File No. 210398 **Committee Item No.** _____
Board Item No. 28

COMMITTEE/BOARD OF SUPERVISORS

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Prepared by: Lisa Lew **Date:** April 16, 2021
Prepared by: _____ **Date:** _____

FILE NO. 210398 RESOLUTION NO.

[Supporting California Assembly Bill No. 257 (Gonzalez) - Fast Food Accountability and Standards (FAST) Recovery Act]

Resolution supporting California State Assembly Bill No. 257, authored by Assembly Member Lorena Gonzalez of District 80, to enact the Fast Food Accountability and Standards (FAST) Recovery Act, legislation that would empower and protect California's half-a-million fast food workers.

WHEREAS, Historically, fast food industry workers have been subject to low wages and unsafe workplace conditions, and a 2020 report by the U.S. Government Accountability Office found that millions of full-time workers reply on federal health care and food assistance programs as a result of earning low wages, including a high concentration of fast food workers; and

WHEREAS, A March 2021 report from researchers at UCLA and UC Berkeley found that in California, two-thirds of fast-food workers are enrolled in a major safety net program, at an average statewide annual cost to taxpayers of $4 billion; and

WHEREAS, Even before the pandemic, fast food workers faced overlapping challenges, putting them on the razor's edge of economic calamity, including low wages, lack of worker voice on the job, workplace violence, harassment, and wage theft; and

WHEREAS, In an industry where workers operate in environments that are fast-paced, crowded and frequently in physical contact with customers, fast food workers have been particularly vulnerable to contracting COVID-19; and

WHEREAS, Researchers from the University of California, San Francisco found that line cooks had a 60% increase in mortality associated with the pandemic and that Latinx food service workers saw a 39% increase in mortality; and

WHEREAS, Since the onset of the COVID-19 pandemic, numerous local, state and federal laws and regulations have been instituted to require operational changes on the part of businesses to protect employees from infection; and

WHEREAS, Numerous complaints filed by fast food workers with local health departments illustrate fast food operators routinely have flouted protections, including, but not limited to, requiring workers to work without access to personal protective equipment, denying workers sick pay, failing to inform workers of exposure to COVID-19, actively hiding COVID-19 cases, and demanding that workers come to work when they are sick; and

WHEREAS, Fast food workers are the largest and fastest growing group of low-wage workers in the state yet lack industry-specific protections; and

WHEREAS, Assembly Bill No. (AB) 257, the FAST Recovery Act will ensure workers and employers work together with state agencies to raise overall standards and protections in the fast food industry; and

WHEREAS, AB 257 would establish a statewide Fast Food Sector Council, which will include state agencies, employer and worker representatives, that will be tasked with periodically reviewing and creating minimum health, safety and employment standards in the fast food restaurant industry; and

WHEREAS, AB 257 would hold fast food franchisors responsible for ensuring franchisees comply with health, safety and employment standards; and

WHEREAS, The law established by AB 257 would help to address widening income inequality that has allowed a small number of executives to profit immensely while subjecting workers to poverty wages and unsustainable working conditions; now, therefore, be it

RESOLVED, That the San Francisco Board of Supervisors stands with workers, community groups, and labor unions in strong support of Assembly Bill No. 257; and, be it

FURTHER RESOLVED, That California can emerge from COVID-19 stronger than ever before, but only if essential workers have the opportunity to succeed by giving Black, brown, Asian and immigrant workers more power and a voice on the job; and, be it

FURTHER RESOLVED, That the Clerk of the Board shall transmit copies of this Resolution to the California State Assembly and California State Senate majority and minority leaders, the San Francisco delegation to the state legislature, and members of the Assembly Labor and Employment Committee.

AMENDED IN ASSEMBLY MARCH 25, 2021

CALIFORNIA LEGISLATURE—2021–22 REGULAR SESSION

ASSEMBLY BILL No. 257

Introduced by Assembly Member Lorena Gonzalez

January 15, 2021

An act ~~relating to the fast food industry.~~ *to amend Section 96 of, and to add Part 4.7 (commencing with Section 1470) to Division 2 of, the Labor Code, and to amend Sections 113949.1 and 113949.2 of the Health and Safety Code, relating to food facilities and employment.*

LEGISLATIVE COUNSEL'S DIGEST

AB 257, as amended, Lorena Gonzalez. ~~Fast food industry: working standards.~~ *Food facilities and employment.*

Existing law prescribes various protections for employees and generally charges the Labor Commissioner with the enforcement of labor laws. *Existing law establishes the powers and responsibilities of the Division of Occupational Safety and Health and the Division of Labor Standards and Enforcement, which are within the Department of Industrial Relations.* Existing law creates the California Retail Food Code, ~~the purpose of which is to safeguard public health and provide to consumers food that is safe, unadulterated, and honestly presented through adoption of science-based standards.~~ *which establishes uniform health and sanitation standards for, and provides for regulation by the State Department of Public Health of, retail food facilities, as defined, and requires local health agencies to enforce these provisions.*

This bill would enact the *Fast Food Accountability and Standards Recovery Act or* FAST Recovery Act. The bill would ~~make a statement of findings regarding the fast food industry, particularly with respect to the COVID-19 pandemic, and state the intent of the Legislature to~~

~~enact legislation relating to the fast food industry.~~ *establish the Fast Food Sector Council (council), to be composed of 11 members to be appointed by the Governor, the Speaker of the Assembly, and the Senate Rules Committee, and would prescribe its powers. The purpose of the council would be to establish industry-wide minimum standards on wages, working hours, and other working conditions related to the health, safety, and welfare of, and supplying the necessary cost of proper living to, fast food restaurant workers, as well as effecting interagency coordination and prompt agency responses in this regard. The bill would define the characteristics of a fast food restaurant, including that the establishment be part of a set of fast food restaurants consisting of 30 or more establishments nationally that share a common brand, or that are characterized by standardized options for decor, marketing, packaging, products, and services.*

This bill would require the council to promulgate minimum fast food restaurant employment standards, including standards on wages, working conditions, and training, and to issue, amend, and repeal any other rules and regulations, as necessary to carry out its duties. Under the bill, if a conflict exists between council's standards, rules, or regulations and those issued by another state agency, the standards, rules, or regulations issued by the council would apply to fast food restaurant workers and fast food restaurant franchisees and franchisors, and the conflicting rules or regulations of the other state agency would not have force or effect with respect to these parties. The bill would except from this application proposed standards within the jurisdiction of the Occupational Safety and Health Standards Board and would prescribe an alternate process in this regard.

This bill would require the council to conduct a full review of the adequacy of minimum fast food restaurant health, safety, and employment standards at least once every 3 years, and would empower the counsel to issue subpoenas for this purpose. The bill would require the council, following that review, to issue, amend, or repeal, or make recommendations to issue, amend, or repeal, any fast food employment, health or safety standard as appropriate. The bill would require the council to hold hearings every 6 months that would be open to the public, as specified, and would authorize the council to coordinate with and authorize local agencies to hold such meetings. The bill would authorize a county, and a city with a population greater than 200,000, to establish a Local Fast Food Sector Council, and would prescribe its powers and requirements for its composition. The bill would authorize

a Local Fast Food Sector Council to provide recommendations to the council and would prescribe requirements for the state council in connections with these recommendations.

This bill would require standards for minimum wages, maximum hours of work, and other working conditions fixed by the council to be the minimum standards for fast food restaurant employees and would require that they be enforced by the Division of Labor Standards Enforcement. The bill would require the Labor Commissioner and the commissioner's deputies to take assignments of violations of standards issued by the council upon the filing of a claim in writing by an employee or an employee's authorized representative.

In addition to the above, FAST Recovery Act would require that fast food restaurant franchisor be responsible for ensuring that its franchisee comply with a variety of employment, worker, and public health and safety laws and orders, including those related to unfair business practices, general liability, employment discrimination, the California Retail Food Code, a range of labor regulations, emergency orders, and standards issued by the council. The bill would require that a fast food restaurant franchisor be jointly and severally liable for violations of its franchisee, as specified, and would provide that specified laws may be enforced against a fast food restaurant franchisor to the same extent that they may be enforced against a franchisee. Among other things, the bill would authorize a fast food restaurant franchisee to file an action against its franchisor for monetary or injunctive relief in connection with the terms of a franchise and the franchisee's compliance with specified laws and orders. The bill would create presumptions in this regard and would provide for joint and several liability of the franchisor if the terms of a franchise are found to be a substantial factor in causing the franchisee to be liable. The bill would prohibit a fast food restaurant franchisee or fast food restaurant franchisor from discharging or in any manner discriminating or retaliating against any fast food restaurant employee for specified reasons and would create a cause of action and right to reinstatement for employees in this connection.

Existing law requires a local health officer or a local enforcement agency to notify the person in charge of the food facility, investigate conditions, and take appropriate action when a local health officer is notified of an illness that can be transmitted by food or an employee in a food facility. Existing law requires the owner or the food safety certified employee to require food employees to report to the person in

charge if a food employee is diagnosed with an illness. Existing law specifies that illness, for purposes of those requirements, includes salmonella typhi and norovirus, among others. A person who violates any provision of the California Retail Food Code is guilty of a misdemeanor.

This bill would additionally include COVID-19 as an illness for purposes of the above-described requirements. By increasing the duties of local officials and expanding the definition of an existing crime, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~ *yes*. State-mandated local program: ~~no~~ *yes*.

The people of the State of California do enact as follows:

SECTION 1. This act shall be known, and may be cited, as the *Fast Food Accountability and Standards Recovery Act or* FAST Recovery Act.

SEC. 2. ~~(a)~~ The Legislature finds and declares the following:

~~(1)~~

(a) For years, the fast food industry has been rife with abuse, low pay, few benefits, and minimal job security, with California workers subject to high rates of employment violations, including wage theft, sexual harassment and discrimination, as well as heightened health and safety risks.

~~(2)~~

(b) Fast food workers are the largest and fastest growing group of low-wage workers in the state and lack sector-specific protections.

~~(3)~~

(c) The COVID-19 pandemic has illustrated the implications for workers and the public when a disempowered workforce faces a crisis in an industry with a poor history of compliance with workplace health and safety regulations.

~~(4)~~

(d) Workers with inadequate means to amplify their voices and their experience, and to address the pervasive problems plaguing the industry, have exacerbated the impact of this crisis and denied workers a path to win safer workplaces for themselves, their families, and fast food consumers.

~~(5)~~

(e) Since the onset of the COVID-19 pandemic, numerous local, state and federal laws and regulations have been instituted to require operational changes on the part of businesses to protect employees from infection.

~~(6)~~

(f) Numerous complaints filed by fast food workers with local health departments illustrate fast food operators routinely have flouted protections, including, but not limited to, requiring workers to work without access to personal protective equipment, denying workers sick pay, failing to inform workers of exposure to COVID-19, actively hiding COVID-19 cases, and demanding that workers come to work when they are sick.

~~(7)~~

(g) As a result, fast food workers, and the public they serve, face serious and unacceptable risks to their health and safety.

~~(8)~~

(h) In addition, fast food companies have profited during the pandemic, while California's one-half million fast food workers have been hard hit, both medically and financially. Despite corporate profits, fast food workers are poorly positioned to participate in a fast recovery and a more equitable economy.

~~(9)~~

(i) Therefore, cooperation between state agencies with responsibility for improving and enforcing health and safety and other worker protection laws, with regular input from industry and worker representatives, along with improved incentives to achieve compliance, is critical to protecting fast food workers, customers, and the public.

~~(b) It is the intent of the Legislature to enact legislation relating to the fast food industry.~~

(j) Furthermore, because existing enforcement and regulatory mechanisms have proved inadequate in ensuring fast food restaurant worker health, safety, and welfare, the Legislature concludes that industry-wide minimum health, safety, and

employment standards, including standards concerning wages and other working conditions, identified by an expert body with subject matter expertise and experience in the fast food industry, are necessary to protect, maintain, and ensure the health, safety, and welfare of, and to supply the necessary cost of proper living to, fast food restaurant employees.

SEC. 3. Section 96 of the Labor Code is amended to read:

96. The Labor Commissioner and ~~his or her~~ *the* deputies and representatives authorized by ~~him or her~~ *the commissioner* in writing shall, upon the filing of a claim therefor by an employee, or an employee representative authorized in writing by an employee, with the Labor Commissioner, take assignments of:

(a) Wage claims and incidental expense accounts and advances.

(b) Mechanics' and other liens of employees.

(c) Claims based on "stop orders" for wages and on bonds for labor.

(d) Claims for damages for misrepresentations of conditions of employment.

(e) Claims for unreturned bond money of employees.

(f) Claims for penalties for nonpayment of wages.

(g) Claims for the return of workers' tools in the illegal possession of another person.

(h) Claims for vacation pay, severance pay, or other compensation supplemental to a wage agreement.

(i) Awards for workers' compensation benefits in which the Workers' Compensation Appeals Board has found that the employer has failed to secure payment of compensation and where the award remains unpaid more than 10 days after having become final.

(j) Claims for loss of wages as the result of discharge from employment for the garnishment of wages.

(k) Claims for loss of wages as the result of demotion, suspension, or discharge from employment for lawful conduct occurring during nonworking hours away from the employer's premises.

(l) Claims for violations of standards issued by the Fast Food Sector Council pursuant to Part 4.7 (commencing with Section 1470) of Division 2.

SEC. 4. Part 4.7 (commencing with Section 1470) is added to Division 2 of the Labor Code, to read:

PART 4.7. FAST FOOD WORKERS

1470. For purposes of this part:

(a) "Chain" means a set of fast food restaurants consisting of 30 or more establishments nationally that share a common brand, or that are characterized by standardized options for decor, marketing, packaging, products, and services.

(b) "Council" means the Fast Food Sector Council.

(c) "Fast food restaurant" means any establishment in the state that is part of a chain and that, in its regular business operations, primarily provides food or beverages in the following manner:

(1) In disposable containers.

(2) For immediate consumption either on or off the premises.

(3) With limited or no table service.

(4) To customers who order or select items and pay before eating.

(d) "Fast food restaurant franchisee" means a person to whom a fast food restaurant franchise is granted.

(e) "Fast food restaurant franchisor" means a person who grants or has granted a fast food restaurant franchise.

1471. (a) (1) The Fast Food Sector Council is hereby established to consist of the following 11 members:

(A) One representative from the State Department of Public Health.

(B) One representative from the Division of Occupational Safety and Health.

(C) One representative from the Division of Labor Standards and Enforcement.

(D) Two representatives from the Department of Industrial Relations.

(E) One representative of fast food restaurant franchisors.

(F) One representative of fast food restaurant franchisees.

(G) Two representatives of fast food restaurant employees.

(H) Two representatives of advocates for fast food restaurant employees.

(2) The Governor shall appoint the representatives of the state agencies. The Speaker of the Assembly shall appoint the representative of fast food restaurant franchisors, one representative of fast food restaurant employees, and one

representative of an advocate for fast food restaurant employees. The Senate Rules Committee shall appoint the representative of fast food restaurant franchisees, one representative of fast food restaurant employees, and one representative of an advocate for fast food restaurant employees.

(3) The appointments shall be at the will of each appointing power and each member of the commission shall serve for a term of four years. All terms shall end on January 1. Vacancies occurring prior to the expiration of the term shall be filled by appointment for the unexpired term. A commission member shall not serve more than two consecutive terms. The council shall elect by majority vote a member to serve as its chairperson.

(4) The council may employ necessary assistants, officers, experts, and other employees as it deems necessary. All personnel of the council shall be under the supervision of the chairperson or an executive officer to whom the chairperson delegates such responsibility. All such personnel shall be appointed pursuant to the State Civil Service Act (Part 1 (commencing with Section 18000) of Division 5 of Title 2 of the Government Code), except for the one exempt deputy or employee allowed by subdivision (e) of Section 4 of Article VII of the California Constitution.

(b) The council's purposes are to establish industry-wide minimum standards on wages, working hours, and other working conditions adequate to ensure and maintain the health, safety, and welfare of, and to supply the necessary cost of proper living to, fast food restaurant workers and to ensure and effect interagency coordination and prompt agency responses regarding issues affecting the health, safety, and employment of fast food restaurant workers.

(c) The council shall provide direction to, and coordinate with, the Governor, executive agencies, and local enforcement agencies regarding the health, safety, and employment of fast food restaurant workers.

(d) The council shall promulgate minimum fast food restaurant employment standards, including, as appropriate, standards on wages, working conditions, and training, as are reasonably necessary or appropriate to protect and ensure the welfare of fast food restaurant workers or to otherwise meet the purposes of this section, subject to the limitations of subdivision (e). The council may also issue, amend, or repeal any other rules and regulations

as necessary to carry out its duties under this section or meet the purposes of this section, subject to the limitations of subdivision (e). To the extent there is a conflict between standards, rules, or regulations issued by the council and the rules or regulations issued by another state agency, the standards, rules, or regulations issued by the council shall apply to fast food restaurant workers and fast food restaurant franchisees and franchisors, and the conflicting rules or regulations of the other state agency shall not have force or effect with respect to fast food restaurant workers, franchisees, or franchisors. Decisions by the council regarding standards, rules, and regulations shall be made by an affirmative vote of at least six of the council members. All standards, rules, and regulations by the council shall be issued, amended, or repealed, as applicable, in the manner prescribed in Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

(e) To the extent that any minimum standards that the council finds are reasonably necessary to protect fast food restaurant worker health and safety fall within the jurisdiction of the Occupational Safety and Health Standards Board, the council shall not promulgate the standards, but rather shall recommend the standards to the Occupational Safety and Health Standards Board. The Occupational Safety and Health Standards Board shall issue a written decision and explanation on the recommended standards within three months, unless the recommendation is for an emergency standard, in which case it shall issue a written decision and explanation within one month. The Occupational Safety and Health Standards Board shall adopt a fast food health and safety standard recommended by the council, in accordance with the procedures and provisions set forth in Chapter 6 (commencing with Section 140) of Division 1, unless it finds that the recommended standard is outside its statutory authority or otherwise unlawful.

(f) (1) The council shall conduct a full review of the adequacy of the minimum fast food restaurant health, safety, and employment standards at least once every three years. Upon that review, the council shall issue, amend, or repeal, or make recommendations to issue, amend, or repeal, any fast food employment, health or safety standard, or a portion of any such standard, as appropriate to meet the purposes of this section. With the exception of

emergency standards, a new standard, or an amendment or repeal of a standard, shall not be less protective of health, safety, or fast food restaurant worker employment conditions than the immediately preceding standard.

(2) The council, for the purpose of reviewing the adequacy of fast food restaurant health, safety, or employment standards, or the purpose of promulgating or recommending new fast food restaurant standards, may issue subpoenas to compel the attendance of witnesses and production of books, papers, and records, by an affirmative vote of at least six of the council members. Obedience to subpoenas issued by the council shall be enforced by the courts. The council may administer oaths and examine witnesses under oath for the purpose of reviewing the adequacy of, or promulgating or recommending, fast food restaurant health, safety, or employment standards.

(g) The council shall hold hearings every six months that are open to the public, at which the public, including fast food restaurant employees, shall have the opportunity to be heard on issues of fast food restaurant health, safety, and employment conditions. The council shall provide advance public notice of these hearings that is reasonably calculated to advise fast food restaurant workers, franchisors, franchisees, community members, and other stakeholders of the opportunity to participate in the hearings. The location of the hearings shall rotate among major metropolitan areas throughout the state to provide fast food restaurant workers, franchisors, franchisees, community members, and other stakeholders throughout the state a reasonable opportunity to participate in a hearing at least once per each three-year review.

(h) The council may coordinate with local agencies and authorize them to hold hearings that are open to the public, at which the public, including fast food restaurant employees, shall have the opportunity to be heard on issues of fast food restaurant health, safety, and employment conditions. After these hearings, the local agency shall prepare a report for the council that summarizes the information received at the public hearings and includes any recommendations for action by the council.

(i) A county, and a city with a population of greater than 200,000, may establish a Local Fast Food Sector Council, which shall be composed of at least one representative who is either a

fast food restaurant franchisor or a fast food restaurant franchisee and at least one representative who is a fast food restaurant employee, and a majority of representatives from local employment, health, and safety agencies. A Local Fast Food Sector Council established pursuant to this subdivision shall provide direction to, and coordinate with, local agencies regarding the health, safety, and employment of fast food restaurant workers within the applicable local jurisdiction, and shall periodically hold hearings that are open to the public, at which the public, including fast food restaurant employees, shall have the opportunity to be heard on issues of local fast food restaurant health, safety, and employment conditions. A Local Fast Food Sector Council may provide written recommendations to the council regarding minimum local health, safety, and employment standards, including training, that the Local Fast Food Sector Council finds are reasonably necessary to protect the health, safety, and welfare of fast food restaurant workers within the relevant local jurisdiction, but these recommendations shall not be less protective of, or less beneficial to, health, safety, or fast food restaurant worker employment conditions than other applicable state or local standards. The council shall consider any recommendations for local standards from Local Fast Food Sector Councils and shall provide a written explanation within 60 days if it does not adopt a Local Fast Food Sector Council's recommendation for a local standard.

(j) (1) The minimum wages, maximum hours of work, and other working conditions fixed by the council in standards promulgated pursuant to subdivision (d) shall be the minimum wage, maximum hours of work, and the standard conditions of labor for fast food restaurant employees or a relevant subgroup of fast food restaurant employees. The employment of a fast food restaurant employee for lower wages or for longer hours than those fixed by the minimum standards promulgated by the council, or under any other working conditions prohibited by the minimum standards promulgated by the council, is unlawful. Compliance with the minimum fast food restaurant employment standards promulgated by the council shall be enforced by the commissioner and the Division of Labor Standards Enforcement pursuant to the procedures and provisions set forth in Chapter 4 (commencing with Section 79) of Division 1.

(2) Minimum fast food health and safety standards promulgated by the Occupational Safety and Health Standards Board pursuant to subdivision (e) shall be administered and enforced by the Division of Occupational Safety and Health to the same extent as other orders promulgated by the Occupational Safety and Health Standards Board.

1472. (a) A fast food restaurant franchisor shall be responsible for ensuring that its franchisee complies with the following applicable employment and worker and public health and safety laws and orders, and any implementing regulations:

(1) Chapter 5 (commencing with Section 17200) of Part 2 of Division 7 of the Business and Professions Code.

(2) Section 1714 of the Civil Code.

(3) Part 2.8 (commencing with 12900) of Division 3 of Title 2 of the Government Code.

(4) Chapter 1 (commencing with Section 113700) to Chapter 9 (commencing with Section 114265), inclusive, of Part 7 of, and Article 1 (commencing with Section 114380) to Article 4 (commencing with Section 114417), inclusive, of Chapter 13 of Part 7 of, Division 104 of the Health and Safety Code.

(5) (A) Article 1 (commencing with Section 200) and Article 1.5 (commencing with Section 245) of Chapter 1 of, and Chapter 2 (commencing with Section 300) and Chapter 3 (commencing with Section 350) of, Part 1.

(B) Chapter 1 (commencing with Section 500) of Part 2.

(C) Chapter 1 (commencing with Section 920), Chapter 2 (commencing with Section 970), Chapter 3 (commencing with Section 1010), Chapter 3.1 (commencing with Section 1019), Chapter 3.6 (commencing with Section 1024.5), Chapter 3.8 (commencing with Section 1030), Chapter 3.9 (commencing with Section 1040), Chapter 4 (commencing with 1050), and Chapter 5 (commencing with Section 1101) to Chapter 10 (commencing with Section 2000), inclusive, of Part 3.

(D) Article 1 (commencing with Section 2260) and Article 3 (commencing with Section 2350) of Chapter 1 of Part 9.

(E) Part 13 (commencing with Section 2698).

(F) Part 1 (commencing with Section 6300) of Division 5.

(6) Orders, including emergency and executive orders, issued by the Governor regarding employment standards, worker safety, or public health and safety.

(7) Orders issued by a county or municipality regarding employment standards or worker or public health and safety.

(8) Section 1473.

(9) Standards issued by the council.

(b) If a fast food restaurant franchisee is liable for a violation of any of the laws and orders set forth in subdivision (a), or any rules or regulations implementing these laws or orders, its franchisor shall be jointly and severally liable for any penalties or fines for the violation.

(c) The laws and orders set forth in subdivision (a), and any implementing rules and regulations implementing these laws and orders, may be enforced against a fast food restaurant franchisor to the same extent that they may be enforced against the fast food restaurant franchisor's franchisee.

(d) A waiver of this section or Section 1473, or any agreement by a fast food restaurant franchisee to indemnify its fast food restaurant franchisor for liability under this section or Section 1473, is contrary to public policy and is void and unenforceable.

(e) (1) If the terms of a franchise prevent or create a substantial barrier to a fast food restaurant franchisee's compliance with the laws, orders, rules, and regulations set forth in subdivision (a) and their implementing rules and regulations, or any changes to them, including because the franchise does not provide for funds sufficient to allow the franchisee to comply with the laws, orders, rules, and regulations, or any changes them, the fast food restaurant franchisee may file an action against its fast food restaurant franchisor for monetary or injunctive relief necessary to ensure compliance.

(2) There shall be a rebuttable presumption that any changes in the terms of a franchise that increase the costs of the franchise to the fast food restaurant franchisee create a substantial barrier to compliance with the laws and orders set forth in subdivision (a) and their implementing rules and regulations, or any changes to them.

(f) If a fast food restaurant franchisee shows by a preponderance of the evidence that the terms of its franchise were a substantial factor in causing any liability the franchisee has actually incurred under federal, state, or local law, the franchisor shall be jointly and severally liable for the portion of the liability to which the terms of the franchise contributed.

1473. (a) A fast food restaurant franchisee or fast food restaurant franchisor shall not discharge or in any manner discriminate or retaliate against any fast food restaurant employee for any of the following reasons:

(1) The employee made a complaint or disclosed information to the franchisee, franchisor, or a governmental agency regarding employee or public health or safety.

(2) The employee instituted, caused to be instituted, testified in, or otherwise participated in a proceeding relating to employee or public health or safety, or any council or Local Fast Food Sector Council proceeding.

(3) The employee refused to perform work in a fast food restaurant because the employee had reasonable cause to believe that the practices or premises of that fast food restaurant would violate any of the worker and public health and safety laws, regulations, or orders in Section 1471, or would pose a substantial risk to the health or safety of the employee, other employees, or the public.

(b) Any employee of a fast food restaurant franchisor or fast food restaurant franchisee discharged or otherwise discriminated or retaliated against in the terms and conditions of employment in violation of subdivision (a) shall be entitled to reinstatement, and treble the lost wages and work benefits caused by the discrimination or retaliation, and the employee's reasonably incurred attorney's fees and costs.

SEC. 5. Section 113949.1 of the Health and Safety Code is amended to read:

113949.1. (a) When a local health officer is notified of an illness that can be transmitted by food in a food facility or by an employee of a food facility, the local health officer shall inform the local enforcement agency. The local health officer or the local enforcement agency, or both, shall notify the person in charge of the food facility and shall investigate conditions and may, after the investigation, take appropriate action, and for reasonable cause, require any or all of the following measures to be taken:

(1) The immediate restriction or exclusion of any food employee from the affected food facility.

(2) The immediate closing of the food facility until, in the opinion of the local enforcement agency, the identified danger of disease outbreak has been addressed. Any appeal of the closure

shall be made in writing within five days to the applicable local enforcement agency.

(3) Any medical evaluation of any employee, including any laboratory test or procedure, that may be indicated. If an employee refuses to participate in a medical evaluation, the local enforcement agency may require the immediate exclusion of the refusing employee from that or any other food facility until an acceptable medical evaluation or laboratory test or procedure shows that the employee is not infectious.

(b) For purposes of this section, "illness" means a condition caused by any of the following infectious agents:

(1) Salmonella typhi.

(2) Salmonella spp.

(3) Shigella spp.

(4) Entamoeba histolytica.

(5) Enterohemorrhagic or shiga toxin producing Escherichia coli.

(6) Hepatitis A virus.

(7) Norovirus.

(8) COVID-19.

~~(8)~~

(9) Other communicable diseases that are transmissible through food.

SEC. 6. Section 113949.2 of the Health and Safety Code is amended to read:

113949.2. The owner who has a food safety certificate issued pursuant to Section 113947.1 or the food employee who has this food safety certificate shall instruct all food employees regarding the relationship between personal hygiene and food safety, including the association of hand contact, personal habits and behaviors, and food employee health to foodborne illness. The owner or food safety certified employee shall require food employees to report the following to the person in charge:

(a) If a food employee is diagnosed with an illness due to one of the following:

(1) Salmonella typhi.

(2) Salmonella spp.

(3) Shigella spp.

(4) Entamoeba histolytica.

(5) Enterohemorrhagic or shiga toxin producing Escherichia coli.

(6) Hepatitis A virus.

(7) Norovirus.

(8) COVID-19.

(b) If a food employee has a wound that is one of the following:

(1) On the hands or wrists, unless an impermeable cover such as a finger cot or stall protects the wound and a single-use glove is worn over the impermeable cover.

(2) On exposed portions of the arms, unless the wound is protected by an impermeable cover.

(3) On other parts of the body, unless the wound is covered by a dry, durable, tight-fitting bandage.

SEC. 7. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

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Inequality and opportunity in America

Fran works six days a week in fast food, and yet she's homeless: 'It's economic slavery'

by Dominic Rushe with video by Tom Silverstone

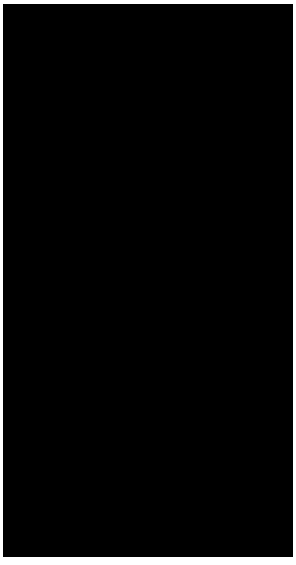
Fran Marion, who is living at her friend's house while she tries to save for a deposit on a new home by working two jobs. Photograph: Tom Silverstone

Mon 21 Aug 2017 06.31 EDT

Once a customer has barked their order into the microphone at the Popeyes drive-thru on Prospect Avenue, Kansas City, the clock starts. Staff have a company-mandated 180 seconds to take the order, cook the order, bag the order and deliver it to the drive-thru window.

The restaurant is on "short shift" at the moment, which means it has about half the usual staff, so Fran Marion often has to do all those jobs herself. On the day we met, she estimates she processed 187 orders - roughly one every two minutes. Those orders grossed about $950 for the company. Marion went home with $76.

Despite working six days a week, Marion, 37, a single mother of two, can't make ends meet on the $9.50 an hour she gets at Popeyes (no apostrophe - founder Al Copeland joked he was too poor to afford one). A fast food worker for 22 years, Marion has almost always had a second job. Until recently, she had been working 9am-4pm at Popeyes, without a break, then crossing town to a janitorial job at Bartle Hall, the convention center, where she would work from 5pm to 1.30am for $11 an hour. She didn't take breaks there either, although they were allowed.



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The homeless Popeyes worker fighting for fair wages in Missouri Guardian

“I was so tired,” she says. “If I took a break I would go to sleep, so I would work straight through,” she says.

Even with those two jobs, Marion was unable to save - and when disaster struck she found it impossible to cope financially. Last month, the city condemned the house she rented - the landlord had refused to fix faulty wiring and the leaking roof - and she was made homeless.

Her children, Ravyn, 15, and Rashad, 14, are now living with a friend, two bus rides away. Because of the time and distance, Marion hasn’t seen them in a week. She and her dog Hershey, a goofy milk-chocolate colored pitbull, are sleeping at the apartment of fellow fast food worker, Bridget Hughes: Marion on the sofa, Hershey on the balcony.

It’s a downtrodden two-bedroom apartment in a sketchy neighborhood. Sex workers stake out the busier street corners; many of the houses are boarded up or burnt out. The detritus of drug addiction litters the streets.

While she tries to save for a deposit on a new home, Marion is sharing with Bridget’s husband, Demetrius, and their four children. “Not having a home, honestly, you guys, it makes me feel like I am a failure. Like I have let my kids down,” says Marion, sitting among the plastic bags that hold her life. The rest of her family’s belongings are stored in a van downstairs, a van she can’t drive because she hasn’t got the money to get it insured.

Marion at her friend's house. Photograph: Tom Silverstone

After she quit her janitorial job, hoping to find something more flexible so she could see more of her children, Marion started interviewing for a second job in fast food. “I have always needed two jobs. You basically need two jobs to survive working on low wages,” she says. Working so hard for so little security makes her feel “like I am getting nowhere,” she says. “My family is not benefiting. I’m working so hard to come home, and still I have to decide whether I am going to put food on the table or am I going to pay the light bill, or pay rent.

“It makes me feel like a peasant. In a way it’s slavery. It’s economic slavery.”

Unsurprisingly, Marion seems depressed. She looks down when she talks, raising her big, sad eyes only when she has finished. But her whole face lights up when she talks about her kids. “They are my world,” she says. “[They] brighten up my soul.” She worries that all this pressure is bad for her - self-diagnosed - high blood pressure. Like 28 million other Americans, she doesn’t have health insurance. She hasn’t seen a doctor in her adult working life.

Bridget and Demetrius are hardly doing better. She earns $9 an hour at Wendy’s, Demetrius makes $9.50 an hour working at a gas station. Rent and bills, including childcare, come to about $800 a month, and they are barely scraping by, living paycheck to paycheck. Hughes says she has missed her children’s graduations, doctors’ appointments. She tears up as she explains how economic necessity meant she was forced to return to work two weeks after she last gave birth, and had to give up breastfeeding.

Marion with her niece. Photograph: Tom Silverstone

* * *

But Marion and Hughes are fighters, figureheads in what some see as the next wave of the civil rights movement. The pair are leading voices in Stand Up Kansas City, the local chapter of the union-backed Fight for $15 movement, which is campaigning for a nationwide increase in the minimum wage. And they are determined to make a difference.

The Fight for $15 movement is probably the most high profile, and successful, labor movement in the US, and has successfully pushed for local raises in the minimum wage across the country, mostly in Democratic strongholds. Trump comfortably won Missouri in 2016, although the major cities - Kansas City, St Louis and Columbia - voted

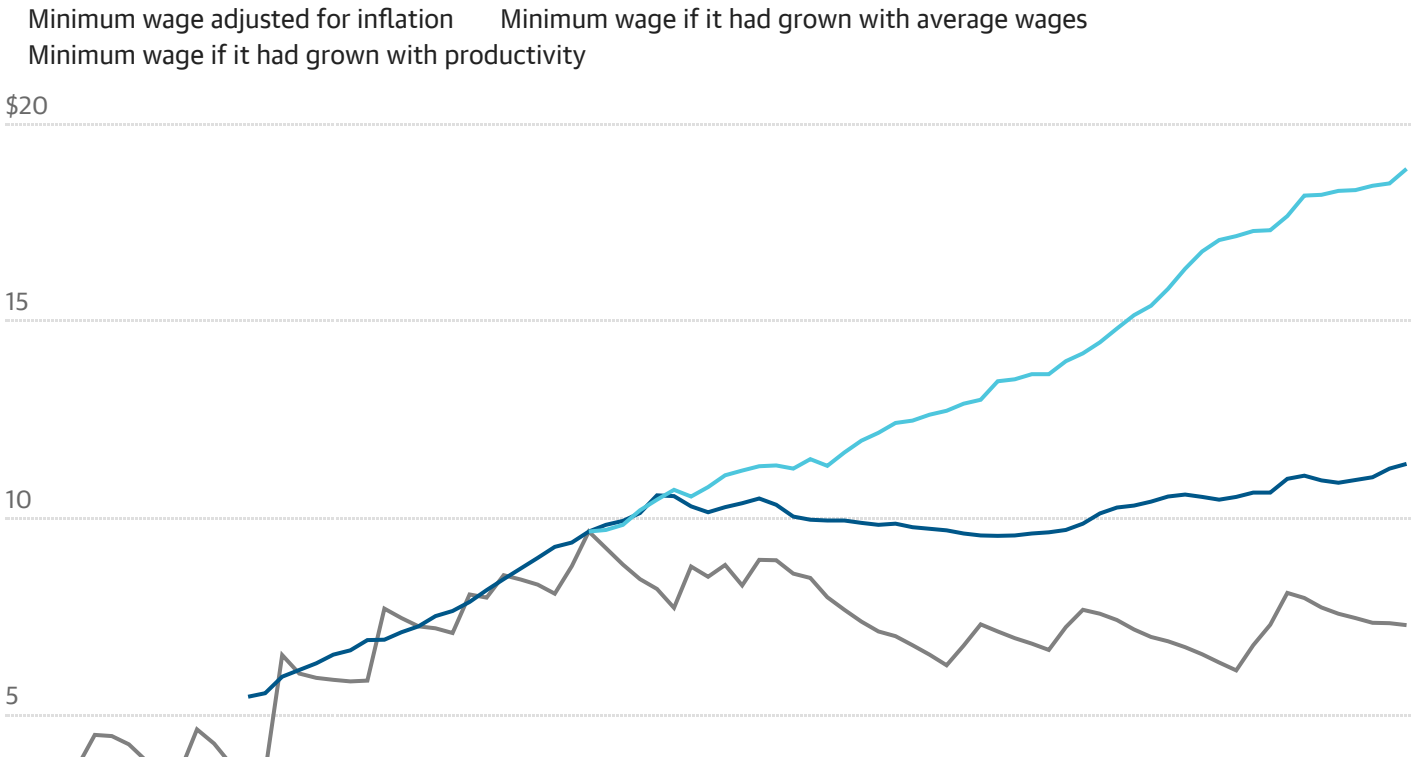
Democrat. But the pair are confident that by coming together, the millions of Americans working low wage jobs can effect change even now.

“It’s not just us, it’s all across America,” says Hughes. She says she felt “invisible” before the Fight for $15 movement.

On 14 April 2015, campaigners held what was then the largest ever protest by low-wage workers in US history. About 60,000 workers took to the streets in cities across the country calling for an increase in the minimum wage.

When protesters came to Marion’s restaurant, she says most of the staff moved to the back of the restaurant to distance themselves from the activists while her corporate boss “smirked and laughed” as they read their demands and said what they needed. “I looked at him and I thought, ‘You don’t have these worries’,” she says. “How can you laugh at someone else’s pain? And I am going through the same thing. That’s when I joined the Fight for $15.

If wages had grown as fast as productivity, the minimum wage would be more than double what it is now



“There is wave. There is momentum. I think that with all of working together, we will win $15 in the end,” she says.

It’s been almost a decade since the Great Recession, and America has witnessed a record 82 months of month-on-month jobs growth. The national unemployment rate

record 82 months of month-on-month jobs growth. The national unemployment rate now stands at a 4.3%, a 16-year low. But month after month, it is the low-wage sectors - fast food, retail, healthcare - that have added new jobs. Wage growth has barely kept pace with inflation. The national minimum wage ($7.25) was last raised in 2009.

Across the US, 58 million people earn less than $15 an hour; 41 million earn less than $12. In Missouri, Kansas City and St Louis councils recently passed local ordinances that would have increased the minimum wage - to $13 an hour by 2023 in Kansas City's case.

But backed by local and national business interests, Missouri's governor, Eric Greitens - a bestselling author, former Navy Seal and a rising Republican star - has moved to roll back the increases, arguing businesses can't afford raises and will leave. "Liberals say these laws help people," Greitens said in a statement. "They don't. They hurt them."

Not so, says David Cooper, senior economic analyst at the Economics Policy Institute. "We have decades of research on this and it all concludes that increases in the minimum wage have had negligible impact on jobs growth," he says. The academic debate is currently about whether that impact is a small gain in growth or a small drop. Either way, he says, a small rise in the minimum wage has an outsized impact on low wage workers. A $1 an hour rise from the current minimum of $7.25 would give the average low wage worker $2,000 more a year, says Cooper. "That is a huge injection of income," he says.

The intense lobbying against an increase is "simply a device to keep wages as low as possible so that employers can capture as much profit as they can", he says. Polls show that the majority of Americans are in favor of an increase. At least 40 cities and states around the country will raise their minimum wages in 2017, thanks largely to ballot measures. Those measures will deliver raises of around $4,000 a year for more than one-third of the workforce in states like New York and California, according to the National Employment Law Project.

But Greitens is not alone in fighting back, helped by a study of the impact of Seattle's minimum wage hike by the University of Washington, which seemed to suggest higher wages had translated to fewer jobs. That the methodology of that study has been heavily criticized ("utter BS", according to Josh Hoxie, director of the Project on Opportunity and Taxation at the Institute for Policy Studies) and stands in contrast to piles of studies that found the opposite hasn't negated its popularity with anti-wage hikers.

Marion: ‘At the top of America, when it comes to Trump and them, their goal is to keep us down.’ Photograph: Tom Silverston/Tom Silverstone

* * *

Marion isn’t in it for the politics. She is in it for the money, money that means one thing for her: getting her family back together and giving them a secure life. We pick her up at Popeyes and drive to a pleasant Kansas City suburb. Cicadas thrum as she beams strolling from the car to hug her daughter Rayven and goddaughter Shi’ Ann.

Shi’ Ann, in her rainbow hued “LOVE” T-shirt (the “O” is a butterfly), plays with princess flip-flops and squirms, giggling in Marion’s arms. “Princesses don’t put their fingers in their mouths,” laughs Marion. I ask Rayven how it is living without her mum. The idyll is over. Tears fill her eyes. Marion goes inside so we can’t see her cry.

Later, Marion says Rayven wants to leave school at 16 and get a job in fast food to help out. Ideally, her mum wants her to go to college but nothing is ideal for the Marion family at present.

After the visit, we drive back into the city to All Souls Unitarian church where Marion and Hughes are set to address a panel of academics, union leaders and others. The neighborhood is a world away from their own. A giant Louise Bourgeois spider menaces a manicured lawn at the Kemper art museum close by. The two women are

unintimidated. They hold the room with ease as they talk about their fight with humor and a confidence that things will change.

Guests ask why they don't go back to school, get higher paid jobs. Hughes has a college degree but as the daughter of a low wage worker said she could only afford community college. Employers saw her degree as "worthless", and she ended up $13,000 in debt. She did have a job in a tax office but lost it only to find that thanks to Missouri's business-friendly rules, she was barred from working for another tax office by a non-compete agreement. (Fast food franchisor Jimmy John's imposed a similar agreement on its workers but dropped it last year after a public backlash.)

Barred from tax office work, Hughes said fast food was all she could find.

Marion says the argument that fast food workers should leave for other, better paid, jobs misses the point. People like fast food. The companies that make it make fortunes. "We are the foot soldiers for these billion-dollar companies. We are the ones doing the work and bringing the money," she says.

"At the top of America, when it comes to Trump and them, their goal is to keep us down," she says. "Between these billion-dollar companies and Trump, it's a power trip."

They can afford to pay more and, she believes, eventually they will. "We are still coming. No war has been won over night and we are not giving up."

More than that, she likes working in fast food. "I love it. I'm good at it. Just like Martin Luther King said, 'If you are going to be a road sweeper, be the best damn sweeper there is'," she says. "I don't know. It's just this society is all messed up."

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comments (745)

Javier Zarracina/Vox

I was a fast-food worker. Let me tell you about burnout.

As technology ratchets up the stress, low-wage jobs have become some of the hardest in America.

By Emily Guendelsberger | Updated Jul 15, 2019, 9:07am EDT

The Highlight BY Vox

If you had to make a rat depressed, how do you think you'd go about it?

(Okay, you can't technically make a rat "depressed" — a scientist would ask how to "create a model of depression" in rats. Actually being depressed is exclusive to humans. But the drugs used to treat depression in humans are developed and tested using rodents.)

So to test your new antidepressant, you need an efficient method of making a lot of rats exhibit anhedonia — that is, making them lose interest in things they used to enjoy, like sugar.

How do you think you'd do that?

It turns out you don't need to traumatize them. The most reliable protocol is "chronic mild stress." There are many methods of making the lives of experimental animals mildly but chronically miserable — a cage floor that administers random electric shocks; a deep swimming pool with no way to rest or climb out; a stronger "intruder" introduced into the same cage. One neuroscientist actually nicknamed his apparatus the **Pit of Despair**.

But they're all variations on the same theme: remove all predictability and control from the animal's life. Then take notes as they gradually lose interest in being alive.

The media mostly discusses job stress in the context of white-collar, educated professionals. We don't put nearly as much time and energy into exploring the stress of unskilled, low-wage service work — even though the jobs most Americans actually work could be mistaken for Pits of Despair.

Perhaps it's because as technology progresses, it tends to make life easier for the top of the labor market — those skilled, educated workers with decent salaries and benefits. Often overlooked is how those same technological advances have made it possible to control and monitor unskilled worker productivity down to the second. These technologies are also getting more powerful, and that makes a lot of people's lives inescapably, chronically stressful.

It can be hard to understand the stress of having someone constantly looking over your shoulder if you haven't recently — or have never — had to work a job like this. By definition, that's most everybody with power in this country.

Even former House Speaker Paul Ryan, who has often played up **the summer he spent "flipping burgers" at McDonald's** as a teenager, seems not to realize that it's much more difficult to work fast food in 2019 than it was in 1986.

I hadn't had a service job in a while either. But I was curious, especially after driving for Uber for a couple of months for an investigative piece fact-checking the claim that full-time drivers **could expect to make $90,000 a year**. When my newspaper closed a few months later, I decided to try working three jobs that serve as good examples of how technology will be used at work in the future — in an Amazon warehouse, at a call center, and at a McDonald's — with the vague idea of writing a book about what had changed. (I used my real name and job history when applying, and was hired nonetheless.)

Even having done a lot of research, I was shocked by how much more stressful low-wage work had become in the decade I've been working as a journalist.

Javier Zarracina/Vox

Take fast food, a sector that made up a huge chunk of the post-recession jobs recovery. It's far from the leisurely time implied by "flipping burgers." One of my coworkers put it best: "Fast food is intense! And it's stressful! You're always feeling rushed, you're on a time crunch for literally eight hours straight, you're never allowed to have one moment just to chill."

The factors a scientist would remove from a rat's life to make it depressed — predictability and control — are the exact things that have been removed from workers' lives in the name of corporate flexibility and increased productivity. There's little more relief for many low-wage workers than for those lab rats desperately trying to keep their heads above water.

For one thing, everything is timed and monitored digitally, second by second. If you're not keeping up, the system will notify a manager, and you will hear about it.

When I used to do service work, we still mostly used paper time cards; you could make your case to the manager if you were late, or maybe stay a few minutes beyond your shift to make up for it. At many modern service jobs, the digital time-clock system will automatically penalize you for clocking in a minute after the start of your shift or after a break. After getting yelled at for this twice early in the month I spent working at a McDonald's in downtown San Francisco, I started imitating my coworkers and aiming to arrive 20 minutes before my shift just in case the train was running weird that day. I came to resent how much time this ate up, particularly when comparing it to the trivial difference to McDonald's of having me clock in at 7:31 rather than 7:30. I've reached out to McDonald's for comment, and will update this story when I receive a response.

Computers and algorithms also have a much heavier hand in what a worker's schedule looks like. The scheduling systems used to staff most major retail and fast food chains have gotten extremely good at using past sales data to extrapolate how much business to expect every hour of the coming week. Stores are then staffed around the predicted busy and slow times, which means workers' schedules are often completely different week to week.

The more recent the data, the more accurate the prediction, which is why so many fast-food and retail workers don't get their schedule until a day or two before it starts. It leaves workers in these industries unable to plan their lives (or their budgets) more than a few days in advance.

A McDonald's employee takes orders from customers in Vero Beach, Florida. | Jeffrey Greenberg/Universal Images Group via Getty Images

Algorithmic scheduling also results in bizarre things like the "clopen" — back-to-back shifts closing late and opening early the next morning with only a few hours to sleep in between — and unpaid quasi-shifts where workers are expected to be on call in case it's busier than predicted or sent home early if it's slower.

Technology has also made understaffing a science. At my McDonald's, we always seemed to be staffed at a level that maximized misery for workers *and* customers, as exemplified by the constant line and yells of "Open up another register!" Not only did this permanently strand us in the weeds, it meant that customers were often in a bad mood by the time they got to us.

Understaffing is a widespread tactic to cut down on labor costs. For what it looks like in fast food, check out **the dozens of Occupational Safety and Health Administration complaints** filed by McDonald's workers in 2015 about deliberate understaffing at stores in several cities. The workers claim the corporate-supplied scheduling system understaffs stores, then pressures the skeleton crew to work faster to make up for it, which leads to hazardous conditions and injuries like these:

"My managers kept pushing me to work faster, and while trying to meet their demands, I slipped on a wet floor, catching my arm on a hot grill," one worker, Brittney Berry, said in a

statement when the complaints were filed. “The managers told me to put mustard on it.”

Responding to the OSHA filings, the company wrote that “McDonald’s and its independent franchisees are committed to providing safe working conditions for employees in the 14,000 McDonald’s Brand U.S. restaurants. We will review these allegations.”

The statement also made a reference to Fight for $15, the Service Employees International Union-funded campaign that had been involved in coordinating and publicizing the complaints: “It is important to note that these complaints are part of a larger strategy orchestrated by activists targeting our brand and designed to generate media coverage.” (The cases have not been resolved.)

According to a 2015 survey of thousands of US fast-food employees by the National Council for Occupational Safety and Health, **79 percent of industry workers had been burned** on the job in the previous year — most more than once.

This would now include me. I worked on the now-notorious Szechuan Sauce Day, which was **miserable for McDonald’s workers across the country**. We were more slammed than I’d ever seen, and as I hurriedly checked the coffee levels between orders, one pot’s handle broke, slicing open my finger and dumping scalding coffee all over my pants.

The thing I found the most stressful at my three jobs was the small percentage of customers who will, for whatever reason, just scream stuff you wouldn’t believe at you. This was mostly at the call center; at McDonald’s, customers tended to be in a better mood. But in person, screamers can also do things like splatter you with honey mustard, which is a thing that actually happened in my third week on the job.

The woman I now refer to as Mustard Lady had already been screaming at me for a few minutes, but I was so surprised when she nailed me in the chest with a container of honey mustard dipping sauce that I instinctively screamed back, “Hey, fuck you, lady! What the fuck?” before removing myself from the situation.

I got written up for that.

Javier Zarracina/Vox

If you haven't had to do it for a while, it may seem like having to be completely submissive to customers shouldn't be that big of a deal. But believe me, there's a cost associated with continually swallowing your pride and apologizing to unreasonable jerks. "The customer is always right" policies may be good for business, but **they're bad for humans**, physically and mentally.

When Paul Ryan worked at McDonald's in the '80s, he might have been representative of a **largely teenage sea of fast-food workers**, a perception that persists today. But last time the National Employment Law Project checked, the average **age of fast-food workers was 29**, and more than a quarter of workers were supporting a child. These jobs are not just a source of teenage pocket money; they're something adults are trying to survive on.

Low-wage workers protest to demand higher wages at a McDonald's restaurant in Boston in 2015. | Rick Friedman/Corbis via Getty Images

The average pay for someone with the job I had **is around $8 an hour** — about half of what's needed to keep a family with two working parents and two kids afloat. (That is, each parent would need to work *two* fast-food jobs.)

American culture is full of lingering afterimages of Midwestern guys making cars and mining coal, but, to quote an excellent headline from the Chicago Tribune, **The Entire Coal Industry Employs Fewer People Than Arby's**. *This* is the modern working class — fast food, retail, warehousing, delivery, call centers. Service workers.

Everybody I talked to at my McDonald's — along with the many other fast-food workers I interviewed — had had food items thrown at them. I got the impression that I was the weird one for Mustard Lady being my first. They'd been hit by nearly everything in the store: wrapped burgers, unwrapped burgers, burger patties, McNuggets, smoothies, sodas, napkins, straws, sauces, fries, apple pies, ice cream cones, even a full cup of hot coffee.

Why do so many people choose to put up with this? Because some choices aren't really choices.

In my experience, most people are willing to make immense sacrifices to keep their children safe and happy. In a country with a moth-eaten social safety net, health care tied to employment, and few job quality differences between working at McDonald's, Burger King, or Walmart, corporations have long since figured out that workers will put up with nearly anything if it means keeping their jobs. This fulcrum is being used to leverage more and more out of workers — even, ironically, the ability to spend time with their families. Many of my coworkers were in the O'Henry-like position of providing for families they barely got to see because of their work schedule.

Free market capitalism doesn't assign a negative value to "how much stress workers are under." It just assumes that unhappy workers will leave their job for a better one, and things will find a natural balance. But when the technologies that make life miserable spread everywhere at the speed of globalization, finding something better isn't really an option anymore. And a system that runs by marinating a third or more of the workforce in chronic stress isn't sustainable.

Chronic stress will destroy your body like doing burnouts will destroy a rental car that someone else is paying for. It's a huge factor behind the epidemics of **heart disease**, obesity, autoimmune disorders, depression, **anxiety**, and drug misuse that afflict developed countries — the "diseases of civilization."

And right now, corporations kind of *are* treating the low-wage workforce like a rental car someone else is paying for. Because while American jobs have gotten safer in terms of limbs caught in machinery, individual companies are extremely unlikely to be held accountable for workers' long-term stress-related health problems. They're doing burnouts with the bodies and minds of millions of American workers, because either workers or taxpayers will pick up the bill.

Why? Because "hard work" as an undisputed moral good is a deep part of the American psyche. The idea of penalizing a company for making its employees work too hard can seem ridiculous if the work environment is safe. Plus, "flipping burgers" has been shorthand for an easy job for decades, so it can be hard to associate that with the constant monitoring, understaffing, and sub-living wage of modern service work. Chronically stressful work is different from hard work. And it's dangerous.

Should people be asked to sacrifice their physical and mental health — and their experience of life as something other than an exhausting, hopeless slog — for the survival of their families? Would a moral society ask them to make this choice?

A lot of people blithely advise the poor to work their way toward dignity and self-respect. I'd wager that none of them has been written up for having a natural reaction to being splattered with mustard, or had their schedule cut to 15 hours a week because they took a sick day, or been bawled out for being one minute late. Their mental image of work comes from the pre-internet era, and we need to stop taking them seriously and start listening to the people on the brutal front lines of the modern low-wage workforce. They're very easy to find.

At McDonald's, I asked the manager who wrote me up for losing my temper at Mustard Lady if anyone had ever thrown food at her, and, if so, how she'd kept it together. Was there … a trick to it?

My manager looked at me as if I were oblivious, and responded that *of course* people had thrown food at her. "You have a family to support. You think about your family, and you walk away."

Emily Guendelsberger is the author of **On the Clock: What Low-Wage Work Did to Me and How It Drives America Insane**.

THE HIGHLIGHT

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United States Government Accountability Office

Report to the Ranking Member, Committee on the Budget, U.S. Senate

October 2020

FEDERAL SOCIAL SAFETY NET PROGRAMS

Millions of Full-Time Workers Rely on Federal Health Care and Food Assistance Programs

GAO-21-45

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Millions of Full-Time Workers Rely on Federal Health Care and Food Assistance Programs

GAO Highlights

Highlights of GAO-21-45, a report to the Ranking Member, Committee on the Budget, U.S. Senate

Why GAO Did This Study

Each year millions of wage-earning adults participate in federally funded social safety net programs to help pay for basic needs including health care and food assistance. These individuals may work for employers in the private, public, and nonprofit sectors, or be self-employed. They also may work full-time or part-time schedules. GAO was asked to review several aspects of this population.

This report examines (1) what is known about the labor characteristics of working adult Medicaid enrollees and SNAP recipients and (2) what is known about where adult Medicaid enrollees and SNAP recipients work.

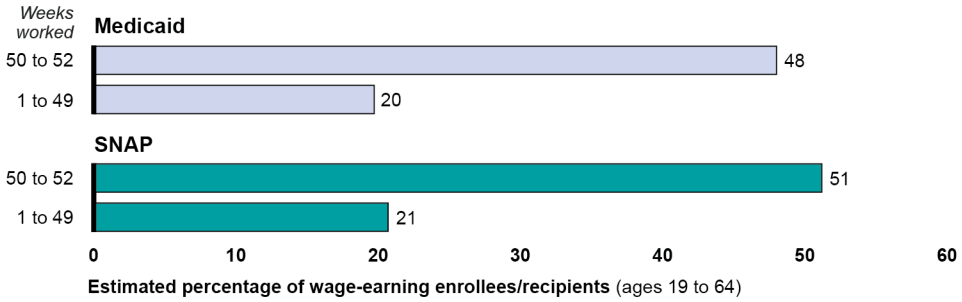
To answer these questions, GAO analyzed recent Census Bureau data on the labor characteristics of working adults in the two programs. GAO also analyzed recent (Feb. 2020) non-generalizable data on the employers of working adult Medicaid enrollees and SNAP recipients obtained from 15 state agencies across 11 states. GAO selected state agencies that (1) collected, verified, and updated the names of Medicaid enrollees' and SNAP recipients' employers; and (2) could extract reliable data.

View GAO-21-45. For more information, contact Cindy Brown Barnes at (202) 512-7215 or brownbarnesc@gao.gov.

What GAO Found

The 12 million wage-earning adults (ages 19 to 64) enrolled in Medicaid—a joint federal-state program that finances health care for low-income individuals—and the 9 million wage-earning adults in households receiving food assistance from the federal Supplemental Nutrition Assistance Program (SNAP) shared a range of common labor characteristics. For example, approximately 70 percent of adult wage earners in both programs worked full-time hours (i.e., 35 hours or more) on a weekly basis and about one-half of them worked full-time hours annually (see figure). In addition, 90 percent of wage-earning adults participating in each program worked in the private sector (compared to 81 percent of nonparticipants) and 72 percent worked in one of five industries, according to GAO's analysis of program participation data included in the Census Bureau's 2019 Current Population Survey. When compared to adult wage earners not participating in the programs, wage-earning adult Medicaid enrollees and SNAP recipients in the private sector were more likely to work in the leisure and hospitality industry and in food service and food preparation occupations.

Estimated Percentage of Wage-Earning Adult Medicaid Enrollees and Supplemental Nutrition Assistance Program (SNAP) Recipients Working at Least 35 Hours per Week, by Number of Weeks Worked in 2018



Source: GAO analysis of 2019 Current Population Survey Annual Social and Economic Supplement data. | GAO-21-45

GAO's analysis of February 2020 program data from 15 agencies—six Medicaid agencies and nine SNAP agencies—across 11 states shows that a majority of working adult Medicaid enrollees and SNAP recipients in these states worked for private sector employers. GAO's analysis also shows that the percentage of working adult Medicaid enrollees and SNAP recipients working for any one employer did not exceed 4 percent in any state that provided data. Most working adults in the programs worked for private sector employers concentrated in certain industries, including restaurants, department stores, and grocery stores. Smaller percentages of working adults in each program in these states worked outside the private sector. For example, less than 10 percent worked for public sector employers, such as state governments, the U.S. Postal Service, or public universities; others worked for nonprofit organizations, such as charities, hospitals, and health care networks, or were self-employed.

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Abbreviations

ASEC	Annual Social and Economic Supplement
BLS	Bureau of Labor Statistics
CMS	Centers for Medicare & Medicaid Services
COVID-19	Coronavirus Disease 2019
CPS	Current Population Survey
FNS	Food and Nutrition Service
HCERA	Health Care and Education Reconciliation Act of 2010
HHS	Department of Health and Human Services
NDNE	non-disabled, non-elderly
PPACA	Patient Protection and Affordable Care Act
SNAP	Supplemental Nutrition Assistance Program
USDA	United States Department of Agriculture

U.S. GOVERNMENT ACCOUNTABILITY OFFICE
441 G St. N.W.
Washington, DC 20548

October 19, 2020

The Honorable Bernard Sanders
Ranking Member
Committee on the Budget
United States Senate

Dear Senator Sanders:

In February 2020—just prior to the Coronavirus Disease 2019 (COVID-19) pandemic—the Department of Labor reported employment at the highest levels since January 1969 with low unemployment and increasing labor force participation. Although there was growth and stability across multiple sectors, millions of workers remained unemployed, worked part-time hours for economic reasons (e.g., could not find the full-time jobs they preferred), or were only marginally attached to the workforce.[1] The economic effects of the COVID-19 pandemic have further exacerbated conditions for these workers, increasing the importance of federal and state safety net programs to help them meet their basic needs.

We previously reported that most people in poverty live in households with at least one member earning some wages.[2] Workers and their families living in these households may be eligible to participate in one or more federally funded social safety net programs if they meet applicable eligibility requirements. These programs assist low-income individuals and families with cash aid, food, shelter, health care, and other supports. Medicaid and the Supplemental Nutrition Assistance Program (SNAP)—two of the largest of such programs—provide health care and food assistance, respectively, to millions of low-income working families.

You asked us to examine several aspects of working adult Medicaid enrollees and SNAP recipients, including the employers for whom they work. This report answers the following questions:

[1]The Department of Labor's Bureau of Labor Statistics (BLS) defines marginal attachment as individuals who are not in the labor force, wanted and were available for work, and had looked for a job sometime in the prior 12 months.

[2]GAO, *Low-wage Workers: Poverty and Use of Selected Federal Social Safety Net Programs Persist among Working Families*, GAO-17-677 (Washington, D.C.: Sept. 22, 2017).

1. What is known about the labor characteristics of working adult Medicaid enrollees and SNAP recipients?
2. What is known about where adult Medicaid enrollees and SNAP recipients work?

To examine the labor characteristics of working adult Medicaid enrollees and individuals living in households that receive SNAP benefits, we analyzed recent data on wage-earning adults participating in these programs in the Annual Social and Economic Supplement (ASEC) of the Census Bureau's (Census) Current Population Survey (CPS).[3] Specifically, we examined selected labor characteristics of individuals ages 19 to 64 who reported both earning a positive wage and salary income, and being enrolled in Medicaid and/or living in a household that participated in SNAP in 2018—the most recent year with reliable data.[4] We analyzed several labor characteristics of this subpopulation and produced nationally generalizable estimates showing the distribution of these individuals among industries, occupations, various work schedules, and employer size.[5] We assessed the reliability of the CPS ASEC and determined that it was sufficiently reliable for the purposes of this report.

To identify where Medicaid enrollees and SNAP recipients work, we employed a multi-step methodology. First, we interviewed officials in the Department of Health and Human Services' (HHS) Centers for Medicare

[3]CPS is a national survey designed and administered jointly by Census and BLS. The ASEC sample includes March CPS respondents and the outgoing rotation group in February and the incoming rotation group in April (i.e., about one-quarter of the February and April CPS respondents). According to Census, the ASEC is a high quality source of information used to produce the official annual estimate of poverty, and estimates of a number of other socioeconomic and demographic characteristics, including income, health insurance coverage, school enrollment, marital status, and family structure. Census released its 2020 ASEC in September 2020, but cautioned that the COVID-19 pandemic had impeded the survey's data collection efforts, resulting in a 10-percent lower response rate than in previous years. We chose to use the more reliable data from the 2019 ASEC. ASEC is self-reported survey data collected from a probability sample. We did not independently verify the accuracy of the self-reported data.

[4]We refer to this population generally as wage-earning adults. For the purpose of our analysis, we excluded working adults who had positive net earnings from a self-employment business or a farm.

[5]The ASEC data samples were from the civilian noninstitutionalized population of the United States living in housing units and members of the Armed Forces living in civilian housing units on a military base or in a household not on a military base. About 0.6 percent of our wage-earning adult sample population reported the Armed Forces as their longest occupation in 2018, and less than 0.2 percent of the subgroup of wage-earning adults associated with Medicaid or SNAP benefits reported the Armed Forces as their longest occupation in 2018.

& Medicaid Services (CMS), which provides federal oversight for Medicaid, and in the U.S. Department of Agriculture's (USDA) Food and Nutrition Service (FNS), which provides federal oversight for SNAP. The officials at each agency informed us that their respective agencies did not collect nationally generalizable data on the names of employers of program enrollees or recipients. They said any information linking employers to enrollees or recipients would likely reside with the state agencies administering the programs. Next, we developed and disseminated two separate program-specific questionnaires to the state agencies responsible for administering Medicaid and SNAP in all 50 states and the District of Columbia. The questionnaires asked whether the agencies collected employer name data for individual Medicaid enrollees and SNAP recipients. We received questionnaire responses from 99 of the 102 state agencies we contacted. We analyzed the responses to identify state agencies able to produce reliable data. Through this process, we identified 15 state agencies that (1) collected, verified, and updated the names of Medicaid enrollees' and SNAP recipients' employers; and (2) could extract these employer data in a way that met our requirements. We asked agencies to provide data from February 2020. Finally, using the same data we developed estimates of employers with the highest number of Medicaid enrollees and SNAP recipients in each responding state. We analyzed the types of employers with workers who were also Medicaid enrollees and SNAP recipients, including the industry and sector in which they worked. The data we received from state agencies are not generalizable, and our estimates represent only the employers of record for each individual at a single point in time. We assessed the reliability of the state data and determined that it was sufficiently reliable for the purposes of this report. For additional information on the methodology used in this report, see appendix I.

We conducted this performance audit from January 2019 to October 2020 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

Federally Funded Social Safety Net Programs

We previously reported that federally funded social safety net programs generally provide targeted assistance to specific groups within the low-income population, such as people with disabilities, the elderly, and workers with children.[6] In 2015, we identified more than 80 federal programs—including Medicaid and SNAP—that provided aid to individuals and families who may earn too little to meet their basic needs, cannot support themselves through work, or are disadvantaged in other ways.[7]

Eligibility criteria for federally funded social safety net programs vary and can include both financial and nonfinancial criteria. States administer some programs and may set certain eligibility criteria, depending on the program.[8] Assistance may be provided to an individual, a family, or household. More recently, we reported that program eligibility criteria varied significantly in terms of the income limits used across six federal low-income programs.[9] In addition, we found that these programs differed in the ways they measured applicants' income, the standards and methods used to determine the income limit (i.e., the maximum income an applicant may have and still be eligible for the program), whether this limit is set nationwide or varies by state or locality, and the amount of the income limit itself. We found that some programs periodically require participants to recertify that their income remains below the income limit.

Medicaid

Medicaid, a joint federal-state health care financing program, is one of the nation's largest sources of funding for medical and other health-related services for low-income and medically needy individuals. Medicaid provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. The Medicaid program is a partnership between the federal government and the states. Medicaid agencies in the 50 states, the

[6]GAO, *Federal Low-Income Programs: Multiple Programs Target Diverse Populations and Needs*, GAO-15-516 (Washington, D.C.: July 30, 2015).

[7]Ibid.

[8]Ibid.

[9]GAO, *Federal Low-Income Programs: Eligibility and Benefits Differ for Selected Programs Due to Complex and Varied Rules*, GAO-17-558 (Washington, D.C.: June 29, 2017).

District of Columbia, and five United States territories administer these programs.[10] The Centers for Medicare & Medicaid Services (CMS) provide federal program oversight. States have significant flexibility within broad federal requirements to design and implement their programs based on their unique needs, resulting in over 50 distinct state Medicaid programs. For example, while states must cover certain mandatory groups and benefits, they have the option to cover certain other groups of individuals and benefits. States are primarily responsible for assessing applicants' eligibility for, and enrolling eligible individuals into, Medicaid. These responsibilities include verifying individuals' eligibility at the time of application, determining eligibility, and disenrolling individuals who are no longer eligible.

Medicaid comprises a significant component of federal and state budgets. The federal government matches most state expenditures for Medicaid services based on a statutory formula.[11] In fiscal year 2018, Medicaid covered an estimated 75 million individuals at an estimated cost of $629 billion, including about $393 billion in federal spending and $236 billion in state spending, according to estimates from the CMS Office of the Actuary.

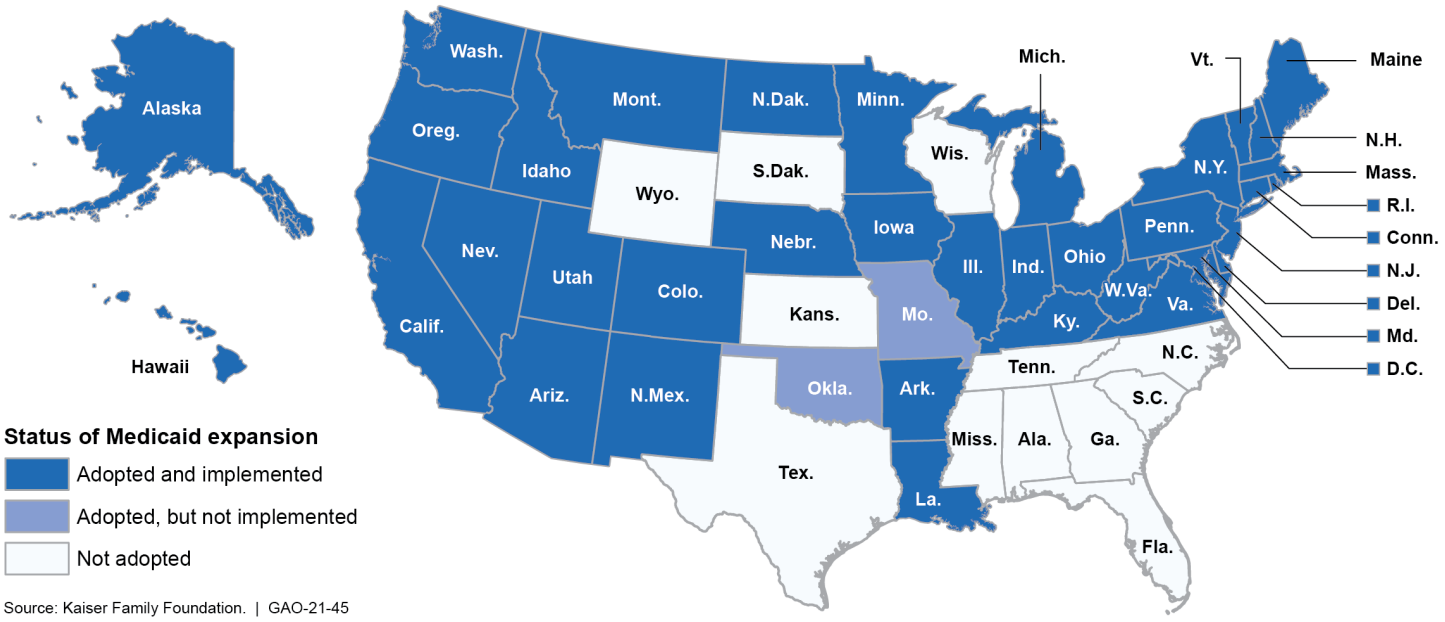
Under the Patient Protection and Affordable Care Act (PPACA), states received authority to expand eligibility for their Medicaid programs to cover additional adults. Specifically, PPACA allowed states beginning in 2014 to extend Medicaid eligibility to individuals with incomes up to 138

[10]In this report, references to state Medicaid programs or agencies include the District of Columbia but exclude any territories.

[11]The rates for this statutory formula—the Federal Medical Assistance Percentage—vary by state and range from a statutory minimum of 50 percent to a statutory maximum of 83 percent.

percent of the federal poverty level.[12] States choosing to expand their programs receive a higher federal matching rate for newly eligible adult group enrollees. Many states chose to expand their Medicaid programs. As shown in figure 1, as of October 1, 2020, 36 states and the District of Columbia had expanded their Medicaid eligibility and two other states were in the process of doing so, according to the Kaiser Family Foundation.

Figure 1: Status of State Adoption Medicaid Eligibility Expansion, as of October 1, 2020



Source: Kaiser Family Foundation. | GAO-21-45

[12]Pub. L. No. 111-148, 124 Stat. 119 (2010), as amended by the Health Care and Education Reconciliation Act of 2010 (HCERA), Pub. L. No. 111-152, 124 Stat. 1029 (2010). In this report, references to PPACA include any amendments made by HCERA. Under PPACA, states have authority to cover non-pregnant adults under age 65 who are ineligible for Medicare, and whose income does not exceed 133 percent of the federal poverty level. PPACA also provides for a disregard equivalent to 5 percent federal poverty level when calculating income for determining Medicaid eligibility for most individuals, which effectively increases income eligibility from 133 percent of the federal poverty level to 138 percent of the federal poverty level for the adult expansion group. The federal poverty level is based on household income and family size, and is updated annually by HHS using the U.S. Census Bureau's poverty thresholds. For example, see Annual Update of the HHS Poverty Guidelines, 85 Fed. Reg. 3060 (Jan. 17, 2020). In 2020, 138 percent of the federal poverty level is $29,974 for a family of three and $17,609 for an individual.

In January 2018, CMS issued guidance announcing a new option for states to use demonstration projects to require non-elderly, non-pregnant adult beneficiaries who qualify for Medicaid on a basis other than a disability to work or participate in community engagement activities as a condition of Medicaid eligibility.[13] In states approved to implement such requirements, Medicaid coverage can be suspended or terminated if enrollees do not meet—and do not appropriately report having met—the number of hours of activity required if the individual is not exempt or has not been approved for a good cause exception from community engagement requirements. In October 2019, we reported that some states had received CMS approval and other states had submitted applications to CMS to test work requirements in their demonstrations.[14] No state is currently imposing work requirements and litigation challenging CMS's approvals of such requirements in several states is ongoing.

Supplemental Nutrition Assistance Program

The Supplemental Nutrition Assistance Program (SNAP) is the largest of the domestic food and nutrition assistance programs overseen by the Food and Nutrition Service (FNS). The goal of SNAP is to help low-income individuals and households obtain a more nutritious diet by supplementing their income with benefits to purchase allowable food items. Federal funds cover the full cost of SNAP benefits; administrative costs are shared with the states. FNS is also responsible for promulgating program regulations and ensuring that state officials comply with rules when administering the program. States, and in some cases counties, administer the program by certifying eligible households, calculating monthly benefits for qualified households, and issuing benefits to participants on electronic benefit transfer cards, which can be used like debit cards to purchase food from authorized retailers.

Overall participation in SNAP generally declined between fiscal years 2015 and 2019, according to FNS program data. Specifically, SNAP participation decreased from over 45 million recipients in fiscal year 2015 to over 35 million in fiscal year 2019, leading to a corresponding decrease in SNAP benefits redeemed. Total SNAP benefits redeemed in fiscal year 2015 were under $70 billion, and declined to over $55 billion in fiscal year

[13]See CMS, *State Medicaid Director Letter; Re: Opportunities to Promote Work and Community Engagement Among Medicaid Beneficiaries*, SMD: 18-002 (Baltimore, Md.: Jan. 11, 2018).

[14]GAO, *Medicaid Demonstrations: Actions Needed to Address Weaknesses in Oversight of Costs to Administer Work Requirements,* GAO-20-149 (Washington, D.C., Oct. 1, 2019)

2019. Recently, SNAP participation rose to approximately 43 million in April 2020, thereby reversing this downward trend, according to FNS.[15]

SNAP eligibility and benefit amounts are based largely on a household's income and other resources, such as available cash, savings, and other assets. Household income can come from various sources, including earned income, such as wages and salaries, and unearned income, such as payments from other government programs. Generally, to be eligible for SNAP benefits under federal law, a household's gross income cannot exceed 130 percent of the federal poverty level.[16] The household's net income, which is determined by deducting certain expenses from gross income, such as medical care and some dependent care costs, cannot exceed 100 percent of the federal poverty level. Net income is used to determine a household's benefit amount, subject to maximum benefit limits. Once they establish eligibility, states can certify households to receive SNAP for periods ranging from one to 24 months depending upon household circumstances and state-selected policy options.[17] Households are required to report certain changes, such as wage increases, during the certification period that can affect their eligibility and benefit amounts. At the end of the certification period, households must reapply for benefits, and states must again determine their benefit eligibility.

To be eligible for benefits, certain SNAP recipients must comply with the program's work requirements, including registering for work and participating in certain work programs if required by the state agency. All SNAP recipients ages 16 through 59, unless exempted by law or regulation, must comply with general work requirements, such as registering for work, reporting to an employer if referred by a state agency, and accepting an offer of a suitable job, among others. SNAP recipients are exempt from complying with these work requirements if they meet certain criteria, such as being responsible for caring for a dependent child under age 6 or an incapacitated person. SNAP recipients who are subject to the work requirements may lose their eligibility for benefits if they fail to comply with the requirements without good cause. In

[15]See *https://www.fns.usda.gov/pd/overview* for the latest SNAP participation data.

[16]FNS updates the SNAP income eligibility limits each fiscal year. For fiscal year 2021, these limits are $2,353 monthly for a family of three and $1,383 monthly for an individual. See https://www.fns.usda.gov/snap/recipient/eligibility.

[17]According to FNS, certification periods range for one to 12 months for most households, but can be up to 24 months for elderly and disabled households.

addition to the general work requirements, certain recipients must meet additional work requirements in order to receive SNAP for more than 3 months in any 3-year period.[18]

Millions of Adults Enrolled in Medicaid and SNAP Worked Full-Time Hours, Predominantly in the Private Sector

Millions of wage-earning adults enrolled in Medicaid or living in households that received SNAP food assistance shared common labor characteristics, including working predominantly for private sector employers, mostly working full-time work schedules, and being highly concentrated in five industries and occupations.[19] An estimated 12 million wage-earning adults enrolled in Medicaid and 9 million wage-earning adults living in households receiving SNAP benefits at some point in 2018 worked, according to CPS ASEC program participation data.[20] Wage-earning adult Medicaid enrollees and SNAP recipients were more likely than wage earners who did not participate in the programs to work in the private sector, work in the leisure and hospitality industry, and work in the food service and food preparation occupations.

Millions of Wage-Earning Adult Medicaid Enrollees and SNAP Recipients Worked Full-Time Schedules

Work schedules of wage-earning adult Medicaid enrollees and SNAP recipients varied from other wage-earning adults who did not participate in the programs. Our estimates using CPS ASEC data show that more than two-thirds of wage-earning adults in each program worked full-time hours (i.e., 35 hours or more) per week. In addition, 5.7 million Medicaid enrollees and 4.7 million SNAP recipients worked full-time hours for 50 or

[18]Specifically, able-bodied adults without dependents must work or participate in a work program 20 hours or more per week, or participate in workfare. Unless these individuals meet these work requirements or are determined to be exempt, they are limited to 3 months of SNAP benefits in a 36-month period. We recently reported that the federal response to the COVID-19 pandemic included additional funds and increased flexibilities for state, tribal, and local agencies across various nutrition assistance programs, including SNAP. See GAO, *COVID-19: Opportunities to Improve Federal Response and Recovery Efforts*, GAO-20-625 (Washington, D.C.: June 25, 2020).

[19]We analyzed data collected in the March 2019 CPS ASEC for working adults ages 19 to 64 who reported having wage and salary earnings in calendar year 2018). Within this group of working adults, we compared two subgroups of individuals: (1) individuals enrolled and not enrolled in Medicaid and (2) individuals living in and not living in households that received SNAP benefits.

[20]Program participation data captured in the CPS ASEC are self-reported, resulting in estimates that may not correspond directly to participation data reported by the two programs. As we previously reported, CPS data are known to underreport the receipt of program benefits. See GAO-17-677. According to the estimates using CPS ASEC data, 25 million (47 percent) of the 53 million Medicaid enrollees and 18 million (51 percent) of the 35 million individuals who lived in households receiving SNAP benefits were wage-earning adults ages 19 through 64.

more weeks in 2018. However, when compared to other wage-earning adults not participating in either program, some wage-earning adult Medicaid enrollees and SNAP recipients were less likely to work full-time hours for 50 or more weeks per year (see table 1).[21]

Table 1: Estimated Percentage of Wage-Earning Adults Working Full-Time and Part-Time Work Schedules in 2018

		Work schedules (%)					
		Weekly (full time)	Weekly (part time)	Annual (full time)		Annual (part time)	
Program	**Status**	**35 hours or more**	**1 to 34 hours**	**50 to 52 weeks**	**Less than 50 weeks**	**50 to 52 weeks**	**Less than 50 weeks**
Medicaid	Enrolled	67.6	32.4	48.0	19.7	17.5	14.8
		(66.3, 68.9)	(31.1, 33.7)	(46.5, 49.4)	(18.5, 20.9)	(16.6, 18.5)	(13.8,15.9)
	Not enrolled	86.5	13.5	76.9	9.6	7.9	5.6
		(86.2, 86.8)	(13.2, 13.8)	(76.5, 77.3)	(9.3, 9.8)	(7.7, 8.2)	(5.4, 5.8)
Supplemental Nutrition Assistance Program (SNAP)	Receiving benefits	71.9	28.1	51.2	20.7	14.0	14.2
		(70.4, 73.3)	(26.7, 29.6)	(49.5, 52.9)	(19.3, 22.2)	(13.0, 15.1)	(13.0,15.4)
	Not receiving benefits	85.8	14.2	76.1	9.7	8.4	5.8
		(85.5, 86.1)	(13.9, 14.5)	(75.7, 76.5)	(9.5, 10.0)	(8.1, 8.6)	(5.6, 6.0)

Legend: (#, #) = (lower bound, upper bound) of each percentage estimate at the 95 percent confidence interval.

Source: GAO analysis of 2019 Current Population Survey Annual Social and Economic Supplement data. | GAO-21-45

Note: Percentages may not add up to 100 percent due to rounding. We defined wage-earning adults as individuals ages 19 to 64 who reported earning some salary or wage income and participating in one of the two programs in 2018. For the purpose of our analysis, we excluded working adults who had positive net earnings from a self-employment business or a farm.

According to BLS, 4.3 million individuals in February 2020 worked part-time for economic reasons, such as uneven work schedules or unfavorable business conditions, an inability to find full-time work, or seasonal declines in demand.[22] BLS survey data also showed that these individuals would have preferred full-time employment, but worked part

[21]We previously reported that part-time workers are less likely to receive health insurance and other benefits from their employers and fluctuations in earnings and employment status made workers more likely to seek assistance from federally funded social safety net programs, if eligible. See GAO-17-677.

[22]BLS, *The Employment Situation—February 2020*.

time because they were unable to find full-time work or their employers had reduced their hours.[23]

Most Wage-Earning Adult Medicaid Enrollees and SNAP Recipients Worked in the Private Sector

Ninety percent of wage-earning adult Medicaid enrollees and SNAP recipients worked in the private sector in 2018, a higher percentage than other wage-earning adults who did not participate in either program. In addition, wage-earning adults in these programs were less likely to work in the public sector or be self-employed than other wage-earning adults were (see table 2).

Table 2: Comparison of Employment Sectors of Wage-Earning Adults in 2018

		Employment sector (%)				
			Public			
Program	**Status**	**Private**	**Federal**	**State**	**Local**	**Self-employed[a]**
Medicaid	Enrolled	89.6	1.0	2.5	4.0	2.4
		(88.8, 90.4)	(0.8, 1.3)	(2.1, 3.0)	(3.5, 4.6)	(2.0, 2.9)
	Not enrolled	80.7	3.5	5.1	7.0	3.3
		(80.4, 81.1)	(3.3, 3.7)	(4.9, 5.3)	(6.8, 7.2)	(3.2, 3.5)
Supplemental Nutrition Assistance Program (SNAP)	Receiving benefits	89.6	1.4	2.6	4.4	1.3
		(88.5, 90.6)	(1.1, 1.8)	(2.2, 3.1)	(3.8, 5.1)	(1.0, 1.7)
	Not receiving benefits	80.9	3.4	5.0	6.9	3.4
		(80.6, 81.3)	(3.2, 3.6)	(4.8, 5.2)	(6.7, 7.2)	(3.2, 3.6)

Legend: (#, #) = (lower bound, upper bound) of each percentage estimate at the 95 percent confidence interval.

Source: GAO analysis of 2019 Current Population Survey Annual Social and Economic Supplement data. | GAO-21-45

Note: Percentages may not add up to 100 percent due to rounding. In addition, self-employed individuals who did not set their businesses up as a corporation were excluded. We defined wage-earning adults as individuals ages 19 to 64 who reported earning some salary or wage income and participating in one of the two programs in 2018.

[a]For the purpose of our analysis, we excluded working adults who had positive net earnings from a self-employment business or a farm.

[23]As we previously reported, part-time workers are less likely to receive health insurance and other benefits from their employers. For example, certain large employers are required under PPACA to provide qualifying health insurance for their full-time employees (those who work an average of 30 hours or more per week) or risk annual tax penalties. Employers are not obligated to provide this benefit for part-time workers. See GAO-17-677.

Wage-Earning Adult Medicaid Enrollees and SNAP Recipients Were Highly Concentrated in Five Industries and Occupations

An estimated 72 percent of wage-earning adult Medicaid enrollees and SNAP recipients in 2018 worked in the five industries with the highest concentrations of low-wage workers.[24] While the percentage of wage-earning adults in these programs was generally similar to other adult workers in four of these top five industries, wage-earning adult Medicaid enrollees and SNAP recipients were more concentrated in the leisure and hospitality industry, which includes lodging and food service (see table 3).

Table 3: Concentration of Wage-Earning Adults in the Leading Industries in 2018

	Medicaid (%)		Supplemental Nutrition Assistance Program (SNAP) (%)	
Industry	**Enrolled**	**Not enrolled**	**Receiving benefits**	**Not receiving benefits**
Education and health services	20.0 (19.0, 21.1)	23.9 (23.5, 24.3)	20.5 (19.2, 21.9)	23.8 (23.4, 24.1)
Leisure and hospitality	17.1 (15.9, 18.4)	8.4 (8.2, 8.7)	16.3 (15.0, 17.8)	8.7 (8.4, 9.0)
Wholesale and retail trade	16.4 (15.4, 17.4)	12.4 (12.1, 12.7)	16.0 (14.9, 17.1)	12.5 (12.2, 12.8)
Professional and business services	10.2 (9.4, 11.2)	12.2 (11.9, 12.5)	10.5 (9.5, 11.8)	12.1 (11.8, 12.4)
Manufacturing	8.5 (7.8, 9.3)	10.8 (10.5, 11.1)	9.0 (8.1, 10.0)	10.7 (10.4, 11.0)
Top five industries	**72.2 (70.8, 73.6)**	**67.7 (67.3, 68.0)**	**72.4 (70.8, 73.9)**	**67.7 (67.4, 68.1)**
All other industries	**27.8 (26.5, 29.2)**	**32.3 (32.0, 32.7)**	**27.6 (26.1, 29.2)**	**32.3 (31.9, 32.6)**

Legend: (#, #) = (lower bound, upper bound) of each percentage estimate at the 95 percent confidence interval.

Source: GAO analysis of 2019 Current Population Survey Annual Social and Economic Supplement data. | GAO-21-45

Note: We defined wage-earning adults as individuals ages 19 to 64 who reported earning some salary or wage income and participating in one of the two programs in 2018. For the purpose of our analysis, we excluded working adults who had positive net earnings from a self-employment business or a farm.

Similarly, a majority of wage-earning adult Medicaid enrollees and SNAP recipients worked in one of five occupations. For example, higher concentrations of wage-earning adults in each program worked in sales,

[24]The industry concentration of low-wage workers has largely remained unchanged since at least 1995. In 2017, we reported that the same five industries had consistently employed the majority of low-wage workers from 1995 through 2016. See GAO-17-677.

food preparation, and building and grounds cleaning and maintenance than other wage-earning adults who did not participate in the programs (see table 4).

Table 4: Occupational Concentration among Wage-Earning Adults Participating and Not Participating in Medicaid and the Supplemental Nutrition Assistance Program (SNAP) in 2018

Occupations	Medicaid (%)		SNAP (%)	
	Enrolled	Not enrolled	Receiving benefits	Not receiving benefits
Sales and related occupations	13.1	9.4	11.9	9.5
	(12.2, 14.0)	(9.1, 9.6)	(10.9, 13.0)	(9.3, 9.8)
Food preparation and serving	11.5	5.0*	11.3	5.1*
	(10.5, 12.6)	(4.8, 5.2)	(10.1, 12.6)	(4.9, 5.3)
Office and administrative support	11.1	11.7	11.4	11.6
	(10.3, 12.0)	(11.4, 11.9)	(10.4, 12.4)	(11.4, 11.9)
Transportation and material moving	9.3	6.1*	9.9	6.2*
	(8.4, 10.3)	(5.9, 6.4)	(9.0, 10.9)	(5.9, 6.4)
Building and grounds cleaning and maintenance	7.5	3.2*	8.0	3.3*
	(6.8, 8.2)	(3.1, 3.4)	(7.2, 9.0)	(3.1, 3.5)
Top five occupations	**52.4**	**35.3**	**52.5**	**35.7**
	(51.0, 53.8)	**(34.9, 35.7)**	**(50.8, 54.1)**	**(35.3, 36.1)**
All other occupations	**47.6**	**64.7**	**47.5**	**64.3**
	(46.2, 49.1)	**(64.3, 65.1)**	**(45.9, 49.2)**	**(63.9, 64.8)**

Legend: (#, #) = (lower bound, upper bound) of each percentage estimate at the 95 percent confidence interval.

* = Occupation did not rank among the top five occupations of wage-earning adults who did not participate in Medicaid or SNAP in 2018. Rounding out the top five occupations for non-participants were management occupations (#1); education, training, and library occupations (#4); and health care practitioners and technical occupations (#5).

Source: GAO analysis of 2019 Current Population Survey Annual Social and Economic Supplement data. | GAO-21-45

Note: We defined wage-earning adults as individuals ages 19 to 64 who reported earning some salary or wage income and participating in one of the two programs in 2018. For the purpose of our analysis, we excluded working adults who had positive net earnings from a self-employment business or a farm.

A Majority of Wage-Earning Adults, Including Medicaid Enrollees and SNAP Recipients, Worked for Large Employers

A majority of wage-earning adults, including Medicaid enrollees and SNAP recipients, worked for large employers (employers with more than 100 employees). Specifically, 52 percent of adult Medicaid enrollees and 58 percent of adult SNAP recipients worked for these employers in 2018 (see table 5).

Table 5: Size of Employer Where Wage-Earning Adults, Including Medicaid Enrollees and Supplemental Nutrition Assistance Program (SNAP) Recipients, Worked in 2018, by Number of Employees

	Medicaid (%)		SNAP (%)	
Employer size	**Enrolled**	**Not enrolled**	**Receiving benefits**	**Not receiving benefits**
Under 10	20.9	13.1	17.6	13.5
	(19.8, 22.2)	(12.8, 13.4)	(16.4, 18.7)	(13.2, 13.8)
10 to 24	19.9	14.3	17.2	14.6
	(18.9, 21.0)	(14.1, 14.6)	(16.0, 18.5)	(14.4, 14.9)
25 to 99	7.7	7.2	7.1	7.3
	(7.1, 8.4)	(7.0, 7.5)	(6.3, 8.0)	(7.1, 7.5)
100 to 499	11.9	13.2	12.0	13.2
	(11.0, 12.7)	(12.9, 13.5)	(10.9, 13.2)	(12.9, 13.5)
500 to 999	4.5	5.6	4.7	5.5
	(4.0, 5.1)	(5.4, 5.8)	(4.1, 5.5)	(5.3, 5.7)
1,000 or more	35.1	46.6	41.4	45.9
	(33.6, 36.6)	(46.1, 47.1)	(39.8, 43.1)	(45.4, 46.5)

Legend: (#, #) = the (lower bound, upper bound) of each percentage estimate at the 95 percent confidence interval.

Source: GAO analysis of 2019 Current Population Survey Annual Social and Economic Supplement data. | GAO-21-45

Note: We defined wage-earning adults as individuals ages 19 to 64 who reported earning some salary or wage income and participating in one of the two programs in 2018. For the purpose of our analysis, we excluded working adults who had positive net earnings from a self-employment business or a farm.

Adult Medicaid Enrollees and SNAP Recipients in February 2020 Worked for a Diverse Range of Employers in States with Available Data

Working adults comprised no more than 18 percent of the total Medicaid enrollees and SNAP recipients in February 2020 in the 11 states with available employer data, and most of them worked for private sector

employers.[25] Working adults in each program were concentrated in several industries that include restaurants, department stores, and grocery stores. Smaller populations of these workers worked for public sector employers, such as for state governments, the U.S. Postal Service, or public universities, or for nonprofit organizations, such as charities, hospitals, and health care networks. The percentage of working adult Medicaid enrollees and SNAP recipients did not exceed 4 percent for any single employer in the states we reviewed. Appendixes II and III list the 25 employers employing the highest numbers of adult Medicaid enrollees and SNAP recipients in February 2020 in each state that was able to provide employer data.[26]

Medicaid

Working Adult Medicaid Enrollees Comprised a Small Proportion of Overall Medicaid Enrollees in Selected States

Working adult Medicaid enrollees comprised 15 percent or less of total Medicaid enrollees as of February 2020 in each of the six states able to provide data.[27] Working adult Medicaid enrollees also made up less than one-third of total adult Medicaid enrollees in five of the six states we examined (see table 6).

Table 6: Relative Size of Populations of Non-Disabled, Non-Elderly (NDNE) Working Adult Medicaid Enrollees in Selected States (February 2020)

State	Total Medicaid enrollees	Adult Medicaid enrollees	NDNE working adult Medicaid enrollees	NDNE working adult enrollees as a percentage of all Medicaid enrollees	NDNE working adults as a percentage of all adult Medicaid enrollees
Georgia	1,735,178	396,480	208,597	12%	53%
Indiana	1,437,798	647.282	170,188	12%	26%
Maine	263,673	137,981	39,256	15%	28%
Massachusetts	1,789,823	950,688	204,965	11%	22%

[25]We asked state agencies to provide data on working non-disabled, non-elderly (NDNE) Medicaid enrollees and SNAP beneficiaries ages 19 to 64. We also asked state agencies for data on the employers-of-record for these individuals, including individuals who were recorded as self-employed or listed by occupation rather than by employer name. Five of the six state agencies provided data on self-employed Medicaid enrollees and all nine state agencies provided data on self-employed SNAP beneficiaries.

[26]Appendix I describes how we developed estimates of the number of working adult Medicaid enrollees and SNAP recipients who worked for individual employers in each state that provided data.

[27]We asked states to provide data on NDNE Medicaid enrollees ages 19 to 64. We refer to this population generally as working adult Medicaid enrollees.

State	Total Medicaid enrollees	Adult Medicaid enrollees	NDNE working adult Medicaid enrollees	NDNE working adult enrollees as a percentage of all Medicaid enrollees	NDNE working adults as a percentage of all adult Medicaid enrollees
Oklahoma	785,366	206.529	41,788	5%	20%
Rhode Island	299,485	160,752	41,484	14%	26%

Source: GAO analysis of data provided by state agencies.| GAO-21-45

Note: The states listed may have significantly different financial and nonfinancial criteria for Medicaid eligibility, as they have significant flexibility within broad federal requirements to design and implement their programs based on their unique needs. For example, while states must cover certain mandatory groups and benefits, they have the option to cover certain other groups of individuals and benefits.

Most Working Adult Medicaid Enrollees in Selected States Worked for Private Sector Employers

Working adult Medicaid enrollees worked for a wide range of employers in all six states that provided employer data, with a majority of them working for private sector employers. The concentrations in employment sectors varied by state (see table 7).

Table 7: Estimated Percentage of Non-Disabled, Non-Elderly (NDNE) Adult Medicaid Enrollees in Selected States Working for Employers With 50 or More NDNE Medicaid Enrollees, by Employment Sector (February 2020)

	Employment sector (%)		
State	Private	Public	Nonprofit
Georgia	86	7	*
	(82, 90)	(5, 10)	(*, *)
Indiana	85	8	4
	(81, 88)	(6, 12)	(3, 7)
Maine	53	5	11
	(49, 58)	(4, 8)	(9, 15)
Massachusetts[a]	74	9	16
	(70, 78)	(7, 13)	(13, 20)
Oklahoma	81	6	4
	(77, 85)	(4, 9)	(2, 6)
Rhode Island	80	3	13
	(76, 84)	(2, 6)	(10, 17)

Legend: (#, #) = (lower bound, upper bound) of each percentage estimate at the 95 percent confidence interval.

* = Standard errors were too large to produce a stable estimate.

Source: GAO analysis of data provided by state agencies.| GAO-21-45

Note: Percentages are based on the number of employers that we estimated employed 50 or more Medicaid enrollees and do not take into account employers employing fewer Medicaid enrollees. Percentages may not add up to 100 percent due to rounding and the exclusion of records for which state agencies listed an income source or occupation without an employer name. To estimate the percentage of enrollees in each state's Medicaid program working in various employment sectors (i.e., private, public, nonprofit, and self-employed), we aggregated employers with an estimated 50 or more program participants in their employ by employment sector.

[a]State was unable to extract data on the number of self-employed individuals, likely resulting in comparatively higher percentages of employees in these three employment sectors.

In addition, employers with the largest number of working adult Medicaid enrollees in February 2020 in each state tended to be private sector employers with a presence in multiple states. For example, restaurant chains, department stores, home improvement centers, and discount stores employed many working adult Medicaid enrollees across the states whose data we reviewed. However, some regional private sector employers, public sector employers, and nonprofit organizations also employed large numbers of these individuals, according to our analysis. See appendix II for a complete listing of the 25 employers in each state with the highest estimated number of employees who were Medicaid recipients.

- **Private sector employers.** The majority of working adult Medicaid enrollees worked for private sector employers in each of the states that provided employer data. Several industries employed higher concentrations of these workers than others did, with the leading five industries in each state employing more than 40 percent of working adult Medicaid enrollees. According to our estimates, restaurants and other eating places—a category that includes sit-down restaurants, fast food franchises, and pizza shops—employed the largest percentage of working adult Medicaid enrollees in five of the six states that provided data. Department stores, grocery stores, and employment services were among the leading five industries of working adult Medicaid enrollees in most of the selected states (see table 8).

Table 8: Estimated Percentage of Non-Disabled, Non-Elderly (NDNE) Adult Medicaid Enrollees in Selected States Working for Employers with 50 or More NDNE Medicaid Enrollees, by Private Sector Industry (February 2020)

	State (%)					
Industry	**GA**	**IN**	**MA**	**ME**	**OK**	**RI**
Restaurants and other eating places	20	29	8	11	29	12
	(16, 24)	(25, 34)	(6, 11)	(8, 14)	(25, 33)	(9, 15)
Department stores	13	10	*	10	12	12
	(10, 17)	(7, 14)		(7, 13)	(9, 15)	(9, 16)
Grocery stores	6	8	7	11	7	11
	(4, 9)	(5, 11)	(5, 10)	(9, 15)	(5, 9)	(8, 14)
Employment services	5	9	10	*	10	6
	(3, 7)	(7, 13)	(8, 14)		(8, 13)	(4, 9)

Industry	State (%)					
	GA	IN	MA	ME	OK	RI
Physician offices	*	*	11 (9, 15)	6 (4, 9)	*	*
Specialty food stores	*	*	*	6 (4, 8)	*	9 (7, 12)
Home health care services	*	*	7 (5, 10)	*	*	*
General merchandise stores	*	*	*	*	6 (4, 8)	*
Building material and supplies dealers	4 (3, 7)	*	*	*	*	*
Retirement/assisted living facilities	*	4 (2, 6)	*	*	*	*
Top 5 industries	48	60	43	44	64	50
All other industries	52	40	57	56	36	50

Legend: (#, #) = (lower bound, upper bound) of each percentage estimate at the 95 percent confidence interval.

* = industry was not among the top five industries of working adult Medicaid enrollees in the state.

Source: GAO analysis of data provided by state agencies. | GAO-21-45

Note: Percentages are based on the number of employers that we estimated employed 50 or more Medicaid enrollees and do not take into account employers employing fewer Medicaid enrollees. To identify the industry in which Medicaid enrollees worked in each state and to estimate the number of these individuals working in each industry, we matched the names of all employers showing 50 or more Medicaid enrollees in their employ with appropriate 6-digit North American Industry Classification System codes. To allow us to report on broader industry trends, we aggregated the codes at the 4-digit level and calculated the total for each code.

- **Public sector employers.** Working adult Medicaid enrollees also worked for a wide range of public sector employers in states with available data, although to a lesser extent than in the private sector. Our estimates showed government entities (i.e., federal, state, tribal, and local), and public university systems to be among the employers of working Medicaid enrollees in most of the selected states. Public sector employers also ranked among the top employers of working Medicaid enrollees in all six states, according to our estimates (see app. II.).
- **Nonprofit organizations.** Nonprofit organizations also employed a segment of working adult Medicaid enrollee population in the states with available data. Hospital systems, charitable organizations, and disability service organizations all employed adult Medicaid enrollees in each state with available data. Nonprofit organizations ranked among the top employers of working Medicaid enrollees in five of six states, according to our estimates (see app. II.).

- **Self-employed and other occupations.** In addition to providing data on the names of employers associated with each working adult Medicaid enrollee, five of the six state agencies provided data on these Medicaid enrollees who were self-employed. Several state agencies identified enrollees as “self-employed” or listed their occupation rather than an employer’s name. For example, babysitting, cleaning services, hair stylist, landscaping, and construction were among the frequently cited self-employed sources of income for working adult Medicaid enrollees without a designated employer.

Supplemental Nutrition Assistance Program

Working Adults Comprised a Small Proportion of Overall SNAP Recipients in Selected States

Working adult SNAP recipients comprised 11 to 18 percent of total SNAP recipients in the nine states that provided employer data as of February 2020. Working adult SNAP recipients also made up less than one-third of total number of adult SNAP recipients in eight of the nine states we examined (see table 9).

Table 9: Relative Size of Working Adult Supplemental Nutrition Assistance Program (SNAP) Recipient Populations in Selected States (February 2020)

State	Total SNAP recipients	Adult SNAP recipients	Working adult SNAP recipients	Working adults as a percentage of all SNAP recipients	Working adults as a percentage of all adult SNAP recipients
Arkansas	310,135	148,574	45,716	15%	31%
Georgia	1,301,310	575,624	143,405	11%	25%
Indiana	566,385	260,784	77,067	14%	30%
Maine	167,359	86,869	25,376	15%	29%
Massachusetts	728,951	358,670	84,431	12%	24%
Nebraska	160,382	74,126	28,924	18%	39%
North Carolina	1,233,024	548,439	142,202	12%	26%
Tennessee	847,694	403,026	94,378	11%	23%
Washington	785,841	421,410	96,281	12%	23%

Source: GAO analysis of data provided by state agencies. | GAO-21-45

Most Working Adult SNAP Recipients Worked for Private Sector Employers in States with Available Data

Working adult SNAP recipients worked for a wide array of employers in each of the nine states that provided employer data, with 73 percent or more of them working for private sector employers. To a lesser degree, working adult SNAP recipients also worked for public sector employers or

nonprofit organizations. The concentration in each employment sector varied by state (see table 10).

Table 10: Estimated Percentage of Adult Supplemental Nutrition Assistance Program (SNAP) Recipients in Selected States Working for Employers with 50 or More SNAP Recipients, by Employment Sector (February 2020)

	Employment sector (%)		
State	**Private**	**Public**	**Nonprofit**
Arkansas	90	4	3
	(87, 93)	(2, 6)	(2, 5)
Georgia	93	5	*
	(90, 95)	(3, 8)	(*, *)
Indiana	85	5	6
	(81, 89)	(3, 8)	(4, 9)
Maine	73	3	22
	(69, 77)	(2, 6)	(18, 26)
Massachusetts	83	7	9
	(79, 86)	(5, 10)	(7, 12)
North Carolina	89	4	4
	(86, 92)	(2, 7)	(2, 7)
Nebraska	89	4	6
	(85, 92)	(3, 7)	(4, 9)
Tennessee	95	3	*
	(92, 97)	(2, 5)	(*, *)
Washington	87	8	4
	(83, 90)	(6, 12)	(2, 6)

Legend: (#, #) = (lower bound, upper bound) of each percentage estimate at the 95 percent confidence interval.

* = Standard errors were too large to produce a stable estimate.

Source: GAO analysis of data provided by state agencies. | GAO-21-45

Note: Percentages are based on the number of employers that we estimated employed 50 or more SNAP recipients and do not take into account employers employing fewer SNAP recipients. Percentages may not add up to 100 percent due to rounding and the exclusion of records for which state agencies listed an income source or occupation without an employer name. To estimate the percentage of recipients in each state's SNAP program working in various employment sectors (i.e., private, public, and nonprofit), we aggregated employers with an estimated 50 or more SNAP recipients in their employ by employment sector.

Private sector employers with a presence in multiple states, such as fast-food franchises, discount stores, and department stores, tended to have the largest numbers of working adult SNAP recipients in each state. However, regional private sector employers, public sector employers, and nonprofit organizations also ranked among employers with high numbers

of working adult SNAP recipients. See appendix III for a complete listing of the 25 employers in each state with the highest estimated number of employees who were SNAP recipients.

- **Private sector employers.** The majority of working adult SNAP recipients worked for private sector employers in each of the states that provided employer data. Several industries employed higher concentrations of these workers than others did, with the leading five industries in each state employing between 43 and 68 percent of them. According to our estimates, restaurants (and other eating-places) employed the largest percentage of working adult SNAP recipients in seven of the nine states that provided employer data. Department stores, grocery stores, employment services agencies, and general merchandise stores (e.g., box and discount stores) also featured prominently in these states (see table 11).

Table 11: Estimated Percentage of Adult Supplemental Nutrition Assistance Program (SNAP) Recipients in Selected States Working for Employers with 50 or more SNAP Recipients, by Private Sector Industry (February 2020)

	State (%)								
Industry	**AR**	**GA**	**IN**	**MA**	**ME**	**NC**	**NE**	**TN**	**WA**
Restaurants and other eating places	31 (27, 36)	22 (18, 27)	19 (16, 24)	7 (5, 10)	18 (14, 22)	26 (22, 31)	32 (27, 37)	29 (25, 34)	18 (15, 23)
Department stores	15 (12, 19)	15 (11, 19)	12 (9, 16)	10 (8, 14)	11 (8, 15)	13 (10, 17)	12 (9, 16)	11 (8, 15)	12 (9, 16)
Grocery stores	8 (6, 11)	9 (6, 13)	8 (5, 11)	11 (8, 14)	19 (16, 23)	12 (9, 16)	7 (4, 10)	7 (5, 11)	*
Employment services	8 (5, 11)	8 (5, 11)	13 (10, 17)	*	*	6 (4, 9)	*	*	*
General merchandise stores	6 (4, 9)	6 (4, 10)	6 (4, 9)	*	*	*	6 (4, 9)	8 (6, 12)	*
Specialty foods	*	*	*	6 (4, 9)	9 (6, 12)	*	*	*	*
Home health services	*	*	*	9 (7, 12)	*	*	*	*	*
Physician offices	*	*	*	*	8 (6, 12)	*	*	*	*
Individual and family services	*	*	*	*	*	*	*	*	8 (6, 12)

Industry	State (%)								
	AR	GA	IN	MA	ME	NC	NE	TN	WA
Grocery and related product merchant wholesalers	*	*	*	*	*	*	8 (6, 12)	*	*
Taxi and limousine services	*	*	*	*	*	*	*	*	6 (4, 10)
Building material and supplies dealers	*	*	*	*	*	5 (3, 8)	*	*	*
Electronic shopping and mail-order houses	—	—	—	—	—	—	—	—	5 (3, 8)
General freight trucking	—	—	—	—	—	—	—	5 (3, 8)	—
Top 5 industries	68	60	58	43	65	62	65	60	49
All other industries	32	40	42	57	35	38	35	40	51

Legend: (#, #) = (lower bound, upper bound) of each percentage estimate at the 95 percent confidence interval.

* = industry was not among the top five industries of working adult SNAP recipients in the state.

Source: GAO analysis of data provided by state agencies. | GAO-21-45

Note: Percentages are based on the number of employers that we estimated employed 50 or more SNAP recipients and do not take into account employers employing fewer SNAP recipients. To identify the industry in which SNAP recipients worked in each state and to estimate the number of these individuals working in each industry, we matched the names of all employers showing 50 or more SNAP recipients in their employ with appropriate North American Industry Classification System codes. To allow us to report on broader industry trends, we aggregated the codes at the 4-digit level and calculated the total for each code.

- **Public sector employers.** Working adult SNAP recipients also worked for a wide range of public sector employers in the selected states, although to a lesser extent than in the private sector. Our estimates showed state governments, public universities, and public school systems, were among the leading employers of these individuals in most of these states. Public sector employers also ranked among the top employers of these individuals in six of the nine states, according to our estimates (see app. III.).
- **Nonprofit organizations**. Working adult SNAP recipients also worked for a range of nonprofit organizations in the selected states. For example, our estimates showed that these individuals worked for nonprofit hospitals, disability services organizations, and charitable organizations. Nonprofit organizations also ranked among the top employers for these individuals in eight of the nine states, according to our estimates (see app. III.).
- **Self-employed and other occupations.** In addition to providing data on the names of employers associated with each working adult SNAP

recipient, all nine state agencies provided data on these individuals who were self-employed, listing thousands of enrollees as “self-employed” or identifying their occupation or job as such. For example, babysitting, cleaning services, hairstylist, and construction were among the frequently cited self-employed sources of income for these individuals with no employer designated.

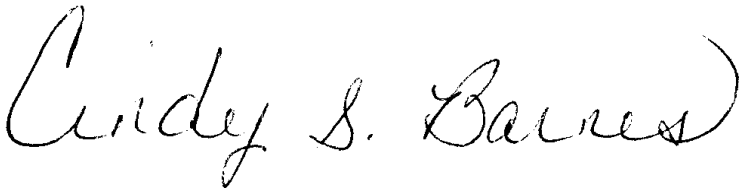
Agency Comments

We provided a draft of this report to the Secretary of Agriculture, Secretary of Health and Human Services, and the Secretary of Labor for comment. The Department of Labor provided no comments. HHS and USDA each provided technical comments, which we incorporated as appropriate.

As agreed with your offices, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from the report date. At that time, we will send copies to the appropriate congressional committees, the Department of Agriculture, Department of Health and Human Services, Department of Labor, and other interested parties. This report will also be available at no charge on the GAO website at https://www.gao.gov.

If you or your staff have any questions regarding this report, please contact me at (202) 512-7215 or brownbarnesc@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs are listed on the last page of this report. GAO staff making key contributions to this report are listed in appendix VI.

Sincerely yours,



Cindy Brown Barnes
Managing Director
Education, Workforce, and Income Security Issues

Appendix I: Objectives, Scope, and Methodology

The objectives of this study were to examine (1) what is known about the labor characteristics of working adult Medicaid enrollees and SNAP recipients, and (2) what is known about where adult Medicaid enrollees and SNAP recipients work.

Labor characteristics

To examine the labor characteristics of wage-earning adult Medicaid enrollees and individuals living in households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), we analyzed the most recent reliable program participation data captured in the Census Bureau's (Census) Current Population Survey (CPS) March 2019 Annual Social and Economic Supplement (ASEC).[1] Census collected information on program participation and income over the prior calendar year in the ASEC, conducted in from February to April 2019. The ASEC provides supplemental data on work experience, such as weeks and hours worked, total income, and income components, such as earnings, noncash benefits, and program participation, among other things. Data on employment and income refer to the preceding calendar year, although demographic data refer to the time of the survey. This file also contains data covering nine noncash income sources: SNAP (formerly known as the federal Food Stamp Program), the National School Lunch Program, employer-provided group health insurance plan, work-provided pension plan, personal health insurance, Medicaid, Medicare, or military health care, and low-income heating assistance programs. Specifically, we examined the 2019 ASEC data for selected labor characteristics of individuals ages 19 to 64, who reported positive salary and wage earnings in 2018. From this group, we extracted a subpopulation of individuals who reported being enrolled in Medicaid or living in a

[1]CPS is a national survey designed and administered jointly by Census and the Bureau of Labor Statistics (BLS). The ASEC sample includes March CPS respondents and the outgoing rotation group in February and the incoming rotation group in April (i.e., about one-quarter of the February and April CPS respondents). According to Census, the ASEC is a high quality source of information used to produce the official annual estimate of poverty, and estimates of a number of other socioeconomic and demographic characteristics, including income, health insurance coverage, school enrollment, marital status, and family structure. ASEC is self-reported survey data collected from a probability sample. We did not independently verify the accuracy of the self-reported data. As we previously reported, CPS data are known to underreport program benefits. See GAO-17-677.

household that participated in SNAP in 2018.[2] We analyzed several labor characteristics of the subpopulations both participating and not participating in the programs, including their work schedules, industries, occupations, and employer size, and produced nationally generalizable estimates for these variables. We also estimated standard errors or the margin of error for the 95 percent confidence interval using the replicate weights provided by Census. Based on our data checks and review of documentation, we found the CPS ASEC data to be sufficiently reliable for our purposes.

Identifying Employers of Working Adult Medicaid Enrollees and SNAP Recipients

Questionnaire

To identify where Medicaid enrollees and SNAP recipients work, we employed a multi-step methodology. First, we interviewed officials in the Department of Health and Human Services' (HHS) Centers for Medicare & Medicaid Services (CMS), which provides federal program oversight for Medicaid, and in the U.S. Department of Agriculture's (USDA) Food and Nutrition Service (FNS), which provides federal program oversight for SNAP. Officials in each agency informed us that their respective agencies did not collect nationally generalizable data on the names of employers of program enrollees or recipients. They informed us that any information linking employers to enrollees or recipients would likely reside with the state agencies administering the programs. Based on this information we developed and disseminated two separate program-specific questionnaires to send to each state agency responsible for administering Medicaid and SNAP in all 50 states and the District of Columbia. The questionnaires asked whether agencies routinely collected, verified, and updated employer name data for individual Medicaid enrollees and SNAP recipients. We pretested our questionnaires in seven states and the

[2]The ASEC data samples were from the civilian noninstitutionalized population of the United States living in housing units and members of the Armed Forces living in civilian housing units on a military base or in a household not on a military base. About 0.6 percent of our wage-earning adult sample population reported the Armed Forces as their longest occupation in 2018, and less than 0.2 percent of the subgroup of wage-earning adults associated with Medicaid or SNAP benefits reported the Armed Forces as their longest occupation in 2018.

District of Columbia. After making adjustments based on our pretest observations, we sent out questionnaires to agencies nationwide.

We received questionnaire responses from 99 of the 102 state agencies we contacted (50 Medicaid and 49 SNAP).[3] We analyzed the responses to identify state agencies able to produce reliable data. Officials in a majority of state agencies responded that they either did not have these data or were unable to extract them in a way that met our requirements. Officials in other agencies that did collect employer name data responded that they lacked a standard data entry protocol to record employer names, resulting in misspellings, missing entries, and other uncertainties that presented challenges to producing an aggregated list of employers.[4] In our review of questionnaire responses, we identified 15 state agencies across 11 states that (1) collected, verified, and updated the names of Medicaid enrollees' and SNAP recipients' employers; and (2) could extract the data in a way that met our requirements. We requested several data from these agencies.[5] First, we asked each agency to provide counts of all program participants, adult program participants, and working adult program participants in February 2020. Next, we asked each agency to provide a disaggregated list of employer names on record for working adult participants in the programs in February 2020, removing personally identifiable information such as names, addresses, or other identifiers from their datasets.[6] Finally, to help us better understand the ways in which Medicaid enrollees and SNAP recipients earned income, we asked agencies to include information on the self-employed in their data submissions.

Estimation process

In their responses to our questionnaire, some agency officials said that the spelling of employer names, impartial entries, and other data limitations made it challenging to develop an accurate list of employers for the subpopulations we were studying. Given this assumed level of

[3]The two state agencies administering the programs in Montana and the state agency administering SNAP in Iowa did not respond to our questionnaires.

[4]For more information on the data challenges reported by agencies administering Medicaid and SNAP, see appendices IV and V, respectively.

[5]In cases where the state was able to provide both Medicaid and SNAP data, we did not assess the extent to which there may be overlap in the SNAP and Medicaid populations for any particular employer.

[6]Five agencies provided aggregate sums of working adult Medicaid enrollees or SNAP recipients, respectively, working for each employer in their states. We disaggregated these lists to allow for consistent estimation across all agencies.

imprecision, we developed a process that allowed us to use unaggregated employer name data from each agency to produce statistically derived estimates of the 25 employers in each state that employed the most working adult Medicaid enrollees or SNAP recipients, respectively. To create these estimates, we took the following steps for each state agency:

- First, we used computer programming to consolidate the list of combined employer names by (1) conducting general name cleaning, such as by changing all names to lower case and removing punctuation marks, plural indicators, and standalone letters; (2) sorting for the common stems of employer names and streamlining them. For example, 'Walmart on River Street' became 'Walmart' by extracting it from all strings; and (3) combining like employer names using a "fuzzy string" matching method. For example, 'balmart' would become 'Walmart' because of their similarity.
- Next, because this process ran the risk of inflating the counts of employer names, we developed a sampling procedure that sought to estimate the accuracy of our name aggregation. We designed our sample stratified by two groups each containing about 100 employer names: (1) employer names that changed by our cleaning procedure and (2) employer name that remained unchanged by our cleaning procedure.
- We then coded these strata for whether the employer name was correct or incorrect, and created a ratio representing the error rate for each strata.
- Once we established an error rate, we developed an estimated count for each employer using following equation where "n" is equal to the number of aggregated employer names in the dataset:

$$EmployerName = (ProportionChanged * AccuracyChanged * n) + (ProportionUnchanged * AccuracyUnchanged * n)$$

- We developed estimates for each employer using the outcome of these calculations and ranked them according to the estimated number of our subpopulations of working adult Medicaid enrollees and SNAP recipients they employ. We then developed the tables that listed the 25 employers estimated to have the largest number of these individuals working for them in each state. We also calculated the percentage for each employer in the list dividing our estimates for that employer by the total working adults in the programs who worked for the employer (i.e., excluding self-employed). The counts in the tables

represent the minimum number of employees that an employer employed.

- Finally, as a quality assurance step, we provided a summary of our estimation process and the tables based on the output of this process to each state agency to review and provide comments.

Appendix II: Available State Data on Certain Medicaid Enrollees and Their Employers

1. GEORGIA

Table 12: Georgia—Number of Working Adult Medicaid Enrollees in February 2020

Total number of Medicaid enrollees in Georgia (Feb. 2020)	Number of working adult Medicaid enrollees, ages 19-64	Number of non-disabled, non-elderly (NDNE) working adult Medicaid enrollees (working for an employer)	Number of NDNE working adult Medicaid enrollees (self-employed)
1,735,178	208,597	189,557	19,040

Source: Georgia Division of Family and Children Services. | GAO-21-45

Table 13: Georgia—Employers of the Largest Estimated Number of Non-disabled, Non-elderly (NDNE) Adult Medicaid Enrollees (Feb. 2020)

	Employer	Estimated number of employees	Estimated percentage of Georgia's NDNE working adult Medicaid enrollees working for this employer
1	Walmart[a]	3,959	2.1%
		(3,803.0 - 4,114.9)	(2.0% - 2.2%)
2	McDonald's[a]	1,480	0.8%
		(1,419.7 - 1,540.9)	(0.7% - 0.8%)
3	Publix[a]	1,227	0.6%
		(1,176.5 - 1276.6)	(0.6% - 0.7%)
4	Waffle House	1,224	0.6%
		(1,179.6 - 1,268.9)	(0.6% - 0.7%)
5	Kroger[a]	1,125	0.6%
		(1,080.8 - 1,169.0)	(0.6% - 0.6%)
6	Amazon[a]	950	0.5%
		(915.8 - 984.7)	(0.5% - 0.5%)
7	Dollar General[a]	860	0.5%
		(829.1 - 891.3)	(0.4% - 0.5%)
8	Home Depot[a]	860	0.5%
		(828.8 - 891.3)	(0.4% - 0.5%)
9	Wendy's	601	0.3%
		(577.3 - 625.3)	(0.3% - 0.3%)
10	Uber Technologies	591	0.3%
		(566.8 - 615.6)	(0.3% - 0.3%)
11	U.S. Postal Service[b]	576	0.3%
		(548.8 - 602.9)	(0.3% - 0.3%)
12	Burger King	570	0.3%
		(549.5 - 590.8)	(0.3% - 0.3%)
13	Dollar Tree, Inc.	557	0.3%
		(534.2 - 579.0)	(0.3% - 0.3%)

	Employer	Estimated number of employees	Estimated percentage of Georgia's NDNE working adult Medicaid enrollees working for this employer
14	Randstad	555	0.3%
		(531.9 - 579.0)	(0.3% - 0.3%)
15	Chick-fil-A	542	0.3%
		(512.9 - 571.8)	(0.3% - 0.3%)
16	Lowe's[a]	528	0.3%
		(507.0 - 548.4)	(0.3% - 0.3%)
17	Target[a]	505	0.3%
		(486.4 - 523.4)	(0.3% - 0.3%)
18	FedEx[a]	499	0.3%
		(475.6 - 523.0)	(0.3% - 0.3%)
19	Kelly Services	464	0.2%
		(439.0 - 488.8)	(0.2% - 0.3%)
20	Pilgrim's Pride	437	0.2%
		(418.5 - 455.2)	(0.2% - 0.2%)
21	T.J. Maxx[a]	424	0.2%
		(402.5 - 446.0)	(0.2% - 0.2%)
22	Circle K	422	0.2%
		(403.8 - 439.2)	(0.2% - 0.2%)
23	Subway	406	0.2%
		(389.4 - 421.8)	(0.2% - 0.2%)
24	Taco Bell	387	0.2%
		(373.2 - 401.8)	(0.2% - 0.2%)
25	Southern Home Care Service	385	0.2%
		(364.5 - 406.3)	(0.2% - 0.2%)
	Total for the top 25 employers	**20,135**	**10.62%**

Legend:

(# - #) = (lower bound - upper bound) of each percentage estimate at the 95 percent confidence interval.

a = Among the 50 largest private sector employers in the United States in 2020 by number of employees, according to Fortune.

b = Public sector employer

Source: GAO estimates based on data provided by the Georgia Division of Family and Children Services. | GAO-21-45

Note: States provided data on the employer of record and not necessarily the current employer of each working adult NDNE Medicaid enrollee in February 2020. As a result, an enrollee could have changed employers since the data were recorded. We used computer programming to aggregate the information on employer names provided by each state agency. We removed references to occupations or job titles in the data to focus exclusively on employers. Because of differences in how state agencies entered employer names we took steps to check the precision of our computer name aggregation process. Specifically, we reviewed a random confirmatory sample of 200 records from each state program to measure the error rate between the original employer names within those records and the accuracy of our computer program aggregation process. This process allowed us to produce confidence intervals with lower and upper bounds of precision for the minimum number of employees for each employer name. Because we followed a probability procedure based on random selections, our sample is only one of a large number of samples that we might have drawn. Since each sample could have provided different estimates, we express our confidence in the precision of

our particular sample's results as a 95 percent confidence interval—an interval that would contain the actual population value for 95 percent of the samples we could have drawn. State-provided data generally included more records than the total number of working adult Medicaid enrollees, in part due to some individuals having more than one employer. There are some caveats to our figures. In particular, our estimated number and percentage of states' NDNE working adult Medicaid enrollees working for the employer did not take into account the impact of employment size by the employer in the state. Generally, the likelihood of a larger employer being listed among the top 25 employers in a state would be higher than a smaller employer even if workers' other conditions, such as their wage, industry, and occupation, remained the same.

2. INDIANA

Table 14: Indiana—Number of Working Adult Medicaid Enrollees in February 2020

Total number of Medicaid enrollees in Indiana (Feb. 2020)	Number of working adult Medicaid enrollees, ages 19-64	Number of non-disabled, non-elderly (NDNE) working adult Medicaid enrollees (working for an employer)	Number of NDNE working adult Medicaid enrollees (self-employed)
1,437,798	170,188	149,833	20,355

Source: Indiana Family and Social Services Administration. | GAO-21-45

Table 15: Indiana—Employers of the Largest Estimated Number of Non-disabled, Non-elderly (NDNE) Adult Medicaid Enrollees (Feb. 2020)

	Employer	Estimated number of employees	Estimated percentage of Indiana's NDNE working adult Medicaid enrollees working for this employer
1	Walmart[a]	2,396	1.6%
		(2,308.2 - 2483.3)	(1.5% - 1.7%)
2	McDonald's[a]	1,827	1.2%
		(1,758.7 - 1,894.6)	(1.2% - 1.3%)
3	Indiana University[b]	1,569	1.0%
		(1,540.2 - 1,598.1)	(1.0% - 1.1%)
4	Goodwill[c]	1,312	0.9%
		(1,280.9 - 1,342.7)	(0.9% - 0.9%)
5	Kroger[a]	1312	0.9%
		(1,250.1 - 1,373.2)	(0.8% - 0.9%)
6	Amazon[a]	1,191	0.8%
		(1,169.1 - 1,213.5)	(0.8% - 0.8%)
7	Elwood Staffing	971	0.6%
		(952.9 - 988.7)	(0.6% - 0.7%)
8	Dollar Tree, Inc.	898	0.6%
		(858.5 - 937.3)	(0.6% - 0.6%)
9	Dollar General[a]	875	0.6%
		(858.4 - 890.8)	(0.6% - 0.6%)
10	Burger King	836	0.6%
		(808.4 - 864.0)	(0.5% - 0.6%)
11	Eagle Care	800	0.5%
		(785.7 - 815.2)	(0.5% - 0.5%)
12	YMCA[c]	725	0.5%
		(687.5 - 762.0)	(0.5% - 0.5%)
13	Meijer	698	0.5%
		(667.2 - 728.5)	(0.4% - 0.5%)

	Employer	Estimated number of employees	Estimated percentage of Indiana's NDNE working adult Medicaid enrollees working for this employer
14	Speedway	653	0.4%
		(635.4 - 671.3)	(0.4% - 0.4%)
15	Help at Home, LLC	596	0.4%
		(579.3 - 612.8)	(0.4% - 0.4%)
16	Target[a]	561	0.4%
		(550.9 - 572.0)	(0.4% - 0.4%)
17	Fedex[a]	547	0.4%
		(518.8 - 575.0)	(0.3% - 0.4%)
18	Express Employment Professionals	490	0.3%
		(468.5 – 511.0)	(0.3% - 0.3%)
19	Steak 'n Shake	484	0.3%
		(461.8 - 506.3)	(0.3% - 0.3%)
20	Taco Bell	481	0.3%
		(472.1 - 490.2)	(0.3% - 0.3%)
21	Compass Group	474	0.3%
		(465.5 - 483.2)	(0.3% - 0.3%)
22	State of Indiana[b]	469	0.3%
		(459.9 - 477.2)	(0.3% - 0.3%)
23	Wendy's	458	0.3%
		(431.1 - 484.2)	(0.3% - 0.3%)
24	Purdue University[b]	454	0.3%
		(444.7 - 463.5)	(0.3% - 0.3%)
25	Subway	423	0.3%
		(410.8 - 435.1)	(0.3% - 0.3%)
	Total for the top 25 employers	**21,499**	**14.35%**

Legend:

(# - #) = (lower bound - upper bound) of each percentage estimate at the 95 percent confidence interval.

a = Among the 50 largest private sector employers in the United States in 2020 by number of employees, according to Fortune.

b = Public sector employer

c = Nonprofit organization

Source: GAO estimates based on data provided by the Indiana Family and Social Services Administration. | GAO-21-45

Note: States provided data on the employer of record and not necessarily the current employer of each working adult NDNE Medicaid enrollee in February 2020. As a result, an enrollee could have changed employers since the data were recorded. We used computer programming to aggregate the information on employer names provided by each state agency. We removed references to occupations or job titles in the data to focus exclusively on employers. Because of differences in how state agencies entered employer names we took steps to check the precision of our computer name aggregation process. Specifically, we reviewed a random confirmatory sample of 200 records from each state program to measure the error rate between the original employer names within those records and the accuracy of our computer program aggregation process. This process allowed us to produce confidence intervals with lower and upper bounds of precision for the minimum number of employees for each employer name. Because we followed a probability procedure based on random selections, our sample is only one of a large number of samples that we might have drawn. Since

each sample could have provided different estimates, we express our confidence in the precision of our particular sample's results as a 95 percent confidence interval—an interval that would contain the actual population value for 95 percent of the samples we could have drawn. State-provided data generally included more records than the total number of working adult Medicaid enrollees, in part due to some individuals having more than one employer. There are some caveats to our figures. In particular, our estimated number and percentage of states' NDNE working adult Medicaid enrollees working for the employer did not take into account the impact of employment size by the employer in the state. Generally, the likelihood of a larger employer being listed among the top 25 employers in a state would be higher than a smaller employer even if workers' other conditions, such as their wage, industry, and occupation, remained the same.

3. MAINE

Table 16: Maine—Number of Working Adult Medicaid Enrollees in February 2020

Total number of Medicaid enrollees in Maine (Feb. 2020)	Number of working adult Medicaid enrollees, ages 19-64	Number of non-disabled, non-elderly (NDNE) working adult Medicaid enrollees (working for an employer)	Number of NDNE working adult Medicaid enrollees (self-employed)
263,673	39,256	30,725	8,531

Source: Maine Department of Health and Human Services. | GAO-21-45

Table 17: Maine—Employers of the Largest Estimated Number of Non-disabled, Non-elderly (NDNE) Adult Medicaid Enrollees (Feb. 2020)

	Employer	Estimated number of employees	Estimated percentage of Maine's NDNE working adult Medicaid enrollees working for this employer
1	Hannaford's	728 (690.4 - 765.6)	2.4% (2.2% - 2.5%)
2	Walmart[a]	557 (542.4 - 570.8)	1.8% (1.8% - 1.9%)
3	Maine Medical Center[b]	542 (532.0 - 551.8)	1.8% (1.7% - 1.8%)
4	Dunkin'	475 (466.8 - 484.2)	1.5% (1.5% - 1.6%)
5	McDonald's[a]	398 (383.6 - 412.7)	1.3% (1.2% - 1.3%)
6	University of Maine[c]	300 (294.4 - 305.6)	1.0% (1.0% - 1.0%)
7	Circle K	181 (176.1 - 185.8)	0.6% (0.6% - 0.6%)
8	Shaw's Supermarkets, Inc.	173 (168.9 - 177.9)	0.6% (0.5% - 0.6%)
9	L.L. Bean	171 (166.9 – 175.0)	0.6% (0.5% - 0.6%)
10	Goodwill[b]	155 (151.1 - 158.8)	0.5% (0.5% - 0.5%)
11	Dollar Tree, Inc.	155 (149.4 - 160.0)	0.5% (0.5% - 0.5%)
12	Northern Light Health[b]	149 (145.9 - 151.3)	0.5% (0.5% - 0.5%)
13	Subway	144 (140.6 - 147.0)	0.5% (0.5% - 0.5%)

	Employer	Estimated number of employees	Estimated percentage of Maine's NDNE working adult Medicaid enrollees working for this employer
14	Burger King	112	0.4%
		(109.8 - 114.0)	(0.4% - 0.4%)
15	Walgreens[a]	112	0.4%
		(108.6 - 114.5)	(0.4% - 0.4%)
16	YMCA[b]	110	0.4%
		(106.2 - 114.8)	(0.3% - 0.4%)
17	Complete Labor	104	0.3%
		(102.1 - 105.9)	(0.3% - 0.3%)
18	CN Brown	103	0.3%
		(100.9 - 104.9)	(0.3% - 0.3%)
19	Home Depot[a]	98	0.3%
		(96.2 - 99.8)	(0.3% - 0.3%)
20	GT Independence	88	0.3%
		(85.9 - 89.6)	(0.3% - 0.3%)
21	Lowe's[a]	83	0.3%
		(80.5 - 86.1)	(0.3% - 0.3%)
22	U.S. Postal Service[c]	81	0.3%
		(79.5 - 82.7)	(0.3% - 0.3%)
23	Target[a]	81	0.3%
		(76.8 - 84.5)	(0.2% - 0.3%)
24	Alpha One[b]	78	0.3%
		(76.5 - 79.6)	(0.2% - 0.3%)
25	TD Bank	77	0.2%
		(74.8 - 78.5)	(0.2% - 0.3%)
	Total for the top 25 employers	**5,254**	**17.10%**

Legend:

(# - #) = (lower bound - upper bound) of each percentage estimate at the 95 percent confidence interval.

a = Among the 50 largest private sector employers in the United States in 2020 by number of employees, according to Fortune.

b = Nonprofit organization

c = Public sector employer

Source: GAO estimates based on data provided by the Maine Department of Health and Human Services. | GAO-21-45

Note: States provided data on the employer of record and not necessarily the current employer of each working adult NDNE Medicaid enrollee in February 2020. As a result, an enrollee could have changed employers since the data were recorded. We used computer programming to aggregate the information on employer names provided by each state agency. We removed references to occupations or job titles in the data to focus exclusively on employers. Because of differences in how state agencies entered employer names we took steps to check the precision of our computer name aggregation process. Specifically, we reviewed a random confirmatory sample of 200 records from each state program to measure the error rate between the original employer names within those records and the accuracy of our computer program aggregation process. This process allowed us to produce confidence intervals with lower and upper bounds of precision for the minimum number of employees for each employer name. Because we followed a probability procedure based on random selections, our sample is only one of a large number of samples that we might have drawn. Since

each sample could have provided different estimates, we express our confidence in the precision of our particular sample's results as a 95 percent confidence interval—an interval that would contain the actual population value for 95 percent of the samples we could have drawn. State-provided data generally included more records than the total number of working adult Medicaid enrollees, in part due to some individuals having more than one employer. There are some caveats to our figures. In particular, our estimated number and percentage of states' NDNE working adult Medicaid enrollees working for the employer did not take into account the impact of employment size by the employer in the state. Generally, the likelihood of a larger employer being listed among the top 25 employers in a state would be higher than a smaller employer even if workers' other conditions, such as their wage, industry, and occupation, remained the same.

4. MASSACHUSETTS

Table 18: Massachusetts—Number of Working Adult Medicaid Enrollees in February 2020

Total number of Medicaid enrollees in Massachusetts (Feb. 2020)	Number of adult Medicaid enrollees, ages 19-64	Number of non-disabled, non-elderly (NDNE) working adult Medicaid enrollees	Number of NDNE working adult Medicaid enrollees (self-employed)
1,789,823	950,688	204,965	Data unavailable[a]

Legend:

a =State was unable to extract data on the number of self-employed individuals.

Source: Massachusetts Office of Medicaid. | GAO-21-45

Table 19: Massachusetts—Employers of the Largest Estimated Number of Non-disabled, Non-elderly (NDNE) Adult Medicaid Enrollees (Feb. 2020)

	Employer	Estimated number of employees	Estimated percentage of Massachusetts' NDNE working adult Medicaid enrollees working for this employer
1	The Commonwealth of Massachusetts[a]	3,908 (* - *)	1.9% (*% - *%)
2	PCA Quality Home Care Workforce Council[a]	2,881 (* - *)	1.4% (*% - *%)
3	Stop & Shop	1,895 (* - *)	0.9% (*% - *%)
4	Walmart[b]	1,833 (* - *)	0.9% (*% - *%)
5	Market Basket	1,745 (* - *)	0.9% (*% - *%)
6	CVS Pharmacy[b]	1,430 (1,401.8 - 1,459.0)	0.7% (0.7% - 0.7%)
7	Amazon[b]	1,370 (* - *)	0.7% (*% - *%)
8	Target[b]	1,333 (* - *)	0.7% (*% - *%)
9	Home Depot[b]	1,073 (* - *)	0.5% (*% - *%)
10	YMCA[c]	1,058 (1,010.6 - 1,105.0)	0.5% (0.5% - 0.5%)
11	The City of Boston[a]	1,054 (* - *)	0.5% (*% - *%)
12	United Parcel Service[b]	1,002 (* - *)	0.5% (*% - *%)

	Employer	Estimated number of employees	Estimated percentage of Massachusetts' NDNE working adult Medicaid enrollees working for this employer
13	Shaw's Supermarkets, Inc.	986 (* - *)	0.5% (*% - *%)
14	Amedisys Holding, LLC	858 (* - *)	0.4% (*% - *%)
15	Dollar Tree, Inc.	827 (* - *)	0.4% (*% - *%)
16	Ninety Nine Restaurant & Pub	780 (* - *)	0.4% (*% - *%)
17	Walgreens[b]	727 (694.3 - 759.2)	0.4% (0.3% - 0.4%)
18	General Hospital Corporation[c]	708 (* - *)	0.4% (*% - *%)
19	Expert Staffing Partners, Inc.	656 (* - *)	0.3% (*% - *%)
20	T.J. Maxx[b]	636 (* - *)	0.3% (*% - *%)
21	Marshalls	608 (* - *)	0.3% (*% - *%)
22	Masis Staffing Solutions, LLC	608 (* - *)	0.3% (*% - *%)
23	Peopleready, Inc.	604 (* - *)	0.3% (*% - *%)
24	Whole Foods Market	602 (* - *)	0.3% (*% - *%)
25	Randstad	550 (525.6 - 574.7)	0.3% (0.3% - 0.3%)
	Total for the top 25 employers	**29,732**	**14.51%**

Legend:

* = Population count

(# - #) = (lower bound - upper bound) of each percentage estimate at the 95 percent confidence interval.

a = Public sector employer

b = Among the 50 largest private sector employers in the United States in 2020 by number of employees, according to Fortune.

c = Nonprofit organization

Source: GAO estimates based on data provided by the Massachusetts Office of Medicaid. | GAO-21-45

Note: States provided data on the employer of record and not necessarily the current employer of each working adult NDNE Medicaid enrollee in February 2020. As a result, an enrollee could have changed employers since the data were recorded. We used computer programming to aggregate the information on employer names provided by each state agency. We removed references to occupations or job titles in the data to focus exclusively on employers. Because of differences in how state agencies entered employer names we took steps to check the precision of our computer name

aggregation process. Specifically, we reviewed a random confirmatory sample of 200 records from each state program to measure the error rate between the original employer names within those records and the accuracy of our computer program aggregation process. This process allowed us to produce confidence intervals with lower and upper bounds of precision for the minimum number of employees for each employer name. Because we followed a probability procedure based on random selections, our sample is only one of a large number of samples that we might have drawn. Since each sample could have provided different estimates, we express our confidence in the precision of our particular sample's results as a 95 percent confidence interval—an interval that would contain the actual population value for 95 percent of the samples we could have drawn. State-provided data generally included more records than the total number of working adult Medicaid enrollees, in part due to some individuals having more than one employer. There are some caveats to our figures. In particular, our estimated number and percentage of states' NDNE working adult Medicaid enrollees working for the employer did not take into account the impact of employment size by the employer in the state. Generally, the likelihood of a larger employer being listed among the top 25 employers in a state would be higher than a smaller employer even if workers' other conditions, such as their wage, industry, and occupation, remained the same.

5. OKLAHOMA

Table 20: Oklahoma—Number of Working Adult Medicaid Enrollees in February 2020

Total number of Medicaid enrollees in Oklahoma (Feb. 2020)	Number of working adult Medicaid enrollees, ages 19-64	Number of non-disabled, non-elderly (NDNE) working adult Medicaid enrollees (working for an employer)	Number of NDNE working adult Medicaid enrollees (self-employed)
785,366	41,788	37,966	3,822

Source: Oklahoma Health Care Authority. | GAO-21-45

Table 21: Oklahoma—Employers of the Largest Estimated Number of Non-disabled, Non-elderly (NDNE) Adult Medicaid Enrollees (Feb. 2020)

	Employer	Estimated number of employees	Estimated percentage of Oklahoma's NDNE working adult Medicaid enrollees working for this employer
1	Walmart[a]	1,059	2.8%
		(1,010.3 - 1,108.0)	(2.7% - 2.9%)
2	McDonald's[a]	536	1.4%
		(516.2 - 555.8)	(1.4% - 1.5%)
3	Dollar General[a]	530	1.4%
		(518.9 - 540.2)	(1.4% - 1.4%)
4	Express Employment Professionals	504	1.3%
		(480.0 - 528.9)	(1.3% - 1.4%)
5	Sonic	489	1.3%
		(479.3 - 498.8)	(1.3% - 1.3%)
6	Macy's	442	1.2%
		(420.4 - 463.2)	(1.1% - 1.2%)
7	Amazon[a]	371	1.0%
		(363.8 - 378.7)	(1.0% - 1.0%)
8	Braum's Ice Cream	365	1.0%
		(357.9 - 372.6)	(0.9% - 1.0%)
9	Choctaw Nation[b]	280	0.7%
		(274.6 - 285.8)	(0.7% - 0.8%)
10	Dollar Tree, Inc.	258	0.7%
		(245.2 - 270.0)	(0.6% - 0.7%)
11	Healthcare Innovation	216	0.6%
		(211.4 - 220.1)	(0.6% - 0.6%)
12	Complete Home	202	0.5%
		(197.9 - 206.0)	(0.5% - 0.5%)
13	Chickasaw Nation[b]	193	0.5%
		(189.2 - 196.9)	(0.5% - 0.5%)

	Employer	Estimated number of employees	Estimated percentage of Oklahoma's NDNE working adult Medicaid enrollees working for this employer
14	Family Dollar	158	0.4%
		(151.1 - 165.6)	(0.4% - 0.4%)
15	K-Mac Enterprises	156	0.4%
		(148.2 - 163.4)	(0.4% - 0.4%)
16	Sodexo	155	0.4%
		(152.2 - 158.5)	(0.4% - 0.4%)
17	Alorica	145	0.4%
		(141.6 - 147.4)	(0.4% - 0.4%)
18	SRI Operating	145	0.4%
		(141.6 - 147.4)	(0.4% - 0.4%)
19	Pizza Hut	143	0.4%
		(139.7 - 145.4)	(0.4% - 0.4%)
20	Whataburger	142	0.4%
		(138.7 - 144.4)	(0.4% - 0.4%)
21	Stand By Personnel	137	0.4%
		(130.2 - 143.4)	(0.3% - 0.4%)
22	Love Travel Stop Country Store	133	0.4%
		(126.5 - 139.5)	(0.3% - 0.4%)
23	Saint Francis Hospital[c]	122	0.3%
		(119.3 - 124.2)	(0.3% - 0.3%)
24	RB American Group, LLC	121	0.3%
		(118.7 - 124.1)	(0.3% - 0.3%)
25	Hobby Lobby	121	0.3%
		(114.9 - 126.5)	(0.3% - 0.3%)
	Total for the top 25 employers	**7,121**	**18.76%**

Legend:

(# - #) = (lower bound - upper bound) of each percentage estimate at the 95 percent confidence interval.

a = Among the 50 largest private sector employers in the United States in 2020 by number of employees, according to Fortune.

b = Public sector employer

c = Nonprofit organization

Source: GAO estimates based on data provided by the Oklahoma Health Care Authority. | GAO-21-45

Note: States provided data on the employer of record and not necessarily the current employer of each working adult NDNE Medicaid enrollee in February 2020. As a result, an enrollee could have changed employers since the data were recorded. We used computer programming to aggregate the information on employer names provided by each state agency. We removed references to occupations or job titles in the data to focus exclusively on employers. Because of differences in how state agencies entered employer names we took steps to check the precision of our computer name aggregation process. Specifically, we reviewed a random confirmatory sample of 200 records from each state program to measure the error rate between the original employer names within those records and the accuracy of our computer program aggregation process. This process allowed us to produce confidence intervals with lower and upper bounds of precision for the minimum number of employees for each employer name. Because we followed a probability procedure based on random selections, our sample is only one of a large number of samples that we might have drawn. Since

each sample could have provided different estimates, we express our confidence in the precision of our particular sample's results as a 95 percent confidence interval—an interval that would contain the actual population value for 95 percent of the samples we could have drawn. State-provided data generally included more records than the total number of working adult Medicaid enrollees, in part due to some individuals having more than one employer. There are some caveats to our figures. In particular, our estimated number and percentage of states' NDNE working adult Medicaid enrollees working for the employer did not take into account the impact of employment size by the employer in the state. Generally, the likelihood of a larger employer being listed among the top 25 employers in a state would be higher than a smaller employer even if workers' other conditions, such as their wage, industry, and occupation, remained the same.

6. RHODE ISLAND

Table 22: Rhode Island—Number of Working Adult Medicaid Enrollees in February 2020

Total number of Medicaid enrollees in Rhode Island (Feb. 2020)	Number of working adult Medicaid enrollees, ages 19-64	Number of non-disabled, non-elderly (NDNE) working adult Medicaid enrollees (working for an employer)	Number of NDNE working adult Medicaid enrollees (self-employed)
299,485	41,484	39,348	2,136

Source: Rhode Island Executive Offices of Health and Human Services. | GAO-21-45

Table 23: Rhode Island—Employers of the Largest Estimated Number of Non-disabled, Non-elderly (NDNE) Adult Medicaid Enrollees (Feb. 2020)

	Employer	Estimated number of employees	Estimated percentage of Rhode Island's NDNE working adult Medicaid enrollees working for this employer
1	Stop & Shop	872	2.2%
		(829.3 - 915.6)	(2.1% - 2.3%)
2	Dunkin'	803	2.0%
		(786.1 - 819.5)	(2.0% - 2.1%)
3	Walmart[a]	546	1.4%
		(531.9 - 559.3)	(1.4% - 1.4%)
4	CVS Pharmacy[a]	509	1.3%
		(498.7 - 519.0)	(1.3% - 1.3%)
5	McDonald's[a]	359	0.9%
		(340.8 - 377.3)	(0.9% - 1.0%)
6	The Fogarty Center[b]	297	0.8%
		(290.3 - 302.7)	(0.7% - 0.8%)
7	Employment 2000	291	0.7%
		(285.3 - 297.6)	(0.7% - 0.8%)
8	Lifespan Corporation	276	0.7%
		(262.3 - 289.0)	(0.7% - 0.7%)
9	Target[a]	274	0.7%
		(268.6 - 279.7)	(0.7% - 0.7%)
10	Amazon[a]	272	0.7%
		(266.6 - 277.6)	(0.7% - 0.7%)
11	Dollar Tree, Inc.	269	0.7%
		(253.9 - 284.4)	(0.6% - 0.7%)
12	YMCA[b]	242	0.6%
		(227.1 - 256.9)	(0.6% - 0.7%)
13	First Student, Inc.	237	0.6%
		(232.6 - 242.3)	(0.6% - 0.6%)

	Employer	Estimated number of employees	Estimated percentage of Rhode Island's NDNE working adult Medicaid enrollees working for this employer
14	Rhode Island Hospital[b]	230	0.6%
		(225.7 - 235.2)	(0.6% - 0.6%)
15	Jan Companies, Inc.	211	0.5%
		(205.0 - 217.6)	(0.5% - 0.6%)
16	Home Depot[a]	206	0.5%
		(201.9 - 210.8)	(0.5% - 0.5%)
17	Ocean State Transit	201	0.5%
		(192.3 - 208.8)	(0.5% - 0.5%)
18	Sodexo	184	0.5%
		(180.2 - 187.8)	(0.5% - 0.5%)
19	T.J. Maxx[a]	178	0.5%
		(165.3 - 190.2)	(0.4% - 0.5%)
20	Walgreens[a]	170	0.4%
		(162.5 - 176.9)	(0.4% - 0.4%)
21	Perspective Corporation	166	0.4%
		(161.9 - 170.8)	(0.4% - 0.4%)
22	Cumberland Farms	166	0.4%
		(163.0 - 169.6)	(0.4% - 0.4%)
23	University of Rhode Island[c]	166	0.4%
		(162.4 - 169.5)	(0.4% - 0.4%)
24	Burger King	161	0.4%
		(157.8 - 164.5)	(0.4% - 0.4%)
25	Ocean State Job Lot	149	0.4%
		(146.5 - 152.5)	(0.4% - 0.4%)
	Total for the top 25 employers	**7,437**	**18.90%**

Legend:

(# - #) = (lower bound - upper bound) of each percentage estimate at the 95 percent confidence interval.

a = Among the 50 largest private sector employers in the United States in 2020 by number of employees, according to Fortune.

b = Nonprofit organization

c = Public sector employer

Source: GAO estimates based on data provided by the Rhode Island Executive Offices of Health and Human Services. | GAO-21-45

Note: States provided data on the employer of record and not necessarily the current employer of each working adult NDNE Medicaid enrollee in February 2020. As a result, an enrollee could have changed employers since the data were recorded. We used computer programming to aggregate the information on employer names provided by each state agency. We removed references to occupations or job titles in the data to focus exclusively on employers. Because of differences in how state agencies entered employer names we took steps to check the precision of our computer name aggregation process. Specifically, we reviewed a random confirmatory sample of 200 records from each state program to measure the error rate between the original employer names within those records and the accuracy of our computer program aggregation process. This process allowed us to produce confidence intervals with lower and upper bounds of precision for the minimum number of employees for each employer name. Because we followed a probability procedure based on random

selections, our sample is only one of a large number of samples that we might have drawn. Since each sample could have provided different estimates, we express our confidence in the precision of our particular sample's results as a 95 percent confidence interval—an interval that would contain the actual population value for 95 percent of the samples we could have drawn. State-provided data generally included more records than the total number of working adult Medicaid enrollees, in part due to some individuals having more than one employer. There are some caveats to our figures. In particular, our estimated number and percentage of states' NDNE working adult Medicaid enrollees working for the employer did not take into account the impact of employment size by the employer in the state. Generally, the likelihood of a larger employer being listed among the top 25 employers in a state would be higher than a smaller employer even if workers' other conditions, such as their wage, industry, and occupation, remained the same.

Appendix III: Available State Data on Certain Supplemental Nutrition Assistance Program Recipients and Their Employers

1. ARKANSAS

Table 24: Arkansas—Number of Working Adult Supplemental Nutrition Assistance Program (SNAP) Recipients in February 2020

Total number of SNAP recipients in Arkansas (Feb. 2020)	Number of working adult SNAP recipients	Number of working adult SNAP recipients (working for an employer)	Number of working adult SNAP recipients (self-employed)
310,135	44,320	42,924	1,396

Source: Arkansas Department of Human Services. | GAO-21-45

Table 25: Arkansas—Employers of the Largest Estimated Number of Supplemental Nutrition Assistance Program (SNAP) Recipients (Feb. 2020)

	Employer	Estimated number of employees	Estimated percentage of Arkansas' total adult SNAP recipients working for an employer
1	Walmart[a]	1,318	3.1%
		(1,275.8 - 1,359.5)	(3% - 3.2%)
2	McDonald's[a]	865	2.0%
		(830.5 - 900.4)	(1.9% - 2.1%)
3	Dollar General[a]	505	1.2%
		(495.8 - 514.4)	(1.2% - 1.2%)
4	Sonic	481	1.1%
		(471.9 - 489.3)	(1.1% - 1.1%)
5	Tyson Foods[a]	394	0.9%
		(374.6 - 412.7)	(0.9% - 1.0%)
6	Palco	350	0.8%
		(343.4 - 356.1)	(0.8% - 0.8%)
7	Dollar Tree, Inc.	303	0.7%
		(295.5 - 310.3)	(0.7% - 0.7%)
8	Burger King	256	0.6%
		(251.2 - 261.1)	(0.6% - 0.6%)
9	Staffmark	232	0.5%
		(227.3 - 237.4)	(0.5% - 0.6%)
10	Taco Bell	211	0.5%
		(206.8 - 214.8)	(0.5% - 0.5%)
11	Kroger[a]	203	0.5%
		(197.2 - 208.4)	(0.5% - 0.5%)
12	Express Employment Professionals	192	0.4%
		(186.6 - 197.3)	(0.4% - 0.5%)
13	Subway	189	0.4%
		(184.5 - 193.8)	(0.4% - 0.5%)

	Employer	Estimated number of employees	Estimated percentage of Arkansas' total adult SNAP recipients working for an employer
14	Wendy's	167	0.4%
		(155.8 - 177.6)	(0.4% - 0.4%)
15	TEC Staffing Services	166	0.4%
		(163.5 - 169.5)	(0.4% - 0.4%)
16	Popeyes	151	0.4%
		(145.4 - 157.1)	(0.3% - 0.4%)
17	Compass Group	145	0.3%
		(142.7 - 145.4)	(0.3% - 0.3%)
18	Harps Foods	144	0.3%
		(139.4 - 148.0)	(0.3% - 0.3%)
19	Baptist Health	144	0.3%
		(141.0 - 146.3)	(0.3% - 0.3%)
20	Aramark[a]	137	0.3%
		(134.4 - 140.0)	(0.3% - 0.3%)
21	KFC	129	0.3%
		(125.2 - 133.0)	(0.3% - 0.3%)
22	Pizza Hut	129	0.3%
		(126.2 - 131.1)	(0.3% - 0.3%)
23	Family Dollar	126	0.3%
		(122.6 - 129.3)	(0.3% - 0.3%)
24	CareLink[b]	122	0.3%
		(118.1 - 125.1)	(0.3% - 0.3%)
25	Waffle House	121	0.3%
		(118.1 - 122.9)	(0.3% - 0.3%)
	Total for the top 25 employers	**7,179**	**16.72%**

Legend:

(# - #) = (lower bound - upper bound) of each percentage estimate at the 95 percent confidence interval.

a = Among the 50 largest private sector employers in the United States in 2020 by number of employees, according to Fortune.

b = Nonprofit organization

Source: GAO estimates based on data provided by the Arkansas Department of Human Services. | GAO-21-45

Note: States provided data on the employer of record and not necessarily the current employer of each working adult SNAP recipient in February 2020. As a result, a recipient could have changed employers since the data were recorded. We used computer programming to aggregate the information on employer names provided by each state agency. We removed references to occupations or job titles in the data to focus exclusively on employers. Because of differences in how state agencies entered employer names we took steps to check the precision of our computer name aggregation process. Specifically, we reviewed a random confirmatory sample of 200 records from each state program to measure the error rate between the original employer names within those records and the accuracy of our computer program aggregation process. This process allowed us to produce confidence intervals with lower and upper bounds of precision for the minimum number of employees for each employer name. Because we followed a probability procedure based on random selections, our sample is only one of a large number of samples that we might have drawn. Since each sample could have provided different estimates, we express our confidence in the precision of

our particular sample's results as a 95 percent confidence interval—an interval that would contain the actual population value for 95 percent of the samples we could have drawn. State-provided data generally included more records than the total number of working adult SNAP recipients in part due to some individuals having more than one employer. There are some caveats to our figures. In particular, our estimated number and percentage of states' working adult SNAP recipients working for the employer did not take into account the impact of employment size by the employer in the state. Generally, the likelihood of a larger employer being listed among the top 25 employers in a state would be higher than a smaller employer even if workers' other conditions, such as their wage, industry, and occupation, remained the same.

2. GEORGIA

Table 26: Georgia—Number of Working Adult Supplemental Nutrition Assistance Program (SNAP) Recipients in February 2020

Total number of SNAP recipients in Georgia (Feb. 2020)	Number of working adult SNAP recipients	Number of working adult SNAP recipients (working for an employer)	Number of working adult SNAP recipients (self-employed)
1,301,310	143,405	136,130	7,275

Source: Georgia Division of Family and Children Services. | GAO-21-45

Table 27: Georgia—Employers of the Largest Estimated Number of Supplemental Nutrition Assistance Program (SNAP) Recipients (Feb. 2020)

	Employer	Estimated number of employees	Estimated percentage of Georgia's total adult SNAP recipients working for an employer
1	Walmart[a]	4,023	3.0%
		(3,874.0 - 4,172.7)	(2.8% - 3.1%)
2	McDonald's[a]	1,953	1.4%
		(1,880.0 - 2,026.9)	(1.4% - 1.5%)
3	Waffle House	1,619	1.2%
		(1,560.2 - 1,677.2)	(1.1% - 1.2%)
4	Dollar General[a]	1,381	1.0%
		(1,331.2 - 1,431.1)	(1.0% - 1.1%)
5	Kroger[a]	1,254	0.9%
		(1,207.4 - 1,299.8)	(0.9% - 1.0%)
6	Amazon[a]	1,010	0.7%
		(973.3 - 1,046.2)	(0.7% - 0.8%)
7	Dollar Tree, Inc.	965	0.7%
		(928.9 - 1,001.1)	(0.7% - 0.7%)
8	Publix[a]	922	0.7%
		(887.2 - 955.9)	(0.7% - 0.7%)
9	Burger King	839	0.6%
		(808.7 - 869.3)	(0.6% - 0.6%)
10	Wendy's	790	0.6%
		(760.1 - 819.3)	(0.6% - 0.6%)
11	Circle K	662	0.5%
		(637.2 - 687.5)	(0.5% - 0.5%)
12	United Parcel Service[a]	620	0.5%
		(597.8 - 643.0)	(0.4% - 0.5%)
13	Home Depot[a]	609	0.4%
		(587.0 - 631.1)	(0.4% - 0.5%)

	Employer	Estimated number of employees	Estimated percentage of Georgia's total adult SNAP recipients working for an employer
14	Southern Home Care Service	608	0.4%
		(582.3 - 633.5)	(0.4% - 0.5%)
15	FedEx[a]	600	0.4%
		(575.6 - 623.4)	(0.4% - 0.5%)
16	Randstad	561	0.4%
		(539.4 - 582.1)	(0.4% - 0.4%)
17	Subway	554	0.4%
		(533.2 - 574.4)	(0.4% - 0.4%)
18	Kelly Services	498	0.4%
		(476.7 - 518.5)	(0.4% - 0.4%)
19	Target[a]	472	0.3%
		(455.3 - 489.4)	(0.3% - 0.4%)
20	Family Dollar	472	0.3%
		(453.9 - 489.8)	(0.3% - 0.4%)
21	Taco Bell	468	0.3%
		(451.5 - 485.4)	(0.3% - 0.4%)
22	Lowe's[a]	442	0.3%
		(425.3 - 458.0)	(0.3% - 0.3%)
23	T.J. Maxx[a]	439	0.3%
		(420.6 - 456.7)	(0.3% - 0.3%)
24	Goodwill[b]	435	0.3%
		(418.3 - 452.3)	(0.3% - 0.3%)
25	Compass Group	431	0.3%
		(415.1 - 446.2)	(0.3% - 0.3%)
	Total for the top 25 employers	**22,625**	**16.62%**

Legend:

(# - #) = (lower bound - upper bound) of each percentage estimate at the 95 percent confidence interval.

a = Among the 50 largest private sector employers in the United States in 2020 by number of employees, according to Fortune.

b = Nonprofit organization

Source: GAO estimates based on data provided by the Georgia Division of Family and Children Services. | GAO-21-45

Note: States provided data on the employer of record and not necessarily the current employer of each working adult SNAP recipient in February 2020. As a result, a recipient could have changed employers since the data were recorded. We used computer programming to aggregate the information on employer names provided by each state agency. We removed references to occupations or job titles in the data to focus exclusively on employers. Because of differences in how state agencies entered employer names we took steps to check the precision of our computer name aggregation process. Specifically, we reviewed a random confirmatory sample of 200 records from each state program to measure the error rate between the original employer names within those records and the accuracy of our computer program aggregation process. This process allowed us to produce confidence intervals with lower and upper bounds of precision for the minimum number of employees for each employer name. Because we followed a probability procedure based on random selections, our sample is only one of a large number of samples that we might have drawn. Since each sample could have provided different estimates, we express our confidence in the precision of

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3. INDIANA

Table 28: Indiana—Number of Working Adult Supplemental Nutrition Assistance Program (SNAP) Recipients in February 2020

Total number of SNAP recipients in Indiana (Feb. 2020)	Number of working adult SNAP recipients	Number of working adult SNAP recipients (working for an employer)	Number of working adult SNAP recipients (self-employed)
566,385	77,067	67,547	9,520

Source: Indiana Family and Social Services Administration. | GAO-21-45

Table 29: Indiana—Employers of the Largest Estimated Number of Supplemental Nutrition Assistance Program (SNAP) Recipients (Feb. 2020)

	Employer	Estimated number of employees	Estimated percentage of Indiana's total adult SNAP recipients working for an employer
1	Walmart[a]	1,313	1.9%
		(1,273.0 - 1,352.1)	(1.9% - 2.0%)
2	McDonald's[a]	907	1.3%
		(878.1 - 935.9)	(1.3% - 1.4%)
3	Amazon[a]	723	1.1%
		(708.7 - 737.8)	(1.0% - 1.1%)
4	Kroger[a]	647	1.0%
		(631.0 - 663.2)	(0.9% - 1.0%)
5	Dollar General[a]	559	0.8%
		(547.4 - 569.9)	(0.8% - 0.8%)
6	Goodwill[b]	558	0.8%
		(537.5 - 579.4)	(0.8% - 0.9%)
7	Eaglecare, Inc.	522	0.8%
		(512.0 - 533.0)	(0.8% - 0.8%)
8	Dollar Tree, Inc.	520	0.8%
		(502.7 - 538.1)	(0.7% - 0.8%)
9	Elwood Staffing	497	0.7%
		(487.0 - 507.0)	(0.7% - 0.8%)
10	Burger King	486	0.7%
		(472.0 - 499.8)	(0.7% - 0.7%)
11	Speedway	375	0.6%
		(365.0 - 384.6)	(0.5% - 0.6%)
12	Wendy's	350	0.5%
		(333.9 - 365.1)	(0.5% - 0.5%)
13	Help at Home, LLC	337	0.5%
		(327.9 - 345.2)	(0.5% - 0.5%)

	Employer	Estimated number of employees	Estimated percentage of Indiana's total adult SNAP recipients working for an employer
14	YMCA[b]	322	0.5%
		(309.1 - 335.1)	(0.5% - 0.5%)
15	Meijer	322	0.5%
		(310.8 - 333.0)	(0.5% - 0.5%)
16	Taco Bell	289	0.4%
		(283.4 - 295.0)	(0.4% - 0.4%)
17	Compass Group	288	0.4%
		(281.9 - 293.7)	(0.4% - 0.4%)
18	FedEx[a]	287	0.4%
		(275.7 - 298.5)	(0.4% - 0.4%)
19	Express Employment Professionals	275	0.4%
		(265.9 - 285.0)	(0.4% - 0.4%)
20	State of Indiana[c]	263	0.4%
		(257.4 - 268.0)	(0.4% - 0.4%)
21	Indiana University[c]	254	0.4%
		(248.7 - 258.9)	(0.4% - 0.4%)
22	Steak 'n Shake	232	0.3%
		(223.7 - 240.4)	(0.3% - 0.4%)
23	Subway	228	0.3%
		(222.6 - 234.2)	(0.3% - 0.3%)
24	Cracker Barrel	224	0.3%
		(217.6 - 230.8)	(0.3% - 0.3%)
25	Target[a]	218	0.3%
		(213.2 - 222.0)	(0.3% - 0.3%)
	Total for the top 25 employers	**10,996**	**16.28%**

Legend:

(# - #) = (lower bound - upper bound) of each percentage estimate at the 95 percent confidence interval.

a = Among the 50 largest private sector employers in the United States in 2020 by number of employees, according to Fortune.

b = Nonprofit organization

c = Public sector employer

Source: GAO estimates based on data provided by the Indiana Family and Social Services Administration. | GAO-21-45

Note: States provided data on the employer of record and not necessarily the current employer of each working adult SNAP recipient in February 2020. As a result, a recipient could have changed employers since the data were recorded. We used computer programming to aggregate the information on employer names provided by each state agency. We removed references to occupations or job titles in the data to focus exclusively on employers. Because of differences in how state agencies entered employer names we took steps to check the precision of our computer name aggregation process. Specifically, we reviewed a random confirmatory sample of 200 records from each state program to measure the error rate between the original employer names within those records and the accuracy of our computer program aggregation process. This process allowed us to produce confidence intervals with lower and upper bounds of precision for the minimum number of employees for each employer name. Because we followed a probability procedure based on random selections, our sample is only one of a large number of samples that we might have drawn. Since

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4. MAINE

Table 30: Maine—Number of Working Adult Supplemental Nutrition Assistance Program (SNAP) Recipients in February 2020

Total number of SNAP recipients in Maine (Feb. 2020)	Number of working adult SNAP recipients	Number of working adult SNAP recipients (working for an employer)	Number of working adult SNAP recipients (self-employed)
167,359	25,376	21,397	3,979

Source: Maine Department of Health and Human Services. | GAO-21-45

Table 31: Maine—Employers of the Largest Estimated Number of Supplemental Nutrition Assistance Program (SNAP) Recipients (Feb. 2020)

	Employer	Estimated number of employees	Estimated percentage of Maine's total adult SNAP recipients working for an employer
1	Hannaford's	500	2.3%
		(484.1 - 515.3)	(2.3% - 2.4%)
2	Walmart[a]	468	2.2%
		(458.6 - 477.4)	(2.1% - 2.2%)
3	Dunkin'	369	1.7%
		(362.8 - 375.0)	(1.7% - 1.8%)
4	Maine Medical Center[b]	350	1.6%
		(344.3 - 355.8)	(1.6% - 1.7%)
5	McDonald's[a]	328	1.5%
		(319.8 - 336.0)	(1.5% - 1.6%)
6	Goodwill[b]	176	0.8%
		(171.7 - 180.1)	(0.8% - 0.8%)
7	Circle K	163	0.8%
		(159.6 - 166.2)	(0.7% - 0.8%)
8	Dollar Tree, Inc.	126	0.6%
		(124.0 - 128.9)	(0.6% - 0.6%)
9	Shaw's Supermarkets, Inc.	120	0.6%
		(117.9 - 122.9)	(0.6% - 0.6%)
10	Burger King	120	0.6%
		(117.4 - 121.9)	(0.5% - 0.6%)
11	University of Maine[c]	107	0.5%
		(105.3 - 108.9)	(0.5% - 0.5%)
12	Subway	105	0.5%
		(103.1 - 106.8)	(0.5% - 0.5%)
13	Northern Light Health[b]	97	0.5%
		(95.6 - 98.8)	(0.4% - 0.5%)

	Employer	Estimated number of employees	Estimated percentage of Maine's total adult SNAP recipients working for an employer
14	Walgreens[a]	92	0.4%
		(89.8 - 93.6)	(0.4% - 0.4%)
15	CN Brown	87	0.4%
		(85.7 - 88.7)	(0.4% - 0.4%)
16	Alpha One[b]	79	0.4%
		(77.9 - 80.6)	(0.4% - 0.4%)
17	L.L. Bean	78	0.4%
		(77.0 - 79.6)	(0.4% - 0.4%)
18	GT Independence	76	0.4%
		(74.8 - 77.6)	(0.3% - 0.4%)
19	TD Bank	73	0.3%
		(71.6 - 74.5)	(0.3% - 0.3%)
20	YMCA[b]	68	0.3%
		(66.0 - 69.4)	(0.3% - 0.3%)
21	Dollar General[a]	61	0.3%
		(60.4 - 62.5)	(0.3% - 0.3%)
22	Sodexo	59	0.3%
		(58.4 - 60.5)	(0.3% - 0.3%)
23	Complete Labor	59	0.3%
		(57.5 - 59.5)	(0.3% - 0.3%)
24	Catholic Charities USA[b]	58	0.3%
		(57.5 - 59.5)	(0.3% - 0.3%)
25	Care and Comfort	56	0.3%
		(54.7 - 58.3)	(0.3% - 0.3%)
	Total for the top 25 employers	**3,877**	**18.12%**

Legend:

(# - #) = (lower bound - upper bound) of each percentage estimate at the 95 percent confidence interval.

a = Among the 50 largest private sector employers in the United States in 2020 by number of employees, according to Fortune.

b = Nonprofit organization

c = Public sector employer

Source: GAO estimates based on data provided by the Maine Department of Health and Human Services. | GAO-21-45

Note: States provided data on the employer of record and not necessarily the current employer of each working adult SNAP recipient in February 2020. As a result, a recipient could have changed employers since the data were recorded. We used computer programming to aggregate the information on employer names provided by each state agency. We removed references to occupations or job titles in the data to focus exclusively on employers. Because of differences in how state agencies entered employer names we took steps to check the precision of our computer name aggregation process. Specifically, we reviewed a random confirmatory sample of 200 records from each state program to measure the error rate between the original employer names within those records and the accuracy of our computer program aggregation process. This process allowed us to produce confidence intervals with lower and upper bounds of precision for the minimum number of employees for each employer name. Because we followed a probability procedure based on random selections, our sample is only one of a large number of samples that we might have drawn. Since

each sample could have provided different estimates, we express our confidence in the precision of our particular sample's results as a 95 percent confidence interval—an interval that would contain the actual population value for 95 percent of the samples we could have drawn. State-provided data generally included more records than the total number of working adult SNAP recipients in part due to some individuals having more than one employer. There are some caveats to our figures. In particular, our estimated number and percentage of states' working adult SNAP recipients working for the employer did not take into account the impact of employment size by the employer in the state. Generally, the likelihood of a larger employer being listed among the top 25 employers in a state would be higher than a smaller employer even if workers' other conditions, such as their wage, industry, and occupation, remained the same.

5. MASSACHUSETTS

Table 32: Massachusetts—Number of Working Adult Supplemental Nutrition Assistance Program (SNAP) Recipients in February 2020

Total number of SNAP recipients in Massachusetts (Feb. 2020)	Number of working adult SNAP recipients	Number of working adult SNAP recipients (working for an employer)	Number of working adult SNAP recipients (self-employed)
728,951	84,431	79,236	5,195

Source: Massachusetts Department of Transitional Assistance. | GAO-21-45

Table 33: Massachusetts—Employers of the Largest Estimated Number of Supplemental Nutrition Assistance Program (SNAP) Recipients (Feb. 2020)

	Employer	Estimated number of employees	Estimated percentage of Massachusetts' total adult SNAP recipients working for an employer
1	Dunkin'	1,195 (1,178.4 - 1,212.0)	1.5% (1.5% - 1.5%)
2	PCA Quality Home Care Workforce Council[a]	1,101 (1,086.1 - 1,116.5)	1.4% (1.4% - 1.4%)
3	Stavros Center for Independent Living[b]	846 (833.6 - 859.1)	1.1% (1.1% - 1.1%)
4	Walmart[c]	797 (765.7 - 828.4)	1.0% (1.0% - 1.0%)
5	Stop & Shop	794 (764.9 - 823.6)	1.0% (1.0% - 1.0%)
6	Market Basket	765 (754.1 - 775.2)	1.0% (1.0% - 1.0%)
7	T.J. Maxx[c]	741 (707.0 - 775.1)	0.9% (0.9% - 1.0%)
8	Tempus Unlimited	672 (661.8 - 682.1)	0.8% (0.8% - 0.9%)
9	Uber Technologies	661 (647.0 - 675.5)	0.8% (0.8% - 0.9%)
10	Dollar Tree, Inc.	594 (569.0 - 619.1)	0.7% (0.7% - 0.8%)
11	Northeast Arc	570 (559.9 - 579.7)	0.7% (0.7% - 0.7%)
12	CVS Pharmacy[c]	545 (537.7 - 552.7)	0.7% (0.7% - 0.7%)
13	McDonald's[c]	525 (505.5 - 543.6)	0.7% (0.6% - 0.7%)

	Employer	Estimated number of employees	Estimated percentage of Massachusetts' total adult SNAP recipients working for an employer
14	Amazon[c]	521	0.7%
		(514.2 - 528.5)	(0.6% - 0.7%)
15	Target[c]	440	0.6%
		(433.8 - 446.0)	(0.5% - 0.6%)
16	Shaw's Supermarkets, Inc.	418	0.5%
		(411.1 - 424.3)	(0.5% - 0.5%)
17	Home Depot[c]	410	0.5%
		(404.5 - 415.8)	(0.5% - 0.5%)
18	Amedisys Holding, LLC	406	0.5%
		(400.3 - 411.7)	(0.5% - 0.5%)
19	YMCA[b]	353	0.4%
		(339.4 - 366.3)	(0.4% - 0.5%)
20	Ninety Nine Restaurant & Pub	290	0.4%
		(285.6 - 293.9)	(0.4% - 0.4%)
21	FedEx[c]	281	0.4%
		(269.5 - 293.2)	(0.3% - 0.4%)
22	The Commonwealth of Massachusetts[a]	270	0.3%
		(266.2 - 273.8)	(0.3% - 0.3%)
23	Lyft	269	0.3%
		(263.6 - 274.8)	(0.3% - 0.3%)
24	Compass Group	264	0.3%
		(260.4 - 267.8)	(0.3% - 0.3%)
25	Walgreens[c]	263	0.3%
		(258.0 – 268.0)	(0.3% - 0.3%)
	Total for the top 25 employers	**13,992**	**17.66%**

Legend:

(# - #) = (lower bound - upper bound) of each percentage estimate at the 95 percent confidence interval.

a = Public sector employer

b = Nonprofit organization

c = Among the 50 largest private sector employers in the United States in 2020 by number of employees, according to Fortune.

Source: GAO estimates based on data provided by the Massachusetts Department of Transitional Assistance. | GAO-21-45

Note: States provided data on the employer of record and not necessarily the current employer of each working adult SNAP recipient in February 2020. As a result, a recipient could have changed employers since the data were recorded. We used computer programming to aggregate the information on employer names provided by each state agency. We removed references to occupations or job titles in the data to focus exclusively on employers. Because of differences in how state agencies entered employer names we took steps to check the precision of our computer name aggregation process. Specifically, we reviewed a random confirmatory sample of 200 records from each state program to measure the error rate between the original employer names within those records and the accuracy of our computer program aggregation process. This process allowed us to produce confidence intervals with lower and upper bounds of precision for the minimum number of employees for each employer name. Because we followed a probability procedure based on random selections, our sample is only one of a large number of samples that we might have drawn. Since

each sample could have provided different estimates, we express our confidence in the precision of our particular sample's results as a 95 percent confidence interval—an interval that would contain the actual population value for 95 percent of the samples we could have drawn. State-provided data generally included more records than the total number of working adult SNAP recipients in part due to some individuals having more than one employer. There are some caveats to our figures. In particular, our estimated number and percentage of states' working adult SNAP recipients working for the employer did not take into account the impact of employment size by the employer in the state. Generally, the likelihood of a larger employer being listed among the top 25 employers in a state would be higher than a smaller employer even if workers' other conditions, such as their wage, industry, and occupation, remained the same.

6. NEBRASKA

Table 34: Nebraska— Number of Working Adult Supplemental Nutrition Assistance Program (SNAP) Recipients in February 2020

Total number of SNAP recipients in Nebraska (Feb. 2020)	Number of working adult SNAP recipients	Number of working adult SNAP recipients (working for an employer)	Number of working adult SNAP recipients (self-employed)
160,382	28,924	24,152	4,772

Source: Nebraska Department of Health and Human Services. | GAO-21-45

Table 35: Nebraska—Employers of the Largest Estimated Number of Supplemental Nutrition Assistance Program (SNAP) Recipients (Feb. 2020)

	Employer	Estimated number of employees	Estimated percentage of Nebraska's total adult SNAP recipients working for an employer
1	McDonald's[a]	368	1.5%
		(357.5 - 379.3)	(1.5% - 1.6%)
2	Walmart[a]	361	1.5%
		(351.0 - 370.4)	(1.5% - 1.5%)
3	Tyson Foods[a]	260	1.1%
		(252.1 - 268.5)	(1.0% - 1.1%)
4	Subway	167	0.7%
		(162.6 - 171.2)	(0.7% - 0.7%)
5	Casey's	163	0.7%
		(157.3 - 168.8)	(0.7% - 0.7%)
6	Express Employment Professionals	121	0.5%
		(118.0 - 124.8)	(0.5% - 0.5%)
7	Dollar General[a]	121	0.5%
		(117.9 - 123.9)	(0.5% - 0.5%)
8	Pizza Hut	120	0.5%
		(117.0 - 122.9)	(0.5% - 0.5%)
9	Burger King	119	0.5%
		(116.0 - 121.8)	(0.5% - 0.5%)
10	Dollar Tree, Inc.	98	0.4%
		(95.6 - 100.7)	(0.4% - 0.4%)
11	Hy-Vee	97	0.4%
		(94.9 - 99.7)	(0.4% - 0.4%)
12	Omaha Public Schools[b]	95	0.4%
		(93.0 - 97.7)	(0.4% - 0.4%)
13	Uber Technologies	92	0.4%
		(88.9 - 94.5)	(0.4% - 0.4%)

	Employer	Estimated number of employees	Estimated percentage of Nebraska's total adult SNAP recipients working for an employer
14	Goodwill[c]	91	0.4%
		(88.3 - 93.6)	(0.4% - 0.4%)
15	Taco Bell	78	0.3%
		(75.7 - 79.6)	(0.3% - 0.3%)
16	Lincoln Public Schools[b]	76	0.3%
		(73.8 - 77.5)	(0.3% - 0.3%)
17	YMCA[c]	74	0.3%
		(72.2 - 76.5)	(0.3% - 0.3%)
18	Quality Pork International, Inc.	72	0.3%
		(70.0 - 73.5)	(0.3% - 0.3%)
19	Alorica	72	0.3%
		(69.7 - 73.5)	(0.3% - 0.3%)
20	Arby's	64	0.3%
		(61.8 - 66.3)	(0.3% - 0.3%)
21	Taco John's	64	0.3%
		(62.1 - 65.4)	(0.3% - 0.3%)
22	Applebee's Bar & Grill	64	0.3%
		(61.6 - 65.4)	(0.3% - 0.3%)
23	Holiday Inn	63	0.3%
		(61.6 - 65.4)	(0.3% - 0.3%)
24	DoorDash	60	0.2%
		(58.2 - 62.3)	(0.2% - 0.3%)
25	Nelnet	60	0.2%
		(58.3 - 61.4)	(0.2% - 0.3%)
	Total for the top 25 employers	**3,020**	**12.50%**

Legend:

(# - #) = (lower bound - upper bound) of each percentage estimate at the 95 percent confidence interval.

a = Among the 50 largest private sector employers in the United States in 2020 by number of employees, according to Fortune.

b = Public sector employer

c = Nonprofit organization

Source: GAO estimates based on data provided by the Nebraska Department of Health and Human Services. | GAO-21-45

Note: States provided data on the employer of record and not necessarily the current employer of each working adult SNAP recipient in February 2020. As a result, a recipient could have changed employers since the data were recorded. We used computer programming to aggregate the information on employer names provided by each state agency. We removed references to occupations or job titles in the data to focus exclusively on employers. Because of differences in how state agencies entered employer names we took steps to check the precision of our computer name aggregation process. Specifically, we reviewed a random confirmatory sample of 200 records from each state program to measure the error rate between the original employer names within those records and the accuracy of our computer program aggregation process. This process allowed us to produce confidence intervals with lower and upper bounds of precision for the minimum number of employees for each employer name. Because we followed a probability procedure based on random selections, our sample is only one of a large number of samples that we might have drawn. Since

each sample could have provided different estimates, we express our confidence in the precision of our particular sample's results as a 95 percent confidence interval—an interval that would contain the actual population value for 95 percent of the samples we could have drawn. State-provided data generally included more records than the total number of working adult SNAP recipients in part due to some individuals having more than one employer. There are some caveats to our figures. In particular, our estimated number and percentage of states' working adult SNAP recipients working for the employer did not take into account the impact of employment size by the employer in the state. Generally, the likelihood of a larger employer being listed among the top 25 employers in a state would be higher than a smaller employer even if workers' other conditions, such as their wage, industry, and occupation, remained the same.

7. NORTH CAROLINA

Table 36: North Carolina—Number of Working Adult Supplemental Nutrition Assistance Program (SNAP) Recipients in February 2020

Total number of SNAP recipients in North Carolina (Feb. 2020)	Number of working adult SNAP recipients	Number of working adult SNAP recipients (working for an employer)	Number of working adult SNAP recipients (self-employed)
1,233,024	142,202	125,784	16,418

Source: North Carolina Department of Health and Human Services. | GAO-21-45

Table 37: North Carolina—Employers of the Largest Estimated Number of Supplemental Nutrition Assistance Program (SNAP) Recipients (Feb. 2020)

	Employer	Estimated number of employees	Estimated percentage of North Carolina's total adult SNAP recipients working for an employer
1	Walmart[a]	3,511	2.8%
		(3,456.1 - 3,566.8)	(2.7% - 2.8%)
2	Food Lion	2,259	1.8%
		(2,233.2 - 2,285.6)	(1.8% - 1.8%)
3	McDonald's[a]	1,782	1.4%
		(1,742.8 - 1821.4)	(1.4% - 1.4%)
4	Dollar General[a]	1,046	0.8%
		(1,035.2 - 1,055.8)	(0.8% - 0.8%)
5	Bojangles'	902	0.7%
		(888.1 - 915.2)	(0.7% - 0.7%)
6	Burger King	787	0.6%
		(773.0 – 802.0)	(0.6% - 0.6%)
7	Lowe's[a]	712	0.6%
		(677.5 - 746.2)	(0.5% - 0.6%)
8	Dollar Tree, Inc.	699	0.6%
		(688.6 - 709.6)	(0.5% - 0.6%)
9	Harris Teeter	646	0.5%
		(638.1 - 654.0)	(0.5% - 0.5%)
10	Wendy's	594	0.5%
		(565.2 - 622.5)	(0.4% - 0.5%)
11	Amazon[a]	581	0.5%
		(575.0 - 586.6)	(0.5% - 0.5%)
12	Waffle House	580	0.5%
		(573.7 - 585.5)	(0.5% - 0.5%)
13	Aramark[a]	486	0.4%
		(480.3 - 492.6)	(0.4% - 0.4%)

	Employer	Estimated number of employees	Estimated percentage of North Carolina's total adult SNAP recipients working for an employer
14	Hardee's	479	0.4%
		(465.7 - 491.6)	(0.4% - 0.4%)
15	Compass Group	454	0.4%
		(449.9 - 459.0)	(0.4% - 0.4%)
16	Taco Bell	452	0.4%
		(447.1 - 456.7)	(0.4% - 0.4%)
17	Circle K	444	0.4%
		(437.4 - 450.4)	(0.3% - 0.4%)
18	Family Dollar	444	0.4%
		(437.7 - 449.3)	(0.3% - 0.4%)
19	Subway	429	0.3%
		(422.6 - 434.7)	(0.3% - 0.3%)
20	Kelly Services	407	0.3%
		(388.1 - 426.5)	(0.3% - 0.3%)
21	Speedway	393	0.3%
		(387.0 - 398.4)	(0.3% - 0.3%)
22	Target[a]	376	0.3%
		(372.5 - 379.8)	(0.3% - 0.3%)
23	Ingles Markets	364	0.3%
		(360.3 - 368.2)	(0.3% - 0.3%)
24	FedEx[a]	344	0.3%
		(332.5 - 354.7)	(0.3% - 0.3%)
25	KFC	317	0.3%
		(312.6 - 321.1)	(0.2% - 0.3%)
	Total for the top 25 employers	**19,487**	**15.49%**

Legend:

(# - #) = (lower bound - upper bound) of each percentage estimate at the 95 percent confidence interval.

a = Among the 50 largest private sector employers in the United States in 2020 by number of employees, according to Fortune.

Source: GAO estimates based on data provided by the North Carolina Department of Health and Human Services. | GAO-21-45

Note: States provided data on the employer of record and not necessarily the current employer of each working adult SNAP recipient in February 2020. As a result, a recipient could have changed employers since the data were recorded. We used computer programming to aggregate the information on employer names provided by each state agency. We removed references to occupations or job titles in the data to focus exclusively on employers. Because of differences in how state agencies entered employer names we took steps to check the precision of our computer name aggregation process. Specifically, we reviewed a random confirmatory sample of 200 records from each state program to measure the error rate between the original employer names within those records and the accuracy of our computer program aggregation process. This process allowed us to produce confidence intervals with lower and upper bounds of precision for the minimum number of employees for each employer name. Because we followed a probability procedure based on random selections, our sample is only one of a large number of samples that we might have drawn. Since each sample could have provided different estimates, we express our confidence in the precision of our particular sample's results as a 95 percent confidence interval—an interval that would contain the actual population value for 95 percent of the samples we could have drawn. State-provided data

generally included more records than the total number of working adult SNAP recipients in part due to some individuals having more than one employer. There are some caveats to our figures. In particular, our estimated number and percentage of states' working adult SNAP recipients working for the employer did not take into account the impact of employment size by the employer in the state. Generally, the likelihood of a larger employer being listed among the top 25 employers in a state would be higher than a smaller employer even if workers' other conditions, such as their wage, industry, and occupation, remained the same.

8. TENNESSEE

Table 38: Tennessee— Number of Working Adult Supplemental Nutrition Assistance Program (SNAP) Recipients in February 2020

Total number of SNAP recipients in Tennessee (Feb. 2020)	Number of working adult SNAP recipients	Number of working adult SNAP recipients (working for an employer)	Number of working adult SNAP recipients (self-employed)
847,694	94,378	89,318	5,060

Source: Tennessee Department of Human Services. | GAO-21-45

Table 39: Tennessee—Employers of the Largest Estimated Number of Supplemental Nutrition Assistance Program (SNAP) Recipients (Feb. 2020)

	Employer	Estimated number of employees	Estimated percentage of Tennessee's total adult SNAP recipients working for an employer
1	Walmart[a]	1,469 (1,428.1 - 1,509.4)	1.6% (1.6% - 1.7%)
2	McDonald's[a]	1,178 (1,132.6 - 1,223.8)	1.3% (1.3% - 1.4%)
3	FedEx[a]	882 (834.5 - 929.2)	1.0% (0.9% - 1.0%)
4	Dollar General[a]	815 (800.4 - 829.9)	0.9% (0.9% - 0.9%)
5	Kroger[a]	594 (579.1 - 609.0)	0.7% (0.6% - 0.7%)
6	Amazon[a]	570 (559.6 - 579.9)	0.6% (0.6% - 0.6%)
7	Dollar Tree, Inc.	524 (509.3 - 538.0)	0.6% (0.6% - 0.6%)
8	Waffle House	445 (435.9 – 454.0)	0.5% (0.5% - 0.5%)
9	Burger King	441 (430.9 - 450.4)	0.5% (0.5% - 0.5%)
10	Express Employment Professionals	402 (387.8 - 415.7)	0.4% (0.4% - 0.5%)
11	Food City	397 (388.7 - 404.7)	0.4% (0.4% - 0.5%)
12	Sonic	389 (381.7 - 395.4)	0.4% (0.4% - 0.4%)

	Employer	Estimated number of employees	Estimated percentage of Tennessee's total adult SNAP recipients working for an employer
13	Cracker Barrel	383	0.4%
		(369.1 - 397.2)	(0.4% - 0.4%)
14	Randstad	349	0.4%
		(338.1 - 360.5)	(0.4% - 0.4%)
15	Taco Bell	338	0.4%
		(332.1 - 344.7)	(0.4% - 0.4%)
16	Wendy's	336	0.4%
		(312.8 - 358.9)	(0.4% - 0.4%)
17	Hardee's	330	0.4%
		(316.1 - 344.1)	(0.4% - 0.4%)
18	Subway	301	0.3%
		(294.6 - 307.7)	(0.3% - 0.3%)
19	United Parcel Service[a]	251	0.3%
		(245.5 - 255.7)	(0.3% - 0.3%)
20	Shelby County Schools[b]	242	0.3%
		(237.4 - 246.8)	(0.3% - 0.3%)
21	Compass Group	211	0.2%
		(206.6 - 214.6)	(0.2% - 0.2%)
22	Goodwill[c]	207	0.2%
		(197.9 - 215.3)	(0.2% - 0.2%)
23	Uber Technologies	206	0.2%
		(199.9 - 212.1)	(0.2% - 0.2%)
24	Pizza Hut	201	0.2%
		(197.3 - 204.7)	(0.2% - 0.2%)
25	TrueBlue	196	0.2%
		(187.9 - 203.6)	(0.2% - 0.2%)
	Total for the top 25 employers	**11,655**	**13.05%**

Legend:

(# - #) = (lower bound - upper bound) of each percentage estimate at the 95 percent confidence interval.

a = Among the 50 largest private sector employers in the United States in 2020 by number of employees, according to Fortune.

b = Public sector employer

c = Nonprofit organization

Source: GAO estimates based on data provided by the Tennessee Department of Human Services. | GAO-21-45

Note: States provided data on the employer of record and not necessarily the current employer of each working adult SNAP recipient in February 2020. As a result, a recipient could have changed employers since the data were recorded. We used computer programming to aggregate the information on employer names provided by each state agency. We removed references to occupations or job titles in the data to focus exclusively on employers. Because of differences in how state agencies entered employer names we took steps to check the precision of our computer name aggregation process. Specifically, we reviewed a random confirmatory sample of 200 records from each state program to measure the error rate between the original employer names within those records and the accuracy of our computer program aggregation process. This process allowed us to

produce confidence intervals with lower and upper bounds of precision for the minimum number of employees for each employer name. Because we followed a probability procedure based on random selections, our sample is only one of a large number of samples that we might have drawn. Since each sample could have provided different estimates, we express our confidence in the precision of our particular sample's results as a 95 percent confidence interval—an interval that would contain the actual population value for 95 percent of the samples we could have drawn. State-provided data generally included more records than the total number of working adult SNAP recipients in part due to some individuals having more than one employer. There are some caveats to our figures. In particular, our estimated number and percentage of states' working adult SNAP recipients working for the employer did not take into account the impact of employment size by the employer in the state. Generally, the likelihood of a larger employer being listed among the top 25 employers in a state would be higher than a smaller employer even if workers' other conditions, such as their wage, industry, and occupation, remained the same.

9. WASHINGTON

Table 40: Washington—Number of Working Adult Supplemental Nutrition Assistance Program (SNAP) Recipients in February 2020

Total number of SNAP recipients in Washington (Feb. 2020)	Number of working adult SNAP recipients	Number of working adult SNAP recipients (working for an employer)	Number of working adult SNAP recipients (self-employed)
785,841	96,281	80,286	15,995

Source: Washington Department of Social and Health Services. | GAO-21-45

Table 41: Washington—Employers of the Largest Estimated Number of Supplemental Nutrition Assistance Program (SNAP) Recipients (Feb. 2020)

	Employer	Estimated number of employees	Estimated percentage of Washington's total adult SNAP recipients working for an employer
1	Safeway	1,163	1.4%
		(1,139.1 - 1,186.2)	(1.4% - 1.5%)
2	Walmart[a]	1,101	1.4%
		(1,076.3 - 1,125.9)	(1.3% - 1.4%)
3	Uber Technologies	1,073	1.3%
		(1,047.6 - 1,098.3)	(1.3% - 1.4%)
4	McDonald's[a]	877	1.1%
		(855.5 - 898.6)	(1.1% - 1.1%)
5	Amazon[a]	813	1.0%
		(798.6 - 828.1)	(1.0% - 1.0%)
6	Dollar Tree, Inc.	686	0.9%
		(670.2 - 701.8)	(0.8% - 0.9%)
7	Public Partnership	665	0.8%
		(643.5 - 686.5)	(0.8% - 0.9%)
8	Fred Meyer	565	0.7%
		(554.8 - 575.8)	(0.7% - 0.7%)
9	Lyft	561	0.7%
		(549.8 - 572.5)	(0.7% - 0.7%)
10	AmeriCorps[b]	533	0.7%
		(518.0 - 548.7)	(0.6% - 0.7%)
11	Goodwill[c]	514	0.6%
		(500.1 - 528.7)	(0.6% - 0.7%)
12	DoorDash	390	0.5%
		(375.4 - 404.7)	(0.5% - 0.5%)
13	United Parcel Service[a]	323	0.4%
		(316.8 - 329.6)	(0.4% - 0.4%)

	Employer	Estimated number of employees	Estimated percentage of Washington's total adult SNAP recipients working for an employer
14	ResCare	313	0.4%
		(306.0 - 320.2)	(0.4% - 0.4%)
15	Starbucks	310	0.4%
		(303.0 - 318.0)	(0.4% - 0.4%)
16	Home Depot[a]	286	0.4%
		(281.1 - 291.5)	(0.4% - 0.4%)
17	Burger King	278	0.3%
		(273.3 - 283.4)	(0.3% - 0.4%)
18	Taco Bell	278	0.3%
		(273.2 - 283.4)	(0.3% - 0.4%)
19	Target[a]	277	0.3%
		(272.5 - 282.4)	(0.3% - 0.4%)
20	YMCA[c]	261	0.3%
		(254.6 - 267.7)	(0.3% - 0.3%)
21	Subway	258	0.3%
		(252.8 - 263.1)	(0.3% - 0.3%)
22	Express Employment Professionals	252	0.3%
		(245.2 - 258.5)	(0.3% - 0.3%)
23	Jack in the Box	241	0.3%
		(231.6 - 251.2)	(0.3% - 0.3%)
24	FedEx[a]	228	0.3%
		(220.2 - 234.9)	(0.3% - 0.3%)
25	TALX	201	0.3%
		(197.6 - 204.8)	(0.2% - 0.3%)
	Total for the top 25 employers	**12,451**	**15.51%**

Legend:

(# - #) = (lower bound - upper bound) of each percentage estimate at the 95 percent confidence interval.

a = Among the 50 largest private sector employers in the United States in 2020 by number of employees, according to Fortune.

b = Public sector employer

c = Nonprofit organization

Source: GAO estimates based on data provided by the Washington Department of Social and Health Services. | GAO-21-45

Note: States provided data on the employer of record and not necessarily the current employer of each working adult SNAP recipient in February 2020. As a result, a recipient could have changed employers since the data were recorded. We used computer programming to aggregate the information on employer names provided by each state agency. We removed references to occupations or job titles in the data to focus exclusively on employers. Because of differences in how state agencies entered employer names we took steps to check the precision of our computer name aggregation process. Specifically, we reviewed a random confirmatory sample of 200 records from each state program to measure the error rate between the original employer names within those records and the accuracy of our computer program aggregation process. This process allowed us to produce confidence intervals with lower and upper bounds of precision for the minimum number of employees for each employer name. Because we followed a probability procedure based on random selections, our sample is only one of a large number of samples that we might have drawn. Since

each sample could have provided different estimates, we express our confidence in the precision of our particular sample's results as a 95 percent confidence interval—an interval that would contain the actual population value for 95 percent of the samples we could have drawn. State-provided data generally included more records than the total number of working adult SNAP recipients in part due to some individuals having more than one employer. There are some caveats to our figures. In particular, our estimated number and percentage of states' working adult SNAP recipients working for the employer did not take into account the impact of employment size by the employer in the state. Generally, the likelihood of a larger employer being listed among the top 25 employers in a state would be higher than a smaller employer even if workers' other conditions, such as their wage, industry, and occupation, remained the same.

Appendix IV: Selected State Medicaid Agencies' Reported Employer Data Collection Processes and Challenges

To identify where non-disabled, non-elderly (NDNE) adult Medicaid enrollees work, we developed and disseminated a questionnaire to state agencies responsible for administering Medicaid in the 50 states and the District of Columbia.[1] We received responses from 50 of the 51 agencies.[2] We analyzed these responses to identify state agencies that could produce reliable data on the employers of working adult NDNE Medicaid enrollees. This process allowed us to identify agencies with capacity to provide the data as well as agencies for which data sharing was not possible. The following paragraphs highlight agencies' responses to our questionnaire, including their choices surrounding the collection, verification, and updating of employer information in enrollees' records, as well as technical challenges that prevented some state agencies from providing data.

Most State Medicaid Agencies Reported Collecting and Updating Enrollees' Employer Name Information

Officials at most state Medicaid agencies who submitted questionnaire responses said they collected and updated their records to include the names of Medicaid enrollees' employers. In addition, 22 of the 50 responding agencies indicated that they verified information on enrollees' employers (see table 42).

Table 42: Number of State Medicaid Agencies Collecting, Verifying, and Updating Employer Information of Adult Medicaid Enrollees

Question	Yes	No
Does your agency collect the names of the current or most recently recorded employer of Medicaid enrollees?	39	11
Does your state verify an enrollee's current or most recently recorded employer?	22	23[a]
Does your state update its records to indicate changes in an enrollee's employer(s)?	40	4[b]

Source: GAO analysis of state Medicaid agencies' questionnaire responses. | GAO-21-45

[a]Five agencies did not respond to this question, resulting in a total of 45 responses rather than 50.

[b]Six agencies did not respond to this question, resulting in a total of 44 responses rather than 50.

[1]We defined working adults as individuals ages 19 to 64 participating in a program who were on record as having positive income in February 2020. For working adults enrolled in Medicaid, we asked state officials to provide data only on non-disabled Medicaid enrollees in our specified age range to capture individuals whose eligibility for the program was primarily income-based.

[2]The state agency that administers Medicaid in Montana did not respond to our questionnaire.

Collecting employer names

According to officials responding to our questionnaire, 39 state Medicaid agencies collected names of the current or most recently recorded employer for working adult Medicaid enrollees; 11 did not. Officials in agencies who did not collect employer names gave the following reasons for not doing so:[3]

- enrollees may choose to provide the name(s) of their employer(s), but were not required to do so;
- collecting information on enrollees' employers was not required;
- agencies only collected information on enrollees' income, not employer; and
- utilizing a real-time eligibility system to confirm enrollees' earnings to determine eligibility eliminated the need to collect employer information.

Verifying employer names

According to officials responding to our questionnaire, 22 state Medicaid agencies verified the names of enrollees' current or most recent employer; 23 others did not.[4] Officials at the agencies who verified enrollees' employer information used a variety of means to do so. For example, state agencies verified employer information through one or more of the following methods:

- accessing Equifax's The Work Number®;[5]

[3]The questionnaire allowed respondents to provide more than one answer to describe why their agency did not collect employer information.

[4]Due to a skip pattern embedded in the questionnaire, questions related to collecting, verifying, and updating employer names have a varied response rate.

[5]The Work Number® is a commercial verification service operated by Equifax Inc. that provides payroll information from participating employers for a fee. The Work Number® stores employment and earnings information gathered from participating employers' payroll systems. We previously reported that most states reported it as a very or extremely useful commercial verification service. See GAO, *Supplemental Nutrition Assistance Program: More Information on Promising Practices Could Enhance States' Use of Data Matching for Eligibility,* GAO-17-111 (Washington, D.C.: Oct. 19, 2016).

- accessing the National Directory of New Hires;[6]
- reviewing provided documentation (e.g., pay stubs); and
- accessing state-level databases (e.g., state directories of new hires and state wage records data).

Updating employer names

State agency officials responding to our questionnaire provided information on how they learned that an enrollee had changed employers. Most said that their agency learned of such as change when an enrollee reported it. Nearly half said that their agency conducted separate periodic data checks for changes of employer. Other agency officials noted additional methods, including conducting checks at eligibility redetermination, obtaining third-party employment reports, and receiving data feeds from other state agencies, among others.

According to officials responding to our questionnaire, 40 state Medicaid agencies regularly updated their records to indicate changes in enrollees' employer(s); four did not. Agencies that updated employment information said they did so by updating the state's eligibility system when changes to employer information were identified or reported, or by requesting enrollees to provide forms of verification. State agencies not updating employment information said they did not do so because they confirmed enrollees' income rather than employer names or because they were not required to collect or retain information with respect to enrollees' employers.

State Medicaid Agencies Reported Several Technical Challenges with Reporting Enrollees' Employer Data

We asked officials at each state agency to highlight any technical concerns they would have in calculating the number of NDNE adult Medicaid enrollees working for a specific employer. Fifteen agencies provided responses that mostly centered on data quality concerns and reporting accuracy. The content of their responses is summarized below:

- Concerns with data quality. Officials in seven state Medicaid agencies expressed concern with the quality of any data collected on enrollees' employers (see table 43).

[6]The National Directory of New Hires is a federal repository of new hire, quarterly wage, and unemployment insurance information operated by the U.S. Department of Health and Human Services (HHS) Office of Child Support Enforcement. By law, employers are required to report their new hires to the State Directory of New Hires and their employees' quarterly wages to the state workforce agency. State workforce agencies also collect unemployment data. These state agencies, as well as federal agencies, must report this information to the national directory through an automated exchange process within a specific timeframe.

Table 43: State Medicaid Agency Officials' Concerns with Data Quality When Compiling Employer Name Data

	Responses from state Medicaid agency officials
1	"Identifying discrepancies in how [a] specific employer name was entered. Identifying and differentiating between employers with the same or similar names. Accuracy of employer information between renewals or reported changes. Employment changes are not always reported or identified in the month they occurred."
2	"There are no systematic data protocols for entering an employer name. A caseworker manually enters employer data. Therefore, the data would have to be manually reviewed to combine the quantity of members working for a specific employer. It is unknown the level of effort that is necessary to perform this manual task. Additionally, begin and end dates for employment, based on specific employers, are not required fields. Eligibility is based on the effective month of employment, which is a required field for all entries in [the state's eligibility system]."
3	"The standardization of the data from the enrollee's self-report can be challenging. Although we match and gather data from various sources, we do not bump/gather info from all sources that we know employers use to report their data."
4	"Gathering the individuals who qualify for working adult [NDNE] Medicaid enrollees is fairly simple. Grouping those by existing employer name is simple. Grouping by employer name and determining the same employer requires labor intense coding that will yield in not the most accurate data. The only employer information we have to work with is employer name from a free-form text field where applicants and staff can enter anything or nothing at all."
5	"Non-standardization of spelling/naming; businesses listed under "doing business as"; businesses that don't participate in electronic verification systems may be underreported as employers by applicants/recipients - with no way for the Medicaid agency to know the person is working and for whom."
6	"The reported employer names may not be accurate. Hence, the results may not be aggregated correctly."
7	"Which data source should be used as source of truth: member self-reported data in [one database or] wage data matched with [the state's department of labor]? As noted above, the self-reported employer name is not always accurate and/or up-to-date."

Source: GAO analysis of state Medicaid agencies' questionnaire responses. | GAO-21-45

- Concerns with reporting accuracy. Officials in eight states said that compiling data on employer names could raise some concerns with the accuracy of any final reporting (see table 44).

Table 44: State Medicaid Agency Officials' Concerns with Reporting Accuracy When Compiling Employer Name Data

	Responses from state Medicaid agency officials
1	"No query exists so we would need to develop a new query. The results would be as good as the data in the system so [therefore] subject to spelling errors, location issues, etc."
2	"Primarily the period where information is captured does not always correspond with actual employment history for a given employer and variability in self-reported employer names. Information is only updated with a self-reported change in circumstance and is not verified. It is unknown whether date ranges specific to employment history with an employer are captured."
3	"Individuals report the employer names differently. The agency has no way to determine the franchise name versus the corporation name unless it has come into questions and comments have been made on the case. The report may not capture specific employers accurately."
4	"There are so many diverse employer names. Some employers may be entered using the common name and others the name of the parent company. Writing a query to capture the diverse number of employers in the system would present a challenge."
5	"We are able to identify enrollees working for a certain employer in a given month, but cannot discern the number of days or hours worked in that given month."

	Responses from state Medicaid agency officials
6	"There is no standard protocol for entering employer name information into the eligibility system. There is no employer identification number captured in the eligibility system to distinguish employers."
7	"[Employer] data would be based on an annual match with data from the [state's labor department]. This match provides quarterly wage information and the identification number of the employer that the Medicaid member worked for during each quarter of the previous state fiscal year. Therefore, there are knowledge gaps around certain scenarios (e.g., we do not know how they are handling the data when an enrollee has multiple employers within a quarter [or] if enrollees are only employed for a subset of months of the quarter.)"
8	"We should be able to use the name or ID for employers verified by [a third] party to aggregate results. For [other] employers, the information is self-reported so spelling and abbreviation of the same employer can vary greatly. It would be an inefficient and cumbersome manual process to aggregate the self-reported information."

Source: GAO analysis of state Medicaid agencies' questionnaire responses. | GAO-21-45

Appendix V: Selected State SNAP Agencies' Reported Employer Name Data Collection Processes and Challenges

To identify where adult recipients of the Supplemental Nutrition Assistance Program (SNAP) work, we developed and disseminated a questionnaire to the state agencies responsible for administering SNAP in the 50 states and the District of Columbia.[1] We received responses from 49 of the 51 agencies.[2] We analyzed these responses to identify state agencies that could produce reliable data on the employers of working adult SNAP recipients. This process allowed us to identify agencies with capacity to provide the data as well as agencies for which data sharing was not possible. The following paragraphs highlight several challenges agencies in the latter category faced in responding to our request, including issues surrounding the collection, verification, and updating of employer information in recipients' records, as well as technical challenges that prevented some state agencies from providing data.

Most State SNAP Agencies Reported Collecting, Verifying, and Updating Recipients' Employer Name Information

Officials at most state SNAP agencies that submitted questionnaire responses said that they collected, verified, and updated their records to include the names of SNAP recipients' employers (see table 45).

Table 45: Number of State Supplemental Nutrition Assistance Program (SNAP) Agencies Collecting, Verifying, and Updating Employer Information of Adult SNAP Recipients

Question	Yes	No
Does your agency collect the names of the current or most recently recorded employer of SNAP recipients?	40	9[a]
Does your state verify a recipient's current or most recent employer?	33	15[b]
In addition to verifying an income, does your state update its records to indicate changes in a recipient's employer(s)?	41	4[c]

Source: GAO analysis of state SNAP agencies' questionnaire responses. | GAO-21-45

[a]Three agencies initially marked both 'yes' and 'no' for this question. Two of these agencies later clarified that they did collect SNAP recipient employer names. In this case, we subtracted two from the 'no' column. The third agency later clarified that they did not collect employer information, leading us to subtract one 'yes' count from the total.

[b]One state's SNAP agency did not answer the verification question, resulting in a total of 48 responses rather than 49.

[c]Four states' SNAP agencies did not answer the update question, resulting in a total of 45 responses rather than 49.

[1]We defined working adults as individuals ages 19 to 64 participating in SNAP who were on record as having positive income in February 2020.

[2]The state agencies administering SNAP in Iowa and Montana did not respond to our questionnaire.

Collecting employer names

According to officials responding to our questionnaire, 40 state SNAP agencies collected names of the current or most recently recorded employer for working adult SNAP recipients; nine did not. Officials in agencies that did not collect employer names gave the following reasons for not doing so:[3]

- collecting information on recipients' employers was not required,
- recipients may choose to provide the name(s) of their employer(s), but were not required to do so; and
- agency information systems lacked the capability to collect employer names.

Verifying employer names

According to officials responding to our questionnaire, 33 state SNAP agencies verified the names of recipients' current or most recent employer; 15 others did not.[4] Officials at the agencies that verified recipients' employer information used a variety of means to do so. For example, state agencies verified employer information through one or more of the following methods:

- accessing Equifax's The Work Number®;[5]
- accessing the National Directory of New Hires;[6]
- reviewing provided documentation (e.g., pay stubs); and
- accessing state-level databases (e.g., state directories of new hires and state wage records data).

[3]The questionnaire allowed respondents to provide more than one answer to describe why their agency did not collect employer information.

[4]Due to a skip pattern embedded in the questionnaire, questions related to collecting, verifying, and updating employer names have a varied response rate.

[5]The Work Number® is a commercial verification service operated by Equifax Inc. that provides payroll information from participating employers for a fee. The Work Number® stores employment and earnings information gathered from participating employers' payroll systems. We previously reported that most states reported it as a very or extremely useful commercial verification service. See GAO-17-111.

[6]The National Directory of New Hires is a federal repository of new hire, quarterly wage, and unemployment insurance information operated by U.S. Department of Health and Human Service's Office of Child Support Enforcement. By law, employers are required to report their new hires to the State Directory of New Hires and their employees' quarterly wages to the state workforce agency. State workforce agencies also collect unemployment data. These state agencies, as well as federal agencies, must report this information to the national directory through an automated exchange process within a specific timeframe.

Updating employer names

State agency officials responding to our questionnaire provided information on how they learned that a recipient had changed employers. Most said that their agency learned of a change while conducting data checks for recipient recertification. Others said that they discovered changes in employment when conducting monthly or quarterly data checks. Other agency officials noted additional methods, including reviewing data feeds from other state agencies, among others.

According to officials responding to our questionnaire, 41 state SNAP agencies regularly updated their records to indicate changes in recipients' employer(s); four did not. Agencies that updated employment information said they did so by updating the state's eligibility system when changes to employer information were identified or reported, referring to The Work Number® to identify changes in a recipient's employer, or requesting recipients provide forms of verification. State agencies not updating employment information said they did not do so because they confirmed recipients' income rather than employer names, they were not required to collect or retain information with respect to recipients' employers, or that they verified income using data sources that did not include employer names.

State SNAP Agencies Reported Several Technical Challenges with Reporting Recipients' Employer Data

We asked officials at each state agency to highlight any technical concerns they would have in calculating the number of adult SNAP recipients working for a specific employer. Sixteen state agencies provided responses that centered on (1) information system designs that made extracting employer data challenging and (2) the inability of state information systems to extract employer data. The content of their responses is below:

- Information system design. Officials in eight state SNAP agencies observed that the design of their information systems would make reporting SNAP recipients' employer data a challenge (see table 46).

Table 46: State Supplemental Nutrition Assistance Program (SNAP) Agency Officials' Concerns with State Information System Designs Limiting the Ability to Compile Employer Name Data

	Responses from state SNAP agency officials
1	"It would probably take at least a year to complete the necessary steps (system enhancements and programming) to generate a report. It could take at least 3 weeks to complete a query in the system. Staff enter data differently. The system would not be able to automatically match employers if they are spelled differently or have spaces. For example: McDonalds, Mc Donalds, McDonald's are the same employer but really four different ones technically. Based on this issue, we would not be able to automatically give an accurate count."
2	"While we can, in fact, extract some names of employers, the reality is the system is not really designed for that. It is based on confirming client employment status."

	Responses from state SNAP agency officials
3	"Unfortunately, our system is mainly hard-coded, so a table for employers does not exist. The worker verifies the employer and the amount earned during the eligibility determination process and enters the employer in a free-form text field. We can pull the information entered in the free-form text field. Due to variances in how the employer is captured, it would take a long time to capture this information as each employer would have to be reviewed and compared then calculated."
4	"Since the employer is a free text entry field on [the agency's] system and there are inconsistencies with how the data is entered, there will likely be challenges determining how to aggregate them to a specific employer."
5	"One significant concern is the manual review that would ensue as a result of the free-form input of employer names. This would not only be a major administrative burden to the state, but it also means a reduction in the confidence of the quality of the data being provided."
6	"The employer name is a free-form text field in [the] state's eligibility system. Consolidating variations in spelling and naming conventions is challenging from a technical perspective and may require manual review and consolidation."
7	"Unfortunately, the only way to extract [these data] is again on a manual, case by-case basis."
8	"The possibility exists that we could calculate that number [of working adult SNAP recipients who work for a specific employer]. However, with the data being stored in disparate data tables from our eligibility determination system, the separate system that we utilized to pull and compile data would require extensive, quite possibly expensive time, effort, and programming to develop a new report/ad hoc to ascertain the number requested."

Source: GAO analysis of state SNAP agencies' questionnaire responses. | GAO-21-45

- Information system limitations. Officials in eight state SNAP agencies noted that their information systems did not give them the ability to generate employer data (see table 47).

Table 47: State Supplemental Nutrition Assistance Program (SNAP) Officials' Concerns with State's Information Systems Limitations Prohibiting the Compilation of Employer Name Data

	Responses from state SNAP agency officials
1	"We are not able to extract names of employers from [the state's information system] as it is a 'paper file' in which wage verification (check stubs, wage form, tax return, etc.) as well as household expense verifications (rent, mortgage, utilities, child care, medical, etc.) are scanned into the recipient folder 'paper file'. Based our scanning feature, we are not able to identify each piece of paper (i.e. rent receipt, check stub, utility bills) scanned in this system. It is not a document reader."
2	"[Our agency] implemented a new eligibility system in March 2019. It would be difficult to combine information for the most recent calendar, state and federal fiscal years as data is in two systems."
3	"As a result of our transition to a new eligibility system, we no longer have access to an employer report for individuals on public assistance. Since our transition to the new system we have been focused on state and federal required reports, and reports that assist with program administration."
4	"Our current eligibility system does not allow reports to be generated from the "employer name" field."
5	"While we collect the name of the employer it is not in a field that our system can pull for reporting/query."
6	"Our existing eligibility system does not [have] the functionality to record employer information."
7	"The legacy eligibility system used for SNAP does not contain a space for recording the employer name. Income is required to make an eligibility determination and benefit calculation, and our system was not designed to consider the employer(s) name."
8	"[Our agency] does not have a field in our eligibility system that captures the employer's name so the verified information is being documented in the case note. Without a field in the eligibility system to pull employer name from, we cannot determine how many individuals receiving benefits work for the same employer."

Source: GAO analysis of state SNAP agencies' questionnaire responses. | GAO-21-45

Appendix VI: GAO Contact and Staff Acknowledgment

GAO Contact

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Staff Acknowledgment

In addition to those named above, Kimberley M. Granger, Assistant Director; Jonathan S. McMurray, Analyst-in-Charge; and Gustavo O. Fernandez made key contributions to this report. Also contributing to this report were James Bennett, Sarah Cornetto, Rachel Frisk, Kathryn A. Larin, Theresa Lo, Jessica Mausner, Sheila R. McCoy, Sara Ann Moessbauer, Moon Parks, Sam Portnow, Monica Savoy, Kathleen van Gelder, and Walter K. Vance.

Excess mortality associated with the COVID-19 pandemic among Californians 18–65 years of age, by occupational sector and occupation: March through October 2020

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Abstract

Background

Though SARS-CoV-2 outbreaks have been documented in occupational settings and though there is speculation that essential workers face heightened risks for COVID-19, occupational differences in excess mortality have, to date, not been examined. Such information could point to opportunities for intervention, such as workplace modifications and prioritization of vaccine distribution.

Methods and findings

Using death records from the California Department of Public Health, we estimated excess mortality among Californians 18–65 years of age by occupational sector and occupation, with additional stratification of the sector analysis by race/ethnicity. During the COVID-19 pandemic, working age adults experienced a 22% increase in mortality compared to historical periods. Relative excess mortality was highest in food/agriculture workers (39% increase), transportation/logistics workers (28% increase), facilities (27%) and manufacturing workers (23% increase). Latino Californians experienced a 36% increase in mortality, with a 59% increase among Latino food/agriculture workers. Black Californians experienced a 28% increase in mortality, with a 36% increase for Black retail workers. Asian Californians experienced an 18% increase, with a 40% increase among Asian healthcare workers. Excess mortality among White working-age Californians increased by 6%, with a 16% increase among White food/agriculture workers.

Conclusions

Certain occupational sectors have been associated with high excess mortality during the pandemic, particularly among racial and ethnic groups also disproportionately affected by COVID-19. In-person essential work is a likely venue of transmission of coronavirus infection and must be addressed through strict enforcement of health orders in workplace settings and protection of in-person workers. Vaccine distribution prioritizing in-person essential workers will be important for reducing excess COVID mortality.

Introduction

More deaths are occurring during the COVID-19 pandemic than predicted by historical trends [1-4]. In California, per-capita excess mortality is relatively high among Blacks, Latinos, and individuals with low educational attainment [4]. An explanation for these findings is that these populations face unique occupational risks because they may disproportionately make up the state's essential workforce and because

essential workers often cannot work from home [4-6]. Additionally, due to historical structural inequities, low-wage essential workers may be more likely to live in crowded housing [5-7], resulting in household transmission.

Despite the inherent risks that essential workers face, no study to date has examined differences in excess mortality across occupation. Such information could point to opportunities for intervention, such as workplace modifications and prioritization of vaccine distribution. Using time-series models to forecast deaths from March through October 2020, we compare excess deaths among California residents 18–65 years of age across occupational sectors and occupations, with additional stratification of the sector analysis by race/ethnicity.

Methods

We obtained data from the California Department of Public Health on all deaths occurring on or after January 1, 2016.

To focus on individuals whose deaths were most plausibly linked to work, we restricted our analysis to decedents 18–65 years of age. Death certificates include an open text field for "Decedent's usual occupation," described as "type of work done during most of working life." Retirement is not separately recorded. We processed the occupation information listed on the death certificates using an automated system developed by the National Institute for Occupational Safety and Health, which converts free-text occupational data to 2010 US Census codes. A team of 3 researchers manually categorized the resulting 529 unique codes into occupational sectors, with a focus on the 13 sectors identified by Cailfornia officials as comprising the state's essential workforce[8] and retail workers; we anticipated that these sectors would be most at risk. To ease presentation, we combined or eliminated some sectors, placing the defense, communications/IT, and financial sectors in the not-essential category (under the logic that it was particularly difficult to ascertain which workers in these sectors fully met the state's definitions for essential work) and placing chemical, energy, and water sectors in the facilities category. This resulted in the following 9 groups: facilities, food/agriculture, government/community, health/emergency, manufacturing, retail, transportation/logistics, not essential, and unemployed/missing. We defined 4 racial/ethnic groups: Asian, Black, Latino, and White, with the definition of Latino overwriting any racial designation in the death records. Our definition of Asian, Black, and White excludes individuals identified on the death certificate as multiracial.

We defined pandemic time as beginning on March 1, 2020. In some time-stratified analysis, we compared the months of March through May to the months of June and July. We chose the cutoff of June 1 because it is

roughly 3 weeks after the state's post-shutdown reopening in early May, and because we anticipate lags between policy, infection, and death. Similarly, the ending date of July 31 is roughly 3 weeks after the state ordered restaurants and indoor businesses to close in early July.

We conducted time-series analysis for each occupational sector, with additional stratification by race/ethnicity. For each group of interest (for example, each occupational sector of interest), we repeated the following procedure. We aggregated the data to months or weeks, using the weekly analysis for visualizations and the monthly analysis to derive summary measures. Following our previous work [4], we fit dynamic harmonic regression models with autoregressive integrated moving average (ARIMA) errors for the number of monthly/weekly all-cause deaths, using deaths occurring among the group prior to March 1, 2020. For each iteration, we used a model-fitting procedure described by Hyndman and Khandakar [9]. Using the final model, we forecast the number of deaths for each unit of time, along with corresponding 95% prediction intervals (PI). To obtain the total number of excess deaths for the entire time window, we subtracted the total number of expected (forecast) deaths from the total number of observed deaths. We obtained a 95% PI for the total by simulating the model 10,000 times, selecting the 97.5% and 2.5% quantiles, and subtracting the total number of observed deaths. We report in our tables the observed number of deaths divided by the expected number of deaths, as predicted by our models. We interpret these ratios as risk ratios for mortality, comparing pandemic time to non-pandemic time. We also estimated excess mortality for all specific occupations; for individual occupations, we defined excess mortality and risk ratios by comparing 2020 deaths to the arithmetic mean of 2018 and 2019 deaths.

We conducted all analyses in R, version 4.04.

Results

We estimate that from March 2020 through October 2020, there were 10,047 (95% PI: 9,229–10,879) excess deaths among Californians 18–65 years of age (Table 1). Relatively large numbers of excess deaths were recorded among workers in the facilities sector (1,681; 95% PI: 1,447–1,919) and the transportation/logistics sector (1,542; 95% PI: 1,350–1,738). Relative to pre-pandemic time, mortality increased during the pandemic by 39% among food/agriculture workers (risk ratio RR=1.39; 95% PI: 1.32–1.48), 28% among transportation/logistics workers (RR=1.28; 95% PI: 1.24–1.33), 27% among facilities workers (RR=1.27; 95% PI: 1.22–1.32), and 23% (RR=1.23; 95% PI: 1.18–1.28) among manufacturing workers.

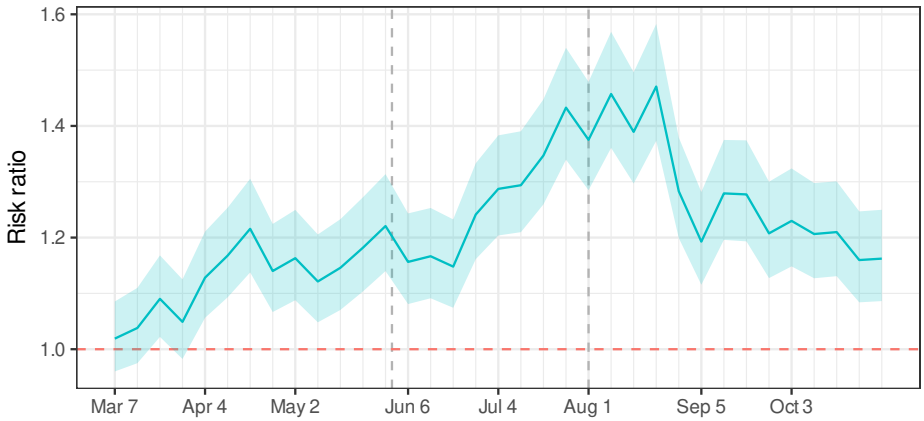
Table 1. Excess mortality among Californians 18–65 years of age, by occupational sector: March through October 2020.

	Excess deaths	Risk ratio[a]
Entire state	10,047 (9,229–10,879)	1.22 (1.20–1.24)
Facilities	1,681 (1,447–1,919)	1.27 (1.22–1.32)
Food or agriculture	1,050 (897–1,204)	1.39 (1.32–1.48)
Government or community	422 (324–520)	1.14 (1.11–1.18)
Health or emergency	585 (523–647)	1.19 (1.17–1.22)
Manufacturing	638 (530–749)	1.23 (1.18–1.28)
Retail	646 (517–778)	1.18 (1.14–1.23)
Transportation or logistics	1,542 (1,350–1,738)	1.28 (1.24–1.33)
Not essential	1,167 (910–1,428)	1.11 (1.08–1.14)
Unemployed or missing	1,969 (1,718–2,225)	1.23 (1.19–1.27)

[a] Risk ratios are defined as the observed number of deaths divided by the expected number of deaths. They are interpretable as the risk ratio for mortality, comparing pandemic time to non-pandemic time.

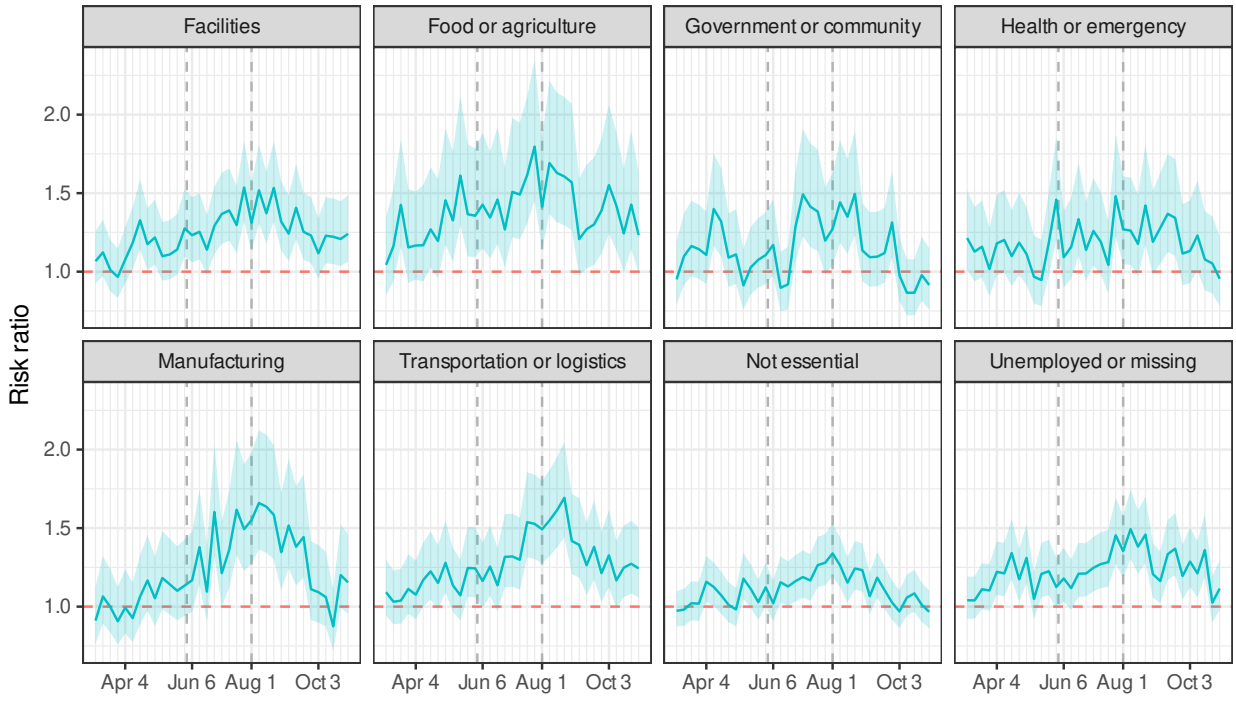
Relative increases in mortality varied over time (Fig 1) and by occupational sector (Fig 2). In March through May, there was a 14% increase in mortality among all working-age Californians (RR=1.14; 95% PI: 1.09–1.20) compared to a 31% increase among workers in the food/agriculture (RR=1.31; 95% PI: 1.17–1.49). In the months of June and July, the RR were particularly high in the food/agriculture (RR=1.61; 95% PI: 1.44–1.83), transportation/logistics (RR=1.52; 95% PI: 1.38–1.69), manufacturing (RR=1.52; 95% PI: 1.37–1.72), and facilities sectors (RR=1.44; 95% PI: 1.31–1.61).

Figure 1. Risk ratios for death, comparing pandemic time to non-pandemic time, among Californians 18–65 years of age, March through October 2020.



The dashed vertical lines mark boundaries between phases of California's major pandemic policies, lagged to acknowledge time from policy decisions to infection to death. The first phase corresponds to a period of sheltering in place, while the second phase corresponds to a period of reopening.

Figure 2. Risk ratios for death, comparing pandemic time to non-pandemic time, among Californians 18–65 years of age, by occupational sector, March through October 2020.



The dashed vertical lines mark boundaries between phases of California's major pandemic policies, lagged to acknowledge time from policy decisions to infection to death. The first phase corresponds to a period of sheltering in place, while the second phase corresponds to a period of reopening.

RR also varied by race/ethnicity (Table 2). Latino Californians experienced a 36% increase in mortality during the pandemic (RR=1.36; 95% PI: 1.29–1.44), with a 59% increase among Latino food/agriculture workers (RR=1.59; 95% PI: 1.47–1.75). Black Californians experienced a 28% increase in mortality (RR=1.28; 95% PI: 1.24–1.33), with a 36% increase for Black retail workers (RR=1.36; 95% PI: 1.21–1.55). Asian Californians experienced an 18% increase (RR=1.18; 95% PI: 1.14–1.23), with a 40% increase among Asian healthcare workers (RR=1.40; 95% PI: 1.33–1.49). Mortality among White working-age Californians increased by 6% (RR=1.06; 95% PI: 1.02–1.12) with a 16% increase among White food/agriculture workers (RR=1.16; 95% PI: 1.09–1.24).

Table 2. Risk ratios for mortality, comparing pandemic time to non-pandemic time, among California residents 18–65 years of age, by occupational sector and race/ethnicity, March through October 2020.

	All races	Asian	Black	Latino	White
All sectors	1.22 (1.20–1.24)	1.18 (1.14–1.23)	1.28 (1.24–1.33)	1.36 (1.29–1.44)	1.06 (1.02–1.12)
Food or agriculture	1.39 (1.32–1.48)	1.18 (1.05–1.33)	1.34 (1.19–1.54)	1.59 (1.47–1.75)	1.16 (1.09–1.24)
Transportation or logistics	1.28 (1.24–1.33)	1.26 (1.12–1.44)	1.35 (1.26–1.46)	1.40 (1.31–1.52)	1.10 (1.02–1.20)
Facilities	1.27 (1.22–1.32)	1.24 (1.08–1.46)	1.25 (1.17–1.34)	1.38 (1.27–1.51)	1.11 (1.04–1.20)
Unemployed or missing	1.23 (1.19–1.27)	1.08 (1.04–1.14)	1.31 (1.22–1.40)	1.31 (1.22–1.41)	1.09 (1.01–1.20)
Manufacturing	1.23 (1.18–1.28)	1.18 (1.06–1.33)	1.13 (1.01–1.30)	1.44 (1.34–1.57)	1.00 (0.92–1.10)
Health or emergency	1.19 (1.17–1.22)	1.40 (1.33–1.49)	1.27 (1.17–1.40)	1.32 (1.18–1.51)	1.02 (0.96–1.10)
Retail	1.18 (1.14–1.23)	1.10 (1.00–1.22)	1.36 (1.21–1.55)	1.40 (1.28–1.55)	1.08 (1.04–1.13)
Government or community	1.14 (1.11–1.18)	1.22 (1.07–1.41)	1.20 (1.09–1.33)	1.42 (1.32–1.53)	0.96 (0.89–1.04)
Not essential	1.11 (1.08–1.14)	1.14 (1.06–1.23)	1.23 (1.15–1.33)	1.29 (1.20–1.41)	1.00 (0.95–1.07)

Per occupation (Table 3), risk ratios for mortality comparing pandemic time to non-pandemic time were highest among cooks (RR=1.60), packaging and filling machine operators and tenders (RR=1.59), miscellaneous agricultural workers (RR=1.55), bakers (RR=1.50), and construction laborers (RR=1.49).

Table 3. Risk ratios for mortality, comparing pandemic time to non-pandemic time, among California residents 18–65 years of age, by occupation, March through October 2020.

Code	Description	Deaths[a]	Risk ratio
4020	Cooks	828	1.60
8800	Packaging and filling machine operators and tenders	172	1.59
6050	Miscellaneous agricultural workers	617	1.55
7800	Bakers	104	1.50
6260	Construction laborers	1,587	1.49
8965	Production workers, all other	452	1.46
8320	Sewing machine operators	127	1.44
5610	Shipping, receiving, and traffic clerks	146	1.44
4250	Grounds maintenance workers	712	1.40
5240	Customer service representatives	562	1.37
4000	Chefs and head cooks	532	1.35
1107	Computer occupations, all other	136	1.35
9600	Industrial truck and tractor operators	364	1.34
3500	Licensed practical and licensed vocational nurses	109	1.34
0410	Property, real estate, and community association managers	157	1.33
4230	Maids and housekeeping cleaners	378	1.33
3930	Security guards and gaming surveillance officers	707	1.32
9130	Driver/sales workers and truck drivers	1,962	1.32
9830	Military, rank not specified	111	1.32
9620	Laborers and freight, stock, and material movers, hand	2,550	1.31
5940	Office and administrative support workers, all other	123	1.30
7750	Miscellaneous assemblers and fabricators	354	1.29
2010	Social workers	217	1.28
4040	Bartenders	148	1.28
2540	Teacher assistants	183	1.28

[a] Number of deaths in pandemic time. The table is restricted to occupations with 100 or more pandemic-time deaths.

Discussion

Our analysis of deaths among Californians between the ages of 18 and 65 shows that the pandemic's effects on mortality have been greatest among essential workers, particularly those in the food/agriculture, transportation/logistics, facilities, and manufacturing sectors. Such workers experienced an increased risk of mortality of greater than 20% during the pandemic, with an increased risk of greater than 40% during the first two full months of the state's reopening. Excess mortality in high-risk occupational sectors was evident in analyses stratified by race/ethnicity, especially for Latino, Black, and Asian workers.

Our findings are consistent with a small but growing body of literature demonstrating occupational risks for SARS-CoV-2 infection. For example, a study of the UK Biobank cohort found that essential workers, particularly healthcare workers, had high risks for COVID-19 [10]. Similarly, numerous studies have documented SARS-CoV-2 infection among healthcare workers [11]. Our study, however, is unique in examining excess mortality and multiple occupational sectors. Though our work is in agreement with prior studies in finding pandemic-related risks among healthcare workers [11], it suggests that the risks are even higher in other sectors, such as food/agriculture and transportation/logistics.

This study is also among the first to examine deaths by both occupation and race/ethnicity. Occupational exposures have been postulated as an important contributor for disparities in excess mortality by race ethnicity, particularly because certain occupations require in-person work [4]. Though we tended to find the largest relative increases in mortality in each racial/ethnic group in the food/agriculture and transportation/logistics sectors, there was variation across race/ethnicity. For example, among Asians, the largest RR was in the health/emergency sector, even though the relative risk increases in that sector were relatively low among other racial/ethnic groups. Such differences may reflect cross-sector differences in demographics. There are, for example, a large number of Latinos who work in meat-processing facilities [12], consistent with data that show that Latinos make up a large proportion of COVID-19 cases in such settings [13]. Similarly, the large RR among Asians in the health/emergency sector could be due to the relatively large number of Filipino Americans in nursing professions [14]. During the pandemic in particular, such disproportionate representation may easily lead to cross-race variability in risk. A recent study found, for example, that Black workers are more likely to be employed in occupations that frequently require close proximity to others [15]. Inequalities in risk may be exacerbated by underlying structural inequities, such as immigration status or poverty [16].

Though non-occupational risk factors may be relevant, it is clear that eliminating COVID-19 will require addressing occupational risks. In-person essential workers are unique in that they are not protected by

shelter-in-place policies. Indeed, our study shows that excess mortality rose sharply in the food/agriculture sector during the state's first shelter-in-place period, from late March through May; these increases were not seen among those working in non-essential sectors. Complementary policies are necessary to protect those who cannot work from home. These can and should include: free personal protective equipment, clearly defined and strongly enforced safety protocols, easily accessible testing, generous sick policies, and appropriate responses to workplace safety violations. As jurisdictions struggle with difficult decisions regarding vaccine distribution, our findings offer a clear point of clarity: vaccination programs prioritizing workers in sectors such as food/agriculture are likely to have disproportionately large benefits for reducing COVID-19 mortality.

We acknowledge limitations to the study, including misclassification of occupation in death certificates due to coarse categories or inaccurate reports. The decedent's primary occupation is typically reported by the next of kin who may not be able to precisely describe the work. The primary occupation, which is reported on the death certificate, may not match the most recent occupation, which is more likely to drive occupational risk. These limitations would in general attenuate apparent differences across occupational sectors but are unlikely to account for our primary results.

Our study places a powerful lens on the unjust impact of the COVID-19 pandemic on mortality of working age adults in different occupations. Our analysis is among the first to identify non-healthcare in-person essential work, such as food and agriculture, as a predictor of pandemic-related mortality. Essential workers—especially those in the food/agriculture, transportation/logistics, facilities, and manufacturing sectors—face increased risks for pandemic-related mortality. Shutdown policies by definition do not protect essential workers and must be complemented with workplace modifications and prioritized vaccine distribution. If indeed these workers are essential, we must be swift and decisive in enacting measures that will treat their lives as such.

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CNBC make it

HEALTH AND WELLNESS

Line cooks have the highest risk of dying during pandemic, plus other riskiest jobs: study

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Cory Stieg
@CORYSTIEG

A new study from the University of California, San Francisco suggests that line cooks have the highest risk of mortality during the Covid pandemic — even more than healthcare workers.

For the study, which hasn't been peer-reviewed yet, researchers analyzed California death certificates for working-age people 18 to 65, during the first seven months of the pandemic. Then they looked at how the number of deaths increased in that time frame compared to pre-pandemic times.

Death certificate data includes detailed information about individuals, including their occupation and industry that they held, which allowed the researchers to focus on essential workers, explains Alicia Riley, a sociologist and postdoctoral scholar at the University of California, San Francisco, who co-authored the study.

Overall, the researchers found a 22% increase in mortality during the pandemic. But "what we're so surprised to see is just how much that risk varied across sectors and even across specific jobs," Riley tells CNBC Make It.

Line cooks had a 60% increase in mortality associated with the pandemic.

The top five occupations that had higher than a 50% mortality rate increase during the pandemic include cooks, line workers in warehouses, agricultural workers, bakers and construction laborers.

"What you see on this on this very tragic list of jobs, is that these are low-wage jobs," Riley says. "These are jobs that, especially in California, are held by immigrant workers. And these are jobs where there were not, we weren't paying attention to them." People in these positions may not have the ability to work remotely, take time off if they're sick or get paid sick leave, she says.

The risk also varied by race and ethnicity. The study found that "excess mortality," which is the gap between the expected number of deaths in past years and 2020, increased 36% for Latino Californians, 28% for Black Californians and 18% for Asian

Past studies have found that more than half of all Black, Latino and Native American workers hold essential and nonessential jobs that must be done on-site in close proximity with others, a greater share than White workers.

Riley says the hope is that there is more focus on protecting these groups of people who hold high-risk jobs. In California, food and agricultural workers are currently next in line to get vaccinated.

"We've all been touched and supported by the work of these people," she says. "Not only is their labor essential to our lives but their lives are essential."

Covid-19 was the cause of death in about 75% of the death certificates analyzed.

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UCSF

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Research February 18, 2021

Study Estimates Excess Deaths in US from COVID-19 Pandemic Unemployment

Large Disparities Seen by Education, Race, Age and Gender

By Laura Kurtzman

Under any circumstances, job losses can lead to excess deaths from suicide, substance abuse and the loss of access to medical care. During the COVID-19 pandemic, however, unemployment in the U.S. has reached highs not seen since the Great Depression, officially peaking at 14.7 percent in April 2020.

UC San Francisco researchers now have an estimate of how many people may have died as a result of pandemic-related unemployment, a number that adds to the nearly 500,000 deaths that have been directly attributed to the virus itself.

and deaths, but also addressing indirect social and economic consequences," said Ellicott Matthay, PhD, a postdoctoral scholar with the Center for Health and Community at UCSF and first author of the paper published Feb. 18, 2021, in the *American Journal of Public Health*.

The research team projected that the spring 2020 spike in unemployment in the United States would lead to 30,231 excess deaths among 25- to 64-year-olds in the ensuing 12 months. As with the deaths that were directly caused by the virus, those linked to unemployment have taken a disproportionate toll on Black people, men, older people (in the case of workers, those who were 45 and up), and especially those with the least education.

While about 37 percent of Americans aged 25 to 64 years have a high school education or less, this group accounted for a startling 72 percent of the deaths the researchers attributed to pandemic-related unemployment. Likewise, while Black people make up 12 percent of the working-age population, they comprised 19 percent of the projected excess deaths.

The 30,231 figure represents what the researchers said is their best estimate, based on recent studies of the risk of death associated with unemployment, as well as unemployment data from the Bureau of Labor Statistics and mortality data from the National Center for Health Statistics during the pandemic.

Depending on the assumptions they put into their model, the number of deaths could be much higher or lower. If they assumed the April 2020 unemployment rate was just 10 percent, and that unemployment was half as harmful as has been seen in past recessions, their estimate fell to 8,315.

highest estimate using a different definition of who was participating in the labor force, and also that the effects of losing a job in the pandemic were three times as deadly, their estimate rose to 201,968.

The researchers emphasized that some excess deaths are preventable if the proper policies are put in place.

“We urgently need policies that protect workers and lessen the harms of unemployment, particularly policies that are crafted to support those experiencing the unjust double burden of both COVID-19 and unemployment,” Matthay said.

Authors: Matthay was joined in the study by Kate A. Duchowny, PhD, MPH; and Alicia R. Riley, PhD, MPH, both of UCSF’s Department of Epidemiology and Biostatistics; and Sandro Galea, MD, DrPh, of the Boston University School of Public Health.

Funding: The work was supported by the National Institute on Aging, National Institutes of Health (grant T32 AG049663).

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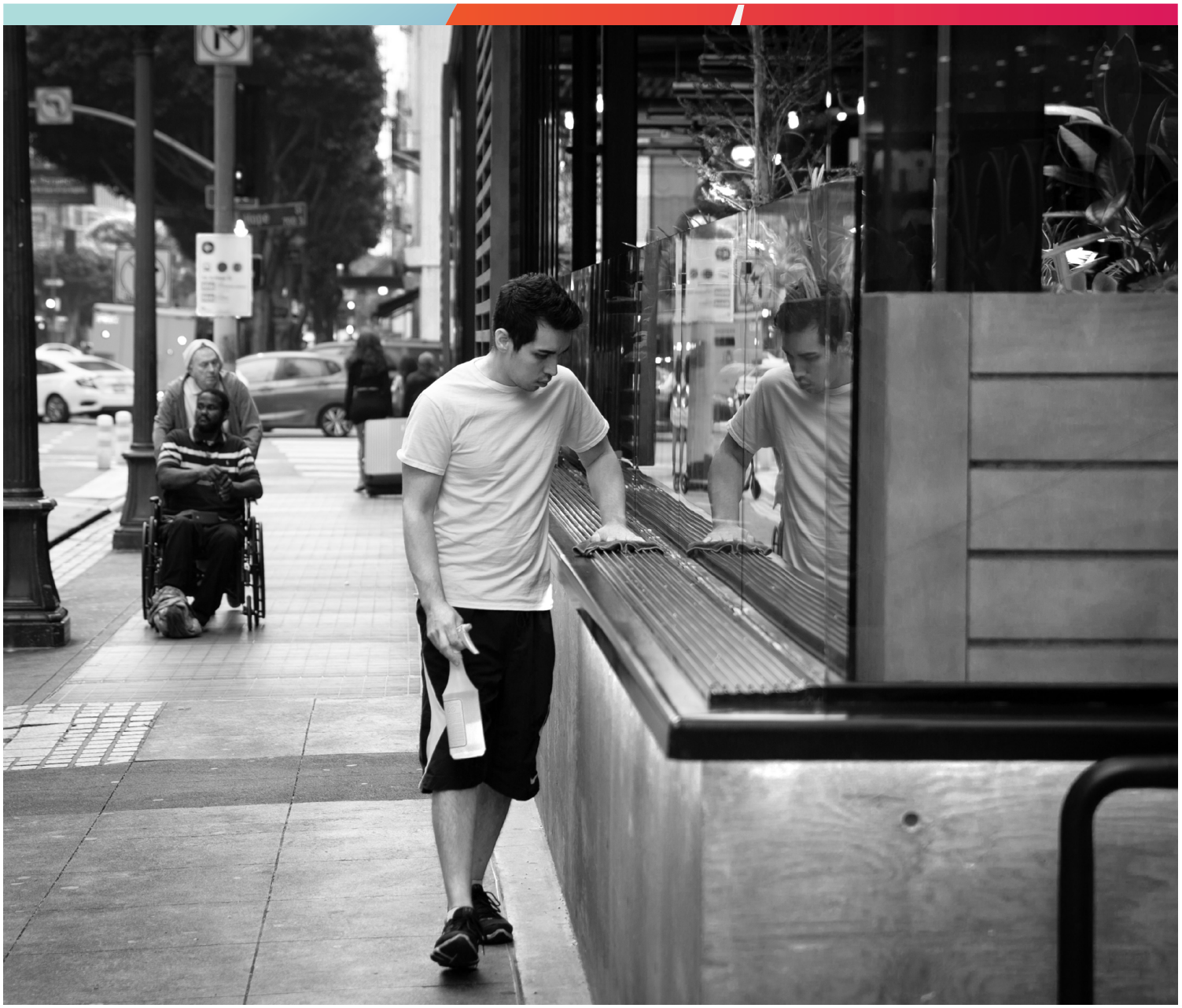

Prepared for
The Los Angeles County Department of Public Health

March 2021

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About the Organizations

UC Berkeley Labor Center

The UC Berkeley Labor Center is a public service project of the UC Berkeley Institute for Research on Labor and Employment that links academic resources with working people. Since 1964, the Labor Center has produced research, trainings, and curricula that deepen understanding of employment conditions and develop diverse new generations of leaders.

UCLA Labor Center

For more than 50 years, the UCLA Labor Center has created innovative programs that offer a range of educational, research, and public service activities within the university and in the broader community, especially among low-wage and immigrant workers. The Labor Center is a vital resource for research, education, and policy development to help create jobs that are good for workers and their communities, to improve the quality of existing jobs in the low-wage economy, and to strengthen the process of immigrant integration, especially among students and youth.

UCLA Labor Occupational Health and Safety Program (LOSH)

LOSH promotes safe and healthy workplaces through worker training and education, research, technical assistance, and policy analysis. LOSH initiatives focus on workers in high-hazard industries and low-wage jobs and those who are vulnerable by virtue of immigration status, language, or employment status. LOSH strives to reduce occupational health disparities and environmental injustice through direct worker engagement, leadership development, and capacity building. LOSH is part of the UCLA Center for Occupational and Environmental Health and the UCLA Institute for Research on Labor and Employment.

UC Berkeley Labor Occupational Health Program (LOHP)

LOHP's mission is to promote safe, healthy, and just workplaces and to build the capacity of workers and worker organizations to take action for improved working conditions. LOHP looks broadly at the impact of work on health, and we advance the principle that healthy jobs—that pay a living wage, provide job security and benefits, protect against hazards and harassment, have reasonable workloads, and engage workers in the decisions that affect them—are a basic human right. As a university-based public health program, LOHP accomplishes its mission by providing training to effectively engage workers and worker organizations in advocating for better working conditions; conducting research to evaluate the effectiveness of interventions, document the impact of health and safety hazards, and identify policy solutions; and supporting development of protective policies that integrate public health research and expertise. LOHP is part of the Center for Occupational and Environmental Health at UC Berkeley.

Executive Summary

Over the last decade, fast-food restaurants have proliferated in the United States, with the largest increase in Los Angeles County. Fast food is an integral part of the food sector in Los Angeles, comprising nearly 150,000 restaurant workers. This report investigates working conditions in fast food prior to the pandemic, profiles the industry's demographics and cost to the public, and examines the impact of COVID-19 on the sector.

Even before COVID-19, the fast-food sector was characterized by difficult working conditions and high public costs.

1. Fast-food workers faced labor issues related to safety and injury, workplace violence, harassment, retaliation, and wage theft.
2. The franchise model, which predominates in fast food, incentivized labor violations.
3. Fast food's low wages have made it difficult for workers to meet their basic needs. More than two-thirds of the families of fast-food workers in Los Angeles County were enrolled in a safety net program at a public cost of $1.2 billion a year.

Because workplaces are a common vector of COVID-19 transmission, fast-food worksites are particularly vulnerable.

1. One-third of fast-food worksites had 20 or more employees, suggesting shared equipment, work spaces, bathrooms, and break areas. Other research found that food workers work in moderately close to close proximity; cooks in particular have had the highest increase in mortality of any occupation during the pandemic.
2. Worker testimony and complaints show COVID-19 outbreaks and employer failures to communicate these outbreaks to workers.

Fast-food workers and their communities face a disproportionate risk of COVID-19 transmission and its negative impacts.

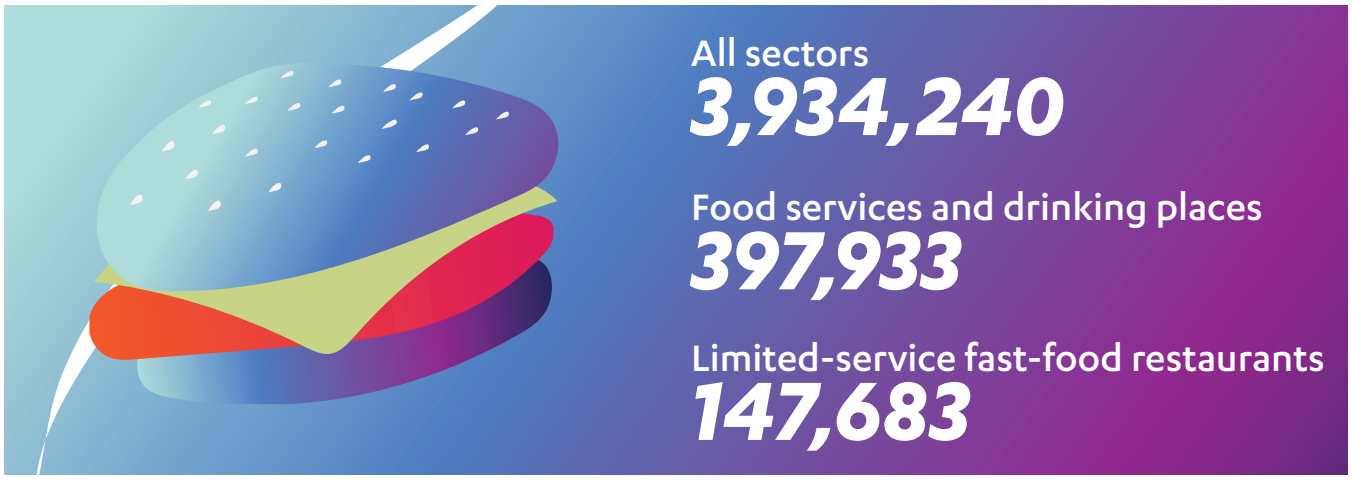
1. Black, Latinx, and Asian populations had disproportionately higher rates of infection, hospitalizations, and deaths. Nine in ten fast-food workers in Los Angeles were workers of color, and nearly three-quarters were Latinx.
2. Women in fast food were already vulnerable to sexual harassment, and that has been exacerbated by COVID-19. Nearly seven in ten fast-food workers were women.
3. Though fast-food workers skewed young, over two-thirds lived in households with four or more people, and a third included household members over age 55.
4. The majority of fast-food workers earn low wages, often at or near the minimum wage, but research indicates those wages constituted 40% of their family's total income.
5. Fast-food workers were twice as likely as other workers to fall below the federal poverty line, and over half of those who rent their housing were rent-burdened, spending over 30% of their household income on rent and utilities.
6. Fast-food workers were one and half times more likely to be uninsured and two and a half times more likely to be enrolled in Medi-Cal than Los Angeles workers as a whole. Only a third of fast food workers received some type of employer-sponsored insurance.

Introduction

An economic juggernaut in the United States, the number of fast-food restaurants—defined as establishments that provide food service where patrons generally order or select items and pay before eating[1]—increased 9% nationwide and more than 50% in 163 counties between 2009 and 2014. Forty of California's 58 counties increased their number of fast-food restaurants, with the highest increase in the nation in Los Angeles County. While the county's population rose by only 3%, the number of fast-food restaurants increased by 10%.[2]

The restaurant sector is an integral part of the Los Angeles landscape. In 2019, fast food employed 4.5 million people nationwide,[3] including nearly 550,000 Californians and 150,000 Angelenos.[4] The restaurant sector made up a tenth of the overall county workforce, and over a third of Los Angeles's restaurant workers were employed in fast food.

Figure 1. Number of Los Angeles workers in food and all sectors, 2019



Source: Quarterly Census of Employment and Wages, 2019.

Research has shown that fast-food workers face injury, workplace violence, harassment, and wage theft. The media covered more than 700 incidents of workplace violence at McDonald's alone between 2017 and 2019.[5] One survey reported that 87% of fast-food workers were injured on the job at least once in the previous year, while 12% were assaulted.[6] Another report showed above average occurrences of sexual harassment,[7] and class action, sexual harassment lawsuits against fast-food companies abound.[8]

COVID-19 exacerbates the risks already faced by fast-food workers. In Los Angeles, several high-profile failures to comply with COVID-19 workplace regulations point to the severity of violations and paucity of protection for speaking out. Workers at a McDonald's in Boyle Heights filed seven complaints after six coworkers contracted the virus, alleging failure to enforce face coverings and social distancing or provide personal protective equipment (PPE). Workers have since claimed retaliation for reporting these violations.[9]

The fast-food industry is characterized by franchise models that create a layer of separation, or "fissure," between workers and the companies responsible for their working conditions. Franchisors exercise "vertical restraints"—key elements in how chains operate such as prices, customer rules, and suppliers—but franchisors are not liable for what happens at individual sites.[10] As in other fissured workplaces characterized by contracting, franchising, or staffing agencies, labor violations are common. Franchising, in particular, frustrates enforcement. One study of the top 20 fast-food franchises showed that franchisee-owned restaurants had higher levels of noncompliance

with minimum wage and overtime rates than their counterparts that are owned and managed by the franchisor. The study attributed this to the incentives built in to the franchise model that promote noncompliance, including a profit squeeze due to franchise royalties, the relative unlikelihood of discovery because the average franchisee owns just a single establishment, less commitment to upholding brand reputation, and a corporate management structure that rewards productivity over labor standards compliance.[11] Historically, the top 20 franchised fast-food restaurants have an outsized effect on the industry as a whole, accounting for nearly 68% of annual sales in limited-service restaurants, so we can safely infer that the franchise model in fast food contributes to poor working conditions and higher rates of noncompliance with labor standards.

About this Study

The first of two reports on working conditions in the fast-food industry, conducted on behalf of the Los Angeles County Board of Supervisors, this report provides a profile of fast-food workers in Los Angeles County and conditions for workers during the COVID-19 pandemic. We provide relevant demographic and government data, a literature review, and a review of existing surveys and data. The first section, based on past research and government data, outlines labor issues in the sector as well as data on the public costs of low wages. The second section provides an overview of fast-food worksites, inspections, and outbreaks. The third section uses census data to demonstrate how select individual and household characteristics coincide with the disproportionate impact of COVID-19 on particular communities. The second report, to be released in summer 2021, will provide the results of surveys and interviews on the working conditions and experiences of fast-food workers.

The Precariousness of Fast Food

This section explores existing research on labor issues and the public costs associated with low wages in the sector. Though large-scale studies on fast food are limited, the available research has documented various difficult and dangerous working conditions prior to the COVID-19 pandemic.

Labor Issues in Fast Food

The following presents key research findings from studies that highlight the issues workers face in the sector, such as wage theft, retaliation, and harassment.

Wage Theft

In a 2014 survey of 1,088 fast-food employees nationwide, 90% of respondents reported that they had been forced to work off the clock, denied breaks, or refused overtime pay. In Los Angeles, that study found that 81% of respondents experienced wage theft, and 59% were forced to work off the clock.[12] These findings reflect a 2010 representative survey of low-wage workers in Los Angeles. In a broader category of restaurants and hotels, 67% were not paid overtime, 79% worked off the clock, and 82% were denied meal breaks.[13] In 1,768 investigations at 20 fast food franchises between 2001 and 2005, 40% had confirmed minimum wage or overtime violations.[14]

Safety

Fast-food workers face hazards such as burns, slips and falls, and exposure to harmful chemicals, leading to exceptionally high rates of workplace injury. One report showed that 87% of workers were injured at least once on the job in the previous year.[18] In a 1999 study, the National Institute for Occupational Safety and Health estimated that, over a two-year period, 28,224 teenage fast-food workers went to the emergency room for a workplace injury over a two-year period.[19]

Violence

Fast-food workers experience physical assault, harassment, intimidation, threats, and verbal abuse, especially in restaurants that are open all night. One study that analyzed 721 instances of violence at McDonald's nationwide found that the shift from 10 p.m. to 4 a.m. accounted for 40% of those episodes.[20] Another study estimated that 12% of all fast-food workers have been assaulted on the job.[21]

Sexual Harassment

Restaurant workers have the highest rates of sexual harassment of any industry. They filed over a third of the 170,000 sexual harassment complaints with the US Equal Employment Opportunity Commission between 1995 and 2016, and that total is almost certainly an undercount. Further, there is a correlation between racial discrimination and sexual harassment for women in the restaurant industry.[15] High-profile sexual harassment lawsuits against fast-food companies abound.[16] A 2016 survey of 1,217 women in the industry found that 40% of women experienced unwanted sexual behaviors on the job, including 28% who suffered multiple forms of harassment.[17] The most common forms of harassment were sexual teasing, jokes, remarks, or questions; hugging or touching; and questions about sexual interests or unwanted information about others' sexual interests.

Retaliation

In the 2016 survey of women who experienced sexual harassment, only 40% filed complaints. Of those, one in five experienced retaliation, including reduced hours, schedule changes, and termination. Women of color were especially likely to experience negative consequences in response to reporting sexual harassment; 34% of Black women and 26% of Latinas reported at least one instance of retaliation in response to their complaints, compared with 17% of White women.[22] In one high-profile case, 5,000 McDonald's employees in 100 establishments in Florida faced assaults, groping, and sexually charged comments. Managers repeatedly failed to act, and one employee was eventually terminated after reporting the behavior.[23] A 2019 survey of 539 fast-food workers in New York City found that half had been fired, laid off, or compelled to quit, and 65% of those terminated were not given a reason. In a subsample of that study, 58% reported drastic, unexpected scheduling cuts.[24]

The majority of fast-food workers live in households experiencing economic precarity. Just one in three fast-food workers in Los Angeles received health benefits through an employer.[25] When employers did not pay high enough wages to meet basic needs, workers turned to public safety net programs to make ends meet.

We analyzed fast-food worker family enrollment in one or more major public safety net programs: Medi-Cal, Children's Health Insurance Program (CHIP), the federal Earned Income Tax Credit (EITC), Supplemental Nutrition Assistance Program (SNAP), and Temporary Aid For Needy Families (TANF) Cash Assistance.[26] Two-thirds of fast-food workers in both Los Angeles County and the state of California as a whole were themselves or had a family member who was enrolled in one of the five safety net programs, at an average public cost of $1.2 billion in Los Angeles County and $4 billion statewide.[27] Half or more of the families of Los Angeles fast-food workers participated in EITC and adult Medicaid, and close to 3 in 10 were in the food stamp program, now known as SNAP.

A recent national study of public safety net use by low-wage workers found little difference between those working only 10 hours a week and full-time workers.[28] We can infer from this that while the right to receive a minimum number of work hours is an important issue for many fast-food workers, the primary driver of low earnings is the hourly wage. Improving wages for fast-food workers would assist families in moving toward greater self-sufficiency.

Table 1. Fast-food workers with family members participating in health care and public assistance programs, Los Angeles, 2015–2019

	Number of workers with a participating family member	% of workers with a participating family member	Average annual total spending on fast-food workers' families ($ million)
Any program	*110,000*	*68*	*1,150*
EITC	*80,000*	*51*	*190*
SNAP	*50,000*	*29*	*120*
Adult Medicaid	*80,000*	*50*	*700*
Children's Medicaid and CHIP	*30,000*	*22*	*120*
TANF	*10,000*	*5*	*30*

Source: Authors' calculations based on the 2015–2019 American Community Survey, 2016–2020 March Current Population Survey, 2019 Occupational Employment Statistics, and administrative data from Medicaid, CHIP, EITC, SNAP, and TANF programs.

Note: The analysis is restricted to fast-food workers who work at least 27 weeks in a year and 10 or more hours per week. The cost figures are in 2019 dollars.

Table 2. Fast-food workers with family members participating in health care and public assistance programs, California, 2015–2019

	Number of workers with a participating family member	% of workers with a participating family member	Average annual total spending on fast-food workers' families ($ million)
Any program	*370,000*	*66*	*3,950*
EITC	*270,000*	*48*	*660*
SNAP	*150,000*	*27*	*390*
Adult Medicaid	*270,000*	*48*	*2,440*
Children's Medicaid and CHIP	*110,000*	*20*	*380*
TANF	*20,000*	*4*	*90*

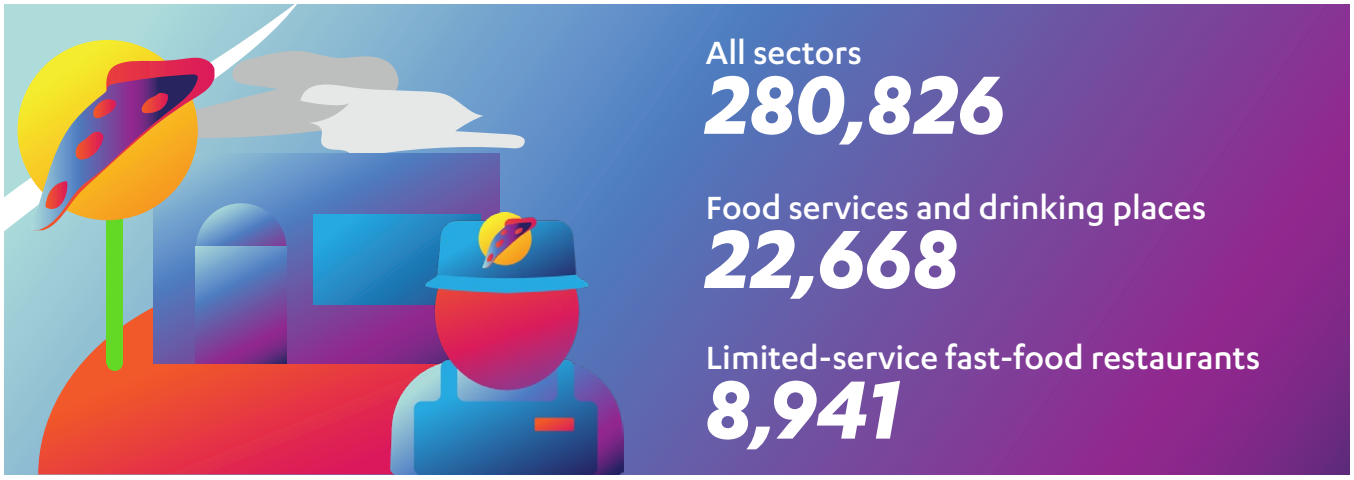
Source: Authors' calculations based on the 2015–2019 American Community Survey, 2016–2020 March Current Population Survey, 2019 Occupational Employment Statistics, and administrative data from Medicaid, CHIP, EITC, SNAP, and TANF programs.

Note: The analysis is restricted to fast-food workers who work at least 27 weeks in a year and 10 or more hours per week. The cost figures are in 2019 dollars.

COVID-19 Risks and the Worksite

Between their sheer number and high customer volume, fast-food restaurants pose a particular risk of widespread COVID-19 transmission. In 2018, there were nearly 9,000 fast-food establishments in Los Angeles, making up 39% of all restaurants and 3% of all establishments in the county. As restaurants that rely on indoor seating and dine-in service have shuttered or been temporarily closed under stay-home orders, fast food has likely increased its share of the market, making its compliance with COVID-19 orders critical to preventing community transmission.

Figure 2. Number of establishments in Los Angeles County, select sectors, 2018



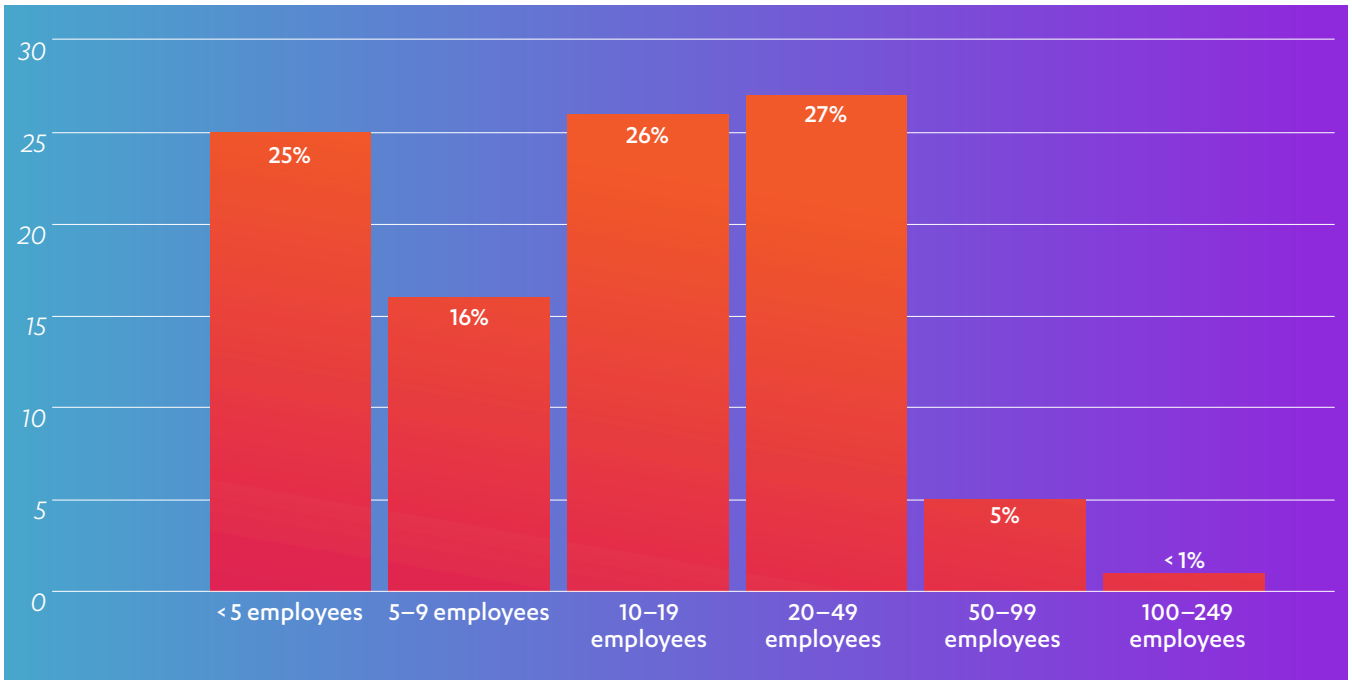
Source: US Census Bureau's County Business Patterns, 2018.

Fast-Food Worksites and Risk of Transmission

Workplaces are a common vector of COVID-19 community transmission, and service jobs such as fast food are especially vulnerable.[29] Cooks have the highest increased mortality rate of any occupation during the pandemic, and mortality among Latinx workers in food and agriculture is 59% higher than prepandemic rates.[30] In one recent survey, 44% of food service workers reported that one or more of their coworkers had contracted the virus, 84% worked within six feet of at least one person not wearing a mask, and 54% interacted with ten or more unmasked people in one shift. Disturbingly, 37% reported no mandatory training on COVID-19 safety protocols, and only 28% of employers provided paid tests and time off to quarantine for employees with possible COVID-19 exposure. Fifty-eight percent of workers surveyed felt reluctant to enforce COVID-19 safety protocols.[31] In another COVID-19 survey from March–April 2020, fast-food workers reported limited protective measures in their workplaces: new workplace cleaning procedures (58%), gloves available (55%), gloves required (30%), masks available (4%), and masks required (4%).[32]

A recent report from the UC Berkeley Labor Center showed that half of those working in food preparation and serving occupations work in "very close proximity" and the other half in "moderately close proximity" to other workers.[33] It found that one-third of Los Angeles's fast-food establishments had more than 20 employees at an individual worksite, suggesting shared equipment, work spaces, bathrooms, and break areas. Such close quarters necessitate strict adherence to social distancing, sanitation, and the PPE protocols outlined by the Los Angeles County Department of Public Health (LACDPH).[34]

Figure 3. Establishment size for limited-service restaurants



Source: US Census Bureau's County Business Patterns, 2018.

COVID-19 Inspections and Outbreaks

A *Los Angeles Times* reporter, who recently reviewed more than 1,600 complaints in fast food filed with the federal Occupational Safety and Health Administration along with 200 records and accounts, reported a pattern of pressure to work at all costs, insufficient PPE and training, and a lack of interpretation and translation of COVID-19 protocols. As of January 15, 2021, inspectors had visited only 56 fast-food restaurants nationwide, opened 600 cases, and closed 1,000 others. Complaints from 37 other states found recurring allegations, including failure to provide PPE or enforce social distancing in crowded restaurants and little or no provision of sick time.[35]

An LACDPH inspection in the summer of 2020 of more than 2,000 restaurants found widespread noncompliance with protocols requiring physical distancing (33%) and face coverings (44%).[36] Data on worksite outbreaks that the County has made available on its website have shown at least 59 COVID-19 outbreaks in fast-food restaurants affecting as many as 338 workers from July through December 2020. (LACDPH defines and reports outbreaks as 3 or more COVID-19 cases among employees within a 14-day period.) The median outbreak size among these establishments was 5 employees. The largest outbreaks occurred at 3 McDonald's locations in East Los Angeles (14 cases), Baldwin Park (12 cases), and Pico Rivera (12 cases), as well as a Chipotle in Baldwin Park (13 cases) and a Poquito Mas in Studio City (12 cases). During the same period, LACDPH issued citations to 4 fast-food establishments for failure to comply with county health officer orders.[37]

Often workers are unable to ascertain the actual number of COVID-19 infections because employers do not disclose when employees test positive. At a McDonald's in Littlerock, California, for example, a total of 32 cases of COVID-19 have been linked to the restaurant, including instances of workers passing the virus to members of their households. In eight complaints filed with Cal/OSHA and LACDPH, workers detailed troubling conditions, including management attempts to hide infections and pressure workers to work while sick, a lack of social distancing, and failure to conduct adequate wellness checks of workers before they clock in. Workers have waged several strikes at this location to demand improved safety protocols, but strikers have faced retaliation and had their hours cut. In a January 8, 2021, filed by SEIU with both Cal/OSHA and LACDPH, a worker wrote, "Even though there have been many cases of COVID-19 among coworkers at this McDonald's, I have never been notified that I was in close contact with anyone. This does not make sense to me because I work in the kitchen, and the kitchen is small, so we cannot maintain physical distance. And [others] also work in the kitchen with me, and they all had COVID-19."

As the Cal/OSHA Standards Board was considering a temporary statewide emergency standard for COVID-19 protections in the workplace during the summer and fall of 2020, workers testified publicly before the agency about employers' failure to communicate and report outbreaks. According to one worker from a McDonald's in Los Angeles, "Over the past few weeks I have heard about two cases of COVID-19 from management, but I have also heard about another four cases from my coworkers. I am concerned that McDonald's is not being open about who is sick in our store and who might have been exposed."[38]

A worker from another Los Angeles fast-food establishment raised similar concerns: "These rules are very important for the fast-food industry because the fast-food chains have not complied with the rules—not even with basic rules such as wearing masks, social distancing, or sick pay. At the place that I work, six people were sick with COVID-19, and the employer did not disclose this to us. We had a strike at the store, and instead of listening to our concerns, they terminated us."[39]

COVID-19 Risks and Worker Characteristics

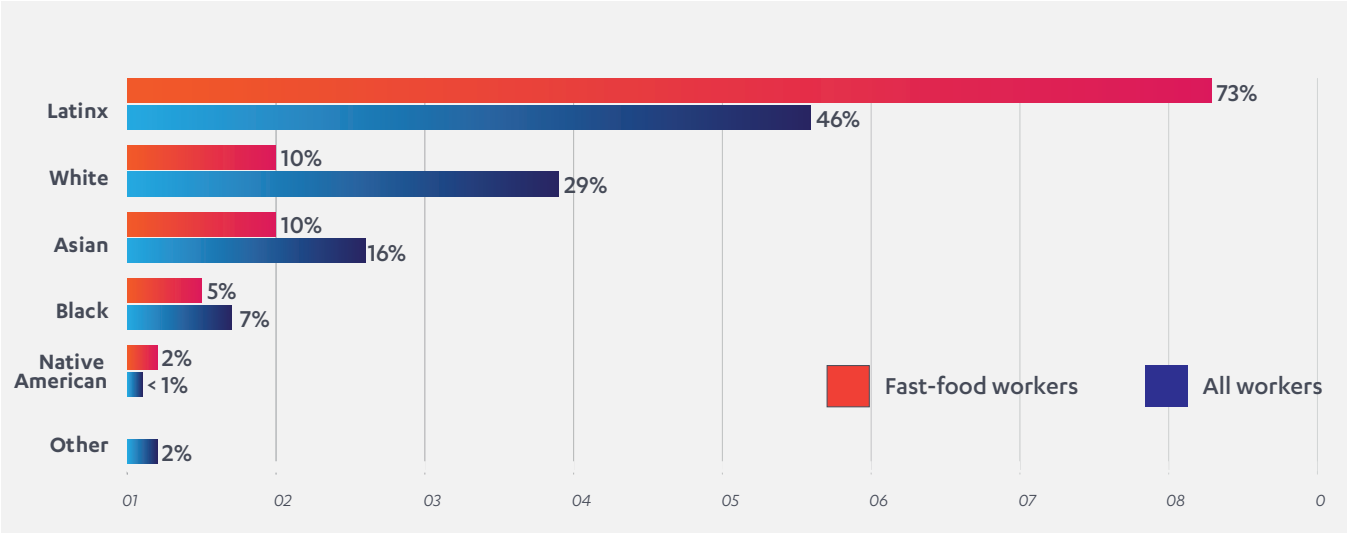
The results of the interplay between essential workers, household size, race, and income are nowhere more obvious or devastating than Los Angeles. Low incomes and limited paid time off require essential workers to continue working, while larger households make social distancing difficult or impossible. A growing body of data demonstrates the predictable effects, which include gross inequities in COVID-19 infection rates and delays between the implementation of social distancing measures and their effects, devastating communities with high concentrations of essential workers.[40] One in five Boyle Heights residents has contracted COVID-19, compared to only one in twenty-five residents of Brentwood.[41]

Our data shows that fast-food workers in California are more likely to be women, Latinx, and low-wage earners. They face a disproportionately greater risk of COVID-19 workplace transmission, a particularly grave concern given that fast-food workers are also more likely to live in crowded households, a third of which include people older than 55. In this section, we list select characteristics that put fast-food workers at greater risk for COVID-19, and appendix B provides a comprehensive profile of fast-food workers in Los Angeles and California.

Worker and Household Characteristics

A growing body of data shows that Black, Latinx, and Asian populations have disproportionately high rates of infection, hospitalizations, death, and economic devastation caused by COVID-19, compared to their White counterparts.[42] In Los Angeles, deaths among Latinx residents increased by 1,000% between November 2020 and January 2021.[43] Nine in 10 fast-food workers in Los Angeles are workers of color, and nearly three-quarters are Latinx.

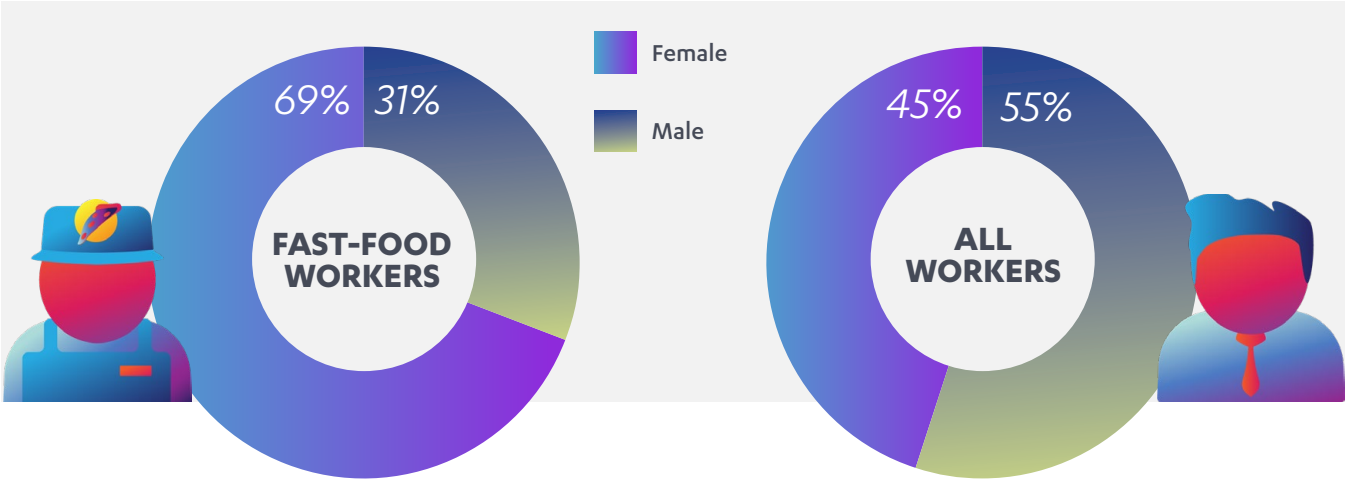
Figure 4. Race/ethnicity



Source: Authors' analysis of 2017–2019 IPUMS American Community Survey (ACS) data.

The majority of fast-food workers are women. Nearly seven in ten fast-food workers in Los Angeles are women, though they comprise only 45% of all workers in the county. Women were already vulnerable to workplace harassment, and this has been exacerbated by COVID-19. More than 40% of restaurant workers in a recent survey reported an increase in the frequency of unwanted sexualized comments from customers since the pandemic began. A substantial number of the sexually explicit comments shared were from male customers who asked female service workers to remove their masks to determine their tips.[44]

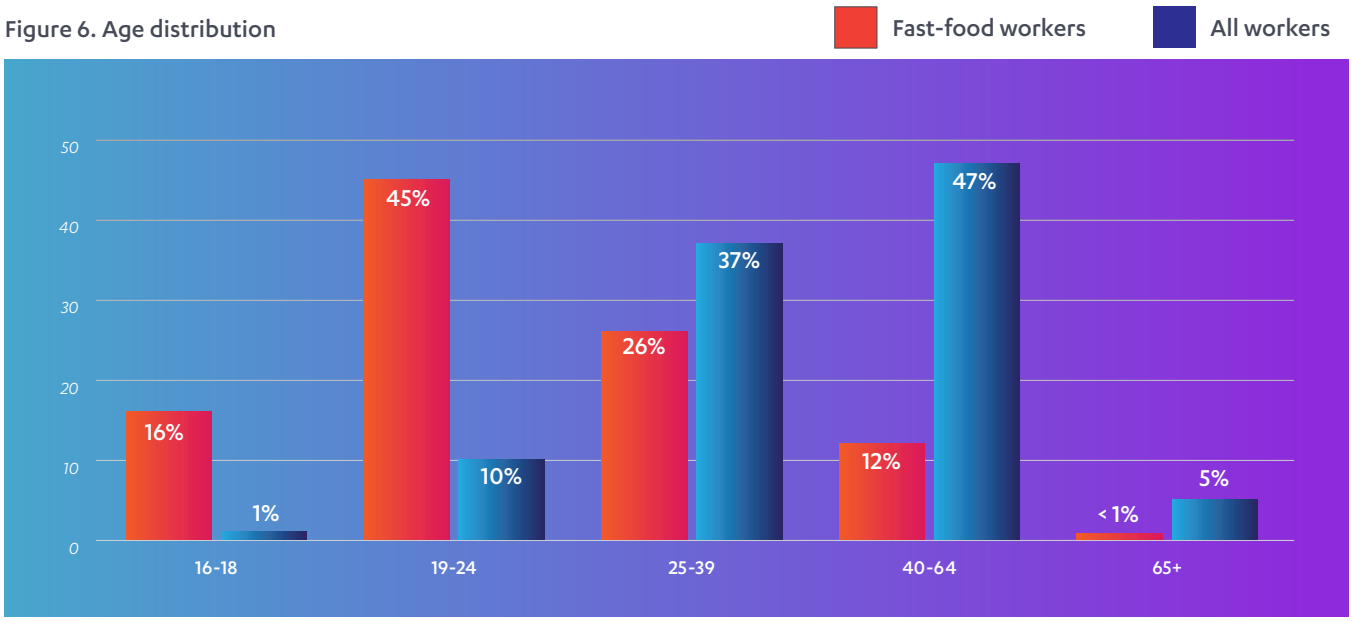
Figure 5. Gender



Source: Authors' analysis of 2017–2019 IPUMS American Community Survey (ACS) data.

The vast majority of fast-food workers in Los Angeles (83%) are adults over age 18. Fast-food workers are younger on average than workers as a whole in Los Angeles, with most between 19 and 39 and the largest group (45%) between 19 and 24.

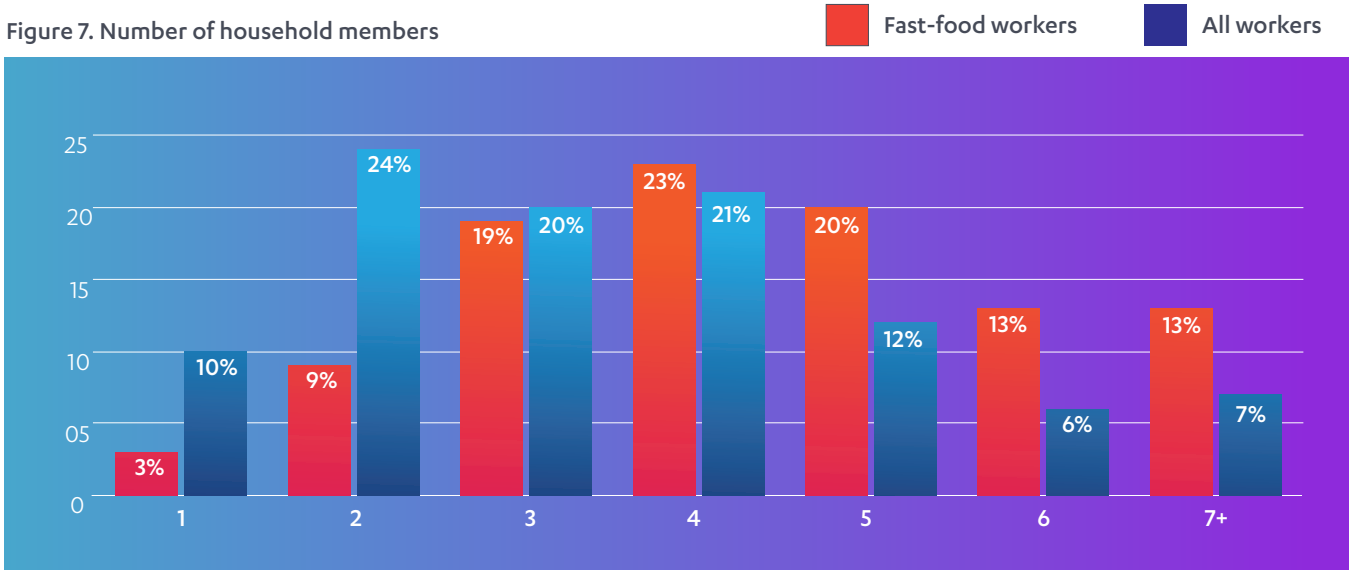
Figure 6. Age distribution



Source: Authors' analysis of 2017–2019 IPUMS American Community Survey (ACS) data.

Though many fast-food workers in Los Angeles are young, they are much more likely than other workers to live in large, crowded, multigenerational households. The majority (69%) live in households with four or more people, and 45% are in households of five or more. Nearly one-quarter have children. The majority of all fast-food workers in Los Angeles live with their parents in the home (see Table 10 in appendix B).

Figure 7. Number of household members



Source: Authors' analysis of 2017–2019 IPUMS American Community Survey (ACS) data.

Further, over a third share households with at least one person who is 55 years of age or older, placing these households in an even more vulnerable group for severe COVID-19 infections or death.

Table 3. Number of people age 55+ in worker households

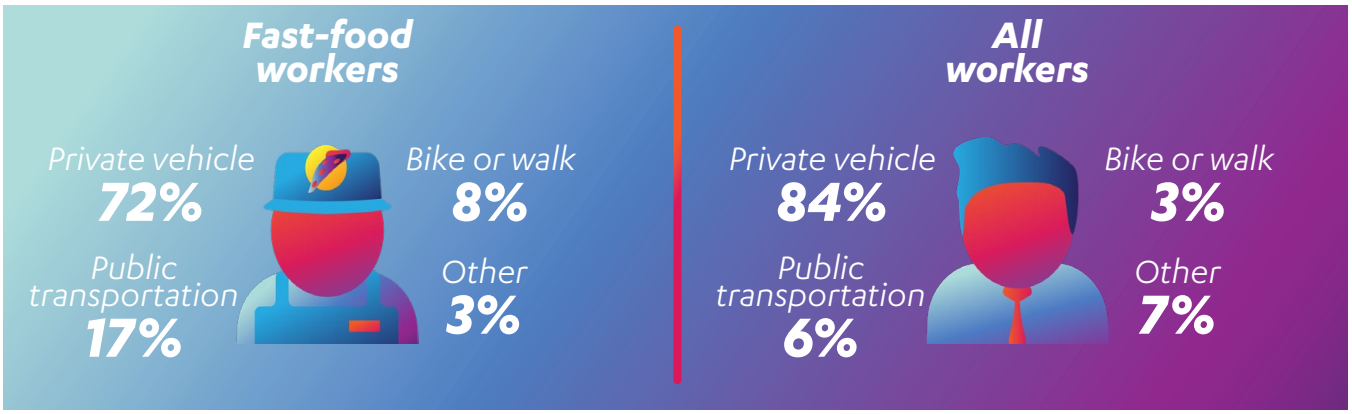
	Fast-food workers	All workers
0	65%	56%
1	22%	21%
2	11%	20%
3+	2%	3%

Source: Authors' analysis of 2017–2019 IPUMS American Community Survey (ACS) data.

Our data suggests that fast-food workers face great risk of COVID-19 transmission from fast-food worksites to households and surrounding communities. Fast-food workers live considerably closer to their workplaces than the general population; in Los Angeles, 66% live less than 30 minutes from work, compared to 50% of all working Angelenos. Consequently, worksite outbreaks pose a greater threat of community spread in some of the poorest and densest neighborhoods in the city.[45]

Use of public transportation is another potential risk for COVID-19 transmission. Fast-food workers in Los Angeles are much more likely than workers as a whole to rely on public transportation for their commutes to work.

Figure 9. Transportation mode to work



Source: Authors' analysis of 2017–2018 IPUMS American Community Survey (ACS) data.

Wages and Income

A recent study found a strong relationship between low-wage work and COVID-19 positive test rates.[46] The majority of fast-food workers earn wages at or near minimum wage. Between 2017 and 2019, the median wage for fast-food workers in Los Angeles was $12.40, compared with $20.52 for all workers in the county. There is a very narrow wage distribution for fast-food workers; even the 90th percentile earned only $15.22 an hour. Median annual wage earnings for fast-food workers in Los Angeles was $25,791, compared to $42,680 for all workers.

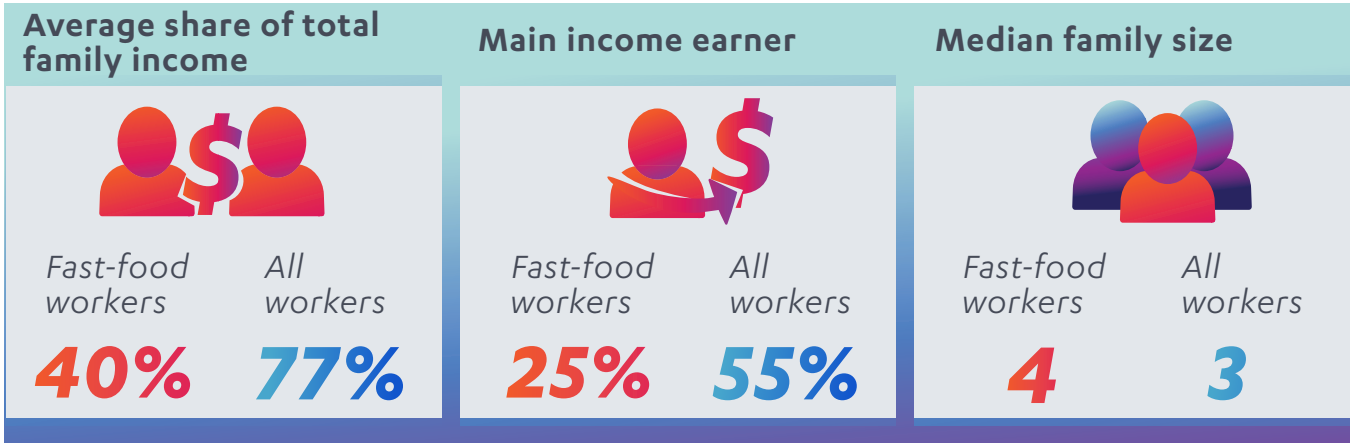
Table 4. Hourly wage percentile, weighted average

	Fast-food workers	All workers
10th	*11.28*	*11.92*
25th	*11.70*	*13.92*
50th (median wage)	*12.40*	*20.52*
75th	*13.88*	*35.34*
90th	*15.22*	*56.74*

Source: 2019 Occupational Employment Statistics (OES) data, which includes 2017–2019 samples.

Despite their young age and low pay, fast-food workers' wages in Los Angeles make up 40% of their families' incomes. One-quarter of fast-food workers in Los Angeles are the main earners in their families. Fast-food workers' share of family income is much lower than for the workforce as a whole, largely because that they are much more likely to live in multigenerational families with multiple family members contributing to the family income.

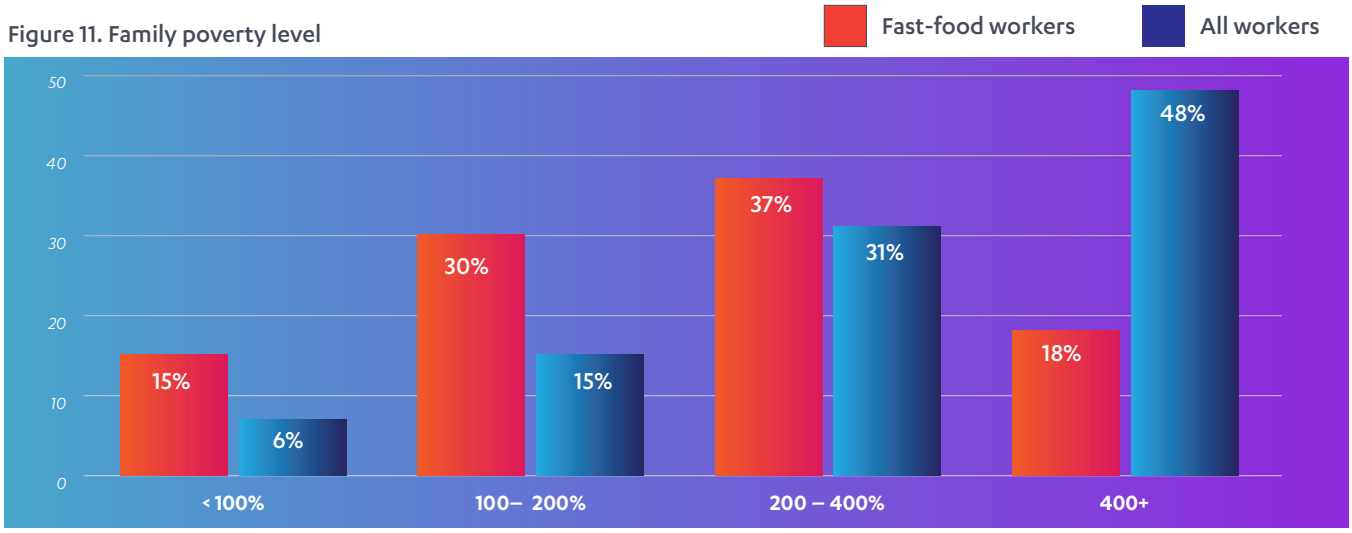
Figure 10: Income contribution and family size



Source: Authors' analysis of 2017–2019 IPUMS American Community Survey (ACS) data.

Fast-food workers are more than twice as likely to live in families with incomes below the federal poverty line (15%) compared to the overall workforce (7%). Angelenos are slightly poorer than their statewide counterparts; close to half (45%) of all fast-food workers in Los Angeles are in families earning less than 200% of the federal poverty level, slightly higher than fast-food workers in the state as a whole (41%).

Figure 11. Family poverty level



Source: Authors' analysis of 2017–2019 IPUMS American Community Survey (ACS) data.

Fast-food workers are essential in more ways than one, providing crucial income for rent-burdened households that spend over 30% of their household income on rent and utilities and many of which are in or near poverty. Fast-food workers' households are more likely than all workers' households to be rent-burdened. Most (62%) fast-food workers are renters, compared to 56% of all workers. Of those fast-food workers who rent, 54% spend more than a third of their income on rent, compared to 44% of all working renters

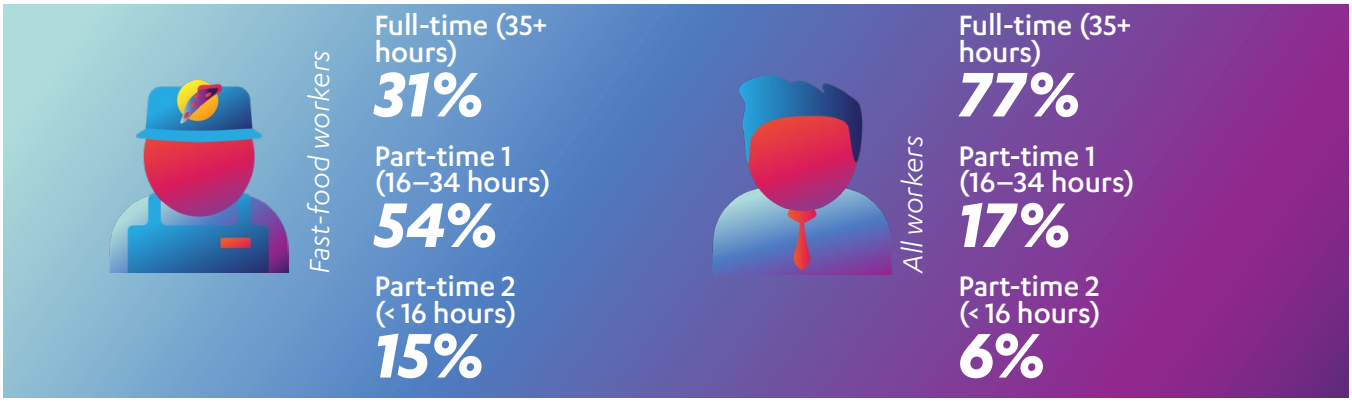
Figure 12. Share of renters spending more than 30% of income on rent

Source: Authors' analysis of 2017–2019 IPUMS American Community Survey (ACS) data.

Work Hours

The majority of fast-food workers work part-time, between 16 and 34 hours a week, with a third working full-time. They average 28 hours a week, though older workers typically work longer hours.

Figure 13. Full-time and part-time status



Source: Authors' analysis of 2017–2019 IPUMS American Community Survey (ACS) data.

Table 5. Average weekly work hours by age

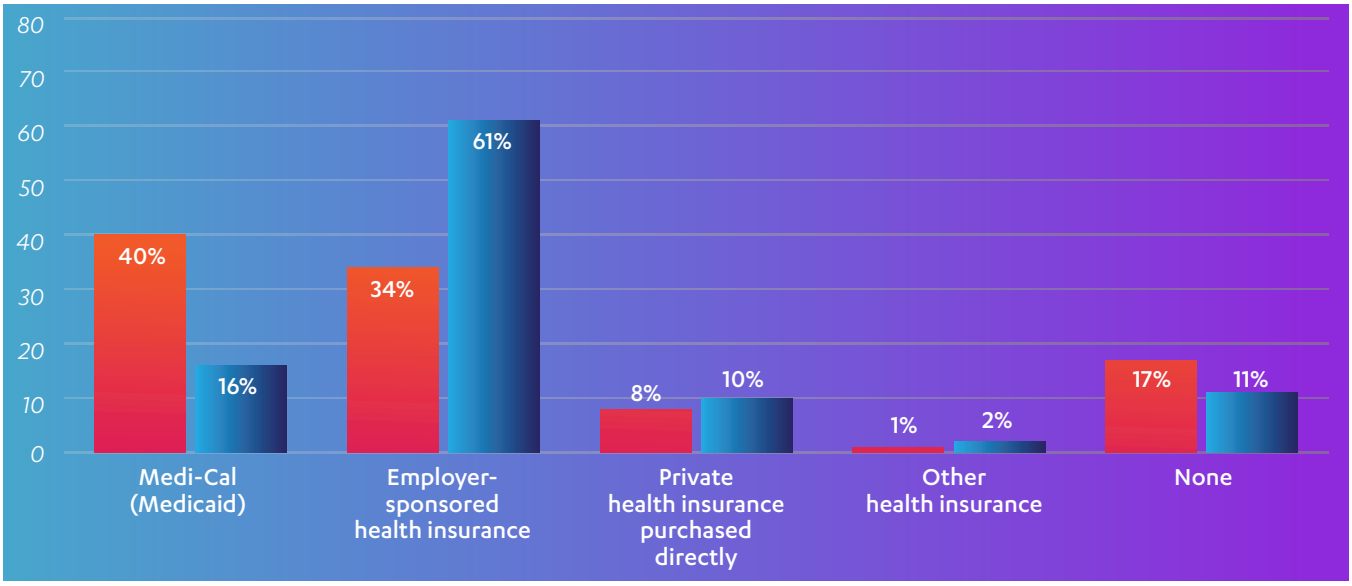
	Fast-food workers	All workers
16–18	20	21
19–24	27	31
25–39	32	40
40–64	36	40
65+	26	35
All	28	39

Source: Authors' analysis of 2017–2019 IPUMS American Community Survey (ACS) data.

Health Insurance

Fast-food workers in Los Angeles are one and half times more likely to be uninsured and two and a half times more likely to be enrolled in Medi-Cal than the workforce as a whole. Fast-food workers are half as likely to be enrolled in a job-based health plan through their own or a family member's employer.

Figure 14. Health insurance coverage



Source: Authors' analysis of 2017–2019 IPUMS American Community Survey (ACS) data.

Conclusion

A growing body of research shows that workplaces are a common vector of COVID-19 community transmission,[47] and food service workers face particularly acute risk. Essential workers who risk getting sick on the job are more likely to be Latinx and to live in overcrowded housing where social distancing is difficult or impossible. Nowhere is the racial and economic inequality of COVID-19 transmission among essential workers more pronounced than in Los Angeles, where deaths among Latinx residents increased by 1,000% between November 2020 and January 2021.[48] More than 72% of fast-food workers in Los Angeles are Latinx, nearly 70% are women, and 90% are workers of color. The average fast-food worker in Los Angeles County earns less than $26,000 per year. Nearly half live in households with five or more people, over half of those who rent their housing are rent-burdened, and seven in ten live in households where someone relies on the public safety net to survive. Fast-food workers live in multi-generational housing; 69% live in households of four people and one in three with someone older than age 55. These workers are the most likely to contract and transmit COVID-19 to communities the least able to contain it.

This report provides a portrait of fast-food workers, one of the groups most hard-hit by COVID-19 transmission and mortality. These findings call for policy intervention to stop the transmission of COVID-19 in fast food and the communities where fast-food workers live .

Appendix A: Detailed Methodology

Industry Data

For industry data, we used the NAICS code Food Services and Drinking Places (722) and code Limited-Service Restaurants (722513) and included data from the following government sources:

- Quarterly Census of Employment and Wages 2019
- US Census Bureau, 2018 County Business Patterns

Worker Earnings and Demographics

To calculate wages, we used the May 2019 Occupational Employment Statistics (OES), which provides a three-year sample for 2017–2019. We used occupation codes Cooks, Fast Food (35-2001) and Fast Food and Counter Workers (35-3023).

For demographic, family, and household data, we used the American Community Survey 2017–2019, NAICS code Restaurant and Other Food Services (8680). For 2017, we used occupation codes Combined Food Preparation and Serving Workers, Including Fast Food (4050), Counter Attendants, Cafeteria, Food Concession, and Coffee Shop (4060), and Cashiers (4720). For 2018 and 2019, we used occupation codes Fast Food and Counter Workers (4055) and Cashiers (4720).

Public Cost of Safety Net Utilization

To calculate the utilization of safety net programs by families of fast-food workers (defined as working 27 or more weeks per year and 10 or more hours per week), we mainly relied on four sources of data: the US Census Bureau's American Community Survey (ACS), the March Supplement of the US Bureau of Labor Statistics Current Population Survey (CPS), the US Bureau of Labor Statistics Occupational Employment Statistics (OES), and administrative data from the Medicaid, CHIP, TANF, EITC, and SNAP programs. Medicaid figures exclude aged, blind, and disabled enrollees. The ACS surveys a large number of respondents and asks them about their work history, income, and family structure. The March Supplement, also known as the Annual Demographic Supplement, asks respondents about receipts of cash and noncash transfer payments during the past year and includes questions about the programs we examined in this analysis. The OES provides accurate employment counts by occupation at the substate level.

Survey databases like the ACS and CPS frequently have safety net program utilization counts that differ from program administrative data. We adjusted the CPS so that its program utilization estimates match the program administrative data. The CPS does not provide a large enough sample size to accurately estimate program utilization for fast-food workers at the state or county levels. The ACS does have sufficient sample size for this analysis but lacks specific questions about program utilization, and its occupational employment counts differ from more accurate data like the OES. We built a model using CPS data to predict program utilization based on income, demographics, and family structure. We then used that model to impute program utilization onto the ACS data and adjust the employment counts in the ACS to match the OES data. We used that imputed and adjusted ACS data to analyze safety net program utilization in families of fast-food workers.

Appendix B: Data Tables for Los Angeles and California, 2017–2019

Table 6. Hourly wage distribution and median wage (weighted average)

Hourly wage percentile	Fast-food workers, LA	All workers, LA	Fast-food workers, CA	All workers, CA
10th	11.28	11.92	11.29	11.93
25th	11.70	13.92	11.72	14.17
50th (median wage)	12.40	20.52	12.47	21.24
75th	13.88	35.34	14.28	36.44
90th	15.22	56.74	16.56	58.75
Annual median wage	25,791	42,680	25,945	44,180

Source: 2019 Occupational Employment Statistics (OES) data, which includes 2017–2019 samples.

Table 7. Economic characteristics: Percent full-time/part-time, full-year/part-year

Characteristic	Fast-food workers, LA	All workers, LA	Fast-food workers, CA	All workers, CA
Full time/part time				
Full-time (35+ hours)	31.0	77.3	27.2	77.0
Part-time 1 (16–34 hours)	53.7	17.3	54.0	17.3
Part-time 2 (< 16 hours)	15.3	5.4	18.8	5.7
Full year/part year				
Full-year (50+ weeks)	61.8	83.0	58.7	82.3
Part-year (< 50 weeks)	38.2	17.0	41.3	17.7

Source: Authors' analysis of 2017–2019 IPUMS American Community Survey (ACS) data.

Table 8. Average weekly hours by age group

Age group	Fast-food workers, LA	All workers, LA	Fast-food workers, CA	All workers, CA
16–18	19.8	21.4	19.7	21.0
19–24	26.5	31.2	25.8	32.0
25–39	32.1	39.5	32.1	39.8
40–64	36.0	40.1	34.7	40.3
65+	26.4	34.9	34.9	33.8
All	28.0	38.6	26.8	38.6

Source: Authors' analysis of 2017–2019 IPUMS American Community Survey (ACS) data.

Table 9. Worker characteristics (percentages)

Characteristic	Fast-food workers, LA	All workers, LA	Fast-food workers, CA	All workers, CA
Gender				
Male	31.0	54.5	32.3	54.4
Female	69.0	45.5	67.7	45.6
Race/ethnicity				
Latinx	72.6	46.1	60.3	37.5
Black	4.9	7.1	4.5	5.1
Asian	10.4	15.6	12.2	15.8
White	10.4	28.7	20.0	38.3
Native American	1.8	0.2	0.2	0.3
Other		2.4	2.8	2.9
Foreign-born				
No	68.1	58.9	73.3	65.8
Yes	31.9	41.1	26.7	34.2
Age group				
16–18	16.7	1.0	22.9	1.4

Characteristic	Fast-food workers, LA	All workers, LA	Fast-food workers, CA	All workers, CA
19–24	44.9	9.6	44.1	10.5
25–39	25.7	36.7	21.6	36.0
40–64	12.0	47.5	10.7	46.7
65+	0.6	5.1	0.8	5.3
Education level				
Less than high school	15.2	10.7	17.7	8.6
High school	41.9	27.6	44.3	28.6
Associate degree/ some college	36.7	25.1	32.3	25.7
Bachelor's degree	6.0	24.3	5.1	23.5
Advanced degree	0.3	12.4	0.7	13.6
Health insurance				
Medi-Cal (Medicaid)	39.7	15.5	36.4	13.9
Employer-sponsored health insurance	33.9	60.6	40.8	64.8
Private health insurance purchased directly	8.1	10.0	8.2	9.0
Other health insurance	1.0	2.4	1.9	3.2
None	17.3	11.5	12.7	9.1
Transportation to work				
Private vehicle	71.7	84.0	79.2	83.9
Public transportation	16.5	6.3	9.5	5.5
Bike or walk	8.2	3.1	7.6	3.4
Other	3.5	6.6	3.7	7.1

Source: Authors' analysis of 2017–2019 IPUMS American Community Survey (ACS) data.

Table 10. Household characteristics (percentages)

Characteristics	Fast-food workers, LA	All workers, LA	Fast-food workers, CA	All workers, CA
Federal poverty level				
< 100%	*15.2*	*6.5*	*16.1*	*6.2*
100–150%	*13.4*	*6.5*	*12.2*	*5.7*
150–200%	*16.4*	*8.4*	*12.7*	*7.4*
200–400%	*36.9*	*31.0*	*34.4*	*28.4*
400+%	*18.0*	*47.7*	*24.7*	*52.4*
Other household income characteristics				
Renters who spend more than 30% of income on rent	*53.9*	*44.9*	*54.0*	*42.3*
Average worker share of family total income	*39.7*	*76.6*	*34.1*	*75.3*
Main earner in family	*25.2*	*54.8*	*24.5*	*54.6*
Family status				
Married with-out children	*6.3*	*16.9*	*5.4*	*18.9*
Married with children	*10.9*	*31.9*	*9.7*	*33.2*
Not married with-out children	*70.6*	*40.8*	*75.1*	*38.4*
Not married with children	*12.3*	*10.4*	*9.9*	*9.5*
Median Family Size (number)	*4*	*3*	*4*	*3*
No. of house-hold members				
1	*3.5*	*10.3*	*3.6*	*9.5*
2	*9.3*	*23.4*	*10.3*	*24.7*
3	*18.6*	*20.2*	*18.2*	*20.5*
4	*23.2*	*20.8*	*24.9*	*21.0*

Characteristics	Fast-food workers, LA	All workers, LA	Fast-food workers, CA	All workers, CA
5	19.8	12.2	18.8	12.1
6	13.1	6.3	11.3	6.1
7+	12.5	6.7	12.9	6.2
No. of family members				
1	10.3	18.2	12.0	17.6
2	8.9	21.6	9.7	23.3
3	16.2	18.3	16.7	18.5
4	22.6	19.5	23.1	19.4
5	18.9	11.2	17.4	10.9
6	12.5	5.7	10.1	5.4
7+	10.7	5.6	10.9	5.0
No. of household members age 55+				
0	65.2	56.3	65.6	58.0
1	22.4	21.4	20.5	20.1
2	11.0	19.7	12.3	19.6
3+	1.4	2.6	1.6	2.3
Age group sharing household with a parent				
16–18	92.5	83.9	90.1	85.0
19–24	82.1	66.5	75.2	60.9
25–39	39.2	28.5	37.6	24.4
40–64	7.5	8.5	9.3	7.5
65+	8.2	2.0	8.6	1.6

Source: Authors' analysis of 2017–2019 IPUMS American Community Survey (ACS) data.

Acknowledgments

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Search Results

Bill	Topic	Organization	CSAC Position
AB 257	(Gonzalez, Lorena D) Food facilities and employment.	Farrah McDaid Ting	Watch

Total Measures: 1
Total Tracking Forms: 1

4/13/2021 12:03:19 PM

Search Results
Tuesday, April 13, 2021

AB 257 (Gonzalez, Lorena D) Food facilities and employment.

Would enact the Fast Food Accountability and Standards Recovery Act or FAST Recovery Act. The bill would establish the Fast Food Sector Council (council), to be composed of 11 members to be appointed by the Governor, the Speaker of the Assembly, and the Senate Rules Committee, and would prescribe its powers. The purpose of the council would be to establish industry-wide minimum standards on wages, working hours, and other working conditions related to the health, safety, and welfare of, and supplying the necessary cost of proper living to, fast food restaurant workers, as well as effecting interagency coordination and prompt agency responses in this regard.

League Position: Watch **Primary Lobbyist:** Mehryar, Bijan **Policy Committee :** GTLR

Desk	**Policy**	Fiscal	Floor	Desk	Policy	Fiscal	Floor	Conf. Conc.	Enrolled	Vetoed	Chaptered
1st House				2nd House							

Total Measures: 1

4/13/2021 12:05:23 PM

Print Form

Introduction Form

By a Member of the Board of Supervisors or Mayor

Time stamp
or meeting date

I hereby submit the following item for introduction (select only one):

- ☐ 1. For reference to Committee. (An Ordinance, Resolution, Motion or Charter Amendment).
- ☑ 2. Request for next printed agenda Without Reference to Committee.
- ☐ 3. Request for hearing on a subject matter at Committee.
- ☐ 4. Request for letter beginning :"Supervisor [ ] inquiries"
- ☐ 5. City Attorney Request.
- ☐ 6. Call File No. [ ] from Committee.
- ☐ 7. Budget Analyst request (attached written motion).
- ☐ 8. Substitute Legislation File No. [ ]
- ☐ 9. Reactivate File No. [ ]
- ☐ 10. Topic submitted for Mayoral Appearance before the BOS on [ ]

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

☐ Small Business Commission ☐ Youth Commission ☐ Ethics Commission

☐ Planning Commission ☐ Building Inspection Commission

Note: For the Imperative Agenda (a resolution not on the printed agenda), use the Imperative Form.

Sponsor(s):

Mar; Walton, Chan

Subject:

Supporting Assembly Bill 257 (Gonzalez)

The text is listed:

Resolution supporting California State Assembly Bill No. 257, authored by Assembly Member Lorena Gonzalez of District 80, to enact the Fast Food Accountability and Standards (FAST) Recovery Act, legislation that would empower and protect California's half-a-million fast food workers.

Signature of Sponsoring Supervisor: /s/ Gordon Mar

For Clerk's Use Only