Breaking healthcare coordination boundaries in response to migrants precariousness: the case study of a healthcare network in the Parisian suburbs

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- 1 Although the mechanisms underpinning health inequalities associated with migration are increasingly well described by social epidemiology and health sociology, the operations of health care systems involved in the assistance of migrant populations in precarious situations remain largely unexplored.
- 2 Based on the study of a precariousness and healthcare network and its two main partner institutions located within the greater Paris region, this article exposes the coordination challenges raised by the medical and social care of migrant populations. This work further analyses the implementation of care activities targeted at migrant populations, and particularly asylum seekers, in these structures already dedicated to precarious populations. These observations highlight how the residential instability of patients seems to call for the coordination of care pathways at new territorial scales. Consequently, we examine the means and technologies available to health facilities to extend their coordination skills in light of such challenges.
- 3 In the first part, this article looks back at the evolution of the health network's activity and its collaboration with its two main local partners: the hospital service for free health care (PASS) and the precarity and psychiatry mobile team (EMPP). This health network was created in the 1990s in response to the difficulties encountered by people in precarious situations in accessing healthcare. The evolution of its active patient queue shows a transition towards the reception of mainly migrant populations and particularly asylum seekers (see figure). This tendency can be analysed in light of the administrative barriers in accessing social coverage for irregular migrants and asylum

seekers on the one hand, and in the light of the local demographic context on the other. Indeed, as part of the government's strategy for the territorial distribution of asylum seekers enforced since 2015, this area of the Greater Paris region is characterized by the opening of a structure dedicated to initial reception of asylum seekers (SPADA) and the creation of a large number of accommodation places. These structures on the territory generate a new demand in terms of medical and social care, which is directly faced by stakeholders dedicated to precariousness. The mobilisation of the network by the regional health agency at the opening of accommodation centres also explains how it was very quickly identified as a resource structure by social housing partners.

**Administrative situation of patients seen at the free consultation of the health network
1997-2018**

- 4 In a second part, this study analyses the emergence of medical and social care operations dedicated to migrant populations. In particular, we describe the increased number of interventions directly in accommodation or reception centres for asylum seekers, and the setting up of so-called "migrant" consultations in the field of prevention and mental health. The goal of these interventions is to focus on physical and psychological vulnerabilities linked to the experience of migration. Therefore, such actions represent entry points to care systems that are specific to migrant populations in precarious situations. In the same section, we explore the difficulties encountered by professionals faced with the residential instability of the population. How to assist someone who actually lives far from the territory where he or she is seeking care? How to ensure the medical follow-up of a person who is sent to another territory by the asylum procedure? The issue of continuity of care obliges local health structures to extend the territorial registration of their partner networks.
- 5 Finally, this work analyses the difficulties of overcoming coordination at new territorial scales. In practice, the lack of budget for developing medical and social collaboration and the lack of information and communication technologies mean that coordination efforts are mainly based on the commitment of professionals. It appears

that structures dedicated to precarious populations bear the stigma of a development in the interstices of common law.

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