

The Impact of Paid Sick Days on Public Health in an Elementary School Population

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Background

The societal impact of Paid Sick Days (PSDs) has not been fully addressed in Vermont. Evidence suggests that PSDs benefit the well being of the employee in addition to saving expenses for the employer and the state [1]. PSDs prevent the spread of diseases such as influenza and allow the ailing individual to receive proper medical attention [2]. Inadequate PSDs not only affect the individual who needs time away from work due to illness, but extend to their entire family. Studies have documented the adverse effects from lack of PSDs on the ability for parents to care for their child [3].

The following facts are known:

- 7 states require private sector employees to provide “flexible” PSDs for family members (Vermont does not) [3].
- 66% of employers in Vermont do not provide PSDs for their employees [4].
- Parents with PSDs or vacation are 5.2 times more likely to take time off from work to care for their sick child [2].

We hypothesize that elementary aged children of working parents, who have an insufficient amount of PSDs, are more likely to attend school with an acute illness and are more likely to receive inadequate health care (i.e., miss well child check ups).

Methods

Data was collected using a 20 question survey addressing demographics, PSD status, and the health status of Vermont children. 1135 surveys were distributed to 9 elementary schools throughout 4 counties (Table 1). Participating schools were based on geographic diversity as well as schools’ willingness to participate. Principals were requested to distribute surveys to each student in grades 2 through 4. The surveys included a note to the student’s parents with a brief description of the project. Parents were requested to complete the survey and return it to school within 2 weeks. Anonymity was an important component of the project and sealable envelopes were provided with each survey. Data entry was 15% verified with insignificant error (less than 5%).

Results

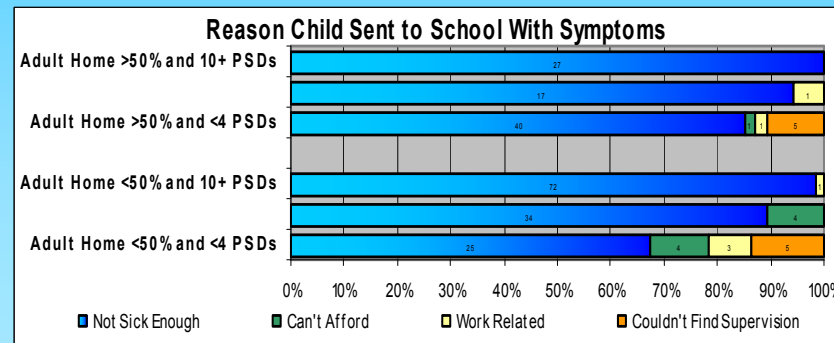


Figure 1. Reasons that children were sent to school with symptoms of illness when broken out by the amount of PSDs and the frequency that an adult is present at home during the day.

	%	Respondents (n)
County		
Addison	6.3	22
Chittenden	45.7	161
Franklin	23.9	84
Washington	24.2	85
Total Respondents	100.0	352
Insurance		
Private	71.1	231
Medicaid	8.3	27
Dr. Dynasaur	18.6	61
None	1.8	6
Total Respondents	100.0	325
# of PSDs		
0	30.0	85
1 to 3	4.9	14
4 to 6	14.5	41
7 to 9	9.5	27
10+	41.0	116
Total Respondents	100.0	283
Adult at Home		
Always	31.7	111
Most Days	14.3	50
Not usually	19.1	67
Never	34.9	122
Total Respondents	100.0	350
Income		
0 to 24,999	11.0	38
25,000 to 49,999	20.6	71
50,000 to 74,999	20.9	72
75,000+	47.5	164
Total Respondents	100.0	345

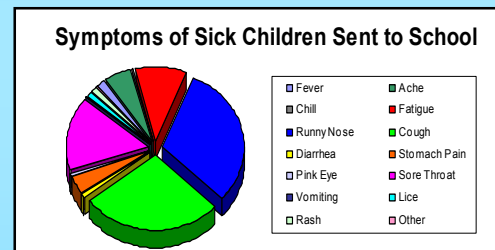


Figure 2. Break down of unstratified symptoms indicated by respondents. Data is for all respondents and when broken out by PSDs, children of households without PSDs were more likely sent to school with symptoms of fatigue, sore throat, fever and headache.

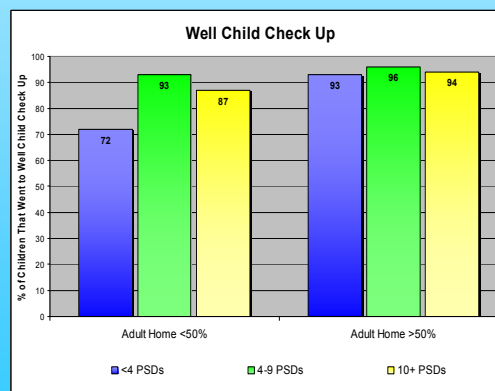


Figure 3. Percentage of children who went to well child check ups when stratified for amount of PSDs and presence of parental home supervision.

Conclusions

- 32.4% of families who had 3 or less PSDs and had no adult at home sent their child to school with what they judged to be significant illness. Reasons for sending an ill child to school included:
 - Unable to find child supervision (13.5%)
 - Could not afford to stay home (10.8%)
 - Work related reason (8.1%)
- Families with 10 or more PSDs were usually (98.6% of the time) not confronted with obstacles to keeping their sick children out of school (Figure 1).
- The likelihood that a child saw a doctor in the past year if their parents had more than 3 PSDs was at least 87%. Conversely, if the family rarely or never had a parent at home and had 3 or fewer PSDs, their child had a well child check up only 72% of the time (Figure 3).
- Families with fewer PSDs (3 or less) indicated greater difficulty in taking children to physician visits than those that had more than 3 PSDs (34.4 to 13.1 %).

Lessons Learned

- Respondents favorably received the survey.
- Households with PSDs overwhelming indicated the benefit of PSDs regardless if an adult was home during the day (90.1 %).
- Further work can be done to address the complexity of this important public health issue by:
 - Exploring health care provider perspectives
 - Assessing the public health impact of sick children sent to school due to lack of parental PSDs

References

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2. Principi N, Esposito S, Gasparini R, Marchisio P, Crovari P. *Flu-Flu Study Group. Burden of influenza in healthy children and their households*. Archives of Disease of Childhood 2006;91:797.
3. Clemans-Cope L, Perry CD, Kenney GM, Pelletier JE, Pantell MS. *Access to and use of paid sick leave among low-income families with children*. Pediatrics 2008;122:480-486.
4. Vermont Department of Labor Fringe Benefit report 2005, obtained from <http://www.vtinfo.fringebenefit.pdf>.