

# Direct Care Alliance Policy Brief No. 8

## By Our Sides: The Vital Work of Immigrant Direct Care Workers

By **Diana Polson**

Evelyn Coke was a Jamaican immigrant and an American hero. For more than twenty years, she cared for sick, elderly and dying people in their homes. She worked tirelessly, without overtime pay or health insurance coverage, while fighting to overturn regulations that exclude home care workers from basic labor protections. Her lawsuit went all the way up to the U.S. Supreme Court, although in the end the Court decided against her. Despite her decades of service to ailing people in need, when Evelyn herself became ill in the last years of her life, she could not afford a health care worker to be by her side (Martin 2009).

Evelyn's work—and that of thousands of other immigrant direct care workers across the country—provides vital support to families struggling to assist elderly, disabled and seriously ill relatives. As the Baby Boom generation (born between 1946 and 1964) ages, more and more elderly and sick Americans will rely on these immigrant workers.

Direct care workers provide care directly to frail elders and people with long-term illnesses or disabilities. They include hospital, nursing home, home health and personal care aides. These workers often become trusted confidants and allies of family members and friends of those who need care. Hospital and nursing home aides work in nursing homes, hospitals and other assisted living facilities, helping residents with activities of daily life. Personal care and home health aides work in community-based settings and in private homes, providing companionship and assisting with activities such as bathing, dressing, toileting, meal preparation, eating, shopping and housework. Home health aides also assist patients with medication and monitoring vital signs.

About one-fourth of all U.S. direct care workers are foreign-born. This policy brief examines the role of immigrant workers in the growing care economy, addressing important questions about who is caring for our country's elderly, sick and disabled and about the conditions under which they work.

### Immigrant Direct Care Workers: A Look at the Numbers

Data from the U.S. Current Population Survey (CPS) offers insight into who is currently providing care in private and institutional settings across the United States, as well as the pay and conditions associated with this work.<sup>1</sup> In 2010, over half of direct care workers were employed in home and community-based settings, 22 percent as home health aides and 31.1 percent as personal care aides. The rest were employed in institutional settings, with hospital aides ac-

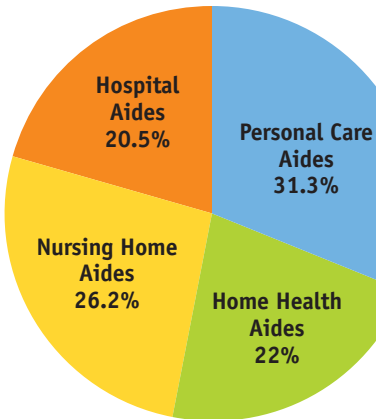
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- series of policy briefs about
- the direct care workforce
- in long-term care issued by
- the Direct Care Alliance
- (DCA). This series was con-
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- long-term care researchers,
- and other experts convened
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- Editorial committee:
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- Leonila Vega.

### • The Direct Care Alliance

- The Direct Care Alliance is
- the national advocacy voice
- of direct care workers. We
- empower workers to speak out
- for better wages, benefits,
- respect, and working condi-
- tions, so more people can
- commit to direct care as a
- career. We also convene
- powerful allies nationwide to
- build consensus for change.

**Figure 1: Direct Care Occupations, 2010**



Source: 2010 CPS, ASEC supplement analyzed by Smith and Schaefer in *For Love and Money: Care Provision in the U.S.*

counting for 20.5 percent of the direct care workforce and nursing home aides making up the other 26.2 percent (See Figure 1).

**WHO PROVIDES CARE?**

Immigrant workers play a vital role in the care of the sick, elderly and disabled.

The direct care workforce is 23 percent foreign-born (See Figure 2), compared to

just 15.5 percent of the U.S. labor force as a whole (U.S. Bureau of Labor Statistics 2010). Immigrants make up 27.1 percent of home health aides which is the fastest growing direct care occupation and the third fastest growing occupation in the nation (U.S. Bureau of Labor Statistics 2010-2011).

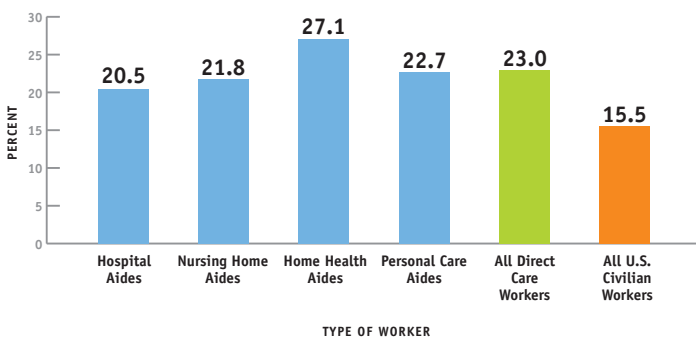
**Table 1: Selected Demographic Characteristics of Direct Care Workers by Nativity, 2010.**

	All Direct Care Workers	U.S.-Born Workers	Foreign-Born Workers
Native-born	77.0		
Foreign-born	23.0		
Naturalized			51.9
Not naturalized			48.1
Percent Female	88.7	88.7	88.3
Average age	42.1	40.8	46.6
Education			
High School or Less	54.2	53.3	57.4
Some College: No Degree	25.7	28.6	16.1
Associate's Degree	11.4	11.3	11.9
Bachelor's Degree	7.1	5.4	12.9
More than Bachelor's Degree	1.5	1.5	1.7
Race and ethnicity			
White, non-Hispanic	45.7	55.5	12.9
Black, non-Hispanic	31.0	29.3	37.0
Other, non-Hispanic	4.7	1.2	16.3
Hispanic	15.8	10.8	32.6

Source: 2010 CPS, ASEC supplement analyzed by Smith and Schaefer in *For Love and Money: Care Provision in the U.S.*

Percentages based on weighted data for all workers 19 years and older.

**Figure 2: Foreign-Born Workers in Direct Care Occupations, 2010**



Source: 2010 CPS, ASEC supplement analyzed by Smith and Schaefer in *For Love and Money: Care Provision in the U.S.*

Over half of all foreign-born direct care workers (51.9 percent) are naturalized U.S. citizens (see Table 1). Women constitute the vast majority of the direct care workforce (88.7 percent). Immigrant direct care workers are, on the average, older than their native-born counterparts, with average ages of 46.6 years and 40.8 years, respectively.

The direct care workforce in the U.S. is disproportionately comprised of people of color. As Table 1 shows, a majority of U.S.-born direct care workers are white (55.5 percent) and most of the rest are black (29.3 percent). By contrast, foreign-born direct care workers are largely black (37 percent) and Hispanic (32.6 percent). According to data not shown in the table, black workers are particularly overrepresented among nursing home aides, making up almost two of every five workers (39.3 percent) in this occupation.

Direct care workers generally have limited formal education, more than half (54.2 percent) having ended their education with a high school diploma or less. Immigrant direct care workers are more educated than their U.S.-born counterparts on average: 26.5 percent have an associate's degree or higher, compared to 18.2 percent of their U.S.-born peers.

**CONDITIONS OF CARE WORK**

The invaluable care provided by direct care workers is not reflected in their rate of pay or their working conditions, which are often appallingly poor. The median hourly

earnings of direct care workers was only \$10.58 in 2009 (see Table 2). Earnings were even lower for in-home care workers: home health aides earned a median of \$10 per hour and personal care aides earned \$9.50 an hour. Even the best-paid direct care workers (nursing home aides at \$11.50 an hour and hospital aides at \$13) earned significantly less than the median of \$15.95 per hour for all U.S. workers (OES 2009).

Foreign-born workers have slightly higher median hourly earnings (\$11.54) than their U.S.-born counterparts (\$10.42), perhaps reflecting their higher educational levels (see below), and concentration in urban areas where pay rates may be slightly higher.

**Table 2: Selected Economic Characteristics of Direct Care Workers, by Nativity, 2009 and 2010.**

	All Direct Care Workers	U.S.-Born Workers	Foreign-Born Workers
Median hourly wage in 2009 <sup>1</sup>	\$10.58	\$10.42	\$11.54
Average weekly hours (2009)	35.1	34.8	36.3
Overtime	9.0	8.5	10.8
More than one job	12.0	13.5	6.9
Union membership <sup>2</sup>	13.2	11.4	22.0
Full-time employment <sup>3</sup>	67.8	66.5	72.2
Year-round full-time employment <sup>4</sup>	53.7	51.6	60.7
Self-employed	3.7	3.7	3.5
Health Insurance			
Public	24.5	26.2	18.7
Private	54.8	54.0	57.4
No Insurance	27.9	27.2	30.2

Source: 2010 CPS, ASEC supplement analyzed by Smith and Schaefer in *For Love and Money: Care Provision in the U.S.*

Percentages based on weighted data for all workers 19 years and older.

Hourly wage and hours reflect 2009 employment; all other characteristics refer to 2010.

<sup>1</sup> Hourly wages are calculated using total annual earnings in 2009 divided by usual hours worked per week multiplied by the number of weeks worked in 2009.

<sup>2</sup> Questions about unionization were only asked on ¼ of the sample, resulting in low N's.

<sup>3</sup> Includes those working 35 or more hours per week.

<sup>4</sup> Includes those working 35 or more hours per week and 50 or more weeks annually.

Direct care workers average 35 hours a week on the job. Although more than two-thirds of direct care workers (67.8 percent) reported that they worked full-time in 2010, only 53.7 percent had done so year-round, underscoring the temporary nature of these jobs, especially in

home-based care. Foreign-born direct care workers are more likely to have a year-round full time job (60.7 percent) than their U.S.-born counterparts (51.6 percent).

Efforts to improve the pay and working conditions of direct care workers have largely been limited to unionization campaigns. As Table 2 shows, 13.2 percent of direct care workers are unionized. More than one-fourth (27.9 percent) of direct care workers lack health insurance coverage.

It is important to note that home care workers who work in the “gray market” are most likely underrepresented in the data discussed above. Gray market workers are those hired on an informal basis by private households, typically on an all-cash basis, whose income is not reported to any government entity. The existence of a large gray market is widely acknowledged, but its “underground” character makes it impossible to quantify its size, scope or composition (PHI 2003). Undocumented immigrants are by no means the only workers in this part of the direct care labor market, but all available evidence suggests that they are overrepresented (Bernhardt et al 2007). Working conditions and pay rates vary greatly, since both are negotiated on a case-by-case basis with no federal or state oversight.

## Meeting the Growing Need for Care

Despite the impact of the recent recession and the current jobless recovery, the size of the direct care workforce has not declined. On the contrary, it is projected to grow rapidly in the coming years, especially in home care and personal care. The U.S. Bureau of Labor Statistics projected growth of 46 percent for personal care aides and 50 percent for home health aide jobs between 2008 and 2018. Indeed, these two occupations rank as the third and fourth fastest growing occupations in the nation (U.S. Bureau of Labor Statistics 2010-2011). Official projections suggest that over one million additional direct care workers will be needed in the coming decade, and nearly 3 million more between now and 2030.

Meanwhile, the supply of those who traditionally do this work—women between the ages of 20 and 50—is only projected to increase by 9 percent between 2000 and 2030 (Wright 2005). This widening “care gap” means that immigrant workers will remain a critical source of the labor supply for direct care jobs (Martin et al 2009; Associated Press 2007).

The expected growth of the direct care workforce is being driven by several factors. The most important is the aging of the population, intensified by the pig-in-the-python bulge of the Baby Boom generation. The population over age 65 will nearly triple between 1980 and 2030, while the population over age 85—the group most in need of care—is projected to more than double between 2000 and 2030 (American Hospital Association 2007; Wright 2005; Scanlon 2001). The preference of older Americans to age in place has already made the number of home care workers outstrip the number of those working in institutions, and this too will increase as the Baby Boomers age, since 89 percent of Boomers prefer to remain in their homes as they age (Clarity 2003). Favoring home care over nursing homes and other residential care settings swells the ranks of the direct care profession because home care generally requires a greater number of workers per care recipient than institutional care, in which one direct care worker often assists 10 or more people per shift.<sup>2</sup>

Another key factor driving recent and future growth in the demand for direct care work is the dramatic increase in women's participation in the paid work force in recent generations. In an earlier era, there were far more wives and daughters available to provide unpaid care than is the case today, when women as well as men must generally coordinate any caregiving they may provide with paid work. One recent study found that nearly two-thirds of family members who cared for an elderly relative reported a loss of earnings as a result (National Alliance for Caregiving, et al, 1999). To minimize those losses, and to reduce the stress on multi-tasking members of the sandwich generation, caregiving is often outsourced to paid caregivers—especially home health and personal care aides.

So far at least, it has generally been easy enough for employers to find candidates for these fast-multiplying jobs but difficult to keep them for long. Low wages, irregular work schedules, lack of respect and lack of benefits lead to high turnover among direct care workers (Fishman et al 2004), which in turn threatens to compromise the quality of care. A 2002 national survey found that 37 states identified recruitment and retention of nursing and home care aides as a priority concern (Stone 2004) and in 2009, the U.S. Senate Special Committee on Aging identified the recruitment and retention of direct care workers

as a major problem (U.S. Senate Special Committee on Aging 2009). In 2007, there were nearly 100,000 vacancies for nurses and nursing aides, and an annual turnover rate of 70 percent in the nursing home industry (Associated Press 2007).

The recent increase in the unemployment rate has made it easier to find people to fill those vacancies, but working conditions must be improved if we are to assure an adequate supply of well-qualified candidates as demand increases and employment rates fluctuate.

## Conclusion

What are the policy implications of this projected growth in demand for direct care and of the increasingly vital role that immigrant workers play in this sector of the 21st century economy? While space does not permit a detailed set of recommendations here, we can point to some basic principles that should guide policymakers. The primary goal is to improve the quality of direct care jobs for all direct care workers. This will not only improve the quality of care, but also will help attract more of the people, both U.S- and foreign-born, who see direct care as an honorable and rewarding profession but are unable to commit to it long-term due to poor wages and benefits.

➤ **Legal standards should be updated and strengthened.** The exclusion of home care workers from minimum wage and overtime coverage under the Fair Labor Standards Act needs to be eliminated. Many states already include home care workers in their minimum wage and overtime laws, and those that do not should do so. But the federal FLSA should be reformed regardless of what the states do, to ensure that none of the nation's home care workers are excluded any longer from these basic protections.

➤ **Home care payment policy should be reformed.** Public funding for home care should be increased, and home care agencies should be required to direct a greater proportion of that funding to the workers rather than to profits or administrative overhead (NELP 2011). Well-placed injections of public and private funds can improve wages for direct care workers (PHI 2008).

➤ **Immigration reform is key to addressing the problems in the direct care labor market.** Although, in

theory, immigrants are legally protected by most employment and labor laws, in practice this is not always the case.<sup>3</sup> Without equal protection and equal status in the workplace, immigrant workers will continue to be pushed into the gray market, where wages and working conditions are often substandard. In addition, the firewall between immigration and workplace regulations must be maintained (Bernhard et al 2009).

➤ **Another avenue worth exploring is the creation of a visa program for immigrants who are entering the direct care workforce, with the visa process linked**

**to training.**<sup>4</sup> This would create a legal avenue for entry into the formal direct care economy and help close the growing gap. In order to provide more than a wider flow of temporary workers, this option must be combined with measures that improve job standards and guarantee equal protection for immigrant workers.

Making direct care a more stable profession by improving benefits and compensation would improve the lives not only of direct care workers, but of the people they assist. This is the unfinished business of Evelyn Coke, who fought to win home care workers some of the most basic protections provided by U.S. labor laws.

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## End Notes

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<sup>2</sup> Tilly, Jane, Kirsten Black, Barbara Ormond, Jennie Harvell. November

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<sup>3</sup> See Bernhardt et al. 2009 for more information on how immigrant workers are more likely to experience workplace violations.

<sup>4</sup> An advocacy network called “Caring Across Generations” is exploring the feasibility of such a program.

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