



chapter 9

HEALTH-CARE UTILIZATION



Key Messages

- Young children have the highest rates of hospitalization and emergency department visits.
- Common causes of hospitalization and emergency department visits are respiratory conditions, injuries and infectious diseases.
- Utilization-based data sources only capture information on conditions severe enough to require care outside of a physician's office.

This chapter provides an overview of health-care use by children and youth. More detailed information regarding specific causes of emergency department visits, hospitalizations and deaths can be found in the Injuries and Mortality chapters.

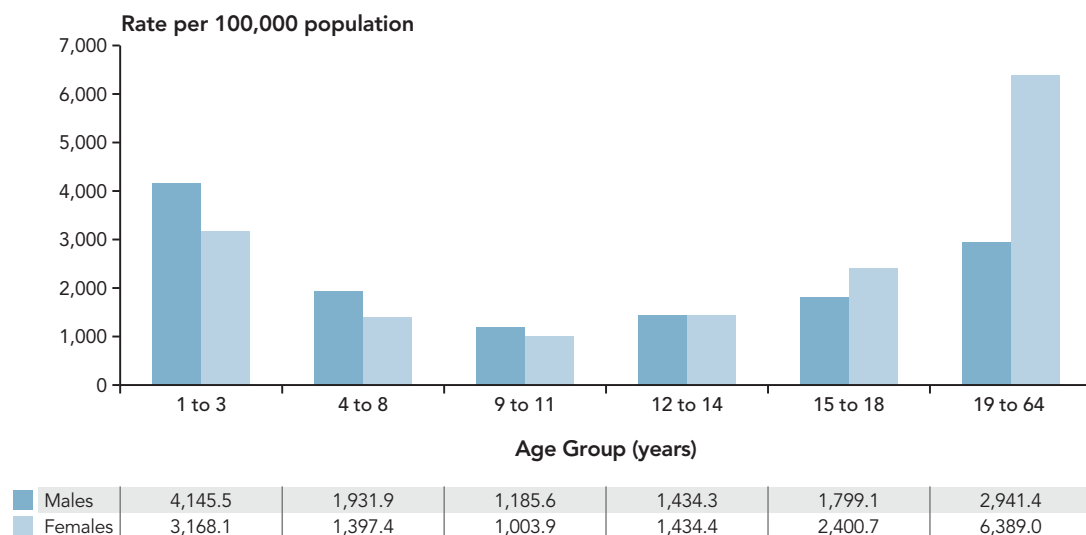
Hospitalization

Over the past 15 years there has been a decline in the rate of hospitalizations among children, a result of the shift towards outpa-

tient care for illness and injuries (data not shown).¹ Young children (aged one to three years) have higher hospitalization rates than older children (Figure 9.1). Males have higher rates of hospitalization than females within the earliest age groups.

Respiratory conditions, injuries and infectious diseases are the most common causes of hospitalization among young children while pregnancy and injuries are the most common causes among youth (Table 9.1).

Figure 9.1
All-Cause Hospitalization Rate by Sex and Age Group,
Peel, 2010



Sources: Hospital In-Patient Discharges 2010, IntelliHEALTH Ontario, Ministry of Health and Long-Term Care. Population Estimates 2010, IntelliHEALTH Ontario, Ministry of Health and Long-Term Care.



Table 9.1
Leading Causes of Hospitalization among Children by Age Group,
Peel, 2010

Age Group (years)	Top 5 Leading Causes of Hospitalization	Number of Hospitalizations	Age-specific Rate per 100,000 population
1 to 4	Asthma	289	426.1
	Influenza and pneumonia	272	401.0
	Intestinal infectious diseases	255	375.9
	Acute respiratory infections other than flu or pneumonia	201	296.3
	Injury, poisoning and certain other consequences of external causes	163	240.3
	All causes	2,235	3,295.0
5 to 9	Asthma	144	169.8
	Injury, poisoning and certain other consequences of external causes	132	155.6
	Intestinal infectious diseases	114	134.4
	Diseases of the appendix	92	108.5
	Influenza and pneumonia	86	101.4
	All causes	1,233	1,453.8
10 to 14	Injury, poisoning and certain other consequences of external causes	164	181.8
	Diseases of the appendix	163	180.7
	Diabetes	46	51.0
	Asthma	42	46.6
	Congenital malformations, deformations and chromosomal abnormalities	32	35.5
	All causes	1,186	1,314.7
15 to 19	Other conditions associated with pregnancy, childbirth and the puerperium	305	317.0
	Injury, poisoning and certain other consequences of external causes	259	269.2
	Diseases of the appendix	136	141.3
	Mood (affective disorders)	71	73.8
	Arthritis/Rheumatism	37	38.5
	All causes	1,963	2,040.0

Sources: Hospital In-Patient Discharges 2010, IntelliHEALTH Ontario, Ministry of Health and Long-Term Care. Population Estimates 2010, IntelliHEALTH Ontario, Ministry of Health and Long-Term Care.

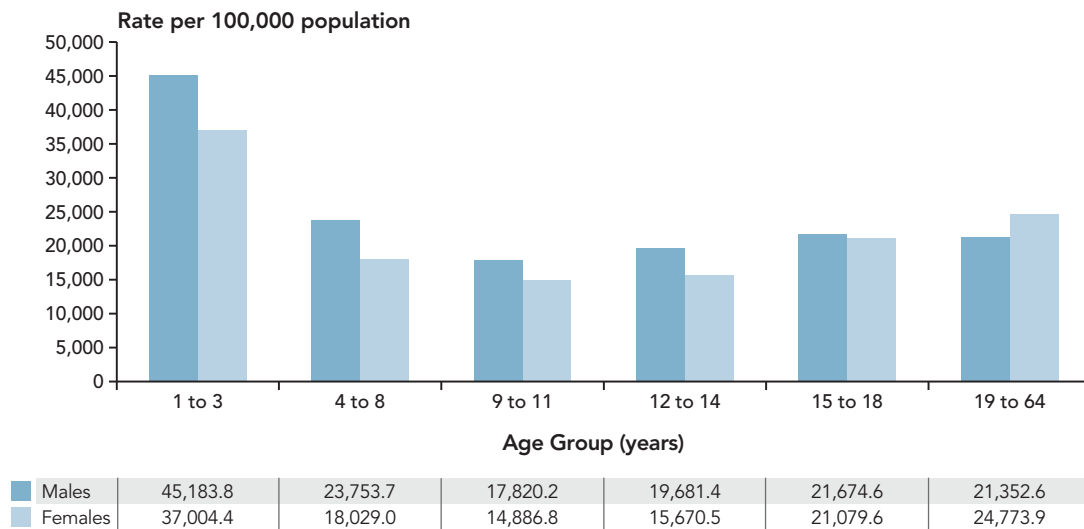
Emergency Department Visits

Children in Peel had a significantly lower rate of emergency department visits in 2010 than Ontario children (data not shown) – a pattern which may be explained by a higher availability and use of urgent care centres and walk-in clinics in Peel.^M

Young children have the highest rate of emergency department visits in Peel compared to any other age group (Figure 9.2). Younger boys have higher rates of emergency department visits than girls, likely as a result of injuries.

Figure 9.2

All-Cause Emergency Department Visit Rate by Sex and Age Group, Peel, 2010



Sources: National Ambulatory Care Reporting System 2010, IntelliHEALTH Ontario, Ministry of Health and Long-Term Care. Population Estimates 2010, IntelliHEALTH Ontario, Ministry of Health and Long-Term Care.



Injuries, respiratory conditions and infectious diseases are the leading causes of emergency department visits among children (Table 9.2).

Some visits to the emergency department are for non-urgent or less urgent conditions, such as ear infections, cystitis, conjunctivitis and upper respiratory infections, that could be adequately addressed in a primary care setting (e.g., doctor’s office, walk-in clinic).

Table 9.2

Leading Causes of Emergency Department Visits among Children by Age Group, Peel, 2010

Age Group (years)	Top 5 Leading Causes of Emergency Department Visits	Number of Visits	Age-specific Rate per 100,000 population
1 to 4	Injury, poisoning and certain other consequences of external causes	6,600	9,730.2
	Acute respiratory infections other than flu or pneumonia	4,322	6,371.8
	Intestinal infectious diseases	2,014	2,969.2
	Diseases of the ear and mastoid process	1,375	2,027.1
	Influenza and pneumonia	1,135	1,673.3
	All causes	25,714	37,909.5
5 to 9	Injury, poisoning and certain other consequences of external causes	5,552	6,546.2
	Acute respiratory infections other than flu or pneumonia	1,411	1,663.7
	Intestinal infectious diseases	944	1,113.0
	Diseases of the ear and mastoid process	693	817.1
	Asthma	642	757.0
	All causes	15,789	18,616.2
10 to 14	Injury, poisoning and certain other consequences of external causes	8,053	8,926.6
	Acute respiratory infections other than flu or pneumonia	617	683.9
	Intestinal infectious diseases	414	458.9
	Diseases of the skin and subcutaneous tissue	404	447.8
	Arthritis/Rheumatism	335	371.3
	All causes	15,616	17,310.0
15 to 19	Injury, poisoning and certain other consequences of external causes	8,734	9,076.7
	Acute respiratory infections other than flu or pneumonia	712	739.9
	Diseases of the skin and subcutaneous tissue	611	635.0
	Intestinal infectious diseases	528	548.7
	Arthritis/Rheumatism	456	473.9
	All causes	21,133	21,962.3

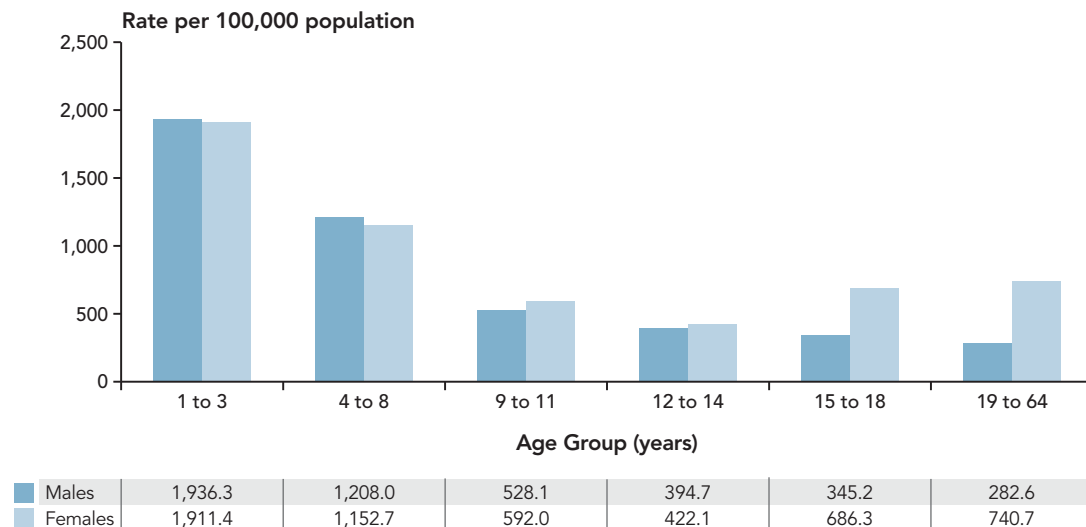
Sources: National Ambulatory Care Reporting System 2010, IntelliHEALTH Ontario, Ministry of Health and Long-Term Care. Population Estimates 2010, IntelliHEALTH Ontario, Ministry of Health and Long-Term Care.

Approximately 2,900 emergency department visits for children and youth aged one to 18 years in 2010 were for conditions which could have been cared for within another setting (rates presented in Figure 9.3). This is equivalent to approximately eight emergency department visits

per day. The reason for these children being seen within an emergency department and not in primary care is unknown (e.g., lack of access to a physician, occurrence or condition deteriorating outside of regular office hours).

Figure 9.3

Rate of Emergency Department Visits Best Managed Elsewhere by Sex and Age Group, Peel, 2010



Sources: National Ambulatory Care Reporting System 2010, IntelliHEALTH Ontario, Ministry of Health and Long-Term Care. Population Estimates 2010, IntelliHEALTH Ontario, Ministry of Health and Long-Term Care.

Health-Care Use

Regular health-care use is important for early detection of health concerns. Data regarding the use of health-care services by children less than 12 years of age are limited. It is not possible to determine whether younger children are regularly being seen by a physician or whether they have access to a regular family doctor.

For children and youth, prevention services can include immunization and developmental screening, as well as provision of advice regarding weight control, exercise and healthy eating. Although health care in Ontario is available for all residents, it is widely acknowledged that not everyone has access to a regular family doctor or receives all of the preventive services they should.

Almost all youth in Peel aged 12 to 19 years had a regular medical doctor (94%) in 2007/2008.^{D2} Peel youth were as likely to have a regular medical doctor as youth in all of Ontario (data not shown).^{D2}



Peel Facts

Vision and Hearing Screening

Forty-nine per cent of senior kindergarten students in 2010 had their vision checked by an optometrist and 47% had their hearing checked by an audiologist.^E