



Cornell University
ILR School

Cornell University ILR School
DigitalCommons@ILR

Federal Publications

Key Workplace Documents

2015

Paid Family and Medical Leave: Research and Lessons for the District of Columbia

Devin Rae McBrayer
Institute for Women's Policy Research

Follow this and additional works at: https://digitalcommons.ilr.cornell.edu/key_workplace

Thank you for downloading an article from DigitalCommons@ILR.

Support this valuable resource today!

This Article is brought to you for free and open access by the Key Workplace Documents at DigitalCommons@ILR. It has been accepted for inclusion in Federal Publications by an authorized administrator of DigitalCommons@ILR. For more information, please contact catherwood-dig@cornell.edu.

If you have a disability and are having trouble accessing information on this website or need materials in an alternate format, contact web-accessibility@cornell.edu for assistance.

Paid Family and Medical Leave: Research and Lessons for the District of Columbia

Abstract

This literature review highlights the main findings in current research looking at paid family and medical leave policies, and then examines how these experiences can inform the development of a paid leave policy in the District of Columbia. The need for paid family and medical leave is high, and paid leave would benefit nearly all employees at some point in their working lives. One in every five adults has taken family leave in the past three years. Support for these programs is generally very favorable among both employees and employers as well. The most common problem with current paid leave programs is a lack of awareness or ability to use the benefit. Any paid family and medical leave policy implementation must be accompanied with some sort of education campaign whether it is directed at workers or done through employer buy-in. There are many lessons to learn from existing paid family and medical leave programs, but ultimately the current programs are still very successful.

Keywords

paid family and medical leave, caregiving, working families, economic security, District of Columbia

Comments

Suggested Citation

McBrayer, D. R. (2015). *Paid family and medical leave: Research and lessons for the District of Columbia*. Washington, D.C.: Institute for Women's Policy Research.

Literature Review

**Paid Family and Medical Leave:
Research and Lessons for the District of Columbia**

**Devin Rae McBrayer
For the Institute for Women's Policy Research**

ABSTRACT

This literature review highlights the main findings in current research looking at paid family and medical leave policies, and then examines how these experiences can inform the development of a paid leave policy in the District of Columbia. The need for paid family and medical leave is high, and paid leave would benefit nearly all employees at some point in their working lives. One in every five adults has taken family leave in the past three years. Support for these programs is generally very favorable among both employees and employers as well. The most common problem with current paid leave programs is a lack of awareness or ability to use the benefit. Any paid family and medical leave policy implementation must be accompanied with some sort of education campaign whether it is directed at workers or done through employer buy-in. There are many lessons to learn from existing paid family and medical leave programs, but ultimately the current programs are still very successful.

DEFINITIONS¹

Paid Family Leave:

A state-administered program or employer-provided benefit that fully or partially replaces the wages of workers who take leave to care for a seriously ill family member or new child.

Paid Medical Leave:

A state-administered program or employer-provided benefit that fully or partially replaces the wages of workers on leave for medical reasons, including pregnancy. Paid medical leave may be provided through a state-administered system, called a State Disability Insurance (SDI) or Temporary Disability Insurance (TDI) program. Paid medical leave may also be available through privately purchased or employer-provided short-term disability insurance, or through employer-provided paid sick days or paid time off.

¹ Gault, Barbara, Heidi Hartmann, Ariane Hegewisch, Jessica Milli, and Lindsey Reichlin. "Paid Parental Leave in the United States: What the Data Tell Us about Access, Usage, and Economic and Health Benefits — IWPR." Institute for Women's Policy Research. June 1, 2014. Accessed March 25, 2015.

Family Medical Leave Act (FMLA):

The Family Medical Leave Act of 1993 provides up to 12 weeks of unpaid, job-protected leave to eligible workers, and research has shown that it increases job tenure and family economic security.

INTRODUCTION

Paid family and medical leave policies positively impact employees' physical and mental health, businesses' bottom lines, and the overall economy by providing a system that allows workers to take paid leave when they inevitably need it to care for a new child or sick relative. Paid leave programs currently exist in three states: California, New Jersey, and Rhode Island. Rhode Island's paid family and medical leave program was just implemented in 2014, and therefore there are not much data just one year later. For this reason, Rhode Island is not addressed in this literature review. All three states administer their paid leave programs through temporary disability insurance and finance paid leave using payroll taxes. Rhode Island is the only state that ensures job protection along with access to paid leave. In California and New Jersey workers must apply for FMLA separately. Although there are only three states with paid family and medical leave, the programs are thought to be very successful. Paid leave increases employer retention and improves health outcomes: both mental and physical health.

The District of Columbia does not currently have paid family and medical leave, although it does have paid sick leave for certain employees. It recently received federal funding to evaluate the feasibility and impact paid leave would have on the city. This literature review aims to highlight common themes in research regarding paid family and medical leave in California and New Jersey and find related issues of relevance to the District as it moves forward with paid family and medical leave policy changes.

RESEARCH QUESTION

What are the published research findings regarding the effects of paid family and medical leave in California and New Jersey and how does this research inform future paid family and medical leave in the District of Columbia?

METHODS

This review captures the research on paid family and medical leave in the United States through March 2015, with an emphasis on California and New Jersey. This review includes studies between January 2000 and March 2015. The studies were found using PubMed, MedLine, and JSTOR using the following search terms; “California paid leave”, “New Jersey paid leave”, “paid leave policies”, “paid medical leave”, “paid family and medical leave”, and “paid family leave”. For the purposes of this literature review, studies that took place abroad are not included. This literature review was also not limited to peer reviewed research. Reports from state legislatures were included as well as research from the National Partnership for Women and Families’ research library. Older reports with more recent findings were excluded from this review as well as research that looked at health outcomes for children of parents with access to paid leave. The research in this review is limited to some literature discussing health outcomes for the workers themselves. This review will identify common themes within the literature and then translate those themes into considerations for paid family and medical leave in DC.

CALIFORNIA

California was the first state to pass and implement a paid family leave policy. Starting in July of 2004, eligible workers in California could take disability or family leave as long as they had earned a minimum of \$300 in four of the last five quarters.² Family leave can be taken for up to six weeks and personal disability leave can be taken for up to 52 weeks. When eligible workers take leave they will receive 55% of their regular pay, up to a maximum of \$928 per week.³ The program is administered through the state disability insurance program and funded through payroll taxes on employees. However, paid leave does not provide job protection for workers while they are on leave. Workers must apply for job-protected unpaid leave separately.

Since California’s paid family and medical leave policy has been implemented for longer than New Jersey or Rhode Island, there are more data about the effects of paid family and medical leave in the state. These data suggest that paid family and medical leave policies increase worker retention and increase the use of leave for some workers.⁴ The data also show

² Boushey, Heather, and Sarah Jane Glynn. "The Effects of Paid Family and Medical Leave on Employment Stability and Economic Security." Center for American Progress. April 1, 2012. Accessed March 25, 2015.

³ Ibid.

⁴ Ibid.

where implementation of these policies can be improved, especially with regards to increasing awareness.⁵

INCREASED WORKER RETENTION

Data suggests that paid leave policies in California have led to greater worker retention in lower-wage jobs. One study found that retention of employees with access to paid family and medical leave increased by 10% in lower-wage jobs since the implementation of the policy in California.⁶ Previous studies have already shown that first-time mothers are more likely to return to work if they have access to paid maternity leave. Ultimately, replacing workers is expensive for employers. The resources that go in to searching for, recruiting, training, and supervising new employees are often greater than the resources required to offer current employees access to paid leave.⁷ Paid leave insurance programs are especially beneficial to small businesses.⁸ Smaller businesses might not otherwise be able to afford offering paid leave to their employees. With a paid leave insurance program, smaller businesses do not have to invest their own scarce resources into paid leave, but they still reap the rewards of increased employee retention.

INCREASE IN LEAVE TAKEN

Unsurprisingly, when paid leave went in to effect in California, more workers chose to take leave. Since implementation of paid leave insurance in California there has been a 43.4% increase in claims filed, and there has been an 87.5% increase in benefits paid to workers.⁹ About 90% of all claims were to bond with a child and the remaining 10% were for workers caring for an ill family member.¹⁰ Claims filed by men increased by more than 400%.¹¹

One study found that after the implementation of paid leave in California, the use of maternity leave doubled from three weeks to six weeks.¹² Low-earners were the most likely to

⁵ "Paid Family Leave Ten Years of Assisting Californians in Need." State of California Labor and Workforce Development Agency Employment Development Department. July 1, 2014. Accessed March 25, 2015.

⁶ "Taking Care of Business: The Business Benefits of Paid Leave." [Http://www.nationalpartnership.org/research-library/work-family/taking-care-of-business.pdf](http://www.nationalpartnership.org/research-library/work-family/taking-care-of-business.pdf). March 1, 2011. Accessed March 25, 2015.

⁷ Ibid.

⁸ Ibid.

⁹ "Paid Family Leave Ten Years of Assisting Californians in Need." State of California Labor and Workforce Development Agency Employment Development Department.

¹⁰ Ibid.

¹¹ Ibid.

¹² Rossin-Slater, Maya, Christopher J. Ruhm, and Jane Waldfogel. "The Effects of California's Paid Family Leave Program on Mothers' Leave-Taking and Subsequent Labor Market Outcomes." *Journal of Policy Analysis and Management*, 2011, 224-45.

increase their utilization of paid leave.¹³ Researchers theorized that this is most likely because prior to the implementation of the policy low-earners are more likely to be unable to afford taking unpaid leave. In fact, data shows that of the 3.5 million employees who needed but could not take leave in 2000, 78% cited inability to afford leave as a reason.¹⁴ When employees were taking leave prior to implementation they often violated employer policies when using sick leave or vacation days to care for a sick family member.

LOW AWARENESS OF LEAVE

In California, data reveal that some workers with the greatest need for paid leave are either not using it or do not have access to it.¹⁵ Researchers found lower than expected utilization of paid leave among primary caregivers and parents of children with special healthcare needs. A primary caregiver is defined as the parent with more childcare responsibilities. One study found that these primary care providers have less access to paid leave than parents with less childcare responsibilities, the secondary care providers.¹⁶ The discrepancy in access to paid leave for primary and secondary care providers is largely explained by gender and employment differences.¹⁷

The second area of low awareness of paid family and medical leave is among parents of children with special health care needs or chronic illness. Parents of children with special healthcare needs are seen as one of the major reasons that FMLA passed in the first place. One study revealed that these parents are not utilizing the benefit at the same rate as other parents. This suggests that there are gaps in accessibility or coverage.¹⁸ Furthermore, parents of children with special health care needs polled in the study were less likely to be aware of the paid leave benefit. Even more surprising for the researchers was that the children of the parents polled were receiving care at a hospital with some of the sickest patients in the state. Parents that did indicate awareness of the benefit reported difficulty in applying for or utilizing paid leave. Most of the parents of children with special healthcare needs expressed the need for parents to have better

¹³ Ibid.

¹⁴ Schuster, M. A., P. J. Chung, M. N. Elliott, C. F. Garfield, K. D. Vestal, and D. J. Klein. "Awareness and Use of California's Paid Family Leave Insurance Among Parents of Chronically Ill Children." *JAMA: The Journal of the American Medical Association*, 2008, 1047-055.

¹⁵ Chung, Paul J., Craig F. Garfield, Marc N. Elliott, Katherine D. Vestal, David J. Klein, and Mark A. Schuster. "Access to Leave Benefits for Primary Caregivers of Children with Special Health Care Needs: A Double Bind." *Academic Pediatrics*, 2013, 222-28.

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ Schuster, M. A., P. J. Chung, M. N. Elliott, C. F. Garfield, K. D. Vestal, and D. J. Klein. "Awareness and Use of California's Paid Family Leave Insurance Among Parents of Chronically Ill Children."

help with understanding how the program works, either through their employers, hospitals, or clinics. The study also found that parents of children with special healthcare needs did not appear to take more leave after the implementation of paid leave in California.¹⁹

The low awareness by these populations demonstrates the need for greater education. Even when employees were aware of the program, they encountered a confusing process that took too long to navigate, especially when the need to take leave is urgent. Employers also found the policy difficult to navigate and implement in some respects but strongly supported the policy nonetheless.²⁰

NEW JERSEY

Starting in July 2009 New Jersey's paid insurance program went into effect. The paid family leave insurance program in New Jersey is similar to the policy implemented in California. The criteria to qualify for paid leave are higher in New Jersey than in California. In New Jersey a worker must have earned a minimum of \$7,300 in the previous 12 months as opposed to in California where a worker must have earned at least \$300 in four of the last five quarters.²¹ Similar to California, workers can take up to six weeks of paid leave to bond with a new child or care for a relative, but personal disability leave is only available for 26 weeks in New Jersey.²² In New Jersey the paid leave insurance program also does not provide job protection, which means that employees must file for federal unpaid leave to benefit from guaranteed continued employment at their place of work.

LOW AWARENESS OF LEAVE

Similar to California, polling reveals that New Jersey could also benefit from increased awareness of paid family and medical leave.²³ Polls conducted in New Jersey show a lack of awareness about leave benefits among low-income residents. A poll that was taken in August 2012 found that even three years after the paid leave went in to effect, less than half were not

¹⁹ Ibid.

²⁰ Gomby, Deanna, and Dow-Jane Pei. "Newborn Family Leave: Effects on Children, Parents, and Business." The David and Lucile Packard Foundation. 2009. Accessed March 25, 2015.

²¹ Boushey, Heather, and Sarah Jane Glynn. "The Effects of Paid Family and Medical Leave on Employment Stability and Economic Security."

²² Ibid.

²³ Houser, Linda, and Karen White. "Awareness of New Jersey's Family Leave Insurance Program Is Low, Even As Public Support Remains High and Need Persists." Rutgers Center for Women and Work. October 1, 2012. Accessed March 25, 2015.

aware of its existence or whether they would benefit from it.²⁴ However, the poll showed that while many workers were not aware of their eligibility for the benefit, workers and employers still viewed the family leave insurance program favorably.²⁵ These polls showed that paid leave was viewed favorably by both low-wage and high-wage earners.²⁶

Researchers point out that workers in all income categories benefit from paid leave insurance.²⁷ Nearly all workers will need to take leave after having a child, adopting, or caring for a sick relative at some point in their working lives. One in every five adults has taken family leave in the past three years.²⁸ As mentioned previously, workers that considered taking leave out of necessity but did not end up taking leave most often cite the inability to afford unpaid leave as the biggest hurdle.

The studies specifically looking at paid leave insurance in California and New Jersey found similar implications that have already been discussed. These similarities include a low awareness among employees, especially workers that stand to benefit the most from paid leave such as low-income or workers with family members that require special care. At the same time, polls found approval and favorability of the program to be high in both states.

NATIONAL STUDIES

At this point in time there have been few state-specific studies looking at paid family and medical leave, but there is some literature looking at the implications of these policies at the national level. At the 30,000 foot level the literature falls into three major themes, some of which have already been discussed. The first theme is who has access to paid leave and what are the factors that determine whether workers take leave. The second theme looks at the policy from the economic perspective, especially from an employer standpoint. The third theme looks at the health implications of paid leave for both new parents and caretakers.

WHO TAKES LEAVE

The most important determinant of whether workers take leave is whether that leave is paid or job-protected. Lower income workers and part-time workers are less likely to have access

²⁴ Ibid.

²⁵ Ibid.

²⁶ Ibid.

²⁷ Ibid.

²⁸ Ibid.

to either paid or unpaid leave. The most common reasons workers take leave are to care for and bond with a new child or care for a sick relative.

Studies looking at workers that take leave to care for a new child have most commonly studied access to maternity leave. Nationwide, most women do not receive paid maternity leave. In one study, 41% of women received paid maternity leave for about 3 weeks with 31% wage replacement.²⁹ The study found that on average women took 10 weeks of maternity leave. Women only received 10.4 days of paid sick leave and 11.6 paid personal time per year.³⁰ Women that are more likely to currently receive some form of maternity leave are non-Hispanic Black, privately insured, working full-time, and from a higher-income family.³¹ Women from disadvantaged backgrounds tend to receive less generous benefits.

Workers are increasingly taking leave to care for older parents with chronic illnesses.³² Research reveals that working and non-working adults are almost equally as likely to provide care to a parent. Sons are more likely to provide financial support while daughters are more likely to help by being caretakers and providing basic care.³³ Therefore, daughters are more likely to take leave to provide personal care to a family member.

THE ECONOMIC BENEFITS OF PAID LEAVE

Businesses actually report no major problems in complying with the federal Family and Medical Leave Act, and some studies suggest that leave policies can benefit companies through increased employee retention and job satisfaction.³⁴ Providing paid leave has many benefits for employers including but not limited to a healthy and productive workforce, which leads to improved productivity, reduced employee turnover, improved morale, and employee loyalty. The economic implications of taking leave to care for a new baby are very different from the implications of taking leave to care for a sick parent, which will also be addressed below.

Employee loyalty and retention ultimately reduces the excess costs of training and hiring new employees. An IWPR report indicated that providing paid parental leave for federal workers

²⁹ Hegewisch, Ariane, and Yuko Hara. "Maternity, Paternity, and Adoption Leave in the United States." Institute for Women's Policy Research. May 1, 2013. Accessed March 25, 2015.

³⁰ Sheperd-Banigan, M., and JF Bell. "Paid Leave Benefits among a National Sample of Working Mothers with Infants in the United States." 2014, 286-95.

³¹ Ibid.

³² "Caregiving Costs to Working Caregivers Double Jeopardy for Baby Boomers Caring for Their Parents." MetLife Mature Market Institute. June 1, 2011. Accessed March 25, 2015.

³³ Ibid.

³⁴ Gomby, Deanna, and Dow-Jane Pei. "Newborn Family Leave: Effects on Children, Parents, and Business."

is expected to improve recruitment and retention of young workers, preventing \$50 million per year in costs associated with employee turnover.

Paid leave is correlated with stronger labor force attachment and receiving low levels of public assistance in the year after the birth of a child. Women who reported taking paid leave after the birth of a child were more likely to be working 9 to 12 months later compared to women who did not take leave at all.³⁵ Furthermore, women who took paid leave were 40% less likely to be receiving food stamps and 39% less likely to receive forms of public assistance in the year after the birth of a child than a woman who returned to work without taking leave at all.³⁶ Women who take leave of 30 days or longer are also significantly more likely to report wage increases in the year following a child's birth than women who take no leave at all. The analyses in this study controlled for most socioeconomic status factors including income, education, health status, marital status, race and age.

Nationwide, research is also taking a closer look at the impact that paid leave or the lack-there-of has specifically on caregivers in the United States. Caregivers are working adults that are caring for older parents, disabled spouses, or children with chronic health issues or special health needs. The demands of caregiving significantly impact those employees' physical and mental health as well as their economic well-being.³⁷ In terms of the economic impact of caregivers on the country's economy, the value of unpaid labor caring for elderly adults alone was estimated to be at least \$375 billion in 2007.³⁸ That amount is equal to the amount of federal and state expenditures on Medicaid and comes close to the total spending on Medicare.

Almost 25% of adults today provide some form of care to a parent, either financial or personal care.³⁹ This percentage has tripled over the past 15 years. Adults that take unpaid leave to care for a parent have a significant impact on the economy. The total amount of lost wages, pensions, and social security as a result of unpaid leave taken by caretakers is estimated to be about \$3 trillion.⁴⁰ These lost wages experienced by caretakers disproportionately affects women compared to men over the lifetime.

³⁵ Sheperd-Banigan, M., and JF Bell. "Paid Leave Benefits among a National Sample of Working Mothers with Infants in the United States."

³⁶ Houser, Linda, and Thomas Vartanian. "Pay Matters: The Positive Economic Impacts of Paid Family Leave for Families, Businesses, and the Public." Center for Women and Work at Rutgers University, 2012.

³⁷ Earle, Alison, and Jody Heymann. "Protecting the Health of Employees Caring for Family Members with Special Health Care Needs."

³⁸ *Ibid.*

³⁹ "Caregiving Costs to Working Caregivers Double Jeopardy for Baby Boomers Caring for Their Parents."

⁴⁰ *Ibid.*

Losses over the Lifetime as a Result of Unpaid Leave taken by Caregivers and Gender⁴¹

	Women	Men
Lost Wages	\$142,693	\$89,107
Lost Social Security Benefits	\$131,351	\$144,609
Impact on Pensions	\$50,000	\$50,000
Total	\$324,044	\$283,716

The reality is that most workers will have caregiving responsibilities at one time or another. Mothers are breadwinners or co-breadwinners in two-thirds of families and with an aging population, more and more workers will need access to paid leave to care for an ailing loved one.⁴² The above chart demonstrates that these working mothers are disproportionately impacted over the lifetime by a lack of access to paid leave.

Finally, when employers do not offer paid leave, employees are more likely to come into work sick, and if they are contagious it will lead to an even greater loss in productivity and an increase in absenteeism. In this respect, access to paid leave can help reduce absenteeism in the long run and also increase employee morale.

In the short term, giving access to paid leave may increase the utilization of the benefit, but in the long run employers will be allowing their employees the flexibility to handle events that occur in nearly every employee's working life. The reduction in absenteeism and the increase in worker retention can lead to an overall positive economic impact on the economic health of the employer. Furthermore, with a paid leave insurance program the employer does not have to make any initial investment because it is funded through employee payroll taxes. The economic impact of paid leave is also positive at the individual level. Caretakers can face significant financial setbacks as a result of taking unpaid leave. These lost wages also have an undeniable impact on the economy of the whole country- \$3 trillion in lost wages, pensions, and social security as a result of unpaid leave taken by caretakers.⁴³

⁴¹ Ibid.

⁴² Boushey, Heather, and Sarah Jane Glynn. "The Effects of Paid Family and Medical Leave on Employment Stability and Economic Security."

⁴³ Ibid.

HEALTH BENEFITS OF PAID LEAVE

Similar to the economic impacts discussed earlier, taking leave to care for or bond with a new child has very different health implications when compared to a worker taking leave to care for a sick parent.

When employees take leave to care for a parent, evidence shows that they are more likely to be in fair or poor health.⁴⁴ Caretakers aged 50 and older who work while also providing care for a parent experience personal health issues. This is especially important given that a growing proportion of the workforce is likely to be a caregiver to a parent while also approaching his or her own retirement.⁴⁵ Access to paid time off specifically for family members means working caregivers do not have to use their own sick leave or vacation for family needs, which may positively impact their mental health. Paid leave allows caretakers peace of mind that they will be able to take deal with any health complications that may arise without losing pay.

The ability of caretakers to take paid leave is associated with a better mental health status.⁴⁶ Paid leave is also associated with higher self-rated overall health status.⁴⁷ Women experience greater mental and physical effects of caring for a relative with a health condition.⁴⁸ Researchers theorize that this could lead to less time and energy to attend to personal preventive care or to obtain curative care in a timely fashion.

Several studies suggest that longer leaves from work after the birth of a child are correlated with increased maternal mental health, especially depressive symptoms and parenting stress. Among working mothers, the effects of work hours on depression are primarily driven by women working full time 3 months after childbirth.⁴⁹ However, any amount of work 3 months after childbirth is associated with parenting stress.⁵⁰ Alternate shift work 6 months after childbirth is associated with both depressive symptoms and parenting stress as well. Also,

⁴⁴ Ibid.

⁴⁵ Ibid.

⁴⁶ Ibid.

⁴⁷ Earle, Alison, and Jody Heymann. "Protecting the Health of Employees Caring for Family Members with Special Health Care Needs."

⁴⁸ Ibid.

⁴⁹ Chatterji, Pinka, Sara Markowitz, and Jeanne Brooks-Gunn. "Effects of Early Maternal Employment on Maternal Health and Well-being." *Journal of Population Economics*, 2013, 285-301.

⁵⁰ Ibid.

having a spouse that did not take leave after the birth of a baby is correlated with higher levels of depressive symptoms for new mothers.⁵¹

Newborn family leave also has significant positive effects on the health of young children, rates of breastfeeding, and fathers' involvement with their babies.⁵² There is evidence to suggest that new mothers who chose to delay returning to work are more likely to breastfeed for longer than new mothers that return to work within 1 to 6 weeks.⁵³ Other studies suggest that low rates of breastfeeding negatively impact the economy. The net cost of "suboptimal breastfeeding rates" is estimated to be about \$8.7 billion.⁵⁴

As mentioned earlier, longer maternity leaves are associated with higher odds of breastfeeding among full-time workers, especially full-time workers that do not hold managerial positions, lack job flexibility, or experience psychosocial distress.⁵⁵ Extending paid postpartum leave and flexibility in working conditions for women has positive effects on breastfeeding women.⁵⁶

Evidence suggests that paid leave may also improve utilization and compliance with well-baby preventive care recommendations.⁵⁷ Mothers with access to some form of paid leave, most often paid vacation leave, took their children to more well-baby visits than other working mothers.⁵⁸ This suggests that employed women with access to paid leave are more likely to be able to comply with preventive care recommendations.

Lack of paid sick leave can be a significant barrier to receiving preventive care for adults as well. More than 48 million individuals (38%) in an estimated U.S. working population of 127 million did not have paid sick leave in 2008.⁵⁹ One study showed that workers with access to paid sick leave were significantly more likely to receive preventive care over the course of a year than those without it.⁶⁰ This literature review does not address sick leave, but this narrative also

⁵¹ Chatterji, P., and S. Markowitz. "Family Leave after Childbirth and the Mental Health of New Mothers." *J Ment Health Policy Econ*, 2012.

⁵² Gomby, Deanna, and Dow-Jane Pei. "Newborn Family Leave: Effects on Children, Parents, and Business."

⁵³ Ogbuanu, C., S. Glover, J. Liu, and J. Hussey. "The Effect of Maternity Leave Length and Time of Return to Work on Breastfeeding." *Pediatrics*, 2011, Peds.2010-0459.

⁵⁴ Bartick, Melissa. "Breastfeeding and the U.S. Economy." *Breastfeeding Medicine*, 2011, 313-18.

⁵⁵ Guendelman, S., J. L. Kosa, M. Pearl, S. Graham, J. Goodman, and M. Kharrazi. "Juggling Work And Breastfeeding: Effects Of Maternity Leave And Occupational Characteristics." *Pediatrics*, 2009, E38-46.

⁵⁶ *Ibid.*

⁵⁷ Hamman, Mary Kathryn. "Making Time for Well-Baby Care: The Role of Maternal Employment." *Maternal and Child Health Journal*, 2011, 1029-036.

⁵⁸ *Ibid.*

⁵⁹ Peipins, Lucy A, Ashwini Soman, Zahava Berkowitz, and Mary C White. "The Lack of Paid Sick Leave as a Barrier to Cancer Screening and Medical Care-seeking: Results from the National Health Interview Survey." *BMC Public Health*, 2012, 520.

⁶⁰ *Ibid.*

suggests that access to paid leave could increase worker's utilization of preventive care for themselves. One study even found that employees with paid leave were more likely to get a flu shot than employees without paid leave. This study concluded that expanding access to paid leave could substantially increase flu vaccination, resulting in fewer workdays lost to influenza and savings in healthcare costs.⁶¹

The health impacts of offering paid leave to workers are huge. Paid leave has been correlated with increasing the mental health of caretakers, reducing depression among new mothers, and perhaps also increasing compliance with preventive care recommendations.

THE DISTRICT OF COLUMBIA

In 2015, DC received a \$96,281 grant from the Department of Labor to study the feasibility and impact of enacting paid family leave for the entire city.⁶² This is part of a \$500,000 package distributed to three other states including: Massachusetts, Montana, and Rhode Island.⁶³ The District of Columbia does not currently have paid family and medical leave. However, DC has strengthened the federal FMLA for private and District workers. Employers are required to provide workers with a limited number of paid sick days each year that can be used to address a worker's own illness or for the care of a child or other family member. The number of paid days that employees earn ranges from three to five depending on the size of the employer.⁶⁴ Employees who have worked for at least 1,000 hours in the previous year are entitled to up to 16 weeks of leave to care for a new child or family member with a serious health condition, and female workers may take up to 16 weeks of pregnancy leave in addition to any leave taken to care for a new child.⁶⁵ It is important to note that employees of the DC government and private employers are covered, but federal employees working in DC are not.

DISCUSSION

INFORMING PAID LEAVE POLICY IN THE DISTRICT OF COLUMBIA

⁶¹ Wilson, Fernando A., Yang Wang, and Jim P. Stimpson. "Universal Paid Leave Increases Influenza Vaccinations among Employees in the U.S." Vaccine, 2014.

⁶² Covert, Bryce. "These Workers Are Now Among The Lucky Few Who Can Take Paid Time Off When They Have A Baby." ThinkProgress RSS. October 1, 2014. Accessed March 25, 2015.

⁶³ Ibid.

⁶⁴ "DC Parental Leave Act." District of Columbia Office of Human Rights. October 6, 2011. Accessed March 25, 2015.

⁶⁵ Ibid.

There are several themes that appear consistently in the literature that are important for DC to consider as it studies and potentially moves forward with implementing paid family and medical leave in the District. These themes include increasing awareness of the benefit, pursuing employer buy-in, and the positive economic and health impacts of paid leave.

When implementing paid leave, it is important to accompany implementation with a strong education campaign about the program. Particularly in the state specific research, awareness of the paid leave insurance program was low in populations that might benefit the most from the program. These populations include low-earners, part-time workers, and parents of children with special health care needs. Low-earners and part-time workers might be aware of the policy but be unaware of their ability to benefit from it. Low-earners and part-time workers are the least likely to have access to paid leave but in a program like California's, the eligibility for the program is so low that nearly all workers qualify.

A more effective education campaign is crucial to increase awareness of the program for the populations that stand to benefit the most. The results of the research also suggest that this educational program needs to be accompanied by some entity that will assist people in obtaining benefits. Parents of children with special health care needs that lack awareness of the policy might have had more pressing problems to handle before determining whether they qualify for paid leave. Also, these parents in California that knew about the policy but found it too complicated to utilize are an important population to consider. Perhaps the circumstances around caring for a child with special healthcare needs require greater expediency in obtaining paid leave. Having help to navigate the process will dramatically change the experience when employees inevitably need to take leave to care for their child, welcome a new child, or care for a sick parent.

Buy-in from employers is another route to ensure successful implementation of a paid leave program. Paid leave programs offer tremendous benefits to employers that range from reducing absenteeism, increasing productivity, increasing morale, and improving overall employee wellness. There are many reasons for employers to support paid leave programs and it is smart to engage employers and ensure employer buy-in when paid leave is being implemented. Employers serve as a better avenue to educate workers about their access to paid leave. This way, instead of needing to reach every single worker in the area, the government can instead focus its limited resources on the employers, of which there are far fewer. Employers have a lot

to gain from a paid leave program, especially if it is structured like the programs in California and New Jersey. Because nearly all workers will need to take leave at some point, employers should be more prepared to help their employees navigate through that time.

It is also important to seek buy-in from the medical and public health community. The health benefits of paid leave policies are undeniable. Paid leave increases health both physically and mentally for nearly all workers that need to take it. Paid leave is correlated with a decrease in the risk of depression for new moms, increased mental and physical health for caretakers, and paid leave could also lead to increased compliance with preventive care recommendations. Given the positive impact paid leave policies have on health it makes sense to seek buy-in from the medical and public health community. Care providers should be aware of their patient's ability, or their family member's ability, to take paid leave especially as it may dramatically improve the health outcomes of both their patient and their patient's loved ones.

Critics may argue that a paid leave insurance program is too expensive. However, the research demonstrates that there are serious positive impacts that these programs have on the economy and for the financial wellbeing of individuals. Not only do these programs keep people in the workforce for longer, which increases the contributions to social security and pensions, but these programs also decrease the likelihood of needing public assistance later. Caretakers with access to paid leave are less likely to damage their own financial security as they are often nearing retirement themselves when they care for a sick parent or older relative. Also, new parents with access to paid leave are less likely to be on public assistance a year after the birth of a new child; this is true even when the researchers controlled for socioeconomic status factors. New parents with access to paid leave were also more likely to receive a raise in the year after the birth of a child which further improves their long-term economic well-being and in turn improves the economy as a whole when these new parents have no need for public assistance.

CONCLUSION

This literature review addressed the paid leave policies in California, New Jersey, and studies conducted nationwide. As data becomes available from Rhode Island, researchers will be able to examine how job protection impacts paid family and medical leave programs. In the two states where paid leave has been implemented for long enough to have robust data, the programs are undeniably successful. Though it may seem counterintuitive, providing paid family and

medical leave when people cannot work due to caregiving responsibilities or the birth of a new child helps keep people employed in the long run. In the short term paid leave keeps people away from work, but in the long term it reduces the number of people who have to quit their jobs when they need time off to care for a seriously ill family member or when they have a new child. Paid medical leave serves this same purpose for workers who have short-term but serious illnesses that prevent them from working. The reality is that most workers have responsibilities outside of their jobs that require them to take leave at one time or another. Ultimately, paid leave is beneficial for all stakeholders involved. Engaging and securing buy-in from key stakeholders, such as employers, is the first important step in considering this important policy.

WORKS CITED

- Bartick, Melissa. "Breastfeeding and the U.S. Economy." *Breastfeeding Medicine*, 2011, 313-18.
- "Caregiving Costs to Working Caregivers Double Jeopardy for Baby Boomers Caring for Their Parents." MetLife Mature Market Institute. June 1, 2011. Accessed March 25, 2015.
- Chatterji, Pinka, Sara Markowitz, and Jeanne Brooks-Gunn. "Effects of Early Maternal Employment on Maternal Health and Well-being." *Journal of Population Economics*, 2013, 285-301.
- Chatterji, P., and S. Markowitz. "Family Leave after Childbirth and the Mental Health of New Mothers." *J Ment Health Policy Econ*, 2012.
- Chung, Paul J., Craig F. Garfield, Marc N. Elliott, Katherine D. Vestal, David J. Klein, and Mark A. Schuster. "Access to Leave Benefits for Primary Caregivers of Children with Special Health Care Needs: A Double Bind." *Academic Pediatrics*, 2013, 222-28.
- Covert, Bryce. "These Workers Are Now Among The Lucky Few Who Can Take Paid Time Off When They Have A Baby." ThinkProgress RSS. October 1, 2014. Accessed March 25, 2015.
- "DC Parental Leave Act." District of Columbia Office of Human Rights. October 6, 2011. Accessed March 25, 2015.
- Earle, Alison, and Jody Heymann. "Protecting the Health of Employees Caring for Family Members with Special Health Care Needs." *Social Science & Medicine*, 2011, 68-78.
- Gault, Barbara, Heidi Hartmann, Ariane Hegewisch, Jessica Milli, and Lindsey Reichlin. "Paid Parental Leave in the United States: What the Data Tell Us about Access, Usage, and Economic and Health Benefits — IWPR." Institute for Women's Policy Research. June 1, 2014. Accessed March 25, 2015.
- Gomby, Deanna, and Dow-Jane Pei. "Newborn Family Leave: Effects on Children, Parents, and Business." The David and Lucile Packard Foundation. 2009. Accessed March 25, 2015.
- Guendelman, S., J. L. Kosa, M. Pearl, S. Graham, J. Goodman, and M. Kharrazi. "Juggling Work And Breastfeeding: Effects Of Maternity Leave And Occupational Characteristics." *Pediatrics*, 2009, E38-46.
- Hamman, Mary Kathryn. "Making Time for Well-Baby Care: The Role of Maternal Employment." *Maternal and Child Health Journal*, 2011, 1029-036.
- Hegewisch, Ariane, and Yuko Hara. "Maternity, Paternity, and Adoption Leave in the United

- States." Institute for Women's Policy Research. May 1, 2013. Accessed April 30, 2015
- Houser, Linda, and Karen White. "Awareness of New Jersey's Family Leave Insurance Program Is Low, Even As Public Support Remains High and Need Persists." Rutgers Center for Women and Work. October 1, 2012. Accessed March 25, 2015.
- Houser, Linda, and Thomas Vartanian. "Pay Matters: The Positive Economic Impacts of Paid Family Leave for Families, Businesses, and the Public." *Center for Women and Work at Rutgers University*, 2012.
- Ogbuanu, C., S. Glover, J. Liu, and J. Hussey. "The Effect of Maternity Leave Length and Time of Return to Work on Breastfeeding." *Pediatrics*, 2011, Peds.2010-0459.
- "Paid Family Leave Ten Years of Assisting Californians in Need." State of California Labor and Workforce Development Agency Employment Development Department. July 1, 2014. Accessed March 25, 2015.
- Peipins, Lucy A, Ashwini Soman, Zahava Berkowitz, and Mary C White. "The Lack of Paid Sick Leave as a Barrier to Cancer Screening and Medical Care-seeking: Results from the National Health Interview Survey." *BMC Public Health*, 2012, 520.
- Rossin-Slater, Maya, Christopher J. Ruhm, and Jane Waldfogel. "The Effects of California's Paid Family Leave Program on Mothers' Leave-Taking and Subsequent Labor Market Outcomes." *Journal of Policy Analysis and Management*, 2011, 224-45.
- Scarr, Sandra, and William W. Thompson. "The Effects of Maternal Employment and Non-maternal Infant Care on Development at Two and Four Years." *Early Development and Parenting*, 2002, 113-23.
- Schuster, M. A., P. J. Chung, M. N. Elliott, C. F. Garfield, K. D. Vestal, and D. J. Klein. "Awareness and Use of California's Paid Family Leave Insurance Among Parents of Chronically Ill Children." *JAMA: The Journal of the American Medical Association*, 2008, 1047-055.
- Sheperd-Banigan, M., and JF Bell. "Paid Leave Benefits among a National Sample of Working Mothers with Infants in the United States." 2014, 286-95.
- "Taking Care of Business: The Business Benefits of Paid Leave."
[Http://www.nationalpartnership.org/research-library/work-family/taking-care-of-business.pdf](http://www.nationalpartnership.org/research-library/work-family/taking-care-of-business.pdf). March 1, 2011. Accessed March 25, 2015.
- Wilson, Fernando A., Yang Wang, and Jim P. Stimpson. "Universal Paid Leave Increases Influenza Vaccinations among Employees in the U.S." *Vaccine*, 2014.