

Fact Sheet



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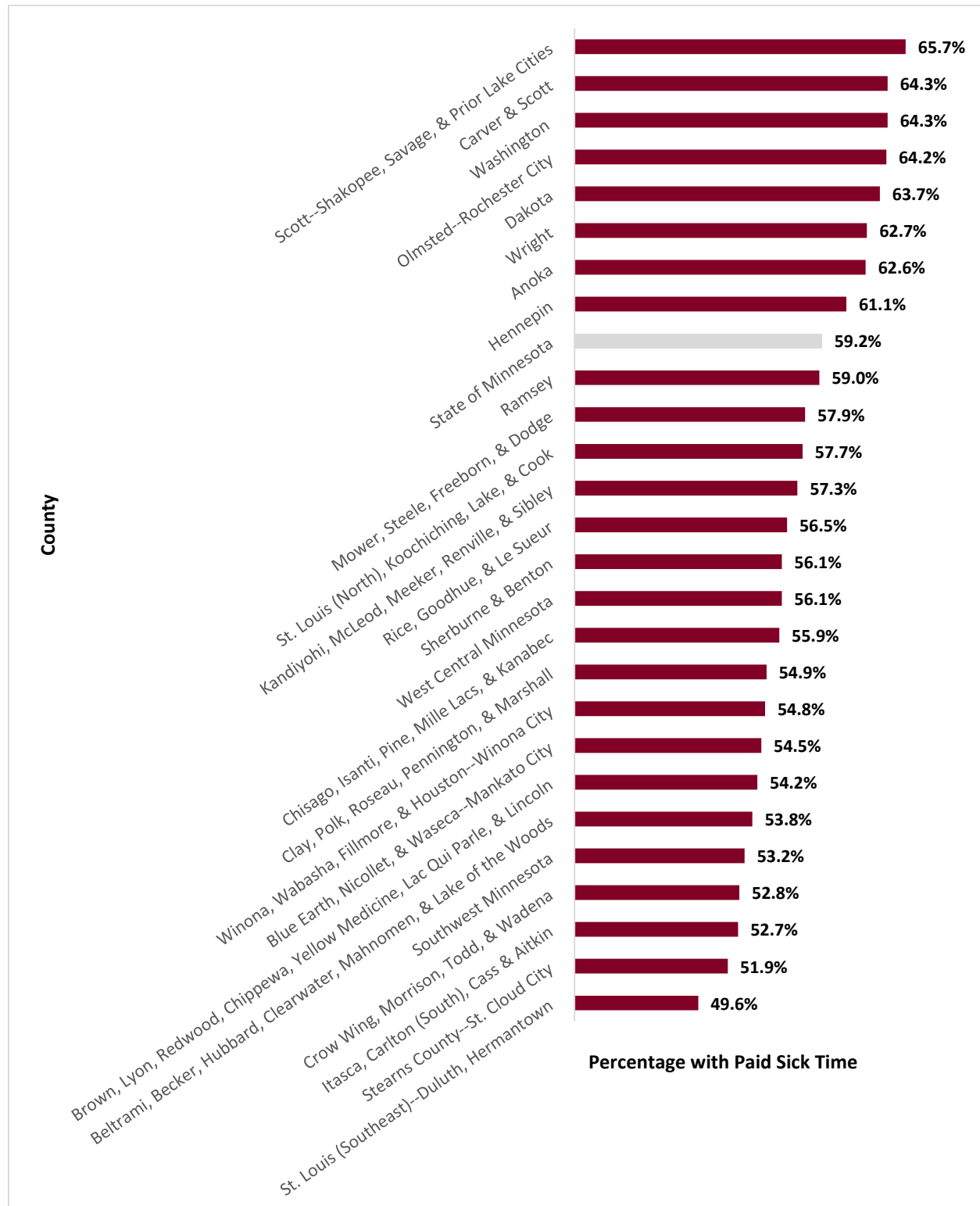
Paid Sick Time Access in Minnesota Varies by County of Residence

Paid sick time brings substantial benefits to employers, workers, families, and communities including promoting safe and healthy work environments by reducing the spread of illness¹ and workplace injuries,² reducing health care costs,³ and supporting children and families by helping parents to fulfill their caregiving responsibilities. Access to this important benefit, however, is still too rare, and is unequally distributed across Minnesota residents. Part-time and low-paid workers, Hispanic workers, and service workers are far less likely than others to have paid sick time.⁴ In addition, paid sick time access varies substantially by county.

Utilizing data from the 2010–2012 National Health Interview Survey (NHIS) and the 2012 American Community Survey (ACS), IWPR finds that 59 percent of workers aged 18 years and older in Minnesota have access to paid sick time (Figure 1). Over one million workers (41 percent) lack access. Residents of Southeast St. Louis County, which includes the cities of Duluth and Hermantown, are the least likely to have paid sick time with fewer than half of all workers having access.

By contrast, residents of Scott county, which includes the cities of Shakopee, Savage, and Prior Lake, are the most likely to have paid sick time. Nearly two-thirds of all workers in Scott County have access to paid sick time. These differences in access may reflect differences in the occupational mix, wages, and overall working conditions experienced by employees in different counties.

Figure 1. Access to Paid Sick Time by County of Residence



Source: Institute for Women’s Policy Research (IWPR) analysis of the 2011-2012 National Health Interview Survey (NHIS) and the 2012 IPUMS American Community Survey (ACS). Note: Access rates are calculated for employed individuals aged 18 years and older, living in Minnesota regardless of their place of work. County definitions are based on the Census-defined Public Use Microdata Areas (PUMA) and are the smallest geographic areas available for study. Where multiple counties are listed, these counties were grouped together into one PUMA to provide large enough sample sizes. Percentages and figures may not add to totals due to rounding.

References

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 Milli, Jessica and Salina Tulachan. 2014. *Access to Paid Sick Time in Minnesota*. IWPR Publication No. B344. Washington, DC: Institute for Women’s Policy Research.