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RESEARCH BRIEF

Racial Disparities in the Direct Care Workforce: Spotlight on Asian and Pacific Islander Workers

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The final publication in a three-part series focusing on racial and ethnic disparities within the direct care workforce, this research brief closely examines Asian and Pacific Islander direct care workers, including differences among ethnic subgroups. While these workers represent a small share of the total direct care workforce, their numbers are growing faster than any other group. Asian and Pacific Islander workers are predominately comprised of immigrants. While they are less likely overall to live in poverty than other racial groups, there are nonetheless significant disparities within Asian and Pacific Islander subgroups. Tailored training and on-the-job supports would help stabilize employment for Asian and Pacific Islander direct care workers, which would improve 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 Asian and Pacific Islander direct care workers, we analyzed American Community Survey 1-Year Public Use Microdata from 2005 to 2015. Workers who identified as ethnically Hispanic or Latino were excluded from our analysis. From their response to the survey question on race, we aggregated Asian and Pacific Islander workers into the following five subgroups (which align with the survey's regional subcategories for Asia and the Pacific Islands):

- **Southeast Asian** includes those who self-identified, in the survey question on race, as Burmese, Cambodian, Filipino, Hmong, Indonesian, Laotian, Malaysian, Thai, or Vietnamese.
- **East Asian** includes those who self-identified as Chinese, Japanese, Korean, Mongolian, or Taiwanese.
- **South Asian** includes those who self-identified as Bangladeshi, Bhutanese, Indian, East Indian, Nepalese, Pakistani, or Sri Lankan.
- **Pacific Islander** includes those who self-identified as Chamorro, Fijian, Guamanian, Marshallese, Native Hawaiian, Samoan, Tongan, or some other Pacific Islander group.
- **Other Asian** includes those who self-identified as generically Asian, as more than one Asian identity, or as an identity not shown above (e.g. Iwo Jiman, Maldivian, or Singaporean).

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.

ASIAN AND PACIFIC ISLANDER WORKERS IN THE DIRECT CARE WORKFORCE

From 2005 to 2015, the number of Asian and Pacific Islander direct care workers nearly doubled. The *largest* growth was among Southeast Asian workers, while the East Asian segment of this workforce grew *most rapidly*.

- During this decade, the number of Asian and Pacific Islander direct care workers grew from 117,000 to 219,000 (88 percent growth). In 2015, they constituted six percent of the direct care workforce.
- The majority of Asian and Pacific Islander direct care workers are Southeast Asian; the number of Southeast Asian workers grew from 73,000 in 2005 to 120,000 in 2015 (65 percent growth). During the same period, the number of East Asian workers nearly tripled, from 21,000 to 61,000 workers.[1]

Asian and Pacific Islander direct care workers have more formal education than white workers overall. However, Pacific Islander and East Asian direct care workers are less likely to have some level of college education than other Asian workers.

- As a group, 60 percent of Asian and Pacific Islander direct care workers have some level of college education or a college degree, compared to 56 percent of white workers.
- Among Asian and Pacific Islander direct care workers, 69 percent of Southeast Asian workers and 61 percent of South Asian workers have some level of college education or a college degree, compared to 50 percent of Pacific Islander workers and 41 percent of East Asian workers.

Asian and Pacific Islander direct care workers are mainly immigrants, including a large segment who are not U.S. citizens. Most Asian and Pacific Islander direct care workers are proficient in speaking English, although East Asian workers are less likely to be proficient.

- Immigrants constitute 85 percent of Asian and Pacific Islander direct care workers, including 88 percent of East Asian workers, 87 percent of Southeast Asian and South Asian workers, and 44 percent of Pacific Islanders (see Table 1).
- Thirty-six percent of Asian and Pacific Islander direct care workers are non-U.S. citizens, including 40 percent of East Asian workers, 38 percent of Southeast Asian workers, 29 percent of South Asian workers, and 19 percent of Pacific Islander workers.[2]
- Over half (53 percent) of East Asian direct care workers have limited English proficiency, whereas 87 percent of Southeast Asian workers, 88 percent of South Asian workers, and 96 percent of Pacific Islander workers are proficient in speaking English.[3]

TABLE 1: MOST ASIAN AND PACIFIC ISLANDER DIRECT CARE WORKERS ARE IMMIGRANTS.

	U.S. BORN CITIZEN	U.S. CITIZEN BY NATURALIZATION	NOT A CITIZEN OF THE U.S.
Southeast Asian	13%	49%	38%
East Asian	12%	48%	40%
South Asian	13%	57%	29%
Pacific Islander	56%	24%	19%
Asian and Pacific Islander Total	15%	48%	36%

Source: U.S. Census Bureau. 2016. American Community Survey (ACS), 2015 1-year Public Use Microdata Sample (PUMS). https://www.census.gov/programs-surveys/acs/data/pums.html; analysis by PHI (February 5, 2018).

Significant income disparities exist among Asian and Pacific Islander direct care workers. East Asian workers have the lowest personal incomes, while Pacific Islanders have the lowest family incomes among Asian and Pacific Islander workers.

- Median personal earnings are $15,000 for East Asian direct care workers, $19,000 for South Asian workers, and $20,000 for Southeast Asian and Pacific Islander workers (see Table 2).
- The median family income is $56,100 for Pacific Islanders and $57,100 for East Asian workers, compared to $60,700 for South Asian workers and $73,200 for Southeast Asian workers.[4]
- In contrast, for white workers the median personal income is $16,000 and the median family income is $53,800.

Among Asian and Pacific Islander direct care workers, East Asian and Pacific Islander workers are the most likely to live in poverty.

- Sixteen percent of East Asian and 15 percent of Pacific Islander direct care workers live in poverty, compared to 10 percent of South Asian workers and 9 percent of Southeast Asian workers. Sixteen percent of white workers live in poverty as well.[5]
- Fifty percent of Pacific Islander and 40 percent of East Asian workers rely on public assistance, such as Medicaid and nutrition assistance. Use of public assistance is lower among white workers (38 percent), South Asian workers (36 percent) and Southeast Asian workers (32 percent).

TABLE 2: EAST ASIAN AND PACIFIC ISLANDER DIRECT CARE WORKERS EARN LESS THAN OTHER ASIAN AND PACIFIC ISLANDER WORKERS.

	MEDIAN ANNUAL PERSONAL EARNINGS	MEDIAN ANNUAL FAMILY INCOME
Southeast Asian	$20,000	$73,200
East Asian	$15,000	$57,100
South Asian	$19,000	$60,700
Pacific Islander	$20,000	$56,100
Asian and Pacific Islander Total	$19,200	$68,300

Source: U.S. Census Bureau. 2016. American Community Survey (ACS), 2015 1-year Public Use Microdata Sample (PUMS). https://www.census.gov/programs-surveys/acs/data/pums.html; analysis by PHI (February 5, 2018).

CONCLUSION

Asian and Pacific Islander direct care workers represent a small segment of the direct care workforce, but they grew significantly in number from 2005 to 2015. Six out of seven are immigrants, and one out of three are not U.S. citizens. Despite the barriers they face as immigrants, as a group they have more formal education, higher earnings, and a lower poverty rate than white workers.

However, significant disparities exist within the diverse Asian and Pacific Islander direct care workforce. East Asian workers and Pacific Islander workers experience greater hardship than Southeast Asian and South Asian workers: they are less formally educated and more likely to live in poverty. East Asian workers are also considerably more likely to face linguistic barriers than other Asian and Pacific Islander subgroups.

Asian and Pacific Islander direct care workers are playing an increasingly important role in meeting new demand for long-term care. It is therefore critical for long-term care leaders to adopt employment practices and policies that are tailored to the unique economic, cultural, linguistic, and immigration-related challenges of Asian people and Pacific Islanders. These types of interventions—described in the recommendations section below—will help ensure stable care for older adults and people with disabilities.

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,[6] 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 26,000 South Asian direct care workers, 9,000 Pacific Islander workers, and 3,000 workers identifying as an "other" Asian subgroup.
[2] The American Community Survey does not specify whether non-citizen immigrants are lawful, temporary lawful, or undocumented.
[3] Direct care workers with limited English proficiency are those who report speaking English "Not well" or "Not at all."
[4] Of note, Filipino direct care workers constitute 76 percent of the Southeast Asian category. Their median personal earnings are $22,000 and median family income is $77,700, compared to $14,300 and $54,100 for other Southeast Asian workers.
[5] Among Southeast Asian direct care workers, six percent of Filipino workers live in poverty, compared to 18 percent of other Southeast Asian workers.
[6] 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

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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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