

AUGUST 2022

*Black Workers in New Jersey during the
Pandemic: Occupational Crowding and
Disparate Impacts on Health and Work*

CENTER FOR WOMEN AND WORK



RUTGERS
School of Management
and Labor Relations

Center for Women and Work

Rutgers, The State University of New Jersey
School of Management and Labor Relations
94 Rockefeller Road
Piscataway, NJ 08854

smlr.rutgers.edu/cww

Black workers in New Jersey during the pandemic: Occupational crowding and disparate impacts on health and work

Sarah F. Small, Yana van der Meulen Rodgers, and Debra Lancaster from the Center for Women and Work at Rutgers University

ABSTRACT: The pandemic made strikingly clear how Black workers in New Jersey are the backbone of the state's economy. Many are working in 'essential' jobs and therefore face high COVID exposure risk but did not receive adequate health support. This has important health consequences not only for Black workers and families in the state, but also for long-term economic prosperity and justice. This paper focuses on the labor market experiences of Black workers in New Jersey during the COVID-19 pandemic and investigates corresponding inequities in health outcomes and healthcare support. Ultimately, it highlights the exploitation of Black workers in New Jersey: many of whom have consistently supported the state's economic development, and faced health risks in doing so.

HIGHLIGHTS:

- In addition to facing disproportionately high rates of COVID infections, Black residents in New Jersey were also more likely to face food and housing insecurity throughout the pandemic.
- Many Black women and men indicated they had felt anxious over the pandemic, and rates of reported anxiety were higher among Black women and men who live in a household in which at least one member recently lost employment income. Black women in particular were among the least likely in New Jersey to receive mental healthcare when they needed it.
- Black workers had consistently higher than average unemployment rates during the pandemic, which peaked in July 2020 at 19.9% (average state-level unemployment was approximately 13.7% that same month). Black women in particular experienced high unemployment rates during the COVID pandemic. In 2020, their unemployment rate was 14.7% while Black men's was 12.5%. New Jersey women's unemployment rate overall was 11.0%. By the end of 2021, Black women continued to have among the highest rates of unemployment in the state.
- Black parents in New Jersey were more likely to have experienced childcare disruptions during the pandemic compared to White and Asian parents. Job loss was concerningly common among Black parents: 6.3% of Black parents indicated they lost their jobs due to a childcare disruption compared to just 1.5% of Asian parents and 4.0% of White parents.
- Overall, Black workers in New Jersey had higher exposure to COVID-19 because of their work. In 2020, Black workers in New Jersey were more likely than White to be taking public transit to work, including busses and trains/rails. Black workers were among the least likely to be working from home, both in 2019 and 2020.
- Black workers occupy a large share of New Jersey's frontline industries: in 2020, 20% of the workers in frontline essential industries were Black as opposed to just 10.7% in non-essential industries. In addition to facing increased COVID exposure risks, many Black workers in frontline industries earned less than those working in non-essential industries, meaning they had fewer resources to fall back on if their work was disrupted by COVID.

- Black workers were already overrepresented on occupations commonly found in frontline industries (e.g. healthcare support services, healthcare practitioner and technical occupations, community and social services). Between 2019 and 2020, Black workers in New Jersey were increasingly crowded into healthcare support service roles. This is especially true of Black men, who were also increasingly crowded into healthcare practitioner and technical occupations.
- White workers, on the other hand, were already underrepresented in many frontline occupations like healthcare support and maintenance, and were overrepresented in non-essential, non-frontline occupations like legal occupations and arts and entertainment. White workers in New Jersey were able to withdraw from frontline industries at the onset of the pandemic. This was especially true among White workers in healthcare support occupations.
- We recommend both improving safety measures to reduce exposure for Black workers crowded in frontline occupations as well as encouraging employers in non-essential industries to prioritize hiring Black workers.
- The advanced Child Tax Credit payments and Economic Impact Payments alleviated some of the economic hardships faced by many Black New Jerseyans. Many spent the payments on essentials like food, clothing, and housing.

I. INTRODUCTION

It has been well documented that COVID-19 decimated Black communities at higher rates than White across the United States (Sehra, Fundin, Lavery, & Baker, 2020) and much of this has to do with structural racism. For instance, because of redlining, White Americans are more likely than Black to live in wealthier neighborhoods with healthy food options, green spaces, recreational facilities which help keep families healthy (Nardone, et al, 2020). Disproportionate COVID infection rates also have to do with discrimination in employment: Black workers have been crowded into lower-paying occupations, have been more likely to face unemployment during the pandemic, and are overrepresented in frontline industries, each of which operate in ways which expose Black workers to COVID at higher rates and limit their access to quality healthcare.

This study aims to understand how racism in employment markets affected health inequities among Black New Jerseyans during COVID-19. Ultimately, it highlights the exploitation of Black workers in New Jersey: many of whom have consistently supported the state's economic development, and faced health risks in doing so, but have received little by way of necessary healthcare support.

We begin by documenting several health disparities stratified by race in New Jersey.¹ We then turn to data illustrating the experiences of Black workers in New Jersey during the pandemic, which suggest many faced both adverse economic and work conditions which exposed them to COVID at higher than average rates. This is followed by an introduction of the occupational crowding hypothesis and our extension of the model from race-based wage discrimination to race-based health discrimination.

II. HEALTH OF BLACK RESIDENTS IN NEW JERSEY DURING COVID-19

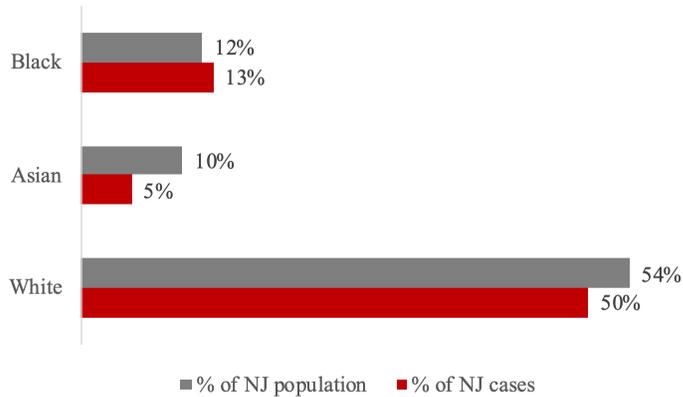
In New Jersey, like in many areas of the country, Black residents had disproportionately high rates of COVID infections. Data from the Centers for Disease Control and Prevention (CDC) indicate that as of January 2022, infections among Black residents represented 13% of the state's cases, but just 12% of the population is Black.

¹ Note that we focus on race, and Black workers in particular, which can be of any ethnicity including Hispanic. Because of our focus on race, we do not examine Hispanic workers separately in this report.

Figure 1. COVID infections in New Jersey by race, as for January 3, 2022

Note: As of April 19, 2021, data on COVID-19 cases is from CDC COVID-19 Case Surveillance Restricted Data. Data prior to April 19 was from The COVID Tracking Project, COVID Racial Data Tracker.

Source: Kaiser Family Foundation analysis of Centers for Disease Control and Prevention, COVID-19 Response. COVID-19 Case Surveillance Restricted Data Access, Summary, and Limitations.

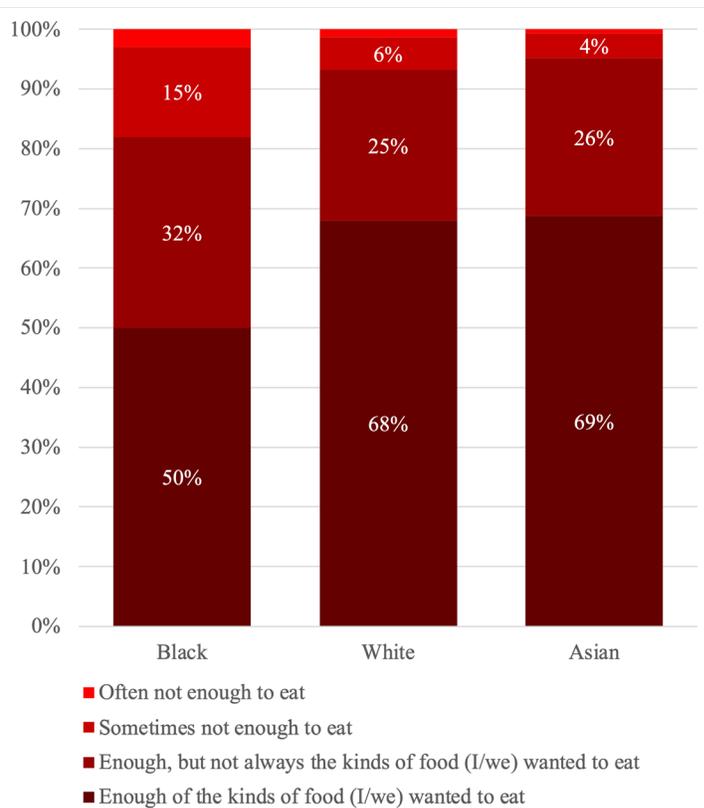


In addition to facing high rates of COVID exposure, Black residents in New Jersey were also more likely to face food and housing insecurity throughout the pandemic, both of which have stark adverse health outcomes. According to Household Pulse Surveys from the U.S. Census, from April 2020 to December 2021, 50% of Black respondents in New Jersey indicated they were food insecure while around just 30% White and Asian respondents indicated so.

Figure 2. In the last 7 days, which of these statements best describes the food eaten in your household?, April 2020 to December 2021

Note: Sample limited to New Jersey respondents over survey weeks 1 to 40.

Source: Rutgers University's Center for Women & Work analysis of survey-weighted Household Pulse Surveys



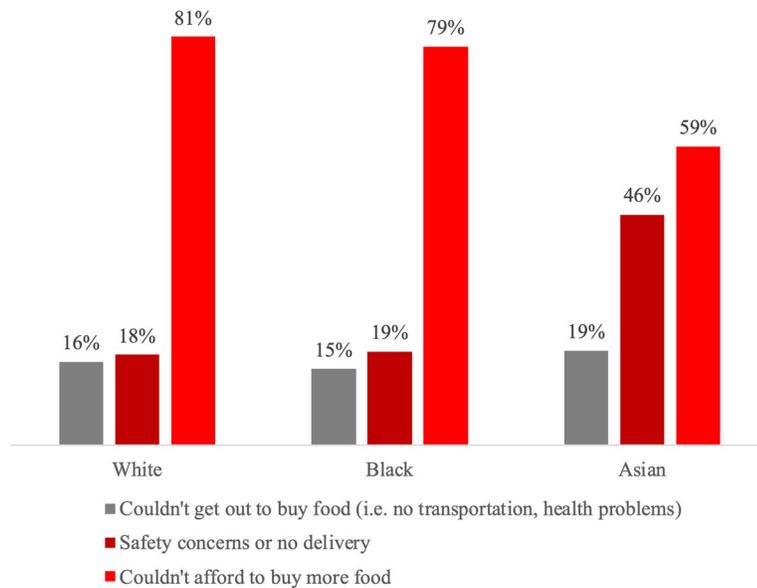
Food insecurity among Black New Jerseyans is concerning: scholars have found that food-insecure children are at least twice as likely to report being in fair or poor health and more likely to have asthma compared to food-secure children (Gundersen & Ziliak, 2015). Food-insecure seniors have limitations in activities of daily living comparable to those of food-secure seniors

fourteen years older (Gundersen & Ziliak, 2015). The vast majority of food insecurity faced by Black New Jerseyans is due to their inability to afford food, as shown in Figure 3.

Figure 3. Why did you not have enough to eat?

Note: Among those who indicated anything other than “enough of the kinds of food (I/we) want to eat)”, they were asked to indicate why they did not have enough to eat. Sample limited to New Jersey respondents over survey weeks 1 to 40.

Source: Rutgers University’s Center for Women & Work analysis of survey-weighted Household Pulse Surveys

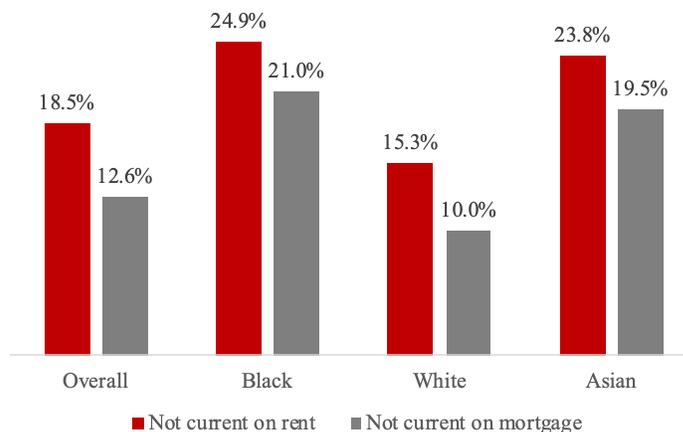


Relatedly, many Black respondents indicated they were not current on their rent or mortgage. In fact, from August 2020 to December 2021, a quarter of Black renters indicated they were behind on rent and 21% of Black homeowners were behind on their mortgage payments. This was substantially higher than the overall rate of New Jerseyans behind on their rent and mortgage payments respectively.

Figure 4. Households not current on rent and mortgage payments, August 2020 to December 2021

Note: Sample limited to New Jersey respondents over survey weeks 13 to 40.

Source: Rutgers University’s Center for Women & Work analysis of survey-weighted Household Pulse Surveys



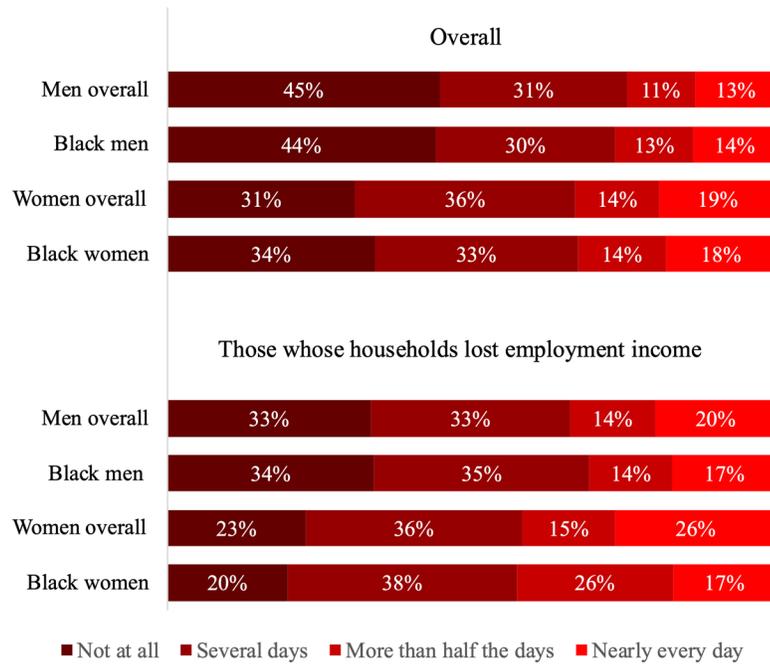
While eviction moratoriums, rental assistance, and mortgage forbearance programs kept many New Jerseyans in their homes, housing precarity and instability has several dire health consequences. Among children, housing insecurity is associated with poor health and developmental risks (Cutts et al., 2011). Scholars have also found that housing insecurity can

contribute to poor mental health (Schure, Katon, Wong, and Liu 2016). This was especially true during the onset of the COVID pandemic (Linton, et al. 2021).

Indeed, many Black women and men indicated they had felt anxious over the pandemic, and rates of reported anxiety were higher among Black women and men who live in a household in which at least one member recently lost employment income. Overall, Black women were more likely to report feeling anxious compared to Black men.

Figure 5. Feeling anxious over the last two weeks, April to December 2021

Note: Sample limited to New Jersey respondents over survey weeks 28 to 40.
 Source: Rutgers University's Center for Women & Work analysis of survey-weighted Household Pulse Surveys

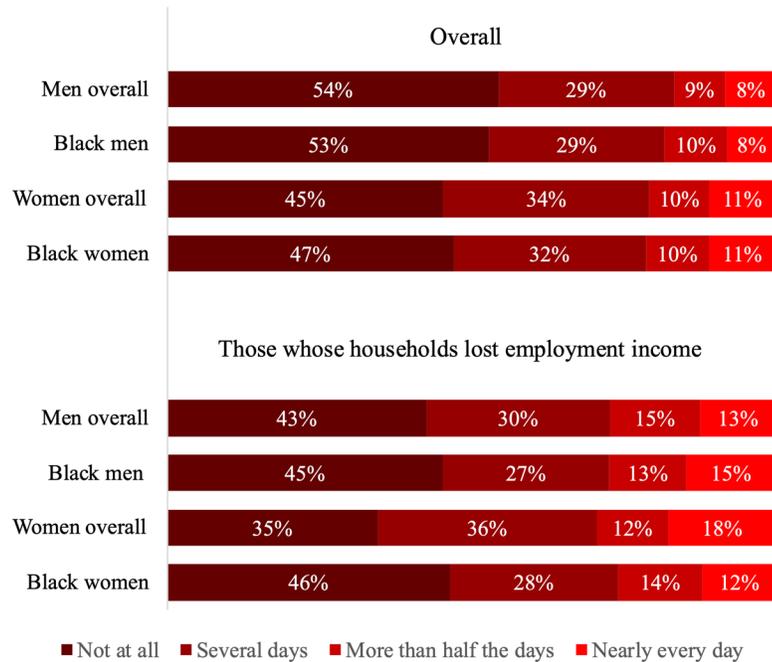


Similarly Black women had higher reported rates of depression than men, although Black men who had themselves or a household member lost employment income reported especially high rates of depression.

Figure 6. Feeling depressed over the last two weeks, April to December 2021

Note: Sample limited to New Jersey respondents over survey weeks 28 to 40.

Source: Rutgers University's Center for Women & Work analysis of survey-weighted Household Pulse Surveys

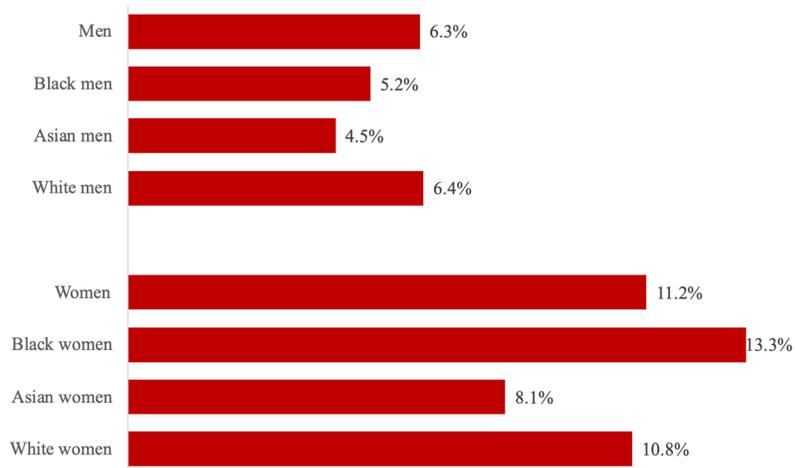


Further, Black women in particular were among the least likely in New Jersey to receive mental healthcare when they needed it.

Figure 7. At any time in the last 4 weeks, did you need counseling or therapy from a mental health professional, but did not get it for any reason?, September 2020 to December 2021

Note: Sample limited to New Jersey respondents over survey weeks 13 to 40.

Source: Rutgers University's Center for Women & Work analysis of survey-weighted Household Pulse Surveys



Each of these measures of poor mental, physical, and economic health have dire consequences for Black New Jerseyans across the state. Many are tied to poor economic access and adverse working conditions, which we discuss in the following section.

III. BLACK WORKERS IN NEW JERSEY DURING COVID

Many workers in New Jersey faced adverse employment conditions during the pandemic. However, Black workers often faced starker economic challenges, often due to their crowding in precarious work and frontline industries or due to inadequate access to childcare. In this section, we provide a general overview of Black worker’s economic conditions in New Jersey during the COVID-19 pandemic.

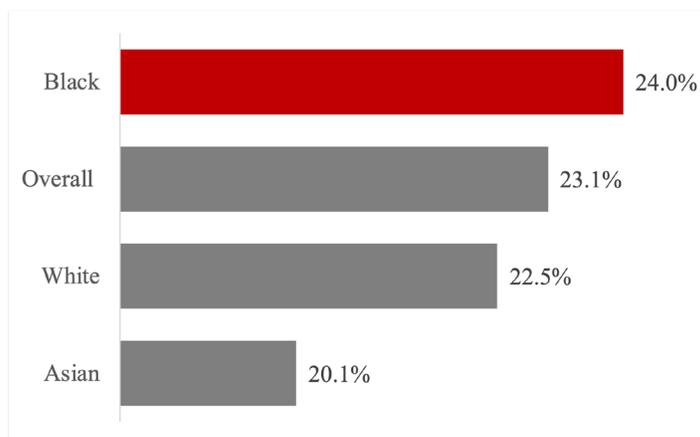
Due to pandemic-related school and care center closures, many parents confronted childcare disruptions which affected their ability to fully participate in paid market work. Most households with children experienced some type of childcare disruption during the pandemic, especially in 2020 when it was more common for schools and daycares to have shut down their in-person teaching and care. Yet the disruptions continued into 2021, and given the availability of national survey data, 2021 is the year we focus on in this fact sheet. Household Pulse Surveys from the U.S. Census focused on childcare disruptions from April to December 2021 (survey weeks 28-40), and they asked respondents to indicate whether or not they experienced childcare disruptions.² The survey question was written as follows:

“At any time in the last 4 weeks, were any children in the household unable to attend daycare or another childcare arrangement as a result of childcare being closed, unavailable, unaffordable, or because you are concerned about your child’s safety in care? Please include before school care, after school care, and all other forms of childcare that were unavailable.”

Overall, 23.1% of New Jersey households with children indicated that their childcare arrangements were disrupted over this timeframe. Black parents in New Jersey were more likely to have experienced childcare disruptions compared to White and Asian parents.

Figure 8. Households experiencing childcare disruptions, April to December 2021, by race

Note: Aggregated over New Jersey respondents from survey weeks 28-40. Sample limited to New Jersey respondents with children under age 12.
Source: Rutgers University’s Center for Women & Work analysis of survey-weighted Household Pulse Surveys



Over April to December 2021, the Household Pulse Surveys asked respondents that experienced disruptions the following question: “Which if any of the following occurred in the last 4 weeks

² Because these data were collected in April through December of 2021, they are likely an underestimate of the true costs of the COVID childcare crisis, which has been affecting New Jersey families since March 2020.

as a result of childcare being closed or unavailable?” Respondents could select one or more of the following:

- Unpaid leave
- Used paid leave
- Cut hours
- Left job
- Lost job
- Did not look for job
- Supervised children while working
- Other
- None of the above

Overall, New Jersey parents most commonly indicated that they supervised children while working (24.4%), cut their hours (20.2%), or used paid leave (17.8%). Very few indicated they lost their job (4.0%) or left their job (8.8%).

Many Black (22.8%) respondents who experienced a care disruption indicated they cut their work hours, while White and Asian respondents were more likely to have indicated that they supervised their children while working. Job loss was concerningly common among Black parents: 6.3% of Black respondents indicated they lost their jobs due to a care disruption while only 1.5% of Asian respondents and 4.0% of White respondents lost their jobs due to a care disruption.

Figure 9.
Consequences of care disruptions, April to December 2021

Note: Aggregated over respondents from survey weeks 28-40, sample limited to households experiencing care disruptions. Percentages do not sum to 100% because respondents could select more than one option.

Source: Rutgers University’s Center for Women & Work analysis of survey-weighted Household Pulse Surveys

| | Overall | Black | White | Asian |
|-----------------------------------|---------|-------|-------|-------|
| Supervised children while working | 24.4% | 20.3% | 24.6% | 32.4% |
| Cut hours | 20.2% | 22.8% | 19.6% | 25.0% |
| Used paid leave | 17.8% | 16.5% | 18.1% | 17.6% |
| Unpaid leave | 11.5% | 16.5% | 10.1% | 16.2% |
| Did not look for job | 10.4% | 8.9% | 10.9% | 8.8% |
| Left job | 8.8% | 10.1% | 8.9% | 4.4% |
| Other | 4.7% | 7.6% | 4.4% | 1.5% |
| Lost job | 4.0% | 6.3% | 4.0% | 1.5% |
| None of the above | 7.7% | 6.3% | 7.3% | 13.2% |

Ultimately, these results highlight the need for improved care infrastructure throughout the state and indicate that the COVID-19 childcare crisis has contributed to income precarity among Black families.

Further, Black workers in New Jersey have historically faced higher than average unemployment rates, and this was especially true in the COVID-19 pandemic. As shown in Figure 10, Black workers had consistently higher than average unemployment rates during the pandemic, which peaked in July 2020 at 19.9% (average state-level unemployment was approximately 13.7% that same month).

Figure 10.
Unemployment rates
in New Jersey, 2020
and 2021

Note: Sample limited to New Jersey workers

Source: Rutgers University's Center for Women & Work analysis of survey-weighted CPS microdata



In the Great Recession and the recession of the early 1980s, men often faced higher unemployment rates than women. But in the COVID-19 economic crisis, rising unemployment among women, given their overrepresentation in service industries, became pervasive across the country (Boushey and Sanchez Cumming 2020). Black women in particular experienced high unemployment rates during the COVID pandemic. In 2020, their unemployment rate was 14.7% while Black men's was 12.5%. New Jersey women's overall was 11.0%. In 2021, Black women continued to have among the highest rates of unemployment in the state.

Figure 11. Unemployment rates in New Jersey by race and gender, 2014 to 2021



Note: Sample limited to New Jersey workers.

Source: Rutgers University's Center for Women & Work analysis of survey-weighted CPS microdata

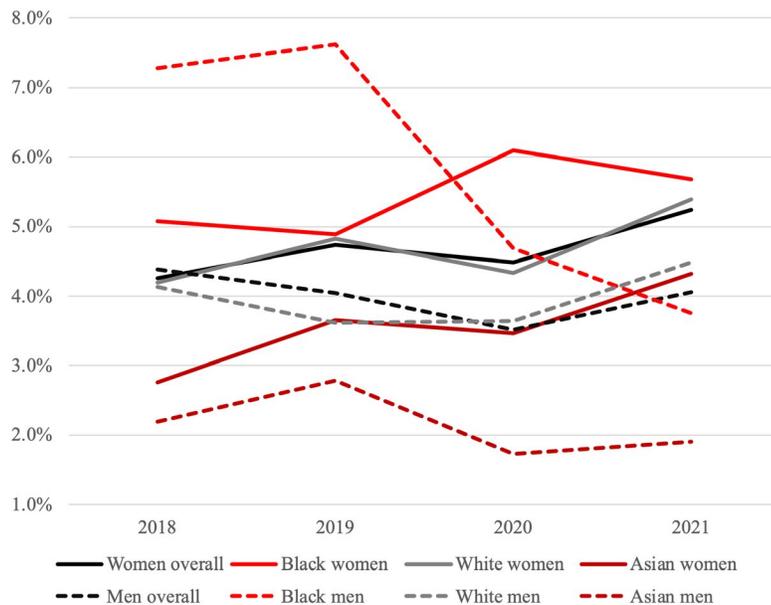
Nationally, industries such as leisure and hospitality, retail trade, construction, manufacturing, and “other services” (including personal care services) were labeled as nonessential and firms operating in these industries were ordered to temporarily cease or slow down production. Some of the biggest employment losses for Black women during 2020 occurred among low-wage occupations where they were clustered (Holder et al., 2021). The clustering of Black women workers in low-wage jobs subject to higher likelihoods of unemployment produces adverse health consequences for Black women: research has shown that persistent unemployment is associated with poor health outcomes, including worsened mental health, obesity, and poor nutrition (Herber et al., 2019).

Perhaps in response to job instability and care demands, many Black women took on multiple jobs during the pandemic. In 2019, 4.9% of working age Black women had more than one job, but in 2020 this rose to 6.1%. Among all other racial and gender groups listed in Figure 12, the rate of individuals holding multiple jobs decreased between 2019 and 2020, making Black women’s experiences an outlier.

Figure 12. Share of people working more than one job last week, 2018 to 2021

Note: Sample limited to New Jersey individuals ages 16 and older.

Source: Rutgers University’s Center for Women & Work analysis of survey-weighted Current Population Surveys



These data suggest that jobs which pay enough on their own to cover essential bills may be less accessible to Black women. Further, health risks come with working multiple jobs, including higher risk of workplace related injuries (Marucci-Wellman et al., 2014). As we discuss in the next section, Black workers in New Jersey were also more likely to be facing risks of contracting COVID in their jobs or in transit to work.

IV. COVID-19 EXPOSURE RISKS AT WORK

COVID decimated predominately Black communities at higher rates than White in the United States (Millet et al., 2020). Poor employment, housing, and transit conditions go a long way in explaining why Black communities were impacted so deeply by the pandemic. COVID-19 is an

airborne virus, meaning that exposure to other individuals, especially in crowded settings, increases the risk of contracting the virus. Previous research on New York City has found that public-transit commuting is strongly associated with COVID-19 diagnoses, and that a large number of those commuting are Black, Hispanic, and lower-income (Almagro et al., 2020). As shown in Figure 13, we find that in 2020, Black workers in New Jersey were more likely than White to be taking public transit, including busses and trains/rails. Black workers were among the least likely to be working from home, both in 2019 and 2020. In fact, 19.2% of New Jersey workers overall indicated they were working from home in 2020, but just 12.5% of Black workers indicated so.

Figure 13. New Jersey commuting trends by race, 2019 and 2020

| | Overall | | | Black | | | White | | | Asian | | |
|---|---------|-------|--------|-------|-------|--------|-------|-------|--------|-------|-------|--------|
| | 2019 | 2020 | Change | 2019 | 2020 | Change | 2019 | 2020 | Change | 2019 | 2020 | Change |
| Auto, truck, van, motorcycle | 78.9% | 69.4% | -9.4% | 75.4% | 71.3% | -4.1% | 82.1% | 71.0% | -11.1% | 67.0% | 54.7% | -12.3% |
| Bus | 5.7% | 3.4% | -2.3% | 10.2% | 7.2% | -3.0% | 4.1% | 1.6% | -2.5% | 9.0% | 5.5% | -3.5% |
| Light rail, subway or elevated rail, commuter train | 5.6% | 3.4% | -2.2% | 5.6% | 4.1% | -1.5% | 4.4% | 2.9% | -1.6% | 13.9% | 6.4% | -7.5% |
| Walked only | 2.7% | 2.3% | -0.4% | 3.3% | 2.0% | -1.4% | 2.3% | 1.8% | -0.5% | 2.7% | 1.8% | -0.8% |
| Taxicab | 0.4% | 0.3% | -0.1% | 0.9% | 0.6% | -0.3% | 0.2% | 0.1% | -0.1% | 0.5% | 0.2% | -0.3% |
| Bicycle | 0.2% | 0.3% | 0.1% | 0.2% | 0.3% | 0.1% | 0.3% | 0.3% | 0.1% | 0.1% | 0.1% | 0.0% |
| Ferryboat | 0.4% | 0.1% | -0.2% | 0.0% | 0.0% | 0.0% | 0.4% | 0.2% | -0.2% | 0.9% | 0.2% | -0.6% |
| Other | 1.4% | 1.5% | 0.1% | 1.6% | 2.0% | 0.4% | 1.0% | 1.0% | 0.0% | 0.9% | 1.2% | 0.3% |
| Worked at home | 4.8% | 19.2% | 14.4% | 2.7% | 12.5% | 9.8% | 5.3% | 21.2% | 15.9% | 5.1% | 29.9% | 24.8% |

Note: Sample limited to New Jersey workers.

Source: Rutgers University’s Center for Women & Work analysis of survey-weighted 1-year ACS microdata

In addition to facing COVID exposure in public transit, many Black workers faced COVID exposure in frontline essential work. Recent research has shown that frontline workers have higher odds of contracting COVID compared to those in non-essential work (Do and Frank, 2021). Nationwide, scholars have shown that Black workers are overrepresented in lower-status occupations in frontline industries, meaning they are over-employed in jobs associated with high COVID exposure risk and are less likely to have adequate COVID-19 protections (Goldman et al., 2020).

We define “frontline industries” as the New York City Comptroller did in their profile of frontline workers in New York City (Stringer, 2020). Therefore, “frontline industries” are the following six industry groupings.³

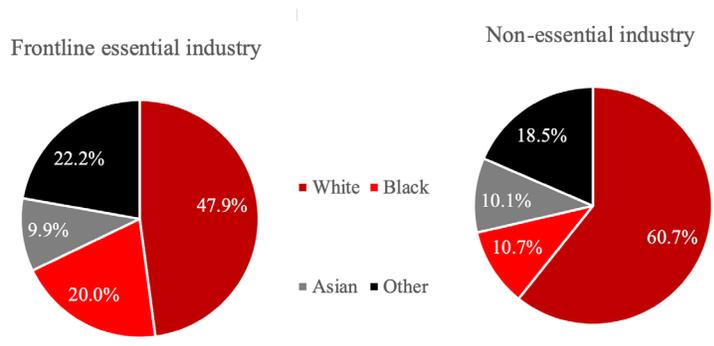
- Grocery, Convenience, and Drug Stores
- Public Transit
- Health care
- Trucking, Warehouse, and Postal Service

³ These include the following industries (and their corresponding 2020+ Census Bureau Industry codes): Grocery and related product merchant wholesalers (4470), Supermarkets and other grocery stores (4971), Convenience Stores (4972), Pharmacies and drug stores (5070), and General merchandise stores, including warehouse clubs and supercenters (5391). Rail transportation (6080) and Bus service and urban transit (6180). Truck transportation (6170), Warehousing and storage (6390), and Postal Service (6370). Cleaning Services to Buildings and Dwellings (7690). Offices of physicians (7970), Outpatient care centers (8090), Home health care services (8170), Other health care services (8180), General medical and surgical hospitals, and specialty hospitals (8191), Psychiatric and substance abuse hospitals (8192), Nursing care facilities (skilled nursing facilities) (8270), and Residential care facilities, except skilled nursing facilities (8290). Individual and family services (8370), Community food and housing, and emergency services (8380), and Child day care services (8470).

- Building Cleaning Services
- Child Care and Social Services

Based on 2020 American Community Surveys (ACS) data, Black workers occupy a large share of New Jersey’s frontline industries: in 2020, 20% of the workers in frontline essential industries were Black as opposed to just 10.7% in non-essential industries.

Figure 14. Race of Workers in Frontline Essential Industries, 2020

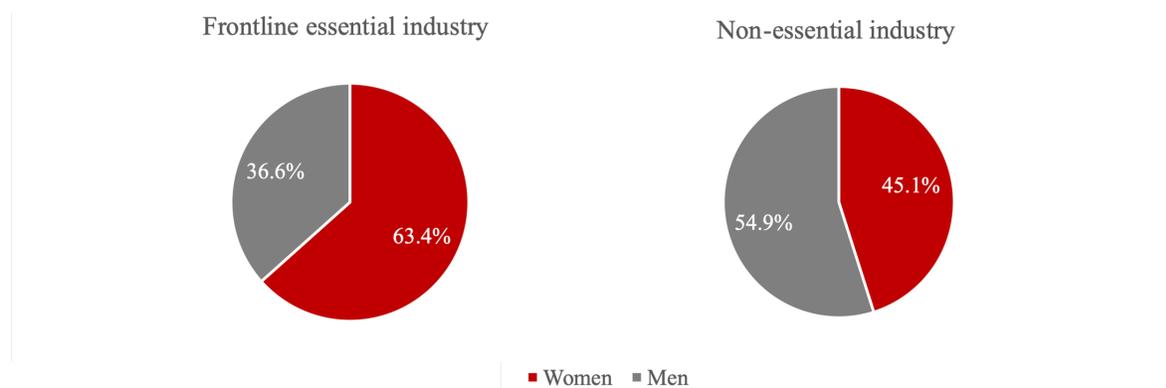


Note: Sample limited to New Jersey employed workers.

Source: Rutgers University’s Center for Women & Work analysis of survey-weighted 2020 1-year ACS microdata

Frontline workers in New Jersey are also more likely to be women. In fact, over 63% of the state’s frontline essential workers were women in 2020. This percentage for New Jersey is virtually the same as New York City, where the heroics and hard work of frontline workers made national headlines during the height of the pandemic (Stringer, 2020).

Figure 15. Gender of Workers in Frontline Essential Industries, 2020



Note: Sample limited to New Jersey employed workers.

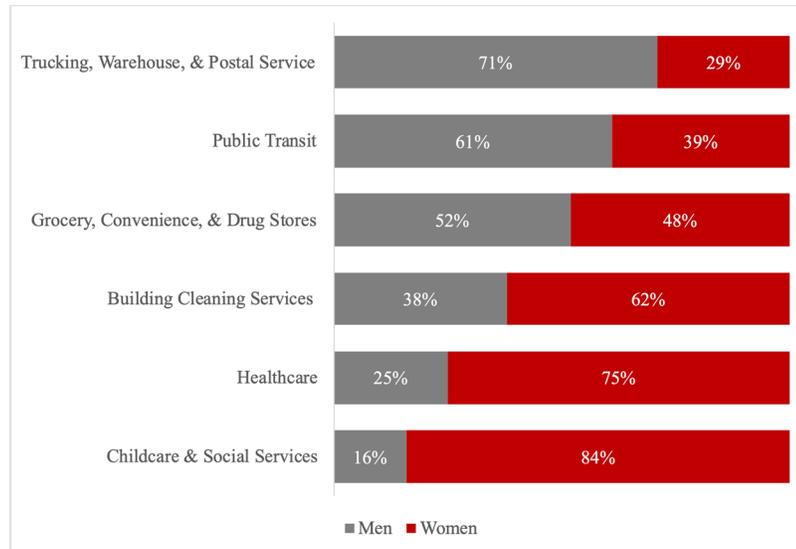
Source: Rutgers University’s Center for Women & Work analysis of survey-weighted 2020 1-year ACS microdata

Childcare, social services, and healthcare industries were especially dominated by women. Men dominated the public transit industry and transport industry in the state.

Figure 16. Gender in Frontline Essential Industries, 2020

Note: Sample limited to New Jersey employed workers

Source: Rutgers University's Center for Women & Work analysis of survey-weighted 2020 1-year ACS microdata

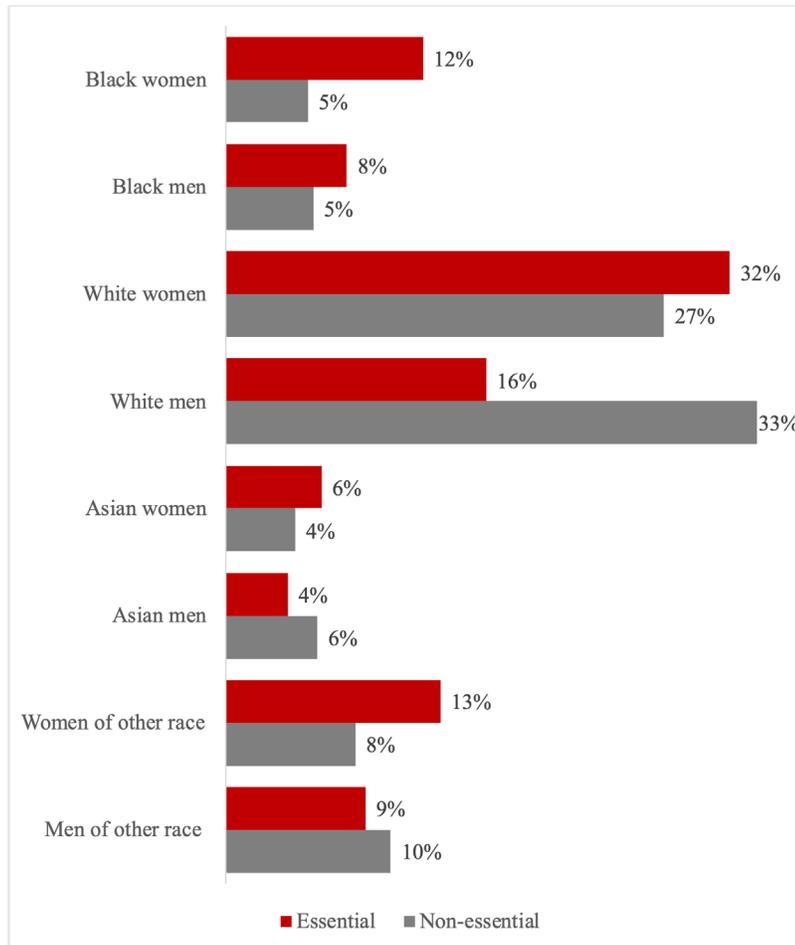


As illustrated in the figure below, Black women make up 12% of the workforce in essential industries, but just 5% of the workforce in non-essential industries. Black men make up 8% of the workforce in essential industries and 5% of the workforce in non-essential industries. White men only represent 16% of the frontline essential workforce in New Jersey, but make up 33% of the non-essential workforce. Proportional to their share of the general population, women overall and Black men are overrepresented in frontline industries. For instance, Black men make up about 6% of the population in New Jersey, but 8% of the workers in frontline essential industries. Black women make up about 7% of the population in New Jersey, but 12% of the workers in frontline essential industries. This means that Black workers are facing a heavier share of COVID exposure than their White counterparts because of occupational segregation.

Figure 17. Race and gender of workers in frontline industries and non-essential industries, 2020

Note: Sample limited to New Jersey employed workers

Source: Rutgers University's Center for Women & Work analysis of survey-weighted 2020 1-year ACS microdata



In addition to facing increased COVID exposure risks, many Black workers in frontline industries earned less than those working in non-essential industries, meaning they had fewer resources to fall back on if their work was disrupted due to COVID. Though made apparent by the pandemic, low wages in essential work is not a new phenomena. Recent work by Walke (2021) show that real wages in essential industries have declined relative to nonessential industries since 1983 and that essential industries have consistently had lower levels of wage inequality than their nonessential counterparts. Walke's regression analyses suggest that uneven de-unionization can explain part of the decline in relative wages.

Data in New Jersey indicate that overall earnings in frontline industries are lower than in non-essential industries. However, among Black workers, wages are often higher in frontline industries than in non-essential industries. For instance, Black women in non-essential industries earned a median annual wage of \$34,000 in New Jersey, but Black women in frontline industries earned a median wage of \$37,000. These data provide some suggestive evidence that Black workers have greater financial incentives to work in frontline industries compared to the average worker in New Jersey. This supports our argument that Black workers in New Jersey have been largely excluded from non-essential, safer work and have been pushed and incentivized to go into frontline, more dangerous work.

Figure 18. Median labor income in frontline industries, 2020

| | Total | Men | | | Women | | |
|---------------------------------------|----------|-----------|-----------|-------------|-----------|-------------|------------|
| | | Overall | Black Men | Gap | Overall | Black Women | Gap |
| Non-essential industries | \$50,000 | \$ 56,000 | \$ 36,000 | \$ (20,000) | \$ 40,000 | \$ 34,000 | \$ (6,000) |
| Frontline essential industries | \$36,000 | \$ 40,000 | \$ 39,000 | \$ (1,000) | \$ 32,600 | \$ 37,000 | \$ 4,400 |
| Grocery, Convenience, & Drug Stores | \$23,000 | \$ 28,100 | \$ 28,000 | \$ (100) | \$ 18,000 | \$ 20,800 | \$ 2,800 |
| Public Transit | \$41,000 | \$ 55,000 | \$ 60,000 | \$ 5,000 | \$ 22,000 | \$ 40,000 | \$ 18,000 |
| Trucking, Warehouse, & Postal Service | \$39,400 | \$ 44,000 | \$ 35,000 | \$ (9,000) | \$ 30,000 | \$ 36,400 | \$ 6,400 |
| Building Cleaning Services | \$20,000 | \$ 31,600 | \$ 48,000 | \$ 16,400 | \$ 18,000 | \$ 21,000 | \$ 3,000 |
| Health Care | \$47,500 | \$ 56,000 | \$ 35,000 | \$ (21,000) | \$ 45,000 | \$ 40,000 | \$ (5,000) |
| Child Care & Social Services | \$25,000 | \$ 35,000 | \$ 46,000 | \$ 11,000 | \$ 24,000 | \$ 33,000 | \$ 9,000 |

Note: Annual median incomes calculated New Jersey employed workers with nonzero income.

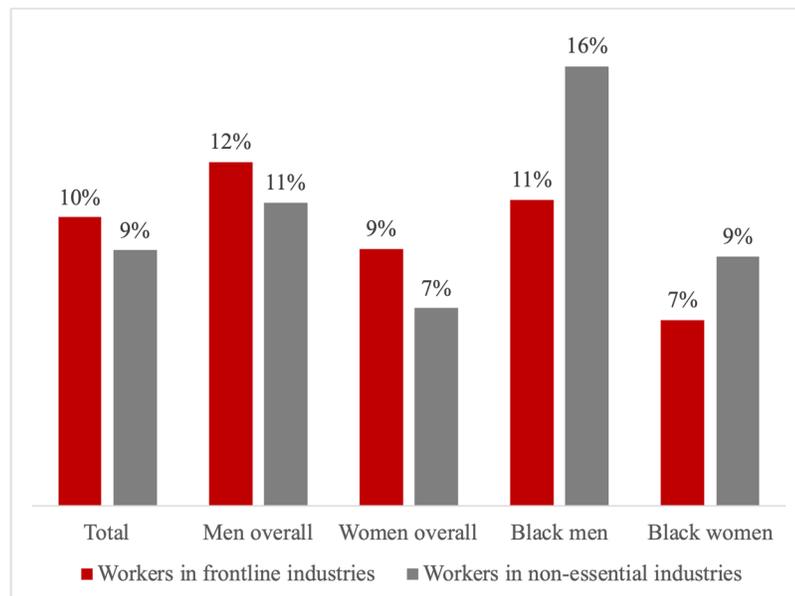
Source: Rutgers University’s Center for Women & Work analysis of survey-weighted 2020 1-year ACS microdata

In addition to working for low wages, frontline workers in New Jersey overall were less likely to have health insurance coverage compared to those working in non-essential industries: 12% of men and 9% of women in frontline industries did not have health insurance coverage during the pandemic. This lack of health insurance is especially concerning as frontline workers had higher COVID-19 exposure risks than those working in non-essential industries. Yet, again, Black workers were financially better off in frontline industries than in non-essential industries: they were more likely to have healthcare coverage in frontline work than in non-essential work.

Figure 19. Workers without health insurance, 2020

Note: Sample limited to New Jersey employed workers.

Source: Rutgers University’s Center for Women & Work analysis of survey-weighted 2020 1-year ACS microdata.



When the financial conditions are better for Black workers on the frontlines than for Black workers in non-essential industries, it is no wonder they are overrepresented in such industries. However, this also suggests that Black workers are often not welcome in safer, non-essential industries in New Jersey.

In the next section, we employ a theoretical framework and measure of occupational crowding to better understand where Black workers have been excluded.

V. OCCUPATIONAL CROWDING IN NEW JERSEY

The current version of the occupational crowding hypothesis is largely credited to Barbara Bergmann's 1971 work, which was met with mixed reception in economics because of its focus on group conflict and power as opposed to mainstream theories of discriminatory 'tastes and preferences' (Small, 2022). Still, it has been recently employed by feminist and stratification economists in several works which examine racial disparities in labor markets (for instance, Holder 2018 and 2017; Hamilton & Darity 2012; Willow 2011; Hamilton, Austin, and Darity 2011; Hamilton 2006; Gibson, Darity, & Myers 1998).

Bergmann's occupational crowding hypothesis suggests the following: First, that Black workers are intentionally excluded from certain occupations. This exclusion limits the labor supply and therefore props up the wages of White workers for whom those occupations are reserved. As Black workers are crowded into a smaller number of occupations, the labor supply and competition for such jobs is relatively high, thus suppressing their wages (Bergmann, 1971).

In line with Bergmann's crowding hypothesis, if Black labor is crowded into low wage occupations in order to prop up White wages in other occupations, analogously, we suggest that Black bodies may be crowded into occupations with high health risks in order to prop up the ability of White bodies to minimize their own health risk exposure. White consumers benefit from goods and services produced by Black frontline workers, but face a substantially smaller risk of adverse health outcomes in their own work.

We measure occupational crowding using the same index as Holder (2017), Hamilton et al. (2011), and Gibson et al. (1998) which are built from of Bergmann's (1971) measure. The occupational crowding index is an occupation-specific ratio where the numerator captures the share of Black workers employed in the occupation and the denominator captures the share of the working age population that consists of Black workers with the educational attainment necessary for that occupation. If the crowding index is equal to one, this means Black workers are perfectly represented in the occupation. If the index is greater than one, it means that Black workers are overrepresented, or crowded, in the occupation. If it is less than one, that means Black men are underrepresented in that occupation.

Using American Community Survey (ACS) data from 2019 and 2020, we calculate the occupational crowding index among Black workers in New Jersey for major occupational groups. More specifically, we examine occupations at the four-digit level of detail consisted with the "Standard Occupational Classification" system. The years 2019 and 2020 are chosen in an attempt to capture differences in crowding indices from both before and during the pandemic.

We estimate the crowding index following Holder's (2017) methodology and sample restrictions. Namely, we restrict the ages in our sample to 25-64 years of age (in order to avoid confounding factors in both retirements and school enrollments (Hamilton et al., 2011)). In our numerator of

the occupational crowding index, we include only employed individuals while in the denominator (the portion attributable to educational attainment) we include individuals who are employed, unemployed, or out of the labor force. This is an attempt to capture those who could have been working in the occupation given their educational attainment. In the denominator of the index, where an estimate for educational thresholds by occupation is necessary for the calculation, we use the ACS data to obtain the 25th and 90th percentiles of educational attainment for all sample respondents in each occupation category. We then use this window to determine the number of Black workers who possess education within the threshold for the occupation. Determining the share of Black workers who possesses education levels for each respective occupation allows us to estimate the share of Black workers that we would expect to be in each occupation.

We first calculate the occupational crowding index for Black workers overall, then separate our calculations by gender. Comparing Black men to New Jersey men overall, and Black women to New Jersey women overall, helps us account for gendered occupational crowding, though as intersectionality theory has taught us, we cannot separate the oppressive effects of racism and sexism (Cho, Crenshaw, and McCall 2013). For this report, we present results from both the overall New Jersey sample, and the sample disaggregated by gender.

The results of our occupational crowding index calculations within New Jersey are presented in the table below. In order to better understand whether Black workers have been crowded into frontline, high-exposure occupations, we include the share of workers per occupation which are employed in a frontline industry (as defined in the previous section). We find that Black workers in New Jersey have been crowded into occupations like healthcare support, healthcare practitioners/technical occupations, and community and social services which have among the highest rates of workers employed in a frontline industry. These occupations require high levels of contact and physical proximity at work, and they are less amenable to remote work. These job features of frontline work contribute to increased exposure to COVID-19 and other contagious diseases.

New Jersey's Black men in particular have been heavily crowded into community and social service occupations. Black workers in New Jersey are also overcrowded in transportation and material moving occupations, an occupation group in which nearly 37% of workers were in a frontline essential industry. Among the occupations with a lower share of workers in frontline industries, Black workers have generally been disproportionately excluded, as illustrated by an occupational crowding index less than 1. One key exception is in protective services, where Black workers in New Jersey have been overcrowded. However, from 2019 to 2020, the crowding index in protective services decreased.

In addition, Black workers were increasingly crowded into healthcare support service roles. This is especially true of Black men, who were also increasingly crowded into healthcare practitioner and technical occupations. This suggests that the pandemic's economic and social shifts pushed more Black workers into high-exposure and high-risk occupations. The crowding index in community and social service occupations decreased slightly, though Black workers remain heavily overrepresented in these fields.

Figure 20. Occupational Crowding Indices for Black Workers in New Jersey, 2019 and 2020

| | Share of NJ workers in frontline industries | Overall | | | Men | | | Women | | |
|--|---|---------|------|--------|------|------|--------|-------|------|--------|
| | | 2019 | 2020 | Change | 2019 | 2020 | Change | 2019 | 2020 | Change |
| Healthcare Support | 79.1% | 2.37 | 2.56 | 0.19 | 2.71 | 3.35 | 0.64 | 2.33 | 2.63 | 0.29 |
| Healthcare Practitioners and Technical | 77.7% | 1.36 | 1.38 | 0.02 | 1.22 | 1.50 | 0.28 | 1.38 | 1.33 | -0.05 |
| Community and Social Service | 42.7% | 3.19 | 3.11 | -0.08 | 4.18 | 4.05 | -0.13 | 2.77 | 2.62 | -0.15 |
| Building and Grounds Cleaning and Maintenance | 37.3% | 0.87 | 1.01 | 0.13 | 0.99 | 1.12 | 0.13 | 0.90 | 1.04 | 0.13 |
| Transportation and Material Moving | 36.7% | 1.73 | 1.68 | -0.05 | 1.81 | 1.68 | -0.13 | 1.41 | 1.43 | 0.01 |
| Office and Administrative Support | 23.0% | 1.06 | 0.95 | -0.12 | 1.49 | 1.13 | -0.36 | 1.01 | 0.98 | -0.03 |
| Farming, Fishing, and Forestry | 22.0% | 0.13 | 0.79 | 0.67 | | | | | | |
| Personal Care and Service | 18.6% | 0.82 | 1.04 | 0.22 | 1.03 | 1.43 | 0.40 | 0.75 | 0.95 | 0.20 |
| Sales | 17.0% | 0.82 | 0.69 | -0.12 | 0.87 | 0.70 | -0.16 | 0.81 | 0.76 | -0.05 |
| Food Preparation and Serving | 15.5% | 1.08 | 1.20 | 0.12 | 1.22 | 1.48 | 0.25 | 0.95 | 0.85 | -0.10 |
| Management | 10.2% | 0.71 | 0.85 | 0.13 | 0.66 | 0.54 | -0.12 | 0.98 | 1.07 | 0.08 |
| Installation, Maintenance, and Repair | 8.9% | 0.59 | 0.55 | -0.04 | 0.58 | 0.52 | -0.05 | 1.07 | 0.45 | -0.62 |
| Life, Physical, and Social Science | 8.2% | 0.81 | 0.97 | 0.16 | 1.01 | 1.33 | 0.32 | 0.67 | 0.73 | 0.06 |
| Education Instruction and Library | 7.9% | 1.13 | 1.19 | 0.06 | 1.28 | 1.45 | 0.17 | 1.05 | 1.06 | 0.00 |
| Production | 7.7% | 1.02 | 0.89 | -0.12 | 1.04 | 0.98 | -0.06 | 0.97 | 0.65 | -0.31 |
| Business and Financial Operations | 6.8% | 1.11 | 1.29 | 0.18 | 1.04 | 1.29 | 0.25 | 1.18 | 1.32 | 0.14 |
| Computer and Mathematical | 4.5% | 0.74 | 0.81 | 0.06 | 0.83 | 0.90 | 0.07 | 0.68 | 0.83 | 0.15 |
| Protective Service | 4.1% | 1.92 | 1.78 | -0.14 | 1.72 | 1.63 | -0.09 | 2.92 | 2.26 | -0.66 |
| Legal | 3.0% | 0.87 | 1.02 | 0.14 | | | | | | |
| Arts, Design, Entertainment, Sports, and Media | 2.2% | 0.95 | 0.70 | -0.25 | 1.01 | 0.62 | -0.39 | 1.01 | 0.67 | -0.34 |
| Architecture and Engineering | 1.8% | 0.82 | 0.84 | 0.02 | 0.80 | 0.95 | 0.15 | 0.81 | 0.32 | -0.50 |
| Construction and Extraction | 1.4% | 0.45 | 0.63 | 0.18 | 0.33 | 0.59 | 0.25 | 1.17 | 0.60 | -0.57 |

Note: Results by gender among workers in Law and in Farming, Fishing, and Forestry are excluded due to small sample sizes

Source: Rutgers University's Center for Women & Work analysis of 1-year ACS microdata.

These results suggest that not only did Black workers in New Jersey go into the pandemic with jobs that put them at higher risk of COVID exposure, they were also shunted into such jobs at increasing rates during the onset of the pandemic. White workers, on the other hand, were already underrepresented in many frontline occupations like healthcare support and maintenance, and were overrepresented in non-essential, non-frontline occupations like legal and arts and entertainment.

Unlike Black workers, White workers in New Jersey were able to withdraw from frontline industries at the onset of the pandemic. For instance, White workers' occupational crowding index in healthcare support fell from an already low 0.62 to 0.53 between 2019 and 2020. Among women, White women's crowding index in healthcare support fell even more drastically, from 0.65 to 0.55.

Figure 21. Occupational Crowding Indices for White Workers in New Jersey, 2019 and 2020

| | Share of NJ workers in frontline industries | Overall | | | Men | | | Women | | |
|--|---|---------|------|--------|------|------|--------|-------|------|--------|
| | | 2019 | 2020 | Change | 2019 | 2020 | Change | 2019 | 2020 | Change |
| Healthcare Support | 79.1% | 0.62 | 0.53 | -0.08 | 0.47 | 0.51 | 0.03 | 0.65 | 0.55 | -0.10 |
| Healthcare Practitioners and Technical | 77.7% | 0.93 | 0.91 | -0.01 | 0.84 | 0.80 | -0.04 | 0.99 | 0.96 | -0.03 |
| Community and Social Service | 42.7% | 0.94 | 0.89 | -0.05 | 0.89 | 0.86 | -0.03 | 0.97 | 0.91 | -0.06 |
| Building and Grounds Cleaning and Maintenance | 37.3% | 0.66 | 0.61 | -0.05 | 0.78 | 0.79 | 0.01 | 0.48 | 0.36 | -0.12 |
| Transportation and Material Moving | 36.7% | 0.70 | 0.69 | -0.02 | 0.72 | 0.69 | -0.03 | 0.60 | 0.64 | 0.04 |
| Office and Administrative Support | 23.0% | 1.01 | 1.01 | 0.00 | 0.93 | 0.93 | 0.00 | 1.05 | 1.05 | 0.00 |
| Farming, Fishing, and Forestry | 22.0% | 0.93 | 0.72 | -0.21 | 0.99 | 0.77 | -0.22 | 0.78 | 0.55 | -0.23 |
| Personal Care and Service | 18.6% | 0.90 | 0.84 | -0.06 | 0.85 | 0.75 | -0.09 | 0.93 | 0.88 | -0.05 |
| Sales | 17.0% | 1.04 | 1.07 | 0.03 | 1.07 | 1.10 | 0.03 | 1.03 | 1.05 | 0.02 |
| Food Preparation and Serving | 15.5% | 0.82 | 0.79 | -0.03 | 0.75 | 0.68 | -0.06 | 0.89 | 0.91 | 0.03 |
| Management | 10.2% | 1.09 | 1.07 | -0.02 | 1.09 | 1.12 | 0.04 | 1.06 | 1.02 | -0.04 |
| Installation, Maintenance, and Repair | 8.9% | 1.09 | 1.09 | 0.00 | 1.07 | 1.07 | 0.00 | 1.16 | 1.16 | 0.00 |
| Life, Physical, and Social Science | 8.2% | 0.91 | 0.93 | 0.02 | 0.91 | 0.82 | -0.09 | 0.92 | 1.06 | 0.14 |
| Education Instruction and Library | 7.9% | 1.14 | 1.14 | 0.00 | 1.12 | 1.12 | 0.00 | 1.16 | 1.16 | 0.00 |
| Production | 7.7% | 0.72 | 0.68 | -0.05 | 0.79 | 0.75 | -0.04 | 0.57 | 0.52 | -0.04 |
| Business and Financial Operations | 6.8% | 1.00 | 1.00 | 0.00 | 1.02 | 1.02 | 0.00 | 0.98 | 0.98 | 0.00 |
| Computer and Mathematical | 4.5% | 0.71 | 0.66 | -0.05 | 0.70 | 0.69 | -0.01 | 0.69 | 0.54 | -0.16 |
| Protective Service | 4.1% | 0.99 | 1.01 | 0.02 | 1.00 | 1.03 | 0.03 | 0.78 | 0.77 | -0.01 |
| Legal | 3.0% | 1.19 | 1.22 | 0.03 | 1.12 | 1.18 | 0.07 | 1.17 | 1.13 | -0.04 |
| Arts, Design, Entertainment, Sports, and Media | 2.2% | 1.09 | 1.15 | 0.06 | 1.14 | 1.20 | 0.06 | 1.04 | 1.12 | 0.08 |
| Architecture and Engineering | 1.8% | 0.99 | 0.95 | -0.04 | 1.01 | 0.94 | -0.07 | 0.79 | 0.94 | 0.15 |
| Construction and Extraction | 1.4% | 1.05 | 1.10 | 0.05 | 1.09 | 1.08 | -0.01 | 0.81 | 1.03 | 0.22 |

Source: Rutgers University's Center for Women & Work analysis of 1-year ACS microdata.

Ultimately, the occupational crowding framework is useful in illustrating not only how Black workers have been crowded into low-wage work at the benefit of White workers and their wages, but also how Black workers have been disproportionately crowded into occupations with high health risks. This kind of crowding benefits White workers since they can limit their own exposure to COVID-19. In other words, Black workers have been increasingly crowded into frontline occupations to the advantage of White workers, who were better able to withdraw from dangerous work during the pandemic.

VI. POLICY SOLUTIONS

Ultimately, in order to protect Black New Jerseyans' health, we need to minimize their occupational crowding in frontline and low-wage industries. Targeted training and education programs for specifically high-paid and non-essential industries may help shift workforce dynamics which force Black workers into frontline jobs. However, because the occupational crowding index controls for levels educational attainment, offering improved educational opportunities is certainly helpful, but will not be sufficient to eliminate Black workers' exclusion from non-essential and higher paying occupations.

Ultimately, we recommend both improving safety measures to reduce exposure for Black workers crowded in frontline occupations as well as encouraging employers in non-essential

industries to prioritize hiring Black workers. Systemic change in hiring and retention of Black workers in non-essential industries, as well as retention of White workers in frontline industries, is essential to protecting Black New Jerseyans' health.

Black workers are disadvantaged by their greater exposure to COVID-19 in the workplace. This adds to the list of disadvantages faced by Black individuals and their families in pandemic conditions, which already include unequal access to healthcare services and disproportionate COVID-19 morbidity and mortality rates. Any labor market policies aimed at lowering the risks of contagion in the workplace should take the racial dimension into account. Workplace partners – both trade unions and employers' associations – have a key role to play in this respect, with a pressing need to have more Black workers engaged in collective bargaining. The racial lens could be applied to design more effective pandemic-related health and workplace safety policies, including those focused on the risk of workplace contagion.

In the long run, low-pay in essential jobs, in conjunction with health risks and stressful paid working conditions, will likely contribute to worker burnout, high turnover, and reduced entry into frontline jobs. These effects come into play across the occupational spectrum, including those in care provision, and our results suggest that these adverse effects will be disproportionately borne by Black workers. Additional workplace supports – including collective bargaining, education and training programs, higher minimum wages, and stronger care infrastructures – could help to mitigate some of these risks.

Still, there were several temporary policies which alleviated some of the economic hardships faced by many Black New Jerseyans. In remainder of this section, we consider the success of the advanced Child Tax Credit payments and Economic Impact Payments which were issued during 2020 and 2021.

The Internal Revenue Service (IRS) issued three Economic Impact Payments during the COVID-19 pandemic for eligible individuals and households. These payments included up to \$1,200 in April 2020, up to \$600 in December 2020/January 2021, and up to \$1,400 in March 2021. Stimulus payments were reduced or eliminated as a tax filer earned more than the designated income thresholds.⁴ Households were not eligible if they were claimed as dependents on another's tax return, were a nonresident, or if they did not have a social security number.

From June to July 2020 and from January to March 2021, Household Pulse surveys asked respondents about their receipt and usage of stimulus payments. More specifically, the survey asked:

“If you, or anyone in your household, already received, or plan to receive a ‘stimulus payment,’ that is the coronavirus related Economic Impact Payment from the Federal Government, did or will you use it:

- Mostly to pay for expenses (food, clothing, shelter, etc.)
- Mostly to pay off debt (car loans, student loans, credit cards)

⁴ In April 2020, for instance, these income thresholds were: \$150,000 if married and filing a joint return, \$112,500 if filing as head of household, or \$75,000 for eligible individuals using any other filing status. Payments were reduced by 5% of the amount by which the filer's income exceeded these thresholds.

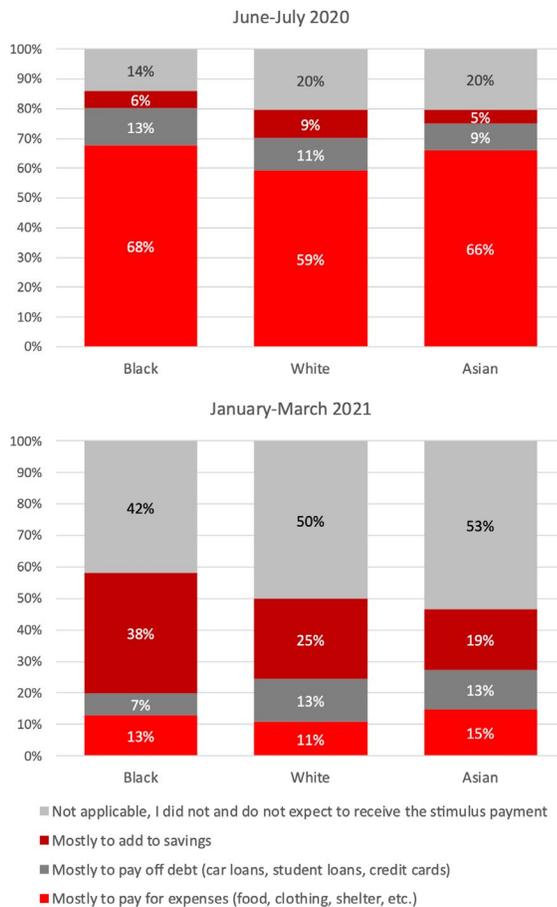
- Mostly to add to savings
- Not applicable, I did not and do not expect to receive the stimulus payment”

Respondents could only select one answer.

Because income thresholds were higher in 2021 than in 2020, fewer households in New Jersey received stimulus payments in 2021 than in 2020. In both sets of stimulus payments, White and Asian respondents were less likely to indicate they had received the payments, likely driven by their higher average incomes. Black and Hispanic respondents were more likely to have received the payments in 2020 and 2021. However, among Asian respondents who did receive the payments, 15% indicated they spent the payments on expenses in 2021, a higher share than in other racial and ethnic groups.

Figure 22. Households’ use of stimulus payments by race and ethnicity

Note: Aggregated over respondents from survey weeks 7-12 and 22-27, sample limited to New Jersey households.
 Source: Rutgers University’s Center for Women & Work analysis of survey-weighted Household Pulse Surveys



In addition to this simple question on receipt and use of the stimulus payments, Household Pulse surveys also asked respondents who received the payments to indicate what they spent it on. They were able to select one or more of the following options:

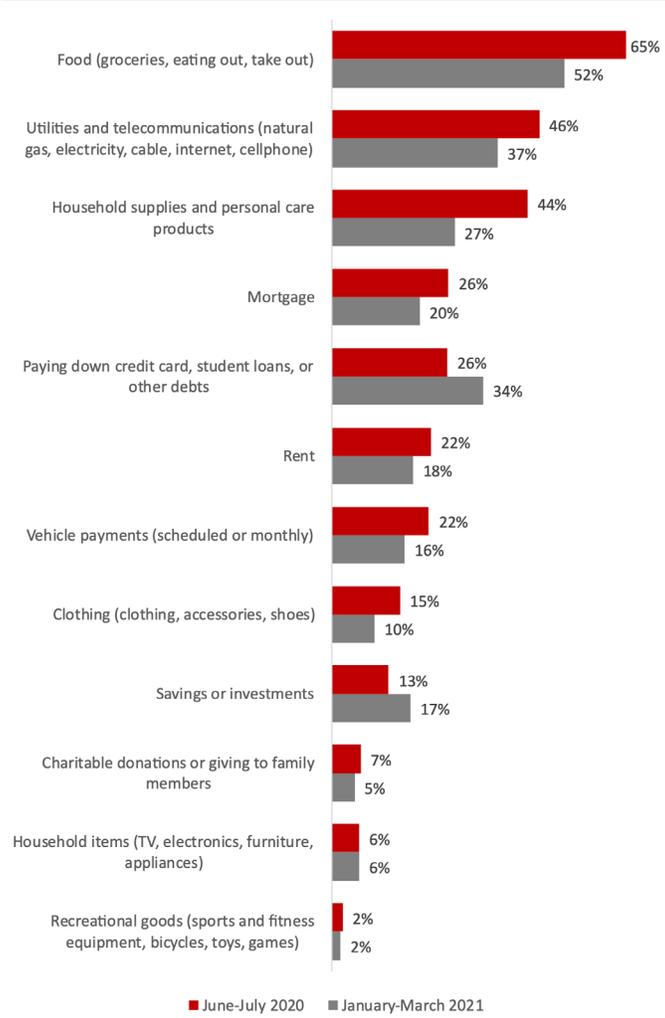
- Food (groceries, eating out, take out)
- Clothing (clothing, accessories, shoes)
- Household supplies and personal care products
- Household items (TV, electronics, furniture, appliances)
- Recreational goods (sports and fitness equipment, bicycles, toys, games)
- Rent
- Mortgage (scheduled or monthly)
- Utilities and telecommunications (natural gas, electricity, cable, internet, cellphone)
- Vehicle payments (scheduled or monthly)
- Paying down credit card, student loans, or other debts
- Charitable donations or giving to family members

Ultimately, food was the most commonly selected choice in both 2020 and 2021, followed by utilities. In 2020, households also commonly spent their stimulus payments on household supplies and personal care products, their mortgage or their rent. In 2021, households were more likely to have used the payments to pay down debts or to save or invest the payments.

Figure 23.
How households spent stimulus payments

Note: Aggregated over respondents from survey weeks 7-12 and 22-27, sample limited to New Jersey households.

Source: Rutgers University's Center for Women & Work analysis of survey-weighted Household Pulse Surveys



These choices ultimately did not vary much by racial group, as illustrated in the table below.

Figure 24. How households spent stimulus payments, by race and ethnicity

| | Black | | White | | Asian | |
|--|----------------|--------------------|----------------|--------------------|----------------|--------------------|
| | June-July 2020 | January-March 2021 | June-July 2020 | January-March 2021 | June-July 2020 | January-March 2021 |
| Food (groceries, eating out, take out) | 73.3% | 59.5% | 63.3% | 47.9% | 73.6% | 65.8% |
| Utilities and telecommunications | 55.8% | 49.2% | 44.0% | 33.6% | 51.6% | 41.5% |
| Household supplies and personal care products | 50.8% | 37.0% | 42.0% | 24.2% | 48.1% | 36.0% |
| Rent | 38.9% | 30.7% | 18.3% | 14.6% | 26.1% | 21.2% |
| Paying down credit card, student loans, or other debts | 29.5% | 37.0% | 24.5% | 32.6% | 32.7% | 36.2% |
| Vehicle payments (scheduled or monthly) | 24.2% | 19.6% | 20.5% | 15.1% | 27.8% | 19.8% |
| Mortgage | 24.2% | 17.7% | 25.9% | 18.8% | 29.1% | 26.9% |
| Clothing | 15.8% | 11.2% | 14.7% | 8.6% | 18.7% | 14.6% |
| Savings or investments | 11.2% | 11.9% | 13.2% | 18.8% | 10.3% | 18.1% |
| Household items (TV, electronics, furniture, appliances) | 4.8% | 6.0% | 6.3% | 6.0% | 6.8% | 7.9% |
| Charitable donations or giving to family members | 4.2% | 3.9% | 7.0% | 5.2% | 5.3% | 6.7% |
| Recreational goods (sports/fitness equipment, bicycles, toys, games) | 2.1% | 1.1% | 2.4% | 2.0% | 3.0% | 3.5% |

Note: Aggregated over respondents from survey weeks 7-12 and 22-27, sample limited to New Jersey households.

Source: Rutgers University's Center for Women & Work analysis of survey-weighted Household Pulse Surveys

These figures suggest that stimulus payments were often used on necessities, particularly in 2020. The subsequent analysis on use of Child Tax Credit payments comes to similar conclusions.

Under the American Rescue Plan of 2021, advance payments of up to half the 2021 Child Tax Credit were sent to eligible taxpayers on a monthly basis. It was the first time the credit was delivered on a monthly basis, which was intended to help parents pay for housing, food, clothing and school supplies, particularly in the wake of economic challenges brought on by the COVID-19 pandemic. Generally, qualifying households received up to \$300 a month for children up to age 6 and \$250 for those ages 6 through 17 -- from July through December 2021.

Over July to December 2021, the Household Pulse Surveys asked respondents who received Child Tax Credit Payments to indicate how they used it. This came in the form of two questions.

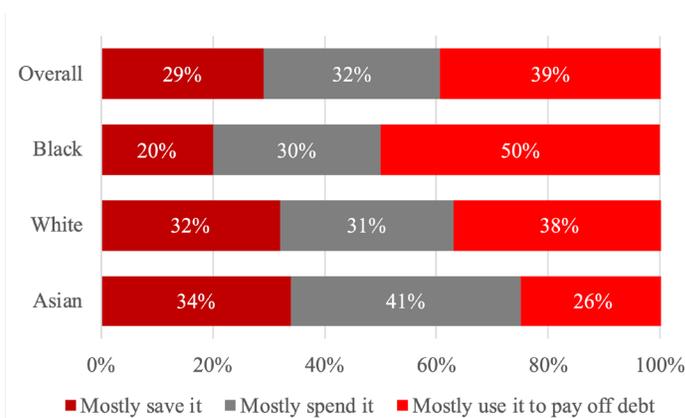
The first asked: "Thinking about your use of the payments from the "Child Tax Credit" did you mostly spend it, mostly save it, or mostly use it to pay off debt." Respondents were directed to select one of the three choices. Among New Jersey respondents overall, 39.4% indicated that they mostly used it to pay off debt, 31.6% selected 'mostly spent it' and 29.1% selected 'mostly saved it'.

Child tax credit spending also varied slightly by race and ethnicity, though income may be a large driver of these gaps. For instance, Black and Hispanic respondents were more likely than White and Asian respondents to indicate that they used the payments ‘mostly to pay off debt’.

Figure 25. Use of Child Tax Credit by race, July to December 2021

Note: Aggregated over respondents from survey weeks 34-40 (July to December 2021), sample limited to New Jersey households that indicated receipt of Child Tax Credit payments.

Source: Rutgers University’s Center for Women & Work analysis of survey-weighted Household Pulse Surveys



The table below highlights the top four most commonly selected uses for the Child Tax Credit among various racial and ethnic groups. All groups were most likely to have selected food. Among Black respondents, clothing (25.5%), utilities (24.3%), and school books and supplies (19.9%) followed. Asian respondents were also most likely to have selected clothing and school books and supplies, but also commonly reported being able to save or invest their payments. White respondents also commonly indicated they saved or invested payments. White and Hispanic respondents also commonly used payments to pay down debts.

Figure 26. Use of Child Tax Credit by race, July to December 2021

Note: Aggregated over respondents from survey weeks 34-40 (July to December 2021), sample limited to New Jersey households that indicated receipt of Child Tax Credit payments. Percentages sum to greater than 100% because respondents can select more than one response. Multiracial respondents are not included due to limited sample sizes.

Source: Rutgers University’s Center for Women & Work analysis of survey-weighted Household Pulse Surveys

| | Overall | Black | Asian | White |
|--|---------|-------|-------|-------|
| Food (groceries, eating out, take out) | 34.1% | 46.6% | 40.0% | 31.3% |
| Clothing | 16.8% | 25.5% | 17.0% | 15.3% |
| Utilities and telecommunications | 14.7% | 24.3% | 13.9% | 12.8% |
| School books and supplies | 11.5% | 19.9% | 15.2% | 9.6% |
| Rent | 6.5% | 16.3% | 6.5% | 4.6% |
| Paying down credit card, student loans, or other debts | 13.7% | 13.9% | 12.2% | 14.4% |
| Vehicle payments (scheduled or monthly) | 6.1% | 12.0% | 5.7% | 5.4% |
| Childcare (formal facility, paying caregiver directly) | 9.0% | 11.6% | 10.9% | 8.4% |
| Mortgage | 8.4% | 7.6% | 11.7% | 8.4% |
| Savings or investments | 15.1% | 6.0% | 16.5% | 16.9% |
| School tuition | 4.2% | 4.0% | 7.0% | 4.0% |
| Other | 4.3% | 3.2% | 2.6% | 4.7% |
| Recreational goods (sports equipment, bicycles, toys, games) | 2.6% | 2.4% | 4.8% | 2.3% |
| After school programs (other than tutoring and childcare) | 3.1% | 1.6% | 5.2% | 3.2% |
| Tutoring services | 1.4% | 1.2% | 3.9% | 1.1% |
| Charitable donations or giving to family members | 0.9% | 1.2% | 0.9% | 0.8% |

VII. CONCLUSIONS

Ultimately, this study provides state-level understanding of racism in New Jersey's labor markets, and the associated health outcomes. These outcomes include not only direct measures of physical and mental health, but also avenues through which adverse health manifests, including poverty, housing, and welfare. This work disrupts how scholars and practitioners typically approach race and health because it challenges them to consider how discrimination of Black workers is linked with health risks and "exposure" exploitation.

This report has considered the exploitation of Black labor in New Jersey: Black work has been deemed 'essential' but their bodies, health, and wellbeing have not. The evidence in this report can be used to support programs and policies that improve access to safe occupations for Black workers in New Jersey. COVID-specific policy interventions helped improve wellbeing of Black workers, but occupational crowding dynamics warrant more systemic change in hiring and retention practices.

WORKS CITED

Almagro, M., Coven, J., Gupta, A., & Orane-Hutchinson, A. (2020). Racial disparities in frontline workers and housing crowding during COVID-19: Evidence from geolocation data. Available at SSRN, 3695249

Boushey, Heather, and Carmen Sanchez Cumming. 2020. "Coronavirus recession deepens US job losses in April especially among low-wage workers and women." Washington Center for Equitable Growth, May 8. Washington, DC: *Washington Center for Equitable Growth*. Available at: <https://equitablegrowth.org/coronavirus-recession-deepens-u-s-job-losses-in-april-especially-among-low-wage-workers-and-women/>

Cho, S., Crenshaw, K. W., & McCall, L. (2013). Toward a field of intersectionality studies: Theory, applications, and praxis. *Signs: Journal of women in culture and society*, 38(4), 785-810.

Cutts, D. B., Meyers, A. F., Black, M. M., Casey, P. H., Chilton, M., Cook, J. T., ... & Frank, D. A. (2011). US housing insecurity and the health of very young children. *American journal of public health*, 101(8), 1508-1514.

Do, D. P., & Frank, R. (2021). US frontline workers and COVID-19 inequities. *Preventive medicine*, 153, 106833.

Gibson, Karen J., William A. Darity Jr, and Samuel L. Myers Jr. 1998. "Revisiting occupational crowding in the United States: a preliminary study." *Feminist Economics* 4, no. 3: 73-95.

Goldman, N., Pebley, A. R., Lee, K., Andrasfay, T., & Pratt, B. (2020). Racial and ethnic differentials in COVID-19-related job exposures by occupational status in the US. *MedRxiv*.

Gundersen, C., & Ziliak, J. P. (2015). Food insecurity and health outcomes. *Health affairs*, 34(11), 1830-1839.

Hamilton, Darrick. 2006. "The racial composition of American jobs." *The state of black America*.

Hamilton, Darrick, and William A. Darity Jr. 2012. "Crowded Out? The Racial Composition of American Occupations." *Researching Black Communities: A Methodological Guide*: 60.

Herber, Gerrie-Cor, Annemarie Ruijsbroek, Marc Koopmanschap, Karin Proper, Fons Van Der Lucht, Hendriek Boshuizen, Johan Polder, and Ellen Uiters. (2019). Single transitions and persistence of unemployment are associated with poor health outcomes. *BMC Public Health*, 19(1), 1-10.

Holder, Michelle, Janelle Jones, and Thomas Masterson. (2021). "The early impact of COVID-19 on job losses among black women in the United States." *Feminist Economics* 27, no. 1-2: 103-116.

Holder, Michelle. (2017). "African American Men's Decline in Labor Market Status during the Great Recession." In *African American Men and the Labor Market during the Great Recession*, pp. 35-62. Palgrave Macmillan, New York.

Holder, Michelle. (2018). "Revisiting Bergmann's occupational crowding model." *Review of Radical Political Economics* 50, no. 4: 683-690

Linton, S. L., Leifheit, K. M., McGinty, E. E., Barry, C. L., & Pollack, C. E. (2021). Association between housing insecurity, psychological distress, and self-rated health among US adults during the COVID-19 pandemic. *JAMA network open*, 4(9), e2127772-e2127772.

Lundberg, Ian. "Quantifying the contribution of occupational segregation to racial disparities in health: A gap-closing perspective." SocArXiv (2021).

Marucci-Wellman, H. R., Willetts, J. L., Lin, T. C., Brennan, M. J., & Verma, S. K. (2014). Work in multiple jobs and the risk of injury in the US working population. *American Journal of Public Health*, 104(1), 134-142.

Millett, G. A., Jones, A. T., Benkeser, D., Baral, S., Mercer, L., Beyrer, C., ... & Sullivan, P. S. (2020). Assessing differential impacts of COVID-19 on black communities. *Annals of Epidemiology*, 47, 37-44.

Nardone, A., Chiang, J., & Corburn, J. (2020). Historic redlining and urban health today in US cities. *Environmental Justice*, 13(4), 109-119.

Schure, M. B., Katon, J. G., Wong, E., & Liu, C. F. (2016). Food and housing insecurity and health status among US adults with and without prior military service. *SSM-population health*, 2, 244-248.

Small, Sarah F. (forthcoming, 2022). "Tracing Barbara Bergmann's Occupational Crowding Hypothesis: A Recent History" *History of Political Economy*.

Stringer, S. M. (2020). New York City's frontline workers. New York City Comptroller Bureau of Policy and Research. Available at: <https://comptroller.nyc.gov/reports/new-york-citys-frontline-workers/#Methodology>

Walke, A. (2021). De-unionization and the wages of essential workers. *Review of Social Economy*, 1-28.

ABOUT THE CENTER FOR WOMEN AND WORK

The Center for Women and work (CWW) promotes economic and social equity for women workers, their families, and their communities. CWW conducts research, advances education, and engages in programming that support women in the workplace and contribute to effective policy making. CWW's work focuses on providing training, technical assistance, and programs for students, educators, industry, and governments; analyzing and addressing issues that directly affect the living standards of working families locally and globally; and collaborating with partners to support community-level work. CWW is housed within the School of Management and Labor Relations at Rutgers, The State University of New Jersey and is a member of the Institute of Women's Leadership Consortium.