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Health equity in chaotic times: what are we talking about?

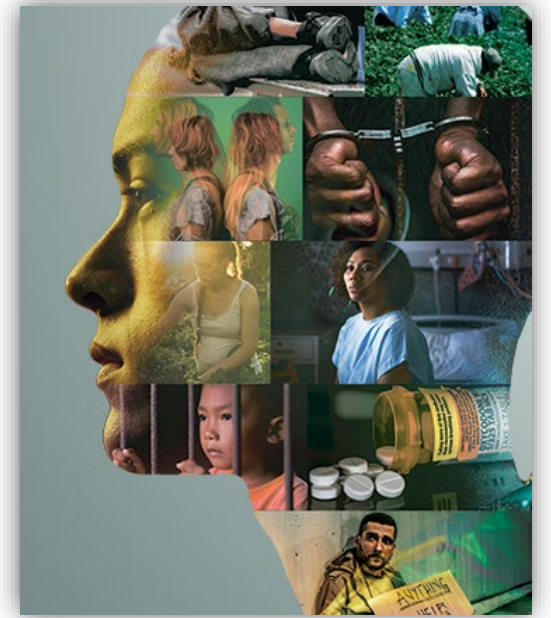
Health Equity Forum
1st December 2022

Prof. Patrick Bodenmann

Department of Vulnerabilities and social medicine - **Unisanté**

Chair of medicine for populations in a situation of vulnerability - **FBM**

Vice-Dean for Education and Diversity - **FBM / UNIL**



Chaotic times?

- COVID 19?
 - Energy?
 - Climate?
 - War?
-
- HOUSING!

Grenfell Tower (2017)

North Kensington District



Context

June 14th , 2017, 12:50 a.m.

24 floors of public housing

293 residents, foreign, working class

Average annual salary: £32,700

Life expectancy: 22 years shorter

Deaths: 72 people

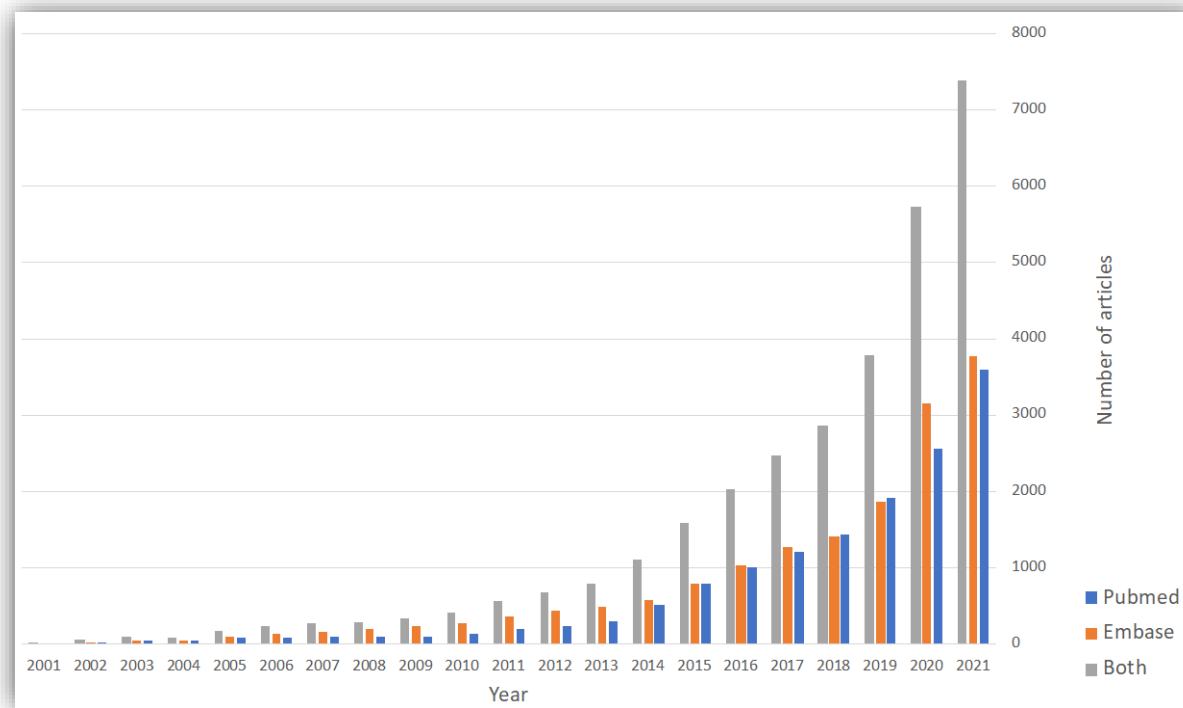
Building: siding containing polyethylene (cheaper and more flammable), no central fire alarm

<https://www.theguardian.com/uk-news/2018/may/14/grenfell-the-71-victims-their-lives-loves-and-losses>

Marmot M. Society and the slow burn of inequality. The Lancet. May 2020;395(10234):1413-4.



Time, May 2021



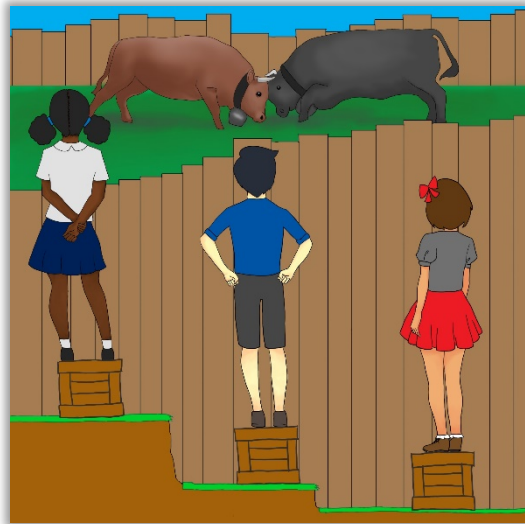
Concept of health equity in public health research during COVID-19: definitions, uses and implications
 Tiffany Martin et al. In process



Equality and equity are not the same thing!

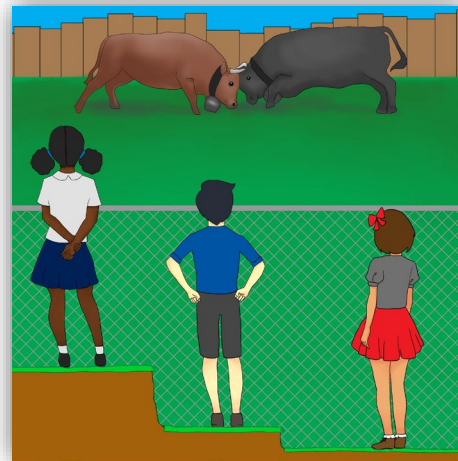
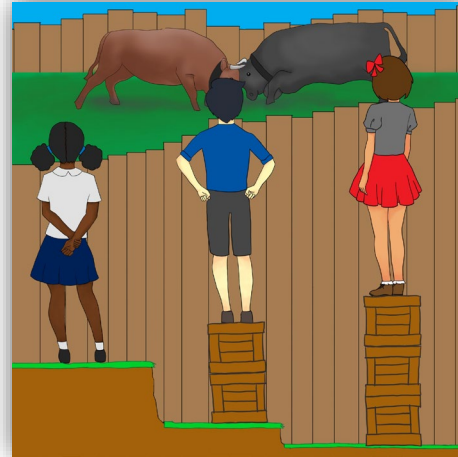


Equity / Equities

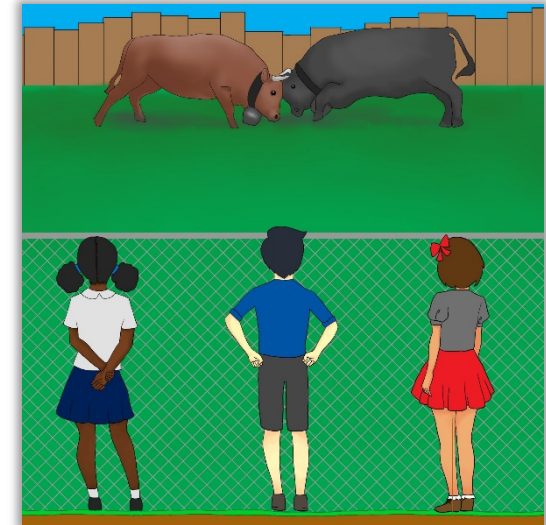


The Reality:
differences in socio-economic,
environmental and
cultural determinants of health

Clinical Equity



Institutional Equity



Ideal World or....
Structural equity

Out of chaos comes equity opportunities: research, advocacy

Review



What works in inclusion health: overview of effective interventions for marginalised and excluded populations

Serena Luchenski, Nick Maguire, Robert W Aldridge, Andrew Hayward, Alistair Story, Patrick Perri, James Withers, Sharon Clint, Suzanne Fitzpatrick, Nigel Hewett

Lancet 2018; 391: 266–80

Published Online

November 11, 2017

[http://dx.doi.org/10.1016/S0140-6736\(17\)31959-1](http://dx.doi.org/10.1016/S0140-6736(17)31959-1)

See [Comment](#) page 186

See [Articles](#) page 241

Centre for Public Health Data Science, Institute of Health Informatics (S Luchenski FFPH,

R W Aldridge PhD,

Prof A Hayward MD), The Farr Institute of Health Informatics

Research (S Luchenski, R W Aldridge, Prof A Hayward), and Institute of Epidemiology and Health Care

Inclusion health is a service, research, and policy agenda that aims to prevent and redress health and social inequities among the most vulnerable and excluded populations. We did an evidence synthesis of health and social interventions for inclusion health target populations, including people with experiences of homelessness, drug use, imprisonment, and sex work. These populations often have multiple overlapping risk factors and extreme levels of morbidity and mortality. We identified numerous interventions to improve physical and mental health, and substance use; however, evidence is scarce for structural interventions, including housing, employment, and legal support that can prevent exclusion and promote recovery. Dedicated resources and better collaboration with the affected populations are needed to realise the benefits of existing interventions. Research must inform the benefits of early intervention and implementation of policies to address the upstream causes of exclusion, such as adverse childhood experiences and poverty.

Introduction

Inclusion health is an emergent approach that aims to address extreme health and social inequities. Target populations have common adverse life experiences and

risk factors such as poverty and childhood trauma that lead to social exclusion.¹ Consequently, these populations have extremely poor health, multiple morbidity, and early mortality.² Compounding these problems are



Case Management may Reduce Emergency Department Frequent use in a Universal Health Coverage System: a Randomized Controlled Trial

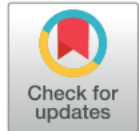
Patrick Bodenmann, MD, MSc¹, Venetia-Sofia Velonaki, PhD², Judith L. Griffin, MD¹, Stéphanie Baggio, PhD³, Katja Lelonek, PhD^{4,5}, Karine Moschetti, PhD^{5,6,7}, Emma Rüegg, PhD⁸, Bernard Burnand, MD¹, Joëlle Schupbach, RN¹



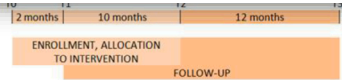
¹Vulnerable Populations Center, D...
²Institute of Higher Education and...
³University of Lausanne, Lausan...
⁴University of Lausanne, Lausan...
⁵Institute of social and preventive m...
⁶Hospital, Lausanne, Switzerland; ⁷IE...
⁸Switzerland; ⁹Department of Com...
Department, Lausanne University f...
Switzerland.

J Gen Intern Med 32(5):50...
DOI: 10.1007/s11606-016...
© Society of General Intern...

Bodenmann et al. BMC Health Services Research
http://www.biomedcentral.com/1472-6963/147



Population:
ED-FLUs
(≥ 5 attendances/
last 12 months)



T0= Beginning of recruitment
T1= Beginning of follow-up (2, 5, 5, 9, & 12 months after recruitment)
T2= End of recruitment
T3= End of follow-up
ED: Emergency Department
FU: Frequent User
CM: Case Management

Figure 1 Study design: study design with inclusion and follow-up timetable.



RESEARCH ARTICLE

Health care co... frequent users... Hospital and i...

Karine Moschetti^{1,2,3*}, Ka...
Olivier Hugli⁷, Bernard Bur...
Patrick Bodenmann⁹

- 1 Institute of Social and Preventi...
- 2 Technology Assessment Unit, I...
- interfacultaire en économie et ma...
- 4 School of Health Sciences (HE...
- Fribourg, Switzerland, 5 Life Cou...
- Lausanne, Switzerland, 6 Depart...
- Hospital, Lausanne, Switzerland,
- Switzerland, 8 Alcohol Treatment...
- 9 Vulnerable Population Center,
- Lausanne, Lausanne, Switzerland

Quality of Life Research (2018) 27:503–513
<https://doi.org/10.1007/s11136-017-1739-6>

Grazioli et al. BMC Health Services Research (2019) 19:28
<https://doi.org/10.1186/s12913-018-3852-9>

STUDY PROTOCOL

Implementing a case management intervention for frequent users of the emergency department (I-CaM): an effectiveness-implementation hybrid trial study protocol

Véronique S. Grazioli^{1*}, Joanna C. Moullin², Miriam Kasztura¹, Marina Canepa-Allen¹, Olivier Hugli³, Judy Griffin⁴, Francis Vu¹, Catherine Hudon⁵, Yves Jackson⁶, Hans Wolff⁷, Bernard Burnand⁸, Jean-Bernard Daeppen⁹ and Patrick Bodenmann¹

Open access

Original research

BMJ Open Qualitative evaluation of primary care providers' experiences caring for frequent users of the emergency department

Laureline Brunner¹, Marina Canepa Allen¹, Mary Malebranche², Catherine Hudon³, Nicolas Senn⁴, Olivier Hugli⁵, Francis Vu¹, Christina Akre⁶, Patrick Bodenmann¹

To cite: Brunner L, Canepa Allen M, Malebranche M, et al. Qualitative evaluation of primary care providers' experiences caring for frequent users of the emergency department. *BMJ Open* 2021;11:e044326. doi:10.1136/bmjopen-2020-044326

ABSTRACT

Objectives Many interventions have been developed over the years to offer frequent users of the emergency department (FUEDs) better access to quality coordinated healthcare. Despite recognising the role primary care physicians (PCPs) play in FUEDs' care, to date their perceptions of case management, the most studied intervention, have rarely been assessed. Furthermore,

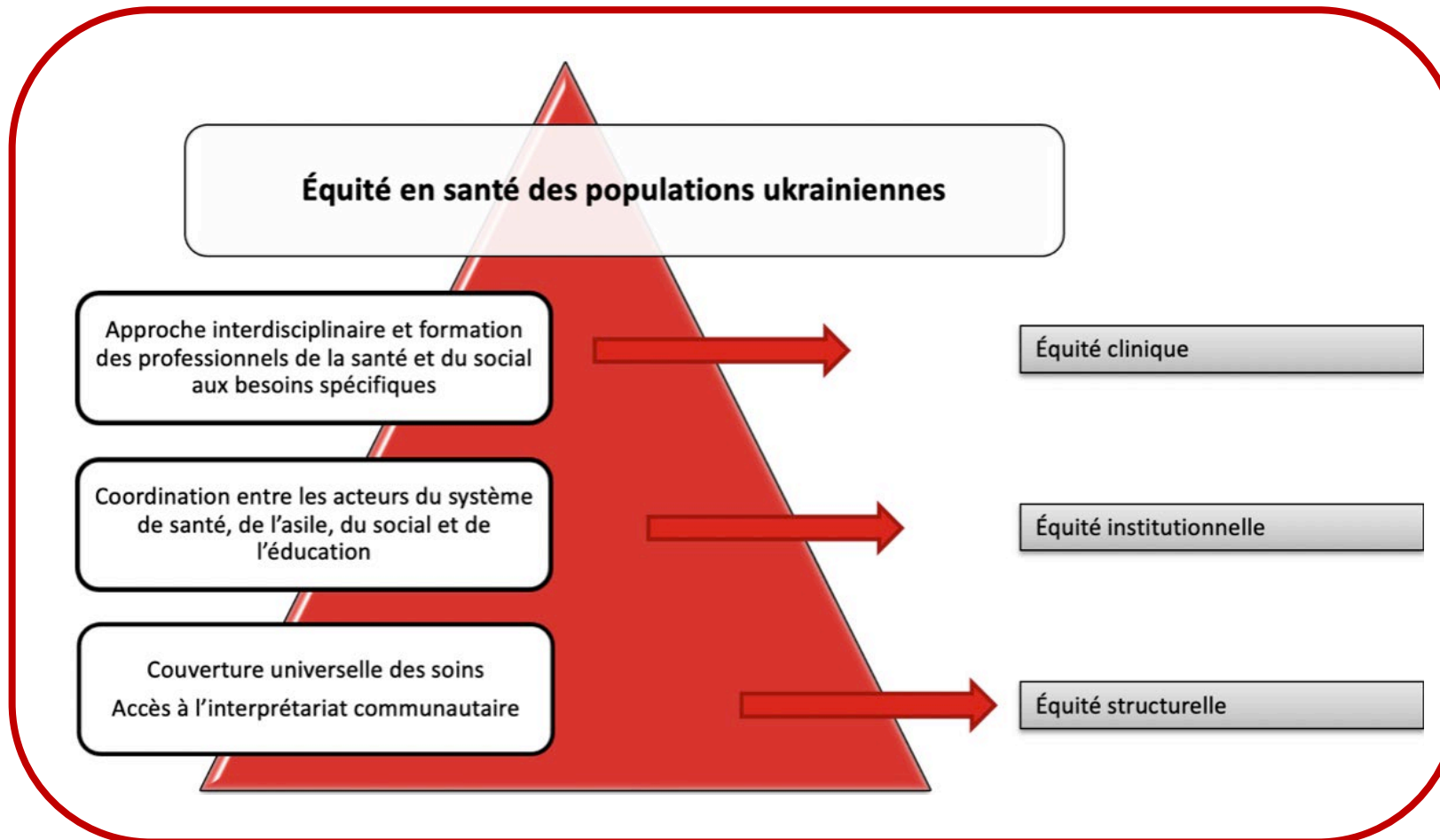
Strengths and limitations of this study

- ▶ This study provides unique and novel insights into the perceptions of primary care physicians (PCPs) as key stakeholders in frequent users of the emergency department (ED) care.
- ▶ Selecting PCPs who had contact with the case man...

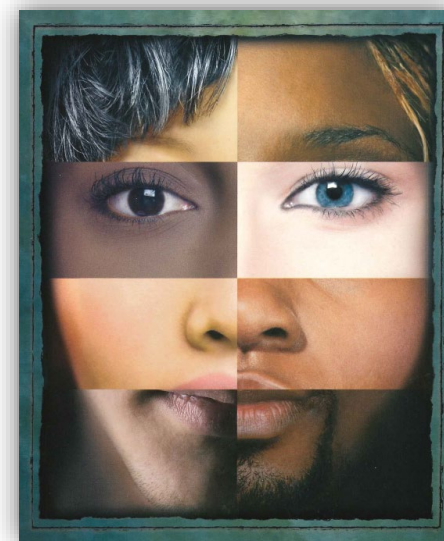
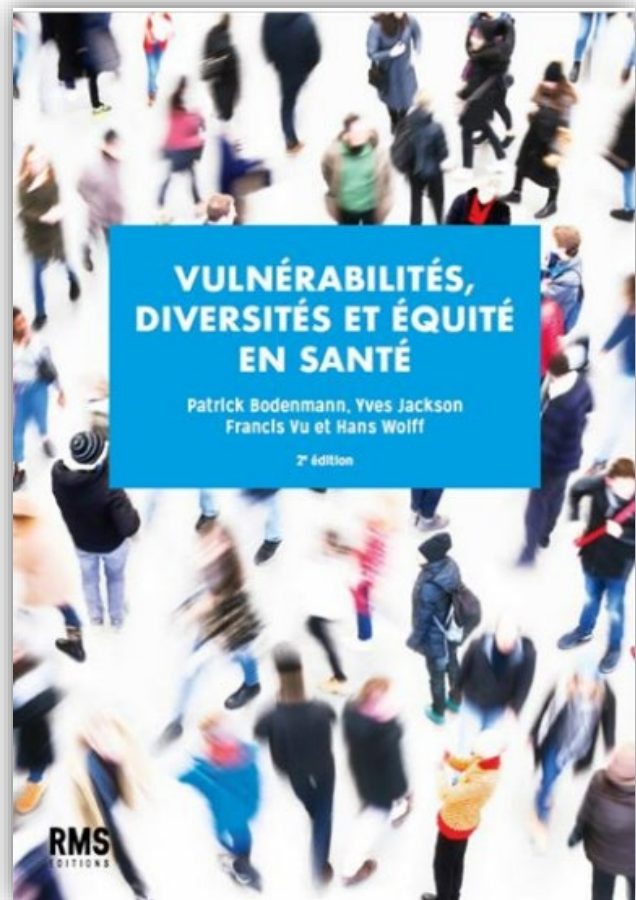
BMC Health Services Research

Open Access





De la crise ukrainienne à l'équité en santé des populations migrantes. Les enjeux de la coopération
K Morisod, P Bodenmann. *Bulletin des médecins suisses*. 2022; 103 (46): 31-33



Do something,
do more,
do better

Prof Sir M Marmot, Lausanne Summer School
« Health equity in chaotic times », September 2022

Thank you for your attention

patrick.bodenmann@unisante.ch



1. Health Equity through intersectoral approach

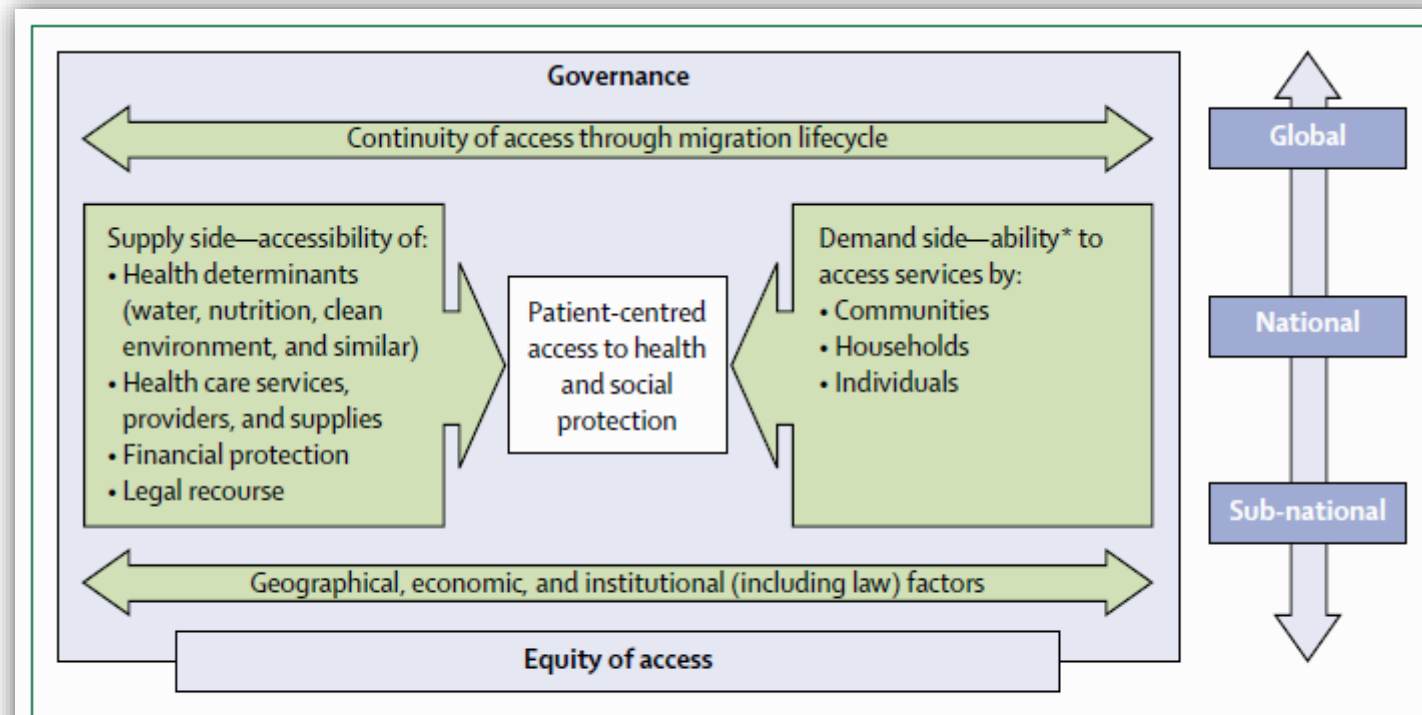
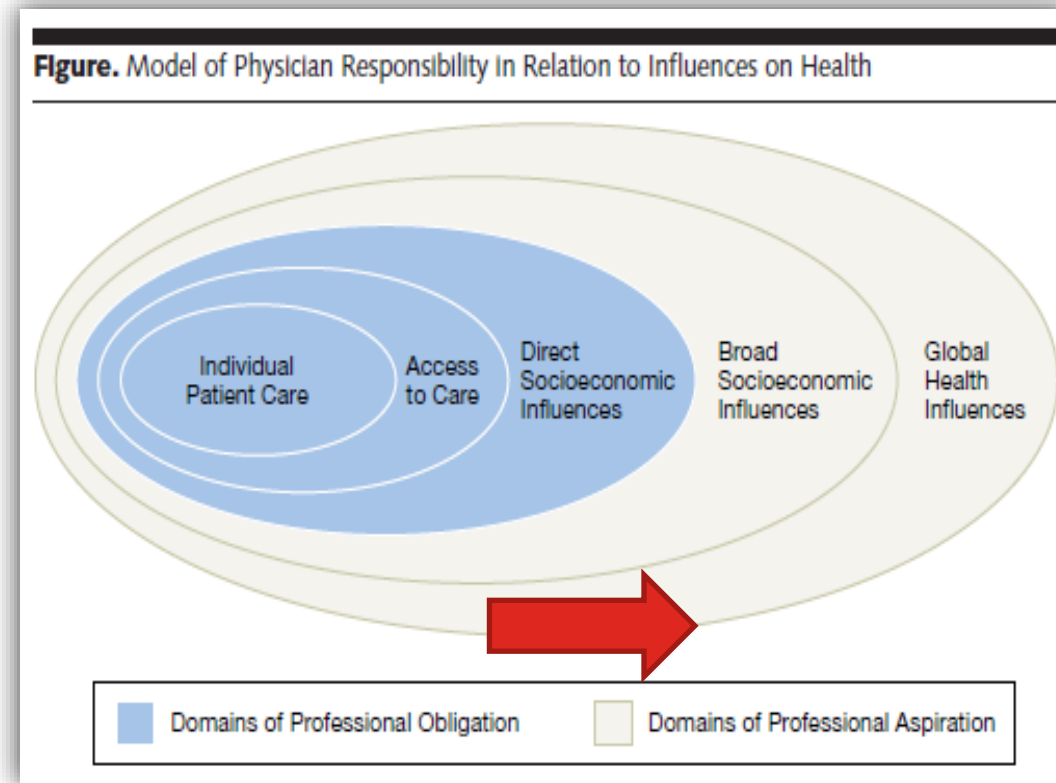


Figure 9: A health systems framework for migrants' access to health and social protection
Factors on the supply side can affect demand and vice versa. Adapted from Levesque et al, 2013.¹⁸⁶ *Social and cultural ability.

2. From the professional obligation to the... professional aspiration



Green et al, 2004, *JAMA*

3. Training, training, training/ teaching, teaching, teaching



WHO's multi-country...
Social Determinants of Health
Wednesday, 12 May 2022 10:00 AM
Join via Zoom
<https://who.zoom.us/j/91811200000>

It's time
to build a fairer, healthier world for everyone, everywhere.

LAUNCH SPEAKERS

COUNTRY PANEL

MODERATED BY Dr Kumanan Perera, Director of Health. More information...



World Health Organization
Summer
University of Lausanne

Home Contact

Health equity in

This summer school entitled "Health equity in" through specific daily themes.

Description	Speakers
Accommodation	Scholarship
Who?	Families
When?	6 - 10 July
Where?	UNIL
For whom?	Doctors, social workers, health professionals, etc.
How much?	CHF 1000
Credits?	3 ECTS
Language?	English



APPROVED BY
SIWF^{FMH}
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COMITÉ D'ORGANISATION
Département Vulnérabilités et Médecine sociale - Unisanté
Prof. Patrick Bodenmann, Brigitte Pahud Vermeulen, Dr Kevin Morisod, Dre Véronique Grazioli, Patricia Silvestre, Christelle Badino Brás

LANGUES
Français et langue des signes française

SUPPORTS

- Interprètes en langue des signes française
- Codeurs - interprètes en langue parlée complétée (LPC)
- Boucle magnétique (sur demande)
- Sous-titrage instantané

CRÉDIT
L'institut suisse pour la formation médicale postgraduée et continue FMH (ISFM) accorde 7 crédits par participant·e

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ÉVÈNEMENT PAYANT
Informations et inscription ▼

14 DÉCEMBRE 2022
9H00 – 16H45 Auditoire César Roux, CHUV

SYMPOSIUM ROMAND SUR L'ÉQUITÉ EN SANTÉ :
Populations S/sourdes* et malentendantes

SWISS HOSPITALS FOR EQUITY
CHUV
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* Le terme « S/sourde » inclut les personnes qui s'identifient comme appartenant à la communauté Sourde (S) et les personnes qui ne s'identifient pas comme telles (s)