

The Direct Care Worker Equity Institute



PHI

QUALITY CARE
THROUGH
QUALITY JOBS

Throughout the country, direct care workers struggle with inadequate compensation, insufficient training, limited advancement opportunities, and a general lack of respect and recognition—despite their critical roles in the lives of millions of people. As a result of poor job quality in this workforce, long-term care providers face a longstanding but increasingly untenable recruitment and retention crisis, and older adults and people with disabilities cannot access the consistent, high-quality services they deserve. For a workforce comprised largely of women, people of color, and immigrants, systemic racism and gender injustice—among other inequities—are at the core of these job quality challenges.

“As a caregiver, I learned that this job is being looked down on, very much exploited, especially with regards to immigrants of color, particularly women.”

TERESITA SATTAR

Caregiver at Courage LLC and
Worker Leader at Pilipino Workers
Center, Los Angeles, CA



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Why This Institute?

Systemic racism limits educational and employment opportunities for people of color, reduces their earnings, entrenches them in poverty, and worsens their health, among other egregious inequities and outcomes.¹

DID YOU KNOW?

A long history of systemic racism and gender injustice have concentrated women and people of color in some of the lowest-paid jobs in the country, including agriculture, hospitality, retail, domestic work, and direct care, among others.²

For decades, racist policy decisions have devalued the direct care job,³ weakened critical labor and anti-discrimination protections for these workers, and eroded Medicaid,⁴ which serves as the primary public payer of long-term care, and which provides health coverage to many direct care workers and other low-income workers.

Moreover, immigration policy has historically been fraught with racism, disproportionately impacting immigrants of color who help sustain low-wage sectors like long-term care.

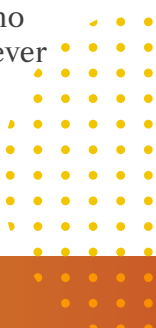
Gender injustice also undermines direct care jobs. Specifically, caregiving has historically been defined as “women’s work” and is still often dismissed as a labor of love that requires only minimal compensation and support, which perpetuates poor job quality in this sector.



In this context, we recognize that to strengthen the entire direct care workforce, we will need to improve the overall quality of these jobs—while advancing an intersectional racial and gender equity approach that helps improve the policies, practices, and cultural representations that perpetuate the many injustices experienced by direct care workers.

Equity approaches in direct care benefit everyone in the long-term care system:

workers, who thrive professionally and financially; the individuals they support, who receive high-quality, continuous care wherever they reside; and employers, who are better able to provide optimal, cost-efficient care. This vision forms the basis of this institute.



“I’m a single parent working six days a week, and I don’t spend enough time with my kid. As home health aides, we work too hard, we’re dealing with too much stress with the client, we also have to deal with family members, and we’re not getting paid for how hard we work. That’s the problem.”

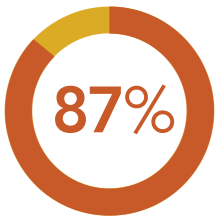
FARAH GERMAIN

Home Health Aide at JASA,
Brooklyn, NY

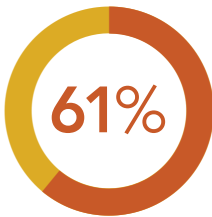


The Impact of Systemic Inequities on Workers

DIRECT CARE WORKERS BY THE NUMBERS:



Women



People of Color



Immigrants

Most direct care workers are women, people of color, immigrants, and/or low-income people. Forty-four percent of direct care workers live in or near poverty.

Women of color fare worse than white men in this job sector. The median family income for women of color in direct care is \$45,100, compared to \$48,500 for their white male counterparts.⁵ Additionally, 53 percent of women of color in direct care live in or near poverty, compared to 38 percent of white men in direct care.



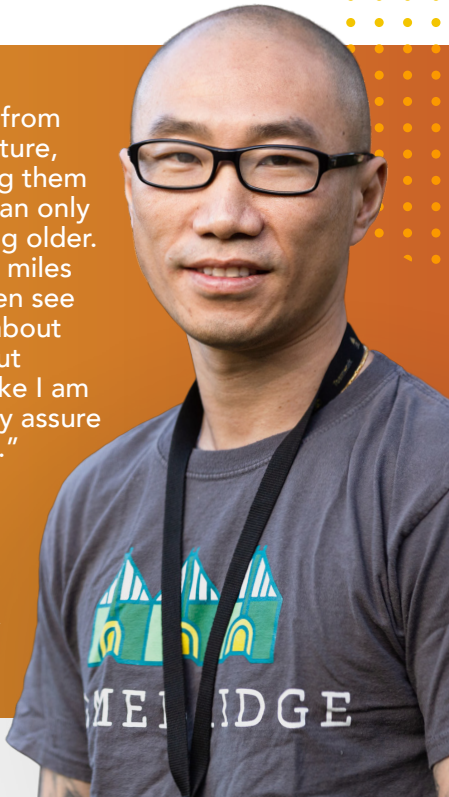
Immigrants in direct care face additional hurdles that make it more challenging to succeed in these roles. As noted, roughly one in four direct care workers is an immigrant, and many of them deal with increased hostility, barriers to navigating the immigration system, and documentation difficulties.

Many direct care workers also struggle with the heightened challenges of discrimination and bias related to their sexual identities and their age, among other characteristics. Research shows that 5.6 percent of the U.S. population identifies as LGBTQ+, a proportion that is likely represented in the direct care workforce as well, and roughly one in four direct care workers is aged 55 or older.⁶

"My parents are refugees from Laos, and in the Mien culture, I should be the one giving them the care they need. I am an only child, and they are getting older. But they are hundreds of miles away, and now I can't even see them. They are worried about me, and I'm worried about them. Sometimes I feel like I am neglecting them, but they assure me I'm doing a good job."

KAO SAEPHAN

Home Care Provider,
Caregiver Emergency Response
Team (CERT) Provider at
Homebridge, San Francisco, CA





What the Institute

Will Do

PHI's **Direct Care Worker Equity Institute** will address the structural inequities and profound disparities facing direct care workers to ensure that every one of them can thrive personally and professionally—and deliver the care that millions of older adults and people with disabilities deserve.

Through this institute, we will:

- **Maintain a centralized online hub** of equity-based direct care workforce resources and publications
- **Produce original studies and policy resources** on the systemic inequities facing direct care workers
- **Develop equity-specific advocacy tools** to help state and federal leaders create a strong and equitable workforce
- **Design and inform workforce interventions in direct care** that reduce disparities and promote equity within the direct care workforce
- **Convene direct care workforce experts**—including workers themselves—to craft equity-based workforce solutions
- **Collaborate with leading organizations** representing people of color, women, immigrants, and LGBTQ+ communities, among others

Notes



1. Solomon, Danyelle, Connor Maxwell, and Abril Castro. 2019. *Systematic Inequality and Economic Opportunity*. Washington, DC: Center for American Progress. <https://americanprogress.org/article/systematic-inequality-economic-opportunity/>; and Ndugga, Nambi and Samantha Artiga. 2021. *Disparities in Health and Health Care: 5 Key Questions and Answers*. Washington, DC: KFF. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers>.
2. Bahn, Kate, and Carmen Sanchez Cumming. 2020. *Factsheet: U.S. Occupational Segregation by Race, Ethnicity, and Gender*. Washington, DC: Washington Center for Equitable Growth. <https://equitablegrowth.org/factsheet-u-s-occupational-segregation-by-race-ethnicity-and-gender/>.
3. Nilsen, Ella. 2021. "These Workers Were Left Out of the New Deal. They've Been Fighting for Better Pay Ever Since." *Vox*, May 18. <https://www.vox.com/22423690/american-jobs-plan-care-workers-new-deal>.
4. Nolen, LaShyra T., Adam L. Beckman, and Emma Sandoe. 2020. "How Foundational Moments In Medicaid's History Reinforced Rather Than Eliminated Racial Health, Disparities." *Health Affairs Blog*, September 1. <https://www.healthaffairs.org/doi/10.1377/hblog20200828.661111/full/>.
5. 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).
6. Jones, Jeffrey M. 2021. "LGBT Identification Rises to 5.6% in Latest U.S. Estimate." *Gallup News*, February 24. <https://news.gallup.com/poll/329708/lgbt-identification-rises-latest-estimate.aspx>.





PHI is a national organization committed to strengthening the direct care workforce by producing robust research and analysis, leading federal and state advocacy initiatives, and designing groundbreaking workforce interventions and models. For 30 years, we have brought a 360-degree perspective on the long-term care sector to our evidence-informed strategies. As the nation's leading authority on the direct care workforce, PHI promotes quality direct care jobs as the foundation for quality care.

PHInational.org

- Learn about our research, advocacy, workforce innovations, and public education
- Scroll through our library of studies, policy reports, and multimedia resources
- Visit the National Direct Care Workforce Resource Center
- Download national and state-by-state data on the direct care workforce
- Meet the workers in the National Direct Care Worker Story Project
- Bookmark our newsroom for the latest news and opinion: PHInational.org/news/
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