

[Multiple reports](#) from across the country have shown that the burdens of the COVID-19 [health](#) and [economic](#) crisis are borne disproportionately by minority populations. [This is true in Colorado as well](#), where Hispanics, the dominant minority group in the state, [form 20% of the state population and about a third of COVID-19 cases](#). While the virus does not discriminate, it does prey harder upon those with underlying health conditions. Hispanics in Colorado are more likely to have underlying health conditions like [obesity](#) and [diabetes](#), which, are known to increase the potential severity of COVID-19. The health toll of this pandemic on people of color in Colorado mirrors the glaring racial/ethnic inequality in [access to health care](#) & [economic opportunities in the US as a whole](#).

The economic fallout of COVID-19 crisis will also disproportionately affect people of color and women in Colorado due to existing inequalities and segregation in the labor market along gender and racial/ethnic lines. A large proportion of Coloradan Hispanic workers, especially Hispanic women, have low-paying insecure jobs, often in the service sector, which require face-to-face interaction with public. As shown in Table 1, Hispanic women workers are most likely to be the worst affected by the layoffs during the coronavirus lockdown since more than half of the employed Hispanic women, about 56%, are in industries with the highest unemployment claims during March-April 2020.

Table 1: Employment Share by gender/ethnicity in Top 5 industries with highest unemployment claims in March-April 2020

	Top 5	Top 5 (only NO REMOTE WORK jobs)
Hispanic men	35.75%	16.58%
Hispanic women	56.02%	35.57%
White men	23.16%	11.32%
White women	44.77%	27.17%

Note: Top 5 includes Accommodation and Food Services, Retail Trade, Healthcare and Social Service, Administrative support and Waste Management Services, and Arts, Entertainment, Recreation services.

Source: CDLE

The reopening of the economy in CO is slowly easing restrictions imposed on some of non-essential economic activities. While the workers in jobs with high public contact are now able to resume work, they also face a high risk of exposure to COVID-19 infection due to the nature of these jobs. Who are these workers? Do they have decent wages and health care benefits? This research/policy brief answers these questions by analyzing the gender and ethnic distribution of Coloradan workers in jobs with different possibilities to work from home and infection risk exposure. We look at the wages and employer healthcare benefits of those in jobs with no remote work possibility and high public contact, by gender and ethnicity, to assess the most vulnerable group of workers in the state. Last, we recommend some immediate policy responses to protect these vulnerable workers and their households in CO's economy.

Occupational risk of COVID-19 exposure

The framework in Table 2 presents a distribution of occupations by workers' risk of exposure to infection. Data for workers' occupations, work hours, wages & health insurance comes from IPUMS, which is compiled from the 2018 American Communities Survey.

The largest share of Hispanic women workers in Colorado (41.74%) are in occupations without the possibility of working from home and with a high need for public interaction, making this group at the highest risk of exposure from infection from COVID-19. The largest share of employed Hispanic men in Colorado (49.04%) are in occupations with a low possibility of working from home, and although these jobs need low public contact, many of them being factory & agricultural jobs, entail close physical proximity to co-workers. Thus, putting these workers at high risk of COVID-19 infection as well. Given high incidence of underlying health conditions and lack of healthcare access and benefits among Hispanics in Colorado, these workers and their families are the primary group that is at the highest risk of exposure to infection in the State of Colorado. The majority of white non-Hispanic women (45.36%) and men (38.90%)

REDI focuses on engaged research-driven analyses, informing industry, policy and community development perspectives in service to Colorado, with a focus on shared challenges and opportunities to connect rural and urban places. We engage with public, private, and non-profit partners seeking to promote sustainable regional economic development, providing apolitical, scholarly and actionable research and policy.

are in occupations with a high possibility of working from home and low need for public interaction putting them at lower risk of exposure to infection from COVID-19. Combining classifications 3 and 4 by gender and ethnicity we see that the shares of Hispanic women and men workers in CO who are at the highest risk of exposure to infection from COVID-19 are extremely high, 67.48% and 74.18% respectively. The shares of white non-Hispanic women and men workers facing similar risk are 40.56% and 46.67% respectively.

It should be noted that even for those women who are able to work from home minimizing their infection risk will be a particular challenge due to their socially assigned expectations for care work. The vast majority of single parent families are headed by women making the task of working from home while also homeschooling or caring for children especially difficult. And for those who are called back to work with the gradual reopening under Governor Polis’s “Safer At Home Order” they face the challenge of what to do with children who are not in schools or day cares or in summer camps and other supervised activities that are often utilized during the summer school break.

Table 2: Distribution of Coloradoan workers by different classification of working from home & coronavirus risk exposure

Possibility of working from home (WFH) & coronavirus risk exposure					
Classification By ethnicity/race and gender	Classification 1: High WFH Possibility Low Infection Risk Exposure High computer-use and low need for public interaction at work	Classification 2: Moderate WFH Possibility Moderate Infection Risk Exposure High computer-use and moderate need for public interaction at work	Classification 3: Low WFH Possibility Higher Infection Risk Exposure Low computer-use and low need for public interaction at work	Classification 4: No WFH Possibility High Infection Risk Exposure High need for public interaction at work	Classification 5: No WFH Possibility Lower Infection Risk Exposure Low need for public interaction
Hispanic men	13.71	9.47	49.5	20.31	7.01
Hispanic women	27.05	14.85	15.63	41.74	0.73
White men	38.90	11.56	25.94	18.00	5.61
White women	45.36	13.17	8.00	32.12	1.35
Examples of Classification	E.g., Business & finance, computers, mathematics, architecture, engineering, life & social sciences jobs	E.g., Management, administration, arts, online sales & recreation service jobs	E.g., Agricultural, construction, repairs & maintenance & factory jobs, and service jobs in wholesale & clerical jobs	E.g., Healthcare & social service jobs, personal care, food & accommodation, domestic & janitorial service jobs	E.g., Some factory jobs, material movement jobs, protective service jobs like patrol officers

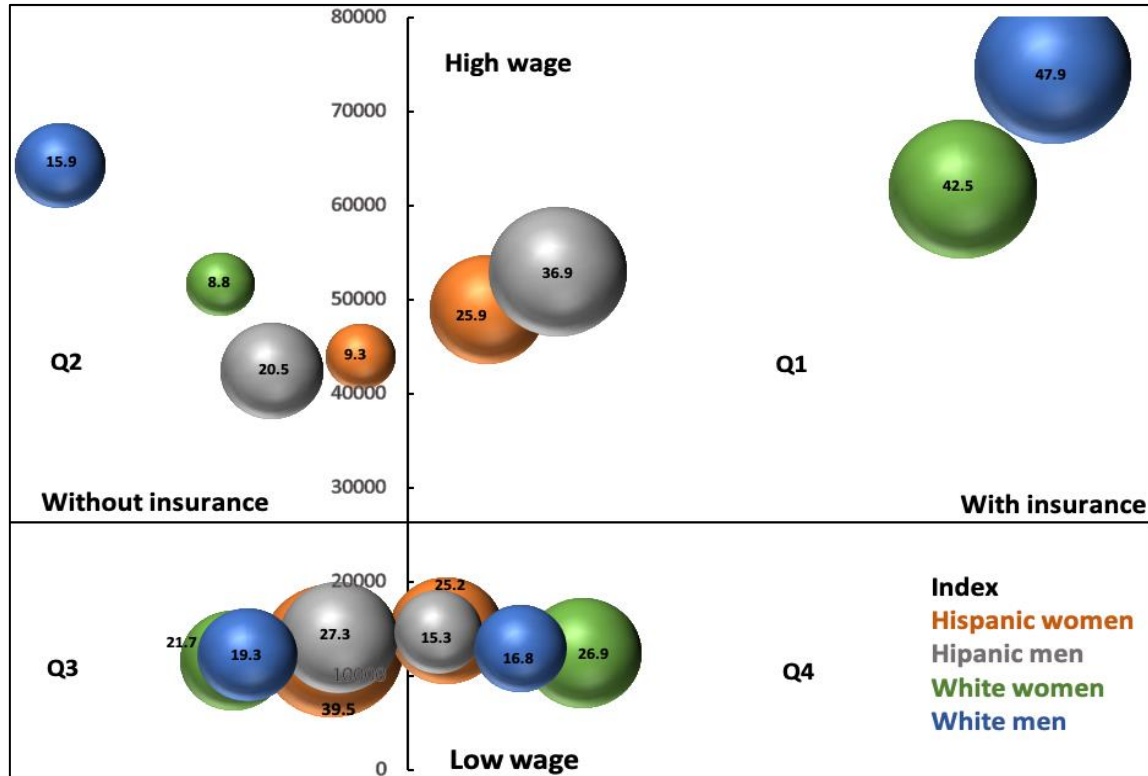
Wage and benefit structures

High public-contact jobs are usually the most low-paying occupations without any health benefits from the employer, except for some health care jobs like doctors and nurses etc. In 2018, about 70% of the workers in private sector employment in Colorado had healthcare coverage through their employer. A large share of Hispanic women in high public-contact jobs, 49%, are without employed provided health insurance, and 13% have no health insurance coverage at all. For many low-income workers, basic health insurance coverage does not guarantee high quality healthcare benefits. Faced with high deductibles and maximum out of pocket expenses, many are discouraged from seeking healthcare.

We assess the incidence of vulnerability among workers in occupations with high public contact & coronavirus risk exposure using their annual earnings and employer provided

health benefits. Using a [cut-off of \\$26,400/year to divide workers by high- and low-wage occupations](#), Figure 1 shows that the majority of White women and men work in high wage occupations with health insurance benefits with a somewhat higher percentage of men than women in those occupations. Even within the high-wage occupations, the average wage of white workers, especially, white men, is relatively higher than that of Hispanic workers. Among the low-wage jobs, there are no major differences in the average wage by gender and ethnicity. However, the picture of health insurance coverage among low-wage workers in high public-contact jobs sheds light on the incidence of vulnerability among the four groups. The majority of Hispanic women work in low-wage occupations without health insurance making them especially vulnerable as these are also high health risk occupations. Lack of health insurance is particularly problematic for those workers and their families.

Figure 1: Distribution of Workers by Gender and Ethnicity/Race across High-wage & Low-wage occupations with and without Health Insurance



Note: Bubble size corresponds to the share of each group in the particular quadrant. E.g. the orange bubble in Q1 is the share of Hispanic women (25.9%) in high wage (<\$26400/year) jobs with insurance, while in Q3 it represents the share of Hispanic women (39.5%) in low-wage jobs without insurance. Data labels in the bubble are the % of each group in the given quadrant.

Policy Response

From a policy perspective there is widespread concern across the US about the lack of protections for workers with the lifting of “stay-at-home” orders and the “re-opening of the economy”. Given the ethnic disparity in CO with respect to the health risks associated with a “return to work” any policy recommendations must pay particular attention to the circumstances of Hispanic women and men workers in the state. Many existing policy initiatives are not currently available to immigrants which also disproportionately affects Hispanic workers in CO. Furthermore, although we lack data on undocumented workers in the state it should also be noted that they two are much more likely to be working in occupations with high health risk including for example construction, agriculture and domestic service. From a

humanitarian standpoint, state policy should include protections for all workers and their families.

“Reopening the CO economy” successfully without producing a new surge of COVID-19 infections requires that vulnerable workers are able to return to work and not face negative health effects. In that respect, widespread testing, especially in larger workplaces and schools/colleges along with monitoring and contact tracing would be the most effective path to success. In the absence of that much more needs to be done in terms of existing policy initiatives and possible new initiatives. At the moment, the state is facing a \$3 billion deficit in the fiscal 2021 budget, and without prioritizing the needs and safety of our workers, especially, those in vulnerable economic and health situations, true recovery will not happen for a long time.

REDI focuses on engaged research-driven analyses, informing industry, policy and community development perspectives in service to Colorado, with a focus on shared challenges and opportunities to connect rural and urban places. We engage with public, private, and non-profit partners seeking to promote sustainable regional economic development, providing apolitical, scholarly and actionable research and policy.

Expansion of Health Insurance Coverage

The down-side of a system of employer-sponsored health insurance has been evident in this crisis not only because many of the millions of workers who have lost their jobs have lost health insurance but also because many employers do not provide their workers with health insurance benefits. For unemployed workers who have lost health insurance and for workers who do not receive health insurance benefits from their employer the situation is dire. There is an immediate need to (a) increase access to subsidies to purchase health insurance through the *Connect for Health Colorado* exchange as well as to reduce maximum out-of-pocket costs or alternatively (b) expand Medicaid coverage for unemployed workers and low-wage workers who lack employer provided insurance. Since Hispanic workers are disproportionately represented in occupations where employers do not provide health insurance this is especially important for their health and the health of their families. Facing a higher risk of infection in their jobs these workers also risk infecting family members if they themselves are infected. Without insurance, health care costs can be prohibitive, and can discourage people from seeking treatment for illness that may result in unnecessary deaths.

Expansion of Paid Sick Leave and Paid Family Leave

The Family First Coronavirus Response Act (FFCRA) part of the Federal CARES Act provides:

- Two weeks of paid sick leave at regular pay if an employee can't work because they are quarantined and/or are experiencing COVID-19 symptoms and seeking a medical diagnosis, or
- Two weeks of paid sick leave at two-thirds pay if the employee can't work because they are caring for someone who is quarantined or caring for a child (under 18 years) due to day-care or school closures due to COVID-19
- Up to 10 weeks of paid expanded family and medical leave at two-thirds pay if the employee has to care for a child due to day-care or school closures due to COVID-19.

Only employers with 500 or fewer employees are required to provide leave through the FFCRA. The Colorado HELPS rules provide for two weeks of paid sick leave at two-thirds pay if an employee can't work because they are quarantined and/or exhibiting symptoms of COVID-19 and seeking a medical diagnosis to workers in a broader range of industries including businesses with more than 500 workers. For workers who become infected by the virus and if the illness extends beyond that two-week period, there should be an automatic extension of the paid sick leave provisions with documentation from a physician and the coverage should extend until a physician determines a person is able to return to work.

Expansion of paid Child care benefits and support for child-care centers

Mothers across the spectrum, stay-at-home to work-from-home to essential workers, have been severely affected by closures of school and childcare centers. Partnered women in secure professional jobs have seen negative effect on their paid work due to additional housework and childcare responsibilities. The situation is generally worse for single mothers, and women working in jobs with no remote work possibility. Single mothers, especially in low-income households, rely on social networks for help with childcare. This is especially true of Hispanic and African-American households, where one family may stretch over several households. Due to COVID-19 infection risk and social distancing, many women have lost their most important support mechanisms, and without affordable childcare options, they are unable to go back to work.

The state of Colorado established a system of emergency child care and provided a 100% tuition credit to cover childcare for all the essential workers. This system & benefit was initially made available through May 17 and it expired on May 24, 2020. Now, the system, as earlier, only provides child care assistance to families with incomes less than 85% of the State Median Income, which is somewhere between \$4602 for a household of 2 to \$9542 for a household of 9. Such low thresholds for household incomes exclude many desperate parents with meagre incomes from receiving State child care assistance. While the pandemic is still ongoing and schools and summer camps for children remain cancelled, lack of state assistance in child care may hamper labor market participation of some workers, especially those in single-parent or both parents working low-income households. Therefore, it is essential that the COVID-19 emergency childcare system stays in place for essential workers, and it must be extended to non-essential workers in low-income households, esp., single parents or both parents working. These non-essential low-income workers are at most peril in the post-lockdown period. Without affordable childcare support, they will be left in dire situation where they either not work and make no income or work and risk infecting their kids and others if they rely on family or friends for child care. Beyond paid sick leave regulations that create safe environments in child care centers and summer programs for school age children will be needed to extend the protections from the 12 weeks of paid parental leave to care for children when schools and child care centers are closed. During the summer months when schools are out of session working parents depend on a myriad of programs to cover the care of children who are not old enough to stay on their own.

The argument to provide for child-care benefits is feasible as long as there are child care centers providing this service. The new social distancing measures such as limits of 10 children per classroom, have made survival more difficult for child-care businesses, which already operated on very thin margins.

While child-care is treated as an essential service during the pandemic, it is not typically treated that way. The fact that child-care in the US is not a public good, nor is it subsidized by the government is evidence of this reality. While this crisis has overburdened the care workers, paid and unpaid, it has also illustrated the critical and essential nature of care work in our society. In addition to providing immediate measures to [support child-care centers](#) and low-income parents' child care needs, this crisis opens up a window of opportunity to push for reforms in the American child care sector. And this is critical for women workers in particular who are disproportionately facing the conflict of going back to work and the need to care for children.

Provision of Mental health support for healthcare workers.
Recent evidence shows a large number of healthcare workers are already suffering from anxiety, PTSD, psychological stress and exhaustion. A large majority of these workers have limited health benefits and low wages. Our analysis shows that in 2018 Hispanic women in healthcare occupations in Colorado had median annual earnings of only \$33000, and about 32% of them did not have employer-provided health benefits. With such poor monetary and health benefit options, these healthcare workers will not be able to access support to deal with mental trauma. So, the question is - *who will protect the population, if a large majority of healthcare workers are unable to cope with mental health effects of this crisis?*

OSHA Regulations and Enforcement

Industries with factory production cannot operate from home, therefore, to reduce lay-offs and help factory workers safely return to work, immunity/antibody testing can be useful measure. In addition, the organization of workplaces to ensure social distancing and other work Workers' immunity testing in targeted industries, especially in factory jobs occupations where the workers are in close contact with each other but away from public. It may be possible to let those already exposed continue working in normal ways, but those without exposure can use extra caution & PPE and work in separate groups and locations. This measure can also be used for workers in agriculture.

Health Department Regulations and Enforcement

Stricter rules to implement social distancing measures and the use of appropriate protective gear like masks are needed and there must be enforcement of these rules. This measure needs to be enforced not only on the businesses, but also on general public. As we have been seeing over the last month an

unwillingness by some members of the public to conform with wearing of masks. Such behavior increases the risk of infection and creates a threat to personal safety, especially, for workers in high public contact jobs who are required to enforce these rules.

Messaging to the Public

The cultural and political preferences of people change their perception of the threat of the virus and measures needed to protect the population. This not only creates resentment towards the other side, it also risks the safety of everyone. While this is a deeper issue, in the current situation, some immediate measures can help alleviate the tensions and make people comply. For instance, finding credible sources or role models for different audiences to share public health messages. E.g., pastors or church leaders to target people in religious communities. Spreading the voices of locally respected doctors' and nurses' along with their photos & messages in print media across counties and cities could prove effective. While we are seeing a lot of information on the plight and struggles of healthcare workers, having seen the one who takes or has taken care of you or a close family member, tends to make a bigger impact and possibly, create attitudinal changes.

REDI focuses on engaged research-driven analyses, informing industry, policy and community development perspectives in service to Colorado, with a focus on shared challenges and opportunities to connect rural and urban places. We engage with public, private, and non-profit partners seeking to promote sustainable regional economic development, providing apolitical, scholarly and actionable research and policy.

COVID RESOURCES for Colorado

[Families First Coronavirus Response Act: Employee Paid Leave Rights](#)

This page explains the Families First Coronavirus Response Act: Employee Paid Leave Rights in more detail. The information that is included is: qualifying reasons for the leave, duration of leave, eligible employees, covered employers, and the calculation of pay.

[Colorado Health Emergency Leave with Pay](#)

This page explains the Colorado Health Emergency Leave with Pay guidelines. It also has a helpful section of frequently asked questions regarding the policy.

[Emergency Child Care for Essential Workers in Colorado](#)

This page is an article which explains the emergency child care policy in Colorado. There is contact information for Colorado Shines and the document is also available in Spanish.

[Colorado Emergency Child Care Collaborative](#)

This resource is from the Colorado Emergency Child Care Collaborative. The Emergency Child Care program will conclude May 24th. However, the following two programs are being implemented: the Colorado Child Care Assistance Program and Colorado Shines Childcare Resource and referral program. Links for these programs are available on this site.

[Guidance on Preparing Workplaces for COVID-19](#)

The following link gives an extensive and detail overview for workplaces to prepare for COVID-19.

[About COVID-19 in Colorado](#)

This resource is from the Colorado Department of Public Health and Environment and the Colorado State Emergency Operations Center. The information on this page includes: how COVID-19 spreads, symptoms and severity of COVID-19, information about higher-risk people, and what to do if you are sick. There are also links to other information about COVID-19.

[Reducing fear and taking care of yourself](#)

This resource is from the Colorado Department of Public Health and Environment and the Colorado State Emergency Operations Center. It gives information about ways to reduce fear and stress and how to take care of yourself during the COVID-19 pandemic. There is also contact information for the Colorado Crisis Services and the Disaster Distress Helpline.

[Coping with Stress from COVID-19](#)

This resource is from the CDC and gives information on coping with stress during the COVID-19 pandemic. There are a number of topics discussed and information on national resources.

[COVID-19 Information from the Colorado Office of Behavioral Health](#)

This link has numerous resources for addressing mental health in adult and children from the Colorado Department of Human Services.