



HEALTHY WORKERS, THRIVING WISCONSIN

SOLUTIONS ADDRESSING LACK OF INCOME AS A
BARRIER TO COVID-19 ISOLATION AND QUARANTINE

JANUARY 5, 2021



University of Wisconsin
Population Health Institute
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Acknowledgements

Authors

University of Wisconsin Population Health Institute Healthy Workers Workgroup

Key Contributors

We wish to thank the following people whose contributions strengthened this Health Impact Assessment.

We gained many critical insights from the people we interviewed: Jarrett Brown, Eli Goss, Alaina Knief and her co-workers at the Wisconsin Department of Workforce Development, Angela Lang, Jon Meiman, and Belinda Theilen.

The following people provided instrumental feedback on this report: Kristi Anderson, Jessi Corcoran, Victoria Faust, Marjory Givens, Alexia Kulweic, Shelly Shaw, and Paula Tran Inzeo.

Suggested Citation

University of Wisconsin Population Health Institute. January 2021. *Healthy Workers, Thriving Wisconsin: Solutions Addressing Lack of Income as a Barrier to COVID-19 Isolation and Quarantine*. Madison, WI.

Contact Information

Paula Tran Inzeo

Mobilizing Action Toward Community Health (MATCH) Group Director

University of Wisconsin Population Health Institute

Email: ptran@wisc.edu

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Executive Summary

With COVID-19 cases surging in Wisconsin and across the country, identifying evidence-based solutions that could contribute to controlling the pandemic is crucial for the health of both Wisconsinites and the state's economy. This report summarizes the findings of a rapid Health Impact Assessment (HIA) process used to examine what can be done to ensure workers have what they need to stay home when they are infected with COVID-19 or have been exposed to it, and thereby reduce COVID-19 transmission through workplaces.

This HIA summarizes publicly-available data about COVID-19 and worksite transmission, the peer-reviewed and grey literature, and interviews conducted in Wisconsin—with experts at the Department of Health Services, the Department of Workforce Development, and worker and community organizations—to analyze the impacts of:

- Paid sick leave policies;
- Changing workers' compensation so that when workers have been infected with COVID-19, if they were exposed in the workplace, the rebuttable presumption is that they were infected there; and
- Direct payments to informal sector workers, including gig workers (e.g., independent contractors, online platform workers, contract firm workers, on-call workers, and temporary workers) and undocumented workers—who would likely not have access to paid sick leave and workers' compensation—when they need to isolate and/or quarantine.

Key Findings

- As of December 6, 2020, more than 412,000 Wisconsinites have tested positive for COVID-19 and 3,719 have died from the virus. The virus has had inequitable impacts in Black, Latinx, Native American, and rural communities.
- Approximately one in five U.S. workers are being exposed to the virus at their workplace at least once per month, and one in ten are being exposed at least once per week. In Wisconsin, there have been many outbreaks and cases in healthcare, education, food service and production, manufacturing, and retail settings.
- Workers are caught between hazards, forced to decide between going to work while infected with or exposed to COVID-19 OR staying home without pay.
 - Approximately 600,000 employees in Wisconsin do not have regular access to paid sick days. The federal Families First Coronavirus Response Act (FFCRA), which expired on December 31, 2020, provided emergency paid sick leave, but excluded approximately 140,000 employees at large corporations and many other workers in the state. Some employers have official paid sick leave policies but discourage workers from using it, or even discipline or fire them when they do.
 - Workers' compensation is not being used to replace lost income for many workers who become ill after workplace exposure to COVID-19.

- Most undocumented workers do not have a source of income if they stay home to quarantine and/or isolate.
- Income disruption has compounding impacts (e.g., inability to afford housing, food, medicine, childcare) and results in numerous negative health impacts.
- Current policies contribute to increased spread of COVID-19 in Wisconsin, impacting the health and wellbeing of workers, families, and communities, as well as affecting businesses and the economy.
- Paid Sick Leave:
 - Workers with or who have been exposed to infectious illnesses are more likely to stay home to isolate and/or quarantine when they have access to paid sick leave.
 - If paid sick leave were available to all workers in the state in early 2021, it would significantly reduce the spread of COVID-19 in Wisconsin, potentially by an estimated 10,000 cases and over 75 lives saved each month.
 - Paid sick day laws would likely not lead to loss of wages or employment or to negative health impacts. Paid sick day requirements could allow businesses to return to normal operations more quickly, benefiting both business and employee health.
- Workers' Compensation:
 - Many states, including Minnesota, Illinois, and Michigan, have expanded workers' compensation coverage to include a rebuttable presumption that, if a worker in specific sectors was exposed to COVID-19 in the workplace and later tests positive for the disease, they were infected in the workplace.
 - Such changes to workers' compensation—along with other changes that raise awareness and encourage its use—could decrease workplace transmission by allowing workers to receive income when they need to isolate.
- Direct Payments to those who do not have access to paid sick leave or workers' compensation:
 - Most gig workers do not have access to paid leave or workers' compensation and would lose income if they needed to isolate and/or quarantine.
 - Undocumented immigrants were excluded from federal emergency financial assistance and are less likely to have access to replacement income if they need to isolate and/or quarantine.
 - Access to direct payments for any worker who does not have access to paid sick leave or workers' compensation could decrease workplace transmission and reduce community spread of COVID-19.

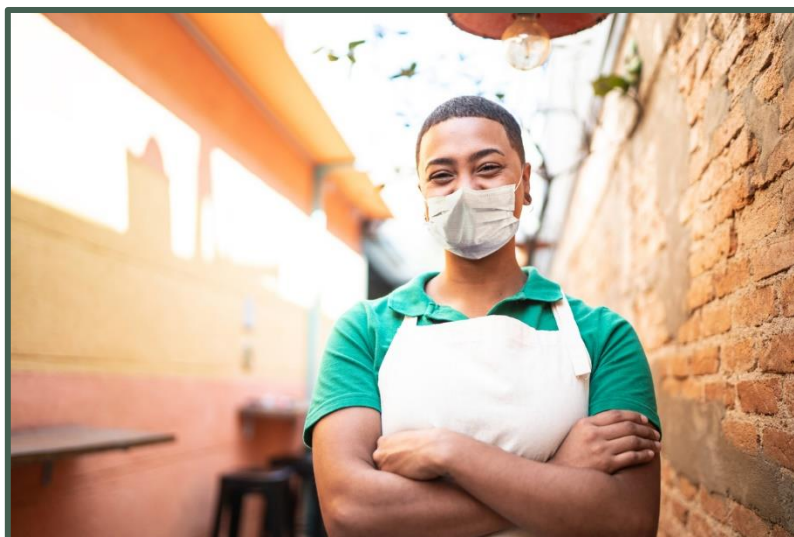
We are a stronger, thriving Wisconsin when everyone has what they need to be safe and well. This set of policy changes would help ensure workers in Wisconsin do not have a disruption in income when they need to isolate and/or quarantine when they are infected with or have been exposed to COVID-19 (as well as other communicable diseases, including seasonal influenza, and during future pandemics), thereby contributing to slowing the spread of the virus in the state. Controlling the pandemic and reopening the economy both depend on protecting workers, and the policies analyzed in this Health Impact Assessment are vital components of ensuring worker health.

Table of Contents

Acknowledgements	1
Executive Summary	2
Introduction	5
Impact of COVID-19 in Wisconsin	6
Worksites as a Major Source of Exposure	7
Caught Between Hazards	9
Going to work when infected with COVID-19 puts other people at risk of serious illness	9
Staying home to recover from COVID-19 without pay can result in many health impacts	10
Without access to paid time off, many workers will go to work when sick with COVID-19	11
COVID-19 and Paid Time Off in the Meatpacking Industry	12
Three Solutions Addressing Lack of Income as a Barrier to COVID-19 Isolation and Quarantine	13
1. Paid Sick Leave	13
Paid sick days significantly decrease transmission during pandemics, including during COVID-19	13
Paid sick days increase the likelihood that workers will stay home	14
Paid sick days reduce community spread of respiratory illness and influenza	14
Paid sick day ordinances benefit businesses through increased productivity and decreased turnover	15
Paid sick day laws likely have no impact on employment or wages	15
Paid sick leave policies can be implemented at federal, state, and local levels, and by businesses	15
2. Workers' Compensation Rebuttable Presumption of Workplace Infection	17
Workers' compensation changes could support staying home and reduce COVID-19	18
State workers' compensation policy could be changed to create a rebuttable presumption of workplace infection	19
3. Direct Payments to Workers in the Informal Sector	19
Undocumented workers are less likely to have access to paid time off and are at higher risk for exposure to COVID-19	20
Direct Payments to gig workers and undocumented workers could further reduce COVID-19 spread	21
Mechanisms to allocate funding for direct payments to workers not covered by other policies	21
Conclusion	21

Introduction

The health of the public and the health of the economy are intertwined. On the one hand, having healthy communities requires a robust economy that provides well-paying jobs with good benefits. On the other hand, we will not have a healthy economy if community members are too sick to work or keep businesses open, or if their sickness leads to a lack of income and an inability to spend money at local businesses. We can respond to COVID-19 with measures that support our health *and* the economy, transforming Wisconsin so that everyone is better off.



To date, our COVID-19 containment strategy has relied on the assumption that people can stay home from work when they are infected, but far too many Wisconsinites cannot do so because they cannot afford to be without income. With COVID-19 cases surging in Wisconsin and across the country, identifying evidence-based solutions that could contribute to controlling the pandemic is crucial. Health Impact Assessment (HIA) is a useful public health tool in such situations. HIA is defined as “a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population” ([WHO 1999](#)).

This report summarizes the findings of a rapid Health Impact Assessment process used to examine what can be done to ensure workers have what they need to stay home when they are infected with COVID-19 or have been exposed to it, and thereby reduce COVID-19 transmission through workplaces. Specifically, the HIA summarizes publicly-available data about COVID-19 and worksite transmission, the peer-reviewed and grey literature, and interviews conducted in Wisconsin—with experts at the Department of Health Services, the Department of Workforce Development, and worker and community organizations—to analyze the impacts of:

1. Paid sick leave policies that provide workers with paid time off to isolate and/or quarantine;
2. Changing workers’ compensation so that when workers have been infected with COVID-19, if they were exposed in the workplace, the rebuttable presumption is that they were infected there; and
3. Direct payments to informal sector workers, including undocumented workers—who would likely not have access to paid sick leave and workers’ compensation—when they need to isolate and/or quarantine.

These policies were identified by the Community Resilience & Response Task Force’s Worker Health and Safety Workgroup as policies that were implemented in other states and that could support worker health in Wisconsin. The Centers for Disease Control and Prevention has also identified these kinds of policies as important for maintaining healthy business operations and re-opening during the pandemic ([CDC 2020](#)). Related issues, such as the draw of overtime work and pay that results in workers deciding not to take time off, and policies, such as hazard pay for frontline workers, are beyond the scope of this HIA.

The report first summarizes the impact COVID-19 is having in Wisconsin and what is known about workplace transmission. It then reviews the literature related to the impacts of the decision workers must

make when they do not have paid time off: go into work when they are or could be infected or stay home without pay. Last, the HIA describes policy and practice changes that could be implemented and what is known about their impacts.

Impact of COVID-19 in Wisconsin

The COVID-19 pandemic has torn through Wisconsin, particularly during the fall of 2020. As of December 6, 2020, more than 412,000 Wisconsinites have tested positive for COVID-19, over 11,000 have been hospitalized, and 3,719 have died from the virus ([WI Department of Health Services](#)).

While almost half of cases nationally were asymptomatic, among cases with individual symptoms listed, “70% noted fever, cough, or shortness of breath; 36% reported muscle aches; and 34% reported headache.” Multiple other symptoms were found in smaller numbers of patients ([CDC 2020](#)). Outcomes varied by age and underlying health conditions, but all ages and even people without underlying health conditions were at risk. Typical recovery time for mild symptoms is a few weeks, while more severe cases can last six weeks or more ([Mayo Clinic 2020](#)). COVID-19 can lead to long-term health problems ([Couzin-Frankel 2020](#)) including lung ([Marshall 2020](#), [Galiatsatos 2020](#)), heart ([Rajpal 2020](#), [Puntmann 2020](#), [Mitrani 2020](#)), and/or nervous system ([Miglis 2020](#), [Patterson 2020](#)) damage.

Across the nation and in Wisconsin, COVID-19 has magnified and amplified pervasive, long-standing inequities. Black, Latinx, and Native American residents are at greater risk of contracting, being hospitalized, and dying from COVID-19 in Wisconsin than White residents. This is not because of genetic differences or individual choices, but due to decades of economic, educational, social, civic, and environmental exclusion on the basis of race and ethnicity.

As of December 6, 2020:

- Latinx residents are 1.8 times, Native American residents are 1.5 times, and Black residents are 1.2 times more likely than White residents to test positive for COVID-19 ([WI DHS](#)).
- Black Wisconsinites are 2.3 times more likely than White residents to become hospitalized due to COVID-19. Native American or Latinx residents are 1.9 and 1.8 times more likely than White residents to be hospitalized, respectively ([WI DHS](#)).
- Native American residents are dying from COVID-19 at 1.5 times the rate of White residents. The rate for Black residents is 1.3 times that of White residents ([WI DHS](#)).

COVID-19 infection rates have been high in urban areas throughout the pandemic, but the number of cases in rural areas dramatically increased in the fall ([WI DHS](#)). Continued spread threatens to overwhelm rural health systems and harm rural businesses.

These case numbers represent people: individuals, families, and communities. The effects of this virus—including pain and grief of loved ones—far exceed the test positivity rate. Unchecked, the pandemic will continue to wreak havoc on individuals’ physical, mental, and economic well-being.

While vaccines and novel therapeutics appear to be on the way, they will not be widely available for months at the earliest. **In addition to wearing a face covering and hand washing, the best strategies we currently have to protect both individual and community health are: staying home as much as possible; limiting contact with others; isolating when ill; and quarantining after being in close contact with someone who has COVID-19.**

These strategies, however, are not realistic for low-wage workers, who often do not have the option to work from home ([Dingel 2020](#), [Mongey 2020](#)) or access to paid leave ([U.S. Bureau of Labor Statistics 2020](#)) and who are disproportionately people of color ([Dubay 2020](#), [U.S. BLS 2019](#), [Cooper 2018](#)). A missed paycheck can be the difference between whether or not a family eats, has a place to live, or can access necessary medications. In the words of one interviewee, “There are times if you are an essential employee that you may not be able to afford to take time off because you are an hourly employee and all of those hours are budgeted to go to bills and rent and expenses. Being able to have that financial support where people do need to take some time off is really important. It also helps for the long term in stopping the spread of COVID if people are able to take the necessary time to quarantine without feeling that they are losing out on money and they don't know how they are going to pay rent because they literally can't afford to take off.”

Too many workers are caught between hazards, and not having the ability to isolate or quarantine because of the economic impact increases the spread of COVID-19. This affects all of us: as we have witnessed, the uncontrolled pandemic is threatening every population and community across the state, including local businesses and the local and state economy. It has impacted the well-being and security of our family, friends, and neighbors, as well as our health care, social services, and beyond. We have all been touched in increasingly serious ways. This moment makes it clear that every person's health is intertwined with those of our fellow Wisconsinites. Solutions that support our neighbors who are most at risk benefit the entire community.

Worksites as a Major Source of Exposure

The risks that people face and the options and assets that are available to each person depends on their unique circumstances. Selden and Berdahl ([2020](#)) estimate that 71.5% of American workers are in essential



jobs and cannot work from home, increasing the likelihood that they will be in contact with or close proximity to others. There is emerging evidence that a significant number of individuals are at risk of contracting the virus at their place of employment ([Goddery 2020](#)). **Researchers found that approximately one in five US workers are being exposed to the virus at least once per month at their workplace, and one in ten are being exposed at least once per week ([Baker 2020](#)).** Baker further identifies that the majority of employees who are exposed to COVID-19 work in health care. Other sectors with high rates of exposure include: protective services (e.g., police, corrections, firefighters), office and administrative support (e.g., couriers, messengers), education, community and social services (e.g., community health workers, social workers, counselors), and construction and extraction occupations. While the Wisconsin Department of Health Services has not released data about the sectors facing high numbers of workplace outbreaks due to a lawsuit, there are thousands of workplace investigations open ([DHS 2020](#)), and data from other jurisdictions support this finding (e.g., [Oregon](#), [Los Angeles](#)).

Estimating the potential for workplace spread, Zimmerman et. al ([2020](#)) calculated transmission risk for industries in each state, based on four factors:

- Average number of employees per workplace (i.e., size)
- Frequency of person-to-person interactions
- The inability to work from home
- Total number of employees in the industry in the given state

If the economy were fully open, Wisconsin workers in the following industries would face the greatest risk:

- Accommodation/food services
- Retail
- Health care/social services
- Manufacturing
- Arts/entertainment/recreation

COVID-19 transmission risk by industry



People who work in the industries with the highest risk of transmission are not able to work remotely and are often in close contact with one another and/or the public. Further, employees need to be supported to isolate or quarantine when they have a COVID-19 infection or exposure. As the next section explores, a lack of access to income or economic support during isolation or quarantine undermines strategies to stop or slow the spread of the virus and poses a risk to everyone in the state.

Caught Between Hazards

The Centers for Disease Control and Prevention (CDC) recommends that people who have COVID-19 should isolate ([CDC 2020](#)) and that people who may have been exposed should quarantine ([CDC 2020](#)). Workers who cannot work from home and do not have access to paid time off, however, must make a difficult decision when they test positive for COVID-19 or are exposed to someone who has tested positive. They are caught between hazards: go into work when they are or could be infected, or stay home without pay. This decision we require of workers not only affects them and their families; they are making a decision that has ripple effects throughout their community. These decisions have negative impacts on their health, the health of their colleagues and clients, the health of the organizations they work for, and the health of the communities in which they live and work. In turn, these impossible choices we ask of workers affect businesses, the economy, and the way of life of everyone in the state.

Hundreds of thousands of Wisconsin workers who cannot work from home and do not have paid sick day benefits earn low wages and tend to have little savings. **Approximately 600,000 workers in Wisconsin do not have regular access to paid sick days through their employers.**¹ This includes many low-wage workers: over 144,000 service workers; over 46,000 workers in construction, extraction, farming, fishing, and forestry occupations; and over 65,000 people working in transportation and material moving.² Because some employers have paid sick leave policies on the books but discourage their use (see the section below on meatpacking workers), even higher numbers of workers do not have paid sick leave available to them in practice.

The federal Families First Coronavirus Response Act, which expired on December 31, 2020, provided emergency paid sick leave for COVID-19, but excluded employers with more than 500 employees. Approximately 140,000 employees at these large employers—and many other workers who are not considered employees—across the state do not have paid sick days.³

Going to work when infected with COVID-19 puts other people at risk of serious illness

According to the World Health Organization ([WHO 2020](#)) and the CDC ([CDC 2020](#)), COVID-19 is transmitted through person-to-person contact, droplets, and airborne aerosols, and possibly through contaminated surfaces. Workers can therefore become infected with COVID-19 when they are in the same

¹ Calculated by applying data from the Bureau of Labor Statistics (BLS) about availability of paid sick days by industry nationally (<https://www.bls.gov/news.release/ebs2.t06.htm>) to BLS data about employment by industry in Wisconsin (https://www.bls.gov/oes/current/oes_wi.htm#31-0000).

² Calculated as described above.

³ Calculated by multiplying the percent of workers at companies with more than 500 employees (50.1%; <https://cdn.advocacy.sba.gov/wp-content/uploads/2019/04/23142702/2019-Small-Business-Profiles-WI.pdf>) by BLS data about employment in Wisconsin (https://www.bls.gov/oes/current/oes_wi.htm#31-0000).



space—especially indoors but also outdoors ([CDC 2020](#))—as a co-worker or customer who has it. Physical isolation is a key strategy to ensuring that someone with COVID-19 will not pass it on to others. Mitigations, such as physical distancing, washing hands, and wearing masks reduce the risk of transmission but do not eliminate it. Going to work after testing positive for COVID-19 therefore puts co-workers and customers at risk of getting sick and increases the likelihood of community outbreaks.

Workers who lack access to paid sick days are more likely to report being in fair or poor health ([Luckhaupt 2017](#)), meaning they are more likely to have underlying health conditions that make them more susceptible to poor outcomes if they get COVID-19 ([CDC 2020](#)). This is not surprising; due to a long history of discriminatory policies and practices, workers who lack access to paid sick days are disproportionately people of color, who are also likely to have underlying health conditions caused by generational impacts of structural racism. If they need medical care, including hospitalization, they are less likely to be able to afford that care, compounding their financial stress, and are more likely to incur elevated medical expenses ([Stoddard-Dare 2018](#)).

Staying home to recover from COVID-19 without pay can result in many health impacts

Without paid sick time, taking unpaid time off can lead to financial worry ([DeRigne 2018](#)) and psychological distress ([Stoddard-Dare 2018](#)). An analysis of the 2006 Pandemic Influenza Survey by the Harvard School of Public Health found that 25% of American workers believe they would experience serious financial problems if they needed to stay home without pay for seven to ten days due to a pandemic, and that low-

income workers were more than three times more likely to believe so compared with higher income earners ([Blake 2010](#)).

Lack of income can quickly lead to debt and/or the inability to pay for basic necessities that numerous studies have linked to physical and mental health outcomes for individuals and their families. For example, lack of income for housing can lead to overcrowding, unsafe housing quality, housing instability, or homelessness. These housing concerns not only exacerbate conditions that can lead to increased transmission of COVID-19, but they have also been associated with increased mortality, depression, anxiety, drug use, childhood lead exposure and its nervous system impacts, asthma, exposure to high and low temperatures which has been tied to cardiovascular events, and many other outcomes ([Taylor 2018](#)). Lack of income also impacts the ability to pay for food, medicine and medical care, utility bills, and other necessities, each of which has known health impacts ([Braveman 2011](#)). Families are forced to decide which basic needs they will meet.

When many individuals and families in a community cannot make ends meet, the impact reverberates broadly. For example, many low-income families spend their income immediately, putting that money into the local economy and supporting local jobs and businesses ([Shierholz 2020](#), [Gould 2012](#)). Lacking the ability to do this contributes to the huge \$16 trillion impact the pandemic is having in the U.S. ([Cutler 2020](#)).

Without access to paid time off, many workers will go to work when sick with COVID-19

An analysis of the 2006 Pandemic Influenza Survey found that 28% of workers believe they would lose their jobs if required not to work for seven to ten days for health reasons during a pandemic, and that those without paid sick leave are five times more likely to believe so compared with workers with the benefit ([Blake 2010](#)). The analysis also found that people unable to work from home and who lack paid sick days are more likely to believe they cannot comply with recommendations to isolate during an outbreak. A poll by the National Opinion Research Center at the University of Chicago found that 55% of workers without paid sick days went to work with a contagious illness, compared to 37% of workers who had paid sick days ([Smith 2010](#)).

A study modeling H1N1 exposure during the 2009 pandemic found that lack of paid sick time resulted in five million additional cases in the U.S., about 13% of the total number of cases ([Kumar 2012](#)). Latinx people were disproportionately represented in these additional cases due to their higher representation in jobs with lower levels of access to paid sick leave.

COVID-19 and Paid Time Off in the Meatpacking Industry

A number of COVID-19 outbreaks have occurred in meatpacking plants in Wisconsin, the largest of which was at the JBS Packerland facility in Green Bay where over 400 workers were infected ([Perez 2020](#), [FERN 2020](#)). In the first few months of the pandemic, over 1,500 workers at over 80 meatpacking and food processing plants in Wisconsin tested positive for COVID-19 ([Perez 2020](#)).

There was not a uniform response to the crisis across the meatpacking industry, and while government agencies provided guidance and recommendations, they stopped short of imposing new requirements. Many companies implemented a number of safety measures, such as relaxing attendance policies and providing paid sick time to their workers, including in Wisconsin ([Telford 2020](#)). Some in the industry, however, have already reinstated pre-pandemic attendance policies ([Shanker 2020](#)).

While official company policies may provide paid time off for meatpacking workers infected with or exposed to COVID-19, people interviewed for this HIA and other sources (e.g., [Schlitz 2020](#), [Bakst 2020](#)) indicated that actual practices discourage workers from taking time off, at least partially due to staffing shortages. They described a no-fault point system in which workers lose a point or a fraction of a point when they miss work, and that workers who lose too many points—six points is typical—are disciplined and/or fired. In some plants this is true regardless of whether the absence is considered "excused" by a doctor's explanation. Often the rules are not understood by everyone and whether sick days are excused or are not is up to the discretion of supervisors ("Lead Men" and "Lead Women"). Because supervisors must meet aggressive production goals, they put pressure on workers to work, even when sick. And because many meatpacking workers are undocumented, they cannot complain if they are docked points for an absence.

As one interviewee reported about the meatpacking industry, "[Meatpacking] employers tell us they have to have these really super punitive absenteeism programs because they can't stay staffed and there is such high turnover and people don't want to come to work. If [meatpacking employers] would take care of [workers'] issues, then they wouldn't have this big absenteeism and turnover problem. But it's true in meatpacking plants the absentee policies are very, very punitive... [Some meatpacking employers] want production. They want full production and they are not going to give that up. So, making sure people know that they will get fired if they stay home, then that's what they are going to do. Or if it means selectively just ignoring exposures that have happened in the workplace, then that's what they are going to do. What these employers say and what they do are such completely different things."

All this creates a workplace culture in which workers infected with or exposed to COVID-19 are discouraged from taking time off, and this has contributed to outbreaks in these facilities. In addition to the sickness and death of the workers themselves, interviewees indicated that this has led to infections among family members and in the greater community. Interviewees recognized that these outbreaks have also led to plant closures and reductions in the number of workers available, which have cost companies financially.

Interviewees also noted that new government regulations would not be enough to change workplace practices. The regulations must be enforceable and regulatory agencies must have the funding and power to carry out enforcement.

Three Solutions Addressing Lack of Income as a Barrier to COVID-19 Isolation and Quarantine

1. Paid Sick Leave

The United States is one of only eleven countries around the world—and the only rich country—that does not ensure its workers have access to paid sick leave; 182 countries do so ([Heymann 2020](#), [CEPR 2009](#)). Within the U.S., since San Francisco first passed a paid sick leave policy in 2006, 14 states ([NCSL 2020](#)) and over 30 other localities ([Workest 2020](#)) have done so.

While sick leave policies in the U.S. vary ([NPWF 2019](#)), they typically allow workers to accrue one hour of paid sick time for a given amount of work time (e.g., for every 30 hours an employee works), up to a limit (e.g., seven days a year). The time off can be used for the employee to recover from their own illnesses, access preventive care, or provide care to a sick family member. Time off can also be used by those impacted by domestic violence, stalking, or sexual assault to recover or seek assistance related to an incident. Laws also vary regarding which businesses are covered, with businesses employing fewer than a given number of employees (e.g., 50) either exempt or required to provide fewer paid days off.

In 2008, Milwaukee voters passed a paid sick leave ordinance by a 69% to 31% margin ([Ballotpedia](#)), allowing workers for businesses with more than ten employees to accrue up to nine paid sick days a year and workers at smaller businesses to accrue five. The law was challenged in court and never went into effect. In 2011, the Wisconsin legislature passed and Governor Walker signed SB23, which preempts local jurisdictions within the state from requiring businesses to provide paid sick time, voiding the Milwaukee law.

In response to the COVID-19 pandemic, the federal government passed the Families First Coronavirus Response Act (FFCRA) in March 2020. Among other provisions, the law requires businesses with fewer than 500 employees (with the option for employers of health care workers and first responders to opt out) to provide up to 80 hours (two weeks) of paid sick leave at the employee's regular pay for full time employees (and proportionally less for part time employees) to quarantine or isolate as a result of COVID-19 ([USDOL 2020](#)). It provides tax credits to cover the costs of the requirement. About 50% of those employed in Wisconsin—1.3 million people—are employed at businesses with over 500 employees ([SBA 2019](#)) and are therefore not covered by the paid sick time requirements. In addition, many workers are not classified as employees (see below) and are not covered by the federal legislation. FFCRA expired on December 31, 2020.

Many local jurisdictions around the country have passed measures to fill in the gaps in the federal bill. These measures apply to employers with 500 or more employees, allow older workers or those at higher risk to use paid sick days to protect themselves, and allow for the use of paid sick time to take care of a family member who is infected with or has been exposed to COVID-19.

Paid sick days significantly decrease transmission during pandemics, including during COVID-19

The multiple positive health outcomes associated with access to paid sick leave have been summarized elsewhere ([HIP 2009](#), [CHR&R](#)). They include, for example, decreased emergency room use for children ([Asfaw 2017](#)) and adults ([Callison 2016](#), [Bhuyan 2016](#)), reduced spread of foodborne illness through restaurants, reduced spread of gastrointestinal disease in nursing homes, and reduced income loss and the threat of job loss for low-income workers during periods of illness ([HIP 2009](#), [Albelda 2019](#)). Here, we focus on the health impacts of paid sick leave relevant to the transmission of infectious disease during pandemics.

Paid sick days increase the likelihood that workers will stay home

Workers with paid sick leave stay home from work more when they are ill ([Asfaw 2017](#), [Piper 2017](#)), including when they have influenza or acute respiratory illness ([Ahmed 2020](#), [Piper 2017](#)), compared to workers without paid sick leave. Among workers most likely to be impacted, newly implemented mandates for paid sick days have resulted in more people staying home from work when they are sick ([Callison 2017](#)).

Working parents ([Piper 2017](#)), particularly low-income parents ([Clemans-Cope 2008](#)), are also more likely to stay home to care for sick children when they have paid sick leave. This can further contain the spread of COVID-19 by keeping sick children home from daycare or school.

Based on these studies, we predict that workers in Wisconsin with COVID-19 or those who may have been exposed are more likely to stay home to isolate or quarantine when they have access to paid sick leave.

Paid sick days reduce community spread of respiratory illness and influenza

Modelling studies have shown that staying at home when sick with pandemic influenza reduces the number of people who get sick ([HIP 2009](#)). More recently, several researchers have studied the impact of paid sick leave, specifically, on the spread of respiratory illness ([Kumar 2012](#), [Zhai 2018](#)) and annual influenza ([Kumar 2013](#), [Pichler 2017](#)) and found that access to paid sick time reduces the spread of these illnesses. Kumar et al. (2013) found that universal access to paid sick days would reduce influenza infections in the workplace by 5.86%, while providing one or two additional “flu days” would reduce infections in the workplace by 25.33% or 39.22%, respectively. Pichler (2017) similarly found that population-level flu rates decrease approximately 6% when workers gain access to paid sick leave.

A recent analysis of the availability of emergency paid sick time through the federal Families First Coronavirus Response Act found that access to paid sick time at companies with fewer than 500 workers resulted in approximately 400 fewer cases of COVID-19 per day per state ([Pichler 2020](#)).

The novel coronavirus causing COVID-19 has different characteristics (e.g., attack rate) than the influenza modeled in the studies described above, but we can nonetheless use the models to roughly estimate the impact of paid sick leave policies. With rapidly evolving COVID-19 research and multiple layered interventions (e.g., mask mandates, school closures) being implemented with variability, making a precise prediction is not possible. Given these circumstances, two different models are used to increase confidence in the prediction.

The [Institute for Health Metrics and Evaluation modeling estimates](#) for Wisconsin released December 3, 2020, predicts there will be approximately 673,000 new cases of and approximately 5,000 deaths from COVID-19 between December 1, 2020 and April 1, 2021. *Implementing a universal paid sick day policy could reduce these numbers by 6% ([Pichler 2017](#)), resulting in at least **10,000 fewer cases and over 75 lives saved each month in Wisconsin.***^{4,5}

⁴ The IHME model predicts 672,765 total cases in Wisconsin between Dec. 1, 2020 and Apr. 1, 2021. $672,765 * 6\%$ reduction in the number of cases = 40,366 fewer cases. $40,366/4$ months = 10,091 fewer cases per month.

⁵ The IHME model predicts 4,984 deaths in Wisconsin between Dec. 1, 2020 and Apr. 1, 2021. $4,984 * 6\%$ reduction = 299 fewer deaths. $299/4$ months = 75 fewer deaths per month.

Applying the findings from Pichler et al. (2020) reaches a similar conclusion. *Continuing universal paid sick leave after the expiration of the federal Families First Coronavirus Response Act on December 31, 2020, would result in 400 fewer COVID-19 cases per day, or **12,000 fewer cases per month in Wisconsin.***⁶ These two estimates are the same order of magnitude.

Further decreases in cases and deaths might be possible if workers were given paid COVID-19 days in addition to those paid sick days. In general, the number of days of necessary emergency sick leave will depend on the disease characteristics. For COVID-19, two weeks of emergency paid sick time would support people's ability to isolate and quarantine effectively.

Paid sick day ordinances benefit businesses through increased productivity and decreased turnover

Workers staying home when sick with an infectious illness leads to fewer co-workers getting sick. This results in a significant reduction of productivity losses ([Asfaw 2017](#)) and a reduction in the risk of spreading illness to customers/clients ([Hsuan 2017](#)). Access to paid sick leave also leads to greater job stability ([Hill 2013](#)), decreased turnover, and increased employee loyalty ([Chen 2016](#)). Early studies of paid sick time ordinance implementation have shown modest, smaller than anticipated costs to businesses ([Romich 2014](#)) and variable effects on profits ([Colla 2014](#), [Waters Boots 2009](#)).

Paid sick day laws likely have no impact on employment or wages

Higher income and employment have both been shown to improve health ([RWJF 2013](#)). If paid sick day laws were to reduce wages or employment, that would offset some of the positive health impacts described above. A study of nine city-level and four state-level paid sick leave ordinances found no significant impact on employment levels or wages ([Pichler 2018](#)), while an initial assessment of Connecticut's paid sick leave law found small decreases in employment, concentrated among older workers ([Ahn 2015](#)).

Based on these analyses, we predict that paid sick day laws in Wisconsin would not lead to negative health impacts through loss of wages or employment.

Furthermore, based on the reduction in the number of cases predicted above, passing paid sick day requirements could allow businesses to return to normal operations more quickly, reducing loss of employment and wages and thereby benefiting both business and employee health.

Paid sick leave policies can be implemented at federal, state, and local levels, and by businesses

There are several policy options available to those interested in ensuring workers have paid sick days.

Federal paid sick leave policy

At the federal level, the Families First Coronavirus Response Act, which provides paid sick time for workers at employers with fewer than 500 employees, expired on December 31, 2020. **The paid sick day provisions of FFCRA could be extended through the end of the pandemic. To increase its impact, FFCRA could be expanded to cover large employers, thereby including 140,000 employees in Wisconsin who were not covered by the original FFCRA, as well as other workers (e.g., self-employed, independent contractors) who were not initially covered (e.g., through a tax credit). It could also be expanded to cover repeated exposures and those who will take more than two weeks to recover or possibly become re-infected with COVID-19.** Most comprehensively, a federal bill similar

⁶ 400 fewer cases per day * 30 days = 12,000 fewer cases per month.

to the Healthy Families Act ([2019](#)), expanded to include provisions for paid sick leave during public health emergencies (see, for example, [model legislation](#) provided by A Better Balance) could be passed.

Additionally, funding for the federal Occupational Safety and Health Administration (OSHA), the U.S. Department of Labor, and other agencies to enforce paid sick day laws could be increased.

Increasing the authority of these agencies to enforce these new requirements could also result in lower rates of workplace transmission.

State paid sick leave policy

The Wisconsin state government could pass comprehensive and permanent paid sick leave legislation, such as legislation passed in other states ([NPWF 2019](#)), that includes provisions for paid sick leave during public health emergencies.

Based on previously identified barriers to paid sick day use, the state could also do the following to address common barriers to implementation and maximize the number of workers who have access to paid sick leave:

- **Repeal SB23 (2011), which preempts local jurisdictions in the state from passing paid sick day policies.**
- **Fund a communications campaign about these policy changes when they go into effect.**
- **Provide additional funding for occupational health and other agencies that can enforce paid sick day laws**, especially in sectors that currently are less likely to provide paid sick days to their workers (e.g., restaurants, meatpacking). Furthermore, these agencies would need full authority to effectively enforce these new requirements.
- **Create a funding program for local workers' and other community-based organizations to both build awareness of the new policies and support workers when they experience difficulties in using paid sick days.**

Local paid sick leave policy

If SB23 (2011) were repealed (see above), local jurisdictions could then pass policies to fill any gaps in coverage in federal and/or state paid sick day legislation.

Furthermore, local jurisdictions could then **ensure that local agencies (e.g. public, occupational, and/or environmental health) and code enforcement agencies have the funding and authority to enforce** these new requirements.

Business-specific paid sick leave benefits

While some businesses have adjusted their paid sick leave policies during the pandemic, many others have not ([Wellness Council of Wisconsin 2020](#)). In addition to or instead of paid sick day legislation, Wisconsin **businesses that do not already provide their employees with paid sick days could change their human resources policies to do so.** These policies could be comprehensive and specifically provide emergency paid sick days during public health emergencies.

In addition, businesses could review internal policies and practices to ensure workers are discouraged from working while infected or after having been exposed. This includes:

- Encouraging as many workers as possible to work from home during the pandemic;

- Creating a workplace culture that discourages “presenteeism” by 1) strongly encouraging workers to stay home if they have any questions about whether they have or have been exposed to COVID-19 and 2) not retaliating or threatening to retaliate against workers who use paid sick time;
- Providing information to all workers on leave policies and options, along with income support programs that might be available to them ([DHS 2020](#));
- Advocating for local, state, and federal paid sick leave legislation so that all businesses are equally supporting employees and communities.

The state could consider providing incentives to employers who implement these kinds of internal policies and practices.

2. Workers’ Compensation Rebuttable Presumption of Workplace Infection

Workers’ compensation insurance is a critical form of insurance that provides wage replacement and benefits to employees who are injured on the job or contract an occupational disease ([U.S. Department of Labor](#)). Workers’ compensation laws vary by state and industry. In Wisconsin, it is mandatory for employers with three or more full or part-time employees to carry coverage, with some exceptions (e.g., small farms). In 2018, Wisconsin’s workforce was made up of more than three million workers and 2.9 million (97%) of those workers were covered by workers’ compensation insurance ([Wisconsin DWD](#)).

A compensable injury in Wisconsin includes any “mental or physical harm to an employee caused by accident or disease” ([Wisconsin Statutes §102.01](#)) Given the evidence cited above that workplaces are a major source of infection, COVID-19 is arguably a workplace-related illness. While this has been acknowledged during past pandemics specifically for healthcare workers and first responders, it is clear that the virus is impacting essential workers in the workplace in many sectors.

As of November 2020, there have been only 1570 workers’ compensation insurance claims filed for COVID-19 infections; 699 have been paid, 627 have been denied, and the remaining claims are being processed. The total number of claims represents a small fraction of the total number of cases in the state that have been tied to workplace outbreaks.

Providing access to workers’ compensation insurance would financially support essential workers when they must isolate after testing positive for the virus. As of August 2020, 18 states had expanded workers’ compensation coverage to include a rebuttable presumption that, if a worker in specific sectors was exposed to COVID-19 in the workplace and later tests positive for the disease, they were infected in the workplace ([Dworsky 2020](#)). This expansion was carried out through legislation, regulation, or executive order, and an additional 13 states had pending legislation ([Dworsky 2020](#)). Among the states that have already acted are Arkansas, Florida, Illinois, Kentucky, Michigan, Minnesota, North Dakota, and Utah. The presumption can be rebutted with specific



evidence showing that the worker was infected outside the workplace. Many of these bills created this rebuttable assumption for specific categories of workers, such as healthcare workers, first responders, and essential workers (e.g., defined as workers in transportation services, hotel and other residential services, financial services, and the production, preparation, storage, sale, and distribution of essential goods such as food, beverages, medicine, fuel, and supplies for conducting essential business and work at home). These states passed this legislation, even though an increase in the number of claims could lead to an increase in workers' compensation insurance costs for businesses, deeming the immediate health and business impacts to be more important.

The Wisconsin legislature passed the 2019 Wisconsin Act 185 to create a rebuttable presumption that if first responders are infected with COVID-19, they contracted it at the workplace for workers' compensation purposes. The language in the act reads ([Wisconsin State Legislature 2020](#)):

(b)...where an injury to a first responder is found to be caused by COVID-19 during the public health emergency declared by the governor under s. 323.10 on March 12, 2020, by executive order 72, and ending 30 days after the termination of the order, and where the employee has been exposed to persons with confirmed cases of COVID-19 in the course of employment, the injury is presumed to be caused by the individual's employment.

(c) An injury claimed under par. (b) must be accompanied by a specific diagnosis by a physician or by a positive COVID-19 test.

(d) An injury claimed under par. (b) may be rebutted by specific evidence that the injury was caused by exposure to COVID-19 outside of the first responder's work for the employer.

Executive order 72 expired on May 11, 2020, and so this provision expired in June.

The Wisconsin Department of Workforce Development (DWD) acknowledged that Wisconsin could do what other states have done: "A policy option is to create a statutory presumption for compensability of COVID-19 as a compensable injury covered by the WC [Workers' Compensation] Act." They noted, though, that "The mere exposure of a worker to one or more people with COVID-19 without contracting the disease does not constitute a compensable work-related injury under the law. A factor to consider is to include exposure to COVID-19 as a compensable injury under the presumption. Current law provides workers who are isolated or quarantined because of contact with someone with COVID-19, and who has not yet been infected with the disease, as ineligible to receive WC benefits."

Workers' compensation changes could support staying home and reduce COVID-19

While the impact of access to paid sick days on the spread of infection during a pandemic has been extensively studied, the impact of access to workers' compensation has not been well studied. It is logical to conclude that a rebuttable presumption of workplace transmission of COVID-19 for workers' compensation purposes would provide economic security for essential workers who do not have access to paid sick days but who do have access to workers' compensation, making quarantine or isolation possible. Many just assume this to be true (e.g., [Dworsky 2020](#)), including legislatures and governors in states that have changed their workers' compensation laws. In addition, a forthcoming report from the University of Wisconsin-Madison School for Workers and Population Health Institute, based on focus groups with Wisconsin workers, found that health care workers would be more likely to stay home when infected if they could receive workers' compensation.

We cannot, however, predict how many fewer COVID-19 cases would result from this workers' compensation policy change.

State workers' compensation policy could be changed to create a rebuttable presumption of workplace infection

Through legislation or executive order, the Wisconsin state government could create a rebuttable presumption that, for workers' compensation purposes, a worker exposed to COVID-19 in the workplace who later tests positive for the disease was infected in the workplace. Ideally, this legislation would cover all essential workers using as broad a definition as possible (e.g., healthcare workers, first responders, and workers in transportation services, hotel and other residential services, financial services, and the production, preparation, storage, sale, and distribution of essential goods such as food, beverages, medicine, fuel, and supplies for conducting essential business and work at home).

The governor's November 2020 COVID-19 legislative package proposal includes a bill to "Allow critical workers, including healthcare workers, to claim workers' compensation benefits related to COVID-19, presuming that they received the illness from their occupation" ([The Wheeler Report 2020](#)).

The state could also:

- Include those who have been exposed and who have not tested positive for COVID-19 under the presumption, allowing them to receive benefits while quarantining.
- Fund a communications campaign about these policy changes when they go into effect, targeting employers, unions, workers, insurance companies, third party claims administrators, and attorneys. This could include public service announcements and paid media and could involve other agencies, including the Department of Health Services and the Office of the Commissioner of Insurance.
- Create a funding program for local workers' and other community-based organizations to both build awareness of the new policies and support workers when they experience difficulties in securing workers' compensation.

3. Direct Payments to Workers in the Informal Sector

Even if the policies described above were implemented, workers in the informal sector and others may still not receive income when they need to quarantine or isolate.

The informal sector includes undocumented workers, those whose employers can choose if they'd like to offer benefits (like religious institutions), as well as gig workers who enter into formal agreements with on-demand companies to provide services (and includes independent contractors, online platform workers, contract firm workers, on-call workers, and temporary workers) ([Branough 2020](#)). These workers are not protected under the state's wage and hour laws, and, for gig workers, workers' compensation is determined on a case-by-case basis according to whether an individual worker is determined to be an employee ([Wisconsin DWD 2020](#)). As DWD shared:

The WC system [also] excludes independent contractors, sole proprietors, LLC members, partners in a partnership, and certain corporate officers that have opted out. Other groups excluded from the WC system include:

- *Certain religious sects that do not believe in insurance*
- *Some real estate sales agents*
- *Domestic servants*
- *Employers with fewer than 3 employees, unless they pay more than \$500 in wages in a calendar quarter.*

Another policy option is providing workers without access to paid sick days and workers' compensation with direct payments. Workers could use these payments to cover any expenses while they quarantine or isolate. Direct payments are particularly important for undocumented families; those whose employers do not have to pay state unemployment taxes, like churches; and gig workers, who are not covered by other economic supports ([CMS 2020](#), [Branough 2020](#)).

Undocumented immigrants were excluded from the federal CARES Act, enacted in March 2020, which aimed to provide emergency financial assistance to individuals and families. This exclusion created a gap in support for individuals and families who are undocumented ([CMS 2020](#)).

Some states took action to successfully fill these gaps. For example, Washington State created an immigrant relief fund of \$40 million to support immigrants and agricultural workers. The state worked with community organizations to distribute the funds, which resulted in \$1000 per individual ([Washington State 2020](#)). Connecticut allocated \$3.5 million to the State Department of Housing with the goal of providing landlords who house undocumented residents the funds to support those who may fall behind on payments ([The CT Mirror 2020](#)).

Undocumented workers are less likely to have access to paid time off and are at higher risk for exposure to COVID-19

In 2019, Wisconsin was home to an estimated 86,000 residents who were undocumented ([Cornelius 2019](#)), 51,900 of whom were in the workforce ([Svajlenka 2020](#)). Undocumented immigrants benefit the communities in which they live by bringing cultural and economic vibrancy, entrepreneurship, and an expanded workforce for some of the state's most critical industries ([Cornelius 2019](#)).

In Wisconsin, undocumented workers contribute to a range of industries that could not thrive without a pool of workers willing to take on highly labor-intensive roles. In 2014, for instance, undocumented workers made up 7.8% of all employees in Wisconsin's accommodation and food services industry, a sector that includes dishwashers, food preparation workers, and short order cooks. They also made up 8.3% of workers employed in the agriculture sector and 6.9% of workers in Wisconsin's administrative, support, and waste management services industry. In some sectors, such as agriculture, undocumented immigrants account for 50% of all hired crop workers, making them a critical reason why the industry is able to thrive ([New American Economy 2016](#)).

As the country worked to suppress COVID-19 early in the pandemic, people were asked to stay home as much as possible. These actions—as well as the continued strategies to slow the spread of COVID-19—have had a significant economic and health impact on undocumented workers. Many work in service industries, as migrant workers or in the informal economy ([Page 2020](#)), where it is common to live in congregate settings and uncommon to receive paid benefits for missed work. A number of factors put undocumented workers at high risk for exposure to communicable diseases, including:

- Limited ability to socially distance at worksites;
- Limited access to linguistically and culturally appropriate information;
- Higher density households that increase the risk of transmission and make it difficult to isolate; and
- The inability to miss work due to a lack of paid sick time ([Schoch-Spana 2010](#)).

Direct Payments to gig workers and undocumented workers could further reduce COVID-19 spread

The impact of direct payments to undocumented workers and others without access to paid sick days and workers' compensation has not been well studied. Again, it is logical to believe that providing direct payments to these workers when they need to quarantine or isolate would provide them the ability to take time away from work without experiencing further economic strain. Studies show that recipients of this type of income spend it on basic needs (e.g., food, utility bills) ([Samuel 2019](#)).

Ultimately, **access to direct payments could improve health by reducing exposure to COVID-19 for workers, family members, and the communities they live in** ([Schoch-Spana 2010](#)). Slowing the spread of COVID-19 requires that the needs of undocumented workers be addressed, including income security ([Page 2020](#)). However, we cannot predict how many fewer COVID-19 cases would result from direct payments to workers needing to isolate or quarantine.

Mechanisms to allocate funding for direct payments to workers not covered by other policies

Through legislation or executive order, the Wisconsin state government could allocate funds to provide direct payments to workers in informal sectors, including undocumented workers, who need to quarantine or isolate and do not otherwise have access to financial support. Funds could be provided to local organizations with a history of working with undocumented workers, and who have the trust of undocumented workers, to coordinate fund allocation. Minimal information about the recipients could be collected in order to minimize barriers to undocumented workers accessing the funding.

Local governments could allocate funding for direct payments to fill any gaps in the state funding or if state funding is not allocated.

In addition, philanthropic institutions could work with local governments to provide funding for direct payments to workers in informal sectors, including undocumented workers, who need to quarantine or isolate and do not otherwise have access to financial support.

Conclusion

“Legislators and policymakers really need to do the best they can to make sure that they are putting forth policies that make sure that people are able to stay safe and not have to worry about where their next meal is going to come from. If we were going to paint a picture of who are essential workers, they tend to be Black and brown folks, they tend to be low-income folks, they tend to be the most vulnerable people. And yet they are the ones that are keeping everything running. We should be doing everything we can to support them by really uplifting the fact that COVID disproportionately affects Black, brown, and Indigenous communities. This is something where race and class definitely intersect, and I think that's definitely not something that should be ignored.”

—HIA Interviewee

Public health's work to control the pandemic should continue to involve multiple strategies. Strategies relevant to this Health Impact Assessment include being as clear as possible about who should isolate and quarantine and encouraging workers to isolate and quarantine as necessary. Public health has also worked—and should continue to work—with employers to explain the need for isolation and quarantine, for

workplace policies and practices that encourage isolation and quarantine as needed, and other policies that keep workers safe and businesses open (e.g., encourage working from home, discourage presenteeism).

But those in public health cannot control this pandemic on their own. Without policy and system changes, the harms of the COVID-19 pandemic will continue to inequitably fall on people of color and low-income families. These harms then have ripple effects on the entire state through the spread of disease and a stunted economy. Solutions that improve the health of workers who are most at risk will ultimately benefit the physical, emotional, and financial well-being of all Wisconsinites.

Policymakers, businesses, and others have critical roles to play. The findings described in this HIA point to a set of policies that will help ensure workers in Wisconsin have the income they need to isolate or quarantine when they are infected with or have been exposed to COVID-19. These policies would contribute to controlling the spread of the virus in the state. Other policies, such as those related to hazard pay and overtime, could also be evaluated for their impact on the spread of the virus.

There is strong and compelling evidence that paid sick leave significantly reduces both workplace and community spread, and that the number of cases of COVID-19 in Wisconsin would decrease significantly if all workers in the state had access to paid sick leave to isolate and quarantine.

While the evidence is less strong, it is logical to conclude that the following strategies would also enable workers to isolate and quarantine, thereby reducing the spread of COVID-19 in Wisconsin:

1. Changing workers' compensation to create a rebuttable presumption that workers who are exposed to COVID-19 at their worksite and later test positive were infected in the workplace, unless there is a preponderance of evidence that they did not; and
2. Providing direct payments to workers in informal sectors who do not qualify for either paid sick time or workers' compensation

This pandemic has shown us that our health and success is interconnected with our fellow Wisconsinites. We are a stronger, thriving Wisconsin when everyone has what they need to be safe and well. Controlling the pandemic and strengthening the economy both depend on protecting workers, and the policies described in this HIA are vital components of ensuring worker health. Together, and in partnership across public and private sectors, we can work towards a future of hope and resilience for all of us.