

## Free Medical Consultations for Young Job Seekers in France

**Researchers:**

Bruno Crépon

Julie Pernaudet

**Sector(s):** Health, Social Protection

**Location:** France

**Sample:** 1,528 youth in five job centers

**Target group:** Youth

**Outcome of interest:** Employment Mental health

**Intervention type:** Information Insurance Preventive health

**AEA RCT registration number:** AEARCTR-0000761

**Partner organization(s):** Fonds d'expérimentation pour la jeunesse (FEJ), French Ministry of National Education, Mission Locale de Sénart

Poor physical and mental health can prevent youth from becoming financially independent, as unhealthy individuals are less likely to find work. Researchers partnered with five job centers to test whether health counseling targeted at youth increased insurance coverage and health care use, leading to better health and employment outcomes. Encouraging youth to meet with a social worker and with a physician increased enrollment in the public universal health insurance, but did not significantly affect youth's understanding of their rights and of the insurance reimbursement procedures. The program almost doubled the number of youth that consulted a psychologist and increased the time spent participating in vocational training programs.

### Policy issue

Poor physical and mental health can prevent youth from becoming financially independent, as unhealthy individuals are less likely to find work.<sup>1</sup> At the same time, low-income individuals are at higher risk for many diseases, are less likely to use primary health care services, and generally live less healthy lifestyles.

There are multiple barriers preventing disadvantaged youth from accessing and using health care. They may face greater financial constraints, making them unable to afford health care services. A recent study by J-PAL affiliated professors showed that providing free health insurance for low-income adults increased demand for health care. Other possible barriers to health care use include a lack of understanding of the health system, distrust of the medical profession and institutions, and underestimation of health risks. Can increased information about affordable health care options and encouragement to use health services help low-income youth overcome these obstacles and improve health care use, health status, and ultimately, employment prospects?

### Context of the evaluation

In France all individuals have access to health insurance, either through social security (available to all households with at least one employed or self-employed member who pays social security contributions), or through universal health insurance called Couverture maladie universelle (CMU), which is offered to disadvantaged households for little to no cost. CMU reimburses a

portion of the costs of medical consultations and prescribed medications, and remaining expenses are borne by the patient. In addition, low-income households can sign-up for a complementary universal insurance (CMU-C), which covers all out-of-pocket expenditures.

Although universal health insurance coverage is available, a recent survey showed that low-income youth were unlikely to use primary health care and had a higher prevalence of physical and mental health conditions than wealthier youth.<sup>2</sup>

To try to address this problem, the French Ministry of Employment and the Ministry of Health encourages job centers government-funded non-profits running local job-placement programs for disadvantaged youth to facilitate access to care by providing information on health insurance and rights, advice on preventive health practices, and medical counseling to detect and treat health problems. As a result, some job centers hired medical staff or developed partnerships with local health centers.



A doctor and patient have a conversation.

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## **Details of the intervention**

Researchers tested whether health counseling targeted at youth increased insurance coverage and health care use, leading to better health and employment outcomes. To do so, researchers partnered with five job centers that had hired social and medical staff to provide health services to registered youth.

The program targeted youth aged 16-25, with low levels of education and high chances of living in financial hardship. Eligible youth had recently enrolled in the job centers and had visited the center at least twice. The 1,528 youth in the sample were

randomly assigned to one of three groups:

1. *Social worker only*: Youth were encouraged to meet with a social worker at the job center. The social worker provided information on health insurance and rights, checked whether youth had full health insurance, and explained how to navigate the system. If participants had no health insurance, the social worker advised them how to get coverage.
2. *Social worker plus physician*: Youth were encouraged to meet with a social worker, and in addition, to visit a physician working at the job center. The physician was in charge of detecting possible health problems, referring youth to relevant specialists when needed, and providing advice on health best practices.
3. *Comparison group*: Youth did not receive any encouragement to meet with a social worker or physician, but they could access standard services at the job center (generally personalized job counseling).

Social workers and physicians were free to arrange follow-up meetings with youth over a one-year period. Researchers collected information on insurance coverage, perceived health, health care use, health behavior, and employment status at the beginning of the study and after twelve months.

## Results and policy lessons

The two interventions increased enrollment in the public universal health insurance, but they did not significantly affect youth's understanding of their rights and of the insurance reimbursement procedures. The physician intervention almost doubled the number of youth that consulted a psychologist and increased the time spent participating in vocational training programs.

*Compliance*: Most participants met with the social workers or physicians they were encouraged to visit: 82 percent of youth assigned to the social worker intervention met with the social worker and 67 percent of youth assigned to the physician intervention met with the physician and the social worker.

*Health Insurance Coverage*: Respondents encouraged to meet with a physician and/or with a social worker were more likely to sign up for complementary universal insurance (CMU-C) (25 percent against 19 percent in the comparison group). None of the interventions affected their understanding of insurance reimbursement procedures.

*Health Care Use*: The physician intervention almost doubled the number of youth that consulted a psychologist to 17 percent, from 9 percent in the comparison group. The interventions had no effect on the number of appointments with other specialists or on youth's perceived general health. Nonetheless the physician intervention improved health habits, as the youth assigned to this track were more likely to have a regular doctor and to use contraception.

*Employment Outcomes*: Youth in the physician intervention spent more time participating in vocational training programs. They spent two more weeks in training programs compared to youth in the comparison group, who spent on average seven weeks in one year. Neither program had an effect on employment rates or on the number of days worked.

Crépon, Bruno and Julie Pernaudet. "Correcting Beliefs to Increase Health Investments: A Field Experiment among Disadvantaged Youths." Working Paper, October 2019.

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1. [http://ec.europa.eu/health/mental\\_health/eu\\_compass/reports\\_studies/disability\\_synthesis\\_2010\\_en.pdf](http://ec.europa.eu/health/mental_health/eu_compass/reports_studies/disability_synthesis_2010_en.pdf), p. 50

2. <http://www.ameli.fr/l-assurance-maladie/statistiques-et-publications/sante-publique-pratiques-et-organisation-des-soins/les-articles-de-la-revue/pratiques-et-organisation-des-soins-2007-n-1/etat-de-sante-des-jeunes-en-insertion.php>