



# Briefing Paper

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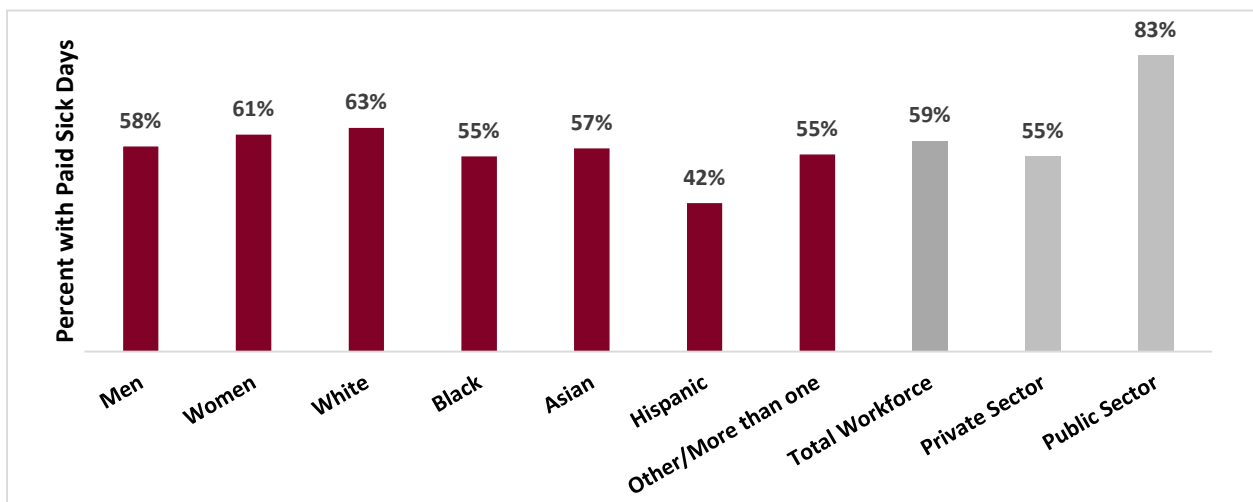
## Access to Paid Sick Days in Louisiana

An analysis by the Institute for Women’s Policy Research (IWPR) finds that approximately 41 percent of all workers (45 percent of private sector workers, compared with 17 percent of public sector workers) living in Louisiana lack even a single paid sick day. 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 illness<sup>1</sup> and workplace injuries,<sup>2</sup> reduces health care costs, and supports children and families by helping parents meet their children’s health needs.<sup>3</sup> This briefing paper presents estimates of access to paid sick days in Louisiana 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 Louisiana, 59 percent have access to paid sick days (Figure 1) and 41 percent, or about 721,207 workers, lack access to paid sick days (Table 1).<sup>4</sup>
- Public sector workers are much more likely than private sector workers to have access to paid sick days (Figure 1).

**Figure 1. Paid Sick Day Access Rates by Sex and Race and Ethnicity in Louisiana, 2013**



Note: Access rates are for individuals, 18 years and older, living in Louisiana regardless of their place of work. Percentages and figures may not add to totals due to rounding. “Other/more than one 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 2010-2013 National Health Interview Survey (NHIS) and 2013 IPUMS American Community Survey (ACS).

- Hispanic workers are more likely than workers of any other racial/ethnic background to lack paid sick days: 58 percent of Hispanic workers living in Louisiana lack access to paid sick days (Table 1).

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

Population Group	Without Access to Paid Sick Days	
	Number	Percent
Men	381,498	42%
Women	339,709	39%
White	412,081	37%
Black	234,787	45%
Asian	12,841	43%
Hispanic	49,601	58%
Other/Mixed	11,898	45%
<b>Total Workforce</b>	<b>721,207</b>	<b>41%</b>
<i>Private Sector</i>	676,281	45%
<i>Public Sector</i>	44,926	17%

Note: Access rates are for individuals, 18 years and older, and living in Louisiana 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).

The vast majority of workers who lack access to paid sick days in Louisiana are employed in the private sector: about 676,281 private sector workers lack access to paid sick days (Table 1). Within the private sector, 45 percent of workers lack access. By comparison, 17 percent of workers in the public sector lack access (Table 1). Since the vast majority of workers who lack access to paid sick days in Louisiana are employed in the private sector, the following analysis focuses only on private sector workers.

## Access to Paid Sick Days by Occupation

Access to paid sick days varies widely depending on the type of occupation employees hold (Table 2). Paid sick days are especially uncommon in jobs requiring frequent contact with the public, with important public health implications. Workers in Food Preparation and Serving Related occupation are least likely to have access to paid sick days (82 percent lack access), and those in Architecture and Engineering are most likely to be covered (14 percent lack access). Personal Care and Service workers are also unlikely to have access to paid sick days, with nearly three in four personal care workers lacking access (Table 2). This lack of access for workers with frequent contact with the public poses public health risks through contagion.

**Table 2. Lack of Access to Paid Sick Days Among Private Sector Workers by Occupation in Louisiana, 2013**

Occupation	Without Access to Paid Sick Days	
	Number	Percent
Food Preparation and Serving Related	94,286	82%
Farming, Fishing, and Forestry	8,966	76%
Personal Care and Service	40,414	74%
Building and Grounds Cleaning and Maintenance	32,371	64%
Construction and Extraction	81,553	64%
Protective Service	8,257	52%
Sales and Related	91,868	52%
Transportation and Material Moving	53,565	50%
Arts, Design, Entertainment, Sports and Media	7,487	46%
Healthcare Support	20,549	46%
<b>Total Private Sector Workforce</b>	<b>676,281</b>	<b>45%</b>
Production	48,454	45%
Installation, Maintenance, and Repair	24,961	38%
Office and Administrative Support	70,364	34%
Education, Training, and Library	13,600	34%
Community and Social Services	5,932	30%
Life, Physical, and Social Science	2,435	26%
Management	26,844	23%
Business and Financial Operations	11,095	23%
Healthcare Practitioners and Technical	22,719	22%
Legal	3,125	21%
Computer and Mathematical	3,314	18%
Architecture and Engineering	4,119	14%

Note: Access rates are for individuals, 18 years and older, working in the private sector and living in Louisiana 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. Eight in ten part-time workers lack access to paid sick days (Table 3). These workers are also disproportionately likely to be working in service occupations where access rates tend to be low.<sup>5</sup>
- Those working 40 hours or more per week are significantly more likely than part-time workers to have access to paid sick days (Table 3).

**Table 3. Lack of Access to Paid Sick Days Among Private Sector Workers by Hours Worked in Louisiana, 2013**

Hours Worked	Without Access to Paid Sick Days	
	Number	Percent
< 35 hours	232,152	81%
35-39 hours	50,372	52%
40 hours	256,205	36%
41-49 hours	36,189	30%
50+ hours	101,363	36%
<b>Total Private Sector Workforce</b>	<b>676,281</b>	<b>45%</b>

Note: Access rates are for individuals, 18 years and older, working in the private sector and living in Louisiana 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

Low-paid workers are less likely than higher-paid workers to have access to paid sick days.

- Over 70 percent of workers in the lowest earnings bracket (less than \$15,000 annually) lack access to paid sick days (Table 4).
- Only 20 percent of workers in the highest earnings bracket (more than \$65,000 annually) lack access to paid sick days (Table 4).

**Table 4. Lack of Access to Paid Sick Days Among Private Sector Workers by Earnings for Full-Time Year-Round Workers in Louisiana, 2013.**

Earnings	Without Access to Paid Sick Days	
	Number	Percent
< \$15,000	63,335	71%
\$15,000 - \$34,999	159,606	43%
\$35,000 - \$64,999	99,603	27%
\$65,000+	49,728	20%
<b>Total Private Sector Workforce</b>	<b>372,272</b>	<b>34%</b>

Note: Access rates are for individuals, 18 years and older, working in the private sector and living in Louisiana 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).

## Access to Paid Sick Days by Locality of Residence

Residents of Northwest Louisiana are the least likely to have paid sick day access. Over half of private sector workers in Northwest Louisiana lack access to paid sick days (Table 5). By contrast, residents of Lafayette Parish are the most likely to have access: only 40 percent of workers in Lafayette Parish lack access to paid sick time. These differences in access may reflect differences in the occupational mix, wages, and overall working conditions experienced by employees in different localities.

**Table 5. Access to Paid Sick Time Among Private Sector Workers by Locality of Residence**

Locality	Without Access to Paid Sick Days	
	Number	Percent
Northwest Louisiana	25,182	53%
Jefferson Parish	67,874	48%
Kistachie Delta Regional Planning & Development Districts 1 and 2	38,105	48%
Acadia, Evangeline, Iberia, St. Landry, St. Martin, St. Mary & Vermilion Parishes	58,914	47%
Ouachita Parish and Northeast Louisiana	41,650	46%
Imperial Calcasieu Regional Planning & Development Districts 1 and 2	41,795	46%
New Orleans Parish	57,644	45%
<b>Total Private Sector Workforce</b>	<b>676,281</b>	<b>45%</b>
Shreveport City, Bossier & Webster Parishes	62,367	45%
Ascension, Livingston, St. Helena, Tangipahoa & Washington Parishes	61,931	44%
Assumption, Lafourche, River & Terrebonne Parishes	53,016	44%
Baton Rouge Parish	81,941	44%
St. Tammany Parish	35,295	43%
Jefferson (South), Plaquemines & St. Bernard parishes	14,117	42%
Lafayette Parish	36,448	40%

## Benefits of Paid Sick Days

Paid sick days deliver multiple benefits for employers, families, children, 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.<sup>6</sup> 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.<sup>7</sup>

- Paid sick days policies help reduce the spread of illness in the workplace by making it possible for contagious workers stay home.<sup>8</sup>

## 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.<sup>9</sup>
- Research also documents that parents without access to paid sick days are nearly twice as likely to send their children to school or child care sick.<sup>10</sup> 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 influenza<sup>11</sup> and carry the influenza virus over longer periods of time compared with adults.<sup>12</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 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.<sup>13</sup>
- 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.<sup>14</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> 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>4</sup> For the initial analysis by race and sector of employment, 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. All other analysis include only private sector workers.

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

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<sup>6</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>7</sup> See note 2 above.

<sup>8</sup> See note 1 above.

<sup>9</sup> See note 3 above.

<sup>10</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>11</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>12</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>13</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>14</sup> See note 3 above.

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