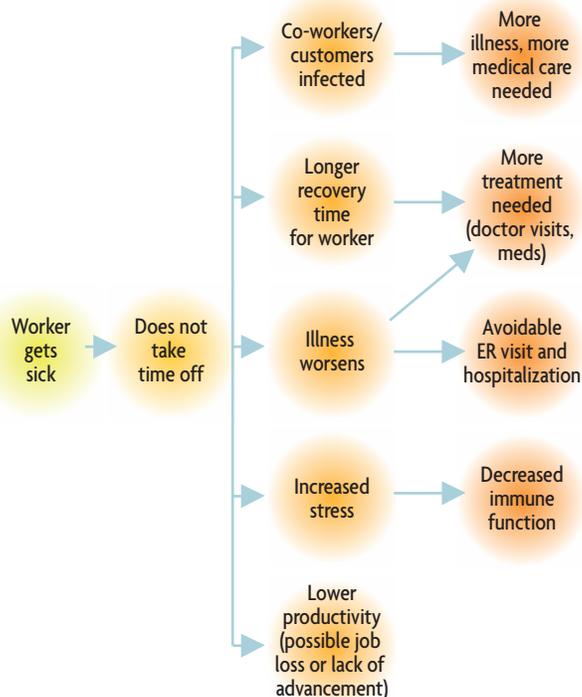


A HEALTH IMPACT ASSESSMENT OF PAID SICK DAYS POLICIES IN NEW JERSEY

SUMMARY OF FINDINGS • April 2011



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 New Jersey. However, almost 40% of the private sector workforce in the state—over 1.2 million workers—do not have any paid sick days.

Currently, no New Jersey or federal law guarantees workers the right to paid time off when they or their dependents are ill. In the fall of 2010, Human Impact Partners conducted research specific to New Jersey regarding the health impacts of such policies. These findings supplement research on a federal bill that evaluated how paid sick days laws could protect and improve public health. This report summarizes the findings of our collective research.

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

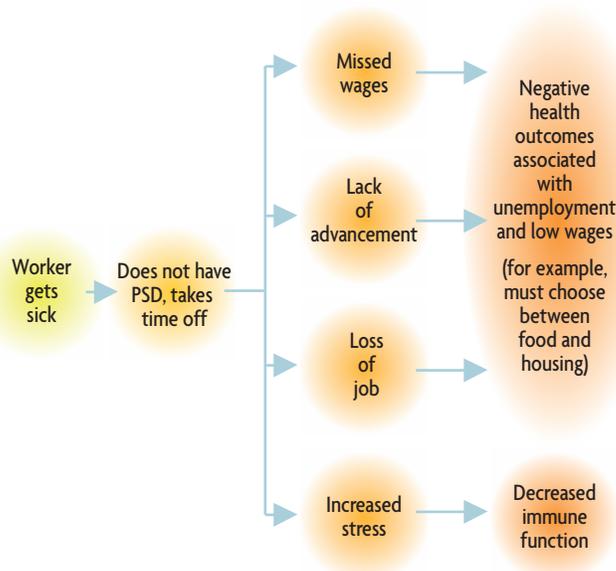


Figure 2. Taking time off when sick, without paid sick days: examples of potential negative health outcomes.

The best available public health evidence demonstrates that the guarantee of paid sick days for all 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.

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.” Similarly, OSHA states that employers should “recognize that employees with ill family members may need to stay home to care for them.”

More than half of all foodborne illness outbreaks reported in the U.S. occur in restaurants. The New Jersey Administrative Code (Section 8:57-1.11) requires the exclusion from the workplace of food workers diagnosed with certain infectious diseases, and limits the tasks a food worker may perform when suffering from related symptoms. Yet 76% of food preparation and service workers in New Jersey do not have paid sick days.

“I picked him up [from school] on my break and brought him to work. I couldn’t take sick time . . . because I wasn’t the one sick. They . . . needed me to serve lunch to a cafeteria of high school kids. So [for] 3 lunch periods . . . I put him under the meat slicer while I worked. When I got off work, I took him to the doctor and found out he had the flu.”

—New Jersey focus group participant

A requirement for paid sick days 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 71,000 people in New Jersey 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.
- Between 2006–2009, there were 84 influenza (including H1N1) and influenza-like outbreaks in New Jersey. Of these, over 80% occurred in long-term care facilities and the rest occurred in schools, daycares, jails and other locations.

With paid sick days, ill restaurant workers would be less likely to spread foodborne disease in restaurants.

- 76% of food preparation and service workers in New Jersey do not have paid sick days.
- The Centers for Disease Control and Prevention reported 57 foodborne disease outbreaks between 2003–2007 in New Jersey, with 1,562 related cases of illness. The majority of these outbreaks and cases occurred in institutional and workplace settings including schools, day cares, and restaurants.



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.
- The New Jersey State Department of Health and Senior Services reported 380 norovirus outbreaks in the state between 2005–2009, and 90% of these outbreaks occurred in workplace and institutional settings such as daycares, long-term care facilities, and restaurants. Norovirus is a stomach flu that can be passed through contact with food by infected food workers.

In 2005, over 150,000 hospitalizations—13% of all hospitalizations—in the state of New Jersey were entirely preventable. These preventable hospitalizations were for chronic illnesses such as diabetes, hypertension and asthma. 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. Research indicates that just under half of New Jersey’s 3,000,000 emergency department visits are “either avoidable or treatable outside of the ED . . . and are amenable to primary care.”
- Parents who have 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 New Jersey 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.

57% of the lowest-paid workers in the Northeast do not have paid sick days.

“At my last job . . . we needed to let them know two days in advance . . . if we were going to be out for any reason, including being sick. But there was one situation where I was very, very sick and could not find a replacement just a few hours before work. And after that they just stopped scheduling me for work so I lost my job.”

—New Jersey focus group participant

Paid sick days allow people to get necessary medical care for themselves and their dependents.

Among workers with health insurance, those without paid sick days are 15% more likely to use the emergency room than those with paid sick days.

“I was working at the pizzeria and I felt I was losing my breath. I kept saying I should go to the doctor. Finally at 5 pm, when a replacement came, I went to the doctor. They sent me to the emergency room with an asthma attack. If I could have addressed it sooner, I could have gotten it under control without going to the emergency room.”

—New Jersey focus group participant

CONCLUSIONS

This assessment examines evidence regarding the potential health impacts of paid sick days requirements. Substantial evidence indicates that a proposed law would have significant positive public health impacts for workers and for all people in New Jersey.

Paid Sick Days Policies: 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 New Jersey 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 New Jersey 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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This research was commissioned by Rutgers University Center for Women and Work on behalf of the New Jersey Time to Care Coalition, and funded by Family Values@Work: A Multi-State Consortium.