

Public Thinking About Care Work: Encouraging Trends, Critical Challenges

Findings from Year Two of the
Culture Change Project

APRIL 2023

**FRAME
WORKS**

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Introduction

In the Summer of 2020, we began tracking and exploring American mindsets to see whether culture is changing during the huge social and economic upheaval of the COVID-19 pandemic. Since the Culture Change Project began, we have lived through many phases of this pandemic, as well as the rise of significant racial justice movements in response to the murder of George Floyd and the shockwaves of the January 6 attack on the Capitol. In the past few months, as the direct public health impact of the pandemic has declined and the longer term economic repercussions are felt in its wake, we have also witnessed a resurgence in the labor movement, and the aftermath of the *Dobbs* decision that abortion is not a constitutional right.

As we noted in our last report, *Public Thinking About Care Work in a Time of Social Upheaval: Findings from Year One of the Culture Change Project*,¹ the COVID-19 pandemic has shone a spotlight on care work,² bringing the care sectors and workers to the attention and scrutiny of the public and media in an unprecedented way. Now, as the pandemic changes gears, care workers are emerging from a long period of putting their lives on the line to provide care and support to older people and people with disabilities in settings where appropriate protections have not necessarily been in place. During the first 18 months of COVID-19, 24 states and the District of Columbia supported direct care workers with hazard pay and/or paid sick leave policies, but 26 states did not.³ Contracts that came in to cover frontline workers during the height of the pandemic are now coming up for review, and many will end when the emergency period ends. Even the language of “frontline” or “essential” workers is sharply dropping out of discourse, as we have observed in peer discourse sessions over the past few months.⁴

We have tracked American mindsets about care over this period with one burning question: Has the salience of care and the respect for frontline workers seen during the pandemic stayed high or dwindled? What we find is both encouraging and a call to action. Despite observing a notable change in language use in peer discourse sessions, away from the urgency implied by terms such as “frontline” workers and the wartime metaphors that came with those terms, respondents on the bimonthly tracking survey have continued to rate care workers as essential and important. We have seen no change since we began tracking this in August 2020, in how salient care workers are to respondents. This suggests that we are at a key moment, where care work remains both visible and important to people, yet there is an opening in the discourse to replace dominant (and potentially problematic) COVID-19 narratives with better and more productive frames about care work. Now is the time to transform public thinking on care work and to push for better conditions and protections. This is a window of opportunity that could close if the public salience of care work is simply a beat behind the trajectory of the pandemic and about to fall.

In this report, we explore public mindsets on care work in the second year of the Culture Change Project, focusing on data collected between September 2021 and October 2022. We also explore the salience of care work over this period, in comparison to the previous year, and have mined our data to address some of the other key questions identified in the previous report, *Public Thinking About Care Work in a Time of Social Upheaval: Findings from Year One of the Culture Change Project*.⁵ In particular, we look at how people situate care work within the economy, how broader thinking about the economy might limit or facilitate recognition of the need for systemic change in the care sectors, and how thinking about care work is connected to an understanding of structural racism.

All in all, we suggest that care work is a key site for current and ongoing cultural contestation. We cannot explore mindsets on care work or develop productive new frames without taking into account how these are intimately connected to mindsets about the economic system and the manifestation of structural oppression in society.

From these first few years of monitoring mindsets and digging deeper into public thinking, we have a clearer understanding of the questions we need answers to. We are excited to address these questions in our continued work on the Culture Change Project and our new flagship project on Reframing Work and Labor.

Over the next few pages, we outline our key findings and directions for our continued investigation into mindsets on care work.

Methods

To evaluate how Americans understand care work, we collected data using the qualitative and quantitative methods that we have been using since the inception of the Culture Change Project—peer discourse sessions and a tracking survey. More details on these methods can be found in *Public Thinking About Care Work in a Time of Social Upheaval: Findings from Year One of the Culture Change Project*.⁶

Peer Discourse Sessions (September 2021, March 2022, August 2022)

We conducted and analyzed 27 peer discourse sessions: nine in September 2021, nine in March 2022, and a further nine in August 2022. Our peer discourse sessions are a form of focus group designed to explore mindsets on major issues in American society, which over this time period have centered on health, the economy, and the government. In all three sets of sessions, we included a dedicated module about care work. Participants were asked to describe care work; discuss how important, relevant, and desirable care jobs are relative to other jobs; describe who does care work and where; and suggest how society should appropriately support care workers.

We held these sessions virtually, using Zoom, with six participants per session, each of whom gave their consent to be recorded. The participants were recruited to represent variation across demographic characteristics, including race/ethnicity, gender, age, political identification, residential location (urban/suburban/rural), geographical location (city/region), and education. Each session was demographically mixed, including participants from different groups in the same discussion.

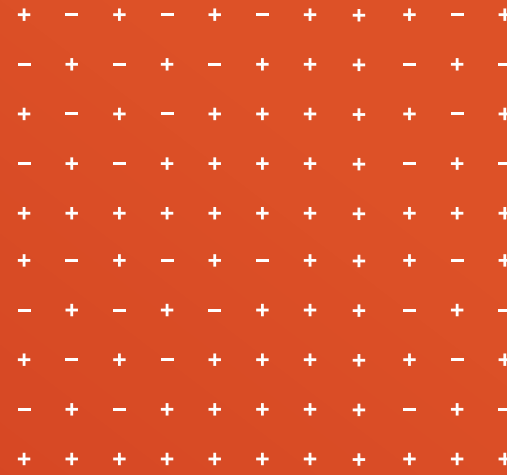
Culture Tracking Survey

Since the beginning of the Culture Change Project in the summer of 2020, we have conducted a regular tracking survey with a large, nationally representative sample. In the time period we cover in this report, from September 2021 to October 2022, we ran the survey every two months, collecting data in October and December 2021 and in February, April, June/July and September/October 2022. The survey collects and tracks a quantitative measure of a wide range of cultural mindsets and support for key policies, such as paid family leave and Medicare for all. Like the peer discourse sessions, the tracking survey is designed to understand both foundational mindsets (for instance, meritocracy) and mindsets on specific issues (for instance, relating to the economy, health, and government), and, like the peer discourse sessions, it has continued to track a specific module on care work.

In the care work module of the survey, respondents were asked questions about which occupations they consider to be “care work” and where care work happens and to rate to what extent they consider a range of jobs, including care work jobs, as “essential” or “important.” After gathering top-of-mind associations with care work, we offered a brief definition of “care workers” for respondents, to make sure people had an accurate and consistent use of the term, then asked a set of follow-up questions to understand mindsets about care work and care workers.⁷

A key mindset we tracked was about the factors that led to quality care work and whether this was primarily about individuals (the personality traits of care workers) or context (the pay and working

conditions). In September 2022, we decided to run these items together as a forced choice question for the first time, asking respondents to choose which of the two explanations came closer to their own view. We continued to ask about each of these items separately, so we could analyze the trends on each over time. In general, these questions, like all the other questions on care work in the tracking survey, stayed stable over the time period. However, the September 2022 results on the importance of context supporting quality care work were significantly different from the results in other tracking surveys. We discuss this in finding 3. Just in case the September results on this item represented an anomaly, we decided to use the June/July 2022 results for all the new correlational analyses we ran for findings 7 and 8. Where we rely on data from specific time points, like this, we mention it in the body of the text. Otherwise, the findings should be assumed to apply across the whole time period of this report. In our future tracking survey, we will continue to monitor the question about the importance of context in supporting quality care, to see whether it represents the start of a wider trend or not.



SECTION TWO

Findings



Findings

FINDING #1

People still view care workers as essential, even though language of “essential” and “frontline” is declining.

We have seen no change to how “essential” or “important” respondents rank key workers, including care workers, in our tracking survey. This has stayed consistently high, despite the decline of the pandemic, and appears to apply across many different types of care work, with respondents rating jobs such as hospital nurse aides, nursing home aides and home health aides as equally essential.

While people’s views around the importance of care workers seems to have stayed fairly constant over the past two years, usage of the term “frontline” is very much on the decline, with participants of peer discourse sessions far less likely to use the words, phrases and military metaphors that we were hearing during the height of the pandemic. Even the word “essential” is being used less and less. In many ways this is unsurprising, as the media coverage of the pandemic—with its attendant urgency and conflict imagery—is also on the decline.⁸ But it is a shift in language that could be a double-edged sword for advocates. On the one hand, these terms have helped boost people’s understanding and appreciation of the critical role of care work in society, so there is a danger that over time this salience will fade as the terms drop out of use. On the other hand, using these terms alongside a military metaphor can be problematic, which means there is an opportunity to build better and more productive frames in their stead. The association between care workers and frontline soldiers in a war zone, while good for elevating the importance of care work, is not necessarily helpful for building support for better working conditions. In a war, soldiers are valorized for their discipline, bravery or heroism in the face of unsafe conditions, but care workers shouldn’t have to face unsafe and unsupported conditions, whether there is a pandemic or not, and we need frames that can help people understand this.

Our research indicates that we are at an important inflection point. The salience of care work has been boosted by the pandemic and remains high, despite the military metaphor recently falling out of common usage, but this salience could also easily fall during the next months and years. Now is the moment for consolidating that salience, with frames that can better communicate the valuable role of care workers in our society and how society should support this essential work.

FINDING #2

Care jobs are not viewed as a path to personal success and fulfillment.

Work, in general, is seen as a pathway to self-actualization. Participants in peer discourse sessions talked about work as something that should, ideally, bring a sense of pride and self-worth, even if they acknowledge that, in reality, many of us work to get by.

Care work, however, was often discussed as if it would have a neutral or negative impact on life, rather than something that could be positive or additive. The idea of taking care of others was seen as an obstacle or impediment to self-actualization, whether paid or unpaid. Unpaid care of loved ones was seen as getting in the way of the life one wants (elder care in particular, rather than child care or disabled care). Care work as a paid career was talked about as if it were the bottom of the career ladder, with no promising way to develop or ascend.

Some participants talked about the current care sectors as a manifestation of an uncaring American society. For instance, comparing America to Japan, where there are perceived differences in cultural values around extended family care. It seemed that these participants thought we should have a more compassionate attitude toward care, that it *should* be positively valued in American culture as a route to self-fulfillment, but, unfortunately, our culture doesn't allow for that way of valuing care. When participants made these kinds of comments, however, they were made without reference to the history of care work in the United States and its roots in chattel slavery and Jim Crow segregation.

In other words, although some participants were offering a critical analysis of the way care is valued at the moment in American society, this analysis was not particularly deep, and there was also clearly a strong and widespread belief that care work (both paid and unpaid) was not the path to personal success and fulfillment. This suggests that to shift thinking on care work, there is a need to address mindsets on work and labor in general. In particular, the primacy of individualism relative to what it means to succeed and make something of life.

FINDING #3

Caring is primarily thought of as a character trait, and we're seeing a *potential* drop in recognition of the importance of working conditions.

As we saw in the last report, people tend to associate good quality care with innate characteristics. In other words, it's caring people who make good care workers. During peer discourse sessions, when asked *who* comes to mind when thinking about the types of people that become care workers, respondents used words such as “compassionate,” “trustworthy,” “patient,” and “empathic.” However, in one peer discourse session, participants discussed the need for background checks on care workers and systems to weed out the “bad apples,” because care work can attract the “wrong type” of person.

It seems that this emphasis on character has two sides: one that elevates care workers as a special kind of caring person, and another that denigrates them as unskilled and potentially unscrupulous. In the latter, bad character is the issue, but often in connection with the job conditions. For instance, some participants were expressing the opinion that low pay and low hiring standards were factors in lowering the “quality of the people” that care work attracts.

For advocates, the position is nuanced here: An individual's character is one important consideration in recruitment, but it is also the case that care workers can and should be trained for skills and knowledge. Thus, the emphasis is on elevating worker conditions as a pathway to improving the quality of the jobs and the quality of the care, rather than a mechanism to “weed out bad people.”

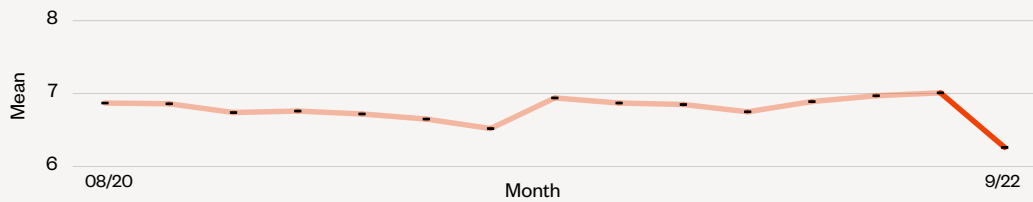
For the past two years, we have tracked two survey questions designed to get at how much respondents think quality care depends on the personality of care workers or the conditions that support care work.

- *The quality of care work depends primarily on the personality of individual care workers.*
- *Providing better pay and working conditions to care workers would improve the quality of care.*

While the survey responses have stayed mostly constant over the period between August 2020 and September 2022, particularly on the first statement about personality, we have recently seen a possible drop in support for the idea that context and conditions matter. This drop was statistically significant and indicates a sizable effect.⁹

Figure 1

“Providing better pay and working conditions to care workers would improve the quality of care” (Mean score)



As this drop appears just in the latest data point, from September 2022, we need to continue monitoring our tracking survey to know whether it is an isolated case or the start of a trend. We can speculate, tentatively, that there might be external factors in American society contributing to this drop. The question was asked after a long summer of high profile strikes from health care workers, nurses, and public service workers demanding better pay and working conditions. It's possible that survey respondents reacted against these demands, either because of the disruption caused by the strikes or because of their views on whether such provisions are realistic in the current economic climate. This is a tentative interpretation, however, because at the same time, public opinion polls are showing that support for labor unions has climbed over the last few years and is now higher than it has been in fifty years.¹⁰ If anything, this suggests that Americans want to see *more* support for workers across the board, as we emerge from the pandemic into a difficult global economic period.

One insight we can confidently draw from our peer discourse discussions is that communicators need to take care when talking about wages and wage demands of paid care workers. In these sessions, participants took the issue of pay in different directions, some talking about wages as a means of “valuing difficult work,” some suggesting “everyone needs more pay at the moment.” Others linked the question of pay to mercenary motives, suggesting “we should pay care workers in order for them to be nice.” In advocating for better pay and conditions, communicators need to talk about how this is the right way to support workers and improve quality care across the sector(s), rather than playing into the interpretation that it comes down to the instrumental motives of individual care workers. For instance, this might mean talking about how the quality of care suffers when workers are under strain or undersupported. It might also mean emphasizing that motives are in the right place (care workers want what's best for their patients and clients), but they need good working conditions and support to do their best work, just like the rest of us, whatever our line of work.

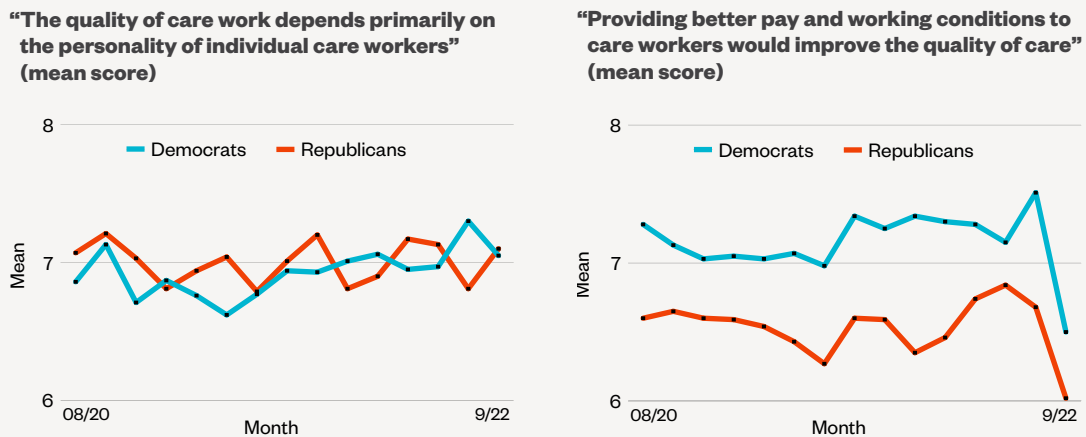
FINDING #4

Political affiliation affects how much people think that working conditions matter for the quality of care.

There is no difference between Republicans and Democrats when it comes to seeing care as a character trait. Survey respondents on both sides of the political spectrum are similarly likely to agree that *the quality of care work depends primarily on the personality of individual care workers*, and, as we have already seen, agreement with this is universally high. When it comes to the importance of context in supporting quality care, however, there are marked differences between Republicans and Democrats. Democrats are consistently more likely to agree that *providing better pay and working conditions to care workers would improve the quality of care*.

Figure 2

Differences between Republicans and Democrats on the importance of character or conditions in care work.



In September 2022, we introduced a new survey item asking respondents to take a position on which of these two statements they most agreed with and to rate each one on its own merit. This “forced choice” item gives us more insight into political differences on care. When asked to choose whether it is *primarily* the personality of care workers or the conditions of the job that lead to quality care, both Republicans and Democrats tend to choose personality. However, Democrats are fairly equivocal, being almost as likely to choose one as the other, whereas Republicans are far more likely to choose personality over conditions.

Taken together, these findings suggest that attitudes toward care work are likely to be connected to wider partisan differences on individualism versus systems thinking, in general—a hypothesis we

explore in the following sections. They also suggest, for communicators, that it is possible to build an understanding of the context and conditions that support good care work without having to tear down the belief that personality is also important. In fact, if anything, the results of the forced choice response show us that pitting these two attitudes against each other, as if they are mutually exclusive, might be more likely to strengthen the thinking that care is primarily about character traits, in Democrats and Republicans alike. Instead, advocates might be better off focusing on building that contextual understanding and why it's important both for the quality of the jobs and the quality of the care. A key limitation of our survey data is that we don't know *why* respondents thought that providing better pay and working conditions would improve the quality of care. As we saw above, some peer discourse session participants saw this as a kind of raising the bar to attract the "right kind of people," rather than an argument for the potential of training to improve skills, or an argument about how better conditions make workers feel valued and motivated to stay in the job. More research will be useful for developing how to talk about improving the conditions of care work.

FINDING #5

People tend to think of care work as being outside the economy.

Whereas the manufacturing sector was talked about as being essential to the American economy, the care work sectors were discussed more in terms of providing essential services to people who need it, rather than being a key part of the economy per se. We saw how American cultural mindsets around work and labor place strong importance on individual success and self-actualization which people don't readily associate with care work. In peer discourse sessions about the economy, care work was seen as a poor career option, and it was absent from how participants seemed to model economic health and strength.

This could belie a privileging of goods over services, where manufacturing output is perceived as a tangible marker of productive economic activity and care work is perceived as a more private, domestic, or otherwise interpersonal endeavor. As manufacturing jobs have traditionally been thought of as "men's work" and care jobs as "women's work," it seems likely that gender is at the root of this discrepancy in what is considered a valuable part of the economy.

Previous research indicates that people don't tend to have a firm grasp of what "the economy" means, beyond an association with the circulation of money, but they do still bring powerful cultural models to bear when understanding economic issues (models such as "the system is rigged" and "the market operates in mysterious ways").¹¹ Further research is needed to explore the extent to which people include or exclude care work when making sense of economic issues, how this connects to gender, and how people bring wider cultural models to bear in evaluating problems and solutions with the care sectors.

For advocates, the economic case for care work is a contested area. The classic argument that unpaid care (often done by women) has economic value because it allows others (often men) to work, may be

limited as it reinforces an instrumentalization of care work as being in service of other, more important economic activity. So too with the argument that care work has economic value because it leads to cost savings. For instance, in preventing more expensive outcomes, such as hospitalizations.

What is uncontroversial is that many care workers are not paid enough, whether that includes people in the existing formal care sectors or people exploited for unpaid care. Many advocates also see this as an expression of the economic injustice of an economy that has been designed according to the principles of exploitative capitalism, white supremacy, and patriarchy. How we respond to this is more complex, particularly when it comes to forms of care that are currently unpaid, such as care for loved ones. One approach would be that we expand the formal care economy, bringing all forms of care work into the market as waged labor. But the risk of this is that we commodify and thereby degrade care as a labor of love. Another approach is to expand our notion of what the economy is and how it should work, focusing on the principle that the economy should be designed primarily to meet people's needs, for instance, rather than to increase capital. And that might lead to solutions that provide for people who do unpaid care through a variety of possible means, such as better paid leave policies.

These kinds of debates have profound implications for framing care work. They affect how we talk about care workers, how we connect care work to the economy, and what kinds of solutions we support. From our research with the public so far, however, it seems that many people simply don't connect care work with the economy at all, let alone understand how the care sectors manifest gendered and racialized inequities that are built into the economy at large. So, while it is important to understand differences in how advocates make the economic case for care work, it is likely that there is potential to shift public thinking in a direction that can be helpful to a wide range of advocates. This will be a major focus of the Reframing Work and Labor project.

FINDING #6

People often assume that the status of care jobs and who does them is the natural result of market forces and gender preference—rather than policy choices.

Naturalistic mindsets—the thinking that things are just the way they are by nature (rather than design)—are applied to care work in a couple of different ways. First, we find an undercurrent of gender essentialism in people's thinking about work in general. This is something we report on in *How Is Culture Changing in This Time of Social Upheaval?*, based on the wider culture change tracking work we have run over the past two years. In our peer discourse sessions, participants would talk about gender differences at work, largely in terms of men and women being *naturally* suited or inclined to do certain jobs, rather than in terms of the socialization of gender or the structural sexism and racism that shape what people end up doing.¹² In conversations about care work, participants were drawing on the assumption that care workers tend to be women because women are naturally more empathic. While

this wasn't always explicitly stated, and indeed we would hypothesize that some people would recoil if that assumption was laid bare, it was clearly informing our participants' thinking on why there are more women than men in the health and care services.¹³

The idea that quality care work depends primarily on innate character traits, which, as we saw above, is a dominant explanation for many groups, is likely then to be connected to an underlying gender essentialism. We plan to explore this further, looking at both implicit and explicit gendered associations with care work and how this plays out in people's causal understandings of problems and solutions in the sectors, as we continue the Reframing Work and Labor project over the next few years.

A second naturalistic mindset at play in people's understanding of care work is a mindset about how parts of the economy function as a natural force, rather than a designed system. As we reported in *How Is Culture Changing in This Time of Social Upheaval?*, participants in peer discourse sessions often recognize how policy decisions shape the economy, in general, but tend not to extend that to their thinking about work. Instead, they see jobs and wages largely in terms of "natural" market forces.¹⁴ Participants tended to assume that, while an individual can, to some extent, be the master of their own fate and get ahead through hard work, they are also at the mercy of market forces, such as supply and demand, that no individual or government can meaningfully control. When people draw on this mindset to understand the care sectors, they are more likely to see differences in power and pay as the product of natural market forces. Paired with the gender essentialism noted above, the logic would go as follows: Women are naturally inclined to do jobs such as care work, and the forces of the market dictate that these kinds of jobs are lower in status and pay. Naturalistic reasoning like this obscures how the care sectors and the lives of care workers are shaped by political design and decision. It can lead to inertia and resignation rather than an appetite for change. When the goal of communicators is to advocate for significant changes, such as expanding the formal economy of care, for instance, or supporting care labor through other means, such as improved paid leave policies, then such naturalistic mindsets must be circumvented or overcome. How to do this effectively is a challenge, and another area that the Reframing Work and Labor project seeks to address.

FINDING #7

People often assume that the status of care jobs and who does them is the natural result of market forces and gender preference—rather than policy choices.

While naturalistic mindsets may dominate how people think about work, and specifically care work, we also find evidence that more systemic mindsets about the economy are potentially growing stronger over time.¹⁵ Moreover, in our tracking survey, we found strong and consistent relationships between beliefs in the economy as a designed system and support for better policies on care. We looked at the extent to which survey respondents agreed with the following statements about the economy:

- *Economic inequality exists because of choices our society has made about how our economy will work.*
- *Policy choices determine how the economy works and who it benefits.*
- *How people do in life is mostly determined by how our society and economy are structured.*

Each of these statements was significantly correlated with greater agreement that *providing better pay and working conditions to care workers would improve the quality of care and that supporting care work should be a critical priority for our elected officials*. This suggests the importance of strengthening design thinking about the economy in general, if advocating for structural changes to care work. That would mean, for instance, emphasizing that economic outcomes for people are largely a result of the decisions and choices that shape the economy, rather than, say, the natural forces of the market or the hard work of individuals.

When it comes to the question of who should make changes to the care sectors, we find that the cultural model of government responsibility—*it is the government's job to provide individuals with the resources and services they need*—is also significantly correlated with support for providing better pay and conditions to care workers. This suggests (perhaps unsurprisingly) that building a stronger mindset of government responsibility in general is likely to extend to support for government interventions on care. Although exactly what people think those government interventions should be for different aspects of care work, whether formal or informal or for children, the elderly, or the disabled, remains a question for further research.

Another avenue to explore is the partisan differences in the mindsets that relate to care work. These connections between economic design and care work and government responsibility and care work may help us shed light on the differences we find between Republicans and Democrats, mentioned previously. In our tracking survey, Democrats were consistently more likely to embrace systemic cultural models about the economy and more likely to look to the government to provide services and resources. Republicans, on the other hand, were much more likely to reach for individualistic explanations of how things work—outcomes for people in the economy are down to individual choices, willpower, and drive—and preferred a government with a more limited role of protecting health and safety rather than providing for needs.

While more research is needed to understand partisan differences on how care is understood, our findings take us to the important conclusion that we can't explore mindsets on care work in isolation because they are intimately connected to mindsets about how the economy works. Advocates must take that into account when developing framing strategies on care. In particular, this means finding ways to avoid reinforcing naturalistic mindsets and/or deliberately counter them with productive frames about system design and government responsibility.

FINDING #8

Systemic thinking about care work is strongly related to systemic thinking about racism.

A key research question identified in last year's report on care work was about what openings might exist for helping people recognize the ways in which structural racism shapes care work.¹⁶ In our research to date, we have continued to observe that participants are very unlikely to spontaneously raise issues of race and racism in peer discourse sessions about care work. However, through analyzing our tracking survey, we found strong and consistent relationships between mindsets on care and mindsets on race. Support for the statement *providing better pay and working conditions to care workers would improve the quality of care* was significantly correlated with support for several items designed to measure a systemic understanding of racism:

- *Racial discrimination is the result of how our laws, policies, and institutions work.*
- *The reason some racial or ethnic groups tend to be healthier than others is because some groups have the resources they need to be healthy and others don't.*
- *If Black people experience workplace discrimination, it is a result of how their workplaces are run—their general policies and practices.*

What this shows is that respondents with a more systemic understanding of racism are also more likely to agree that there are contextual factors that support good care work. However, it doesn't mean that these respondents are themselves making any conscious connections between the two. For instance, we can't assume that people are extending their understanding of racism, in general, to how racism might shape the experience of care workers. This suggests, again, that building a systemic (rather than individualistic) understanding of social problems is part of the wider framing challenge that we need to address if we are to unlock productive thinking about care. Communicators then need to help people connect the dots between racism and care work.

Recent framing research from the Reframing Race project in the United Kingdom suggests that racism in the job market and, specifically, the widespread and unfair rejection of resumes based on an applicant's ethnicity, is a particularly salient and relatable example of racism, with the potential to move people toward a more systemic analysis of the problem.¹⁷ This research was conducted in the United Kingdom rather than the United States, but it's possible that similar examples of racism in American labor sectors

can helpfully illustrate how structural oppression operates to push marginalized groups into society's least valued and poorest paid jobs—being careful, of course, not to inadvertently reinforce the idea that care work is an undesirable career. Beyond talking about widespread discrimination in hiring, there is an opportunity to find and highlight salient examples of how the care sectors embody systemic racism. For instance, in the pay gap¹⁸ between Black and Latina women versus white women, or in the way that some workers of color have been exposed to greater risk during the pandemic.¹⁹ Such examples will be developed and tested as part of the Reframing Work and Labor project, but the key is that they should be able to illustrate how racism manifests in systems (rather than just between individuals) and connect this to the structural changes necessary to address racism within the care sectors.

Emerging Recommendations and Directions for Future Research

This research suggests we are at an important inflection point for advocates and communicators. While the salience of care work afforded by the COVID-19 pandemic stays high, the drop in the usage of militaristic metaphors, such as “frontline” workers, means that this is a moment where new, productive frames could have particular traction. More research is needed to develop and test effective frames on care work, which we will be doing over the next couple of years in the Reframing Work and Labor project, but from these findings alone, we can start to draw out some emerging recommendations:

- An understanding of the context and conditions that support care work is crucial to building support for changes in the sectors. Advocates can work to build this understanding without at the same time having to attack the dominant belief that good care work comes down to the personality of individual care workers. Our research shows that in some groups, for example Democrats, it’s possible for people to embrace a contextual understanding while believing that personality plays an important role.
- As above, when talking about wage demands of paid care workers, advocates need to take care to avoid reinforcing the idea that care workers have mercenary motives, while avoiding the implication that care workers do these jobs purely out of the natural goodness of their hearts. This means putting the emphasis on what it takes to support quality care work, rather than on individual motivation. For instance, “Like any of us, care workers need good working conditions and support to do their best work.” This could be effectively tied to the concept of a “living wage” or “living standards,” where the focus is on the conditions needed to live well, rather than greed as a motivation.
- Naturalistic reasoning about work—for instance, the idea that some people are naturally drawn to certain jobs because of their gender, and that the status and pay of these jobs is determined by natural market forces—might be countered with strong frames about how the system is designed. We know from our research in the Culture Change Project that people seem to increasingly embrace the idea that policy decisions shape the economy in general. The challenge for advocates is to help people extend that to their thinking about work.
- Advocates have an opportunity to illustrate how the care sectors are shaped by and reinforce systemic racism. Salient examples of widespread workplace racism—for instance in opportunities, hiring, pay, and exposure to risk—can be developed and tested to shift understanding of what needs to be changed in the care sectors.

These recommendations will be further explored in the Reframing Work and Labor project, alongside several other research areas that we have identified as a priority:

- Exploring gender essentialism with regard to mindsets on different types of care work. Recent findings from the Culture Change Project suggest that, while participants in peer discourse sessions tend to disavow the idea of gendered division of labor at home, insisting that it should be equal,

there is still a strong mindset that men and women are naturally inclined to different jobs outside the home. We are adding new questions to our tracking survey to monitor beliefs, such as “women are naturally more caring.” Future research can dig into how gender essentialism operates, implicitly and explicitly, in how people think about unpaid informal and paid professional care work. We can also look more closely at the impact of the *Dobbs* decision on care workers (for instance, how limiting reproductive freedom for pregnant workers makes it harder for them to take on these roles) and policy changes that are needed in the current context.

- Exploring beliefs about education and training and how these connects to care work. We’ve seen how participants tend to assume that care workers (apart from doctors and nurses) are undereducated and underqualified, while at the same time considering care jobs difficult and underpaid. Future research can help us understand why this is and how thinking can shift.
- Exploring mindsets on collective worker power and bargaining—for instance, through unions. We tentatively suggest, in finding 3 above, that attitudes toward care workers might be affected by prominent strike action. Whether this is the case and how it affects thinking about care work are questions for further research. For advocates, this relates to framing strategies and how strikes can be effectively communicated.
- Exploring differences and overlaps in how people perceive different types of care work—covering elder care, disabled care, and child care—and through a variety of different home and institutional environments. The nature of these jobs can differ greatly, as can the policy environment, so it would be helpful to tease these apart for consideration in future research.

The research we have conducted over the past year, since the last report, *Public Thinking About Care Work in a Time of Social Upheaval: Findings from Year One of the Culture Change Project*,²⁰ has brought us a deeper understanding of mindsets on care work and an increasing urgency to seize this particular window of opportunity for reframing care. Through both the Culture Change Project and the Reframing Work and Labor project, we will continue to track public thinking and develop promising framing strategies.

Endnotes

1. Public thinking about care work in a time of social upheaval: Findings from year one of the culture change project. (2021, October 28). FrameWorks Institute. <https://www.frameworksinstitute.org/publication/public-thinking-about-care-work-in-a-time-of-social-upheaval/>
2. For this report, we define “care work” as hands-on care and support to older people and people with disabilities, such as home health aides and nursing home workers. In our upcoming research, we will broaden this definition to include child care.
3. Scales, K., & McCall, S. (2022, July 12). Essential support: State hazard pay and sick leave policies for direct care workers during COVID-19. PHI. <https://www.phinational.org/resource/essential-support-state-hazard-pay-and-sick-leave-policies-for-direct-care-workers-during-covid-19/>
4. We consider care workers to be essential workers, covered either by the CDC definition of essential healthcare workers: “All paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials,” or the definition of essential non-healthcare workers: “Workers who are essential to maintain critical infrastructure and continue critical services and functions.” In addition, during the pandemic, we would include the vast majority of care workers as falling under the CDC definition of frontline essential workers: “The subset of essential workers likely at highest risk for work-related exposure to SARS-CoV-2, the virus that causes COVID-19, because their work-related duties must be performed on-site and involve being in close proximity (<6 feet) to the public or to coworkers.” Categories of essential workers: Covid-19 vaccination. (2021, March 29). Centers for Disease Control and Prevention. [https://www.cdc.gov/vaccines/covid-19/categories-essential-workers.html#:~:text=Frontline%20essential%20workers%20\(1b\)%3A,the%20public%20or%20to%20coworkers](https://www.cdc.gov/vaccines/covid-19/categories-essential-workers.html#:~:text=Frontline%20essential%20workers%20(1b)%3A,the%20public%20or%20to%20coworkers)
5. Public thinking about care work in a time of social upheaval: Findings from year one of the culture change project. (2021, October 28). FrameWorks Institute. <https://www.frameworksinstitute.org/publication/public-thinking-about-care-work-in-a-time-of-social-upheaval/>
6. Public thinking about care work in a time of social upheaval: Findings from year one of the culture change project. (2021, October 28). FrameWorks Institute. <https://www.frameworksinstitute.org/publication/public-thinking-about-care-work-in-a-time-of-social-upheaval/>
7. When we provided a definition of care work, we used the same definition that we developed at the beginning of the project, with the help of staff input and materials from the Ralph C. Wilson, Jr. Foundation: Care workers are “people who provide hands-on care and support to older people and people with disabilities, such as home health aides and nursing home workers.” We used this definition in both the tracking survey and the peer discourse sessions.
8. Pearman, O., Boykoff, M., Osborne-Gowey, J., Aoyagi, M., Gammelgaard Ballantyne, A., Chandler, P., Daly, M., Doi, K., Fernández-Reyes, R., Jiménez-Gómez, I., Nacu-Schmidt, A., McAllister, L., McNatt, M., Mocatta, G., Kjerulf Petersen, L., Hege Simonsen, A., & Ytterstad, A.

- (2021, January). Covid-19 media coverage decreasing despite deepening crisis. *The Lancet*, 5(1). [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(20\)30303-X/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(20)30303-X/fulltext)
9. On a scale between 1 and 9, where 1 represents “very strongly disagree” and 9 represents “very strongly agree,” respondents tended to position themselves, on average, between 6 (“slightly agree”) and 7 (“somewhat agree”). In September 2021, the average response was 6.86, close to “somewhat agree.” One year later, in September 2022, the average was 6.26, closer to “slightly agree.” A t-test showed this difference to be significant, at $p < 0.001$, with a moderate effect size.
 10. McCarthy, J. (2022, August 30) U.S. Approval of labor unions at highest point since 1965. Gallup. (2022, May). https://news.gallup.com/poll/398303/approval-labor-unions-highest-point-1965.aspx?utm_source=alert&utm_medium=email&utm_content=morelink&utm_campaign=syndication
 11. Framing the economy. (2018, June 5). FrameWorks Institute, NEON, NEF & PIRC. <https://www.frameworksinstitute.org/publication/framing-the-economy/>
 12. How is culture changing in this time of social upheaval?: Findings from the Culture Change Project. (2022, May). FrameWorks Institute. <https://www.frameworksinstitute.org/publication/how-is-culture-changing-in-this-time-of-social-upheaval/>
 13. According to the Census Bureau, the gender composition of workers varies across the health and care sectors, with women greatly overrepresented in some professions, such as nurses and home health aides, and men overrepresented in other (usually higher paid) professions, such as surgeons and physicians. Cheeseman Day, J. & Christnacht, C. (2019, August 14). Women hold 76% of all health care jobs, gaining in higher-paying occupations. United States Census Bureau. <https://www.census.gov/library/stories/2019/08/your-health-care-in-womens-hands.html>
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Public Thinking About Care Work: Encouraging Trends, Critical Challenges

Findings from Year Two of the
Culture Change Project

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