Integrating Racial/Ethnic Equity into Policy Research: Policy Assessments to Improve Child Health

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THE HELLER SCHOOL FOR SOCIAL POLICY AND MANAGEMENT Institute for Child, Youth and Family Policy

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The policy research field is moving towards an equity approach



Trusted evidence. Informed decisions. Better health.





How to design and manage Equity-focused evaluations



Developing an Equity-Focused Policy Research Agenda for Low-Income Families with Young Children



Policy equity assessments have three stages guided by key questions

- Logic: Does the policy set explicit/implicit goals to address racial/ethnic gaps?
- Capacity: Does the policy have the capacity to meet the need of the overall eligible population and those of each racial/ethnic subgroup?
- **Research evidence**: Is the policy effective for racial/ethnic subgroups and does it reduce inequities?

Source: Joshi et al., (2014) Integrating Racial/Ethnic Equity Into Policy Assessments to Improve Child Health." *Health Affairs* 33(12): 2222-2229.



Stage 1: Policy logic

Policy Assessment Steps	Examples of Equity-Focused Questions
Historical context	 Does the policy change over time to address any documented racial/ethnic exclusionary practices or barriers to participation?
Primary goals	 Are racial/ethnic disparities explicitly included in the policy's targeted outcomes? Does the need for the program differ by race/ethnicity?
Targeting	 Does the policy target groups (i.e. migrant workers) or characteristics (i.e. poverty) that include a higher proportion of racial/ethnic minorities?
Data	 Is there an existing review of the policy's racial history?

Example sources: original legislation, reauthorizing legislation, regulations, policy guidance, peer-reviewed/published accounts of legislative history, key informant interviews



Stage 2: Policy capacity

Policy Assessment Steps	Examples of Equity-Focused Questions
Policy eligibility and access	 Do eligibility criteria differentially exclude the eligible population or the population in need by race/ethnicity?
Policy resources	 Are there resources targeted towards policy enhancements or expansions that could reduce racial/ethnic disparities?
Policy/service implementation	 Do implementation practices differentially affect administrative burden by race/ethnicity (e.g., language barriers, documentation requirements)?
Coordination/ Collaboration	 Does the program foster collaboration (i.e., across departments, levels of government, sectors) in order to more effectively address racial/ethnic disparities?
Data	Is program data available by race/ethnicity?

Example sources: regulations, Congressional appropriations and budgets, program administrative data, large surveys (Census data), implementation/process evaluations

Stage 3: Policy research evidence

Policy Assessment Steps	Examples of Equity-Focused Questions
Impact	 What are the findings from subgroup analyses by race/ethnicity for short- and long-term impacts?
Implementation	 Does available data document how implementation procedures differ by subgroups of participants or by sites that serve different race/ethnic populations?
Simulations/ Cost effectiveness	 Do studies simulate expansions of different program components and eligibility scenarios and estimate the impact on racial/ethnic disparities?
Data	 Is program outcome and implementation data broken down by race/ethnicity?

Example sources: Experimental studies, quasi-experimental studies, natural experiments, systematic reviews, implementation evaluations



Policy equity assessment of Family & Medical Leave

Focus: Black and Hispanic workers



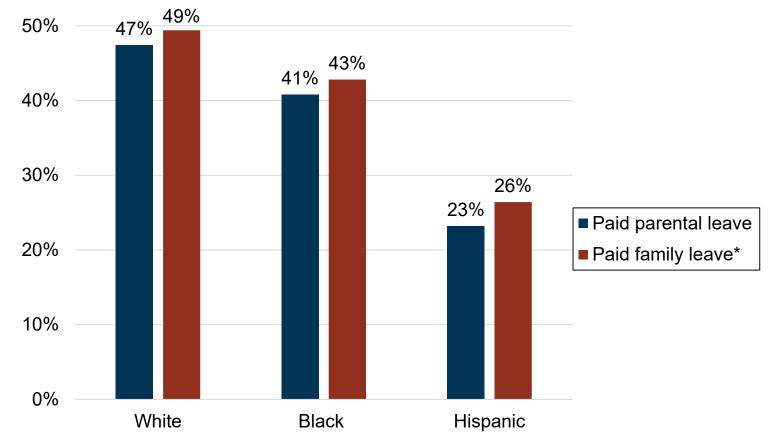
What is family and medical leave (FML)?

- Time away from jobs to care for serious medical conditions
 - Different from sick leave
- Medical leave
 - Care for own health or family member's health

• Family leave

- Bond with new child (birth, adoption or foster care)
- Includes mothers and fathers

Policy need: Limited access to FML through employers



*Paid family leave is paid leave to care for a sick family member

Source: Bartel, Kim, Nam, Rossin-Slater, Ruhm & Waldofogel, 2019



Policy history: Family & medical leave

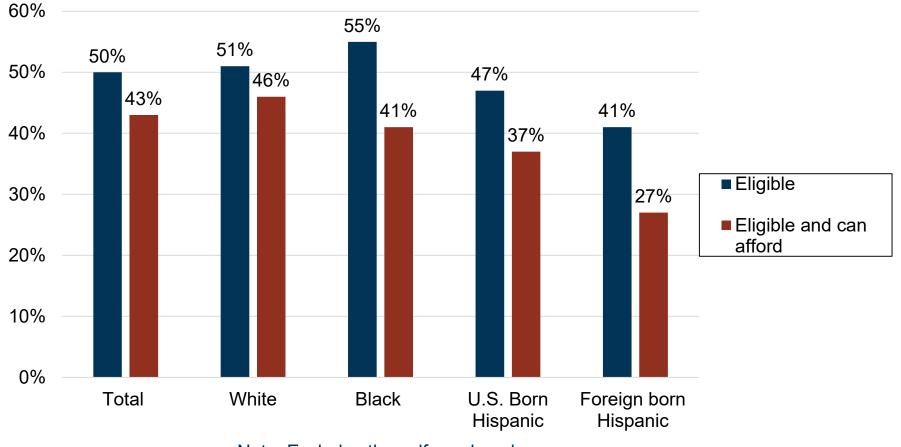
- Federal employment policies are difficult to enact
- 1993: Family and Medical Leave Act
 - Labor standard that offers 12 weeks of job-protected unpaid leave
 - Focus on preventing gender discrimination
- 2002+: Expansion of state level TDI programs
 - Adds FML to existing state social insurance (pregnancy/disability)
 - Some target lower-income workers with higher wage replacement
- 2017+: State level paid FML programs
 - Creates a new FML social insurance program

FMLA eligibility: restrictive criteria leaves out many employees

- Employees must meet requirements:
 - Work hours (1,050)
 - Job tenure (at least 1 year)
- Applies to all public sector agencies and schools
- Does not apply to private employers with less than 50 employees
- 2018 DOL survey: 56% of employees are eligible



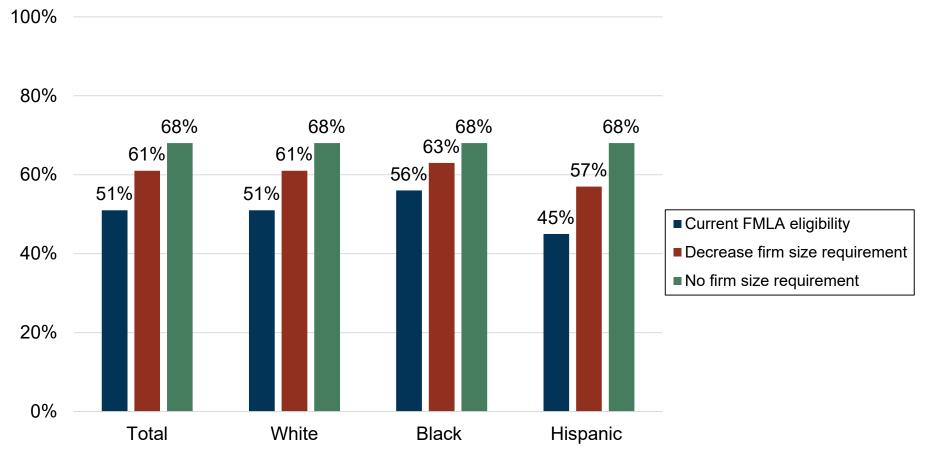
FMLA access: eligibility criteria disproportionately excludes Hispanic workers



Note: Excludes the self-employed Source: Authors' calculations of *Current Population Survey* 2014-2017.

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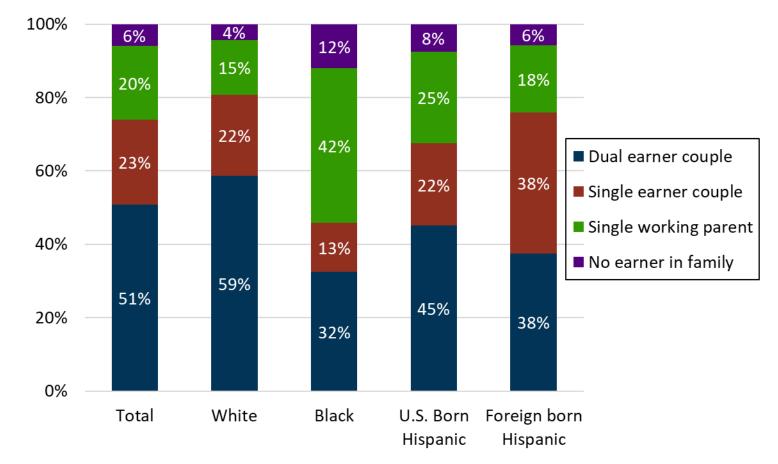
FMLA eligibility: changing firm size threshold increases eligibility access for Hispanic workers



Note: Excludes the self-employed Source: Authors' calculations of *Current Population Survey* 2014-2017.

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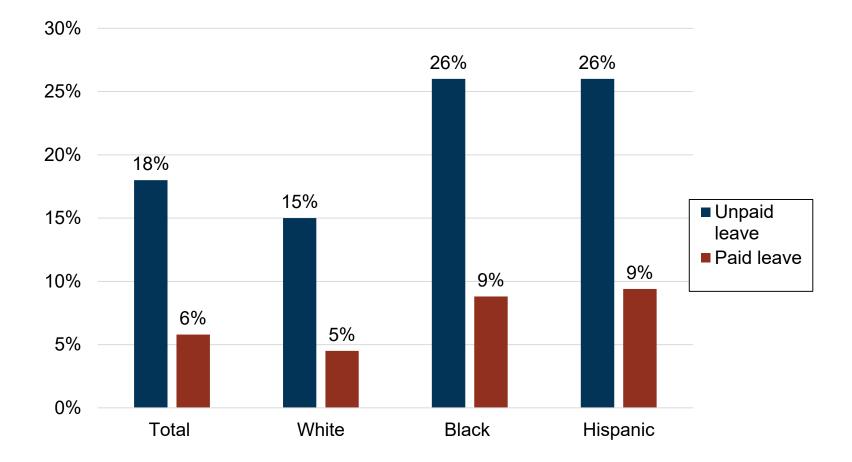
FMLA take up: Do families have more than 1 earner to potentially absorb wage loss from unpaid leave?



*Couple incudes married or cohabiting partner Source: Authors' calculations of the Current Population Survey, 2016-2019.

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Research evidence: Paid family leave can help reduce the share of workers that experience economic hardship



Source: Joshi, Baldiga, Earle, Huber, Osypuk & Acevedo-Garcia, 2019



FMLA research evidence: positive impacts accrue to higher SES families

- Positive impacts on leave taking:
 - college-educated mothers and fathers
 - married mothers
- Positive impacts on infant health:
 - larger impacts on childbirth outcomes for college-educated and married mothers
 - reduced infant mortality for college-educated and married mothers

Sources: Han, Ruhm & Waldfogel, 2009; Rossin, 2011

Paid FML research evidence: reduces racial/ethnic disparities in leave taking

- Paid FML increased leave-taking from:
 - White mothers: 3-5 weeks to 6-7 weeks
 - Black mothers: 1-2 weeks to 6 weeks
 - Hispanic mothers: 1-2 weeks to 5 weeks

Source: Rossin-Slater, Ruhm & Waldfogel 2013



Key take aways about equity in FML Policy

- Logic
 - FMLA explicitly designed to address gender equity
 - Higher need for affordable FML among Black and Hispanic workers
- Capacity
 - Eligibility criteria leaves out many Hispanic workers
 - Barriers likely lower take up rates among Hispanic and Black workers

Research evidence

- FMLA (unpaid leave) reproduces r/e inequities
- Reducing firm size criteria and enacting paid FML increases r/e equity but does not eliminate gaps

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