

A Health Impact Assessment of the Healthy Families Act of 2009

Maine Addendum – A Health Impact Assessment of Paid Sick Days in Maine

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BACKGROUND

On June 11, 2009 researchers at Human Impact Partners and the San Francisco Department of Public Health released a Health Impact Assessment of the Healthy Families Act of 2009. The act is proposed federal legislation that would guarantee that workers have the right to earn paid sick days. The HIA report included a literature review on the links between health outcomes and paid sick days, national existing conditions data relevant to the policy (e.g., demographics of who currently does not earn paid sick days, communicable disease outbreaks, avoidable hospitalizations), and information from focus groups conducted with workers who do not earn paid sick days. The report also predicts the magnitude and direction of several health outcomes that would be likely to result if the act became law. The full report can be found at: http://www.humanimpact.org/PSD/NationalPaidSickDaysHIA_report.pdf. As part of a Massachusetts-specific addendum to that study, we conducted additional research regarding the impact of paid sick days on emergency room usage and delayed medical care. That addendum can be found at: http://www.humanimpact.org/PSD/MA_PSD_HIA_Addendum.pdf.

In this addendum to the national report, we provide Maine specific existing conditions data relevant to paid sick days legislation being considered at the state level. The literature review, data, and predictions in the national report are all relevant to the proposed Maine legislation. The data provided in this addendum supplement the national data in an effort to support the specific context in Maine.

I. INTRODUCTION

In this appendix, we consider the health impacts of a pending paid sick days policy. Under a proposed law, employees of large businesses (25 or more employees) would accrue one hour of paid sick time for every 40 hours worked, while those at small businesses would accrue one hour for every 80 hours worked. Earned paid sick time may be used for illness of the employee or illness of an employee's family member, for accessing necessary preventative health care or if the employee or the employee's family member is a victim of stalking, domestic violence or sexual abuse. Earned paid sick time may also be used to care for a family member in the case of closure of a workplace or school as a result of a declared public health emergency.

Over 40% of the Maine workforce would be directly affected by the legislation being considered. Almost 250,000 workers in the state currently lack paid sick days (MCEP 2009).

In section II of this addendum, we review existing relevant Maine law. In section III, we summarize data regarding avoidable hospitalizations and emergency room visits in Maine and summarize our previous findings regarding the impacts of paid sick days on health care service utilization. The impact of paid sick days on communicable disease transmission – both foodborne illness and influenza – is presented in section IV. We briefly present results of a focus group discussion in section V. We summarize our findings in section VI of this report.

II. EXISTING RELEVANT MAINE LAW

Currently, no Maine or federal law guarantees workers the right to paid time off when they or their dependents are ill.

Family Medical Leave requirements in the state (Title 26, Chapter 7, Subchapter 6-A of Maine's revised statutes; <http://www.mainelegislature.org/legis/statutes/26/title26ch7sec0.html>) provide employees in the state with up to 10 weeks of job-protected unpaid leave per year for serious health conditions, for the birth or adoption of a child, for the care for an immediate family member, for organ donation, or for the death of a family member during active duty in the military. The law applies to businesses with 15 or more employees at one location, state employees, and city, town or municipal agencies with 25 or more employees. Family Medical Leave and paid sick days are complementary policies; most uses of paid sick days would not be covered by Family Medical Leave, as paid sick days cover short-term illness and preventative care. Additionally, because family and medical leave is unpaid, workers may face economic consequences as a result of using such leave.

Maine law (Title 26, Chapter 7, Subchapter 2, Section 636 of Maine's revised statutes; <http://www.mainelegislature.org/legis/statutes/26/title26sec636.html>) requires that businesses with 25 or more employees that choose to provide paid time off allow employees to use that time off to care for their family members. This law does not, however, require employers to provide paid time off.

In addition, Maine law (Title 26, Chapter 7, Subchapter 10, Section 875; <http://www.mainelegislature.org/legis/statutes/26/title26sec875.html>) of Maine's revised statutes; requires that employers grant their employees unpaid leave from work during a public health emergency, including when an employee is under quarantine. While this law is important, for example during flu pandemics, it is not sufficient for achieving the desired health outcomes, namely reducing the spread of communicable disease. The results of a national poll conducted by researchers at the Harvard School of Public Health (Blendon 2006) indicate that 94% of Americans said that they would stay at home, away from others, for 7 to 10 days if they had pandemic flu, half of respondents said that they would "lose pay and have money problems" if they did so. Additionally, one in four respondents said that staying home would result in "serious financial problems." Clearly, these financial considerations represent a barrier to the effectiveness of public health-protective measures.

Finally, the State of Maine Food Code (2001; Section 2-201.12; <http://www.maine.gov/sos/cec/rules/01/001/001c331.doc>) requires the exclusion from the workplace of food workers diagnosed with several infectious diseases and places limits on the work a food worker may carry out when suffering from symptoms associated with those diseases. However the Food Code does not require that excluded workers be paid during their time away from work.

III. AVOIDABLE HOSPITALIZATIONS AND EMERGENCY ROOM VISITS

In Section 4.5 of our national HIA report on the potential health effects of paid sick days, we describe how the lack of paid sick days may create a barrier to the utilization of primary and preventive care, and could therefore also increase the utilization of more expensive therapeutic and hospital care. Many hospital admissions for common chronic diseases such as asthma, hypertension, and diabetes are preventable with timely and effective outpatient and primary care (Parker 2005). Even a small percentage reduction in these avoidable events as a result of a paid sick days policy could lead to a large number of hospitalizations and ER visits being avoided and substantial cost savings.

According to the Maine Health Data Organization, in 2006, 1.5% of hospitalizations – over 15,000 hospitalizations – for people 18 and over in the state were preventable (MHDO 2006). Table 1 provides details regarding the types and numbers of preventable hospitalizations.

Researchers at the Muskie School of Public Service, University of Southern Maine and the Maine Health Information Center analyzed emergency room (ER) usage in Maine for Maine’s Advisory Council on Health System Development (Kilbreth 2008). Maine’s emergency department use in 2006 was approximately 30% higher

Condition	Preventable Hospitalizations
Bacterial pneumonia	4,105
Congestive heart failure	3,821
Chronic obstructive pulmonary disease	2,334
Dehydration	867
Urinary tract infection	1,450
Asthma	778
Diabetes + associated morbidity	1,559
Hypertension	203
Angina	488
Total preventable events	15,605
Total events	1,044,169
Source: Maine Health Data Organization’s Hospital Inpatient Data, 2006.	

than the national average; 30% of Maine’s population visited an ER in 2006. Uninsured patients account for 9% of ER visits. Over 17% of the 638,160 ER visits are classified as avoidable by the researchers. Based on ER usage patterns, the researchers state that a potential contributing factor to ER visits could be “delayed care seeking by individuals reluctant to lose time from work who wait until the weekend and then find that they cannot access office-based care.” Availability of paid sick days may help alleviate this source of ER visits.

IV. EFFECT OF PAID SICK DAYS ON COMMUNICABLE DISEASE TRANSMISSION IN COMMUNITY SETTINGS

In section 4.7 of our national HIA report on the potential health effects of paid sick days, we discussed how paid sick days may help reduce the transmission of communicable disease, such as influenza, foodborne diseases, and other infectious diseases in healthcare and childcare facilities, restaurants, and other institutional and community settings. In this section, we focus on how paid sick days may help reduce the transmission of communicable diseases in Maine, using data from a report from Maine's Department of Health and Human Services (MDHHS 2007). In 2007, there were 99 disease outbreaks reported to the DHHS.

Foodborne Illness

Seventy five of the disease outbreaks in Maine in 2007 were from gastroenteritis and 64 involved norovirus or were suspected to involve norovirus. The remaining 11 gastroenteritic outbreaks involved *Salmonella*, *Shigella*, *Cyptosporidiosis*, *Rotavirus* or had unknown etiology. Of the norovirus and suspected norovirus outbreaks, 38 occurred in long term care facilities, 17 in schools or daycare centers, three in hospitals, and 6 in other venues.

Although it was unknown whether ill workers preparing the food was the source of these outbreaks, it is possible that many of foodborne disease outbreaks in Maine may have been prevented if sick workers had been able to stay home with pay when sick. It was reported that five (4%) *Salmonella* cases were food workers and another five (4%) were childcare attendees. It has been documented that many of foodborne outbreaks caused by these pathogens in the United States may be linked to ill food service workers. Between 48% and 93% of all outbreaks involving norovirus—which is responsible for 50% of all foodborne illnesses in the U.S (Widdowson 2005)—may be linked to ill food service workers (Guzewich 1999).

Public health officials rely on workers to recognize the illness and their employers to self-enforce requirements that protect the public. Unfortunately, however, 92% of restaurant workers in Maine (ROCM 2009) and 27% of nursing home workers (Lovell 2009) in the United States do not have access to paid sick days. This means that many such workers face barriers in accessing treatment and diagnosis for infectious diseases and have disincentives to taking time off when ill. Such delay in diagnosis and treatment carries public health risks. A worker may recognize a symptom but may not associate it with a foodborne illness. A worker may not want to take unpaid time to obtain a diagnosis or may defer care until the symptom worsens, potentially infecting co-workers and patrons in the meantime. Paid sick days that allow sick employees to rest at home or to seek medical attention with no wage loss may very well facilitate precautionary measures to promote public health.

Influenza

In section 4.7 of our national HIA report on the potential health effects of paid sick days, we discussed the impact of paid sick days on seasonal and pandemic influenza. Some of our findings include:

- 37% of seasonal influenza transmission occurs in schools and workplaces, and 33% in other community settings (Ferguson 2006);
- A sick worker who is in the workplace while contagious is likely to infect 1.8 of every 10 co-workers (Lovell 2005);
- Staying at home when infected may reduce the number of people impacted by pandemic influenza by 15%–34% (Ferguson 2006; Germann 2006; Glass 2006; Wu 2006);
- Between 4 and 5 out of every 10 people said that they would lose pay and have money problems if asked to stay home for 7 to 10 days during a pandemic; 25% of people said they would have “serious financial problems” as a result (Blendon 2006; Blendon 2009);
- Compliance with social distancing measures during pandemic flu could increase by 29% among workers currently without paid sick days, if they were given the benefit;
- According to one model of pandemic flu, 11,000 people in Maine could die during a pandemic and close to 400,000 people in the state could become ill (TFAH 2007).

Ten influenza outbreaks were reported to DHHS in Maine in 2007 at long term care facilities and five were reported at schools and daycare centers.

V. PAID SICK DAYS FOCUS GROUPS – METHODS AND FINDINGS

Introduction

This narrative summarizes the findings of a focus group conducted in Bangor, Maine on paid sick days. This focus groups was organized by the Maine Women’s Policy Center and conducted by Sandra Sue Butler, MSW, Professor at the School of Social Work, University of Maine. The purpose of the focus group was to gather qualitative information on the effect of not having paid sick days on the health of workers and their families.

Given the limited availability of data of how access to paid sick days affects health, findings from focus groups help to fill some data gaps. While these findings may not be representative of all workers, the results provide powerful perspectives often overlooked in a discourse dominated by economic cost-benefit analysis.

Methods

The focus group took place on October 1, 2009. The focus group was recorded with permission of the participants and the recording was provided to Human Impact Partners staff for analysis. Participation in the group was completely voluntary, and participants were told that names and identifying information would be kept confidential. Each participant received a \$30 cash stipend and light snacks as compensation.

The seven participants were all female and worked in a variety of jobs including day care provider, office worker, hospital diet technician, and home care worker. None of the participants received paid sick days.

Findings

During the discussion, participants raised a variety of issues related to paid sick days and taking paid or unpaid time off from work. Issue areas can be divided into the following topics:

- Access to healthcare, delayed healthcare, and hospitalization;
- ability to care for dependents;
- infecting co-workers and customers;
- the economic consequences of taking unpaid time off and related stress;
- employer retaliation;
- overall feelings of not having basic rights as workers and feeling lack of trust of employers.

Access to healthcare, delayed healthcare, and hospitalization

Several focus group participants discussed their inability to access healthcare services for themselves or their family members because they could not take paid time off. In some cases, they felt that just the stress of worrying interfered with their recovery from illness; “I would have to stress about everything and get sicker.”

Three participants told stories about how delaying care led to hospitalization:

- “About a year ago I spent a week in the hospital. The people that I baby-sit for...it didn’t matter to them that I called in sick - ‘Well you know its only one kid and he’s easy to take care of.’ And I ended up taking him. I have a heart condition and I had not been feeling good for a whole week and finally my sons...took me to the emergency room.”
- One participant shared that her son was hospitalized with pneumonia several times. She believed this could have been prevented by her taking time off to care for him, but she did not have paid sick days.
- Another participant told a story of a friend who went to work at a Burrito shop despite being very sick. Her co-workers ended up having to “carry her to the hospital.”

Focus group participants who had paid sick days at previous jobs discussed the ability to rest and recover, even for one day, and how positive that made them feel. They repeatedly discussed the reduction of stress associated with having the benefit. They felt that having paid sick days allowed them to recover faster.

Ability to care for dependents

Several participants who were parents discussed not being able to provide care for their sick children because they could not get paid time off from work. Sometimes this led to their children’s illness getting worse (see above). Other parents said they took time off, but had a difficult time paying bills as a result (see below). The issue was especially acute for single parents.

Participants who were teachers or day care workers told stories about parents who needed to send their kids in sick in order to go to work so they would not be punished. One participant talked about parents giving their children Motrin and sending them in to day care, hoping it would last the day.

Infecting co-workers and customers

Many of the focus group participants were fully cognizant that they were putting their co-workers and customers at risk by going in to work sick, but they felt that they had no choice since they would either be penalized by their employer for taking the time off or they would not be able to pay their bills:

- “So, then, working in a hospital, let alone in a hospital kitchen, you’d think they wouldn’t want us to come in, oh-no, we’d still have to come in because if you try to call out, they give you a hard time. So you come in sick and the next day, three more people are sick.”
- “I can think of an example where there was a high school student, they wouldn’t let her have the night off because she had pink eye and then 12 of us had pink eye the next day...When you are in a kitchen, you’re touching everything. You’re touching the phones when they ring, everything. And then you think of how many patients got pink eye because of all the trays that went out because that kid, they wouldn’t let her stay home.”

- One hospital worker told a story about being sick with a soar throat and cough and being told by her supervisor to put on a face mask and interact with patients.
- Teachers and daycare workers shared their concerns about children coming to work with the flu, especially H1N1, and infecting teachers and other children.

Economic consequences of taking unpaid time off and related stress

Many participants made it clear that they could not pay their bills if they took time off when sick. For example, one participant, who was widowed, said, “I have a 17 year old and if he’s sick, I have to live with it and I have to try to make the bills work at the end of the week.”

Employer retaliation

Participants told several stories about employers retaliating against workers who took time off when sick. Some of these stories involved perceived threats or discrimination, such as:

- “They tell you not to come in, but that’s just kind of like a nudge, nudge, wink, wink thing where they’re like, don’t come in, but if you don’t come in we’re going to punish you.”
- One woman told the story of her 22 year old son who, the day of the focus group, had an episode of numbness, pain and paralysis in his face, yet was so worried about losing his job that he began to cry due to the stress. She had to let him know that it was ok with her if he lost his job by calling in sick.
- Another participant told a story of a woman who applied for a job at the company she worked for. While she was highly qualified, she was not offered a job. During her interview she shared that she had five children. The job was given to a less qualified candidate who did not have children. The participant believed this was because the employer was worried about the applicant needing time off to take care of her kids.

Other stories involved actual retaliation, such as:

- One participant reported that the sick days she took off were written up in her yearly evaluation and that was taken into account when her manager considered a pay raise for her.
- One of the childcare providers told a story of a parent who was fired from her job at a garage because she took a day off when she was sick. “You wouldn’t think they’d be able to fire you for being sick...I couldn’t believe it.”

Overall feelings of not having basic rights as workers and feeling lack of trust of employers

Participants clearly felt that they were not being treated fairly by their employers and that their employers did not care about them as human beings. As low-wage workers, several also felt discriminated against. For example, participants said:

- “If you are genuinely sick and you never call out , then they are skeptical of you and you are the bad guy because you are the reliable one and so you are not allowed to be sick.”
- “They like to keep a lot of us contingent and that way you don’t get benefits.”

- “It’s staggering...health care organizations just seem to care about bottom line.”
- “In my company, two of us are on hourly, and the rest are on salary... If the salaried people are sick, they work at home that day. But they never answer my emails! .. It is kind of disappointing.”

Focus Group Conclusions

Collectively, the stories and experiences of participants illustrate that the absence of paid sick days affected the health of participants via a number of different pathways:

- Fear of job loss and lost wages were categorically the most pervasive reasons that participants did not feel they could call in sick. As a result, participants shared experiences about going to work while ill and about elevated stress levels.
- There was a recognition that going to work sick or sending sick children to school led to the infection of others.
- Participants without paid sick days described an inability to recover from illness or to support dependents in their recovery. They described delaying necessary medical care and this leading to hospitalization.

Importantly, participants also saw the policy as a question of fairness.

Focus group participants clearly understood the paid sick days issue as a health-related issue through the direct impacts on health (e.g., avoidable hospitalization), indirect impacts (e.g., loss of wages, loss of job, stress) and public health impacts (e.g., infection of co-workers or customers).

VI. SUMMARY OF MAJOR FINDINGS

Major findings from this research include:

- There are a very large number of costly and preventable hospitalizations and emergency room visits in Maine each year. Over 100,000 ER visits and 15,000 hospitalizations were preventable.
- In 2007, 99 disease outbreaks were reported in Maine. Seventy five of these were gastrointestinal illness outbreaks in nursing homes, schools, hospitals and other workplaces. Fifteen were influenza outbreaks in schools and nursing homes.
- Focus group participants raised concerns regarding access to paid sick days and:
 - Access to healthcare, delayed healthcare, and hospitalization;
 - ability to care for dependents;
 - infecting co-workers and customers;
 - the economic consequences of taking unpaid time off and related stress;
 - employer retaliation;
 - overall feelings of not having basic rights as workers and feeling lack of trust of employers.

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