

Briefing Paper



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Access to Paid Sick Time in Los Angeles, California

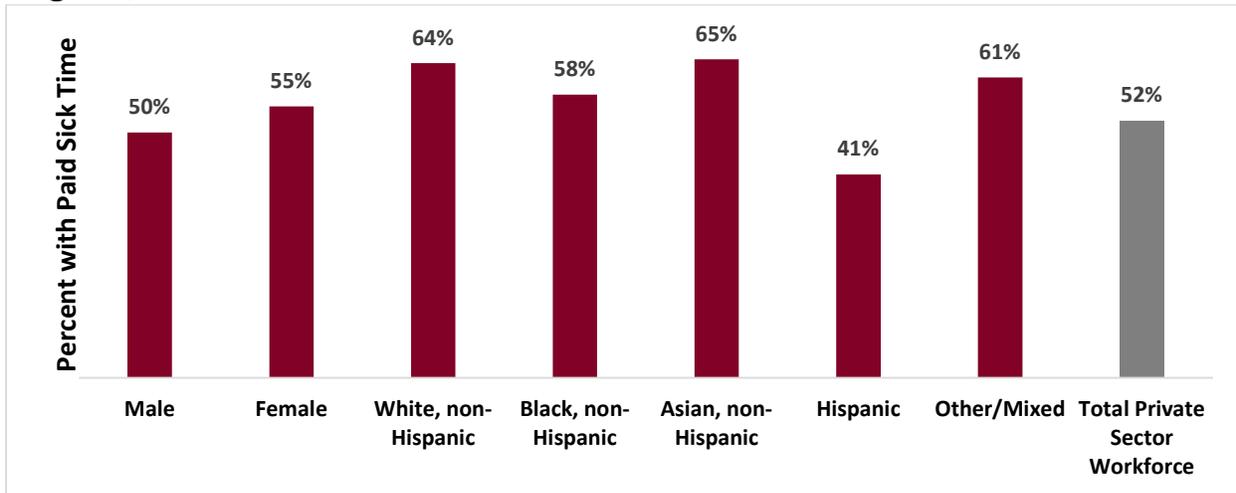
On September 10, 2014, Governor Jerry Brown of California signed the Healthy Workplaces, Healthy Families Act into law. This law would require most California employers to provide each employee with one hour of paid sick time for every 30 hours worked, up to a maximum of 24 hours or three days, though employers can voluntarily offer more time. The law exempts employees covered by qualifying collective bargaining agreements, in-home supportive services providers, and certain employees of air carriers. While viewed as a great first step toward improving the health and economic security of California workers and their families, many advocates believe that the law should be expanded so that workers can earn more sick time per year. Research suggests that in years where a worker is unfortunate enough to come down with the flu, for example, they can infect others for five to seven days after their symptoms appear¹ and the CDC recommends that workers stay home for at least 24 hours after their fever is gone,² suggesting that there may be some years when workers need more than three days of sick time. As such, several municipalities are working to pass more generous paid sick time laws across the state, including in Los Angeles.

An analysis by the Institute for Women's Policy Research (IWPR) finds that approximately 48 percent of private sector workers living in Los Angeles, CA, lacked paid sick time prior to the implementation of the state-wide law. These workers are thus the most likely to be impacted by an expansion of paid sick time in Los Angeles. 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 illness³ and workplace injuries,⁴ reduces health care costs,⁵ and supports children and families by helping parents fulfill their caregiving responsibilities.⁶ This briefing paper presents estimates of access to paid sick time in Los Angeles by sex, race/ethnicity, occupation, part/full-time employment status, and personal earnings through analysis of government data sources, including the 2011–2013 National Health Interview Survey (NHIS) and the 2013 American Community Survey (ACS).

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

- Among all private sector workers in Los Angeles, 52 percent lacked access to paid sick time prior to the passage of the 2014 state law (Figure 1), and 48 percent, or about 654,444 workers, lack access (Table 1).⁷ These workers are likely to be receivers of no more than 3 days under the current state law.
- Hispanic workers were significantly less likely to have paid sick time than workers in any other racial/ethnic group (Figure 1): 59 percent of Hispanic workers in Los Angeles lacked access to paid sick time (Table 1).

Figure 1. Paid Sick Time Access Rates by Sex and Race and Ethnicity in Los Angeles, 2013.



Note: Access rates are for individuals, 18 years and older, living in Los Angeles 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 2011-2013 National Health Interview Survey (NHIS) and 2013 IPUMS American Community Survey (ACS).

Table 1. Lack of Access to Paid Sick Time by Sex and Race and Ethnicity in Los Angeles, 2013.

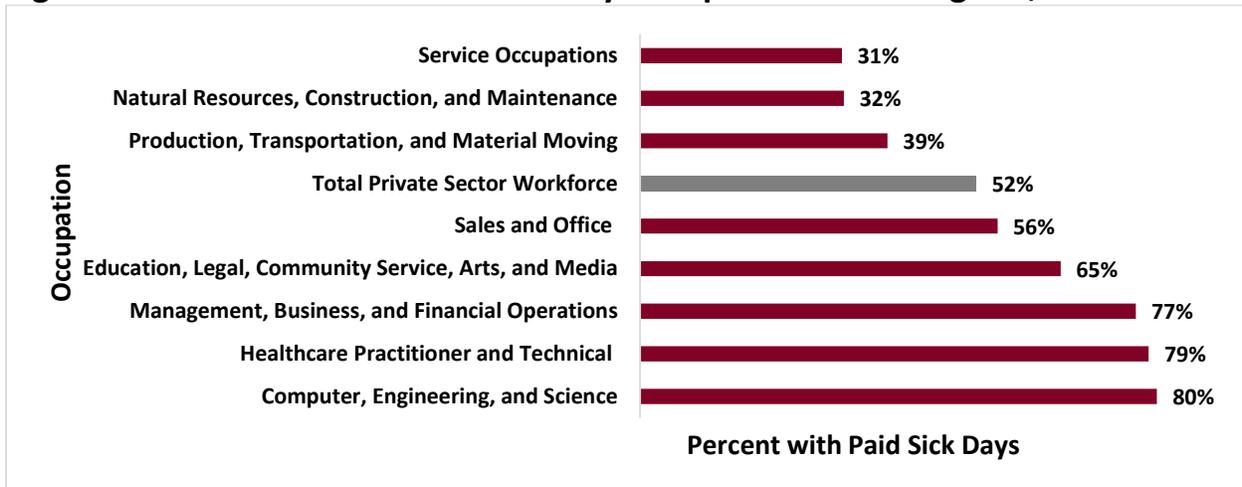
Population group	Without access to Paid Sick Time	
	Number	Percent
Male	376,981	50%
Female	277,463	45%
White, non-Hispanic	140,710	36%
Black, non-Hispanic	41,820	42%
Asian, non-Hispanic	59,883	35%
Hispanic	400,533	59%
Other/Mixed	11,497	39%
Total Private Sector Workforce	654,444	48%

Note: Access rates are for individuals, 18 years and older, living in Los Angeles 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 2011-2013 National Health Interview Survey (NHIS) and 2013 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 Los Angeles, access to paid sick time varied prior to the passage of the 2014 state law from a high of 80 percent for Computer, Engineering, and Science occupations, to only 31 percent for those employed in Service occupations.

Figure 2. Paid Sick Time Access Rates by Occupation in Los Angeles, 2013.



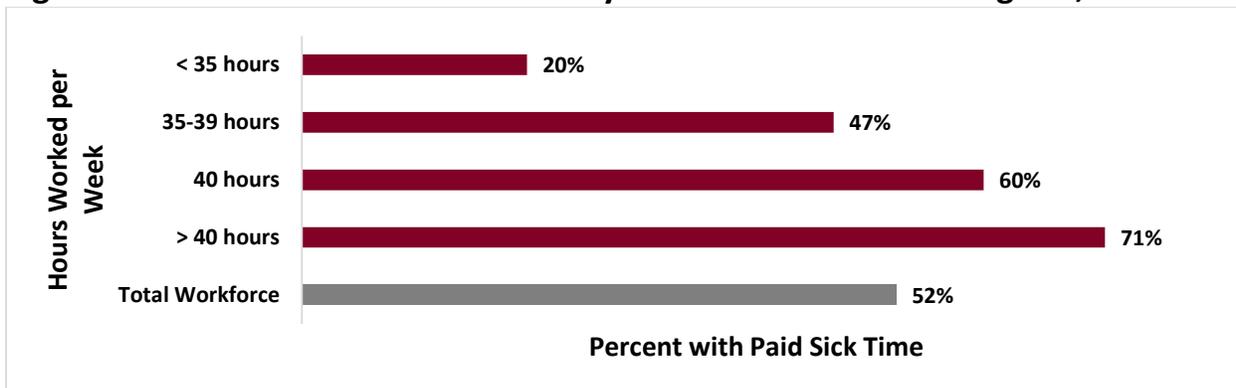
Note: Access rates are for individuals, 18 years and older, living in Los Angeles regardless of their place of work. Percentages and figures may not add to totals due to rounding. Source: Institute for Women’s Policy Research analysis of 2011–2013 National Health Interview Survey (NHIS) and 2013 IPUMS American Community Survey (ACS).

Only 31 percent of all workers in Service occupations—which include food service workers—were estimated to have paid sick time in Los Angeles in 2013 (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

- Prior to the passage of the 2014 state law, paid sick time was particularly rare for part-time workers (those who work fewer than 35 hours per week). Only 20 percent of part-time workers had access to paid sick time (Figure 3). These workers were also disproportionately likely to be working in service occupations where access rates also tend to be low.⁸ These workers are likely to have accrued only the minimum number of sick time required under the new state law.
- Full-time workers were significantly more likely than part-time workers to have access to paid sick time; 60 percent of workers who work 40 hours a week have access to paid sick time in Los Angeles (Figure 3).

Figure 3. Paid Sick Time Access Rates by Hours Worked in Los Angeles, 2013.



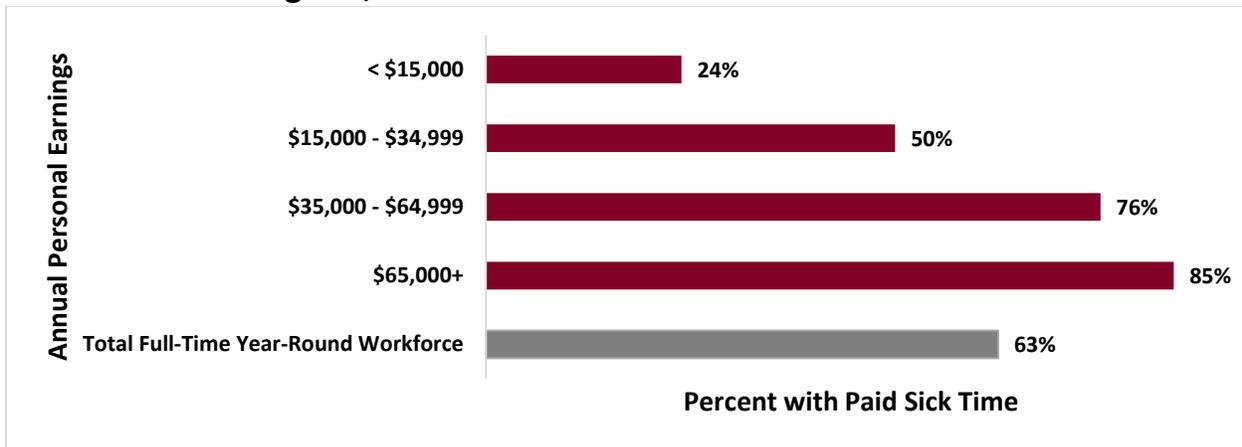
Note: Access rates are for individuals, 18 years and older, living in Los Angeles regardless of their place of work. Percentages and figures may not add to totals due to rounding. Source: Institute for Women’s Policy Research analysis of 2011–2013 National Health Interview Survey (NHIS) and 2013 IPUMS American Community Survey (ACS).

Access to Paid Sick Time by Earnings Level

Although low-paid workers are more likely than high-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.

- Fewer than one-quarter (24 percent) of full-time workers in the lowest earnings bracket (less than \$15,000 annually) had access to paid sick time as of 2013 (Figure 4).
- More than 80 percent of workers in the highest earnings bracket (more than \$65,000 annually) had access to paid sick time in 2013 (Figure 4).

Figure 4. Paid Sick Time Access Rates by Earnings for Full-Time Year-Round Workers in Los Angeles, 2013.



Note: Access rates are for individuals, 18 years and older, living in Los Angeles 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 2013 dollars. Percentages and figures may not add to totals due to rounding. Source: Institute for Women's Policy Research analysis of 2011–2013 National Health Interview Survey (NHIS) and 2013 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,⁹ 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.¹⁰
- Paid sick time policies help reduce the spread of illness in the workplace by making it possible for contagious workers to stay home.¹¹

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.¹²
- Research also documents that parents without access to paid sick time are nearly twice as likely to send their children to school or child care sick.¹³ Allowing parents to stay home with sick children is likely to prevent illness from spreading in schools and child care centers. Studies demonstrate that children are more susceptible to influenza¹⁴ and carry the influenza virus over longer periods of time compared with adults.¹⁵ 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,¹⁶ services that might otherwise be financed by Medicaid or Medicare.
- Paid sick time allows people to take time away from work for medical appointments, rather than waiting until after work hours, when they 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 other to use hospital emergency departments, even after accounting for variables such as age, income, education, and health insurance access.¹⁷

Notes

¹ Flu.gov, “Seasonal Flu,” <http://www.flu.gov/about_the_flu/seasonal/index.html> (accessed 24 March, 2015).

² Centers for Disease Control and Prevention, “The Flu: What To Do If You Get Sick,” <<http://www.cdc.gov/flu/takingcare.htm>> (accessed 24 March, 2015).

³ 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.

⁴ 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.

⁵ 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).

⁶ 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.

⁷ Throughout this briefing paper, the total workforce includes only private sector workers and excludes self-employed and government workers as well as members of the armed forces.

⁸ Unpublished IWPR analysis of 2013 American Community Survey data (Integrated Public Use Microdata Series, Version 5.0).

⁹ 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.

¹⁰ See note 4 above.

¹¹ See note 3 above.

¹² See note 6 above.

¹³ Tom W. Smith and Jibum Kim, *Paid Sick Days: Attitudes and Experiences* (Chicago, IL: National Opinion Research Center at the University of Chicago).

¹⁴ 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.

¹⁵ 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.

¹⁶ 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.

¹⁷ See note 5 above.

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