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# Access to Paid Sick Days in Portland, Oregon

Access to paid sick days promotes healthy work environments by reducing the spread of illnesses,[1,2] increasing productivity,[3] and supporting work and family balance.[4] Paid sick days allow employees to take time off work to recover from personal illnesses and tend to family members' health without the fear of monetary or other negative consequences.

Despite the importance of paid sick days, a large proportion of workers in the Portland, Oregon, area receive no paid sick time at all. This fact sheet presents paid sick days access rates by occupation, sex, race and ethnicity, and personal income in the Portland area. The Institute for Women's Policy Research (IWPR) derived these estimates through analysis of government data sources including the National Health Interview Survey and the American Community Survey.

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

- Hispanic workers disproportionately lack paid sick days. Less than half of Hispanic workers in the Portland area (43 percent) are estimated to have access to paid sick leave.

- Access to paid sick leave is also low among African American workers, with only 58 percent estimated to have access.

- White, non-Hispanics have the highest level of access among all racial/ethnic groups with 61 percent having access to paid sick days.

- Access to paid sick leave is similar among men and women: 60 percent of men and 59 percent of women are estimated to have paid sick days.

- Hispanic and black women are more likely to have access to paid sick leave than their male counterparts: 59 percent of black women are estimated to have access to paid sick leave compared with 57 percent of men. The same pattern applies to men and women in the Hispanic community, with 46 percent of women compared with 41 percent of Hispanic men reporting access to sick leave.

## Table 1. Paid Sick Days Access Rates by Sex and Race and Ethnicity

| Population Group | Percent with access to paid sick days | Percent without paid sick days | Number with paid sick days | Number without paid sick days |
|---|---|---|---|---|
| **Total Private Sector** | 60% | 40% | 386,733 | 263,108 |
| **Men** | 60% | 40% | 211,390 | 140,589 |
| **Women** | 59% | 41% | 175,343 | 122,519 |
| **White, non-Hispanic** | 61% | 39% | 302,987 | 190,668 |
| White men, non-Hispanic | 62% | 38% | 164,369 | 100,253 |
| White women, non-Hispanic | 61% | 39% | 138,619 | 90,414 |
| **Black, non-Hispanic** | 58% | 42% | 9,728 | 7,031 |
| Black men, non-Hispanic | 57% | 43% | 4,878 | 3,700 |
| Black women, non-Hispanic | 59% | 41% | 4,850 | 3,331 |
| **Hispanic** | 43% | 57% | 30,280 | 40,421 |
| Hispanic men | 41% | 59% | 17,324 | 24,910 |
| Hispanic women | 46% | 54% | 12,956 | 15,511 |
| **Other, non-Hispanic** | 64% | 36% | 43,739 | 24,987 |
| Other race men, non-Hispanic | 68% | 32% | 24,820 | 11,725 |
| Other race women, non-Hispanic | 59% | 41% | 18,919 | 13,262 |

Note: Access rates for individuals, 18 years and older, working in Multnomah, Clackamas, and Washington counties, regardless of their place of residence. Percentages and figures may not add to totals due to rounding. "Other race" category includes Asian-Americans, but also American Indian or Alaska natives, and individuals reporting multiple race identities. None of these populations were individually large enough for separate estimations, therefore, all were kept in the interests of inclusion. Source: Institute for Women's Policy Research analysis of 2009–2010 National Health Interview Survey (NHIS) and 2010 IPUMS American Community Survey (ACS).

# Access to Paid Sick Days by Occupation

***Construction, Maintenance, Production, and Transportation Occupations***

- Only 32 percent of workers in construction and extraction occupations are estimated to have access to paid sick days.
- Access to paid sick days for employees working in installation, maintenance, production, and transportation is higher than for workers in construction and extraction occupations; a significant number of employees (ranging from 35 to 68 percent), however, do not have paid sick days in these occupations.

## Table 2.a. Paid Sick Days Access Rates by Occupation

| Occupation | Percent with access to paid sick days | Percent without paid sick days | Number with paid sick days | Number without paid sick days |
|---|---|---|---|---|
| Construction and extraction occupations | 32% | 68% | 6,975 | 14,628 |
| Installation, maintenance, and repair occupations | 65% | 35% | 14,366 | 7,583 |
| Production occupations | 52% | 48% | 21,961 | 20,277 |
| Transportation and material moving occupations | 48% | 52% | 19,161 | 20,461 |

Note: Access rates for individuals, 18 years and older, working in Multnomah, Clackamas, and Washington counties, 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 2009–2010 National Health Interview Survey (NHIS) and 2010 IPUMS American Community Survey (ACS).

***Service, Sales, and Office Occupations***

- Workers in the service, sales, and office occupations have lower access to paid sick days.
- Food preparation and food service workers have the lowest access to paid sick days: Only 19 percent of food service workers are estimated to have coverage.
- Employees in personal care and service occupations also have limited access to paid sick leave, with an estimated 28 percent receiving paid sick leave.

## Table 2.b. Paid Sick Days Access Rates by Occupation

| Occupation | Percent with access to paid sick days | Percent without paid sick days | Number with paid sick days | Number without paid sick days |
|---|---|---|---|---|
| Health care support occupations | 62% | 38% | 10,329 | 6,229 |
| Protective service occupations | 47% | 53% | 2,699 | 3,047 |
| Food preparation and serving related occupations | 19% | 81% | 8,724 | 37,588 |
| Building and grounds cleaning and maintenance occupations | 40% | 60% | 7,348 | 11,179 |
| Personal care and service occupations | 28% | 72% | 5,373 | 13,798 |
| Sales and related occupations | 56% | 44% | 46,296 | 36,893 |
| Office and administrative support occupations | 64% | 36% | 58,969 | 32,907 |
| Farming, fishing, and forestry Occupations | 15% | 85% | 786 | 4,577 |

Note: Access rates for individuals, 18 years and older, working in Multnomah, Clackamas, and Washington counties, 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 2009-2010 National Health Interview Survey (NHIS) and 2010 IPUMS American Community Survey (ACS).

***Management, Professional, and Related Occupations***

- About 80 percent of employees in management, professional, and related occupations have access to paid sick days.
- Employees in the life, physical and social science occupations have the greatest access: 89 percent of employees have paid sick day coverage.

## Table 2.c. Paid Sick Days Access Rates by Occupation

| Occupation | Percent with access to paid sick days | Percent without paid sick days | Number with paid sick days | Number without paid sick days |
|---|---|---|---|---|
| Management occupations | 80% | 20% | 53,186 | 13,056 |
| Business and financial operations occupations | 78% | 22% | 31,861 | 8,944 |
| Computer and mathematical occupations | 87% | 13% | 20,508 | 3,071 |
| Architecture and engineering occupations | 82% | 18% | 17,574 | 3,759 |
| Life, physical, and social science occupations | 89% | 11% | 3,578 | 439 |
| Community and social services occupations | 80% | 20% | 7,452 | 1,914 |
| Legal occupations | 75% | 25% | 4,251 | 1,447 |
| Education, training, and library occupations | 60% | 40% | 10,499 | 6,852 |
| Arts, design, entertainment, sports, and media occupations | 65% | 35% | 9,489 | 5,056 |
| Healthcare practitioner and technical occupations | 73% | 27% | 25,349 | 9,403 |

Note: Access rates for individuals, 18 years and older, working in Multnomah, Clackamas, and Washington counties, 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 2009–2010 National Health Interview Survey (NHIS) and 2010 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 leave coverage are substantial.[5] Such as stronger, safer work environments, supporting children and families, and reducing health care costs.

### Stronger, Safer Work Environments

- Allowing workers to stay home to recover from illnesses ensures stronger job performance. Empirical studies document that workers with influenza have worse performance on a variety of tasks than healthy workers.[6] By offering employees paid sick days, employers are helping ensure that their workers take the time they need to recuperate without worrying about losing their income.

- Access to paid sick leave improves workplace safety. A recent study found that employers who provided paid sick leave to their employees reported less occupational injuries than those who did not have paid sick leave coverage.[7]
- Paid sick leave policies helps reduce the spread of illnesses in the workplace by helping contagious workers stay home.[8]

### Supporting Children and Families

- Paid sick leave policies help parents to fulfill their caregiving responsibilities. Research shows that having paid leave is the primary factor in a parent's decision about staying home when their children are sick.[9]
- Allowing parents to stay home with sick children prevents viruses from extending to schools and day care centers.[10] Studies demonstrate that children are more susceptible to influenza and carry the influenza virus over longer periods of time compared with adults.[11] Keeping children at home when they have contagious disease, like the flu, can prevent illness and work absence among their schoolmates.

### 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 substituting and reducing paid care at home and in nursing homes, services that might otherwise be financed by Medicaid or Medicare.[12]
- Paid sick days allow workers to take time away from work for medical appointments, rather than waiting until after their work hours at which 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.[13]

## Notes

[1] 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.

[2] 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).

[3] 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.

[4] 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.

[5] 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).

[6] 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.
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[8] 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.
[9] 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.
[10] Heymann, S. Jody, Alison Earle, and Brian Egleston. 1996. "Parental Availability for the Care of Sick Children." *Pediatrics* 98 (August): 226-230.
[11] 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).
[12] 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.
[13] 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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