

# Recognizing Care as a Public Good

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## Key Takeaways

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- Care work—spanning early childhood education, home- and community-based services, and support for older adults and people with disabilities—is the backbone of our social infrastructure. High-quality care allows people to learn, heal, connect, and age with dignity.<sup>1</sup>
- Despite its universal importance, care in the United States has long been treated as a personal responsibility rather than a collective commitment. Families are expected to shoulder staggering costs, perform the work themselves, or simply do without.
- Care workers are underpaid, overworked, and often unable to meet their own care needs.
- Our care policies, which do not meet the care needs of working families nor adequately protect care workers, are rooted in a long history of racial and gender inequity.
- These inequities continue to shape today’s care economy. Women and workers of color provide essential care but receive low wages and experience high rates of turnover.
- Due to a history of systemic racism and extractive practices in the private care sector, working families, especially in Black and brown communities, are left to provide it themselves and experience worsened health outcomes and disrupted employment as a result.
- We can do better. By recognizing care as a public good and investing in it as such—making it available, accessible, and affordable to all who need it—we can ensure that care jobs are good jobs and that children, older adults, and people with disabilities receive the care that they need.
- Even as the Trump Administration tries to dismantle our current care systems with cuts to Medicaid funding for home- and community-based services and efforts to freeze other funding sources that subsidize child care, there are bright spots on the horizon.<sup>2</sup> Several state and local governments are already demonstrating how expanding care services, empowering care workers, and funding care work sustainably can begin to reimagine systems so that they work for everyone.

## The Case for Care as a Public Good

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Recognizing care as a public good and investing in it as such—funded with public dollars to meet demand and available to all who need it—are among the most effective ways to confront the nation’s long history of racial and economic inequity. The benefits of high-quality, publicly provided care are well documented:

- Children fare better when they are provided high-quality care: Longitudinal studies show improvements in reading, vocabulary, and math skills.<sup>3</sup> These benefits extend well into adulthood, with a higher likelihood of completing college, increases in earnings, and decreases in involvement with the criminal legal system.<sup>4</sup>
- Available, affordable, and accessible child care significantly improves parents’ lives too:<sup>5</sup> Publicly funded child care makes it more likely for mothers to reenter or stay in the workforce,<sup>6</sup> parental wellbeing goes up significantly for mothers and also improves for fathers,<sup>7</sup> and working families could free up to 35 percent of their earnings that currently go to paying for child care.<sup>8</sup>
- Fully funded, accessible care radically improves outcomes for people with disabilities and older adults: Adults with disabilities would free up the 20 percent of their income they spend on their care.<sup>9</sup> Eight in ten older adults would gain greater financial security and reduce their risk of falling into poverty.<sup>10</sup>
- Working caregivers (often family members of the care recipient) would see significant improvements: Roughly half of working caregivers, who currently report work disruptions in order to fulfill caregiving responsibilities, would be better able to stay in the workforce. Care as a public good would reduce the financial, physical, and emotional stress placed on caregivers that often prevents caregivers from also caring for themselves.

Aside from the benefits to care recipients, care workers, and caregivers, making care a public good could have potentially even more dramatic positive implications for the broader economy:

- It would reduce the high cost of care-related employee turnover for businesses.
  - Employers lose roughly \$1 trillion every year to voluntary employee turnover,<sup>11</sup> and more than one in four parents have had to quit a job or drop out of schooling to avoid child care costs.<sup>12</sup>
  - Nearly one third of workers with family caregiving responsibilities have voluntarily left a job, citing the unaffordability of paying for others to provide care, inability to find high-quality help, and difficulty meeting work demands of their prior job while maintaining care responsibilities.<sup>13</sup>
- Funding care as a public good would stabilize the care workforce by improving wages and job quality,<sup>14</sup> further reducing the operating costs of businesses providing care services.<sup>15</sup>

Recent studies show that a third of child care centers have high turnover,<sup>16</sup> and turnover among child care workers is 65 percent higher than in the median occupation.<sup>17</sup>

Nursing assistant turnover rates are above 40 percent, and turnover in home care is approaching 80 percent.<sup>18</sup> Funding care as a public good, improving wages, and increasing job quality would bolster the financial solvency of care institutions and allow them to retain current workers and attract new ones.<sup>19</sup>

Beyond the clear economic arguments in favor of investing in care, there is a deeper reason for investing: It is the social infrastructure that keeps families and communities connected.<sup>20</sup> It reorients our concept of community around working together cooperatively, promoting wellbeing, and valuing care as a collective responsibility.<sup>21</sup> Studies show that young children flourish when in supportive environments with peers and educators.<sup>22</sup> Enabling older adults to receive care in their homes reduces loneliness, improves wellbeing outcomes, and allows them to remain in their community.<sup>23</sup>

An economy centered on care supports families' ability to thrive and is essential to the society we must build.<sup>24</sup> Dr. Martin Luther King envisioned a "beloved community" grounded in living wages, decent housing, quality education, the freedom to live in peace, and health care.<sup>25</sup> But his vision reached beyond material provision to something deeper: dignity, agency, compassion, and the liberation that comes when people no longer want for basic needs.<sup>26</sup> Ensuring care as a public good is a necessary step toward that liberation — and toward fulfilling our nation's promise and full potential.<sup>27</sup>

## Background

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### What Is a Public Good?

Students of economics may recognize the term “public good” from their introductory economics classes, where public goods were defined as products or services that are “non-excludable,” meaning that there is no way to prevent a person from accessing the good, and “non-rivalrous,” meaning that one person’s consumption of the good does not deplete the good. Traditional examples of public goods include public parks and clean air: We cannot prevent a person from accessing the park or breathing the air, and one person’s use of the park or consumption of the air does not deplete the resource or detract from another’s ability to consume. Because these goods are non-excludable and non-rivalrous, they cannot be provided efficiently by the private market, and so it falls to the public sector to provide these goods and services.

In recent years, economists and policy scholars have pushed the field to define public goods more broadly.<sup>28</sup> They argue that public goods are not merely those that are non-excludable and non-rivalrous but are all goods that are more efficiently provided by the state than by the private sector. For example, while health care is an excludable service (hospital doors do lock), scholars of public health have argued that the market failures that prevent the private market from providing the level of health care necessary for an adequate baseline level of shared public health make it a public good.<sup>29</sup> Similar arguments have been made about social insurance, higher education, transportation, and child care.<sup>30</sup>

It is in this tradition that Dēmos approaches our work on public goods.<sup>31</sup> Public goods are products and services that the public sector can provide more efficiently, more justly, or more beneficially than the private sector. As we lay out below, recognizing care as a public good and investing in it as such is crucial to ensuring adequate public wellbeing and reversing the nation’s long history of disparate economic and health outcomes across racial lines.

## Why Is This Relevant Right Now?

Rather than recognizing care as a public good and investing in it accordingly, the federal government has been disinvesting in our already woefully underfunded care system, further relegating its provision to an inefficient and unjust private market. In the summer of 2025, the Trump Administration and Congressional Republicans cut more than \$1 trillion from Medicaid,<sup>32</sup> the primary funding source for many forms of direct care,<sup>33</sup> as part of the reconciliation process.<sup>34</sup> (Direct care work often includes assisting older adults and people with disabilities with daily tasks, such as dressing, bathing, eating, meal preparation, errands, and some clinical tasks.)<sup>35</sup> The Congressional Budget Office estimated that 7.5 million people will lose Medicaid as a result of these cuts, though other experts say that as many as 14.9 million people will be at risk of losing Medicaid coverage.<sup>36</sup>

And at this very moment, by tying up dollars in red tape and attempting to freeze funding outright, the administration seeks to further constrain the already inadequate federal funding for child care.<sup>37</sup> In late 2025, President Trump attempted to freeze funding that would have affected 339,000 children before a court blocked the funding freeze from going into effect.<sup>38</sup> What's more, efforts to expand federal labor rights to protect care workers have been repeatedly blocked in Congress.<sup>39</sup> The failure to maintain funding for care programs or assure basic workplace protections for care workers is all the more concerning because analysts forecast that the demand for care services will increase dramatically in the coming decades.<sup>40</sup>

Even as care is under attack at the federal level, state leaders are recognizing care as the public good that it is. They are reimagining how we establish, fund, and protect the care services that working families count on. States like New Mexico, New York, Michigan, and Minnesota are pioneering new approaches—from universal child care to workforce standards boards—that offer models for what a functional care system could look like.

## How Did We Get Here?

Historically, care work has been carried out, often unpaid, by enslaved Africans, indentured servants, and women. Domestic care work in the United States was built on the forced labor of enslaved Black women and indentured servants.<sup>41</sup> In the post-Reconstruction and Jim Crow South, Black women participated in the labor force at rates roughly three times higher than those of white women, and their employment opportunities were largely confined to domestic service and agricultural work.<sup>42</sup> Because domestic labor was performed overwhelmingly by Black women, it was treated as low-skill and low-status—a devaluation<sup>43</sup> rooted in racism<sup>44</sup> and sexism<sup>45</sup> that attached to the work itself<sup>46</sup> and has never been corrected.<sup>47</sup>

New Deal legislation of the 1930s, rather than correcting this devaluation and recognizing the care provided by domestic workers as a public good in need of investment, cemented the exclusion of domestic workers from federal benefits and protections. That's because the domestic labor workforce was overwhelmingly Black, and to secure support from segregationist Southern lawmakers, they were excluded from Social Security, minimum wage, overtime protections, and collective bargaining rights.<sup>48</sup> Foundational labor laws, such as the National Labor Relations Act of 1935 and the Fair Labor Standards Act of 1938, set a precedent that treated domestic work as outside the scope of standard labor protections, institutionalizing racial and gender inequities that persist today.<sup>49</sup> Rather than correcting this devaluation and recognizing the care provided by domestic workers as a public good in need of investment, New Deal legislation of the 1930s cemented the exclusion of domestic workers from federal benefits and protections.

Because child care and direct care were treated as private concerns instead of as public goods worthy of public investment, funding and programs for delivering care did not emerge until national crises forced the hands of policymakers. During World War II, the federal government briefly demonstrated what a public child care system could look like, funding thousands of centers under the Lanham Act to support women working in wartime industries.<sup>50</sup> When the war ended, this support was rapidly dismantled, reflecting a broader political shift toward viewing child care as a private family responsibility rather than a public good.<sup>51</sup> Roughly two decades later, Congress passed the Comprehensive Child Development Act in 1971, which would have established a nationally funded system of child care and

early education available to families depending on income,<sup>52</sup> but it was vetoed by President Nixon because of its alleged “fiscal irresponsibility, administrative unworkability and family-weakening implications.”<sup>53</sup> Since then, public funding has been largely limited to targeted, means-tested programs such as Head Start and programs funded through the Child Care Development Block Grant, neither of which was designed to meet child care demand at a scale to meet the need.<sup>54</sup>

Direct care services, which include assistance provided by home care workers, residential care aides, and nursing assistants to individuals needing help with daily living, receive substantial public funding through Medicaid. Medicaid, along with Medicare, was established by the Social Security Act of 1965.<sup>55</sup> However, those publicly funded programs still did not meet the demand for long-term care for older adults and people with disabilities,<sup>56</sup> and means-tested Medicaid services generated a system that still treats direct care as a private obligation instead of a shared public responsibility.<sup>57</sup> Private long-term care insurance policies tried to fill the gap, but these plans are limited in scope, increasingly expensive, and cover only a small share of Americans.<sup>58</sup> Many families have been left exposed to high out-of-pocket costs and reliance on an underfunded Medicaid system.<sup>59</sup>

## Impact of Care Systems on Equity

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Taken together, the unsustainable conditions for care workers, underinvestment in care infrastructure, and unaffordable costs of care for families have produced today's care crisis. This means that nearly everyone struggles. More than anyone, Black and brown women feel the compounded pressures of both being the primary caregiver for a family member because care is so expensive and an underpaid care worker who cannot afford expensive care.<sup>60</sup>

When care is not publicly provided, it falls on families to pay for care or provide it themselves,<sup>61</sup> and this becomes a particular issue<sup>61</sup> for Black and brown families because of the cumulative effects:

- Women of color are more likely to be family caregivers, and family caregivers face challenges in the workforce<sup>62</sup> and poor health outcomes, such as depression, mental distress,<sup>63</sup> and anxiety.<sup>64</sup>
- The racial wealth divide has remained stubbornly wide for decades, reflecting how structural racism continues to impact communities.<sup>65</sup> Child care costs, rising faster than inflation<sup>66</sup> and more expensive than public college tuition in most parts of the country,<sup>67</sup> are unaffordable for everyone, but they are disproportionately unaffordable and inaccessible for Black and brown families.<sup>68</sup>
- Research shows that Black and Hispanic older adults are “much more likely to need daily help at home—and to go without it—than their white peers.”<sup>69</sup>
- Child care and direct care workers, who are disproportionately Black and brown women,<sup>70</sup> remain some of the lowest-paid workers in the country.<sup>71</sup>
- Turnover is extremely high for care workers: Turnover<sup>72</sup> among child care workers is 65 percent higher than in the median occupation.<sup>73</sup> Studies have shown turnover rates for nursing assistants in nursing homes at nearly 100 percent,<sup>74</sup> and turnover in home care was almost 75 percent,<sup>75</sup> leading to declines in care quality, increased costs for care institutions,<sup>76</sup> and harmful disruptions to wage growth for involuntarily displaced workers.<sup>77</sup> By treating care as a private or family responsibility, policy decisions have left us with care systems that are fragmented, insufficient, and deeply inequitable. Addressing the current predicament will require reversing these core assumptions and investing in care as shared public infrastructure that contributes to societal wellbeing.

## Policy Recommendations and the Path Forward

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To recognize and treat care as a public good, we must adopt policies that set a strong foundation for the future. This will require long-term investments of federal dollars to guarantee that (1) all families have access to child care that meets their needs, (2) all aging and disabled people have access to the care they require, and (3) funding sets standards for care jobs that provide a thriving wage, the ability to unionize and collectively bargain, and opportunities to advance in the care profession.

Daunting obstacles still stand in the way of treating care as an essential public good, including the current Trump Administration's efforts to slash the already inadequate federal funding for care services.<sup>78</sup> Repeated efforts to expand federal labor protections to cover care workers have failed in Congress.<sup>79</sup>

Yet several recent examples offer promising policy models for building a stronger care system, both for improving pay and protections for care workers and for funding care as a public good. New Mexico became the first state to offer universal child care in late 2025,<sup>80</sup> and Dēmos will soon be releasing a case study on how parents, educators, and communities organized to win this landmark policy. New York announced statewide plans for universal pre-kindergarten in early 2026 to build on robust public child care options in New York City.<sup>81</sup> Michigan passed legislation in 2024 to restore the right of home care workers to collectively bargain,<sup>82</sup> and 30,000 home care workers unionized in 2025.<sup>83</sup> Minnesota established a nursing home workforce standards board<sup>84</sup> to address staffing shortages and improve wages and working conditions (though the nursing home industry is currently challenging wage increases by the board).<sup>85</sup>

Soon, more families in the U.S. will depend on care than ever before,<sup>86</sup> and care work, already a massive job sector in the economy, will make up a growing share of employment.<sup>87</sup> In the past year, more than 690,000 jobs were added in the health care and social assistance category,<sup>88</sup> which includes many of the types of direct care work described above, and the next ten years will only see increasing demand for these positions.<sup>89</sup> But if care jobs remain known for long hours, low pay, and

exploitative working conditions, our economy will be built on a dangerously shaky foundation.<sup>90</sup> We must build care policies that deliver high-quality care for children, people with disabilities, and the elderly. At the same time, we must also raise care workers' wages, strengthen labor standards, and expand worker power.

That means policy choices that center the needs of working families, care workers, and Black and brown communities. The path forward is clear: It is time for policy-makers at every level to prioritize care as the vital social infrastructure it is and to commit to the investments necessary to ensure that everyone can both give and receive care with dignity.

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## About Dēmos

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Dēmos is a non-profit public policy organization working to build a just, inclusive, multiracial democracy and economy. We work hand in hand to build power with and for Black and brown communities, forging strategic alliances with grassroots and state-based organizations.

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