

A publication from C.S. Mott Children's Hospital, the University of Michigan Department of Pediatrics and Communicable Diseases and the University of Michigan Child Health Evaluation and Research (CHEAR) Unit

Vol. 2, Issue 2  
Nov 12, 2007

## Do High Gas Prices Lead to Less Health Care for Kids?

The average price of gas in the US is higher than ever before — \$2.74 per gallon so far in 2007, compared with \$2.57 in 2006 and \$2.27 in 2005. Gas prices as a national average first reached \$3.00 per gallon for a single week in 2005. Since then, Americans have had to pay more than \$3.00 per gallon for 4 weeks in 2006, and for 8 weeks already in 2007.

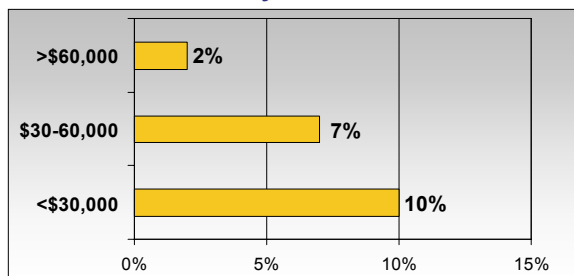
That all adds up to a lot of pain in the pocketbook, trying to make ends meet. A concern of health care providers is that higher gas prices may discourage people from getting the medical care and medications they need.

### Postponing Medical Visits and Medicines Because of Higher Gas Prices

In July and August 2007, the CS Mott Children's Hospital National Poll on Children's Health conducted a study to find out how higher gas prices were affecting families' ability to get health care and medications. Another goal of the study was also to find out what Americans thought of a possible program that would provide "gas cards" to families, to help pay the costs of taking their kids to health care visits and who should pay for the program.

Results from the Poll indicate that, specifically because of gas prices in 2007, 6% of parents report that they have postponed a medical visit for their children or postponed buying medications. Low-income and middle-income parents were substantially more likely than higher-income parents to say they had postponed children's health care because of high gas prices this year (Figure 1).

**Figure 1. Percentage of Parents Who Postponed Children's Health Care Due to High Gas Prices, by Income**



Source: C.S. Mott Children's Hospital National Poll on Children's Health, August 2007

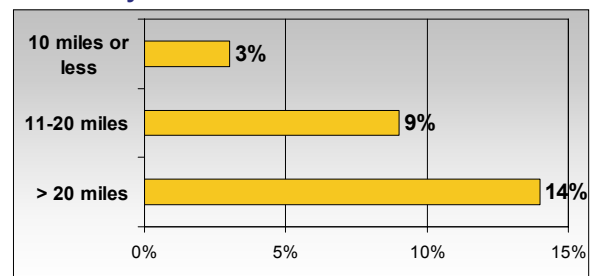
### Report Highlights

- **6% of parents report that they have postponed a medical visit or medications for their children because of high gas prices in 2007.**
- **Nearly two-thirds of US parents would apply to a program that would provide "gas cards" to help get to their children's health care visits.**
- **Adults think that gas/oil companies and the government should fund a "gas card" program.**

To get to their children's health care appointments, most parents (57%) travel 10 miles or less. But 29% travel 11-20 miles and 12% travel more than 20 miles. This travel distance was strongly linked to whether parents reported postponing their children's health care visits or buying medications. Those who must travel further were much more likely to say they had postponed medical visits or medications because of high gas prices in 2007 (Figure 2).

Parents with chronic illness themselves were also more likely to say they had postponed their children's medical visits or medications. Also, families in the Midwest were more than twice as likely to postpone children's medical visits as families in other regions of the country.

**Figure 2. Percentage of Parents Who Postponed Children's Health Care Due to High Gas Prices, by Distance to Travel to Health Care**

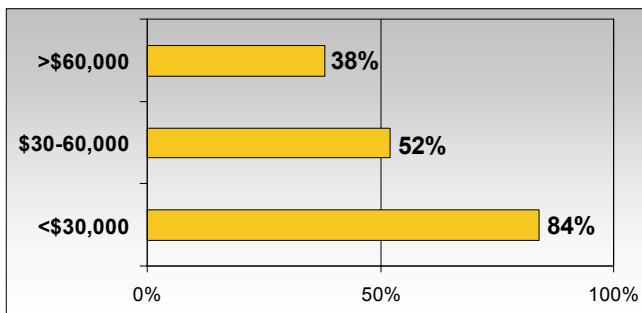


Source: C.S. Mott Children's Hospital National Poll on Children's Health, August 2007

53% of US adults think that there should be a program to provide assistance in the form of “gas cards” to help families get to children’s health care visits. This idea was more strongly supported by women, lower-income adults, and adults with chronic diseases. Even among respondents who did not have children in the household, more than half support a gas card program.

Among parents, 64% overall said they would apply for a gas card to help pay for transportation to take their children to health care visits. Parents with lower annual income were much more likely than higher-income parents to say they would apply for such a program (Figure 3).

**Figure 3. Percentage of Parents Who Would Apply for Gas Cards, by Income**



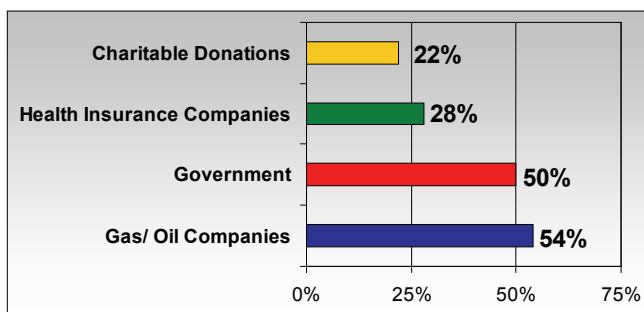
Source: C.S. Mott Children’s Hospital National Poll on Children’s Health, August 2007

Nearly all parents (90%) who postponed health care for their children said they would apply for gas cards. In addition, parents who needed to travel farther to take their children to health care appointments were more likely to say they would apply for gas cards: 76% among parents who travel more than 20 miles, compared with 68% who travel 11-20 miles and 57% who travel 10 miles or less.

**Who Should Pay for a Gas Card Program?**

Adults were somewhat divided over who they thought should pay for a gas card program. Gas/oil companies and the government were most commonly selected as funding sources (Figure 4).

**Figure 4. Opinions About Who Should Pay for a Gas Card Program**



Source: C.S. Mott Children’s Hospital National Poll on Children’s Health, August 2007

**Implications**

This year Americans have had to pay more for gasoline than ever before. Results from this CS Mott Children’s Hospital National Poll on Children’s Health indicate that higher gas prices are putting the squeeze on how parents are managing health care for their children — either in getting to visits or purchasing medications. This is a highly concerning phenomenon that will only get worse if gas prices continue to rise.

The dilemma of paying for gas or paying for health care is particularly tough for lower-income American families, and for families who need to drive longer-than-average distances health care visits. At the national level, these poll findings indicate that over 4 million children have had a doctor visit or medications postponed because of high gas prices. For these reasons, a voucher program dedicated to helping families get children to health care is appealing to the majority of American adults, even those without children in the household.

One-half of adults favor government sponsorship of a “gas card” program, but even more would like to see gas and oil corporations give back to their communities by providing gas cards explicitly for the purpose of transportation for children’s health care. Nearly two-thirds of parents said they would apply for gas cards if there were a program, and more than 4 out of every 5 with household incomes of less than \$30,000 would plan to do so. A “gas card for child health” program would support families’ efforts to safeguard their children’s health and also allow corporations the opportunity to do good while doing well.

**Data Source**

This report presents findings from a nationally representative household survey conducted exclusively by Knowledge Networks, Inc, for C.S. Mott Children’s Hospital. The survey was administered from July 20-August 9, 2007, to a randomly selected, stratified group of adults aged 18 and older (n=2,060) with and without children from the Knowledge Networks standing panel that closely resembles the U.S. population. The sample was subsequently weighted to reflect U.S. population figures from the Census Bureau. The response rate was 71% among Knowledge Networks panel members contacted to participate.



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*This Report includes research findings from the C.S. Mott Children’s National Poll on Children’s Health, which do not represent the opinions of the investigators or the opinions of the University of Michigan.*