



Health & Well-Being Supports

Job quality and worker well-being are not defined solely by earnings and income. Workplace policies that support the ability to look after oneself and one's family members are key to a happy, healthy, and productive work environment in the best of times and are absolutely essential in times of a major health crisis, as the COVID-19 pandemic has demonstrated. However, individuals earning low incomes, including early childhood teachers,¹⁹⁵ generally have poorer health¹⁹⁶ and less access to employee benefits such as health insurance¹⁹⁷ and paid leave that contribute to health and well-being.¹⁹⁸

“Because of such low pay and high cost of health benefits, other teachers and myself are in constant stress over how to afford basic necessities. This stress is so great it carries over onto our care for the children daily. Working full time in such a physically, mentally, and emotionally demanding job with such great responsibility is exhausting and challenging, to say the least!”

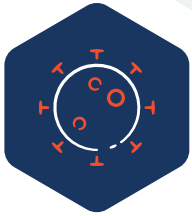
ECE Lead Teacher, Minnesota¹⁹⁹

Where federal policy falls short, state policy can ensure equitable job quality that leads to better health and well-being among workers and their families through various means, for example by expanding access to affordable health coverage, passing paid sick days legislation, and enacting paid family leave benefits. Such policies reduce the need for workers who are paid low wages to make an impossible choice between their own health — and potentially the health of others in their families and communities — and their livelihood.

Access to health care services is important for worker well-being, but skyrocketing costs make access difficult for many families, especially those with low incomes or those who have lost their jobs. Early educators are especially likely to benefit from expanded Medicaid and other provisions in the Affordable Care Act (ACA). A prior analysis in the 2018 *Early Childhood Workforce Index* demonstrated the importance of Medicaid for early educators: 30 percent of child care workers and their families and 23 percent of preschool/kindergarten teachers and their families accessed health care through Medicaid or the Children’s Health Insurance Program (CHIP) in 2014-2016.²⁰⁰ Many early educators could not access health insurance from their workplaces even before the COVID-19 pandemic struck²⁰¹ and caused a spike in unemployment and the risk of loss of health insurance coverage, whether one’s own or through a spouse.²⁰²

Even workers with health insurance struggle to make use of health care services due to a lack of paid time off from work when ill or when needing to care for a family member who is ill.²⁰³ Employees with no or very limited paid sick leave may be left with little choice but to come to work while sick, spreading illness to others. Paid sick leave is therefore especially important for early childhood teachers who come in regular contact with young children and their families. Yet, access to employer-based paid sick days remains a rarity in the early childhood field and for many other workers in low-paid occupations across the United States. Nationwide, only about 51 percent of those in the bottom quartile of occupations by average hourly wage had access to paid sick leave in 2019.²⁰⁴

The United States is one of a handful of countries across the globe that lacks a national paid leave program for parents or at least mothers.²⁰⁵ Although the Family and Medical Leave Act (FMLA) entitles eligible employees to up to 12 weeks of job-protected leave to care for a child or family member, this leave is unpaid.²⁰⁶ Furthermore, it is only available to employees who work at businesses of a certain size (50 employees or more) and therefore excludes broad swathes of the ECE workforce. Only 9 percent of workers in the bottom quartile of occupations by average hourly wage had access to paid family leave through their employers in 2019.²⁰⁷



EXPANSION OF PAID SICK & FAMILY/MEDICAL LEAVE AS A RESULT OF COVID-19

Because U.S. workers typically are not guaranteed paid sick or family and medical leave, many workers — especially lower-income workers like most early educators — were immediately at risk of substantial loss of income with the onset of the COVID-19 pandemic. While the risk of losing income due to illness or other family care needs is not new for many U.S. families, the severity of the COVID-19 pandemic prompted some limited action by the federal government, which instituted temporary sick and family/medical leave provisions through the Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Security (CARES) Act. While the provisions were a notable step forward, eligibility was restricted in various ways, with potentially up to three-quarters of American workers ultimately excluded from the law.²⁰⁸

In the meantime, workers in those few states that had already implemented provisions for paid leave were able to benefit immediately from those laws. For example, when the COVID-19 pandemic hit in Rhode Island, the governor's executive action allowed families to use that leave for school and child care closures. Families were able to benefit from Rhode Island's paid leave even before the federal Families First Coronavirus Response Act was signed into law.²⁰⁹

Some states, such as Colorado and New York, responded to the crisis by implementing temporary provisions for paid sick days due to the impact of COVID-19.²¹⁰ New York also passed a permanent paid sick leave law in April 2020, with eligible employees able to use their sick leave beginning in 2021.²¹¹

Overview of State Progress on Health & Well-Being Supports



- **Stalled:** 39 states
- **Edging Forward:** 3 states
- **Making Headway:** 9 states

Since 2018, there has been some state-level progress in efforts to support the health and well-being of workers and families, particularly through expanded access to health care and paid family leave. For health care, five states (Idaho, Missouri, Nebraska, Oklahoma, and Utah) passed new ballot measures since 2018 to expand health coverage eligibility through Medicaid and Virginia passed a bill for expanded Medicaid coverage in the General Assembly. Other notable gains for state-level support of health and well-being include the adoption of paid family leave in three states (Connecticut, Massachusetts, and Oregon), while New York enacted paid sick day legislation. As a result of these policy changes, four states (Connecticut, Massachusetts, New York, Oregon) improved from **edging forward** in 2018 to **making headway** in 2020 due to enacting either paid sick days or paid family leave. However, as shown in [Figure 3.14](#), the overall change in health and well-being support offered to families across states between 2018 and 2020 was minimal, as 39 states were **stalled** in 2018 and remained **stalled** in 2020.

TABLE 3.16

Key to State Progress on Health & Well-Being Supports

Health & Well-Being	Values	Maximum Points per Indicator
State Sick Leave	Yes/No	4
State Family Leave	Yes/No	4
Expanded Medicaid	Yes/No	4
Total		12

0-4 points per category	Stalled
5-8 points per category	Edging Forward
9-12 points per category	Making Headway

FIGURE 3.21

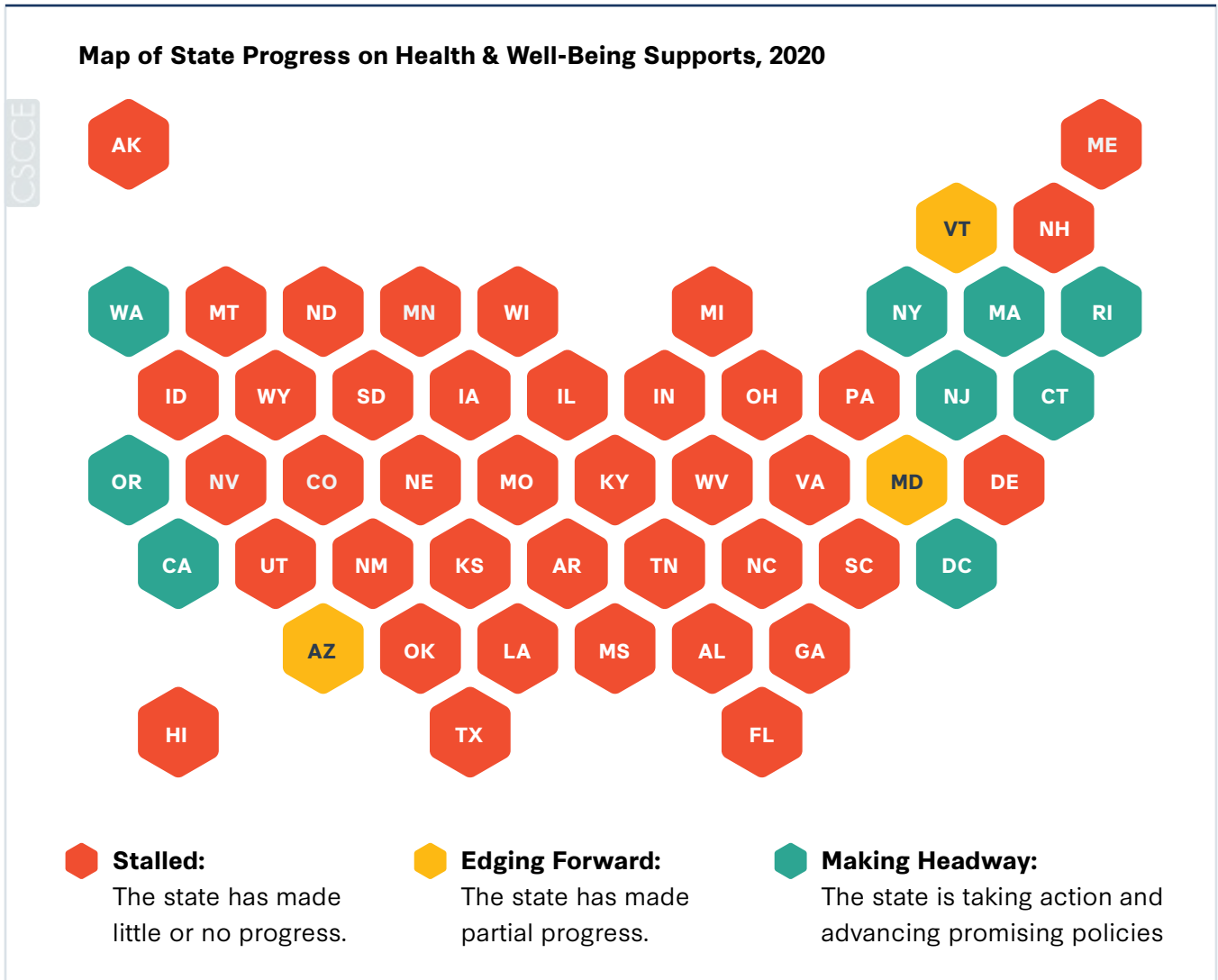


FIGURE 3.22

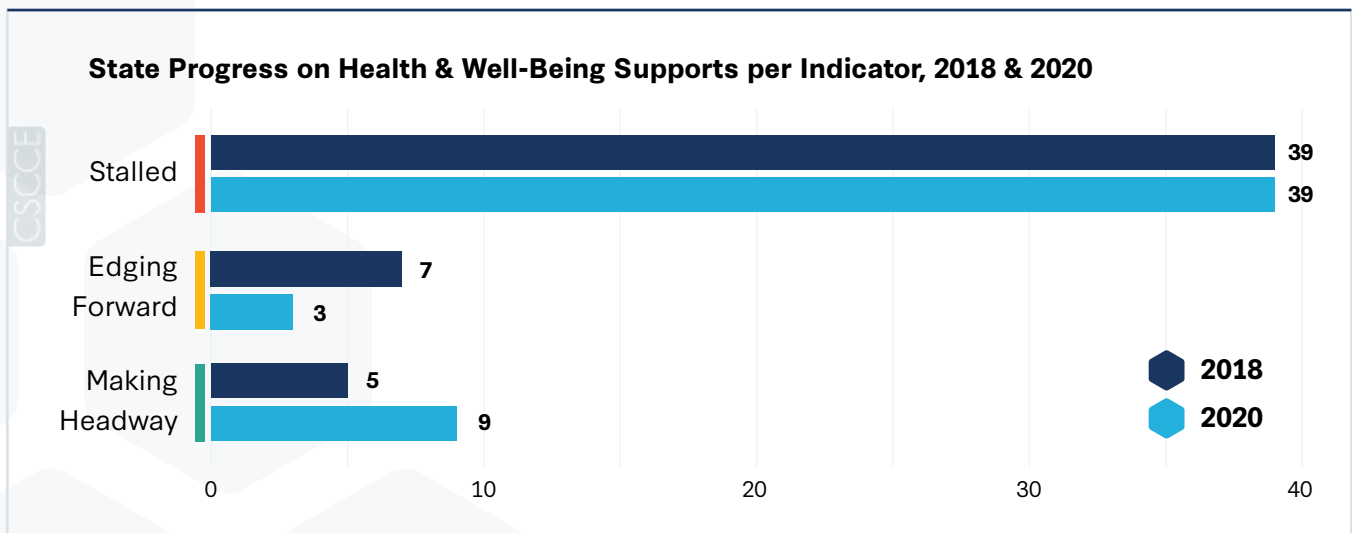
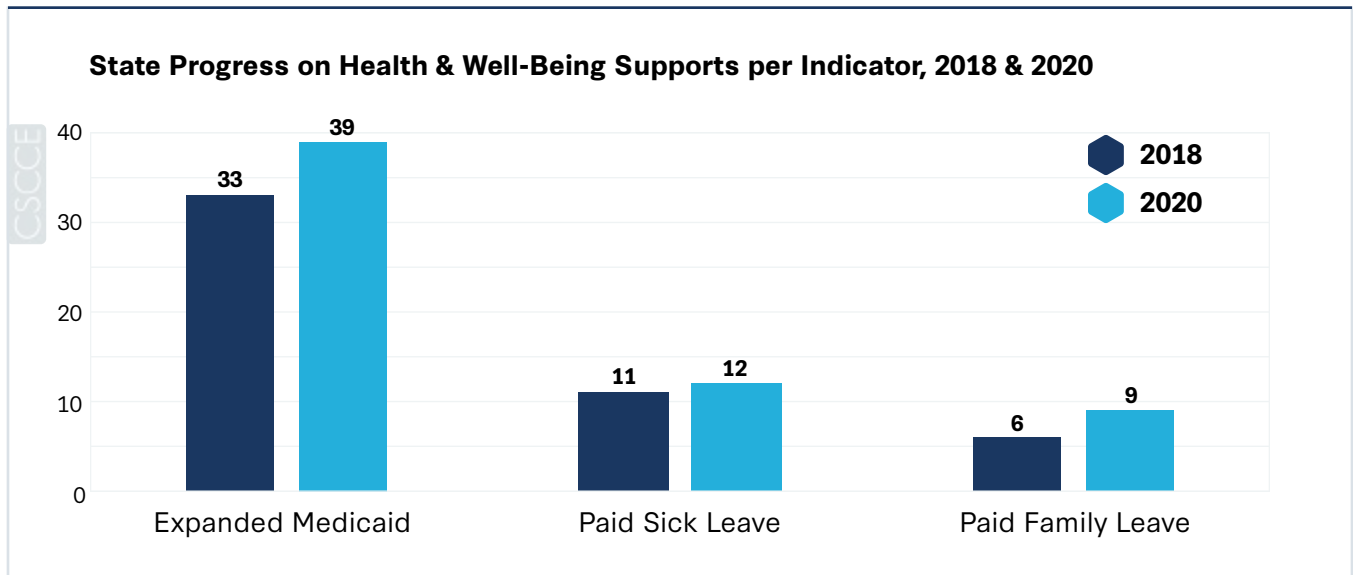


FIGURE 3.23



State Progress on Health & Well-Being Supports: Indicators

Indicator 1: Have states expanded Medicaid eligibility under the Affordable Care Act?

Rationale: Improving access to health care services, especially preventive care, was a major focus of the Affordable Care Act. Among other things, the ACA established new subsidies for individuals to purchase health insurance and allowed states to use matching federal funds to expand eligibility for Medicaid to individuals previously ineligible.²¹² However, not all states have been willing to expand eligibility for this critical health service.

Current Status Across States: In 2020, 39 states offer expanded health coverage via Medicaid, with the other states leaving a gap in support for individuals and their families, likely including many early educators and their families, who remain ineligible for Medicaid but cannot afford to purchase health insurance.

Change Over Time: Since 2018, six additional states met this criteria: Idaho, Missouri, Nebraska, Oklahoma, Utah, and Virginia. These states expanded Medicaid through successful ballot initiatives, with the exception of Virginia, where it was approved by the General Assembly. Nebraska,²¹³ Missouri, and Oklahoma adopted ballot measures for expanded Medicaid to be implemented in the future. State leadership in Utah and Nebraska have attempted to roll back full implementation and have added work requirements for Medicaid eligibility. These work requirements were temporarily waived, however, during the COVID-19 pandemic.²¹⁴

Indicator 2: Do states have paid sick leave legislation?

Rationale: Access to employer-based paid sick leave is crucial, as there is no federal legislation guaranteeing paid sick days in the United States. Some states and local communities have taken initiative to ensure that workers have minimum protections for time off when ill or when they need to care for an immediate family member.

Current Status Across States: In 2020, 12 states have paid sick day laws, with most providing up to 40 hours/five days of paid sick time, while some cities and counties have their own provisions.²¹⁵ However, as with minimum wage legislation, some states maintain exemptions for particular types of workers or for small businesses, either of which may lead to segments of the ECE workforce being excluded from this benefit.²¹⁶

Change Over Time: Since 2018, New York is the only additional state to meet this standard.

Indicator 3: Do states have paid family leave legislation?

Rationale: Since most low-income workers cannot afford to take unpaid leave, access to paid family leave is critical: it helps workers maintain economic stability when they need to attend to their own or a family member’s medical and care needs. In the absence of a federal paid family leave program, some states have instituted their own.

Current Status Across States: In 2020, nine states have passed paid family leave legislation.

Change Over Time: : Since 2018, three additional states (Connecticut, Massachusetts, Oregon) met this criteria.

TABLE 3.17

Progress on Health & Well-Being Supports, by State/Territory, 2020				
State	Expanded Medicaid Eligibility	Paid Sick Days	Paid Family Leave	2020 Progress
Alabama	No	No	No	Stalled
Alaska	Yes	No	No	Stalled
Arizona	Yes	Yes	No	Edging Forward
Arkansas	Yes	No	No	Stalled
California	Yes	Yes	Yes	Making Headway

TABLE 3.17 CONTINUED

CSCCE

State	Expanded Medicaid Eligibility	Paid Sick Days	Paid Family Leave	2020 Progress
Colorado	Yes	No	No	Stalled
Connecticut	Yes	Yes	Yes	Making Headway
Delaware	Yes	No	No	Stalled
District of Columbia	Yes	Yes	Yes	Making Headway
Florida	No	No	No	Stalled
Georgia	No	No	No	Stalled
Hawaii	Yes	No	No	Stalled
Idaho	Yes	No	No	Stalled
Illinois	Yes	No	No	Stalled
Indiana	Yes	No	No	Stalled
Iowa	Yes	No	No	Stalled
Kansas	No	No	No	Stalled
Kentucky	Yes	No	No	Stalled
Louisiana	Yes	No	No	Stalled
Maine	Yes	No	No	Stalled
Maryland	Yes	Yes	No	Edging Forward
Massachusetts	Yes	Yes	Yes	Making Headway
Michigan	Yes	No	No	Stalled
Minnesota	Yes	No	No	Stalled
Mississippi	No	No	No	Stalled

TABLE 3.17 CONTINUED

State	Expanded Medicaid Eligibility	Paid Sick Days	Paid Family Leave	2020 Progress
Missouri	Yes	No	No	Stalled
Montana	Yes	No	No	Stalled
Nebraska	Yes	No	No	Stalled
Nevada	Yes	No	No	Stalled
New Hampshire	Yes	No	No	Stalled
New Jersey	Yes	Yes	Yes	Making Headway
New Mexico	Yes	No	No	Stalled
New York	Yes	Yes	Yes	Making Headway
North Carolina	No	No	No	Stalled
North Dakota	Yes	No	No	Stalled
Ohio	Yes	No	No	Stalled
Oklahoma	Yes	No	No	Stalled
Oregon	Yes	Yes	Yes	Making Headway
Pennsylvania	Yes	No	No	Stalled
Rhode Island	Yes	Yes	Yes	Making Headway
South Carolina	No	No	No	Stalled
South Dakota	No	No	No	Stalled
Tennessee	No	No	No	Stalled
Texas	No	No	No	Stalled
Utah	Yes	No	No	Stalled

TABLE 3.17 CONTINUED

CSCCE

State	Expanded Medicaid Eligibility	Paid Sick Days	Paid Family Leave	2020 Progress
Vermont	Yes	Yes	No	Edging Forward
Virginia	Yes	No	No	Stalled
Washington	Yes	Yes	Yes	Making Headway
West Virginia	Yes	No	No	Stalled
Wisconsin	No	No	No	Stalled
Wyoming	No	No	No	Stalled
Total	39	12	9	

Territory	Expanded Medicaid Eligibility	Paid Sick Days	Paid Family Leave	2020 Progress
American Samoa	No	Not Available	Not Available	Not Applicable
Guam	Yes	Not Available	Not Available	Not Applicable
Northern Mariana Islands	No	Not Available	Not Available	Not Applicable
Puerto Rico	Yes	Not Available	Not Available	Not Applicable
U.S. Virgin Islands	Yes	Not Available	Not Available	Not Applicable

Endnotes - Health & Well-Being Supports

195. A study of Pennsylvania Head Start staff showed that women working with children in Head Start programs are more likely to have poor physical and mental health than women with similar sociodemographic characteristics in the broader population, despite having somewhat greater access to health insurance. See Whitaker, R.C., Becker, B.D., Herman, A.N., & Gooze, R.A. (2013). The Physical and Mental Health of Head Start Staff: The Pennsylvania Head Start Staff Wellness Survey, 2012. *Preventing Chronic Disease* 2013(10). 10:130171. DOI: <http://dx.doi.org/10.5888/pcd10.130171>.
196. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health and Statistics (2015). *Table 45. Respondent-assessed fair-poor health status, by selected characteristics: United States, selected years 1991-2014. Health, United States, 2015 with Special Feature on Racial and Ethnic Health Disparities*. Retrieved from <http://www.cdc.gov/nchs/data/hus/2015/045.pdf>.
197. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health and Statistics (2015). *Table 105. No health insurance coverage among persons under age 65, by selected characteristics: United States, selected years 1984-2014. Health, United States, 2015 with Special Feature on Racial and Ethnic Health Disparities*. Retrieved from <http://www.cdc.gov/nchs/data/hus/2015/105.pdf>.
198. Bureau of Labor Statistics (2019). *Table 6. Selected paid leave benefits*. Access, March 2019. Economic News Release. Retrieved from <https://www.bls.gov/news.release/ebs2.t06.htm>.
199. Quote from CSCCE survey of teachers. For more information about the study, see Austin, L.J.E., Whitebook, M., Schlieber, M., & Phillip, G. (2019). *Teachers' Voices: Work Environment Conditions That Impact Teacher Practice and Program Quality - Minnesota*. Berkeley, CA: Center for the Study of Child Care Employment, University of California, Berkeley. Retrieved from <https://cscce.berkeley.edu/teachers-voices-minnesota-2018/>.
200. Whitebook, M., McLean, C., & Austin, L.J.E. (2018). *The Workforce Data Deficit*. Berkeley, CA: Center for the Study of Child Care Employment, University of California, Berkeley. Retrieved from <https://cscce.berkeley.edu/the-workforce-data-deficit/>.
201. Workforce studies in a handful of states suggest that only between 40 to 50 percent of child care centers offer health insurance as an employer benefit, see Child Care Services Association (2016). *2016 Working in Early Care and Education in Iowa*. Retrieved from <http://www.iowaaeyc.org/2016%20Iowa%20ECE%20Workforce%20Study%20-%20Final.pdf>; Roberts, A., Iruka, I., & Sarver, S. (2017). *Nebraska Early Childhood Workforce Survey: A Focus on Providers and Teachers*. Retrieved from <https://buffettinstitute.nebraska.edu/-/media/beci/docs/workforce-survey-report-final.pdf?la=en>; Virginia Early Childhood Foundation (2017). *The Commonwealth's Brain Builders: Virginia Early Childhood Workforce Survey 2017*. Retrieved from <https://www.researchconnections.org/childcare/resources/35857>; Whitehead, J., & Ernst, J. (2015). *Illinois Salary and Staffing Survey of Licensed Child Care Facilities*. Illinois Department of Human Services. Retrieved from <https://www.dhs.state.il.us/page.aspx?item=85484>.
202. Garfield, R., Claxton, G, Damico, A., & Levitt, L. (2020, May 13). *Eligibility for ACA Health Coverage Following Job Loss*. San Francisco, CA: KFF. Retrieved from <https://www.kff.org/coronavirus-covid-19/issue-brief/eligibility-for-aca-health-coverage-following-job-loss/>; Bivens, J., & Zipperer, B. (2020, August 26). *Health insurance and the COVID-19 shock: What we know so far about health insurance losses and what it means for policy*. Washington, D.C.: Economic Policy Institute. Retrieved from <https://www.epi.org/publication/health-insurance-and-the-covid-19-shock/>.
203. Ben-Ishai, L., & Wang, A. (2017, June 10). *Paid Leave Necessary for an Ounce of Prevention*. Washington, DC: Center for Law and Social Policy (CLASP). Retrieved from <https://www.clasp.org/publications/report/brief/paid-leave-necessary-ounce-prevention-paid-leave-and-access-preventive>.
204. Bureau of Labor Statistics (2019). *Table 31. Leave benefits: Access, civilian workers, March 2019*. National Compensation Survey. Retrieved from <https://www.bls.gov/ncs/ebs/benefits/2019/ownership/civilian/table31a.pdf>.
205. World Bank Group (2015). *Women, Business and the Law 2016: Getting to Equal*. Washington, DC: International Bank for Reconstruction and Development/The World Bank. DOI: [10.1596/978-1-4648-0677-3](https://doi.org/10.1596/978-1-4648-0677-3).

- 206.** Joshi, P, Baldiga, M., Huber, R., & Acevedo-Garcia, D. (2020, January 15). *Policy Equity Assessment: Family and Medical Leave Act*. diversitydatakids.org. Retrieved from <http://www.diversitydatakids.org/research-library/policy-equity-assessment/policy-equity-assessment-family-and-medical-leave-act>.
- 207.** Bureau of Labor Statistics (2019). *Table 31. Leave benefits: Access, civilian workers, March 2019*. National Compensation Survey. Retrieved from <https://www.bls.gov/ncs/ebs/benefits/2019/ownership/civilian/table31a.pdf>.
- 208.** Cain Miller, C. & Tankersley, J. (2020, May 8). Paid Leave Law Tries to Help Millions in Crisis. Many Haven't Heard of It. *The New York Times*. Retrieved from <https://www.nytimes.com/2020/05/08/upshot/virus-paid-leave-pandemic.html>; CLASP (2020, May 6). *Paid Sick Days and Paid Leave Provisions in FFCRA and CARES Act*. Retrieved from <https://www.clasp.org/publications/fact-sheet/paid-sick-days-and-paid-leave-provisions-ffcra-and-cares-act>.
- 209.** Boyens, C. (2020, June). *State Paid Family and Medical Leave Programs Helped a Surge of Workers Affected by the COVID-19 Pandemic*. Urban Institute. Retrieved from https://www.urban.org/sites/default/files/publication/102325/state-paid-family-and-medical-leave-programs-helped-a-surge-of-workers-affected-by-the-covid-19-pandemic_0.pdf.
- 210.** CLASP (2020, July 1). *Paid Sick Leave Laws and Guidance Amended or Expanded Due to COVID-19*. Retrieved from <https://www.clasp.org/sites/default/files/publications/2020/12/COVID%20PSD%20Tracker%20Updates%20Nov%2030%202020.pdf>.
- 211.** Lovinger, B.E, Wexler, J.A., & Chase, M.E. (2020, April 13). New York Enacts Statewide Paid Sick Leave Law. *The National Law Review*, Vol. X, No. 255. Retrieved from <https://www.natlawreview.com/article/new-york-enacts-statewide-paid-sick-leave-law>.
- 212.** This expanded eligibility included but was not limited to single adults and households with a modified adjusted gross income of up to 138% of the federal poverty level. For an individual, 138% of the federal poverty level is equal to \$16,394 a year; for a family of four, it is \$33,534. Children up to age six and pregnant women qualify under expanded Medicaid with a gross income of up to 160% of the FPL (\$38,880 for a family of four). U.S. Centers for Medicare & Medicaid Services (2020). *Eligibility*. Retrieved from <https://www.medicaid.gov/medicaid/eligibility/index.html>; U.S. Centers for Medicare & Medicaid Services (2020). *Medicaid expansion & what it means for you*. Retrieved from <https://www.healthcare.gov/medicaid-chip/medicaid-expansion-and-you/>. For details on state-by-state eligibility see U.S. Centers for Medicare & Medicaid Services (2020). *Medicaid, Children's Health Insurance Program, & Basic Health Program Eligibility Levels*. Retrieved from <https://www.medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-childrens-health-insurance-program-basic-health-program-eligibility-levels/index.html>.
- 213.** Enrollment began in Nebraska in August, 2020. Implementation is planned to begin October 1, 2020. See Kaiser Family Foundation (2020, August 17). *Status of State Medicaid Expansion Decisions: Interactive Map*. Retrieved from <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>.
- 214.** Kliff, S. (2020, August 4 updated August 10). How Progressives Flipped the Script on Medicaid Expansion. *The New York Times*. Retrieved from <https://www.nytimes.com/2020/08/04/upshot/missouri-election-medicaid-expansion.html>.
- 215.** National Partnership for Women & Families (2020, April). *Table: Paid Sick Days – State and District Statutes*. Retrieved from <https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-sick-days/paid-sick-days-statutes.pdf>; National Conference of State Legislatures (2020, July 21). *Table: Paid Sick Leave: Paid Sick Leave Coverage and Benefits*. Retrieved from <https://www.ncsl.org/research/labor-and-employment/paid-sick-leave.aspx>.
- 216.** National Partnership for Women & Families (2020, April). *Table: Paid Sick Days – State and District Statutes Updated*. Retrieved from <https://www.nationalpartnership.org/our-work/resources/economic-justice/paid-sick-days/paid-sick-days-statutes.pdf>.