

INNOVATIVE EQUITY IN SWITZERLAND: THE AUDACITY OF HOPE!



Health Equity Forum 2024 - Lausanne, November 22th 2024

Equity in Healthcare: policy frameworks and innovative practices

Part II: Bridging the gap: Transforming evidence into practice and promoting innovation for equitable healthcare

Prof. Patrick Bodenmann

Department of Vulnerabilities and social medicine - Unisanté

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

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« Welcome to the world of polycrisis »



In March 2022, Ukrainians fleeing the

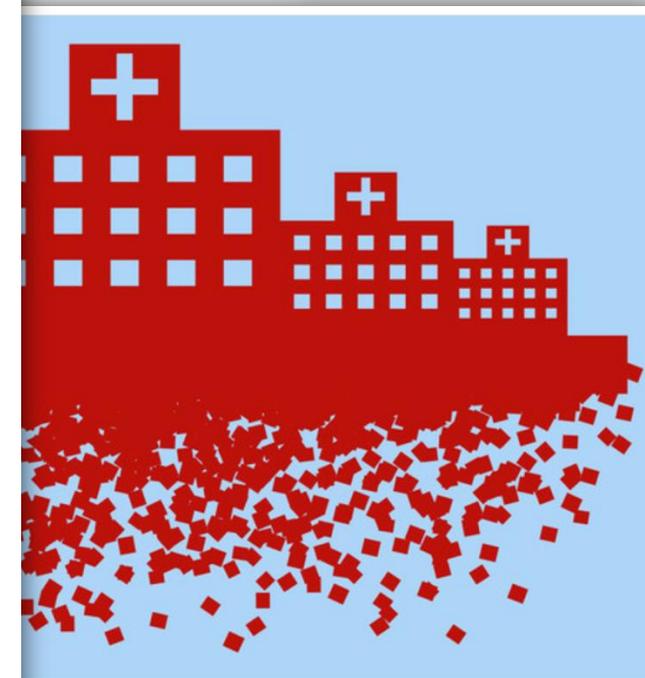
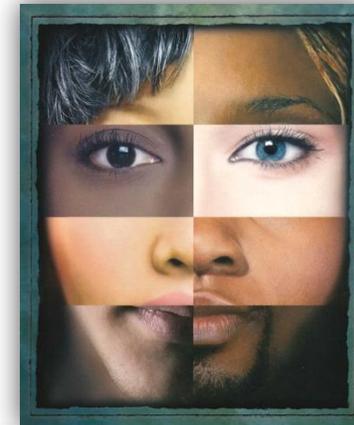
smw • swiss medical weekly

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Cite this as: Swiss Med Wkly. 2024;154:3714

Monitoring equity in the delivery of health services: a Delphi process to select healthcare equity indicators

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- ^w Universität Zürich, Zürich, Switzerland



Tooze A. Welcome to the world of the Poly
Smeling RH. Is our health care system bro

Bridging the gap: evidence, practice, innovation



Agenda



- Evidence
 - International
 - National
- Innovation, practice
 - Equity problem
 - Innovation
 - Results
 - Challenges

1. D/deaf and HoH patients - evidence



International

430 million people (5,5% of the global population)

700 million by 2050?

- > **Physical** and **mental** health problems
- < **Access to healthcare and quality of care**
 - Communicational barriers
 - Worsened by the Covid-19 pandemic
- **Medical needs not met**
 - Healthcare workers not trained to properly communicate with these patients;
 - Medical setting not tailored to these patients' needs

Deafness and Hearing Loss, 2021.

<https://www.who.int/news-room/fact-sheets/detail/deafness-and-hearing-loss>

Naderson et al., 2018; Sitbon, 2015; Fellingner et al, 2007; Gopinath et al, 2012

National



- **46 studies → 7 categories** of interventions facing healthcare or health education inequities emerged:
 - Use of Sign Language / translation, validation and identification of clinical tools and scales
 - Healthcare provider training program
 - Development of adapted healthcare facilities / online interventions / education programs / videos
- **In French-speaking Switzerland for instance:**
 - Lack of sign language interpreters / cued speech coders
 - Healthcare workers not trained, lack of awareness

Cantero et al., 2017; Malebranche et al., 2020

D/deaf and HoH patients: innovation, practice

Developing and Evaluating a Capacity-Building Intervention for Healthcare Providers to Improve Communication Skills and Awareness of Hard of Hearing and D/deaf Populations: Protocol for a Participative Action Research-Based Study

Patrick Bodenmann¹, Pascal Singy², Miriam Kasztura¹, Madison Graells¹, Odile Cantero¹, Kevin Morisod¹, Mary Malebranche^{1,3}, Pascal Smith⁴, Stéphane Beyeler⁴, Tanya Sebai¹ and Véronique S. Grazioli^{1*}



STUDY PROTOCOL
published: 28 April 2021
doi: 10.3389/fpubh.2021.615474

Study aim:

Develop a capacity building intervention to increase awareness of HoH and D/deaf patients' communication needs

Methodology:

Participatory action research (using Community Based Participatory Research - CBPR)



- **Participants**
 - N=28 (nurses, pharmacists, admin, community workers; mean age=46.3)
- **Quantitative longitudinal evaluation**
 - Perceived knowledge (experience, needs, communication)
 - Perceived self-efficacy to communicate
 - Institutional benefits (pre and post 6 months)
- **Main findings**
 - Significant increase in perceived knowledge, $t(24) = -7.81, p < .001$ between T0 and T1
 - Significant increase in perceived self-efficacy, $t(24) = -10.23, p < .001$ between T0 and T1;
 - Institutional benefits: NS
- **Qualitative research**
 - Positive experience and benefits

2. Homeless - evidence



International

People experiencing homelessness (PEH) face **inequities across a wide range of health issues:**

- **Infectious** illnesses (e.g., tuberculosis, HIV)
- **Chronic** medical conditions (e.g., heart disease, stroke)
- **Mental-health** challenges (e.g., depression, anxiety)
- Higher risk of dealing with **substance use disorders**
- Higher risk to be exposed to **aggressions, injuries and intoxications**
- Higher **mortality**

I S et al. Lancet . 2014; Lewer D et al. BMJ Open. 2019; Gutwinski S et al. PLoS Medicine. 2021; Baggett TP et al. American Journal of Public Health. 2015; Baggett TP et al. JAMA Intern Med. 2013

Koh K.A. Invisible deaths- Mortality among People Experiencing Homelessness. NEJM, November 21, 2024

National

Despite the **lack of official statistics**, local monitoring and reports indicate that homelessness also represents a public health issue in Switzerland:

- Up to **730 individuals** were estimated to be homeless on a given night in 2021 in Geneva city (for 204,784 residents in 2021)
- About **250 individuals** were homeless in Lausanne (**146,910 residents in 2021**), although internal monitoring reports from local emergency shelters (i.e., describing the number of different PEH using their facility and the number of refusals per year) suggested that this number may be underestimated
- Schaad et al: same results related to inequities

Schaad L et al. Healthcare needs, expectations and experiences of people experiencing homelessness in Western Switzerland. *Swiss Medical Weekly*. Accepted.

Jackson Y et al. Rev Med Suisse. 2016; Briner D et al . Psychiatr Prax. 2017

People Experiencing Homelessness (PEH): innovation, practice

- PEH **disproportionally affected** by bio-psycho-social issues.
 - **Complementary medicines (CM)** are well recognized as first-line treatment adjuncts for certain health issues, but scarce research involved PEH.
 - This **study aimed** to test the feasibility of implementing music therapy (MT) among PEH and evaluated its impact on health-related quality of life (QoL) and psychological stress.
 - **Intervention:** six 2-hour **MT** sessions delivered by a certified music therapist + peer support staff with lived EH (6 weeks).
 - **Participants:** PEH French-speaking Switzerland who completed a questionnaire assessing their QoL and psychological stress before (T0) and after the intervention (T1) and took part in semi-structured interviews at T1 .
 - **Analysis:** Wilcoxon signed-rank tests compared scores at T0 and T1 and linear regressions tested the associations between the number of sessions attended and scores at T1.
 - On average, participants participated in **3.5 sessions/6** and **11** (91.7%) completed the assessment at T1.
 - Findings showed significant differences between scores at T0 and T1 for **physical-QoL, psychological-QoL and psychological stress.**
 - The **number of sessions** attended were significantly related to increased physical-QoL and decreased psychological stress.
- « Music therapy helped me morally, I could express myself with the instruments. »
- « Concentrating on the music brings peace, makes you serene, some sounds are calming. »



Some souvenirs



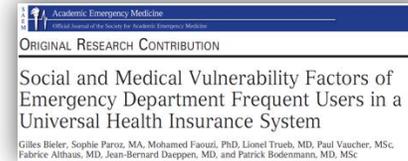
3. Frequent users of the ED - evidence



International

- **Locker TE, Baston S, Mason SM, Nicholl J. Defining frequent use of an urban emergency department.** *Emergency Medicine Journal.* 2007;24(6):398-401.
- **LaCalle E, Rabin E.** Frequent users of emergency departments: the myths, the data, and the policy implications. *Annals of Emergency Medicine.* 2010;56(1): 42-8

National

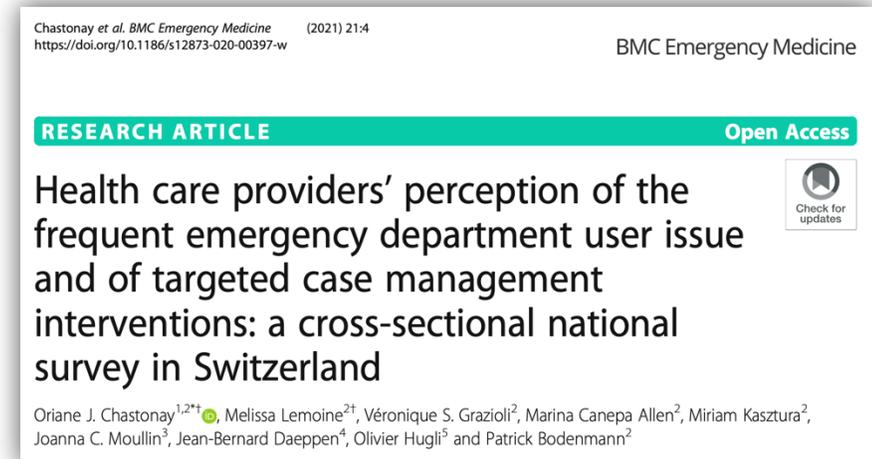


© 2012 by the Society for Academic Emergency Medicine
doi: 10.1111/j.1553-2712.2011.01246.x



Volume 58, NO. 1 : July 2011

Annals of Emergency Medicine 41





Case Management Frequent use in a Ur a Randomized Con

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Stéphanie Baggio, PhD³, Katia Iglesias, Ph
Bernard Burnand, MD MPH⁵, Jean-Blaise
Joelle Schupbach, RN¹, Olivier Hugli, MD

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²Institute of Higher Education and Research in Healthcare, D
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⁵Institute of social and preventive medicine, Lausanne Univer
Hospital, Lausanne, Switzerland; ⁷EMS - Plateforme interfacu
Switzerland; ⁸Department of Community Medicine and Publ
Department, Lausanne University Hospital, Lausanne, Switzer
Switzerland.

J Gen Intern Med 32(5):508–15
DOI: 10.1007/s11606-016-3789-9
© Society of General Internal Medicine 2016

Bodenmann et al. BMC Health Services Research 2014, 14:264
http://www.biomedcentral.com/1472-6963/14/264

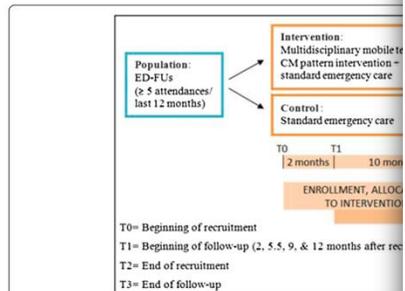


Figure 1 Study design: study design with inclusion and follow-up timetable

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

Using case management in a universal health coverage s to improve quality of life of frequent Emergency Departm a randomized controlled trial

Katia Iglesias^{1,2} · Stéphanie Baggio³ · Karine Moschetti
Jean-Bernard Daeppen⁹ · Bernard Burnand⁴ · Patrick I

Accepted: 8 November 2017 / Published online: 29 November 2017
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RESEARCH ARTICLE

Health care cost
frequent users of
Hospital and ins

Karine Moschetti^{1,2,3*} , Katia I
Olivier Hugli⁷, Bernard Burnand
Patrick Bodenmann⁹

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interfacultaire en économie et manage
⁴ School of Health Sciences (HEdS-FI
Fribourg, Switzerland, ⁵ Life Course a
Lausanne, Switzerland, ⁶ Department
Hospital, Lausanne, Switzerland, ⁷ En
Switzerland, ⁸ Alcohol Treatment Cen
⁹ Vulnerable Population Center, Depa
Lausanne, Lausanne, Switzerland

Open access

Original research

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

Laureline Brunner ,¹ Marina Canepa Allen,¹ Mary Malebranche,²
Catherine Hudon ,³ Nicolas Senn,⁴ Olivier Hugli ,⁵ Francis Vu,¹
Christina Akre,⁶ Patrick Bodenmann¹

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

BMC Health Services Research

STUDY PROTOCOL

Open Access



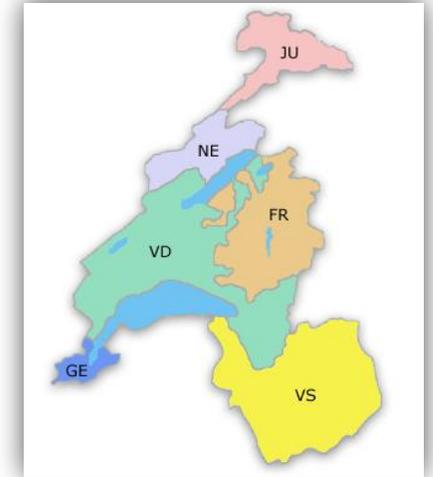
Implementing a case management intervention for frequent users of the emergency department (I-CaM): an effectiveness-implementation hybrid trial study protocol

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



Implementing a Case Management Intervention for Frequent Users of the Emergency Department (I-CaM): An Effectiveness-Implementation Hybrid Study

Véronique S. Grazioli, Elodie Schmutz, Madison Graells, Joanna Moullin, Julia Ambrosetti, Séverine Charbonnet-Lusson, Michel Golay, Yamina Guemazi, Julien Ombelli, Sara Pires, Vincent Ribordy, Vincent della Santa, Olivier Hugli, Jean-Bernard Daepfen & Patrick Bodenmann



- Department of Vulnerabilities and Social Medicine, Center for Primary Care and Public Health, Chair of medicine for vulnerable populations, University of Lausanne
- Faculty Health Sciences, Curtin University, Western Australia
- Emergency Department, Geneva University Hospital
- Emergency Department, Valais Hospital
- Emergency Department, La Broye Hospital

- Emergency Department, Jura Hospital
- Emergency Department, North Vaud Hospital group
- Bernese Jura Hospital
- Emergency Department, Neuchâtel Hospital
- Emergency Department, Lausanne University Hospital, University of Lausanne
- Addiction Medicine, Department of Psychiatry, Lausanne University Hospital

4. Asylum seekers (AS) - evidence



International



National

Nouveaux enregistrements statut S Ukraine
Total des deux dernières semaines

Statut	Nombre
Statuts S accordés	97 491
Statuts S refusés	2 848
Statuts S actifs	66 763
Demandes de statut S	111 435
Demandes en suspens	5 035
Demandes radiées	6 604

Département fédéral de justice et police DFJP
Secrétariat d'État aux migrations SEM
Centre de suivi de la situation

Point de la situation #276 - 07.11.2024
Prochaine édition: 21.11.2024
À l'usage exclusif de l'administration

Pays d'origine des requérants d'asile
Top 5

Pays	Nombre
AFG	~1300
TUR	~1000
DZA	~500
ERI	~400
SYR	~300
Total	~2600

UNHCR Mid-year trends 2024

Abubakar I, Aldridge RW, Devakumar D, et al. **The UCL-Lancet Commission on Migration and Health: the health of a world on the move.** *Lancet*. Dec 15 2018;392(10164):2606-2654.doi:10.1016/S0140-6736(18)32114-7

Open access Protocol

BMJ Open Impact of legal status change on undocumented migrants' health and well-being (Parchemins): protocol of a 4-year, prospective, mixed-methods study

Yves Jackson,¹ Delphine S Courvoisier,² Aline Duvolsin,³ Giovanni Ferro-Luzzi,^{4,5} Patrick Bodenmann,⁶ Pierre Chauxin,⁷ Sara Guezeous,⁸ Hans Wolff,⁹ Stéphane Cullati,^{1,10} Claudine Burton-Jeangros^{1,10}

Jackson Y, et al. *BMJ Open* 2019;9:e028336. doi:10.1136/bmjopen-2018-028336

RESEARCH ARTICLE

Trauma consultations in a Swiss tertiary emergency department: Comparison of asylum seekers and the local population—Patient characteristics and patterns of injuries, a retrospective study

Anne Jachmann,^{1,2,3} Rabia Saffari^{1,3}, Henk Eljer³, Adam D. Brown^{4,5}, Evika Karamagioti⁶, Emmanouil Pkoulitis⁶, Aristomenis Exadaktylos⁶, Karsten Klingenberg⁷, David Srivastava⁸

¹ Emergency Department, University Hospital Bern, Bern, Switzerland; ² Medical School, National and Kapodistrian University of Athens (NKUA), Athens, Greece; ³ Department of Orthopedic Surgery, Spital Emmental, Burgdorf, Switzerland; ⁴ Department of Psychology, New School of Social Research, New York, NY, United States of America; ⁵ Department of Psychiatry, New York University School of Medicine, New York, NY, United States of America

Welfare & equity implications of primary care delivery, patient cost-sharing, and emergency care use (WEIPRIC)

SUPSI

Igor Francetic

November 14, 2022

AS: innovation, practice: Integrative / family consultation

frontiers
in Medicine

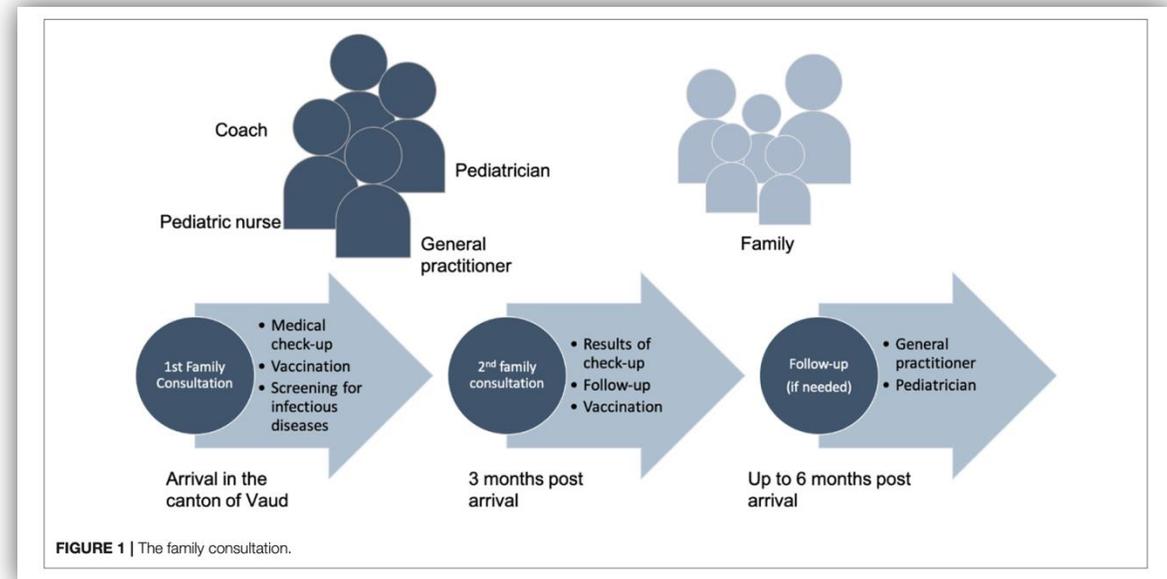
COMMUNITY CASE STUDY
published: 26 November 2021
doi: 10.3389/fmed.2021.728878

Check for updates

Medical Facilities for Refugees in Europe: Creating a Consultation for Resettled Syrian Families

Nahema El Ghaziri¹, Jeremie Blaser^{1*}, Mary Malebranche², Brigitte Pahud-Vermeulen¹, Teresa Gyuriga³, Joan-Carles Suris^{1,3}, Mario Gehri³ and Patrick Bodenmann¹

¹ Department of Vulnerabilities and Social Medicine, University Center of General Medicine and Public Health, Lausanne, Switzerland, ² Department of Medicine, Dalhousie University, Halifax, NS, Canada, ³ Department Woman-Mother-Child, Lausanne University Hospital, Lausanne, Switzerland





When Worlds Collide: The Problem of Health Inequities and Anti-Immigrant Politics

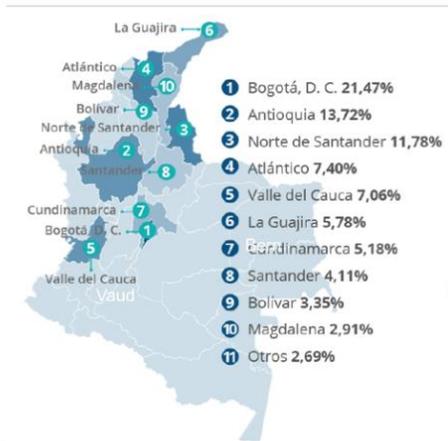
Mark Kuczewski

Stritch School of Medicine, Loyola University Chicago

Legal Status, Mental Health and Well-Being of Asylum Seekers and Forced Migrants: A Natural Policy Experiment in Switzerland and Colombia (AMIGO)

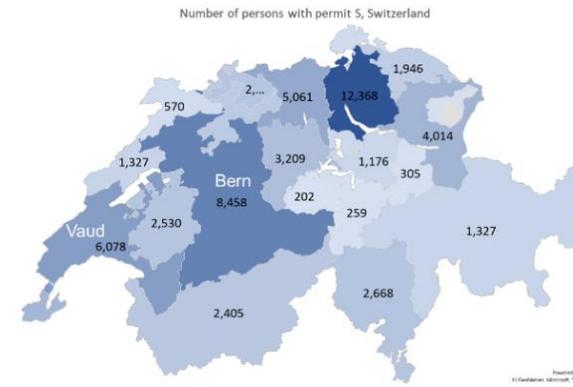
P Bodenmann, A Jachmann, M Avendano, K Morisod, V Grazioli, M Escobar Lux, F Idrobo Bonilla

Figure 1.1. Residential place of Venezuelan migrants in Colombia, 2022



Source: International Organisation for Migration, 2024

Figure 1.2. Number of persons with permit S, Switzerland



Source: Statistique en matière d'asile, septembre 2024

Healthcare access, quality and financial risk protection among displaced Venezuelan women living in Brazil: a cross-sectional study

Rodrigo Moreno-Serra,^a Ivan Ochoa-Moreno,^{a*} Misael Anayo-Montes,^b Luis Cardoso Fernandes,^c Thaiza Gomes,^d Maria Do Carmo Leal,^e and Cristóbal Cuadrado^f

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journal homepage: www.elsevier.com/locate/jmh



Factors associated with attendance to and completion of prenatal care visits in Colombia among urban-residing Venezuelan refugee and migrant women

Justin Untermaher^{a,b}, José Rafael Guillén^c, Jennifer Ortiz^c, Megan Stevenson^d, Miguel Angel Barriga Talero^e, Kathleen R. Page^{a,f,g}, Jhon Jairo López^h, Jhon Freddy Ramirez Correaⁱ, Ricardo Luque Núñez^j, Julián A. Fernandez-Niño^k, Paul B. Spiegel^l, Elana Liebow-Fessler^l, Andrea L. Wirtz^{l,m}

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Rueda-Salazar and García *International Journal for Equity in Health* (2024) 23:210
<https://doi.org/10.1186/s12939-024-02296-z>

International Journal for Equity in Health

RESEARCH

Open Access

The public health challenges of female migration: the Venezuelan diaspora in Andean countries

Sarahí Rueda-Salazar^{1,2,5*} and Jenny García^{3,4,6}

5. Prisoners - evidence

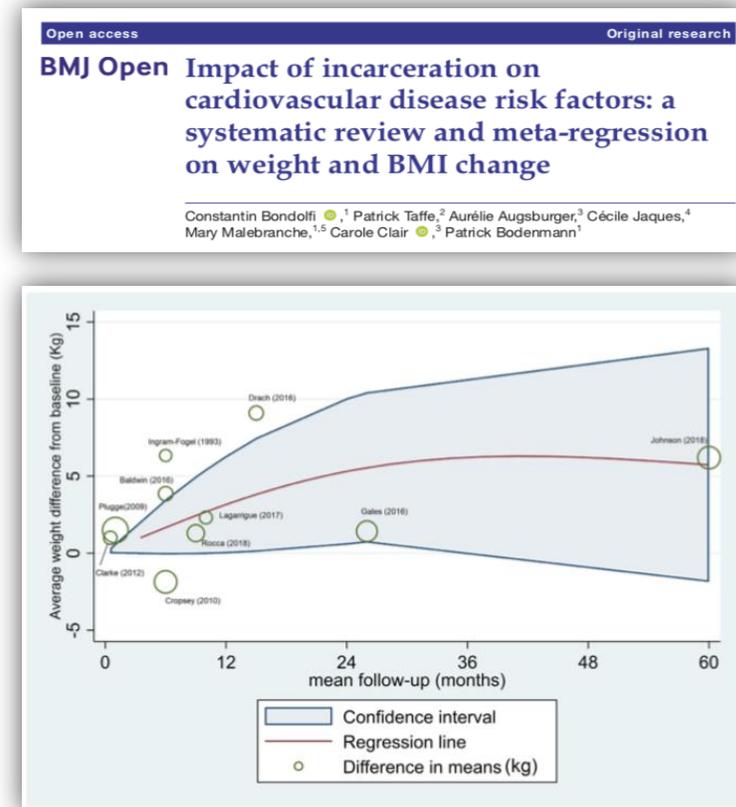
- International

- Where are the **most prisoners** in the world? USA, Rwanda, Turkmenistan, Salvador, Cuba
- A lot of studies concerning:
 - Mental health
 - At risk behaviors
 - Infectious diseases (Covid)
- ...What about chronic diseases?

Fazel S et al. The health of prisoners. *The Lancet*. 2011

Wolff H et al work during the last 20 years/ Geneva

- National



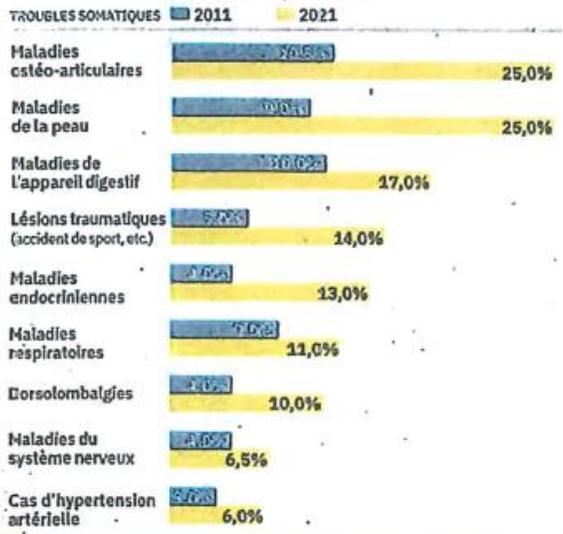
La santé des prisonniers va



À terme, le manque de moyens pourrait mettre à mal l'accès aux soins des détenus. Ici, l'entrée des Établissements de la plaine de l'Orbe.
YVAIN GENEVA

La santé des détenus dans les prisons vaudoises

Augmentation des troubles somatiques entre 2011 et 2021
Sur la base du relevé des diagnostics posés par les médecins internistes généralistes du SMPP (pourcentage de détenus atteints dans leur santé par rapport à la population globale des détenus)



Augmentation des troubles psychiques entre 2011 et 2021
Sur la base du relevé des diagnostics posés par les psychiatres du SMPP

TROUBLES PSYCHIQUES	TENDANCE	POURCENTAGE DE DÉTENUX ATTEINTS
Dépendances et abus de substances	En hausse	Entre 44 et 48%
Troubles de la personnalité	En hausse	Entre 15 et 21%
Troubles anxieux et de l'adaptation	En hausse	Entre 11 et 15%
Troubles psychotiques	En hausse	6,6% en 2021

La santé des détenus vaudois se dégrade

Les troubles psychiques et les pathologies somatiques augmentent, révèle le chef de la médecine pénitentiaire vaudoise. Le système semble atteindre ses limites.

Éditorial sur les prisons vaudoises

De fausses économies

Les autorités n'hésitent pas à investir dans la sécurité des prisons, moins dans les soins offerts aux détenus. Un choix illogique du point de vue sécuritaire.

«Les détenus malades ne guérissent pas. Et un séjour derrière les barreaux peut même empirer leur état.»

se dégrade



Organisation actuelle

Un hôpital de jour et une permanence

Des unités psychiatriques existent aujourd'hui à la prison de la Croisée (13 places), aux Établissements de la plaine de l'Orbe (EPO, 8 places) et à Lonay. La future prison des Grands-Marais devrait aussi en contenir une. Le Service de médecine et psychiatrie pénitentiaires (SMPP) est chargé de fournir des prestations ambulatoires aux détenus.

En plus des entretiens psychiatriques et psychothérapeutiques, «le SMPP peut apporter des soins de type hôpital de jour dans les unités psy de la Croisée et des EPO. Un piquet infirmier et un piquet psychiatrique peuvent aussi être sollicités en dehors des heures ouvrables.»

Comment fonctionnent ces deux dispositifs? Architecturalement, l'hôpital de jour ressemble aux unités classiques, les détenus logés dans des cellules. Des locaux soûdés permettent des ac-

cessions. Un infirmier travaillant dans la prison concernée est de permanence et doit pouvoir se rendre sur place en moins d'une heure.

En fonction de la situation, il peut faire donner une médication validée par un médecin ou se déplacer, éventuellement accompagné du psychiatre de piquet, voire de

«Le Service pénitentiaire et le SMPP travaillent ensemble afin d'améliorer la prise en charge.»

Didier Delassart, chef du Service de médecine et psychiatrie pénitentiaires

Prisoners: innovation, practice

Transitional care interventions (TCIs)



Mortality, including at 90 days post-discharge
Hospital readmission rate at 30, 90 and 180 days
Overall **cost** or at least without inscreasing cost



Quality of life
Mental health status
Patient empowerment

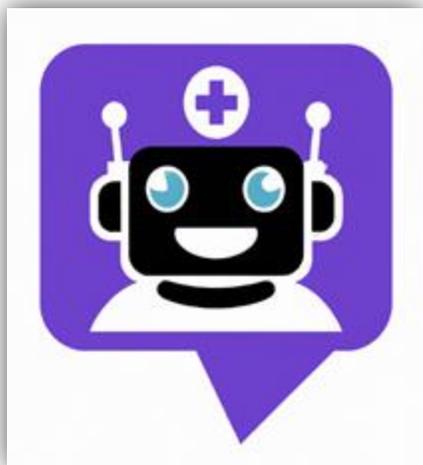
Aim: Provision of support adapted to the specific needs of patients in a structurally vulnerable situation during their transition from jail to the community.

Wrap up



1. D/deaf and HoH patients: **capacity - buiding intervention**
 2. Homeless: integrative medicine: **musicotherapy**
 3. Frequent users of the ED: **case magement**
 4. Asylum seekers: **integrative / family consultation** / south → north
 5. Prisoners: **transitional clinic**
-
- 5 ingredients (evidence, innovative, implementation into the practice)
 - Bridging the Gap...
 - The audacity of hope!

Innovations in health equity



NaviSanté : digital AI platform for navigating in the social and health system

Comprendre l'équité en santé grâce à l'intelligence artificielle
L'exemple de l'Agent-Based Modelling (ABM)

Dr KEVIN MORISOD^{1*}, Dr KHOA NGUYEN^{2*}, Dre VÉRONIQUE S. GRAZIOLI¹, Pr JOACHIM MARTI¹ et Pr PATRICK BODENMANN³
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World Health Organization

GLOBAL SCHOOL ON REFUGEE AND MIGRANT HEALTH

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