

Wage Theft as a Neglected Public Health Problem: An Overview and Case Study From San Francisco's Chinatown District

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Wage theft, or nonpayment of wages to which workers are legally entitled, is a major contributor to low income, which in turn has adverse health effects. We describe a participatory research study of wage theft among immigrant Chinatown restaurant workers. We conducted surveys of 433 workers, and developed and used a health department observational tool in 106 restaurants. Close to 60% of workers reported 1 or more forms of wage theft (e.g., receiving less than minimum wage [50%], no overtime pay [>65%], and pay deductions when sick [42%]). Almost two thirds of restaurants lacked required minimum wage law signage. We discuss the dissemination and use of findings to help secure and enforce a wage theft ordinance, along with implications for practice. (*Am J Public Health*. Published online ahead of print April 17, 2014: e1–e11. doi:10.2105/AJPH.2013.301813)

Growing appreciation of the social determinants of health has helped reconnect public health with its roots in concern for social justice and the interdependence of factors such as poverty, residence in poor neighborhoods, racism, and adverse health outcomes.^{1–4} Yet, despite a growing body of literature documenting numerous adverse impacts of low income status on health,^{1,5,6} the issue of wage theft has been largely neglected in public health. Wage theft—or the nonpayment of wages and benefits to which workers are legally entitled—takes many forms, among them nonpayment of earned overtime, underpayment of the minimum wage, delayed or nonpayment of back wages, misclassification of employees as independent contractors, confiscation of tip money, and failure to grant mandated breaks or paid sick leave.

Although found across many industries and recently described as “a defining trend of the 21st century job market,”⁷ wage theft is particularly prevalent in low-wage jobs, in which a full-time, full-year worker does not earn enough to bring a family of 4 above the federal poverty line of \$21 200.⁸ Between a fifth and a third of all workers are estimated to be in low-wage jobs, where wage theft is at epidemic proportions.^{8–10}

Following a brief review of wage theft and its connection to public health, we describe the

methods, findings, and policy and related outcomes of a community-based participatory research (CBPR) study of wage theft among immigrant Chinese restaurant workers. Using Kingdon's¹¹ model of the policymaking process, particular attention is paid to the translation, dissemination, and use of findings to help develop and pass a citywide ordinance banning wage theft, and follow-up action leading to landmark levels of enforcement. We discuss implications for public health research, practice, and policy.

A GROWING EPIDEMIC OF WAGE THEFT

Across the nation, millions of workers are experiencing wage theft, the ripple effects of which also have an impact on the health of families, businesses, communities, and local economies. Fully 4.36 million workers received less than minimum wage in 2010.¹² Of these, almost two thirds were women and youths, African Americans, and Latinos.¹³ Low-wage immigrant workers are particularly likely to be victims of wage theft, in part because of their vulnerability to exploitation as a result of language, education, and citizenship status.^{14,15}

Payment of less than minimum wage is most common in agricultural work, child and home care,

clothing manufacturing, repair services, day labor, and venues such as restaurants.^{8,9,14,15}

Violations of legal paid overtime are also prevalent, particularly among low-wage workers. A representative survey of 4387 such workers in New York, New York; Chicago, Illinois; and Los Angeles, California, found that more than 76% had not received earned overtime pay the preceding week, and 69% had failed to receive meal breaks or had them reduced in time—all violations of labor law.⁹ Workers in the hospitality industry, nail salons, and other venues where tipping is common also frequently face confiscation of tip money.^{9,16,17} Finally, misclassification of employees as independent contractors is an increasingly common form of wage theft. State-level data suggest that between 10% and 30% of employers misclassify workers, in part to avoid having to comply with minimum wage and overtime laws, paid leave, and other basic accommodations.⁷

REDISCOVERING AN IMPORTANT CONNECTION BETWEEN WAGE THEFT AND PUBLIC HEALTH

Although few studies have examined low wages separate from education or family income as contributors to health problems,⁶ wages are indeed the largest category within income status, accounting for more than 60% of income for all workers and 80% for those in the paid labor force.^{18,19} In one of the few studies on low wages versus low-income status as a contributor to adverse health outcomes, Leigh and Du examined nationally representative longitudinal US data over 4 waves from 1999 to 2005 and found strong negative correlations between wages and hypertension, particularly among younger workers (aged 25–44 years) and women.⁶ Other studies have shown links between low

wages and diabetes, obesity, and breast cancer.^{20–22}

Wage theft—a major contributor to low wages and low-income status—has not been the focus of much public health research. Logic and reason suggest, however, that wage theft may exacerbate adverse health impacts of low wages and low-income status by generating income insecurity. Individuals not paid for hours worked, or paid less than what they earned, may not reliably be able to pay rent or heating, buy groceries, or access transit. This in turn may result in increased crowding or homelessness, hunger, decreased mobility, and decreased ability to pay for childcare or medical care—all having an adverse impact on health. Wage theft may also increase the number of hours or jobs worked, which may in turn decrease time spent with family, leisure time for physical activity, and sleep or rest.¹⁵

But wage theft also negatively affects society, creating unfair competition with law-abiding businesses, increasing demand on safety-net programs, and reducing needed tax revenues. According to one recent study,²³ wage theft is a \$30 billion problem nationally. Employers that violate wage laws are also less likely to offer health insurance and paid sick days.⁹ A little-studied aspect of wage theft—lack of enforcement of mandated paid sick leave—has particularly clear implications for public health. Several studies have shown a relationship between lack of paid sick leave and serious heart events, undertreated or exacerbated injuries or illnesses,²⁴ increased spread of influenza,²⁵ and failure to get mammograms and other cancer screenings.²⁶ At the time of this writing, only 3 cities, the District of Columbia, and Connecticut, have enacted paid sick leave legislation²⁷; even in these jurisdictions, the extent of compliance is difficult to discern as monitoring and compliance tend to be reactive, not proactive in nature.

To further explore wage theft as a public health issue, we turn to a study conducted in San Francisco, California, which has the highest minimum wage rate in the nation as well as some of the nation's only local employer mandates for health insurance coverage and paid sick leave. Even in this progressive labor environment, our research in the city's Chinatown District illustrates that wage theft is rampant and undermining healthy working

and living conditions for many workers. This study provides new local-level data, and we illustrate how the findings were used as part of the evidence base for municipal-level policy change.

A CASE STUDY OF IMMIGRANT RESTAURANT WORKERS IN SAN FRANCISCO'S CHINATOWN

We used a CBPR approach to study wage theft as part of a larger investigation of the health and safety of immigrant restaurant workers in San Francisco's Chinatown District.²⁸ An orientation to research, rather than a research method, CBPR is “systematic investigation, with the collaboration of those affected by the issue, for the purposes of education and action or effecting change.”^{29(p2)} The topic of wage theft quickly emerged from worker and community partners as the single most important issue on which they wanted to collect data. The focus of the study therefore broadened to include a heavier emphasis on wage theft, along with unsafe physical conditions and other, more traditional occupational health concerns.

San Francisco's Chinatown District is home to approximately 9400 people, most of them first- or second-generation immigrants whose median household income is \$17 630, roughly one quarter the citywide average of \$70 040.³⁰ As in other parts of the country, restaurants are the largest employer of Chinese immigrants in Chinatown, with a third of the neighborhood's workers in this industry. With a few notable exceptions,^{17,31–33} little research has been conducted with low-wage restaurant workers in general, and even less on wage theft among immigrant workers in restaurants. Yet, in addition to having among the highest numbers of nonfatal work-related physical injuries of any workers in the country³³ and high levels of psychosocial stressors,^{31,32} low-wage restaurant workers appear to be disproportionately subject to wage theft (e-mail communication, D. Levitt, director, Office of Labor Standards Enforcement, July 3, 2013).^{7,8,31}

DATA COLLECTION

We collected data from restaurant workers and from restaurants through (1) a cross-sectional survey of Chinatown restaurant

workers (n = 433) and (2) an observational survey of restaurant working conditions conducted by health department staff (n = 106).

Community-Based Participatory Research

Described by Horowitz et al.³⁴ as “the ultimate form of translational research,” CBPR may employ any of a wide range of research designs and methods. It engages community and other partners throughout the research process, from selecting and refining the research questions through interpretation, dissemination, and use of findings to help effect change.²⁹ A strong accent also is placed on recognizing and building on the assets of all partners and planning for sustainability.^{35,36}

To conduct this multimethod study, a partnership was formed in 2007 consisting of the Chinese Progressive Association of San Francisco (CPA); the University of California, Berkeley School of Public Health and its Labor Occupational Health Program; a professor of occupational medicine at the University of California, San Francisco; and the Environmental Health Section of the city's Department of Public Health (SFDPH). In addition, we hired and trained a core group of Chinatown restaurant workers who served as a key partner in the project. Previous collaborations among several of the partners on other CBPR projects and the project coordinator's deep roots in Chinatown greatly facilitated partnership creation and initial trust among partners. The partnership aimed to follow CBPR principles^{35,36} and also included an ongoing participatory evaluation of processes and outcomes.³⁷ A 12-member steering committee with members from each partner organization served as the project's primary coordinating and decision-making body.

The CPA hired 9 current or recent restaurant workers as worker coordinators. Predominately women in their 30s and 40s, they were monolingual Cantonese speakers or had very limited English-language skills. An initial group of 6 participated in an early 8-week training on topics ranging from workplace health and workers' rights to human participants protections and survey administration. An expanded group then met weekly or biweekly to provide feedback on study instruments and help develop a survey piloting and recruitment plan.

Barriers to participation included time constraints, with 2 coordinators dropping out because of work scheduling and family reasons and other current restaurant workers lacking the time to participate at the coordinator level.

Restaurant Worker Survey

The partners developed a 103-item questionnaire that included numerous questions about participants' experiences in restaurant work, validated scales to measure variables such as depression, and sociodemographic questions.³⁸

Survey questions determined the usual number of work hours per day, work days per week, overtime, hourly wages, monthly personal and family income, household size, and prevalence of paid overtime, vacation, holidays, sick leave, and uninterrupted 30-minute lunch breaks. Additional questions suggested by worker partners assessed whether the restaurants withheld initial paychecks, delayed or owed back wages, took part of workers' tip money, or called nonsmokers in earlier from breaks.³⁷⁻³⁹

We calculated yearly incomes on the basis of weekly work hours. We estimated yearly personal income as reported hourly wage times 2000 hours, assuming full-time work of 40 hours per week, 50 weeks annually. This assumption overestimates regular work hours (by ignoring part-time work) and underestimates total work hours (by ignoring overtime work) but comes close to the average number of 38.2 regular weekly work hours reported by our sample.

We assessed poverty in several ways: in relative terms as hourly wages below 60% (\$10.09) of the national median hourly wage in private industry (\$16.81) as reported by the Bureau of Labor Statistics⁴⁰; in absolute terms by comparing family income with federal poverty levels published for 2008⁴¹; and by comparing personal income with the respective poverty cut point of \$21 200 for a 4-person household.

We assessed several indicators of wage theft. We compared hourly wages with the city's minimum wage ordinance for 2006 through 2008, respectively, depending on the last year of Chinatown restaurant employment for which wages were reported. We assumed that there was a violation of the state law requiring

a 30-minute uninterrupted lunch break if the worker denied getting such a break, or reported a shortened break or employer interruptions during break time. We assessed compliance with the city's sick leave ordinance by asking employees "If you stay home sick one day, are you paid wages for that day?" Finally, several questions assessed the prevalence of potential tip theft including: "boss or company gets part of tips," "boss takes all tips," "boss takes a deduction from credit card tips," "credit card slips taken out of tip pool."

We quantified work hours, wages, wage theft, and poverty level for each individual worker and averaged for all workers, by gender and by 5 main occupational groups (cooks; kitchen workers, dishwashers; waiters, dim sum sellers, bus persons; cashiers; others). We quantified wage loss for violations of legal minimum wage, overtime, lunch break, and sick leave. We calculated overtime wage losses by assigning 1.5 times the hourly wage to the number of extra hours reported per week. For workers who did not get a 30-minute lunch break, we assigned a half-hour wage loss per workday. For workers not receiving paid sick leave we assumed the national average of 3 used sick days per year⁴² at their actual wages. We averaged all wage losses over the total sample including workers with no losses. Finally, we estimated the total amount of wage theft among Chinatown restaurant workers by adding the wage loss averages and multiplying this sum by 2500, the CPA's estimate of the total Chinatown restaurant workforce.

In addition to the worker coordinators, the CPA hired and trained 17 restaurant workers and community members to conduct the restaurant worker survey in the winter of 2008–2009. Adults aged at least 21 years who were currently working in or had worked in a Chinatown restaurant within the past 24 months were eligible to participate. Recruitment took place in venues identified as safe and appropriate by the CPA and the worker coordinators (e.g., popular coffee shops and a local park, as well as in the single-room occupancy hotels where about one third of the workers lived). No recruitment was conducted in restaurants. The questionnaire was written in Chinese and was administered by surveyors in Cantonese, Mandarin, or Toishanese. A total of 433 restaurant workers took the survey. We

excluded 28 from analysis because of incomplete data or if the participant's work in a Chinatown restaurant had ended more than 2 years ago.

Restaurant Observation Checklist

Health departments' routine food safety inspections have historically focused solely on consumer protection. As part of our study, SFDPH drafted, sought study partners' and restaurant inspectors' input on, and informally tested a new worker safety–focused observational tool. The restaurant worker safety checklist enabled the collection of information about occupational hazards, safety equipment, and 3 required labor law postings (for workers' compensation and the city's minimum wage and paid sick leave laws). Worker coordinators' recommendations resulted in important improvements to the final tool—for example, insuring that the checklist not only assessed whether required signage on labor laws was visible, but also whether these postings were in Chinese.

Health department staff members of the project team conducted the completed and pretested checklist in 106 of Chinatown's 108 restaurants during routine food safety inspections. It took approximately 15 minutes to complete.⁴³

DATA ANALYSIS AND INTERPRETATION

University partners cleaned and led the analysis of the survey data, as did health department partners for the restaurant data. Concurrently with data interpretation sessions involving all members of the partnership, university and health department partners conducted descriptive data analyses and produced reports detailing results^{37,43} (see Data Collection). During this period, the lead analysts regularly shared emerging results with all partners "in real time" and sought their feedback at steering committee, worker coordinator, and other project meetings. Indeed, a critical component of the analysis phase was the ongoing involvement of restaurant workers in data interpretation.

Six data interpretation workshops were held at CPA with the worker coordinators. Conducted in Cantonese with interpretation for

university and health department partners as needed, these workshops employed hands-on learning to teach worker coordinators to speak “data language” and to facilitate interpretation of findings. For example, worker coordinators would first be asked to formulate their own “guesstimates” of the survey findings, such as the percentage of respondents who reported receiving less than minimum wage. The actual findings from the data analysis would then be revealed and discussion and interpretation would follow. The CPA and worker coordinators provided many insights into the data not originally apparent to university and health department partners, and some of which added important new information to findings (e.g., concerning the common understanding of “paid sick leave” in this community) that otherwise might have been misinterpreted.

RESEARCH FINDINGS

Table 1 provides an overview of the socio-demographic characteristics of the workers, excluding those with incomplete data ($n = 405$). The majority was female (69%) and aged 40 years or older (72%), with 43% aged 40 to 49 years. Nearly 80% reported speaking little or no English, with 50% having less than a high-school education and just 5% having any college or vocational training. Although 55% reported being in the country 6 years or more, more than half (56%) reported being noncitizens. Fifty-two percent were native Cantonese speakers with the second largest group (41%) naming Toishanese as their native language. Only 1% were native English or other non-Chinese language speakers. Study participants were roughly divided between those working in the “back of the house” (cooks and kitchen staff) and the “front of the house” (waiters, cashiers, bussers, etc.).

Table 2 displays regular work hours, overtime, wages, and several forms of wage theft for all workers and by gender and occupational group. Total weekly work hours, including usual overtime hours, exceeded 40 hours for most workers, with cooks, kitchen workers, and dishwashers often working 6 or 7 days and on average more than 50 hours per week.

Average hourly wages were below minimum wage and ranged from \$7.11 among kitchen workers to \$8.68 for cooks. Average yearly

personal income from restaurant work ranged from \$11 092 for cashiers to \$21 175 for cooks. These wages fall below relative poverty levels for 91.5% of restaurant workers and below absolute levels based on personal income for 75.3% of all workers. Taking into account income from other household members would indicate absolute poverty for 23.7% of restaurant worker households. Most workers (80%) did not get any paid vacation or holidays.

Fifty-eight percent ($n = 235$) of workers reported experiencing wage theft. Minimum wage law violations were experienced by 50% of all workers and by 70% of kitchen workers and dishwashers, resulting in an average wage losses of \$3342 per year and nearly double this amount (\$6187) for kitchen workers and dishwashers. About 45% of all workers failed to receive an uninterrupted lunch break, equivalent to an additional \$106 wage loss per year for all workers. Although 40% of study participants reported working extra hours, 65% did not get paid overtime, resulting in \$763 yearly wage losses for workers with overtime, or an average of \$565 for all workers.

Mandatory paid sick leave was self-reported as not available for 42% of workers. Yet, as worker coordinators pointed out, even this figure may underestimate the extent of the problem, as there is a prevalent and erroneous belief that making up an extra day of work for one that was taken off without pay constituted “paid sick leave.”⁴⁴

About a quarter of all workers reported that their boss withheld initial paychecks when they were hired, or delayed or owed wages at some time. A third of all workers reported that the boss kept some or all tips and 59% responded that they did not know what happened to tips, suggesting that fewer than 8% of workers observed appropriate distribution of tips.

(No workplaces are exempt from the federal minimum wage on the basis of the number of employees. Most states apply the federal rule for tipped workers, which requires a minimum cash wage of \$2.13 and a combined cash wage plus tips of \$7.25. Employers in these states can pay a lower wage than minimum wage based on the amount of tips [i.e., a tip credit]. Ten states disallow tip credits, requiring employers to pay tipped workers cash wages

equivalent to the applicable minimum wage irrespective of tips. Employers generally cannot take tips from workers who received tips from customers. Employers can apply a service charge [instead of accepting tips] and decide how to use or distribute that service charge. For example, they could use the service charge to pay wages. Employers in some states can require tip pooling. The pooled tips could be shared among service employees and be applied as a tip credit.)

The estimated total wage loss for 2500 Chinatown restaurant workers in 2008 was \$10 450 000, not including loss of state or federal income taxes, Social Security or other retirement benefits, or health care, disability, or unemployment insurance premiums. The total estimated amount of wage theft in Chinatown restaurants attributable to minimum wage violations alone was \$8 605 965.

Results of the SFDPH partner’s restaurant-level observations are reported elsewhere.⁴³ Two of the findings, however, were highly relevant to the problem of wage theft. First, only 35% of the 106 restaurants observed had any of the 3 labor law signs of concern posted, including minimum wage law and paid sick leave signage. Second, of the few restaurants that had the postings, 10 (27%) had them solely in English in this largely monolingual Chinese neighborhood, even though such postings are available in multiple languages including Chinese.⁴³

DISSEMINATION AND ACTION

The dissemination and action phases of this project took many forms including bimonthly educational teas for workers on occupational health, safety, and worker rights, and bringing pressure to bear on individual restaurant owners to pay back wages. The health department’s Environmental Health Section also took several unprecedented administrative steps to sanction wage theft violators, legitimizing these actions primarily as health protective responses to demands from workers’ rights groups. Although the department had the authority to sanction restaurants for violations of other city and state laws, the study findings and community interest group pressure helped the department defend using the health code to suspend restaurants that had committed

TABLE 1—Sociodemographic Characteristics, Chinatown Restaurant Workers: San Francisco, CA, 2008

Characteristic	No. (%)
Gender	
Male	126 (31.1)
Female	279 (68.9)
Age, y	
21-29	34 (8.5)
30-39	80 (20.0)
40-49	174 (43.4)
50-59	91 (22.7)
≥ 60	22 (5.5)
Marital status	
Married or living together	347 (85.7)
Single	38 (9.4)
Divorced, separated, or widowed	20 (4.9)
Highest level of education completed	
None	2 (0.5)
Elementary school	57 (14.2)
Junior high or middle school	143 (35.7)
High-school diploma	180 (44.9)
College or graduate school	17 (4.2)
Vocational or technical training	2 (0.5)
Time lived in United States, y	
< 1	10 (2.5)
1-5	175 (43.2)
6-10	91 (22.5)
> 10	129 (31.9)
US citizenship	
Yes	174 (43.5)
No	226 (56.5)
Country of birth	
China	398 (98.3)
Did not report	7 (1.7)
Level of English spoken	
None	144 (35.7)
A little	173 (42.9)
Basic conversation	62 (15.4)
Complex conversation	18 (4.5)
Fluent	6 (1.5)
Household size	
1-3 people	202 (50.4)
4-6 people	193 (48.1)
7-9 people	6 (15.0)
Children living in household	
Yes	295 (72.8)
No	110 (27.2)

Continued

wage theft. The health department also sent letters to the heads of regulatory agencies, such as the California Division of Occupational Safety and Health and the local Office of Labor Standards and Enforcement, sharing findings that related directly to areas for which these bodies had enforcement responsibility and offering help in promoting compliance. Descriptive reports of findings from the worker survey and restaurant observations were prepared and made available online, with the observational checklist shared through the SFDPH's Web site (<http://www.sfphes.org/component/jdownloads/finish/34-chinatown-restaurant-workers/65-restaurant-health-and-safety-checklist/0?Itemid=0>).

Several peer-reviewed presentations and publications were used to disseminate some of the findings from the larger study to professional audiences.^{28,37-39,43,44} We focus here, however, on how study findings specifically concerning wage theft were disseminated and used to help bring about broader policy-level change, under the leadership of the study's community partner. As a framework for analysis, we use Kingdon's¹¹ model of the 3 "streams" in the policymaking process. Briefly, the *problem stream* involves gaining visibility for an issue and convincing policymakers that a problem exists. The *policy stream* then requires proposing feasible, politically attractive proposals to address the problem. In times of fiscal austerity, cost-saving, cost-neutral, or cost-effective proposals may carry special weight. The *politics stream* then involves negotiating the politics that influence whether a proposal succeeds in the political arena. Having strong relationships with key political figures who can help sponsor or support the proposed measure is especially critical at this stage, as is evidence of growing popular and media support for its passage. Finally, a *policy window* opens when favorable developments in all 3 streams create a special opportunity for policy change to take place.¹¹

Problem Stream

To help gain visibility and move the issue of wage theft onto the policymakers' agenda, study findings concerning wage theft, as well as poor and unsafe working conditions, were translated into media and other user-friendly

formats. The CPA produced a colorful report, entitled *Check Please! Health and Working Conditions in San Francisco Chinatown Restaurants*⁴⁵ in September 2010, with assistance from the other partners and writing support from the Data Center, a local nonprofit. Printed in Chinese, English, and Spanish, and also made available on CPA's Web site (<http://www.cpasf.org>), the report highlighted key findings, but also workers' stories, which helped contextualize the findings and added "political punch" to the numbers and frequencies. A page with statistics on wage theft, for example, also included a poignant quote from a worker who had remarked, "We don't get minimum wage, maybe four dollars an hour. Think about it, \$1,200 for an entire month, working 10 hours a day, and six days a week."^{45(p11)}

A diverse group of 170 people attended the well-publicized report launch and press event, including approximately 20 members of the mainstream and ethnic media and 4 of the 11 city supervisors. Several members of the partnership, including worker coordinators, spoke at the event, as did 2 supervisors. The report release was widely covered in the nightly television news, the *San Francisco Chronicle*⁴⁶ (the major local newspaper with 1.8 million readers), stories in major Chinese news outlets, and videos on YouTube.

To gain the attention of policymakers as part of the problem stream, broadening the base of support is critical.^{39,47} The CPA therefore helped create a citywide coalition, the Progressive Workers Alliance (PWA), with organizations representing diverse racial/ethnic, occupational, and other groups among the city's large low-wage worker population. The PWA in turn helped craft an action agenda—a "low-wage workers' bill of rights"—that was prominently featured in the report. Although much of the data on which *Check, Please!* was based came from the Chinatown study, illustrative data on other worker groups also was included, such as news articles on wage theft among domestic workers, day laborers, caregivers, and restaurant workers in other geographic areas. Finally, and to broaden its base to include employers who took "the high road" in their treatment of workers, the report's bill of rights included supporting and rewarding "responsible businesses."^{45(p7)}

TABLE 1—Continued

Monthly family income, \$	
≤ 750	13 (3.5)
751-1500	80 (21.5)
1501-2000	104 (27.9)
≥ 2001	176 (47.2)
Employment status	
Not currently working	58 (14.3)
Working part-time (< 40 h/wk)	190 (46.9)
Working full time (≥ 40 h/wk)	157 (38.8)
Employed in restaurant at time of survey	
Yes	313 (77.3)
No	92 (22.7)
Restaurant position ^a	
Back of the house	196 (48.4)
Front of the house	196 (48.4)
Other	13 (3.2)

Note. The sample size was n = 405.

^aBack of the house positions include kitchen work such as cooking, food preparation, and dishwashing. Front of the house positions include serving and selling of food (i.e., cashier and take-out counter work) as well as waiting and bussing positions. Other includes janitorial work, food bagging, food delivery, and sidewalk promotional activities such as handing out leaflets.

Policy Stream

Particularly in a time of severe economic downturn, a wide-ranging proposal addressing all of the planks covered in the original bill of rights was unlikely to be feasible or attractive to policymakers. The topic of wage theft, however, had caught the imagination of both the media and policymakers. In the words of a community partner, “Wage theft is sexy; it’s what gets us in the door.” As a consequence, CPA and the PWA worked with 2 city supervisors to craft a more specific Wage Theft Ordinance, based in part on data from the Chinatown study, that was introduced at a rally and hearing at City Hall in May 2010. Sponsored by the PWA and the CPA, the rally featured a range of speakers, including worker coordinators, as well as political theater and remarks by the bill’s cosponsors. This event, too, received widespread media coverage, including a lengthy article in the *San Francisco Chronicle*⁴⁸ and video footage on YouTube (<http://www.youtube.com/user/cpasf>).

Several speakers at the rally cited the report findings in their presentations, with

a supervisor highlighting the pivotal role of the Chinatown project’s “action research and bottom up grassroots organizing.” Consistent with Kingdon’s¹¹ emphasis on the importance of proposing feasible solutions that, in tough economic times, ideally are cost-saving or cost-neutral, speakers and segments of the report, *Check Please!* emphasized the ways in which curtailing wage theft could save the city money. For example, the study’s finding that in 2008 alone Chinatown restaurant workers lost \$10 450 000, not counting the loss of state and federal income taxes, etc., was used to illustrate how wage theft negatively affected both workers and the revenue base of the city. *Check, Please!* further cited recent studies demonstrating that, contrary to industry fears and claims, increasing wages and providing health care and sick leave benefits resulted in few adverse effects on business, with the provision of benefits sometimes also increasing employee retention.⁴⁹

Politics Stream

By partnering early on with several sympathetic members of the board of supervisors, the CPA and its partners had laid critical groundwork that can be of real value “in the belly of the beast” of political negotiations.⁵⁰ The continued leadership role of 2 city supervisors working closely with the CPA and PWA also was pivotal during the policy stream negotiations, as was the continuing attention to *Check, Please!* Although the report generated strong support from many quarters, it also brought active opposition from a major Chinatown “power broker.” Ironically, however, the widely publicized opposition of this powerful but divisive local figure brought much additional attention to the proposed ordinance, and ended up working to the advantage of the bill’s proponents in this liberal city. As a community partner commented,

She did us a favor by drawing a line in the sand. Although some agreed with her [that adverse publicity would hurt the restaurant industry in Chinatown], many saw the need for a change.

Subsequent community mobilization, and further base building to embrace Latino, Filipino, and other immigrant and nonimmigrant low-wage earners, including domestic workers, day laborers, and hotel room cleaners, further helped in the politics stream.

Policy Window

Favorable developments in all 3 policy streams (problems, policies, and politics) helped open a “policy window” through which the diverse partners and stakeholders could then jump to help secure the desired change. The continued support of city supervisors, the ascendance of the city’s first Chinese American mayor, and continued positive media attention, were among these developments. In addition, an economic climate that precluded costly new initiatives made an ordinance showing a commitment to “doing something” for the hardest-hit workers politically attractive in this city known for its progressive politics. The continued successful base-building of PWA and CPA also was critical to the measure’s unanimous passage and signing into law in spring 2011.

Further taking advantage of the policy window that remained open during this period, a second piece of legislation was introduced and quickly passed that created a wage theft implementation task force. Comprised of members of the Board of Supervisors, the PWA and CPA, the health department, and other stakeholder groups, the resultant task force met monthly in City Hall and worked to help ensure that the wage theft ordinance was enforced.

Policy Enforcement

Passage of a second bill to promote enforcement was critical in making sure that the original ordinance “had teeth” and could result in positive change. The Anti-Wage Theft Task Force saw several victories in its first year. Key among them was the biggest anti-wage theft victory in the city’s history, with more than \$525 000 recovered from a single pastry shop in Chinatown. This development, too, was prominently featured in the mainstream and ethnic press⁵¹ and on television news stations and the Internet. It was followed by a second major victory in a settlement for Filipino workers, with others following.

Capitalizing on these events, the PWA and CPA arranged a special event inside City Hall in the spring of 2013, at which workers from a wide range of groups, such as *Mujeres Unidas y Activas* (United and Engaged Women) and Young Workers United, as well as CPA, were honored by the city for their work, and worker representatives in turn thanked the City

TABLE 2—Work Hours, Wages, and Wage Theft by Type and Occupational Group, Chinatown Restaurant Workers: San Francisco, CA, 2008

Variable	All Restaurant Workers (n = 399)	Men (n = 124)	Women (n = 275)	Cooks (n = 72)	Kitchen Workers and Dishwashers (n = 120)	Waiters, Dim Sum Sellers, and Bus Persons (n = 167)	Cashiers (n = 29)	Other (n = 11)
Work hours								
Work h/d	7	8.5	6.3	8.6	8	5.8	5.9	6.4
Work d/wk	5.4	5.6	5.2	5.8	5.6	5.2	4.7	5
Work h/wk	38.2	48.3	33.6	49.7	45.1	30.3	27.8	34.2
Extra (overtime) h/wk	5.2	6.3	4.3	5	7.6	3.9	2.5	1.3
Wages, \$								
Self-reported hourly wage	8.17	8.22	8.14	8.68	7.11	8.67	8.37	8.23
Estimated average yearly income from restaurant job (based on weekly work h and assuming 50 work wk/y)	14 709	19 269	12 638	21 175	14 687	12 550	11 092	14 740
Household size	3.5	3.5	3.4	3.7	3.3	3.5	3.7	3.2
Poverty, %								
Relative poverty based on US private industry 60% of median hourly wages ^a	91.2	83.9	94.6	80.6	96.7	90.4	100.0	90.9
Absolute poverty based on personal income below HHS \$21 200 level for 4-person household ^b	75.3	52.5	85.6	45.7	75.0	84.2	96.6	80.0
Absolute poverty based on family income below respective HHS household levels ^b	23.7	18.3	26.2	16.7	23.3	26.0	33.3	18.2
No paid vacation or holidays, ^c %	80.7	75.2	83.2	70.8	84.9	80.4	93.1	72.7
Wage theft by type								
No minimum wage, %	49.6	54.0	47.6	43.1	70.0	40.7	34.5	45.5
Estimated average wage loss/y because of minimum wage law violations (assuming 50 work wk/y), \$	3442	3947	3214	3052	6187	1961	1939	2367
No 30 min uninterrupted lunch break, %	44.7	40.0	47.8	51.4	39.7	65.5	57.1	54.6
Estimated wage loss per year because of lunch break violations (average of all workers including those receiving lunch breaks or working < 5 h/d), \$	109	87	119	109	72	134	119	101
Working extra hours (overtime), %	39.6	42.4	38.4	45.1	39.7	40.5	25.9	25.0
No overtime pay, %	64.8	70.7	61.6	72.3	73.6	57.3	52.6	50.0
Estimated wage loss/y because of overtime pay violations—per worker reporting extra hours, \$	763	779	754	797	673	811	855	924
Estimated wage loss/y due to overtime pay violations (average of all workers including those with no overtime), \$	565	609	540	657	534	553	534	555
No paid sick leave, %	41.5	33.3	45.2	26.8	41.9	44.1	46.4	36.4
Estimated wage loss/y because of sick leave violations (average of all workers including those receiving sick leave), \$	64	63	65	48	70	63	73	110

Continued

TABLE 2—Continued

Boss withheld, delayed, or owed wages ever, %	24.4	36.1	19.1	34.3	26.3	19.0	21.4	27.3
Boss withheld initial paycheck(s)	12.8	17.6	10.6	15.1	13.4	10.2	13.8	25.0
Boss delayed wages ever	16.7	24.8	13.0	25.0	19.0	13.2	10.3	8.3
Boss owed wages ever	8.4	9.8	7.8	8.3	11.2	7.3	7.1	0.0
Boss keeps all or some tips	33.6	30.2	35.1	24.7	28.5	41.7	34.5	25.0

Note. HHS = US Department of Health and Human Services. The sample size was n = 405.

^aIn 2008, the median hourly wage in US private industry was \$16.81 (Bureau of Labor Statistics⁴⁰). The relative poverty line at 60% median wage in private US industry in 2008 therefore lies at \$10.09 hourly wages.

^b2008 HHS poverty guidelines for the 48 contiguous states and the District of Columbia.⁴¹

^cNot required by law.

Supervisors and enforcement officers for their support. Finally, and responding to the new law promoting enforcement, the SFDPH took steps such as collaborating with the local Office of Labor Standards Enforcement to temporarily revoke health permits for businesses with unresolved labor law violations. This action has already resulted in the payment of thousands of dollars owed to workers in back wages, in one case prompting action within 4 months after nonpayment for more than 4 years.⁵²

REVIEW

We have attempted to draw attention to, and augment, a small but growing body of literature suggesting that wage theft is a serious and largely overlooked problem with important public health implications. We further demonstrate the utility of a study combining individual and restaurant-level data to provide a multilevel look at the problem of wage theft, including findings with utility for health departments and other enforcement agencies.

Our research, however, suffered several limitations. First, the survey was a cross-sectional study based on a convenience sample of 405 workers. Although the sample was a sufficient size to enable the statistical calculations undertaken, the findings are not generalizable. Because of the need for extreme caution in inviting workers, and particularly immigrant workers, to participate in such a study without putting themselves at risk for employer retaliation, however, convenience sampling appeared the most ethical and realistic choice. Second, and relatedly, on a few questions regarding issues such as what happened to workers' tip money, a number of participants responded "don't know." Although this may have resulted from a genuine lack of knowledge, worker partners suggested that it may also have reflected reluctance to give a response that made one's employer look bad, even in an anonymous survey. If this was the case, it may suggest that our findings on these questions likely erred in a more conservative direction.

The results of our survey largely supported key findings (e.g., lower hourly wages among dishwashers, table cleaners, and female workers, plus very high poverty rates) from the few other studies of low-wage restaurant workers conducted to date.^{9,10,17,31–33} A 2005

survey of 530 restaurant workers in New York City thus showed that 59% had been denied overtime pay, compared with 65% of those in our study who worked overtime.³¹ Our study, however, provided more detailed information on wages and relative as well as absolute poverty, and more in-depth calculations of estimated wages lost per year attributable to a number of different forms of wage theft. Finally, the survey data provided policy-relevant cost estimates (e.g., suggesting that Chinatown restaurant workers lost close to \$10 500 000 in 2008 alone because of wage theft). However, these figures do not include lost tax revenue or local economic stimulus (i.e., the costs to the city, local businesses, and society at large), and further research is needed in this area.

We also examined a little-studied aspect of wage theft, lack of enforcement of mandated paid sick leave, which is of special relevance to public health. Several empirical studies have shown a relationship between lack of paid sick leave and adverse health outcomes.^{24–26} Furthermore, failure to provide paid sick may lead to

increased reliance on unemployment insurance and social assistance programs resulting in an indirect subsidy to employers engaging in "low road" practices and fewer such public resources available to all those in need.^{31(p3)}

Yet an important distinction exists between lack of paid sick leave, and lack of enforcement of mandated paid sick leave, with the latter more accurately included as a component of wage theft. Not only do few jurisdictions currently require paid sick leave, but also state-level measures under review increasingly are being pressured to propose weak coverage, either forbidding the passage of stronger municipal policies or negating those that exist.⁵³ In this climate, it is important to conduct studies in jurisdictions that have mandated paid sick leave on its health and economic impacts. Although technically all San Francisco workers have this benefit, for example, employers of low-wage immigrant workers, particularly in areas like Chinatown, are known to frequently ignore this city mandate. Furthermore, as our study demonstrated, it may also be important to mount educational efforts explaining, particularly to covered immigrant and other low-wage workers, the actual meaning of paid sick leave.

We focused much of this article on the dissemination-to-action components of our partnership's work, and specifically its contributions to helping bring about one of the nation's first municipal wage theft ordinances. Yet much caution must be used in such assessments, because as Sterman⁵⁴ and others^{11,55} point out, numerous actors and contextual factors are at play in affecting policy, and teasing apart the roles of particular groups or variables is often impossible. As discussed previously, factors such as the election of the city's first Chinese American mayor and a progressive board of supervisors wishing to take a low-cost action during a major recession that would show concern about wage theft were among the factors that contributed to policy wins. Their roles should not be minimized.

We designed the literature review for this article to highlight key recent articles on wage theft. A thorough and systematic review is needed, however, paying special attention to potential pathways between various forms of wage theft and public health outcomes.

It is also important to consider whether the research approach and community and policy outcomes described in the Chinatown study could likely be replicated elsewhere. In terms of the orientation to research, several strong examples exist of CBPR with workers, including indigenous and Latino agricultural workers in Oregon,⁵⁶ hotel room cleaners in San Francisco and Las Vegas, Nevada,^{57,58} and custodial workers in Iowa.⁵⁹ The Restaurant Opportunities Center also has been successful in organizing restaurant workers of diverse races and ethnicities for living wages and against wage theft in dozens of cities across the country.^{8,17,31}

From the perspective of the "politics of the possible," San Francisco, with the nation's highest minimum wage rate (\$10.55), as well as some of the only local employer mandates for health insurance coverage and paid sick leave, was indeed well ahead of the curve in being ripe for such data-supported action. However, other states and cities have demonstrated similar commitments to labor rights, and there have been recent notable labor movement successes in securing and enforcing labor rights nationally. Several cities, states, and territories have wages substantially above the federal minimum wage of \$7.25, among them Santa Fe, New Mexico (\$10.51); Washington State

(\$9.19); and California, which recently increased its minimum wage to \$9.00 in 2014 and will increase it to \$10.00 in 2016.

More state and local governments also are moving toward greater enforcement of existing labor laws, with New York collecting \$28.8 million in 2009 alone in unpaid wages for nearly 18 000 workers (<http://www.cpasf.org>). Seattle, Washington; Portland, Oregon; New York City; Washington, DC; and Connecticut have all now passed sick leave laws, and the Affordable Care Act includes an employer health care mandate. Federal rules also recently have applied wage and overtime protections to home care workers⁶⁰ with California passing, in 2013, a domestic workers' bill of rights, including the right to overtime pay.⁶¹ Regardless of this progress, however, enforcement of a legal mandate, as noted earlier, is very different from the legal mandate itself. We believe that public support for enforcement of an adopted legal minimum wage, particularly when framed as "wage theft," is likely to be substantial regardless of the level of wage.

Policy efforts to prevent wage theft are distinct from efforts to achieve other health-supportive labor rights, such as sick leave and health insurance benefits. State and federal laws already make nonpayment of wages illegal. The local efforts in San Francisco, including policy and legislation, were taken as actions to address gaps in local, state, and federal assurance of wage laws. If federal and state regulation of the existing laws were adequate and effective (e.g., including proactive and targeted monitoring, and sufficient staff and enforcement), additional local wage theft efforts might not be needed. Although local efforts could and should be replicated, the ultimate goal is achieving compliance with existing wage laws.

As Baron et al. point out, "many seeking to improve health equity view employment as part of the solution, and are reluctant to acknowledge that it may also be part of the problem."^{62(p13)} As this article suggests, wage theft, in part through its substantial contributions to low-income status, is a health equity problem of major proportions. Epidemiology, health economics, medical anthropology, and other disciplines all have a role to play in increasing our understanding of wage theft and its implications for the public's health. In a similar way, as Bhatia et al.⁵² suggest, local

and state public health departments can play a number of roles to prevent wage theft, as part of their core public health functions, including

- Monitoring information about various forms of wage theft in population health assessments;
- Analyzing relationships between health outcomes and wage theft, including lack of enforcement of mandated paid sick leave and receipt of less than minimum wage;
- Educating workers and employers about wage theft and what they can do about it;
- Conducting health impact assessments of proposed health-protective labor policies, including those related to wage theft;
- Monitoring compliance with labor laws related to wage theft in routine agency activities, referring potential violations to labor enforcement agencies; and
- Engaging in participatory research with employees to identify and improve working conditions, including fair wage practices.⁵²

Broadening the role of health departments in a time of badly constrained resources is difficult, and may sometimes lead to push back,⁵² as when the New York City Department of Public Health argued against new legislation that would have broadened its mandate to include wage and hourly violations in decisions concerning permitting renewal.⁶³ Although the New York City Department of Public Health argued that wages and hourly violations lacked public health significance⁶³ we have attempted to demonstrate that by causing or exacerbating low income or income insecurity, wage theft is indeed a public health problem, and one with which health departments and other public health organizations must increasingly be concerned.

To our knowledge, community advocacy against wage theft has engaged with only 2 local health departments—San Francisco and New York City. In San Francisco, the department worked collaboratively with advocates to explore using their regulatory capacity to sanction wage violators. In New York City, as noted previously, the health department opposed a mandate introduced at city council. Differences in the responsiveness of these agencies may be attributable to differences in local political factors or to differences in the process—collaboration versus mandate. However, community organizations have successfully

mobilized public health support for paid sick leave laws in other cities and their partnership efforts are instructive. Early community demand for health department action and the development of relationships among community wage theft advocates and department staff may have enabled or influenced a more supportive position in New York City. We are not aware of any negative community impacts of health agency support of wage law enforcement.

With increasing support from the communities they serve, broadening the mandate of health departments in particular could help us better understand the extent and nature of wage theft and related health problems, while also offering potential new avenues for dissemination and evidence-based action. As national momentum grows to build local and state health department capacity to address the social determinants of health, wage theft is one concrete avenue to address the well-documented relationship between income and health.

CONCLUSIONS

Affecting, as it does, millions of workers, their families, and communities, and disproportionately affecting low-wage workers, wage theft is an epidemic in the United States. An increasing body of evidence from government data sets, as well as studies in economics, labor, business, sociology, and industrial medicine, has underscored the importance of recognizing and dealing with this “defining feature” of today’s job market.⁷ Yet, despite public health’s strong emphasis on the link between low income and poor health outcomes, our profession has been slower to recognize and address wage theft as an epidemic requiring our concerted attention.

The Chinatown restaurant worker study illustrates how community-based organizations and workers, health departments, and academic partners can collaboratively study and help address wage theft on the municipal level. But, as with other epidemics, wage theft and its public health implications can only be addressed if we have “all hands on deck.” According to Kingdon’s¹¹ model, this means collecting the data needed to illustrate that wage theft is a significant problem, identifying and proposing promising strategies, and working to get new policies adopted and enforced.

With such a commitment, the field of public health can become a major player in studying and addressing what is arguably among the most neglected epidemics of our times. ■

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Contributors

All authors served as members of the CBPR partnership, actively participated in all phases of the study, and contributed to and commented on the article. Specifically, M. Minkler served as principal investigator, supervised the study, and took the lead in writing this article. A. Salvatore helped conceptualize and design the study, analyzed data, and participated in the writing of this article. C. Chang conducted the evaluation of the partnership and participated in writing. P. T. Lee served as the study coordinator and participated in dissemination and policy action. S. Liu and A. Tom served as the lead community partners, and led dissemination and policy action. M. Gaydos and R. Bhatia served as the lead health department partners at the time of the study, analyzing the restaurant-level data, and conducting dissemination and policy action at the health department and with other regulatory bodies. Both also made major contributions to the writing and editing of this article. N. Krause helped conceptualize the project, led the survey development, analyzed wage and wage theft data, and helped substantially in the writing of this article.

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Human Participant Projection

This study was approved by the Committee for the Protection of Human Subjects at the University of California, Berkeley.

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