



Briefing Paper

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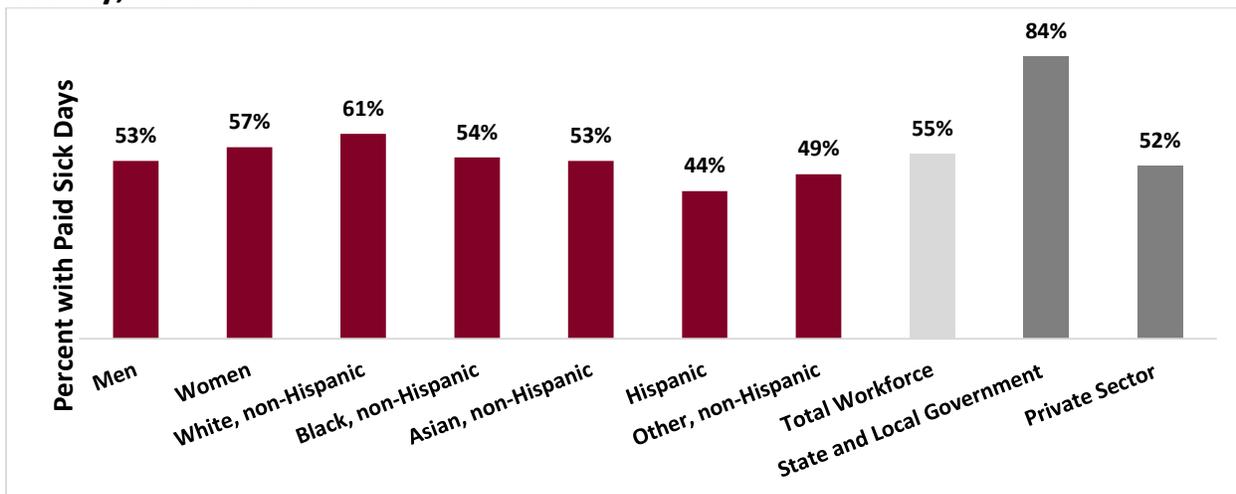
Access to Paid Sick Days in Orange County, Florida

An analysis by the Institute for Women’s Policy Research (IWPR) finds that approximately 45 percent of workers living in Orange County, Florida 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 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 Orange County by sex, race and ethnicity, industry, part/full-time employment status, and personal earnings 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 all workers in Orange County, 55 percent have access to paid sick days (Figure 1), and 45 percent, or about 254,998 workers, lack access to paid sick days (Table 1).⁴
- Hispanic workers are significantly less likely to have paid sick days than workers in any other racial/ethnic group (Figure 1): 56 percent of Hispanic workers in Orange County lack access to paid sick days (Table 1).

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



Note: Access rates are for individuals, 18 years and older, living in Orange County 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 2010–2012 National Health Interview Survey (NHIS) and 2010–2012 IPUMS American Community Survey (ACS)

Table 1. Lack of Paid Sick Days by Sex and Race and Ethnicity in Orange County, 2010–2012.

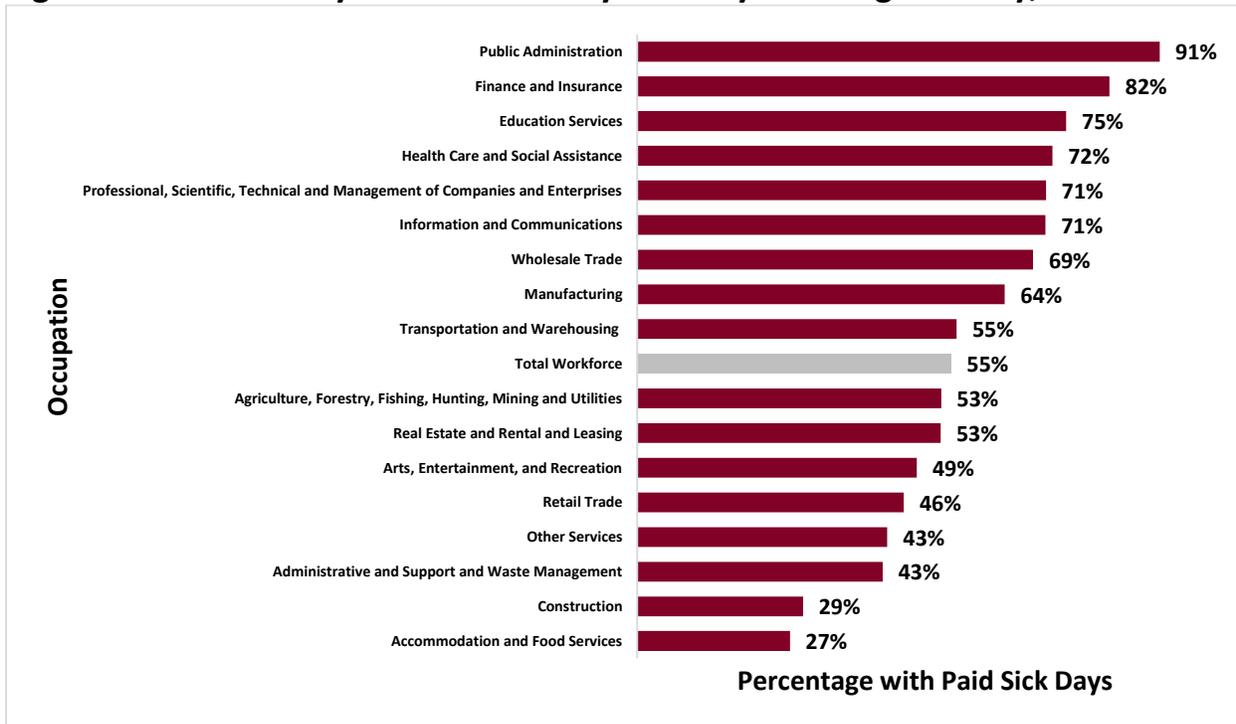
Population Group	Without Access to Paid Sick Days	
	Number	Percent
Men	132,975	47%
Women	122,023	43%
White, non-Hispanic	106,116	39%
Black, non-Hispanic	48,770	46%
Asian, non-Hispanic	12,672	47%
Hispanic	80,984	56%
Other, non-Hispanic	6,456	51%
Total Workforce	254,998	45%
<i>State and Local Government</i>	8,080	16%
<i>Private Sector</i>	246,918	48%

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

Access to Paid Sick Days by Industry

Access to paid sick days varies widely depending on the type of industry employees work in. Paid sick days are especially uncommon in jobs requiring frequent contact with the public, with important public health consequences. Across the broad spectrum of industries in Orange County, access to paid sick days varies from a high of 91 percent for employees in the Public Administration industry to only 27 percent for those employed in the Accommodation and Food Services industries.

Figure 2. Paid Sick Days Access Rates by Industry in Orange County, 2010–2012.



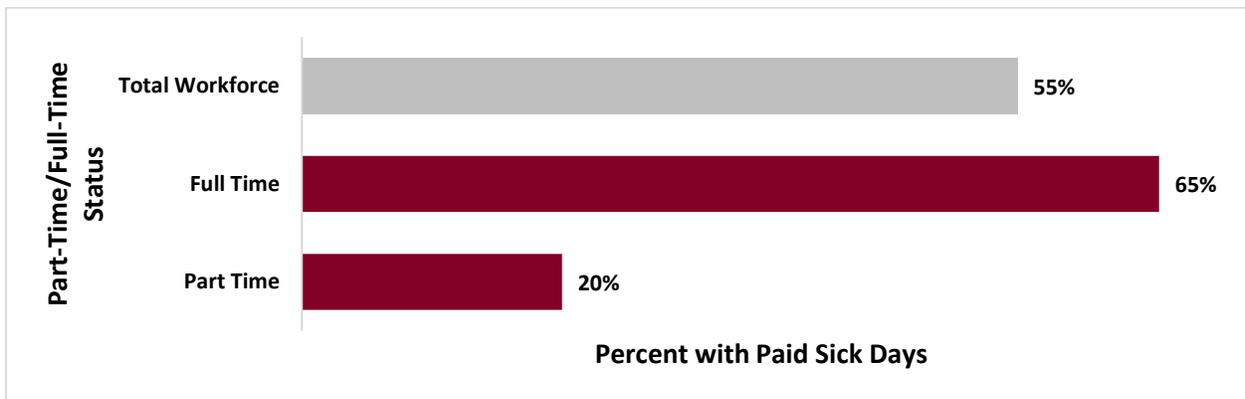
Note: Access rates are for individuals, 18 years and older, living in Orange County area regardless of their place of work. Percentages and figures may not add to totals due to rounding. Source: Institute for Women’s Policy Research analysis of 2010–2012 National Health Interview Survey (NHIS) and 2010–2012 IPUMS American Community Survey (ACS).

- A large portion of Orange County workers are indirectly or directly working in the travel and tourism sector, which employs nearly 370,000 workers: 1 out of every 3 jobs in Orlando is travel and tourism related.⁵ These workers interact regularly with the millions of tourists that visit Orlando each year.
- Only 27 percent of workers in Accommodation and Food Services are estimated to have access to paid sick days in Orange County (Figure 2).
- Employees in food services and accommodation industries have frequent contact with the public and tourists. Lack of access to paid sick days for these workers poses great public and tourist health risks through contagion. Of the norovirus outbreaks that occurred between 2009 and 2012 (which affected about 20 million people each year) for which the source of contamination was identified, 70 percent were caused by infected food service workers.⁶
- Only 49 percent of workers in Arts, Entertainment, and Recreation have access to paid sick days. Many workers in these industries also have frequent contact with the public.
- Lack of paid sick days for employees in tourism creates economic risks for Orange County. Workers who lack paid sick days face greater employment instability. Tourists who get sick while on vacation may not remember the experience fondly and may choose not to return.

Access to Paid Sick Days by Hours Worked

- Paid sick days are particularly rare for part-time workers. Only 20 percent of part-time workers have access to paid sick days (Figure 3). These workers are also disproportionately likely to be working in accommodation and food services industries where access rates also tend to be low.
- Full-time workers are significantly more likely than part-time workers to have access to paid sick days; 65 percent of full-time workers have access to paid sick days in Orange County (Figure 3).

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



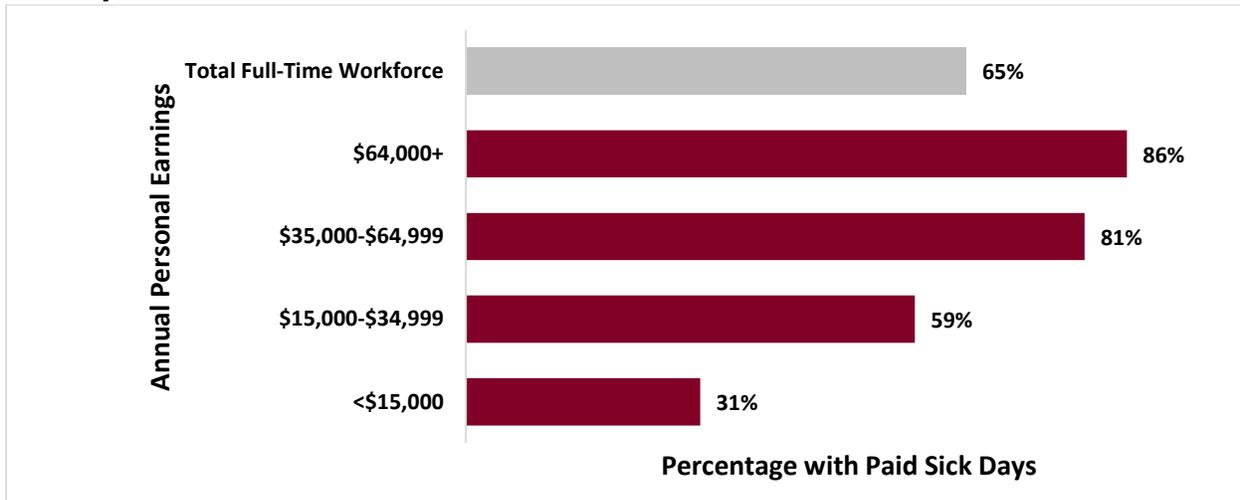
Note: Access rates are for individuals, 18 years and older, living in Orange County area regardless of their place of work. Percentages and figures may not add to totals due to rounding. Source: Institute for Women’s Policy Research analysis of 2010–2012 National Health Interview Survey (NHIS) and 2010–2012 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 the least likely to have access.

- Only 31 percent of full-time workers in the lowest earnings bracket (less than \$15,000 annually) have access to paid sick days (Figure 4).
- More than 80 percent of workers in the highest earnings bracket (more than \$65,000 annually) have access to paid sick days (Figure 4).

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



Note: Access rates are for individuals, 18 years and older, living in Orange County area 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 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 IPsUMS American Community Survey (ACS).

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 stronger, safer work environments; improved child and family health and well-being; and reduced health care costs.

Creating Stronger, Safer Work Environments

- Research documents that workers with influenza perform more poorly on a variety of tasks than healthy workers,⁷ and a recent study found that employers who provided paid sick leave reported fewer occupational injuries among employees than those who did not have paid sick leave coverage.⁸
- Paid sick leave policies help reduce the spread of illness in the workplace by making it possible for contagious workers stay home.⁹

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.¹⁰

- 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.¹¹ 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 influenza¹² and carry the influenza virus over longer periods of time compared with adults.¹³ 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 leave allows adult children and family members time 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.¹⁴
- Paid sick leave allows workers to take time away from work for medical appointments, rather than waiting until after work hours, when people are more likely to use hospital emergency services. Analysis of data from the National Health Interview Survey 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.¹⁵

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 public sector workers, but excludes self-employed and federal government workers as well as members of the armed forces.

⁵ IHS Global Insight & U.S. Travel Association, “Orlando Travel and Tourism Fast Facts,” 2011, <<http://www.visitorlando.com/community/industry-fast-facts/>> (accessed July 21, 2014).

⁶ Center for Disease Control and Prevention, “Preventing Norovirus Outbreaks: Food service has a key role,” *Vital Signs* June 2014.

⁷ 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.

⁸ See note 2 above.

⁹ See note 1 above.

¹⁰ 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.

¹¹ Tom W. Smith and Jibum Kim, *Paid Sick Days: Attitudes and Experiences* (Chicago, IL: National Opinion Research Center at the University of Chicago).

¹² 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.

¹³ 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.

¹⁴ Courtney H. Van Houtven, and Edward C. Norton, “Informal Care and Health Care Use of Older Adults,” *Journal of Health Economics* vol. 23 no. 6 (November 2004): 1159-1180.

¹⁵ See note 3 above.

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