

How Health Professionals Can Help Meet the Promise of Paid Leave

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TREATMENT FOR SERIOUS HEALTH CONDITIONS, recovery from childbirth, and caregiving for new children and sick loved ones all require time. Yet too often, working people cannot take time for the health needs of their families or themselves because they lack paid family and medical leave. Paid leave shapes the social determinants of health, including economic security, and public and clinical health professionals have a role in supporting access to this key policy.

This brief gives health professionals specific recommendations to support paid leave based on research from the report [Meeting the Promise of Paid Leave: Best Practices in State Paid Leave Implementation](#).

Eight states and the District of Columbia have enacted paid family and medical leave programs, and research from the longest existing programs shows clear health benefits when working people have access to paid family and medical leave:

- Newborns whose mothers take leave for at least 12 weeks are more likely to be breastfed, receive medical check-ups and get critical immunizations.¹
- A parent's involvement shortens a child's hospital stay and may prevent future health care needs and costs.²
- With paid leave, workers are better able to help older family members recover from illness, fulfill treatment plans and avoid complications.³

Yet even when paid leave is available, many who are eligible and would benefit from programs are not aware of them. Public health professionals and advocates play a key role in helping connect people to paid leave programs. Health stakeholders can support the programs by helping to raise awareness and directing clients to information and further assistance.

WE HAVE COMMUNITY NETWORKS THAT ARE REALLY PASSIONATE ABOUT THE ISSUE AND WANT TO MAKE SURE THAT THE INFORMATION GETS OUT.

— DIRECTOR OF MATERNAL HEALTH PROGRAMS AT A CALIFORNIA PUBLIC HEALTH DEPARTMENT

HEALTH PROFESSIONALS' ROLE IN MAKING PAID LEAVE A SUCCESS

In States with Paid Leave Programs

Educate Health Professionals About Paid Leave

- Learn about paid leave policies, including how to apply for leave, in addition to what circumstances are covered beyond caring for a new child.
- Incorporate information about state-specific paid leave benefits into existing programs for individuals or communities likely to experience a need for leave.
- Ask professional associations and other networks to host educational events and circulate information among their membership.
- Share basic information about paid leave with health plans, diverse health care providers and support personnel (e.g., social workers, lactation counselors, childbirth educators) so they can recognize and inform potential claimants. Paid leave is broadly inclusive, so information can be shared without making assumptions about eligibility.

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Reach Out to Those Who May Benefit From Paid Leave

- Get outreach materials from paid leave program administrators and share them with clients and constituents. Encourage program administrators to provide materials in multiple languages and at accessible reading levels.
- Send clients to the administering agency for information and to consider applying – do a “warm handoff” (i.e., accompanying someone to the relevant office and transferring care in person) where possible.
- Individuals in the midst of a health crisis or overwhelmed caring for a new child may benefit from help with processing information and applying.

In States that Have Not Yet Implemented Paid Leave Programs

Engage in the Legislative Process

- Advocate publicly for strong paid leave programs that meet the needs of individuals and families, especially those with low incomes and women of color.
- Seek opportunities to educate lawmakers during the legislative process about experiences of established state programs, including the health benefits of paid leave.
- Engage with regulatory agencies, either individually or through a representative organization, to provide input on and help strengthen program regulations.

¹ Berger, L., Hill, J., & Waldfogel, J. (2005). Maternity Leave, Early Maternal Employment and Child Health and Development in the US. *The Economic Journal*, 115(501), F44.

² Heymann, J. (2001, October 15). The Widening Gap: Why America's Working Families Are in Jeopardy—and What Can Be Done About It. New York, NY: Basic Books.; Heymann, J., & Earle, A. (2010). Raising the global floor: dismantling the myth that we can't afford good working conditions for everyone. Stanford, Calif.: Stanford Politics and Policy.

³ See e.g., Institute of Medicine. (2008, April 11). Retooling for an Aging America: Building the Health Care Workforce, 254. Retrieved 1 July 2019, from http://www.nap.edu/openbook.php?record_id=12089; Arbaje, Wolff, J. L., Yu, Q., Powe, N. R., Anderson, G. F., & Boulton, C. (2008). Postdischarge Environmental and Socioeconomic Factors and the Likelihood of Early Hospital Readmission Among Community-Dwelling Medicare Beneficiaries. *The Gerontologist* 48(4), 495-504. Retrieved 1 July 2019, from <https://www.ncbi.nlm.nih.gov/pubmed/18728299>

The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, reproductive health and rights, access to quality, affordable health care and policies that help all people meet the dual demands of work and family. More information is available at NationalPartnership.org.

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