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Mandates Narrow Gender Gaps In Paid Sick Leave Coverage For Low-Wage Workers In The US

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ABSTRACT **Paid sick leave helps workers recover from illness and manage care obligations and protects public health. Yet access to paid sick leave remains limited and unequal in the United States. Drawing on surveys of 61,223 service-sector workers collected during the period 2017–21 by the Shift Project, we documented limited access to paid sick leave and stark gender inequality, with women less likely than men to have paid sick leave. Part-time employment and gender segregation by industry subsector each explain part, but not all, of the gender disparity. However, in states and localities that mandate paid sick leave for workers, workers are far more likely to report access to this benefit, and the gender gap is eliminated. Guaranteeing paid sick leave to all workers would offer a range of benefits for workers, employers, and public health while also offering the further benefit of reducing gender inequality.**

The United States is unique among high-income, developed countries in lacking a federal guarantee of paid time off from work when sick.[1] These benefits are important for workers, but they also play a role in protecting public health by reducing the number of workers going to work when sick and thus the spread of infectious illnesses.[2,3] This dual benefit is particularly evident for service-sector workers. For service-sector workers themselves, low wages and unstable and insufficient work hours produce household economic insecurity[4] that makes access to paid time off especially valuable, particularly in the context of hourly in-person employment. For public health, paid sick leave is especially salient for workers employed in high-traffic indoor settings such as restaurants, grocery stores, and other retail stores.

However, large shares of low-wage workers in the service sector lack access to paid sick leave: Administrative data show that nearly half of retail workers and almost three-quarters of those employed in accommodations and food service in the US lacked access to paid sick leave in the period 2009–17.[5] The lack of paid sick leave can have dire consequences for public health. For example, the large-scale COVID-19 Trends and Impact Study reports that food service is the occupation with the highest share of workers going to work with COVID-19 symptoms.[6]

In the absence of a federal paid leave mandate, some employers voluntarily offer this benefit. Although valuable for these workers, this privatized voluntary approach can give rise to stark inequalities in access to paid sick leave across companies.[7] In contrast, some US states and localities have legislated labor standards extending this benefit to workers locally, which may serve to equalize access in covered jurisdictions.[8]

In this article we document gender inequalities in access to paid sick leave among service-sector workers, decompose gender gaps in paid sick leave access, and assess the degree to which state and local paid sick leave mandates broaden access and narrow gender inequalities in paid sick leave.

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Prior Research

Paid sick leave is an important pillar of both job quality and public health. For workers, it creates a climate in which they feel more support for leave taking.[9] Access to paid sick leave has been found to be associated with increased use of preventive health care,[3,10] reductions in emergency department visits,[11] and improvements in parents' ability to care for children.[12] Workers with access to paid sick leave report being less worried about their household finances.[13] For employers, providing paid sick leave benefits to workers has the benefit of substantially reducing employee turnover by 25 percent during the period 2004–6.[14,15]

Paid sick leave mandates also have positive effects on public health by reducing sickness presenteeism, and thus the potential for disease transmission,[16] as workers who lack access to paid sick leave benefits have been found to be more likely to attend work while sick.[17] Studies of state and local paid sick leave legislation have found that the laws led to a reduction in the share of workers who report working while sick.[18–20] During the COVID-19 pandemic, paid sick leave expansions through the Families First Coronavirus Response Act appear to have been taken up by covered firms[21] and led to reductions in weekday workplace mobility (an indicator of travel to and from the workplace).[22] This expansion of leave reduced the spread of COVID-19,[23] but the requirement expired at the end of 2020, and even when it was in effect, employers with more than 500 employees were exempted.[24]

INEQUALITY IN ACCESS TO PAID SICK LEAVE The workers who are the most economically insecure are also those most likely to lack access to paid sick leave benefits. One study published in 2017 found that just 39 percent of workers in the lowest wage quartile had access to paid sick leave benefits.[25] When they lack paid sick leave, low-income workers often forgo needed medical care and attend work while sick.[3,10] Women and low-wage workers who lack paid sick leave have particularly high rates of presenteeism: Women's rates of presenteeism have been found to be more than 70 percent greater than men's, and low-wage workers' rates, more than three times those of their higher-wage counterparts.[17]

There are reasons to expect that paid sick leave access may be stratified by gender. For example, a study published in 2014 found that women tended to be overrepresented in occupations and industries with lower job quality.[26] Also, even when employers do offer paid sick leave to their workers, women may be excluded from this benefit because they are more likely to be working part time. Research using official government statistics from the National Compensation Survey from the period 2009–17 found that only about a quarter of part-time jobs offered paid sick leave, compared with about three-quarters of full-time jobs.[5] In 2021, 22 percent of employed women worked part time, compared with 12 percent of employed men.[27]

Women working in the service sector are particularly disadvantaged when it comes to paid sick leave benefits.

In the absence of a federal guarantee of paid sick leave, paid sick leave is also stratified by geography. The number of states and localities that mandate paid sick leave rose sharply between 2009 and 2020, but most states do not require employers to offer paid sick leave.[8] As a result, for most workers, paid sick leave continues to be at the discretion of their employer and is often not offered.

EFFECTS OF PAID SICK LEAVE MANDATES ON ACCESS AND INEQUALITY In the states and localities with paid sick leave laws in place, there is evidence that these laws increase access to paid sick leave benefits, as intended. Across states that implemented paid sick leave mandates between 2009 and 2017, average paid sick leave coverage increased from 66 percent to 84 percent in the first two years following mandate passage.[5] Individual state and city mandates also consistently show significant coverage increases.[28–30] Employees also report that mandates result in increased access to paid sick leave.[18,20]

Moreover, there is some evidence that paid sick leave mandates not only raise the level of access but also may function to narrow inequalities in access to paid leave. Firms in the service sector, including food services and accommodation and hospitality, which have some of the lowest rates of access in the absence of mandates, saw the largest increases in paid sick leave provision after mandate implementation.[5,29,30] Paid sick leave mandates also appear to reduce inequalities in access by part-time status. The mandates have the largest positive effects on part-time workers, as well as on temporary and seasonal workers.[5,28,30] However, even

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In the absence of a federal paid sick leave guarantee, the US labor market is characterized by stark inequalities in access to these benefits.

after mandate implementation, both employer and employee reporting has shown that part-time workers had lower rates of paid sick leave coverage and access than full-time workers.[19,28–30]

This equalization by part-time status may in turn reduce gender inequalities in access to paid sick leave after the implementation of mandates. There is, however, very limited research that examines whether paid sick leave mandates reduce gender inequality. One study, using data from the period 2005–15 from the National Health Interview Survey and exploiting county-level variation in paid sick leave mandates, found that these mandates increased access to paid sick leave slightly more for women (4.2 percentage points) than for men (3.8 percentage points).[20]

Study Data And Methods

This study drew on survey data collected by the Shift Project from service-sector workers who are paid by the hour, combined with policy data on paid sick leave mandates at the state and local levels. Paid sick leave policy data were merged with the survey data by county and by month and year. We used these data to describe rates of access to paid sick leave by gender in the service sector, to decompose gender gaps in paid sick leave access, and to assess the degree to which paid sick leave mandates narrow gender inequalities in access.

SHIFT DATA We made use of a large online survey of hourly workers employed at 152 large retail and food service firms. To construct this sample, the Shift Project first identified workers at these firms, using Facebook and Instagram's targeted advertising platform. These platforms allow advertisers to direct ads to users with particular characteristics, including, in this case, to workers with a particular employer such as McDonalds, Walmart, Kroger, or CVS. In the second step, the Shift Project recruited workers from each employer-specific audience to take the survey by delivering paid advertisements to them. Of note, all of the companies targeted in the Shift Project survey have more than 500 employees and thus were exempt from the temporary paid leave expansions in the Families First Coronavirus Response Act.[24]

Recruitment advertisements were designed to be salient to the workers by naming their employer and displaying a picture designed to resemble their uniform and workplace setting. Workers who responded to the survey were asked a series of questions about their job, which included whether their employer offered workers paid sick leave. Workers also provided demographic information, including their gender, and self-reported the state where their workplace was located. We used IP addresses to geocode workers into counties and to fill in information on state of their workplace when that information was not reported in the survey. Our analytic sample included 61,223 workers who responded to our surveys between fall 2017 and fall 2021.

PAID SICK LEAVE POLICY DATA We drew on data on local paid sick leave mandates that were compiled by the National Partnership for Women and Families.[31] We used information on the geographic coverage and timing of implementation of these laws to merge the information with our survey data by county and by month and year. Although there is some variation in the provision of these local laws, most require private-sector employers that employ at least twenty-five workers to offer paid sick leave to their workers. A standard accrual rate is one hour of paid leave per forty hours of work. Although accrual typically begins at time of hire, many laws include a ninety-day waiting period from time of hire before paid leave can be used.

By the end of 2021, the period covered in our survey data, paid sick leave laws were in effect in twelve states and twenty-three cities or counties.[31] In addition, before April 2021 several Texas counties had paid sick leave laws in effect until the passage of a state law preempting these local laws.[32] As of the end of 2021, all twelve statewide paid sick leave laws were concentrated in the Northeast (Connecticut, Maryland, Massachusetts, New Jersey, New York, Rhode Island, and Vermont) and the West (Arizona, California, Colorado, Oregon, and Washington); several jurisdictions within California and Washington also had their own paid sick leave laws. Other than state laws, there were jurisdictional laws in Illinois, Minnesota, and Texas (see online appendix exhibit 2).[33] The landscape of state and local laws creates substantial heterogeneity depending on workplace location.

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OUTCOMES Our main outcome was workers' reports of employer-sponsored paid sick leave coverage. Our survey asked workers which of a set of benefits were provided by their employer, and the access to paid sick leave outcome distinguished between those who indicated that their employer offered access to paid sick leave and those who indicated that their employer did not.

ANALYTIC APPROACH Our main focus was on gender gaps in access to paid sick leave. Gender was self-reported by workers. We examined the two largest gender groups: those who identified as women and those who identified as men. We omitted nonbinary and transgender workers from this analysis because these groups are small and distinctive in terms of age and job quality.[34]

The results we present show the share of women and men working in the service sector who had access to paid sick leave from their employer. We then show how much the gender gap in paid sick leave would narrow if women and men worked in the same industry subsectors, if men and women were equally likely to work part time versus full time, and if paid sick leave laws were in effect.

We relied on nested regression models for our analyses. We present predicted values for paid sick leave access for women and men and show how differences narrowed or persisted with the addition of explanatory variables. In supplemental analyses reported in the results section, we repeated our main analyses with a focus on the pandemic period. More details on the analytic approach are in the appendix.[33]

LIMITATIONS Given our focus on the service sector, we cannot be certain whether the findings in our article apply for workers in other sectors of the labor market. Further, our survey sample excluded those who lacked internet access or who were not fluent in English, which also limited generalizability. From a measurement perspective, access to paid sick leave benefits is self-reported by workers and therefore captures workers' perceptions of access to paid sick leave rather than official company policy. However, perception is highly relevant for understanding inequality in job conditions because it captures workers' lived experience of paid sick leave access, and it should be interpreted as such.

Study Results

Exhibit 1 shows the gender gap in paid sick leave coverage during 2017–21 and how this gap would narrow if we took into account three potential sources of the gender disparity: differences in human capital, differences in part-time status, and differences and segregation by subsector. The "baseline" bar shows that women were 11 percentage points less likely to have paid sick leave compared with men (43 percent of women reported this benefit compared with 54 percent of men; data not shown).

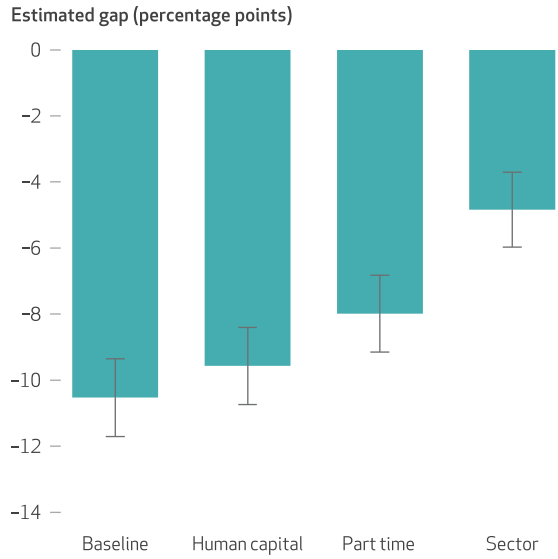
The first potential source of disparity, differences in human capital, played little role in explaining the gender gap in paid sick leave access. After we took into account any differences between women and men in educational attainment and job tenure, the gender gap in paid sick leave remained large, at 10 percentage points.

The second potential source of disparity was the role of part-time status. Some employers only offer benefits such as paid sick leave to their full-time employees, and in the service sector, data from 2007–8 indicate that a large share of workers work part time, often involuntarily.[35] In our analyses, gender differences in part-time employment accounted for a small portion of the gender gap in paid sick leave. If women and men were equally likely to work part time, the gender gap would narrow to 8 percentage points.

The third potential source was subsector differences. Within the service sector, there is substantial heterogeneity across industry subsectors in job quality. Workers employed in hardware or electronics retail sectors are more likely

EXHIBIT 1

Gender gap in paid sick leave benefits for US service-sector workers, 2017–21



SOURCE Shift Project Surveys, 2017–21. **NOTES** $N = 61{,}223$. The gender gap is derived by subtracting rates of access to paid sick leave for men from rates for women. "Baseline" is the unadjusted gender gap in paid sick leave for women compared with men in the service sector. "Human capital" is the regression-adjusted gender gap after controlling for education and job tenure. "Part time" also controls for working part time versus full time. "Sector" additionally controls for industry subsector. More details on the regression analysis are in the appendix (see note 33 in text).

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to be offered paid sick leave by their employers compared with workers employed in grocery, restaurant, or clothing sectors. Exhibit 2 shows that the sectors that employed a larger share of women also tended to be those that were less likely to offer paid sick leave benefits. Given this correlation between the gender composition of industry subsectors and the prevalence of paid sick leave benefits, it is no surprise that gender differences in industry subsector contributed to gaps in paid sick leave benefits. Our analysis found that if women and men were evenly distributed across industry subsectors, the gender gap in in paid sick leave access would further narrow to 5 percentage points (exhibit 1).

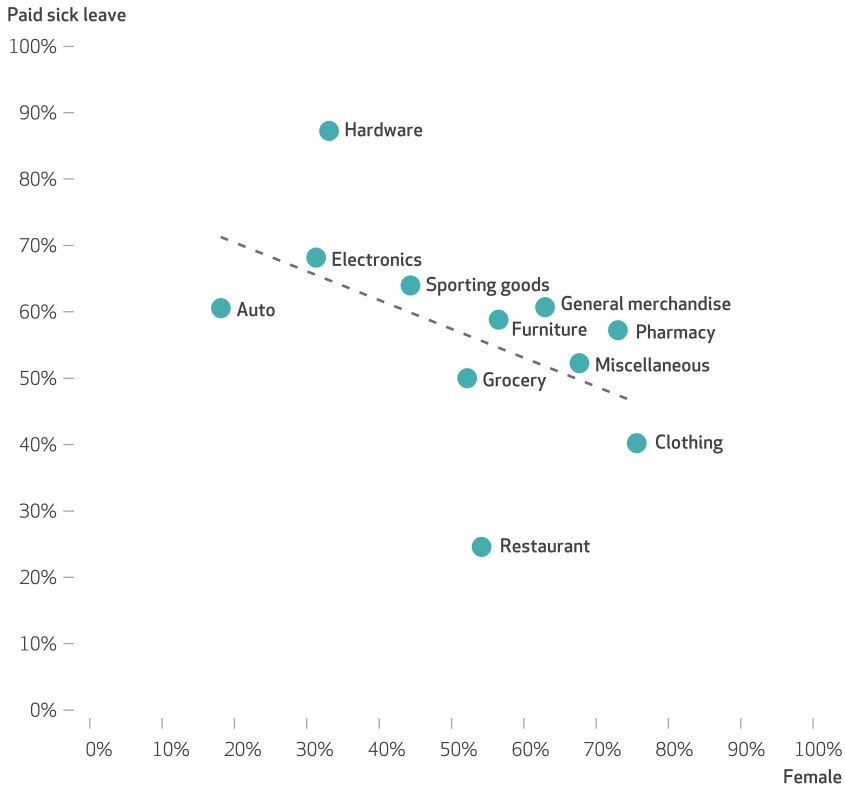
This remaining 5-percentage-point gender gap in paid sick leave benefits is still sizable, but the presence of paid sick leave standards narrowed the gap. Exhibit 3 shows a gender gap in paid sick leave benefits at work in locations without a paid sick leave law in place. In the absence of a law, 43 percent of men and 38 percent of women reported access to paid sick leave. For both men and women, state and local paid sick leave laws were associated with dramatic increases in access to this benefit of 27 percentage points for men (up to 70 percent coverage) and 31 percentage points for women (up to 69 percent coverage). In locations with such laws in place, the gender gap in paid sick leave access narrowed to 1 percentage point and was not statistically significant.

Although paid sick leave laws were associated with large increases in paid sick leave benefits during 2017–21, a sizable share of service-sector workers (30 percent of men and 31 percent of women) reported lacking this benefit even when such laws were in effect. A part of this gap in coverage results from the high turnover rates in the service sector,[36] which lead to a large share of short-tenure workers for whom paid sick leave benefits are not yet available. In separate analyses using the Shift Project survey data (not shown), we found that in localities with paid sick leave laws in effect, paid sick leave benefits coverage was much lower for workers with less than one year at their current employer (53 percent) compared with workers who had two or more years of job tenure (73 percent). Nevertheless, some legally entitled workers may face barriers in effectively accessing paid sick leave benefits because of short staffing that creates pressure to work even when sick.[37]

The results in exhibits 1–3 span the period 2017–21, encompassing three years before and two years during the COVID-19 pandemic. In separate analyses (not shown), we focused our attention on the pandemic period, 2020–21, and repeated the comparisons of paid sick leave access among men and women. We found a gender gap in paid sick leave benefits of 5 percentage points after taking into account industry, part-time employment, and other gender differences in background characteristics—the same gap we found in the 2017–21 period. Notably, during the pandemic period, the 5-percentage-point gender gap in paid sick leave access was completely eliminated in states and localities with paid sick leave laws in effect, where 73 percent of men and women alike reported access to paid sick leave benefits (data not shown).

EXHIBIT 2

Percent of US workers with paid sick leave benefits in several service industry subsectors, by percent female, 2017–21



SOURCE Shift Project Surveys, 2017–21.

Discussion

Unlike nearly all other countries, the US does not guarantee paid sick leave benefits to workers.[1] Instead, the US has a patchwork of paid sick leave policies, with some states and localities requiring employers to provide paid sick leave benefits to their workers but many others lacking such a requirement.[8] In the absence of a paid sick leave mandate, some companies voluntarily offer this benefit to their workers, but many others do not. In this study we found that during 2017–21, about half of service-sector workers did

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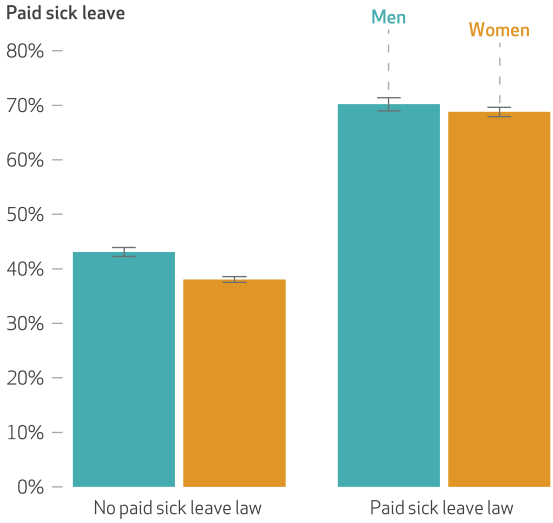
EXHIBIT 3

Paid sick leave benefits for US service-sector workers, by gender identity and law, 2017–21



SOURCE Shift Project Surveys, 2017–21 and National Partnership for Women and Families (2021). **NOTES** Estimates after controlling for demographics, human capital, part-time employment, and industry subsector. Sample is weighted such that state sample sizes are proportional to the size of the state service sector, nonmanagerial labor force in the American Community Survey. More details on the regression analysis and weighting approach are in the appendix (see note 33 in text).

not have access to paid time off from work in the event of illness, to care for a family member, or for any other reason.

Women working in the service sector are particularly disadvantaged when it comes to paid sick leave benefits. We found that they were 11 percentage points less likely than men to have access to paid sick leave (43 percent of women versus 54 percent of men reported having this benefit). This gender inequality is partly attributable to broader gender inequalities in the labor market. Women in the service sector are more likely to work in subsectors with lower-quality job conditions, such as retail apparel. Women are also more likely to work part time, which is a barrier to accessing paid sick leave benefits. However, even after these broader labor-market inequalities were taken into account, a gender gap in paid sick leave persisted, but local paid sick leave mandates narrowed this gender gap to less than 1 percentage point.

The widespread lack of paid sick leave in the service sector likely has consequences for the health of workers and the customers they serve, particularly in the midst of the COVID-19 pandemic. When other workers were told to stay home, service-sector workers continued meeting the basic needs of the population for food, medicine, and other supplies. Without paid sick leave benefits, these workers faced pressure to work even when sick, potentially spreading infectious disease within their indoor workplaces. Working parents faced added challenges without the option to take a sick day in the event their children were sick.

Conclusion

We found that state and local paid sick leave laws were associated with substantial increases in access to paid sick leave benefits and the elimination of the gender disparity in paid sick leave access. In the absence of a federal paid sick leave guarantee, the US labor market is characterized by stark inequalities in access to these benefits. In the US service sector, which employs one in five workers, half of all workers and a disproportionate share of women workers lack access to paid time off from work when sick. The Healthy Families Act, first introduced in 2004 and reintroduced most recently in 2019,[38] would address this gap and narrow these gender inequalities by requiring employers with at least fifteen employees to offer seven days of paid sick leave to their workers per year, but this legislation has failed to progress.

In the absence of policy action at the federal level, twelve states and twenty-three localities had laws requiring paid sick leave in effect by the end of 2021.[31] However, even in settings with paid sick leave laws in place, workers typically have to wait several months to access benefits and for paid sick time to slowly accrue.[31] The result is that in high-turnover industries, such as the service sector, a large share of the workforce will lack meaningful access to paid sick leave even when the benefit is required and offered. A federal guarantee to paid sick leave for all workers, as has long been standard practice in many Organization for Economic Cooperation and Development countries, would protect worker and public health and reduce inequality. ■

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