

Emily Oster:

My top tip for supporting parents is to think about end of the day flexibility. For a lot of parents that's a really difficult time. They're trying to get home. They're trying to see their kids. They're trying to get dinner on the table. They're trying to do bedtime. Having a little flexibility built in at the end of the day is going to make the workplace a lot more family friendly.

LuAnn Heinen:

That's Emily Oster, PhD in economics and professor at Brown University, where her work focuses on health economics and statistical methods. She's written three books on data-driven parenting that synthesize available evidence to help parents make better decisions for themselves. *Expecting Better* covers pregnancy; *Cribsheet* goes from birth through preschool; and *The Family Firm* is for the early school years. She's also the author of articles appearing in publications like *The Atlantic*, *The New York Times*, and *FiveThirtyEight*, offering insights on navigating parenthood that are relevant both personally and professionally.

I'm LuAnn Heinen and this is the Business Group on Health podcast, conversations with experts on the most important health and well-being issues facing employers. My guest is Emily Oster, and we'll be talking about the economists' case for a family inclusive workplace and childhood vaccination.

Hi Emily. Welcome to the podcast.

Emily Oster:

Hi, thanks for having me.

LuAnn Heinen:

So glad you're here today and we're going to talk about a lot of fun things with personal and professional relevance, I think, to many of us. Let's start out talking about where we are right now in the employer space. Companies are laser focused on retaining employees. Women in particular have been exiting the workforce, something like 2 million since the start of the pandemic, and since well before the pandemic, large companies have been expanding their paid parental leave benefits, doing things to support a family-friendly workplace, but your expertise is evidence. Let's talk about the data and what it says when it comes to first, how much leave parents need around birth or adoption.

Emily Oster:

To look at that in the data, I think there's really two pieces of evidence I would draw on. The first is evidence from the U.S. where we can look at what happens when we go from zero to something like six weeks. You can do that using the FMLA, Family Medical Leave Act, and looking at what happens when we expanded coverage for the ability to take some time off for new parents. When you look at that, it becomes very clear why it's so important to have at least that amount of leave, because we see all kinds of good impacts coming out of that, including improvements in infant health, including improvements in breastfeeding, including actually in many cases or some cases reductions in infant mortality. Very significant positive effects of that sort of first six-week period. Then when we sort of go a little bit beyond that, we're still seeing some impacts. We're still seeing sort of, as we go to three or four months, that in other studies you can see some data there. When places move, by places I mean other countries that are not the U.S., to increase leave from say four months to a year, we aren't seeing enormous impacts of that. So, in a sense, there's kind of a coalescing around the idea that something around 12 weeks or 16 weeks is a way to get a lot of those initial benefits, but that you probably wouldn't need to go to a full year to get some of those benefits. I think that there's disagreement about this, but there's some potential costs to that long out of the workforce in terms of employer incentives to hire women, and so those issues become more complicated.

LuAnn Heinen:

Yes, what we've seen in our own data is that, and this is again not a representative sample of all employers, but the large employers, about a third of our members offer 12 weeks or more and 40% in the 6-11 week category, and then about a quarter are offering 5 weeks or less. That varies quite a bit by industry sector and market benchmarks.

Emily Oster:

Yes, that sounds sort of very consistent with what we see. I mean, in general, when we look in the data, we see that firms that have larger shares of white-collar workers tend to offer more leave.

LuAnn Heinen:

To your point about kind of variability and global leave, we've looked at data from around the world and many countries, middle and higher economic countries, require paid parental leave from 10 weeks in Mexico, to something like 14 months in South Korea, and even more in some Eastern European countries.

Emily Oster:

The U.S. is a very significant outlier on this dimension. We are the only developed country, and, in fact, almost the only country that does not offer some kind of paid parental leave. Many of us were really disappointed this week when it seems like that provision is going to come out of one of the bills that's on the table at the moment. That was very disappointing.

LuAnn Heinen:

I saw that on your Twitter account.

Emily Oster:

It was interesting for me, because this is something I sort of think about academically all the time. When I saw that I just had this moment of just being sad, and it was actually very surprising because it's not often a way that I sort of feel in that setting, but just to see a piece of information like that and just think, wow, I'm mad, yes, but I'm also just like tremendously sad that that seems like it's not going to happen when it's so obviously should.

LuAnn Heinen:

After leave, the initial leave, there's that critical period after parents return to the office. What at that point does a family-friendly culture look like?

Emily Oster:

I think it's actually a very important part of this discussion, because even for firms that have very good leave policies, and by good, I mean, generous and thoughtful and allowing people to really have the time and whatever. I think we sometimes have the instinct that it's like, okay, I gave you your 12 weeks, and now you're just going to be back, and it's going to be exactly the same. For anybody who has kids, I remember before I had kids, I think I had some of the same, like when they're little babies, it will be a lot of work, but then it won't be so much work anymore after that. That was, of course, entirely wrong. My kids are 6 and 10 and there's still a fair amount of navigation of my work-life and sort of making it fit with the kind of parenting that I want to do. I think that there's a lot that can be done in firms and that starts with recognizing that becoming a parent is a long-term activity and that when people come back at 4 months, they're still going to be breastfeeding and all this other kind of stuff. Even when we think about people who have kids like toddlers or early school age, there's a lot of time that is taken up by that and some constraints that are delivered. There's a value to certain types of flexibility recognition and that people may need that kind of flexibility to make, at least in a sort of particular period of their work life in order to make it work, to kind of operate at a high level and also manage having a family. The first step is really to recognize that parenting does not end at 12 weeks. Then the second is to think about in the particular setting that you're in, what is the kind of scaffolding that you can put in place to make that possible.

LuAnn Heinen:

Why do you say that, "our culture tells us work and parenting are at odds," and also speak a little bit about what you've called secret parenting.

Emily Oster:

It's sort of very interesting. I started talking about this idea of secret parenting pre-pandemic and talking about the idea that we sometimes have the sort of sense that your kids are something to be hidden at work. In fact, you can see this in surveys with people who say, "well, I lied and told my boss that I needed to go to the doctor because I didn't want to tell them I had to take my kid to the doctor." This is an invisible part of your life. I think that makes it very difficult to think about what kinds of flexibility are necessary. The point I was making in that piece was that if we want to move forward in these dimensions, if we want to make it more possible to generate the kinds of flexibility that people need, that we need to make parenting visible. In some ways that really has to start at the top, right? You can't expect the most junior people to be willing to be the ones who stand up and say, "oh hey, you know, I need to leave at 5 o'clock, because it's important to me to have dinner with my kids." When you're at the top, when you've made it, when you're the boss, you do have the opportunity to say that. When people are able to say that, and when people are able to sort of put their authentic selves or their parenting out there in the world, that's a way for junior people to see that modeled. I think that's very, very important. Interesting to think about it in the context of the pandemic is, of course, a year after I wrote that, then all of a sudden we were kind of all parenting in public in this very odd way where we're all zooming from our houses and everybody saw each other's beds. It was very difficult to be not secret. I think in some ways, that's a good push for this, but only if we use it as such.

LuAnn Heinen:

To that point, are there signposts that are hallmarks of a family-friendly culture, whether you're in the office or on zoom, that you would point to?

Emily Oster:

I think in the office it's pictures, right? How do you make it visible that you're a parent. I'm looking around at my walls and they're covered in terrible art projects from my children. That's one thing that's sort of one very visible, outward thing. The other thing is people being honest when the thing that they need to do involves their kid. I need to leave early because my kid has a baseball game or I'm going to take this time to go volunteer at my kid's school, whatever it is when you do those things, and I think many people who are in positions of authority do some of those things, to just think to say them. To think to say this is why I'm doing this; this is why I'm going to be out for this hour; this is why I'm going to be leaving earlier. That is the visibility. Even those of us who do a lot of that, we don't think to advertise it, not because we're embarrassed about it, just because it's like why did people need to know that? But I think the point is maybe people do need to know that.

LuAnn Heinen:

Great point. I imagine that it's particularly powerful when it's leaders, managers, and men who are being visible in those ways.

Emily Oster:

Yes, I think it is. I think that there's an onus in some ways on both genders. It is particularly powerful when men do it. I also think in some ways it's much easier for men to do it, because I think that you experienced much less of the sort of judgment that sometimes comes with this. It's like this sort of old trope of like, when you see a dad with a baby on an airplane, people are like, "oh, what a great dad?" Then you see a mom with a baby on the airplane, you're like, "ahh, I hope she's not sitting next to me." I think it is this sort of same thing. If people say, I'm leaving to go to my son's baseball game or my daughter's field hockey game or whatever, people are like, "oh, what a great involved dad." If it's a mom goes, "yep, don't care about your job." I think in that sense, it's actually the modeling by a dad is important, but it's important for different reasons. I do think it shouldn't be the case, but I think there is an onus on senior women to do that kind of modeling too. I actually think it's quite hard, because if you have come up in a culture in which this is hidden, and then to take this step and say "now I made it and I need to make it visible that I made it, even though I had kids." That's a hard, emotional step to take.

LuAnn Heinen:

That's interesting because when I had my kids, there weren't any notable family-friendly benefits or practices. Today, in our survey, 78% of our members, our large employers, offer flexible work hours, 46% offer backup childcare, over 40% access to tutors and or a stipend for tutoring services. They're shipping breast milk to women who are traveling. It goes on and on. Do you have any particular family-friendly benefits or practices that you think there's a good evidence base for that are more important than others?

Emily Oster:

I think we don't have a lot of evidence on this sort of specifics, besides things like paid leave. I think it depends a lot on the kind of characteristics of your workforce and the characteristics of your local market. For example, for a lot of people, on-site child care is really central. That's going to be particularly important if you're in a place where child care is difficult to procure. Unfortunately, we have a tremendously significant child care desert in the U.S. and it's very difficult for people to find high-quality, convenient, affordable child care options. That's going to be more of an issue in some places than others. So I can imagine that being very important. In some sense, the answer to this question is just, as a firm, you need to figure out what the people that are working for you need and there's going to be a lot of heterogeneity in that.

LuAnn Heinen:

Navigation for child care services and referral services and that kind of thing is another benefit I didn't mention, but it's very commonly offered as well.

Emily Oster:

Yes, exactly. The other piece of it is backup care. But again, I think backup care is an example of something where I think people overvalue it. Companies think it's more important than it is, because if you think about what are people using backup care for. You using backup care when your kid's sick. Okay, but when my kid's sick, they don't just want somebody to show up in the house. In a pinch, if I had to do something, we could work that out, but that's really not the top of my list for how to sort of trust somebody that I've never met before with a kid who was not feeling well. I think for many parents, that's not a very appealing option and it's an argument for, okay, what are the kinds of flexibility you could give that would make people be able to deal with that and maybe backup care seems like a good idea, but actually isn't sort of all that it is worked up to be.

LuAnn Heinen:

One thing I found super interesting is that well before COVID-19, you were writing about the data informed case for vaccines and kids. What got you interested in that? I'm looking at a *FiveThirtyEight* article from 2014.

Emily Oster:

I got very interested in studying vaccines for kids when I was working on parenting. A lot of my early work, pre-COVID work, both my academic work and especially my public facing stuff, is much more in the space of questions about parenting. For some people, thinking about childhood vaccines broadly is something that is a source of controversy. It's also, frankly, a very interesting research space to understand. How do we get to a point where people are afraid of the measles vaccine? How do we get there and how do we get out of it? I've done a variety of work on what prompts people to get vaccinations when they haven't been vaccinated or how can we understand the demographics of vaccine resistance. All again, pre COVID.

LuAnn Heinen:

It's interesting to me and one of the things you're known for in your parenting books is kind of empowering parents to make the best decisions for them, but when it comes to vaccination, there's a general consensus and certainly among the pediatric physician community and so on in public health, that it's really important to aim for a hundred percent vaccination in children. Do you agree with that and do you think that applies to the COVID vaccine as well?

Emily Oster:

Let's talk about the regular vaccines first and then we talk a bit about COVID. Broadly, yes, I think that if we sort of dig into are there good reasons not to give your kid the measles vaccine or pertussis vaccine or

something like that or are there not good reasons for that. Those vaccines have been around for an extremely long time. They have been very widely used and more importantly, there are good reasons to give your kids those vaccines and to make sure that we have high vaccination rates. I think a good illustration of that is in 2015 there was a measles outbreak in Disneyland. Somebody came from another country, they had measles, okay. Measles vaccines are super effective. They have basically sterilizing immunity, which means if you're vaccinated, it's not just that you can't get sick, you just can't get it. But measles is also extremely contagious. It can live on surfaces for hours and hours and hours. So somebody came to Disneyland, they had measles and a bunch of people got measles, and they got measles because they were not vaccinated. That was a very strong example of why everybody should be vaccinated for measles and why your kids should be vaccinated for measles. It's so they don't get measles, a disease which largely affects children. For all of those things there's no reason not to do it and there's a good reason to do it because these are diseases that affect kids. One of the things we've seen in, and I saw in some of my research, is when you have a local death from pertussis, whooping cough, it's a vaccine preventable disease, but some people are not vaccinated every year. Maybe two dozen infants die of whooping cough. When you have cases of deaths from that in your area, it prompts more vaccination in the following year. It does sort of look like that feeds back there.

LuAnn Heinen:

I saw a data point that one in four children are not getting all the recommended shots for the seven infectious disease vaccines, which is all the ones you get before age three - MMR, DPT, polio, chicken pox - how is that trending?

Emily Oster:

That is trending down, at least in the most recent year. I think one of the very unfortunate aspects of the pandemic was a dramatic drop in well-child visits and, as a result, a big drop in these routine vaccines. I think we're seeing a big change in that, which is not good.

LuAnn Heinen:

If we're not in a good place on those generally, widely-accepted childhood vaccinations, then how concerned are you about the COVID-19?

Emily Oster:

I think the COVID-19 vaccine, parents are thinking of as a completely different decision. I think that's not quite right, but I can see why people are processing it differently. It's newer, so this isn't the measles vaccine which has been around for a long time. It's a new vaccine now. It has been given to billions of people. It's not like it's totally untested, but it is newer and this will be kind of the first wave of kids that get vaccinated. I think the other issue that's come up is that COVID, we are lucky that it has not affected kids anywhere close to the rates that it's affecting older adults, the age gradient is really, really striking, but that means for a lot of parents, they sort of look at this and they say, "well, I'm going to vaccinate my kid, I'm going to give my kid the COVID vaccine, but why." Those sort of personal benefits to doing this are relatively small, even if the kind of broader societal benefits may be reasonable. That personal cost benefit is going to give a lot of parents pause.

LuAnn Heinen:

Do you have any thoughts as to what works best to increase vaccination rates between winning over hearts, winning over minds, passing laws?

Emily Oster:

I think there's sort of two big categories of this that I would say. On the one hand, I hope that as we kind of come into this initial COVID vaccine, and the way that this is likely to play out, is there are a bunch of people who are chomping at the bit to vaccinate their kids. For example, I'm dying to vaccinate my kids and every day my husband is saying did you text the doctor about when we can get an appointment? When I say they're not approved yet, he's says "I want one in advance." There's many people who are going to do this. Within the first few weeks of this, I think we'll see millions of childhood vaccines. Then there were some people who are staunchly opposed, and we can talk about how we're going to reach those people later. Then there's a bunch of people in the middle who I think have some feeling like, "well, I'm not exactly sure about this and I feel like I

need to see more information.” I hope that the way that we can frame this decision for that group is to sort of ask them to think about do you want to vaccinate your kid now or do you want to discuss it again in a few weeks? Because if you get people into a decision frame of do you want to vaccinate now or not, then if they choose not, then they may continue in the decision of not. It's really, really important to keep open, maybe you might think you need more information, but let's make sure we have a plan to revisit this in a few weeks because by then millions and millions of kids will have been vaccinated and maybe you will feel differently. That's the first step, to be a little patient, do a little on the ground and at pediatrics offices, talking to families about what we're seeing and why it's a good idea. Then I think there's going to be a stick aspect of this later, which is we are going to see school mandates, I think, but probably not until next Fall.

LuAnn Heinen:

Is there any particular role for employers? The Edelman Trust Barometer is reporting higher levels of trust in employers compared to government and the media, not however, pediatricians.

Emily Oster:

Yes, I think employers play a role, probably more in education. I think for example, my employer spends a fair amount of time offering webinars with experts. That kind of employer sponsored activity probably has some value, particularly if people are kind of questioning what exactly they should do and how they should think about these decisions.

LuAnn Heinen:

Thank you so much for that, it's really helpful. Starting in pregnancy, you've pointed out that new parents get a lot of advice from family, from friends, from doctors and even people on the street. A lot of that is based on personal experience and anecdotal information. If you're up for it, let's play a game.

Emily Oster:

Okay. A game. I love it.

LuAnn Heinen:

What does the data tell us? I'll throw out the first one to get us going; it's a little bit of a hot potato. Alcohol during pregnancy.

Emily Oster:

It's very clear that excessive alcohol consumption, that drinking a lot during pregnancy, can be very damaging to the infant, and I think that that's very well understood. When I wrote *Expecting Better*, I sort of dug into what about occasional drinking, what about having a glass of wine every now and then, which is much more common in places outside of the U.S. When you at the data on that, there really isn't much evidence that has negative impacts on infants or on kids, even when you dig into the pretty extensive, large datasets, much of which come out of Europe,

LuAnn Heinen:

How about sleep training your baby.

Emily Oster:

Sleep training your baby - the first thing to say is that sleep training, which is letting your baby cry and helping them learn to fall asleep on their own, doesn't have negative impacts on infants. It doesn't make them less attached or have any sort of long-term impacts that are observed. It does tend to improve infant sleep and also tends to improve parents' sleep. I think an important thing to note there is that actually, when we study the impacts of these kinds of sleep training activities, one of the things that's really heavily impacted is parental depression and marital satisfaction and the kinds of things that come if you are sleeping.

LuAnn Heinen:

Screen time limits.

Emily Oster:

The data on screen time does not suggest that there's anything particularly wrong with screen time. I really encourage parents to think about screen time, not as something that's either good or bad or has a lot of emotional valence, but as a part of a normal, healthy life that also needs some limits. If you are watching TV, you're not doing something else. If your kid is watching TV for eight hours a day, then that doesn't leave very much time for going outside or playing soccer or going to school or anything else. There's a lot of value in thinking about what is a good time for screen time, recognizing that it's probably not never, and it's also probably not always, and that that's really the way to frame it rather than the idea that somehow screen time is inherently bad, but it's something we have to suffer through because our kids whine too much. That, in fact, screen time is a normal part of the healthy life, but not an infinite amount.

LuAnn Heinen:

Just an editorial aside, where did all these parenting rules come from then?

Emily Oster:

I think that the parenting rules sometimes come from flawed interpretations of studies or really excessive caution. I think there's some times, particularly around some of the stuff in pregnancy, there's a sort of attitude of like, well, we could never be sure if the following thing was safe and so just out of an abundance of caution, let's tell people to do nothing. I also think when we're talking about the parenting stuff, there's almost a sort of virtue signaling aspect of some of these decisions where the truth is that screen time makes our lives easier. It's just the way it is. It's much nicer at the end of my day, I have a little bit of empty space to cook dinner without people screaming at me because they're watching TV. I would admit that part of the reason we have it at that time is that it makes the lives of the adults easier. I think there is a part of parenting sometimes where people say that's just because you're not really willing to engage with your kids, but I engage with my kids. I wouldn't let them watch screens because of how I love to engage with them. But there's a piece that sort of feels like that, like by suffering that I'm showing my love.

LuAnn Heinen:

I'm feeling so much better about my parenting so many years ago.

The finale and the one we're all waiting for - what about the impact on kids to working parents. What's the data say?

Emily Oster:

The data says it doesn't really matter for your kid whether both of you work or one of you works. There's reasons to have jobs, like to generate money, but in terms of the question of if I had the choice, is my kid going to be better off if they have a stay at home parent versus having two working parents, there isn't really anything in the data that would suggest that that matters for the things we can measure, which are things like test scores and health and so on. So we're just not seeing much evidence that matters in either direction. I think in some ways for me it's quite freeing, because I think it really says there are a lot of complicated things in the decision of whether to work and how much and they involve finances and whether you want to work and whether you like your job, but taking this one off the table and just saying there are ways to make this work with your kids and it's not really going to matter either way. This should really be about what is going to work for the whole family or for the adults in the family, not about somehow we have to do this to invest in making the best kids.

LuAnn Heinen:

Excellent. I did really love just the concept of the family, how you framed it in *The Family Firm*, that you think about everybody in the family in a sustainable way.

Emily Oster:

Yes, and I think it is a sort of sustainable. Sometimes we have this idea, okay, I would do anything for my kids and I would do anything for my kids if they needed it. If they don't need it, then maybe I'll sometimes do things for myself.

LuAnn Heinen:

Is there something you wish you'd done differently returning to work as a new parent? Anything to share?

Emily Oster:

I think that with my first kid, I came back before I was ready. I have an unusual type of job where my time is very flexible, so it was both possible to take more time and also possible to take less time. For the purposes of not wanting to seem I was shirking or that I was going to be some lady who was only with their kids, I think I came back to work sooner than I should have, and I would probably go back to tell my past self that I'm probably going to get fired from this job anyway, so you might as well take more maternity leave.

LuAnn Heinen:

No, that's certainly not the case, looking at your record. Thank you so much for your time today, Emily. This is wonderful. I love talking to you. I think it's going to be great for our audience to hear your perspective.

Emily Oster:

It was really a treat. Thank you so much.

LuAnn Heinen:

I've been speaking with Emily Oster about data-driven parenting. Her most recent book is *The Family Firm*, and you can find her newsletter archive at <https://emilyoster.substack.com/>. It parses the latest data on pregnancy, parenting, and COVID-19.

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