

HEALTH NOTE: Domestic Worker Employment Rights Amendment Act of 2022 Bill 24-0712 Council of the District of Columbia, Council Period 24

Introduced by: Councilmembers Silverman, Bonds, Pinto, McDuffie, R. White, Nadeau, Allen, Lewis George, and Henderson

Bill Summary:^a

Bill 24 712 would: require written agreements when a hiring entity employs a domestic worker; require that certain information be posted on line and that administrative procedures for complaints be specified; require that certain educational materials and outreach be provided to domestic workers; and eliminate the exclusion of domestic workers from the protections of the D.C. Human Rights Act as well as the Occupational Safety and Health Act. It also specifies the powers of the Attorney General and the Mayor to enforce the law.

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What is the goal of this health note?

Decisions made in sectors outside of public health and health care, such as in education, housing, and employment, can affect health and well-being. Health notes are intended to provide objective, nonpartisan information to help legislators understand the connections between these various sectors and health. This document provides summaries of evidence analyzed by the Health Impact Project at The Pew Charitable Trusts while creating a health note for the Council of the District of Columbia Bill 24-0712. Health notes are not intended to make definitive or causal predictions about how a proposed bill will affect health and well-being of constituents. Rather, legislators can use a health note as one additional source of information to consider during policymaking. The analysis does not consider the fiscal impacts of this bill.

How and why was this bill selected?

With the help of the Council of the District of Columbia's Office of the Budget Director, the Health Impact Project identified this bill as one of several important policy issues being considered by the Council of the District of Columbia during Council Period 24 (2021–2022). The health note screening criteria were used to confirm the bill was appropriate for analysis (See Methodology on page 8).

The project selected Bill 24-0712 for analysis because research has consistently demonstrated a strong link between employment and health, particularly through effects on workers' income, safety, stability, and access to health insurance and other benefits. Jobs with higher wages help people afford resources important to health, such as safe housing and healthy food. Moreover, employees who work in environments free of health and safety hazards have lower levels of work-related injuries and stress, which in turn may help people maintain steady employment, income, and positive health outcomes.¹ Job security also contributes to improved health and well-being. People with steady employment report better physical and mental health, and lower stress and anxiety than do the recently unemployed.²

SUMMARY OF HEALTH NOTE FINDINGS

Precarious employment has multiple dimensions, but is generally characterized as employment that is insecure, low-wage, and offers limited workplace rights, benefits, and social supports.³ The increase in flexible and temporary work arrangements in recent decades has reduced security for workers, and the COVID-19 pandemic illuminated how workers with informal employment relationships and limited access to worker protections may avoid taking time off of work when ill because of risk of lost wages and fear of job loss.⁴

- There is **strong evidence** that, due to lack of protections and access to benefits, domestic workers in the United States must often make tradeoffs between protecting their personal

^a Summary as described by the Council of the District of Columbia, <https://lims.dccouncil.us/Legislation/B24-0712>. The Health Impact Project conducted this health note based on the bill as introduced.

^b The Health Impact Project is committed to conducting non-partisan research and analysis.

health and safety and financial wellness, which can lead to showing up to work while sick or injured, tolerating unsafe working conditions, or taking unpaid leave and paying for medical costs out of pocket in order to care for a work-related injury or illness.⁵

- There is **strong evidence** that lack of regulations or formalized complaint channels compound various physical and mental health risks of domestic work, such as injury from heavy lifting or repetitive motion; exposure to chemicals; exposure to infectious agents; and verbal and physical harassment or assault.⁶
- There is **strong evidence** that domestic workers and other precariously employed workers are disproportionately women, single mothers, people of color, and immigrants, which raises important equity considerations given these groups' historical exclusion from protections and benefits enjoyed by some other worker groups.⁷
- This research did not yield studies addressing the effects of labor rights or worker protections on the number of individuals willing or available to perform domestic work.

Methods Summary: To complete this health note, Health Impact Project staff conducted an expedited literature review using a systematic approach to minimize bias and identify recently published studies to answer each of the identified research questions. In this note, “health impacts” refer to effects on determinants of health, such as education, employment, and housing, as well as effects on health outcomes, such as injury, asthma, chronic disease, and mental health. The strength of the evidence is qualitatively described and categorized as: not well researched, mixed evidence, a fair amount of evidence, strong evidence, or very strong evidence. It was beyond the scope of analysis to consider the fiscal impacts of this bill or the effects any funds dedicated to implementing the bill may have on other programs or initiatives in the District. To the extent that this bill requires funds to be shifted away from other purposes or would result in other initiatives not being funded, policymakers may want to consider additional research to understand the relative effect of devoting funds for this bill relative to another purpose. A detailed description of the methods is provided in Methodology Appendix on page 8.

WHY DO THESE FINDINGS MATTER FOR THE DISTRICT OF COLUMBIA?

Domestic work “is the work that makes all other work possible.”⁸ Domestic workers are employed within private residences to care for children, older adults, and individuals with disabilities; prepare meals; and keep homes clean. Some domestic workers live in their employer’s residence, and many work for multiple employers.

A 2020 report estimated that there are 4,021 domestic workers in Washington, D.C and 47,319 domestic workers living in the District of Columbia-Maryland-Virginia metro area.⁹ Ninety-three percent of area domestic workers are women, 78% are people of color, and 65% are immigrants.¹⁰ District-based domestic employees constitute home caregivers (41%, agency and nonagency), nannies (24%), house cleaners (19%), and others (15%).¹¹ Domestic workers in the District are subject to wage theft, discrimination, unpredictable work schedules, unregulated work places, and lack of access to employment benefits.¹²

WHAT ARE THE POTENTIAL HEALTH EFFECTS OF B24-0712?

Occupational health hazards or risks associated with domestic employment

- To the extent that the provision of B24-0712 that would subject domestic workplaces in Washington, D.C. to Occupational Safety and Health Administration (OSHA) standards is monitored and enforced, and to the extent that the bill's educational campaign to notify workers and employers of their rights and responsibilities is effectively implemented, this bill has the potential to reduce domestic workers' rates of injury, exposure to hazards and infectious illnesses, and mental and physical health challenges associated with subjection to harassment or abuse.
- One occupational hazard of domestic work is violence in the workplace, which can include verbal, physical, or sexual violence as well as exploitation.¹³ A systematic review of 15 studies examining violence toward home care workers — trained workers who care for people in a home setting such as seniors, people with disabilities, or people with chronic illness — found that these workers commonly face violence by clients or their families.¹⁴ However, the study was not specific to those who are precariously employed. The study also documented that violence toward home care workers has negative effects on the workers' physical, mental, and emotional health, and can also negatively affect their clients' care.¹⁵
- Immigrant domestic workers face an increased risk of labor trafficking, which is defined as “the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purposes of subjection to involuntary servitude, peonage, debt bondage or slavery.”¹⁶ Analysis of data from the National Human Trafficking Hotline from December 2007 through 2017 revealed that, of the 8,000 labor trafficking cases, almost 23% involved domestic work.¹⁷
- Sexual harassment can have lasting negative mental and physical health effects, leading to depression and even post-traumatic stress disorder.¹⁸ Two characteristics of domestic employment increase women's risk of experiencing sexual harassment in the workplace: working in isolated spaces, such as a private home, and irregular immigration status or operating under a temporary work visa.¹⁹
 - Thirty-six percent of live-in workers surveyed in 2011 and 2012 reported experiencing harassment, while many others reported threats, insults, or verbal abuse in the previous 12 months.²⁰ In a 2017 survey of California domestic workers who had been injured on the job, 23% reported having been sexually harassed or assaulted at work.²¹
 - Women who are undocumented may be reluctant to report harassment due to fears of risking immigration status or deportation, and abusive employers can threaten to revoke visas or inform U.S. Immigration and Customs Enforcement about undocumented workers to discourage or punish official complaints.²² Furthermore, informal workplaces lack official channels for internal complaints, and earning lower wages can mean that workers cannot afford to leave or risk losing a job by filing a complaint.²³
- The COVID-19 pandemic presented exceptional risks to the health of domestic workers, who were often considered essential workers, i.e., those who could not work from home

and had to go into work.²⁴ Domestic workers tend to be women, older than other workers, and often work in close contact with others.²⁵ One report noted that older adults' increased risk of severe illness from COVID-19, coupled with the older age of the country's domestic workforce, highlights the importance of access to paid sick leave and personal protective equipment (PPE) for domestic workers.²⁶

- Domestic workers often perform tasks similar to those of employees in workplaces subject to OSHA regulations, such as hospitals, hotels, or office spaces, that pose a risk of injury or exposure to hazardous materials.
 - For example, 64% of Filipino home care workers surveyed experienced persistent pain from assisting older patients or patients with disabilities in performing daily activities.²⁷ In interviews conducted with 84 domestic workers in California who had been injured at work, the majority reported that their work involved repetitive motions, lifting heavy objects, lifting child and adult charges, and exposure to household chemicals and biological hazards.²⁸ Eighty-five percent experienced work-related injuries that caused chronic back, shoulder, arm, or leg pain, and nearly half reported missing at least one day of work due to injury.²⁹
 - Bill 24-0712 has the potential to reduce rates of injury or exposure to harmful chemicals, ensure access to PPE, educate employers about their responsibilities to protect domestic employees from hazards, and provide a platform for employers to exceed the minimum required protected sick leave for domestic employees in D.C.
- Domestic workers who live in their employers' homes can face a unique set of challenges that may contribute to stress and negative health effects. Many work long hours with few breaks, lack privacy, are given extra work during time off or tasks outside their job description without receiving extra compensation, and have their sleep interrupted by work responsibilities. Poor sleep quality is associated with negative health effects and an increased risk of injury on the job.³⁰ Among domestic workers surveyed across 14 metropolitan areas, live-in workers are also more than twice as likely to receive verbal abuse as workers who do not live with their employers.³¹
- Informally employed domestic workers — or workers whose employee relationships are not governed by a contract or subject to regulation by national labor standards — lack recourse to address unsafe work conditions or take time off for medical or family care without fear of reprisal, which can force them to make tradeoffs between personal health and safety and financial needs.
 - A survey of informally employed domestic workers revealed that 65% of those experiencing problematic working conditions did not complain because they feared losing their job, and 12% feared employer violence.³² An even larger share (85%) of undocumented domestic workers who had problems with their working conditions chose not to complain because of their immigration status.³³
 - A survey of informally employed nannies, house cleaners, and caregivers found that, within the study sample, workers were most frequently fired for requesting time off, complaining about unsafe working conditions, taking time off, and missing work to care for themselves or a family member.³⁴

Potential health effects of economic insecurity associated with domestic work

- To the extent that the written agreements required by B24-0712 help to establish clear and consistent compensation expectations and expand domestic workers' access to social services and government assistance programs for employed, underemployed, or recently unemployed D.C. residents, this bill has the potential to: reduce domestic workers' stress, allow workers to forego tradeoffs between personal health and safety and financial well-being, and protect critical routines and stability for the children of domestic workers in D.C.
- There is a significant and stable gap between the wages of domestic workers and all other workers.³⁵ As of 2019, a 25.9% wage gap persists between domestic workers and other workers when controlling for demographics and education.³⁶ Domestic workers are nearly three times as likely to live in poverty or struggle to make ends meet as other workers, with house cleaners showing the largest share living in poverty (25.4%) and struggling to meet basic needs (54.8%) in 2018.³⁷ In 2019, the median wage for a domestic worker in the U.S. was \$12.01 per hour, compared to the median wage of other workers (\$19.97 per hour). Low wages and an increased likelihood of working part-time result in lower median annual earnings for domestic workers; \$15,980 in 2018, compared to \$39,120 for all other workers.³⁸ Furthermore, migrant home care workers are often under extraordinary financial pressure due to debts from migration costs and sending remittances to family back home.³⁹
- To the extent that B24-0712 encourages employers to negotiate written agreements that exceed government-mandated protections and benefits, this bill may reduce economic — and therefore housing and food — insecurity and medical care avoidance. Exclusion from protections and benefits such as worker's compensation and employer-sponsored health insurance, compounded with low wages and unpredictable hours, can increase domestic workers' economic insecurity by forcing them to continue to work through and potentially exacerbate injuries or illness, take on medical expenses for treatment associated with workplace injuries, or miss work and forfeit compensation.
 - In interviews with 84 domestic workers in California, 92% of those who missed work due to a workplace injury were not compensated, and 68% of those who sought care for their injuries paid out of pocket.⁴⁰ A third of Filipino home care workers surveyed said they did not receive care for work-induced pain due to cost or lack of insurance.⁴¹
- The COVID-19 pandemic highlighted domestic workers' economic and job insecurity, with surveys of Black immigrant and Spanish-speaking domestic workers revealing job loss and reduced hours and pay as a result of the pandemic.⁴²
- Particularly when coupled with low wages, job insecurity can contribute to economic, food, and housing insecurity. The early months of the COVID-19 pandemic resulted in lost work and lost income for many domestic workers. A 2020 survey of over 800 Black immigrant domestic workers in New York City, Miami-Dade County, and Massachusetts found that 70% had either lost jobs or experienced reduced hours and pay.⁴³ By late March 2020, over 90% of Spanish-speaking domestic workers surveyed across the country had lost their jobs due to the pandemic. Six months later, unemployment among those surveyed remained four times higher than pre-pandemic rates (9%), and most were working fewer hours than before the pandemic.⁴⁴ Only 6% received unemployment insurance (86% surveyed did not

apply because they thought they would not qualify) and only 32% received the Coronavirus Aid, Relief, and Economic Security Act stimulus payment.⁴⁵

- Economic and job insecurity can affect the well-being of workers' families and children. Many domestic workers have young or school-age children and are the primary earners for their households.⁴⁶ One study found that precariously employed women are at a greater risk of giving birth to low birth weight infants, with a stronger association for Black and Hispanic women.⁴⁷ Research shows that a parent's precarious employment significantly increases the risk of children experiencing poverty or near-poverty.⁴⁸ Financial insecurity can challenge a child's stability, which is particularly critical during key stages of development such as before entering kindergarten.⁴⁹ For example, over half of the Spanish-speaking domestic workers surveyed were unable to pay their rent or mortgage between March and September 2020 due to lost wages.⁵⁰ Although there were no data regarding housing loss for these families, inability to pay rent or mortgage places housing at risk, potentially eroding a key pillar of childhood stability.

Effects of precarious employment on mental and physical health

- Many domestic workers are precariously employed, according to a definition by the International Labour Organization (ILO) and the Employment Precariousness Scale. According to the ILO, precarious employment is characterized by “uncertainty as to the duration of employment, multiple possible employers or a disguised or ambiguous employment relationship, a lack of access to social protection and benefits usually associated with employment, low pay, and substantial legal and practical obstacles to joining a trade union and bargaining collectively”⁵¹ The Employment Precariousness Scale lists six “subscales” of precarious employment, each of which describe domestic work conditions in Washington, D.C.- “temporariness,” “disempowerment,” “vulnerability,” “wages,” “rights,” or access to workplace protections and social benefits, and ability to “exercise rights”⁵² To the extent that the written agreements required by B24-0712 provide clear expectations and agreements on employment, this bill has the potential to reduce the likelihood of precarious employment and related health risks.
- One study found an association between precarious employment and poor self-rated health—a strong predictor of morbidity and mortality—when compared with permanent, full-time jobs that have regular schedules and benefits.⁵³
- A systematic review of international literature on the association between precarious employment and occupational injuries found that the risk for occupational injuries was higher among individuals who held multiple jobs as compared to single job-holders, and that being employed by a subcontractor or staffing agency was associated with a higher risk of injury at a worksite than being employed directly.⁵⁴ Furthermore, decreased levels of work time control — or the ability of employees to determine the length and start and end times of their workday — were associated with a higher risk of injury.⁵⁵
- To the extent that B24-0712 enables or encourages domestic employees to remain home when ill by encouraging increased availability of paid sick leave or increasing perceived job security, this bill has the potential to reduce the circulation of infectious illnesses such as COVID-19, influenza, or the common cold. A systematic review of systematic reviews found that the COVID-19 pandemic has amplified the risk of poor health among precariously

employed workers by creating new risks and exacerbating the negative effects of precarious employment on health.⁵⁶ One survey conducted in March 2020 among U.S. workers who were required to report to work outside of their home found that more than a third of the 220 respondents, particularly those who worried about having enough food to eat, intended to work if they felt a little sick with COVID-19 because of financial strain.⁵⁷

- One study observed that sickness presenteeism (i.e., working while afflicted with an illness, injury, or other condition), which can hinder recovery with potential negative long-term health effects, may be associated with perceived job insecurity or fear of job loss, lack of or inadequate paid sick leave, and financial difficulties.⁵⁸ Interviews with home care workers revealed a reluctance to take time off work to deal with pain or illness due to their exclusion from sick leave benefits.⁵⁹ When coupled with insufficient employer-supplied PPE, the risk of spreading COVID-19 among all household residents and employees can rise.
- There is strong evidence that real or perceived job insecurity, one dimension of precarious employment, is associated with mental health challenges.⁶⁰ A systematic review and meta-analysis of longitudinal studies that analyzed the effects of various dimensions of precarious employment found that individuals experiencing job insecurity were at a 32-48% greater risk of psychological distress, including depression, anxiety, and psychotropic drug use.⁶¹
- One systematic review focused on migrant workers found several quantitative studies reporting that the majority of study participants were exposed to at least one dimension of precarious employment, such as non-permanent contracts and lack of health insurance, and all qualitative studies and 23 of 33 quantitative studies included in the review reported mental health problems linked to precarious work, including stress, depression, and anxiety.⁶²
- An analysis of Behavioral Risk Factor Surveillance System data revealed that home health care workers exhibit higher rates of physical and mental health challenges than other low-wage workers.⁶³

WHICH POPULATIONS ARE MOST LIKELY TO BE AFFECTED BY THIS BILL?

Evidence shows that women, younger people, migrant workers, low-skilled workers, and less-educated workers are at greater risk of being precariously employed and experiencing negative health effects associated with precarious employment.⁶⁴ Undocumented migrant workers are particularly vulnerable to precarious employment and risk of exploitation by their employers, as well as subsequent negative mental health outcomes.⁶⁵

Nationally, 91.5% of domestic workers are women and 52.4% are Black, Hispanic, or Asian American/Pacific Islander women.⁶⁶ Domestic workers are more likely than others to have immigrated to the U.S. and, with a median age of 45, they tend to be older than other workers.⁶⁷ Although these groups are disproportionately precariously employed, there is evidence of a long-term increase in job precarity in the U.S. that is affecting men, college-educated, and higher-income individuals as well.⁶⁸

IMPLEMENTATION CONSIDERATIONS

- Immigration status can affect a workers' likelihood of exercising their rights or issuing a complaint and seeking recourse when faced with unsafe working conditions, exploitation, wage theft, or abuse.
- Providing information about employee rights in a variety of languages, in written and audiovisual formats, and at an appropriate literacy level could help to ensure equal access to information that is clear and understandable.
- Enforceable written agreements between employers and employees, when containing wage and schedule expectations, could promote regular and predictable work hours, increasing workers' financial and family stability while decreasing stress, anxiety, and social isolation. It will be important to identify clear processes for how written agreements would be enforced and the steps for reporting when they are not.

HOW LARGE MIGHT THE IMPACT BE?

Where possible, the Health Impact Project describes how large the impact may be based on the bill language and literature, such as describing the size, extent, and population distribution of an effect.

The impact of this bill will largely depend on how it is implemented, specifically the guidance provided for the written agreements, the accessibility of the information that is required to be shared, protections from employer retaliation, and the administrative procedures for recording complaints. Moreover, in order for this bill to not be merely symbolic, it will need to be closely monitored and enforced to ensure accountability.

It was beyond the scope of this analysis to consider the fiscal impacts of this bill or the effects any funds dedicated to implementing the bill may have on other programs or initiatives in the District. To the extent that this bill requires funds to be shifted away from other purposes or would result in other initiatives not being funded, policymakers may want to consider additional research to understand the relative effect of devoting funds for this bill relative to another purpose.

APPENDIX: METHODOLOGY

Once the bill was selected for analysis, a research team from the Health Impact Project hypothesized connections, or pathways, between the bill, health determinants, and health outcomes. These hypothesized pathways were developed using research team expertise and a preliminary review of the literature. The selected bill components were mapped to steps on these pathways and the team developed research questions and a list of keywords to search. The research team reached consensus on the final conceptual model, research questions, contextual background questions, keywords, and keyword combinations. The conceptual model, research questions, search terms, list of literature sources, and draft health note were peer-reviewed by two external subject matter experts. The experts also reviewed a draft of the health note. A copy of the conceptual model is available upon request.

The Health Impact Project developed and prioritized four research questions related to the bill components examined:

- To what extent do labor rights or legal recourse affect stress, anxiety, or rates of injury among domestic workers, or individuals who are precariously or informally employed?
- To what extent do labor rights or legal recourse affect rates of abuse, exploitation or discrimination directed at domestic employees?
- To what extent do written agreements between employers and employees affect perceived job security? Wages? Secure schedule? Stress/anxiety?
- To what extent do labor rights and legal protections affect the number or availability of domestic workers?

The research team next conducted an expedited literature review using a systematic approach to minimize bias and answer each of the identified research questions.^c The team limited the search to systematic reviews and meta-analyses of studies first, since they provide analyses of multiple studies or address multiple research questions. If no appropriate systematic reviews or meta-analyses were found for a specific question, the team searched for nonsystematic research reviews, original articles, and research reports from U.S. agencies and nonpartisan organizations. The team limited the search to electronically available sources published between 2017 and 2022.

The research team searched PubMed and EBSCO databases along with the following leading journals in public health, as well as sector-specific journals suggested by subject matter experts for this analysis to explore each research question: *American Journal of Public Health*, *Social Science & Medicine*, *Health Affairs*, *Journal of Occupational and Environmental Medicine*, *Journal of Occupational Health Psychology*, and *Workplace Health and Safety*.^d For all searches, the team used the following search terms: informal employment, precarious employment, domestic employment, insecure employment, unstable employment, workers' rights, labor rights, financial security, injury, alcohol or substance use, written agreement, stress, depression, harassment, abuse, and discrimination. The team also searched National Domestic Workers Alliance, International Labour Organization, and the National Institute for Occupational Safety and Health for additional research and resources outside of the peer-reviewed literature.

After following the above protocol, the team screened 1,177 titles and abstracts,^e identified 51 abstracts for potential inclusion, and reviewed the full text corresponding to each of these

^c Expedited reviews streamline traditional literature review methods to synthesize evidence within a shortened timeframe. Prior research has demonstrated that conclusions of a rapid review versus a full systematic review did not vary greatly. M.M Haby et al., "What Are the Best Methodologies for Rapid Reviews of the Research Evidence for Evidence-Informed Decision Making in Health Policy and Practice: A Rapid Review," *Health Research Policy and Systems* 14, no. 1 (2016): 83, <https://doi.org/10.1186/s12961-016-0155-7>.

^d *American Journal of Public Health*, *Social Science & Medicine*, and *Health Affairs* were selected using results from a statistical analysis completed to determine the leading health research journals between 1990 and 2014 and in consultation with policing and criminal justice experts. Merigó, José M., and Alicia Núñez. "Influential Journals in Health Research: A Bibliometric Study." *Globalization and Health* 12.1 (2016), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4994291/>.

^e Many of the searches produced duplicate articles. The number of sources screened does not account for duplication across searches in different databases.

abstracts. After applying the inclusion criteria, 33 articles were excluded. Four additional sources were identified upon review of the included articles. A final sample of 22 articles, including 4 systematic reviews and 1 systematic review with meta-analysis, was used to create the health note. In addition, the team used 12 references to provide contextual information.

Of the studies included, the Health Impact Project qualitatively described and categorized the strength of the evidence as: not well researched, mixed evidence, a fair amount of evidence, strong evidence, or very strong evidence. The evidence categories were adapted from a similar approach from Washington State.⁶⁹

Very strong evidence: the literature review yielded robust evidence supporting a causal relationship with few if any contradictory findings. The evidence indicates that the scientific community largely accepts the existence of the relationship.

Strong evidence: the literature review yielded a large body of evidence on the association, but the body of evidence contained some contradictory findings or studies that did not incorporate the most robust study designs or execution or had a higher than average risk of bias; or some combination of those factors.

A fair amount of evidence: the literature review yielded several studies supporting the association, but a large body of evidence was not established; or the review yielded a large body of evidence but findings were inconsistent with only a slightly larger percent of the studies supporting the association; or the research did not incorporate the most robust study designs or execution or had a higher than average risk of bias.

Mixed evidence: the literature review yielded several studies with contradictory findings regarding the association.

Not well researched: the literature review yielded few if any studies, or yielded studies that were poorly designed or executed or had high risk of bias.

EXPERT REVIEWERS

This document benefited from the insights and expertise of David Michaels, PhD, Professor and Epidemiologist at the George Washington University Milken Institute School of Public Health, and Anjum Hajat, PhD, MPH, Associate Professor of Epidemiology at the University of Washington. Although they reviewed the materials and found the approach to be sound, neither they nor their organizations necessarily endorse its findings or conclusions.

ACKNOWLEDGMENTS

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- ¹ Robert Wood Johnson Foundation, “Exploring the Social Determinants of Health: Work, Workplaces and Health” (2011), https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2011/rwjf70459.
- ² J. Schaller and A.H. Stevens, “Short-Run Effects of Job Loss on Health Conditions, Health Insurance, and Health Care Utilization,” *Journal of Health Economics* 43 (2015): 190-203, <https://www.sciencedirect.com/science/article/pii/S0167629615000788>.
- ³ B.J. Gray et al., “Differences in the Impact of Precarious Employment on Health across Population Subgroups: A Scoping Review,” *Perspectives in Public Health* 141, no. 1 (2021): 37-49, <https://doi.org/10.1177/1757913920971333>.
- ⁴ C.L. McNamara, M. McKee, and D. Stuckler, “Precarious Employment and Health in the Context of Covid-19: A Rapid Scoping Umbrella Review,” *European Journal of Public Health* 31, no. Supplement_4 (2021): iv40-iv49, <https://doi.org/10.1093/eurpub/ckab159>.
- ⁵ E. Shaw, A. Hegewisch, and C. Hess, “Sexual Harassment and Assault at Work: Understanding the Costs” (Institute for Women's Policy Research, 2018), https://iwpr.org/wp-content/uploads/2020/09/IWPR-sexual-harassment-brief_FINAL.pdf; UCLA Labor Occupational Safety and Health Program, National Domestic Workers Alliance, and California Domestic Workers Coalition, “Hidden Work, Hidden Pain: Injury Experiences of Domestic Workers in California” (2020), <https://losh.ucla.edu/wp-content/uploads/sites/37/2020/06/Hidden-Work-Hidden-Pain-Domestic-Workers-Report-UCLA-LOSH-June-2020-1.pdf>; National Domestic Workers Alliance, “6 Months in Crisis: The Impact of Covid-19 on Domestic Workers” (2020), https://www.domesticworkers.org/wp-content/uploads/2021/06/6_Months_Crisis_Impact_COVID_19_Domestic_Workers_NDWA_Labs_1030.pdf; K. Nasol and V. Francisco-Menchavez, “Filipino Home Care Workers: Invisible Frontline Workers in the Covid-19 Crisis in the United States,” *American Behavioral Scientist* 65, no. 10 (2021): 1365-83, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7969854/>; N. Theodore, B. Gutelius, and L. Burnham, “Workplace Health and Safety Hazards Faced by Informally Employed Domestic Workers in the United States,” *Workplace Health & Safety* 67, no. 1 (2018): 9-17, <https://doi.org/10.1177/2165079918785923>; C. Tilchin, L. Dayton, and C.A. Latkin, “Socioeconomic Factors Associated with an Intention to Work While Sick from Covid-19,” *Journal of Occupational and Environmental Medicine* 63, no. 5 (2021), https://journals.lww.com/joem/Fulltext/2021/05000/Socioeconomic_Factors_Associated_With_an_Intention.2.aspx;
- J. Benach et al., “Precarious Employment: Understanding an Emerging Social Determinant of Health,” *Annual Review of Public Health* 35 (2014): 229–53, [10.1146/annurev-publhealth-032013-182500](https://doi.org/10.1146/annurev-publhealth-032013-182500).
- ⁶ Polaris and National Domestic Workers Alliance, “Human Trafficking at Home: Labor Trafficking of Domestic Workers” (2019), https://polarisproject.org/wp-content/uploads/2019/09/Human_Trafficking_at_Home_Labor_Trafficking_of_Domestic_Workers.pdf; Shaw, Hegewisch, and Hess, “Sexual Harassment and Assault at Work.”; UCLA Labor Occupational Safety and Health Program, National Domestic Workers Alliance, and California Domestic Workers Coalition, “Hidden Work, Hidden Pain.”; Nasol and Francisco-Menchavez, “Filipino Home Care Workers: Invisible Frontline Workers in the Covid-19 Crisis in the United States.”; Theodore, Gutelius, and Burnham, “Workplace Health and Safety Hazards Faced by Informally Employed Domestic Workers in the United States.”; N. Theodore and L. Burnham, *Home Economics: The Invisible and Unregulated World of Domestic Work* (2012), [10.13140/RG.2.1.4018.6648](https://doi.org/10.13140/RG.2.1.4018.6648).
- ⁷ J. Wolfe et al., “Domestic Workers Chartbook: A Comprehensive Look at the Demographics, Wages, Benefits, and Poverty Rates of the Professionals Who Care for Our Family Members and Clean Our Homes” (Economic Policy Institute, 2020), <https://www.epi.org/publication/domestic-workers-chartbook-a-comprehensive-look-at-the-demographics-wages-benefits-and-poverty-rates-of-the-professionals-who-care-for-our-family-members-and-clean-our-homes/>; Nasol and Francisco-Menchavez, “Filipino Home Care Workers: Invisible Frontline Workers in the Covid-19 Crisis in the United States.”; McNamara, McKee, and Stuckler, “Precarious Employment and Health in the Context of Covid-19: A Rapid Scoping Umbrella Review.”; O. Koseoglu Ornek et al., “Precarious Employment and Migrant Workers' Mental Health: A Systematic Review of Quantitative and Qualitative Studies,” *Scand J Work Environ Health* (2022); V.M. Oddo et al., “Changes in Precarious Employment in the United States: A Longitudinal Analysis,” *Scand J Work Environ Health* 47, no. 3 (2021): 171-80; National Domestic Workers Alliance, “DC Domestic Workers Bill of Rights,” accessed June 7, 2022, <https://www.domesticworkers.org/programs-and-campaigns/developing-policy-solutions/bill-of-rights/current-campaigns/dc-domestic-workers-bill-of-rights/>.

-
- ⁸ M. Kim and S. Lakshmi, "'The Work That Makes All Other Work Possible': Ai-Jen Poo on Why Home Care Workers Are Infrastructure Workers," *KQED*, June 15, 2021, <https://www.kqed.org/news/11877838/the-work-that-makes-all-other-work-possible-ai-jen-poo-on-why-home-care-workers-are-infrastructure-workers>.
- ⁹ National Domestic Workers Alliance, "DC Domestic Workers Bill of Rights.;" Wolfe et al., "Domestic Workers Chartbook."
- ¹⁰ National Domestic Workers Alliance, "DC Domestic Workers Bill of Rights."
- ¹¹ J. Wright Jr., "D.C. Council to Consider Domestic Workers Rights Bill," *The Washington Informer*, March 16, 2022, <https://www.washingtoninformer.com/d-c-council-to-consider-domestic-workers-rights-bill/>.
- ¹² National Domestic Workers Alliance, "DC Domestic Workers Bill of Rights."
- ¹³ N.N.N. Phoo and A. Reid, "Determinants of Violence Towards Care Workers Working in the Home Setting: A Systematic Review," *Am J Ind Med* 65, no. 6 (2022): 447-67.
- ¹⁴ Ibid.
- ¹⁵ Ibid.
- ¹⁶ Polaris and National Domestic Workers Alliance, "Human Trafficking at Home."
- ¹⁷ Ibid.
- ¹⁸ Shaw, Hegewisch, and Hess, "Sexual Harassment and Assault at Work."
- ¹⁹ Ibid.
- ²⁰ Theodore and Burnham, *Home Economics: The Invisible and Unregulated World of Domestic Work*.
- ²¹ UCLA Labor Occupational Safety and Health Program, National Domestic Workers Alliance, and California Domestic Workers Coalition, "Hidden Work, Hidden Pain."
- ²² Shaw, Hegewisch, and Hess, "Sexual Harassment and Assault at Work."
- ²³ Ibid.
- ²⁴ National Domestic Workers Alliance, "6 Months in Crisis." A. Capasso et al., "Employment Conditions as Barriers to the Adoption of Covid-19 Mitigation Measures: How the Covid-19 Pandemic May Be Deepening Health Disparities among Low-Income Earners and Essential Workers in the United States," *BMC Public Health* 22, no. 1 (2022): 870, <https://doi.org/10.1186/s12889-022-13259-w>.
- ²⁵ Wolfe et al., "Domestic Workers Chartbook.;" B. Almeida et al., "The Demographics and Economics of Direct Care Staff Highlight Their Vulnerabilities Amidst the Covid-19 Pandemic," *J Aging Soc Policy* 32, no. 4-5 (2020): 403-09.
- ²⁶ Wolfe et al., "Domestic Workers Chartbook."
- ²⁷ Nasol and Francisco-Menchavez, "Filipino Home Care Workers: Invisible Frontline Workers in the Covid-19 Crisis in the United States."
- ²⁸ UCLA Labor Occupational Safety and Health Program, National Domestic Workers Alliance, and California Domestic Workers Coalition, "Hidden Work, Hidden Pain."
- ²⁹ Ibid.
- ³⁰ Theodore and Burnham, *Home Economics: The Invisible and Unregulated World of Domestic Work*.
- ³¹ Ibid.
- ³² Theodore, Gutelius, and Burnham, "Workplace Health and Safety Hazards Faced by Informally Employed Domestic Workers in the United States."
- ³³ Ibid.
- ³⁴ Ibid.
- ³⁵ Wolfe et al., "Domestic Workers Chartbook."
- ³⁶ Ibid.
- ³⁷ Ibid.
- ³⁸ Ibid.
- ³⁹ Nasol and Francisco-Menchavez, "Filipino Home Care Workers: Invisible Frontline Workers in the Covid-19 Crisis in the United States."
- ⁴⁰ UCLA Labor Occupational Safety and Health Program, National Domestic Workers Alliance, and California Domestic Workers Coalition, "Hidden Work, Hidden Pain."
- ⁴¹ Nasol and Francisco-Menchavez, "Filipino Home Care Workers: Invisible Frontline Workers in the Covid-19 Crisis in the United States."
- ⁴² The Institute for Policy Studies and National Domestic Workers Alliance We Dream In Black Program, "Notes from the Storm: Black Immigrant Domestic Workers in the Time of Covid-19" (2021),

<https://www.domesticworkers.org/wp-content/uploads/2021/06/IPS-WDiB-survey-brief-English.pdf>; National Domestic Workers Alliance, “6 Months in Crisis.”

⁴³ The Institute for Policy Studies and National Domestic Workers Alliance We Dream In Black Program, “Notes from the Storm.”

⁴⁴ National Domestic Workers Alliance, “6 Months in Crisis.”

⁴⁵ Ibid.

⁴⁶ Ibid.

⁴⁷ D. Patil et al., “Retrospective Cohort Study of the Association between Maternal Employment Precarity and Infant Low Birth Weight in Women in the USA,” *BMJ Open* 10, no. 1 (2020): e029584.

⁴⁸ W.-J. Han and L. Zhang, “Precarious Parental Employment Conditions and Family Poverty Experiences in the First Six Years of a Child’s Life,” *Journal of Child and Family Studies* 31, no. 4 (2022): 1106-20, <https://doi.org/10.1007/s10826-021-02154-4>.

⁴⁹ Ibid.; N.V. Pilkauskas, J. Brooks-Gunn, and J. Waldfogel, “Maternal Employment Stability in Early Childhood: Links with Child Behavior and Cognitive Skills,” *Dev Psychol* 54, no. 3 (2018): 410-27.

⁵⁰ National Domestic Workers Alliance, “6 Months in Crisis.”

⁵¹ International Labour Organization, *From Precarious Work to Decent Work : Outcome Document to the Workers' Symposium on Policies and Regulations to Combat Precarious Employment* (Geneva: ILO, 2012).

⁵² A. Vives et al., “The Employment Precariousness Scale (Epres): Psychometric Properties of a New Tool for Epidemiological Studies among Waged and Salaried Workers,” *Occupational and Environmental Medicine* 67, no. 8 (2010): 548, <http://oem.bmj.com/content/67/8/548.abstract>.

⁵³ T. Peckham et al., “Evaluating Employment Quality as a Determinant of Health in a Changing Labor Market,” *The Russell Sage Foundation journal of the social sciences : RSF* 5, no. 4 (2019): 258-81,

<https://pubmed.ncbi.nlm.nih.gov/31548990>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6756794/>.

⁵⁴ I. Koranyi et al., “Precarious Employment and Occupational Accidents and Injuries - a Systematic Review,” *Scand J Work Environ Health* 44, no. 4 (2018): 341-50.

⁵⁵ Ibid.

⁵⁶ McNamara, McKee, and Stuckler, “Precarious Employment and Health in the Context of Covid-19: A Rapid Scoping Umbrella Review.”

⁵⁷ Tilchin, Dayton, and Latkin, “Socioeconomic Factors Associated with an Intention to Work While Sick from Covid-19.”

⁵⁸ Benach et al., “Precarious Employment: Understanding an Emerging Social Determinant of Health.”

⁵⁹ Nasol and Francisco-Menchavez, “Filipino Home Care Workers: Invisible Frontline Workers in the Covid-19 Crisis in the United States.”

⁶⁰ Benach et al., “Precarious Employment: Understanding an Emerging Social Determinant of Health.”; M. Utzet et al., “Employment Precariousness and Mental Health, Understanding a Complex Reality: A Systematic Review,” *Int J Occup Med Environ Health* 33, no. 5 (2020): 569-98.

⁶¹ T. Rönblad et al., “Precarious Employment and Mental Health: A Systematic Review and Meta-Analysis of Longitudinal Studies,” *Scand J Work Environ Health* 45, no. 5 (2019): 429-43.

⁶² Koseoglu Ornek et al., “Precarious Employment and Migrant Workers' Mental Health: A Systematic Review of Quantitative and Qualitative Studies.”

⁶³ M.R. Sterling et al., “Prevalence and Predictors of Home Health Care Workers' General, Physical, and Mental Health: Findings from the 2014–2018 Behavioral Risk Factor Surveillance System,” *Am J Public Health* 111, no. 12 (2021): 2239-50.

⁶⁴ McNamara, McKee, and Stuckler, “Precarious Employment and Health in the Context of Covid-19: A Rapid Scoping Umbrella Review.”; Gray et al., “Differences in the Impact of Precarious Employment on Health across Population Subgroups: A Scoping Review.”; Peckham et al., “Evaluating Employment Quality as a Determinant of Health in a Changing Labor Market.”

⁶⁵ Koseoglu Ornek et al., “Precarious Employment and Migrant Workers' Mental Health: A Systematic Review of Quantitative and Qualitative Studies.”

⁶⁶ Wolfe et al., “Domestic Workers Chartbook.”

⁶⁷ Ibid.

⁶⁸ Oddo et al., “Changes in Precarious Employment in the United States: A Longitudinal Analysis.”

⁶⁹ Washington State Board of Health, “Executive Summary: Health Impact Review of HB 2969,”

<http://sbob.wa.gov/Portals/7/Doc/HealthImpactReviews/HIR-2016-05-HB2969.pdf>.