



Access to Parking at Melbourne's Public Hospitals 2013

A report by the Chronic Illness Alliance
September 2013

Acknowledgements:

The Chronic Illness Alliance extends its thanks to member organisations for distributing the survey and to all those who took the time to share their experiences with us.

INTRODUCTION

The Chronic Illness Alliance is a peak body of 55 member organisations that work to improve the lives of people with specific chronic illnesses. The aim of the Alliance is to build a better focus in health policies and health services for all people with chronic illnesses in Australia.

In Victoria, public hospitals admit between 350,000 and 400,000 patients every three months (this includes emergency admissions) and a similar number attend specialist outpatient clinics in the same periods. Most of these numbers are accounted for by Melbourne's metropolitan hospitals. For example, between January and March 2013 Melbourne Hospital royal Melbourne Hospital Campus admitted 21,528 patients, and a further 6268 emergency patients as well as 13,958 admissions for same day. Another example is the Peter MacCallum Cancer Centre, where 4,878 patients were admitted; there were 318 emergency admissions and 3,953 patients admitted for same day treatment.¹ Melbourne's public hospitals are located in inner city areas such as Parkville, Prahran, East Melbourne and Fitzroy or in suburbs that act as hubs for large suburban populations. For example Monash Medical Centre in Clayton. Very few are located within easy walking distance of trains, though many are accessible by bus and tram. At the same time trams, trains and buses are not always accessible by people who are ill, those who are disabled and those who are elderly or feel vulnerable. Consequently a large number of people accessing Melbourne's public hospitals have little alternative to driving their own vehicles, or being driven to, appointments and admissions. A similar restriction operates for families and carers who visit people who have been admitted or accompany them for day treatment.

All Melbourne's public hospitals provide car parking and drop-off facilities for their patients and visitors. Most are purpose-built car parks and are operated by companies specialising in running such facilities. Parking in near-by streets is generally time-limited meter parking and may not be suitable for hospital appointments when times cannot be relied on or when walking to and from the hospital may not be an option. Media reports have regularly appeared showing the rising costs of parking at Melbourne's hospitals and citing the hardship this causes individuals who have little choice but to pay. These reports include stories of people who attend a hospital regularly and find the car parking cost an unavoidable impost on their health expenses. The extent to which car parking costs cause hardship is not entirely known.

In 2013 the Chronic Illness Alliance conducted a survey of its members and their clients on their experiences of the costs of parking at Melbourne's public hospitals. The aim of this survey was to establish if the costs of car parking contributed to greater hardship for people with chronic illnesses and their families than we were already aware of (ref CIA costs report).

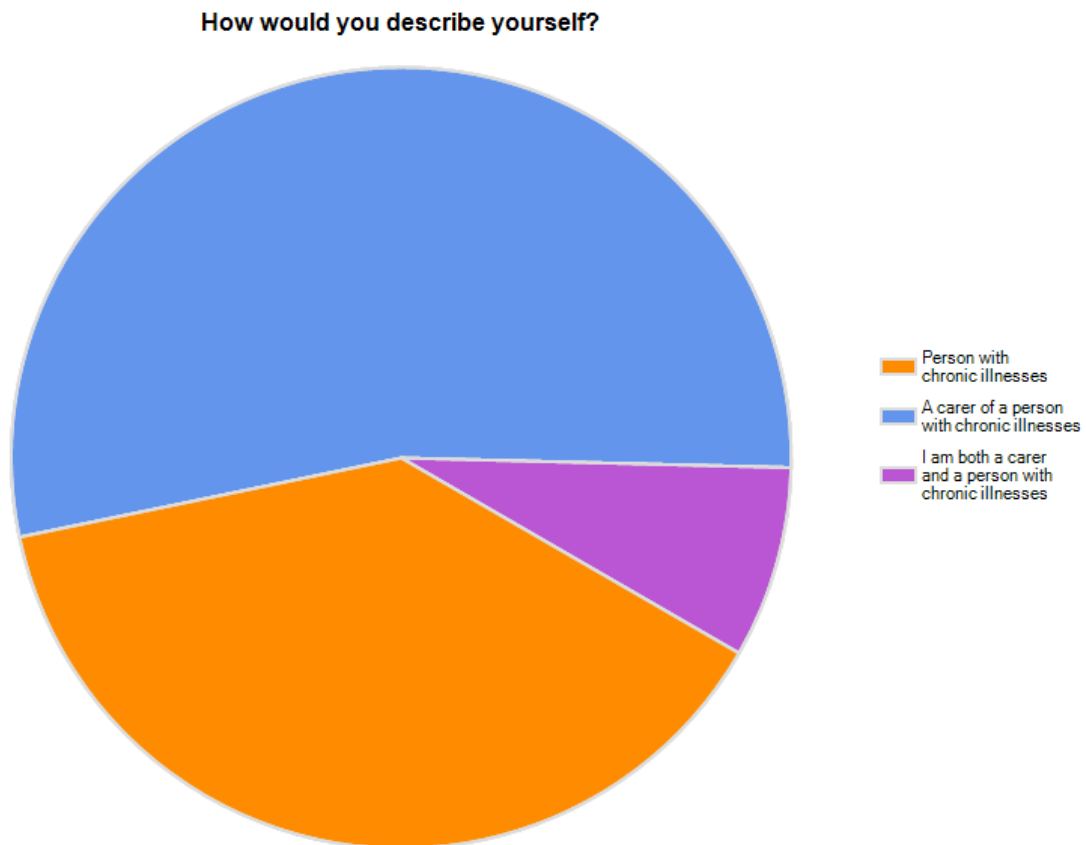
METHODS

A survey was developed using Survey Monkey. There were 24 multiple choice questions with some providing opportunities to add greater detail. This survey link was distributed to member organisations via email and those organisations then undertook to distribute the survey link to their own individual members through newsletters, Facebook or tweets.

RESULTS

Responses:

Three hundred and twenty two responses were received. Of these 122 (38.4%) were people with a chronic illness; 169 (53.7%) were carers and 24 or 7.9% were both carers and had a chronic illness (7 respondents skipped this question).

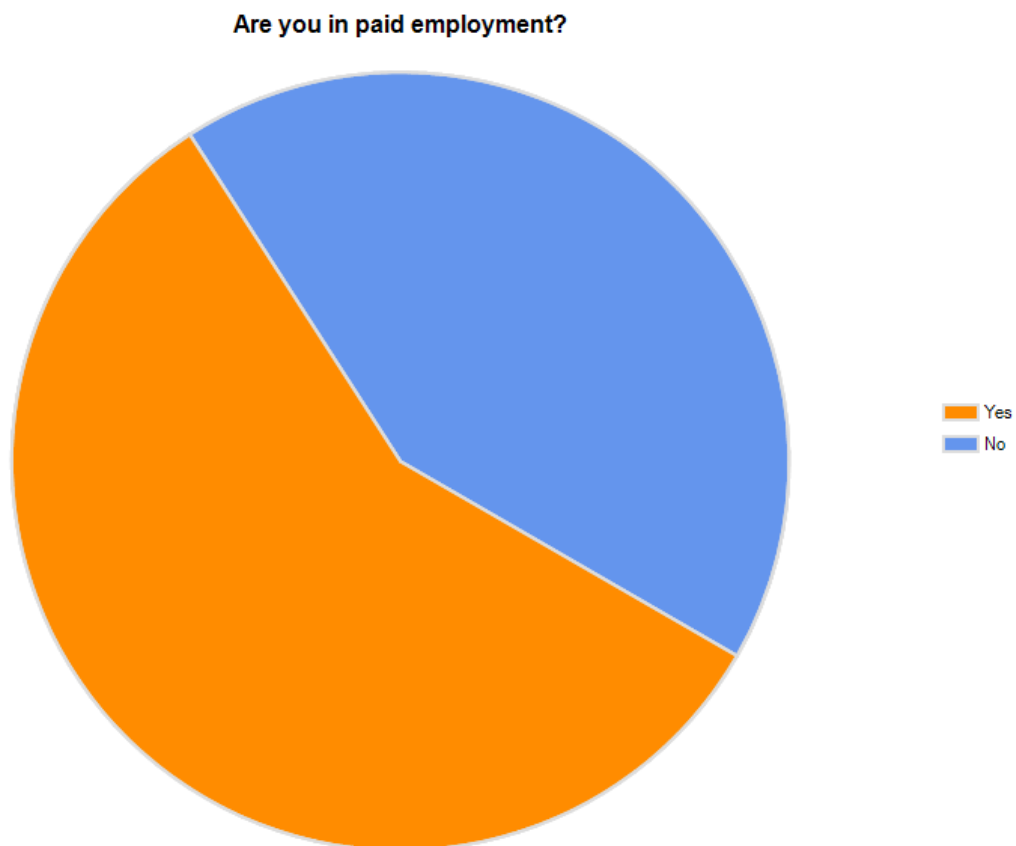


Respondents' conditions:

Two hundred and eighty three people chose to name their condition or the condition of the person they cared for. The most commonly reported condition by either the person or their carer was Cystic Fibrosis (137). There were 17 people with either type 1 or type 2 Diabetes. Other people reported cancers (either breast cancer, lung cancer or unspecified cancers); heart conditions; multiple sclerosis and a number of rare degenerative conditions.

Employment status:

Of the total number who responded (183 or 58%) were in paid employment. This included many people who had chronic illnesses as well as the carers. Fifty nine (or 32%) of the 183 were in full time work, 86 or 47% were working part-time and the remaining 38 people (21%) were either employed on a casual basis or were self-employed.



Of those who were not employed 22 or 16% were retired; 12 or 9% were students and the bulk of those not working were unable to do so because of their illness 25% or their caring commitments 39 or 28.5%). A smaller number were either looking for work or engaged in home duties. One hundred and twenty five people or 39% of the total survey response reported being on some form of Centrelink payment.

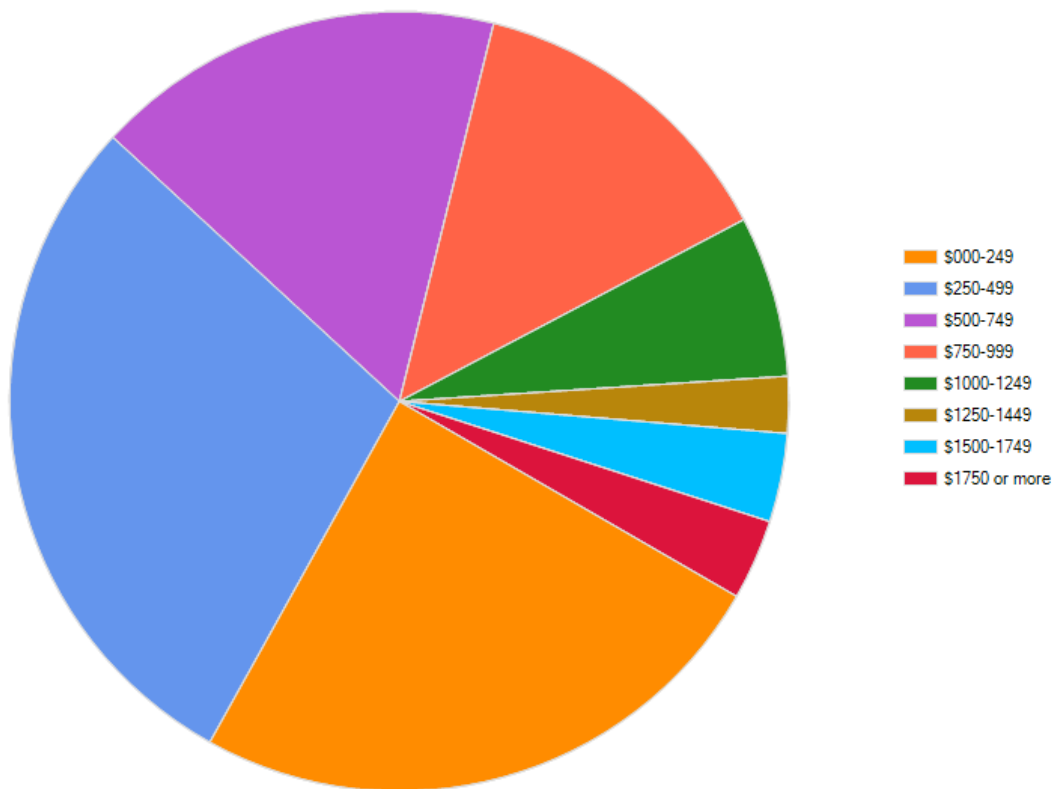
Family situation:

By far the greatest number of respondents was living in a family situation (137 or 43%) or living with a partner (78 or 25%) while 28 people or 9% were living with their children. The remaining 73 or 23% were living alone or with friends or relatives.

Income:

Two hundred and ninety eight of the total 316 respondents answered a question about their weekly income before tax. One hundred and sixty people or 53.5% reported having an income lower than 499.00 per week, with a further 91 or 30% reporting a weekly income before tax of between 500.00 and 999.00 per week. Only 48 people or 16.5% reported incomes in excess of 1000.00 per week. There were 170 or 54% of the total respondents who had partners in employment. Of these 169 people, 30 or 17% earned below 499.00 per week before income tax while another 80 or 47% earned between 500.00 and 999.00 per week.

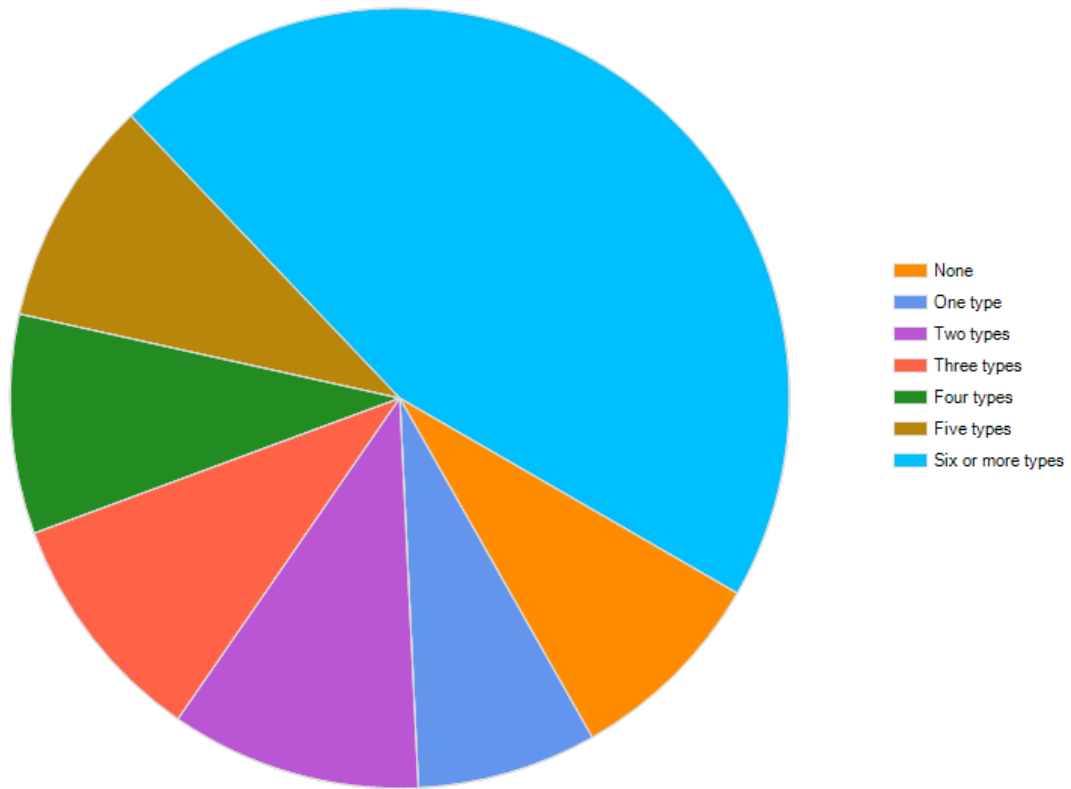
What is your weekly income before tax?



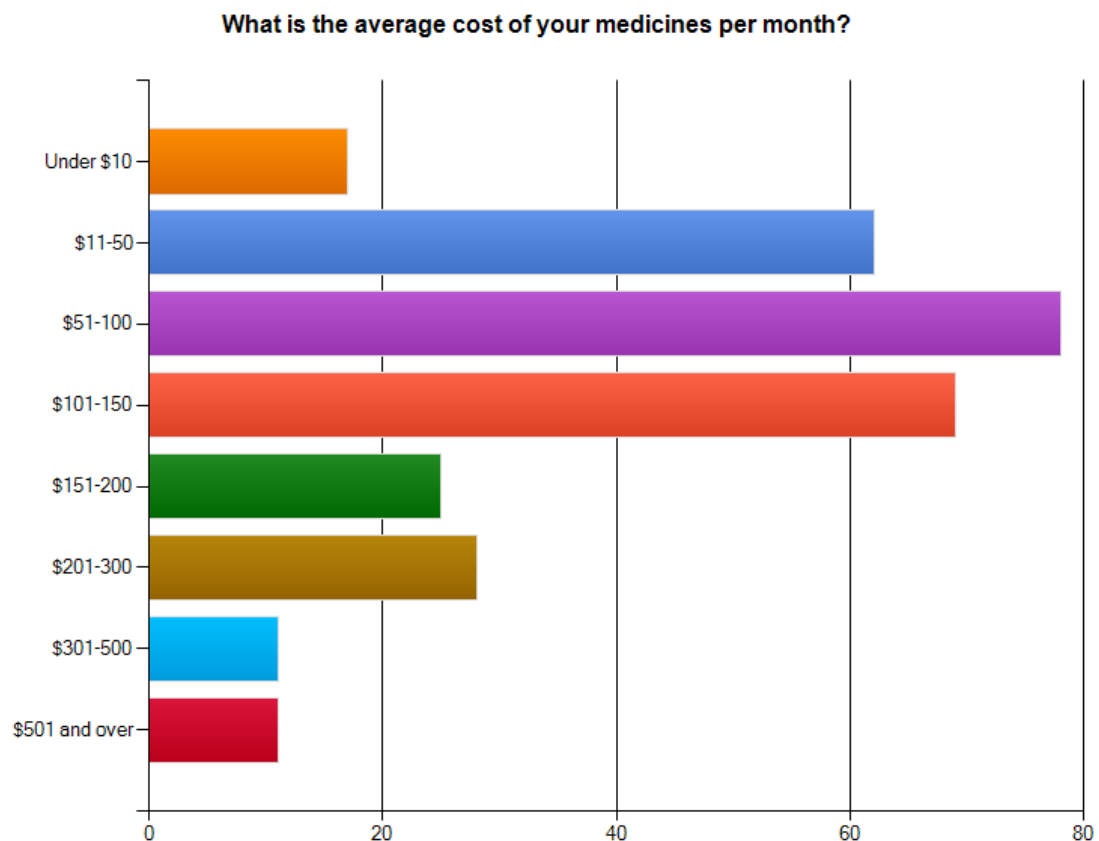
Medicines and their costs:

With regard to the numbers of medicines people were taking, 62 people or 21% were taking two or three medicines each day. A further 58 (18.5%) people were taking three or four different medicines a day per day and 160 or 55% were taking six or medicines per day

How many different types of medicine do you take each day?



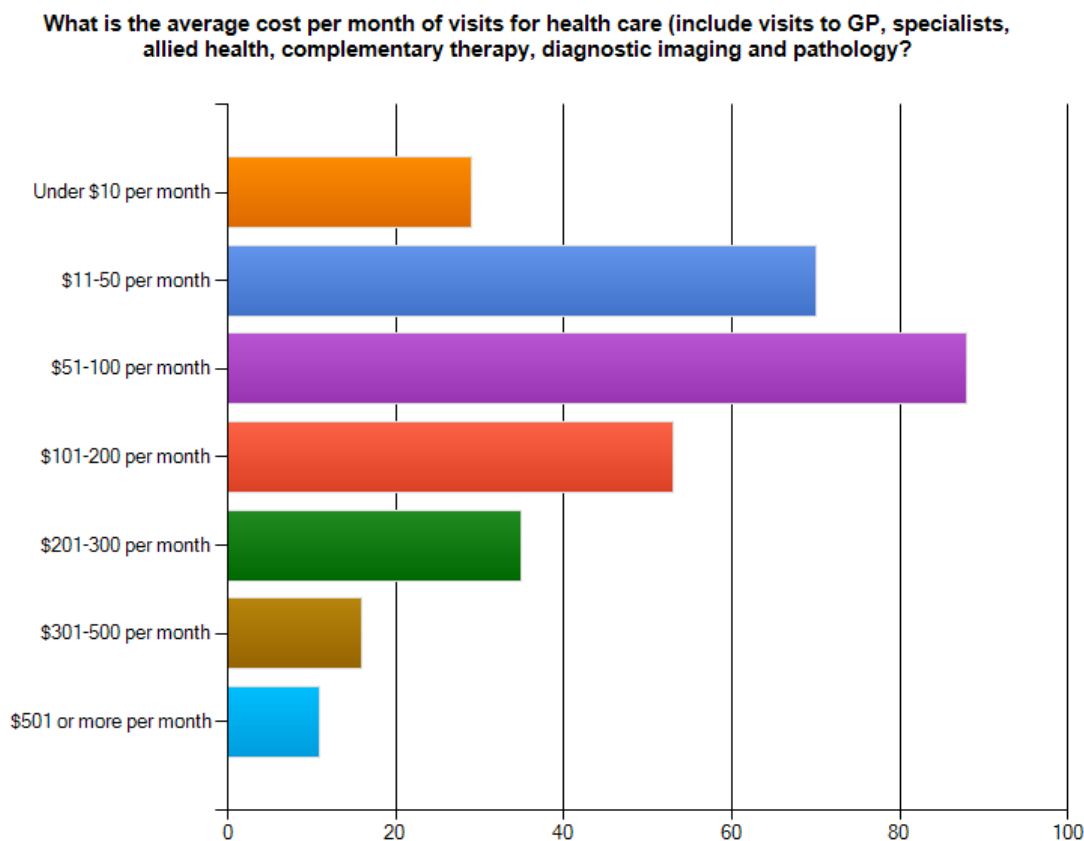
Respondents estimated the average costs of their medicines per month. These estimations were distributed across a range of payments from under 10.00 to over 501.00.



Sixty two people (21%) paid under 50.00 per month while 77 (25.5%) people paid between 51.00 and 100.00 per month. Sixty nine (23%) paid up to 150.00 per month with 63 or 17.5% paying between 101.00 and 300.00 per month. A further 22 (or 7.5%) paid between 300.00 upwards a month. Estimations of the average costs of visits to health professionals including GPs, specialists and allied health workers also showed a wide distribution across the range of amounts.

Costs of visits to health professionals:

We then asked about the costs due to visits to a broad range of health professionals.



Of the 302 people who answered this question under 10% (that is 29) people spent less than \$10.00 per month with 70 people (23%) spending between \$11.00 and \$50.00 per month. Eighty eight (or 29%) spent between \$51.00 and \$100.00 per month. Another 87 (or 29%) spent between \$100.00 and \$300.00 per month. Nine per cent (or 27 people) were spending in excess of \$300.00 per month with a small proportion of that number spending more than 500.00 per month.

Hospital attendance and admissions:

Three hundred and six people responded to the question about outpatient attendance at a Melbourne public hospital. By far the greatest number, that is 197 (or 64%) attended as an outpatient. Another 40 (or 13%) attended once a fortnight. We also asked how often people were admitted to a Melbourne public hospital and of the 217 people who answered this question 138 or 38.5% were admitted between twice and five times a year. A smaller number (19 or 9%) were admitted six or more times a year.

The hospitals that were most accessed by respondents to the survey were: The Alfred Hospital, Royal Children's Hospital and Monash Medical Centre. Some 20 respondents attended two or three hospitals regularly.

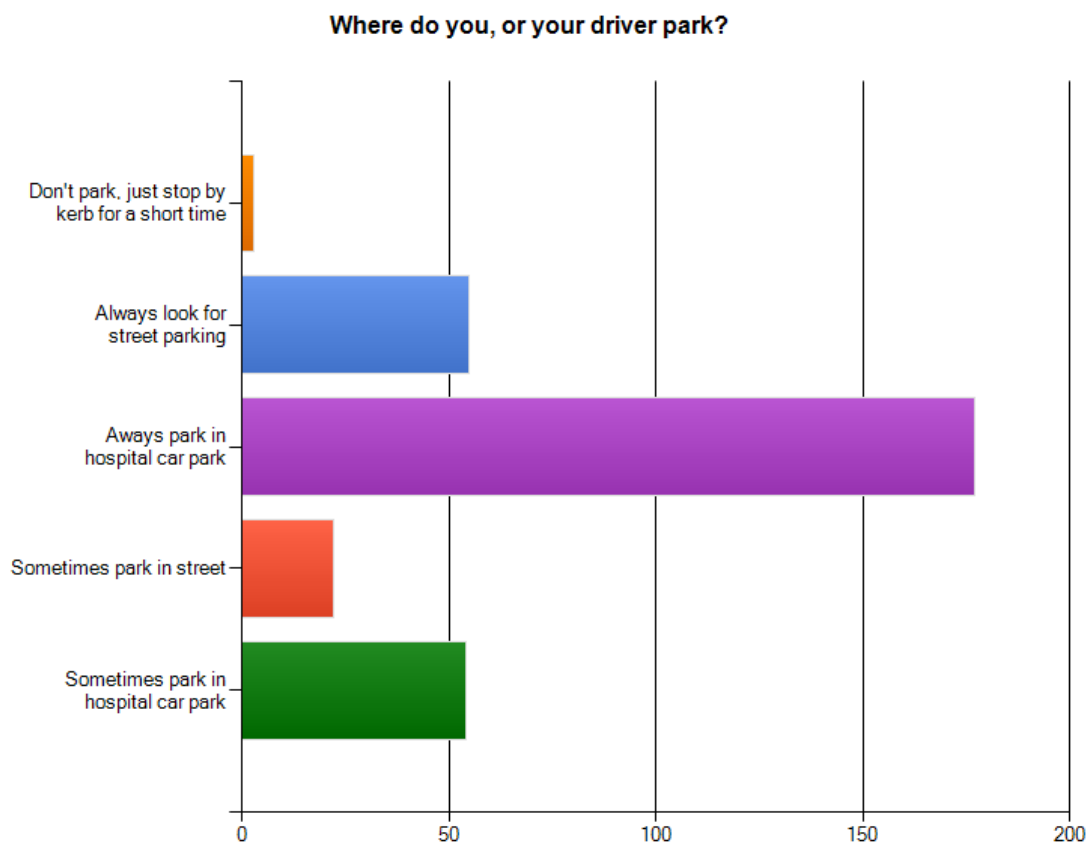
Visiting ward patients:

Carers were asked about their use of hospital car parking when visiting someone in a ward. One hundred and thirty carers used the hospital's car parking facilities, with 44 (19%) saying they had no choice and another 36 (16%) saying they did so 'when I can afford it'.

"I have to make time to park on the street when she is an inpatient otherwise the cost per day is prohibitive."

Driving and parking routines:

People were also asked about their driving routines such as whether they drove themselves or were driven by someone else. By far the greatest number drove themselves (whether the carer or the person with the illness).



Of the 314 who answered the question 255 or 81% drove their own cars to a hospital. Only a very small number of people (3) were dropped off at the kerb and the majority (176 or 57%) always parked in the hospital car parking facilities.

"I don't have a choice - I have disability and cannot walk far and there is no free or cheap parking nearby. I don't have a Health Care Card so receive no discount."

Some people always looked for street parking while others only sometimes parked in hospital parking facilities.

“Very little (street) parking available and what there is, is expensive and involves a fair walking distance.”

With regard to the costs of hospital car parking 82 (or 38%) out of 290 people responded that they paid between \$51.00 and \$100.00 per year, while 142 (or 49%) of the 290 paid in excess of \$150.00 per year.

Some people received concessional rates but considered these were unsatisfactory:

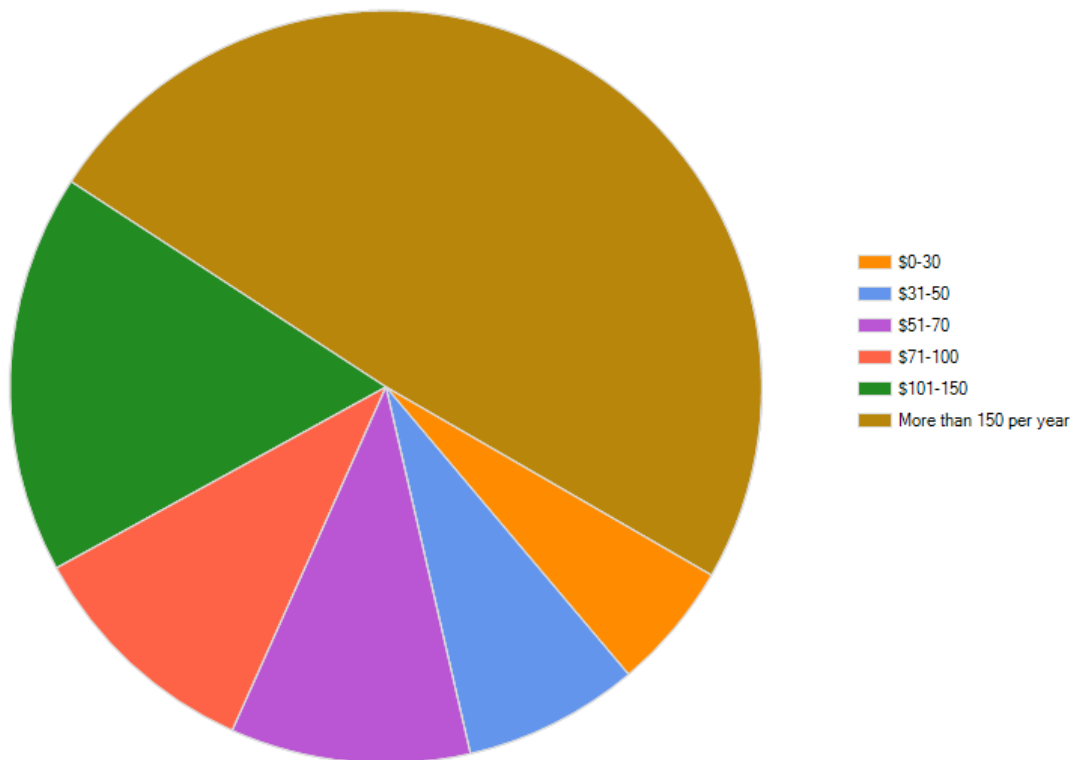
“Should decrease the cost of parking, although I receive a bit of a discount however the parking costs is still excessively expensive.”

“But I really resent it! I have to drive due to my daughter’s needs and it is a hassle often after a long day spent with her as an inpatient or outpatient having to go to security to get the concession. Then I have to have the cash as I don’t want to use a credit card and machines do not accept debit cards”

Estimated expenditure on hospital parking:

We asked people how much they estimated they spent on parking at a hospital per year and 142 people or (49%) estimated they spent in excess of \$150.00 per year with a further 38% estimating between \$51.00 and \$150.00 per year.

If you use a hospital car park how much do you estimate you pay per year to park



The effect of increased parking costs:

We asked people if increased costs of hospital car parking had had an impact on their overall healthcare. Of the 213 who answered this question 49 (23) had missed an appointment, while 20 (9%) had gone without medicines in order to pay for parking, 47 (22%) had used alternative transport and 21 (10%) had changed doctors or hospitals. However the 152 (71%) had saved on other household items in order to afford the parking. These figures show that many of the 213 people adopted multiple strategies in order to meet the costs of parking.

“Should be free often cannot afford parking and instead get a fine and puts me off going to hospital as the cost is too much for a person on a disability support pension. I have to go without food to pay for parking.”

DISCUSSION

This survey was sent out to the organisational members of the Chronic Illness Alliance who then forwarded it to their clients to complete. From this perspective the sample is self-selected and not representative of a broader group of the public. The largest group to complete the form were people with Cystic Fibrosis and the carers of younger people with Cystic Fibrosis. This is reflected in the hospitals recorded as being most accessed for parking, namely the Royal Children’s Hospital, The Alfred and Monash Medical Centre.

However, the sample is reflective of members of the Chronic Illness Alliance whose clients are people who have serious long term illnesses who have little choice but to use highly specialised public hospital services on both regular and emergency bases.

Employment and income:

By far the greatest number of the respondents including a large proportion of those with chronic conditions was in paid employment but most of the employed were either working part time or casually. For those unable to work, illness or disability accounted for nearly a quarter of the responses while more than a quarter could not work due to caring commitments.

In this sample, some 85% of respondents were earning less than \$999.00 per week before tax. A similar picture appears for partners who were earning. Of those who were working some 57% were in part-time or casual work. The consequence of this work and income pattern is that some 39% of the total sample of 322 people were on a Centrelink payment and of these more than 50% were receiving a disability pension.

In 2011 the median weekly household income in Australia was \$1234.00². Poverty is defined as having a disposable income (that is, after tax) less than half that of the median household income. In 2010 more than 2.2 million Australians were reported to live in poverty. In that year the poverty line for a single adult was a disposable income of less than \$358 a week and \$752 for a couple with two children³.

Of those who reported their incomes, 160 people (or 53.5%) reported having an income lower than 499.00 per week, with a further 91 or 30% reporting a weekly income before tax of between 500.00 and 999.00 per week. There were 170 or 54% of the total respondents who had partners in employment and 30 of them (or 17%) earned below 499.00 per week before income tax while another 80 or 47% earned between 500.00 and 999.00 per week. This suggests that a small but significant proportion of the sample is already living in poverty, especially when the amount of part-time and casual work, as well as the inability of some carers to work is taken into account.

Financial distress:

It is important to note that those who have the lowest incomes are likely to be those who are the sickest or who have the greatest caring load. In addition the sickest are the most likely to have the highest costs related to their health care. Health care costs impact on income that is available for other items and contributes to a family's financial distress. Financial distress may exist even when a family is not strictly below the poverty line.

Indicators of financial distress are matters such as not being able to meet regular payments and having to go without heating, cooling and some meals in order to pay bills. It also includes not being able to afford holidays or paying for school outings and camps as well as normal family leisure activities.

This survey showed that some respondents had health care costs that would be a significant impact on lower family incomes. Costs of medicines alone constitute a serious issue, with some 40% of the survey having to pay between 100.00 and 300.00 per month every month. Nearly 30% of the survey paid between 100.00 and 300.00 per month for medical visits.

Survey respondents demonstrated the level of their financial distress:

"As the carer I have often gone without to pay for parking e.g. letting my hair grow too long. We have gone without food at times."

"How can you miss an appointment or not get medication for a child? Have to go without other stuff if applicable."

"We put it on the credit card & hope we have the money to pay for it later on."

"As the carer I have not had lunch as to pay for parking when the Doctors go overtime so I can get my wife something little to eat as she must eat."

Hospital car parking now contributes to those health care costs with a significant number of the survey respondents paying more than 150.00 per year to park in the hospital. Where people were carers of children with Cystic Fibrosis or were caring for older people this is an unavoidable expense. The responses of how people coped with rising costs of hospital car parking indicate it is a contributor to financial distress. Many people saved on other household items in order to afford the car parking but for some there were additional ways they needed to save such as missing appointments and/or missing medicines. Only a very small proportion used public transport probably reflecting mobility issues for a large number of the respondents.

Hospital managements advertise that they are prepared to defray or waive parking costs where people have difficulties meeting the costs. This survey suggests that some people are unaware of this service or choose not to discuss their personal circumstances with staff. In many instances it would not be the cost of car parking alone that is singled out as financial distress. This is just one cost among many for people whose attentions are on their own health or the health of someone they care for.

CONCLUSIONS

Despite its limitations in terms of numbers and recruitment methods the survey does demonstrate that where there is serious long term chronic illness hospital car parking is a contributing factor to financial distress for the families of those who responded. It demonstrates that the sicker and more vulnerable people face greater costs at a time when they are least able to meet them.

Further questions arise from this survey. The first is: how widespread might the level of financial distress be for those people who have no choice but to access the specialist services of Melbourne's public hospitals? Our survey covers only a small number of people as well as a small number of illnesses. Secondly people reported missing medicines and missing appointments because of all the costs they faced. This gives rise to the question of whether the financial distress that people are under actually leads to poorer health outcomes. Related to this is a third question of whether missed appointments and missed medicines contribute to rising hospital costs through unplanned admissions and inappropriate use of emergency departments. If this were the case then the amount of revenue hospitals raise from their parking facilities might be off-set by the additional costs to emergency department and unplanned admissions.

"Parking in the car park at Monash is an expensive luxury but the only option at times. Firstly we look for street parking, but that is limited to 2 hours. Outpatient appointments often take longer than 2 hours so even though it may be cheaper parking in the street it is stressful, constantly watching the clock and hoping you don't go over 2 hours and get a parking fine. Sometimes we use the car park because we know the appointment will take longer than 2 hours and will worry about the parking fee later - just put it on the credit card. We used the car park at Monash last week while at the Emergency department, we waited nearly 6 hours, didn't see a doctor & left in disgust - it cost \$22.00 to exit. Unfortunately my son's condition deteriorated in the car so we turned around at the hospital roundabout and went straight back to Emergency. When I left the second time I had to pay an additional \$18.00 - a total of \$40.00 for one evening. I couldn't find anyone to complain to at 3am in the morning and I had no proof because the machine takes the parking card when you exit. My son was admitted to hospital and we have since paid another \$36.00 a day, \$18.00 in the morning & \$18.00 in the evening."

Three further questions arise relating to payments for parking by carers and people with serious chronic illnesses. The survey tells us that a small but significant number of people paid a lot of money for hospital parking over a month. It does not tell us if they were paying at lower rates but attending more often. This opens up questions relating to how they are assessed for parking. However it also opens up questions of whether those assessments are based only on income or if they include the families' essential costs that reduce their overall income. It also opens up the question of whether people know they can seek a reduction or a waiver and how this is conveyed to them and why some people might not approach hospital management to request this.

In summary, the survey suggests that people with serious long-term illnesses face financial distress and possibly impoverishment. Hospital car parking contributes to this. That people need to miss appointments or save in other areas such as medicines suggests that any further increases may compromise their health and contribute to hospital costs through emergency department visits and unplanned admissions.

“It makes things more expensive for the least able to afford it. It is immoral and offensive to have to pay for parking when you are caring for someone with an illness or even an outpatient. Obvious unethical cash grab.”

“Thanks for the opportunity to have a say and please do something about the ongoing rising prices of parking. It does create unnecessary stress on many people from patients to visitors.”

References:

1. Dept. of Health Victoria, Victorian Health Service Performance: Performance by hospital:
<http://performance.health.vic.gov.au/Home/Performance-Data-by-Hospital.aspx>
2. Australian Bureau of Statistics
http://www.censusdata.abs.gov.au/census_services/getproduct/census/2011/quickstat/0
3. The Age
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