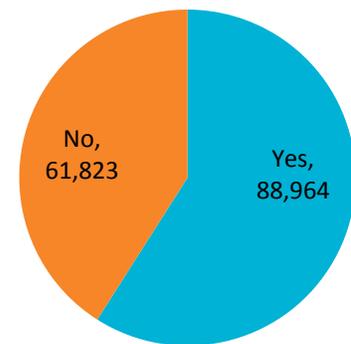


Paid sick leave is receiving increased attention in terms of its relationship to equitable employment policy and its impact on public health. Historically, fringe benefits such as paid sick leave have been defined by individual employers or negotiated through collective bargaining agreements. Access to paid sick leave – and the extent of such leave – varies substantially across sectors of employment. This brief report will examine access to paid sick leave among Minneapolis residents who are employed, regardless of where they work.

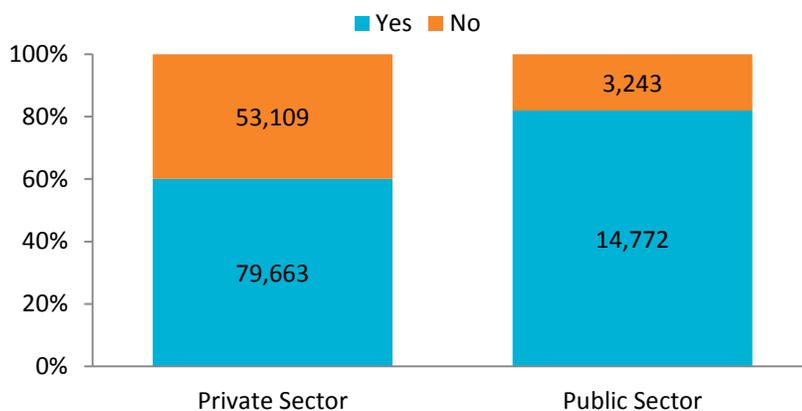
The estimates provided in this report are based on several sources of data. The sociodemographic characteristics of Minneapolis residents who are employed are based on the 2010 U.S. Census (Figure 1). Occupation classifications are based on the 2010 U.S. Census Bureau Occupation Code List.¹ The numbers of employed city residents in each occupation classification are based on estimates from the 2012 IPUMS American Community Survey (Figures 2-7).² Finally, the estimated proportions of employees with or without paid sick leave within each occupation classification are based on an analysis of the National Health Interview Survey (2010-2012) conducted by the Institute for Women’s Policy Research (2014),³ assuming similar proportions for the local population. The analyses in this report replicate those conducted by the Minnesota Department of Health for the state population.⁴

Figure 1. Paid sick leave for Minneapolis residents who work, 2012



About 41 percent of employed Minneapolis residents are estimated to lack access to paid sick leave, which translates to almost 62,000 residents (see Figure 1). Public sector employees are less likely to lack access (18%) than private sector employees (40%; see Figure 2).

Figure 2. Access to paid sick leave by private or public sector among employed Minneapolis residents, 2012*



*Excludes the not-for-profit sector for which these data are not available

More detailed breakdowns of paid sick leave by occupation classification and by income show that Minneapolis residents who work in service occupations are far less likely to have paid sick leave than residents who work in other occupations (see Figure 3). Many service occupations pay less than other occupation categories which is consistent with the finding that employees with the lowest incomes have the poorest access to paid sick leave.

For full-time, year-round employees, there is a linear relationship between annual income and access to paid leave: the lower the income, the less likely employees are to receive paid sick leave (see Figure 4).

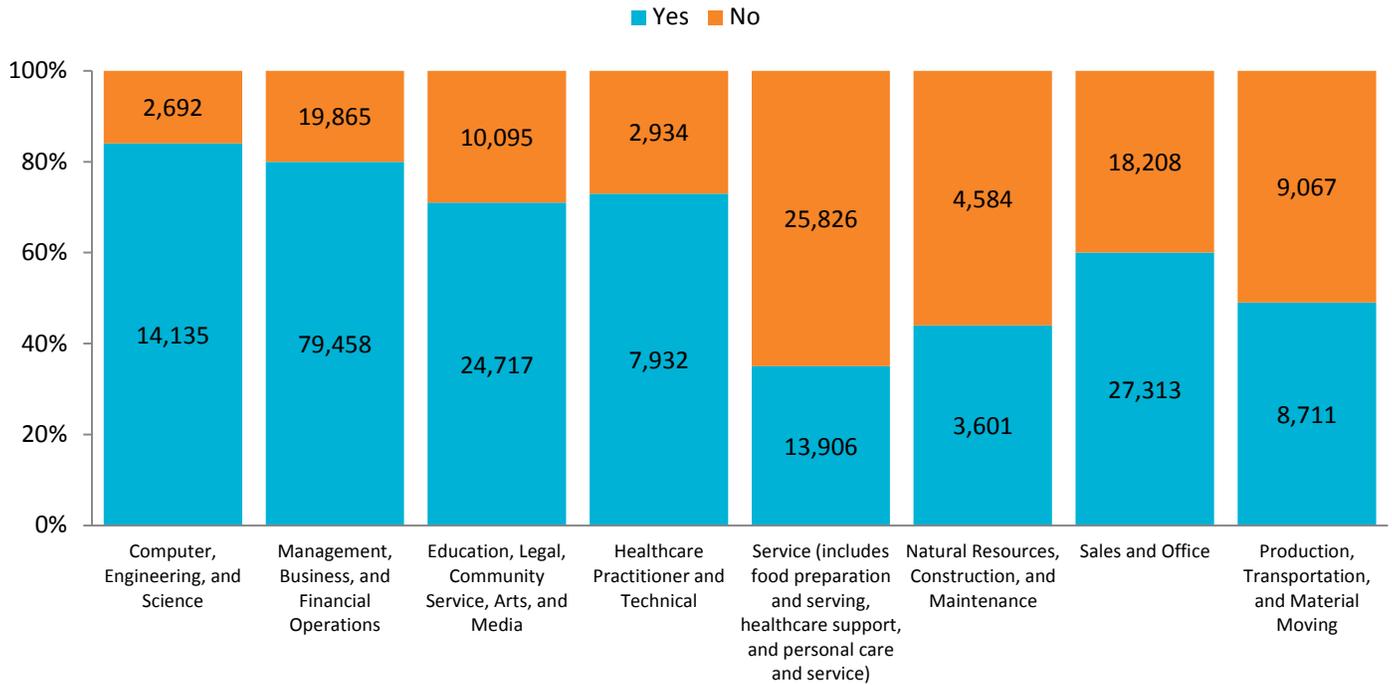
¹ US Census Bureau 2010 Occupation Code List, updated August 12, 2011.

² Steven Ruggles, J. Trent Alexander, Katie Genadek, Ronald Goeken, Matthew B. Schroeder, and Matthew Sobek. *Integrated Public Use Microdata Series: Version 5.0* [Machine-readable database]. Minneapolis: University of Minnesota, 2010.

³ Institute for Women’s Policy Research Analysis, 2010-2012 National Health Interview Survey (NHIS) and 2012 IPUMS American Community Survey.

⁴ White Paper on Paid Leave and Health. Minnesota Department of Health, March 2015.

Figure 3. Access to paid sick leave by occupation among employed Minneapolis residents, 2012



Minneapolis residents who work part time (see Figure 5) are far less likely than full-time workers to have access to paid sick leave. In some cases, the part-time workers may be very engaged with the workforce, working multiple jobs for more than 40 hours a week, but because of the nature of the job or business, may not qualify for paid sick leave or job protection if they take unpaid sick leave.

Figure 4. Access to paid sick leave by earnings for full-time year-round workers among Minneapolis residents, 2012

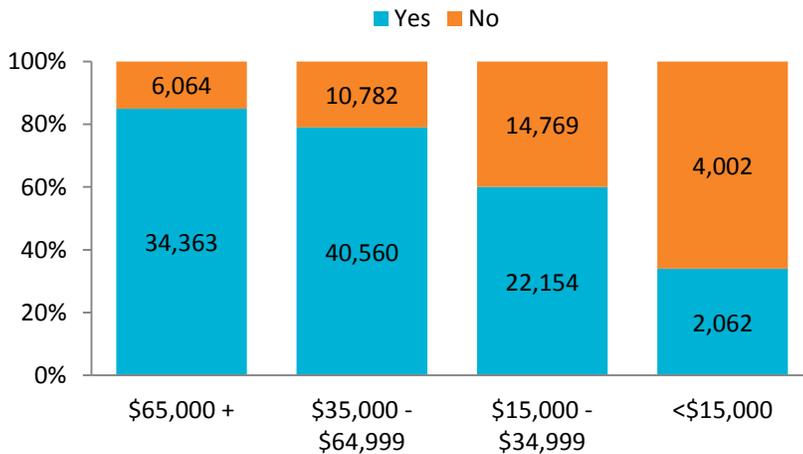
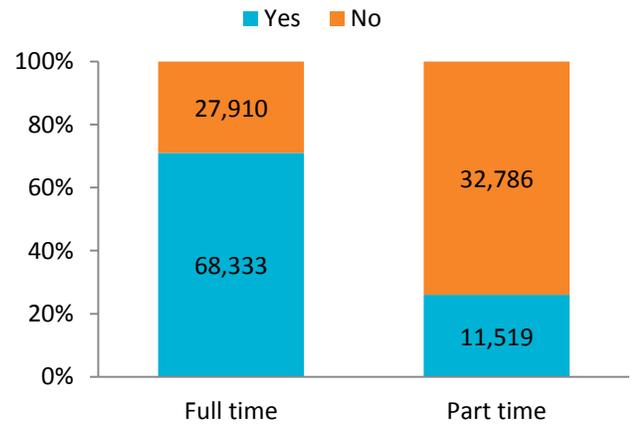


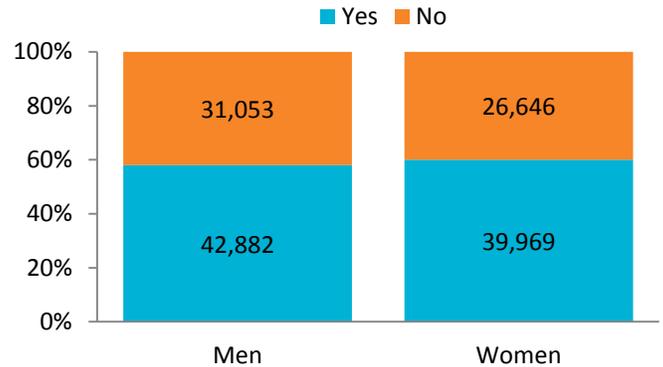
Figure 5. Access to paid sick leave by hours worked by Minneapolis residents, 2012



Among Minneapolis residents, men and women report nearly equal access to paid sick leave (see Figure 6). Hispanics are least likely to have paid sick leave among racial/ethnic groups (see Figure 7).

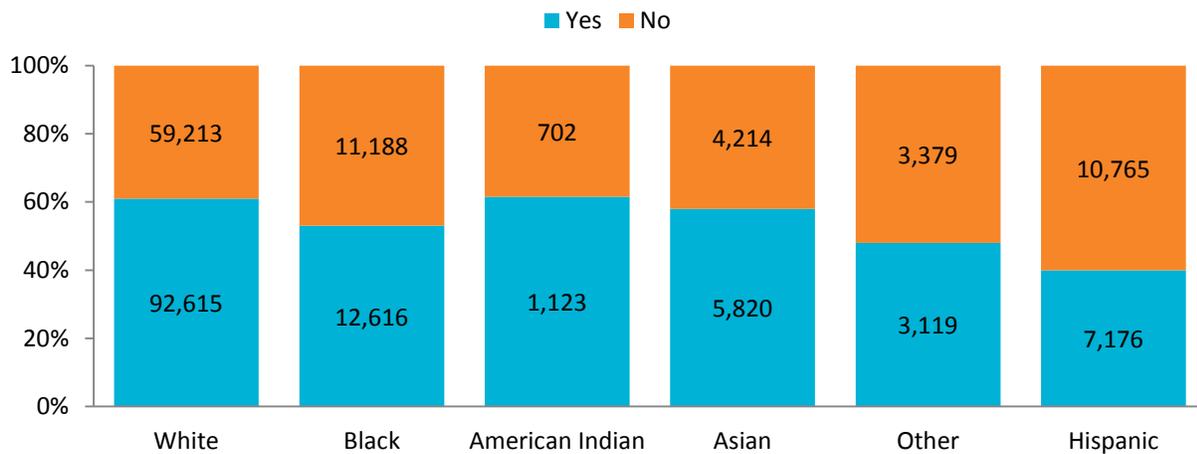
Based on a statewide analysis the Minnesota Department of Health concluded that many employees working in jobs with the least access to paid sick leave and with the least financial capacity to forego wages have jobs with high degrees of public contact, including those in the service industry.⁴ The analysis conducted based solely on Minneapolis residents leads to the same conclusion. The lack of access to paid sick leave has public health implications due to its relationship with contagious disease outbreaks. In Minnesota, at least 208 outbreaks of foodborne illness were linked to employees working while sick between 2004 and 2013, and 579 outbreaks were associated with person-to-person transmission in public settings from 2004 to 2011.⁴

Figure 6. Access to paid sick leave by gender among employed Minneapolis residents, 2012



The state report also concluded that the differences in employees’ ability to take leave from work for personal or family health concerns leads to a structural inequity that creates unequal opportunities for health. Some of the communities most adversely affected by factors associated with poor health – poverty, unsafe or unstable housing, and hunger – are also disproportionately affected by inadequate access to paid sick and family leave. Even though employees may be protected from repercussions for taking sick leave by federal or state laws, taking time off without wage replacement may not be feasible.⁴

Figure 7. Access to paid sick leave by race and ethnicity among employed Minneapolis residents, 2012*



*Race and ethnicity are mutually exclusive; Hispanic can be of any race.

Lack of paid sick leave affects decisions to stay home to care for sick children. Many workers who lack paid sick leave also lack paid parental leave after a birth or adoption. Unequal access to paid sick and parental leave contribute to health inequities among workers who lack these benefits, as well as among their children.⁴ The state report also concluded that paid sick leave is associated with many positive health outcomes for employees and their families. These include lower rates of on-the-job injuries, increased use of preventive care, and less stress. In contrast, inadequate access to paid sick leave adds significant costs to Minnesota employers’ health care expenses and add to the costs of publicly-funded health care programs.⁴

For questions related to this report, please contact Mageen Caines at 612/ 673-2993 or mageen.caines@minneapolismn.gov.

For reasonable accommodations or alternative formats please contact the Minneapolis Health Department at 612-673-2301 or health@minneapolismn.gov. People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. TTY users call 612-673-2157 or 612-673-2626. Para asistencia 612-673-2700 - Rau kev pab 612-673-2800 - Hadii aad Caawimaad u baahantahay 612-673-3500.