

Briefing Paper

IWPR #B356

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Paid Sick Days Access and Usage Rates Vary by Race/Ethnicity, Occupation, and Earnings

Paid sick days bring multiple benefits to employers, workers, families, and communities.¹ The economic and public health benefits of paid sick days coverage are substantial, including safer work environments,² reduced spread of illness,³ reduced turnover costs,⁴ and reduced health care costs.⁵ Access to this important benefit, however, is still too rare, and is unequally distributed across the U.S. population, with substantial differences by race and ethnicity, occupation, immigrant status, sexual orientation, earnings levels, and work schedules. Those who do have paid sick days coverage use very few days, on average (1.9 days; Appendix Table), suggesting that new paid sick days policies are likely to be easily integrated into workplaces.

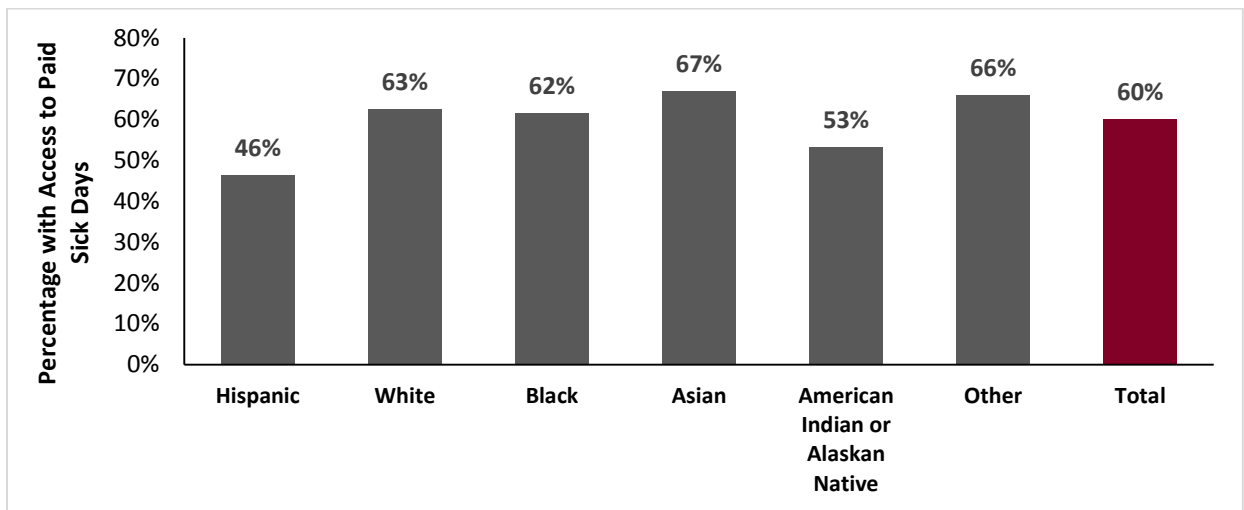
Utilizing data from the 2014 National Health Interview Survey (NHIS), this briefing paper estimates the proportion of public and private sector workers ages 18 and older with access to paid sick days, and their use of paid sick days, by race and ethnicity, immigration status, occupation, earnings, job level (supervisor/nonsupervisory status), and other demographic and occupational characteristics.

Access to Paid Sick Days

Less than half of Hispanic workers (46 percent) in the United States have access to paid sick days compared with 60 percent of workers overall.

IWPR finds that 60 percent of workers in the U.S. have access to paid sick days (Figure 1);⁶ up from 57 percent in 2009.⁷ This means that 40 percent, or over 51 million workers, lack access to paid sick days in their current job. Across racial and ethnic groups, Hispanic workers are much less likely to have paid sick days than non-Hispanic white, Asian, or black workers. Less than half of Hispanic workers (46 percent) in the United States have access to paid sick days (Figure 1) compared with 60 percent of workers overall. Hispanic workers tend to be overrepresented in occupations with low paid sick days access, such as in the service sector.⁸

Figure 1. Access to Paid Sick Days by Race and Ethnicity, 2014
(Employed individuals 18 years and older)



Source: Institute for Women’s Policy Research (IWPR) analysis of the 2014 National Health Interview Survey (NHIS).

Note: Access rates are calculated for employed individuals who responded yes or no to the following question: Do you have paid sick leave on your main job or business? Race categories include only those who identified as non-Hispanic. “Other” category includes individuals reporting multiple racial identities. Samples sizes for these groups weren’t large enough for separate analysis; all were kept in the interest of inclusion.

Overall, women and men have roughly the same rates of access to paid sick days (60 percent), but gender differences are present among some racial/ethnic groups (Table 1). Among Hispanic and black workers, women are more likely than men to have access to paid sick days. White men, however, are more likely than white women to have access to paid sick days (64 percent, compared with 59 percent; Table 1).

Table 1. Access to Paid Sick Days by Sex and Race/Ethnicity
(Employed individuals 18 years and older)

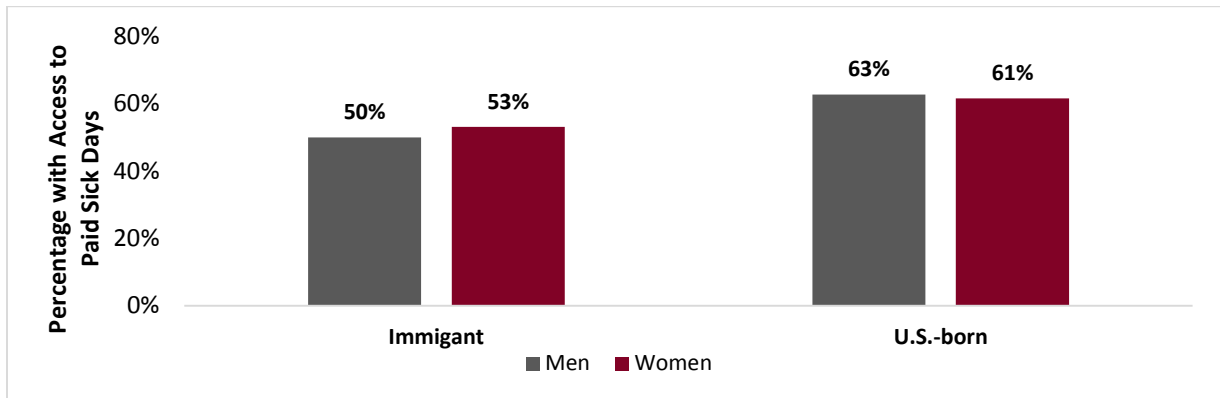
Population Group	Percentage With Access to Paid Sick Days		
	Men	Women	Total
Total	60%	60%	60%
Hispanic	45%	49%	46%
White	64%	61%	63%
Black	59%	64%	62%
Asian	67%	67%	67%
American Indian or Alaskan Native	N/A	N/A	53%
Other	67%	65%	66%

Source: Institute for Women’s Policy Research (IWPR) analysis of the 2014 National Health Interview Survey (NHIS).

Note: Access rates are calculated for employed individuals who responded yes or no to the following question: Do you have paid sick leave on your main job or business? Race categories include only those who identified as non-Hispanic. Sample size for American Indian or Alaskan Native was not large enough for analysis by gender. “Other” category includes individuals reporting multiple racial identities. Sample sizes for these groups weren’t large enough for separate analysis; all were kept in the interest of inclusion.

Immigrants are substantially less likely than their U.S.-born counterparts to have access to paid sick days. Only 50 percent of male immigrants and 53 percent of female immigrants have access to paid sick days, compared with approximately 63 percent of U.S.-born men and 61 percent of U.S. - born women (Figure 2).

Figure 2. Access to Paid Sick Days by Immigration Status
(Employed individuals 18 years and older)

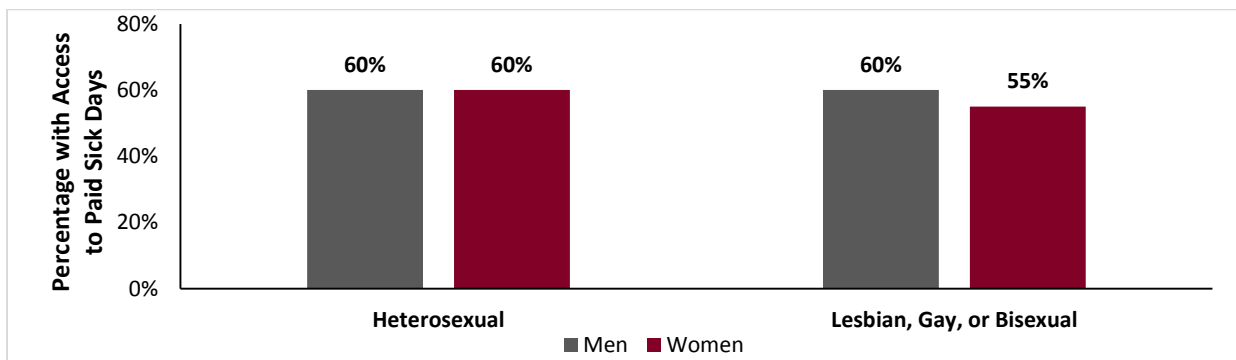


Source: Institute for Women’s Policy Research (IWPR) analysis of the 2014 National Health Interview Survey (NHIS).

Note: Access rates are calculated for employed individuals who responded yes or no to the following question: Do you have paid sick leave on your main job or business?

Differences in coverage among heterosexual and lesbian, gay, or bisexual workers vary by the worker’s sex. Men have equal rates of access to paid sick days regardless of their sexual orientation. Among lesbian, gay or bisexual workers, men have substantially more access to paid sick days than do women (60 percent, compared with 55 percent; Figure 3). Heterosexual women report higher access rates than do lesbian or bisexual women (60 percent, compared with 55 percent; Figure 3).

Figure 3. Access to Paid Sick Days by Sexual Orientation
(Employed individuals 18 years and older)



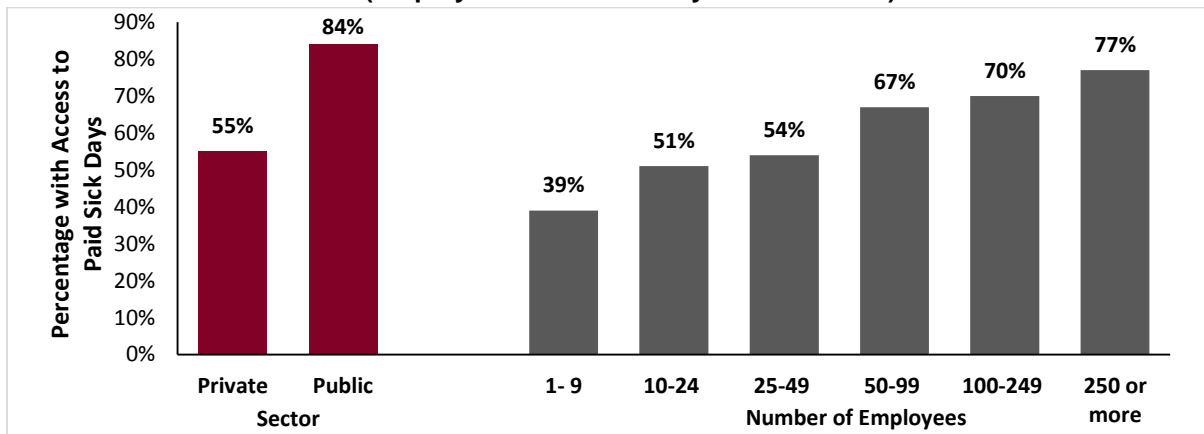
Source: Institute for Women’s Policy Research (IWPR) analysis of the 2014 National Health Interview Survey (NHIS).

Note: Access rates are calculated for employed individuals who responded yes or no to the following question: Do you have paid sick leave on your main job or business?

Public sector employees have greater access to paid sick days than do private sector employees (Figure 4). Eighty-four percent of public sector employees have access to paid sick days, compared with only 55 percent of private sector employees.

Access rates are higher in larger firms. Just 39 percent of workers at companies or organizations with 1 to 9 employees have access to paid sick days, whereas 77 percent of workers at companies or organizations with 250 or more employees have access.

Figure 4. Access to Paid Sick Days by Sector and Company Size
(Employed individuals 18 years and older)

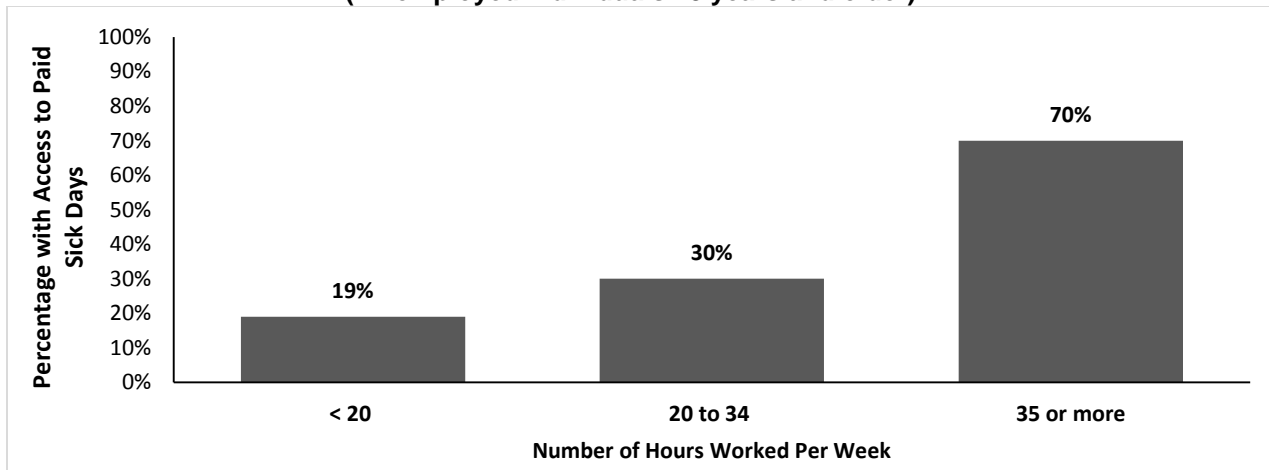


Source: Institute for Women’s Policy Research (IWPR) analysis of the 2014 National Health Interview Survey (NHIS).

Note: Access rates are calculated for employed individuals who responded yes or no to the following question: Do you have paid sick leave on your main job or business?

Access is far greater for full-time than part-time workers: while five in seven full-time workers (those working 35 hours per week or more) have paid sick days (70 percent; Figure 5), only 30 percent of those working between 20 and 34 hours per week, and 19 percent of those working fewer than 20 hours per week have access to paid sick days (Figure 5).

Figure 5. Access to Paid Sick Days by Hours Worked per Week
(All employed individuals 18 years and older)

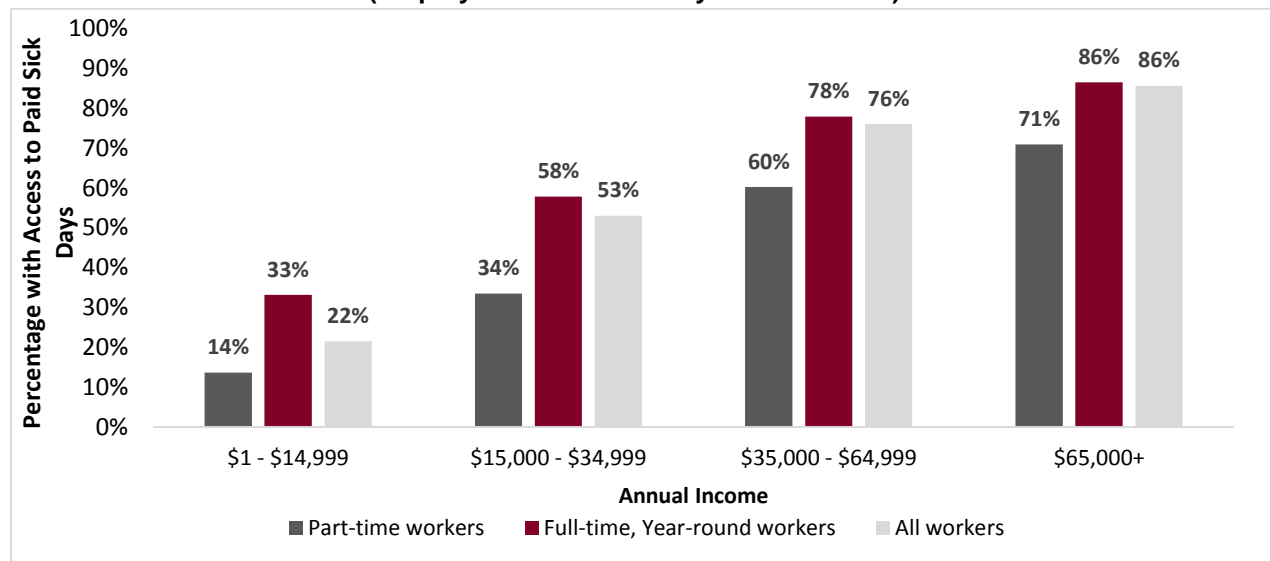


Source: Institute for Women’s Policy Research (IWPR) analysis of the 2014 National Health Interview Survey (NHIS). Note: Access rates are calculated for employed individuals who responded yes or no to the following question: Do you have paid sick leave on your main job or business?

Workers with annual personal earnings below \$15,000 are less likely than workers with higher earnings to have paid sick days.

Workers with annual personal earnings below \$15,000 are less likely than workers with higher earnings to have paid sick days (Figure 6). Among full-time, year-round workers, only one in three workers (33 percent) in this earnings group are able to take a day off with pay when they are sick, whereas nearly nine in 10 (86 percent) of those earning \$65,000 or more have access to paid sick days. Part-time workers at every earnings level have lower than average access (Figure 6).

Figure 6. Access to Paid Sick Days by Personal Earnings
(Employed individuals 18 years and older)



Source: Institute for Women’s Policy Research (IWPR) analysis of the 2014 National Health Interview Survey (NHIS).

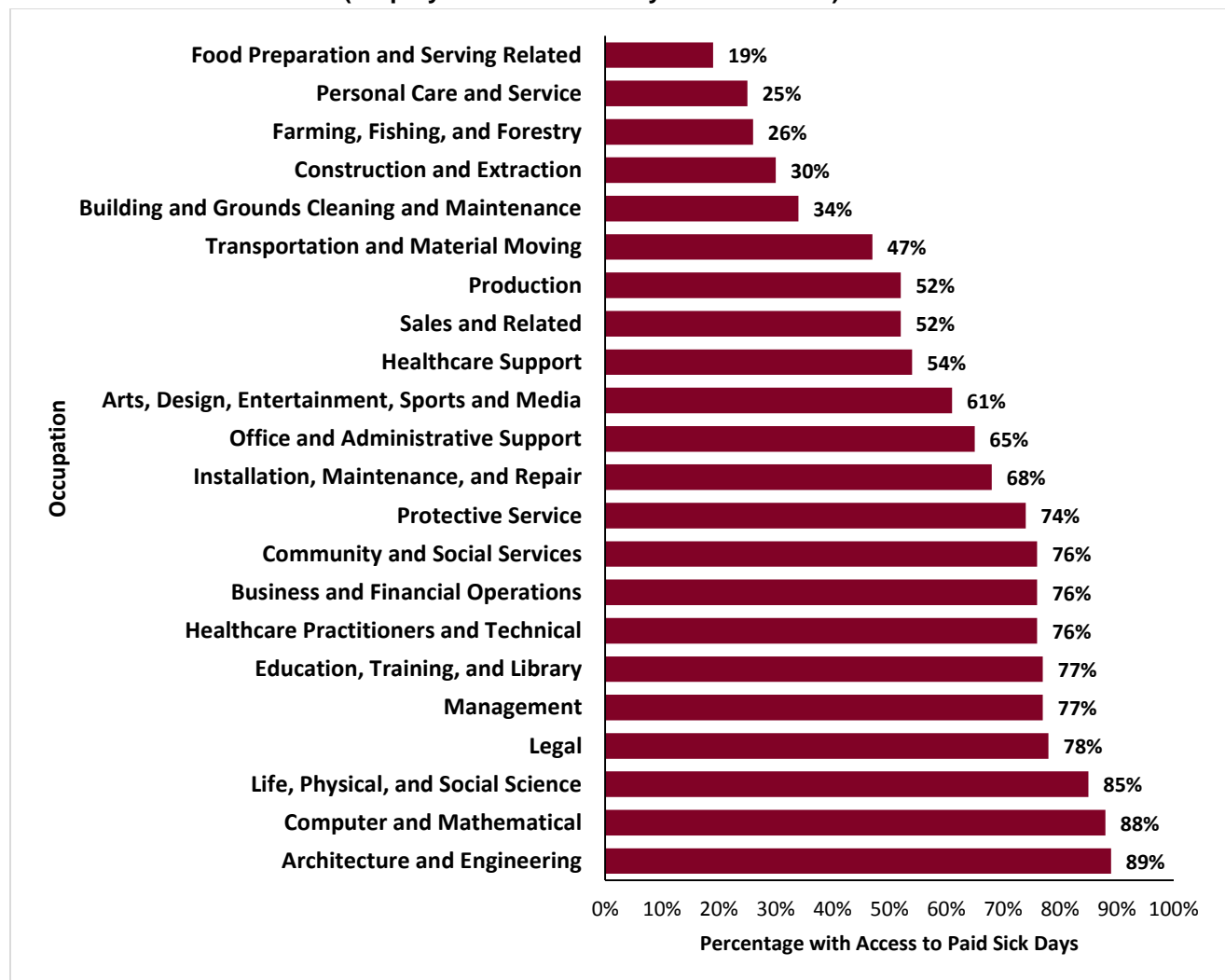
Note: Access rates are calculated for employed individuals who responded yes or no to the following question: Do you have paid sick leave on your main job or business?

Access to paid sick days also varies widely by occupation. Across occupations in the United States, access to paid sick days ranges from 89 percent for employees in Architecture and Engineering Occupations to only 19 percent for those employed in Food Preparation and Serving Related Occupations (Figure 7).

Paid sick days are especially uncommon in certain jobs requiring frequent contact with the public which has important public health implications. For example, only one-fourth (25 percent) of workers in Personal Care and Service Occupations have access to paid sick days.

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Figure 7. Access to Paid Sick Days by Occupation
(Employed individuals 18 years and older)



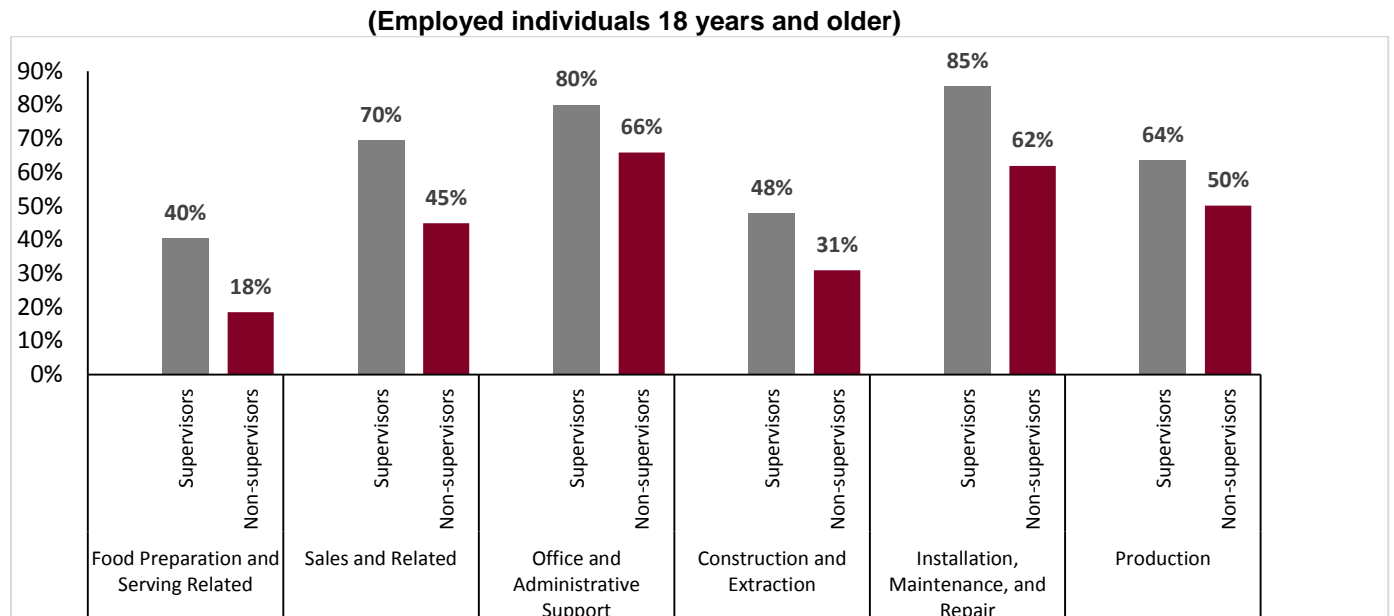
Source: Institute for Women’s Policy Research (IWPR) analysis of the 2014 National Health Interview Survey (NHIS).
 Note: Access rates are calculated for employed individuals who responded yes or no to the following question: Do you have paid sick leave on your main job or business? Occupations are all SOC Major Groups provided as variable OCCUPN2 on the NHIS data file (excluding military specific occupations).

Supervisors are much more likely than non-supervisors to have access to paid sick days; 67 percent of supervisors have access compared with 47 percent of non-supervisors.

Supervisors are much more likely than non-supervisors to have access to paid sick days; 67 percent of supervisors have access compared with 47 percent of non-supervisors (Appendix Table). Across the selected occupations, Food Preparation and Serving Related jobs have the largest difference between supervisors and non-supervisors; supervisors’ access to paid sick days in this occupation is more than double that of non-supervisors (40 percent, compared with 18 percent). Sales and Related jobs also show a large disparity between supervisors and non-supervisors, with supervisors having almost double the

access rate of non-supervisors (70 percent compared with 45 percent). Production, and Office and Administrative Support occupations exhibit the smallest relative difference between supervisors and non-supervisors in paid sick days access (14 percent), though supervisors are still more than one fourths times more likely than non-supervisors to have access.

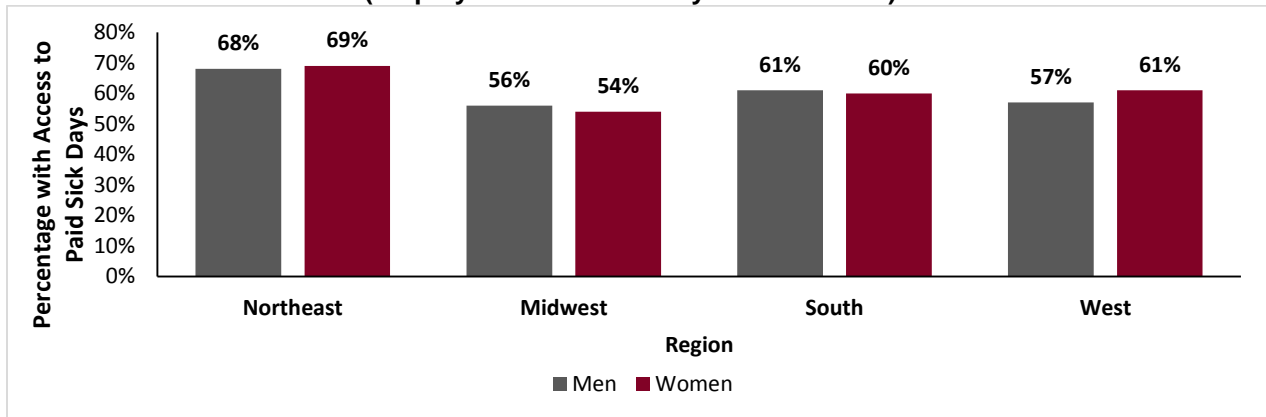
Figure 8. Access to Paid Sick Days by Selected Occupations, and Job Levels



Source: Institute for Women’s Policy Research (IWPR) analysis of the Integrated Health Interview Series for the years 2012, 2013, and 2014. Note: This is an analysis of 3 years of data instead of just 2014 NHIS to ensure the sample size is large enough to produce meaningful findings. Access rates are calculated for employed individuals who responded yes or no to the following question: Do you have paid sick leave on your main job or business? Occupations were selected based on availability of sufficient data within occupations’ job levels to estimate differences. Some occupations are omitted due to insufficient sample sizes within subgroups.

Access to paid sick days varies across regions of the United States (Figure 9). In general, men and women living in the Northeast have the highest access rates (68 percent and 69 percent, respectively), while those residing in the Midwest are least likely to have paid sick days (56 percent for men and 54 percent for women).

Figure 9. Access to Paid Sick Days in Different Regions by Sex
(Employed individuals 18 years and older)



Source: Institute for Women’s Policy Research (IWPR) analysis of the 2014 National Health Interview Survey (NHIS).

Note: Access rates are calculated for employed individuals who responded yes or no to the following question: Do you have paid sick leave on your main job or business?

Use of Paid Sick Days

Many workers in jobs providing paid sick days report not having missed any days of work due to illness or injury in the past year. Among those with paid sick day coverage, 45 percent of workers did not use any in the previous 12 months (Figure 10).

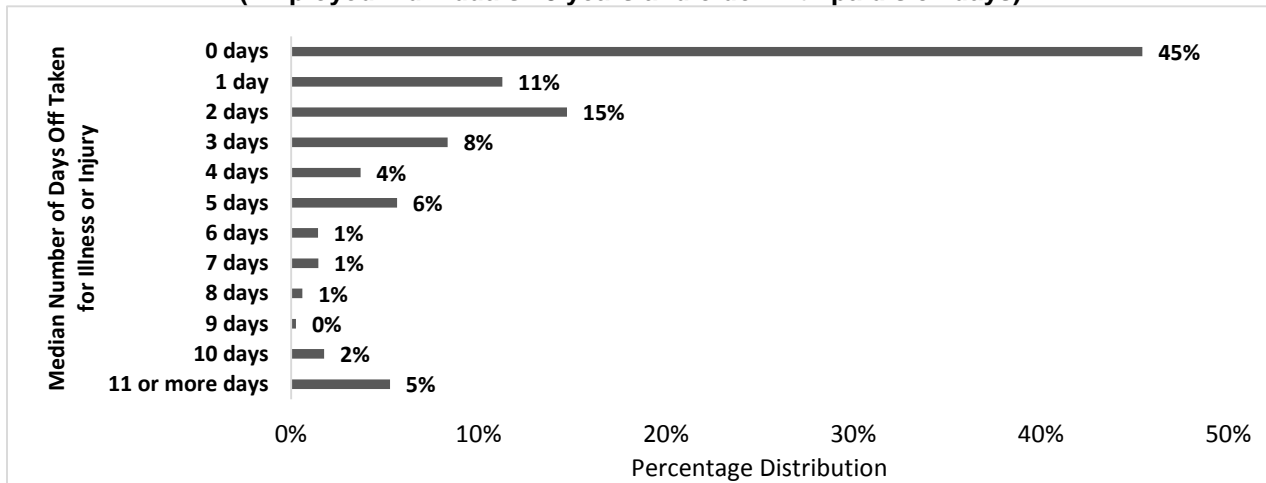
Among those with paid sick days, the median number of sick days used was one, and the mean was 2.1 days (Appendix Table). The number of sick days reported throughout this paper are calculated for those who used 11 or fewer days of leave, so that usage numbers would roughly reflect the numbers of days used under a typical sick leave plan or proposal, without inadvertently capturing extended medical leaves.⁹ The uncapped average number of days of work missed due to illness or injury is nevertheless quite small (3.7).¹⁰ The data show that only five percent of workers with paid sick days missed 11 or more days of work (Figure 10).

45 percent of workers with paid sick days coverage did not use any in the previous 12 months. Among those with paid sick days, the median number of sick days used was one, and the mean was 2.1 days.

Workers who have paid sick days use, on average, slightly more sick time than those who lack the benefit; workers with paid sick days take 2.1 days and workers without the benefit take 1.6 days off due to illness or injury (Appendix Table). This difference suggests that a number of people who do not have paid sick days are going to work sick and increasing the risk of contagion in the workplace. Those without paid sick days could also be forgoing preventive care visits or choosing to go to work rather than staying home with sick children, and potentially sending children to school while ill.

Figure 10. Distribution of Number of Days Workers Take for Illness or Injury

(Employed individuals 18 years and older with paid sick days)



Source: Institute for Women’s Policy Research (IWPR) analysis of the 2014 National Health Interview Survey (NHIS). Note: Usage rates are calculated for employed individuals based on responses to the question: “During the past 12 months, about how many days did you miss work at a job or business because of illness or injury? (Do not include maternity leave.)”

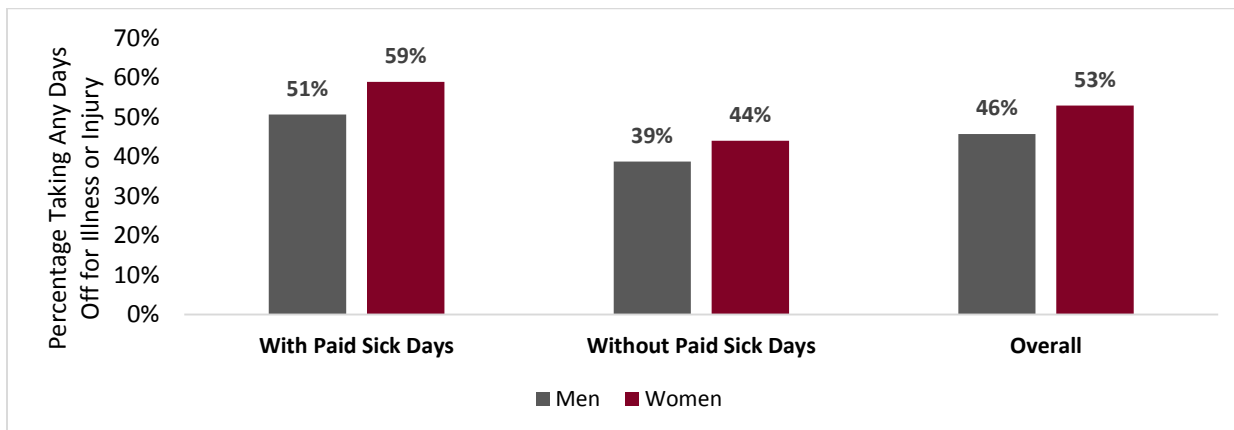
Nearly 40 percent of mothers say they are solely responsible for staying home from work with sick children, compared with only 3 percent of fathers.

Women are more likely than men to take time off from work due to illness (53 compared with 46 percent; Figure 11). Among those with paid sick days, women are more likely than men to miss any days of work due to illness or injury (59 percent and 51 percent, respectively; Figure 11). Among workers without paid sick days, women are also more likely than men to take any day off from work due to illness or injury (44 percent and 39 percent, respectively; Figure 11). Women with paid sick days use an average of 2.4 days per year, whereas comparable men use an average of 1.9 days.¹¹

This difference may be explained by the fact that women are more likely than men to take time off from work to care for a sick child, and for other family care responsibilities. Nearly 40 percent of mothers say they are solely responsible for staying home from work with sick children, compared with only 3 percent of fathers.¹²

Figure 11. Percent of Workers Taking Any Days Off for Illness or Injury

(All employed individuals 18 years and older)



Source: Institute for Women’s Policy Research (IWPR) analysis of the 2014 National Health Interview Survey (NHIS). Note: Usage rates are calculated for employed individuals ages 18 and older based on responses to the question: “During the past 12 months, about how many days did you miss work at a job or business because of illness or injury? (Do not include maternity leave.)”

Immigrants are less likely to miss work because of illness or injury, and among those with paid sick days coverage, fewer use sick days than their U.S.-born counterparts. Only 43 percent of male immigrants, and 47 percent of female immigrants used some paid sick days last year, compared with 52 percent of U.S.-born men and 61 percent of U.S.-born women with paid sick days (Appendix Table).

Among those who have paid sick days, part-time workers are less likely to take days off than full-time workers. Fewer than half of part-time workers (who work less than 20 hours per week) missed any work due to illness or injury, while 55 percent of full-time workers (35 or more hours per week) missed one or more days of work (Appendix Table).

The use of paid sick days varies somewhat according to race/ethnicity, firm size, occupation, and job sector and level, but does not vary by income level (see Appendix Table). Differences in paid sick days use could be due to a number of factors, such as health status, number of paid sick days available, parental status, and the presence of policies that penalize workers for the use of paid sick days.¹³

Conclusion

A large proportion of U.S. workers lack paid sick days, and access is inequitable across race and ethnicity, occupation, job level, and personal earnings. Hispanic, low-wage, part-time, immigrant, and service-industry workers are especially unlikely to be covered. While women overall are about as likely as men to have paid sick days, low levels of coverage disproportionately affect mothers because they are more likely than fathers to miss work to take care of sick children.

On average, people take very few days off from work due to illness or injury, and when they have sick leave they typically use very little of it, on the order of a few days per year. While the

averages are low, it is critical to remember that longer amounts of available leave allow workers to deal with illnesses or injuries that take relatively longer to recover from, such as serious car accidents. The results of this analysis are consistent with the idea that in any given year, a small proportion of workers will need somewhat longer than average length leaves (for recovery from illnesses such as pneumonia), while the large majority of workers will need just a few days. Paid sick days, far from being abused, is used quite rarely, and serves as an insurance policy for infrequent occasions when workers or their children are sick with an illness lasting more than a few days.

Appendix Table: Sick Day Access and Usage Rates by Selected Characteristics

Characteristic	Percent with PSD	Percentage Taking Time Off For Illness or Injuries		Median Number of Days Taken for Illness or Injuries		Mean Number of Days Taken for Illness or Injuries	
		Any Time Off	No Time Off	With PSD	Without PSD	With PSD	Without PSD
Sex							
Women	60%	59%	41%	1	0	2.4	1.7
Men	60%	51%	49%	1	0	1.9	1.5
Race & Ethnicity							
Hispanic	46%	49%	51%	0	0	1.9	1.2
White	63%	53%	47%	1	0	2.2	1.8
Black	62%	57%	43%	1	0	2.3	1.3
Asian	67%	45%	55%	0	0	1.5	1.0
American Indian or Alaskan Native	53%	53%	47%	2	0	3.0	2.9
Other	66%	66%	34%	2	1	2.5	2.6
Immigrant Status							
Immigrant	51%	45%	56%	0	0	1.6	1.2
U.S.-born	62%	56%	44%	1	0	2.2	1.7
Sexual Orientation							
Heterosexual	60%	55%	45%	1	0	2.1	1.6
Lesbian, Gay, or Bisexual	58%	57%	43%	1	0	2.3	1.8
Sector							
Private	55%	52%	48%	1	0	1.9	1.6
Public	84%	63%	37%	2	0	2.7	1.9
Company Size							
1-9	39%	46%	54%	0	0	1.7	1.5
10-24	51%	54%	46%	1	0	1.9	1.7
25-49	54%	54%	46%	1	0	2.1	1.4
50-99	67%	55%	45%	1	0	2.2	1.4
100-249	70%	57%	43%	1	0	2.2	2.0
250 or more	77%	58%	42%	1	0	2.3	2.0
Hours Worked							
< 20	19%	49%	51%	0	0	2.1	1.5
20 to 34	30%	54%	46%	1	0	2.1	1.7
35 or more	70%	55%	45%	1	0	2.1	1.6
Region							
Northeast	68%	52%	48%	1	0	2.0	1.7
Midwest	55%	58%	42%	1	0	2.1	1.8
South	60%	53%	47%	1	0	2.1	1.5
West	59%	56%	44%	1	0	2.3	1.6

Appendix Table: Sick Day Access and Usage Rates by Selected Characteristics (Cont.)

Characteristic	Percent with PSD	Percentage Taking Time Off For Illness or Injuries		Median Number of Days Taken for Illness or Injuries		Mean Number of Days Taken for Illness or Injuries	
		Any Time Off	No Time Off	With PSD	Without PSD	With PSD	Without PSD
Personal Earnings							
<i>Full-Time Year-Round</i>							
\$1 - \$14,999	33%	50%	50%	0	0	2.2	1.7
\$15,000 - \$34,999	58%	57%	44%	1	0	2.2	1.8
\$35,000 - \$64,999	78%	59%	41%	1	0	2.3	1.6
\$65,000+	86%	54%	46%	1	0	2.1	1.7
<i>All Workers</i>							
\$1 - \$14,999	22%	53%	47%	1	0	2.1	1.6
\$15,000 - \$34,999	53%	57%	43%	1	0	2.3	1.8
\$35,000 - \$64,999	76%	58%	42%	1	0	2.3	1.6
\$65,000+	86%	54%	46%	1	0	2.1	1.7
Occupation							
Architecture and Engineering	89%	53%	47%	1	0	1.7	1.5
Arts, Design, Entertainment, Sports Building and Grounds Cleaning and Maintenance	61%	60%	41%	2	0	2.2	1.5
Business and Financial Operations	76%	60%	40%	1	0	2.2	1.6
Community and Social Services	76%	66%	34%	2	1	2.8	3.2
Computer and Mathematical	88%	61%	39%	2	1	2.5	1.8
Construction and Extraction	30%	40%	60%	0	0	1.7	1.4
Education, Training, and Library	77%	62%	38%	1	0	2.1	2.0
Farming, Fishing, and Forestry	26%	48%	52%	1	0	2.7	1.2
Food Preparation and Serving Related	19%	55%	45%	0	0	1.7	1.6
Healthcare Practitioners and Technical	76%	61%	39%	1	0	2.2	1.5
Healthcare Support	54%	51%	49%	2	0	2.6	1.4
Installation, Maintenance, and Repair	68%	55%	45%	1	0	2.2	2.1
Life, Physical, and Social Science	85%	56%	44%	1	0	2.0	2.1
Management	77%	53%	47%	1	0	1.9	1.5
Office and Administrative Support	65%	60%	40%	1	0	2.6	1.8
Personal Care and Service	25%	55%	45%	1	0	2.3	1.5
Production	52%	43%	57%	0	0	1.5	1.8
Protective Service	74%	54%	46%	1	1	2.3	2.5
Sales and Related	52%	47%	53%	0	0	1.7	1.5
Transportation and Material Moving	47%	43%	57%	0	0	2.1	1.5

Appendix Table: Sick Day Access and Usage Rates by Selected Characteristics (Cont.)

Characteristic	Percent with PSD	Percentage Taking Time Off For Illness or Injuries		Median Number of Days Taken for Illness or Injuries		Mean Number of Days Taken for Illness or Injuries	
		Any Time Off	No Time Off	With PSD	Without PSD	With PSD	Without PSD
Selected Occupations and Job Levels							
<i>Protective Service</i>							
Supervisor	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Non-Supervisor	72%	56%	44%	1	1	2.3	2.5
<i>Food Preparation and Serving Related</i>							
Supervisor	29%	46%	55%	0	0	0.8	2.0
Non-Supervisor	18%	42%	58%	0	0	1.9	1.6
<i>Building and Grounds Cleaning and Maintenance</i>							
Supervisor	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Non-Supervisor	34%	35%	66%	1	0	2.4	1.5
<i>Personal Care and Service</i>							
Supervisor	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Non-Supervisor	25%	40%	60%	1	0	2.3	1.4
<i>Sales and Related</i>							
Supervisor	71%	36%	64%	0	0	1.7	1.4
Non-Supervisor	46%	41%	59%	0	0	1.7	1.5
<i>Office and Administrative Support</i>							
Supervisor	78%	31%	69%	2	0	2.9	0.7
Non-Supervisor	64%	47%	53%	1	0	2.5	1.9
<i>Construction and Extraction</i>							
Supervisor	49%	23%	77%	0	0	1.1	0.5
Non-Supervisor	29%	35%	65%	0	0	1.8	1.4
<i>Installation, Maintenance and Repair</i>							
Supervisor	89%	40%	60%	1	0	2.7	3.8
Non-Supervisor	66%	42%	58%	0	0	2.1	2.0
<i>Production</i>							
Supervisor	73%	37%	63%	0	0	1.2	1.5
Non-Supervisor	50%	43%	58%	0	0	1.6	1.8
<i>Transportation and Material Moving</i>							
Supervisor	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Non-Supervisor	46%	34%	66%	1	0	2.2	1.5
Job Level							
Supervisor	67%	51%	49%	1	0	1.9	1.4
Non-Supervisor	46%	52%	48%	1	0	2.1	1.6

Note: Usage rates are calculated for employed individuals ages 18, and older based on responses to the question: "During the past 12 months, about how many days did you miss work at a job or business because of illness or injury? (Do not include maternity leave.)" Access rates are calculated for employed individuals age 18 years and older that responded yes or no to the following question: Do you have paid sick leave on your main job or business? Race categories only include those who identified as non-Hispanic. Sample size for American Indian or Alaskan Native was not large enough for analysis by gender. "Other" category includes individuals reporting multiple racial identities. Sample sizes for these groups were not large enough for separate analysis; all were kept in the interest of inclusion. "N/A" indicates sample sizes that were too small for analysis. Some occupations are omitted due to insufficient sample sizes within subgroups. "PSD" is an abbreviation for "paid sick day."

Notes

¹ Abay Asfaw, Regina Pana-Cryan and Roger Rosa. 2012. “Paid Sick Leave and Nonfatal Occupational Injuries.” *American Journal of Public Health* 102 (September): 59-64; Lucy A. Peipins et al, “The Lack of Paid Sick Leave as a Barrier to Cancer Screening and Medical Care Seeking: Results from the National Health Interview Survey,” <<http://www.biomedcentral.com/content/pdf/1471-2458-12-520.pdf>> (accessed October 4, 2015); Stefan Pichler, and Nicolas Ziebarth. 2015. “The Pros and Cons of Sick Pay Schemes: Testing for Contagious Presenteeism and Shirking Behavior.” *DIW Berlin German Institute for Economic Research Discussion Paper.*; Heather Hill, “Paid Sick Leave and Job Stability,” *Work and Occupations*. 40(2): 1-25.

² Abay Asfaw, Regina Pana-Cryan and Roger Rosa. 2012. “Paid Sick Leave and Nonfatal Occupational Injuries.” *American Journal of Public Health* 102 (September): 59-64

³ Supriya Kumar, John J. Grefenstette, David Galloway, Steven M. Albert, and Donald S. Burke. 2013. “Policies to Reduce Influenza in the Workplace: Impact Assessments Using an Agent-Based Model.” *American Journal of Public Health* 103 (August): 1406-1411; Robert Drago. 2010. *Sick at Work: Infected Employees in the Workplace During the H1N1 Pandemic*. IWPR Publication No. B264. Washington, DC: Institute for Women’s Policy Research. <<http://www.iwpr.org/publications/pubs/sick-at-work-infected-employees-in-the-workplace-during-the-h1n1-pandemic>

⁴ Heather Boushey and Sarah Jane Glynn, “There Are Significant Business Costs to Replacing Employees,” Center for American Progress (November 16, 2012) <<https://www.americanprogress.org/wp-content/uploads/2012/11/CostofTurnover.pdf>> (accessed January 12, 2016).

⁵ Kevin Miller, Claudia Williams, and Youngmin Yi. 2011. *Paid Sick Days and Health: Cost Savings from Reduced Emergency Department Visits*. IWPR Publication No. B301. Washington, DC: Institute for Women’s Policy Research. <<http://www.iwpr.org/publications/pubs/paid-sick-days-and-health-cost-savings-from-reduced-emergency-department-visits>> (accessed February 28 2014).

⁶ This report provides data from the National Health Interview Survey (NHIS). The NHIS is a household survey that includes a module administered to 36,697 sampled adults, and can be analyzed by gender, race, and ethnicity, and other characteristics. Another source for estimates of access to earned sick days is the National Compensation Survey (NCS), an employer-based survey that does not include data on the individual characteristics of covered employees. There is a small discrepancy between paid sick day access rates obtained from the NHIS and the NCS. According to the 2015 NCS, 65 percent of all civilian workers were able to access this important benefit; while according to the 2014 NHIS, 60 percent of private sector workers have access. Differences between these two surveys are due to collection methods, sample sizes, and data collection time frames. While the NCS is a payroll survey that does not have age restrictions, the NHIS is a household survey that asks about access to sick leave for adults age 18 years and older. Another reason for the discrepancy between the surveys might be that workers are unaware they have access to sick leave or fear that they cannot fully use it for fear of retaliation by their employers. We prefer the NHIS data because it reflects workers’ knowledge of whether they have paid sick days and because it allows for a detailed analysis of the workforce that is and is not covered by a paid sick days policy—something which is not possible in the NCS. For more information on paid sick leave access rates from the NCS please consult <<http://www.bls.gov/news.release/pdf/ebs2.pdf>>.

⁷ Claudia Williams. 2011. *Paid Sick Days Access Rates by Gender and Race and Ethnicity*. IWPR Publication No. Q006. Washington, DC: Institute for Women’s Policy Research. <<http://www.iwpr.org/publications/pubs/paid-sick-day-access-rates-by-gender-and-race-ethnicity-2010>>.

⁸ Figure 7 shows that occupations in the service sector have disproportionately low rates of access to paid sick days. At the same time, estimates show that Hispanic workers are far more likely than other workers to work in service occupations. See for example: Status of Women in the States. “Distribution of Employed Women Across Broad Occupational Groups by Race and Ethnicity, Aged 16 and Older, United States, 2013.” Spotlight on Women of Color: Employment and Earnings Data. <<http://statusofwomendata.org/women-of-color/spotlight-on-women-of-color-employment-and-earnings-data/>> (accessed September 16, 2015).

⁹ National Partnership for Women and Families, “Paid Sick Days Statutes,” <<http://www.nationalpartnership.org/research-library/work-family/psd/paid-sick-days-statutes.pdf>> (accessed November 24, 2015).

¹⁰ Among workers with paid sick days, the uncapped average number of sick days used is 3.5 for men and 4.0 for women. Among workers without paid sick days, the uncapped average number of sick days used is 2.7 for men and 3.6 for women. In total, those with paid sick days use an average of 3.7 days and those without the benefit use 3.1 days. Source: Institute for Women’s Policy Research (IWPR) analysis of the 2014 National Health Interview Survey (NHIS). Note: Usage rates are calculated for employed individuals age 18 years and older that responded yes or no to the following questions: “Do you have paid sick leave on your main job or business?” and “During the past 12 months, about how many days did you miss work at a job or business because of illness or injury? (Do not include maternity leave).”

¹¹ The NHIS question on sick leave usage – “During the past 12 months, about how many days did you miss work at a job or business because of illness or injury? (Do not include maternity leave).” – could be interpreted by respondents as sick days use for their own or a family member’s illness.

¹² Among workers with paid sick days, women take a mean of 2.4 days, and a median of 1 day off. Men take a mean of 1.9 days, and a median of 1 day off. Among workers without paid sick days, women take a mean of 1.7 days, and a median of 0 days off. Men take a mean of 1.5 days, and a median of 0 days off (see Appendix Table.); Usha Raji and Alina Salganicoff, “Data Note:

Balancing on Shaky Ground: Women, Work and Family Health,” <<http://kff.org/womens-health-policy/issue-brief/data-note-balancing-on-shaky-ground-women-work-and-family-health/>> (accessed November 18, 2015).

¹³ Jeff Hayes, and Heidi Hartmann. 2011. *Women and Men Living on the Edge: Economic Insecurity After the Great Recession*. IWPR Publication No. C386. Washington, DC: Institute for Women’s Policy Research. <<http://www.iwpr.org/publications/pubs/women-and-men-living-on-the-edge-economic-insecurity-after-the-great-recession#sthash.Onv9wiDW.dpuf>> (accessed February 10, 2016).

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