

Predictors of adolescent health care utilization

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Abstract

This study, using Andersen's health care utilization model, examined how predisposing characteristics, enabling resources, need, personal health practices, and psychological factors influence health care utilization using a nationally representative, longitudinal sample of Canadian adolescents. Second, this study examined whether this process varies across physicians, non-physicians, and dentists. The results indicate that need and psychological factors were strong determinants of utilization. Predisposing factors were associated with utilization, although there were few enabling resources. Differences were found for utilization of different services. Females, adolescents who were older, from single parent families, with lower self-rated health, lower health status, higher disability, higher distress and involved in health compromising practices were more likely to visit physicians and non-physicians. Higher dentist utilization was related to higher income, single parent status, being younger, having lower health status, and higher disability. Predisposing and enabling factors were not mediators of utilization. The findings suggest that health care providers could be an important source of counselling on psychological, lifestyle issues, and physical concerns.

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Introduction

Adolescence is the period during which health-compromising and health-enhancing patterns of behaviour are being formed. These behaviours set the stage for future morbidity and health care utilization, as risk-taking behaviours and poor lifestyle choices are major causal factors for many health problems (Jessor, 1985; Meredith & Dwyer, 1991; Millstein & Litt, 1990). Adolescence is a critical time during which health care professionals can intervene before psychological problems and lifestyle choices become largely established by the end of the teenage years (Epstein, Rice, & Wallace, 1989; Walker & Townsend, 1999). Adolescence is also the period of rapid physical and psychosocial changes, a period during which youth become more aware of their bodies, and become more introspective (Mechanic & Hansell, 1987; Mussen, Conger, & Kagan, 1969). During this time, health appraisals are being shaped which may more represent youth's overall sense of psychosocial functioning than their physical functioning (Alexander, 1989; Mechanic & Hansell, 1987; Vingilis, Wade, & Adlaf, 1998; Vingilis, Wade, & Seeley, 2002; Wade, Pevalin, & Vingilis, 2000; Wade & Vingilis, 1999). The tendency to relate general life difficulties to health problems may reflect the underlying patterns of expressing life distress in somatic rather than psychological terms (Mechanic & Hansell, 1987), which, in turn, may lead adolescents to seek health care for both psychological and physical problems (Alexander, 1989). The health care system can provide adolescents with reassurance and early intervention for these health problems (Walker & Townsend, 1999). Finally, as evidence suggests that patterns of health care utilization establish themselves at an early age (Fosarelli, DeAngelis, & Mellits, 1987; Starfield et al., 1987), knowledge of predictors of adolescent health care utilization can inform thinking about ways to encourage and support appropriate health care utilization among adolescents which can transfer to adulthood.

Socio-behavioural model of health care utilization

Although some studies have examined predictors of adolescent health care utilization (Brownell et al., 2002; Ford, Bearman, & Moody, 1999; Hodgson, Feldman, Corber, & Quinn, 1986; Newacheck, Brindis, Cart, Marchi, & Irwin, 1999; Newacheck, Hughes, & Stoddard, 1996; Newacheck, Stoddard, Hughes, & Pearl, 1998; Zimmer-Gembeck, Alexander, & Nystrom, 1997), and a number have used a theoretical framework, such as Andersen's Socio-Behavioural Model of health care utilization (Lieu, Newacheck, & McManus, 1993; McMillen et al., 2004; Ryan, Millstein, Greene, & Irwin, 1996; van Enk, 2002; Weller, Minkovitz, & Anderson, 2003; Yu, Bellamy, Schwalberg, & Drum, 2001), no studies of adolescent health care utilization were found using Andersen's expanded model in which a wider range of variables have been organized within one model.

The Socio-Behavioural Model of Andersen (Aday & Andersen, 1974; Andersen, 1995; Andersen & Newman, 1973) was initially developed as a behavioural model to "explain" health care utilization of families, although this model is described by others as a prediction (determinants) model (MacKian, Bedri, & Lovel, 2004; van Enk, 2002). Prediction models provide information on what factors predict levels of utilization by description of patterns, but they do not explain why the process occurs (MacKian et al., 2004; van Enk, 2002). Andersen and Newman (1973) described three components as individual determinants of health care utilization.

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