

Sick and tired: A quantitative analysis of paid sick leave access and psychological distress by race and gender

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1. Introduction

With no policy at the federal level, U.S. employers, counties, cities, and states have established a patchwork of paid sick leave (hereafter, PSL) policies that regularly force many workers in the United States to choose between their health and wages. Employees without PSL benefits are often penalized—for example, they may be forced to take unpaid days off from work or may even be fired—when they miss work to seek medical care or look after an ill loved one (National Partnership for Women and Families and National Association for the Advancement of Colored People [NAACP], 2017). These penalties can heighten workers' feelings of job insecurity and negatively impact workers' mental health and stress levels.

Prior research demonstrates mental health's integral role in shaping our overall well-being. Poor mental health is associated with a host of adverse outcomes, including increased physical illness, lower probability of full-time employment, and reduced quality of life (Doherty and Gaughran, 2014; Doran and Kinchin, 2017). Although many researchers have considered the relationship between access to PSL benefits, physical health outcomes (Collins et al., 2020; DeRigne et al., 2016), and access to health services (DeRigne et al., 2017), fewer studies have examined PSL's relationship to mental health (Asfaw, 2023; DeRigne et al., 2019; Stoddard-Dare et al., 2018). Even fewer studies have used an intersectional racial capitalism lens to examine whether this relationship is conditional on race and gender (Alang et al., 2023). Existing evidence highlights racialized and gendered disparities in access to PSL (Harknett and Schneider, 2022; Williamson, 2023a) and mental well-being (Astbury, 2001; Williams and Mohammed, 2013). Understanding the roles that race, gender, and PSL play in mental health may

provide critical insights into strategies for addressing disparities in the American workforce.

Our research addresses the following questions: Is there a relationship between access to PSL benefits and psychological distress? If so, does this relationship vary by race and gender? Our study uses racial capitalism and intersectionality as conceptual lenses for examining these issues. Investigating how access to PSL benefits may be differentially related to mental health across genders, races, and ethnicities is paramount to understanding PSL's impact on our diverse workforce.

2. Literature review

PSL refers to time off that employees may use when they are injured, sick, receiving medical treatment, taking care of everyday health needs, or caring for an ill or injured loved one (Williamson, 2024). In the U.S., employers can voluntarily provide PSL, or states and localities can pass PSL mandates. Including Alaska, Missouri, and Nebraska—whose voters passed PSL policies via ballot measures in the 2024 election—only 18 states and the District of Columbia have PSL policies (Weixel et al., 2024). Consequently, where and under what conditions workers can access PSL benefits varies widely. Mounting pressure on frontline employees to work while sick during the height of the pandemic, potentially risking their health and the health of those around them (Harknett and Schneider, 2022), reinvigorated the movement to secure universal PSL benefits for workers. Although the U.S. passed the Families First Coronavirus Response Act (FFCRA), a temporary federal PSL policy, in April 2020, it expired on December 31, 2020.

Other paid leave laws, like paid family and medical leave (PFML) or the Family Medical Leave Act (FMLA), sometimes help workers without

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PSL secure time off. State and local PFML laws afford paid time off to workers for medically relevant situations, such as births and providing hospice care for ailing loved ones. However as of August 2024, only thirteen states and the District of Columbia have passed PFML legislation (National Council of State Legislatures, 2024). FMLA, a federal law guaranteeing protected unpaid time off for severe medical conditions and births, only covers about half of workers (Williamson, 2023a). Like PSL, workers' access to PFML and FMLA depends on their type of employment and location. Moreover, the growing trend of states preempting municipalities from passing their own PSL and PFML policies leaves many workers in the coverage gap (Wolf et al., 2022).

2.1. Paid sick leave and mental health

Mental health has emerged as a critical outcome in PSL research. Although a recent study on the impact of state PSL mandates on women's mental health found causal evidence of PSL's positive impact on mental health (Slopen, 2023), much of the research examining the relationship between mental health and paid sick leave remains associational. The nature of PSL provision in the U.S.—individuals may have PSL benefits through an employer, locality, or state—means teasing out the relationship between PSL and mental health can be complex. Slopen (2023) notes that workers may self-select into jobs or localities that offer PSL. She also emphasizes that access to employer-based PSL benefits is related to whether workers have access to other supportive job quality benefits, like employer-provided health insurance (Slopen, 2023). Research finds that access to PSL benefits is highest in jobs and industries with higher pay, among more highly educated employees, and full-time workers compared to part-time workers (Johnson et al., 2022).

Nevertheless, the current associational literature on the relationship between PSL and mental health helps us draw critical conclusions about PSL benefits. For example, not having access to PSL benefits has been linked to higher psychological distress levels (Stoddard-Dare et al., 2018), reduced healthcare access among people with mental health challenges (Coombs et al., 2021), and increased financial worry (DeRigne et al., 2019). In contrast, having access to PSL benefits through an employer or a local policy mandate has been linked to decreased odds of depression (D'Amico, 2019) and reductions in self-reported depression and anxiety (Asfaw, 2023).

Few studies (Hegland and Berdahl, 2022; Slopen, 2023; Sulley et al., 2023) rigorously assess racial and gender differences in the complex relationship between PSL benefits and mental health, which is a significant limitation given the disparities in access to PSL and mental health outcomes for women and people of color. We conceptualize the relationship between access to PSL and mental health in the U.S. as shaped by complicated racial-ethnic and gender hierarchies.

2.2. PSL, gender, and race

The American Civil Liberties Union (ACLU) named PSL a civil rights issue in 2020, highlighting that workers in low-wage jobs, who are far more likely to be people of color because of historic discrimination, are often the individuals excluded from paid sick and family leave, despite needing it most (Newman and Melling, 2020). This trend mimics the "historical racial and gender division of labor" (Branch and Hanley, 2017, p. 208).

Women are more likely to work in low-wage sectors with few benefits and significantly lower access rates to PSL (Harknett and Schneider, 2022). Women without PSL benefits are more likely to present at work sick (Susser and Ziebarth, 2016), and pregnant women without PSL report higher levels of prenatal depression (Sulley et al., 2023). PSL benefits are also more likely to be available to white and male workers (Johnson et al., 2022; Susser and Ziebarth, 2016). Caretaking remains highly racialized and gendered, such that women of color bear a disproportionate caretaking burden when children or family members fall ill (Lovell, 2004; Shaw and Mason, 2020). Days missed at work

equate to lost wages for workers and widen gender gaps in income and wealth (Lovell, 2004). State PSL mandates can effectively address these disparities (Byker et al., 2023; Slopen, 2023), but these mandates are only available in select states and have varying coverage requirements.

Both historically and in present day, people of color are more likely to be concentrated in low-quality, low-wage positions that provide fewer workplace benefits like PSL (Shaw and Mason, 2020). As of 2017, nearly 40% of Black workers in the United States did not have paid sick days (National Partnership for Women and Families and NAACP, 2017), and as of 2020, more than half of Latine/Hispanic workers were unable to access paid sick days through their jobs (National Partnership for Women and Families and Unidos U.S., 2020). American Indians or Alaskan Natives (AI/AN) also have unequal access to PSL benefits, though research on this racial group is far less substantial. However, existing data indicates AI/AN workers, like Black and Latine workers, are disproportionately segregated into lower-paying and precarious jobs (Shaw and Mason, 2020).

Although Asian American and Pacific Islander (AAPI) workers also represent a historically marginalized group, research suggests their experience with PSL is different from that of Black and Latine workers. One study found that Latine and Black employees were less likely than their white and Asian counterparts to have access to PSL (Hegland and Berdahl, 2022). Another study noted that despite the universal nature of the pandemic era PSL benefit and to have used it (Jelliffe et al., 2021). Asian workers in Jelliffe and colleagues' (2021) study were also more likely to work in jobs that already provided PSL. An important caveat to these findings is that due to sample size and data limitations, these studies do not disaggregate Asian workers into more detailed ethnic subgroups. Grouping together all AAPI workers may mask differential access to PSL benefits between workers of Southeast Asian and East Asian descent. Studies that collapse Latine/Hispanic workers into one category may similarly conceal intraracial differentiation in PSL benefit access.

Although existing research investigates variation in PSL benefit access across racialized groups and gender, how PSL may be differentially related to these groups' mental health has yet to be comprehensively explored. In the next section, we situate our hypotheses related to the differential impact of PSL across races and genders in the frameworks of racial capitalism and intersectionality. We use National Health Interview Survey (NHIS) data from the National Center for Health Statistics to examine individuals' K6 psychological distress scores with a focus on how PSL benefits moderate psychological distress across racial subgroups and gender. In doing so, we offer novel insights into PSL and its role in shaping mental health outcomes for marginalized populations.

3. Conceptual framework: racial capitalism & intersectionality

Racial capitalism and intersectionality help frame why access to PSL benefits may differentially influence workers' mental health by race/ethnicity and gender. Racialization refers to assigning racial attributes to previously nonracial situations (Bonacich et al., 2008). Leroy and Jenkins, 2021 wrote that racial capitalism, a concept widely attributed to Cedric Robinson ([1983] 2020), asks us to consider that the "race-neutral archetypes of capitalism are in fact thoroughly racialized" (p. 1), such that capital is accumulated through the exploitation of racialized workers. Racial-ethnic elites use violence and systemic discrimination to subjugate other racial-ethnic groups into subordinate hierarchical positions. Subordinately racialized workers are subject to excessive labor exploitation because they are often segregated into jobs with scarce worker protections (Bonacich et al., 2008). These workers' lack of recourse allows employers to use state-sanctioned coercive practices and benefit from workers' exploited labor (Bonacich et al., 2008).

Racial capitalism emphasizes that workers in different racial groups may experience labor exploitation to varying degrees, usually based on their identity proximity to the dominant group. Within the U.S. context, white, wealthy elites dominate racial hierarchies. Researchers have used

racial capitalism to explain the stratification of Black and Latine workers into low-wage jobs (Freshour, 2017), Black-white wealth and income gaps (Issar, 2021; Mir and Toor, 2023), the rise of the “model minority” myth forced upon Asian populations in the workforce (Au, 2022), and disparities in health outcomes for Black workers (Alang et al., 2023; Laster and Whitney, 2020).

Coined by Kimberlé Crenshaw (1991), the concept of intersectionality refers to the idea that race and gender are reciprocal, mutually constitutive constructs such that gender hierarchies that prioritize cisgender, heterosexual men exist within and across these racialized groups. Using an intersectional lens, we observe the interplay between racial and gender hierarchies. Women of color within the U.S. labor system have historically been limited in their economic opportunities and subjected to exploitation (Bonacich et al., 2008). Several scholars have written about the racialized and gendered nature of domestic work, paying particular attention to the devaluation of Black, Latine, and immigrant women’s reproductive labor and the systemic denial of their right to labor protections like PSL (Nadasen, 2021; Swanson and Devorah Carreon, 2024).

Given the diversity in racial capitalism and intersectionality’s applicability, they are apt for use in understanding the racialized presence and influence of PSL benefits. Authors Alang et al. (2023) are among the first to bridge the gap between PSL, race, and mental health using a racial capitalism framework. The scholars highlight that racialized labor exploitation sorted many Black workers into particularly stressful jobs that left them vulnerable to contracting COVID-19 (Alang et al., 2023). Their analysis of 2021 NHIS data revealed that for Black adults, having access to PSL benefits was associated with lower psychological distress and could promote the well-being of Black workers.

Alang and colleagues’ (2023) research explores factors that affect psychological distress solely among Black working adults, providing valuable insight into Black workers’ mental health. A critical contribution of the present study, however, is that it extends Alang, Harris, and Carter’s (2023) work by comparing the relationship between PSL benefits and psychological distress across genders and multiple racial-ethnic groups. Conceptually guided by racial capitalism and intersectionality, our research examines the differential impact of PSL benefits on the psychological distress of workers and its policy implications. We ask the following questions:

- R1:** Is having PSL benefits related to psychological distress?
- R2:** Do PSL benefits matter more (or less) for the distress levels of working women?
- R3:** Do PSL benefits matter more (or less) for the distress levels of nonwhite workers?

Based on the existing literature and our conceptual framework, we make the following predictions:

- H1.** Workers lacking PSL benefits will have higher psychological distress scores compared to those with the benefit.
- H2.** Compared to men without PSL, working women without PSL benefits will have significantly higher psychological distress levels.
- H3.** Compared to white workers without PSL, workers of color without PSL benefits will have significantly higher psychological distress levels.
- H3a.** The difference in psychological distress between workers of color with and without PSL will be significantly larger than the difference in psychological distress between white workers with and without PSL.

4. Methods

This study uses data from the National Health Interview Survey (NHIS), a nationally representative, cross-sectional household survey of the non-institutionalized civilian population. For this study, we used only information from sample adults aged 18–64 working at a job for

pay the week before the survey. We did not include those who were self-employed. We combined data from 2010 to 2018 to create a sufficient sample size for analyses by race and gender. To account for the complex sampling methods of the NHIS, we used individual weights for 2010–2018 provided by the National Center for Health Statistics. The total number of observations in the sample was $n=132,333$, and our total observations for our analytic models after dropping missing data was $n=117,769$.

4.1. Main predictor and outcome variables

In the survey, respondents working for pay were asked, “Do you have paid sick leave on this MAIN job or business?” (no/yes). We coded PSL status (0 = yes/1 = no) as the primary predictor variable.

Like other studies using NHIS data (Alang et al., 2023; Coombs et al., 2021; Stoddard-Dare et al., 2018), we use respondents’ K6 Psychological Distress Scale (hereafter, K6) score as a proxy for mental health. Developed by Kessler et al. (2002), the K6 scale measures psychological distress in health surveys. In the 2010–2018 NHIS data¹ the scale included six items: In the past 30 days, how often did you feel ... “so sad that nothing could cheer you up”; “nervous”; “restless or fidgety”; “hopeless”; “everything was an effort”; “worthless.” Possible responses were ALL of the time, MOST of the time, SOME of the time, A LITTLE of the time, and NONE of the time. K6 items have high internal consistency and reliability and scores for each item are typically added together to create a final K6 scale of 0–24 (Kessler et al., 2002). The higher the score, the more psychologically distressed the respondent. Prochaska et al. (2012) found that a K6 score greater or equal to 5 and less than 13 indicates moderate psychological distress. Kessler et al. (2003) noted that a score of 13 or higher is correlated with serious mental illness, which only affects about 6% of U.S. adults. We created two K6 distress outcome variables: one continuous variable to capture changes in overall K6 scores (K6 Score = 0–24) and one dichotomous variable to capture the likelihood of having less than moderate distress (K6 Score <5; Variable = 0) and equal to or greater than moderate distress (K6 Score ≥5; Variable = 1).

4.2. Primary independent and interaction variables

To test whether PSL has a differential association with psychological distress for distinct racial-ethnic groups, we explore 1) the relationship between PSL benefits and psychological distress, 2) the moderating effect of sex on this relationship, 3) the moderating effect of race on this relationship, and 4) the moderating effect of both race and sex on this relationship. To assess whether workers’ sex moderates PSL’s association with psychological distress, we interact sex assigned at birth (male/female) with PSL, using male as the reference category.² We construct the “race” variable by combining race and Latine/Hispanic ethnicity into one variable with six subcategories: 1) Black, 2) white, 3) Multiracial, 4) AAPI, 5) AI/AN, and 6) Latine/Hispanic (categories 1–5 represent non-Latine/Hispanic respondents). In all models, “white” is set as the

¹ The structure and content of the National Health Interview Survey were significantly revised in 2019. Recent survey iterations did not include K6 Psychological Distress Scale items, our key outcome variable. Additionally, many employers voluntarily provided COVID-19-related temporary paid sick leave for workers prior to and after the expiration of the FFCRA. To reduce complications and biases more recent survey years would introduce into our study, we limit our analyses to data from 2010 to 2018.

² Note that throughout the manuscript, we discuss gender instead of “sex assigned at birth.” The NHIS data is limited in its ability to assess gender identity, and “sex assigned at birth” is the only variable we can use to capture gender or sex in any capacity. In describing the data and results of this analysis, we use “male” and “female” per the definitions of the NHIS variable. When discussing results and implications, we use the terms “men” and “women” to reflect assumed gender instead of sex.

reference group.

4.3. Control variables

Consistent with other literature that tests the relationship between PSL and psychological distress using NHIS data (Alang et al., 2023; Stoddard-Dare et al., 2018), we hold models constant for relevant demographic variables including income (\$0–49,999; \$50,000–99,999, \$100,000 or more), citizenship status (citizen/non-citizen), age (years), marital status (separated or unmarried; living with a partner; married), education (Less than high school diploma, high school diploma or GED, Associate Degree or Some college, Bachelor Degree or higher), and presence of children under 18 in the household (yes/no). Respondents’ region (North Central/Midwest, South, West, Northeast) is controlled for in the model because labor protections, hospitals, and health insurance (e.g., Medicaid) may vary by location and subsequently impact workers’ mental health or access to PSL. We also control for the following work-related variables: works 35 or more hours per week (full-time) (yes/no), has a second job (yes/no), and workers’ sector (private sector; government employee). To control for slight variations in how K6 items were written and policy and macroeconomic changes that could have impacted respondents between 2010 and 2018, we created a dummy variable for each survey year included in the sample (reference year: 2010).

Finally, we include variables for several health-related factors such as general health rating (poor/fair; good/very good/excellent), current smoker (yes/no), current drinker (yes/no), usual hours of sleep per day, whether the respondent had health insurance (no health insurance, public or government insurance, private insurance), and whether the respondent needed help with daily activities of living (LADL) (yes/no) or instrumental activities of daily living (IADL) (yes/no).

4.4. Sample characteristics

Table 1 displays the descriptive characteristics of the weighted sample. Sixty-two percent of respondents in the sample had PSL benefits, while 37% did not. The average psychological distress score for respondents in the sample is 2.3 (sd = 3.4), although respondents with no PSL benefits had a slightly higher average distress score of 2.6 (sd = 3.8). Eighty-two percent of the sample had less than moderate levels of distress, and 18% had moderate levels of distress or greater. The sample was slightly more female (51%) and majority white (61%). It was composed of 61% white respondents and 18% Latine/Hispanic respondents, followed by Black (13%), AAPI (6.2%), multiracial (1.7%), and AI/AN respondents (0.6%). Respondents in our sample primarily worked full-time (although those who worked part-time disproportionately did not have PSL benefits) and at one main job in the private sector. Respondents in our sample without PSL benefits tended to have less formal schooling, more children under 18 in the household, lower incomes, and worse general health than those with PSL benefits.

4.5. Analyses

We utilized ordinary least squares (OLS) regressions to assess the relationship between PSL and our continuous K6 distress variable and logistic regressions to analyze the relationship between PSL and our dichotomous K6 distress variable. We computed OLS regression models sequentially, starting with a bivariate regression controlling only for survey year (Table 2 - Model 1), followed by a multivariable regression controlling for survey year, demographic, and employment variables (Table 2 - Model 2), and a multivariable regression controlling for survey year, demographic, employment, and health variables (Table 2 - Model 3). We also performed a bivariate logistic regression controlling only for survey year (Table 3 - Model a), multivariable logistic regression with survey year, demographic, and employment controls (Table 3 - Model b), and a multivariable logistic regression with survey year,

Table 1
Key descriptive characteristics by PSL status.

Characteristic	PSL (All)	PSL= Yes	PSL = No
Observations	N = 132,333	N = 82,375	N = 48,820
<i>PSL Status Unknown</i>	1138		
K6 Psychological Distress Score	2.3 (3.4)	2.0 (3.0)	2.6 (3.8)
<i>Unknown</i>	2981	1767	1170
K6 Distress Score Cutpoint			
<i>Lower than Moderate Distress (<5)</i>	106,707 (82%)	68,371 (85%)	37,489 (79%)
<i>Moderate Distress or Higher (≥5)</i>	22,645 (18%)	12,237 (15%)	10,161 (21%)
<i>Unknown</i>	2981	1767	1170
Race and Ethnicity			
<i>white</i>	80,748 (61%)	52,656 (64%)	27,529 (57%)
<i>Black</i>	17,043 (13%)	10,712 (13%)	6187 (13%)
<i>AAPI</i>	8126 (6.2%)	5562 (6.8%)	2479 (5.1%)
<i>AI/AN</i>	831 (0.6%)	503 (0.6%)	316 (0.6%)
<i>Multiracial</i>	2180 (1.7%)	1276 (1.6%)	879 (1.8%)
<i>Latine/Hispanic</i>	23,121 (18%)	11,483 (14%)	11,333 (23%)
<i>Unknown</i>	284	183	97
Sex			
<i>Male</i>	65,072 (49%)	39,814 (48%)	24,592 (50%)
<i>Female</i>	67,261 (51%)	42,561 (52%)	24,228 (50%)

Categorical Variables = n (%).

Continuous Variables = mean (sd).

The authors utilize NHIS 2010–2018 sample weights.

Description: The table displayed shows only descriptive characteristics of key variables. A full descriptive table with all model variables is available in the Supplementary Materials - “Supplementary Descriptive Table.”

Data Source: Data provided by the National Center for Health Statistics, National Health Interview Survey 2010–2018, is accessed through IPUMS NHIS, www.ipums.org.

demographic, employment, and health controls (Table 3 - Model c) to analyze the relationship between PSL and our dichotomous K6 moderate distress variable.

To examine how the relationship between PSL and psychological distress varies by sex and race, we interacted PSL with sex and then race in OLS regression (Table 4) and logistic regression models (Table 5). For the logistic regression model, only the results for the interaction between PSL and sex were significant and are shown below (Table 5). We also performed a triple interaction between race, sex, and PSL access but found our model had insufficient statistical power (not shown). All OLS and logistic regression models were computed using the weighted sample.

5. Results

5.1. PSL and psychological distress

Our analysis of the relationship between PSL benefits and psychological distress in Table 2 demonstrates that when controlling for and holding constant all relevant covariates identified in Model 3, having no PSL benefits is related to a higher K6 score ($B = 0.17, p < 0.01$). Although the magnitude of the effect of PSL’s relationship with psychological distress decreases with the addition of covariates, the directionality and significance hold steady. In Table 2 - Model 3, Black, Latine/Hispanic, AAPI, and AI/AN respondents, holding all other variables constant, had lower K6 distress scores than white respondents, while multiracial respondents had higher K6 distress scores. Our models also reveal that holding all other variables constant, females in our sample had higher distress scores than males ($B = 0.58, p < 0.01$). Logistic regression results in Table 3 show similar outcomes. When

Table 2
OLS regression results for key variables.

Outcome variable: K6 Psychological Distress Score			
OLS Regressions			
	Model 1	Model 2	Model 3
Constant	2.02 ^a (1.96, 2.07)	2.90 ^a (2.75, 3.06)	7.71 ^a (7.45, 7.96)
No Paid Sick Leave	0.62 ^a (0.58, 0.66)	0.18 ^a (0.13, 0.23)	0.17 ^a (0.12, 0.21)
Race (Ref. white, non-Latine/Hispanic)			
<i>Black</i>		-0.46 ^a (-0.52, -0.40)	-0.48 ^a (-0.54, -0.42)
<i>AAPI</i>		-0.30 ^a (-0.39, -0.22)	-0.31 ^a (-0.38, -0.23)
<i>AI/AN</i>		-0.30 ^b (-0.54, -0.06)	-0.35 ^a (-0.59, -0.10)
<i>Multiracial</i>		0.53 ^a (0.39, 0.68)	0.37 ^a (0.21, 0.54)
<i>Latine/Hispanic</i>		-0.34 ^a (-0.40, -0.28)	-0.28 ^a (-0.34, -0.22)
Sex		0.53 ^a (0.49, 0.57)	0.58 ^a (0.54, 0.61)
Adjusted R-squared	0.01162	0.04848	0.1095
Observations (N)	128,258	118,975	117,769

1. Utilizes NHIS 2010–2018 sample weights.
2. Confidence intervals (CI) are calculated using robust standard errors.

Model 1) Included controls for: survey year.

Model 2) Included controls for: survey year, race/ethnicity, citizenship status, age, sex, education, marriage, region, family income, number of children, weekly hours worked, second job, insurance, and employment class.

Model 3) Included controls for all variables present in (b) and the following health-related variables: general health status, usual hours of sleep, smoking habits, drinking habits, daily limitations, and instrumental limitations.
Note: Data provided by the National Center for Health Statistics, National Health Interview Survey 2010–2018; accessed through IPUMS NHIS www.ipums.org.

**For a full regression results table that includes all model variables, see Supplementary Materials - "OLS Raw: Tables 1–3".

^ap < 0.01 ; ^bp < 0.05 ; ^cp < 0.1.

controlling for and holding all relevant variables constant, individuals without PSL benefits are over four times more likely (AOR = 4.73, *p* < 0.01) to have moderate or greater distress levels compared to those with benefits (Table 3). These results support our first hypothesis (H1) that workers without PSL benefits will have higher psychological distress scores compared to those with the benefit and align with previous research (Stoddard-Dare et al., 2018).

5.2. Race and sex interaction results

Table 4 shows the results of the OLS regression interactions between sex and PSL and race and PSL. Looking just at the results for sex, we see that—holding all other covariates constant—having no PSL benefits was associated with a higher K6 score (*B* = 0.28, *p* < 0.01) for females compared to males with no PSL benefits. These results confirm our third hypothesis (H2) that compared to males without PSL, working females without PSL benefits will have significantly higher psychological distress levels. Moderate distress results in Table 5 reveal that when controlling for and holding all relevant covariates constant and adjusting for intercept and main effect values, females with no PSL benefits (AOR = 6.94, *p* < 0.01) are 32% more likely to have moderate or greater distress levels than females with PSL benefits (AOR = 5.80, *p* < 0.01). In contrast, males with no PSL benefits (AOR = 4.54, *p* < 0.05) are only 1% more likely to have moderate or greater distress than males with PSL benefits (AOR = 4.24, *p* < 0.05). These results further confirm that PSL benefits are related to more drastic differences in psychological distress for females than males.

Looking just at our OLS regression results for interactions between

Table 3
Logistic regression results for key variables.

Outcome: PSL-No (ref. Yes)	Observations (N)	Adjusted Odds Ratios (CI)	Percent (%) Probability of Moderate or Greater Distress	Pseudo R-Squared (Cragg-Uhler)
Bivariate (Model a)	128,258	0.26 (0.24, 0.29) ^a	21%	1%
Multivariable: Demographics and Employment (Model b)	118,975	0.30 (0.25, 0.35) ^a	23%	6%
Multivariable: Demographics, Employment, and Health (Model c)	117,769	4.73 (3.82, 5.85) ^a	83%	11%

1. Utilizes NHIS 2010–2018 sample weights.
2. Confidence intervals (CI) are calculated using robust standard errors.

Model a) Included controls for: survey year.

Model b) Included controls for: survey year, race/ethnicity, citizenship status, age, sex, education, marriage, region, family income, number of children, weekly hours worked, second job, insurance, and employment class.

Model c) Included controls for all variables present in (b) and the following health-related variables: general health status, usual hours of sleep, smoking habits, drinking habits, daily limitations, and instrumental limitations.

Note: Data provided by the National Center for Health Statistics, National Health Interview Survey 2010–2018; accessed through IPUMS NHIS www.ipums.org.

**For a full regression results table that includes all model variables, see Supplementary Materials - "Logistic Raw: Tables 1–3".

^ap < 0.01; ^bp < 0.05 ; ^cp < 0.1.

PSL and race (Table 4), we find that when holding all other variables constant, Latine/Hispanic workers without PSL benefits had lower psychological distress scores (*B* = -0.09; *p* < 0.1) than white workers without PSL benefits. Black and AAPI workers without PSL benefits also had slightly lower psychological distress scores than white workers without PSL, but these results were not significant. Compared to white workers, AI/AN and multiracial workers without PSL benefits had higher psychological distress scores, although these results were also not significant and had large standard error margins.

Though most of the PSL and race interaction effects were not significant, they yielded meaningful descriptive data on inter- and intra-group differences. Workers in each racial-ethnic group without access to PSL benefits had worse mental health than workers in their racial group with access to PSL benefits. However, the magnitude of PSL's influence on psychological distress varied for each racial group. Comparisons of estimated marginal mean differences (MD) (Fig. 1) reveal significant differences (*p* < 0.01) in psychological distress between white workers with and without PSL (MD = -0.18) and between Black workers with and without PSL (MD = -0.21). These results imply PSL benefits may be slightly more meaningful to the mental health of Black workers than white workers. The difference in psychological distress between other workers with and without PSL benefits are as follows: Latine/Hispanic (MD = -0.09), AAPI (MD = -0.11), AI/AN (MD = -0.15), and multiracial (MD = -0.41), although these results were not statistically significant. Fig. 1 also demonstrates that overall white workers in our sample were more distressed than Hispanic/Latine, Black, and AAPI workers.

Although Fig. 1 demonstrates that AI/AN and multiracial workers without PSL benefits also have higher distress scores than AI/AN and multiracial workers with PSL, these groups' large standard error margins and small sample sizes warrant cautious interpretation of even descriptive differences. Our PSL and race interaction results contradict our third hypothesis (H3) that compared to white workers without PSL,

Table 4

OLS regressions: Interactions with sex and race.

	Outcome variable:	
	K6 Psychological Distress Score	
	OLS	
	Sex	Race
Constant	7.74 ^a (7.53, 7.95)	7.70 ^a (7.49, 7.91)
No Paid Sick Leave	0.03 (-0.03, 0.09)	0.18 ^a (0.12, 0.23)
Race (Ref. white, non-Latine/Hispanic)		
<i>Black</i>	-0.48 ^a (-0.54, -0.42)	-0.50 ^a (-0.57, -0.42)
<i>AAPI</i>	-0.31 ^a (-0.39, -0.23)	-0.29 ^a (-0.39, -0.19)
<i>AI/AN</i>	-0.34 ^a (-0.58, -0.11)	-0.34 ^b (-0.63, -0.05)
<i>Multiracial</i>	0.37 ^a (0.23, 0.52)	0.28 ^a (0.09, 0.46)
<i>Latine/Hispanic</i>	-0.28 ^a (-0.33, -0.22)	-0.24 ^a (-0.31, -0.17)
Sex	0.48 ^a (0.43, 0.52)	0.58 ^a (0.54, 0.61)
PSL (No) * Female	0.28 ^a (0.21, 0.36)	n/a
PSL (No) * Black		0.04 (-0.08, 0.15)
PSL (No) * AAPI		-0.06 (-0.23, 0.10)
PSL (No) * AI/AN		-0.03 (-0.50, 0.45)
PSL (No) * Multiracial		0.23 (-0.06, 0.52)
PSL (No) * Latine/Hispanic		-0.09 ^c (-0.19, 0.01)
R-squared	0.1102	0.1098
Adjusted R-squared	0.1099	0.1095
Observations (N)	117,769	117,769

- Utilizes NHIS 2010–2018 sample weights.
 - Confidence intervals (CI) are calculated using robust standard errors.
- Sex and Race Models: Included controls for** survey year, race/ethnicity, citizenship status, age, sex, education, marriage, region, family income, number of children, weekly hours worked, second job, insurance, and employment class general health status, usual hours of sleep, smoking habits, drinking habits, daily limitations, and instrumental limitations.

Note: Data provided by the National Center for Health Statistics, National Health Interview Survey 2010–2018; accessed through IPUMS NHIS www.ipums.org.

**For a full regression results table that includes all model variables, see Supplementary Materials - "OLS Raw: Tables 4–5".

^ap < 0.01; ^bp < 0.05 ; ^cp < 0.1.

Table 5

Logistic regression interaction with sex.

Outcome (all other var. at ref.)	Adjusted Odds Ratio (CI)	Percent (%) Probability of Moderate or Greater Distress
Female - PSL-No	6.94 (5.00, 9.76) ^a	87%
<i>Female - PSL-Yes</i>	5.80 (4.89, 8.65) ^a	55%
<i>Male - PSL-No</i>	4.54 (3.61, 5.7) ^b	82%
<i>Male - PSL-Yes</i>	4.24 (3.55, 5.06) ^b	81%
Observations (N)	117,769	
Pseudo R-Squared (Cragg-Uhler)	11%	

- Utilizes NHIS 2010–2018 sample weights.
 - Confidence intervals (CI) are calculated at 95%.
- a) **Interaction analyses included controls for:** survey year, race/ethnicity, citizenship status, age, sex, education, marriage, region, family income, number of children, weekly hours worked, second job, insurance, employment class, general health status, usual hours of sleep, smoking habits, drinking habits, daily limitations, and instrumental limitations.

Note: Data provided by the National Center for Health Statistics, National Health Interview Survey 2010–2018; accessed through IPUMS NHIS www.ipums.org.

**For a full regression results table that includes all model variables, see Supplementary Materials - "Logistic Raw: Table 4".

^ap < 0.01; ^bp < 0.05 ; ^cp < 0.1.

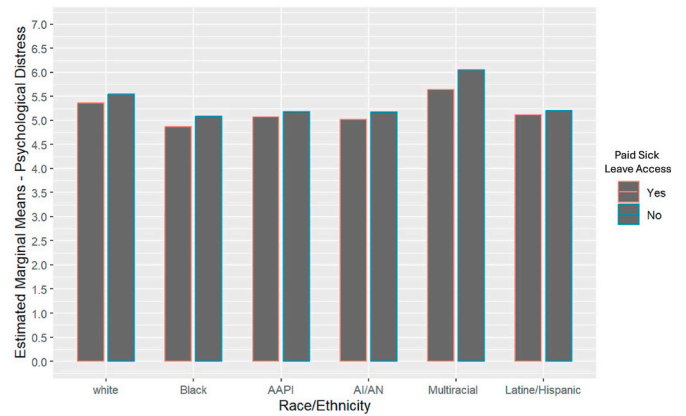


Fig. 1. Estimated marginal means of OLS race and PSL interaction model data provided by national center for health statistics, national health interview survey 2010–2018; Accessed through ipums NHIS www.ipums.org.

workers of color without PSL benefits would have higher psychological distress scores. However, they confirm our hypothesis (H3a) that the difference in psychological distress between workers with and without PSL will be larger for workers of color than white workers. We discuss possible mechanisms driving these outcomes in the next section.

6. Discussion

Our research advances our understanding of the differential impact of PSL benefits across race and gender. Overall, we find: 1) When looking at all workers, a lack of access to PSL benefits is associated with higher levels of psychological distress; 2) Working females without PSL benefits have significantly higher psychological distress scores than males without the benefit, suggesting that PSL plays a more prominent role in moderating the mental health of women; 3) Compared to white workers without PSL benefits, Latine/Hispanic workers without PSL benefits had lower distress scores; 4) The difference in psychological distress between Black workers with and without PSL is larger than the difference in distress between white workers with and without PSL benefits, connoting that PSL benefits may more strongly influence Black workers mental health.

Our results on gender are consistent with other PSL research that finds a lack of PSL access disproportionately impacts women’s health (Slopen, 2023; Sulley et al., 2023). When we contextualize these results within the framework of racial capitalism and its intersections with gender, one reason women’s mental health is worse in the absence of PSL might include the caregiving burden. Women, particularly women of color, tend to be their families’ primary caregivers and breadwinners (Shaw and Mason, 2020). The National Partnership for Women & Families (2018) pointed out, "For the typical family without paid sick days, just 3.5 sick days without pay is equivalent to losing an entire month of groceries. For single-parent families, which women usually head, the consequences are even more dire" (p. 2). These factors can cause women without PSL, compared to men without PSL, to experience more anxiety and distress related to missing work and make them more vulnerable to labor exploitation.

Our results show that Latine/Hispanic workers without PSL benefits had lower distress levels than white workers without PSL benefits, which aligns with existing research on racial differences in psychological distress. Bratter and Eschbach (2005) find that while nonwhite populations differ at baseline in psychological distress compared to non-Hispanic white populations, African Americans and Mexicans had lower levels of distress than non-Hispanic white individuals. McGuire and Jeanne (2008) find that compared to white people, people of color have lower or equivalent rates of mental disorders.

Our analyses affirm that paid sick leave has an overall positive, but differential, impact on workers depending on their race. Racial capitalism helps us contextualize why the magnitude of the relationship between PSL and distress may vary by race. White individuals disproportionately work in high-paying jobs where access to other worker benefits (e.g., retirement or healthcare) may dull the impact of not having access to PSL. In contrast, Black, Latine/Hispanic, AAPI, and AI/AN workers must contend with occupational segregation and are over-represented in low-quality jobs in retail, food service, and construction, which, in addition to PSL, lack many other worker protections (Henly et al., 2021; Shaw and Mason, 2020). Occupational segregation often sorts workers of color into jobs where they deal with multiple types of labor exploitation that affect their mental health. For example, research shows that workers of color are more likely to have their mental health affected by perceived discrimination (McCluney et al., 2018; Pascoe and Laura, 2009; Williams, 2018). Access to PSL may offer much-needed relief and reprieve from the stress of working in precarious employment for workers of color.

We classified all workers who selected two or more racial categories as "multiracial." Due to the limited statistical power of our models, we cannot make strong claims about the relationship between PSL and the psychological distress of multiracial workers. One study found that although Black-white biracial and Black workers start with similar wages, over time, Black-white biracial workers can achieve employment outcomes more like white employees (Edmondson, 2023). In contrast, multiracial workers who do not have white heritage may face racial discrimination similar to Black, Latine/Hispanic, AAPI, and AI/AN workers and may also be segregated into low-wage jobs. Future research should more closely examine the relationship between different bi- and multiracial groups, PSL, and mental health.

6.1. Limitations

There were several limitations to this study. All measures in the NHIS are based on self-reported data, so there is potential for inaccuracy. For example, our PSL variable only measures respondents' perception of whether they have access to PSL. Respondents may be unfamiliar with the company, state, or local policy and may unknowingly have access to PSL but answer "no" to the survey question. Employers may informally punish workers who use their sick leave by scheduling them for unfavorable shifts, discouraging or preventing them from using PSL benefits. In these cases, workers may report having no access to paid sick leave, despite formal policy (Hill, 2013).

Furthermore, the NHIS data does not distinguish between PSL benefits voluntarily provided by employers and benefits mandated by a state or a locality. Due to funding limitations, we could only access public NHIS data, which does not include individual-level state or city identifiers. Without information on what state or locality respondents work in, we cannot discern if respondents are accessing PSL through mandates or employer provisions. The data utilized in this study were also multi-year cross-sectional. Therefore, the analyses performed were primarily associational and descriptive.

Several factors related to respondents' demographics, employment, and health impact psychological distress, and access to PSL benefits represents just one dimension of mental health. While we accounted for all theoretically relevant and known variables, our models may suffer from unobserved biases or reverse causality. For instance, respondents with lower initial psychological distress scores may have been able to actively pursue jobs with more worker protections, like PSL. Individuals with poor mental health, in contrast, may be segregated into lower-quality jobs with no or very few worker protections, suggesting that we need to ensure high-quality jobs are also accessible to people with mental health challenges.

In this paper, we are concerned with the interactions between gender, race, and PSL. However, another limitation of the NHIS data is the use of sex assigned at birth as opposed to gender identity. We could

not capture the self-described gender identity of respondents and relied on the sex assigned at birth to assess differences between male and female respondents. Additionally, our triple-interaction model between PSL, sex, and race yielded no significant results, likely due to the limited statistical power of the smaller AI/AN and multiracial sample. Limited data and statistical power did not allow us to conduct further analyses on more detailed racial subgroups.

We use white workers and males as the reference groups in our analyses to compare multiple racial groups and sexes. We recognize that this decision may unintentionally center health outcomes of white and male individuals as "ideal" and reinforce existing race-gender hierarchies. In line with Elliott et al. (2022), we encourage future health and health policy scholars to decenter whiteness and disrupt gender hierarchies in their research by using multiple reference groups when assessing differences across and between racial-ethnic and gender combinations.

7. Implications and conclusion

We extend previous studies on the relationship between PSL and mental health by applying racial capitalism and intersectionality lenses. Consistent with prior research (Alang et al., 2023; Asfaw, 2023; D'Amico, 2019; Slopen, 2023; Stoddard-Dare et al., 2018), we find that workers without access to PSL have higher levels of psychological distress than workers with the benefit. Our results also highlight that lacking access to the policy benefit does not uniformly impact all workers; we find that lacking access to PSL benefits has a significantly more negative impact on women's psychological distress than men, highlighting the importance of PSL benefits as a gender equity tool. Results from interacting race-ethnicity and PSL, although not statistically significant, descriptively demonstrate that for Black workers, not having PSL benefits may be especially distressing.

Our study reaffirms the growing importance of PSL benefits. Several states and localities have already mandated PSL for workers. However, eligibility for PSL under these policies depends on where and what kind of work employees perform. Implementing PSL mandates at the state or local level, as opposed to voluntary employer provision, may help strengthen the positive impact of PSL benefit access on the mental health of marginalized workers. However, given the growing trend of conservative states preempting localities from passing paid leave laws (Wolf et al., 2022), the federal government should act immediately to pass the Healthy Families Act, which guarantees PSL benefits to all full-time and part-time employees (Williamson, 2023b). Passing the Healthy Families Act is imperative to safeguard worker well-being, promote public health, and foster social and economic equity nationwide.

CRedit authorship contribution statement

Resha T. Swanson-Varner: Writing – review & editing, Writing – original draft, Visualization, Validation, Software, Methodology, Formal analysis, Data curation, Conceptualization. **Melanie Nadon:** Writing – review & editing, Writing – original draft, Methodology.

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Declaration of competing interest

The authors have no financial interests/personal relationships which may be considered as potential competing interests.

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Appendix A. Supplementary data

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References

- Alang, Sirry M., Harris, Latesha K., Carter, Chelsey R., 2023. Psychological distress and life satisfaction among Black working adults in the U.S. During the COVID-19 pandemic. *SSM - Mental Health* 4 (December), 100267. <https://doi.org/10.1016/j.ssmh.2023.100267>.
- Asfaw, Abay, 2023. Paid sick leave and self-reported depression and anxiety: evidence from a nationally representative longitudinal survey. *Am. J. Prev. Med.* <https://doi.org/10.1016/j.amepre.2023.11.012>. November, S0749379723004701.
- Astbury, Jill, 2001. Gender disparities in mental health. Ministerial Round Table Presented at the 54th World Health Assembly. Geneva, Switzerland. <https://vu.ir.vu.edu.au/1656/>.
- Au, Wayne, 2022. Asian American racialization, racial capitalism, and the threat of the model minority. *Rev. Educ. Pedagog. Cult. Stud.* 44 (3), 185–209. <https://doi.org/10.1080/10714413.2022.2084326>.
- Bonacich, Edna, Alimahomed, Sabrina, Wilson, Jake B., 2008. The racialization of global labor. *Am. Behav. Sci.* 52 (3), 342–355. <https://doi.org/10.1177/0002764208323510>.
- Bratter, J.L., Eschbach, K., 2005. Race/ethnic differences in nonspecific psychological distress: evidence from the national health interview survey. *Soc. Sci. Q.* 86 (3), 620–644. <https://doi.org/10.1111/j.0038-4941.2005.00321.x>.
- Branch, E.H., Hanley, C., 2017. A racial-gender lens on precarious nonstandard employment. In: Kalleberg, A.L., Vallas, S.P. (Eds.), *Research in the Sociology of Work*, vol. 31. Emerald Publishing Limited, pp. 183–213. <https://doi.org/10.1108/S0277-283320170000031006>.
- Byker, Tanya, Patel, Elena, Ramnath, Shanthi, 2023. Who cares? Paid sick leave mandates, caregiving, and gender. SSRN Scholarly Paper. Rochester, NY. <https://doi.org/10.2139/ssrn.4423934>.
- Collins, Cyleste, DeRigne, LeaAnne, Bai, Rong, Dare, Patricia Stoddard, 2020. Paid sick leave and sleep: an analysis of U.S. Adult workers. *J. Occup. Environ. Med.* 62 (8), 566–573. <https://doi.org/10.1097/JOM.0000000000001884>.
- Coombs, Nicholas C., Meriwether, Wyatt E., Caringi, James, Newcomer, Sophia R., 2021. Barriers to healthcare access among U.S. Adults with mental health challenges: a population-based study. *SSM - Population Health* 15, 1–8. <https://doi.org/10.1016/j.ssmph.2021.100847>. September: 100847.
- Crenshaw, K., 1991. Mapping the margins: intersectionality, identity politics, and violence against women of color. *Stanford Law Rev.* 43 (6), 1241–1299. <https://doi.org/10.2307/1229039>.
- D'Amico, Michelle, 2019. Associations between Paid Sick Leave Availability and Health Outcomes in the 2014 Health and Retirement Study. Georgia State University, Atlanta, GA. Master's Thesis. https://scholarworks.gsu.edu/iph_theses/637.
- DeRigne, LeaAnne, Dare, Patricia Stoddard, Collins, Cyleste, Quinn, Linda M., Fuller, Kimberly, 2019. Working U.S. Adults without paid sick leave report more worries about finances. *J. Soc. Serv. Res.* 45 (4), 570–581. <https://doi.org/10.1080/01488376.2018.1481176>.
- DeRigne, LeaAnne, Stoddard-Dare, Patricia, Collins, Cyleste, Quinn, Linda, 2017. Paid sick leave and preventive health care service use among U.S. Working adults. *Prev. Med.* 99 (June), 58–62. <https://doi.org/10.1016/j.ypmed.2017.01.020>.
- DeRigne, LeaAnne, Stoddard-Dare, Patricia, Quinn, Linda, 2016. Workers without paid sick leave less likely to take time off for illness or injury compared to those with paid sick leave. *Health Aff.* 35 (3), 520–527. <https://doi.org/10.1377/hlthaff.2015.0965>.
- Doherty, Anne M., Gaughran, Fiona, 2014. The interface of physical and mental health. *Soc. Psychiatr. Psychiatr. Epidemiol.* 49 (February), 673–682. <https://doi.org/10.1007/s00127-014-0847-7>.
- Doran, Christopher M., Irina, Kinchin, 2017. A review of the economic impact of mental illness. *Aust. Health Rev.* 43 (1), 43–48. <https://doi.org/10.1071/AH16115>.
- Edmondson, Brandy S., 2023. Bigger than Black and White: the Biracial Advantage and Employment Discrimination. University of Minnesota, Dissertation. <https://www.proquest.com/docview/2869123652?pq-origsite=gscholar&fromopenview=true&sourcecategory=Dissertations/20&/20Theses>.
- Elliott, T., Floyd James, K., Coleman, K.J., Skrine Jeffers, K., Nau, C.L., Choi, K., 2022. Cross-sectional comparison of disparities by race using white vs hispanic as reference among children and youths with developmental disabilities referred for speech therapy. *JAMA Netw. Open* 5 (10), e2234453. <https://doi.org/10.1001/jamanetworkopen.2022.34453>.
- Freshour, Carrie, 2017. Ain't No Life for A mother. Racial Capitalism And The Crisis Of Social Reproduction. *Society and Space*, November. <https://www.societyandspace.org/articles/aint-no-life-for-a-mother-racial-capitalism-and-the-crisis-of-social-reproduction>.
- Harknett, Kristen, Schneider, Daniel, 2022. Mandates narrow gender gaps in paid sick leave coverage for low-wage workers in the U.S.: study examines gender gaps in paid sick leave coverage for low-wage workers. *Health Aff.* 41 (11), 1575–1582. <https://doi.org/10.1377/hlthaff.2022.00727>.
- Hegland, Thomas A., Berdahl, Terceira A., 2022. High job flexibility and paid sick leave increase health care access and use among U.S. Workers: study examines the effect of job flexibility and paid sick leave on health care access and use among U.S. Workers. *Health Aff.* 41 (6), 873–882. <https://doi.org/10.1377/hlthaff.2021.01876>.
- Henly, Julia R., Lambert, Susan J., Dresser, Laura, 2021. The new realities of working-class jobs: employer practices, worker protections, and employee voice to improve job quality. *Ann. Am. Acad. Polit. Soc. Sci.* 695 (1), 208–224. <https://doi.org/10.1177/00027162211028130>.
- Hill, H.D., 2013. Paid sick leave and job stability. *Work Occup.* 40 (2), 143–173. <https://doi.org/10.1177/0730888413480893>.
- Issar, Siddhant, 2021. Theorising 'racial/colonial primitive accumulation': settler colonialism, slavery and racial capitalism. *Race Class* 63 (1), 23–50. <https://doi.org/10.1177/0306396821996273>.
- Jelliffe, Emma, Paul, Pangburn, Pichler, Stefan, Ziebarth, Nicolas R., 2021. Awareness and use of (emergency) sick leave: U.S. Employees' unaddressed sick leave needs in a global pandemic. *Proc. Natl. Acad. Sci. USA* 118 (29), e2107670118. <https://doi.org/10.1073/pnas.2107670118>.
- Johnson, Candice Y., Said, Kristen, Price, Ashley E., Darcey, Dennis, Østbye, Truls, 2022. Paid sick leave among U.S. Private sector employees. *Am. J. Ind. Med.* 65 (9), 743–748. <https://doi.org/10.1002/ajim.23417>.
- Kessler, R.C., Andrews, G., Colpe, L.J., Hiripi, E., Mroczek, D.K., Normand, S.-L.T., Walters, E.E., Zaslavsky, A.M., 2002. Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychol. Med.* 32 (6), 959–976. <https://doi.org/10.1017/S0033291702006074>.
- Kessler, Ronald C., Barker, Peggy R., Colpe, Lisa J., Epstein, Joan F., Gfroerer, Joseph C., Hiripi, Eva, Howes, Mary J., et al., 2003. Screening for serious mental illness in the general population. *Arch. Gen. Psychiatr.* 60 (2), 184. <https://doi.org/10.1001/archpsyc.60.2.184>.
- Laster, Pirtle, Whitney, N., 2020. Racial capitalism: a fundamental cause of novel Coronavirus (COVID-19) pandemic inequities in the United States. *Health Educ. Behav.* 47 (4), 504–508. <https://doi.org/10.1177/1090198120922942>.
- Leroy, Justin, Jenkins, Destin (Eds.), 2021. *Histories of Racial Capitalism*. Columbia University Press. <https://doi.org/10.7312/jenk19074>.
- Lovell, Vicky, 2004. No time to be sick: why everyone suffers when workers don't have paid sick leave. <https://doi.org/10.1037/e572072011-001>.
- McCluney, Courtney L., Schmitz, Lauren L., Hicken, Margaret T., Sonnega, Amanda, 2018. Structural racism in the workplace: does perception matter for health inequalities? *Social Science & Medicine, The role of Racism in Health Inequalities: Integrating Approaches from Across Disciplines* 199 (February), 106–114. <https://doi.org/10.1016/j.socscimed.2017.05.039>.
- McGuire, Thomas G., Jeanne, Miranda, 2008. New evidence regarding racial and ethnic disparities in mental health: policy implications. *Health Aff.* 27 (2), 393–403. <https://doi.org/10.1377/hlthaff.27.2.393>.
- Mir, Ali, Toor, Saadia, 2023. Racial capitalism and student debt in the U.S. *Organization* 30 (4), 754–765. <https://doi.org/10.1177/1350508421995762>.
- Nadasen, Premilla, 2021. Rethinking care work: (Dis)Affection and the politics of caring. *Feminist Formations* 33 (1), 165–188. <https://doi.org/10.1353/ff.2021.0008>.
- National Conference of State Legislatures, 2024. State family and medical leave laws. <https://www.ncsl.org/labor-and-employment/state-family-and-medical-leave-laws>.
- National Partnership for Women & Families, 2018. Paid Family and Medical Leave: A Racial Justice Issue – and Opportunity. National Partnership for Women & Families. August 2018. <https://nationalpartnership.org/wp-content/uploads/2023/04/paid-family-and-medical-leave-racial-justice-issue-and-opportunity.pdf>.
- National Partnership for Women & Families, and Unidos U.S., 2020. Latinos and Their Families Need Paid Sick Days. National Partnership for Women & Families. September 2020. <https://nationalpartnership.org/wp-content/uploads/2023/02/latino-workers-need-paid-sick-days.pdf>.
- National Partnership for Women and Families, and National Association for the Advancement of Colored People [NAACP], 2017. African Americans and Their Families Need Paid Sick Days. National Partnership for Women and Families, Washington, DC. <https://nationalpartnership.org/wp-content/uploads/2023/02/african-american-workers-need-paid-sick-days.pdf>.
- Newman, Louise, Melling, Louise, 2020. Why the Fight for Paid Sick Leave Is a Civil Rights Issue. *American Civil Liberties Union*. August 13, 2020. <https://www.aclu.org/news/racial-justice/why-the-fight-for-paid-sick-leave-is-a-civil-rights-issue>.
- Pascoe, Elizabeth A., Laura, Smart Richman, 2009. Perceived discrimination and health: a meta-analytic review. *Psychol. Bull.* 135 (4), 531–554. <https://doi.org/10.1037/a0016059>.
- Prochaska, Judith J., Sung, Hai-Yen, Max, Wendy, Shi, Yanling, Ong, Michael, 2012. Validity study of the K6 scale as a measure of moderate mental distress based on mental health treatment need and utilization. *Int. J. Methods Psychiatr. Res.* 21 (2), 88–97. <https://doi.org/10.1002/mpr.1349>.
- Robinson, Cedric J., 2020. *Black Marxism: the Making Of the Black Radical Tradition*. Third Edition, Revised and Updated [1983]. Chapel Hill: The University of North Carolina Press.
- Shaw, Elyse, Mason, C Nicole, 2020. Holding up Half the Sky: Mothers as Workers, Primary Caregivers, & Breadwinners during COVID-19. IWPR Q081. Institute for Women's Policy Research.
- Slopen, Meredith, 2023. The impact of paid sick leave mandates on women's health. *Soc. Sci. Med.* 323 (April), 115839. <https://doi.org/10.1016/j.socscimed.2023.115839>.

- Stoddard-Dare, Patricia, DeRigne, LeaAnne, Collins, Cyleste C., Quinn, Linda M., Fuller, Kimberly, 2018. Paid sick leave and psychological distress: an analysis of U.S. Workers. *Am. J. Orthopsychiatry* 88 (1), 1–9. <https://doi.org/10.1037/ort0000293>.
- Sulley, Saanie, Adzrago, David, Mamudu, Lohuwa, Odame, Emmanuel A., Atandoh, Paul H., Tagoe, Ishmael, Ruggieri, David, Kahle, Lisa, Williams, Faustine, 2023. Assessment of prenatal depression among U.S. Pregnant women without access to paid sick leave and regular place of care: national health Interview survey of U.S.-Born and non-U.S.-Born. *Preventive Medicine Reports* 35 (October), 102322. <https://doi.org/10.1016/j.pmedr.2023.102322>.
- Susser, Philip, Ziebarth, Nicolas R., 2016. Profiling the U.S. Sick leave landscape: presenteeism among females. *Health Serv. Res.* 51 (6), 2305–2317. <https://doi.org/10.1111/1475-6773.12471>.
- Swanson, Resha Terae, Devorah Carreon, Erin, 2024. Uncovering the transformative labor in Black women's community work. *Affilia*, January, 08861099231223935. <https://doi.org/10.1177/08861099231223935>.
- Weixel, N., Choi, J., O'Connell-Domenech, A., 2024. Three States Pass Paid Sick Leave Measures. *The Hill*. <https://thehill.com/newsletters/health-care/4981763-three-states-pass-paid-sick-leave-measures/>.
- Williams, David R., 2018. Stress and the mental health of populations of color: advancing our understanding of race-related stressors. *J. Health Soc. Behav.* 59 (4), 466–485. <https://doi.org/10.1177/0022146518814251>.
- Williams, David R., Selina, A. Mohammed, 2013. Racism and health I: pathways and scientific evidence. *Am. Behav. Sci.* 57 (8), 1152–1173. <https://doi.org/10.1177/0002764213487340>.
- Williamson, Molly Weston, 2023a. Getting to Know the Healthy Families Act. Center for American Progress (blog). <https://www.americanprogress.org/article/getting-to-know-the-healthy-families-act/>. (Accessed 5 September 2023).
- Williamson, Molly Weston, 2023b. Why paid leave is the path to progress and prosperity. *Hum. Right* 49 (1/2), 34–35.
- Williamson, Molly Weston, 2024. The State of Paid Sick Time in the U.S. In 2024. The Center for American Progress. <https://www.americanprogress.org/article/the-state-of-paid-sick-time-in-the-u-s-in-2024/>.
- Wolf, Douglas A., Jennifer, Karas Montez, Monnat, Shannon M., 2022. U.S. State preemption laws and working-age mortality. *Am. J. Prev. Med.* 63 (5), 681–688. <https://doi.org/10.1016/j.amepre.2022.06.005>.