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I am a faculty member in the School of Public Health at the University of Washington, where I teach evaluation, policy, community development, and international health. I am not speaking for my institution.

In researching my testimony today, I learned that the term for coming to work while sick is “presenteeism,” a word not recognized by Microsoft spellcheck. It’s the phenomenon of workers being on the job but, because of illness or other medical conditions, not fully functioning. It’s in obvious contrast to “absenteeism.”

The people who have studied this problem the most (or at least published the most) are Swedish, Danish, Norwegian, Finnish and New Zealand scientists. It’s interesting that the risk factors for presenteeism in those countries are very different than here. The issues those researchers found to promote presenteeism in those countries included obligation to fellow workers, low replaceability, threat of unemployment, the needs of small organizations, and the like. Lack of sick leave isn’t even an issue on the list of concerns, because it is a problem that doesn’t exist in those countries.

The Harvard Business Review (Oct 2004: 82(10) 49-58, 155: Hemp P) reported a little over a year ago that “presenteeism...costs U.S. companies over 150 billion dollars a year--much more than absenteeism does.” And they conclude that organizations may find that it pays to make targeted investments in employees' health care--by covering the cost of allergy medication, for instance, or therapy for depression.”

Another study on the costs of presenteeism at Cornell University concluded that on-the-job productivity losses attributed to presenteeism represent 61% of total costs associated with 10 selected health conditions. (Goetzel, et al. “Health, Absence, Disability and Presenteeism Cost Estimates of Certain Physical and Mental Health Conditions Affecting U.S. Employers. Journal of Occupational and Environmental Medicine, April 2004: 45(4), 398-412).

A study conducted by Merck & Company concluded that the effective workforce is probably decreased by 5 or 10% because of health problems, and that employers who increase their investments in health human capital now will emerge tomorrow as the companies leading the gains in U.S. productivity. (Berger ML, et al. “Investing in Healthy Human Capital.” JOEM, Dec. 2003: 45(12), 1213-1225.)

Presenteeism is reported in the literature to be associated with increased morbidity and mortality, as well as with Harvard’s reportedly decreased productivity on the job. The famous Whitehall Study shows there is a **higher** mortality risk among employees who take **no** short-term self-certified sickness leave. Presenting to work when sick is documented in the health services literature to be detrimental to long term health. Absence provides scope for recovery for ill and distressed employees, whereas

presenteeism seems to produce a cumulative stress burden, a risk factor for coronary heart disease. (Kivimaki M. Working While Ill as a Risk Factor for Serious Coronary Events: The Whitehall II Study. *AJPH* Jan. 2005: 95(1), 98-102)

If presenteeism poses a hazard to the health of the ill worker, in the case of infectious disease, it also poses a hazard to the health of fellow workers, as well as customers, patients and fellow bus riders encountered at work or on the way there or home.

Higher wage workers are more likely than lower-paid workers to have health insurance and health-related benefits, such as paid leave, and to use preventive care services. Low wage workers are more likely to forgo needed health care because of cost (*Commonwealth Fund, October 2004 brief 788:1-16*). Although this hasn't been reported, I am going to hypothesize that low wage workers are also more likely to engage in presenteeism. Let me make one more hypothesis: all of the people hearing this testimony and all of those testifying on the other side have access to both health insurance and sick leave for themselves.

Thanks to recent news reports based on leaked documents from state workers, we now know that thousands of low-wage employees with poor benefits are on state paid health care plans, including Medicaid and Basic Health. As the bearer of risk for these employees' health, it seems to me the state needs to impose mechanisms that protect the health of these employees if for no other reason than to limit our financial exposure through state-sponsored health plans.