

Summary of Studies on the Health Effects of Paid Sick & Safe Time Ordinances

Time and again, studies have shown that paid sick and safe time laws benefit workers and their communities. Ensuring that employees are able to take paid leave when they or their loved ones are sick reduces “presenteeism”—the very common phenomenon of individuals going to work while sick, leading to decreased productivity and the spread of illness in the workplace. Paid sick time also makes it more likely that parents will keep their children at home when they are sick, both of which allow workers and their families to get better faster. Access to paid sick leave also makes workers more likely to seek preventative care, an important part of maintaining one’s overall health. Moreover, universal paid sick leave laws benefit communities at large, reducing overall healthcare spending and the spread of contagious diseases, in part by providing paid sick leave to workers who have high levels of public contact—like day-care and food service workers—who are otherwise more likely to go to work. Requiring all employers to provide access to paid sick leave is especially important for low-income workers and workers of color, who are less likely to work for employers that voluntarily provide paid sick leave benefits and who would not be able to take unpaid sick leave while maintaining their economic security. To date 11 states and over 30 localities have passed legislation requiring employers to provide paid sick time, recognizing the important public health benefits of paid sick time laws.

The following is a sampling of studies that demonstrate the public health benefits of paid sick leave policies. For more information on paid sick and safe time policies, including summaries of existing paid sick leave laws, visit <https://www.abetterbalance.org/our-campaigns/paid-sick-time/>.

Workers with paid sick leave are more likely to seek preventative care.

- LeaAnne DeRigne et al., *Paid Sick Leave and Preventative Health Care Service Use Among U.S. Working Adults*, Journal of Preventative Medicine, Vol. 99, June 2017, pp. 58-62, available at <https://www.sciencedirect.com/science/article/pii/S0091743517300440>: finding that people lacking paid sick days tend not to take time for preventative health care.
- Kevin Miller, et al., *Paid Sick Days and Health: Cost Savings from Reduced Emergency Department Visits*, Institute for Women’s Policy Research, November 2011, <http://www.iwpr.org/publications/pubs/paid-sick-days-and-health-cost-savings-from-reduced-emergency-department-visits>: finding that paid sick days are associated with better self-reported general health among workers, that workers with paid sick days are less likely to delay preventative medical care for themselves or for their family, that access to paid sick days is associated with lower usage of hospital emergency departments, and that providing paid sick days to workers would reduce hospital emergency department visits, reducing medical costs by \$1.1 billion annually.
- Lucy Peipins et al., *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, (2012), <http://www.biomedcentral.com/content/pdf/1471-2458-12-520.pdf>: lack of paid sick time appears to be a potential barrier to obtaining cancer screenings and preventive medical care.

Lack of paid sick leave makes workers more likely to go to work while sick.

- Yusheng Zhai et al, *Paid Sick Leave Benefits, Influenza Vaccination, and Taking Sick Days Due to Influenza-Like Illness Among U.S. Workers*, October 2018, <https://www.ncbi.nlm.nih.gov/pubmed/30361122>: A study of data from the 2009 flu outbreak found that workers with paid sick leave were 30 percent more likely to be vaccinated against flu and were more likely to seek treatment when they were sick with flu-like symptoms, compared to those without paid sick leave.
- Stefan Pichler & Nicolas Ziebarth, *The Pros and Cons of Sick Pay Schemes: Testing for Contagious Presenteeism and Noncontagious Absenteeism Behavior*, National Bureau of Economic Research Working Paper (August 2016), <http://www.nber.org/papers/w22530>: although the title is "The Pros and Cons of Sick Pay Schemes," the paper focuses on pros, finding that access to paid sick leave reduces presenteeism (when employees show up to work sick) and reduces overall contagion.
- Human Impact Partners, *A Health Impact Assessment of the Healthy Families Act of 2009* (September 2009), <http://www.humanimpact.org/component/jdownloads/finish/5/68>: also links lack of paid sick leave to presenteeism, which spreads contagions to co-workers and customers.
- Restaurant Opportunities Centers United, *Serving While Sick: High Risks & Low Benefits for the Nation's Restaurant Workforce, and Their Impact on the Consumer*, (September 2010), http://rocunited.org/wp-content/uploads/2013/04/reports_serving-while-sick_full.pdf: two-thirds of restaurant waitstaff and cooks have gone to work while sick.
- Steven Sumner. et al., *Factors Associated with Food Workers Working while Experiencing Vomiting or Diarrhea*. *Journal of Food Protection*, 74(2), (2011), http://www.cdc.gov/nceh/ehs/ehsnet/Docs/JFP_ill_food_workers.pdf: A peer-reviewed epidemiological study finding that nearly one in five food service workers had come to work vomiting or with diarrhea in the past year, creating dangerous health conditions.
- Tom W. Smith & Jibum Kim, *Paid Sick Days: Attitudes and Experiences*, National Opinion Research Center at the University of Chicago Publication (June 2010), <https://www.issuelab.org/resource/paid-sick-days-attitudes-and-experiences.html>: people without access to paid sick leave are 1.5x more likely to go to work while they have a contagious illness and 1.7x more likely to send a sick child to school or daycare than those with access to it.

Paid sick leave has broader public health benefits for the entire community.

- Supriya Kumar et al., *Policies to Reduce Influenza in the Workplace: Impact Assessments Using an Agent-Based Model*, *American Journal of Public Health* (August 2013), <http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2013.301269>: in a simulated influenza epidemic, 72% of employees who caught the flu at work did so because of exposure to other employees attending work while sick; paid sick days would reduce flu incidences among workers by 6%.
- Supriya Kumar et al., *The Impact of Workplace Policies and Other Social Factors on Self-Reported Influenza-Like Illness Incidence During the 2009 H1N1 Pandemic*,

American Journal of Public Health (January 2012), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3490553/>: Estimates that the lack of paid sick leave was responsible for 5 million incidences of flu-like illness during the H1N1 pandemic.

Low-income and minority workers are most affected by lack of paid sick leave.

- Rachel O'Connor et al., *Paid Sick Days Access Varies by Race/Ethnicity, Sexual Orientation, and Job Characteristics*, Institute for Women's Policy Research (July 2014), <https://iwpr.org/publications/paid-sick-days-access-varies-by-raceethnicity-sexual-orientation-and-job-characteristics/>: noting that workers with high levels of public contact (i.e. those working in the restaurant/service industry, child care professionals) are less likely to have access to paid sick leave. Hispanic and African American workers are also less likely to have access to paid sick leave.
- U.S. Bureau of Labor Statistics, *A Look at Pay at the Top, the Bottom, and the Middle* (May 2015), <https://www.bls.gov/spotlight/2015/a-look-at-pay-at-the-top-the-bottom-and-in-between/pdf/a-look-at-pay-at-the-top-the-bottom-and-in-between.pdf>: Among the lowest-paid decile of private-sector workers, only 20% have access to paid sick leave, compared to 87% of workers in the top-paid decile.
- Robert Drago & Kevin Miller, *Sick at Work: Infected Employees in the Workplace During the H1N1 Pandemic*. Institute for Women's Policy Research Publication (January 2010), <http://www.iwpr.org/publications/pubs/sick-at-work-infected-employees-in-the-workplace-during-the-h1n1-pandemic>: During the height of the H1N1 pandemic, workers with lower rates of access to paid sick time were more likely than those with higher rates of access to paid sick time to go to work sick, and as a result, the pandemic lasted longer in their workplaces as the virus spread from co-worker to co-worker.

Sick time prevents on-the-job accidents.

- Abby Asfaw et al., *Paid Sick Leave and Nonfatal Occupational Injuries*, American Journal of Public Health (September 2012): <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2011.300482>: access to paid sick days reduce the incidence of on-the-job injuries by 28%.

Sick time allows parents to keep children at home when they are sick.

- Smith, T., & Kim, J. (2010, June). *Paid Sick Days: Attitudes and Experiences* (p. 6). National Opinion Research Center at the University of Chicago Publication. Retrieved 10 November 2015, from <http://www.nationalpartnership.org/research-library/work-family/psd/paid-sick-days-attitudes-and-experiences.pdf>: Workers who don't have paid sick time are twice as likely as those with paid sick time to use hospital emergency rooms or send a sick child to school or daycare.

The importance of safe time:

- Patricia Tjaden & Nancy Thoennes, *Extent, Nature, and Consequences of Rape Victimization: Findings from the National Violence Against Women Survey*, National Institute of Justice, U.S. Dep't of Justice (January 2006), <https://stacks.cdc.gov/view/cdc/21950>: Nearly 20% of female rape victims and 10% of male rape victims said that their victimization cause them to lose time from work.

- Bureau of Justice Statistics, U.S. Department of Justice, *Stalking* (last updated July 2017), <https://www.bjs.gov/index.cfm?ty=tp&tid=973>: according to the Supplemental Victimization Survey, more than half of stalking victims lost five or more days of work.
- Rochelle Hanson et al., *The Impact of Crime Victimization on Quality of Life*. *Journal of Traumatic Stress*, Journal of Trauma Stress (April 2010), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2910433/>: Victims of partner violence report more frequent tardiness, higher rates of absenteeism, job turnover, and unemployment. They are also more likely to miss advancement opportunities, lose their jobs, and earn lower wages, at least in part because they are unable to work in the immediate aftermath of an assault or because of an abuse-related disability.
- National Center for Injury Prevention and Control, *Costs of Intimate Partner Violence Against Women in the United States*, Centers for Disease Control and Prevention (2003), <https://www.cdc.gov/violenceprevention/pdf/IPVBook-a.pdf>: Each year, victims of domestic violence are forced to miss nearly eight million days of paid work (the equivalent of 32,000 full-time jobs).
- Sharon Smith et al., *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report*, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (April 2017), <https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf>: 24.9% of females and 14% of males who have experienced intimate partner violence have missed at least one day of work or school. 26.5% of female and 14.3% of male victims of recent intimate partner violence (within the previous 12 months) missed at least one day of work or school.
- Susan Lloyd & Nina Taluc, *The Effects of Male Violence on Female Employment*, *Violence Against Women* (April 1999), <https://journals.sagepub.com/doi/abs/10.1177/10778019922181275>: Between 25 and 50 percent of domestic violence survivors report job loss, due at least in part to the domestic violence.

Sick time is linked to overall healthcare cost savings:

- Kevin Miller, et al., *Paid Sick Days and Health: Cost Savings from Reduced Emergency Department Visits*, Institute for Women's Policy Research, November 2011, <http://www.iwpr.org/publications/pubs/paid-sick-days-and-health-cost-savings-from-reduced-emergency-department-visits>: Nationally, providing all workers with earned paid sick time would result in \$1.1 billion in annual savings in hospital emergency department costs, including more than \$500 million in savings to publicly funded health insurance programs such as Medicare, Medicaid and SCHIP.