Evaluating Paid Sick Leave

Social, Economic and Health Implications for Washington
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May 2013

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In today’s economy, many families and businesses are struggling to stay afloat after years of high unemployment, stagnant earnings, and fluctuations in consumer demand. Paid sick leave standards are an important policy tool to help restore economic security for working families, while protecting public health, improving business productivity, supporting families caring for elders, and boosting children’s success in school.

Except in a few localities, most American workers are not protected by minimum paid leave standards. Currently four in ten private sector workers get no paid sick leave – including many restaurant, grocery, and health care workers who are on the front lines of food safety and public health.¹

Washington state is home to nearly 3 million jobs. Of those, more than 2.2 million are outside the City of Seattle and not covered by the city’s paid sick and safe leave ordinance. In the absence of a statewide standard, an estimated 1 million jobs in Washington do not offer paid sick leave, including 134,000 in accommodation and food service, 145,000 in retail, and 85,000 in health services.²

Decades of research by academicians and human resources professionals have found that companies benefit from providing paid leave, because of the resulting increases in employee morale and productivity, and decreases in absenteeism and turnover.³ San Francisco was the first U.S. city to adopt a universal standard for paid sick leave through a 2006 citizen initiative. Since enacted in early in 2007, San Francisco’s job market has been stronger than in the state of California as a whole, and compares favorably with the surrounding counties.⁴
Paid sick days standards also have been adopted in Washington, D.C., Seattle, Portland, OR., New York City, and Connecticut. Similar legislation is under consideration in other cities and states across the country. Adopting a paid sick leave standard in Washington state would help prevent the spread of disease in our schools, restaurants and places of business, protecting public and community health throughout the state, while helping restore economic stability for workers and their families.

Public Health Risks

Food Workers and Foodborne Illness

Foodborne illness has a major impact on health and the economy in the United States. Every year, one out of six Americans gets sick from food – resulting in 125,000 hospitalizations and 3,000 deaths, according to the most recent data from the Centers for Disease Control and Prevention (CDC). About 20% of cases can be traced to an ill food worker. Elderly people are particularly vulnerable to foodborne illnesses such as norovirus, especially in group living settings such as nursing homes.

The CDC estimates there are more than 21 million annual cases of norovirus, and half of all cases of foodborne illness in the U.S. can be attributed to norovirus infection. Norovirus symptoms include vomiting, diarrhea, cramping and fever. Infected people usually feel better after one or two days, but they may be contagious for as long as two weeks.

Norovirus is especially difficult to kill and easy to transmit. Of the cases analyzed by the CDC from July 1997 to June 2000, 57% were caused by food, which most often became contaminated by an infected food handler immediately prior to consumption. Thirty-six percent of cases were traced to restaurants and catered meals, 23% to nursing homes, 13% to schools, and 10% to cruise ships.

The CDC advises that the measures most likely to significantly reduce the incidence of norovirus are correct handling of cold foods, frequent hand washing and provision of paid sick leave. In Washington state, all food service workers are required to take food safety training and are prohibited from working around unpackaged food or beverages if they have symptoms of gastrointestinal disease or have been diagnosed with a disease that can be transmitted through food. However, since most restaurants do not offer paid sick time, ill employees are forced to choose between taking unpaid leave or going to work sick.

More than nine in ten (92%) Americans feel it is important restaurant workers, specifically servers and cooks, do not handle food while sick. Yet a survey of over 4,300 restaurant workers in 8 metropolitan regions of the U.S. found 88% did not receive paid sick time and 63% had worked serving or preparing food while sick. Another survey of food service workers reported in the Journal of Food Protection found that 19.8% had worked while experiencing vomiting or diarrhea in the past year. Some workers who do earn paid sick leave face obstacles in using it. A number of employer policies, including in some grocery stores and hospitals, do not allow use of paid leave until workers have been off two or three days without pay. In addition, employees may face disciplinary measures if they call in sick, with too many absences resulting in job loss, even when an illness is documented.
**Spread of the Flu Virus and Other Common Diseases**

Lack of paid sick leave contributed to the spread of H1N1 in workplaces and schools in 2009 and 2010. Of the approximately 26 million employed Americans infected at the height of the pandemic from September through November 2009, only 18 million took time off from work. Sick workers are estimated to have infected 7 million of their co-workers.18

A study by the Boston Public Health Commission found that African Americans and Latinos in that city had much higher rates of H1N1 infection than whites, and that children were often the first in their families to be infected.19 Not only are Boston Public School students disproportionately black and Latino, but many of their parents are low income and lack paid sick leave. Therefore, African American and Latino parents were less able to pick up their sick children from school or keep them home for the duration of their illness, increasing the spread of disease.20

The flu and RSV (respiratory syncytial virus, which causes bronchitis) are both commonly transmitted through tiny droplets in the air when someone coughs, sneezes, or talks. The flu can be contagious one day prior to the onset of symptoms and for 5 to 7 days after becoming sick.21 RSV is typically contagious for 3 to 8 days, but germs can be spread for up to 4 weeks after infection.22

**Preventive Care vs. Visits to the Emergency Room**

Access to paid sick leave enables workers to take the time needed for regular preventive care visits for themselves and their families, and to seek early treatment when health conditions arise. Workers without paid sick days may delay necessary medical care. Such delays can lead to a worsening health condition, complications, and costly emergency treatment.

A study coauthored by the San Francisco Department of Public Health found that workers with paid sick leave were about 20% more likely to have had a routine checkup in the previous two years than those without paid leave.23 An Institute for Women’s Policy Research analysis of National Health Interview Survey data found that workers with paid sick leave make fewer visits to the emergency room. IWPR estimated that 1.3 million hospital visits could be prevented annually if workers across the country had paid sick days. This translates to $1.1 billion in medical cost savings per year in the U.S., including $500 million in tax dollars spent by Medicaid, Medicare and other public insurance programs.24

**Worker Health and Safety**

New research shows access to paid sick leave significantly reduces on-the-job injuries. Researchers from the National Institute for Occupational Safety and Health and the Centers for Disease Control and Prevention found workers without paid sick days are 28% more likely to suffer non-fatal workplace injuries than workers with access to paid sick days.25

Workers in high-risk occupations and industry sectors, such as construction, manufacturing, agriculture, and healthcare and social assistance, appeared to benefit most from access to paid sick leave. According to lead author Abay Asfaw, a senior service fellow at the CDC, “We can infer that lower injury rates mean lower levels of workers’ compensation payments. In the long term, paid sick leave might help employers to reduce cost and increase profit.”26
Social and Community Impacts

Unequal Access

Lower income workers, women, and people of color – and their children – are all disproportionately impacted by the lack of paid leave standards. Nationally, nearly 80% of people who earn above the average hourly wage get paid sick leave, compared to just 20% among the bottom 10% of earners.27 In addition to the short term financial losses from taking unpaid leave, people without sick leave lose opportunities for career advancement and are limited in their ability to build assets, retirement savings, and longer term economic security.

**PAID SICK LEAVE BY WAGE LEVEL IN PRIVATE INDUSTRY, U.S. AVERAGE, 2012**

![Bar chart showing paid sick leave by wage level.]


People who work part time frequently do not qualify for paid leave and other benefits that are provided to full-time employees. Women are far more likely than men to work part time, often for family reasons.28

According to national data, Latino and African-American workers are less likely than whites and Asians to have paid sick leave.29 A 2010 survey of workers in San Francisco found Latino and African American workers were more likely than whites to report benefitting from that city’s paid sick days ordinance – by having more paid sick time available, their employers being more supportive of them taking time off, and/or being better able to care for health needs of themselves or family members.30

**PRIVATE SECTOR U.S. WORKERS WITH ACCESS TO PAID SICK DAYS BY ETHNICITY, 2009**

![Bar chart showing access to paid sick days by ethnicity.]

Source: IWPR analysis of 2009 National Health Interview Survey data
Children’s Health and Education

A parent’s lack of paid sick leave can have a negative impact on the child’s health and school performance. For 67% of school-age children and 60% of preschoolers in Washington, all parents in the family are in the workforce. Caring for a sick child or taking a child to see a health care provider during regular business hours is a significant problem without sick leave.

Many childcare centers and schools have policies requiring sick children to stay home. The CDC recommends keeping children at home for 24 hours after a fever subsides. The Washington State Department of Health instructs school staff that the only effective means of controlling the spread of influenza is to keep a child home for as long as he or she is symptomatic.

Studies show children recover more quickly from illness with a parent present. But the parent’s ability to be with their sick child depends on access to paid leave. A study of Baltimore parents found that parents who could use paid leave were 5.2 times more likely to stay home with a sick child, and that low-income. A 2010 San Francisco survey found that parents without access to sick leave were more likely to send a sick child to school: 75.9% of parents without access to paid sick days said their child had gone to school while sick, compared to 53.8% of parents with paid sick days.

Children in families with lower incomes are much less likely to have a parent with access to sick leave than higher income children. A study of employed parents based on 2003 and 2004 data found that just 36.3% of children in families with incomes below 200% of the federal poverty level had a parent with access to paid sick leave, compared to 80.9% of higher income children. The Baltimore study found that single parents were much more likely than higher-income, married parents to have to go to work when they had a sick child.

### Percentage of Children Above and Below 200% of Federal Poverty Level Whose Parents Have Paid Sick Leave at Work

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Paid Sick Leave Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 200% FPL</td>
<td>36.3%</td>
</tr>
<tr>
<td>Above 200% FPL</td>
<td>80.9%</td>
</tr>
</tbody>
</table>

Children in low income families are also more likely to be in poor health. In Washington, 30% of children in families below the poverty level were rated by their parents as being in less than very good health, compared to about 9% of middle and upper income children.39

Poor health negatively affects children’s ability to do well at school. In addition, older children are sometimes kept home from school to care for younger siblings when parents are not able to take time off from work. A multitude of factors contribute to the high dropout rate among low-income youth, but researchers are increasingly identifying links between a child’s disaffection from school and the parent’s lack of flexibility and access to paid leave on the job.40

**PERCENTAGE OF PARENTS BELOW 200% OF FEDERAL POVERTY LEVEL WHO TOOK TIME OFF DURING YEAR TO CARE FOR SOMEONE ELSE, BY ACCESS TO PAID SICK LEAVE**

![Bar chart showing the percentage of parents who took time off to care for someone else, by access to paid sick leave.]


**Caring for Aging Relatives – and Aging Workers**

A comprehensive study based on 2008 data found 17% of the American workforce at that time was providing uncompensated care for an elderly person, and 42% had during the previous 5 years. Men and women were equally likely to be providing such care. Nearly half of workers believe they will be responsible for eldercare in the next 5 years.41

Employed family caregivers still spent on average of 45 hours per week at their paid job – as much time as those without such responsibilities. Compounding the time crunch, 46% of the women and 40% of the men also had children under 18 living at home. Based on those figures, approximately 476,000 members of the Washington workforce currently care for an elderly person, and nearly 1.2 million will during the next five years.

Caring for aging parents is not the only issue for workers with care responsibilities. With the workforce rapidly aging, more spouses and domestic partners – and workers themselves – are at risk of developing serious health problems. Between 1991 and 2011, the percentage of workers in Washington over the age of 45 increased from 26% to 43%.42
PERCENTAGE OF U.S. WORKFORCE PROVIDING UNCOMPENSATED ELDER CARE

[Pie chart showing percentages of current providers, additional care in last 5 years, and non-providers]

Source: Families and Work Institute, Elder Care Study (based on 2008 data).

Paid Safe Days: Domestic Violence and Sexual Assault

A few days off work can be critical to the health and safety of victims of domestic violence, sexual assault, or stalking – and their co-workers. In 2011, Washington state law enforcement agencies recorded 36,826 domestic violence offenses, or more than 100 per day. Women are three times more likely than men to experience domestic violence. An estimated 650,000-780,000 adult women in Washington have experienced domestic violence during their lifetimes.

Economic independence is one of the best predictors of whether a victim will separate from her abuser. However, keeping a job can be difficult for survivors of domestic violence, sexual assault or stalking, who often need time off for court appearances, medical attention, or establishing a safe space away from former abusers or stalkers. A 2009 Department of Justice study found that among stalking victims who had a job, one in eight lost time from work. Nearly half of sexual assault survivors surveyed lost their jobs or were forced to quit following the assaults.

A Washington state law passed in 2008 guarantees all victims of domestic violence, sexual assault, or stalking can take either employer-provided paid or unpaid leave from work to take care of legal needs, obtain health care, or seek counseling. Family members of a victim may also take leave to help the victim.

Domestic violence can affect anyone, regardless of socio-economic status, race or ethnicity, religion, age, gender, or sexual orientation. As is the case with leave for illness and health care, higher-wage individuals are more likely than lower income workers to have access to paid leave they can draw on for safety needs.

Employers and Paid Sick Leave

Many employers have long recognized that providing good benefits is essential to attracting and retaining good employees. The majority of American workers employed fulltime do receive paid sick leave and other benefits. Multiple studies have found providing paid sick leave results in higher
morale and productivity, less absenteeism, and lower rates of turnover. Providing paid sick leave that is available for the care of sick family members has also been shown to result in better employee retention and increased firm profits.

High Cost of Turnover

Turnover is particularly costly for businesses. Estimates of the direct cost of losing and replacing an employee range from 25% to 50% of annual pay for hourly workers, and much more for highly skilled employees. Indirect costs of lost productivity add more.

<table>
<thead>
<tr>
<th>Hourly Earnings</th>
<th>Half-time employee</th>
<th>Full-time Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10</td>
<td>$2,600 to $5,200</td>
<td>$5,200 to $10,400</td>
</tr>
<tr>
<td>$12</td>
<td>$3,000 to $6,250</td>
<td>$6,000 to $12,500</td>
</tr>
<tr>
<td>$18</td>
<td>$4,700 to $9,360</td>
<td>$9,360 to $18,720</td>
</tr>
</tbody>
</table>

Absenteeism vs. Presenteeism

Controlling unscheduled absences remains a concern for employers, whether or not they provide paid sick leave. A survey of employers by CCH Incorporated in 2007 found that 34% of unscheduled employee absences were due to employee illness, 22% to family issues, 18% to personal needs, 13% to stress and 13% to a “sense of entitlement.” Employers most frequently report using disciplinary action, annual reviews and illness verification to reduce absenteeism.

Rates of absenteeism have been below 1% of scheduled days since 2008, according to the Bureau of National Affairs’ quarterly survey of employers. Smaller companies typically have lower rates of absences than larger companies.

Rates of absenteeism are low in workplaces where the majority of employees are committed and satisfied. According to the CCH survey, companies with good morale had less than half the rate of absenteeism of firms with morale rated only fair or low. The high-morale firms also reported fewer employees coming to work sick.

Workers showing up to work sick instead of getting well at home, known as “presenteeism,” has been estimated to cost employers more than absenteeism. Not only do ill or distracted employees operate below par, they put their coworkers at risk as well.

A 2009 survey by Kronos Incorporated found with the economy down and job security low, 30% of employees reported being even more likely to show up to work sick.
How Workers Use Paid Sick Leave

Those workers who do receive paid sick leave accrued on average eight days after one year on the job in 2012. In the private sector, 61% of employees – 75% of fulltime and 23% of part-time – have paid sick leave benefits, sometimes as part of a consolidated leave plan such as PTO (paid time off).

**Average Number of Paid Sick Days Earned After 1 Year Employment, For Those with Paid Sick Days Benefits, 2012**

<table>
<thead>
<tr>
<th></th>
<th># of sick days</th>
</tr>
</thead>
<tbody>
<tr>
<td>All civilian workers in U.S.</td>
<td>8</td>
</tr>
<tr>
<td>At firms with 1-49 workers</td>
<td>7</td>
</tr>
<tr>
<td>At firms with 100 to 499 workers</td>
<td>8</td>
</tr>
<tr>
<td>At firms with 500+ workers</td>
<td>11</td>
</tr>
</tbody>
</table>


Most workers do not use all the sick leave they have available. According to national data, workers with paid sick leave take on average 2 to 4 days per year. A 2010 survey of workers in San Francisco, where all employers are required to provide paid sick leave, found that the median number of sick days taken during the year by all workers was 3. Average use across all industries was 3.3 days, with an average of 1.9 days in the leisure and hospitality sector, in which restaurants and bars provide the majority of employment.

The most common reason for using paid sick leave in San Francisco was for the worker's own health, followed by visiting the doctor, caring for a sick child and caring for an adult. One in ten workers who used a paid sick day reported doing so for some other reason, including a mental health day, a death in the family, or vacation. One-fourth reported taking no sick time in the previous year.

**Reasons for Using Paid Sick Time in Previous Year, San Francisco Workers, 2010**

<table>
<thead>
<tr>
<th>Reason</th>
<th>All</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own health</td>
<td>82.8%</td>
<td>32.8%</td>
<td>85.3%</td>
</tr>
<tr>
<td>Doctor visit</td>
<td>34.2%</td>
<td>34.2%</td>
<td>31.3%</td>
</tr>
<tr>
<td>Care for child</td>
<td>19.9%</td>
<td>16.3%</td>
<td>24.1%</td>
</tr>
<tr>
<td>Care for adult</td>
<td>16.1%</td>
<td>16.1%</td>
<td>13.0%</td>
</tr>
<tr>
<td>Other</td>
<td>10.7%</td>
<td>10.7%</td>
<td>9.9%</td>
</tr>
</tbody>
</table>

Source: Drago & Lovell, San Francisco’s Paid Sick Days Ordinance
Paid Sick Leave Policies around the Country

In February 2007, San Francisco implemented the nation’s first paid sick days law. It established a minimum standard of paid sick leave for all workers within the city, with accruals up to 5 days for workers in companies with fewer than 10 employees and up to 9 days in larger firms. Connecticut’s Governor signed the first statewide paid sick leave legislation into law on July 2011. In 2011, Seattle enacted a paid sick days law that went into effect September 1, 2012. Workers in businesses with 5 to 249 FTEs (full-time equivalent employees) now earn one hour of paid leave for every 40 hours worked. Those in businesses with 250 or more FTEs accrue one hour of paid leave for every 30 hours worked. Accrual is capped at 5 days for workers in companies with fewer than 50 FTEs, at 7 days in companies with 50 to 249 FTEs, and at 9 days in larger companies.

Washington, DC, Portland, OR, and New York City have also enacted minimum standards for paid sick leave. A number of other jurisdictions have legislation under consideration.

Experience in San Francisco: Jobs

Despite concerns by some that the ordinance would add costs to employers and therefore reduce the number of jobs, the data show San Francisco’s job market has compared favorably to the surrounding counties and the state of California as a whole since the sick days law went into effect in 2007.

Restaurants are among the employers least likely to provide sick leave benefits, absent such a requirement. Therefore, if minimum paid leave standards affect the number of jobs available, we would expect to see that impact most clearly in the food service industry. A survey of San Francisco employers conducted 3 ½ years after implementation of the paid sick days ordinance found 66% of accommodation and food service employers supported the ordinance, just under the overall rate of 68%.

Source: California Employment and Development Department, Employment by Industry Data, annual averages, for San Francisco County and California, 2000-2011

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In the five years prior to the adoption of paid leave standards, from 2002 through 2006, accommodation and food service jobs (which are about 80% food service) grew more quickly in San Francisco than in three of the four adjacent counties.

Following implementation of the sick days ordinance, San Francisco’s accommodation and food service jobs continued to grow at a faster rate than three of the four adjacent counties. All five counties lost jobs in 2009 due to the Great Recession, and most saw very minimal growth in 2010. By the end of 2011, four of the five counties experienced increases in job growth in these industries. San Francisco’s accommodations and food service sectors outgrew Alameda, Contra Costa and Marin counties from 2007 through 2011, the five years following implementation of paid sick days.

### PERCENTAGE CHANGE IN JOBS IN ACCOMMODATION AND FOOD SERVICE JOBS, SAN FRANCISCO AND ADJACENT COUNTIES, 2002-2006 AND 2007-2011

<table>
<thead>
<tr>
<th></th>
<th>2002-06</th>
<th>2007-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Francisco</td>
<td>6.3%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Alameda</td>
<td>1.2%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Contra Costa</td>
<td>15.3%</td>
<td>0%</td>
</tr>
<tr>
<td>Marin</td>
<td>0.7%</td>
<td>10%</td>
</tr>
<tr>
<td>San Mateo</td>
<td>1.0%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Source: California Employment and Development Department, Employment by Industry Data, annual averages, 2002-2011

### Conclusion

Lack of access to paid sick leave is a serious issue that affects the health and well-being of everyone who lives, works, and visits in Washington. Without access to paid leave, workers in restaurants, grocery stores, daycares, health facilities and offices throughout the state make the decision whether to go to work or send their child to school sick – or lose a day’s pay.

Absent a law requiring the provision of paid sick leave, the majority of employers in restaurants and a portion of firms spread across all industries will continue not offering employees sick days, or significantly limiting access. Workers earning lower wages and their children are most directly affected by current practices, but the health and economic vitality of the whole community is negatively impacted.

Fortunately, replicable models of successful paid sick day ordinances are available from other areas. Utilizing these successful models from around the country, Washington can ensure better work environments, safer schools and healthier communities for all workers, children and families across the state.
### APPENDIX 1. DISTRIBUTION OF FIRMS BY NUMBER OF EMPLOYEES IN WASHINGTON, 1ST QUARTER 2011

<table>
<thead>
<tr>
<th>Firm Size</th>
<th># of Firms</th>
<th># of Employees</th>
<th>% of Firms</th>
<th>% of Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>28,407</td>
<td>0</td>
<td>13.5%</td>
<td></td>
</tr>
<tr>
<td>1 to 9</td>
<td>150,968</td>
<td>379,630</td>
<td>71.7%</td>
<td>13.6%</td>
</tr>
<tr>
<td>10 to 49</td>
<td>24,473</td>
<td>489,106</td>
<td>11.6%</td>
<td>17.6%</td>
</tr>
<tr>
<td>50 to 99</td>
<td>3,275</td>
<td>225,763</td>
<td>1.6%</td>
<td>8.1%</td>
</tr>
<tr>
<td>100 to 499</td>
<td>2,878</td>
<td>582,197</td>
<td>1.4%</td>
<td>20.9%</td>
</tr>
<tr>
<td>500 to 999</td>
<td>332</td>
<td>229,247</td>
<td>0.2%</td>
<td>8.2%</td>
</tr>
<tr>
<td>1,000 +</td>
<td>289</td>
<td>876,965</td>
<td>0.1%</td>
<td>31.5%</td>
</tr>
</tbody>
</table>

### Notes


2. Share of workers in each sector with and without sick leave is based on national percentages, applied to Washington’s specific industrial mix. U.S. Census Bureau, On the Map tool (2010 data), and Institute for Women’s Policy Research Paid Sick Days Calculator.


11. CDC, “Norovirus: Technical Fact Sheet.”
30 Drago & Lovell, “San Francisco’s Paid Sick Leave Ordinance.”
36 Despite San Francisco’s ordinance requiring all employers to provide paid sick leave, the 2010 survey of employees found that 27% were not certain whether they were covered by paid leave policies. Drago & Lovell, “San Francisco’s Paid Sick Leave Ordinance,” p. 15.


39 Robert Wood Johnson Foundation, National Child Health Chartbook, prepared for the RWJF Commission to Build a Healthier America by the Center on Social Disparities in Health at the University of California, San Francisco using 2003 National Survey of Children’s Health, http://www.commissiononhealth.org/Documents/ChildrensHealth_Chartbook.pdf. Children assessed as in poor, fair, or good health by their parents, rather than in very poor or excellent health. Middle and upper income defined as above 200% of federal poverty level.


45 In 2010, an estimated 2.6 adult women lived in Washington; U.S. Census Bureau, 2010 American Community Survey. About 25-30% of women will experience domestic violence in their lifetime.


In City
Robert
Kronos
Paul
Bureau
of
DF&I
Strong
MultiState
sick
sick
Women’s
January
and
March
2012,

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