Making Ends Meet: Differences in Neighborhood Family Care Resources in Detroit's Ethnic-Racial Communities in the Post-COVID Era

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ABSTRACT

Although the COVID-19 pandemic has had a global reach, immigrant and racial-ethnic minority women have carried the burden of making ends meet while also being the primary caregivers of children and older adults in their families. This paper uses Detroit, Michigan as a case study to examine the links between the availability of family care resources and women's labor force participation rates during the pandemic and their implications for the post-COVID era. We employ data from the U.S. Bureau of the Census, Detroit area community surveys, Michigan's Licensing and Regulatory Affairs registry of licensed child and elder care facilities, and digital archives from the City of Detroit's Department of Neighborhoods to assess these patterns. ArcGIS software was used to plot child care and elder care resources in seven racial-ethnic and immigrant communities in Detroit

against 2020 labor force participation rates. Findings underscore low labor force participation rates

across most neighborhoods, wide variations in available family care resources, and the presence of

child care deserts. Results suggest that low labor force participation rates during the past two years of

the pandemic were exacerbated by limited availability of neighborhood family care resources,

underscoring the need for system reform. [193 words]

INTRODUCTION

The COVID-19 pandemic resulted in substantial economic consequences and stressors for families, particularly those headed by low-income, women of color and immigrant women residing in U.S. urban areas that were disproportionately affected by the pandemic (Gelatt, Batalova and Capps, 2020, 1; Tucker, 2022, 1)). Since February of 2020, 2.9 million jobs in the United States were lost as a result of the pandemic with women accounting for 63.3 percent of these losses (Tucker 2022, 1). Prior to but intensified by the pandemic, working parents and particularly female-headed households, faced the *double shift* challenge – engaging in the labor force followed by the unpaid labor of child rearing and managing the home (Madgavkar et al. 2020, 2). Schools and child care centers made this *double shift* more manageable by allowing parents the opportunity to work. During the pandemic, however, most schools in the United States went to an online platform and many child care centers closed entirely or reduced their capacity (Flynn 2021), which removed important safety nets available to working parents. As a result, women in the United States were 4.5 times as likely as men to leave the workforce to address child care needs and 3 times more likely to be laid off or furloughed during the pandemic (U.S. Chamber of Commerce Foundation 2020, 10). Additionally, following heavy job losses and the spotty recovery from the COVID-19 pandemic, we see continued differences in returns to the labor force. While men have recouped all employment lost during the pandemic, there are still more than a million women out of the labor force as compared to pre-pandemic levels (Tucker 2022, 1).

One of the early casualties of the pandemic in the United States was Detroit, Michigan, a city that for decades has been challenged by a shrinking economy and precipitous decline of the auto industry and manufacturing sector, the rise of the low wage service sector, and unemployment rates consistently higher than the national average (Atuahene and Berry 2018, 853). Detroit's population

also changed, triggered by the flight of middle-class blacks and whites as well as the growing influx of

immigrants from Mexico and Central America, the Middle East, and Southeast Asia. Over the course

of 50 years, these economic and demographic transitions transformed Detroit into a city that today is

primarily low-income and racially and ethnically diverse (Mallach and Tobocman 2021, 6).

When the COVID-19 pandemic began in early 2020, Detroit's workforce was heavily

concentrated in the health and services sectors. One in four Detroiters were deemed essential workers

with women making up 66 percent of this workforce (MacDonald, Nann Burke, and Taylor 2020).

Despite being the mainstay of essential workers, the heaviest job losses during the pandemic were

experienced among women of color and immigrant women (Dunn 2022, 2; Rahman 2022). At the

height of the pandemic, working-age women in Detroit experienced a 43 percent unemployment rate

(Wileden, 2022, 4). Even with the subsequent lifting of COVID-19 restrictions and the resumption of

in-person work starting in the latter part of 2020, women's unemployment in Detroit has remained

around 21 percent – nearly double the pre-COVID rate of 11 percent. Continued high rates of

unemployment during the early stages of COVID-19 recovery have been coupled with an uptick in the

number of women who have completely withdrawn from the labor force provoking a phenomenon that

has been dubbed the *she-cession* (Flynn 2021, para. 5).

One possible explanation for this *she-cession* is the role that women play in the family care

economy and how that affects women's labor force participation. Although social norms around

caregiving have shifted, women still tend to be the primary caregivers for children and elderly family

members (AARP Michigan 2019, 3; Crain's Forum 2021; Dunn 2022). Specifically, women are 1.5

times more likely than men to spend an extra 20 hours/week performing housework and attending to

child care needs – the *double shift* (Madgavkar et al 2020, p. 1). The challenge of the *double shift* is

even more acute for single mothers, women of color, and immigrant women (Madgavkar et al. 2020,

2). Further, a recent Detroit Metropolitan Area Community Survey (2021) found that 40 percent of

women, in comparison to 12 percent of men, reported that the main reason for not returning to work

during the COVID-19 pandemic was associated with child care needs and other family obligations (p.

5). Women of color, immigrant women, and female-headed households also are more likely to engage

in the service industry, shift work, and in low wage positions that offer little flexibility for remote

work, family care needs, or illness, highlighting the challenge for women in the labor force during a

global pandemic (U.S. Chamber of Commerce Foundation 2020, 3).

This study uses Detroit, Michigan as a case study to examine how low-income families,

particularly those headed by racial, ethnic and immigrant women, are challenged to make ends meet in

the midst of the COVID-19 pandemic. The study aims to explore how access to child and elder care

resources from the care economy has affected women's labor force participation during and in the

aftermath of the COVID-19 pandemic. We examine this by using resource mapping and spatial

analysis to examine patterns of labor force participation and access to licensed child and elder care

facilities in seven racially and ethnically diverse neighborhoods of Detroit.

Two research questions informed the current study:

1. What is the distribution of family care resources available to women of color and
   immigrant women within Detroit neighborhoods?

2. How has the COVID-19 pandemic affected access to family care resources and how
   does access vary by race, ethnicity, and national origin?

CONCEPTUAL MODEL

The conceptual model framing our overall research study focuses on the individual, household,

and structural factors that shape women's labor force participation (Figure 1); see Pettit and Hook

(2005) and Tzvetkova and Ortiz-Ospina (2017) for reviews of extant theory. The factors affecting women's labor force participation are varied and occur at the individual, household and structural levels. Individual level factors that exert a positive effect on women's labor force participation include higher levels of educational attainment and being in good health (Boheim et al. 2021, 5-9; Pettit and Hook 2005, 783). Conversely, individual level factors that negatively affect women's labor force participation are age and poor health status (Boheim et al. 2021, 7-9; Manthorpe 2021, 306-307); marital status and the presence and number of young children in the household (Azcona et al. 2020, 6); access to other sources of income or the presence of multiple wage earners in the household (U.S. Bureau of Labor Statistics 2018); and communication or language barriers (Barth and Heffley 2004, 8). Although women may be actively participating in the labor force, they may be forced to exit if their employers do not offer flexible work schedules or provide benefits such as health insurance or sick leave.

Factors at the household level that positively impact women's labor force participation are access to a personal vehicle (Bastiaanssen, Johnson, and Lucas 2020, 618) and in the era of remote work, access to reliable and affordable internet connections (Dettling 2016, 466). Further, the amount of time that women spend participating in unpaid labor also affects women's ability to work (Gardner 2021; Pettit and Hook 2005, 796).

At the structural level, supportive family policies, such as those that allocate sufficient funding for subsidized child care or child allowances, create a safety net for women to remain in or enter the labor force (Tzvetkova and Ortiz-Ospina 2017, Section 5). The issue of supportive family policies has been particularly salient during the COVID-19 pandemic as many essential industries experienced massive labor shortages (U.S. Chamber of Commerce Foundation 2020, 11). However, caregivers are

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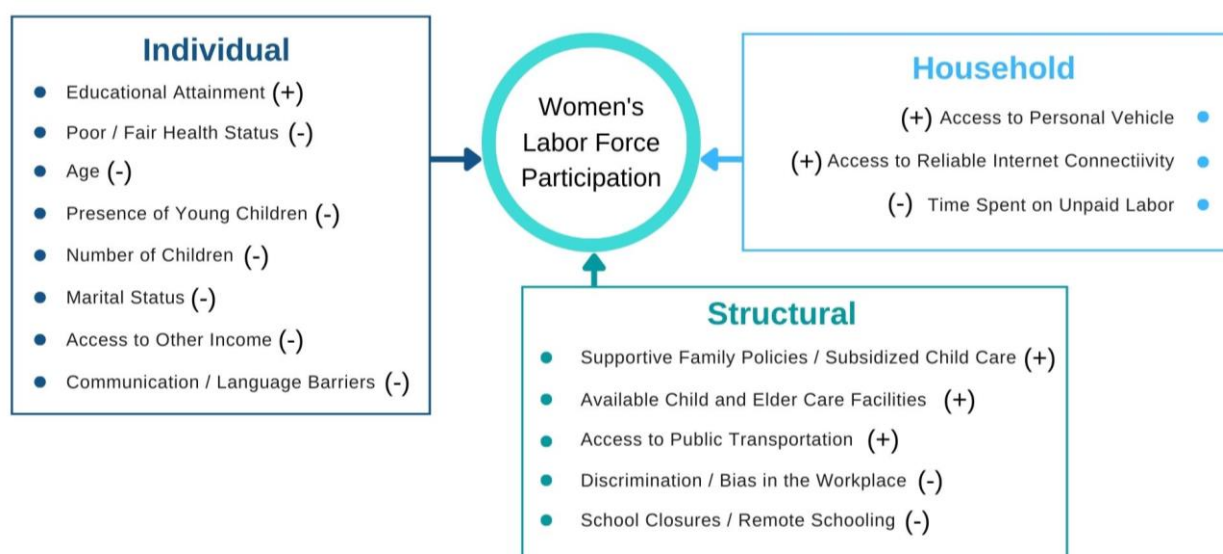
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Figure 1: An Integrated Conceptual Framework for Women's Labor Force Participation

Sources: Becky Pettit and Jennifer Hook, "The Structure of Women's Employment in Comparative Perspective," *Social Forces* 84, no. 2 (December 2005): 779–01, https://doi.org/10.1353/sof.2006.0029. Sandra Tzvetkova and Esteban Ortiz-Ospina, *Working Women: What Determines Female Labor Force Participation?* Oxford, UK: Our World in Data, 2017, https://ourworldindata.org/women-in-the-labor-force-determinants#:%7E:text=Social%20norms%20and%20culture%20are,of%20female%20labor%20force%20participation.

challenged to return to work to fill those shortages when their childcare needs are not met. Childcare for one child under the age of five in the United States is estimated to cost a family approximately 13 percent of their total income and less than one in five families receive a subsidy to offset childcare costs making it increasingly difficult for families to remain in the labor force (U.S. Department of Treasury 2021, 2). The pandemic also underscored the precarity of elder care services in the United States, particularly given the dearth in subsidized elder care services and the majority of elder care is provided in the home by women who serve as unpaid caregivers.

Additional factors mitigating women's ability to remain in or return to the labor force, amplified during the COVID-19 pandemic, include access to public transportation, school closures, layoffs, and access to health insurance (Currie and Madrian 1999, Section 3; Bastiaanssen, Johnson,

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and Lucas 2020, 621; U.S. Chamber of Commerce Foundation, 8). Reliable access to public transportation is already elusive in many U.S. communities, particularly those with an overreliance on the use of private vehicles and limited investment in mass transit options. This lack of access disproportionately affects low-income and minoritized residents who rely on public transit to travel to work and often have irregular work schedules that are not well served by existing mass transit. In 2020, U.S. public transportation systems experienced 80% decline in ridership because of the pandemic and these systems are struggling to return to pre-pandemic levels of service (EBP US, Inc. 2021, 3).

Moreover, during the height of the pandemic, the majority of U.S. schools closed to in-person learning and went to remote learning at the same time many employers were forced to make layoffs or transition their employees to remote work (Madgavkar et al. 2020, 8; Decker, Peele, and Riser-Kositsky 2021). However, not all faired equally – higher income earners tended to be better positioned to adjust to this transition with the option of remote work and available benefits such as health insurance or paid sick leave (U.S. Chamber of Commerce Foundation 2020, 7. Meanwhile, low-income earners were more likely to work in industries that faced significant layoffs, could not transition to remote work, and did not offer schedule flexibility or benefits (U.S. Chamber of Commerce Foundation 2020, 7). With schools closed and child care centers serving fewer children, many women, particularly low-income, immigrant, and women of color, were forced to leave the labor force with the majority citing child care costs and availability as the primary reason (National Association of Young Children 2020, 1; U.S. Chamber of Commerce Foundation 2020, 8).

Further, women in the labor force, particularly women of color and immigrant women, face discrimination and bias creating additional burdens to remaining in the labor force (Gonzales 2022, Section 3; Whitaker 2019, 25). During COVID-19, minority women were disproportionately

furloughed or laid off in comparison to white women and men of all racial and ethnic backgrounds

(U.S. Chamber of Commerce Foundation 2020, 10).

DATA AND METHODS

Study Neighborhoods

This study focuses on seven neighborhoods located in the City of Detroit (Michigan) that

reflect variations in population size, racial and ethnic composition, immigrant composition,

socioeconomic characteristics and location within the city. The size of these neighborhoods varies

between 5,000 and 53,000 residents. Although more than three-quarters of Detroit residents are

African American (American Community Survey 2020), there are pockets of racially and ethnically

mixed neighborhoods scattered across the city. Immigration from Mexico, Central and South America

as well as the Middle East has fostered the development of sizable immigrant enclaves located in the

northern and western parts of Detroit (Mallach and Tobocman 2021, 21-22). Each neighborhood and

the City of Detroit as a whole are described briefly below using 2020 *American Community Survey*

data and their geographic location is shown in Figure 2.

Detroit is a racially and ethnically mixed city in southeastern Michigan. In 2020, Detroit was

home to nearly 685,000 individuals. Approximately 6 percent of Detroit's population is foreign-born.

More than half of households had related children under 18 in their care. Four out of ten households

were female-headed. Median household income was $30,894 USD. Overall, Detroit had an

unemployment rate of 15.7 percent prior to the pandemic (American Community Survey 2020).

Brightmoor is a racially mixed, predominately African American neighborhood that is home to

approximately 16,432 individuals. Only 2.5 percent of neighborhood residents were foreign-born.

Two-thirds of households had related children under 18 in their care. Approximately 43 percent of

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households were female-headed. Median household income was $27,150 USD. Prior to the onset of

the COVID-19 pandemic, Brightmoor had an unemployment rate of 21.4 percent among working-age

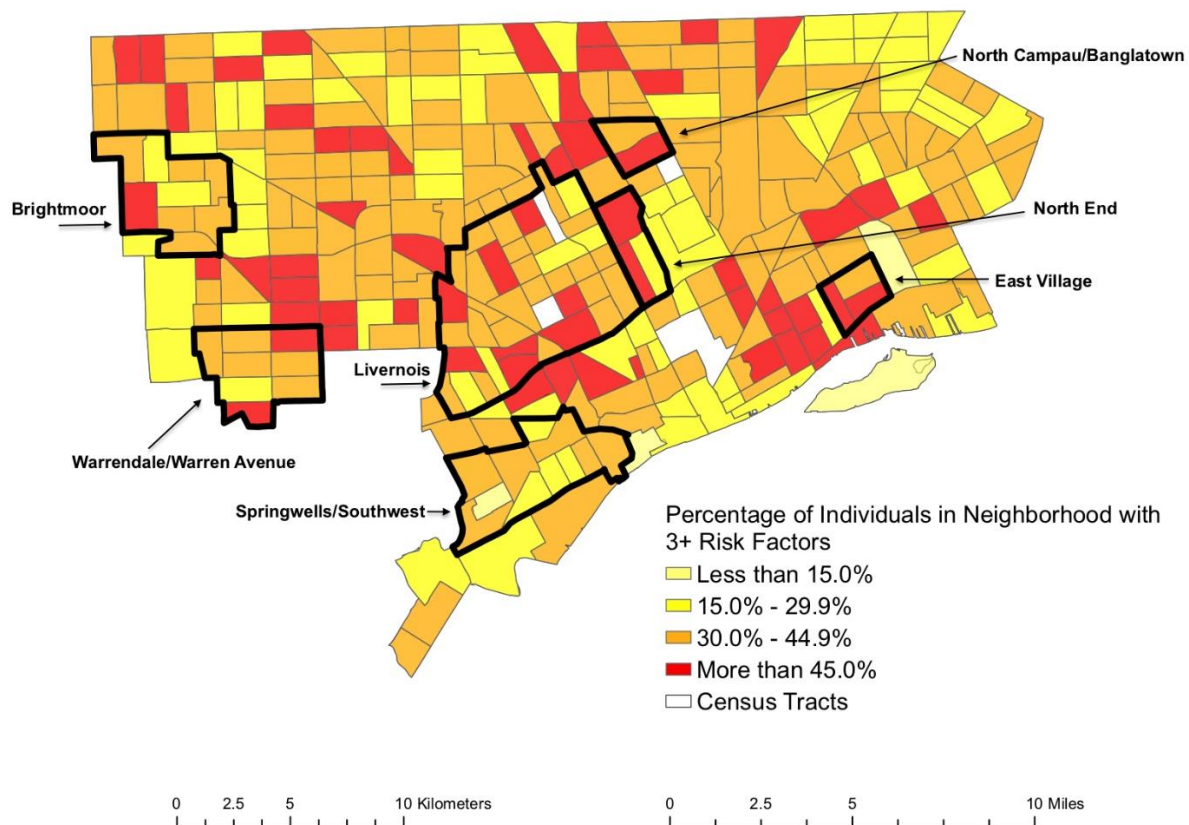adults (American Community Survey 2020).

Figure 2: 2019 Community Resilience Estimates, City of Detroit, Michigan

Source: U.S. Bureau of the Census, "Community Resilience Estimates CRE_19_Tract Level Data, 2019," Washington, D.C.: U.S. Bureau of the Census, Produced and distributed by the U.S. Bureau of the Census, https://www.census.gov/programs-surveys/community-resilience-estimates/data/datasets.html

Warrendale/Warren Avenue is a primarily Middle Eastern and North African immigrant

neighborhood that is home to 30,757 individuals. Approximately one out of seven neighborhood

residents were foreign-born. Slightly more than 64 percent of households had related children under

18 in their care (American Community Survey 2020). Approximately four out of ten households were

female-headed. Median household income was $26,836 USD. Warrendale/Warren Avenue had an unemployment rate of 16.5 percent prior to the COVID-19 pandemic (American Community Survey 2020).

Livernois is a commercial hub that also is home to 53,144 predominantly African American individuals. Approximately 8.4 percent of neighborhood residents were foreign-born. In Livernois, slightly more than half (54.7 percent) of households had related children under 18 in their care (American Community Survey 2020). One in four households were female-headed. Median household incomes were $25,709 USD. Before the start of the COVID-19 pandemic, Livernois had an unemployment rate of 16.1 percent (American Community Survey 2020).

Springwells/Southwest is a primarily Latinx[1] immigrant neighborhood that is home to 34,371 individuals. Approximately 26 percent of neighborhood residents were foreign-born with countries of origin in Mexico, Central and South America as well as the Middle East. Nearly two-thirds of households in Livernois had related children under 18 in their care (American Community Survey 2020). Only one in four households were female-headed. The median household income was $29,562 USD – the highest of all of our study neighborhoods. The unemployment rate in Springwells/Southwest was 11.7 percent prior to the COVID-19 pandemic (American Community Survey 2020).

East Village is a racially mixed, predominately African American neighborhood that is home to 4,714 individuals. Less than 1 percent of neighborhood residents were foreign-born. Almost 54 percent of households in East Village had related children under 18 in their care (American Community Survey 2020). Slightly less than half (47 percent) of households were female-headed.

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[1] According to research conducted by the Pew Research Center (Noe-Bustamante, Mora and Lopez 2020), this represents an individual of Mexican, Puerto Rican, Cuban, Central or South American descent used in the gender-neutral format as opposed to the gendered Latino/a.

Median household income was $24,043 USD. East Village had an unemployment rate of 14.3 percent prior to the COVID-19 pandemic (American Community Survey 2020).

North End is a predominately African American neighborhood that is home to 4,937 individuals. Approximately 5 percent of neighborhood residents were foreign-born. As of 2019, 55.8 percent of households had related children under 18 in their care (American Community Survey 2020). One-third of all households were female-headed. Median household income was $22,612 USD – the lowest of all of our study neighborhoods. Prior to the COVID-19 pandemic, the North End neighborhood had an unemployment rate of 18.8 percent (American Community Survey 2020).

North Campau/Banglatown is a Bangladeshi community that is home to 4,771 individuals. More than six out of ten neighborhood residents (61.5 percent) were foreign-born. As of 2019, three-quarters of all households had related children under 18 in their care (American Community Survey 2020). Less than 10 percent of households were female-headed. Median household income was $28,188 USD. North Campau/Banglatown had an unemployment rate of 13.5 percent prior to the COVID-19 pandemic (American Community Survey 2020).

Data Sources

To create community profiles and resource maps for our study neighborhoods, the following data sources were employed. Data Driven Detroit (D3) online data portal (https://portal.datadrivendetroit.org/) combines multiple data sources and data visualizations to help answer pressing questions affecting the City of Detroit. These data are publicly available and covers a wide range of topics, such as the State of the Detroit Child (https://sdc.datadrivendetroit.org/) that focuses on factors affecting the well-being of Detroit's children. D3's open data portal and State of the Detroit Child dataset were used to develop customized bespoke neighborhood profiles and maps using

data derived from the U.S. Bureau of the Census and its *American Community Survey* (ACS) 5-year estimates (2020, Table DP03). The ACS is a national survey conducted annually to provide public officials with updated information about the nation's people and communities. Using non-overlapping datasets, the ACS allows for multiyear comparisons of data. For example, the ACS 1-year estimates for 2019 can be compared with ACS 1-year estimates for 2020 (U.S. Bureau of the Census 2022). Data are also pooled to create ACS 5-year estimates, which increases the statistical reliability for smaller geographic areas (U.S. Bureau of the Census 2022). Additionally, neighborhood profiles were completed using the digital archives from the City of Detroit Department of Neighborhoods website (https://detroitmi.gov/webapp/interactive-district-map), neighborhood association websites, and other online sources. These data sources provide information about individual neighborhood histories, community resources and events, and resident stories and experiences of living in specific neighborhoods.

The State of Michigan's Department of Licensing and Regulatory Affairs (LARA) Online Registry of Licensed Homes provided information about licensed child care centers and homes (https://childcaresearch.apps.lara.state.mi.us/) as well as adult foster care and homes for the aged (https://www.michigan.gov/lara/bureau-list/bchs/adult). LARA oversees licensing for professional services, reviews complaints and investigates alleged violations. Using LARA's publicly available Statewide registry of licensed child and elder care providers, a comprehensive list of Child Care Centers and Homes (CCC/CCH) and Homes for the Aged (HFA) were identified. A systematic online search also was completed to identify child and elder care facilities within the neighborhoods that may not be licensed as a CCC/CCH, or an HFA based on neighborhood census tracts and postal codes to identify the location of these additional family care resources.

The Detroit neighborhood maps were created by first determining neighborhood boundaries using the Department of Neighborhoods (n.d.) definitions. Then, D3's State of the Detroit Child data portal was used to create bespoke neighborhood boundaries and re-estimate neighborhood characteristics. We utilized neighborhood zip codes to search for licensed child and elder care resources through LARA as well as through a systematic online search of elder care using key terms. Geocoding of all of the aforementioned resources was completed using the FFIEC tool (FFIEC.gov 2018). ArcGIS 10.8.1 software was used (Esri 2020) to plot community-based resources. We depicted 2020 ACS 5-year estimates of labor force participation rates (American Community Survey (ACS) 2020) as the map base and then plotted child and elder resources and organizations as a map overlay. This data visualization allowed us to depict labor force participation rates while considering the availability of community-based resources in our study neighborhoods, particularly child and elder care.

Measuring Community Resilience

In 2019, the U.S. Bureau of the Census released a new index of Community Resilience Estimates (CRE) to help identify communities at different spatial scales that would likely have a difficult time recovering from a disaster. Eleven risk factors[2] were identified as likely indicators of a slow recovery. Neighborhoods having high fractions of residents with multiple risk factors were considered to have low levels of community resilience. This composite measure highlights the pre-

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[2]Risk factors from the 2019 CRE include: Income to Poverty Ratio, Single or Zero Caregiver Household, Crowding, Communication Barrier, Households without Full-time, Year-round Employment, Disability, No Health Insurance, Age 65+, No Vehicle Access, and No Broadband Internet Access (U.S. Bureau of the Census 2019). These are measured at the individual or household level and then aggregated up to reflect the percentage of residents in a census tract experiencing one or more of these risk factors.

existing vulnerability and precarity of urban neighborhoods across the United States that became

glaringly apparent during the pandemic. Using 2019 CRE tract-level data as a base layer for the City

of Detroit and highlighting our bespoke neighborhood boundaries, these estimates provide an

overview of specific census tracts and neighborhoods that may be more vulnerable to the impacts of

the COVID-19 pandemic and therefore, may experience more difficulties during post-pandemic

recovery.

RESULTS

As shown previously in Figure 2, numerous neighborhoods in the City of Detroit and six of our

study neighborhoods would have been identified as having low levels of community resilience. With

the exception of the Springwells/Southwest neighborhood, all of the other neighborhoods have census

tracts with more than 45 percent of their residents possessing three or more risk factors that impede

resilience. This suggests that our study neighborhoods would likely face challenges recovering from a

major disaster like the COVID-19 pandemic.

Once analyzes of the neighborhood profiles and resource mapping were completed, we were

able to identify five key findings that we present in overview here. First, we noted modest to moderate

fluctuations in neighborhood family care capacities due to the opening and closing of facilities since

the onset of the COVID-19 pandemic (see Table 1). Second, labor force participation rates during the

pandemic were low across most of our study neighborhoods (see Figures 3). Third, we found

considerable spatial variation in the types and location of family care resources available across study

neighborhoods (see Figure 4). Fourth, data visualizations highlight the continued existence of child

care deserts in most study neighborhoods that were not addressed by any increased child care capacity

during the pandemic (Figure 5). Lastly, most family care closures during the pandemic occurred

within child care facilities as opposed to elder care facilities (Figure 6). These findings are described

in more detail below.

Neighborhood Child and Elder Care Capacities

We begin by describing the capacity to provide child and elder care services to neighborhood

residents. In the State of Michigan, family care providers can be licensed or license exempt. To be a

license exempt child care provider, the individual must be 18 years or older, related to the child by

blood, marriage, or adoption and provide care for no more than six children in the provider's or child's

home (Michigan.gov, n.d.) License exempt providers are not included in this study since there is no

state registry to identify these providers. In terms of elder care, assisted living facilities and

independent living facilities do not require a license (Michigan.gov 2017). Although we were able to

identify these facilities and include them in this study, capacity information is not readily reported.

As shown in Table 1, the Springwells/Southwest neighborhood had the largest number of

licensed child care slots of all study neighborhoods with 830 slots, followed by Livernois with 806.

Warrendale/Warren Avenue had capacity for 371 children, East Village had 143 child care slots,

followed by the North End with 93 slots, and then Brightmoor with capacity for 78 children. The

North Campau/Banglatown neighborhood had no licensed child care slots at all. Additionally, eleven

new child care facilities opened between March 2020 and December 2021 in four of the study

neighborhoods for a total increase of 275 slots. Livernois gained 118 child care slots,

Springwells/Southwest saw an increase of 81 slots, followed by Warrendale/Warren Avenue with a

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Neighborhood	Available Elder Care Slots with Active Licenses	Elder Care Slots Opened 3/2020 – 12/2021	Elder Care Slots Closed 3/2020 – 12/2021	Available Child Care Slots with Active Licenses	Care Slots Opened 3/2020 – 12/2021	Child Care Slots Closed 3/2020 – 12/2021)
Springwells/SW	N/A*	0	0	830	81	72
Warrendale/Warren Ave	N/A*	0	20	371	64	126
Brightmoor	6**	0	0	78	12	109
Livernois	102	52	118	806	118	431
North End	0	0	0	93	0	22
East Village	N/A*	0	0	143	0	0
North Campau/Banglatown	0	0	0	0	0	120
Total	108*	52	138	2,421	275	880

Table 1: Neighborhood Child and Elder Care Capacity: Number of Current Slots and Slots Lost during the COVID-19 Pandemic

Sources: "Statewide Search for Licensed Child Care Centers and Homes," Department of Licensing and Regulatory Affairs (LARA), Lansing, MI, 2022a. https://childcaresearch.apps.lara.state.mi.us/ "Statewide Search for Adult Foster Care /Homes for the Aged Facilities." Department of Licensing and Regulatory Affairs (LARA), Lansing, MI, 2022b. https://www.michigan.gov/lara/bureau-list/bchs/adult

Notes:
* Neighborhood has Assisted Living or Independent Living Facilities where capacity information is not readily available.
** Neighborhood has Adult Foster Care (AFC) or Homes For the Aged (HFA) with available capacity information through LARA and Assisted Living or Independent Living Facilities without capacity information

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gain of 64 slots, and lastly, Brightmoor with 12 child care slots. Overall, more child care slots were lost during COVID-19; Livernois lost 431 slots, Warrendale/Warren Avenue lost 126, North Campau/Banglatown lost all 120 child care slots in the neighborhood, Brightmoor saw a decrease in 109 slots, Springwells/Southwest lost 72 child care slots, followed by the North End with a decrease in 22 slots, and lastly, East Village did not see a gain or loss in child care slots.

Determining neighborhood elder care capacity was more challenging as Assisted Living Facilities and Independent Living Facilities are not required to report capacity information, like Adult Foster Care (AFC) or Homes for the Aged (HFA) (Michigan.gov 2017). Overall, we noted a scarcity of elder care facilities across all study neighborhoods although this was less so in the Livernois neighborhood. Livernois had eight elder care facilities with a total capacity of 102 individuals. Brightmoor had five facilities, however, only one facility had capacity information listed with six slots. Springwells/Southwest had three elder care facilities, Warrendale/Warren Avenue had two facilities, and East Village had one facility, however, capacity could not be determined as none of the elder care facilities in those neighborhoods listed capacity information. Moreover, we found that the North End and North Campau/Banglatown neighborhoods did not have any licensed elder care facilities. However, since the onset of the COVID-19 pandemic, three elder care facilities all within the Livernois neighborhood opened for an increase in capacity of 52 slots.

Labor Force Participation Rates During COVID-19

Labor force participation rates were generally low for all study neighborhoods even prior to the onset of the pandemic (see Figure 3). Using ACS (2020) 5-year data estimates, we were able to determine that approximately 20 percent of working age adults, age 16 to 64, were participating in the labor force during the first year of the pandemic. The North End, a predominantly African American

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neighborhood, had the lowest labor force participation rates of our study neighborhoods with less than 20 percent of working age adults in the labor force. On the other end of the spectrum, the Springwells/Southwest neighborhood, comprised primarily of Latinx immigrants, and the North Campau/Banglatown neighborhood, comprised primarily of Bangladeshi immigrants, had the highest labor force participation rates (see Figure 4). Springwells/Southwest had labor force participation rates that varied with some census tracts having less than 20 percent participation and other areas of the neighborhood having up to 60 percent labor force participation, for an average of approximately 40 percent. In North Campau/Banglatown, one of the smallest neighborhoods we examined, roughly one-third of working age adults were engaged in the labor force. The extent to which these higher rates of labor force participation were driven by the presence of immigrants, and specifically immigrant women, will be explored further in the next phase of the study. Finally, Brightmoor, Warrendale/Warren Avenue, Livernois, and the East Village all had lower labor force participation rates that generally fell below 20 percent, however, these four neighborhoods all had pockets of higher labor force participation, ranging from 20 to 60 percent.

Variation in Available Family Care Services

To highlight the variation in services, the two extreme cases of Livernois and North Campau/Banglatown are shown (see Figure 4). Livernois, a primarily African American neighborhood located in the heart of the Detroit's central city, is a hub for a wide range of commercial activities and services located within its boundaries. Livernois had the highest concentration of child and elder care facilities of all study neighborhoods. On the other extreme, the North Campau/Banglatown neighborhood, which is located to the northeast of Livernois, had no family care resources within the neighborhood.
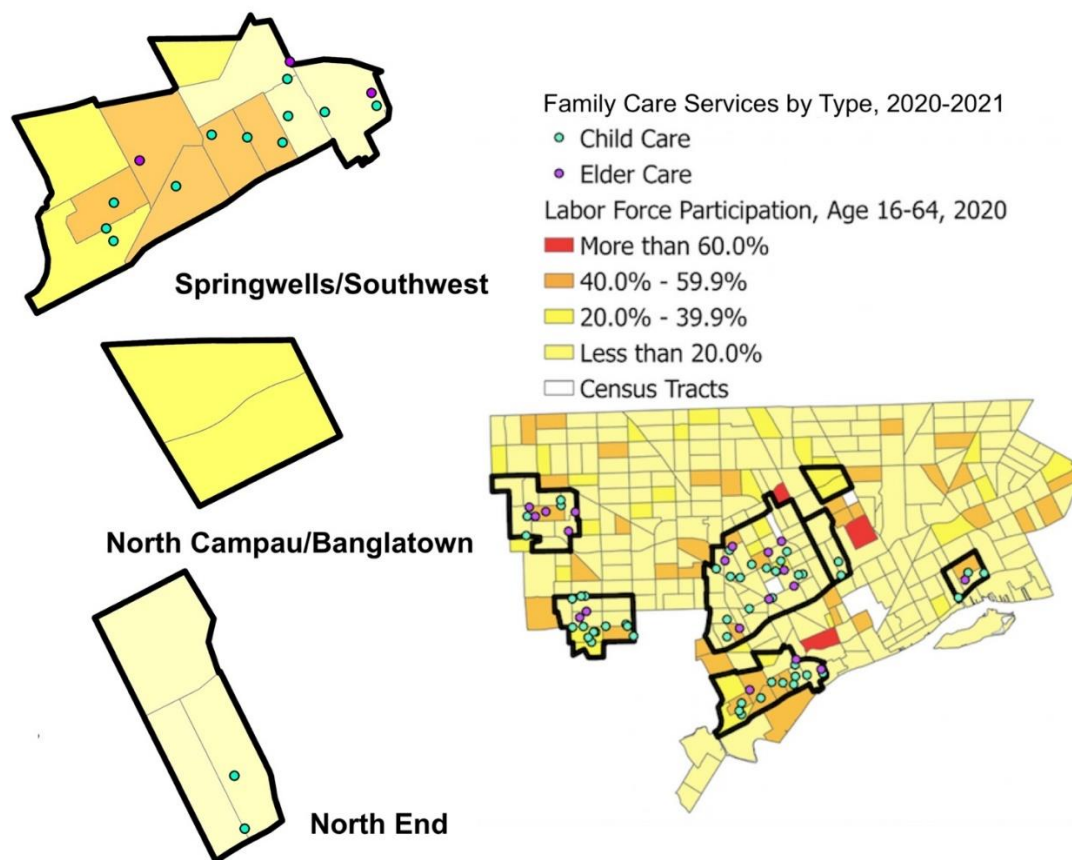
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Figure 3: Labor Force Participation Rates and Available Family Care Resources during COVID-19, City of Detroit, Michigan

Source: American Community Survey, *Selected Economic Characteristics (Table DP03): ACS 5-Year Estimates Data Profiles, 2020.* Produced and distributed by the U.S. Bureau of the Census. https://data.census.gov/cedsci/table?q=acs%205-year%20economic%20characteristics&g=0500000US26163%241400000&tid=ACSDP5Y2020.DP03
 "Statewide Search for Licensed Child Care Centers and Homes," Department of Licensing and Regulatory Affairs (LARA), Lansing, MI, 2022a. https://childcaresearch.apps.lara.state.mi.us/
"Statewide Search for Adult Foster Care /Homes for the Aged Facilities." Department of Licensing and Regulatory Affairs (LARA), Lansing, MI, 2022b. https://www.michigan.gov/lara/bureau-list/bchs/adult

Additionally, services in all study neighborhoods tend to be clustered on major street arterials and on the fringes and edges of our study neighborhoods. This is of concern because one-third of Detroiters rely on public mass transportation which is already woefully inadequate (Geber et al. 2017, 3). For communities like the North End which also had limited resources, this poses an additional burden to accessing family care services that facilitate participation in the labor force by low-income women.
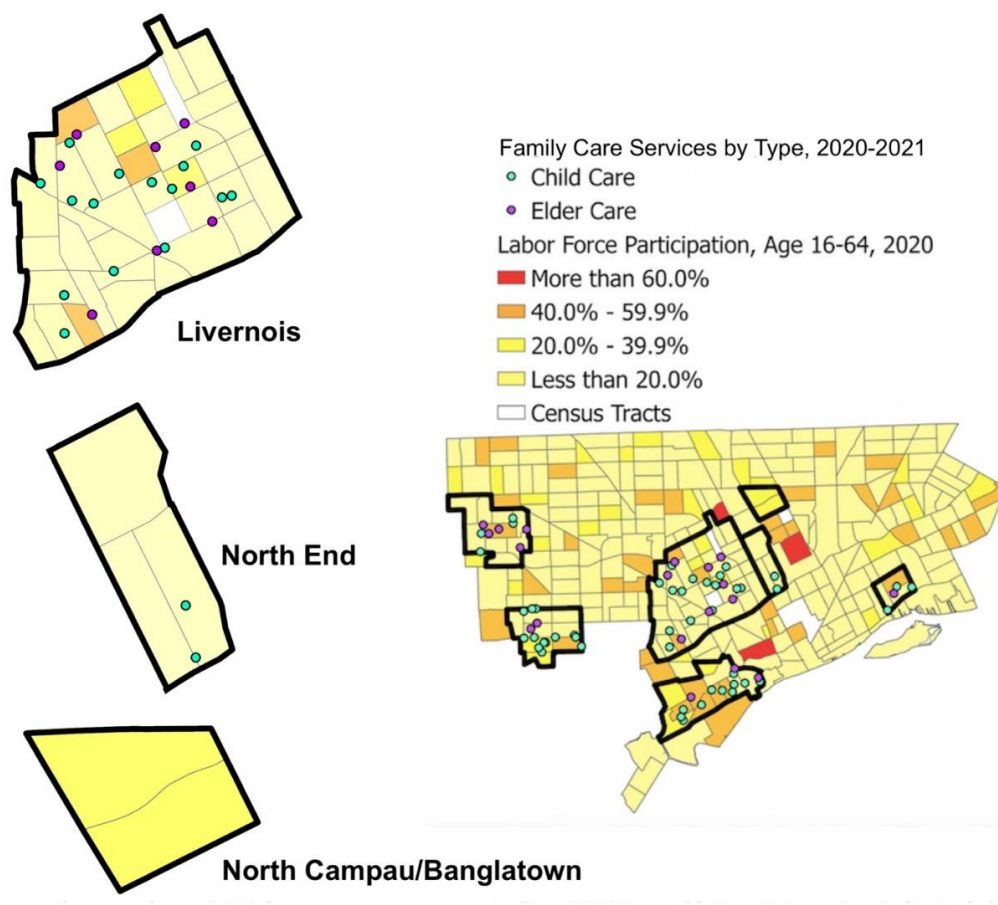

Figure 4: Variations in Available Family Care Services by Neighborhood

Source: American Community Survey, *Selected Economic Characteristics (Table DP03): ACS 5-Year Estimates Data Profiles, 2020.* Produced and distributed by the U.S. Bureau of the Census.
https://data.census.gov/cedsci/table?q=acs%205-year%20economic%20characteristics&g=0500000US26163%241400000&tid=ACSDP5Y2020.DP03

"Statewide Search for Licensed Child Care Centers and Homes," Department of Licensing and
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and Regulatory Affairs (LARA), Lansing, MI, 2022b. https://www.michigan.gov/lara/bureau-
list/bchs/adult

Child Care Deserts

Critical to the return of women to the labor force in Detroit and beyond is access to safe, high

quality, and affordable child care. Yet only 69 percent of child care facilities have re-opened in Wayne

County where Detroit is situated since the start of the pandemic (Gardner 2021). For those facilities

that are open, they often are operating at reduced capacity relative to pre-pandemic levels (U.S.

Chamber of Commerce Foundation 2020, 3).

One of the biggest challenges affecting the ability of women, especially those who are low-

income, women of color and/or of immigrant background is the cost of child care. In Detroit, the

average cost of child care has doubled over the course of the COVID-19 pandemic (Javed

2021). Since the start of the pandemic, the costs of child care in a day care center have increased to

$10,400/year or $867/month while home-based care rose to $12,708/year or $1,059/month (Javed,

2021; Burroughs et al. 2021, Appendix D). Child care subsidies are few and far between. Eligibility

requirements and long waitlists for subsidized child care through Michigan's Great Start Readiness

Program and the federal Early Head Start or Head Start Programs further constrain child care options

available to low-income families (Harper and Porfirio 2022). To be eligible for federal child care

subsidies, families must have an income below the federal poverty line. Children who experience

homelessness, are in foster care, or are receiving other forms of public assistance are also eligible for

Early Head Start or Head Start Programs (Head Start Early Childhood Learning and Knowledge

Center 2022). Eligibility for the Michigan Great Start Readiness Program also is primarily based on

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the child's age and family income below the federal poverty line, but it also considers seven[3] factors that place the child at additional risk for low educational attainment (Michigan.gov 2020, 1, 5).

Further limiting women's ability to return to work is the presence of child care deserts – which are defined as neighborhoods where the number of children aged 0-5 exceed the number of available child care slots by a factor of 3 or more (see Figure 5). Prior to the pandemic, child care deserts existed in four of our study neighborhoods: Brightmoor and East Village, both racially-mixed but predominately African American neighborhoods; Springwells/Southwest, a Latinx immigrant neighborhood, and Warrendale/Warren Avenue, a Middle Eastern and North African immigrant neighborhood. During the pandemic, two additional study neighborhoods, Banglatown/North Campau and Livernois, became child care deserts. The North End was the only study neighborhood that was not considered a child care desert, however, the number of children aged 0-5 exceeds the number of child care slots by a factor of 2.9, indicating child care resources are very limited in this study neighborhood. Since the pandemic, the lack of child care has become more acute with additional loses in child care capacity.

Child and Elder Care Closures and Reduced Capacity

Notably, there were no closures of child or elder care facilities in East Village during the pandemic (see Figure 6 and Table 1). Two child care facilities closed in the North End for a loss of 22 slots with no elder care facilities closing in this neighborhood during COVID-19. One child care

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[3] Michigan's Great Start Readiness Program eligibility factors used to determine a child's risk of low educational attainment are: Low family income; Diagnosed disability or identified developmental delay; Severe or challenging behavior; Primary home language other than English; Parent(s) with low educational attainment; Abuse/neglect of child or parent; and Environmental risk (michigan.gov 2020, 5).
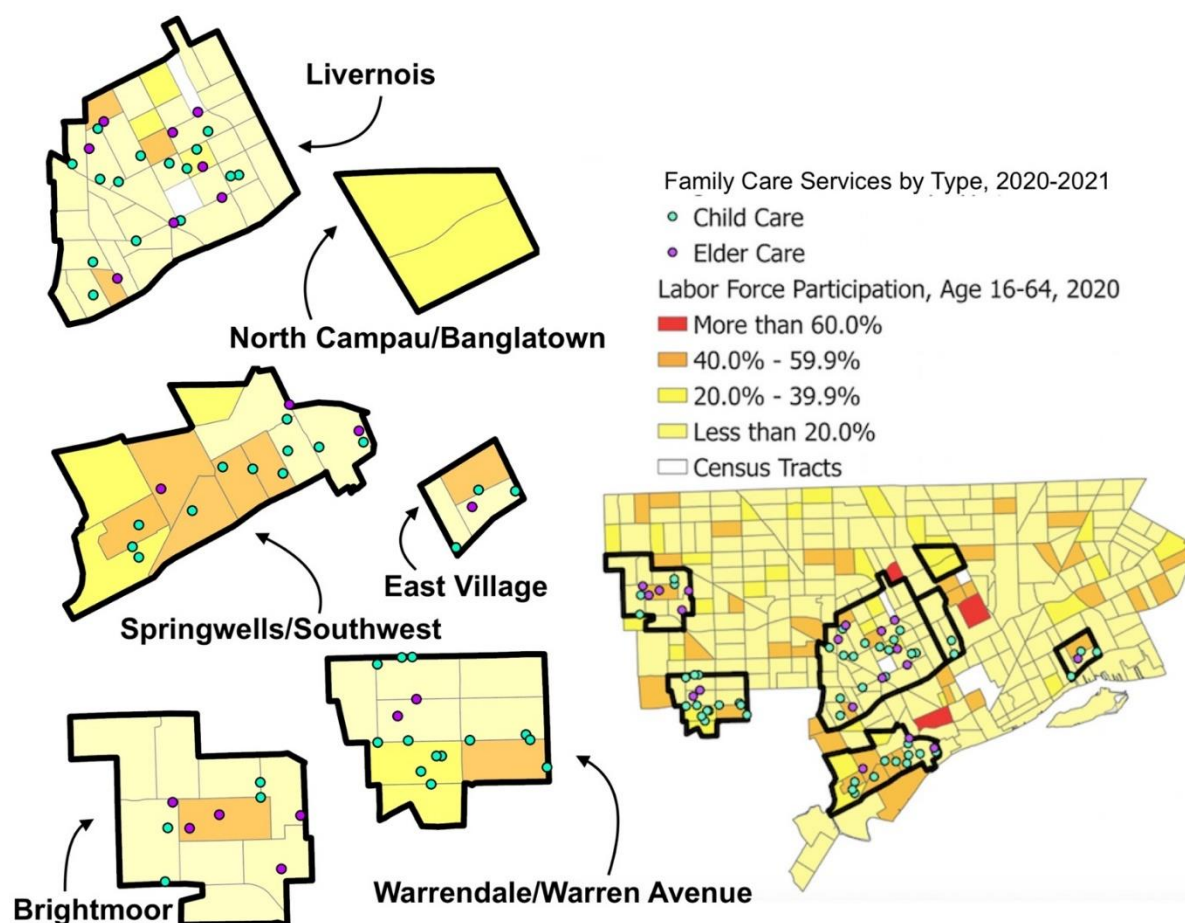
Figure 5: 2021 Location of Child Care Deserts, City of Detroit, Michigan
Source: American Community Survey, *Selected Economic Characteristics (Table DP03): ACS 5-Year Estimates Data Profiles, 2020.* Produced and distributed by the U.S. Bureau of the Census. https://data.census.gov/cedsci/table?q=acs%205-year%20economic%20characteristics&g=0500000US26163%241400000&tid=ACSDP5Y2020.DP03
"Statewide Search for Licensed Child Care Centers and Homes," Department of Licensing and Regulatory Affairs (LARA), Lansing, MI, 2022a. https://childcaresearch.apps.lara.state.mi.us/
"Statewide Search for Adult Foster Care /Homes for the Aged Facilities." Department of Licensing and Regulatory Affairs (LARA), Lansing, MI, 2022b. https://www.michigan.gov/lara/bureau-list/bchs/adult

facility closed in Springwells/Southwest for a loss in capacity of 72 slots. Four child care facilities

closed in North Campau/Banglatown for a loss of 120 slots with no closures of elder care facilities.

The Warrendale/Warren Avenue saw five closures of child care facilities and four closures of elder

care facilities for a loss of 126 and 20 slots, respectively. Four child care facilities and no elder care

facilities closed in the Brightmoor neighborhood accounting for a loss of 109 slots. Seven child care

and four elder care facilities closed in Livernois during the pandemic for a loss of 431 child care slots
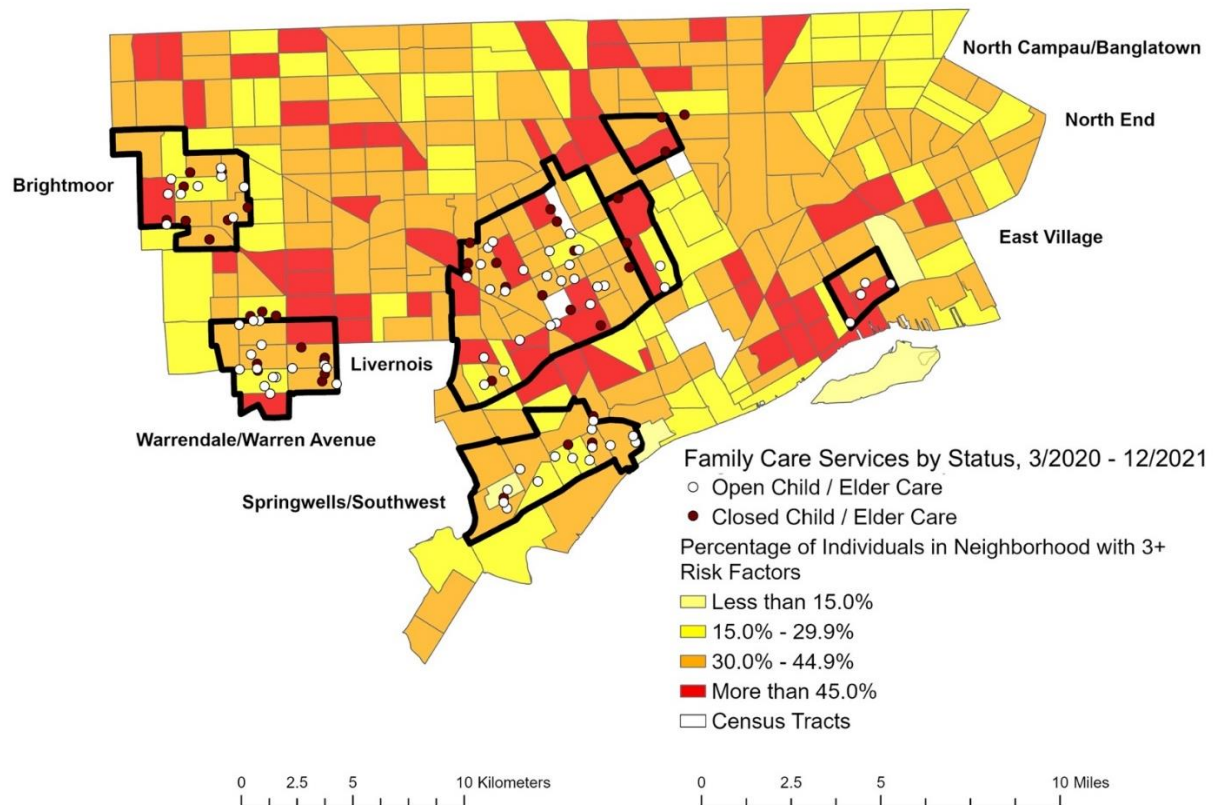
and 118 elder care slots.

Figure 6: Child and Elder Care Openings and Closures During COVID-19 in Study Neighborhoods
Source: U.S. Bureau of the Census, *Community Resilience Estimates CRE_19_Tract Level Data, 2019*, Washington, D.C.: U.S. Bureau of the Census, Produced and distributed by the U.S. Bureau of the Census, https://www.census.gov/programs-surveys/community-resilience-estimates/data/datasets.html

While the North End and North Campau/Banglatown neighborhoods did not experience any

losses in elder care capacity, these neighborhoods do not have any elder care facilities at all (see

Figure 6). The East Village did not see any closures of elder care facilities either, but there is only one

facility present in this neighborhood. The Brightmoor and Springwells/Southwest neighborhoods also

did not see any elder care closures, however, Brightmoor only has six elder care facilities and Springwells/Southwest has three within their neighborhoods.

STUDY LIMITATIONS

Since these are preliminary findings from what is the first year of a multiyear project, there are several limitations. First, the resource mapping and spatial analyses conducted to date provide important descriptive results but not causal findings. Second, access to licensed child and elder care facilities were the primary focus of this study. However, we have limited information about the actual number of such slots available in our neighborhoods because of the presence of unlicensed or home-based care facilities that are not required to be licensed in the State of Michigan. Additionally, unlike the child care registry, the elder care licensing registry does not provide details about the number of elder care beds in each facility. However, data from AARP Michigan (2019) underscores the lack of licensed elder care slots and the reliance on the unpaid, home-based care provided mainly by women who serve as the primary caregivers supporting elders within the City of Detroit.

Third, while mapping of other neighborhood resources, such as religious institutions, ethnic organizations, and social service agencies was completed during this first phase of this project, we have not yet identified the role these institutions play in providing resources that support the labor force participation of women. We will be focusing on these community-based resources more in the next phase of the study including interviewing leaders from these neighborhood organizations. Fourth, we have limited information about women's experiences of juggling the demands of work and provision of care to children and elders throughout the pandemic. Also, during the next phase of the study, we will be conducting interviews and focus groups with women residing in our study neighborhoods. This will allow us to better understand the lived experiences of women of color and

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immigrant women in the formal care economy, as well as the role that the informal care economy might play.

PRELIMINARY CONCLUSIONS AND POLICY IMPLICATIONS

While this study continues to evolve, we can articulate some preliminary observations. Our study neighborhoods generally had low rates of labor force participation during the pandemic. This was exacerbated by the limited availability of child and elder care resources. In Detroit, high levels of unemployment and withdrawal from the labor force altogether disproportionately affected low-income women of color and immigrant women, as was seen across the United States (U.S. Chamber of Commerce Foundation 2020, 11; Gelatt, Batalova and Capps 2020, 1). Additionally, there was an uneven distribution of and access to available resources and services, with some neighborhoods, like Livernois, having many options while others, like the North Campau/Banglatown and the North End, having very few to no family care resources.

Labor force participation rates were highest in neighborhoods with higher fractions of immigrant residents. This finding of higher labor force participation in immigrant communities during the pandemic can be seen in other parts of the United States. According to the Bureau of Labor Statistics (BLS), immigrant men had a considerably higher labor force participation rate (76.6 percent) than U.S. born men (65.9 percent) in 2020. However, immigrant women had a lower labor force participation rate (53.2 percent) as compared to U.S. born women (56.8 percent) (Bureau of Labor Statistics 2021). Whether this finding translates to our study neighborhoods of lower labor force participation for immigrant women and higher rates for immigrant men remains to be explored more fully. We suspect that these rates are driven by the reality that immigrants, particularly undocumented workers, had to work during the pandemic since they were ineligible for or uninformed about most federal COVID-19 relief programs. Additionally, immigrant households may have multiple workers

who pool resources to support the household and multi-generations of family members who assist in the care of children and elders.

Just prior to the pandemic, nearly half of all Detroiters lived in neighborhoods with lower levels of community resilience – a situation that could prolong the recovery from the COVID-19 pandemic. This suggests that targeted efforts will be needed for Detroit to spur recovery in more vulnerable neighborhoods. One of the critical risks facing the city and the seven neighborhoods in our study could be prolonged weak labor force participation of working-age adults, particularly women. In the Detroit context, this would disproportionately affect low-income women of color and immigrant women.

For many women in Detroit, particularly women of color and immigrant women, rejoining the labor force will require easily accessible and affordable child care, especially in neighborhoods where child care deserts already existed and worsened during the pandemic. This lack of access is compounded by inequities regarding eligibility and the lack of capacity of existing child care facilities to meet demand. Although approximately one third of children in Michigan are eligible to receive child care subsidies to help make child care more affordable, , only 5 percent of eligible individuals received child care subsidies because nearly half of the state's residents reside in child care deserts (Rahman 2022).

Addressing this issue will require an overhaul of the child care system including how it is financed within the State of Michigan and distributed to municipalities like Detroit; increasing the absolute number of slots especially subsidized child care slots; and broadening eligibility and access to child care subsidies for working families. Recent economic analyses suggest that accessible and affordable child care will likely be the main driver of economic recovery from the pandemic, particularly in vulnerable communities (Rahman 2021).

There also is the larger issue of inadequate wages for care economy workers who are deemed essential but are grossly underpaid. According to the American Association of Retired Persons (AARP) of Michigan, the majority of elder care services are unpaid and provided by family, because of the significant shortage in affordable facilities and elder care workers (Roelofs 2021). There is also a shortage of child care workers as they are some of the lowest paid workers making an average of $11.13 USD per hour (Levin 2022; Sorenson 2022, Section 2). Child and elder care workers tend to be the same low-income women of color and immigrant women who have retreated from the labor force during the COVID-19 pandemic having to choose between work and caring for their families. Not only do these women have earnings that hover close to or below the poverty line, these earnings often are too low to pay prevailing child care costs but too high to receive child care subsidies (Sorenson 2020, 4-5). The lack of affordable, accessible, and high-quality family care remains the biggest challenge to post-pandemic re-entry into the labor force.

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