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No Time to be Sick: Why Everyone Suffers When Workers Don't Have Paid Sick Leave

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Abstract

Paid sick leave gives workers an opportunity to regain their health, return to full productivity at work, and avoid spreading disease to their co-workers, all of which reduces employers' overall absence expense. When used to care for sick children, it helps kids get well faster and reduces job turnover. Workers who care for adult relatives, including the elderly, need paid sick leave to take care of their loved ones' chronic and acute medical problems. However, new analysis of data collected by the U.S. Bureau of Labor Statistics reveals the inadequacy of paid sick leave coverage: over 59 million workers have no such leave. Even more—nearly 86 million—do not have paid sick leave to care for sick kids. Full-time workers, those in the public sector, and union members have the best sick leave coverage, while part-timers and low-wage workers have very low coverage rates. Expansion of paid sick leave and integration of family caregiving activities into authorized uses of paid sick leave are crucial work and health supports for workers, their families, employers, and our communities at large.

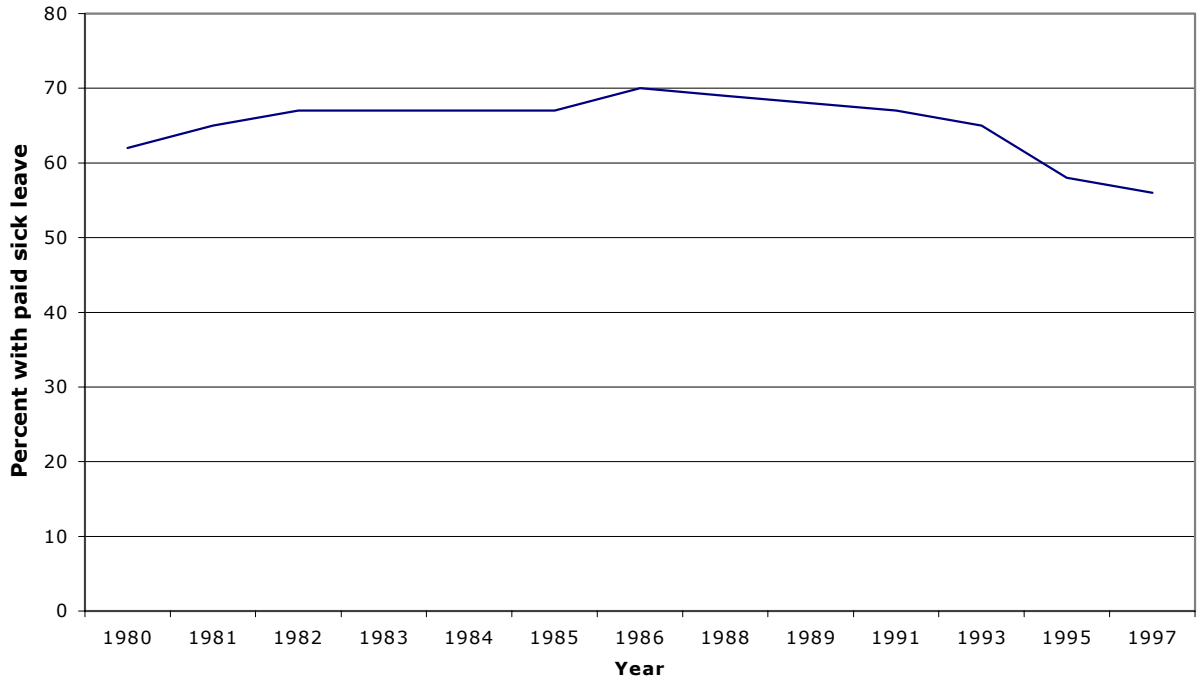
Introduction

Millions of American workers know they can stay home with full pay when they get the flu or need some time off to recover from an injury. Paid sick leave is one of many non-wage benefits whose development was spurred by wage controls imposed during World War II (Schumann 2001, Stelluto and Klein 1990), and many workers take it for granted that their employers will cover their short-term illnesses. Many firms even allow employees to use paid sick leave when they need to stay home to care for sick children or to visit the doctor.

There's another side to this issue, though. In fact, workers' participation in paid sick leave programs is surprisingly—even shockingly—low. No state or federal law requires that workers receive any paid time off. The latest published data from the U.S. Bureau of Labor Statistics reveal that nearly half of all private-sector U.S. workers (47 percent) are not provided *any* paid sick time (U.S. Bureau of Labor Statistics 2001). And as Figure 1 indicates, employers are actually *reducing* their paid sick leave programs. More and more workers have no paid sick leave and, when they become ill, must choose between going to work anyway or taking unauthorized time off, which may lead to their being fired.

Inadequate paid sick leave coverage causes a number of problems: negative health effects for workers, contagion among co-workers, reduced productivity, higher turnover, lost income, worse health outcomes for children, and increased need for health care resources. Many of these outcomes impose economic costs on individuals, employers, families, and the government. To help understand the connection between paid sick leave and these costs, this Briefing Paper compiles evidence of how these effects are created. It also reports on a new analysis of national data that investigates the job characteristics that are associated with having paid sick leave, including differences among workers at different wage levels. This analysis includes an exploration of the extent of workers' participation in sick leave plans that can be used to take time off work to care for sick children, a benefit that is increasingly important to parents and children as parents' labor force activity rises.

Figure 1. Trend in paid sick leave coverage, employees in medium and large private establishments, 1980 to 1997



Source: Extracted from BLS website, http://data.bls.gov/servlet, July 2, 2003.
Note: Data not available for 1987, 1990, 1992, 1994, 1996, 1998, or subsequent years.

Policy Context

In a market-based economy like ours where most safety net programs are integrated with employment, a good job must provide more than just a decent wage. Affordable health insurance and a secure pension are also typically considered to be components of good jobs. But workers need more than these basics in order to stay healthy and productive. Paid time off work to regain good health following an illness or injury is also essential.

As the incidence of family caregivers' employment has increased, sick leave can also help workers maintain their work status while fulfilling their responsibilities for caring for sick relatives—especially young children and the frail elderly. The labor force participation of mothers of infants has nearly doubled in the last 25 years, from 31 percent in 1976 to 55 percent in 2002, and nearly 1.3 million women who were employed full-time in 2002 gave birth that year (Downs 2003). Two-thirds (64 percent) of women with children under 6 are in the labor force (Jacobs 2004). Only 30 percent of children between the ages of 6 and 17 have a full-time at-home parent (U.S. Department of and Human Services 2002); many of these kids cannot safely be at home alone when they're sick, and even for those who can be, being comforted by a parent is important to both parent and child. In addition to the question of children's physical safety (Peterson 1989), it is illegal for young children to be left home alone in many jurisdictions (Kerrebrock and Lewit 1999).

The care needs of the elderly require increasing attention and resources as well, as our population ages. The number of Americans who are 75 or older is expected to more than double between 1990 and 2030; by that time, we will have nearly 50 million individuals aged 65 or older (Employment Policy Foundation 2003). Sixteen percent of Americans aged 18 and older care for a relative who is 50 years old or older. Families also provide substantial amounts of care for other non-elderly adult relatives. Five percent of adult Americans are caregivers for relatives between the ages of 18 and 49. The average weekly hours of family caregiving for adult relatives amounts to a part-time job: 23 hours a week for women, and 19 for men (National Alliance for Caregiving and AARP 2004).

For many elderly and other adult care recipients, the relatives who provide care are employed. Nearly half work full-time, and another eleven percent are employed part-time. Over 21 million full-time workers are caregivers for elderly relatives. Workers caring for their adult loved ones while also holding down a paid job need work-hours flexibility, including paid time off, in order to perform both sets of responsibilities: Nearly three in five report that their caregiving work causes them to occasionally be late to work, to have to leave early, or to take time off (National Alliance for Caregiving and AARP 2004). Paid sick leave policies can offer these caregivers an opportunity to help maintain their families' health, taking them to medical visits and caring for them when they're ill.

Since women continue to be our society's main caregivers—not only for kids but also for the elderly, the disabled, and special-needs children (Heymann 2000)—paid sick leave is of particular concern to them. Women with young children have slightly higher absenteeism than those with no or older children, with each child under the age of six adding about 5 percent to the probability that a mother will be absent during a year (Vistnes 1997).[1] Yet women are more likely than men to have neither sick nor vacation leave, and less likely to be able to miss work to care for sick kids (Heymann 2000).

Policymakers in some states (California, Hawaii, New Jersey, New York, and Rhode Island) have acknowledged workers' need for paid time off to attend to their own serious health concerns by enacting Temporary Disability Insurance (TDI) programs. TDI provides partial wage replacement for employees unable to work due to non-work-related illness and injury, including pregnancy- and maternity-related medical disability (Lovell 2004). And in 1993, Congress recognized the importance of time off for workers to care for both their own and their families' critical health needs by mandating 12 weeks annually of job-protected leave in the Family and Medical Leave Act (FMLA).[2]

Neither TDI nor the FMLA is designed for the short-term illnesses so common in childhood, for workers' own colds and flus, or for the routine medical visits such as physical exams and well-child appointments that are essential to preserving good health. There are significant precedents, however, for legislation requiring that paid sick leave be available for sick family care. In 48 states (all but Virginia and Louisiana), laws, regulations, or collective bargaining agreements allow state workers to use sick leave to stay home with sick family members (National Partnership for Women and Families 2004). At least five states (California, Connecticut, Hawaii, Minnesota, and Washington) require private-sector employees to allow workers to use paid sick leave (when such leave is provided) to care for sick family members (ibid.). A law passed in Washington state in 2002 authorizes workers with any form of paid time off to use that leave to care for a sick child, spouse, parent, parent-in-law, or grandparent (Watkins 2004). Other states, including Massachusetts, Nevada, and Vermont, have endorsed caregivers' responsibility for their families' health needs by mandating job-protected leave for family members' routine or emergency medical needs (National Partnership for Women and Families 2004).

Incidence of Illness Among Workers and Children

Employed adults miss an average of 4.6 days of work a year due to illness or other health-related factors (Lucas, Schiller and Benson 2004)—just under a week. Women have slightly higher health-related absenteeism than men (5.2 and 4.1 days, respectively, excluding maternity leave). Workers in lower-income families miss more days than those in higher-income families; this is consistent with well-established disparities in health that are correlated with income (see, e.g., Arno and Figueroa 2000). Absence rates are highest for workers aged 45 to 64 years old, at 5.7 days per year; lower for younger workers (aged 18 to 44 years), at 4.2 days; and lowest for workers aged 65 and older, at 3.0 days (Lucas, Schiller and Benson 2004). On average, then, workers need about a week of sick leave per year for their own health needs. Many workers with higher-than-average sickness experience or with severe or chronic health conditions need substantially more than this.

Children aged 5 to 17 miss an average of more than 3 days of school per year for health reasons (author's calculation from Bloom, Cohen, Vickerie and Wondimu 2003). With the school-year lasting roughly three-fourths of the year, this suggests that, on average, parents in families with no at-home caregivers will need to take about four days off annually to care for each

school-age child. In a 1990 survey, 18 percent of employed mothers reported having stayed home with a sick child in the previous month (Glass and Estes 1997). Some children have substantially higher absence rates due to health problems—six percent miss more than two full weeks of school (Bloom, Cohen, Vickerie and Wondimu 2003)—but mothers of kids with chronic health conditions such as asthma are *less* likely to have sick leave than other mothers (Heymann, Earle and Egleston 1996). Children of single mothers are more likely to have health-related absences lasting eleven or more days than children living with a married mom,[3] as are children in poor families (Bloom, Cohen, Vickerie and Wondimu 2004).

Younger children have higher rates of illness than those who are school-age. Infants make over four times as many ambulatory care visits each year as school-age children, and pre-schoolers see a medical practitioner nearly twice as often as school-age kids (Freid, Makuc and Rooks 1998). Since early childhood education centers typically require kids to be symptom-free for 24 hours before returning after an illness (Fleming 2003), one day with a runny nose for a youngster may well cost a parent two days of lost work time. Just taking infants in for well-baby check-ups can be time-consuming; the American Academy of Pediatrics recommends seven such visits in the first 12 months after birth, and three in the following year (Medical University of South Carolina 2001).

The Costs of Not Having Paid Sick Leave

Maintaining workers' health and productivity takes time—a few occasional hours to get routine medical care, and a day or more now and then to get over a cold or an injury. To evaluate the adequacy of existing paid sick leave policies, it is important to investigate what happens when workers are not provided with paid time off for these circumstances.

Some of the consequences for individual workers are obvious: they either go to work and feel lousy or risk job loss by staying home without authorization from their employer. The effects are felt by many other parties, however, as discussed in this section: employers, colleagues, other family members, children's playmates, and health care practitioners. Going to work when sick exposes co-workers to the risk of becoming ill themselves, while providing the employer with less-than-optimal work effort. Workers who must stay home but have no leave may be fired or suspended. The domino effect of losing a job may lead to loss of health insurance and certainly decreases families' economic stability. Parents and other caregivers who can't stay home when needed may see worse health outcomes for their loved ones, while sick children spread illness to other kids in child-care settings. These effects in turn place greater demands on health care resources. And employers who don't provide adequate paid sick leave deny themselves the increased productivity and job retention of more satisfied, healthier, and appreciative workers.

Presenteeism. When workers don't have paid sick leave, their employers and co-workers pay a price. The practice of going to work while ill is known by human resources professionals as presenteeism, and it is not only a poor solution for those who are sick; it causes problems for the rest of their colleagues as well. Workers may feel they can't stay home when they're sick, because of important work that must be completed, to avoid burdening co-workers with extra work, or out of fear they will be penalized for being absent. Not taking time off to regain one's health can actually lead to longer absences, though, as health worsens and minor problems are exacerbated (Grinyer and Singleton 2000.) And despite their show of loyalty, workers who show up while sick are not likely to be able to perform at their usual level of productivity (CCH Incorporated 2003). Total absence time for the employee pool also increases as an illness spreads within the workplace, with additional workers being affected and having to take time off (Skatun 2003).

Employers recognize the effects of this phenomenon: Nearly half (44 percent) report that presenteeism is a problem in their workplace (CCH Incorporated 2003). The value of lost productivity of workers who are on the job when not fully healthy is greater than the combined cost of employee absence and health and disability benefits (Goetzel, Long, Ozminkowski, Hawkins, Wang and Lynch 2004). Unfortunately, employers' absence reduction programs can have the effect of causing more workers to stay at work when they should be home recuperating (Grinyer and Singleton 2000).

One of the main reasons workers cite for going to work while ill is their need to save their sick leave so they can stay home when their children are home sick (ComPsych Corporation 2004). Eighteen percent

practice presenteeism for this reason. Another third (33 percent) feel they have too much work to do to stay home, and a quarter (26 percent) fear taking time off will have negative ramifications for their performance evaluation.

Research documents that paid sick leave policies reduce the rate of contagious infections in the workplace by isolating sick workers at home (Li, Birkhead, Strogatz and Coles 1996). For sick child leave, the true wage cost of parental absence must be weighed against the impact on a worker's productivity of knowing a sick child is not receiving adequate care when the parent must choose time at work over being at home when needed there.

Job loss. When workers do not have authorization to stay home when they're sick, or when a child is sick, some will have to miss work anyway and end up being fired (Browne and Kennelly 1999, Dodson, Manuel and Bravo 2002). Family illness is more likely to lead to job loss for women than for men, since the responsibility for caring for sick relatives is still typically placed on women. One case study found that being female doubles the odds of experiencing job termination related to family illness (Spilerman and Schrank 1991).

It is not unusual for employers to restrict their paid sick leave policies to workers who have completed an initial probationary period of employment. For some workers, this creates an insurmountable barrier to successful completion of probation, as children's chronic health needs necessitate taking time off when none is authorized.

When a job ends, so does employer-provided health insurance, leaving workers and their families even more vulnerable to problems getting needed health care.[4]

Lost income. Workers who are allowed only unpaid absences when they or members of their families are sick lose the wages they would have received if they could work or had a paid time off program. Unapproved absences may also be punished with temporary unpaid suspensions (Dodson, Manuel and Bravo 2002). Because of the correlation between earnings level and participation in paid sick leave programs (see section on paid sick leave coverage, below), this income deficit is especially likely to be borne by low-income families. Mothers in low-income families are twice as likely as higher-income moms not to be paid when they stay home with sick kids (64 percent and 37 percent, respectively); three of every four poor mothers who miss work to care for sick children receive no wages while off work (Wyn, Ojeda, Ranji and Salganicoff 2003).[5]

Those fired for taking unapproved sick time lose earnings during their entire period of job search. In most states, they will not be eligible for Unemployment Insurance, because the reason for their job termination won't meet qualifying tests (Smith, McHugh, Stettner and Segal 2003). With unemployment spells now averaging 20 weeks, or nearly half a year (U.S. Bureau of Labor Statistics 2004b), losing a job because of illness can be financially devastating.

Worse health outcomes for children. Having paid leave is the primary factor in parents' decisions about staying home when their kids are sick (Heymann 2000). Child care centers typically forbid attendance by sick children, but the reality is that center personnel, who are only too intimately aware of the difficulty their clients face in balancing work and parenting, sometimes bend the rules to help a parent keep their job. Parents desperate to keep a job sometimes leave sick children in child care without notifying the providers of their kids' health conditions. (Centers specializing in taking care of sick kids are much too rare to help many parents and kids.) When parents cannot take time off work to care for sick children, it takes a toll on the health of both their kids and their kids' playmates. These sick kids miss out on the health benefits of being cared for by their parents, leading to worse short- and long-term health outcomes (Palmer 1993). And having sick kids in child care has the same effect as having sick adults at work: contagion and overall higher rates of infection for all the children in care (Heymann, Earle and Egleston 1996).

Without paid leave, parents may postpone or even skip recommended well-child visits. This may interrupt vaccination series, with follow-up shots not received on time, leaving kids vulnerable to preventable serious illness.

Greater use of health care resources. Adults and children who have the time and care they need to recover from health problems may use fewer health care resources in the long run. Active parental involvement in children's hospital care, for instance, can head off future health care needs because of increased parental education and awareness (Palmer 1993). In

addition, when hospitals include parents in children's care, hospital stays are reduced (Kristensson-Hallstrom, Elander and Malmfors 1997). Conversely, the failure to provide adequate recuperative time and requisite parental care may tend to exacerbate future health needs.

Loss of productivity-enhancing worker loyalty effects. Many theorists postulate that employer practices that help workers combine their care work with employment increase worker productivity (see, e.g., Johnson and Provan 1995). Workers with more flexibility may be less distracted while at work, less exhausted by their combined family and employment work effort, more committed to a valued employer, or more determined to do what it takes to keep a job that fits their lifestyle. Any of these motivations can both enhance productivity and increase job retention, saving employers the cost of hiring and training someone new.

Why Workers Need Sick Leave Even if They Have Vacation Leave

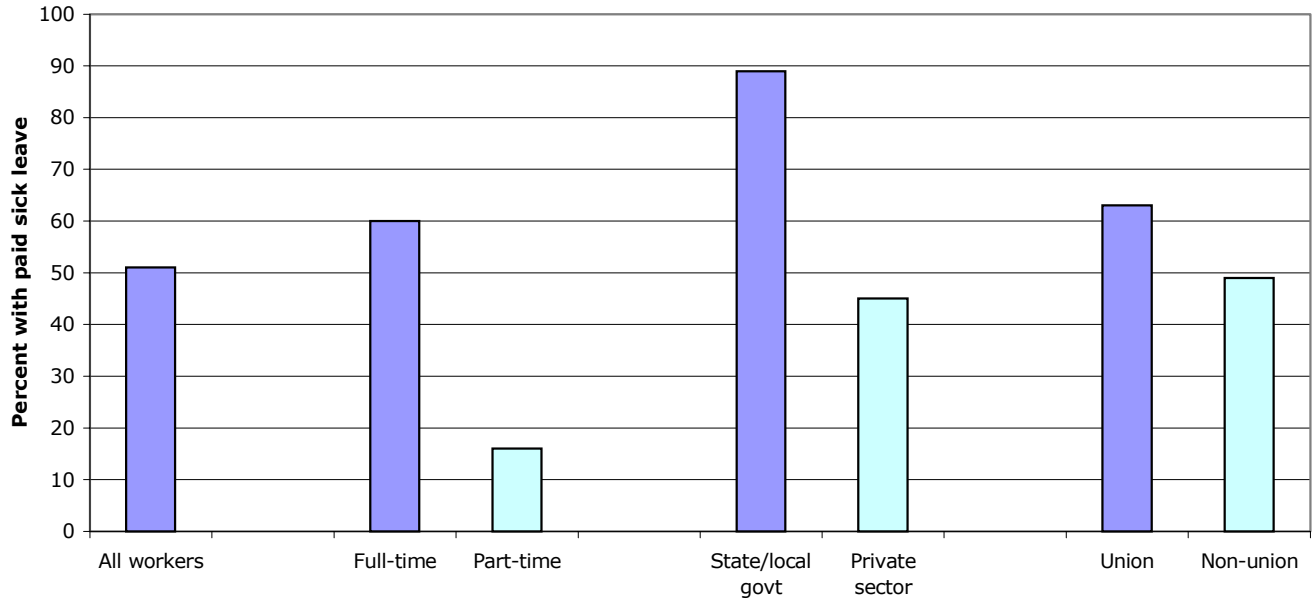
Sick leave serves a different purpose than vacation or holiday time: Rather than rewarding work effort with leisure time, sick leave offers an incapacitated worker an opportunity to recuperate and then return to employment at full productivity. (Vacation and holiday leave also have important recuperative effects, of a kind workers getting over a cold won't experience during their sick leave.) For parents and other caregivers, paid sick leave also promotes the health and well-being of family members.

Employers' rules governing the use of vacation time sometimes make it incompatible with the purposes of sick leave and sick family care. In some firms, workers' requests for vacation leave must be submitted at the beginning of the year and must be in one-week increments. These rigid scheduling rules cannot respond to the unpredictable timing of health problems.

Who Has Paid Sick Leave?

There is clearly a need for paid sick leave and paid sick family leave, given the evidence presented above that not having these leaves creates problems not only for workers but also for employers, family members, and communities. To explore the adequacy of existing policies and inform the development of more

Figure 2. Percent of workers with paid sick leave, by work hours, sector, and union status, 1996-1998



Source: Institute for Women's Policy Research analysis of the 1996-1998 Employee Benefits Surveys.
Notes: Work hours are as defined by the individual reporting establishment. "Union" includes all workers whose working conditions are collectively bargained.

Table 1. Percent and number of workers participating in paid sick leave plans, by plan type and work hours, 1996-1998

	All workers	By work hours: (a) Full-time workers	By work hours: (a) Part-time workers
Percent with and without leave:			
Percent with some paid sick leave	51	60	16
By type of plan:			
Specified maximum number of days	46	55	15
As needed, unlimited	3	3	*
Other basis	*	2	*
Percent with no paid sick leave	48	39	84
Number with and without leave (in millions): (b)			
Number of workers with paid sick leave	62.5	58.4	4.1
Number with no paid sick leave	59.1	38.3	20.8
Sample size	46,216	38,548	7,668
Population (millions) (b)	122.0	97.1	24.9

* Less than 2 percent.
(a) Work hours status is as defined by the individual reporting establishment.
(b) Based on size of 2003 workforce.
Note: Percentages "by type of plan" may not sum to "percent with some leave", nor percent with and percent without leave to 100, due to rounding.
Source: Institute for Women's Policy Research analysis of the 1996-1998 Employee Benefits Surveys.

comprehensive programs, the Institute for Women's Policy Research analyzed data on workers' coverage by paid sick leave programs from U.S. Department of Labor establishment surveys conducted in 1996, 1997, and 1998.[1] (The dataset is described in detail in Appendix A.) Taken together, these three surveys provide a nationally representative snapshot of employer-provided benefits available to non-agricultural civilian employees outside the federal government and private household employment. (Information on worker characteristics is not provided by these surveys.) The combined dataset includes 54,247 worker observations for incumbents with positive work hours during the surveyed period.

This analysis confirms that barely half (51 percent) of all American workers have paid sick leave (Figure 2 and Table 1). Over 59 million workers are not covered by such a policy. Coverage is far superior for full-time as compared to part-time workers: While three in five full-time workers have paid sick leave (60 percent), only one in six part-timers does (16 percent). The rate of paid sick leave coverage in public-sector employment is twice that of the private sector: Nine of ten workers in state and local governments have paid sick leave (89 percent), but fewer than half of those working in the private sector do (45 percent).[1] Workers covered by collective bargaining agreements are much more likely to participate in paid sick leave programs than those without union representation (63 percent and 49 percent, respectively).

The most common form of sick leave policy offers a specified maximum number of days of time off annually (46 percent of all employees have this kind). For a small minority of workers, sick leave is provided on some other basis, such as policies with unlimited leave available on an as-needed basis.

Differences Among Industries. The adequacy of paid sick leave coverage varies enormously among industries. As shown in Table 2, some industries provide paid sick leave to nearly all their workers:

Table 2. Percent of workers with paid sick leave, by industry and occupation, 1996-1998

Industry	Percent of workers with paid sick leave	Occupation	Percent of workers with paid sick leave
Utilities	88	Executive, admin., managerial	73
Educational services	88	Professional, technical	71
Government	87	Administrative support, clerks	68
Financial activities	73	Transportation, material moving	47
Information	69	Sales	42
Natural resources (a)	63	Precision production, craft, repair	39
Health care and social assistance	61	Service	37
Wholesale trade	57	Handler, equipment cleaner, helper, laborer	35
Transportation and warehousing	52	Machine operator, assembler, insp	29
Professional and business services	52		
Retail trade	43		
Art, entertainment and recreation	40		
Manufacturing, durable	38		
Manufacturing, non-durable	36		
"Other" service	31		
Construction	27		
Accommodation and food service	14		

(a) "Natural resources" includes foresty, fishing, and mining. Data not available for these industries individually due to sample sizes.
Source: Institute for Women's Policy Research analysis of the 1996-1998 Employee Benefits Surveys.

utilities and educational services (88 percent each) and government (87 percent). Several others cover a smaller portion of their workers, but more than half: financial activities (73 percent), information (69 percent), natural resources (63 percent), health care and social assistance (61 percent), wholesale trade (57 percent), and both transportation and warehousing and professional and business services (52 percent).

Following these industries, which provide paid sick leave at or above the average rate of 51 percent, come a substantial number with very poor leave coverage. Retail trade (43 percent), art, entertainment and recreation (40 percent), durable (38 percent) and non-durable (36 percent) manufacturing, and "other" service (31 percent) all cover about a third of workers. In the construction and accommodation and food service industries, paid sick leave is barely present (covering 27 and 14 percent of workers, respectively).

Differences Among Occupations. The adequacy of paid sick leave policy coverage varies considerably among occupations, although not quite as extensively as the differences by industry. The three occupations with highest paid sick leave coverage rates are all white-collar: executive, administrative and managerial (73 percent), professional and technical (71 percent), and administrative support and clerical (68 percent). In blue-collar, sales, and service-sector jobs, roughly one-third to two-fifths of workers have paid sick leave (47 percent in transportation and material moving; 42 percent in sales; 39 percent in precision production, craft and repair; 37 percent in service; 35 percent in handler, equipment cleaner, helper and laborer occupations; and 29 percent in machine operator, assembler and inspector positions).

Permitted Uses of Paid Sick Leave

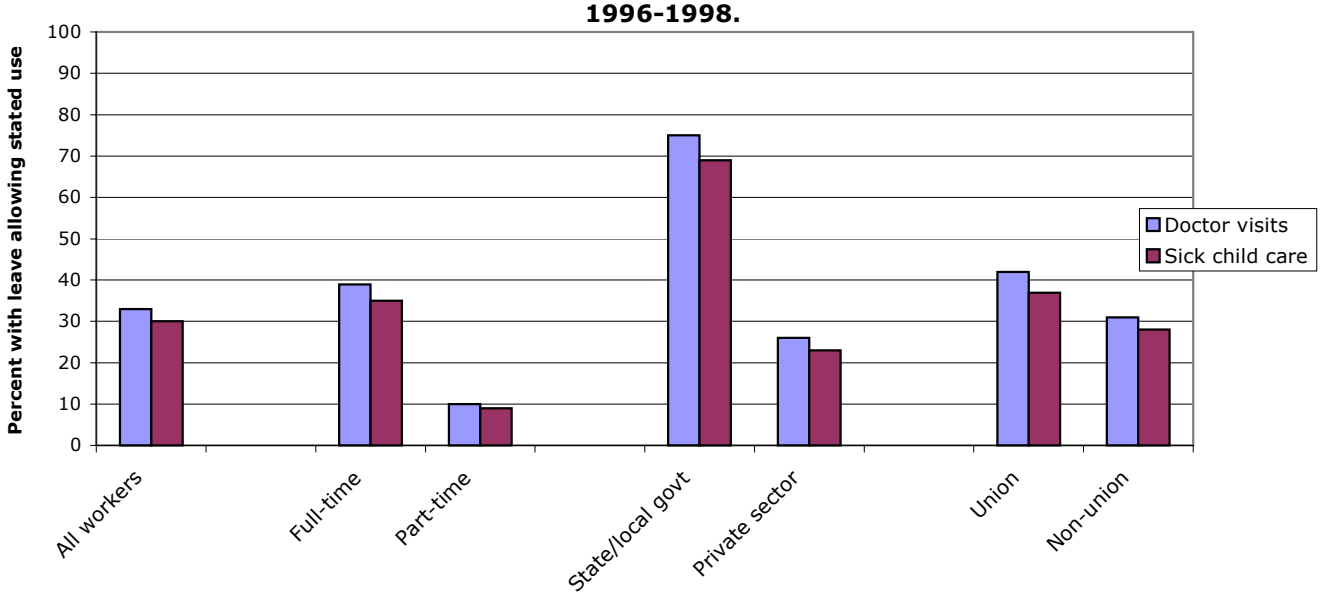
By definition, workers may use paid sick leave when their own health problems make them unable to work. Many workers are also allowed to respond to other critical needs by taking time off work under a paid sick leave policy. Table 3 and Figure 3 show the percent of workers, by job characteristics, permitted to use their paid sick leave policy to visit the doctor, to care for their sick children, to handle personal business, or for other purposes. Workers who do not have paid sick leave, or whose policy is limited to workers' own health-related absences, are represented in the last column of Table 3.

Table 3. Percent and number of workers with paid sick leave plans allowing selected uses, by job characteristics and sector, 1996-1998

Job characteristic	Percent of Workers in plans allowing use for: Doctors' appointments	Care of sick children	Personal business	Other	Percent not in plans or in plans not allowing any other uses
All workers					
Percent with stated use	33	30	9	5	
Number (millions)	40.3	36.6	11.0	6.1	
Percent without stated use	67	70	81	95	63
Number (millions)	81.7	85.4	111.0	115.9	76.9
Work hours (a)					
Full-time	39	35	11	6	56
Part-time	10	9	4	*	89
Sector					
Private	26	23	8	5	70
State and local government	75	69	18	3	18
Union representation (b)					
Union	42	37	11	3	52
Non-union	31	28	9	5	65
Industry					
Natural resources	43	40	*	7	54
Construction	15	14	3	4	84
Manufacturing, durable	21	18	9	5	76
Manufacturing, non-durable	14	9	4	2	84
Wholesale trade	29	28	10	5	67
Retail trade	21	22	7	6	73
Transportation and warehousing	28	19	9	2	67
Utilities	65	45	6	*	31
Information	42	32	11	6	56
Financial activities	51	47	13	11	41
Professional and business services	36	31	12	6	63
Educational services	71	68	25	4	22
Health care and social assistance	38	36	9	6	54
Art, entertainment and recreation	25	20	11	3	73
Accommodation and food service	5	4	*	*	94
Other service	17	14	6	3	80
Government	80	69	7	*	17
Occupation					
Professional/technical	50	47	13	6	44
Executive, admin., managerial	49	44	13	8	45
Sales	22	21	6	4	73
Admin. Support/clerks	47	44	13	7	47
Precision production, craft, repair	22	19	7	3	75
Machine operator, assembler, insp	18	14	6	2	81
Transportation, material moving	26	22	9	*	71
Handler, equipt clnr, helpr, laborer	20	17	6	5	78
Service	23	19	6	2	74

* Less than two percent.
(a) Work hours status is as defined by the individual reporting establishment.
(b) Union includes all workers whose working conditions are collectively bargained.
Columns do not sum to 100 percent since sick leave plans may offer multiple uses.
Source: Institute for Women's Policy Research analysis of the 1996-1998 Employee Benefits Surveys.

Figure 3. Percent of workers with paid sick leave usable for doctors' appointments and sick child care, by work hours, sector, and union status, 1996-1998.



Source: Institute for Women's Policy Research analysis of the 1996-1998 Employee Benefits Surveys.
Notes: Work hours are as defined by the individual reporting establishment. "Union" includes all workers whose working conditions are collectively bargained.

Paid Time Off for Seeing a Doctor. One in three workers (33 percent) has paid sick leave that may be used for doctors' appointments. This leaves almost 82 million workers with insufficient paid time off to take care of routine and acute medical care. Full-time workers' ability to use paid sick leave for this purpose is nearly four times as high as for part-time workers (39 and 10 percent, respectively). Access to paid sick leave for doctors' visits is three times as high in the public sector than for private employees (75 and 26 percent, respectively). The union premium is about 35 percent (with coverage rates of 42 percent for union and 31 percent for non-union workers).

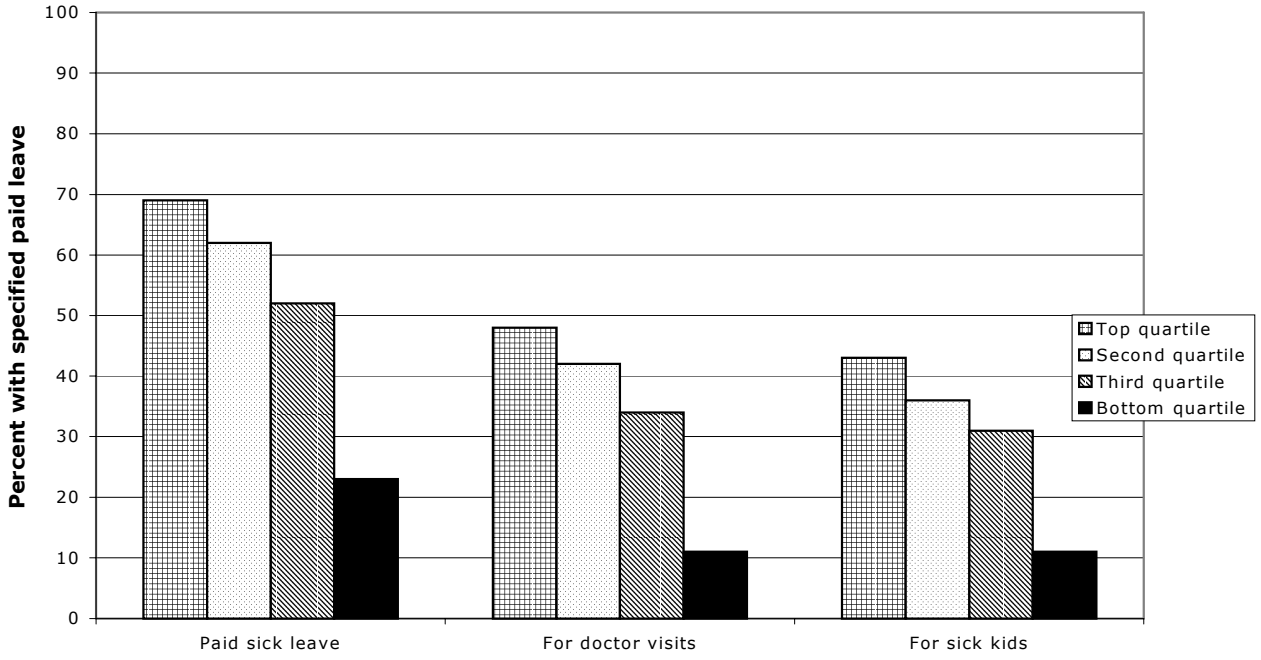
Among industries, government (80 percent), educational services (71 percent), and utilities (65) stand out as offering the most substantial leave for doctors' appointments. Roughly 40 to 50 percent of workers in financial activities (51 percent), natural resources (43 percent), information (42 percent), health care and social assistance (38 percent), and professional and business services (36 percent) can take advantage of this benefit as well. Coverage in other industries ranges downward from these levels to accommodation and food services, the industry with the lowest coverage level—5 percent.

White-collar occupations have the highest incidence level for this policy, with around half of workers in professional and technical jobs (50 percent), executive, administrative, and managerial positions (49 percent), and administrative support and clerical occupations (47 percent) covered. In all other occupations, coverage is provided to only about one in four or one in five workers.

Caring for Sick Children. Overall, the level of support for workers' family caregiving through the development of paid time off to care for sick children through paid sick leave is very low: only 30 percent of all workers are covered by paid sick leave plans that provide this opportunity. Nearly 86 million workers do not have paid sick child leave.

In general, the patterns regarding differences by work hours, between the public and private sector, by union representation, and among industries and occupations are nearly identical to those related to using paid sick leave for doctors' appointments. One in three full-time workers (35 percent) can use paid sick leave to care for sick children, but fewer than one in ten part-timers (9 percent) has this benefit. Workers employed in the public sector are much more likely to have paid sick leave with this allowance—seven in ten

Figure 4. Percent of workers with paid sick leave, doctor visit leave, and sick child leave, by wage quartile, 1996-1998



Source: Institute for Women's Policy Research analysis of the 1996-1998 Employee Benefits Surveys.

(69 percent)—compared to private-sector workers (23 percent, or only two in ten). Unionization matters in accessing paid sick leave to care for sick children, with over one-third union members (37 percent) and over one-quarter of non-union workers (28 percent) covered by such a policy.

Two industries stand out as having the most comprehensive integration of sick-child care into paid sick leave: government and educational services, each of which allows two-thirds of its workforce to use paid sick leave to stay home with sick children (69 and 68 percent, respectively). In two others—financial activities and utilities—nearly half of workers have this benefit (47 and 45 percent). Between about a quarter and a third of workers in several other industries can use their paid sick leave to care for kids: natural resources (40 percent), health care and social assistance (36 percent), information (32 percent), professional and business services (31 percent), and wholesale (28 percent) and retail (22 percent) trade. A large number of industries offer very minimal use of paid sick leave as sick-child care, covering only one in five, or fewer, workers: art, entertainment, and recreation (20 percent), transportation and warehousing (19 percent), durable manufacturing (18 percent), construction and "other" service (14 percent each), and, barely registering on this measure, non-durable manufacturing and accommodation and food service (9 and 4 percent, respectively).

As with paid sick leave itself, the level of variation among occupations in approval of using paid sick leave for sick-child care is lower than among industries. No single occupation reaches the level of adequacy seen in some industries; in fact, in no occupation do more than half of all workers have this benefit. Again, the white-collar occupations professional and technical, executive, administrative, and managerial, and administrative support and clerical offer this leave to the largest percent of workers (47, 44, and 44 percent, respectively). The other occupations are all fairly similar in the adequacy of their sick-leave coverage, providing paid sick child care through paid sick leave to about one in five workers (22 percent in transportation and warehousing; 21 in sales; 19 in both precision production, craft, and repair and service; 17 in handler, equipment cleaner, helper, and laborer; and 14 in machine operators, assemblers, and inspectors).

Using Sick Leave for Other Purposes. A small portion of the workforce (nine percent) is permitted to

Table 4. Percent and number of workers with paid sick and with plans allowing selected uses, by wage quartile, 1996-1998

	Wage quartile:			
	Top	Second	Third	Bottom
With paid sick leave				
All				
Percent	69	62	52	23
Number (millions) (a)	21.0	18.9	15.9	7.0
By industry:				
Natural resources	74	44	57	n/a
Construction	34	25	16	11
Manufacturing, durable	50	34	28	23
Manufacturing, non-durable	49	42	32	25
Wholesale trade	66	66	56	28
Retail trade	53	68	56	29
Transportation and warehousing	83	56	44	14
Utilities	88	92	80	n/a
Information	65	75	73	24
Financial activities	74	79	77	37
Prof and bus services	67	68	48	20
Educational services	93	88	82	68
Health care, social serv	63	66	59	45
Art, entertainment, recreation	56	53	54	13
Accommodation, food service	68	51	31	8
"Other" service	53	51	30	15
Government	85	94	84	43
With plan allowing use for:				
Other (b)	54	47	39	14
Doctors' appointments	48	42	34	11
Sick children	43	36	31	11
Personal	12	11	11	4
None	46	54	61	86
With no paid sick leave				
Percent	31	38	48	77
Number (millions) (a)	9.5	11.6	14.6	23.5
Sample size	11,012	9,441	7,277	5,056
Population (millions) (a)	30.5	30.5	30.5	30.5

n/a: Sample size too small to allow calculation of this incidence rate.

(a) Based on 2003 workforce.

(b) Includes funeral, data not shown separately, and other leave types not surveyed individually.

Source: Institute for Women's Policy Research analysis of the 1996-1998 Employee Benefits Surveys and various quarters of the Employment Cost Index, 1995-1999.

take care of personal business while receiving pay through a sick leave policy, while fewer still (five percent) have other specific allowances for use of paid sick leave.

Nearly two-thirds of all workers (63 percent) either have no paid sick leave or are covered by policies that may be used only for workers' own health needs.

Differences in Paid Sick Leave Adequacy by Wage Level. Access to paid sick leave is largely restricted to workers in the top three wage quartiles. Those in the highest wage quartile are three times as likely to have paid sick leave as workers in the bottom wage quartile (coverage rates are 69 and 23 percent, respectively; Figure 4 and Table 4). And rather than declining at a steady rate from one quartile to another, the incidence of paid sick leave is only slightly lower for workers in the second quartile than in the top (62); coverage for those in the third quarter is distinctly lower (52 percent); and then the rate drops precipitously for workers in the bottom quartile.

This pattern is repeated within almost every industry. Construction is an exception: access to paid sick leave is very low for workers in every wage quartile, although the coverage rate is three times higher for workers in the top wage quartile (34 percent) as compared to those in the bottom quartile (11 percent). Both durable and non-durable manufacturing exhibit a fairly even decline in paid sick leave coverage from each wage quartile to the next, with those in the top quartile about twice as likely as those in the bottom to participate in a paid sick leave plan.

In many industries, workers in the bottom wage quartile are virtually isolated in their own low-quality labor market, while workers in the other three wage quartiles share relatively similar access to paid sick leave. For instance, in art, entertainment, and recreation, paid sick leave is provided to 56 percent of workers in the top wage quartile, 53 percent of those in the second quartile, and 54 percent of those in the third quartile, but to only 13 percent of workers in the bottom wage quartile (about one in eight). Similar conditions exist in both wholesale and retail trade, information, financial activities, educational services, and government. In others, paid sick leave coverage is provided at similar rates to workers in the top two wage quartiles, with the incidence rate dropping off for those in the third quartile and falling further yet for those in the bottom (professional and business services,

health care and social services, accommodation and food service, and "other" service).

Only about one in every ten low-wage workers is allowed to use paid sick leave to stay home with sick children (11 percent), although more than four in every ten workers in the top wage quartile enjoy this benefit (43 percent). The disparity in incidence rates of policies allowing use of paid sick leave for doctors' appointments is similar (48 percent of workers in the top quartile, but only 11 percent of those in the bottom, have this right). Use of paid sick leave to conduct personal business is permitted for about one in every eight workers in the top three wage quartiles, but only four percent of those in the bottom quartile.

Low-Wage Workers and Paid Sick Leave

Low-wage workers clearly face a health crisis in the form of inadequate paid sick leave. With fewer than one in four low-wage workers covered by paid sick leave (see Figure 4), millions—nearly 24 million—are left with no good option when the inevitable happens and they catch a cold, or a chronic medical problem flares up. Poor workers and those receiving welfare are much less likely to have *any* leave than other workers—only 46 percent of the poor and 41 percent of welfare recipients do (Ross Phillips 2004)—and low-income workers are also disproportionately excluded from unpaid, job-protected leave under the Family and Medical Leave Act (Cantor et al. 2001).

Paid Sick Leave and Women

The patterns of paid sick leave coverage revealed in this analysis are strikingly congruent with women's employment patterns. Paid leave is rarely available to low-wage workers—and women are the majority of this group (60 percent of minimum-wage workers are women; Mishel, Bernstein and Boushey 2003). Workers in the accommodation and food service industry have virtually no paid sick leave—and the majority of workers in this industry are women (53 percent; U.S. Bureau of Labor Statistics 2004a). Almost all part-time workers are excluded from both paid sick leave and paid sick family leave—and three of every five part-time workers are women (U.S. Bureau of Labor Statistics 2004a).

The burden of inadequate paid sick leave and paid sick family leave falls heaviest on mothers. Given current norms of caregiving, they are more likely to need to stay home with a sick family member than fathers, yet mothers are less likely than fathers to have any paid time off, and those who do have some paid leave have fewer weeks of paid time off than dads (Ross Phillips 2004). And because women earn less than men, and mothers are among the younger employed women, in workplaces where leave arrangements are negotiated between individual workers and supervisors, mothers with the fewest financial resources to sustain them during periods of unpaid sick leave (or, in the worst case, after being fired) face the greatest difficulty in winning adequate paid time off (Glass and Estes 1997).

Summary and Policy Recommendations

All workers are subject to occasional health deficits that require time off work, and all need time for routine medical care. Those responsible for the health of children or other family members must also have the opportunity to stay at home when necessary or accompany family members to their medical appointments. Yet too many millions of workers do not have paid sick leave for their own health needs, and even more lack paid sick time to care for their families. Despite the myriad problems caused by inadequate paid sick leave, nearly half of all workers have none. Part-time and low-wage workers have very little access to paid sick leave and paid sick family leave. Workers in the private sector have worse access to paid sick leave benefits than public-sector workers. Union membership increases the likelihood of having paid sick leave. A few industries, including the two most highly unionized (utilities and state and local government), have relatively well-developed paid sick leave, but variation among industries is extremely high. Paid sick leave is much more available to white-collar workers than to others.

Our system of voluntary paid sick leave provision is clearly failing to reach tens of millions of workers whose health depends on their being able to recuperate at home when they become ill. Co-workers and employers also suffer when workers show up sick at the office, as contagion reduces productivity and increases absence. Paid sick leave policies are not providing the paid time off that caregivers need, leading to loss of jobs and income and worse health outcomes for children. And a closer look at paid sick leave coverage patterns reveals great inequities, with the least support going to the most vulnerable: part-time and low-wage workers.

Paid time off policies need to be modified in order to increase the adequacy of this critical employment benefit and work support. Policies and actions such as the following would reduce the costs of not having paid sick leave, while improving employment and health outcomes:

• Expand existing paid sick leave programs; add wage replacement to unpaid sick leave policies. Every worker should have paid sick leave.

• Enable workers to use their paid sick leave to care for their sick loved ones.

• Allow use of paid sick leave for workers' and family members' routine medical care.

• Extend paid sick leave programs to cover workers during their probationary period.

• Change corporate cultures to make sure workers feel comfortable using their paid sick leave time, to promote workers' own health outcomes, avoid spreading diseases to co-workers, and minimize employers' overall absence rates.

• Expand options for parents with sick children through supporting sick-child care centers, so parents have the choice to stay at work while ensuring that their children's health needs are met.

• Allow greater flexibility in work schedules and at-home work arrangements, so workers can adapt their hours at work to fit the demands of their health-related caregiving responsibilities.

Healthy workers can contribute their maximum work effort on the job, boosting employers' productivity, output, and efficiency. Paid sick leave is an essential health care policy that supports workers' well-being while preventing contagion and work loss among co-workers. Workplace adjustments to support the critical efforts of workers to safeguard their families' health are also crucial.

Everyone benefits from allowing workers to regain their good health—not only workers themselves, but employers, co-workers, kids, other family members, and society at large. Paid sick leave is a prescription for a productive workforce, successful employers, and healthy families.

Endnotes

[1] Research in other countries has failed to find a similar effect of young children on mothers' absence rate (Mastekaasa 2000, VandenHeuvel and Wooden 1995), possibly because these countries have much more substantial paid maternity leave policies than the U.S., so more mothers are on leave when their children experience the frequent medical needs of infancy.

[2] The law applies to workers in all public agencies and in private-sector establishments employing at least 50 workers within a 75-mile radius. Eligibility standards require that workers have been employed by a covered employer for 12 months and have performed at least 1,250 hours of work for that employer in the 12 months preceding the leave. Leave may be taken for childbirth; to care for a newborn child, newly placed adoptive or foster child, or a seriously ill spouse, child, or parent; or for an employee's own serious health condition. Leave may be taken intermittently when medically necessary. Employers must continue to provide existing group health insurance coverage for employees who are on FMLA leave, under the same conditions as if the employee were not on leave (Commission on Family and Medical Leave 1996).

[3] Single mothers have lower sick leave coverage rates than other moms, making their kids' higher absence rates even more difficult to manage (Heymann, Earle and Egleston 1996).

[4] Eligible workers may continue health insurance for some period after job termination, if they can afford the premium payments (U.S. Department of Labor 2004a).

[5] For this study, low-income was defined as less than 200 percent of the federal poverty line, and poor as less than 100 percent of that threshold.

[6] The surveys report whether workers participate in the stated benefit programs—that is, they represent situations where workers are both offered and take up the benefit (Wiatrowski 1996).

[7] Data on coverage of federal employees are not available from this dataset, but the U.S. Office of Personnel Management lists paid sick leave as a standard benefit for federal workers. The leave may be used to care for family members (U.S. Office of Personnel Management n.d.).

[8] An establishment is a single employment location; one firm may comprise multiple establishments.

[9] In the 1990s, the EBS covered 96 percent of all civilian non-federal non-agricultural workers.

[10] Employee-financed benefits are not reflected in the EBS.

[11] Beginning in 1999, the BLS has moved toward full implementation of a consolidated annual survey, the National Compensation Survey, which samples both public (state and local) and private establishments of all sizes, collecting data on benefits as well as the wage and compensation cost data that was previously part of the Employment Cost Index, the Employer Costs for Employee Compensation survey, and the Occupational Compensation Survey (Blostin 1999).

[12] Data on paid sick leave were contained in two workfiles developed by the BLS from the EBS: INCID and SCKLV. These were first merged, using the establishment identification number and an occupation identifier as match variables. The same variables were then used to combine the EBS and ECI data. Only cases with positive reported hourly wage rates in the ECI were retained. To maximize our sample, we allowed EBS data to seek a match in several previous or subsequent quarters of ECI data.

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Appendix A: The BLS Dataset

The U.S. Department of Labor's Bureau of Labor Statistics (BLS) began publishing survey data on employee benefits in 1955. Periodic expansions of the sample frame culminated with the 1990s versions of the Employee Benefits Survey (EBS), an annual survey of establishments[1] on employee benefits available to non-agricultural wage and salary workers outside the federal and private household sectors.[2] The EBS collected data about a wide range of paid time off, health care, retirement, and other benefits for which employers incurred costs.[3] A sample of establishments was surveyed, with each reporting on benefit coverage of incumbents in a sample of job positions. From 1990 to 1998, each year's EBS focused on one set of employers: either state and local governments, small private establishments (those with fewer than 100 workers), or medium and large private establishments (Blostin 1999).[4] Neither demographic data such as sex and level of educational attainment nor wage data were collected in the EBS. The EBS instruments were fielded throughout the year and reflected benefit coverage as of the day of the survey site visit.

To explore benefit adequacy by wage level for this research project, wage data from the BLS Employment Cost Index (ECI) were merged with the EBS data.[5] Prior to development of the National Compensation Survey, which now supercedes it, the ECI was a quarterly BLS establishment survey designed to document trends in employers' costs for compensation, including wages and benefits. Employers were selected for participation in the EBS using the ECI sample frame.

To assess the adequacy of employers' paid sick leave policies for all employer groups, this analysis combines data from the merged EBS and ECI surveys for the 1996 EBS survey of small private establishments, the 1997 survey of medium and large private establishments, and the 1998 survey of state and local governments into a single dataset. The final dataset contains data for 54,247 workers. Wage data from the ECI were converted to December 1998 dollars using the CPI-U-RS. Coverage statistics were calculated using the weight from a subfile of the EBS (the INCID file).

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