Contents

List of Figures ii

List of Tables iv

Executive Summary vii

1 Introduction: A Joint Initiative 1

2 The Data: Health Services Utilization and Mortality 5

2.1 The Children in Care Population 9

Numbers and distribution 9

Care status 11

Age of children in care 13

2.2 Health Status and Health Services Utilization 15

Medical Services Plan (MSP) data 17

PharmaNet data 21

Hospital data 25

Themes arising across the data sets 30

2.3 Mortality 53

3 Reflections and Recommendations 61

3.1 Our Common Views About Effective Approaches 63

Prevention and health promotion 63

Early diagnosis and intervention 64

Early childhood development 65

Reinforcing inherent resiliency 66

Special strategies for Aboriginal children 67

3.2 Our Reflections on the Data 69
General observations 69
Respiratory conditions 70
Intentional and unintentional injuries and poisonings 71
Depression and anxiety disorders 72
Cerebral stimulants and hyperkinetic syndrome 74
Early and higher rates of pregnancy and use of contraception 75
The high level of post-majority health issues 76

3.3 Learning From and Building on This Initiative 77
Challenges in collecting and analyzing data 77
Measuring outcomes and a report card for children in care 79
Using data for evaluating government policies and programs 80
Digging more deeply into causes 80

Glossary 83

References 85

Appendix A: Data Definitions 87

List of Figures

Figure 1: Children in care by MCFD region 9
Figure 2: Regional distribution of children 10
Figure 3: Aboriginal children in the general population and in care 10
Figure 4: Proportion of children in care by Aboriginal status 11
Figure 5: Children in care by care status 11
Figure 6: Children in care by Aboriginal status and care status 12
Figure 7: Aboriginal children in care by care status 12
Figure 8: Age distribution of children in care by care status 13
Figure 9: Age distribution of children in care by Aboriginal status 13
Figure 10: Children with perinatal conditions by care status (ICD9 codes 740–759) 30

Figure 11: Children who saw an MSP-paid medical practitioner for a congenital anomaly (ICD9 Chapter 14) 31

Figure 12: Children hospitalized for a congenital anomaly related issue (ICD9 Chapter 14) 32

Figure 13: MSP-recorded congenital anomaly diagnosis trends (ICD9 codes 740–759) 32

Figure 14: Children who saw an MSP-paid medical practitioner for a respiratory condition (ICD9 Chapter 8) 33

Figure 15: Children hospitalized for a respiratory condition (ICD9 Chapter 8) 34

Figure 16: MSP-recorded respiratory diagnosis trends (ICD9 codes 460–519) 34

Figure 17: Children who saw an MSP-paid medical practitioner for an infectious/parasitic condition (ICD9 Chapter 1) 35

Figure 18: Children prescribed an antibiotic medication by age at time of dispensation (AHFS 08:12) 36

Figure 19: Children who saw an MSP-paid medical practitioner for an injury or poisoning–related condition (ICD9 Chapter 17) 37

Figure 20: Children hospitalized for an injury or poisoning–related condition (ICD9 Chapter 17) 38

Figure 21: Children hospitalized for an injury (undetermined whether accidentally or purposely inflicted) 39

Figure 22: Children hospitalized for a motor vehicle accident–related injury 39

Figure 23: Children hospitalized for an assault-related injury 40

Figure 24: Children in continuing care hospitalized for an assault-related injury 40

Figure 25: Children in care hospitalized for an accidental poisoning 41

Figure 26: MSP-recorded injury and poisoning diagnosis trends 41

Figure 27: Children who saw an MSP-paid medical practitioner for a mental disorder (ICD9 Chapter 5) 42

Figure 28: Children prescribed a respiratory and cerebral stimulant medication by age at time of dispensation 43

Figure 29: Children prescribed a psychotherapeutic medication by age at time of dispensation 44

Figure 30: Children prescribed an anxiolytic medication by age at time of dispensation 44

Figure 31: Children hospitalized for a mental disorder (ICD9 Chapter 5) 45

Figure 32: Suicide-related hospitalization in children 46

Figure 33: MSP-recorded mental disorder diagnosis trends (ICD9 codes 290–319) 47

Figure 34: Females who saw an MSP-paid medical practitioner for a pregnancy or childbirth–related condition (ICD9 Chapter 11) 49

Figure 35: Females hospitalized for a pregnancy or childbirth–related condition (ICD9 Chapter 11) 50

Figure 36: Females prescribed a contraceptive medication by age at time of dispensation (AHFS 68:12 Contraceptives or 68:32 Progestins) 51

Figure 37: MSP-recorded pregnancy-related diagnosis trends (ICD9 codes 630–679) 52

Figure 38: PharmaNet-recorded contraceptive and progestin prescription trends (AHFS codes 68:12 and 68:32) 52

Figure 39: Annual deaths of children while in care by natural and external causes, 1986–2005 54

Figure 40: Annual mortality rates, 1986–2005 57

Figure 41: Aboriginal children who died while in care, 1997–2005 58

Figure 42: Deceased children and youth by age at time of death by care status, 1997–2005 59

Figure 43: Causes of death of children who died after leaving care 60

List of Tables

Table 1: Children who have ever received services, by ICD9 chapter 18

Table 2: Children in continuing care who have ever received services, by ICD9 chapter, by Aboriginal status and gender 19

Table 3: Average number of services per patient by ICD9 chapter 20

Table 4: Children having at least one prescription dispensed 22

Table 5: Children in continuing care by Aboriginal status having at least one prescription dispensed 23

Table 6: Number of days' supply prescribed per patient 24

Table 7: Children who have ever been hospitalized, by ICD9 chapter 27

Table 8: Children in continuing care by Aboriginal status who have ever been hospitalized, by ICD9 chapter 28

Table 9: Average number of hospital days per case, by ICD9 chapter 29

Table 10: Mortality due to natural causes, while in care, 1986–2005 55

Table 11: Mortality due to external causes, while in care, 1986–2005 56

Table 12: Trends in mortality, for natural, external, and all causes, while in care, 1986–2005 57

Table 13: Children and youth who died while in care and after leaving care, 1997–2005 58