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Paid Sick Leave, Chronic Disease, and Systemic Racism: A Systematic Review

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by

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Abstract

The purpose of this systematic review is to assess the impact of paid sick leave (PSL) availability on chronic disease prevention, treatment, and recovery. Furthermore, this study aims to investigate the role of race on this relationship as a possible source of systemic racism. The findings of this review show a growing body of evidence that affirms the statistically significant association between PSL and chronic disease-related outcomes. The availability of PSL has the potential to remove financial barriers allowing employees to access preventative services for chronic diseases. Access to PSL also increases work resumption by improving financial stability after being diagnosed with chronic illness, a time of major uncertainty for many people. Several studies indicated race as a confounding variable between PSL and chronic disease outcomes. Due to the limitations of studies' samples and statistical analyses, more research is required for the complete assessment of race's impact on the relationship between PSL and chronic disease outcomes.

Keywords: paid sick leave, chronic disease, systemic racism, health inequities, social determinants, heart disease, cancer, diabetes, preventative services, return to work, work resumption

Introduction

Health Inequities

In 2019, 659,041 US adults died of heart disease and 599,601 died of cancer.[1] Additionally, 87,647 people died of diabetes.[1] Although racial/ethnic disparities in health outcomes of these diseases have been decreasing since the late nineties,[2,3] recent findings report that minorities are still dying more frequently and face higher burdens of heart disease, cancer, and diabetes compared to White populations. For example, non-Hispanic Black people have the highest age-adjusted death rate (208.0 per 100,000) for heart disease in 2017 compared to all other racial/ethnic groups.[2] In 2019, Black men and women had higher cancer-specific mortality rates for most cancer sites.[3] Age-adjusted data shows that in 2018-2019, for both men and women, American Indians and Alaska Natives had the highest prevalence of diabetes (14.5%), followed by non-Hispanic Black (12.1%) and Hispanic populations (11.8%).[4] Over the course of the COVID-19 pandemic, worse health outcomes for coronavirus infections were widely observed for racial and ethnic minority populations compared to their White counterparts.[5–7] These examples are evident of *health inequities*, defined by the World Health Organization (WHO) as the "systemic differences in the health status of different population groups."[8] This definition of health inequities implies the importance in recognizing *systemic injustice*, or the amalgamation of policies that limit some people's opportunity for success more than others.

Paid Sick Leave as a Determinant of Health

According to the WHO, social determinants of health (SDOH) are "the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life."[9] SDOH describe the impact of our physical, cultural, social, economic,

and political environments on our health, and the unjust exposure to certain SDOH create health inequities. Several have argued the need for exploring work as a social determinant of health.[10–12] Because the work a person does is largely influenced by the ways in which their social positionalities and identities interact with structural and systemic social factors like racism, classism, and more, work is easily conceptualized as a SDOH. Furthermore, workplace factors like pay, benefits, and hazard risks impact health outcomes and perpetuate health inequities. For example, workplaces with high exposure to coronavirus and wildfire smoke during 2020 were most frequently employed by majority Hispanic and Latinx employees, which ultimately increased their risk for illness.[13] Systemic racism and its influence on differences in employment policies, like access to paid sick leave, may be a driver of health disparities between racial groups.

Lipscomb et al. begin to configure work-related policies into the social determinants framework, stating that "workers without [paid sick leave] must decide whether to work when they are ill, which may prolong their illness, […] or whether to lose their income."[10] The model the authors construct (Figure 1) draws connections between a series of work-related factors to health, where employment opportunities determines our ability to take time off, thus impacting economic, health, and quality of life outcomes. What Lipscomb et al. demonstrates are the influence of economic development and work-related policies on health. However, what the authors fail to emphasize are the implications of being able to take time off on population health, and the role of systemic racism at every level of this dynamic.

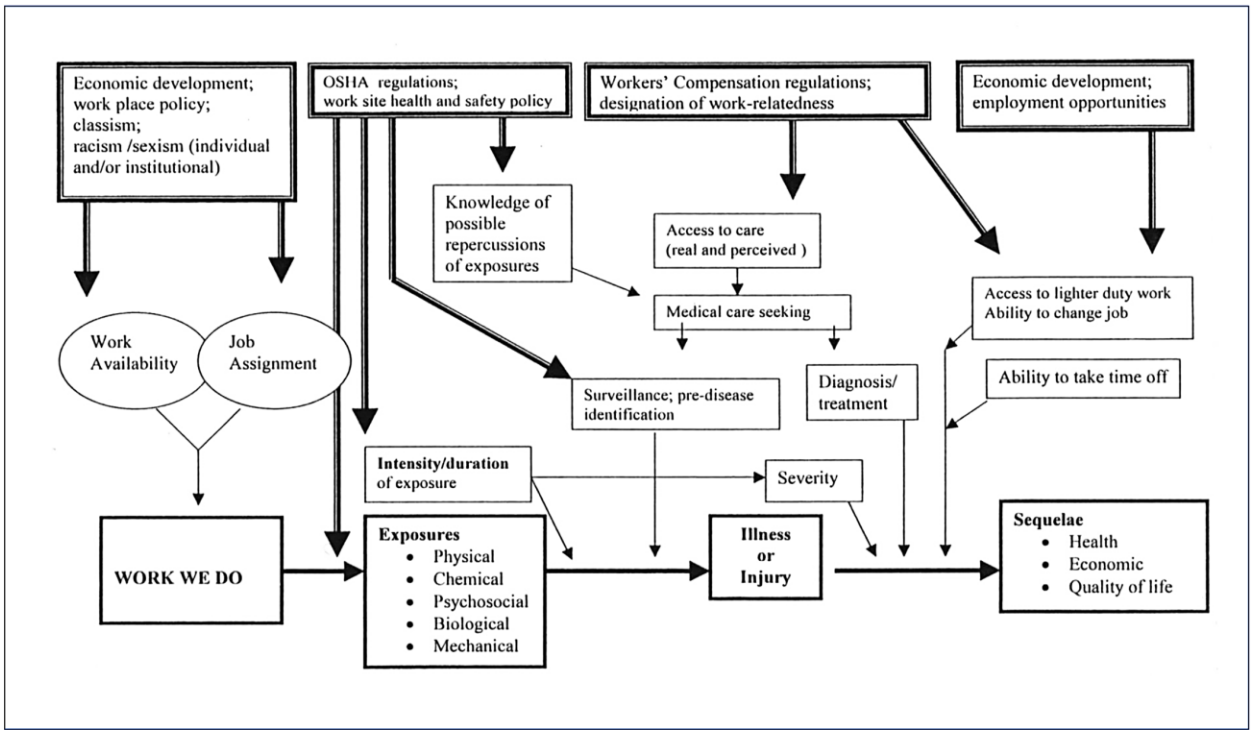

Figure 1: "Conceptual model of work and health disparities -- influence of official and unofficial policy" (Lipscomb et al., 2006)

To illustrate, a survey conducted by the US Bureau of Labor Statistics (BLS) from 2021 found that production, transportation, and material moving workers have lower rates of access to paid sick leave when compared to management and professional workers.[14] BLS also reports that White and Asian populations are more likely to occupy managerial and professional positions compared to Black and Hispanic populations, who were more likely to be employed in production, transportation, and material moving occupations.[15] Black and Hispanic employees are therefore less likely to have access to PSL due to their employment sector.

Another study by Goodman et al. found that between 2017 and 2018, only 59% of Black and 47% of Hispanic workers had access to paid medical leave.[16] While outcomes were better for White and Asian groups, still only 67% and 68% had access to paid medical leave. As

Lipscomb's model demonstrates, having access to time off from work increases a person's chances at health. What Lipscomb's model fails to emphasize is that unequal access to these policies based on race allows for the perpetuation of racial health inequities. Lipscomb's model limits the influence of racism to its impact on employment opportunities but does not extend this relationship to access to time off from work and resulting health disparities. I argue that, because time off from work has the potential to yield improved health outcomes, and unequal access to time off policies are an outcome of systemic racism, race is an effect modifier in the relationship between time off from work and illness.

Implications for Health

The United States is the only country within the Organization for Economic Cooperation and Development (OECD) that has no federal policy requiring the provision of paid sick leave (PSL). However, a multitude of studies have shown a positive association between PSL and health. For example, some have argued that access to paid sick leave helps to prevent the spread of infectious diseases, like COVID-19[17,18] or flu,[19] by removing the financial barrier to missing work and reducing absenteeism. Similar patterns have been observed in the association between paid family leave policies and improved maternal and infant health outcomes, showing that by providing paid leave, a family has more financial flexibility to participate in pre-natal care and post-partum care for the mother and child.[20,21] For example, paid leave has been shown to significantly decreased infant mortality rates,[20] decrease low-birth weights,[20] and improve rates of breastfeeding.[21] Having paid sick leave has the potential to reduce adult rates of mortality as well. A study by Kim et al. showed significant associations between PSL and lower risks of all-cause mortality, of dying from heart disease, and of dying from unintentional injuries for a nationally-representative sample of working adults in the US.[22] Paid leave policies have positive

implications for a broad range of health outcomes. The lack of access to paid leave policies jeopardizes the health of the US population. Considering these findings, the focus of this systematic review will investigate the relationship between paid sick leave and heart disease, diabetes, and cancer.

Purpose

The first aim of this systematic review is to critically examine the relationship between PSL and three chronic diseases – heart disease, cancer, and diabetes. I ask, 1) are people able to get tested or screened for chronic diseases if they have PSL? 2) How is care seeking behavior impacted when people have PSL? And 3) what was the impact of paid sick leave on the treatment and recovery process, and was the PSL policy sufficient for patients? Through critical analysis, the second aim is to examine race as a possible third variable in the relationship between the availability of PSL and chronic disease. Ultimately, I ask, how does the availability of PSL impact the onset, treatment, and recovery of heart disease, cancer, and diabetes, and how are these factors shaped by race?

Methods

Keyword searches conducted within two databases – PubMed and Google Scholar – used a combination of the keywords categorized in Table 1. With these keywords, I aimed to be inclusive of all factors related to the prevention, treatment, and recovery of heart disease, diabetes, and cancer.

Leave	**Heart disease**	**Cancer**	**Diabetes**	**Prevention**	**Recovery**
paid sick leave	heart disease	cancer	diabetes	preventative care	return to work
sick leave	cardiovascular disease	breast cancer	diabetes mellitus	preventative services	recovery
paid time off	ischemic heart disease	colorectal cancer	blood glucose levels	screening	work resumption
sick leave benefits	stroke	prostate cancer	prediabetes	primary care	
	metabolic syndrome	lung cancer		care maintenance	
		radiation therapy		absenteeism	
		radiotherapy			
		chemotherapy			

Table 1: Keywords

The initial set of inclusion criteria were applied to search results as follows: 1) Studies could be quantitative or qualitative; 2) studies had to look at the relationship between a type of time off policy and a variable related to chronic disease prevention, treatment, and/or recovery; 3) studies could not be concerned with maternal health outcomes; 4) articles were published in a scientific journal; and 5) articles were written/translated in English. Articles were then cross-referenced for remaining qualified studies. The total sample of studies that resulted from the initial literature search and cross-referencing was $n = 22$. A second set of criteria were applied to the initial sample as follows: 1) The study must include paid leave as an independent variable; and 2) the study cannot solely measure psychological outcomes, such as burnout and work-related stress, due to the weak association between these outcomes and chronic disease. The final analytic sample was 14 articles ($n = 14$). Only one study related to paid vacation days were included in the final collection of articles.

Analysis

Coding for the articles categorizes them according to the size and demographic of each study's sample, type(s) of leave being studied, the health-related variable(s) being measured, controls and covariates being included in analyses, and significant bivariate and multivariate associations of each study. My analysis will identify what health outcomes have significant associations with the availability of PSL and chronic disease-related outcomes. Then I will critically assess the studies' abilities to address the role of PSL in the prevention of disease, the onset of disease, and recovery from the disease. Finally, I will construct a narrative review to investigate whether studies found race/ethnicity to be influential in the availability of PSL, to show and critique how race/ethnicity was included as a variable the relationship between PSL and health outcomes, and to describe the implications of study designs regarding the portrayal of systemic racism.

Results

Preventative Services

Study results (Table II) show that a variety of preventative health care services are more likely to be used when individuals have access to paid sick leave. Of the studies that reported on the relationship between uptake of preventative services – including blood tests for diabetes, blood pressure screening/checks, cholesterol screenings, dental visits, and flu vaccines – among working U.S. adults, all studies found that they had a significant relationship with paid sick leave availability. In U.S. adult female workers, 57.1% of studies measuring the uptake of mammograms/breast exams found a significant association with paid sick leave availability. 75%

of studies measuring the uptake of Pap smears found that it was significantly associated with PSL availability.

Healthcare Utilization

All studies measuring physician visits – observed as doctor/physician visits, routine checkups, or doctor's office visits across several studies – found significant associations with paid sick leave. Of the studies concerned with the relationship between emergency department visits and PSL, only one out of three of the studies found no association. Notably, the study by Bhuyan et al. (2016) shows there is a statistically significant *inverse* association between emergency department usage and access to paid sick leave.[23]

Return to Work and Job Retention

Three quantitative studies reported on the ability of employees to return to work or retain their job after receiving a diagnosis for either coronary heart disease in one study, or colorectal cancer (CRC) in the two remaining studies. All three studies found a significant relationship between being able to return to work and retain their job with PSL availability.

Other Health Outcomes

One study, by Hruska et al. (2020) reported a significant inverse relationship between paid time off use and metabolic symptoms.[24] Another study found that heart disease, unintentional injuries, and all-cause mortality is significantly inversely associated with access to paid sick leave.[25] These studies show that forms of paid leave have the potential to reduce the incidence rates of morbidities and mortalities related to heart disease.

Table II: Descriptive summary of studies (2006-2021)

Authors	Year	Title	IV	Leave policy details	Controls/Covariates	Significant associations (p<0.05)	Control for race?	After controlling, p<0.05? (y/n)
Bhuyan et al.	2016	Paid sick leave is associated with fewer ED visits among US private sector working adults	Do you have paid sick leave on this main job or business? (y/n)	NHIS 2012-2014 self-reported yes or no	Age, sex, marital status, race/ethnicity, education, income level, health insurance status, usual source of care, physician refusal to accept new patient or insurance, afford mental health care, use of internet, BMI, smoking status, alcohol use, number of physician office-based visits in last 12 mo.	Moderate ED use (1-3 visits) and repeated ED use (4 or more visits) were less frequent with access to PSL	Yes	Yes, significant associations were found between number of ED visits and paid sick leave status after controlling for race and ethnicity of non-white respondents
Cook	2011	Paid sick days and health care use: An analysis of the 2007 national health interview survey data	Do you have paid sick leave on this main job or business? (y/n)	2007 NHIS survey respondents self-reported access to paid sick leave at their main job	Age, gender, race, education level, and family income	Outpatient care use (seen medical practitioner in last 12 mo., and number of office visits in last 12 mo.) were more frequent among sample with PSL; ER use (ER visit within last 12 mo.) was less frequent among sample with PSL	Yes	Yes, significant associations were found between number of ED visits and paid sick leave status after controlling for race and ethnicity of non-white respondents
DeRigne et al.	2017	Paid sick leave and preventive health care service use among U.S. working adults	Do you have paid sick leave on this main job or business? (y/n)	NHIS 2015 self-reported, ages 18-64	Sex, age, race/ethnicity, marital status, education, full-time work status, total family income, health insurance coverage, limiting health condition, and health status	Having access to PSL was significantly associated with uptake of the following preventative services: having seen/talked to a general doctor, blood pressure check, fasting test for high blood sugar, and Pap smears	No	n/a

DeRigne et al.	2018	How Many Paid Sick Days Are Enough?	Number of paid sick days with full pay each year at primary job: 3-5; 6-9; 10+; 0-2 (reference category)	Participants self-reported access to PSL	Race, sex, health insurance, respondent's income in last 12 mo., education level, health status, marital status, family size, and full-time work status	Having access to PSL was significantly associated with uptake of the following preventative services: flu shots, blood test for cholesterol, blood test for diabetes, blood pressure checks, and mammograms (only for respondents with 10+ days PSL).	Yes	n/a
Earle et al.	2006	Work Resumption after Newly Diagnosed Coronary Heart Disease: Findings on the Importance of Paid Leave	Do you have paid sick leave on this main job or business? (y/n)	Participants from Nurse's Health Study (NHS) 1998 follow up survey self-reported access to paid sick leave	Age, SES (mostly pertaining to education), social support measures, health behaviors, participation in cardiac rehabilitation,	% Who return to work was higher among sample with access to PSL	No	n/a
Gruß et al.	2019	Colorectal cancer survivors' challenges to returning to work: A qualitative study	Workplace characteristics, including access to sick leave benefits	Participants self-reported access to PSL and sick leave	n/a	n/a	No	n/a

Hammig and Bouza	2019	Paid Sick Leave Benefits and Adherence to Recommended Screening Tests Among Male Labor Workers in the United States	Do you have paid sick leave on this main job or business? (y/n)	National Health Interview Survey 2013-2016 respondents answered "yes" or "no" to "Do you have paid sick leave on this main job or business?"	Race/ethnicity, age, marital status, education level, self-reported health status, self-reported ability to afford dental care, and multiple employment	Having access to PSL was significantly associated with uptake of the following preventative services: blood glucose screenings, blood pressure screenings, cholesterol screenings, healthcare utilization, and dental visits.	Yes	No; race may be a confounding variable
Hruska et al.	2020	Vacation frequency is associated with metabolic syndrome and symptoms	A) Number of paid vacation episodes within last 12 mo.; B) Vacationing characteristics (like location and behavior)	Paid time off within last 12 mo.; at least one full day off; participant reported whether they considered it paid vacation and what they did during the time off	Age, gender, family income, smoking status, and alcohol use	Number of paid vacation episodes and vacationing at home were significantly associated with reduced odds for meeting metabolic symptoms criteria.	No	n/a
Jeung et al.	2021	The Impact of Connecticut's Paid Sick Leave Law on the Use of Preventive Services	Residency in US state with vs. without paid sick leave law (CN or other New England states)	Connecticut paid sick leave mandate 2012 - requires employers to provide PSL benefits of 1 per 40 hr., capped at 40 hrs. per calendar year. may be used for workers' or their family member's illness, injury, or health condition; medical diagnosis, care, or treatment; or preventive health care	Baseline levels of preventative services in Connecticut and other New England states	Having access to PSL was significantly associated with uptake of the following preventative services: routine checkups, flu vaccines, dental visits, and Pap smears.	No	n/a

Kim	2017	Paid Sick Leave and Risks of All-Cause and Cause-Specific Mortality among Adult Workers in the USA	Do you have paid sick leave on this main job or business? (y/n)	2000-2002 NHIS respondents self-reported availability of paid sick leave	Baseline age, gender, educational attainment, income, history of chronic conditions, and survey year. Controls that did not show to confound results were race/ethnicity, marital status, family size, smoking, BMI, type of occupation, number of employees, number of years worked at one's job, and welfare use.	Having access to PSL significantly lowered the risk of dying from heart diseases, unintentional injuries, and all-cause mortality.	Yes	No; race may be a confounding variable
Peipins et al.	2012	The lack of paid sick leave as a barrier to cancer screening and medical care-seeking: results from the National Health Interview Survey	Do you have paid sick leave on this main job or business? (y/n)	National Health Interview Survey (2008) respondents answered "yes" or "no" to "Do you have paid sick leave on this main job or business?"	Age, education, race/ethnicity, insurance status, source of medical care, and marital status	Having access to PSL was significantly associated with uptake of mammograms, Pap smears, endoscopies, # of physician visits, and having seen a doctor.	Yes	No; race may be a confounding variable
Veenstra et al.	2015	Association of Paid Sick Leave with Job Retention and Financial Burden Among Working Patients with Colorectal Cancer	Access to paid sick leave at the time of diagnosis	Patients self-reported access to paid sick leave	Age, sex, race, marital status, no. of comorbid conditions, education, annual income, health insurance, access to paid sick leave, location (Detroit or Georgia), time from diagnosis to survey completion in months	Having access to PSL was significantly associated with increased job retention, less personal financial burden, and less personal financial burden after adjusted for job retention.	No	n/a

Veenstra et al.	2015	Association of Paid Sick Leave with Job Retention and Financial Burden Among Working Patients with Colorectal Cancer (CRC)	Access to employment benefits, including paid sick leave (yes/no)	Respondents could select all that applied including paid sick leave, extended sick leave, disability, unpaid leave, and other.	Age, race, education, gender, marital status, income, number of comorbid conditions, job category, SEER sit, and composite census-level SES	Job retention after CRC treatment was more common among patients with PSL	Yes	No; race may be a confounding variable
Wilson et al.	2014	The role of sick leave in increasing breast cancer screening among female employees in the U.S.	Does this person have sick leave if they are sick? (y/n); Does this person have sick leave if they went to see a doctor? (y/n)	Respondents were asked whether they had paid sick leave ("Does this person have sick leave if they were sick?"), and sick leave to visit a doctor ("Does the person have sick leave if they went to see a doctor?"). Possible responses included "Yes", "No" and "Inapplicable".	Age, education, race/ethnicity, poverty status, insurance status, and self-reported health status.	Breast exam and mammography	Yes	Yes, for Black and Hispanic groups. No information on other non-white ethnicities/races

Controlling for Race

57.1% of studies included race as a control variable or covariate in a multivariate regression analysis. Half of these studies found that race was not a significant control/covariate, and half of these studies found that race was a significant covariate. Of the four studies that found race was a significant factor, three found that specifically, being of Hispanic or non-Hispanic Black racial/ethnic groups were confounding variables in their analyses. The fourth study, by DeRigne et al. (2018) reported that the race/ethnicity was a significant confounder in the uptake of mammograms and Pap smears only among Black female respondents.[26]

Discussion

Paid Sick Leave and Chronic Disease

The first aim of this study is to assess the extent to which paid sick leave impacts the prevention, treatment, and recovery from chronic illnesses. As the first part of this assessment, I answer the question, are people able to get tested or screened for chronic diseases if they have PSL? The findings from the systematic review of these studies shows that there is a significant relationship between uptake of preventative services and PSL.[26–31] The more frequent use of blood pressure screenings, blood sugar screenings, blood cholesterol screenings, mammograms, and endoscopies have the potential for earlier detection of heart disease, diabetes, and cancers in US adult populations. While most of studies are limited by cross-sectional study design, Jeung et al. (2021) captures the benefits of *increased access* to PSL by retrospectively measuring the uptake of preventative services before and after Connecticut's paid sick leave law was implemented.[29] They found that preventative services were utilized more frequently after the implementation of

the PSL law. Jeung et al. state, "Connecticut's paid sick leave law addresses [time constraints for appointments] by increasing the availability of paid time off to recover from illness or seek health care for themselves or other family members."[29] This was the only longitudinal study included in this review. Most measures of paid sick leave were dichotomous (yes or no), which does not accurately measure the sufficiency of paid sick leave policies. DeRigne et al. (2018) was the exception to this trend and measured paid sick leave by number of days from 0 to 10+. The authors found that as the number of paid sick days increased, usage of each preventative service increased, stating that "we observed a 26% to 85% increased odds in preventive care use among those with at least 10 or more paid sick days compared with those with 0 to 2 paid sick days."[26] The findings of Jeung et al. and DeRigne et al. highlight not only the need for PSL to make preventative services more accessible, but also the need for a sufficient number of paid sick days to maximize the benefits of removing time and financial constraints towards the use of preventative services.

The next part of this assessment asks how care seeking behavior is impacted when people have access to PSL? Several studies pointed towards changes in the type of healthcare department an individual accesses when paid sick leave was more frequently available. Studies which measured having seen a doctor or physician in the last 12 months saw a significant relationship with PSL availability.[25,27–30] Bhuyan et al. (2016) showed that the "availability of paid sick leave is significantly associated with lower odds of ED use for both moderate and frequent users."[23] However, Cook (2011) found that "access to paid sick days benefits was significantly associated with increased use of outpatient care but not with reduced use of [emergency room visits]."[25] Because of this contradiction, the assumption that increased use of doctor visits indicates a reduction in ED visits cannot be made.

As the final part of my first assessment, I ask, what the impact of paid sick leave is on the treatment and recovery process, and was the PSL policy sufficient for patients? Work resumption, return to work (RTW), and job retention were the most accessible variables for measuring recovery during my literature search. For this reason, most studies related to the experiences of being treated for and recovering from chronic illness involve work resumption, RTW, and job retention as variables of interest. For example, Earle et al. (2006) reported on work resumption in female nurses after a myocardial infarction or angina episode.[32] The researchers found that of all working conditions, including having a flexible work schedule, paid leave was the only condition with a significant association with the likelihood of work resumption.[32] Gruß et al. (2019) conducted a qualitative study documenting employees' experiences with their employers after being diagnosed with colorectal cancer.[33] The study revealed that several employees had to combine their PSL with other forms of time off benefits to cultivate enough time for their cancer treatment or recovery from surgery.[33] The narriative of this study highlighted employees' dissatisfaction with PSL policies because they were worried about the risk of financial instability, some even returning to work early and some terminated because of the unavailability of adequate PSL.[33] Veenstra et al. (2015)[34] and (2018)[35] quantify the impacts of PSL on job retention among colorectal survivors, finding that having PSL was associated with greater likelihood of job retention even after controlling for demographic, socioeconomic factors, comorbid conditions, and availability of employer-based health insurance. From these studies, I conclude that access to PSL plays a critical role in employees' ability to return to work. However, more evidence is needed about the recovery process employees experience during their time off to conclude that PSL decreases the *duration* of

recovery time. It is possible that employees are likely to return to work before they have fully recovered.

Implications of race as a control and covariate

The second aim of this study is to assess the extent to which race should be considered a third variable in the relationship between PSL and chronic disease outcomes. Three studies found that race was a confounding variable in the relationship between PSL and their variable of interest. Only eight out of fourteen studies considered race in their statistical analysis, either by including race as a covariate in multivariate regression analyses or by controlling for race through other statistical analyses. Jeung et al. (2021), for example, conducted a difference-in-differences analysis and controlled for race[29] and Kim's (2017) study approach used Cox proportional hazard modeling but omitted racial data due to the lack of confounding effect on the association between PSL and all-cause mortalities.[22] Throughout the studies which include race in their analysis is the notion that race should be conceptualized and tested as a confounding variable. While this strengthens the validity of the association between PSL and chronic disease outcomes, this does not allow for the simultaneous existence of race being impactful on the relationship between PSL and chronic disease outcomes, and PSL being significantly associated with chronic disease outcomes. While some studies are limited by their sample size and demographic, more research is needed for the stratified analysis of race as a possible effect modifier in the relationship between PSL and health outcomes.

Other deficiencies include the lack of specificity in their demographic data that promote the erasure of certain racial/ethnic groups. Asian, Indigenous, Native Hawaiian/Pacific Islander, and multi-racial/ethnic populations were not accounted for in most studies included in this review. These groups are often combined to form the "other" category. This generalization leads to

inaccurate conclusions about these populations' experiences with paid sick leave and chronic disease. Only three studies included non-Hispanic Asians as a racial demographic category.[25,28,30]

Conclusion

The findings of this study call for a paradigm shift in our understanding of health among the working class. While access to health insurance has been widely accepted as a social determinant of health, this review shows that the implementation of paid sick leave into the social determinants framework has great potential for predicting health disparities. Given that access to paid sick leave policies is not distributed equally across racial groups, and the protective effects these policies have on population health, increasing access to paid sick leave also has the potential to reduce existing health inequities. The COVID-19 pandemic and its impacts on essential workers have shown that getting sick is often out of our control. Not only does presenteeism, or going to work while sick, increase infection rates for communicable diseases, but it may also have negative health effects for workers recovering from coronary heart events.[36] U.S. employees should not have to choose between taking care of their health, or a loved ones' health, and their financial stability. Policymakers and public health officials must consider the implementation of paid sick leave mandates as an effective approach towards addressing systemic racism and relieving the burden of chronic disease among America's most vulnerable populations.

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