

Briefing Paper



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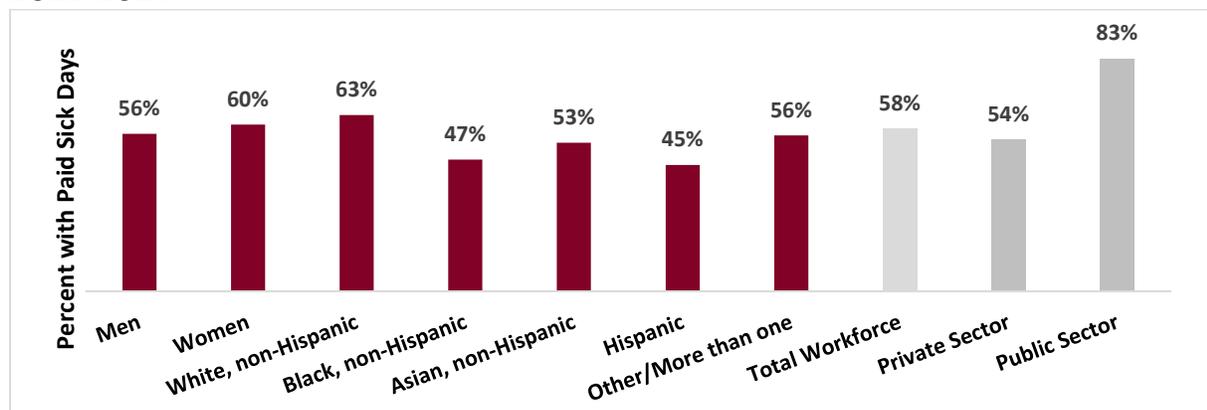
Access to Paid Sick Time in St. Paul, Minnesota

Approximately 42 percent of workers in St. Paul, Minnesota lack paid sick time, and low-income and part-time workers are especially unlikely to be covered. Access to paid sick time promotes safe and healthy work environments by reducing the spread of illness¹ and workplace injuries,² reduces health care costs,³ and supports children and families by helping parents to fulfill their caregiving responsibilities.⁴ This briefing paper presents estimates of access to paid sick time in St. Paul by sex, race and ethnicity, occupation, part/full-time employment status, and personal earnings through analysis of government data sources, including the 2012–2014 National Health Interview Survey (NHIS) and the 2012-2014 American Community Survey (ACS).

Access to Paid Sick Time by Sex and Race/Ethnicity

- Among all workers in St. Paul, 58 percent have access to paid sick time (Figure 1), and 42 percent, or about 72,200 workers, lack access (Table 1).⁵
- Hispanic workers are less likely to have paid sick time than workers in any other racial/ethnic group, and workers of color are less likely than white workers to have access (Figure 1): 55 percent of Hispanic, 53 percent of Black, and 47 percent of Asian workers in St. Paul 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: 83 percent of state and local government workers have access to paid sick time in St. Paul compared with 54 percent of private workers.

Figure 1. Paid Sick Time Access Rates by Sex and Race and Ethnicity in St. Paul, 2012-2014



Note: Access rates are for individuals, 18 years and older, living in St. Paul regardless of their place of work.. “Other/More than one race” includes American Indian or Alaska natives and individuals reporting multiple racial identities. Neither of these populations were individually large enough for separate estimations; both were kept in the interest of inclusion. Source: Institute for Women’s Policy Research analysis of 2012-2014 National Health Interview Survey (NHIS) and 2012-2014 IPUMS American Community Survey (ACS).

Table 1. Lack of Access to Paid Sick Time by Sex, Race and Ethnicity in St. Paul, 2012-2014

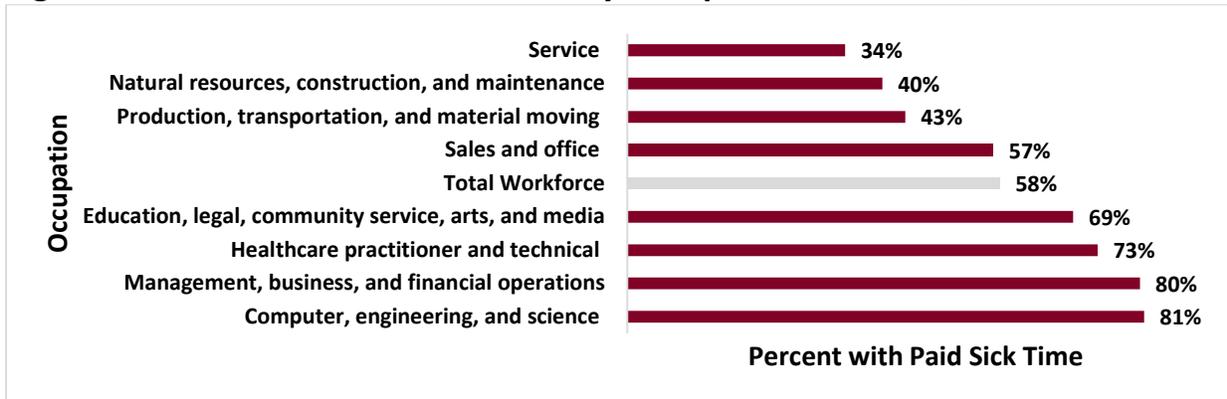
Population Group	Without Access to Paid Sick Days	
	Number	Percent
Men	36,835	44%
Women	35,385	40%
White, non-Hispanic	39,964	37%
Black, non-Hispanic	11,285	53%
Asian, non-Hispanic	11,268	47%
Hispanic	7,935	55%
Other/More than one	1,769	44%
Total Workforce	72,219	42%
<i>Private Sector</i>	68,315	46%
<i>Public Sector</i>	3,905	17%

Note: Access rates are for individuals, 18 years and older, living in St. Paul regardless of their place of work. The estimated number of workers affected by the proposed ordinance in the city of St. Paul was found by adjusting the St. Paul 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 St. Paul, there are 1.287 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 2012-2014 National Health Interview Survey (NHIS) and 2012-2014 IPUMS American Community Survey (ACS).

Access to Paid Sick Time by Occupation

Access to paid sick time varies widely depending on the type of job 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 St. Paul, access to paid sick time varies from a high of 81 percent for Computer, Engineering, and Science occupations to only 34 percent for those employed in Service occupations.

Figure 2. Paid Sick Time Access Rates by Occupation in St. Paul, 2012-2014

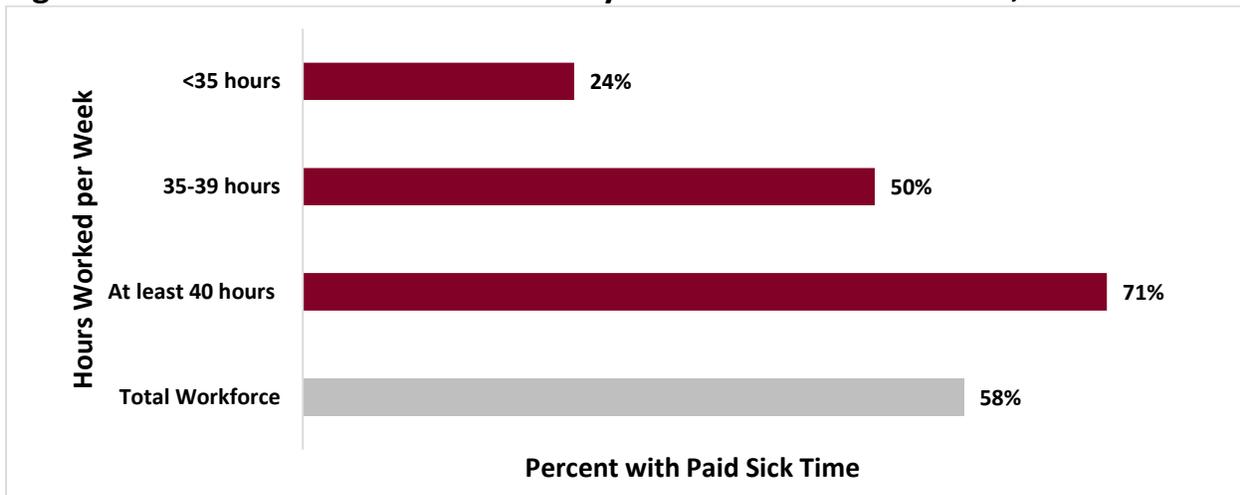


Note: Access rates are for individuals, 18 years and older, living in St. Paul regardless of their place of work.. Source: Institute for Women’s Policy Research analysis of 2012–2014 National Health Interview Survey (NHIS) and 2012-2014 IPUMS American Community Survey (ACS).

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 24 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.⁶
- Among those who work 40 hours a week or more, 71 percent have access to paid sick time in St. Paul (Figure 3).

Figure 3. Paid Sick Time Access Rates by Hours Worked in St. Paul, 2012-2014



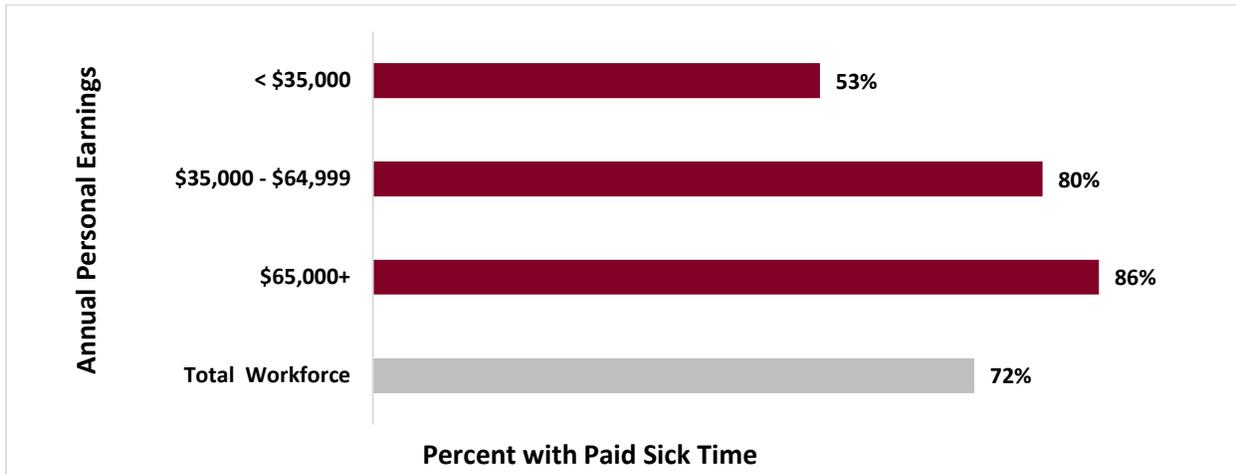
Note: Access rates are for individuals, 18 years and older, living in St. Paul regardless of their place of work. Percentages and figures may not add to totals due to rounding. Source: Institute for Women's Policy Research analysis of 2012–2014 National Health Interview Survey (NHIS) and 2012-2014 IPUMS 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.

- About half (53 percent) of full-time workers in the lowest earnings bracket (less than \$35,000 annually) have access to paid sick time (Figure 4).
- Over 80 percent of workers in the highest earnings bracket (\$65,000 or more 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 St. Paul, 2012-2014



Note: Access rates are for individuals, 18 years and older, living in St. Paul 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 2014 dollars.. Source: Institute for Women's Policy Research analysis of 2012–2014 National Health Interview Survey (NHIS) and 2012-2014 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 stronger, safer work environments; improved child and family health and well-being; and reduced health care costs.

Stronger, Safer Work Environments

- Research documents that workers with influenza perform more poorly on a variety of tasks than healthy workers,⁷ 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.⁸
- Paid sick time policies help reduce the spread of illness in the workplace by making it possible for contagious workers to stay home.⁹

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.¹⁰
- 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.¹¹ 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 influenza¹² and carry

the influenza virus over longer periods of time compared with adults.¹³ 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 gives adult children and family members the 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,¹⁴ 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.¹⁵

Notes

¹ Supriya Kumar, John J. Grefenstette, David Galloway, Steven M. Albert, and Donald S. Burke. 2013. "Policies to Reduce Influenza in the Workplace: Impact Assessments Using an Agent-Based Model." *American Journal of Public Health* 103 (August): 1406-1411; Robert Drago. 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://www.iwpr.org/publications/pubs/sick-at-work-infected-employees-in-the-workplace-during-the-h1n1-pandemic>>

² 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.

³ 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).

⁴ 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.

⁵ 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.

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

⁷ 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.

⁸ 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.

⁹ Supriya Kumar, John J. Grefenstette, David Galloway, Steven M. Albert, and Donald S. Burke. 2013. "Policies to Reduce Influenza in the Workplace: Impact Assessments Using an Agent-Based Model." *American Journal of Public Health* 103 (August): 1406-1411; Robert Drago. 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://www.iwpr.org/publications/pubs/sick-at-work-infected-employees-in-the-workplace-during-the-h1n1-pandemic>>

¹⁰ 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.

¹¹ 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).

¹² 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.

¹³ 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.

¹⁴ 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.

¹⁵ 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).

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