

BACKED INTO THE CORNER

SERVING WHILE SICK IN MIAMI-DADE

RESTAURANT INDUSTRY BRIEF

BY THE RESTAURANT OPPORTUNITIES CENTER OF MIAMI
AND THE RESTAURANT OPPORTUNITIES CENTERS UNITED

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Low wages coincide with lack of paid sick days in an industry that handles the public's meals

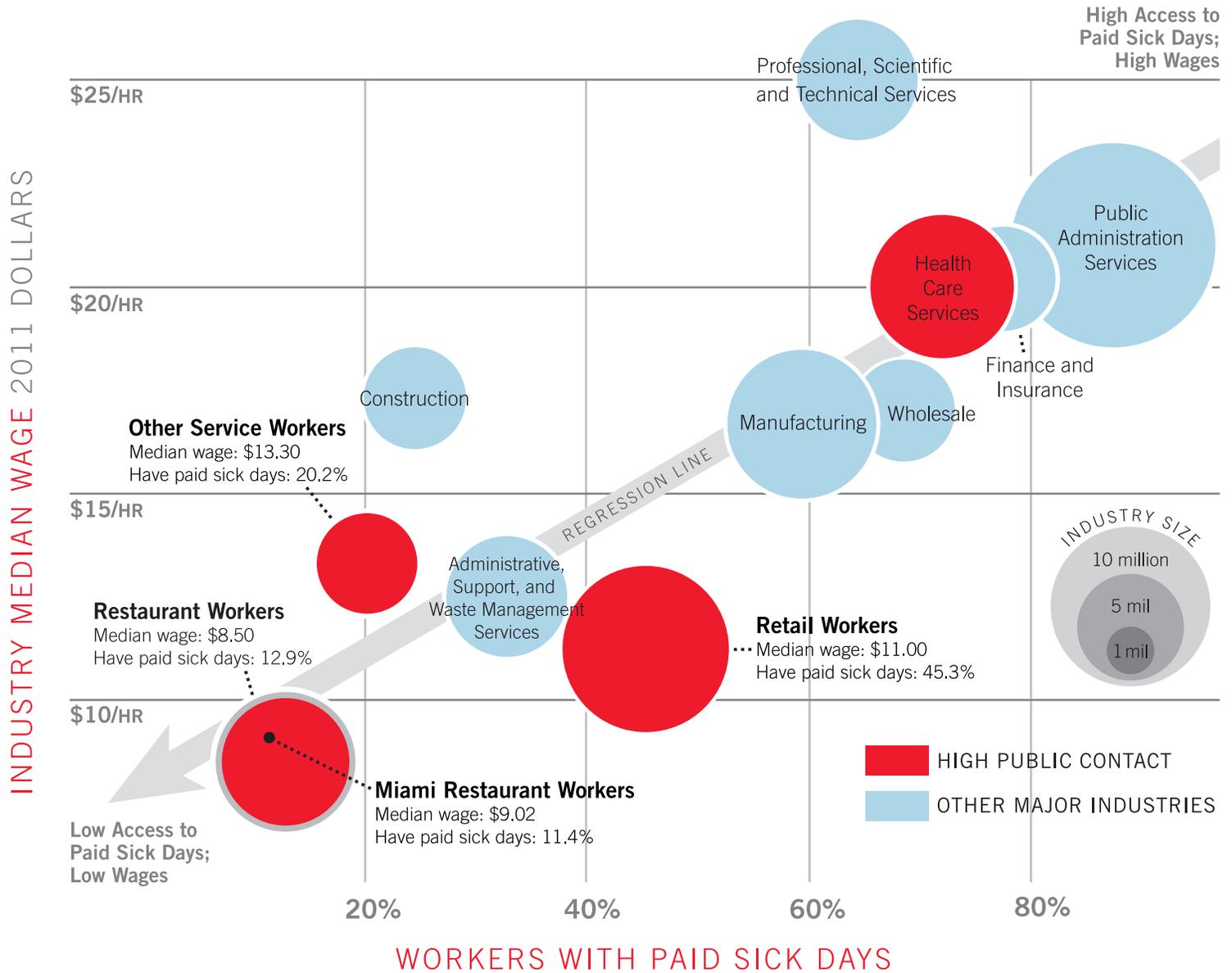


FIG 1
BACKED INTO A CORNER

Workers that cannot afford to stay home sick due to low wages and lack of paid sick days are concentrated in the industries with the greatest risk of contagion from regular contact with the public. The risk of spreading illness is particularly dangerous in the restaurant industry where workers receive the least access to paid sick days and the lowest wages while handling millions of meals per day. Miami workers fall squarely into this picture. The combination of no paid sick days and low wages backs workers into a corner; they must work sick to get by.¹

Nearly 90% of restaurant workers nationwide have no access to paid sick days,² and 64% have worked while sick,³ according to extensive surveying of thousands of restaurant workers by the Restaurant Opportunities Centers United, as well as the National Institute of Health's National Health Interview Survey. As shown in figure 1, in the nation's largest industries, as wages decrease, so does access to paid sick days. The workers who need relief the most, have it the least. Moreover, the workers who can least afford to call in sick and take a day without pay are the most likely to endanger others due to their high interaction with the public. In the case of restaurant workers, not only are these workers interacting with the public, they are preparing and serving their meals.

Miami-Dade closely mirrors national conditions. Nine out of ten Miami restaurant workers have no access to paid sick days, and 47.6% report having worked while sick. Not surprisingly, three quarters of those that worked sick did so because they could not afford to take the day off.

Many workers also struggled without a system for workers to find a replacement. One in ten workers that worked sick could not find a replacement and did not want to overburden their coworkers.

Beyond their financial situation, workers also cited fear of the consequences from their employer for taking even one unpaid day of leave. One in five workers that worked while sick cited fear of retribution from their employer as a reason for not staying home. Over 20% of all workers surveyed were uncomfortable asking for time off when sick, and another 15% did not think they could do so. The restaurant industry is clearly in need of reform to protect the public's health.

SERVING WHILE SICK: EFFECT ON WORKERS AND CONSUMERS

Naturally, when sick workers do not stay home there are consequences for themselves, their coworkers, the restaurant, and consumers alike. Among the 47.6% of workers surveyed that worked sick, the vast majority were unable to provide adequate service, and two-fifths had longer illnesses as a consequence of working, increasing the negative consequences for themselves and their family. Over a quarter of workers who worked while sick reported coughing or sneezing while handling food.

Over 10% reported infecting co-workers. While the effect on consumers is not readily available, restaurant workers see their co-workers on a daily basis and can readily track the spread of an infection in the workplace. Those coworkers are then faced with the decision to lose needed income or work sick (see figure 2).

The Centers for Disease Control and Prevention reviewed 426 restaurants selected at random in nine states and discovered that 12% of food workers had worked while sick with vomiting or diarrhea, making food workers a potential factor in the transmission of food-borne illness. The CDC found several factors associated with working while sick, including high volume of meals served and an absence of policies requiring workers to report illness to managers, and recommended reducing pressures to work while sick.⁹

A recent report examined restaurants across the country that are successful not in spite of giving benefits like paid sick days, but rather *because* they do so.¹⁰ Workers that feel that the restaurant invests in their health and well-being in turn invest effort and creativity to make the restaurant successful. Employers, workers, and consumers all benefit from this model. Unfortunately, many industry employers follow a myopic business model that enshrines short-term profit above all else. As a result, workers must endanger themselves and others, both because they have no access to paid sick days and because they simply cannot afford to take a day off. This industry practice can have disastrous consequences, as it did when hundreds of diners were exposed to Hepatitis A at a popular restaurant in Fayetteville, NC.¹¹

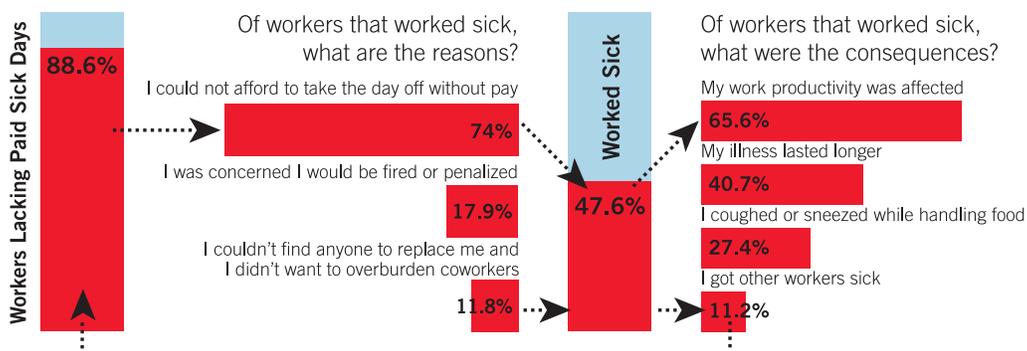
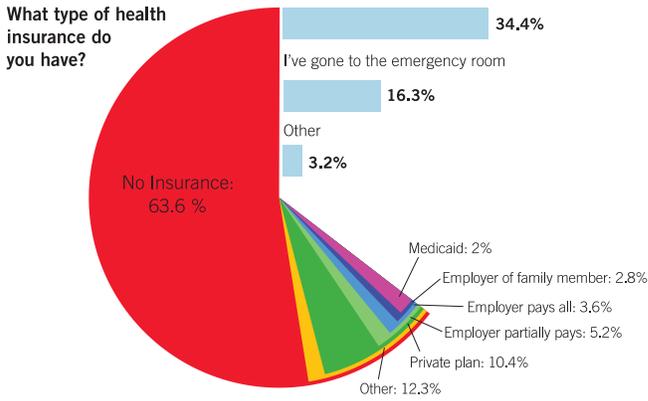


FIG 2 Restaurant Policy and the Cycle of Contagion

Restaurant workers have low wages and almost no access to paid sick days. In this context, almost half decided to work sick, mainly because they could not afford to stay home, and many noted that they spread their illness to coworkers, who then found themselves facing the same decision to work sick or lose needed income.

FIG 3
Falling Through the Cracks
 Fanchart and barchart showing that the majority of surveyed workers had no health insurance. They coped by not seeing a doctor at all, or by going to a subsidized clinic or the emergency room.



ACCESS TO HEALTH INSURANCE

This study also found that the healthcare needs of Miami-Dade restaurant workers are grossly underserved. An overwhelming majority of Miami's restaurant workers, 63.6%, have no access to health insurance. Only 8.8% of workers worked for employers that provided full or partial health insurance. The remainder had health insurance through family, private plans, Medicaid, and other sources (see figure 3).

Workers without health insurance are unable to properly care for themselves and their families. Among workers with no health insurance, nearly half report never having seen a doctor. Another 34% have gone to free or discount clinics, and another 16% depended on the emergency room for their healthcare needs.

Overall, we found that 24% of all workers surveyed visited an emergency room to obtain health coverage in the past year, and nearly one half were unable to pay adding strain to an already overstrained healthcare system.

▶ A ROBUST INDUSTRY

The restaurant industry is one of the largest and most vibrant private sector employers in the nation, with over 10 million employees nationwide.⁶ This is clearly visible in Miami-Dade County. Restaurant workers in Miami-Dade work in over 4,684 food services and drinking establishments⁷ and make significant contributions to the region's tourism, hospitality, and entertainment sectors. Over the past three decades, the restaurant industry has become the third largest private sector employer in the Miami-Dade region,⁸ employing 72,700 workers, and growing from 5.8% to 8.5% of total private sector jobs over the last three decades—one in twelve private sector jobs (see figure 5).

Over the past decade, the restaurant industry has grown as a percentage of the total private sector. During that period, despite stagnation or decline in the private sector, the restaurant industry has continued to show robust growth (see figure 4). As industry growth shows no signs of letting up, it is all the more important that restaurants seek to protect the health of their workers and Miami-Dade residents, rather than endangering public health by placing workers in a position where they feel compelled to work sick to make ends meet.

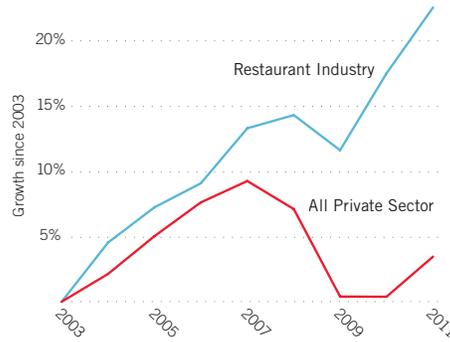


FIG 4 Growing Despite the Recession
 The Miami-Dade County restaurant industry proved resilient throughout the recession.⁴

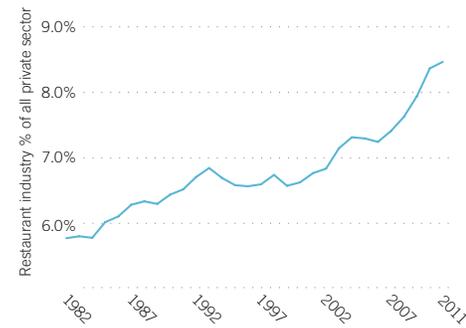


FIG 5 Restaurants Moving to Center Stage
 The restaurant industry has become one of Miami-Dade's largest employers over the last thirty years.⁵

▶ PRESSURE TO CUT CORNERS

More than one in ten workers reported pressure to cut corners in a way that could potentially harm customers, and a full 5% reported serving potentially contaminated food to diners. In our national sample, we have found such reckless behavior associated with a basic disregard for worker rights.¹² This culture of profit-first can lead to disastrous consequences for workers and consumers.

FIG 6 Industry in Need of Reform for Diners and Workers Alike

Workers reported high rates of restaurant practices that put the guest at risk

Workers that reported **pressure to cut corners** in a way that could potentially harm customers

13.9%

Workers that reported restaurant **services expired, dirty or leftover food** to customers

5.2%

FIG 7 Work with a Toll

Restaurateur workers reported high rates of physical and emotional stress.

Workers that reported in the past four weeks:

pain interfered with normal work at least some of the time (both at home and in the workplace)

47.9%

physical or emotional problems interfered with social activities at least some of the time

22.1%

felt downhearted and blue at least some of the time

30.6%

HEALTH AND WELL-BEING OF RESTAURANT WORKERS

PHYSICAL AND PSYCHOLOGICAL WELL-BEING

The restaurant industry takes a measurable emotional and physical toll on its workforce. Nearly a quarter of restaurant workers reported that physical and emotional problems interfered with their social activities. Nearly half of restaurant workers found that pain interfered with their work and home lives, and over 30% experienced some form of psychological malaise. Most restaurant workers reported being in good health, but more than one in five found that physical and emotional deficits negatively impacted their daily and work activities at least some of the time. Further study is needed to better understand how physical and emotional well-being are directly impacted by issues such as low wages, lack of paid sick days, and lack of healthcare insurance.

POLICY RECOMMENDATIONS

The findings of this study have certain clear and sensible policy solutions, including:

- **Support legislation that mandates paid sick days** to allow workers to stay home and take care of their own illness or that of a family member. Legislation must compensate workers the income that they would typically earn by going to work. Tipped workers should be compensated at a rate commensurate with their total average daily wage. Allowing workers to stay home when sick benefits the public as much as the workers themselves by decreasing the risk of contagion.
- **Support legislation that ensures that the healthcare needs** of Miami-Dade restaurant workers are met. All of Miami-Dade benefits from a healthy restaurant workforce.
- **Support education for employers** so that they may better understand how restaurant policies that push employees to work sick hurt the health of their workers and risk the success of their business.
- **Support the collective action of restaurant workers** to improve working conditions for all workers in the industry, including better wages and access to proper healthcare as well as other benefits.

► METHODOLOGY

This study is based on an analysis of the health conditions and access to benefits gathered from 200 surveys of restaurant workers in Miami. Because there is no data source listing individual restaurant workers, it would have been impossible to conduct a strictly random sample of this industry. Thus, a convenience sample survey was conducted, but stratification was used to ensure that the sample was as representative as possible of the Miami-Dade restaurant industry. Census data was used to identify the size of key demographic groups (race and gender) in order to develop sampling goals. Over several months interviewers surveyed restaurant workers by identifying them on the street, through social networks, classified ads, flyers, and other venues. No more than two restaurant workers were sampled from the same restaurant. After fielding the surveys, the data were weighted to ensure representative distribution of “back-of-the-house” and “front-of-the-house” positions. Fine dining was oversampled since it is a key player in the region’s tourism industry. As this is the sector with the highest potential wages and benefits, this may have biased the sample to underestimate the problems that Miami restaurant workers face. For instance, our flagship Behind the Kitchen Door survey of 580 Miami restaurant workers with a more balanced segment distribution found a higher rate of workers without health insurance (74.6%), and a higher rate of workers that have worked sick (65.2%).¹³

We also suspect that the magnitude of health problems and unsafe practices may be higher than found in this study. Workers without access to health care coverage may under-report symptoms or illnesses that have not been confirmed by a health care provider. Also, many workers may be reluctant to admit, even in a confidential survey or focus groups, that they are compelled to engage in behaviors that harm the public. What is certain is that ‘low road’ employment conditions that compel workers to do things that might harm consumer health and safety, such as having to work while sick, are pervasive in the Miami restaurant industry.

MIAMI-DADE RESTAURANT INDUSTRY COALITION PARTNERS INCLUDE:

Miami-Dade Coalition for Healthy Families and Workplaces
South Florida Jobs with Justice
South Florida Interfaith Worker Justice
Catalyst Miami
Unite Here (Miami)

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- 1 Industry employment figures were found from 2011 annual Current Employment Statistics from Bureau of Labor Statistics (www.bls.gov/data). Median wages were found using the 2011 Current Population Survey Outgoing Rotation Files, prepared by the Economic Policy Institute for the Economic Analysis Research Network, for workers working for pay in the last week. Access to paid sick days was found for all currently employed workers in 2010 using the Minnesota Population Center and State Health Access Data Assistance Center, *Integrated Health Interview Series: Version 5.0* (www.ihis.us). The line is the regression line correlating median wage with percent of workers with paid sick days weighted by industry size. The median wage for Miami Restaurant workers was estimated by taking all Food Service and Preparation related occupations (SOC 35-0000) for Miami-Miami Beach-Kendall from Occupational Employment Statistics from Bureau of Labor Statistics (www.bls.gov/data). The percentage with paid sick days was calculated using the results of the 200 surveys of restaurant workers collected for this study.
- 2 Minnesota Population Center and State Health Access Data Assistance Center, *Integrated Health Interview Series: Version 5.0*, accessed July 1, 2012, www.ihis.us, analyzed by Restaurants Opportunities Center United, July 2, 2012.
- 3 Restaurant Opportunities Centers United, *National Behind the Kitchen Door Survey Database*, (2012).
- 4 Bureau of Labor Statistics, 2011 *Current Employment Statistics*, accessed July 1, 2012, www.bls.gov/data. Restaurant industry is NAICS classification 722 for Miami-Miami Beach-Kendall.
- 5 Bureau of Labor Statistics, 2011 *Current Employment Statistics*, accessed July 1, 2012, www.bls.gov/data. Restaurant industry is NAICS classification 722 for Miami-Miami Beach-Kendall. 1982-2002 use SIC classification G5800 for Miami-Hialeah from BLS. Split is due to available data.
- 6 Bureau of Labor Statistics, *Occupational Employment Statistics*, accessed July 18, 2012, www.bls.gov/data. All NAICS 722 workers and any Food Prep and Serving occupations (35-0000) in NAICS 7131, 7132, 7139, 711, 7211, and 7212.
- 7 U.S. Census Bureau, 2010 County Business Patterns, accessed July 18, 2012, www.census.gov/econ/cbp.
- 8 Bureau of Labor Statistics, 2011 *Current Employment Statistics*, accessed July 1, 2012, www.bls.gov/data. Metropolitan area was Miami-Miami Beach-Kendall.
- 9 Steven Sumner et al, “Factors associated with food workers working while experiencing vomiting or diarrhea.” *Journal of Food Protection* 74, no. 2 (2011), 215-220.
- 10 Restaurant Opportunities Centers United and Rosemary Batt, *Taking the High Road: a How-To Guide for Successful Restaurant Employers*, January 1, 2012.
- 11 Cumberland County Public Health Department, “Possible Transmission of Hepatitis A at Olive Garden in Fayetteville,” press release, August 8, 2011.
- 12 Restaurant Opportunities Centers United, *Serving While Sick: High Risks & Low Benefits for the Nation’s Restaurant Workforce, and Their Impact on the Consumer*, September 30, 2010.
- 13 Restaurant Opportunities Centers United, *Behind the Kitchen Door: The Social Impact of Inequality in Miami’s Growing Restaurant Industry*, February 14, 2011.