

MPHA Policy Resolution
Earned Sick and Safe Time, May 2015

WHEREAS, having access to paid sick time is a social determinant of health in that it supports the financial stability of many families living on the edge of poverty; and
WHEREAS, safe time allows for time off for reasons related to domestic violence, sexual assault, or stalking safe time allows for time off for reasons related to domestic violence, sexual assault, or stalking;
WHEREAS, the American Public Health Association passed a Policy Statement in 2013 supporting comprehensive paid sick leave and family leave policies¹;
WHEREAS, 40% of all working Minnesotans in the private sector lack access to even one paid sick day²; and
WHEREAS, being sick or having a child who is sick leaves many Minnesotan families unable to afford basic necessities and can result in not only the temporary loss of income, but also the loss of a job; and
WHEREAS, the United States is the only developed country that does not require employers to provide paid sick leave³; and
WHEREAS, there is a disproportionate rate of people of color low income people who do not have access to this benefit making it a health equity issue⁴; and
WHEREAS, access to earned sick time decreases health care costs by increasing preventive health visits⁵ and well-child visits⁶ while decreasing emergency room usage⁷ and resulting in improved management of chronic disease⁸; and
WHEREAS, access to earned sick time slows the spread of infectious disease, especially influenza, when workers are able to stay home when sick causing more cases of disease and more instances of death related to infectious diseases^{9,10,11}; and
WHEREAS, members of the Minnesota Benefits Coalition; which includes labor, nonprofits, faith communities, worker centers and public health; have come together to support the “Earned Sick and Safe Time” bill in the Minnesota legislature; and
WHEREAS, the Earned Sick and Safe Time bill would allow workers in Minnesota to earn one hour of paid sick time for every 30 hours worked, therefore giving families the ability to care for themselves and their loved ones without losing valuable income or their employment.

Therefore, be it resolved that the Minnesota Public Health Association:

1. Supports policies that provide earned sick time benefits to all employees in the state, including the proposed Earned Sick and Safe Time bill.
2. Supports the right of local governments to strengthen local laws that give Minnesota families a paid sick time benefit.

References

¹ American Public Health Association. Public Health Policy Statement: Support for Paid Sick Leave and Family Leave Policies. Nov 05 2013 Policy Number: 20136 Available at: <http://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>

² US Bureau of Labor Statistics. Employee benefits in the United States, March 2012, Table 6. Selected paid leave benefits. Available at: <http://www.bls.gov/news.release/ebs2.nr0.htm>. Accessed December 12, 2013.

³ Heymann J, Rho HJ, Schmitt J, Earle A. Contagion Nation: A Comparison of Paid Sick Day Policies in 22 Countries. Washington, DC: Center for Economic and Policy Research; 2009.

⁴ US Bureau of Labor Statistics. Employee benefits in the United States, March 2012, Table 6. Selected paid leave benefits. Available at: <http://www.bls.gov/news.release/ebs2.nr0.htm>. Accessed December 12, 2013.

⁵ Collins SR, Davis K, Doty MM, Ho A. Wages, health benefits, and workers' health. Available at: <http://www.commonwealthfund.org/Publications/Issue-Briefs/2004/Oct/Wages--Health-Benefits--and-Workers-Health.aspx>. Accessed December 12, 2013.

⁶ Hamman MK. Making time for well-baby care: the role of maternal employment. *Matern Child Health J.* 2011;15:1029–1036.

⁷ Cook WK. Paid sick days and health care use: an analysis of the 2007 National Health Interview Survey data. *Am J Ind Med.* 2011;54(10):771–779.

⁸ Hamlett KW, Pellegrini DS, Katz KS. Childhood chronic illness as a family stressor. *J Pediatr Psychol.* 1992;17(1):33–47.

⁹ US Centers for Disease Control and Prevention. Updated CDC estimates of 2009 H1N1 influenza cases, hospitalizations and deaths in the United States, April 2009–April 10, 2010. Available at: www.cdc.gov/h1n1flu/estimates_2009_h1n1.htm. Accessed December 12, 2013.

¹⁰ Drago R, Miller K. Sick at work: infected employees in the workplace during the H1N1 epidemic. Available at: <http://www.iwpr.org/publications/pubs/sick-at-work-infected-employees-in-the-workplace-during-the-h1n1-pandemic>. Accessed December 12, 2013.

¹¹ Kumar S, Grefenstette JJ, Galloway D, Albert SM, Burke DS. Policies to reduce influenza in the workplace: impact assessments using an agent-based model. *Am J Public Health.* 2013;103(8):1406–1411.