

Data Brief | December 2024

Occupational Segregation of Black Women Workers in Health Care

Introduction

Addressing occupational segregation—and centering Black women workers in these efforts—is crucial to building a [good-jobs economy](#) where all workers have equal opportunities, living wages, robust benefits, and a voice in shaping the conditions of their work.¹

Occupational segregation reflects the systemic racism and sexism embedded in the U.S. labor market that systematically confines Black women workers to essential but undervalued, underpaid roles with poor working conditions.² These disparities are particularly evident in the health care industry, where nearly a quarter of Black women workers in the U.S. are employed.³

The health care industry encompasses a wide range of services provided across diverse settings, including hospitals, clinics and doctor’s offices, nursing and residential care facilities, outpatient care centers, and private homes. Health care is the largest and fastest-growing employment sector in the U.S.,⁴ playing a critical role in the health of the overall economy while heavily relying on Black women’s labor to deliver essential services.

Although Black women have long been the backbone of this vital workforce, they have persistently been faced with unsustainably low wages, inadequate benefits, and unsafe working conditions. The industry’s reliance on Black women for undervalued work—particularly in home care—is rooted in the enduring legacy of slavery and white supremacy in the U.S. economy and discriminatory labor policies.⁵

As the health care industry expands and demand for home care rises with an aging population,¹ improving job quality and desegregating opportunities in health care can play a pivotal part in combatting occupational segregation, improving Black women workers' economic conditions, and supporting families and communities. When Black women working in health care are well-paid, treated with dignity, and have safe working conditions and opportunities for career growth, everyone benefits.

This data brief presents findings from an analysis of recent American Community Survey data, continuing [NELP's examination of occupational segregation of Black women workers](#) by focusing specifically on Black women workers in the health care industry. We also provide recommendations for comprehensive policy reforms and transformative solutions to desegregate opportunity and promote the collective economic mobility of Black women working in health care.



Source: Adobe Stock

¹ Low-wage health care support occupations in which Black women are highly overrepresented are projected to expand the most rapidly of all occupation groups in coming years. Of all occupations across sectors, home health and personal care aides have the largest projected increase in new jobs. See Javier Colato and Lindsey Ice, "Industry and Occupational Employment Projections Overview and Highlights, 2022–32," *Monthly Labor Review*, U.S. Bureau of Labor Statistics, October 2023, <https://www.bls.gov/opub/mlr/2023/article/industry-and-occupational-employment-projections-overview-and-highlights-2022-32.htm>.

Methods

To understand the extent to which Black women are concentrated in certain health care occupations while being excluded from others,² we classified occupations within the health care industry into one of four levels of representation based on the proportion of Black women in the health care occupation relative to their overall representation in the labor force (6.6 percent):

1. Underrepresented: Black women make up less than 5.3 percent of all workers in the occupation.
2. Proportionally represented: Black women make up 5.3-7.85 percent of all workers in the occupation.
3. Overrepresented: Black women make up 7.9-13.1 percent of all workers in the occupation.
4. Highly overrepresented: Black women make up 13.2 percent or more of all workers in the occupation.

Key Findings

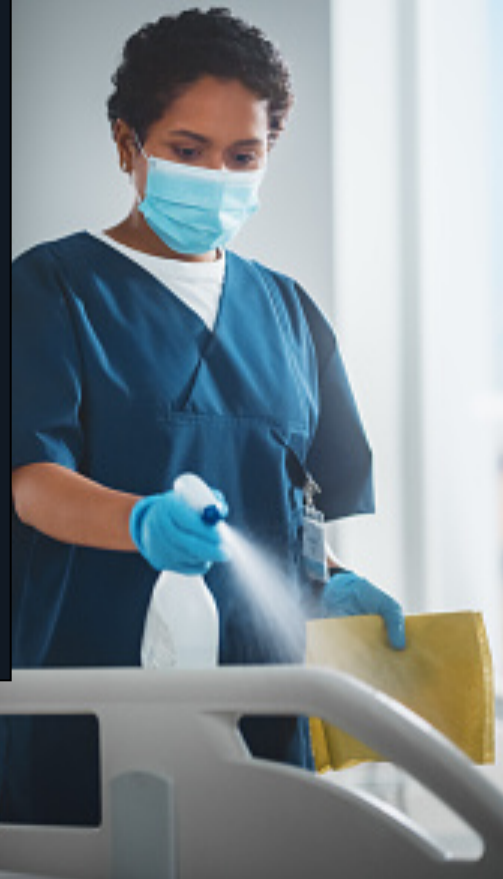
- **Black women workers are highly overrepresented in health care.** Black women make up about 13% of the health care workforce, roughly double their representation in the overall workforce (6.6%).
- **Among all industries, health care has one of the highest rates of occupational segregation of Black women workers.** A staggering 92% of Black women working in health care work in jobs where they are highly overrepresented or overrepresented.
- **Almost a third of Black women working in health care hold essential but undervalued home care jobs,** which often come with low pay, inadequate benefits, unsafe working conditions, fewer protections, and frequent labor violations.
- **Black women workers are concentrated in lower-paying health care jobs, significantly depressing their wages.** Over 42% of Black women working in health care occupations where they are highly overrepresented earn low wages, and they make nearly \$20 less per hour in these jobs than in occupations where they are underrepresented.

² We focused our analysis on health care workers by separating the “Health Care and Social Assistance” major industry. We excluded the following minor industries within the Health Care and Social Assistance major industry from our analysis: Individual and family services, Community food and housing, and emergency services, Vocational rehabilitation services, and Child day care services.

- **Black women workers in health care experience severe wage gaps.** On average, they make just 58.6 cents for every dollar paid to white men and 74 cents to the dollar paid to white women. These gaps are even wider in the South, and wage disparities persist across all levels of occupational representation and education.
- **Occupational segregation affects Black women working in health care across all levels of educational attainment.** Over 91% of Black women with a bachelor's degree and more than 72% of Black women with a graduate degree work in health care occupations where they are overrepresented or highly overrepresented.

Key Findings

- **Black women workers are highly overrepresented in health care.**
- **Among all industries, health care has one of the highest rates of occupational segregation of Black women workers.**
- **Almost a third of Black women working in health care hold essential but undervalued home care jobs.**



Overrepresentation of Black Women Workers in Health Care

Black women workers are highly overrepresented in the health care industry. Nationally, they make up about 13% of the health care workforce, roughly double their representation in the overall workforce (6.6%). As shown in Figure 1, Black women are consistently overrepresented in health care across regions of the U.S.

Figure 1. Overrepresentation of Black Women in Health Care by Region

Northeast

Black women make up

2.2 times

as many workers in health care as they do in the regional workforce

Midwest

Black women make up

2 times

as many workers in health care as they do in the regional workforce

South

Black women make up

1.9 times

as many workers in health care as they do in the regional workforce

West

Black women make up

1.9 times

as many workers in health care as they do in the regional workforce

Source: NELP analysis of IPUMS American Community Survey data, 2018-2022.

High Rates of Segregation of Black Women Workers within Health Care

Nearly 92% percent of Black women working in health care work in occupations where they are overrepresented or highly overrepresented. Among the industries included in our analysis, health care has one of the highest rates of within-industry segregation of Black women workers, second only to social assistance.³

³ Social assistance includes the following minor industries within the Health Care and Social Assistance major industry: Individual and family services, Community food and housing, and emergency services, Vocational rehabilitation services, and Child day care services.

Table 1.

Proportion of Black women workers in occupations where they are overrepresented or highly overrepresented by industry	
Industry	Proportion of Black Women Workers in Industry in Occupations where they are Overrepresented
Social Assistance	98.5%
Health Care	91.9%
Public Administration	88.7%
Justice, Public Order, and Safety Activities	78.1%
Administrative and Support and Waste Management and Remediation Services	75.2%
Other Services (Except Public Administration)	63.8%
Transportation and Warehousing	61.9%
Finance and Insurance	53.7%
Educational Services	53.3%
Retail Trade	46.6%

Source: NELP analysis of IPUMS American Community Survey data, 2018-2022. Note: Detailed occupation categories with a sample size of 100 or more workers were included for each industry. Justice, Public Order, and Safety Activities (Census Code 9470) includes occupations related to law enforcement, courts, and corrections, excluding occupations related to fire protection. Public Administration excludes occupations in the Justice, Public Order, and Safety Activities minor industry but includes occupations related to fire protection.

Segregation of Black Women Workers into Lower-Paying Occupations

Black women working in health care are often concentrated in lower-paying occupations, including direct care and support roles, clerical and administrative roles, and roles that ensure health care facilities function smoothly.

Over 42% of Black women working in health care jobs where they are highly overrepresented make low wages. On average, they earn nearly \$20 less per hour in these occupations compared to jobs where they are underrepresented (see Table 2).

Table 2. Proportion of Black Women Health Care Workforce, Median Wage, and Example Occupations by Representation Category

Proportion of Black Women Health Care Workforce, Median Wage, and Example Occupations by Representation Category			
Occupational Representation	Proportion of Black Women Workers in Health Care	Median Wage for Black Women Workers	Example Occupations
Highly overrepresented	37%	\$17.69	Nursing, Psychiatric, and Home Health Aides Personal Care Aides Maids and Housekeeping Cleaners Food Preparation Workers Office and Administrative Support Workers
Overrepresented	54.9%	\$26.55	Registered Nurses Medical and Health Services Managers Medical Assistants Occupational Therapy Assistants and Aides
Proportionally represented	3.2%	\$25.18	Dental Assistants Nurse Practitioners Massage Therapists
Underrepresented	4.9%	\$36.95	Physicians and Surgeons Physical Therapists Pharmacists Software Developers Medical Scientists

Source: NELP analysis of IPUMS American Community Survey data, 2018-2022. Note: Median wages were estimated for full-time, full-year workers. More detailed information on our methods to calculate hourly wages is available upon request.

Many occupations that Black women are segregated into are also characterized by poor conditions, irregular schedules, inadequate benefits, and limited opportunities for advancement.

For example, nearly a third of Black women in health care work in home care as Nursing, Psychiatric, and Home Health Aides or Personal Care Aides—two of the most common occupations for Black women workers of all age groups and education levels. These workers can experience high injury rates, unpredictable schedules with little control, unpaid overtime, frequent misclassification as independent contractors, low wages, limited access to basic benefits such as healthcare coverage or paid sick days, limited

access to employer-provided safety equipment, a lack of protections, and frequent labor violations.⁶

Conversely, Black women are underrepresented in higher-paying health care jobs that have lower average occupational injury and illness rates and tend to offer more benefits such as health care and retirement, and greater levels of autonomy.⁷

Extreme and Persistent Wage Gaps

Black women working in health care are grossly underpaid due to occupational segregation and severe wage gaps. On average, Black women working in health care make 58.6 cents for every dollar paid to white men and 74 cents to the dollar paid to white women. These gaps are even wider in the South (see Table 3).

Table 3. Hourly Wage Gaps within Health Care Nationally and by Region

Geographic Area	Wage Gap Between Black Women and White Women	Wage Gap Between Black Women and White Men
National	74¢	58.6¢
Northeast	78¢	64.9¢
Midwest	75.9¢	60.5¢
South	73.7¢	56.9¢
West	79.6¢	63.1¢

Source: NELP analysis of IPUMS American Community Survey data, 2018-2022. Note: Wage gap values indicate how many cents Black women workers are paid per every dollar paid to white women or white men working in health care within each region. Wage gaps are based on median wages estimated for full-time, full-year workers.

On top of segregation into lower-paying occupations, Black women working in health care contend with wage gaps across all levels of occupational representation. Overall, wage gaps are smaller in occupations where Black women are highly overrepresented and larger in those where they are underrepresented. In occupations where Black women are overrepresented or proportionally represented, wage gaps vary widely. Table 4 displays examples of wage gaps in the most common occupations for Black women in health care across representation categories.

Table 4. Wage Gaps in Example Health Care Occupations Across Representation Categories

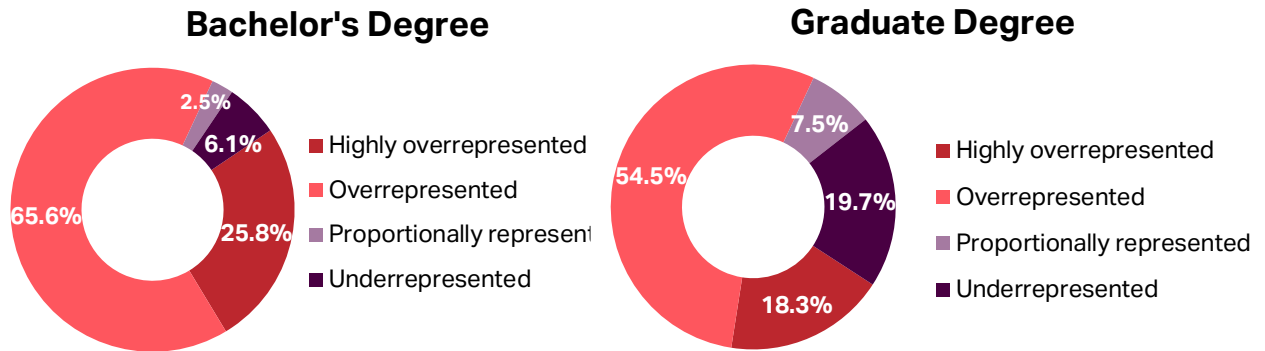
Hourly Wage Gaps in Sample Health Care Occupations Across Representation Categories		
Occupation	Representation of Black Women Workers	Wage Gap Between Black Women and White Men
Nursing, Psychiatric, and Home Health Aides	Highly overrepresented	94.8¢
Personal Care Aides	Highly overrepresented	97¢
Registered Nurses	Overrepresented	90.8¢
Medical and Health Services Managers	Overrepresented	70.1¢
Dental Assistants	Proportionally represented	88.8¢
Physicians and Surgeons	Underrepresented	74.1¢
Diagnostic Related Technologists and Technicians	Underrepresented	75.6¢

Source: NELP analysis of IPUMS American Community Survey data, 2018-2022. Note: Wage gap values indicate how many cents Black women workers are paid per every dollar paid to white men working in the same occupation. Wage gaps are based on median wages estimated for full-time, full-year workers. Due to a sample size limitations, only one example is provided for occupations where Black women workers are proportionally represented.

Enduring Segregation and Underpayment Across Education Levels

Black women working in health care remain segregated and underpaid across levels of educational attainment. As found in NELP’s prior analysis looking across industries,⁸ higher educational attainment among Black women workers alone does not resolve occupational segregation or wage gaps within the health care industry. Rather, Black women with bachelor’s or graduate degrees are still largely concentrated in health care occupations where they are overrepresented or highly overrepresented.

Figure 2. Proportion of Black Women Workers with a Bachelor's and Graduate Degree in Health Care Occupations by Representation



Source: NELP analysis of IPUMS American Community Survey data, 2018-2022.



Source: Adobe Stock

Black women with a graduate degree working in health care occupations where they are underrepresented earn the highest wages among Black women working in health care, but they also contend with the largest wage gaps. On average, they are paid 72.1 cents for every dollar paid to white men doing similar work with the same level of education. These findings underscore that higher education alone does not close the wage gap for Black women, who experience a diminished return on their investment in education.

Discussion and Recommendations

Our findings illustrate occupational segregation largely confines Black women working in health care to low-wage jobs while excluding them from many higher-paying, better-quality occupations, hindering their economic mobility regardless of age, education, or geography.

Stark occupational segregation in the health care industry is emblematic of deep-seated misogyny and systemic inequalities that devalue Black women's work. To achieve meaningful change, we must implement targeted efforts and comprehensive reforms that address the root causes of occupational segregation, raise job quality standards, and desegregate opportunities for Black women workers in health care and beyond.

Recommendations

NELP advocates for a multipronged approach to dismantle occupational segregation and raise the quality of all jobs for Black women workers. The following recommendations would create equitable opportunities and improve working conditions for Black women in health care:

1. Remove structural barriers to upward mobility for Black women working in health care by developing career ladders, investing in high-quality apprenticeship programs, offering paid on-the-job training, and ensuring Black women workers have access to opportunities that provide additional skills and credentials essential for career advancement.

- **Support worker organizing and amplify health care workers' power through collective bargaining.** States should actively support private sector union efforts, especially in state-financed and regulated sectors such as health care.⁹ As unions help close racial wage gaps and boost women's pay,¹⁰ they can play a powerful role

in combatting the egregious racial and gender wage gaps faced by Black women in health care. For the decentralized home care workforce in particular, unionization can significantly improve working conditions, job stability, wages, and access to benefits.¹¹ States and local governments can also adopt home care authority models that establish a government as home care workers' employer for the purpose of collective bargaining.¹²

- **Ensure all health care jobs pay a fair, living wage and offer robust benefits** by raising and indexing federal and state minimum wages to inflation, phasing out subminimum wages, and guaranteeing overtime pay for health care workers who often work beyond their scheduled shifts.¹³ Providing guaranteed access to robust benefits for all health care workers through their employers or through universal social infrastructure is also essential for workers' economic security and further ensures that one job is enough to make ends meet. States and cities can also pass Domestic Worker Bill of Rights laws to improve wages, protections, and access to benefits for home care and other domestic workers.
- **Strengthen regulatory infrastructure and enforcement to ensure workers have full recourse when their rights are violated.** The federal government must adequately fund and support agencies tasked with enforcing labor and employment laws and civil rights protections, including the Equal Employment Opportunity Commission, the Department of Labor, and local fair employment practices agencies. In the home care sector specifically, where most services are publicly funded, Centers for Medicare & Medicaid Services and state Medicaid offices should set industry standards and prevent public dollars from going to employers who profit from labor violations.¹⁴
- **Increase employer accountability through clear joint employment standards and expansive definitions of employment in labor and employment laws.** Health care employers should be held responsible for the working conditions they shape and contribute their fair share to social insurance systems. However, to reduce costs and risks, health care employers may outsource labor to third parties such as staffing agencies or improperly label their employees as independent contractors, severely undermining workers' rights and protections.¹⁵ To combat this, health care employers who outsource work should be held responsible—as joint employers—for compliance with labor standards. Policymakers at all levels of government should also establish clear and expansive definitions of employment, such as the "ABC" test, and increase monetary penalties for independent contractor misclassification.¹⁶
- **Strengthen worker protections** by ensuring temporary and part-time workers receive equal pay, benefits, and protections and extending full workplace

protections to contract workers. All health care workers, including immigrant workers, must be protected from retaliation for speaking up about wage theft, harassment, discrimination, and other workplace abuses, which are particularly rampant in health care jobs where Black women are overrepresented. Lastly, ending unjust and arbitrary firings through the adoption of [just cause laws](#) and providing workers with a private right of action to combat wage theft can promote worker security and agency.



Source: Adobe Stock

Endnotes

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