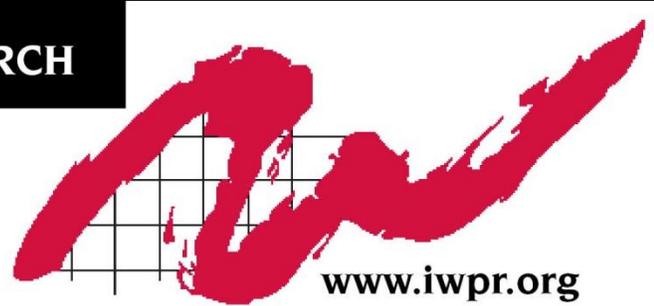


Briefing Paper



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Access to Earned Sick Days in Oregon

An analysis by the Institute for Women's Policy Research (IWPR) reveals that about 596,800 private sector employees in Oregon lack even a single earned sick day. Access to earned sick days promotes healthy work environments by reducing the spread of illness,^{1,2} increasing productivity,³ and supporting work and family balance.⁴ Earned sick days allow people to take time off work to recover from illness and to tend to family members' health without the fear of lost pay or other negative consequences. This briefing paper presents estimates of lack of earned sick days access rates in Oregon by occupation, by sex, race and ethnicity, personal annual earnings, and work schedule through analysis of government data sources, including the 2010–2011 National Health Interview Survey (NHIS) and the 2009–2011 American Community Survey (ACS).

Access to Earned Sick Days by Sex and Racial/Ethnic Group

- Among all private-sector workers in Oregon, 48 percent, or about 596,800 private sector workers lack access to earned sick days (Table 1).
- About 48 percent (about 316,300) of men and 48 percent (about 280,500) of women lack earned sick days (Table 1).
- Hispanic workers are significantly less likely to have earned sick days than other workers. About 63 percent of Hispanic workers in Oregon lack earned sick days (Table 1).
- Forty-five percent of black and “Other race” workers, including Asian Americans, Native Americans, Alaskan Natives, and those reporting multiple racial identities, do not have access to paid sick days (Table 1).
- Fifty-four percent of white, non-Hispanics have access to paid sick days (Table 1).

Table 1. Lack of Earned Sick Days Access by Sex and Race and Ethnicity in Oregon, 2009–2011

Population Group	Without Access to Paid Sick Days	
	Number	Percent
Total Private Sector	596,846	48%
Women	280,516	48%
Men	316,330	48%
White, non-Hispanic	451,202	46%
Black, non-Hispanic	8,872	45%
Hispanic	93,134	63%
Other, non-Hispanic	43,639	45%

Note: Access rates are estimated for individuals, 18 years and older, working in the private sector in the state of Oregon, regardless of their place of residence. Percentages and figures may not add to totals due to rounding. “Other race” category includes Asian Americans, American Indian or Alaska natives, and individuals reporting multiple racial identities. None of these populations were individually large enough for separate estimations; all were kept in the interests of inclusion. Source: Institute for Women’s Policy Research analysis of 2010–2011 National Health Interview Survey (NHIS) and 2009–2011 IPUMS American Community Survey (ACS).

Access to Earned Sick Days by Occupation

Access to earned sick days varies widely depending on the type of occupations employees hold. The lack of earned sick days is especially common in jobs requiring frequent contact with the public, with important public health consequences. Across the broad spectrum of occupations in Oregon, lack of earned sick days varies from 84 percent for employees in farming, fishing, and forestry occupations, to 19 percent for those employed in computer and mathematical occupations.

Women continue to be overrepresented in part-time and low-wage positions,⁵ such as service, sales, and office occupations, some of the occupations least likely to offer earned sick days. Still, working women are the primary caregivers of their families, and being sick or having an ill family member presents the difficult choice of having to work or lose pay by staying home.

- Of concern for public health and contagion prevention, fewer than one in five workers in food preparation and serving-related occupations are estimated to have access to earned sick days (Table 2).
- Employees in the personal care and service occupations, such as child care workers and manicurists, have similarly low rates of access to earned sick days. The vast majority—76 percent—of workers in these occupations is unable to take even a single day off when sick (Table 2).
- Workers in building and grounds cleaning and maintenance occupations also have limited access to earned sick leave, with 60 percent lacking access to earned sick days (Table 2).

Table 2. Lack of Earned Sick Days Access by Occupation in Oregon, 2009–2011

Occupation	Without Access to Paid Sick Days	
	Number	Percent
Computer and Mathematical Occupations	6,956	19%
Architecture and Engineering Occupations	5,805	21%
Management Occupations	30,136	27%
Business and Financial Operations Occupations	14,062	27%
Healthcare Practitioner and Technical Occupations	20,041	29%
Life, Physical, and Social Science Occupations	2,386	32%
Community and Social Services Occupations	6,654	33%
Legal Occupations	2,994	36%
Arts, Design, Entertainment, Sports, and Media Occupations	6,766	40%
Office and Administrative Support Occupations	74,683	42%
Installation, Maintenance, and Repair Occupations	16,494	43%
Healthcare Support Occupations	15,675	45%
Education, Training, and Library Occupations	13,841	46%
Production Occupations	52,627	51%
Sales and Related Occupations	76,970	51%
Transportation and Material Moving Occupations	55,765	58%
Building and Grounds Cleaning and Maintenance Occupations	24,162	60%
Protective Service Occupations	5,194	66%
Construction and Extraction Occupations	30,955	72%
Personal Care and Service Occupations	29,489	76%
Food Preparation and Serving Related Occupations	82,073	82%
Farming, Fishing, and Forestry Occupations	23,118	84%
Total	596,846	48%

Note: Access rates are estimated for individuals, 18 years and older, working in the private sector in the state of Oregon, regardless of their place of residence. Percentages and figures may not add to totals due to rounding. Source: Institute for Women’s Policy Research analysis of 2010–2011 National Health Interview Survey (NHIS) and 2009–2011 IPUMS American Community Survey (ACS).

Access to Earned Sick Days by Personal Annual Earnings

- Workers with annual personal earnings at or below \$19,999 are less likely than workers with greater earnings to have earned sick days. Almost four out of five (79 percent) workers in this earnings group are unable to take a day off when they or their family members are sick (Table 3).
- Among workers with annual personal earnings between \$20,000 and \$34,999, 44 percent do not have access to earned sick days (Table 3).
- Only 19 percent of employees with annual earnings of \$65,000 or more lack earned sick days (Table 3).

Table 3. Lack of Earned Sick Days Access by Personal Earnings in Oregon, 2009–2011

Personal Earnings	Without Access to Paid Sick Days	
	Number	Percent
\$1-\$19,999	337,302	79%
\$20,000-\$34,999	137,546	44%
\$35,000-\$44,999	44,264	30%
\$45,000-\$64,999	43,015	26%
\$65,000+	34,720	19%
Total	596,846	48%

Note: Access rates are estimated for individuals, 18 years and older, working in the private sector in the state of Oregon, regardless of their place of residence. Source: Institute for Women’s Policy Research analysis of 2010–2011 National Health Interview Survey (NHIS) and 2009-2011 IPUMS American Community Survey (ACS).

Access to Earned Sick Days by Work Schedule

- Among employees that work 35 hours or more per week, 37 percent do not have access to earned sick days (Table 4).
- Earned sick leave coverage is lowest among part-time workers. Seventy-nine percent of employees working part-time lack earned sick days (Table 4).

Table 4. Lack of Earned Sick Days Access by Full and Part-Time Status, 2009–2011

Work Schedule	Without Access to Earned Sick Days	
	Number	Percent
35 hrs or more per week	348,249	37%
Less than 35 hrs per week	248,597	79%
Total	596,846	48%

Note: Access rates are estimated for individuals, 18 years and older, working in the private sector in the state of Oregon, regardless of their place of residence. Source: Institute for Women’s Policy Research analysis of 2010–2011 National Health Interview Survey (NHIS) and 2009-2011 IPUMS American Community Survey (ACS).

Benefits of Earned Sick Days

Earned sick days deliver multiple benefits for employers, children, women, and communities at large. The economic and public health benefits of earned sick leave coverage are substantial, including creating stronger, safer work environments; supporting children and families; and reducing health care costs.⁶

Creating Stronger, Safer Work Environments

- Allowing workers to stay home to recover from illnesses ensures stronger job performance. Empirical studies document that workers with influenza perform more poorly on a variety of tasks than healthy workers.⁷ Access to earned sick leave improves workplace safety. A recent study found that employers who provided earned sick leave to their employees reported fewer occupational injuries than those who did not have earned sick leave coverage.⁸
- Earned sick leave policies help reduce the spread of illness in the workplace by helping contagious workers stay home.⁹

Supporting Children and Families

- Earned sick leave policies help parents fulfill their caregiving responsibilities. Research shows that having earned leave is the primary factor in a parent's decision to stay home when their children are sick.¹⁰
- Allowing parents to stay home with sick children prevents viruses from spreading to schools and day care centers.¹¹ Studies demonstrate that children are more susceptible to influenza and carry the influenza virus over longer periods of time compared with adults.¹² Keeping children at home when they have contagious illnesses, like the flu, can prevent absences among their schoolmates and teachers.

Reducing Health Care Costs

- Workplace flexibility allows adult children and family members to care for elderly, disabled, and medically fragile relatives. This informal care reduces health expenditures by preventing and reducing the need for paid care at home and in nursing homes, services that might otherwise be financed by Medicaid or Medicare.¹³
- Earned sick days allow workers to take time away from work for medical appointments, rather than waiting until after their work hours at which time the only way to see a doctor may be to utilize hospital emergency services. Analysis of data from the National Health Interview Survey has shown that workers with earned sick days are less likely than workers without earned sick days to utilize hospital emergency departments, even after accounting for variables such as age, income, education, and health insurance access.¹⁴

Notes

- ¹ Li, Jiehui, Guthrie S. Birkhead, David S. Strogatz, and R. Bruce Coles. 1996. "Impact of Institution Size, Staffing Patterns, and Infection Control Practices on Communicable Disease Outbreaks in New York State Nursing Homes." *American Journal of Epidemiology* 143 (May): 1,042-1,049.
- ² Drago, Robert and Kevin Miller. 2010. *Sick at Work: Infected Employees in the Workplace During the H1N1 Pandemic*. IWPR Publication No.B264. Washington, DC: Institute for Women's Policy Research. <<http://iwpr.org/publications/pubs/sick-at-work-infected-employees-in-the-workplace-during-the-h1n1-pandemic>> (accessed November 26, 2012).
- ³ Goetzel, Ron Z., Stacey R. Long, Ronald J. Ozminkowski, Kevin Hawkins, Shaohung Wang, and Wendy Lynch. 2004. "Health, Absence, Disability, and Presenteeism Cost Estimates of Certain Physical and Mental Health Conditions Affecting U.S. Employers." *Journal of Occupational and Environmental Medicine* 46 (April): 398-412.
- ⁴ Heymann, Jody. 2000. *The Widening Gap: Why America's Working Families Are in Jeopardy and What Can Be Done About It*. New York: Basic Books.
- ⁵ U.S. Government Accountability Office. (2011). *Progress Made, but Women Remain Overrepresented among Low-Wage Workers*. <<http://www.gao.gov/products/GAO-12-10>> (accessed February 6, 2013).
- ⁶ Miller, Kevin and Claudia Williams. 2012. *Valuing Good Health in Massachusetts: The Cost and Benefits of Paid Sick Days*. IWPR Publication No. B305. Washington, DC: Institute for Women's Policy Research. <<http://www.iwpr.org/publications/pubs/valuing-good-health-in-massachusetts-the-costs-and-benefits-of-paid-sick-days-2>> (accessed November 26, 2012).
- ⁷ Smith, Andrew. 1989. "A Review of the Effects of Colds and Influenza on Human Performance." *Journal of the Society of Occupational Medicine* 39:65-68.
- ⁸ Asfaw, Abay, Regina Pana-Cryan, and Roger Rosa. 2012. "Paid Sick Leave and Nonfatal Occupational Injuries." *American Journal of Public Health* 102 (September): e59-e64.
- ⁹ Li, Jiehui, Guthrie S. Birkhead, David S. Strogatz, and R. Bruce Coles. 1996. "Impact of Institution Size, Staffing Patterns, and Infection Control Practices on Communicable Disease Outbreaks in New York State Nursing Homes." *American Journal of Epidemiology* 143 (May): 1,042-1,049.
- ¹⁰ Heymann, Jody. 2000. *The Widening Gap: Why America's Working Families Are in Jeopardy and What Can Be Done About It*. New York: Basic Books.
- ¹¹ Heymann, S. Jody, Alison Earle, and Brian Egleston. 1996. "Parental Availability for the Care of Sick Children." *Pediatrics* 98 (August): 226-230.
- ¹² King, James C. 2004. Quoted in *Study Shows School-Based Nasal Influenza Vaccinations Significantly Reduce Flu-Related Costs in Families*. Press release. University of Maryland Medical Center, May 25. <<http://www.umm.edu/cgi-bin/printpage.cgi>> (accessed March 17, 2005).
- ¹³ Van Houtven, Courtney Harold, and Edward C. Norton. 2004. "Informal Care and Health Care Use of Older Adults." *Journal of Health Economics* 23 (11): 1159-1180.
- ¹⁴ Miller, Kevin, Claudia Williams, and Youngmin Yi. 2011. *Paid Sick Days and Health: Cost Savings from Reduced Emergency Department Visits*. IWPR Publication No. B301. Washington, DC: Institute for Women's Policy Research. <<http://www.iwpr.org/publications/pubs/paid-sick-days-and-health-cost-savings-from-reduced-emergency-department-visits>> (accessed April 2012).

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