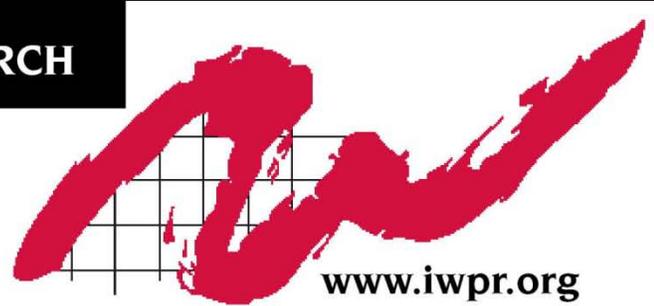


Briefing Paper



IWPR # 313

February 2013

Access to Earned Sick Days in Maryland

A new analysis by the Institute for Women's Policy Research (IWPR) reveals that more than 700,000 private sector employees in Maryland lack even a single earned sick day. Access to earned sick days promotes healthy work environments by reducing the spread of illnesses,^{1,2} increasing productivity,³ and supporting work and family balance.⁴ Earned sick days allow people to take time off work to recover from personal illnesses and to tend to family members' health without the fear of lost pay or other negative consequences. This briefing paper presents estimates of earned sick days access rates in Maryland by occupation, by sex, race and ethnicity, and personal annual earnings, through analysis of government data sources, including the 2010–2011 National Health Interview Survey (NHIS) and the 2011 American Community Survey (ACS).

Access to Earned Sick Days by Sex and Racial/Ethnic Group

Among all private-sector workers in Maryland, 40 percent, or about 709,400 private sector workers lack access to earned sick days (Table 1).

- Hispanic workers disproportionately lack earned sick days. More than half of Hispanic workers in Maryland (57 percent) lack earned sick days (Table 1), and they are 44 percent less likely than white workers to have earned sick days.
- Approximately 40 percent of black workers have no earned sick days (Table 1).
- White, non-Hispanics have one of the highest levels of access to earned sick days among racial/ethnic groups, with only 38 percent lacking earned sick days (Table 1).
- Forty-one percent of men and 38 percent of women in Maryland have no earned sick days (Table 1).
- Thirty-seven percent of black women are estimated to lack access to paid sick leave compared with 43 percent of black men. The same pattern applies to men and women in the Hispanic community, with 53 percent of Hispanic women compared with 59 percent of Hispanic men

lacking access to sick days. Thirty-eight percent and 37 percent of white men and white women lack earned sick days respectively (Table 1).

Table 1. Earned Sick Days Access Rates by Sex and Race and Ethnicity in Maryland, 2011

Race/Ethnicity/Gender	Percent with access to earned sick days	Percent without earned sick days	Number with earned sick days	Number without earned sick days
Men	59%	41%	533,927	374,800
Women	62%	38%	535,672	334,638
White, non-Hispanic	62%	38%	659,580	396,302
White men, non-Hispanic	62%	38%	339,668	207,880
White women, non-Hispanic	63%	37%	319,912	188,422
Black, non-Hispanic	60%	40%	252,686	166,519
Black men, non-Hispanic	57%	43%	110,563	82,613
Black women, non-Hispanic	63%	37%	142,124	83,905
Hispanic	43%	57%	73,472	96,709
Hispanic men	41%	59%	41,230	60,209
Hispanic women	47%	53%	32,241	36,501
Other, non-Hispanic	63%	37%	83,862	49,907
Other race men, non-Hispanic	64%	36%	42,466	24,098
Other race women, non-Hispanic	62%	38%	41,395	25,810
Total Private Sector	60%	40%	1,069,599	709,438

Note: Access rates are for individuals, 18 years and older, working in the private sector in the state of Maryland, regardless of their place of residence. Percentages and figures may not add to totals due to rounding. “Other race” category includes Asian-Americans, 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 interests of inclusion. Source: Institute for Women’s Policy Research analysis of 2010–2011 National Health Interview Survey (NHIS) and 2011 IPUMS American Community Survey (ACS).

Access to Earned Sick Days by Occupation

Access to earned sick days varies widely depending on the type of occupations employees hold. The lack of earned sick days is especially common in jobs requiring frequent contact with the public, with important public health consequences. Across the broad spectrum of occupations in Maryland, access to earned sick days varies from 86 percent for employees in computer and mathematical occupations to 24 percent for those employed in food preparation and serving occupations.

Women continue to be overrepresented in part-time and low-wage positions,⁵ such as service, sales, and office occupations, some of the occupations least likely to offer earned sick days. Still, working women are the primary caregivers of their families, and being sick or having an ill family member presents the difficult choice to stay at work or lose pay by staying home.

Table 2. Earned Sick Days Access Rates by Occupation in Maryland, 2011

Occupation	Percent with access to paid sick days	Percent without paid sick days	Number with paid sick days	Number without paid sick days
Computer and mathematical occupations	86%	14%	60,038	9,931
Architecture and engineering occupations	81%	19%	31,060	7,471
Management occupations	79%	21%	145,639	38,649
Business and financial operations occupations	79%	21%	84,070	22,766
Community and social services occupations	78%	22%	21,404	6,018
Life, physical, and social science occupations	78%	22%	15,314	4,428
Healthcare practitioner and technical occupations	76%	24%	82,464	26,468
Legal occupations	74%	26%	11,219	3,937
Office and administrative support occupations	66%	34%	169,145	85,811
Education, training, and library occupations	65%	35%	34,581	18,630
Arts, design, entertainment, sports, and media occupations	63%	37%	19,054	11,263
Health care support occupations	61%	39%	30,706	19,237
Installation, maintenance, and repair occupations	60%	40%	41,310	27,304
Production occupations	55%	45%	41,619	33,672
Protective service occupations	54%	46%	13,862	11,622
Sales and related occupations	53%	47%	118,412	102,787
Transportation and material moving occupations	48%	52%	47,935	51,612
Building and grounds cleaning and maintenance occupations	42%	58%	27,928	38,172
Personal care and service occupations	31%	69%	18,236	41,227
Construction and extraction occupations	30%	70%	29,291	66,784
Farming, Fishing, and Forestry Occupations	25%	75%	966	2,881
Food preparation and serving related occupations	24%	76%	25,347	78,768
Total Private Sector	60%	40%	1,069,599	709,438

Note: Access rates are for individuals, 18 years and older, working in the private sector in the state of 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 2010–2011 National Health Interview Survey (NHIS) and 2011 IPUMS American Community Survey (ACS).

Service, Sales, and Office Occupations

- Workers in the personal care and service occupations, such as child care workers and manicurists, have very low rates of access to earned sick days. Slightly under a third of workers in this group of occupations can take a day off when they are sick (Table 2).
- Of concern for public health and contagion prevention, fewer than one-quarter of food preparation and serving workers are estimated to have earned sick days coverage (Table 2).
- Employees in building and grounds cleaning and maintenance occupations also have limited access to earned sick leave, with an estimated 42 percent receiving earned sick leave (Table 2).

Access to Earned Sick Days by Personal Annual Earnings

- Workers with annual personal earnings of less than \$24,999 are the least likely to have earned sick days. Almost seven out of ten (69 percent) workers in this earnings group are unable to take a day off when they or their family members are sick.
- Twenty-nine percent of workers with annual personal earnings between \$25,000 and \$64,999 do not have access to earned sick days.
- Only 17 percent of employees with annual earnings of \$65,000 and more lack earned sick days.

Table 3. Earned Sick Days Access Rates by Personal Earnings in Maryland, 2011

Personal Annual Earnings	Percent with access to earned sick days	Percent without earned sick days	Number with earned sick days	Number without earned sick days
\$0–\$24,999	31%	69%	189,661	417,633
\$25,000–\$64,999	71%	29%	534,760	219,877
\$65,000+	83%	17%	345,178	71,929
Total	60%	40%	1,069,599	709,438

Note: Access rates for individuals, 18 years and older, working in the private sector in the state of 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 2010–2011 National Health Interview Survey (NHIS) and 2011 IPUMS American Community Survey (ACS).

Benefits of Earned Sick Days

Earned sick days deliver multiple benefits for employers, children, women, and communities at large. The economic and public health benefits of earned sick leave coverage are substantial, including stronger, safer work environments, supporting children and families, and reducing health care costs.⁶

Stronger, Safer Work Environments

- Allowing workers to stay home to recover from illnesses ensures stronger job performance. Empirical studies document that workers with influenza perform more poorly on a variety of tasks than healthy workers.⁷ 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 have earned sick leave coverage.⁸
- Earned sick leave policies help reduce the spread of illness in the workplace by helping contagious workers stay home.⁹

Supporting Children and Families

- Earned sick leave policies help parents fulfill their caregiving responsibilities. Research shows that having earned leave is the primary factor in a parent's decision to stay home when their children are sick.¹⁰
- Allowing parents to stay home with sick children prevents viruses from spreading to schools and day care centers.¹¹ Studies demonstrate that children are more susceptible to influenza 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, can prevent absences among their schoolmates and teachers.

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.¹³
- 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.¹⁴

Notes

- 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.
- ² 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).
- ³ 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.
- ⁴ 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.
- ⁵ U.S. Government Accountability Office. (2011). *Progress Made, but Women Remain Overrepresented among Low-Wage Workers*. <<http://www.gao.gov/products/GAO-12-10>> (accessed February 6, 2013).
- ⁶ Miller, Kevin and Claudia Williams. 2012. *Valuing Good Health in Massachusetts: The Cost and Benefits of Paid Sick Days*. IWPR Publication No. B305. Washington, DC: Institute for Women's Policy Research. <<http://www.iwpr.org/publications/pubs/valuing-good-health-in-massachusetts-the-costs-and-benefits-of-paid-sick-days-2>> (accessed November 26, 2012).
- ⁷ 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.
- ⁸ 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.
- ⁹ 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.
- ¹⁰ 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.
- ¹¹ Heymann, S. Jody, Alison Earle, and Brian Egleston. 1996. "Parental Availability for the Care of Sick Children." *Pediatrics* 98 (August): 226-230.
- ¹² King, James C. 2004. Quoted in *Study Shows School-Based Nasal Influenza Vaccinations Significantly Reduce Flu-Related Costs in Families*. Press release. University of Maryland Medical Center, May 25. <<http://www.umm.edu/cgi-bin/printpage.cgi>> (accessed March 17, 2005).
- ¹³ 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.
- ¹⁴ 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).

Funding for this fact sheet was provided by the Ford Foundation, the Annie E. Casey Foundation, and the Open Society Foundations.

For more information on IWPR reports or membership, please call (202) 785-5100, e-mail iwpr@iwpr.org, or visit www.iwpr.org.

The Institute for Women's Policy Research (IWPR) conducts rigorous research and disseminates its findings to address the needs of women, promote public dialogue, and strengthen families, communities, and societies. The Institute works with policymakers, scholars, and public interest groups to design, execute, and disseminate research that illuminates economic and social policy issues affecting women and their families, and to build a network of individuals and organizations that conduct and use women-oriented policy research. IWPR's work is supported by foundation grants, government grants and contracts, donations from individuals, and contributions from organizations and corporations. IWPR is a 501(c)(3) tax-exempt organization that also works in affiliation with the women's studies, public policy and public administration programs at The George Washington University.