

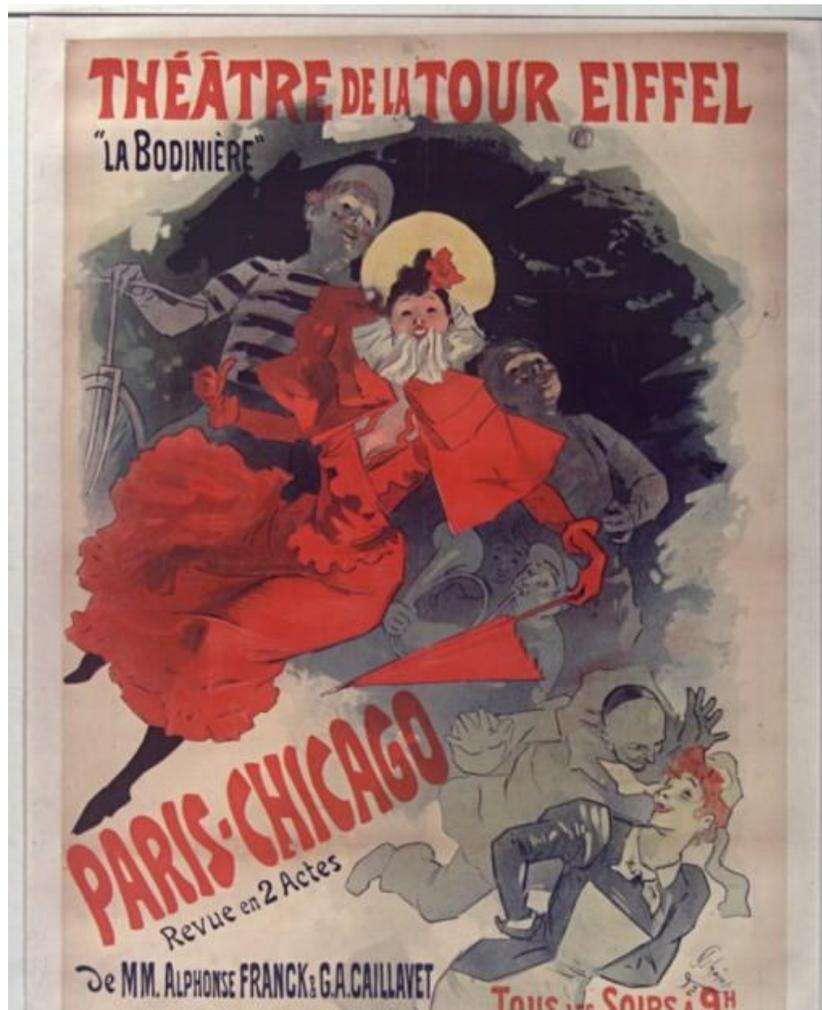


THE UNIVERSITY OF
CHICAGO

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

June 14-15, 2018

The University of Chicago Center in Paris



Lithograph poster by Jules Chéret (Paris, 1893)
(Bibliothèque Nationale de France)

Welcome to the Paris-Chicago Conference on Policy Innovation and Reform. The health and social service sector in both the US and France represents a large and dynamic sector characterized by high levels of policy innovation and reform. Research and evaluation of health policy and health care reform are both fundamental to democracy as well as necessary for the development of accessible, high quality and cost effective services. Growth, fiscal constraints, social and environmental sustainability and regulatory competition require the most efficient public intervention. In both the US and France, research and evaluation have contributed to reforms in health and social service policy. However, the process by which social science research and evaluation can and does influence health policy innovation and reform is understudied and minimally understood. The focus of this **University of Chicago-Science Po Workshop** is to bring together on a regular basis health policy researchers and scholars from US and France to share their most recent and cutting edge work in a deliberately comparative and collaborative context toward the goal of knowledge growth and policy innovation.

Henri Bergeron, *Sciences Po*

Jeanne Marsh, Center for Health Administration Studies, *University of Chicago*

ACKNOWLEDGEMENTS

We are grateful to several organizations for the funding, staffing and facilities that make the conference possible.



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CHAIRE SANTÉ

SciencesPo
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INTERDISCIPLINARY EVALUATION
OF PUBLIC POLICIES

We are particularly indebted to The University of Chicago Center in Paris and its current academic director, Professor David Rodowick, for hosting the meeting.

Local arrangements for the conference were completed by Sèbastien Greppo, Administrative Director of the Center in Paris. Our special thanks to him for his generous and indispensable support in two languages and two currencies.

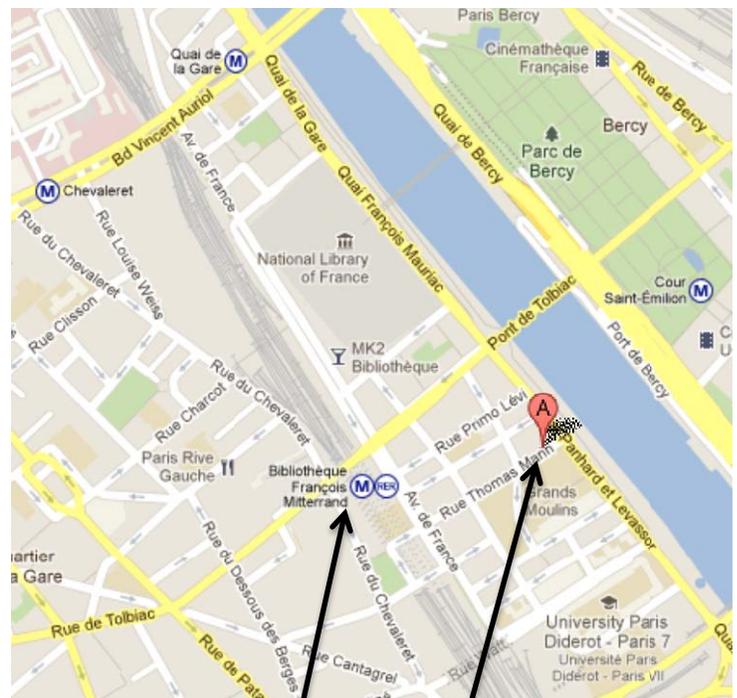
CONFERENCE PARTICIPANTS

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CONFERENCE VENUE

The University of Chicago Center in Paris is in the 13th arrondissement on the Left Bank of the Seine. The address is 6 rue Thomas Mann, 75013 Paris; telephone 01 53 94 78 80 (if dialing with the country code (33), add it and also drop the initial 0, thus +33 1 53 94 78 80). If you need specific information about logistics of the conference, ask for Sebastien Greppo, the Administrative Director of the Center (or if not urgent email Henri Bergeron, henri.bergeron@sciencespo.fr, or Jeanne Marsh, jmarsh@uchicago.edu).

The closest metro station is Bibliothèque François Mitterrand on line 14. Buses 62 and 89 stop near the metro station; bus 64 stops on Rue de Tolbiac just after Rue des Frigos. For cyclists, a nearby Vélib' station is at 9 rue Primo Levi.



METRO **CONFERENCE**
6 rue Thomas Mann

PROGRAM SCHEDULE

Thursday, 14 June

9h30 **Welcome and Introduction**

David RODOWICK, Director of The University of Chicago Center in Paris

Henri BERGERON, Chaire Santé et LIEPP – Sciences Po

Jeanne MARSH, Director of the Center for Health Administration Studies,
University of Chicago

Session 1: Science-based Health Policy Innovation and Reform in France and U.S.

10h00 **Henri BERGERON & Jeanne MARSH**, Why a conference on science-based innovation and reform in health policy in France and U.S.?

Session 2: Improving Access Through Health Insurance Innovation

11h00 **Patrick HASSENTEUFEL**, Innovation in Health Insurance in France: The Role of Policy Actors

(Respondent: **Colleen GROGAN**)

12h00 **Colleen GROGAN**, Framing Innovations in Health Insurance in the U.S.

(Respondent: **Patrick HASSENTEUFFEL**)

*** LUNCH: 1h00-2h00 ***

Session 3: Improving Access Through Service Innovation

2h00 **Mark COURTNEY**, Innovations in Child Welfare Policy to Increase Health Care Access for Youth

(Respondent: **Magali ROBELET**)

3h00 **Jeanne MARSH**, Improving Access through Service Integration

(Respondent: **Daniel BENAMOUZIG**)

*** BREAK: 3h00-3h15 ***

Session 4: Improving Quality Through Prevention

3h15 **Henri BERGERON**, Nudge and Health Behavior: Some Political Implications

(Respondent: **Harold POLLACK**)

4h15 **Deborah GORMAN-SMITH**, Innovations in Prevention of Youth Violence in Chicago
(Respondent: **Ulrike LEPONT**)

*** Dinner: after18h30 ***

Friday, 15 June

Session 5: Improving Quality Through Social Investment

10h00 **Daniel BENAMOUZIG**, Philanthropy and Social Investment: The Commitment of the Fondation de France in Palliative Care
(Respondent: **Jeanne MARSH**)

11h00 **Ulrike LEPONT**, Quality as a Solution to Rising Health Care Costs: The Role of Experts in the Promotion of a Controversial Idea
(Respondent: **Connie NATHANSON**)

*** LUNCH: 12h00-1h00 ***

Session 6: Improving Quality Through Regulation

1h00 **Magali ROBELET**, The Transformations of Public Control Over Non-Profit Organizations in the Disability Field: More Markets and /or More Rules?
(Respondent: **Deborah GORMAN-SMITH**)

2h00 **Anne-Laure BEAUSSIER**, Care Quality and the Politics of Measurement in European Healthcare Regulation Systems
(Respondent: **Mark COURTNEY**)

*** BREAK: 3h00-3:15 ***

Session 7: Improving Quality Through Service Innovation

3h15 **Harold POLLACK**, The Opioid Epidemic and the Politics of Implementation of Addiction Treatment under State-level Policy Reforms
(Respondent: **Henri BERGERON**)

4h15 **Connie A. NATHANSON**, The Selling of PrEP, and Anti-Retroviral Drug to Prevent HIV-Infection As a Magic Bullet
(Respondent: **Daniel BENAMOUZIG**)

Session 8: Workshop Synthesis and Next Steps

5h15 WORKSHOP PARTICIPANTS
(Leaders: **Henri BERGERON & Jeanne MARSH**)

PARTICIPANTS

Anne-laure BEAUSSIER, Sciences Po, France

Anne-Laure Beaussier a post-doctorate fellow at the Printemps (University of Versailles Saint Quentin en Yvelines). She is a political scientist with an interest in comparative policies and politics in the US and in Europe. Her doctoral research has focussed on American health care policies and especially on the role of the US Congress in shaping these policies. After she defended her PhD in 2012, she has been working in London on a research project funded by the French ANR and its English equivalent the ESRC, on health care policy in Europe and in the US, on the regulation of quality in hospitals, and on the diffusion of risk-based approaches to regulation in Europe.

Care Quality and the Politics of Measurement in European Healthcare Regulation Systems

ABSTRACT: From the 1980s, health care quality has become a focus of regulatory efforts in many OECD countries. We have gradually witnessed the development of similar methodologies and some form of convergence of practices around quantitative assessment of quality of care and comparison of providers of care performance. However, while some levels of convergence can be observed, how quality regulation is being measured and implemented in practice still vary substantially across countries. So far, few researches have attempted to map out and explain this variation. With a focus on political science and looking at actors and institutions, this paper aims to compare the development and implementation of quality regulation across four European countries: England, France, Germany and the Netherlands. Here, we are interested in understanding the specificities of measurement systems and the political stakes these enterprises have faced in each of these countries. Our starting assumption is that beyond a common rhetoric of convergence, each of these countries have a specific way of understanding quality and therefore regulating it, depending on (1) the organization of the health care system and the specific challenges they are dealing with, and (2) the degree of participation of the health care stakeholders in the design of the goals and standards of regulation. Methodologically, this paper is grounded on a qualitative analysis building on 30 semi-directed interviews with policy makers in these four countries, as well as policy documents analysis allowing a comparison of their measurement systems.

Daniel BENAMOUZIG, Sciences Po, France Henri BERGERON, Sciences Po, 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, the 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 healthcare economics in France, as well as institutional changes in the regulation of this field by looking at the creation of a number 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 healthcare, focusing in particular 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.

Henri Bergeron is a CNRS Research Fellow at the Center for the Sociology of Organizations, Sciences Po, where he is co-director of the Health Department of the Interdisciplinary Centre for the Evaluation of Public Policies (Centre of Excellence - LABEX), scientific coordinator of the Chair in Health Studies, and director of the Master “Organizational behavior and human resources.” His research focuses on healthcare policy and change through the study of subjects such as illegal drugs, alcohol, obesity, medical research and public healthcare. Drawing from the sociology of public action and the sociology of organizations, his work evaluates the creation of public healthcare policies and changes in the healthcare field, with a particular focus on the interconnection of knowledge, expertise, and politics. He is the author of numerous articles on healthcare politics and policy, as well as recent books including: *Les drogues face au droit* (with R. Colson, PUF, 2015), *Sociologie politique de la santé* (with P. Castel, PUF, 2015), *Sociologie de la Drogue* (La Découverte, 2009), and *Drugs and Culture: Knowledge, Consumption and Policy* (with G. Hunt and M. Milhet, Routledge, 2011). He holds a PhD in Sociology from the Institut d'Études Politiques (IEP) in Paris.

Philanthropy and social investment. The commitment of Fondation de France in palliative care

AUTHORS: Henri Bergeron, Daniel Benamouzig

ABSTRACT: Social investment often refers to social commitment of public actors to better lives, from birth to old age. This paper analyses the instrumental role of a non public philanthropic actor, the Fondation de France (FDF) in the building of a field dedicated to palliative care, as an answer to pejorative conditions of dying. The paper discusses the structuring role of the FDF in the field of palliative care in France.

Formally, the instrumental role of the FDF in palliative care was organised in a dedicated “programme”, opened in 1992 and closed in 2013. Owing to this programme, the FDF was involved in a « organizational field-building » initiative. In this process, the FDF played a major role by supporting a number of organizations and projects and by providing legitimacy to the palliative care movement. In order to characterize such a commitment, we point out indirect but however strong relationships between the FDF

and the palliative care movement. These relations are threefold. First, a previous “structure of affinities” facilitates a convergence between the FDF and the palliative care movement, as both share values and common objectives. Secondly, the FDF played a role of “catalyse” by accelerating the structuration of the movement, without distorting its main traits. Finally, the FDF played the role of a “temporal broker”, which maintained the issue of palliative care high on the public agenda, during a long period of time. The indirect nature of this threefold relationship explains finally a relative public discreteness of the actual role of the FDF in the field, which proved nevertheless really instrumental in the structuration of palliative care in France.

Mark COURTNEY, SSA, University of Chicago, USA

Mark E. Courtney is the Samuel Deutsch Professor in the School of Social Service Administration (SSA) at the University of Chicago. His fields of special interest are child welfare policy and services, the connection between child welfare services and other institutions serving families living in poverty, the transition to adulthood for marginalized populations, and the professionalization of social work. His current work involves longitudinal studies of the transition to adulthood for youth leaving state care, experimental evaluation of interventions intended to benefit that population, and evaluation of the effectiveness of legal representation provided to indigent parents involved with the child welfare system. He recently served on the National Academy of Sciences consensus panel on Investing in the Health and Well-Being of Young Adults. Dr. Courtney received the Distinguished Career Achievement Award from the Society for Social Work and Research and the Peter W. Forsythe Award for leadership in public child welfare from the National Association of Public Child Welfare Administrators. He received a B.A. degree in Social Science from the University of California at Berkeley, and MSW and PhD degrees from the School of Social Welfare there.

Innovations in Child Welfare Policy to Increase Health Care Access for Youth

ABSTRACT: Owing at least partially to their histories of trauma, both in the care of their families of origin and too often while in state care, youth in out-of-home care due to abuse or neglect experience relatively poor physical and mental health into adulthood. Increasing attention is being paid to the challenges they face as they transition to adulthood, including discontinuity in their access to and utilization of health services upon discharge from state care. Efforts to address this problem include major changes in child welfare and health policy in the United States over the past two decades. This paper analyzes how state-level implementation of changes in federal child welfare and health policy has contributed to wide between-state variation in access to health insurance and supportive social services that can help these young people manage their use of health services. Data from two longitudinal studies of the transition to adulthood from care in four states--California, Illinois, Iowa, and Wisconsin--illustrate between-state policy variation and its consequences.

Deborah GORMAN-SMITH, CHAS, University of Chicago, USA

Deborah Gorman-Smith is the Interim Dean for the School of Social Service Administration and the Emily Klein Gidwitz Professor at the School of Social Service Administration at the University of Chicago. Her program of research is focused on advancing knowledge about development, risk, and prevention of violence, with specific focus on youth and urban settings. Dr. Gorman-Smith has been or currently is Principal or Co-Principal Investigator on several longitudinal risk and preventive intervention studies funded by NICHD, NIDA, NIMH, CDC-P, SAMHSA and the W.T. Grant Foundation. She is also the Principal Investigator and Director of the Chicago Center for Youth Violence Prevention, one of 6 national National Centers of Excellence for Youth Violence Prevention funded by the Centers for Disease Control and Prevention. She is immediate Past-President for the Society for Prevention Research and serves on a number of national and international boards and committees.

ABSTRACT: Youth violence is a significant public health problem with serious and lasting effects on young people, families, and communities. In the US, homicide is the third leading cause of death among 10–24 years-olds, and the first among African American males. However, research over the last 30 years has demonstrated that youth violence is not inevitable and can be prevented. This research has also shown that there is no simple or single answer to reducing violence. A comprehensive and coordinated set of data-driven approaches are needed to impact violence. Research has demonstrated that comprehensive public health approaches can have a broader reach and more sustained effects than the implementation of a single prevention program. Data from efforts in Chicago will be presented, along with questions regarding how to fund and sustain positive effects. As advances are made in integrating health and social services, managing the impact of and risk for involvement is needed.

Colleen GROGAN, CHAS: University of Chicago, USA

Colleen M. Grogan is a Professor at the University of Chicago in the School of Social Service Administration. Her research interests include health policy and health politics, the American welfare state, and participatory decisionmaking processes. She has written several book chapters, articles, and a co-authored book on the history and current politics of the US Medicaid program, and most recently on behavioral health reforms under state Medicaid programs. She is currently working on a book titled *The Political Transformation of America's Health Care State*, which examines the political intent behind hiding the role of government in US health care system. She is co-Associate Editor for the health policy section of the *American Journal of Public Health*, and was the former Editor of the *Journal of Health Politics, Policy and Law*.

Framing Innovations in Health Insurance in the U.S.

ABSTRACT: Private health insurance in the US was framed as innovative (and often still is) based on a political construction of the meaning of private and an explicit attempt to hide the role of government funding. The construction of private insurance was part of a larger framing of equating volunteerism and democracy. Not only did political discourse support the frame, but data generated by the federal government supported it as well. I deconstruct the National Health Expenditure Accounts over time showing on how the definitions of various categories changed in ways consistent with dominant political views. I conclude by thinking critically about the claims of ‘innovative’ policies.

Patrick HASSENTEUFEL, Sciences Po, France

Patrick Hassenteufel is professor of Political science at the University of Versailles-Paris-Saclay and vice-dean for research of the faculty of law and political science. His main research field is comparative health policy, he also works more generally on the transformation of European Welfare States and on actor-centered policy analysis. He published in several international (*Journal of European Public Policy, Comparative Politics, Social Policy and Administration, Journal of Health Politics, Policy and Law, Comparative European Politics, Policy and Administration...*), French (*Revue Française de Science Politique, Revue Internationale de Politique comparée, Politix, Revue Française des Affaires sociales ...*) and German (*Kölner Zeitschrift für Soziologie, Zeitschrift für Sozialreform ...*) journals. He recently edited a book on *Policy Analysis in France* (Policy Press, 2018). He is also the author of a handbook on policy analysis (*Sociologie politique : l'action publique*, 2011) and the co-editor in chief of the only French speaking political science journal specialized in public policy and public administration analysis (*Gouvernement et action publique*).

Innovation in Health Insurance in France: The Role of Policy Actors

ABSTRACT: The paper starts with a general overview of health insurance reforms in the last twenty years insisting on three aspects:

- The framing of health insurance reforms, focused on the institutional adaptation of the system to financial constraints (European budgetary rules).
- The main reforms steps: plan Juppé (1996), law on health insurance (2004) and Hospital, patient, health an territory act (2009). A main output is the institutional strengthening of the State.
- The key role of a “welfare elite” (composed of specialized senior civil servants).

Then the role of the issue of access to health insurance is analyzed in that context. The institutional transformation of the health insurance system is linked to the universalization of health insurance (creation of the CMU in 1999 and of the PUMA in 2015), but reforms are limited by the role of strong veto-players:

- insurance companies (concerning the issue of complementary insurance)

- doctors (concerning the issue of overbilling in the “second sector”)
- right-wing politicians (concerning the issue of access to healthcare for illegal migrants : reform of the AME)

The last part of the paper points out that since the early 2000’s the debate on access to healthcare is focused on the territorial dimension (i.e. territorial inequalities), with the wide diffusion of the expression “medical deserts”. Tackling the issue of medically underserved areas has become a key legitimizing argument for innovations in primary care, proposed, defined and negotiated with the State by “medical entrepreneurs” coming from new GP organizations.

Ulrike LEPONT, CSO & Université de Montpellier, France

Ulrike Lepont is a post-doctoral researcher in political science at the University Versailles Saint-Quentin-en-Yvelines. Her dissertation’s topic was about the role of health policy experts in the evolutions of American healthcare reforms from 1970 to 2010 (2015 PhD Prize of the French Political Science Association). Since then she continues to investigate the conditions of production and diffusion of the knowledge that circulates in policy circles. Her recent research questions the evolutions of economic expertise after the 2008 economic crises. She has published several articles in prominent French journals.

Quality as a Solution to Rising Health Care Costs: The Role of Experts in the Promotion of a Controversial Idea

ABSTRACT: Since the end of the 2000s, "Reducing Costs by Improving Health Care Quality" has become a “slogan” that every American policy-makers has embraced. This paper traces the origin of this idea in the work of researchers, who since the 1970s have asserted that excessive spending is mainly due to the vast waste generated by questionable, and sometimes harmful, medical practices. It points the activism of a group of them, based at Dartmouth University, who promoted the idea in Washington at the beginning of the 2000s. It explains its political success in the Bush administration and in Democratic circles, as well as the rallying of other experts, initially skeptical. Thus it illustrates a way some research was translated into policy program, although there is no scientific consensus on it.

Jeanne MARSH, CHAS, University of Chicago, USA

Jeanne C. Marsh, PhD, MSW is the George Herbert Jones Distinguished Service Professor at the University of Chicago’s School of Social Service Administration, and the Director of the Center for Health Administration Studies. Her areas of interest are health policy and services with a focus on the integration of health and social services.

She has published in substance abuse services research in areas related to treatment effectiveness research, treatment across multiple service systems, services for chronic and disadvantaged populations, and methodological innovation. For nearly two decades she has worked in collaboration with the Illinois Office of Alcohol and Substance Abuse and Illinois Department of Children and Family Services to evaluate an innovative integrated service model for substance abusing parents in the child welfare system in Illinois. Also, she is engaged in a number of projects examining gender differences in the impact of integrated health and social services on substance abuse, health and social outcomes. This research resulted in significant advances in the development of an integrated service model for delivering substance abuse services in comprehensive service settings.

ABSTRACT: Health care reform in the U.S., specifically passage of the Affordable Care Act (ACA) in 2014, is generating changes in the financing, organization and accessibility of health and social services in the United States. The focus on integrated models of service delivery offers unprecedented opportunities to understand and improve the integration of health, behavioral health and social services at both the system- and service- levels. A focus on integrated services additionally enables the development of interventions aimed at effectively addressing social needs as they relate to health. This paper will analyze service delivery models that have been implemented across health care settings and examine their organizational and service characteristics and their impact on client outcomes. The paper will examine the impact of investments in social services and integrated models of service delivery on health outcomes and health care spending.

Connie NATHANSON, Columbia University, USA

Constance A. Nathanson holds a PhD in sociology from the University of Chicago and is currently a Professor in the Departments of Sociomedical Sciences and Population and Family Health at Columbia University's Mailman School of Public Health. She has over 40 years of experience in research on sociological dimensions of health and health policy. Her work focuses on the history, politics, and sociology of public health policy in the United States and its peer developed countries. Recent publications include articles theorizing public health policy from a sociological perspective, as well as on tobacco and gun control, the role of social movements in policy change and health inequalities. She is author of the book *Disease Prevention as Social Change* (2007), which considers public health policy shifts across time in the United States, France, Great Britain, and Canada. Her current research focuses on historical, institutional, and ideological dimensions of the HIV epidemic in the United States and France. Dr. Nathanson is the director of an NICHD-funded training grant in gender, sexuality, and health, located in the Department of Sociomedical Sciences.

The Selling of a Gilded (Magic) Bullet

AUTHORS: Ian Bradley-Perrin and Constance A. Nathanson

ABSTRACT : Pre-Exposure Prophylaxis or PrEP is an anti-retroviral drug to prevent HIV-infection in HIV-negative individuals. It was first described in 2010 and has been actively marketed since 2013 under the brand name, Truvada. Recently published WHO guidelines state that “the use of daily oral pre-exposure prophylaxis (PrEP) is recommended as a prevention choice for people at substantial risk of HIV infection...” (WHO 2015). PrEP is a drug that to be maximally effective must be taken daily by people who are not sick. Unlike condoms, the preventive measure of choice for most of the HIV/AIDS epidemic, PrEP requires a doctor’s prescription, is expensive, and does not prevent other STIs. The puzzle we will address in this paper is, “how and why has PrEP become so appealing?” The selling of PrEP demanded the creation of a need and of a market. We examine this creative process from three perspectives, that of the pharmaceutical company who manufactures the drug (Gilead), that of experts (researchers, physicians, and public health professionals), and that of consumers. Our principal sources of data are academic, programmatic, and popular literature published in the period since PrEP was first described in the *New England Journal of Medicine*.

Harold POLLACK, CHAS, University of Chicago, USA

Harold Pollack is the Helen Ross Professor at the School of Social Service Administration and is an Affiliate Professor in the Biological Sciences Collegiate Division and the Department of Public Health Sciences. He is also Co-Director of The University of Chicago Crime Lab and a committee member of the Center for Health Administration Studies (CHAS) at the University of Chicago. He has published widely at the interface between poverty policy and public health. His research appears in such journals as *Addiction*, *Journal of the American Medical Association*, *American Journal of Public Health*, *Health Services Research*, *Pediatrics*, and *Social Service Review*. He is past president of the Health Politics and Policy section of the American Political Science Association. A 2012-15 Robert Wood Johnson Investigator in Health Policy Research, Professor Pollack has been appointed to three committees of the National Academy of Sciences. He received his undergraduate degree, magna cum laude, in Electrical Engineering and Computer Science from Princeton University. He holds master’s and doctorate degrees in Public Policy from the Kennedy School of Government, Harvard University. Before coming to SSA, Professor Pollack was a Robert Wood Johnson Foundation Scholar in Health Policy Research at Yale University and taught Health Management and Policy at the University of Michigan School of Public Health. His writings have appeared in *Washington Post*, *the Nation*, *the New York Times*, *New Republic*, and other popular publications. His *American Prospect* essay, “Lessons from an Emergency Room, Nightmare” was selected for the collection *Best American Medical Writing*, 2009.

The Opioid Epidemic and the Politics of Implementation of Addiction Treatment Under State-Level Policy Reforms

AUTHORS: Clifford S. Bersamira, A.M., Collen M. Grogan, Ph.D., Amanda J. Abraham, Ph.D., Bikki Tran Smith, M.A., M.S.W., Melissa Mull Westlake, M.S.W., Peter D. Friedmann, Ph.D., Harold A. Pollack, Ph.D.

ABSTRACT: The Affordable Care Act (ACA) has produced dramatic changes in the organization, funding, and accessibility of substance use disorder (SUD) treatment. Concurrently, the national opioid epidemic has presented a significant challenge and pressing policy priority for states when considering the accessibility of treatment. As part of the National Drug Abuse Treatment System Survey (NDATSS) project to better understand the implications of the ACA and political and policymaking factors that influence state-level decision-making and actions regarding SUD service delivery reforms, we developed case studies of eight states through a series of in-depth qualitative interviews.

Magali ROBELET, Centre Max Weber, Université Lyon 2, Lyon, France

Magali Robelet is senior lecturer in sociology at Lyon 2 University and researcher at the Max Weber Center (CNRS) in Lyon. Her research topics deal with the institutional and organizational transformations of the health and social politics in France. The development of medical guidelines or quality management in hospitals or in the disability sector, the renewal of bureaucratic control from public authorities upon health and social organizations are one of the recent subjects she works on. She is currently working on the comparison of the use of cost-effectiveness analyses in health agencies in UK, France and Germany in collaboration with Daniel Benamouzig and Patrick Hassenteufel.

The Transformations of Public Control Over NPO in the Disability Field: More Markets and/or More Rules?

ABSTRACT: The scope of this communication addresses the disability sector in France since its emergence in the 1940' to the present. The purpose is to give some keys to understanding the recent transformations of the interactions between public authorities and associations which take charge of education, care, housing, learning and professional training of disabled people.

The French disability sector is mainly composed of non-profit organizations (associations) (78% of the field in 2010). Those associations are supposed to perform two functions. The first one is an advocacy function, while claiming for the recognition of equal rights for disabled people. The second one is a managerial function, since associations manage specialized care provision and services, all relying upon public funds. Local public authorities grant an authorization to manage these structures and exert a control on public funds without interfering in the private management and governance of associations.

For decades, this specific NPO field is divided between a small number of huge associations, which manage more than 20 units/structures and a large number of small and very small associations, managing less than 5 units/structures.

The communication will focus on the impacts of recent reforms in the disability sector, which are supposed to affect the governance of associations, the relationships between public authorities and associations and also the power balance between associations themselves. According to most of associations' representatives, the "golden age" of the associations in the disability field ends in the 1990'.

Until then, associations were known to be relatively autonomous in their strategic choice and benefitted from public investments in social and health policy. Two main changes are highlighted. First, associations have been experiencing a "managerial turning point", while a rationalization and professionalization process diffuse in the field. Professional CEOs have been replacing the former voluntary activists to head the associations and management tools are more frequently used. Secondly, and at the same time, in a context of public expenditure control, diverse reforms introduced new forms of administrative and budgetary control (through formal contract between associations and local public authorities) and incentives for competition (call for projects). Moreover, public authorities suggest mergers or at least resource sharing between associations.

One tends to explain the managerial transformations of the nonprofit organizations in the disability sector by macrosocial trends such as budgetary restrictions, the weakening of activism or the influence of managerial ideology. We wish to complete these explanations while taking into account both power struggles inside associations and new tools of public action in order to control managing associations. The communication will point out how progressively, the changing equilibrium of power inside the organization has led to the marginalization of former key activist actors to the benefit of new ties with public authorities and the other associations in the field.

Regarding the transformation of control relationships between managing associations and public authorities in the disability sector, the communication will highlight that governing at a distance relationships succeed to more interpersonal ones, while executive directors take power within the associations. With the help of public authorities, the balance of power between big and small associations remains stable but the relationships between associations themselves and between associations and public authorities are becoming more diverse and less personal, decoupling from activist concerns. This communication rests upon a longitudinal study in the Rhône-Alpes area (archival research and interviews) conducted in the years 2010'. The presentation will follow a chronological and thematic path.