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RESEARCH BRIEF

Immigrants and the Direct Care Workforce

BY ROBERT ESPINOZA

Immigrants are a significant part of the U.S. economy and the direct care workforce, providing hands-on care to older people and people with disabilities nationwide. One in four direct care workers is an immigrant, and the total number of immigrants in direct care continues to grow—from 520,000 in 2005 to 860,000 in 2015. When accounting for independent providers, approximately 1 million immigrants work in direct care. Unfortunately, despite their role in long-term care delivery, immigrants in this workforce are forced by low-paying jobs to live in poverty and rely on public benefits. The recent federal attention on immigrants has heightened the need for informed discourse and smart immigration policy, especially in regards to the rapidly-growing long-term care industry. This research brief offers a statistical portrait of an essential segment of the U.S. workforce.

Methodology

We define “direct care workers” to include home health aides, personal care 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. Immigrants refers to “foreign-born” respondents. To produce this statistical portrait on immigrant direct care workers, we analyzed American Community Survey (ACS) data by state and industry from 2011 to 2015. The ACS does not specify whether non-citizen immigrants are lawful, temporary lawful, or undocumented. We applied percentages from the ACS to Occupational Employment Statistics (OES) employment data to estimate the number of immigrants employed in direct care.

On the Direct Care Workforce

The direct care workforce is comprised of 4.4 million home health aides, personal care aides, and nursing assistants, employed across home and community-based settings, nursing care facilities, assisted living facilities, group homes, intermediate care facilities, and hospitals. All direct care workers help with daily tasks, such as dressing and bathing. In addition to these tasks, personal care aides help with housekeeping and meal preparation, while home health aides and nursing assistants perform some clinical tasks, such as blood pressure readings and assistance with range-of-motion exercises. In this brief, direct care workers who work in home and community-based settings are referred to as “home care workers,” while those who work in nursing homes are referred to as “nursing assistants.”

KEY FINDINGS

- **Immigrants are a significant and growing part of the U.S. direct care workforce, totaling 860,000 people.** When including independent providers (workers employed directly by consumers through publicly-funded consumer-directed programs), the total population for this workforce reaches 1 million people.
- **Roughly one in four direct care workers is an immigrant, and one in three immigrants has been in the U.S. for at least 25 years.**
- **In New York, California, New Jersey, Hawaii, and Florida—the five states with the highest percentages of immigrant direct care workers—over 40 percent of direct care workers are immigrants.**
- **The immigrant direct care workforce is comprised largely of women who work mostly part-time or part-year jobs and earn a median annual income of \$19,000.** Additionally, this segment of the workforce experiences high poverty rates and relies largely on public benefits to survive.
- **A large percentage of immigrant direct care workers emigrate from the Caribbean, Central America, and Southeast Asia—with Mexico, the Philippines, and Jamaica representing the top three countries of origin.** Spanish is the most common language spoken at home among these workers.
- **In contrast to non-immigrant direct care workers, immigrant direct care workers have higher percentages of higher education degrees and are generally older, with a median age of 48.**
- **Immigrant direct care workers also differ across settings. Immigrants are more prevalent in the home care workforce than among nursing assistants.** Additionally, immigrant nursing assistants have higher incomes and are more likely to have employer-sponsored health coverage than immigrant home care workers—a trend that parallels the broader direct care workforce.

DETAILED FINDINGS

Overview

In 2015, 24 percent of direct care workers in the U.S. were immigrants, totaling 860,000 people; the total number of immigrant direct care workers grows to 1 million when accounting for individual providers.

The proportion of direct care workers who are immigrants grew from 20 percent in 2005 to 24 percent in 2015. In that same period, immigrant direct care workers in the U.S. grew from 520,000 to 860,000—an increase of 340,000 people.

Among immigrant direct care workers, 56 percent (480,000) are U.S. citizens by naturalization and 44 percent (380,000) are not U.S. citizens.

The top five states with the highest percentages of immigrant as a proportion of the direct care workforce are New York (56%), California (48%), New Jersey (47%), Hawaii (45%), and Florida (40%). See Appendix D for all state estimates of immigrants as a percentage of the direct care workforce.

Home care workers have higher percentages of immigrants than nursing assistants—28 percent compared to 20 percent, respectively.

Gender, Age, Education

Eighty-five percent of immigrant direct care workers are women and 15 percent are men. In the native-born direct care workforce, 87 percent are women and 13 percent are men.

Immigrant direct care workers are older than the native-born direct care workforce: the median age for immigrant direct care workers is 48, compared to 38 among the native-born direct care workforce. Adults over the age of 55 compose 30 percent of the immigrant direct care workforce, compared to 22 percent of the native-born workforce.

Fifty-three percent of immigrant direct care workers have a high school degree or less, compared to 47 percent of the native-born direct care workforce. However, 16 percent of immigrant direct care workers have completed a bachelor's degree or higher, compared to 8 percent of native-born direct care workers.

History, Language, Country of Origin

Immigrant direct care workers originate from 151 countries, and they speak 90 languages.

As of 2015, 29 percent of immigrant direct care workers had been in the U.S. more than 25 years, compared to 20 percent in 2005. The median number of years in the U.S. for immigrant direct care workers in 2015 was 17 years.

Twenty-five percent of immigrant direct care workers report speaking English "not well" or "not at all." In contrast, 56 percent report speaking "well" or "very well," and 19 percent report speaking only English.

Among all immigrant direct care workers, the most common language spoken at home is Spanish (30%). Other common languages spoken at home include Tagalog (9%), French Creole (7%), Kru Ibo and Yoruba (5%), Russian (3%), and Chinese (3%).

Spanish (56%) is also the most common language spoken at home among immigrant direct care workers with limited English proficiency. Other common languages spoken at home among this population include Chinese (7%), Russian (7%), Cantonese (5%), and French Creole (4%).

The top five countries of origin for immigrant direct care workers are Mexico (15%), the Philippines (10%), Jamaica (7%), Haiti (7%), and the Dominican Republic (6%).

Twenty-five percent of immigrant direct care workers come from the Caribbean, while 19 percent come from Central America and 13 percent come from Southeast Asia. See Appendix C for the full list of countries and regions of origin for immigrants in the direct care workforce.

Work, Earnings, Income

Forty-four percent of immigrant direct care workers are at or below 200 percent of the federal poverty line (FPL)—26 percent are at or below 138 percent of the FPL and 15 percent are at or below 100 percent of the FPL. Native-born direct care workers experience poverty at marginally higher rates: 49 percent live below 200 percent of the FPL, 31 percent live below 138 percent of the FPL, and 20 percent live below 100 percent of the FPL.

Forty percent of immigrant direct care workers rely on public benefits—22 percent access nutrition assistance and 24 percent are on Medicaid. In comparison, 44 percent of the native-born direct care workforce accesses public benefits.

Eighty-four percent of immigrant direct care workers have health coverage and 29 percent rely on Medicaid, Medicare, or other forms of public coverage. The health coverage of immigrant direct care workers closely resembles the native-born direct care workforce—84% vs. 85%, respectively.

While health coverage for immigrants nursing assistants is comparable to immigrant home care workers—88% vs. 82%, respectively—nursing assistants are more likely than home care workers to have employer-sponsored coverage (61% vs 36%) and less likely to rely on Medicaid or others forms of public coverage (20% vs. 38%).

DISCUSSION

As with the broader direct care workforce, immigrants in this sector would benefit from an array of policy supports and industry practices, including higher wages and expanded benefits, training opportunities and advanced roles, and data collection on the vitality of this segment of direct care. PHI's experience in the field shows that providers across the long-term care sector rely on immigrants to deliver care, and are routinely innovating approaches to effectively recruit and retain these workers; systematic research is needed to widely understand and disseminate best practices.

Immigration advocates have also proposed various policy measures to support immigrants in this workforce. Some of these measures include creating: a path for legalization for immigrant direct care workers, and provisional visas for immigrants to enter this country and eventually obtain permanent legal status, among other measures.¹ More broadly, a sweeping, federal “domestic workers bill of rights” has been proposed to strengthen labor protections and expand opportunities for domestic workers, including immigrant direct care workers.

To inform debates over such policies, special research attention should focus on the unique social, economic, and political barriers facing both lawful and undocumented immigrants in the direct care workforce, given their sizable contributions to long-term care and the U.S. economy. For starters, given the harsh political sentiment surrounding undocumented immigrants, as well as the centrality of this population to various sectors, including long-term care, more research is needed to understand the relationship between direct care and undocumented immigrants. Immigrant direct care workers who are hired directly by consumers outside the Medicaid system—the “gray market”—also remains an understudied topic of distinct interest to researchers, policymakers, and providers alike.

CONCLUSION

The recent political attention on immigrants in this country has raised questions about the value of lawful and undocumented immigrants to long-term care. Policymakers and leaders in this sector are increasingly recognizing that immigrants are key to meeting the growing demand for long-term services and supports. Approximately 1 million immigrant direct care workers currently support older people and people with disabilities in the U.S.—a growing segment of the U.S. direct care workforce. Yet these workers often struggle with poverty-level wages and low incomes, turning to public benefits for support. Moreover, they face heightened scrutiny and the instability incurred by anti-immigrant sentiment and political attacks. This research brief provides a starting point for understanding this sector; more research will illuminate future policy reforms.

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¹ Institute for Women's Policy Research. *Increasing Pathways to Legal Status for Immigrant In-Home Care Workers*. Washington, DC: 2013. <https://iwpr.org/publications/increasing-pathways-to-legal-status-for-immigrant-in-home-care-workers/>

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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APPENDIX A: DIRECT CARE WORKERS, KEY DEMOGRAPHICS, 2015

	Direct Care Workers		Home Care Workers		Nursing Assistants Employed in Nursing Homes	
	Native-Born	Foreign-Born	Native-Born	Foreign-Born	Native-Born	Foreign-Born
<u>Gender</u>						
Male	13%	15%	13%	12%	8%	14%
Female	87%	85%	87%	88%	92%	86%
<u>Age</u>						
16-24	19%	5%	13%	4%	26%	6%
25-34	24%	15%	21%	13%	28%	15%
35-44	17%	21%	18%	19%	18%	24%
45-54	18%	30%	21%	31%	15%	29%
55-64	15%	22%	18%	25%	11%	21%
65+	6%	7%	9%	9%	3%	5%
Mean	40.21	46.81	43.29	48.31	36.34	45.41
Median	38.00	48.00	43.00	49.39	33.00	46.00
<u>Educational Attainment</u>						
High School or Less	47%	53%	50%	61%	50%	51%
Some College	45%	31%	42%	24%	45%	36%
Bachelor's Degree or Higher	8%	16%	8%	15%	4%	13%
<u>Employment Status</u>						
Full Time or Full Year	39%	43%	31%	35%	45%	53%
Part Time or Part Year	61%	57%	69%	65%	55%	47%

Health Insurance

Any Health Insurance	85%	84%	82%	82%	86%	88%
Health Insurance through Employer/Union	49%	47%	37%	36%	55%	61%
Medicaid, Medicare, or Other Public Coverage	32%	29%	40%	38%	27%	20%
Health Insurance Purchased Directly	12%	12%	14%	12%	10%	12%

Personal Earnings

Mean	\$19,000.00	\$22,300.00	\$16,300.00	\$18,400.00	\$19,900.00	\$25,800.00
Median	\$16,000.00	\$19,000.00	\$13,000.00	\$15,600.00	\$19,000.00	\$23,000.00

Family Income

Mean	\$61,400.00	\$69,000.00	\$56,600.00	\$63,900.00	\$57,200.00	\$71,000.00
Median	\$47,400.00	\$53,000.00	\$42,500.00	\$47,300.00	\$45,000.00	\$56,300.00

Federal Poverty Status

<100%	20%	15%	24%	20%	19%	9%
<138%	31%	26%	36%	31%	31%	20%
<200%	49%	44%	54%	50%	51%	37%

Public Assistance

Any Public Assistance	44%	40%	53%	50%	42%	30%
Nutrition Assistance	29%	22%	34%	28%	29%	16%
Medicaid	25%	24%	30%	33%	24%	17%

Source: PHI analysis of the U.S. Census Bureau, American Community Survey (ACS), 2015 1-Year Public Use Microdata Sample (PUMS), with statistical programming and data analysis provided by Carlos Figueiredo.

APPENDIX B: DIRECT CARE WORKERS, IMMIGRATION TRENDS, 2005-2015

	Direct Care Workers			Home Care Workers			Nursing Assistants		
	2005	2015	% Change	2005	2015	% Change	2005	2015	% Change
<u>Citizenship</u>	-	-	<u>% Change</u>	-	-	<u>% Change</u>	-	-	<u>% Change</u>
U.S. Citizen	80%	76%	-5%	75%	72%	-4%	83%	80%	-3%
Immigrant	20%	24%	18%	25%	28%	12%	17%	20%	16%
U.S. Citizen by Naturalization	10%	13%	38%	11%	15%	30%	8%	12%	44%
Not A Citizen of The U.S.	10%	10%	0%	14%	13%	-3%	9%	8%	-10%
<u>Citizenship, OES Employment Estimate</u>	-	-	<u>Numeric Change</u>	-	-	-	-	-	-
Immigrant	520,000	860,000	340,000						
U.S. Citizen by Naturalization	250,000	480,000	230,000						
Not A Citizen of the U.S.	270,000	380,000	110,000						
<u>Years Since Immigration</u>	-	-	<u>% Change</u>	-	-	<u>% Change</u>	-	-	<u>% Change</u>
25 Years or Less	80%	71%	-11%	79%	68%	-14%	84%	74%	-12%
More Than 25 Years	20%	29%	47%	21%	32%	52%	16%	26%	62%
Median Years in U.S.	15	17	13%	16	18	13%	15	16	7%

Source: PHI analysis of the U.S. Census Bureau, American Community Survey (ACS), 2015 1-Year Public Use Microdata Sample (PUMS), with statistical programming and data analysis provided by Carlos Figueiredo.

APPENDIX C: IMMIGRANT DIRECT CARE WORKERS, LANGUAGE AND ORIGIN, 2015

Direct Care Workers

Ability to Speak English

Speaks only English	19%
Very well	33%
Well	23%
Not well	18%
Not at all	7%

Language Spoken at Home Among Immigrants

Number of Languages	90
Spanish	30%
Tagalog	9%
French Creole	7%
Kru, Ibo, Yoruba	5%
Russian	3%
Chinese	3%
French	2%
Amharic	2%
Cantonese	2%
Vietnamese	1%
Other	36%

Language Spoken at Home Among Immigrants with Limited English Proficiency

Number of Languages	56
Spanish	56%
Chinese	7%
Russian	7%
Cantonese	5%
French Creole	4%
Vietnamese	3%
Tagalog	3%
Korean	2%
Armenian	1%
Persian	1%
Other	11%

Country of Origin

Countries	151
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Mexico	15%
Philippines	10%
Jamaica	7%
Haiti	7%
Dominican Republic	6%
China	4%
Nigeria	3%
Ghana	2%
El Salvador	2%
Guyana	2%
Other	41%
<u>Region of Origin</u>	
Caribbean	25%
Central America	19%
Southeast Asia	13%
Western Africa	8%
South America	6%
Eastern Asia	6%
Eastern Europe	5%
Eastern Africa	5%
South Central Asia	4%
Western Asia	2%
Other	6%

Source: PHI analysis of the U.S. Census Bureau, American Community Survey (ACS), 2015 1-Year Public Use Microdata Sample (PUMS), with statistical programming and data analysis provided by Carlos Figueiredo.

APPENDIX D: IMMIGRANT DIRECT CARE WORKERS AS A PERCENTAGE OF THE TOTAL DIRECT CARE WORKFORCE, BY STATE AND CITIZENSHIP STATUS, 2015

State	Not a U.S. Citizen	Naturalized U.S. Citizen	Immigrants
Alabama	2%	1%	3%
Alaska	12%	15%	27%
Arizona	10%	12%	22%
Arkansas	1%	2%	2%
California	21%	26%	48%
Colorado	7%	9%	16%
Connecticut	13%	17%	30%
Delaware	7%	10%	17%
District of Columbia	14%	11%	24%
Florida	16%	24%	40%
Georgia	7%	7%	13%
Hawaii	10%	34%	45%
Idaho	2%	4%	6%
Illinois	8%	11%	19%
Indiana	2%	2%	5%
Iowa	2%	3%	5%
Kansas	4%	2%	6%
Kentucky	1%	2%	3%
Louisiana	1%	1%	1%
Maine	3%	2%	6%
Maryland	18%	17%	34%
Massachusetts	14%	20%	34%
Michigan	3%	3%	5%
Minnesota	7%	11%	18%
Mississippi	1%	0%	1%
Missouri	2%	2%	4%
Montana	2%	2%	4%
Nebraska	4%	3%	7%
Nevada	15%	18%	33%
New Hampshire	4%	4%	7%
New Jersey	19%	28%	47%
New Mexico	8%	4%	13%
New York	25%	31%	56%
North Carolina	2%	3%	5%
North Dakota	4%	3%	7%
Ohio	3%	3%	6%
Oklahoma	2%	2%	4%
Oregon	7%	8%	15%

Pennsylvania	4%	7%	11%
Rhode Island	9%	20%	28%
South Carolina	2%	2%	4%
South Dakota	3%	2%	5%
Tennessee	2%	3%	5%
Texas	13%	8%	21%
Utah	5%	4%	9%
Vermont	6%	4%	10%
Virginia	8%	9%	17%
Washington	12%	16%	28%
West Virginia	0%	0%	1%
Wisconsin	2%	3%	4%
Wyoming	2%	3%	5%

Note: All figures rounded to the nearest whole number.

Source: PHI analysis of the U.S. Census Bureau, American Community Survey (ACS), 2011-2015 5-Year Public Use Microdata Sample (PUMS), with statistical programming and data analysis provided by Carlos Figueiredo.