

MPHA Policy Resolution Paid Family Leave, May 2015

WHEREAS, having time to take care of loved ones when they are sick, and bonding with a new child without losing valuable income or employment is a social determinant of health; and

WHEREAS, the United States is the only industrialized country to not guarantee paid benefits to new parents¹; and

WHEREAS, the American Public Health Association passed a Policy Statement in 2013 supporting comprehensive paid sick leave and family leave policies²;

WHEREAS, only 12% of the US workforce has paid leave to care for a new child or a sick loved one³; and

WHEREAS, the number of employees without this benefit is disproportionately people of color, low income people, and women making this a health equity concern⁴; and

WHEREAS, federal law (FMLA) only allows employees to take UNPAID time off for these events and has restrictions that mean less than 60% percent of the workforce have access to that unpaid leave⁵; and

WHEREAS, the public health community has acknowledged for a long time now the importance of development and investment in the earliest part of life; and

WHEREAS, paid family leave would allow parents to bond with children, and therefore has been shown to: decrease infant mortality,^{6,7} decrease maternal depression (a known “Adverse Childhood Experience”),⁸ increase breastfeeding rates,⁹ increase use of well child visits,¹⁰ decrease stress for new parents,¹¹ better management of chronic diseases in children,¹² and there is evidence that shows there are a myriad of potential cognitive development benefits to bonding between a parent and child in the first few weeks of life¹³; and

WHEREAS, allowing an employee to take paid time off when a loved one is sick decreases the stress of caregiving and also decreases health care costs by allowing familial caregivers to take the time to be present¹⁴; and

WHEREAS, no family should have to choose between caring for a child or a loved one and being able to afford basic necessities; and

WHEREAS, no family should have to face the added stress of losing their job or struggling to make ends meet when their family is facing a crisis; and

WHEREAS, the Paid Family Leave Bill in Minnesota would allow all employees in Minnesota to take paid time off (up to 12 weeks) for the birth of a child or illness and/or death of a family member.

Therefore, be it resolved that the Minnesota Public Health Association:

1. Support policies that provide earned family leave to all employees in the state, including the proposed state Paid Family Leave Act, which provides all workers in Minnesota paid time off to care for loved ones in the event of a birth, adoption, illness or death of a family member.
2. Supports the right of local governments to strengthen local laws that give workers the right to paid family leave.

References

¹ Glynn S, Farrell J. The United States needs to guarantee paid maternity leave. Available at: <http://www.americanprogress.org/issues/labor/news/2013/03/08/55683/the-united-states-needs-to-guarantee-paid-maternity-leave/>. Accessed December 12, 2013.

² American Public Health Association. Public Health Policy Statement: Support for Paid Sick Leave and Family Leave Policies. Nov 05 2013 Policy Number: 20136 Available at: <http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/16/11/05/support-for-paid-sick-leave-and-family-leave-policies>

³ National Partnership for Women and Families. The case for paid family and medical leave. Available at: http://www.nationalpartnership.org/site/DocServer/PFML_The_Case_FINAL.pdf?docID=7848. Accessed December 12, 2013.

⁴ US Department of Labor. Balancing the needs of families and employers: family and medical leave surveys. Available at: <http://www.dol.gov/whd/fmla/chapter3.htm>. Accessed December 12, 2013.

⁵ National Partnership for Women and Families. The case for paid family and medical leave. Available at: http://www.nationalpartnership.org/site/DocServer/PFML_The_Case_FINAL.pdf?docID=7848. Accessed December 12, 2013.

⁶ Ruhm CJ. Parental leave and child health. *J Health Econ.* 2000;19(6):931–960. (As cited in APHA Policy Statement 20136: “Support for Paid Sick Leave and Family Leave Policies”.)

⁷ Rossin M. The effects of maternity leave on children’s birth and infant health outcomes in the United States. *J Health Econ.* 2011;30(2):221–239. (As cited in APHA Policy Statement 20136: “Support for Paid Sick Leave and Family Leave Policies”.)

⁸ Chatterji P, Markowitz S. Family leave after childbirth and the mental health of new mothers. *J Ment Health Policy Econ.* 2012;15(2):61–76. (As cited in APHA Policy Statement 20136: “Support for Paid Sick Leave and Family Leave Policies”.)

⁹ Ogbuanu C, Glover S, Probst J, Liu J, Hussey J. The effect of maternity leave length and time of return to work on breastfeeding. *Pediatrics.* 2011;127(6):e1414–e1427. (As cited in APHA Policy Statement 20136: “Support for Paid Sick Leave and Family Leave Policies”.)

¹⁰ Hamman MK. Making time for well-baby care: the role of maternal employment. *Maternal Child Health J.* 2011;15:1029–1036. (As cited in APHA Policy Statement 20136: “Support for Paid Sick Leave and Family Leave Policies”.)

¹¹ Staehelin K, Berteau PC, Stutz EZ. Length of maternity leave and health of mother and child—a review. *Int J Public Health.* 2007;52(4):202–209. (As cited in APHA Policy Statement 20136: “Support for Paid Sick Leave and Family Leave Policies”.)

¹² Hamlett KW, Pellegrini DS, Katz KS. Childhood chronic illness as a family stressor. *J Pediatr Psychol.* 1992;17(1):33–47. (As cited in APHA Policy Statement 20136: “Support for Paid Sick Leave and Family Leave Policies”.)

¹³ Ruhm CJ. Parental leave and child health. *J Health Econ.* 2000;19(6):931–960. (As cited in APHA Policy Statement 20136: “Support for Paid Sick Leave and Family Leave Policies”.)

¹⁴ National Alliance for Caregiving. Caregiving in the U.S. Available at: <http://www.caregiving.org/pdf/research/CaregivingUSAllAgesExecSum.pdf>. Accessed December 12, 2013.