



# Briefing Paper

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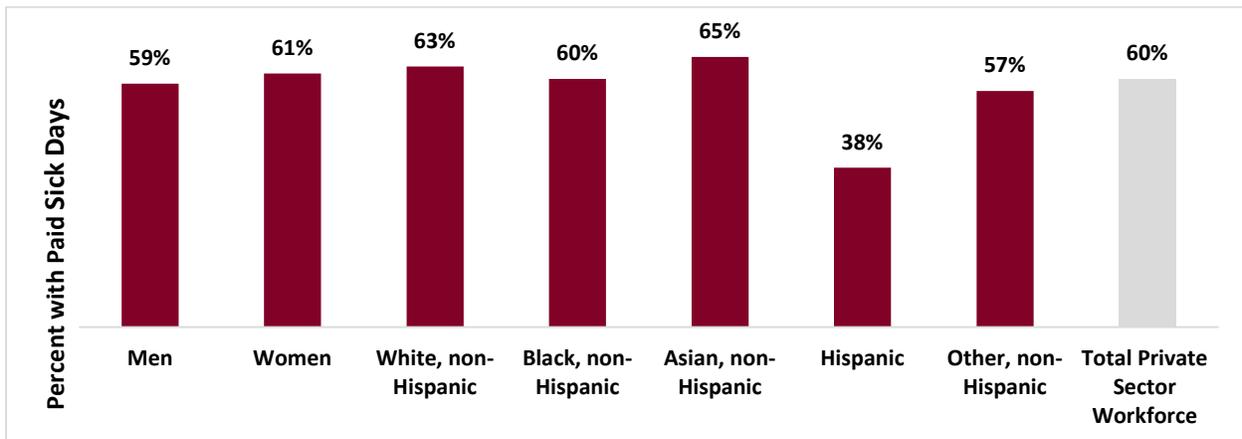
## Access to Paid Sick Days in Maryland

An analysis by the Institute for Women’s Policy Research (IWPR) finds that approximately 40 percent of private sector workers living and working in Maryland lack even a single paid sick day. This lack of access is even more pronounced among low-income and part-time workers and shows considerable variability across counties in Maryland. Access to paid sick days 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, and supports children and families by helping parents to fulfill their caregiving responsibilities.<sup>3</sup> This briefing paper presents estimates of private sector workers’ access to paid sick days in Maryland by sex, race and ethnicity, occupation, part/full-time employment status, personal earnings and county of residence through analysis of government data sources, including the 2010–2012 National Health Interview Survey (NHIS), and the 2010–2012 American Community Survey (ACS).

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

- Among private sector workers living in Maryland, 40 percent, or about 723,230 workers lack access to paid sick days (Table 1).<sup>4</sup>
- Hispanic workers in the private sector are significantly less likely to have paid sick days than private sector workers in any other racial/ethnic group: 62 percent of Hispanic workers in Maryland lack access to paid sick days (Table 1).

**Figure 1. Paid Sick Days Access Rates by Sex and Race and Ethnicity in Maryland, 2010–2012.**



Note: Access rates are for individuals, 18 years and older, living and working in Maryland. 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 2010-2012 National Health Interview Survey (NHIS) and 2010-2012 3-year IPUMS American Community Survey (ACS).

**Table 1. Lack of Access to Paid Sick Days by Sex and Race and Ethnicity in Maryland, 2010-2012.**

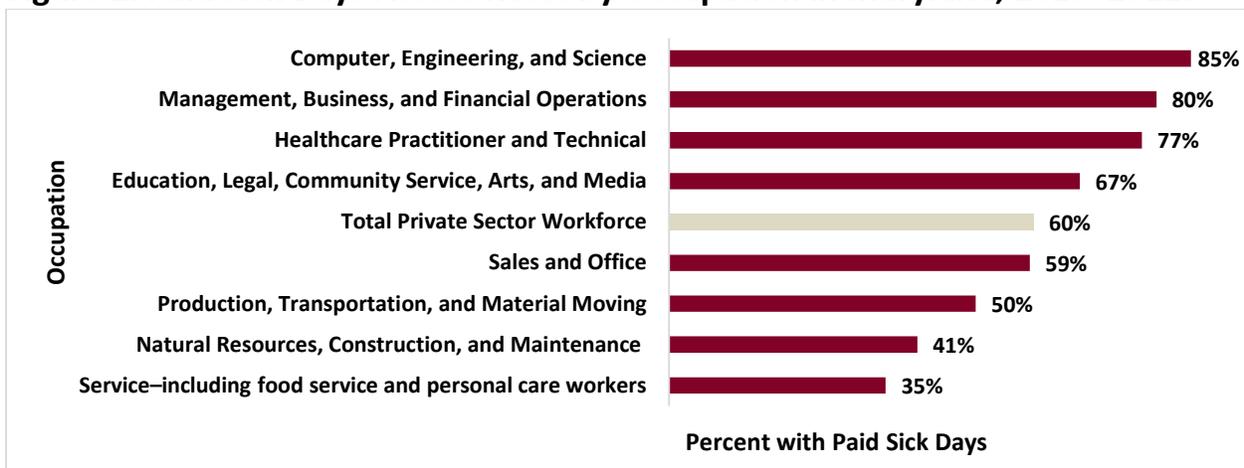
Population Group	Percent without Paid Sick Days	Number without Paid Sick Days
Men	42%	381,204
Women	39%	342,026
White, non-Hispanic	37%	398,941
Black, non-Hispanic	40%	165,270
Asian, non-Hispanic	35%	37,182
Hispanic	62%	108,078
Other, non-Hispanic	43%	13,760
<b>Total Private Sector Workforce</b>	<b>40%</b>	<b>723,230</b>

Note: Access rates are for individuals, 18 years and older, living and working in Maryland. 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 2010-2012 National Health Interview Survey (NHIS) and 2010-2012 3-year IPUMS American Community Survey (ACS).

## Access to Paid Sick Days by Occupation

Access to paid sick days in the private sector varies widely depending on the type of occupation employees hold (Figure 2). Paid sick days are especially uncommon in jobs requiring frequent contact with the public, with important public health consequences. Across the broad spectrum of private sector occupations in Maryland, access to paid sick days varies from a high of 85 percent for employees in Computer, Engineering, and Science occupations, to only 35 percent for those employed in Service occupations.

**Figure 2. Paid Sick Days Access Rates by Occupation in Maryland, 2010–2012.**



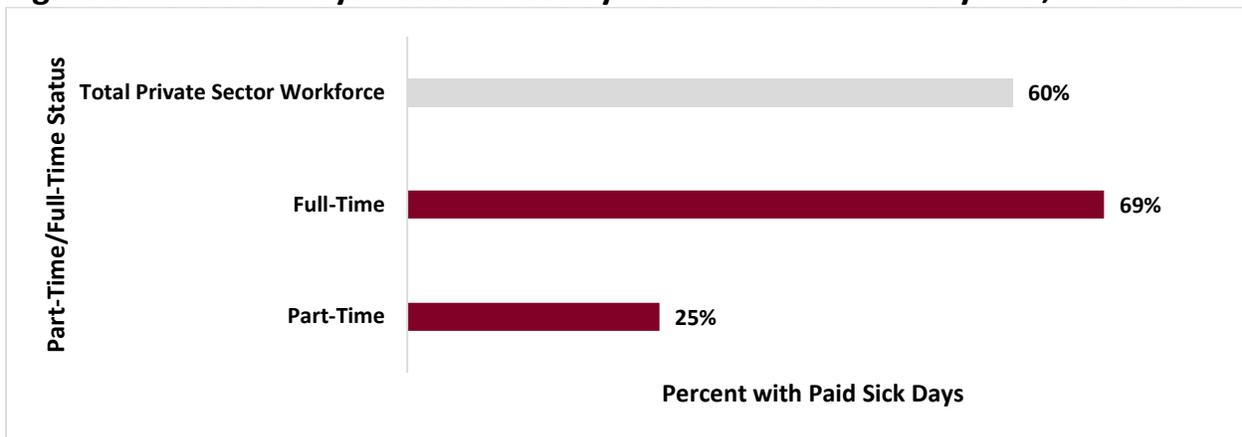
Note: Access rates are for individuals, 18 years and older, living and working in Maryland. Percentages and figures may not add to totals due to rounding. Source: Institute for Women's Policy Research analysis of 2010–2012 National Health Interview Survey (NHIS) and 2010-2012 3-year IPUMS American Community Survey (ACS).

Over half (65 percent) of all workers in Service occupations—which include food service workers—are estimated to lack paid sick days in Maryland (Figure 2). This lack of access for workers with frequent contact with the public poses public health risks through contagion.

## Access to Paid Sick Days by Hours Worked

- Paid sick days are particularly rare for part-time workers, with 75 percent of part-time workers lacking access (Figure 3). These workers are also disproportionately likely to be working in service occupations where access rates also tend to be low.
- Full-time workers are significantly more likely to have access to paid sick days – 69 percent of full-time workers have access to paid sick days (Figure 3).

**Figure 3. Paid Sick Days Access Rates by Hours Worked in Maryland, 2010–2012.**

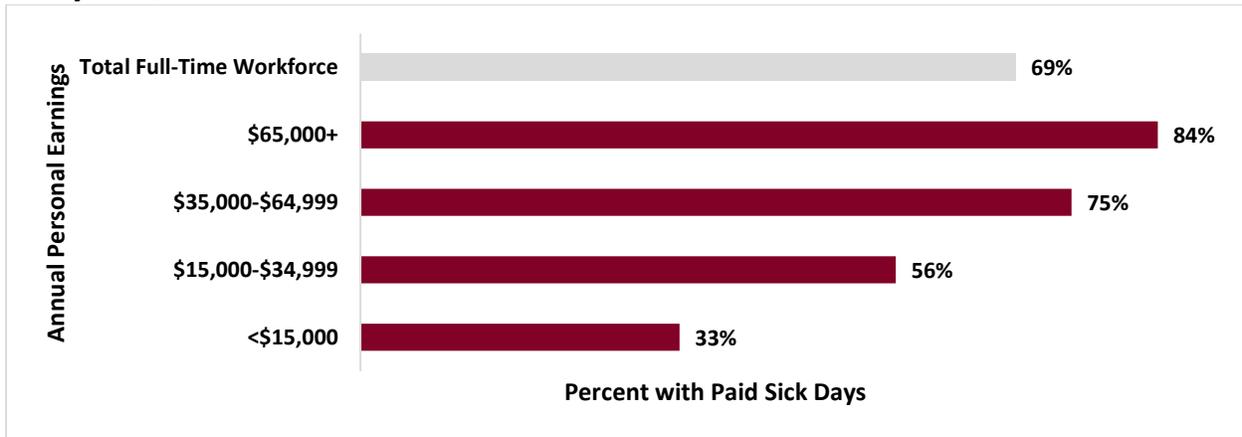


Note: Access rates are for individuals, 18 years and older, living and working in Maryland. Percentages and figures may not add to totals due to rounding. Source: Institute for Women’s Policy Research analysis of 2010–2012 National Health Interview Survey (NHIS) and 2010-2012 3-year IPUMS American Community Survey (ACS).

## Access to Paid Sick Days by Earnings Level

- Although low-paid workers are more likely to benefit from paid sick days, as financial reasons may currently prevent them from staying at home when ill, two-thirds of full-time workers in the lowest earnings bracket (less than \$15,000 annually) lack access to paid sick days (Figure 4).
- Only 16 percent of workers in the highest earnings bracket (more than \$65,000 annually) lack access to paid sick days (Figure 4).

**Figure 4. Paid Sick Days Access Rates by Earnings for Full-Time Workers in Maryland, 2010–2012.**

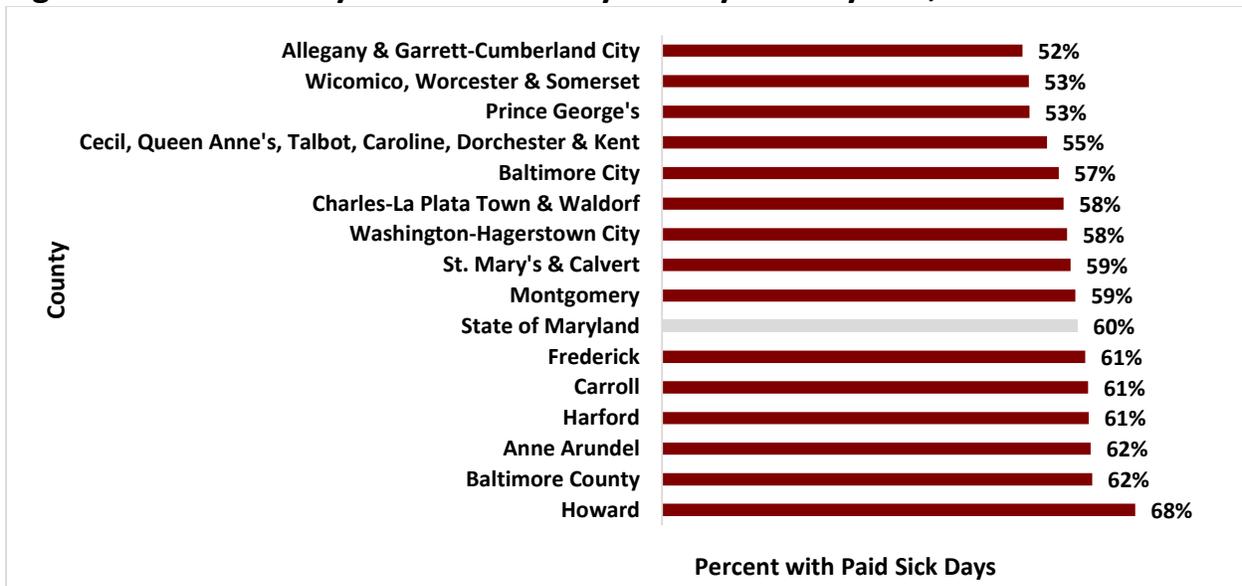


Note: Access rates are for individuals, 18 years and older, living and working in Maryland. For the analysis of access rates by personal income levels, the sample was also limited to only full-time year-round workers. Dollar values are in constant 2012 dollars. Percentages and figures may not add to totals due to rounding. Source: Institute for Women’s Policy Research analysis of 2010–2012 National Health Interview Survey (NHIS) and 2010-2012 3-year IPUMS American Community Survey (ACS).

## Access to Paid Sick Days by County

While an estimated 60 percent of private sector workers living in Maryland have access to paid sick days, lack of access varies widely by county of residence. These differences in access may reflect differences in the working conditions that these workers face. Residents in some counties may be more likely to have lower incomes and to work in occupations that have lower levels of firm-provided benefits in general, both of which are associated with worker access to paid sick days.

**Figure 5. Paid Sick Days Access Rates by County in Maryland, 2010-2012.**



Note: Access rates are for individuals, 18 years and older, living and working in Maryland. County definitions are based on the Census-defined Public Use Microdata Areas (PUMA) and are the smallest geographic areas available for study. Where multiple counties are listed, these counties were grouped together into one PUMA to provide large enough sample sizes. Percentages and figures may not add to totals due to rounding. Source: Institute for Women’s Policy Research analysis of 2010–2012 National Health Interview Survey (NHIS) and 2010-2012 3-year IPUMS American Community Survey (ACS).

- Across all Maryland counties, private sector workers from Allegany & Garrett Counties have the least access to paid sick days, with 52 percent of workers lacking access to paid sick days in both counties (Figure 5).
- Employees from Howard County are most likely have access to paid sick days compared with workers in other counties, with only 32 percent of workers in Howard County lacking access to paid sick days (Figure 5).

## **Benefits of Paid Sick Leave**

Paid sick leave delivers multiple benefits for employers, children, women, and communities at large. The economic and public health benefits of paid sick leave coverage are substantial, including creating healthier, safer work environments; supporting children and families; and reducing health care costs.

### **Creating Healthier, Safer Work Environments**

- Research documents that workers with influenza perform more poorly on a variety of tasks than healthy workers,<sup>5</sup> and a recent study found that employers who provided paid sick leave to their employees reported fewer occupational injuries than those who did not have paid sick leave coverage.<sup>6</sup>
- Paid sick leave policies help reduce the spread of illness in the workplace by helping contagious workers stay home.<sup>7</sup>

### **Supporting Children and Families**

- Paid sick leave policies help parents fulfill their caregiving responsibilities. Research shows that having paid sick leave is the primary factor in a parent's decision to stay home when their children are sick.<sup>8</sup>
- Research also documents that parents without access to paid sick days are nearly twice as likely to send their children to school or day care sick.<sup>9</sup> It is then reasonable to assume that allowing parents to stay home with sick children can prevent illness from spreading in schools and day care centers. Studies demonstrate that children are more susceptible to influenza<sup>10</sup> and carry the influenza virus over longer periods of time compared with adults.<sup>11</sup> Keeping children at home when they have contagious illnesses, like the flu, would likely prevent absences among their schoolmates and teachers.

### **Reducing Health Care Costs**

- Paid leave allows adult children and family members 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 and in nursing homes, services that might otherwise be financed by Medicaid or Medicare.<sup>12</sup>

- Paid sick leave allows workers to take time away from work for medical appointments, rather than waiting until after work, at which time the only way to see a doctor may be to use hospital emergency services. Analysis of data from the NHIS shows that workers with paid sick leave are less likely than workers without paid sick leave to use hospital emergency departments, even after accounting for variables such as age, income, education, and health insurance access.<sup>13</sup>

## Notes

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

<sup>5</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>6</sup> See note 2 above.

<sup>7</sup> See note 1 above.

<sup>8</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>9</sup> Tom W. Smith and Jibum Kim, *Paid Sick Days: Attitudes and Experiences* (Chicago, IL: National Opinion Research Center at the University of Chicago).

<sup>10</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.

<sup>11</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>12</sup> Courtney H. Van Houtven, and Edward C. Norton, “Informal Care and Health Care Use of Older Adults,” *Journal of Health Economics* vo. 23 no. 6 (November 2004): 1159-1180.

<sup>13</sup> See note 3 above.

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