



# Healthy Minnesota Partnership 2021 policy framework

PAID FAMILY AND MEDICAL LEAVE, UNIVERSAL BROADBAND AND VIRTUAL ACCESS, HOUSING STABILITY

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## Background

In 2020, the Healthy Minnesota Partnership asked these questions:

What policies had they been in place would have reduced the impact of the COVID-19 pandemic? What in the policy environment could have strengthened response activities and/or community resiliency?

The ensuing discussion and winnowing process led to the Partnership choice of the three policy areas in this 2021 Policy Framework. This policy framework provides an opportunity for Partnership member organizations and others to support legislative policy proposals and other efforts which would advance conditions for health and well-being.

In previous years, the Partnership focused on paid family and medical leave and housing through its work to expand the conversation about what creates health.<sup>1</sup> One additional area—broadband and virtual access—is new to the Partnership.

## **Policy areas**

### Paid family and medical leave

In a 2015 <u>White Paper on Paid Leave and Health (PDF)</u> (www.health.state.mn.us/communities/equity/reports/2015paidleave.pdf), former Health Commissioner Ehlinger wrote:

With paid leave policies, people are healthier. People with paid leave use less sick time and health care and their children do better in school. Paid maternity leave contributes to better maternal mental and physical health, better prenatal and postnatal care, more breastfeeding, and greater parent/infant bonding. Elders cared for by family members with paid leave more often enjoy a higher quality of life.

People with lower incomes, part-time workers, and single parents are least likely to have access to paid sick and family leave. These groups are disproportionately populations of color and

<sup>&</sup>lt;sup>1</sup> Find links to the Partnership's public narrative work on Paid Family Leave and Housing, Home and Health <u>https://www.health.state.mn.us/communities/practice/healthymnpartnership/narratives/frames.html</u>

# American Indians. These disparities in access to paid leave have a cascading effect on families and communities, including children, the elderly and people with disabilities.

The cascading effect on communities most impacted by health inequities has been clearly evident in COVID-19 impacts. Many people were forced to make choices between earning income and taking time off to take care of themselves or family members. Paid sick time could cover time to get a COVID-19 test and to isolate or quarantine to protect others. It could cover the time needed to participate in case investigations and contract tracing which helps to slow the spread of COVID-19. Tracing means finding and talking to people who are infected with COVID-19 and then finding and talking to all the people they may have infected.

Short term paid medical leave policies were established by emergency orders and put into place by some employers during COVID-19 response efforts—but a pre-exiting statewide policy could have benefited essential workers many of whom are from communities most impacted by heath inequities.

### Universal broadband internet and virtual access

Lack of access to broadband internet impacted the health of Minnesota's communities in a myriad of ways during the COVID-19 pandemic. It impeded use of telehealth services and ability of primary, secondary and post-secondary students to connect to learning opportunities. It decreased the potential to reduce social isolation and to connect to COVID-19 response activities and supportive resources. This particularly impacted people in rural communities and those who cannot afford to purchase broadband service even where available.

Access alone is not enough. Those who can pay for access may not have the skills and abilities to use virtual platforms and applications. Not everyone can afford to pay for access even when available. Public access sites like libraries are not private enough to conduct telehealth appointments or participate in post-release programs for formerly incarcerated people.

The State of Minnesota has a border-to-border <u>Broadband Grant Program</u> (https://mn.gov/deed/programs-services/broadband/grant-program/), which lays out a plan to ensure access to high speed broadband through the entire state. In a 2018 update, <u>The Minnesota Broadband</u> <u>Model (PDF)</u> (https://mn.gov/deed/assets/bbtf-model-infographic\_tcm1045-354987.pdf) lists some policy recommendations from the Broadband Task Force.

The Blandin Foundation, which tracks and coordinates some of the efforts to expand broadband access noted that while the no broadband funding was passed during Minnesota's fifth 2020 special session, their hope is that:

"...the next (federal) aid package allows states to be more flexible with the funds they receive. For instance, extending the deadlines by which dollars must be spent and explicitly allowing broadband programs to qualify for funds. There is still strong support for broadband at the Minnesota Capitol, but legislators are facing a multi-billion-dollar deficit in the upcoming legislative session. A federal package that state legislators could tap to fund the Border-to-Border program would be a strong boost to broadband expansion."

### Housing stability

During the COVID-19 pandemic state and federal emergency orders established eviction moratoriums and dedicated resources to housing support. The future prospect for stable and safe housing for many across the state is unsure—especially those most impacted by health inequities.

In 2018, the Partnership looked deeply at the connection between housing and health with a wide range of partners from across the state. In 2018, the Partnership heard and found evidence that:

**Having a stable home is foundational for health and healing.** Having a stable home reduces stress and improves mental health and well-being, promotes growth and development among children, and helps adults maintain treatment for chronic disease. A stable home also increases opportunities for employment and improves educational outcomes, both of which are linked to better lifetime health. Children in stable homes are more likely to have access to nutritious food, get a good night's sleep, and maintain a healthy weight.

All people need a safe, healthy home in a nourishing community that is socially connected and welcoming, environmentally healthy, and provides educational, economic, and recreational opportunity. For example, living near high-traffic roadways and other significant sources of air pollution and emissions can reduce lung function, increase rates of asthma and chronic bronchitis, and lead to more frequent hospital visits. Substandard housing conditions such as water leaks, poor ventilation, dirty carpets, and pest infestation also increase rates of asthma and hospitalization. Exposure to extreme high or low temperatures is particularly dangerous for the health of elders and those with compromised immune systems.

A healthy community can intentionally assure access to transportation, housing, jobs, and education, and places to play, worship, engage with nature, and socialize. Pedestrian-friendly neighborhood design and mixed-use development reduce car use and improve air quality, encourage walking, and increase availability of healthy food and outdoor recreation. Access to transportation options, including transit, increases opportunities for employment and social connection. Access to nature contributes to lower levels of mortality and illness, higher levels of outdoor physical activity, restoration from stress, a greater sense of well-being, and greater social capital.

Social connections, inclusion, and belonging link people together to create health and a resilient, thriving community. For example, social cohesion fosters community empowerment and action to shape social and physical environments in positive. Social cohesion also buffers acute and chronic stress and improves both mental and physical health.

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