2-2-2009

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Dino Barhoum
Joanna Conant
David Diller
Annya Fischer
Marisa Hori

See next page for additional authors

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Recommended Citation
Barhoum, Dino; Conant, Joanna; Diller, David; Fischer, Annya; Hori, Marisa; Moore, Hunter; Richard, Kathryn; Robinson, Colin; Wilcke, Burton; and Carney, Jan, “The Impact of Paid Sick Days on Public Health in an Elementary School Population” (2009). Public Health Projects, 2008-present. 16.
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The Impact of Paid Sick Days on Public Health in an Elementary School Population

Dino Barhoum, Joanna Conant, David Diller, Annya Fischer, Marisa Hori, Hunter Moore, Kathryn Richard, Colin Robinson, Burton Wilcke, Jan Carney, UVM College of Medicine and the Peace & Justice Center

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 a mild 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. 15% of the surveys were verified for data entry error (error less than 1%).

Results

### Table 1. Demographic Data of Survey Respondents

<table>
<thead>
<tr>
<th>County</th>
<th>Respondents</th>
<th>% of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chittenden</td>
<td>300</td>
<td>56.5</td>
</tr>
<tr>
<td>Franklin</td>
<td>300</td>
<td>56.5</td>
</tr>
<tr>
<td>Washington</td>
<td>300</td>
<td>56.5</td>
</tr>
<tr>
<td>Total Respondents</td>
<td>900</td>
<td>100.0</td>
</tr>
</tbody>
</table>

- **Race and Ethnicity**
  - White: 81.7%
  - Black: 5.6%
  - Asian: 4.5%
  - American Indian: 1.6%

- **Insurance**
  - Private: 71.1%
  - Medicaid: 8.3%
  - None: 6.9%

- **Well Child Check Up**
  - Yes: 92.8%
  - No: 7.2%

- **PSD Status**
  - 0 to 24 PSDs: 14.6%
  - 25,000 to 49,999 PSDs: 20.9%
  - 50,000 to 74,999 PSDs: 20.9%

- **Adult at Home**
  - Always: 31.7%
  - Most Days: 14.3%
  - Not usually: 19.1%

- **Table of Symptoms**
  - Fever: 35.0%
  - Sore Throat: 17.0%
  - Runny Nose: 25.7%
  - Diarrhea: 23.9%
  - Rash: 18.8%

### 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.

### Figure 2

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

### 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 their employees [4].

- 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 overwhelmingly 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