

Paid Sick Days Improve Public Health

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Everyone gets sick, but not everyone has time to get better. Every day, millions of working people in the United States face an impossible choice when they are sick: stay home and risk their economic stability or go to work and risk their health and the public's health. A national paid sick days standard would give workers the time they need to recover from illness or care for an ill family member, in ways that would help improve public health.

Too many people must go to work sick because they cannot earn paid sick time.

- Nearly three in 10 private sector workers – and nearly seven in 10 of the lowest-income workers – don't have access to even a single paid sick day.¹ Millions more don't have access to paid sick days because they are too new to their jobs to be eligible for their employers' policies. In total, more than 34 million U.S. workers don't have access to this basic protection.²
- People without paid sick days are 1.5 times more likely than those with paid sick days to report going to work with a contagious illness like the flu or a viral infection.³
- Many people go to work sick because they fear workplace discipline or losing their jobs. Nearly one in four workers has reported either losing a job or being threatened with job loss for needing to take a sick day.⁴

“WITH BOTH DUAL-EARNER AND SINGLE-PARENT HOUSEHOLDS ON THE RISE IN THE UNITED STATES, IT IS INCREASINGLY CHALLENGING FOR WORKERS TO JUGGLE FAMILY AND WORK ... PAID SICK LEAVE KEEPS OUR HOMES, OFFICES AND COMMUNITIES HEALTHIER WHILE ENSURING THE FAMILY'S ECONOMIC SECURITY.”

— Dr. Barbara L. McAneny, Former Board Chair, American Medical Association

There Are Significant Public Health Costs When People Cannot Earn Paid Sick Days

Lack of access to paid sick days leads to an increased risk of community contagion.

- Workers who interact the most with the public are often the least likely to have paid sick days: The vast majority of people working in food service (81 percent) and at child care centers (75 percent) lack access to paid sick days.⁵ Workers in these occupations are also more likely to be exposed to contagious illnesses and, therefore, to spread illnesses to the public when they are forced to go to work sick.
- Service workers who have certain illnesses, including the flu or norovirus, are required by the Food and Drug Administration to work on a restricted basis until 24 hours after symptoms subside,⁶ yet these workers typically can't afford to take unpaid sick time. In fact, nearly 60 percent of food service workers surveyed in a Centers for Disease Control and Prevention study reported working while sick, and nearly half of those workers said they went to work because they didn't have paid sick days.⁷
- Nearly half (46 percent) of restaurant-associated illness outbreaks involve an infected food service worker,⁸ and there are approximately 48 million cases of foodborne illness in the United States each year.⁹

People without paid sick days are less likely to access medical care, resulting in delayed and often costlier treatments.

- Workers without paid sick days are more likely to delay needed medical care, which can lead to prolonged illnesses and turn minor health problems into major, more costly ones.¹⁰ Workers who do not have paid sick days are three times more likely than those with paid sick days to neglect medical care for themselves, and they are nearly two times more likely to forgo medical care for their families.¹¹ And workers who lack paid sick days are less likely to be able to afford health care goods and services, more likely to incur high medical expenses and more likely to have a family income below the poverty threshold than those who have paid sick days.¹²
- Not having sick days remains a significant barrier to health care access, despite increased affordability of preventive health care services under the Affordable Care Act. Workers without paid sick days are less likely to go to the doctor or access preventive care, such as cancer screenings, annual physicals, Pap smears and flu shots.¹³
- A recent study found that workers without paid sick days are 61 percent less likely than those with paid sick days to have received a flu shot.¹⁴
- When workers cannot take time off to seek medical care during normal work hours, they are left with few choices for care and are more likely to resort to costly

emergency room visits. Working people with paid sick days are 32 percent less likely than people without paid sick days to visit the emergency department recurrently.¹⁵

- It is estimated that preventable emergency room visits among workers without paid sick days cost the United States more than \$1.1 billion per year, with nearly half of the costs coming from taxpayer-funded programs like Medicaid, Medicare and the State Children’s Health Insurance Program.¹⁶ If all workers had paid sick days, 1.3 million emergency room visits could be prevented and public and private costs would be saved.¹⁷

Children whose parents don’t have paid sick days face negative health consequences.

- Working parents without paid sick days are nearly twice as likely as those with paid sick days to send a sick child to school or day care.¹⁸ As a result, they are forced to put the health of their children and their children’s classmates and teachers at risk.
- Working parents without paid sick days are 2.5 times more likely than those with paid sick days to report taking a child or family member to the emergency room because they were unable to take time off during their normal job hours.¹⁹
- Children whose parents have paid sick days are more likely to receive preventive health care – specifically, they are 13 percent more likely to receive a flu vaccine and 13 percent more likely to have an annual checkup, compared to children whose parents do not have paid sick days.²⁰ Children whose mothers lack paid sick days are also less likely to receive routine well-child checkups, dental care and flu shots.²¹

“[P]AID SICK DAY LEGISLATION WOULD BE A PRACTICAL AND EVIDENCE-BASED PUBLIC HEALTH POLICY TO PREVENT COMMUNICABLE DISEASE AND TO ENABLE TIMELY, PREVENTATIVE CARE FOR OURSELVES, OUR CHILDREN AND OUR ELDERS.... [A] PAID SICK DAY LAW HAS POTENTIAL TO REDUCE HEALTH DISPARITIES AND CONTROL HEALTH CARE COSTS.”

— Dr. Rajiv Bhatia, Director, Occupational & Environmental Health, San Francisco Department of Public Health

Paid Sick Days for All Would Reduce Costs and Promote Healthier Families and Communities

A national paid sick days standard would benefit working people and their families, businesses and our public health.

- Public policies that guarantee a minimum number of earned paid sick days provide working people the time they need to recover from an illness or care for a sick family

member without compromising their financial stability. And they benefit public health: A recent study found that the general flu rate in jurisdictions with paid sick days laws decreased by 5.5 to 6.5 percent after the laws took effect.²²

- Already, 32 jurisdictions nationwide have adopted such paid sick days laws, including 10 states: Arizona, California, Connecticut, Maryland, Massachusetts, New Jersey, Oregon, Rhode Island, Vermont and Washington.
- At the federal level, it is estimated that a proposed paid sick days law would enable more than 30 million additional workers – including six million food service workers and more than one million personal care workers – to earn paid sick time, expanding access to more than 90 percent of the private sector workforce.²³

The evidence is clear: When workers have access to paid sick days, everyone benefits.

Learn more at PaidSickDays.org.

¹ U.S. Bureau of Labor Statistics (2018, July). *National Compensation Survey: Employee Benefits in the United States, March 2018* (Table 5). Retrieved 4 October 2018, from <https://www.bls.gov/news.release/pdf/ebs2.pdf>

² Ibid.

³ Smith, T.W., & Kim, J. (2010, June). *Paid Sick Days: Attitudes and Experiences*. National Opinion Research Center at the University of Chicago for the Public Welfare Foundation Publication. Retrieved 4 October 2018, from <http://www.nationalpartnership.org/research-library/work-family/psd/paid-sick-days-attitudes-and-experiences.pdf>

⁴ Ibid.

⁵ Xia, J., Hayes, J., Gault, B., & Nguyen, H. (2016, February). *Paid Sick Days Access and Usage Rates Vary by Race/Ethnicity, Occupation, and Earnings*. Institute for Women's Policy Research Publication. Retrieved 4 October 2018, from <https://iwpr.org/publications/paid-sick-days-access-and-usage-rates-vary-by-raceethnicity-occupation-and-earnings>

⁶ U.S. Department of Health and Human Services, U.S. Food and Drug Administration. (2013). *FDA Food Code 2013 (Chapter 2.2, Employee Health)*. Retrieved 4 October 2018, from <https://www.fda.gov/downloads/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/UCM374510.pdf>

⁷ Carpenter, L.R., Green, A. L., Norton, D. M., Frick, R., Tobin-D'Angelo, M., Reimann, D. W.,... Le, B. (2013, August 4) Food Workers Experiences with and Beliefs about Working While Ill. *Journal of Food Protection*, 76(12), 2146–2154. Retrieved 4 October 2018, from <https://www.cdc.gov/nceh/ehs/ehsnet/docs/jfp-foodworker-beliefs-working-ill.pdf>

⁸ DeBurgh, K. & Jacobson, D. (2017, September). Association of Paid Sick Leave Laws With Foodborne Illness Rates. *American Journal of Preventive Medicine*. Retrieved 4 October 2018 from <http://phlr.org/product/association-paid-sick-leave-laws-foodborne-illness-rates>

⁹ U.S. Centers for Disease Control and Prevention. (2016, July 15). *Estimates of Foodborne Illness in the United States*. Retrieved 4 October 2018, from <http://www.cdc.gov/foodborneburden/2011-foodborne-estimates.html>

¹⁰ Miller, K., Williams, C., & Yi, Y. (2011, November 14). *Paid Sick Days and Health: Cost Savings from Reduced Emergency Department Visits*. Institute for Women's Policy Research Publication. Retrieved 4 October 2018, from <http://www.iwpr.org/publications/pubs/paid-sick-days-and-health-cost-savings-from-reduced-emergency-department-visits>

¹¹ DeRigne, L., Stoddard-Dare, P., & Quinn, L. (2016, March). Workers Without Paid Sick Leave Less Likely To Take Time Off For Illness Or Injury Compared To Those With Paid Sick Leave. *Health Affairs*, 35(3), 520-527. Retrieved 4 October 2018, from <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2015.0965>

¹² Stoddard-Dare, P., DeRigne, L., Mallett, C., & Quinn, L. (2018, March). How does paid sick leave relate to health care affordability and poverty among US workers? *Social Work in Health Care*, 57(5), 376-392, DOI: 10.1080/00981389.2018.1447532

¹³ Peipins, L. A., Soman, A., Berkowitz, Z., & White, M. C. (2012, July 12). The lack of paid sick leave as a barrier to cancer screening and medical care-seeking: results from the National Health Interview Survey. *BMC Public Health*, 12. Retrieved 4 October 2018, from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3433348/>; DeRegine, L., Stoddard-Dare, P., Collins, C., & Quinn, L., (2017, February 9) Paid sick leave and preventative health care service use among U.S. working adults. *Preventive Medicine*, 99, 58-62. Retrieved 4 October 2018 from <https://www.ncbi.nlm.nih.gov/pubmed/28189802>

¹⁴ Ibid.

¹⁵ Bhuyan, S.S., et al. (2016, May). Paid sick leave is associated with fewer ED visits among US private sector working adults. *American Journal of Emergency Medicine*, 34(5), 784-789. Retrieved 4 October 2018, from [http://www.ajemjournal.com/article/S0735-6757\(16\)00007-3/abstract](http://www.ajemjournal.com/article/S0735-6757(16)00007-3/abstract)

¹⁶ Miller, K., Williams, C., & Yi, Y. (2011, November 14). *Paid Sick Days and Health: Cost Savings from Reduced Emergency Department Visits*. Institute for Women's Policy Research Publication. Retrieved 4 October 2018, from <http://www.iwpr.org/publications/pubs/paid-sick-days-and-health-cost-savings-from-reduced-emergency-department-visits>

¹⁷ Ibid.

¹⁸ See note 3.

¹⁹ See note 3.

²⁰ Afsaw, A., & Colopy, M., (2017, March). Association between Parental Access to Paid Sick Leave and Children's Access to and Use of Healthcare Services (Table II). *American Journal of Industrial Medicine* 60, 276-284.

²¹ Shepherd-Banigan, M., Bell, J. F., Basu, A., Booth-LaForce, C., Harris, J. R. (2016, February 28). Mothers' Employment Attributes and Use of Preventive Child Health Services. *Medical Care Research and Review*, 74(2), 208-226. Retrieved 4 October 2018, from <http://journals.sagepub.com/doi/abs/10.1177/1077558716634555>

²² Pichler, S., & Ziebarth, N. R. (2017, December). The Pros and Cons of Sick Pay Schemes: Testing for Contagious Presenteeism and Noncontagious Absenteeism Behavior. *Journal of Public Economics*, 156, 14-33. Retrieved 4 October 2018 from <https://www.sciencedirect.com/science/article/pii/S0047272717301056>

²³ U.S. Congress Joint Economic Committee. (2010, March). *Expanding Access to Paid Sick Leave: The Impact of the Healthy Families Act on America's Workers*. Retrieved 4 October 2018, from http://jec.senate.gov/public/index.cfm?a=Files.Serve&File_id=abf8aca7-6b94-4152-b720-2d8d04b81ed6

The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, reproductive health and rights, access to quality, affordable health care and policies that help all people meet the dual demands of work and family. More information is available at NationalPartnership.org.

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