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Briefing Paper

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Access to Paid Sick Time in Minnesota

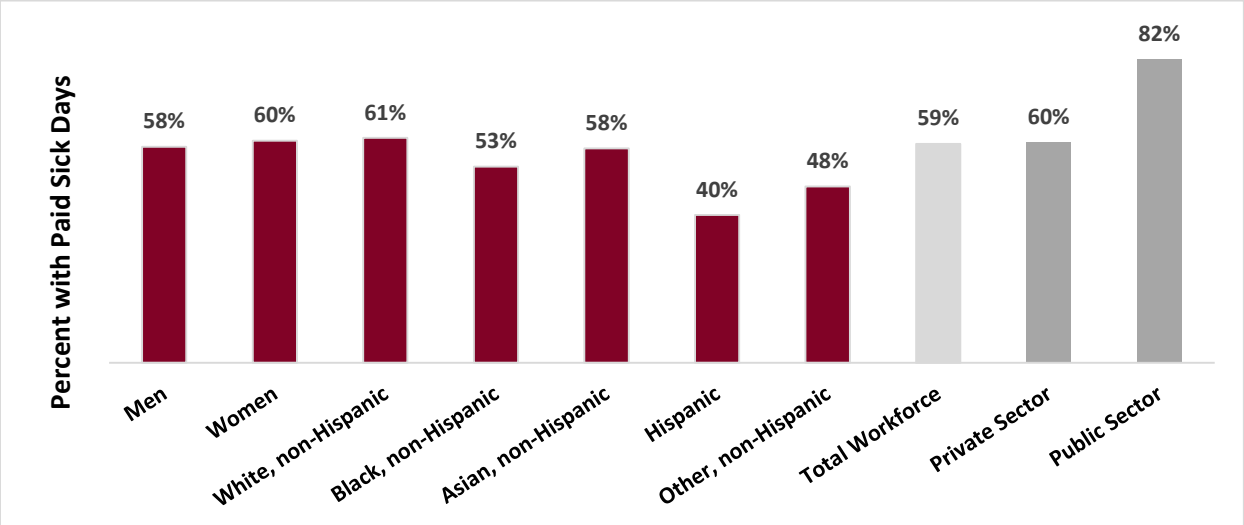
An analysis by the Institute for Women's Policy Research (IWPR) finds that approximately 41 percent of workers living in Minnesota lack paid sick time. This lack of access is even more pronounced among low-income and part-time workers. Access to paid sick time promotes safe and healthy work environments by reducing the spread of illness[1] and workplace injuries,[2] reduces health care costs, and supports children and families by helping parents to fulfill their caregiving responsibilities.[3] This briefing paper presents estimates of access to paid sick time in Minnesota by sex, race and ethnicity, occupation, part/full-time employment status, and personal earnings through analysis of government data sources, including the 2010–2012 National Health Interview Survey (NHIS) and the 2012 American Community Survey (ACS).

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

- Among all workers in Minnesota, 59 percent have access to paid sick time (Figure 1), and 41 percent, or about 1,100,455 workers, lack access (Table 1).[4]

- Hispanic workers are significantly less likely to have paid sick time than workers in any other racial/ethnic group (Figure 1): 60 percent of Hispanic workers in Minnesota lack access to paid sick time (Table 1).

Figure 1. Paid Sick Time Access Rates by Sex and Race and Ethnicity in Minnesota, 2012.



Note: Access rates are for individuals, 18 years and older, living in Minnesota regardless of their place of work. 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 2010-2012 National Health Interview Survey (NHIS) and 2012 IPUMS American Community Survey (ACS).

Table 1. Lack of Access to Paid Sick Time by Sex and Race and Ethnicity in Minnesota, 2012.

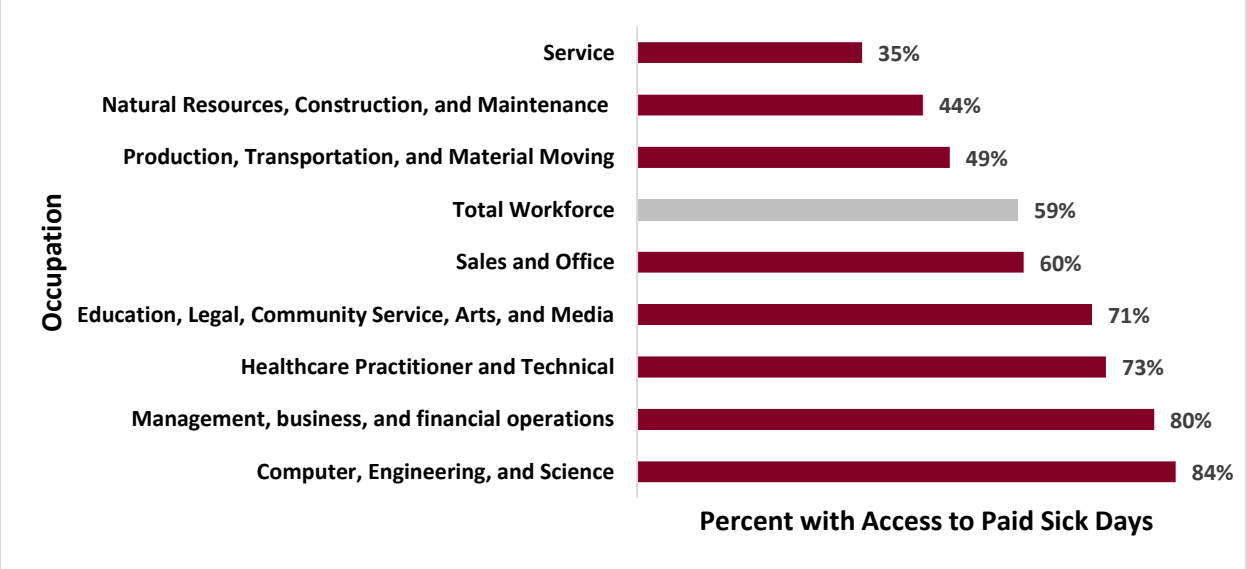
Population Group	Without Access to Paid Sick time	
	Number	Percent
Men	565,941	42%
Women	534,514	40%
White, non-Hispanic	895,763	39%
Black, non-Hispanic	55,931	47%
Asian, non-Hispanic	46,691	42%
Hispanic	69,545	60%
Other, non-Hispanic	32,526	52%
Total Workforce	**1,100,455**	**41%**
Private Sector	1,028,046	44%
Public Sector	72,409	21%

Note: Access rates are for individuals, 18 years and older, living in Minnesota regardless of their place of work. 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 2010-2012 National Health Interview Survey (NHIS) and 2012 IPUMS American Community Survey (ACS).

Access to Paid Sick Time by Occupation

Access to paid sick time varies widely depending on the type of occupation employees hold. Paid sick time is especially uncommon in jobs requiring frequent contact with the public, with important public health consequences. Across the broad spectrum of occupations in Minnesota, access to paid sick time varies from a high of 84 percent for Computer, Engineering, and Science occupations to only 35 percent for those employed in Service occupations.

Figure 2. Paid Sick Time Access Rates by Occupation in Minnesota, 2012.



Note: Access rates are for individuals, 18 years and older, living in Minnesota area regardless of their place of work. Percentages and figures may not add to totals due to rounding. Source: Institute for Women's Policy Research analysis of 2010–2012 National Health Interview Survey (NHIS) and 2012 IPUMS American Community Survey (ACS).

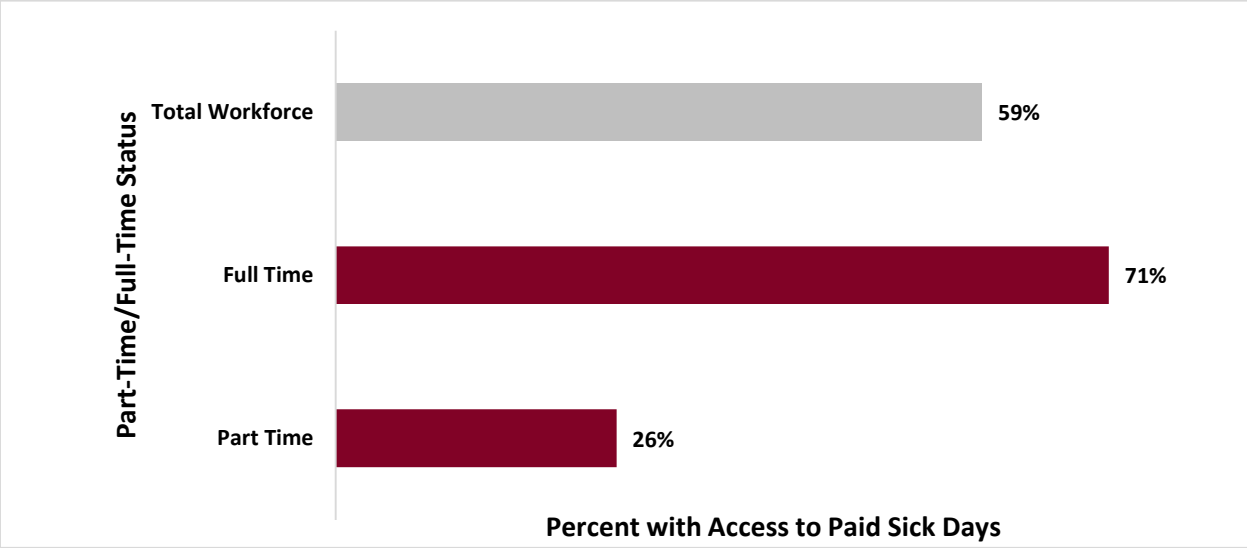
Only 35 percent of all workers in Service occupations—which include food service workers—are estimated to have paid sick time in Minnesota (Figure 2). The lack of access for workers with frequent contact with the public poses public health risks through contagion.

Access to Paid Sick time by Hours Worked

- Paid sick time is particularly rare for part-time workers. Only 26 percent of part-time workers have access to paid sick time (Figure 3). These workers are also disproportionately likely to be working in service occupations where access rates also tend to be low.

- Full-time workers are significantly more likely than part-time workers to have access to paid sick time; 71 percent of full-time workers have access to paid sick time in Minnesota (Figure 3).

Figure 3. Paid Sick Time Access Rates by Hours Worked in Minnesota, 2012.



Note: Access rates are for individuals, 18 years and older, living in Minnesota area regardless of their place of work. Percentages and figures may not add to totals due to rounding. Source: Institute for Women's Policy Research analysis of 2010–2012 National Health Interview Survey (NHIS) and 2012 IPUMS American Community Survey (ACS).

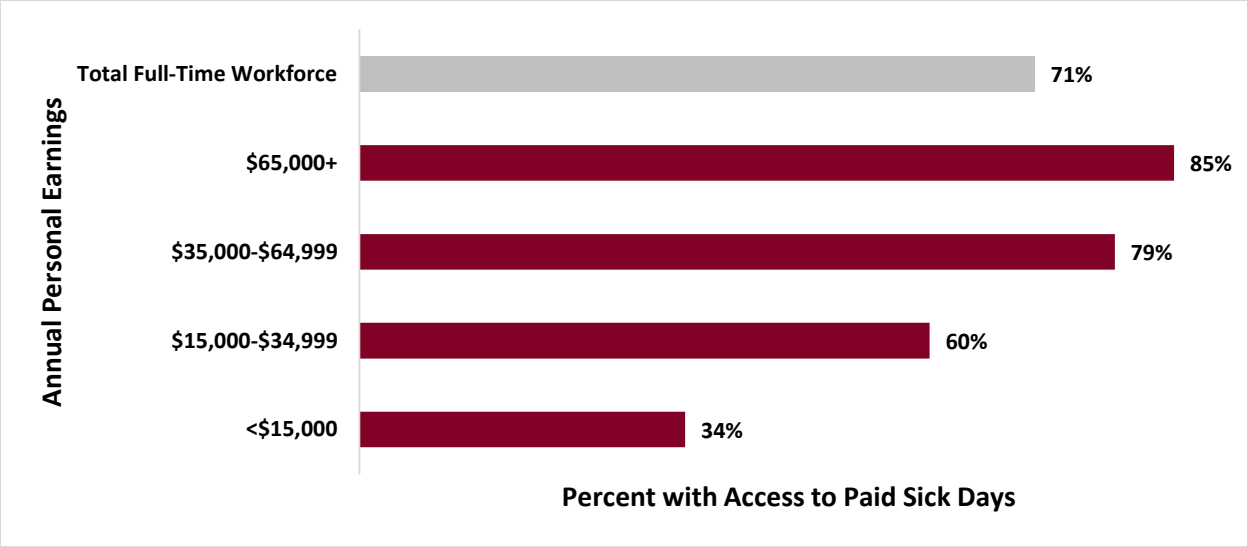
Access to Paid Sick Time by Earnings Level

Although low-paid workers are more likely than higher-paid workers to benefit from paid sick time, since financial reasons may currently prevent them from staying at home when ill, they are least likely to have access.

- Only one-third (34 percent) of full-time workers in the lowest earnings bracket (less than $15,000 annually) have access to paid sick time (Figure 4).

- More than 80 percent of workers in the highest earnings bracket (more than $65,000 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 Minnesota, 2012.



Note: Access rates are for individuals, 18 years and older, living in Minnesota area regardless of their place of work. 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 2012 dollars. Percentages and figures may not add to totals due to rounding. Source: Institute for Women's Policy Research analysis of 2010–2012 National Health Interview Survey (NHIS) and 2012 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 creating stronger, safer work environments; improved child and family health and well-being; and reduced 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,[5] and 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.[6]

- Paid sick time policies help reduce the spread of illness in the workplace by making it possible for contagious workers stay home.[7]

Supporting Children and Families

- Paid sick time policies help parents fulfill their caregiving responsibilities. Research shows that having paid sick time is the primary factor in a parent's decision to stay home when their children are sick.[8]

- Research also documents that parents without access to paid sick time are nearly twice as likely to send their children to school or day care sick.[9] Allowing parents to stay home with sick children is likely to prevent illness from spreading in schools and day care centers. Studies demonstrate that children are more susceptible to influenza[10] and carry the influenza virus over longer periods of time compared with adults.[11] Keeping children at home when they have contagious illnesses, like the flu, is likely to prevent absences among their schoolmates and teachers.

Reducing Health Care Costs

- Paid sick time allows adult children and family members time 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 or in nursing facilities, services that might otherwise be financed by Medicaid or Medicare.[12]

- Paid sick time allows workers to take time away from work for medical appointments, rather than waiting until after work hours, when people are more likely to use hospital emergency services. Analysis of data from the National Health Interview Survey shows that workers with paid sick time are less likely than workers without paid sick time to use hospital emergency departments, even after accounting for variables such as age, income, education, and health insurance access.[13]

Notes

[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] Throughout this briefing paper, the total workforce includes both private and public sector workers, but excludes self-employed and federal government workers as well as members of the armed forces.
[5] 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.
[6] See note 2 above.
[7] See note 1 above.
[8] 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.
[9] Tom W. Smith and Jibum Kim, *Paid Sick Days: Attitudes and Experiences* (Chicago, IL: National Opinion Research Center at the University of Chicago).
[10] 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.
[11]See for example: 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; 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; and 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.

[12] 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.

[13] See note 3 above.

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