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Can access and use of day-to-day healthcare services by migrant women housed in emergency housing hotels be improved by sexual health counselling outreach?

Submission date
15/02/2019

Recruitment status
No longer recruiting

Registration date
17/06/2019

Overall study status
Completed

Last Edited
22/04/2022

Condition category
Other

[_] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol

Background and study aims
Homelessness and housing instability in the migrants' host countries are central features of the experience of migration to the European Union (EU). In the Paris region many migrant individuals and families are housed by the generic housing system for the homeless, in emergency housing facilities including social hotels. Across the EU, migrant women encounter obstacles in accessing healthcare services. However, little is known on the health and access to healthcare services for migrant women in emergency housing in France, especially on sexual and reproductive health.

The DSAFHIR project aimed to better describe the risks faced by migrant and refugee women in situations of administrative and social vulnerability, to analyze the barriers to access healthcare and specifically sexual healthcare, and to test the implementation of specific outreach health-promoting interventions.

Who can participate?
Migrant women aged 18 years or more housed in one of the fifteen surveyed hotels were invited to participate to the survey and to the subsequent health interventions.

What does the study involve?
The study involved a primary survey administered in the hotels where participants were housed. The survey investigated participants' background, migration path, living conditions since arrival in France, general health status, reproductive health history, access to healthcare and utilization of healthcare services in France and life-long experience of violence. After the survey and when they consented, participants were allocated to one of three health-promoting interventions, based on the hotel where they lived. In the first intervention (control intervention), participants only received written information on local available service providers. The second intervention was individual health counselling: community health workers spent six weeks in the hotels and offered one-on-one sexual health promotion and prevention counselling. The third intervention

was group health counselling: community health workers facilitated group sessions focused on sexual health issues and made space for the participants to come up with topics of concern. The general objectives of both interventions were to bring information on sexual health and local service providers to participants, to break the social isolation of hotel residents by bringing women together, and to foster the circulation of information among women residents on health-promotion topics and access to service providers.

Our hypothesis was that such outreach interventions involving community health workers coming to the places where participants lived would have more impact on health care access than only giving written information on where to find service providers. To test this hypothesis, we needed to measure healthcare access and utilization of participants after the interventions took place. Eight months after the initial survey, we reached out to the participants and administered a second survey to those willing to participate. In this second survey, we asked participants about their access and utilization of healthcare services since the last survey, and we asked their opinion on the health-promoting interventions and what could be done to improve them.

What are the possible benefits and risks of participating?
Participants were given a 25-euro voucher to compensate for their time after completing the initial survey, and after completing the second survey. They didn't receive any compensation for joining in the health-promoting interventions. Participants were informed from the start that participating or not participating in the survey would by no means impact their housing situation, either positively or negatively.

Where is the study run from?
The study research center was the CRIDUP (Institute of Demography research center) at University Paris 1 Pantheon Sorbonne. The study (surveys and interventions) were run at the fifteen hotels where participants were housed. To protect the anonymity of the respondents, hotels name and addresses can not be disclosed.

When is the study starting and how long is it expected to run for?
The start date of the study was 01/09/2016 and it ended on 14/03/2018.

Who is funding the study?
The main funder was Agence Nationale de la Recherche, French National Agency for Research (ANR). Secondary funders were Fondation Sanofi Espoir, Fondation Macif and HRA Pharma.

Who is the main contact?
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Study website
https://dsafhir.hypotheses.org/

Contact information

Type(s)
Public

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Additional identifiers

EudraCT/CTIS number
Nil known

IRAS number

ClinicalTrials.gov number
Nil known

Secondary identifying numbers
ANR-16-FASI-0004-01

Study information

Scientific Title
The impact of sexual health counselling outreach interventions on primary care access and utilization for migrant women housed in emergency housing hotels – DSAFHIR research project

Acronym
DSAFHIR

Study objectives
Primary care access and utilization can be improved with health-promoting outreach interventions, taking place where migrant women are housed. Furthermore, such interventions

have more impact on access to care than distribution of written information concerning available local health care providers and services.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approved 30/03/2017, Committee for the Protection of Individuals West N°6 (Centre hospitalier universitaire Cavale Blanche – Avenue Tanguy Prigent – 29609 Brest Cedex; 02 98 34 25 80; cpp.ouest6@chu-brest.fr), ref: 2016-A02005-46.

Study design
Interventional, multi-centre, non-randomised study

Primary study design
Interventional

Secondary study design
Non randomised study

Study setting(s)
Home

Study type(s)
Prevention

Participant information sheet
Not available in web format, please use contact details to request a participant information sheet

Health condition(s) or problem(s) studied
Healthcare access and utilisation

Interventions
The interventions took place after an initial survey administered in the hotels where participants were housed. When they consented, participants were allocated to one of three health-promoting interventions: individual health counselling, group health counselling or written information on local healthcare providers and services (control intervention).

Each hotel was allocated to one intervention, therefore all the participants residing in one hotel were offered to participate in the intervention implemented in this hotel.

Individual health counselling: In this intervention, community health workers reached out to participants and offered one-on-one sexual health promotion and prevention counselling. The community health workers were present in three hotels for six weeks, had one or several counselling sessions with available participants. They could help participants make appointments with service providers, and occasionally accompany participants to a specific appointment. The goals were to bring information on sexual health and local service providers to participants, allow an in-depth exchange on these topics with participants individually, and help to untangle problematic situations.

Group health counselling: In this intervention, group health counselling sessions were organized in three hotels. Volunteers from the Family Planning Association facilitated the groups and invited all resident participants to join. The group sessions focused on sexual health issues and made space for participants to come up with topics of concern. The goals were to bring information on sexual health and local service providers to participants, to break the social isolation of hotel residents by bringing women together, and to foster the circulation of information among women residents on health-promotion topics and access to service providers. The sessions took place once a week for six weeks, in a room in the common area of the designated hotels. In one hotel, the common area having no door, the discretion of the exchanges couldn't be assured, therefore the group sessions took place in the city's family planning building next door to the hotel.

Written information (control intervention): After the administration of the initial survey, all participants were given a leaflet with written information on local medical and non-medical service providers in their area. It included contact details, addresses, itinerary using public transportation and pictograms to make it more accessible to participants who didn't read or didn't read French.

The goal of these interventions was to assess whether outreach public health interventions involving community health workers in the place of residence, whether individually or in group, had a positive impact on the participants' healthcare access and utilization. It was compared to receiving only written information.

Each intervention lasted for six weeks. As they were initiated in different locations directly following the administration of the first survey, they were not initiated simultaneously everywhere. Their implementation stretched from May to July 2017. The participants were not contacted again until the onset of the second survey in January 2018.

Intervention Type
Other

Primary outcome measure
Health care access is measured through survey questions at baseline and at 8 months.

Secondary outcome measures
Acceptability of the interventions is measured through survey questions at 8 months in the second survey.

Overall study start date
01/09/2016

Completion date
14/03/2018

Eligibility

Key inclusion criteria
1. Housed in the surveyed hotel
2. Born outside of France and not French at birth
3. Identify as a woman
4. Aged ≥18

Participant type(s)
Healthy volunteer

Age group
Adult

Lower age limit
18 Years

Sex
Female

Target number of participants
300

Key exclusion criteria
N/A

Date of first enrolment
10/04/2017

Date of final enrolment
24/05/2017

Locations

Countries of recruitment
France

Study participating centre
CRIDUP Institute of Demography research center - University Paris 1 - Pantheon Sorbonne
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Sponsor information

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Pantheon-Sorbonne University

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Sponsor type
University/education

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Sponsor type
Research organisation

Website
https://www.samusocial.paris/lobservatoire

Funder(s)

Funder type
Industry

Funder Name
Agence Nationale de la Recherche

Alternative Name(s)
French National Research Agency, French National Agency for Research, ANR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
France

Funder Name
Fondation Sanofi Espoir

Alternative Name(s)
Sanofi Espoir Foundation, THE SANOFI ESPOIR FOUNDATION, FSE, SEF

Funding Body Type
Private sector organisation

Funding Body Subtype
Trusts, charities, foundations (both public and private)

Location
France

Funder Name
Fondation Macif

Funder Name
HRA Pharma

Results and Publications

Publication and dissemination plan
Planned publication in a high-impact peer-reviewed journal.

Intention to publish date
01/04/2019

Individual participant data (IPD) sharing plan
The data sharing plans for the current study are unknown and will be made available at a later date.

IPD sharing plan summary
Data sharing statement to be made available at a later date

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol file			17/06/2019	No	No
Results article		15/12/2019	22/04/2022	Yes	No