Using Health Care Well:

How Workplace Leave Policies Support National Health Care Transformation

Briefing Paper for Health Care Providers

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Health care providers and systems, policymakers and purchasers are working to promote the effective and efficient use of health care services, improve quality, and reduce overall health care costs. Reimagining and reshaping health care through delivery system reforms and quality improvements are key components of health care transformation. Yet there is a complementary component that is necessary for change: ensuring patients and family caregivers have access to leave from work to seek care and provide support to family members in need of care.¹

Ensuring workers have access to jobprotected workplace leave policies, including **earned paid sick days** to recover from routine illnesses, seek preventive care, better manage chronic conditions or seek routine care for family members and **paid family and medical leave** to address

Health Improves When Workers Have Time To Seek Care

Paid time off for health and caregiving needs is associated with:

- A significant increase in workers' likelihood of visiting a doctor at least once a year and obtaining cancer screenings at recommended intervals.
- A doubling in the likelihood of workers obtaining timely medical care for family members.
- Annual savings of \$1.1 billion in public and private spending on unnecessary emergency department visits.

Sources: Peipins, et al. (2012), Cook, et al. (2009), Miller, Williams & Yi (2011)

serious personal health conditions, the arrival of a new child or the serious health condition of a family member, will help health providers deliver quality care in a timely, efficient and compassionate manner. Paid time off:

¹Both paid sick days and paid family and medical leave insurance proposals build on the success of the 1993 federal Family and Medical Leave Act (FMLA), which provides about 60 percent of the nation's workforce up to twelve weeks of *unpaid*, job-protected leave for family and medical reasons, with continuation of group health insurance coverage. Public policies to provide paid sick days and *paid* family leave have been proposed at the federal level, and have been adopted in some states and cities. For example, the state of Connecticut and the cities of San Francisco, Washington, D.C., and Seattle have adopted paid sick days laws to provide workers with earned paid sick time. Five states offer state-run temporary disability insurance to their residents for serious personal illness and two (California and New Jersey) have created paid family leave insurance systems for



- Supports individual and community health
- > Reduces disparities in health care access and health status
- ▶ Improves patients' ability to be active participants in their own care and the care of family members.

Too many workers in the United States cannot access paid time off to get the care they need, to recover from illnesses or to assist family members in need of care. Public policies to address workplace leave are needed. Private sector initiatives are not enough because access to workplace leave varies greatly by industry, business size and occupation, leaving the very workers most in need of leave without pay or job protection when illness or family caregiving needs arise. Without time to seek care, workers too often go without or leave ailing family members to struggle to understand and address their conditions without the help they need to recover.

Workers' Current Rates of Access to Paid and Unpaid Leave Are Much Too Low

Current policies fail to provide workers with the protections they need to seek care and stay healthy.

- ▶ About 42 percent of the private-sector workforce 44 million U.S. workers lack access to a single paid sick day to use to recover from illness or seek medical care. The lowest-wage workers are most vulnerable (just 18 percent have paid sick days).
- ▶ Even workers who can earn paid sick days are vulnerable without the protections of public policy. Nearly half of private sector workers who earn paid sick days report that their employers still have a dismissal policy for any missed work time. Thirty-four percent of workers with paid sick days report fears of being penalized for their absence.
- ▶ Only about 60 percent of the workforce has job-protected *unpaid* leave under the Family and Medical Leave Act (FMLA) and even those covered by the FMLA too often can't afford to take the unpaid leave the law provides.
- ▶ Just 11 percent of the U.S. workforce has access to paid family leave through their employer to be used for family caregiving.
- ▶ Less than 40 percent of the U.S. workforce has access to employer-provided shortterm disability insurance, which means millions of workers lack any form of income support during serious bouts of illness.

Sources: Institute for Women's Policy Research (2011), U.S. Department of Labor (2012), Institute for Women's Policy Research (2011, July), Abt Associates Inc. (2012), U.S. Department of Labor (2011)

Paid leave supports individual and community health.

When workers have access to workplace leave without losing pay or risking their jobs, they can seek appropriate and timely care, focus on recovery and reduce the spread of disease. Providers are able to provide care in appropriate settings and conditions are treated before they get worse. In particular:

- ▶ An estimated 1.3 million emergency department visits could be avoided each year in the United States if all workers had paid sick days.¹ This is because workers with paid sick days are much less likely to use emergency rooms than workers without paid sick days, preferring instead to seek care from primary care or other non-emergency department providers.² Ensuring that all workers are able to earn paid sick days would save approximately \$1.1 billion each year in avoidable emergency department visits.³
- > Take-up of preventive care and cancer screenings would improve. Workers with paid sick days are more likely to visit the doctor at least once a year and to get cancer screenings at recommended intervals, which means they are more likely to catch health problems and seek treatment early, before they become more costly and burdensome.
- > Flu and norovirus transmission would be reduced. Universal access to paid sick days would significantly reduce the spread of contagious diseases. For

"Paid sick days make public health sense.... And they make fiscal sense because they allow individuals to take sick days to seek preventive or primary care, rather than accessing care through emergency departments."

- Jeff Levi, Executive Director, Trust for America's Health

- example, had all U.S. workers been able to earn paid sick days during the 2009 H1N1 flu epidemic, five million infections could have been prevented. Industries in which workers have substantial contact with the public such as food service, retail and child care currently have alarmingly low rates of paid sick days access.
- ▶ The economy could realize cost savings of about \$160 billion per year if workers could stay home when ill rather than going to work and working at reduced capacity.⁷

Paid leave reduces health disparities and promotes health equity.

Workers in communities of color and workers who earn low wages are more likely than workers overall not to have access to paid time off for health reasons. Approximately six in ten Latino workers and eight in ten of the lowest-wage workers cannot take a single day away from work without losing pay or risking their jobs. For the average family without paid sick days, just over three unpaid days away from work is equivalent to the family's health insurance or grocery budget for the month. About one-quarter of U.S. adults report losing a job or being threatened with job loss for taking sick time. These realities provide significant incentives to work sick and forgo or delay preventive care. Access to paid time off for health purposes would make a difference. For example:

- ▶ Workers with access to paid sick days are less likely than those without paid sick days to report being in fair or poor health.¹²
- ▶ Workers with access to paid sick days are one-third less likely to report delaying medical care for themselves or family members than workers without paid sick days.¹³

Paid leave facilitates patient and caregiver engagement.

Workers' ability to seek care for themselves and serve as active caregivers for their loved ones are critical factors in increasing the value of health care expenditures, promoting care coordination and reducing complications. ¹⁴ Paid leave policies promote patient and caregiver engagement. Consider that:

- ▶ The presence of a family caregiver is correlated with shorter hospital stays and the absence of a caregiver is associated with "problematic hospital discharges" and higher readmission rates.¹⁵ Hospital systems, providers, patients and families all share an interest in ensuring patient safety and ongoing coordination of care upon release from the hospital.
- ▶ Paid family and medical leave policies increase access to and duration of parental leave ¹⁶ and are predicted to result in a doubling of maternal leave duration. ¹⁷ This leads to improved physical and emotional health for parents and babies. ¹⁸

Conclusion

As the U.S. health care sector strives for improvement and cost-savings, public policies that support the nation's health are essential to success. Policymakers, providers and private sector health stakeholders must consider the role that paid leave policies can play in increasing the value of health care dollars. The entire health care system – including health plans, hospitals, physicians, other health care providers, communities, employers and policymakers – would ultimately see an increased value if all workers had access to workplace leave.

12 See note 1.

13 Ibid.

¹ Miller, K., Williams, C., & Yi, Y. (2011, November). Paid Sick Days and Health: Cost Savings from Reduced Emergency Department Visits. Institute for Women's Policy Research publication. Retrieved 7 January 2013, from http://www.iwpr.org/publications/ pubs/paid-sick-days-and-health-cost-savings-from-reduced-emergency-department-visits

² Smith, T., & Kim, J. (2010, June). Paid Sick Days: Attitudes and Experiences, 6. National Opinion Research Center at the University of Chicago publication. Retrieved 7 January 2013, from http://www.publicwelfare.org/resources/DocFiles/psd2010final.pdf

³ See note 1

⁴ Peipins, L., Soman, A., Berkowitz, Z., et al. (2012, July 12). The lack of paid sick leave as a barrier to cancer screening and medical care-seeking: results from the National Health Interview Survey. *BMC Public Health* 12(520). Retrieved 7 January 2013, from http://www.biomedcentral.com/content/pdf/1471-2458-12-520.pdf

⁵ Kumar, S., Quinn, S.C., Kim, K., et al. (2011, November 17). The Impact of Workplace Policies and Other Social Factors on Self-Reported Influenza-Like Illness Incidence During the 2009 H1N1 Pandemic. *American Journal of Public Health*, 102(1), 134-140. Retrieved 7 January 2013, from http://www.cdc.gov/phpr/documents/science/AJPH_2011_300307v1.pdf

⁶ Williams, C., Drago, R., & Miller, K. (2011, January). 44 Million U.S. Workers Lacked Paid Sick Days in 2010: 77 Percent of Food Service Workers Lack Access . Institute for Women's Policy Research. Retrieved 7 January 2013, from http://www.iwpr.org/publications/pubs/44-million-u.s.-workers-lacked-paid-sick-days-in-2010-77-percent-of-food-service-workers-lacked-access

⁷ Stewart, W., et al. (2003, December). Lost Productive Health Time Costs from Health Conditions in the United States: Results from the American Productivity Audit. *Journal of Occupational and Environmental Medicine*, 1243. Retrieved 7 January 2013, from

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⁸ Institute for Women's Policy Research. (2011, March). Paid Sick Day Access Rates by Race/Ethnicity/Gender Groups. Retrieved 7 January 2013, from http://www.iwpr.org/publications/pubs/paid-sick-day-access-rates-by-gender-and-race-ethnicity-2010

⁹ U.S. Bureau of Labor Statistics. (2012, July 11). Employee Benefits in the United States – March 2012 [Press release] (p.16). Retrieved 7 January 2013, from http://www.bls.gov/ncs/ebs/sp/ebnr0018.pdf

¹⁰ Gould E., et al (2011, June). The need for paid sick days: The lack of a federal policy further erodes family economic security, 7. Economic Policy Institute publication. Retrieved 7 January 2013, from http://w3.epi-data.org/temp2011/BriefingPaper319-2.pdf

¹¹ See note 2

14 See e.g., Campaign for Better Care. (2010). Consumer Coalition Principles. Retrieved 7 January 2013, from http://www.nationalpartnership.org/site/DocServer/CBC_Policy_Principles.pdf?docID=6221

15 See e.g., Institute of Medicine. (2008, April 11). Retooling for an Aging America: Building the Health Care Workforce, 254. Retrieved 7 January 2013, from http://www.iom.edu/Reports/2008/Retooling-for-an-Aging-America-Building-the-Health-Care-Workforce.aspx; Arbaje, et al. (2008). Postdischarge Environmental and Socioeconomic Factors and the Likelihood of Early Hospital Readmission Among Community-Dwelling Medicare Beneficiaries. The Gerontologist 48(4), 495-504. Summary retrieved 7 January 2013, from http://www.rwjf.org/grantees/connect/product.jsp?id=34775

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

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