



Briefing Paper

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Access to Paid Sick Days in San Jose

An analysis by the Institute for Women’s Policy Research (IWPR) reveals that about 35 percent of private sector employees in San Jose lack even a single paid sick day. Access to paid sick days promotes healthy work environments by reducing the spread of illness,^{1,2} increasing productivity,³ and supporting work and family balance.⁴ This briefing paper presents estimates of access to paid sick days in San Jose by sex, race and ethnicity, industry, occupation, earnings, and family status through analysis of government data sources, including the 2011–2012 National Health Interview Survey (NHIS) and the 2009–2011 American Community Survey (ACS).

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

- Among all private-sector workers in San Jose, 35 percent, or about 136,754 private sector workers do not have access to paid sick days (Table 1).
- Hispanic workers are significantly less likely to have paid sick days than any other workers. More than half of Hispanic workers in San Jose lack access to paid sick days (Table 1).

Table 1. Paid Sick Days Access Rates by Sex and Race and Ethnicity in San Jose, 2009-2011.

Population Group	Without Access to Paid Sick Days	
	Number	Percent
Total Private Sector	136,754	35%
Women	58,156	36%
Men	78,616	34%
White, non-Hispanic	46,756	31%
Black, non-Hispanic	3,266	34%
Asian, non-Hispanic	34,457	27%
Hispanic	49,146	52%
Other, non-Hispanic	3,147	31%

Note: Access rates are for individuals, 18 years and older, working in the private sector in the San Jose area regardless of their place of residence. 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 2011–2012 National Health Interview Survey (NHIS) and 2009-2011 IPUMS American Community Survey (ACS).

Access to Paid Sick Days by Industry

- More than 80 percent of employees working in the Food Services industry lack access to paid sick days (Table 2).
- About half of employees in the Accommodation industry (which includes hotel workers) are not able to take a single paid sick day when they or their families need time to recuperate from illness.

Table 2. Paid Sick Days Access Rates by Industry in San Jose, 2009-2011.

Industry	Without Access to Paid Sick Days	
	Number	Percent
Agriculture, Forestry, Fishing, and Hunting	1,746	83%
Leisure and hospitality	19,759	72%
Food Services	15,812	81%
Accommodation	1,191	48%
Construction	14,419	71%
Other Services	8,374	58%
Transportation and Warehousing	2,833	43%
Retail Trade	18,498	42%
Education and health services	17,979	30%
Professional and business services	21,891	29%
Finance and Insurance	5,200	28%
Manufacturing	19,975	21%
Information	3,843	21%
Wholesale Trade	2,010	21%
Utilities	230	19%
Total Private Sector	136,757	35%

Note: Access rates are for individuals, 18 years and older, working in the private sector in San Jose area regardless of their place of residence. Percentages and figures may not add to totals due to rounding. Mining Industry is omitted because no sample information is available for the San Jose area. Source: Institute for Women's Policy Research analysis of 2011–2012 National Health Interview Survey (NHIS) and 2009-2011 IPUMS American Community Survey (ACS).

Access to Paid Sick Days by Occupation

Access to paid sick days varies widely depending on the type of occupation employees hold. Paid sick days are especially uncommon in jobs requiring frequent contact with the public, with important public health consequences. Across the broad spectrum of occupations in San Jose, lack of access to paid sick days varies from 86 percent for employees in Farming, Fishing, and Forestry occupations, to only 12 percent for those employed in Computer and Mathematical occupations.

Table 3. Paid Sick Days Access Rates by Occupation in San Jose, 2009-2011.

Occupation	Without Access to Earned Sick Leave		
	Santa Clara County	San Jose	Percent
Farming, Fishing, and Forestry	2,433	1,280	86%
Food Preparation and Serving Related	26,620	14,000	78%
Construction and Extraction	23,226	12,215	75%
Personal Care and Service	12,246	6,441	75%
Building and Grounds Cleaning and Maintenance	12,569	6,610	59%
Protective Service	3,145	1,654	55%
Transportation and Material Moving	13,027	6,851	53%
Sales and Related	36,341	19,113	45%
Installation, Maintenance, and Repair	7,940	4,176	42%
Production	15,238	8,014	41%
Education, Training, and Library	8,817	4,637	41%
Community and Social Services	2,184	1,149	36%
Office and Administrative Support	27,245	14,329	35%
Arts, Design, Entertainment, Sports and Media	4,875	2,564	33%
Healthcare Support	4,019	2,113	33%
Life, Physical, and Social Science	3,190	1,678	26%
Legal	2,145	1,128	25%
Healthcare Practitioner and Technical	7,290	3,834	22%
Management	20,967	11,027	19%
Business and Financial Operations	8,059	4,238	19%
Architecture and Engineering	8,656	4,553	15%
Computer and Mathematical	9,792	5,150	12%
Total Private Sector	260,024	136,754	35%

Note: Access rates are for individuals, 18 years and older, working in the private sector in San Jose area regardless of their place of residence. Percentages and figures may not add to totals due to rounding. Source: Institute for Women's Policy Research analysis of 2011–2012 National Health Interview Survey (NHIS) and 2009-2011 IPUMS American Community Survey (ACS).

- More than three quarters of workers in Food Preparation and Serving-related occupations are estimated to lack paid sick days in San Jose (Table 3), which poses public health risks through contagion.
- Employees in the Personal Care and Service occupations, such as child care workers and manicurists, have similarly low rates of access to paid sick days. The vast majority—75 percent—of workers in these occupations are unable to take even a single paid day off when sick (Table 3).
- Workers in Protective Service occupations also have limited access to paid sick days, with 55 percent lacking access to paid sick days (Table 3).

Access to Paid Sick Days by Earnings Level

- Two thirds of full-time, year-round workers in the lowest earnings bracket (less than \$20,000 annually) lack access to earned sick days (Table 4). Although low-paid workers are more likely to benefit from paid sick days since financial reasons may currently prevent them from staying at home when ill, only one third of low-paid workers have access to paid sick days.
- In contrast with the low access rates for low-earnings workers, only 14 percent of workers in the highest earnings bracket lack access to paid sick days (Table 4).

Table 4. Paid Sick Days Access Rates by Earnings for Full-Time Year-Round Workers in San Jose, 2009-2011.

Personal Earnings, full-time year-round workers	Without Access to Paid Sick Days	
	Number	Percent
\$1-\$19,999	14,557	67%
\$20,000-\$34,999	17,166	42%
\$35,000-\$44,999	7,608	28%
\$45,000-\$64,999	9,594	21%
\$65,000+	20,775	14%
Total Private Sector Full-Time Year-Round Workers	69,700	24%

Note: Access rates are for individuals, 18 years and older, working in the private sector in San Jose area regardless of their place of residence. For the analysis of access rates by personal income levels, the sample was also limited to only full-time year-round workers. Percentages and figures may not add to totals due to rounding. Source: Institute for Women's Policy Research analysis of 2011–2012 National Health Interview Survey (NHIS) and 2009-2011 IPUMS American Community Survey (ACS).

Access to Paid Sick Days Among Parents of Dependent Children

- Among men and women who have children, a significant proportion do not have access to paid sick days. Between 26 and 41 percent of men and women with children lack access (Table 5).
- Of particular concern is the considerable percentage of both single mothers and single fathers without access to paid sick days. Approximately 40 percent of single mothers and single fathers do not have access (Table 5).

Table 5. Paid Sick Days Access Rates in San Jose by Gender, Marital, and Parent Status, 2009-2011.

Population Group	Without Access to Paid Sick Days	
	Number	Percent
Total Private Sector	136,754	35%
Women		
<i>Married</i>		
With Children	12,446	27%
Without Children	13,743	34%
<i>Single</i>		
With Children	5,187	41%
Without Children	26,774	42%
Men		
<i>Married</i>		
With Children	21,449	26%
Without Children	17,229	31%
<i>Single</i>		
With Children	2,417	38%
Without Children	37,508	43%

Note: Access rates are for individuals, 18 years and older, working in the private sector in San Jose area regardless of their place of residence. Dependent children are defined as children under the age of 18 living in the household. Percentages and figures may not add to totals due to rounding. Source: Institute for Women's Policy Research analysis of 2011–2012 National Health Interview Survey (NHIS) and 2009-2011 IPUMS American Community Survey (ACS).

Benefits of Paid Sick Days

Paid sick days deliver multiple benefits for employers, children, women, and communities at large. The economic and public health benefits of paid sick days coverage are substantial, including creating stronger, safer work environments; supporting children and families; and reducing health care costs.⁵

Creating Stronger, Safer Work Environments

- Research documents that workers with influenza perform more poorly on a variety of tasks than healthy workers,⁶ and a recent study found that employers who provided paid sick days to their employees reported fewer occupational injuries than those who did not have paid sick days coverage.⁷
- Paid sick days policies help reduce the spread of illness in the workplace by helping contagious workers stay home.⁸

Supporting Children and Families

- Paid sick days policies help parents fulfill their caregiving responsibilities. Research shows that having paid sick days is the primary factor in a parent's decision to stay home when their children are sick.⁹
- Because many parents do not have access to affordable sick child care, sick children are often left home alone or sent to school or day care sick. Therefore, allowing parents to stay home with sick children can prevent illness from spreading in schools and day care centers.^{10,11} Studies demonstrate that children are more susceptible to influenza¹² and carry the influenza virus over longer periods of time compared with adults.^{13,14,15} Keeping children at home when they have contagious illnesses, like the flu, can prevent absences among their schoolmates and teachers.

Reducing Health Care Costs

- Workplace flexibility allows adult children and family members to care for elderly, disabled, and medically fragile relatives. This informal care reduces health expenditures by preventing and reducing the need for paid care at home and in nursing homes, services that might otherwise be financed by Medicaid or Medicare.¹⁶
- Paid sick days allow workers to take time away from work for medical appointments, rather than waiting until after their work hours at which time the only way to see a doctor may be to utilize hospital emergency services. Analysis of data from the National Health Interview Survey has shown that workers with paid sick days are less likely than workers without paid sick days to utilize hospital emergency departments, even after accounting for variables such as age, income, education, and health insurance access.¹⁷

Notes

¹ 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.

² 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 Ron Z. Goetzel, Stacey R. Long, Ronald J. Ozminkowski, Kevin Hawkins, Shaohung Wang, and Wendy Lynch, "Health, Absence, Disability, and Presenteeism Cost Estimates of Certain Physical and Mental Health Conditions Affecting U.S. Employers," *Journal of Occupational and Environmental Medicine* no. 46 (April 2004): 398-412.

⁴ S. Jody Heymann, *The Widening Gap: Why America's Working Families Are in Jeopardy and What Can Be Done About It* (New York: Basic Books, 2000).

⁵ Kevin Miller and Claudia Williams, *Valuing Good Health in Massachusetts: The Cost and Benefits of Paid Sick Days* (Washington, DC: Institute for Women's Policy Research, May 2012).

⁶ 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.

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- ⁷ 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.
- ⁸ 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.
- ⁹ 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.
- ¹⁰ Isabelle Diehl, "The prevalence of colds in nursery school children and non-nursery school children," *Journal of Pediatrics* vol. 34 no. 1 (January 1949): 52-61.
- ¹¹ Lennart Hesselvik, "Respiratory infections among children in day nurseries," *Acta Paediatrica Scandinavica* no. 37 sup. S74 (May 1949): 1-103.
- ¹² 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.
- ¹³ 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.
- ¹⁴ 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.
- ¹⁵ 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 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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