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ISSUE BRIEF

Racial and Gender Disparities Within the Direct Care Workforce: Five Key Findings

BY STEPHEN CAMPBELL

Despite their critical role in supporting older adults and people with disabilities nationwide, women in the direct care workforce—and women of color, in particular—are more likely to live in poverty than men. Women of color in direct care also have smaller family incomes and are more reliant on public benefits than their white counterparts. This research brief examines racial and gender disparities in the direct care workforce, with a focus on populations that have historically experienced differential treatment in employment. Specifically, we ask: how has the racial and gender composition of this workforce changed over the past 10 years? And how do race and gender shape the demographic, employment, and economic characteristics of the direct care workforce?



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 (BLS) at the U.S. Department of Labor. To produce this statistical portrait of racial and gender disparities, we analyzed American Community Survey (ACS) data from 2005 to 2015. Race and ethnicity labels are mutually exclusive: “White,” “Black or African American,” “Asian or Pacific Islander,” and “Other” do not include people who identify as “Hispanic or Latino.”¹ We define “people of color” as people who identify as a race other than white. We applied percentages from the ACS to Occupational Employment Statistics data compiled by the BLS to estimate the number of direct care workers in each gender and racial/ethnic cohort.

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. In this brief, direct care workers who work in private homes and community-based settings are referred to as “home care workers,” while those who work in nursing homes are referred to as “nursing assistants.” 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.

5 KEY FINDINGS

1 Men of all races and women of color are large and growing segments of the direct care workforce.

- From 2005 to 2015, women of color in direct care grew from 45 percent of the workforce (1.2 million workers) to 48 percent (1.7 million workers). Over the same period, men grew from 11 percent of the workforce in 2005 (310,000 workers) to 14 percent of the workforce in 2015 (489,000 workers).
- While the number of men who are nursing assistants remained constant in that period, the number of male home care workers tripled, growing from 60,000 in 2005 to 182,000 in 2015.
- Hispanic/Latina women in this workforce tend to work in home care and Black/African American women tend to work as nursing assistants. One in four home care workers (19 percent) is a Hispanic/Latina woman, compared to one in 10 nursing assistants (10 percent). One in three nursing assistants is a Black/African American woman (33 percent), compared to one in four home care workers (25 percent) (see Appendix I).

2 Women in direct care tend to be older than men, regardless of race/ethnicity, and Asian/Pacific Islander direct care workers of all genders are older than their peers.

- The median age for women in the direct care workforce is 42 years old, versus 37 years old for men (see Appendix III).
- While direct care workers have similar median ages across most racial/ethnic groups, Asians and Pacific Islanders are the exception. The median age for Asian/Pacific Islander direct care workers is 48 years old—seven years older than the median age for all direct care workers.

3 Women in direct care generally have lower levels of formal education than men, and white direct care workers generally have higher levels of formal education than direct care workers of color.

- Fifty-three percent of women of color and 45 percent of white women in the direct care workforce have a high school education or less, compared to 43 percent of men of color and 37 percent of white men.
- Women of color in direct care are twice as likely as their white counterparts to have less than a high school education. Nineteen percent of women of color in direct care have less than a high school education, compared to nine percent of white women in direct care.

- Among Asian/Pacific Islander direct care workers, 69 percent of men and 57 percent of women have some college education or a college degree. However, many Asian/Pacific Islander workers have less than a high school education, including 20 percent of women and 12 percent of men. These findings suggest educational attainment may vary within the highly diverse Asian/Pacific Islander population.

4 Women of color in direct care are more likely to live in poverty and rely on public assistance than their counterparts in the direct care workforce.

- The poverty rate for women of color in direct care (22 percent) is higher than the poverty rate for white women (17 percent), white men (14 percent), and men of color (12 percent).
- Forty-nine percent of women of color in direct care rely on public assistance, compared to 39 percent of white women, 35 percent of white men, and 34 percent of men of color in this workforce.
- People of color in direct care are generally more likely than white workers to live in poverty, though Asian/Pacific Islander direct care workers are an exception. Among Asian/Pacific Islander workers, 12 percent of women and nine percent of men live in poverty, and 37 percent of women and 29 percent of men rely on public assistance.

5 Men and people of color in direct care have higher personal earnings than women and white workers, and white workers have higher family incomes than people of color.

- Men in direct care have higher personal earnings than women, but people of color in direct care have higher annual personal earnings than white workers. Median personal earnings are \$20,000 for men of color and \$17,500 for white men, whereas median personal earnings for women of color are \$17,300, compared to \$16,000 for white women.
- Annual earnings are an expression of hourly wages, hours worked, and weeks worked. While hourly wages are not captured by the American Community Survey, 41 percent of women of color and 35 percent of white women work full-time hours year-round, compared to 51 percent of men of color and 43 percent of white men.
- The median family income for women of color is \$43,400, compared to \$52,900 for white women, \$56,300 for men of color, and \$60,800 for white men.
- Asian/Pacific Islander direct care workers have higher personal and family incomes than other racial/ethnic groups—they typically earn \$19,200 annually, and their families typically earn \$68,300. However, their incomes vary more than incomes among other groups, which may suggest earnings differ among Asian and Pacific Islander subgroups.

CONCLUSION

In the coming decades, millions of older adults and people with disabilities will increasingly rely on direct care workers for assistance, and women of color will be critical to meeting this demand.

Women of color make up the largest and fastest-growing segment of the direct care workforce— from 2005 to 2015, the number of women of color in direct care grew from 1.2 million to 1.7 million. In addition, from 2016 to 2026, the number of women of color in the labor force is projected to grow by 6.3 million workers, while the number of white women in the labor force is projected to decline by 384,000 over the same time period.²

Unfortunately, direct care jobs do not provide economic stability to women of color and their families—they are generally more likely to live in poverty and rely on public benefits than their counterparts, and they have smaller family incomes to rely on for support. In this context, improving the economic well-being of women of color in direct care would improve their quality of life, and it would help attract workers to this important occupation, as well as help retain them. More research is needed on the many diverse populations described in this brief, particularly in regard to improving their economic stability.

Additionally, while women constitute the largest segment of the direct care workforce, men are increasingly joining their ranks—the number of men in direct care grew from 310,000 in 2005 to 489,000 in 2015. This research also shows that the characteristics of men in direct care are distinct from those of women in several respects: they are younger, more educated, and live in higher-income households than women in the profession. Further research would help explain these differences, as well as identify strategies to recruit more men into the direct care workforce.

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NOTES

¹ The “Other” category includes people who are American Indian, Alaska Native, two or more races, or some other race.

² U.S. Bureau of Labor Statistics (BLS), Employment Projections Program. 2015. *Employment Projections: 2016–2026, Table 3.4 Civilian labor force by age, sex, race, and ethnicity, 1996, 2006, 2016, and projected 2026 (Numbers in thousands)*. <https://www.bls.gov/emp/>; analysis by PHI (October 25, 2017).

APPENDIX I: DIRECT CARE WORKERS BY GENDER, RACE, AND INDUSTRY, 2005 TO 2015

GENDER	RACE/ETHNICITY	DIRECT CARE WORKERS		HOME CARE WORKERS		NURSING ASSISTANTS	
		2005	2015	2005	2015	2005	2015
Women	White	44%	39%	41%	36%	45%	42%
	People of Color	45%	48%	50%	51%	46%	49%
	Black or African American	28%	26%	26%	25%	33%	33%
	Hispanic or Latino (Any Race)	11%	14%	18%	19%	7%	10%
	Asian or Pacific Islander	4%	5%	4%	5%	3%	4%
	Other	2%	2%	3%	3%	2%	2%
	Total		89%	86%	91%	88%	91%
Men	White	6%	6%	4%	5%	4%	4%
	People of Color	6%	8%	4%	7%	5%	5%
	Black or African American	3%	4%	2%	3%	3%	3%
	Hispanic or Latino (Any Race)	1%	2%	1%	2%	1%	1%
	Asian or Pacific Islander	1%	1%	1%	1%	1%	1%
	Other	0%	0%	0%	0%	0%	0%
	Total		11%	14%	9%	12%	9%
Total	White	50%	45%	45%	42%	50%	46%
	People of Color	50%	55%	55%	58%	50%	54%
	Black or African American	31%	30%	28%	28%	35%	36%
	Hispanic or Latino (Any Race)	13%	16%	19%	21%	8%	11%
	Asian or Pacific Islander	4%	6%	5%	6%	4%	5%
	Other	3%	3%	3%	3%	3%	3%
	Total		100%	100%	100%	100%	100%

Source: U.S. Census Bureau. 2016. *American Community Survey (ACS), 2005 to 2015 1-year Public Use Microdata Sample (PUMS)*. <https://www.census.gov/programs-surveys/acs/data/pums.html>; analysis by PHI (October 10, 2017).

APPENDIX II: DIRECT CARE WORKER CHARACTERISTICS, BY RACE/ETHNICITY AND GENDER, 2015

	WOMEN OF COLOR	WHITE WOMEN	MEN OF COLOR	WHITE MEN	TOTAL
AGE					
16-24	11%	20%	18%	22%	16%
25-34	22%	20%	27%	24%	22%
35-45	21%	15%	17%	15%	18%
45-54	23%	19%	19%	15%	21%
55-64	17%	17%	14%	16%	17%
65+	6%	8%	5%	8%	7%
Median	42	41	37	37	41
EDUCATIONAL ATTAINMENT					
Less than High School	19%	9%	11%	9%	14%
High School Graduate	35%	36%	32%	28%	34%
Some College, No Degree	30%	36%	33%	33%	33%
Associate's Degree or Higher	16%	20%	24%	30%	19%
EMPLOYMENT STATUS					
Part time or part year	59%	65%	49%	57%	60%
Full time and full year	41%	35%	51%	43%	40%
EARNINGS AND INCOME					
Median Personal Earnings	\$17,300	\$16,000	\$20,000	\$17,500	\$17,000
Median Family Income	\$43,400	\$52,900	\$56,300	\$60,800	\$49,100

APPENDIX II: DIRECT CARE WORKER CHARACTERISTICS, BY RACE/ETHNICITY AND GENDER, 2015 (CONT.)

	WOMEN OF COLOR	WHITE WOMEN	MEN OF COLOR	WHITE MEN	TOTAL
POVERTY LEVEL					
Less than 100%	22%	17%	12%	14%	19%
Less than 138%	34%	27%	22%	22%	30%
Less than 200%	54%	44%	40%	38%	48%
PUBLIC ASSISTANCE					
Any Public Assistance	49%	39%	34%	35%	43%
Food and Nutrition Assistance	33%	22%	20%	17%	27%
Medicaid	29%	22%	17%	17%	25%
Cash Assistance	3%	3%	1%	2%	3%
HEALTH INSURANCE STATUS					
Any Health Insurance	83%	87%	82%	87%	85%
Health Insurance Through Employer/Union	43%	53%	54%	55%	48%
Medicaid, Medicare, or Other Public Coverage	34%	30%	23%	27%	31%
Health Insurance Purchased Directly	12%	13%	10%	14%	12%

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 (October 10, 2017).

APPENDIX III: HOME CARE WORKER CHARACTERISTICS, BY RACE/ETHNICITY AND GENDER, 2015

	WOMEN OF COLOR	WHITE WOMEN	MEN OF COLOR	WHITE MEN	TOTAL
AGE					
16-24	8%	12%	15%	17%	11%
25-34	19%	17%	26%	22%	19%
35-45	20%	16%	17%	13%	18%
45-54	25%	24%	19%	20%	24%
55-64	20%	20%	17%	17%	20%
65+	7%	11%	6%	11%	9%
Median	45	47	39	43	45
EDUCATIONAL ATTAINMENT					
Less than High School	25%	11%	17%	9%	18%
High School Graduate	34%	36%	34%	29%	35%
Some College, No Degree	26%	32%	28%	35%	29%
Associate's Degree or Higher	14%	21%	22%	26%	18%
EMPLOYMENT STATUS					
Part time or part year	68%	70%	59%	62%	68%
Full time and full year	32%	30%	41%	38%	32%
EARNINGS AND INCOME					
Median Personal Earnings	\$14,000	\$13,000	\$15,800	\$15,000	\$13,800
Median Family Income	\$39,000	\$50,100	\$48,300	\$52,500	\$44,100

APPENDIX III: HOME CARE WORKER CHARACTERISTICS, BY RACE/ETHNICITY AND GENDER, 2015 (CONT.)

	WOMEN OF COLOR	WHITE WOMEN	MEN OF COLOR	WHITE MEN	TOTAL
POVERTY LEVEL					
Less than 100%	27%	19%	16%	16%	23%
Less than 138%	39%	30%	28%	26%	34%
Less than 200%	59%	46%	47%	44%	53%
PUBLIC ASSISTANCE					
Any Public Assistance	57%	48%	46%	45%	52%
Food and Nutrition Assistance	38%	26%	26%	23%	32%
Medicaid	35%	26%	25%	21%	31%
Cash Assistance	4%	3%	1%	4%	3%
HEALTH INSURANCE STATUS					
Any Health Insurance	80%	85%	79%	82%	82%
Health Insurance Through Employer/Union	32%	42%	41%	43%	37%
Medicaid, Medicare, or Other Public Coverage	42%	38%	33%	33%	40%
Health Insurance Purchased Directly	12%	16%	11%	15%	13%

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 (October 10, 2017).

APPENDIX IV: NURSING ASSISTANT CHARACTERISTICS, BY RACE/ETHNICITY AND GENDER, 2015

	WOMEN OF COLOR	WHITE WOMEN	MEN OF COLOR	WHITE MEN	TOTAL
AGE					
16-24	15%	28%	20%	33%	22%
25-34	25%	25%	27%	26%	25%
35-45	22%	15%	20%	21%	19%
45-54	20%	15%	19%	9%	18%
55-64	14%	13%	12%	7%	13%
65+	3%	3%	3%	5%	3%
Median	38	33	36	32	36
EDUCATIONAL ATTAINMENT					
Less than High School	13%	10%	8%	15%	12%
High School Graduate	39%	39%	36%	32%	39%
Some College, No Degree	34%	38%	34%	29%	36%
Associate's Degree or Higher	14%	12%	22%	24%	14%
EMPLOYMENT STATUS					
Part time or part year	50%	59%	38%	51%	53%
Full time and full year	50%	41%	62%	49%	47%
EARNINGS AND INCOME					
Median Personal Earnings	\$20,000	\$19,000	\$22,900	\$18,500	\$20,000
Median Family Income	\$44,100	\$51,100	\$61,100	\$58,700	\$48,000

APPENDIX IV: NURSING ASSISTANT CHARACTERISTICS, BY RACE/ETHNICITY AND GENDER, 2015 (CONT.)

	WOMEN OF COLOR	WHITE WOMEN	MEN OF COLOR	WHITE MEN	TOTAL
POVERTY LEVEL					
Less than 100%	18%	16%	10%	16%	17%
Less than 138%	32%	26%	16%	26%	29%
Less than 200%	52%	44%	35%	48%	48%
PUBLIC ASSISTANCE					
Any Public Assistance	46%	34%	26%	32%	39%
Food and Nutrition Assistance	32%	22%	17%	19%	27%
Medicaid	26%	20%	11%	15%	22%
Cash Assistance	2%	3%	1%	1%	2%
HEALTH INSURANCE STATUS					
Any Health Insurance	85%	88%	83%	87%	86%
Health Insurance Through Employer/Union	51%	61%	64%	62%	56%
Medicaid, Medicare, or Other Public Coverage	29%	23%	15%	19%	26%
Health Insurance Purchased Directly	11%	10%	8%	11%	11%

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 (October 10, 2017).

APPENDIX V: RACE/ETHNICITY AND GENDER OF DIRECT CARE WORKERS, BY STATE, 2015

STATE	WOMEN OF COLOR	WHITE WOMEN	MEN OF COLOR	WHITE MEN
Alabama	55%	36%	5%	3%
Alaska	42%	42%	14%	3%
Arizona	44%	38%	11%	7%
Arkansas	36%	51%	4%	9%
California	60%	20%	15%	5%
Colorado	35%	50%	6%	8%
Connecticut	52%	36%	8%	4%
Delaware	50%	30%	13%	7%
District of Columbia	82%	1%	13%	4%
Florida	61%	27%	6%	6%
Georgia	62%	28%	6%	4%
Hawaii	71%	13%	12%	4%
Idaho	15%	68%	4%	13%
Illinois	45%	42%	7%	5%
Indiana	23%	65%	4%	8%
Iowa	10%	80%	3%	6%
Kansas	23%	63%	5%	9%
Kentucky	19%	70%	3%	8%
Louisiana	70%	21%	6%	3%
Maine	5%	79%	2%	14%
Maryland	63%	22%	11%	4%
Massachusetts	39%	44%	9%	7%
Michigan	33%	54%	5%	8%
Minnesota	24%	62%	6%	8%
Mississippi	62%	29%	6%	2%
Missouri	28%	60%	4%	8%
Montana	10%	75%	3%	12%
Nebraska	17%	72%	3%	8%
Nevada	50%	33%	12%	6%
New Hampshire	8%	78%	2%	12%
New Jersey	65%	21%	9%	4%

APPENDIX V: RACE/ETHNICITY AND GENDER OF DIRECT CARE WORKERS, BY STATE, 2015 (CONT.)

STATE	WOMEN OF COLOR	WHITE WOMEN	MEN OF COLOR	WHITE MEN
New Mexico	62%	18%	14%	5%
New York	66%	24%	6%	4%
North Carolina	47%	42%	5%	5%
North Dakota	14%	71%	5%	10%
Ohio	31%	57%	5%	6%
Oklahoma	37%	51%	4%	8%
Oregon	21%	62%	5%	12%
Pennsylvania	31%	55%	6%	8%
Rhode Island	36%	46%	8%	10%
South Carolina	59%	33%	4%	4%
South Dakota	10%	76%	5%	9%
Tennessee	34%	55%	5%	7%
Texas	67%	21%	9%	3%
Utah	16%	61%	4%	19%
Vermont	8%	69%	6%	17%
Virginia	54%	37%	5%	4%
Washington	31%	53%	8%	8%
West Virginia	7%	81%	2%	9%
Wisconsin	22%	67%	3%	8%
Wyoming	12%	73%	4%	12%

Source: U.S. Census Bureau. 2016. *American Community Survey (ACS), 2011-2015 5-year Public Use Microdata Sample (PUMS)*. <https://www.census.gov/programs-surveys/acs/data/pums.html>; analysis by PHI (October 20, 2017).

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.

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