

Never Shall the Twain Meet? Not so for Patient Classification and Health Inequality Research!

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*Inaugural Chair and Professor, Department of Equity, Ethics and Policy,
Faculty of Medicine*

*Professor, Department of Sociology, Faculty of Arts
McGill University*

PCSI, September 10, 2025, Québec

My invitation

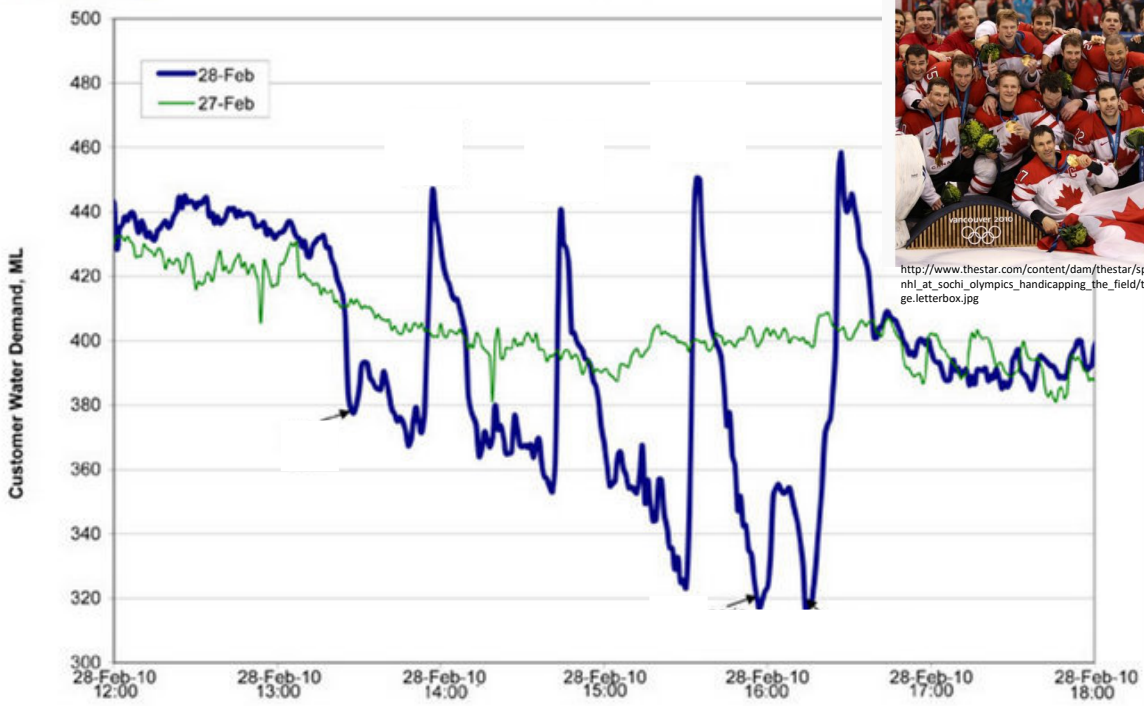


The root of the argument

Social and structural determinants have causal effects on health



Water consumption (ml), Edmonton, CA, February 27 and 28, 2010



Source: <http://www.zdnet.com/article/infographic-water-consumption-in-edmonton-canada-during-olympic-gold-medal-hockey-game/>





Team Canada wins gold! 🏆

How?



Knowledge regarding risk factors

Acquiring individual skills

By providing information, ensuring health education, and developing essential life skills, people gain greater control over their health and make health-promoting choices.





Commentary

The social shaping of health and smoking

Bruce G. Link^{a,*}, Jo Phelan^b

^a Columbia University and New York State Psychiatric Institute, New York, NY 10032, USA

^b Columbia University, New York, NY 10032, USA

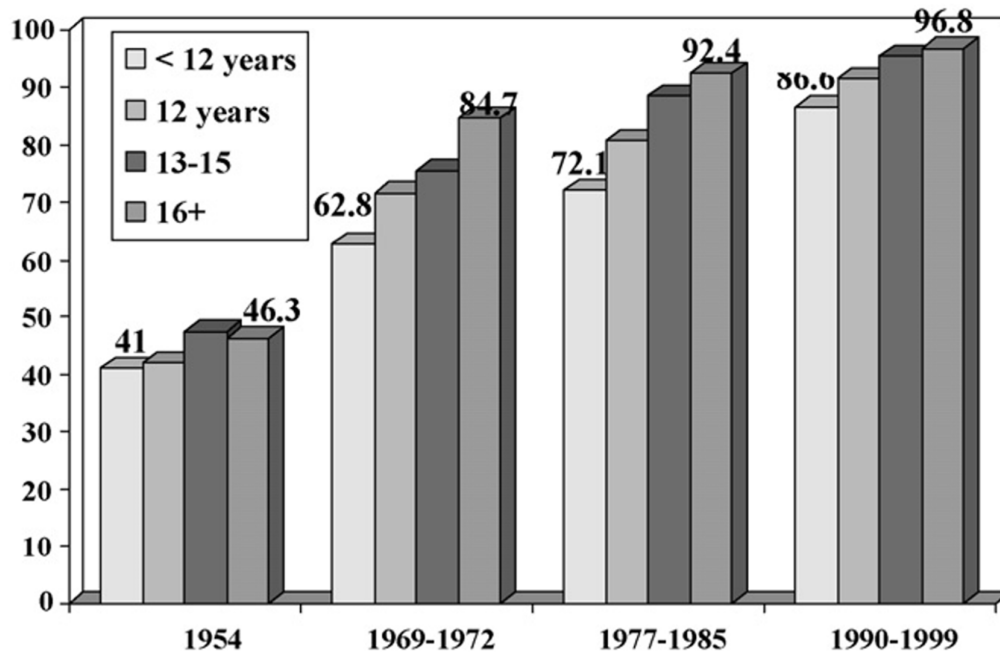


Fig. 1. Percentage responding “Yes” to a question asking whether smoking is a cause of lung cancer as a function of years of education based on nationwide surveys in the US from 1954 through 1999.

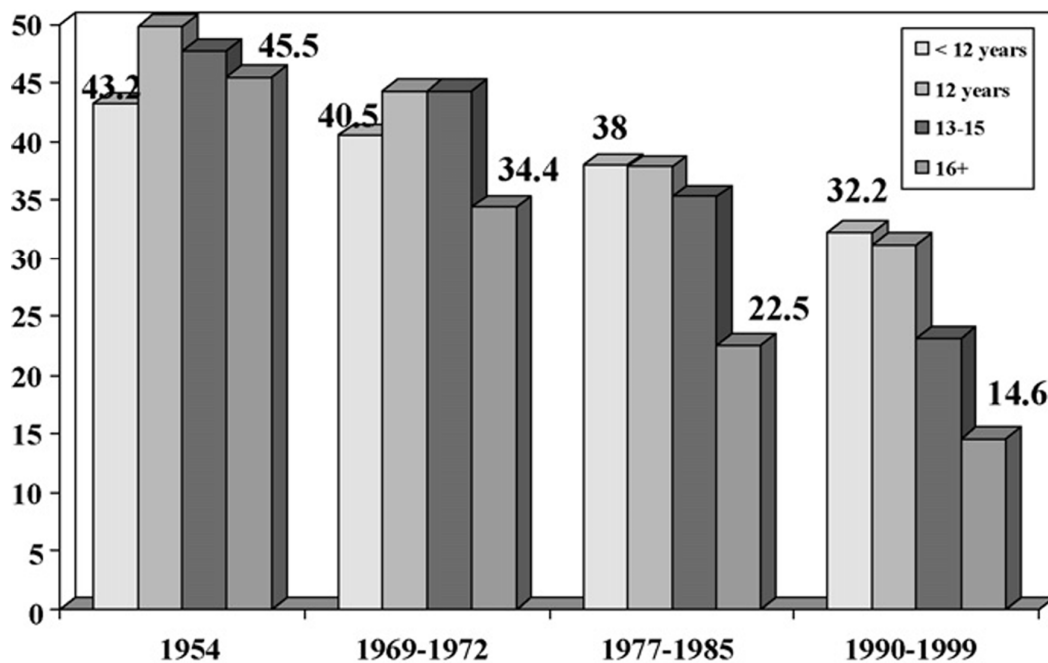


Fig. 2. Percentage of current smokers as a function of years of education based on nationwide surveys in the US from 1954 through 1999.

Link, Bruce G. and Jo Phelan. 2009. "The social shaping of health and smoking." *Drug and Alcohol Dependence* 104:S6-S10. p. S8 S9



Pergamon

0277-9536(95)00341-X

Soc. Sci. Med. Vol. 42, No. 5, pp. 759-768, 1996
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 0277-9536/96 \$15.00 + 0.00

PUBLIC HEALTH RESEARCH AND LAY KNOWLEDGE

JENNIE POPAY and GARETH WILLIAMS

Public Health Research and Resource Centre and Institute for Social Research, University of Salford, Salford M5 4NY, England

Abstract—Social science research into the social patterning of health and illness is extensive. One important aspect of this has been work on lay knowledge about health and illness. In this paper we develop three main arguments. First, we suggest that recent developments in social science understanding of the nature and significance of lay knowledge should be more widely recognized within the social sciences themselves. Second, we argue that if public health research, whatever the disciplinary perspective, is to provide an understanding of contemporary health problems that is simultaneously more robust and more holistic, it must incorporate and develop the theoretical and conceptual insights offered by this recent work on lay knowledge and with lay people. Finally, we argue that in order to accomplish this it will be necessary to construct research questions in such a way that the conventional distinctions between science and non-science, and the methodological wrangles associated with this distinction, become marginal to the research process. This will inevitably involve conflicts between members of different professional groups. These conflicts provide the opportunity for open debate on the science and politics of public health research and represent a challenge for the many disciplines involved in this field.

Key words—lay knowledge, expert, social science, epidemiology, public health



PERGAMON

Health & Place 7 (2001) 333–343

HEALTH
& PLACE

www.elsevier.com/locate/healthplace

“It’s as if you’re locked in”: qualitative explanations for area effects on smoking in disadvantaged communities

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Douglas Eadie^a

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Received 14 March 2000; received in revised form 16 March 2001; accepted 1 May 2001

Take home #1: Context matters.
Validate standards with lived
experience

Cetin-Sahin et al. *BMC Geriatrics* (2024) 24:976
<https://doi.org/10.1186/s12877-024-05561-6>

BMC Geriatrics

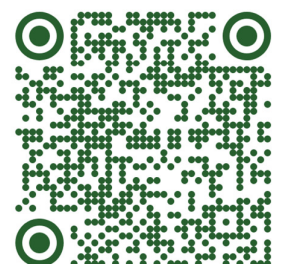
RESEARCH

Open Access



A comprehensive experience-based framework of actionable priorities to enhance Canada’s health and social care system: discussions with older persons, clinicians, managers, and decision-makers using nominal group technique

Deniz Cetin-Sahin^{1*}, Marwa Ilali², Alexandra Lemay-Compagnat¹, Geneviève Arsenault-Lapierre³, Clara Bolster-Foucault⁴, Amélie Quesnel-Vallée⁴ and Isabelle Vedel^{2*}



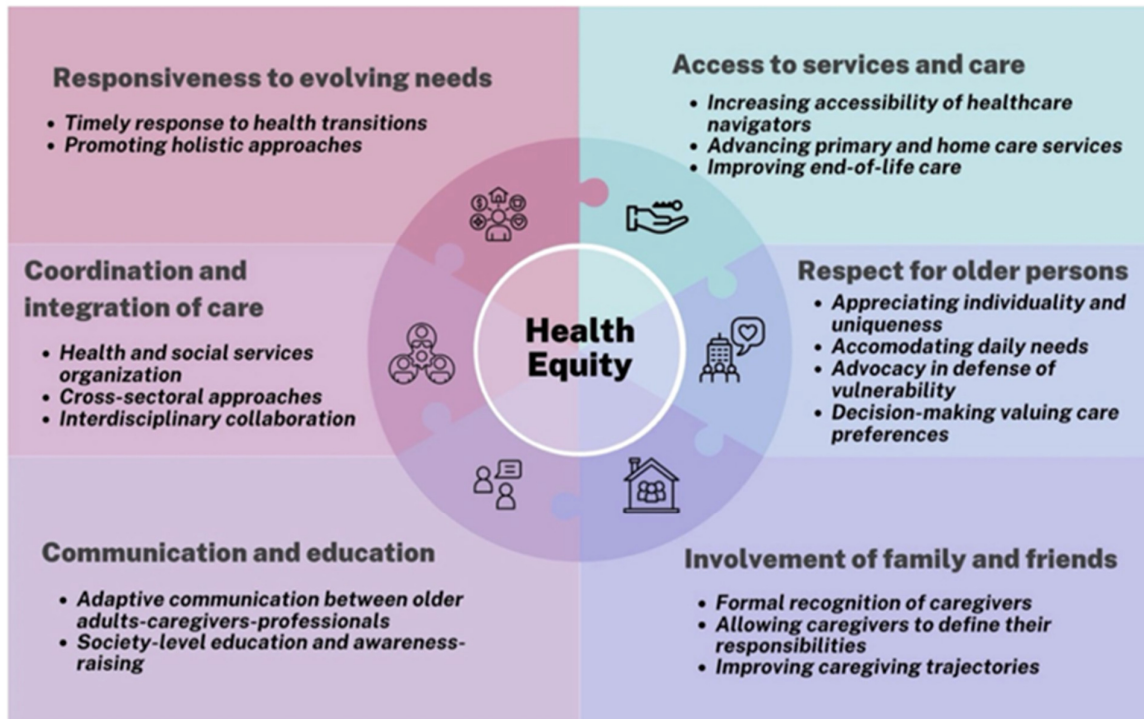


Fig. 1 A comprehensive experience-based framework for actionable priorities in health and social care for older persons

M  **HSSR**

McGill Observatory on Health
and Social Services Reforms

RAPPORT DE LA JOURNÉE DE CONSULTATION DES PARTIES PRENANTES

« Bien mesurer, pour bien agir »
*Élaboration d'un répertoire d'indicateurs pour
l'évaluation de la qualité du continuum de soins et
services aux aînés*

Rachel McKay, Amélie Quesnel-Vallée, Rachel Simmons, Isabelle Vedel,
Rapport préparé par l'Observatoire de McGill sur les réformes des services de santé et
sociaux en collaboration avec l'Institut national d'excellence en santé et services sociaux



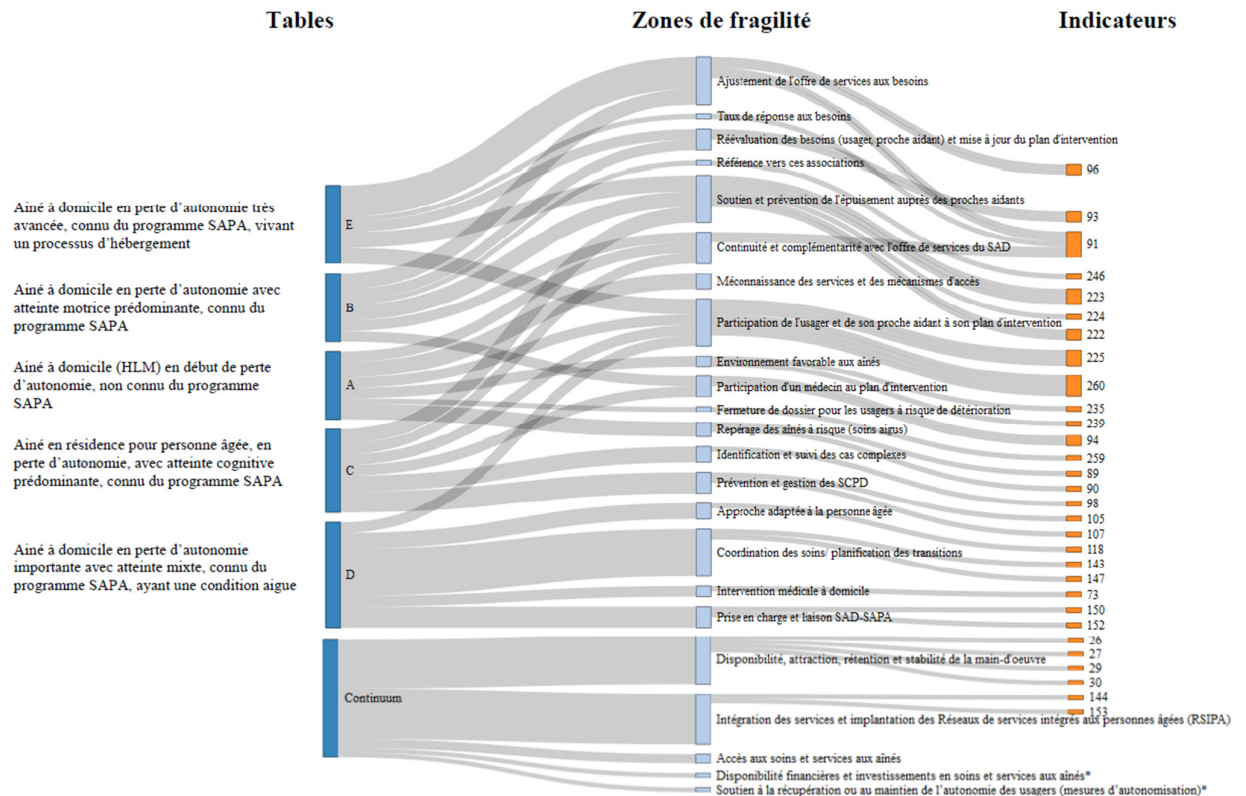
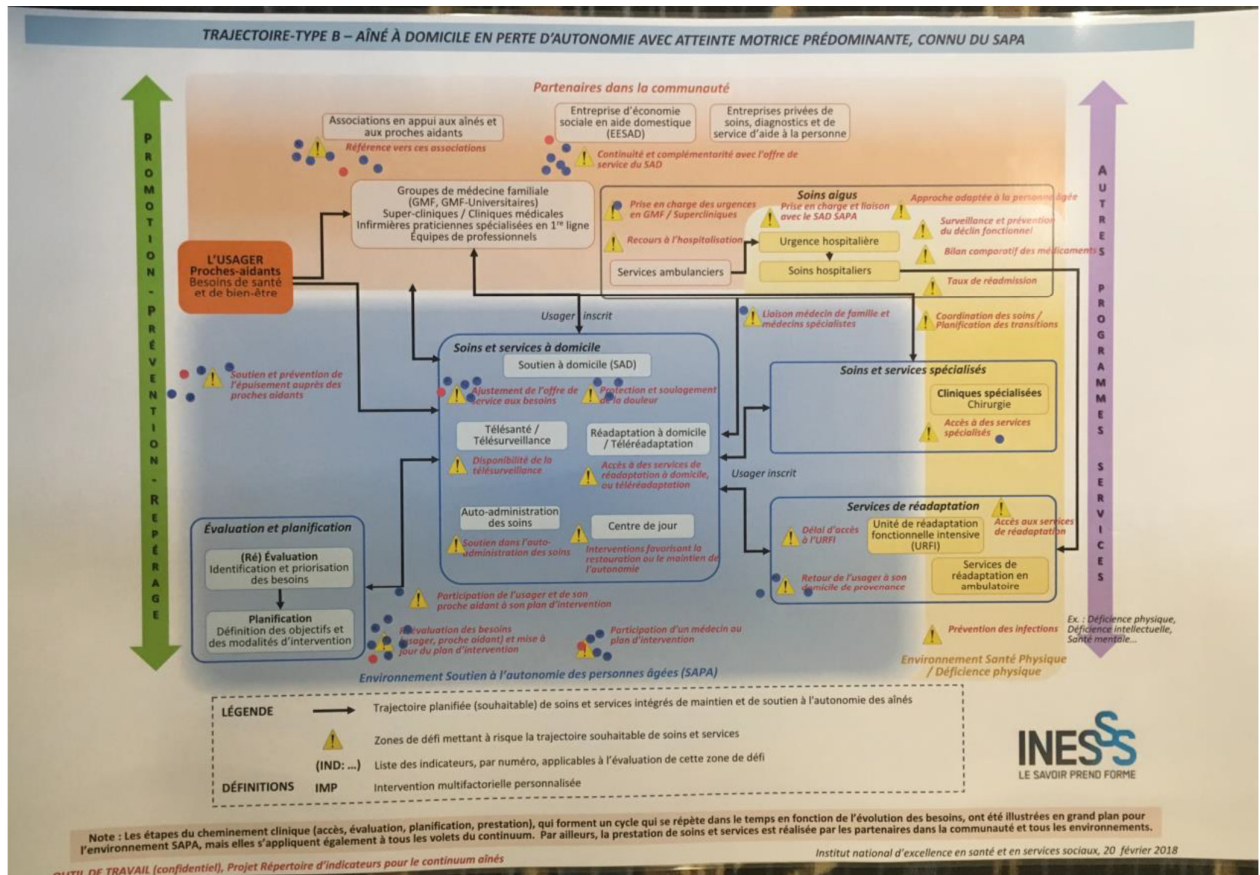


Figure 5. Résumé du processus des zones de fragilité et indicateurs associés par les tables

Note : *aucun indicateur discuté à cause d'un manque de temps.



Social and Structural (Dis) Advantages



The Lancet · Saturday 27 February 1971

THE INVERSE CARE LAW

JULIAN TUDOR HART

Glyncorrwg Health Centre, Port Talbot, Glamorgan, Wales

Summary The availability of good medical care tends to vary inversely with the need for it in the population served. This inverse care law operates more completely where medical care is most exposed to market forces, and less so where such exposure is reduced. The market distribution of medical care is a primitive and historically outdated social form, and any return to it would further exaggerate the maldistribution of medical resources.

*"The
availability of
good medical
care tends to
vary inversely
with the need
for it in the*

"Solutions [to the pandemic] flow in opposite directions: Medical solutions rise upward into societies' penthouses, while epidemics flow downward into its cracks.

Vaccines and diagnostics get to people with power, wealth, education, and connections first, who then move on."



Ed
Yong

Source: <https://www.cbc.ca/listen/live-radio/1-23/clip/15914036>

Social Conditions as Fundamental Causes of Disease*

BRUCE G. LINK

Columbia University and New York State Psychiatric Institute

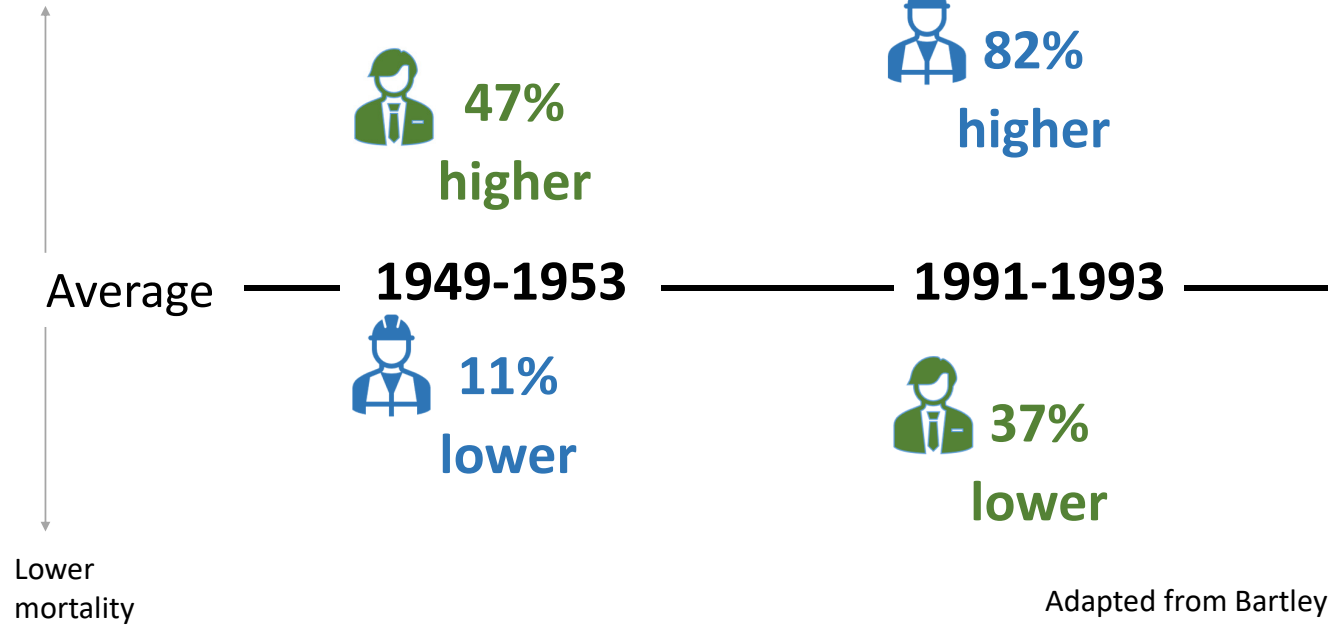
JO PHELAN

University of California, Los Angeles

Journal of Health and Social Behavior 1995, (Extra Issue):80-94

Premature CVD Mortality, UK

Higher mortality



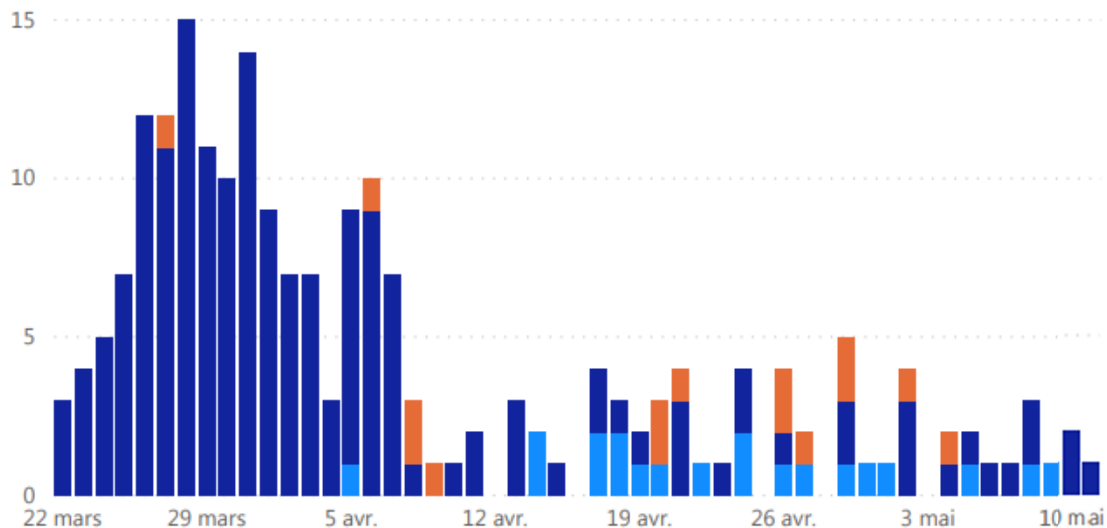
Adapted from Bartley (2004): 4

High income, low density

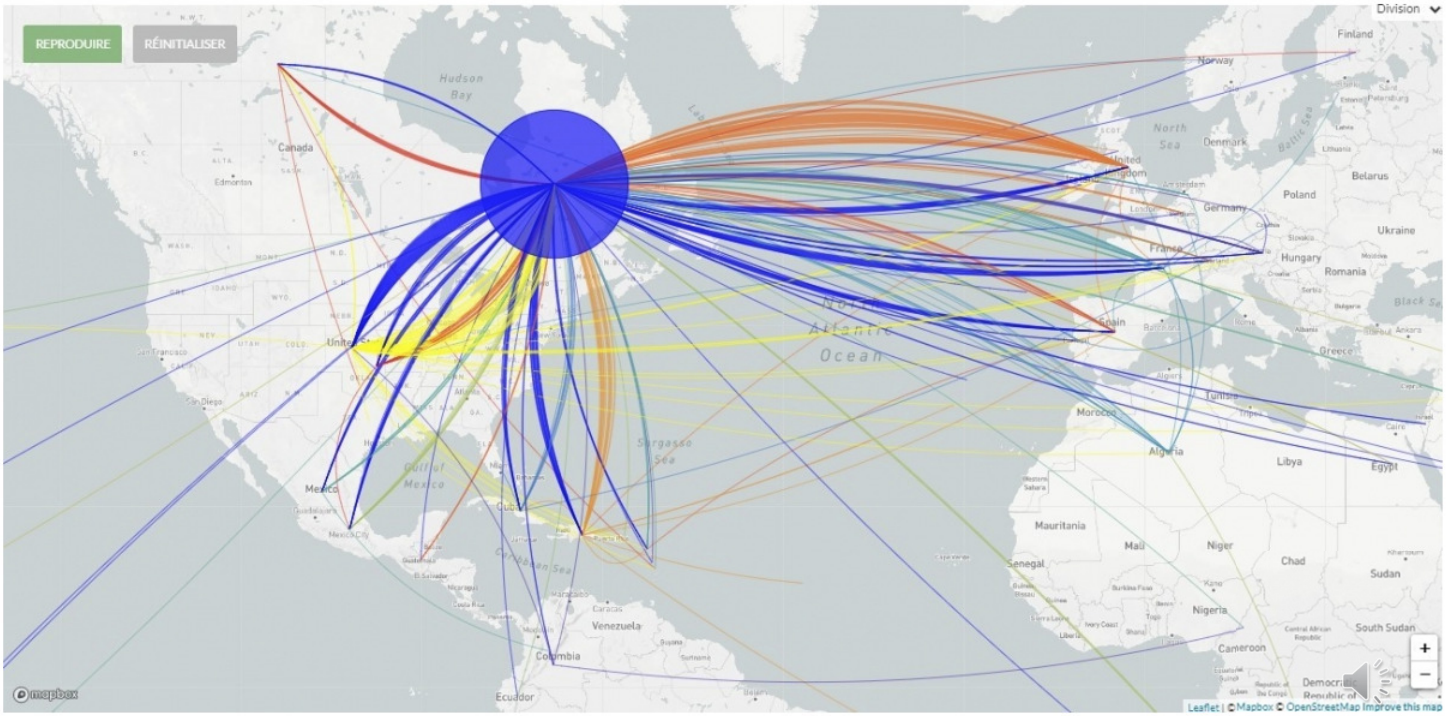


Nombre de cas quotidien

Catégorie ● Milieu fermé ● Milieu ouvert ou inconnu ● Travailleur de la santé



Source://santemontreal.qc.ca/fileadmin/fichiers/Campagnes/coronavirus/situation-montreal/COVID19-Situation-Montreal-Arrondissements-VillesLiees.pdf



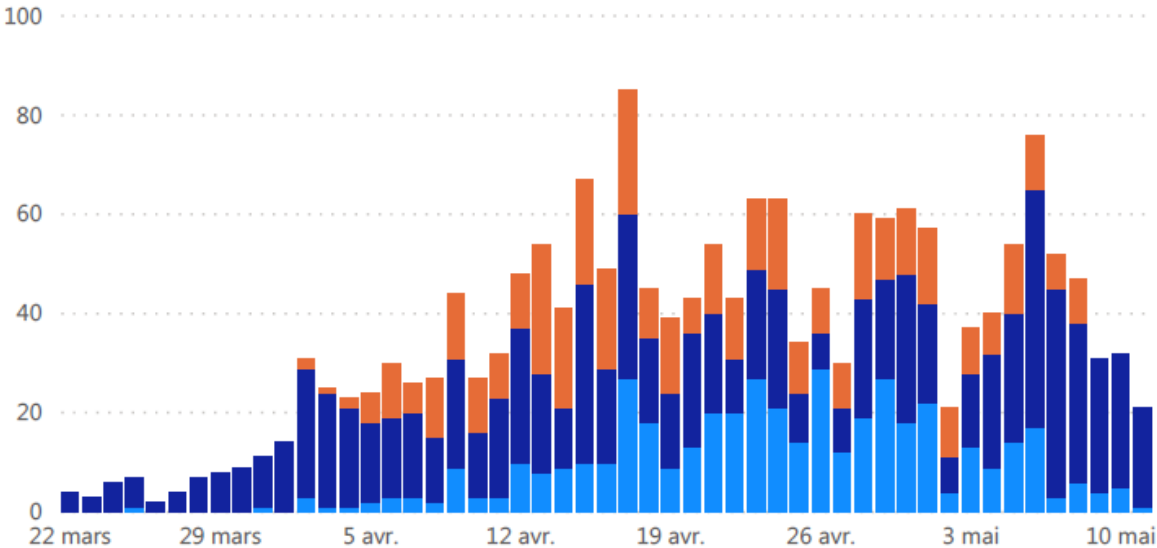
Source: <https://www.mcgill.ca/medicine/channels/news/first-genetic-sequencing-covid-quebec-shows-roots-outbreak-324744>

Low income, high density, racialized



Nombre de cas quotidien

Catégorie ● Milieu fermé ● Milieu ouvert ou inconnu ● Travailleur de la santé



Source: <https://santemontreal.qc.ca/fileadmin/fichiers/Campagnes/coronavirus/situation-montreal/COVID19-Situation-Montreal-Arrondissements-VillesLieses.pdf>

Take home #2: The determinants of disadvantage may not be the same as those of advantage



► Age Ageing. 2024 Aug 13;53(8):afae166. doi: [10.1093/ageing/afae166](https://doi.org/10.1093/ageing/afae166)

Social inequity in ageing in place among older adults in Organisation for Economic Cooperation and Development countries: a mixed studies systematic review

[Clara Bolster-Foucalt](#)¹, [Isabelle Vedel](#)², [Giovanna Busa](#)³, [Georgia Hacker](#)⁴, [Nadia Sourial](#)⁵, [Amélie Quesnel-Vallée](#)^{6,7},



Trajectoire Santé – Données Enrichies

JOURNAL ARTICLE

Cohort Profile: The Care Trajectories—Enriched Data (TorSaDE) cohort

[Alain Vanasse](#) , [Yohann M Chiu](#), [Josiane Courteau](#), [Marc Dorais](#), [Gillian Bartlett](#), [Kristina Zawaly](#), [Mike Benigeri](#) [Author Notes](#)

International Journal of Epidemiology, Volume 50, Issue 4, August 2021, Pages 1066–1066h, <https://doi.org/10.1093/ije/dyaa167>

RESEARCH

Open Access



Trajectories of care of community-dwelling people living with dementia: a multidimensional state sequence analysis

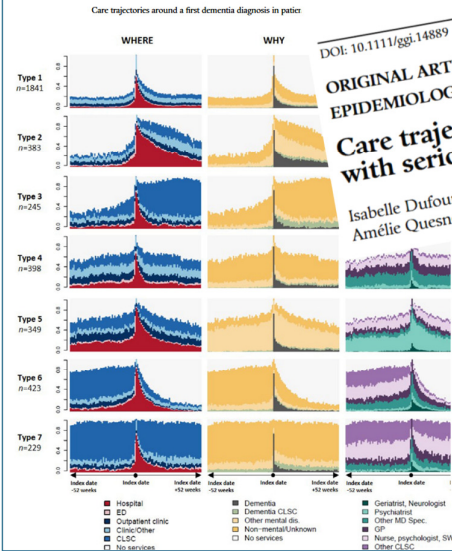
Isabelle Dufour^{1*}, Isabelle Vedel², Josiane Courteau³ and Amélie Quesnel-Vallée^{1,4}

DOI: 10.1111/ggi.14930

ORIGINAL ARTICLE
Epidemiology, Clinical Practice and Health

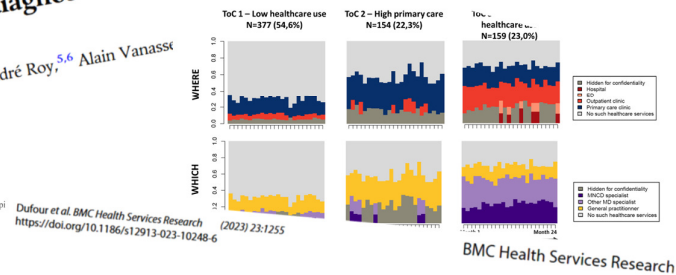
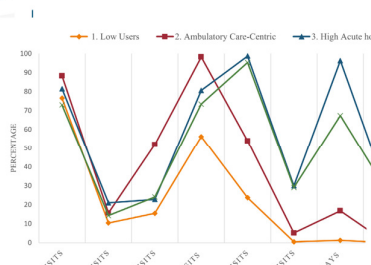
Profiles of healthcare use of persons living with dementia: A population-based cohort study

Isabelle Dufour^{1,2}, Eva Margo-Dermer³, Catherine Hudon⁴, Caroline Sirois⁵, Nadia Sourial⁸, Louis Rochette⁹, Amélie Quesnel-Vallée^{10,11} and Amélie Quesnel-Vallée^{10,11}



Care trajectories around a first dementia diagnosis in patients with serious mental illness

Isabelle Dufour^{1,2}, Sébastien Brodeur³, Josiane Courteau⁴, Marc-André Roy^{5,6}, Alain Vanasse⁷, Amélie Quesnel-Vallée^{8,9,10} and Isabelle Vedel^{11,12}



STUDY PROTOCOL

Research protocol of the Laval-ROSA Transilab: a living lab on transitions for people living with dementia

Isabelle Dufour^{1*}, Geneviève Arsenault-Lapierre², Maxime Guillet³, Nathalie Dame³, Marie-Eve Poitras⁴, Marie-Thérèse Lussier⁵, Annie Fortier⁶, Julie Brunet⁶, Julie Martin³, Micheline Laverdure⁶, Ginette Brousseau⁶, Howard Bergman⁷, Yves Couturier³, Amélie Quesnel-Vallée⁸ and Isabelle Vedel^{7,9}

The power of a population approach

(and its pitfalls)



REITERATION

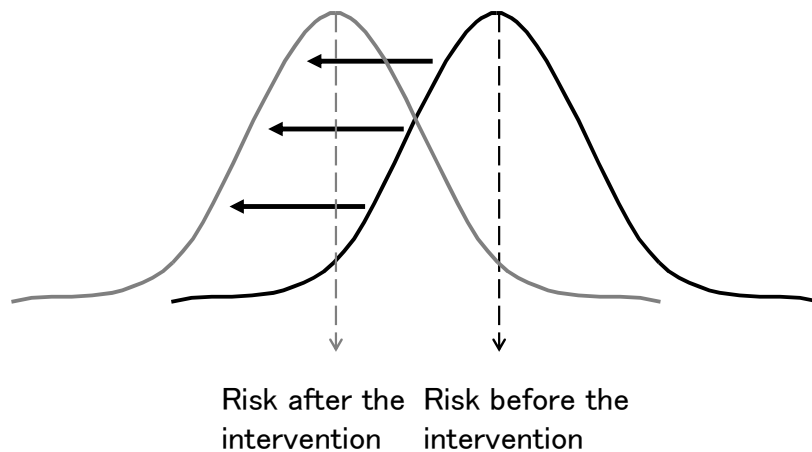
Sick individuals and sick populations

Geoffrey Rose

Rose G (Department of Epidemiology, London School of Hygiene and Tropical Medicine, Keppel Street, London WC1E 7HT, UK). Sick individuals and sick populations. *International Journal of Epidemiology* 1985;14:32–38.

Aetiology confronts two distinct issues: the determinants of individual cases, and the determinants of incidence rate. If exposure to a necessary agent is homogeneous within a population, then case/control and cohort methods will fail to detect it: they will only identify markers of susceptibility. The corresponding strategies in control are the ‘high-risk’ approach, which seeks to protect susceptible individuals, and the population approach, which seeks to control the causes of incidence. The two approaches are not usually in competition, but the prior concern should always be to discover and control the causes of incidence.

“Classic” population health approach



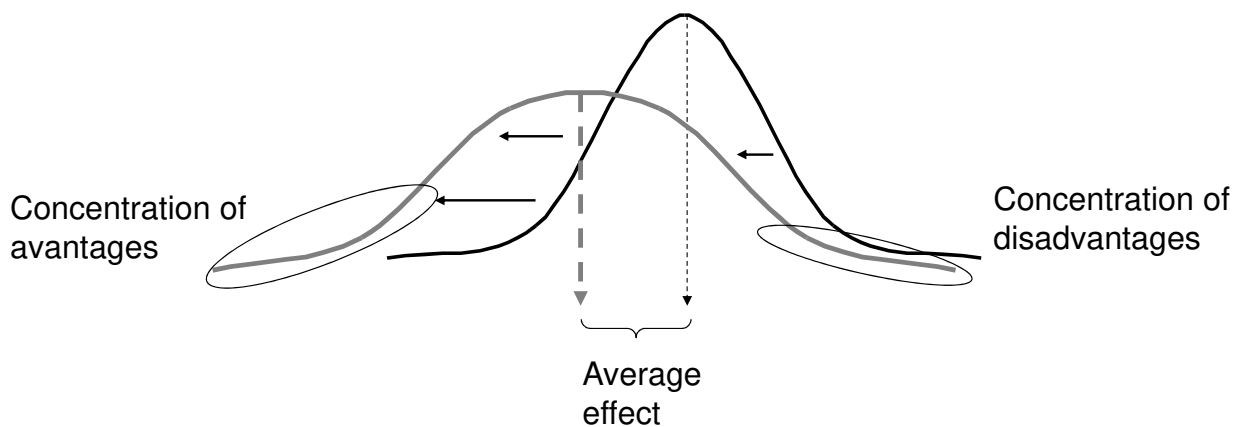


Transcending the Known in Public Health Practice

The Inequality Paradox: The Population Approach and Vulnerable Populations

Katherine L. Frohlich and Louise Potvin. 2008. *Am J Public Health*.

Historical process:
Concentration of advantages and disadvantages



Take home #3: Know thy system

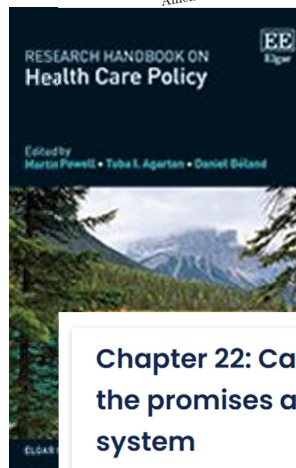
- Programs and policies are rarely neutral when it comes to social and structural determinants of health
- They may explicitly attempt to mitigate them (and hopefully are being evaluated regarding their impact)
- But even if “agnostic” regarding those determinants, they may have the unintended consequence of amplifying inequities

Health Reform Observer -
Observatoire des Réformes de Santé

VOLUME 4 | ISSUE 2 | ARTICLE 2

Incorporating Cognitive Behavioural Therapy into a Public Health Care System: Canada and England Compared

Noushon FARMANARA, McGill University, Montréal, Québec, Canada
Gregory P. MARCHILDON, University of Toronto, Toronto, Ontario, Canada
Amélie QUESNEL-VALLÉE, McGill University, Montréal, Québec, Canada



Chapter 22: Canada's health care system: the promises and challenges of a federated system

Emmanuelle Arpin, Amélie Quesnel-Vallée, Sara Allin, and

THE LANCET

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SERIES | Canada's global leadership on health · Volume 391, Issue 10131, P1718-1735, April 28, 2018

[Download Full Issue](#)

Canada's universal health-care system: achieving its potential

Danielle Martin, MD ^{a,b} · Ashley P Miller, MD ^c · Amélie Quesnel-Vallée, PhD ^d · Nadine R Caron, MD ^e · Bilkis Vissandjée, PhD ^f · Gregory P Marchildon, PhD ^{b,g}

HEALTHCAREPAPERS

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Commentary

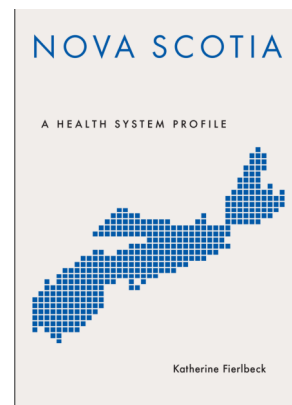
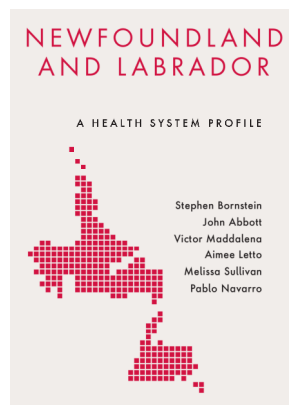
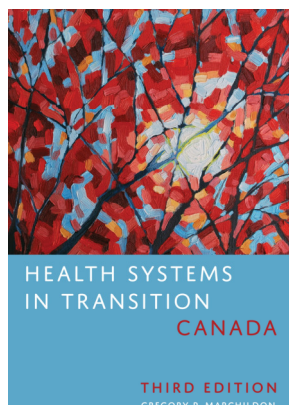
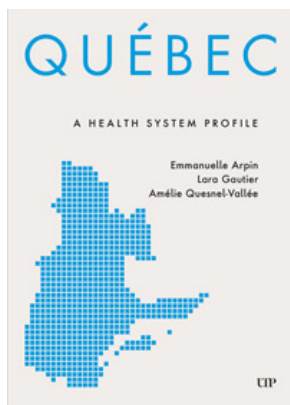
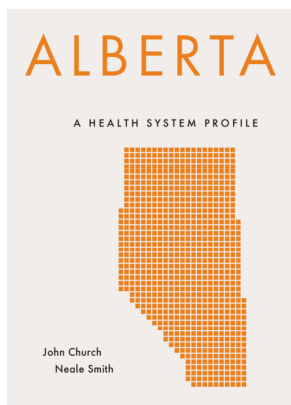
The Canada Health Act Viewed Through an Equity Lens

Amélie Quesnel-Vallée and Emmanuelle Arpin

HealthcarePapers 22(3) January 2025 : 29-34
Three Integrated Care Major Neurocognitive

Yves COUTURIER, Université de Sherbrooke, Sherbrooke, Québec, Canada
Shannon BERG, University of British Columbia, Vancouver, British Columbia, Canada
Jim MANN, Patient Partner, British Columbia, Canada
Amélie QUESNEL-VALLÉE, McGill University, Montréal, Québec, Canada

28 April 2020



The Canadian Health System(s)



Health Systems and Policy Monitor (HSPM)

An innovative platform that provides a detailed description of health systems and provides up-to-date information on reforms and changes that are particularly policy relevant.

For detailed information on country policy responses to the COVID-19 pandemic during 2020-2021, see our separate COVID-19 Health Systems Response Monitor (HSRM).



<https://eurohealthobservatory.who.int/monitors/health->

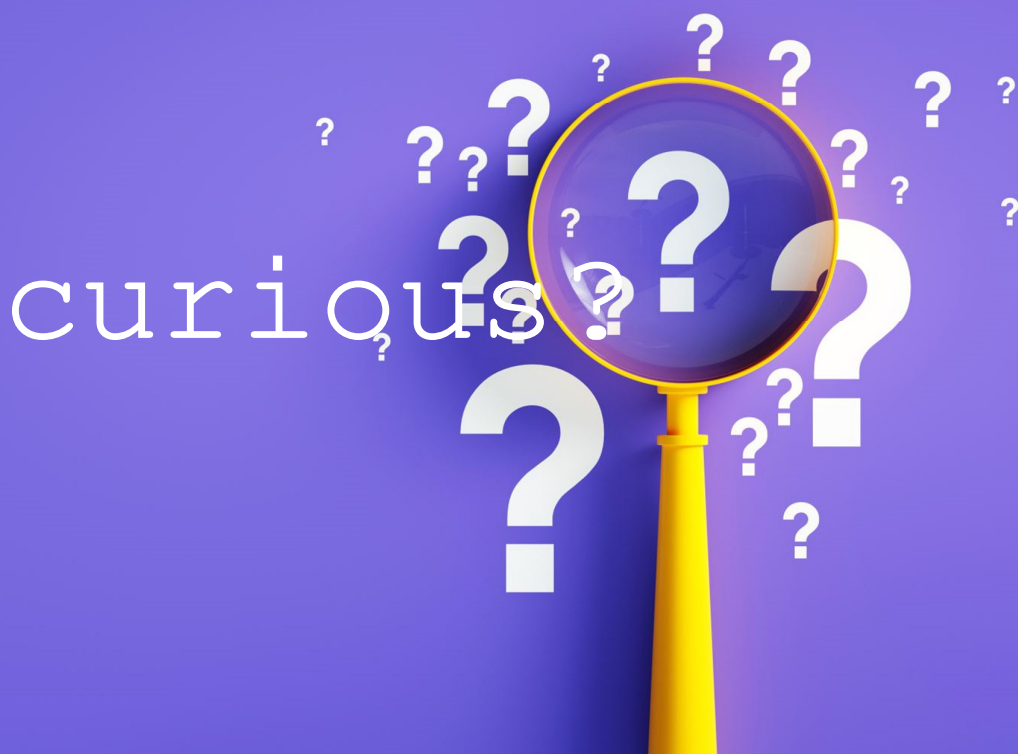
European Observatory on Health Systems and Policies Health Reform Tracker

The Health Reform Tracker provides a first-ever overview of the content and dynamics of health reforms in over 30 countries across the WHO European Region and North America over time. The Observatory's [Health System Policy Monitor \(HSPM\)](#) network of experts has been collecting the "top three" health policy and system reforms for each country annually since 2018. These are organized, validated and synthesized by the Observatory.

The reforms are classified according to two types of clusters - health system functions and care areas - as well as by their type and policy originator.



Source: <https://www.ltmuseum.co.uk/blog/mind-gap-story-embankment-stations-announcement>





**Cochrane
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PROGRESS-Plus

PROGRESS-Plus is an acronym used to identify characteristics that stratify health opportunities and outcomes.

- **PROGRESS** refers to:



Place of residence - where someone lives (e.g. the country, region, city, community and their characteristics, or urban vs. rural settings) comm



Race/ethnicity/culture/language



Occupation - e.g. unemployment, underemployment, informal employment, and unsafe working condition, as well as type of occupation



Social capital - e.g. social relationships and networks



Gender/sex



Religion



Education



Socioeconomic status

- **Plus** refers to:

- 1) personal characteristics associated with discrimination (e.g. age, disability)

- 2) features of relationships (e.g. smoking parents, excluded from school)

- 3) time-dependent relationships (e.g. leaving the hospital, respite care, other instances where a person may be temporarily at a disadvantage)

Source: <https://methods.cochrane.org/equity/projects/evidence-equity/progress-plus>

The road ahead



Acknowledge the existence
of systemic and
structural inequities

Ask yourself how it may impact your results

Distinguish between
cumulative processes of
advantages and
disadvantages

And what it may mean for your data

Include diverse voices in research and support to decision-making

Even - especially? - when they are hard to reach



CONSORTIUM ON ANALYTICS FOR DATA-DRIVEN DECISION-MAKING



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<https://www.mcgill.ca/car>

Teamwork (makes the dream
work!)

Emmanuelle Arpin
Clara Bolster-
Foucault
Deniz Cetin-Sahin
Geneviève
Arsenault-Lapierre



Isabelle Dufour
Claire Godard
Sebillote
Rachel McKay
Isabelle Vedel



THANK YOU

Have any further question?
amelie.quesnelvallee@mcgill.ca

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CIHR IRSC
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CANADA RESEARCH CHAIRS
CHAIRES DE RECHERCHE DU CANADA

Some analyses presented in this paper were conducted at the Quebec Interuniversity Centre for Social Statistics which is part of the Canadian Research Data Centre Network (CRDCN). The services and activities provided by the QICSS are made possible by the financial or in-kind support of the Social Sciences and Humanities Research Council (SSHRC), the Canadian Institutes of Health Research (CIHR), the Canada Foundation for Innovation (CFI), Statistics Canada, the Fonds de recherche du Québec - Société et culture (FRQSC), the Fonds de recherche du Québec - Santé (FRQS) and the Quebec universities. The views expressed in this presentation are those of the authors, and not necessarily those of the CRDCN or its partners.