



Paid Leave Necessary for an Ounce of Prevention

Paid Leave and Access to Preventive Care

June 2017 | Liz Ben-Ishai, Zoe Ziliak Michel, and Alex Wang

The Critical Importance of Preventive Health Care

Simply treating medical conditions once they arise is often too little, too late. For example, even diabetes patients receiving regular treatment are at risk of severe consequences such as amputation.¹ However, early intervention and preventive treatments can avert this dire outcome.² Similarly, the U.S. Centers for Disease Control and Prevention estimates that deaths resulting from flu have numbered between 12,000 and 56,000 annually since 2010.³ Flu vaccinations currently prevent 5 million flu-related illnesses per year, but only 40 percent of people in the United States are vaccinated.⁴ With increased vaccination rates, many more people would be spared from serious illness—and death. Access to preventive health care enables people to live healthier, longer lives and may produce cost savings that benefit the economy and individuals.^{5,6} Yet too many working families are unable to take the time to get the preventive care they need without risking their economic security. That's because millions of workers have jobs that provide no access to paid sick days or paid family and medical leave.

American labor standards are out of date and out of touch with the needs of today's workers, many of whom are caregivers to children or other family members, have chronic medical conditions, or are at elevated risk of illness. As a result, far too many workers are forced to report to work when they should be accessing health care for themselves or a loved one. Nearly one in five women report that they have delayed or gone without care because they could not miss work.⁷ Public policies that guarantee workers paid sick days and paid family and medical leave would enable America's workforce to obtain crucial preventive health care without risking job or wage loss.⁸ Unless laws guaranteeing access to such leaves are enacted, workers whose employers do not voluntarily provide paid leave will miss out on the many benefits of preventive health care.

Under the Affordable Care Act (ACA), about 20 million people have gained insurance coverage as of 2016.⁹ The ACA requires insurers to cover 100 percent of the costs of preventive health care.¹⁰ Evidence suggests that some groups have indeed increased use of preventive care following the implementation of the ACA.¹¹ However, this progress is currently in peril as a result of ACA repeal threats and the potential block granting of Medicaid. Yet, even with the ACA in place, insurance to pay for a doctor's visit is meaningless if workers can't leave their jobs to receive appropriate care. It's time to recognize that access to paid sick days and paid family and medical leave is necessary for healthy families.

Paid Sick Days Help Workers Access Preventive Care

Working families can use paid sick days to care for themselves during short-term illnesses, to seek medical treatment once a problem arises, and to obtain preventive care. A growing body of research indicates that having paid sick days increases access to preventive care

PERSPECTIVES ON PREVENTION FROM BOTH SIDES OF THE AISLE

“The field of public health is dedicated to awareness and prevention...We must do more to reduce the cost of health care in America, and by focusing our legislative efforts on prevention and public health, Congress can help rein in costs in the future.” **Congressman Rob Wittman** (R-VA), Co-Chair of Public Health Caucus¹²

“Focusing on prevention is one of the best ways we can curtail future costs...Increasing access to quality affordable care helps to prevent conditions and diseases from worsening. This increases quality outcomes and reduces long-term costs to the individual and the system.” **Congressman Gene Green** (D-TX), Co-Chair of the Public Health Caucus¹³

- **People with paid sick days are more likely to get preventive health screenings.** A 2017 study of health screenings since the ACA was implemented found that those *without* paid sick days were 30 percent less likely to have had their blood pressure checked, 40 percent less likely to have had a cholesterol screening, and 24 percent less likely to have had a fasting blood sugar check in the last 12 months.¹⁴ They were also 61 percent less likely to have received their annual flu shot and 19 percent less likely to have spoken with a healthcare professional at all in the past year. The same study found that women without paid sick days were 23 percent less likely to have had a pap smear in the last 12 months.¹⁵ Earlier research found that nearly 72 percent of women with paid sick days received annual clinical breast exams, while only 60 percent of those without accessed this testing.¹⁶

- **When parents have paid sick days, children get more preventive care.** According to a 2017 study analyzing data from the National Health Interview Survey, children whose parents had access to paid sick days were 12.5 percent more likely to have gotten a flu shot and 13.2 percent more likely to have received an

annual medical check-up.¹⁷ Regularly attending well-child care visits cuts children’s risk of hospitalization in *half*.¹⁸

- **Paid sick days mean less flu.** One study estimated that because people with access to paid sick days are more likely to receive flu shots, universal paid leave would prevent enough cases of the flu to eliminate 18,200 healthcare visits, saving over \$4 million annually.¹⁹ Those who do catch the flu are less likely to spread it if they are able to remain home without losing a day’s pay. A recent study found that flu rates in jurisdictions with paid sick days laws have fallen approximately 5.5 to 6.5 percent since the laws were implemented.²⁰
- **Pregnant women who lack paid sick days struggle to obtain 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.²¹ Inadequate prenatal care is related to increased risk of prematurity, stillbirth, and infant death.²²

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 family's health and their wages or jobs.²⁵ These impossible choices often lead workers who are able to take leave to return to work too soon.

- **Research suggests that paid family leave can improve the health and wellbeing of both sick family members and their caregivers.** A 2011 study found that access to paid leave was associated with better mental health for adult caregivers, and better health outcomes for the recipients of this care.²⁶ The authors recommend a national paid leave policy, as one benefit will be to help prevent mental health problems in caregivers.
- **Paid maternity leave leads to higher rates of breastfeeding, reducing risk of illness in parent and child long-term.**²⁷ For new mothers, access to paid maternity leave following the birth of a newborn can lead to higher success in establishing breastfeeding and lower probability of breastfeeding cessation.²⁸ Mothers who took paid leave under New Jersey's family leave insurance program breastfed for about a month longer than those who did not.²⁹ A study conducted in California after the implementation of the state's paid family leave program found that mothers who took paid leave had median breastfeeding durations that were *double* the lengths among mothers who did not.³⁰ Breastfeeding is associated with lower rates of obesity, type 1 and 2 diabetes, and other health problems in infants and lower rates of type 2 diabetes and breast and ovarian cancer for parents who have nursed their children.³¹
- **Paid parental leave increases preventive care and prevents poor outcomes in infant and child health.** A variety of studies looking at the benefits of paid family leave internationally suggest that

WORKERS SPEAK

"In September 2010, I gave birth to my first child via c-section. I had arranged for 12 weeks of maternity leave at two-thirds pay, and fortunately my husband's company had a very generous parental leave policy...Having paid leave also meant that breast feeding could be established, the benefits of which have been widely documented. Also, our daughter was diagnosed at two months with a disorder called torticollis that, if left untreated, can impact social and cognitive development. Having paid leave and being able to use sick leave for children's doctor's appointments meant that our daughter's wellbeing could come first and enabled us to accommodate a physical therapist's 9-5 schedule." **Jennifer, Maryland**²³

"I see first-hand the effect that lack of paid sick [days] has on my patients as well as their families. We frequently hear from our patients about the difficulties they face in getting prenatal care. It's not accessing services. It's that they can't take time off work without losing pay or endangering their jobs." **Debbie Wilkins, NICU nurse, Maryland**²⁴

mothers with access to this critical labor standard are more able to take advantage of preventive healthcare for their children, including recommended child immunizations.³² One major review of studies in several countries found that paid parental leave for expectant mothers was consistently associated with reductions in low birth weight and lower rates of infant mortality.³³

- **Paid parental leave may also prevent child abuse.** A study comparing rates of infant head trauma (often caused by parents shaking their babies) before and after California's paid family leave insurance program was implemented, and using multiple states without such programs as controls, found that rates of this abuse declined under the paid leave program.³⁴
- **Among workers who needed—but did not take—unpaid medical leave, more than half decided to defer or forgo medical care.** While some workers have access to *unpaid* leave through the federal Family and Medical Leave Act (FMLA), 46 percent of FMLA-eligible workers who needed to take leave, but did not, cited inability to afford to take leave as their reason for missing the needed leave. Additionally, 17 percent of these workers attributed their decision not to take leave to fear of losing their job.³⁵ Fully 56 percent of FMLA-eligible workers with unmet need for leave deferred medical care, and 52 percent did not receive needed care at all.³⁶ Paid leave would enable more workers to take

BY THE NUMBERS: ACCESS TO PAID LEAVE

No Leave

More than 4 in 10 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.³⁷ The same is true of over *half* of part-time workers.

Paid Sick Days³⁸

Among workers age 18 and older, 40 percent lack access to paid sick days.

Hispanic men (45 percent) and women (49 percent) are less likely than White men (64 percent) and women (61 percent) to have access to paid sick days.

Part-time workers have very limited access to paid sick days. Just 19 percent of those working fewer than 20 hours per week and 30 percent of those working 20 to 34 hours per week have access to paid sick days.

Only 22 percent of workers earning less than \$15,000 per year have access to sick days, compared to 86 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, fewer than a quarter of workers have access to sick days.

Paid Family Leave

Few workers have designated paid family leave, but low-wage workers fare particularly badly. While 14 percent of all civilian workers have access to paid family leave, merely 6 percent of low-wage workers (those in the lowest 25 percent of wage earners) have this support. Similarly, just 5 percent of part-time workers have paid family leave.³⁹

leave when they need it, allowing them to address their medical problems promptly and prevent their conditions from worsening.

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

Workers need access to paid time to care for themselves and their families. Because many workplaces do not provide such time and no federal paid leave laws exist, millions of Americans cannot obtain preventive care that could produce cost savings and better public health outcomes over the long term. We

PUBLIC POLICIES TO MAKE A DIFFERENCE ***PROPOSED FEDERAL PAID LEAVE LEGISLATION***

Currently, no federal law guarantees workers access to paid leave. States and localities are leading the way: five states and Washington, D.C. have paid family leave insurance programs, and seven states, as well as nearly three dozen smaller 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.⁴⁰ At the federal level, two pieces of federal legislation would extend paid sick days and paid family and medical leave to millions more workers.

Healthy Families Act **(H.R.1516/S.636)**

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 fewer than 15 employees would accrue up to 7 job-protected, unpaid sick days to be used for the same purposes.

Family and Medical Insurance Leave (FAMILY) Act **(H.R.947/S.337)**

The FAMILY Act would provide up to 12 weeks of paid leave per year for employees to address their own health problems, care for a seriously ill family member, or bond with a newborn or adopted child. 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 two-thirds of their monthly wages, capped at a maximum amount.

need strong labor standards guaranteeing access to paid sick days and paid family and medical leave in order to ensure that all workers benefit from critical preventive health services.

- ¹ W.J. Jeffcoat and W.H. Van Houtum, "Amputation as a Marker of the Quality of Foot Care in Diabetes," *Diabetologia* 47 (2004).
- ² Ronan J. Canavan, Nigel C. Unwin, William F. Kelly, and Vincent M. Connolly, "Diabetes- and Nondiabetes-Related Lower Extremity Amputation Incidence Before and After the Introduction of Better Organized Diabetes Foot Care," *Diabetes Care* 31 (2008).
- ³ Melissa A. Rolfes, Shikha Garg, Brendan Flannery, et al., "Estimated Influenza Illnesses, Medical Visits, Hospitalizations, and Deaths Averted by Vaccination in the United States," December 9, 2016, <https://www.cdc.gov/flu/about/disease/2015-16.htm>.
- ⁴ Centers for Disease Control and Prevention, "Flu Vaccine Coverage Remains Low this Year," December 9, 2016, <https://www.cdc.gov/media/releases/2016/p1207-flu-vaccine-coverage.html>.
- ⁵ Michael V. Maciosek, Ashley B. Coffield, Thomas J. Flottemesch, et al., "Greater Use Of Preventive Services In US Health Care Could Saves Lives At Little Or No Cost," *Health Affairs* 29 (2010).
- ⁶ 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).
- ⁷ 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/>.
- ⁸ 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-1/2015-02-12-FMLA-Wages-Lost-Jobs-at-Risk.pdf>.
- ⁹ Bowen Garrett and Anuj Gangopadhyaya, *Who Gained Health Insurance Coverage Under the ACA, and Where do They Live?*, Urban Institute, 2016, <http://www.urban.org/sites/default/files/publication/86761/2001041-who-gained-health-insurance-coverage-under-the-aca-and-where-do-they-live.pdf>.
- ¹⁰ 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/>.
- ¹¹ See for example, Gregory S. Cooper, Tzuyung D. Kou, Mark D. Schluchter, et al., "Changes in Receipt of Cancer Screening in Medicare Beneficiaries Following the Affordable Care Act," *Journal of the National Cancer Institute* 108 (2016); 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, et al., "Dependent Coverage and the Use of Preventive Care under the Affordable Care Act," *The New England Journal of Medicine* 371 (2014).
- ¹² James T. Curry, "The Congressional Public Health Caucus," *Public Health Reports* 131 (2016).
- ¹³ Gene Green, "Health," accessed June 22, 2017, <https://green.house.gov/issues/health>.
- ¹⁴ LeaAnne DeRigne, Patricia Stoddard-Dare, Cyleste Collins, and Linda Quinn, "Paid Sick Leave and Preventive Health Care Service Use among U.S. Working Adults," *Preventive Medicine* 99 (2017).
- ¹⁵ Ibid.
- ¹⁶ 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).
- ¹⁷ Abay Asfaw and Maria Colopy, "Association between Parental Access to Paid Sick Leave and Children's Access to and Use of Healthcare Services," *American Journal of Industrial Medicine* 60 (2017).
- ¹⁸ Jeffrey O. Tom, Rita Mangione-Smith, David C. Grossman, et al., "Well-Child Care Visits and Risk of Ambulatory Care-Sensitive Hospitalizations," *Archives of Pediatric and Adolescent Medicine* 164 (2010).
- ¹⁹ Fernando A. Wilson, Yang Wang, and Jim P. Stimpson, "Universal Paid Leave Increases Influenza Vaccinations Among Employees in the U.S.," *Vaccine* 32 (2014).
- ²⁰ Stefan Pichler and Nicolas R. Ziebarth, "The Pros and Cons of Sick Pay Schemes: Testing for Contagious Presenteeism and Noncontagious Absenteeism Behavior," *National Bureau of Economic Research Working Papers Series* (2016).
- ²¹ 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>.
- ²² S. Partridge, J. Balayla, C.A. Holcroft, and H.A. Abenheim, "Inadequate Prenatal Care Utilization and Risks of Infant Mortality and Poor Birth Outcome: A Retrospective Analysis of 28,729,765 U.S. Deliveries over 8 Years," *American Journal of Perinatology* 29 (2012).
- ²³ Story posted to MomsRising blog, accessed June 22, 2017, https://www.momsrising.org/member_stories/story_id/5178.
- ²⁴ Working Matters, "Maryland Voices," accessed June 22, 2017, http://www.earned sickdaysmd.org/?page_id=265.
- ²⁵ 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.
- ²⁶ 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).
- ²⁷ Center for Law and Social Policy, *Paid Family Leave: A Crucial Support for Breastfeeding*, CLASP,

http://www.clasp.org/resources-and-publications/publication-1/2016-07-26-BreastfeedingPaidLeaveLacAcc_FINAL.pdf

²⁸ Kelsey R. Mirkovic, Cria G. Perrine, and Kelley S. Scanlon. "Paid Maternity Leave and Breastfeeding Outcomes," *Birth* 43 (2016); Sylvia Guendelman, Jessica Lang Kosa, Michelle Pearl, et al., "Juggling Work and Breastfeeding: Effects of Maternity Leave and Occupational Characteristics," *Pediatrics* 123 (2009).

²⁹ Suma Setty, Curtis Skinner, and Renée Wilson-Simmons, *Protecting Workers, Nurturing Families: Building an Inclusive Family Leave Insurance Program: Findings and Recommendations from the New Jersey Parenting Project*, National Center for Children in Poverty, Columbia University, 2016, http://www.nccp.org/publications/pdf/text_1152.pdf.

³⁰ Eileen Appelbaum and Ruth Milkman, *Leaves 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>.

³¹ S. Ip, M. Chung, G. Raman, et al., "Breastfeeding and Maternal and Infant Health Outcomes in Developed Countries," *Evidence Report/Technology Assessment* 153 (2007).

³² 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).

³³ Adam Burtle and Stephen Bezruchka, "Population Health and Paid Parental Leave: What the United States can Learn from Two Decades of Research," *Healthcare* 4 (2016).

³⁴ Joanne Klevens, Feijun Luo, Likang Xu, et al., "Paid Family Leave's Effect on Hospital Admissions for Pediatric Abusive Head Trauma," *Injury Prevention* 22 (2016).

³⁵ 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>.

³⁶ Klerman et. al., "Action Taken In Lieu of Taking Leave Exhibit 6.5.1."

³⁷ "Table 46. Paid leave combinations: Access, private industry workers," National Compensation Survey, U.S. Bureau of Labor Statistics, March 2016, <https://www.bls.gov/ncs/ebs/benefits/2016/ownership/private/table46a.htm>.

³⁸ All paid sick days data in this section from the Institute for Women's Policy Research Analysis of the 2014 National Health Interview Study: see Jenny Xia, Jeff Hayes, Barbara Gault, and Hailey Nguyen, *Paid Sick Days Access and Usage Rates Vary by Race/Ethnicity, Occupation, and Earnings*, Institute for Women's Policy Research, 2016, <https://iwpr.org/publications/paid-sick-days-access-and-usage-rates-vary-by-raceethnicity-occupation-and-earnings/>

³⁹ "Table 32. Leave benefits: Access, civilian workers," National Compensation Survey, U.S. Bureau of Labor Statistics, March 2016, <https://www.bls.gov/ncs/ebs/benefits/2016/ownership/civilian/table32a.htm>

⁴⁰ See: Family Values @ Work. <http://familyvaluesatwork.org/>.