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RESEARCH BRIEF

Racial Disparities in the Direct Care Workforce: Spotlight on Hispanic/Latino Workers

BY STEPHEN CAMPBELL

The second in a three-part series focusing on racial and ethnic disparities within the direct care workforce, this research brief closely examines the demographic and economic wellbeing of Hispanic/Latino direct care workers, including differences among ethnic subgroups. Hispanic/Latino direct care workers typically earn lower incomes than their non-Hispanic/Latino white peers—and many live in poverty and rely on public assistance. Nearly half of Hispanic/Latino workers are immigrants who commonly face language barriers in their daily lives and on the job. Tailored training and employment supports would improve the jobs and livelihood of Hispanic/Latino workers and help guarantee stable long-term care for the growing numbers of older adults and people with disabilities.



METHODOLOGY

Direct care workers include personal care aides, home health aides, and nursing assistants, as defined by the Standard Occupational Classification system developed by the Bureau of Labor Statistics at the U.S. Department of Labor. To produce this statistical portrait of Hispanic/Latino direct care workers, we analyzed American Community Survey 1-Year Public Use Microdata from 2005 to 2015. We grouped Hispanic/Latino workers into five subgroups by self-reported ethnic descent: “Mexican”; “Central American”; “South American”; “Hispanic/Latino Caribbean,” which includes Puerto Rican, Cuban, and Dominican workers; and “Other Hispanic/Latino,” which includes all other workers who identify as ethnically Spanish, Hispanic, or Latino.

ON THE DIRECT CARE WORKFORCE

The direct care workforce includes 4.5 million personal care aides, home health aides, and nursing assistants. They are largely employed in private homes, group homes, residential care facilities, assisted living facilities, continuing care retirement facilities, nursing care facilities, and hospitals. Direct care workers assist older adults and people living with disabilities with daily tasks, such as dressing, bathing, and eating. Personal care aides also help their clients with housekeeping and may assist them with errands, appointments, and social engagements outside of the home. Home health aides and nursing assistants perform some clinical tasks, such as blood pressure readings and assistance with range-of-motion exercises.

HISPANIC/LATINO WORKERS IN THE DIRECT CARE WORKFORCE

From 2005 to 2015, the number of Hispanic/Latino direct care workers grew significantly, with the largest growth among workers of Mexican or Caribbean descent.

- In this period, the number of Hispanic/Latino direct care workers increased from 332,000 to 592,000 workers (78 percent growth). In 2015, one in six direct care workers were Hispanic/Latino.
- Hispanic/Latino direct care workers of Mexican or Caribbean descent contributed the most to this growth. From 2005 to 2015, the number of workers of Mexican descent doubled from 173,000 to 338,000 (95 percent growth) and the number of workers of Caribbean descent increased from 75,000 to 140,000 (86 percent growth).¹
- Sixty-two percent of Hispanic/Latino workers identify as white and three percent identify as Black; the remaining proportion identify as American Indian (1 percent), Asian or Pacific Islander (1 percent), mixed race (3 percent), or another race.²

Hispanic/Latino direct care workers tend to have less formal education compared to non-Hispanic/Latino white workers.

- Sixty-two percent of Hispanic/Latino direct care workers have a high school education or less, compared to 44 percent of non-Hispanic/Latino white workers.
- Among Hispanic/Latino direct care workers, 65 percent of direct care workers of Central American descent, 64 percent of workers of Mexican descent, and 61 percent of workers of Caribbean descent have a high school education or less.
- Within this group, direct care workers of South American descent are the most formally educated—54 percent have some college education or a college degree.

Workers of Mexican descent are the least likely to be immigrants, and they have higher English proficiency than their peers from other Hispanic/Latino subgroups.

- Immigrants constitute 83 percent of all ethnically South American direct care workers, 80 percent of workers of Central American descent, 51 percent of workers of Hispanic/Latino Caribbean descent, and 37 percent of workers of Mexican descent (see Table 1).
- Twenty-four percent of Hispanic/Latino workers are not U.S. citizens, including 34 percent of workers of South American descent, 32 percent of workers of Central American descent, 27 percent of workers of Caribbean descent, and 22 percent of workers of Mexican descent.³

- One third (33 percent) of Hispanic/Latino workers of Caribbean descent have limited English proficiency, compared to one quarter (25 percent) of workers of Central or South American descent and one sixth (16 percent) of workers of Mexican descent.

TABLE 1: CITIZENSHIP STATUS VARIES AMONG HISPANIC/LATINO ETHNIC SUBGROUPS.

	U.S. BORN CITIZEN	U.S. CITIZEN BY NATURALIZATION	NOT A CITIZEN OF THE U.S.
Mexican Descent	63%	15%	22%
Caribbean Descent	49%	24%	27%
Central American Descent	20%	48%	32%
South American Descent	17%	49%	34%
Hispanic/Latino Total	54%	22%	24%

Source: U.S. Census Bureau. 2016. American Community Survey (ACS), 2005 to 2015 1-year Public Use Microdata Sample (PUMS). <https://www.census.gov/programs-surveys/acs/data/pums.html>; analysis by PHI (January 30, 2018).

Significant income disparities exist among Hispanic/Latino direct care workers: workers of Mexican descent have the lowest personal incomes, and those of Caribbean descent have the lowest family incomes.

- Median personal earnings are \$14,900 for direct care workers of Mexican descent, compared to \$16,000 for workers of South American descent and \$18,000 for those of Caribbean or Central American descent.
- The median family income for direct care workers of South American descent is \$57,100, whereas family incomes for all other Hispanic/Latino ethnic subgroups are much lower: the median family income is \$47,100 for workers of Central American descent, \$46,500 for workers of Mexican descent, and just \$36,000 for workers of Caribbean descent (see Table 2).
- By comparison, the median personal income is \$16,000 and the median family income is \$53,800 for non-Hispanic/Latino white workers.

Hispanic/Latino direct care workers of Mexican or Caribbean descent are more likely to live in poverty and rely on public assistance than non-Hispanic/Latino white workers and workers of Central or South American descent.

- One in four Hispanic/Latino direct care workers of Caribbean descent and one in five workers of Mexican descent live in poverty, compared to one in six non-Hispanic/Latino white workers and workers of South American descent, and one in seven workers of Central American descent.
- Public assistance programs support 44 percent of direct care workers of Mexican descent, 48 percent of workers of Central American descent, and 64 percent of workers of Hispanic/Latino Caribbean descent. Conversely, 39 percent of workers of South American descent and 38 percent of non-Hispanic/Latino white workers rely on public assistance.

TABLE 2: DIRECT CARE WORKERS OF MEXICAN DESCENT HAVE LOWER EARNINGS THAN OTHER HISPANIC/LATINO WORKERS.

	MEDIAN ANNUAL PERSONAL EARNINGS	MEDIAN ANNUAL FAMILY INCOME
Mexican Descent	\$14,900	\$46,500
Caribbean Descent	\$18,000	\$36,000
Central American Descent	\$18,000	\$47,100
South American Descent	\$16,000	\$57,100
Hispanic/Latino Total	\$15,000	\$45,100

Source: U.S. Census Bureau. 2016. American Community Survey (ACS), 2005 to 2015 1-year Public Use Microdata Sample (PUMS). <https://www.census.gov/programs-surveys/acs/data/pums.html>; analysis by PHI (January 30, 2018).

CONCLUSION

As demand for long-term care has grown in recent years, Hispanic/Latino workers have joined the direct care workforce in large numbers. Despite their growing contribution, personal and family earnings are low for these workers. As a result, a large segment of Hispanic/Latino workers live in poverty and rely on public assistance to support themselves and their families. Given the high rate of immigration among Hispanic/Latino direct care workers, many of them speak Spanish as their first language, and a high proportion lack English proficiency.

Workers of Mexican descent are unique among Hispanic/Latino direct care workers. They constitute over half the Hispanic/Latino direct care workforce, and their numbers increased more quickly than any other Hispanic/Latino group from 2005 to 2015—nearly doubling in just 10 years. They are the most likely to be born in the U.S., many are bilingual, and they have the highest level of English proficiency. Yet they face more acute economic instability than other Hispanic/Latino subgroups.

Workforce supports in the long-term care industry should be tailored to the unique economic, cultural, linguistic, and immigration-related challenges facing Hispanic/Latino workers. These types of interventions—described in the recommendations section below—would provide much-needed stability to the direct care workforce at a time when older adults and people with disabilities increasingly rely on Hispanic/Latino workers for care.

RECOMMENDATIONS TO SUPPORT PEOPLE OF COLOR IN THE DIRECT CARE WORKFORCE

All direct care workers need jobs with livable wages, good benefits, appropriate training, and advancement opportunities. People of color working in direct care struggle with additional obstacles rooted in a lifetime of racial discrimination and other forms of discrimination. Building on a framework proposed by leading advocates for racial justice,⁴ PHI recommends the following interventions to ensure that people of color succeed in direct care.

- **Expand opportunities for advancement in direct care.** People of color face significant barriers to accessing educational opportunities that can lead to higher earnings. Building training and advancement opportunities into direct care jobs can help workers obtain the skills and roles to improve their economic stability.
- **Collect race-related outcomes data.** Long-term care leaders need better data on the direct care workforce to measure its size and distribution, stability (including turnover, retention, and vacancy rates), and compensation rates and trends, among other variables. Monitoring these outcomes by race and ethnicity is particularly important for identifying where disparities exist and how they specifically impact people of color in the direct care workforce.
- **Set hiring and retention goals to diversify the long-term care field.** While people of color are a large and growing segment of the direct care workforce, diversity is needed at every level in long-term care organizations. Trainers, supervisors, managers, and executive leaders in diversified organizations will be better prepared to address the challenges that people of color face in their direct care roles—and help meet diverse consumers’ needs.



- **Provide comprehensive supports to workers.** Employers can offer employment supports to address the unique challenges faced by people of color in direct care—for example, by partnering with organizations rooted in communities of color to provide referrals to child care, transportation, financial services, and/or immigration assistance, among other supports.
- **Specify racial equity indicators in philanthropic investment.** Philanthropic organizations are uniquely positioned to address inequality in the direct care workforce by adopting racial equity indicators into the reporting requirements for workforce development projects.
- **Draw on the vast and diverse leadership of people of color workforce experts.** Communities of color have extensive experience in addressing employment-related challenges in their communities. Long-term care leaders can adopt these lessons for the direct care field.

These strategies to address racial and ethnic disparities in the direct care workforce could help improve the lives of workers, their families, and the consumers they support.

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NOTES

¹ In 2015, there were 47,000 Hispanic/Latino workers of Central American descent, 37,000 workers of South American Descent, and 30,000 workers of some other Hispanic/Latino descent.

² In the American Community Survey, respondents are coded as “Some other race” if they name a Hispanic/Latino group in response to race-related questions.

³ The American Community Survey does not specify whether non-citizen immigrants are lawful, temporary lawful, or undocumented.

⁴ Race Forward. 2017. *Race-Explicit Strategies for Workforce Equity in Healthcare and IT*. New York, NY: Race Forward. https://www.raceforward.org/system/files/pdf/reports/RaceForward_RaceExplicitStrategiesFullReport.pdf

About PHI

PHI works to transform eldercare and disability services. We foster dignity, respect, and independence for all who receive care, and all who provide it. As the nation's leading authority on the direct care workforce, PHI promotes quality direct care jobs as the foundation for quality care.

Drawing on 25 years of experience working side-by-side with direct care workers and their clients in cities, suburbs, and small towns across America, PHI offers all the tools necessary to create quality jobs and provide quality care. PHI's trainers, researchers, and policy experts work together to:

- Learn what works and what doesn't in meeting the needs of direct care workers and their clients, in a variety of long-term care settings;
- Implement best practices through hands-on coaching, training, and consulting, to help long-term care providers deliver high-quality care;
- Support policymakers and advocates in crafting evidence-based policies to advance quality care.

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