



Briefing Paper

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Access to Paid Sick Days in Oregon

An analysis by the Institute for Women’s Policy Research (IWPR) finds that approximately 47 percent of private sector workers living in Oregon lack even a single paid sick day (these figures exclude workers in Portland and Eugene, which both have paid sick days ordinances). This lack of access is even more pronounced among low-income and part-time workers. Access to paid sick days promotes safe and healthy work environments by reducing the spread of illness¹ and workplace injuries,² reduces health care costs, and supports children and families by helping parents to fulfill their caregiving responsibilities.³ This briefing paper presents estimates of access to paid sick days in Oregon by sex, race and ethnicity, occupation, hours worked, and personal earnings through analysis of government data sources, including the 2011–2013 National Health Interview Survey (NHIS), and the 2013 American Community Survey (ACS).

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

- Among all workers living in Oregon, 47 percent, or about 473,000 workers lack access to paid sick days (Table 1).⁴
- Hispanic workers are more likely than workers of any other racial/ethnic background to lack paid sick days (Table 1): 62 percent of Hispanic workers living in Oregon lack access to paid sick days (Table 1).

Table 1. Lack of Access to Paid Sick Days by Sex and Race and Ethnicity in Oregon, 2013.

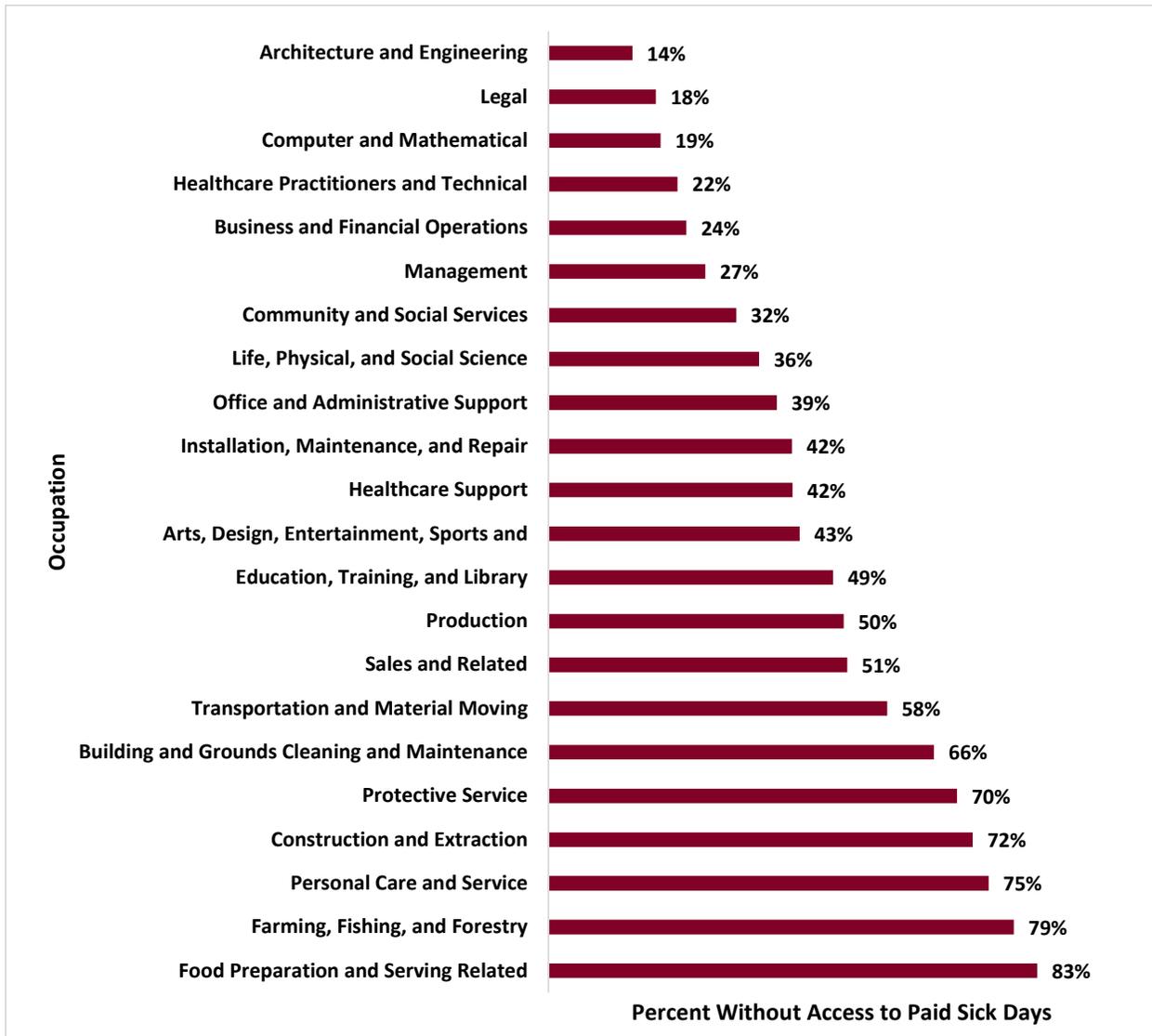
Population Group	Without Access to Paid Sick Days	
	Number	Percent
Men	255,014	48%
Women	218,470	47%
White, non-Hispanic	343,570	45%
Black, non-Hispanic	3,511	44%
Asian, non-Hispanic	17,157	38%
Hispanic	92,155	62%
Other, non-Hispanic	17,091	51%
Total Workforce	473,484	47%

Note: Access rates are for individuals, 18 years and older, working in the private sector and living in Oregon 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 2013 1-year IPUMS American Community Survey (ACS).

Access to Paid Sick Days by Occupation

Access to paid sick days varies widely depending on the type of occupation employees hold (Figure 1). Paid sick days are especially uncommon in jobs requiring frequent contact with the public, with important public health consequences. Across the broad spectrum of occupations in Oregon, lack of access to paid sick days varies from a low of 14 percent for employees in Architecture and Engineering occupations to a high of 83 percent for those employed in Food Preparation and Serving-related occupations. Personal Care and Service workers are also unlikely to have access to paid sick days, with three in four personal care workers lacking access (Figure 1). This lack of access for workers with frequent contact with the public poses public health risks through contagion.

Figure 1. Lack of Access to Paid Sick Days by Occupation in Oregon, 2013.



Note: Access rates are for individuals, 18 years and older, working in the private sector and living in Oregon 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 1-year IPUMS American Community Survey (ACS).

Access to Paid Sick Days by Hours Worked

- Paid sick days are particularly rare for part-time workers—those working fewer than 35 hours per week on average. More than three quarters of part-time workers lack access to paid sick days (Table 2). These workers are also disproportionately likely to be working in service occupations where access rates tend to be low.⁵
- Those working 40 hours or more per week are significantly more likely than part-time workers to have access to paid sick days (Table 2).

Table 2. Lack of Access to Paid Sick Days by Hours Worked in Oregon, 2013.

Hours Worked Per Week	Without Access to Paid Sick Days	
	Number	Percent
< 35 Hours	194,165	78%
35–39 Hours	44,910	52%
40 Hours	155,487	37%
41–49 Hours	28,990	30%
50+ Hours	49,932	35%
Total Workforce	473,484	47%

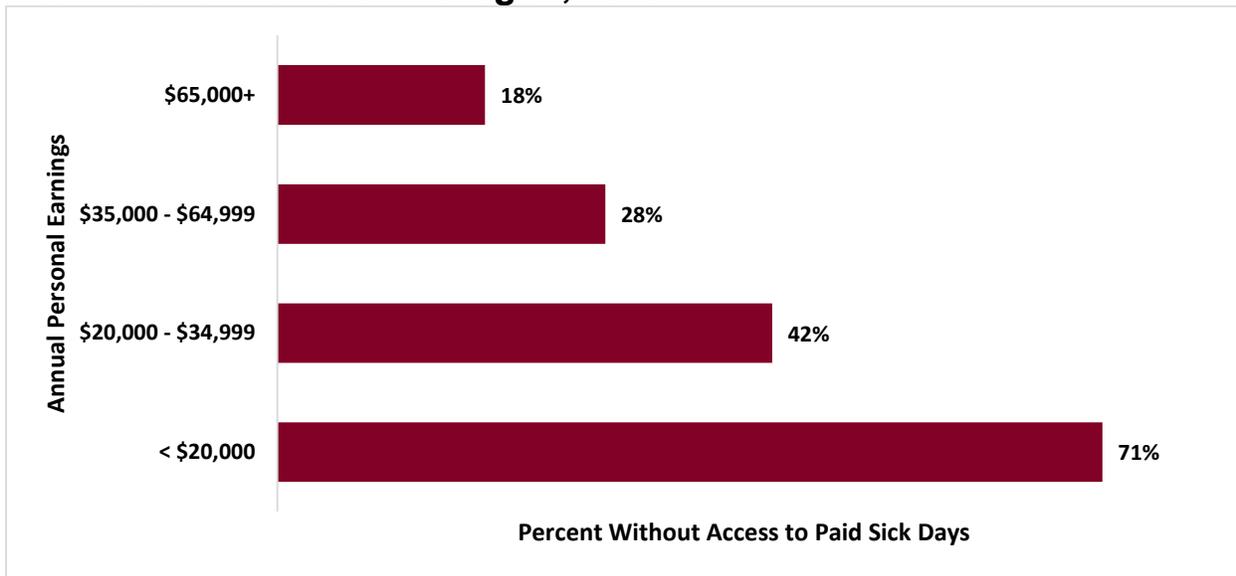
Note: Access rates are for individuals, 18 years and older, working in the private sector and living in Oregon regardless of their place of work. Part-time workers are defined as working fewer than 35 hours per week on average, while full-time workers are defined as working at least 35 hours per week. 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 1-year IPUMS American Community Survey (ACS).

Access to Paid Sick Days by Earnings Level

Although low-paid workers are more likely than higher-paid workers to benefit from paid sick days, since financial reasons may currently prevent them from staying at home when ill, they are least likely to have access.

- Over 70 percent of workers in the lowest earnings bracket (less than \$20,000 annually) lack access to paid sick days (Figure 2).
- Only 18 percent of workers in the highest earnings bracket (more than \$65,000 annually) lack access to paid sick days (Figure 2).

Figure 2. Lack of Access to Paid Sick Days by Earnings for Full-Time Year-Round Workers in Oregon, 2013.



Note: Access rates are for individuals, 18 years and older, working in the private sector and living in Oregon 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 2013 1-year IPUMS American Community Survey (ACS).

Benefits of Paid Sick Days

Paid sick days deliver multiple benefits for employers, children, women, and communities at large. The economic and public health benefits of paid sick days coverage are substantial, including creating healthier, safer work environments; improved child and family health and well-being; and reduced 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.⁶ A recent study found that employers who provided paid sick days to their employees reported fewer occupational injuries than those who did not have paid sick days coverage.⁷
- Paid sick days policies help reduce the spread of illness in the workplace by making it possible for contagious workers stay home.⁸

Supporting Children and Families

- Paid sick days policies help parents fulfill their caregiving responsibilities. Research shows that having paid sick days is the primary factor in a parent's decision to stay home when their children are sick.⁹

- 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.¹⁰ Allowing parents to stay home with sick children is likely to prevent illness from spreading in schools and day care centers. Studies demonstrate that children are more susceptible to influenza¹¹ 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, is likely to prevent absences among their schoolmates and teachers.

Reducing Health Care Costs

- Paid sick days allow 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 or in nursing facilities, services that might otherwise be financed by Medicaid or Medicare.¹³
- Paid sick days allow 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 days are less likely than workers without paid sick days to use hospital emergency departments, even after accounting for variables such as age, income, education, and health insurance access.¹⁴

Notes

¹ 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.

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 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.

⁵ Unpublished IWPR analysis of the 2013 1-year IPUMS American Community Survey (ACS).

⁶ 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.

⁷ See note 2 above.

⁸ See note 1 above.

⁹ 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.

¹⁰ Tom W. Smith and Jibum Kim, *Paid Sick Days: Attitudes and Experiences* (Chicago, IL: National Opinion Research Center at the University of Chicago).

¹¹ 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.

¹² 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.

¹³ 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.

¹⁴ See note 3 above.

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