

A Health Impact Assessment of the California Domestic Work Employee Equality, Fairness and Dignity Act (AB 889)

Summary of Findings | June 2011

Domestic workers work in isolated workplaces and lack many of the labor protections afforded to most other employees, including the right to overtime pay and meal & rest breaks. The Domestic Work Employee Equality, Fairness, and Dignity Act of 2011, or California Assembly Bill 889 (AB 889), would ensure Domestic Workers gain some of these labor protections. These labor protections have potentially important benefits for public health. To support consideration of these public health effects in the policy discussion, the San Francisco Department of Public Health (SFDPH) conducted a Health Impact Assessment (HIA) on AB 889, focusing on two of the law's provisions:

- **Access to Workers' Compensation Benefits:** The Bill would change California's Workers' Compensation laws to include domestic workers who work less than 52 hours or earn less than \$100 from one employer in 90 days
- **Required Sleep for 24-Hour Workers:** The Bill would require employers of 24-hour or live-in care givers to provide eight hours of uninterrupted sleep in adequate sleeping conditions



Photos from Caring Hands Association - *Mujeres Unidas y Activas*

Key Findings of the Health Impact Assessment

- Many domestic workers currently do not benefit from occupational health, safety and labor protections enjoyed by other workers
- Domestic workers routinely report underpayment and nonpayment of wages and other violations of existing legal labor rights which negatively impact ability to meet basic health needs
- Domestic workers in California experience over 4000 work-related injuries and illnesses annually
- Up to 620 domestic workers would be newly eligible for workers' compensation benefits under the law
- Treatment of occupational injuries under the workers' compensation system is likely to prevent long-term disability among workers and may reduce job turnover
- Sufficient sleep would reduce risk of pre-mature death, chronic disease, and depression for 24-hour and live-in caregivers
- Domestic worker sleep deprivation can create severe health risks for care-recipients
- If AB 889 passes, barriers to worker utilization of laws still need to be addressed
- Improved data on the occupational health outcomes of domestic workers are needed

About Domestic Workers

Domestic workers are individuals hired to work within private homes to clean, cook, provide care to children, the elderly, or disabled individuals.

Nationally

- 90% are women
- Majority women of color
- >40% are immigrants
- 22% undocumented
- Average wages \$6.82-8.89/hr



In California

- 218,000 domestic workers
 - 42% maids/housekeepers
 - 35% personal attendants
 - 11% child care workers
 - 9% home health aides
- 4160 work injuries & illnesses per year, 1/3 musculoskeletal

In the San Francisco Bay Area

- 93% can't pay basic living expenses
- 90% not receive overtime pay
- 83% lacked rest breaks
- 78% lacked meal breaks
- 75% not receive safety equipment
- 64% no medical care when needed
- 30% injury or illness in past yr
- 20% were insulted or threatened
- 16% not paid or paid with bad check
- 9% experienced violence

In Los Angeles

- 35% min. wage violation in past week
- 96% not receive overtime pay owed

Health Benefits of Increased Access to Workers' Compensation Benefits

Collectively, domestic workers in California are estimated to experience over 4,160 occupational injuries and illnesses annually, one-third of which are musculoskeletal injuries. Compared to the general worker population, maids and housekeepers are more than three times as likely to experience bruises, burns and back pain. Child care workers are almost twice as likely to fall, slip or trip. Personal and home care aides were more than twice as likely to overexert themselves or experience sprains, strains or tears on the job.

Based on evidence from similar occupations, increasing access to workers' compensation benefits for currently excluded domestic workers is likely to speed recovery from injuries, decrease long-term disability, and increase productivity. Research has found that workers who received treatment within the first ten days of injury were almost half as likely to suffer long term disability as those who had a twenty day or more delay. Untreated occupational injuries also increase turnover among experienced workers which may negatively impact the quality, safety and continuity of care. Being able to recover from a work-related injury and return to work via workers' compensation benefits may decrease job turnover, leading to a more experienced and stable workforce and improving quality of care among care providers.

Health Benefits of Mandatory Minimum Sleep

Public health evidence suggests seven to eight hours of sleep is the optimal daily average needed for good health. Insufficient or irregular sleep increases risk of hypertension, diabetes, heart disease, obesity, depression, anxiety, and pre-mature mortality. Health professionals working 24 hour shifts are more likely to make errors compared to those who work shorter shifts. Similarly, domestic workers providing care without sufficient sleep may be more prone to mistakes and accidents, affecting not only their own health and safety but of those under their care as well.

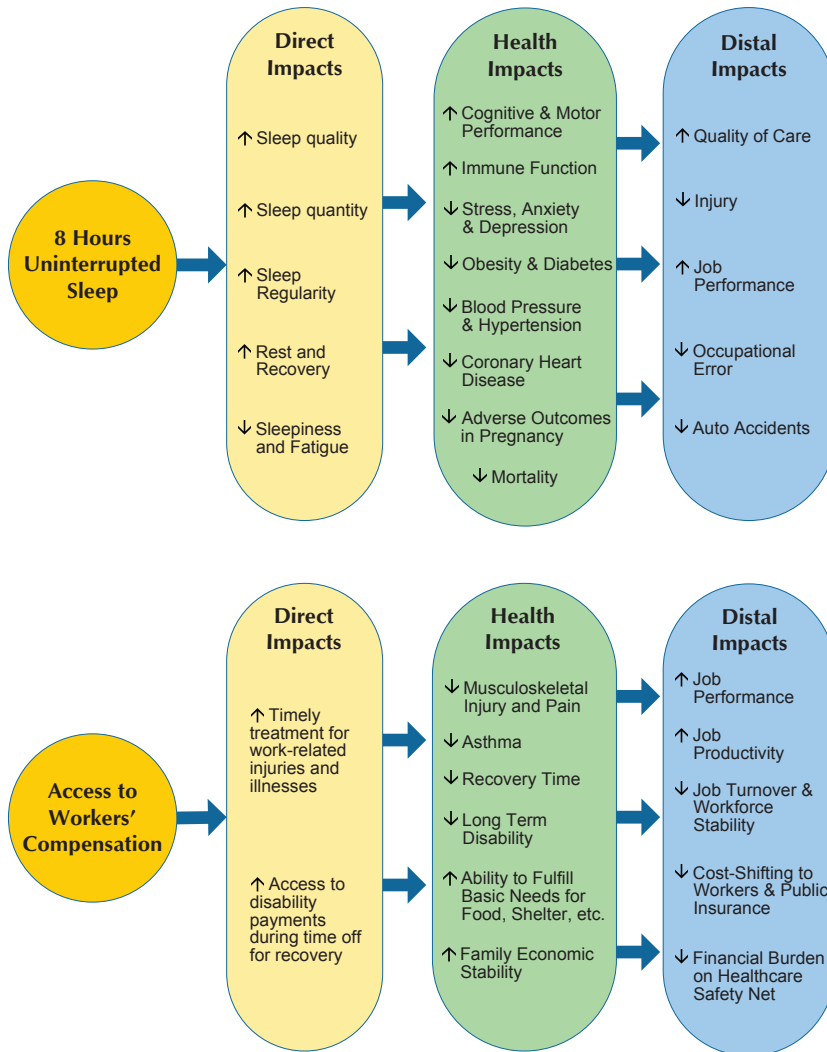
Under the law, domestic workers who live in their employers' homes or work 24 hours shifts will have the right to a protected time to rest and recover. A minimum sleep period with benefit worker's physical and mental health and ensure that they are more alert and attentive to their client's needs.

AB 889 Health Impact Assessment Summary of Health Outcomes and Impacts

Health-Related Outcome	Likelihood	Intensity /Severity	Who Impacted			Magnitude	Uncertainties Related to Limited Evidence
			DW	CR	GP		
Impact of 8 Hour Sleep Requirements for 24 Hr and Live-in Caregivers							
Mortality	▲▲▲	High	+			Small	<ul style="list-style-type: none"> - Studies on health effects of sleep not specific to domestic work population - Limited information on current sleep patterns in affected population - Baseline health status in affected domestic work population - Data on utilization of protections
Chronic Disease & Obesity	▲▲	Mod	+			Small to Moderate	
Stress & Mental Health	▲▲	Mod	+	?		Small to Moderate	
Cognitive & Motor Performance	▲▲▲	Mod	+	+		Moderate	
Work Errors & Injuries	▲▲▲	High	+	+		Moderate	
Traffic Accidents	▲▲▲	High	+	+	+	Uncertain	
Impact of Including Domestic Workers Currently Excluded from CA Workers' Compensation							
Access to Care & Treatment for Work-Related Illness/Injury	▲▲▲	Mod	+	+		Small to Moderate	<ul style="list-style-type: none"> - Health insurance coverage - Cultural, linguistic competency - Transportation & ease of access
More Rapid and Complete Recovery Time	▲▲▲	Mod	+	+		Small to Moderate	
Prevention of Further Injury & Illness	▲▲	Mod	+	+		Uncertain	<ul style="list-style-type: none"> - Other risk & protective factors - Cumulative & synergistic effects - Type and severity of injury - Ability to modify work tasks - Access to replacement help - Replacement wages sufficient to meet basic needs
Wage Replacement	▲▲▲	High	+	?	+	Small to Moderate	
Decreased Job Turnover & Performance	▲	Mod	+	+		Uncertain	<ul style="list-style-type: none"> - Other risk & protective factors - Cumulative & synergistic effects - Type and severity of injury
Increased Productivity	▲	Low	+	+		Uncertain	
Decreased Cost-Shifting	▲▲▲	High	+	-	+	Small	<ul style="list-style-type: none"> - Health insurance coverage - Workers' comp coverage & utilization - Employer retaliation - Barriers to workers' comp minimized
<p>Explanations:</p> <ul style="list-style-type: none"> • "Likelihood" refers to strength of research/evidence showing causal relationship between sleep or access to workers' compensation and the health outcome: ▲ = limited evidence, ▲▲ = limited but consistent evidence, ▲▲▲ = causal relationship established. A causal effect means that the effect is likely to occur, irrespective of the magnitude or severity. • "Intensity/Severity" reflects the nature of the effect on function, life-expectancy and its permanence (High = very severe/intense, Mod = Moderate, Low = not intense or severe). • "Who impacted" refers to which populations are impacted by the health outcomes associated with proposed requirements: DW = Domestic Workers, CR = Care Recipient, GP = General Population. + = Positive impact on health, ? = impact on health not known or may have both positive and negative impacts, - = negative impact on health. • "Magnitude" reflects a qualitative judgment of the size of the anticipated change in the health effect (e.g. the increase in the number of cases of disease, injury, adverse events). 							

The table above provides a summary of the likelihood, intensity, and magnitude of the health effect of the sleep and workers' compensation provisions of AB 889 and the uncertainties related to limits of available evidence. The diagram on the next page provides an overview of the potential direct and distal health impacts of the sleep and workers' compensation provisions upon health.

Potential Health Impacts of AB 889 Sleep and Workers' Compensation Provisions



Research Methods

This assessment was based on the following sources of information:

- Review of available peer-reviewed and empirical research.
- Analysis of data from the US Census American Community Survey and Bureau of Labor Statistics.
- Focus groups of domestic workers in California.
- Interviews with experts in the history and sociology of domestic work, occupational and immigrant health, workers' compensation, gender studies, employment and labor law, and other related disciplines.

For More Information:

View the full report:

www.sfpbes.org/Work_DWHIA.htm

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About Health Impact Assessment (HIA)

The World Health Organization defines Health Impact Assessment as “a combination of procedures, methods and tools by which a policy, program or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.” The purpose of HIA is to inform decision-makers about the health consequences of actions before they make a decision.

Increasingly, countries are using HIA to prevent disease and illness, improve the health of their populations, and reduce avoidable and significant economic costs of health care services.

For more info about HIA, please visit:

www.hiacollaborative.org

