Good afternoon, Chairman Beyer, Ranking Member Lee and members of the Committee. Thank you for the opportunity to discuss the challenges facing older workers.

My name is Jocelyn Frye and I am the president of the National Partnership for Women & Families (National Partnership). The National Partnership is a nonprofit, nonpartisan advocacy organization based in Washington, D.C. We promote fairness in the workplace, reproductive health and rights, access to quality, affordable health care, and policies that help all people, especially women, meet the dual demands of work and family. Over the last five decades, we have focused specifically on tackling gender-based barriers, often rooted in longstanding stereotypes and biases, used to limit the opportunities available to women, men, gender minorities, and all those deemed to be out of step with assumptions about so-called proper gender norms or roles. We believe that it is essential to prioritize equity – in health care and health care systems, in our economy, in our workplaces – to create environments fully capable of responding to the diverse needs of patients, workers, and indeed all people regardless of their background or resources. Our goal is to create a society that is free, fair and just, where nobody has to experience discrimination, all workplaces are family friendly, and every family has access to quality, affordable health care and real economic security.

Older workers are vital to their families, to our communities and to our economy. But all too often, older workers, particularly older women workers, are missing from public conversations about how to support workers, improve workplaces, and strengthen our economy. In the instances when older workers are mentioned, their stories are frequently over-simplified and incomplete with the diverse, divergent experiences of older workers reduced to a single, rosy soundbite about rising stock and housing values – on average – that supposedly lead to comfortable retirements that last forever. But this under-inclusive narrative misses the mark and has the effect of ignoring the experiences of too many workers. There is no average older worker. They do not all experience the same economic opportunities, working conditions, family caregiving needs, or societal drivers of health such as whether they are exposed to the stress of racism and sexism, they live in an economically distressed community, or their neighborhood lacks safe air and water.

It is essential to elevate accurate narratives about who older workers are, what their employment experiences are, and how their work lives are interconnected with their health and family
caregiving needs, especially for women. These narratives are even more important given the persistence of the coronavirus pandemic that continues to wreak havoc across the country, worsening the economic and health challenges that many older workers often confront. Millions of older workers face significant barriers to their ability to work and save during what should be peak earning years, and to retire with dignity when they choose to do so. These barriers can be especially acute for workers who face multiple forms of bias, such as older women of color workers who confront the intersecting effects of race, gender, and age bias. Many have been economically scarred by discrimination in the workplace and job market, poor-quality jobs stemming from low wages and few benefits, resume gaps necessitated by family caregiving, or the lack of support to address their own care needs. The early evidence indicates the pandemic has only exacerbated these issues for many, particularly the Black women, Latinas, and Asian and Pacific Islander women whose employment has been disproportionately harmed since the pandemic’s onset and has yet to fully recover.

![Labor Force Participation Rate by Gender and Race/Ethnicity](chart)


Three decades have passed since the landmark federal Glass Ceiling Commission (Commission) took on the task of understanding the barriers to women’s advancement in the workplace, and identifying where and how women’s economic progress had slowed. The creation of the
Commission, established by the Civil Rights Act of 1991, was intended to take a comprehensive look at the diverse experiences of women workers and generate concrete solutions to expand their job and advancement opportunities. Those decades brought important progress: the passage of the Family and Medical Leave Act, the Lilly Ledbetter Fair Pay Act, advances for women’s health in the Affordable Care Act. But progress on other indicators, like labor force participation rates, has been uneven – and even reversed during the pandemic. And, longstanding gender- and race-based pay disparities continue to persist. At a moment of unprecedented challenges, it is important to take stock of where we are and recognize the need to reset our approach to women’s employment by closely examining the impact of the pandemic, including on the earnings, labor force participation and experiences of older women workers.

Policymakers can and must act now to support older women workers, and all workers, with policies to raise wages and improve jobs, to fight discrimination and other barriers to equitable participation in the economy and to ensure that all workers can manage their health and caregiving needs.

I. Older Women Workers’ Families Depend on Them – But Many Are on Shaky Ground

Families in the United States depend on women both as caregivers and as breadwinners. This is not only true of mothers of young children, but also of women workers in what ought to be their prime earning years – age 45 to 54 – and those nearing retirement age – 55 to 64. Many of the challenges and needs of older women workers are rooted in earlier life experiences, in particular those related to employment, parenting and family caregiving.

Labor Market and Workplace Inequities Undercut Women of Color

Gender-, race- and age-based discrimination and harassment continue to impede women and workers of color in the labor market and in workplaces, from hiring to salary and promotion decisions. Longstanding attitudes and stereotypes about the capabilities of older workers has led to persistent age discrimination – an Equal Employment Opportunity Commission (EEOC) report on age discrimination in employment notes that six in ten workers over the age of 45 state that they have seen or experienced age discrimination at work, with workers of color and women reporting these discrimination problems at even higher rates. At the same time, only a small percentage of older workers – an estimated 3 percent – have filed formal complaints about age discrimination, suggesting significant under-reporting about the scope of the problem. The last three decades have seen a steady rise in the number of women filing age discrimination charges with the EEOC. In 1990, men filed almost double the number of age discrimination charges as women, but by 2010 that trend had completely shifted, with women for the first time filing more charges than men. Data from 2017 reveal that this increase in charge filings by women has continued to outpace those filed by men and grown wider over time. Furthermore, as the workforce has become more diverse, age discrimination charges filed by workers of color and workers alleging age discrimination in combination with other forms of discrimination, such as
age and sex discrimination or age and disability discrimination, have also increased significantly over time.\(^5\) All of these dynamics also contribute to occupational segregation of women and workers of color into lower-paid positions, a major driver of gender and racial wage gaps.\(^6\) Workers of color are more likely to experience racial and sexual harassment as well as other forms of retaliation, for example for speaking up about unsafe working conditions,\(^7\) which not only pushes talented workers out of jobs but also adds to lifetime stress and worsens their health. And workers of color are typically laid off first during economic downturns and tend to experience longer periods of unemployment due to discrimination in hiring. Women are also more likely to work in insecure jobs with low wages and few benefits, frequently referred to as “low-quality jobs”: women make up nearly two-thirds of workers in the forty lowest-paid jobs, with women of color especially overrepresented.\(^8\)

These factors mean that, compared with white men, women and workers of color tend to be paid less at each stage of their careers. In fact, the gender wage gap is larger for older women compared to younger women.\(^9\)

<table>
<thead>
<tr>
<th>Median Earnings for Full Time, Year-Round Workers in 2020, by Age</th>
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<tbody>
<tr>
<td><strong>25 - 34</strong></td>
</tr>
<tr>
<td>All men</td>
</tr>
<tr>
<td>All women</td>
</tr>
<tr>
<td>Wage ratio</td>
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In 2020, across all working age women, among women who hold full-time, year-round jobs in the United States, white, non-Hispanic women are typically paid 79 cents, Black women 64 cents, Native American women 60 cents, and Latina women just 57 cents. Data from 2019 revealed that subpopulations of Asian American and Pacific Islander women earned as little as 52 cents, such as Burmese women, and AAPI women overall earned just 85 cents for every dollar paid to white, non-Hispanic men.\(^10\)

Low-quality jobs deny workers the basic supports they need to be economically stable. In the private sector, about one in three workers does not have access to a retirement plan at work, nearly one in four does not have paid sick days, three in ten are not offered health insurance, nearly six in ten do not have paid medical leave through employer-provided temporary disability insurance, and nearly eight in ten do not have paid family leave. There are significant racial and ethnic inequities in access to these basic supports, and access is especially rare among the lowest-paid workers.\(^11\) In other words, those with the least extra income to save for an emergency – much less for retirement – are also least likely to have essential protections and supports to maintain their income and employment when a family crisis arises.
Lack of Caregiving Infrastructure Takes a Toll

The need for caregiving and caregivers is essential and universal. Every family at some point will likely face a caregiving challenge or need caregiving support, whether to care for an ill parent or spouse, bond with a new child, or recover from a personal medical challenge. Yet, our nation has consistently fallen short in adopting the policies necessary to support workers and families when these needs arise. Instead, women have been expected to shoulder the bulk of caregiving responsibilities, stemming in part from longstanding stereotypes and attitudes about women’s roles and duties. The United States’ longstanding lack of caregiving infrastructure is connected to the devaluation of caregiving and care workers that has been entrenched in our society for decades. Our unwillingness to invest in care is due, in part, to our unwillingness to treat care as “real work” and to treat care workers as “real workers” deserving of strong protections and supports. This is rooted in a history of racism and sexism harking back to the nation’s earliest days, during which enslaved Black women were forced to work as caregivers for many white families, while being denied any legal right to care for their own loved ones.

In more recent generations, caregiving has been stereotyped as feminine, relegated to the private space of the home rather than the public sphere where the “real” economic business of men took place. Viewed as a private responsibility, the problem of care is one that individual women and
families must solve on their own. In lower-income families, disproportionately families of color, this often meant impossible strains between jobs and family, patchwork systems of care from extended family or neighbors, and deep financial insecurity. Higher income families – more often white – have tended to outsource their care dilemmas, relying on an underpaid care workforce with few job protections and largely comprised of women of color.

These policy failures have been on full display throughout the pandemic as families across the country have struggled to address their caregiving challenges on their own, without access to supports such as paid family and medical leave and quality, affordable child care. The absence of robust care policies has had outsized consequences for women workers in particular. The later working years are especially critical for women because of the toll taken on their earlier careers by systemic inequities and inadequate policies to our lack of caregiving infrastructure, particularly among mothers. The lack of paid family and medical leave and affordable child care leave families of young children scrambling to manage their caregiving needs, most often at the cost of women’s participation in the labor force. Resume gaps, reduced work hours, caregiver discrimination and other factors add up into a “motherhood penalty” of about 15 percent of income per child under age 5 on average – 18 percent for Latina mothers and 20 percent for Black and Native American mothers.¹²

The lack of caregiving infrastructure not only robs women and their families of a strong start to their earning years. It also comes at a high cost to our economy. We have estimated that if women in the United States participated in the labor force at the same rate as in comparable countries with stronger caregiving supports, there would be up to 4.85 million more women in the U.S. workforce, and it would add $650 billion per year to GDP.¹³

In theory, the later working years should be an opportunity for older women workers to catch up. Yet older women workers continue to provide essential care for their loved ones, as well as for their own health conditions, without adequate supports. Some are providing care for children: 7.0 million grandparents live with grandchildren under 18, and 2.3 million grandparents (1.5 million of whom are women) are primary caregivers for their grandchildren.¹⁴

Many others – more than one in five adults, and about three in ten adults in their forties and fifties – are caring for family members who are aging or who have serious health conditions.¹⁵ The need for family caregivers is only growing: between 2019 and 2040, the population of adults ages 65 and older is expected to grow from 54 million people to more than 71 million people, comprising an estimated 19 percent of the U.S. population.¹⁶

A majority of these family caregivers are women. Today, people who care for family members are increasingly providing more care that, in prior times, would have been provided by health professionals in a hospital setting, such as managing and coordinating complex medication
regimens, administering injections and providing wound care for family members with physical, cognitive, behavioral health and substance use disorder issues.\textsuperscript{17} Performing these more complicated tasks is particularly common among family caregivers of adults ages 50 and older – more than half (59 percent) of whom report assisting care recipients with medical and nursing tasks.\textsuperscript{18} For many low- and middle- income family caregivers, paid home care assistance is not an affordable option to help manage caregiving demands.

Research drawn from an invaluable survey conducted by AARP and the National Alliance of Caregiving reveals that six in ten family caregivers report at least one significant impact on their employment, including cutting days short or taking time off (53 percent), reducing work hours (15 percent), turning down a promotion (7 percent) or even giving up working (5 percent) or retiring early (4 percent).\textsuperscript{19} About one in five caregivers report high financial strain related to caregiving, and nearly half report at least one financial impact, including stopping saving money (28 percent), taking on more debt (23 percent) or using up short-term savings (22 percent). These negative impacts were more likely among caregivers with household incomes under $50,000 and caregivers age 50 to 64.\textsuperscript{20}

In terms of race and ethnicity, the survey data show that caregivers are similar to the population overall: About six in ten are white, 14 percent are Black, 17 percent Hispanic, and five percent Asian American. But the limited data available indicates that their experiences are not all alike. Caregivers of color tend to be younger on average, and a larger share of Black and Hispanic caregivers have incomes below $50,000, compared to white and Asian American caregivers.\textsuperscript{21} Black and Hispanic caregivers also report more financial impacts of caregiving on average.\textsuperscript{22} More data is needed, for example, to better understand the experience of Native American caregivers and other caregiving experiences within communities of color. Greater investments in comprehensive, disaggregated data, collected more regularly would help policymakers better understand caregivers’ experiences and needs, and which communities are facing the most acute challenges.
Older workers, as well as younger workers with disabilities, are not only especially likely to be caregivers. They are also more likely than average to experience serious medical or health conditions – while also being an important part of our labor force. By 2030, one in four workers in the U.S. will be 55 or older, and an estimated six million people with disabilities are currently in the labor force. The right investments could not only help these workers keep and succeed in their jobs, but also make employment accessible to others who would like to work, and potentially help ease labor shortages without shortchanging workers.

But job conditions and job quality matter immensely, particularly with respect to who is able to continue working into their later years. More than one in three older women workers (37.7 percent), and just over half of older men workers (62.3 percent), hold jobs that are either physically demanding or have difficult work conditions. Older Black, Latino and Asian and Pacific Islander workers tend to be more likely than older white workers to work in such jobs. Many of these jobs, such as retail, janitorial and building cleaning, home health care and grounds maintenance, also tend to have low wages and few benefits. In other words, a significant share of older workers hold jobs that grow increasingly difficult to continue into older age – but that also leave them at a disadvantage when it comes to saving for retirement.
Physically Demanding Jobs | Difficult Working Conditions
---|---
**Men** | **Women** | **All**
White | 34.1% | 29.0% | 21.40%
Black | 43.6% | 35.0% | 23.90%
Latino | 53.8% | 47.5% | 29.10%
Asian/Pacific Islander | 43.9% | 41.5% | 18.90%


Paid medical leave and paid sick leave are essential to enabling older adults to maintain economic security in the event of illness or injury, and to continue working if they want to do so.\(^{26}\) In addition, older workers and workers with disabilities need robust enforcement of civil rights protections to address age- and disability-related discrimination. Improved health and safety standards, along with enforcement targeting high-risk occupations and industries, and empowering workers to collectively bargain and have a say in improving workplace safety, are also essential for the well-being of older workers.

Every person deserves to age with dignity and with care. Access to quality health care, meaningful retirement savings and other basic supports is critical – and so is the availability of caregivers to provide support when serious health needs arise. Without paid family and medical leave, flexible work schedules, and adequate investments in home- and community-based services, a significant share of older workers will continue to face increased financial and work strains that set them up for an insecure retirement. Their loved ones will struggle to find the care they need to live and age where they choose. And as the population ages – by 2030, one in four workers in the U.S. will be 55 or older – employers and our economy will struggle if the older workers do not receive the supports they need to stay in the labor force.\(^{27}\)

**Without Action, the Pandemic’s Long-Term Effects Will Be Long-Reaching**

The pandemic has been a once-in-a-century crisis in health and caregiving that continues to send shocks through our workplaces and economy. Workers of color and women make up large shares of those employed in frontline jobs – many of them low-wage – that have carried greater risk of exposure and potential infection. Increased exposure, compounded by adverse social determinants of health – unsafe working conditions, lack of access to health care, medical discrimination, racism in health care, even cramped living conditions caused by unaffordable housing – has meant that many of the same communities that faced preexisting health inequities have borne the highest caseloads and worst mortality from COVID-19.

The economic fallout of the pandemic was concentrated in the same communities that were most exposed to the virus itself. People of color, particularly women, were disproportionately employed
in industries hit hard by pandemic-related closures, layoffs and reduced hours. At the same time, they also faced increased demands for family caregiving. These factors, combined with longstanding economic vulnerabilities, combined to push millions into part-time work, out of jobs and even out of the workforce. Women of color felt the steepest employment losses and shifts to part-time work, and have been slowest to return to their pre-pandemic employment levels.


Much attention has understandably been paid to the impacts of pandemic caregiving on parents of young children, especially mothers. But older workers have also experienced notable declines in employment and labor force participation since 2019.

| Percentage Point Change in LFPR 2019-2021, by Age and Gender |
|------------------|--------|--------|--------|--------|
|      | 25-34 | 35-44 | 45-54 | 55+    |
| Men  | -1.45 | -1.20 | -0.88 | -2.05 |
| Women| -0.50 | -1.05 | -0.65 | -1.60 |

Source: Current Population Survey (Quarterly civilian labor force participation rate by age and gender, averaged over each year)

According to our analysis of U.S. Census Bureau’s Household Pulse Survey data, during the two weeks ending January 10, 2022, about 8.8 million adults were not working because they were either sick with or caring for a loved one with COVID-19, including about 2.9 million adults aged 45-64. More than half were women. This data provides a snapshot in time, but indicates the substantial impact health and caregiving needs continue to have on women even two years into the pandemic.

<table>
<thead>
<tr>
<th>Did Not Work in Past Week Due To COVID Illness or Caregiving</th>
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<tbody>
<tr>
<td>All</td>
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<tr>
<td>-----</td>
</tr>
<tr>
<td>All</td>
</tr>
<tr>
<td>Senior (55-64)</td>
</tr>
<tr>
<td>Older (45-54)</td>
</tr>
<tr>
<td>Prime-age (35-44)</td>
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<tr>
<td>Younger (25-34)</td>
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We do not yet know the full long-term impact that these pandemic-driven losses will have on economic outcomes for women and their families, but without timely, smart investments in job quality and economic security the effects are likely to be severe and to ripple through several generations. A younger woman leaving the workforce for five years to care for a child or other loved one will see her lifetime earnings reduced by about 19 percent, or approximately $540,000 over a career. On average, a woman 50 or older who leaves the workforce early for caregiving will lose an estimated $400,000 in lost income and retirement benefits. And neither of these figures account for additional pandemic-related effects. For older women workers hoping to retire
with dignity and security, and for their families, especially families of color, these are difficult losses to bear.

II. Income and Wealth Gaps Leave Retirement Security Out of Reach

Over a lifetime, employment inequities and our lack of support for caregivers lead to large gaps in retirement savings and other financial assets, as well as other forms of wealth such as housing equity. Common topline statistics such as average retirement savings can be deeply misleading because assets are increasingly concentrated among the wealthiest households, and can conceal deep and intersecting inequities related to race, gender and class. The wealthiest ten percent of households - which are nearly 90 percent white - hold more than three-quarters of all wealth in the United States, with a median net worth of more than $1.9 million. Among the bottom 20 percent, median net worth is just $9,300.³¹

Among households headed by mid-career and older workers, between the ages of 39 and 54, half have less than $32,000 in financial assets. Among Black households, half hold less than about $9,000; among Hispanic households, half hold less than $4,600.³² Forty-two percent of households headed by someone between the ages of 45 and 54 do not even have a retirement account.³³

Social Security remains the foundation of retirement security for these and all workers. But the structure of Social Security retirement benefits also echoes inequities that women and workers of color experience in their working years. Wage gaps mean that these workers tend to receive lower benefits, and time spent out of the workforce for caregiving undermines the ability of many workers, especially women, to earn credits toward retirement. And the growing problem of worker misclassification, including the advent of platform-based employment in driving, delivery and even health care, threatens to leave many workers – again, disproportionately workers of color³⁴ – outside the protection of this bedrock system.
Early retirement may be getting headlines, but it is simply not an option for many, particularly low-income workers and workers of color. In fact, a recent analysis published by the St. Louis Federal Reserve Bank found that the uptick in retirements since early 2020 has been mainly among workers who were already at retirement age – 65 and older – while the retirement rate among workers 55 to 64 has not risen significantly. Demographic trends hint at a complex story, likely one in which more-advantaged workers have greater choice about whether to retire or continue working, while less-advantaged workers either must keep working longer – or are forced to retire when work become impossible or age discrimination pushes them out of the labor force.35

III. Policy Supports for Older Women Workers Will Create a More Robust, Equitable Economy for All

Two years into the coronavirus pandemic, women’s labor force participation is lower than it was in 1991 when the Glass Ceiling Commission was formed to examine women’s stalled progress in the economy (the labor force participation rate stood at 56.8 percent as of January 2022, compared to 57.3 percent in January 1991).36 The current moment calls for a reset of our narratives and our policies to focus on a comprehensive set of strategies to improve employment opportunities and outcomes for older women workers.

Investing in the policies and supports that older women workers need will help them and their families thrive, and help our economy grow.
It is past time for the United States to invest in a robust care infrastructure that ensures a continuum of support across the lifespan, as was laid out in the House-passed Build Back Better Act.

- Enacting a comprehensive national paid family and medical leave program will improve gender and racial equity in caregiving and in workplaces, and will support the health and caregiving needs of all working people across their lifespans – including older women workers who are family caregivers.
- Investments in quality, affordable child care will help parents – especially mothers – enter and remain in the workforce while raising young children. Child care investments will also improve job quality for child care workers, who are overwhelmingly women and disproportionately women of color.
- Adequate funding for home- and community-based services will improve care quality and support dignity and self-determination for older adults and people with disabilities, as well as improving job quality for our largely-female care workforce and reducing costs for families.

Congress can take actions to improve job quality to raise incomes and improve economic security for working people and their families, in ways that advance gender and racial equity across our economy.

- Pass the Healthy Families Act to ensure that all workers are able to earn paid sick days, which will have significant public health as well as economic benefits.
- Pass the Raise the Wage Act to finally raise the federal minimum wage and phase out subminimum wages for tipped workers and workers with disabilities, which will disproportionately benefit women and Black and Latinx workers.
- Pass the Schedules That Work Act to improve the predictability and flexibility of workers in many low-wage occupations, better enabling them to manage health and caregiving needs and improving income stability.
- Pass the PRO Act to help more workers access the benefits of collective bargaining and have a voice in their workplaces.

Congress should act to strengthen and support robust enforcement of our labor and civil rights laws to ensure older women and workers of color are paid fairly, treated justly and have truly equal opportunities to advance in their jobs.

- Pass the Pregnant Workers Fairness Act to address persistent pregnancy discrimination that threatens the health and economic well-being of pregnant workers.
- Pass the Paycheck Fairness Act to prohibit employers from retaliating against employees who discuss their wages, close loopholes that make it easier for employers to rationalize discriminatory decisionmaking, and prohibit screening of job applicants based on their salary histories which holds down wages for women.
• Significantly increase funding for the Equal Employment Opportunity Commission, Department of Labor and Department of Justice to support increased enforcement of civil rights and employment discrimination laws, including increasing the number of corporate management reviews (often called “glass ceiling reviews”) conducted by the DOL-Office of Federal Contract Compliance Programs.

• Empower a commission or interagency working group to further investigate the factors holding back women in our economy, especially older women, develop a robust evidence base for future policy development, and recommend concrete action steps that should be taken in the short-term to improve employment opportunities for older women workers.


3 Ibid.

4 Ibid.

5 Ibid.


