

Immigrants and the Eldercare Workforce

Immigrants¹ constitute an increasingly large percentage of the workers who care for us as we age. The following principles explain the connections and conveys immigration-related principles supported by the Eldercare Workforce Alliance.

Immigrant Health Care Workers Are Vital to Caring For Us As We Age

Given the increased scrutiny of immigration policy for entering the United States and other proposed and pending restrictions on immigration, we are facing a pronounced decline in the number of available workers at a time when their skills are needed most. Currently, as many as 25% of U.S. physicians were born in another country,² 24% of direct care workers are immigrants,³ and the number of immigrants in other health care disciplines are increasing as well.

These tough immigration policies are coming at a time when the growth in the number of older adults is outpacing the workforce supply. From 2015 to 2050, the population of people over age 65 will double and the population of people over age 85 will triple. Yet the number of working adults will remain constant in this time period.⁴ Threatening the workforce supply of immigrants working in eldercare will exacerbate the growing shortage of workers who are caring for the aging population. The Eldercare Workforce Alliance (EWA) urges policymakers to review carefully all immigration-related legislation and regulations for their potential impact on the health care workforce.

Direct-Care Workers, Many of Whom Are Immigrants, Are an Essential Part of Care Team

Direct care workers, of whom one in four are immigrants, provide critical support to older adults in need of long-term services and supports, providing 80 percent of paid hands-on services delivered in the US. At a time when one in three immigrants has been in the country for at least 25 years, immigrant health care workers make up a significant and growing part of the workforce. In the five states with the highest percentages of immigrant direct care workers, nearly half are immigrants. EWA supports policies that expand the visa definitions of “skill” and “merit” for visa applications to include all members of the health care team specifically direct care workers.

¹ People born outside the United States enter this country in various ways and are described using a variety of terms. Recognizing this diversity, EWA uses the term “immigrants” as an inclusive term throughout this document.

² U.S. Bureau of Labor Statistics

³ Source: U.S. Census Bureau, (2015). Projections of the Size and Composition of the U.S. Population: 2014 to 2060. Colby, S., & Ortman, J.

⁴ Espinoza, R. (2017). *Immigrants and the direct care workforce* [PHI research brief]. Retrieved from <https://phinational.org/resource/immigrants-and-the-direct-care-workforce/>

Immigration Restrictions Limit the Availability of Family Caregivers

Family caregivers are integral members of the health care team; providing a wide variety of support to older adults in the United States- care valued at approximately \$470 billion in 2013⁵. Policies that limit family-based immigration leads to a decrease in the number of family caregivers, thereby jeopardizing the health of older adults and straining the U.S. health care system. Moreover, home care workers, many of whom are immigrants, play a vital role in supporting family caregivers. They provide psychological respite and support and allow family caregivers to remain employed at a time when many family caregivers are cutting their hours or leaving their jobs altogether to care for a loved one. If the immigrant workforce in this sector is limited, many family caregivers will lose crucial support. EWA supports immigration policies that provide family caregivers with care options.

A Multicultural Workforce Reflects Changing Demographics and Affirms the Need to Deliver Culturally and Linguistically Competent Care

EWA's goal since its inception a decade ago has always been to build a caring and competent eldercare workforce that provides culturally competent, person-directed, and family-focused care. The increasing diversity of the nation reinforces the need to deliver culturally competent health care services and to prepare the workforce to develop these competencies for supporting older adults. Immigrants bring a wide array of experiences, cultural traditions, and languages to the domestic eldercare system, which enables culturally competent care for a diverse older adult population. The diverse social, cultural, and linguistic needs⁶ of older adults should be forefront in the eldercare workforce, and a diverse workforce equips us to accomplish this goal of care for us all as we age.

To that end, EWA supports policies that foster job readiness for immigrants. The Alliance also supports ongoing training in cultural competence, including implicit bias and immigration-specific concerns, to enhance communication within and service provision by eldercare teams.

Policies That Target Individuals and Groups on the Basis of Race, Color, Gender, Disability, Age, Religion, National Origin, or Other Protected Categories Impede Health Care Delivery

Discriminatory practices have a negative effect on public health, including on health care workers and the older adults they serve. The protection of civil and human rights of the workforce is a priority for the Alliance. EWA opposes racism, discrimination, profiling, and visa or travel bans on the basis of race, color, gender, disability, age, religion, or national origin.

⁵ AARP Public Policy Institute. (2015). *Valuing the Invaluable 2015 Update: Undeniable Progress, but Big Gaps Remain*. Retrieved from https://www.aarp.org/ppi/info-2015/valuing-the-invaluable-2015-update.html?cmp=RDRCT-VALUN_JUN23_015

⁶ Betancourt, J. R., Green, A. R., & Carrillo, J. E. 2002. *Cultural competence in health care: Emerging frameworks and practical approaches*. New York: The Commonwealth Fund.