A literature review of paid sick leave and disparate populations in the United States during the COVID pandemic

Jessica Davies, Public Health Administration and Policy

University of Nebraska Medical Center - College of Public Health

Committee:

Chair: Jungyoon Kim, PhD, Assistant Professor, Department of Health Services Research & Administration

Member Two: David W. Palm, PhD, Associate Professor and Director of The Center for Health Policy, Department of Health Services Research & Administration

Member Three: Brandon Grimm, PhD, MPH, Associate Dean, Public Health Practice, Associate Professor, Department of Health Promotion

Abstract

The COVID pandemic is providing many public health and health policy learning opportunities to identify disparities among women, minorities, and underserved/distressed populations and inform subsequent policy-level strategies. It is recommended people stay home when they are sick; yet, not all people have access to paid sick leave. Individuals are left with the unfortunate decision to lose pay or go to work when they are ill. This is disconcerting in any given year with the annual flu illness and other communicable diseases; however, especially concerning during the COVID pandemic given the high virus transmissibility. Paid sick leave is not universally accessible at a federal level yet was a temporary solution to bridge this gap during COVID. This literature review aims to provide additional context for state and federal legislation of a paid sick leave policy with findings thematically organized. Furthermore, the review proposes a cross-sectional study to identify specific disparities in working-age adults in the rural Nebraska Panhandle to accessing paid sick leave, increasing the evidence-base of public health, and informing a long-term state and/or federal paid sick leave strategy.

Keywords: COVID pandemic, paid sick leave, disparities

Introduction

The COVID pandemic unveiled many societal weaknesses exacerbating health disparities among women, underserved/distressed, and minority populations. Paid sick leave is less accessible to workers in low-wage jobs, workers of color, part-time workers, and a distinct disparity exists among disadvantaged, less educated mothers (Bartel et al., 2019). The pandemic has expedited the importance of a federal paid sick leave policy as a long-term strategy while the urgency of what we have learned from the pandemic is still fresh. Access to paid sick leave for low-income and ethnically diverse employed populations aims to decrease health and financial disparities (APHA, 2013). This review and proposed cross-sectional study will help inform the critical nature of a federal paid sick leave policy as a contagious disease containment strategy for annual flu prevention and in preparation for future pandemics to reduce the disparity gap.

Public health officials recommend people who have COVID should stay home (CDC, 2021). However, when an employee has no access or limited access to paid sick leave, it increases the likelihood they will come to work experiencing symptoms. They must make the unfortunate decision to lose pay or go to work sick. This is a disconcerting trend given the increased transmissibility of COVID, the severity of illness, and the potential to impact large swaths of employees and patrons, ultimately disrupting business operations. One immediate national strategy in the COVID pandemic was to encourage employees not to come to work when experiencing COVID-like symptoms to increase compliance with public health recommendations (CDC, 2021).

Paid sick leave was a recognized disease containment and economic well-being strategy early in the pandemic. With COVID rapidly spreading by March 2020, historical

legislation was passed with the Families First Coronavirus Response Act (FFCRA) and signed into law on March 18, 2020. This act required certain employers to provide employees with paid sick leave or expanded family and medical leave for COVID-specific reasons (U.S. Department of Labor). It was administered and enforced by the Department of Labor Wage and Hour Division. This law was associated with approximately 400 fewer cases of COVID per day in states that previously had no paid sick leave (Pichler, et al., 2020).

While the United States Bureau of Labor and Statistics (BLS) clearly shows some establishments created or modified paid sick leave or paid-time-off plans during the pandemic, the vast majority indicated the changes would be temporary (Brown & Monaco, 2021). A BLS research article on racial and ethnic disparities and paid leave outlines critical data points pertinent to this planned study and identifies a research opportunity on the extent of disparities in paid leave access outside of race or ethnicity (Bartel et al., 2019). It further specifies multivariate results may show substantial disparities by characteristics such as education and employment status. This literature review and proposed cross-sectional study aims to provide additional data to identify socio-economic, gender, and racial/ethnic disparities to accessing and informing a long-term federal paid sick leave strategy.

Background

The BLS annually disseminates the National Compensation Survey (NCS) to produce multiple datasets, the Employment Cost Index, employer compensation costs, and employee benefits. The pre-pandemic percentage of workers with access to paid sick leave benefits continues to trend upward over the past decade with 75 percent of

private industry workers, 78 percent of civilian workers, and 91 percent of state and local government workers. The majority (68%) of sick leave plans have a fixed number of days per year with an average of eights days available for use, a small percentage (3%) have access to an as-needed sick leave plan with an unspecified, maximum number of days, and the remainder (30%) access a sick leave plan as a part of a consolidated leave plan. This plan type is often referred to as paid-time-off (PTO) and allows workers time off for multiple purposes like vacation, illness, or other personal business (Brown & Monaco, 2021).

In an effort to capture COVID data relevant to employer leave policies and sick leave provisions, BLS issued two supplemental surveys. One is to supplement the annual NCS data and the second being the Business Response Survey (BRS) targeting establishments.

The NCS supplement survey pre-pandemic data from March 2020 reports, 75 percent of private industry employees had access to paid sick leave. An estimated 55 percent of part-time workers and 69 percent of low-income workers have no access to paid sick leave. Employees in management positions report the highest level of access at 92 percent with employees in service positions experiencing the lowest access at 59 percent. Breaking down the service positions, those in accommodations and food services, and construction had low rates of sick leave compared to other North American Industry Classification System (NAICS) service codes (Brown & Monaco, 2021).

The BRS establishment survey conducted in June 2020 revealed 25 percent of all private industry establishments created or modified paid sick leave or paid time off

plans. Establishments with 100 or more employees came in higher at 45 percent while establishments with less than 100 employees came in lower at 24 percent. The breakdown of days of paid leave added is as follows: 34 percent added 1 to 5 days paid leave days, 20 percent added 6 to 10 days, and 37 percent added more than 10 days with a remaining 8 percent being unknown. When compared with the BRS disseminated between July 20 and September 30, 2020, using existing BLS internet data collection for a variety of private industry establishment-level data collections, 14 percent increased the amount of sick leave as a COVID response protocol. Utilities (NAICS 22) came in highest at 26 percent with Arts, entertainment, and recreation (NAICS 71) coming in lowest at 7 percent. Concerningly, 90 percent indicated plan changes would be temporary (Brown & Monaco, 2021).

In an analysis of four nationally representative surveys, The American Time Use Survey Leave Module, the Annual Social and Economic Supplement to the Current Population Survey, the National Study of the Changing Workforce, and the Survey of Income and Program Participation, consistently found statistically significant rates of Hispanic workers having lower rates of paid leave access than White, non-Hispanic workers. The analysis found some small but not consistently statistically significant differences in paid leave access among Black non-Hispanic employees and White non-Hispanics (Bartel et al., 2019).

When a child becomes sick, 56 percent of working mothers who must miss work due to their child's illness lose pay. Low-income mothers with a sick child are drastically more likely to lose pay with 73 percent reporting pay loss when compared with higher-income mothers at 47 percent (Ranji, et al., 2020). Mothers from racial and

ethnic minority groups, less educated, and unmarried mothers, parents, and people needing to take care of family members are all less likely to take Family Medical Leave Act (FMLA) leave because they cannot afford it. It has been proven FMLA provides health benefits to infants of highly educated women and married women but not to children of disadvantaged mothers (Bartel et al., 2019).

Thirteen states plus Washington D.C. and 22 cities and counties have paid sick leave for themselves or ill family members. Maine and Nevada require general paid leave off that includes sick leave. It is important to note that not all employees are covered under these laws as some small employers, part-time employees, or newly hired employees may be exempt or ineligible. Specifically in response to the COVID pandemic, New York state implemented an emergency paid sick leave requirement covering workers or family members required to quarantine. Thereafter, four states plus Washington D.C. and 14 localities have enacted similar policies aiming to close the gap under the FFCRA (Ranji et al., 2020).

Proposed legislation in Nebraska through the Healthy and Safe Families and Workplaces Act introduced on January 11, 2021, by Senator Tony Vargas, aimed to implement paid sick and safe time leave for all Nebraskans. The proposal would have required employers to provide one hour of paid sick and safe time for every thirty hours worked and create more equitable circumstances for low-income employees and others that are employed in industries that traditionally do not provide any sort of paid leave or sick leave benefit. Unfortunately, the legislation failed to advance on May 10, 2021, with 17 senators voting yes and 20 voting no.

The Biden-Harris Administration has included the Healthy Families Act in the American Families Plan to ensure continuity of this critical public health disease prevention strategy. This would allow workers to accrue seven days of paid sick leave annually for preventative care for themselves or their family members. Additionally, paid sick leave could increase COVID vaccination rates as an estimated half of unvaccinated adults are concerned about missing work due to side effects (Hamel, et. al., 2021).

Using the basis of understanding and data collection of respondent access during the COVID pandemic, this study aims to fill the gap in the literature to identify what disparities exist and their relationship to paid sick leave access for disparate populations. Specifically, additional data to identify socio-economic, gender, and racial/ethnic disparities informing the importance of a long-term federal paid sick leave strategy. This is a critical strategy for future pandemics but also for annual flu prevention and containment.

Data & Methods

Study Design

This study was implemented as a literature review and proposes a cross-sectional study aiming to research rural Nebraska Panhandle adults of working age that have been confirmed COVID positive at any point during the COVID pandemic. This data will analyze paid sick leave as a contagious disease containment strategy to inform the importance on a state and federal level for future pandemics and for the annual flu season. Additionally, the data will identify disparities of who has access to paid sick leave with particular focus on low-income, less educated, women, underserved/distressed, and minority populations.

Search Strategy

This study was conducted as a literature review using University of Nebraska Medical Center, McGoogan Health Sciences Library recommended online Rayyan software to filter, synthesize, and narrow down key studies for analysis. Initial search results in the UNMC McGoogan Health Sciences Library searching for “paid sick leave,” peer-reviewed journals, open access, and available online resulted in 10,200 articles. An additional narrowed scope to add “paid sick leave” and “COVID” resulted in 1,130 articles. One more narrowing scope added “paid sick leave” and “COVID” and “United States” resulted in 608 results.

Study Selection Criteria

An EBSCOhost search of 26 databases using the search words “COVID” and “paid sick leave” and “United States” garnered 25 results. Importing this search as an RIS file into the online Rayyan software allowed for the careful review of each article to ensure inclusion or exclusion. Eleven search results were excluded as they were considered a background/news article on the topic. One was excluded because it was an analysis of another study already included in the literature review and another was excluded because it was not United States related. The remaining 12 results were further reviewed. The articles were thematically arranged based on occupational risk, disparities, organizational health strategy, and legislation for worker protections. They are as follows:

Authors	Title	Study Methods	Journal	Themes & Findings
Ramos et. al., 2021	A Rapid-Response Survey of Essential Workers in Midwestern Meatpacking Plants: Perspectives on COVID-19 Response in the Workplace.	Online survey	Journal of Environmental Health	**Occupational Risk, Disparities, Organizational Health Strategy, Legislation for Worker Protections** Survey of workers revealed they believed they were at high risk for contracting COVID, only 28% reported additional time off. Enforceable standards are needed to reduce transmission including paid sick leave.
Ward, et. al., 2021	COVID-19 Cases Among Employees of U.S. Federal and State Prisons.	Systematic case surveillance - Aggregated case record comparison	American Journal of Preventive Medicine	**Occupational Risk, Disparities** Prison staff has substantially higher COVID case prevalence than the US overall (3.2 times) and limited access to paid sick leave.
Ghilarducci, Teresa; Farmand, Aida; 2020	Older Workers on the COVID-19-Frontlines without Paid Sick Leave.	Literature Review	Journal of Aging & Social Policy	**Occupational Risk, Disparities, Legislation for Worker Protections** Workers in food distribution, truckers, janitors, and home and personal health care workers, older front line workers, low-income workers in grocery stores, bars & restaurants, parents educating and sharing workspaces and computers with older children, medical, service, retail, & transportation.
Schneider, et. al., 2021	Olive Garden's Expansion Of Paid Sick Leave During COVID-19 Reduced The Share Of Employees Working While Sick.	Difference-in-differences design	Health Affairs	**Occupational Risk, Disparities, Organizational Health Strategy, Legislation for worker protections** Strong evidence of an increase in paid sick leave coverage among Olive Garden workers reduced the incidence of working while sick among front-line food service workers.
Sommers, Benjamin D.; Coburn,	Prescribing Paid Sick Leave-An Important Tool for	Literature Review	JAMA: Journal of the American	**Occupational Risk, Organizational health strategy, Legislation for worker protections** Providers are encouraged to make the prescription,“Stay home.

Brett E., 2020	Primary Care During the Pandemic.		Medical Association	Tell your boss I told you to, so you can get paid. And get better soon."
Lurie, Peter G.; 2020	CONFRONTING COVID-19.	Survey	Nutrition Action Health Letter	**Occupational Risk, Disparities, Legislation for Worker Protections** 60% of America's top 20 restaurant chains have no publicly available sick leave policy. Food service workers work in crowded spaces, ¾ of workers lack paid sick leave and over half report going to work sick.
Pichler, et. al.; 2020	COVID-19 Emergency Sick Leave Has Helped Flatten The Curve In The United States.	Difference-in-differences strategy	Health Affairs	**Legislation for Worker Protections** States that previously did not have access to paid sick leave but gained it through the FFCRA experienced around 400 fewer confirmed cases per state per day. This estimate translates into roughly one prevented case per day per 1,300 workers who had newly gained the option to take up to two weeks of paid sick leave.
Brown, McLeod; Monaco, Kristen; 2021	Employee access to sick leave before and during the COVID-19 pandemic.	Survey	Monthly Labor Review	**Disparities** Provides additional context to changes in employer leave policies prompted by the pandemic, private sector worker access, and combination of industry-specific leave benefits.
Moghadas, et. al., 2020	Projecting hospital utilization during the COVID-19 outbreaks in the United States.	Scenario analyses	Proceedings of the National Academy of Sciences of the United States of America	**Organizational Health Strategy, Legislation for Worker Protections** Paid sick leave policies may slow the epidemic peak and provide additional time needed to expand hospital capacity.
Barry, et. al., 2020	Public Support for Social Safety-Net Policies for COVID-19 in the United States, April 2020.	Survey	American Journal of Public Health	**Legislation for Worker Protections** Of all the survey questions on social safety-nets, public support for paid sick leave for all workers was highest.

Heymann, et. al., 2021	US Sick Leave In Global Context: US Eligibility Rules Widen Inequalities Despite Readily Available Solutions.	Survey, Comparative Policy Data	Health Affairs	**Disparities, Legislation for Worker Protections** FMLA disproportionately excludes people of color, women, and part-time workers. Paid sick leave that is accessible regardless of employer size, tenure, or hours is critical and feasible.

Synthesis of review

Disparities in occupational risk. Based on review of the studies, the following workers are least likely to have access to paid sick leave: meatpacking, jail/prison (3.2 times more common), older workers on the frontlines to include food distribution, truckers, janitors, and home and personal health care workers, service-sector workers including food service including low-income workers in grocery stores, bars and restaurants, and those in medical, service, retail, and transportation jobs (Ward, et al., 2021).

The meatpacking workforce has had significant challenges during the COVID pandemic. In a survey of 585 workers, only 28% indicated additional paid time off as a means of safety measures to reduce COVID transmission (Ramos, et. al., 2021). In 2019, 58% of service workers had access to paid sick leave, compared to over 90% of workers in management, business, and finance (Schneider, et. al., 2021).

Disparities in race/ethnicity, low-income, and gender. The pandemic increased the racial and ethnic disparity divide. A 2016 analysis showed 54% of Latinx workers, 47% of Indigenous workers, 38% of Black workers, 37% of White workers, and 33% of Asian workers lacked access to paid sick leave (Heymann, 2021). This left a marked gap for minority workers by the time the COVID pandemic hit the United States in 2020. Counties with higher poverty rates and higher proportion of people of color had infection rates eight times higher. Black and Latinx adults comprise large proportions of front-line workers, facing increased risk of exposure and inability to work remotely.

The FMLA minimum hours requirement disproportionately excludes women, tenure requirement disproportionately excludes Black, Indigenous, and multracial workers, and employer size requirement disproportionately excludes Latinx workers (Heymann, et. al., 2021).

Disparities in age & caregivers. Forty percent of older workers have no paid sick leave, are much more vulnerable to becoming seriously ill from COVID, and nearly one in three provide unpaid care to other older individuals (Ghilarducci, Farmand, 2020). High risk caregivers are taking care of higher risk individuals.

Organizational Health Strategy. Paid sick leave as an organizational health strategy has proven effects for employee health and well-being especially when coupled with multi-layered strategies like physical distancing measures, culturally and linguistically tailored education, and restructuring of work. Employers over 500 were not required to provide access to paid sick leave through FFCRA; however, the restaurant chain Olive Garden did so when publicly pressured to do so. An investigative journalism piece unveiled the lack of paid sick leave for Olive Garden employees in the early pandemic. The story was widely shared on social media and the company was prompted to expand leave to one hour of paid sick leave for every thirty hours worked. Researchers then studied the effects and found the campaign was highly effective at increasing employee-reported access to paid sick leave by 49 percentage points. Additionally, the paid sick leave expansion from March-May 2020 significantly reduced presenteeism by September-November 2020. Presenteeism is when an employee is ill but goes to work anyway (Schneider, 2021).

Legislation for Worker Protections. A March 2020 Center for Science in the Public Interest survey of the top 20 restaurant chains showed 60% had no paid sick leave policy at all and over half have reported going to work sick (Lurie, 2020). States that accessed paid sick leave through FFCRA experienced 400 fewer confirmed cases per state per day translating to one prevented case per day per 1,300 workers (Pichler et. al., 2020).

A national survey of US adults in early April 2020 showed 77% of respondents supported employer guaranteed 2-week paid sick leave (Barry et. al., 2020). Paid sick leave is a proven tool to keep sick workers home and affects employment as a key social determinant of health. A study of paid sick leave laws from 2005-2018 showed mandates were effective in increasing the number of workers with access to paid sick leave coverage, especially low-wage industries. Additionally, the study revealed paid sick leave reduces the rate of those working while sick, especially among workers who historically lacked access to such a benefit (Krisberg, 2020).

States with paid sick leave have been found to have lower rates of seasonal influenza by up to 30% after the policy initially takes effect. Workers who lack paid sick leave are 1.5 times more likely to go to work contagious and less likely to see a healthcare provider when sick. It is proven to increase access to preventive care through reductions in emergency room visits, increased cancer screenings, and blood tests for diabetes and cholesterol monitoring (Heymann, et. al, 2020).

Proposed Additional Research

The following proposed cross-sectional study would help to fill the evidence gap regarding rural populations and access to paid sick leave. A specific mention in the data

review stated, “Surveys that included more respondents from smaller population groups would allow for more precise analysis of health and economic disparities, as well as more analyses of dimensions of intersectional disparities.” This would help provide additional context to the need for paid sick leave particularly in disparate populations specific to rural, agriculture-based, and self-employed. **Hypothesis:** Among individuals confirmed COVID positive, individuals with lower socioeconomic status or racial/ethnic minority populations will have low access to paid sick leave.

Study Population

Using the Panhandle Public Health District (PPHD) COVID positive database, currently at 13,104 individuals as of October 31, 2021, it encompasses residents in the Nebraska Panhandle counties of Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Grant, Kimball, Morrill, Scotts Bluff, Sheridan, and Sioux. Persons in this database have been confirmed COVID positive at any point in the pandemic beginning in March 2020 to date through required state communicable disease reporting.

The Nebraska Panhandle comprises nearly 87,000 residents among a 15,000 square mile area encompassing 36 incorporated municipalities. Of the residents in this area, 19.7% are a minority population with 14.6% being Hispanic and 1.8% being American Indian or Alaska Native. The unemployment rate is at 2.9% (2013-2018 American Community Survey 5-Year Estimates).

Data

Current Database Existing Variables	Description
● Demographics ○ Age ○ Name ○ Date of Birth ○ Sex ○ Address ○ City/Town ○ County ○ Phone ○ Race/Ethnicity ○ Email	These variables are all currently accessible in the PPHD Panhandle COVID positive database. They are all demographics related and could provide context for identification of study inclusion with the exception of name and email and if they reside in an underserved/distressed census tract area.
● COVID-related ○ Date Lab Received by PPHD ○ Date Specimen Collected ○ Illness Onset ○ Reporting Source ○ Cluster ○ If the individual was hospitalized ○ Type of Spread ○ Case Investigation Status ○ Number of Close Contacts ○ Case Number ○ Investigator ○ Case Notes	These variables are all COVID-related and two would provide information for the proposed research study. Illness onset, which is in date format, would be key information as to the timing of a respondent's illness in terms of FFCRA access and if the individual had been hospitalized to control for illness severity in terms of paid sick leave access.

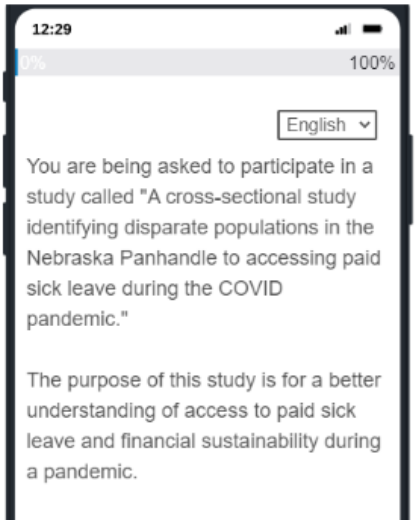
Proposed Research Variables

New Variables	Type
Current Employment status	Independent Variable
Job title - open-ended	Independent Variable
Household income - hourly/salary	Independent Variable
Educational attainment - categorical variable	Independent Variable
At the time you were confirmed COVID positive, were you employed: ○ Full-time ○ Part-time ○ Self-employed ■ Agriculture (farmer/rancher) ■ Other, please specify ○ Not employed	Independent Variable

○ Other: open-ended	
Are you at the same job as when you had COVID? Yes/No	Dependent Variable
Did your job at the time of your illness provide (check all that apply): Paid sick leave o Paid family leave o Paid vacation time o Personal leave o None of the above	Dependent Variable
Were you able to access special COVID-related paid sick leave during your illness?	Dependent Variable
What is the estimated number of days you were out of work due to COVID illness?	Independent Variable
Did you delay testing or seeking a medical diagnosis due to concerns about loss of pay?	Independent Variable
Did you return to work before all COVID symptoms were gone because: o Of concerns about loss of pay o Didn't have paid leave access o Other, please specify	Independent Variable
After returning to work, did you have to take another leave or loss of pay because you were not fully recovered?	Independent Variable
Are you experiencing any long-term COVID symptoms of concern? o Yes, what symptoms? Check all that apply ▪ List symptoms as option ▪ Other, please specify o No	Independent Variable

Jessica Davies, Capstone Student and Assistant Health Director of Panhandle Public Health District, has signed appropriate confidentiality agreements within the health district to access this database. This data will then be stratified by adults of working age, 19-64, and people with a known cell phone. An estimated 9,123 individuals would be included with this parameter. A unique identification number will be

applied to each individual. Thereafter, a survey will be created, see Appendix for survey template, and disseminated through Qualtrics using the SMS distribution method. Data collected will then be linked to the original database and aligned with the unique identifier that completed the survey and the data garnered based on that identifier's responses.



A condensed text will be sent in English and Spanish to the individual requesting their completion. An eleven day timeframe will be set. A reminder text will be sent one week later to anyone that has not completed the survey, and a final text reminder on the survey closing date.

Measurements

The dependent variables will be whether or not respondents had leave options at the time of experiencing COVID and if they were able to access special paid sick leave. This would be in alignment with the FFCRA and if their employer qualified thus allowing access during the time of their illness or if the employer chose to provide special paid sick leave access voluntarily.

The independent variables will be hourly rate of pay, education, current employment status, estimated number of days the respondent was not at work due to their COVID illness, if they delayed testing or seeking a medical diagnosis due to concerns about loss of pay, if they returned to work before all COVID symptoms were gone, if they had to take additional leave or loss of pay due to continued illness, if they

are experiencing any long-term COVID symptoms and what symptoms those include, and basic demographics including gender, race/ethnicity, and age group.

Analysis

The data collected will be analyzed using SPSS software and a chi-square test to investigate relationships between dependent variables if the respondent is still at the same place of employment as when they experienced COVID, their ability to access leave during their illness, and a question specific to accessing special COVID-related paid sick leave, this would be FFCRA pay, during their illness.

These variables would then be analyzed to control among independent variables to determine if there was a statistically significant relationship among demographics like employment status, household income, and educational attainment. Employment-specific questions like job title alignment with NAICS code, and COVID-illness questions like the estimated number of days they were out of work due to their illness. If they delayed testing or seeking a medical diagnosis, if they returned to work too soon, and if they are experiencing any long haul COVID symptoms. A census tract analysis will be conducted among the twelve counties to further identify areas of underserved or distressed tracts to determine any statistically significant relationships among respondents compared to addresses not within the tracts.

Discussion

The results of the literature review coupled with the results from the cross-sectional study would be used to further inform state and federal health policy regarding paid sick leave. Considering how narrow the Nebraska Unicameral vote was to the passage of the Healthy and Safe Families and Workplaces Act introduced in 2021

by Senator Tony Vargas (17 to 20), a summary could be provided to the 17 senators that voted “No” to help build their support and understanding of the importance of paid sick leave for vulnerable Nebraska workers.

The Panhandle dataset could provide evidence from rural, agriculture, and self-employed populations, none of which were specifically found through the literature review. This data could be shared with businesses, employers, public health officials, economic development, chambers of commerce, and policymakers to build momentum for state or federal health policy. This could be considered imperative for planning of future pandemics as well.

The United States is one of eleven countries globally that does not have permanent, national paid sick leave. Research shows employees lacking paid sick leave are more likely to go to work sick, experience financial hardships, skip preventive health care, and spread contagious diseases (Pichler, et. al., 2020). The bipartisan passage of the FFCRA benefited employed populations in smaller worksites that did not have access to paid sick leave prior especially people of color, women, part-time, and older workers.

Additional research will continue to provide insight into the critical nature of paid sick leave as an important public health strategy for annual flu containment and in the event of a future pandemic. The wake of COVID devastation exacerbates an already concerning disparity in the United States that necessitates the importance of universal paid sick leave.

Application of Public Health Competencies

This research project will personally assist in the growth of foundational competency Policy in Public Health, MPHF14: Advocate for political, social, or economic policies and programs that will improve health in diverse populations. The goal of the research will be to inform a federal paid sick leave policy. There are well-known direct linkages between paid sick leave access and infectious disease spread. Informing a blanketed federal policy of this nature has strong implications among low-income, less educated, women, underserved/distressed, and minority populations in terms of overall health outcomes.

Additionally, it will personally assist in the growth of Public Health Administration and Policy concentration competencies, HSRAMPH3: Apply relevant theories and identify principles, best practices, and challenges of human resources management in health care organizations; and, HRSAMPH5 Examine information about health policy issues and problems, and evaluate alternative policy options for these issues.

English

Default Question Block

You are being asked to participate in a study called "A cross-sectional study identifying disparate populations in the Nebraska Panhandle to accessing paid sick leave during the COVID pandemic."

The purpose of this study is for a better understanding of access to paid sick leave and financial sustainability during a pandemic.

During this survey, you will be asked to complete 13 questions about your employment and your level of access to paid sick leave when you had COVID. This will take you about two minutes to complete. Thank you in advance for your time.

Your participation will be completely confidential. Your personal information will not be used for any other purposes than research. The survey data will be stored on a secured server and only authorized research personnel will have access to the data.

If you have any questions about this project, please feel free to contact the Principal Investigator (PI), Jessica Davies at jessica.davies@unmc.edu.

If you have questions about your rights as a study participant, please contact to the University of Nebraska Medical Center Institutional Review Board (http://www.unmc.edu/irb/) at (402) 559-6463. Your participation is completely voluntary. You may end your participation at any time. Clicking the next button is confirming your consent.

Thank you so much for your time and participation in this research!

Are you currently employed?

- ○ Yes
- ○ No

Job Title

Please answer one of the following on your job pay:

- ○ _____ Hourly rate
- ○ _____ Annual salary

Highest level of education

- ○ Less than a high school diploma
- ○ High school diploma, no college
- ○ Some college, no degree
- ○ Associate degree
- ○ Bachelor's degree
- ○ Master's degree
- ○ Professional degree
- ○ Doctoral degree

At the time you were confirmed COVID positive, were you employed:

- ○ Full-time
- ○ Part-time
- ○ Self-employed in agriculture
- ○ _____ Self-employed other, please list:
- ○ Not employed
- ○ _____ Other, please list:

Are you at the same job as when you had COVID?

- ○ Yes
- ○ No

Did your job at the time of your illness provide (please check all that apply):

- ☐ Paid sick leave
- ☐ Paid family leave
- ☐ Paid vacation time
- ☐ Personal leave
- ☐ None of the above

Were you able to access special COVID-related paid sick leave during your illness?

- ○ Yes
- ○ No

What is the estimated number of days you were not at work due to COVID illness?

_____

Did you delay testing or seeking a medical diagnosis due to concerns about loss of pay?

- ○ Yes

- ○ No

Did you return to work before all COVID symptoms were gone because:

- ○ Of concerns about loss of pay
- ○ Didn't have paid leave access
- ○ [ ] Other, please list:

After returning to work, did you have to take another leave or loss of pay because you were not fully recovered?

- ○ Yes
- ○ No

Are you experiencing any long-term COVID symptoms of concern?

- ○ Yes
- ○ No

What symptoms? Please check all symptoms that apply.

- ☐ Fever or chills
- ☐ Cough
- ☐ Shortness of breath or difficulty breathing
- ☐ Fatigue
- ☐ Muscle or body aches
- ☐ Headache
- ☐ New loss of taste or smell
- ☐ Sore throat
- ☐ Congestion or runny nose
- ☐ Nausea or Vomiting
- ☐ Diarrhea
- ☐ [ ] Other, please list:

Español

Default Question Block

Se le pide que participe en un proyecto llamado "Un estudio transversal que identifica poblaciones dispares en el Panhandle de Nebraska para acceder a la licencia por enfermedad pagada durante la pandemia de COVID".

El propósito de este estudio es comprender mejor el acceso a la licencia por enfermedad remunerada y la sostenibilidad financiera durante una pandemia.

Durante esta encuesta, se le pedirá que complete 13 preguntas sobre su empleo y sobre su nivel de acceso a la licencia por enfermedad con goce de sueldo durante su enfermedad por COVID. Esto le llevará unos dos minutos completarlo. Gracias de antemano por su tiempo. Su participación será completamente confidencial.

Al participar en esta encuesta, puede obtener información importante sobre el nivel de acceso que tiene a la licencia por enfermedad remunerada y la importancia de la misma para una estrategia de contención de enfermedades contagiosas. Si tiene alguna pregunta sobre este proyecto, no dude en ponerse en contacto con la investigadora principal (PI), Jessica Davies en jessica.davies@unmc.edu.

Si tiene preguntas sobre sus derechos como participante del estudio, comuníquese con la Junta de Revisión Institucional del Centro Médico de la Universidad de Nebraska (http://www.unmc.edu/irb/) al (402) 559-6463. Tu participación es completamente voluntaria. Puede finalizar su participación en cualquier momento. Hacer clic en el botón siguiente confirma su consentimiento.

¡Muchas gracias por su tiempo y participación en esta investigación!

¿Está trabajando actualmente?

- ○ Sí
- ○ No

Título profesional

Responda una de las siguientes preguntas sobre su salario:

- ○ _____ Tarifa por hora
- ○ _____ Salario anual

Nivel de educación más alto

- ○ Menos que un diploma de escuela secundaria
- ○ Diploma de escuela secundaria, sin universidad
- ○ Algo de universidad, sin título
- ○ Grado asociado
- ○ Licenciatura
- ○ Maestría
- ○ Título profesional
- ○ Doctorado

En el momento en que se confirmó que COVID positivo, estaba empleado:

- ○ Tiempo completo
- ○ Tiempo parcial
- ○ Trabajador autónomo en agricultura
- ○ [ ] Otro trabajador autónomo, enumere:
- ○ Desempleado
- ○ [ ] Otro, enumere:

¿Está en el mismo trabajo que tenía cuando tenía COVID?

- ○ Sí
- ○ No

¿Su trabajo en el momento de su enfermedad proporcionó (marque todo lo que corresponda):

- ☐ Licencia por enfermedad pagada
- ☐ Licencia familiar remunerada
- ☐ Tiempo de vacaciones pagado
- ☐ Permiso personal
- ☐ Ninguna de las anteriores

¿Pudo acceder a una licencia por enfermedad remunerada especial relacionada con COVID durante su enfermedad??

- ○ Sí
- ○ No

¿Cuál es la cantidad estimada de días que no trabajó debido a la enfermedad de COVID?

[ ]

¿Retrasó las pruebas o buscó un diagnóstico médico debido a preocupaciones sobre la pérdida de salario?

- ○ Sí
- ○ No

¿Regresó al trabajo antes de que desaparecieran todos los síntomas de COVID porque:

- ○ De preocupaciones sobre la pérdida de salario
- ○ No tenía acceso a permisos pagados
- ○ [ ] Otro, enumere:

Después de regresar al trabajo, ¿tuvo que tomar otra licencia o perder su salario porque no se recuperó por completo?

- ○ Sí
- ○ No

¿Está experimentando algún síntoma de COVID a largo plazo que le preocupe?

- ○ Sí
- ○ No

¿Qué síntomas? Marque todos los síntomas que correspondan.

- ☐ Fiebre o escalofríos
- ☐ Tos
- ☐ Falta de aliento o dificultad para respirar
- ☐ Fatiga
- ☐ Dolores musculares o corporales
- ☐ Dolor de cabeza
- ☐ Nueva pérdida del gusto u olfato
- ☐ Dolor de garganta
- ☐ Congestión o secreción nasal
- ☐ Náuseas o vómitos
- ☐ Diarrea
- ☐ [ ] Otro, enumere:

References

AGUILAR, A. (2020). Amid COVID-19 fears, now's the time to make changes. Modern Healthcare, 50(10), 26.

American Public Health Association, "Support for Paid Sick Leave and Family Leave Policies," (2013, November 5). Accessed July 10, 2021, from: 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

Ann P. Bartel, Soohyun Kim, Jaehyun Nam, Maya Rossin-Slater, Christopher Ruhm, and Jane Waldfogel, "Racial and ethnic disparities in access to and use of paid family and medical leave: evidence from four nationally representative datasets," *Monthly Labor Review,* U.S. Bureau of Labor Statistics, January 2019, https://doi.org/10.21916/mlr.2019.2.

Barry, C. L., Han, H., Presskreischer, R., Anderson, K. E., & McGinty, E. E. (2020). Public Support for Social Safety-Net Policies for COVID-19 in the United States, April 2020. American Journal of Public Health, 110(12), 1811–1813. https://doi.org/10.2105/AJPH.2020.305919

Centers for Disease Control and Prevention. (2021, March 8). Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 (COVID-19). Accessed June 11, 2021, retrieved from: https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html.

Cervantes, L., Martin, M., Frank, M. G., Farfan, J. F., Kearns, M., Rubio, L. A., Tong, A., Matus Gonzalez, A., Camacho, C., Collings, A., Mundo, W., Powe, N. R., & Fernandez, A. (2021). Experiences of Latinx Individuals Hospitalized for COVID-19: A Qualitative Study. JAMA Network Open, 4(3), e210684. https://doi.org/10.1001/jamanetworkopen.2021.0684

Crowell, N. A., Hanson, A., Boudreau, L., Robbins, R., & Sokas, R. K. (2021). Union Efforts to Reduce COVID-19 Infections Among Grocery Store Workers. New Solutions: A Journal of Environmental & Occupational Health Policy, 31(2), 170–177. https://doi.org/10.1177/10482911211015676

Daniel Schneider, Kristen Harknett. (2020, March). Estimates of Workers Who Lack Access to Paid Sick Leave at 91 Large Service Sector Employers. Accessed June 18, 2021, retrieved from: https://shift.hks.harvard.edu/paid-sick-leave-brief/.

FFIEC Geocoding/Mapping System. Accessed July 12, from: https://geomap.ffiec.gov/FFIECGeocMap/GeocodeMap1.aspx

Fong, V. C., Iarocci, G., & C Fong, V. (2020). Child and Family Outcomes Following Pandemics: A Systematic Review and Recommendations on COVID-19 Policies. Journal of Pediatric Psychology, 45(10), 1124–1143. https://doi.org/10.1093/jpepsy/jsaa092

Ghilarducci, T., & Farmand, A. (2020). Older Workers on the COVID-19-Frontlines without Paid Sick Leave. Journal of Aging & Social Policy, 32(4/5), 471–476. https://doi.org/10.1080/08959420.2020.1765685

Halvorsen, C. J., & Yulikova, O. (2020). Older Workers in the Time of COVID-19: The Senior Community Service Employment Program and Implications for Social Work. Journal of Gerontological Social Work, 63(6/7), 530–541. https://doi.org/10.1080/01634372.2020.1774832

Heymann, J., Raub, A., Waisath, W., McCormack, M., Weistroffer, R., Moreno, G., Wong, E., & Earle, A. (2020). Protecting health during COVID-19 and beyond: A global examination of paid sick leave design in 193 countries*. Global Public Health, 15(7), 925–934. https://doi.org/10.1080/17441692.2020.1764076

Heymann, J., Sprague, A., Earle, A., McCormack, M., Waisath, W., & Raub, A. (2021). US Sick Leave In Global Context: US Eligibility Rules Widen Inequalities Despite Readily Available Solutions. Health Affairs, 40(9), 1501–1509. https://doi.org/10.1377/hlthaff.2021.00731

Liz Hamel, Lunna Lopes, Grace Sparks, Mellisha Stokers, Mollyann Brodie, (2021, May 6). KFF COVID-19 Vaccine Monitor - April 2021. Accessed July 13, 2021, retrieved from: https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-april-2021/.

Lurie, P. G. (2020). Confronting Covid-19. Nutrition Action Health Letter, 47(4), 2.

Lynch, J. (2020). Health Equity, Social Policy, and Promoting Recovery from COVID-19. Journal of Health Politics, Policy & Law, 45(6), 983–995. https://doi.org/10.1215/03616878-8641518

McLeod Brown and Kristen Monaco, "Employee access to sick leave before and during the COVID-19 pandemic," *Monthly Labor Review,* U.S. Bureau of Labor Statistics, April 2021, https://doi.org/10.21916/mlr.2021.8.

Nebraska Legislature. (2021, May 10). LB 258 - Adopt the Healthy and Safe Families and Workplaces Act. Accessed June 10, 2021, retrieved from: https://nebraskalegislature.gov/bills/view_votes.php?KeyID=6998.

Olding, M., Barker, A., McNeil, R., & Boyd, J. (2021). Essential work, precarious labour: The need for safer and equitable harm reduction work in the era of COVID-19. International Journal of Drug Policy, 90, N.PAG. https://doi.org/10.1016/j.drugpo.2020.103076

Pasco, R. F., Fox, S. J., Johnston, S. C., Pignone, M., & Meyers, L. A. (2020). Estimated Association of Construction Work With Risks of COVID-19 Infection and Hospitalization in Texas. JAMA Network Open, 3(10), e2026373. https://doi.org/10.1001/jamanetworkopen.2020.26373

Pichler, S., Wen, K., & Ziebarth, N. R. (2020). COVID-19 Emergency Sick Leave Has Helped Flatten The Curve In The United States. Health Affairs, 39(12), 2197–2204. https://doi.org/10.1377/hlthaff.2020.00863

Ramos, A. K., Lowe, A., Herstein, J. J., Trinidad, N., Carvajal-Suarez, M., Quintero, S., Molina, D., & Schwedhelm, S. (2021). A Rapid-Response Survey of Essential Workers in Midwestern Meatpacking Plants: Perspectives on COVID-19 Response in the Workplace. Journal of Environmental Health, 84(1), 16–25.

Schneider, D., Harknett, K., & Vivas-Portillo, E. (2021). Olive Garden's Expansion Of Paid Sick Leave During COVID-19 Reduced The Share Of Employees Working While Sick. Health Affairs, 40(8), 1328–1336. https://doi.org/10.1377/hlthaff.2020.02320

Sommers, B. D., & Coburn, B. E. (2020). Prescribing Paid Sick Leave-An Important Tool for Primary Care During the Pandemic. JAMA: Journal of the American Medical Association, 324(4), 324–325. https://doi.org/10.1001/jama.2020.12209

Stefan Pichler, Katherine Wen, Nicolas R. Ziebarth, "COVID-19 Emergency Sick Leave Has Helped Flatten The Curve In The United States," Health Affairs, October 15, 2020, https://doi.org/10.1377/hlthaff.2020.00863.

The White House. (2021, April 28). Fact Sheet: The American Families Plan. Accessed June 18, 2021, retrieved from: https://www.whitehouse.gov/briefing-room/statements-releases/2021/04/28/fact-sheet-the-american-families-plan/.

Tilchin, C., Dayton, L., & Latkin, C. A. (2021). Socioeconomic Factors Associated With an Intention to Work While Sick From COVID-19. Journal of Occupational & Environmental Medicine, 63(5), 363–368. https://doi.org/10.1097/JOM.0000000000002147

U.S. Bureau of Labor Statistics. (2021, January 12). "Paid sick leave: What is available to workers?" Accessed June 16, 2021, retrieved from: https://www.bls.gov/ncs/ebs/factsheet/paid-sick-leave.htm#ref1.

U.S. Department of Labor. Families First Coronavirus Response Act: Employer Paid Leave Requirements. Accessed June 10, 2021, retrieved from: https://www.dol.gov/agencies/whd/pandemic/ffcra-employer-paid-leave.

U.S. Department of Labor Women's Bureau. (2012, August). American Time Use Survey Leave Module Questionnaire. Accessed June 15, 2021, retrieved from: https://www.bls.gov/tus/lvmquestionnaire.pdf.

Usha Ranji, Michelle Long, Alina Salganicoff, "Coronavirus Puts a Spotlight on Paid Leave Policies," KFF, (2020, December 14). Accessed June 10, 2021, retrieved from: https://www.kff.org/coronavirus-covid-19/issue-brief/coronavirus-puts-a-spotlight-on-paid-leave-policies/.

Ward, J. A., Parish, K., DiLaura, G., Dolovich, S., & Saloner, B. (2021). COVID-19 Cases Among Employees of U.S. Federal and State Prisons. American Journal of Preventive Medicine, 60(6), 840–844. https://doi.org/10.1016/j.amepre.2021.01.018

Wilkins, J. M., Nowak, L. M., & Forester, B. P. (2020). Disparities in the Luxury of Distance for COVID-19 Care. American Journal of Geriatric Psychiatry, 28(8), 896–897. https://doi.org/10.1016/j.jagp.2020.04.028

JESSICA **DAVIES**

7464 Arthur Road, Hemingford, NE 69348 | 308.760.6492
jdavies@pphd.org or ajadavies@bbc.net

EXPERIENCE

NOVEMBER 2003 – PRESENT

ASSISTANT HEALTH DIRECTOR, PANHANDLE PUBLIC HEALTH DISTRICT

- Monitor progress on performance measures for the Panhandle Community Health Improvement Plan.
- Apply basic public health sciences and develop, implement, and evaluate evidence-based strategies to public health policies and programs.
- Manage various aspects of state and federal grants and contract administration.
- Provide mentoring, peer advising, coaching, or other personal development opportunities for the public health workforce.
- Facilitate community active living coalitions and leverage successes for the implementation in additional Panhandle communities.
- Contribute to a work environment where continuous quality improvement in services and professional practice are pursued.
- Foster collaborative relationships with business leaders, health care and human services organizations, key community representatives, statewide partners, and fellow Nebraska wellness council leaders.
- Provide public health expertise and a variety of presentations to multiple community sectors.
- Advance community involvement through facilitation utilizing nationally recognized participatory group processes (Institute of Culture of Affairs - Technology of Participation).
- Provide supervision for public health nurses, health education, environmental health, and organizational wellness staff; leadership in the Director's absence, and capacity for PPHD's Senior Leadership, Leadership, Hiring, and Accreditation teams.
- Extensive pandemic response experience on Panhandle Unified Command throughout COVID-19:
    - Serve as the Public Information Officer (PIO).
    - Foster relationships with area news and radio outlets and disseminate regular communication throughout critical contact distribution lists.
    - Keep abreast of the latest response developments and issue regular communications towards how the public is impacted.
    - Maintain community relations and support with the latest federal and state policies to protect the public's health.
    - Support businesses and employers with the most critical safety and prevention protocols, resources, communications, and policies towards business continuity and employee resiliency.

JULY 2020 – PRESENT

CATALYST GROUP LEADER, SHERWOOD FOUNDATION

- Identify key, diverse community members for a catalyst opportunity
- Coordinate bi-monthly gatherings and facilitate dialogue for continued group growth
- Assist group members with identification of a scholarship opportunity Individual Development Plan to push their growth edge

FEBRUARY 2005 – MAY 2008

SECRETARY/TREASURER, BOX BUTTE COUNTY FAMILY FOCUS COALITION

- Maintain financial records for coalition
- Manage accounts receivable and accounts payable
- Provide supervision to county organizer and other coalition grantees

JANUARY 2003 – MAY 2003

PRACTICUM STUDENT, NE DEPARTMENT OF HEALTH & HUMAN SERVICES

- Shadow four separate departments within the Department of Health and Human Services system consisting of: Protection and Safety, Office of Juvenile Services, Service Coordination, and Resource Development

MAY 1998 – JANUARY 2003

ADMINISTRATIVE ASSISTANT/BOOKKEEPER, PHILLIPS F & T

- Manage accounts receivable and accounts payable
- Assist customers with their oil, fuel, and filter needs
- Answer multi-line telephone and dispatch drivers

EDUCATION

DECEMBER 2021

MASTER'S IN PUBLIC HEALTH, UNIVERSITY OF NEBRASKA MEDICAL CENTER, COLLEGE OF PUBLIC HEALTH

Concentration in Public Health Administration and Policy

DECEMBER 2011

BACHELOR OF ARTS, CHADRON STATE COLLEGE

Major in Psychology
Minor in Children and Families

DECEMBER 2003

ASSOCIATES OF APPLIED SCIENCE, WESTERN NEBRASKA COMMUNITY COLLEGE

Major in Human Services

KEY TRAININGS & CERTIFICATIONS

- National Incident Management System
  - 100, 200, 700
- Institute of Cultural Affairs
  - Group Facilitation Methods, Participatory Strategic Planning, & Virtual Facilitation Methods
- Sherwood Foundation Leadership Opportunities
  - Transformational Leadership, Panhandle Catalyst, Catalyst Group Leader
- 30-Hour OSHA for General Industry Certificate, April 2021
- AFAA Certified Group Fitness Exercise Instructor
  - Certified POUND, Core de Force, & Tai Chi Easy instructor
- Psychological First Aid
- Project Management

COMMUNITY INVOLVEMENT

- Co-owner of a social entrepreneurship, community fitness center for Hemingford residents and provide instruction of community fitness classes. 100% volunteer-ran and women-led.
- Mobius Communications/Hemingford Telephone Company Board of Directors
- Founding Board Member of the Hemingford Community Foundation
- Panhandle Business & Professional Women Member
- Annual Hemingford Alumni Banquet Committee Member
- Hemingford Public Schools Parent Advisory Group