

A Health Impact Assessment of Massachusetts' Paid Sick Days Legislation: AN ACT ESTABLISHING PAID SICK DAYS

SUMMARY OF FINDINGS • October 7, 2009



The ability of workers to earn and use paid sick days when ill or when a family member needs care would significantly benefit the health of all people in Massachusetts. However, over 40% of the private sector workforce in the state—about 1.4 million workers—do not have any paid sick days. An Act Establishing Paid Sick Days (SB 688 and HB 1815) would guarantee that workers in Massachusetts accrue at least one hour of paid sick time for every 30 hours worked. In the summer of 2009, Human Impact Partners conducted research regarding the health impacts of the bill in order to supplement research on a similar federal bill, evaluating how such a law could protect and improve public health. This report summarizes the findings of that research.

The best available public health evidence demonstrates that the Paid Sick Days Act would have significant positive public health impacts.

Guaranteed paid sick days would reduce the spread of pandemic and seasonal flu; reduce emergency room usage; protect the public from diseases carried by sick workers in restaurants and nursing homes; and enable workers to stay home when they are sick or need to care for a sick dependent. Paid sick days could also prevent hunger and homelessness among sick, low-income workers and increase the use of primary or preventative care.

Figures 1 and 2 show examples of potential negative health outcomes associated with a worker without paid sick days becoming ill and either choosing to go to work or take time off. In both scenarios, there are potential negative health outcomes for the worker, coworkers, and customers, including additional people becoming sick, longer recovery times, hospitalization, need for additional medical care, and the health effects associated with lost wages and unemployment.

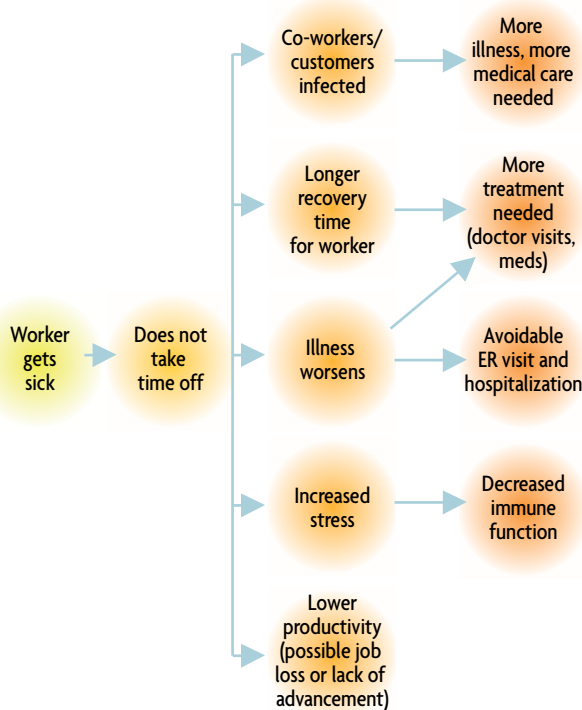


Figure 1. Taking no time off when sick: examples of potential negative health outcomes.

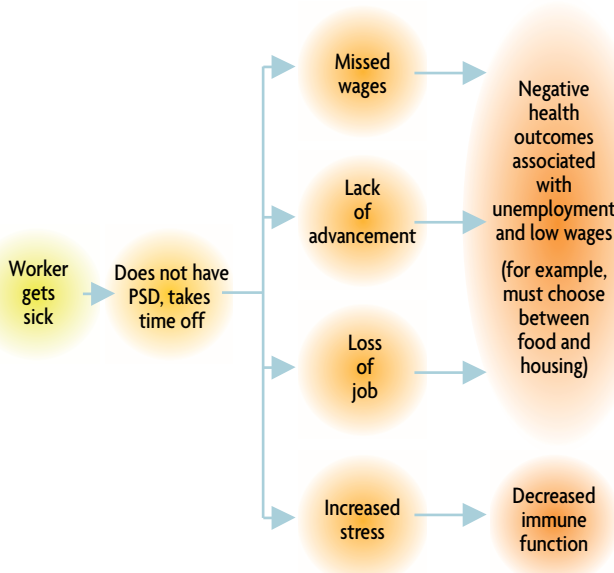


Figure 2. Taking time off when sick, without paid sick days: examples of potential negative health outcomes.

MAJOR FINDINGS

“Stay home from work, school, and errands when you are sick.”

—Centers for Disease Control and Prevention

To prepare for an influenza pandemic, the Occupational Safety and Health Administration (OSHA) recommends that every employer should “develop a sick leave policy that does not penalize sick employees, thereby encouraging employees who have influenza-related symptoms . . . to stay home so that they do not infect other employees.”

“I work in a nursing home. You would think they would want us to get a flu shot but they won’t pay half day to do that.”

—Focus group participant

More than half of all foodborne illness outbreaks reported in the U.S. occur in restaurants. According to the Massachusetts State Sanitary Code 105 CMR 590.00, a food worker may be excluded from a food facility if he/she is diagnosed with a communicable disease transmissible through food. Yet 85% of food service workers in the U.S. do not have paid sick days.

“When a person is sick, they can’t work in their total capacity. They are at 60% or 40 or 50%. But if we had sick days, it would benefit both us and the company. Not only do we not get someone else sick, but we work better.”

—Focus group participant

Vulnerable populations in the Northeast have less access to paid sick days:

- 57% of the lowest-paid workers do not have paid sick days.
- 47% of Hispanic workers do not have paid sick days.
- In a study of mothers, 40% whose children had asthma and 36% whose children had other chronic diseases did not have paid sick days.

A requirement for paid sick days, such as that proposed in the Paid Sick Days Act, would have the following impacts:

- Paid sick days would enable more people to comply with public health advice for controlling seasonal influenza (“the flu”) and the large-scale spread of a new influenza strain (flu pandemic).
 - *Staying at home when infected could reduce by 15–34% the proportion of people impacted by pandemic influenza. Without preventative strategies, more than 55,000 people in the state could die in a serious pandemic flu outbreak.*
 - *One-quarter of respondents to a national survey report that they would have “serious financial problems” if they stayed home for 7 to 10 days during a flu pandemic. Such economic concerns are a major barrier to compliance with advice to stay home and are therefore a barrier to effective control of pandemic flu.*
 - *More than one-third of flu cases in the U.S. are transmitted in schools and workplaces.*



- With paid sick days, ill restaurant workers would be less likely to spread foodborne disease in restaurants.
 - *85% of food service workers in the U.S. do not have paid sick days.*
 - *Between 2003 and 2007, Massachusetts health agencies reported 55 foodborne disease outbreaks and 1,929 related cases of illness to the Centers for Disease Control and Prevention. Of the 7 outbreaks with known causes, 5 involved food handling by an infected worker.*
- Paid sick days would reduce the likelihood of gastrointestinal disease (“stomach flu”) outbreaks in nursing homes.
 - *Paid sick day policies were associated with significantly lower risk of respiratory and gastrointestinal disease outbreaks in nursing homes in a New York State study. Between 30 and 45 California nursing homes would be spared norovirus outbreaks each year under a paid sick days policy.*
 - *37 nursing homes in Massachusetts experience stomach flu outbreaks each year.*
- 112,500 hospital admissions for chronic diseases such as asthma, hypertension, and diabetes and 315,000 emergency room visits annually are entirely preventable in Massachusetts. Paid sick days could allow workers and their dependents easier access to preventive and early care and help avoid unnecessary hospitalizations.
 - *Among workers with health insurance, those without paid sick days are 15% more likely to use the emergency room and almost 40% more likely to delay necessary medical care relative to those with paid sick days.*
 - *Parents who had paid time off are over 5 times more likely to care for their sick children.*
 - *According to a recent survey, 42% of employed adults without paid sick days go to work when they are sick, compared with 28% of those with sick days.*
- Paid sick days would reduce income loss and the threat of job loss for low-income workers during periods of illness. This effect would be sizable enough to prevent hunger and housing insecurity.
 - *About one in six workers in the U.S. report that they or a family member have been fired, suspended, punished or threatened by an employer due to needing time off for illness.*

People in Massachusetts are forced to choose between loved ones and paychecks—and sometimes jobs—when ill. Even a small loss of income may lead to trade-offs between housing, food, and medical care.

“If you are really sick and can’t come to work, you can’t pay your bills. This affects you emotionally in addition to the physical illness. It causes more stress, and stress causes other sickness. Like depression.”

—Focus group participant

“For some parents in lower-wage jobs, if they don’t show up at work, they don’t get paid, and people may already be on the economic margins. So parents were desperate to get some of these children back in school.”

—Dr. Anita Barry of the Boston Public Health Commission on why the number of cases of Influenza A – H1N1 was higher in low-income neighborhoods in Boston and among minorities.

Paid sick days allow people to get necessary medical care for themselves and their dependents. People who have paid sick days visit the emergency room less and delay necessary medical care less frequently.

“As a result of the benefit, I can get an appointment at the doctor sooner. For example, if I call out sick during the day, then I can go between 9 am–5 pm . . . My alternative is to go to the emergency room and wait for a treatment that could be resolved at a regular clinic.”

—Focus group participant

CONCLUSIONS

This assessment examines evidence regarding the potential health impacts of a paid sick days requirement, as proposed by the Paid Sick Days Act. **Substantial evidence indicates that the law would have significant positive public health impacts for workers and for all people in Massachusetts.**

“For sick time, you would get penalized. My manager says, ‘Only if you call in dead.’”
—Focus group participant

An Act Establishing Paid Sick Days—Summary of Health Outcomes and Impacts		
Health Outcome	Judgment of Magnitude of Impact ¹	Quality of Evidence
Impacts on Community Transmission of Communicable Diseases		
Influenza, pandemic or seasonal	▲▲▲	High
Foodborne disease in restaurants	▲▲	High
Gastrointestinal infections in health care facilities	▲▲	Medium
Communicable diseases in childcare facilities	▲	Low
Economic Impacts on Workers		
Loss of income	▲▲▲	High
Job loss	▲▲	Medium
Impacts on Worker or Dependent Health		
Taking time off for medical need	▲▲▲	High
Taking time off to care for ill dependents	▲▲▲	Medium
Appropriate and timely utilization of primary care	▲▲	Low
Avoidable emergency room visits	▲▲	Low
Avoidable hospitalization	▲	Low

1. This column provides a scale of significance ranging from 1–3, where 1=low impact and 3=a significant impact. An effect is considered significant if it would affect a large number of people in Massachusetts and has the potential to create a serious adverse or potentially life-threatening health outcome.

RESEARCH AND ASSESSMENT METHODS

This assessment was based on the following information sources:

- Review of available peer-reviewed and empirical research.
- Analyses of statistics on the availability and utilization of paid sick days, data on communicable disease outbreaks and illnesses, and on the burden of illness in Massachusetts that may be modified by paid sick days legislation.
- Analyses of data from the 2007 National Health Interview Survey.
- Focus groups and survey of workers.

About Health Impact Assessment

The World Health Organization defines Health Impact Assessment as

“a combination of procedures, methods and tools by which a policy, program or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.”

Increasingly, countries are using Health Impact Assessment to prevent disease and illness, improve the health of their populations, and reduce avoidable and significant economic costs of health care services.



For More Information

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