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Childrens Hospital

Family Leave and the Health of Children

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Objectives and Conflicts

- Objectives

- To describe need for family leave from child health perspective
- To describe history and limitations of FMLA
- To describe paid family leave in CA and nationwide

- Conflicts

- I have no financial conflicts to disclose
- I am politically biased (to the center-left)



Making the Health Case for Family Leave



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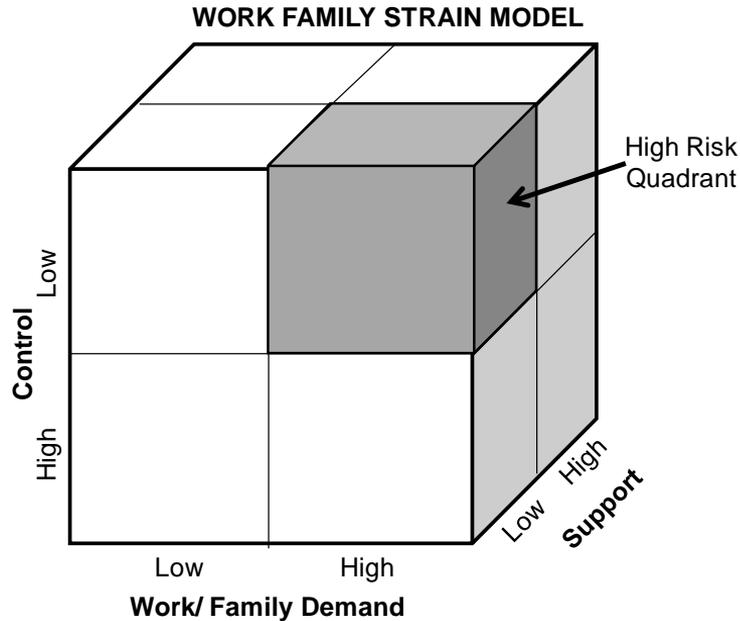
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What Is Family Leave?

- Leave to care for:
 - Child's birth/adoption/foster placement
 - Child's 1st year of life/adoption/foster placement
 - Spouse/child/parent's serious health condition
- Does not include parental (maternity/paternity) leave
 - Generally covered under medical, short-term disability, or parental leave programs
 - Often concurrent with family leave programs



Why Family Leave?



- Demands vs. controls vs. supports (Berkman et al. 2013)
 - **High** demand + **low** control + **low** support = strain
- High levels of strain threaten physical and emotional health



High Demand, Low Control

“When we first realized that [our child] had a serious illness...he was in the hospital that day. And physically I was in the hospital and I was having to make a lot of phone calls and I was very worried. I was either on the phone with work or on the phone with my family and talked to a bunch of different people: social workers, doctors, nurses...It was kind of a blur...We didn't want to leave him [in the hospital] alone for fear that he wouldn't get the right care or he'd be afraid or it would compromise his emotional well-being or physical well-being...I had to make arrangements with my work on either being at the hospital or going to a doctor's appointment...And then once I had that hammered out with my boss—what days I would be working or staying with him at the hospital... Emotionally, we wanted to both be at the hospital at all times and just not work, but that wasn't an option. We knew if we'd do that we would lose our house and we would lose our job and we lose our health insurance so that just wasn't feasible.”

--Parent, UCLA Mattel Children's Hospital, 2009



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Ongoing Struggle to Establish Control

“Physicians struggle to determine Sam’s diagnosis; therapists struggle to get Sam to reach for that ball, to turn those knees in, to take an unaided step; but we, as parents of a medically complicated child, struggle with much more. I coordinate Sam’s medical records so that every physician knows what every other physician is thinking...I try to arrange multiple procedures with multiple surgeons on the same day so that Sam will undergo anesthesia as little as possible...I consult with our daycare center to determine how Sam can best be served next year in a classroom where everyone is walking but he may not be. I meet with our daughter’s teachers to discuss her behavioral problems, possible signs of the stress she feels. I struggle with keeping up with my work when I need to take off so much time to attend medical appointments.”

--Rani Ghose, “Complications of a Medically Complicated Child,” *Annals of Internal Medicine* 139, no. 4 (2003): 301–02.



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At Even Routine Visits, Parents Are...

- Responsible for scheduling the visit, arranging transportation, filling out all the necessary paperwork, displaying proof of insurance, and handling co-pays
- Expected to entertain or otherwise supervise their children while waiting sometimes hours in waiting rooms and patient rooms
- Expected to provide most or all of the relevant historical information to clinicians and to assist clinicians in the gathering of additional data, including talking with their child, comforting them during examinations or procedures, and helping collect urine or other samples
- Expected to work with clinicians to develop appropriate health care plans, to learn how to execute these plans at home, and to ask any and all necessary questions before leaving
- Expected to arrange follow-up appointments, fill pharmacy prescriptions, follow through on lab requests, and provide or arrange for transportation home



What Parents *Really* Are

- A mostly unacknowledged, unreimbursed, untrained, unmonitored, unregulated, haphazardly supported **shadow system of health care** upon which traditional health care providers almost entirely depend
 - For chronically ill children in US (in 2015 dollars), this care = \$36 billion in replacement wages and \$18 billion in forgone earnings
- When we do not support parents, child systems (including the child health care system) fail to function



What Parents Need: Parental Leave

- Postpartum depression affects 10-20% of mothers (5-10% of fathers) and peaks at 2-6 months postpartum
 - Maternal mental health begins to improve after 3 months
- Full cardiovascular and neuromuscular recovery may take 3-6 months
- 1 month antepartum leave may reduce C-section rates



What Newborns Need: Parental/Family Leave

- 1-2 months of antepartum leave may reduce early term births and low birth weight
- Breastfeeding reduces respiratory and gastrointestinal infections >50% in first 6 months
- Vaccine schedule confers nearly full immunity against most vaccine-preventable infections by 6 months
- Each additional 10 weeks of leave may prevent >1000 infant deaths in US (nearly $\frac{1}{4}$ of all infant deaths)



What Sick Children Need: Family Leave

- Parental presence may reduce hospital length-of-stay and recovery times by 30%
- Needs vary by disease and severity
 - Bronchiolitis, asthma—1/4 of exacerbations result in >1 week of missed school
 - Cancers—1/2 result in >1 month of missed school/year in first 2 years
- Serious illnesses characterized by sub-acute maintenance with unpredictable exacerbations



Summary: Recommendations for Health

- Parental leave: 4-6 months postpartum, 1 month antepartum
 - Gender neutrality may be needed to prevent long-term worsening of wage gap
- Family leave: 6 months for newborns, 3 months for sick children
 - For sick children, flexibility (intermittent leave use, modified work hours) may be more important than leave duration



Family and Medical Leave Act (FMLA)



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Before FMLA (Pre-1993)

- US was only industrialized country without paid leave for parents
- FMLA Benefits
 - 12 weeks of unpaid, job-protected leave
 - Eligible: Non-exempt employee working ≥ 1250 hours in past year for employer with ≥ 50 employees
 - In 2012, 59% of US employees eligible



After FMLA (Post-1993)

- US was *still* only industrialized country without paid leave for parents
- FMLA use is modest
 - In 2012, 16% of FMLA-eligible workers took leave for FMLA-qualifying reasons (vs. 10% of FMLA-ineligible workers); unclear whether they *used* FMLA
 - <10% of worksites reported negative effects on productivity, absenteeism, turnover, career advancement, morale, and profitability



Paid Family Leave



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Paid Family Leave

- FMLA failed because
 - Eligibility limited, leave unpaid
- In 2004, CA implemented first paid family leave law
 - Employee-funded through state disability insurance payroll tax
 - Up to 55% of wages for up to 6 weeks
 - No job protection if FMLA-ineligible
 - 4 states (CA, NJ, RI, NY 2018) now offer paid family leave
 - 5 states (CA, CT, MA, OR, VT) now offer paid sick days



After Paid Family Leave

- Users benefited

- Average maternity leave twice as long (6 vs. 3 weeks); leave-taking increased most among lower-income women
- Leave-takers 6% more likely to be working 1 year later

- But not much changed overall

- In CA, 13.1 million eligible employees, but only 247,000 claims in FY 2015-16
- 88% for bonding, 12% for illness care; bonding 64% female, 36% male; PFL increases past decade mostly male



What Went Wrong?

- 55% of wages not enough
 - In 2017, San Francisco began phasing in employer wrap-around mandate to 100% of wages for paid parental leave
 - In 2018, CA will increase to 70% of wages for all paid family leave
- No one knows about law
 - In 2014, awareness only 36% among CA voters
 - In randomized trial, 30-minute educational session for pregnant women increased average leave-taking by 3.7 weeks



The Future for Paid Family Leave

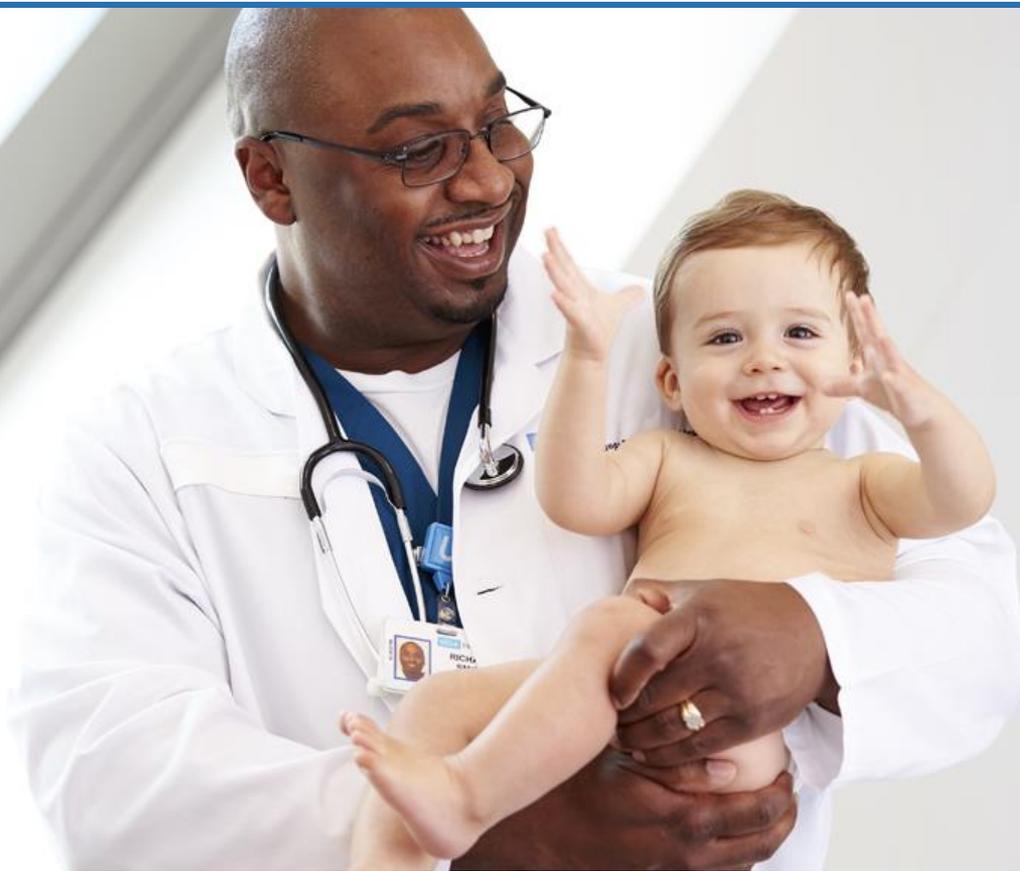
- National

- Family and Medical Insurance Leave (FAMILY) Act—12 weeks, 67% of wages, funded through SSI
- Trump 2018 budget proposal—really??? 6 weeks, wide state latitude, funded through federal-state UI

- States

- Washington—6 months, 70% of wages, funded through employer-employee payroll tax
- **HELLO, NEBRASKA!**





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