



Briefing Paper

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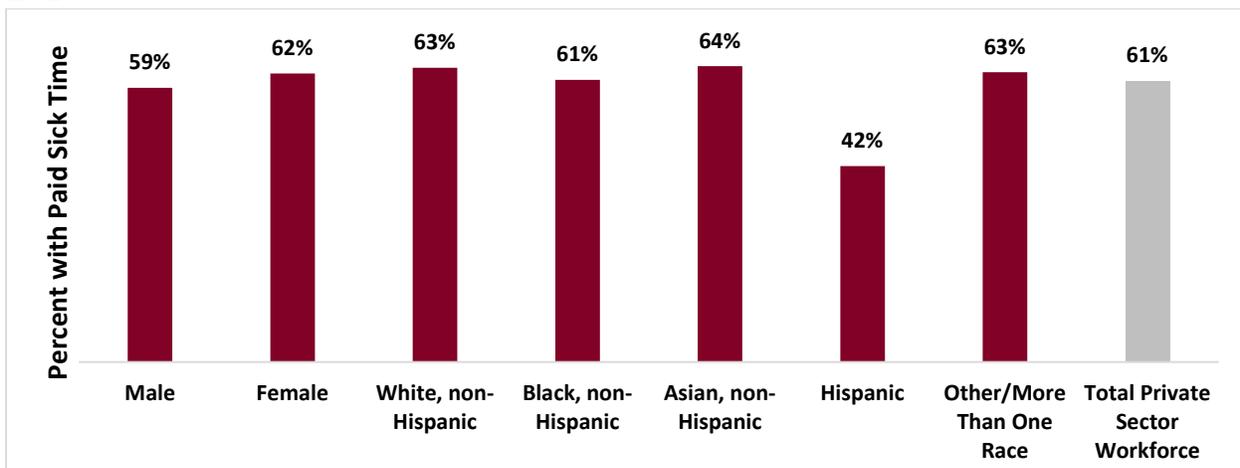
Access to Paid Sick Time in Maryland

Approximately 39 percent of private sector workers in Maryland lack paid sick time, and 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 illness (Kumar, et al. 2013; Drago 2010) and workplace injuries (Asfaw, Pana-Cryan, and Rosa 2012), reduces health care costs (Miller, Williams, and Yi 2011), and helps working adults fulfill caregiving responsibilities (Allen, et al. 2014). This briefing paper presents estimates of access to paid sick time in Maryland by sex, race and ethnicity, occupation, part/full-time employment status, and earnings levels through analyses of government data sources, including the 2013–2015 National Health Interview Survey (NHIS) and the 2015 American Community Survey (ACS).

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

- Among workers in Maryland, 61 percent have access to paid sick time (Figure 1), and 39 percent, or about 750,000, lack access (Table 1).¹
- Hispanic workers are less likely to have paid sick time than workers in any other racial/ethnic group (Figure 1): 58 percent of Hispanic workers lack access to paid sick time compared with 37 percent of White workers, 39 percent of Black workers, and 36 percent of Asian workers (Table 1).

Figure 1. Paid Sick Time Access Rates by Sex, Race, and Ethnicity in Maryland, 2015



Note: Access rates are for individuals, 18 years and older, working in Maryland regardless of their place of residence. “Other/More than one race” includes American Indian or Alaska natives and individuals reporting multiple racial identities. Neither of these populations were individually large enough for separate estimations; both were kept in the interest of inclusion. Source: Institute for Women’s Policy Research analysis of 2013-2015 National Health Interview Survey (NHIS) and 2015 IPUMS American Community Survey (ACS).

Table 1. Lack of Access to Paid Sick Time by Sex, Race, and Ethnicity in Maryland, 2015

Population Group	Without Access to Paid Sick Time	
	Number	Percent
Male	398,143	41%
Female	352,238	38%
White	392,253	37%
Black	184,855	39%
Asian	43,995	36%
Hispanic	112,282	58%
Other/More Than One Race	16,997	37%
Total Private Sector Workforce	750,381	39%

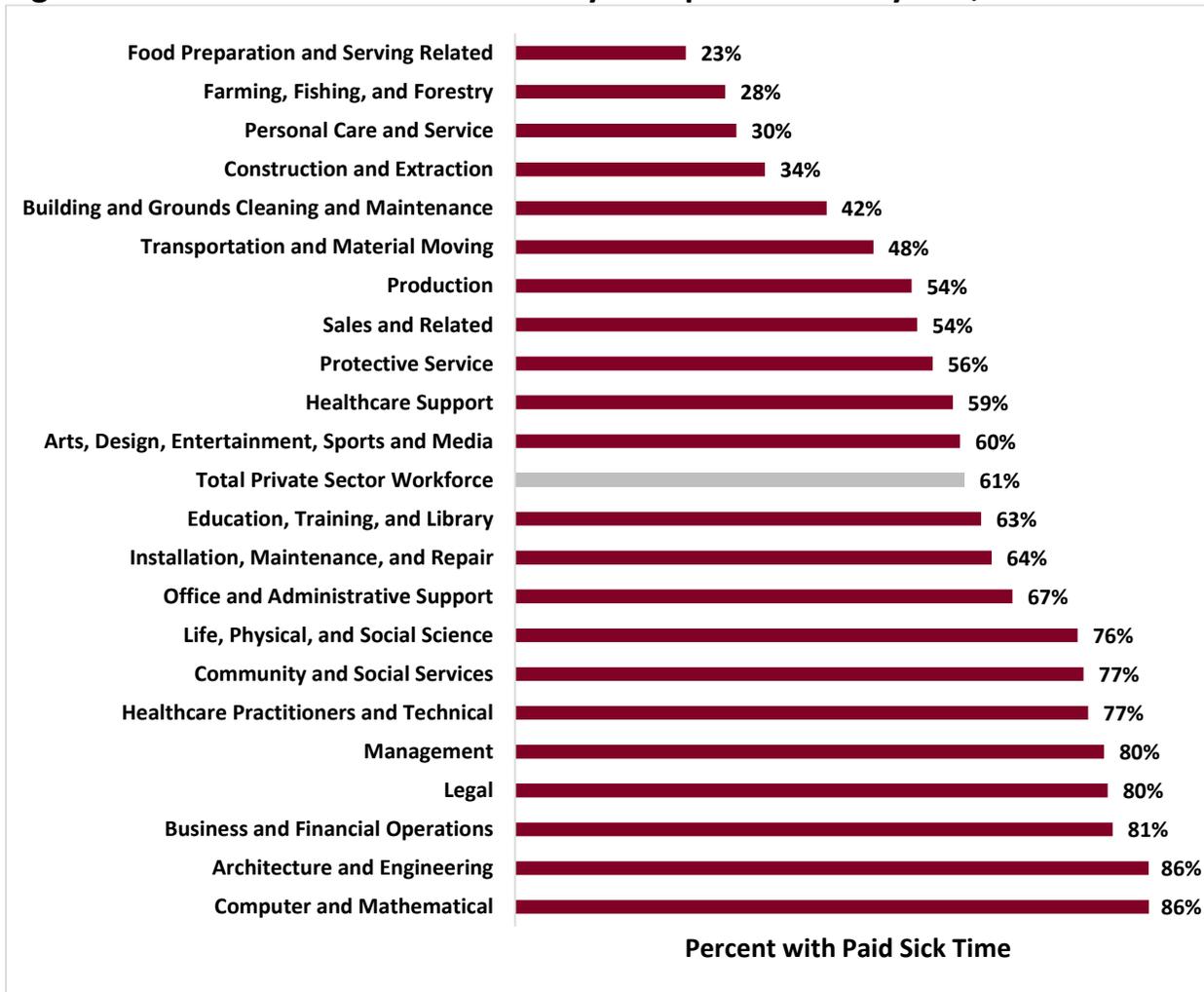
Note: Access rates are for individuals, 18 years and older, working in Maryland regardless of their place of residence. Percentages and figures may not add to totals due to rounding. "Other race" category includes American Indian or Alaska natives and individuals reporting multiple racial identities. None of these populations were individually large enough for separate estimations; all were kept in the interest of inclusion. White, Black, and Asian racial groups are non-Hispanic. Source: Institute for Women's Policy Research analysis of 2013-2015 National Health Interview Survey (NHIS) and 2015 IPUMS American Community Survey (ACS).

Access to Paid Sick Time by Occupation

Access to paid sick time varies widely depending on the type of job employees hold. Across the broad spectrum of occupations in Maryland, access to paid sick time varies from a high of 86 percent for Computer and Mathematical occupations to only 23 percent for those employed in Food Preparation and Serving Related occupations (Figure 2).

Low paid sick days coverage within jobs that require frequent contact with the public, like food preparation and serving related occupations and personal care and service occupations (Figure 2), has important public health implications due to risk of contagion. Additionally, childcare workers and personal care aides (jobs within the personal care and service occupational category) work with populations that are uniquely vulnerable to illness, such as infants and young children and aging adults, in which the spread of illness can have severe health consequences. Workers in these jobs also tend to have low average wages, making it difficult for them to be able to afford taking unpaid time off when they or a family member is sick (Bureau of Labor Statistics 2016).

Figure 2. Paid Sick Time Access Rates by Occupation in Maryland, 2015

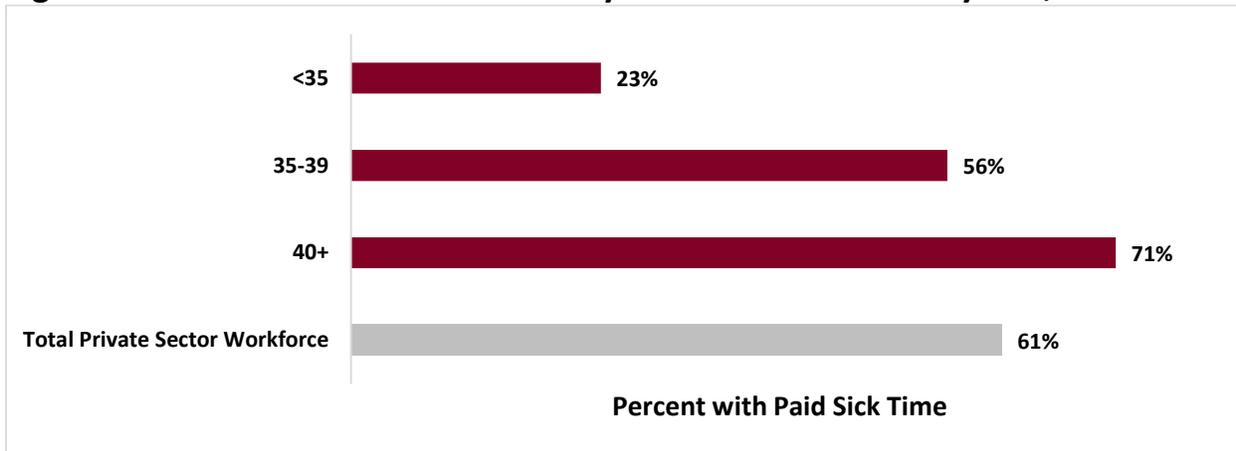


Note: Access rates are for individuals, 18 years and older, working in Maryland regardless of their place of residence. Source: Institute for Women's Policy Research analysis of 2013–2015 National Health Interview Survey (NHIS) and 2015 IPUMS American Community Survey (ACS).

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 23 percent of part-time workers have access to paid sick time (Figure 3). These workers are also especially likely to be working in service occupations where access rates also tend to be low.²
- Among those who work 40 hours a week or more, 71 percent have access to paid sick time in Maryland (Figure 3).

Figure 3. Paid Sick Time Access Rates by Hours Worked in Maryland, 2015



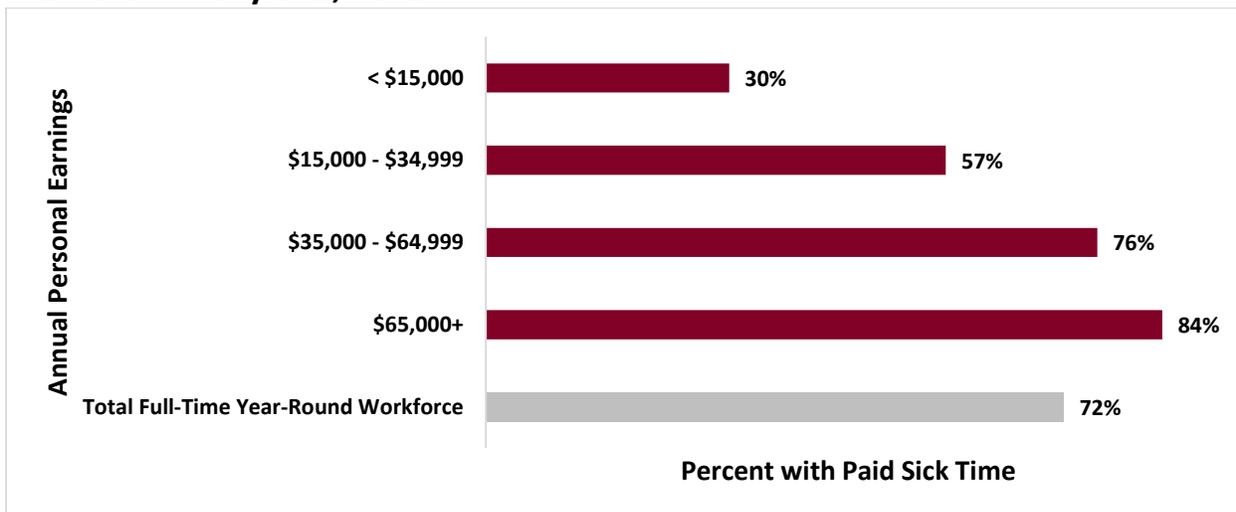
Note: Access rates are for individuals, 18 years and older, working in Maryland regardless of their place of residence. Percentages and figures may not add to totals due to rounding. Source: Institute for Women’s Policy Research analysis of 2013–2015 National Health Interview Survey (NHIS) and 2015 IPUMS American Community Survey (ACS).

Access to Paid Sick Time by Earnings Level

Low-paid workers are far 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.

- Less than one third (30 percent) of full-time workers in the lowest earnings bracket (less than \$15,000 annually) have access to paid sick time (Figure 4).
- 84 percent of workers in the highest earnings bracket (\$65,000 or more annually) have access to paid sick time (Figure 4).

Figure 4. Paid Sick Time Access Rates by Earnings for Full-Time Year-Round Workers in Maryland, 2015



Note: Access rates are for individuals, 18 years and older, working in Maryland regardless of their place of residence. 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 2015 dollars. Source: Institute for Women’s Policy Research analysis of 2013–2015 National Health Interview Survey (NHIS) and 2015 IPUMS American Community Survey (ACS).

Benefits of Paid Sick Time

Paid sick time delivers multiple benefits for employers, children, women, and communities at large. The economic and public health benefits of paid sick time coverage are substantial, including stronger, safer work environments; improved child and family health and well-being; and reduced health care costs.³

Stronger, Safer Work Environments

- Research documents that workers without access to paid sick time are three times more likely to forgo treatment for themselves and almost two times more likely to forgo care for a family member compared with workers who have paid sick time (DeRigne, Stoddard-Dare, and Quinn 2016). Further, a recent study found that employers who provided paid sick time to their employees reported fewer occupational injuries among employees than those who did not have paid sick time coverage (Asfaw, Pana-Cryan, and Rosa 2012).
- Paid sick time policies help reduce the spread of illness in the workplace by making it possible for contagious workers to stay home (Kumar, et al. 2013) and for families to self-quarantine without concerns for lost wages or job loss (DeRigne, Stoddard-Dare, and Quinn 2016).
- Workers with access to paid sick time are more likely to receive preventative care, such as getting vaccinations against illnesses such as influenza (Wilson, Wang, and Stimpson 2014). These preventive measures benefit both employers and co-workers – increased vaccinations against the flu lead to fewer work absences and healthcare visits annually (Wilson, Wang, and Stimpson 2014). Using Google Flu data from 2003 to 2015, researchers demonstrated that influenza-like infection rates decrease by about 10 percent when employees without coverage were provided with paid sick time (Pichler and Ziebarth 2015).⁴

Supporting Children and Families

- Paid sick time policies help parents fulfill their caregiving responsibilities. Research shows that about a third of parents with young children are concerned about lost wages or job loss resulting from caring for a sick child and report that they do not receive enough paid time off to care for their children (University of Michigan C.S Mott Children's Hospital 2012). Access to paid sick time is also uniquely important to women, as research indicates that mothers stay home to care for sick children far more often than fathers (74 percent of mothers compared with 40 percent of fathers report staying home to care for a sick child; Smith and Schaefer 2012).
- One 2011 Gallup poll found that most caregivers, including parents, reported missing at least one full day of work to fulfill their caregiving duties, with an average of 6.6 workdays missed per year (Witters 2011).

- Paid sick time can inhibit the escalation of illness and reduce the transmission of contagious diseases in schools and child care centers by allowing parents to stay home with sick children. The Center for Disease Control reports that children ages five and younger face a higher risk of experiencing complications from the flu, which can result in hospitalization and even death (Center for Disease Control n.d.). Paid time away from work enables parents to more easily address the health needs of their children, including seeking medical care to prevent against health complications (such as those that arise from the flu), attending well-child doctor visits, receiving regularly scheduled treatments like vaccinations, or managing a chronic illness or disability (Hamman 2011; DeRigne, Stoddard-Dare, and Quinn 2016).
- Paid sick time gives adult children and family members the time to care for elderly, disabled, and medically fragile relatives. The AARP reports that in 2013, about 40 million family caregivers provided approximately 37 billion hours of care, worth an estimated 470 billion dollars. In the same report, the AARP states that 60 percent of family caregivers providing care in 2014 were employed either full-time or part-time, and that flexible work schedules and paid sick leave better enable these employees to meet their caregiving demands (Reinhard et al. 2015).

Reducing Health Care Costs

- Workers with paid sick time are more likely to take preventative measures that can lead to early detection and treatment of illness, thereby reducing the severity of diagnoses and related medical expenses. A 2012 study using 2008 National Health Interview Survey (NHIS) data found that workers with paid sick time are significantly more likely to have had mammograms, Pap tests, and endoscopies, and to have seen a doctor during the previous year than those without coverage (Peipens et al. 2012).
- Paid sick time allows people to take time away from work for medical appointments, rather than waiting until after work hours, when they are more likely to use costly hospital emergency services. Analyses 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 type of health insurance (Miller, Williams, and Yi 2011). Using the same data, other research indicates that paid sick time reduces the number of visits to the emergency department – people are 14 percent less likely to be moderate users (1 to 3 visits a year) and 32 percent less likely to be repeated users (4 or more times a year) of the emergency department when they have access to paid sick leave (Bhuyan et al. 2016).

Conclusion

A large share of Maryland workers lack access to paid sick time, with coverage unequally distributed by race/ethnicity and occupation. The low rates of paid sick time coverage among workers who have regular contact with the public (such as food preparation and serving occupations) and interact with vulnerable populations (such as personal care and service

occupations) are problematic because it facilitates the spread of illness, which is a public health concern. The results of this analysis indicate that increased access to paid sick time in Maryland is likely to disproportionately benefit Hispanic, low-wage, and part-time workers and reduce contagion and health care costs within the state.

Notes

¹ Throughout this briefing paper, the total workforce includes only private sector workers and excludes self-employed workers as well as members of the armed forces.

² Unpublished IWPR analysis of 2013 American Community Survey data (Integrated Public Use Microdata Series, Version 5.0).

³ For a more detailed discussion see: Milli, Jessica, Jenny Xia, and Jisun Min. 2016. "Paid Sick Days Benefit Employers, Workers, and the Economy." Briefing Paper, IWPR #B361. Washington, DC: Institute for Women's Policy Research.

⁴ These researchers compared the rates of influenza-like illnesses in regions with paid sick days policies – including the District of Columbia, Connecticut, California, Massachusetts, and Oregon (Pichler and Ziebarth 2015).

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