



Briefing Paper

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Access to Earned Sick Days in Eugene, Oregon

An analysis by the Institute for Women’s Policy Research (IWPR) reveals that about 25,310 or 51 percent of private sector employees in Eugene, Oregon lack even a single earned sick day off. Access to earned sick days promotes healthy work environments by reducing the spread of illness,¹ increasing productivity,² and supporting work and family balance.³ Earned sick days allow people to take time off work to recover from illness and to tend to family members’ health without the fear of lost pay or other negative consequences. This briefing paper presents estimates of lack of earned sick days access rates in Eugene, Oregon by sex, and personal annual earnings, and in Oregon by race and ethnicity through analysis of government data sources, including the National Health Interview Survey (NHIS) and the American Community Survey (ACS).

Access to Earned Sick Days by Sex

- Among private-sector employees in Eugene, 51 percent, or about 25,310 employees lack access to earned sick days (Table 1).
- The distribution of employees without earned sick days between men and women is very similar. About 51 percent (12,939) men and 50 percent (about 12,370) women lack earned sick days in Eugene (Table 1).

Table 1: Access to Earned Sick Days, Eugene, Oregon; 2009-2011

Sex	Percent without earned sick days	Number without earned sick days	Total Private Sector Workers
Women	50%	12,370	24,605
Men	51%	12,939	25,338
Total Private Sector Employees	51%	25,310	49,943

Note: Access rates are estimated for individuals, 18 years and older, working in the private sector in Lane County, Oregon, excluding self-employed, regardless of their place of residence. Data was adjusted by the size of the Eugene private sector workforce, excluding self-employed. Source: Institute for Women’s Policy Research analysis of 2011–2012 National Health Interview Survey (NHIS) and 2009–2011 IPUMS American Community Survey (ACS).

Access to Earned Sick Days by Personal Annual Earnings

- Workers with annual personal earnings at or below \$19,999 are less likely than workers with higher earnings to have earned sick days. Almost four out of five (78 percent) workers in this earnings group are unable to take a day off with pay when they or their family members are sick (Table 3).
- Among workers with annual personal earnings between \$20,000 and \$34,999, 41 percent do not have access to earned sick days (Table 3).
- Only 20 percent of employees with annual earnings of \$65,000 or more lack earned sick days (Table 3).

Table 2: Access to Earned Sick Days by Personal Earnings, Eugene, Oregon; 2009-2011

Personal Earnings	Percent without earned sick days	Number without earned sick days	Total Private Sector Employees
\$1-\$19,999	78%	15,330	19,531
\$20,000-\$34,999	41%	5,556	13,616
\$35,000-\$44,999	31%	1,912	6,161
\$45,000-\$64,999	27%	1,534	5,772
\$65,000+	20%	977	4,864
Total Private Sector Employees	51%	25,310	49,943

Note: Access rates are estimated for individuals, 18 years and older, working in the private sector in Lane County, Oregon, excluding self-employed, regardless of their place of residence. Data was adjusted by the size of the Eugene private sector workforce, excluding self-employed. Source: Institute for Women’s Policy Research analysis of 2011–2012 National Health Interview Survey (NHIS) and 2009–2011 IPUMS American Community Survey (ACS).

Access to Earned Sick Days by Race and Ethnicity

The racial and ethnic distribution of access to earned sick days in Eugene is very likely to be similar to the statewide distribution; however, due to small sample sizes it was not possible to calculate.

- Statewide, Hispanic workers are significantly less likely to have earned sick days than other workers. About 66 percent of Hispanic workers lack earned sick days.
- Fifty-two percent of black and white workers do not have access to earned sick days.
- Fifty-five percent of Oregon’s “Other race” workers, including Asian Americans, Native Americans, Alaska Natives, and those reporting multiple racial identities, currently do not have earned sick days in Oregon.

Table 3: Access to Earned Sick Days by Race and Ethnicity, Oregon; 2011*

Population Group	Without Access to Paid Sick Days	
	Percent	Number
White, non-Hispanic	52%	248,207
Black, non-Hispanic	52%	1,449
Hispanic	66%	49,019
Other, non-Hispanic	55%	15,602
Total Private Sector Employees, excluding Portland	53%	314,277

Note: Access rates for individuals, 18 years and older, working in Oregon, excluding working in Portland, regardless of their place of residence. These estimates reflect that the City of Portland’s new paid sick days ordinance goes into effect on January 1, 2014. “Other race” category includes Asian-Americans, but also American Indian or Alaska natives, and individuals reporting multiple race 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 2010-2011 National Health Interview Survey (NHIS) and 2011 American Community Survey (ACS).

Benefits of Earned Sick Days

Earned sick days deliver multiple benefits for employers, children, women, and communities. The economic and public health benefits of earned sick leave coverage are substantial, including creating stronger, safer work environments; supporting children and families; and reducing health care costs.

Creating Stronger, Safer Work Environments

- Allowing workers to stay home to recover from illness ensures stronger job performance. Research documents that workers with influenza perform more poorly on a variety of tasks than healthy workers.⁴ Access to earned sick leave improves workplace safety. A recent study found that employers who provided earned sick leave to their employees reported fewer occupational injuries than those who did not provide earned sick leave coverage.⁵
- Earned sick leave policies help reduce the spread of illness in the workplace by helping contagious workers stay home.⁶

* These estimates reflect that the City of Portland’s new paid sick days ordinance goes into effect on January 1, 2014.

Supporting Children and Families

- Earned sick leave policies help parents fulfill their caregiving responsibilities. Parent's involvement speeds children recovery, and research shows that parents having sick leave halved the risk of their children being sent to school or child care sick.⁷
- Allowing parents to stay home with sick children prevents viruses from spreading to schools and child care centers, and can prevent absences among their schoolmates and teachers.⁸

Reducing Health Care Costs

- Workplace flexibility allows adult children and family members to care for elderly, disabled, and medically fragile relatives. This informal care reduces health expenditures by preventing and reducing the need for paid care at home and in nursing homes, services that might otherwise be financed by Medicaid or Medicare.⁹
- Earned sick days allow workers to take time away from work for medical appointments, rather than waiting until after their work hours at which time the only way to see a doctor may be to utilize hospital emergency services. Analysis of data from the National Health Interview Survey has shown that workers with earned sick days are less likely than workers without earned sick days to utilize hospital emergency departments, even after accounting for variables such as age, income, education, and health insurance access.¹⁰

¹ Li, Jiehui, Guthrie S. Birkhead, David S. Strogatz, and R. Bruce Coles. 1996. "Impact of Institution Size, Staffing Patterns, and Infection Control Practices on Communicable Disease Outbreaks in New York State Nursing Homes." *American Journal of Epidemiology* 143 (May): 1,042-1,049; Drago, Robert and Kevin Miller. 2010. *Sick at Work: Infected Employees in the Workplace During the H1N1 Pandemic*. IWPR Publication No.B264. Washington, DC: Institute for Women's Policy Research. <<http://iwpr.org/publications/pubs/sick-at-work-infected-employees-in-the-workplace-during-the-h1n1-pandemic>> (accessed November 26, 2012).

² Goetzel, Ron Z., Stacey R. Long, Ronald J. Ozminkowski, Kevin Hawkins, Shaohung Wang, and Wendy Lynch. 2004. "Health, Absence, Disability, and Presenteeism Cost Estimates of Certain Physical and Mental Health Conditions Affecting U.S. Employers." *Journal of Occupational and Environmental Medicine* 46 (April): 398-412.

³ Heymann, Jody. 2000. *The Widening Gap: Why America's Working Families Are in Jeopardy and What Can Be Done About It*. New York: Basic Books.

⁴ Smith, Andrew. 1989. "A Review of the Effects of Colds and Influenza on Human Performance." *Journal of the Society of Occupational Medicine* 39:65-68.

⁵ Asfaw, Abay, Regina Pana-Cryan, and Roger Rosa. 2012. "Paid Sick Leave and Nonfatal Occupational Injuries." *American Journal of Public Health* 102 (September): e59-e64.

⁶ Li, Jiehui, Guthrie S. Birkhead, David S. Strogatz, and R. Bruce Coles. 1996. "Impact of Institution Size, Staffing Patterns, and Infection Control Practices on Communicable Disease Outbreaks in New York State Nursing Homes." *American Journal of Epidemiology* 143 (May): 1,042-1,049.

⁷ Heymann, Jody. 2000. *The Widening Gap: Why America's Working Families Are in Jeopardy and What Can Be Done About It*. New York: Basic Books.

⁸ Heymann, S. Jody, Alison Earle, and Brian Egleston. 1996. "Parental Availability for the Care of Sick Children." *Pediatrics* 98 (August): 226-230.

⁹ Van Houtven, Courtney Harold, and Edward C. Norton. 2004. "Informal Care and Health Care Use of Older Adults." *Journal of Health Economics* 23 (11): 1159-1180.

¹⁰ Miller, Kevin, Claudia Williams, and Youngmin Yi. 2011. *Paid Sick Days and Health: Cost Savings from Reduced Emergency Department Visits*. IWPR Publication No. B301. Washington, DC: Institute for Women's Policy Research. <<http://www.iwpr.org/publications/pubs/paid-sick-days-and-health-cost-savings-from-reduced-emergency-department-visits>> (accessed April 2012).

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