

The Economic and Demographic Impact of Immigrant Healthcare Workers in New York



**Institute on
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Executive Summary:
The Economic and Demographic Impact of Immigrant Healthcare Workers in New York

Overview: Immigrant (foreign-born) workers are a major component of New York State’s healthcare workforce. This executive summary summarizes workforce composition and estimates their statewide economic footprint, specifically in terms of job creation, GDP contribution (value added), and tax revenues. It focuses on three critical sub-sectors: general hospitals, home health care services, and nursing care facilities

Definition and methodology

- Immigrant worker: Foreign-born individuals who work full-time or part-time
- Sectors: Obtained from the American Community Survey (ACS) data, which is based on the North American Industry Classification System (NAICS)
- Job creation: The combined value of jobs created through supply chain demands (indirect jobs) and the spending of wages within local economies (induced jobs)
- GDP contribution: Defined by the added value to GDP (gross domestic product). All estimates are coded in 2025-dollar values

The research obtains population data from the 2024 American Community Survey, which includes the number of immigrant workers in each sector/subsector and the demographic composition. The workforce statistics are then uploaded to IMPLAN to model tax generation, job creation, and GDP contribution

Economic Impact and Job Creation

Table 1 summarizes (1) immigrant employment, (2) immigrant share of the workforce, and (3) estimated job creation, tax revenue, and GDP contribution associated with immigrant employment across three sub-sectors.

Table 1: NY immigrant workers in three healthcare industries

Industry	Immigrant worker	Percentage	Job creation	Tax contribution (billion \$)	GDP contribution (billion \$)
Home care	151,341	61.68%	36,229	2.002	10.3
General hospital	177,530	29.78%	169,690	7.12	45.45
Nursing care	44,022	33%	23,924	1.13	5.91

Statewide, there are over 372,000 immigrants directly employed across the three sub-sectors. They account for significant shares of the workforce. Moreover, through supply chain demands (indirect jobs) and the spending of their wages within local economies (induced jobs), these workers support nearly 230,000 additional jobs throughout the state.

- Hospitals: 177,530 immigrant hospital workers create an additional **169,690 jobs** and generate **\$45.45 billion** in GDP.
- Home Care: 151,341 immigrant home care workers create **36,229 jobs**, contributing **\$10.29 billion** to the state’s GDP.
- Nursing Care: 44,022 immigrant nursing care workers support an additional **23,924 jobs**, contributing **\$5.91 billion** to GDP.

In total, the immigrant workforce in these three sectors accounts for over **\$61.6 billion** in New York’s annual Gross Domestic Product.

Fiscal Contributions

Table 2 reports estimated annual tax revenues supported by immigrant employment in these sub-sectors, by level of government (federal, state, and local).

Table 2: Tax contribution breakdown

Sub County General	Sub County Special Districts	County	State	Federal	Total
0.84	0.21	0.15	1.62	7.44	10.26

Table 2 shows the tax revenue generated by these immigrants at all levels of government (shown in Figure 1), totaling **\$10.25 billion** annually.

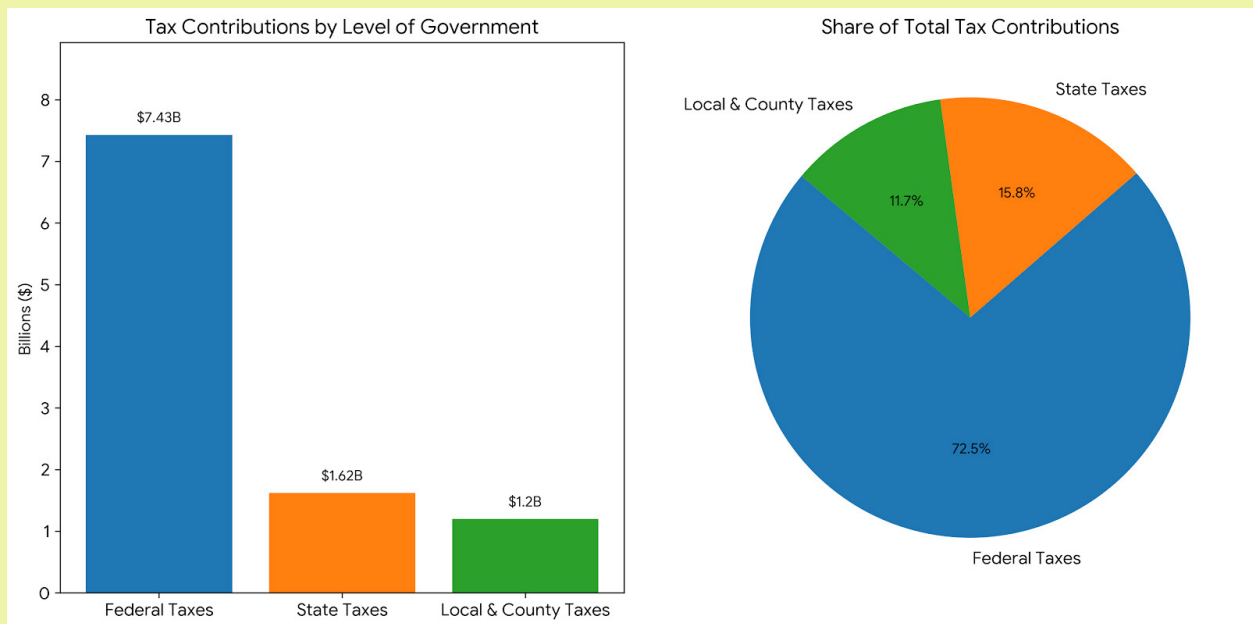


Figure 1: Tax distribution

Demographic Profile of the Workforce

The immigrant healthcare workforce is highly diverse, though distinct demographic patterns emerge across industries.

- **Gender Composition:** The caregiving economy is overwhelmingly female. Hospitals show a roughly 2-to-1 ratio of female (66.7%) to male (33.3%) workers. Females make up **90.2%** of the immigrant workforce in the home care sector. Nursing care similarly relies on a predominantly female workforce (75.4%).
- **Racial and Ethnic Composition:** The hospital workforce relies heavily on Black or African American (32.4%) and Asian (30.0%) immigrants. In nursing care, Black immigrants constitute the largest plurality at 45.3%. Hispanic/Latino immigrant workers make up the largest share in home care (31.7%), compared with 17.4% in hospitals and 12.6% in nursing care.

- **Age Distribution:** The home care sector, which relies the most on immigrant workers, has an older workforce, with over 45% aged 55 or older. This poses potential challenges for future workforce replacement and retirement.

The detailed demographic information is shown in Figure 2.

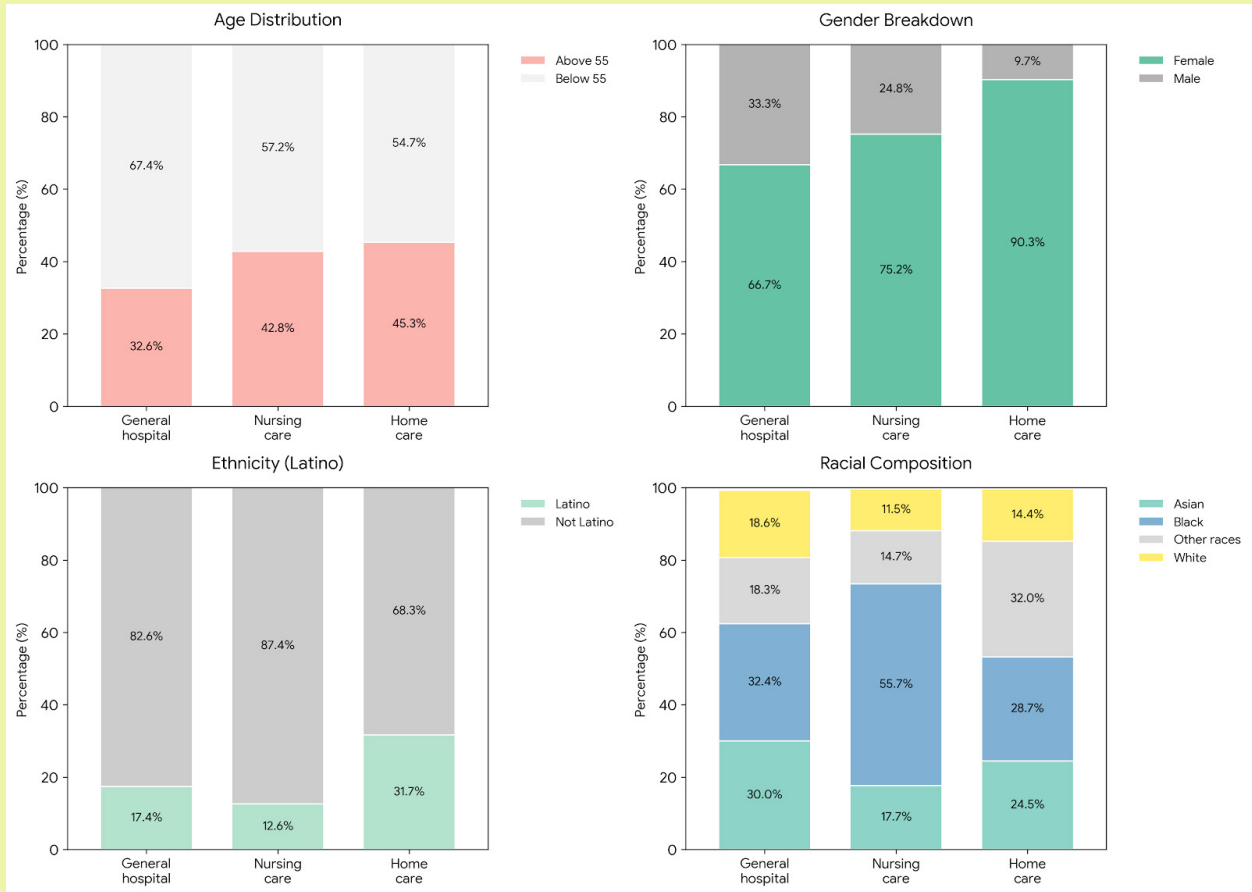


Figure 2: Demographic information

Regional Variations

Figure 3 shows the distribution of immigrant healthcare workers in each region. The percentage represents the number of immigrants divided by the total number of workers in their respective region.

The New York City area attracts a large number of immigrant workers. For example, the city accounts for 130,301 of the state’s 151,341 home care workers. Long Island and Mid-Hudson follow NYC’s trends on a smaller scale,

In downstate regions, immigrant workers are mostly Black and Asian. The composition looks different in some upstate regions. For example, in the Mohawk Valley’s hospital sector, White immigrants make up a significant 60.7% of the workforce, followed by Asian immigrants at 31.5%. Similarly, in the North Country, White immigrants account for 63.8% of the hospital workforce.

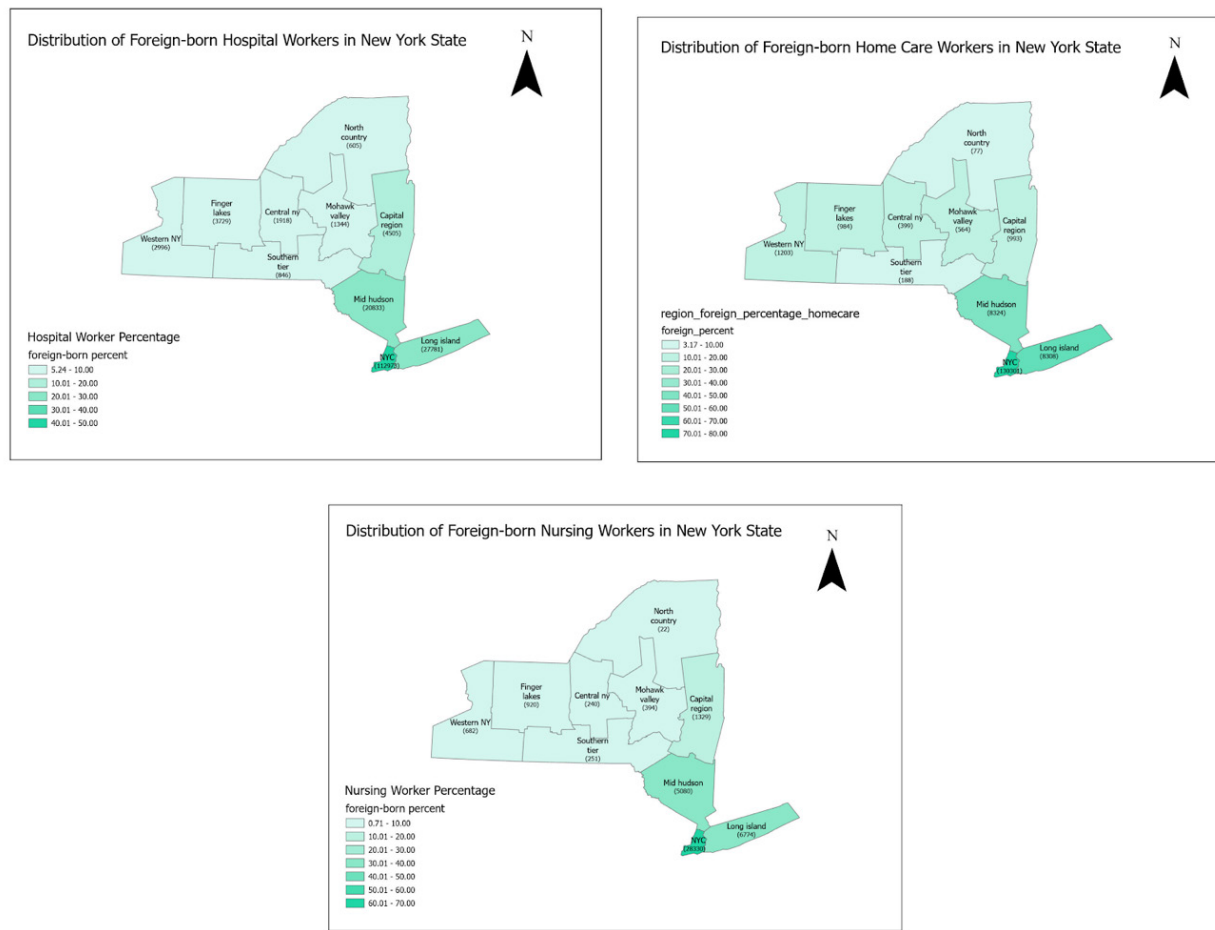


Figure 3: Regional distribution of immigrant workers

Methodological Limitations

While this analysis provides a detailed overview of the immigrant healthcare workforce in New York, a few limitations should be noted. First, workforce estimates rely on survey and census data that may not capture undocumented workers equally across all sources, potentially undercounting their actual presence and economic footprint. Second, the economic impact models utilize standardized assumptions regarding local spending and supply chains that may not reflect real-time market fluctuations. Third, the broad sector classifications used in this analysis may not capture all specialized, independent, or emerging healthcare roles. Finally, the use of standardized demographic categories inherently simplifies complex racial, ethnic, and gender identities, which can mask deeper intersectional nuances within this highly diverse workforce.

Conclusion

Immigrant workers constitute a significant portion of New York’s healthcare sector. Beyond addressing severe staffing shortages in vital caregiving roles, their presence generates over \$61 billion in GDP and injects over \$10 billion into public tax coffers. Policy and planning aimed at the future of New York’s hospitals, nursing homes, and home care networks must account for the structural reliance on this diverse, predominantly female, and economically vital immigrant workforce. Below are a few policy recommendations:

- **Address the imminent home care cliff through targeted pipeline development:** With over 45% of the immigrant home care workforce aged 55 or older and 90.2% identifying as female, the sector faces a severe demographic bottleneck. To prevent a collapse in caregiving capacity as this cohort retires, state policymakers should establish targeted recruitment pipelines. This includes subsidizing training programs, offering childcare support, and creating structured career-ladder programs that attract a younger, diverse workforce into home and nursing care.
- **Implement regionally tailored visa and retention strategies:** Because the demographic makeup of this workforce shifts dramatically from downstate to upstate regions, a one-size-fits-all retention strategy will fall short. For hospitals, especially rural and underserved facilities, state and regional stakeholders can support clinician recruitment pathways permitted under federal law (e.g., J-1 waiver programs for physicians). Visa strategies should be matched to occupation eligibility (e.g., H-1B specialty occupations; EB-3 categories) and paired with retention supports. 5
- **Expand foreign credential recognition and career bridging:** Given that immigrants represent 61.6% of all home care workers but a much lower percentage of hospital staff (29.7%), there is a significant opportunity to upskill the existing labor pool. By streamlining recognition of foreign medical credentials and funding career-bridging programs, New York can empower experienced immigrant caregivers to transition into higher-tier registered nursing or specialized hospital roles, thereby directly mitigating staffing shortages in those facilities.

About the Institute on Immigrant Integration Research and Policy

The Institute on Immigrant Integration Research and Policy at the Rockefeller Institute of Government, SUNY advances the economic, social, and political integration of foreign-born New Yorkers through research, policy analysis, and community engagement. Its work supports stronger communities, informed policymaking, and a deeper understanding of the factors that shape immigrant integration across New York State. For additional information visit NYImmigrants.org and <https://rockinst.org/education-programs/iiirp/>.

