

Workforce Empowerment and Career Advancement through ESL Curricula for Immigrants in Nonprofessional Health Care Roles

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THESIS

By offering supplementary health care and research-specific ESL coursework to nonprofessional immigrant health care workers, City Colleges of Chicago will enhance resource training regarding unfair labor practices and minimize educational mismatches in academic and workplace setting.

BACKGROUND & ANALYSIS

From nursing homes to university hospital systems, nonprofessional health care workers, such as certified nursing assistants (CNAs) and home health aides (HHAs), form the backbone of American health care delivery.¹ Immigrants fill a large percentage of those nonprofessional roles, comprising more than 17 percent of all psychiatric and nursing aides, 16 percent of all clinical technicians,² and 25 percent of all direct-care workers. Women and women of color are especially overrepresented in all sectors.^{3,4}

These numbers will only increase: Health care service is currently growing at an unprecedented rate, with the US Department of Labor projecting a 26 percent growth in home health care and 15 percent growth in nursing by 2026.⁵ The growth in this sector will demand a more robust workforce augmented by immigrant and minority health care workers already qualified under comparatively robust standards. Indeed, health care roles have increasingly been filled by nonprofessional, immigrant workers since 1980, as the baby boomer population started coming of age.^{6,7}

But instead of offering rewarding career opportunities for immigrant and minority health care workers, nonprofessional health care roles often fail to offer adequate career advancement, devalue transferable skills gained from previous foreign certification or experience, and even violate basic employee rights. Nonprofessional health care roles, such as nursing, CNA, and HHA jobs, tend to be labor-intensive, poorly regulated, and nonunionized; the number of nursing-home union contracts have decreased from 14.6 percent to 9.9 percent in the last 30 years.⁸ Workers in these roles are often overqualified because cultural and socioeconomic barriers create skills mismatches.^{9,10} These jobs notoriously promote gendered and racializing labor practices among vulnerable populations.¹¹ Consequently, 24 percent of home care workers live in households with incomes below the federal poverty line,¹² and 50 percent of all home health care workers rely on public assistance—with 89 percent of them women, 30 percent African American, and 16 percent Latinx.^{13,14} Roles tend to be decentralized and far from organization support structures.¹⁵ Reports of dissatisfaction in these roles correlate to overtime violations, wage theft, and high turnover rates.¹⁶

Offering English as a second language (ESL) training for immigrants and minorities in nonprofessional health care roles will create pathways for a more fair workplace experience, academic and career advancement, and a more representative health care workforce. Specifically, medical and research-oriented ESL courses can equip workers to better navigate employment and academic environments while creating safe spaces to discuss workplace grievances without fear of employer reprisal.

KEY FACTS

- 50 percent of all home health care workers rely on public assistance, 89 percent of whom are women, 30 percent African American, and 16 percent Latinx.^{22,23}
- Workers in these roles tend to be overqualified, having higher percentages of higher-education degrees than their US-born peers, and are generally older, with a median age of 48.²⁴
- A quarter of the 334,000 college-educated immigrants older than 25 in the labor force are employed in the low-skilled jobs or unemployed, compared with 17 percent of their US-born peers,²⁵ highlighting the need for cohort-specific advocacy in the labor market.

TALKING POINTS

- Immigrants are filling a larger and larger percentage of essential, nonprofessional health care roles.
- Immigrants with college degrees outnumber US-born peers by 14.6 percent in nursing, 12.7 percent in technician roles, and 10.8 percent in health care support roles,¹⁷ suggesting skills mismatches underutilizing a potentially considerable educated workforce.¹⁸
- 24 percent of home care workers live in households with incomes below the federal poverty line and collect wages that have not kept up with inflation during the past 10 years.¹⁹
- Medical and research-oriented ESL courses equip workers to better navigate and advance in health care and academic environments.

THE POLICY IDEA

By offering accessible health care and research-oriented English as a second language (ESL) programs for immigrants and minorities in nonprofessional health care roles, City Colleges of Chicago will help mitigate educational mismatches in academic and workplace settings. This supplemental curriculum will provide entry opportunities for career advancement and, with the potential to enhance resource training against unfair labor practices, workforce empowerment for historically underrepresented cohorts.

POLICY ANALYSIS

For immigrant and minority workers, many cultural barriers exist that prevent educational and career advancement. Health care career advancement largely occurs through the lens of academic or workplace experience portfolios, and nonprofessional immigrant workers, who often lack such portfolios, are systematically excluded from advancement opportunities. Yet immigrants with college degrees outnumber US-born peers by 14.6 percent in nursing, 12.7 percent in technician roles, and 10.8 percent in health care support roles, suggesting skills mismatches that underutilize a considerably well-educated workforce.

Health care and research-oriented ESL curricula can help break down some cultural barriers by bridging the industry and academic language gap. For example, UC San Diego Extension programs offer medical English courses, designed to help health care providers improve their medical vocabulary and their ability to communicate in English in a clinical setting. Other private educators and nonprofits provide similar curricula, but public institutions remain the more accessible option. The City Colleges of Chicago consortium of schools serves more than 80,000 students in both traditional and nontraditional academic settings, offering a targeted and broadly effective venue through which to close serious opportunity gaps in career advancement.²⁰

Traditionally, labor organizers must navigate sensitive on-site work environments where their presence may introduce risk and insecurity to workers. Medical and research-oriented ESL classes can also provide resource training to help prevent exploitation and function as space for organizing without fear of retaliation by employers.

NEXT STEPS

City Colleges of Chicago should introduce a task force to design a health care and research-oriented ESL curriculum to be incorporated into its ESL and Career Bridges program.²¹ The collegiate system should first survey nurses, nursing aids, home health workers, and other health care workers to gauge educational and workforce needs. City Colleges of Chicago can also review current its curriculum for potential areas of improvement through Racial Equity Impact Assessments and inclusivity audits. Preliminary curricula may use existing medical English courses as models but should further expand through partnerships with labor advocacy groups and academic centers, such as the University of Illinois at Chicago Institute of Minority Health Research. Potential allies may include United Working Families, 25th Ward Independent Political Organization, and SEIU Local 73, which can offer insight on labor rights awareness training. Immigrant and minority labor-advocacy organizations, such as Upwardly Global, can guide the conversation on stakeholders' specific needs.

ENDNOTES

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