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Briefing Paper

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Access to Earned Sick Leave in San Diego

An analysis by the Institute for Women's Policy Research (IWPR) reveals that about 433,500 private sector employees in San Diego[1] lack even a single earned sick day. Access to earned sick leave promotes healthy work environments by reducing the spread of illness,[2,3] increasing productivity,[4] and supporting work and family balance.[5] This briefing paper presents estimates of lack of earned sick leave in San Diego by sex, race and ethnicity, industry, and occupation 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 Earned Sick Leave by Sex and Racial/Ethnic Group

- Among all private-sector workers in San Diego, 44 percent, or about 433,500 private sector workers lack access to earned sick leave (Table 1).

- Hispanic workers are less likely to have earned sick leave than any other workers. About 55 percent of Hispanic workers in San Diego lack earned sick leave (Table 1).

Table 1. Earned Sick Leave Access Rates by Sex and Race and Ethnicity in San Diego; 2009-2011.

Population Group	Without Access to Earned Sick Leave	
	Number	Percent
Total Private Sector, 18 years and older	**433,534**	**44%**
Women	195,733	44%
Men	237,801	44%
White, non-Hispanic	194,037	40%
Black, non-Hispanic	15,854	40%
Hispanic	167,642	55%
Other, non-Hispanic	56,002	37%

Note: Access rates are for individuals, 18 years and older, working in the private sector in San Diego area regardless of their place of residence. Percentages and figures may not add to totals due to rounding. "Other race" category includes Asian-Americans, 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 interests 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 Earned Sick Leave by Industry

- More than 80 percent of employees working in the food services industry lack access to earned sick leave (Table 2).

- About half of employees of the Accommodation industry are not able to take a single earned sick day off when they or their families' need time to recuperate from illness.

Table 2. Earned Sick Leave Access Rates by Industry in San Diego; 2009-2011.

Industry	Without Access to Earned Sick Leave	
	Number	Percent
Agriculture, Forestry, Fishing, and Hunting Industries	8,570	86%
Construction Industries	43,171	70%
Leisure and hospitality	87,961	68%
Food Services	61,412	82%
Accommodation	12,085	53%
Other Services	31,891	62%
Retail Trade Industries	61,361	45%
Transportation and Warehousing Industries	10,796	45%
Professional and business services	56,322	38%
Education and health services	56,972	34%
Manufacturing Industries	36,461	31%
Finance and Insurance Industries	22,206	30%
Wholesale Trade Industries	8,657	29%
Information Industries	7,480	29%
Mining Industries	56	20%
Utilities Industries	1,631	18%
Total Private Sector, 18 years and older	**433,534**	**44%**

Note: Access rates are for individuals, 18 years and older, working in the private sector in San Diego 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).

Access to Earned Sick Leave by Occupation

Access to earned sick leave varies widely depending on the type of occupations employees hold. The lack of earned sick leave is especially common in jobs requiring frequent contact with the public, with important public health consequences. Across the broad spectrum of occupations in San Diego, lack of earned sick leave varies from 87 percent for employees in farming, fishing,

and forestry occupations, to 16 percent for those employed in computer and mathematical occupations.

Table 3. Earned Sick Leave Access Rates by Occupation in San Diego, 2009-2011.

Occupation	Without Access to Earned Sick Leave	
	Number	Percent
Farming, Fishing, and Forestry Occupations	7,621	87%
Food Preparation and Serving Related Occupations	53,116	76%
Construction and Extraction Occupations	35,498	75%
Personal Care and Service Occupations	26,480	74%
Building and Grounds Cleaning and Maintenance Occupations	27,126	64%
Transportation and Material Moving Occupations	22,896	54%
Sales and Related Occupations	64,804	49%
Protective Service Occupations	5,245	48%
Education, Training, and Library Occupations	11,258	46%
Installation, Maintenance, and Repair Occupations	13,149	45%
Production Occupations	22,640	45%
Arts, Design, Entertainment, Sports and Media Occupations	7,702	44%
Healthcare Support Occupations	8,471	39%
Community and Social Services Occupations	4,651	38%
Office and Administrative Support Occupations	51,676	38%
Life, Physical, and Social Science Occupations	4,908	31%
Legal Occupations	3,222	28%
Management Occupations	26,607	26%
Healthcare Practitioner and Technical Occupations	12,274	24%
Business and Financial Operations Occupations	12,197	23%
Architecture and Engineering Occupations	5,923	19%
Computer and Mathematical Occupations	6,071	16%
Total	**433,534**	**44%**

- Of concern for public health and contagion prevention, three out of four workers in food preparation and serving-related occupations are estimated to lack earned sick leave in San Diego (Table 3).

- Employees in the personal care and service occupations, such as child care workers and manicurists, have similarly low rates of access to earned sick leave. The vast majority—74 percent—of workers in these occupations is unable to take even a single day off when sick (Table 3).

- Workers in building and grounds cleaning and maintenance occupations also have limited access to earned sick leave, with 64 percent lacking access to earned sick leave (Table 3).

Benefits of Earned Sick Leave

Earned sick leave delivers multiple benefits for employers, children, women, and communities at large. The economic and public health benefits of earned sick leave coverage are substantial, including creating stronger, safer work environments; supporting children and families; and reducing health care costs. [6]

Creating Stronger, Safer Work Environments

- Allowing workers to stay home to recover from illnesses ensures stronger job performance. Empirical studies document that workers with influenza perform more poorly on a variety of tasks than healthy workers.[7] Access to earned sick leave improves workplace safety. A recent study found that employers who provided earned sick leave to their employees reported fewer occupational injuries than those who did not have earned sick leave coverage.[8]
- Earned sick leave policies help reduce the spread of illness in the workplace by helping contagious workers stay home.[9]

Supporting Children and Families

- Earned sick leave policies help parents fulfill their caregiving responsibilities. Research shows that having earned leave is the primary factor in a parent's decision to stay home when their children are sick.[10]
- Allowing parents to stay home with sick children prevents viruses from spreading to schools and day care centers.[11] Studies demonstrate that children are more susceptible to influenza and carry the influenza virus over longer periods of time compared with adults.[12] 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.[13]

- Earned sick leave 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 earned sick leave are less likely than workers without earned sick leave to utilize hospital emergency departments, even after accounting for variables such as age, income, education, and health insurance access.[14]

Notes

[1]In addition to San Diego City, the studied geographic area includes the following cities and census-designated places due to limited geographical information in the federal data sources used: Alpine CDP, Bonita CDP, Bonsall CDP, Borrego Springs CDP, Bostonia CDP, Camp Pendleton North CDP, Camp Pendleton South CDP, Carlsbad City, Casa de Oro-Mount Helix CDP, Chula Vista City, Coronado City, Crest CDP, Del Mar City, El Cajon City, Encinitas City, Escondido City, Fairbanks Ranch CDP, Fallbrook CDP, Granite Hills CDP, Harbison Canyon CDP, Hidden Meadows CDP, Imperial Beach City, Jamul CDP, Julian CDP, La Mesa City, La Presa CDP, Lake San Marcos CDP, Lakeside CDP, Lemon Grove City, National City, Oceanside City, Pine Valley CDP, Poway City, Rainbow CDP, Ramona CDP, Rancho San Diego CDP, Rancho Santa Fe CDP, San Marcos City, Santee City, Solana Beach City, Spring Valley CDP, Valley Center CDP, Vista City, Winter Gardens CDP.

[2] Li, Jiehui, Guthrie S. Birkhead, David S. Strogatz, and R. Bruce Coles. 1996. "Impact of Institution Size, Staffing Patterns, and Infection Control Practices on Communicable Disease Outbreaks in New York State Nursing Homes." *American Journal of Epidemiology* 143 (May): 1,042-1,049.

[3] Drago, Robert and Kevin Miller. 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://iwpr.org/publications/pubs/ sick-at-work-infected-employees-in-the-workplace-during-the-h1n1-pandemic> (accessed November 26, 2012).

[4] 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.

[5] 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.

[6] Miller, Kevin and Claudia Williams. 2012. *Valuing Good Health in Massachusetts: The Cost and Benefits of Paid Sick Days.* IWPR Publication No. B305. Washington, DC: Institute for Women's Policy Research. <http://www.iwpr.org/publications/ pubs/ valuing-good-health-in-massachusetts-the-costs-and-benefits-of-paid-sick-days-2> (accessed November 26, 2012).

[7] Smith, Andrew. 1989. "A Review of the Effects of Colds and Influenza on Human Performance." *Journal of the Society of Occupational Medicine* 39:65-68.

[8] Asfaw, Abay, Regina Pana-Cryan, and Roger Rosa. 2012. "Paid Sick Leave and Nonfatal Occupational Injuries." *American Journal of Public Health* 102 (September): e59-e64.

[9] Li, Jiehui, Guthrie S. Birkhead, David S. Strogatz, and R. Bruce Coles. 1996. "Impact of Institution Size, Staffing Patterns, and Infection Control Practices on Communicable Disease Outbreaks in New York State Nursing Homes." *American Journal of Epidemiology* 143 (May): 1,042-1,049.
[10] 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.
[11] Heymann, S. Jody, Alison Earle, and Brian Egleston. 1996. "Parental Availability for the Care of Sick Children." *Pediatrics* 98 (August): 226-230.
[12] King, James C. 2004.Quoted in *Study Shows School-Based Nasal Influenza Vaccinations Significantly Reduce Flu-Related Costs in Families.* Press release. University of Maryland Medical Center, May 25.< http://www.umm.edu/cgi-bin/printpage.cgi> (accessed March 17, 2005).
[13] Van Houtven, Courtney Harold, and Edward C. Norton. 2004. "Informal Care and Health Care Use of Older Adults." *Journal of Health Economics* 23 (11): 1159-1180.
[14] 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 April 2012).

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