact of these changes is yet to be seen, early signs suggest increased programme participation. However, at 51%, further action to address barriers to uptake will likely be necessary. If Estonia is to avoid another period of policy dormancy, as happened between 2006 and 2021, greater clarity on screening programme accountability is required. The establishment of the National Cancer Screening Group may enable this. The first test will be the delivery of an end-to-end evaluation of the reformed programme, with an emphasis on equity of access. The next step will be to develop and deliver solutions that respond to these needs.

Rapport 24-07. Maltraitance physique chez l'enfant : Améliorer le repérage, le diagnostic et la prise en charge dans le secteur de la santé

VAZQUEZ M.-P. ET HASCOËT J.-M.

2024

Bulletin de l'Académie Nationale de Médecine.

https://doi.org/10.1016/j.banm.2024.06.001

Résumé La maltraitance à enfants a longtemps été ignorée. Les récents plans ministériels prévoient de nombreuses mesures de protection dont le déploiement d'unités d'accueil pédiatriques des enfants en danger (UAPED). Malgré toutes ces avancées, le diagnostic reste sous- estimé dans le secteur de la santé avec une prévalence de l'ordre de 1 enfant sur 10 dans les pays à hauts revenus, toutes catégories de maltraitance confondues. La fréquence de décès serait de 1 enfant tous les 5 jours en France. Les violences subies durant l'enfance représentent une lourde perte de chance en termes d'espérance de vie, de santé, de développement et d'insertion. Le rapport est limité aux Maltraitances Physiques chez l'Enfant (MPE) et n'aborde donc pas les maltraitances sexuelles. Le maître-mot est la nécessité d'hospitaliser l'enfant pour une protection immédiate, une évaluation multidisciplinaire, les soins et l'alerte des autorités en temps utile. Les résultats de l'étude montrent une réelle prise de conscience de la MPE dans le secteur pédiatrique. Toutefois, le diagnostic peut être sous-estimé et banalisé chez l'enfant, ce qui signifie que l'étiologie « traumatisme infligé » doit être évoquée largement par le médecin quel que soit son lieu d'intervention. Il y a une amélioration nette de la formation dans ce domaine. Toutefois, le rapport met en évidence une insuffisance persistante des moyens humains dans les secteurs des UAPED, de médecine scolaire, de PMI et de pédopsychiatrie. Le psycho-traumatisme doit être pris en charge à court, moyen et long terme. Le diagnostic différentiel permet d'éliminer toutes les étiologies confondantes tels que traumatisme accidentel, maladie rare ou autres. Tout médecin doit pouvoir être guidé, accompagné et protégé pour les situations de MPE. Les médecins référents « Violences » des conseils départementaux de l'ordre des médecins (CDOM) doivent avoir une compétence dans le domaine de la MPE. L'académie nationale de médecine propose 6 recommandations : une hospitalisation prioritaire de tout enfant victime ou suspect de MPE jusqu'à ce que tous les éléments du diagnostic soient établis ; un renforcement des moyens humains des UAPED en y intégrant un temps de pédopsychiatrie ; un renforcement du repérage des situations à risque dès la maternité ; un renforcement de la protection et de l'accompagnement des médecins afin que ceux-ci n'hésitent plus à signaler les situations de MPE ; l'extension du périmètre du numéro 119 aux médecins et personnels de santé ; la création d'un registre national pour suivre l'épidémiologie et juger de l'efficacité des mesures prises..

Politique sociale

Social Policy

L'exclusion sociale est-elle réductible à la situation d'assistance ? Quantifier les déterminants du sentiment d'exclusion sociale en France

FOULIARD J. ET RICHARD É.

2023

Revue française de sociologie 64(3): 357-397.

https://doi.org/10.3917/rfs.643.0357

Cet article propose de quantifier l'importance relative des différents déterminants du sentiment d'exclusion identifiés dans la littérature. En s'appuyant sur le volet 2018 de l'enquête « Statistiques sur les ressources et les conditions de vie » (« SRCV ») de l'Insee, il montre que l'assistance, telle que définie par la perception de transferts sociaux par les ménages, n'a pas d'effet additionnel sur le sentiment d'exclusion, une fois l'éloignement du marché du travail, le pays de naissance, la pauvreté matérielle et l'isolement géographique des individus pris en compte. En cela, ses résultats contribuent à éclairer le débat présent dans la littérature, en rejetant l'hypothèse selon laquelle l'émergence du sentiment d'exclusion serait avant tout imputable à la situation d'assistance qui unit l'individu à la société.

Prévention

Prevention

Intégrer la prévention dans les soins primaires : avant tout un enjeu organisationnel

CLET E., ESSILINI A., COHIDON C., *et al.*

2024

Santé Publique 36(3): 121-125.

Introduction : Les besoins en santé de la population évoluent et le système de santé doit s'adapter pour y faire face. En France, le besoin de prévention est important et reconnu. Pourtant, le virage préventif peine à se concrétiser dans les soins primaires et les indicateurs de prévention restent faibles. But de l'étude : Cet article présente les évolutions et les enjeux de l'intégration de la prévention dans les soins primaires. Il s'appuie sur trois rapports français faisant référence sur le sujet. Résultats : Les actions de prévention et de promotion de la santé sont décrites comme peu organisées, reposant sur des initiatives individuelles et opportunistes. En cause, notamment, la difficulté d'intégrer une dimension collective et pérenne aux pratiques cliniques préventives alors même que la plupart des situations de prévention nécessitent une démarche coordonnée, répétée et intégrée à l'offre de soins. En parallèle, le système de soins primaires se structure autour de l'exercice coordonné. Ces évolutions organisationnelles sont des occasions d'intégrer la prévention dans les pratiques des professionnels de soins primaires. Conclusions : Il existe un grand enjeu pour l'intégration de la prévention dans la structuration et l'évolution organisationnelle du système des soins primaires. La convergence de l'opérationnalisation du virage préventif et de la transformation organisationnelle du système de soins primaires est potentiellement synergique pour l'intégration de la prévention. Mais cette évolution ne va pas de soi et doit être accompagnée par des connaissances précises, actuelles et contextualisées sur les facteurs qui influencent la pratique de la prévention.

Propositions pour la prévention et la promotion de la santé bucco-dentaire chez les enfants

DENIS F. ET SAVARD G.

2024

Santé Publique 36(2): 91-94.

https://doi.org/10.3917/spub.242.0091

Lors du dernier congrès de l'Association Dentaire Française le ministre de la santé et de la prévention, François Braun rappelait toute l'importance qu'il accordait à la prévention bucco-dentaire. Il soulignait également qu'il souhaitait la voir se développer et s'amplifier particulièrement auprès des jeunes. Dans cette perspective nous développons l'idée de la création des conditions politiques d'une distribution massive et gratuite au sein des écoles de brosses à dents à usage unique imprégnées de dentifrice fluoré. Cette campagne de promotion de la santé orale viserait à déconstruire les codes véhiculés par les industriels et à favoriser un changement culturel profond sur l'apprentissage de l'hygiène bucco-dentaire auprès des enfants et de leurs parents. Le Carie-Score qu'il reste à construire pourrait contribuer à renforcer auprès du grand public mais aussi auprès des professionnels de santé l'idée que la santé bucco-dentaire n'est pas isolée du reste du corps et que cette question de santé ne peut pas être traitée à part, mais bien avec l'ensemble des professionnels de santé.

Youth Behavioural Responses to Regulated Alcohol Advertising Content: Results From a Mixed-Methods Study in France

GALLOPEL-MORVAN K., DIOUF J. F. ET SIRVEN N.

2024

Social Science & Medicine 352: 117002.

https://doi.org/10.1016/j.socscimed.2024.117002

Objectives The World Health Organization advocates measures regulating alcohol advertising content, as illustrated by the French Évin law. However, how people react to such regulation has been under-investigated. The research reported here has two objectives: to analyze how different advertising contents (regulated or not) affect the persuasion process from attention to behavioural responses, and whether young people are protected; to examine how alcohol warnings perform depending on their salience and the advertising content displayed (regulated or not). Materials and Methods This study surveyed French people aged 15–30 using a mixed-methods design. In-depth interviews were conducted on 26 respondents to understand how non-regulated (NRA) and regulated (RA) alcohol advertising influence the persuasion process. An experiment on 696 people assessed the influence of RA vs. NRA on intentions to buy and drink alcohol, and whether less vs. more salient warnings displayed in the RA or NRA setting have differential effects on behavioural responses. Results NRA (vs. RA) had a greater influence on young people's desire to buy and drink alcohol, which we explain by different psychological processes. NRA appeared to trigger a heuristic process that involves affective reactions (e.g. image, symbolism) and product-oriented responses (e.g. quality), whereas RA appeared to trigger a more systematic process that had less influence. The protective effect of content regulations was strong for the youngest participants but fades as age increases, reaching its limits at age 22 years. Salience of the warnings had no influence on desire to buy and drink alcohol, whatever the ad content. Conclusion Advertising content regulations need to be implemented to protect young people, particularly the youngest. Our results on alcohol health warnings highlighted that text-only labels similar to those adopted in many countries are ineffective at decreasing young people's intentions to buy and drink alcohol.

▶ Promoting Wellbeing Within the Health Promoting Schools Framework: Could Life Skills Be a Means Rather than an End?

MASSON J., DARLINGTON-BERNARD A. ET DARLINGTON E. J.

2024

Journal of Epidemiology and Population Health 72(3): 202748.

https://doi.org/10.1016/j.jeph.2024.202748

This paper explores the evolution and challenges of health promotion in educational settings, focusing on the Health Promoting Schools framework. Central to this approach is the empowerment of students through participatory strategies and community engagement to address health determinants and reduce inequities. Well-being, a subjective and multifaceted concept, is crucial for student success, with positive school climates playing a key role. Additionally, life skills (LS) are identified as potential tools for promoting student well-being, though their definition and assessment remain ambiguous. The paper concludes by highlighting the need for further research and clarity in order to maximize the impact of health promotion efforts in schools.

▶ Factors Associated with Compliance with Barrier Gestures and Social Distancing Measures in France

METZGER C., YAÏ J., NASSANY O., *et al.*

2024

Journal of Epidemiology and Population Health 72(2): 202194.

https://doi.org/10.1016/j.jeph.2024.202194

Background The COVID-19 pandemic led many countries to drastically limit social activities. The objective of this study is to describe the factors associated with compliance with protective measures and social distancing in the general adult population in France, between March and December 2020 (first and second waves of the epidemic), before vaccination began at the end of December 2020. Method The data come from the CoviPrev repeated cross-sectional descriptive survey, conducted between March 2020 and December 2022 in metropolitan France. The data collected from March to December 2020 (19 survey waves), from a panel representative of the general population, were used. Three periods were defined: the first epidemic wave (March-April), the inter-wave period (May-June) and the second epidemic wave (November-December). A compliance score was constructed to measure systematic compliance with the five main measures. The association between systematic compliance and different variables (sociodemographic, mental health, level of health literacy, perceived severity of COVID-19, confidence in government, perceived effectiveness of the measures) was described using bivariate and multivariate logistic regression models, using the statistical software R. Results Systematic compliance with the preventive measures changed over time. Regardless of the period, being a woman, being over 50, perceiving COVID-19 as severe, having a high level of health literacy or anxiety were positively associated with compliance. Having a child under 16 years of age and perceiving the measures as effective were positively associated with compliance with the protective measures during the epidemic waves; conversely, having a high level of depression, living alone, not working were negatively associated in the first epidemic wave. Finally, during the inter-wave period, living in an area heavily affected during the first wave and having a high level of education were positively and negatively associated with systematic compliance with the preventive measures, respectively. Conclusion The factors associated with compliance with the protective measures and social distancing evolved during the epidemic. Monitoring this evolution, in order to adapt communication and awareness strategies, is essential in the context of pandemic response.

▶ The prevention school diary : Evaluability assessment of a widely adopted intervention in Ile-de-France

PLUMET R., GAUTIER S., LEFEBVRE N., *et al.*

2024

Journal of Epidemiology and Population Health 72(3): 202752.

https://doi.org/10.1016/j.jeph.2024.202752

Objectives The prevention school diary is distributed each year to children aged between 10 and 11 years old by La Ligue contre le cancer, a French association promoting prevention and research against cancer. While they write their homework in the diary, children can learn about a range of health determinants. This diary promotes health in a fun and educational way, as it integrates drawings made by children about the different themes covered by the diary. This paper aims to present the evaluability assessment of this intervention in Ile-de-France (Paris area), where it is already widely deployed. Material and methods We have traced the history of the prevention school diary and assessed how it is currently used in Ile-de-France by leading interviews with county committees of La Ligue contre le cancer. Successive versions of the diary and results of teacher satisfaction surveys were examined. All information collected was integrated into a logic model, which characterizes the main components, actors, and effects of the intervention. Results The prevention school diary was created in the West of France in the late 90s. It was then implemented in Paris and extended to other counties of Ile-de-France. Currently, six counties collaborate on the production of a common diary. Whereas it only dealt with tobacco consumption at the beginning, the prevention school diary now covers nutrition, physical activity, sun exposure, sleep and screen use, addiction, as well as safety in some counties. Three levels of intervention have been identified, depending on whether or not the distribution of the diary is followed by the production of drawings for the next edition or health education sessions. The expected effects of the prevention school diary have been integrated into a logic model emphasizing children, school, and family level. Outcomes include Capabilities (knowledge and skills), Opportunities, and Motivation to adopt healthy Behaviours, according to the theoretical model of behaviour change COM-B. Conclusion The evaluability assessment phase enabled us to gain a better understanding of the conditions under which the intervention is deployed, and thus to identify the factors to be considered for a broad assessment of its effectiveness. It is especially important since the intervention is already well established in Ile-de-France.

▶ A Microcosting Approach For Planning and Implementing Community-Based Mental Health Prevention Program: What Does It Cost?

ROY S., BROWN H. S., BLINN L. S., *et al.*

2024

Health Economics Review 14(1): 35.

https://doi.org/10.1186/s13561-024-00510-w

Estimating program costs when planning community-based mental health programs can be burdensome. Our aim was to retrospectively document the cost for the first year of planning and implementing Healthy Minds Healthy Communities (HMHC), a mental health promotion and prevention multi-level intervention initiative. This Program is among the first to use the Community Initiated Care (CIC) model in the US and is aimed at building community resilience and the capacity for communities to provide mental health support, particularly among those disproportionately impacted by COVID-19. Our objective is to share our methods for costing a program targeting 10 zip codes that are ethnically and linguistically diverse and provide an example for estimating the cost of a mental health prevention and promotion programs consisting of multiple evidence-based interventions.

Ten Years Promoting Health of Young People in Bourgogne-Franche-Comté: A Review of the Pass'santé Jeunes Program

SANDON A., SAUCET M., DELAUNE M., *et al.*

2024

Journal of Epidemiology and Population Health 72(3): 202751.

https://doi.org/10.1016/j.jeph.2024.202751

Background Pass'Santé Jeunes (PSJ), initiated in 2013, addresses high-risk behaviors among young people in Bourgogne-Franche-Comté, France. The program, supported by the Agence Régionale de Santé and Promotion Santé Bourgogne-Franche-Comté, combines digital resources with local partnerships to promote healthy choices among youth. Objectives This article reviews the comprehensive health promotion approach of PSJ, aiming to identify key deployment strategies that could serve as a model for other regions or health promotion organizations. Results PSJ offers validated health resources through a website tailored to different age groups and includes content for parents. The program employs a robust digital marketing strategy, enhancing visibility and engagement through social media. Collaborations with regional athletes have significantly increased outreach, with website traffic growing from 1,000 to 31,000 monthly visitors and social media reach exceeding 450,000 in 2023. Over 20,000 professionals have been trained or sensitized, fostering a network of local actors dedicated to youth health. The program's participatory and community-led strategies effectively mobilize various life environments to support health promotion. Conclusions PSJ exemplifies a successful regional health promotion model. Its comprehensive approach, integrating digital tools and local partnerships, addresses the complex determinants of youth health behaviors. Ongoing evaluation and adaptation are crucial to maintaining the program's relevance and effectiveness. Future efforts should focus on bridging regional disparities, enhancing youth engagement, and ensuring long-term support for local actors to sustain health promotion activities.

Psychiatrie

Psychiatry

Mental Health Service Use in Children at Risk of Significant Harm: A Record Linkage Study of a Child Protection Register

BALL W. P., ANDERSON C., BLACK C., *et al.*

2024

Social Science & Medicine: 353: 117057.

https://doi.org/10.1016/j.socscimed.2024.117057

Children with experience of maltreatment, abuse or neglect have higher prevalence of poor mental health. In the United Kingdom, child protection services identify children at risk of significant harm on the Child Protection Register (CPR) and intervene to reduce risk. Prevalence and incidence of mental health service use among this population of children are not well understood. We analysed records from one Scottish Local Authority's CPR, linked to electronic health records for all children in the broader health board region aged 0-17 years. We described mental health service use among children with a CPR registration using measures of mental health prescribing and referrals to child and adolescent mental health services (CAMHS). We calculated age- and sex-specific incidence rates for comparison with the general population. Between 2012 and 2022, we found 1,498 children with a CPR registration, with 69% successfully linked to their health records. 20% were registered before birth and median age at registration was 3 years. Incidence rates in all measures of mental health service use were higher in children with a CPR record across all ages (at outcome) and genders compared to the general population. The largest absolute difference was for boys aged 5-9 with a CPR record, who had 31.8 additional mental health prescriptions per 1,000 person-years compared to the general population (50.4 vs. 18.6 prescriptions per 1,000 person-years, IRR: 2.7). Girls aged 0-4 years with a CPR registration had the largest relative difference, with a rate of CAMHS referral 5.4 times higher than the general population (12.3 vs. 2.3 per 1,000 person-years). Our reproducible record linkage of the CPR to health records reveals an increased risk of mental health service use during childhood. Our findings have relevance to public mental health surveillance, service prioritisation and wider policy aiming to reduce childhood exposure to risk of harm.

The Role of Mental Well-Being in the Effects of Persuasive Health Messages: A Scoping Review

DOLINŠEK Š., SCHOLZ C., GIANI S., *et al.*

2024

Social Science & Medicine: 353 :117060.

https://doi.org/10.1016/j.socscimed.2024.117060

Emerging evidence in health communication and psychology suggests that a) exposure to specific persuasive health messages can have unintended effects on the mental well-being of recipients and b) recipients' mental well-being before exposure can influence message processing. Available evidence regarding the relationship between mental well-being and exposure to specific health messages lacks consistency and is scattered across different fields. This scoping review of 24 publications summarizes what is known about mental health effects in health communication and provides a research agenda for future work. Among others, key findings suggest that particularly negative emotional appeals may have broad, negative effects on indicators of hedonic well-being. Further, humor and gain appeals may positively impact mental well-being, although positive message features are strongly understudied in this space. Lower mental well-being prior to message exposure may impact message processing, but not necessarily message effectiveness. We find that potential well-being effects of health communication have been largely ignored, especially outside the realm of mental health research. Yet, initial evidence does underline the importance of such inquiry. This review summarizes initial evidence of systematic, unintended effects of health messaging on mental well-being and highlights fruitful avenues for future work in this space.

Methodological Approaches to Measuring Mental Health in a Cost-Of-Living Crisis: A Rapid Review

ENGLAND C., JARROM D., WASHINGTON J., *et al.*

2024

Health Policy 144: 105062.

https://doi.org/10.1016/j.healthpol.2024.105062

Background Cost-of-living crises are damaging to population mental health and require a public health response. It is important to assess whether public health interventions are effective. We aimed to identify population-level methods and measures and the appropriateness of the measures for vulnerable populations. Methods A rapid evidence review was undertaken. Nineteen databases, including grey literature, were searched for evidence published between 1970 and April 2023. Results Seven reviews, nine primary studies and two reports from grey literature were identified. Methods consisted of analyses of existing data from national or regional cohort studies, household panel surveys, repeated cross-sectional surveys, routine medical data, or data on suicide death rates. Twelve brief validated mental health measurement tools, embedded in population-level surveys, were identified. Two quasi-experimental studies used data from a UK household panel survey to examine the impact of the introduction of specific welfare policies on mental health. Studies identified socio-economic vulnerabilities, but it was not possible to determine whether data were effectively captured from people from minority ethnic groups. Conclusion Population-level surveys can be used in quasi-experimental studies to measure the effects of a public health initiative with specific roll out dates to tackle cost-of-living impacts. It is unclear as to whether the identified methods and tools are suitable for use with people from minority ethnic groups.

The Effect of Social Media Use on Mental Health of College Students During the Pandemic

FRUEHWIRTH J. C., WENG A. X. ET PERREIRA K. M.

2024

Health Economics (Ahead of Pub)

https://doi.org/10.1002/hec.4871

Abstract Social media is viewed to be a key contributor to worsening mental health in adolescents, as most recently reflected in a public health advisory by the US Surgeon General. We provide new evidence on the causal effects of social media on mental health of college students during the Covid-19 pandemic, exploiting unique, longitudinal data collected before the Covid-19 pandemic began and at two points during the pandemic. We find small insignificant effects of social media 4 months into the pandemic during a period of social distancing, but large statistically significant negative effects 18 months into the pandemic when colleges were mostly back to normal operations. Using rich data on substance use, exercise, sleep, stress, and social support, we find some evidence of substitution away from activities that better support mental health at later stages of the pandemic but not at early stages. We find that the negative effects of social media are mostly concentrated among socially-isolated students. Both social support and resilience protect students from the negative effects of social media use. Policy implications include regulating social media while also bolstering social support and resilience as important protective factors.

▶ La pédopsychiatrie et ses liens avec les autres institutions de l'enfance

GICQUEL I.

2024

Empan 134(2): 18-26.

https://doi.org/10.3917/empa.134.0018

La pédopsychiatrie est née dans un contexte de délimitation des champs disciplinaires avec les autres institutions de l'enfance, l'école, l'éducation spécialisée, la protection de l'enfance et la justice des mineurs, en interface, en tant que partenaires de prises en charge partagées pour les situations complexes. Aujourd'hui, rendre compatibles des positions concrètes dans les projets avec le maintien d'une pensée vivante autour du sujet et de ce qui se joue entre les institutions est possible avec une nouvelle clinique interinstitutionnelle.

▶ Une régulation clinique en psychiatrie pour adolescents. Une expérience en hôpital de jour

GRANET F. ET SCARONE E.

2024

Empan 134(2): 68-73.

https://doi.org/10.3917/empa.134.0068

Deux psychologues font part d'un dispositif de réunion original au sein d'un hôpital de jour pour adolescents. Il s'agit d'une réunion dite de « régulation » bihebdomadaire, dont le cadre permet à chaque soignant d'aborder des difficultés ou des trouvailles dans le soin des patients. Les auteurs proposent à travers cet exemple de montrer comment peut se travailler le cadre thérapeutique ainsi que l'intérêt d'un ajustement des soins au plus près de la clinique quotidienne des patients.

▶ Défis contemporains de la pédopsychiatrie de secteur. CMP/CMPP, pivots du secteur, du territoire

JOHN C.

2024

Empan 134(2): 35-43.

https://doi.org/10.3917/empa.134.0035

Acteurs majeurs du soin psychique, les CMP/CMPP, pivots du dispositif de secteur, accueillent sans discrimination une patientèle de 0 à 18 ans dans une démarche de prévention, de diagnostic et de soins. Demande croissante, pénuries de professionnels, moyens insuffisants, nécessité d'allier les approches neurodéveloppementales et psychodynamiques, recommandations de bonnes pratiques, les CMP/CMPP ont dû absorber les changements inhérents à ces nouvelles approches. Ils restent des lieux propices à l'éclosion d'une grande créativité au profit du patient et des familles.

▶ Les 50 Glorieuses de la psychiatrie, et après ?!

JOUSSELLIN J.-J.

2024

Empan 134(2): 60-63.

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À travers le cheminement d'un secteur de pédopsychiatre se déclinent les innovations de la psychiatrie. La gestion budgétaire, la certification et l'idéologie du « tout cognitif », qui amènent à repenser la dynamique handicap et souffrance psychique, sont discutées.

▶ Le modèle du secteur en pédopsychiatrie : des forces, rigidités et autres freins, à l'espoir d'une rénovation conséquente

LIBERT C.

2024

Empan 134(2): 27-34.

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Quel avenir du modèle du secteur en pédopsychiatrie, dans un champ de l'enfance en grande souffrance ? L'intérêt de la résonance entre la dynamique de secteur et les besoins psychiques de l'enfant est mis en avant. Une dynamique de lien, de coopération et de réseau à l'échelle du bassin de vie de l'enfant est à consolider et à élargir à tous les partenaires. CMP et CMPP ont une place pivot, en donnant la priorité à la cohérence et à la stabilité du parcours de soins sur le seul critère géographique.

The Impact of Housing Insecurity on Mental Health, Sleep and Hypertension: Analysis of the UK Household Longitudinal Study and Linked Data, 2009–2019

MASON K. E., ALEXIOU A., LI A., *et al.*

2024

Social Science & Medicine 351: 116939.

https://doi.org/10.1016/j.socscimed.2024.116939

Background Housing insecurity is an escalating problem in the UK but there is limited evidence about its health impacts. Using nationally representative panel data and causally focussed methods, we examined the effect of insecure housing on mental health, sleep and blood pressure, during a period of government austerity. Methods We used longitudinal survey data (2009–2019, n = 11,164 individuals with annual data) from the UK Household Longitudinal Study. Outcomes were probable common mental disorder (GHQ-12), sleep disturbance due to worry, and new diagnoses of hypertension. The primary exposure was housing payment problems in the past year. Using doubly robust marginal structural models with inverse probability of treatment weights, we estimated absolute and relative health effects of housing payment problems, and population attributable fractions. In stratified analyses we assessed potentially heterogeneous impacts across the population, and potential modifying effects of government austerity measures. A negative control analysis was conducted to detect bias due to unmeasured confounding. Results Housing payment problems were associated with a 2.5 percentage point increased risk of experiencing a common mental disorder (95% CI 1.1%, 3.8%) and 2.0% increased risk of sleep disturbance (95% CI 0.7%, 3.3%). Estimates were larger for renters, younger people, less educated, households with children, and people living in areas most affected by austerity-related cuts to housing support services. We did not find consistent evidence for an association with hypertension (risk difference = 0.4%; 95% CI -0.1%, 0.9%). The negative control analysis was not indicative of unmeasured confounding. Conclusions Housing payment problems were associated with worse mental health and sleep disturbance in a large UK sample. Households at risk of falling into rent or mortgage arrears need more support, especially in areas where housing support services have been diminished. Substantial investment is urgently needed to improve supply of social and affordable housing.

Secteur, précarité et inégalités d'accès aux soins

RAYNAUD J.-P.

2024

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Précarité et inégalités d'accès aux soins sont liées dans la psychiatrie de l'enfant et de l'adolescent, comme ailleurs, avec une véritable perte de chances pour les familles en situation de précarité et de vulnérabilité. Les secteurs de psychiatrie se sont créés dans un esprit d'accessibilité pour tous. Avec les changements des politiques de santé et les évolutions démographiques, le secteur est le dernier outil pour un accès à des soins pluriprofessionnels spécialisés de qualité, de proximité, sans obstacle financier, social ou culturel.

Collaborative Care Approaches For People with Severe Mental Illness

REILLY S., HOBSON-MERRETT C., GIBBONS B., *et al.*

2024

Cochrane Database Syst Rev 5(5): CD009531.

https://doi.org/10.1002/14651858.CD009531.pub3

BACKGROUND: Collaborative care for severe mental illness (SMI) is a community-based intervention that promotes interdisciplinary working across primary and secondary care. Collaborative care interventions aim to improve the physical and/or mental health care of individuals with SMI. This is an update of a 2013 Cochrane review, based on new searches of the literature, which includes an additional seven studies. OBJECTIVES: To assess the effectiveness of collaborative care approaches in comparison with standard care (or other non-collaborative care interventions) for people with diagnoses of SMI who are living in the community. SEARCH METHODS: We searched the Cochrane Schizophrenia Study-Based Register of Trials (10 February 2021). We searched the Cochrane Common Mental Disorders (CCMD) controlled trials register (all available years to 6 June 2016). Subsequent searches on Ovid MEDLINE, Embase and PsycINFO together with the Cochrane Central Register of Controlled Trials (with an overlap) were run on 17 December 2021. SELECTION CRITERIA: Randomised controlled trials (RCTs) where interventions described as 'collaborative care' were compared with 'standard care' for adults (18+ years) living in the community with a diagnosis of SMI. SMI was defined as schizophrenia, other types of schizophrenia-like psychosis or bipolar affective disorder. The primary outcomes of interest were: quality of life, mental state and psychiatric admissions at 12 months follow-up. DATA COLLECTION AND ANALYSIS: Pairs of authors independently extracted data. We assessed the quality and certainty of the evidence using RoB 2 (for the primary outcomes) and GRADE. We compared treatment effects between collaborative care and standard care. We divided outcomes into short-term (up to six months), medium-term (seven to 12 months) and long-term (over 12 months). For dichotomous data we calculated the risk ratio (RR) and for continuous data we calculated the standardised mean difference (SMD), with 95% confidence intervals (CIs). We used random-effects meta-analyses due to substantial levels of heterogeneity across trials. We created a summary of findings table using GRADEpro. MAIN RESULTS: Eight RCTs (1165 participants) are included in this review. Two met the criteria for type A collaborative care (intervention comprised of the four core components). The remaining six met the criteria for type B (described as collaborative care by the trialists, but not comprised of the four core components). The composition and purpose of the interventions varied across studies. For most outcomes there was low- or very low-certainty evidence. We found three studies that assessed the quality of life of participants at 12 months. Quality of life was measured using the SF-12 and the WHOQOL-BREF and the mean endpoint mental health component scores were reported at 12 months. Very low-certainty evidence did not show a difference in quality of life (mental health domain) between collaborative care and standard care in the medium term (at 12 months) (SMD 0.03, 95% CI -0.26 to 0.32; 3 RCTs, 227 participants). Very low-certainty evidence did not show a difference in quality of life (physical health domain) between collaborative care and standard care in the medium term (at 12 months) (SMD 0.08, 95% CI -0.18 to 0.33; 3 RCTs, 237 participants). Furthermore, in the medium term (at 12 months) low-certainty evidence did not show a difference between collaborative care and standard care in mental state (binary) (RR 0.99, 95% CI 0.77 to 1.28; 1 RCT, 253 participants) or in the risk of being admitted to a psychiatric hospital at 12 months (RR 5.15, 95% CI 0.67 to 39.57; 1 RCT, 253 participants). One study indicated an improvement in disability (proxy for social functioning) at 12 months in the collaborative care arm compared to usual care (RR 1.38, 95% CI 0.97 to 1.95; 1 RCT, 253 participants); we deemed this low-certainty evidence. Personal recovery and satisfaction/experience of care outcomes were not reported in any of the included studies. The data from one study indicated that the collaborative care treatment was more expensive than standard care (mean difference (MD) international dollars (Int$) 493.00, 95% CI 345.41 to 640.59) in the short term. Another study found the collaborative care intervention to be slightly less expensive at three years. AUTHORS' CONCLUSIONS: This review does not provide evidence to indicate that collaborative care is more effective than standard care in the medium term (at 12 months) in relation to our primary outcomes (quality of life, mental state and psychiatric admissions). The evidence would be improved by better reporting, higher-quality RCTs and the assessment of underlying mechanisms of collaborative care. We advise caution in utilising the information in this review to assess the effectiveness of collaborative care.

▶ Sommeil et santé mentale chez l'enfant et l'adolescent

SCHRODER C., ZANFONATO T., ROYANT-PAROLA S., *et al.*

2024

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Résumé Le sommeil et la santé mentale de l'enfant et de l'adolescent sont fortement intriqués, et leurs liens sont complexes et multimodaux. La mise en place du sommeil est un processus évolutif tout au long du neurodéveloppement : il suit et optimise la maturation cérébrale de l'enfant. La survenue de troubles du sommeil ou des rythmes veille-sommeil durant cette période ne doit pas être négligée en raison de leur impact sur le bien-être physique et mental des plus jeunes. De manière transdiagnostique, le sommeil peut constituer un biomarqueur du risque de conversion d'un trouble psychiatrique, et la prise en charge efficace des troubles du sommeil de l'enfant et de l'adolescent apporte un bénéfice clinique dans l'expression des troubles pédopsychiatriques. Notamment dans les troubles du neurodéveloppement, les altérations du sommeil sont fréquentes et mènent à une aggravation des symptômes diurnes, alors que leur prise en charge les atténue. Chez l'adolescent, particulièrement à risque de développer un syndrome de retard de phase avec privation de sommeil, les répercussions de la dette de sommeil sur la santé mentale est significativement élevé, et il semble qu'une relation existe entre l'apparition de troubles du sommeil et le risque de passage à l'acte suicidaire. Toutes ces considérations amènent les pouvoirs publics à mener des politiques de santé ambitieuses pour la promotion du sommeil dans ses meilleurs conditions, dès la petite enfance. Sleep and mental health in children and adolescents are strongly intertwined, and their links are complex and multimodal. The development of sleep is an evolutionary process throughout neurodevelopment : it follows and optimizes the child's brain maturation. The occurrence of sleep or sleep-wake rhythms disorders during this period should not be underestimated, given their impact on the physical and mental well-being of the youngest. From a transdiagnostic approach, sleep can be a biomarker of conversion of psychiatric disorders, and the efficient management of sleep disorders in children and adolescents has significant clinical benefits for outcome of child psychiatric disorders. In neurodevelopmental disorders in particular, sleep alterations are common and lead to a worsening of daytime symptoms while their treatment contributes to an alleviation of symptoms. In adolescents, particularly at risk of developing a delayed sleep-phase disorder and subsequent sleep deprivation, the occurrence of a sleep disturbance is associated with the risk of suicide attempt. All these considerations lead public authorities to pursue ambitious health policies to promote sleep in the best possible conditions from early childhood onwards.

▶ Exploring the Mechanisms Underlying Increased Risk of Depressive Disorder in Ethnic Minority Populations in Europe: A Causal Loop Diagram

VAN DER WAL J. M., HUTH K. B. S., LOK A., *et al.*

2024

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Background Multiple ethnic minority populations in Europe show high risk of major depressive disorder (MDD), with ethnic discrimination and low socioeconomic position (SEP) as established risk factors. How this risk is shaped by the interactions between these, and other social factors, remains to be elucidated. We aimed to develop a causal-loop diagram (CLD) to gain a better understanding of how factors at the intersection of ethnic discrimination and SEP dynamically interact to drive MDD risk. Methods We iteratively mapped the interactions and feedback loops between factors at the intersection of ethnic discrimination and SEP, drawing input from (i) a series of two interviews with a range of MDD domain experts, (ii) an existing CLD mapping the onset of MDD across psychological, biological, and social dimensions at the level of the individual, and (iii) other relevant literature. Results Through tracing the feedback loops in the resulting CLD, we identified ten driving mechanisms for MDD onset in ethnic minorities (two related to ethnic discrimination, SEP, social network and support, and acculturation, as well as one relating to the living environment and self-stigma towards MDD); and four factors that modulate these mechanisms (recent migration, religious affiliation, neighborhood social environment, and public stigma towards MDD). The intersecting nature of ethnic discrimination and SEP, combined with the reinforcing dynamics of the identified driving mechanisms across time- and spatial scales, underscores the excess exposure to circumstances that increase MDD risk in ethnic minorities. Conclusions While this CLD requires validation through future studies, the intersecting and reinforcing nature of the identified driving mechanisms highlights that tackling the high risk of MDD in ethnic minorities may require intervening at multiple targets, from the individual (e.g., psychological interventions targeting negative beliefs or reducing stress) to the societal level (e.g., addressing labor market discrimination).

▶ Proches aidants en psychiatrie : quelle (in)adéquation entre besoins et offres de soutien ?

VAN K. L., REXHAJ S., COLONI-TERRAPON C., *et al.*

2024

Santé Publique 36(2): 45-56.

https://doi.org/10.3917/spub.242.0045

Introduction : Les proches aidants jouent un rôle essentiel pour soutenir les personnes atteintes d'une maladie psychiatrique. Or, ce rôle peut engendrer des besoins majeurs chez les proches. Cette étude qualitative a pour objectif d'identifier dans quelle mesure les offres de soutien à disposition des proches aidants en psychiatrie adulte en Suisse romande répondent à leurs besoins. Méthode : Des entretiens individuels semi-directifs ainsi que des focus groups ont été menés avec des proches aidants, des professionnels de la santé mentale et des prestataires d'offres de soutien. Les données ont fait l'objet d'une analyse thématique. Résultats : Le besoin d'être accompagnés et le besoin d'être informés sont deux thèmes identifiés comme prépondérants chez les proches aidants. Malgré un consensus sur des besoins en matière d'accompagnement et d'information, les proches aidants, les prestataires d'offres de soutien et les professionnels de santé ne priorisent pas les mêmes composantes au sein de ces thématiques. Des suggestions pour améliorer les pratiques au niveau institutionnel, sociopolitique et associatif sont rapportées. La diversité des points de vue sur la nature des besoins à prioriser chez les proches aidants entraîne le risque de proposer une offre de soutien qui ne corresponde que partiellement aux difficultés rencontrées par les proches aidants. Conclusions : L'adéquation entre offres et besoins reste un enjeu de taille. S'entendre sur une définition consensuelle des besoins en matière d'accompagnement et d'information et proposer des approches individualisées pourrait permettre d'élaborer des offres de soutien qui soient au service des besoins effectifs des proches aidants.

▶ The Transition Towards Community-Based Mental Health Care in the European Union: Current Realities and Prospects

VANDONI M., D'AVANZO B. ET BARBATO A.

2024

Health Policy 144: 105081.

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The shift of mental health care from mental institutions to community-based services has been implemented differentially throughout the EU. However, because a comprehensive overview of the current mental health provision in member states is lacking, it is challenging to compare services across nations. This study investigates the extent of implementation of community-based mental health services within the EU using data collected from the WHO Mental Health Atlas. Results show that, although great cross-country variation exists in the implementation of community-based services, mental hospitals remain the prominent model of care in most countries. A few countries endorsed a balanced care model, with the co-occurrence of community services and mental hospitals. However, missing data, low quality of data and different service definitions hamper the possibility of a thorough analysis of the status on deinstitutionalization. Although policies on the closing and downsizing of mental institutions have been endorsed by the EU, the strong presence of mental hospitals slows down the shift towards community-based mental health care. This study highlights the need for an international consensus on definitions and a harmonization of indicators on mental health services. Together with the commitment of member states to improve the quality of data reporting, leadership must emerge to ensure quality monitoring of mental health-related data, which will help advance research, policies and practices.

Sociologie

Sociology

▶ Rapport 24-08. Patients Partenaires

GÉRARD R. ET PHILIPPE J.

2024

Bulletin de l'Académie Nationale de Médecine. 208 (7) : 866-875

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Résumé Le concept de patient partenaire est une étape importante sur le long chemin de l'évolution sociétale en médecine. Il repose sur la reconnaissance de l'existence d'un savoir fondé sur l'expérience de leur maladie développée par les patients ayant une pathologie chronique. Les patients partenaires peuvent faire profiter de ce savoir les autres patients (rôle de pair-aidant), les étudiants en santé (rôle de patient-enseignant), les chercheurs (rôle de co-chercheur) et les instances décisionnelles (rôle des Associations de patients). Dans ce rapport, nous privilégions le terme de patient partenaire, par rapport à celui de patient expert. Le concept de patient partenaire doit être vu comme un moyen d'améliorer l'efficacité des soins en général et la relation thérapeutique en particulier. Une co-construction précise de sa mise en œuvre est indispensable. Des garde-fous doivent être mis en place pour éviter des démarches illégitimes pouvant aboutir à des non-sens médicaux ou des dérives mercantiles, voire sectaires. Pour éviter ces dérives, les patients partenaires doivent pouvoir avoir bénéficié d'une formation, actuellement délivrée dans plusieurs universités et/ou par des Associations de patients elles-mêmes. Le développement à côté de la médecine de précision (pour les patients) d'une médecine participative (avec les patients) contribue au développement d'une médecine apportant en même temps les meilleurs traitements médicaux et les meilleurs soins humains.

La littératie en santé : destinée à l'amélioration de la santé ?

GUINGAL P.

2024

Santé Publique 36(2): 13-22.

https://doi.org/10.3917/spub.242.0013

Introduction : La littératie en santé est un enjeu majeur de santé publique. Elle structure et organise les décisions en santé des individus. Une amélioration de la littératie en santé est directement corrélée à une meilleure santé. Sur la base de cette corrélation, une fonction de maintien ou de promotion de la santé a été assignée à la littératie en santé. Cependant, rien ne prouve à ce jour que la littératie en santé, et donc les décisions qu'elle engendre, aient pour finalité l'amélioration de la santé. But de l'étude : L'objectif de notre étude est de décrire la structure de la littératie en santé d'une population selon le HLQ afin de vérifier si cette structure suit ou non un impératif de promotion ou de maintien de la santé. Résultats : La littératie en santé n'est pas structurée selon une finalité d'amélioration de la santé. Conclusions : La littératie en santé n'est pas nécessairement construite pour améliorer la santé. La prise de décisions en santé (en tant que produit de la littératie en santé) obéit, au moins partiellement, à d'autres lois que celle de la volonté d'amélioration de la santé. Il faut dépasser le modèle réduisant la littératie en santé et donc la décision en santé à la stricte ingénierie rationnelle d'individus visant uniquement à promouvoir ou maintenir leur santé.

Des modèles pour concevoir la pratique infirmière pour la santé : quels apports à la pratique et la discipline infirmières ?

LECLERC-LOISELLE J., GENDRON S. ET DANEAULT S.

2024

Recherche en soins infirmiers 156(1): 7-17.

La santé représente généralement ce vers quoi les infirmières devraient tendre dans leur pratique. Toutefois, par leurs natures générales et parfois divergentes, les définitions du concept de santé s'avèrent problématiques pour concevoir une pratique infirmière engagée pour la santé. Plutôt que de tenter de la concevoir par une définition du concept de santé, certains auteurs des sciences humaines suggèrent de recourir à des modèles qui permettent de s'y engager concrètement. À partir de modèles existants de pratique pour la santé, l'objectif de cet article est de proposer des mécanismes actionnables permettant de générer une pratique infirmière pour la santé. Par l'invocation de deux modèles, provenant des écrits du philosophe Nordenfelt, ainsi que du sociologue Venkatapuram, deux illustrations sont proposées, permettant toutes deux de concevoir différents mécanismes actionnables. Par un ancrage dans les valeurs constitutives d'une pratique pour la santé, et par une composante descriptive, cette réflexion met en évidence le potentiel de tels modèles pour poursuivre concrètement une pratique infirmière pour la santé. Ces propositions semblent porteuses à la participation des sciences infirmières à la compréhension transdisciplinaire du concept de santé.

Représentations sociales de l'incontinence urinaire : une enquête auprès de la population française

PERONI L., ARMAINGAUD D. ET ROTHAN-TONDEUR M.

2024

Santé Publique 36(2): 23-34.

https://doi.org/10.3917/spub.242.0023

Introduction : L'incontinence urinaire est un problème majeur de santé publique. Si elle est bien décrite dans la littérature, il n'existe que peu d'informations sur ses représentations sociales. Or, l'étude de ses représentations pourrait permettre d'améliorer sa prise en charge et celle des personnes concernées. But de l'étude : L'objectif de cette étude était de comprendre les représentations de la population générale française sur ce sujet. Méthodes : Il s'agissait de réaliser une étude quantitative déclarative à l'aide de questionnaires. Pour ce faire, 1 803 personnes ont été interrogées partout en France. Dans un premier temps, une analyse statistique descriptive a été réalisée à partir des données sociodémographiques des participants. Dans un second temps, une association de type régression logistique a été réalisée entre les variables dépendantes et indépendantes. Résultats : L'incontinence urinaire suscite un certain dégoût dans la population générale. Encore taboue, elle semble désintéresser une partie de la population. Elle est également largement méconnue, notamment par les hommes, les jeunes générations et les habitants des zones urbaines de l'ouest de la France. Conclusions : Cette étude quantitative a permis de comprendre les représentations de la population française sur l'incontinence urinaire et les moyens de protection. Elle a également permis de déterminer les profils liés à ces représentations. Il semble intéressant de privilégier l'information et l'éducation de ces populations sur le sujet.

Sur la scène des consultations en chiropraxie : une lecture de la relation de soin

ROLLAND C., LARDON A. ET BUSSIÈRES A.

2024

Santé Publique 36(2): 57-67.

https://doi.org/10.3917/spub.242.0057

Introduction : La relation soignant/soigné a fait l'objet de nombreux travaux dans le cadre de la médecine mais est peu étudiée dans le contexte de la chiropraxie, notamment en France. But de l'étude : Cette étude ethnographique et sociologique vise à mieux connaître les caractéristiques de la relation de soin en chiropraxie à travers l'observation de consultations suivies d'entretiens auprès des patients et soignants dans les deux centres cliniques de l'Institut franco-européen de chiropraxie et dans trois cabinets libéraux. Résultats : Le recueil des données s'est déroulé entre octobre 2022 et mars 2023. La plupart des patients rencontrés se montrent attentifs à leur santé en tant que capital à préserver sinon à restaurer et disposent d'une bonne connaissance de leur corps, outil de travail et/ou de performance sportive. Ils recourent à la chiropraxie pour être soulagés de leurs douleurs et trouver une forme de soin qui allie compétences techniques et relationnelles. La chiropraxie est fondée sur la thérapie manuelle à laquelle s'ajoute une dimension d'autogestion du patient. Le suivi des exercices et conseils prodigués par les chiropracteurs est très variable chez les patients observés, de l'application assidue à la non-application, en passant par différents degrés. Conclusion : La confiance est le socle de tout soin, plus encore en thérapie manuelle du fait de l'action sur le corps avec les mains. Pour établir une alliance de travail avec le patient, le chiropracteur est amené à adapter son ethos professionnel et à accepter des compromis quant au plan de traitement envisagé. La réalisation de la coopération entre un patient et un chiropracteur passe par la confiance et par la négociation des objectifs et de la répartition des tâches entre les deux parties prenantes.

Entre santé et science : littératie en santé et perception de la recherche médicale

SCHULTZ É., K. WARD J., TOUZANI R., *et al.*

2024

Santé Publique 36(3): 103-108.

https://www.cairn.info/revue-sante-publique-2024-3-page-103.htm

Objectif : L'innovation biomédicale est amenée à prendre de plus en plus de place dans les parcours de soins et les débats sur la santé. Dans les mesures de littératie en santé qui se développent, le rapport à la recherche médicale est encore absent. Dans cet article, nous explorons la relation entre la littératie en santé et le rapport à la recherche médicale, allant des essais cliniques aux attitudes plus générales envers la science. Méthodes : Nous analysons les résultats de deux enquêtes par questionnaires auto-administrés auprès d'échantillons de la population française adulte conduites en 2020 et 2021 (N = 2 003 et N = 2 022). Une série de douze questions évalue la littératie en santé (HLS19-Q12-FR) et dix questions abordent le rapport aux essais cliniques, à la recherche médicale et à la science en général. Les analyses caractérisent la perception de la population sur les questions liées à la recherche médicale et son association à la littératie en santé. Résultats : Il existe une association significative entre la littératie en santé et la perception de la recherche. Un faible niveau de littératie est associé à une plus faible connaissance des essais cliniques et une impression plus négative envers eux, une moins grande confiance dans la science et dans ses apports. Conclusions : Compte tenu de la continuité entre soin et recherche, la littératie en santé est susceptible d'être une mesure pertinente pour caractériser la disparité des attitudes envers les essais cliniques et améliorer l'accès à l'innovation.

Retour d'expérience sur la mise en œuvre du partenariat-patient dans une formation continue en Suisse

SCHUSSELÉ FILLIETTAZ S., LAROUSSI-LIBEAULT L., ROCHAT S., *et al.*

2024

Santé Publique 36(3): 57-68.

https://www.cairn.info/revue-sante-publique-2024-3-page-57.htm

Introduction : La mobilisation de différentes expertises contribue à répondre aux défis rencontrés par les systèmes de santé. En Suisse romande, l'expertise des patients a été mobilisée dans une nouvelle formation continue, le certificat d'études avancées (CAS) en coordination des soins et travail en réseau, selon les différents degrés d'engagement du patient décrits dans le « modèle de Montréal ». But de l'étude : Les buts de l'étude étaient d'explorer : a) la faisabilité et l'acceptabilité de la mise en œuvre des différents degrés d'engagement du patient dans cette formation continue ; b) leurs facteurs d'influence ; c) les premiers apports de l'expérience pour les apprenants. Des méthodes mixtes ont été utilisées pour cette étude exploratoire menée entre 2021 et 2022. Résultats : Tous les degrés d'engagement de patients dans l'enseignement proposés par le « modèle de Montréal » ont été mis en œuvre. Parmi les facteurs de succès, l'implication et les compétences réflexives des patients partenaires s'avèrent essentielles. Cependant, des ressources humaines, organisationnelles et financières doivent être allouées pour garantir la pérennité de la mise en œuvre du dispositif. Le partenariat semble être un véritable levier de transformation organisationnelle, de développement des compétences professionnelles et d'amélioration des pratiques. Conclusions : À notre connaissance, cette étude exploratoire reflète une innovation pédagogique et organisationnelle dans le contexte de la formation continue en Suisse romande. Ses résultats permettront d'ajuster le dispositif dans sa prochaine édition, de disséminer le partenariat-patient dans d'autres contextes de formation, de poursuivre les pistes organisationnelles à même de contribuer à sa durabilité dans la formation et de développer la recherche.

Soins de santé primaires

Primary Health Care

Enhancing Healthcare Worker Resilience and Health in Underserved Communities and Rural Areas: Lessons and Strategies For Global Health

BOYER L., FOND G., AUQUIER P., *et al.*

2024

Journal of Epidemiology and Population Health 72(2): 202529.

https://doi.org/10.1016/j.jeph.2024.202529

Competition, Quality and Integrated Health Care

BREKKE K. R., SICILIANI L. ET STRAUME O. R.

2024

Journal of Health Economics 95: 102880.

https://doi.org/10.1016/j.jhealeco.2024.102880

Integration of health care services has been promoted in several countries to improve the quality and coordination of care. We investigate the effects of such integration in a model where providers compete on quality to attract patients under regulated prices. We identify countervailing effects of integration on quality of care. While integration makes coordination of care more profitable for providers due to bundled payments, it also softens competition as patient choice is restricted. We also identify circumstances due to asymmetries across providers and/or services under which integration either increases or reduces the quality of services provided. In the absence of synergies, integration generally leads to increases in quality for some services and reductions for others. The corresponding effect on health benefits depends largely on whether integration leads to quality dispersion or convergence across services. If the softening of competition effect is weak, integration is likely to improve quality and patient outcomes.

How to Address Medical Deserts? The Role of the University

GAUTIER S., HERR M., COURIE-LEMEUR A., *et al.*

2024

Journal of Epidemiology and Population Health 72(4): 202554.

https://doi.org/10.1016/j.jeph.2024.202554

Effect of Patient Death on Referrals to Cardiac Specialists

HAYE S.

2024

Health Econ 33(8): 1857-1868.

https://doi.org/10.1002/hec.4840

In this paper, I examine how patient death affects referrals from referring physicians to cardiac surgeons. I use Medicare data to identify pairs of referring physicians and cardiac surgeons who experience a patient death after a major surgical procedure to examine how these events affect referrals. I construct counterfactuals for affected pairs using pairs that experience a patient death but five quarters in the future. I find that there is a significant decline in the number of referrals and probability of a referral from the referring physician to the cardiac surgeon after the patient's death.

Can Financial Incentives Improve Access to Care? Evidence From a French Experiment on Specialist Physicians

KINGSADA A.

2024

Social Science & Medicine 352: 117018.

https://doi.org/10.1016/j.socscimed.2024.117018

In France, addressing balance billing is essential for equitable healthcare access and reducing physician income disparities. The National Health Insurance (NHI) introduced financial incentive programs, namely the "Contract for Access to Care" (CAS) in 2014 and the "Option for Controlled Pricing" (OPTAM) in 2017, to encourage physicians to reduce extra fees and adhere to regulated prices. This study analyzed the impact of these programs on self-employed physicians using a comprehensive administrative dataset covering specialist physicians from 2005 to 2017. The dataset comprised 9,891 surgical specialists (30,972 observations) and 6,926 medical specialists (21,650 observations) between 2005 and 2017. Applying a difference-in-differences design with a two-way fixed effect model and matching through the "Coarsened Exact Matching" method, the study examined CAS and/or OPTAM membership effects on physicians' activity and fees. The results indicate that both the CAS and OPTAM successfully enhance access to care. Physicians treat more patients, particularly those with lower incomes who might have previously avoided care because of the extra fees. However, an increased patient load translates to a higher workload for physicians. Despite a fee increase, it was observed to be smaller than the surge in activity. Furthermore, if all physicians are appropriately rewarded for their efforts, this improvement in access comes at a cost to NHI. This study's findings provide crucial insights into the nuanced effects of these financial incentive programs on physicians' behavior, highlighting the tradeoff between improved access and increased NHI costs. Ultimately, these findings underscore the complexity of balancing financial incentives, physician workload, and healthcare accessibility in pursuit of a more equitable healthcare system.

COVID-19 : quelles répercussions sur la coopération entre les acteurs du soin et de l'accompagnement ?

KOENIG M., LAS VERGNAS O. ET JOUET E.

2024

Santé Publique 36(3): 93-102.

https://www.cairn.info/revue-sante-publique-2024-3-page-93.htm

Introduction : Pendant la crise sanitaire due à l'épidémie de COVID-19, les dispositifs officiels de démocratie en santé, partenariat et participation ont été mis à mal. Amorcées par les acteurs de terrain, des formes moins visibles institutionnellement se sont développées. But de l'étude : Cet article vise à mieux comprendre les répercussions de l'épidémie sur les partenariats en santé et dans les situations de handicap au cours de la période 2020-2021. Résultats : L'analyse des réponses (étude 1) et du récit (étude 2) des participants a été effectuée grâce au logiciel d'analyse lexicale Iramuteq. Les résultats montrent que, si la pandémie est venue révéler un défaut de pratique partenariale avec les personnes concernées dans les champs sanitaire et médico-social, elle a également mis en lumière de nouveaux fonctionnements entre les acteurs et des initiatives sources de créativité. Conclusions : Les résultats de notre recherche s'inscrivent dans la perspective d'un changement de paradigme impliquant la reconnaissance de la pluralité des savoirs à l'œuvre dans la relation usagers-professionnels-décideurs.

Are Polish Doctors Ready to Start Working Right After Graduation? The 2023 Modification to Physicians' Postgraduate Internship and Possible Paths Forward

KUPIS R. ET DOMAGAŁA A.

2024

Health Policy 145: 105083.

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The Polish healthcare system faces many problems, among which the shortage of healthcare professionals is one of the most urgent. In less than ten years, more than twenty Higher Education Institutions (HEIs) have been allowed to add medical programmes to their offer, aiming to increase the number of doctors in Poland. Recently, the healthcare system was faced with a proposal to abolish the mandatory postgraduate internship which has been a mandatory component of medical training for years. Two main reforms were considered. The first one focused on the programme of the internship and aimed to update it. The second one recommended an abolition of the internship. The authors of this article analysed the opinions and positions of key players within the system regarding the postgraduate internship. Opinions in this regard are diverse, leading to the conclusion that additional actions would be required prior to the internship abolition. Undergraduate training has changed and currently students are taught in modern facilities, using new teaching methods. On the other hand, internship allows trainees to improve or even acquire skills they may not have obtained during their studies. The postgraduate internship is an essential part of doctors' training. However, in Poland, there is still a lack of a well-thought, long-term policy or strategy for physicians' workforce development. Our study presents a Polish perspective on common challenges in medical training and workforce policy, highlighting the clash over the growing demand for physicians and the limitations of the existing system.

Healthcare Utilisation By Diabetic Patients in Denmark: The Role of Primary Care in Reducing Emergency Visits

LAUDICELLA M., LI DONNI P. ET PRETE V.

2024

Health Policy 145: 105079.

https://doi.org/10.1016/j.healthpol.2024.105079

Improving the management of diabetic patients is receiving increasing attention in the health policy agenda due to increasing prevalence in the population and raising pressure on healthcare resources. This paper examines the determinants of healthcare services utilisation in patients with type-2 diabetes, investigating the potential substitution effect of general practice visits on the utilisation of emergency department visits. By using rich longitudinal data from Denmark and a bivariate econometric model, our analysis highlights primary care services that are more effective in preventing emergency department visits and socioeconomic groups of patients with a weak substitution response. Our results suggest that empowering primary care services, such as preventive assessment visits, may contribute to reducing emergency department visits significantly. Moreover, special attention should be devoted to vulnerable groups, such as patients from low socioeconomic background and older patients, who may find more difficult achieving a large substitution response.

Ongoing Decline in Continuity with GPs in English General Practices: A Longitudinal Study Across the COVID-19 Pandemic

LEVENE L. S., BAKER R. H., NEWBY C., *et al.*

2024

The Annals of Family Medicine: 22 (4) 301-308

https://doi.org/10.1370/afm.3128

PURPOSE Relationship continuity of care has declined across English primary health care, with cross-sectional and longitudinal variations between general practices predicted by population and service factors. We aimed to describe cross-sectional and longitudinal variations across the COVID-19 pandemic and determine whether practice factors predicted the variations. METHODS We conducted a longitudinal, ecological study of English general practices during 2018–2022 with continuity data, excluding practices with fewer than 750 patients or National Health Service (NHS) payments exceeding £500 per patient. Variables were derived from published data. The continuity measure was the product of weighted responses to 2 General Practice Patient Survey questions. In a multilevel mixed-effects model, the fixed effects were 11 variables' interactions with time: baseline continuity, NHS region, deprivation, location, percentage White ethnicity, list size, general practitioner and nurse numbers, contract type, NHS payments per patient, and percentage of patients seen on the same day as booking. The random effects were practices. RESULTS Main analyses were based on 6,010 practices (out of 7,190 active practices). During 2018-2022, mean continuity in these practices declined (from 29.3% to 19.0%) and the coefficient of variation across practices increased (from 48.1% to 63.6%). Both slopes were steepest between 2021 and 2022. Practices having more general practitioners and higher percentages of patients seen the same day had slower declines. Practices having higher baseline continuity, located in certain non-London regions, and having higher percentages of White patients had faster declines. The remaining variables were not predictors. CONCLUSIONS Variables potentially associated with greater appointment availability predicted slower declines in continuity, with worsening declines and relative variability immediately after the COVID-19 lockdown, possibly reflecting surges in demand. To achieve better levels of continuity for those seeking it, practices can increase appointment availability within appointment systems that prioritize continuity.

The Wall of Evidence For Continuity of Care: How Many More Bricks Do We Need?

MAARSINGH O. R.

2024

The Annals of Family Medicine 22(3): 184-186.

https://doi.org/10.1370/afm.3116

Rural General Practitioners Have Different Personal and Professional Trajectories From Those of Their Urban Colleagues: A Case-Control Study

NEDELEC P., BEVIERE L., CHAPRON A., *et al.*

2023

BMC Med Educ 23(1): 842.

https://doi.org/10.1186/s12909-023-04794-0

BACKGROUND: In France, rural general practitioner (GP) numbers could reduce by 20% between 2006 and 2030 if no measures are taken to address primary care access difficulties. In countries such as Australia, the USA and Canada, intrinsic and extrinsic factors associated with GPs practising in rural areas include rural upbringing and rural training placements. However, the health systems and rural area definition differ between these countries and France making result extrapolation difficult. These factors must be studied in the context of the French heath system, to design strategies to improve rural GP recruitment and retention. This study aims to identify the intrinsic and extrinsic factors associated with GPs practising in rural areas in France. METHODS: This case-control study was conducted between May and September 2020. Included GPs practised in Brittany, France, and completed a self-administered questionnaire. The cases were rural GPs and controls were urban GPs. National references defined rural and urban areas. Comparisons between rural and urban groups were conducted using univariate and multivariate analyses to identify factors associated with practising in a rural area. RESULTS: The study included 341 GPs, of which 146 were in the rural group and 195 in the urban group. Working as a rural GP was significantly associated with having a rural upbringing (OR = 2.35; 95% CI [1.07-5.15]; p = 0.032), completing at least one undergraduate general medicine training placement in a rural area (OR = 3.44; 95% CI [1.18-9.98]; $p < 0.023$), and having worked as a locum in a rural area for at least three months (OR = 3.76; 95% CI [2.28-6.18]; $p < 0.001$). Choosing to work in a rural area was also associated with the place of residence at the end of postgraduate training (OR = 5.13; 95% CI [1.38-19.06]; p = 0.015) and with the spouse or partner having a rural upbringing (OR = 2.36; 95% CI [1.12-4.96]; p = 0.023) or working in a rural area (OR = 5.29; 95% CI [2,02-13.87]; $p < 0.001$). CONCLUSIONS: French rural GPs were more likely to have grown up, trained, or worked as a locum in a rural area. Strategies to improve rural GP retention and recruitment in France could therefore include making rural areas a more attractive place to live and work, encouraging rural locum placements and compulsory rural training, and possibly enrolling more medical students with a rural background.

Political Economy Dichotomy in Primary Health Care: Bridging the Gap Between Reality and Necessity

RAJAN D., JAKAB M., SCHMETS G., *et al.*

2024

The Lancet Regional Health – Europe: 100945.

https://doi.org/10.1016/j.lanepe.2024.100945

The Effect of Community Diagnostic Centres on Volume and Waiting Time For Diagnostic Procedures in the UK

SIVEY P. ET WEN J.

2024

Health Policy: 147 :105101.

https://doi.org/10.1016/j.healthpol.2024.105101

Many health care systems are looking to implement policies to improve productivity and accessibility of health care. In this paper we use data from the English National Health Service to evaluate the effect of introducing new “Community Diagnostic Centres” in 2021 which aim to increase volume, reduce waiting times, and increase accessibility to diagnostic procedures. Our results show an increase in volume of diagnostic procedures associated with the introduction of CDCs at local NHS organisations. We find some evidence the increase is driven by an increase in MRI scans in particular, and this result is larger for CDCs located in more deprived local areas. We find no effect on waiting times which may indicate some demand response to increased availability of tests.

Primary Care Payment Models and Avoidable Hospitalizations in Ontario, Canada: A Multivalued Treatment Effects Analysis

SOMÉ N. H., DEVLIN R. A., MEHTA N., *et al.*

2024

Health Economics n/a(n/a). [Ahead of Print]

https://doi.org/10.1002/hec.4872

Abstract Improving access to primary care physicians' services may help reduce hospitalizations due to Ambulatory Care Sensitive Conditions (ACSCs). Ontario, Canada's most populous province, introduced blended payment models for primary care physicians in the early- to mid-2000s to increase access to primary care, preventive care, and better chronic disease management. We study the impact of payment models on avoidable hospitalizations due to two incentivized ACSCs (diabetes and congestive heart failure) and two non-incentivized ACSCs (angina and asthma). The data for our study came from health administrative data on practicing primary care physicians in Ontario between 2006 and 2015. We employ a two-stage estimation strategy on a balanced panel of 3710 primary care physicians (1158 blended-fee-for-service (FFS), 1388 blended-capitation models, and 1164 interprofessional team-based practices). First, we account for the differences in physician practices using a generalized propensity score based on a multinomial logit regression model, corresponding to three primary care payment models. Second, we use fractional regression models to estimate the average treatment effects on the treated outcome (i.e., avoidable hospitalizations). The capitation-based model sometimes increases avoidable hospitalizations due to angina (by 7 per 100,000 patients) and congestive heart failure (40 per 100,000) relative to the blended-FFS-based model. Switching capitation physicians into interprofessional teams mitigates this effect, reducing avoidable hospitalizations from congestive heart failure by 30 per 100,000 patients and suggesting better access to primary care and chronic disease management in team-based practices.

Gender Diversity and Healthcare Performance: A Quantitative Analysis From the Italian Health System

TRINCHESE D., VAINIERI M. ET CANTARELLI P.

2024

Health Policy: 146: 105117.

https://doi.org/10.1016/j.healthpol.2024.105117

Unlike many other industries, which are characterized by a more significant presence of men than women, the healthcare sector has a clear majority of women. However, even if at the non-executive level, the percentage of women is extremely higher than men, at the executive level, this percentage is completely overturned, generating the so-called glass ceiling effect. Despite extensive research on gender diversity and its impact on financial metrics, few studies have focused on clinical measures. To bridge this research gap, the article analyzes the relationship between gender diversity and healthcare metrics. We developed an econometric model for unbalanced panel data by performing a random effect and a quantile regression analysis, which test the relationship between gender diversity and the average length of stay (LOS), controlling for structural and clinical metrics. We find that, in general, a higher percentage of women in non-executive positions is related to an increase in LOS. Conversely, a higher rate of women in executive positions is related to a lower level of LOS. Empirical evidence supports the relevance of including human resources strategies to increase the number of women at executive managerial positions. However, the study highlights also the necessity to consider how to make the public health sector positions more appealing for men.

Rural Healthcare Workforce Preparation, Response, and Work During the COVID-19 Pandemic in Australia: Lessons Learned From In-Depth Interviews with Rural Health Service Leaders

WATKINS V. J., SHEE A. W., FIELD M., *et al.*

2024

Health Policy 145: 105085.

https://doi.org/10.1016/j.healthpol.2024.105085

BACKGROUND: Low population density, geographic spread, limited infrastructure and higher costs are unique challenges in the delivery of healthcare in rural areas. During the COVID-19 pandemic, emergency powers adopted globally to slow the spread of transmission of the virus included population-wide lockdowns and restrictions upon movement, testing, contact tracing and vaccination programs. The aim of this research was to document the experiences of rural health service leaders as they prepared for the emergency pandemic response, and to derive from this the lessons learned for workforce preparedness to inform recommendations for future policy and emergency planning. METHODOLOGY AND METHODS: Interviews were conducted with leaders from two rural public health services in Australia, one small (500 staff) and one large (3000 staff). Data were inductively coded and analysed thematically. PARTICIPANTS: Thirty-three participants included health service leaders in executive, clinical, and administrative roles. FINDINGS: Six major themes were identified: Working towards a common goal, Delivery of care, Education and training, Organizational governance and leadership, Personal and psychological impacts, and Working with the Local Community. Findings informed the development of a applied framework. CONCLUSION: The study findings emphasise the critical importance of leadership, teamwork and community engagement in preparing the emergency pandemic response in rural areas. Informed by this research, recommendations were made to guide future rural pandemic emergency responses or health crises around the world.

▶ Optimiser le co-enseignement patient/professionnel de santé

WIESNER CONTI J., PAIGNON A. ET KALUMIYA K.

2024

Santé Publique 36(2): 35-44.

https://doi.org/10.3917/spub.242.0035

Introduction : L'engagement des patients dans la formation des futurs professionnels de santé est en plein essor, car ce qu'ils transmettent a une portée pédagogique importante pour les étudiants et leur implication dans les curricula, aux côtés de professionnels de santé, devrait améliorer, à terme, la qualité des soins. Or, si les bonnes pratiques de l'engagement des patients dans l'enseignement sont peu documentées, le co-enseignement, qui est une activité exigeante, l'est encore moins. Nous avons mené une étude auprès de binômes d'enseignants qui co-enseignaient en ateliers sur le partenariat en santé afin de développer des recommandations de bonnes pratiques pour optimiser le co-enseignement patient-professionnel de santé. But de l'étude : Cette étude qualitative a pour objectif de présenter ces recommandations de bonnes pratiques du co-enseignement. Résultats : Les données recueillies ont permis de développer, d'évaluer et d'ajuster six bonnes pratiques qui permettent d'accompagner les binômes dans l'expérience du co-enseignement : connaissances du sujet enseigné, rencontres du binôme, structure et support d'enseignement, définition des rôles, symétrie et complémentarité dans le binôme, et débriefing après l'intervention. Conclusion : L'implication des patients dans le co-enseignement nécessite une préparation rigoureuse. L'application des recommandations de bonnes pratiques facilite cette préparation.

Systèmes de santé

Healthcare Systems

▶ With a Little Help From My (Neighbouring) Friends. 'Border Region Patient Mobility' in the European Union: A Policy Analysis

FRISCHHUT M. ET LEVAGGI R.

2024

Health Policy 146: 105114.

https://doi.org/10.1016/j.healthpol.2024.105114

Increased disparities in income and health care expenditure across EU countries may lead to an increase in patient mobility, which may, in turn, call for more action by the EU and its Member States. At present, patient mobility (or cross-border healthcare) is still a marginal phenomenon but is deemed to increase in the future. In this paper we examine border region patient mobility, defined as patients receiving care in a neighbouring country within a certain proximity. We examine, with the use of a spatial competition model, the options used to regulate such a patient flow and their welfare implications, both for patients and Governments. We show that marginal price costing would lead to an increase in patient welfare, whilst reducing the risk of increasing cost for the exporting country. At present there seems to be an East/West difference in the way these flows are regulated. In order to increase equity, we suggest that a 'joint implementation' of EU Directives by neighbouring Member States, especially in the field of cross-border healthcare, would allow Member States to define target populations (in terms of type of care and distance travelled) that could allow more freedom in terms of border care, without increasing health care expenditure. A future combination of the two existing legal frameworks in this field would also be more user- or patient-friendly.

Is the EU Steering National Social and Health Policy Making? A Case-Study on Finland's National Reform

HEINONEN N., KOIVUSALO M., KESKIMÄKI I., *et al.*

2024

Health Policy 145: 105078.

https://doi.org/10.1016/j.healthpol.2024.105078

As part of the European Semester, Finland received country-specific recommendations (CSRs) in 2013–2020 that encouraged the reform of national social and health services. These recommendations were part of efforts to balance public finances and implement public-sector structural reforms. Finland has been struggling to reform the national social and health care system since 2005. Only on 1 January 2023 did the new wellbeing services counties become liable for organizing social, health, and rescue services. Studying the CSRs for Finland enables us to understand better what genuinely occurs at the EU member state level. This data-driven case study aims to disclose the relevance of the European Semester for Finland in the pursuit of a national social and health system reform. The mixed-method approach is based on the research tradition of governance, and the study contains features of data sourcing and methodological triangulation. Empirically, the research material consists of Finland's official policy documents and anonymous semi-structured elite interviews. The study highlights that although the received CSRs on the need to restructure social and health services corresponded to Finland's views, their influence to national reform efforts was limited. The CSRs were administered according to the established formal routines, but separately from the national reform preparations. The CSRs, however, delivered implicit steering, which were considered to affect social and health policy making in various ways.

Preconditions For Efficiency and Affordability in Competitive Healthcare Markets: Are They Fulfilled in Belgium, Germany, Israel, the Netherlands and Switzerland? Ten Years Later

VAN DE VEN W. P. M. M., BECK K., BUCHNER F., *et al.*

2024

Health Policy 146: 105099.

https://doi.org/10.1016/j.healthpol.2024.105099

From the mid-1990s several countries have introduced elements of the model of regulated competition in healthcare. In 2012 we assessed the extent to which in five countries ten important preconditions for achieving efficiency and affordability in competitive healthcare markets were fulfilled. In this paper we assess to what extent the fulfilment of these preconditions has changed ten years later. In 2022, as in 2012, in none of the five countries all preconditions are completely fulfilled. In the period 2012-2022 on balance there have been some improvements in the fulfillment of the preconditions, although to a different extent in the five countries. The only preconditions that were improved in most countries were 'consumer information and transparency' and 'cross-subsidies without incentives for risk selection'. On balance the Netherlands and Switzerland made most progress in the number of better fulfilled preconditions. For Belgium these preconditions no longer seem relevant because the idea of regulated competition has been completely abandoned. In Germany, Israel and Switzerland, the preconditions 'effective competition policy' and 'contestability of the markets' are not sufficiently fulfilled in 2022, just as in 2012. In Germany and Switzerland this also holds for the precondition 'freedom to contract and integrate'. Overall, the progress towards realizing the preconditions has been limited.

Travail et santé

Occupational Health

Le travail en 2040 : quels enjeux pour les services de prévention et de santé au travail ?

CLERTÉ J. ET MALENFER M.

2024

Archives des Maladies Professionnelles et de l'Environnement 85(2-3): 101989.

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L'INRS a conduit en 2023 un exercice de prospective portant sur les évolutions des modes de pilotage de l'activité de travail d'ici à 2040 et leurs conséquences possibles en matière de santé et de sécurité. Pour ce faire, un groupe de travail pluridisciplinaire a exploré les principaux facteurs de changement sur la base d'une revue de la littérature, d'interviews d'experts en management et de visites d'entreprises. Douze dynamiques ont ainsi pu être instruites (temps de travail, statuts d'emploi, travail à distance…). Ce travail a permis d'établir une liste de quatorze points clés définissant les principales transformations et perspectives d'évolution des modalités de pilotage du travail d'ici à 2040. Sur la base de ces éléments de contexte, le groupe s'est ensuite appuyé sur la méthode du design fiction pour imaginer plusieurs organisations du travail en 2040, en concevant des personae et des profils d'entreprises fictives. Cette approche avait plusieurs ambitions : incarner concrètement les tendances du travail de demain et les mettre à l'épreuve pour envisager la manière dont elles pourraient se manifester effectivement dans les organisations; ouvrir le débat afin d'approfondir la réflexion sur les enjeux de SST. Ces éléments fictifs ont ensuite été analysés par des experts en santé et sécurité au travail afin d'identifier les principaux défis et les opportunités potentielles qui pourraient émerger dans le domaine de la prévention des risques professionnels. Des évolutions organisationnelles préoccupantes ont été identifiées : – une flexibilisation qui isole les travailleurs; – des organisations techno-centrées dans lesquelles l'écart entre le travail prescrit et le travail réel se creuse; – une « raison d'être » qui ne place pas toujours la santé des travailleurs au centre des préoccupations; – le développement des situations de coactivité; – une évolution des attentes en matière de ressources humaines qui se fait en faveur du « savoir-être » et au détriment des savoirs de sécurité acquis par le biais de connaissances métier. Au vu de ces éléments, un certain nombre d'évolutions des pratiques des SPST sont à anticiper pour parvenir à continuer d'agir efficacement, comme le fait de se saisir des mutations organisationnelles (technologique, écologique…) des modes de production, comme autant d'opportunités pour intégrer la prévention dans le pilotage de l'activité.

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

LEITE C. C. F., SATO T. O., FRAGA MAIA H. M. S., *et al.*

2024

Journal of Healthcare Quality Research. (in press)

https://doi.org/10.1016/j.jhqr.2024.05.001

Implementing Indicators and Trajectories of Return to Work After Breast Cancer Diagnosis: A Mixed-Methods Study Using the French National Healthcare Insurance Database and Stakeholder Consultation

VARNIER R., MOSKAL A., BODELET C., *et al.*

2024

Clinical Breast Cancer. 24(6): E528-E538

https://doi.org/10.1016/j.clbc.2024.04.004

Purpose: Return to work (RTW) is important for quality of life after breast cancer but its analysis at the population-level remains limited in France. This study aimed to implement Electronic Healthcare Data (EHD)-based indicators and trajectories to measure RTW after breast cancer diagnosis, and to examine stakeholders' perspectives regarding these indicators. Methods: We followed a mixed-methods approach that consisted of (i) implementing RTW indicators and identifying clusters of trajectories using state sequence analysis with data from a representative sample of the French National Health Data System and (ii) exploring, through qualitative focus group and interviews, stakeholders' perceptions on the interpretation, limitations, and utility of these indicators. Results: We extracted data from 317 women aged 25-55 years with a first diagnosis of early-stage breast cancer. The median number of sickness absence periods was 2 for a total of 434 days during the 3-year follow-up, and the median time to sustainable

RTW was 240 days. Three clusters of RTW trajectories were identified: "early RTW" (49.5% of the population), "RTW after partial resumption" (37.5%) and "continuous compensation" (12.9%). Feedback from stakeholders highlighted the multi-factorial nature of RTW and underscored the added value of EHD for studying RTW, despite certain limitations. Conclusions: We demonstrated the feasibility of calculating RTW indicators and identifying trajectories using the French National Health Data System. These indicators can serve as outcome measures in RTW promotion and provide a basis for designing targeted interventions for breast cancer survivors.

Parental Health Penalty on Adult Children's Employment: Gender Differences and Long-Term Consequences

WEN J. ET HUANG H.

2024

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This study examines the gender-specific and enduring impacts of parental health shocks on adult children's employment in China, where both formal care and health insurance are limited. Using an event-study approach, we establish a causal link between parental health shocks and a notable decline in female employment, which persists for at least six years following the shock. Male employment, however, exhibits minimal change on average, although this conceals an increase among poor families, indicating a channel beyond heightened informal care. Our findings underscore the consequences of "growing old before getting rich" for developing countries.

Vieillissement

Aging

Contention en gériatrie : le retard de la France

JACUS J.-P., BRUNET-JARRIGE M.-C. ET CUERVO-LOMBARD C.-V.

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Résumé La contention physique passive en gériatrie a fait l'objet d'une définition dès le début de ce siècle, assortie de dix recommandations relatives à son usage suivies d'une législation encore mal connue. En dépit de sa fréquence, rares sont les publications françaises en la matière. Il semblerait que cette pratique, très variable d'un établissement à l'autre, prédomine en secteur sanitaire comparé au médicosocial, avec l'usage prépondérant de la double ridelle de lit. Indiquée dans la prévention des chutes, la contention physique passive a pourtant largement révélé son caractère très délétère, alors que son absence n'augmenterait pas le risque de chute. À cela, il faut ajouter la contention architecturale visant à sécuriser l'accès d'une structure et concernant 90 % des établissements d'hébergement pour personnes âgées dépendantes. Plus préventive dans les problématiques de sortie inopinée avec désorientation, la contention architecturale n'en reste pas moins une privation de liberté et semble concerner la majeure partie des structures gériatriques à ce jour. La contention chimique est plus volontiers utilisée dans la sédation des comportements perturbateurs sans qu'aucune donnée ne soit clairement accessible à ce jour. Enfin, la contention verbale ou psychologique, sous forme d'injonctions à la personne âgée, est également décrite. À défaut de loi plus précise encadrant ces pratiques, les auteurs discutent de la nécessaire réflexion éthique précédant l'usage de tels dispositifs, toutes modalités confondues, et proposent quelques réflexions s'agissant de la contention physique passive : sensibilisation des soignants et proches souvent demandeurs de telles mesures, dispositifs alternatifs, application la plus tardive possible et/ou séquentielle.

Mental Health in Nursing Homes: The Role of Immigration in the Long-Term Care Workforce

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One-fourth of nursing home residents are diagnosed with anxiety disorders and approximately half live with depression. Nursing homes have long struggled with staffing shortages, and the lack of care has further heightened the risk of poor mental health. A key solution to both problems could be immigration. Prior studies have documented how immigrant labor could strengthen the long-term care workforce. We add to this picture by exploring the impact of immigrant inflows on the mental health outcomes of nursing home residents. Using a nationally representative dataset and a shift-share instrumental variable approach, we find empirical evidence that immigration reduces diagnoses of depression and anxiety, the use of antidepressant and antianxiety drugs, and self-assessed symptoms of depression. The results are robust to several sensitivity tests. We further find that the effect is more substantial in facilities with lower direct care staff hours per resident and with likely more immigrants without citizenship. Language barriers tend to be a minor issue when providing essential care. The findings suggest that creating a policy framework that directs immigrant labor to the long-term care sector can mutually benefit job-seeking immigrants and nursing home residents.

Long-Run Consequences of Informal Elderly Care and Implications of Public Long-Term Care Insurance

KORFHAGE T. ET FISCHER-WECKEMANN B.

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We estimate a dynamic structural model of labor supply, retirement, and informal caregiving to study short and long-term costs of informal caregiving in Germany. Incorporating labor market frictions and the German tax and benefit system, we find that in the absence of Germany's public long-term insurance scheme, informal elderly care has adverse and persistent effects on labor market outcomes and, thus, negatively affects lifetime earnings and future pension benefits. These consequences of caregiving are heterogeneous and depend on age, previous earnings, and institutional regulations. Policy simulations suggest that while public long-term care insurance policies are fiscally costly and induce negative labor market effects, they can largely offset the personal costs of caregiving and increase welfare, especially for low-income individuals.

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