Can dementia diagnosis policy prevent territorial care inequalities? A comparative analysis of two cantonal policies in Switzerland.

Barbara Lucas (Haute école de travail social de Genève (HES_SO)),
Olivier Giraud (LISE - CNRS / CNAM Paris)

Dementia in its various forms is a key challenge for care policies. The number of cases of dementia is forecast to grow exponentially and so far, there is no cure for dementia. Alerted by the extent of the problem, an international political consensus in favour of the promotion of early dementia diagnosis has emerged over the last few years. Early diagnosis is expected to enable the planning of and improve access to care over the long term. However, there are no studies to date that have documented and theorized the relationship between dementia diagnosis policy and access to quality care. Moreover, one may ask to what extent the organisation and policy of dementia diagnosis can contribute to reducing regional inequalities in access to care. To our knowledge, there is no comparative analysis of dementia care policies at a local level (apart from our work). This contribution will contribute to filling this gap by comparing two different cantonal dementia diagnosis and care policies in the context of Swiss federalism.

In Switzerland, the autonomy of cantonal and local authorities, as well as the differentiated traditions and development of the cure and care systems at regional and local scales strongly influence the governance of dementia diagnosis as well as the level and quality of care provision. Through the comparison of two contrasted cases (Vaud and Zürich), we aim to identify the policy determinants of territorial care inequalities and to determine how diagnosis policy can contribute to preventing or increasing these inequalities. We will focus our analysis on the first and the last phases of the diagnosis process in each canton: access to diagnosis and care pathways organisation.

This contribution is based on recent research financed by the Swiss National Funds Research (PNR 74). Methodologically, we rely on a national online survey, carried out in 2020, addressed to specialised institutions. Then, we draw on two (out of four) cantonal case studies that were conducted from January 2020 to August 2021. They are based on an analysis of secondary literature on cantonal health, care and dementia policies; a print media analysis of cantonal dementia policies and practices; a documentary analysis and semi-structured in-depth interviews with the key actors of the diagnosis and care network (both at the level of policy definition or regulation and the level of policy implementation and practice of diagnosis).

Based on those two detailed case studies (out of four), we can characterise two models of dementia diagnosis and their implications for territorial inequalities in care: The delegated and centralized diagnosis model (Vaud) and The integrated care urban model of diagnosis (Zürich). These models are structured by cantonal dementia policies, level of cantonal centralization, specificities in the specialized actors' network, and logic of coordination of the cure and long-term care systems. In the first model (Vaud), regional and municipal inequalities in access to quality care are minimized by centralised governance and public implication towards a cantonal harmonization of both dementia diagnosis and informal care. However, some regional inequalities in care persist, which can be related to diagnosis policy elements, like regional resistance to top-down policy processes. The second canton (Zürich) by contrast, relies on local competencies in diagnosis and care policies. While the municipality of Zurich has developed a model of "integrated care" focused on early dementia diagnosis and specialized provision of care, strongly reducing inequalities at the local level, the "Zurich model" could not be replicated in other municipalities. Moreover, in most urban areas of the canton, health prevention campaigns have reached a large part of the population and the prevalence of dementia has significantly declined. Most rural areas of the canton consequently cumulate several disadvantages.

This comparative analysis shows that territorial inequalities in access to quality long-term care for patients and their families strongly depend on local policy contexts. While acces to diagnostic and post-diagnosis support appears as a significant sequence in the care pathway, diagnosis policies can make a difference to reduce regional inequalities.