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et mis en ligne sur les
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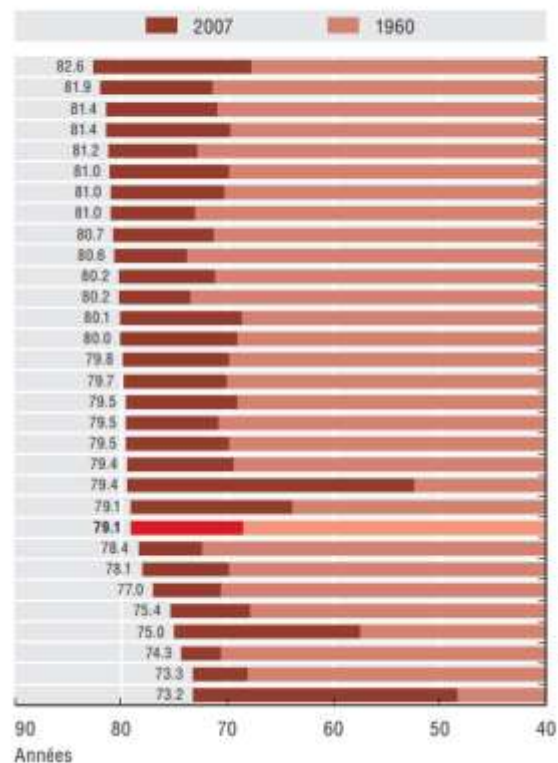
FACULTÉ DE MÉDECINE

**RECOURS AUX SOINS DANS LA COMMUNAUTÉ
DÉTERMINANTS SOCIAUX ET
ENVIRONNEMENTAUX
PROGRAMME PERSONNE, SANTÉ, SOCIÉTÉ**

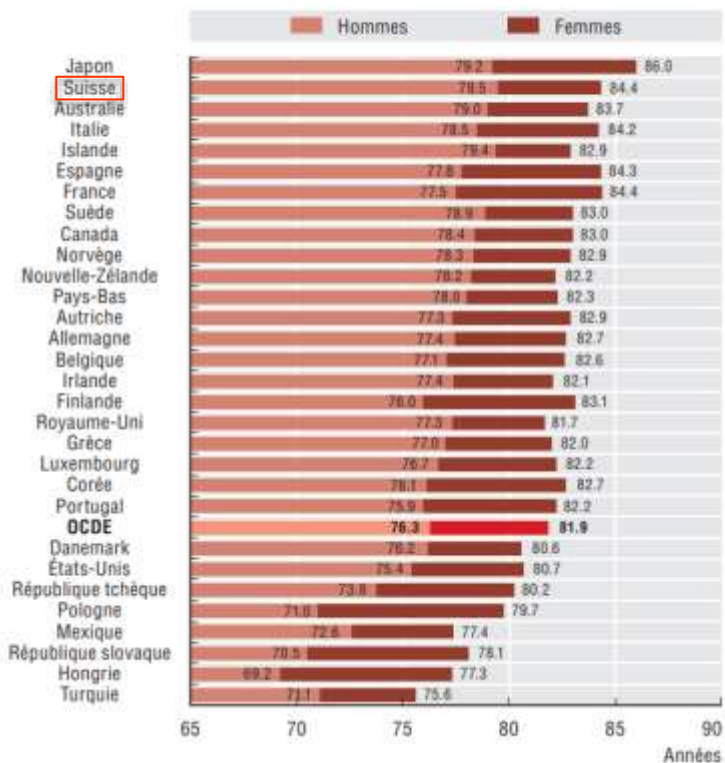
**Mayssam Nehme
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Hôpitaux universitaires de Genève

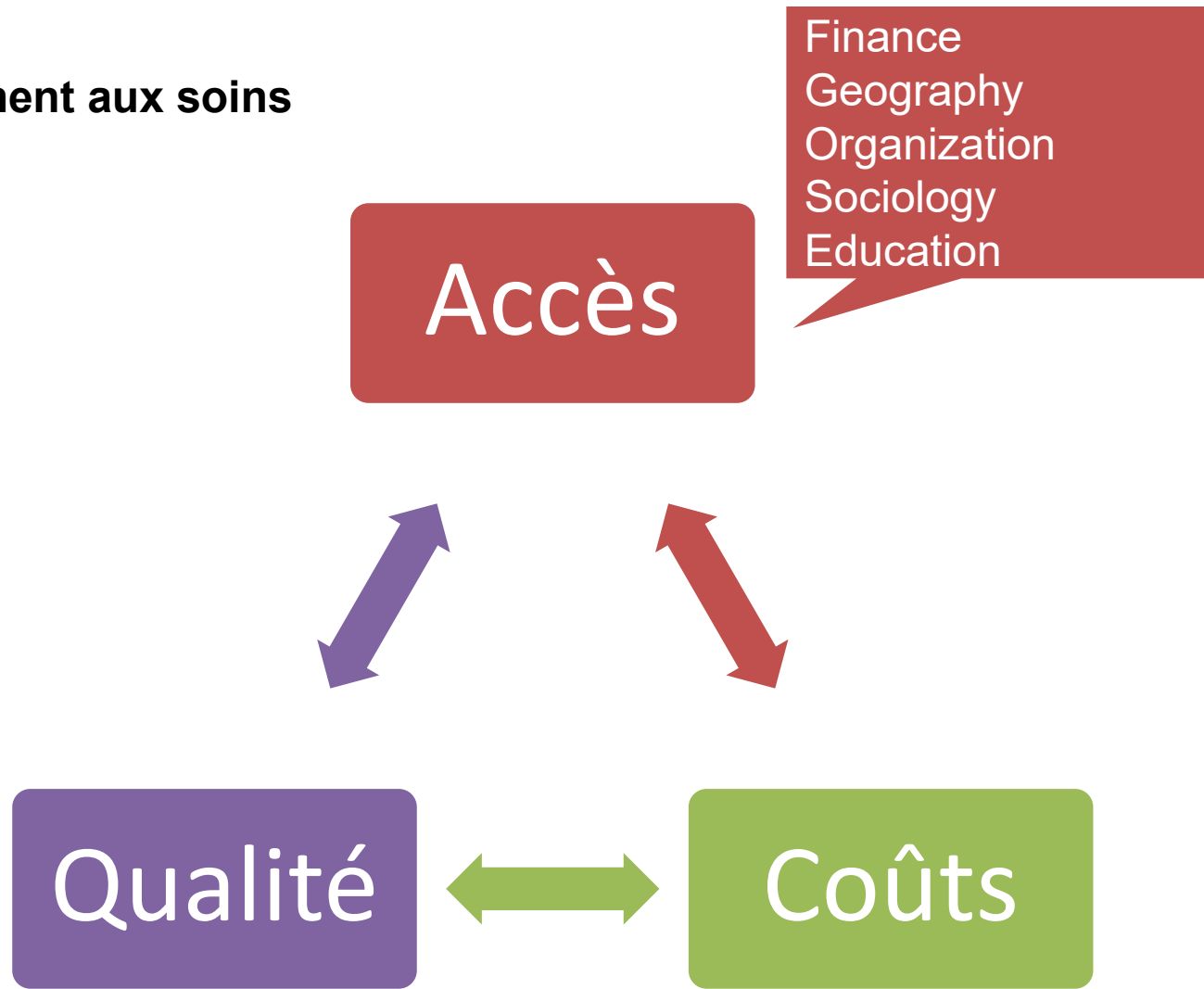
1.1.1 Espérance de vie à la naissance, population totale, 1960 et 2007 (ou dernière année disponible)



1.1.2 Espérance de vie à la naissance, par sexe, 2007 (ou dernière année disponible)



Renoncement aux soins



Renoncement aux soins pour des raisons économiques Une réalité?



GOLF DE LA
MAISON
BLANCHE

VIGNO
DE CR

CERN -
PREVESSIN SITE

BOIS DE
SERVES

BOIS DE LA
BAGASSE

BOIS
PERRIOD

CERN -
MEYRIN SITE

ZIMEYSA

Geneva

ZIPLO

GOLF COUNTRY
CLUB D'ESERY

1992

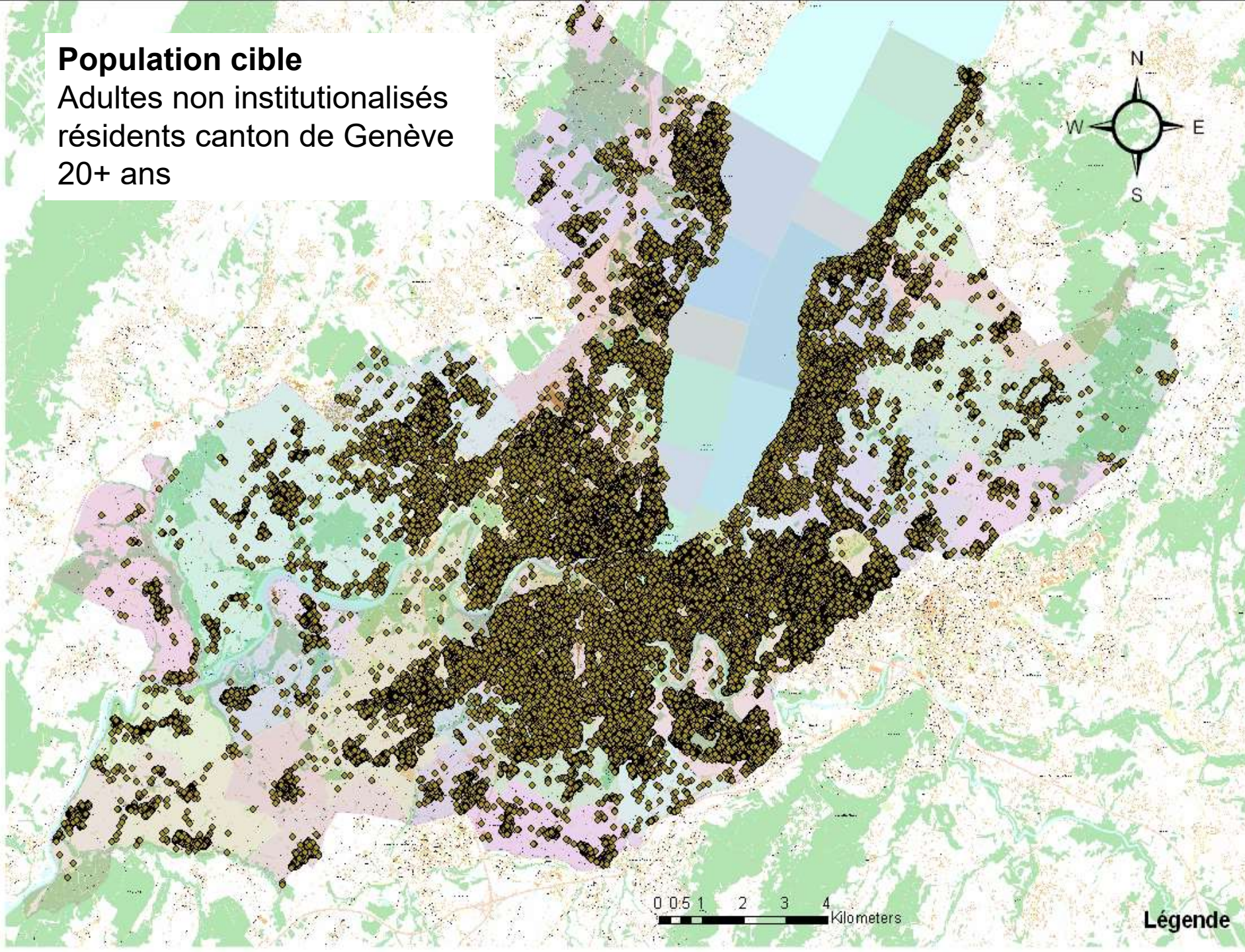
Population cible

Adultes non institutionnalisés
résidents canton de Genève
20+ ans

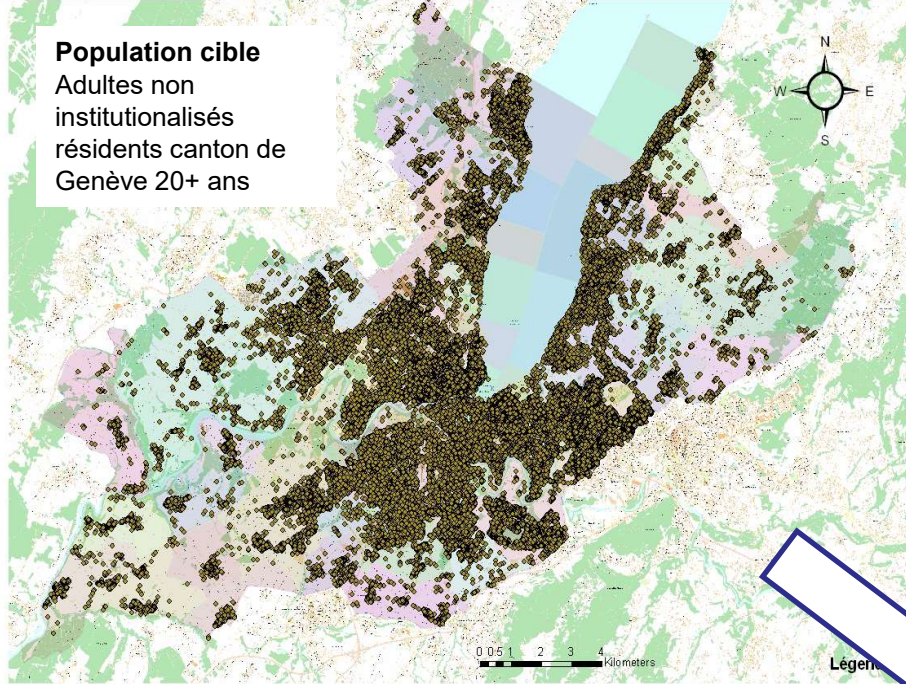


0 0.5 1 2 3 4 Kilometers

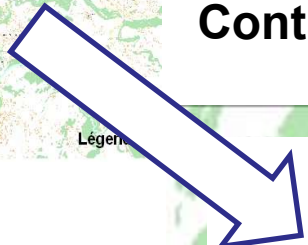
Légende



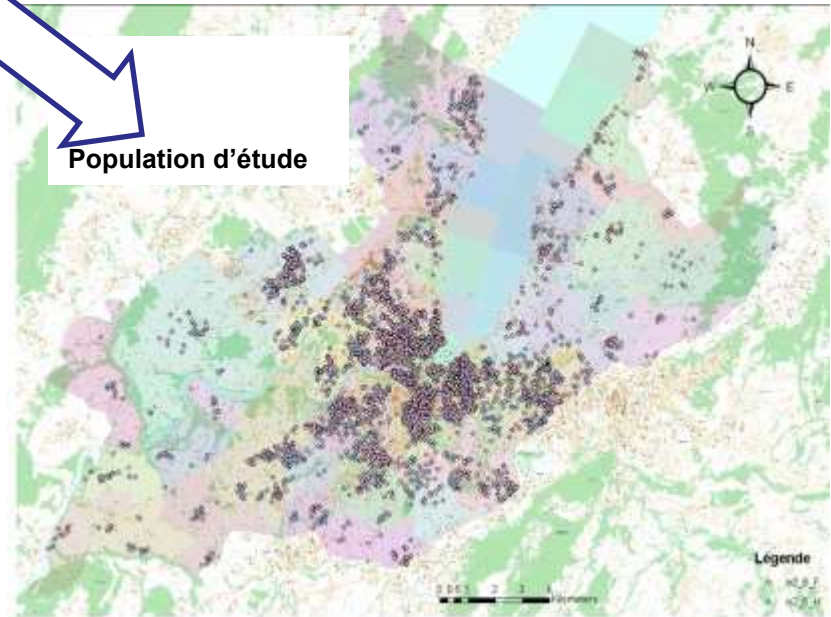
Population cible
Adultes non
institutionnalisés
résidents canton de
Genève 20+ ans



Contact par courrier / téléphone

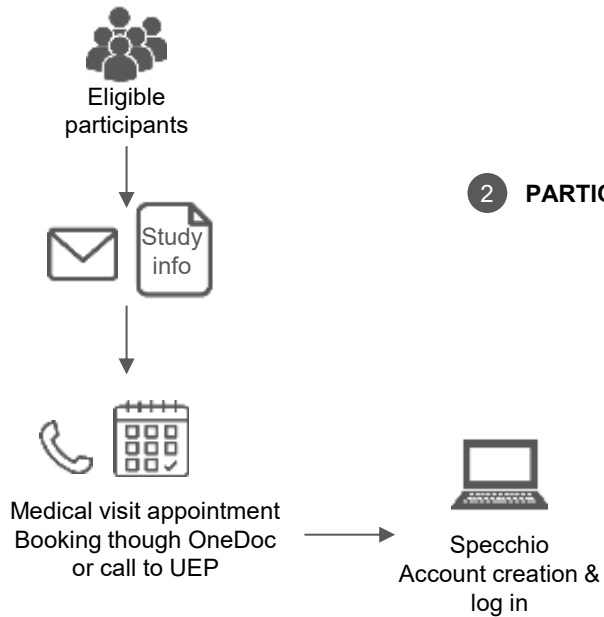


Population d'étude



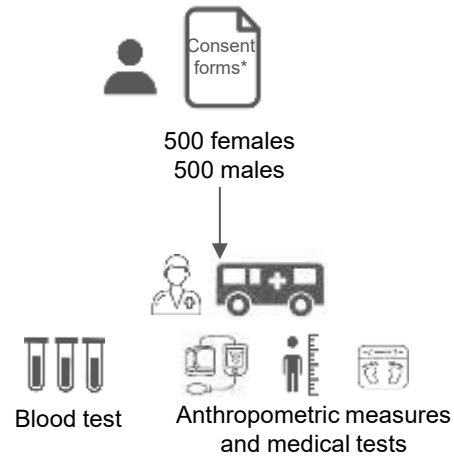
Bus Santé - procédures

1 REGISTRATION



2 PARTICIPATION

MEDICAL VISIT (45 minutes)



QUESTIONNAIRES (Online or paper on demand) To be filled out before medical visit

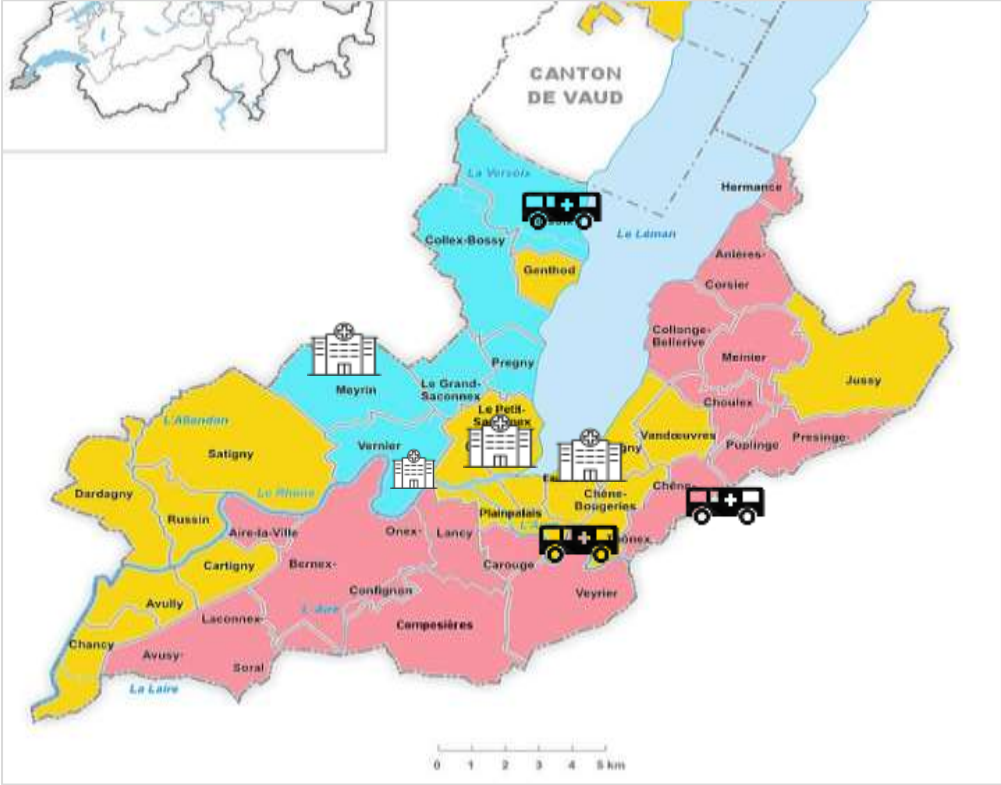


Inclusion Q.



4 additional questionnaires

Bus Santé - sites



Q40. Actuellement, diriez-vous que financièrement :

- Je suis à l'aise, l'argent n'est pas une source d'inquiétude et il m'est facile d'épargner
- Mes revenus permettent de couvrir mes dépenses et de pallier d'éventuels imprévus mineurs
- Je dois faire attention à mes dépenses et un imprévu pourrait me mettre en difficulté financière
- Je n'arrive pas à couvrir mes besoins avec mon revenu et j'ai besoin d'un soutien externe pour fonctionner (endettement, crédits, aides financières diverses)
- Je ne souhaite pas répondre

Q41. Y a-t-il des moments dans le mois où vous rencontrez de réelles difficultés financières pour faire face à vos besoins (alimentation, loyer, charges, assurances, emprunts, etc.) ?

- Non, et cela n'est jamais arrivé
- Non, mais cela est arrivé dans le passé
- Oui, depuis moins d'un an
- Oui, depuis plusieurs années
- Je ne souhaite pas répondre

Q42. Quel est le montant de votre franchise à l'assurance-maladie de base (LAMa) ?

- Je n'ai pas d'assurance-maladie en Suisse
- CHF 300
- CHF 500
- CHF 1'000
- CHF 1'500
- CHF 2'000
- CHF 2'500
- Je ne sais pas
- Je ne souhaite pas répondre

Q14. Nous présentons ci-dessous cinq énoncés avec lesquels vous pouvez être en accord ou en désaccord. À l'aide de l'échelle ci-dessous, indiquez votre degré d'accord ou de désaccord avec chacun des énoncés. Il n'y a pas de bonne ou de mauvaise réponse. Merci de répondre en suivant votre ressenti.

| | Fortement en désaccord | En désaccord | Légèrement en désaccord | Ni en désaccord ni en accord | Légèrement en accord | En accord | Fortement en accord |
|--|--------------------------|--------------------------|--------------------------|------------------------------|--------------------------|--------------------------|--------------------------|
| En général, ma vie correspond de près à mes rêves. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mes conditions de vie sont excellentes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Je suis satisfait(e) de ma vie. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Jusqu'à maintenant, j'ai obtenu les choses importantes que je voulais de la vie. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Si je pouvais recommencer ma vie, je n'y changerais presque rien. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q15. Au cours du mois passé, à quelle fréquence

| | Jamais | Presque jamais | Parfois | Assez souvent | Très souvent |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| avez-vous eu le sentiment de ne pas pouvoir contrôler les aspects importants de votre vie ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| avez-vous eu confiance en votre capacité à gérer vos problèmes personnels ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| avez-vous eu le sentiment que les choses allaient comme vous le vouliez ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| avez-vous eu le sentiment que les difficultés s'accroissent tellement que vous ne pouvez plus les supporter ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q16. À quelle fréquence vous arrive-t-il de vous sentir distendu(e), de perdre du temps pour vous, sans penser aux tâches à accomplir et sans vous inquiéter pour vos proches ?

- Tous les jours
- Plusieurs fois par semaine
- Au moins une fois par semaine
- Rarement
- Jamais

Questionnaires:

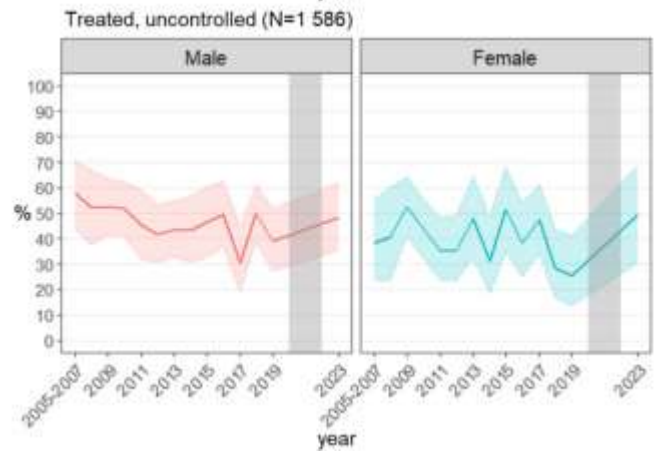
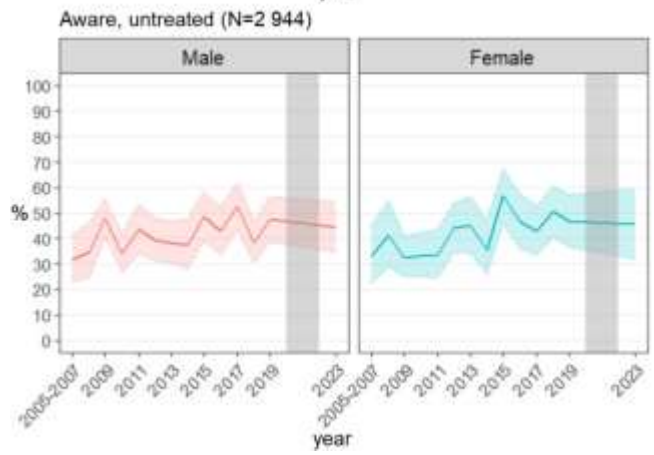
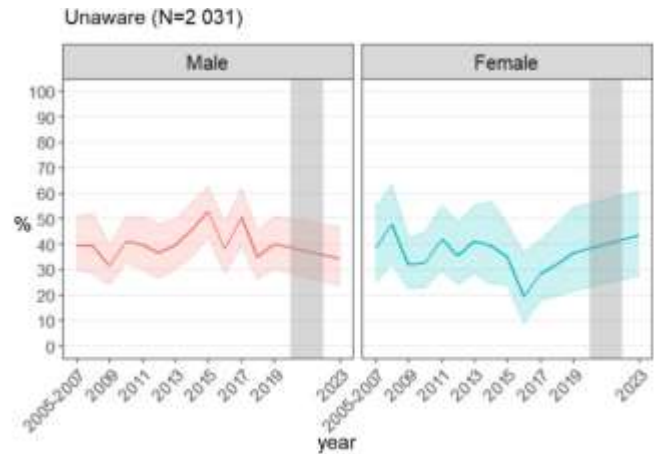
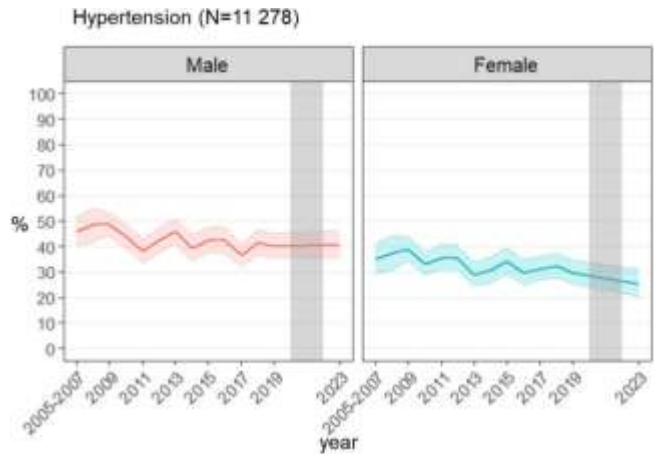
- Santé, Socio-économique
- Activité physique
- Nutrition

Tension artérielle

Tour de taille, examen clinique

Bilan glycémique

Bilan lipidique



doi: 10.1016/j.pmedr.2025.103055.

Lipides

Obésité

Hypertension artérielle

Socio-économiques

Asséculoologiques

Fruits

Légumes

Alcool



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Depuis fin 2007, des données sur le renoncement aux soins
sont récoltées de façon systématique:

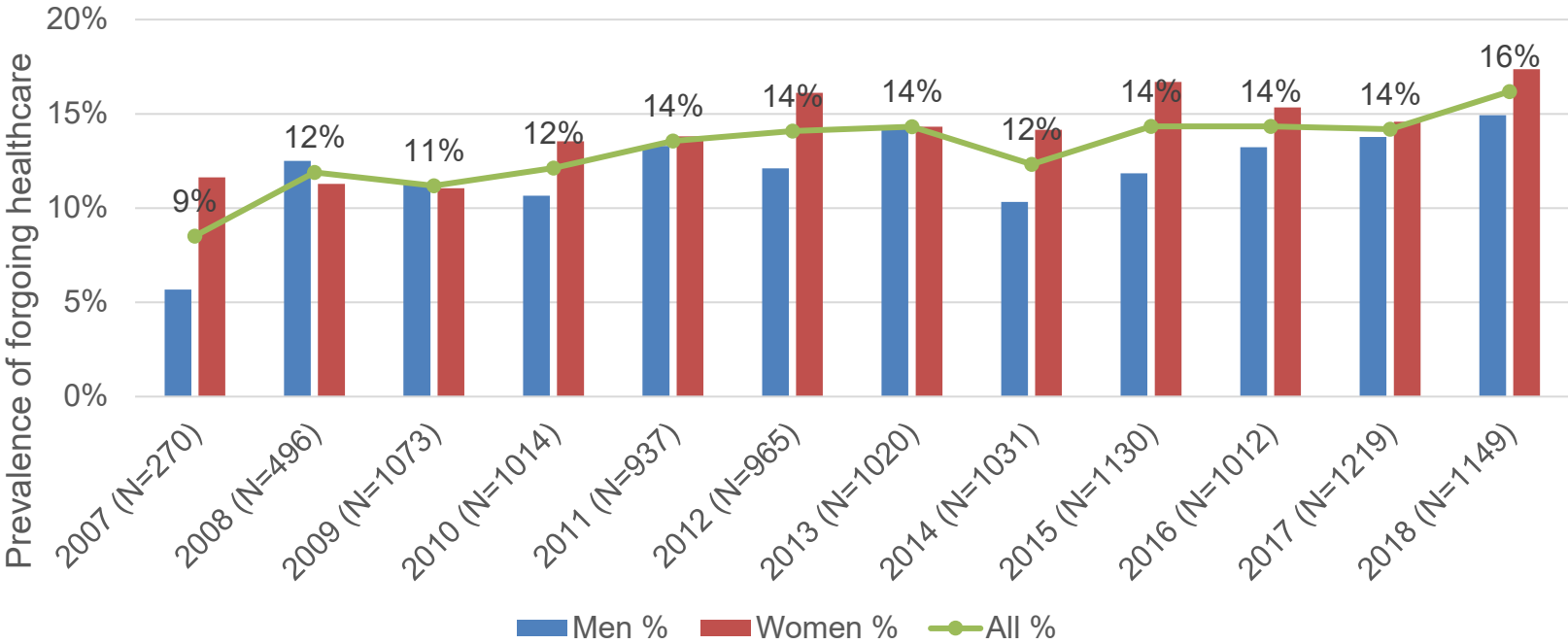
**« Dans les douze derniers mois, avez-vous renoncé à une
dépende de santé pour des raisons économiques?
Si oui, laquelle? »**

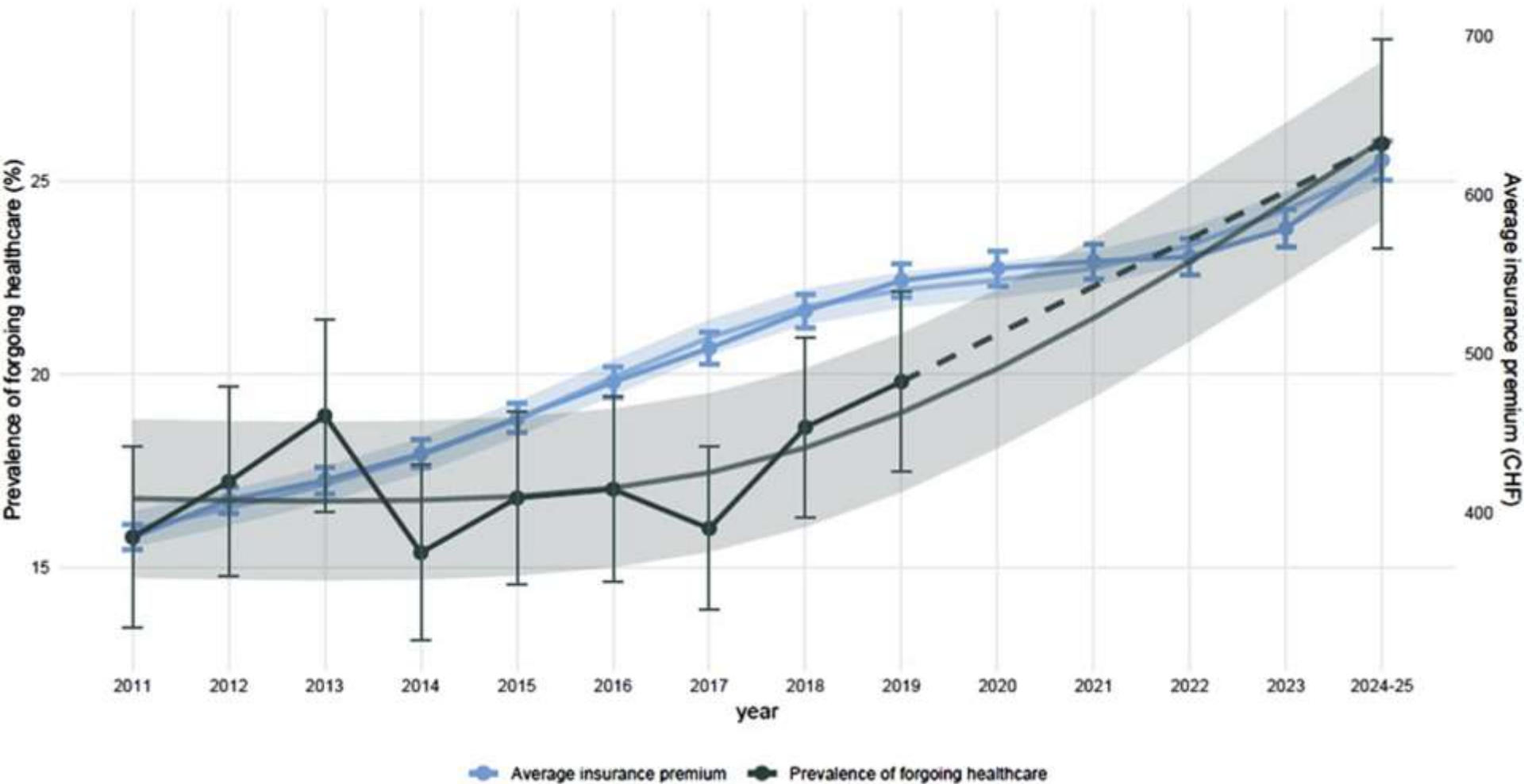
**« Dans les douze derniers mois, avez-vous été incapable de
payer au moins une fois votre prime d'assurance maladie pour des
raisons économiques? »**

>1'000 participantes et participants par année, moyenne d'âge 51 ans,
échantillon représentatif de la population genevoise

15% des personnes rapportent avoir renoncé à des soins de santé pour des
raisons économiques durant la dernière année

Prevalence of forgoing healthcare for economic reasons in Bus Santé participants (2007-2018)





doi: 10.3389/ijph.2025.1609027

20 Genève

Tribune de Genève | Mardi 31 janvier 2012

Enquête Santé hors de prix

Ils se privent de soins

Près d'un Genevois sur cinq renonce à se faire soigner pour des raisons financières

Plus les primes augmentent, moins les Genevois se soignent, selon une étude des HUG

Genève

Modifié le 26 septembre 2025 à 21:23



Résumé de l'article

Partager



À Genève, la hausse des primes pousse les gens à renoncer aux soins / 19h30 / 2 min. / le 26 septembre 2025

Une étude des HUG que la RTS s'est procurée montre qu'à chaque augmentation des primes, la population genevoise renonce un peu plus à se soigner. Un Genevois ou Genevoise sur quatre dit renoncer à des soins pour des raisons financières. Ce chiffre pourrait doubler d'ici à 2030.



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**Mayssam Nehme
Idris Guessous**

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Service de médecine de premiers recours
Hôpitaux universitaires de Genève

TABLE 1 | Baseline characteristics of participants (n = 10,169) (Bus Sante study, Geneva, Switzerland, 2011–2025).

| Variable | Overall | Male | Female | p-value |
|-----------------------------|---------------|---------------|---------------|---------|
| | N = 10,169 | N = 4,891 | N = 5,278 | |
| | N (%) | N (%) | N (%) | |
| Age, mean (SD) | 48.52 (12.99) | 48.73 (13.01) | 48.32 (12.97) | 0.130 |
| Age group | | | | 0.400 |
| 20–34 | 1,739 (17.1) | 819 (16.7) | 920 (17.4) | |
| 35–49 | 3,916 (38.5) | 1,875 (38.3) | 2,041 (38.7) | |
| 50–64 | 3,070 (30.2) | 1,476 (30.2) | 1,594 (30.2) | |
| 65 and above | 1,444 (14.2) | 721 (14.7) | 723 (13.7) | |
| Education | | | | 0.003 |
| Primary | 1,092 (10.8) | 504 (10.4) | 588 (11.2) | |
| Secondary | 3,658 (36.3) | 1,695 (35.1) | 1,963 (37.5) | |
| Tertiary | 5,302 (52.6) | 2,630 (54.4) | 2,672 (51.0) | |
| Other | 20 (0.2) | 6 (0.1) | 14 (0.3) | |
| Unknown | 97 | 56 | 41 | |
| Income level | | | | <0.001 |
| <3,000 | 656 (6.5) | 306 (6.3) | 350 (6.6) | |
| 3,000–4,999 | 1,343 (13.2) | 554 (11.3) | 789 (14.9) | |
| 5,000–6,999 | 1,691 (16.6) | 755 (15.4) | 936 (17.7) | |
| 7,000–9,499 | 1,871 (18.4) | 868 (17.7) | 1,003 (19.0) | |
| 9,500–13,000 | 1,800 (17.7) | 942 (19.3) | 858 (16.3) | |
| >13,000 | 2,045 (20.1) | 1,178 (24.1) | 867 (16.4) | |
| Don't know | 642 (6.3) | 235 (4.8) | 407 (7.7) | |
| Don't wish to answer | 121 (1.2) | 53 (1.1) | 68 (1.3) | |
| Civil status | | | | <0.001 |
| Single | 1,616 (15.9) | 755 (15.5) | 861 (16.3) | |
| Married or living in couple | 6,464 (63.7) | 3,300 (67.7) | 3,164 (60.1) | |
| Divorced living alone | 1,362 (13.4) | 486 (10.0) | 876 (16.6) | |
| Divorced living in couple | 412 (4.1) | 229 (4.7) | 183 (3.5) | |
| Widowed living alone | 256 (2.5) | 90 (1.8) | 166 (3.2) | |
| Widowed living in couple | 33 (0.3) | 16 (0.3) | 17 (0.3) | |
| Unknown | 26 | 15 | 11 | |
| Nationality | | | | 0.037 |
| Non-swiss | 3,579 (35.3) | 1,772 (36.3) | 1,807 (34.3) | |
| Swiss | 6,562 (64.7) | 3,107 (63.7) | 3,455 (65.7) | |
| Unknown | 28 | 12 | 16 | |
| Health insurance subsidy | | | | <0.001 |
| No | 8,444 (86.5) | 4,118 (87.7) | 4,326 (85.3) | |
| Yes | 1,053 (10.8) | 468 (10.0) | 585 (11.5) | |
| Don't know | 269 (2.8) | 108 (2.3) | 161 (3.2) | |
| Don't wish to answer | 1 (0.0) | 1 (0.0) | 0 (0.0) | |
| Unknown | 402 | 196 | 206 | |
| Health insurance deductible | | | | <0.001 |
| None | 47 (0.5) | 16 (0.3) | 31 (0.6) | |
| 300 | 3,428 (33.8) | 1,396 (28.6) | 2,032 (38.5) | |
| 500 | 2,270 (22.4) | 936 (19.2) | 1,334 (25.3) | |
| 1,000 | 434 (4.3) | 234 (4.8) | 200 (3.8) | |
| 1,500 | 910 (9.0) | 520 (10.7) | 390 (7.4) | |
| 2000 | 236 (2.3) | 136 (2.8) | 100 (1.9) | |
| 2,500 | 2,318 (22.8) | 1,427 (29.2) | 891 (16.9) | |

TABLE 3 | Associations between socioeconomic or health determinants and forgoing healthcare for financial reasons (Bus Sante study, Geneva, Switzerland, 2011–2025).

| Variable | Model 1 aOR [95%CI] | p-value | Model 2 aOR [95%CI] | p-value | Model 3 aOR [95%CI] | p-value | Model 4 OR [95%CI] | p-value |
|-----------------------|---------------------|---------|---------------------|---------|---------------------|---------|--------------------|---------|
| Survey year | 1.05 [1.04; 1.07] | <0.001 | 1.07 [1.05; 1.09] | <0.001 | 1.07 [1.05; 1.09] | <0.001 | 1.07 [1.05; 1.09] | <0.001 |
| Age groups | | | | | | | | |
| 65 years and older | Ref | | Ref | | Ref | | Ref | |
| 25–34 | 3.51 [2.81–4.39] | <0.001 | 2.96 [2.31; 3.80] | <0.001 | 2.95 [2.28; 3.82] | <0.001 | 2.78 [2.12; 3.65] | <0.001 |
| 35; 49 | 3.04 [2.49; 3.71] | <0.001 | 2.52 [2.01; 3.15] | <0.001 | 2.27 [1.80; 2.87] | <0.001 | 2.15 [1.68; 2.75] | <0.001 |
| 50; 64 | 2.00 [1.63; 2.45] | <0.001 | 1.78 [1.42; 2.23] | <0.001 | 1.61 [1.28; 2.03] | <0.001 | 1.56 [1.23; 1.97] | <0.001 |
| Sex | | | | | | | | |
| Male | Ref | | Ref | | Ref | | Ref | |
| Female | 1.08 [0.97; 1.21] | 0.146 | 1.21 [1.07; 1.37] | <0.001 | 1.25 [1.10; 1.43] | <0.001 | 1.24 [1.09; 1.42] | 0.001 |
| Income | | | | | | | | |
| 7,000; 9,499 | Ref | | Ref | | Ref | | Ref | |
| <3,000 | 3.15 [2.53; 3.92] | <0.001 | 2.48 [1.90; 3.24] | <0.001 | 2.33 [1.76; 3.08] | <0.001 | 2.33 [1.76; 3.09] | <0.001 |
| 3,000; 4,999 | 2.26 [1.88; 2.72] | <0.001 | 1.97 [1.61; 2.42] | <0.001 | 1.88 [1.52; 2.32] | <0.001 | 1.88 [1.52; 2.33] | <0.001 |
| 5,000; 6,999 | 1.53 [1.28; 1.82] | <0.001 | 1.34 [1.11; 1.61] | <0.001 | 1.31 [1.08; 1.59] | 0.006 | 1.31 [1.08; 1.59] | 0.006 |
| 9,500; 13,000 | 0.69 [0.57; 0.83] | 0.001 | 0.74 [0.60; 0.90] | 0.003 | 0.74 [0.60; 0.91] | 0.004 | 0.74 [0.60; 0.91] | 0.004 |
| >13,000 | 0.34 [0.27; 0.42] | <0.001 | 0.38 [0.30; 0.48] | <0.001 | 0.41 [0.32; 0.52] | <0.001 | 0.41 [0.32; 0.52] | <0.001 |
| Nationality | | | | | | | | |
| Swiss | Ref | | Ref | | Ref | | Ref | |
| Non swiss | 1.04 [0.92; 1.16] | 0.615 | 1.06 [0.94; 1.21] | 0.340 | 1.04 [0.91; 1.19] | 0.579 | 1.04 [0.91; 1.19] | 0.558 |
| Education | | | | | | | | |
| Primary | Ref | | Ref | | Ref | | Ref | |
| Secondary | 1.23 [1.02; 1.48] | 0.026 | 1.28 [1.04; 1.58] | 0.020 | 1.43 [1.15; 1.79] | 0.001 | 1.44 [1.15; 1.80] | 0.001 |
| Tertiary | 1.35 [1.12; 1.62] | 0.001 | 1.41 [1.14; 1.75] | <0.001 | 1.68 [1.34; 2.10] | <0.001 | 1.69 [1.34; 2.11] | <0.001 |
| Civil status | | | | | | | | |
| Married/in couple | Ref | | Ref | | Ref | | Ref | |
| Single | 0.62 [0.53; 0.73] | <0.001 | 0.64 [0.53; 0.76] | <0.001 | 0.64 [0.53; 0.77] | <0.001 | 0.64 [0.53; 0.77] | <0.001 |
| Divorced living alone | 1.23 [1.05; 1.44] | 0.011 | 1.26 [1.06; 1.50] | 0.009 | 1.35 [1.13; 1.62] | 0.001 | 1.35 [1.13; 1.62] | 0.001 |
| Divorced/in couple | 1.09 [0.82; 1.45] | 0.544 | 1.09 [0.80; 1.48] | 0.579 | 1.02 [0.73; 1.42] | 0.897 | 1.03 [0.74; 1.44] | 0.858 |
| Widowed living alone | 0.84 [0.57; 1.22] | 0.356 | 0.89 [0.59; 1.34] | 0.578 | 0.87 [0.57; 1.32] | 0.501 | 0.86 [0.57; 1.31] | 0.487 |
| Widowed/in couple | 0.43 [0.10; 1.82] | 0.249 | 0.44 [0.10; 1.89] | 0.271 | 0.44 [0.10; 1.93] | 0.274 | 0.45 [0.10; 1.98] | 0.288 |

TABLE 3 | Associations between socioeconomic or health determinants and forgoing healthcare for financial reasons (Bus Sante study, Geneva, Switzerland, 2011–2025).

| Variable | Model 1 aOR [95%CI] | p-value | Model 2 aOR [95%CI] | p-value | Model 3 aOR [95%CI] | p-value | Model 4 OR [95%CI] | p-value |
|-------------------------|---------------------|---------|---------------------|---------|---------------------|---------|--------------------|---------|
| Deductible | | | | | | | | |
| 300 | Ref | | Ref | | Ref | | Ref | |
| 500 | | | 1.06 [0.90; 1.25] | 0.455 | 1.13 [0.96; 1.34] | 0.151 | 1.13 [0.95; 1.34] | 0.159 |
| 1,000 | | | 1.30 [0.96; 1.75] | 0.086 | 1.33 [0.97; 1.81] | 0.074 | 1.32 [0.97; 1.80] | 0.079 |
| 1,500 | | | 1.29 [1.03; 1.60] | 0.024 | 1.40 [1.11; 1.78] | 0.005 | 1.40 [1.10; 1.77] | 0.006 |
| 2000 | | | 1.67 [1.18; 2.38] | 0.004 | 2.05 [1.42; 2.96] | <0.001 | 2.06 [1.43; 2.98] | <0.001 |
| 2,500 | | | 1.52 [1.30; 1.78] | <0.001 | 1.80 [1.52; 2.12] | <0.001 | 1.79 [1.51; 2.12] | <0.001 |
| Subsidies | | | | | | | | |
| No | Ref | | Ref | | Ref | | Ref | |
| Yes | | | 1.43 [1.22; 1.67] | 0.001 | 1.42 [1.2; 1.68] | <0.001 | 1.42 [1.20; 1.68] | <0.001 |
| Complementary insurance | | | | | | | | |
| Yes | Ref | | Ref | | Ref | | Ref | |
| No | | | 1.67 [1.47; 1.90] | <0.001 | 1.58 [1.39; 1.81] | <0.001 | 1.59 [1.39; 1.82] | <0.001 |
| Smoking | | | | | | | | |
| No | | | | | Ref | | Ref | |
| Yes | | | | | 1.44 [1.25; 1.65] | <0.001 | 1.43 [1.24; 1.65] | <0.001 |
| Self-rated health | | | | | | | | |
| Very good | | | | | Ref | | Ref | |
| Good | | | | | 1.54 [1.31; 1.81] | <0.001 | 1.55 [1.32; 1.82] | <0.001 |
| Average | | | | | 2.82 [2.31; 3.44] | <0.001 | 2.84 [2.33; 3.46] | <0.001 |
| Poor | | | | | 5.18 [3.40; 7.90] | <0.001 | 5.15 [3.37; 7.85] | <0.001 |
| Very poor | | | | | 5.8 [2.08; 16.17] | <0.001 | 5.65 [2.01; 15.86] | <0.001 |
| BMI | | | | | | | | |
| Healthy | | | | | Ref | | Ref | |
| Underweight | | | | | 1.11 [0.90; 1.36] | 0.335 | 1.10 [0.90; 1.36] | 0.317 |
| Overweight | | | | | 1.03 [0.89; 1.20] | 0.673 | 1.04 [0.90; 1.21] | 0.662 |
| Obesity | | | | | 1.12 [0.92; 1.37] | 0.245 | 1.17 [0.95; 1.43] | 0.053 |
| Dyslipidemia | | | | | | | | |
| No | | | | | | | Ref | |
| Yes | | | | | | | 0.85 [0.73; 0.99] | 0.044 |
| Diabetes | | | | | | | | |
| No | | | | | | | Ref | |
| Yes | | | | | | | 1.27 [0.96; 1.67] | 0.084 |
| Hypertension | | | | | | | | |
| No | | | | | | | Ref | |
| Yes | | | | | | | 0.83 [0.69; 1.01] | 0.062 |

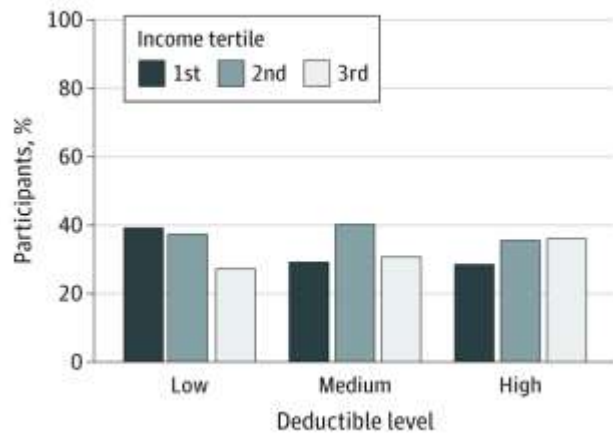
Model 1: adjusted for demographics (age, sex, income, nationality, education) and survey year.

Model 2: model 1 + insurance variables (healthcare insurance premium, insurance subsidies, complementary insurance).

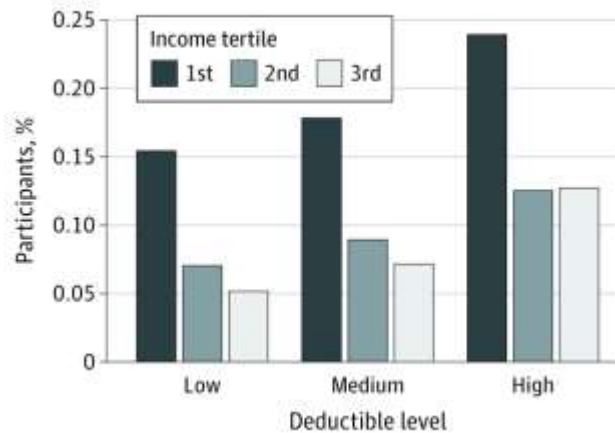
Model 3: model 2 + health variables (smoking, self-rated health, body mass index BMI).

Model 4: model 3 + chronic conditions (dyslipidemia, diabetes, hypertension).

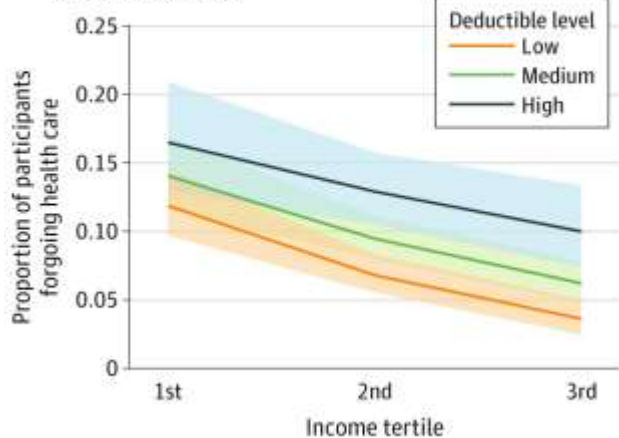
A Participants by income and deductible levels



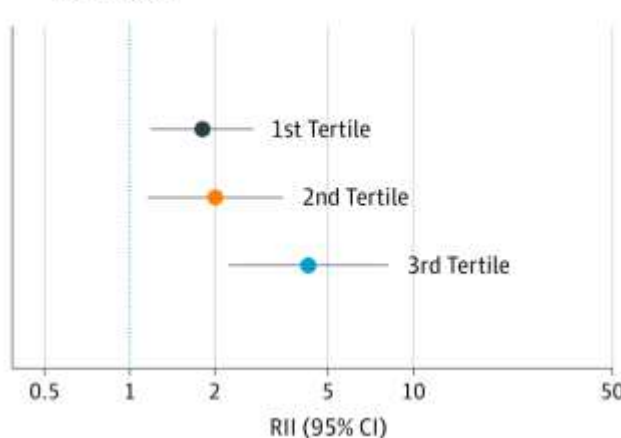
B Proportion of participants forgoing health care



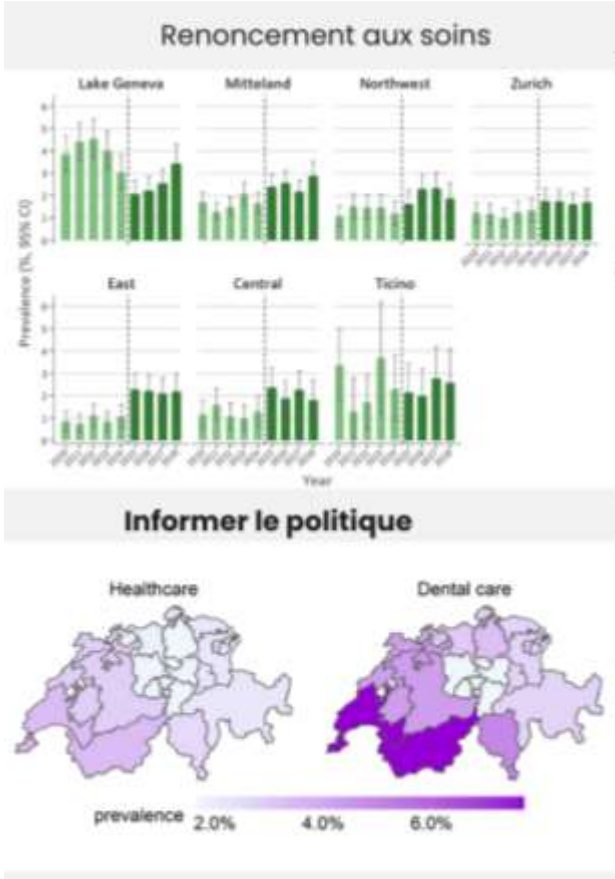
C Adjusted estimate of participants forgoing health care by deductible level



D Deductible-associated forgoing of health care by income level



Assessment and Quantification of the Association of Insurance Deductible With Forgoing of Health CareC, Shaded areas represent 95% CIs. D, Error bars represent 95% CIs. For tertile 1, $P = .005$; tertile 2, $P = .01$; tertile 3, $P < .001$. RII indicates relative index of inequality.



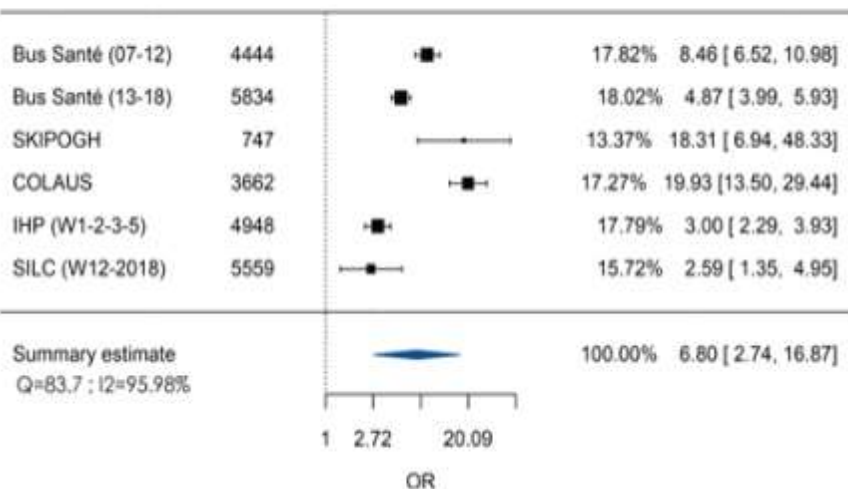
Renoncement aux soins de santé en Suisse
 Prévalence, déterminants et conséquences
 Rapport OFSP 2022

Carlos de Mestral
 Dusan Petrovic
 Kailing Marcus
 Richard Dubos
 Idris Guessous
 Silvia Stringhini

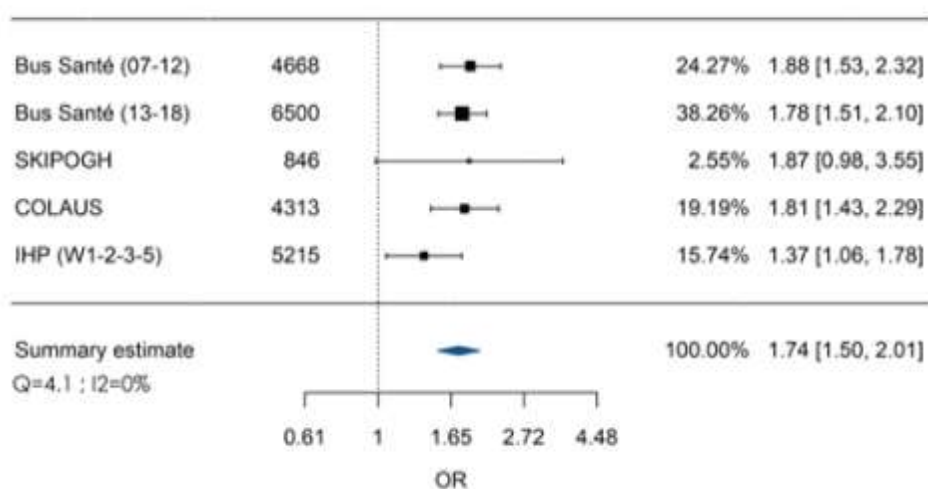
Les pourcentages de prévalence sont tirés de modèles de régression logistique, corrigés pour tenir compte de l'âge, du sexe et de la région.

Associations entre déterminants et renoncement aux soins - Suisse

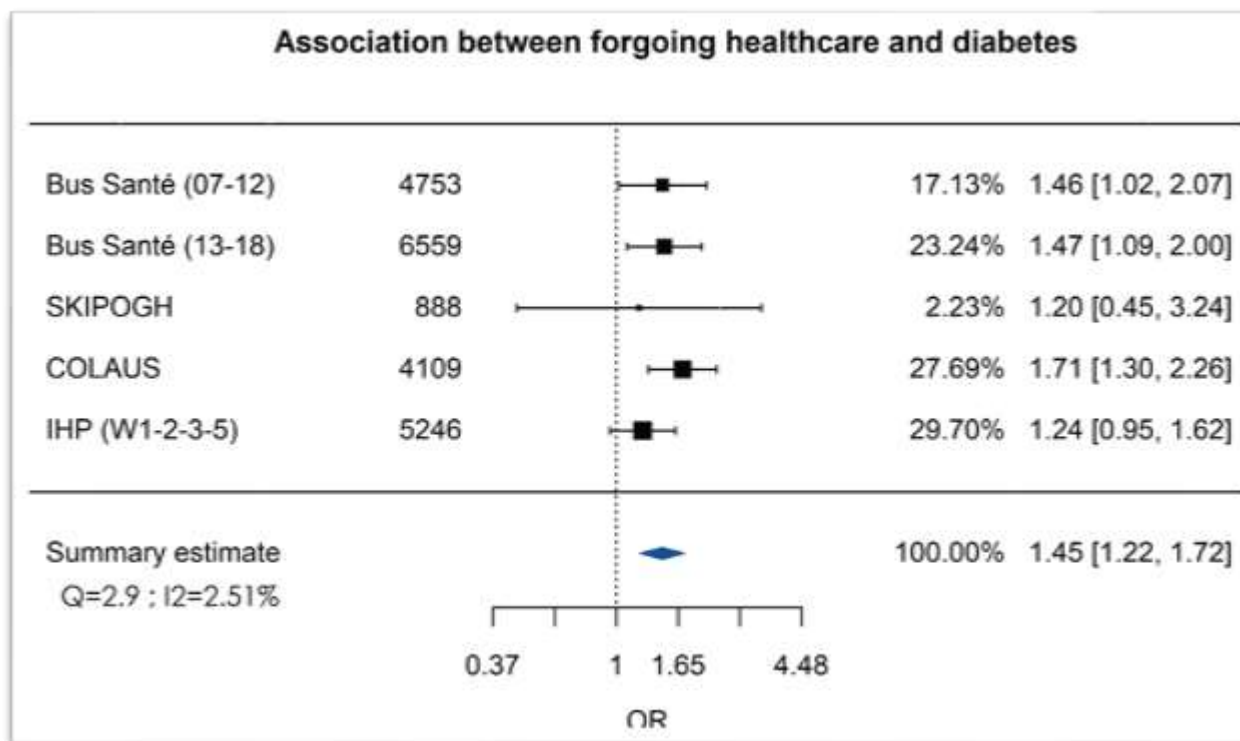
Association between income (LH) and forgoing healthcare



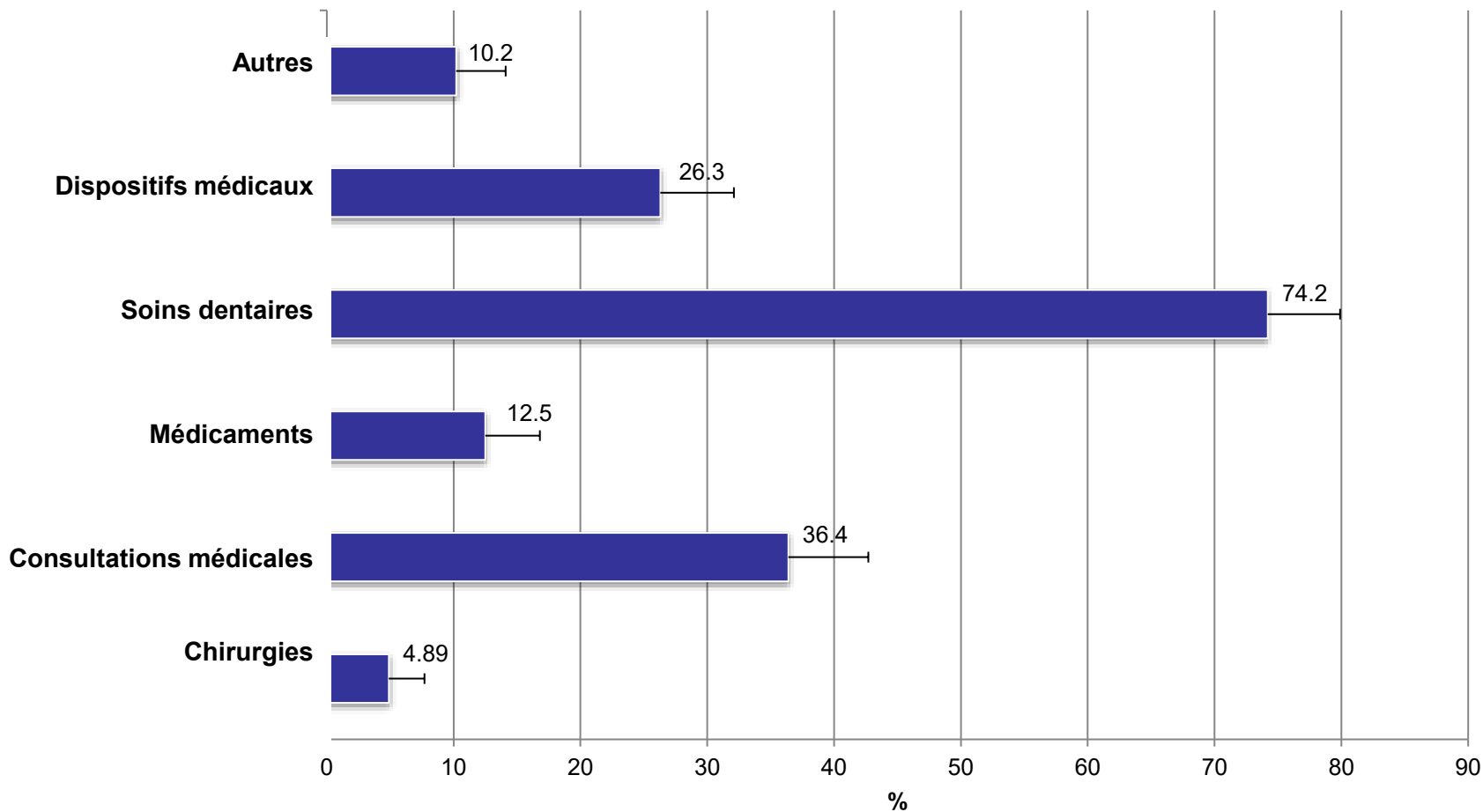
Association between education (LH) and forgoing healthcare



Associations entre déterminants et renoncement aux soins - Suisse



Quels types de soins?



Renoncement aux soins dentaires pour raisons économiques

Guessous et al. *BMC Oral Health* 2014, **14**:121
<http://www.biomedcentral.com/1472-6831/14/121>



RESEARCH ARTICLE

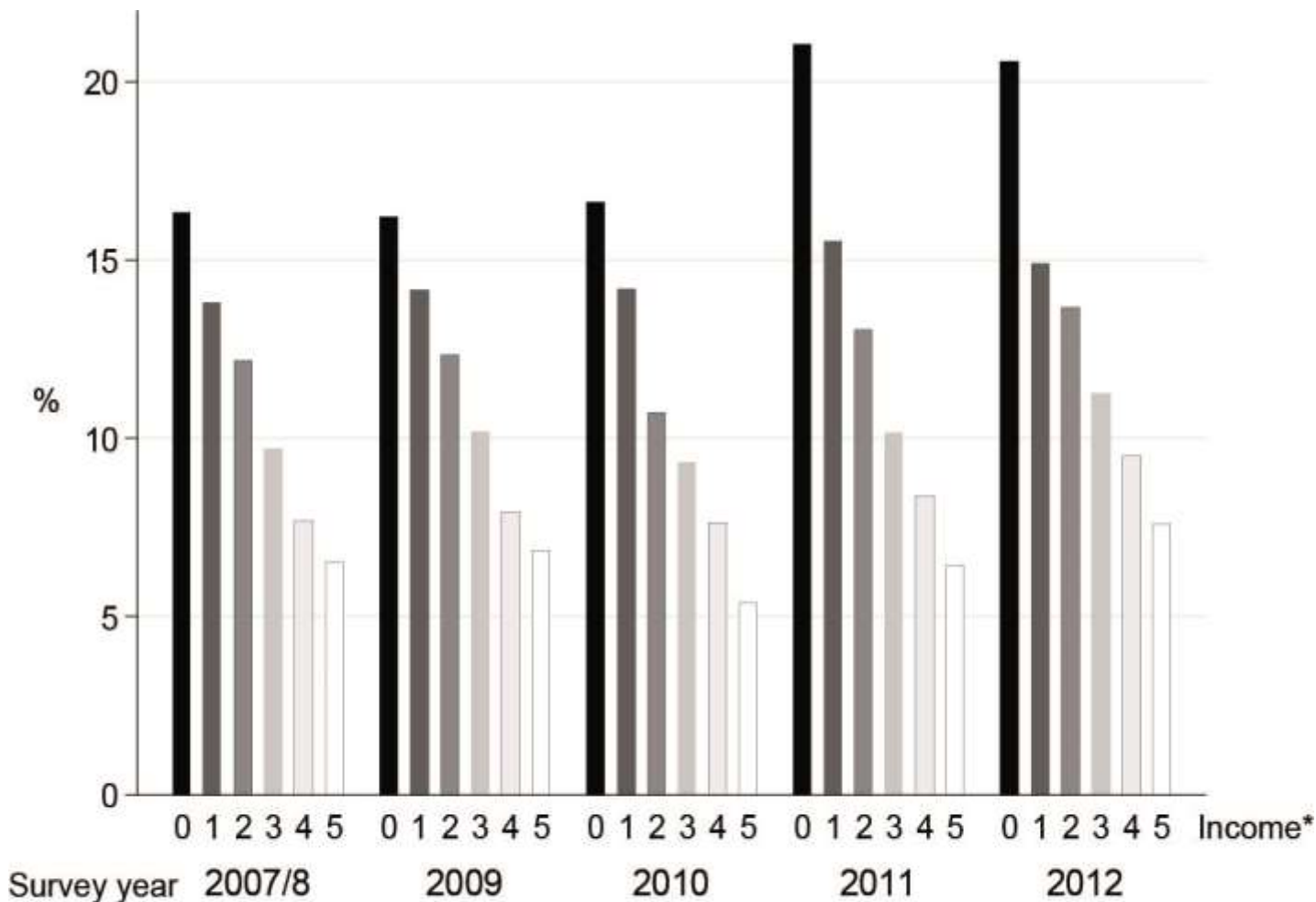
Open Access

Forgoing dental care for economic reasons in Switzerland: a six-year cross-sectional population-based study

Idris Guessous^{1,2,3,6*}, Jean-Marc Theler¹, Claire Durosier Izart¹, Silvia Stringhini², Patrick Bodenmann⁴, Jean-Michel Gaspoz¹ and Hans Wolff⁵

| | Period or survey year | | | | | |
|------------------------|-----------------------|--------|------|------|------|------|
| | 2007-2012 | 2007/8 | 2009 | 2010 | 2011 | 2012 |
| Number of participants | 4313 | 740 | 1006 | 944 | 883 | 740 |

Renoncement aux soins dentaires pour raisons économiques



*Categories of monthly household income (Swiss francs CHF), *P trend across survey years (P):*

0= <3000CHF, *P*=0.002 1= 3000-4999CHF, *P*=0.341 2= 5000-6999CHF, *P*=0.215

3= 7000-9499CHF, *P*=0.524 4= 9500-12,999CHF, *P*=0.006 5= >13,000CHF, *P*=0.062

RESEARCH ARTICLE

Colorectal Cancer Screening in Switzerland: Cross-Sectional Trends (2007-2012) in Socioeconomic Disparities

Stacey A. Fedewa^{1,2}, Stéphane Cullati³, Christine Bouchardy⁴, Ida Welle⁵,
Claudine Burton-Jeangros⁶, Orly Manor^{3,7}, Delphine S. Courvoisier⁸, Idris Guessous^{1,3,9*}

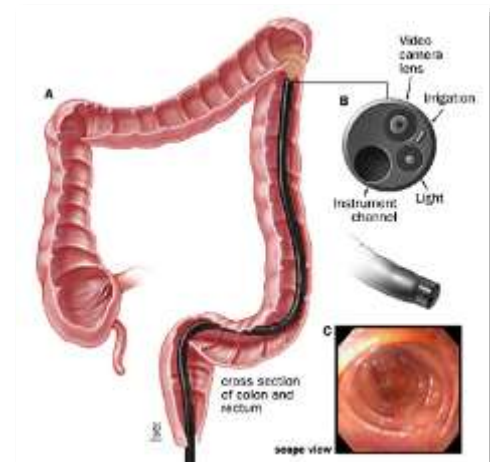
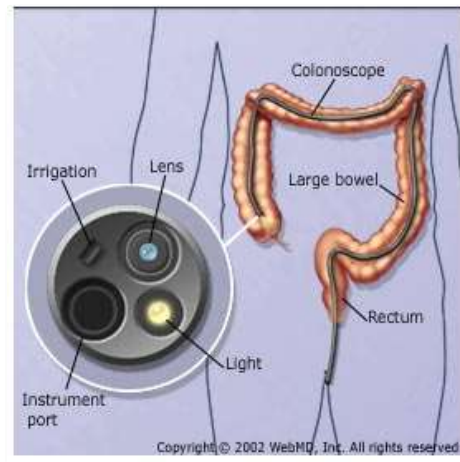
1 Emory University, Department of Epidemiology, Atlanta, GA, United States of America, **2** American Cancer Society, Atlanta, GA, United States of America, **3** Unit of population epidemiology, Department of Community Medicine, Primary Care and Emergency Medicine, University Hospitals of Geneva, Geneva, Switzerland, **4** Geneva Cancer Registry, Global Health Institute, University of Geneva, Geneva, Switzerland, **5** Institute of Social and Preventive Medicine, Lausanne University Hospital, Lausanne, Switzerland, **6** Department of Sociology, University of Geneva, Geneva, Switzerland, **7** School of Public Health and Community Medicine, Hebrew University-Hadassah, Jerusalem, Israel, **8** Division of Clinical Epidemiology, University Hospitals of Geneva, Geneva, Switzerland, **9** Division of Chronic Disease, University Institute of Social and Preventive Medicine, Lausanne University Hospital, Lausanne, Switzerland

* idris.guessous@hcuge.ch

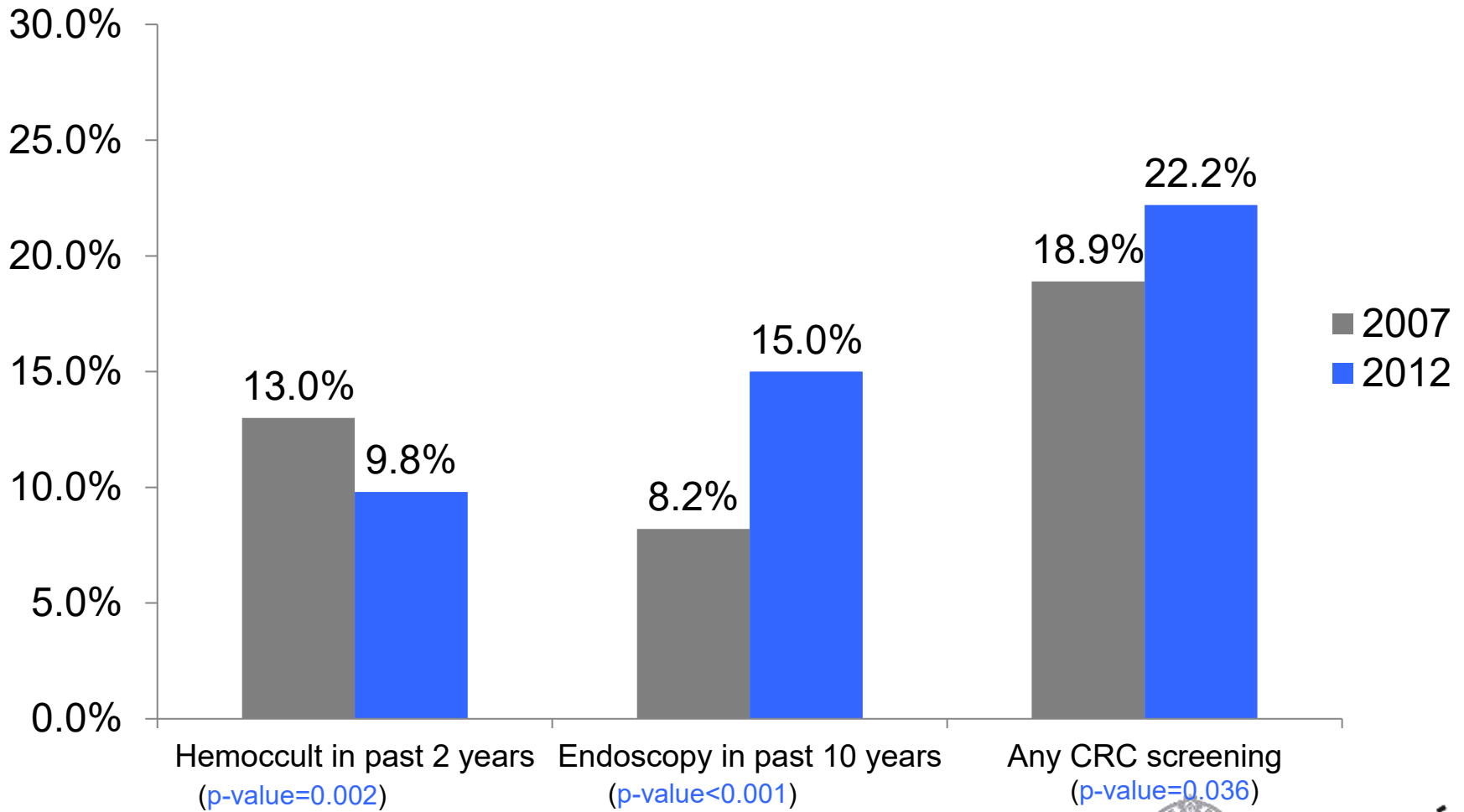
<https://doi.org/10.1371/journal.pone.0131205>



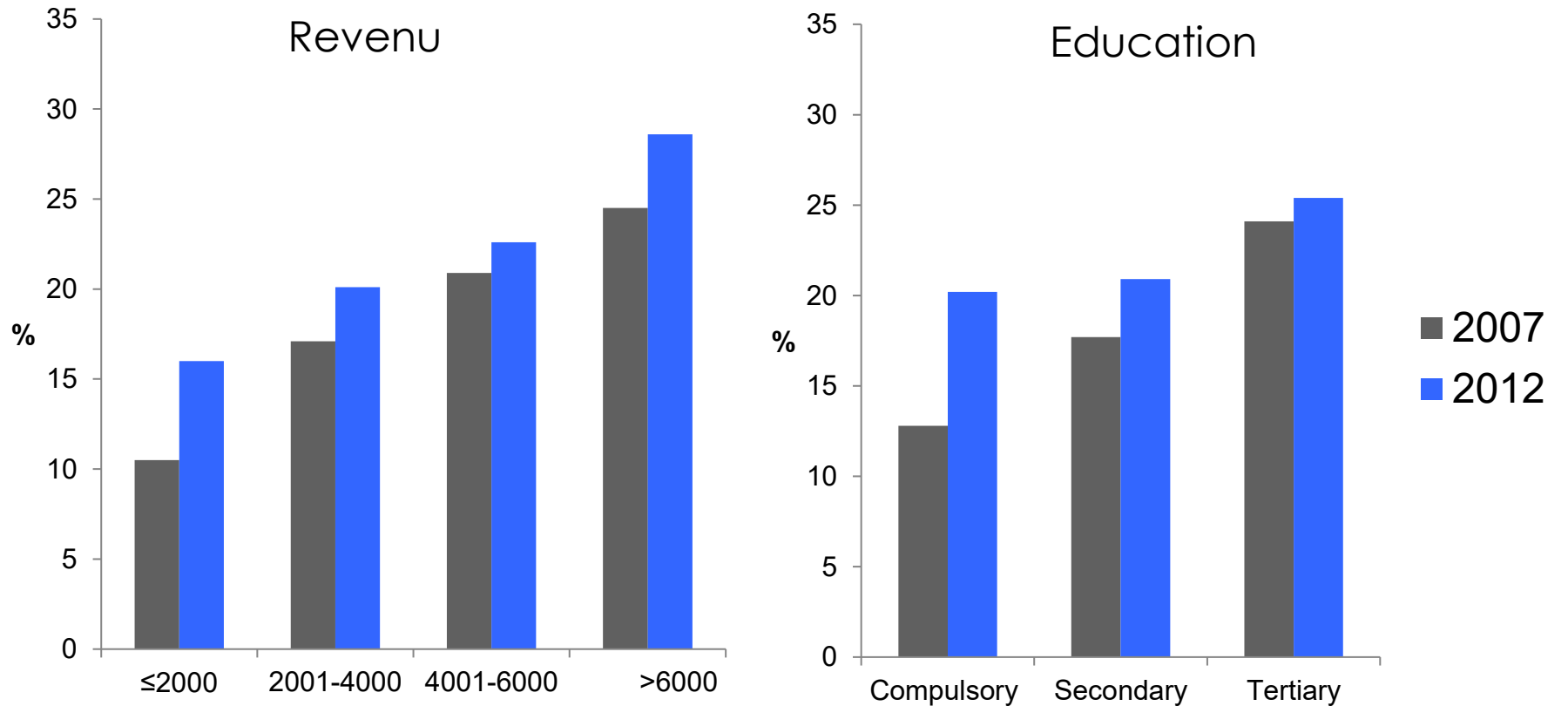
Dépistage du cancer colorectal



Dépistage du cancer colorectal



Dépistage du cancer colorectal et status socioéconomique



Renoncement aux soins et COVID-19



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Preventive Medicine

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



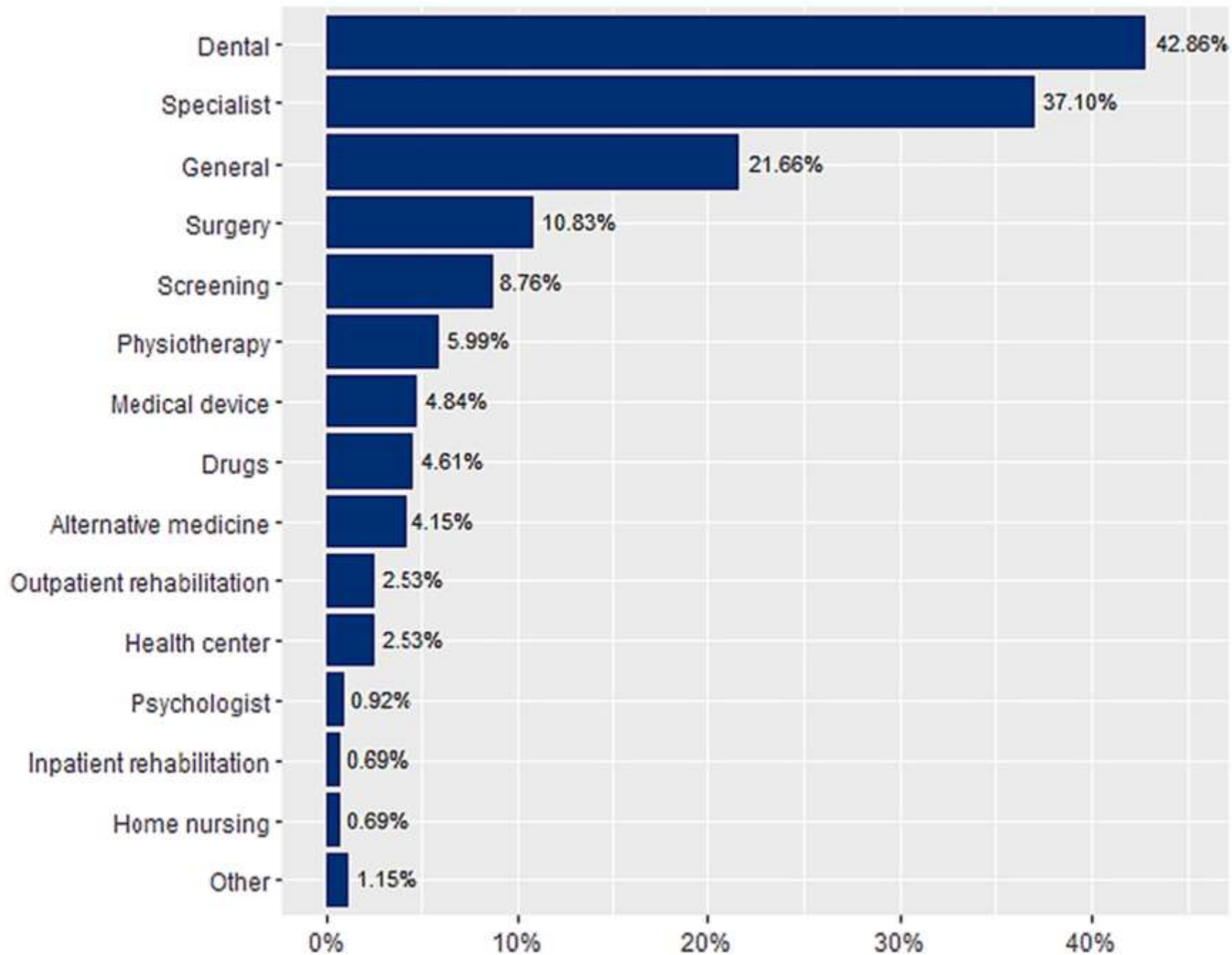
Forgoing healthcare during the COVID-19 pandemic in Geneva, Switzerland – A cross-sectional population-based study

Lakshmi Krishna Menon ^{a,b,1}, Viviane Richard ^{a,1}, Carlos de Mestral ^a, H el ene Baysson ^{a,c}, Ania Wisniak ^{a,b}, Idris Guessous ^{c,d}, Silvia Stringhini ^{a,d,e,*}, the Specchio-COVID19 Study Group²

Methods:

Participants from a randomly selected population-based sample of the adult population living in the Canton of Geneva completed an online socio-demographic and lifestyle questionnaire between November 2020 and January 2021

Results: The study included 5397 participants, among which 8.0% reported having forgone healthcare since the beginning of the COVID-19 pandemic



Niveau socio-économique et boissons sucrées

Getis-Ord Gi clusters calculated for 15,423 Bus santé participants (1995–2014) for the raw sugar-sweetened beverage (SSB) intake variable (a) and adjusted for covariates (b). White dots correspond to individuals with a non-significant Z-score. Red dots correspond to individuals with a statistically significant positive Z-score ($\alpha = 0.05$), meaning that higher values cluster within a spatial buffer of 1200 m and are found closer together than expected if the underlying spatial process was random. Blue dots correspond to individuals with a statistically significant negative Z-score ($\alpha = -0.05$), meaning that lower values cluster within a spatial buffer of 1200 m and are found closer together than expected if the underlying spatial process was random. Indicative landmarks numbered 1–10 are displayed on the maps and used to support the description of the results

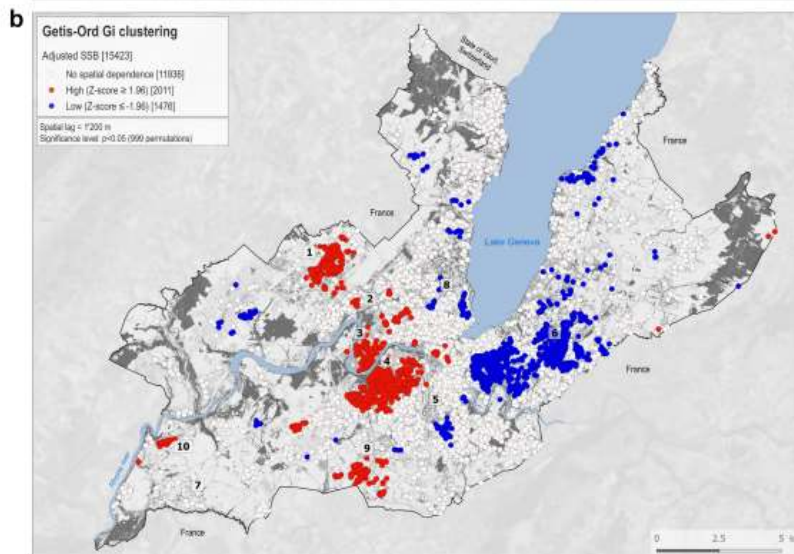
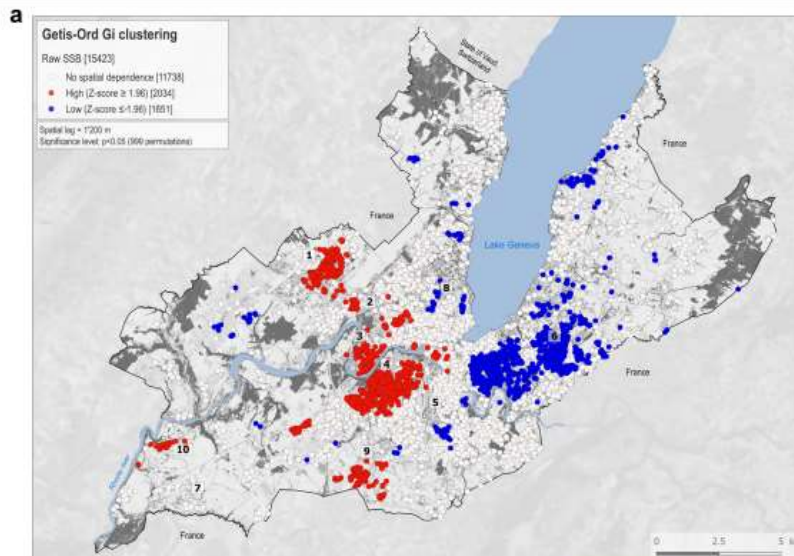


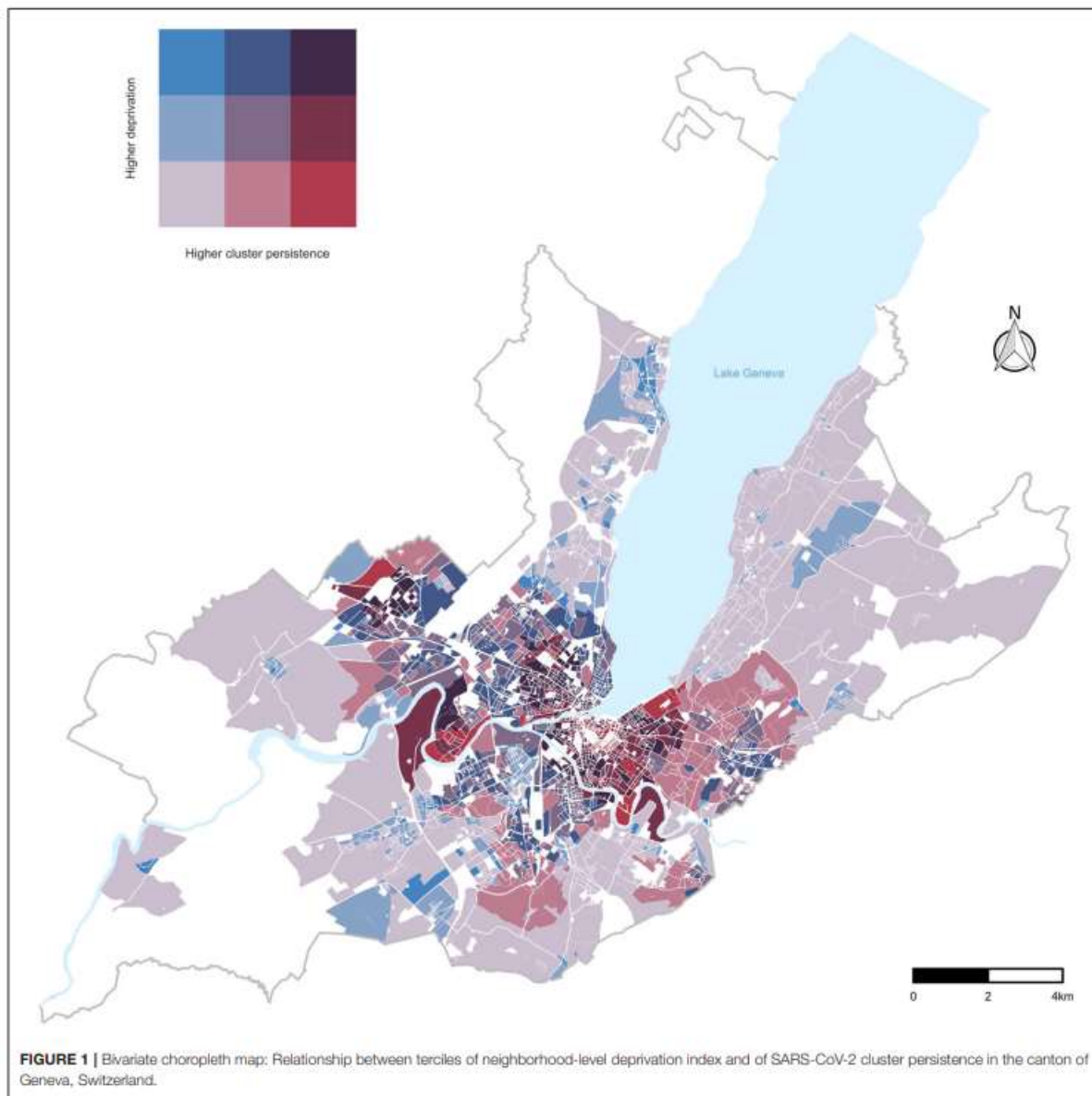
Fig. 1 (See legend on next page.)



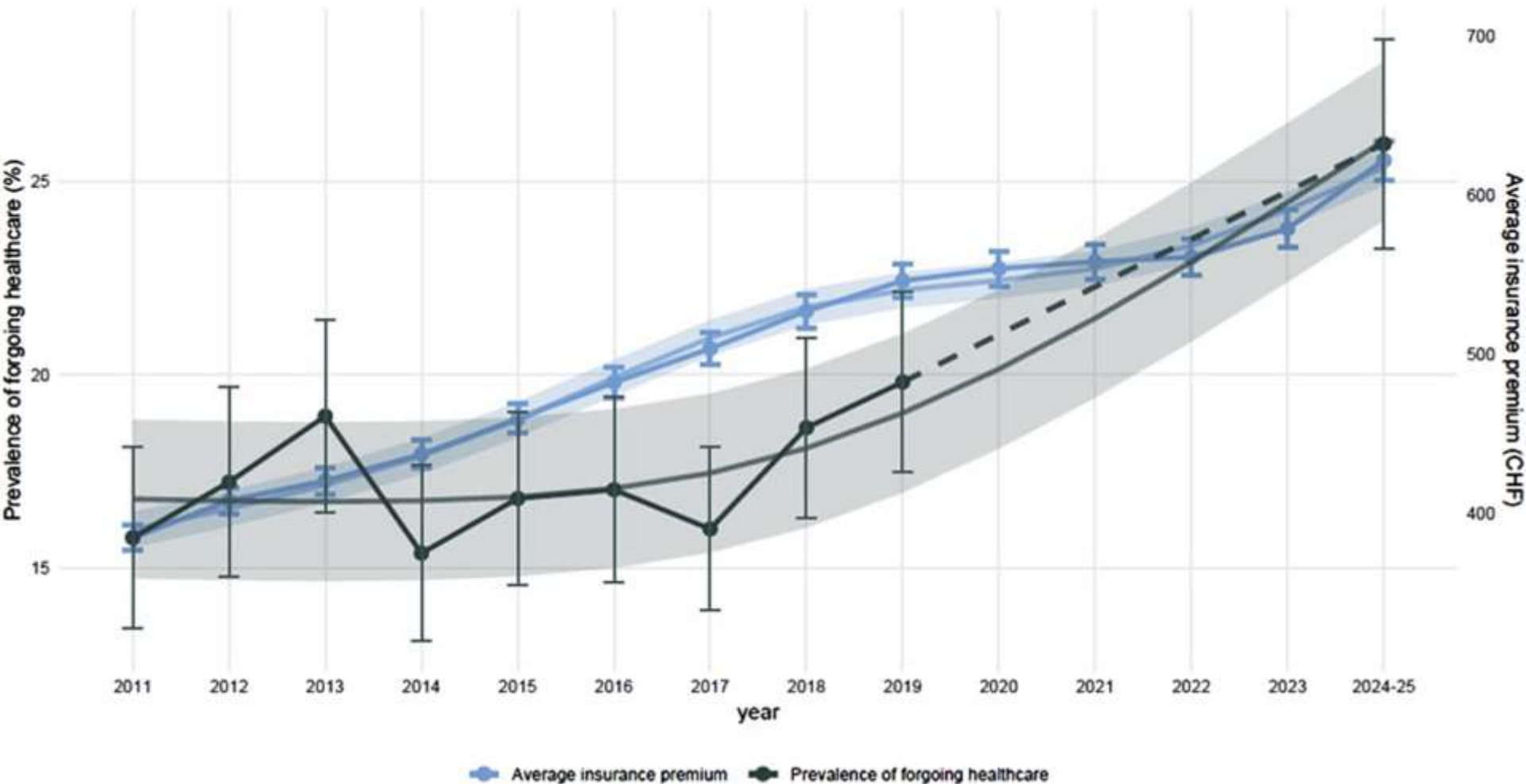
Socioeconomically Disadvantaged Neighborhoods Face Increased Persistence of SARS-CoV-2 Clusters

David De Ridder^{1,2,3,4}, José Sandoval^{1,4}, Nicolas Vuilleumier¹, Andrew S. Azman^{1,5}, Silvia Stringhini^{1,4}, Laurent Kaiser¹, Stéphane Joost^{1,2,4†} and Idris Guessous^{1,2,3,4*†}*

¹ Geneva University Hospitals, Geneva, Switzerland, ² Faculty of Medicine, University of Geneva, Geneva, Switzerland, ³ Laboratory of Geographic Information Systems (LASIG), School of Architecture, Civil and Environmental Engineering (ENAC), École Polytechnique Fédérale de Lausanne, Lausanne, Switzerland, ⁴ Group of Geographic Information Research and Analysis in Population Health (GIRAPH), Geneva, Switzerland, ⁵ Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, United States



Bivariate choropleth map:
 Relationship between terciles of
 neighborhood-level deprivation
 index and of SARS-CoV-2 cluster
 persistence in the canton of
 Geneva, Switzerland.



doi: 10.3389/ijph.2025.1609027

Niveau socio-économique
 Primes, assurance, subsides
 Age, sexe, éducation
 Autres maladies, comportements de santé



Hôpitaux
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