

Briefing Paper

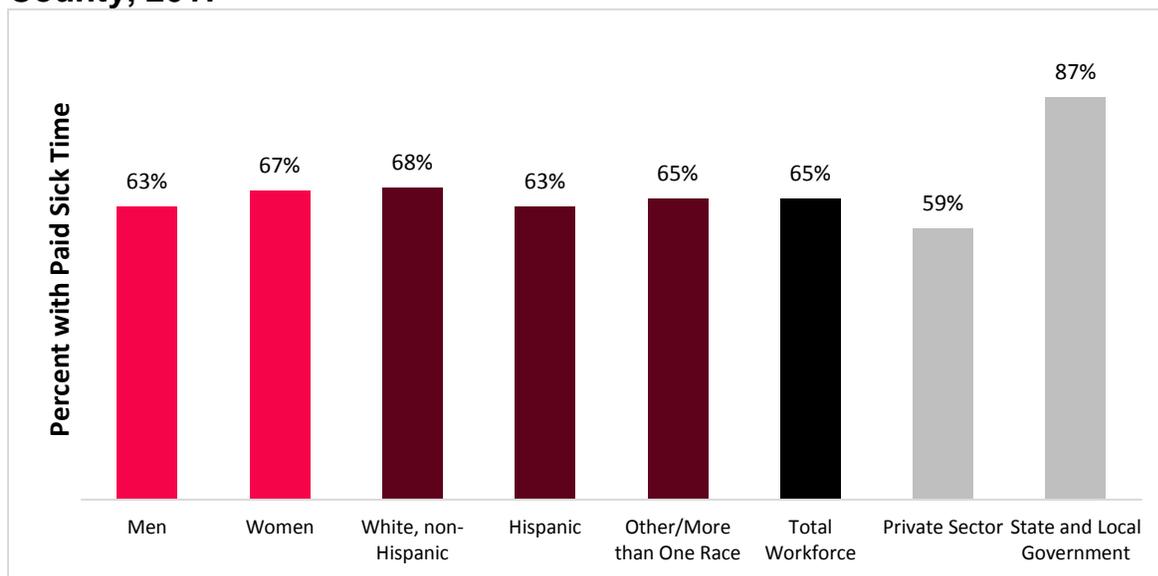
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Access to Paid Sick Time in Bernalillo County, New Mexico

Approximately 35 percent of workers living in Bernalillo County, New Mexico, lack paid sick time, and among those, low-income and part-time workers are especially unlikely to be covered. Access to paid sick time promotes safe and healthy work environments by reducing the spread of illness¹ and preventing workplace injuries.² It also reduces health care costs³ and supports children and families by helping parents to fulfill their caregiving responsibilities.⁴ This briefing paper presents estimates of access to paid sick time in Bernalillo County by sex, race and ethnicity, occupation, part/full-time employment status, and personal earnings through analysis of government data sources, including the 2015–2017 National Health Interview Survey (NHIS) and the 2017 American Community Survey (ACS).

Figure 1. Paid Sick Time Access Rates by Sex, Race/Ethnicity in Bernalillo County, 2017



Note: Access rates are for individuals, 18 years and older, living in Bernalillo County regardless of their place of work. Percentages and figures may not add to totals due to rounding. “Other/More than one race/ethnicity” category includes Blacks, Asians, 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 2015-2017 National Health Interview Survey (NHIS) and 2017 IPUMS American Community Survey (ACS).

Access to Paid Sick Time by Sex and Race and Ethnicity

- Among workers in Bernalillo County, 65 percent have access to paid sick time (Figure 1), and 35 percent, or about 105,900 workers, lack access (Table 1).
- Hispanic workers are less likely to have paid sick time than workers in any other racial/ethnic group (Figure 1): 37 percent of Hispanic workers in Bernalillo County lack access to paid sick time compared with 32 percent of White workers and 35 percent of workers from another or two or more races (Table 1).
- State and local government workers are much more likely than private sector workers to have paid sick time: 87 percent of state and local government workers have access to paid sick time in Bernalillo County compared with 59 percent of private sector workers (Figure 1).

Table 1. Lack of Access to Paid Sick Time by Sex, Race/Ethnicity, and Sector in Bernalillo County, 2017

Population Group	Without Access to Paid Sick Time	
	Number	Percent
Male	55,169	37%
Female	50,727	33%
White, non-Hispanic	37,080	32%
Hispanic	56,942	37%
Other/Two or More Races	11,875	35%
Total Workforce	105,896	35%
<i>Private Sector</i>	97,136	41%
<i>State and Local Government</i>	8,760	13%

Note: Access rates are for individuals, 18 years and older, living in Bernalillo County regardless of their place of work. Percentages and figures may not add to totals due to rounding. “Other race” category includes Blacks, Asians, 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 2015-2017 National Health Interview Survey (NHIS) and 2017 IPUMS American Community Survey (ACS).

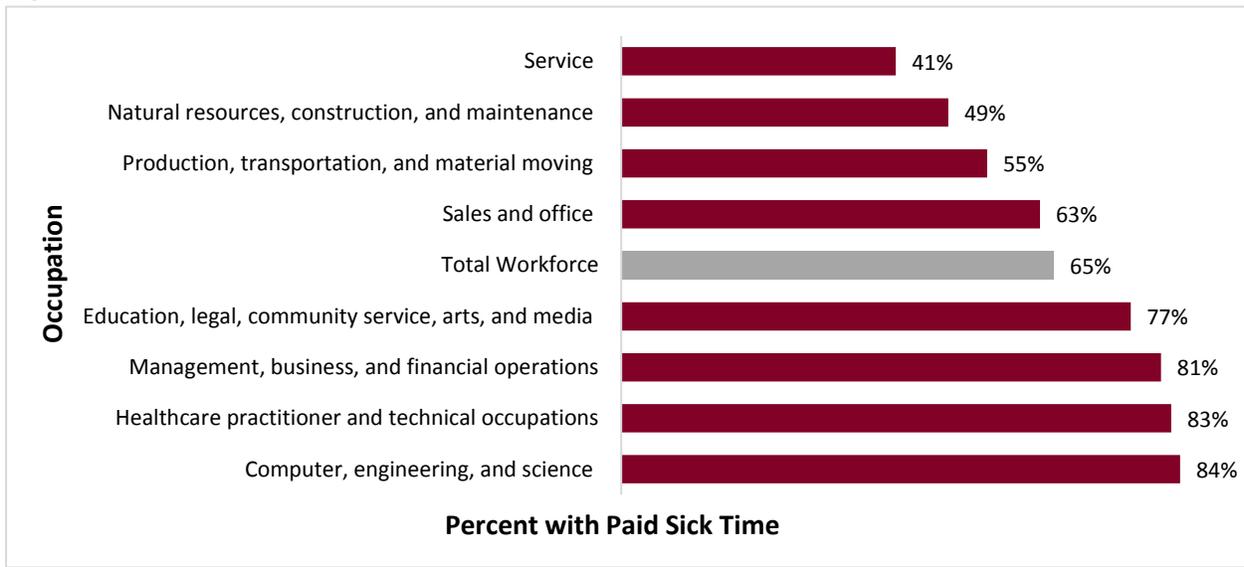
Access to Paid Sick Time by Occupation

Access to paid sick time varies widely depending on the type of occupation employees hold. Across the broad spectrum of occupations in Bernalillo County, access to paid sick time varies from a high of 84 percent for Computer, Engineering, and Science occupations, to only 41 percent for those employed in Service occupations (Figure 2).

Worker access to paid sick time is particularly low in jobs that require frequent contact with the public, like food preparation and personal care occupations (jobs within the ‘Service’ occupations category; Figure 2), which has important public health implications due to risk of

contagion. In addition, child care workers and personal care aides—also jobs within the ‘Service’ occupations category—work with populations that are uniquely vulnerable to illness, such as infants and young children and older adults, for whom the spread of illness can have severe health consequences.

Figure 2. Paid Sick Time Access Rates by Occupation in Bernalillo County, 2017

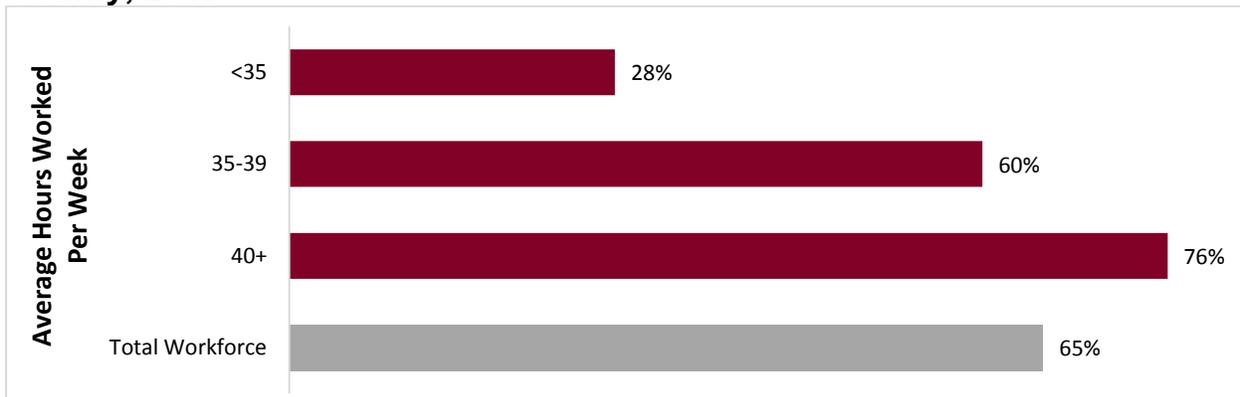


Note: Access rates are for individuals, 18 years and older, living in Bernalillo County regardless of their place of work. Percentages and figures may not add to totals due to rounding. Source: Institute for Women’s Policy Research analysis of 2015–2017 National Health Interview Survey (NHIS) and 2017 IPUMS American Community Survey (ACS).

Access to Paid Sick Time by Hours Worked

- Paid sick time is particularly rare for part-time workers (those who work fewer than 35 hours per week). Only 28 percent of part-time workers in Bernalillo County have access to paid sick time (Figure 3). These workers are also disproportionately likely to be working in service occupations where access rates also tend to be low.⁵
- Among those who work 40 hours a week or more, 76 percent have access to paid sick time in Bernalillo County (Figure 3).

Figure 3. Paid Sick Time Access Rates by Hours Worked in Bernalillo County, 2017



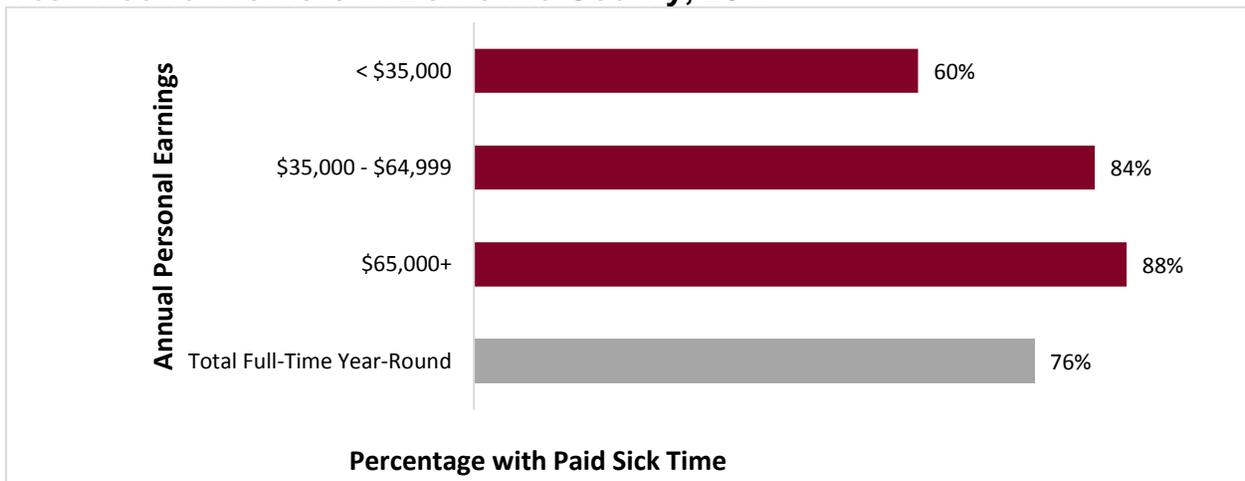
Note: Access rates are for individuals, 18 years and older, living in Bernalillo County regardless of their place of work. Percentages and figures may not add to totals due to rounding. Source: Institute for Women’s Policy Research analysis of 2015–2017 National Health Interview Survey (NHIS) and 2017 IPUMS American Community Survey (ACS).

Access to Paid Sick Time by Earnings Level

Low-paid workers are less likely than higher earners to have access to paid sick time. This means that those who can least afford to take an unpaid day off are also least likely to be covered.

- 60 percent of full-time, year-round workers in the lowest earnings bracket (less than \$35,000 annually) have access to paid sick time (Figure 4).
- 88 percent of full-time, year-round workers in the highest earnings bracket (more than \$65,000 annually) have access to paid sick time (Figure 4).

Figure 4. Paid Sick Time Access Rates by Earnings Level for Full-Time Year-Round Workers in Bernalillo County, 2017



Note: Access rates are for individuals, 18 years and older, living in Bernalillo County 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 2017 dollars. Percentages and figures may not add to totals due to rounding. Source: Institute for Women’s Policy Research analysis of 2015–2017 National Health Interview Survey (NHIS) and 2017 IPUMS American Community Survey (ACS).

Benefits of Paid Sick Time

Paid sick time delivers multiple benefits for employers, children, parents, and communities at large. The economic and public health benefits of paid sick time 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,⁶ and that employers who provide paid sick time to their employees report fewer occupational injuries in the workplace than employers who do not provide paid sick time coverage.⁷
- Paid sick time policies help reduce the spread of illness in the workplace by making it possible for contagious workers to stay home.⁸

Supporting Children and Families

- Paid sick time policies help parents fulfill their caregiving responsibilities. Research shows that having paid sick time 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 time are nearly twice as likely to send their children to school or child care sick.¹⁰ Allowing parents to stay home with sick children is likely to prevent illness from spreading in schools and child 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 time allows adult children and other family members the time to care for elderly, disabled, and medically fragile relatives. This care reduces health expenditures by preventing or reducing the need for paid care at home or in nursing facilities,¹³ services that might otherwise be financed by Medicaid or Medicare.
- Paid sick time allows people to make medical appointments during regular working hours, rather than in the evening or during weekends, when they are more likely to use hospital emergency services. Analysis of data from the National Health Interview Survey shows that workers with paid sick time are less likely than other workers 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* vol. 102 no. 7 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 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.
- ⁵ Unpublished IWPR analysis of 2013 American Community Survey data (Integrated Public Use Microdata Series, Version 5.0).
- 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 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.
- ⁸ Stefan Pichler and Nicolas R. Ziebarth, "The Pros and Cons of Sick Pay Schemes: Testing for Contagious Presenteeism and Shirking Behavior," DIW Discussion Paper no. 1509 (September 24, 2015).
- 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* vol. 6 no. 5 (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* vol. 23 no. 6 (November 2004): 1159-1180.
- ¹⁴ 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).

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