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A Study of Undocumented Immigrants' Access to Health Coverage and Care in France: The "Premiers Pas" Survey

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Very little is known about State Medical Aid (Aide Médicale de l'État, AME), the health insurance programme for undocumented immigrants in France. What are the social, economic, and health characteristics of undocumented immigrants covered by State Medical Aid? Who are those who do not take up and for what reasons? Does State Medical Aid (AME) provide insured individuals with effective access to healthcare services? Recent debate about a possible reform of State Medical Aid was only based on scant and sometimes biased information.

The "Premier Pas" survey aimed to shed light on these questions. It was conducted in 2019 with 1,223 respondents in 63 sites and organisations, in inner Paris and the Bordeaux conurbation. In this paper we provide a description of the survey sampling and protocol, the data collection, and a description of the sample's structure.

This second issue of *Questions d'Économie de la Santé* ("Issues in Health Economics") on undocumented immigrants' access to State Medical Aid, based on the "Premiers Pas" survey, is part of a series. The first outlines the history of this population's rights in France and presents an overview of the information and lack of information about the State Medical Aid scheme. The third is devoted to an analysis of the take-up of State Medical Aid.

How to provide a representative picture of a population group without legal or administrative existence?

The survey aimed to question individuals concerned by State Medical Aid (AME), that is to say not only the persons covered by State Medical Aid, but also eligible individuals who were not covered, and, lastly, individuals who would soon be eligible because they had been living in France without a residence permit for less than three months.

The aim of a sample survey is to provide a representative description of a given population, based on the description of a certain number of randomly selected individuals in the population. To carry out the sampling and the adjustment of this type of survey, it is generally necessary to have information on the entire population of interest. In the case of individuals eligible for State Medical Aid, there are no information sources (a census, a cadastre, or a telephone or administrative register). There is not even a known total or an estimated number of individuals concerned. It is therefore impossible to calculate *ex ante* a sampling rate, that is to say the percentage of individuals in the population to be interviewed. Furthermore, a general population survey, for example in a sample of standard dwellings or telephone numbers, in which undocumented immigrants would be selected a poste-

riori, would have been very ineffective. Indeed, the legally resident immigrants represent around 8% of the population living in France and the illegally resident individuals represent a far lower percentage. The methodological difficulties were compounded by the characteristics of the survey population. We had to anticipate individuals' difficulties in mastering French and the potential fear of participating in a "survey" that could be perceived as an official investigation. Lastly, the information collected from experts and actors on the ground described a heterogeneous population with mobile practices. The sampling and the implementation of the survey protocol therefore had to be conducted immediately before the data collection.

CONTEXT

The "Premiers Pas" project*

The "Premiers Pas" project, comprising rights access, healthcare trajectories, and access to State Medical Aid (Aide Médicale de l'État, AME) in France, set out to study the experience of undocumented immigrants living on French territory with regard to their access to rights and healthcare, using a multidisciplinary approach. The project adopted an approach involving social anthropology, and comprised a survey conducted amongst undocumented immigrants—the "Premiers Pas" survey—, and a panel of administrative data relating to State Medical Aid (AME). "Premiers Pas" was run by a research consortium that brought together researchers in anthropology, sociologyand health economy, as well as a GP. The teams taking part in the project came from the University of Bordeaux, the Paris-Dauphine University, and the Institute for Research and Information in Health Economics (Institut de Recherche et Documentation en Économie de la Santé, or IRDES). The Fondation des Amis de Médecins du Monde and the Regional Health Agency (Agence Régionale de Santé, ARS) in the Nouvelle Aquitaine region also took part in the project.
"Premiers Pas" was funded by the National Research Agency (Agence Nationale de la Recherche, ANR) in 2016. The survey was conducted under the direction of the French Data Protection Authority or CNIL (declaration MR004, registration number 2203002 v 0).
https://anr.fr/Projet-ANR-16-CE36-0008.

* https://premierspas.hypotheses.org/
www.irdes.fr/recherche/enquetes/premiers-pas/actualites.html

I

The scope of the survey

The scope of the survey was partly induced by the survey protocol. The individuals concerned were adult foreigners, without a residence permit, who were eligible for State Medical Aid (AME), and those present for less than three months on French territory, without any other healthcare coverage.

The individuals were interviewed in organisations that stated that the number of undocumented immigrants catered for on their premises exceeded 20 persons per week, in sites within Paris and the conurbation of Bordeaux (comprising Bordeaux, Cenon, Lormont, Mérignac, Pessac, and Talence).

The following categories were excluded from the scope of the survey:

- Individuals who had obtained or begun the process to obtain refugee status; they were eligible for the same coverage as the French population or those individuals who were legally resident in France benefitting from the Public Universal Health Coverage (Protection Universelle Maladie, PUMA).
- So-called "Dublin-regulation" foreigners, meaning those whose administrative status depended on another European country.
- The individuals who were not users of the aid organisations where the survey was conducted: individuals who were assisted in their community, and extremely marginalised individuals.

A two-stage sampling plan

There was no information source that made it possible to build a representative sample of the target population, and we therefore chose to base the protocol on the network of sites and organisations that were likely to provide assistance to individuals without a residence permit. This was not a neutral choice in terms of the scope of the survey (see Inset). In that respect, it paralleled the protocols of other surveys conducted in specific places, for example soup kitchens and hotels run by the Samu Social, in order to access specific –and often marginalised– populations. In 2007, the State Medical Aid (AME) survey, carried out by the Directorate for Research, Studies, Assessment and Statistics (DREES, French Ministry of Health), was conducted with individuals who were eligible for State Medical Aid, solely in healthcare facilities.

The survey was conducted in two stages. A "Structures" survey of organisations and sites that were likely to be frequented by undocumented immigrants made it possible to compile a list of organisations catering for undocumented immigrants. A sample of organisations was subsequently drawn from the list compiled in the first stage. The "Migrants" survey was then conducted in the sampled organisations, with a sample of undocumented immigrants (see Figure).

A first survey of organisations in preparation for the survey of individuals

The main aim of the questionnaire in the "Structures" survey was to establish an organisation's eligibility for the "Migrants" survey and collect the necessary information in order to construct a sample of surveyed organisations. The questionnaire determined whether an organisation catered for undocumented immigrants, and, where applicable, the number and proportion of foreigners to other users. It also provided a description of the services offered, the physical locations where the users were received, and information about the way in which an organisation was organised. Lastly, the

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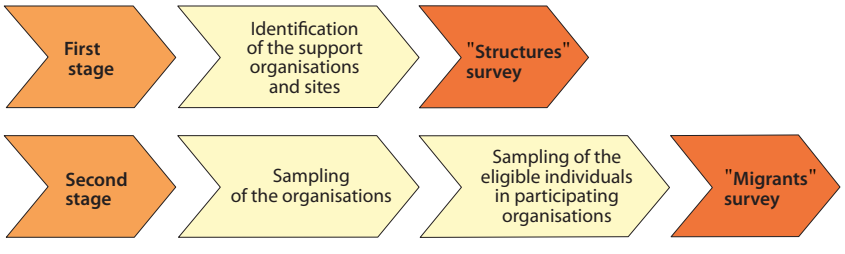
The "Premiers Pas" survey was conducted in two stages



survey made it possible to establish initial contact with the organisations, which provided an opportunity to prepare the ground for the "Migrants" survey in the selected organisations.

The "Structures" survey was conducted by telephone with 736 sites and organisations. The list comprised sites and organisations in central Paris, Bordeaux, and communes in the city's suburbs (Cenon, Lormont, Mérignac, Pessac, and Talence). It was compiled from sources available to the migrants, that is to say listed in local resources for deprived individuals and migrants (for example, the Guide des Solidarités in Paris). These public sources were complemented by several associative sources that provided a broad representation of the services available for the individuals studied in the survey. This approach was not intended to be comprehensive, it was reproducible and was based on identical sources in Paris and Bordeaux.

87% of the organisations contacted, and which actually catered for undocumented immigrants, agreed to participate in the survey. In the sample of surveyed organisations, we selected all the 113 organisations that declared they had at least 20 eligible users a week in the "Structures" survey, a number that was sufficient to justify carrying out the "Migrants" survey on their premises. Sixty-three (56%) of the 113 selected organisations agreed to have the survey conducted in their premises (see Graph 1).

The surveyed organisations included healthcare facilities and places devoted to the acquisition of healthcare rights, such as health centres, Hospital Health Insurance Access Services (Permanences d'Accès aux Soins de Santé, PASS), Health Insurance Local Branches (Caisses Primaires d'Assurance Maladie, CPAM), and also places offering services outside the field of healthcare, such as food aid, assistance with administrative procedures, language courses, cultural activities, and other types of aid, such as municipal bath and shower facilities (see Graph 2). We did not include places offering accommodation, with the exception of several accommodation centres that also provided day-care services, which were surveyed during the day. We assumed that individuals housed in accommodation centres were, furthermore, also users of the surveyed organisations (see Graph 2).

A survey conducted in 63 sites

A protocol attuned to each survey site

The diversity of the organisations, both in terms of their organisation and their rate of use, required a protocol for the selection of individuals to question that was adapted to each organisation. Hence, in certain organisations, all the eligible individuals were directed towards interviewers who could question them in a comprehensive manner. In other organisations, individuals were approached in a communal room, without any information of their eligibility, or interviewers stood in a necessary point of passage on the individuals' routes, that is to say in an entrance, at a counter, etc. in order to select users. Each protocol aimed to maintain a random character that was quantifiable when the individuals approached were selected.

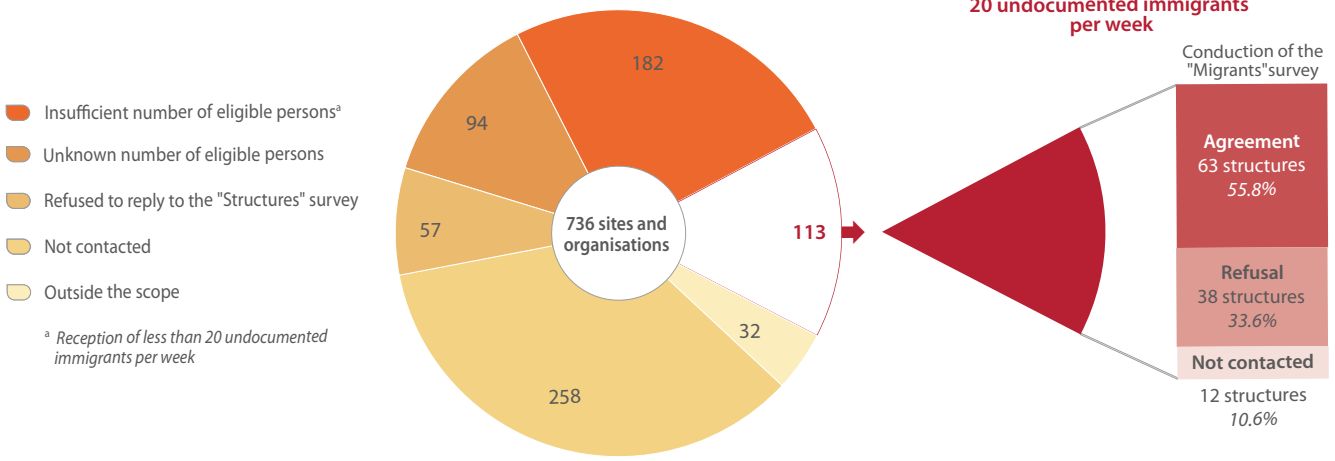
To complete the data collection from the individuals, the interviewers completed a questionnaire relating to the description of the organisation and a shift-based questionnaire (generally for half a day of work), in order to collect data on the characteristics that could affect the data collection, the methods used to select the respondents, and the total number of users and eligible users, obtained from the director of the organisation. In certain cases, the counting of users was carried out by an interviewer.

The questionnaire

The first module of the questionnaire aimed to determine a person's eligibility and obtain the person's acceptance. In the event that the person refused to answer the questions relating to eligibility (certain individuals may not have wished to disclose the fact that they were illegally resident), the person was not questioned. However, the interviewer filled in, whenever possible, information about a person's eligibility from the staff in the organisa-

G1

Sample of the organisations in which the survey was conducted



Reading: Of the 113 organisations participating in the "Premiers Pas" survey, 63 (i.e. 56% of them), agreed to have the survey conducted on their premises. Activities other than healthcare were also addressed, such as food aid, assistance with administrative procedures, cultural activities, etc.

Source: The "Premiers Pas" survey.

Download the data

tion. This information was useful for the calculation of the inclusion rate.

The questionnaire's main module addressed the themes relating to the survey's subject. It described the person's motives and the migratory route, the living conditions in France, the person's health status, and access to State Medical Aid and health services. The questions incorporated, when they existed, validated wordings. The other questions were the fruit of collaboration between quantitative and qualitative teams.

Lastly, the "Réseau" ("Network") questionnaire made it possible to identify the other organisations in the sample which the users visited during the week preceding their interview. This information made it possible to take into account the possibilities of multiple inclusions of the individuals in the survey.

The complete questionnaire contained around one hundred questions. The average duration of the questionnaire was around 35 minutes.

A questionnaire in 14 languages

Respondents were anticipated to be extremely diverse in terms of individual backgrounds and life trajectories, and also in linguistic terms. The questionnaire was translated into 13 languages, whose selection was based on two sources: on the one hand, the statistics on the nationalities of asylum seekers presented in the report issued by the French agency for the welfare of refugees and stateless persons (Office Français de Protection des Réfugiés and Apatrides, OFPRA) in 2018; and, on the other hand, the results of the "Premiers Pas Structures" survey, in which the users' principal nationalities were recorded. Hence, the languages selected were: English, Spanish, Russian, Albanian, Portuguese, Arabic, Dari, Chinese, Tamil, Pashto, Bengali, Pulaar, and Bambara.

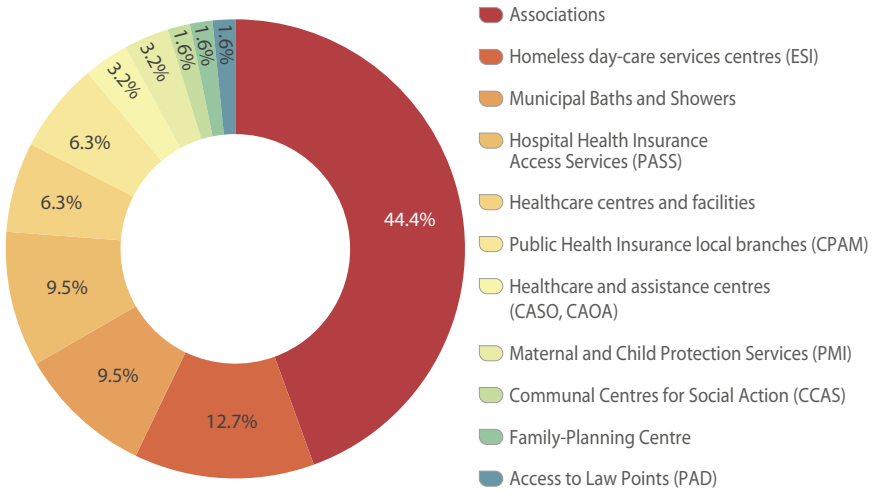
In most cases, the questionnaire was completed by the interviewer (see below). The respondent chose in which language he or she would answer the survey. When the interviewer did not speak the language, the respondent would complete the questionnaire by himself/herself, which occurred in around 20% of cases. The individuals who spoke one of the languages in the translated questionnaires, but which was not spoken by the interviewer and which they were not able to read, were not interviewed.

A demanding survey, conducted by committed interviewers, with the support of the participating organisations

The survey was carried out face to face by the interviewer using a tablet, on the premises or in a suitable place provided by the surveyed organisation. The survey had been publicised via posters or prospectuses in each organisation. The organisations in which the data was collected played a decisive role in the survey's success. The involvement

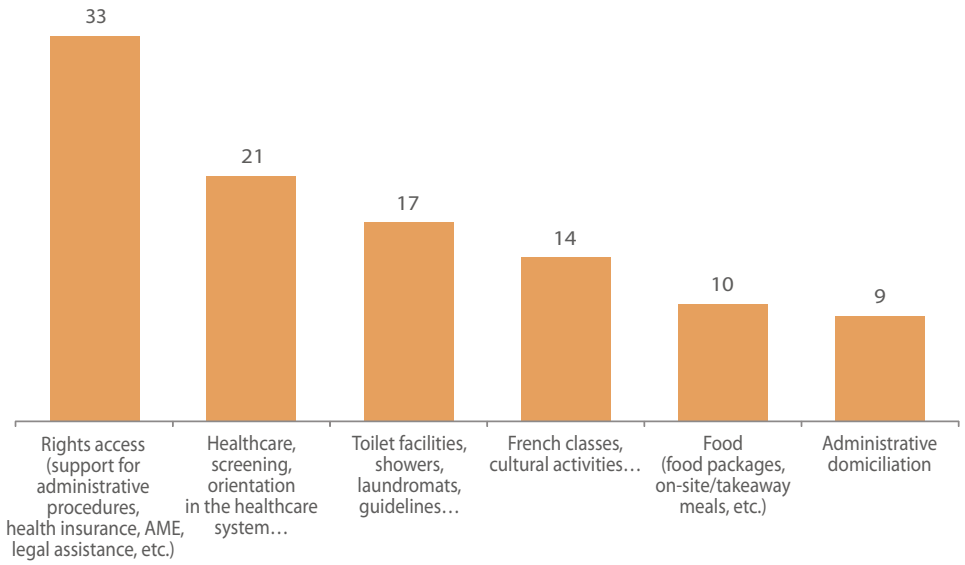
G2

Type of organisations that cater undocumented immigrants...



Reading: Associations accounted for 44.4% of the organisations that catered for undocumented immigrants, the Integration and Solidarity Centres (12.7%), the Municipal Baths and Showers (9.5%), and Hospital Health Insurance Access Services (PASS).

... and they provided the following services



Reading: Of the 63 surveyed organisations that cater for undocumented immigrants, 33 provided assistance with administrative procedures, such as access to health insurance, State Medical Aid (AME), etc.

Source: The "Premiers Pas" survey.

Download the data

of the staff and managers in the organisations facilitated the interviewers' work. In particular, it reinforced the interviewers' legitimacy with regard to the surveys and thereby improved the level of survey participation.

In 75% of the organisations, the data collection was carried out over one week. In 25% of the organisations, the level of frequentation was high, and as there was a constant influx of new individuals, it was decided to continue the survey for a second week. In all the sites where the survey was conducted, the interviewers (from 1 to 3, depending on the number of eligible users) were present throughout the daily opening times.

Aside from the inherent difficulties in the construction of the protocol, the data collection process was quite a challenge. The interviewer was asked to approach individuals who, for the most part, did not have a good knowledge of French, and who were on their guard and did not grasp the principle and purpose of such a survey. It was then necessary to build up enough trust for the person to deal with the emotional impact resulting from the description of life experiences that were sometimes quite traumatic.

The survey required a team of highly motivated and committed interviewers, who were able to adapt to the reality on the ground. Twenty-one interviewers were recruited and trained directly by the team that designed the survey, 18 of whom covered the Paris area, and 3 the Bordeaux area. All of them spoke English and more than 75% of them also spoke another language in which they were able to conduct the questionnaire. Most of the interviewers were social sciences graduates.

High response rate and sample size

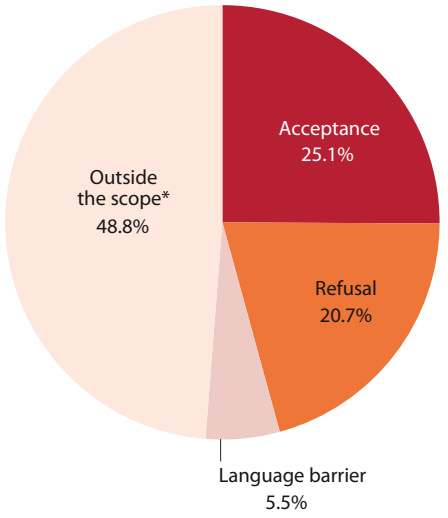
56% of the organisations approached agreed to take part in the survey. Amongst the individuals approached, the rate of participation in the survey —that is to say of individuals willing to respond out of the individuals in the scope of the survey, including those who were unable to respond due to the language barrier—, was 49% (see Graph 3).

25% of the contacts established with the individuals approached in the organisations resulted in a questionnaire. The language barrier was an obstacle to making contact in only 5% of the cases.

The participation of the organisations and the individuals was better than expected. In total, 1,223 undocumented immigrants were interviewed in 63 organisations, while 800 to 1,000 individuals were interviewed at work and the scientific risks were multiple. The interviews conducted in French (75%), Arabic (8%), English (7%), Spanish (4%), Russian (2%), and Portuguese (2%) accounted for 99% of the total questionnaires (see Table 1).

G3

Overview of the contacts



* Legally resident foreigners, French persons, and minors.

Reading: 25% of the contacts made with individuals approached in the organisations led to a questionnaire being carried out.

Source: The "Premiers Pas" survey. Download the data

T1

Distribution of the sample of the 'Premiers Pas' survey, according to the city in which the survey was conducted, the language used to reply to the questionnaire, and the organisation in which the interview was conducted

	Gross numbers	Gross %
Total number of respondents: 1,223		
City in which the survey took place		
Paris	1,052	86%
Bordeaux	171	14%
Language in which the questionnaire was conducted		
French	921	75%
English	81	7%
Arabic	97	8%
Russian	29	2%
Spanish	47	4%
Portuguese	30	2%
Other (Albanese, Dari, Tamil, Bengali, and Bambara)	18	1%
Type of organisation in which the survey took place		
Association	411	34%
Healthcare centre and facility	27	2%
Maternal and child protection services (PMI)	13	1%
Family-Planning Centre	9	1%
Municipal Baths and Showers	54	4%
Homeless Day-Care Services Centres (ESI)	265	22%
Hospital Health Insurance Access services (PASS)	194	16%
Communal Centres for Social Action (CCAS)	18	1%
Access to Law Services (PAD)	8	1%
Health Insurance Local Branches (CPAM)	163	13%
Reception, Care, and Orientation Centres (CASO), Reception, Orientation, and Assistance Centres (CAOA), and Médecins du Monde	61	5%

Reading: The interviews, which were mainly conducted in French (75%), were carried out in Arabic in 8% of the cases.

Source: The "Premiers Pas" survey. Download the data

34% of the individuals were interviewed in NGOs, 22% in homeless day-care services centres (Espaces Solidarité Insertion), 16% in Hospital Health Insurance Access Services (Permanence d'Accès aux Soins (PASS)), and 13% in Health Insurance Local Branches (CPAM). Around one third of the respondents were interviewed in organisations or services that were primarily concerned with healthcare provision (healthcare treatment, access to State Medical Aid).

Table 2 sets out the gross and weighted statistics in relation to the sample of survey respondents. The gross statistics reflect the sample's structure; the weighted statistics are representative of the surveyed population.

The weighting took into account the sampling plan and types of organisations and services provided to users. The collection of each respondent' visits to the participating organisations enabled multiple inclusions to be taken into account in the weights calculation.

65% of respondents are male. Although 27% of them are aged between 18 and 30, 14% of them are 50 years old or more. They come mostly from sub-Saharan Africa (52%) and North Africa (29%). Lastly, a large part of the sample is composed of individuals who came to France several years ago: 30% have been living in France for between two and five years and 31% for more than five years.

T2

Structure of the sample of respondents to the "Premiers Pas" survey

	Gross numbers	Gross %	weighted %
Structure of the sample according to age group			
[18 and 30 years[	333	27%	36%
[30 and 40 years[	443	36%	34%
[40 and 50 years[	280	23%	20%
[50 and 60 years[	104	9%	8%
60 years and over	56	5%	2%
Gender			
Men	793	65%	71%
Women	426	35%	29%
Region of birth			
Sub-Saharan Africa	630	52%	63%
North Africa	360	30%	24%
Latin America and the Unites States	80	7%	6%
European Union	46	4%	2%
Europe Non EU	34	3%	1%
Asia	6	4%	3%
Structure of the sample according to the duration of the last stay in France			
[0 to 3 months]	132	11%	21%
[3 to one year]	324	26%	17%
[One to 3 years]	314	26%	28%
[3 to 5 years]	147	12%	12%
5 years and over	298	25%	22%

Reading: respondents were: 65% male and 35% female. The individuals who responded were mostly from sub-Saharan Africa (52%) and North Africa (29%).
Source: The "Premiers Pas" survey. Download the data

Part of the sample of the respondents was interviewed again via Internet during the first two weeks of November 2019. This reiteration was intended to test the feasibility of monitoring undocumented immigrants over time. ♦

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