

# Fact Sheet

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## A Prescription for Good Asthma Care for Children: Paid Sick Days for Milwaukee Parents

### Parents' Lack of Job Flexibility Hurts Children with Chronic Health Problems

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Asthma treatment is a priority for Wisconsin's public health system, according to the Wisconsin Turning Point Transformation Team.<sup>1</sup> The most common chronic health problem for children, asthma sent nearly 3,800 Wisconsin children to the emergency room in 2005, and more than 700 were hospitalized, at a cost of close to \$4 million.<sup>2</sup>

- One of every 11 Wisconsin children has asthma.<sup>3</sup>
- Medical care and school absences for children with asthma in Milwaukee cost at least \$10 million per year.<sup>4</sup>
- Wisconsin schoolchildren who have an asthma attack miss more school than their peers.<sup>5</sup>

Parents of asthmatic children face a special challenge in protecting and promoting their children's health. Children with asthma need to see health-care professionals regularly, or they risk asthma attacks that require emergency room or hospital care<sup>6</sup> and cause school absences. Both accessing medical care and caring for children at home demand a parent's attention—even if the parents are employed. Having job flexibility—in particular, paid time off—can make it possible for parents to attend to their children's asthma.<sup>7</sup> Parents who do not have scheduling flexibility cannot consistently comply with recommended health care visits.<sup>8</sup> Children whose treatment routines are disrupted because of parents' inflexible work schedules cannot receive the high-quality care from asthma specialists that can keep them healthy and prevent serious asthma flare-ups.<sup>9</sup>

- Two of every five mothers with an asthmatic child (40 percent) have no paid sick days.<sup>10</sup>
- One in four parents of a child with asthma (28 percent) has missed one of their child's medical appointments because they could not get time off work.<sup>11</sup>
- Parents with paid leave are nearly three times as likely to be able to stay home when their children need them.<sup>12</sup>

This problem is especially acute in Milwaukee. Milwaukee has the highest rate of asthma-related emergency room visits in the state of Wisconsin—more than double the statewide average (96 visits per 100,000 individuals, vs. 41 for Wisconsin as a whole)—and the second-highest rate of asthma-related hospitalizations—again, double the statewide average (21 per 100,000 vs. 10 per 100,000).<sup>13</sup> Asthma is a bigger burden in Milwaukee's communities of color: Asthma rates are 50 percent higher among African American middle- and high-school students as for white students.<sup>14</sup> Asthma is also concentrated in communities with fewer economic resources<sup>15</sup> and restricts children's activities more in poor communities.<sup>16</sup>

- Many parents fear they will be fired if they stay home when their chronically ill child needs care.<sup>17</sup>
- Children get better faster when their parents help care for them.<sup>18</sup>

Providing quality care for children with asthma is important to families, but taxpayers have a stake as well. Two-thirds of the cost of children's asthma hospitalizations in Milwaukee are paid by Medicaid or Wisconsin BadgerCare or are uninsured.<sup>19</sup>

The Wisconsin Turning Point Transformation Team noted that "Wisconsin's public health system is... a partnership between government, the people, and the partners in the public, private, nonprofit and voluntary sectors to protect the health of everyone."<sup>20</sup> Milwaukee's paid sick days referendum can bring employers together with parents to improve treatment for children with asthma.

<sup>1</sup> Wisconsin Turning Point Transformation Team (n.d.), *Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public* (report to the Wisconsin Department of Health and Family Services) <<http://dhs.wisconsin.gov/statehealthplan/shp-pdf/pph-0276phip.pdf>> (September 23, 2008).

<sup>2</sup> For children aged 5 to 14; Wisconsin Department of Health and Family Services, Division of Public Health [Wisconsin DHFS], Bureau of Environmental and Occupational Health (2007), *Burden of Asthma in Wisconsin: 2007* <[http://dhs.wisconsin.gov/eh/Asthma/pdf/BOAWI\\_2007.PDF](http://dhs.wisconsin.gov/eh/Asthma/pdf/BOAWI_2007.PDF)> (August 12, 2008).

<sup>3</sup> Wisconsin DHFS 2007.

<sup>4</sup> PediatricAsthma.org. (n.d.), *Children's Asthma in Milwaukee* <[http://www.pediatricasthma.org/community\\_coalitions/milwaukee](http://www.pediatricasthma.org/community_coalitions/milwaukee)> (August 6, 2008).

<sup>5</sup> Wisconsin DHFS 2007. One-third (33 percent) of middle- and high-school students who suffer an asthma attack miss three or more days of school per month; only one-fifth (19 percent) of students without asthma miss that much school.

<sup>6</sup> Williams, Seymour G., Diana K. Schmidt, Stephen C. Redd, and William Storms (2003), "Key Clinical Activities for Quality Asthma Care: Recommendations of the National Asthma Education and Prevention Program" (*Morbidity and Mortality Weekly Report* 52(RR06): 1-8); Wisconsin DHFS 2007, xi).

<sup>7</sup> Heymann, S. Jody, Sara Toomey, and Frank 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 (August): 870-

874); Chang, Paul J., Craig F. Garfield, Marc N. Elliott, Colleen Carey, Carl Eriksson, and Mark A. Schuster (2007), "Need For and Use of Family Leave Among Parents of Children With Special Health Care Needs" (*Pediatrics* 119 (May): 1047-1055).

<sup>8</sup> Smith, Lauren A., Diana Romero, Pamela R. Wood, Nina S. Wampler, Wendy Chavkin, and Paul H. Wise (2002), "Employment Barriers Among Welfare Recipients and Applicants With Chronically Ill Children" (*American Journal of Public Health* 92 (September): 1453-1457).

<sup>9</sup> Ibid.

<sup>10</sup> Heymann, S. Jody, Alison Earle, and Brian Egleston (1996), "Parental Availability for the Care of Sick Children" (*Pediatrics* 98 (August): 226-230).

<sup>11</sup> Smith et al. 2002

<sup>12</sup> Chang et al. 2007.

<sup>13</sup> Wisconsin DHFS 2007.

<sup>14</sup> Ibid.

<sup>15</sup> PediatricAsthma.org n.d.

<sup>16</sup> Currie, Janet, and Wanchuan Lin (2007), "Chipping Away at Health: More on the Relationship between Income and Child Health" (*Health Affairs* 26(2): 331-344).

<sup>17</sup> Chang et al. 2007.

<sup>18</sup> Palmer, Sarah J. (1993), "Care of Sick Children by Parents: A Meaningful Role" (*Journal of Advanced Nursing* 18 (February): 185-191).

<sup>19</sup> Pediatric Asthma n.d.

<sup>20</sup> Wisconsin Turning Point Transformation Team (n.d.), 2.

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