

BRIDGING THE GAP

Enhancing Support
for Immigrant
Direct Care Workers
and Meeting Long-Term
Care Needs



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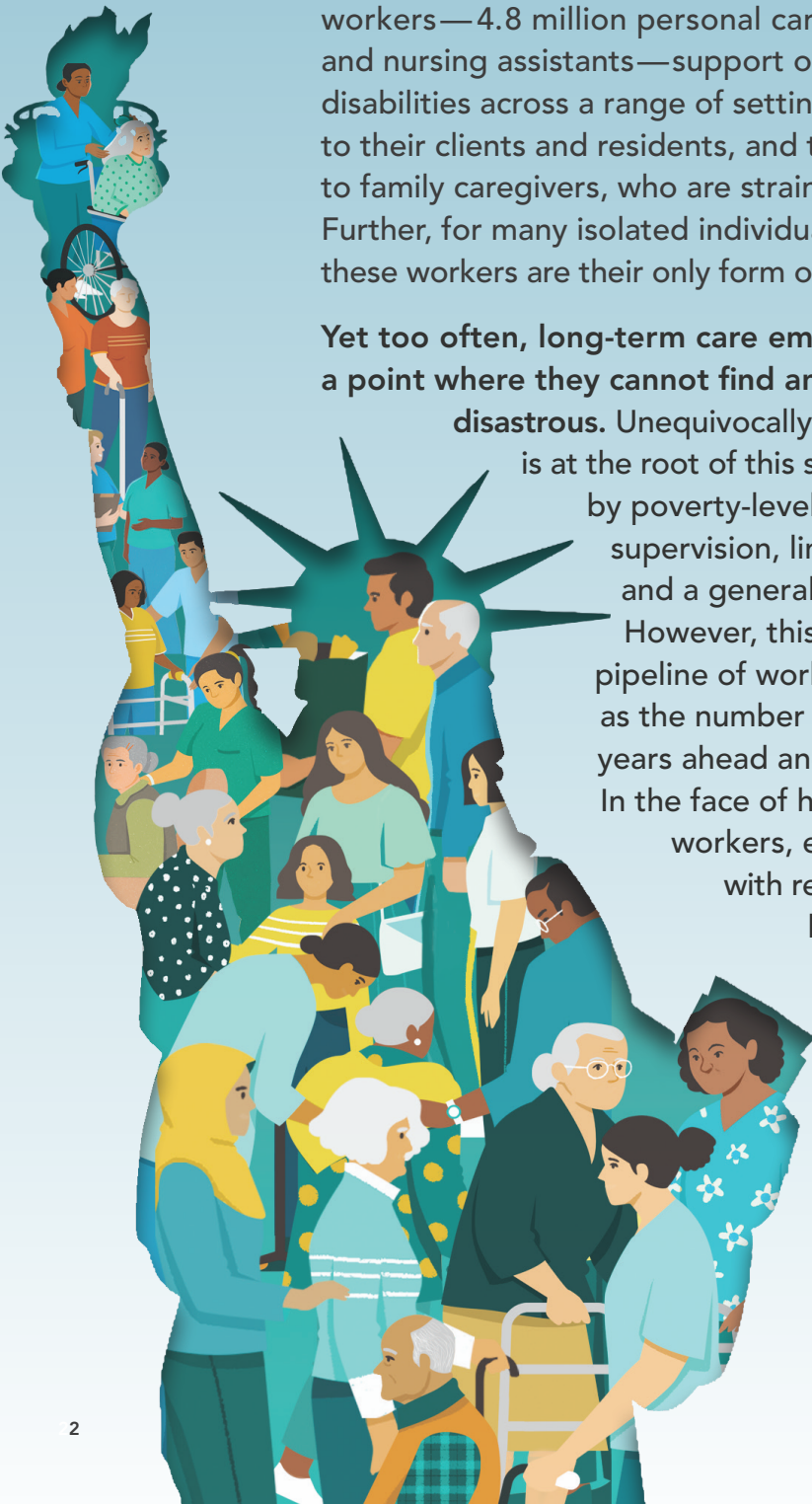
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INTRODUCTION

Millions of people are in critical need of quality long-term care, which is delivered largely by direct care workers. These essential workers—4.8 million personal care aides, home health aides, and nursing assistants—support older adults and people with disabilities across a range of settings. They often serve as a lifeline to their clients and residents, and they provide respite and support to family caregivers, who are strained emotionally and financially. Further, for many isolated individuals receiving long-term care, these workers are their only form of assistance or social interaction.

Yet too often, long-term care employers and consumers reach a point where they cannot find an available worker, which can be disastrous. Unequivocally, poor job quality in direct care is at the root of this staffing crisis—as long evidenced by poverty-level wages, inadequate training and supervision, limited advancement opportunities, and a general lack of respect and recognition.

However, this job sector also needs a stronger pipeline of workers to fill these jobs, especially as the number of older adults increases in the years ahead and people continue to live longer. In the face of high turnover and without enough workers, employers will continue to wrestle with recruitment and retention, their businesses will falter, and so will their ability to offer quality, continuous care.



INTRODUCTION

For years, immigrants have bolstered the direct care workforce and—if properly supported—could help address the challenges described above.

As detailed later in this policy brief, at least 27 percent of direct care workers in the U.S. are immigrants, compared to 17 percent of the total U.S. labor force. Additionally, the proportion of immigrants in direct care grew from about 21 percent in 2011 to 27 percent in 2021. If these trends continue, immigrants will remain a significant part of this workforce. As this policy brief underscores, federal leaders have an opportunity to ensure immigrants play an even bigger role in addressing the workforce shortage in direct care. As a country, we should invest in sound and humane policy solutions that support immigrant direct care workers.

In that spirit, this policy brief outlines a range of significant federal-level policy interventions across four areas: providing work authorizations and pathways to citizenship that allow more immigrants to work in direct care and other essential sectors; supporting the creation, testing, and replication of workforce innovations that recruit, retain, train, and support immigrant direct care workers; strengthening immigrant-specific supports for these workers; and improving data collection and research to fully capture the realities of immigrant direct care workers. Rooted in these recommendations are the underlying assumptions that direct care jobs must be transformed so that all workers, regardless of immigration status, pursue and thrive in these roles, and that employment-related resources for these workers must be culturally and linguistically competent.

Did you know?

Immigrant contributions drive the economy as consumers and taxpayers. In 2016, they added \$1.2 trillion to the U.S. Gross Domestic Product (GDP) and, in 2018, paid \$458.7 billion in local, state, and federal taxes. On the latter, undocumented immigrants contributed \$11.4 billion in taxes that same year.¹

“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



HOW IMMIGRANTS SUPPORT HEALTH AND LONG-TERM CARE

Throughout the country, long-term care leaders and policymakers are raising serious concerns about the consequences of a growing workforce shortage in direct care, which is rooted in three major factors: surging numbers of older adults, increased acuity among long-term care clients, and poor job quality, which pushes many workers away from this important field. These staffing problems are also shared across other segments of the health and long-term sectors.

Consider the following statistics:

- Between 2021 and 2031, the long-term care sector will need to fill 9.3 million direct care job openings, including new jobs and job vacancies that will be created as existing workers leave the field or exit the labor force.² These total job openings were estimated at 7.9 million for 2020 to 2030—indicating a nearly 18 percent increase in 10-year projected job openings in the last year.

- The U.S. Bureau of Labor Statistics projects 194,500 average annual openings for nurses between 2020 and 2030, and up to a third of nurses are actively considering retiring, exiting the profession, or leaving their current position in the near future.³

- Geographic areas that have been federally designated as having health workforce shortages need more than 17,000 additional primary care practitioners, 12,000 dental health practitioners, and 8,200 mental health practitioners in total.⁴

As Figure 1 illustrates, immigrants are already a significant part of these sectors and could help address future workforce needs. However, leveraging the contribution of immigrants will require policy interventions that make it easier for immigrants to work in this country and for employers to recruit and employ these workers.

Did you know?

Research demonstrates that immigrants and increased immigration levels benefit the direct care sector, while punitive immigration measures harm it. One recent study showed that immigrant workers are more likely to stay in the long-term care workforce for a year or longer,⁵ as compared to their U.S.-born counterparts, and another found that increased levels of immigration are associated with higher nursing home staffing levels and higher quality of care.⁶ In contrast, harsh immigration policies have significant negative effects on direct care workforce retention and care quality; states with “Secure Communities” policies have experienced reductions in nursing assistant hours per resident day in nursing homes.⁷ In practice, the evidence suggests that this program has had a much broader “chilling” effect on immigrants’ participation in employment and other public programs.

FIGURE 1: Percentage of Immigrant Workers in Select Health and Long-Term Care Occupations, 2021 Health/Long-Term Care Occupation

HEALTH/LONG-TERM CARE OCCUPATION	IMMIGRANTS
Physicians and Surgeons	26.5%
Registered Nurses (RNs)	16%
Therapists	10.4%
Other Health-Diagnosing & Treating Practitioners	15.7%
Healthcare Technologists and Technicians	13.7%
Direct Care Workers (Personal Care Aides, Home Health Aides, and Nursing Assistants)	27%
Other Health Care Support Roles	15%

SOURCE 1: Batalova, Jeanne. 2023. “Immigrant Health-Care Workers in the United States.” Washington, DC: Migration Policy Institute. <https://www.migrationpolicy.org/article/immigrant-health-care-workers-united-states>; Steven Ruggles, Sarah Flood, Matthew Sobek, Danika Brockman, Grace Cooper, Stephanie Richards, and Megan Schouweiler. 2023. *IPUMS USA: Version 13.0*. “American Community Survey 5-Year Estimates, 2017-2021” <https://doi.org/10.18128/D010.V13.0>

A STATISTICAL OVERVIEW OF IMMIGRANT DIRECT CARE WORKERS

Immigrants are a significant part of the direct care workforce, with rates disproportionately higher than the U.S. labor force and most other health care occupations. At least 27 percent of direct care workers in the U.S. are immigrants—and many more likely work in the “gray market,” where consumers directly hire home care workers using private funds. (Unfortunately, data limitations prevent a clearer understanding of this segment of long-term care.) For comparison, about 17 percent of the total U.S. labor force and 18 percent of all health care workers are immigrants.⁸

Immigrants are more likely to be employed in home care, though notable numbers also work in residential care and nursing homes. Thirty-two percent of home care workers are immigrants, while 26 percent and 21 percent of residential care aides and nursing assistants, respectively, are immigrants.

In the past 10 years, immigrants grew substantially in their share of the direct care workforce. The proportion of direct care workers who are immigrants grew from about 21 percent in 2011 to 27 percent in 2021.⁹

FIGURE 2: Percentage of Immigrants and Non-Immigrants in Direct Care, by Long-Term Care Setting, 2021

DIRECT CARE WORKERS	IMMIGRANTS	U.S.-BORN
Home Care	32%	69%
Residential Care	26%	72%
Nursing Homes	21%	79%

SOURCE: Steven Ruggles, Sarah Flood, Matthew Sobek, Danika Brockman, Grace Cooper, Stephanie Richards, and Megan Schouweiler. 2023. *IPUMS USA: Version 13.0*. "American Community Survey 5-Year Estimates, 2017-2021" <https://doi.org/10.18128/D010.V13.0>; Analysis by PHI (June 2023).



“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

A STATISTICAL OVERVIEW OF IMMIGRANT DIRECT CARE WORKERS

The earnings of immigrant direct care workers place many in poverty, though they fare modestly better economically than U.S.-born workers in this job sector. Immigrant direct care workers earn a median hourly wage of \$13.50 and a median annual income of \$25,275, compared to \$13.00 and \$21,862 for U.S.-born direct care workers. Additionally, 11 percent of immigrant direct care workers live below the federal poverty line and 42 percent access public assistance. For U.S.-born direct care workers, these figures are 16 and 44 percent, respectively.

Immigrant direct care workers are a culturally and linguistically diverse workforce comprised of individuals from across the globe. Immigrant direct care workers speak at least 55 different languages and span at least 163 different countries of origin, with the largest proportions coming from Mexico (14%), the Philippines (9%), the Dominican Republic (7%), Jamaica (7%), and Haiti (7%).

Immigrant Direct Care Workers at a Glance

	IMMIGRANTS	U.S.-BORN
WOMEN	86%	87%
EDUCATION BEYOND HIGH SCHOOL	47%	54%
MEDIAN HOURLY WAGE¹⁰	\$13.50	\$13.00
FULL-TIME EMPLOYMENT	66%	63%
MEDIAN ANNUAL INCOME	\$25,275	\$21,862

SOURCE: Steven Ruggles, Sarah Flood, Matthew Sobek, Danika Brockman, Grace Cooper, Stephanie Richards, and Megan Schouweiler. 2023. *IPUMS USA: Version 13.0*. "American Community Survey 5-Year Estimates, 2017-2021" <https://doi.org/10.18128/D010.V13.0>; Analysis by PHI (June 2023); Flood, Sarah, Miriam King, Renae Rodgers, Steven Ruggles, Robert Warren, and Michael Westberry. 2023. *Integrated Public Use Microdata Series, Current Population Survey, 2022: Version 9.0*. <https://doi.org/10.18128/D030.V9.0>; analysis by PHI (June 2023)

POLICY RECOMMENDATIONS

A NOTE ON JOB QUALITY AND THE DIRECT CARE WORKFORCE

The core assumption underlying these recommendations is that the direct care workforce must be strengthened as a whole to support all workers, immigrants and native-born workers alike—and doing so will require enacting a range of policy measures that improve compensation, training, advancement opportunities, and other aspects of this job. No individual should work in a poverty-level, poor-quality direct care job. To support this goal, Appendix A details the five pillars of direct care job quality, which can form the basis of any policy intervention. In addition, visit our website at PHInational.org for various resources that can guide local, state, and federal policymakers in strengthening this workforce.

Work Authorizations & Pathways to Citizenship

Immigrant Opportunities and Contributions.

Congress should enact the Citizenship for Essential Workers Act, which would allow undocumented persons working as essential workers during the COVID-19 pandemic to be eligible for a path to citizenship.¹¹ Congress should also enact the U.S. Citizenship Act of 2021 to provide a pathway to citizenship for approximately one million undocumented immigrants, including direct care workers (classified as “essential workers”),¹² as well as the American Dream and Promise Act of 2021, which would give permanent resident status to individuals who entered the U.S. as children.¹³

A Caregiver Visa. The U.S. Department of State should create a special “caregiver visa” for direct care workers that would build the pipeline into this workforce and provide immigrants who obtain this visa with an opportunity to live permanently in this country. Following the “bridge visa” model proposed by the Migration Policy Institute, this caregiver visa program should include employer sponsorship and precertification based on a history of compliance with labor and immigration laws; portability measures that allow workers to move easily from one employer to another in the same occupational category—and thus, not tying their immigration status to one employer; access to culturally and linguistically competent legal resources on labor rights and worker protections; visa renewal opportunities; strong employer oversight mechanisms; and a pathway to citizenship.¹⁴ Similar to the Seasonal Worker Solidarity Act,¹⁵ which Congress should enact, this visa program should also include an appropriate wage mandate, bar employers who commit labor abuses from the program, protect workers from retaliation, and allow migrant workers to enter this country with family members.¹⁶

The Challenges with Today's Temporary Visa Programs

Estimates show there are more than two million people in the U.S. employed through temporary visa programs, which allow immigrants to work as temporary migrant workers, or “guestworkers,” in this country for a set period of time. The purpose of these visa programs has typically been to address workforce shortages in certain sectors. While temporary visa programs tend to garner more support than other immigration policies, experts have noted numerous challenges with these programs, including linking the visa status of temporary migrant workers to their employers, an approach that limits labor rights, prevents workers from moving easily from one employer to another, and creates an environment where employers can easily break the law. Additionally, these programs allow employers to bypass anti-discrimination laws, tend to provide low wages, have minimal oversight, restrict pathways to citizenship, and keep workers away from their families abroad.¹⁷

As long-term care leaders advocate for a caregiver-specific temporary visa program, policymakers must ensure that the proposed program is fair, transparent, and accountable.

This program should also provide these workers with a pathway to citizenship for their dedicated contributions. Immigrant direct care workers deserve good jobs and an opportunity to live permanently in this country, and the long-term care industry needs enough workers to provide good care.



POLICY RECOMMENDATIONS

Workforce Innovation

Building the Evidence Base. The U.S. Department of Health and Human Services (HHS) and the U.S. Department of Labor (DOL) should fund and evaluate a broad range of immigrant-specific direct care workforce interventions that improve training, recruitment, and retention among these workers—and strengthen the pipeline into direct care jobs. These interventions should engage various training and workforce development entities, community-based organizations, and others, and be evaluated for their impact on employment, care, and cost outcomes. In addition, HHS and DOL should track and centralize findings from these tested approaches to create a publicly available evidence base on immigrant direct care worker interventions. On a related note,

Congress should enact and fully fund the Career Advancement for Direct Support Aid Workers Act, which would fund direct care workforce interventions focused on education, training, and advancement, with an emphasis on communities of color and workers in rural areas (among other vulnerable populations);¹⁸ the Direct Creation, Advancement, and Retention of Employment (CARE) Opportunity Act of 2023, which would invest more than \$1.8 billion over five years in training and strengthening the direct care workforce;¹⁹ and the Improving Care for Vulnerable Older Citizens and People with Disabilities through Workforce Advancement Act of 2021, which would fund career advancement demonstration projects for direct care workers.²⁰ All of these federal programs, if enacted, should consider the unique needs of immigrants in workforce intervention.

Employer Assistance. HHS should establish and fully fund a national technical assistance center to support health and long-term care employers dealing with chronic workforce shortages to recruit and employ immigrant workers—both those already in the U.S. and workers from abroad. HHS should also collaborate with the Department of Homeland Security to commission an audit that examines the extensive range of agency-level policies related to immigration that could be modified to build and support a pipeline of immigrants into the direct care workforce, helping employers meet demand.

Refugees and the Pipeline. HHS and the Office of Refugee Resettlement should work together to connect states and employers to resettlement agencies, helping them draw possible job candidates for the direct care job sector.

Communications Strategies. HHS should fund a range of research-based framing, narrative, and communications strategies—similar to the “Reframing Aging” initiative—to help recruit immigrants into direct care and communicate their value for this sector and society at large.²¹ Additionally, HHS should fund grantees to develop, implement, and evaluate strategic communications campaigns related to immigrants in direct care, with special attention to cultural and linguistic competence and to more marginalized groups such as undocumented immigrants, low-wage immigrant workers, etc.



POLICY RECOMMENDATIONS

Immigrant Worker Supports

Immigrant Health. HHS should collaborate with the Department of Homeland Security to implement measures that expand access to public health programs (and other supports) for immigrants, regardless of their immigration status. In addition, Congress should enact the LIFT the BAR Act²² and the HEAL for Immigrant Families Act²³ to ensure that immigrants and their families have access to public health care programs. The LIFT the BAR Act would allow all lawfully present immigrants to access federal programs without discriminatory bars or waiting periods, while HEAL for Immigrant Families Act would extend the Medicaid and Children's Health Insurance Program coverage to eligible individuals lawfully present in the United States.

Legal Services. The U.S. Department of Labor should boost legal services to immigrants in the U.S. working in sectors with chronic workforce shortages—including the long-term care sector—who need legal help navigating the immigration system, among other concerns.

Employment Education. The Equal Employment Opportunity Commission, the Attorney General, the Secretary of Labor, and the Department of Homeland Security should create various materials that educate immigrant direct care workers and other care workers about their employment rights. While the details vary by

immigration status, immigrant workers nevertheless have a range of legal rights meant to ensure they are fairly treated while living and working in this country. If translated and properly disseminated, these resources would help educate immigrant workers about their ever-shifting rights, protecting them against employer exploitation and general mistreatment.

Fair Workplaces. DOL should produce, translate, and disseminate a range of resources, 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.²⁴



"I enjoy [Los Angeles] because my parents are here. I left my family in the Philippines, my children. That's the sad thing. I cry for them now because especially now this pandemic, I always miss them."

MARICHU BUENAVENTURA

Caregiver at Courage LLC and member of Pilipino Workers Center in Los Angeles, CA

POLICY RECOMMENDATIONS

Immigrant Worker Supports *cont.*

Equitable Outreach. DOL should work with community-based organizations throughout the country to expand culturally and linguistically appropriate outreach and education to direct care workers. Culturally and linguistically appropriate outreach and education is vital 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.

Executive Actions. The executive branch should continue to reverse and address the more than 400 executive actions on immigration policy that were enacted by the Trump administration,²⁵ building on the rollback of the punitive Public Charge Rule (and expanding outreach and education on the new rule)²⁶ as well as key victories such as the Family Reunification Task Force²⁷ and the Welcome Corps.²⁸ Additionally, the executive branch should reconsider the asylum ban, and instead pass executive orders and regulatory changes to support immigrant workers and their families, such as improving efficiency of visa applications, helping workers maintain employment authorization amid application processing delays, giving temporary workers the option to find new employment, expanding options for visa renewals, and granting work authorization to more family members of migrant workers.²⁹



POLICY RECOMMENDATIONS

Research and Data Collection

Updated Federal Surveys. The Bureau of Labor Statistics, the U.S. Census Bureau, and other agencies should integrate additional questions related to immigrants in relevant federal surveys to build knowledge on this critical segment of the direct care workforce. These surveys should include questions that yield insights into these workers' values, needs, and wants, among other issues. Relatedly, the National Center for Health Statistics at the Centers for Disease Control and Prevention (CDC) should update and re-issue the first and only national probability surveys focused on this workforce: its National Nursing Assistant Survey, conducted in 2004, and its National Home Health Aide Survey, conducted in 2007.

Monitoring Disparities. DOL and HHS should provide guidance to states on how to build and strengthen data collection on the direct care workforce and how to disaggregate the data and monitor disparities related to immigration status, race, gender, and more within this critical workforce.

Recruitment and Retention Best Practices. DOL and HHS should collaborate to commission a study and produce a best practice guide for recruiting, retaining, training, and supporting immigrant direct care workers, convening a diverse slate of experts to inform and widely disseminate this study and related resources.

The Gray Market. HHS and DOL should work together to fund new studies on immigrants working across the gray market, including the home care sector. These new studies would increase understanding of the unique challenges and characteristics of this nearly invisible segment of the direct care workforce.

Ethical Research Standards. Together, HHS and DOL should create ethical standards for conducting research related to documented and undocumented immigrants without threatening the safety and security of respondents.



“ Well, I came from Africa, and I used to take care of my sister before coming here. So when I came from Africa, the first work that I got to do, was with home health aide. Before then when I came here, I took care of my cousin but that was a private duty when I came.”

COMFORT RAILEY

Home Health Aide at Home Care Associates,
Philadelphia, PA

APPENDIX X:

PHI Framework: The 5 Pillars of Direct Care Job Quality³⁰



QUALITY TRAINING

- Training is accessible, affordable, and relevant to the job
- Content covers a range of relational and technical skills associated with quality care
- Competency-based, adult learner-centered instruction with opportunities for hands-on learning
- Programs account for cultural, linguistic, and learning differences
- Documentation and verification of program completion and/or certification, with connections to employment



FAIR COMPENSATION

- Living wage as a base wage
- Access to full-time hours
- Consistent scheduling and notice of scheduling changes
- Employer- or union-sponsored benefit plans
- Paid sick days and paid family and medical leave
- Grief support and bereavement leave
- Financial support and asset development programs
- Access to merit, longevity, and other base pay increases



QUALITY SUPERVISION & SUPPORT

- Clear presentation of job requirements, responsibilities, workflows, and reporting structures
- Consistent, accessible, and supportive supervision
- Access to personal protective equipment and other supplies to ensure worker and client safety
- Connection to peer mentors and peer support networks
- Connection to community-based organizations to address employment-related barriers



RESPECT & RECOGNITION

- Direct care workers reflected in organizational mission, values, and business plans
- Diversity, equity, and inclusion formalized in organizational practices
- Consistent feedback is given on work performance and retention is celebrated
- Opportunities for direct care workers to influence organizational decisions
- Clear communication about changes affecting workers, with opportunities for feedback
- Direct care workers empowered to participate in care planning and coordination
- Other staff trained to value direct care workers'



REAL OPPORTUNITY

- Employer-sponsored continuous learning available to build core and specialized direct care skills
- Opportunities for promotion into advanced direct care roles with wage and title increases
- Organizational commitment to cross-training workers and promoting from within
- Connections to external training and job development programs for other health care and social service careers

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About PHI

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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