

Briefing Paper

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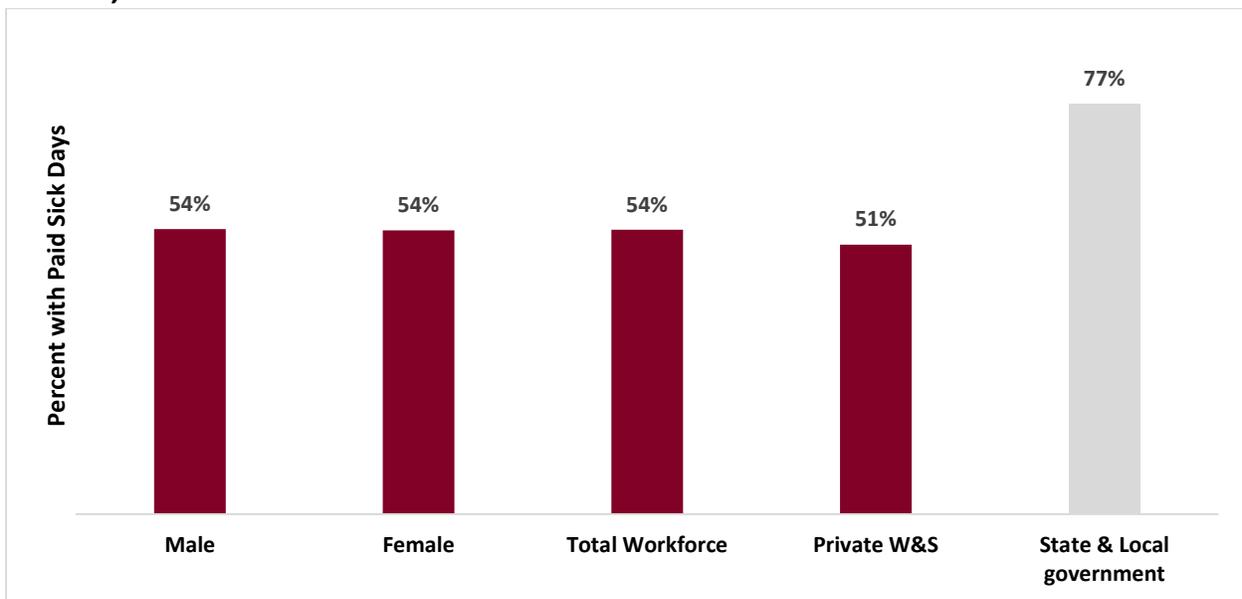
Access to Paid Sick Time in Duluth, Minnesota

Approximately 46 percent of workers in Duluth, Minnesota¹ lack paid sick time, and low-income and part-time workers are especially unlikely to be covered. Access to paid sick time promotes safe and healthy work environments by reducing the spread of illness² and workplace injuries,³ reduces health care costs,⁴ and supports children and families by helping parents to care for their children's health.⁵ This briefing paper presents estimates of access to paid sick time in Duluth by sex, sector of employment, occupation, part/full-time employment status, and personal earnings through analysis of government data sources, including the 2012–2014 National Health Interview Survey (NHIS) and the 2012-2014 American Community Survey (ACS).

Access to Paid Sick Time by Sex and Sector of Employment

- Among all workers in Duluth, 54 percent have access to paid sick time (Figure 1), and 46 percent, or about 19,500 workers, lack access (Table 1).⁶
- State and local government workers are much more likely than private sector workers to have paid sick time: 77 percent of state and local government workers have access to paid sick time in Duluth compared with 51 percent of private sector workers.

Figure 1. Paid Sick Time Access Rates by Sex and Sector of Employment in Duluth, 2012-2014



Note: Access rates are for individuals, 18 years and older, working in Duluth regardless of their place of residence.

Source: Institute for Women's Policy Research analysis of 2012-2014 National Health Interview Survey (NHIS) and 2012-2014 IPUMS American Community Survey (ACS).

Table 1. Lack of Access to Paid Sick Time by Sex and Sector of Employment in Duluth, 2012-2014

Population Group	Without Access to Paid Sick Days	
	Number	Percent
Male	9,724	46%
Female	9,768	46%
Total Workforce	19,492	46%
Private W&S	18,493	49%
State & Local government	999	23%

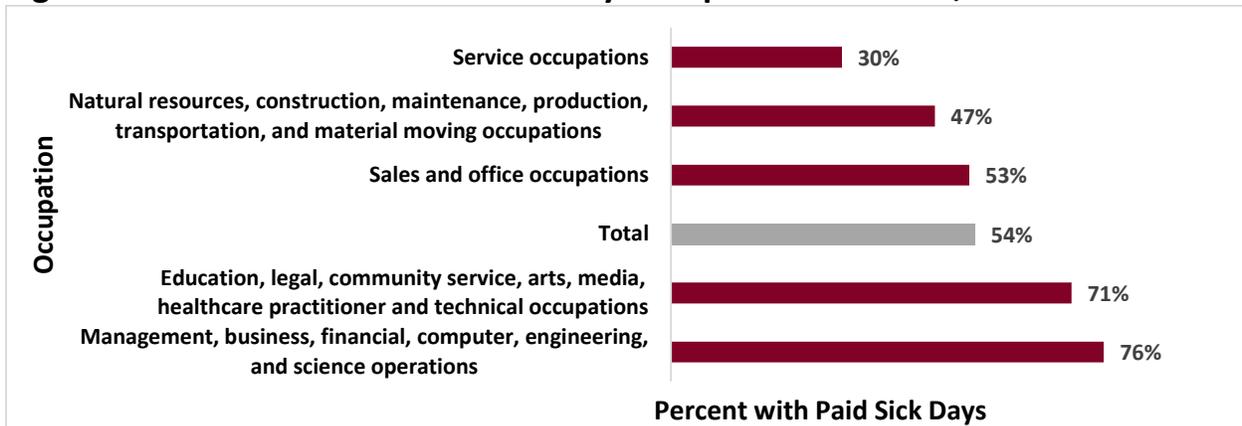
Note: Access rates are for individuals, 18 years and older, working in Duluth regardless of their place of residence.

Source: Institute for Women’s Policy Research analysis of 2012-2014 National Health Interview Survey (NHIS) and 2012- 2014 IPUMS American Community Survey (ACS).

Access to Paid Sick Time by Occupation

Access to paid sick time varies widely depending on the type of job 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 Duluth, access to paid sick time varies from a high of 76 percent for Management, Business, Financial, Computer, Engineering, and Science occupations, to only 30 percent for those employed in Service occupations.

Figure 2. Paid Sick Time Access Rates by Occupation in Duluth, 2012-2014



Note: Access rates are for individuals, 18 years and older, living in Duluth regardless of their place of work.

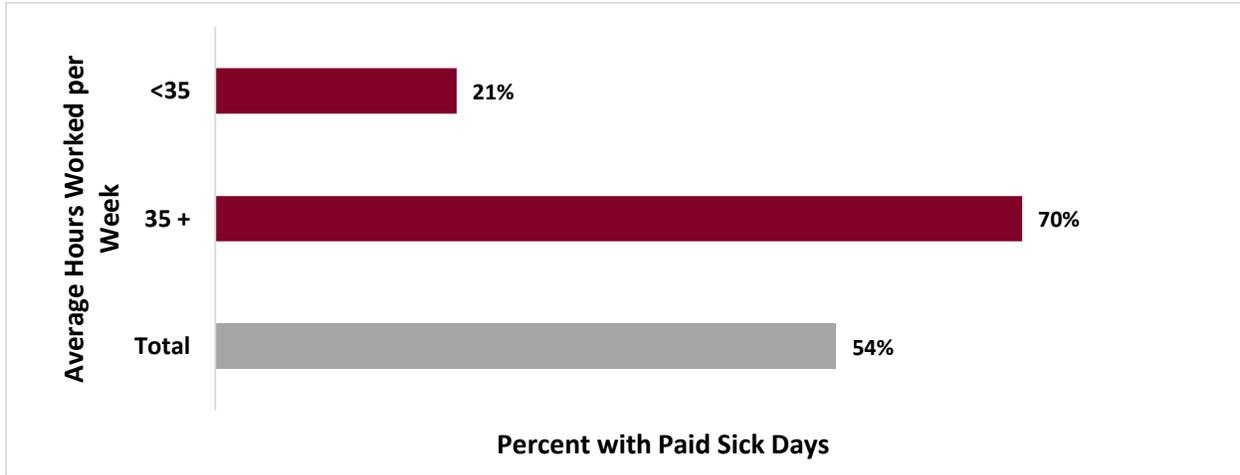
Source: Institute for Women’s Policy Research analysis of 2012–2014 National Health Interview Survey (NHIS) and 2012-2014 IPUMS American Community Survey (ACS).

Access to Paid Sick Time by Hours Worked

- Paid sick time is particularly rare for part-time workers (those who work fewer than 35 hours per week). Only 21 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.⁷

- Among those who work full-time (35 hours a week or more) hours a week or more, 70 percent have access to paid sick time in Duluth (Figure 3).

Figure 3. Paid Sick Time Access Rates by Hours Worked in Duluth, 2012-2014



Note: Access rates are for individuals, 18 years and older, living in Duluth regardless of their place of work. Percentages and figures may not add to totals due to rounding.

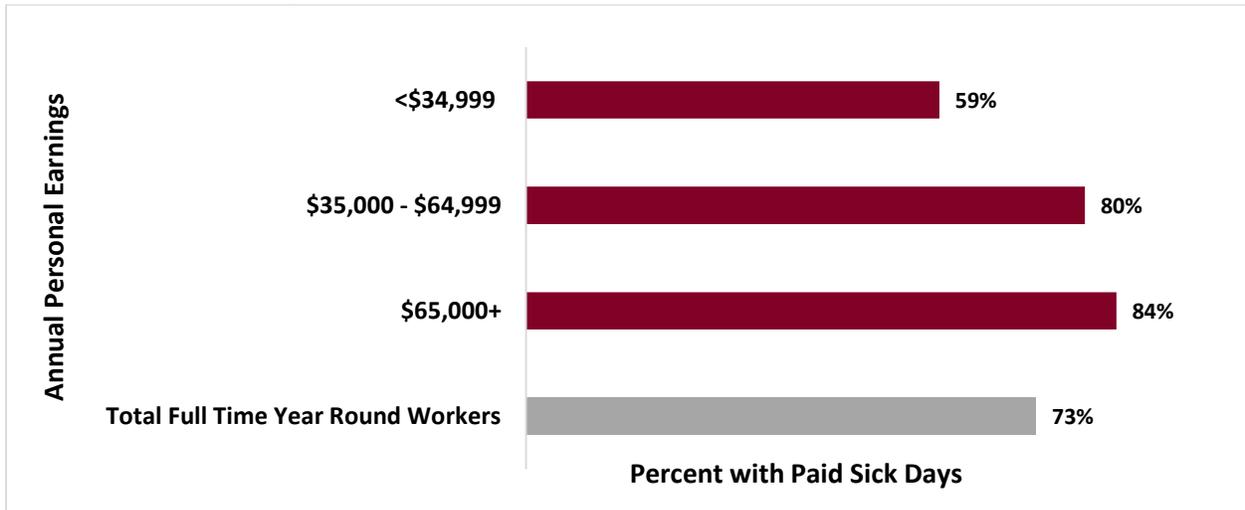
Source: Institute for Women’s Policy Research analysis of 2012–2014 National Health Interview Survey (NHIS) and 2012–2014 IPUMS American Community Survey (ACS).

Access to Paid Sick Time by Earnings Level

Low-paid workers are much less likely than higher earners to have access to paid sick time. This means that those who can least afford to take an unpaid day off are also least likely to be covered.

- About one in six (59 percent) full-time workers in the lowest earnings bracket (less than \$35,000 annually) have access to paid sick time (Figure 4).
- Over 80 percent of workers in the highest earnings bracket (\$65,000 or more 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 Duluth, 2012-2014



Note: Access rates are for individuals, 18 years and older, living in Duluth regardless of their place of work. Dollar values are in constant 2014 dollars.

Source: Institute for Women's Policy Research analysis of 2012–2014 National Health Interview Survey (NHIS) and 2012–2014 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 stronger, safer work environments; improved child and family health and well-being; and reduced health care costs.

Stronger, Safer Work Environments

- Research documents that workers with influenza perform more poorly on a variety of tasks than healthy workers,⁸ and a recent study found that employers who provided paid sick time reported fewer occupational injuries among employees than those who did not have paid sick time coverage.⁹
- Paid sick time policies help reduce the spread of illness in the workplace by making it possible for contagious workers to stay home.¹⁰

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.¹¹
- Research documents that parents without access to paid sick time are nearly twice as likely to send their children to school or child care sick.¹² 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 influenza¹³ and carry the influenza virus over longer periods of time compared with adults.¹⁴ 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 gives adult children and family members the 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,¹⁵ 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 workers to use hospital emergency departments, even after accounting for variables such as age, income, education, and health insurance access.¹⁶

Notes

¹ The smallest geographic area available for analysis in the Duluth area is the Census Public Use Microdata Area (PUMA) for St. Louis County southeast. As Duluth city is a subset of this PUMA, the number of workers in Duluth was found by multiplying the population of St. Louis County Southeast by the proportion of those residents who live in Duluth; the 2010 Census estimates that 85.2 percent of the population in St. Louis County Southeast is a Duluth resident. The estimated number of workers affected by the proposed ordinance in the city of Duluth was found by adjusting the Duluth estimates using the Commuter Adjusted Daytime Population from the Census Bureau's 2006-2010 5-year American Community Survey (ACS) dataset, which estimates that for every worker living in Duluth, there are 1.085 additional workers commuting in from other locations. Thus, estimates presented in this analysis reflect the only those working in Duluth; people who live in Duluth but work elsewhere are not counted whereas people who live elsewhere but work in Duluth are. For simplicity, homogenous worker and resident populations are assumed.

² Supriya Kumar, John J. Grefenstette, David Galloway, Steven M. Albert, and Donald S. Burke, "Policies to Reduce Influenza in the Workplace: Impact Assessments Using an Agent-Based Model," *American Journal of Public Health* 103 (8): 1406-1411 (2013); Robert Drago, and Kevin Miller, *Sick at Work: Infected Employees in the Workplace During the H1N1 Pandemic*. (Washington, DC: Institute for Women's Policy Research, January 2010).

³ 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.

⁴ 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).

⁵ 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.

⁶ 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.

⁷ Unpublished IWPR analysis of 2013 American Community Survey data (Integrated Public Use Microdata Series, Version 5.0).

⁸ 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.

⁹ 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.

¹⁰ Supriya Kumar, John J. Grefenstette, David Galloway, Steven M. Albert, and Donald S. Burke, "Policies to Reduce Influenza in the Workplace: Impact Assessments Using an Agent-Based Model," *American Journal of Public Health* 103 (8): 1406-1411 (2013); Robert Drago, and Kevin Miller, Sick at Work: Infected Employees in the Workplace During the H1N1 Pandemic. (Washington, DC: Institute for Women's Policy Research, January 2010).

¹¹ 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.

¹² Tom W. Smith and Jibum Kim, *Paid Sick Days: Attitudes and Experiences* (Chicago, IL: National Opinion Research Center at the University of Chicago, June 2010).

¹³ 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.

¹⁴ 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.

¹⁵ 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.

¹⁶ 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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