CENTER FOR WOMEN AND WORK

Fact Sheet

New Jersey Women in Healthcare During COVID-19

August 2022

HEALTHCARE, one of New Jersey's key industry sectors, took the spotlight during the COVID-19 pandemic as healthcare professionals worked tirelessly in treating people who contracted the virus. At the same time, necessary public health measures including lockdowns meant workplace closures and lost jobs, and the healthcare industry was not immune. Women bore the brunt of these changes, given their disproportionate representation in many healthcare jobs. Using American Community Surveys (ACS) data, we analyze how the pandemic altered the economic experiences of New Jersey women working in healthcare.[1]

In this factsheet, the healthcare industry includes those working in ambulatory health care services, nursing and residential care services, and hospitals.[2] We include the following sub-industries available in the American Community Surveys:

Ambulatory Health Care Services

- Offices of physicians
- Offices of dentists
- Office of chiropractors
- Offices of optometrists
- Offices of other health practitioners
- Outpatient care centers
- Home health care services
- Other health care services

Hospitals

- General medical and surgical hospitals, and specialty (except psychiatric and substance abuse) hospitals
- Psychiatric and substance abuse hospitals

Nursing and Residential Care Services

- Nursing care facilities (skilled nursing facilities)
- Residential care facilities, except skilled nursing

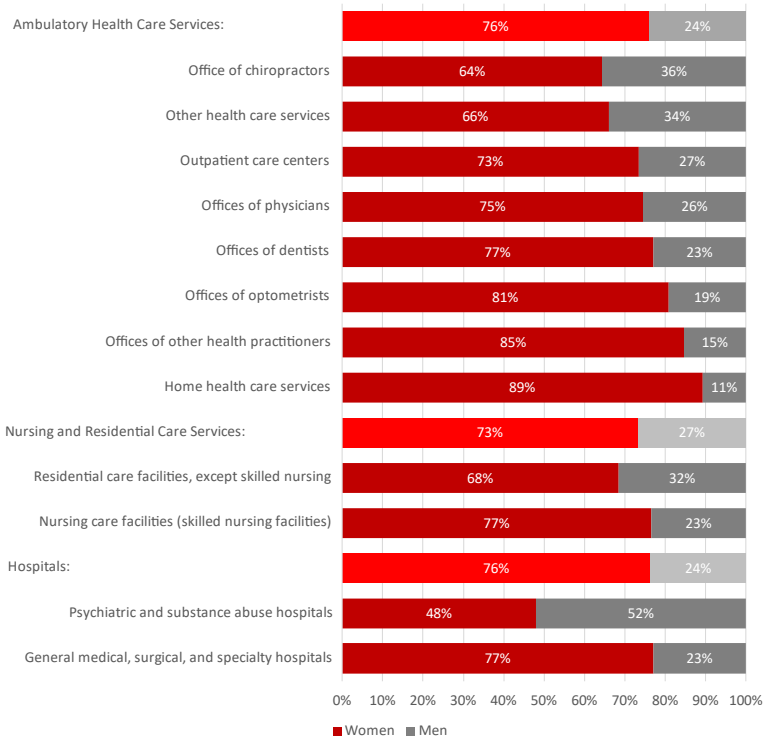
Women make up the majority of New Jersey's healthcare workers. In 2020, 76% of the state's healthcare workers were women, with particularly high representations in home healthcare services and offices of health practitioners. Among non-healthcare industries, women made up just 46% of workers.

[1]Note that 2020 ACS data use experimental survey weights to account for COVID-related disruptions in survey collection. ACS are household survey data and therefore will not directly match state-level employment statistics.
[2] We explicitly examine industries, not occupational categories.

Figure 1. Gender breakdown in healthcare industries in New Jersey, 2020

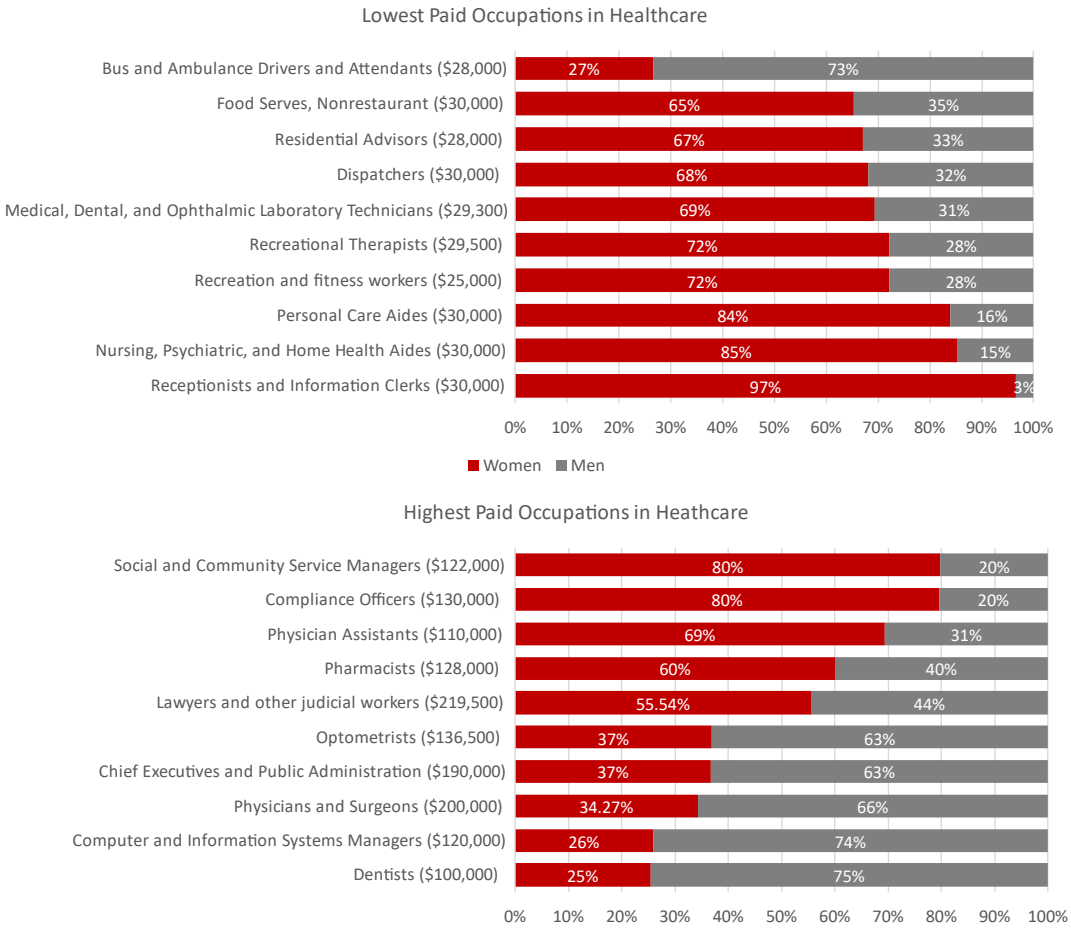
Note: Sample limited to New Jersey respondents.

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



Men are more likely to occupy many of the highest-wage occupations in healthcare, including dentists, IT managers, and physicians and surgeons. Women constituted the majority of the lowest paid occupations in healthcare, including receptionists, nursing, psychiatric and home health aides, and personal care aides. Many of these low-pay occupations were also considered essential jobs, which meant that the risks that essential workers faced in continuing to go to work and potentially getting exposed to the virus were disproportionately borne by women.

Figure 2. Highest & lowest paid healthcare occupations by gender breakdown, 2020



Note: Top/bottom ten paid occupations in healthcare calculated by median 2020 income of full-time New Jersey workers. Median income listed in parentheses. Sample limited to New Jersey respondents working in a healthcare industry.

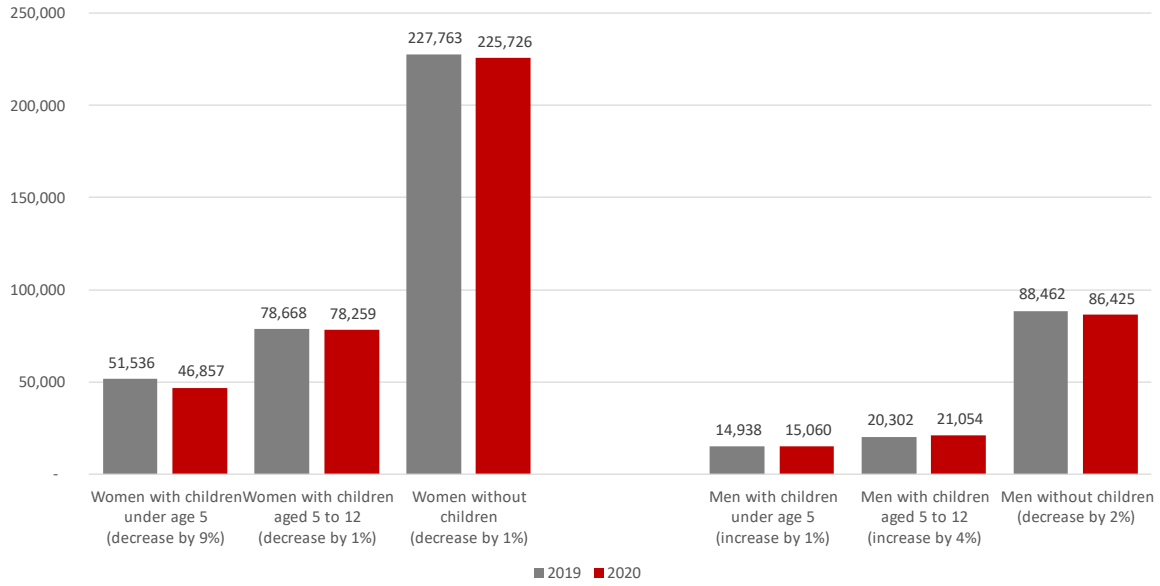
Source: Rutgers University's Center for Women & Work analysis of survey-weighted 1-year ACS data.

The detailed industry analysis from the state's Department of Labor and Workforce Development indicates that the healthcare industry experienced a relatively modest loss of 21,700 jobs in 2020 due to the COVID-19 shutdown.

However, **women with young children left or lost their jobs in healthcare** between 2019 and 2020 in especially large numbers. Survey-weighted ACS estimates suggest that in 2019, there were approximately 51,536 women with very young children (under age 5) working in healthcare in New Jersey, but this fell by 9% to just 46,857 in 2020 during the height of the pandemic. Childcare disruptions due to care center and school closures, and women's relatively heavier childcare and domestic work responsibilities at home, were the main reason for this decline in jobs.[3]

[3] Del Boca, D., Oggero, N., Profeta, P., & Rossi, M. (2020). Women's and men's work, housework and childcare, before and during COVID-19. *Review of Economics of the Household*, *18*(4), 1001-1017.

Figure 3. Estimated number of healthcare workers in New Jersey, by parenthood status



Note: Sample limited to New Jersey respondents working in a healthcare industry.
Source: Rutgers University's Center for Women & Work analysis of survey-weighted 1-year ACS data.

Race and ethnicity also played a role in what workers **left or lost their jobs in 2020.** According to ACS data, there was a 16% decrease in the number of Black women working in healthcare between 2019 and 2020, from 99,292 to 83,869. This decline is substantially larger than that of White women (12%). In contrast, there was a 7% increase in Asian women workers and 1% increase in Hispanic women workers between 2019 and 2020.

According to ACS data, the number of individuals employed in New Jersey's healthcare industry only declined by 1% from 2019 to 2020. However, **both women and men left or lost jobs in nursing and residential care services at especially high rates** (women's employment in this subindustry declined by 27% and men's by 22%). These departures caused major disruptions in care provision for elderly and disabled individuals and contributed to a shift in care provision to family members at home, often women.

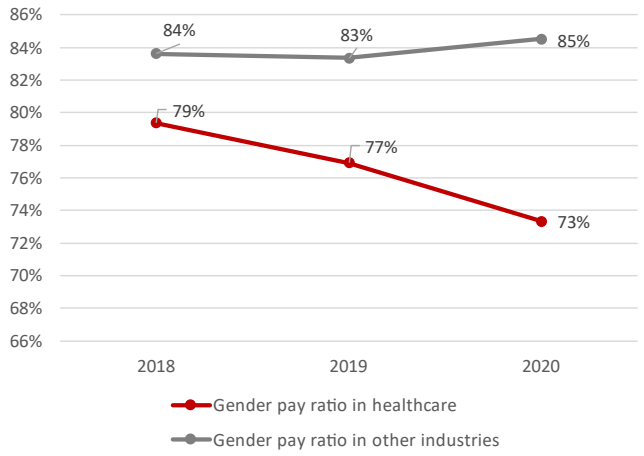
From 2019 to 2020, the median wages of men working full-time and year-round in healthcare industries increased by 15% (from $65,000 to $75,000) while women's wages increased by just 10% (from $50,000 to $55,000). These trends drove women's relative earnings even lower: **in 2019, women working full-time in healthcare earned 77% of what men earned, but this ratio fell to 73% in 2020**.[4] In other industries in New Jersey, the gender pay gap improved, from women earning 83% of men's earnings in 2019 to 85% in 2020.

[4] *Gender wage gaps* are typically calculated using the wages of workers who were employed *full-time* and *year-round*. Using American Community Surveys data, we include respondents in this measurement group if they are over age 16, reported that they usually worked 35 or more hours per week, and worked at least 50 weeks during the previous 12 months. This means that the wages of those working part-time or seasonally are not included in wage gap analyses.

Figure 4. Gender pay ratio in healthcare and non-healthcare industries in New Jersey, 2018 to 2020

Note: Sample limited to New Jersey individuals who have non-zero labor income and are working full-time and year-round. This includes all people 16 years old and over who usually worked 35 hours or more per week and worked for at least 50 weeks in the previous year.

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

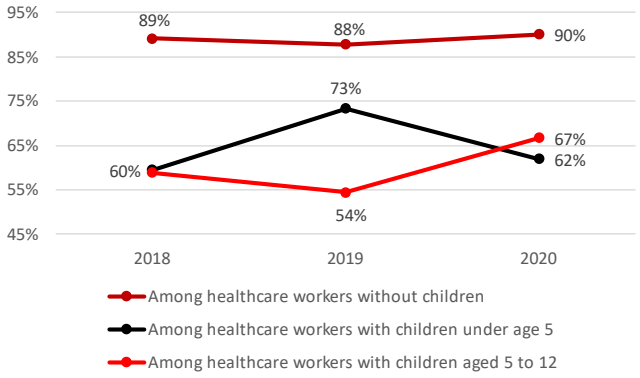


Women's relative earnings dropped, especially among healthcare workers with young children. Among healthcare workers, in 2019, women with children under age five earned 73% of what men with children under age 5 earned. In 2020, this ratio fell to 62%.

Figure 5. Gender pay ratio in healthcare by parenthood status, 2018 to 2020

Note: Sample limited to New Jersey individuals who have non-zero labor income and are working full-time and year-round. This includes all people 16 years old and over who usually worked 35 hours or more per week and worked for at least 50 weeks in the previous year.

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



The healthcare industry plays a key role in New Jersey's economy and makes significant contributions to New Jersey's Real Gross Domestic Product, is an important source of employment, and is a sector that is projected to grow. Our analysis points to the need for transformative changes and corrective actions to better support the needs of the most vulnerable workers in the healthcare industry. Policy solutions center on providing a more stable care infrastructure in New Jersey, boosting the pay and working conditions of the jobs where women cluster, and encouraging new entrants into healthcare with education and training programs. A comprehensive response to the COVID-19 pandemic emphasizes healthcare as an integral part of New Jersey's economy and judges the success of policy responses by how they promote meaningful jobs for the state's workers and overall well-being for the state's residents.

ABOUT THE AUTHORS

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ABOUT THE CENTER FOR WOMEN AND WORK

The Center for Women and Work (CWW) engages in research, education and programming that promotes economic and social equity for women workers, their families, and communities. CWW's work focuses on addressing women's advancement in the workplace; providing technical assistance and designing programming for educators, industry, and government; and, engaging in issues that directly affect the living standards of working families in New Jersey and around the world.

ABOUT THE COUNCIL ON GENDER PARITY

The Council on Gender Parity in Labor and Education's mission is to recommend policies, strategies and programs that address gender-based barriers and encourage equal participation of students and workers in education, training, and employment. The Council on Gender Parity in Labor and Education is a joint effort of the New Jersey State Employment and Training Commission and the Division on Women funded through the New Jersey State Budget.

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