

Black Women and the Care Agenda: Investing in Care Priorities Advances Gender and Racial Justice

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The challenges associated with balancing family and care priorities alongside paid work and earning income are frequently characterized solely as individual responsibilities rather than the result of systemic and policy failures. This individual responsibility narrative in practice effectively relegates work-family dilemmas to the periphery often as “women’s” issues instead of treating such dilemmas more accurately as among the most pressing issues faced by American families. For Black women, who live at the intersection of race and gender (and other identities as well), the failure to have the institutional, structural, and policy supports so essential to help with caregiving has had an enormous impact on their economic stability, employment opportunities and mobility, and family well-being. Understanding their history and current reality is crucial, not only for Black women, but for all women and indeed all workers, because it brings into sharp focus the care investments that are missing and sorely needed to support workers and fuel future economic growth.

**A LACK OF INVESTMENT
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Care work historically was framed as a woman’s obligation and not “real work” or having “real value.” This diminished view of care work is connected more broadly to entrenched, longstanding attitudes minimizing the value of work that women disproportionately perform, including paid and unpaid work in the home, and jobs in certain industries and sectors of the economy like the service sector.

The added combination of racism often has meant that Black women, and other women of color, have been on the harshest receiving end of these biased attitudes about care work, stemming in part from our nation's earliest history where they disproportionately performed the bulk of paid domestic labor in jobs such as house cleaners, home health aides, nannies, and more.¹ The legacy of slavery and its infrastructure of racial hierarchies and prejudice positioned Black women, in particular, as being expected to work and serve others, but not being valued as workers. In all of these roles, Black women were expected to put their care needs last, instead prioritizing the work-family balance of most often white families without consideration for their own work and caregiving needs.

Black women's unique labor market history has meant that Black women have often been on the frontlines of navigating the biases, workplace inequities, and policy gaps that have made it so difficult to address the care needs of families. Thus, paying attention to their experiences is not only beneficial to Black women, but also other workers who face similar challenges.

Ultimately, a lack of investment in care policies has contributed to an economic system that disadvantages Black women in terms of the wages they are paid and the care supports they have available, with severe consequences for their economic security and opportunity, their health and well-being, and their ability to care for themselves and their loved ones. However, the experiences of Black women also make clear that comprehensive supports and intentional investment in caregiving policies are crucial to advancing gender and racial justice and building an economy that works for all.² Black women have organized on multiple fronts, to ensure that care work is valued fairly, to ensure the same access to the policies that support bonding with children and child-rearing that many white and middle-class mothers have available, and to pass federal and workplace policies that help balance essential caregiving needs with necessary paid work.³⁴

Black women are family caregivers – and they need flexibility and economic supports to make the best decisions for themselves and their families

The opportunity for every individual to pursue the kind of work they want to do and to care for their children, their parents, or others in their families in the way that suits their needs is essential. But the current policy landscape too often does not allow for that freedom. For millions, a lack of work-family policies has pushed them out of the workforce to fill caregiving gaps when they otherwise would have remained in the formal labor market; for others, financial realities mean that they cannot afford to take a

break from the labor force, even when they need leave. Caregiving for children, friends, and family members is often a labor of love and source of joy, but the United States' piecemeal, inadequate policy approach means families are also forced to make difficult compromises. Black women are especially vulnerable to the economic precarity created by the absence of strong, comprehensive policy supports.

Black women are disproportionately breadwinners in their families, meaning that they contribute at least 40 percent of their household's earnings. Almost 80 percent of Black mothers, for example, are breadwinners and more than half of Black mothers are raising families on their own.⁵ Black women are also consistently amongst the groups of women with the highest labor force participation, working at a rate higher than their white counterparts.⁶ However, despite their higher labor force participation and outsized financial importance to their families, Black women experience significant disparities in the economy compared to white women, including large wage and wealth gaps, higher poverty rates, higher unemployment rates, and fewer career advancement opportunities.⁷

A lack of paid family and medical leave has significant economic impacts for Black women. Research shows that Black women are less likely to have access to leave compared to other demographics; they are also more likely to take unpaid leave instead of having time off while still being paid.⁸ In a given year, working Black women take only 62 percent of the leaves they need – of the approximately 2.9 million leaves needed, 1.1 million are not taken.⁹ Of the 1.8 million leaves working Black women take, approximately 42 percent are unpaid, forcing Black women and their families to contend with lost wages to perform care responsibilities.¹⁰ More than half of parental leaves taken by Black women are unpaid, as are 36 percent of caregiving leaves.¹¹ Those unpaid leaves have severe financial consequences, adding up to \$3.9 billion in lost wages in any given year. Parental leave and caregiving leaves combined cost Black women approximately \$1.1 billion.¹² Additional research by the Center for Law and Social Policy (CLASP) highlights the importance of geography and regional demographics – Black women are more likely to reside in Southern states, where the political environment have made the passage of state level paid family and medical leave programs unlikely; this reality underscores the need for a federal program that can reach all workers, and Black women workers in particular programs unlikely; this reality underscores the need for a federal program that can reach all workers, and Black women workers in particular.¹³

The lack of pay when taking leave is especially concerning given that Black women in the labor force already face stubborn wage gaps due to a confluence of factors, including occupational segregation, inadequate care supports, and persistent discrimination. Black women who worked full-time, year-round in 2023 were paid only 66 cents for every dollar made by non-Hispanic white men – lost wages due to unpaid

leave only exacerbate the financial precarities many Black women and their families experience.¹⁴ This gap is even larger for Black, disabled women full-time, year-round workers, who are paid just 56 cents for every dollar made by non-Hispanic, white nondisabled men.¹⁵

A lack of paid leave is just one of the economic factors complicating Black women's role as family caregivers. Like millions of women and families of all races, Black women are also impacted by the failure to invest in quality, affordable care services, whether it's childcare options or home-based care for family members who need medical treatment or have chronic conditions. Twenty-three percent of Americans are adults who have a parent age 65 or older and are either raising a child younger than 18 or providing financial support to an adult – a demographic known as the “sandwich generation”.¹⁶ Caregiving responsibilities have been found to fall overwhelmingly on women; families of color, particularly non-Hispanic, Black families, tend to rely on informal, unpaid caregiving more than some other demographics.¹⁷ Women overall spend an average of nearly 296 hours annually on unpaid, informal caregiving – those hours include tasks such as preparing their children for bed, watching a family member after school, or taking an older neighbor to a medical appointment.¹⁸ If their hours were compensated, Black women's unpaid care work would be worth \$80 billion.¹⁹ Black caregivers of older adults are more likely to be involved in higher intensity care, often care alone without other help, and report higher financial strain from out-of-pocket costs.²⁰ Many Black caregivers report giving up a job in order to care for a family member or close friend, citing a lack of affordable and/or quality care as a key factor in their decision.²¹

Black families also face the highest childcare cost burden in the nation: Black median-income households spend an average of 25 percent of their annual pay on childcare for one child.²² For very low-income Black households, the burden is even more severe – 49 percent of their annual income might be spent on childcare for one child.²³ Despite the necessity of affordable care services, many families are priced out, finding their budgets increasingly impossible to maintain without significant compromises; costs of three main care industries – nursing and residential care facilities, child care, and home health care – have risen at a higher rate than inflation overall over the past decade.²⁴

Black women are employed in care jobs – and they need fair pay, good benefits, and workplace protections

Black women participate in formal caregiving as workers, making up a disproportionate percentage of the care workforce. The high concentration of Black

women in care jobs is an example of occupational segregation, when people of different races and genders are unevenly represented in different kinds of jobs which have very different wages, benefits and working conditions.²⁵

It is no coincidence that care jobs are characterized by low wages, too few benefits, and poor working conditions, and are largely made up of women, disproportionately women of color, particularly Black women.²⁶ Rather, the demographic composition of the workforce and how that workforce is paid are a direct reflection of the racism, sexism, and ableism that shape the opportunities available, the expectations about workers' skills, our economy, our laws and policies, and workplace culture.

Assumptions about what constitutes valuable work have been shaped by historic perceptions of race and gender. Workers in the care sector, such as early childhood educators and home health aides, have often been subject to an assumption that their jobs solely require the perceived inherent empathy and caring qualities often associated with women without monetary value rather than the skilled labor and expertise they contribute. Even more dangerously, women of color and Black women in particular, have always been subject to a pernicious view about who should be relegated to working in service of others; pervasive stereotypes were used to justify forced labor and slavery, including the false notion that Black women were naturally submissive and subservient to white families, who were then deemed "superior" due to racism.²⁷ Those stereotypes persist to this day and directly devalue their work, contributing to low wages and poor job conditions across the industry.

Black women are especially likely to work in care professions; they make up approximately a third of nursing assistants and home health aides and 22 percent of personal care aides, compared to 6 percent of the workforce overall.²⁸ Domestic workers – professionals who work in private homes caring for children, supporting the elderly and those with disabilities, and helping households stay clean – are overwhelmingly women at 91.5 percent of the workforce; 21.7 percent of domestic workers are Black.²⁹ And in 2021, 94 percent of child care workers were women and 12 percent were Black women.³⁰

Direct care workers - a category that includes personal care aides, home health aides, and nursing assistants – are a primary example of workers for whom there is high and growing demand, yet pay and benefits do not match. More than 85 percent of direct care workers are women, and approximately 1 in 5 are Black.³¹ These workers are one of the lowest-paid occupations in the United States, with an average annual wage of \$32,440.³² Direct care workers also lack access to necessary benefits; more than half of direct care workers lack access to employer- or union-provided health care and 82 percent did not have a retirement or pension plan at work.³³ Black direct care workers were the most likely direct care workers to live at or below the federal poverty threshold.³⁴

The National Employment Law Project finds that Black women are highly overrepresented in more than a quarter of the occupations in which they work – and many of those occupations are care jobs, such as childcare workers, maids and housekeeping cleaners, personal care aides, and social workers.³⁵ Even within occupations in which they are overrepresented, Black women worker’s median wages are lower at \$18.15 an hour compared to the median wage of \$19.37 for all workers in those occupations.³⁶

A lack of investment in comprehensive care policies has economic consequences for Black women both as family caregivers and as formal employees in care occupations, amplifying economic disparities and putting the health and well-being of both employees who provide care and families who rely on their services (and the many Black women to which both roles apply) at risk. The care workforce is a vital part of the American workforce and policymakers must prioritize reforms that ensure these jobs have fair pay, good benefits, and working conditions that reflect their value.

Black women utilize care policies for themselves – and they need policies that prioritize their health and well-being in all stages of life

When Black women need care for themselves, federal policy often fails them – and a comprehensive care agenda that addresses the needs of family caregivers and the formal care workforce must protect their health and well-being. Converging biases and inequities across our economy, workplaces, and health care systems, all contribute to significant health disparities and worse outcomes for Black women. For example, Black women are often expected to advocate for their health needs in an environment where their health and well-being is not prioritized – research shows that Black women are more likely to have their pain dismissed and/or inadequately treated by health care providers and more than a third of Black women report having their women’s health concerns not taken seriously in interactions with doctors and other health care providers.³⁷

Of the Organisation for Economic Co-operation and Development (OECD) countries, the United States is both the nation with the highest maternal mortality rate and the only nation without a paid family and medical leave program.³⁸ New parents have no federal guarantee of time off from work with pay despite the many difficult physical and emotional changes associated with giving birth and raising a newborn, forcing many to choose between their health and their financial stability.³⁹ This is one of many causes of America’s tragic maternal mortality rate, especially for Black women, who are three times more likely to die from complications of pregnancy than their white counterparts.⁴⁰ Paid maternity leave has been proven to improve maternal and infant

health, but Black women are less likely to have access to paid leave, in part because they are more likely to work in low-wage and/or part-time jobs with poor access to benefits.⁴¹ Almost sixty percent of Black mothers do not receive treatment or support services for prenatal and postpartum mental health complications for a variety of reasons, including a lack of insurance coverage, logistical barriers to services, and a lack of culturally appropriate care.⁴² Maternity care deserts – counties that have no obstetric hospitals or birth centers and no obstetric providers – present another challenge for Black women and their children: 1 in 6 Black babies were born in areas with limited or no access to maternity care services.⁴³

Thirty-eight percent of leaves needed by Black women are not taken.⁴⁴ Of the leaves that are taken by Black women, 40 percent of leaves taken for their own health are unpaid, resulting in an estimated \$2.8 billion in lost wages.⁴⁵ Access to paid family and medical leave could make it possible for Black women to seek treatment and prioritize their health without compromising their economic security.

Additionally, the economic disparities Black women face throughout their lifetimes – including wage gaps that cost them billions in lost wages, occupational segregation into low-paying jobs with few benefits, and years of unpaid and informal caregiving that impact their earnings without adequate supports – have consequences for their ability to afford the care they need for themselves. For example, disparities in wealth and retirement savings for older Black women can limit their options for home-based and long-term care in times of need.⁴⁶

Recommendations

The inadequacies of our care infrastructure have especially harsh consequences for Black women at many stages of life – when deciding to start a family, when participating in the workforce, when maintaining their own health and well-being, and when living into their later years. But there are solutions that can make a difference, including:

- **Family friendly workplace standards.** The Healthy Families Act would allow workers to earn job-protected paid or unpaid sick days. The FAMILY Act would create a national paid family and medical leave program, ensuring that all workers, regardless of gender, could address serious health and caregiving needs. Both proposals would help keep women attached to the workforce and support more gender-equal involvement in caregiving, resulting in higher wages over time. Pregnancy discrimination protections, as provided in the newly-enacted Pregnant Workers Fairness Act, and access to quality, affordable

child care and home and community-based services, and predictable schedules are also essential for retention and advancement of women in the workforce.

- **Full funding for federal agencies that investigate and enforce fair pay.** Enforcement of the Equal Pay Act and Title VII of the Civil Rights Act, including tools like the EEOC Component 2 pay data collection, are critically important to uncovering and eliminating discriminatory workplace practices that harm women.
- **Stronger data collection and protections against discrimination.** Collecting and analyzing data broken down by race, gender, ethnicity, disability, and other factors will allow policymakers to gain a deeper understanding of where issues happen and ensure enforcement of anti-discrimination provisions. It is especially vital that policymakers are intentional about examining the unique experiences of women of color and understanding forms of intersectional discrimination.
- **Stronger protections for workers' right to organize.** Unions have been proven to provide women with higher wages and better benefits and to close gender and racial wage gaps.⁴⁷ The Protecting the Right to Organize (PRO) Act would strengthen workers' ability to unionize and bargain collectively, impose stronger remedies when employers interfere with those rights, and address employers' misclassification of workers as contractors which denies them the opportunity to organize.
- **Comprehensive reproductive health care.** Access to comprehensive reproductive health care, including abortion care and contraceptives, allows women to plan out and control their lives, enabling them to pursue education and career opportunities, and can increase workforce attachment and wages over time.⁴⁸ Defending policies like the Affordable Care Act's guarantee of a full range of contraceptives without co-pay, increasing funding for our nation's Title X family planning program and reversing state abortion bans that force people to travel long distance at great cost to access essential health care are critical to ensuring women get the reproductive health care they need. Passage of the Women's Health Protection Act (WHPA) would protect the right of health care providers to provide abortion care, and a right for their patients to receive that care, free from medically unnecessary

restrictions that single out abortion and impede access, and the Equal Access to Abortion Coverage in Health Insurance (EACH) Act would help reduce barriers to abortion care, improving women’s health and economic security.

- **Maternity care that delivers excellent and equitable care, outcomes and experiences.** The Black Maternal Health Momnibus Act is a comprehensive package of 13 bills that together invest in growing and diversifying the perinatal workforce, providing funding for community-based organizations, reducing barriers to care, meeting families’ social needs, providing culturally congruent support, and elevating perinatal mental health support. The recently introduced Keeping Obstetrics Local Act (KOLA) would help keep maternity units open in rural and under-resourced areas, in order to stem the tide of closures of labor and childbirth hospital units. The Midwives for Maximizing Optimal Maternity Services (MOMS) Act would strengthen the pipeline of new midwives by establishing or expanding midwifery education programs, with special consideration to increasing midwives from underrepresented groups and midwives who practice in underserved areas. The Better Availability of Birth Centers Improves Outcomes and Expands Savings (BABIES) Act would increase access by establishing funding to cover start-up costs for demonstration model birth centers in 6 states to provide access to midwifery-led birth center care in underserved areas.

Conclusion

Today’s economy forces millions of Black women to make difficult decisions to balance their livelihoods and the lives and care of those they love, but a better path forward is possible. Black women are essential to the economy and to their families and investing in the policies that support them is a key part of building a functional economy.

Policymakers must prioritize policies responsive to Black women’s needs and create a care system that values Black women in all the ways they show up – as workers, as family members, and as women deserving of an opportunity to thrive.

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The National Partnership for Women & Families is a nonprofit, nonpartisan advocacy group dedicated to promoting fairness in the workplace, reproductive health and rights, access to quality, affordable health care and policies that help all people meet the dual demands of work and family. More information is available at NationalPartnership.org.

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