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Improving the Health of Working Women:
Aligning Workplace Structures to Reflect the Value of Women's Labor

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The lack of societal response to the needs of working women, especially mothers, has resulted in systematic gender-based inequities in labor force opportunities, salary, and benefits that negatively impact the physical, psychological, social, and financial well-being of women and their families. Since women now comprise 45% of the total US labor force, and economists are predicting both an aging and shrinking labor force through 2050,[1] reducing the workplace-workforce mismatch through polices and programs that better meet the needs of women workers makes sense from both health and economic perspectives. This paper outlines policies in several areas that could help reduce this mismatch and improve women's health, including policies on health insurance, pay equity, paid sick leave, family leave, workplace breastfeeding support, sexual harassment, and healthy work environment.

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A 2003 national conference on "Workplace-Workforce Mismatch: Work, Family, Health and Wellbeing," sponsored by the National Institute of Child Health and Human Development, and the Alfred P. Sloan Foundation, concluded that "it is evident that a structural workplace/workforce mismatch exists in which the workplace itself no longer fits the needs of increasing numbers of workers."[2] The force behind this mismatch is the feminization of the labor force and the lack of societal response to the needs of working mothers who continue to carry primary responsibility for both childcare and domestic work.[3] Today, 45% of the American workforce is female, and over 75% of women ages 25-54 are employed. From 1975 to 2001 the participation of mothers in the labor force has risen from 54% to 73%.[1]

Opportunities and Constraints

These changing patterns of women's employment have resulted in new opportunities, as well as new constraints, for women and their families and employers. Women and their families benefit from women's increased access to income, health insurance, and retirement income. Employers benefit from a larger and more diverse workforce. In addition, employment can lead to women's improved social status and esteem. Unfortunately, however, the potential benefits associated with women's work are often undermined by the continuing organization of work and society around an outmoded model of the ideal worker: a company man committed to meeting the demands of his employer who is supported by a wife who takes care of the children and the household.[4,5] Today, this model reflects only 20% of all families.[4]

This obsolete model of family dynamics is the motivator of a variety of systematic forces that create gender-based job stresses that negatively affect the physical, psychological, social, and financial well-being of women and their families.[2] These include continuing segregation of scores of women to low control, low paid, often part-time employment with inflexible work conditions and little if any access to health insurance. Twice as many women (26%) as men (13%) work part-time.[6] Low income and part-time jobs have unstable income, unstable working conditions that often include shift rotation, and lack of access to paid sick leave or a

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retirement plan. This leaves women more vulnerable than men to emergencies, economic downturns, and the needs of sick children.[7-9]

At the opposite end are women professionals who work long hours, generally with inflexible work conditions and little opportunity for part-time work with benefits. Both groups lack access to high quality, affordable childcare, and most families allocate a large proportion of their income to childcare, after school care, summer camp, and elder care.[2] In North Carolina the cost of full-time care for an infant in a childcare center as a percent of median income is 12% for a married couple and 38% for a single mother.[10]

Workplace Polices

There are numerous actions that policymakers and employers can take to reduce the workplace-worksite mismatch and improve the health of workers. Below we examine areas where legislative and policy actions could improve women's health.

Pay Equity

Women workers of all ages have made considerable strides in earnings relative to men in the last 20 years. Yet women still make only 77 cents for every dollar earned by a man, with the median income of men being $42,261 and women only $32,515.[11] The disparity is even greater for minority women. On average, in North Carolina in 2007, white non-Hispanic women working full-time year-round earned 78%, African American women earned 63%, and Hispanic women earned 48% of what white non-Hispanic men working full-time year-round earned. This gap exists at all educational levels and across occupational categories.[12] The Lilly Ledbetter Fair Pay Act of 2009,[13] recently signed into law, strengthens protections against pay discrimination by requiring employers to prove that gender disparities in pay are job-related; by prohibiting employer retaliation against employees who inquire about, discuss, or disclose their own wage or that of another employee; and by increasing penalties against discriminatory employers.

Sick Leave

The Healthy Families/Healthy Workplaces Act,[14] currently under consideration by the North Carolina legislature, would set minimum standards for paid sick leave for both small and large employers. Importantly, this bill would allow women to use paid sick leave to seek care for the psychological, physical, or legal effects of domestic violence, sexual assault, or stalking. A similar bill at the federal level is the Healthy Families Act,[15] which would set minimum standards for both full- and part-time workers.

Health Insurance

Women are more likely than men to need regular health care throughout their lifetimes, particularly because their reproductive health and pregnancy needs require them to interact regularly with the health care system.[16] Yet women have less access than men to employer-sponsored health insurance because of part-time and low-paid work.[17] Workers earning less than $20,000 are often not eligible for health insurance coverage, even with large employers and full-time work.[11,17] Because there are few sources of affordable coverage outside the employer-based system, most workers without employer-based coverage are uninsured.[17] Even with health insurance, women have difficulty affording health care services and paying premiums and have higher out-of-pocket health care expenses than men.[18] Women need workplace health insurance to include part-time workers and/or the availability of an option to purchase affordable, comprehensive insurance outside the workplace. Denial of health coverage based on preexisting conditions, which affects many women (e.g., breast cancer survivors), and the practice of charging women more than men for the same health benefit policies also need to be changed.[6]

Family Leave

The United States is one of only two developed countries to offer no paid parental leave.[19] The minimum standard set by the Family and Medical Leave Act of 1993 (FMLA)[20] requires employers of 50 or more employees to provide all full-time employees 12 weeks of *unpaid* leave. However, due largely to the exclusion of smaller employers and part-time workers, about 40% of workers are not covered by FMLA and even more cannot afford to take unpaid leave.[19] Employers have failed to fill the gaps: only 25% of US employers offer fully-paid maternity-related leave of any duration, and 20% offer no maternity-related leave of any kind.[19] The absence of maternity leave leads many women to leave the workforce or reduce their work hours, thus paying a penalty in income and future retirement.[19]

The Federal Employees Parental Leave Act of 2009,[21] currently before Congress, would allow federal employees to substitute four weeks of *paid* leave, as well as any accrued annual or sick leave, for the 12 weeks of *unpaid* leave. The bill's authors argue that "employees must save up their leave time in the years leading up to having a child. Asking employees to cobble together accrued leave makes it difficult for relatively new employees or those who experience health problems to save up enough time for parental leave. Even the best-prepared new parents face difficult choices when child care needs arise; many are forced to choose between their child and their paycheck."[21] Although this bill would only cover federal workers, this argument applies to all workers and the bill's passage would allow the federal government to serve as an example of "better practices." The Family and Medical Leave Enhancement Act of 2009,[22] also before Congress, would amend the FMLA to include employers with 25 or more employees and would allow these employees to take off some time to attend their child's school or community-sponsored activities.

Breastfeeding in the Workplace

The complicated relationship between women's employment and breastfeeding has not improved over the decades: working has little if any impact on women starting

breastfeeding but is a critical factor affecting shortened duration.[23] In order to successfully breastfeed or pump human milk at work, women need some control over their environment and their time, money for pumps or access to their child, and institutional support. Recently the Maternal Child Health Bureau and Office on Women's Health in the Health Resources and Services Administration of the US Department of Health and Human Services created the evidence-based *Business Case for Breastfeeding*,[24] a toolkit and training program to help employers implement breastfeeding promotion programs. The toolkit educates employers on the benefits of both breastfeeding and workplace lactation programs which include reducing health care costs, retaining valued employees, improving staff productivity, and enhancing company image.

The Breastfeeding Promotion Act,[25] currently under consideration in Congress, would bring breastfeeding mothers under the protection of the 1964 Civil Rights Act, set standards for breast pump manufacturers, and require employers with over 50 employees to provide a private space and unpaid time off during the workday for mothers to express milk, provide for tax incentives for employers that establish private lactation areas, and provide tax credits for nursing mothers. According to Representative Carolyn Maloney (D-NY), who introduced this bill, the act "recognizes both scientific fact and the way Americans live now: human milk is the best nutrient for new babies—and most mothers have to go back to work during a child's first year, when breastfeeding is most important."[26]

Sexual Harassment

A recent large-scale longitudinal study examining workplace sexual harassment found that women who hold supervisory positions are more likely to be sexually harassed at work than other women.[27] This study found that nearly 50% of women supervisors, and one-third of women who do not supervise others, reported sexual harassment in the workplace. Unfortunately, the health consequences of sexual harassment are under-researched, but there is a growing literature suggesting that it can lead to the range of physical and emotional problems associated with other forms of gender-based violence, including pain, gastrointestinal disorders, irritable bowel syndrome, sleep disruption, post-traumatic stress disorder, and generalized anxiety.[28,29] Employers must show that they have provided periodic sexual harassment training in order to raise a defense or avoid punitive damages in sexual harassment lawsuits. The North Carolina Administrative Code requires all state agencies to develop a plan on unlawful workplace harassment that includes training for state employees.[30]

Healthier Work Environments

Stressful work, potentially harmful work, and unhealthy lifestyles combine to create unhealthy work environments. The rate of stress-related illnesses for workers is nearly twice as high for women compared to men.[31] Women of reproductive age are also exposed to (or consume) substances that can have adverse effects on pregnancy outcomes, leading to pregnancy loss, infant death, birth defects, or other complications for mothers and infants.[32] In addition, the health consequences and health care costs associated with smoking and obesity are well-established. These health conditions affect all workers and employers through lost time and lowered productivity by sick employees, in addition to loss of trained workers through disability. Policies that create a healthier environment within the workplace and promote preventive measures can be beneficial for all workers. This would be especially valuable for low-wage women workers who are more likely than men to forgo preventive health services because of cost.[18]

In 2008 the North Carolina Office of State Personnel adopted a Worksite Wellness Policy that requires all state agencies to develop worksite wellness plans that address physical activity, tobacco use cessation, healthy eating, and stress management.[33] For several years researchers from the University of North Carolina at Chapel Hill partnered with manufacturing companies in rural North Carolina to implement "Health Works for Women." In this program, women formed worksite health promotion support networks that provided peer education and other healthy workplace and community activities such as health screenings, health fairs, and walking groups. A program evaluation showed significant increases in the amount of fruits and vegetables the women ate and in their participation in exercises to improve strength and flexibility.[34]

The view of women's health from the lens of the workplace makes clear that women's health is strongly related to the value that society places on women both as workers and as mothers. The continuation of systematic gender-based inequities in labor force opportunities, salary and benefits, and the continued resistance of workplaces to provide and governments to require even minimal paid maternity leave and health insurance for part-time workers reinforces the continuing inferior status of women, especially mothers, in the workplace. Given that women now comprise 45% of the total US labor force and economists are predicting both an aging and shrinking labor force through 2050,[1] reducing the workplace-workforce mismatch through polices and programs that better meet the needs of women and reflects the value of women's labor makes sense from both a health and economic perspective. **NCMJ**

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