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Minority Women in the Healthcare Workforce in New England

Carol Hardy-Fanta
University of Massachusetts Boston, carol.hardy-fanta@umb.edu

Erika Kates

Helen Levine
University of Massachusetts Boston, Helen.Levine@umb.edu

Kate Peery-Wolf

The Center for WOMEN IN POLITICS & PUBLIC POLICY

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Health Care Workforce by Gender & Race/Ethnicity

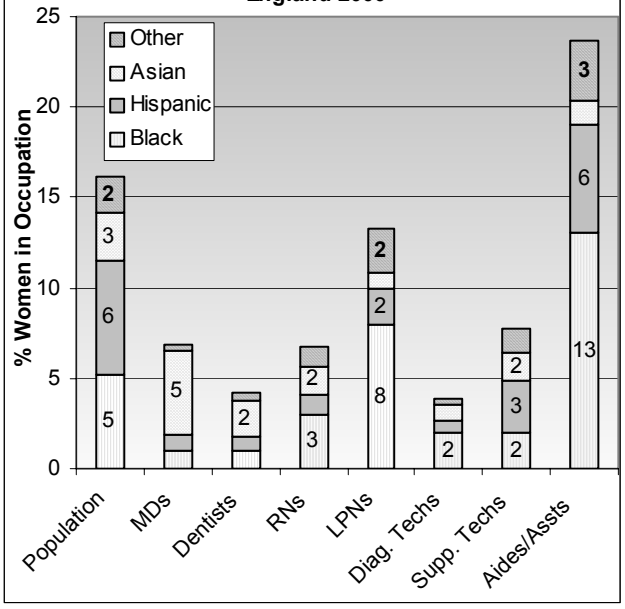
Research on health disparities affecting people of color typically focuses on their health *status,* health *treatment* and health *outcomes* with a particular emphasis on the relatively high rates of morbidity and mortality from selected diseases for ethnic and racial minority groups.

This fact sheet offers a different but related focus on gender and race/ethnicity in the health care ***workforce***. Our rationale is that the *Sullivan Commission on Diversity in the Healthcare Workforce*[1] concluded that the lack of minority doctors, nurses and dentists is a significant cause of racial/ethnic health disparities and that the ability to recruit, train and retain minority health care professionals is critical in any effort to reduce health disparities in the future.

Minority Under-Representation: MDs, Dentists, RNs & Technicians

- Nationally, although "Hispanics and African-Americans each represent more than 12 percent of the U.S. population, Hispanics constitute only 3.5 percent of physicians (including surgeons), 3.4 percent of psychologists and 2 percent of nurses. And, only 5 percent of physicians or dentists are black."[2]
- In New England, the minority population is at least 16% with very sizeable minority populations in Connecticut (22%), Massachusetts and Rhode Island (18.1% each).

Figure 1. Minority Women in Selected Health Care Occupations, by Race/Ethnicity, New England 2000



Source: U.S. Census 2000, Employment by Census Occupation Codes. Note: Percents have been rounded and those 1% or less are not shown on the figure.

About this Fact Sheet

The Center for Women in Politics & Public Policy at UMass Boston's John W. McCormack Graduate School of Policy Studies has developed the following fact sheet to be used during state-level roundtables made up of stakeholders concerned about racial/ethnic health disparities as well as those interested in the health and economic status of women of color in the New England States.

The fact sheet and the roundtables were made possible with support from the DHHS Region I Office on Women's Health and the University of Massachusetts Boston. While the primary focus is on minority women, we have included data for minority men where possible.

Our goals for this fact sheet – and the roundtables – include to:

1. Contribute to the debate over how to "solve the problem" of racial/ethnic health disparities by adding a focus on the disparities by race/ethnicity and gender in the health professions;
2. Encourage a sharing of "best practices" as well as identify additional information and research needed;
3. Stimulate discussion of the problems facing minority women who work in the health care fields, and to identify potential policy solutions; and
4. Determine whether to hold a regional summit focusing on the topics discussed here and at the state-level roundtables.

To request more copies of this fact sheet or to learn more about the project, contact the:

CENTER FOR WOMEN IN POLITICS & PUBLIC POLICY
McCormack Graduate School of Policy Studies
University of Massachusetts Boston
100 Morrissey Boulevard
Boston, MA 02125-3393
Ph: 617.287.5541
Fax: 617.287.5544
Email: cwppp@umb.edu
Web: www.mccormack.umb.edu/cwppp
Carol Hardy-Fanta, Ph.D., Director

- In New England, black women make up 5% of the population but just 1% of physicians/surgeons and dentists are black women; they are only 2% of diagnostic or support technicians.[3]
- Hispanic women make up 6% of the population but just 1% of physicians, dentists, registered nurses and diagnostic technicians are Hispanic women (see Figure 1 and Table 1, p. 3).[4]
- Asian women make up 3% of the population but only 2% of dentists and 1% of LPNs, diagnostic and support technicians, medical assistants and aides.[5]

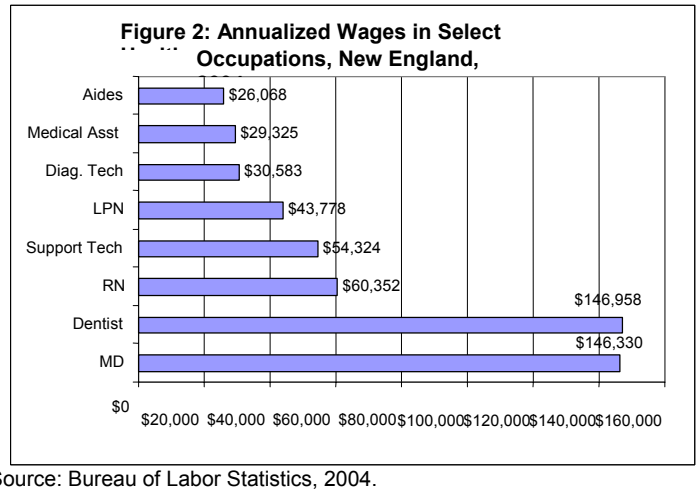
Minority Women's Over-Representation as Nursing/Health Aides & Medical Assistants

Black and Hispanic women are overrepresented in the lower-paying jobs such as home health aides, physical therapy assistants, dental hygienists, dental assistants, and personal and home health aides.

- Black women make up 8% of LPNs and16% of health aides, well above their share of the New England black female population (5%); 6% of medical assistants in New England are black women.
- Hispanic women in the health professions are concentrated in aide and assistant positions: 7% work as aides and 4% as assistants.
- Immigrant women are heavily represented as health aides and assistants. A recent report on Certified Nursing Aides (CNA) in Massachusetts revealed that 80-90% were Haitian[6]; some facilities reported that there were over 22 African nations represented at their sites.[7]

Salary Differentials by Occupational Level

Not surprisingly, the percentage of minority workers in healthcare occupations is inversely correlated with salary. Figure 2 shows that, the higher the percentage of minority workers, the lower the salary.



Source: Bureau of Labor Statistics, 2004.

Minority Men in the Health Professions

Minority men show patterns in the health professions that are very distinctive—and, for the most part, different from those of minority women.

- Black men, like black women, are seriously underrepresented in the top professions: only 1% are physicians/surgeons or dentists. At the same time, in contrast to women (see below), black men make up less than 1% of RNs and no more than 1% of LPNs and diagnostic or support technicians. Three percent are aides or medical assistants.
- Hispanic men show similar patterns with just 2% serving as physicians and no more than 1% in other positions.
- Seven percent of Asian men in New England are physicians and 2% are dentists. They make up no more than 1% in all other health care occupations.

Trends

Demographic Shifts

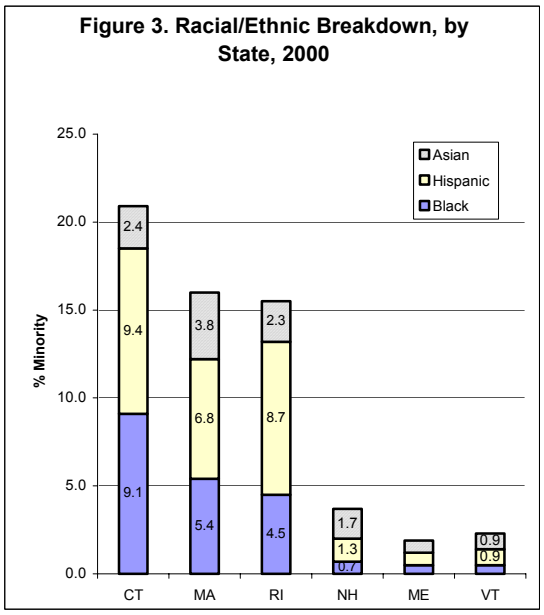
New England is in the middle of a rapid demographic transition. As the baby boomers age, the number of elderly people is expected to increase dramatically:

- The number of persons in New England who are 65 years or older will almost double (by 80%) by the year 2030.
- Employment in the health care professions will grow as well: seven out of ten of the fastest growing occupations between 2004 and 2014 will be in the health care field.[8]
- By 2030 the proportion of minorities in New England will have increased from 16% to 24% of the population.[9]
- Minorities' needs for health services will increase *and* they will represent a larger percentage of the available workforce over time.
- These changes will require additional efforts for the recruitment, training and retention of minority physicians (including geriatricians), nurses, dentists, medical technicians, aides and other direct care health workers

Differences by State

The major difference between the states is evident in Figure 3 (see also the "spotlights" on individual states):

- Minority populations are much larger in Connecticut (21%), Massachusetts (16%) and Rhode Island (15.5%) than in New Hampshire, Maine or Vermont (all three with under 5% minority population).
- The following cities are "majority-minority": Hartford, Bridgeport and New Haven, CT; Boston, Springfield and Lawrence, MA; and Providence, RI.[10]
- Table 1 (see next page) shows significant variation among the states as well in which health professions minority women are employed.



Source: U.S. Census. American FactFinder, QT-P3. Race and Hispanic or Latino: 2000.

- In Connecticut, for example, with a high percentage of minorities, black women make up a higher percentage of RNs and support technicians than the regional average and a much higher percentage of LPNs.
- Seventeen percent of LPNs and 27% of aides in Connecticut are black women. For the most part, the other states have percentages that are closer to that of New England as a whole.

Table 1: Percent Women in Selected Occupations by Race/Ethnicity and State 2000

Occupation	Race	CT	MA	ME	NH	RI	VT	New England
MDs & Surgeons	White	19%	25%	25%	24%	23%	27%	23%
	Black	1%	1%	0%	0%	1%	0%	1%
	Hispanic	1%	1%	0%	1%	1%	0%	1%
	Asian	5%	6%	2%	1%	3%	1%	5%
	Other	0%	0%	0%	0%	0%	0%	0%
Dentists	White	8%	15%	6%	13%	16%	6%	12%
	Black	1%	0%	0%	0%	0%	0%	1%
	Hispanic	1%	1%	0%	0%	0%	0%	1%
	Asian	2%	2%	2%	0%	3%	3%	2%
	Other	0%	1%	0%	0%	0%	0%	1%
RN	White	83%	87%	92%	92%	88%	92%	87%
	Black	5%	4%	0%	1%	2%	0%	3%
	Hispanic	2%	1%	1%	1%	1%	1%	1%
	Asian	3%	2%	1%	0%	1%	0%	2%
	Other	1%	1%	1%	0%	1%	1%	1%
LPN	White	71%	79%	93%	88%	78%	89%	80%
	Black	17%	8%	0%	1%	7%	0%	8%
	Hispanic	3%	2%	0%	1%	4%	1%	2%
	Asian	1%	1%	0%	0%	1%	1%	1%
	Other	2%	3%	1%	2%	5%	1%	2%
Diag. Techs	White	74%	76%	87%	80%	67%	77%	76%
	Black	3%	1%	1%	0%	2%	0%	2%
	Hispanic	1%	1%	0%	0%	1%	0%	1%
	Asian	1%	1%	0%	1%	0%	0%	1%
	Other	0%	1%	0%	0%	1%	0%	1%
Supp.Techs	White	67%	77%	86%	84%	84%	85%	80%
	Black	6%	2%	1%	0%	0%	0%	2%
	Hispanic	6%	2%	1%	1%	3%	2%	2%
	Asian	1%	2%	1%	2%	2%	0%	1%
	Other	1%	2%	0%	1%	2%	0%	0%
Med. Assts	White	67%	68%	87%	86%	77%	84%	73%
	Black	10%	7%	0%	1%	6%	0%	6%
	Hispanic	6%	6%	0%	1%	1%	1%	4%
	Asian	1%	2%	1%	1%	1%	0%	1%
	Other	1%	2%	1%	1%	3%	1%	2%
Aides	White	45%	56%	88%	85%	63%	83%	60%
	Black	27%	17%	0%	2%	11%	1%	16%
	Hispanic	10%	8%	0%	1%	5%	1%	7%
	Asian	1%	2%	0%	1%	1%	1%	1%
	Other	4%	4%	1%	2%	5%	3%	4%

Source: U.S. Census. Employment by Census Occupation Codes. Accessed from www.census.gov/eeo2000 on 2/25/06. Numbers are rounded to nearest percent.

Minority Enrollment in Medical and Nursing Schools

The *Sullivan Commission on Diversity in the Healthcare Workforce* report identified two main factors affecting lower minority representation in the higher-paid health care occupations:

- **Education Pipeline Issues:** A K-12 education of measurably lower quality for minorities; lower standardized test scores that impede admission to higher education programs; lower high school graduation rates and lower 4-year degree program graduation rates.[11]
- **Education Financing**: Since underrepresented minority students disproportionately come from families with lower income and lower wealth than whites, the cost of an education may be a significant deterrent to attending medical school.
  - 62% of white students compared to 42% of black students and 58% of Hispanic students are debt free when entering medical school.[12]
  - While all groups plan to finance their medical education with about 60% from loans, blacks and Hispanic are more dependent on scholarships or awards (29% and 19% respectively versus approximately 14% for whites and Asians.)
  - Many nursing students first complete a 2-year RN program and need to work as a nurse to pay for their baccalaureate education.[13]

Physicians & Dentists

According to the Bureau of Labor Statistics, employment of physicians/surgeons is projected to grow nationally by 28% through the year 2014[14] due to the continued expansion of health care industries. (The following are national data.)

- Minority women medical school graduates increased significantly in the last 20 years as a percentage of total graduates (see Table 2, next page), from 6% of total graduates to 17%.
- Most of this increase is due to an eight-fold increase in the graduation rate of female Asian students.
- Black female graduation rates have doubled and those of Hispanic women have tripled, but their overall percentage of 4% and 3%, respectively, still remains below their share of the population in New England.
- Medical school faculty disparities are even greater: today minority faculty from underrepresented groups account for only 4.2% of the total US medical school faculty."[15]

- Since minority physicians are more likely to practice in underserved areas, the need to increase production of minority physicians (and nurses/ dentists) is critical if the goal of reducing disparities in health status and outcomes is to be achieved.
- The numbers of minority students in dental schools has risen significantly in the last 10 years, but still lags greatly below the proportion of minorities in the population. Blacks and Hispanics account for 10% of dental school enrollment versus 24% of the US population.

Table 2: U.S. Medical School Graduates by Race and Ethnicity

	Men and Women				Women			
	1980		2004		1980		2004	
	Number	% of total		% of total	Number	% of total		% of total
White	12788	85%	10120	64%	2724	18%	4442	28%
Asian	412	3%	3166	20%	76	1%	1467	9%
Black	768	5%	1034	7%	284	2%	641	4%
Hispanic	462	3%	1007	6%	93	1%	485	3%
Native American	33	0%	98	1%	6	0%	49	0%
Other	650	4%	396	3%	314	2%	172	1%
Total	15113	100%	15821	100%	3497	23%	7256	46%

Source: AAMC, "Minorities in Medical Education: Facts and Figures 2005."

Nurses

Employment of registered nurses is expected to grow by 29% through 2014.[16] RN positions will create the second largest number of new jobs among all occupations. By 2020 the demand for nurses in New England will exceed the supply by over 62,000 nurses.[17] Where do things stand with minority women in the nursing profession?

- Nationally, the number of nurses from minority populations has tripled since 1980.[18]
- Minority enrollment in baccalaureate nursing schools increased by 44% between 1991 and 2003, rising from 16% to 23% of total students respectively. Black enrollment increased from 9% to 12% of the total.
- Minority enrollment in graduate schools and doctorate programs nearly doubled, from 10% to 21% for masters programs, and from 10% to 17% for doctorate programs during the same period.[19]
- RNs from minority backgrounds are also more likely than their white counterparts to pursue a baccalaureate or higher degree (42% for whites, 48% for blacks, and 45% for Hispanics).[20]
- Minority faculty in nursing schools, however, only account for fewer than 10% of the total.

Health Care Aides and Medical Assistants

- In 1998 health care aides comprised 6% of the hospital workforce, 38% of the nursing and personal care facility workforce and 50% of the home healthcare workforce.[21]
- In 2000 nursing, psychiatric and home health aides constituted 23% of New England's total healthcare practitioner, technical and support occupations; 87 percent of these workers were women and 31% or approximately 30,500 workers were minority women.[22]
- The Bureau of Labor Statistics predicts that home health aides will be the fastest growing occupation through 2014.[23] Most of these jobs will be in nursing and residential care facilities, hospitals and home health services.

Some of the issues affecting (especially female) minority women working as nursing, psychiatric and home health aides include:

- **Recruitment and retention**: Women of color provide a disproportionate share of the long-term care for elderly and disabled individuals in New England.[24] Home health and nursing aides provide more than a third of the labor in nursing and personal care facilities.[25] Recent studies document high rates of turnover (from 60-100% annually). The high turnover not only affects the continuity and quality of patient care, but also costs employers thousands of dollars to recruit and train new workers.
- **Poor working conditions:** Home health aides contend with physically and emotionally demanding work (including injury from lifting and moving patients and vulnerability to infections[26]); may face cultural insensitivity from supervisors and patients (e.g., supervisor/caregiver and patient/caregiver relationships are sometimes affected by language and cultural misunderstandings)[27]; and often feel unprepared or unsupported by their superiors.[28]
- **Low wages:** An estimated one-third of home health aides in New England live at or below poverty level with low wages and few benefits.[29] Average hourly wages for home health aides are less than half of LPNs and a third of RNs. Many home health aides manage to stay above the poverty line only by working at two or three jobs or shifts. Low wages affect health care workers' economic stability, their families' well being, and have long-term consequences as lower earnings translate into less retirement income.
- **Lack of a clear career path.** Direct care paraprofessionals are typically women aged 25-50 without education beyond high school. Aides generally need additional formal training or education in order to enter other health occupations. With limited formal education, it is more difficult to qualify for advanced training opportunities that may exist. And, finally, no established pipeline currently exists for training home health aides to become licensed practical or registered nurses.[30]

Notes

[1] Sullivan Commission on Diversity in the Healthcare Workforce. "Missing Persons: Minorities in the Health Professions." (Atlanta, GA: Sullivan Commission, Sept. 2004, 1).
[2] Aetna, "Broker and Consultant E-Briefing, Special Report." Accessed from www.aetna.com/producer/BeB_SI/2004-06/si_div_extent.html on 4/5/06.
[3] Diagnostic Technicians include cardiovascular technologists, and radiologic technicians and technologists (including mammographers), and Support Technicians including dietetic technicians, psychiatric technicians, respiratory therapy technicians and surgical technologists.
[4] Population figures are from U.S. Census, Annual Estimates of the Population by Sex, Race and Hispanic or Latino Origin for New England States: April 1, 2000 to July 1, 2004 (SC-EST2004-03-25). Release date: August 11, 2005.
[5] These include home health aides, medical assistants, physician assistants, physical therapy assistants, dental hygienists, dental assistants, and personal and home health aides.
[6] Rohr, Monica. "Haitian Nursing Assistants Need Workplace Respect." *The Boston Globe*, 11/9/2003. Note: official data on immigrant workers in the health care professions are difficult to obtain.
[7] Eaton, Susan, Claudia Green, Randall Wilson, and Theresa Osypuk. "Extended Care Career Ladder Initiative (ECCLI): Baseline Evaluation Report of a Massachusetts Nursing Home Initiative." (Cambridge, MA: Kennedy School of Government, 2001, 44).
[8] Especially for home health aides, medical assistants, physician assistants, physical therapy assistants, dental hygienists, dental assistants, personal and home health aides. US Bureau of Labor. "Employment by occupation, 2004 and projected 2014." (Washington, DC: Bureau of Labor Statistics, 2005). Accessed from http://www.bls.gov/ emp/emptab21.htm on 4/20/06.
[9] US Census Bureau. "Projected State Populations, by Sex, Race, and Hispanic Origin: 1995-2025." Accessed from http://www.census.gov/population/projections/state/stpjrace.txt on 3/24/06.
[10] Note: even in the states that are less diverse overall, there are cities with substantial and growing minority populations. Nashua, NH, for example, was 11% minority in 2000.
[11] Sullivan Commission on Diversity in the Healthcare Workforce. "Missing Persons: Minorities in the Health Professions." (Atlanta, GA: Sullivan Commission, Sept. 2004, 6).
[12] Association of American Medical Colleges (AAMC). *Minorities in Medical Education: Facts and Figures 2005*. (Washington, DC: AAMC, 45).
[13] Conversation with Peter Torres at UMass Boston, Bringing the Best to Nursing
[14] US Bureau of Labor. "Employment by occupation, 2004 and projected 2014." (Washington, DC: Bureau of Labor Statistics, 2005). Accessed from http://www.bls.gov/ emp/emptab21.htm on 4/20/06.
[15] Sullivan Commission, p. 63.
[16] US Bureau of Labor. "Employment by occupation, 2004 and projected 2014." (Washington, DC: Bureau of Labor Statistics, 2005). Accessed from http://www.bls.gov/ emp/emptab21.htm on 4/20/06.
[17] US Department of Health and Human Services, Health Resources and Services Administration. "Projected Supply, Demand, and Shortages for Registered Nurses: 2000-2020." (Washington, DC: HRSA, July 2002). Accessed from http://bhpr.hrsa.gov/healthworkforce/reports/rnproject/report.htm on 4/21/06.
[18] Sullivan Commission, p. 50.
[19] Sullivan Commission, p. 47.
[20] Sullivan Commission, p. 51.
[21] US Department of Health and Human Services, Health Resources and Services Administration. HRSA State Health Workforce Profiles: Massachusetts. (Washington, DC: HRSA, 10, 13, 15). Accessed from ftp://ftp.hrsa.gov/bhpr/workforceprofiles/MA.pdf on 4/20/06.
[22] US Bureau of the Census. "Employment by Census Occupation Codes." Accessed from www.census.gov/eeo2000 on 3/24/06; anecdotally many non-minority immigrant women also fill these roles.
[23] US Bureau of Labor Statistics, "Employment by occupation, 2004 and projected 2014." Accessed from http://www.bls.gov/emp/emptabapp.htm on 4/20/06.
[24] U.S. Census, "EEO Data Tool: Massachusetts Females by Selected Healthcare Occupations by Race, 2000."
[25] HRSA reports on the difficulty of accurately estimating the number of direct care workers because (1) many are thought to work in a "gray market" where there is little formal record keeping about their numbers, training, hours, or wages; and (2) different agencies in the state and federal governments use different classifications for home health aides and nursing aides. They are variously described as direct care paraprofessionals, direct care workers, or members of health support occupations.
[26] Bureau of Labor Statistics. "Occupational Outlook Handbook, 2004-05 Edition. Nursing, Psychiatric and Home Health Aides." Accessed from http://www.bls.gov/oco/ocos165.htm on 3/4/05.
[27] Stacey, Clare. Chapter 6 in *Serving Care: Home Health Aides in the New Economy*. Draft manuscript (forthcoming).
[28] Stacey (forthcoming).
[29] Bureau of Labor Statistics. "Occupational Outlook Handbook, 2004-05 Edition. Nursing, Psychiatric and Home Health Aides." Accessed from http://www.bls.gov/oco/ocos165.htm on 3/4/05; "Occupational Employment and Wages, May 2003,"Sept. 2004; Bulletin 2567. Accessed from http://www.bls.gov/oes/oes_pub_2003_m.htm on 4/5/05.
[30] US Department of Health and Human Services, Health Resources and Services Administration. HRSA State Health Workforce Profiles: Massachusetts. (Washington, DC: HRSA,2000). Accessed from ftp://ftp.hrsa.gov/bhpr/workforceprofiles/MA.pdf on 4/20/06.

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The Center for WOMEN IN POLITICS & PUBLIC POLICY
McCormack Graduate School of Policy Studies
University of Massachusetts Boston
100 Morrissey Boulevard
Boston, MA 02125-3393
Ph: 617.287.5541
Fax: 617.287.5544
Email: cwppp@umb.edu
Web: www.mccormack.umb.edu/cwppp