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REPORT

PUBLIC SERVICE LOAN FORGIVENESS AND THE CARE ECONOMY:

Expanding Eligibility for Gender and Racial Equity

Sara Partridge, Ph.D.

Dr. N. Joyce Payne Center for Social Justice

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I. EXPANDING PSLF ELIGIBILITY: DEFINING PUBLIC SERVICE IN THE PRIVATE SECTOR

The U.S. Department of Education (ED) and representatives from key constituencies are currently engaged in negotiated rulemaking, a collaborative process the Department uses to revise federal education policies. One of the programs under consideration is the Public Service Loan Forgiveness (PSLF) program, which forgives student loan debt after ten years of employment in a public service profession. PSLF has long been beset by confusing guidelines and complex procedures that have prevented public service workers from attaining the forgiveness they were promised. Although the Department of Education announced a temporary waiver in October 2021 that retroactively broadens forgiveness and current proposals aim to improve the program going forward, there are critical issues around eligibility that have to date not been adequately accounted for.

Currently, PSLF is available to those who are directly employed by the government (a local, state, or federal agency) or by a non-profit organization. It defines an employee as “an individual who is hired and paid by a public service organization.”¹ It also extends forgiveness to employees of “private organizations” that provide qualifying “public services,” provided that the organization “is not a business organized for profit.”² These qualifying public services are:

Emergency management, military service, public safety, law enforcement, public interest law services, early childhood education (including licensed or regulated child care, Head Start, and State funded pre-kindergarten), public service for individuals with disabilities and the elderly, public health (including nurses, nurse practitioners, nurses in a clinical setting, and full-time professionals engaged in health care practitioner occupations and health care support occupations, as such terms are defined by the Bureau of Labor Statistics), public education, public library services, school library or other school-based services.³

1 34 CFR § 685.219

2 34 CFR § 685.219

3 34 CFR § 685.219

The exclusion of workers who are classified as contractors or who are employed by for-profit entities excludes public service workers who demonstrably perform important public service work, often largely in the care economy. A significant number of workers in public service professions are also classified as independent contractors, particularly in the healthcare field.

Research suggests that the private provision of public services and the independent contractor economy are both long-term trends that are likely to continue and even accelerate.⁴ Trends toward privatization and contract-based employment in these industries further heighten the need for the Department of Education to revise these guidelines to ensure this important program remains in-step with the rapidly changing modern economy.

Therefore, the N. Joyce Payne Center for Social Justice at the Thurgood Marshall College Fund proposes:

- **Striking the provision that excludes for-profit businesses**, given the significant proportions of healthcare, child care, eldercare, disability services, and other care workers employed by private sector companies, as illustrated in Table 1. It also recommends broadening “public education” to “education” more generally, to include education workers in the private non-profit and private for-profit sector.
- **Extending PSLF eligibility to full-time workers who work as independent contractors** (those who file a 1099 tax form) with one or more qualifying organizations if they contract full-time with an organization that performs one of the qualifying public services listed above.⁵

Modifying these two provisions will help to make access to loan forgiveness more equitable for people who perform similar roles at public and private sector organizations or who perform similar roles despite employment classification status. It will also help address racial and gender disparities in student loan burdens, as women and workers of color are overrepresented in many public service fields and more likely to be classified as contractors.⁶

4 Sweet, J. [2021, August 12]. The Context: The Gig Economy and the Future of Work. Harvard Magazine. Retrieved November 24, 2021, from <https://www.harvardmagazine.com/2021/08/the-context-the-gig-economy-and-the-future-of-work>; The Privatization of the Health and Human Services: Parsing the Roles of the Public and Private Sectors. Rutgers School of Social Work, Retrieved November 24, 2021, from <https://socialwork.rutgers.edu/news-events/news/people-politics-and-policy/privatization-health-and-human-services-parsing-roles>; Lim, K., Miller, A., Risch, M., & Wilking, E. (2019, July). Independent Contractors in the U.S.: New Trends from 15 years of Administrative Tax Data. IRS.gov. Retrieved November 24, 2021, from <https://www.irs.gov/pub/irs-soi/19rpindcontractorinus.pdf>.

5 This paper does not propose extending PSLF eligibility to occupations beyond the listed qualifying public services. While it recommends including individuals who are classified as independent contractors, it does not recommend including those employed by organizations that serve as contractors for the government or non-profit entities.

6 Dubai, Veena, The New Racial Wage Code [May 27, 2021]. Harvard Law and Policy Review, 2021, UC Hastings Research Paper Forthcoming, Available at SSRN: <https://ssrn.com/abstract=3855094> or <http://dx.doi.org/10.2139/ssrn.3855094>

While this paper focuses on care work industries due to both their size and their proportions of women and workers of color, the private-public and employment classification disparities should be eliminated in all qualifying professions. Protective services, emergency management, and public interest law, for example, have some labor segments that are either contract-based or organized as for-profit entities. This will create more equitable benefits for public service workers at different organizations and allow workers greater flexibility to move between organizations within their field.

II. FOR-PROFIT CARE WORK IN CONTEXT

Because of the United States' unique history of privatizing the care work sector,⁷ this is the largest and most important blind spot for the current PSLF eligibility rules. Services like child care, elder care, disability services, education, health care, and social work are central to a society's health, wellbeing, and economic prosperity. As a result, many other countries have treated care work as a universal public benefit, rather than something that is provided to those who can afford it by the private market. While most high-income countries offer "a stronger universal public provision" for care work in the way that the U.S. offers public K-12 education, the U.S. "rel[ies] on market mechanisms for care service delivery."⁸ Publicly-funded models tend to result in higher coverage and better labor protections, higher wages, better benefits, better training, and lower turnover. Although Congress is currently considering greater public investment in the care economy with the Build Back Better Act, several sectors have been largely served by for-profit organizations, as section III shows.

Furthermore, the industries under consideration already have some scale of existing government investment or public provision of services. The childcare and eldercare industries, for example, are served by a mix of private and public providers. Public funding often helps subsidize these services for low-income families through programs such as Head Start or Medicaid support for long-term residential nursing care. In industries in which the government does not currently play a role, either through direct provision of services or contracting, the market evidently provides an effective and profitable solution for those public needs.

7 Tuominen, M. [1991]. Caring for Profit: The Social, Economic, and Political Significance of For-Profit Child Care. *Social Service Review*, 65(3), 450–467. <https://doi.org/10.1086/603857>; Thomasson, M. A. [2002]. From Sickness to Health: The Twentieth-Century Development of U.S. Health Insurance. *Explorations in Economic History*, 39(3), 233–253. <https://doi.org/10.1006/exeh.2002.0788>.

8 International Labour Organization. [2018] Care Work and Care Jobs for the Future of Decent Work. ILO Publications, 202-3. Retrieved 24 November 2021 from https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_633135.pdf.

Existing government support signals two realities about care work industries: first, that they are a public good and, second, that many operate as market failures.⁹ Much of this work is labor-intensive, in-person, and individualized, which prevents it from being automated or outsourced and keeps costs high. Childcare, for example, costs between 30% and 102% of a minimum wage workers' salary, depending on the state.¹⁰ This then creates a rational incentive for a caretaker to leave the formal workforce and provide this service directly. The broader positive externalities that care work enables beyond its immediate value, which society as a whole benefits from (e.g., allowing a parent to stay in the workforce vs. the hourly cost of care) also supports the nature of care work as a public good.¹¹

III. PRIVATIZATION OF SELECTED PUBLIC SERVICE ORGANIZATION TYPES

The healthcare field relies heavily upon for-profit organizations to deliver care and thus likely excludes the largest number of public service workers under the current PSLF guidelines.

- 24% of general medical and surgical hospitals are for-profit;¹² as they employ about 5.6 million workers, this leaves 1.3 million ineligible for loan forgiveness.¹³
- Physicians' offices are at least 53.5% for-profit,¹⁴ leaving a workforce of about 1.4 million ineligible.

9 Suddath, C. [2021]. How Child Care Became the Most Broken Business in America. Bloomberg Businessweek. Retrieved 24 November 2021, from <https://www.bloomberg.com/news/features/2021-11-18/biden-s-build-back-better-wants-to-save-america-s-child-care-business>.

10 Paquette, D. [2015]. The Staggering Cost of Daycare When YOU Make Only the Minimum Wage. Washington Post. Retrieved 24 November 2021, from <https://www.washingtonpost.com/news/wnk/wp/2015/10/06/the-staggering-cost-of-daycare-when-you-make-only-the-minimum-wage/>.

11 International Labour Organization. [2018] Care Work and Care Jobs for the Future of Decent Work. ILO Publications, 174. Retrieved 24 November 2021 from https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_633135.pdf.

12 Kaiser Family Foundation. [2019]. Hospitals by Ownership Type. KFF.org. Retrieved 24 November 2021, from <https://www.kff.org/other/state-indicator/hospitals-by-ownership/>.

13 All calculations for excluded workforce rely on total employment numbers from the BLS Occupational Employment and Wages Survey, May 2020. Total employment numbers for the following industries are: General Medical and Surgical Hospitals [5,595,690]; Offices of Physicians [2,592,040]; Nursing Care Facilities [1,534,120]; Home Health Care Services [1,493,990]; Outpatient Care Centers [960,550]. Source: U.S. Bureau of Labor Statistics. [2020]. Occupational Employment and Wages, May 2020. BLS.gov. Retrieved 24 November 2021, from https://www.bls.gov/oes/current/oes_stru.htm#29-0000.

14 This data uses the percentage of physicians employed at privately-owned physicians offices as a proxy for the number of privately-owned physicians offices. It includes private practices and practices owned by private equity firms. The percentage may be greater as 30.5% of physicians' offices are wholly or partially owned by hospitals, of which 24% are private. This figure [53.5%] is therefore a conservative estimate. Source: Kane, C. K. [2021]. Recent Changes in Physician Practice Arrangements. American Medical Association. Retrieved 24 November 2021, from <https://www.ama-assn.org/system/files/2021-05/2020-prp-physician-practice-arrangements.pdf>.

- Skilled nursing facilities, one of the largest providers of elder care and disability services, are 70% for-profit,¹⁵ leaving a workforce of over 1 million healthcare practitioners, technicians, and support service workers ineligible.
- Outpatient care centers, which deliver a variety of ambulatory care services, are 65% for-profit,¹⁶ excluding over 600,000 workers.
- Finally, home health care services, which employ nurses, personal care aids, administrators, occupational therapists, and other support workers who in some states require some post-secondary education and/or licensing, are 80.6% private, leaving a workforce of 1.2 million ineligible.¹⁷

Childcare and early childhood education (ECE) are other public service fields which have a significant proportion of for-profit providers.

- While overall industry data is less readily available than for the healthcare field, the 2017 Economic Census counted 49,483 for-profit child day care service firms (within which it also included ECE firms), compared to 11,759 non-profit firms.¹⁸ These for-profit firms employed 627,334 workers in 2017.¹⁹
- 61% of three-year-olds and 28% of four-year-olds enrolled in ECE were enrolled in private centers.²⁰

While education, certification, and licensing requirements vary by state, many day care, ECE, and pre-kindergarten workers have education beyond high school.²¹ ECE in particular requires a bachelor's degree and a certification in most states, and evidence overwhelmingly shows the benefits to children of receiving this more qualified level of care.²²

15 Kaiser Family Foundation. [2019]. Nursing Facilities by Ownership Type. KFF.org. Retrieved 24 November 2021, from <https://www.kff.org/other/state-indicator/nursing-facilities-by-ownership-type/>.

16 This is an estimate for 2022 based on analysis of the growth of outpatient care services done by McKinsey & Co. in September 2020. Kumar, P. and Parthasarathy, R. [2020]. Walking out of the hospital: The continued rise of ambulatory care and how to take advantage of it. McKinsey and Company. Retrieved 24 November 2021, from <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/walking-out-of-the-hospital-the-continued-rise-of-ambulatory-care-and-how-to-take-advantage-of-it>.

17 Data from 2016. Source: National Center for Health Statistics. [2015]. Home Health Care. Centers for Disease Control. Retrieved 24 November 2021, from <https://www.cdc.gov/nchs/fastats/home-health-care.htm>.

18 Economic Census. [2017]. All Sectors: Summary Statistics for the U.S., States, and Selected Geographies. United States Census Bureau. Retrieved 24 November 2021, from https://data.census.gov/cedsci/table?q=economic%20census&n=62441&tid=ECNBASIC2017_EC1700BASIC.

19 Economic Census. [2017]. All Sectors: Summary Statistics for the U.S., States, and Selected Geographies. United States Census Bureau. Retrieved 24 November 2021, from https://data.census.gov/cedsci/table?q=economic%20census&n=62441&tid=ECNBASIC2017_EC1700BASIC.

20 Friedman-Krauss, A.; Barnett, S.; Garver, K.; Hodges, K.; Weisenfeld, G. G.; and Gardiner, B. A. [2021]. The State of Preschool 2020: State Preschool Yearbook. National Center for Education Research. Retrieved 24 November 2021, from https://nieer.org/wp-content/uploads/2021/08/YB2020_Full_Report_080521.pdf.

21 National Center on Early Childhood Quality Assurance. [2014]. Trends in Family Child Care Home Licensing Regulations and Policies. Administration for Children and Families, Office of Child Care. Retrieved 24 November 2021, from https://childcareta.acf.hhs.gov/sites/default/files/public/315_1511_fcch_licensing_trends_brief_2014_final_508_0.pdf.

22 Schilder, D. [2016]. Early Childhood Teacher Education Policies: Research Review and State Trends. Center on Enhancing Early Learning Outcomes. Retrieved 24 November 2021, from https://nieer.org/wp-content/uploads/2019/09/ceelo_policy_report_ec_teach_education_policies_final_for_web_2016_04.pdf.

Other specialized care centers similarly rely on high numbers of for-profit organizations to deliver these services.

- There are about equal numbers of private non-profit and private for-profit residential mental health and substance abuse facilities, for example, at about 2,000 firms each.²³
- There are about two times the number of for-profit outpatient mental health and substance abuse centers (4,433) as there are those with tax exempt status (2,178).²⁴
- Similarly, for-profit residential intellectual and developmental disability facilities (4,482) are double the number of those that are non-profit.²⁵

Together, the for-profit specialized centers listed here employ nearly 400,000 public workers who under current guidelines are excluded from loan forgiveness.

IV. PUBLIC SERVICE WORK SALARIES BY ORGANIZATION TYPE

One reason for the current eligibility divide between workers employed by government or non-profit organizations versus for-profit companies is the assumption that those working at private sector companies earn higher salaries. Because of the unique nature of the American public service economy described above, however, this assumption is not borne out in many industries. Data from the 2003 National Compensation Survey shows that hourly wages were similar across organizational ownership types in both the healthcare and education sectors.

Healthcare workers at for-profit hospitals actually had slightly lower hourly rates

²³ Economic Census. [2017]. All Sectors: Summary Statistics for the U.S., States, and Selected Geographies. United States Census Bureau. Retrieved 24 November 2021, from <https://data.census.gov/cedsci/table?q=economic%20census&n=621420%3A622210%3A6222101%3A6222102%3A623210%3A623220%3A624120%3A624310&tid=ECNBASIC2017.EC1700BASIC&hidePreview=true>

²⁴ Economic Census. [2017]. All Sectors: Summary Statistics for the U.S., States, and Selected Geographies. United States Census Bureau. Retrieved 24 November 2021, from <https://data.census.gov/cedsci/table?q=economic%20census&n=621420%3A622210%3A6222101%3A6222102%3A623210%3A623220%3A624120%3A624310&tid=ECNBASIC2017.EC1700BASIC&hidePreview=true>

²⁵ Economic Census. [2017]. All Sectors: Summary Statistics for the U.S., States, and Selected Geographies. United States Census Bureau. Retrieved 24 November 2021, from <https://data.census.gov/cedsci/table?q=economic%20census&n=621420%3A622210%3A6222101%3A6222102%3A623210%3A623220%3A624120%3A624310&tid=ECNBASIC2017.EC1700BASIC&hidePreview=true>

[\$19.26] than their counterparts at non-profit hospitals [\$20.16].²⁶ Registered nurses also earned lower salaries at for-profit hospitals, \$25.58 per hour compared to \$27.02 per hour. Most other healthcare support and technical occupations had similar salaries across hospitals of different ownership types.²⁷ The survey found that the pay rates at government hospitals [\$18.71] were similar to those in for-profit hospitals, and lower than non-profit hospitals.²⁸

The survey found similar trends in for-profit higher education, where “hourly earnings for all college and university teachers were nearly identical, regardless of whether they worked in private for-profit universities or in private not-for-profit universities.”²⁹ The hourly rate for all staff at private for-profit universities [\$28.45] was slightly higher than for those at private non-profit [\$26.21] and public universities [\$25.37].

This overview of data from the healthcare and higher education industries suggests that public service salaries do not differ significantly across organization ownership types and, in some cases, may in fact be lower at for-profit companies.

V. RACE AND GENDER IN CARE WORK FIELDS

Furthermore, recognizing the private-sector workers in these fields as public servants is a matter of gender and racial equity. It is particularly because of the historical reliance upon the unpaid or underpaid work of women, girls, and people of color that the government has been slow to provide public access to these services and the private sector has been able to offer market solutions based on very low wages, minimal protections, and job instability. Care work has historically been provided by women, girls, extended family, and community members; as women's workforce participation increased over recent decades—and in the absence of public programs—families have increasingly outsourced this type of work to private agencies.³⁰ In recent decades, with the increased labor force participation of women, the unpaid domestic labor of women and girls has been replaced largely by

26 Shahpoori, K. P. and Smith, J. [2005]. Wages in Profit and Nonprofit Hospitals and Universities. U.S. Bureau of Labor Statistics. Retrieved 29 November 2021, from <https://www.bls.gov/opub/mlr/cwc/wages-in-profit-and-nonprofit-hospitals-and-universities.pdf>.

27 Shahpoori, K. P. and Smith, J. [2005].

28 Shahpoori, K. P. and Smith, J. [2005].

29 Shahpoori, K. P. and Smith, J. [2005].

30 Bookman, A. and Kimbrel, D. [2011]. Families and Elder Care in the Twenty-First Century. Future of Children, Princeton University. Retrieved 24 November 2021, from <https://files.eric.ed.gov/fulltext/EJ944934.pdf>.

the low-paid work of immigrants and people of color—most of whom are women.³¹ Women, Black, Asian and Latino/a workers remain overrepresented in many care work fields, as Table 1 shows.

The concentration of Black, Latino, Asian, and women student loan borrowers in essential public service and care work professions makes reforming the PSLF program an even more urgent equity issue. For example, while 14.2% of the American population is Black and 18.4% is Latino, home health care workers are 37.4% Black and 25.4% Latino.³² Community and social service fields like substance abuse counseling, child and family social work, and healthcare social work range from 25 to 30% Black and 15 to 20% Latino.³³ Childcare workers are approximately 16.1% Black and 21.6% Latino.³⁴ Fully extending loan forgiveness to workers in the care economy—a benefit open to other public service professions—is therefore evidently a matter of gender and racial equity.

TABLE 1. GENDER AND RACE IN SELECTED PUBLIC SERVICE OCCUPATIONS

Highlighted figures indicate occupations in which a given race or gender is overrepresented relative to the share of the general population.

Occupation	Total Employed (thousands)	Women	Black	Asian	Hispanic
Community and social service occupations [overall]	2,717				
Child, family, and school social workers	62	89.8	26.8	0.6	21.3
Counselors, all other	225	68.2	18.3	3.7	15.2
Healthcare social workers	78	87	20.3	8.2	9.2
Mental health counselors	138	72.9	9.4	2	14
Other community and social service specialists	100	77.6	30.4	3.3	12.7
Probation officers and correctional treatment specialists	105	50.7	26.9	0.7	12.8
Social and community service managers	424	72.5	18.3	2.1	10.3
Social and human service assistants	230	79.6	18.9	3.2	14.9
Social workers, all other	673	85.4	25.7	3.7	15

31 Sassen, S. [2008]. "Strategic Gendering in the Global Division of Labor." Two stops in today's new Global geographies: shaping novel labor supplies and employment regimes. United Nations Publication. Retrieved 24 November 2021, from https://repositorio.cepal.org/bitstream/handle/11362/5815/1/S0800399_en.pdf

32 U.S. Bureau of Labor Statistics. [2020]. Household Data: 11. Employed persons by detailed occupation, sex, race, and Hispanic or Latino ethnicity. Labor Force Statistics from the Current Population Survey. Retrieved 24 November 2021, from <https://www.bls.gov/cps/cpsaat11.htm>.

33 U.S. Bureau of Labor Statistics. [2020]. Household Data: 11. Employed persons by detailed occupation, sex, race, and Hispanic or Latino ethnicity. Labor Force Statistics from the Current Population Survey. Retrieved 24 November 2021, from <https://www.bls.gov/cps/cpsaat11.htm>.

34 U.S. Bureau of Labor Statistics. [2020]. Household Data: 11. Employed persons by detailed occupation, sex, race, and Hispanic or Latino ethnicity. Labor Force Statistics from the Current Population Survey. Retrieved 24 November 2021, from <https://www.bls.gov/cps/cpsaat11.htm>.

Occupation	Total Employed (thousands)	Women	Black	Asian	Hispanic
Substance abuse and behavioral disorder counselors	130	81.3	25.4	1.7	16.8
Education, training, and library occupations [overall]	8,902				
Bus drivers, school	201	58.5	21.5	1.9	7.9
Childcare workers	928	94.8	16.1	3.8	21.6
Postsecondary teachers	1,156	51.1	6.5	11.2	6.2
Preschool and kindergarten teachers	535	98.8	12	2.2	15.3
Secondary school teachers	963	58.8	7.7	3	8.9
Special education teachers	332	80.1	7.2	1.8	8.9
Healthcare practitioners and technical occupations [overall]	9,559				
Emergency medicine physicians	17	-	-	-	-
Nurse practitioners	218	88	9.1	3.2	6.3
Occupational therapists	124	86.3	4	7.4	6.5
Other physicians	929	40.6	8.5	22	8.8
Physical therapists	281	67.2	5.2	15	4.4
Registered nurses	3,256	87.4	13.4	8.7	7.9
Speech-language pathologists	195	94.4	6.6	3.6	8.5
Emergency medical technicians	141	33.7	11.9	4	11.4
Dietetic technicians and ophthalmic medical technicians	66	73.5	27.6	2.1	5.3
Licensed practical and licensed vocational nurses	596	90	25.6	2.9	15.3
Medical records specialists	183	95.9	16.1	1.7	13.2
Miscellaneous health technologists and technicians	185	61.7	24.8	15.3	13.5
Healthcare support occupations [overall]	4,790				
Ambulance drivers and attendants, except emergency medical technicians	10	-	-	-	-
Home health aides	571	90.3	37.4	5	25.4
Medical assistants	561	90.2	17.4	4	27.9
Nursing assistants	1,364	89.3	35.2	4.7	13.7
Orderlies and psychiatric aides	55	57.5	37.2	1.2	8.7
Other healthcare support workers	147	61.1	23.6	7.1	23.6
Personal care aides	1,282	81.5	22.2	9.4	21.4
Physical therapist assistants and aides	78	71.7	3.7	5.8	

VI. CONCLUSION: EXPANDING ELIGIBILITY TO ADDRESS FUTURE WORKFORCE DEMANDS

In addition to remedying existing inequities in the PSLF program, expanding eligibility to for-profit entities will help to address labor shortages in important sectors of the workforce that are projected to have strong future growth. Eldercare, childcare, and social work are expected to be a growing segment of the national economy in the coming decades.³⁵ Home health and personal care aides, for example, are projected to be the fastest-growing occupation through 2030, with a 1,129.9% increase over 2020.³⁶ Registered nurses follow closely behind as the sixth-fastest growing occupation at a 276.8% increase, while medical and health service managers, medical assistants, nursing assistants, and nurse practitioners all fall within the top 30 growing occupations.³⁷

Expanding loan forgiveness eligibility will make these career pathways more attractive to workers and help to address potential future labor shortages. It will also make the trends in increased levels of education and credentialing for public service workers more sustainable.³⁸ Because the movement toward privatization and independent contractor employment status in the U.S. economy are expected to accelerate in the future, updating the employment categories eligible for loan forgiveness will contribute to the ongoing development of a robust public service sector.

35 Charlton, E. [2021]. 40% of all projected job opportunities will be created in this sector. And it's not technology. World Economic Forum. Retrieved 29 November 2021, from <https://www.weforum.org/agenda/2021/05/care-economy-emerging-job-opportunities/>.

36 U.S. Bureau of Labor Statistics. [2021]. Table 1.3 Fastest growing occupations, 2020 and projected 2030. Retrieved 29 November 2021, from <https://www.bls.gov/emp/tables/fastest-growing-occupations.htm>.

37 U.S. Bureau of Labor Statistics. [2021]. Table 1.3 Fastest growing occupations, 2020 and projected 2030. Retrieved 29 November 2021, from <https://www.bls.gov/emp/tables/fastest-growing-occupations.htm>.

38 Consumer Financial Protection Bureau. [2017]. Staying on Track While Giving Back The cost of student loan servicing breakdowns for people serving their communities, 1-2. Retrieved 24 November 2021, from <https://www.consumerfinance.gov/data-research/research-reports/staying-track-while-giving-back-cost-student-loan-servicing-breakdowns-people-serving-their-communities/>.



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Contact Info

 paynecenter.org

 rob.cline@tmcf.org

 713-987-4485

 901 F Street NW, Suite 700
Washington, DC 20004