INSTITUTE FOR WOMEN'S POLICY RESEARCH

POLICY BRIEF

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FOR WOMEN IN UNIONS, PAID LEAVE IS NOT A PIPE DREAM

By Jeff Hayes, PhD

Unions boost women's access to paid leave benefits, promote an equitable recovery, and improve work-life balance.

RESEARCH HIGHLIGHTS

- **Unionized women have better access to paid leave.** Women who belong to unions are more likely (roughly 20 percentage points) to have access to paid leave for doctors' appointments and paid sick time. Women who belong to unions are also more likely (15 percentage points) to have access to paid vacation compared to non-unionized women.
- **Uneven access in paid time-off leaves some women behind.** Access to paid sick leave, paid time for doctor appointments, or paid vacations is not equally distributed for women across all racial and ethnic groups. Latinas, in particular, are unlikely to have these important benefits without union coverage.
- **Unions can be a powerful catalyst for an equitable economic recovery.** Unions are associated with greater access to benefits like paid leave that provide work-life balance and improve family well-being. While many workers were able to take leave when they needed it for their own illness or to care for family in the pandemic, half of employed Latinas and one in four Black women reported that during the pandemic they needed to take time off from work but did not (Hayes and Mason 2021).

INTRODUCTION

The COVID-19 pandemic has highlighted deep inequalities in access to basic health benefits like paid family and medical leave, paid sick time, and paid vacation. During the pandemic, these benefits were especially important: allowing workers to take time off to recover from the virus, care for a sick family member, or receive the vaccine without worrying about losing income. The same communities hit hardest by the COVID-19 crisis with higher death rates—Black and Latinx (Hispanic) workers—also are less likely to have access to paid leave than their White non-Hispanic counterparts. These trends persist across different employment conditions, such as the ability to work from home and employment in an industry deemed "essential" (Miller, Wherry, and Mazumder 2021). Latina women were especially hard hit by increased caregiving demands, reporting both the highest levels of family and medical leave taken during the pandemic and the highest levels of unmet need for leave (Hayes and Mason 2021).

Access to paid sick days is uneven across demographic groups with lower access among American Indian and Alaska Native, Black, and Latinx employees than those who are White or Asian (Xia et al. 2016). Immigrants and people with lower earnings are also less likely to have access to paid sick leave compared to U.S.-born and people with higher earnings, respectively. Essential workers in health care, elder care, supermarkets, or transportation sectors hold jobs requiring in-person contact, putting them at a much higher risk of infection for themselves and their families. Women of color were least likely to be able to work from home, as they were disproportionately likely to work in "frontline" and essential jobs (Mason, Flynn, and Sun 2020; Frye 2020). The women performing essential work need leave benefits acutely but were among those likely to be excluded from the paid leave protections in the now-expired Families First Coronavirus Relief Act (Glynn 2020).

Even the unpaid leave benefits available through the Family and Medical Leave Act (FMLA) are difficult to access for many families. Heymann et al. (2021) found that the minimum annual hours threshold required by FMLA reduces women's eligibility and the tenure requirements disproportionately exclude Black, Indigenous, and multiracial workers. In addition, Latinx workers are more likely to work in smaller establishments below the 50-employee threshold. In the absence of statutory rights, 44 percent of workers depend on voluntary provision of leave benefits by employers (Brown, Herr, Roy, and Klerman 2020).

Access to paid vacation time is also uneven across the workforce. As with the FMLA, low access rates for part-time workers would disproportionately reduce women's access and tenure requirements would reduce coverage for Black, Latinx, Indigenous, and multiracial workers (U.S. Bureau of Labor Statistics 2021). While fewer studies link paid vacations to health outcomes, there is evidence that vacations improve mental health and reduce depression symptoms—especially important for frontline workers in the COVID-19 pandemic (de Bloom et al. 2009; Hilbrecht and Smale 2016; Kim 2019).

In addition to better pay, union membership provides improved access to critical benefits like paid leave, along with health insurance and pensions (Sun, Hall, and Shaw 2021; McNicholas et al. 2020). This brief focuses on the benefits from union coverage for access to paid sick time, paid vacation, and paid time for doctors' appointments. It uses data on work policies

from the Medical Expenditure Panel Surveys[1] to illustrate how unions expand access to benefits that help employees weather crises such as the COVID-19 pandemic and resulting "she-cession."

To "build back better" after the pandemic, all workers need access to good jobs with benefits. Union jobs are associated with higher job quality and union workers report having more access to benefits that promote better work-life balance. This brief shows that across racial/ethnic groups and sectors of employment, unionized women are much more likely to report having access to these important benefits such as basic paid time-off.

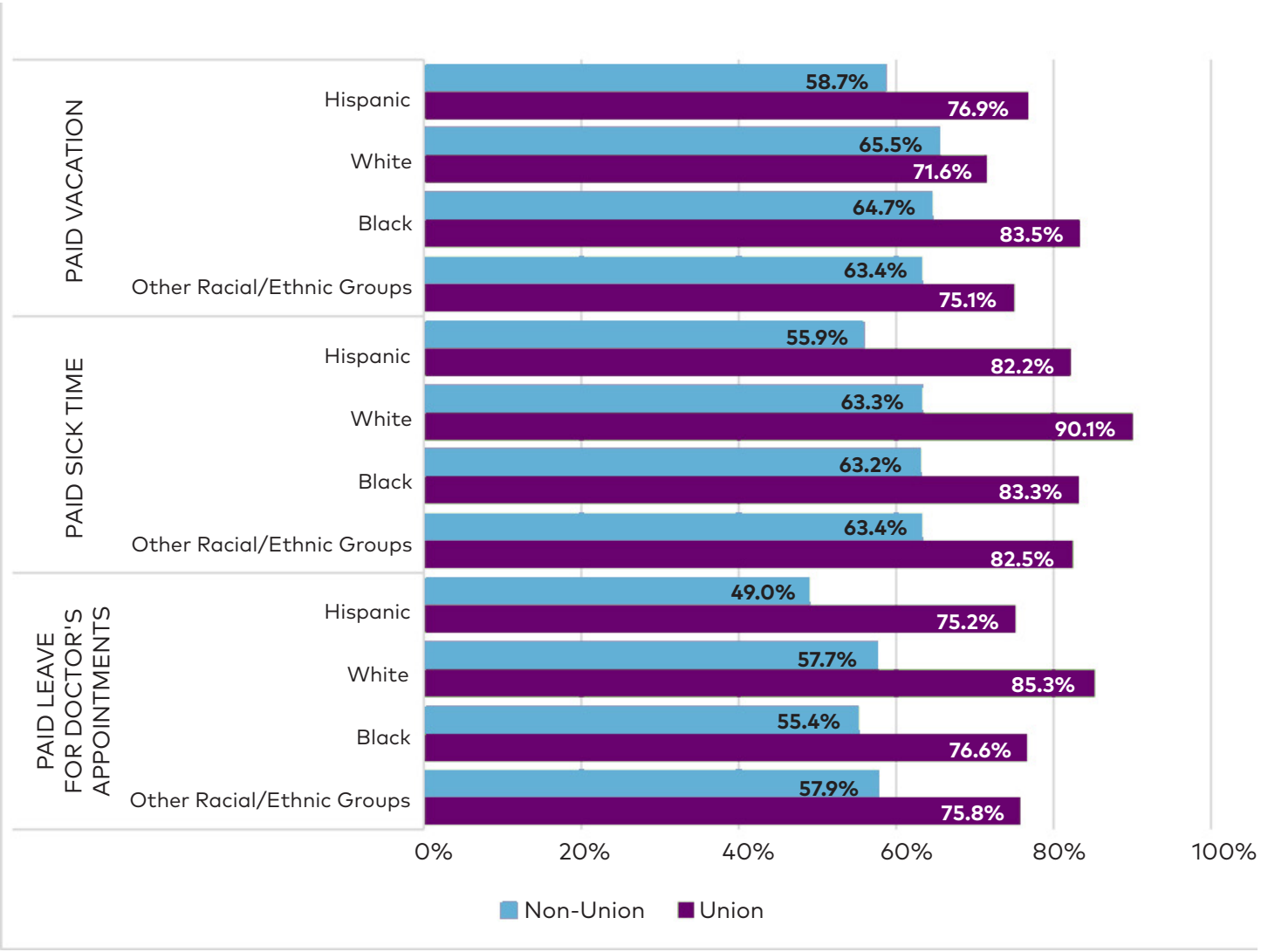
UNIONS SUPPORT WOMEN WITH PAID TIME OFF

Caregivers (who are disproportionately women) and other low-income workers faced acute economic hardship during the pandemic—as the closures of schools and daycare centers forced them out of the workforce. Adding to this turbulence, caregivers in low-income families are more likely to report symptoms of stress, anxiety, and depression than their middle- and upper-income counterparts (Office of Human Services Policy 2021). Even when their employment is secure, many low-income workers like caregivers do not have the luxury of paid time off to address these hardships.

Across racial/ethnic groups, union membership among women is associated with higher access to critical paid leave benefits (Figure 1).[2] This includes paid sick days, paid time off for doctor appointments, and paid vacation. White and Latina women who belong to unions are more likely to have access to paid sick days (26.8 and 26.3 percentage points, respectively) compared to women who do not belong to a union. The union advantage for paid sick days is slightly narrower for Black (20.1 percentage points) and women who identified with other racial and ethnic groups (19.1 percentage points.) The pattern for the union advantage in access to paid leave to attend doctors' appointments is similar with gaps ranging from 27.7 percentage points to 17.9 percentage points for women who identified with other racial and ethnic groups. For paid vacations, the union advantage is larger for Black women (18.7 percentage points) and Latina women (18.2 percentage points) compared to women who identified with other racial and ethnic groups (11.7 percentage points) and White women (6.1 percentage points).

[1] The Medical Expenditure Panel Survey Household Component (MEPS-HC) collects data from a nationally representative sample of families and individuals. See Appendix A for methodology.
[2] Data for employed men and women with confidence intervals are included in the appendix tables for all figures shown.

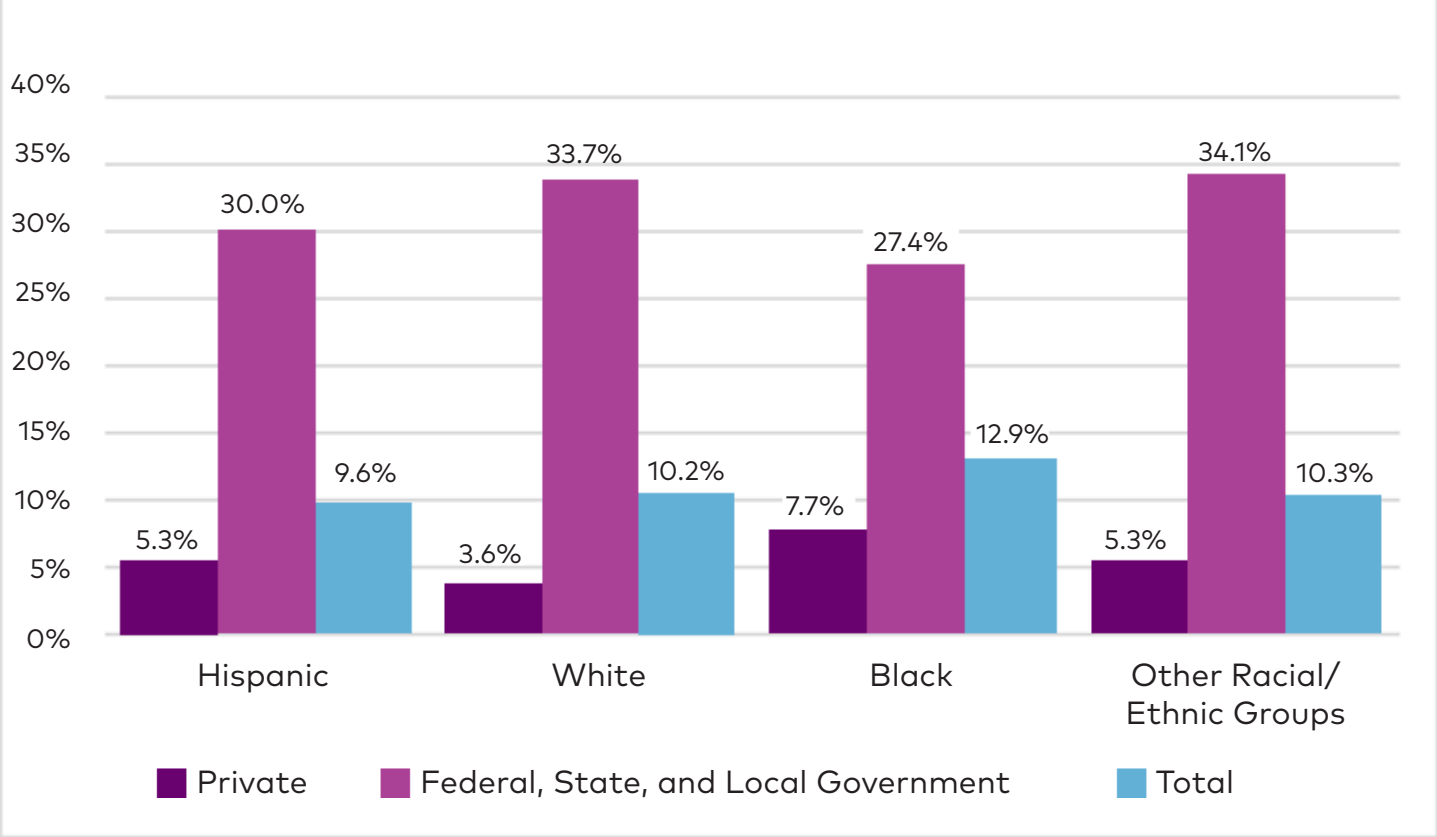
FIGURE 1. Women in Unions Have More Access to Paid Leave Benefits



Source: IWPR analysis of data from the Medical Expenditure Panel Surveys, 2016 to 2018.
Notes: Includes wage and salary workers for main job during the reference period.

Differences in access to benefits between unionized workers and those not covered by union contracts partly reflect differences in sectors of employment. Figure 2 shows the share of employed women who reported belonging to a union by race and ethnicity and sector of employment. Overall, about 10 percent of employed women in most race/ethnic groups belong to unions. Membership is a bit higher for Black women (12.9 percent) compared to White women (10.2 percent), Hispanic women (9.6 percent), and women of other racial or ethnic groups (10.3 percent). Union membership is more prevalent in the public sector (federal, state, and local government), ranging from 27.4 percent to 34.1 percent, compared to private businesses, ranging from 3.6percent to 7.7 percent. Across racial/ethnic groups, Black women have the lowest unionization in public sector jobs (27.4 percent) and highest unionization in private sector jobs (7.7 percent).

FIGURE 2. Share of Employed Women Who Belong to a Union

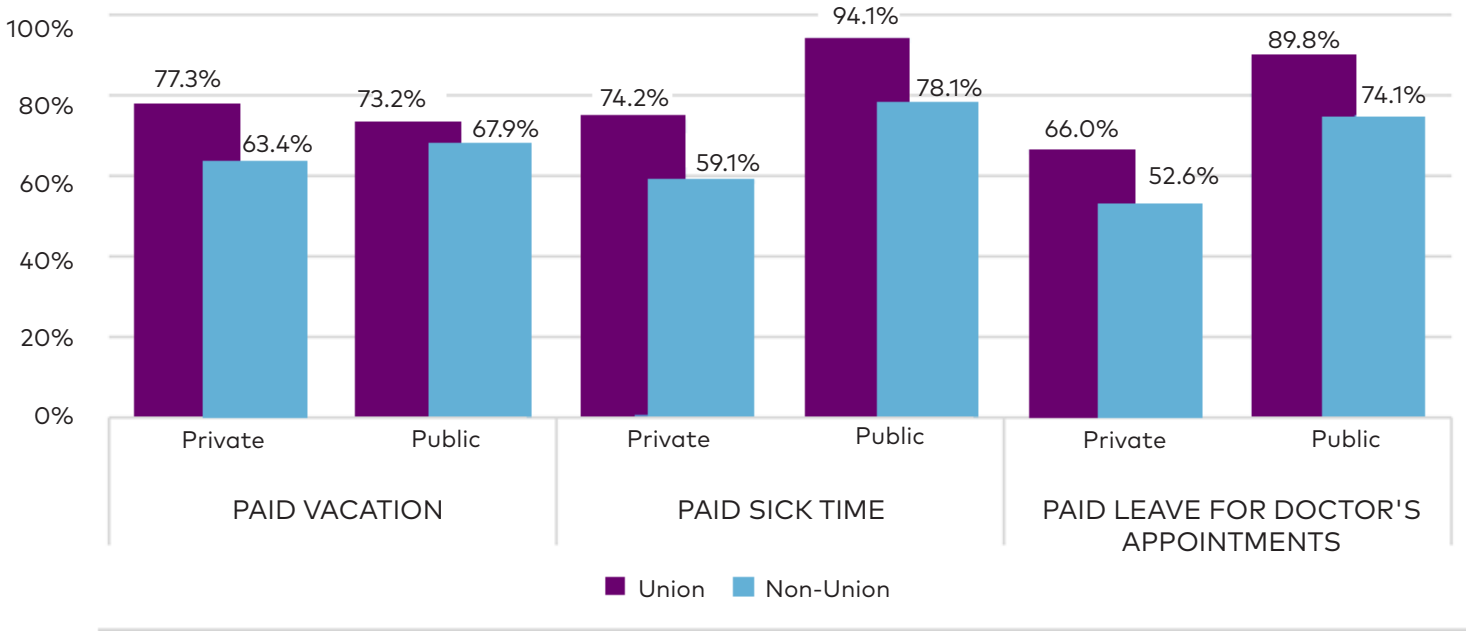


Source: IWPR analysis of data from the Medical Expenditure Panel Surveys, 2016 to 2018.
Notes: Includes wage and salary workers for main job during the reference period.

There is a greater prevalence of unionized women in government compared to unionized women in private employment (Figure 2). Given this, and persistent job segregation by both gender and race/ethnicity, the union advantage for women's paid leave could be a result of the distribution of women's jobs across public and private sectors (Reskin and Cassirer 1996; Mintz and Krymkowski 2010; Bahn and Sanchez Cumming 2020). That is, if the union advantage were simply due to more women working in the public sector, more generous benefit availability in the public employment, and higher rates of unionization in public employment, there might not be a union advantage in one or both sectors (Dunn and Walker 2016).

For women covered by a union contract, however, access to paid leave benefits is greater (Figure 3). This union advantage in access to paid leave is observed in both the private and public sectors. In addition, with one exception, public-sector access to paid leave benefits is higher than in the private sector. For union women, access to paid vacations is slightly lower in the public sector (73.2 percent), compared to the private sector (77.3 percent).

FIGURE 3. Unionized Women in Private and Public Sectors Have Greater Access to Paid Leave Benefits



Source: IWPR analysis of data from the Medical Expenditure Panel Surveys, 2016 to 2018.
Notes: Includes wage and salary workers for main job during the reference period.

CONCLUSIONS AND POLICY RECOMMENDATIONS

The COVID-19 pandemic shone a spotlight on deep-rooted gender and racial gaps across the workforce, and left with a disproportionate impact on women. A gender equitable recovery will be essential to build economic security for all women (Shaw et al. 2016; Hegewisch and Mefferd 2021a). As women return to work, it is vital to ensure that they are not, once again, channeled into lower-paying and part-time jobs that lack critical leave benefits. This will only lead to further economic instability and increased poverty for women (Storer, Schneider, and Harknett 2020; Schneider and Harknett 2020; Maag et al. 2017). Unions can play a central part in preventing this: closing gaps in job quality for women and providing support through paid benefits.

To this end, recommendations include:

- **Prioritize paid sick leave.** Research shows that when workers have access to paid sick days, influenza rates decline (Pichler and Ziebarth 2017). This same insight applies in the COVID context: The limited provision of emergency paid leave at the federal level in the Families First Coronavirus Relief Act (FFCRA) reduced the spread of COVID-19 by about 400 cases per state per day, on average, between March 8, 2020 and May 11, 2020 (Pichler, Wen, and Ziebarth 2020). Unfortunately, paid sick time and paid family leave made available to some workers via this legislation is no longer accessible; those provisions expired at the end 2020 and have not been renewed.
- **Protect workers' rights to organize.** As job growth increases, there is still a long way to go to reach pre-pandemic heights (Hegewisch and Mefferd 2021b). Unions provide a good model for the changes needed to ensure that job growth is also good job growth. As union members, women earn higher wages and are more likely to have job benefits like paid leave, pensions, and health insurance. To safeguard this opportunity for all women, policies that strengthen workers' ability to form unions and bargain collectively with employers over wages, benefits, and safety practices would benefit families and help ensure a gender-equitable recovery (McNicholas et al. 2020; Broady et al. 2020).
- **Expand all types of leave to accommodate families.** Comprehensive policies such as paid sick time and paid family and medical leave can help keep workers and their families healthy and improve labor force outcomes like reduced turnover and increased hours (DeRigne, Stoddard-Dare, and Quinn 2016; Schneider, Harknett, and Vivas-Portillo 2021; Jones and Wilcher 2019; Rossin-Slater, Ruhm, and Waldfogel 2013). Access to paid sick and family leave is not just good work for workers themselves: it benefits businesses and the broader community, too (Milli, Xia, and Min 2016; Bartel et al. 2021; Appelbaum and Milkman 2011).

Building a better economy post-COVID will require the adoption of policies and practices that ensure all workers can access good jobs with benefits. For women, union memberships provide a pathway to high-quality jobs with better pay and access to paid leave—benefits that will support their families, improve the health of their communities, and protect their economic security.

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APPENDIX A. METHODOLOGY AND LIST OF TABLES

The Medical Expenditure Panel Survey Household Component (MEPS-HC) collects data from a nationally representative sample of families and individuals. During the household interviews, MEPS-HC collects detailed information for each person in the household on demographic characteristics, income, and employment in addition to extensive data on health conditions, medical expenses, and health care access and usage. The panel design of the survey includes overlapping panels with households interviewed five times over two years, in general. The data used in this brief pool all panels and waves collected where the reference period began in calendar years 2016-2018. The sample includes individuals who are employed with a main job in the private sector or government at any level. The results presented are weighted and the below table shows the estimates and 95-percent confidence intervals (with interval bounds shown as proportions) adjusted for the complex sample design.

Union Density						
	Men			Women		
	Private	Public	Overall	Private	Public	Overall
Hispanic	8.2%	37.1%	10.7%	5.3%	30.0%	9.6%
	[0.0665,0.1005]	[0.2946,0.4544]	[0.0904,0.1268]	[0.0385,0.0729]	[0.2328,0.3765]	[0.0793,0.1164]
White	**7.2%**	**32.2%**	**11.0%**	**3.6%**	**33.7%**	**10.2%**
	[0.0615,0.0838]	[0.2805,0.3670]	[0.0977,0.1239]	[0.0299,0.0443]	[0.2998,0.3757]	[0.0910,0.1136]
Black	11.2%	37.4%	16.4%	7.7%	27.4%	12.9%
	[0.0891,0.1387]	[0.2999,0.4544]	[0.1398,0.1908]	[0.0598,0.0989]	[0.2270,0.3276]	[0.1111,0.1499]
Other Racial / Ethnic Groups	**8.1%**	**35.6%**	**11.9%**	**5.3%**	**34.1%**	**10.3%**
	[0.0565,0.1134]	[0.2489,0.4795]	[0.0930,0.1507]	[0.0367,0.0771]	[0.2316,0.4701]	[0.0772,0.1350]

Paid Vacation	Men		Women	
	Non-Union	Union	Non-Union	Union
Hispanic	**55.3%**	**81.9%**	**58.7%**	**76.9%**
	[0.5245,0.5812]	[0.7413,0.8767]	[0.5565,0.6161]	[0.6983,0.8270]
White	**74.8%**	**77.7%**	**65.5%**	**71.6%**
	[0.7310,0.7632]	[0.7301,0.8172]	[0.6340,0.6758]	[0.6636,0.7625]
Black	**66.4%**	**84.8%**	**64.7%**	**83.5%**
	[0.6310,0.6948]	[0.7675,0.9045]	[0.6164,0.6766]	[0.7670,0.8853]
Other Racial/Ethnic Groups	**68.7%**	**82.4%**	**63.4%**	**75.1%**
	[0.6457,0.7247]	[0.6905,0.9079]	[0.5893,0.6756]	[0.6235,0.8459]
Paid Sick Time	**Men**		**Women**	
	Non-Union	**Union**	**Non-Union**	**Union**
Hispanic	**48.4%**	**78.9%**	**55.9%**	**82.2%**
	[0.4547,0.5139]	[0.7165,0.8465]	[0.5290,0.5885]	[0.7542,0.8738]

White	**68.0%**	**75.5%**	**63.3%**	**90.1%**
	[0.6615,0.6982]	[0.7049,0.7985]	[0.6107,0.6552]	[0.8676,0.9273]
Black	**61.0%**	**76.9%**	**63.2%**	**83.3%**
	[0.5752,0.6439]	[0.6908,0.8321]	[0.6014,0.6624]	[0.7736,0.8796]
Other Racial/Ethnic Groups	**67.4%**	**83.8%**	**63.4%**	**82.5%**
	[0.6360,0.7094]	[0.7229,0.9108]	[0.5939,0.6732]	[0.7048,0.9031]

Paid Leave for Doctor Appointments	**Men**		**Women**	
	Non-Union	**Union**	**Non-Union**	**Union**
Hispanic	**42.1%**	**70.1%**	**49.0%**	**75.2%**
	[0.3919,0.4500]	[0.6217,0.7690]	[0.4599,0.5209]	[0.6661,0.8218]
White	**62.8%**	**69.9%**	**57.7%**	**85.3%**
	[0.6090,0.6470]	[0.6477,0.7459]	[0.5539,0.5993]	[0.8132,0.8862]
Black	**55.0%**	**71.9%**	**55.4%**	**76.6%**
	[0.5153,0.5838]	[0.6386,0.7873]	[0.5204,0.5863]	[0.6983,0.8225]
Other Racial/Ethnic Groups	**61.1%**	**76.3%**	**57.9%**	**75.8%**
	[0.5726,0.6477]	[0.6302,0.8593]	[0.5368,0.6193]	[0.6421,0.8453]

Paid Vacation	**Men**		**Women**	
	Non-Union	**Union**	**Non-Union**	**Union**
Private Employment	**68.5%**	**75.5%**	**63.4%**	**77.3%**
	[0.6709,0.6992]	[0.7094,0.7955]	[0.6176,0.6502]	[0.7125,0.8230]
Public Employment	**79.2%**	**86.0%**	**67.9%**	**73.2%**
	[0.7579,0.8228]	[0.8100,0.8987]	[0.6460,0.7103]	[0.6903,0.7693]
Paid Sick Time	**Men**		**Women**	
	Non-Union	**Union**	**Non-Union**	**Union**
Private Employment	**61.2%**	**63.0%**	**59.1%**	**74.2%**
	[0.5963,0.6276]	[0.5814,0.6765]	[0.5731,0.6083]	[0.6814,0.7938]
Public Employment	**82.9%**	**96.3%**	**78.1%**	**94.1%**
	[0.7938,0.8584]	[0.9361,0.9788]	[0.7534,0.8066]	[0.9202,0.9560]

Paid Leave for Doctor Appointments	**Men**		**Women**	
	Non-Union	**Union**	**Non-Union**	**Union**
Private Employment	**55.2%**	**54.9%**	**52.6%**	**66.0%**
	[0.5354,0.5683]	[0.4982,0.5990]	[0.5076,0.5439]	[0.5963,0.7178]
Public Employment	**80.7%**	**92.7%**	**74.1%**	**89.8%**
	[0.7713,0.8387]	[0.8923,0.9513]	[0.7095,0.7693]	[0.8686,0.9218]

OUR MISSION | A just future begins with bold ideas.

We win economic equity for all women and eliminate barriers to their full participation in society. As a leading national think tank, we build evidence to shape policies that grow women's power and influence, close inequality gaps, and improve the economic well-being of families.

INSTITUTE FOR WOMEN'S POLICY RESEARCH