



Paid Leave Necessary for an Ounce of Prevention

May 12, 2015

Paid Leave and Access to Preventive Health Care

By Liz Ben-Ishai and Alex Wang

With the passage and implementation of the Affordable Care Act (ACA), the United States is on the cusp of a new era of broader access to health care – especially preventive health care. The law is already affecting millions of people’s lives; according to most recent data from the U.S. Department of Health and Human Services (HHS), 16.4 million Americans who were previously uninsured have gained coverage since provisions of the ACA began to take effect in 2010.ⁱ As the number of uninsured Americans accessing health care continues to increase in the coming years, the ACA will help millions of Americans overcome economic barriers to obtaining health care. One particularly welcome aspect of this health care reform law is that it covers 100 percent of the costs of preventive care for children and women’s health, with no cost-sharing allowed.ⁱⁱ People are now entitled to a wide variety of preventive services, ranging from mammograms and well-woman visits to contraception, without any out-of-pocket expenses. Early evidence suggests that some groups have already increased use of preventive care following the implementation of the ACA.ⁱⁱⁱ

Although preventive care use under ACA is improving, for the many U.S. workers who lack access to paid leave, improved health insurance coverage may not be enough. Because American labor standards are out of date and out of touch with the current realities of the workforce, far too many workers cannot take the time away from work they need in order to make use of their newfound right to access care. Nearly one in five women report that they have delayed or gone without care because they could not take time away from work. One in four women, across all income levels, report that lack of time is the primary reason they do not get medical care.^{iv} Public policies that guarantee workers paid sick days and paid family and medical leave would provide that time to America’s workforce, allowing them to obtain crucial preventive health care without risking job or wage loss.^v

Paid sick days and paid family and medical leave are crucial to ensuring that Americans can lead productive and healthy lives. Unless laws guaranteeing access to paid leave are enacted, the full impact of the ACA will not be realized; the many benefits of preventive health care will be lost for those who aren’t “lucky” enough to have employers who voluntarily provide paid leave in the absence of law. Necessary paid leaves include paid sick days – which are used for one’s own or a family members’ short-term illness, like the flu, or for short-term preventive care like regular checkups – and paid family and medical leave – which is used for longer term leaves to recover from one’s own or a family members’ serious illness, like cancer, or longer lasting medical treatments. Having a doctor to go to and the insurance to pay for the visit is meaningless if one does not have the time or resources to leave work for an appointment or take time to receive appropriate care. It’s time to prioritize paid sick days and paid family and medical leave on the list of criteria necessary for healthy families.

Why Preventive Health Care Matters

Research shows that preventive health services have the potential to reduce unnecessary illness and death, improve quality of life, and produce cost savings over the long term.^{vi} Historically, preventive care has been underutilized in the United States, contributing to rising rates of chronic disease that impose significant long-term costs on our health care system.^{vii} One recent study estimates that preventive care provided through public health programs would slow the rise of chronic diseases and associated health care costs. Cutting the rate of chronic disease growth by even 5 percent would save Medicare and Medicaid \$5.5 billion per year by 2030.^{viii}

Access to preventive care leads to healthier families. For children in particular, preventive health care can help avert the onset and development of conditions that may impede them from leading full, productive lives. Well-baby and well-child visits, fully covered under the ACA until age 21, are a critical component of preventive health care for children. These appointments are opportunities for physicians to communicate essential information about important aspects of child well-being and development, such as nutrition, sleep, and safety.^{ix} According to a recent study, children who regularly attended well-child visits were half as likely to be hospitalized as those who did not.^x

Earned Sick Days Help Workers Access Preventive Care

While the ACA is expanding access to health insurance coverage and, in turn, preventive care, too many workers may be forced to forgo these benefits if they cannot take time away from work to seek care. A growing body of research indicates that access to earned sick days plays a pivotal role in access to preventive care.

- **Lack of sick days forces parents to make choices that are bad for kids' health – and everyone else's.** One small study conducted with working parents in California found that 44 percent of working parents who did not have access to paid sick days sent their kids to school sick.^{xii} Not only does this impede children's recovery, it increases the likelihood that contagious diseases will spread. In families with parents who have sporadic access to sick days, mothers often skip or delay their own care, saving their only available sick days to tend to their children.^{xiii}

Key Perspectives on Prevention

“If we had a system that could care for people better, that was actually more focused on prevention than our current system [...] we may be able to prevent a lot of the illness, the suffering and the health care costs that we see in our current world [...] A prevention-based society is one in which every institution, whether they're a hospital or a clinic, or a school, an employer or a faith-based organization, recognizes and embraces the role that it can play in improving health.”

– **Vivek Murthy, U.S. Surgeon General, U.S. Surgeon General**

“Our country will never contain health care costs until we place a higher priority on public health and prevention programs.”

– **Congresswoman Kay Granger (R-TX), Member, Caucus on Prevention**^{xi}

- **With paid leave, more flu shots and less flu.**

In one study, workers with access to paid leave (defined in this study as paid sick days, vacation, or time to visit the doctor) were 13 percent more likely to have received the flu vaccine. The authors estimate that universal access to paid leave would avert 63,800 workdays lost to the flu each year, which amounts to \$10.3 million in wages. In addition, by preventing the flu, paid leave would eliminate 18,200 health care visits, saving over \$4 million annually.^{xiv}

- **Pregnant women are unable to access vital prenatal care.**

Healthy pregnancies require ongoing care. However, more than 17 percent of mothers report delaying prenatal care; these numbers rise significantly for women of color and young mothers. Nearly 10 percent of women who delayed care cited inability to take time away from work or school as a barrier to access.^{xvi}

- **Workers with sick days are more likely to receive regular well-care, cancer screenings, and attend prenatal appointments.**

Such care helps to stave off illness and to detect health conditions that may become more serious later.^{xvii} A health impact assessment of proposed paid sick days legislation in California found that workers with paid sick leave were 12 percent more likely to have routine checkups within the last 2 years, versus those without paid sick leave.^{xviii}

- **Key screenings for women's health are more likely among workers with sick days.**

One analysis shows that among women 40 years of age and older, those with paid sick days were almost 12 percent more likely to have had a mammogram in the past 2 years. Working women were also more likely to undergo Pap tests and endoscopy when they had sick days.^{xix} Another study found that nearly 72 percent of women with paid sick leave received breast cancer screenings, while only 60 percent of those without sick leave accessed this testing.^{xx} Breast cancer affects one in eight women during their lives.^{xxi} Early detection is critical to prevention.

- **Workers with sick days are able to care for their children when they are ill.**

Researchers found that, in 1 study, 42 percent of parents stayed home to care for their children when they were sick. Parents who had either paid sick or vacation time were more than five times as likely to care for children when they were sick than those without paid leave.^{xxii} When parents can care for their sick children, recovery times diminish.

- **When workers have earned sick days, they use outpatient care instead of expensive emergency care.**

One study found that among workers with health insurance, the odds of using less expensive outpatient care were about 15 percent higher by those with sick days compared to those without it. Insured workers with sick days were also less likely to use the emergency department.^{xxiii} Emergency department visits are much more costly than outpatient care.^{xxiv}

Workers Speak

“I was working that day at the pizzeria and I felt like I was losing my breath and didn’t have enough oxygen. During the whole day I kept saying to my boss that I should go to the doctor, that I wasn’t feeling good. Finally at 5pm, when a replacement came in, I went to the doctor’s office and they sent me to the emergency room. They said I was having an asthma attack. I think that if I could have had it addressed sooner, I could have gotten it under control without going to the emergency room.”

– New Jersey Worker^{xv}

Paid Family and Medical Leave Is Critical For Access to Preventive Care and Treatment

Workers use family and medical leave when they need to bond with a new child, care for a seriously ill family member, or recover from their own serious illness. Typically, these leaves are longer than those covered by paid sick days. Without paid family or medical leave, workers are forced to choose between their own health or that of their loved ones, and their wages or jobs.^{xxv} These impossible choices are wrenching for those workers who lack leave. And the choices are also challenging for workers whose leave is insufficient or unpaid, forcing them to return to work too soon, before they have had sufficient time to bond with new babies, recover from illness, or care for loved ones.

- **Workers with access to paid family leave are better able to take care of their loved ones.** A variety of international studies looking at the benefits of paid family leave suggest that mothers with access to this critical labor standard are more able to take advantage of preventive health care for their children, including recommended child immunizations.^{xxvi} Further, in nations with guaranteed access to paid leave, more generous paid family leave policies are associated with lower infant and child mortality.^{xxvii}
- **Research suggests that paid family leave can improve the health and well-being of both sick family members and their caregivers.** A 2011 study finds that access to paid leave is associated with better mental health for adult caregivers and better health outcomes for the recipients of this care.^{xxx} Studies also show that children recover from illness and injury more quickly when their parents are able to care for them.^{xxxi}
- **Paid maternity leave leads to higher rates of breastfeeding.**^{xxxii} For new mothers, access to paid maternity leave following the birth of a newborn can lead to higher success in establishing breastfeeding, which has important health benefits for both mothers and their children.^{xxxiii}, and lower probability of breastfeeding cessation.^{xxxiv} One study concluded that every additional week of maternity leave translated into almost a half week of additional breastfeeding.^{xxxv} A study conducted in California after the implementation of the state's paid family leave found that mothers who took paid leave had median breastfeeding durations that were double the rates among mothers who did not.^{xxxvi}

Workers Speak

"We are trying to pay down debts and make our family financially stable, but it's a hard road. And it's made harder because whenever we get sick or our children get sick, we have to decide whether to stay home without pay, or to disregard doctor's orders and risk getting sicker and infecting others by going to work or school."

– **Desiree, MomsRising member** ^{xxviii}

"I would send [my daughter] to daycare sick and I felt bad because I knew it was going to get other kids sick. If another kid was sick at daycare I would just hold my breath and pray that she wouldn't get it, 'cause if she does then I'm gonna get sick."

– **Focus group participant** ^{xxix}

- **Among workers who needed - but did not take - unpaid medical leave more than half decided to defer or forgo medical care.** While some workers are provided *unpaid* leave through the Family and Medical Leave Act, 46 percent of those workers who needed to take leave did not because they could not afford to do so, or were fearful of losing their job.^{xxxvii} As a result, fully 52 percent of workers deferred medical care, and more than 50 percent stayed on the job instead of getting needed care.^{xxxviii} These workers likely face a longer recovery time period or worsening medical conditions, putting them at greater health risk.
- **Even among those who get medical care, many workers may return to work prematurely because they cannot afford unpaid medical leave.** Nearly 50 percent of workers report returning to work prematurely because they cannot afford to remain unpaid.^{xxxix} Despite the fact that many of these workers may suffer from ongoing conditions that require further treatment, the absence of labor standards guaranteeing economic security forces workers to return to their jobs with medical issues not fully resolved.

By the Numbers: Access to Paid Leave

No Leave

- Almost half of all workers in the lowest 25 percent of wage earners have no paid time off at all—no sick days, no family leave, no personal days, no vacation.^{xi}

Paid Sick Days^{xli}

- Among workers age 18 and older, 39 percent lack access to paid sick days.
- Hispanic men (53 percent) and women (49 percent) are more likely than White men (37 percent) and women (35 percent) to not have access to paid sick days.
- Part-time workers have very limited access to paid sick days. Nearly 80 percent of those working fewer than 20 hours per week and more than 70 percent of those working 20 to 34 hours per week lack access to paid sick days.
- Nearly 80 percent of workers earning less than \$15,000 per year do not have access to sick days, compared to about 10 percent of workers earning more than \$65,000 per year.
- Among fast-growing occupations, such as food preparation and service and personal care and service, nearly 70 percent of workers lack access to sick days.

Paid Family Leave

- Few workers have designated paid family leave, but low-wage workers fare particularly badly. While 87 percent of all workers lack access to paid family leave, as many as 95 percent of low-wage workers (those in the lowest 25 percent of wage earners) have no paid family leave. Similarly, 95 percent of part-time workers have no paid family leave.^{xlii}

Preventive Health Care Access and Fair Labor Standards: An Essential Match

To maximize the benefits of expanded access to preventive health care, workers need paid family and sick leave, including paid sick days. Because many workplaces do not provide such leaves, millions of Americans cannot benefit from comprehensive health care reform designed to guarantee access to preventive care that could produce cost savings and better public health outcomes over the long term. This highlights the need to synchronize policies in the workplace with health care reform in order to ensure that all workers can benefit from critical health services.

Public Policies to Make a Difference *Proposed Federal Paid Leave Legislation*

Currently, there is no federal law that guarantees workers access to paid leave. States and localities are leading the way: 3 states have paid family leave insurance programs and 20 local jurisdictions have passed paid sick days laws. Yet far too many workers are excluded. Around the country, campaigns to pass such laws at the state and local level are rapidly gaining momentum.^{xliii} At the federal level, two pieces of federal legislation would extend paid sick days and paid family and medical leave to millions more workers:

The Healthy Families Act ([H.R.932/S.497](#))

The Healthy Families Act would create a national paid sick days standard. The law would allow employees of firms with more than 15 staff to accrue up to 7 paid sick days per year to address their own medical needs, care for an ill family member, or address issues related to domestic violence, sexual assault, or stalking. Workers in firms with less than 15 employees would accrue up to 15 job-protected, unpaid sick days to be used for the same purposes.

Family and Medical Insurance Leave (FAMILY) Act ([H.R.1439/S.786](#))

The FAMILY Act would provide up to 12 weeks of paid leave per year for employees to use in caring for their own health problems, for a seriously ill family member, or for a child who is newly born or adopted. The program would be funded by modest employee and employer payroll contributions administered through an independent trust within the Social Security Administration. Workers would be eligible to collect benefits equal to 66 percent of their monthly wages, capped at a maximum amount.

- ⁱ Office of the Assistant Secretary for Planning and Evaluation, *Health Insurance Coverage and the Affordable Care Act*, ASPE, 2015, http://aspe.hhs.gov/health/reports/2015/uninsured_change/ib_uninsured_change.pdf.
- ⁱⁱ The Henry J. Kaiser Family Foundation, *Preventive Services Covered by Private Health Plans under the Affordable Health Care Act*, KFF, 2014, <http://kff.org/health-reform/fact-sheet/preventive-services-covered-by-private-health-plans/>.
- ⁱⁱⁱ See for example, Sukyung Chung, Lenard I. Lesser, Diane S. Lauderdale, et al., “Medicare Annual Preventive Care Visits: Use Increased Among Fee-For-Service Patients, But Many Do Not Participate,” *Health Affairs* 34, 2015; Xuesong Han, Robin Yabroff, Anthony S. Robbins, Zhiyuan Zheng, and Ahmedin Jemal, “Dependent Coverage and the Use of Preventive Care under the Affordable Care Act,” *The New England Journal of Medicine* 371, 2014.
- ^{iv} Alina Salganicoff, Usha Ranji, Adara Beamesderfer, and Nisha Kurani, *Women and Health Care in the Early Years of the ACA: Key Findings from the 2013 Kaiser Women’s Health Survey*, KFF, 2014, <http://kff.org/womens-health-policy/report/women-and-health-care-in-the-early-years-of-the-aca-key-findings-from-the-2013-kaiser-womens-health-survey/>.
- ^v Liz Ben-Ishai, *Wages Lost, Jobs at Risk: The Serious Consequences of Lack of Paid Leave*, CLASP, 2015, <http://www.clasp.org/resources-and-publications/publication-1/2015-02-03-FMLA-Anniversary-Brief-3.pdf>.
- ^{vi} Michael V. Maciosek, Ashley B. Coffield, Thomas J. Flottemesch, Nichol M. Edwards, and Leif I. Solberg, “Greater Use Of Preventive Services In US Health Care Could Save Lives At Little Or No Cost,” *Health Affairs* 29, 2010.
- ^{vii} Elizabeth A. McGlynn, Steven M. Asch, John Adams, et al., “The Quality of Health Care Delivered to Adults in the United States,” *New England Journal of Medicine* 348, 2003.
- ^{viii} Robert Wood Johnson Foundation, *Return on Investments in Public Health: Saving Lives and Money*, RWJF, 2013, http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2013/rwjf72446.
- ^{ix} Jennifer K. Mannheim, David Zieve, David R. Eltz, et al., *Well-child visits*, MedlinePlus, 2013, <http://www.nlm.nih.gov/medlineplus/ency/article/001928.htm>.
- ^x Jeffrey O. Tom, Rita Mangione-Smith, David C. Grossman, Cam Solomon, and Chien-Wen Tseng, “Well-Child Care Visits and Risk of Ambulatory Care-Sensitive Hospitalizations,” *Archives of Pediatric and Adolescent Medicine* 164, 2010.
- ^{xi} Trust for America’s Health, Press Release, June 8, 2009, www.healthyamericans.org/newsroom/releases/?releaseid=179.
- ^{xii} Rajiv Bhatia, Lili Farhang, Jonathan Heller, et al., *A Health Impact Assessment of the California Healthy Families, Healthy Workplaces Act of 2008*, Human Impact Partners and San Francisco Department of Public Health, 2008, www.apho.org.uk/resource/view.aspx?rid=54460
- ^{xiii} Jason R. Woloski, Candace Robertson-James, Serita Reels, and Ana Nunez, “Childcare Responsibilities and Women’s Medical Care,” *J Women’s Health, Issues Care* 3, 2014.
- ^{xiv} Fernando A. Wilson, Yang Wang, and Jim P. Stimpson, “Universal Paid Leave Increases Influenza Vaccinations Among Employees in the U.S.,” *Vaccine* 32, 2014.
- ^{xv} Human Impact Partners, *A Health Impact Assessment of Paid Sick Days: New Jersey Addendum 2011*, www.humanimpact.org/downloads/new-jersey-paid-sick-days-hia-report/.
- ^{xvi} United States Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, *Barriers to Prenatal Care*, CHUSA, 2013, <http://mchb.hrsa.gov/chusa13/health-services-utilization/p/barriers-to-prenatal-care.html>.
- ^{xvii} Lucy A. Peipins, Ashwini Soman, Zahava Berkowitz, and Mary C. White, “The Lack of Paid Leave as a Barrier to Cancer Screening and Medical Care-Seeking: Results from the National Health Interview Survey,” *BMC Public Health* 12, 2012.
- ^{xviii} Rajiv Bhatia, Lili Farhang, Jonathan Heller, et al., *A Health Impact Assessment of the California Healthy Families, Healthy Workplaces Act of 2008*, Human Impact Partners and San Francisco Department of Public Health, 2008, www.apho.org.uk/resource/view.aspx?rid=54460.
- ^{xix} Peipins, “The Lack of Paid Sick Leave.”
- ^{xx} Fernando A. Wilson, Yang Wang, and Jim P. Stimpson, “The Role of Sick Leave in Increasing Breast Cancer Screening Among Female Employees in the U.S.” *Journal of Cancer Policy* 2, 2014.
- ^{xxi} Office on Women’s Health. Breast Cancer. U.S. Department of Health and Human Services. <http://womenshealth.gov/breast-cancer/>.
- ^{xxii} S Jody Heymann, Sara Toomey, and Frank Furstenberg, “Working Parents: What Factors Are Involved in Their Ability to Take Time Off From Work When Their Children Are Sick,” *Archive of Pediatric and Adolescent Medicine*, 153, 1999.
- ^{xxiii} Won Kim Cook. “Paid Sick Days and Health Care Use: An Analysis of the 2007 National Health Interview Survey Data,” *American Journal of Industrial Medicine* 54, 2011.

- ^{xxiv} Steven R. Machlin, *Statistical Brief 111: Expenses for a Hospital Emergency Room Visit, 2003, Adjusted to 2007 Data*, AHRQ, 2006, http://meps.ahrq.gov/mepsweb/data_files/publications/st111/stat111.pdf.
- ^{xxv} Liz Ben-Ishai, *Access to Paid Leave: An Overlooked Aspect of Economic and Social Inequality*, CLASP, 2014, http://www.clasp.org/resources-and-publications/publication-1/2014-04-09-Inequities-and-Paid-Leave-Brief_FINAL.pdf.
- ^{xxvi} Jody Heymann, Alison Earle, and Kristen McNeill, “The Impact of Labor Policies on the Health of Young Children in the Context of Economic Globalization,” *Annual Review of Public Health* 34, 2013.
- ^{xxvii} Christopher J. Ruhm, “Parental Leave and Child Health,” *Journal of Health Economics* 19, 2000.
- ^{xxviii} “Paid Sick Days: Desiree’s Story,” MomsRising.org, http://www.momsrising.org/issues_and_resources/paid-sick-days-all
- ^{xxix} Human Impact Partners, A Health Impact Assessment of the Healthy Families Act of 2009, September 2009, www.humanimpact.org/downloads/national-paid-sick-days-hia-report.
- ^{xxx} Alison Earle and Jody Heymann, “Protecting the Health of Employees Caring for Family Members with Special Health Care Needs,” *Social Science and Medicine* 73, 2011.
- ^{xxxi} See citations in *ibid*.
- ^{xxxii} Center for Law and Social Policy, *Paid Family Leave: A Crucial Support for Breastfeeding*, CLASP, <http://www.clasp.org/resources-and-publications/files/Breastfeeding-Paid-Leave.pdf>.
- ^{xxxiii} U.S. Breastfeeding Committee, *Workplace Accommodations to Support and Protect Breastfeeding*, USBC, 2013, <http://www.usbreastfeeding.org/LinkClick.aspx?link=Publications%2fBenefits-2002-USBC.pdf&tabid=70&mid=388>.
- ^{xxxiv} Sylvia Guendelman, Jessica L. Kosa, Michelle Pearl, et al., “Juggling Work and Breastfeeding: Effects of Maternity Leave and Occupational Characteristics,” *Pediatrics* 123, 2009. <http://pediatrics.aappublications.org/content/123/1/e38.full>
- ^{xxxv} Brian Roe, Leslie A. Whittington, Sara Beck Fein, and Mario Teisl. “Is There Competition Between Breast-Feeding and Maternal Employment,” *Demography* 36, 1999.
- ^{xxxvi} Eileen Appelbaum and Ruth Milkman, *Leave That Pay: Employer and Worker Experiences with Paid Family Leave in California*, CEPR, 2011, <http://www.cepr.net/documents/publications/paid-family-leave-1-2011.pdf>.
- ^{xxxvii} Jacob A. Klerman, Kelly Daley, and Alyssa Pozniak, “Commonly Cited Reasons For Not Taking Leave Exhibit 6.4.1,” *Family and Medical Leave in 2012: Technical Report*, USDOL, 2014, <http://www.dol.gov/asp/evaluation/fmla/fmla-2012-technical-report.pdf>
- ^{xxxviii} Klerman et al., “Action Taken In Lieu of Taking Leave Exhibit 6.5.1.”
- ^{xxxix} Klerman et al., “Reasons For Returning to Work Exhibit 5.5.3.”
- ^{xl} “Table 46. Paid leave combinations: Access, private industry workers,” National Compensation Survey, U.S. Bureau of Labor Statistics, March 2013, <http://www.bls.gov/ncs/ebs/benefits/2013/ownership/private/table44a.htm>.
- ^{xli} All paid sick days data in this section from the Institute for Women’s Policy Research Analysis of the 2013 National Health Interview Study: see Rachel O’Connor, Jeff Hayes, and Barbara Gault *Paid Sick Days Access Varies by Race/Ethnicity, and Job Characteristics*, Institute for Women’s Policy Research, July 2014, http://www.iwpr.org/publications/pubs/paid-sick-days-access-varies-by-race-ethnicity-sexual-orientation-and-job-characteristics/at_download/file.
- ^{xlii} “Table 32. Leave benefits: Access, civilian workers,” National Compensation Survey, U.S. Bureau of Labor Statistics, March 2014, <http://www.bls.gov/ncs/ebs/benefits/2014/ownership/civilian/table32a.htm>.
- ^{xliii} See: Family Values @ Work. <http://familyvaluesatwork.org/>.