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## Women and the Care Crisis: Valuing In-Home Care in Policy and Practice

In the United States, women are disproportionately affected by what some call a growing “care work crisis” or “crisis of care”<sup>1</sup> (Negri 2011; Stone 2001). This care crisis refers to the fact that the nation’s need for in-home care to assist elderly and disabled Americans is growing rapidly, while the care industry experiences a complex set of challenges—including low wages for care workers and high turnover—that makes it difficult to ensure the availability of quality in-home care (Paraprofessional Healthcare Institute 2003). Although this care crisis affects all Americans, women constitute the vast majority of those who both give and receive in-home care,<sup>2</sup> rendering them especially vulnerable to the challenges experienced on both ends of the care relationship. Given women’s central roles in the care industry, this briefing paper examines the care work crisis as a gendered issue. It explores the challenges faced by in-home care workers, the women and men who need care, and the care industry as a whole, as well as the roots of these challenges in a societal tendency to undervalue work that women disproportionately perform.

The care crisis that many women and families face in the United States is fueled by changes in population demographics and the structure of family life. In recent decades, marriage rates have declined (Cohn et al. 2011) and women’s labor force participation has risen (U.S. Census Bureau 2012a), increasing the demand for in-home care services as more Americans face living alone and women—who traditionally have been the primary care providers within families—are less able to meet the care needs of elderly or disabled relatives on their own. At the same time, members of the large baby boom generation have entered or are nearing retirement; and many

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<sup>1</sup> The phrase “care crisis” is a broad term that is also often evoked in discussions about issues related to child care in the United States. These issues include the lack of public policies that would help working parents balance the demands of work and families, the high cost of affordable child care that prohibits some women from working outside the home, and the reality that many immigrant care workers in the United States have to leave their children in their home countries in order to provide care for the American families for which they work (Rosen 2007). This briefing paper focuses on the care crisis as it relates to the care of older, disabled, and chronically ill Americans.

<sup>2</sup> “In-home care” or “home care” includes non-medical and paramedical services such as changing aseptic dressings, helping to bathe or get dressed, and, in some states, administering medications that are not injected to people in their homes (Seavey 2011). Within official U.S. occupational codes, in-home care workers fall under two job titles: personal care aides (a “personal care and service occupation”) and home health aides (a “healthcare support occupation”; Seavey 2011). Home care workers constitute a subset of the direct care workforce, which includes nursing assistants, home health aides, and personal and home care aides who provide care to the elderly and to individuals with disabilities or chronic illnesses. Physicians, dentists, nurses, and therapists are not included in the in-home or direct care workforces (Martin et al. 2009; Seavey 2011).

want to receive care in their homes rather than in hospitals and other institutional facilities (Seavey 2011).

The paper suggests that to improve the quality of in-home care jobs, address the industry's anticipated labor shortage, and ensure that high-quality care is available in the United States, it is necessary to increase the value attributed to care work through critical changes in public policies and practices.<sup>3</sup> These changes would benefit not only the women and men who are care workers or recipients, but also the nation overall. As a sector in which job growth is especially rapid, the care industry is integral to the U.S. economy; as a result, any changes that help to fill the gap in this industry and improve conditions for its workforce will strengthen the nation's economy as a whole.

## **Women and the In-Home Care Industry**

In the United States, popular images of care workers often focus on nannies and child care providers. Yet research suggests that a significant proportion of paid care workers provide care for a different segment of the population: the elderly and individuals with disabilities or chronic illnesses. As of 2010, nearly 1.9 million individuals were employed as home health and personal assistance aides in the United States, and the growth rate for these occupations between 2010 and 2020 is expected to be about five times the average growth rate for all occupations (U.S. Department of Labor 2012a). Those who provide this care perform much-needed services for their clients, such as bathing, dressing, and feeding them as well as assisting them with other activities of daily living (Martin et al. 2009).

The vast majority of individuals who provide in-home care are women. According to Institute for Women's Policy Research (IWPR) analysis of data from the Current Population Survey, 90 percent of the nation's in-home care workforce is comprised of women, and more than half of all home care workers (56 percent) are women of color (Henrici 2013; Hess and Henrici 2013).

In the in-home care industry, women predominate not only as care workers, but also as care recipients. Nearly two-thirds (64 percent) of those who receive home health care are women (U.S. Department of Health and Human Services 2013).<sup>4</sup> This disparity in the numbers of women and men receiving care stems partly from women's greater tendency to develop chronic health conditions at older ages that require long-term care, as well as their lower likelihood of living with others who can care for them. Older women are more likely than older men to be

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<sup>3</sup> Another important area for policy reform involves making it easier for working adults to take paid time off to provide family care and to have accommodations at work—such as flexible working schedules—that make it easier to attend to family needs (Hegewisch and Gornick 2008). This briefing paper, however, focuses on the importance to working families of having access to quality, in-home paid care work.

<sup>4</sup> This figure is based on the 2007 National Home and Hospice Care Survey, which includes only workers who are formally employed by home health and hospice care agencies. Reliable data on home care workers who are employed informally are not available.

single and live alone, in part because they have a longer life expectancy than men (81 years compared with 76 years; U.S. Census Bureau 2012b) and often marry men who are older than they are (Kinsella and Gist 1998).<sup>5</sup> Since older women outnumber older men, the latter are more likely to remarry following divorce or spousal death (Kinsella and Gist 1998). Unmarried men are also more likely than unmarried women to live with others (Hartmann and English 2009).

## The Care Crisis

Although women are more likely to be care workers and care recipients, both women and men may need in-home care or have family members who require care. As a result, both women and men are affected by the challenges facing the in-home care industry.

These challenges include the nation's growing need for in-home care due to an aging U.S. population and important social shifts. In recent years, the population of older adults has grown rapidly: in 2000, 35.0 million women and men aged 65 and older resided in the United States; by 2010, this population had grown to 40.4 million. By 2020, it is projected to reach 55 million (U.S. Department of Health and Human Services 2012). This population growth among older Americans will result in increased need for in-home care. In 2012, approximately 9 million people aged 65 and older in the United States required some form of long-term care; 12 million older Americans are projected to need this care by 2020 and most will receive it at home (Centers for Medicare and Medicaid Services 2012). Among those receiving home health care services, individuals aged 65 and older comprise the majority (69 percent; U.S. Department of Health and Human Services n.d.).

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In addition to this recent growth in the elderly population, a significant increase in women's labor force participation over the last few decades has amplified the need for in-home care in the United States. Between 1972 and 2012, the percentage of women aged 16 and older in the U.S. civilian labor force increased from 44 percent to 58 percent (U.S. Department of Labor 2013). Traditionally, women have cared for elderly, disabled, or chronically ill family members on their own. As more women have entered the workforce and assumed responsibility for the economic security of their families, however, it has become increasingly difficult for them to provide this care without assistance (Boris and Lewis 2006).

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<sup>5</sup> Women aged 65–74 are twice as likely as comparable men to be unmarried (widowed, never married, or divorced). Forty-six percent of women in this age range are unmarried compared with 23 percent of men. Among adults aged 75–84, the gap is even larger: 65 percent of women and 28 percent of men are unmarried. Eighty-one percent of women and 44 percent of men aged 85 and older are single (Hartmann and English 2009).

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For many people in the United States who need in-home care, this care can be very expensive. Although the costs of home care vary according to the type of assistance required, the provider used, and the region in which care is received, research suggests that, on average, the cost for services from a home health aide in the United States are \$21 per hour (National Clearinghouse 2013), amounting to \$126 per day for six hours of care or \$630 per week for a total of 30 hours of care. Medicaid may pay for the care of some individuals who qualify based on need or disability, and Medicare or health insurance may cover the

costs of skilled care or temporary care for individuals recovering from illness or injury (National Clearinghouse 2013). Many people with ongoing personal care needs, however, must cover the costs of this care on their own.

For many Americans, in-home care is difficult to afford. Due partly to the decline of traditional pension plans (Price 2005), older women and men often have few resources in retirement and rely on Social Security for a significant portion of their income (Hartmann, Hayes, and Drago 2011). Older women are especially economically vulnerable, in part because of their more limited access to pension income; fewer than one in three women aged 65 and older receives pension income compared with nearly one in two older men (Finkle, Hartmann, and Lee 2007). In addition, throughout their working years women earn less than men, on average, which makes it more difficult for women to accumulate assets and generally leads to smaller Social Security benefits in retirement (Hartmann and English 2009). Declining marriage rates may also increase economic insecurity for women by leaving more women without access to the income and retirement benefits of a spouse. Between 1960 and 2010, marriage rates among adults aged 18 and older in the United States decreased from 72 percent to 51 percent (Cohn et al. 2011)—a trend that may put a strain on workers who need to care for older or disabled family members without a spouse’s support and could also mean that even more older women and men will be single in the future.

The factors that contribute to the care crisis, however, affect not only care recipients but also care providers. Although the costs of in-home care are burdensome for many Americans, most care workers in the United States receive limited monetary rewards and many struggle to make ends meet (Henrici 2013; Hess and Henrici 2013). The median base hourly wages for in-home care providers in the United States are \$9.75 and the median weekly earnings are \$315.00, which are considerably lower than the figures for all civilian workers in the U.S. workforce<sup>6</sup> (IWPR 2012a). In-home care workers also have limited access to work benefits; in 2010, fewer than four

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<sup>6</sup> Figures include workers aged 16 and older with earnings who are not self-employed. In 2011, the base hourly wages for all workers (excluding those who were self-employed) in the U.S. workforce were \$16.00. The median weekly earnings were \$640.00 (Institute for Women’s Policy Research 2012a).

in ten (38 percent) had health insurance coverage through their current or former employer or union, or through the current or former employer or union of a family member (IWPR 2012b).<sup>7</sup> In addition, some in-home care workers face exploitation and abuse in their jobs, which can range from name-calling and verbal insults to physical and sexual abuse (Baines 2006).

The challenges that in-home care workers and recipients face create problems for the care industry as a whole. While many care workers find satisfaction in their jobs and gain a deep sense of meaning from the vital roles they play in enhancing the lives of their clients (Clare 2005), the poor quality of jobs in the care workforce has led to low retention rates that make it difficult for care workers and recipients to establish long-term, consistent relationships. In-home care workers employed by an agency often stay in their jobs only a few months, resulting in constant staff turnover that hinders the agency's efforts to provide quality services (Paraprofessional Healthcare Institute 2003). Presently, the conditions of the in-home care workforce place both care workers and care recipients at risk.

## On Devaluing Paid Care Work: A Gendered Perspective

The problems facing the in-home care industry must be addressed in order to ensure the availability of quality care work jobs as well as quality care for older, chronically ill, and disabled Americans. To effectively respond to these problems, however, policymakers and other stakeholders need to understand one of their most important underlying causes: the tendency within society to devalue paid care work.

In recent years, many scholars have explored the reasons behind the devaluation of paid care work in the U.S. formal economy (e.g., Appelbaum and Leana 2011; England, Budig, and Folbre 2002; Himmelweit 1999). While their work points to a set of complex factors, one important theme that emerges from their research is the predominance of women in the care industry. Put simply, the very fact that women comprise a large majority of care workers contributes to the relatively low-paid nature of these jobs (England, Budig, and Folbre 2002). Care work is seen as “women’s work,” and research shows that women’s labor often receives low rewards in the formal economy. At every skill level (low, medium, high), occupations that are dominated by women—those where incumbents are at least 75 percent female—pay less than those that are dominated by men (Hegewisch et al. 2010).

**“Care work is seen as ‘women’s work,’ and research shows that women’s labor often receives low rewards in the formal economy.”**

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<sup>7</sup> Figures include workers aged 18 and older. Unpaid family workers and those who are self-employed are excluded.

**“The devaluation of paid care work in the U.S. economy is exacerbated by the historical exclusion of unpaid family care services from measures of the nation’s gross domestic product.”**

In the care industry, however, the relatively low wages stem not only from discriminatory practices that result in “women’s work” being paid less than “men’s,” but also from the nature of care work itself. As Candace Howes, Carrie Leana, and Kristin Smith observe, care work often blurs the line between informal and formal labor (2012). Because care workers perform services that traditionally women have provided in the home for free, they are often not seen as workers who are making a significant

contribution to the economy and deserve decent compensation (Andolan et al. 2010). To many people, in-home care work seems like an extension of the work that women are “naturally” well-suited to perform. Precisely 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 work—it is seen as different from other paid labor and, therefore, undeserving of the same monetary rewards (England, Budig, and Folbre 2002; Himmelweit 1999).

The relational dimension of care work makes it difficult for some care workers to challenge employers who assume their work should be done at very low cost. Many care workers form a deep bond with the individuals for whom they care, making it hard for them to negotiate as effectively as other workers (Clare 2005). In addition, employers often see care providers as “part of the family,” a perception that can make it more difficult for these providers to set boundaries that clearly define the requirements and terms of their jobs (Clare 2005). In some instances, this personal dimension of paid care work leads people to assume that the work should be provided solely out of concern for the patient and, therefore, should be done for very low wages (England, Budig, and Folbre 2002). Often, concern for the patient and a desire for personal remuneration are seen as mutually exclusive.

In addition to cultural assumptions about paid care work as “women’s work” and the relational quality of this work, another aspect of the profession contributes to the devaluation of care work in the labor force: the inability of care workers’ services to be easily identified and quantified. As Paula England and Nancy Folbre (1999) observe, child care providers, for example, contribute to the health and good character of the children they care for, but they cannot charge a fee to others who benefit from the good behaviors the children have learned. Although the benefits of paid care work extend beyond the individual care relationship into society at large, these benefits are difficult to measure. As a result, in-home care providers do not have an easy way to establish a price for their services that reflects the true value of their work.

The devaluation of paid care work in the U.S. economy is exacerbated by the historical exclusion of unpaid care services performed in households from measures of the nation’s gross domestic product (GDP), the estimated market value of all goods and services produced in the country in a given year. Many researchers argue that, as a measure of the nation’s wealth and economic well-

being, the GDP falls short in some ways, including its failure to account for the economic value of the care-giving work performed in families, which is still disproportionately done by women (e.g., de Leon 2012; U.S. Government Accountability Office 2011).

The failure to include unpaid care services when estimating the nation's economic productivity and well-being contributes to the relatively low societal value placed on both unpaid and paid care work, prompting some researchers to explore ways to assign a monetary value to unpaid care (Folbre 2012a) and incorporate "household production" into the GDP (Eisner 1989). One report by the National Academy of Sciences recommends that statistical agencies develop satellite accounts for household production and health care work in the home, in addition to several other areas that comprise substantial components of a nation's economy. This report also explores available data for this work, lays out a conceptual framework for developing these accounts, and makes recommendations about the next research steps needed to advance nonmarket accounting (Abraham and Mackie 2005).

**"If the quality of jobs for in-home care providers does not improve, care workers will continue to face financial hardship, the care industry will face a labor shortage, and women and men who need in-home care will not have access to these services."**

A recent study by the U.S. Department of Commerce constructed a satellite account estimate of GDP for the United States that includes the value of household production. It estimates that incorporating unpaid domestic work would have raised the level of GDP by 26 percent in the United States in 2010 (Bridgman et al. 2012). One critic, however, argues that this figure likely represents a conservative estimate, in part because it is based on survey data that measures time spent only performing specific activities. Being "on call" to supervise young children or adults in need of care, for example, is not included in the estimate (Folbre 2012b), although paid care workers who provide this supervision generally receive monetary compensation for this time.

## Care Work and Public Policy

The cultural and economic devaluation of paid care work is also reflected in U.S. public policies. In-home care workers often do not have benefits such as paid leave (Direct Care Alliance 2012), and privately employed care workers are excluded from the National Labor Relations Act that governs collective bargaining rights (Rhee and Zabin 2009a and 2009b).<sup>8</sup> In addition, U.S. employment laws deny certain other basic labor protections to those who provide care in private homes. In 1938, Congress passed the Fair Labor Standards Act (FLSA) to help ensure basic standards of living for U.S. workers by requiring employers to pay employees a minimum wage

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<sup>8</sup> Home care workers who are state-funded but privately employed have won the right to bargain collectively over wages, benefits, and working conditions in a number of states, including California, Oregon, Washington, Illinois, Michigan, Massachusetts, Missouri, and Ohio (Hartwich 2010; Rhee and Zabin 2009b); Iowa (AFSCME 2013); Wisconsin (Finegan 2010); Maryland (Weiss 2011); and Connecticut (Home Care Workers United District 1199 SEIU 2012).

and offer overtime compensation. The legislation, however, exempts workers classified as “companions”—workers who provide care for children, the elderly, and the disabled (Smith 2009). Recently, President Barack Obama’s administration put forth a proposed regulation that would address this issue by limiting the companionship exemption to those employed directly by the family or household using the care services and by clarifying that “companionship services” include only those services directly related to the fellowship and protection of the care recipient.<sup>9</sup> Under the proposed regulation, third party employers, such as in-home care staffing agencies, would not be able to claim the companionship exemption for their employees. An individual who performs skilled in-home care work—which goes beyond fellowship activities such as watching television together, playing cards, or visiting with friends and neighbors—would be entitled to minimum wage and overtime pay (U.S. Department of Labor 2012b). The proposed regulation has not yet been made final, although in early 2013 it was moved to the Office of Management and Budget for review.

It is critical for all Americans—and especially for women, who comprise the majority of care workers and recipients—that policymakers, activists, researchers, grantmakers, and others address the problems facing the in-home care industry. If the quality of jobs for in-home care providers does not improve, those who work in this industry will continue to experience financial hardship, and the care industry will experience a labor shortage that leaves women and men who need in-home care with inadequate access to these services. To ensure positive outcomes for both care providers and care recipients, it is essential to implement changes in policy and practice that will increase the value placed on care work and the people who provide it.

## **Rethinking the Value of Care Work**

Several changes that would improve circumstances for care workers and recipients as well as for the industry as a whole include:

### ***1. Encouraging public dialogue about the growing need for care work and the skills and contributions of those who provide in-home care.***

Care workers provide a vital service: they enable care recipients to carry out the activities of their daily lives, improve their health, and even flourish despite illness or disability. Yet, the contributions and skills of care workers often go unrecognized in public policy discussions. To address the care crisis, the nation needs a strong public dialogue that highlights these contributions and reframes how care work is perceived. This dialogue would emphasize the importance of in-home care work as a profession that requires well-developed interpersonal and other skills and deserves compensation with family-sustaining wages. In addition, the discussion

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<sup>9</sup> The proposed regulation says that companionship services may include personal care services considered “incidental” to fellowship and protection (e.g., occasional assistance with dressing, combing one’s hair, or washing one’s face and hands), but if these incidental services exceed 20 percent of the total weekly hours worked by the care worker, then the companionship exemption may not be claimed (U.S. Department of Labor 2012b).

would underscore that paying higher wages to in-home care workers and improving their job conditions would not diminish care workers' concern for their clients, but would benefit workers, care recipients, and the industry as a whole by increasing retention rates and thereby enabling clients and care providers to establish a longer relationship with a higher quality of care. This dialogue would also continue to examine the gendered assumptions about paid care work that contribute to its devaluation within society, and explore the harmful effects of this devaluation on female workers and care recipients of both genders.

***2. Improving estimates of the value of unpaid care work and making the public more aware of this work's critical importance to the nation's economy.***

The federal government has produced satellite account estimates of GDP that include the value of household production. These estimates can continue to be improved and publicized. Providing more accurate estimates of unpaid care work and publicizing them widely is essential to increasing the societal value attributed to paid care work and improving wages and job quality for those who provide in-home care. By explicitly acknowledging that household production is a vital part of the U.S. economy—and by including satellite accounts of household production wherever GDP is reported—researchers and policymakers can begin to undermine the common assumption that both unpaid and paid care workers in private homes are not contributing valuable work to the economy and that those who work for pay should perform these services at very low cost.

***3. Implementing public policies that affirm the value of care work and those who provide it.***

To improve circumstances for care workers as well as care recipients, the United States needs to implement public policies that affirm the value of care work and those who provide care in private homes. These policies should balance a concern for keeping health care and other costs affordable with the need to ensure high-quality care and good labor conditions for care workers. To this end, they should offer provisions to address the multiple barriers that in-home care workers face in their jobs, as well as the barriers that hinder clients' access to quality care. Potential changes include reforming employment laws to give home care workers the same labor protections as other workers and ensure that in-home care workers are covered by family and medical leave laws. Such changes would significantly improve the quality of jobs for care workers and, in turn, help to ensure the availability of quality care.

***4. Creating more quality in-home care work jobs that will improve the employment prospects of the female workforce, help to reduce inequality, and strengthen the U.S. economy overall.***

In-home care is a growing, low-wage sector of the U.S. economy. Low wages in this sector contribute to inequality and retard economic growth. Currently, the in-home care sector is under-resourced, but this problem could be addressed by policies that improve the number and quality of care work jobs. These jobs would benefit the nation's economy by filling the care gap and

addressing the growing need for in-home care. Workers, whose family members would receive higher quality care, would be able to work with confidence that their family members' needs are being met. Higher quality jobs in this sector would also benefit the women who work in this industry and do the vast majority of paid (and unpaid) care work. By investing in the care industry, the nation invests in the female workforce, a strategy that will improve the economic standing of women and their families, reduce inequality, and thereby strengthen the U.S. economy as a whole.

## Conclusion

The care crisis is a real and growing problem in the United States. The need for in-home care is rapidly increasing as the U.S. population ages and social shifts compromise the ability of family members to care on their own for aging, chronically ill, or disabled relatives. At the same time, the low quality of jobs in the care industry makes it difficult to fulfill this growing need for care, even as difficult economic realities render many Americans unable to afford home care services.

Organizers and grassroots activists who have sought to address these multiple components of the “care crisis” have achieved some important successes,<sup>10</sup> yet additional progress needs to be made. In particular, changes to public policies and practices that affirm the value of unpaid care services and paid care work are essential to resolving the care crisis and improving circumstances especially for women, who constitute a substantial majority of in-home care workers and recipients.

**“Valuing in-home care—and affirming the value of this work by making the societal investments necessary to improve job conditions for those who provide it—would benefit not just individual care providers and recipients, but the nation as a whole.”**

While these changes would benefit the women and men who participate in the care industry, they would also have larger effects that extend beyond individuals. As Paula England, Michelle Budig, and Nancy Folbre observe, a shortage of quality care means that the broader society cannot thrive (2002). When families lack access to affordable in-home care for children or for older or disabled loved ones, they struggle to balance the demands of the workplace and family responsibilities—a struggle that strains all dimensions of their lives. Valuing in-home care—and affirming the value of this work by making the societal investments necessary to improve job conditions for those who provide it—would benefit not just individual care providers and recipients, but the nation as a whole.

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<sup>10</sup> One notable success is the passage of legislation in New York State—following years of organizing led by Domestic Workers United, an organization of nannies, housekeepers, and elder caregivers in the state—that improves working conditions for some home care workers by implementing provisions such as the right to overtime pay, a day of rest (24 hours) every seven days, at least three days of paid leave each year after one year of work for the same employer, and protections against sexual or racial harassment (New York Department of Labor 2011).

## References

- Abraham, Katharine G. and Christopher Mackie, eds. 2005. *Beyond the Market: Designing Nonmarket Accounts for the United States*. Panel to Study the Design of Nonmarket Accounts, National Research Council. Washington, DC: The National Academies Press.  
<[http://books.nap.edu/openbook.php?record\\_id=11181](http://books.nap.edu/openbook.php?record_id=11181)> (accessed June 11, 2012).
- American Federation of State, County, and Municipal Employees (AFSCME). 2013. "About AFSCME Home Care CDC Local 1100."  
<<http://www.afscmeiowa.org/index.cfm?action=article&articleID=00adff01-f19e-4885-9fea-861c7406b25e>> (accessed March 22, 2013).
- Andolan Organizing South Asian Workers, CASA of Maryland, Domestic Workers United, Global Rights, University of North Carolina School of Law Human Rights Policy Clinic, Stefani Bonato, McKenna Coll, and Eric Tars. 2010. *Domestic Workers' Rights in the United States: A Report Prepared for the United Nations Human Rights Committee in Response to the Second and Third Periodic Report of the United States*. Washington, DC: Global Rights.  
<<http://www.law.unc.edu/documents/clinicalprograms/domesticworkersreport.pdf>> (accessed November 14, 2011).
- Appelbaum, Eileen and Carrie Leana. 2011. *Improving Job Quality: Direct Care Workers in the US*. Washington, DC: Center for Economic and Policy Research.
- Baines, Donna. 2006. "Staying with People Who Slap Us Around: Gender, Juggling Responsibilities and Violence in Paid (and Unpaid) Care Work." *Gender, Work, and Organization* 13(2): 129–151. .
- Boris, Eileen and Carolyn Lewis. 2006. "Caregiving and Wage-Earning: A Historical Perspective on Work and Family." In *The Handbook of Work and Family: Multidisciplinary Perspectives and Approaches*. Edited by Marcie Pitt-Catsouphes, Ellen Ernst Kossek, and Stephen Sweet, 73–97. Mahwah, NJ: Lawrence Erlbaum.
- Bridgman, Benjamin, Andrew Dugan, Mikhael Lal, Matthew Osborne, and Shaunda Villones. 2012. "Accounting for Household Production in the National Accounts, 1965–2010." *Survey of Current Business* 92(5): 23–36.
- Centers for Medicare and Medicaid Services. 2012. "What Is Long-Term Care?"  
<<http://www.medicare.gov/longtermcare/static/home.asp>> (accessed March 17, 2013).
- Clare, Stacey. 2005. "Finding Dignity in Dirty Work: The Constraints and Rewards of Low-Wage Home Care Labour." *Sociology of Health and Illness* 27(6): 831–854.  
<<http://laborcenter.berkeley.edu/homecare/pdf/stacey.pdf>> (accessed April 4, 2012).
- Cohn, D'Vera, Jeffrey S. Passel, Wendy Wang, and Gretchen Livingston. 2011. *Barely Half of U.S. Adults Are Married – A Record Low*. Washington, DC: Pew Research Center.  
<<http://www.pewsocialtrends.org/2011/12/14/barely-half-of-u-s-adults-are-married-a-record-low/>> (accessed March 20, 2013).

de Leon, Erwin. 2012. *National Indicators and Social Wealth*. Washington, DC: The Urban Institute.

Direct Care Alliance, Inc. 2012. "Health Care and Benefits for Direct Care Workers." <<http://blog.directcarealliance.org/wp-content/uploads/2011/06/P5-Health-Care-and-Benefits-for-Direct-Care-Workers.pdf>> (accessed June 10, 2012).

Eisner, Robert. 1989. *The Total Incomes System of Accounts*. Chicago: University of Chicago Press.

England, Paula and Nancy Folbre. 1999. "The Cost of Caring." *Annals of the American Academy of Political and Social Science* 561(1): 39–51.

England, Paula, Michelle Budig, and Nancy Folbre. 2002. "Wages of Virtue: The Relative Pay of Care Work." *Social Problems* 49(4): 455–473.

Finegan, Meghan. 2010. "5,500 Wisconsin Home Care Providers Unite in Wisconsin's Largest Healthcare Union." <<http://www.seiu.org/2010/05/5500-wisconsin-home-care-providers-unite-in-wisconsins-largest-healthcare-union-1.php>> (accessed June 12, 2012).

Finkle, Tori, Heidi Hartmann, and Sunhwa Lee. 2007. "The Economic Security of Older Women and Men in the United States." Briefing Paper #D480. <<http://www.iwpr.org/publications/pubs/the-economic-security-of-older-women-and-men-in-the-united-states-1>> (accessed March 20, 2013).

Folbre, Nancy. 2012a. "Valuing Care." In *For Love and Money: Care Provision in the United States*, ed. Nancy Folbre. New York: Russell Sage Foundation, 92–111.

Folbre, Nancy. 2012b. "Valuing Domestic Product." <<http://economix.blogs.nytimes.com/2012/05/28/valuing-domestic-product/>> (accessed March 15, 2013).

Hartmann, Heidi and Ashley English. 2009. "Older Women's Retirement Security: A Primer." *Journal of Women, Politics, & Policy* 30(2–3): 109–140.

Hartmann, Heidi, Jeff Hayes, and Robert Drago. 2011. *Social Security Especially Vital to Women and People of Color, Men Increasingly Reliant*. Report #D494. Washington, DC: Institute for Women's Policy Research.

Hartwich, Korey. 2010. "12,000 Unite in Missouri Home Care Union." <<http://www.seiu.org/2010/05/12000-unite-in-missouri-home-care-union.php>> (accessed March 18, 2013).

Hegewisch, Ariane and Janet C. Gornick. 2008. *Statutory Routes to Workplace Flexibility in Cross-National Perspective*. IWPR Report #B258. Washington, DC: Institute for Women's Policy Research.

Hegewisch, Ariane, Hannah Liepmann, Jeffrey Hayes, and Heidi Hartmann. 2010. "Separate and Not Equal? Gender Segregation in the Labor Market and the Gender Gap." Report #377. Washington, DC: Institute for Women's Policy Research.

<<http://www.iwpr.org/initiatives/employment-job-quality>> (accessed December 21, 2011).

Henrici, Jane. 2013. *Improving Career Opportunities for Immigrant Women In-Home Care Workers*. Report #I925. Washington, DC: Institute for Women's Policy Research.

Hess, Cynthia and Jane Henrici. 2013. *Increasing Pathways to Legal Status for Immigrant In-Home Care Workers*. Report #I924. Washington, DC: Institute for Women's Policy Research.

Himmelweit, Susan. 1999. "Caring Labor." *The ANNALS of the American Academy of Political and Social Science* 561(1): 27–38.

Home Care Workers United District 1199 SEIU. 2012. "Home Care Workers Win Collective Bargaining." <<http://www.homecareunited.org/2012/05/04/home-care-workers-win-collective-bargaining/>> (accessed June 12, 2012).

Howes, Candace, Carrie Leana, and Kristin Smith. 2012. "Paid Care Work." In *For Love and Money: Care Provision in the United States*, ed. Nancy Folbre. New York: Russell Sage Foundation, 65–91.

Institute for Women's Policy Research. 2012a. Calculations of data from the Current Population Survey Outgoing Rotation Groups for 2011 based on Center for Economic and Policy Research CPS ORG Uniform Extracts, Version 1.7. Washington, DC.

Institute for Women's Policy Research. 2012b. Calculations of data from the 2010 American Community Survey based on Ruggles et al., Integrated Public Use Microdata Series: Version 5.0 [Machine-readable database]. Minneapolis: University of Minnesota, 2010.

Kinsella, Kevin and Yvonne J. Gist. 1998. "Gender and Aging: Mortality and Health." U.S. Department of Commerce, Economics and Statistics Administration, Bureau of the Census.

<<http://www.census.gov/population/international/files/ib98-2.pdf>> (accessed March 21, 2013).

Martin, Susan, B. Lindsay Lowell, Elzbieta M. Gozdzia, Micah Bump, Mary E. Breeding. 2009. *The Role of Migrant Care Workers in Aging Societies: Report on Research Findings in the United States*. Institute for the Study of International Migration – Walsh School of Foreign Service – Georgetown University. <<http://isim.georgetown.edu/work/publications/>> (accessed October 24, 2011).

National Clearinghouse for Long Term Care Information. 2013. "Who Pays for Long Term Care Services?" <[http://www.longtermcare.gov/LTC/Main\\_Site/Paying/Costs/Who\\_Pays.aspx](http://www.longtermcare.gov/LTC/Main_Site/Paying/Costs/Who_Pays.aspx)> (accessed March 17, 2013).

Negri, Richard. 2011. "SEIU Home Care Members Unite to Take On the Long Term Care Crisis." <<http://www.seiu.org/2011/07/seiu-homecare-members-unite-to-take-on-the-long-te.php>> (accessed June 5, 2012).

- New York Department of Labor. 2011. "Labor Rights and Protections for Domestic Workers in New York." <<http://www.labor.ny.gov/formsdocs/wp/P712-english.pdf>> (accessed July 9, 2012).
- Paraprofessional Healthcare Institute. 2003. *Training Quality Home Care Workers*. New York, NY: Paraprofessional Healthcare Institute.
- Price, Lee. 2005. "Shifting Risk: Workers Today Near Retirement More Vulnerable and with Lower Pensions." Washington, DC: Economic Policy Institute. <<http://www.epi.org/page/-/old/issuebriefs/213/ib213.pdf>> (accessed July 9, 2012).
- Rhee, Nari and Carol Zabin. 2009a. "Aggregating Dispersed Workers: Union Organizing in the 'Care' Industries." *Geoforum* 40: 969–979.
- Rhee, Nari and Carol Zabin. 2009b. "The Social Benefits of Unionization in the Long-Term Care Sector." In *Academics on Employee Free Choice: Multidisciplinary Approaches to Labor Law Reform*, ed. John Logan, 83–95. Berkeley: UC Berkeley Center for Labor Research. <<http://laborcenter.berkeley.edu/laborlaw/efca09.pdf>> (accessed June 12, 2012).
- Rosen, Ruth. 2007. "The Care Crisis." *The Nation*. <<http://www.thenation.com/article/care-crisis#>> (accessed July 10, 2012).
- Ruggles, Stephen, J. Trent Alexander, Katie Genadek, Ronald Goeken, Matthew B. Schroeder, and Matthew Sobek. Integrated Public Use Microdata Series: Version 5.0 [Machine-readable database]. Minneapolis: University of Minnesota, 2010.
- Seavey, Dorie with Abby Marquand. 2011. *Caring in America: A Comprehensive Analysis of the Nation's Fastest-Growing Jobs: Home Health and Personal Care Aides*. New York, NY: Paraprofessional Healthcare Institute.
- Smith, Peggie. 2009. "Protecting Home Care Workers under the Fair Labor Standards Act." *Direct Care Alliance Policy Brief No. 2*. June. <[http://blog.directcarealliance.org/wp-content/uploads/2009/06/6709-dca\\_policybrief\\_2final.pdf](http://blog.directcarealliance.org/wp-content/uploads/2009/06/6709-dca_policybrief_2final.pdf)> (accessed April 2, 2012).
- Stone, Robyn I. with Joshua M. Wiener. 2001. *Who Will Care For Us? Addressing the Long-Term Care Workforce Crisis*. Washington, DC: The Urban Institute and the American Association of Homes and Services for the Aging.
- U.S. Census Bureau. 2012a. "Civilian Population—Employment Status by Sex, Race, and Ethnicity: 1970 to 2009." In *Statistical Abstract of the United States: 2012* (131<sup>st</sup> edition). <<http://www.census.gov/compendia/statab/2012/tables/12s0588.pdf>> (accessed July 9, 2012).
- U.S. Census Bureau. 2012b. "Expectation of Life at Birth, 1970 to 2008, and Projections, 2010 to 2020." In *Statistical Abstract of the United States: 2012* (131<sup>st</sup> Edition). Washington, DC. <<http://www.census.gov/compendia/statab/2012/tables/12s0105.pdf>> (accessed May 31, 2011).
- U.S. Department of Health and Human Services. Administration on Aging. 2012. "A Profile of Older Americans: 2011." <[http://www.aoa.gov/aoaroot/aging\\_statistics/Profile/2011/2.aspx](http://www.aoa.gov/aoaroot/aging_statistics/Profile/2011/2.aspx)> (accessed March 12, 2013).

U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. National Center for Health Statistics. n.d. "Home Health Care Patients and Hospice Care Discharges: 2007 National Home and Hospice Care Survey."

<<http://www.cdc.gov/nchs/data/nhhcs/2007hospicecaresdischarges.pdf> > (accessed March 20, 2013).

U.S. Department of Labor. Bureau of Labor Statistics. 2012a. "Home Health and Personal Care Aides." *Occupational Outlook Handbook*.

<<http://www.bls.gov/ooh/Healthcare/Home-health-and-personal-care-aides.htm>> (accessed April 3, 2012).

U.S. Department of Labor. 2012b. "Notice of Proposal Rulemaking to Amend the Companionship and Live-In Worker Regulations."

<<http://www.dol.gov/whd/flsa/companionNPRM.htm>> (accessed April 19, 2012).

U.S. Department of Labor. 2013. Bureau of Labor Statistics. 2013. "Labor Force Statistics from the Current Population Survey." <<http://www.bls.gov/cps/cpsaat02.htm>> (accessed March 18, 2013).

U.S. Government Accountability Office. 2011. "Key Indicator Systems: Experiences of Other National and Subnational Systems Offer Insights for the United States." Washington, DC: U.S. Government Accountability Office. <<http://www.gao.gov/new.items/d11396.pdf>> (accessed March 17, 2013).

Weiss, Clyde. 2011. "Maryland Home Care Providers' Bargaining Rights Become Law."

<<http://www.afscme.org/blog/maryland-home-care-providers-bargaining-rights-become-law>> (accessed June 12, 2012).

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