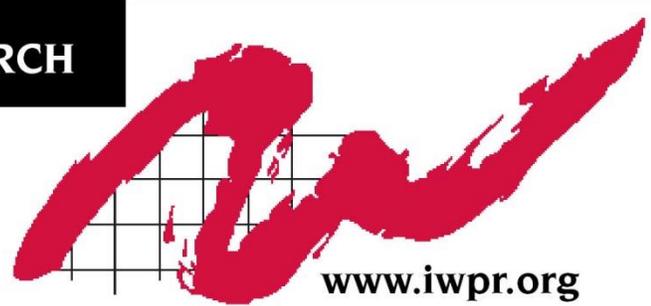


Briefing Paper



IWPR #B371

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Valuing Good Health in Austin, Texas: The Costs and Benefits of Earned Sick Days

Summary

Policymakers across the country are increasingly interested in ensuring that workers can earn paid time off to use when they are sick. In addition to concerns about workers' ability to respond to their own health needs, there is growing recognition that, with so many dual-earner and single-parent families, family members' health needs also sometimes require workers to take time off from their jobs. Allowing workers with contagious illnesses to avoid unnecessary contact with co-workers and customers has important public health benefits. Earned sick time also protects workers from being disciplined or fired when they are too sick to work, helps families and communities economically by preventing lost income due to illness, and offers savings to employers by reducing turnover and minimizing absenteeism.¹

The Austin City Council is considering amending Title 4 of the City Code to add a new chapter (4-19), an ordinance that would allow employees to earn up to 64 hours (eight days) of earned sick time per year. Using the parameters of the proposed legislation and publicly available data, the Institute for Women's Policy Research (IWPR) estimates the anticipated costs and some of the anticipated benefits of the law for employers providing new leave, as well as some of the benefits for employees.

This briefing paper uses data collected by the U.S. Bureau of Labor Statistics, the Centers for Disease Control and Prevention, and the U.S. Census Bureau to evaluate the costs and benefits of Austin's Earned Sick Time ordinance. It estimates how much time off Austin workers would use under the proposed

IWPR's analysis finds that the proposed earned sick time ordinance in Austin will produce a net **savings for businesses** of **\$4.5 million** per year and a net **community savings** of **\$3.8 million** per year.

policy and the costs to employers for that earned sick time. This analysis also uses findings from previous peer-reviewed research to estimate cost-savings associated with the proposed policy, through reduced turnover, reduced spread of contagious disease in the workplace, increased productivity, fewer short-term nursing-home stays, and reduced norovirus outbreaks in nursing homes. This study is one of a series of analyses conducted by IWPR examining the effects of earned sick time policies.²

Key provisions of Austin's Earned Sick Time Ordinance

- All private sector employers shall provide a minimum of one hour of earned sick time for every 30 hours worked by an employee, with the option of capping an employee's leave at 64 hours (8 days) per year.
- Earned sick time shall begin to accrue at the commencement of employment.

- Employees can use sick time as soon as it is accrued.
- Unused earned sick time can be carried over to the following calendar year, but employers may limit use and carry-over of earned sick time to 64 hours in each calendar year.
- Employers already offering equal or more generous earned sick time, paid time off, or any other type of paid leave that can be used for the sick leave purposes defined in the law would be unaffected. Employers who aren't currently meeting the minimum standard stipulated by the ordinance can comply by adjusting their paid time off policies to meet the requirements of the Act.
- An employer is not required to provide financial or other reimbursement to an employee upon separation from employment for accrued earned sick time that the employee has not used.

Who will access and use earned sick time?

- In Austin, approximately 211,000 private sector workers currently lack access to earned sick time, and of those, 87,000 workers currently lack paid leave benefits of any kind (including vacation) and would be eligible to receive new leave under the proposed ordinance.³
- Employees are estimated to use an average of 2.7 days of sick time annually, out of a maximum of eight that may be accrued, excluding for maternity.
 - Workers covered by the earned sick time ordinance are estimated to use an average of 1.7 earned days for their own medical needs and the rest to address family members' medical needs and for doctor visits.
 - Workers are estimated to use all of their eight earned sick days after they give birth to or adopt a child.

How much will earned sick time cost businesses?

- Austin employers are expected to expend about \$34.3 million annually to provide new earned sick time for employees. This cost of the law for employers—which accrues due to increased spending, including benefits and administrative expenses—is equivalent in size to a \$0.21 per hour increase in costs for employees receiving new leave, or about \$7.56 per week for covered workers (Table 1). Covered workers work on average 7.3 hours per day.
- In addition to use for own illness or caring for ill family members, covered workers who give birth are expected to use all of their available earned sick time, for an additional annual cost of \$483,000 (Table 1).

What benefits will earned sick time produce?

- Providing new earned sick time is expected to yield benefits of \$38.8 million annually for employers, largely due to savings from reduced turnover. The anticipated benefits for employers are expected to have a wage equivalent of a savings of \$0.23 per hour, or about \$8.55 per week for covered workers (Table 1).
- Savings to business from reduced “presenteeism”, or working less productively while sick, totals about \$2.8 million. In addition, savings from reduced spread of flu within workplaces, when employees go to work while ill, are about \$1.5 million annually (Table 1).

- When weighing the benefits for employers against costs for employers from the act, employers are expected to save \$4.5 million (net) annually, equivalent to \$0.99 per worker per week for covered workers (Table 1).
- The community will spend about \$3.8 million less annually on health care expenses mostly as a result of reduced short-term nursing home stays and emergency department use. The community will also save about \$141,000 per year as a result of reduced norovirus outbreaks in nursing homes and long-term care facilities.⁴

The savings estimates presented in this briefing paper assume that all workers eligible for sick time under the new policy would know about their new earned sick time. During the early years of the program, however, it is likely that many workers will be unaware of their new leave benefits and not take any time off under the new law.⁵ Workers may be especially unaware of the multiple uses allowed by the law. Thus, both costs and benefits in the early years of a new program may be considerably lower than these estimates.

Table 1. Summary of Annual Costs and Benefits of Austin’s Earned Sick Time Ordinance

Costs and Benefits	All Employers		
	Dollars	Average per-worker	
		Weekly	Hourly
COSTS			
EST for Own or Family Illness for Workers Currently Lacking Any Paid Leave	\$36,570,632		
Use of EST for Maternity Leave	\$482,771		
Currently Lost Productivity Due to Presenteeism (Adjustment to Costs)	-\$2,757,238		
Employers' Costs	\$34,296,164	\$7.56	\$0.21
BENEFITS			
Lower Turnover	\$37,277,863		
Reduced Flu Contagion in the Workplace	\$1,519,928		
Employers' Savings	\$38,797,791	\$8.55	\$0.23
Fewer Short-Term Nursing Home Stays	\$1,439,491		
Reduced Norovirus in Nursing Homes	\$141,362		
Reduced Flu Contagion	\$216,587		
Fewer Emergency Department Visits	\$1,956,296		
Community Savings	\$3,753,737	\$0.83	\$0.02
Net Savings for Employers	\$4,501,627	\$0.99	\$0.03
NET SAVINGS	\$8,255,363	\$1.82	\$0.05

Note: Cost and benefit values in constant 2015 dollars.

Source: Institute for Women’s Policy Research analysis of the 2015 American Community Survey; the 2010 National Compensation Survey; the 2012 Medical Expenditure Panel Survey; the 2014–2015 National Health Interview Survey; and the 2013–2016 Current Population Survey Annual Social and Economic Supplement. To learn more about the methodology and sources please see Valuing Good Health in Oregon: The Costs and Benefits of Earned Sick Days (Williams, Griffin, and Hayes 2013).

Other benefits of earned sick time not measured

While data are currently lacking to calculate the full economic impact of having access to earned sick time, it is certain that there are many other benefits, in addition to those discussed above, that accrue to workers, their families, employers, taxpayers, and society as a whole, and these benefits are currently not captured in the estimates presented above. These include fewer workplace injuries, increased use of preventive care services, more timely treatment of illnesses, and improved employment and earnings stability, among others (see Milli, Xia, and Min 2016 for a more detailed discussion of these benefits).

Notes

¹ For a comprehensive review of the research literature on the effects of paid sick leave policies, see Milli, Xia, and Min (2016).

² See IWPR's Paid Sick Days issue page at <https://iwpr.org/issue/work-family/paid-sick-days/>.

³ The proposed ordinance allows employers already offering other paid time off benefits to employees to modify their existing policies to include the use of sick time. Previous IWPR estimates suggest that 211,000 private sector workers in Austin do not have access to leave specifically for personal or family illness, and these workers would gain access to earned sick time after the ordinance is passed Milli (2017). However, many of these workers have access to other forms of paid time off, thus only 87,000 would gain access to *new* leave under the ordinance.

⁴ The cost of treating patients infected with norovirus is paid in great part with Medicaid and Medicare funds.

⁵ It often takes time for workers to become aware of changes in their employment benefits. For instance, three years after California's new paid family leave program went into effect, only a quarter of workers knew about their new right to take paid leave (Milkman 2008), despite the requirement that employers notify their employees of their right to paid family leave.

Appendix Tables

Table 2. Costs of Austin’s Proposed Earned Sick Time Ordinance

Cost Factor	Value	Source
Workers currently without paid leave of any kind	87,272	IWPR analysis of the 2015 American Community Survey and the 2010 National Compensation Survey.
Average number of earned sick days workers will take for their own or family members’ health (excluding maternity leave)	2.65	IWPR analysis of the 2014-2015 National Health Interview Survey.
Average additional earned days taken by new mothers, their partners, and victims of domestic violence	4.35	IWPR analysis of the 2014-2015 National Health Interview Survey and the 2013-2016 Current Population Annual Social and Economic Supplement.
Average hourly wage	\$17.31	IWPR analysis of the 2013-2016 Current Population Survey Annual Social and Economic Supplement.
Average daily work hours	7.31	IWPR analysis of the 2013-2016 Current Population Survey Annual Social and Economic Supplement.
Average cost of benefits, payroll taxes, and administrative costs	25 percent of wages	IWPR analysis of the 2010 National Compensation Survey and U.S. Social Security Administration 2007.
Subtotal	\$37,053,403	
Adjustment for productivity gains due to less “presenteeism”	-\$2,757,238	IWPR analysis of the 2014-2015 National Health Interview Survey; the 2013-2016 Current Population Survey Annual Social and Economic Supplement; and Nichol (2001).
Total	\$34,296,164	

Note: Cost and benefit values in constant 2015 dollars.

Table 3. Cost Savings from Not Paying Ill Workers for Unproductive Time on the Job

Cost Factor	Value	Source
Workers currently without paid leave of any kind	87,272	IWPR analysis of the 2015 American Community Survey, the 2010 National Compensation Survey, the 2013-2016 Current Population Survey Annual Social and Economic Supplement.
Lost productivity currently paid per year	0.4 days at 50 percent effectiveness per worker	IWPR analysis of the 2014-2015 National Health Interview Survey; the 2013-2016 Current Population Survey Annual Social and Economic Supplement, and Nichol (2001).
Average hourly wage	\$17.31	IWPR analysis of the 2013-2016 Current Population Survey Annual Social and Economic Supplement.
Average daily work hours	7.31	IWPR analysis of the 2013-2016 Current Population Survey Annual Social and Economic Supplement.
Average cost of benefits and payroll taxes	25 percent of wages	IWPR analysis of the 2010 National Compensation Survey and U.S. Social Security Administration 2007.
Total	\$2,757,238	

Note: Cost and benefit values in constant 2015 dollars.

Table 4. Cost Savings from Reduced Turnover

Cost Factor	Value	Source
Workers currently without paid leave of any kind	87,272	IWPR analysis of the 2015 American Community Survey, the 2010 National Compensation Survey, the 2013-2016 Current Population Survey Annual Social and Economic Supplement.
Turnover Rate Reduction	5.2 percent	Hill (2013)
Average hourly wage	\$17.31	IWPR analysis of the 2013-2016 Current Population Survey Annual Social and Economic Supplement.
Average daily work hours	7.31	IWPR analysis of the 2013-2016 Current Population Survey Annual Social and Economic Supplement.
Average cost of benefits and payroll taxes	25 percent of wages	IWPR analysis of the 2010 National Compensation Survey and U.S. Social Security Administration 2007.
Average Cost of Replacing a Worker	20 percent of annual wages	Boushey and Glynn (2012)
Total	\$37,277,863	

Note: Cost and benefit values in constant 2015 dollars.

Table 5. Cost Savings from Reduced Spread of the Flu within Workplaces

Cost Factor	Value	Source
Workers currently without paid leave of any kind	87,272	IWPR analysis of the 2015 American Community Survey, the 2010 National Compensation Survey, the 2013-2016 Current Population Survey Annual Social and Economic Supplement.
Influenza Attack Rate	5 percent	Nichol (2001)
Contagion Rate	18 percent	Islam, O'Shaughnessy, and Smith (1996)
Number of Co-Workers with Close Daily Contact	5	Islam, O'Shaughnessy, and Smith (1996)
Number Infected	3,927	
Work Lost (2 Days Absent, 1/2 Day at 50% Productivity)	2.25	Nichol (2001)
Half of Infected Workers Have an Employed Caregiver	1,964	Keech, Scott, and Ryan (1998)
Days of Work Lost Due to Caregiving	0.4	Keech, Scott, and Ryan (1998)
Average Daily Work Hours	7.31	IWPR analysis of the 2013-2016 Current Population Survey Annual Social and Economic Supplement
Average Hourly Wages	\$17.31	IWPR analysis of the 2013-2016 Current Population Survey Annual Social and Economic Supplement
Average cost of benefits and payroll taxes	25 percent of wages	IWPR analysis of the 2010 National Compensation Survey and U.S. Social Security Administration 2007.
Total Savings to Businesses Due to Reduced Influenza Contagion	\$1,519,928	
Doctor Visits for Infected Workers (45% of Workers, \$25.06 each; adjusted to 2015 dollars)	\$44,287	Nichol (2001) and American Medical Association (2018).
Prescriptions for Infected Workers (42% of Workers, \$104.46 each; adjusted to 2015 dollars)	\$172,300	Kavet (1977) and Optum Rx, Inc. (2018).
Cost Savings to Workers Due to Reduced Influenza Contagion	\$216,587	
Total Savings	\$1,736,515	

Note: Cost and benefit values in constant 2015 dollars.

Table 6. Cost Savings from Reduced Norovirus Outbreaks in Nursing Homes

Cost Factor	Value	Source
Nursing homes that experienced norovirus or GI outbreaks in Austin per year	7.524	Centers for Disease Control and Prevention (2015) and Ayala-Talavera (2014).
Share of nursing home workers with access to paid sick days (nationally)	73 percent	Nichol (2001)
Relative risk of experiencing an outbreak between homes with paid sick days and homes without paid sick days	38 percent	Li et al. (1996)
Number of outbreaks per year that could be avoided if all nursing home workers had paid sick days	2.86	
Average number of residents	77	IWPR calculations based on Kaiser Family Foundation (2015b and 2015c) and the 2015 American Community Survey.
Average ratio of staff to residents	3.8 percent	Kaiser Family Foundation (2015a).
Number of staff and residents in nursing homes without paid sick days exposed	228	
Cost of treatment per patient (non-hospitalization)	\$201.68	American Medical Association (2018), Mayo Medical Laboratories (2012), and CeraLyte (2018)
Percent of norovirus victims who will require hospitalization	10 percent	Calderon-Margalit et al. (2005), Johnston et al. (2007), and Zingg et al. (2005)
Cost of treatment per patient (hospitalization)	\$667.13	Xiao et al. (2004), American Medical Association (2018), Mayo Medical Laboratories (2012), and CeraLyte (2018).
Total	\$141,362	

Note: Cost and benefit values in constant 2015 dollars.

Table 7. Cost Savings from Reduced Short-term Nursing Home Stays

Cost Factor	Value	Source
Caregivers of adults aged 50 and older in Austin	87,332	IWPR analysis of the 2015 American Community Survey and National Alliance for Caregiving and AARP (2015).
Number of caregivers without any paid leave	12,577	IWPR analysis of the 2010 National Compensation Survey.
Average number of care recipients per caregiver	0.50	IWPR Calculation based on Kramarow et al. (1999)
Number of affected workers	6,289	
Average cost of one day of nursing home stay, semi-private room	\$228.90	MetLife (2012)
Total	\$1,439,491	

Note: Cost and benefit values in constant 2015 dollars.

Table 8. Cost Savings from Reduced Emergency Department (ED) Visits

Cost Factor	Value	Source
Total annual ED visits among workers with earned sick time	146,189	IWPR analysis of the 2014-2015 National Health Interview Survey.
Total annual ED visits among workers without earned sick time	30,848	IWPR analysis of the 2014-2015 National Health Interview Survey.
Estimated number of ED visits under proposed earned sick time ordinance	173,387	IWPR analysis of the 2014-2015 National Health Interview Survey.
Preventable ED visits with universal earned sick time	3,650	IWPR analysis of the 2014-2015 National Health Interview Survey.
Cost savings per prevented ED visit	\$535.97	IWPR analysis of the 2012 Medical Expenditure Panel Survey.
Preventable ED costs	\$1,956,296	

Note: Cost and benefit values in constant 2015 dollars.

Data and Resources

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