

Does Access to a Family Physician Matter for Adolescents?

Primary health care is known to have positive effects on population health and may reduce at-risk behaviours and health problems in adolescence.

Unfortunately, there is little research examining how this age group uses primary health care services. Adolescence is a critical developmental stage in the life cycle and understanding patterns of utilization among adolescents and young adults can help design policies that are more responsive to their specific needs. This paper addresses three policy-relevant questions regarding their use of primary health care services.

1. Is equity an issue? We examined whether care by a family doctor, geographic location, household income, and need were related to use patterns.
2. Are there significant differences in the use of health care services throughout adolescence? We examined whether age affected use, distinguishing among early adolescence (age 12 to 14), middle adolescence (age 15 to 19), and young adulthood (age 20 to 24).
3. Are there differences in the factors affecting use of services (at least one visit to a physician in the last twelve months) compared to intensity of use (increasing number of visits)? We first examined use and non-use and then level of use among users, distinguishing between low use (one to three visits) and high use (four or more visits).



About this *CRDCN Research Highlight*

This *Research Highlight* draws on the article by B.L. Ryan, M. Stewart, M.K. Campbell, J. Koval and A. Thind (2011). "Understanding Adolescent and Young Adult Use of Family Physicians Services: A Cross-Sectional Analysis of the Canadian Community Health Survey," *BMC Family Practice* 12(118).

Data were accessed and the analysis done at the University of Western Ontario Research Data Centre.

It was prepared in collaboration with the authors by Sarah Fortin, Knowledge Transfer Coordinator at the Canadian Research Data Centre Network (CRDCN), an infrastructure created to improve researchers' access to Statistics Canada detailed micro-data, to expand the pool of skilled quantitative researchers and to improve communication between social scientists and research users.

Results

- Consistent with the adult literature, having a family physician is highly associated with being a user of primary health care services throughout adolescence. The difference in the probability of being a user between those with and without a regular doctor was approximately 20 percent.
- Adolescents from Quebec were less likely to be either users or high users of primary health care services.
- Household income was not associated with either use or intensity of use.
- The presence of an increasing number of chronic conditions was strongly associated with use in early and middle adolescence and with high use in all age groups.
- Females were more likely to be users than males in middle adolescence and the difference was not totally attributable to contraceptive needs.
- The factors associated with use in early and middle adolescence were in keeping with parental involvement while the factors in young adulthood show their emerging independence.
- The factors associated with use were different than those associated with intensity of use. For instance, stress was not significantly related to use in middle adolescence and young adulthood but it was significantly associated with high use. Having a regular physician was related to use.

Policy Implications

- The clearest policy-relevant message that arises from these findings is that there are distinct stages in adolescence which should be considered in the design and delivery of health care programs or services. Our results suggest that while efforts to encourage the adoption of a given health behaviour (e.g., vaccination for sexually transmitted infections) may successfully be directed to young adults, they also have to be directed to parents in the case of younger adolescents. In their case, parents are still the primary decision-maker in health matters. Lack of understanding regarding the role parents still play at this stage can result in not addressing parental concerns about safety and parental autonomy and in missing the healthcare objective.
- Contrary to conventional wisdom, access to a regular doctor is as important to adolescents as it is to adults; school services or health clinics do not appear to be an often-used alternative.
- When designing a new health care policy or program, policy-makers must be clear with respect to which outcome (use or intensity of use) it is meant to achieve. Researchers must also consider this important distinction when modeling health care use.
- Canada's universal healthcare system is successful in overcoming income barriers to access and in providing health services based on needs. Nonetheless, provincial variation in use deserves more attention.

A Word about the Survey Sample

The 2005 Canadian Community Health Survey (CCHS) is a multi-stage stratified cluster design, population-based, cross-sectional health survey administered to Canadians 12 years of age and older. For this study, only adolescents and young adults (ages 12 to 24 years) were included. The sample sizes for the analysis were: 12 to 14 year olds - 4985, 15 to 19 year olds - 8718, and 20 to 24 year olds - 6681. Cases included in the analysis were compared to those excluded because of missing data to determine if they varied by age, sex, and province of residence. The differences noted were not significant.

Because it is not possible to measure temporality in a cross-sectional study, it was not possible to determine causal relationships, only associations between the outcomes and the independent variables. Another limitation is linked to the fact that health outcomes were self-reported. In the past, some studies have found under-reporting of health practice in adolescence while others have not found this to be a large problem.