

More Than Three in Four of the Health Care Workers Fighting COVID-19 Are Women

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Since March, health care workers have been putting themselves at risk to provide care during the COVID-19 pandemic, often without adequate personal protective equipment (PPE). Women make up the vast majority of the health care workforce across all settings, including hospitals and nursing and residential care facilities (which have seen overwhelming numbers of severely ill COVID-19 patients), as well as ambulatory care settings like doctors' and dentists' offices.

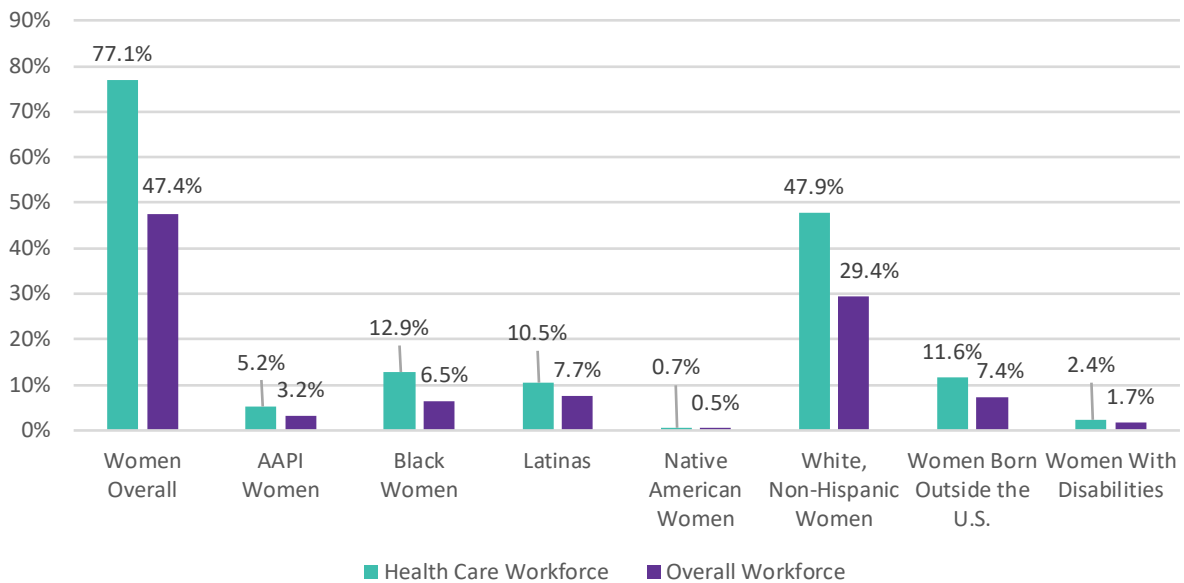
Between February and April, the health care sector lost nearly 1.6 million jobs, most of which were in the ambulatory care sector, which was hit hard by the cancellation of outpatient and elective procedures at the start of the pandemic.¹ Women bore the brunt of these losses.² While most of these jobs have returned since May, the health care sector is still short 527,400 net jobs—a loss of 3.2% of the sector's jobs since February 2020.³ If health care providers are forced to once again cancel procedures or otherwise limit operations due to surges in COVID-19 cases, the health care industry could see further losses. In addition, in the absence of federal relief, state and local budget shortfalls caused by the COVID-19 crisis may also lead to the loss of public health care jobs and health care jobs that rely on state or local funding.

Women—disproportionately Black women and Latinas—also make up more than eight in ten of those working as home health aides, personal care aides, and nursing assistants. These women are among the lowest paid workers across all industries and occupations,⁴ meaning they are risking their lives to care for patients while being paid poverty-level wages. Before the start of the pandemic, the Bureau of Labor Statistics projected that, over the next decade, more home health and personal care aide jobs would be added to our economy than any other occupation. Other health care jobs—like nurse practitioners, physical therapist assistants, physician assistants, and medical and health services managers—were also among the ten jobs projected to grow the most by 2029,⁵ and are also mostly held by women.⁶ Policymakers must act now to ensure the health, safety, and economic security of the health care workers upon whom this country depends and will continue to depend in the coming years.

More than three in four health care workers are women

- Women account for 77.1% of the health care workforce, including:⁷
 - 74.9% of workers in hospitals⁸
 - 81.1% of workers in nursing and residential care facilities
 - 78.1% of workers in ambulatory care settings, which includes doctors' offices and dentists' offices, as well as home health care services and other outpatient care facilities
- Black women are particularly likely to hold health care jobs; more than one in five (23.6%) Black women workers hold jobs in health care.⁹

Women's Shares of Health Care Workforce vs. Overall Workforce



Source: NWLC calculations based on 2020 CPS ASEC, using IPUMS. In the CPS, respondents self-identify their sex, race, disability status, whether they are Latinx, and whether they were born outside the U.S.

Many front-line health care workers are underpaid and undervalued

- Many health care workers are risking their lives to care for patients during the COVID-19 pandemic while being paid poverty-level wages. Home health aides, personal care aides, and nursing assistants are typically paid less than \$15 per hour,¹⁰ and collectively have a poverty rate of 10.6%, compared to a poverty rate of 3.4% for health care workers overall.¹¹ Moreover, the federal poverty line, which was just \$20,598 for a parent with two children in 2019,¹² barely begins to cover what families need to make ends meet.¹³ These essential workers care for elderly patients, patients with disabilities, and those with chronic health conditions. Nursing assistants often do so in the residential and nursing facilities where COVID-19 has taken a particularly devastating toll,¹⁴ while home health and personal care aides typically work in private homes, where adequate safety measures and PPE are especially scarce.¹⁵
- Low-paid health care workers are overwhelmingly women and disproportionately women of color. For example, more than nine in ten home health aides are women (92.7%), and Black women and Latinas together make up the majority of this workforce, as 30.2% and 25.9% of home health aides, respectively. In addition, nearly one in three home health aides are women born outside the U.S. (32.0%), compared to 7.4% of the overall workforce.¹⁶ Black women, Latinas, and women born outside the U.S. also make up large shares of personal care aides and nursing assistants; see the table below for more details.

Women in Low-Paid Health Care Jobs, by Demographic (2020)

	Median hourly wage (2019)	Women	AAPI Women	Black women	Latinas	White, non-Hispanic women	Women born outside the U.S.
Home health aides	\$12.98	92.7%	**	30.2%	25.9%	35.4%	32.0%
Personal care aides	\$14.42	82.2%	**	26.1%	17.4%	30.5%	24.8%
Nursing assistants	\$14.42	88.9%	4.8%	29.8%	11.0%	42.7%	15.5%
Overall Workforce	—	47.4%	3.2%	6.5%	7.7%	29.4%	7.4%

** Due to sample size constraints, estimates for AAPI women's shares of the home health aide and personal care aide workforces are not available. For all three occupations, Native American women's shares and women with disabilities' shares of each workforce are also unavailable due to sample size constraints.

Source: NWLC calculations based on 2020 CPS ASEC. In the CPS, respondents self-identify their sex, race, disability status, whether they are Latinx, and whether they were born outside the U.S. Figures for each occupation capture only workers in those jobs who also work in the health care industry. Median hourly wages are calculated by dividing median annual wages for full-time, year-round workers in 2019 by 2,080 work hours per year.

- Many health care workers lack the benefits and safeguards they need to meet their own health needs, especially those workers in low-paid health care jobs. For example, while 57.6% of all health care workers are policyholders for employer-sponsored health insurance, compared to 51.9% of workers overall, only 35.9% of home health aides, personal care aides, and nursing assistants receive health insurance through their jobs.¹⁷ Low-paid jobs also typically provide little, if any, paid sick time or paid family and medical leave,¹⁸ and health care workers are excluded from the emergency paid sick days and paid caregiving leave provisions enacted in federal coronavirus relief packages.¹⁹ Recurring PPE shortages, too, force health care workers to risk their own health and safety on the job; as of July, one in five nursing facilities still lacked adequate PPE.²⁰
- Home health aides and personal care aides, who work in private homes, face a particularly high risk of misclassification as independent contractors and may be denied basic protections—including minimum wage and overtime pay, as well as protections against discrimination—as a result.²¹

Health Care Workers Need Immediate Relief and an Equitable Recovery

Policymakers must do more than praise health care workers for their service to our country during the COVID-19 pandemic—they must center the predominantly Black, Latina, and immigrant women who are caring for many of the most at-risk patients during this crisis. Ensuring that all health care workers are valued and protected requires making investments to ensure access to regular testing, PPE, and other essential supplies; instituting and enforcing stronger workplace safety standards; providing premium pay to essential workers; extending and expanding federal emergency paid sick time and paid leave provisions so health care workers can access these protections; increasing access to health coverage to make sure health care workers can stay healthy themselves; ensuring that companies are not shielded from liability when they fail to take reasonable steps to protect their workers or the public; protecting domestic workers and combating misclassification; providing state and local funding to help protect health care workers' jobs and ensure they can continue to provide essential care; and strengthening protections so that workers can organize and speak up about unsafe workplace conditions without fear of retaliation.²² New research affirms that worker organizing can improve worker safety: in a study of nursing homes in New York, homes with health care worker unions had greater access to PPE and saw a 30 percent relative decrease in the COVID-19 mortality rate compared with facilities without these unions.²³

Policymakers must also do more to support those who are unemployed as a result of the pandemic, including extending and strengthening emergency unemployment insurance; shoring up nutrition assistance, child care assistance, and other public benefits; and halting evictions and foreclosures.²⁴ As we rebuild our economy, policymakers should work to not only restore jobs, but improve them—with a \$15 minimum wage, equal pay, fair and flexible work schedules, and policies to ensure workers can care for themselves and their families without sacrificing their paychecks. And to ensure an equitable recovery for all health care workers—and all working people—in the long term, Congress must strengthen our antidiscrimination, employment, and labor laws so that everyone can work with equality, safety, and dignity.

- 1 NWLC calculations based on U.S. Department of Labor, Bureau of Labor Statistics, historical data for Establishment Data Table B-1: Employees on nonfarm payrolls by industry sector and selected industry detail, available at <https://www.bls.gov/webapps/legacy/cesbtab1.htm>. Data are seasonally adjusted. Between February and April, the health care sector overall lost 1,577,600 net jobs. The ambulatory care sector lost 1,333,200 jobs.
- 2 Claire Ewing-Nelson, National Women’s Law Center, After a Full Month of Business Closures, Women Were Hit Hardest By April’s Job Losses (May 2020), available at <https://nwlc.org/wp-content/uploads/2020/05/Job-Loss-April-Factsheet.pdf>.
- 3 NWLC calculations based on BLS, historical data for Establishment Data Table B-1. Throughout this analysis, we use the February 2020 BLS Employment Situation Summary to mark the start of the pandemic.
- 4 Jasmine Tucker & Julie Vogtman, National Women’s Law Center, When Hard Work Is Not Enough: Women in Low-Paid Jobs (April 2020), available at https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2020/04/Women-in-Low-Paid-Jobs-report_pp04-FINAL-4.2.pdf.
- 5 U.S. Department of Labor, Bureau of Labor Statistics, Employment Projections Table 1.3: Fast growing occupations, 2019 and projected 2029 (Sept. 2020), available at <https://www.bls.gov/emp/tables/fastest-growing-occupations.htm>.
- 6 NWLC calculations based on U.S. Census Bureau, 2020 Current Population Survey (CPS), Annual Social and Economic Supplement, using IPUMS-CPS, University of Minnesota, <https://cps.ipums.org/cps/>. CPS respondents self-identify their sex as either male or female. Women account for 84.9% of nurse practitioners, 67.0% of physical therapist assistants and aides, 68.8% of physician assistants, and 75.2% of medical and health services managers. Figures include only workers in each occupation who are also employed in the health care industry.
- 7 *Id.*
- 8 *Id.* Figure captures workforce of general medical hospitals, surgical hospitals, and specialty hospitals, but excludes psychiatric and substance abuse hospitals.
- 9 *Id.* Black women are those who self-identified their race as Black or African America. Latinas are those who self-identified as being of Hispanic, Latino, or Spanish origin. Latinas may be of any race. Asian American and Pacific Islander (AAPI) women are those who self-identified as Asian or Hawaiian/Pacific Islander, and Native American women are those who self-identified as American Indian or Alaska Native. “Women born outside the U.S.” include those who are not citizens and those who are naturalized citizens but does not include those who were born abroad to U.S. parents. Persons with disabilities are those who have self-identified as having any physical or cognitive difficulty on the CPS. For more information, see the CPS ASEC demographic questionnaire: <https://www2.census.gov/programs-surveys/cps/techdocs/questionnaires/Demographics.pdf>.
- 10 *Id.* Median hourly wages are calculated by dividing median annual wages for full-time, year-round workers in 2019 by 2,080 work hours per year. Throughout this analysis, figures for home health aides, personal care aides, and nursing assistants include only those classified as working in the health care industry in the CPS.
- 11 *Id.*
- 12 U.S. Census Bureau, Poverty Thresholds for 2019, <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html> (last visited Nov. 4, 2020).
- 13 For example, the Economic Policy Institute estimates that a family of that size living in Columbus, Ohio would need more than three times a poverty-level income (\$67,180) to pay for basics like rent, groceries, child care, and health insurance. See Econ. Policy Inst., Family Budget Calculator, <https://www.epi.org/resources/budget/> (last visited Nov. 30, 2020).
- 14 Molly Kinder, Brookings Institution, Essential but Undervalued: Millions of Health Care Workers Aren’t Getting the Pay or Respect They Deserve in the COVID-19 Pandemic (May 2020), available at <https://www.brookings.edu/research/essential-but-undervalued-millions-of-health-care-workers-arent-getting-the-pay-or-respect-they-deserve-in-the-covid-19-pandemic/>.
- 15 See *id.* See also, e.g., Eli Cahan, New Hampshire Union Leader, Most Home Health Aides Can’t Afford Not to Work – Even When Lacking PPE (Oct. 2020), available at https://www.unionleader.com/news/health/most-home-health-aides-cant-afford-not-to-work---even-when-lacking-ppe/article_a5518bf5-a6f3-50ad-ba04-778fe9cbe1aa.html; National Domestic Workers Alliance, 6 Months In Crisis: The Impact of COVID-19 on Domestic Workers (Oct. 2020), available at https://domesticworkers.org/sites/default/files/6_Months_Crisis_Impact_COVID_19_Domestic_Workers_NDWA_Labs_1030.pdf; Alison Knezevich, Baltimore Sun, They Serve the Vulnerable, But Many Low-Wage Home Care Workers Overlooked in Pandemic, Baltimore Area Advocates Say (June 2020), available at <https://www.baltimoresun.com/coronavirus/bs-md-home-health-aides-pandemic-20200608-mdksudv3qig6hptnhpbtjrwqu-story.html>.
- 16 NWLC calculations based on 2020 Current Population Survey ASEC, using IPUMS-CPS. Figures for home health aides include only those classified as working in the health care industry in the CPS.
- 17 *Id.* Figure for home health aides, personal care aides, and nursing assistants only includes those classified as working in the health care industry.
- 18 See, e.g., National Women’s Law Center, Expanding Paid Sick Days and Paid Family & Medical Leave in Response to COVID-19 (Apr. 2020), available at <https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2020/04/paid-fmla-fs-1.pdf>.
- 19 Steven Findlay, Health Affairs Blog, Congress Left Big Gaps in the Paid Sick Days and Paid Leave Provisions of the Coronavirus Emergency Legislation (Apr. 2020), available at <https://www.healthaffairs.org/doi/10.1377/hlthaff.20200424.223002/full/>.
- 20 See, e.g., Daniel Joseph Finkenstadt et al., Harvard Business Review, Why the U.S. Still Has a Severe Shortage of Medical Supplies (Sept. 2020), available at <https://hbr.org/2020/09/why-the-u-s-still-has-a-severe-shortage-of-medical-supplies>; Erin Michael, Healio, Survey: PPE Shortages Continue for Many Nurses (Sept. 2020), available at <https://www.healio.com/news/primary-care/20200902/survey-ppe-shortages-continue-for-many-nurses>; Brian E. McGarry et al., Health Affairs, Severe Staffing and Personal Protective Equipment Shortages Faced by Nursing Homes During the COVID-19 Pandemic (Aug. 2020), available at <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2020.01269>.
- 21 Independent contractors also are not entitled to compensation for on-the-job illnesses or injuries, unemployment insurance if separated from work involuntarily, or employment-based benefits like health insurance and retirement contributions. See National Employment Law Project, Independent Contractor Classification in Home Care (May 2015), available at <https://www.nelp.org/wp-content/uploads/Home-Care-Misclassification-Fact-Sheet.pdf>. See also *supra* note 14.
- 22 See, e.g., National Women’s Law Center, A Recovery That Works for All of Us, available at <https://nwlc.org/resources/a-recovery-that-works-for-all-of-us/> (Securing Workers’ Rights and Employer Accountability During COVID-19 and Beyond; Expanding Paid Sick Days and Paid Family & Medical Leave in Response to COVID-19; Promoting Equitable Access to Health Care in Response to COVID-19), and National Women’s Law Center, Employer Immunity From COVID-19-Related Liability Endangers Women and People of Color (June 2020), available at <https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2020/06/Employer-Immunity-Factsheet-6.22.2020.pdf>.
- 23 Adam Dean et al., Health Affairs, Mortality Rates from COVID-19 Are Lower in Unionized Nursing Homes (Sept. 2020), available at <https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.01011>.
- 24 See, e.g., National Women’s Law Center, A Recovery That Works for All of Us, <https://nwlc.org/resources/a-recovery-that-works-for-all-of-us/> (Fixing Unemployment Insurance in Response to COVID-19; Expanding Income Supports in Response to COVID-19; Improving and Expanding Child Care Assistance to Stabilize Our Economy; Improving Housing Assistance in Response to COVID-19).