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ISSUE BRIEF

Direct Care Worker Disparities: Key Trends and Challenges

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Low wages and poor job quality undermine employment experiences and outcomes for all direct care workers, but how do these experiences and outcomes vary *within* the workforce? This research brief offers a detailed snapshot of the direct care workforce by gender and race/ethnicity. We show that women of color now comprise more than half of all direct care workers, but women and people of color in this workforce experience heightened economic instability compared to their white and male counterparts. These and other findings from this research underscore the pressing need to implement policy and practice interventions that explicitly address disparities in the direct care workforce.

INTRODUCTION

With 4.5 million workers in 2019, the direct care workforce is the largest workforce in the United States—and it is projected to add another 1.3 million new jobs from 2019 to 2029, which is more new jobs than any other single occupation.¹ Despite the high demand for direct care workers—who provide essential daily support to millions of older adults and people with disabilities across long-term care settings—these jobs typically pay poverty wages and provide minimal opportunities for advancement. Given that this workforce comprises mainly women and people of color, poor job quality for direct care workers both reflects and perpetuates the longstanding societal disadvantages facing women, people of color, and other marginalized populations.

To promote racial and gender equity for direct care workers, long-term care leaders need to know more about the unique characteristics of women and people of color in this workforce and the challenges they face. To that end, this research brief examines the number and proportion of women and people of color in the direct care workforce over the past decade; explores variations across the direct care workforce according to gender and race/ethnicity; and identifies differences in economic outcomes for women and people of color in this workforce compared to their male and white peers.

Our analysis confirms that women and people of color hold the vast majority of direct care jobs, and women of color are a rapidly growing segment of the direct care workforce. We also find that gender and race/ethnicity shape economic outcomes for direct care workers in a number of ways. These findings highlight the pressing need to implement policies and practices to support direct care workers overall, and women and people of color in particular.

METHODOLOGY

This analysis of the direct care workforce includes personal care aides, home health aides, and nursing assistants as defined by the Standard Occupational Classification system developed by the Bureau of Labor Statistics (BLS) at the U.S. Department of Labor. We define “home care workers” as direct care workers who work in private homes, “residential care aides” as those who work in residential care communities (like group homes and assisted living communities), and “nursing assistants in nursing homes” as those who work in skilled nursing homes.

To produce the descriptive statistics in this brief, we drew primarily on 2009 to 2019 data from the U.S. Census Bureau’s American Community Survey (ACS). The ACS is a yearly national survey that captures detailed information about education, jobs, economic status, and other variables. To estimate the number of direct care workers in each gender and racial/ethnic category, we applied percentages from the ACS to BLS Occupational Employment and Wage Statistics. We also used pooled 2020 data from the U.S. Census Bureau’s monthly Current Population Survey to examine hourly wages and employment status.² This survey collects a less comprehensive set of variables than the ACS but on a monthly rather than annual basis.

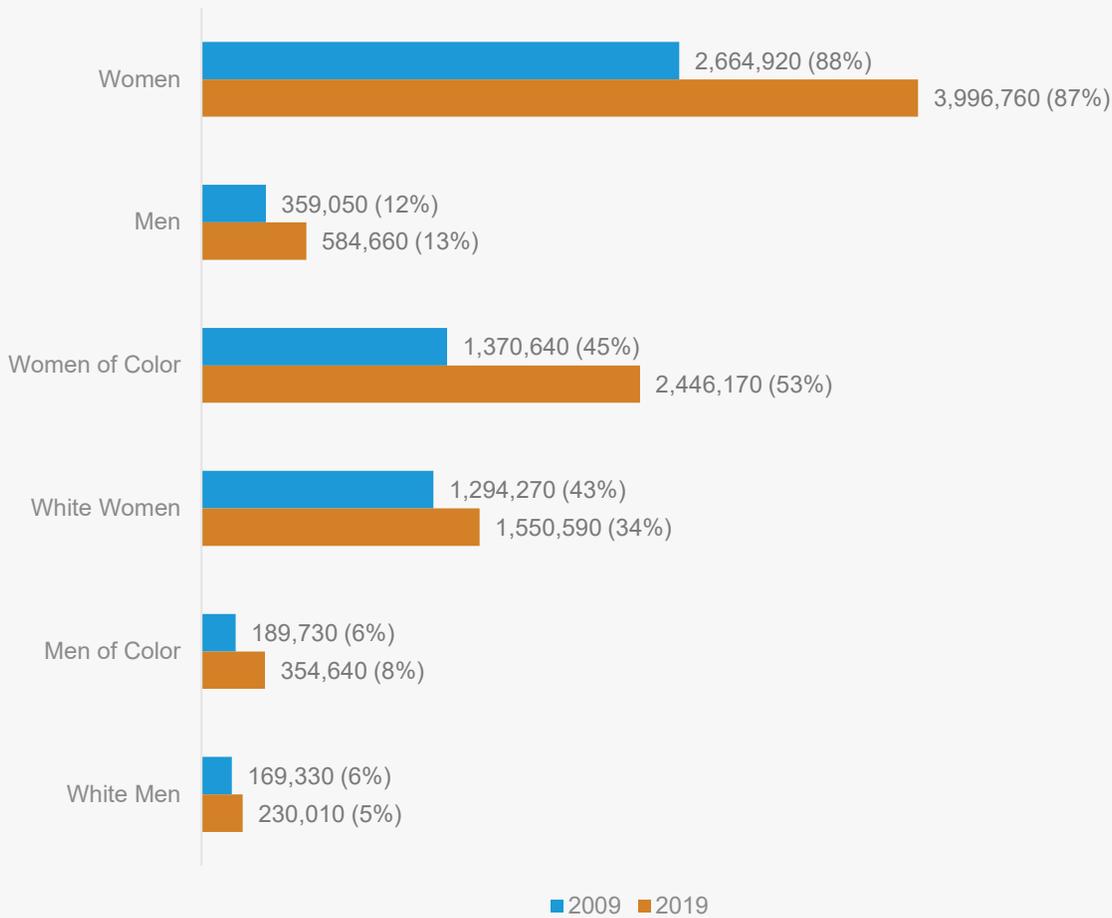
To examine differences in the direct care workforce by race/ethnicity, we compared direct care workers who identify as “White,” “Black or African American,” “Asian and Pacific Islander,” or “Hispanic or Latino.” We grouped workers who identify as American Indian, Alaskan Native, mixed-race, or another non-white race into a fifth category labeled “other” or “workers of another race.” The “Hispanic or Latino” category includes all those who identify as Hispanic/Latino, regardless of race (e.g., Afro-Latino workers). We also included a composite category, “people of color,” meaning all those who identify as a race/ethnicity other than white, and we cross-tabulated this category with gender to explore differences among “women of color,” “white women,” “men of color,” and “white men.”

THE EVOLVING PROFILE OF THE DIRECT CARE WORKFORCE

Most direct care workers are women and people of color, and women of color in particular are a large and growing segment of the direct care workforce.

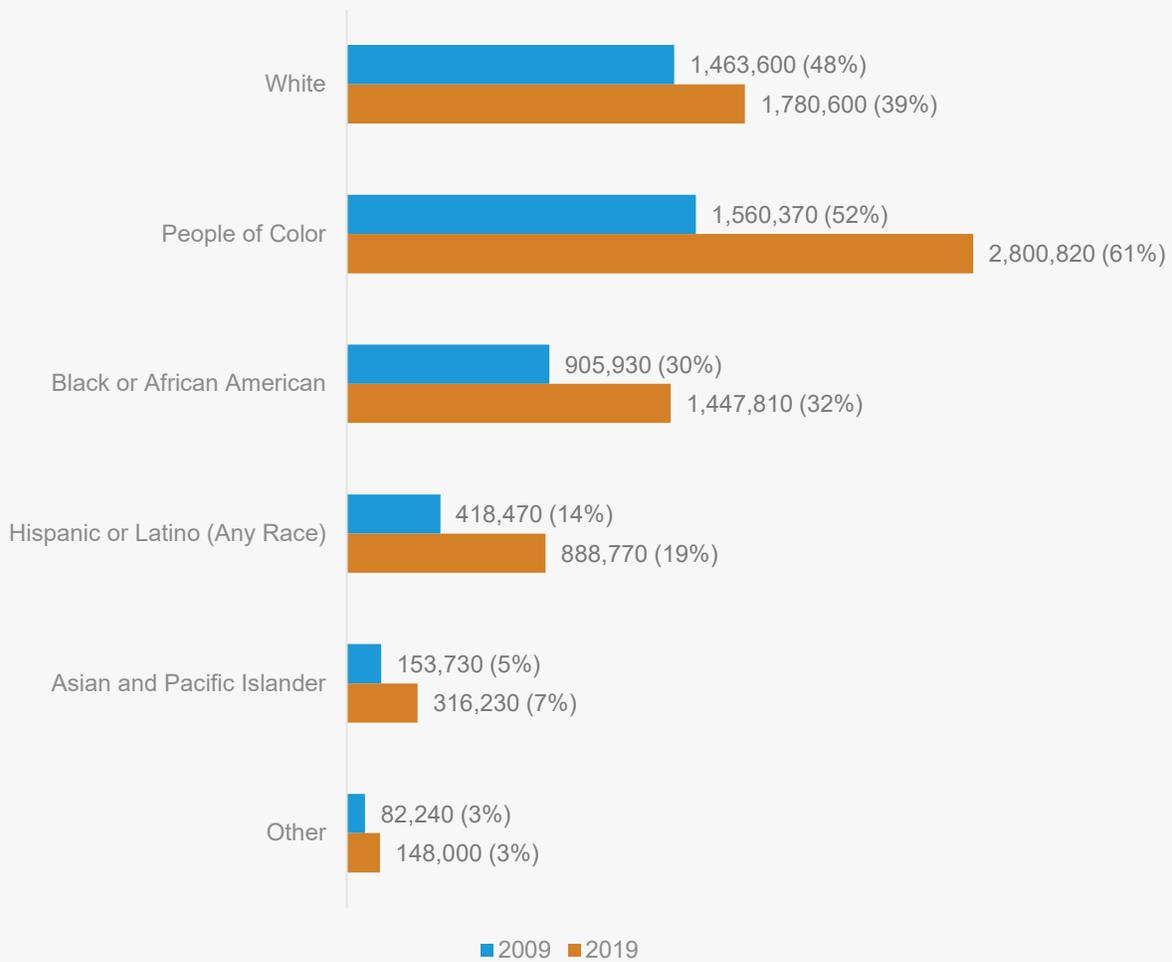
- Women continue to comprise the majority of the direct care workforce. Additionally, the proportion of direct care workers who are women of color increased from 45 to 53 percent of the workforce between 2009 and 2019—growing from 1.4 million to 2.4 million workers. (See Figure 1.)
- Regarding race and ethnicity, the number of people of color in the direct care workforce grew from 1.7 million workers in 2009 (52 percent of the workforce) to 2.8 million workers in 2019 (61 percent).
- The number of Black/African American workers grew the most, from 906,000 workers in 2009 to 1.4 million in 2019. However, Hispanic/Latino workers grew at the fastest rate, more than doubling in number from 418,000 workers in 2009 to 889,000 in 2019. (See Figure 2 and, for additional details on the changing composition of the direct care workforce, see Appendix 1.)
- Women of color grew as a share of the workforce across every long-term care setting. The proportion of workers who are women of color increased by 6 percentage points among home care workers, 7 percentage points among residential care aides, and 8 percentage points among nursing assistants in nursing homes. (See Appendices 2 through 4 for additional details on the changing composition of the direct care workforce across long-term care settings.)

Figure 1: Number and Proportion of Direct Care Workers by Gender and Race/Ethnicity, 2009 to 2019



Sources: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics. 2021. *May 2009 to May 2019 National Occupational Employment and Wage Estimates*. <https://www.bls.gov/oes/current/oesrci.htm#analysis>; analysis by PHI (January 2022).

Figure 2: Number and Proportion of Direct Care Workers by Race/Ethnicity, 2009 to 2019



Sources: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics. 2021. *May 2009 to May 2019 National Occupational Employment and Wage Estimates*. <https://www.bls.gov/oes/current/oesosci.htm#analysis>; analysis by PHI (January 2022).

VARIATIONS IN THE DIRECT CARE WORKFORCE BY GENDER AND RACE/ETHNICITY

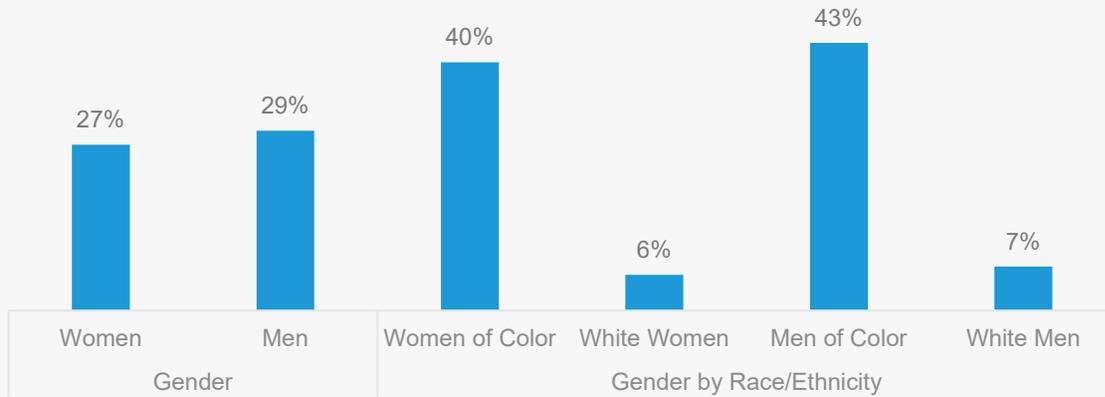
The median age for direct care workers differs across gender and race/ethnicity.

- The median age for women in the direct care workforce is 43 years old, versus 39 years for men.
- Regarding race and ethnicity, Asian/Pacific Islander workers have the highest median age (51 years), followed by Hispanic/Latino workers (43 years), white and Black/African American workers (42 years), and workers of another race (37 years). (For additional details on age, see Appendices 5 and 6.)

Many people of color in the direct care workforce are immigrants—especially compared to their white counterparts.

- Forty-three percent of men of color and 40 percent of women of color are immigrants, compared to 7 percent of white men and 6 percent of women. (See Figure 3.)
- People of color in the direct care workforce are significantly more likely to be immigrants than white workers. More specifically, nearly nine in ten (89 percent) Asian/Pacific Islander direct care workers are immigrants, as well as 46 percent of Hispanic/Latino workers, 29 percent of Black/African American workers, and 18 percent of workers of another race, compared to 6 percent of white workers. (See Figure 4 and, for additional detail on citizenship status, see Appendices 5 and 6.)

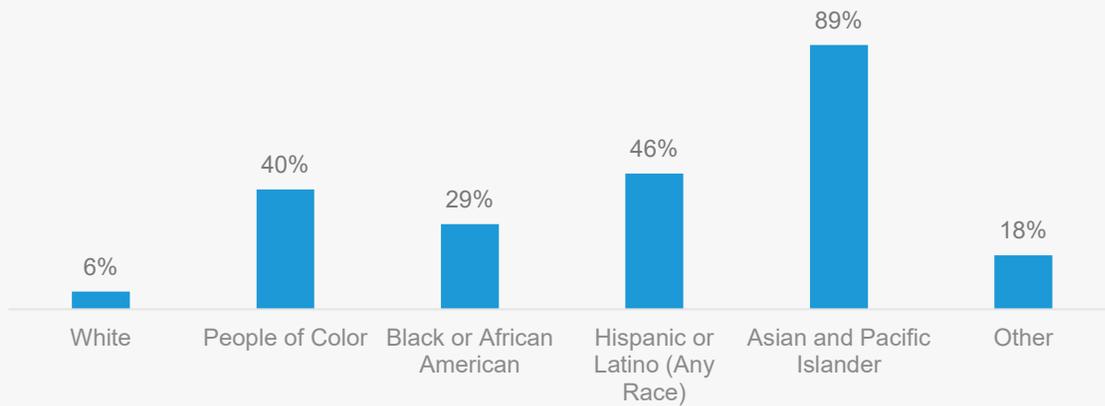
Figure 3: Immigrant Direct Care Workers by Gender and Race/Ethnicity, 2019



Note: “Immigrants” include workers who are naturalized U.S. citizens and non-citizens, including lawful permanent residents, temporary migrants, humanitarian migrants, and undocumented immigrants.

Source: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; analysis by PHI (January 2022).

Figure 4: Immigrant Direct Care Workers by Race/Ethnicity, 2019



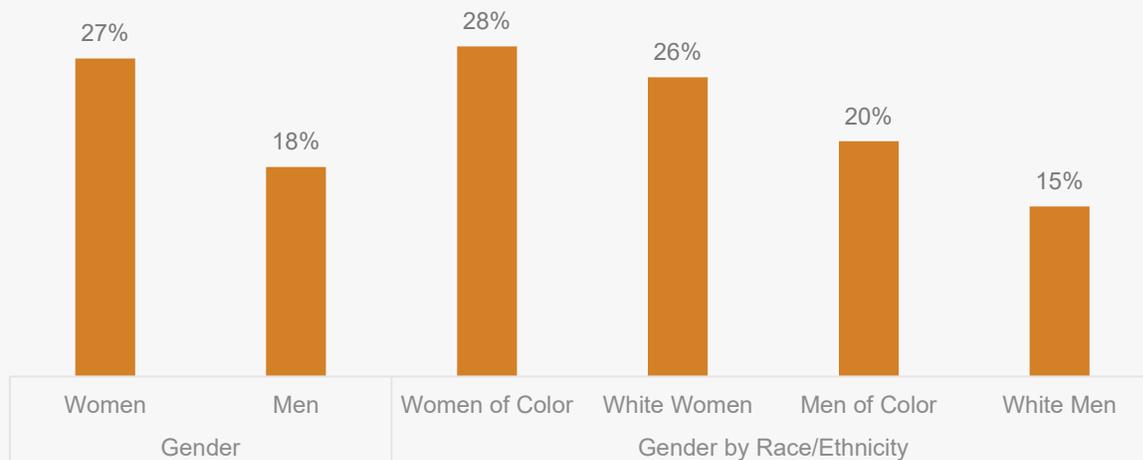
Note: “Immigrants” include workers who are naturalized U.S. citizens and non-citizens, including lawful permanent residents, temporary migrants, humanitarian migrants, and undocumented immigrants.

Source: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; analysis by PHI (January 2022).

People of color are generally more likely than white workers to have children and substantially more likely to live in larger households.

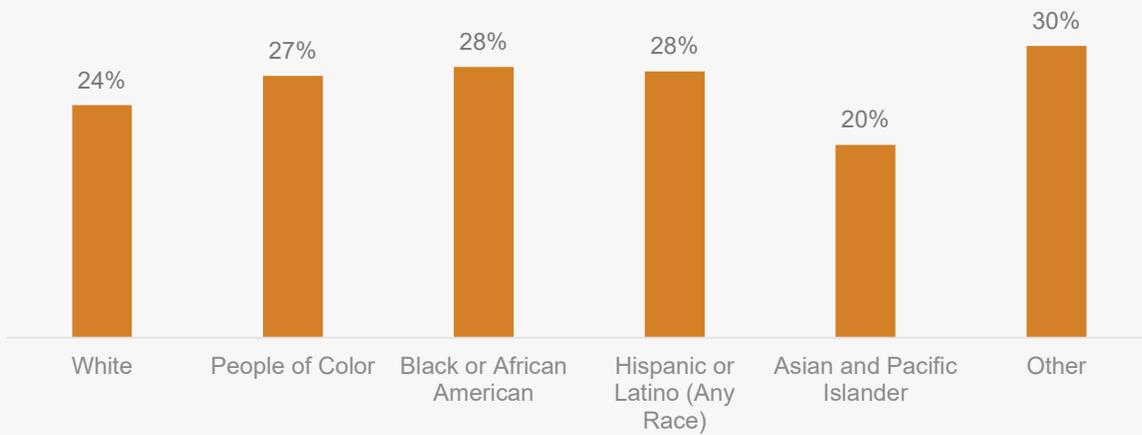
- Twenty-eight percent of women of color and 26 percent of white women have children at home, compared to 20 percent of men of color and 15 percent of white men. (See Figure 5.)
- The proportion of direct care workers with children at home by race/ethnicity ranges from 20 percent of Asian/Pacific Islander workers to 24 percent of white workers, 28 percent of Black/African American and Hispanic/Latino workers, and 30 percent of workers of another race. (See Figure 6 and, for additional details on parental status, see Appendices 5 and 6.)

Figure 5: Direct Care Workers by Gender, Race/Ethnicity, and Parental Status, 2019



Source: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; analysis by PHI (January 2022).

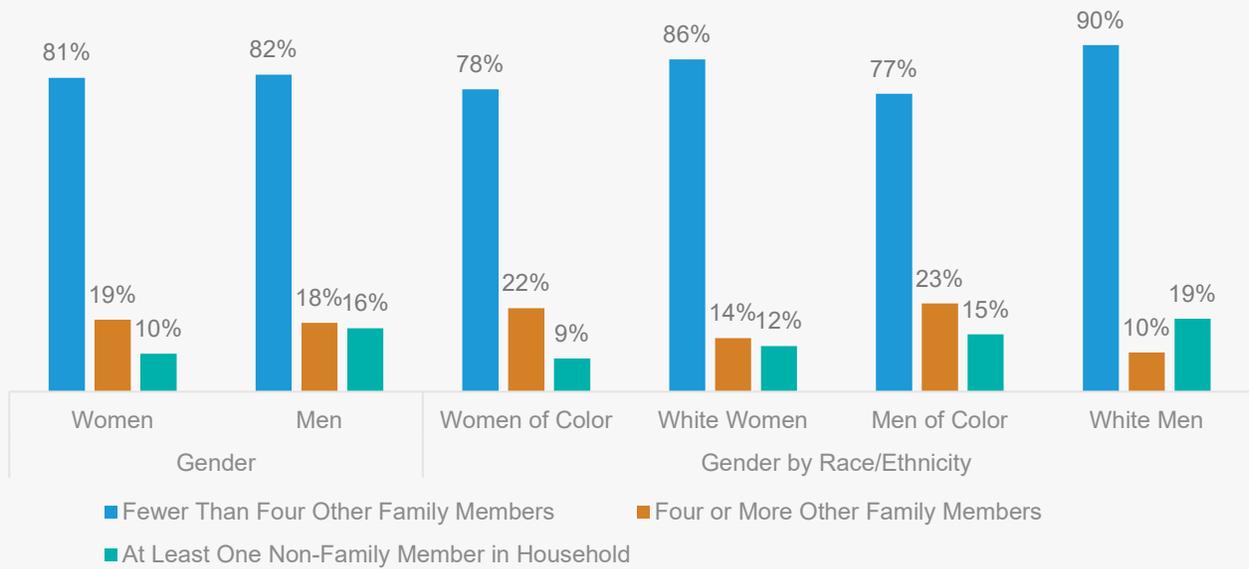
Figure 6: Direct Care Workers by Race/Ethnicity and Parental Status, 2019



Source: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; analysis by PHI (January 2022).

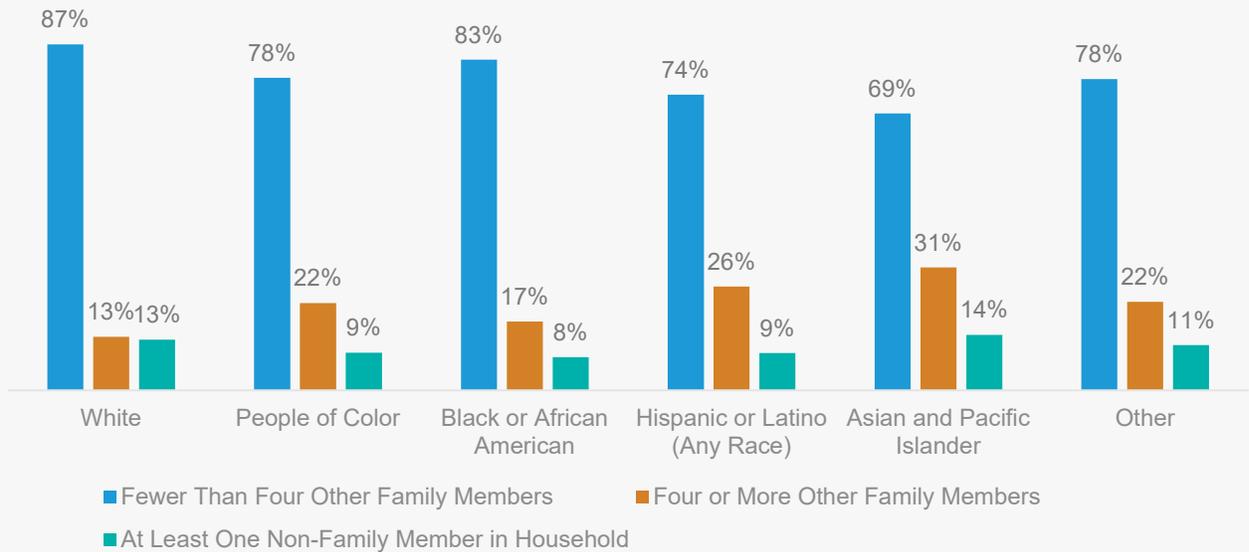
- Considering household size, men of color in the direct care workforce are 13 percentage points more likely than white men—and women of color are 8 percentage points more likely than white women—to live with four or more family members. By contrast, white men are most likely to live with a non-family household member. (See Figure 7.)
- Among racial and ethnic groups, Asian/Pacific Islanders have the largest households: 31 percent live with four or more other family members. Twenty-six percent of Hispanic/Latino workers, 22 percent of workers of another race, 17 percent of Black/African workers, and 13 percent of white workers also live with four or more family members. The proportion of workers living with at least one non-family member ranges from 8 percent for Hispanic/Latino workers to 13 percent for Asian/Pacific Islander workers. (See Figure 8 and, for additional detail on household composition, see Appendices 5 and 6.)

Figure 7: Direct Care Workers by Gender, Race/Ethnicity, and Household Composition, 2019



Source: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; analysis by PHI (January 2022).

Figure 8: Direct Care Workers by Race/Ethnicity and Household Composition, 2019

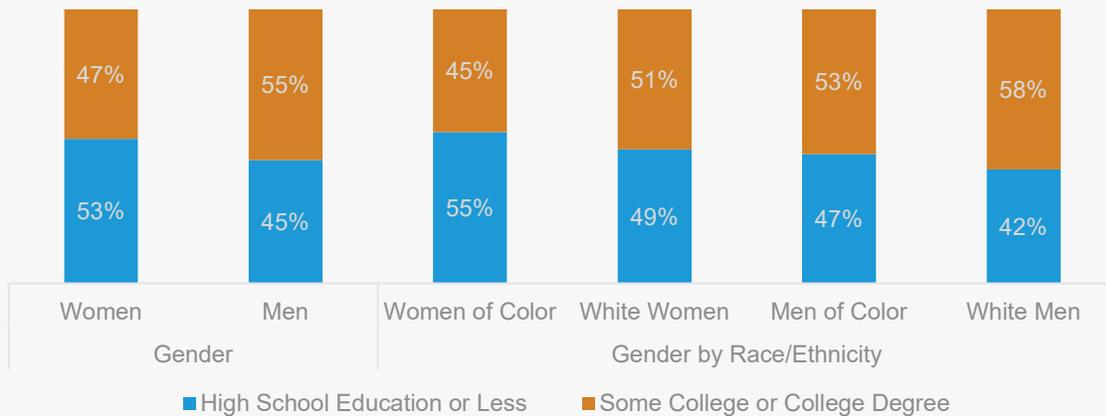


Source: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; analysis by PHI (January 2022).

Most women of color in the direct care workforce have a high school education or less.

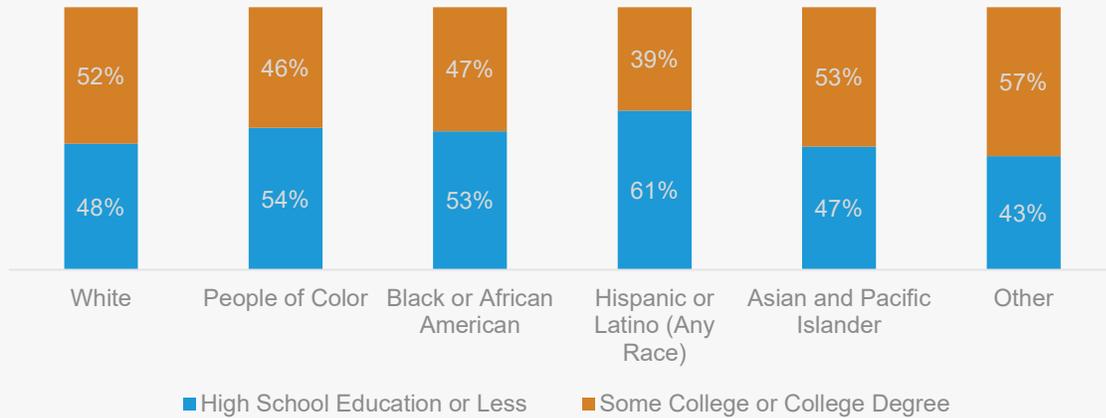
- Women of color are the most likely to have a high school education or less (55 percent), compared to 49 percent of white women, 47 percent of men of color, and 42 percent of white men. (See Figure 9.)
- Among racial/ethnic groups, 61 percent of Hispanic/Latino workers have a high school education or less compared to 53 percent of Black/African American workers, 48 percent of white workers, and 47 percent of Asian/Pacific Islander workers. (See Figure 10 and, for additional details on educational attainment, see Appendices 5 and 6.)

Figure 9: Direct Care Workers by Gender, Race/Ethnicity, and Educational Attainment, 2019



Source: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; analysis by PHI (January 2022).

Figure 10: Direct Care Workers by Race/Ethnicity and Educational Attainment, 2019

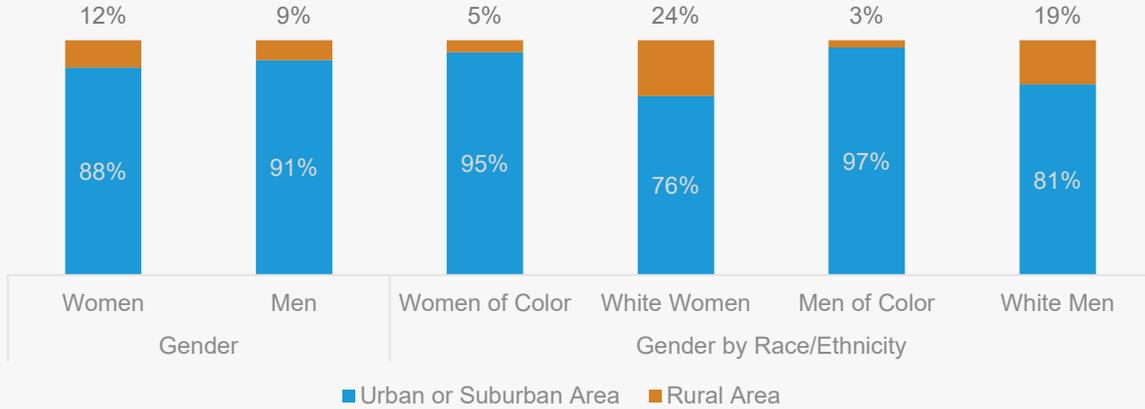


Source: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; analysis by PHI (January 2022).

In the direct care workforce, white workers are much likelier than people of color to live in rural areas.

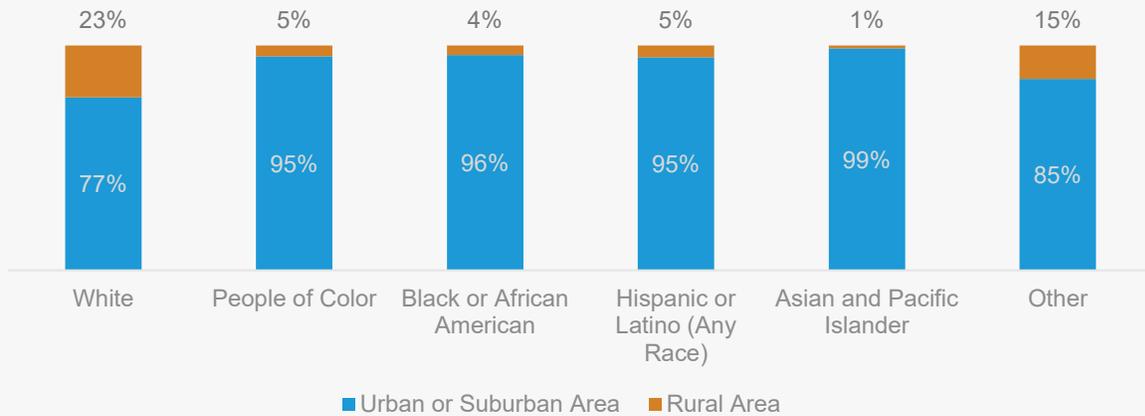
- Women in the direct care workforce are more likely to live in rural areas than men (12 percent versus 9 percent). (See Figure 11.)
- Geographic location varies even more by race/ethnicity: 23 percent of white direct care workers live in rural areas compared to 5 percent of people of color—including 1 percent of Asian/Pacific Islander workers, 4 percent of Black/African American workers, 5 percent of Hispanic/Latino workers, and 15 percent of workers of another race. (See Figure 12.)

Figure 11: Direct Care Workers by Gender, Race/Ethnicity, and Geographic Area, 2019



Source: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; analysis by PHI (January 2022).

Figure 12: Direct Care Workers by Race/Ethnicity and Geographic Area, 2019



Source: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; analysis by PHI (January 2022).

ECONOMIC DISPARITIES IN THE DIRECT CARE WORKFORCE BY GENDER AND RACE/ETHNICITY

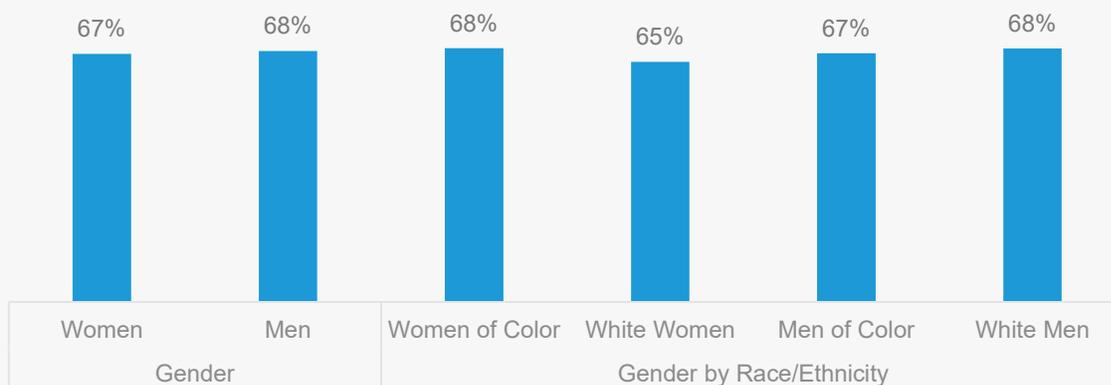
Median hourly wages for direct care workers are similar across gender and most racial/ethnic groups.

- The median hourly wage is \$13.00 for women of color, white women, men of color, white workers, Black/African American workers, and Hispanic/Latino workers in the direct care workforce. However, the median hourly wage is \$13.50 for white men and workers of another race and \$14.75 for Asian/Pacific Islander workers.

Black/African American direct care workers are more likely to work full time than workers of any other race or ethnicity.

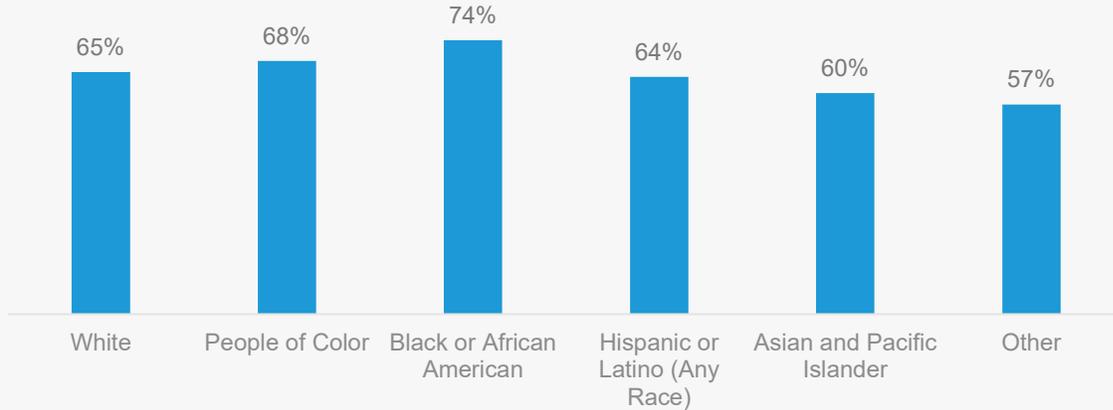
- Two-thirds of both men and women in the direct care workforce work full time (defined as 35 or more hours per week), but there is considerably more variation in full-time hours among racial and ethnic groups. (See Figure 13.) Black/African American workers are most likely to work full time (74 percent), compared to 65 percent of white workers, 64 percent of Hispanic/Latino workers, 60 percent of Asian/Pacific Islander workers, and 57 percent of workers of another race. (See Figure 14 and, for additional detail on employment status, see Appendices 5 and 6.)

Figure 13: Direct Care Workers with Full-Time Hours by Gender and Race/Ethnicity, 2020



Source: Flood, Sarah, Miriam King, Renae Rodgers, Steven Ruggles, and J. Robert Warren. 2021. *Integrated Public Use Microdata Series, Current Population Survey: Version 9.0*. <https://doi.org/10.18128/D030.V9.0>; analysis by PHI (January 2022).

Figure 14: Direct Care Workers with Full-Time Hours by Race/Ethnicity, 2020

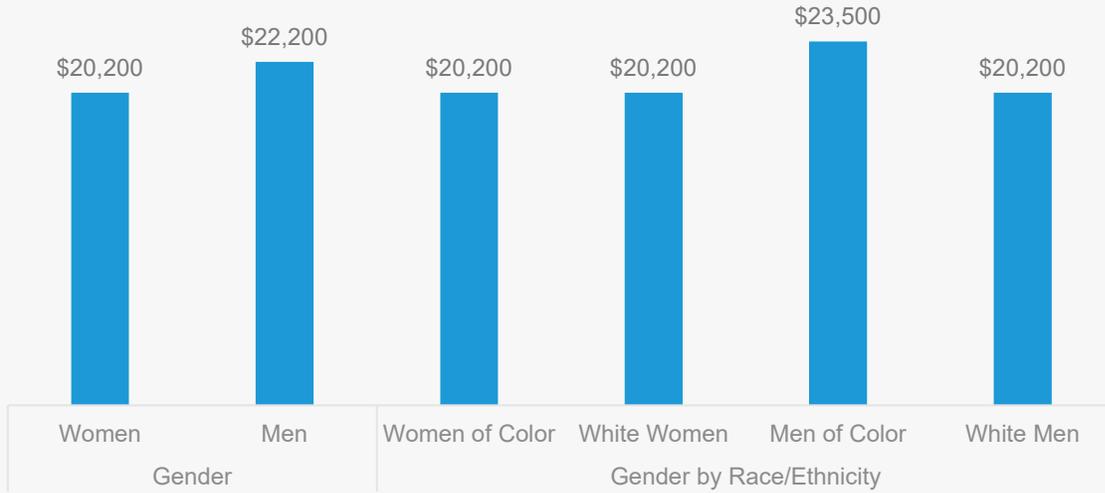


Source: Flood, Sarah, Miriam King, Renae Rodgers, Steven Ruggles, and J. Robert Warren. 2021. *Integrated Public Use Microdata Series, Current Population Survey: Version 9.0*. <https://doi.org/10.18128/D030.V9.0>; analysis by PHI (January 2022).

In the direct care workforce, Hispanic/Latino workers have the lowest annual earnings of any racial or ethnic group.

- Median annual personal earnings are \$20,200 for all women and white men, and \$23,500 for men of color in the direct care workforce. (See Figure 15.)
- Median annual personal earnings are also \$22,200 for Black/African American workers; \$20,200 for Asian/Pacific Islander workers, white workers, and workers of another race; and \$18,200 for Hispanic/Latino workers. (See Figure 16.)

Figure 15: Direct Care Worker Median Annual Personal Earnings by Gender and Race/Ethnicity, 2019



Source: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; analysis by PHI (January 2022).

Figure 16: Direct Care Worker Median Annual Personal Earnings by Race/Ethnicity, 2019



Source: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; analysis by PHI (January 2022).

Black/African American direct care workers have the lowest family income—and Asian/Pacific Islander workers have the highest—among all direct care workers.

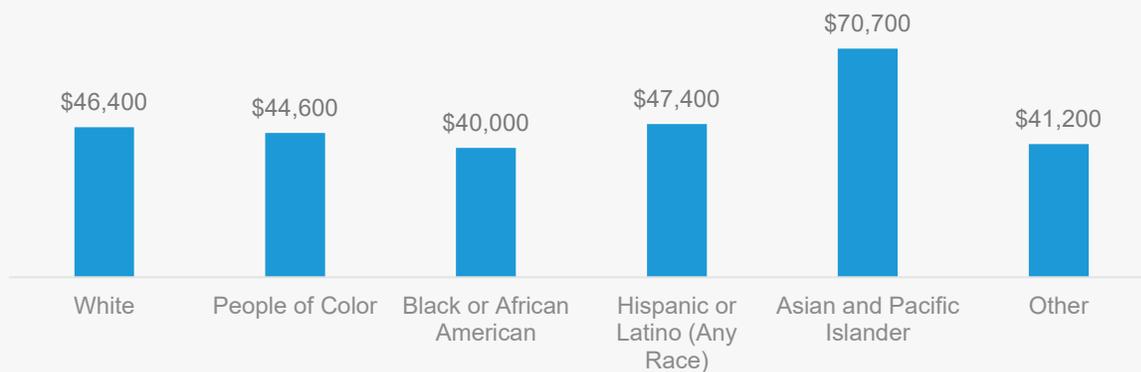
- In the direct care workforce, median annual family income is higher for men (\$48,500) than for women (\$45,100). Men of color have the highest median annual family income (\$50,200) whereas women of color have the lowest (\$43,700). (See Figure 17.)
- Despite having the highest personal earnings, Black/African American workers have the lowest median annual family income, at \$40,000, compared to \$41,200 for workers of another race, \$46,400 for white workers, \$47,400 for Hispanic/Latino workers, and \$70,700 for Asian/Pacific Islander workers. (See Figure 18.)

Figure 17: Direct Care Worker Median Annual Family Income by Gender and Race/Ethnicity, 2019



Source: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; analysis by PHI (January 2022).

Figure 18: Direct Care Worker Median Annual Family Income by Race/Ethnicity, 2019

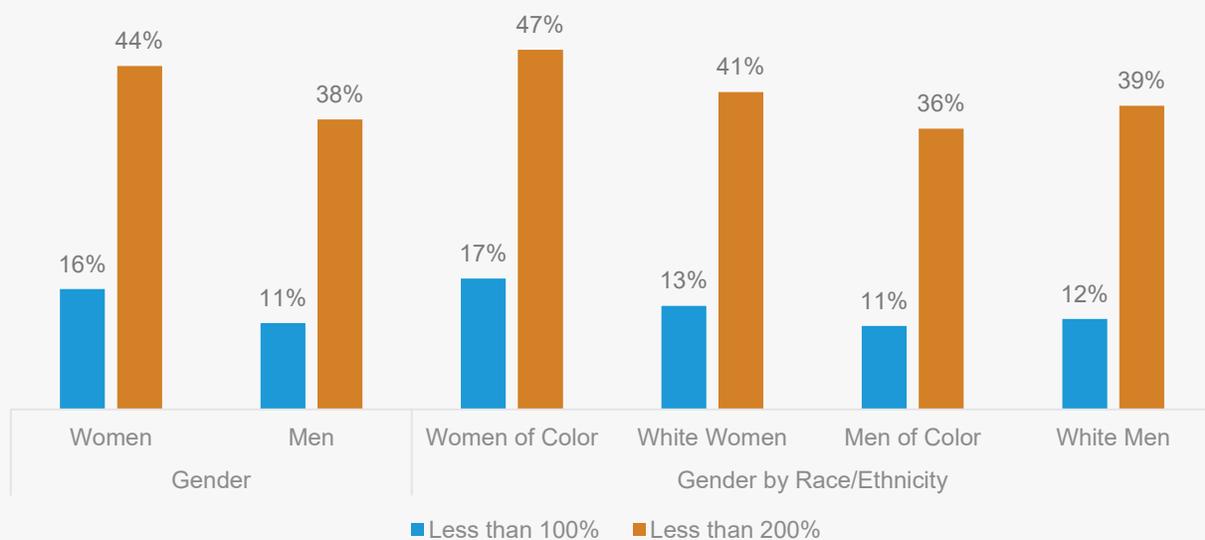


Source: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; analysis by PHI (January 2022).

Women of color in the direct care workforce are more likely to live in or near poverty than men and white women.

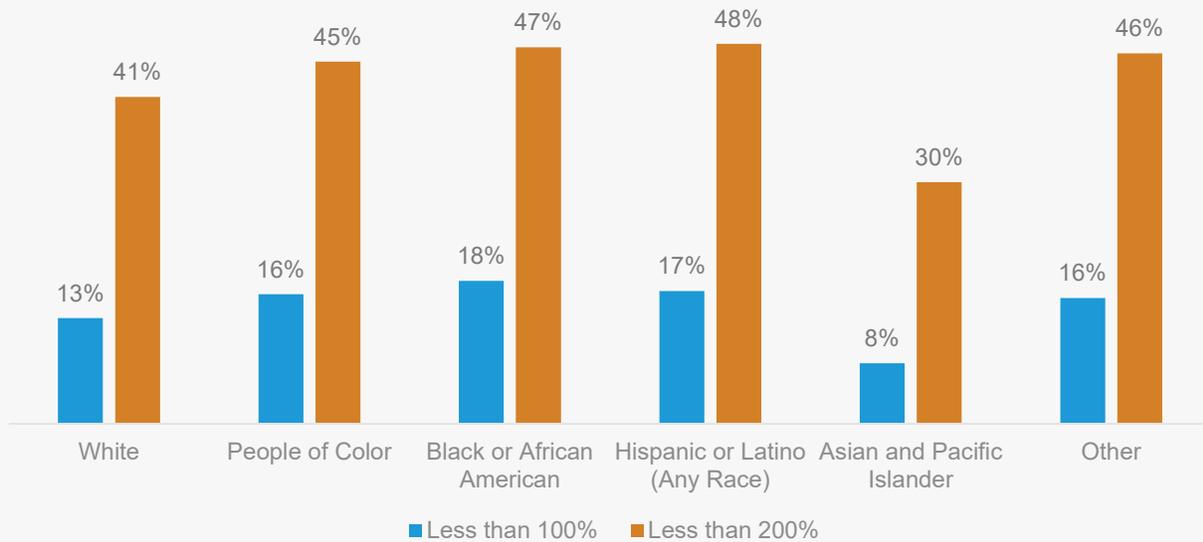
- Forty-seven percent of women of color in the direct care workforce live in or near poverty (defined as below 200 percent of the federal poverty level), followed by 41 percent of white women, 39 percent of white men, and 36 percent of men of color. (See Figure 19.)
- These rates vary considerably by race/ethnicity as well: 48 percent of Hispanic/Latino workers live in or near poverty, followed by 47 percent of Black/African American workers, 46 percent of workers of another race, 41 percent of white workers, and 30 percent of Asian/Pacific Islander workers. Women and most people of color are also more likely than men and white workers to live below 100 percent of the federal poverty level. (See Figure 20.)

Figure 19: Direct Care Workers by Gender, Race/Ethnicity, and Poverty Level, 2019



Source: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; analysis by PHI (January 2022).

Figure 20: Direct Care Workers by Race/Ethnicity and Poverty Level, 2019

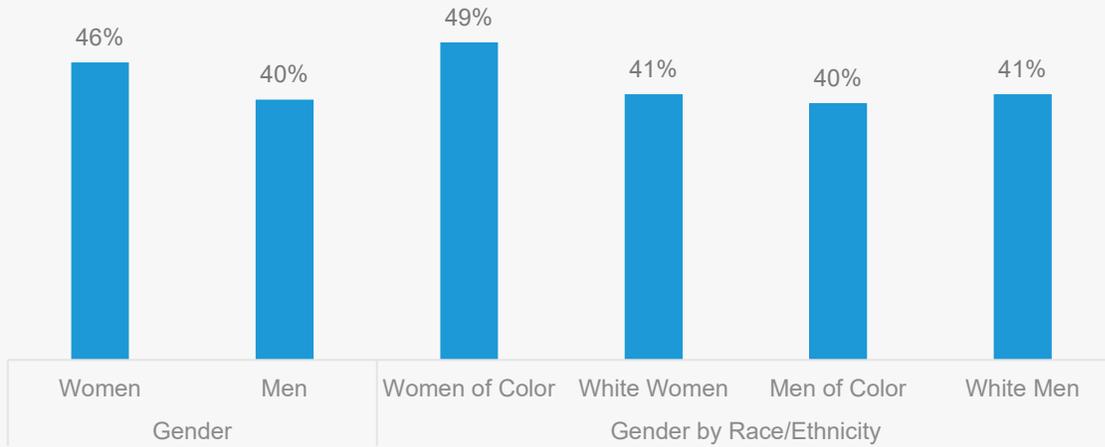


Source: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; analysis by PHI (January 2022).

In the direct care workforce, women of color are most likely to access public assistance.

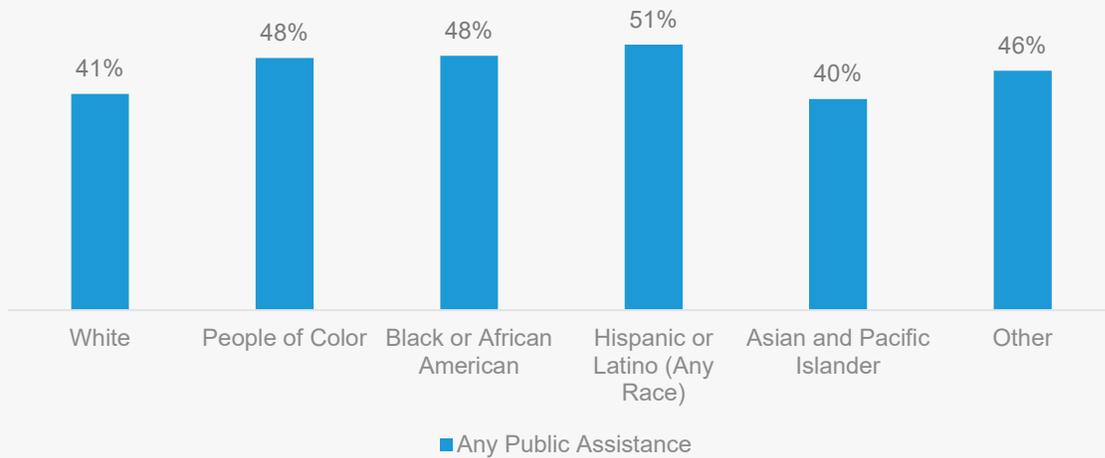
- Forty-nine percent of women of color in the direct care workforce rely on some form of public assistance (most often Medicaid or food and nutrition assistance), compared to 41 percent of white men and women and 40 percent of men of color. (See Figure 21.)
- Over half of Hispanic/Latino workers (51 percent) access public assistance, as well as 48 percent of Black African/American workers and 46 percent of workers of another race. In contrast, 41 percent of white workers and 40 percent of Asian/Pacific Islander workers rely on public assistance. (See Figure 22 and, for additional detail on public assistance, see Appendices 5 and 6.)

Figure 21: Direct Care Workers Accessing Public Assistance by Gender and Race/Ethnicity, 2019



Source: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; analysis by PHI (January 2022).

Figure 22: Direct Care Workers Accessing Public Assistance by Race/Ethnicity, 2019

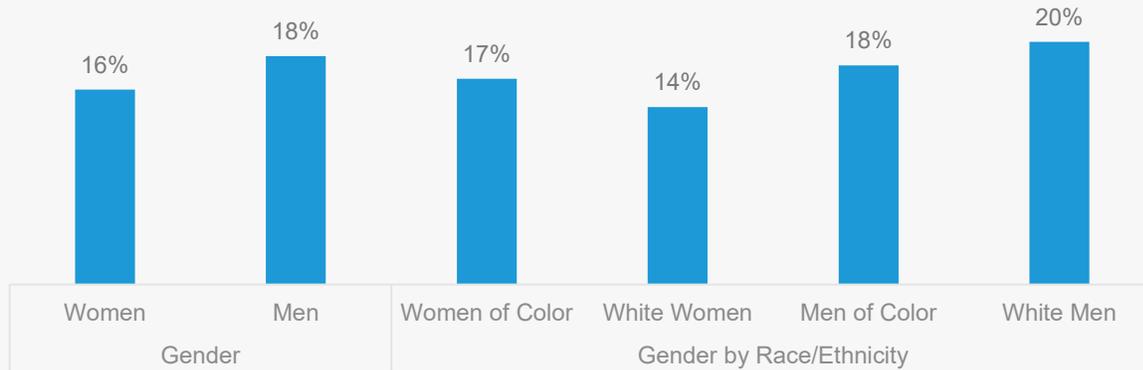


Source: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; analysis by PHI (January 2022).

Men, Hispanic/Latino workers, and workers of another race are least likely to have health insurance.

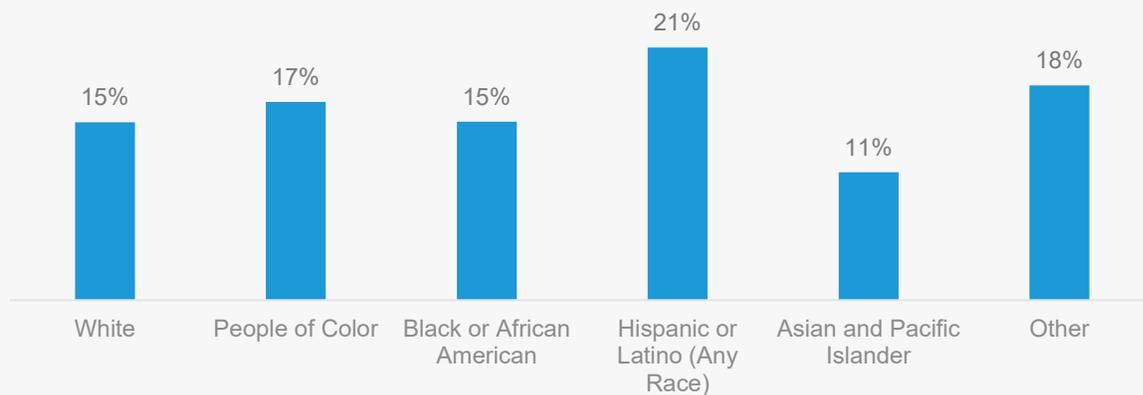
- Eighteen percent of men and 16 percent of women in the direct care workforce are uninsured. (See Figure 23.)
- Comparing workers by race/ethnicity, 21 percent of Hispanic/Latino workers lack health insurance, versus 18 percent of workers of another race, 15 percent of white and Black/African American workers, and 11 percent of Asian/Pacific Islander workers. (See Figure 24 and, for additional detail on insurance status and coverage, see Appendix 5 and 6.)

Figure 23: Direct Care Workers Who Are Uninsured by Gender and Race/Ethnicity, 2019



Source: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; analysis by PHI (January 2022).

Figure 24: Direct Care Workers Who Are Uninsured by Race/Ethnicity, 2019

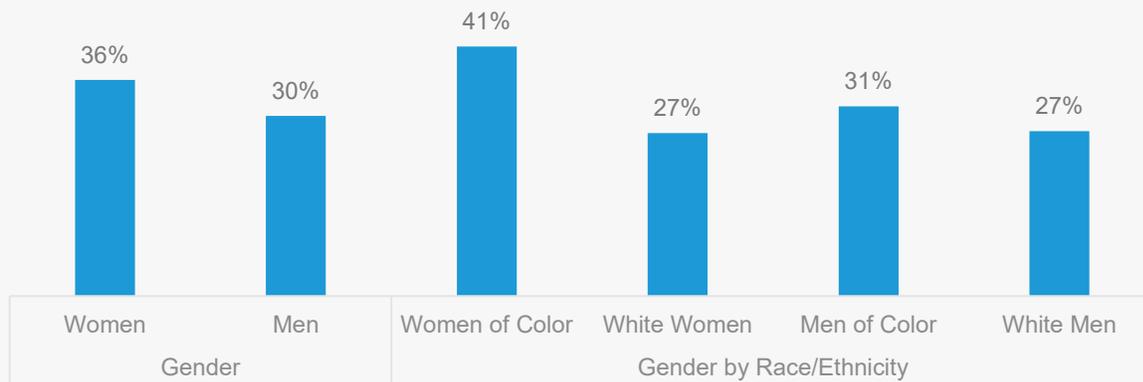


Source: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; analysis by PHI (January 2022).

Women of color in the direct care workforce are more likely to lack affordable housing than men and white women.

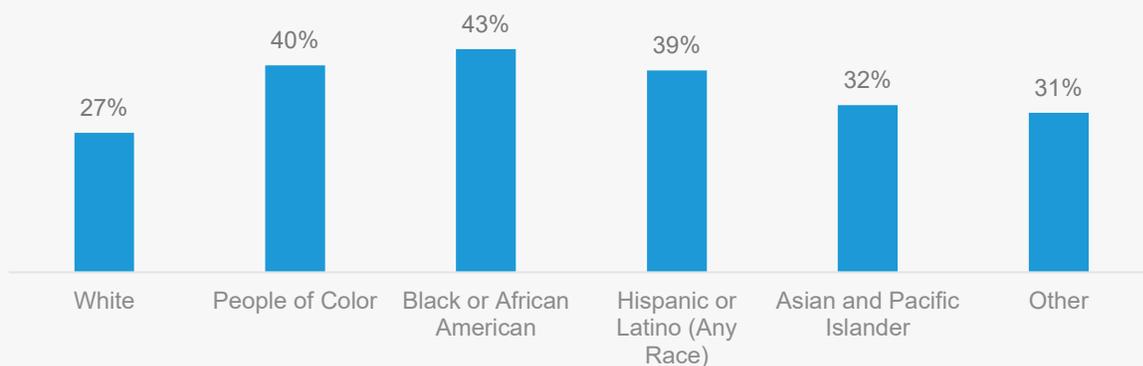
- Forty-one percent of women of color in the direct care workforce lack access to affordable housing, compared to 31 percent of men of color, and 27 percent of white men and women. (See Figure 25.)
- Forty-three percent of Black/African American workers lack affordable housing, as well as 39 percent of Hispanic/Latino workers, 32 percent of Asian/Pacific Islander workers, 31 percent of workers of another race, and 27 percent of white workers. (See Figure 26.)

Figure 25: Direct Care Workers Who Lack Affordable Housing by Gender and Race/Ethnicity, 2019



Source: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; analysis by PHI (January 2022).

Figure 26: Direct Care Workers Who Lack Affordable Housing by Race/Ethnicity, 2019



Source: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; analysis by PHI (January 2022).

CONCLUSION AND RECOMMENDATIONS

This research brief offers a detailed analysis of women and people of color in the direct care workforce and their economic outcomes. We find that the growing demand for direct care workers is largely being met by women and people of color (including immigrants)—but these workers continue to face disparities within an already marginalized workforce.

Among other findings, this analysis shows that women in the direct care workforce tend to have lower earnings than men and that women of color are more likely than their male and white counterparts to live in or near poverty, need public assistance, and lack access to affordable housing. There are also disparities among people of color: for example, Black/African American workers have particularly low family incomes, and a large number of Hispanic/Latino workers are uninsured. As a notable finding that merits additional research, we found that Asian and Pacific Islander workers tend to have higher wages, personal earnings, and family incomes than other racial and ethnic groups in this workforce.

This analysis has also revealed other consistent demographic variations among direct care workers (when comparing by gender and race/ethnicity). For example, we found that a higher proportion of white direct care workers live and work in rural areas—where wages tend to be lower than in urban and suburban areas³—as compared to other racial and ethnic groups. We know that wages and workforce demographics vary significantly by state, too.⁴ We also found that a substantive proportion of Black/African American, Hispanic/Latino, and Asian/Pacific Islander workers are immigrants—and previous research has shown that immigrants tend to have higher household earnings and lower poverty compared to non-immigrants in the direct care workforce.⁵ These findings highlight the need for further research on how additional demographic characteristics and other characteristics may intersect with gender and race/ethnicity to shape job quality and economic outcomes for direct care workers.

Overall, this research clearly reveals the pressing need for solutions to the systemic inequities that direct care workers face. Long-term care leaders should consider a range of strategies to address the root causes of these inequities (e.g., discrimination based on race, gender, and immigration status) as well as their manifestations in job quality (e.g., low wages due to the systemic undervaluing of care work). These interventions should be adopted at every level, including among individual employers and across the long-term care system—to support critical segments of the direct care workforce, strengthen and stabilize the entire workforce, and improve care for older adults and people with disabilities.

Here are five specific recommendations for policy and practice.

1. Collect and disaggregate data by gender and race/ethnicity.

The long-term care field lacks robust data on the direct care workforce, including on workforce size, stability, and compensation—and it's rarely analyzed for racial and ethnic disparities. New data collection methods must be developed to fill these broad knowledge gaps at the employer and systems levels—and to better identify and address disparities within the workforce, which will require disaggregating data by gender, race/ethnicity, and more. Better data collection could also fill knowledge gaps regarding undocumented immigrants and other groups that are underrepresented in public datasets (like the data sources used in this report). In addition, all direct care workforce interventions should be evaluated to measure whether they produce equitable outcomes for different

segments of the workforce. All these data are foundational to inform and evaluate the recommendations that follow.

2. Close compensation gaps in the direct care workforce.

Women of color in the direct care workforce tend to have lower earnings and are more likely to live in or near poverty than their male and white counterparts. Employers can address wage inequities by standardizing entry-level wages and adding wage tiers tied to training, job tenure, and other factors. Also, policymakers should mitigate the broader wage disparities faced by this workforce through targeted investments—for example, by establishing and funding minimum wage floors for direct care workers across long-term care settings.

3. Enhance employment benefits for direct care workers.

According to our analysis, women of color in the direct care workforce are more likely to rely on public assistance than men and white workers. While public assistance programs are critical, the eligibility requirements for these programs can hinder economic mobility—since workers must often curtail their hours or wages in order to avoid losing access to these necessary supports.⁶ This issue could be addressed by providing workers with employer-sponsored benefits (e.g., health insurance, retirement savings programs); connecting them with community supports and resources (e.g., financial counseling, affordable childcare, immigration assistance); and reforming public benefits (e.g., changing eligibility requirements, expanding tax credits, removing immigration-related barriers).

4. Adopt equity-focused direct care workforce interventions.

As well as facing economic disparities, women and people of color (including immigrants) in the direct care workforce likely experience other forms of systemic discrimination on the job. To promote equity in the workplace, employers can adopt race- and gender-explicit workforce supports, such as organization-wide training on addressing unconscious biases related to gender, race/ethnicity, and other identities. Policymakers should also take measures to explicitly address inequities in the direct care workforce; examples include convening equity-focused workgroups, sponsoring studies on disparities in the direct care workforce, and establishing workforce innovation funds to support new ideas and approaches.

5. Set employment-based diversity goals for all levels of long-term care.

To reflect and support the growing number of people of color in the direct care workforce, diversity is needed at every level of long-term care organizations, especially among trainers, supervisors, managers, administrative staff, and executive leadership. More diverse long-term care organizations will be better-positioned to address the unique needs of women, people of color, and immigrants in direct care—and the needs of the diverse older adults and people with disabilities that they support.

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NOTES

¹ PHI. "Workforce Data Center." Last modified September 2, 2021. <https://phinational.org/policy-research/workforce-data-center/>; McCall, Stephen. 2021. "Will COVID-19 Change Direct Care Employment? New Data Offer Clues." *PHI Blog*, April 22.

<https://phinational.org/will-covid-19-change-direct-care-employment-new-data-offer-clues/>.

² Data on wages and employment status were collected throughout 2020, including after the COVID-19 pandemic began. (All other data used in this brief were collected through 2019.) Future research will be needed to measure how the pandemic has impacted direct care workers, including across gender and race/ethnicity.

³ Willingham, Caius. 2021. *Rural Workers of Color Need a \$15 Federal Minimum Wage*. Washington, D.C.: Center for American Progress. <https://www.americanprogress.org/article/rural-workers-color-need-15-federal-minimum-wage/#:~:text=Overall%2C%2039.5%20percent%20of%20workers,an%20hourly%20raise%20of%20%246.89>.

⁴ PHI, 2021.

⁵ Espinoza, Robert. 2018. *Immigrants and the Direct Care Workforce*. Bronx, NY: PHI.

<https://phinational.org/resource/immigrants-and-the-direct-care-workforce-2018/>.

⁶ McCann, Meghan. 2019. *Moving on Up Helping Families Climb the Economic Ladder by Addressing Benefits Cliffs*. Denver, CO: National Conference of State Legislatures. https://www.ncsl.org/Portals/1/Documents/cyf/Benefits-Cliffs_v03_web.pdf.

APPENDIX I: PROPORTION AND NUMBER OF DIRECT CARE WORKERS BY GENDER AND RACE/ETHNICITY, 2009 TO 2019

		PROPORTION			NUMBER			
		2009	2019	CHANGE	2009	2019	CHANGE	% CHANGE
GENDER	Women	88%	87%	-1%	2,664,920	3,996,760	1,331,840	50%
	Men	12%	13%	1%	359,050	584,660	225,610	63%
GENDER BY RACE/ETHNICITY	Women of Color	45%	53%	8%	1,370,640	2,446,170	1,075,530	78%
	White Women	43%	34%	-9%	1,294,270	1,550,590	256,320	20%
	Men of Color	6%	5%	-1%	169,330	230,010	60,680	36%
	White Men	6%	8%	1%	189,730	354,640	164,910	87%
RACE AND ETHNICITY	White	48%	39%	-10%	1,463,600	1,780,600	317,000	22%
	People of Color	52%	61%	10%	1,560,370	2,800,820	1,240,450	79%
	Black or African American	30%	32%	2%	905,930	1,447,810	541,880	60%
	Hispanic or Latino (Any Race)	14%	19%	6%	418,470	888,770	470,300	112%
	Asian and Pacific Islander	5%	7%	2%	153,730	316,230	162,500	106%
	Other	3%	3%	1%	82,240	148,000	65,760	80%
All Direct Care Workers		100%	100%	-	3,023,970	4,581,420	1,557,450	52%

Source: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics. 2021. *May 2009 to May 2019 National Occupational Employment and Wage Estimates*. <https://www.bls.gov/oes/current/oesrci.htm#analysis>; analysis by PHI (January 2022).

APPENDIX II: PROPORTION AND NUMBER OF HOME CARE WORKERS BY GENDER AND RACE/ETHNICITY, 2009 TO 2019

		PROPORTION			NUMBER			
		2009	2019	CHANGE	2009	2019	CHANGE	% CHANGE
GENDER	Women	90%	87%	-3%	873,510	2,066,400	1,192,890	137%
	Men	10%	13%	3%	99,960	317,730	217,770	218%
GENDER BY RACE/ETHNICITY	Women of Color	50%	56%	6%	487,040	1,325,380	838,340	172%
	White Women	40%	31%	-9%	386,470	741,020	354,550	92%
	Men of Color	5%	5%	<1%	45,870	123,680	77,810	170%
	White Men	6%	8%	3%	54,090	194,050	139,960	259%
RACE AND ETHNICITY	White	44%	36%	-8%	432,340	864,700	432,360	100%
	People of Color	56%	64%	8%	541,130	1,519,430	978,300	181%
	Black or African American	27%	29%	2%	258,870	692,270	433,400	167%
	Hispanic or Latino (Any Race)	20%	24%	4%	196,010	565,690	369,680	189%
	Asian and Pacific Islander	6%	8%	2%	57,080	186,340	129,260	226%
	Other	3%	3%	<1%	29,180	75,130	45,950	157%
All Home Care Workers		100%	100%	-	973,470	2,384,130	1,410,660	145%

Source: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics. 2021. *May 2009 to May 2019 National Occupational Employment and Wage Estimates*. <https://www.bls.gov/oes/current/oesrci.htm#analysis>; analysis by PHI (January 2022).

APPENDIX III: PROPORTION AND NUMBER OF RESIDENTIAL CARE AIDES BY GENDER AND RACE/ETHNICITY, 2009 TO 2019

		PROPORTION			NUMBER			
		2009	2019	CHANGE	2009	2019	CHANGE	% CHANGE
GENDER	Women	85%	85%	<1%	484,360	624,070	139,710	29%
	Men	15%	15%	<1%	86,270	110,530	24,260	28%
GENDER BY RACE/ETHNICITY	Women of Color	39%	46%	7%	221,000	337,880	116,880	53%
	White Women	46%	39%	-7%	263,360	286,190	22,830	9%
	Men of Color	8%	7%	-1%	46,070	51,380	5,310	12%
	White Men	7%	8%	1%	40,210	59,150	18,940	47%
RACE AND ETHNICITY	White	54%	46%	-8%	309,420	337,570	28,150	9%
	People of Color	46%	54%	8%	261,210	397,030	135,820	52%
	Black or African American	29%	31%	2%	165,540	228,890	63,350	38%
	Hispanic or Latino (Any Race)	8%	12%	4%	45,910	89,880	43,970	96%
	Asian and Pacific Islander	5%	6%	1%	27,770	46,230	18,460	66%
	Other	4%	4%	1%	21,990	32,030	10,040	46%
All Residential Care Aides		100%	100%	-	570,630	734,600	163,970	29%

Source: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics. 2021. *May 2009 to May 2019 National Occupational Employment and Wage Estimates*. <https://www.bls.gov/oes/current/oesrci.htm#analysis>; analysis by PHI (January 2022).

APPENDIX IV: PROPORTION AND NUMBER OF NURSING ASSISTANTS IN NURSING HOMES BY GENDER AND RACE/ETHNICITY, 2009 TO 2019

		PROPORTION			NUMBER			
		2009	2019	CHANGE	2009	2019	CHANGE	% CHANGE
GENDER	Women	91%	91%	<1%	556,950	516,850	-40,100	-7%
	Men	9%	9%	<1%	52,490	49,390	-3,100	-6%
GENDER BY RACE/ETHNICITY	Women of Color	45%	53%	8%	271,350	298,840	27,490	10%
	White Women	47%	39%	-8%	285,590	218,010	-67,580	-24%
	Men of Color	4%	3%	-1%	23,820	17,480	-6,340	-27%
	White Men	5%	6%	1%	28,680	31,910	3,230	11%
RACE AND ETHNICITY	White	51%	42%	-9%	309,410	235,480	-73,930	-24%
	People of Color	49%	58%	9%	300,030	330,760	30,730	10%
	Black or African American	35%	38%	3%	212,380	213,290	910	<1%
	Hispanic or Latino (Any Race)	9%	13%	5%	52,560	75,350	22,790	43%
	Asian and Pacific Islander	4%	5%	1%	21,740	28,060	6,320	29%
	Other	2%	2%	<1%	13,360	14,060	700	5%
All Nursing Assistants in Nursing Homes		100%	100%	-	609,440	566,240	-43,200	-7%

Source: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics. 2021. *May 2009 to May 2019 National Occupational Employment and Wage Estimates*. <https://www.bls.gov/oes/current/oesrci.htm#analysis>; analysis by PHI (January 2022).

APPENDIX V: DIRECT CARE WORKER CHARACTERISTICS BY GENDER AND RACE/ETHNICITY, 2019

	GENDER		GENDER BY RACE/ETHNICITY			
	WOMEN	MEN	WOMEN OF COLOR	WHITE WOMEN	MEN OF COLOR	WHITE MEN
AGE						
16-24	13%	17%	10%	18%	17%	19%
25-34	19%	25%	19%	19%	26%	23%
35-44	20%	17%	22%	17%	19%	15%
45-54	20%	16%	22%	17%	17%	14%
55-64	20%	16%	20%	19%	15%	18%
65+	8%	8%	7%	10%	7%	10%
Median Age	43	39	44	42	38	39
CITIZENSHIP STATUS						
U.S. Citizen by Birth	73%	71%	60%	94%	57%	93%
U.S. Citizen by Naturalization	16%	16%	23%	4%	24%	5%
Not a Citizen of the U.S.	11%	13%	17%	2%	19%	2%
PARENTAL STATUS						
Any Child(ren) Under Age 18	27%	18%	28%	26%	20%	15%
Child(ren) Under Age 5	12%	9%	13%	11%	10%	6%
Child(ren) Aged 5 to 17	22%	14%	23%	20%	16%	10%

APPENDIX V: DIRECT CARE WORKER CHARACTERISTICS BY GENDER AND RACE/ETHNICITY, 2019 (CONT.)

	GENDER		GENDER BY RACE/ETHNICITY			
	WOMEN	MEN	WOMEN OF COLOR	WHITE WOMEN	MEN OF COLOR	WHITE MEN
HOUSEHOLD COMPOSITION						
Fewer Than Two Other Family Members	43%	47%	39%	49%	42%	56%
Two or Three Other Family Members	38%	35%	39%	37%	35%	34%
Four or More Other Family Members	19%	18%	22%	14%	23%	10%
At Least One Non-Family Member in Household	10%	16%	9%	12%	15%	19%
EDUCATIONAL ATTAINMENT						
Less than High School	14%	11%	18%	9%	13%	9%
High School Graduate	38%	34%	37%	40%	35%	32%
Some College, No Degree	30%	30%	28%	33%	28%	33%
Associate's Degree or Higher	18%	25%	17%	18%	24%	25%
GEOGRAPHIC AREA						
Urban and Suburban Area	88%	91%	95%	76%	97%	81%
Rural Area	12%	9%	5%	24%	3%	19%
HOURLY WAGE						
Median Hourly Wage	\$13.00	\$13.00	\$13.00	\$13.00	\$13.00	\$13.50
EMPLOYMENT STATUS						
Full-Time	67%	68%	68%	65%	67%	68%
Part-Time, Non-Economic Reasons	28%	27%	25%	31%	24%	29%
Part-Time, Economic Reasons	6%	6%	7%	4%	9%	3%

APPENDIX V: DIRECT CARE WORKER CHARACTERISTICS BY GENDER AND RACE/ETHNICITY, 2019 (CONT.)

	GENDER		GENDER BY RACE/ETHNICITY			
	WOMEN	MEN	WOMEN OF COLOR	WHITE WOMEN	MEN OF COLOR	WHITE MEN
ANNUAL EARNINGS						
Median Personal Earnings	\$20,200	\$22,200	\$20,200	\$20,200	\$23,500	\$20,200
Median Family Income	\$45,100	\$48,500	\$43,700	\$46,500	\$50,200	\$45,900
POVERTY LEVEL						
Less than 100%	16%	11%	17%	13%	11%	12%
Less than 200%	44%	38%	47%	41%	36%	39%
PUBLIC ASSISTANCE						
Any Public Assistance	46%	40%	41%	40%	41%	41%
Medicaid	28%	23%	24%	24%	20%	24%
Food and Nutrition Assistance	25%	20%	20%	20%	20%	20%
Cash Assistance	3%	2%	2%	1%	2%	2%
HEALTH INSURANCE STATUS						
Any Health Insurance	84%	82%	86%	82%	80%	86%
Health Insurance Through Employer/Union	45%	47%	49%	48%	46%	49%
Medicaid, Medicare, or Other Public Coverage	36%	31%	33%	31%	32%	33%
Health Insurance Purchased Directly	11%	11%	12%	10%	13%	12%

APPENDIX V: DIRECT CARE WORKER CHARACTERISTICS BY GENDER AND RACE/ETHNICITY, 2019 (CONT.)

	GENDER		GENDER BY RACE/ETHNICITY			
	WOMEN	MEN	WOMEN OF COLOR	WHITE WOMEN	MEN OF COLOR	WHITE MEN
AFFORDABLE HOUSING						
Lacks Affordable Housing	36%	30%	27%	31%	27%	27%
Has Affordable Housing	64%	70%	73%	69%	73%	73%

Notes: For citizenship status data, “Not a Citizen of the U.S.” includes lawful permanent residents, temporary migrants, humanitarian migrants, and undocumented immigrants. Data on parental status only include direct care workers who live in the same household as their children. Affordable housing is defined as housing costs—including rent, mortgage payments, and/or utility bills—that fall below 30 percent of a household’s total income. Regarding employment status, “Non-Economic Reasons” for part-time work include personal or family obligations and health problems, while “Economic Reasons” include not being able to find full-time work due to business conditions at individual workplaces or in the broader labor market.

Source: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; Flood, Sarah, Miriam King, Renae Rodgers, Steven Ruggles, and J. Robert Warren. 2021. *Integrated Public Use Microdata Series, Current Population Survey: Version 9.0*. <https://doi.org/10.18128/D030.V9.0>; analysis by PHI (January 2022).

APPENDIX VI: DIRECT CARE WORKER CHARACTERISTICS BY RACE/ETHNICITY, 2019

	WHITE	PEOPLE OF COLOR	BLACK OR AFRICAN AMERICAN	HISPANIC OR LATINO (ANY RACE)	ASIAN AND PACIFIC ISLANDER	OTHER
AGE						
16-24	18%	11%	10%	13%	7%	17%
25-34	20%	20%	22%	20%	12%	27%
35-44	17%	21%	23%	22%	15%	20%
45-54	17%	21%	21%	21%	26%	13%
55-64	19%	19%	17%	19%	29%	16%
65+	10%	7%	7%	6%	11%	7%
Median Age	42	43	42	43	51	37
CITIZENSHIP STATUS						
U.S. Citizen by Birth	94%	60%	71%	54%	11%	82%
U.S. Citizen by Naturalization	4%	23%	19%	23%	53%	11%
Not a Citizen of the U.S.	2%	17%	10%	23%	36%	7%
PARENTAL STATUS						
Any Child(ren) Under Age 18	24%	27%	28%	28%	20%	30%
Child(ren) Under Age 5	10%	13%	13%	13%	8%	14%
Child(ren) Aged 5 to 17	19%	23%	24%	22%	17%	23%

APPENDIX VI: DIRECT CARE WORKER CHARACTERISTICS BY RACE/ETHNICITY, 2019 (CONT.)

	WHITE	PEOPLE OF COLOR	BLACK OR AFRICAN AMERICAN	HISPANIC OR LATINO (ANY RACE)	ASIAN AND PACIFIC ISLANDER	OTHER
HOUSEHOLD COMPOSITION						
Fewer Than Two Other Family Members	50%	39%	46%	32%	33%	40%
Two or Three Other Family Members	37%	39%	37%	42%	36%	38%
Four or More Other Family Members	13%	22%	17%	26%	31%	22%
At Least One Non-Family Member in Household	13%	9%	8%	9%	14%	11%
EDUCATIONAL ATTAINMENT						
Less than High School	9%	17%	11%	27%	20%	12%
High School Graduate	39%	37%	42%	34%	27%	31%
Some College, No Degree	33%	28%	30%	25%	20%	37%
Associate's Degree or Higher	19%	18%	17%	14%	33%	19%
GEOGRAPHIC AREA						
Urban and Suburban Area	77%	95%	96%	95%	99%	85%
Rural Area	23%	5%	4%	5%	1%	15%
HOURLY WAGE						
Median Hourly Wage	\$13.00	\$13.00	\$13.00	\$13.00	\$14.75	\$13.50
EMPLOYMENT STATUS						
Full-Time	65%	68%	74%	64%	60%	57%
Part-Time, Non-Economic Reasons	31%	25%	20%	28%	32%	35%
Part-Time, Economic Reasons	4%	7%	6%	8%	8%	9%

APPENDIX VI: DIRECT CARE WORKER CHARACTERISTICS BY RACE/ETHNICITY, 2019 (CONT.)

	WHITE	PEOPLE OF COLOR	BLACK OR AFRICAN AMERICAN	HISPANIC OR LATINO (ANY RACE)	ASIAN AND PACIFIC ISLANDER	OTHER
ANNUAL EARNINGS						
Median Personal Earnings	\$20,200	\$20,200	\$22,200	\$18,200	\$20,200	\$20,200
Median Family Income	\$46,400	\$44,600	\$40,000	\$47,400	\$70,700	\$41,200
POVERTY LEVEL						
Less than 100%	13%	16%	18%	17%	8%	16%
Less than 200%	41%	45%	47%	48%	30%	46%
PUBLIC ASSISTANCE						
Any Public Assistance	41%	48%	48%	51%	40%	46%
Medicaid	23%	31%	30%	32%	27%	31%
Food and Nutrition Assistance	20%	28%	29%	30%	16%	26%
Cash Assistance	2%	3%	3%	3%	1%	2%
HEALTH INSURANCE STATUS						
Any Health Insurance	85%	83%	85%	79%	89%	82%
Health Insurance Through Employer/Union	49%	43%	45%	38%	47%	44%
Medicaid, Medicare, or Other Public Coverage	33%	37%	37%	38%	34%	37%
Health Insurance Purchased Directly	12%	11%	11%	10%	15%	9%

APPENDIX VI: DIRECT CARE WORKER CHARACTERISTICS BY RACE/ETHNICITY, 2019 (CONT.)

	WHITE	PEOPLE OF COLOR	BLACK OR AFRICAN AMERICAN	HISPANIC OR LATINO (ANY RACE)	ASIAN AND PACIFIC ISLANDER	OTHER
AFFORDABLE HOUSING						
Lacks Affordable Housing	27%	40%	43%	39%	32%	31%
Has Affordable Housing	73%	60%	57%	61%	68%	69%

Notes: For citizenship status data, “Not a Citizen of the U.S.” includes lawful permanent residents, temporary migrants, humanitarian migrants, and undocumented immigrants. Data on parental status only include direct care workers who live in the same household as their children. Affordable housing is defined as housing costs—including rent, mortgage payments, and/or utility bills—that fall below 30 percent of a household’s total income. Regarding employment status, “Non-Economic Reasons” for part-time work include personal or family obligations and health problems, while “Economic Reasons” include not being able to find full-time work due to business conditions at individual workplaces or in the broader labor market.

Source: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; Flood, Sarah, Miriam King, Renae Rodgers, Steven Ruggles, and J. Robert Warren. 2021. *Integrated Public Use Microdata Series, Current Population Survey: Version 9.0*. <https://doi.org/10.18128/D030.V9.0>; analysis by PHI (January 2022).

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 30 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.

For more information, visit our website at www.PHInational.org or 60CaregiverIssues.org

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