



THE EXECUTIVE ORDER SERIES
FACT SHEET 4

Direct Care Workers: **EQUITY**

On April 18, 2023, President Biden signed the *Executive Order on Increasing Access to High-Quality Care and Supporting Caregivers*, which included more than 50 executive directives aimed at almost every cabinet-level agency. **But what are the distinct opportunities within this executive order to strengthen the direct care workforce, and what else can federal agencies do to improve jobs for these workers?**

In response to this historic action, PHI has produced a five-part fact sheet series examining five areas of the executive order relevant to the direct care workforce. Specifically, this fourth fact sheet offers ideas for federal regulatory policies and inter-agency collaboration that would promote equity for direct care workers, particularly among immigrants.

EXECUTIVE ORDER GOAL Section 2(f)

“To improve jobs of domestic childcare and long-term care workers” [by taking steps to promote fair workplaces, combat exploitation, and support non-citizen workers].”



WHY EQUITY MATTERS

Systemic racism has long harmed people of color in direct care—from the creation of these poor-quality jobs, through the decades-long exclusion of home care workers (and other domestic workers) from federal wage and overtime protections, to the widespread hostility and racial discrimination that people of color and immigrants continue to face regarding employment, housing, education, and health care, among others.¹ Additionally, caregiving has historically been defined as “women’s work” and is often dismissed as a labor of love that requires only minimal compensation and support, perpetuating poor job quality in this sector. Despite these numerous challenges, policy and practice interventions typically do not account for the unique structural barriers that direct care workers face on the job and in their daily lives.² Altogether, these inequities have resulted in longstanding poor job quality in direct care and worse outcomes for women of color, immigrants, and other marginalized groups in this job sector.³

“If we can be provided with the pay, benefits, and workplace protections we deserve, then this industry can grow more because there is the confidence that we are going to be respected and given dignity as domestic workers.”

ALLEN GALEON
Caregiver/Team Leader
(private consumers)
and Worker Leader at
Pilipino Workers Center,
Los Angeles, CA



QUICK FACTS: The Direct Care Workforce⁴

DEFINITION

Direct care workers include personal care aides, home health aides, and nursing assistants, as formally classified by the Bureau of Labor Statistics—though they often have different titles at the state or employer level.

ROLES AND RESPONSIBILITIES

Direct care workers assist older adults and people with disabilities with daily tasks, such as dressing, bathing, eating, and more—and depending on their occupational role, may also provide some clinical care or other types of support.

EMPLOYMENT SETTINGS

Direct care workers are primarily employed in private homes, community-based residential care settings, skilled nursing homes, and hospitals.

WORKFORCE SIZE

The direct care workforce comprises about 4.7 million workers—more than any other single occupation in the country.

JOB PROJECTIONS

Between 2020 and 2030, the direct care workforce is projected to add more than 1.2 million new jobs. During the same timeframe, nearly 7.9 million total direct care jobs will need to be filled, including new jobs and job vacancies that are created as existing workers leave the field or exit the labor force.



DIRECTIVES FOR DIRECT CARE WORKERS

NOTE: *Section 2(c) of the Executive Order includes a range of specific directives; here we discuss those that are most impactful for the direct care workforce.*

Fair Workplaces

Section 2(f)(i) directs the Secretary of Labor to produce, translate, and disseminate a range of materials (such as sample employment agreements) to ensure direct care workers and other care workers understand their rights—and that employers comply with them. Given that 30 percent of immigrant direct care workers report speaking English "not well" or "not at all" and that immigrants will continue to be a significant part of the direct care workforce, offering these materials in multiple languages is essential for promoting shared understanding and reducing exploitation by employers.⁵

Equitable Outreach

Section 2(f)(ii) directs the Secretary of Labor to work with community organizations throughout the country to “expand culturally and linguistically appropriate community outreach and education efforts” to direct care workers and other care workers. To effectively reach diverse workers, many of whom speak primary languages other than English and who might access information, resources, and support through their particular communities, culturally and linguistically appropriate outreach and education is vital. Organizations like Encuentro in New Mexico have successfully demonstrated the benefits of this type of approach—engaging, educating, and training immigrants throughout the state to protect their rights while also strengthening the home care sector.⁶

Support for Non-Citizens

Section 2(f)(iii) encourages the Chair of the Equal Employment Opportunity Commission to work with the Attorney General, the Secretary of Labor, and the U.S. Department of Homeland Security to create materials that educate non-citizen direct care workers (and other care workers) about their employment rights. While the details vary by immigration status, non-citizen workers nevertheless have a range of legal rights meant to ensure they are fairly treated while living and working in this country. If created, translated, and properly disseminated, these resources will help educate non-citizen workers about their ever-shifting rights, protecting them against employer exploitation and general mistreatment.

Did You Know?

Twenty-seven percent of all direct care workers are immigrants, including 32 percent of all home care workers, 22 percent of all residential care aides, and 21 percent of all nursing assistants in nursing homes. In addition, the proportion of direct care workers who are immigrants has increased by nearly 30 percent in the past decade, from about 1 in 5 workers in 2011 to 1 in 4 workers in 2021.⁷



WHAT ELSE CAN BE DONE

Equity-Focused Workforce Interventions

The U.S. Department of Health and Human Services (HHS) and the U.S. Department of Labor (DOL) should fund workforce interventions that promote equity within the direct care workforce, targeting the unique policy barriers and hardships facing women, people of color (including different racial and ethnic groups), LGBTQ+ people, and more. Two critical examples include: projects to better collect gender- and race-related outcomes data across various job quality indicators in order to identify and address disparities for direct care workers; and requirements that federally funded organizations evaluate whether women, people of color, and immigrants benefit equally from direct care workforce development interventions.

A Caregiver Visa

The U.S. Department of State should create a special “caregiver visa” for direct care workers that would build the pipeline for this workforce. To reduce the potential for exploitation, this visa program should include strong worker protections and not tie an immigrant worker's immigration status to their employer.

Research on Immigrants and the Gray Market

The Bureau of Labor Statistics, the U.S. Census Bureau, and other agencies should integrate additional questions related to immigrants in relevant federal surveys, building the knowledge on this critical segment of the direct care workforce. HHS should also fund new studies on immigrants working in the gray market (where consumers directly hire home care workers using private funds),

which would increase understanding of the unique challenges and characteristics of this nearly invisible segment of the direct care workforce. Additionally, HHS should create ethical standards for conducting this research without threatening the safety and security of respondents.

Did You Know?

In 2018, the median family income for women of color home care workers was \$37,800, compared to \$47,100 for white men. As a result of low earnings and this earnings gap, according to the same analysis, 53 percent of women of color home care workers lived in or near poverty, compared to 38 percent of white men.⁸





WHAT ELSE CAN BE DONE

Technical and Legal Assistance

HHS and DOL should support programs that offer technical and legal assistance to immigrants working in direct care for navigating the immigration system and to employers for recruiting, hiring, and employing immigrant and foreign workers.

Immigrant Supports and Pipeline Measures

HHS should collaborate with the Department of Homeland Security to enact measures that expand access to public health programs (and other supports) for immigrants, regardless of immigration status, and streamline the immigration application process for new immigrants who enter this country. These two departments should also work together to commission an audit that examines the extensive range of agency-level policies related to immigration that could be modified to specifically build a pipeline of immigrants into the direct care workforce.

Equity-Focused Communications Strategies

DOL and HHS should adequately fund grantees that are leading culturally and linguistically appropriate direct care workforce interventions to develop communications campaigns around their work. This funding could be invested in the development and testing of new frames and messages, advertising and public education campaigns, earned and digital media strategies, and more. Special attention should be given to communications campaigns that focus on more invisible communities within the direct care workforce (e.g., immigrants, LGBTQ+ workers, etc.). Evaluating these efforts would build the evidence base on how to effectively communicate about this diverse workforce to change attitudes and beliefs and build popular support

Notes

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6. Encuentro. "Mission & Model." Access July 12, 2023. <https://encuentronm.org/mission-model/>.
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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 more than 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.



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