NOS RENDEZ-VOUS
SANTÉ & COLLECTIVITÉS :

WEBINAIRE 01

QU'EST-CE QUE LA SANTÉ ?
INTRODUCTION AUX DÉTERMINANTS DE LA SANTÉ

Eric Breton – Enseignant-chercheur à l'EHESP et
chercheur au laboratoire Arènes (UMR CNRS 6051: équipe INSERM U1309)

24 mars 2022

@breton_e /bretoneric

cres

Remerciements

A l'ARS et au CRES PACA pour leur invitation.

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1 LES SOINS DE SANTÉ COMME DÉTERMINANTS DE LA SANTÉ DES POPULATIONS

Un argument en faveur de la promotion de la santé

La plupart des gains en termes de santé et d'espérance de vie sont attribuables à l'amélioration des conditions de vie : nutrition, habitat, hygiène, éducation

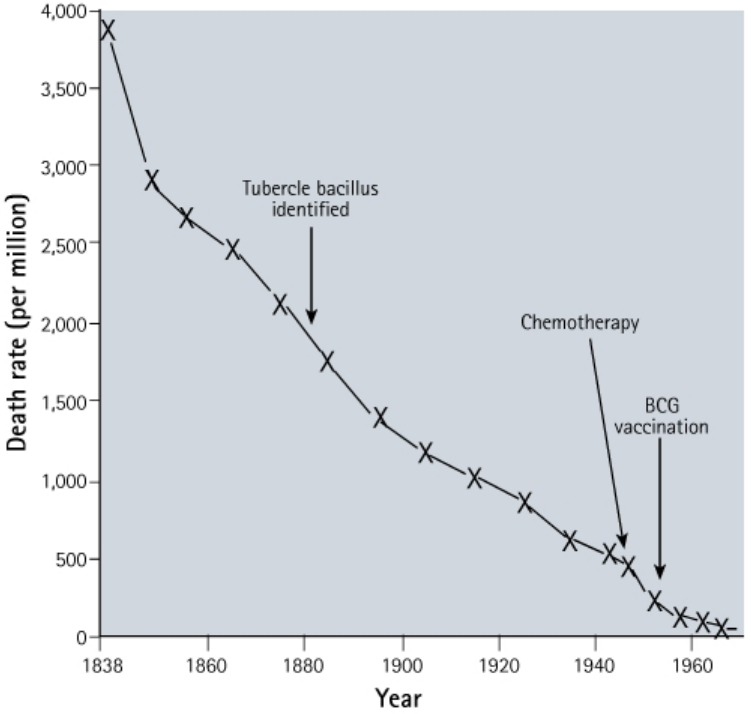
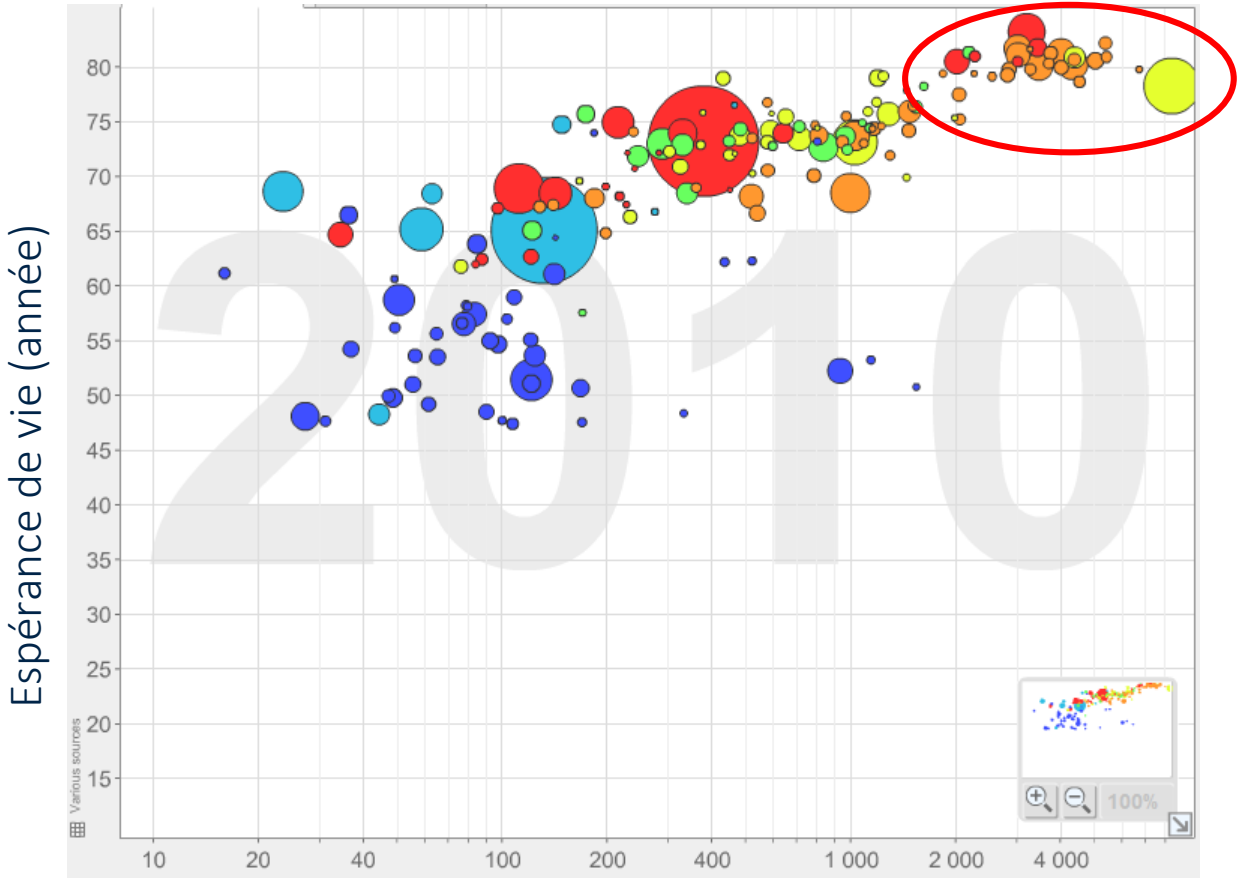


Figure 2. Age-adjusted death rates for respiratory tuberculosis: England and Wales. McKeown (1979)



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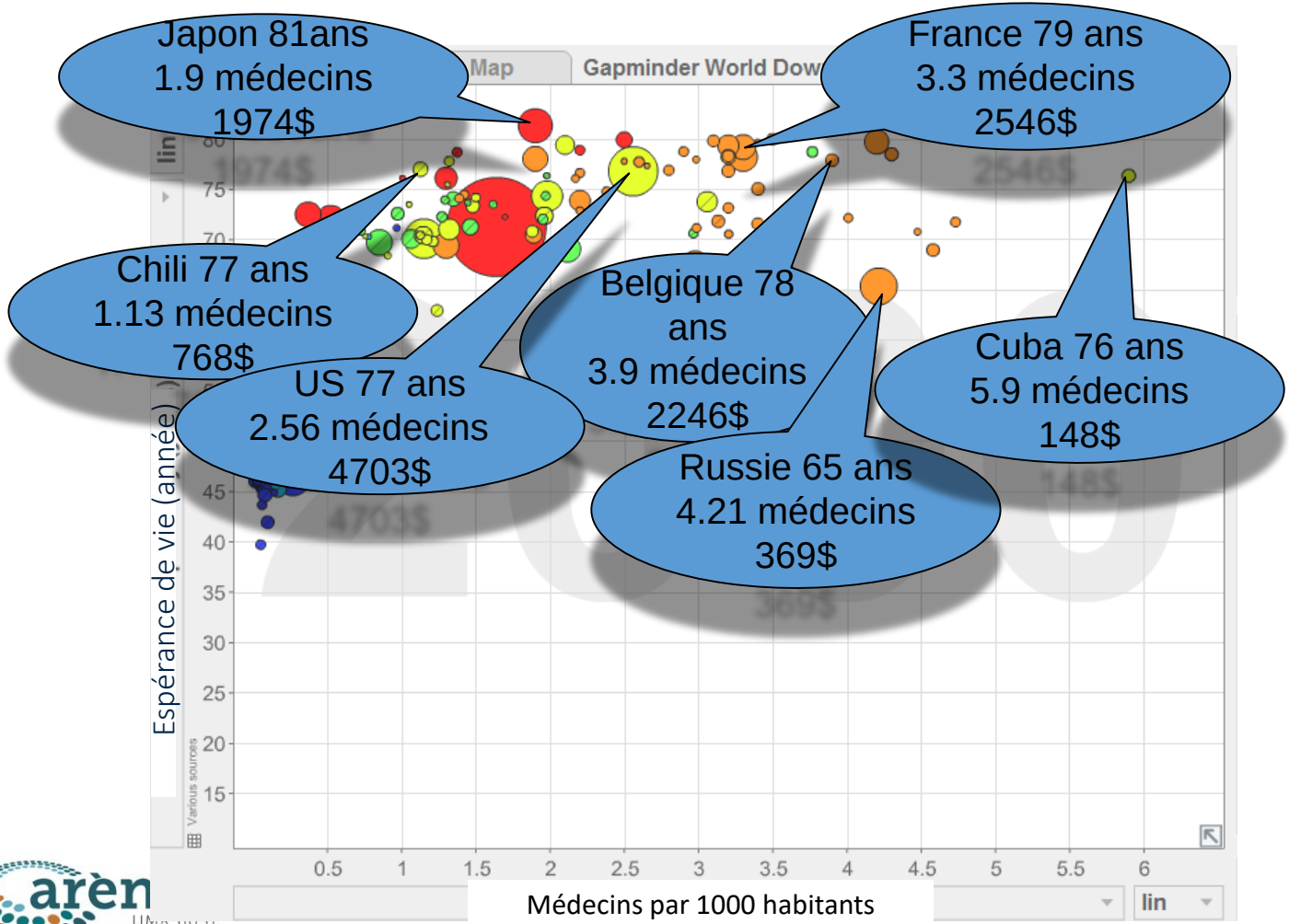

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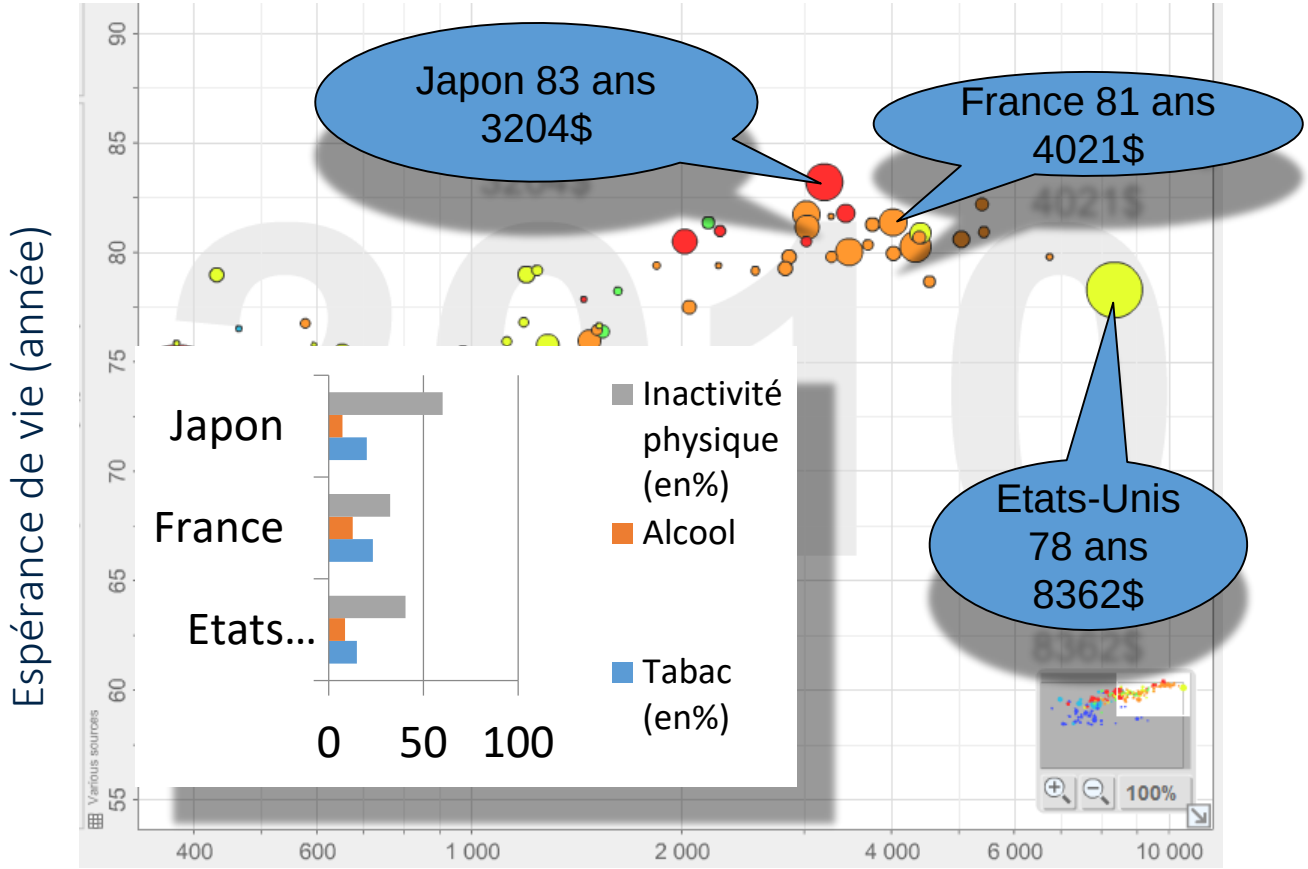

Dépense totale de santé par habitants ($ international)

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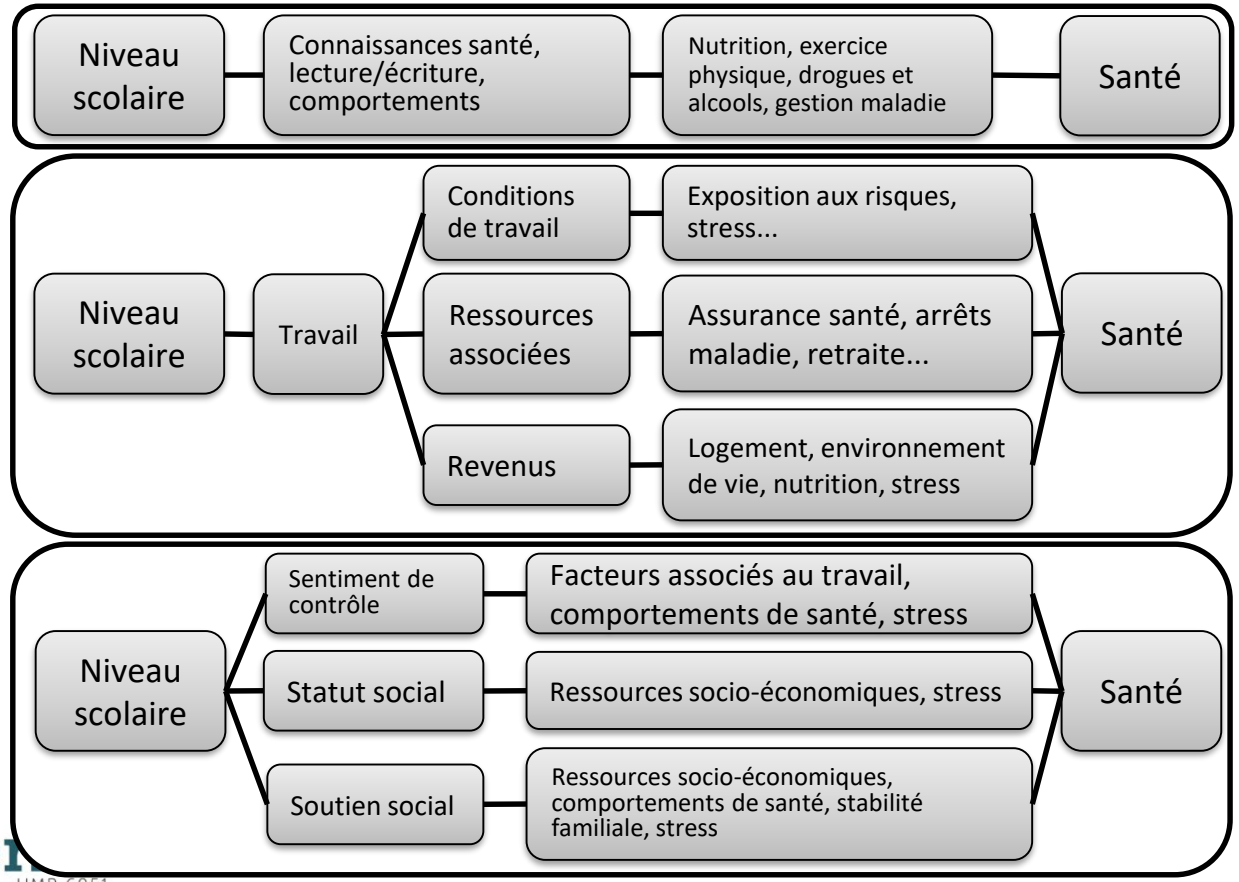
2 LE NIVEAU D'ÉDUCATION, DE LITTÉRATIE ET LA SANTÉ…

De multiples pistes relient le niveau d'éducation à la santé



Adapté de Braveman, Egerter & Williams (2011)

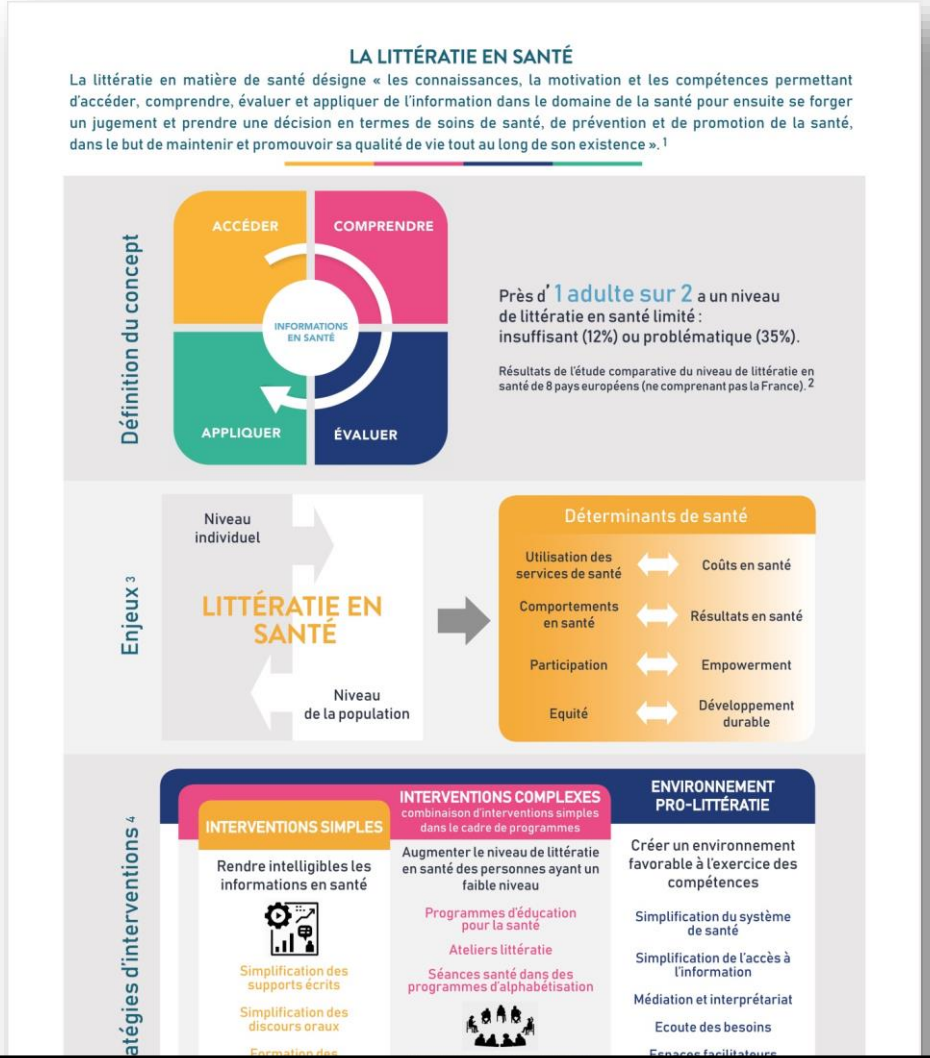
La littératie en santé

Améliorer au sein de la population:

- L'accès;
- La compréhension;
- L'évaluation et;
- L'application…

des informations et connaissances en santé (tant sur le traitement que sur le système de soins).

www.promosante-idf.fr/dossier/litteratie



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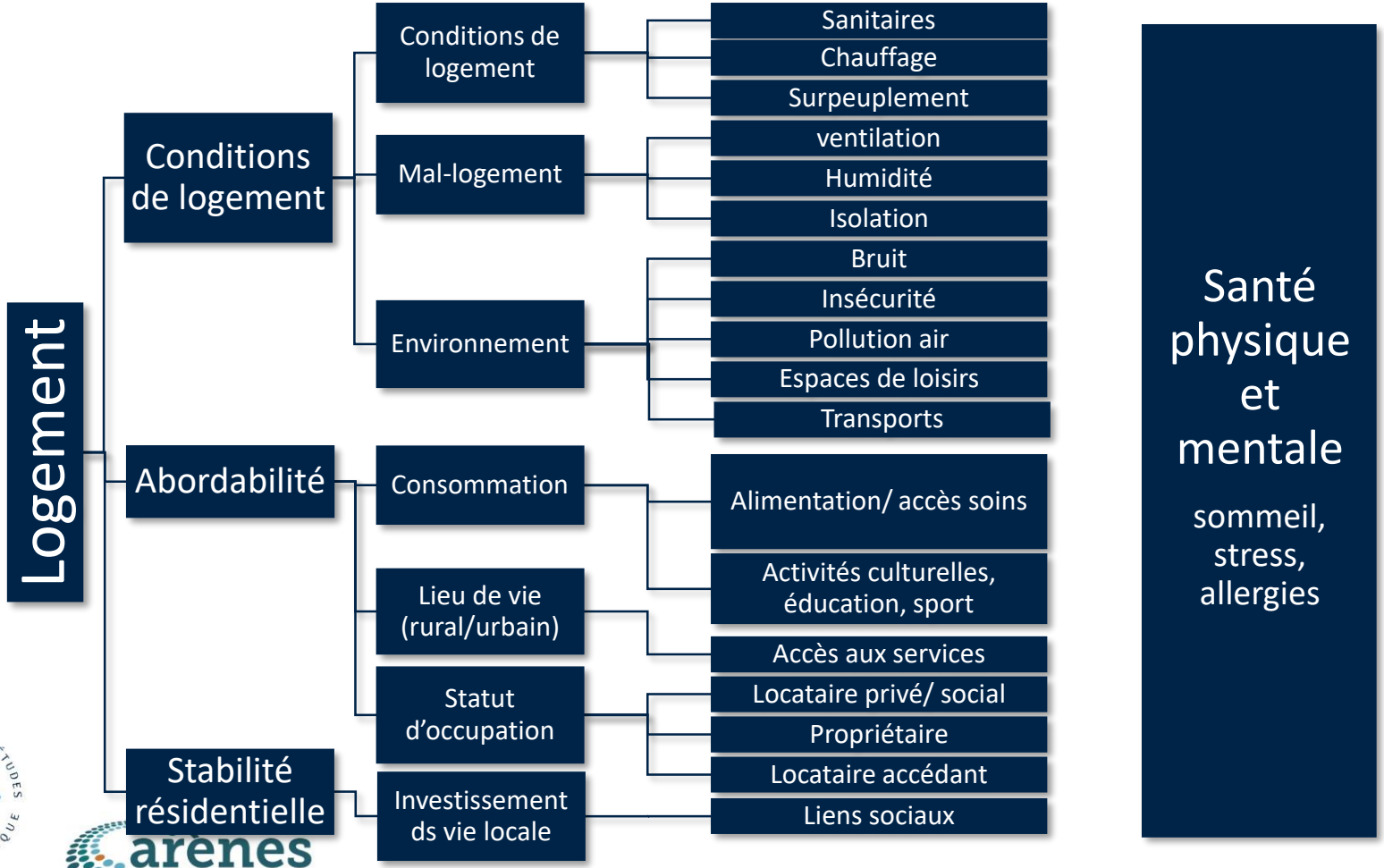
3 LES CONDITIONS DE LOGEMENT…



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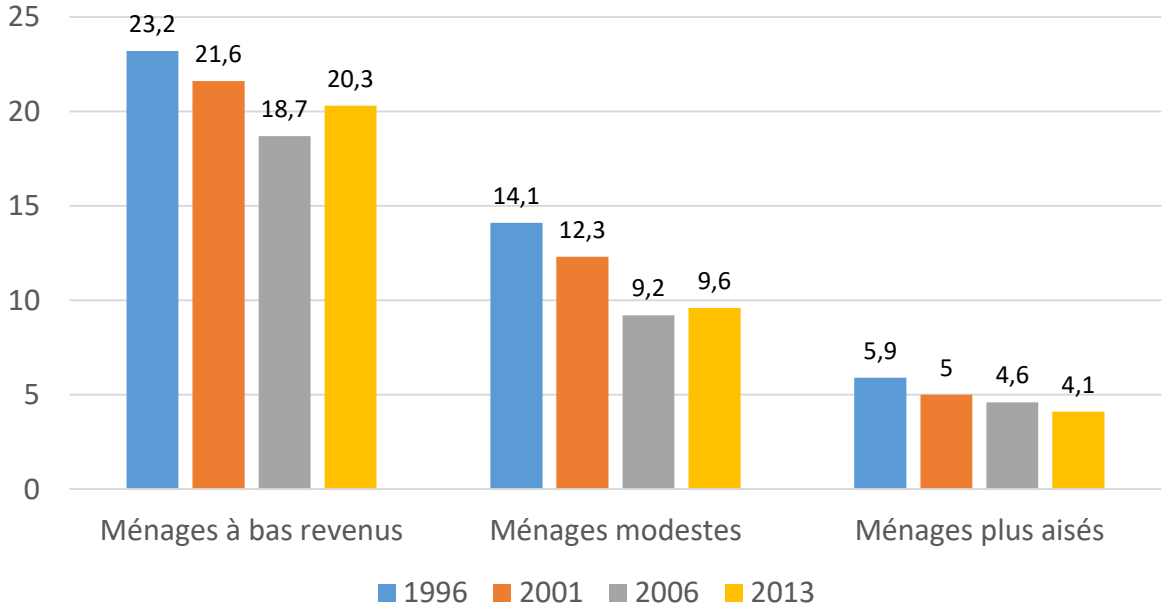
Remerciements à Martina Serra pour la synthèse des échanges d'un atelier sur le logement tenu le 11/09/2018 dans le cadre du Certificat Promotion de la santé des populations de l'EHESP.

Taux de surpeuplement, selon le niveau de vie, depuis 1996



Source: Calvo, M., & Richet-Mastain, L. (2018). Conditions de logement : amélioration de la situation des ménages à bas revenus mais des inégalités toujours marquées. *Etudes & Résultats*, (1069).

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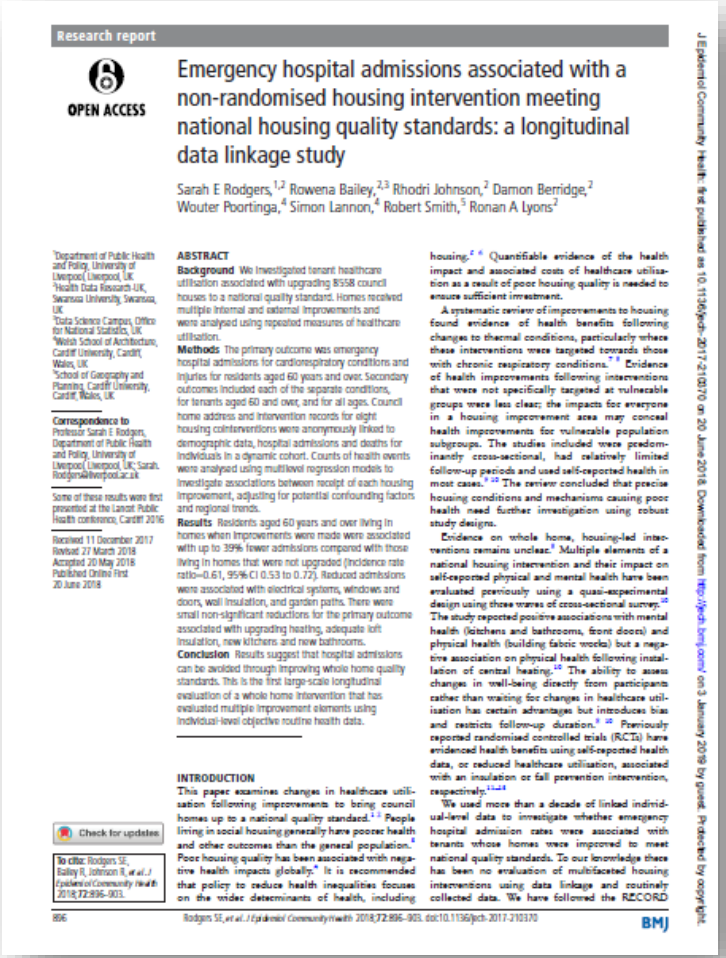
Rodgers, S. E., Bailey, R., Johnson, R., Berridge, D., Poortinga, W., Lannon, S., … Lyons, R. A. (2018). Emergency hospital admissions associated with a non-randomised housing intervention meeting national housing quality standards: a longitudinal data linkage study. *Journal of Epidemiology and Community Health*, *72*(10), 896-903. https://doi.org/10.1136/jech-2017-210370



Research report

OPEN ACCESS

Emergency hospital admissions associated with a non-randomised housing intervention meeting national housing quality standards: a longitudinal data linkage study

Sarah E Rodgers,[1,2] Rowena Bailey,[2,3] Rhodri Johnson,[2] Damon Berridge,[2] Wouter Poortinga,[4] Simon Lannon,[4] Robert Smith,[5] Ronan A Lyons[2]

[1]Department of Public Health and Policy, University of Liverpool, Liverpool, UK; [2]Health Data Research UK, Swansea University, Swansea, UK; [3]Data Science Campus, Office for National Statistics, UK; [4]Welsh School of Architecture, Cardiff University, Cardiff, Wales, UK; [5]School of Geography and Planning, Cardiff University, Cardiff, Wales, UK

Correspondence to
Professor Sarah E Rodgers, Department of Public Health and Policy, University of Liverpool, Liverpool, UK; Sarah.Rodgers@liverpool.ac.uk

Some of these results were first presented at the Lancet Public Health conference, Cardiff 2016

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ABSTRACT

Background We investigated tenant healthcare utilisation associated with upgrading 8558 council houses to a national quality standard. Homes received multiple internal and external improvements and were analysed using repeated measures of healthcare utilisation.

Methods The primary outcome was emergency hospital admissions for cardiorespiratory conditions and injuries for residents aged 60 years and over. Secondary outcomes included each of the separate conditions, for tenants aged 60 and over, and for all ages. Council home address and intervention records for eight housing cointerventions were anonymously linked to demographic data, hospital admissions and deaths for individuals in a dynamic cohort. Counts of health events were analysed using multilevel regression models to investigate associations between receipt of each housing improvement, adjusting for potential confounding factors and regional trends.

Results Residents aged 60 years and over living in homes when improvements were made were associated with up to 39% fewer admissions compared with those living in homes that were not upgraded (incidence rate ratio=0.61, 95% CI 0.53 to 0.72). Reduced admissions were associated with electrical systems, windows and doors, wall insulation, and garden paths. There were small non-significant reductions for the primary outcome associated with upgrading heating, adequate loft insulation, new kitchens and new bathrooms.

Conclusion Results suggest that hospital admissions can be avoided through improving whole home quality standards. This is the first large-scale longitudinal evaluation of a whole home intervention that has evaluated multiple improvement elements using individual-level objective routine health data.

INTRODUCTION

This paper examines changes in healthcare utilisation following improvements to being council homes up to a national quality standard.[1 2] People living in social housing generally have poorer health and other outcomes than the general population.[3] Poor housing quality has been associated with negative health impacts globally.[4] It is recommended that policy to reduce health inequalities focuses on the wider determinants of health, including housing.[5 6] Quantifiable evidence of the health impact and associated costs of healthcare utilisation as a result of poor housing quality is needed to ensure sufficient investment.

A systematic review of improvements to housing found evidence of health benefits following changes to thermal conditions, particularly where these interventions were targeted towards those with chronic respiratory conditions.[7 8] Evidence of health improvements following interventions that were not specifically targeted at vulnerable groups were less clear; the impacts for everyone in a housing improvement area may conceal health improvements for vulnerable population subgroups. The studies included were predominantly cross-sectional, had relatively limited follow-up periods and used self-reported health in most cases.[9 10] The review concluded that precise housing conditions and mechanisms causing poor health need further investigation using robust study designs.

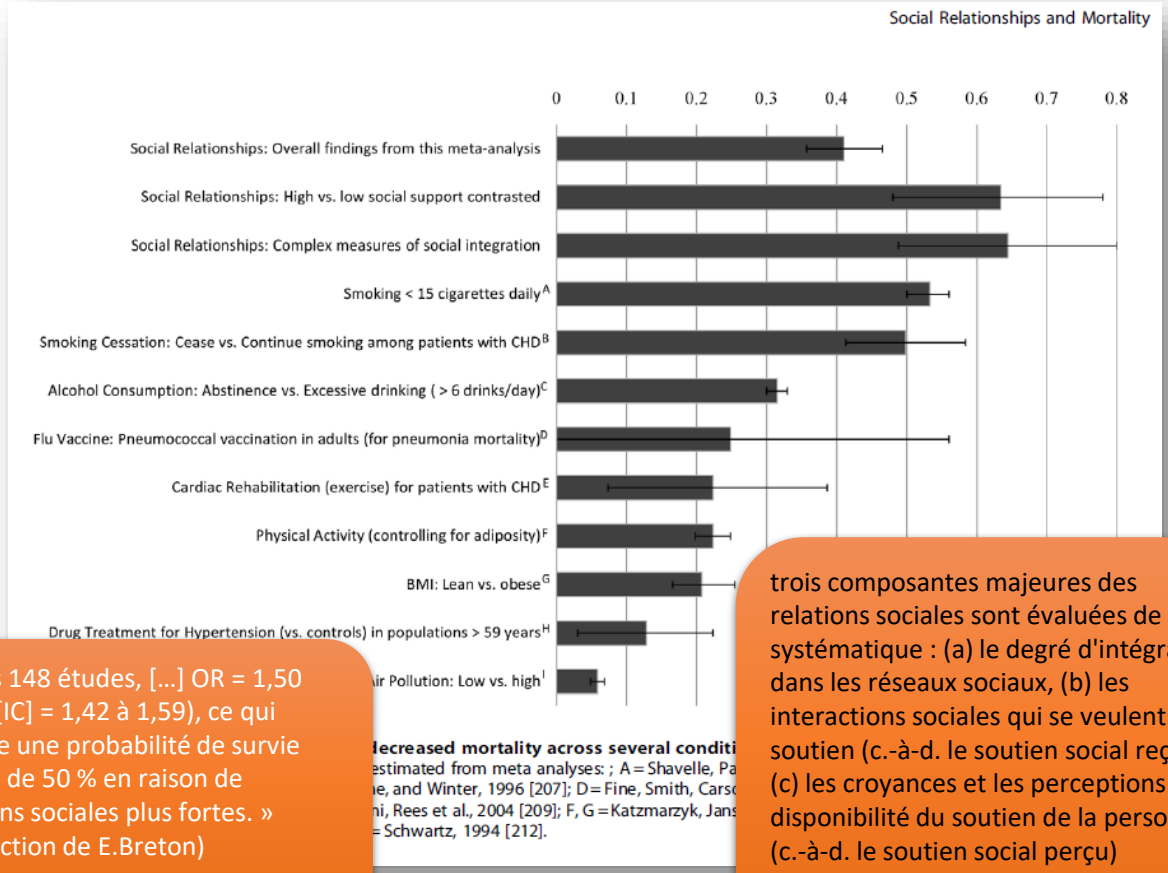
Evidence on whole home, housing-led interventions remains unclear.[3] Multiple elements of a national housing intervention and their impact on self-reported physical and mental health have been evaluated previously using a quasi-experimental design using three waves of cross-sectional survey.[11] The study reported positive associations with mental health (kitchens and bathrooms, front doors) and physical health (building fabric works) but a negative association on physical health following installation of central heating.[12] The ability to assess changes in well-being directly from participants rather than waiting for changes in healthcare utilisation has certain advantages but introduces bias and restricts follow-up duration.[9 10] Previously reported randomised controlled trials (RCTs) have evidenced health benefits using self-reported health data, or reduced healthcare utilisation, associated with an insulation or fall prevention intervention, respectively.[13–15]

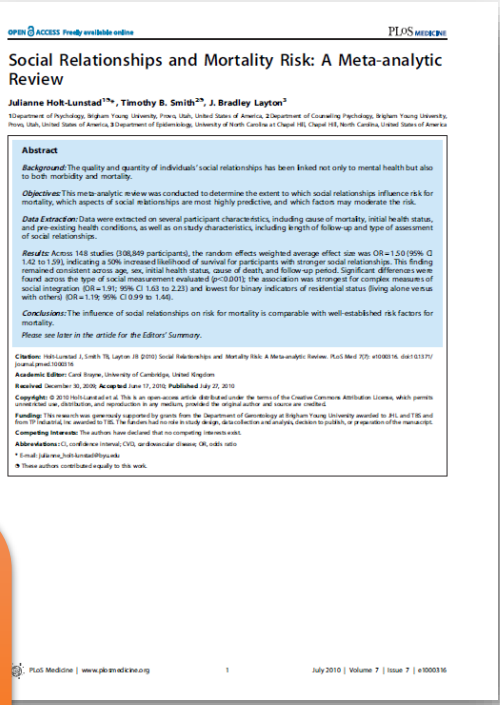
We used more than a decade of linked individual-level data to investigate whether emergency hospital admission rates were associated with tenants whose homes were improved to meet national quality standards. To our knowledge these has been no evaluation of multifaceted housing interventions using data linkage and routinely collected data. We have followed the RECORD

Check for updates

To cite: Rodgers SE, Bailey R, Johnson R, *et al*. *J Epidemiol Community Health* 2018;**72**:896–903.

4 LE SOUTIEN/ L'ISOLEMENT SOCIAL ET LA SANTÉ…





OPEN ACCESS Freely available online PLoS MEDICINE

Social Relationships and Mortality Risk: A Meta-analytic Review

Julianne Holt-Lunstad[1]*, Timothy B. Smith[2]☯, J. Bradley Layton[3]

1 Department of Psychology, Brigham Young University, Provo, Utah, United States of America, 2 Department of Counseling Psychology, Brigham Young University, Provo, Utah, United States of America, 3 Department of Epidemiology, University of North Carolina at Chapel Hill, Chapel Hill, North Carolina, United States of America

Abstract

Background: The quality and quantity of individuals' social relationships has been linked not only to mental health but also to both morbidity and mortality.

Objectives: This meta-analytic review was conducted to determine the extent to which social relationships influence risk for mortality, which aspects of social relationships are most highly predictive, and which factors may moderate the risk.

Data Extraction: Data were extracted on several participant characteristics, including cause of mortality, initial health status, and pre-existing health conditions, as well as on study characteristics, including length of follow-up and type of assessment of social relationships.

Results: Across 148 studies (308,849 participants), the random effects weighted average effect size was OR = 1.50 (95% CI 1.42 to 1.59), indicating a 50% increased likelihood of survival for participants with stronger social relationships. This finding remained consistent across age, sex, initial health status, cause of death, and follow-up period. Significant differences were found across the type of social measurement evaluated ($p<0.001$); the association was strongest for complex measures of social integration (OR = 1.91; 95% CI 1.63 to 2.23) and lowest for binary indicators of residential status (living alone versus with others) (OR = 1.19; 95% CI 0.99 to 1.44).

Conclusions: The influence of social relationships on risk for mortality is comparable with well-established risk factors for mortality.

Please see later in the article for the Editors' Summary.

Citation: Holt-Lunstad J, Smith TB, Layton JB (2010) Social Relationships and Mortality Risk: A Meta-analytic Review. PLoS Med 7(7): e1000316. doi:10.1371/journal.pmed.1000316

Academic Editor: Carol Brayne, University of Cambridge, United Kingdom

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Competing Interests: The authors have declared that no competing interests exist.

Abbreviations: CI, confidence interval; CVD, cardiovascular disease; OR, odds ratio

* E-mail: julianne_holt-lunstad@byu.edu

☯ These authors contributed equally to this work.

« Dans 148 études, […] OR = 1,50 (95 % [IC] = 1,42 à 1,59), ce qui indique une probabilité de survie accrue de 50 % en raison de relations sociales plus fortes. » (Traduction de E.Breton)

trois composantes majeures des relations sociales sont évaluées de façon systématique : (a) le degré d'intégration dans les réseaux sociaux, (b) les interactions sociales qui se veulent de soutien (c.-à-d. le soutien social reçu), et (c) les croyances et les perceptions de la disponibilité du soutien de la personne (c.-à-d. le soutien social perçu) (Traduction E.Breton)

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Source: p. 14 de Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social Relationships and Mortality Risk: A Meta-analytic Review. *PLoS Medicine*, *7*(7), e1000316. https://doi.org/10.1371/journal.pmed.1000316

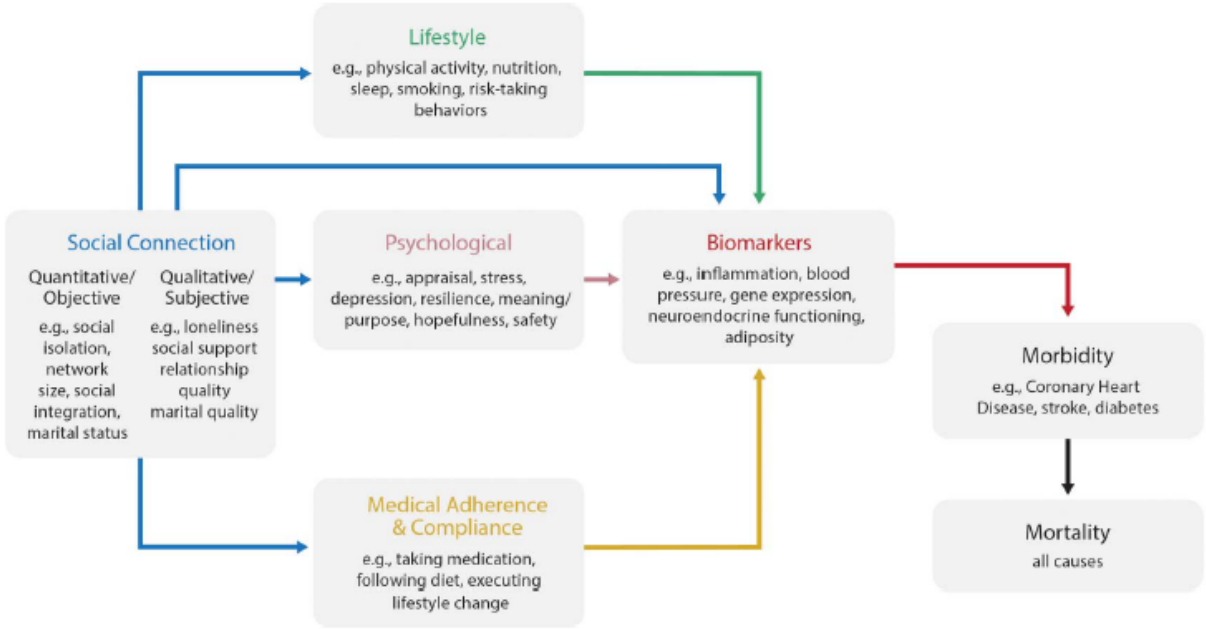
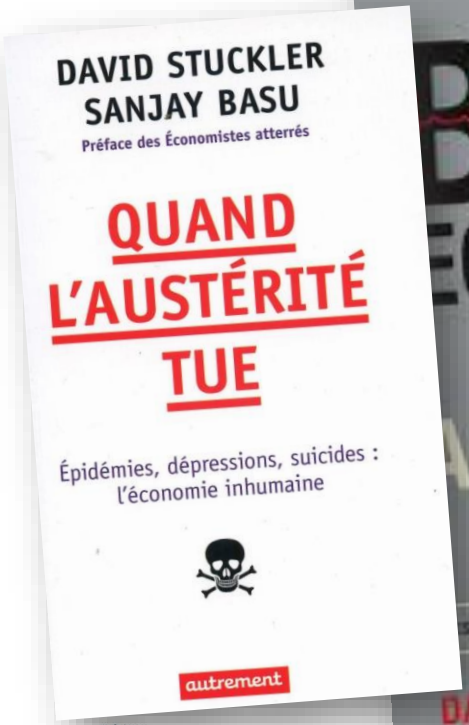
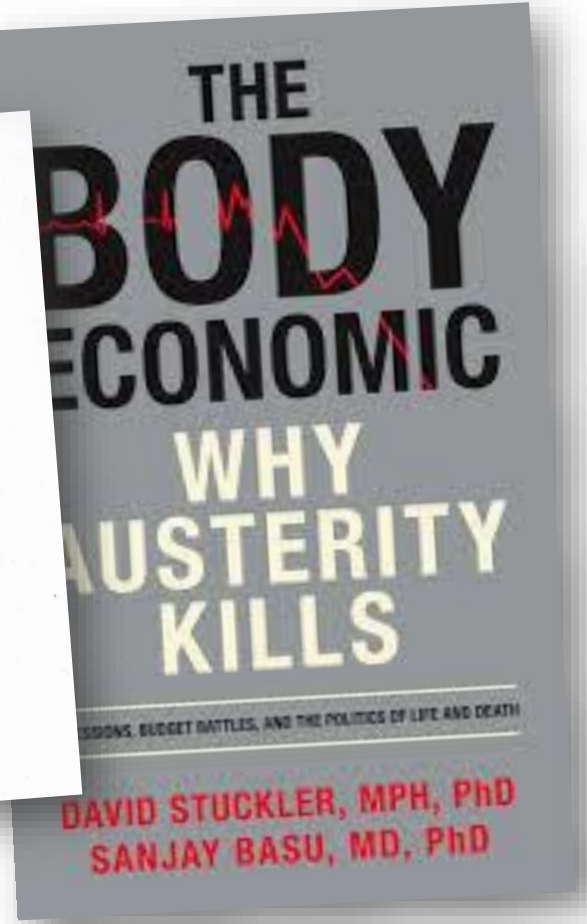


Figure 1 Simplified model of possible direct and indirect pathways by which social connections influence disease morbidity and mortality.

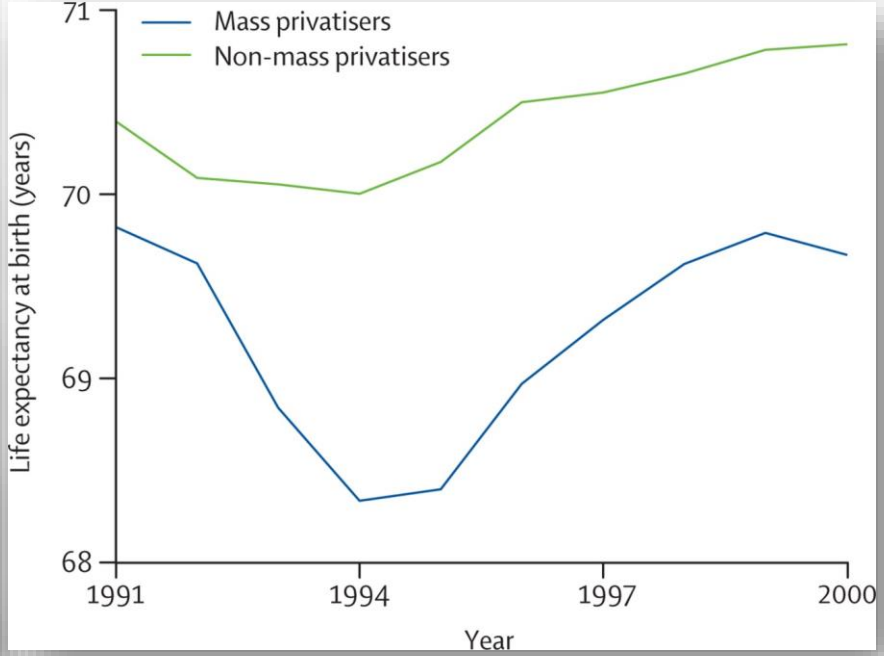
Source: p. 988 de Holt-Lunstad, J., & Smith, T. B. (2016). Loneliness and social isolation as risk factors for CVD: implications for evidence-based patient care and scientific inquiry. *Heart*, *102*(13), 987–989. https://doi.org/10.1136/heartjnl-2015-309242

5 NIVEAU DE REVENU ET POLITIQUES MACRO-ÉCONOMIQUES





Démembrement des structures et services de l'URSS



6 DÉTERMINANTS DE LA SANTÉ PLANÉTAIRE

Santé planétaire

D'après le discours d'Anthony Capon à la 23éme conférence mondiale de promotion de la santé de la UIPES, Rotorua, 11 avril, 2019

Les choses que nous faisons

- Santé de la population
- Santé de la planète

Les cinq grandes orientations

- Comment nourrissons-nous le monde
- Comment transportons-nous le monde
- Comment logeons-nous le monde
- Comment alimentons-nous le monde en énergie
- Comment prenons-nous soin du monde

Notre futur dépend de la santé de la nature

EHESP

7 ET L'ÉCHELON LOCAL DANS TOUT CELA ?

La déclaration d'Alma-Ata sur les soins de santé primaires (OMS et UNICEF, 1978)

Une autre façon de faire de la santé :

« une éducation concernant les problèmes de santé qui se posent ainsi que les méthodes de prévention et de lutte qui leur sont applicables, la promotion de bonnes conditions alimentaires et nutritionnelles, un approvisionnement suffisant en eau saine et des mesures d'assainissement de base, la protection maternelle et infantile y compris la planification familiale, la vaccination contre les grandes maladies infectieuses, la prévention et le contrôle des endémies locales, le traitement des maladies et lésions courantes et la fourniture de médicaments essentiels »

Quelques caractéristiques souhaitables d'un dispositif local d'action en promotion de la santé

- Intersectoriels (il ne faut surtout pas qu'il ne soit que sanitaire)
- Légitimité (puissance invitante)
- Adaptatifs
- Participatifs
- Sensibles aux besoins et réalités locales

S'inscrire dans une logique de renforcement des capacités locales d'actions…

Distinction CLS, ASV, CLSM

Deux visées majeures des dispositifs locaux d'animation territoriale:

- La coordination et le renforcement des actions (centrées sur un groupe de professionnels)
- Le développement d'une capacité de réponse aux problèmes complexes (mobilisation intersectorielle).

Pour de plus amples informations…

Eric Breton PhD
Enseignant-chercheur à l'EHESP et chercheur au Laboratoire Arènes (UMR CNRS 6051: équipe INSERM U1309)
Membre de la Commission spécialisée "Système de santé et sécurité des patients" du Haut conseil de la santé publique (HCSP)
Professeur associé à la Chaire UNESCO EducationS & Santé
Département SHS et Laboratoire Arènes (UMR CNRS 6051)
Tél: +33 (0)2 99 02 25 06 / +33 (0) 6 71 55 10 21

Eric.Breton@ehesp.fr

www.ehesp.fr

@breton_e /bretoneric

Projet de recherche sur les CLS CLoterreS

Le Certificat « Promotion de la santé des populations »

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DE VOTRE ATTENTION

Contact : cynthia.benkhoucha@cres-paca.org

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