

PAID LEAVE AND HEALTH

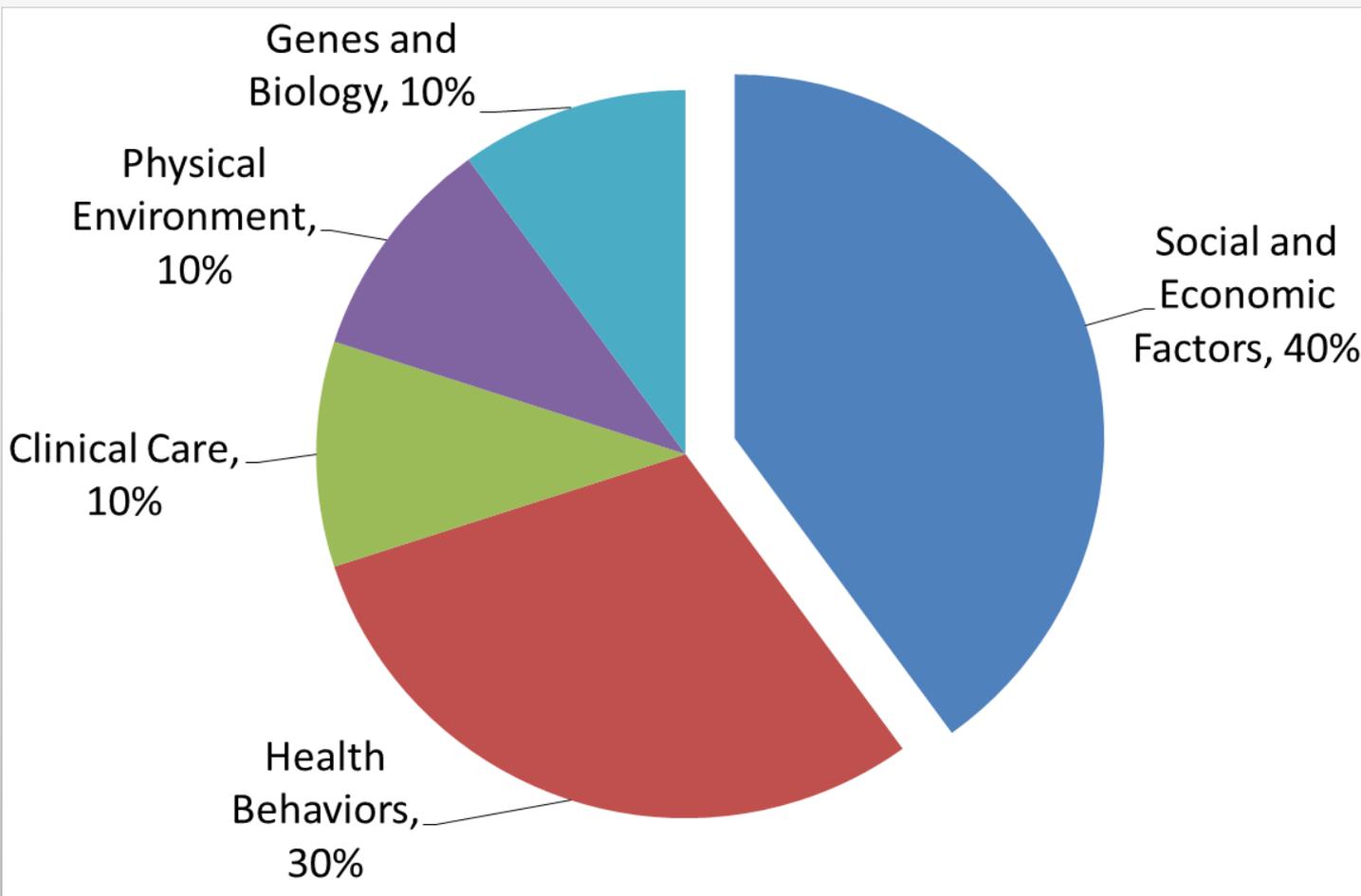
Jeanne Ayers, Assistant Commissioner
Minnesota Department of Health
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“Public health is what we, as a society, do collectively to assure the conditions in which (all) people can be healthy.”

Institute of Medicine (1988), *Future of Public Health*

What are the conditions that create health?

Determinants of Health



Socio-economic factors that help determine health

Necessary conditions for health (WHO)

- ✦ **Peace**
- ✦ **Shelter**
- ✦ **Education**
- ✦ **Food**
- ✦ **Income**
- ✦ **Stable eco-system**
- ✦ **Sustainable resources**
- ✦ **Social justice and equity**

Minnesota is doing well overall

- Second highest life expectancy at birth
 - Lowest infant mortality rate
- Six highest life expectancy after age 65
 - Highest rated health of seniors
- Highest rated health care system
 - Access, quality, cost, outcomes

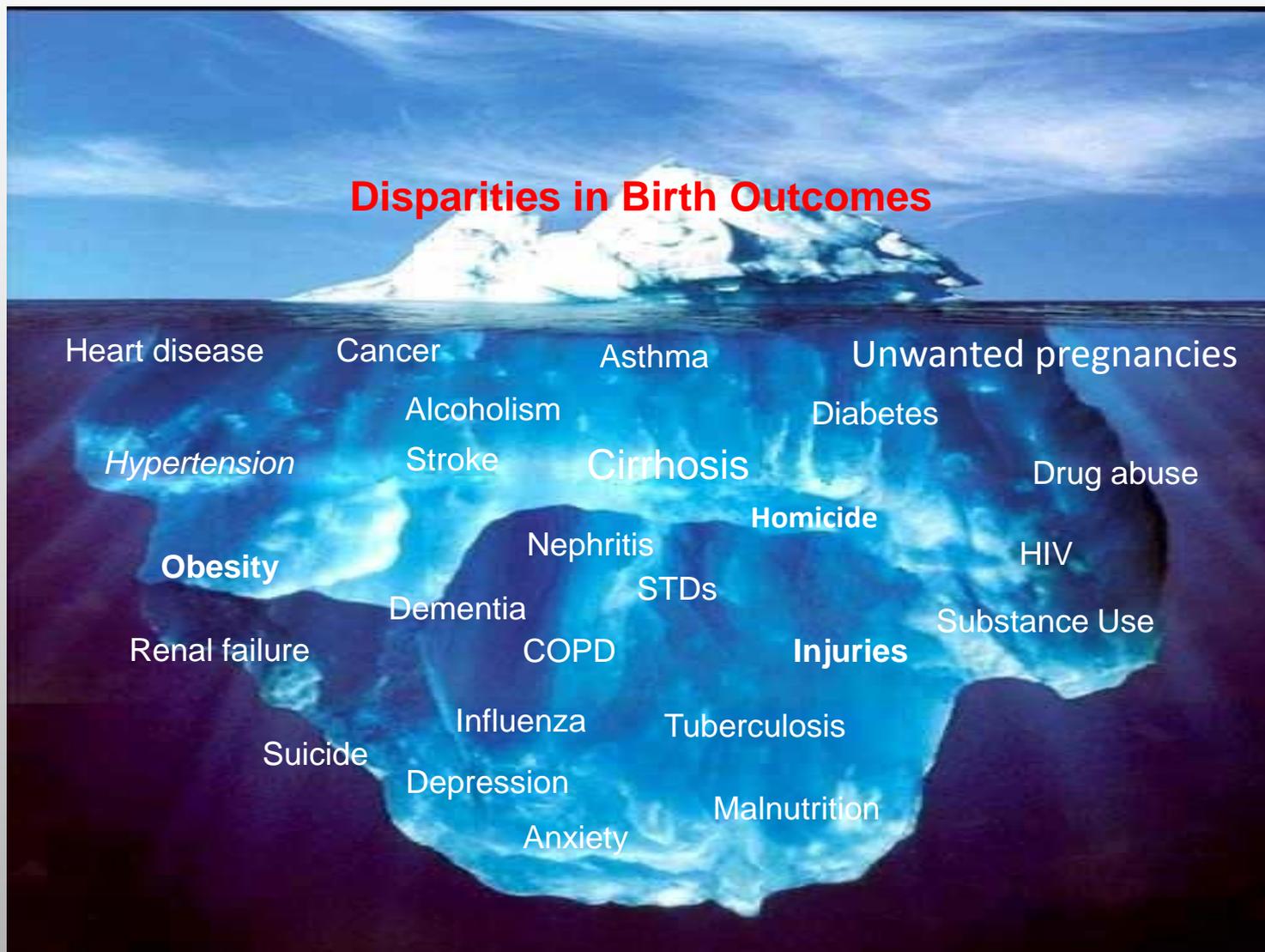
Advancing Health Equity in Minnesota

“...the opportunity to be healthy is not equally available everywhere or for everyone in the state.”

Health inequities in Minnesota are significant and persistent, especially by race:

In Minnesota, an African American or Native American infant has more than twice the chance of dying in the first year of life as a white baby.

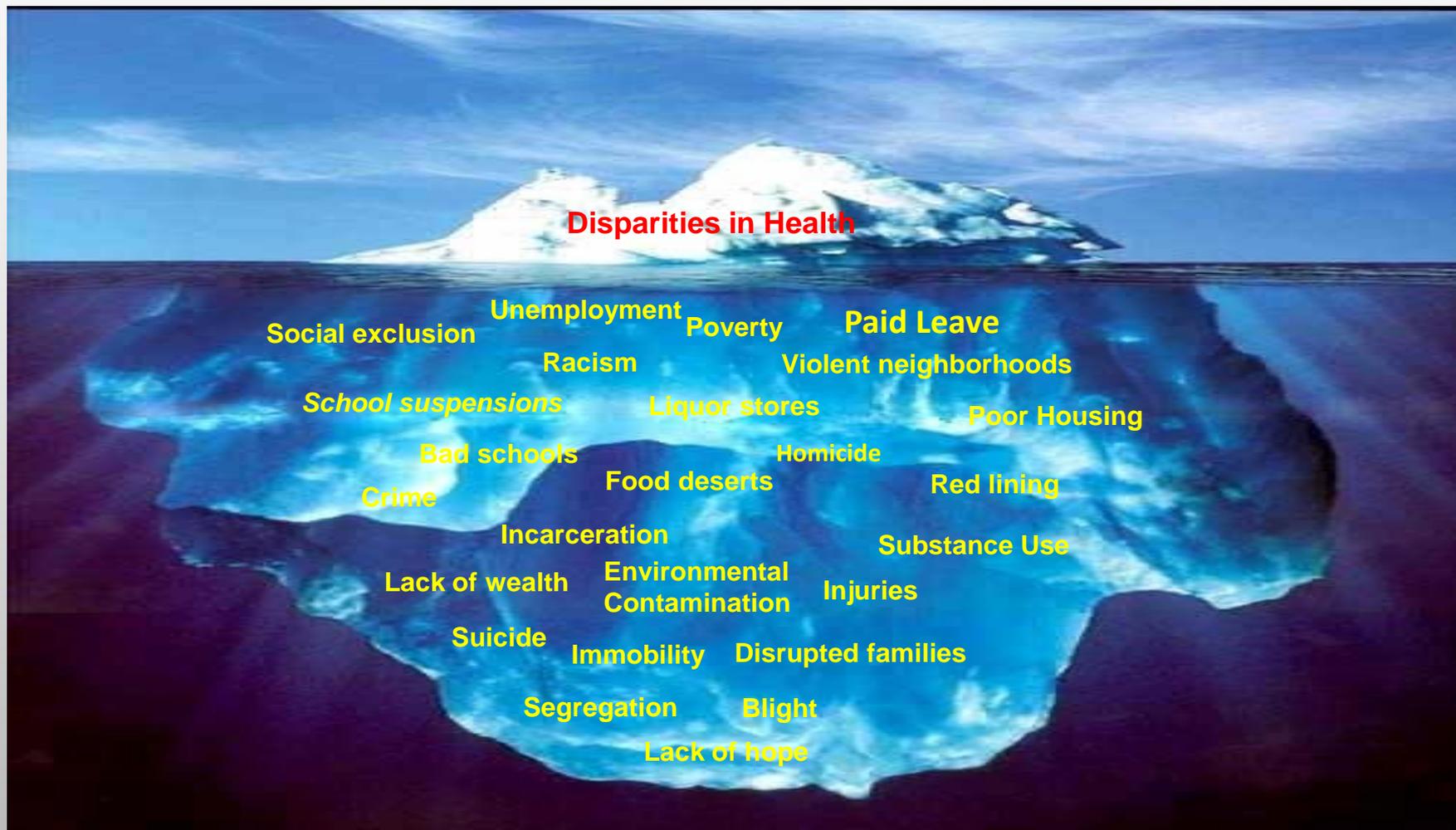
Disparities in Birth Outcomes are the tip of the health disparities iceberg



Predictors of Health by Race

The connection between systemic disadvantage and health inequities by race is clear and predictive of the future health of our community.

Disparities in health are the tip of the societal disparities iceberg



Communities of Opportunity

- Parks & trails
- Affordable, healthy food supply
- Job opportunities, fair wages, benefits and safe work practice
- Thriving small businesses and entrepreneurs
- Financial institutions
- Better performing schools
- Good transportation options and infrastructure
- Sufficient healthy affordable housing
- Home ownership
- Social inclusion/civic engagement
- Availability of family support and social networks
- Strong local governance

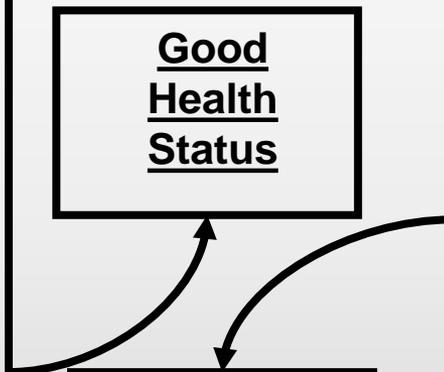
Low-Opportunity Communities

- Unsafe/limited parks
- Lack of affordable, healthy food
- Lack of job opportunities, fair wages, benefits and safe work practices
- Payday lenders
- Few small businesses
- Poor performing schools
- Few transportation options
- Poor and limited housing stock
- Rental housing/foreclosure
- Social exclusion
- Lack of family support and social networks
- Weak local governance

Good Health Status

Poor Health Status
 Contributes to health disparities:

- Obesity
- Diabetes
- Cancer
- Asthma
- Injury



Health Inequities

Differences in health status between more socially advantaged and less socially advantaged groups caused by **systematic** differences in social conditions and processes that effectively determine health.

Health inequities are **avoidable, unjust, and therefore actionable.**

Roots of Inequities-how did we get here?

- Disparities are not simply due to lack of access to health care or to poor individual choices.
- Disparities are mostly the result of policy decisions that systematically disadvantage some populations over others.
 - Especially, low income, populations of color and American Indians, GLBTQ
 - Structural racism
 - Greatest potential for change is effective policy development

Asking Questions as a Path to Action

- **Inquiry Questions:**
 - ✓ *What is working?*
 - ✓ *What policies, practices, processes create inequities within our organizations and more broadly?*
 - ✓ *Identify areas where structural inequities and structural racism are creating inequitable health outcomes.*
- **Develop the practice of examining Policies, Processes and Assumptions.**

Health in All Policies



Paid Leave and Health

- MN Legislature asked MDH to review existing research on health implications of paid leave policies
- MDH Center for Health Equity released White Paper on Paid Leave and Health in March 2015
 - Summarizes evidence on associations between paid leave (sick leave and family leave) and health
 - Highlights inequities in access to paid leave among Minnesota workers

A discussion of paid leave is an important next step in the much broader discussion of the relationship between employment stability, economic security and health

(MDH White Paper on Paid Leave and Health, 2015)

Paid family leave contributes to healthier babies

- Parents spend more time with their new babies
- Higher initiation and duration of breastfeeding
- Paid parental leave is associated with
 - Lower infant mortality
 - Better infant health
 - Higher vaccination rates
 - More well-child visits
 - Higher maternal physical health and lower depression

Paid leave contributes to healthy workers and their families

- Workers are able to care for family members
- Better school performance
- More likely to visit health care provider
- Higher use of preventive services
(cancer screening)
- Lower usage of emergency room

Paid leave protects the health and economic well-being of our community

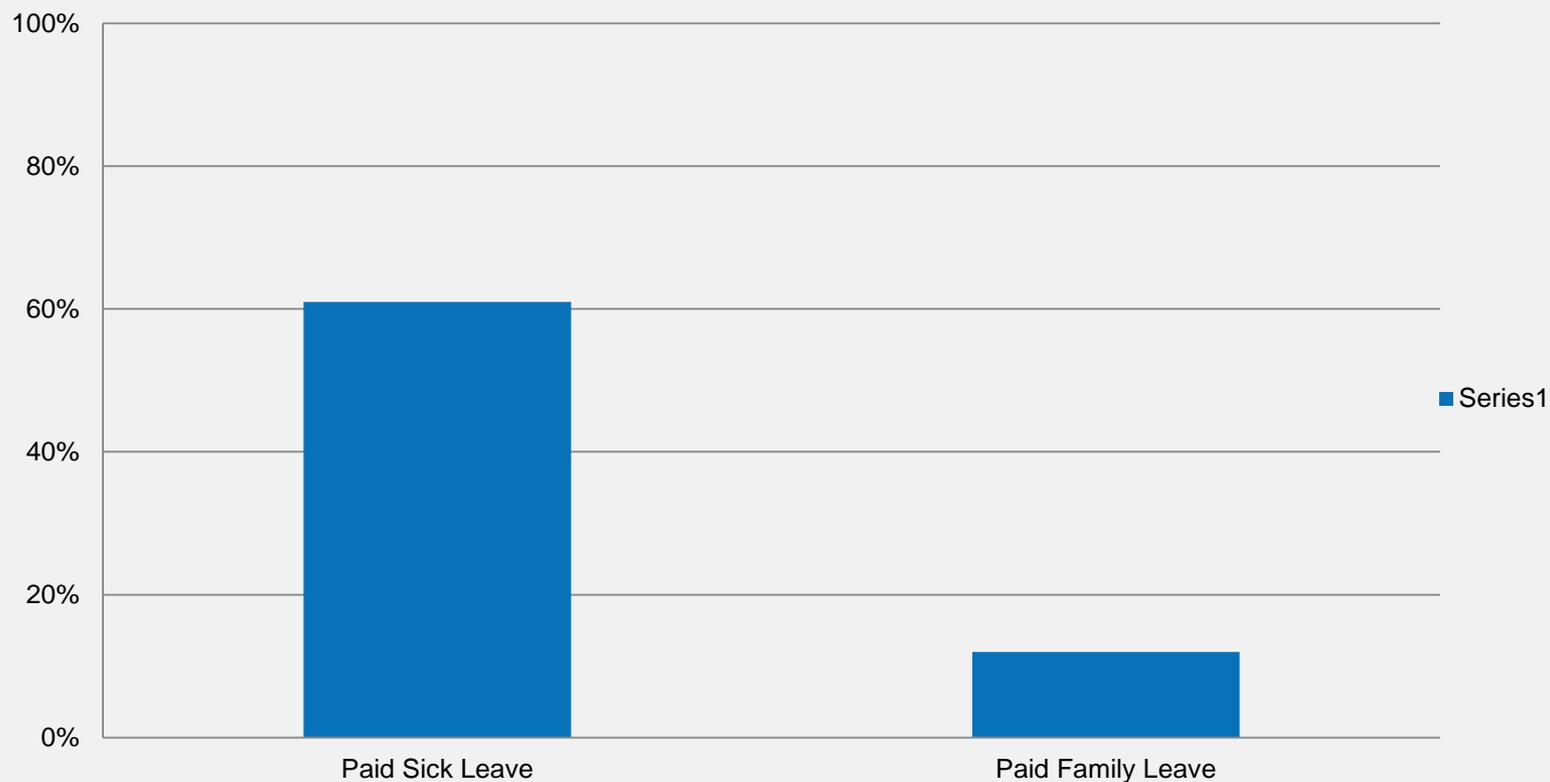
- Less likely to go to work/school while sick, and faster recovery from illness
 - Sick MN food workers were source of 208 foodborne illness outbreaks and 2,996 illnesses from 2004 to 2013
 - \$1.6 million to \$2 million cost
- Employees/students who come to work/school sick spread respiratory and other diseases
- Lack of access may result in higher use of public assistance and publicly funded health care programs

Paid leave policies benefit employers

- Improved recruitment, retention and morale
- Lower rates of occupational injury
- Employees less likely to spend work time worrying about family members' health
- Lower risk of taking six or more sick days than workers without paid leave

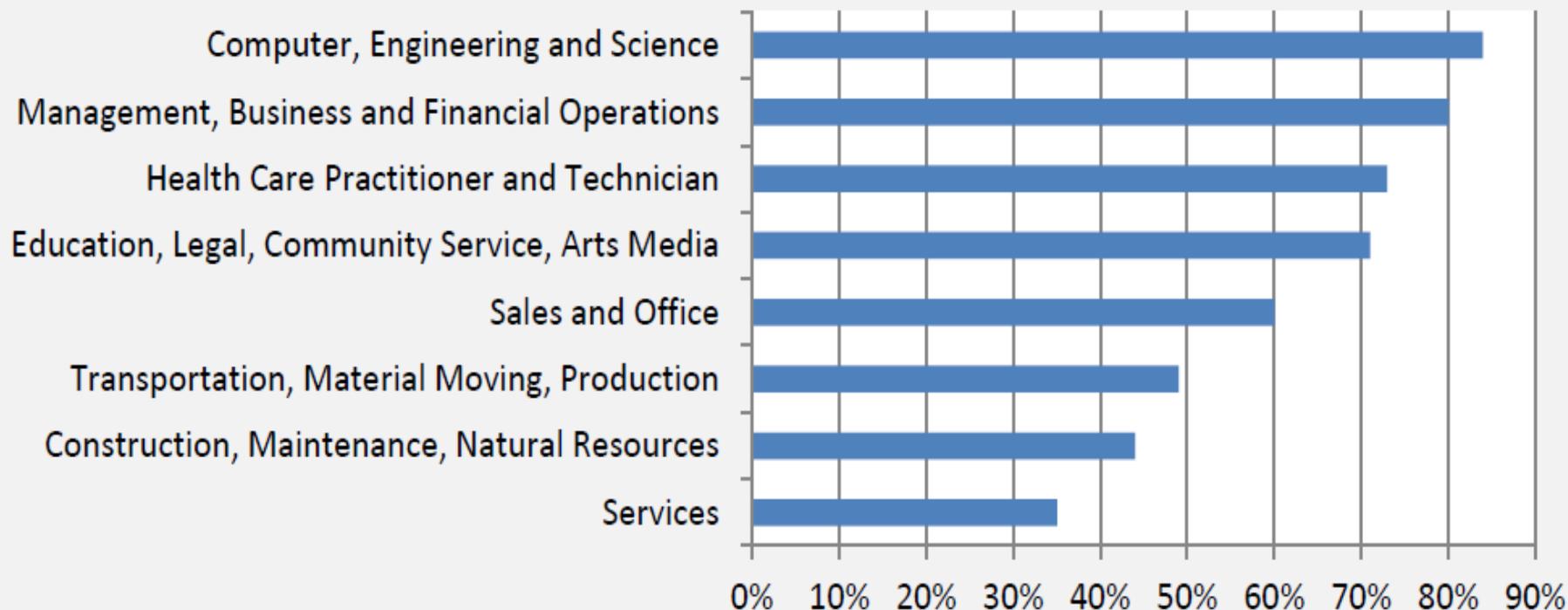
Access to Paid Leave

Access to Paid Leave Benefits for All Civilian Employees: U.S. (2013)



Source: U.S. Bureau of Labor Statistics (2013)

Access to Paid Sick Leave by Occupation in Minnesota, 2012



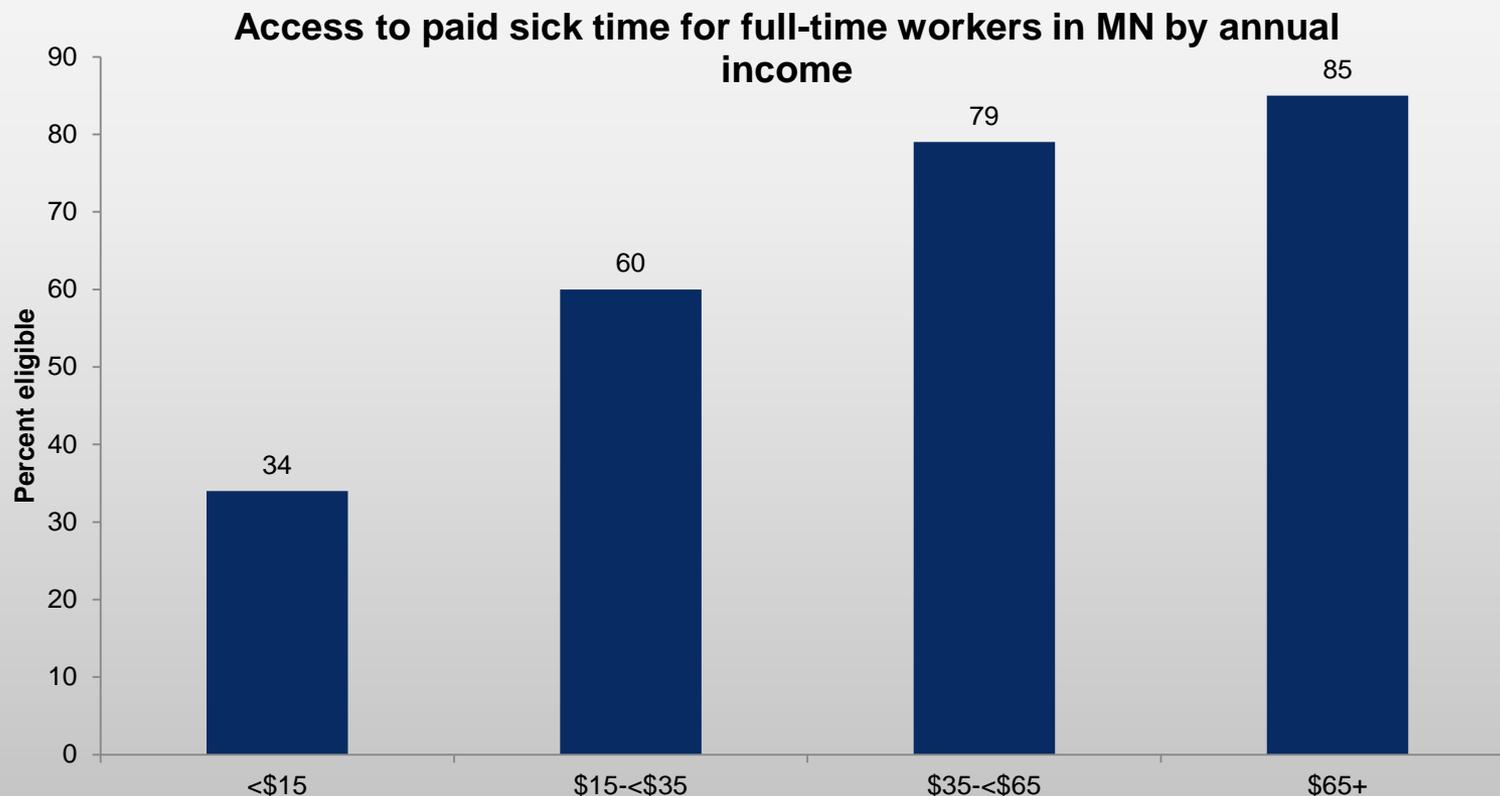
Source: Institute of Women's Policy Research (2014)

Small employers and lower-paying jobs are less likely to offer paid leave

Table 4: Estimated of Access to Paid Sick Leave for Five Lowest Wage Occupations: Minnesota (2013)

Five lowest annual mean wage occupations	Approx. % of employees without sick leave	Approx. Number of Employees without paid sick leave	Annual Mean Wage
Food preparation and serving-related	79%	180,300	\$20,800
Personal care and service	72%	77,900	\$24,560
Building grounds cleaning and maintenance	57%	45,400	\$26,430
Health care support	45%	42,500	\$29,020
Farming, fishing and forestry	85%	3,000	\$30,910

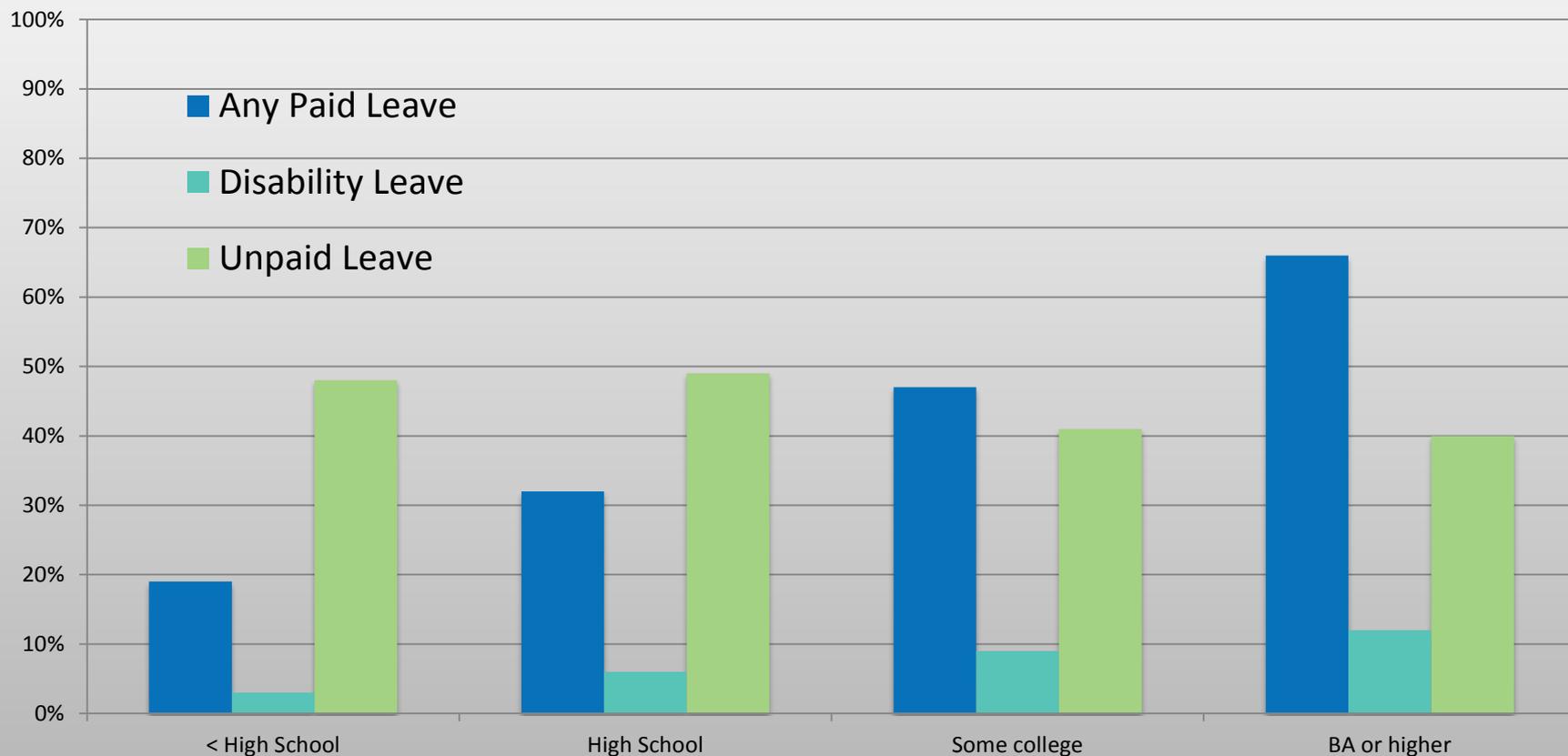
Those with lowest incomes least likely to have access to paid sick leave--MN



Institute for Women's Policy Research, Briefing Paper on "Access to Sick Days in MN", September 2014. Data Source: Institute for Women's Policy Research analysis of 2010-2012 National Health Interview Survey (NHIS) and 2012 IPUMS American Community Survey.

Education and Access to Paid Leave

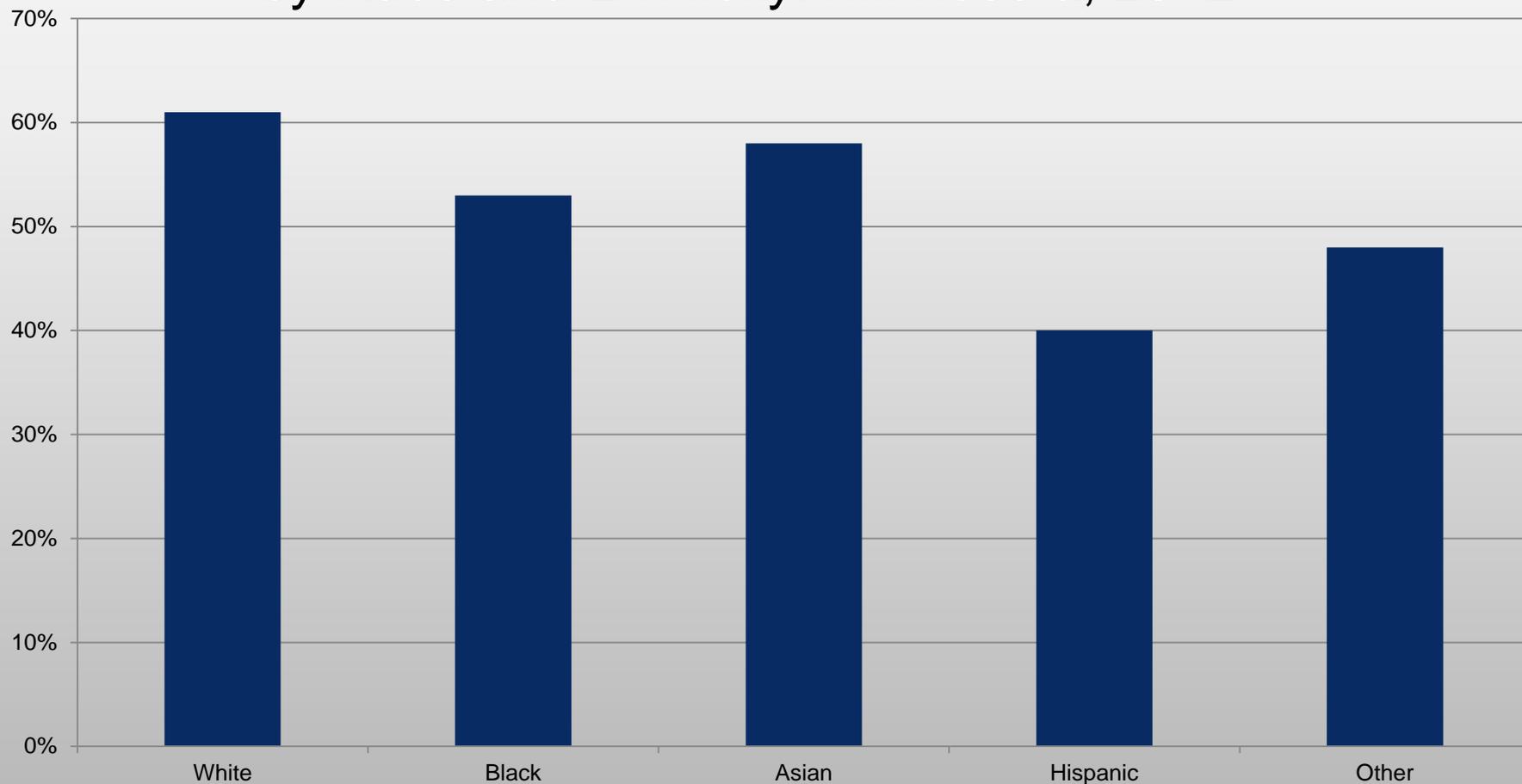
Mothers' Access to Paid Leave by Education: U.S. 2006-2008



Source: U.S. Census

Race and Access to Paid Sick Leave

Access to Paid Sick Leave
 by Race and Ethnicity: Minnesota, 2012



Distribution of access to paid sick leave

- Access to Paid Leave is Not equally distributed among all working Minnesotans.
 - Differs by employee size and industry sector (e.g. government, private industry, large and small employers)
 - Varies by industry and occupation (e.g. farming, construction, computer, management, etc.)
 - Varies by race, income and education
- Access to paid leave is often unrelated to employee's health needs or their attachment to the workforce.

Working Minnesotans do not have equal access to paid leave

- Workers with lower incomes and women with lower education levels are less likely to have paid leave
- People of color are less likely to have paid sick leave than whites
- Access to paid family leave varies by mothers' race and ethnicity
- Small employers and lower-paying jobs are less likely to offer paid leave
- Gaps in our laws contribute to unequal access to paid leave

The U.S. joins Lesotho, Swaziland and New Guinea as the only countries in the world not to mandate paid leave for mothers of newborns.



Source: International Labour Organization

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Paid Family and Sick Leave

- Improves infant and maternal health
- Improves health of workers
- Improves use of health services
- Improves health of families
- Has multiple benefits to employers
- Protects the health of the community
- Disproportionately unavailable to:
 - People of color and American Indians
 - Low income workers
 - People with lower levels of education
 - Employees in small businesses

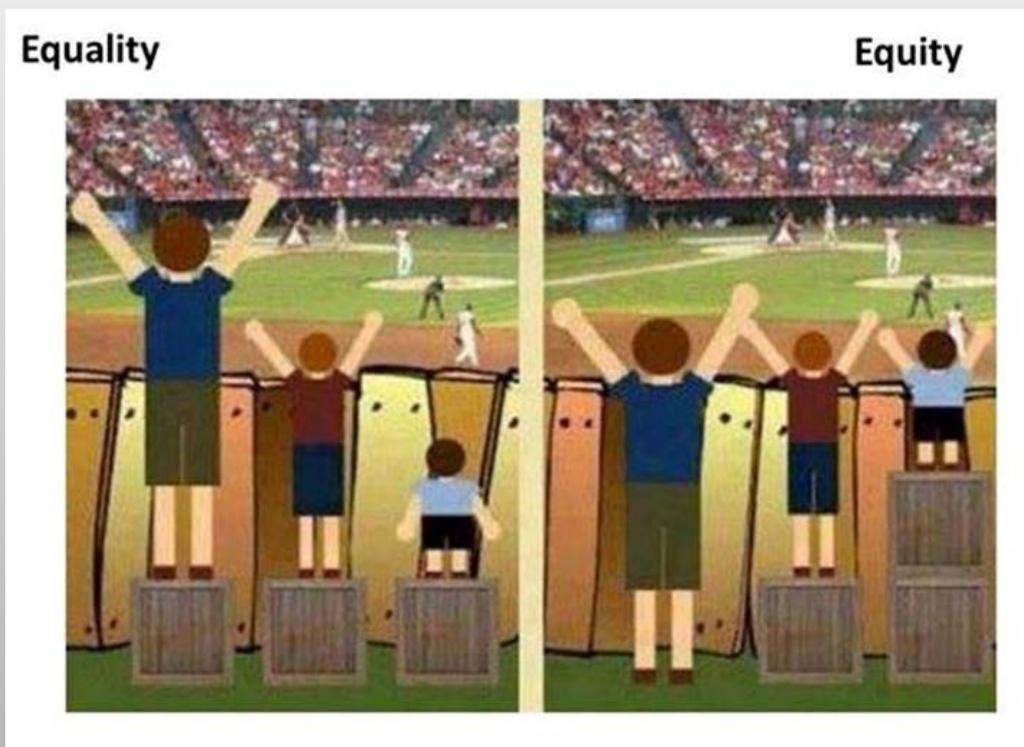
“The benefits of paid leave policies do not accrue only to individuals or families. Employers, communities, and systems all benefit from people able to take care of each other and also fulfill their job responsibilities.”

(MDH White Paper on Paid Leave and Health, 2015)

“Public health is what we, as a society, do collectively to assure the conditions in which (all) people can be healthy.”

-Institute of Medicine (1988), *Future of Public Health*

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Terms and Definitions

- *Paid Sick Time* refers to a partial or full continuation of wages that allows employees to take time off from work (usually up to a limit established by the employer) to address their own or a family member's health concerns.
- *Family Leave* refers to time from work taken to address major health concerns that are often longer-term or chronic, for either the employee (medical leave) or other family members.
- *Parental Leave* is used by mothers and fathers to care for a new child in the family.
- *Maternity/Paternity Leave* refers to time away from work for mothers or fathers after the birth, adoption or fostering of a new child.

Terms and Definitions

- **Health Equity** is the attainment of the highest level of health for all people (USDHHS, Office of Minority Health (2011)).
- **Health Disparities** are differences in the incidence, prevalence, mortality and burden of disease and other adverse health conditions that exist between different groups (NIH, 2000. NIH strategic research plan to reduce and ultimately eliminate health disparities).
- **Health Inequities** are differences in health status between more socially advantaged and less socially advantaged groups, caused by systemic differences in social conditions and processes that effectively determine health. (Braveman, 2003)
- **Social Determinants of Health** are life enhancing resources such as food supply, housing, economic and social relationships, transportation, education and health care that effectively determine lengths and quality of life. Adapted from S. James , Social determinants of health: Implications for intervening on racial and ethnic health disparities, 2002).