

PAID FAMILY AND SICK LEAVE POLICIES

Overview

Only a small portion of workers in the United States have paid family medical or sick leave. Who has leave is largely dependent on their job, wages, and where they live.¹ Paid leave is particularly important for newborn care, but only 50 percent of new mothers take any paid time away to care for newborns. For new fathers, only 9 percent of worksites offer paid paternity leave. For nonparental caregivers and partners, there is little-to-no access to any type of paid leave.² Low-wage workers and workers of color are less likely to have access to paid leave compared with other workers, with just 6 percent of low-wage workers having any type of paid family leave and only 39 percent having access to paid sick time.³

About 60 percent of Americans have access to unpaid leave through the Family Medical Leave Act (FMLA), signed into law by President Clinton in 1993, to care for themselves or a family member; the law ensures that their job is secure, but the time off is unpaid.⁴

The research shows that paid family leave and sick leave have important effects on public health, especially disease prevention, and on individual health, particularly for newborn children. The American Public Health Association (APHA) notes that the “lack of paid sick leave can have substantial adverse consequences for public health, including the spread of infectious disease and obstacles to preventive care.”⁵

Studies show that workers who can take paid leave keep their jobs longer and earn more than workers who cannot take paid or unpaid leave. One study of policies in California and New Jersey showed that poorer workers who used the state-funded medical leave were more successful in retaining their job.⁶ It also showed that mothers in New Jersey who took paid leave after the birth of a child were more likely to be employed nine to 12 months later than mothers who did not take leave; they were also more likely to report wage increases in the year after returning.⁷ The lack of paid leave disproportionately impacts women since women are often the ones who use leave to take care of sick family members. The “mommy tax” refers to the loss of jobs and income for women who work at jobs that don’t often offer paid sick or medical leave.

Offering family medical and sick leave is good not only for the employee and public health but also for business. Studies show that the benefits of paid leave include greater workforce stability, increased productivity, lower health costs and lower health insurance costs for businesses, and increased productivity and profitability because sick workers do not spread disease to other workers.⁸

¹ “U.S. Bureau of Labor Statistics. National Compensation Survey: Employee Benefits in the United States,” Bureau of Labor Statistics, March 2016 (Tables 32), <https://www.bls.gov/ncs/ebs/benefits/2016/ownership/civilian/table32a.htm>

² “Paid Family and Medical Leave: Busting 10 Common Myths with Facts and Evidence”, *The National Partnership for Women & Families*, April 2017, <http://www.nationalpartnership.org/research-library/work-family/paid-leave/paid-family-and-medical-leave-busting-10-common-myths-with-facts-and-evidence.pdf>

³ Ibid.

⁴ “National Compensation Survey”f

⁵ “Support for Paid Sick Leave and Family Leave Policies”, *American Public Health Association*, 2013.

<https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/16/11/05/support-for-paid-sick-leave-and-family-leave-policies>

⁶ “Paid Family Leave: Strengthening Families and Our Future”, *National Center for Children in Poverty*, April 2012, http://www.nccp.org/publications/pdf/text_1059.pdf.

⁷ Ibid.

⁸ “Paid Sick Days: Good for Business, Good for Workers”, *The National Partnership for Women & Families*, August 2012. <http://www.nationalpartnership.org/research-library/work-family/psd/paid-sick-days-good-for-business-and-workers.pdf>

The State of Family Medical and Sick Leave Policies in the United States

Federally Mandated Medical Leave

The Family Medical Leave Act (FMLA) is the only federal law that provides guarantees and protections to workers to address medical events. The law was enacted with the intent to allow people to care for themselves or a family member who is experiencing a prolonged medical condition, albeit with tight restrictions on who can access the leave and for what duration. For an employee of a private company to be eligible for FMLA, the following criteria must be met:

- The company must employ a minimum of 50 employees who work within a 75-mile radius of each other (does not apply to public agencies).
- Employees of the company must work more than 20 weeks of the year for the company (does not apply to public agencies).
- The employee must have worked at least 12 months at the company.
- The employee must work at least 1,250 hours a year (paid and unpaid leave do not qualify toward these hours).

Employers may also require that employees exhaust all accrued paid and sick time before utilizing FMLA, and they may require employees to use accrued time while utilizing FMLA.

Employees eligible for the FMLA can get up to 12 weeks of *unpaid* time off while being assured that their job will remain open for them to return. The time off can be used to address an employee's health issues or to care for a sick child, spouse, or parent, as well as for the birth or adoption of a child. Additional time is provided if the person in need of care is a service member.⁹ Access to FMLA leave varies with occupation (ranging from 48 percent for those with service industry jobs to as high as 93 percent for some professional level occupations) and by wage and geographic area.¹⁰ In 2012, nearly 60 percent of all employees in the U.S. met all the eligible criteria for coverage and eligibility, but only 13 percent of employees reported taking FMLA leave in the past year, suggesting FMLA is not always utilized by those who are eligible.¹¹

Notably, federal law does not provide federal employees with the benefit of separate paid family leave to care for an ill family member or a newborn child, although employees can use their own paid sick leave and annual leave for such purposes. Federal employees are eligible for 12 weeks of unpaid family leave, and President Obama directed federal agencies to grant up to six weeks of paid leave for the birth or adoption of a child.¹² Colorado or its municipalities do not provide for any unpaid medical or sick leave beyond what the FMLA requires, and do not provide for any paid leave.¹³

State Mandated Medical Leave

In the 2015 State of the Union address, President Obama highlighted the importance of family leave, calling on state and local governments to implement such programs in the absence of federal action.¹⁴

⁹ "Understanding Worker Leave Policies: An Overview," *National Partnership for Women & Families*, March, 2015, <http://www.nationalpartnership.org/research-library/work-family/understanding-worker-leave-policies.pdf>.

¹⁰ Ibid.

¹¹ "FMLA is Working", *Department of Labor*, 2012, https://www.dol.gov/whd/fmla/survey/FMLA_Survey_factsheet.pdf

¹² <http://www.federaltimes.com/story/government/management/compensation/2015/01/15/paid-family-leave/21802251/>

¹³ "The 2016 Colorado Health Report Card," *The Colorado Health Foundation*, 2016,

<http://www.coloradohealth.org/sites/default/files/documents/2016-12/2016%20COHRC%20FINAL.pdf>.

¹⁴ "Paid Leave Proposal Could Mean Big Changes for Colorado Workers, Businesses," *Colorado Public Radio*, February 9, 2015. <http://www.cpr.org/news/story/paid-leave-proposal-could-mean-big-changes-colorado-workers-businesses>

Only four states — California, New Jersey, Rhode Island, and New York (as of January 1, 2018) — have passed temporary disability insurance programs that provide paid medical leave to eligible employees through employee-paid payroll taxes.¹⁵ These paid programs include benefits like those of the FMLA, including time to care for self and sick family members, birth, adoption, and recovery from serious illness or injury, with protections against retaliation. The duration of paid times differs ranging from four to 12 weeks. The main difference between the FMLA and temporary disability insurance programs is the time away from work is paid through the temporary disability programs, though at a portion of regular pay.¹⁶ Colorado’s temporary disability program is akin to a traditional workers’ compensation program in that an injury or sickness must occur before the wage recuperation initiates and it cannot be used for preventative care or for caretaking a family member.

As of 2016, seven states (Connecticut, California, Massachusetts, Oregon, Vermont, Arizona, Washington State, Washington D.C.), 29 cities, two counties (Cook County, IL and Montgomery County, MD) and the District of Columbia have paid sick leave laws in place.¹⁷ The laws vary significantly with respect to who is eligible for the leave, the amount of time that is accrued, who is covered, for whom time can be used (child, parent, grandparent), and other specifics.¹⁸ In 2017, 16 states, including Colorado, are attempting to pass legislation of this nature.¹⁹

The State of Paid Leave in Colorado

The Institute for Women’s Policy Research reports that there are approximately 816,067 private-sector employees (43 percent of the workforce) in Colorado who have children at home, with nearly 820,000 children in those families.²⁰ Some workers in Colorado are especially affected by the absence of paid sick or family medical leave, including the more than 200,000 who are employed in restaurants and 720,000 Latinos employed in the 21 percent of jobs that are considered “low wage” jobs.²¹

Over the past few years there have been multiple efforts to enact legislation that would provide Colorado employees with paid family medical and sick leave benefits, all of which have failed:

- **Initiative 300 (2011):** Denver Ballot Measure to provide mandatory paid sick leave to employees of Denver businesses of one hour per every 30 hours of work, capped at nine days annually from large groups and five days for smaller businesses. Status: Rejected by voters (64.5 percent against).
- **HB 15-1258 (2015):** The FAML I Insurance Program Wage Replacement created family and medical leave insurance to provide partial wage replacement benefits for new child care or a family member suffering from an illness.²² Status: Died on the Calendar.
- **SB16-114 (2016):** The Health Families and Workplaces Act required employers to provide paid sick leave to their employees, accrued at a rate of one hour of sick leave for every 30 hours

¹⁵ “State Family and Medical Leave Laws”, *National Conference of State Legislatures*, July 19, 2016, <http://www.ncsl.org/research/labor-and-employment/state-family-and-medical-leave-laws.aspx>

¹⁶ “Understanding Worker Leave Policies”

¹⁷ “A Better Balance. Overview of Paid Sick Time Laws in the United States”, *The Work and Family Legal Center*, 2016, <http://www.abetterbalance.org/wp-content/uploads/2017/01/PSDchartNovember.pdf>

¹⁸ *Ibid.*

¹⁹ “Paid Family and Medical Leave Advances”, Faith Winter for Senate District 24, <http://www.faihwinter.com/wp/paid-family-and-medical-leave-advances/>

²⁰ “Coloradans Need Paid Sick Days”, *National Partnership for Women*, July 2015. <http://www.nationalpartnership.org/research-library/campaigns/psd/colorado.pdf>

²¹ *Ibid.*

²² HB 15-1258, The FAMILY Insurance Program Wage Replacement act, 2015, http://www.leg.state.co.us/clics/clics2015a/csl.nsf/fsbillcont3/63AD9D4A5FC6A3CA87257DB10065C86D?open&file=1258_01.pdf

worked, with certain limitations.²³ The bill also prohibited employers from retaliating against an employee who used the paid sick leave. Status: “postponed indefinitely.”

- **HB17-1307 (2017):** The Family and Medical Leave Insurance Program Wage Replacement Act would provide almost every Colorado employee with partial paid family and sick leave. The government-run benefit applies to every employee who works at least 13 hours a week and allows up to 12 weeks off with partial pay to care for sick family members or newborns. The cost would have been funded with deductions from employee wages and was estimated to cost Colorado \$500 million a year.²⁴ Status: Died on the Calendar

There is some coverage for individuals to receive partial wage replacement through the 2016 Colorado Workers’ Compensation Cost Containment Act. Employees who lose more than “three shifts or three days of work” due to an injury or illness may be eligible for one of two disability benefits:

1. Temporary Total Disability—if a worker is injured temporarily and cannot work at all.
2. Temporary Partial Disability—if an injured worker can work but cannot earn as much; must change jobs to one that offers fewer hours; or must return to work before he or she reached “maximum medical improvement.”²⁵

The coverage ultimately helps with regards to lost wages²⁶ but does not fund “paid sick leave” for circumstances such as a visit to a doctor or recuperation at home. Colorado’s temporary disability programs differs from California’s, New Jersey’s, Rhode Island’s, and New York’s sick paid leave in two main ways: Those states’ programs allow for paid time off to address illnesses – including preventative care - and caretaking, and Colorado’s program only pays when an injury or illness prevents the worker from completing the job responsibilities.

Health Impacts of Paid Family and Sick Leave Policies

Medical Leave: Newborn Health Outcomes

In research ranging from FMLA studies to large multi-country analyses, the health impacts of sick and/or medical leave have been studied extensively. The studies are consistent in finding that availability of family leave is associated with positive outcomes for maternal and infant health. Health outcomes seem to be similar for both paid and unpaid leave.²⁷ A study of California’s State Disability Insurance program (which is funded by an employee payroll tax) suggests that family medical leave programs are most commonly used by new parents for newborn care/bonding.²⁸ In the first 10 years of the program, 90 percent of claims filed between June 2004 and June 2015 were for “child bonding.”²⁹ Further, the average length of time taken for bonding/newborn care doubled among low-educated, unmarried, and Latina and African-American mothers, who represented most of the program’s utilization.³⁰ Over 81 percent of New

²³ SB16-114 – Employee-Earned Paid Sick Leave, 2016,

https://leg.colorado.gov/sites/default/files/documents/2016a/bills/2016A_114_01.pdf

²⁴ HB17-1307: Family and Medical Leave Insurance Program Wage Replacement, 2017. <http://leg.colorado.gov/bills/hb17-1307>

²⁵ “Disability and Benefits”, *CO Department of Labor and Employment*, <https://www.colorado.gov/pacific/cdle/node/19931>

²⁶ Margaret Wadsworth, “Permanent and Temporary Workers’ Comp Benefits in Colorado”, *Disability Secrets*, 2016, <http://www.disabilitysecrets.com/resources/workers-comp-benefits-colorado.htm>

²⁷ Houser and Vartanian, “Pay Matters”

²⁸ “Paid Leave Works in California, New Jersey”, *The National Partnership for Women & Families*, 2016,

<http://www.nationalpartnership.org/research-library/work-family/paid-leave/paid-leave-works-in-california-new-jersey-and-rhode-island.pdf>.

²⁹ “Paid Family Leave Market Research”, *Employment Development Department: State of California*, 2015,

http://www.edd.ca.gov/Disability/pdf/Paid_Family_Leave_Market_Research_Report_2015.pdf

³⁰ “Children Benefit When Parents Have Access to Paid Leave”, *The National Partnership for Women & Families*, 2015, <http://www.nationalpartnership.org/research-library/work-family/paid-leave/children-benefit-when-parents.pdf>.

Jersey's program claims were for newborn care,³¹ as were 75 percent of those claims made in the first year of the Rhode Island program.³²

Other similar research not directly related to family medical leave policies also shows that the children of mothers who can take longer periods of post-partum leave experience higher rates of pediatric check-ups and immunizations and are more often breastfed.³³ For example, new mothers who utilized California's temporary disability insurance were more likely to initiate breastfeeding and continue for at least twice as long as mothers who did not use the leave.³⁴ In a study of FMLA use, researchers also found a correlation between taking leave and healthier birth weights, fewer premature births, and lower infant mortality rates.³⁵ The lower infant mortality rate of infants who are breastfed and later lower incidence of disease are significant at the societal level.³⁶ A multi-country analysis of the impact of maternal leave policies found that

[a]n increase of 10 full-time-equivalent weeks of paid maternal leave was associated with a 10% lower neonatal and infant mortality rate ($p \leq 0.001$) and a 9% lower rate of mortality in children younger than 5 years of age ($p \leq 0.001$). Paid maternal leave is associated with significantly lower neonatal, infant, and child mortality in non-Organization for Economic Co-operation and Development (OECD) countries and OECD countries.³⁷

Paid Leave: Behavioral Health

Availability of sick leave has implications for mental and behavioral health. Workers who lack paid leave are less likely to seek preventive care, including screening for mental health and substance abuse issues, and are less likely to stay home when they are ill, including when suffering from anxiety or depressive symptoms. In addition, a growing body of evidence links availability of maternity leave to the mental health of both mothers and children. In a 2012 study, researchers found that women who took more than 12 weeks of maternity leave reported improvement in their overall mental health, as well as fewer depressive symptoms and a marked reduction in severe depression.³⁸ A 2014 study notes "the onset of depression in old age is linked to maternity leave policies during the critical period of the birth of a first child, the year in which women are most vulnerable to depression and hospitalization due to psychiatric conditions... Our preferred specification suggests that these effects are large: moving from a maternity leave with limited coverage to one with comprehensive coverage at the birth of a first child reduces depression scores by 14% in older ages."³⁹ What is less understood is the impact of paternal leave on mental health, partly due to the rarity of paternal leave policies in the United States.⁴⁰

³¹"Paid Leave Works in California, New Jersey"

³² Ibid.

³³ "Children Benefit When Parents Have Access to Paid Leave"

³⁴ Ibid.

³⁵ Maya Rossin, "The Effects of Maternity Leave on Children's Birth and Infant Health Outcomes in the United States", *Journal of Health Economics* (2012): 221-239.

³⁶ Jody Heymann, Amy Raub and Alison Earle, "Creating and Using New Data Sources to Analyze the Relationship Between Social Policy and Global Health: The Case of Maternal Leave." *Public Health Reports* (2012): 127-134.

³⁷ "Children Benefit When Parents Have Access to Paid Leave"

³⁸ Pinka Chatterji and Sara Markowitz, "Family Leave After Childbirth and the Mental Health of New Mothers", *J Ment Health Policy Econ* 15 (2012):61-76

³⁹ Ibid.

⁴⁰ "Paid Family and Medical Leave: Busting 10 Common Myths with Facts and Evidence"

The National Alliance on Mental Illness (NAMI) notes that “sometimes it’s necessary to take off multiple weeks in order to cope with a psychiatric crisis.”⁴¹ Further, workers in high-demand jobs are at increased risk of needing sick leave to cope with mental disorders.⁴² The FMLA entitles employees with leave to care for a “serious health condition,” which covers “treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.” The FMLA further defines incapacity to include an inability to “perform any of the essential functions of the employee’s position within the meaning of the [ADA].”⁴³ Absent eligibility for FMLA or, in some cases, the protections of the Americans with Disabilities Act, which includes protections for those with mental disabilities, many workers simply do not have access to any type of leave for any illness, including mental illness.

Sick Leave: Communicable Illness Outcomes

In 2013, the American Public Health Association released a policy statement describing the need for workplace policies that required sick individuals to stay home when they were ill.⁴⁴ The statement was in response to a series of influenza outbreaks including the 2009 to 2010 H1N1 influenza outbreak. The U.S. Centers for Disease Control and Prevention (CDC) attributed an estimated seven million cases of H1N1 infection and 1,500 deaths to infected workers who reported to work despite being ill. A post H1N1 study by Kumar, et al. found that paid sick days would have reduced workplace infections by six percent.⁴⁵ The study also found that adding just one or two sick days would have resulted in employees with flu symptoms staying home, which would have reduced workplace infections by 25 percent and 39 percent, respectively.⁴⁶

The public health implications related to workers who do not have paid sick leave is most evident in the restaurant industry. A survey of 4,300 restaurant workers across the nation found 88 percent reported they were offered no paid sick leave, and 63 percent of those further reported cooking and/or serving food while ill.⁴⁷ Further, having paid sick days did not mean broad utilization of the benefit. The fear of losing employment and of showing up to work ill and being sent home resulted in a little over 68 percent of respondents with paid sick days reporting they cooked and/or served food while ill.⁴⁸

Sick Leave: Preventative Care Services and Intervention Outcomes

The APHA policy statement also addresses the need for sick leave to be available for people to get wellness and preventative care services.⁴⁹ Inability of workers to take paid time off to seek preventative services has been shown to negatively impact accessing basic primary care services and completing preventative cancer screenings. A study comparing women with paid sick leave to those without found statistically significant differences in rates of completed mammograms: women who lacked paid sick leave were less likely to have received a mammogram in the previous two years. A similar finding was found concerning Pap tests.⁵⁰

⁴¹ L. Mather et al., "Job strain linked to increased sick leave due to mental disorders", *Journal of Occupational and Environmental Medicine* 57 (2015): 858-65

⁴² Ibid.

⁴³ "Wage and Hour Division", *US Department of Labor*, 1996, <https://www.dol.gov/whd/opinion/FMLA/prior2002/FMLA-87.htm>

⁴⁴ "Support for Paid Sick Leave and Family Policies"

⁴⁵ Supria Kumar et al., "Policies to Reduce Influenza in the Workplace: Impact Assessments Using an Agent-Based Model", *American Journal of Public Health* (2013): 1406-1411

⁴⁶ Ibid.

⁴⁷ "Serving While Sick", *The Restaurant Opportunities Centers United*, 2010, http://rocunited.org/wp-content/uploads/2013/04/reports_serving-while-sick_full.pdf.

⁴⁸ Ibid.

⁴⁹ "Support for Paid Sick Leave and Family Policies"

⁵⁰ 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): 520.

Medical Leave Return on Investment: Employment Outcomes

A small number of studies have focused on the long-term employment benefits of paid medical leave. In California, workers who were making less than \$20 per hour, and/or who had no employer-based health insurance, and who accessed the state-funded temporary disability insurance were found to have retained employment.⁵¹ A comparison of workers who took leave with workers who did not also found an increase in income and working hours for the former.⁵² In New Jersey, mothers who took leave after the birth of a child were more likely to be employed nine to 12 months later than mothers who did not take leave.⁵³ The implication is that women who take leave after the birth of a child are less likely to need public assistance.⁵⁴

Social Determinants of Health

Employment, income, and gender all influence the degree to which individuals can care for their own health and the well-being of their family members. In an article describing the effect of the availability of time off on cancer screenings, Peipins, et al., write that “the percentage of workers with access to paid sick leave is lowest among service workers, workers in construction and maintenance, transportation workers, and part-time workers, and highest among managers and professional workers. This occupational structure disproportionately affects women, who are more likely to be low-wage and part-time workers.”⁵⁵

Health Disparities: Mothers and Children

Many studies of the impact of paid leave focus on women, particularly on the effect on newborn care and accessing preventative services. The Ford Foundation reports that the lack of paid time off intensifies gender inequalities and impedes women’s professional and economic gains. Compared to men, women are more likely to act as family care-takers, yet have jobs that do not offer time off and pay lower wages. The result is more income loss over time, a phenomenon called the “mommy tax.”^{56,57} Women’s professional gain is further inhibited by the disincentive to hire women because employers often expect that women are likely to take prolonged leave to care for newborns and children.⁵⁸

The children of low-educated, low-income mothers have the most to benefit from expansion of family-friendly leave policies. These leave policies would allow for time off after birth for bonding, breastfeeding, and wellness visits through childhood and would also offer protection from a loss of income and perhaps income growth. Yet this population is one that has generally not been reached by the FMLA or existing paid sick or family medical leave policies.⁵⁹

⁵¹ "Paid Family Leave: Strengthening Families and Our Future"

⁵² Ibid.

⁵³ Ibid.

⁵⁴ "Support for Paid Sick Leave and Family Leave Policies"

⁵⁵ Peipins et al., "The lack of paid sick leave as a barrier to cancer screening and medical care-seeking"

⁵⁶ "How paid leave policies can help break the cycle of inequality", Ford Foundation, 2015,

<https://www.fordfoundation.org/ideas/equals-change-blog/posts/how-paid-leave-policies-can-help-break-the-cycle-of-inequality/>

⁵⁷ Sarah Jane Glynn, "Administering Paid Family and Medical Leave: Learning from International and Domestic Examples."

Center for American Progress, 2015, <https://cdn.americanprogress.org/wp-content/uploads/2015/11/19060022/PaidLeaveProposal-report-11.19.15.pdf>

⁵⁸ Claire Cain Miller, "New Momentum on Paid Leave, in Business and Politics", *New York Times*, 2015,

https://www.nytimes.com/2015/06/22/upshot/a-federal-policy-on-paid-leave-suddenly-seems-plausible.html?_r=3

⁵⁹ "Support for Paid Sick Leave and Family Leave Policies"

Health Disparities: Income Level

The beneficiaries of medical leave tend to be individuals that have access to other “protective factors” to a great degree than those who do not take or who are not eligible for medical leave. One FMLA analysis shows individuals who take leave under its authority are workers that already have other societal advantages, such as a higher annual income, a college education, and jobs that meet FMLA eligibility criteria and offer paid sick leave. For example, of those workers who earn wages in the bottom quartile, only 29 percent have paid sick leave available to them.⁶⁰ A study of California’s State Disability Insurance program found an inverse relationship between the use of paid family leave and income. The analysis noted that few low-wage workers used the program because the reimbursement level (55 percent of their income) was too little for them to survive on.⁶¹ In 2013, the use of paid family leave increased for the top earning bracket (annual incomes greater than \$84,000) and decreased for the lower two brackets (annual incomes less than \$24,000). This same trend is evident for newborn leave and illness claims in the program. While the highest earners have almost doubled newborn and illness claims, the bottom two brackets have seen a consistent decrease in such claims.⁶²

Health Disparities: Occupation

The health hazards associated with a lack of paid sick leave impact both workers and consumers. The more obvious association between sick workers without access to paid sick leave and the consequences on restaurant diners is described above. The risk to workers in other industries that do not provide paid sick time is also notable, however. An APHA survey of U.S. working adults found that workplaces without paid sick leave policies were associated with higher flu-like incidences than those with paid sick leave policies.⁶³ This is related to the ability of infected individuals to socially distance themselves from others when they are ill, a major contributing factor to the spread of communicable diseases. A survey conducted by Kumar et al. found that those respondents who stated they experienced “work-related barriers to social distancing, including lack of access to sick leave, had 1.08 times higher odds ($P < .01$) of self-reported influenza-like illness incidence compared with those who were able to engage in social distancing.”⁶⁴

Individuals who lack access to paid sick leave and who experience other disadvantages related to factors of inequality—such as socioeconomic status, racial/ethnic group, and gender—are at higher risk of being exposed to an influenza outbreak. Providing or requiring either paid sick leave or “flu leave” would have a large impact on the spread of influenza for these populations;^{65,66} Workers who would have to take unpaid leave when ill or face a threat of losing employment if they are not at work are more likely to spread disease.⁶⁷ Ultimately, the lack of paid sick leave may be one barrier to obtaining preventive medical care that could be easily addressed.⁶⁸

⁶⁰ Ibid.

⁶¹ Ibid.

⁶² California Senate Office of Research, California’s Paid Family Leave Program Senate Office of Research, July 1, 2014. http://sor.senate.ca.gov/sites/sor.senate.ca.gov/files/Paid_Family_Leave_FINAL_A1b.pdf

⁶³ “Support for Paid Sick Leave and Family Leave Policies”

⁶⁴ Kumar et al., “Policies to Reduce Influenza in the Workplace”

⁶⁵ Philip Blumenshine et al., “Pandemic Influenza Planning in the United States from a Health Disparities Perspective” *Emerging Infectious Diseases* (2008): 709-715.

⁶⁶ Kumar et al., “Policies to Reduce Influenza in the Workplace”

⁶⁷ “Support for Paid Sick Leave and Family Leave Policies”

⁶⁸ Peipins et al., “The lack of paid sick leave as a barrier to cancer screening and medical care-seeking”

Conclusion

Increased access to paid leave, whether longer-term family leave or short-term sick time, has clear impacts on community and societal health. The FMLA provides time off and protections for some classes of workers, but it does not provide pay. Making sick leave available allows individual to avoid exposing others to communicable disease and helps deal more successfully with chronic diseases. The consequences of a lack of sick leave were evident during the H1N1 influenza epidemic. The inability of workers to stay home while sick, either because of a lack of paid time to do so or because of fear of losing their job, put entire communities at risk of illness and in some cases, death.

People who have paid sick leave, particularly women, are more likely to receive preventative care. Women who have paid sick leave have higher rates of mammograms and Pap tests, screenings to detect cancers and pre-cancers at earlier stages, which results in less costly treatment and higher survival rates. Further, the positive health impact on infants whose mothers stay home longer are substantial and well-documented: higher birth weights, lower mortality rates, higher and longer breastfeeding uptake, and routine pediatric check-ups. These health benefits have also shown to increase with additional time taken for newborn leave.

Expanding both family medical and sick leave to more workers would provide positive long- and short-term health effects, including better employment opportunities and improved health; communities would be better protected from outbreaks of illness; and populations with higher risk for certain diseases would have the opportunity to prevent and intervene earlier in those illnesses. Importantly, providing leave is not enough, however: workers who use leave must be protected against losing their jobs. Moreover, unpaid leave does not offer much help to low-wage workers, who often simply cannot afford to stay home without pay.