

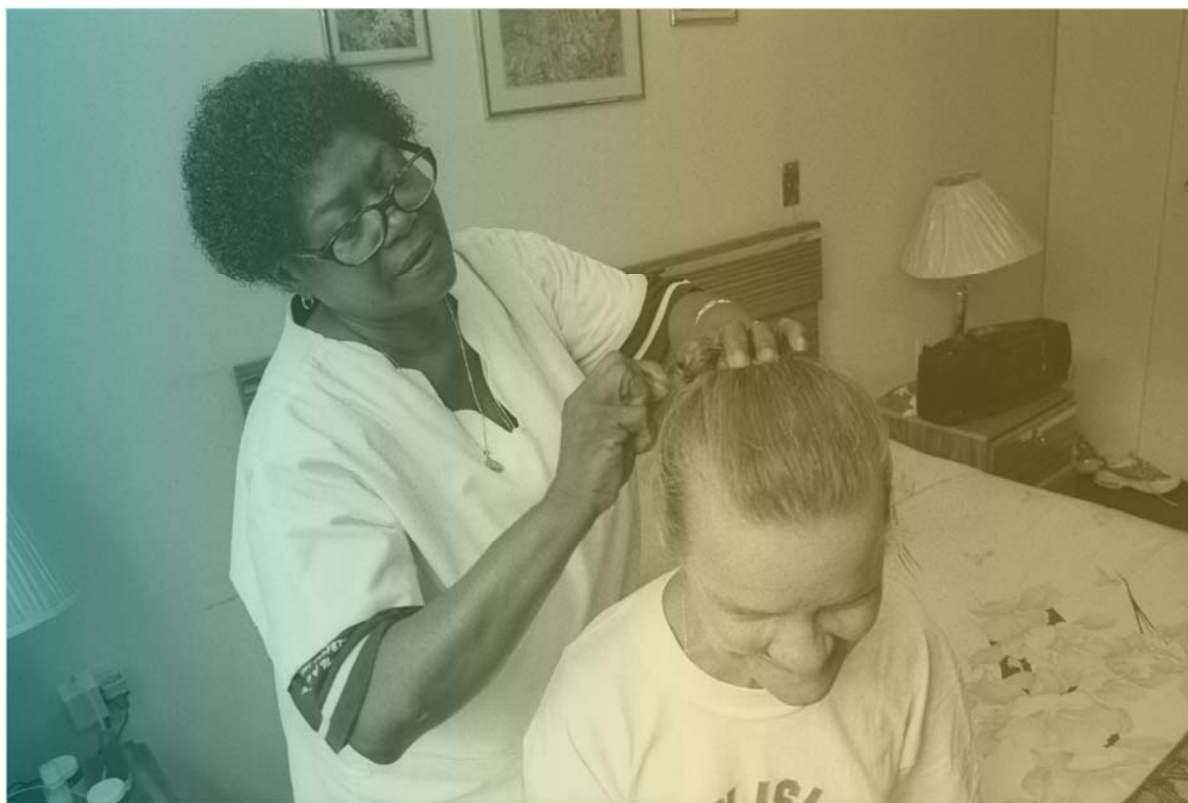
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## RESEARCH BRIEF

# Racial Disparities in the Direct Care Workforce: Spotlight on Black/African American Workers

BY STEPHEN CAMPBELL

The first in a three-part series focusing on racial and ethnic disparities within the direct care workforce, this research brief takes a closer look at the demographics and job realities of Black/African American direct care workers. By highlighting the inequalities these workers experience, this brief emphasizes the importance of integrating race-explicit strategies into all aspects of workforce development in long-term care, from recruitment through training and employment supports—in order to stabilize the workforce and ensure that care is available 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 Black/African American direct care workers, we analyzed American Community Survey 1-Year Public Use Microdata from 2005 to 2015.<sup>1</sup> We distinguished Black immigrants from U.S.-born Black/African American workers by their region of birth, namely “Caribbean,” “African,” or “Other.”<sup>2</sup>

## 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.

# BLACK/AFRICAN AMERICAN WORKERS IN THE DIRECT CARE WORKFORCE

**From 2005 to 2015, the number of Black/African American direct care workers grew rapidly, primarily due to the skyrocketing demand for long-term care.<sup>3</sup> The number of immigrants in this group of workers increased most quickly.**

- From 2005 to 2015, Black/African American workers consistently made up approximately 30 percent of the direct care workforce.
- During this period, the number of U.S.-born Black/African American workers in direct care increased from 624,000 to 799,000 workers (28 percent growth).
- In the same timeframe, Black immigrants in direct care grew from 183,000 to 284,000 workers (56 percent growth). Within this group, the number of Caribbean immigrants increased by a third, from 107,000 to 142,000 workers, whereas the number of African immigrants doubled, from 65,000 to 130,000.<sup>4</sup>

**The age and gender profile of Black immigrant groups differs from the profiles of both U.S.-born Black/African American and white direct care workers.**

- Women constitute 88 percent of U.S.-born Black/African American workers and 87 percent of white workers, compared to 93 percent of Caribbean immigrants and only 75 percent of African immigrants in direct care.
- The median age is 38 years old for U.S.-born Black/African American workers and 41 for white workers, compared to 45 for Black immigrants.
- The higher median age among Black immigrants is due to Caribbean immigrants, who have a median age of 49, compared to 40 for African immigrants.

**Although educational attainment among direct care workers is low overall, most Black/African American direct care workers have less formal education than their white peers.**

- Overall, half of Black/African American workers have a high school education or less, compared to 44 percent of white workers.
- Among Black/African American workers, African immigrants are the most formally educated—62 percent have some college education or a college degree.
- Caribbean immigrants are the least formally educated—61 percent have a high school education or less.

**Compared to white direct care workers, most Black/African American workers have higher personal earnings and lower family incomes. However, Black immigrants have higher personal and family incomes than U.S.-born Black/African American workers.**

- U.S.-born Black/African American workers earn a median annual income of \$19,000 and Black immigrants earn \$22,100, compared to \$16,000 among white workers.
- The median family income for U.S.-born Black/African American workers is just \$37,000, compared to \$52,100 for Black immigrants and \$53,800 for white workers.

**Compared to white workers and Black immigrants in direct care, U.S.-born Black/African American direct care workers are more likely to live in poverty and rely on public assistance.**

- One in four U.S.-born Black/African American workers lives in poverty, compared to one in eight Black immigrants and one in six white workers.
- Fifty-three percent of U.S.-born Black/African American workers rely on some form of public assistance, compared to 34 percent of Black immigrants and 38 percent of white workers.

## CONCLUSION

There are over one million Black/African American direct care workers—one-third of the total direct care workforce. Discrimination has eroded the economic stability of these workers and limited their options in employment and education. They struggle with low family incomes and high poverty rates, and many rely on public assistance to survive. Black immigrants are slightly better off economically, but they may lack access to culturally and linguistically competent training opportunities and employment supports. Addressing racial disparities and improving the lives of Black/African American workers and their families will lead to stable, high-quality care for the nation's older adults and people with disabilities.

# RECOMMENDATIONS TO SUPPORT PEOPLE OF COLOR IN THE DIRECT CARE WORKFORCE

All 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,<sup>5</sup> 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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*Stephen Campbell is PHI's Policy Research Associate.*

## NOTES

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<sup>1</sup> In the American Community Survey, race and ethnicity are separate variables. For the purposes of this three-part series, Black/African American people who also identify as Hispanic/Latino are included in the research brief on Hispanic/Latino workers.

<sup>2</sup> Code lists are available at <https://census.gov/programs-surveys/acs/technical-documentation/code-lists.2015.html>.

<sup>3</sup> Demand for long-term care is largely driven by population growth among older adults. Looking ahead, the population of adults aged 65 and over will almost double to 88 million by 2050 (from 47.8 million in 2015); PHI. 2017. *U.S. Home Care Workers: Key Facts*. Bronx, NY: PHI. [https://phinational.org/wp-content/uploads/2017/09/phi\\_homecare\\_factsheet\\_2017\\_0.pdf](https://phinational.org/wp-content/uploads/2017/09/phi_homecare_factsheet_2017_0.pdf)

<sup>4</sup> The remaining 12,000 Black immigrants hail from 16 countries in Europe and North and South America.

<sup>5</sup> 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](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.

For more information, visit our website at [www.PHInational.org](http://www.PHInational.org) or [60CaregiverIssues.org](http://60CaregiverIssues.org)

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