

Public Health Institute | Dialogue4Health Web Forum

Combating COVID-19: Why Paid Sick Leave Matters to Controlling its Spread

Wednesday, April 1, 2020

4:00 – 5:30 p.m. Eastern

Remote CART Captioning

Communication Access Realtime Translation (CART) is provided in order to facilitate communication accessibility. CART captioning and this realtime file may not be a totally verbatim record of the proceedings.



>> Kathy: Welcome to Combating COVID-19: Why Paid Sick Leave Matters to Controlling its Spread. My name is Kathy Piazza, and I'm running this Dialogue4Health Web Forum with my colleague Murlean Tucker. We thank our partners for today's event, Trust for America's Health and CityHealth.

And now it's my pleasure to introduce John Auerbach, the moderator of this event. John Auerbach is the president and CEO of Trust for America's Health, or TFAH, where he oversees TFAH's work to promote sound public health policy and make disease prevention a national priority. Over the course of a 30-year career, he's held senior public health positions at the federal, state, and local levels.

John, welcome back. Over to you.

>> John: We appreciate your joining us today for this briefing to highlight why paid sick leave matters to controlling the spread of COVID-19 and other infectious diseases. And I'm very pleased to be joined by Dr. Shelley Hearne, who will be co-moderating this webinar with me, and by our distinguished panelists. And they are Dr. Georges Benjamin, the executive director of the American Public Health Association; Debra Ness, the president of the National Partnership for Women and Families; and Reverend Marvin Owens, Jr., senior director of the NAACP's economic department.

Next slide, please.

Let me begin by sharing the work that TFAH has done to promote paid sick leave and other evidence-based policies at the state level. We began this work before the coronavirus hit, but the pandemic has only heightened the needs that we previously identified and made it all the more important that we utilize the most effective policies. My colleagues and I are here today to discuss the important and well-established role of paid sick leave policy. This policy has been a recommended action step by which we have evaluated state readiness in TFAH's annual Ready or Not emergency preparedness report. If you haven't seen those annual assessments, please check out Ready or Not on our website.

Paid sick leave has also been recommended in our Promoting Health and Cost Control in States initiative, or PHACCS. PHACCS is a Robert Wood Johnson Foundation-funded project, that is intended to identify state policies with the strongest evidence of efficacy. Our team at TFAH reviewed 1500 policies to determine which ones were proven to be the most effective in leading to health and well-being, and it identified the top 13 best performing policies. Paid sick

leave was one of those.

Next slide, please.

Policies that support paid sick leave allow employees to take time off from work to recover when they are ill or need to visit a health care provider. We have highlighted a few of the proven health and economic benefits of such policies on the slide you're looking at, and my colleagues will go into greater detail on these and other benefits through the duration of the webinar. The bottom line, paid sick leave is a proven policy that protects the public against the harm that results from infectious disease outbreaks. In the past, when I was the health commissioner in Boston, we had a hepatitis A outbreak that stemmed from a food establishment that didn't offer such benefits, and, in fact, told its workers to come in no matter what. They came in when they were ill, and the consequences of that for the public were significant in terms of the spread of hepatitis A.

That same risk is clear in the current pandemic, but while there may be some temporary attention to the issue, when the pandemic goes away, if the problem isn't addressed, it's only going to lead to repeated outbreaks in the future.

Next slide.

This is a visual I am sure you are familiar with, but, essentially, it highlights why this matters. We have all become familiar with the bell curve on infectious disease outbreak, and we can't prevent infections, we can't flatten the curve in an outbreak if people come to work when they are ill.

Next slide.

We have seen the federal government react with three separate coronavirus stimulus bills, and we expect that there will be more Congressional action anticipated in the coming weeks. The second bill that is circled here is known as the Families First Coronavirus Response Act, and it specifically created and funded emergency paid sick leave, paid medical and family leave, and other assistance programs. However, this bill only provided sick leave to a limited number of employees at eligible businesses for a brief amount of time. One of panelists, Debra Ness, will cover this in more detail in her remarks.

Next slide, please.

TFAH, along with a group of 55 other cross-sector organizations, jointly has called on the Trump Administration and Congress to pass and quickly implement a federal paid sick leave law that provides 14 days of such leave to all workers, available immediately upon declaration of a public health emergency. 14 days aligns, of course, with the current recommended quarantine period for COVID-19. Furthermore, and beyond the COVID-19 response, the coalition recommends that the new law require all employees, regardless of their size, to -- I'm sorry, all employers, that is, regardless of their size, to allow workers to earn up to seven days of paid sick leave for use when they or a family member is ill, or for preventive care.

Now, while the bill that was signed into law provides emergency sick leave to a larger number of workers, many exemptions and carve-outs were included in the final version of the bill that limits who can access paid sick days. Briefly, those are businesses with more than 500 workers, small businesses with less than 50 workers who can apply for a hardship exemption and therefore be excluded. Health care workers are exempted, and, finally, of course, this program only established a short-term response to the coronavirus, while TFAH and the other groups in our letter advocated for a permanent sick leave program.

Next.

This is what the current situation looks like. Without a federal policy, individual states or

locales are forced to come up with their own solution, leading to a patchwork approach. Only the states you see in red and the District of Columbia require employers to pay paid sick leave to their workers. Maine passed a sick leave policy, but it won't go into effect until 2021. Even in these locations, the states shown in red, the actual policies vary widely in terms of the amount of sick leave earned and exemptions. If we are truly to respond and prepare for infectious disease outbreaks, such as COVID-19, a long-term permanent sick leave program needs to be established nationally. If that isn't possible, we will need the optimal state and local approaches to be expanded.

Our big worry, and the motivation for this webinar, is that the attention that briefly existed to the possibility of a federal fix for this program doesn't seem to be there any longer. The short-term COVID-related problem still exists for many, many workers, and the longer term problem is completely unresolved. The health and well-being of the residents of the nation requires a wiser and more effective approach, and that's what we'll talk about today.

With that, I'm pleased to introduce my co-moderator for today's event, Shelley Hearne. Shelley is the president of CityHealth, where she provides strategic intravenous and direction for CityHealth's big picture, which includes research design and analysis to partner and policymaker outreach. Shelley has spent over three decades as a change maker, bent on boosting the health, safety, sustainability of our planet and the people on it, and she works with foundations, policy makers, and the private and nonprofit sectors to tackle some of the thorniest health and environmental issues of the day, from finding solutions to urban health policy to reducing exposure to toxic chemicals in our everyday lives, and, of course, today we'll be focusing on the work to implement effective paid sick leave policy.

Shelley, I turn it over to you.

>> Shelley: Thank you, John, and thank you to the entire team at TFAH. It's just amazing work, and we are very pleased to be joining you.

Let me just for those of you that don't know that are on this webinar, I'm going to give just a quick snapshot on what CityHealth is. If we could go to the next slide.

We are an initiative of the de Beaumont Foundation and Kaiser Permanente, where we are aiming to help cities thrive through really fundamental policies that are designed to improve people's everyday lives. And what we do is we assess and then support cities to try to get in place a package of nine policy recommendations, which have the potential to boost health, well-being, and the quality of life with an equitable lens. Much like PHACCS, we went through a labored process to identify the evidence base out there on what policies make the biggest difference to health, looking through a lens of the key social determinants of health, and one of the absolute fundamental policies that we determined needed to be on the books for cities was earned sick leave. What we have done is work with subject matter experts to identify and score the 40 largest cities in this country. If you can take me to the next slide, I'll walk through this.

We look at the top 40 largest cities, and we methodically, with a legal team, with the help of Temple Law School, we go through and assess the existing earned sick leave policies that every city potentially has. We have created a matrix and award medals of bronze, silver, gold, or no metal based on the quality and existence of those laws. And, in fact, if you go to CityHealth.org and look up your cities, what you can find there is not only the individual scores, and I'll walk through that, but you can find the actual copies of whether it's an executive order, a resolution, an actual law on the books, the code is all there and available, along with a methodology of how we scored these. But what you will see here on this slide is our matrix for

how to earn bronze, silver, or gold, diving into the key elements that we think are critical for an earned sick leave policy. So that scores things such as the business entity and how large it has to be or how small in order to get scored. The way that that earned sick leave can be used, so, is it for personal, or is it for all family members? Does it include sick leave policy will cover domestic violence recovery?

And then it goes down to the smallest size, and you can see for what we consider gold is all businesses with one employee or more, and our benchmark at this point is 48 hours, which, in this day and age, is an absolute minimal baseline, but we had to start with creating these scores on what was the best policies that we can find that exist on the books out in those cities. So if you'll go to the next slide, so you'll see is what we actually found, so scoring the largest 40 cities in this country, we found that 23 out of 40 did receive a metal. Five of those cities are gold. Six a silver, and 12 are bronze. This is based on our 2019 scoring. Again, you can find this on the CityHealth website, and if you go to the next slide, for those of you with your glasses on, you can see who are the actual gold medal winners, who is silver, bronze, and then a large number of cities without that.

The biggest challenge we are seeing is the pushback in some of these areas, and the unfortunate news that we have that has been building, of the five cities that have gold medals right now, three of them have just recently been put under an injunction and are not able to implement their laws. These are the three cities in Texas -- Austin, San Antonio, and Dallas. Even in this time of crisis, we are seeing constant pushback on the progress and achievements that are being made. This is something that is critical, and I'm glad we have so many people on this webinar and many voices here, but it is really something that we have got to make sure. There is never a better time than now and a clear call for getting earned sick leave policies on the books.

My last slide, if you want to follow up more on any of the details regarding the city work and working in collaboration and the support that we can provide to cities, please follow up with our national director of partnerships, Katrina Forrest. It is now my pleasure -- it is always a good day when you get to hear Georges Benjamin. He is a leader of legend. He's the executive director of the American Public Health Association, which is the country's largest and oldest professional public health organization. He has been actively practicing for 20 years at the local, national and international level. He publishes a whole litany of critical reading on public health, from AGPH, the nation's health -- I can go on with all kinds of acronyms and lists, and all I could tell you is you should listen to anything that he says. So without further ado, Georges, I hand it over to you.

>> Georges: Thank you very much, and Shelley, I'll send you your check. Let me take the first slide there.

The next one. So, you know, in light of the fact we have this amazing epidemic going on, I just want to talk a little bit about the impact of paid sick leave, and, you know, there's obviously the increased risk of community contagion because you don't have paid sick leave, and as you know, the workers who interact the most with the public are the least likely to have paid sick leave, and that includes people, for example, in the food service industry, child care centers, those of us who go grocery stores sometimes, particularly small grocery stores, many of those folks don't have paid sick leave.

They are also more likely to be exposed to contagious diseases, and then, of course, if they get infected, to get other people sick.

We know that they are more than one and a half times likely than those with paid sick leave

to report going to work, because even though they may have a contagious disease, if you don't work, you don't eat.

Next slide.

Now, the CDC has actually looked at this and found that nearly 60% of the food service workers reported working while sick. You know, this is a self-reported survey that the CDC did. But what was interesting, nearly half of those workers said they went to work because, again, they didn't have paid sick leave. So don't work, you don't eat. Nearly half, 46% of the restaurant-associated illnesses outbreaks that occurred involved an infected food service worker, and there are approximately 48 million cases, by the way, of foodborne illnesses in the US every year. So this is a really, really big problem.

Next slide.

Now, we know that the lack of paid sick leave increases workers' likelihood of also being injured on the job. Illness reduces the worker's functional capacity, as well as their physical capacity, and their ability to focus on the job, and a greater impact certainly occurs in some of the more dangerous occupations, like construction workers, who without paid sick leave are 21% more likely to experience a nonfatal occupational injury than someone who has paid sick leave.

Next slide.

We also know there is a significant impact on child health. So parents without paid sick days are nearly twice as likely as those with paid sick days to send that sick child to school or day care. We know that they are two and a half times more likely than those with paid sick days to report taking their child or family member to the emergency department, and so many of you know that I actually practiced emergency medicine for many years, and I can just tell you my clinical experience is that that's also true. And children whose parents don't have paid sick days are more likely to not receive preventive health care, if they don't have paid sick leave, and are 13% more likely to receive a flu vaccine and annual checkup if they do have time to take off and take care of their children, and children whose mothers lack paid sick days are less likely to receive routine care, checkups, et cetera. In many health care systems, they only occur Mondays through Fridays, usually after work.

Next slide.

Finally, around this whole issue of access to health care, workers who do not have paid sick days are three times more likely to neglect medical care for themselves, and nearly two times more likely to forego medical care because they cannot take time off work.

They are, of course, less likely to access preventive health care services, and they are much more likely to go to the emergency department for care. What's staggering about this is preventable ER visits cost over \$1 billion a year, with nearly half of those costs coming from taxpayer-funded programs, like Medicare, Medicaid, and the state's children's health insurance programs. And we know that almost 1.3 million emergency department visits could be prevented with public and private costs associated with that if we had paid sick leave. So there's enormous savings to the system and to all of us if we can make sure that everybody has an appropriate amount of paid sick leave.

With that, I'll stop, and I want to thank you. And let me go to Debra Ness. Now, Debra is an amazing person. She is the president of the National Partnership for Women and Families. She has been a strong, strong advocate for paid sick leave, and Debra, it's all yours.

And I think you're muted.

(No audio coming through.)

>> Kathy: Debra, I'll take your line off of mute. Please go ahead.

>> Debra: Thank you, everybody, who has joined this call, and a special thanks to John and Shelley. The National Partnership for Women and Families is an almost 50-year-old organization, and we work on achieving equity for women and families, and we do that by particularly looking at the ways in which economic issues and health issues intersect in people's lives. We are the organization that created the Family and Medical Leave Act and pounded out the first draft of that bill back in the early '80s and then helped to lead the almost decade-long fight for its passage, and, as you know, the Family and Medical Leave Act has been around now for almost three decades, but it provides only unpaid leave, and almost half of our workers aren't even eligible for it. So the United States is way behind other advanced countries when it comes to providing either paid sick days or paid family and medical leave.

Now, I'll say that it is a particular travesty that we are here in the middle of a huge crisis, unlike anything any of us have ever lived through, and we are scrambling during the efforts to pass emergency legislation over the recent weeks. We scrambled to try to put in place the basics of paid sick days and paid leave provisions at a time when our policy makers should have been focused on the right ways to get aid to our health care system and the right ways to protect frontline workers and the right ways to make sure our economy can survive this crisis. And, instead, we were enmeshed in negotiations around whether or not -- and there were lawmakers still asking questions about, well, why do we need to be providing paid sick days at this particular moment? Isn't that just a wish list item we shouldn't be focusing on in an emergency like this? And hopefully, at this moment in time, for all of the reasons Georges just went through, we are beginning to realize that, as a society, that, yes, this is the moment, and it's one of the most critical things we can do right now, is give people the ability to stay home when they are symptomatic, to stay home when they are sick, or to stay home when they are quarantined, because -- with pay, without having to face economic disaster. Unfortunately, even as we get past this, as we get past this time, we are going to find ourselves once again where paid sick days, paid family and medical leave are not the law of the land and only availability workers in some states or some municipalities and not all. And that means that we will be putting people in the position of having to decide do they stay home when they are sick, do they stay home when their child is sick. Can they be with a loved one who is very ill, critically ill, or do they take the risk of losing their paycheck or losing their job?

On this slide, you will see that we spent a little bit of time looking at the difference between paid sick days and paid family and medical leave. They are different, but they are both essential. Paid sick days is the time that you take for a short-term illness, like the flu or a cold or a stomach virus. They are something that you take when you have a sick family member or a sick child, or you need to take someone to a doctor's appointment or you need to get preventive care. We need paid sick days to be in place, so that people can get the flu shots or the annual physicals or take care of regular health and dental needs.

Long-term paid family and medical leave is designed to help people when they have a serious illness, when a new child comes along or is adopted, when you have a very seriously ill family member you need to work for, and it's also leave that should be usable for taking care of the needs that occur when a family member is called up for military service. So, those two types of leave are different but incredibly important for people to have the coverage that they need so that they don't have to make that tough choice of deciding whether to keep their job or their paycheck or to take care of their health or their loved ones.

Next slide.

So, Georges covered a lot of this, but I want to emphasize the fact that there are 32 million workers in this country who can't right now earn a single paid sick day because their employer does not have a paid sick days policy, and the disparities and inequities are huge. 93% of the highest wage workers have paid sick days, but only 30% of the lowest wage workers do, and as Georges pointed out, the workers who interact in the most public-facing jobs tend to be the ones who are also in the lowest paid jobs and who are the least likely to have paid sick days. As he said, we are talking about workers in food service, but we are also talking about workers who take care of our loved ones, workers in child care centers, in elder care centers, workers who do direct care work or home care work, workers in nursing homes, people in retail, people in the hospitality industry, and a huge proportion of these jobs are done by people of color, and in particular by women of color. And so the lack of paid sick days in this country is contributing to perpetuating the economic inequities, the racism, the misogyny that results in people of color, and in particular low-income women of color, being the ones who are suffering the most when they or a family member gets sick. They are the ones who you'll often hear say -- here -- hear say they are one sick child away from losing their job. They are the ones that often have trouble taking time off for being sick when buying their groceries at the end of the month. This is not just a public health issue. It is also an equity issue, and the lack of policies around paid sick days and paid leave are contributing to the huge economic inequities that we see getting worse and worse in this country. You know, there's a saying that the rich get richer and the poor get poorer, and I would add to that the poor get poorer, and they get sicker, and the lack of these kinds of paid leave policies are direct contributors to that.

Next slide.

So, what is the current landscape? As Shelley pointed out, there are 12 states, including the District of Columbia, that currently have paid sick days, and 22 local jurisdictions, and they are mostly located in the New England area, mid-Atlantic and west coast, with the exception of Arizona in the southwest. Unfortunately, we have been trying to pass paid sick days for now almost 16 years. The Healthy Families Act is the model piece of federal legislation that would make paid sick days available to all workers. It would establish a national standard that would meet the criteria that Shelley laid out on her slide. It would allow people to earn seven days of paid sick days a year, and it would be utilizable for taking care of yourself, taking care of a family member, taking care of the effects of sexual assault or domestic violence, and it would be, as I said, available even for workers who work for small employers. It was first introduced in 2004, and we are still trying to pass it.

The family act, which would provide paid family leave for workers across the board would also cover a broad definition of types of family members who you could care for. It would provide three months of paid leave for the same reasons that the Family and Medical Leave Act provides. It is paid for by a joint employer-employee payroll contribution, and it has the strong support of businesses around the country, both small businesses and large corporations.

That bill was introduced in 2013, and we are now hopeful that having had the conversation that we have just -- that we are having in this country now about the importance of paid sick days and the importance of paid leave, that the playing field for passing both of these pieces of legislation will be very different when this crisis is over. And so even though the Families First Coronavirus legislation that just passed is only for this emergency period, you have members of the House and Senators who have introduced something called the PAID Leave Act, which pulls together the best of the emergency legislation together with the Healthy Families Act paid

sick days and the FAMILY Act paid medical leave all in one proposal. So once we are recovering from this crisis and emergency legislation is no longer providing protection for people, we will be fighting to make sure that we move the PAID Leave Act forward.

Next slide, please.

The provision in the emergency legislation is far from perfect. Unfortunately, there are many, many workers who will not be covered. It applies only to employees in businesses that have 500 or fewer employees. So it leaves out many large employers. I'll take the example of Kroger's, who until the recent bad media attention had several hundred thousand workers in its grocery stores who didn't have paid sick days who would not have been covered by this leave. Fortunately, because of public pressure, Kroger's has now made paid sick days available, but there are workers like that whose employers are not eligible.

There's also a provision which allows the Department of Labor to exempt businesses that are 50 employees and smaller, if they can show a hardship, and so we will be waiting for an opportunity to see what kinds of regulations the Department of Labor puts out to implement this law, this emergency law, because it could determine whether millions of workers do or do not get access to this emergency pay, paid sick days.

And the same is true with the paid family and medical leave, which if you get to the next slide, that is leave which is providing 12 weeks of job-protected emergency leave, if somebody does get sick from a coronavirus-related illness, it is unpaid for the first ten days. I believe the assumption there was that the ten paid sick days would be covering those first ten days, and then the paid leave would kick in for the next ten weeks.

So, 12 weeks of job protected leave that is paid at two thirds of your wages, up to \$200 a day, and a total limit of \$10,000. It, however, also applies to the same group of employers, only those that are 500 and under, and the Department of Labor can exempt health care providers, emergency responders, and other -- and potentially other businesses that are smaller than 50 employees. The bottom line is that while this emergency legislation does a great deal to make paid sick days and paid leave available for probably about 20-25 million workers, there are millions of workers who will still be left without any kind of pay if they need to stay home.

So, with that, I will stop and just say that I am hopeful that as we come out of this crisis period that we will have a very different playing field and be able to enact these kind of common sense protections across the board.

>> Shelley: Debra, thank you. We are hoping you're right.

>> Debra: Shelley, are you doing the next introduction?

>> Shelley: Yes, I am.

>> Debra: Great, thank you.

>> Shelley: And thank you for being that steadfast voice out there. It's absolutely needed.

Yes, I do have the pleasure of introducing Marvin Owens, Jr. Here are few key things that you need to know. He's the senior director of the NAACP's economic department, and with over 25 years of experience, he has been covering a lot of different bases, including technical assistance in the areas of community and economic development, small business development, and community organizing. He also served as the VP for economic empowerment at the National Urban League. This is a tough issue. It is a critical issue, and we are fortunate that Mr. Owens also is an ordained minister, because we need all of the help that we can get.

With that, I would like to turn it over to you, Marvin.

>> Marvin: Thanks for the opportunity to be a part of the conversation. It's a real pleasure.

As we have already talked about, I think the -- my fellow panelists have kind of laid out in really stark terms and clear terms the data around what's happening and why we are here. And I want to just say that it's been our pleasure at the NAACP to work in partnership with a number of you folks who are on the call for a lot of years on this issue, particularly with National Partnership for Women and Families, we have been working for sometime on these issues. I also want to quickly give a shout-out to my colleague, Dr. Marjory, who drafted me to be on this panel and be a part of the conversation.

Listen, I wanted to make kind of a couple of comments and continue to open it up for further dialogue. I think the paid sick leave conversation and the fact that we have not been able to move any national legislation on this issue is really because of what I think is just an underlying racism. I really believe that there is an ugly undercurrent that views this effort as benefiting low-wage workers, obviously, and, of course, disproportionately, low-wage workers are viewed as workers of color. And I think that there is something about the argument that we have not been able to sort of raise up and kind of identify. I think Debra has done -- Debra's organization has done an amazing job of laying out the impact of the lack of paid sick leave on people of color, particularly African-Americans in this country. It really is a question often of if I do not go to work, I will not make any money, and then if I don't go to work, I can also lose my job. It's the idea not only if I don't work, I don't eat; if I don't work, I may lose my job completely. That's just a reality that people of color are facing, and particularly African-Americans in this country, who don't have the benefit of having paid sick leave. And I think the larger question becomes why haven't we been able to move this legislation along, and why haven't we been able to garner the support that we have needed to push this over the goal line?

I think part of the answer, to use my next point, which is I really believe that one of the things that we need to work harder on and do a better job of is making the economic argument as to why this is important. For moral reasons, we know it's the right thing to do. For the benefit of the worker, we know it's the right thing to do. But we have not, I don't believe, done enough to begin to explore how do we make it -- how do we make the economic case to help our argument win the day in the public debate, particularly on Capitol Hill. And I think that's because we haven't really spent enough time looking at how do we really explore, how do we utilize our tax laws to be able to benefit companies who do take this route, or how do we make sure that we are looking at how states can benefit as well from the process. So I would love to be able to kind of open up that conversation and then go further on this call and further in later discussion, but I think those two key issues, I think, are really, really important. I think there's an underlying racism that is just prevalent as sort of the underbelly of this conversation, that paid sick leave -- the paid sick leave conversation is primarily about people of color. And the second piece is I don't think we have done enough of a job of making the case of the economic benefit that could be resulting from companies and states that have really taken this and run with it.

With that, I'll yield and open it back up. Thank you.

>> John: Thank you very much, Reverend Owen. And now that you have heard from our terrific panel and from Shelley Hearne, we are going to open up to you, the participants in this webinar, the opportunity to ask questions. Trust for America's Health has done a series of webinars, and we always hear from those who are participating that they want to have more time for your questions to be raised and answered, so, please submit those questions, and in

just a minute, Kathy is going to review with you the slide that you see on your screen now.

Let me do point out that as your questions come in, we are going to turn to Adam Lustig, who is the director of the PHACCS program at Trust for America's Health, and Adam is going to be filtering through the questions, pulling those questions out, and then where appropriate, directing them to a specific member of the panel.

So, we are going to give you a few minutes to work on those, and during that time period, Shelley and I are going to ask some questions.

And Kathy, do you just want to review the question and answer feature?

>> Kathy: Sure. If you don't see the Q&A panel over on the right-hand side of your screen, you're just going to click on the circle with three dots at the bottom of your screen. Click on the Q&A panel, and then please make sure that you send in the drop-down ask box, that you send to all panelists, and make sure that you hit the send button.

>> John: Thanks very much. I'm going to start, and I want to follow up on asking a question about what we can do perhaps to address one of the flaws in what we have seen in some of the proposals to address this issue, and that is the exemption for businesses that have fewer than 99 employees. We know some of these businesses are small businesses with -- that don't have a lot of reserves, and we also know that those businesses have significantly lower rates of access to paid sick leave benefits, compared to workers at larger firms. So I want to ask this of you, Reverend Owens, but others on the panel may also want to chime in. What do you think are some of the public or maybe private sector solutions to support small businesses that want to pay -- that want to provide those paid sick leaves but maybe have concerns regarding the impact on their businesses?

>> Marvin: That's a great question. I think that, getting back to my last point, you know, when there was a real interest in incenting investment in certain communities, the federal government came up with amazing tax structures and tax laws that would incent investments in community organizations and communities around the country that they felt like they really wanted to grow and to see expand and see economic benefit. There's real creative thinking about how to structure it, the New Markets Tax Credit Program. There has obviously been a lot of discussion around opportunity zones and that sort of thing. When the federal government really wants to create opportunities and incentives, they know how to do that. I don't think we have done enough thinking about how to incent organizations, companies, small companies, to be able to provide these kinds of benefits using tax law, using the existing tax structures to make that possible.

I think those are -- I mean, this is kind of an area I really would love to see more work done, and, you know, as the NAACP has done over the years, we are always -- we are constantly looking at ways in which we can move the needle for our constituency, and this is one of those areas where I really believe that if we were able to kind of create some partnerships with foundations and other organizations, philanthropic organizations, to help think through the opportunities and the processes, I think we might be able to see some traction. But I think this is one of those ideas that we really need to take a look at, because I really believe that we are still at a place where ideology is really overshadowing the real necessity that's out there for the communities that need it the most.

>> John: Thank you. Debra, do you have anything to add to that?

>> Debra: Yeah. First of all, I would agree with what Reverend Owens just said, and I think that some of this is very old ideology that people cling to without really thinking through the

consequences anymore, and I do think it sort of goes -- it is rooted in structural systemic mindsets that are what contribute to the outcomes, which are just plain and simple in their impact very racist and very misogynist. I think we have a theme that there is more small business support for these measures than you would actually imagine when you think about much of the opposition that comes from, for example, the trade associations like Chamber of Commerce. They have been traditionally very opposed to these kinds of -- this kind of legislation.

On the other hand, we have huge numbers of small businesses that support it. There is something called the Main Street Alliance, which has evolved as an alternative to the chamber, which is speaking out for small businesses, and making the point that it is actually good for small business, because the costs of turnover that result when you don't have paid sick days and the downside, especially if you're in the food industry or a restaurant -- let's say a small business restaurateur owner of employing workers who come to work sick and having foodborne illness traced back to your place of business, those businesses take a huge hit. And it's not even just the small businesses. I mean, we all saw what happened when some large chains got hit with criticism of having sick workers who then contaminated food.

So, some of this is changing in the mindset of the folks in these small businesses. That mindset is slowly changing, but policy that would help support small businesses that want to do the right thing through the tax system or through other kinds of incentives would be great. And it's one of the reasons why there's a huge amount of traction in the small business community for paid leave, because that is a joint employer-employee contribution paid into a fund, which becomes self-sustaining, and it levels the playing field for all businesses, and so, there, you are making it very affordable for even the smallest businesses and people who are self-employed to participate.

>> John: Thanks. I know, Shelley, you have got a question too, but Adam has a question that is a particular follow-up question to Debra's current point, that one of our participants raised. So, Adam, would you share that with us?

>> Adam: Sure, thanks, John.

So, we had a couple of questions that I think are very much related to what Debra was just talking about in terms of what types of messaging or framing of paid leave and its benefits has most strongly resonated with employers, and even thinking beyond that, is there any type of messaging or advocacy strategies that can be utilized to a broader coalition of stakeholders as well?

>> Debra: I'll step into this, but I'm happy for others to join me. I think there is a lot of good data around the business case, whether it's small businesses or large businesses, one of the biggest costs they face is employee turnover, and when you provide these policies, you are reducing turnover, and that results in lower costs, lower trading, lower recruitment costs. It is also estimated that about \$230 billion gets lost every year due to something called presenteeism, which is when employees come to work sick. And we know that they are less productive, more prone to error, more prone to accidents. I think Georges pointed out that the rate of injuries in certain jobs goes up when people don't have paid sick days, and they are also more likely to be contagious, and they not only are contagious to their coworkers, to the extent they interface with the public, they are contagious to the public.

So I think there's definitely good evidence that it can be very good for the bottom line to put this -- put these policies in place. There's definitely good hard evidence on the costs to our health care system, all of those ER visits that Georges mentioned and the costs of people not

taking care of their acute care needs until they get even sicker or people not getting preventive care or flu vaccines. So I think the combination of those things can make for a pretty compelling case.

>> Marvin: Just to jump in here quickly, I also think it is important that we recognize that there is a movement within --

>> Georges: Say it again?

>> Marvin: Hello?

>> John: Yes, please continue.

>> Marvin: There is a movement, a powerful movement within the capital markets that celebrates companies that are really good to their employees, and I think that investors are particularly sensitive to companies that show that they really are committed to the well-being of their employees.

I don't think this has been the case, as we have drilled down in terms of conversations around even small businesses, that we want to -- that as we talk about a narrative, where companies can sort of show and commit themselves to the fact that they are concerned about the health and well-being of their employees, and this economic benefit that results from that I think will begin to change the narrative. With all of the great research that's out there, with all of the great work that's been done to make the economic argument, it just has not been resonating with the folks on Capitol Hill, and I think that is really a plain ideological barrier that we are facing in moving legislation along.

>> Debra: If I could just add one other thing, I think this is where the optimism about having a different playing field when the crisis is over comes in. I think it is extraordinary that we -- it is both extraordinarily good and extraordinarily bad that it is only this pandemic that finally caused us to have a national conversation, a Congressional vote and anything acted into law around paid sick days and paid family and medical leave. That's the -- you know, the fact that this took this is the downside, but the good side is that we are having this conversation now, and I think people are getting more and more sensitized to the fact that going to places of business that are not treating their workers humanely, respectfully, makes a difference, and I could imagine there being much more grassroots energy, public pressure, as well as policy activity around shining a light on those employers that are keeping their workers safe and economically sound, while at the same time doing a service to their community and serving the public good.

>> John: That's great. Thank you very much. Shelley, I think you have a question?

>> Shelley: Well, let me build upon that, because I think these issues on how we message, how we frame, how we communicate the economic impacts are really critical. Here from the city landscape, we often see when these laws get passed in cities, it then triggers states to pass laws that then move up nationally. We saw that recently with the tobacco 21 effort, moving the age from 18 to 21. Earned sick leave has been a challenge. While we have got a number of cities, more than states, that have gone out and done that, we are simultaneously seeing what I mentioned before, either injunctions being hit to stop these policies, or the states themselves are imposing laws that are preventing the cities from going forward. So I appreciate the optimism, Debra, that you have in the window, and Reverend Owens, your point of there are leadership companies. But are there some thoughts on how do we deal with this challenge on squashing these voices by state preemption?

>> Marvin: I think it's a great point, and one strategy is that often, as is the case right now, even with our current federal leadership, there is a particular ear that leaders have for the folks

in corporations, and, I mean, one of the things that we have been advocating for years -- as an example, we have been advocating for years around the issue of living wages, and we were sort of pushing the needle, talking about it. We got so much pushback, but then a large company like Bank of America will decide they are going to pay \$15 an hour to everyone starting out, or, you know, a large corporation will decide we are going to pay our people at this level, and then that sort of movement, with sort of corporate leadership, then impacts how the argument is made even for -- on issues that up to that point had been sort of characterized as sort of left progressive populist or whatever. And so I think one of the ways in which we begin to address the impasse is that we really recruit these corporate leaders to sort of help us make the argument.

And I think that -- I mean, I think that will begin to help to reframe the conversation as not simply as an argument that advocates are making, the usual voices, but the chorus is getting much more broad in terms of who is making the case.

>> Debra: And I would just heartily reinforce that. I think the broader the coalition, the more voices that are a part of this effort, the more likely we are to push back against the sort of old ideologies that cling to the idea that government should be hands off when it comes to how corporations or businesses engage with their workers. And so Reverend Owens mentioned the corporations that are willing to speak out. I think that is one group. I also think we are getting much more traction with public health leaders and with the medical community, and that is another important community that needs to be using its stature to help in this conversation, and, again, I think we are going to need some time to recover from this crisis, but I do believe that people are going to be more willing to fight on these issues than they were prior to this pandemic.

Finally, I think daylight, transparency -- I mean, we are probably going to get better and better at shining the light of public scrutiny on the businesses that are doing a bad job or not -- and by doing that, they are not only hurting their workers, they are hurting their communities. So I think activism that sheds light on who is doing the right thing, tracing the money, why are there legislators that are not doing the right thing when it comes to these issues? What's behind that? All of that is going to need to be the work and the coalition effort that we use when we get beyond this crisis.

>> John: That's great. Thank you for those observations.

Adam, do we have another question from a participant?

>> Adam: We do. We have many questions from the audience, very engaged today. So, there is one question related to essentially how to best engage in grassroots efforts. So if there are two to three fundamental steps into raising grassroots efforts, what would those be, either directly engaging with businesses or employees themselves?

>> Debra: So, I think this is another one that's in my wheelhouse. I think there are very few states or communities where there aren't organizations on the ground that are fighting for these policies right now, and there's a lot of great synergy between the organizations that are working at the federal level and the organizations that are working at the state and local level, and we have -- the national partnership helps to lead a coalition that has more than 450 organizations in it, and there is a national sort of coming together in these organizations and a national campaign around these issues. So, if folks are interested in becoming active at the local level, one way to do that is to become involved with or support one of the local or state organizations working on this issue, and we could definitely be a resource and get you connected to those groups, if anybody wants to contact us, info@nationalpartnership.org, we

can definitely get you connected.

>> Marvin: I would just echo that --

>> Please go ahead.

>> Marvin: That's exactly right.

>> John: For each of the panelists, this is a heads-up that in a few minutes, I'm going to ask each of you, including Shelley, to answer the question of for someone who is listening to this webinar that wants to get involved, that wants to follow up and do something on this, what is a number from your organization or an email from your organization that they can contact or call to find out more information? So, keep that in mind. That question is coming up.

But, Adam, let's take one more question.

>> Adam: This is one question that's a little outside the box, but I do think it's quite relevant, and so this is about one of the largest populations impacted by exclusions on paid sick leave, are undocumented immigrants, including day laborers and domestic workers. Are there any policy solutions, whether those are directly related to what we are seeing in current paid sick leave policies or others that could help this group of workers?

>> Debra: Well, I will tell you that the policy solutions that we are working on at the federal level would ideally include all workers, if you were to ask me the one thing most important about improving on the -- on what Congress just did in this emergency legislation, is beyond making it permanent, is that it would be inclusive of all workers, and that would include not just workers who work for employers of all sizes, but it would take into consideration undocumented workers who are part of the workforce. It would take into consideration tipped workers. Tipped workers are folks who when they don't go to work, even if they were to get paid, I think the minimum tipped wage is now still only 2 -- at the federal levels, is now only \$2.13. Nobody can live on that, so ensuring we include tipped workers.

Contractors, increasingly employers are calling folks contractors, gig workers -- need to be included, and, unfortunately, in this country, we exclude farm workers and direct care workers. Many direct care workers, folks who provide services to people who are home-bound or domestic services are excluded from our nation's basic Fair Labor Standards Act protections, and they get completely left out when we go through the usual channels. So, the proposals that we are fighting for at the federal level are designed to be much more inclusive than what we have seen in this emergency legislation and what we are seeing at the -- in many of the localities or state versions of the legislation.

>> John: Adam, let's go with one more from our participants.

>> Adam: Great, thanks, John. So, this question is specific to Colorado. So, the webinar attendee says that they have struggled to advance the issue of paid sick leave due to struggling how it would be administered, whether that's private versus public, who will pay for it, and who is exempt, and I would welcome any thoughts from the panelists in terms of are there any recommendations that they may have in terms of an effective and evidence-based paid sick leave policy.

>> Debra: This is Debra again. I am not -- I can't speak specifically to the Colorado situation, but there definitely are model paid sick leave bills that we could make available. I think when we talk about administering paid sick days, usually that is something that is done by the employer, and usually the state or the federal law would say that employers have some latitude in administering, so that if what they offer is more generous than what the law calls for, they can do that, or if it's equivalent, they can continue doing what they are doing.

So, with paid sick days, usually the administration is something that happens with each

employer. When it comes to paid family and medical leave, we are talking about administration in an agency that probably -- in states that have a temporary disability insurance fund, states like New York and California and Rhode Island, they were among the first to create their own paid family and medical leave legislation, because they already had a fund they could build on.

Washington State, however, and some of the ones that have more newly introduced legislation around family and medical leave -- paid family and medical leave have created a new entity or built it on to an existing agency, because at the end of the day, this is a fund that becomes self-sustaining. So it doesn't -- after the start-up period, it doesn't require additional funding to keep it going. It becomes self-sustaining by virtue of the payroll contributions.

At the federal level, the FAMILY Act calls for the administrative body to be the Social Security Act -- the Social Security Administration. It would be completely separate from current Social Security benefits and administration, but it would be housed under that infrastructure. So it may be that the fight in Colorado was about not being able to find the right infrastructure to administer paid family and medical leave. I'm not familiar enough to be able to say, but, again, I would encourage you to go to info@nationalpartnership.org, if you want to send us a specific question or -- and John, I know I'm jumping ahead in giving the information that you just asked us to provide, but I would also highly recommend going on our website, nationalpartnership.org, where there are fact sheets and state-by-state comparisons of all of the different policies that are currently in place. So I hope that's helpful.

>> John: So, Debra, say that address again for people to get on to the website.

>> Debra: Okay. The website is nationalpartnership.org, [nationalpartnership](http://nationalpartnership.org) -- all one word --.org.

>> John: Maybe before returning things back to Shelley for a question, I would ask each of you to mention where, for people who are on the call who say I would like to do something, I want to support your organization, what's the best way -- what's the best way to reach you to find out more information? Reverend Owens, would you like to --

Please.

>> Marvin: Hello?

>> John: Reverend Owens, the floor is yours.

>> Marvin: Yes. All right. Great, thank you.

Well, listen, we'd love to have you connect with us. You can go to www.NAACP.org. That's the best way to support the work of the NAACP and to learn more about the kind of work that we are doing. I think specific questions around paid sick leave can be directed to WashingtonBureau@NAACPnet.org. That is the best place to direct questions specifically about this particular policy issue.

>> John: That's great. Thank you.

Dr. Benjamin?

>> Georges: Sure, APAH.org for all of the information on APHA, and like Reverend Owens, there is an enormous opportunity for you to get involved with the broader public health community through APHA, as well as following us on our website, our blog, or @publichealth, which is our sign, and I just want to encourage people to get involved in our advocacy. And through that, you can get our advocacy alerts on our website.

>> John: That's great, thank you, Dr. Benjamin.

For Trust for America's Health, it's TFAH.org, www.TFAH.org, and for specific information about that letter and the follow-up efforts to change policy, you can also send an email to Tim

Hughes, and that's at THughes@TFAH.org. THughes@TFAH.org. Shelley, I'll let you tell people more about CityHealth and then ask a follow-up question.

>> Shelley: Thanks, John. Two things, CityHealth.org, again, we have got actual copies of legislation, the laws themselves on our website for the individual cities that we have scored, and anyone who is interested in being a voice for local policy and helping push and advance, we have someone waiting for you, Katrina Forrest, who is our national director of partnerships for CityHealth. You can contact her with questions and follow-up, Katrina@CityHealth.org.

So, John, you gave me two batons there, one to the follow-up people want to do at the local level, and then another question that, you know, we have been seeing and struggling with is that there are workers out there who are afraid to take paid sick leave, because they are afraid of losing wages or their job. So I'm curious to draw out a little bit more kind of perspective from folks on our panel here, in terms of the need of paid and unpaid leave policies and the importance of job protection provisions, kind of getting back to some of those model laws, you know, what needs to be in there and how do we get all of the protections that are needed there.

>> Georges: Hey, this is Georges. As you know, it is extraordinarily threatening when you want to take off and you don't have leave. It can be a very difficult conversation with your employer when you don't have paid sick leave. You know, sometimes taking off when you have regular leave is an issue, because they are -- you know, their goal is to have you work there, and even if you have unpaid leave, it's sometimes very difficult. So we not to only have that as a right, but we also have to teach workers how to negotiate even the rights that they do have. And unions have talked about this for years.

>> Marvin: I think that is exactly right, Dr. Benjamin. I also want to add the fact that we have not really supported small businesses to a level where there's economic benefit to providing paid sick leave. I think there has got to be a way to structure tax incentives or other incentives that will support the bottom line of these companies, so they don't feel threatened by the fact that an employee is requesting paid sick leave. I just -- there is enough creativity I think out there to be able to figure this out, and I just don't think we have done enough to figure it out. So I think this is a very -- as Dr. Benjamin said, it is a very tough conversation for an employee. We could make it easier if we were able to both advocate on the employee side but as well on the employer side.

>> Debra: I would also add that the model bills have job protection provisions and nonretaliation provisions in them, and that's critical because it's a meaningless benefit if folks are likely to still put their job at risk, if they ask for it or take it.

And the other thing is I just want to underscore the importance that the devil is always in the details when we talk about tax incentives and benefits, and like all things, we have seen sometimes some proposals for tax benefits that are nothing more than providing additional tax breaks for folks who are already -- who already have plenty of tax breaks, and so I have seen tax provisions written that benefit the corporations that don't need it. But I think that is very, very different, and what we need to be vigilant about is making sure that when we are using tax incentives that those tax incentives are getting directed to the right players, to the small businesses that need the help.

>> Marvin: Yeah, I agree with that. I really support that idea, and I think the issue has been the fact that there has been so much misuse of tax incentives and tax breaks, not just with this current administration but going back decades, and disproportionately, people who need it, organizations that need the benefit are not getting it, and that's why I think that there has got to

be a way for us to create a structure that is employee-focused and that really does support these folks that need it the most.

I was -- that was part of our advocacy around the current legislation, the legislation that just got passed. The NAACP was very vocal in pushback around the perception that, here, again, we are creating economic benefit for large corporations, but people are being left behind, and I'm just glad that the conversation nationally seems to be shifting to a place where people are just much more focused on the benefit that goes to workers and employees as a part of the discussion. It's primary to the national conversation. So I certainly agree with you, Debra. I think you're absolutely right about that.

>> John: Thank you, great and critical point.

Adam, I think we have time for one more question, and then we'll turn to Shelley to close us out.

>> Adam: Great. Thanks, John. This is slightly related to some of the conversations we had before, but this question is very specific to the health impacts of paid leave policies. So, the question is why haven't paid sick leave policies been adopted, given the positive impact on ED visits, preventing work-related injuries, and preventing economic loss from presenteeism, and maybe we can think about it this way: How can public health become better engaged in advocacy related to paid sick leave.

>> Georges: This is Georges. Let's start with the biggest issue. The problem is all of the savings doesn't go to the same pocket. Clearly, absenteeism and presenteeism is an employer issue. It is real money, but it is not real money that they sit up and look at when they are calculating it, unfortunately, and we have to continue to show them that savings, because it's not easily transparent. Obviously, the health care savings is much more diffuse. In many ways, it's also hidden, because insurance costs go up, et cetera, but they don't see it because it's not a line item in the insurance plan.

So, we have to do a better job of putting these dollars out there and doing the economic analysis, and then giving them back to groups like the Chamber of Commerce and business groups so that they can build those into their discussions. And then, of course, helping the various brokers, the insurance brokers, getting them to talk about that savings is part of it, of the discussions, when you buy a fair amount of workman's comp insurance and health insurance and those kinds of things, so that people actually see that there is real money and savings there. So it's not so theoretical.

>> Shelley: This is Shelley. I just want to add that there are a lot of creative ways that we can interconnect many of these policies that work towards and move creating a healthier community for everybody and, you know, better advocacy across the board for these equitable policies we want to put in place. One example I am seeing for the public health world is the National Environmental Health Association, which is essentially the trade association for the sanitarians, the workforce that is out there inspecting restaurants. And my understanding is they have built into part of their platform that restaurant inspections should include a requirement that restaurant workers have earned sick leave. It was a point, I think, John, you raised earlier, of the majority of foodborne illnesses originate from ill workers, and that's because so many of them don't have the access to or are not provided earned sick leave policies, and it's a great beauty that public health connects the dots, that it is not just is the temperature right, is the handling of food proper, but also, ideally, you have all of the health agencies actually calling for to have earned sick leave policies in place, because that is the ultimate in prevention of diseases. So, the more we can get those kinds of dots being

connected, that's the way that we create these unified healthier communities.

>> John: That's great. Well, in closing, I just want to say thank you to each of the panelists, as well as you, Shelley. It's great to co-moderate with you. Clearly, this is an issue that's going to be important for us to continue to pay attention to and to take advantage of the moment, where there is this focused attention and move ahead.

So, please, I want to encourage everyone on the line, contact the organizations. We all want to work with you to link up to make a coordinated effort to address this policy in the most effective way.

We at the Trust for America's Health want to thank you for participating as well, and also to point out that we are doing a four-part series on some of the most critical issues within the COVID-19 response. Today is one of those, obviously. Paid sick leave is a critical issue related to COVID-19. Our next webinar is scheduled for April 15th at 3:30 p.m. Eastern Standard Time. It's obviously a different time in the different time zones. And the topic of that one is going to be focusing on the wide range of different special issues that arise for older adults in the COVID response. These include things like the issues that arise when people have to adopt social distancing and physical distancing; what does that do in terms of social isolation and creating additional problems for older adults? All the way through the needs for food and other supports for older adults, their entry into care if that's necessary, if they are hospitalized, their return back to the community, what can help them be safer. So please join us on April 5th at 3:30 Eastern Standard Time/12:30 Pacific time to focus on this important issue.

After this webinar, the next two ones will be one on COVID-19 and the issues related to mental health and substance misuse, how we need to be particularly mindful of those issues and the response, and then the last of the four webinar series will focus on the issue of equity and the ways that the COVID-19 pandemic and response could exacerbate already-existing inequities among communities of color, low-income communities, and other communities who have historically faced discrimination and been marginalized. So please join us for those remaining three webinars. Again, I want to thank everyone for your participation today and turn things over to you, Kathy.

>> Kathy: Thank you, John, and thank you all for your presentations. And many thanks to Trust for America's Health and CityHealth, and thank you to you, our audience. A recording of today's presentation and slides will be available to you next week at Dialogue4Health.org, and I am placing a link into chat for a brief survey. We hope that you will take it, and thanks so much for being with us, and that concludes today's web forum. Have a great day, everyone.