

African Immigrants in the Low Wage Health Care Labor Market:
Incorporation and Poverty

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Project Abstract

The Bureau of Labor Statistics projects that health care support and personal care and services occupations will have the largest projected growth (34.5% and 26.8%, respectively) of all major occupation groups between 2010 and 2020. The numbers of immigrants in the health care work force are steadily growing, and about 40% of African immigrants in health care work in low wage health care support occupations. The purpose of this project is to use qualitative individual interviews with a subset of African immigrants and refugees in Pittsburgh in order to advance research on the entry, experiences, and occupational mobility of African immigrants in low wage direct care occupations. This study will make several contributions to the literature on labor markets, immigrants, and poverty. First, this project focuses on workers in low wage health care support and personal care occupations, which are projected to be the fastest growing occupations between 2010 and 2020. Second, this project focuses on African immigrants, a group that is largely understudied in regards to labor market research, as much of the existing literature deals with Latino and Asian immigrants. Third, this project examines African immigrants in low wage direct care occupations, an area that has been overlooked in favor of research on physicians and nurses in higher paid health care occupations. Fourth, while much of the literature on low wage direct care is based on quantitative data, this project uses qualitative methods in order to capture the multi-level factors that influence African immigrant participation in this area of the labor market.

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Project Narrative

Overview

The Bureau of Labor Statistics projects that health care support and personal care and services occupations will have the largest projected growth (34.5% and 26.8%, respectively) of all major occupation groups between 2010 and 2020. The numbers of immigrants in the health care work force are steadily growing, and about 40% of African immigrants in health care work in low wage health care support occupations (McCabe 2012). The purpose of this project is to advance research on the entry, experiences, and occupational mobility of African immigrants in low wage direct care occupations. Using qualitative data collected through individual interviews, I will take a multi-level approach to examine micro (individual), group (social networks) and macro level factors (resettlement employment policies) that may influence the growing numbers of African immigrants in these low wage occupations.

Low Wage Health Care and Immigration

This rapid growth is directly related to the aging of the American population, resulting in an expanding need for direct care workers to care for the elderly in both institutional and home settings. Moreover, the nationwide expansion of access to health care services and direct care through legislation—namely, the Affordable Care Act—will also drive growth in these occupations. Within the larger occupational groupings of health care support and personal care occupations, the number of low wage direct care workers who are personal care and home health aides is expected to grow by 70.5% and 69.4%, placing them at the top of the both the fastest and

the largest growing occupations in the United States (Bureau of Labor Statistics, Occupational Outlook handbook, 2012-2013). Nursing aides and attendants are also among the occupations with the largest projected growth, with a projection of a 20.1% increase in workers between 2010 and 2020. While demand for these types of workers is increasing, their salaries remain very low. The 2012 mean annual wage of \$22,910 for health care support and \$19,100 for personal care and service occupations (BLS, Occupational Wage Estimates, May 2012) places workers in these occupations below or near the poverty level (\$23,050 for a family of four in 2012).

While an aging population and an expansion of access to health services and direct care are driving growth in the low wage health care labor market, immigrants are making up more and more of the workers. Foreign born workers made up 16% of the overall health care workforce in 2010, similar to their distribution in the overall civilian work force (McCabe 2012). However, between 2001 and 2009, the foreign born workforce in personal care and service, and nursing, psychiatric, and home health aide jobs grew by 231.3% and 47%, respectively (Lowell 2012). While African immigrants make up 10% of the foreign born population working in health care more generally, nearly 40% of these African immigrant workers can be found in the low wage health care support occupations (McCabe 2012).

Significance of Project

This project brings together research on two core themes of the Center for Poverty Research—labor markets, immigration, and their relation to poverty. This study will make several contributions to the literature on labor markets, immigrants, and poverty. First, this project focuses on workers in low wage health care support and personal care occupations, which are projected to be the fastest growing occupations between 2010 and 2020. Second, this project focuses on African immigrants, a group that is largely understudied in regards to labor market

research, as much of the existing literature deals with Latino and Asian immigrants. Third, this project examines African immigrants in low wage direct care occupations, an area that has been overlooked in favor of research on physicians and nurses in higher paid health care occupations (Dovlo 2007; Johnson 2005; Westley and Dobal 2009; Showers 2013). Fourth, while much of the literature on low wage direct care is based on quantitative data, this project uses qualitative methods in order to capture the multi-level factors that influence African immigrant participation in this area of the labor market. Moreover, such a methodological approach will also enable me to explore the survival strategies that are used by African immigrants to get by on such low wages.

Project Questions and Hypotheses

The questions that I am using to shape this project emerge out of qualitative research (participant observation, focus groups, and individual interviews) that I have previously conducted among Liberian immigrants in Pittsburgh on the topic of identity formation. There is a small community of Liberians who were resettled in Pittsburgh as refugees, and many of these Liberians (based on results from a community survey), along with other African refugees in Pittsburgh from Sudan and Burundi, among other countries, have taken jobs in low wage health care and personal care occupations. Based on these preliminary findings, this project is guided by three major questions:

What are the larger national and state level trends of African immigrants in low wage direct care work? While existing research has demonstrated that Black African immigrants are among the most highly educated in the country, they often experience education-occupation mismatch, working in jobs beneath their education level and learning lower wages than other similar educated immigrants (Thomas 2010). Using data from the American Community Survey, I will

investigate the geographical distribution of African immigrants in these occupations, and look at trends in their race, gender, educational backgrounds, country or origin, citizenship status, and income. My hypothesis is that states that have received a large share of African refugee populations will have more Africans working in low wage direct care work. From 2001 to 2010, Africans made up 28.4% of total refugee arrivals and 21.2% of all individuals granted asylum (McCabe 2011). Due to government pressure to find work immediately upon arrival, many of these refugees turn to low wage direct care occupations.

What are the multi-level factors that influence the entry, everyday experiences, and chances for occupational mobility of Africans in low wage direct care occupations? I will conduct and analyze the individual interviews of 30 African workers in low wage direct care (both male and female) from several different countries in order to explore the role of individual choice, social networks, and institutional guidance in affecting their participation in these occupations. While there is some existing literature on the impact of race (Berdes and Eckert 2001; Dodson and Zinbavage 2007) and immigrant status (Lowell, Martin and Stone 2010; Ortega, Carneiro and Flyholm 2010) on the everyday experiences of low wage direct care workers, there is a gap in the literature in addressing the experiences of workers who are racially Black African immigrants. I hypothesize that Black African immigrants will have to deal with racial discrimination, animosity against immigrants more generally, and negative stereotypes about Africans more specifically, all of which can affect their work environment and opportunities for advancement.

What are the strategies that African immigrants use to support themselves and their families in low wage direct care occupations?

Through the qualitative individual interviews, I will also explore the strategies that African immigrants use for financial and other support in the context of low wage occupations. I

hypothesize that other African immigrants from one's country of origin will play a crucial role in social as well as financial support.

Methods

For the first phase of my project, I will analyze data from the American Community Survey with SPSS in order to find larger trends in African immigrant participation in the low wage direct care labor market. The second phase of my project is based on doing qualitative semi-structured individual interviews with African immigrants and refugees in Pittsburgh who work in these occupations. Pittsburgh is a city with a large elderly population, a significant number of both African immigrants and refugees, and due to my existing connections with multiple African communities (I am on the advisory board of the Union of African Communities, the umbrella organization for all of the African communities in Southwestern PA), the larger Pittsburgh metropolitan area will serve as a useful site for examining the experiences of African immigrants in low wage direct care work. I will conduct 30 interviews with Africans from different countries of origin on the topic of their entry and experiences in these occupations. I will use Nvivo, a qualitative data analysis software program to analyze and code the interview transcripts for inductive themes that emerge from the data.

Policy Relevance

The economic incorporation of all immigrants is the goal of our national immigration policy, so if there is evidence that certain groups of immigrants are being guided to low wage work and have few opportunities for occupational mobility, the findings from this study can be used to affect change in immigrant resettlement policy and programs for occupational mobility in low wage direct care work.

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