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Commentary

Caregiving and Women's Health: Toward an Intersectional Approach

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By 2060, one in four Americans will be over the age of 65 (U.S. Census, 2015). At the same time, the pool of available family caregivers is expected to decline despite an increase in care need (Centers for Disease Control and Prevention, 2010). Considering this trend, the biggest issues facing the nation are: Who will care for us as we age? What does this workforce look like? And how do we best support a diverse network of caregivers? This paper suggests recognizing caregiving as a women's health issue, and integrating formal and informal care as next steps toward comprehensive care policy.

Caregiving Is a Women's Health Issue

A new conversation regarding care labor, gender, and health is needed. This commentary highlights two central points regarding caregiving in the United States. First, in the broadest sense, there are two types of caregivers—those who are paid to provide care and those who are not (usually family members or relatives). Although unpaid caregivers (also referred to as informal or family caregivers) currently provide the majority of care to vulnerable groups (e.g., children and elders), the paid (or formal) care workforce is large, rapidly growing, and its growth holds global policy implications for women's health that extends beyond the United States. The majority of caregivers (both paid and unpaid) are women who are consistently undervalued, and are at an increased risk for negative health outcomes, distress, and burnout (Lyons, Cauley & Fredman, 2015; Schulz & Beach, 1999). Therefore, caregiving should be recognized as a key issue for women's health, and integration of formal and informal sectors should be considered. The second aim of this paper is to highlight gaps between current policies and practices among caregivers, using a subset of paid caregivers as an example.

This paper grapples with important health and labor issues—some clear and others less so—presented by paid care arrangements, as well as the lack of continuity and transparency in how the needs of paid care workers, most of whom are primarily women of color and immigrants, are represented in the public health discourse. Finally, the scope of these issues are presented within an intersectional framework, meaning that processes that give rise to gender, race, nationality, and class inequities cannot be divorced from social and political systems that engender dependency on undervalued labor to provide care for our aging population.

Caregiving in Context

Informal Caregivers

The National Alliance for Caregiving/AARP (2009) estimates that the average unpaid caregiver is a 49-year-old married woman who is employed, and caring for a mother not living with her. Working women spend as much as 50% more time providing care than men. Currently, women make up one-half of the workforce but continue to absorb the majority of caregiving responsibilities (Talley & Crews, 2007).

Women devote more than 100 million hours yearly to unpaid care work, a fact that contributes to the growing poverty gap between men and women over the age of 65 (U.S. Census, 2015; Minkler & Stone, 1985). The value of the informal care that women provide exceeds $450 billion annually (de Meijer et al., 2010; Reinhard, Feinberg, Choula, & Houser, 2015). Unpaid caregivers face significant economic challenges, stemming from wage loss (reduced work hours), early retirement, and missed career opportunities (Duffy, Albelda & Hammonds, 2013). Subsequently, women lose approximately $659,139 in earnings over the life course (Hegewisch & DuMonthier, 2015).

Formal Paid Caregivers: The Case of Domestic Workers

Women who are paid to provide care face different, but equally challenging, hardships as unpaid caregivers. Within the

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paid care workforce, this commentary focuses on the growing segment of women working in homes and informal settings generally referred to as domestic workers. Domestic workers include companions, caretakers, babysitters, nannies, nurses, home health aids, and personal care aids (U.S. Department of Labor, 2013). These workers are among the most vulnerable, most underpaid, and have the least job security in the caregiving industry. They work in private households often under unclear terms of employment, and with little oversight or documentation regarding employer adherence to fair labor practices (U.S. Department of Labor, 2013). Historically, domestic workers have also been excluded from the Fair Labor Standards Act (FLSA), the Occupational Safety and Healthy Act, the Family and Medical Leave Act, and minimum wage and overtime requirements.

Currently, there are at least 53 million domestic workers worldwide, and it remains a highly feminized sector in the United States (and elsewhere; International Labour Organization, 2013). The vast majority of domestic workers are married or living with a partner, and nearly one-half live in households at or below the poverty level (Bercovitz et al., 2011). Domestic workers are paid low wages, lack fringe benefits, work long hours, and often work without a contract (Stone, 2004). Because many domestic workers may live with employers to provide continual and intensive care, they play a critical role in the home-care network.

Domestic work is closely tied to international migration because it provides an entry point into the U.S. labor market. As a result, workers can be vulnerable to exploitation because they are immigrant, and in some cases, undocumented (Human Rights Watch, 2006). For example, hourly wages for citizen domestic workers average $10.19 per hour, whereas undocumented workers are paid $8.33 per hour on average. Sixty-seven percent of live-in caregivers are paid below the minimum wage at a median of $6.15 an hour (Burnham & Theodore, 2012). To put into context, these wage discrepancies disproportionately affect women, and reinforce gender health disparities in relation to access to work.

Caring for Caregivers: Health Implications of Care

The responsibilities and demands associated with providing care, particularly intensive care, has been described as a chronic stressor (Schulz & Beach, 1999; Schulz & Sherwood, 2008). Within the chronic stress model, longitudinal studies have shown that taking on an intensive caregiving role—providing assistance with basic activities of daily living for 20 hours or more per week—results in increased psychological distress, depression, and poorer health, compared with noncaregivers (Hirst, 2005). For example, women who provide more than 36 hours of care are six times more likely than noncaregivers to experience depressive or anxious symptoms (Bevans & Sternberg, 2012; Cannuscio et al., 2002; Pinquart & Sörensen, 2007). More than one-third of caregivers provide intense care to others while suffering from poor health themselves (Langa et al., 2001). Compared with noncaregivers, caregivers are twice as likely not to fill a prescription because of cost, and are more susceptible to illness (Lee, Colditz, Berkman, & Kawachi, 2003). Although much of this research has drawn attention to the health burden of informal caregivers, we know very little of about the health of paid caregivers, who often provide intensive care long-term.

Regarding domestic work specifically, working hours are among the longest and most unpredictable in the labor market, directly impacting sleep quality and other important health-promoting behaviors (Harrington, 2001; Tucker & Folkard, 2012). Among the most severe health conditions reported by domestic workers are negative work conditions and related health problems (such as physical and verbal abuse, muscoskeletal strain, and mental health comorbidities) (Malhotra et al., 2013). In addition, many domestic workers lack health insurance, have limited access to health support services, and have no job protections, such as maternity or sick leave (Stone, 2004). Given the clear relationship between workplace policies and health (see Borrell, 2014; Palvalko & Henderson, 2006 for reviews), particularly for women, progress toward a comprehensive care policy must include provisions and expanded legal protections for domestic workers.

Integrating Formal and Informal Care: Building a Frame for Comprehensive Care Policy

> This work makes all other work possible. We do our jobs so they can do theirs.
> —Patricia Francois, Domestic Workers United, 2016 (Francois, 2016)

Integrated care refers to a set of methods and models across funding, organizational, service delivery, and clinical levels that create connectivity between care sectors (Kodner & Spreeuwenberg, 2002; McAdam, 2008). Yet federal policy has not fully integrated care for those who need it, nor provided comprehensive reform to address the unmet needs of care providers in both sectors (Eklund & Wilhemson, 2009). Currently, there are support options for informal caregivers, including respite programs, workplace flexibility, caregiving training, and paid leave (Reinhard et al., 2015). However, these same benefits are not afforded to paid caregivers. For example, the FLSA was passed in 1938, and intended to provide minimum wage and overtime protections for all workers. However, it also included some significant exemptions. One exemption was that the act did not apply to domestic workers, given that these positions were considered “companion services” provided to elders or individuals with disabilities (U.S. Department of Labor, 2013).

As home-based care becomes the new model, these policies remain largely unchanged. Recent efforts have resulted in minimally updated provisions, the effects of which are still unclear. In 2015, the U.S. Department of Labor sought to remedy wage and overtime exclusions by extending FLSA coverage to a portion of paid care workers who perform medically related services (e.g., home health aids and other specialized care workers who assist older adults), as well as revising the type of in-home care covered under the FLSA. However, workers engaged primarily in companionship services (providing company, visiting, or engaging in hobbies) and providing care incidental to such activities will still be exempt from the FLSA’s minimum wage and overtime requirements (U.S. Department of Labor, 2015). In addition, no leave protections for personal life events (e.g., maternity, illness, family care) are available.

Therefore, despite some advances, fair labor policy for domestic workers remains unrealized. Aside from this, enforcement of any regulation is a significant challenge, because employer compliance is subject to limited oversight, highly informal employment relationships, and a lack of awareness about legal entitlements among workers. Moreover, even when