The Effect of Parental Paid Sick Leave on Children's Access to Preventive Care Visits in The United States

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ISPOR Saudi Arabia Chapter

Background

- Paid sick leave (PSL) is a significant benefit that can help employees take time off to seek medical care, including access to preventive care visits; it has shown a significant advantage in improving individual and family health in recent years.
- In the U.S., there is no universal law requiring employers to provide PSL, but some states and cities have taken action to mandate local and state PSL.

Objectives

Research question

- This paper studies the effects of parental PSL on children's access to preventive care visits. We assume: (1) families with access to PSL are more likely to seek preventive care services than those without such access. (2) PSL impact more low-income workers. (3) families with more children, especially those led by less caregivers.

Methods and Materials

Data

Table 1: Summary Statistics of National Survey of Children's Health from 2016 to 2020:

	All Mean (Std. Dev.)	Treatment States Mean (Std. Dev.)	Control States Mean (Std. Dev.)
Age	14.69	14.68 (1.69)	14.69 (1.69)
Race:			
White	0.78 (0.41)	0.77 (0.42)	0.78 (0.41)
Black	0.15 (0.35)	0.17 (0.37)	0.14 (0.35)
Hispanic	0.07 (0.25)	0.06 (0.23)	0.07 (0.26)
Household Income (% of FPL):			
Under 99 %	0.10 (0.30)	0.09 (0.30)	0.10 (0.29)
100-199%	0.15 (0.36)	0.14 (0.34)	0.15 (0.34)
200-399%	0.30 (0.45)	0.28 (0.44)	0.30 (0.46)
400% and up	0.43 (0.49)	0.47 (0.49)	0.42 (0.49)
Family Structure:			
Both parents (%)	0.73 (0.43)	0.74 (0.43)	0.73(0.44)
Single parent (%)	0.14 (0.35)	0.13 (0.34)	0.14 (0.35)
Household size:			
1 - 2 members	0.05 (0.23)	0.05 (0.22)	0.05 (0.24)
3	0.26 (0.44)	0.25 (0.43)	0.27 (0.44)
4 +	0.65 (0.47)	0.66 (0.47)	0.65 (0.47)
Male	0.51(0.49)	0.51 (0.49)	0.51 (0.49)
Preventive Visit:			
1	0.74 (0.43)	0.76 (0.42)	0.75 (0.43)
2+	0.21 (0.40)	0.19 (0.39)	0.20 (0.40)
Dental Visit:			
1	0.32 (0.46)	0.33 (0.47)	0.31 (0.46)
2	0.65 (0.47)	0.64 (0.47)	0.65 (0.47)
Routine Eye Exam	0.78 (0.41)	0.75 (0.42)	0.79 (0.40)
All Obs (71973)	71973	12334	59639

Data Source: National Survey of Children's Health from 2016 to 2020. Treatment states include Arizona, Oregon, Maryland, Vermont, Washington, Michigan, Rhode Island, and New Jersey. Control states include the remaining states (43 states) that do not mandate PSL policies. Parentheses contain standard deviations.

Method

(1) Staggered DID (Callaway and Sant'Anna (2020))

$$Y_{ist} = c_i + \beta PSL_{ist} + \lambda_t + \theta_s + \delta X_i + \varepsilon_{ist}.$$

(2) Randomized inference test

$$Y_{ist} = \alpha + \beta_1 PSL_s + \beta_2 after_t + \beta_3 PSL_s * after_t + \lambda_t + \theta_s + \delta X_i + \varepsilon_{ist}.$$

Results

ATT (g, t)	One Preventive Visit (1)	One Dental Visit. (2)	Routine Eye Exam (3)
All	0.0139*	0.0202**	0.0082
	(0.01)	(0.0099)	(0.0116)
Group 2017	0.0312****	-0.0070	0.0064
	(0.0053)	(0.0241)	0.0057
Group 2018	-0.0083	0.0396**	0.0141
	(0.0212)	(0.0191)	0.0354
Group 2019	0.0216	0.0237**	0.0039
	(0.0192)	(0.0112)	0.0072
Dep. Var Mean (in pre-period)	0.77	0.31	0.78
Year FE	Y	Y	Y
State FE	Y	Y	Y
Individual Characteristics	Y	Y	Y
No. of observations	71973	71973	71973

**** p<0.001, *** p<0.01, ** p<0.05, p<0.10*

Note: Group 2017 : Arizona and Oregon. Group 2018: Maryland, Vermont, and Washington. Group 2019 Michigan, Rhode Island, and New Jersey.

Stratification by Family Income

	(a) 200 & Below FPL			(b) up 200 to 350 FPL			(c) up 350 FPL		
ATT (g, t)	One Preventive Visit (1)	One Dental Visit. (2)	Routine Eye Exam (3)	One Preventive Visit (1)	One Dental Visit. (2)	Routine Eye Exam (3)	One Preventive Visit (1)	One Dental Visit. (2)	Routine Eye Exam (3)
All	0.045****	0.006	0.011	0.012	0.050*	0.0596***	0.003	0.0137*	-0.016**
	(0.009)	(0.026)	(0.025)	(0.042)	(0.032)	(0.0251)	(0.012)	(0.009)	(0.008)
Group 2017	0.082****	-0.017	0.005	0.038***	0.009	0.0401****	0.007	-0.016*	-0.005
	(0.011)	(0.065)	(0.011)	(0.015)	(0.010)	(0.009)	(0.0073)	(0.011)	(0.006)
Group 2018	-0.002	0.001	0.068	-0.060	0.099	0.1092**	0.010	0.036*	-0.0457***
	(0.014)	(0.027)	(0.077)	(0.121)	(0.100)	(0.067)	(0.025)	(0.022)	(0.017)
Group 2019	0.052****	0.030	-0.032	0.062	0.0402	0.0270	-0.006	0.012	0.006
	(0.017)	(0.047)	(0.040)	(0.039)	(0.032)	(0.023)	(0.023)	(0.017)	(0.018)
Dep. Var Mean (in pre-period)	0.719	0.364	0.795	0.751	0.333	0.792	0.774	0.292	0.774
Year FE	Y	Y	Y	Y	Y	Y	Y	Y	Y
State FE	Y	Y	Y	Y	Y	Y	Y	Y	Y
Individual Characteristics	Y	Y	Y	Y	Y	Y	Y	Y	Y
No. of observations	18780	18780	18780	16680	16680	16680	36222	36222	36222

**** p<0.001, *** p<0.01, ** p<0.05, p<0.10*

-Our main results are consistent with Asfaw and Colopy's (2017) that parental PSL increases the probability of children receiving flu vaccinations by 12.5% and receiving annual medical checkups by 13.2% compared to children without parental PSL.

-Furthermore, consistent with DeRigne et al.(2016) that low-income employees with no access to PSL were about 1.6 times less likely to take their children to preventive visits compared to employees with access to PSL benefits.

Conclusions

- In general, our results suggest positive spillovers effect of parental PSL on children's health, which is a significant social benefit of PSL, especially for low-income families led by single parents.
- We suggest studying the interactions between PSL policy and Affordable Care Act Medicaid expansion on access to preventive care visits for future work.

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Reference

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