



The Future of Care Work

Improving the Quality of America's
Fastest-Growing Jobs

About This Report

This report is the first in a series of three reports on gender equality and the future of work. Drawing on analysis of data from the U.S. Census Bureau, a literature review, and expert interviews, it focuses on the potential impact of changes in job distribution and the growth of paid adult care work on women's employment quality in the years to come. The report explores in particular the demographic characteristics of the paid adult care workforce, the implications of expected rapid growth in the need for paid adult care for women's employment and economic security, and new strategies that could improve the quality of care work jobs and reduce labor market inequalities. The other two reports in the series examine the implications of changing patterns of geographic job mobility in the future of work, and gender equality and hours worked. The report series was supported by the Google Foundation, with additional support from the Ford Foundation and the Annie E. Casey Foundation.

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The Future of Care Work: Improving the Quality of America's Fastest-Growing Jobs

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Executive Summary

Paid adult care work jobs are expected to increase substantially in the coming years, due to both an aging population and a comparatively low risk of automation for many of these jobs. These jobs, however, are among the lowest quality occupations in the U.S. labor market, with paid adult care workers facing low earnings, limited access to benefits, high rates of injury on the job, and scheduling unpredictability. Improving the quality of paid adult care work jobs is essential to ensuring high quality care and promoting the economic security and well-being of care workers, who are predominantly women, especially women of color. Strengthening the quality of paid care jobs, however, represents a significant challenge that would require increasing society's valuation of care work and raising wages in a persistently underfunded industry.

Researchers and advocates are exploring many strategies for improving the quality of paid care jobs, including unionizing care workers and developing career ladders, among others. In addition to these well-developed strategies, some are exploring how technological advancements might transform the paid care industry in both positive and negative ways—by opening up new opportunities for improving the quality of paid care jobs as well as potentially creating challenges to increasing job quality among the care workforce.

This report examines the potential impact of changes in job distribution and the growth of paid adult care work on women's employment quality in the future. It analyzes the paid adult care workforce focusing on three care occupations—home health care aides and personal care aides (jointly referred to as “home care aides” and certified nursing assistants (CNAs), who work in institutional settings such as nursing homes and hospitals. It then explores key markers of job quality, considers how the low quality of care jobs affects care recipients and workers, and examines the potential effects of technology on care jobs in the future. Drawing on a literature review, expert interviews, and analysis of data from the U.S. Census Bureau and National Health Interview Survey, the report outlines the findings below.

The Paid Adult Care Workforce is Mostly Women, Especially Women of Color, and Facing High Poverty Rates despite Increasing Education

- The need for paid adult care is rapidly increasing as the U.S. population ages, with the population growth expected to be especially large among adults aged 85 and older. This growth in the number of older Americans will increase the need for paid care work, especially for care provided in the home as older adults prefer to “age in place.”
- Women make up a large majority of paid adult care workers (88 percent of adult care workers in “home-based” or “home care” settings and 85 percent in institutional settings). Black women are overrepresented among adult care workers relative to their share of working adult women in both home care and institutional care settings; Hispanic women are overrepresented in home care settings. White women are underrepresented among workers in both home care and institutional care. Immigrant women also make up a large share of the paid adult care workforce, including 29 percent of women care

workers in home-based settings and 21 percent in institutional settings.

- About half of women paid adult care workers do have some college education or a college degree, and the share with college education increased since 2005. Poverty rates among the paid care workforce, however, remain high. In 2017, 52 percent of female adult care workers in home care settings were poor or near poor (with family incomes between 100 and 199 percent of the federal poverty line). More than four in ten who provide care in institutional settings lived in poverty or were near poor.
- Many paid adult care workers have family caregiving responsibilities in addition to the paid care work they do. Nearly one in three have dependent children, and 27 percent of those who provide home care and 19 percent who provide care in institutions have at least one adult in their household with care needs.

The Low Quality of Care Jobs Will Likely Perpetuate the Care Crisis

- Median annual earnings for paid adult care workers are well below the national average for working women and men. In 2017, median annual earnings for full-time, year-round women home care workers were \$23,500 (data are not available for men due to small sample size), compared with \$40,000 for all working women. Earnings are slightly higher for care workers in institutional settings (\$25,600 for women and \$29,000 for men). Black and White adult care workers have higher earnings than Hispanic care workers.
- Seventy-six percent of all women who provide adult care in home care settings earn less than \$15 an hour, compared with 41 percent of all working women. Care workers often lack clearly defined working hours and control over their schedules. Home care workers are particularly likely to have fewer than full-time hours.
- Only 13 percent of women adult care workers in home-based settings and 21 percent in institutional settings have a pension plan. More women care workers have employer-provided health insurance (24 percent in home care and 41 percent in institutional care), but these shares are much lower than for the working female population overall. Among male care workers, the percent having a pension plan and employer-provided health insurance is higher, but still lower than among the working male population as a whole.
- Only 53 percent of nursing, psychiatric, and home health aides have access to paid sick days, compared with 65 percent of all wage and salary workers.
- Care workers may encounter safety issues on the job, including harassment and assault at work. The work they perform is also physically taxing and can lead to injury on the job.

- The low wages and limited access to benefits of paid adult care workers leaves many struggling to build economic security and without the resources to pay for the training and education that might help them advance to better jobs, as well as cover the costs of their own care later in life. The poor quality of care jobs also leads to lower retention rates. Higher quality care jobs can both address labor market inequalities and help to ensure an adequate supply of workers to meet the need for long-term care.

How Technology May Affect the Quality and Availability of Care Jobs

- New forms of technology are shaping the nature of care work. While technology may substitute for certain types of care work, technological change will more likely complement rather than fully replace what care workers do. The comparatively low risk for the replacement of care jobs, combined with the potential increase in the demand for care as the population ages, points to the need to improve the quality of these jobs.
- The technological potential to replace jobs is particularly high in many other, better-paid, large occupations for women without a four-year college degree. If the number of care jobs increases (and these jobs continue to be of poor quality) while other higher-paying, female-dominated jobs disappear, the disparities between their earnings and men's will likely grow. These disparities may especially affect Black, Hispanic, and immigrant women, who disproportionately work in care jobs.

Improving the Quality of Care Jobs for the Future of Work

- Multiple strategies are needed to improve the quality of paid adult care work, including organizing care workers, developing career ladders, and offering quality apprenticeship programs that provide care workers with additional training and skills. Technological innovation, as a part of these broader strategies, can enhance job quality for care workers. Yet, the effects of technology on the care industry are mixed. Technological advances may also undermine efforts to improve job quality and increase labor market inequalities.
- Technology can open up opportunities for adult care workers with limited literacy or English language skills to upgrade their skills and education. It can also make it easier for workers to complete training at whatever time suits them, though finding the time for training can still be hard, particularly for those with caregiving responsibilities.
- Technology provides new channels for mobilizing paid care workers and increasing awareness among policymakers of the need for intervention at the local and state levels.
- Technology may also provide ways to create portable benefits systems that increase paid care workers' access to employment benefits.

- Technology provides care workers with new ways to obtain work, including through online platforms. While these platforms can offer an effective way to match employees with employers, they also tend to provide jobs with low wages and limited benefits and can marginalize the traditional workforce by requiring social media access and skills.
- Technology provides tools that may help prevent and address the harassment of paid care workers. It may also provide a resource to educate employers about their responsibilities for ensuring harassment-free workplaces and help workers understand their rights and think about how they would respond in an uncomfortable situation with a client.

Recommendations

Some recommendations to improve job quality for paid adult care workers in the future include:

- ***Improving public investment in the care of older and disabled adults.*** Increasing investment in care facilities and in caregiving for adults within homes, as well as increasing Medicaid reimbursement rates and providing a mechanism to ensure that workers experience higher wages as a result, will make it easier for those with caregiving responsibilities to stay in the paid workforce and improve their working conditions.
- ***Implementing policies to improve care workers' wages at both the federal and state levels.*** Raising the minimum wage would improve economic security among care workers, particularly women of color, who are disproportionately represented in this field. In addition, ensuring that care workers receive overtime pay and pay for shifts that are cancelled at the last minute due to emergencies would increase economic security.
- ***Improving access to education, training, and career ladders.*** Career and technical education providers can offer training opportunities that are affordable and fit the scheduling needs of care workers who are parents. They can also explore how digital technologies might improve access to training and education for care workers. In addition, career ladders—training that prepares workers to provide a higher level of care for clients and, in turn, earn increased wages—can leverage workers' contributions and ultimately increase retention.
- ***Increasing safety from harassment for paid adult care workers.*** Most state and federal antidiscrimination laws do not cover independent contractors and employees of businesses with fewer than 15 employees. Amending these laws would ensure that paid care workers have protections from harassment and discrimination under the law. Online platforms can also ensure that their policies and procedures provide care workers with a way to turn down a potentially unsafe job with no penalties, offer guidelines on how to report harassment, and effectively monitor communications between workers and clients.

- ***Exploring how technology can help with organizing care workers and policy development.*** Digital organizing tools may provide a way to reach a larger number of care workers and gather information from them that can support efforts to promote change for this workforce.

Introduction

The demand for paid adult care work, an occupation that primarily employs women, is expected to substantially increase in the coming years. Due to an aging population and a comparatively low risk of automation, this work may be among the more readily available employment options for women in the future. Yet, adult care work jobs are among the lowest quality occupations in the labor market, posing growing challenges for both the providers and recipients of care.

Improving the quality of paid adult care jobs is essential to promoting well-being among care workers (who are almost exclusively women, especially women of color) and care recipients (a majority of whom are also women). Poor quality care jobs can lead to low retention rates among caregivers that prevent care workers and those receiving care from establishing consistent, long-term relationships. In addition, low wages, limited benefits, and scheduling unpredictability often leaves care workers unable to make ends meet and without resources to provide for their own care at older ages. In the coming years, strengthening the quality of paid adult care jobs will be especially important for women as the need for this care grows and technological changes potentially eliminate some higher-paying jobs in which many women now work.

Enhancing the quality of paid care jobs, however, represents a significant challenge, for many reasons. For example, improving care jobs would require addressing the tendency within society to devalue care work by seeing it as “women’s work” and therefore not worthy of the same monetary rewards as similarly-skilled jobs typically held by men. It would also entail increasing public investment in this work to raise wages and access to benefits in an underfunded industry.

Researchers and advocates have explored many strategies for improving the quality of care jobs. Among others, these strategies include unionizing care workers, providing career ladders, using community-based organizations to organize workers and help improve their working conditions, and initiating grassroots efforts to implement policy change and provide care workers with better labor protections. For example, in July 2019 the National Domestic Workers Bill of Rights, supported by the National Domestic Workers Alliance, was introduced in Congress (nine states and the city of Seattle had already passed similar bills; National Domestic Workers Alliance 2019). If passed, the bill would grant domestic workers—including house cleaners, nannies, and home care workers—labor protections under federal law, including against workplace harassment and discrimination. It would also guarantee privacy, meal breaks, and overtime pay.¹

In addition to these well-developed strategies for improving the quality of care jobs, technological advances may continue to affect the paid care industry. The use of digital technologies in paid care work is increasing rapidly; while the potential for technological advancement to improve the quality of care jobs is likely far more limited than more established approaches such as unionization or the development of career ladders, technology may have some positive effects on job quality in the care industry, particularly where the design and implementation of technological solutions build on workers’ voice and input. These effects may include, for example, providing tools for increasing workers’ safety on the job and access to

¹ See the full text of the bill at <https://www.govtrack.us/congress/bills/116/s2112>.

employment benefits, adding new channels for education and training, decreasing the risk of physical injury on the job, and enhancing responsibilities and the role of care workers as part of medical teams, among others.

This report examines the potential impact of disproportionate growth of paid adult care work on women's employment quality in the future. It examines the questions:

- What are the demographic characteristics of the workers who provide paid adult care, and what may help them take advantage of future training opportunities?
- What are the implications of the disproportionate growth of paid adult care jobs for women? What impact will this growth have, especially for women of color and immigrant women, in the absence of significant job quality improvements? Will gender and racial earnings gaps increase?
- Given the job quality issues that paid care workers face, what new strategies could emerge in discussions about the future of work to improve women's employment opportunities and reduce labor market inequalities? How might public policy and program changes enhance the quality of care jobs and open up better opportunities in this sector?
- What is the potential impact of new technologies in the care industry? How might technological changes threaten to exacerbate job quality issues among the care workforce, and how might they offer opportunities to improve the quality of these jobs?

The report addresses these questions through a literature review; analysis of U.S. Census Bureau data on the economic, employment, and demographic characteristics of the care work force; and six interviews with experts on the future of work. It focuses on three care occupations: home health care aides and personal care aides (jointly referred to as "home care aides") who primarily work in the client's home, and certified nursing assistants (CNAs), who work in institutional settings such as nursing homes and hospitals. While the responsibilities and skill requirements of these occupations differ somewhat,² they have in common that they are typically low paid, provide few benefits, and employ almost exclusively women and a high share of women of color. They are also projected to add a large number of jobs in the coming years. The report starts with an analysis of the growing need for care.

² Home health aides and personal care aides help clients in their homes with activities of daily living (ADLs), such as bathing and dressing, and instrumental activities of daily living (IADLs), such as cooking and shopping. They face different training requirements: home health aides are required by federal law to complete 75 hours of training; 18 states require additional hours (PHI 2018a). Personal care aides face no federal training requirements; states, however, can set their own requirements, with seven requiring no training at all (PHI 2018b). Certified nursing assistants (CNAs) care for clients in institutional settings and provide medical services in addition to helping with ADLs and IADLs. Like home health aides, they are required by federal law to have 75 hours of training; states are more likely, however, to require CNAs than home health aides to have additional training (Osterman 2017).

The Increasing Need for Paid Adult Care in the United States

Nearly 4.4 million individuals in the United States are employed as direct care workers for adults, including as personal care aides and nursing, psychiatric, and home health aides (Institute for Women’s Policy Research 2018). The demand for their services is expected to grow rapidly as the U.S. population ages. As Mather, Jacobsen, and Pollard (2015) note, the number of Americans aged 65 and older is projected to more than double between 2015 and 2060, from 46 million to 98 million. Population growth is expected to be especially rapid among adults aged 85 and older, rising from 6 million in 2015 to 20 million in 2060.

This growth in the number of older Americans will increase the need for paid care work. Employment projections from the Bureau of Labor Statistics (BLS) indicate that care jobs will be one of the fastest-growing occupations in the next few years. Between 2016 and 2026, the BLS (2018a) projects a 41 percent growth in employment for home health aides and personal care aides, compared with an average of 7 percent growth for all occupations. Home health aides and personal care aides are the third and fourth fastest growing occupations (U.S. Department of Labor 2019a).

Paid care work has become increasingly important as key changes have occurred in both the structure of family life and the workforce, including a decline in marriage rates (Parker and Stepler 2017) and an increase in women’s labor force participation (Hess et al. 2015). With their increase in work outside the home, women—who traditionally have been the primary care providers in families—are less able to meet the care needs of relatives on their own. These care needs are often intensive: one study, for example, estimates that the number of Americans with Alzheimer’s disease and related dementias will nearly triple between 2015 and 2060, from around 5 million to close to 14 million people (Matthews et al. 2018).

While both older women and men have care needs, women are more likely than men to require paid care at older ages (Centers for Disease Control and Prevention n.d.). This is due partly to their greater tendency to develop chronic health conditions that require care, their lower likelihood of living with others who can care for them (Robinson 2007), and their longer life expectancy than men (Arias, Xu, and Kochanek 2019).

While both older women and men have care needs, women are more likely than men to require paid care at older ages.

Demographics of Paid Adult Care Workers

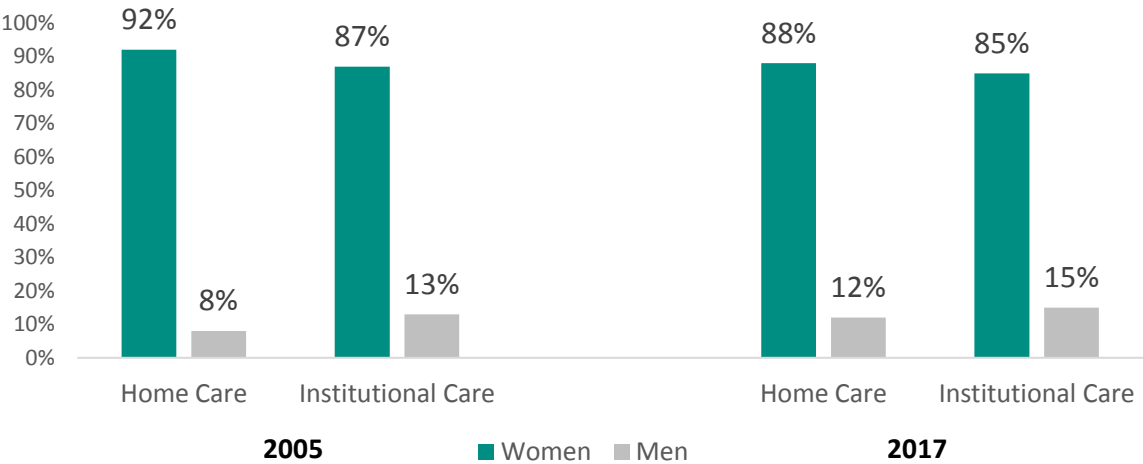
Paid adult caregivers are primarily women (especially women of color), disproportionately poor, and often responsible for caring for family members. Many do not have a college education, although the share of paid adult care workers with a college degree has increased since 2005. Despite this increase in education, poverty rates among this workforce remain high, with a substantial share living below or near the federal poverty line.

Women Are the Large Majority of the Paid Adult Care Workforce

Women make up not only the majority of care recipients, but also a large share of paid adult care workers. In 2017, women were 88 percent of adult care workers (including CNAs, home health aides, and personal care aides) in home-based settings and 85 percent in institutional settings (Figure 1). Among women adult care workers, many are older: 64 percent of those who provide home-based care (or “home care”) and 50 percent who provide institutional care are aged 40 or older (Table 1).³

Although women constitute the vast majority of paid adult care workers, the share of men in these occupations has grown over the last dozen years. While in 2017 men were 12 percent of adult care workers in home-based settings and 15 percent of those providing care in institutions (Table 1), their share of these workers was just 8 percent of workers in home care and 13 percent of workers in institutional care in 2005 (Hartmann et al. 2018).

Figure 1. Share of Care Workers by Gender and Type of Care Work, 2005 and 2017



Source: IWPR analysis of 2017 American Community Survey microdata (Ruggles et al. 2018) and Hartmann et al. 2018.

³ The paid care workforce includes 1,709,448 workers in home-based settings (1,502,271 women and 207,177 men) and 2,660,899 workers in institutional care (2,253,324 women and 407,575 men).

Among women paid adult care workers, many are older: 64 percent of those who provide home care and 50 percent who provide institutional care are aged 40 or older.

The representation of women among the paid care workforce varies by race and ethnicity (Table 1). Black women are overrepresented, constituting 28 percent of women home care workers and 29 percent of women workers in institutions while making up 13 percent of the working female population in the nation. Hispanic women are also overrepresented among home care workers relative to their share of the overall population of working women. White women, in contrast, are underrepresented in home-based and institutional care relative to their share of women in the workforce. The level of representation of Asian/Pacific Islander women and women who identify with another race or as multiracial is similar to their shares of working adult women (Table 1).

Immigrant women make up a large share of the care workforce, including 29 percent of women care workers in home-based settings and 21 percent in institutional settings (Table 1).⁴ A majority of immigrant women paid adult care workers are naturalized citizens, though a substantial share are not U.S. citizens. Those who are not citizens may include both immigrant workers with legal status and those who are undocumented. In the United States, the immigration system allows few legal pathways for care workers, who are unlikely to qualify for any of the multiple types of employment visas that are available (Hess and Henrici 2013).

Black women are overrepresented in the paid care workforce, constituting 28 percent of women home care workers and 29 percent of women workers in institutions while making up 13 percent of the working female population in the nation. Hispanic women are also overrepresented.

About Half of Women Care Workers Do Not Have Any College Education

About half of women adult care workers do not have any college education or a college degree. Fifty-six percent who provide home care and 46 percent who provide adult care in institutions have a high school diploma or less as their highest level of education (Table 1). A smaller share of male care workers have a high school diploma or less (49 percent in home care and 38 percent in institutional care; Table 1). The share of paid adult care workers with some college education or a college degree, however, has increased since 2005 (Hartmann et al. 2018).

⁴ These estimates may be somewhat lower than the actual share of immigrants in the paid adult care workforce, since the survey data likely undercount the undocumented immigrant population. See Passel 2019.

Table 1. Characteristics of Paid Adult Care Workers in the United States, 2017

Women				Men			
	Adult Care, Home	Adult Care, Institution	U.S. Workforce		Adult Care, Home	Adult Care, Institution	U.S. Workforce
Age				Age			
< 25	9%	17%	14%	< 25	16%	19%	13%
25-39	26%	33%	33%	25-39	31%	35%	34%
40-54	31%	26%	31%	40-54	26%	23%	31%
55-69	28%	21%	20%	55-69	24%	20%	20%
70+	5%	3%	2%	70+	4%	3%	2%
Race/Ethnicity				Race/Ethnicity			
White	39%	47%	62%	White	40%	46%	63%
Black	28%	29%	13%	Black	25%	26%	10%
Asian/Pacific Islander	7%	5%	6%	Asian/Pacific Islander	12%	10%	6%
Hispanic	22%	15%	16%	Hispanic	19%	15%	18%
Other/Mixed	4%	3%	3%	Other/Mixed	4%	3%	3%
Nativity and Citizenship				Nativity and Citizenship			
US Born	70%	79%	84%	US Born	74%	79%	82%
Naturalized Citizen	16%	13%	9%	Naturalized Citizen	14%	13%	8%
Not a Citizen	13%	8%	7%	Not a Citizen	12%	8%	10%
Educational Attainment				Educational Attainment			
Less than High School Diploma	20%	11%	7%	Less than High School Diploma	16%	9%	11%
High School Diploma or GED	36%	35%	22%	High School Diploma or GED	33%	29%	27%
Some College or Associates Degree	35%	44%	34%	Some College or Associates Degree	36%	42%	30%
Bachelors and Higher	9%	10%	37%	Bachelors and Higher	15%	19%	32%
Poverty Status				Poverty Status			
Poverty (< 100%)	23%	17%	7%	Poverty (< 100%)	17%	12%	5%
Near Poor (100-199%)	29%	27%	14%	Near Poor (100-199%)	29%	24%	13%
200% of Poverty and Above	48%	56%	78%	200% of Poverty and Above	55%	64%	82%

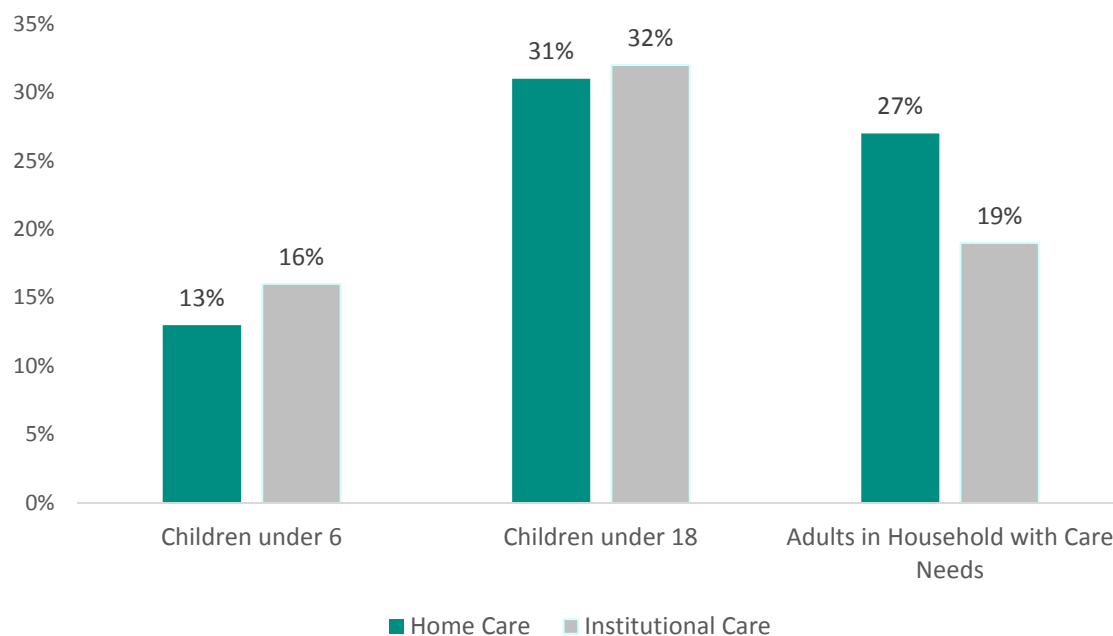
Notes: Workers aged 16 and older. Racial categories are non-Hispanic. U.S.-born includes born abroad to American parents. Those employed in home health care services or individual and family care services are considered home adult care workers. Others are considered institutional or center-based adult care workers.

Source: IWPR analysis of 2017 American Community Survey microdata (Ruggles et al. 2018).

Many Paid Care Workers Have Family Caregiving Responsibilities

In addition to the paid care work they do, many care workers have family caregiving responsibilities. As Figure 2 shows, nearly one in three adult care workers have dependent children. Twenty-seven percent of those who provide home care and 19 percent who provide care in institutions have at least one adult in their household with care needs.

Figure 2. Percent of Paid Adult Care Workers with Family Caregiving Responsibilities, 2017



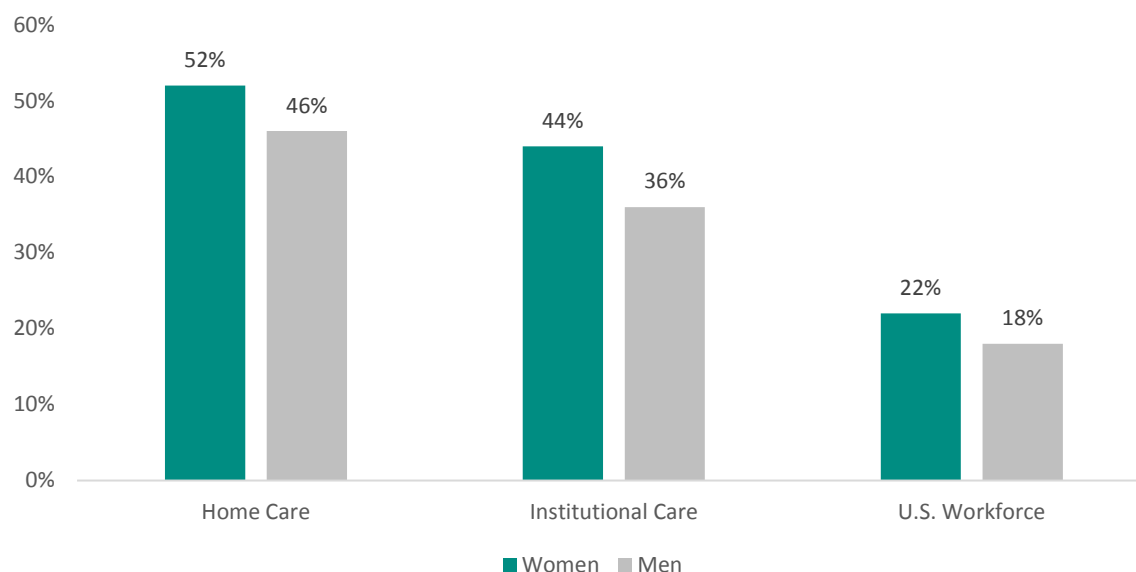
Note: Children under 18 includes children under six.

Source: IWPR analysis of 2017 American Community Survey microdata (Ruggles et al. 2018).

Poverty Rates among Paid Adult Care Workers are High

Although education among paid adult care workers has increased since 2005, their poverty rates remain high. Fifty-two percent of female care workers in home care live in poverty or are “near poor” (meaning they have family incomes between 100 and 199 percent of the federal poverty threshold). More than four in ten who work in institutional settings live in poverty or are near poor. The rates are slightly lower for men in these settings but still quite high (46 and 36 percent, respectively). Nationally, 21 percent of working women and 18 percent of working men are poor or near poor (Table 1 and Figure 3).

Figure 3. Percent of Paid Adult Care Workers Who Are Poor or Near Poor by Gender, 2017



Note: “Near poor” adults include those with family incomes between 100 and 199 percent of the federal poverty line.

Source: IWPR analysis of 2017 American Community Survey microdata (Ruggles et al. 2018).

Quality of Care Jobs

As the high poverty rates among paid adult care workers indicate, job quality remains persistently low in this sector. This is due to the often part-time nature of these jobs, the nature of care workers’ employment relationships (many work as independent contractors rather than employees), limited public investment in paid care work, and societal devaluation of this work. The low quality of these jobs will have significant implications for women’s economic well-being in the years to come as the need for care increases and potentially more women (and men) enter this industry.

Paid Care Workers’ Earnings Are Well Below the National Average for All Workers

In the United States, median annual earnings for full-time, year-round workers providing adult home care are \$23,500 for women workers (data are not available for men due to small sample size; Table 2). Earnings are slightly higher for care workers in institutions (\$25,600 for women and \$29,000 for men). These earnings are considerably below median annual earnings for women and men across all occupations (\$40,000 and \$50,000, respectively; IWPR 2019a). Among the largest racial and ethnic groups, Black and White adult care workers have higher earnings than Hispanic care workers.⁵ Seventy-six percent of all women who provide adult care in home-based settings and 69 percent of those who provide care in institutional settings earn

⁵ Sample sizes were too small to analyze the data by gender and race/ethnicity.

less than \$15 an hour (Figure 4). In addition to these low wages, paid care workers are also vulnerable to pay violations such as forcing workers to work during unpaid breaks and not paying time-and-a-half for overtime hours worked (Bernhardt et al. 2009).⁶

Table 2. Median Annual Earnings for Full-Time, Year-Round Care Workers, 2017

	Home Care	Institutional Care
Gender		
Women	\$23,500	\$25,600
Men	N/A	\$29,000
Race/Ethnicity		
Black	\$25,000	\$27,000
Hispanic	\$21,100	\$25,000
White	\$24,000	\$25,500
All Other	\$24,100	\$29,000
Nativity		
U.S.-born	\$23,000	\$25,000
Naturalized citizen	\$25,000	\$30,000
Not a citizen	\$24,000	\$25,000

Notes: Workers aged 16 and older.

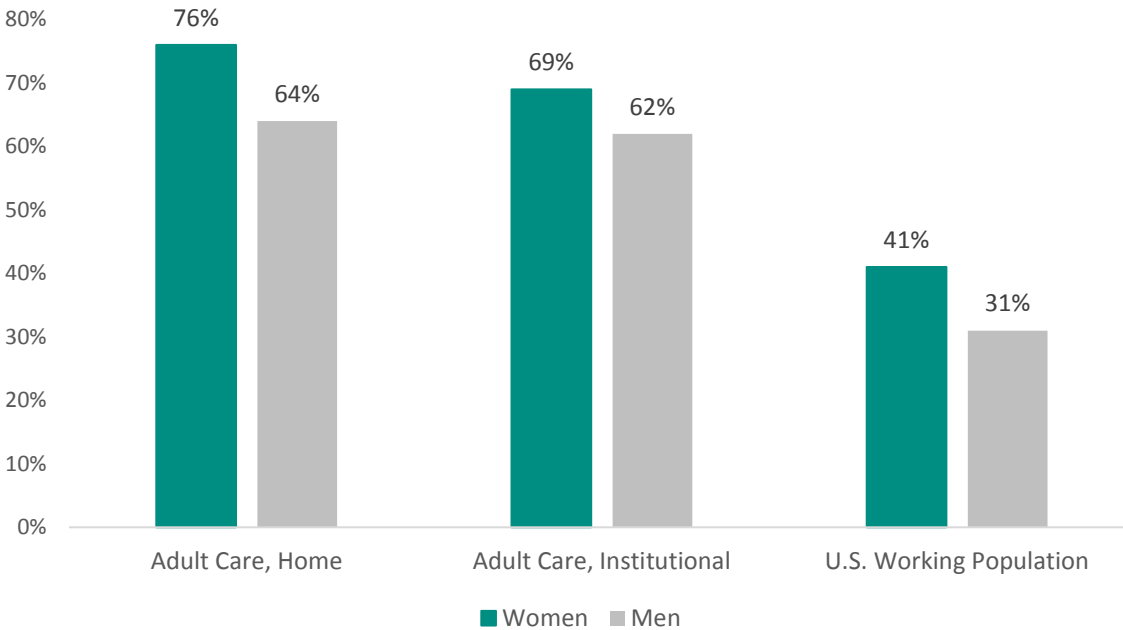
Source: IWPR analysis of 2017 American Community Survey microdata (Ruggles et al. 2018).

Low wages among the paid care workforce stem from multiple factors (Hess 2013), including limited public funding. In the United States, workers provide paid care through what Appelbaum and Leana (2011) call a “mixed economy,” in which care workers operate in either the government or the voluntary or private sector, and the cost of this care is covered by a combination of publicly-funded support and individual contributions. Because public funding for paid care work remains persistently insufficient, care workers continue to earn very low wages, even as many care recipients struggle to afford the cost of their care.⁷

⁶ The study does not say what share of home health care workers reported working overtime hours.

⁷ Medicaid pays for the care of those who qualify based on need or disability and Medicare or health insurance may also contribute, but those who need long-term care can still incur substantial costs (Osterman 2017).

Figure 4. Percent of Paid Adult Care Workers with Wages Less Than \$15 per Hour



Note: Workers aged 16 and older. Those employed in home health care services or individual and family care services are considered home adult care workers.

Source: IWPR analysis of Current Population Survey microdata (Flood et al. 2018).

The predominance of women in the care industry and the nature of care work itself also contribute to the low wages of paid care workers (e.g., England, Budig, and Folbre 2002). As Howes, Leana, and Smith (2012) observe, care work blurs the line between formal and informal labor. Because care workers perform services that traditionally women have performed in the home for free, they are often not seen as workers who make a significant contribution to the economy and deserve decent compensation (Andolan et al. 2010). In addition, paid care work seems to some like an extension of work that women are “naturally” well-suited to perform. Because this work relies on qualities such as empathy, patience, and the ability to establish an emotional bond—qualities that women are often assumed to have acquired naturally rather than through rigorous training—it is seen as different from other paid labor and undeserving of the same monetary rewards (England, Budig, and Folbre 2002; Himmelweit 1999).

Because public funding for paid care work remains persistently insufficient, care workers continue to earn very low wages, even as many care recipients struggle to afford the cost of their care.

Paid Care Workers Have Limited Access to Employment Benefits

Employment benefits are essential to workers’ economic security and ability to accumulate assets over time. Very few care workers have access to an employer-provided pension plan or health insurance. Only 13 percent of women care workers in home-based settings and 21 percent of women providing care in institutional settings have a pension plan. A higher share of women adult care workers have employer-provided health insurance (24 percent of those working in home-based care and 41 percent providing institutional care), but these shares are considerably lower than for the working female population overall. Among male adult care workers, the percent having access to a pension plan and health insurance is higher than among female care workers, but still lower than among the working male population as a whole (Table 3).

Table 3. Percent of Paid Adult Care Workers with Access to a Pension Plan and Employer-Provided Health Insurance, by Gender and Type of Care Setting

	Access to Pension Plan		Employer-Provided Health Insurance	
	Women	Men	Women	Men
Adult Care, Home	13%	14%	24%	32%
Adult Care, Institutions	21%	28%	41%	49%
U.S. Workforce	34%	34%	50%	55%

Note: Workers aged 16 and older. Those employed in home health care services or individual and family care services are considered home-based adult care workers.

Source: IWPR analysis of Current Population Survey microdata (Flood et al. 2018).

Paid care workers also have limited access to paid family and medical leave and paid sick days. In the United States, federal law does not guarantee paid family and medical leave or cover paid leave for very short periods of illness. As of August 2019, 50 localities in the nation had passed paid sick leave legislation and 7 had passed paid family and medical leave legislation (Family Values at Work 2019), but many workers in these jurisdictions are not covered under these laws. According to IWPR analysis of data from the National Health Interview Survey (IWPR 2019b),⁸ only 53 percent of nursing, psychiatric, and home health aides have access to paid sick days, compared with 65 percent of all wage and salary workers.⁹ Without paid leave or paid sick days, many workers find it difficult to fulfill the demands of their jobs while meeting their own health needs or those of their family. In addition, research indicates that paid leave may benefit the care industry as a whole; one study of California’s paid family leave program found that it reduced nursing home usage (Arora and Wolf 2018), which could save money spent on institutional care, although these gains must be weighed against possible cost increases such as additional nonfinancial caregiving burden on informal caregivers (Miller, Allen, and Mor 2009) and an increase in the use of home care services (Arona and Wolf 2018).

⁸ Data available at <https://www.cdc.gov/nchs/nhis/data-questionnaires-documentation.htm>.

⁹ Data include adults employed in private and government jobs (excludes those who are self-employed and unpaid family workers).

Often, care workers are employed part-time in jobs that do not come with benefits, leading them to take on a second job to make ends meet...home care workers may have several different employers, leaving them without sufficient hours with any one employer to receive benefits.

The high-level of part-time employment among paid adult care workers exacerbates their lack of access to employment benefits. Forty percent of home care workers and 24 percent of nursing care assistants regularly work fewer than 35 hours per week (Campbell 2018b). Part-time work is not necessarily by choice (Christman and Connolly 2017). In the United States, benefits such as health care insurance, pensions, and paid time-off are more readily offered to full-time than part-time workers (Society for Human Resource Management 2011; U.S. Department of Labor 2018b; Van Giezen 2012). In addition, home care workers may have several different employers (they may work for more than one agency, or work both for an agency and be hired directly by consumers), leaving them without sufficient hours with any one employer to receive benefits. Christman and Connolly also note that home care agencies¹⁰ often classify the care workers they employ as “independent contractors” rather than employees, a mislabeling that exonerates them from the responsibility of providing employment benefits.

Recently, some individuals have suggested implementing a social insurance program for universal family care that would provide workers with access to paid family and medical leave, along with early child care and education and long-term family services and supports, through one integrated care insurance fund. States or the federal government could adopt such a program through different approaches that would allow individuals to contribute to a care insurance fund out of their earnings, from their first job on, and receive paid family and medical leave, early child care and education, and long-term services and supports when they need them. Such an approach would have the advantage of allowing individuals to spread the cost of care out over their lifespan, making it easier for those needing long-term care at older ages to “age in place” and avoid or delay moving to an institutional setting (Veghte et al. 2019).

Care Workers Often Lack Clearly Defined Working Hours and Control Over their Schedules

Clearly defined working hours and control over one’s schedule are critical to helping workers balance the multiple dimensions of their lives. While some care workers have regular working hours, others do not (Sims-Gould et al. 2013). In addition, Clawson and Gerstel (2014) show that CNAs have much less leeway in cases of family emergencies or care needs than other health care professionals, such as nurses and doctors. This can make it difficult to accommodate child care and other family needs (Ashley, Butler, and Fischwick 2010; Golden 2015; Vogtman and Schulman 2016). Several states and localities recently passed laws providing greater schedule predictability to workers; while scheduling regulations in Vermont and San Francisco include domestic care workers, in other localities they are excluded (Wolfe, Jones, and Cooper 2018).

¹⁰ This misclassification can also happen for care workers hired through private registries, such as online platforms.

Care Workers are Vulnerable to Harassment and Abuse

Care workers have a high likelihood of facing harassment and assault at work. One survey of more than 1,200 home care workers in Oregon found that 50 percent experienced workplace aggression, such as being yelled or sworn at, and 26 percent experienced sexual harassment (Hanson et al. 2015). Another survey of more than 1,200 home health aides found that in the 12 months prior to the survey, 7 percent experienced physical violence on the job and 20 percent experienced verbal abuse (Quinn et al. 2016). A smaller survey of 206 home care aides found that 22 percent reported at least one incident of verbal abuse in the 12 months before the survey; the factors most strongly associated with this abuse were having clients with dementia, homes with too little space for the aide to work, and unpredictable work hours (Karlsson et al. 2019). The nature of the work that paid care workers perform—which is often carried out in the client’s home and involves assisting with intimate tasks such as bathing and dressing—increases their vulnerability to harassment and abuse. Immigrant care workers who lack legal documentation, particularly those who work in private homes, may be especially at risk (Chang 2000; Hondagneu-Sotelo 2001; Ruíz Ruelas and Castañeda 2011).

While only a few studies provide data on the harassment experiences of paid care workers, multiple news articles have publicized stories of workers who have experienced harassment from clients and the challenges they face in dealing with it (e.g., *Dame Magazine* 2018; *Huffington Post* 2018). Some workers who care for clients in their homes and experience harassment report it to their supervisors, only to have their complaints swept under the rug. In other situations, care workers feel that to ensure their safety they must leave the client’s home, but doing so could cost them their job (*Dame Magazine* 2018; *Huffington Post* 2018).

The protections against sexual harassment offered by Title VII of the 1964 Civil Rights Act, which is enforced by the EEOC, only apply to workers whose employers have at least 15 employees, leaving out many care workers (EEOC n.d.). The law also does not cover independent contractors, as many paid care workers are classified. While states and localities can enact their own anti-discrimination legislation, only a few have taken steps to ensure that all workers are protected from workplace harassment (Raghu and Suriani 2017). The recently introduced National Domestic Workers Bill of Rights, however, would extend civil rights protections to domestic workers, which could help improve circumstances for care workers, especially if the passage of the bill were followed by strong organizing efforts to help workers understand how to report complaints and to know more about what their rights are.

Care Workers May Experience Injury on the Job

Care work is physically taxing labor that can lead to injury on the job. A survey of more than 600 domestic workers in California found that nearly 40 percent reported having sustained a work-related injury in the previous 12 months, yet 68 percent of female domestic care workers did not have access to health insurance (Theodore, Gutelius, and Burnham 2013). According to PHI, nursing assistants, who face an increased risk for injury because they assist multiple clients on the same day, are more than three times as likely to be injured on the job as the typical U.S. worker (Campbell 2018a). Home health care aides and personal care aides also have a higher

than average rate of work-related injuries. Such injuries affect not only the worker's health and well-being but also their ability to provide the best care for clients (Campbell 2018a).

The Impact of Low Quality Care Work Jobs: Perpetuating the Care Crisis in the Future of Work

The low quality of care work jobs creates problems for care workers, recipients, and the care industry as a whole. It leaves care workers struggling to obtain economic security and potentially without resources to pay for the education and training that might help them advance to better jobs, as well as pay for their own care later in life. The risks to health and safety, unreliable scheduling, and absence of paid leave are also closely linked to economic insecurity for care workers and their families.

In addition, while many care workers are devoted to their jobs and gain meaning from their work (Clare 2005), the poor quality of jobs has led to low retention rates that make it difficult for care workers and recipients to establish long-term, consistent relationships (Osterman 2017). A 2017 survey of caregivers working for nearly 700 private duty home care companies across the country found that 82 percent quit or were fired from their jobs in the previous year, a 15 percent increase over the previous year (*Home Health Care News* 2019). As Osterman notes (2017), turnover among the care workforce does not necessarily represent a desire to leave the field or lack of commitment to the job. Rather, it results partly from home care aides seeking new employers within the field who provide better pay and working conditions. In addition, “contingency factors,” such as inconsistent child care, transportation problems, or family or health issues, can put workers in a position where they need to leave their job (Dill, Morgan, and Marshall 2012). These factors point to the importance of a strong social safety net for reducing turnover among paid adult care workers and ensuring the availability of high quality care.

The low quality of care work jobs leaves care workers...without resources to pay for the education and training that might help them advance to better jobs, as well as for their own care later in life.

Higher quality care jobs can not only address labor market inequalities but also help to ensure an adequate supply of workers to meet the need for long-term care. The dramatic increase in the older population that will substantially increase the demand for care may lead to a shortage of paid care workers unless care jobs become more attractive. According to one estimate—which the author describes as conservative—if care work jobs do not become more appealing, by the year 2030 the nation will face a shortfall of hundreds of thousands of paid direct care workers (as well as a shortage of several million unpaid family members; Osterman 2017). By 2040, these shortages will substantially increase. Since, as noted above, women predominate not only as care

workers but also as care recipients and family caregivers, this shortage will especially affect them.

The Potential Effects of Technology on the Quality and Availability of Care Jobs

Recent discussions about the future of work have asked not only how growth in the older population will affect the paid care industry and women's employment quality in the future, but also how automation and technology might shape the nature of care jobs and their quality and availability in the coming years. Will automation and technological advances replace, at least to some extent, the need for paid care work? Will these shifts require care workers to learn new skills or acquire different training? How might any shifts created by technological change improve, or worsen, the quality of care jobs?

Technological Changes are Transforming How Care Work is Done

In recent years, new forms of technology have begun to transform how care work is done in important ways. For example, monitoring technologies such as fall detectors and emergency response systems are more frequently used by family caregivers and medical providers to alert caregivers of potential problems and to enable families or medical personnel to track clients' health from a distance (Bala 2017). Smart watches and other wearable devices monitor vital signs and transmit data to practitioners, and telemedicine enables practitioners to hold video visits with patients.

As several researchers note, there is also growing interest in robotics for elder care, suggesting that while robots are not widely used now they may provide more care for older Americans in the coming years (Bedaf, Gelderblom, and De Witte 2015), including social interaction and emotional care (Olaronke, Ojerinde, and Ikono 2017). One study of a day service center for elderly patients found that patients' interaction with a seal robot improved their mood and reduced burnout among the nursing staff caring for them (Wada et al. 2004). At the same time, the costs of developing robots and skepticism about their suitability for many care work tasks mean that they are not expected to be widely used any time soon (Conti et al. 2017).

Technology Will Likely Complement, Rather than Replace, the Need for Care Workers

The technological advancements that are shaping the nature of care work now raise the question: To what extent will automation and technology replace the need for care workers? One study that assessed the probability of automation of the largest occupations for women and men found it to be extremely low among registered nurses and fairly low among nursing, psychiatric, and home health aides. Among personal care aides the probability of automation was comparatively high within a 10 to 15 year horizon, but still lower than for some other common occupations for women, including cashiers, receptionists, and retail salespersons (Frey and Osborne 2013). The lower probability of automation for care work than these other occupations is, in part, because

many aspects of this work, particularly the soft skills it requires, cannot be easily done without a human presence.

Some researchers maintain that while new technology may substitute for certain types of care work, these changes will more likely complement rather than fully replace what care workers do (Jacobs 2018). Moreover, rather than reducing the need for home care aides, technology could actually result in more work for them by facilitating aging in place (Jacobs 2018). The ability to monitor a client's health remotely, for example, makes it less likely that those who need care will move to an institutional setting and more likely that they will rely on medically-trained home care workers and family care givers. This comparatively low risk of the replacement of paid care jobs through technology, combined with the potential increase in the demand for paid care as the population ages, further underscores the need to improve the quality of these jobs.

This comparatively low risk of the replacement of care jobs through technology, combined with the potential increase in the demand for care as the population ages, points to the need to improve the quality of these jobs.

Technological Advances May Decrease the Availability of Higher Quality Jobs for Women, as the Number of Care Jobs Grows

Recent studies on technology's likely impact on the occupations in which many women work also point to the urgency for women of improving the quality of care jobs. While researchers do not all agree on what the future holds, a general consensus is emerging that technological change will affect the number and quality of jobs in the future and that these effects may differ for men's and women's employment. One analysis of the risk of automation found that women are more likely than men to work in occupations at high risk of automation, and that for women more than for men the risk of automation is likely to involve reasonably well-paying occupations that do not require a bachelor's degree, such as secretaries and administrative assistants, office clerks, and bookkeeping and auditing clerks (Hegewisch, Childers, and Hartmann 2019). In contrast, men's jobs with the highest risk of automation are more likely in low-paid occupations (Hegewisch, Childers, and Hartmann 2019).

If the number of care jobs increases (and if these jobs continue to be of poor quality) while other higher-paying, female-dominated jobs disappear, the gender wage gap will likely grow. This gap may especially affect Black, Hispanic, and immigrant women, who, as noted, are disproportionately employed in the care workforce.

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Improving the Quality of Care Jobs for the Future of Work

A number of factors make it difficult to improve the quality of care jobs. These factors include the challenge of addressing the devaluation of care work—the tendency to treat it as unskilled work without recognizing the communication and other skills it requires—and the financial complications involved in increasing wages and benefits in an underfunded industry (Appelbaum and Leana 2011).

Researchers, policymakers, and others have proposed numerous solutions to address these issues and improve care jobs. These solutions include developing apprenticeship programs that provide care workers with additional training and skills (Lerman, Eyster, and Kuehn 2014)¹¹ and creating partnerships among institutions that offer training and education along with wraparound supports (Henrici 2013). They also include utilizing intermediaries who organize workers, help improve their working conditions, and assist families who receive care to access state and federal funding for which they qualify (Appelbaum and Leana 2011). Another solution entails increasing Medicaid reimbursement rates to boost workers' wages, in some instances using wage pass-throughs or other mechanisms to ensure that workers experience the impact of the higher rates (Baughman and Smith 2010).

In addition to these well-established approaches to improving job quality for care workers, questions are emerging about the potential role of technology in strengthening job quality for the care workforce. While technology is not a primary means of improving care jobs, it might contribute to enhancing job quality for care workers, particularly if combined with already well-tested approaches such as union organizing and political action. The effects of technology on the care industry, however, are admittedly mixed. While technological advances may contribute to improving the quality of care jobs, they may also, in other ways, undermine efforts to improve job quality and increase labor market inequalities. The section below details the potential benefits of technology for increasing the quality of care jobs, with recognition of some of its possible limitations as well.

Organizing Workers to Increase Wages and Access to Benefits

As noted, political action and unionization can have a significant impact on the quality of care jobs (Christman and Connolly 2017; Howes 2004). One survey of more than 3,000 home care workers nationwide found that those who are unionized had higher wages, greater access to benefits, and were more likely to stay in this workforce (Christman and Connolly 2017).

¹¹ While apprenticeship programs provide valuable earn-as-you-learn opportunities to combine on-the-job learning with formal instruction, and obtain industry recognized credentials without the need for college debt, Lerman, Eyster and Keun's case study also highlights the limits of apprenticeship alone, without a reform of reimbursement levels, as a route to family sustaining earnings. After a year-long apprenticeship the hourly earnings of the workers who completed the training increase by fifty cents, with the facility director reporting that reimbursement rules prevented a larger increase.

A lack of unionization among the direct care workforce, however, persists in most areas of the country. Only nine percent of workers in health care support occupations and six percent of personal care and service workers are covered by union contracts (U.S. Department of Labor 2019b). In addition, unions for home care workers have encountered new challenges over the last few years, including a rule recently finalized by the Center for Medicare and Medicaid Services that does not allow them to be paid dues via state Medicaid payments; under the new rule, states can no longer divert payments from Medicaid to anyone except the provider, with few exceptions. While the rule does not prevent home care workers from joining unions and paying dues, critics argue that it provides a disincentive for them to do so by creating an extra step for them to make the payments (*Modern Healthcare* 2019).

Despite such challenges, unions remain an important vehicle for improving job quality for care workers. Organizers can explore how technology may help mobilize these workers and policymakers at the local and state levels, following the example of political campaigns that have used online tools to engage audiences and encourage participation in elections. While effective apps and other digital organizing tools may not provide all that organizers need, they offer a complement to traditional face-to-face organizing and a way to reach care workers and gather information about their experiences to support efforts to mobilize for change (*The Atlantic* 2019).

Providing Portable Benefits

As noted above, paid care work jobs provide limited access to employment benefits such as paid time off, employer-provided health insurance, and pension contributions. Paid care workers often work for multiple employers, a situation that many suggest warrants receiving “portable benefits,” or employment benefits that are not tied to a single employer. In the last few years, a number of academics, CEOs, and policymakers have called for cities, states, and communities to create programs of portable benefits for workers participating in the “gig” economy to offer them a range of benefits that would provide a financial safety net (*Business* 2018).

Technology may help provide ways to increase access to benefits such as health insurance and paid time off among those whose work is not tied to one employer. For example, the National Domestic Workers Alliance (NDWA) has created an app, Alia, which is designed to give domestic workers access to portable benefits, including paid time off and, in some states, life, disability, accident, or critical illness insurance (*Business* 2019). Initially created for house cleaners to use, the app pools voluntary contributions from clients who contribute at least \$5 for each cleaning. A cleaner can then use her pool of funds to redeem various benefits such as a day of vacation or sick leave (*Business* 2018). For care workers who previously lacked any employment benefits because they have various clients and do not work sufficient hours for any one of them to qualify for benefits, the app can provide a welcome sense of relief by allowing them a day off with pay when they are sick or need medical care, or when they want a day off to attend an important family event, such as a child’s graduation (*Business* 2018).

Technology may help provide ways to increase access to benefits such as health insurance and paid time off among those whose work is not tied to one employer.

While the app provides an important source of support, it cannot fill the benefits gap that the paid care workforce faces. For example, it does not offer health insurance beyond critical illness insurance, and there is no legislation that requires clients to contribute, so some may choose to opt out (though several bills have been introduced at the state level that mandate employer contributions to a portable benefits system; *Business* 2018). Still, some note that the app represents an important step toward providing care workers with stability.

Opening Up New Opportunities for Care Workers to Complete Training and Education

Paid care workers, like all workers, benefit from opportunities for job preparation and entry level training, as well training to promote continued development and growth in their jobs. As noted, a substantial share of paid adult care workers have relatively low levels of education and some have low levels of literacy or lack fluency in English, which can make it difficult to progress in their jobs or move on to the better-paying jobs that the health care industry offers. Training to enhance skills can improve the quality of care and lead to better compensation for workers, easier recruitment, and increased retention (Scales 2017).

Several experts interviewed for this report described training programs and organizations, jointly run by unions and employers, that provide workers with a mixture of online and in-person training using different models.

Digital technology can also create new opportunities for care workers with limited literacy or English language skills to upgrade their skills and education, and can make it easier for workers to complete the training at whatever time suits them. CELL-ED, for example—which is offered by the California Long-Term Care Education Center in partnership with the New York State Office for New Americans, SEIU, and employers to provide training to Spanish-speaking adults in literacy and English language skills—offers a series of voice and SMS-based lessons on a mobile phone, a total of 437 short adult education lessons consisting of audio instructions, SMS messages reinforcing the lessons, and interactive quizzes.

In Washington State, the SEIU 775 Benefits Group offers training online for home care workers, including a five-hour orientation that is required before an individual can work as a home care aide. It also provides an advanced training course, which focuses on providing care for people with more complicated health conditions and is a hybrid model that combines online lectures with classroom-based skills testing. In addition to the advanced course, SEIU Education Fund offers a basic training course, which, at the time of this report writing, was moving toward a new model that uses remote proctoring and is partially conducted online. Upon completing the basic training course and passing an examination, care workers receive a small increase in pay.

In New York City, care workers who are part of the organized benefit offered by the 1199SEIU Home Care Industry Education Fund (which provides the benefit package for the organized home care labor workforce in the city) have access to training opportunities via an online learning management system that allows workers to complete training at any time. Workers also receive tablets for their jobs and support for how to use them, and employers often require care workers to use cell phones to check in and out of work and identify the tasks they performed.

In addition, some employers are using technology (phone-based reporting) to identify needed interventions rather than simply having the home care worker call 911 or go to an emergency room. According to the education fund representative interviewed, the fund works with employers to help them train not only care workers to learn how to use the agency's technology, but also supervisors, nurses, and management on how to respond to workers' use of the new technology, which is necessary for the intervention to succeed. Online training enables workers to upskill at times that are convenient to them without having to negotiate finding transportation or child care; yet, carving out time to train can still be hard, particularly for those with caregiving responsibilities. In addition to offering training at flexible times outside of work, providing paid time at work for advancing one's skills can help to ensure that women and men with caregiving responsibilities can succeed in the new economy (Hegewisch, Childers, and Hartmann 2019).

While technology introduces new training opportunities, it also requires workers to upgrade their skills to keep up with technological developments and to be informed about predatory training providers in the online training environment.¹² One expert interviewed for this report noted that while the care workers her program trains generally can use a cell phone and apps like WhatsApp, this does not mean they are digitally skilled—many do not know how to send e-mails on a phone or use the internet search functions. In addition, requirements for employees to use various technologies may come at an economic cost to paid care workers if they need to pay for their own internet access, mobile data, or other resources to fulfill this requirement. This may place an additional burden on workers who already earn very little money.

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Expanding Opportunities for Care Workers to Find Jobs

In recent years, technology has opened up new possibilities for matching care workers with employers. For example, employers can use technology to promote care work and advertise specific jobs, as well as to allow candidates to apply as efficiently as possible (Espinoza 2018).

Technology has also opened up new ways for care workers to find jobs through matching service registries (PHI 2018c) or other online or electronic platforms that connect workers with those who need help with family care or other tasks. As of 2018, there were 15 matching service registries in 11 states; 12 were maintained by nonprofit organizations and 3 by state agencies. These registries aim to connect consumers who want to employ their own home care workers with workers seeking employment, a service that has become more important as Medicaid

¹² For-profit job training providers are often exploitative and offer trainings with poor value, so care workers who want to take online trainings will need to identify good and bad training opportunities. On the problem of for-profit education and training, see McMillan Cottom (2017).

enrollees increasingly want to receive long-term supports and services in their homes, rather than an institutional setting (PHI 2018c).

Other online platforms, such as Care.com, also provide a way to match clients with care work employers. Even though the number of workers who find jobs through online platforms is comparatively marginal—the Bureau of Labor Statistics’ Contingent Worker Survey estimates that approximately 1.6 million workers across various occupations use these platforms as their main source of earnings (Current Population Survey Staff 2018)—platform work has grown rapidly during the past decade. A survey from Pew Research Center (2016) suggests that slightly over half of work found through platforms is related to domestic work, including care work. Although data are not available on the share of care workers who obtain work through online platforms, Ticona, Mateescu, and Rosenblat (2018) suggest that domestic work is increasingly sought through these platforms. As technology continues to advance, more individuals in the future may seek employment through online platforms, including care workers.

As technology continues to advance, it is possible that more individuals in the future will seek employment through online platforms, including care workers.

While these platforms create new work opportunities beyond traditional employment, the increase in work obtained through electronic or online platforms is also problematic, especially given the tendency of these platforms to provide jobs with low wages, limited benefits, uncertainty about the amount of work, and other potential problems. In the home care context, these platforms often fall outside of the regulations that apply to agencies, leaving employers without oversight and workers without protections.

While much of the discussion about online platforms has focused on ridesharing (see Mishel 2018 for a review), Ticona, Mateescu, and Rosenblat (2018) show potential problems for workers finding work in the care sector through platforms. These include cancellation and no-show fees, which can harm workers unable to provide scheduled services for a legitimate reason. Care workers may also face safety risks, particularly if they feel the need to keep a potentially dangerous job to avoid receiving a negative review or having to forego pay if they cancel. Ticona, Mateescu, and Rosenblat’s (2018) interviews with care workers hired through online platforms found that many reported experiencing harassment and having difficulty extricating themselves from uncomfortable situations. While some platforms provide standards of accountability and certain protections for workers, platform policies do not offer an easy way for workers to challenge unfair negative reviews or complaints.

Platform work requires workers to effectively market themselves. As Ticona, Mateescu, and Rosenblat (2018) note, employers who hire workers through online platforms make decisions based on profile pictures and personal information that workers fill out about their interests, experience, and other qualifications. While such information can give employers a sense of the workers they hire, the medium intensifies the importance of “self-branding” and making oneself

stand out online, which may be difficult for some workers, especially those who are less adept with technology.

Well-designed platforms can, in theory, facilitate good matches between employers and care workers based on shared languages, personality traits, and other searchable criteria. These platforms can also, however, threaten to increase inequality in the care sector by making it harder for workers with marginalized identities to have the broad appeal to wide audiences that they may need to secure work. Hiring decisions for care workers are often made on the basis of which workers seem to the employer like a good “fit” – a method of decision-making that opens the door to stereotypes about workers based on their race/ethnicity, immigration status, or other characteristics (MacDonald 2015). This aspect of online platforms requires care workers to not only have the technological skills to post and maintain an online profile, but also knowledge of how to navigate the cultural norms that influence one’s chances of success (Ticona, Mateescu, and Rosenblat 2018).

Preventing and Addressing Harassment and Abuse of Care Workers

Technology provides tools that may help prevent and address the sexual harassment of care workers. One expert interviewed for this report noted that the panic button that some hotels now provide cleaners (*Chicago Tribune* 2018) could be a model for the home care industry as well. Such a tool – a button on a cell phone, for example, that a worker can push to alert emergency responders when they find themselves in a dangerous situation – can help them access assistance that would enable them to get out of the household when needed. Technology may also help workers monitor and document harassment situations as they occur.

In addition, technology may help prevent workplace harassment in several other ways. It can provide a resource for educating employers about their responsibilities for ensuring harassment-free workplaces. It can also offer ways to conduct interactive training that helps to educate workers about their rights and give workers a chance to think about how they would respond if they find themselves in an uncomfortable situation with a client. Training that uses virtual reality, for example, enables workers to see themselves in a particular scenario and identify their best option for responding. As this expert noted, much anti-sexual harassment training to date has proven ineffective, but technological advances open up the possibility of newer, more interactive methods of training that may have greater success.

Preventing Injury on the Job: Easing the Physical and Emotional Burden on Care Workers

Technology may ease the physical burden on many care workers. As noted above, new robot technologies can perform some tasks that are difficult for care workers, such as lifting (Headquarters for Japan’s Economic Revitalization 2015). In Japan, one company has designed a robotic wheelchair-bed that can move a bedridden person into an upright position by transforming into a wheelchair (Brucksch and Schultz 2018). Such innovations, while helping those with physical disabilities to be more mobile and independent, also reduce some of the physical strain that care workers face that often leads to injury on the job.

Technological advances such as tracking technology and health sensors can also put family members more at ease by enabling them to monitor patients from a distance (Landau et al. 2010). Remote monitoring provides those caring for people suffering from conditions such as dementia with peace of mind in knowing the health of their patients or relatives, as well as the ability to provide long distance care. This monitoring can provide an important resource, especially for those overstretched by care work or attempting to balance providing care with a job (Center for Technology and Aging 2010). Such remote monitoring can especially help in rural areas where clinical resources are limited (Bala 2017). It can also play an important role in protecting older adults from abuse and neglect (Levy, Kilgour, and Berridge 2019), which is a significant concern for many family members of care recipients.

Although remote monitoring has benefits, the increased use of surveillance raises concerns about the treatment of care workers and patients as well as the quality of care jobs. One ethnographic study of the use of hand-held computers by home care workers in Sweden found that the technology reinforced the subordinate position of caregiving work as well as the paid care workers. When required to use the technology to log their completed tasks and document how their time was spent, care workers faced questions from managers who deemed their work inefficient without fully understanding what their employees actually did at work and the need for them to spend time on activities that were not done with the client, such as attending and planning meetings, travel time, and responding to nurses and doctors (Hjalmarsson 2009).

Remote technology has also raised concerns about safeguarding the privacy of both workers and clients. As Levy, Kilgour, and Berridge (2019) note, many care recipients have a diminished capacity to consent to being monitored and cannot recognize the presence of monitoring devices that may capture intimate moments in daily life. When such devices are used, they also implicate the privacy and security interests of others, including those providing care, who may find the use of surveillance to reflect mistrust or to have a negative effect on their relationships with clients, potentially leading to increased turnover rates (Levy, Kilgour, and Berridge 2019).

A recent piece of legislation has also raised concerns about violating the privacy rights of care workers. The 2016 21st Century Cures Act requires states to mandate the use of electronic visit verification for personal care and home health services. This means they must implement a system that electronically verifies the type of care service performed, who received and provided it, and when and where the service took place, with start and end times. While such systems have the potential benefit of preventing residents from billing Medicare and Medicaid for services that were not provided, some stakeholders have expressed concern that the law has led to data collection on care workers while they were not at work (*HealthTech* 2018).

As of August 2019, a handful of states had implemented statutes, regulations, or guidelines that allow individuals to install monitoring cameras or devices in the rooms of nursing facility residents along with restrictions on factors such as the types of equipment that can be used, whether signage alerting people to the presence of the devices, and whether the technology can be placed. Such restrictions are designed to strike a balance between ensuring the safety of nursing home residents and respecting the privacy of various stakeholders (Levy, Kilgour, and Berridge 2019).

Integrating Paid Care Workers into Medical Teams

Unlike CNAs, home health and personal care aides who help clients are generally not allowed to provide medical services and are typically not seen as a part of the individual's medical care team, even though they have close contact with clients and insight into their condition. This exclusion of home care workers from the care team stems from nurse delegation laws in each state that restrict what services these workers can perform, including prohibiting simple medical tasks such as putting in nasal or eye drops and applying dressings or bandages (National Alliance for Caregiving and AARP 2015; Osterman 2017). These limitations on home care workers' tasks contribute to the lack of respect they often experience from medical professionals and insurance companies. This, in turn, makes it difficult to effectively advocate for expanding care workers' roles and increasing their wages (Osterman 2017).

Some researchers suggest that technology can help integrate home care workers into medical care teams so they are not seen as a separate entity in the home, apart from the medical community (Dean et al. 2016). For example, one pilot program used a telephone-based checklist about the care recipient's condition for care workers to complete when they "clock out" at the end of their shift; the responses are captured in the agency management software and electronically transmitted to the agency's care manager, who monitors and addresses any change in condition (Dean et al. 2016). Such a system can not only increase the connection between home care workers and the medical care team, but also lead to a potential reduction in unnecessary hospitalizations and reduce spending on health care (Dean et al. 2016).

One benefit to allowing home care workers an expanded role would be increased wages to match their additional responsibilities. As Osterman notes, however, an extended role does not automatically lead to better pay or benefits (Osterman 2017). Organizing to improve the quality of care workers' jobs and increased public funding for care work are essential to strengthening pay and benefits for care workers as they take on an expanded role.

Creating the Potential to Increase Wages and Conditions by Facilitating Aging in Place

The majority of older Americans want to stay in their homes as they age. One national survey of nearly 2,000 adults over age 18 found that between 50 and 60 percent of those aged 18-49 want to stay in their homes and communities as they grow older, and nearly 80 percent of those aged 50 and older say the same (Binette and Vasold 2018). Another survey of nearly 1,700 adults in the United States found that 61 percent (approximately equal shares of women and men) say that if they can no longer live on their own, they would choose to stay in their home but have someone care for them there (Stepler 2016).

New technologies that facilitate remote monitoring can enable individuals to "age in place" (Centers for Disease Control and Prevention 2013). One study that compared the length of stay of residents at an independent living facility using sensor-generated health alerts with residents

who did not use the alerts found that the group living with sensors were able to remain in their homes for longer (1,557 days compared with 936 days; Rantz et al. 2015). The study's authors estimate that potential savings from using the sensors to allow individuals to remain in the independent living facility were about \$30,000 per person. Potential savings to Medicaid-funded nursing home were estimated to be about \$87,000 per person.

As this study indicates, the shift to using technologies that facilitate aging in place has implications not only for the nature of care work and individuals who need care but also for the public funding that covers much of the cost of adult care. Transferring care from institutional settings to lower-cost, home-based services could reduce the public funding needed to pay for adult care (Howes 2010). Yet, given the job quality issues that care workers face, any institutional cost savings should be transferred to increased funding for home care and supporting home care workers, including by increasing their wages and access to benefits. The best mechanism for this transfer, however, is still under debate.

Conclusion and Recommendations

The number of care jobs is expected to grow significantly as the U.S. population ages, making the low job quality for care workers—who are predominantly women and include a high share of Black, Hispanic, and immigrant women as well as older women—particularly concerning. With low earnings and limited access to employment benefits, many care workers struggle to make ends meet and find the resources to invest in their education and training, let alone save for their retirement and their own care needs. At the same time as the need for care increases and care work jobs grow in number, other better-paying job opportunities for women are expected to decline due to automation and technological change. Neglecting to improve job quality for care workers in the light of these shifts threatens to increase inequality in the labor force and leave a large number of female workers, especially immigrant women and women of color, in jobs that do not provide them with economic insecurity.

The persistently insufficient public funding for care work in the United States has made it difficult to improve job quality for workers in this sector and forced unpaid family members to supplement or replace the work of paid care givers, often creating economic strain for the unpaid caregivers who may have little time or resources to devote to this care. These family are responsible for a large share of adult care in the United States, in part because older individuals often have few resources in retirement and find paid long-term care difficult to afford.

Advocates, policymakers, and researchers have identified strategies for improving the quality of care jobs, including organizing to increase wages and benefits, helping families access public funding for which they are eligible, and strengthening career ladders that give care workers specialty training and advancement opportunities that enable them to provide clients with a higher level of care and keep them engaged in their work.¹³ More recently, some have explored ways that technology might contribute, opening the door for further discussions on the future of

¹³ On the promise of career ladders, see Scales 2018.

work about new strategies to strengthen women’s employment opportunities and decrease labor market inequalities. While technology does not provide the primary means for strengthening job quality in the paid care workforce, it provides some tools and resources that may help improve care jobs, though technological change may pose potential challenges as well.

Strategies to advance the quality of care work jobs in the future of work include the following:

- ***Improving public investment in the care of older and people with disabilities.*** An increasing number of people have caregiving responsibilities for older or other adult relatives. Improving investment in care facilities, in caregiving for adults within homes, and increasing Medicaid reimbursement rates will make it easier for those with family care responsibilities to stay in the paid workforce. It will also improve working conditions of those providing paid adult care, many of whom are older women themselves, and increase job retention in this industry and the quality of care.
- ***Implementing policies to improve care workers’ wages at both the federal and state levels.*** Raising the minimum wage would improve economic security among care workers, particularly women of color, who are disproportionately represented in this workforce. Both states and the federal government should consider tying their minimum wages to cost of living increases to set a reasonable wage floor. In addition, ensuring that care workers receive overtime pay and pay for shifts that are cancelled at the last minute due to emergencies would help increase their economic security.
- ***Guaranteeing paid family leave and paid sick days.*** Lack of access to paid sick days and paid family leave is common among workers in female-dominated, low-wage jobs such as care work. Enacting paid family and medical leave laws that are appropriate to and accessible to paid care workers at the federal and state levels would allow paid care workers to care for themselves and their families without worrying about lost wages. It would also provide them with job protection that allows them to return to their job without loss of seniority or health insurance.
- ***Improving access to education, training, and career ladders.*** Additional education and training may help care workers gain skills that increase their earnings. Digital tools can complement more traditional in-person training, and career and technical education providers can offer training opportunities that are affordable and fit the scheduling needs of care workers who are balancing multiple responsibilities, such as parenting and elder care along with paid care work. In addition, career ladders—training that effectively prepares workers to provide a higher level of care for clients and, in turn, earns them increased wages—can leverage workers’ contributions, improve the quality of their jobs, and ultimately increase retention. New research on the long-term career development of paid care workers could also increase knowledge about how to ensure that improved skills and training result in higher wages and better career opportunities.

- ***Supporting collective bargaining rights.*** Paid care workers represented by unions have higher wages and greater access to benefits than those without union representation. Unions can also protect and enhance internal promotion pathways and advocate for worker needs such as child care and paid time off for keeping up with new technologies.
- ***Exploring how technology can help with organizing care workers and policy development at the local and state levels.*** Just as political campaigns in recent years have used online tools to engage audiences and secure votes, those organizing care workers may use digital organizing tools to supplement traditional face-to-face organizing. Such tools may provide a way to reach a larger number of care workers and gather information that can support efforts to promote change for this workforce.
- ***Continuing to develop technological solutions to address the problem of care workers' lack of access to employment benefits.*** Online tools for care workers that provide access to benefits could improve the quality of jobs in these fields, particularly if such tools included benefits such as health insurance beyond critical illness insurance and employer contributions to a pension plan. As new portable benefits tools are developed, state and federal policymakers should consider strategies for making employer participation in them mandatory, so all care workers can access the benefits they provide.
- ***Increasing safety from harassment for paid adult care workers.*** Most state and federal antidiscrimination laws, which offer protections from workplace harassment and discrimination, do not cover independent contractors and employees of businesses with fewer than 15 employees. Amending these laws to apply to independent contractors and those who work for small businesses would ensure that paid care workers have protections from harassment and discrimination under the law. In addition, employers can take steps such as providing “panic buttons” or other devices (or a hotline) that allow care workers to call for help in an emergency situation. Online platforms can ensure that their policies and procedures provide workers with a way to turn down a potentially unsafe job with no penalties, offer guidelines on how to report harassment, and monitor communications between workers and clients. Funders can support outreach to inform employers and care workers of care workers’ rights and how to ensure they are upheld.
- ***Ensuring privacy protections.*** While useful for families seeking to monitor the health status of their loved ones, remote monitoring devices can implicate the privacy interests of care workers. Ensuring privacy protections that balance ensuring the safety of care recipients with the privacy interests of care workers is essential to improving job quality for those giving care.

Methodology

Much of the data in this report rely on IWPR's analysis of the U.S. Census Bureau's 2005 and 2017 American Community Surveys (ACS) from the Minnesota Population Center's Integrated Public Use Microdata Series (IPUMS). The ACS is an annual survey of a representative sample of the entire resident population in the United States, including both households and group quarter (GQ) facilities. Adult careworkers were defined using two Census Bureau occupation codes for respondents reporting their most recent occupation as "Nursing, psychiatric, and home health aides" (3600) or "Personal and home care aides" (4610). Work is defined as performed in the home using two Census Bureau industry codes, "Home health care services" (8170) and "Individual and family services" (8370) with all others considered institutional care.

Annual earnings are reported for adult care workers working full-time, year-round (usually employed for 35 or more hours per week and having worked at least 50 weeks in the previous 12 months). Data on median earnings are not presented if the unweighted sample size is less than 100 for any cell; data on other indicators are only presented if the average cell size for the category total is at least 35. Hourly earnings were estimated from the 2016-2018 Current Population Survey Annual Social and Economic Supplement (CPS-ASEC) from the Minnesota Population Center's Integrated Public Use Microdata Series (IPUMS) by dividing reported annual earnings by the number of hours worked in the previous year (usual hours worked per week multiplied by the number of weeks worked). Data on paid sick days are from the 2016-2018 National Health Interview Survey Sample Adult files for Census occupation "Nursing, psychiatric, and home health aides" (3600).

IWPR used personal weights to obtain nationally representative statistics for person-level analyses. Weights included with the IPUMS ACS and CPS-ASEC for person-level data adjust for the mixed geographic sampling rates, nonresponses, and individual sampling probabilities.

Where sample sizes allowed, IWPR disaggregated the data by gender and race/ethnicity. In general, race and ethnicity are self-identified; the person providing the information on the survey form determines the group to which he or she (and other household members) belongs. People who identify as Hispanic or Latino may be of any race; to prevent double counting, IWPR's analysis of American Community Survey microdata separates Hispanics from racial categories—including White, Black (which includes those who identified as Black or African American), and all other racial identifications (which includes those who identified as Asian or Pacific Islander, Native American, and selected multiple racial categories).

Estimates from IPUMS ACS samples may not be consistent with summary table ACS estimates available from the U.S. Census Bureau due to the additional sampling error and the fact that over time, the Census Bureau changes the definitions and classifications for some variables. The IPUMS project provides harmonized data to maximize comparability over time; updates and corrections to the microdata released by the Census Bureau and IPUMS may result in minor variation in future analyses.

In addition to the analysis of secondary data sources, IWPR conducted an online scan of available literature on the adult paid care workforce and job quality in this industry, and

interviews with six experts in the field about the role of technology in addressing the job quality issues paid care workers face, promising models or programs that are using technology to advance the training and skills of paid care workers, and policy changes that need to happen for care work to provide more promising employment opportunities for women (and men) in the future. Interviews lasted approximately 45 minutes and were recorded and subsequently analyzed for key themes and models to inform the report.

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