

Effects of Labor Policies on Population Health: current research and future opportunities

Labor Policy Pertaining to Broader Risks to Health

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Overview

Three key advances in understanding the effects of labor policies on health

- Research on effects of federal, state, and local labor policies (and their intersections)
- Research when policies have no effect on health
- Research on individual policies and policy regimes/co-occurrence

Three key opportunities to further contribute evidence for labor policy making

- Examining policy presence/absence AND effects of policy provisions
- Examining mandates versus voluntary policies (and impacts on disparities)
- Ensuring research output meets decision maker needs

Evidence on the effects of labor policy on population health

Increasing body of research focused on the effects of policies, including labor policies, on population health outcomes

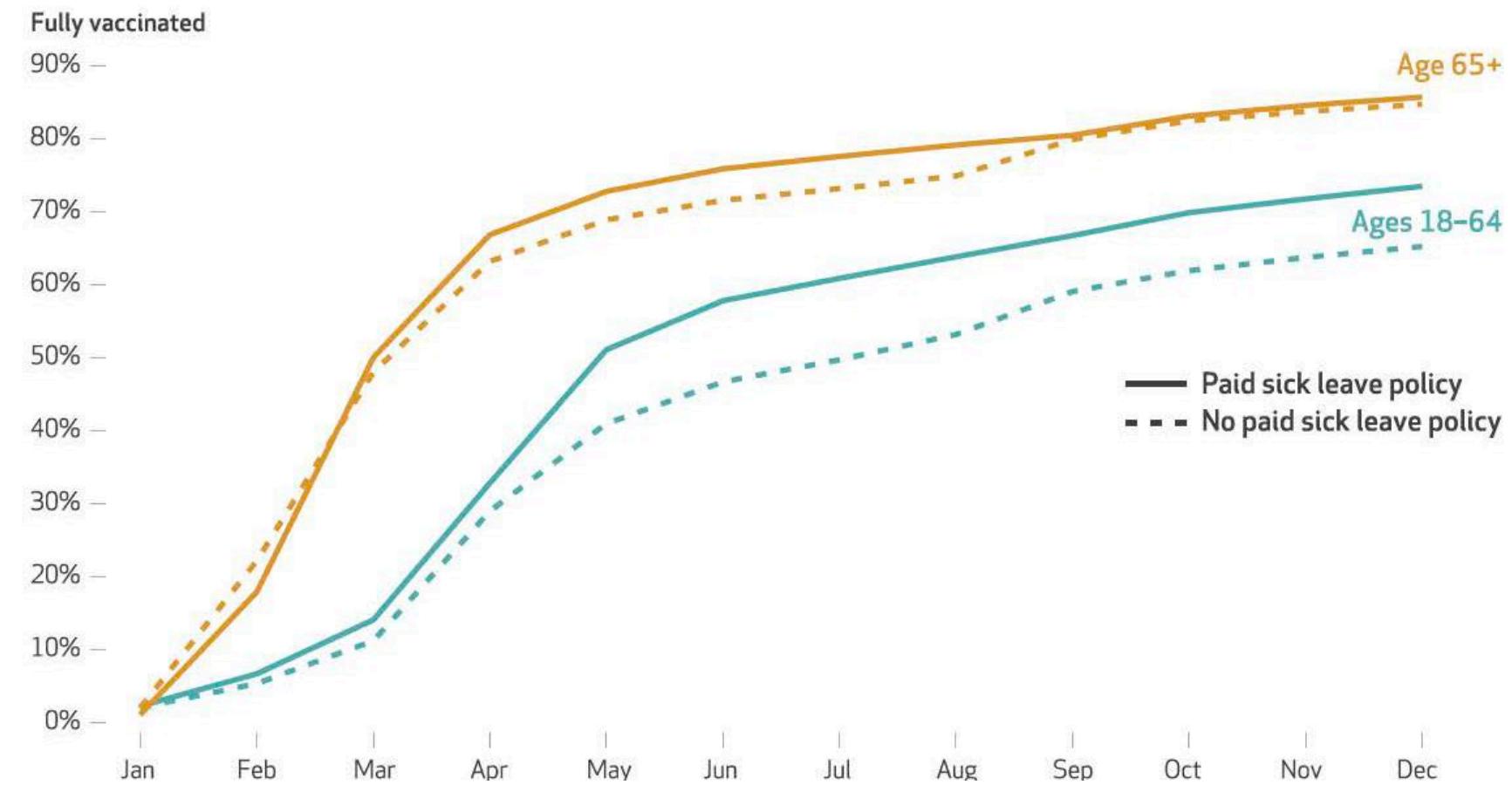
- Proliferated after 2020 (some as a result of analyses on COVID NPIs), some coinciding with new methods development

Policies enacted at the national, state, and local level, offering opportunities to test policy effects

- But importance of considering policy constraints at interacting levels (e.g. preemption)

Example: Local and state policies

Among the working age population, Covid-19 Vaccination coverage was **17 percent (4.15 percentage points)** higher in cities with paid sick leave policies compared to cities without paid sick leave policies, after adjustment (Schnake-Mahl et al, 2022).





Example: Local and state policies (and their interactions)

Compare cities that kept indoor dining closed, to cities that **would have** kept indoor dining closed but were preempted from doing so by the state

Keeping indoor dining closed was associated with a **61% (IRR=0.39, 95% CI 0.18 to 0.84) decline** in the new COVID-19 case rate over 6 weeks compared with cities that reopened indoor dining.

Keeping indoor dining closed averted **142** (95% Confidence Interval [CI]: -259, -26) daily cases in the average city (Schnake-Mahl et al, 2022).

Example: research when policy has no effect

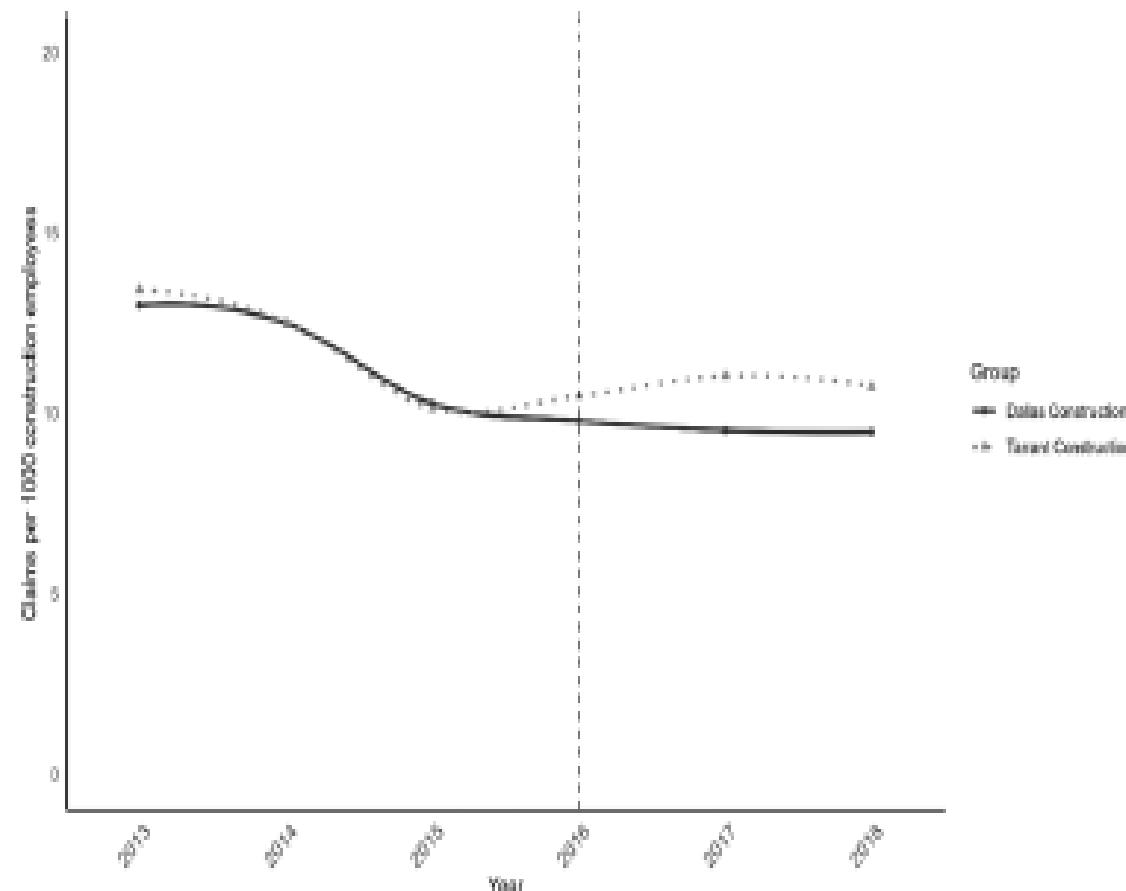


FIGURE 1. Rates of injury/illness claims, per 1000 construction workers in Dallas and Tarrant Counties, Texas, years 2013–2018. Dashed vertical line indicates the year that the rest break mandate went into effect. Plotted trend lines were fit using LOESS smoothing functions. Unsmoothed trend lines are presented in Supplemental Figure 1 (<http://links.lww.com/JOM/B603>).

(Schinasi et al, 2023)

Research on individual policies and policy regimes

- Labor policies are not enacted in isolation
 - Places with paid family leave often also have paid sick leave, more generous minimum wage laws, fair scheduling, stronger labor protections, etc.
- Research methods to address policy co-occurrence and regimes (Matthay & Glymour, 2022)
 - Control for co-occurring policies, restrict sample of study units, use less correlated measures (e.g. generosity measure), use bayesian methods
 - Measure cumulative policy effects or clusters
 - Construct indices/scales to examine policy regimes
 - All of these require knowing which other policies are and are not in place (legal epidemiology)

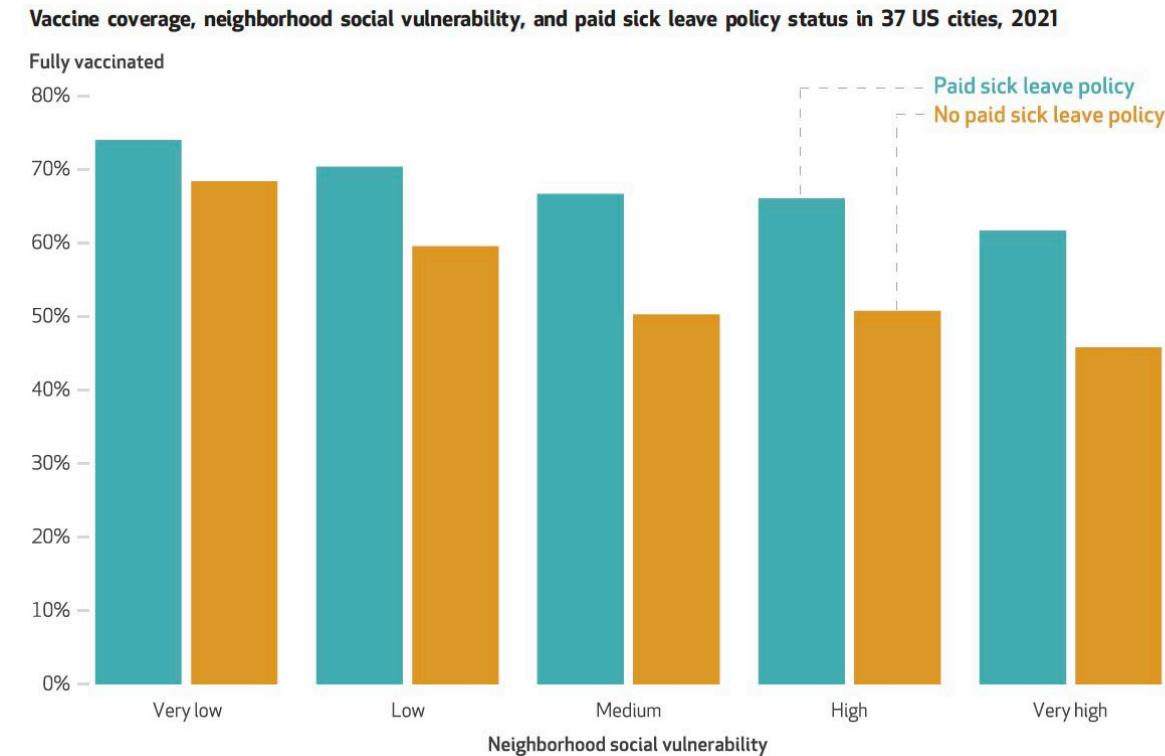


Opportunity: Examining policy presence/absence AND effects of policy provisions

- Understanding effects of policy provisions/features is as important as understanding overall policy effects for informing policy development and amending existing policy
 - *Example:* Paid sick leave policy provisions include, hours of leave, eligible workers, etc.
 - Policies enacted across the country differ, and we need to measure that heterogeneity
 - Legal epidemiology helps here
 - Causal inference may require it (Schnake-Mahl et al, 2025)

Opportunity: Examining mandates versus voluntary policies (and impacts on disparities)

- We found narrower disparities in vaccination in cities with paid sick leave and the association between paid sick leave and vaccination coverage was strongest in the most socially vulnerable neighborhoods
 - 29% gap between the most and least vulnerable neighborhoods in cities with PSL vs 72% gap in cities without PSL (Schnake-Mahl et al 2022)



Opportunity: ensuring research output meets decision maker needs

- Interdisciplinary teams to understand both population health and cost effects
 - Labor policies incur costs but also may generate cost savings
- Producing policy actionable research
 - Research does not stop at publication
 - Generating place specific estimates
 - Considering policy makers and business decision maker audiences

References

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