

**House Energy and Commerce Health Subcommittee
“Women, Work, and Family Health: A Balancing Act
Challenges Facing the Medicaid Program In the 21st Century”
October 8, 2003**

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

CINDY HALL: Hi, I'm Cindy Hall, President of Women's Policy, Inc. Welcome to this eighth briefing in our Capitol Hill Briefing Series on Women's Health. Thank you all for coming today. Today's briefing is intended to examine the challenges facing women who work outside the home, in their efforts to balance their roles as caregivers, managing their families' health needs, and as employees. As we will hear today from our distinguished panelists, low income working women in particular face an often overwhelming range of conflicting pressures, as a result of work and family responsibilities. We hope this briefing will help to shed further light on the challenges for women, as well as presenting several public and private sector strategies for addressing this critical issue. Before we begin the program, I want to extend our special thanks to our briefing co-sponsors, Senators Olympia Snowe and Barbara Mikulski, as well as the Co-Chairs of the Congressional Caucus for Women's Issues, Congresswomen Shelley Moore Capito and Louise Slaughter and their staff. And I also want to thank our partners in this, the Kaiser Family Foundation, particularly Alina Salganicoff, and Usha Rongi (misspelled?), and the staff of Women's Policy, Inc., Jennifer Lockwood Shabat (misspelled?), Sue Ellen Treadwell, and Amanda Newman. A special welcome also to two members of our Women's Policy, Inc. Board of Directors, Nicki Hidaprim (misspelled?) and Leslie Wolff, who's hiding somewhere

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

out there as well. The Kaiser Family Foundation is webcasting today's briefing, and you can access it tomorrow morning at 9 a.m., beginning sharp at 9 a.m., at kaisernetwork.org. So please let your colleagues know so that they have an opportunity to view the webcast. And finally, don't forget to fill out the yellow evaluation forms that are in your packets. They help us get ideas for future briefings and also give us suggestions. I'm now very pleased to introduce two strong women's health advocates, who will give us welcoming remarks, the Co-Chairs of the Congressional Caucus for Women's Issues. Congresswoman Shelley Moore Capito serves on the House Financial Services, Transportation and Infrastructure, and Small Business Committees. She has been an important voice in prescription drug coverage for seniors, children's health, and domestic violence.

REPRESENTATIVE CAPITO: Thank you, Cindy, and I'd like to thank the Kaiser Family Foundation and Women's Policy, Inc. for the great job that you're doing in addressing some very difficult issues for women and certainly women in the workplace. This one today is one that I'm extremely interested in. How do you manage it all, your family and your work environment? And I'll tell you a quick story. I actually was in the state legislature for a very short period—or for four year. Before that, I was a stay-at-home mom for 15 years. I have three children. And the first year I was here, in May of

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

2001, one of the biggest votes we had was the tax cut vote, and it conflicted with my middle son's high school graduation. I mean, I was just torn apart of what was I going to do. And I surveyed a bunch of different members, and I talked to a lot of men and a lot of women members, and I said, what do you think I should do? This is a huge vote. Being a Republican, the President wants me there for the tax cut vote. What should I do? And every single one of them said, you get on a plane and go home and see your son graduate. Uh, luckily—yes. Anyway, so balancing is what we do here. Certainly, you know, women make up so much of the workforce. We have tremendous challenges in terms of balancing our family time and our concerns and responsibility. Working women face a lot of stress and pressure, and we don't have the flexibility to address that stress and pressure many times. We're up making sure the homework's finished, getting the last load of laundry in, cooking the meal, and then doing our work during our work hours and afterwards. So we definitely are a giant juggling act. But in order for us to excel in the workplace and at home, we need to learn how to take better care of ourselves. Because if we're not healthy, our family's not healthy, and our work product is not healthy. It's becoming more and more readily known that heart disease is affecting more and more of us, and we're almost catching up to our male counterparts, which we don't want to do, in this case. So this, coupled with

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

malnutrition and lack of exercise, is a terrible combination for all of us. I look forward to the open discussion. I look forward to reading and hearing the discussion that went on today. And I thank you, and welcome, today. Thank you.

CINDY HALL: Thank you so much, Congresswoman Capito. We appreciate all of your good work on work and family issues. Congresswoman Louise Slaughter is the second ranking Democrat on the House Rules Committee, and is the ranking member on the Select Committee on Homeland Security Subcommittee on Rules. A longtime leader in women's health issues, Congresswoman Slaughter has focused on genetic nondiscrimination, women's environmental health, and breast cancer.

REPRESENTATIVE SLAUGHTER: Thank you, Cindy. And as Co-Chair of the caucus with my good friend, Shelley Capito, I'm happy to be here today to discuss the challenges that working women face combining their roles as breadwinner and also as the caregiver for their families. I need to say to you that even at my advanced age, we are not excused from the caregiving part by any means. It just moves to a different sphere. I was just saying at the table, I have a grandson now, who has started school at George Washington, and I want to keep constant watch on him, although he's chase (misspelled?) against it. So far, I've been totally unlucky about having him even come over for lunch, but we'll fix that. But anyway, I wanted to thank the Women's Policy, Inc. and certainly the Kaiser Family Foundation

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

for bringing up again something that is so important. Women have always tried to do it all, to be it all. We were brought up, I think, to think that it was our obligation to do that. I remember, early in my career, when women were leaving the house to go to work, and it was considered somewhat shameful, that we were leaving our children behind. When I was first elected to the county legislature in Monroe County, New York, they only met one night every three weeks down in the City of Rochester, which was 12 miles away from where I lived. And the question most asked me as a candidate is what will do with your children? And I told them I thought that while I went down one night every three weeks, that I could them with their father, and they would probably be okay. But it was a serious discussion that we had. But now, 72% of the women with children under the age of 18 are in the labor force. Eight million of them do not share the care of the family with a spouse. And as women take on the demands of entering the workforce, they continue to bear the primary responsibility for the well-being of their families. When a child is sick, almost half of all working mothers miss work to care for the child, compared to less than one-third of all working fathers. Ten percent of women must care for a disabled child or a relative, and two-thirds of these women are also employed outside the home. We also have the sandwich generation, not only taking care of your children but often taking on the care of your

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

elderly parents, at the same time trying to juggle your job.

While the Family and Medical Leave Act has offered many caregivers an opportunity to care for a sick loved one, only those who can afford the three months without pay can take full advantage of the program. And low income and poor women face additional obstacles. Many of them lack the benefits such as sick leave and insurance. Two-thirds of low income and 75% of poor women go without pay every day that they stay home to take care of their families. And one in five women with children under the age of 18 lack health insurance, a staggering statistic. If worrying about a sick child is not bad enough, women who miss work must also worry about their careers. Women in low wage jobs often face not only lost wages but fear of losing their jobs. Missed work may also impair career advancement for women who are hoping to move up a corporate ladder. So we thank you for being here today. We thank you for discussing these important issues. I'm sure the panel today will shed some light on things that we can do to try to lighten that burden, and I really appreciate all of them being here today for this most important discussion, because, as Shelley pointed out, it does have an effect not only on our lives but on our health, and we really need to find some way to keep all these balls in the air simultaneously. Thank you very much.

CINDY HALL: Thank you to you both. We really are

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

fortunate to have such terrific women leaders who care very much about these issues and really are leading the caucus, and continuing the great work on work/life balance issues. Thank you. If all our panelists could come up. After our last speaker has finished her presentation, we will move to discussion and questions. And each of you should have an index card in your packets, so if you would prefer to do a written question, you certainly can do that, or you can come up to the microphone. Our panelists today will provide an overview of the key challenges facing working women in their dual roles of employee and caregiver. Our two respondents will then discuss public and private sector strategies to address these challenges. Our first panelist is Dr. Alina Salganicoff, Vice President and Director of Women's Health Policy for the Kaiser Family Foundation. Her work at the foundation focuses on health care coverage and access for women. Alina will provide an overview of the issues and present the results from a recent Kaiser survey about the concerns and challenges working women face in their roles as both caregivers and employees.

DR. ALINA SALGANICOFF: Thank you, Cindy. And I also want to just take a quick moment to express my appreciation to Cindy and Jennifer and the staff at Women's Policy, Inc. for helping us put this terrific briefing together. We've been wanting to do a briefing, or, at least I can say, I've been wanting to do a briefing--we both have--on this topic for a

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

while now. The balancing act that so many women juggle is invisible, in many cases, to the outside world. In many cases, we don't even realize ourselves all that we accomplish, and sometimes the hidden and sometimes more explicit costs that women face, in juggling our responsibilities with our families, our work, and often, lastly, for ourselves, for our own health and our own well-being. I've often felt like a poster child for the topic of this event. I have a one-year-old and a four-year-old, a demanding job, and a mother with cancer. So some days, it feels very hard. But the truth is, I'd be kidding myself, because although it often feels hard, I'm among the lucky few. I have a supportive employer that offers me a decent salary, great benefits, tremendous flexibility. I have a supportive husband, who is at home in Berkley with our-my one-year-old and my four-year-old. I have a great family, social supports that help me manage my mother's illness. Many women don't have a fraction of all the resources that I have and struggle on a daily basis just to keep it together, alone, with few workplace benefits, on minimal incomes, and with few supports to help them deal with all of the issues that they face and that their families face. And living wage, health coverage, vacation and sick days, family medical leave, child care—all of these make a difference. What I'm going to do now is discuss a few of the family health and work issues that women face and discuss some of the consequences of these

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

responsibilities on their work and on their own health. The data I'm going to present is from the 2001 Kaiser Women's Health Survey. If you're interested in the methodology, it's in the back of the Women's Work And Family Brief. I'm going to gloss over that right now. It was conducted in 2001. It's a nationally representative example of 4,000 women, ages 18 to 64, in the United States. When we examine women's roles in managing their family's health, not surprisingly we see that women take on the lead in a variety of health care decisions for their children. Choosing their children's doctor, taking them to appointments, making sure that they get follow-up care are all responsibilities that typically fall on mothers. We also surveyed—just in the interest of fairness, we surveyed a sample of 600 men, and they reported also that their spouses took a lead on their children's health needs, although, a larger said—said that they were both involved. To a lesser degree, women are also heavily involved and make decisions about family health insurance. Fifty-eight percent said that they took the lead on making the decisions, and 22% said that they did it jointly with a spouse or a partner. Not surprisingly, women who are married—who are not married are much more likely to be making these decisions alone. Most mothers have coverage either through their own employer--as we heard, two-thirds work either full or part-time—or their spouse's employers. About half of these mothers are covered as

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

dependents under their spouse's plan. With rapidly rising health insurance premiums--last year they rose 14%--many workers are finding that dependent coverage is becoming more and more costly and less and less affordable, and many of them, I think, are now really trying to balance whether or not they can afford them. A sizable share of mothers, over one in ten, have coverage through Medicaid, the nation's program for certain poor and low income individuals. Typically, women who are only--who are either low income and are pregnant or who are poor and have dependent children or disabled or are seniors can qualify. One-fifth of mothers, as Representative Slaughter mentioned, do not have any health insurance. While many of these women work or have spouses who work, they may not have access to health insurance because their employers don't offer it or because they can't afford to contribute to the cost of the premiums. It's been well established that lacking health insurance is associated with poorer access to care and poorer health outcomes. As we turn to some workplace issues, we find that actually seven in ten of mothers work full-time. Twenty-nine percent of them work part-time. As I mentioned earlier, balancing work and family responsibilities is often a challenge. Given their central role in their children's health care, many working mothers must miss work to stay at home and care for their children when they are ill, even with such common illnesses as earaches or colds. In fact, half of

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

mothers say that they must miss work when their children are sick because they have no other supports. This is also the case, we found, for 30% of fathers. In addition, many women feel that they will suffer negative consequences at the workplace by staying home. Many have concerns about the impact of family responsibilities on their own advancement in their jobs. Overall, about a third of women said that they fear that their bosses or that their co-workers will not be understanding, that their work performance or their job evaluations will suffer as a consequence of having to stay at home to care for a sick child. These concerns are particularly prevalent among low income women and among single mothers. Staying at home to care for sick children also has economic consequences for many women. Of the half of the women who miss work and stayed home to care for their sick children, another half of them don't get paid for the work that they miss. They have no sick leave, no vacation days, no personal time from which to draw from. As you can see, lacking insurance is an indicator that you may also lack other important workplace benefits. You're going to hear more about that from Dr. Heymann. Three-quarters of the working mothers without insurance also do not get paid when they miss work to care for their children. For low income women, the problem is even more severe. Two-thirds of low income women, 75% of poor women do not get paid for the time that they have to stay home to take

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

care of their children. As we debate work participation in TANA (misspelled?), understanding the work and family situations of poor working mothers and the supports that they need to care and work-care for their children and work are central. Another family responsibility that can have health implications for women is informal caregiving. About three-quarters of informal caregivers are women. These are responsibilities that they have, often on top of their other roles as parents and as employees. Ten percent of women 18 to 64 said that they provide care on an ongoing basis to a family member who is disable, chronically ill, or frail. Over half of these caregivers are caring for their parents or their parents-in-law. About one in five care for a sick or disabled child, and one in ten care for a sick or disabled spouse. What's not shown here is two-thirds of these women also work; half of them have children under 18; and four in ten are low income. Many caregivers are stretched thin and have chronic health problems of their own. In fact, they experience certain health problems at significantly greater rates than women without caregiving responsibilities. Twenty-one percent report fair or poor health. Over one-third have a health condition that requires ongoing care. One-third have said that a physician has told them that they suffer from anxiety or depression. One-quarter have hypertension. And one in five report that they are obese, which puts them at higher risk for a broad

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

range of health problems. Despite their poorer health status and higher need for health services, one-quarter are uninsured, and one-third reported that they delayed or did not get care that they thought that they needed. These are significantly—again, significantly higher rates than for women who are not caregivers. When we asked them why they delayed or went without care, their responses show that financial and insurance barriers were a problem for a sizable minority, but also family responsibilities and work were also contributing factors. Again, this highlights the importance of economic, workplace, and social supports for these women. So, in closing, we find that women's roles managing their family health are often unrecognized. They're taking--throughout their lifespan, they take the lead on managing their family's health. This issue, however, has important tradeoffs between family and work and has many economic consequences, particularly for low income women. Women with caregiving responsibilities often experience greater rates of health problems and are more likely to face barriers to care. Clearly, workplace and social supports, which we're going to discuss later on in the session, are critical for women, both to improve their economic status and their career advancement, to address their own health concerns, and to meet their family's health needs. So as we consider the broad range of issues under debate, from TANA preauthorization to options in

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

expanding insurance to discussions of paid family leave, the impact of these policies on women, their families and their work should be key considerations.

CINDY HALL: Thank you very much, Alina, for that excellent and very sobering presentation. Our second panelist is Dr. Jody Heymann, Associate Professor of Society, Human Development and Health at the Harvard University School of Public Health. Jody also is Director of Policy at the Harvard Center for Society and Health. Her work focuses on the impact of social policy on health, infectious disease policy, and patient partnerships in health care and research. Jody will discuss the key challenges facing women, particularly low income women, in their efforts to balance work and family responsibility.

DR. JODY HEYMANN: Thank you very much, and thank you all for coming and for being engaged with this issue. For the past decade, I've led a research team at Harvard, which has looked nationally at work and family issues. We've also looked at where the United States stands compared to other countries. I'm going to go rapidly through a fair number of conclusions. I just want to mention two things first. One, for anybody who would actually like a copy of these slides or of other data, feel free just to leave me a card or an email address and we're happy to send you stuff. Second, I want to start by telling you take home messages, and then you can see the details.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

There are a few things that are very relevant to the topic today, focusing on women. First, you'll see women carry more of the caregiving burden, but they face the worst working conditions and have the least supports to do it, ironically. Second, income. This issue spans across social class in the United States. It affects the affluent as well as the poor and the middle class. However, the poor are worse off than the middle class; the middle class is worse off than the affluent, when it comes to resources in dealing with this, and I'll show you briefly some data on that. Because more women are low income, that again disproportionately affects women. Third, all of these issues have a big impact. They have an impact on how our kids are fairing in school. They have an impact on children's health, on women's health, on the ability of families to exit poverty. Lastly, there's a great deal we can do about this. There may be a wide range of opinions in the room about what we should do, but I hope, if nothing else, people leave this combined session today thinking that it's important to sit down in a room and really take seriously finding a common ground where we can move ahead. Okay, first slide, please. First, both men and women agree, it doesn't matter who you ask, women carry more of the workload at home. That's true whether you measure it by who carries household chores. It's true whether you measure it by who's responding to more of the family needs. It's also consistently true that

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

women do substantially more of the caregiving. That's true in a wide range of measures. Women spend more of the time caring for children, but they also spend more time caring for the elderly. They spend more time caring for disabled. And particularly important, women are the most likely to be high hour caregiver. So, for example, 16% of women nationally provide more than 30 hours of unpaid assistance to parents and parent a long—a month, nearly a week, compared to only 3% of men. So if you look at the high end caregivers, it's overwhelmingly women. Yet, while men and women often both lack the basic benefits they need in the workplace in order to provide this care—an example would be sick leave that they can take to stay home and care for a child who's sick, for a parent who's ailing, women are more likely to lack sick leave, more likely to lack vacation leave, and more likely to have two weeks or less of these than men. It's not just a question of paid benefits, it's also the case with flexibility. It really doesn't matter how you measure it. Ironically, women who are doing more of the caregiving have less of that flexibility in the workplace. Women are less likely to be able to decide when they can take breaks. They're less likely to be able to decide starting and quitting times. Just to give you a sense of what that means in real life, we've interviewed over 10,000 Americans. I'll just tell you one example. A family has two 6-year-old twins. The mother has to go to work before the

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

school bus comes to collect the kids, doesn't have flexibility of choosing starting and quitting times; however, it's at a job that could have easily given that to her, not a manufacturing job or a difficult job to switch jobs. As a result, the 6-year-olds are home alone, are cooking alone, are getting to school in a not very safe neighborhood alone. Next slide, please. From the back it may be hard to see the numbers on this, but I hope you can see one thing clearly, which is it looks like a staircase, and what this staircase is, is the picture of who has different benefits that are relevant to working families by income. The highest bar is those who are in the bottom income quarter in the United States. Those are the most likely to lack sick leave, lack vacation leave, have two weeks or less. The next, the middle income families are in the middle. And those who are in the top quarter are the least likely to lack it, but it's notable that many affluent families, many affluent parents also lack sick leave, vacation leave, basic benefits. It's not just a question of paid benefits, it's also a question of flexibility at the workplace. We see this same step ladder progression when it comes to being able to decide when to take breaks, starting and quitting times. By the way, taking breaks is often the only time that parents can call schools and find out how children are doing in school, have telephone meetings when they can't have in-person meetings with kids who are fail—with the teachers of kids who

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

are failing or having difficulties. What pulls these two pictures together, the picture of men and women and the picture of different income groups in the United States, is the fact that the poor are disproportionately female in the United States, and certainly, poor families are disproportionately headed by women, so they face this double burden. What are the consequences? I want to quickly go through four areas. The first is health. What we know about children's health is that there's overwhelming evidence that the presence of parents above and beyond caregivers--and besides having a doctorate in public policy, I have to say I'm a pediatrician, so I value pediatricians. I value nurses. But the truth is that parents make an enormous impact here, in many ways bigger than the health care professionals when it comes to kids' health; an example, 31% reduction in hospital stay if parents are able to be involved. The single best predictor of whether parents can care for sick kids is whether or not they have paid leave of any kind. If you have paid leave, you're five times as likely to be able to care for your child when they're sick. It's not just health outcomes that parental involvement makes a huge difference in. Children's educational outcomes are dramatically affected at all levels--primary school, secondary school on up. And parents' work structure, and here I'll just give the example of evening and night work. And here I'm not talking about the voluntary evening and nights that many of us

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

work on occasion. I'm talking about people who, because they can't find any other job, are working overwhelmingly evening and night shifts. Most of those Americans who work evening and night shifts are doing it involuntarily for lack of other job availability. For every hour a parent works between 6 and 9, his or her child is 16% more likely to be in the bottom quarter on the math achievement tests. If parents work nights, their children are 172% more likely—they're nearly three times as likely, so 2.72 times as likely to be suspended from school. Big impacts. Next slide, please. Basically, no matter how you measure it--if you look at scores in math, in vocabulary, in reading, whether children repeat a year at school, parents' working conditions matter. Their paid leave matters, their flexibility matters, and it matters because it influences whether parents can be involved. When we have more time, another time, we can also talk about the fact of how we structure schools and whether it invites the ability of parents who are working to be involved has a huge difference. Impact on women directly: It impacts women's income. The big determinant of the wage gap between women and men is around caregiving. If you look at women who do not have substantial caregiver responsibilities, their income looks very similar to men. Example here: 30-year-old women earning 95% as much as men; whereas, mothers, 75%. Much of the wage gap is explained by parenting. It is also the case among the poor, the

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

turnover, job turnover, those leaving welfare for work is overwhelmingly explained by caregiver responsibilities, recent birth of a child, caring for a child with special needs. It impacts not only economic outcomes of women but also their health. And I think in one of the clearest studies, a study that looked at heart disease among women who cared for ill or disabled spouses, where they had almost a twofold risk, when they were giving nine or more hours of care a week. And you saw from my earlier slides, that's a substantial number of women. Okay, I'm going to, because—I'm going to advance to the next side, and just tell you very briefly about, we have a new index--and go on to the purposes of it, please--where we're trying to look at what are some of the solutions that are out there that different countries have adopted. How does the United States look compared to the rest of the world? And what happens if you look across other affluent countries; if you look at poorer countries, what are they doing; if you look at conservative political countries and progressive--look across the whole political and social regime. How does it compare, and what are some of the options? We're going to look at about 28 different policies. I don't mean to focus just on two. It's really just a question of time, to give you some early preliminary findings, and so I'll with showing something from those two. One example, the first is paid parental leave, because it's a frequent topic of consideration here. It's

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

worth noting that the United States is the only industrialized country other than Australia that currently doesn't have paid maternity leave. Australia actually has 52 weeks, a full year of unpaid leave, much more generous on the unpaid leave. And it's noteworthy that the countries around the world actually are low, middle, and high income countries that provide it—Senegal, the UK, Brazil, range of political structures, paid paternity leave as well. I want to mention paid sick leave for family health on the next slide. The question is often raised with some of these benefits, can—are they affordable? Are these things that our country could move on? And I'll leave with this note about sick leave to say what's striking is, whatever solutions we all come up with, it's certainly clear the countries across the economic spectrum have come up with solutions. You can see here, on taking sick leave to care for people's own health and for family health, El Salvador, much poorer country, 15 days of leave granted for caring for a serious illness of a child, spouse, or parent; Germany, 10 days; South Africa, 3 days; Norway, 10 days. You can go around the world, and there are a wide number of examples. We have a lot of evidence that there is a growing gap between what cond—what families are trying to do in balancing their caregiver, and particularly, what women are trying to do in balancing caregiving with work and what resources they have available. There are options out there, and I'd be delighted

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

to discuss what further evidence there is with anybody who'd like. Thanks very much.

CINDY HALL: Thank you very much, Jody. You had a tremendous amount of information that you were able to convey in a very short amount of time. We appreciate it. Our first respondent is Donna Klein, President and CEO of Corporate Voices for Working Families, a nonprofit coalition of leading corporate partners, committed to building public-support for public policy issues that strengthen working families. Donna also serves as Vice President of Workplace Effectiveness at Marriott International. She will discuss her partnership's efforts to lead employers in helping their employees meet family and career responsibility.

DONNA KLEIN: Thank you, Cindy, for that introduction, and thank you to the Women's Policy, Inc. for this wonderful briefing session. It's a wonderful opportunity. And thank you to Kaiser as well. It's exciting to be here. There probably isn't a better audience to talk about the nation's working families than this one that's gathered here this afternoon. And I'm pleased and honored to represent the private sector in responding to some of the data we've already heard. The next few minutes, I would—I just want to mention a little bit more about who we are, why we exist, what our body of work is, some of the major current initiatives we're doing, and just a brief recognition of our funders. As Cindy mentioned, we are a

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

nonpartisan, nonprofit corporate coalition of brand companies, very large brand companies, and we number over 40 now, actually. I have 40 logos up there, but we have added another. If you cannot see this on the handout that's in your packets, there are larger handouts we put on the tables outside. I want to make sure we give them credit. I want to particularly acknowledge this afternoon: Eli Lily--Suzanne Somala (misspelled?) and Rich, both here from Eli Lily; Paula Collins, somewhere in the audience, from Texas Instrument. I'd like to think they're here just for a show of support for me, but in reality they're here because they're very committed to working with this coalition to influence policy makers at both the federal and state level. Next slide. I'm going to tell you the truth about why we were created. I would love to say that it was just my sole idea, that was just a brilliant brainstorm. But Rosa Delora (misspelled?), who many of you know, had a dinner three years ago, three Augusts ago, if you will, and she invited maybe a half a dozen corporate executives who were very involved in the issues of work/family for a very private dinner with some fellow representatives. George Miller was there from California. In fact, Representative Slaughter was there, I remember; Nita Lowey from New York, also. And it was a very in your face, very in-depth conversation, the net of which is why aren't corporations coming to the Hill, testifying on issues involving children, involving families, involving elders,

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

involving paid medical leave, etc. And it was a valid question, because corporations don't traditionally get involved in social issues. They do dialogue, of course, on all their very hard core business related issues. I'm from Marriott. We, of course, dialogue a lot about hotel room tax. But each corporation has their own specific legislative agenda that they work, and by and large, we're not involved in any kind of dialogue on social issues. And it was a very exciting meeting. And at that meeting, I just got—I really committed to pulling corporations together, to engage in that dialogue, using the logic that, while they may be—may not want to speak individually, collectively they may be much more anxious to speak, and we certainly did have collective wisdom and a collective experience to share. Therefore, the idea for Corporate Voices was really created that night. Our objectives are to speak with one voice. We want to leverage the power of the private sector. I remember that evening George Miller said to me—we were talking about—that was welfare reform days—he said, why weren't we involved in the welfare reform debate? And we, as corporations, missed major opportunity. Maybe he was right, maybe we did. And George, as well as Rosa Delora, were very emphatic about how much they needed private sector supported help in terms of pushing some of the issues. That's what we're here for, and that's why we were created, again, to educate and engage corporations collectively in promoting

¹ kaisernetnetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

community policy, solutions, to catalyze and convene all stakeholder groups. Our body of work is really organized into four pillars. This is for the first two years. We are addressing children, both after school programs and early education; issues of elder caregivers; those of our employees in the workplace. The way we work is not as clear as we would like it to be, but truthfully we can't think of anything else to call it. It's about the disconnect between contemporary work and contemporary life. And you really heard Jody talk about it this morning. The fact is, the way we're living today and the way we're working today doesn't work. It's about flexibility. It's about what we do with time, what we do with leave, and how we can get more in step with what the reality of the workplace really is. Family economic stability is the fourth pillar of work, and that is really the three issues above--across the segment of low wage earners. When you look at that population, as Jody well knows, the issues of work and integration, work and life balance manifest themselves very, very differently. Yes. Just a little bit about some of the work we're currently doing. In May of this year, Corporate Voices for Working Families and the Business Roundtable joined hands to issue our first policy agenda on early education. There are fact sheets on that policy agenda out on the table. We identified key principles that all early education programs should meet, in our opinion. We feel they're very provocative,

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

and we've used that as a baseline document in all our work on early education. That document is still a document that we refer to in our dialogue with the Administration on Headstart. We're very involved in that. We know it's still going on. We pushed for and issued a bulletin on hope for bipartisan support on a Headstart bill and strongly encouraged bipartisan support. It remains to be seen. We also are in the process of doing a 15-company research project across companies about what the best practices are those companies use for their low wage earner population. That is going to be published probably before Thanksgiving. We are creating an earned income tax corporate outreach campaign, to make sure we inform not only our members but all corporations in the country. We have a lot of strategic alliances we're communicating this toolkit to about the earned income tax credit and the fact that 68% of people who file pay a filing fee with a tax preparer, and 37% of those file for a rapid response, which gets their check to them only one week sooner than normal filing. Two big hooks for employers. Employers don't know that, so that's why we are--what we're using to really communicate to employers why they should get involved in the EITC filing for their employees. Elder caregivers, it's a major issue for corporations. It's just coming down the pike. Most corporations have been in denial really about what this means to the workplace. The data indicates the productivity impact

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

is going to be far greater than child care. Most of us in the corporate world really don't know what to do about it yet. It is a major piece of work Corporate Voices is doing over the next 12 months. We just had, in fact, our first task force meeting yesterday. We will be doing best practices—excuse me, best practices among our Corporate Voices partner companies as a baseline document to try to identify really what the delta is, what we can realistically support and what kind of policy recommendations we may want to make. Low wage earners, we are doing a lot of work. This comes under the Family Economic Stability piece. I mentioned the EITC corporate outreach campaign. I mentioned the 15-company research report. We're also going to be doing--excuse me--a radio series. I'm not sure whether that will happen until January. It'll be—it's a partnership with NPR. We're going to do 15 segments, culminating in a one-hour documentary, that will be real live voices of low wage earners and what their family struggles are. And the purpose is, again, to educate. Hopefully, the Congressional audience is significant for that program. We'll be on two days a week on the Morning Edition, and it will end with a one-hour documentary, which we'll do a major communication campaign to let people know when that will start airing before it does. And we're also going to be doing some Congressional briefings on the issues of low wage earners and low wage employers. This is going to be briefings that the

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

corporations themselves will do the speaking. Often, the briefings have been done by people who are in the nonprofit sector about what the issues are. And so, we want to present the corporate perspective on what the issues are and what they feel they can do and what they are doing. Next slide. Just a brief mention of our funders, to recognize them. They're all listed on this sheet. We thank them all. And if there are, last but not least, any kind of questions or information that you'd like, please contact me. That's the last slide. I think my phone number and email might be there. Yes. Thank you.

CINDY HALL: Thank you so much, Donna. It's really inspiring to hear what's going on, and we wish you the best of success with your many future initiatives. Our final speaker is Rona Sherriff, a principal consultant on employment and labor issues for the California Senate Office of Research, a bipartisan office created to explore policy issues and develop proposals for legislative action. She will discuss work/family policies in California, including the state's 2002 passage of a paid family leave law.

RONA SHERRIFF: Thank you. Good afternoon. Well, greetings from California. We bring you things—all thing new, whether you like them or not. So here we are. So I'm here basically to talk to you about what we brought to you in the way of paid family leave. You know, there was such wide—there appeared to be such widespread support for this initiative

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

because of the way it affects all people, you know, whether you're a low wage worker, high wage worker, whether you have young children, whether you have aging parents. It seems to affect all of our lives. On a personal note, you know, I, too, I raised two children. I had the privilege of working part-time and having the support of partner, and having flexibility in my job, and it was still stressful. It's hard to imagine how people who are, you know, single breadwinners in their family, raising children, do it. And I think that's why this got such widespread support. Some background. I mean, first of all, the federal Family Medical Leave Act covered four kinds of leave. It covered leave for your own illness or injury, for pregnancy, for bonding, and to care for a seriously ill family member. For 50 years, since 1953, in California, we've had a state disability insurance program that really covered two of those things. It covered workers when they had their own serious illness, and it covered workers, in the last 20 years, some time in the '80s it was expanded to cover leave for pregnancy. So we really had a framework. And this program basically covers almost all of the working Californians, almost 13 million. If you were self-employed, it didn't cover you. A lot of government employees were not covered. But, for the most part, all paid workers in the state paid into this, totally worker funded. They paid in a minimal contribution; it was pooled; and it covered some wage replacement when people

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

were off for those reasons. Basically, it was 55% wage replacement. Because it was employee contributions, when they received that wage replacement, it was not taxable. And it covered nonoccupational illness or injury. If you were injured on the job, that was workers comp. And then, as I said, in the '80s, pregnancy was added. Generally, the maximum time you could get your state disability was 52 weeks, but most people obviously were not out that long. It was extended over the years to 52 weeks so people had some income protection waiting for Social Security disability payments to kick in, because sometimes it took that long for them to actually receive the payments, so they wanted—we wanted workers to have income flow during those periods of absence. So we really did have that framework. And then, in the late '90s—in '98, there was legislation in the California Senate. It was Hilda Solis, who's now a representative here in Congress. And she actually asked our state Employment Security Agency to do a study and see how much would it cost to expand this and to cover workers—to give wage replacement to workers when they were off to bond and to care for their seriously ill family members. The Department then did a study. They looked at the Department of Labor studies on this issue. They looked at utilization for this program that they had a long history on. And they came up with estimates that showed that, based on their estimate, you know, there would be a very minimal increase in costs because

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

we were really limiting it. Our initial proposal was to limit it to just 12 weeks. So that would be the maximum, as opposed to 52 weeks. And because, when you looked at the Department of Labor survey, you found that 60% of all people who took family medical leave took it for their own illness or injury or for pregnancy, so we were already covering 60% of the folks. So basically, based on those estimates, a bill was introduced. It was passed in 2002. The bill will be phased in in 2004. and basically, what the bill provides is six weeks—you have six weeks of leave within one year to care for a seriously ill child, parent, spouse, or domestic partner, or for bonding. You have to serve a one-week waiting period, and that's a real savings, because that way someone didn't just dip into the program for three days. You had to really be out for at least a week before you could start receiving wage replacement benefits. Totally employee paid, just like the regular SDI program. If an employer—if you had accrued vacation pay, and your employer requested that you use that, you would have to use two weeks of vacation pay. One week could go towards the waiting period. Then you'd have to take another week of vacation pay before you could start getting your wage replacement benefits. There were provisions put in the bill that said you couldn't take these benefits if there was another family member who was able and available to care for your seriously ill family member. And you had to take this

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

concurrent with your FMLA leave, so that would make it easier for employees in terms of record keeping and not, you know, extend the amount of leave. Now, there's no job protection benefits that were associated with this. It was totally wage replacement, like the existing state disability insurance program. The way it works is that if somebody--if you have a seriously ill family member or your own serious illness, a doctor or the hospital provides, you know, a form. You complete it. You have to get a medical certification with a diagnosis that goes into the Department. And then, you know, they basically evaluate it, and if it meets the conditions of eligibility, you receive a check in the mail. There's no requirement to--in the existing program, to even go into a department. Basically, it's handled through your doctor or medical practitioner. Employers' concerns. I wanted to bring up a few that were employer concerns and some of the concerns with the bill from the advocates. The employers were concerned that too many people would use it. You know, they were concerned about use, which meant people would be away from work. And again, the federal study showed that we were already covering 60% of the people who were taking time off for family medical leave, and it was not perceived as a huge problem. And most people who really took it off for seriously--who needed leave for serious medical conditions of family members, according to the federal study, took it. I mean, they had a

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

huge wage loss associated with it, but they did take it because they had no option. And the small percentage that didn't take it, didn't take it because of not having resources. They said--75% of those folks said it was because of money. So we were providing the money for those people. We dealt with some of the employer concerns about abuse, with the waiting period, with the able and available issue, and with the requirement to take some vacation pay. And there were no costs associated for the employers. Employers are also concerned about integration with other benefits, and we tried to provide some notification procedures in there, in terms of requiring workers to--or posting, actually in a cleanup bill, posting some notifications that workers should comply with company policies and notify their employers, so that employers had knowledge of how, when someone's taking leave, whether or not it qualified for the requirements on the federal law. Advocates' concerns were this bill--while the advocates originally wanted 12 weeks, there were only six weeks provided. Siblings really--and when we looked back, people said, why didn't you cover siblings? You know, we didn't cover siblings. Probably, you know, if we were doing it again, we would do that. No job protection there, and I think people are concerned. They'd love to have had job protection, but it was not put in the bill. And now, the concerns are how to get implementation up and running so people understand. They'll be starting to contribute to this fund in

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

January. It comes down to about \$27 a year, because it's a huge pooled fund. And how they know that, starting in July of next year, they can begin receiving benefits if they qualify. So, thank you, and I'm available to answer any questions.

CINDY HALL: Thank you very much, Rona. You did a great job of explaining that in a way that it's understandable, and in a short amount of time. We will now open it up for questions and discussion. If you have a question on an index card, we have Jennifer or Usha can collect it. And we also welcome people at the microphone, and we will be taking speakers at the microphone first; written questions as time permits. And please identify yourself and your organization.

LESLIE WOLFF: My name's Leslie Wolff, and I'm from the Center for Women Policy Studies, and I'm also a really proud Board member of Women's Policy, Inc., which does remarkable work, no thanks to me or the members of the Board. I am really also grateful to the Kaiser Family Foundation, and especially to Alina, for always being ahead of the curve on women's health policy issues. And I'd like to just add an additional perspective from the research that the Center has done. Our national Women of Color Work/Life Survey looked at both work/life balancing act issues and workplace diversity issues. And what we found from the 1500 women of color in corporate America, from up and down the ladder, in corporate America, is that there's no way to separate out the stress and the health

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

problems that women of color are facing in the workplace from not just the balancing act--in fact, they seem to manage that pretty well, better than some of us--but the stress and the damage to health, physical and emotional, of the continued biased discrimination stereotyping and the stress of having to conform to a different model, namely a sort of model of white male corporate leadership. We found women of color reporting-- women of color at the highest possible levels in their companies, that they regularly hear racist jokes and sexist jokes in their workplaces. And we haven't yet examined in detail the impact on stress on health issues, but we have found, from that one survey, that there's a huge amount of unhealthy behavior that women engage in for the simple, single purpose of reducing stress and managing to survive in the workplace. And home, regardless of all the balancing acts, is a haven. So, I just wanted to add that perspective and offering to all of you in the room the ability to have access to the report of the Women Of Color Work/Life Survey, which is called, "No More Business As Usual." Thank you.

CINDY HALL: Thank you, Leslie.

PIPER FOSTER: My name is Piper Foster, and I work for Representative George Nethercutt. And Dr. Heymann, my question is for you. I'm wondering, in your research, what you may have found to be the most effective solutions or ameliorating the chaff that so many women caregivers are feeling, whether it be

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

a federally funded legislative fix, or if what seems to be effective was happening at the grassroots, in terms of initiatives, federally funded or not. What specifically this may look like.

DR. HEYMANN: Sure, okay. There are a lot of different initiatives one could raise, and I guess the point, I think, it's most important to make is that the mix is broad, and the mix is broad so that there should be solutions that everybody in the room could embrace, even though those may be different solutions. And let me just give examples from the simplest to the more complicated. Very simple one. We have a lot of federal programs now, a lot of federal programs, including those for the poor, for women and children--WICK is one, food stamps is another, etc.--where people have to leave work during the day in order to register. It's just updating our systems. It can't really be that we want people to have to lose their jobs to take advantage of programs we provide. But we have, in fact, interviewed folks who had to have the choice. Do I lose my job and get the food stamps and renew my paperwork after three months, or do I not lose my job? So that's one where it would be a very simple thing for us to do. Let's make sure that in a day and age where so much can be done by phone, by Internet, in the evening hours, etc., that there's access to working families. That's of the poor, but it cuts across all social classes. And there are, in many communities, where you

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

have to register your child for school between 9 and 3, something in person that's unfeasible for families. That's at the local level, not at the federal level, but the other programs are at the federal level. So, updating of institutions not costly, thinking about working families, making them accessible. That's at one end. In the service end, the middle piece, I think, the key elements we've seen are around education, when it comes to kids, and elder care, when it comes to adults on the education side. What's happening in terms of support for 0 to 3 early education and after school. Again, that can happen in a range of ways. There are--as many people here, I'm sure, know, there are federal programs that can offer support to states to experiment all the way through national programs. There are a range of ways to do that. But putting that wraparound in for the rest of the day, what I would say briefly about school age kids, is, if you look at when our school year came into being, it came into being when we were an agrarian economy in the 1880s. We updated the school year until 1930, right before women entered. We have not changed the school year since 1930, and we have not changed any of our policies around I think. It is desperately needed. Then you hit the workplace, and I think of the key issues around the workplace is providing for short term leave, I would put high on the list, the kind of leave that means that people can't--that people won't lose their jobs if they need to

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

emergently care of an elderly parent who is in the hospital or a small child. Again, there are a range of ways across the political spectrum to put that in, from tax cut—from tax benefits to those companies who do it voluntarily to mandates, but I think addressing the fact is the critical issue. Thank you.

LORI YOUNG: Good afternoon. I'm Lori Young, the Executive Director of the Older Women's League, and I want to thank everyone for your comments today. But I think there's a piece that's missing that I was hoping you might address, or at least I could begin to help you consider, as you're moving forward with your initiatives and your studies. One of the things that I think is interesting is that, as you did your surveys, you focused on a population of 18 to 64. And I think one of the things that we need to talk about is the fact because of the implications of all of your research and all of your data, what we will see increasingly is poor women, 65 and older; that the consequences of caregiving, the consequences of low wage, the consequences of part-time that offer no benefits, the lack of Social Security benefits and credits earned while people are involved in caregiving means that we are going to have more and more women, predominantly women who live longer than men to begin with, in poverty or having to work long past the age of 65, and all of the health implications that go along with that. So I'm hoping—I know that today we're here talking

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

about health. But I think we need to look at all of the things that you've talked about today which impact on women's lives today as being the foreshadowing of terrible problems to come when, as women, we age, and we have not taken care of these problems on the front end. They are just going to catapult into huge dilemmas on the back end. So I invite any comments or questions you may have.

FEMALE VOICE: Jody and I were just nodding in agreement. I think you're absolutely right, and I also think that it does also have health implications as well, because all of these stresses build up, and so what we're going to have is also-not only a poorer cohort of women, but also one that's experiencing more and more health problems and is going to have less-fewer resources. I couldn't agree with you more.

LORI YOUNG: There actually is, at least in one respect, if I can suggest to you, there's a policy, a position that's been carved out by Senator Mikulski, who I know has been supportive of today's efforts, and Nita Lowey in the House, to actually give caregivers Social Security credits for the time that they are missing from the workforce, so that because they're out involved in informal caregiving, they won't get punished later in collecting Social Security by losing out on those credits. So I think there are some good policy implications related to women who are in the workforce now, that will benefit them in retirement.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

FEMALE VOICE: There are so many important aspects of this and so many important angles that one couldn't treat them all right now. I do just want to mention one though. I think we're all aware that there is this enormous bulge—demographic bulge of the aging of the American population, and that it has enormous consequences for who's going to provide that care and huge cost implications. And the one message I would give is, I think the one thing the data is very clear about is that we can provide better care for the elderly less expensively if we make it feasible for their working children to assist in that care, so that people who want to stay home can stay at home. And again, that's an issue where it has both tremendous chance for cost savings but also improvement in quality of life for those who are affected.

FEMALE VOICE: There's another piece, I think, that you might want to look on to that as well, which is that the formal caregiving workforce for elder care in this country is predominantly almost 90% female. They're underpaid; they're undertrained; they're understaffed. They often get very few, if any benefits. They certainly get no pensions. So maybe if we even put effort into bolstering the formal caregiving, less of the burden would fall on the informal caregiving.

CINDY HALL: Thank you very much.

NETHERLAND WASHINGTON: Good afternoon. I'm Netherland Washington (misspelled?). I'm founder and President of the

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

National Association of Working Mothers. We're a nonprofit organization, which I founded about two years ago. I don't have a question, but I have a few issues that I thought I'd present to the panel and the speakers. One thing that I didn't hear talked about today, but I think is very important, and, as a working mother myself of four children, 18, 17, 14, and 8 years old, I can remember when my three older children were much younger, and what it was like for me to have to go and look for employment and wonder, do I hide my wedding ring? Do I not tell my employer that I have children? Because there is a stigmatism or stigma associated with women who have children. You know, will she come to work? Will she take a bunch of sick days off because her children are sick? When she's calling in sick, is she really sick or are her kids sick? And you don't know whether to say I'm sick or it's my kids who are sick. So I just want to present that stigma that is associated with women who do have children, and the hiring practices that are affected as a result of women who have children. Our organization, our mission is helping working mothers balance personal well-being, family life, work, while improving their lifestyle through resources, education, work/life initiatives, and information. One thing that we want to emphasize on is day care and child care services. There's no one who really police these—or, I don't like to use the word "police," but there's no one who ensures that the quality of service that we are

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

receiving for our children is what it should be. We want to make sure that the care that's provided for our children is flexible, that the day care providers will work with us and, as well, be flexible with us, because we're out working, and what's important is that we maintain our jobs so that we can—it's a vicious cycle—that we maintain our jobs, so that we can pay for day care. But it does us no good if the day care charges us for not (and I'm not blaming anyone here) \$5 a minute for every minute we're late. So we just want to ensure the day care facilities are working with parents in being flexible. The last thing I wanted to say is that I think it's important for us to investigate and push for onsite day care at many of your larger employers. I know that there are a lot of issues associated with day care onsite with the employer, but the benefit, I believe, is more beneficial to the employer, to the working parents than the issues that many employers are sort of shy of having these day cares in their places of business.

CINDY HALL: Thank you. Thanks to all the women's groups who, by the way, that are here and are doing such good work. The Center with Leslie, and Lori with the Older Women's League, and other women's groups as well. Thank you.

SUSAN LANDER: Hi. My name's Susan Lander. I'm actually the labor perspective, maybe the only one in the room. But I just—actually, my comments speak to the last two that

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

spoke. You know, you talked a lot about corporate partnerships, and I just wanted to mention that there are some employer and union partnerships that work really well. And somebody was just talking about the child care. We organized Headstart child care workers in Philadelphia. And the Director actually had said at a meeting with a lot of, you know, people from corporations that the union was one of his best opportunities to improve the wages and working conditions of the workers there, because, of course, Headstart child care workers and home health care workers and, you know, domestic workers, all of those folks are so--you know, their wages are so, so low. And it really was a great opportunity, actually, in that particular case to improve the benefits, wages, and working conditions for all these folks and have, you know, this workplace that ran really smoothly. So, you know, I'm just putting in a pitch for some labor management partnerships, and also saying, you know, that's really important because, you know, you get--most--well, many of these low income workers, of course, are women, and it's known that in unionized workplaces there's actually less of a wage gap. So it's a way to raise their salaries, help their families, and, of course, that follows them throughout their lives into their retirement and their pension. And that the wage gap, of course, is even more serious for, you know, women of color, and that also does help close that wage gap.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

CINDY HALL: Thank you. We'll just take these last two.

DONNA KLEIN: I have a comment.

CINDY HALL: Oh, sure.

DONNA KLEIN: Regarding the labor comment that was made, I just want to add that Corporate Voices does recognize the need to have substantive dialogue with labor. We do have a labor representative on our advisory board. It's Debbie King out of New York. I think she's Service Workers Union. But we have to figure out a way to have a productive dialogue, and it's something that's on our agenda. It's a hard meeting to broker, but we are indeed willing to continue along that path.

JANINE HAYES: Good afternoon. My name is Janine Hayes, and I'm from the National Coalition Against Domestic Violence. My question relates to TANA free authorization. I know—I'm sure we all know that the House and Senate both have bills that are considering marriage promotion initiatives. And from the statistics that were shown, it seems like women who are married are still facing considerable barriers. So my question is really relating to is-is it effective for the federal government to be putting so much money promotion or are there just—or do we need just more greater societal support for single mothers? Is this really going to be a solution to the problem, especially significant statistics that you have relating to women who are already married, facing barriers.

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

FEMALE VOICE: I think, clearly, marriage is not going to—I can speak from personal experience—that clearly marriage is not going to solve all of the challenges that women are facing, nor do I think that people that feel necessarily that it will. But clearly, we're going to need to have a broad range of supports for women.

FEMALE VOICE: Without repeating, I guess, I think of any clear things about ways in which it's not—that the real struggles are different for those who are exiting work-welfare for work. I do want to mention just one other example, though, of common ground--evening work. Many people end up, when they leave welfare for work—a very high percentage end up having to work evenings and nights, with no choice about those shifts. What we know about evening and night shifts is they're bad for kids' outcomes, that parents typically work them involuntarily, and that they're bad for marriage and partnerships that people are already in, that are successful (unintelligible). Just want to throw that out there as an example as a different way to think about supporting marriages or supporting families. Problems that actually families themselves identify and that we know are, in fact, damaging to working—problematic working conditions that are damaging to all involved, to the kids, to the relationship, etc. Very different than what I assume you, coming from an organization with domestic violence, would see a lot, which is relationships that were never working, being

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

forced to be together.

ELAINE LOCKE: Elaine Locke from the American College of Obstetricians and Gynecologists. And thanks to all of you who made this possible today. Studies show that women who are not able to breast feed their infants after they return to work in fact lose more time on the job because of taking care of sick children than women who are able to breast feed. How can we underscore that economic and well-being issue for employers? Obviously, it's (unintelligible).

FEMALE VOICE: Well, one quick thing I can just say against the buzzer is that there are 97 countries around the world that actually guarantee the right to breast feeding breaks while working, so that's the way many countries address it is they ensure that people can simultaneously work and continue to breast feed.

FEMALE VOICE: I think also employer education. I think this is an area particularly where Donna's group could probably have influence, in terms of educating employers, in terms of that there are actually economic benefits to giving nursing mothers space and time to nurse their children or to pump.

CINDY HALL: Okay, great, thank you. I want to thank all of our wonderful speakers today. And as we've heard today, women face a broad range of challenges in balancing work and family responsibilities. Women are the primary coordinators of

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.

their family's health care, and many service caregivers, as we've heard, to sick and disabled family members, often while holding full-time jobs. And many caregivers are low income women, who are more likely to work at jobs without paid vacation or medical leave. And many have health problems of their own, which only compound the situation. So today's presentations really highlights the importance of workplace supports for women and their families, including benefits and flexible work schedules. And several options in the public and private sectors have been discussed today, demonstrating the wide range of options available to policy makers. So we thank you, and please go out and do good work, and don't forget to fill out the evaluation forms.

[END OF RECORDING]

¹ kaisernetwork.org makes every effort to ensure the accuracy of written transcripts, but due to the nature of transcribing recorded material and the deadlines involved, they may contain errors or incomplete content. We apologize for any inaccuracies.