

# Sick of This

Every worker in Austin should earn sick days



All workers, regardless of what kind of job they do or how much they earn, should be able to care for themselves or a loved one. Unfortunately, approximately 223,000 Austin workers – 37 percent of the total workforce – are at risk of losing wages or being fired if they follow doctor's orders when they or a family member is ill.<sup>i</sup> The City of Austin has an opportunity to advance an earned sick days ordinance that will benefit the Austin economy and lead to significant improvements in health and financial stability for everyone who lives here.

**Fact: 37% of Austinites do not have access to sick days**

## ***Earned Sick Days Are Good for Families***

When more families are self-sufficient, we all benefit. For many Texas households currently struggling to cover basic expenses, days of lost pay lead to financial turmoil.

- For the average American worker without earned sick days, three days of lost pay is equivalent to an entire monthly grocery budget.<sup>ii</sup>
- A minimum wage earner with no paid sick days is a sub-minimum wage earner.

## ***Earned Sick Days Are Good for the Economy***

Earned sick days improve worker productivity and reduce worker turnover, which is a significant expense for employers.

- Workers are 25 percent less likely to leave their job over a 5-month period if they have access to earned sick days.<sup>iii</sup>
- The cost to employers nationwide of people working while sick is \$160 billion a year from decreased productivity and unnecessarily extended illnesses.<sup>iv</sup>

## ***Earned Sick Days Are Good for Public Health***

Earned sick days make communities healthier and reduce health care expenditures.

- Flu infection rates decreased by approximately 6 to 7 percent in cities with an earned sick days policy.<sup>v</sup>
- Parents without earned sick days are two times more likely to send their child to school sick.<sup>vi</sup>
- A national earned sick days policy could save \$500 million annually in emergency hospital costs to public health insurance programs such as Medicare and Medicaid.<sup>vii</sup>

A strong earned sick days policy should be universal, covering all types of workers and employers, and allow for a variety of allowable uses, such as tending to an ongoing medical condition like asthma, seeking preventive care, and providing safe time to deal with a domestic violence or sexual assault incident.

## Austinites of all Occupations, Incomes, Races and Ethnicities Lack Access to Earned Paid Sick Days

<i>Population Group (by Race/Ethnicity)</i>	<i>Without Access to Earned Sick Days</i>
White, non-Hispanic	29%
Black, non-Hispanic	41%
Asian, non-Hispanic	25%
Hispanic	52%
Other/More than one race	27%
<i>Population Group (by Hours Worked)</i>	<i>Without Access to Earned Sick Days</i>
Less than 35 hours	73%
35-39 hours	48%
40 or more hours	29%
Total Workforce	37%

<i>Population Group (by Occupation)</i>	<i>Without Access to Earned Sick Days</i>
Computer, engineering, and science	15%
Healthcare practitioner and technical	22%
Education, legal, community service, arts, and media	25%
Sales and office	36%
Service	65%
Natural resources, construction, and maintenance	70%
<i>Population Group (by Income)</i>	<i>Without Access to Earned Sick Days</i>
Less than \$15,000	74%
\$15,000-\$34,999	46%
\$35,000-\$64,999	21%
\$65,000 and higher	13%
Total Full-Time Year-Round Workplace	29%

Note: Access rates are for individuals, 18 years and older, working in Austin 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. White, Black, and Asian racial groups are non-Hispanic. Source: Institute for Women's Policy Research analysis of 2013-2015 National Health Interview Survey (NHIS) and 2015 IPUMS American Community Survey (ACS).<sup>1</sup>

For questions, please visit [workstrongaustin.org](http://workstrongaustin.org).

<sup>1</sup> Institute for Women's Policy Research. "Access to Paid Sick Time in Austin, Texas." (July 2017), <https://iwpr.org/publications/access-paid-sick-time-austin-texas/>. In this report, estimates of the numbers and percentages lacking access include National Health Interview Survey (NHIS) responses of "Don't Know" because these workers and their employers are behaving as if paid sick leave is not available. Nationally, of the NHIS participants that responded to the question about whether they have access to paid sick leave, approximately one percent respondents answered "Don't Know".

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"Stewart, W., et al. "Lost Productive Health Time Costs from Health Conditions in the United States: Results from the American Productivity Audit." *Journal of Occupational and Environmental Medicine*, 45(12), 1234-1246, (2003, December), <http://www.nationalpartnership.org/research-library/work-family/psd/lostproductive-work-time-american-productivity-audit.pdf>. As cited in: National Partnership for Women and Families. "Paid Sick Days Lead to Cost Savings for All," (September 2015), <http://www.nationalpartnership.org/research-library/work-family/psd/paid-sick-days-lead-to-cost-savings-savings-for-all.pdf>

"Pichler, Stefan and Nicolas R. Ziebarth "The Pros and Cons of Sick Pay Schemes: Testing for Contagious Presenteeism and Noncontagious Absenteeism Behavior.", National Bureau of Economic Research, Working Paper 22530, 2016.

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"Miller, K., Williams, C., & Yi, Y. "Paid Sick Days and Health: Cost Savings from Reduced Emergency Department Visits, 14-15 (Tables 5, 6)," <http://www.iwpr.org/publications/pubs/paid-sick-days-and-health-cost-savings-from-reduced-emergency-department-visits>. As cited in: National Partnership for Women and Families. "Paid Sick Days Lead to Cost Savings for All," (September 2015), <http://www.nationalpartnership.org/research-library/work-family/psd/paid-sick-days-lead-to-cost-savings-savings-for-all.pdf>