

# A Health Impact Assessment of the Healthy Families Act of 2009

## New Hampshire Addendum

August 28, 2009



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On June 11, 2009 researchers at Human Impact Partners and the San Francisco Department of Public Health released a Health Impact Assessment of the Healthy Families Act of 2009. The act is proposed federal legislation that would guarantee that workers have the right to earn paid sick days. The HIA report included a literature review on the links between health outcomes and paid sick days, national existing conditions data relevant to the policy (e.g., demographics of who currently does not earn paid sick days, communicable disease outbreaks, avoidable hospitalizations), and information from focus groups conducted with workers who do not earn paid sick days. The report also predicts the magnitude and direction of several health outcomes that would be likely to result if the act became law. The full report can be found at: [http://www.humanimpact.org/PSD/NationalPaidSickDaysHIA\\_report.pdf](http://www.humanimpact.org/PSD/NationalPaidSickDaysHIA_report.pdf)

In this addendum to the national report, we provide New Hampshire specific existing conditions data relevant to paid sick days legislation being considered at the state level. The literature review, data, and predictions in the national report are all relevant to the proposed New Hampshire legislation. The data provided in this addendum supplement the national data in an effort to support the specific context in New Hampshire.

Our findings, based on the New Hampshire data, are presented below.

1) A substantial burden of avoidable communicable disease is associated with foodborne disease outbreaks related to ill working food service workers. Paid sick days may facilitate accountability to workplace exclusion policies that are designed to prevent such outbreaks.

- From 2004 to 2008, there were 39 foodborne disease outbreaks involving 616 persons in New Hampshire reported to the state Department of Health & Human Services, excluding those involving nursing home residents. The vast majority of outbreaks (89% of the cases) occurred in public places including restaurants, schools, workplaces, and recreational and healthcare facilities where food was prepared or served by workers.
- New Hampshire Administrative Rules prohibits infectious food workers from the workplace. For example, the NH Rules on Communicable Diseases (He-P 301.05) state: "For any communicable disease that poses a threat to the public's health...individuals in sensitive occupations, such as healthcare, food service, and child care, may be excluded from work or restricted from certain job responsibilities until they are no longer infectious. Individuals with symptoms of acute gastrointestinal illness shall be restricted from duties involving direct patient care, childcare, or serving of food...until 48 hours after the resolution of symptoms..."

2) Nursing home residents, many of whom are particularly vulnerable, face significant exposure to communicable disease and outbreaks. Paid sick days would reduce this exposure and prevent illness and mortality among seniors.

- From January 2006 to April 2008, there were 5,392 cases of outbreak-related gastrointestinal illness among nursing home residents in New Hampshire, all of which were transmitted through person-to-person contact, according to the state Department of Health & Human Services.

3) The number of firms that provide employees with paid sick days varies considerably by industry. Generally, industries that pay less provide paid sick days less often. Lower income workers often face health disparities, such as shorter life span.

- In 2007, about 50% of all firms in New Hampshire did not offer paid sick days to full-time workers and about 80% of firms did not offer them to part-time workers.
- In 2007, 24% of lodging/food services firms in New Hampshire provided paid sick days to full-time workers and 9% provided them to part-time workers. In contrast, 83% of firms in professional services provided paid sick days to full-time workers and 48% provided them to part-time workers.

4) There are a large number of avoidable hospitalizations and a high rate of emergency room use in New Hampshire.

- In 2007, 471 out of every 1,000 people in the state visited an ER, while 401 out of every 1,000 in the United States did so. (Kaiser Family Foundation. 2007. New Hampshire: Hospital Emergency Room Visits per 1,000 Population. Available at <http://statehealthfacts.kff.org/profileind.jsp?ind=388&cat=8&rgn=31>.)
- Between 2001 and 2005, there were 431,227 ER visits and 85,906 hospitalizations in New Hampshire for 7 chronic conditions - asthma, angina, congestive heart failure, hypertension, epilepsy, diabetes, and pneumonia - that could have prevented with appropriate care in a doctor's office.

# I. Data on foodborne disease outbreaks, cases involved, settings & etiologies

## New Hampshire Department of Health and Human Services Communicable Disease Surveillance Section

### Foodborne Outbreak Investigations, New Hampshire, 2004-2008

Year	Setting	Total Ill in NH	Source	FSW Implicated	Etiology	Laboratory Confirmed
2004	Private Party	25	Multiple Foods	Yes	Norovirus	No
2004	Restaurant	33	Multiple Foods	Yes	Norovirus	No
2004	Community	1	Roma Tomatoes	No	Salmonella Braenderup*	Yes
2004	Community	1	Unknown	No	Salmonella Agbeni*	Yes
2004	Restaurant	7	Multiple Foods	Yes	Salmonella Hartford	Yes
2004	Community	1	Unknown	Unknown	Salmonella Istanbul*	Yes
2004	Community	5	Unknown	No	Salmonella Hartford*	Yes
2004	Private home	8	Unknown	Unknown	Norovirus	No
2004	Private home	3	Raw Cookie Dough	No	Salmonella Group B	Yes
2004	Restaurant	4	Pre-packaged Lettuce	No	Salmonella Newport*	Yes
2004	School	10	Unknown	Unknown	Norovirus	No
2004	Community	11	Unknown	No	Salmonella 4,[5], 12:1-*	Yes
2005	Restaurant	4	Orange Juice	No	Salmonella Typhimurium*	Yes
2005	Restaurant	13	Prime Rib	No	Clostridium perfringens	No
2005	Restaurant	6	Unknown	No	Norovirus	No
2005	Private Party	27	Pasta Salad	Yes	Norovirus	No
2005	Restaurant	17	Unknown	Unknown	Salmonella Enteritidis	Yes
2005	Hotel	45	Unknown	Unknown	Norovirus	No
2005	Workplace	23	Pulled Pork Sandwiches	Yes	Staphylococcus aureus	Yes
2005	Camp	32	Unknown	Unknown	Clostridium perfringens	No
2005	Restaurant	7	Tomatoes	No	Salmonella Newport*	Yes
2006	Private Party	24	Unknown	Unknown	Norovirus	No
2006	Healthcare Facility	10	Fruit Salad	No	Salmonella Oranienburg*	Yes
2006	Community	7	Tomatoes	No	Salmonella Typhimurium*	Yes
2006	Workplace	70	Soup	No	Clostridium Perfringens	Yes
2006	Church	5	Unknown	Unknown	Unknown	No
2006	Private Party	17	Unknown	Unknown	Norovirus	Yes
2006	Workplace	86	Prime Rib	No	Clostridium Perfringens	Yes
2006	Camp	43	Unknown	Unknown	Unknown	No
2007	Healthcare Facility	9	Unknown	Unknown	Unknown	No
2007	Baseball Park	26	Unknown	Unknown	S. Muenchen	Yes
2007	Private Party	13	Potato Salad	Yes	Campylobacter	Yes
2007	Workplace	10	Multiple Foods	Yes	Norovirus	Yes
2007	Community	13	Peppers	No	Salmonella Saintpaul*	Yes
2007	Community	3	Veggie Booty	No	Salmonella Wardsworth*	Yes
2008	Private Party	22	Unknown	Unknown	Norovirus	Yes
2008	Community	13	Peanut Butter	No	S. Typhimurium*	Yes
2008	Private Party	41	Unknown	Unknown	Norovirus	Yes
2008	Workplace	8	Unknown	Unknown	Unknown	No
<b>2004-2008 Total</b>			<b>39 outbreaks with 616 persons affected</b>			

\* indicates outbreak was part of a multistate cluster of illnesses.

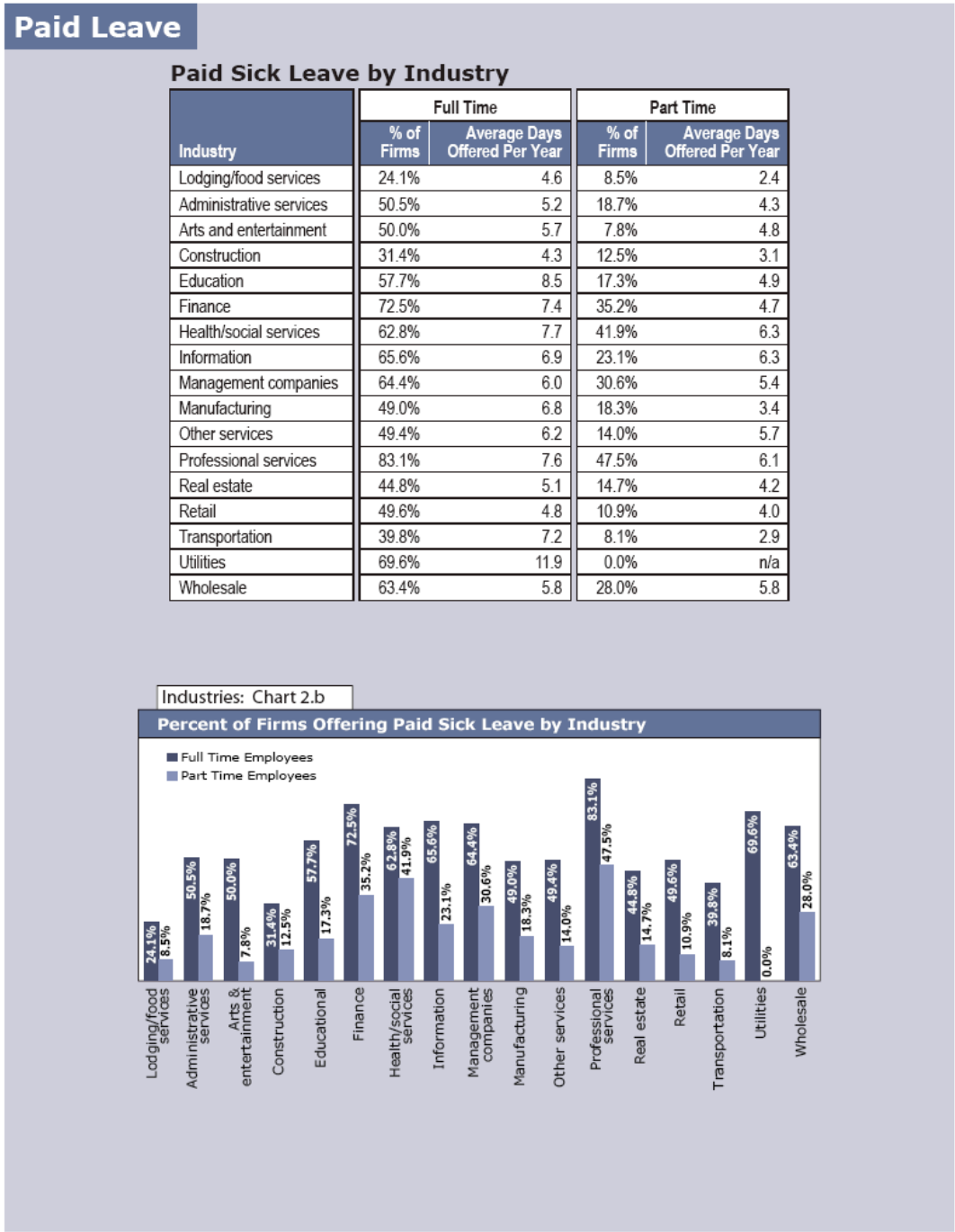
Note: list of outbreaks includes only those outbreaks where exposure occurred in New Hampshire

Note: All the data in this report are based upon information provided to the New Hampshire Department of Health and Human Services under specific legislative authority. The numbers reported may represent an underestimate of the true absolute number and incidence rate of cases in the state. Any release of personal identifying information is conditioned upon such information remaining confidential. The unauthorized disclosure of any confidential medical or scientific data is a misdemeanor under New Hampshire law. The department is not responsible for any duplication or misrepresentation of surveillance data released in this report. Rates are calculated using U.S. Census Bureau population data. Case counts by year are based on date of report. Case counts may not exactly match data published yearly by the Centers for Disease Control and Prevention. Prepared By: Beth Daly, MPH, NH DHHS Communicable Disease Surveillance Section on 06/23/2009.

## **II. Data on foodborne and respiratory disease outbreaks in nursing homes**

### III. Data on proportions of firms that provide paid sick days to full-time and part-time workers

Source: **2007 Benefits Offered by New Hampshire Employers: Survey Results.** New Hampshire Economic and Labor Market Information Bureau. September 2008. (Available at <http://www.nh.gov/nhes/elmi/benisurv.htm>)



**IV. Data on avoidable hospitalizations and emergency room visits in New Hampshire, 2001-2005**

Source: NH Department of Health and Human Services, Office Health Statistics and Data Management.

**NH Resident, Acute Care Sensitive, Emergency Department Discharges, 2001-2005**

Hosp	Age Group	2001	2002	2003	2004	2005
ED	0 To 4	12,503	12,159	12,472	10,966	11,891
ED	05 To 14	9,343	9,540	10,417	8,041	8,456
ED	15 To 24	14,331	15,329	16,662	16,815	18,197
ED	25 To 34	13,420	13,937	14,691	14,521	15,746
ED	35 To 44	11,303	11,771	11,879	11,701	12,190
ED	45 To 54	7,022	7,303	7,712	8,015	9,156
ED	55 To 64	4,244	4,661	4,926	5,248	5,890
ED	65 To 74	3,770	4,023	3,950	4,060	4,818
ED	75 To 84	3,306	3,626	3,711	4,046	4,757
ED	85 Plus	1,509	1,616	1,577	1,767	2,233

**NH Resident, Acute Care Sensitive, Inpatient Discharges, 2001-2005**

Hosp	Age Group	2001	2002	2003	2004	2005
Inpt	0 To 4	731	627	784	771	818
Inpt	05 To 14	451	453	540	489	466
Inpt	15 To 24	478	524	613	547	598
Inpt	25 To 34	623	549	617	611	585
Inpt	35 To 44	1,001	1,106	1,138	1,238	1,173
Inpt	45 To 54	1,517	1,461	1,617	1,670	1,785
Inpt	55 To 64	2,044	2,189	2,420	2,412	2,505
Inpt	65 To 74	3,155	3,052	3,088	3,123	3,222
Inpt	75 To 84	3,982	3,978	4,166	4,291	4,339
Inpt	85 Plus	2,277	2,386	2,493	2,476	2,727