

**THE HEALTHY FAMILIES ACT:
THE IMPORTANCE TO AMERICANS' LIVELIHOODS, FAMILIES,
AND HEALTH**

Testimony of

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Hearing on
The Healthy Families Act

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Good morning, Chairman Kennedy, Senator Enzi, and members of the committee. My name is Jody Heymann. I am the Director of the Institute for Health and Social Policy at McGill University, Founding Director of the Project on Global Working Families at Harvard University, and on the faculty at both McGill and Harvard Universities. For the past decade and a half, I have led a research team at Harvard and now at both McGill and Harvard, which focuses on understanding the conditions working families face in America and in a globalized economy, and what can be done to improve the conditions of working adults, their children, their elderly parents, and other family members.

Trained as a pediatrician and a policy analyst, I began this work when it became clear from individual families that the conditions parents faced in the workplace and in their communities in the United States were having a dramatic effect on the health of American children. Over the past decade and a half, I have led systematic studies involving over 10,000 Americans – from every state and across all income and demographic groups – as well as studies involving over 55,000 families in the global economy, and have examined public policies across the United States and across 180 other economies we interact and compete with.

Thank you for inviting me here to testify today. I am here to urge you to support the Healthy Families Act. The Healthy Families Act will make a crucial difference to the health and livelihoods of American adults and their families. The provisions in the Act are readily feasible and affordable while competing in the global economy.

Working Families in America

The clear majority of working Americans care for children, disabled or elderly adults.¹ According to the Bureau of Labor Statistics, 70% of mothers with children under 18 are in the workforce.² At the same time, the National Study of the Changing Workforce found that between 25% and 35% of working Americans are currently providing care for someone over 65.³ According to the Census Bureau, 2 in every 7 families report having at least one member with disabilities.⁴ While both men and women provide important care, women are still much more likely than men to assume primary caregiving responsibilities for family members of all ages.^{5,6,7}

While the majority of working Americans are caring for family members – children, spouses or partners, parents, grandchildren, and grandparents – the United States does not have most of the basic protections the rest of the world can count on. While the U.S. compares well to many other countries in having policies that ensure an equitable right to work for all racial and ethnic groups, regardless of gender, age or disability, the U.S. lags far behind the rest of the world when it comes to most policies protecting working families. Just to cite a few examples, 168 countries offer guaranteed leave with income to women in connection with childbirth; 66 countries ensure that fathers either receive paid paternity leave or have a right to paid parental leave; 107 countries protect working women's right to breastfeed; 137 countries mandate paid annual leave; and 145

countries provide paid sick days or leave for short- or long-term illnesses. The U.S. does not guarantee any of these yet.⁸

And in the absence of legislation, the private sector has not filled the gap. Nearly half of private sector workers have no paid sick days at all. An even larger percentage lack the ability to take days off to care for sick family members.⁹ While many families cannot reliably count on paid sick days, working poor families are at the highest risk. Our research team found that 76% of low-income working parents did not consistently have paid sick days over a five-year period.¹⁰

Why Sick Days Are Such an Important Place to Start

The research group I lead carried out an important study to learn from working Americans about their greatest needs when it comes to caring for family members. We interviewed a representative sample of Americans across the country every day for a week to learn about work disruptions they experienced in order to meet the needs of family members. The greatest needs were in two areas: caring for the health of family members and meeting school or child care needs. Meeting the health needs of family members was a top priority for working Americans from 25 to 75 years old in our study, for men and women, and for people across every geographic region. It is important to note that the need to care for children accounted for only 42% of work disruptions that were related to family. Fifteen percent were to care for parents, 12% to care for spouses or partners, 7% for grandchildren, and 24% for other family members.¹¹ Because of the range of family needs, I fully support the definition of family coverage in the Healthy Families Act; it accurately reflects the needs and commitments of American families.

Sick Days' Impact on the Health of Working Americans and Their Families

When you look at the evidence on the importance to child and adult health of having family members involved in their care, then it should not be a surprise that this is a top priority for Americans. Parental availability is vital for ensuring children's physical health. Children sent to day care sick with contagious diseases exacerbate the higher rate of observed infections in day care centers,^{12,13,14,15} including higher rates of respiratory and gastrointestinal infections.^{16,17,18} Children left home alone may be unable to see physicians for diagnoses, needed medications, or emergency help if their conditions worsen. Furthermore, parental care may be important for children even when substitute sick child care is available. Studies of hospitalized children have shown that sick children have shorter recovery periods, better vital signs, and fewer symptoms when their parents share in their care.^{19,20,21,22} The presence of parents has also been found to shorten children's hospital stays by 31%.²³ Without paid sick days, working parents have little choice but to send their sick children to day care or school, have young children stay home alone, or miss needed meetings with doctors with potentially serious health consequences.

At the same time, the proportion of adults having to meet the needs of elderly and disabled adult family members while working is growing and will continue to do so as

the American population ages. The percentage of the U.S. population made up of individuals aged 60 and older is estimated to increase more than 1.5 times and the percentage of the U.S. population made up of individuals aged 80 and older is estimated to double by 2050.²⁴ A wealth of research has shown that when adults receive support from family members when sick, they have substantially better health outcomes from conditions such as heart attacks^{25,26} and strokes.²⁷ An extensive body of research also demonstrates that elderly individuals live longer when they have higher levels of social support from friends and family members.^{28,29}

The ability of workers to address their own health needs is equally critical. Research has shown that taking the necessary time to rest and recuperate when sick encourages a faster recovery³⁰ and may prevent minor health conditions from progressing into more serious illnesses that require longer absences from work and more costly medical treatment.^{31,32,33} If working adults are able to stay home when they are sick, they are also less likely to spread their illness to those they work with.³⁴

Workplace policies are essential to the ability of working adults to meet both their own health needs and the health needs of their family members. Our research found that the largest determinant of whether or not American parents can care for their children when they get sick is the availability of paid sick days. We have found that parents who have paid sick days are more than five times as likely to be able to care for their children themselves when they get sick as parents who do not have paid sick days.^{35,36}

Impact on the Ability of Americans to Get Jobs, Keep Jobs, and Earn a Decent Living

Without paid sick days, working families are placed at risk economically, experiencing wage and job loss when they take time off to provide care for family members.^{37,38,39,40} Alison Earle, a senior member of our research group, and I conducted the most comprehensive longitudinal study of working poor families and job loss in the United States. We found that the ability of working poor mothers to keep a job was dramatically affected by the health of the mother and the health of her child, even after taking into account the mother's years of education, her skills, and the local environment in which she was looking for work. Having a health problem led to a 53% increase in job loss among low-wage mothers and having a child with health problems led to a 36% increase.⁴¹

We know paid sick days could make an enormous difference in the ability of adults to return to work and keep their jobs. In a subsequent study we carried out of nurses, most of whom were middle class, having sick days made all the difference in their ability to keep jobs after developing heart disease or having a heart attack. Of all the working conditions studied, paid sick days were the only benefit significantly associated with an increased likelihood of returning to work; nurses with paid sick days were 2.6 times more likely to return to work after a heart attack or angina.⁴²

Impact on Businesses

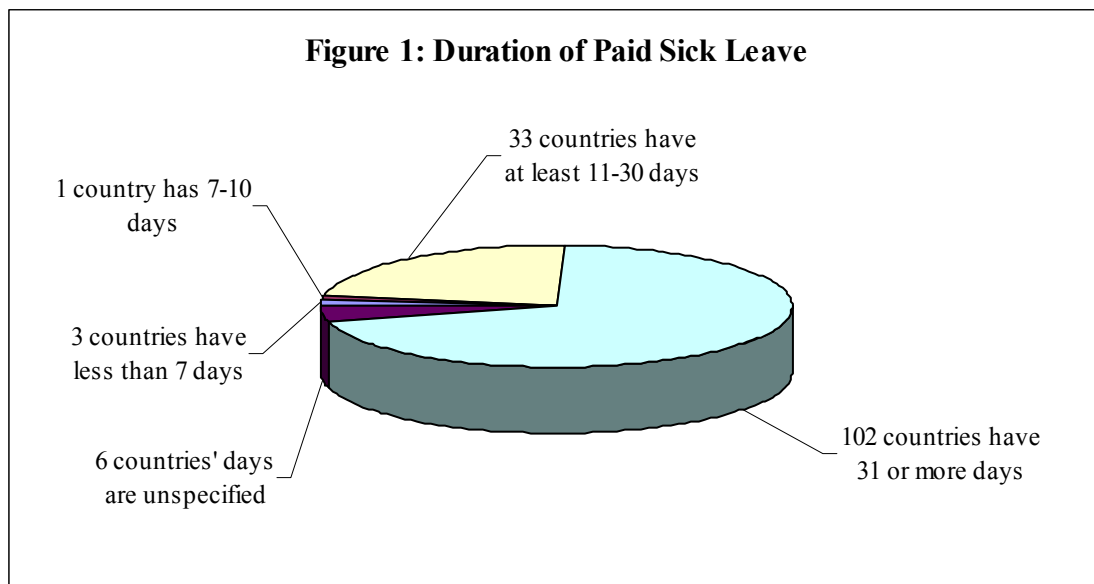
Offering paid sick days has positive benefits for employers, including limiting the spread of infectious diseases in the workplace by letting employees stay home when sick.^{43,44} As just one example, the spread of infectious disease at the workplace is the reason that the US Centers for Disease Control and Prevention recommended that Americans with influenza – a disease that leads to 200,000 hospitalizations and over 36,000 deaths in an average year⁴⁵—stay home when they are sick.⁴⁶ In health care and service settings, providing sick days to employees also helps protect the health of patients and customers. For example, one study found a decreased risk of respiratory and gastrointestinal outbreaks among residents in nursing homes that provide their employees with paid sick days.⁴⁷

At the same time, workplaces with paid sick days experience lower job turnover rates, leading to lower recruitment and training costs and a higher level of productivity and decreased unnecessary absenteeism.^{48, 49} In addition, a recent study found that customer satisfaction and commitment to service providers were lowest when consumers viewed the employer as having a high rate of turnover.⁵⁰

Sick Days are Feasible and Affordable

While there are clear economic benefits to paid sick days, it's a natural question to ask whether the United States can mandate paid sick days and still compete in the global economy. Having examined data on the public policies for working families in 177 countries around the world, we can answer this with a clear yes. One hundred and forty-five countries guarantee paid sick days. In at least 100 countries, paid sick days begin with the first day of illness.⁵¹

By global standards, the seven days proposed in the Healthy Families Act is quite modest. One hundred and two countries guarantee 1 month or more of paid sick days.⁵²



The World Economic Forum, which brings together the top business leaders from around the world, has ranked the most competitive national economies.⁵³ All of the 20 most competitive countries, with the exception of the United States, guarantee paid sick days, and 18 of them provide 31 or more sick days with pay.⁵⁴ In fact, we have examined the relationship between national economic competitiveness and paid sick days and leave. Those countries which are most economically competitive are consistently more likely to guarantee paid sick days and leave for employees' own health, for the care of children's health, and to meet the health needs of other adult family members.⁵⁵ It makes sense. If you guarantee paid sick days, you have healthier workers and a healthier next generation – both essential to competition.

Table 1: Ten Most Competitive Economies and Their Sick Day Policies

Country/ Economy	Ranking	Any paid sick days?	Provides more than 10 paid sick days
Switzerland	1	Yes	Yes
Finland	2	Yes	Yes
Sweden	3	Yes	Yes
Denmark	4	Yes	Yes
Singapore	5	Yes	Yes
United States	6	No	No
Japan	7	Yes	Yes
Germany	8	Yes	Yes
Netherlands	9	Yes	Yes
United Kingdom	10	Yes	Yes

* Rankings are from the World Economic Forum's *Global Competitiveness Report 2006-2007*. Information on paid sick days is taken from the *Work, Family, & Equity Index, 2007*.

Conclusion

Finally, I'd like to speak for a moment on a personal note, as a doctor and as a mother. When I cared for children as a doctor, like other pediatricians, I relied entirely on the ability of parents to provide care for their children. When I discharged a child from the hospital after a serious asthma attack, the prescription and instructions for care went with the mother and father – and on the shoulders of parents rested whether the child would

have a healthy recovery or return within days to the emergency room. For parents whose work let them take sick days to care for their children, whether after an asthma attack, to get a routine vaccination, or to check that the child met important developmental milestones, this was a fair responsibility to place on their shoulders. But for too many American parents, I've learned they have no chance to provide adequate care for their children – no matter how desperately they want to – because they are forced to choose between taking the needed hours to care for their children's health and earning income that is essential to that care.

As a young mother, I stood outside my son's childcare center and listened sadly to the experience of another parent. The childcare center served medical school faculty and hospital workers from every kind of job. The mother I spoke to had succeeded in leaving welfare for work and had placed her children in childcare. Like many children during their first year in childcare, hers were sick often with respiratory infections and fevers high enough that they were not allowed to go to the center. My children had the same hurdles, but I could take leave from work. Her job offered no paid sick days. At the end of the year, she was dismissed, unemployed, and falling deeper into poverty because of the days she missed when her children were sick.

After a decade and a half of our research, confirmed over and over again by the research of other groups, we know these experiences are not the exception.

In short, the United States currently lags dramatically behind all high-income countries, as well as many middle- and low-income countries when it comes to paid sick days designed to protect the health of working Americans and their families. Can the U.S. afford to provide paid sick days and still compete in the global economy? The answer is clearly yes. Most of the world already has legislation guaranteeing paid sick days. All the most competitive economies do. Will it make a difference to the health of American children and adults alike in need of care? An enormous one, particularly for the health and well-being of those in greatest need -- low-income families and families with a child or adult with frequent illnesses or a chronic health condition.

The Healthy Families Act is superbly constructed to help meet the essential needs of working adults and their families and at the same time is readily achievable. Thank you again for holding these hearings and for taking the time to move forward on these critically important issues facing American working families. If I or my staff can be of further help to you as you continue to deliberate on these issues, please do not hesitate to contact us.

¹ Heymann J. (2000). *The Widening Gap: Why America's Working Families are in Jeopardy and What Can Be Done about It*. New York: Basic Books.

² U.S Bureau of Labor Statistics. (2006). *Employment Characteristics of Families in 2005*. Washington, D.C. : U.S. Dept. of Labor. Available online at: <http://www.bls.gov/news.release/pdf/famee.pdf>

³ Bond, J.T., C. Thompson, E. Galinsky & D. Prottas. (2002). *The National Study of the Changing Workforce*. New York: Families and Work Institute.

⁴ Wang Q. (2005). *Disability and American Families: 2000*. Washington, D.C.: U.S. Census Bureau. Available online at: <http://www.census.gov/prod/2005pubs/censr-23.pdf>

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- ⁵ Dalenberg, D., J. Fitzgerald, & J. Wicks. (2004). Direct valuation of personal care by households. *Population Research & Policy Review* 23:73-89.
- ⁶ Bond, J.T., C. Thompson, E. Galinsky & D. Prottas. (2002). *The National Study of the Changing Workforce*. New York: Families and Work Institute.
- ⁷ Heymann J. (2000). *The Widening Gap: Why America's Working Families are in Jeopardy and What Can Be Done about It*. New York: Basic Books.
- ⁸ Heymann J., A. Earle, & J. Hayes. (2007). *The Work, Family, & Equity Index: How Does the United States Measure Up?*. Boston/Montreal: Project on Global Working Families. Available online at: <http://www.mcgill.ca/files/ihsp/WFEIFinal2007.pdf>
- ⁹ Lovell V. (2004) *No Time to Be Sick: Why Everyone Suffers When Workers Don't Have Paid Sick Leave*. Washington, D.C.:Institute for Women's Policy Research. Available online at: <http://www.iwpr.org/pdf/B242.pdf>
- ¹⁰ Heymann J. (2000). *The Widening Gap: Why America's Working Families are in Jeopardy and What Can Be Done about It*. New York: Basic Books.
- ¹¹ Heymann J. (2000). *The Widening Gap: Why America's Working Families are in Jeopardy and What Can Be Done about It*. New York: Basic Books.
- ¹² Loda F.A., W.P Glezen, & W.A. Clyde. (1972). Respiratory disease in group day care. *Pediatrics* 49:428-437.
- ¹³ Sullivan P., W.E. Woodward, L.K. Pickering, & H.L. Dupont. (1984). Longitudinal study of occurrence of diarrheal disease in day care centres. *Am J Public Health* 74:987.
- ¹⁴ Dahl I.L, M. Grufman, C. Hellberg, & M. Krabbe. (1991). Absenteeism because of illness at daycare centers and in three-family systems. *Acta Paediatr Scand*. 80:436.
- ¹⁵ Mottonen M. & M. Uhari. (1992). Absences for sickness among children in day care. *Acta Paediatr*. 81:929.
- ¹⁶ Loda F.A., W.P Glezen, & W.A. Clyde. (1972). Respiratory disease in group day care. *Pediatrics* 49:428-437.
- ¹⁷ Strangert K. (1976). Respiratory illness in preschool children with different forms of day care. *Pediatrics* 57:191.
- ¹⁸ Doyle A.B. (1976). Incidence of illness in early group and family day care. *Pediatrics* 58:607.
- ¹⁹ Robertson J. *Young Children in Hospital*. London, England: Tavistock.
- ²⁰ Van der Schyff G. (1979). The role of parents during their child's hospitalization. *Aust Nurs J*. 8:57-61.
- ²¹ Mahaffy P. (1965). The effects of hospitalization on children admitted for tonsillectomy and adenoidectomy. *Nurs Res*. 14:12-19.
- ²² Palmer S.J. (1993) Care of sick children by parents: A meaningful role. *J Adv Nurs*. 18:185.
- ²³ Taylor M. and P. O'Connor. (1989). Resident parents and shorter hospital stay. *Archives of Disease in Childhood* 64(2): 274-276.
- ²⁴ United Nations Population Division. (2004). *World Population Prospects: The 2004 Revision Highlights*. New York: Department of Economic and Social Affairs, UN. Available online at: http://www.un.org/esa/population/publications/WPP2004/2004Highlights_finalrevised.pdf
- ²⁵ Bennet S.J. (1993). Relationships among selected antecedent variables and coping effectiveness in postmyocardial infarction patients. *Research in Nursing and Health* 16:131-139.
- ²⁶ Gorkin L. E.B. Schron, M.M. Brooks, I. Wiklund, J. Kellen, J. Verter, J.A. Schoenberger, Y. Pawitan, M. Morris, & S. Shumaker. (1993). Psychosocial predictors of mortality in the Cardiac Arrhythmia Suppression Trial-1 (CAST-1). *American Journal of Cardiology* 71:263-267.
- ²⁷ Tsouna-Hadjis E., K.N. Vemmos, N. Zakopoulos, & S. Stamatelopoulos. (2000). First-stroke recovery process: The role of family support. *Archives of Physical Medicine and Rehabilitation* 81:881-887.
- ²⁸ Seeman T.E. (2000). Health promoting effects of friends and family on health outcomes in older adults. *American Journal of Health Promotion* 14:362-370.
- ²⁹ Berkman L.F. (1995). The role of social relations in health promotion. *Psychosomatic Medicine* 57:245-254.
- ³⁰ Gilleski D.B. (1998). A dynamic stochastic model of medical care use and work absence. *Econometrica* 66:1-45.
- ³¹ Aronsson G., K. Gustafsson, & M. Dallner. (2000). Sick but yet at work: An empirical study of sickness and presenteeism. *Journal of Epidemiology and Community Health* 54:502-509.

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- ³² Grinyer A. and V. Singleton. (2000). Sickness absence as risk-taking behaviour: A study of organizational and cultural factors in the public sector. *Health, Risk, and Society* 2:7-21.
- ³³ Johannsson G. (2002). Work-life balance: The case of Sweden in the 1990s. *Social Science Information* 41:303-317.
- ³⁴ Skatun J.D. (2003) Take some days off, why don't you? Endogenous sick leave and pay. *Journal of Health Economics* 22(3):379-402.
- ³⁵ Heymann S.J., S. Toomey, & F. Furstenberg. (1999). Working parents: What factors are involved in their ability to take time off from work when their children are sick? *Archives of Pediatrics & Adolescent Medicine* 153:870-874.
- ³⁶ Heymann J. (2000). *The Widening Gap: Why America's Working Families are in Jeopardy and What Can Be Done about It*. New York: Basic Books.
- ³⁷ Murphy B., H. Schofield, J. Nankervis, S. Bloch, H. Herman, & B. Singh. (1997). Women with multiple roles: The emotional impact of caring for ageing parts. *Ageing and Society* 17:277-291.
- ³⁸ Joshi H., P. Paci, & J. Waldfogel. (1999). The wages of motherhood: Better or worse? *Cambridge Journal of Economics* 23:543-564.
- ³⁹ National Alliance for Caregiving and American Association of Retired People. (2004). *Caregiving in the U.S.* Available at <http://www.caregiving.org/data/04finalreport.pdf>
- ⁴⁰ Heymann J. (2000). *The Widening Gap: Why America's Working Families are in Jeopardy and What Can Be Done about It*. New York: Basic Books.
- ⁴¹ Earle A. & S.J. Heymann. (2002). What causes job loss among former welfare recipients? The role of family health problems. *Journal of the American Medical Women's Association* 57:5-10.
- ⁴² Earle A., J.Z. Ayanian, & S.J. Heymann. (2006). What predicts women's ability to return to work after newly diagnosed coronary heart disease: Findings on the importance of paid leave. *Journal of Women's Health* 15(4): 430-441.
- ⁴³ Lovell V. (2004) *No Time to Be Sick: Why Everyone Suffers When Workers Don't Have Paid Sick Leave*. Washington, D.C.:Institute for Women's Policy Research. Available online at: <http://www.iwpr.org/pdf/B242.pdf>
- ⁴⁴ Skatun J.D. (2003) Take some days off, why don't you? Endogenous sick leave and pay. *Journal of Health Economics* 22(3):379-402.
- ⁴⁵ Centers for Disease Control and Prevention. (2006). *Key Facts about Influenza and the Influenza Vaccine*. Available online at: <http://www.cdc.gov/flu/keyfacts.htm>
- ⁴⁶ Centers for Disease Control and Prevention. (2006). *Good Health Habits for Preventing the Flu*. Available online at: <http://www.cdc.gov/flu/protect/habits.htm>
- ⁴⁷ Li J.H., G.S. Birkhead, D.S. Strogatz, & F.B. Coles. (1996). Impact of institution size, staffing patterns, and infection control practices on communicable disease outbreaks in New York State nursing homes. *American Journal of Epidemiology* 143(10):1042-9.
- ⁴⁸ Lovell V. (2005). *Valuing Good Health: An Estimate of Costs and Savings for the Healthy Families Act*. Washington, D.C. : Institute for Women's Policy Research. Available online at: <http://www.iwpr.org/pdf/B248.pdf>
- ⁴⁹ Watkins M.P. (2004). *The Case for Minimum Paid Leave for American Workers*. Seattle: Economic Opportunity Institute. Available online at: <http://www.eoionline.org/MinimumPaidLeave/Minimum%20LeaveBlueprint2004.pdf>
- ⁵⁰ Casey T.F. & K. Warlin. (2001). Retention and customer satisfaction. *Compensation Benefits Review* 33:27-31.
- ⁵¹ Heymann J., A. Earle, & J. Hayes. (2007). *The Work, Family, & Equity Index: How Does the United States Measure Up?*. Boston/Montreal: Project on Global Working Families. Available online at: <http://www.mcgill.ca/files/ihsp/WFEIFinal2007.pdf>
- ⁵² Heymann J., A. Earle, & J. Hayes. (2007). *The Work, Family, & Equity Index: How Does the United States Measure Up?*. Boston/Montreal: Project on Global Working Families. Available online at: <http://www.mcgill.ca/files/ihsp/WFEIFinal2007.pdf>
- ⁵³ Lopez-Claros A., M.E. Porter, X. Sala-i-Martin, & K. Schwab. (2006). *The Global Competitiveness Report 2006-2007*. Hampshire, UK: Palgrave Macmillan.
- ⁵⁴ Heymann J., A. Earle, & J. Hayes. (2007). *The Work, Family, & Equity Index: How Does the United States Measure Up?*. Boston/Montreal: Project on Global Working Families. Available online at: <http://www.mcgill.ca/files/ihsp/WFEIFinal2007.pdf>

⁵⁵ Earle A. & J. Heymann. (2006). A comparative analysis of paid leave for the health needs of workers and their families around the world. *Journal of Comparative Policy Analysis* 8(3):241-257.