



# Fact Sheet

IWPR #B328

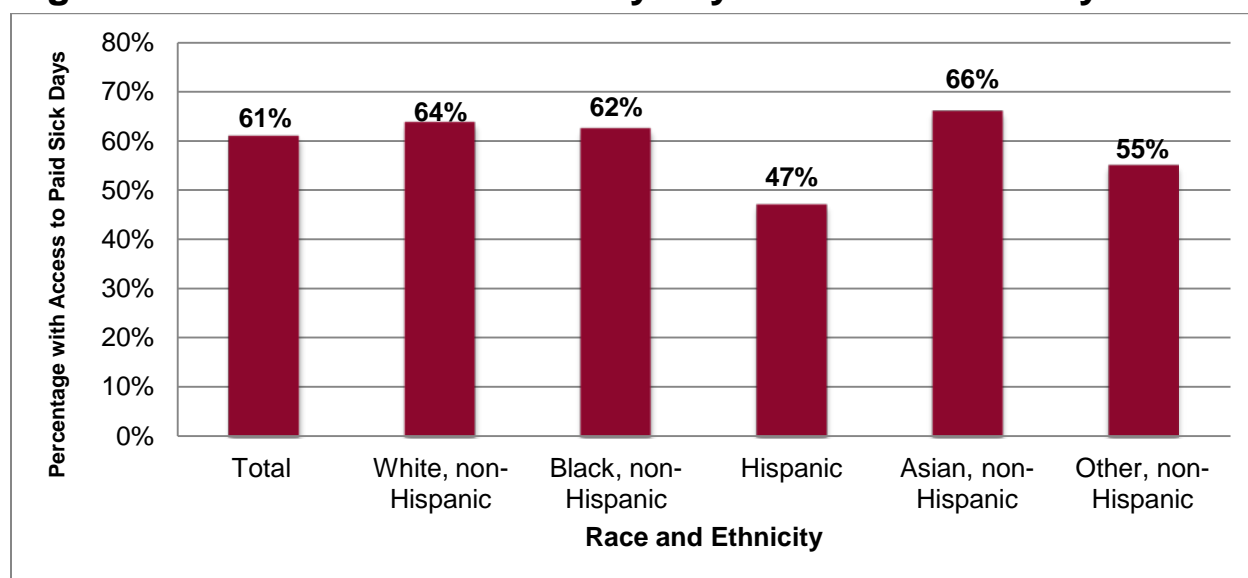
March 2014

## **Paid Sick Days Access in the United States: Differences by Race/Ethnicity, Occupation, Earnings, and Work Schedule**

Paid sick days bring substantial benefits to employers, workers, families, and communities.<sup>1</sup> The economic and public health benefits of paid sick leave coverage include safer work environments;<sup>2</sup> improved work life balance,<sup>3</sup> reduced spread of contagion;<sup>4</sup> and reduced health care costs.<sup>5</sup> Access to this important benefit, however, is still too rare, and is unequally distributed across the U.S. population, with differences by race and ethnicity, occupation, earnings levels, and work schedules.

Utilizing data from the National Health Interview Survey (NHIS), IWPR finds that in 2012, approximately 61 percent of private-sector workers age 18 and older in the U.S. had access to paid sick days<sup>6</sup> (Figure 1); up from 57 percent in 2009.<sup>7</sup> More than 41 million workers lack access. Hispanic workers are much less likely to have paid sick days than white, Asian or black workers. Less than half of Hispanic workers (47 percent) in the United States have access to paid sick days (Figure 1).

**Figure 1. Access to Paid Sick Days by Race and Ethnicity**



Source: Institute for Women’s Policy Research (IWPR) analysis of the 2012 National Health Interview Survey (NHIS).

Note: Access rates are calculated for individuals age 18 years and older working in the private sector that responded yes or no to the following question: Do you have paid sick leave on your main job or business? “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 analysis; all were kept in the interest of inclusion.

Access rates for male and female workers are 60 and 62 percent, respectively (Table 1). Among Hispanic and black workers, women are more likely than men to have access to paid sick days, which may relate to occupational distribution by sex.<sup>8</sup> Sixty-four percent of black women are estimated to have access to paid sick days compared with 60 percent of men. The same pattern applies among Hispanic men and women, with 51 percent of women, compared with 45 percent of Hispanic men reporting access to sick leave.

**Table 1. Access to Paid Sick Days by Sex, Race and Ethnicity**

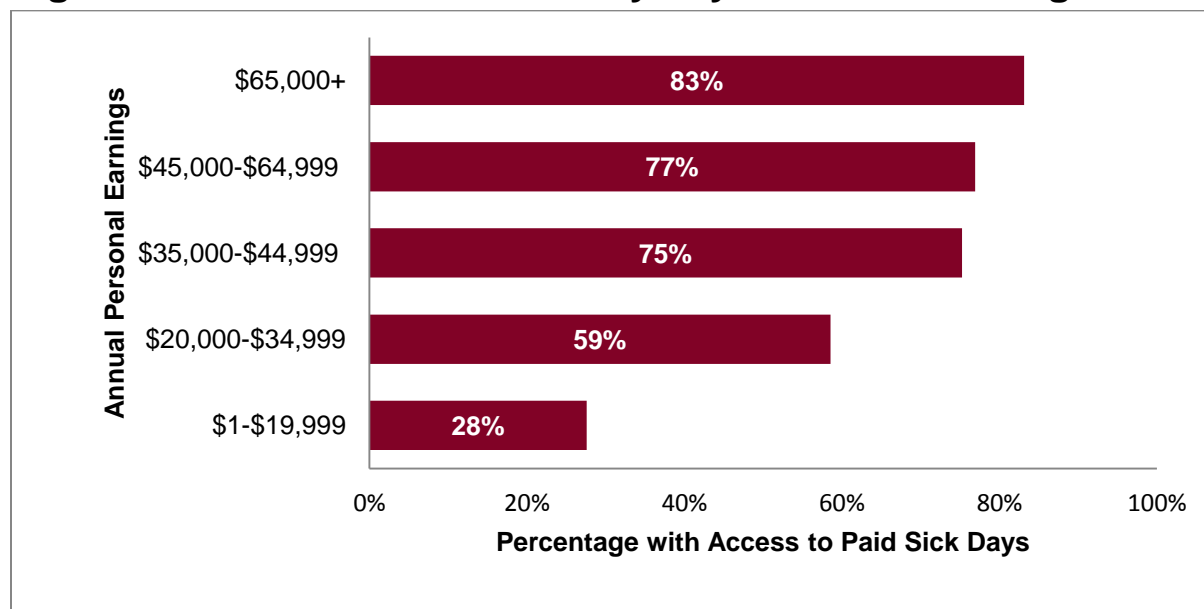
Population Group	With Access to Paid Sick Days		
	Men	Women	Total
Total	60%	62%	61%
White, non-Hispanic	64%	63%	64%
Black, non-Hispanic	60%	64%	62%
Hispanic	45%	51%	47%
Asian, non-Hispanic	66%	66%	66%
Other, non-Hispanic	54%	57%	55%

Source: Institute for Women’s Policy Research (IWPR) analysis of the 2012 National Health Interview Survey (NHIS).

Note: Access rates are calculated for individuals age 18 years and older working in the private sector that responded yes or no to the following question: Do you have paid sick leave on your main job or business? “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 analysis; all were kept in the interest of inclusion.

Workers with annual personal earnings at or below \$19,999 are less likely than workers with higher earnings to have paid sick days. Fewer than three out of ten workers (28 percent) in this earnings group are able to take a day off with pay when they are sick (Figure 2), whereas eight in ten workers earning \$65,000 or more have access to paid sick days.

**Figure 2. Access to Paid Sick Days by Personal Earnings**

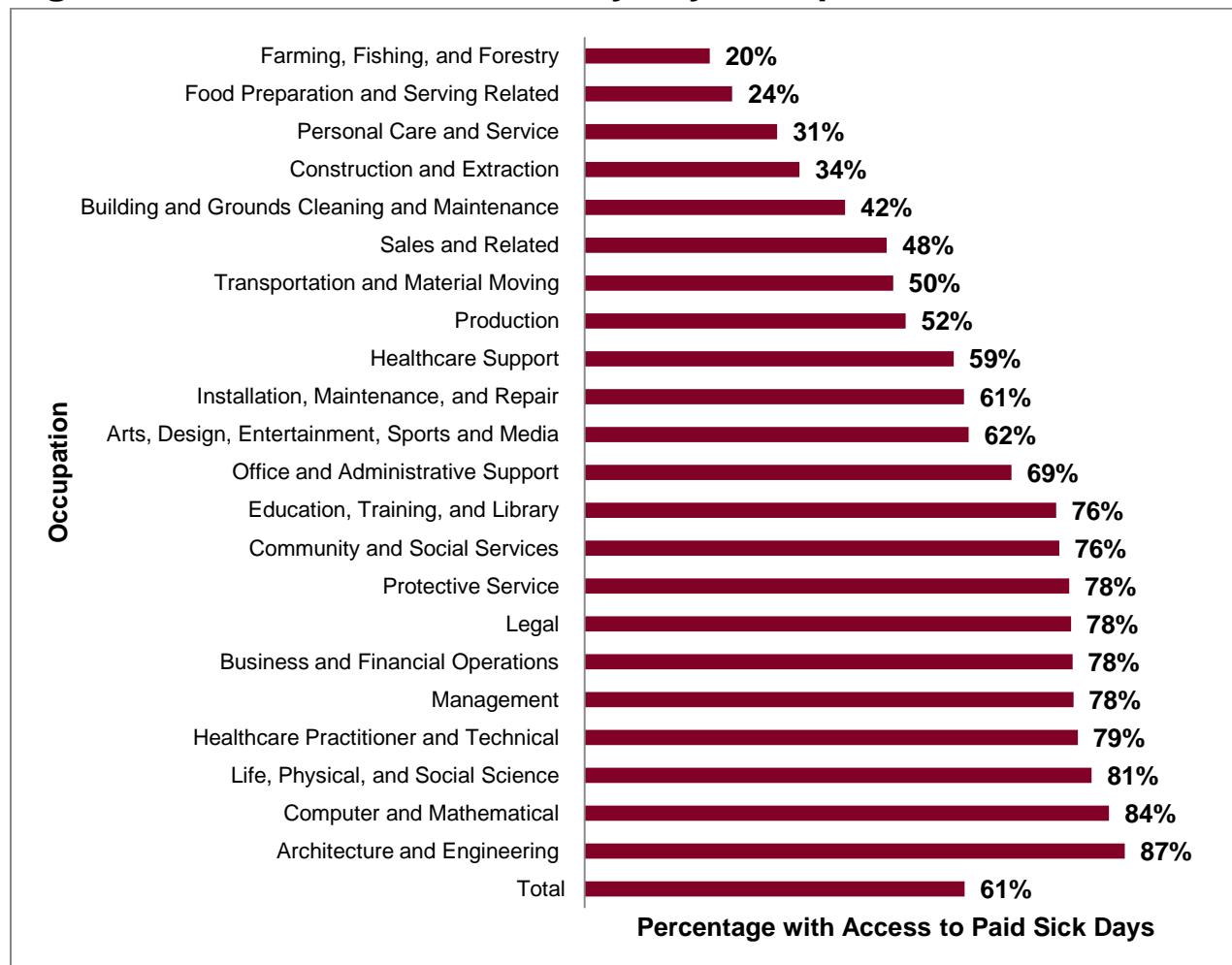


Source: Institute for Women’s Policy Research (IWPR) analysis of the 2012 National Health Interview Survey (NHIS).

Access to paid sick days varies widely depending on the type of occupations employees hold. Across the broad spectrum of occupations in the United States, access to paid sick days varies from 87 percent for employees in Architecture and Engineering Occupations to only 20 percent for those employed in Farming, Fishing and Forestry Occupations (Figure 3).

Paid sick days are especially uncommon in certain jobs requiring frequent contact with the public, which has important public health implications. For example, less than a quarter (24 percent) of employees in Food Preparation and Serving Related occupations, and fewer than a third (31 percent) of workers in Personal Care and Service occupations has access to sick days with pay. One reason paid sick days access rates are especially low among Hispanic workers is because this group is overrepresented in occupations less likely to provide paid sick days.<sup>9</sup>

**Figure 3. Access to Paid Sick Days by Occupation**

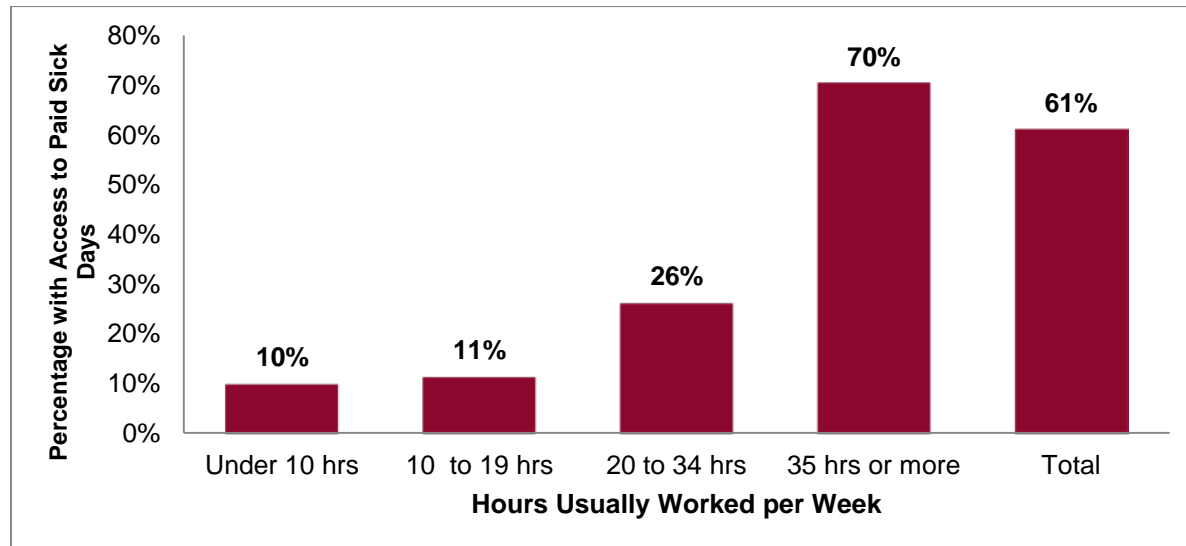


Source: Institute for Women’s Policy Research (IWPR) analysis of the 2012 National Health Interview Survey (NHIS).

Note: Access rates are calculated for individuals age 18 years and older working in the private sector that responded yes or no to the following question: Do you have paid sick leave on your main job or business?

Coverage is much greater among full-time than among part-time workers: While five in seven full-time workers have paid sick leave (70 percent), only about a quarter of those working between 20 and 34 hours per week (26 percent) have access to sick days with pay.

**Figure 4. Access to Paid Sick Days by Hours Worked per Week**



Source: Institute for Women’s Policy Research (IWPR) analysis of the 2012 National Health Interview Survey (NHIS).

Note: Access rates are calculated for individuals age 18 years and older working in the private sector that responded yes or no to the following question: Do you have paid sick leave on your main job or business?

Ensuring greater access to paid sick days for all workers, and especially low-wage, service workers, Hispanic workers, and part-time workers, would bring many public health and economic benefits for employers, families, and communities.

## Notes

<sup>1</sup> Williams, Claudia, Susan Andrzejewski, and Jeffrey Hayes. 2013. *Valuing Good Health in Newark: The Costs and Benefits of Earned Sick Time*. IWPR Publication No. B324. Washington, DC: Institute for Women’s Policy Research. <<http://www.iwpr.org/publications/pubs/valuing-good-health-in-newark-the-costs-and-benefits-of-earned-sick-time> > (accessed February 28, 2014).

<sup>2</sup> Lovell, Vicky. 2003. *No Time to Be Sick: Why Everyone Suffers When Workers Don’t have Paid Sick Leave*. IWPR Publication No. B242. Washington, DC: Institute for Women’s Policy Research. <<http://www.iwpr.org/publications/pubs/no-time-to-be-sick-why-everyone-suffers-when-workers-don2019t-have-paid-sick-leave> > (accessed February 27, 2014).

<sup>3</sup> Heymann, Jody. 2000. *The Widening Gap: Why America’s Working Families Are in Jeopardy and What Can Be Done About It*. New York: Basic Books.

<sup>4</sup> Goetzel, Ron Z., Stacey R. Long, Ronald J. Ozminkowski, Kevin Hawkins, Shaohung Wang, and Wendy Lynch. 2004. “Health, Absence, Disability, and Presenteeism Cost Estimates of Certain Physical and Mental Health Conditions Affecting U.S. Employers.” *Journal of Occupational and Environmental Medicine* 46 (April): 398-412.

<sup>5</sup> Miller, Kevin, 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).

<sup>6</sup> This report provides data from the National Health Interview Survey (NHIS). The NHIS is a survey of 32,965 individuals, and can be analyzed by gender, race, and ethnicity. 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 days access rates obtained from the NHIS and the NCS. According to the 2013 NCS, 65 percent of private sector workers were able to access this important benefit; while according to the 2012 NHIS, 61 percent of private sector workers have access. Difference between these two surveys is due to collection methods, sample size,

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and data collection time frame. 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. For more information on paid sick leave access rates from the NCS please consult <<http://www.bls.gov/news.release/pdf/ebs2.pdf>>.

<sup>7</sup> Williams, Claudia. 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> >

<sup>8</sup> Hegewisch, Ariane, Hannah Liepmann, and Jeff Hayes. 2010. *Separate and Not Equal? Gender Segregation in the Labor Market and the Gender Wage Gap*. IWPR Publication No. C377. Washington, DC: Institute for Women's Policy Research.

<sup>9</sup> Hegewisch, Ariane. 2013. *The Gender Wage Gap by Occupation*. IWPR Publication No. C350a. Washington, DC: Institute for Women's Policy Research.

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