



Keeping Hospitality Healthy: Healthcare Barriers and Outcomes For New Orleans Hospitality Industry Workers

Hospitality workers in New Orleans provide service and accommodation that allow our city to host more than 19 million visitors per year, driving the City's economy and funding continued City services. Many of these workers earn wages too low to cover essential costs and lack access to healthcare. This report discusses the barriers to healthcare access in the hospitality industry, health outcomes for hospitality workers, and recommendations for improving access to care in this sector.

Contents

Background: Importance of Hospitality Workers in New Orleans.....	3
Low Wages, High Cost of Living.....	4
Poor Workplace Policies Affect Access to Care	5
Additional Barriers to Care.....	6
Health Outcomes of Hospitality Workers.....	8
Local Health Data.....	9
Recommendations.....	12
Conclusion.....	16
References.....	17
Appendix.....	19



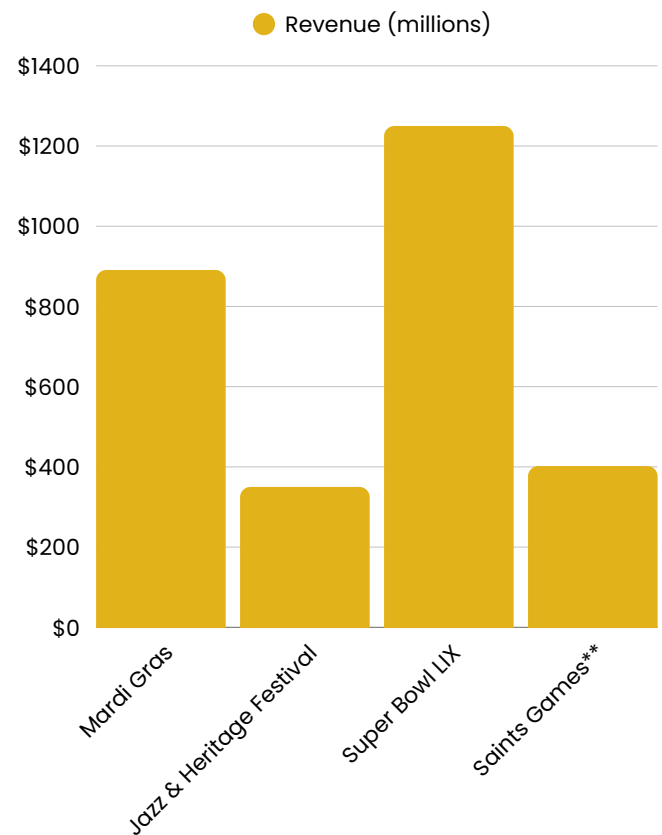
Background: Economic Impact of Hospitality in New Orleans

New Orleans has been a tourism center for most of its history. Our music, food, art, and culture attract some 19 million domestic and international visitors per year, generating an annual local revenue of over \$9 billion.¹ This revenue would not exist without the 92,000 employees who work in the hospitality and leisure sectors, and who make up about 16.1% of the city's workforce.²

Much of New Orleans' tourism revenue is generated during annual festivals, including Mardi Gras and the Jazz and Heritage Festival. In addition to these iconic New Orleans affairs, the city regularly hosts concerts and major sporting events. These events rely on hotels, bars, restaurants, and clubs to provide entertainment and accommodation to visitors.

In 2025, New Orleans hosted the Super Bowl LIX, the 11th game hosted here. Over 115,000 visitors traveled to New Orleans for the event, generating a revenue of over 1.25 billion dollars for the state of Louisiana and supporting 9,787 jobs, primarily in New Orleans.³ In comparison, Super Bowl XLVII, which was also hosted in New Orleans in 2013, resulted in a net economic impact of \$480 million and supported 5,672 jobs.⁴ This demonstrates the enduring importance of tourism and major events in the New Orleans economy.

Figure 1: Annual Economic Impact of Major Events in New Orleans (in millions)^{3,5,6,7}



View of the Caesars Superdome in New Orleans⁸

Hospitality Worker: An individual employed in industries that provide services related to lodging, food, and entertainment. They typically work in settings such as hotels, restaurants, bars, resorts, event venues, cruise ships, and other businesses focused on customer service and guest experience.

Cost of Living in New Orleans Impacts Health Access

Despite their contributions to the local economy, hospitality workers who work full-time in New Orleans often struggle to afford basic needs and health care costs.^{9,10}

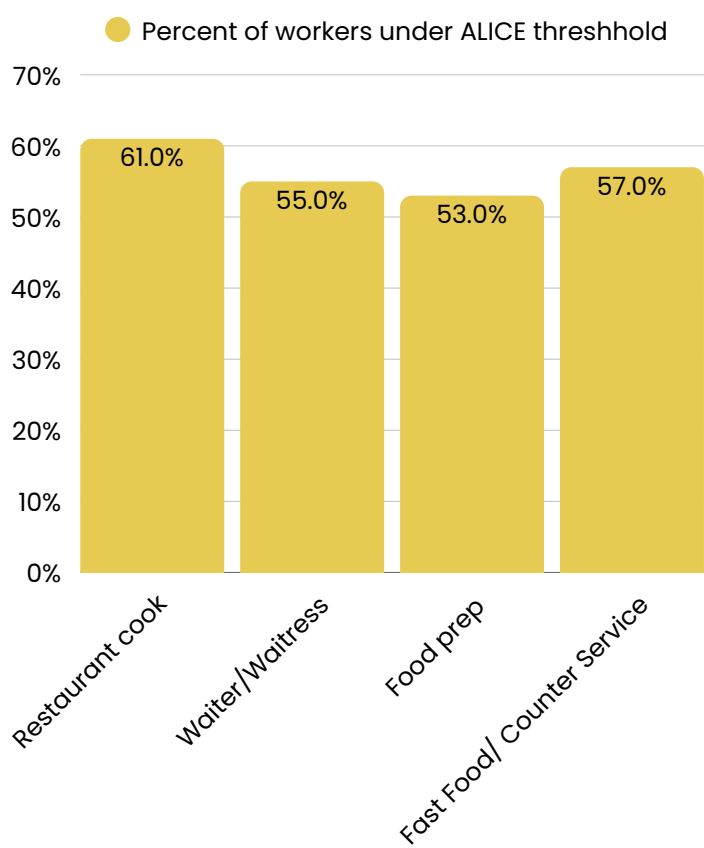
United for ALICE is an organization that tracks and collects data to raise awareness for households that are considered “Asset Limited, Income Constrained, Employed.” This category includes families and individuals who work and earn above the poverty level, but still struggle to afford basic needs such as housing, child care, food, transportation, and health care. The ALICE threshold is calculated by adding the average cost of all necessary items, by parish, for families of various sizes. In Orleans Parish, the 2024 ALICE income for a household of two adults and two children was about \$76,000.¹⁰

More than half of the workers in top hospitality roles in Louisiana live in households that have an income below the ALICE threshold. The median hourly wage in professions including waiting tables, cooking, food preparation, and fast food service ranges from \$11.36 to \$14.07 per hour.⁹ This is far under the estimated \$20.51 per hour required for even a single adult with no children to support themselves in the state.¹¹

Table 1. 2022 Hospitality Occupations, Number of Employees, and Median Wage in Louisiana ⁹

Occupation	Number of Workers	Median Hourly Wage
Restaurant Cook	14,920	\$14.07
Waiter/ Waitress	31,300	\$14.02
Food Preparation	29,250	\$11.36
Fast Food/ Counter service	38,580	\$11.84
Bartending	9,260	\$12.16

Figure 2. Percentage of Louisiana Workers in Hospitality Occupations With Incomes That Fall Below the ALICE Threshold ¹⁰



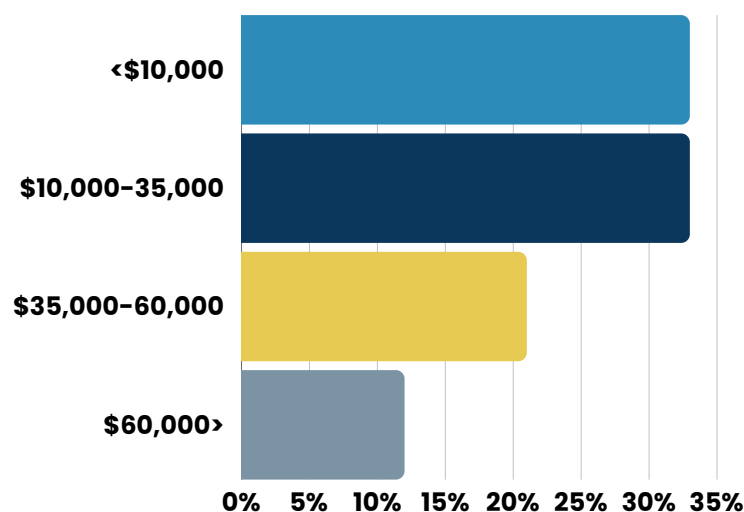
ALICE Information Is not currently available for bartenders.

Poor Workplace Policies are a Barrier to Healthcare

Lack of paid time off, limited flexibility, and lack of insurance make it difficult for hospitality workers to access health care and other essential services. Hospitality positions generally follow shift schedules that may vary week to week with little notice. Employees must attend their scheduled shift or find a replacement, even in the case of sickness and emergency. In 2024, only about 52% hospitality workers nationwide had paid sick leave – an increase from the 25% that had these benefits before COVID, but still lower than the 75% of all private industry workers who receive sick leave.¹²

This issue is compounded because hospitality workplaces generally do not sponsor insurance. Employees in this sector are often required to pay entirely out of pocket for a private plan or enroll in Medicaid if they want to be insured. In 2021, a report by the Bureau of Labor Statistics found that only 32% of restaurant employees had health insurance through their employers vs. 77% of private industry workers.¹³

Figure 3. Annual Income of Uninsured Hospitality Workers¹⁴



A report by 504HealthNet, a local network of low-barrier health clinics, found that one in three hospitality workers surveyed reported being uninsured due to cost.¹⁴ 504HealthNet (504HN) also found that hospitality workers who are uninsured are likely to have lower incomes. About two thirds of hospitality workers who reported being uninsured made less than \$35,000 per year. Only 12% of uninsured workers made over \$60,000 per year.¹⁴ This is in alignment with national trends around income and insurance rates.

Medicaid Impact:

Medicaid eligibility rules have a significant impact on access to health insurance. As of 2023, the upper income limits for eligibility for Louisiana Medicaid are \$1,677 per month (\$20,124 annually) for a single adult and \$3,450 per month (\$41,400 annually) for a family of four.¹⁵

In 2016, Louisiana made progress by becoming one of the few Southern states to expand Medicaid under the Affordable Care Act, extending coverage to low-income adults. This expansion resulted in increased primary care visits because more people who were previously paying out of pocket gained access to Medicaid.¹⁶ Medicaid continues to be a primary source of coverage for hospitality workers. Nationally, about one in 10 people with Medicaid coverage work in restaurants and food service.¹⁷

Additional Barriers to Care

Language Barrier:

People with Hispanic/Latino backgrounds make up a significant portion of the hospitality workforce¹⁸, and when these workers have limited English proficiency (LEP), they face unique barriers. One report found Spanish-speaking hospitality workers in New Orleans reported low access to various types of care¹⁴:

- 57% found it difficult to access physical health care
- 86% found it difficult to access mental and behavioral health care
- 86% found it difficult to access dental care
- 64% could not easily access 'wellness', defined as healthy food, safety, a clean environment, and social networks.

Studies have found that even when care is accessed, Limited English Proficiency can lead to misunderstandings about medical conditions, treatments, follow-up, medications, and informed consent.¹⁹ LEP patients experience more adverse events due to communication errors, and those events can be more harmful.¹⁹

In a study of LEP patients, about 49.1% of adverse events involving LEP patients involved some physical harm whereas only 29.5% of adverse events for patients who speak English resulted in physical harm.²⁰

According to the American Community Survey, over 21,100 Orleans Parish residents speak a language other than English, including 11,000 Spanish speakers.²¹

Figure 6. Reported Ability to Access Care Among Spanish-Speaking Hospitality Workers in New Orleans¹⁴

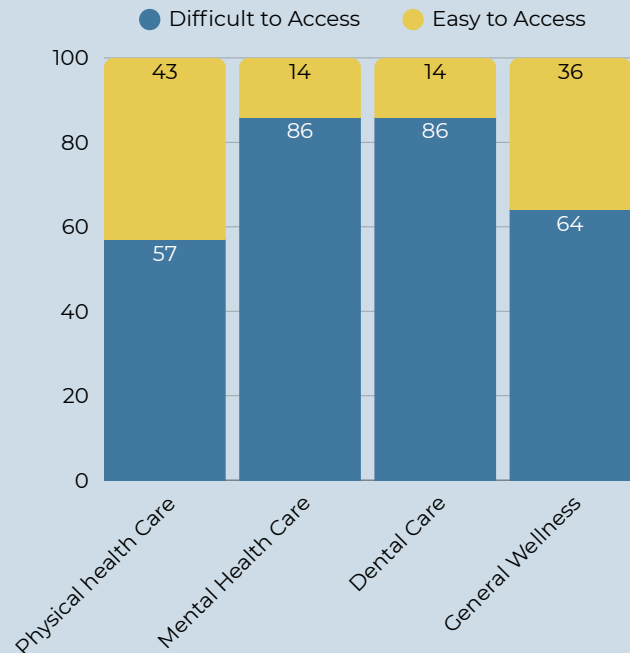
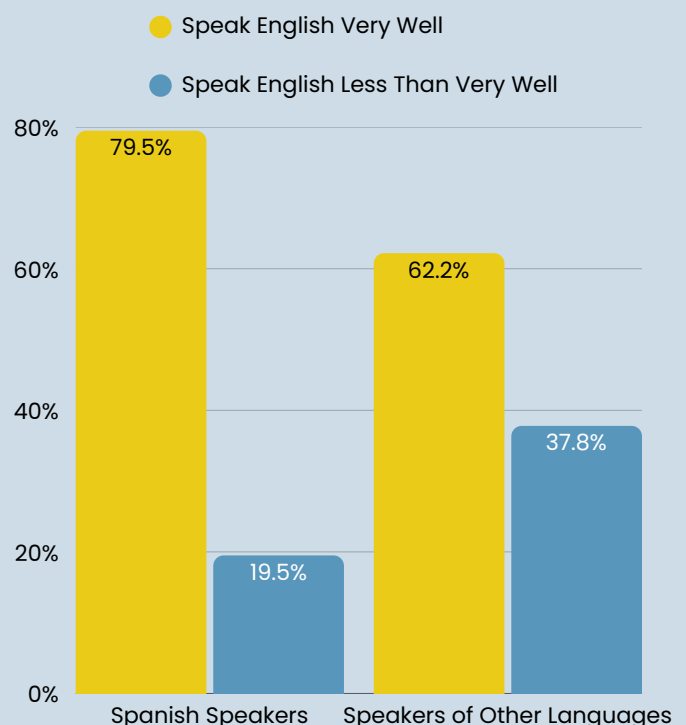


Figure 7. Ability to Speak English Very Well Among People Who Speak a Second Language in New Orleans²¹



Additional Barriers to Care

Transportation Barrier:

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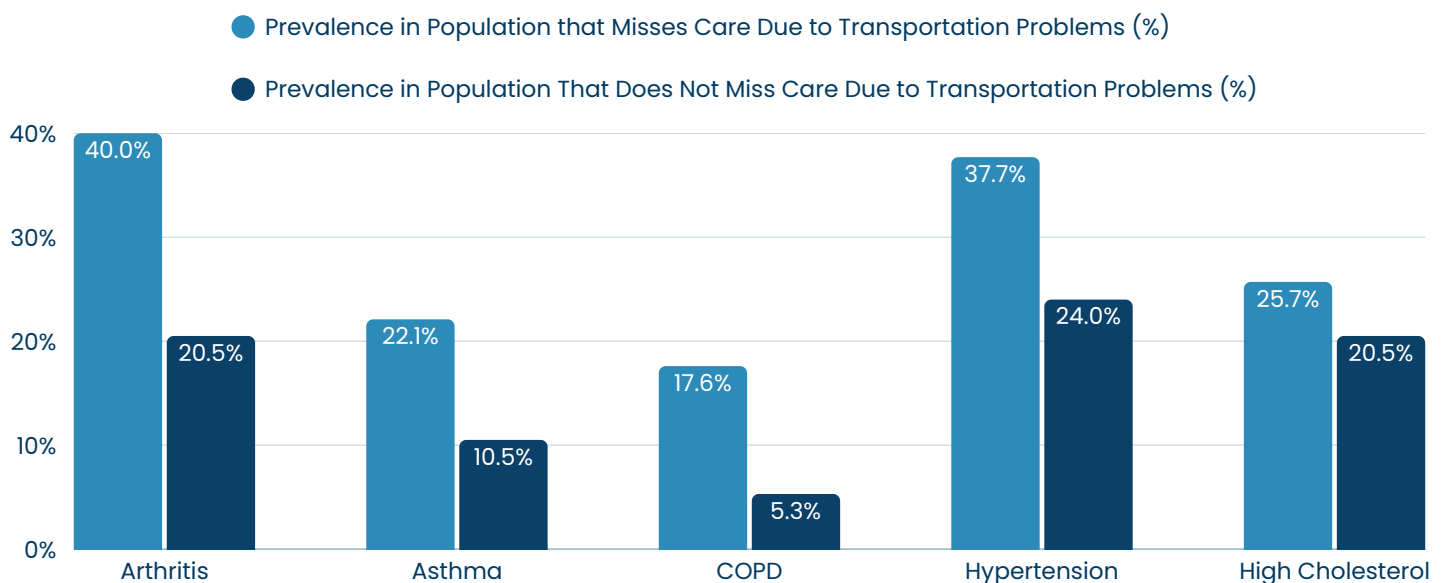
Each year, approximately 5.8 million Americans miss necessary medical care due to transportation issues²²

A 2023 study by 504HealthNet, a local network of low-barrier health clinics,¹⁴ found that transportation was a top barrier to accessing health care services among New Orleans hospitality workers. This may be due to inconvenient public transit systems and lower-than-average rates of car ownership – eighteen percent of New Orleans households lack access to a vehicle.²³

Hospitality workers without vehicle access also have to contend with irregular and short-notice hours that may make using public transit more complicated. Low wages may limit the money these workers have available to spend on ride-sharing apps.

Transportation barriers are connected to health outcomes in measurable ways. Recent research shows that people who face transportation barriers are more likely to miss medical appointments, fail to fill prescriptions, and utilize the emergency room.²² A foundational study from the early 2000s also found that many health conditions were more prevalent among people who miss health care appointments due to transportation issues than among people who do not miss care due to transportation issues.²⁴

Figure 8. Prevalence of Chronic Conditions in People Who Have Transportation Problems Vs. Those Without Transportation Problems²⁴



Health Outcomes of Hospitality Workers

Hospitality workers experience a unique combination of physical and mental health challenges that not only impact their personal well-being but also contribute to decreased workplace productivity and increased pressure on the health care system. The demanding nature of these roles—often involving long hours, repetitive motion, and high-stress environments—can lead to injury, fatigue, and mental health concerns. When these issues go unaddressed, they contribute to high rates of job turnover, absenteeism, and reduced job performance.²⁵

Access to preventive care is also limited for many in the hospitality industry. Without early intervention, minor health concerns can escalate into more serious conditions, leading workers to rely on emergency care rather than routine services. This reactive approach places unnecessary strain on both health care providers and the workers themselves.²⁵

Given the scale of impact on both individual and system-wide health outcomes, ensuring access to timely, preventive health care for hospitality workers is essential. The following section outlines the key drivers of poor health outcomes in this workforce and highlights opportunities for targeted intervention.



The Busy New Orleans French Quarter During 2025 Mardi Gras²⁶

Health Outcomes

Physical Health Outcomes

Hospitality jobs often require prolonged standing, irregular schedules, repetitive physical tasks, and the handling of heavy or awkward equipment. These conditions can lead to musculoskeletal issues such as back pain, joint problems, and repetitive strain.²⁵

A 2022 study found that hotel housekeepers, in particular, work under intense time pressures to complete heavy workloads, which significantly increases physical strain.²⁷ The absence of proper ergonomic equipment and inadequate access to cleaning supplies further compounds these risks, contributing to injuries such as sprains, strains, and even chemical burns from frequent exposure to harsh cleaning agents.²⁷

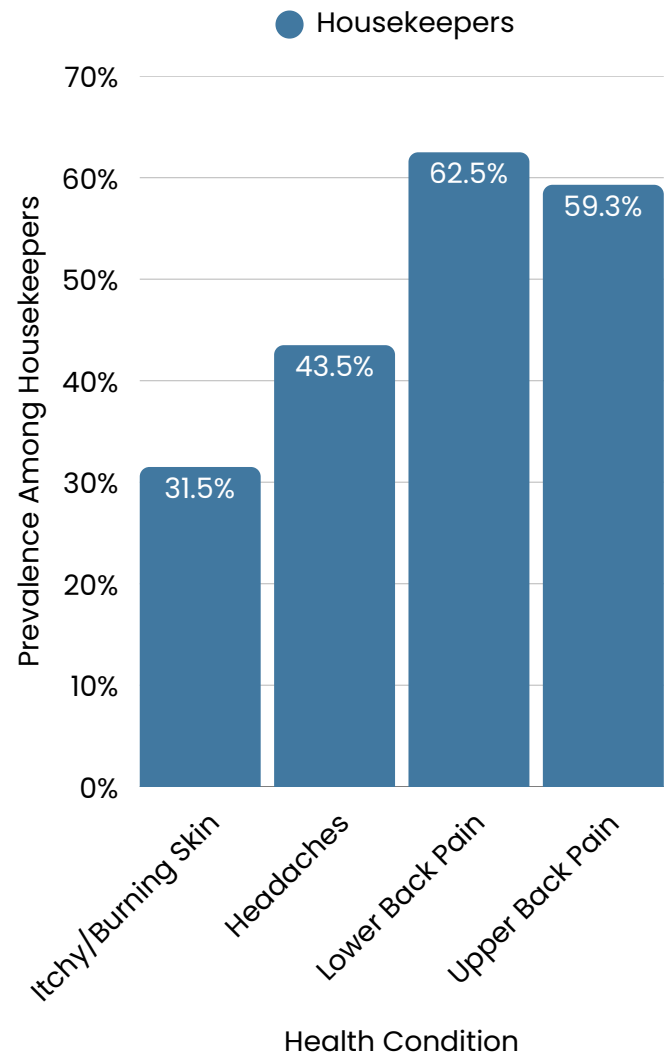
A survey of housekeepers reported that many housekeepers experienced moderate to severe:

- Itchy and burning skin (31.5%)
- Headaches (43.5%)
- Lower back pain (62.5%)
- Upper back pain (59.3%).

Housekeepers also reported pain in their ankles and feet from prolonged standing, with one-third of respondents suffering from moderate to severe sprains and strains.²⁷

New Orleans had over 11,500 people working in hotel housekeeping as of 2018, making up 5.6% of all workers in the city.¹⁸

Figure 4. Chronic Health Conditions Among Hotel Housekeepers²⁷



Health Outcomes

Substance Use Disorders

In 2018, nearly 15,000 people were employed in full-service restaurants in New Orleans.¹⁸ Research shows that restaurant workers have the highest rate of illicit drug use among employees of any industry. They also have the third-highest rate of heavy alcohol consumption and are more likely than other workers to be diagnosed with a substance-use disorder.²⁸

This is in part because the restaurant industry has a culture in which alcohol and drug use are widely accepted and normalized, even when the behaviors are risky for health and safety.²⁹ In many food service and bartending jobs, late hours followed by indulging in substance use with co-workers is the norm, and using drugs or drinking on the job is common. Alcohol availability within the workplace and stressful experiences with customers can also play a role.²⁹



Mental Health Outcomes

Mental health concerns such as depression, anxiety, and chronic stress are widespread among hospitality workers. The structure of hospitality work, characterized by irregular shifts, late nights, weekends, and holiday hours, can significantly disrupt sleep patterns and lead to a poor work-life balance.

Customer-facing hospitality workers, in particular, face elevated stress due to frequent interactions with dissatisfied or demanding guests, unpredictable workloads, and high-pressure environments during peak business hours. These stressors, combined with low wages and limited job security, contribute to a mental health burden that often goes unaddressed in this workforce.

A global review of tourism and hospitality workers identified these mental health issues as common outcomes of the industry's demanding conditions. It also emphasized the need for systemic interventions to mitigate work-related stress and promote mental well-being.³⁰

Chronic stress can lead to serious health conditions, including³¹:

- musculoskeletal disorders
- nervous system diseases
- metabolic issues
- mental health problems

Local Health Outcome Data

The following section uses data from the Behavioral Risk Factor Surveillance System (BRFSS) to compare various health outcomes between hospitality workers and workers in other occupations in Louisiana. This data was taken from a 2022 survey and includes respondents employed in hospitality occupations from across the state.

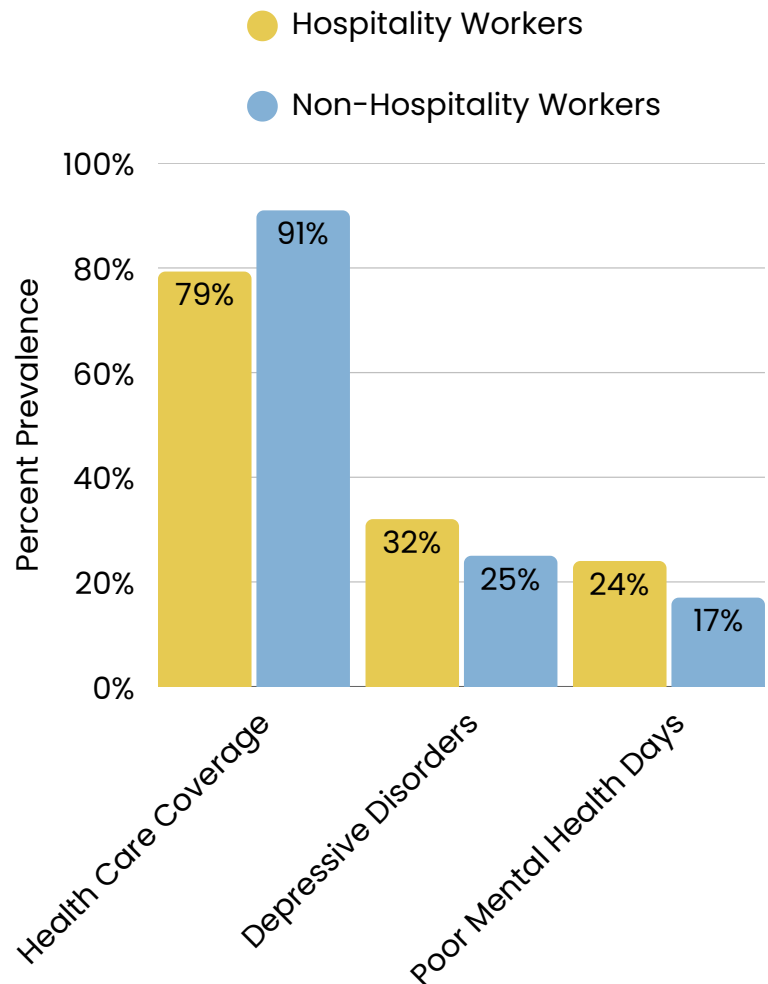
Hospitality workers show poorer outcomes than non-hospitality workers in certain areas:

Mental Health: Hospitality workers reported a higher incidence of depressive disorders (31.72% vs. 25.16% overall) and experienced more days per month with poor mental health (7.14 days vs. 5.22 days overall).³²

Healthcare Coverage: Only 79.31% of hospitality workers had any health care coverage compared to 91.22% in the overall occupational group.³²



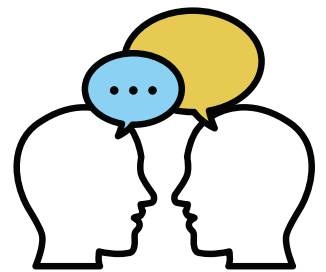
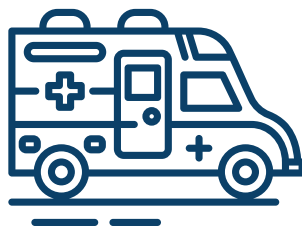
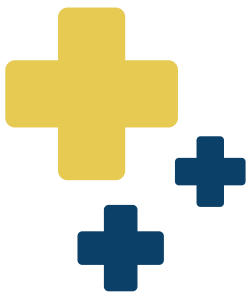
Figure 5. Louisiana Health Care Coverage Rates³²



Local data also show that hospitality workers reported lower rates of chronic conditions like cancer, COPD, kidney disease, diabetes, arthritis, and obesity.³² However, because many of these workers lack regular health care, these conditions might not be diagnosed, and people may be underreporting their prevalence. Without routine check-ups, problems can go unnoticed until they become more serious. Additionally, since hospitality work requires lots of physical movement and long shifts, people with existing chronic conditions may be less likely to go into this field of work.

Recommendations

Addressing the challenges that hospitality workers face will require improvements to existing systems and new innovative solutions. This next section will review recommendations to improve health care access and remove barriers for this population.



Expand mobile or pop-up health services to bring care directly to workers.

Mobile health services, or pop-up clinics, remove barriers like time off work, transportation, and limited appointment availability by bringing affordable care directly to hospitality workers. Research shows these clinics effectively help underserved communities access preventive care, manage chronic conditions, and promote healthier lifestyles. For example, one study showed the Family Van in Boston has reduced early disability, death, and avoidable emergency visits.³³

To expand these benefits, recommendations include funding operational and staffing costs for mobile health programs, investing in advertising in multiple languages for hospitality employees, and collaborating with business owners to raise awareness and make provisions for the pop-up clinic to operate outside the business. Ideally, large hospitality employers, such as hotel chains, could host regular mobile health clinics on-site to provide affordable care to their employees, which would require staff and health supplies.

Action in New Orleans

In late 2024, the New Orleans Health Department, 504HealthNet, and New Orleans Health Care for the Homeless (HCH) Clinic launched a series of pop-up health clinics at the St. Claude Healing Center, a location chosen for its accessibility in a key hospitality corridor.

The clinics offered primary care visits, medication management, screenings (blood pressure, STI), vaccinations, health care navigation, and Medicaid enrollment support. HCH accepts Medicaid, private insurance, and offers sliding-scale payments, making services low or no cost for most patients.

Bilingual outreach materials, including flyers (Appendix A), social media posts, and Google surveys, were distributed to promote the clinic.

The series of pop-up clinics resulted in:

- 125+ people were provided with information and resources
- 46 people enrolled in primary care at HCH
- 19 people attended appointments with the physician on-site
- 13 people enrolled in Medicaid
- 28 people received vaccinations
- 20 people received rapid STI testing

Leverage city government to connect businesses and employees with health care information.

The New Orleans Health Department (NOHD) recommends that the City of New Orleans fund a dedicated position focused on improving and expanding supportive workplace programs. This role would work to increase access to employer-sponsored insurance and facilitate coordination among businesses, community-based health organizations, and relevant city offices to raise awareness about health care access opportunities and streamline referrals.

Enhanced collaboration between city divisions, such as the Office of Nighttime Economy, the Health Department, and the Office of Neighborhood Engagement, could improve outreach and awareness of existing health services for workers in the hospitality industry. Many city offices already engage in initiatives like overdose prevention and CPR training within hospitality workplaces. These established partnerships present a valuable opportunity to educate business owners and employees about primary care and preventive health services.

Moreover, NOHD recommends integrating information distribution about health care access, insurance, and workplace wellness into the licensing process for new hospitality businesses. This effort could form part of a broader Healthy Workplace Designation project (refer to page 15 for details).

Publicly and privately invest in community organizations dedicated to supporting these workers.

NOHD recommends that the City of New Orleans and private employers fund local organizations that connect people to health care and offer low-cost services. Often, people who may be eligible for Medicaid or access to a low-cost health clinic are unaware of these resources and how to access them. Funding local organizations to hire outreach workers or community health navigators may improve their ability to connect people with available services. Supporting organizations that are already rooted in community and working on care access can maximize impact.

It is important to ensure that as outreach is scaled up, clinic capacity is appropriately scaled as well. Community members report that at times, low barrier clinics have long wait times, are expensive even after applying for sliding-scale pricing, or have difficult hours. Making sure that clinics can hire referral coordinators and invest in technology to streamline appointment processes will also be key. Strong public-private partnerships will promote sustainable scaling.



Support policies that encourage healthy workplace environments.

Policy interventions can effectively enhance health access for hospitality workers by addressing both immediate healthcare needs and long-term determinants of health. The City of New Orleans should enact legislation that incentivizes and/or requires employers to provide essential health resources to their employees. These resources could include paid time off, employer-sponsored health insurance, nutrition and fitness programs, and mental health or counseling services.

Similar policies have been implemented in other cities and states. For example, New York City's Paid Sick Leave Law³⁴ requires employers to provide paid sick time to workers, helping them address health needs without losing income. California's Healthy Workplaces, Healthy Families Act³⁵ mandates paid sick leave for employees across industries. These models are examples of targeted policies that may improve worker health, reduce absenteeism, and support economic stability.

Implementing such measures in New Orleans would strengthen the hospitality workforce's health and contribute to healthier communities overall, but in Louisiana, such laws often must come from the state level due to preemption.

DID YOU KNOW...

In November 2024 New Orleans passed the Workers' Bill of Rights, which promotes fair wages, paid leave for medical care, family needs, bereavement, vacations, union rights, and health care coverage. Championed by Step Up Louisiana, this Bill of Rights was added to New Orleans' Home Rule Charter. While not a law, it creates a foundation for future policies to protect essential workers.³⁶

For example, Step-Up Louisiana proposes partnering with the City to offer incentives like a "Healthy Workspace Designation" to encourage businesses to support employee health through preventive care and affordable health care.³⁶

Conclusion

There is a pressing need to establish and strengthen programs and policies that support the health of hospitality workers, who are essential to the economy, culture, and identity of New Orleans. These workers form the backbone of the city's economic success, particularly during major events such as Mardi Gras and the Super Bowl.

Despite their critical role, many hospitality workers face significant challenges, including low wages, limited access to healthcare, and difficult working conditions. These factors jeopardize not only their individual well-being but also the long-term stability of the industry itself.

Addressing these issues through ongoing efforts to connect workers to affordable, accessible care and enact targeted policy reforms is vital for ensuring that this workforce remains healthy, supported, and resilient. New Orleans and Louisiana have a long and proud history of public health leadership. Now is the time to build on that legacy by prioritizing the health and well-being of the workers who help define and sustain our city.



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Appendix A. Flyers for the Pop-Up Clinic Events for Hospitality Workers



POPUP HEALTH CLINIC

NEW ORLEANS HEALING CENTER
2372 ST. CLAUDE
2/19 FROM 11:00-4:00

Access to Care for
Everyone
NO insurance necessary

FREE SERVICES OFFERED:

- Preventative health screenings
- Wellness check-up with a physician
- Access to lab work
- STI screenings
- Vaccinations (flu and COVID-19)
- Healthcare navigation assistance
- Medicaid enrollment assistance





CLÍNICA DE SALUD MÓVIL

ACCESO A LA ATENCIÓN PARA MÉDICA TODOS
NO SE NECESITA SEGURO MÉDICO

SERVICIOS OFRECIDOS:

- Exámenes de salud preventivos
- Chequeo de bienestar cita con un médico
- Acceso a análisis de laboratorio
- Pruebas de detección de ITS/ETS
- Vacunas
- Asistencia de navegación para el cuidado de la salud
- Asistencia para la inscripción en Medicaid

MÁS INFORMACIÓN Y PREREGÍSTRESE PARA LOS SERVICIOS A TRAVÉS DEL SIGUIENTE CÓDIGO QR, HORA Y MÁS INFORMACIÓN DISPONIBLE ESCANEANDO EL CÓDIGO A CONTINUACIÓN

