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Health Resources in A

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A Health Impact Assessment of the Massachusetts Domestic Workers' Bill of Rights

The social determinants of health are the conditions in which people are born, grow, live, work, and age. [i] Work is an important determinant of health and the experience of work itself affects both physical and mental health. The health of domestic workers, those who work in other people's private homes, can be substantially improved by taking into consideration the unique conditions and experiences of this workplace.

Health Resources in Action conducted a health impact assessment (HIA) — a process to prospectively assess the health impacts of policies, plans, and projects using quantitative, qualitative, and participatory techniques — on two provisions of the Bill of Rights, the written employment agreement provision and the privacy provision, to predict the potential impacts of these provisions on the health of

This HIA demonstrates potential for positive health impacts and makes recommendations for how to ensure the greatest health bene ts.

The HIA ndings and recommendations are intended to inform the language of the Bill of Rights, as well as those entities that will be involved in implementing the Bill (e.g. regulatory agencies, researchers, organizations working with domestic workers and employers) if it should pass.

WRITTEN EMPLOYMENT AGREEMENT PROVISION

Written contracts signify a formal employment relationship and de ne the wages, hours, tasks, and many other characteristics of a job. Many workers are hired directly by individual households, which often results in an informal work relationship that lacks clear parameters and job expectations. According to the National Domestic Worker Survey, only 8% of domestic workers in the U.S. have written contracts with their empl[ii]oyers.

- Rate of pay, including overtime
- Working hours (including meal breaks and other time off)
- Responsibilities of the job

- A written employment agreement would provide job boundaries and expectations, and thus workplace stability and security to domestic workers, thus improving mental health and decreasing turnover and on-the-job risk behaviors that could harm workers and employers.[ix]

"The inequality between domestic workers and employers is further accentuated given that few workers have a relationship with their employers in which the obligations and expectations are detailed and clearly de ned. Because written contracts are rare and labor standards often do not apply to domestic service, workers frequently nd themselves in a thicket of uncertainty and subject to exploitation. Common are stories of workers who lack any job description other than to work as a domestic… the absence of a clear understanding about the job and its duties also means that for many 'live-in' workers, who reside with their employers, their day rarely ends."[x]

PRIVACY PROVISION

A person's privacy is the ability to seclude oneself, or information by or about oneself, from others. Given the nature of domestic work, in which workers are employed in the private homes of other people, domestic workers often do not have privacy in terms of space, communications, or documentation. These conditions are exacerbated for workers who live in the homes of their employers.

- Con scation of passports and private documents
- Restriction of personal communication, including phone, email and mail
- Forced labor using threats of violence, sexual assault or verbal abuse

- 44% of domestic workers with special visas report having their passports con scated by their employers[xii]
- 31% of U.S. domestic workers report not having any access to private means of communication, such as telephone, mail and email while working.
- 36% of U.S. live-in workers report being threatened, insulted, or verbally abused by their employer.
- Domestic work is the 2nd highest occupation victimized by traf cking.

- Forced labor has severe psychological impacts on workers including PTSD, depression and suicide.[xiii,xiv]
- Domestic workers targeted with verbal abuse have signi cantly higher odds of depression.[xv]
- Exposure to violence on the job can lead to homicide, injuries, PTSD, anxiety, fear, depression, sleep disturbances and decreased job satisfaction.[xvi,xvii,xviii]
- Depression among workers results in absenteeism of approximately 9 days per year, which impacts the nancial security of domestic workers and their families, and impacts the quality and continuity of care provided to employers.[xix]

"I know what it is to receive terrible care. I spent over 7 years in Boston area nursing homes being treated in very dehumanizing ways… Today I am the employer of 3 lovely personal care attendants. They do everything I need to live…Without them I could not live freely again or be part of my community."

– employer

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The ndings of this HIA indicate that if the Bill of Rights were to pass it is predicted to have generally positive impacts on the health of domestic workers, their families, and the recipients of their care. The following set of recommendations suggests ways in which the economic, social, physical, and mental health of these populations can be protected and promoted. Recommendations are segmented by potential implementing entities — organizations that work with domestic workers and employers, researchers, and policy makers and regulatory agencies.

- To better understand who employs domestic workers in Massachusetts, create a registry for employers of domestic workers in Massachusetts, particularly employers of live-in workers
- To better inform domestic workers of workplace hazards and strategies for contract negotiations, conduct trainings about:
  - *Men al and ph ical o k i e ellne*
  - *Con ac de elo men and nego ia ion*
- To better inform employers and domestic workers of the speci c implications of the new legislation, provide "Know Your Rights" Workshops to domestic workers and employers
- Create a hotline to eld domestic worker complaints re: violations of contracts, privacy, etc. and develop a communication mechanism to relay the information back to the Attorney General's of ce and the Massachusetts Commission Against Discrimination
- To increase domestic workers' negotiating power, organize domestic worker cooperatives or collectives

- To increase the data available on the current numbers and characteristics of domestic workers, research the economic, social, physical, and mental baseline health status of domestic workers, in collaboration with community-based organizations who have successfully conducted much of the existing research on the domestic work industry
- To better understand how domestic workers are affected by their work and workplace, research the impacts of working conditions on domestic workers' economic, social, physical, and mental health, in collaboration with community-based organizations who have successfully conducted much of the existing research on the domestic work industry
- Identify the mechanisms through which contracts (job security, job control, job expectations) are associated with psychological morbidity
- Identify relevant indicators and monitor the impact of increased labor protections, speci cally the written contract and privacy protections, on the health of employers/care recipients of domestic workers
- To address concerns raised by domestic workers about potential implications of the new legislation, document the impact of new regulations on the structure and working conditions of the domestic work industry. Consider adapting the National Domestic Workers Alliance Survey for this purpose.
- Relevant research recommendations should be considered by the occupational health and safety advisory board to be appointed by the Governor.

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- To address the need for employers to easily identify back-up care workers, and to facilitate training for domestic workers, create a registry of domestic workers in Massachusetts.
- Written employment agreements may be supplemented to address additional needs of domestic workers and employers. For example, nannies may include a clause to allow them to say goodbye to the child for whom they care at the end of their term of employment, thus reducing levels of stress and anxiety of both the nanny and the care recipient.
- Given current exclusions from OSHA, domestic workers and employers should be provided with adequate training that is relevant and speci c to the hazards of the employment, including mental health. Materials and support should be provided to community-based organizations with a history of working with and providing training for domestic workers and employers.
- Considering the isolated nature of domestic work and the workplace conditions, create a mechanism for reporting workplace violations that includes a call-in line through community-based organizations to reduce stress associated with reporting.
- Given the long work hours and low wages of domestic workers, paid days of rest would contribute to their health by improving their nancial secure, ability to meet basic needs, access to goods and services, and reducing stress.
- To identify and meet the needs of immigrant domestic workers, allow for interested parties to access Immigration and Customs Enforcement (ICE) registration information about employers sponsoring domestic workers through B1 and B2 visas.
- To allow domestic workers to continue to work and remain in the country, allow immigrant domestic workers who are abused by their employers (or who suffer other violations of employment laws) to transfer their domestic worker visas to new employers.

Historically, domestic workers have been excluded from many state and federal labor and health laws. The Bill of Rights would afford domestic workers basic standards of protections currently enjoyed by most other workers.

This health impact assessment examined two key provisions – the written employment agreement provision and the privacy provision – and the evidence of their potential impacts on the health of domestic workers, their families, and the recipients of their care. Based on the best available evidence, the bill in its current form has the potential for decreasing stress and anxiety, unmet basic needs, and verbal abuse of domestic workers, among other health impacts. Additionally, the bill has the potential to increase nancial security, social connectedness, and access to goods and services for domestic workers. Potential impacts on employers include stress, fear of theft, and costs of employing additional domestic workers.

The Bill of Rights has signi cant implications for health, both through the provisions examined in this HIA, and the other important components of the bill that could not be covered in the scope of this HIA research. The positive impacts could be enhanced and the negative impacts could be mitigated through the adoption of the recommendations included in this report. Additional research is needed to understand the health impacts of the other provisions of Bill of Rights as well as additional impacts of the bill on employers and care recipients, families and communities of domestic workers, and the general public.

http://hria.org/uploads/cataloger les/a-health-impact-assessment-of-the-massachusetts-domestic-workers-bi of-rights/madwbr_hia_report060214.pdf

HAVE QUESTIONS OR WANT MORE INFORMATION?
Contact Allyson Auerbach at aauerbach@hria.org

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Introduction

Massachusetts House Bill 4026 is statewide legislation that would establish a Massachusetts Domestic Workers' Bill of Rights (BoR). Domestic workers include nannies, caregivers, and housekeepers. The domestic workers covered under the proposed legislature are vital to the MA economy because their work allows individuals and families to leave the home to participate in the broader workforce. However, because there are few state and federal guidelines and no industry standards, domestic workers are vulnerable to exploitation and abuse. The BoR would amend MA state labor law to guarantee basic work standards and protections:

- 24 hours off per 7-day calendar week;
- Meal and rest breaks;
- Limited vacation and sick days;
- Parental leave;
- Protection from discrimination, sexual harassment, illegal charges for food and lodging, and eviction without notice;
- A written contract;
- The right to privacy;
- Notice of termination; and

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Right to days of rest	If Domestic Worker works at least 40 hours a week, employer must provide at least 24 consecutive hours of rest per week and 48 hours of consecutive rest per month (to coincide with religious worship, when possible) If Domestic Worker voluntarily works over 40 hours per week or

	Price is reasonable, which means: It does not exceed $35.00 per week for a room used by one person, $30.00 per week for a room occupied by 2 people, $25.00 per week for a room occupied by 3 or more persons
Right to privacy	Domestic Workers are explicitly included under the protections of š Z • š š [• ‰ Œ] À Ç o Á Á Z] Z ukers have š Z the right to expect privacy (which includes right to privacy in the bathroom) Employer cannot restrict, interfere with or monitor Domestic t } Œ l Œ [• ‰ Œ] À š } u u µ v] š] } v u ‰ o } Ç Œ v v } š š l v Ç } (š Z } u • š] other personal effects, u ‰ o } Ç Œ v v } š • Œ Z } u • š] Á } Œ l Œ
Right to protection against trafficking	Employer cannot engage in sex trafficking of domestic workers or o } Œ š Œ (( ] l] v P o o ^ (} Œ • Œ À] Forced services include threatening serious harm, physically restraining an individual, destroying, hiding, or taking any immigration documents, engaging in extortion, or causing or threatening to cause financial harm.
Right to written evaluation	A Domestic Worker may request a written evaluation after 3 months and annually thereafter } u • š] t } Œ l Œ u Ç] • ‰ µ š š Z À o µ Personnel Records law
Right to a written employment agreement at the start of the job if Domestic Worker works 16 hours or more per week.	Agreement must include: Rate of pay, including overtime Whether additional pay is provided for added duties/multilingual skills Working hours (including meal breaks and other time off) Whether employer provides benefits (earned sick days, vacation days, personal days, health insurance, severance, transportation, etc.) and whether these benefits are paid or unpaid Fees or costs, if any, for meals or lodging Responsibilities of the job Process for addressing grievances and additional pay for additional duties Right to collect workers compensation

Scoping

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stakeholder priority; and there was a lot of concern, and anecdotal evidence, that employers withholding their

is expected that the contract will result in changes to both job security/stability, including knowledge of wages

The second pathway diagram (Figure) examines the privacy provision, which includes the right to retain personal documents, the right to personal communications and the right to an adequate private space, for live-in domestic workers.

This HIA utilized mixed research methods, including analysis of secondary data, collection of primary data through focus groups and interviews with domestic workers, and review of empirical literature. This section describes each of the methods used.

1. Secondary Data Analysis: summary statistics available on demographic characteristics, occupational exposures, injuries, and illnesses.
2. Focus Groups and Interviews: 3 focus groups and 6 key informant interviews were conducted with domestic workers using semi-structured discussion guides.
3. Literature Review: review of peer-reviewed and grey literature regarding the domestic worker population in general as well as for the two specific provisions examined in this HIA.

Secondary Data Analysis

To develop a profile of baseline conditions, including demographics, health determinants, and outcomes, HRiA reviewed existing data drawn from national, state, and local sources. In order to define and characterize the domestic worker population in Massachusetts, HRiA attempted to replicate methods developed by colleagues at the San Francisco Department of Public Health, in collaboration with DataCenter, an organization in Oakland that provides research, training, and support to grassroots social justice movements. Secondary data was also compiled from the Bureau of Labor Statistics Survey of Occupational Illness and Injury. Data analyses were generally conducted by the original source (e.g. U.S. Census). Much of the secondary data collected is incorporated into the assessment section of this report. For additional demographic data and a discussion of methodology, see Appendix A.

Focus Groups and Interviews

HRiA, in collaboration with several student researchers and the MA Coalition for Domestic Workers, conducted interviews and focus groups with a variety of individuals in Massachusetts, including domestic workers, employers of domestic workers, and organizations that work with domestic workers and employers. In total, 6 interviews and three focus groups were conducted with over 35 individuals, primarily in eastern MA.

Focus group and interview discussions explored current working conditions experienced by domestic workers, as well as specific experiences and perceptions of how written contracts and privacy impact their health. A semi-structured guide was used across all discussions to ensure flexibility but consistency in the topics covered. Each focus group and interview was facilitated by a trained moderator, and detailed notes were taken during conversations. On average, interview and focus group discussions lasted 60-90 minutes. The interview and focus group guides can be found in Appendix C. These types of conversations not only collect

between each provision and each health outcome (e.g. the impact of a written contract on unhealthy coping behaviors).

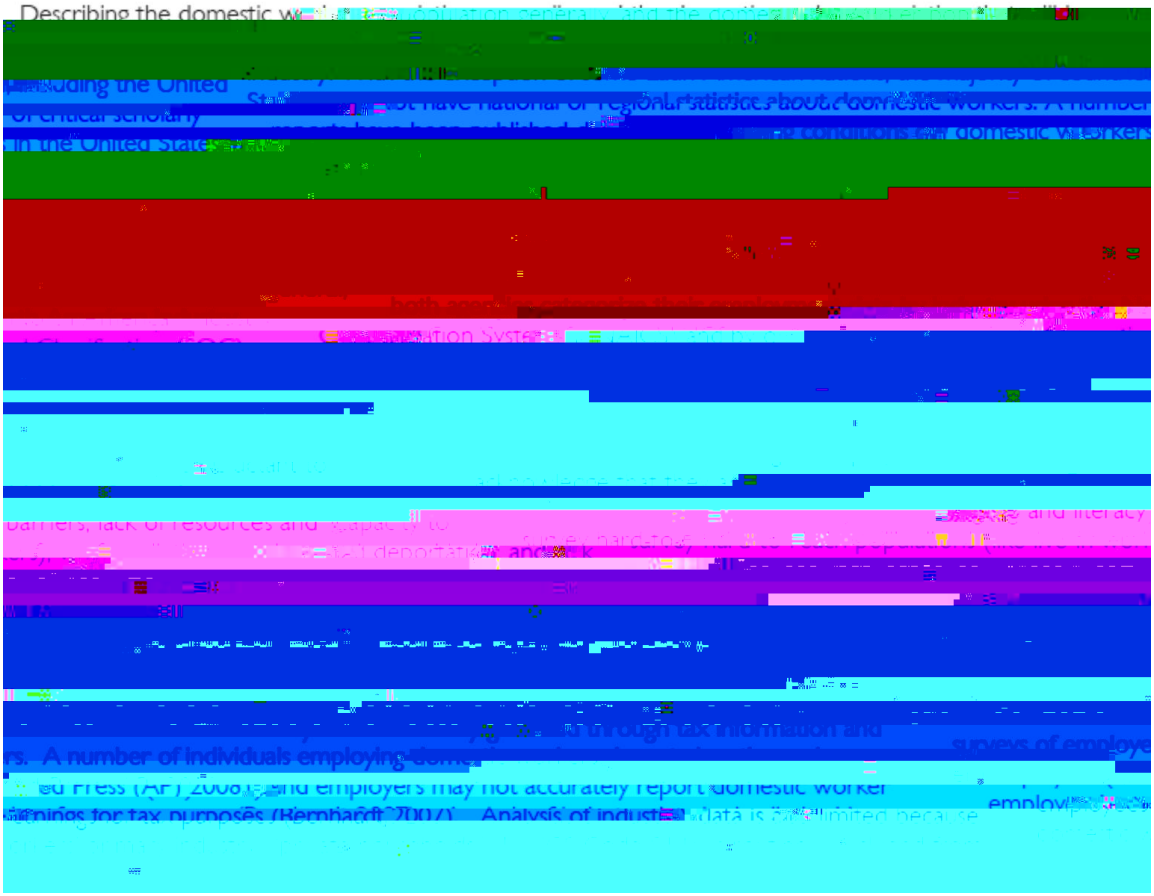
Limitations

• Á] š Z o o •• •• u v š • U š Z Œ Œ • À Œ o o] u] š š] } v • Œ o š š } š Z] • , acknowledged, including challenges related to public data sources on domestic workers as well as methodological challenges of qualitative data collection.

Data based on self-reports should be interpreted with particular caution. In some instances, respondents may over- or underreport conditions, behaviors, injuries, and illnesses based on fear of social stigma or misunderstanding the question being asked. In addition, respondents may be prone to recall bias v that is, they may attempt to answer accurately but remember incorrectly. Despite these limitations, most of the national, state or local self-report surveys (such as the Survey of Occupational Injuries and Illnesses) benefit from large sample sizes and repeated administrations, enabling comparison over time.

However, there are a few unique characteristics of domestic workers in general and those to be covered by the Bill of Rights that present specific limitations to data collection. The following is an excerpt from the HIA of the California Domestic Workers Bill of Rights, which describes the limitation of public data sources on domestic workers.

Figure 3: Excerpt from A Health Impact Assessment of California Assembly Bill 889- Limitations of public data sources on domestic workers



While the focus groups and interviews conducted for this study provide valuable insights, results are not statistically representative of the larger population of domestic workers due to non-random recruiting

techniques and a small sample size. Efforts were made to engage a variety of individuals from the primary occupational categories of domestic workers, employers, and organizations who work with domestic workers and employers; however, not all sides of the issue were represented. Lastly, it is important to note that data were collected at one point in time, so findings, while directional and descriptive, should not be interpreted as definitive.

Finally, much of the empirical research used to analyze the health effects of the two provisions in this HIA was not specific to domestic workers or studied domestic worker populations outside of the U.S. These challenges were taken into consideration throughout this assessment and are generally highlighted in the assessment summary tables at the end of each assessment chapter (Table 5 and Table 7).

There are a number of significant data gaps that have been identified, many of which we address in the recommendations section of this report. Where there were significant data challenges, we describe the problem and our justification for moving forward with the assessment in the way we did. Among the challenges we want to highlight are

Complications with using the census data to quantify the population of domestic workers in Massachusetts (see above)

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Under-reporting issues on Census and in general with regard to working conditions, especially related to the privacy provision (issues of abuse and other complaints)

Martha Chen, an expert in domest] Á } Œ l Œ • [ ] • • µ š , Œ À Œ [ ] v] À Œ] š Ç of reasons why capturing data for the domestic worker population is challenging. Her research indicates that the challenges we faced with quantifying the population and health outcomes that are predicted to result from the passage of this legislation, are not unique. Among them:

There is no common definition for the types of a9h nop265h4 isinshoxcc aetals domestic w(t)7(h)3(e)] TJETBT31 0

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physical therapists, cooks, butlers, grounds keepers, etc.) within the private household industry that could be considered domestic workers. These less numerous occupations comprise approximately 4,000 additional domestic workers in Massachusetts who would be covered by the Bill of Rights, but are not captured in the demographic statistics in Table above.

As discussed previously, the population estimate is very conservative given the limitations of quantifying the domestic worker population. The Massachusetts Coalition for Domestic Workers estimates the number of domestic workers in MA at approximately 67,000 and as large as 100,000 depending on whether specific industries of work and classes of worker are taken into consideration. Limiting the population to only those workers within the private household industry results in a population estimate of approximately 20,000, while including all domestic workers within the four major and dozen minor occupations yields a population of slightly more than 100,000 people.

Table above describes the demographic characteristics of domestic workers in MA. Across the four major occupations, the vast majority of domestic workers are women. A higher percentage of childcare workers identify as White (83.1%) compared to the other occupations. Additionally, data for MA indicate that over 80% of domestic workers within the primary occupations are U.S. citizens, with the exception of maids and housekeeping cleaners (62.3% U.S. citizens). Comparatively, national data from the American Community Survey describe the domestic worker population as 95% women, 46% White, 38% Latina, 10% African-American, 6% Asian, 46% foreign-born, and 35% non-citizens. Appendix A gives additional demographic information about the domestic worker population in the U.S. and the sample for the 2011-2012 National Domestic Workers Survey }v µ š Ç šÁ} Œ • Œ Z Œ•]v }viµv š]}v Á]šZ šZ E š] Alliance.

As seen above and documented in the literature, much domestic work is performed by immigrant women and women of color. Historically race and gender have played significant roles in the domestic labor market. As Gaydos et al •µuu Œ]Ì U ^} µ‰ š]}v• Z À À o}‰ Z]•š}Œ] oo Ç •šŒµ šµŒ race, and class and the status, remuneration, and protections afforded to certain occupations today are inextricably tied to how these occupations are associated with gender and racial categories and the relative ‰}Á Œ }( ]v]À] µ o•]v šZ • š P}Œ] •]v •}] šÇ š}ideaÇ.XAcross_all v š]š š]À occupations, not only domestic work, women working full time still earn only 77 cents for every $1 earned by men, according to the White House. Domestic work is deeply racialized with respect to occupation and pay, •‰]š ‰Œ}PŒ ••]v šZ ‰ •š všµŒÇ š.}AmerŒ]šCommunitÀ$urveydataÁ}u v[• Œ] indicate that nannies are predominantly White (64%) as are caregivers (55%), while housecleaners are predominantly Latina (52%). Hourly wages also reflect the prominent role of race in domestic work with White

Due in part to race and gender, domestic work is often stigmatized and perceived as low status in comparison to work performed in other settings.

Health Impacts of Proposed Privacy Provision

workers reported being threatened, insulted or verbally abused (Burnham and Theodore [Home Economics], 2012).

The 2011-2012 National Domestic Workers Survey found that 25% of domestic workers were not able to get at least 5 hours of uninterrupted sleep in the previous week (Burnham and Theodore (Home Economics), 2012). For workers who are required to sleep with care recipients or in common areas, getting sufficient, uninterrupted sleep can be particularly difficult, which can lead to physical and mental exhaustion. "Sleepiness and fatigue lead to functional impairments such as slower reaction time, reduced vigilance and deficits in information processing, which have consequences not just for the individual worker but also for the employer

The connections between stress, anxiety and fear and downstream negative health outcomes have been well established in the public health literature. Domestic workers t particularly those subject to forced labor t face high levels of stress and fear on the job.

Work-related stress is a substantial issue for social service providers and studies have found that anxiety levels Œ • ‰] o o Ç Z] P Z u } v P • š ^ Z o ‰] v P _ ‰ Œ } (• •] } v o • • µ Z • v v v] • v 2002). According to Denton, among home healthcare workers, higher levels of job stress was associated with dissatisfaction with hours, management of difficult clients and exposure to sexual harassment. Stress in the workplace has been shown to lead to numerous downstream negative health outcomes including: nausea, fatigue, sleep problems, anxiety, asthma, fatigue, headaches, blurred vision, backaches, heart disease, diabetes, stomach/bowel problems, irritability, rheumatoid arthritis, unhappiness, and burnout (Denton, 2002).

For immigrant workers without legal documentation, fear of deportation can be a pervasive concern in the workplace. Domestic workers who are victims of forced labor or trafficking often face threats to their deportation and suffer fears of being sent home (Hidden Slaves, 2005). Fear of deportation among immigrant workers has been linked in the literature to numerous mental health outcomes. Cavazos-Rehg found that Latino immigrants with fear of deportation are more likely to report emotional stress (feeling angry) and extra-familial stress, including difficulty finding desirable jobs and being forced to accept low-paying work (2007). In this same study, Cavazos-Rehg found that concerns around deportation were a significant predictor of subjective health status among Latino immigrants.

Forced labor t by effect of isolating and subjugating workers t has quite obvious deleterious effects on workers including severe mental health outcomes. Forced labor leads to loss of personal efficacy and control, which has been shown in numerous studies to have negative mental health impacts on workers (Human Rights Watch, 2005; Syme, 1998). Loss of control in the workplace (due to forced labor) can also lead to increased dependency on the employer and make it difficult for workers to retaliate against unjust working conditions (Burnham and Theodore [Home Economics], 2012). This can further the isolation and denigration of workers and in extreme cases can lead to severe outcomes such as Stockholm Syndrome (Human Rights Watch, 2005). Studies have also shown forced labor to have severe psychological impacts including PTSD, depression and suicide. The symptoms of these mental health effects include nightmares, emotional numbness, irritability, inability to sleep, difficulty concentrating and outbursts of anger (Human Rights Watch, 2005).

How Would the Privacy Provision Impact Employers/Care Recipients?

On the whole, this legislation will protect the rights of domestic workers and improve the health and stability of the domestic worker population, which will be beneficial to employers and care recipients. According to 2004 estimates by the American Psychological Association, depression among workers results in absenteeism ranges from 9.9-90 days per year (Geiger-Brown, 2007). Loss of work productivity is detrimental to both workers and care recipients, thus legislation that promotes a healthier worker population will provide positive benefit for everyone.

According to Ayalon, there is some documented fear among home healthcare clients that their caregivers may abuse or neglect them (2009). The primary form of documented abuse towards clients by home healthcare workers was financial abuse, however according to Ayalon there is strong evidence to indicate that many of these cases involved circumstances where the workers were being severely underpaid. The use of surveillance

Health Impacts of Proposed Written Contract Provision

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Theodore, only 8% of domestic workers in the U.S. have written contracts with their primary employer, while two-thirds (67%) indicate they had an informal verbal agreement with their employer (Burnham and Theodore, 2012). Most contracts include provisions governing wages (97%), job responsibilities (96%), time of payment (91%), schedule (84%), and hours to be worked (77%). Interview and focus group participants report that written contracts are not very prevalent but are becoming more common, especially for nannies. All assessment participants were in favor of having written contracts. Still, many domestic workers shared feelings of fear related to contracts. For example, a focus group participant stated, ^/[u (Œ] šZš](/ •l(}Œ }všŒ.šlZšZŒÇ]Á}•v}[šu¡P]Z À}u‰šš]]š]}vX contract. /[u (Œ] šZš](/ •l(}Œ }všŒ.šlZšZŒÇ]Á}•v}[šu¡P]Z À}u‰šš]]š]}vX

The table below (Table 6) shows NDWA survey results of median hourly wages for domestic workers across the U.S. Median wages hover around $10-11 for all workers, although further examination of worker characteristics shows wide variation in wages. Across the three primary occupations, domestic workers of color are paid less than their white counterparts. Additionally, undocumented immigrants earn less as nannies and caregivers, but median wages for all occupations are comparable to the domestic worker population overall. Finally, live-in workers earn significantly less than workers who do not live in the homes of their employers.

Table 6: Median Hourly Wage for Occupations by Race/Ethnicity, Employment Arrangement, Citizenship Status, 2011-2012

Race/Ethnicity	White	$12.55	$12.00	$12.50	$12.13
	Latina	$8.57	$10.00	$10.00	$10.00
	Black				
	Asian/Other				
Employment Arrangement	Live-in	$6.76	$7.69		

experienced a breach of contract related to the agreed upon scope of job responsibilities and 24% reported that in the last week alone they had been assigned work beyond their job description. Of these workers, 74% believed they could not refuse the additional work and 67% were not paid for their extra time (Burnham and Theodore, 2012). A Œ ‰ } Œ š } v E Á z } Œ l [• } u • š] Á } Œ l] v µ • š Œ Ç Œ] v (} Œ • š Z

a measure of economic security that is annually adjusted and takes into consideration regional differences in cost of living. The National Domestic Workers Survey found that nearly half (48%) of domestic workers surveyed are paid hourly wages below 70% of the LLSIL for their geographic region. Further, 23% of workers surveyed were unable to save any money for the future from the previous month.

Income is one of the strongest predictors of health. >}Á Á P • o]u]š Á}ŒlŒ•[ ]o]šÇ š} µu move up the wealth-health gradient, which shows that the highest income earners have longer, higher quality of life (RWJF). Well-paying jobs represent greater economic security and ability to accumulate wealth, enabling individuals to meet basic needs, as discussed below (CBHA, 2008). Wages and job insecurity make it very difficult for workers in precarious jobs, such as domestic work, to provide for their financial security (Towson, 2006- New Frontiers of Research on Retirement).

The evidence of the effects of work hours, also a proposed component of the written contract, on financial security are mixed. The assumption is that the more hours worked the greater the income of the worker. However, wage theft and other moderators make this relationship more complex (Caruso, 2006). As Figure 4 shows, long work hours have long-term financial impacts on workers, including increased personal expenses for health care and assistance with non-work activities, reduced capacity for work and income, work disability, and early retirement.

Additionally, stress at work, associated with wages, hours, and tasks (as discussed below), is a costly problem in modern workplaces. According to the National Institute of Occupational Safety and Health, high levels of stress are associated with substantial increases in health service utilization and periods of disability due to job stress tend to be very long, contributing to extended work absences (CDC, 2011). Among domestic workers, these absences are often without pay and could be cause for job termination (Burnham and Theodore, 2012).

Spillover is a process by which attitudes and behavior carry over from one role to another. Spillover between work and family life can be regarded as negative (i.e., work-family conflict) or positive (work-family enhancement). "These two dimensions of spillover might co-exist to some degree. For example, a job that provides a high degree of negative spillover in the form of long hours and psychological stress carryover into home life, at the same time, could provide a high degree of positive spillover in the form of family financial security and opportunities for personal growth that make for a better family member

Figure 5: Percent of Unmet B

An individual worried about limited work hours or losing a job may experience stress due to anticipation of the problems associated with a job loss, mental strain associated with being powerless, and ambiguity about the future (Heaney, 1994; Joelson, 1987). Workers responses to the stress of perceived job insecurity can be emotional (anxiety, tension, dissatisfaction) in the short term, while longer term consequences stem from the accumulation of these responses and result in more permanent manifestations in mental and physical ill-health (Gazzaniga, 2003; Heaney, 1994). In one study, perceived job insecurity was statistically significantly correlated with psychological symptoms, which was stronger among those permanent employees with a contract. (Kirves, 2011). Further, job insecurity adversely affects psychological health of the worker and also increases poor self-reported health, workplace injuries and accidents, sickness absence, and health service use (Ferrie, 2008).

On the other hand, research by Delp and colleagues has shown that domestic workers with job security, associated with a written contract, are 1.5 times more likely to be very satisfied with their job and thus less stressed (Delp, 2010). Though not specific to domestic work occupations, other studies have shown that fixed-term employment, with specified hours and length of employment, predicted better self-rated health and less psychological stress (Liukkonen, 2004). Further, permanent contract workers are shown to have fewer depressive symptoms and greater job satisfaction (Kompier, 2009).

Not only does the job security, or insecurity of wages and hours, impact worker stress and anxiety, but the job demands and control also do. Job demands are the tasks and expectations of a job, which incorporate physical and psychological demands (Delp, 2010). Job control is the discretion of skills and latitude and authority over decisions related to how a worker does her job (Delp, 2010). Degree of control (job demands and latitude in making decisions about work) that workers feel they have over working conditions is thought to be major factor contributing to health (Karasek, 1990; Sparks, 2001

is associated with more pronounced cortisol stress reactivity, even when controlling for confounders such as cardiovascular disease. High cortisol stress reactivity has been shown to predict coronary artery recalcification (atherosclerosis) leading to higher coronary heart disease risk (Hamer, 2010; Hamer, 2012). Stress due to job demands and control can lead to further mental health impacts as well as other physical health conditions. A review by Schnall et al found significant associations between job control and cardiovascular disease outcomes in 17 of 25 studies (Schnall, 1994).

As discussed in the assessment above, the written contract provision is predicted to improve hours and wages of domestic workers, and will thus have several positive and at least one potential negative impacts on employers/care recipients.

How Would the Written Contract Provision Impact Families of Domestic Workers?

Employers are not the only recipients of care from domestic workers. The children and families of domestic workers are also predicted to experience impacts as a result of the written contract provision of the legislation. As noted in the above assessment sections, domestic workers are often unable to achieve financial security or meet basic needs, which also affect their families. Most domestic workers do not earn a living wage and are thus unable to provide sufficiently for their families. Literature shows that children in food insecure households experience two to four times as many individual health problems (weight loss, fatigue, headaches, etc.) as children with greater food security (FRAC) as well as illness absences from school (FRAC), which has negative impacts on academic success and future income (RWJF, 2009). In addition to food insecurity, housing insecurity, due to limited wages, can lead to chronic stress in children, as well as poor child development and school performance (Ross, 1999; Krieger, 2002; Evans, 2004).

Additionally, low wages also make domestic workers spend more time at work and less time with their own children and family, which stresses the worker and raises concern over unhealthy behaviors of own children (Bernal, 1995). Domestic workers also noted that unstable schedules or long hours do not allow them time to š l šZ]Œ Z]o Œ v š} šZ } š}ŒX dZµ•U Á}Œl]vP Z}µŒ• o•}]u‰ š needs for themselves and their families. These issues are also cyclical as the inability to achieve financial security and meet basic needs for their families causes additional stress to domestic workers.

As described above, the written contract provision is predicted to improve wages and hours for domestic workers, and consequently have positive impacts on their families as well.

In summary, based on the available evidence and understanding of the domestic worker population and their characteristics, it is predicted that the passage of a written contract requirement for domestic workers would protect the health of a significant and growing group of domestic workers in Massachusetts who work more than 16 hours for an employer.

Table 7 provides a summary judgment of the direction, extent, and likelihood of the health impacts and the uncertainties related to the limits of available evidence. A quantitative estimate of the magnitude of health impacts related to the written contract is not possible due to the following data limitations:

- Limited data on the number of domestic workers with a written contract
- No data on the number of domestic workers who work 16+ hours for an employer
- Limited existing research specifically examining how contracts affect health
- Limited existing research specific to the domestic worker population

To increase domestic

adequate training that is relevant and specific to the hazards of the employment, including mental health hazards.	employment rights and benefits.	community-based organizations
To facilitate the reporting of complaints and workplace violations, support the creation of a hotline to field domestic worker complaints re: violations of contracts, privacy, etc. Work with community-based organizations to develop a communication mechanism to relay the information back to the AG and MCAD.	Domestic work is isolating and the nature of the workplace does not allow a mechanism for reporting workplace violations.	

Evaluation and Monitoring

HRiA will consider the following evaluation questions for this HIA:

- What resources were used by HRiA and key partners (MCDW) to complete this HIA?
- To what extent were affected populations involved and engaged in this HIA process?
- What were the successes and challenges of this HIA process?
- Did MA legislators find the HIA process valuable?

Conclusion

Historically, domestic workers have been excluded from many state and federal labor and health laws. The Bill of Rights would afford domestic workers basic standards of protections currently enjoyed by most other workers.

This health impact assessment examined two key provisions t the right to privacy and the right to a written contract t and the evidence of their potential impacts on the health of domestic workers, their employers, and their families. Based on the best available evidence, the bill in its current form has the potential for decreasing stress and anxiety, unmet basic needs, and verbal abuse of domestic workers, among other health impacts.

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Appendices

APPENDIX A- Data Analysis of Domestic Worker Population, Industry, and Occupation

In its HIA of California Assembly Bill 889, the San Francisco Department of Public Health, in collaboration with

Nursing, Psychiatric, and Home Health Aides (SOC 311010)

- It is not possible to disaggregate this category to allow for the separation of home health aides as its own occupation. However, the assumption is that individuals working within this occupation in the private household industry are likely home health aides, as opposed to other industries, which would be more likely to include nursing or psychiatric in other workplace settings.

Within the private household industry, the following occupations were also included in overall population counts:

Dietitians and nutritionists 3030 (SOC 291031)
Physical therapists 3160 (SOC 291123)
Registered nurses 3255 (SOC 291141)
Licensed practical and licensed vocational nurses 3500 (SOC 292061)
Chefs and head cooks 4000 (SOC 351011)
Cooks 4020 (SOC 352010)
First-line supervisors of housekeeping and janitorial workers 4200 (SOC 371011)
Janitors and building cleaners 4220 (SOC 372011)
Grounds maintenance workers 4250 (SOC 37-3010)
First-line supervisors of personal service workers 4320 (SOC 391021)
Personal care and service workers, all other 4650 (SOC 399099)
Maintenance and repair workers, general 7340 (SOC 499071)

These occupations account for approximately 930 additional workers according to the ACS 5-year estimates for 2006-2010.

Class of Worker

APPENDIX B- Methodology for National Domestic Workers' Survey (Burnham and Theodore, 2012)

Dµ Z }(šZ • o]v š (}Œ šZ]• ,/ Á • Œ]À (Œ}u šZ dZ E š]}v o }u •š t}Œl Œ•[participatory methodology in 2011 and 2012 by the National Domestic Workers Alliance, which was reported by Burnham and Theodore in their Home Economics report. Below is a brief description of the methodology for the study.

dZ E š]}v o }u •š] t}Œl Œ•[participatory methodology in which 190 domestic works and organizers from 34 community organizations collaborated in survey design, the fielding of the survey, and preliminary analysis of the data. Surveyors were extensively trained in their native languages to recruit and survey participants. They recruited participants primarily through snowball sampling, a technique that asks each interviewee to identify future participants from among their acquaintances. Surveyors went to parks, transportation hubs, chu

of employment rights, workers were disqualified from the survey if they were members of organizations that advocate for the rights of workers.

Appreciate input, want to hear from all of you about experiences at work and how those experiences might relate to your health
There are no right or wrong answers v please be as honest and complete as you can
E } š š Œ Ç] v P š } Z] À } v • v • µ • U Á [Œ P š Z Œ] v P] v (} Œ u š] } v
Re • ‰ š (} Œ } v v } š v Z o e [r s À] • at a time
My role is to guide the discussion t focus on some questions and let folks tell their stories
Sometimes might have to move folks onto another question so we can get through it t or to give everyone a chance to speak - W o • } v [š š l] š ‰ Œ • } v o o Ç J
Have gift cards to compensate for participation - will distribute at the end t want to show appreciation for participation

Logistics

Focus group will last about 90 minutes
Feel free to move around
Where is the bathroom? Exit?
Help yourself to refreshments

3. Ground Rules
Ask the gr.es

- The type of work you do and the other pieces of information on this flip chart/board
- How long you have been employed as a domestic worker
- Show us your photo and describe why you chose it.

Please try not to take longer than 2 minutes for your explanation. We will keep time to help everyone have a chance to speak.

Note to facilitator: Discussion begins, make sure to give people time to think before answering the questions *I·yŘ Ř2yŰú Y˜2ØŜ ű22 Ijʤʌǒ]tëΦ ¦ăŜ űKŜ LJ№2ōŠă ű2* make sure that all issues are addressed, but move on when you feel you are starting to hear repetitive information.

CONDITIONS OF EMPLOYMENT (Co-Facilitator B) (10 mins)

d Z v l • •} u µ Z (} Œ Ç } µ Œ] v š Œ } µ š] } v • X • Ç } µ erienceš in this zone and [• Á] Œ we look forward to better understanding certain aspects of those experiences. We would like to begin by asking about your working conditions and terms of employment. We are going to start the recorder now to make sure we record your comments accurately.

1) Does your employer(s) follow through with the terms of your original agreement for employment?

Probes:

- Do you have a written contract?
- Does s/he pay you what was promised?
- Are you ever asked to perform tasks that were not part of your original agreement?

2) Do you receive any benefits through your work t for example, paid sick days, time off to take care of sick Œ o š] À • U š] u } ((š } P } š } } š } Œ [• ‰ ‰ } days off during the week, paid } Œ } š Z Œ • vacation time, overtime pay, use of a car, etc?

Probes:

- Z } Á o } v P Ç } µ [À Œ] À 6 : U od

Key Informant Interview Guide

Hello. My name is _____, and I am with Health Resources in Action, a non-profit public health organization in Boston. Thank you for speaking with me today.

We are working with MataHari and the MA Coalition for Domestic Workers to undertake a health impact assessment to gain a greater understanding of the health impacts of the proposed Domestic Worker Bill of

d. How does knowing your hours/wages/tasks upfront affect your mental health (stress, anxiety, depression)?

Privacy

8. How do you feel about the level of privacy at your work?

    a. Personal (physical or sexual abuse)

    b. Space (bedroom, bathroom, etc.)

    c. Communications (email, cell phone, mail, etc.)

    d. Documentation (ability to keep documents)

9. You mentioned (issue) related to privacy. How do you think that affects your health? [PROBE ON EACH ISSUE MENTIONED. DOES IT AF46.xM0ES IT AF46.BT/5. 9 Tm[(.)11(D)-4(OES)11(I)11(T)-3(AF46.xM0ES)11(I)11(T BT