



THE UNIVERSITY OF CHICAGO

Sciences Po & the Center for Health Administration Studies **Health Policy Innovation and Reform Workshop**

November 7-8, 2024
The Study Hotel at
The University of Chicago
Center in Paris



Lithograph poster
by Jules Chéret
(Paris, 1893)
(Bibliothèque

Welcome to the 2024 University of Chicago-Sciences Po Workshop on *Health Policy Innovation and Reform*. The workshop is a scientific exchange designed to bring together, on a regular basis, health policy researchers and scholars from the United States and France to share their most recent and cutting-edge work in a deliberately comparative and collaborative context. The health and social service sectors in the United States and France are dynamic and characterized by high levels of research and evaluation, with potential to catalyze innovation and reform in health policy and service delivery. The process of translating emerging social science research and evaluation into effective policy and service delivery requires opportunities for analysis and exchange such as this workshop is designed to provide.

In this seventh workshop, participants will present aspects of their work relevant to integrated health and social services. Comparisons between the United States and Europe, especially France, will provide insights on similar patterns, parallels, and national specificities. Poor organization and coordination, siloed communication strategies, lack of multidisciplinary approaches as well as social and racial inequalities have been observed concomitantly in both regions. In parallel, the importance of state interventions, role of science in policy making, reevaluation of local public health capacities, commitment to reducing health disparities, along with economic and political influences, have come to the forefront. This unprecedented context sheds light on existing health systems and social contexts and their management and inclusion in a wider society. Since the original University of Chicago-SciencesPo Workshop in 2016, participants have addressed topics including improving access and quality, the politics of reform, the structure and redistributive impact of insurance, as well as lessons learned from the COVID-19 pandemic. In this 2024 Workshop, we focus broadly on integrated health and social care as it is implemented in governmental and non-profit sectors in the U.S. and France.

Daniel Benamouzig

Research Director, French National Centre for Scientific Research (CNRS)
Sciences Po – Chaire Santé

Jeanne Marsh

Director, Center for Health Administration Studies (CHAS)
George Herbert Jones Distinguished Service Professor, Crown Family School of Social Work, Policy and Practice
The University of Chicago

ACKNOWLEDGEMENTS

We are grateful to several organizations for the funding, staffing, and facilities that make this conference possible. We are particularly indebted to the College at the University of Chicago and the University of Chicago Center in Paris. We are grateful as well to Keith Brown, Administrative Director, CHAS for organizing the details and logistics of the conference.



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EVALUATION OF PUBLIC POLICIES



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ROSTER OF PARTICIPANTS

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Colleen Grogan	The University of Chicago, Crown School	cgrogan@uchicago.edu
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Harold Pollack	The University of Chicago, Crown School	haroldp@uchicago.edu
Sarah Rozenblum	Cornell University	sdr85@cornell.edu

PROGRAM SCHEDULE

Thursday, 7 November

41 rue des Grands Moulins, Paris 13

75013 Paris, France

+33 1 53 94 78 80

Room: Great Room, 4th floor

10h00 Welcome Tour and Remarks: Sebastien Greppo, Director, University of Chicago Center in Paris – meet in 4th Floor Great Room

10h25 Welcome and Introductions:

Jeanne MARSH, George Herbert Jones Distinguished Service Professor; Director Emerita, Center for Health Administration Studies (CHAS), University of Chicago

Daniel BENAMOUZIG, CNRS Research Professor at Sciences Po Center for the Sociology of Organizations

10h30-11h30 Sara ROZENBLUM, Framing the Social Safety Net: How Health Equity Emerges in Policy Processes (Respondent: Marshall CHIN)

11h30-12h30 Elbert HUANG, How Do Policies Interact to Influence Health Disparities in the City of Chicago in 2024 (Respondent: Anne MOYAL)

*** LUNCH: 12h30–13h30 ***

13h30-14h30 Lauren PETERSON, Jeanne MARSH, Exploring Gender Differences in Care Setting and Opioid Use Disorder Treatment among Medicaid Enrollees in the United States (Respondent: BETSY CLIFF)

14h30-15h30 Marshall CHIN, Guiding Principles to Address the Impact of Algorithm Bias on Racial and Ethnic Disparities in Health and Health Care (Respondent: Jeanne MARSH)

*** BREAK: 15h30–15h045 ***

15h45-16h45 Harold POLLACK, Association of Intellectual and Developmental Disabilities with Mental Health and Neurologic Disorder in U.S. Adults Visiting the Emergency Department (Respondent: Elbert HUANG)

16h45-17h45 Naoko MURAMATSU, Public-Private Partnerships in Japan's Long-Term Care System: Implications for the United States and France (Respondent: Jeanne MARSH)

*** Evening event: Dinner Milord, 12 Rue de Tolbiac

Friday, 8 November

41 rue des Grands Moulins, Paris 13

75013 Paris, France

+33 1 53 94 78 80

Room: Great Room, 4th Floor

9h00-10h00 Betsy CLIFF, Medicaid Disenrollment during the Transition to Adulthood Among all Enrollees and Enrollees with Medical Complexity (Respondent: Harold POLLACK)

10h00 -11h00 Marine BOISSON, Patrick HASSENTEUFEL, The Territorial Policies of Healthcare Coordination facing Aging Issues (Respondent: Colleen GROGAN)

*** BREAK: 11:00-11:30

11h30-12h30 Anne MOYAL, The Mediating Role of Local Actors: A bottom-up approach to the CIVID-19 Pandemic (Respondent: Sarah ROZENBLUM)

*** LUNCH: 12h30–13h30 ***

13h30-14h30 Etienne NOUGUEZ, The French Drug Agency after the Mediator Scandal: Crises and Institutional Restoration Work (Respondent: Patrick HASSENTEUFEL)

14h03-15h30 Colleen GROGAN, Financialization of Health Politics and the Hidden Coalition (Respondent: Daniel BENAMOZIG)

15h00-16h00 WRAP UP-UP AND NEXT STEPS, Workshop Participants
(Leaders: BENAMOZIG, MARSH)

*** Workshop End ***

LOCATION DIRECTIONS:

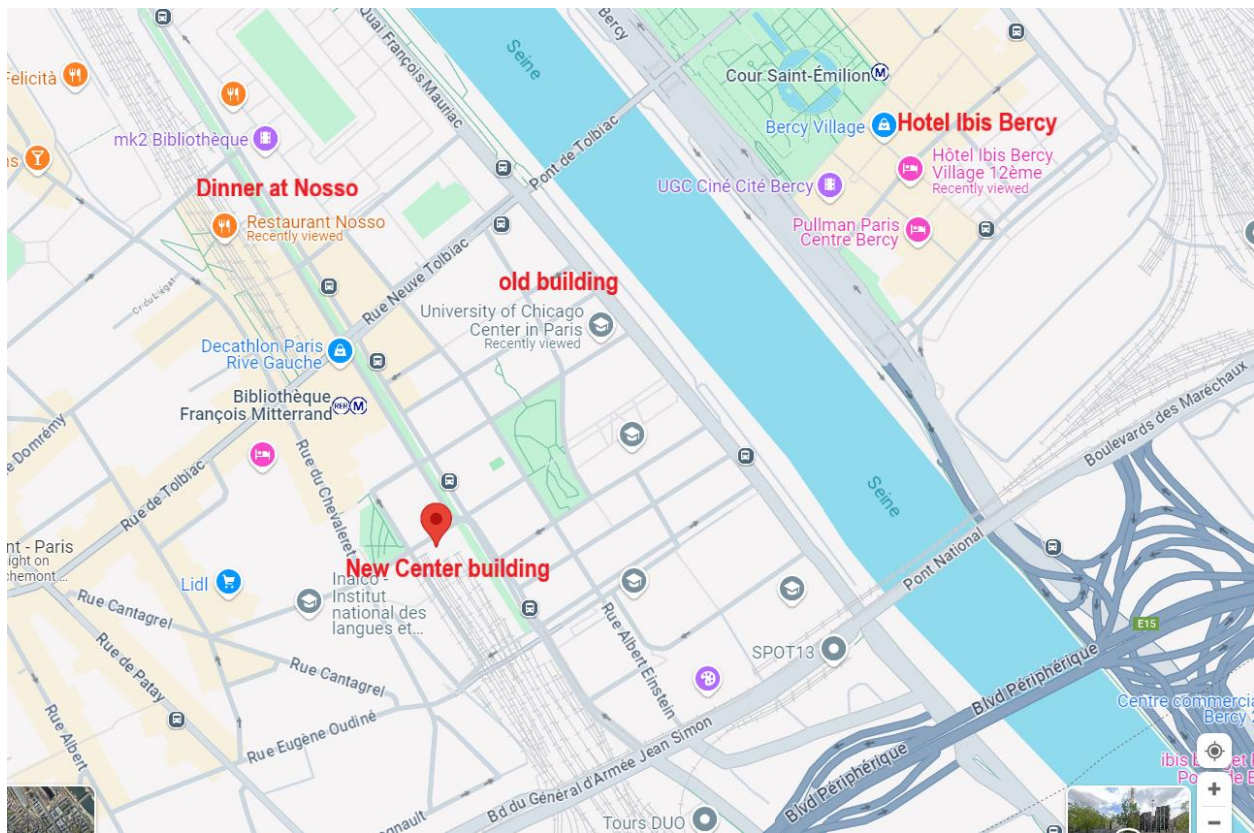
Walking to/from the hotel and the new Center in Paris building is approximately a total of 15 minutes.
The Metro may be an option if short on time or if the weather is raining or cold.

The address of the hotel is:

IBIS Paris Bercy Village
19 Pl. des Vins de France
75012 Paris, France
+33 1 49 28 06 06

The new Center in Paris building address:

41 rue des Grands Moulins, Paris 13
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WORKSHOP PARTICIPANTS

Daniel BENAMOUZIG, Sciences Po/CNRS, France

Daniel Benamouzig is a CNRS research professor at Sciences Po (Center for the Sociology of Organizations). He is deputy director of the Institute of Public Health of INSERM-AVIESAN, a national research alliance on health and biomedical sciences; chairs the Committee on Social Sciences in the Haute Autorité de Santé; and is involved in many public institutions as an academic expert. His research ranges from public health and economic policy to institutional governance. He has studied the history of health care economics in France and institutional changes in the regulation of this field by looking at the creation of specialized agencies in France and at the European level. He continues to conduct research in the field of economic sociology and the political sociology of health care, focusing on institutional change and the mobilization of knowledge. He is the author of two books, *Economie et Sociologie* (with F. Cusin, PUF, 2004), and *La Santé au Miroir de L'économie: Une Histoire de L'économie de la Santé en France* (PUF, 2005), and many scientific articles. Professor Benamouzig holds a doctorate in sociology from Université Paris IV Sorbonne.

Marine BOISSON, Sciences Po/CNRS, France

In 2020, Marine Boisson defended her PhD thesis, entitled *Dying into the modernity: A Sociology of Delegation*, at EHESS. She subsequently held postdoctoral research positions at Paris-Nanterre University, EHESS, and the École des Mines de Paris. Since October 2023, she has held the position of Postdoctoral Researcher at the Health Chair of Sciences Po. Her research primarily focuses on the transformations of the French healthcare system, particularly in the management of extreme vulnerability. She works on ageing care and healthcare services' coordination. Her most recent publication, 'Professionnal' autonomy under Controls: budgetary pressures and prudence in Palliative Care Services, appeared in *L'Année Sociologique*. Additionally, she is a teaching assistant in health sociology at Gustave Eiffel University and University of Saint-Quentin-en-Yvelines.

Title: The Territorial Policies of Healthcare Coordination Facing Ageing Issues in France (article project with Patrick Hassenteufel)

ABSTRACT: This paper presents the research carried out by the Health Chair of Sciences Po Paris since October 2023 on the territorialization and coordination of the French healthcare system in response to ageing issues. The French healthcare system is facing main challenges, linked to the ageing of the population and of medical professionals, especially GPs. They have led to the development of more coordinated practices between health professionals so as between the healthcare and the medico-

social sectors. Observable on a national scale, these dynamics are also at work in sub-national territories.

The study examines these dynamics and the relationships between the institutions involved, whether health insurance funds, healthcare professionals (CPTS, URPS) and institutions (ARS, local authorities, DAC, old-age insurance funds), in six metropolitan départements (Meurthe-et-Moselle, Lot, Seine-Saint-Denis, Yvelines, Ille-et-Vilaine and Cher). In this paper, we analyze the local issues of healthcare coordination, its levels of governance, its main policy players, its degree of structuring and its development or slowdown factors.

**Betsy CLIFF, Department of Public Health Sciences
at the University of Chicago, USA**

Betsy Cliff is a health economist who studies the impact of health insurance design, coverage policies and out-of-pocket cost sharing on spending and utilization in the U.S. health care system. A primary focus of her research agenda is the use of health insurance design to influence spending and utilization. Most of her data comes from large databases with medical or pharmaceutical claims from health insurers in Medicaid or commercial health insurance markets. She has lead projects related to the impacts of cost-sharing in Medicaid, the use of value-based insurance design to create efficiency, and interventions to influence the use of high- and low-value medical services. Prior to pursuing her doctoral degree, she was a journalist and reported on health care policy for newspapers and magazines for nearly a decade. In that career, she wrote stories about hospital financing, medical errors, uninsurance, underinsurance, medical and pharmaceutical prices, care coordination, mental health, and the impact of health policies on individuals.

Title: Medicaid Disenrollment During the Transition to Adulthood Among all Enrollees and Enrollees with Medical Complexity

ABSTRACT: U.S. Medicaid programs for children typically end after age 18 and individuals must be redetermined as adults. The magnitude of this disruption in eligibility is unknown. We use individual-level enrollment data for the census of Medicaid enrollees from 2016-2019 to measure overall attrition at age 19 from the Medicaid program and describe heterogeneity in attrition rates among states. We show that more than one-third of Medicaid enrollees nationwide are disenrolled from the program at this age. We focus specific attention on the 4% of enrollees with severe, complex medical conditions and show that they have attrition lower than the non-complex population but comparable to the baseline level of attrition among all adult Medicaid enrollees. We document considerable heterogeneity by specific diagnosis and state in disenrollment of medically complex individuals. This paper highlights a consequence of the fragmented nature of health insurance eligibility in the United States

and, to our knowledge, is the first to estimate the magnitude of disenrollment for individuals with medical complexity at age-related eligibility redetermination.

**Marshall CHIN, Department of Medicine
at the University of Chicago, USA**

Marshall H. Chin, M.D., M.P.H., Richard Parrillo Family Distinguished Service Professor of Healthcare Ethics at the University of Chicago, is a practicing general internist and health services researcher who has dedicated his career to advancing health equity through interventions at individual, organizational, community, and policy levels. Through the Robert Wood Johnson Foundation Advancing Health Equity: Leading Care, Payment, and Systems Transformation program, Dr. Chin collaborates with multistakeholder teams to implement payment reforms to support and incentivize care transformations that advance health equity within an anti-racist framework. He also co-chairs the Centers for Medicare & Medicaid Services Health Care Payment Learning and Action Network Health Equity Advisory Team. Dr. Chin is a graduate of Harvard College and the University of California at San Francisco School of Medicine, and he completed residency and fellowship training in general internal medicine at Brigham and Women's Hospital, Harvard Medical School. He is a former President of the Society of General Internal Medicine (SGIM) and received SGIM's 2024 Robert J. Glaser Award for outstanding contributions to research, education, leadership, and mentoring in generalism in medicine. Dr. Chin was elected to the National Academy of Medicine (NAM) in 2017, and is on the Steering Committee for the NAM paper series on structural racism and health.

Title: Guiding Principles to Address the Impact of Algorithm Bias on Racial and Ethnic Disparities in Health and Health Care

ABSTRACT: IMPORTANCE. Healthcare algorithms are used for diagnosis, treatment, prognosis, risk stratification, and allocation of resources. Bias in development and use of algorithms can lead to worse outcomes for racial and ethnic subgroups and other marginalized populations.

OBJECTIVE. To provide a conceptual framework and guiding principles for mitigating and preventing bias in healthcare algorithms to promote health and healthcare equity.

EVIDENCE REVIEW. A diverse panel of experts was convened by the Agency for Healthcare Research and Quality and National Institute for Minority Health and Health Disparities to review evidence, hear from stakeholders, and receive community feedback.

FINDINGS. The panel developed a conceptual framework to apply guiding principles across an algorithm's lifecycle, centering health and healthcare equity for patients and communities as the goal, within the wider context of structural racism and discrimination. Multiple stakeholders can mitigate and prevent bias at each stage of the algorithm lifecycle, including: 1) problem formulation; 2) data selection, assessment, and management; 3) algorithm development, training, and validation; 4) deployment and integration of algorithms in intended setting(s); and 5) algorithm monitoring,

maintenance, updating, or de-implementation. Five principles should guide efforts: 1) promote health and healthcare equity in all phases of the algorithm lifecycle; 2) ensure healthcare algorithms and their use are transparent and explainable; 3) engage the community in authentic and ethical partnerships and earn trustworthiness; 4) identify fairness issues and tradeoffs; and 5) establish accountability for equity and fairness in outcomes.

CONCLUSIONS AND RELEVANCE. Multiple stakeholders must partner to create systems, processes, regulations, incentives, standards, and policies to mitigate and prevent algorithmic bias. Reforms should implement guiding principles that support promotion of health and healthcare equity in all phases of the algorithm lifecycle; transparency and explainability; authentic community engagement and ethical partnerships; explicit identification of fairness issues and tradeoffs; and accountability for equity and fairness.

Colleen GROGAN, Crown Family School for Social Work, Policy and Practice, University of Chicago, USA

Colleen Grogan is the Deborah R. and Edgar D. Jannotta Professor at the University of Chicago in the Crown Family School of Social Work, Policy, and Practice. Grogan's research focuses on health policy and health equity with a primary focus on the US health care system and its complex entitlement programs. Her new book, *Grow and Hide: The History of America's Health Care State*, documents the extent of public provision in developing the U.S. health care system, and shows how public discourse hid the role of government and public funding from 1860 to present. Grogan argues that while the US health care system is often described as rooted in classic American liberal ideology, the state invested heavily in the system starting early in the 20th Century. Grogan is Co-Principal Investigator of a large multi-institution NIH study to determine the effect of Medicaid Managed Care Organizations' coverage on access to treatment and health outcomes for person with Opioid Use Disorder. She is also conducting a study focused on the role of financialization in the U.S. health care system and its implications for health politics and health equity.

Title: Financialization of Health Politics and the Hidden Coalition

ABSTRACT: As the US healthcare system becomes increasingly financialized, the political power dynamics that oversee critical health policy legislation and policy decisions is fundamentally changed. There are six main mechanisms that bolster the financialization of health politics: (1) lack of disclosure regulations that make financialization extremely difficult to track especially in the short-term; (2) lack of convincing "evidence-based" data combined with the financial industry's ability to hide its activities, buttresses the rhetorical power of financial actors and activities; (3) the complexity of financialization allows its presence behind health care companies to remain hidden allowing for blame avoidance; (4) a powerful hidden coalition of non-financial actors that support the financialization of health; (5) insufficient data on

lobbying and other political activity in relation to financialization in health; and (6) growing financialization in health makes health care providers and elected officials increasingly dependent on their capital. This paper/presentation focuses on the hidden coalition: the role of non-financial actors in bolstering the financialization of health politics. The key players in the hidden coalition include providers, consultants, lawyers, and insurance companies. This paper describes their role and why they work in conjunction with financial interests in healthcare, and—with the exception of providers—are unlikely to emerge as countervailing forces. I conclude by considering how some provider groups could be mobilized around financialization reform in the healthcare sector.

Patrick HASSENTEUFEL, Paris-Saclay University, Graduate School for Sociology and Political Science

Patrick Hassenteufel is professor of political science at Paris-Saclay University (campus of Versailles-Saint-Quentin) and director of the Graduate School Sociology and Political Science. His main field of research is the comparative analysis of policy changes in healthcare systems in Europe, in a sociological perspective focused on the role of policy actors. He is member of the Health Chair of Sciences Po Paris and of the College of the International Public Policy Association. He recently published the chapter “Health Policy in France” in the *Research Handbook on Health Care Policy* edited by M. Powell, T. Agartan and D. Béland (Edward Elgar, 2024).

Title: The Territorial Policies of Healthcare Coordination Facing Ageing Issues in France (article project with Marine Boisson)

ABSTRACT: This paper presents the research carried out by the Health Chair of Sciences Po Paris since October 2023 on the territorialization and coordination of the French healthcare system in response to ageing issues. The French healthcare system is facing main challenges, linked to the ageing of the population and of medical professionals, especially GPs. They have led to the development of more coordinated practices between health professionals so as between the healthcare and the medico-social sectors. Observable on a national scale, these dynamics are also at work in sub-national territories.

The study examines these dynamics and the relationships between the institutions involved, whether health insurance funds, healthcare professionals (CPTS, URPS) and institutions (ARS, local authorities, DAC, old-age insurance funds), in six metropolitan départements (Meurthe-et-Moselle, Lot, Seine-Saint-Denis, Yvelines, Ille-et-Vilaine and Cher). In this paper, we analyze the local issues of healthcare coordination, its levels of governance, its main policy players, its degree of structuring and its development or slowdown factors.

Elbert HUANG, Department of Internal Medicine at the University of Chicago, USA

Dr. Elbert Huang is a clinical investigator who has made significant contributions in patient-oriented diabetes translational and policy research. He is best known for his work in medical decision making in diabetes care for older people and the cost-effectiveness analysis of diabetes treatments and programs. Using methods from health economics, the decision sciences, and clinical epidemiology, Dr. Huang's research has provided the theoretical and evidence-base foundation for the concept of personalizing diabetes care goals and treatments in older people.

Dr. Huang has also applied research methods from the decision sciences to study the cost-effectiveness of new interventions and policies from the perspective of policymakers. For the past two decades, Dr. Huang has studied the quality, efficiency, and financial health of the U.S. health center program operated by the Bureau of Primary Health Care in the Health Resources & Services Administration. He found that a national program to improve diabetes care delivery in health centers was cost-effective for society but represented a significant uncompensated cost for health centers. In collaboration with Dr. Marshall Chin, he has also led studies using Medicaid and Medicare claims that have demonstrated that primary care provided by health centers is similar in quality and lower in costs compared to other sources of primary care. These findings have been used as justification for recent expansion of the health center program.

Since 2021, Dr. Huang has co-directed the Chicago Chronic Condition Equity Network (C3EN) with Dr. Elizabeth Lynch of Rush University. The overall goal of the C3EN is address disparities in multiple chronic conditions by strengthening and building collaborations across community-based organizations, practice networks, and academic researchers, by promoting a comprehensive approach to the prevention and management of multiple chronic conditions that accounts for mental health, functional health and social life, and by supporting interventions that actively seek to cross boundaries of disease-specific management, professional training, community and practice.

Title: How Do Policies Interact to Influence Health Disparities in the City of Chicago in 2024?

ABSTRACT: Racial/ethnic health disparities in cities like Chicago are due to the consequences of historic policies in housing, education, business development, policing and health care that have led to what is now termed structural racism. As a result of structural racism, pockets of high chronic disease burden, high rates of adverse outcomes due to infectious diseases such as COVID-19, and lower life expectancy are unevenly distributed across the region and tend to occur in areas with high concentrations of African American and Hispanic residents. During the COVID-19 pandemic, new initiatives such as the Illinois Healthcare Transformation Collaboratives as well as the formation of Healthy Chicago Equity Zones (HCEZs) in Chicago were

launched as an attempt to reduce future disparities but it is unclear how these initiatives have interacted and how they should evolve over time. The Transformation Collaboratives are intended to address short falls in the supply of health care service providers in underserved communities by providing Medicaid funding to stimulate collaborations between care providers, including preventive care, primary care, specialty care, hospital services, mental health and substance abuse services, and community-based social service providers. The HCEZs were established by the Chicago Department of Public Health (CDPH) as an organizational structure for delivering COVID-19 related services by community organizations. Each zone has a regional lead that serves as a regional backbone providing funding, administrative, and project management support to a local network of community organizations. Unlike the Transformation Collaboratives that start with health care organizations, the HCEZ approach is more community driven with the capacity to interact with multiple sectors. The original financial support for the HCEZs came from CDC pandemic relief funding but it is unclear how they will be financed in the future. There are many unanswered questions raised by these recent initiatives.

- How do these initiatives and other policies interact, synergize, or conflict at the neighborhood level?
- What are the expected public health benefits of these initiatives and when will see them?
- What are the benefits of increasing the coordination of multi-sector initiatives?

This is a small example of how two health related policy initiatives emanating from two different sectors (health insurance, public health) might have synergistic effects in neighborhoods. These policies of course interact further with other local, state, and federal policies that have an impact on food, housing, education, business development, and policing. The interacting nature of policies is an important area for future study as the U.S. continues to wrestle with questions regarding the relative size of health care, public health, and social care programming.

Jeanne MARSH, Crown Family School for Social Work, Policy and Practice, University of Chicago, USA

Jeanne C. Marsh is the George Herbert Jones Distinguished Service Professor in the Crown Family School of Social Work, Policy, and Practice and Director of the Center for Health Administration Studies at the University of Chicago. Her work focuses on the integration of health and social services in addiction health services treatment. Analyses have focused on gender and racial and ethnic disparities in the prevalence of opioid use and the impact of opioid use disorder treatment using survey data from both nationally representative and regional samples. An increasing number of her studies have documented the impact of integrated service models for delivering behavioral health and social services in addiction treatment settings. Her recent analyses have focused on the

impact of the COVID-19 pandemic on the delivery of health and social services in addiction treatment settings.

Anne MOYAL, Center for the Sociology of Organizations, Sciences Po

Anne Moyal is lecturer and researcher in the EHESP French School of Public Health (Ecole des Hautes Etudes en Santé Publique). She is associate researcher at the Sciences Po's Center for the Sociology of Organizations (UMR CNRS 7116), at the Laboratory for Interdisciplinary Evaluation of Public Policies (LIEPP), and at Arènes (UMR CNRS INSERM 6051). Her work focuses on the organization of primary care in France and the convergence of primary care policies with other healthcare systems.

Title: The Mediating Role of Local Actors. A Bottom-up Approach to the Covid-19 Pandemic Management (article project with Etienne Noguez)

ABSTRACT: While analysis of the crisis management of the Covid-19 pandemic in France has focused primarily on the national level, our paper explores the mediating role played by local operators. Public authorities (regional health agencies, local prefectures, and municipal authorities), practitioners (working in primary care organizations, hospitals and medical-social services), and associative players all played an active role in managing the pandemic, sometimes inconspicuously. They initially "remedied" government shortcomings or absence during the early stages of the pandemic, then "mediated" decisions taken at the national level to adapt them to local populations and context. This article draws lessons from these local experiences and explores the ways in which national and local public health policies are articulated.

**Naoko MURAMATSU, School of Public Health,
University of Illinois Chicago, USA**

Naoko Muramatsu, PhD, is a professor in the Division of Community Health Sciences at the School of Public Health, a Co-Director of the Center for Health Equity in Cognitive Aging, and a Fellow of the Institute for Health Research and Policy at the University of Illinois Chicago. Trained in health services research and sociology (demography and organizational studies), Dr. Muramatsu investigates aging and health in individual, social, and healthcare contexts with the goal of improving the quality of life of older adults and people who care for them locally, nationally, and globally. As PI and Co-I on university-, foundation-, CDC-, and NIH-funded grants, Dr. Muramatsu has conducted studies on healthcare access, long-term care policy, and workplace health. Her ongoing community-based clinical trials of in-home physical activity programs aim to promote health and well-being in adults with or at risk for disabilities

and their caregivers and strengthen healthcare systems. She is a fellow of the Gerontological Society of America.

Title: Public-Private Partnerships in Japan's Long-Term Care System: Implications for the United States and France

ABSTRACT: Public-private partnerships (PPPs), a form of long-term participation of private entities in public programs, have increasingly driven healthcare innovations in France and the United States. While PPPs are widely used to address older adults' long-term health and social service needs, PPP policy discussions focus on financing with little attention to PPPs' roles in designing, delivering, maintaining, and improving services. This paper presents Japan's PPP evolution in the long-term care (LTC) system over the past 25 years to identify its implications for U.S. and French LTC systems for older adults. I approach this paper's goal as a scholar using publicly available documents and my ongoing personal experiences and observations as a long-distance caregiver of my mother who is in Japan's long-term care system. PPPs have evolved in Japan's LTCI system over the past 25 years since the Japanese government established a nationwide mandatory long-term care insurance (LTCI) system in 2000. Japan's LTCI system is innovative because (1) It acknowledges long-term care as the right of all people aged 65 or older based on their care needs, regardless of their socioeconomic status or family availability; (2) it incentivizes private entities to enter the LTC market; and (3) it focuses on prevention of morbidity and disability to ameliorate the escalating caregiving burden on the population. I will share personal experiences and observations of PPPs embedded in the LTC benefit structure, organization of service delivery, system administration, and stakeholder interactions as a long-distance family caregiver. I will invite workshop participants to use the case of Japan, the home of the oldest population in the world, to identify opportunities and challenges for the U.S. and French long-term care systems in their PPP efforts to continuously improve efficiency and service quality.

Etienne NOUGUEZ, Sciences Po/CNRS, France

Etienne Nouguez has a PhD in sociology and has been a research fellow at the CNRS since 2011. He is pursuing his research in two complementary axes. The first axis aims to uncover the ways in which markets are structured and health products (medicines, food, drugs) are valued through the study of relations between regulatory agencies, pharmaceutical companies, experts, healthcare professionals and consumers. The second axis focuses on local public health policies developed by local authorities, healthcare professionals and organizations, social movements and Regional Health Agencies. The exploration of these two axes aims to understand the way in which health value is institutionalized in political and market organizations.

Title: The French Drug Agency after the Mediator Scandal: Crises and Institutional Restoration Work

ABSTRACT: This article analyzes the “institutional restoration work” (a set of actions and measures) deployed by the French National Agency for the Safety of Medicines (ANSM) to restore its reputation and regulatory power, which were severely damaged in 2011 by the Mediator scandal. A study of the transformations in its relations with other European agencies, pharmaceutical companies, patient and doctor associations and the media shows that it has deepened its interdependence with a growing number of stakeholders. The co-optation of new stakeholders (victims’ associations, drug users and medical practitioners) has reconfigured these relationships, distancing those that were once central (pharmaceutical companies and key opinion leaders). Finally, the Agency has integrated, into its traditional approach to the regulation of biomedical risks, a consideration of the socio-political risks inherent in an increasingly complex environment.

Lauren PETERSON, Crown Family School for Social Work, Policy and Practice, University of Chicago, USA

Lauren Peterson is a PhD Candidate at the University of Chicago in the Crown Family School of Social Work, Policy, and Practice. She draws on her training and professional experience in public health, public policy, and social work to study how Medicaid policy design and care delivery affect service access and utilization for adults with disabilities and chronic health conditions. Her dissertation research explores how state Medicaid home and community-based services (HCBS) waiver policies influence HCBS access and utilization and, in turn, how use and disparities in the use of HCBS affect subsequent health services utilization and outcomes for adults with intellectual and developmental disabilities. She holds a Master’s in Social Service Administration from the University of Chicago and a Master’s in Public Health from Columbia University.

Title: Exploring Gender Differences in Care Setting and Opioid Use Disorder Treatment among Medicaid Enrollees in the United States

ABSTRACT: The United States faces an epidemic of drug-related overdose that shows no signs of abating. Opioid-involved overdose deaths increased from approximately 50,000 in 2019 to more than 80,000 in 2022. Expanding access to effective, evidence-based opioid use disorder (OUD) treatments is a national public health priority. A large body of literature underscores the outsize role of Medicaid in increasing access to OUD treatment; the public insurance program covers nearly 78 million low-income Americans and an estimated 40 percent of all people diagnosed with an OUD in the United States. Prior research further indicates that primary care providers are well-positioned to provide medications for opioid use disorder (MOUD), the first-line standard of care with pertinent behavioral health services, supporting the growing emphasis of policymakers on increasing access to primary care providers to improve MOUD treatment in the United States. However, existing research studies primarily focus on a single care setting, such as federally qualified health centers, hospital outpatient clinics, physician offices, or specialty providers.

Care setting may be particularly important for understanding well-documented gender differences in access to OUD treatment and retention in care. This multi-state study builds on our prior research, which identifies key demographic differences in principal primary care setting among Medicaid enrollees diagnosed with OUD, particularly by gender and race/ethnicity. We use Medicaid claims for years 2016 - 2019 to conduct a series of retrospective, longitudinal analyses to further explore differences in use of outpatient primary and specialty care settings by gender and race/ethnicity, and how those differences may be associated with disparities in access to OUD treatment and retention in care in the United States.

Harold POLLACK, Crown Family School for Social Work, Policy and Practice, University of Chicago, USA

Harold Pollack is the Helen Ross Distinguished Service Professor at the Crown Family School of Social Work, Policy, and Practice. He is also an Affiliate Professor in the Biological Sciences Collegiate Division and the Department of Public Health Sciences. Co-founder of the [University of Chicago Crime Lab](#), he is faculty co-director of the [University of Chicago Health Lab](#). He is a committee member of the [Center for Health Administration Studies \(CHAS\)](#) at the University of Chicago. His current NIH-funded research concerns improved services for individuals at the boundaries of [the behavioral health and criminal justice systems](#), disabilities, and two major new efforts to address the opioid epidemic [in Illinois](#) and [across the nation](#).

Title: Association of Intellectual and Developmental Disabilities with Mental Health and Neurologic Disorders in U.S. Adults Visiting the Emergency Department

ABSTRACT:

BACKGROUND AND SIGNIFICANCE:

Adults with intellectual or developmental disabilities (IDDs) experience prevalent mental health and neurologic comorbidities and poor access to neuropsychiatric care. Little is known about the role of the emergency department (ED) in meeting these needs.

DESIGN, SETTING, PARTICIPANTS:

Our cross-sectional study of ED U.S. hospital visit discharges used the 2019 Nationwide ED Sample. We used validated diagnosis codes to compare mental health and neurologic diagnoses among adult ED patients with versus without indicated IDDs, examining diverse conditions, including depression, anxiety, schizophrenia/psychosis, suicidality, seizure, dementia, and sleep disorder.

RESULTS:

We identified 558,408 and 112,593,527 (weighted) ED visits for adults with and without IDDs. Patients with IDDs had a 5.72 percentage point (pp) greater likelihood of mental health disorder, with accompanying higher probabilities of suicidality (0.76pp), neurologic disorder (3.82pp), and seizure (3.74pp). ED visits for patients living with Down Syndrome showed 6.0 times greater likelihood of dementia diagnosis. More than

1 in 5 ED visits for patients with Down Syndrome ages 50-54 had accompanying dementia diagnoses.

CONCLUSIONS:

Adults living with IDD were substantially more likely to have mental health and neurologic disorders as co-occurring diagnoses on their ED discharges. These patterns underscore the need to provide mental health and neurologic care in every life stage for Americans who live with IDDs.

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Sarah D. Rozenblum is a Postdoctoral Associate at Cornell University's Jeb E. Brooks School of Public Policy and a health policy researcher for the World Health Organization. She received a dual Ph.D. in Public Health and Political Science from the University of Michigan in August 2023. A comparative political scientist and public health scholar, she applies mixed methods to understand how governments address significant health security challenges, such as pandemics and drug shortages. Additionally, her research examines the politics of policymaking in high-income countries, with a focus on how governments use science when designing social and health policies. Her doctoral dissertation received the John McCain Award from the Munich Security Conference and the Leonard D. White Award from APSA in 2024. Her scholarship has been published in peer-reviewed journals including *Health Policy*, the *British Medical Journal*, the *Journal of Health Economics*, *Policy and Law*, and the *European Journal of Public Policy*. A native of Paris, she received her bachelor's and master's degrees in Political Science and Public Affairs from Sciences Po Paris and worked for the French Ministry of Health before earning her doctorate.

Title: Framing the Social Safety Net : How Health Equity Emerges in Policy Processes

ABSTRACT: Though many social policies have significant implications for racial and other forms of equity, some of those policies are framed explicitly in relation to equity, while others are not. In the context of enduringly salient political contestation over ideas related to notions like “diversity, equity, and inclusion,” choices about whether to frame policy in terms of equity are strategic, and they likely have repercussions within policy processes. This paper explores how US state lawmakers incorporate equity into the design and language of social policies, focusing on the Child Tax Credit (CTC). Through content analyses of bill texts and congressional records, we assess whether US policymakers frame state safety net policies as tools to reduce disparities or address equity. We focus particularly (though not exclusively) on health equity, with an eye toward understanding whether, when, and how equity and related ideas (e.g., disparities) are incorporated into the design or language of social policies. This paper offers a descriptive policy analysis of state-level Child Tax Credit legislation introduced between

2018 and 2024. This work has implications for understanding how concerns around equity emerge in the political process, broadly illuminating the implications of salient divisions over “DEI” for the state-level policy processes that facilitate the safety-net policies necessary for the health and well-being of racially and economically marginalized populations.