Costs of meals and parking for parents of hospitalised children in an Australian paediatric hospital

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Abstract

Costs to parents of hospitalised children have been extensively explored, from financial costs to psychological, social and emotional costs. No matter what perspective is taken an admission to hospital of a child means added cost to any family's budget. For those whose income is dependent on a low wage, or welfare, costs of such an event take up a larger proportion of an income than for families from well-to-do backgrounds. In this paper, we explore the potential impact on a family budget of costs of parking and meals incurred during a child's admission to hospital.

To determine costs, a survey was conducted at food outlets to examine types and availability of meals, opening times, proximity to wards and the cost of average types of meals on offer at different facilities. Costs of parking were determined.

We took income figures for a family from the website of the Australian Bureau of Statistics (ABS). An estimate of the costs of food and parking to support one parent to remain with the child was at least 30% of the average weekly family disposable income. For one-parent families, their income is significantly proportionally depleted by covering costs of food and parking for an accompanying parent. We recommend that parents be provided with meals whilst staying with their hospitalised child; that provision be made to allow families to eat together and that free parking be made available to all parents.

What is already known on the topic:

- A child's admission to hospital can cause extra costs within a family.
- Parking and meal costs add to the burden parents may already be feeling.
- Existing research shows that financial costs are an important component of stress for families during a child's hospital admission.

What this paper adds:

- Parents' incomes are severely eroded by the costs associated with a child's admission to hospital.
- Parking and food for an accompanying parent can take up to four-fifths of the weekly family income.
- Social support mechanisms need to be aware of these costs so that appropriate support can be provided.

Declarations

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Introduction

It is recognised nationally and internationally that in order to optimise health outcomes, hospitalised children should have a close and continuous relationship with their parents or family members. To facilitate this, paediatric health professionals promote family-centred care (where the family is the unit of care rather than the hospitalised child) as the gold-standard of care for hospitalised children[1]. However, health professionals experience difficulty applying these best practice principles when the family members are not always available[2-4]. One of the identified barriers to family-centred care is the cost of meals and parking for parents (or family

members) and it is acknowledged that parents and family members need to have access to their child in hospital at minimal or no cost[5].

Costs to parents of hospitalised children have been extensively explored, from financial costs to psychological, social and emotional costs. No matter how one looks at it, an admission to hospital of a child means added cost to any family's budget, and for those whose income is dependent on a low wage, or welfare, usually costs of such an event take up a large proportion of an income. If the hospital in which the child is admitted is a long way from home, travel costs can preclude the parent being available. Furthermore, when distance is an issue, it is likely that there is little or no family or social support available, thus increasing costs even further.

This paper reflects on the need for support for families at a tertiary children's hospital in Australia, particularly in the areas of meals and parking, which are just two of the costs to families who have a hospitalised child[6,7]. The hospital accepts referrals from a range of acute and community agencies throughout the state in which it is situated, and integral to its stated policy of promoting family-centred care to enhance the quality of health outcomes is the involvement of parents and family members during treatment of children. In this paper, we explore the potential impact on a family budget of costs of parking and meals incurred during a child's admission to hospital.

Setting

Situated in the capital city of one state of Australia, the hospital in which this project was conducted is the only paediatric tertiary referral centre for that state. It is a public facility, administered under the auspices of the state health department which manages acute and community-based child health. The hospital is a 220-bed, internationally recognised paediatric facility that treats children and adolescents from around the state (and from overseas) with approximately 250,000 patient visits (in-patient and out-patient) each year. In addition to providing hospital-based care, the health service is committed to population health and ambulatory care programmes aimed at providing services for children and adolescents to promote life-long health. This includes preventing health problems through promoting wellbeing, early detection of diseases and intervention and provision of services in the community rather than a hospital setting. All hospital and community-based care is free of charge at the point of delivery for Australian citizens and permanent residents (and others with whom governments have reciprocal arrangements; for example, the United Kingdom) and is fully funded by Australia's Medicare system.

The hospital is situated in an inner-city location, with very little free parking in its vicinity, and any that exists is restricted to two hours. Limited paid parking is available at the hospital and in surrounding streets, with fees applying from 8 am until 9 pm. The hospital can be accessed by public transport and is close to both train and bus routes. However, accessibility of these from metropolitan areas is limited, with most families needing to transfer across two or more routes to reach the hospital; and public transport at night can be limited due to security issues. In addition, parents of children using the hospital often find public transport difficult, particularly if they have to deal with equipment and accompanying siblings.

Rural and remote area families

Because this hospital serves a state which is similar in size to Europe, special mention must be made of families who live in rural and remote areas. In common with several Australian states, families in remote areas in the state which the hospital serves have limited or no access to specialist healthcare unless they travel to the capital city. This necessitates long distance relocation of families who are accompanying children who are acutely sick or needing out-patient treatments. The state-sponsored, patient-assisted travel scheme provides assistance to people in the country who are required to travel more than 100 kilometres (one-way) to obtain the nearest available medical specialist treatment when it cannot be accessed locally, via telehealth facilities, or from a visiting service. The patient-assisted travel scheme provides a subsidy only; it does not cover all of the costs associated with travel and accommodation to a specialist appointment. Patients with a chronic condition needing to travel between 70 and 100 kilometres (one-way) to access frequent specialist treatment are also eligible for assistance.

Special needs population groups, such as Indigenous populations, are known to have higher rates of hospitalisation and co-morbidities than non-Indigenous groups[8-10]. In a cohort of children born in Western Australia 1995-96 and followed to mid-2002, it was found that Indigenous infants were hospitalised eight times more often than those from non-Indigenous families. They also had twice the number of bed days in hospital[11]. In the state which the hospital serves, 24% of the Indigenous population live in regional areas, 15% in remote locations and 26% in very remote locations[12]. Along with non-Indigenous groups from rural and remote areas, these families need a high degree of assistance with transport, parking, accommodation and meals while at the hospital.

Currently, rural and remote families who have non-emergency admissions can contact the patient-assisted travel scheme officer at their local country hospital to clarify eligibility, and make travel and accommodation arrangements. On arrival at the tertiary hospital, those with complex situations and the need for advocacy can be referred to the social work department. Country families travelling to the hospital may be eligible for further financial assistance towards travel and accommodation expenses through specific regional schemes for rural and remote families. While these families warrant particular consideration regarding costs associated with a child's hospitalisation, we have not included rural and remote travel costs in this paper. Instead, we have concentrated on food and parking only, so it can be safely assumed that such costs for rural and remote families will be on top of those accrued for travel and transportation.

Method

To determine costs, we visited food outlets in the hospital itself and its immediate area to examine availability of meals, types of meals on offer, opening times of the facilities, proximity of the eating places to the hospital wards, the availability of staff canteens to parents (and other patients and families) and the cost of average types of meals on offer at different facilities. Costs of parking were determined for the different types available; for example, on-street parking, and available hospital car parks. Because of the potential distances that parents might have to travel to reach the hospital, (in some cases parents need flights of thousands of kilometres), and the availability of the patient-assisted travel scheme, we decided against including transport costs in our calculations. A total of costs of meals and parking for a week was calculated. We have not included other costs such as telephone calls, or accounted for additional costs to the family such as child care, loss of income, or other out of pocket hospital expenses.

To gain an idea of incomes for a family, we took income figures for a family from the website of the Australian Bureau of Statistics (ABS)[12]. While we recognise that families differ greatly, for this exercise we included the following categories: couple with dependent children with oldest under five years, couple with dependent children with oldest five–14 years, couple with dependent children with oldest child 15–24 years, and one-parent family with dependent children (Table 2). In order to see how such costs might impact on a family's budget, we subtracted the cost of meals and parking from the weekly income. While these figures are crude, they do give an indication of costs versus income for a family of a child hospitalised for a week.

Results

Facilities available

Figure 1. Facilities offered at the hospital.	
Breastfeeding mothers	Full meals provided
Parents 'rooming in'	Breakfast provided
Staff canteen	Not available to parents
Café on site	1
Café/restaurant	2
Parking	$13.00 per full day (8am-9pm)

Figure 1 shows the facilities for food and parking available to parents who have a child admitted to the hospital. These include the following:

The hospital cafeteria

There is a canteen/café on site that is easily accessed and central to the in-patient areas and which is open from 6.30 am until 7.30 pm. In-patient children can accompany parents to the canteen. Meal tickets that provide discounts on food may be available to parents who are experiencing financial difficulties and who are resident in the hospital for more than one night. These tickets give a discount of $2.50 from the price of food bought in the hospital cafeteria and can be supplied through the nursing staff or social work department.

Food outlets accessible from the hospital

There are two cafés/coffee shops within easy walking distance of the hospital. Opening hours of the cafés/coffee shops are 6.30 am to 4.00 pm, so these are not available for an evening meal. The closest restaurant for evening dining was just under one kilometre away, meaning that the parent would have to leave the immediate vicinity of the hospital, and thence their child, to access such food outlets.

Parking

Parking around the hospital is restricted. Three car park areas are available for use by people attending the hospital, and these charge per hour. There is street parking available and all parking is controlled by the local council. Overnight parking fees are not charged in most areas. Vouchers for an exemption of payment in the closest visitors' car park is available to parents (via the social work department) if they have a country postcode; the child is newly diagnosed with diabetes, cystic fibrosis, or a malignancy; the child has been admitted to the paediatric intensive care, neonatal intensive care and/or burns units; the child has frequent (at least weekly) visits to hospital for appointments/treatment; and the child's admission is longer than seven days.

Costs for parents

Table 1 shows the costs that could be incurred by parents. In the first column of results, a cheaper option for meals ('budget meal') has been included, while the 'average meal' shows costs for a slightly more expensive food; for example, the 'budget' example has a hamburger and cup of tea for dinner, while the 'average' example has a full meal included. Parking totals were added to cover the 8 am to 9 pm period only. At the bottom of the table, costs for food and parking, for one day and one week are given. Using the cheaper option, costs for food and parking for one parent, for one week would be $303.30, while the more expensive option would cost $406.70.

Income

The ABS[13] reported the mean equivalised income for households in Australia for 2007–2008. Disposable income was derived by deducting estimates of income tax liability, Medicare levy and Medicare levy surcharge from gross income data collected in the Survey of Income and Housing. The income estimates were then adjusted by equivalence factors to standardise income estimates relating to household size and the number of people living there, while taking into account the economies of scale that arise for shared dwellings. Two-parent families with dependent children under five years were reported as having an average weekly income of $871. This figure was lower for families whose oldest child was between five and 14 years ($769 per week) and for single-parent families with dependent children, the average weekly income was reported as $520 (Table 2).

Table 1. Estimated costs of food and parking for 24 hours for one parent. Daily totals include costs of food plus parking.

Food	Budget meal	Cost ($)	Average meal	Cost ($)
Breakfast	Toast/cereal, tea/ coffee supplied in ward	0	Toast Cup of tea	5.00 3.50
Morning tea	Coffee and muffin	6.00	Coffee Muffin	3.50 3.20
Lunch	Sandwich Drink	4.60 3.00	Sandwich/roll Drink	8.50 3.00
Dinner	Hamburger/toasted sandwich/roll Cup of tea	5.80 3.50	Hot dinner Cup of tea	7.80 3.50
Extras	Bottle of water Tub of yoghurt Piece of fruit	2.50 3.00 1.50	Bottle of water Tub of yoghurt Piece of fruit	2.50 3.00 1.50
Sub-total:		29.90		45.00
Parking: 13 hrs/day (free parking overnight)		13.00		13.00
Total for 24 hours		42.90		58.10
Total for 1 week		303.30		406.70

Table 3 shows the amount remaining from a weekly income after the costs of food for one parent, and parking for a week, are taken out. The families are left with approximately half their income to cover all other costs for that week, except for the one-parent family example, whose income is seriously eroded by having to cover such costs if a child is admitted to hospital. For a one-parent family, where the parent accompanies a child to hospital and has to pay the more expensive option as described above for food and parking, about four-fifths of the family weekly income is used up.

Discussion

Family-centred care for children in hospital is the accepted

Table 2. Income and household characteristics for selected life style groups, 2007–2008 Australia[1].

	Average number of persons per household	Average number of employed persons	Average number of dependent children	Average weekly disposable income
Couple with dependent children with oldest <5	3.4	1.5	1.4	$871
Couple with dependent children with oldest 5–14	4.2	1.6	2.2	$769
Couple with dependent children oldest child 15–24	4.1	2.3	2.1	$824
One-parent family with dependent children	3.0	0.9	1.8	$520

Table 3. Residual weekly amount after costs of food and parking, for one parent.

Family ABS category	Income ($)	Residual amount ($) Option 1	 Option
Couple with dependent children with oldest <5	871	561.70	464.30
Couple with dependent children with oldest 5–14	769	465.70	362.30
Couple with dependent children, oldest child 15–24	824	520.70	417.30
One-parent family with dependent children	520	216.70	113.30

model of care in the hospital under scrutiny and, ideally, this includes a parent accompanying the child throughout their admission. The benefits include better emotional support to the child as well as a shortened length of hospital stay[1,14,15]. While we strongly advocate that parents stay with children in the hospital setting, there is limited evidence that clinicians consider the barriers which might inhibit parents from staying with their child[16]. A quick estimate of the potential costs of food and parking to support one parent to remain with the child is at least 30% of the average weekly family disposable income. For one-parent families, their income is significantly proportionally depleted by covering costs of food and parking for an accompanying parent.

The costs we have examined here are for two items only: they do not include any regular output for the family; for example utility payments or grocery bills; nor do they include any other costs which might be associated with a child's admission to hospital, such as phone calls, child minding, books and entertainment for the hospitalised child and so on and, importantly, we have not included any transport costs.

Costs aside, there is a considerable lack of choice for meals from available food outlets and these do not necessarily cater for health, cultural or religious needs. There is also a lack of choice for the evening meal, with only the staff canteen accessible. While parents could dine at restaurants in the inner city, these would be expensive and would mean leaving their hospitalised child.

With planning under way to relocate the hospital to a new purpose-built facility, the ability of the new service to be truly family-centred depends on considering all complications for families who use the hospital. It is important to consider the financial burden of use of the hospital for families and plan appropriately. An holistic approach to health requires a need to provide adequate resources to all areas of care. Parents' ability to access appropriate resources, including nutritious, inexpensive, culturally appropriate, palatable food at normal eating times, and free and accessible parking would assist in reducing the stress of hospitalisation and its impact on the whole family.

Recommendations

Planning for the new children's hospital should access the suggested policies of the Paediatric Society of New Zealand[17], which recommend that parents be provided with three meals a day whilst staying with their hospitalised child; secondly, that provision be made to allow families to eat together, and thirdly, that free parking be made available to all parents. Less expensive food is needed, with a broad choice of nutritious and accessible food. It is interesting to note that the Royal Children's Hospital in Melbourne has a MacDonald's restaurant on site, which provides their usual menu as well as healthier salad and other nutritious options. While this may be controversial, menu choices can be screened by dietitians and this can provide a healthy but cheap option for many parents.

The short-term costs of providing additional support to families who may already be suffering financial difficulties can significantly decrease the burden on families who have a sick child. In addition, providing additional support to families with a sick child may reduce the increased costs of social welfare at a later date.

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