

# Better Health Faster

## Les sciences sociales au service de la santé

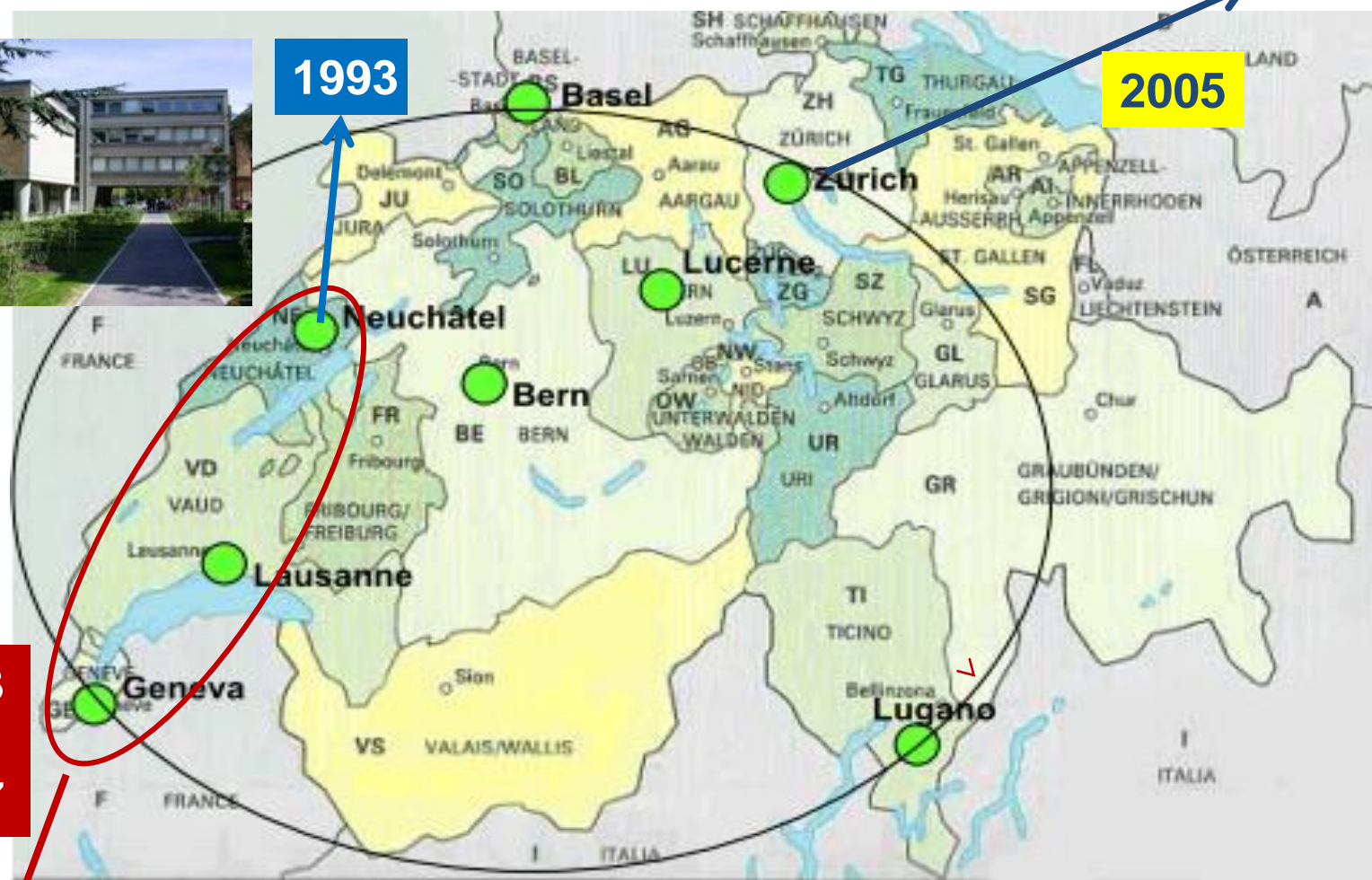
**Dominique Sprumont**

Deputy Director	Vice-Director
Institute of Health Law	Swiss School of Public Health
University Neuchâtel	Zurich



1993

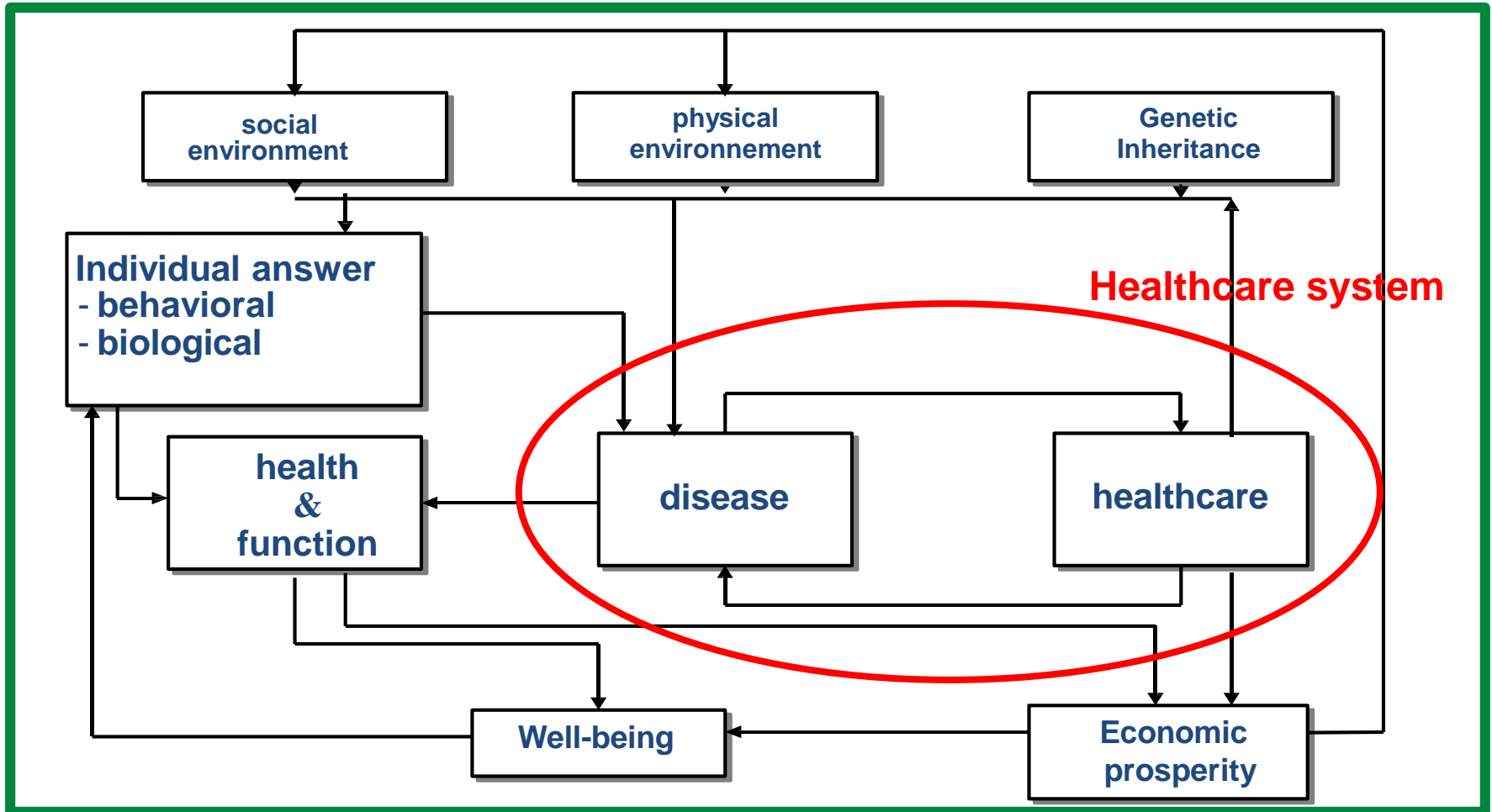
2005



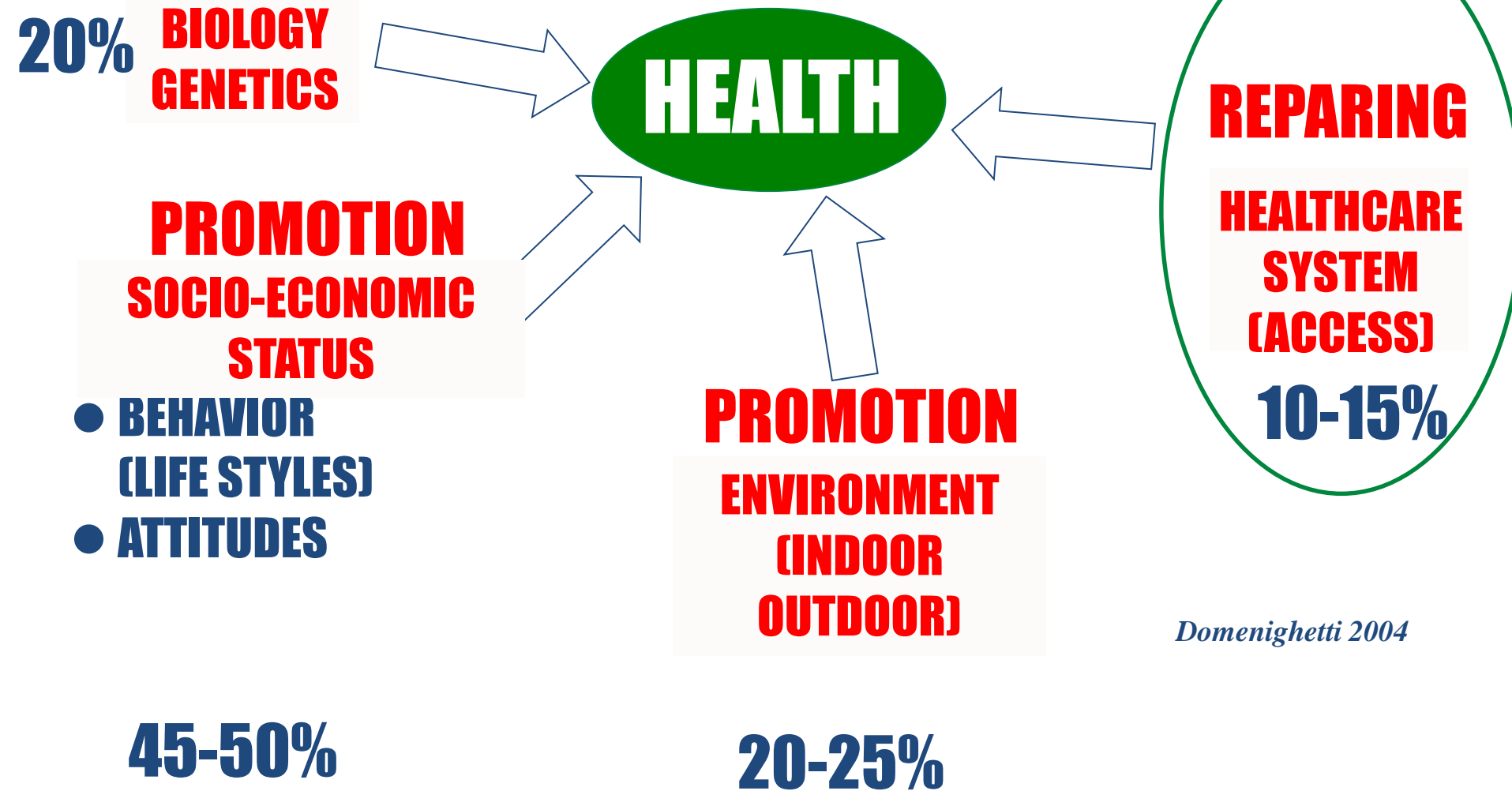
2013  
-  
2017

EVANS Robert G. et STODDART Gregory L., Producing health, consuming health care, Soc. Sci. Méd. Vol. 31 No. 12, pp 1347- 1363, 1990

### Health system



# HEALTH DETERMINANTS AND % CONTRIBUTION TO LONGEVITY



*Domenighetti 2004*

## Let's misbehave !

L'homo economicus (Econ) est  
(en partie) un mythe

**Richard Thaler**

Prix Nobel d'économie 2017

**Box 4.11. Ten common mistakes in the dissemination of new interventions, and suggestions for avoiding them**

<http://www.who.int/whr/en/>

**1. Assuming that evidence matters to potential adopters**

Suggestion: Evidence is most important only to a subset of potential adopters, and is often used to reject proposed interventions. Therefore, emphasize other variables such as compatibility, cost and simplicity when communicating about innovations.

**2. Substituting the perceptions of researchers for those of potential adopters**

Suggestion: Listen to representatives of the potential adopters to understand their needs and reactions to new interventions.

**3. Using intervention creators as intervention communicators**

Suggestion: Enable access to experts, but rely on communicators who will elicit the attention of potential adopters.

**4. Introducing interventions before they are ready**

Suggestion: Publicize interventions only after clear results have been obtained.

**5. Assuming that information will influence decision-making**

Suggestion: Information is necessary, but influence is usually needed too. Therefore pair sources of information with sources of social and political influence.

**6. Confusing authority with influence**

Suggestion: Gather data on who among potential adopters is seen as a source of advice and use them to accelerate dissemination.

**7. Allowing those who are first to adopt (innovators) to gain primacy in dissemination efforts**

Suggestion: Initial adopters are not always typical or influential. Find out how potential adopters and key users are related to each other in order to identify those who are most influential (109).

**8. Failing to distinguish between change agents, authority figures, opinion leaders and innovation champions**

Suggestion: Single individuals do not usually play multiple roles, so determine what part each person can play in the dissemination process.

**9. Selecting demonstration sites on criteria of motivation and capacity**

Suggestion: The spread of an intervention depends on how initial demonstration sites are seen by others. So, when selecting demonstration sites, consider which sites will have a positive influence.

**10. Advocating single interventions as the solution to a problem**

Suggestion: One intervention is unlikely to fit all circumstances; offering a cluster of evidence-based practices is usually more effective (105, 110).

Adapted from Dearing (111).

**CDC**  
CENTRE FOR DISEASE CONTROL  
AND PREVENTION

April 2, 1999 / Vol. 48 / No. 12

**MMWR**<sup>TM</sup>  
**MORBIDITY AND MORTALITY  
WEEKLY REPORT**

- 241 Ten Great Public Health Achievements — United States, 1900–1999
- 243 Impact of Vaccines Universally Recommended for Children — United States, 1900–1998
- 248 Tobacco Use Among Middle and High School Students — Florida, 1998 and 1999
- 253 Transfusion-Transmitted Malaria — Missouri and Pennsylvania, 1996–1998
- 256 Notice to Readers

**Ten Great Public Health Achievements — United States, 1900–1999**

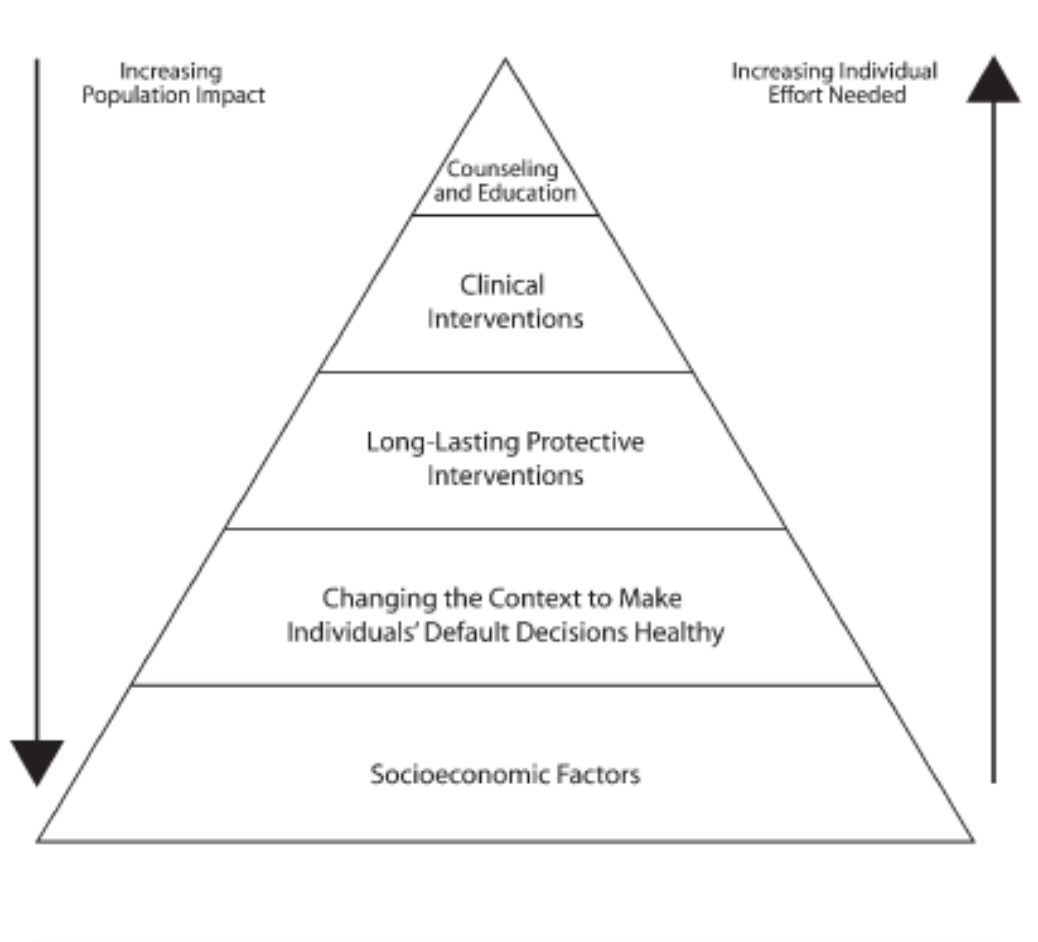
- Vaccination
- Motor-vehicle safety
- Safer workplaces
- Control of infectious diseases
- Decline in deaths from coronary heart disease and stroke
- Safer and healthier foods
- Healthier mothers and babies
- Family planning
- Fluoridation of drinking water
- Recognition of tobacco use as a health hazard

## Premise 2: Law is not just a “tool”

- “Interventional public health laws”  
→ laws intended to influence health
- “Incidental public health law”  
→ laws not enacted or implemented with health in mind, but that have important health effects
- “Infrastructural public health law”  
→ defines powers, duties, jurisdictions of health agencies



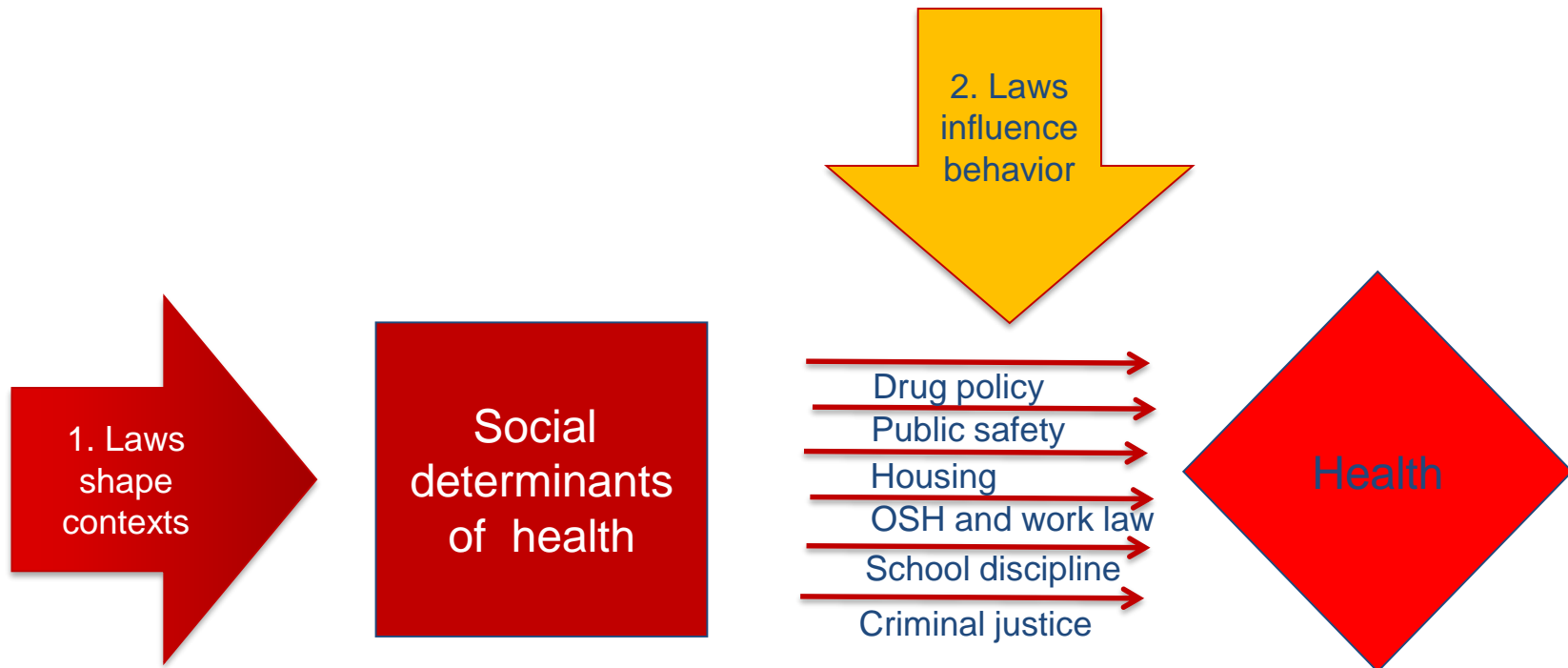
# Premise 3: Law is ONE OF THE ONLY ways to understand and address social determinants of health



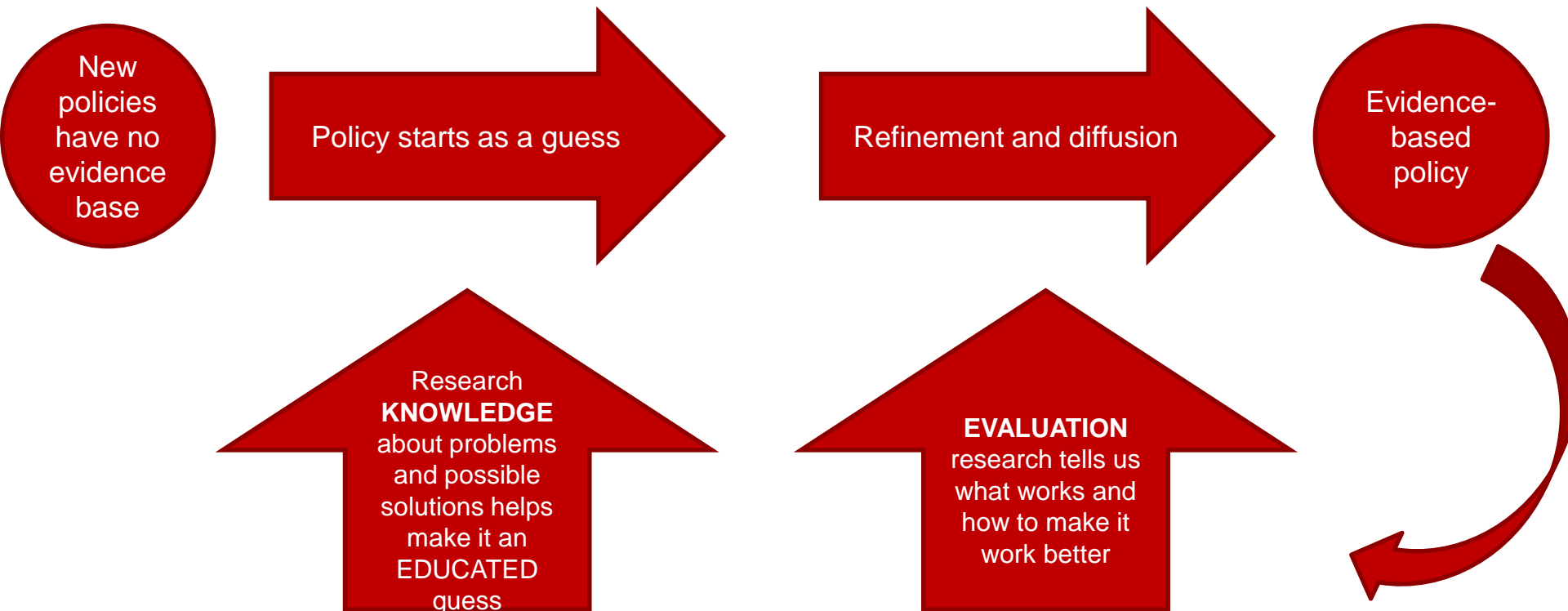
**FIGURE 1—The health impact pyramid.**

Frieden, T. R.  
(2010). A  
Framework for  
Public Health  
Action: The Health  
Impact Pyramid. *Am  
J Public Health*,  
100(4), 590-595.  
doi:  
10.2105/ajph.2009.  
185652

# Two Ways Law Influences Health



# Evidence-Based Policy is an Output



# Le rire c'est bon pour la santé...



Merci de votre attention  
et, surtout, très belle  
conférence à toutes et à  
tous...