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Does access to paid sick leave facilitate the employment and employment intensity of older workers?

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Abstract

Background: As life expectancy has increased, there has been political pressure to raise the age for retirement benefit claims, even though many American workers detach from the labor market in their fifties and are no longer in paid full-time employment by their early sixties (Berkman and Truesdale 2022). Paid sick leave (PSL) may support older workers in maintaining employment intensity by offering workers the flexibility to address health and caregiving needs. However, little is known about the role of PSL access on older workers' employment and income.

Methods: The study uses data from the 2010–2018 National Health Interview Survey (NHIS), accessed via IPUMS. Stratified multivariate regression models controlling for demographic and employment characteristics are used to explore the association between access PSL and employment intensity among older workers.

Results: Among workers older than age 62, access to PSL is associated with a 28 percent higher likelihood of working full-time ($p<0.001$) and an average of 7.3 (18.8 percent) more hours per week ($p<0.001$). The strongest associations between access to paid sick leave and employment intensity are observed among female workers and those with educational attainment beyond a high school degree, and weakest among Latinx workers.

Discussion and implications: PSL access is associated with greater employment intensity as workers age, with implications for economic security given the significant increase in hours worked per week. Public policy requiring employers to provide PSL may reduce disparities in access to PSL and support the employment of older workers.

Introduction

Population aging at a time of reduced retirement security is leading many Americans to work later into older age: The Bureau of Labor Statistics predicted that between 2016 and 2026, the number of workers age 65 and older would rise by 57.6 percent (Bureau of Labor Statistics 2019). Simultaneously, an increasing proportion of Americans have little to no retirement savings (Qi, Chatterjee, and Liu 2022). While workers can begin to receive Social Security retirement benefits as early as age 62, the Social Security Administration incentivizes recipients to delay claims by reducing the benefit amount for those claiming before age 67 and increasing the amount of the benefit for those who wait to retire until age 70 (Social Security Administration 2023). However, many American workers struggle to remain in full-time employment beginning in their fifties and early sixties (Berkman and Truesdale 2022), reducing earnings ahead of retirement and, in some cases, lowering the social security benefit amount received.

Retirement timing is influenced by a range of factors (Scharn et al. 2018). While additional changes to the early and full claim age for retirement benefits have been proposed as one approach to incentivize older workers to stay in the labor market through benefit cuts (Pilipiec, Groot, and Pavlova 2021), other policy interventions may be required to support workers in postponing retirement (Smalligan and Boyens 2020). Workplace accommodations, anti-discrimination policies, and paid family and medical leave programs may also play a role in supporting workers to reach their retirement goals. In particular, paid leave programs that support workforce attachment and replace income when workers need to be absent to address health and caregiving needs may play a central role in supporting workers to optimize their decisions related to employment intensity, retirement timing, and claims age, providing retirees with greater economic security in retirement. Additionally, the job security provisions of most—though not all—paid family and medical programs may provide critical protection for older workers. Research shows that paid family and medical leave programs increase the ability of workers to respond to emergent caregiving needs while maintaining employment (Anand, Dague, and Wagner 2022). Maintaining employment through experiences of health shocks may be particularly important for older workers, who face increased difficulty finding a new job and lower median wages if they are able to return (Johnson and Mommaerts 2010), increasing the probability that older workers who lose their jobs will retire prematurely.

Paid sick leave policies provide job-secure paid leave to workers to address short-term health and caretaking obligations. Sick leave is typically accrued based on hours worked and can be used to seek health care, stay home when ill, or care for an ill family member. In the absence of a federally guaranteed right, most Americans access paid sick leave through their employer on a voluntary basis. This results in disparities in access, with one in four private sector workers—primarily more precarious and less-privileged workers (Gould and Wething 2023)—lacking access to paid leave. Recently, some states and cities have introduced their own mandates requiring employers to provide their workers with one hour of paid sick leave for every 30–40 hours worked (National Partnership for Women and Families 2020). This leave differs from paid family and medical leave programs in that it is not a social insurance program; however, the cost to employers of providing the benefit is relatively low (Maclean, Pichler, and Ziebarth 2022) and does not appear to reduce employment or wages in the aggregate (Pichler and Ziebarth 2020).

By providing flexibility to address health-related issues, PSL might operate through several channels to support the employment and earnings of older workers. Access to paid sick leave allows older workers to directly address their own short-term health needs and attend medical appointments without losing pay. There is evidence that PSL mandates improve functional health (Slopen 2023), reduce emergency room visits for occupational injuries (Ma et al. 2022), and increase health services use by allowing workers to seek care without incurring income or job loss (Jeung, Lee, and Gimm 2021; Ko and Glied 2021). Despite increased health services use among older adults, little is known about access to paid sick leave among older workers or its potential role in supporting employment intensity at ages when workers are more likely to reduce hours or detach from the labor force. It is unclear whether findings from prior research would hold for older workers given increased medical and caregiving needs.

Another channel through which paid sick leave might support employment is providing flexibility to care for family members when they are ill or require support to attend medical appointments. Collectively, the extant literature supports a hypothesis that PSL mandates might allow older workers to maintain employment intensity and delay SSA claims by allowing for income continuation and job security during intermittent periods of health and caretaking needs (DeRigne and Stoddard-Dare 2018). As noted above, while mandates do not impact employment or wages at the aggregate level (Pichler and Ziebarth 2020), evidence has shown that state-level paid sick leave mandates increase employment among women ages 24–65 (Slopen 2024).

Similarly, a study of the implementation of Seattle's Paid Sick and Safe Time law found that the policy increased hours worked per quarter among low-earning workers (Wething and Slopen 2024). However, the ability of low-intensity policies like paid sick leave to support employment among older adults—whose health and caretaking needs may differ from prime-age workers—is unclear. Understanding the potential of paid sick leave as a low-cost leave policy to support the retention of older workers may have implications for both individual-level retirement planning and SSA trust-fund calculations as new state and local policies are implemented.

The current study aims to increase understanding of the relationship between access to paid sick leave and employment among older adults, and to explore the association between access to paid sick leave and the employment intensity of older workers. It builds on work in three distinct literatures: retirement decision-making, the role of paid leave policies, generally, in supporting work among older Americans—including paid family and medical leave and temporary disability insurance programs—and paid sick leave, specifically. Additionally, the study focuses on structural barriers in the labor market by considering the implications of the current distribution of paid sick leave across industries to quantify the exclusion of low-wage and racialized older workers from voluntary employer provision of benefits. Identifying industries where PSL may play a role in supporting the retention and employment intensity of older workers will be helpful to both labor advocates and policymakers focused on labor market equity and retirement preparedness and security.

Finally, as the age for full retirement extends later in life, workers will require support from various policy mechanisms to sustain employment until they reach full retirement age. Understanding the role of work-family policies in supporting workers as they age might illuminate critical strategies to facilitate the Social Security Administration (SSA) RDRC research priorities, including Focal Area #7 to Inform Trust Fund Projections, as it examines potential effects of population aging on the demand and supply of older workers. Additionally, the study focuses on structural barriers in the labor market (Focal Area #1) by considering the implications of the currently inequitable distribution of paid sick leave and the exclusion of low-wage and racialized workers from voluntary employer provision of benefits. If the age for full retirement extends later in life, workers will require support to sustain employment until they reach full retirement age. Findings point to strategies to facilitate SSA's goals of delaying benefit claims where possible and may identify potential partnerships between SSA and DOL. Finally, these analyses will provide

foundational data to support rigorous and causal research into paid leave policies' potential role in supporting workers toward economic security in retirement.

Methodology

Data

The study uses data from the 2010–2018 National Health Interview Survey (NHIS), accessed via IPUMS (Blewett et al. 2023). The NHIS is a nationally representative, cross-sectional household study that collects detailed data on health and labor market outcomes. Central to the proposed study, the NHIS annually collects information about paid sick leave access. The study includes years 2010–2018, excluding the Great Recession and the start of the COVID-19 pandemic, both of which may have had differential employment effects on older workers, as well as substantial revisions to the survey that occurred in 2019.

Sample

The study consists of adults ages 24–75 (n=235,707). Workers ages 25–54 are considered to be prime-aged workers, while those 55+ are considered older workers. Retirement-eligible workers are those 62 years or older. For analyses related to employment intensity, I limit the sample to respondents who reported working for pay in the public or private sector in the previous two weeks. Those who reported self-employment, working without pay, or who worked for a family business or farm were excluded from analyses of the relationship between access to paid sick leave and employment intensity as they are generally not eligible for the benefit (n=134,785).

Measures

Paid Sick Leave Status

Access to paid sick leave (yes/no) was measured among respondents who worked during the previous week. Paid sick leave may have been provided by either an employer or via a public policy mandate if the respondent lived in a jurisdiction with a public policy in place.

Employment Outcomes

Employment is measured in three ways. First, I examine whether the respondent was employed in the public or private sector in the past one-to-two weeks of the survey. Then, after limiting the

sample to eligible workers, I examine three measures of work intensity: 1) how many hours the respondent worked usually or in the last week; 2) whether the respondent worked full time or 35 or more hours per week (0/1); and 3) the number of months in the last year the respondent had one or more jobs. Retirement was self-defined (0/1).

Control Variables

Adjusted models control for demographic, household, and health characteristics. Five age cohorts were defined relative to claim ages for social security. Prime-aged workers refers to those ages 24–54 years of age. Older-than-prime workers not yet eligible for SSA claims include workers ages 55–61. Retirement-eligible workers were divided into three groups: 62–64 years, 65–69 years, and 70–75 years. Demographic characteristics include race/ethnicity (white non-Hispanic, Black non-Hispanic, Hispanic/Latinx, Asian and Pacific Islander, multiracial/other), sex, educational attainment (less than high school, graduated from high school, some college, college degree or higher), marital status (yes/no), and nativity (US-born, foreign-born). Household characteristics include family size and the number of adults older than 65 living in the household. Health characteristics include health insurance status (Medicaid, Medicare, private insurance), general health status (excellent, very good, good, fair, poor). Employment characteristics include industry and occupation. Industry is defined as an eleven-level variable based on aggregated NAICS codes from the Bureau of Labor Statistics ("Industries at a Glance: NAICS Code Index : U.S. Bureau of Labor Statistics," n.d.). Occupation was aggregated into six high-level aggregation titles (US Bureau of Labor Statistics 2017). Fixed effects for year and four-level geographic region of residence (Northeast, North Central/Midwest, South, West) were also included in all models.

Methods

Temporal trends in employment and paid sick leave access were assessed using scatter plots. Bivariate relationships between age cohorts and employment, access to paid sick leave, and employment intensity were assessed. Similarly, bivariate and adjusted multivariable regression relationships between industry, paid sick leave access, and age cohort were examined to explore how coverage varies by age within industries.

To explore the relationship between access to paid sick leave and employment intensity, I use a regression analysis framework, controlling for industry and individual demographic factors

that predict the need for sick leave and demographic and health characteristics. Work intensity will be defined as any employment, the usual number of hours worked per week, and the number of months worked in the previous year. The linear model is specified as:

$$Y_i = \beta_0 + \beta_1 PSL_i + \beta_2 Age_i + \beta_3 Emp_i + \beta_4 X_i + \beta_5 Year_i + \beta_5 Region_i + \varepsilon_i$$

where Y is the employment intensity of individual *i*, PSL indicates whether the individual reports access to PSL, Age is the age cohort, Emp is the industry and occupation where the respondent is employed, and X is a vector of individual-level characteristics. Models include year- and region-fixed effects. These individual-level characteristics will include exact age in years within the age cohort band, gender, educational attainment, race/ethnicity, immigration status, marital status, household size, number of family members ages sixty-five plus, annual family income, health insurance status, and general health status. Stratified models by age cohort are conducted to understand the relative value of PSL to work intensity as workers age, which may provide insight as to whether policies are generous enough to support the retention of workers as they age. Finally, additional stratified models were conducted to understand how these associations varied by gender, race/ethnicity, and educational attainment.

Findings

Sample Descriptives

Table 1 provides demographic characteristics for the full sample and by age cohort. Older than prime-age respondents—over 55 years of age—were more likely to be white, had lower levels of educational attainment, and were more likely to have been born in the US than prime-aged workers ages 24–54. They also lived in smaller households (2.2 persons vs. 3.3 persons) and were less likely to live with their own children. Over the study period, employment rose slightly for all but the oldest cohort (**Figure 1**).

Table 2 provides descriptive statistics for labor market characteristics by age cohort. **Table 2, Panel A** provides the proportion of respondents who report that they were employed in the past two weeks and who were retired. Overall, 60 percent of respondents were employed in the public or private sector during the previous two weeks, and 13 percent were retired. Unsurprisingly, employment decreases and retirement increases as respondents age. Importantly, employment begins to decline prior to the early claims age for social security, with only half (51 percent) of those ages 60–61 reporting employment.

Table 2, Panel B provides information on access to paid sick leave and employment intensity measures by age cohort among those employed in the public or private sector. Overall, 66 percent of respondents report access to paid sick leave, with access relatively stable by age cohort until after age 65, when it begins to decline. Employment intensity varied across age cohorts by hours worked per week, though months worked in the previous year were relatively stable. The average number of hours worked per week is 40.2. Weekly hours begin to fall among workers when they reach the age for early retirement claims (age 62) (37.95 hours) compared to prime-age workers (40.7 hours) and drop to 28.7 hours among workers ages 70–74. Similarly, the proportion of workers who work full-time—or 35 hours or more per week—begins to drop for cohorts older than 62 years: while around 84 percent of prime-age and pre-eligible workers reported full-time work, full-time work drops to 75 percent among sixty-two-to-sixty-four-year-olds, 60 percent among sixty-five-to-sixty-nine-year-old workers, and 45 percent of those working over the age of 70. Conversely, the number of months worked in the last year among employed workers is relatively stable across age cohorts.

Access to sick leave increased during the study period (**Figure 2**), potentially because of the introduction of state-level mandates beginning in 2015.[1] Access significantly expanded for prime-age workers after 2015 ($p<0.001$). However, there was no significant increase in access observed among older workers, who have higher access to paid sick leave in the absence of mandates (Bureau of Labor Statistics 2020).

Industry Profiles

The lack of significant change in access among older workers may be related to their employment being concentrated in industries with relatively high access to paid sick leave, specifically the education and health services sector (28.78 percent of older workers), the trade, transportation, and utilities sector (18.24 percent), and the manufacturing sector (11.85 percent). In these industries, over 60 percent of workers have access to paid sick leave (**Figure 3**). Importantly, however, older workers are also present in low-coverage industries where fewer than half of workers report access to paid sick leave: 4.98 percent of older workers are employed in the leisure

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[1] Paid sick leave mandates were introduced in California (2015), Massachusetts (2015), Oregon (2016), Arizona (2017), and Vermont (2017).

and hospitality sector, and 4.55 percent of older workers are employed in construction, where PSL coverage drops to 33.85 percent and 38.16 percent respectively.

Notably, within these low-coverage industries, some cohorts of older workers are more likely than their prime-age peers to have access to paid sick leave (**Table 3**). Among those employed in construction, access to paid sick leave is significantly higher among older workers ages 55–64 compared to those ages 24–54 in unadjusted models. Similarly, among those employed in leisure and hospitality, access to PSL is significantly higher among those ages 54–64 compared to prime age workers but is 17 percent lower among workers over 70. However, the opposite is observed among workers in the industries with the highest rates of PSL coverage: Access to paid sick leave decreases with age for workers in public administration and the military, the finance sector, and the education and health services sector. Among the oldest workers in the study (ages 70–74 years), access to sick leave is lower than that observed for the youngest workers across almost all industries.

Variation in access to paid sick leave by age may be explained by the gender and racial segregation of labor markets and occupations within industries. **Table 4** provides adjusted estimates of access to PSL by age within industries, controlling for demographic, household, and health characteristics, as well as year and region fixed effects. The positive associations between age and sick leave hold for workers in leisure and hospitality but become insignificant for older workers in construction. Older workers are less likely to have access to sick leave when they work in financial services or professional and business services, and the association between age and PSL access among workers in the education and health services sector is mixed across age cohorts.

Employment Intensity

Table 5 provides adjusted linear regression estimates of the association between access to paid sick leave and employment intensity stratified by age cohort for the full sample. After adjusting for demographic and employment characteristics, access to paid sick leave is associated with working an increased number of hours per week across all age cohorts ranging from 4.7 hours/week among prime-age (twenty-four-to-fifty-four-year-old) respondents (10.1 percent over mean) to 9.1 hours/week among sixty-five-to-sixty-nine-year-old respondents (21.8 percent over mean). This association between access to PSL and hours worked becomes significantly stronger for workers older than 62—the early retirement eligibility age. Workers older than 62 who have

access to sick leave report working between 7.3 and 9.1 hours—around 20 percent - more hours per week compared to those who do not have access to sick leave. Accordingly, access to paid sick leave is associated with a higher likelihood of working full-time, or more than 35 hours per week, particularly among those eligible for social security benefits. Finally, access to paid sick leave is also significantly associated with working more months in the past year, with the strongest association observed for workers 65–69, who worked an average of 0.84 months more in the previous year than workers of a similar age who did not have access to paid sick leave.

The association between access to paid sick leave and employment intensity is stronger among some subgroups (**Tables 6–8**). **Table 6** provides the coefficients for the relationship between access to paid sick leave and the number of hours worked per week by age cohort and subgroup. Access to paid sick leave is more strongly associated with measures of intensity among female respondents than male respondents under age 65. The association among men increases strongly—to 8.25 hours/week—among workers over age 65. Prime-age Black and Latinx workers are significantly less likely to have access to paid sick leave compared to white workers (p<0.05); however, there are no significant differences by race/ethnicity among older workers, though the point estimates suggest weaker associations among people of color. Educational attainment beyond a high school degree was more than twice as strongly associated with the number of hours worked, with little variation across age cohorts. Similar patterns between subgroups are observed with respect to full- and part-time work (**Table 7**).

Table 8 provides the coefficients for the relationship between access to paid sick leave and the number of months worked in the last year by age cohort and subgroup. Across almost all ages and subgroups there is a statistically significant and positive relationship between access to paid sick leave and the number of months worked in the previous year. Female respondents experienced statistically significantly weaker associations between access to paid sick leave in the cohort not yet eligible for early retirement claims, though the association became stronger among women in older age cohorts, jumping from 0.58 months in the pre-eligible group to 0.70 months among those ages 62–64. There is also not a statistically significant difference in the strength of association by educational attainment within age cohorts. Turning to the association between access to PSL and the number of months worked by race, paid sick leave access was most strongly associated with more months worked among Black workers compared to white workers among those ages 62–64.

Discussion

Flexibility to address illness and caregiving may be an important factor in decision-making on employment and retirement as workers age. Paid sick leave provides some workers with this flexibility, whether it is accessed via benevolent employers or through state mandates. Here, I investigated the association between access to paid sick leave and employment intensity using linear regression models. I find that access to sick leave grows more quickly for younger workers than older workers during the study period and is associated with greater employment intensity across multiple measures. Notably, the association between access to sick leave and the number of hours worked per week grows stronger as workers age, with a more stable—though positive—association for the number of months worked per year. Stratified analyses found that paid sick leave was more strongly associated with employment intensity among female workers versus their male peers.

In the absence of a universal federal policy, PSL access is not evenly distributed across industries and occupations, reflecting existing inequities in the labor market. On average, older workers tend to be employed in industries with higher levels of sick leave coverage, though many remain in lower coverage industries and lack access to sick leave at this critical juncture in the life course. While mandates do not appear to extend coverage to older workers as much as to younger workers, the availability of universal coverage may play a role in supporting employment for marginalized older workers in key industries, given reports of lower access to paid sick leave among the older age cohorts. Without knowing where respondents live, it is unclear whether the lack of policy penetration is due to the age composition of workers in states that have enacted policies or if employers are less likely to offer paid sick leave to older workers who are more likely to work fewer hours per week on average. Additionally, it is concerning that sick leave coverage drops among the oldest workers in high-coverage industries and might reflect the quality of jobs available to this group of workers even within relatively high-coverage sectors. The availability of a universal paid leave program may support access to these workers, which may be particularly relevant to retirement preparedness and economic security in retirement given the potential for paid sick leave to increase work intensity.

This paper contributes to a small but growing literature on employment responses to paid sick leave, with timely policy implications. Wething and Slopen (2024) found that the impact of a paid sick leave mandate on employment intensity among low-wage workers in Seattle was 4.4

hours/quarter; the coefficients in this study are notably larger. Here, I find that among workers over age 62, access to paid sick leave is associated with working around one full day more per week. The size of the association suggests that access to paid sick leave may play a role in facilitating the ability of older workers—and particularly older women—to remain employed at full-time levels. However, the magnitude of associations may be driven by selection into employment generally as well as into jobs that offer sick leave specifically. Further research is warranted, though the strength of the positive associations holds promise that paid sick leave mandates may play an important part in supporting the ongoing labor force participation of older adults.

Limitations

The study is limited in several ways by the inability to observe the state where the respondent works or lives. It is possible that some workers—particularly Hispanic/Latinx respondents—may be misclassified because they are unaware of their access to paid sick leave via public mandates (Hall et al. 2018; Maury et al. 2020) and may inaccurately report access to sick leave. Additionally, the absence of information on the respondent's state prevents the exploration of public mandates to guarantee access to paid sick leave via causal design. Further research using more rigorous designs would better inform policy makers.

A second important limitation is that the study is unable to account for selection into jobs that offer sick leave. It is possible that workers who anticipate needing to take time away from work prioritize gaining or maintaining jobs that offer paid sick leave and other benefits. Selection based on health and caretaking responsibilities also plays a role in decisions to work at older ages, and the literature suggests that health considerations factor heavily into decisions regarding retirement timing (Scharn et al. 2018).

Finally, the study is also unable to assess the trajectory of workers as they age, including job switching, shifts to part-time work, or partial retirement. Given that the number of paid sick leave hours available is usually tied to how long a worker is employed at a specific firm, this might be particularly important. Additionally, some workers may have retired from their primary careers but continued to work in new occupations and industries where they do not receive benefits. Further research using longitudinal data would be illuminating.

Conclusion

Workplace policies should be understood as a leverage point to address inequalities and improve the lives of workers and communities. This research demonstrates a strong association between paid sick leave access and increased employment intensity among older workers. Given the racial and gender segregation of industries and occupations, the workplace is an ideal setting to implement programs to support health and economic well-being. By focusing on older workers, who may have an elevated need for workplace flexibility for medical and caregiving needs, this study adds to a growing literature on the role of paid sick leave to support employment later in life and delaying benefit claims when possible—a key goal for the Social Security Administration. As more states and cities adopt paid sick leave mandates, understanding the positive association between sick leave and employment intensity among older workers may inform SSA's trust fund projections. Importantly, disparities in access to PSL and other benefits present a resolvable structural barrier in the labor market to realizing significant gains for working families. The implementation of universal PSL mandates at the local, state, and federal levels should be considered in the context of decision-making on retirement policy.

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Figures

Figure 1: Employment over time by age
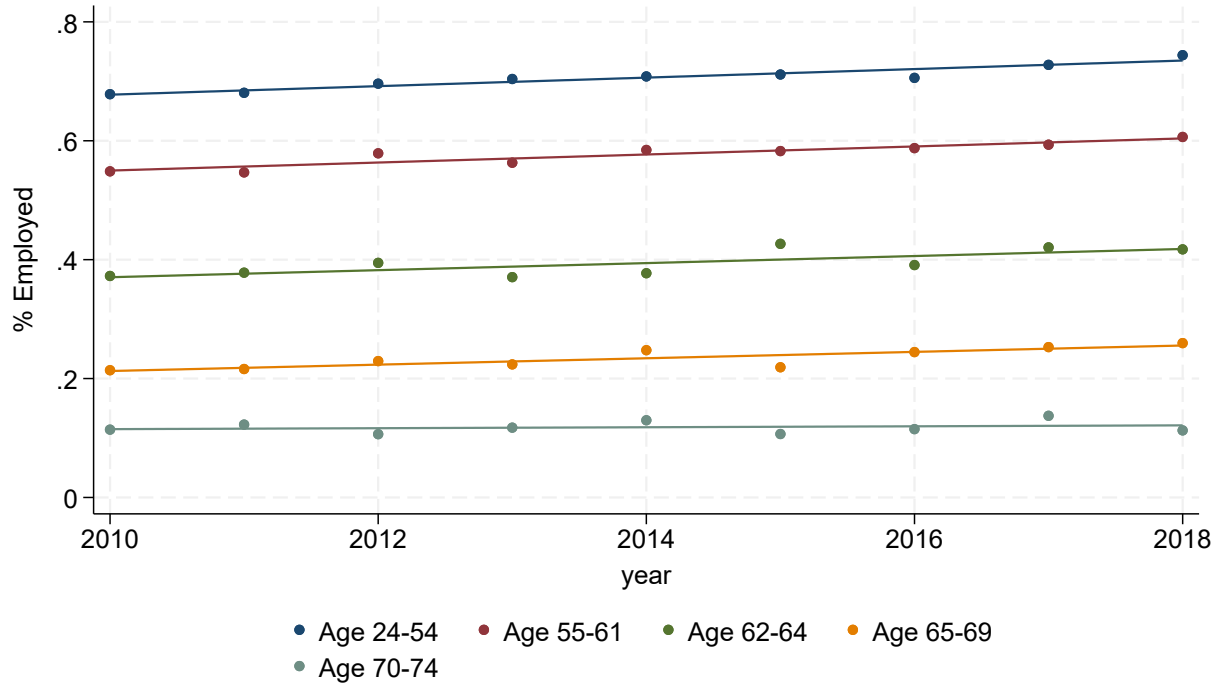
Source: NHIS 2010–2018.

Figure 2: Access to Paid Sick Leave Over Time by Age
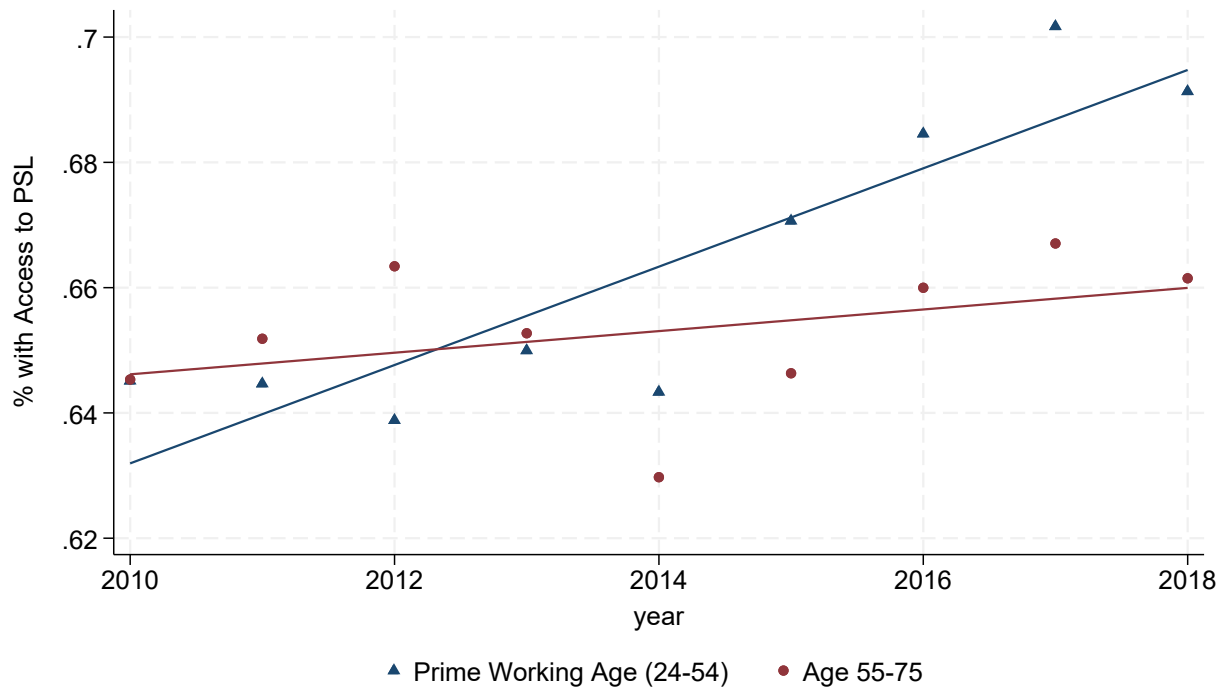
Source: NHIS 2010–2018.

Figure 3: PSL Access and Employment of Older Workers by Industry
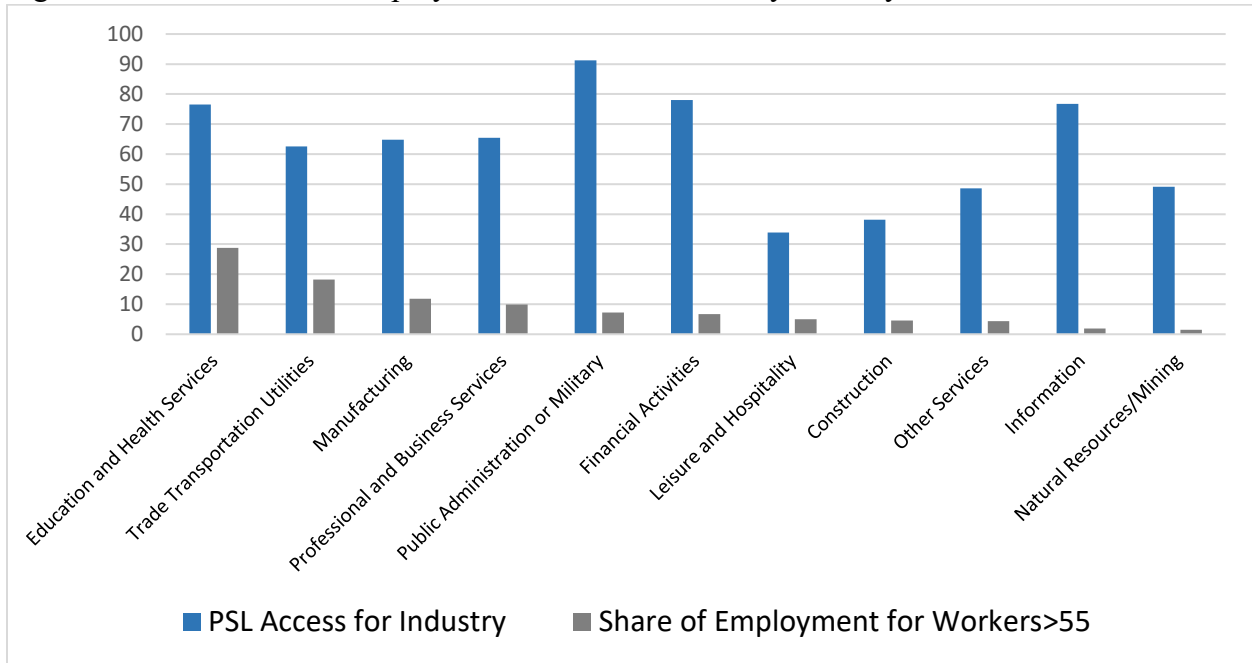
Source: NHIS 2010-2018.

Tables

Table 1. Descriptive Statistics by Age Cohort

	All	24-54	55-74
Female	0.51	0.51	0.53
	(0.500)	(0.500)	(0.499)
White, Non-Hispanic	0.65	0.61	0.74
	(0.475)	(0.488)	(0.437)
Black, Non-Hispanic	0.12	0.12	0.10
	(0.321)	(0.329)	(0.303)
Hispanic/Latinx	0.15	0.18	0.09
	(0.358)	(0.385)	(0.292)
Asian/Pacific Islander	0.06	0.06	0.04
	(0.231)	(0.244)	(0.205)
Other Race/Ethnicity	0.01	0.02	0.01
	(0.121)	(0.128)	(0.106)
Less than High School	0.12	0.11	0.13
	(0.324)	(0.317)	(0.336)
Graduated HS	0.24	0.23	0.26
	(0.429)	(0.422)	(0.441)
Some College	0.17	0.17	0.17
	(0.379)	(0.379)	(0.380)
Graduated College or Tech School	0.46	0.48	0.43
	(0.498)	(0.499)	(0.494)
Married	0.60	0.57	0.64
	(0.491)	(0.495)	(0.480)
US Born	0.81	0.78	0.85
	(0.395)	(0.412)	(0.357)
Number of Persons in Family	2.82	3.14	2.18
	(1.526)	(1.596)	(1.140)
Number of Own Children in Household	0.83	1.11	0.29
	(1.140)	(1.239)	(0.633)
Number of Family Members Age 65+ in Household	0.29	0.07	0.72
	(0.612)	(0.302)	(0.803)
Medicare	0.17	0.02	0.44
	(0.374)	(0.155)	(0.497)
Private Insurance	0.64	0.66	0.60
	(0.479)	(0.472)	(0.489)
General Health Status	2.28	2.14	2.55
	(1.063)	(1.016)	(1.098)
Region of Residence	2.65	2.67	2.62
	(1.024)	(1.023)	(1.024)
Observations	235707	146307	89400

Source: NHIS 2010–2018. Notes: Standard deviations in parentheses.

Table 2. Descriptive Statistics for Labor Market Characteristics by Age

	All	24-5	55-61	62-64	65-69	70+
Panel A						
Employed in Public/Private Sector	0.60	0.71	0.58	0.40	0.24	0.12
	(0.491)	(0.455)	(0.494)	(0.489)	(0.424)	(0.323)
Retired	0.13	0.00	0.08	0.31	0.58	0.77
	(0.332)	(0.0598)	(0.275)	(0.463)	(0.494)	(0.423)
Observations	235707	146307	34461	14104	21711	19124
Panel B: Among Employed in Public/Private Sector						
Access to Paid Sick Leave	0.66	0.66	0.69	0.66	0.55	0.43
	(0.473)	(0.472)	(0.461)	(0.473)	(0.497)	(0.495)
Hours Worked Last Week/Usually	40.22	40.72	40.53	37.95	33.63	28.66
	(12.58)	(12.24)	(12.32)	(13.40)	(15.24)	(15.62)
Worked Full Time (35 hours)	0.82	0.84	0.83	0.75	0.60	0.45
	(0.384)	(0.370)	(0.374)	(0.435)	(0.491)	(0.497)
Months Worked Last Year	11.09	11.07	11.32	11.26	10.86	10.39
	(2.625)	(2.653)	(2.293)	(2.359)	(3.032)	(3.557)
Observations	134785	102519	19338	5545	5109	2274

Source: NHIS 2010–2018. Notes: Standard deviations in parentheses.

Table 3: Access to PSL by Industry and Age, Unadjusted Models

	Natural Resources/Mining	Construction	Manufacturing	Trade/Transportation/Utilities	Information	Financial Activities
55-61	0.08**	0.05**	0.03**	0.01	-0.02	-0.02
	(0.038)	(0.023)	(0.013)	(0.012)	(0.031)	(0.016)
62-64	0.04	0.13***	-0.02	-0.03*	0.00	-0.11***
	(0.076)	(0.043)	(0.026)	(0.020)	(0.047)	(0.031)
65-69	-0.06	0.07	-0.08**	-0.14***	-0.13*	-0.27***
	(0.074)	(0.050)	(0.030)	(0.022)	(0.066)	(0.034)
70-74	-0.16**	0.00	-0.05	-0.29***	-0.26**	-0.34***
	(0.080)	(0.089)	(0.050)	(0.030)	(0.110)	(0.048)
Constant	0.49***	0.37***	0.65***	0.64***	0.78***	0.80***
	(0.015)	(0.008)	(0.006)	(0.005)	(0.011)	(0.006)
Observations	2504	7145	14072	22699	2936	8978
	Professional and Business Services	Education and Health Services	Leisure and Hospitality	Other services	Public Administration or Military	
55-61	-0.03**	0.01	0.10***	0.00	-0.02*	
	(0.015)	(0.008)	(0.022)	(0.025)	(0.012)	
62-64	-0.07**	-0.03*	0.12***	0.03	-0.07***	
	(0.028)	(0.014)	(0.041)	(0.041)	(0.023)	
65-69	-0.12***	-0.14***	-0.03	-0.07*	-0.19***	
	(0.029)	(0.016)	(0.034)	(0.036)	(0.030)	
70-74	-0.32***	-0.23***	-0.17***	-0.22***	-0.36***	
	(0.043)	(0.026)	(0.038)	(0.044)	(0.054)	
Constant	0.67***	0.78***	0.33***	0.49***	0.93***	
	(0.005)	(0.003)	(0.007)	(0.010)	(0.004)	
Observations	14928	34538	9911	5442	8627	

Source: NHIS 2010-2018. Notes: Each column presents the regression co-efficient for access to sick leave by age within industry compared to workers aged 24-54. Standard errors in parentheses. *p<0.1, **p<0.05, ***p<0.01.

Table 4: Access to PSL by Industry and Age, Adjusted Models					
	Natural Resources/Mining	Construction	Manufacturing	Trade/Transportation/Utilities	Information	Financial Activities
55-61	0.03	-0.01	0.01	-0.01	-0.03	-0.03**
	(0.034)	(0.023)	(0.013)	(0.011)	(0.030)	(0.016)
62-64	-0.01	0.06	-0.04*	-0.04*	-0.01	-0.10***
	(0.062)	(0.042)	(0.025)	(0.020)	(0.044)	(0.030)
65-69	-0.11	0.10	-0.04	0.09**	-0.07	0.00
	(0.119)	(0.094)	(0.049)	(0.033)	(0.123)	(0.055)
70-74	-0.17	0.11	-0.00	-0.00	-0.12	-0.03
	(0.141)	(0.139)	(0.068)	(0.043)	(0.148)	(0.071)
Constant	-0.09	0.07*	0.31***	0.27***	0.29***	0.47***
	(0.069)	(0.043)	(0.034)	(0.026)	(0.078)	(0.044)
Observations	2461	7023	13913	22411	2905	8909
	Professional and Business Services	Education and Health Services	Leisure and Hospitality	Other services	Public Administration or Military	
55-61	-0.05***	-0.01	0.04*	-0.02	-0.02	
	(0.014)	(0.008)	(0.022)	(0.025)	(0.012)	
62-64	-0.08***	-0.04***	0.06*	-0.02	-0.07***	
	(0.029)	(0.014)	(0.037)	(0.041)	(0.022)	
65-69	0.06	0.05*	0.11**	-0.01	0.05	
	(0.048)	(0.024)	(0.049)	(0.066)	(0.045)	
70-74	-0.11*	-0.02	0.06	-0.10	-0.06	
	(0.063)	(0.033)	(0.059)	(0.074)	(0.072)	
Constant	0.30***	0.45***	0.11***	0.19***	0.69***	
	(0.031)	(0.023)	(0.036)	(0.050)	(0.044)	
Observations	14752	34107	9677	5366	8482	

Source: NHIS 2010-2018. Notes: Each column presents the regression co-efficient for access to sick leave by age within industry compared to workers aged 24-54. Models control for demographic, household, and health characteristics and year and region fixed effects. Robust standard errors in parentheses. *p<0.1, **p<0.05, ***p<0.01.

Table 5: Association between Access to PSL and Employment Intensity

	Prime Age 24-54	55-61	62-64	65-69	70+
Hours Worked Last Week/Usually	4.71***	4.79***	7.30***	9.11***	8.91***
	[4.46,4.95]	[4.22,5.37]	[6.25,8.34]	[7.99,10.23]	[7.25,10.56]
Constant	46.62***	44.79***	38.73***	41.86***	36.05***
	[45.16,48.08]	[41.83,47.74]	[33.27,44.18]	[34.83,48.89]	[25.31,46.79]
% Worked Full Time	0.19***	0.22***	0.28***	0.35***	0.33***
	[0.19,0.20]	[0.20,0.24]	[0.25,0.32]	[0.31,0.38]	[0.28,0.38]
Constant	0.80***	0.73***	0.60***	0.84***	0.51***
	[0.77,0.83]	[0.66,0.80]	[0.46,0.74]	[0.67,1.02]	[0.22,0.80]
Months Worked Last Year	0.73***	0.55***	0.68***	0.84***	0.68***
	[0.67,0.78]	[0.44,0.66]	[0.47,0.88]	[0.60,1.08]	[0.26,1.09]
Constant	10.13***	10.60***	10.92***	12.47***	9.22***
	[9.87,10.38]	[10.13,11.07]	[9.78,12.07]	[11.38,13.56]	[7.04,11.41]
Observations	98407	18592	5376	4929	2215

Source: NHIS 2010-2018. Notes: Each cell presents the regression co-efficient for the intensity measure stratified by age cohort compared to workers without access to paid sick leave. Models control for demographic, household, and health characteristics and year and region fixed effects. 95% confidence intervals are in parentheses. Full time=35+ hours/week. *$p<0.1$, **$p<0.05$, ***$p<0.01$.

Table 6: Association between access to paid sick leave and hours worked per week by gender, race/ethnicity and education

	24-54	55-61	62-64	65-69	70+
Gender					
Female	6.90***	7.14***	9.33***	9.99***	10.84***
	[6.55,7.24]	[6.35,7.93]	[7.92,10.74]	[8.51,11.47]	[8.67,13.00]
Constant	39.64***	35.66***	32.86***	37.29***	26.57***
	[37.62,41.65]	[30.24,41.09]	[26.66,39.05]	[26.52,48.06]	[12.84,40.30]
Male	2.51***	2.31***	5.54***	8.25***	7.69***
	[2.17,2.85]	[1.53,3.10]	[4.04,7.05]	[6.57,9.93]	[5.20,10.19]
Constant	46.76***	45.64***	42.16***	40.14***	36.16***
	[44.96,48.56]	[42.13,49.15]	[34.72,49.60]	[30.98,49.30]	[22.83,49.49]
Race/Ethnicity					
White NH	5.15***	5.23***	7.54***	9.26***	8.44***
	[4.83,5.47]	[4.56,5.90]	[6.32,8.75]	[7.95,10.58]	[6.45,10.42]
Constant	46.35***	44.70***	37.83***	40.30***	39.95***
	[44.42,48.29]	[40.87,48.53]	[30.49,45.16]	[32.20,48.40]	[28.14,51.76]
Black NH	3.70***	3.75***	6.26***	9.69***	9.24***
	[3.04,4.36]	[2.21,5.30]	[2.98,9.55]	[6.96,12.42]	[4.56,13.92]
Constant	46.74***	40.31***	27.25***	20.47***	29.18***
	[40.16,53.32]	[32.23,48.40]	[15.15,39.34]	[6.55,34.40]	[7.65,50.71]
Latinx	3.22***	3.29***	3.62***	6.20***	10.83***
	[2.70,3.73]	[1.47,5.12]	[0.91,6.33]	[3.49,8.91]	[5.35,16.31]
Constant	47.48***	48.60***	41.09***	51.20***	8.41
	[44.49,50.46]	[42.02,55.18]	[29.85,52.34]	[31.11,71.28]	[-32.53,49.35]
Educational Attainment					
High School or less	2.00***	1.94***	1.97***	1.91***	1.91***
	[1.60,2.40]	[1.51,2.38]	[1.53,2.41]	[1.47,2.35]	[1.48,2.35]
Constant	43.10***	42.57***	42.31***	42.54***	42.33***
	[41.09,45.11]	[40.39,44.76]	[40.07,44.54]	[40.29,44.78]	[40.09,44.57]
More than high school	4.41***	4.39***	4.44***	4.47***	4.45***
	[4.11,4.71]	[4.06,4.72]	[4.10,4.78]	[4.13,4.81]	[4.11,4.79]
Constant	44.63***	44.33***	41.82***	57.72***	58.39***
	[42.93,46.34]	[42.46,46.19]	[39.76,43.89]	[55.54,59.90]	[55.80,60.97]

Source: NHIS 2010-2018. Notes: Each cell presents the regression co-efficient for the intensity measure stratified by age cohort and subgroup compared to workers without access to paid sick leave. Models control for demographic, household, and health characteristics and year and region fixed effects. 95% confidence intervals are in parentheses. *p<0.1, **p<0.05, ***p<0.01.

Table 7: Association between access to paid sick leave and full-time work by gender, race/ethnicity and education

	24-54	55-61	62-64	65-69	70+
Gender					
Female	0.28***	0.29***	0.36***	0.36***	0.38***
	[0.27,0.29]	[0.26,0.31]	[0.31,0.41]	[0.31,0.40]	[0.31,0.45]
Constant	0.70***	0.53***	0.55***	0.80***	0.17
	[0.63,0.76]	[0.36,0.70]	[0.31,0.79]	[0.48,1.11]	[-0.19,0.53]
Male	0.11***	0.15***	0.22***	0.34***	0.29***
	[0.10,0.12]	[0.13,0.17]	[0.17,0.26]	[0.29,0.39]	[0.22,0.37]
Constant	0.81***	0.76***	0.68***	0.73***	0.55***
	[0.78,0.84]	[0.68,0.83]	[0.51,0.85]	[0.52,0.95]	[0.18,0.92]
Race/Ethnicity					
White NH	0.21***	0.23***	0.30***	0.35***	0.30***
	[0.20,0.22]	[0.21,0.25]	[0.26,0.33]	[0.31,0.39]	[0.24,0.36]
Constant	0.80***	0.73***	0.62***	0.89***	0.50***
	[0.76,0.84]	[0.64,0.82]	[0.44,0.79]	[0.67,1.11]	[0.19,0.81]
Black NH	0.18***	0.20***	0.27***	0.37***	0.29***
	[0.16,0.20]	[0.15,0.25]	[0.16,0.37]	[0.26,0.47]	[0.12,0.46]
Constant	0.70***	0.75***	0.44**	0.39	0.54
	[0.61,0.80]	[0.55,0.94]	[0.03,0.86]	[-0.15,0.93]	[-0.28,1.36]
Latinx	0.14***	0.18***	0.08*	0.24***	0.43***
	[0.12,0.16]	[0.13,0.24]	[-0.01,0.18]	[0.14,0.34]	[0.23,0.62]
Constant	0.83***	0.79***	0.63***	0.80***	0.03
	[0.77,0.89]	[0.64,0.95]	[0.31,0.96]	[0.35,1.24]	[-1.17,1.24]
Educational Attainment					
High school or less	0.11***	0.11***	0.11***	0.10***	0.10***
	[0.10,0.12]	[0.10,0.12]	[0.10,0.12]	[0.09,0.12]	[0.09,0.12]
Constant	0.72***	0.70***	0.70***	0.71***	0.70***
	[0.68,0.76]	[0.66,0.75]	[0.66,0.74]	[0.66,0.75]	[0.66,0.74]
More than high school	0.19***	0.20***	0.20***	0.20***	0.20***
	[0.19,0.20]	[0.19,0.20]	[0.19,0.20]	[0.19,0.21]	[0.19,0.20]
Constant	0.77***	0.78***	0.69***	0.99***	1.00***
	[0.74,0.81]	[0.74,0.82]	[0.64,0.74]	[0.94,1.04]	[0.93,1.07]

Source: NHIS 2010-2018. Notes: Each cell presents the regression co-efficient for the intensity measure stratified by age cohort and subgroup compared to workers without access to paid sick leave. Models control for demographic, household, and health characteristics and year and region fixed effects. 95% confidence intervals are in parentheses. *p<0.1, **p<0.05, ***p<0.01.

Table 8: Association between access to paid sick leave and months worked last year by gender, race/ethnicity and education

	Prime Age 24-54	55-61	62-64	65-69	70+
Gender					
Female	0.86***	0.58***	0.70***	0.93***	0.51
	[0.77,0.94]	[0.42,0.75]	[0.42,0.97]	[0.57,1.29]	[-0.10,1.12]
Constant	9.53***	10.34***	9.95***	12.94***	13.60***
	[8.92,10.14]	[9.47,11.21]	[7.76,12.14]	[11.08,14.79]	[10.85,16.35]
Male	0.58***	0.51***	0.66***	0.71***	0.76***
	[0.51,0.66]	[0.37,0.66]	[0.36,0.96]	[0.39,1.03]	[0.21,1.31]
Constant	10.15***	10.49***	11.04***	11.35***	8.00***
	[9.85,10.44]	[9.92,11.06]	[10.04,12.04]	[10.03,12.68]	[5.42,10.58]
Race/ethnicity					
White NH	0.67***	0.49***	0.68***	0.73***	0.65***
	[0.60,0.73]	[0.37,0.61]	[0.45,0.92]	[0.45,1.01]	[0.17,1.14]
Constant	9.83***	10.56***	9.60***	11.80***	8.88***
	[9.48,10.18]	[9.98,11.15]	[8.29,10.90]	[10.40,13.19]	[6.28,11.49]
Black NH	0.89***	0.64***	1.71***	1.26***	1.11*
	[0.71,1.07]	[0.35,0.93]	[1.00,2.42]	[0.50,2.01]	[-0.03,2.25]
Constant	9.81***	10.88***	11.58***	10.09***	16.17***
	[9.11,10.51]	[8.96,12.80]	[9.15,14.01]	[6.16,14.01]	[12.17,20.16]
Latinx	0.71***	0.86***	0	0.81*	0.02
	[0.57,0.84]	[0.46,1.27]	[-0.72,0.72]	[-0.04,1.65]	[-0.95,1.00]
Constant	10.35***	9.84***	12.98***	13.11***	10.21***
	[9.86,10.84]	[8.54,11.14]	[10.44,15.52]	[10.61,15.60]	[5.39,15.02]
Educational attainment					
High school or less	0.35***	0.33***	0.32***	0.31***	0.31***
	[0.25,0.45]	[0.22,0.43]	[0.21,0.43]	[0.20,0.42]	[0.20,0.42]
Constant	9.68***	9.60***	9.60***	9.60***	9.56***
	[9.25,10.10]	[9.14,10.06]	[9.14,10.07]	[9.13,10.07]	[9.10,10.03]
More than high school	0.47***	0.42***	0.42***	0.42***	0.42***
	[0.394,0.540]	[0.342,0.502]	[0.335,0.499]	[0.334,0.497]	[0.336,0.500]
Constant	10.44***	10.86***	10.86***	15.53***	15.94***
	[10.086,10.796]	[10.461,11.266]	[10.425,11.303]	[15.040,16.019]	[15.338,16.552]

Source: NHIS 2010-2018. Notes: Each cell presents the regression co-efficient for the intensity measure stratified by age cohort and subgroup compared to workers without access to paid sick leave. Models control for demographic, household, and health characteristics and year and region fixed effects. 95% confidence intervals are in parentheses. *p<0.1, **p<0.05, ***p<0.01.