WORK SUPPORTS FOR ADULT HEALTH:
The Role of Paid Family & Medical Leave

MAY 31, 2019

Policies for Action
Policy and Law Research to Build a Culture of Health
AN OVERVIEW OF USAGE AND BENEFITS UNDER 4 POTENTIAL NATIONWIDE FAMILY LEAVE INSURANCE PROGRAMS

HEIDI HARTMANN & JEFF HAYES

PRESIDENT, IWPR
SCHOLAR IN RESIDENCE, AMERICAN UNIVERSITY
EDITOR, JOURNAL OF WOMEN, POLITICS & POLICY
<table>
<thead>
<tr>
<th>Policy</th>
<th>Percentage of Weekly Wages</th>
<th>Maximum Weekly Amount</th>
<th>Eligibility Requirements</th>
<th>Weeks for Medical Leave</th>
<th>Weeks for Family Care Leave</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Family Act (Proposed)</strong></td>
<td>67%</td>
<td>$1,000</td>
<td>Eligibility requirements based on Social Security disability Insurance and recent employment (modeled as two Social Security credits in the previous year, about $2,500)</td>
<td>Up to 12 weeks</td>
<td></td>
</tr>
<tr>
<td><strong>California (2004)</strong></td>
<td>55%</td>
<td>$1,129</td>
<td>Earning $300 in previous year</td>
<td>Up to 52 weeks</td>
<td>6 weeks</td>
</tr>
<tr>
<td><strong>New Jersey (2008)</strong></td>
<td>67%</td>
<td>$615</td>
<td>Earning $8,500 in previous year or worked at least 20 weeks</td>
<td>Up to 26 weeks</td>
<td>6 weeks</td>
</tr>
<tr>
<td><strong>Rhode Island (2013)</strong></td>
<td>60%</td>
<td>$817</td>
<td>Earning $11,520 in previous year</td>
<td>Up to 30 weeks</td>
<td>4 weeks</td>
</tr>
<tr>
<td></td>
<td>FAMILY</td>
<td>California</td>
<td>New Jersey</td>
<td>Rhode Island</td>
<td></td>
</tr>
<tr>
<td>------------------------------------</td>
<td>--------------</td>
<td>------------------</td>
<td>------------------</td>
<td>-------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Number of Leaves Taken and Receiving FMLI Benefits</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Own Serious Health Condition</td>
<td>6,120,192</td>
<td>6,635,119</td>
<td>5,482,112</td>
<td>5,948,167</td>
<td></td>
</tr>
<tr>
<td>Maternity/Parental</td>
<td>2,971,824</td>
<td>2,999,079</td>
<td>2,660,686</td>
<td>2,679,533</td>
<td></td>
</tr>
<tr>
<td>Family Care</td>
<td>802,550</td>
<td>879,150</td>
<td>658,288</td>
<td>864,480</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>9,894,566</td>
<td>10,513,348</td>
<td>8,801,086</td>
<td>9,492,180</td>
<td></td>
</tr>
<tr>
<td><strong>Weeks Receiving Program Benefits</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Own Serious Health Condition</td>
<td>6.8</td>
<td>9.1</td>
<td>8.4</td>
<td>8.3</td>
<td></td>
</tr>
<tr>
<td>Maternity/Parental</td>
<td>7.6</td>
<td>7.0</td>
<td>6.1</td>
<td>5.4</td>
<td></td>
</tr>
<tr>
<td>Family Care</td>
<td>3.8</td>
<td>3.1</td>
<td>3.1</td>
<td>2.4</td>
<td></td>
</tr>
<tr>
<td>Overall</td>
<td>6.8</td>
<td>8.0</td>
<td>7.3</td>
<td>6.9</td>
<td></td>
</tr>
<tr>
<td><strong>Average Weekly Benefit</strong></td>
<td>$510</td>
<td>$432</td>
<td>$449</td>
<td>$494</td>
<td></td>
</tr>
<tr>
<td><strong>Total Benefit Cost ($millions)</strong></td>
<td>$31,808.9</td>
<td>$33,648.9</td>
<td>$26,917.0</td>
<td>$30,710.0</td>
<td></td>
</tr>
<tr>
<td><strong>Cost as a Percent of QCEW Total Earnings</strong></td>
<td>0.42%</td>
<td>0.44%</td>
<td>0.35%</td>
<td>0.40%</td>
<td></td>
</tr>
</tbody>
</table>

Source: Estimates based on IWPR-ACM Family and Medical Leave Simulation model based on 2012-2016 American Community Survey and 2012 FMLA Employees survey. (5 replications)
Note: Quarterly Census of Employment and Wages (QCEW) total wages based on BLS databases for Private, State, and Local government workers.
Table 3. Providing Paid Leave Increases Share of Workers Taking Leave Each Year by 7-11 percent, Overall

<table>
<thead>
<tr>
<th>Reason</th>
<th>FMLA</th>
<th>FAMILY</th>
<th>CA</th>
<th>NJ</th>
<th>RI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own Heath</td>
<td>8.9%</td>
<td>9.7%</td>
<td>9.9%</td>
<td>9.5%</td>
<td>9.6%</td>
</tr>
<tr>
<td>Maternity/Parental</td>
<td>2.8%</td>
<td>3.0%</td>
<td>3.0%</td>
<td>3.0%</td>
<td>3.0%</td>
</tr>
<tr>
<td>Family Care</td>
<td>3.7%</td>
<td>4.1%</td>
<td>4.1%</td>
<td>4.0%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Overall</td>
<td>13.4%</td>
<td>14.6%</td>
<td>14.9%</td>
<td>14.3%</td>
<td>14.5%</td>
</tr>
<tr>
<td>Increase Over FMLA</td>
<td></td>
<td>9.1%</td>
<td>11.2%</td>
<td>7.1%</td>
<td>8.5%</td>
</tr>
</tbody>
</table>

Source: Estimates based on IWPR-ACM Family Medical Leave Simulation Model based on 2012-2016 American Community Survey and 2012 FMLA Employees survey. (5 replications)

NOTE: Within columns, the rows do not sum to the Overall because workers can take leave for more than one reason in a year.
Figure 4. FMLI Programs Would Increase Access to Paid Leave – Especially for Lower Income Families

Source: Estimates based on IWPR-ACM Family Medical Leave Simulation Model based on 2012-2016 American Community Survey and 2012 FMLA Employees survey. (5 replications run June 2018.)
Figure 5. FMLI Benefits are Substantial and Reflect both Differences in Wage Replacement Formulas and Maximum Weeks Available

Program Benefits for Leaves Filing Eligible Claims (Excluding Zero) by Family or Medical Need

Source: Estimates based on IWPR-ACM Family Medical Leave Simulation Model based on 2012-2016 American Community Survey and 2012 FMLA Employees survey. (5 replications run June 2018.)
Does Paid Family Leave Reduce Nursing Home Use?

The California Experience

Kanika Arora
University of Iowa

Douglas A. Wolf
Syracuse University
Family Leave Policy in the U.S.

• Conflicts between paid work and family life have become increasingly salient over the last several decades
  ▪ Demographic changes
  ▪ Unique nature of eldercare

• Currently, the U.S. does not have a statutory federal policy guaranteeing Paid Family Leave, but momentum is increasing:
  ▪ California was the first state to mandate Paid Family Leave (PFL) in 2004
  ▪ Since then: New Jersey (2009), Rhode Island (2014), New York (2018), DC (beginning in 2020), Washington state (beginning in 2020) and Massachusetts (beginning in 2021)
Consequences of Paid Family Leave (PFL)

• Existing research has mainly focused on **direct effects** of family leave policies on employees and employers

• **Research Question:** Did Paid Family Leave Reduce Aggregate Nursing Home Use (NH) in California over the 1999-2008 period?
  - **Policy implications:** NH use and Long-term Care
  - **Mechanisms:** Depends on whether PFL changes the supply of family care and the degree to which family care and NH use are substitutes.
Data

• State-level data for 50 states (and DC) from 1999-2008 from a variety of sources

• Panel ends in 2008:
  ▪ A consistent series of information on aggregate nursing home utilization is only available for the years 1999-2009
  ▪ Only a half-year of program exposure for New Jersey if the year 2009 is included in the data series
Data

**Nursing Home Utilization**: Proportion of a state’s older population resident in a nursing home at any time during a calendar year

*Numerator*: Count of nursing home residents age 65 or older each year


*Denominator*: State- and year-specific counts of people age 65 or older

*Source*: Census Bureau (2015)
Data

Between 1999 and 2008 only CA enacted a PFL law:

- CA’s law passed in 2002
- Went into effect only on July 1, 2004

Key Explanatory Variable: Presence of PFL Policy

- For CA: “0” prior to 2004 and “1” after 2004
  - Drop 2004
- All other states = “0” from 1999 – 2008

Other data: Features of states’ LTC environments
Methods

Quasi-experimental method: Difference in Differences
- Contrast changes in nursing home utilization in California before and after the enactment of its PFL policy to the corresponding changes in nursing home utilization in a set of comparison group states.

Choice of comparison group:
- Empirically determined: Using cluster analysis
- Logical: “Family Friendly” states
- All other states

Adjustments to the model as inference with only one treatment
Table 1. Groupings of states into homogeneous clusters and “family friendly” comparison group.

<table>
<thead>
<tr>
<th>Cluster</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CA, a DE, ME, a MA, MD, MN, a NH, NJ, a NM, ND, a OH, PA, RI, a VA, VT, a WA, a WI</td>
</tr>
<tr>
<td>2</td>
<td>AL, AZ, AR, CO, FL, GA, ID, IL, IN, IA, KS, KY, MI, MO, MS, MT, NC, NE, NV, a OK, OR, a SC, SD, TN, a TX, UT, WV</td>
</tr>
<tr>
<td>3</td>
<td>HI a</td>
</tr>
<tr>
<td>4</td>
<td>WY</td>
</tr>
<tr>
<td>5</td>
<td>LA</td>
</tr>
<tr>
<td>6</td>
<td>CT, a NY a</td>
</tr>
<tr>
<td>7</td>
<td>DC a</td>
</tr>
<tr>
<td>8</td>
<td>AK</td>
</tr>
</tbody>
</table>

*aIn “family-friendly” comparison group.*
Results

Trends in Nursing Home Utilization: California & Various Comparison-Group States

Notes: “Other CA cluster” states are DE, MA, MD, ME, MN, ND, NH, NJ, NM, OH, PA, RI, VA, VT, WA, and WI.
“Other family-friendly states” are CT, DC, HI, ME, MN, ND, NJ, NV, NY, OR, RI, TN, VT, WA, and WI.
**Table 5.** Full specifications for Models 1a, 2a, and 3a.

<table>
<thead>
<tr>
<th>Dependent variable: Proportion of elderly in nursing homes</th>
<th>Model 1a</th>
<th>Model 2a</th>
<th>Model 3a</th>
</tr>
</thead>
<tbody>
<tr>
<td>PFL effect</td>
<td>-0.0065***</td>
<td>-0.005***</td>
<td>-0.0072***</td>
</tr>
<tr>
<td></td>
<td>(7.44)</td>
<td>(4.50)</td>
<td>(4.85)</td>
</tr>
<tr>
<td>Medically needy</td>
<td>0.0060***</td>
<td>0.004***</td>
<td>0.0025*</td>
</tr>
<tr>
<td></td>
<td>(5.51)</td>
<td>(3.13)</td>
<td>(2.43)</td>
</tr>
<tr>
<td>CON/Moratoria</td>
<td>-0.0015</td>
<td>-0.0013</td>
<td>0.0008</td>
</tr>
<tr>
<td></td>
<td>(1.86)</td>
<td>(1.09)</td>
<td>(1.07)</td>
</tr>
<tr>
<td>PCSs option</td>
<td>0.0001</td>
<td>0.0036*</td>
<td>0.0021</td>
</tr>
<tr>
<td></td>
<td>(0.08)</td>
<td>(2.41)</td>
<td>(1.63)</td>
</tr>
<tr>
<td>Older adults 1915(c) waiver</td>
<td>0.0026</td>
<td>-0.0007</td>
<td>0.0008</td>
</tr>
<tr>
<td></td>
<td>(1.53)</td>
<td>(0.55)</td>
<td>(0.78)</td>
</tr>
<tr>
<td>“In-laws” allowed by state family leave policy</td>
<td>0.0011</td>
<td>0.0037**</td>
<td>-0.0028**</td>
</tr>
<tr>
<td></td>
<td>(1.76)</td>
<td>(3.16)</td>
<td>(2.95)</td>
</tr>
<tr>
<td>PCA wage</td>
<td>-0.0005</td>
<td>0.0009</td>
<td>-0.0008</td>
</tr>
<tr>
<td></td>
<td>(0.90)</td>
<td>(1.48)</td>
<td>(1.37)</td>
</tr>
<tr>
<td>SNF days per capita</td>
<td>0.017***</td>
<td>0.0149***</td>
<td>0.0045**</td>
</tr>
<tr>
<td></td>
<td>(11.16)</td>
<td>(7.04)</td>
<td>(2.97)</td>
</tr>
<tr>
<td>General fund days (in 1000s)</td>
<td>0.0198*</td>
<td>0.0147</td>
<td>0.0024</td>
</tr>
<tr>
<td></td>
<td>(2.13)</td>
<td>(1.93)</td>
<td>(0.34)</td>
</tr>
<tr>
<td>Real per capita income</td>
<td>0.0091***</td>
<td>0.0026</td>
<td>-0.0036*</td>
</tr>
<tr>
<td></td>
<td>(5.02)</td>
<td>(1.32)</td>
<td>(2.02)</td>
</tr>
<tr>
<td>Proportion of female among older adults</td>
<td>-0.0012</td>
<td>0.0020</td>
<td>0.0018</td>
</tr>
<tr>
<td></td>
<td>(-1.11)</td>
<td>(1.54)</td>
<td>(1.36)</td>
</tr>
<tr>
<td>Proportion of “oldest old” among older adults</td>
<td>0.3709***</td>
<td>0.1523</td>
<td>0.3620***</td>
</tr>
<tr>
<td></td>
<td>(8.56)</td>
<td>(1.49)</td>
<td>(5.89)</td>
</tr>
<tr>
<td>Percent black</td>
<td>-0.0026***</td>
<td>0.0059***</td>
<td>-0.0021***</td>
</tr>
<tr>
<td></td>
<td>(3.99)</td>
<td>(4.47)</td>
<td>(2.97)</td>
</tr>
<tr>
<td>Percent Hispanic</td>
<td>0.0013</td>
<td>0.0045**</td>
<td>0.0001</td>
</tr>
<tr>
<td></td>
<td>(1.36)</td>
<td>(2.70)</td>
<td>(0.17)</td>
</tr>
<tr>
<td>Percent other</td>
<td>0.0017</td>
<td>-0.0032</td>
<td>0.0023*</td>
</tr>
<tr>
<td></td>
<td>(1.74)</td>
<td>(1.62)</td>
<td>(2.42)</td>
</tr>
<tr>
<td>Sample size</td>
<td>153</td>
<td>144</td>
<td>459</td>
</tr>
</tbody>
</table>

*Notes:* t-values using CRSE in parentheses. Estimation also includes time trends for each cluster, state, and year fixed effects. *P<0.05; **P<0.01; ***P<0.001.
Discussion

• Results provide consistent evidence of a reduction in NH utilization in California as a result of the PFL program. Estimates range from -0.005 to -0.0072 depending upon which states comprise the control group.

• Robustness tests

• Our preferred estimate, employing an empirically-matched group of control states, finds that PFL reduced nursing home usage by about 0.65 pp. For California, this represents an 11% relative decline in elderly nursing home utilization.

• Our estimate of PFL impact understates the true policy impact.
Discussion

• To our knowledge, this is the first study that empirically examines the relationship between paid leave and LTC outcomes

• Limitations:
  ▪ PFL implementation is not randomly assigned
  ▪ Time period covered by nursing home utilization data
  ▪ Unable to demonstrate linkage with caregiving efforts
SECURITY & STABILITY:
Paid Family & Medical Leave & Its Importance to People with Disabilities & Their Families

IWPR

Work Supports for Adult Health:
The Role of Paid Family and Medical Leave
Friday, May 31, 2019
Webinar
Indivar Dutta-Gupta
Co-Executive Director,
Georgetown Center on Poverty & Inequality (GCPI)
id141@georgetown.edu

Please do not quote, cite, or distribute information included in this presentation without permission.

Report Contents

• Disability & Work in U.S.

• Importance of PFML for People with Disabilities & their Families

• State of PFML for People with Disabilities & their Families in U.S.

• Policy Recommendations
Overview

Disability & Work in the United States

Key Findings

Policy Recommendations
Demographics of Disability, by Age

Figure 1. A Large Share of Older Adults Experience Disability

Age Distribution of Disability in the US, 2017, Percent

- Ages 5 to 17: 94.6% with disability, 5.4% without disability
- Ages 18 to 64: 81% with disability, 19% without disability
- Ages 65 to 74: 74.6% with disability, 25.4% without disability
- Ages 75+: 50.3% with disability, 49.7% without disability

Source: Author’s calculations using the American Community Survey (2013–2017)
Demographics of Disability, by Race

Figure 2. People with Disabilities Face Substantially Higher Unemployment Rates Across Racial & Ethnic Groups

Unemployment Rate by Disability Status and by Race, Age 16 and over, 2018, Percent

<table>
<thead>
<tr>
<th>Race</th>
<th>With disability</th>
<th>Without disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>7.3</td>
<td>3.3</td>
</tr>
<tr>
<td>Black/African American</td>
<td>11.2</td>
<td>6.3</td>
</tr>
<tr>
<td>Asian</td>
<td>7.1</td>
<td>2.9</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>9.8</td>
<td>4.5</td>
</tr>
</tbody>
</table>

Demographics of Disability, by Gender

Figure 3. Men & Women with Disabilities Face Substantially Lower Employment Rates

Employment-to-Population Ratio by Gender and by Disability Status, Age 16 and over, 2018, Percent

Disability & Financial Insecurity are Intertwined

• On average lower incomes, savings + higher out-of-pocket medical & disability-related costs

• Worse labor market outcomes & employment

• Higher poverty rates
Figure 4. Percent of People Living in Poverty by Disability Status, At or Below 125% OPM, 2017

Without disability: 17.9
With disability: 28.2

Figure 5. People with Disabilities Experience Financial Hardships

The Finances of People with Disabilities

1 in 10 people with disabilities are confident that they could come up with $2,000 for an unexpected need.

4 in 5 lack any sort of rainy day fund.

Figure 6. Percent of People Living in or Near Poverty by Household Member Disability, At or Below 200% OPM, 2017

Source: Author's calculations using the American Community Survey (2013-2017)
Overview

Disability & Work in the United States

Key Findings

Policy Recommendations
1. There is a need for more inclusive & comprehensive policies

2. Paid leave helps workers, including people with disabilities & their families, address their own/family member’s health

3. Paid leave boosts economic security & opportunity

4. Access to paid leave is particularly limited for individuals with disabilities & their families
1. There is a Need for More Inclusive & Comprehensive Policies

Figure 7. Employees’ Medical Reasons for Taking Leave, 2012

More than 1 in 10 U.S. parents also provide unpaid care for an adult

2. Paid Leave Helps Workers Care for Themselves & Family Members

Figure 8. A Significant Portion Took Leave for Ongoing Health Condition


- For people with disabilities & their families, job-protected PFML can:
  - Reduce poverty
  - Mitigate potential for workforce discrimination & exclusion

- PFML may also have positive effects on wages, labor force attachment, family well-being (e.g. emotional well-being), & health (e.g. reduced infant mortality, maternal mental health, higher vaccination rates)
Key Findings

4. Access Is Limited For People With Disabilities & Their Families

- Particularly for individuals who are low-income, women, young, LGBTQ, &/or people of color
- Workers with disabilities more likely to have jobs that are:
  - Low-wage, part-time, &/or lack flexible schedules
  - Least likely to offer access to any type of leave
- Gaps persist even in states that have established their own PFML programs
Overview

Disability & Work in the United States

Key Findings

Policy Recommendations
1. Be accessible to all working people & reflect a modern definition of family;
2. Cover all major reasons people need to take leave;
3. Have sufficient wage replacement & leave duration;
4. Ensure people can keep jobs & benefits without negative consequences; &
5. Include education & outreach that is fully accessible to people with disabilities.
Lessons From The States

Benefits must cover sufficient percentage of wages

Examples
- Massachusetts
- New Jersey
- Washington, D.C.

Importance of job protections

Examples
- California
- New Jersey
- Washington, DC
- Washington
Conclusion

Disability & Work in the United States

Key Findings

Policy Recommendations
Additional Resources


Thank You

Presented by:

Indivar Dutta-Gupta
Co-Executive Director, Georgetown Center on Poverty & Inequality
id141@georgetown.edu

@GCPIEconSec | @GtownLawPovCntr | www.georgetownpoverty.org
Importance of Paid Family Leave for Family Caregivers of Adults Who Need Care

Work Supports for Adult Health: The Role of Paid Family & Medical Leave
Institute for Women’s Policy Research
Webinar, May 31, 2019

Lynn Friss Feinberg, MSW
Senior Strategic Policy Advisor
AARP Public Policy Institute
Lfeinberg@aarp.org
Four Main Points

• Serious illness and chronic disability affect the family as well as the individual
• Family caregiving today is more complicated, costly, stressful, and demanding than at any time in human history
• We need to treat family caregiving with a new urgency and make it a national priority
• Workers should not have to choose between keeping their jobs and providing care to a seriously ill family member.
$6,954
Average Out of Pocket Expenses for Family Caregivers in 2016

Family Caregivers Provide $470 Billion in Unpaid Care

More than three in four family caregivers (78%) are incurring out-of-pocket costs as a result of caregiving

$11,923
Average Out of Pocket Expenses for Long-Distance Caregivers in 2016

78%

20%

Family caregivers are spending, on average, nearly 20% of their income on caregiving activities
Costs of Caregiving: Families at Risk

• Family caregiving comes at substantial costs to the caregivers themselves
  – Physical health risks
  – Emotional strain/mental health problems (depression)
  – Social isolation
  – Financial burdens
  – Workplace issues; lost career opportunities
  – Retirement Insecurity

• Family caregiving is now viewed as a public health concern
You Take Care of Mom, But Who Will Take Care of You?

Caregiver Support Ratio

In **2010**, the caregiver support ratio was **more than 7 potential caregivers** for every person in the high-risk years of 80-plus.

In **2030**, the ratio is projected to decline sharply to **4 to 1**; and it is expected to further fall to less than **3 to 1** in **2050**.

**POLICY ACTION:** Rising demand and shrinking families to provide LTSS call for new solutions to the financing and delivery of LTSS and family support.

Today’s Family Caregivers

• Family caregiving cuts across gender, age, and race/ethnicity
  – 60% are women; 40% are men
  – Nearly 1 in 4 (24%) is a Millennial
  – About 40% represent multicultural communities
• Average hours of care/week: 24 hours
• 24% have provided care for 5+ years
• 22% care for someone with dementia
• Nearly half provide care for someone age 75+
• 60% are employed

Source: National Alliance for Caregiving and AARP Public Policy Institute, Caregiving in the U.S. 2015.
Most Family Caregivers Work at a Paying Job

- Nearly 24 million (60%) family caregivers are employed
  - Work an average of 34.7 hours per week
- Half (51%) are older workers ages 50+
- Almost 3 in 4 (73%) millennial family caregivers are employed
- Nearly 2 in 3 (63%) care for someone age 65+
- Most (61%) have made one or more workplace accommodations.

Source: National Alliance for Caregiving and AARP Public Policy Institute, Caregiving in the U.S. 2015.
Caregiving’s Impact on Employment: The Financial Reality
Employed Family Caregivers

Work Impacts Due to Family Caregiving

- Any of these: 61%
- Go in late; leave early; take time off: 49%
- Leave of absence: 15%
- Reduce work hours; take less-demanding job: 14%
- Receive warning about performance/attendance: 7%
- Give up work entirely: 6%
- Turn down promotion: 5%
- Retire early: 4%
- Lose job benefits: 3%

- Any of these: 69%
- Go in late; leave early; take time off: 53%
- Leave of absence: 23%
- Reduce work hours; take less-demanding job: 25%
- Receive warning about performance/attendance: 11%
- Give up work entirely: 12%
- Turn down promotion: 11%
- Retire early: 8%
- Lose job benefits: 5%

Hours Caregiving per Week

Base: Working caregivers of persons ages 18+ (n=724).
Family Caregivers Can Face Substantial Financial Risks

- Economic consequences of reducing work hours, quitting a job to provide care, or taking an unplanned early retirement can be significant
  - Losing salary
  - Personal retirement savings
  - Eventual Social Security and retirement benefits
  - Health insurance
  - Career opportunities

Family Caregivers Can Face Substantial Financial Risks (cont’d)

• Family caregiving for a spouse or parent is associated with reduced labor force participation and a higher probability of falling into poverty when compared with non-caregivers.
• Family caregivers (age 50+) who leave the workforce to care for a parent lose an estimated $303,880, on average—in income and benefits over the caregiver’s lifetime.
• The potential for falling into poverty is particularly acute for women.
• Out-of-pocket spending can erode the financial security of family caregivers.
Benefits of Paid Family Leave

- PFL has been shown to:
  - Lessen the strain of caregiving
  - Provide family caregivers with greater financial security
  - Reduce older adults’ nursing home utilization
  - Increase employee retention
  - Help maintain a productive workforce
Paid Family Leave

• 2018 AARP Public Policy Institute paper highlights PFL benefits in early adopter states, reviews research, and discusses the implications of PFL (or lack thereof) for working family caregivers.

• 2019 article in the *Journal of the American Geriatrics Society* encourages clinicians to increase awareness about PFL benefits
Other Policy Initiatives to Support Working Family Caregivers

• **Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act**
  - Signed into law (P.L. 115-199): January 22, 2018
  - Authorizes the development and maintenance of a *National Strategy* to support America’s caregiving families across the lifespan
  - Financial security and workplace issues are core elements

• **Credit for Caring Act (S. 1443/H.R. 2730)**
  - Creates up to a $3,000 nonrefundable tax credit for eligible working family caregivers
Take Aways

✓ More family caregivers of older adults will be in the labor force in the future.

✓ Maintaining a job while providing eldercare can be a challenging balancing act, a financial hardship, an emotional rollercoaster, and a health risk too.

✓ Supportive workplace benefits that help workers remain in the workforce and continue caring for ill family members are “win wins” for employers, caregiving families, and society.

✓ Need more research on the impact of paid family leave on workers with eldercare responsibilities.

✓ Workers should not have to choose between keeping their jobs and providing care to a seriously ill family member.
Contact:

Lynn Friss Feinberg
202-434-3872
Lfeinberg@aarp.org
@FeinbergLynn
Caring Across Generations

Josephine Kalipeni
Director of Policy & Federal Affairs
josie@caringacross.org
Caring Across Generations

Why PFML Matters to the Caring Majority

Josephine Kalipeni
May 2019
OUR APPROACH

CULTURE CHANGE
values, ideology, the world we want/need/deserve, culture setting

POLICY + RESEARCH
state policy models (UFC + ULTC), federal policy models, research to make the case for UFC

ORGANIZING
digital, state, federal
Our Policy Agenda

- Comprehensive long-term services and supports - ULTSS
- Direct care workforce solutions
- Supports for family caregivers like childcare, paid leave, and financial supports for caregiving
- Ideal: Universal Family Care
I’m the only child of immigrant parents, so care is all on me. Caring for my dad has brought on a lot of stress and frustration. Having someone to step in, even just to walk with him or offer him advice, would strengthen our relationship and make a world of difference.”

— Leah
ORGANIZING:
Why Paid Family AND Medical Leave Matters to the Caring Majority
Caring Majority and PFML

- Aging adults and people with disabilities
- Family caregivers
  - Sandwich generation caregivers
- Direct care workforce
2019 Field Program

California
Hawai‘i
Illinois
Iowa
Maine
Michigan
Minnesota
Missouri
New York
Oregon
Washington
Wisconsin
THE FEDERAL LEGISLATIVE LANDSCAPE

Consumers
- Medicare For All
- Medicare At 50
- Money Follows the Person
- Medicaid Extenders

Caregivers
- EITC Modernization Act/Cost of Living Refund

Workforce
- Raise the Wage + Paycheck Fairness Act
- Domestic Worker Bill of Rights
- Direct CARE Opportunity Act
- Workforce Advancement Act
Tell Your Rep to Co-Sponsor the FAMILY Act!

Help win paid family leave!

1301
Goal: 1400

Help build support for a comprehensive paid family leave policy that includes strong support for family caregivers. **Ask your Representative to co-sponsor the FAMILY Act now!** The more co-sponsors, the more likely we can win in the House of Representatives.
FIELD ORGANIZING:
State Models for Care

Hawaii
Kupuna Caregivers Program

Washington
Long-term Care Trust Act

Maine
Universal Home Care
State Models for Care

Hawaii

- $70/day
- Up to 365 days
- Working 30 hours a week

Kupuna Caregivers Program
Rex’s Story
In December 2017, the Kupuna Caregivers Program officially launched. In the 2018 legislative session, we won $2 million to increase funding for the program.
THINGS TO REMEMBER

- We need to think of solutions for consumers, family caregivers, and the workforce
- The problems are opportunities that have solutions
- States are the frontlines
We are the Caring Majority