



THE RACIAL EQUITY AND JOB QUALITY CRISIS IN LONG-TERM CARE

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Why Advance Racial Equity and Job Quality in Long-Term Care?

Long-term care (LTC) workers are vital caregivers for millions of people who rely on long-term services and supports (LTSS) such as bathing, feeding, dressing and toileting, to be safe in their homes, communities, and healthcare facilities like nursing homes. Despite the essential nature of their work, LTC workers themselves are [chronically undervalued](#), often making minimum wage, receiving no or minimal benefits, juggling inconsistent part-time schedules and facing limited career mobility optionsⁱ. The work is physically and emotionally demanding, and much of it is performed in isolated settings inside consumers' homes, leaving workers

relatively invisible, vulnerable to abuse and without access to labor unions and basic workplace protections. These workers, frequently sorted into "dead-end" caregiving jobs with wages and benefits that are insufficient to provide for themselves and their families, are [disproportionately BIPOC¹ women and immigrantsⁱⁱ](#).

The demographic makeup of the caregiving workforce is no coincidence: it is the result of a series of intentional policy choices over the course of our country's history (and present) – such as the 1938 Fair Labor Standards Act's exclusion of domestic workers (who were predominantly Black women) from the protections of minimum wage and overtime pay afforded other (whiter, more male) professions² – whereby racism was (and is) weaponized as a tool to suppress the economic and political power of BIPOCⁱⁱⁱ. The concentrations of BIPOC women in undervalued occupations like home care aide and certified nursing assistant (CNA), and parallel racial disparities in wages and benefits, are rooted in the institution of chattel slavery and how the U.S. economy was built on the unpaid childcare and domestic labor of enslaved Black women^{iv}. The racialized misogyny that precipitated and enables the current poor job quality in LTC is as old as our nation's history – and the challenges facing the caregiving workforce continue to exemplify how our country's economic systems and social structures are designed and maintained to capitalize on racism, sexism and xenophobia for the benefit of the wealthy few^v.

As a result, the U.S. labor market finds itself in the uniquely dire position of LTC being the most rapidly expanding occupational sector^{vi} due to the exponential growth in the number of older adults, yet having some of the highest turnover and vacancy rates nationally.^{vii} Care consumers, too, bear the brunt of the failures of the system in the form of [low quality care and high risk](#)

for injury, social isolation, infection and death – risks that worsen for BIPOC older adults and people with disabilities who receive LTSS.^{viii} A caregiving system that was explicitly designed to reinforce structures that benefit the supremacy of white elites is failing for the majority of care workers and consumers – and our society suffers from the economic losses and social costs of continued subjugation of caregivers and the people they care for that goes against the common good.

Long-term care workers are predominantly women of color

87% are women

59% are people of color

27% are immigrants

Source: [PHI Workforce Data Center](#)

*While **more than 1 million** new home care jobs will be created between 2018 and 2028, the vast workforce shortage caused by poor job quality and high turnover will create **more than 7 million** additional vacant jobs by 2028.*

Source: [Gerontologist](#)

¹BIPOC stands for Black, Indigenous, and people of color.

²The Fair Labor Standards Act (FLSA) continued to exclude most LTC workers, including home health and personal care aides, until January 1, 2015.

The U.S. Must Build a BIPOC Worker-Centered Care Infrastructure for the Common Good

Over the course of the COVID-19 pandemic, the tragic disproportionate death rates of nursing home residents and staff revealed how **the chronic devaluation of caregiving led to one of the great injustices of our time.**

More than ever before, the devastating impact of the COVID-19 pandemic on nursing home residents has laid bare both the critical role of LTC workers in our society and the deadly consequences of our structurally inequitable care infrastructure.^{ix} Deep-rooted racialized misogyny against the caregiving workforce (and intersecting ageism and ableism against older adults and people with disabilities who need LTSS)

facilitated the devaluation of LTC work to the point where it became a public health emergency – and is finally being exposed as one of the great injustices of our time. In response, President Joe Biden successfully campaigned on a platform that included a Caregiving Plan to address the Care Crisis, and in the first 100 days of his administration, introduced the American Jobs Plan which calls for a [\\$400 billion investment](#) in the nation's caregiving infrastructure and the creation of one million family-sustaining, union home care jobs.^x

President Biden's announcement is a hopeful indication of meaningful federal LTC reform that will positively impact workers and consumers alike and represents a critical step in righting the nation's course on caregiving – one that is especially important given the central role that the government has played in marginalizing BIPOC women caregivers. It is clear that the federal government has historically exercised its power to exclude and oppress the caregiving workforce, and so it also has the power to dismantle inequitable systems and replace them with just solutions.

The Center for Equity: Our Approach

The Center for Advancing Racial Equity and Job Quality in Long-Term Care (The Center for Equity) will center the voices and agency of BIPOC women LTC workers in a participatory policy framework in order to challenge the occupational segregation and persistent disparities limiting job quality for LTC workers. Our worker-centered policy and narrative change work will be guided by an Advisory Board that includes workers, caregiver unions, employers and health plans, labor/management training funds, care consumer groups representing older adults and people with disabilities, national worker advocacy groups, and racial justice and policy thought leaders.

We believe that creating an equitable caregiving infrastructure requires an explicitly anti-racist, worker-centered approach. In order to allocate resources equitably and avoid perpetuating the old (and existing) power dynamics that led to the care crisis in the first place, advocates and policymakers must root out the cause of workforce disparities – the raced and gendered view of care work in our society that denigrates its value. Our goal at The Center for Equity is to provide the tools and framework that stakeholders need to do so.

Guiding Principles for Worker-Centered LTC Policy

To facilitate anti-racist, worker-centered workforce policy reform efforts, The Center for Equity will produce policy and narrative change tools guided by several core principles:

1. **Enact enduring, comprehensive & intersectional reforms centered on BIPOC women:**

Design workforce policies that impact the whole personhood of the worker and their family through lasting, wide-reaching reforms that acknowledge the diverse identities of each worker and the unique barriers they face. Basic reforms that the majority of LTC workers do not have access to, such as the right to form cross-sectoral unions to collectively bargain for family sustaining wages and quality job benefits like family health insurance and paid time off, should be supplemented by less obvious, intersecting policies such as workplace protections against sexual harassment and violence, and child- and elder-care for workers' own families.³

2. **Prioritize Targeted Universal reforms**

Develop LTC policy reforms that intentionally consider how the core disadvantages and issues facing BIPOC women and immigrant workers vary and create tailored implementation strategies accordingly. As John A. Powell et al explain, targeted universal policies need not be limited to simply "closing the gap" between Black and white workers, for example, but can be specifically attuned to addressing the challenges and barriers each group faces in order to bring outcomes for all workers to a visionary universal goal.^{xi}

3. **Embed evolving, dynamic participatory race- and gender-forward analysis that recognizes BIPOC women workers are the true experts:**

Apply a participatory policy framework to design LTC workforce policies and embed ongoing policy evaluation that continually asks whether BIPOC women worker perspectives are being centered, and whether reforms promote racial equity and job quality or reinforce existing systems that perpetuate existing unbalanced power dynamics.

³These are examples and by no means represent a comprehensive list. Other intersectional reforms should include, at minimum:

- post-work benefits like retirement security;
- consistent, sufficient, and guaranteed work hours and schedules (and pay);
- access to proper personal protective equipment (PPE);
- access to resources that make demanding work less stressful and help reduce turnover and instability, like quality paid training and mentorship;
- career mobility options, such as access to portable and "stackable" certifications within LTC;
- registries for home care and other LTC workers to find stable employment and clients;
- reduced obstacles to employment and job retention, like removing discriminatory background checks and providing workers with transportation benefits;
- access to union representation collective bargaining for workplace rights, and many more.

More About Us

The Center for Advancing Racial Equity and Job Quality in Long-Term Care (The Center for Equity) is a national hub for developing innovative workforce policy and fostering narrative change in long-term care (LTC). Our work centers the majority Black, Indigenous and people of color (BIPOC) women and immigrant caregiving workforce and confronts the links between systemic racial and gender inequities and poor job quality. We unite diverse stakeholders in service of building the equitable caregiving infrastructure our nation needs.

The Center for Equity is an initiative of the Healthcare Career Advancement Program (H-CAP), a national labor/management organization which works with employers, unions and workers to raise standards across the healthcare industry. The initiative is generously funded by the W.K. Kellogg Foundation.



Join the Conversation

Interested in engaging in the work of The Center for Advancing Racial Equity and Job Quality in Long-Term Care? Sign up for our listserv <https://bit.ly/3uGsMss> to stay up to date on our upcoming policy brief releases and get access to curated resources and tools. Visit our website www.CenterForLTCEquity.org to learn more. You can also follow The Center for Equity on social media to learn more and join the national conversation around equitable caregiving work.

Burning questions? Want to collaborate? Reach out to info@CenterForLTCEquity.org about our work and approach.



- ⁱ Scales, K. (2020). It Is Time to Resolve the Direct Care Workforce Crisis in Long-Term Care. *Gerontologist*, Vol. XX, No. XX, 1-8, p. 3. doi:10.1093/geront/gnaa116.
- ⁱⁱ See PHI's Workforce Data Center <https://phinational.org/policy-research/workforce-data-center/> (Data last updated September 2020).
- ⁱⁱⁱ Davis, A. Y. (1981). *Women, race, & class*.
- ^{iv} Glenn, E. (2012). *Forced to Care: Coercion and Caregiving in America*. Harvard University Press.
- ^v Hartman, S. (2016). The Belly of the World: A Note on Black Women's Labors. *Souls*, 18(1), 166-173. <https://doi.org/10.1080/10999949.2016.1162596>, and Davis, A. (1971). Reflections on the Black Woman's Role in the Community of Slaves. *The Black Scholar*, 3(4), 2-15. <https://doi.org/10.1080/00064246.1971.11431201>
- ^{vi} Scales, K. (2020). It Is Time to Resolve the Direct Care Workforce Crisis in Long-Term Care.
- ^{vii} Espinoza, R. (2017). 8 Signs the Shortage in Paid Caregivers Is Getting Worse. <https://phinational.org/wp-content/uploads/2017/11/work-force-shortages-phi60issues01.pdf>. Also, a recent study by Gandhi et al found that median turnover for CNAs in skilled nursing facilities is over 100%. See: Gandhi, A., Yu, H., & Grabowski, D. C. (2021). High Nursing Staff Turnover In Nursing Homes Offers Important Quality Information. *Health Affairs*, 40(3), 384-391. <https://doi.org/10.1377/hlthaff.2020.00957>
- ^{viii} Lantsman, J., Berhane, M., Hernandez, James. "To Achieve Equitable Quality of Care in Nursing Homes, Address Key Workforce Challenges." (2017). *Health Affairs Blog*. <https://www.healthaffairs.org/doi/10.1377/hblog20210210.904101/full/>
- ^{ix} As of mid-February 2021, more than 166,000 LTC facility residents and staff had died of COVID-19, representing approximately 36 percent of the national death toll yet only 5 percent of confirmed infections. See: <https://medicareadvocacy.org/wp-content/uploads/2021/02/CMA-NH-Report-Geography-is-Not-Destiny.pdf>
- ^x "Fact Sheet: The American Jobs Plan." (2021). Whitehouse.gov. <https://www.whitehouse.gov/briefing-room/statements-releases/2021/03/31/fact-sheet-the-american-jobs-plan/>
- ^{xi} Powell, J., Menendian, S., and Ake, W. "Targeted universalism: Policy & Practice." Haas Institute for a Fair and Inclusive Society, University of California, Berkeley, 2019. <https://haasinstitute.berkeley.edu/targeteduniversalism>

