

# Briefing Paper

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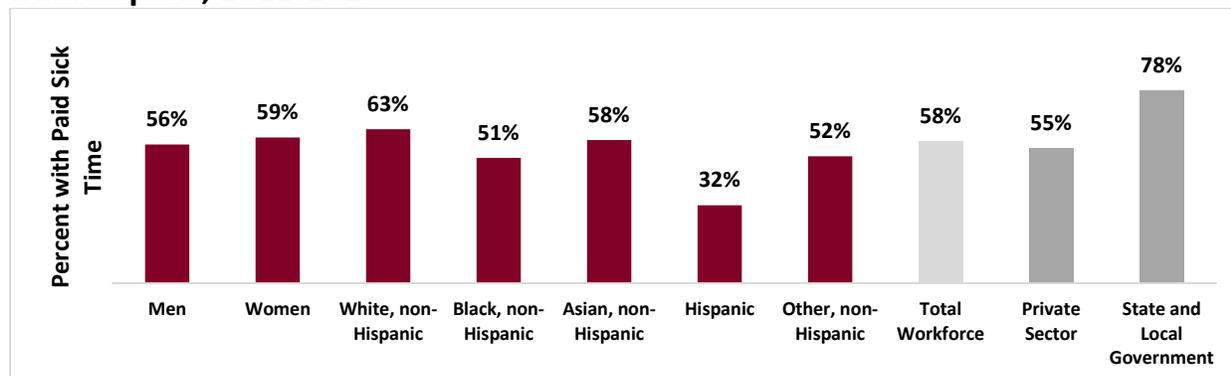
## Access to Paid Sick Time in Minneapolis, Minnesota

Approximately 42 percent of workers in Minneapolis, Minnesota lack paid sick time, and low-income and part-time workers are even less likely to be covered. Access to paid sick time promotes safe and healthy work environments by reducing the spread of illness<sup>1</sup> and workplace injuries,<sup>2</sup> reduces health care costs,<sup>3</sup> and supports children and families by helping parents to fulfill their caregiving responsibilities.<sup>4</sup> This briefing paper presents estimates of access to paid sick time in Minneapolis by sex, race and ethnicity, occupation, part/full-time employment status, and personal earnings through analysis of government data sources, including the 2011–2013 National Health Interview Survey (NHIS) and the 2011-2013 American Community Survey (ACS).

### Access to Paid Sick Time by Sex and Racial/Ethnic Group

- Among all workers in Minneapolis, 58 percent have access to paid sick time (Figure 1), and 42 percent, or about 123,000 workers, lack access (Table 1).<sup>5</sup>
- Hispanic workers are much less likely to have paid sick time than workers in any other racial/ethnic group, though workers of color are all less likely than white workers to have access (Figure 1): 68 percent of Hispanic, 49 percent of Black, and 42 percent of Asian workers in Minneapolis lack access to paid sick time compared with 37 percent of White workers (Table 1).
- State and local government workers are much more likely than private sector workers to have paid sick time: 78 percent of state and local government workers have access to paid sick time in Minneapolis.

**Figure 1. Paid Sick Time Access Rates by Sex and Race and Ethnicity in Minneapolis, 2011-2013**



Note: Access rates are for individuals, 18 years and older, living in Minneapolis regardless of their place of work. Percentages and figures may not add to totals due to rounding. “Other race” category includes 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 interest of inclusion. Source: Institute for Women’s Policy Research analysis of 2011-2013 National Health Interview Survey (NHIS) and 2011-2013 IPUMS American Community Survey (ACS).

**Table 1. Lack of Access to Paid Sick Time by Sex and Race and Ethnicity in Minneapolis, 2011-2013**

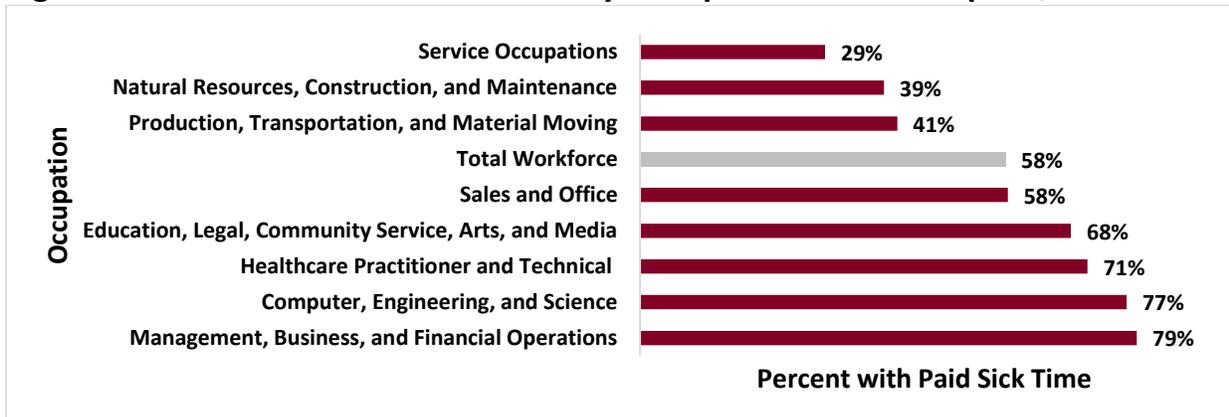
Population Group	Without Access to Paid Sick Time	
	Number	Percent
Male	65,399	44%
Female	58,013	41%
White, non-Hispanic	77,435	37%
Black, non-Hispanic	15,687	49%
Asian, non-Hispanic	5,830	42%
Hispanic	18,613	68%
Other/Mixed	5,847	48%
<b>Total Workforce</b>	<b>123,412</b>	<b>42%</b>
Private W&S	115,539	45%
State and local government	7,873	22%

Note: Access rates are for individuals, 18 years and older, living in Minneapolis regardless of their place of work. The estimated number of workers affected by the proposed ordinance in the city of Minneapolis was found by adjusting the Minneapolis estimates using the Commuter Adjusted Daytime Population from the Census Bureau’s 2006-2010 5-year American Community Survey (ACS) dataset, which estimates that for every worker living in Minneapolis, there are 0.512 additional workers commuting in from other locations. For simplicity, homogenous worker and resident populations are assumed. Percentages and figures may not add to totals due to rounding. “Other race” category includes 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 interest of inclusion. Source: Institute for Women’s Policy Research analysis of 2011-2013 National Health Interview Survey (NHIS) and 2011-2013 IPUMS American Community Survey (ACS).

## Access to Paid Sick Time by Occupation

Access to paid sick time varies widely depending on the type of occupation employees hold. Paid sick time is especially uncommon in jobs requiring frequent contact with the public, with important public health consequences. Across the broad spectrum of occupations in Minneapolis, access to paid sick time varies from a high of 79 percent for Management, Business, and Financial Operations occupations to only 29 percent for those employed in Service occupations, which include food service workers. The lack of access for workers with frequent contact with the public poses public health risks through contagion.

**Figure 2. Paid Sick Time Access Rates by Occupation in Minneapolis, 2011-2013**

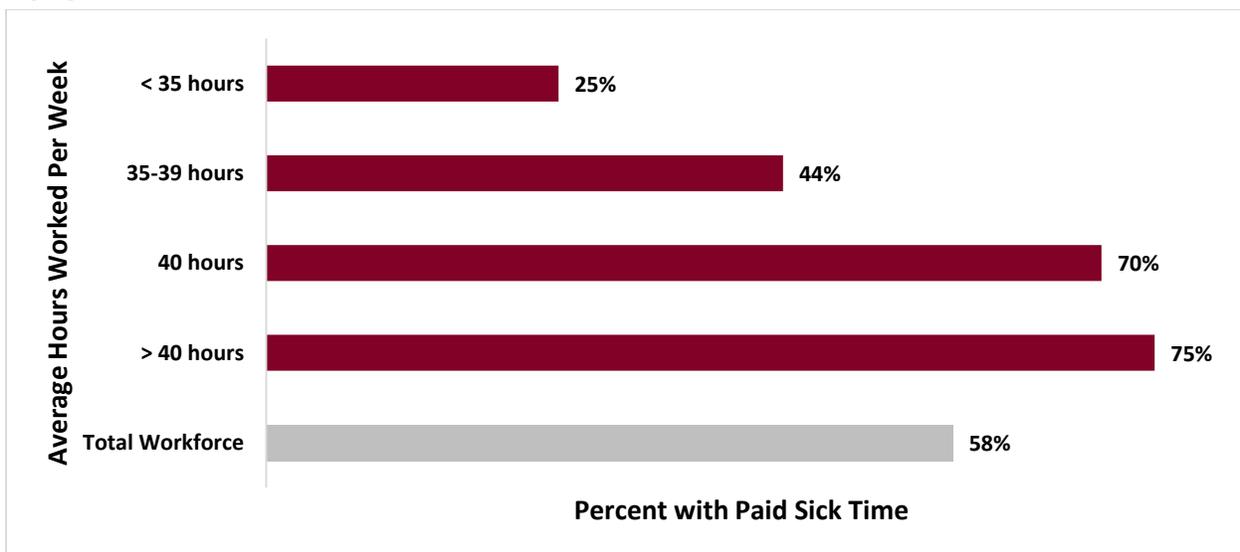


Note: Access rates are for individuals, 18 years and older, living in Minneapolis regardless of their place of work. Percentages and figures may not add to totals due to rounding. Source: Institute for Women’s Policy Research analysis of 2011–2013 National Health Interview Survey (NHIS) and 2011-2013 IPUMS American Community Survey (ACS).

## Access to Paid Sick Time by Hours Worked

- Paid sick time is particularly rare for part-time workers (those who work fewer than 35 hours per week). Only 25 percent of part-time workers have access to paid sick time (Figure 3). These workers are also disproportionately likely to be working in service occupations where access rates also tend to be low.<sup>6</sup>
- Among those who work 40 hours a week or more, 70 percent have access to paid sick time in Minneapolis (Figure 3).

**Figure 3. Paid Sick Time Access Rates by Hours Worked in Minneapolis, 2011-2013**



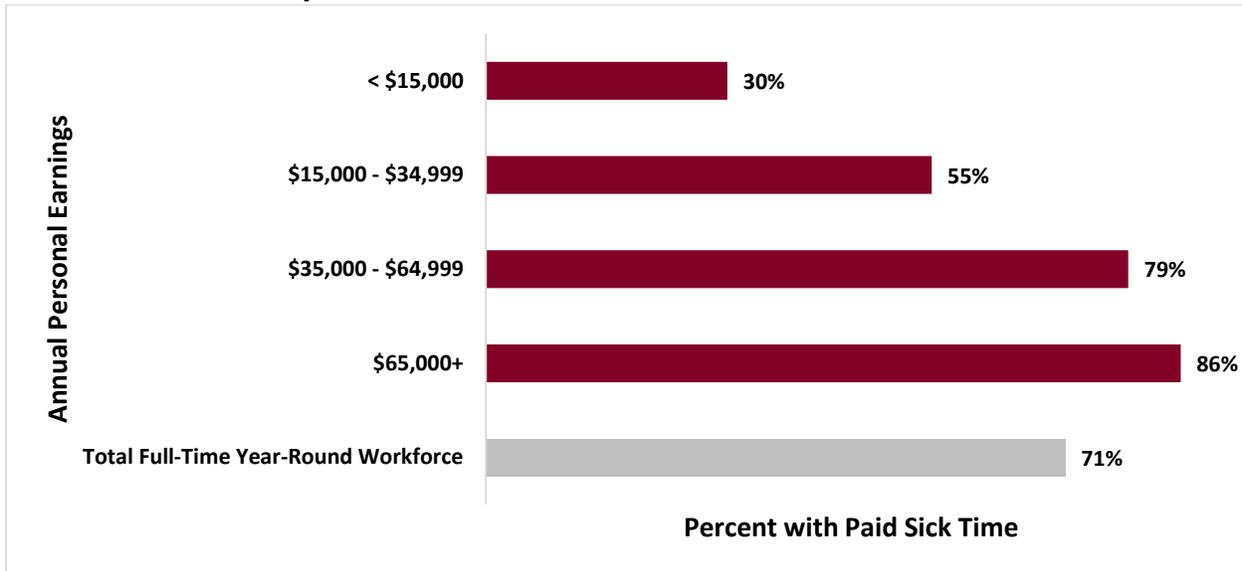
Note: Access rates are for individuals, 18 years and older, living in Minneapolis regardless of their place of work. Percentages and figures may not add to totals due to rounding. Source: Institute for Women’s Policy Research analysis of 2011–2013 National Health Interview Survey (NHIS) and 2013 IPUMS American Community Survey (ACS).

## Access to Paid Sick Time by Earnings Level

Low-paid workers are much less likely than higher earners to have access to paid sick time. This means that those who can least afford to take an unpaid day off are also least likely to be covered.

- Fewer than one-third (30 percent) of full-time workers in the lowest earnings bracket (less than \$15,000 annually) have access to paid sick time (Figure 4).
- More than 80 percent of workers in the highest earnings bracket (more than \$65,000 annually) have access to paid sick time (Figure 4).

**Figure 4. Paid Sick Time Access Rates by Earnings for Full-Time Year-Round Workers in Minneapolis, 2011-2013**



Note: Access rates are for individuals, 18 years and older, living in Minneapolis regardless of their place of work. For the analysis of access rates by personal income levels, the sample was also limited to only full-time year-round workers. Dollar values are in constant 2013 dollars. Percentages and figures may not add to totals due to rounding. Source: Institute for Women's Policy Research analysis of 2011–2013 National Health Interview Survey (NHIS) and 2011-2013 IPUMS American Community Survey (ACS).

## Benefits of Paid Sick Time

Paid sick time delivers multiple benefits for employers, children, women, and communities at large. The economic and public health benefits of paid sick time coverage are substantial, including creating stronger, safer work environments; improved child and family health and well-being; and reduced health care costs.

### Creating Stronger, Safer Work Environments

- Research documents that workers with influenza perform more poorly on a variety of tasks than healthy workers,<sup>7</sup> and a recent study found that employers who provided paid sick time to their employees reported fewer occupational injuries among employees than those who did not have paid sick time coverage.<sup>8</sup>
- Paid sick time policies help reduce the spread of illness in the workplace by making it possible for contagious workers to stay home.<sup>9</sup>

### Supporting Children and Families

- Paid sick time policies help parents fulfill their caregiving responsibilities. Research shows that having paid sick time is the primary factor in a parent's decision to stay home when their children are sick.<sup>10</sup>

- Research also documents that parents without access to paid sick time are nearly twice as likely to send their children to school or child care sick.<sup>11</sup> Allowing parents to stay home with sick children is likely to prevent illness from spreading in schools and child care centers. Studies demonstrate that children are more susceptible to influenza<sup>12</sup> and carry the influenza virus over longer periods of time compared with adults.<sup>13</sup> Keeping children at home when they have contagious illnesses, like the flu, is likely to prevent absences among their schoolmates and teachers.

## Reducing Health Care Costs

- Paid sick time allows adult children and family members time to care for elderly, disabled, and medically fragile relatives. This care reduces health expenditures by preventing and reducing the need for paid care at home or in nursing facilities,<sup>14</sup> services that might otherwise be financed by Medicaid or Medicare.
- Paid sick time allows people to take time away from work for medical appointments, rather than waiting until after work hours, when they are more likely to use hospital emergency services. Analysis of data from the National Health Interview Survey shows that workers with paid sick time are less likely than other workers to use hospital emergency departments, even after accounting for variables such as age, income, education, and health insurance access.<sup>15</sup>

## Notes

<sup>1</sup> Jiehui Li, Guthrie S. Birkhead, David S. Strogatz, and R. Bruce Coles, “Impact of Institution Size, Staffing Patterns, and Infection Control Practices on Communicable Disease Outbreaks in New York State Nursing Homes,” *American Journal of Epidemiology* no. 143 (May 1996): 1,042-1,049.

<sup>2</sup> Abay Asfaw, Regina Pana-Cryan, and Roger Rosa, “Paid Sick Leave and Nonfatal Occupational Injuries,” *American Journal of Public Health* no. 102 (September 2012): e59-e64.

<sup>3</sup> Kevin Miller, Claudia Williams, and Youngmin Yi, *Paid Sick Days and Health: Cost Savings from Reduced Emergency Department Visits* (Washington, DC: Institute for Women’s Policy Research, November 2011).

<sup>4</sup> S. Jody Heymann, Alison Earle, and Brian Egleston, “Parental Availability for the Care of Sick Children,” *Pediatrics* vol. 98 no. 2 (August 1996): 226-230.

<sup>5</sup> Throughout this briefing paper, the total workforce includes both private and public sector workers, but excludes self-employed and federal government workers as well as members of the armed forces.

<sup>6</sup> Unpublished IWPR analysis of 2013 American Community Survey data (Integrated Public Use Microdata Series, Version 5.0).

<sup>7</sup> Andrew Smith, “A Review of the Effects of Colds and Influenza on Human Performance,” *Journal of the Society of Occupational Medicine* no. 39 (Summer 1989): 65-68.

<sup>8</sup> See note 2 above.

<sup>9</sup> See note 1 above.

<sup>10</sup> See note 4 above.

<sup>11</sup> Tom W. Smith and Jibum Kim, *Paid Sick Days: Attitudes and Experiences* (Chicago, IL: National Opinion Research Center at the University of Chicago, June 2010).

<sup>12</sup> Arnold S. Monto and Kevin M. Sullivan, “Acute respiratory illness in the community: frequency of illness and the agents involved,” *Epidemiology and Infection* vol. 110 no. 1 (February 1993): 145-160.

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<sup>13</sup>See for example: Christine E. Long, Caroline B. Hall, Coleen K. Cunningham, et al. “Influenza surveillance in community-dwelling elderly compared with children,” *Archives of Family Medicine* no. 6 (September 1997): 459-465; Hjordis M. Foy, Marion K. Cooney, Carrie Hall, Judith Malmgren, and John P. Fox, “Case-to-case intervals of rhinovirus and influenza virus infections in households,” *Journal of Infectious Diseases* vol. 157 no. 1 (January 1988): 180-182; and John P. Fox, Marion K. Cooney, Carrie E. Hall, and Hjordis M. Foy, “Influenza virus infections in Seattle families, 1975-1979, I: study design, methods and the occurrence of infections by time and age,” *American Journal of Epidemiology* vol. 116 no. 2 (August 1982): 212-227.

<sup>14</sup> Courtney H. Van Houtven, and Edward C. Norton, “Informal Care and Health Care Use of Older Adults,” *Journal of Health Economics* vol. 23 no. 6 (November 2004): 1159-1180.

<sup>15</sup> See note 3 above.

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