A Health Impact Assessment of the

THE HEALTHY FAMILIES ACT OF 2009

SUMMARY OF FINDINGS . June 11, 2009

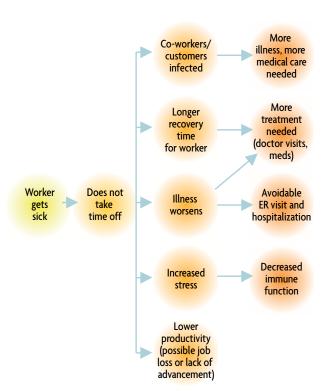


Figure 1. Taking no time off when sick: examples of potential negative health outcomes.

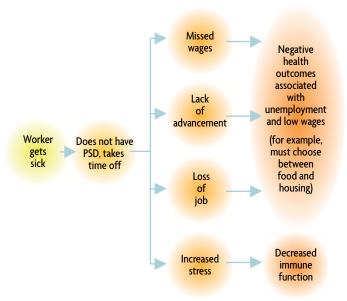


Figure 2. Taking time off when sick, without paid sick days: examples of potential negative health outcomes.





he 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 Americans.

However, 48% of the workforce in the country—almost 60 million workers—do not have paid sick days benefits.

The Healthy Families Act of 2009 (S. 1152 and H.R. 2460) would guarantee that workers in the United States at firms that employ at least 15 employees accrue at least one hour of paid sick time for every 30 hours worked. In the spring of 2009, Human Impact Partners and researchers at the San Francisco Department of Public Health conducted a Health Impact Assessment of the bill, evaluating how it could protect and improve public health. This report summarizes the findings of that assessment.

The best available public health evidence demonstrates that the Healthy Families Act would have significant positive public health impacts. Guaranteed paid sick days would reduce the spread of pandemic and seasonal flu; 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.

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 (e.g., fever, headache, cough, sore throat, runny or stuffy nose, muscle aches, or upset stomach) to stay home so that they do not infect other employees." Similarly, OSHA states that employers should "recognize that employees with ill family members may need to stay home to care for them."

"The staff of the restaurant is pretty big. People have kids. People get sick all the time.... It gets passed from one person to the next. People cover each other's shifts and try to help each other out when necessary, but there isn't such a thing as sick leave."

—Focus group participant

More than half of all foodborne illness outbreaks reported in the U.S. occur in restaurants. According to various state retail food codes, 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 do not have paid sick days.

Vulnerable populations in the U.S. have less access to paid sick days:

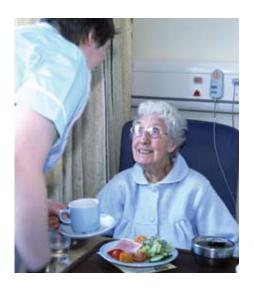
- 79% of the lowest-paid workers do not have paid sick days.
- In a study of mothers, 40% whose children had asthma and 36% whose children had other chronic diseases did not have paid sick days.
- Over 50% of Hispanic workers do not have paid sick days.
- 52% of workers who rate their health as fair or poor do not have paid sick days, while only 39% of workers who rate their health as excellent, very good, or good lack the benefit.

A requirement for paid sick days, such as that proposed in the Healthy Families 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 2 million people in the country could die in a serious pandemic flu outbreak.
 - More than one-third of flu cases 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 do not have paid sick days.
 - Between 2003 and 2007, state and local health agencies reported 5,754 foodborne disease outbreaks and 121,948 related cases of illness to the Centers for Disease Control and Prevention. Of the outbreaks occurring in institutional and workplace settings, 586 outbreaks and 18,030 related cases of illness involved an infected food-handler.
- 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.
 - In 2007, there were 1641 reported cases of norovirus infections in nursing homes in Wisconsin. These led to 22 hospitalizations and 2 deaths.
- 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 reported that they or a family member had been fired, suspended, punished or threatened by an employer due to needing time off for illness.
- Nationally, over 2.5 million hospital admissions for chronic diseases such as asthma, hypertension, and diabetes are entirely preventable.
 Paid sick days could allow workers and their dependents easier access to preventive and early care and help avoid unnecessary hospitalizations.
 - Paid sick days may be associated with less severe illness and a reduced duration of disability due to sickness. Workers with paid sick days are 14% more likely to visit a medical practitioner each year, which could translate into fewer severe illnesses and hospitalizations.
 - Among workers with health insurance, those without paid sick days were about 20% more likely to use the emergency room each year.
 - 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.



Americans 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.

"Then you find yourself eating more cheaply ... maybe not taking the time to nourish yourself the way you should because you're really strained on money. I go on the mac and cheese diet or the ramen noodle diet. You go into survival mode ... because it's about making the money that you need at the end of the month."

—Focus group participant

"There was a day where I actually had food poisoning ... I couldn't stop throwing up ... There was just no way I could have gone in ... I got a very nasty letter the next time I came in to work and basically it was telling me when my review came that this would come up ... I might not get my raise ..."

—Focus group participant

CONCLUSIONS

his assessment examines evidence regarding the potential health impacts of a paid sick days requirement, as proposed by the Healthy Families Act of 2009. Substantial evidence indicates that the law would have significant positive public health impacts for workers and for all Americans. Extending the act to apply to employers of all sizes in the future would further benefit health.

The Healthy Families Act of 2009—Summary of Health Outcomes and Impacts		
Health Outcome	Judgment of Magnitude of Impact'	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	A	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	A	Low
Avoidable hospitalization	A	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 the U.S. 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 the U.S. 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

Dr. Rajiv Bhatia 415 252 3982 rajiv.bhatia@sfdph.org

Jonathan Heller, Ph.D. 510 740 0143 jch@humanimpact.org



