



# Briefing Paper

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## Access to Paid Sick Days in North Carolina

An analysis by the Institute for Women’s Policy Research (IWPR) estimates that 39 percent of private sector employees working in North Carolina lack even a single paid sick day. This lack of access is even more pronounced among healthcare support workers who provide direct care: 49 percent currently lack access to paid sick days. Paid sick days can promote healthy work environments by reducing the spread of illness,<sup>1</sup> increasing productivity by allowing workers to avoid coming to work sick,<sup>2</sup> reducing workplace injuries,<sup>3</sup> and supporting work and family balance.<sup>4</sup> This briefing paper presents estimates of access to paid sick days in North Carolina by sex, race and ethnicity, occupation, hours worked, and earnings through analysis of government data sources, including the 2011–2012 National Health Interview Survey (NHIS) and the 2012 American Community Survey (ACS).

### Access to Paid Sick Days by Sex and Racial/Ethnic Group

- Among all private-sector workers in North Carolina, 39 percent (1,223,960 private sector workers) lack access to paid sick days (Table 1).
- Hispanic workers are significantly less likely to have paid sick days than any other racial/ethnic group, with 60 percent of Hispanic workers in North Carolina lacking access (Table 1).

**Table 1. Paid Sick Days Access Rates by Sex and Race/Ethnicity in North Carolina, 2012.**

Population Group	Without Access to Paid Sick Days	
	Number	Percent
<b>Total Private Sector</b>	<b>1,223,960</b>	<b>39%</b>
Women	594,886	40%
Men	620,511	38%
White, non-Hispanic	748,453	36%
Black, non-Hispanic	242,066	40%
Asian, non-Hispanic	27,425	32%
Hispanic	172,085	60%
Other, non-Hispanic	25,368	41%

Note: Access rates are for individuals, 18 years and older, working in the private sector in North Carolina area 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. Source: Institute for Women’s Policy Research analysis of 2011–2012 National Health Interview Survey (NHIS) and 2012 IPUMS American Community Survey (ACS).

## Access to Paid Sick Days by Occupation

Access to paid sick days varies widely depending on the type of occupations employees hold. Paid sick days are especially uncommon in jobs requiring frequent contact with the public, with important public health consequences. Across the broad spectrum of occupations in North Carolina, lack of access to paid sick days varies from 77 percent for employees in food preparation and serving related occupations, to only 13 percent in computer and mathematical occupations.

**Table 2. Paid Sick Days Access Rates by Occupation in North Carolina, 2012.**

Occupation	Without Access to Paid Sick Days	
	Number	Percent
Food Preparation and Serving Related	164,118	77%
Farming, Fishing, and Forestry	16,094	73%
Construction and Extraction	100,424	70%
Personal Care and Service	48,213	69%
Building and Grounds Cleaning and Maintenance	64,055	58%
Transportation and Material Moving	95,302	45%
Production	124,485	44%
Healthcare Support	45,222	42%
Direct Care Workers	41,300	49%
Sales and Related Occupations	162,731	42%
Education, Training, and Library	33,024	42%
Protective Service	8,213	37%
Installation, Maintenance, and Repair	46,418	36%
Arts, Design, Entertainment, Sports and Media	16,028	34%
Office and Administrative Support	127,177	30%
Life, Physical, and Social Science	6,068	25%
Community and Social Services	10,888	23%
Legal Occupations	4,562	23%
Management	61,233	21%
Healthcare Practitioner and Technical	41,813	20%
Business and Financial Operations	28,814	19%
Architecture and Engineering	7,357	13%
Computer and Mathematical Occupations	11,722	13%
<b>Total</b>	<b>1,223,960</b>	<b>39%</b>

Note: Access rates are for individuals, 18 years and older, working in the private sector in North Carolina area 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 2011–2012 National Health Interview Survey (NHIS) and 2012 IPUMS American Community Survey (ACS).

- Workers in healthcare support occupations, particularly direct care workers, have very low access rates. Almost half of all direct care workers lack paid sick days (Table 2), which poses public health risks through contagion.
- More than three quarters of workers in food preparation and serving-related occupations are estimated to lack paid sick days in North Carolina (Table 2), which also poses public health risks through contagion.
- Employees in personal care and service occupations, such as child care workers and manicurists, have very low rates of access to paid sick days. The vast majority—69 percent—of workers in these occupations are unable to take even a single paid day off when sick (Table 2).

## Access to Paid Sick Days by Hours Worked per Week

Full-time workers are much more likely than part-time workers to have access to paid sick days. While only 30 percent of full-time workers lack access, 70 percent of workers who work between 20 and 34 hours, and 87 percent of workers who work fewer than 20 hours lack access.

**Table 3. Paid sick days Access Rates in North Carolina by Hours Worked per Week, 2012.**

Hours Usually Worked Per Week	Without Access to Paid Sick Days	
	Number	Percent
35 hours or more	758,214	30%
Between 20 and 35 hours	332,884	70%
Under 20 hours	132,862	87%
<b>Total</b>	<b>1,223,960</b>	<b>39%</b>

Note: Access rates are for individuals, 18 years and older, working in the private sector in North Carolina area 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 2011–2012 National Health Interview Survey (NHIS) and 2012 IPUMS American Community Survey (ACS).

## Access to Paid Sick Days by Earnings Level

Because low-wage workers often cannot afford to take leave without pay, they are especially likely to benefit from paid sick days. Low-wage employees, however, are much less likely than higher earners to have access.

- Over 60 percent of full-time, year-round workers in the lowest earnings bracket (less than \$20,000 annually) lack access to paid sick days (Table 4).
- Fewer than 20 percent of workers in the highest earnings bracket (\$65,000 annually or more) lack access to paid sick days (Table 4).

**Table 4. Paid Sick Days Access Rates by Earnings for Full-Time Year-Round Workers in North Carolina, 2012.**

Personal Earnings, full-time year-round workers	Without Access to Paid Sick Days	
	Number	Percent
\$1-\$19,999	199,305	61%
\$20,000-\$34,999	254,360	38%
\$35,000-\$44,999	82,834	25%
\$45,000-\$64,999	91,932	23%
\$65,000+	83,793	18%
<b>Total</b>	<b>712,224</b>	<b>32%</b>

Note: Access rates are for individuals, 18 years and older, working in the private sector in North Carolina area 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. Percentages and figures may not add to totals due to rounding. Source: Institute for Women’s Policy Research analysis of 2011–2012 National Health Interview Survey (NHIS) and 2012 IPUMS American Community Survey (ACS).

## Benefits of Paid Sick Leave

Paid sick leave delivers multiple benefits for employers, children, women, and communities at large. The economic and public health benefits of paid sick leave coverage are substantial, including stronger, safer work environments; reduced contagion; supporting children and families; and lowered 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,<sup>5</sup> and a recent study found that employers who provided paid sick leave to their employees reported fewer occupational injuries than those who did not have paid sick leave coverage.<sup>6</sup>
- Paid sick leave policies help reduce the spread of illness in the workplace by helping contagious workers stay home.<sup>7</sup>

### Supporting Children and Families

- Paid sick leave policies help parents fulfill their caregiving responsibilities. Research shows that having paid sick leave is the primary factor in a parent’s decision to stay home when their children are sick.<sup>8</sup>

- Because many parents do not have access to affordable child care for sick children, sick children are often left home alone or sent to school or child care sick.<sup>9</sup> Allowing parents to stay home with sick children can prevent illness from spreading in schools and child care centers.<sup>10, 11</sup> Studies demonstrate that children are more susceptible to influenza<sup>12</sup> and carry the influenza virus over longer periods of time compared with adults.<sup>13, 14, 15</sup> Keeping children at home when they have contagious illnesses, like the flu, would be likely to prevent absences among their schoolmates and teachers.

## Reducing Health Care Costs

- Paid leave allows adult children and family members to care for elderly, disabled, and medically fragile relatives. This 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.<sup>16</sup>
- Paid sick leave allows workers to take time away from work for medical appointments, rather than waiting until after work hours, when people are more likely to utilize hospital emergency services. Analysis of data from the National Health Interview Survey shows that workers with paid sick leave are less likely than workers without paid sick leave to utilize hospital emergency departments, even after accounting for variables such as age, income, education, and health insurance access.<sup>17</sup>

## Notes

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<sup>1</sup> 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.

<sup>2</sup> Ron Z. Goetzel, Stacey R. Long, Ronald J. Ozminkowski, Kevin Hawkins, Shaohung Wang, and Wendy Lynch, "Health, Absence, Disability, and Presenteeism Cost Estimates of Certain Physical and Mental Health Conditions Affecting U.S. Employers," *Journal of Occupational and Environmental Medicine* no. 46 (April 2004): 398-412.

<sup>3</sup> 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.

<sup>4</sup> S. Jody Heymann, *The Widening Gap: Why America's Working Families Are in Jeopardy and What Can Be Done About It* (New York: Basic Books, 2000).

<sup>5</sup> 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.

<sup>6</sup> See note 4 above.

<sup>7</sup> See note 5 above.

<sup>8</sup> 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.

<sup>9</sup> S. Jody Heymann, *Forgotten Families: Ending the Growing Crisis Confronting Children and Working Parents in the Global Economy* (Oxford University Press, 2006).

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<sup>10</sup> Isabelle Diehl, "The prevalence of colds in nursery school children and non-nursery school children," *Journal of Pediatrics* vol. 34 no. 1 (January 1949): 52-61.

<sup>11</sup> Lennart Hesselvik, "Respiratory infections among children in day nurseries," *Acta Paediatrica Scandinavica* no. 37 sup. S74 (May 1949): 1-103.

<sup>12</sup> 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.

<sup>13</sup> Christine E. Long, Caroline B. Hall, Coleen K. Cunningham, et al. "Influenza surveillance in community-dwelling elderly compared with children," *Archives of Family Medicine* no. 6 (September 1997): 459-465.

<sup>14</sup> 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.

<sup>15</sup> 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.

<sup>16</sup> 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.

<sup>17</sup> 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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