

Key Points

- » Workplaces shape risk for exposure to COVID-19 through on-site safety practices, including the provision and required use of personal protective equipment, as well as protective policies such as paid sick leave and the flexibility to work from home.
- » More than one in every five US workers has no paid sick leave. Recent expansions of paid sick leave coverage still exclude many workers. Low-wage workers are far more likely than their higher-paid counterparts to lack paid sick leave but are the least able to afford to take unpaid time off from work when ill.
- » Women, people of color, and those of lower socioeconomic status are the most likely among all workers to hold frontline positions that require in-person work and the least likely to have paid sick leave. These groups have disproportionately experienced the negative health and economic consequences of COVID-19.
- » Women have been disproportionately affected by job loss and the caregiving burdens arising from school and care provider closures, with consequences for their career opportunities, economic security, and mental health.
- » Governmental action is needed on several fronts: to empower workers by raising wages and providing universal paid sick leave, to strengthen COVID-19 workplace safety mandates and enforcement of workplace safety standards via the Occupational Health and Safety Administration, and to prioritize a safe reopening of schools and childcare centers.

WITH SUPPORT FROM:



Robert Wood Johnson Foundation

INEQUALITIES AT WORK AND THE TOLL OF COVID-19

The COVID-19 pandemic has laid bare existing inequalities in workplace exposure to health risks and economic insecurity. Policy action is needed to protect workers' health during the pandemic and to support worker empowerment and equitable opportunities in the future.

Work plays a key role in moderating the COVID-19 pandemic experiences of Americans and in imposing economic and social costs on households. Frontline workers, many of whom are considered “essential,” face disproportionate health risks as they weather the pandemic. At the same time, many white-collar workers have transitioned to remote work, often while simultaneously caring for dependent children, leading to severe role strain and work-life conflicts.

The often-dire consequences of the pandemic are stratified along race, gender, class, and occupational lines. In this brief we explore how existing inequalities at work across these same categories perpetuate inequalities in the toll of COVID-19. Before the pandemic, many of those currently working in frontline positions faced [low wages](#), [few benefits](#), and [erratic schedules](#). (Note: All linked references in this brief are also listed in [supplemental exhibit 1.](#))

Many of these issues have only intensified during the COVID-19 pandemic. We highlight the importance of—and inequalities in—on-the-job conditions that affect viral exposure risk and fringe benefits such as paid sick leave and the ability to work from home that allow workers to manage risk. We also propose policy recommendations to lessen these inequalities during the pandemic and for the service sector moving forward. We do not recommend a return to prepandemic standards but, instead, a movement toward a better and more equitable future for employees.

On-The-Job Exposure To COVID-19 Risk

A key Centers for Disease Control and Prevention (CDC) recommendation for containing the COVID-19 pandemic is minimizing exposure to persons outside of one’s household. The CDC advises avoidance of indoor interactions because infection risk increases in enclosed spaces, particularly during extended periods. Many **essential workplaces are thus high-risk environments**, bringing coworkers and consumers together indoors, with most work shifts lasting multiple hours.

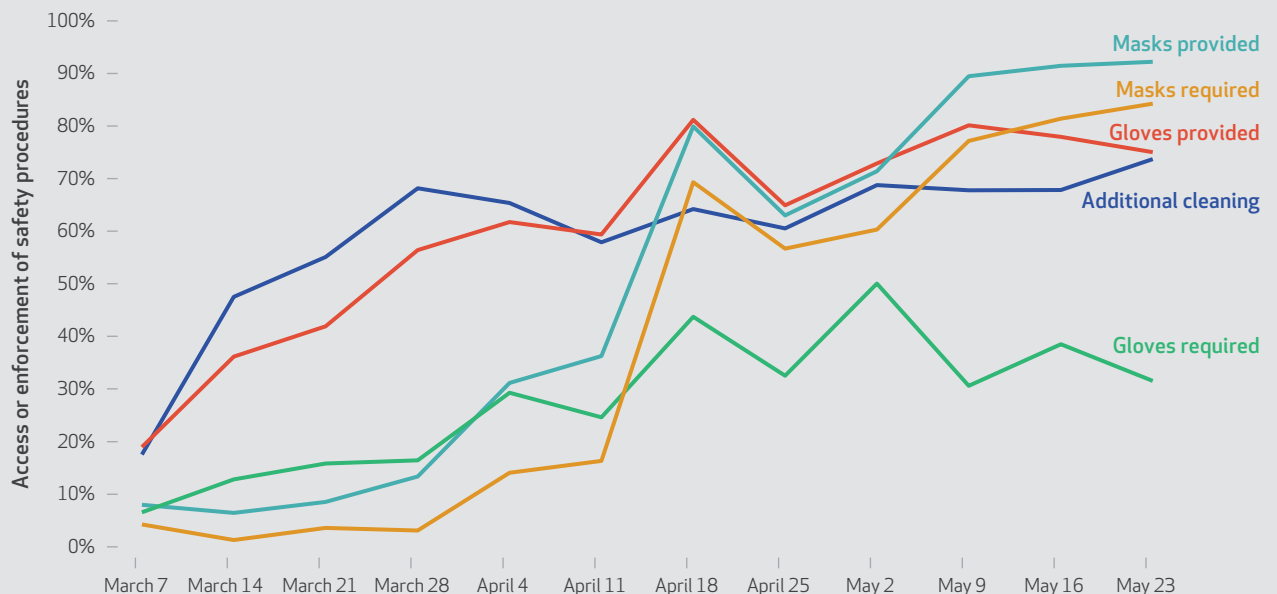
Fifty million US workers (34.5 percent of all workers) are both frontline and essential workers, meaning that they cannot work from home and their work is essential to meeting basic population needs. In this case, essential workers are those employed at a business or establishment that **“must stay open during a public health emergency.”** When nonessential workers are included (for example, those in restaurants and retail establishments that have chosen to remain

open as permitted during the pandemic), the number on the frontlines well exceeds fifty million. Because these workers cannot adhere to health guidelines to **socially distance**, they face heightened viral risk. A recent study of California death statistics found that frontline workers experienced disproportionate **increases in mortality** during the pandemic compared with previous years. Workers in the food and agriculture sector faced the highest excess mortality—far greater than health care workers—suggesting that not only exposure but also on-the-job protections affect health risks.

Some on-the-job exposure faced by workers can be mitigated by access to and use of personal protective equipment (PPE). Although health care workers tend to be **prioritized for access** to PPE, **supply shortages** have left many of these workers vulnerable. In contrast, food and agriculture workers are substantially less protected, with some employers leaving it up to workers to **provide their own PPE** and some retailers even **barring use of PPE** by employees to maintain a particular image. Using a survey of more than 12,000 workers at more than 100 of the largest retail and

EXHIBIT 1

Workplace safety procedures in the service sector from March to May, 2020



SOURCE: Ho H, Schneider D, Harknett K. COVID-19 safety measures update [Internet]. Cambridge (MA): The Shift Project; 2020 Dec [cited 2021 Apr 29]. Available from: <https://shift.hks.harvard.edu/covid-19-safety-measures-update/>

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food service firms in the US, [the Shift Project](#) tracked workers' reported access to PPE during the first months of the pandemic, finding that employers increased both the number of masks provided to and mask requirements for workers as the pandemic unfolded (exhibit 1). This increase coincides with an [April 2020 CDC statement](#) advising wearing "cloth face coverings" as a public health measure.

At the federal level, masks and other PPE are only recommended, not required, for workers and patrons. However, [all but seven states have, at some point in the pandemic](#), required masks for most frontline employees, and many cities and counties can mandate additional PPE requirements. Nevertheless, mask policies have been [inconsistently enforced](#), and some customers have resisted mask wearing, particularly in the retail and hospitality industries. In a survey of

“Fifty million US workers... are both frontline and essential workers.”

retail and food service workers in fall 2020, half or more of surveyed workers from several large fast food and casual dining restaurants and grocery stores [reported](#) that customers do not consistently use masks.

Workers facing COVID-19-related safety concerns on the job have received little support from the primary agency tasked with enforcing worker health and safety standards: the Occupational Health and Safety Administration (OSHA). Under the Trump administration, OSHA did not issue COVID-19 [safety mandates](#), and enforcement activity continued a [downward trend](#) during the pandemic. At the beginning of the pandemic, OSHA had its [lowest number](#) of workplace inspectors in forty-five years and there was a significant decline in inspections, despite an [increased need](#). OSHA has also failed to protect workers from [retaliation](#) in response to their registering complaints about COVID-19-related issues.

Union representation can also improve health and safety on the job. Unionized workplaces are [24 percent more likely](#) than nonunionized settings to have

health and safety inspections, a difference driven by complaint-initiated inspections. In nursing homes, where a high proportion of COVID-19 deaths have been reported, unionization correlated with a [30 percent decrease in mortality](#) among residents. However, just [10 percent of health care workers](#) and 8 percent of food or agriculture workers are union members.

■ Excess Risk for Low-Wage Workers, Workers of Color, & Female Workers

Essential workers who face the greatest work-related COVID-19 exposure risk are [disproportionately low-wage earners](#). Low wages are, in and of themselves, a risk factor for COVID-19. Workers earning lower wages are more likely than their higher-paid counterparts to live with [large groups of people](#), increasing exposure risk through increased interpersonal contact. Low-wage earners are also [less likely](#) to have adequate health care and are thereby more likely to have underlying, often untreated, conditions. Frontline workers tend to have [little financial cushion](#), making it challenging to take time off work if exposed to COVID-19 or [to leave](#) jobs with unsafe conditions. Many are forced by financial necessity to continue facing workplace exposure and so [risk](#) exposing their households. When it comes to bearing risk at work, for low-wage frontline workers, the formal distinction between "essential" and "nonessential" is secondary to the reality that when their workplaces are open for business, they must work to sustain financial survival.

Workplace exposure to COVID-19 has disproportionately affected workers of color because of their [overrepresentation](#) in essential and frontline occupations. People of color make up approximately [24 percent](#) of the US population, yet constitute approximately [40 percent](#) of health care, grocery, convenience, and drug store workers. A [California study](#) found excess mortality among Latinos during the pandemic, with food and agriculture and manufacturing employees having some of the highest death rates. One study in Utah found that Latino and non-White workers made up almost [three-quarters of workplace COVID-19 infections](#) while making up just one-quarter of the working population. Within food service, [migrant farmworkers](#), a [largely Latino population](#), face [increased risk](#), with many experiencing [overcrowded](#)

living conditions and lacking proper sanitation, PPE, health care, and COVID-19 testing. If they are undocumented, these workers may face deportation if they are ill and unable to work. Meat processing plants have also become a key site of transmission and are disproportionately staffed by workers of color, who made up 87 percent of cases in these sites. These differentials in workplace exposure may help contribute to differential COVID-19 mortality rates across racial/ethnic groups.

Women also face particular work-related risk during the pandemic. The COVID-19 recession has prompted a disproportionate—and historically atypical—increase in women’s unemployment. Women accounted for 68.5 percent of US job losses between February and September 2020, despite making up 47.6 percent of employees in January and February 2020. Women who are still working also face greater health risks compared with working men. Occupations with higher viral transmission also have higher proportions of women employees, including service sector and health care jobs. Women are especially overrepresented in low-wage health work, including positions such as home health workers and nursing assistants

and hospital staff such as janitors and cooks. These workers tend to be given a lower priority for PPE than clinical staff, but can face similar risks. Outside of health care, women are overrepresented in high-viral-risk occupations such as service sector positions and tend to be employed in occupations with close physical proximity to coworkers and customers, increasing risk for exposure.

Reducing COVID-19 Risk: Paid Sick Leave And Remote Work

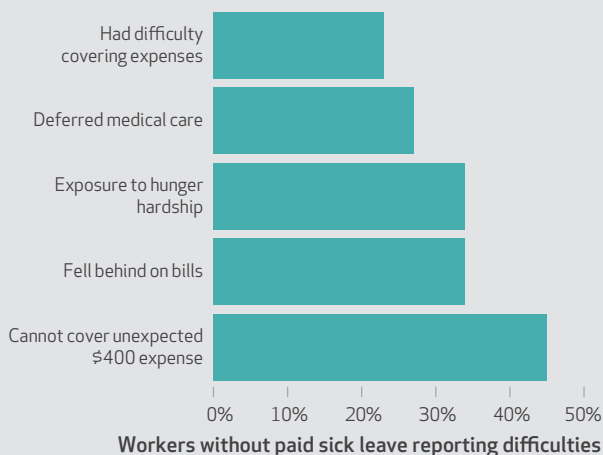
For workers required to report to workplaces, provision of paid sick leave is critical in containing the spread of COVID-19, as it enables sick or exposed workers to stay home without incurring untenable financial loss. Although 78 percent of US workers overall had access to some paid sick leave at the start of the pandemic, only 30 percent of low-income workers had access to this benefit. Workers facing financial hardship are more likely to say that they would still report to work if they had a fever than are workers without such hardship. As shown in exhibit 2, service sector workers who lack paid sick leave tend to be financially insecure, with many struggling to pay bills and experiencing hunger even before the pandemic. This creates a painful cycle for workers caught between concern for personal and familial health and financial survival.

The Families First Coronavirus Response Act (FFCRA), enacted in March 2020, provided workers with up to two weeks of paid sick leave. A comparison of states that gained paid sick leave through the FFCRA and those that already had this policy suggests that the paid sick leave expansion reduced confirmed COVID-19 cases by 400 per day during a follow-up period in late spring 2020. Still, many workers are not covered by this act, as the law exempted employers with more than 500 or fewer than 50 workers. Shift Project data showed that 55 percent of workers at large service sector firms had no paid sick leave just before the pandemic.

Workers of color tend to have less paid sick leave and stricter leave policies than White workers. Women are less likely to have paid sick leave than are men, and to face greater economic precarity and job insecurity in the service sector. Women are also more likely to

EXHIBIT 2

Self-reported financial fragility among service sector workers lacking paid sick leave



SOURCE: Schneider D, Harknett K. Essential and vulnerable: service-sector workers and paid sick leave [Internet]. Cambridge (MA): The Shift Project; 2020 Apr [cited 2021 Apr 29]. Available from: <https://shift.hks.harvard.edu/essential-and-vulnerable-service-sector-workers-and-paid-sick-leave/>

NOTES: Survey data collected September 2017–November 2019. The exhibit is reproduced with permission of the Shift Project.

report all measures of economic fragility than the overall service sector population. These trends put already-vulnerable populations at greater risk for financial hardship during the pandemic and make them more likely to spread COVID-19 should they contract it, as—out of necessity—they may go to work while ill.

Roughly half of US workers are now working remotely and thus have greatly reduced risk for COVID-19 exposure, but this group is not representative of US

“Workplace exposure to COVID-19 has disproportionately affected workers of color.”

workers overall. White-collar workers, as well as older, highly educated, and higher-income employees, are more likely to have the option to work from home and to do so successfully, given the home environment and household responsibilities afforded them. Facing regular viral exposure, frontline, nonremote workers are more likely than the overall workforce to be women and people of color and to have lower levels of educational attainment and lower incomes.

■ The Work-Family Crisis Faced By Parents

For working parents, both frontline and remote, COVID-19 has exacerbated conflicts between work and caretaking responsibilities. The closure of schools and childcare centers has made pandemic life difficult for those with young children, who often struggle to find childcare and manage fully or partially remote schooling. The informal support networks many parents rely on have become less feasible, given the increase in viral risk resulting from close contact with others. This is especially true because many informal caregivers are older adults, such as grandparents, who are at high risk for COVID-19.

Caregivers also experience significant emotional distress navigating work and care, as COVID-19 has

limited access to support networks. According to a national survey, 27 percent of parents said their mental health had deteriorated as a result of the pandemic. A daily survey of hourly service workers with young children found declines in parents' psychological well-being during the pandemic. In this same study, 45 percent of respondents reported an increased childcare burden, which was significantly related to children's "uncooperative behavior and worry."

The toll of the pandemic for working parents has fallen heavily on women. A survey in the early months of the pandemic found that women were almost twice as likely as men to report bearing primary responsibility for overseeing children's remote schooling and general care. Data from the Current Population Survey early in the pandemic indicate that working mothers with young children cut back their work hours to provide care four to five times as much compared with working fathers. Although time use data suggest that the pandemic may have narrowed the gender gap in child care among parents working from home, the gender gap in housework widened. Further, survey data show that mothers working from home report worse mental health compared with fathers.

■ A Policy Agenda To Protect And Empower Workers

Fast and efficient distribution of COVID-19 vaccines to frontline workers is of paramount importance in keeping US workers and the public safe in the near term. However, other immediate policy action is needed. Our policy recommendations are designed to protect workers during the pandemic and to lay the groundwork for worker empowerment and opportunity in the future.

EMPOWER WORKERS TO AVOID UNSAFE CONDITIONS

All workers should be entitled to paid sick leave so that they do not need to choose between missing a paycheck or going to work sick. Access to paid sick leave enables workers to quarantine safely without risking their financial well-being, protecting both the workers and the public. Current paid sick leave laws are a patchwork of local legislation and voluntary company action. A national paid sick leave guarantee

that imposes a minimum standard would ensure equitable access to this benefit.

Further, workers should be entitled to unemployment benefits if they cannot continue working because they are unsafe at work. A recent [executive order](#) from President Biden has opened the door to expanded access to unemployment insurance benefits for those who leave a job because they feel unsafe at work during the pandemic, although it [remains to be seen](#) how accessible these benefits will be for such workers.

Worker and public health would also be protected by a higher minimum wage, as workers could take unpaid time off without risking a financial crisis. A higher minimum wage may also confer [additional health benefits](#). Policy makers should also consider extending [hazard pay](#) compensation to frontline workers for the elevated health risks they endure by showing up to work during a pandemic.

ENFORCE SAFETY STANDARDS AT WORK

OSHA must be fully staffed and strengthened to protect workers during the pandemic. The Biden administration has taken a step in this direction. An [executive order](#) signed in January 2021 ordered OSHA to issue revised workplace safety guidance for the pandemic and to focus enforcement on major COVID-19 violations. Shortly thereafter, OSHA issued [stronger guidance](#) on COVID-19 workplace safety, recommending that employers implement COVID-19 prevention programs including hazard assessments, nonpunitive employee absence policies to encourage infected workers to stay home, and whistleblower protection for employees reporting COVID-19-related safety

concerns. An important next step is for OSHA to issue an [Emergency Temporary Standard](#), which would make these recommendations legally enforceable. OSHA could also publicize sanctions against violating firms, which [research](#) shows is a highly effective tool for increasing compliance.

PRIORITIZE SAFE REOPENING OF SCHOOLS AND CHILDCARE CENTERS

Safe reopening of schools and childcare centers will lessen the strain on working parents. Despite the essential importance of schools in the national infrastructure, businesses such as bars and restaurants have opened before these institutions. Reopening schools and childcare centers would be particularly impactful for working mothers who are bearing the brunt of the added pandemic-related childcare responsibilities and experiencing the most severe economic and mental health consequences.

Conclusion

With the introduction of vaccines and the hope for herd immunity on the horizon, the threat of COVID-19 may subside in the latter half of 2021. Nevertheless, inequality in workplace exposure to health risks and economic insecurity will endure. The COVID-19 pandemic has revealed stark inequalities in exposure to workplace risk and access to protective policies. The shock has created a new urgency and imperative to make risk-reduction and protective policies universally and equitably available to workers across the occupational, demographic, and socioeconomic spectrum.

HealthAffairs

This Health Policy Brief was produced with the generous support of the Robert Wood Johnson Foundation. All briefs go through peer review before publication.

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Cite as: "Inequalities At Work And The Toll Of COVID-19," Health Affairs Health Policy Brief, June 4, 2021. DOI: 10.1377/hpb20210428.863621

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