



Paid Sick Days: Protecting Asian Pacific Islander Workers and Families

FACT SHEET

October 2011

The Asian and Pacific Islander community is the second fastest growing racial or ethnic group in the United States,¹ but roughly **2.4 million API workers** – or 33 percent of the API workforce – don't have access to a single paid sick day to use to recover from common illnesses.² Many more lack paid sick days to care for a sick child. Across the country, nearly 44 million workers lack paid sick days.³ For these individuals and their families, many of whom struggle to make ends meet and stay employed, loss of pay or the very real risk of being disciplined or fired makes it difficult or impossible to take time off work when they become sick. At a time when many working families are struggling to make ends meet, no worker should lose precious income or be fired for taking time off to recover from an illness or care for a sick loved one.

Millions of API Workers Are Forced to Choose Between Their Health and Their Families' Financial Security

Often referred to as a 'model minority,' API workers are more likely than their white, black, or Hispanic peers to have access to paid sick days.⁴ However this stereotype disregards significant ethnic, gender, and generational disparities within the API community. Roughly 65 percent of the API population in the United States is in the labor force.⁵ Yet millions of these hardworking individuals do not have access to paid sick days. A paid sick days standard would provide critical support for API workers and their families.

- **Many API workers are employed in industries or jobs that do not offer paid sick days.** The single largest employer of API men, and the second largest employer of API women, is the restaurant and food industry.⁶ However, only 14 percent of workers in this industry report having access to paid sick days. This creates a significant health risk to both employees and customers in these businesses, as 63.6 percent of restaurant workers report preparing, cooking, or serving food while sick.⁷
- **Language is a barrier to accessing paid sick days.** Roughly two-thirds of the API population is foreign born.⁸ Among first-generation immigrants born in Asia, nearly half report that they speak English less than "very well."⁹ Workers who are not English proficient are confined to low-paying jobs that offer low wages and few benefits such as paid sick days.¹⁰
- **Poor API workers are among the groups least likely to have paid sick days,¹¹ but are also among those who need them most.** This disparity is especially evident in certain ethnic subgroups of the API community; such as Bangladeshi, Hmong, and Pakistani workers who are two to three times more likely to be among the working poor than other members of the API workforce.¹² Without paid sick days, these workers simply cannot afford to take unpaid time off if they or a family member becomes ill.

- **API women workers are less likely than API men to have paid sick days.** API women are nearly half of the API workforce,¹³ but only 66 percent of API women have access to paid sick days, compared to 69 percent of API men.¹⁴ Many API households still adhere to the traditional gendered division of labor, so API women continue to shoulder the majority of caretaking and household responsibilities even as they work to support their families. API women need paid sick days to help balance their household and work obligations while contributing to their families' financial security.
- **Not having paid sick days puts additional stress on API parents and caregivers.** 18 percent of the API population reports providing care for a family member. In addition, nearly two-thirds of API women and nearly ninety percent of API men with children under 18 are in the labor force.¹⁵ These workers need paid sick days not only to care for themselves, but also to provide and care for their children and loved ones.
- **Without paid sick days, API workers and their families must shoulder the price of delaying medical care.** APIs have the lowest utilization of certain preventive medical services, including breast, cervical, and colorectal cancer screening.¹⁶ Without job-protected paid sick days, workers forgo these preventive services to the detriment of their long-term health and financial stability. Parents without paid sick days are five times more likely than parents with paid sick days to report taking a child or a family member to a hospital emergency room because they could not take time off work to get medical care during work hours.¹⁷ These workers and their families pay a steep price, both in the cost of care and in their health and well-being.
- **High unemployment rates and economic uncertainty make policies that provide job security – such as paid sick days – imperative for the financial stability of API families.** API workers have the highest long-term unemployment rate of the U.S.'s major racial and ethnic groups.¹⁸ Given that 1 in 6 workers reports that they have been threatened with job loss or have been fired due to personal or family illness,¹⁹ job-protected paid sick days are a vital protection in an unstable job market.

"Coming from a refugee family living in a rural city, we were isolated from resources. Like many kids in elementary school, I would get sick. But as refugees, we did not have the fortune of alternative childcare so I was left home by myself at a very young age. Without access to paid sick days, my mother had to make the difficult choice of leaving me home so the bills could get paid at the end of the month."- Mary Le Nguyen (Seattle, WA)

API Workers and Their Families Need a Solution

National paid sick days legislation would allow millions of workers – including Asian and Pacific Islanders – to earn job-protected paid sick days. The Healthy Families Act (H.R. 1876/S. 984) would enable employees in businesses with 15 or more employees to earn up to seven job-protected paid sick days in a year. Workers could use these days to recover from short-term illness, care for a family member, obtain preventive care, or seek assistance for domestic violence, sexual assault, or stalking.

API workers deserve a minimum standard of paid sick days that would allow them to care for themselves and meet the needs of their families. There are currently paid sick days campaigns all around the country; to date, Connecticut, San Francisco, and Washington, D.C. have all succeeded in passing paid sick days legislation. Join the fight to protect working families. To learn more, visit www.paid sick days.org.

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- ¹ U.S. Census Bureau. (2008). *Table 7: Projected Change in Population Size by Race and Hispanic Origin for the United States: 2000 to 2050*. Retrieved 25 July 2011, from <http://www.census.gov/population/www/projections/summarytables.html>
- ² Institute for Women's Policy Research. (2011, March). *Paid Sick Days Access Rates by Gender and Race/Ethnicity, 2010*. Retrieved 15 July 2011, from <http://www.iwpr.org/press-room/press-releases/paid-sick-day-access-rates-by-gender-and-race-ethnicity-2010>; and Bureau of Labor Statistics. (2010). *Table 5: Employment status of the civilian noninstitutional population by sex, age, and race*. Retrieved 15 July 2011, from <http://www.bls.gov/cps/cpsaat5.pdf> (unpublished calculations)
- ³ Williams, C., Drago, R., & Miller, K. (2011, January). *44 Million U.S. Workers Lacked Paid Sick Days in 2010: 77 Percent of Food Service Workers Lack Access*. Institute for Women's Policy Research. Retrieved 18 July 2011, from <http://www.iwpr.org/publications/pubs/44-million-u.s.-workers-lacked-paid-sick-days-in-2010-77-percent-of-food-service-workers-lacked-access>
- ⁴ Institute for Women's Policy Research. (2011, March). *Paid Sick Days Access Rates by Gender and Race/Ethnicity, 2010*. Retrieved 15 July 2011, from <http://www.iwpr.org/press-room/press-releases/paid-sick-day-access-rates-by-gender-and-race-ethnicity-2010>
- ⁵ Bureau of Labor Statistics. (2010). *Table 5: Employment status by sex, presence and age of children, race, and Hispanic or Latino ethnicity, March 2009*. Retrieved on 18 July 2011, from <http://www.bls.gov/cps/wlftable5-2010.htm>
- ⁶ Hye Jin, R., Schmitt, J., Woo, N., Lin, L., & Wong, K. (2011, July). *Diversity and Change: Asian American and Pacific Islander Workers*. Center for Economic and Policy Research. Retrieved 25 July 2011, from <http://www.cepr.net/documents/publications/aapi-2011-07.pdf>
- ⁷ Restaurant Opportunities Center United. (2010, September). *Serving While Sick: High Risks & Low Benefits for the Nation's Restaurant Workforce, and Their Impact on the Consumer*. Retrieved 8 August 2011, from [http://www.rocunited.org/files/roc_servingwhilesick_v06%20\(1\).pdf](http://www.rocunited.org/files/roc_servingwhilesick_v06%20(1).pdf)
- ⁸ U.S. Census Bureau. (2009). *Table S0501: Selected Characteristics of the Native and Foreign-Born Populations*. Retrieved 19 July 2011, from http://factfinder.census.gov/servlet/STTable?_bm=y&-geo_id=01000US&-qr_name=ACS_2009_5YR_G00_S0501&-ds_name=ACS_2009_5YR_G00_ (unpublished calculation)
- ⁹ U.S. Census Bureau. (2000). *Table FBP-1: Profile of Selected Demographic and Social Characteristics: 2000*. Retrieved 19 July 2011, from <http://www.census.gov/population/cen2000/stp-159/STP-159-asia.pdf>
- ¹⁰ Wrigley, H., Richer, E., Martinson, K., Kubo, H., & Strawn, J. (2003, August). *Expanding Employment Prospects for Adults with Limited English Skills*. Center for Law and Social Policy. Retrieved on 19 July 2011, from <http://www.clasp.org/admin/site/publications/files/0150.pdf>
- ¹¹ See note 8.
- ¹² See note 6.
- ¹³ See note 6.
- ¹⁴ See note 4.
- ¹⁵ See note 5.
- ¹⁶ National Commission on Prevention Priorities. 2007. *Preventive Care: A National Profile on Use, Disparities, and Health Benefits*. Partnership for Prevention. Retrieved on 8 August 2011, from <http://www.rwjf.org/files/publications/other/PreventiveCareReportFinal080707.pdf>
- ¹⁷ National Opinion Research Center at the University of Chicago. (2010). *Paid Sick Days: Attitudes and Experiences*. Retrieved 8 August 2011, from <http://www.norc.org/NR/rdonlyres/D1391669-A1EA-4CF4-9B36-5FB1C1B595AA/0/PaidSickDaysReport.pdf> (unpublished calculation)
- ¹⁸ See note 6.
- ¹⁹ See note 20.