



**OCCUPATIONAL & ENVIRONMENTAL HEALTH**

**Testimony to SF Board of Supervisors - Budget and Finance Committee  
July 26, 2006**

My name is Rajiv Bhatia. I am the Director of Environmental Health for the SF Department of Public Health. Thank you for giving the Department this opportunity to share what we know to be the important public health consequences of having paid sick days. I'm happy that you are taking these consequences into account as you determine how San Francisco can advance sick leave benefits for those that work here.

Intuitively, I think we all agree that having paid sick leave is good for our health. When workers with sick leave benefits are sick or even when they are managing a chronic illness, most will go and get the help they need or take the time off needed to recover. When children or parents are ill they can also take time off work to care for them.

Workers without of sick leave benefits don't have these options. They are more likely to come to work sick because they need the money or feel vulnerable in their jobs. They are less able to be able to take the time needed for sick children. Low-wage workers are the most vulnerable to having to make the unfortunate trade-offs between working sick and meeting family needs.

There are broader public health and societal consequences beyond these common sense consequences to individuals and families. If the sickness is due to an infectious disease, there is a real risk that a sick worker can infect other workers or the public. There are a number of communicable disease (i.e., transmissible person-to-person) conditions, such as Hepatitis A or influenza for which we worry about transmission at the workplace. Many of these diseases require reporting to the Department of Public Health, but for us to learn about these conditions, doctors, laboratories or other health care providers must report the condition.

If an individual who is infected with one of these conditions also works in what we call a "sensitive" occupation, such as child care provider or food handler, the Health Department may advise a work restriction in efforts to protect the health of co-workers, children, and customers. However, in reality, the success of these requirements depends on learning about the illness and acting in a timely way. An individual is typically the first person to recognize his or her

illness and the period of transmission often begins early in the course of an infectious disease. These facts mean that we really rely on workers and their employers to self-enforce requirements that protect the public from sick workers. In the absence of mandatory paid sick days benefit, it not realistic to expect that all workers take unpaid leaves absence from their job.

Whether or not workers have paid sick leave also impacts the economic costs of running our health care system. Many of the admissions to our hospitals are entirely preventable. We categorize these types of admissions as ambulatory care sensitive conditions (ACSCs) and they include asthma, hypertension, and diabetes. These are conditions where hospitalization is often avoidable with timely and effective outpatient and primary care, where, for example, a worker could go to their doctor or a clinic and treat a flare-up of an illness before it deteriorates so badly that they have to be admitted to a hospital. Many of those with chronic illnesses like asthma can avoid hospitalization entirely but this can require frequent outpatient visits to manage complex treatments.

Health care access requires not only facilities and a way of paying for services, but a variety of other factors. Transportation, time, and ability to leave work are probably three of the most important factors determining whether people will seek timely or regular care. We believe having paid sick days benefit would remove one of the most important barriers that these workers face in accessing health care.

The Department knows that residents in many neighborhoods of San Francisco experience high rates of hospitalizations due to ACS conditions. If we look at a map of almost any ACSC hospitalization in SF, we see the same pattern—a higher proportion of residents are hospitalized in areas with a larger proportion of low-income individuals. Many of these same low-income residents are employed through service sector positions and may be least likely to have paid sick days benefits. These are the same people who may be relying on City clinics and hospitals for their care.

To reiterate, the public health advantages of paid sick leave benefits to San Francisco include:

- Enabling workers to take the time off needed to manage or recover from an illness and care for ill family members.
- Protecting co-workers and the public from infectious disease.
- Reducing the social and economic costs of avoidable hospitalizations.