Temporary Disability Insurance: A Model to Provide Income Security for Women Over the Life Cycle

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Introduction

As many observers have noted, the social welfare system that has developed in the United States fails to take into account women's specific needs for income replacement across the life cycle. In this paper, we ask: How can women best provide for their economic security over their life times? And what is the role of public programs in providing, or attempting to provide, life-time economic security for women, as well as men. While women, like men, doubtless rely most on their own work effort to secure their livelihood, women must also take into account the bearing and rearing children. In the past, to rear children successfully, most women had to link themselves to men who provided or at least helped provide economic support. While women's labor force participation over the life cycle looks increasingly like men's, it is still probably true that marrying a good financial provider is a more important source of economic security for women than it is for men.

Much of our existing social welfare system was put into place in the 1930's through the federal Social Security Act and the federal/state employment security system. It is based on a model of the male industrial worker and the traditional patriarchal family, in which men earn sufficient wages to support a wife at home who takes care of the children and daily needs, as well as family crises. Such a male worker, with a wife at home, could work full-time (with the 40 hour work week enshrined as full-time in the Fair Labor Standards Act of 1937). He needs help only during economic downturns, when unemployed between jobs, when ill or disabled or too old to work. These are the needs our public social welfare system addresses: unemployment, long-term disability, and retirement. In the ideal model, the male worker holds a steady, full-time job that also provides health insurance and pensions as well as sick and vacation pay; a private employer-based welfare system has developed to supplement the public one. Nowhere in this model is family care provided for, since it is presumed to be taken care of privately within the family.

Only for very poor women, largely without male assistance, does our public system provide some support. In the nineteenth century, many children of poor single mothers were reared in orphanages, because their mothers could not both provide for their daily care and go out and earn a living (Spar, 1994). "Mothers' pensions" for poor women began to be developed in the late nineteenth and early twentieth centuries to allow women to stay home and care for their own children; these pensions grew into the Aid to Families with Dependent Children (AFDC) program, first enacted nationally in the Social Security Act of 1935. These pensions could be viewed as replacing either women's earnings or the earnings of absent men. In the United States, financial assistance for rearing children did not become universal as it did in many European countries; it was not viewed as a necessary supplement to all families' earnings but rather as an earnings replacement for the few families who had no earnings. These programs did (and do) contribute to women's economic security during the child rearing years, but only in the most minimal way for those families most in need.

As we have often argued (see Hartmann, 1991, and Spalter-Roth and Hartmann, 1992), both jobs and families are changing. The traditional picture sketched above, even if it was once accurate for the families of many white men with sufficient earnings, is certainly no longer the norm today. Today, family forms have diversified, not only because of the women's and gay liberation movements (as Fraser, 1994, argues) but also because, more prosaically, women can increasingly support themselves and their children through their own earnings. However, with the growth of contingent work, jobs are also changing. A smaller proportion provide health insurance, especially for dependents, and many temporary jobs fail to provide even paid sick leave or paid vacations. Private pensions, too, much less often available in women's traditional jobs than men's, are increasingly at risk in a world in which workers may change jobs more frequently, as the U.S. economy responds with greater flexibility to meet international competition. These changes in the family and economy require reconceptualization (and reconfiguration) of U.S. income support policies.

At IWPR we have begun this process by developing the concept of the encumbered worker as the normal worker -- the average worker has family responsibilities and must take time off at least occasionally to deal with them. This concept implicitly takes the woman worker as the norm and incorporates knowledge of her life cycle into the policy menu. Basically, now that women are acting more like men, by increasing their labor force participation at virtually all stages of the life cycle, men must act more like women, increasing their share of family work to accommodate their wives' paid work. And public policy must reflect these new norms.

Now that the working woman is the new standard and dual earner couples the most populous of all family types (and, through current welfare reform efforts, we seek to make *all* single parents workers as well), what changes in our policies are necessary to increase women's life-time economic security? In this paper, we look specifically at temporary disability insurance (TDI) -- especially in an expanded form that provides paid family care leaves -- as a model that can particularly help meet both women's and families' needs for income security, in an era when women's earnings are increasingly critical to family well-being. Currently, of all families with children and working parents, three-fourths have working mothers. Of working women, 54 percent return to work within 12 months after childbirth (Bachu, 1993).

specifically designed to deal with these problems -- unemployment insurance, the EIC, or social security disability programs -- do not do so for many women.[2]

Unemployment. Since our study finds that 43 percent of these women work substantial hours during the two year period (about half the time), it is somewhat surprising that fewer than five percent report receiving any unemployment compensation. Those who work report an average of 16 weeks looking for work or on layoff, yet only 11 percent of the work/welfare packagers report receiving unemployment compensation, despite more than 52 weeks of employment on average over the two-year period. The major reasons for lack of receipt seem to be low earnings and weekly hours, uncovered reasons for leaving work (e.g. childbirth, child care breakdown, shift change interfering with family responsibilities), and exhaustion of benefits. Clearly the woman worker, and especially the working mother, is not the worker unemployment insurance is designed to protect.

Wage Supplementation. Since 1975 when it was first implemented, the Earned Income Tax Credit (EIC) has grown in size as a wage supplement. In 1996, when the latest revisions are fully implemented, the maximum benefit (received by a family with two children and a full-time working parent earning minimum wage) will be $3,370 annually, substantially more than the average AFDC benefit ($2,400) received by the working families in our study. Our research shows, however, that those women who currently package work and welfare and who qualify for the EIC would receive about $1,550 annually in EIC benefits, when the recent EIC expansion is fully implemented, while they would lose about $2,100 in AFDC benefits if

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[2] The results reported here are based on IWPR's continuing analysis of the Survey of Income and Program Participation (SIPP), a U.S. Bureau of the Census data set that tracks a nationally representative sample of households for 2.5 years. Our research focuses on 1,181 single mothers who received welfare for at least 2 months out of 24 months, from the 1984, 1986, 1987, and 1988 SIPP panels.

AFDC became time-limited. As with UI, the EIC does not provide women receiving welfare with sufficient supplemental income because these women do not work enough -- they work on average half the time rather than full-time. These women would likely benefit more from a European style income supplementation plan for families, such as a child allowance, that does not vary with work effort or income. In a sense, welfare is that system in the US, but as it is income-tested it is only available to the poorest mothers.

Temporary Disability Insurance. Our study finds that while all these income security systems need reform to better meet women's needs, TDI, as a system, most addresses women's unique needs. About 15 percent of women receiving welfare in a two-year period experience childbirth, while 7 percent are so disabled they do not work or look for work. (Additional women experience some disability during the two year period they receive welfare but also work.) Thus, at least 1 in 5 use welfare as TDI. If a TDI plan that provided sufficient benefits to working women existed, then this use of welfare might be reduced.

Exploring the Usefulness of TDI to Replace Women's Incomes During Periods of Childbirth and Family Care

As noted, TDI is a program that provides paid leave to employees who need to take time off from work due to illness that is not related to their work.[3] Specifically, employees and/or their employers pay a small percent of employee earnings into an insurance fund and in return employees are provided leave with partial earnings replacement when they must miss work because of illness, injury, or disability. Like all insurance programs, TDI works because the event being insured against (in this case illness) occurs infrequently within the population

[3] Workers' compensation insurance plans, required in virtually all states, take care of income replacement due to work-related illness or injury.

being covered; the small premium collected from a large number covers all the claims. No state with a TDI program has a claims rate higher than 101 per 1,000 covered employees, and the claims rate can be as low as 55 per 1,000.

Currently five states (California, Hawaii, New Jersey, New York, and Rhode Island) and Puerto Rico have Temporary Disability Insurance programs. In most of these states, employers can choose to participate in a plan run by the state, self-insure, or use a private insurance plan. In four of the five states, employers with at least one employee must participate in the TDI plan, but certain types of workers (for example, domestic workers and public employees) are excluded from participation (in Rhode Island the minimum number of employees is four and the only allowed plan is a state-run plan). Benefits are proportionate to the employee's earnings, although maximum and minimum benefit levels are in place in all the state plans. Employees are covered for a period of between 26 and 52 weeks. Pregnancy and childbirth are covered during the period of incapacitation and benefits are determined in the same way as for other illnesses. Table 1 shows the data we have been able to gather from the existing state plans on benefits to women and benefits for pregnancy-related claims.

In an on-going IWPR research project, funded by the Ford Foundation, we are exploring the economic feasibility of extending and enhancing TDI programs. Specifically, we are generating estimates of the cost of replicating TDI plans in five additional states[4], modeling several different levels of eligibility requirements and benefit levels. For the 10 states in the study (the five states with TDI plans and the five additional states), we are also generating cost estimates for extending TDI to include paid family care leave. For the purpose of this presentation, we limit our discussion to the State of California, the largest state in the nation

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[4] The five additional states are: Georgia, Maryland, New Mexico, Washington, and Wisconsin.

and the state that provided the best data for assessing and modelling their current TDI program. (Please see the Appendix for a description of our data and methods.) The California TDI plan replaces wages at about 54.4 percent up to a maximum of $266 in 1990, for up to 52 weeks.

Table 2 shows the results of our modelling of the California TDI program. Using Current Population Survey data for 1990 to model California's coverage and eligibility requirements, we estimate that approximately 73 percent of California's labor force is eligible for this program (the major exclusion occurs because public workers, as well as self-employed and domestic workers, are not covered by the state plan; a few are excluded because of low earnings). With the usage information for covered workers provided to us by the State, we use the CPS earnings data and the state benefit formulae to estimate the benefits paid. We are able to replicate the California program fairly well. Our estimate of the total benefits paid out ($1.68 billion) comes very close to the actual benefits paid out by the state in 1990 ($1.65 billion). This goodness of fit gives us some confidence that our estimates for the cost of family care leave would be accurate if we could obtain reliable estimates for usage of family care leave.

Table 2 shows that pregnancy/childbirth claims paid to women amounted to $309 million, or approximately 18 percent of the total TDI benefits paid in California in 1990. The data also show that the average duration for a disability claim due to pregnancy is less than 12 weeks, while the average duration of all other claims is approximately 15 weeks. It is interesting to note that even when pregnancy and childbirth are excluded, women have higher rates of usage than men in all age groups. Because men's claims are of longer duration and their earnings and benefits are higher, however, men receive more total benefits for these non-childbirth reasons (there are also more men in the labor force). The female-male earnings gap is reflected in the differing benefit levels women and men receive; the ratio of women's weekly benefits to men's falls steadily as women and men age, from 92 percent for workers under age 26 to 64 percent for those over 65. (This benefit gap is undoubtedly a result both of lower wages per hour and fewer hours worked by women.)

Table 3 shows our results for estimates of benefits for family care leave, if it were to be provided in California according to the same eligibility standards and benefit formulae as are now used in California's current TDI program, for the types and amounts of family care leave allowable under the federal FMLA. Our estimates are low, compared to the cost of TDI itself: we estimate that a total of $835 million would be paid out in paid family care benefits for all FMLA reasons. This amounts to about 50 percent of the benefits paid out currently for TDI ($1.7 billion) and about one-third of the combined total for disability and family care leave ($2.5 billion). Payments for leave due to own illness would outweigh payments due to care for others 2 to 1 according to our estimates.

The FMLA requires employers to reinstate a worker who must leave work for the following reasons: care for newborn children, care for ill children, care for ill spouse, and care for elderly parents. The law provides for absences for these reasons of up to 12 weeks. The legislative intent of these provisions is to provide an opportunity for workers to personally provide family care in critical situations without losing their jobs; these are situations in which workers feel they must leave work. Other than for newborns, it is assumed that the family member is seriously ill.

Estimating the number of workers who would take leave for these reasons, if it were paid, and the length of leave they would take is difficult because we have insufficient data on likely usage of paid leave for these reasons. In general, we adapted the methodology used by the US GAO in estimating the likely use of unpaid leave. The GAO based its estimates on the number of children and spouses with sickness requiring more than 30 days bed-rest per year, with the duration of the worker's absence correlated with the number of bed days of illness (Gainer, 1989). The GAO had no estimate of the extent working parents actually take off to be with their children on those bed days, nor did they have estimates for spouses. We think it likely that when paid leave is available, greater use would be made of it than would be made of unpaid leave. Nevertheless, since the benefit levels provide for less than full replacement of salary and since being absent from work can have career costs as well as earnings losses, we think the actual number of work days lost would in general be less than the number of bed rest-illness days. We estimated usage rates based on existing studies and best guesses. Especially for spouses, who after all are adults and can often take care of themselves when ill, we believe few workers would be absent for work on all the illness days. Once we estimated usage rates, we determined the eligible population using California eligibility definitions and the CPS data on number of workers with earnings, with newborns, with children, and with spouses.

For spouses' illness, we estimated that an eligible worker with a spouse would be absent 1/3 of the total illness days, when illness exceeded 14 days per year (a somewhat more generous standard than the 30-day GAO standard). For ill children, we assumed that working parents would be absent for all the illness days of their children (for all children who exceed 14 days of bed-rest) and that two-parent families would share the days equally (each would be absent 1/2 the days), while single parents would bear the full absence themselves. For newborns, we calculated benefits for two groups of working women: 1) those who were eligible and claimed TDI Benefits; 2) those who were eligible but did not claim TDI Benefits. This latter group (which is larger than the group who claimed TDI) probably had other forms of paid leave for childbirth (and so did not claim TDI) but would be likely to claim paid family care leave since few employers provide it. We assumed the average duration would be 10 weeks of leave, two weeks less than the maximum allowed, since many women would not take the full leave (because of the less than full wage replacement rate and/or a desire to return to work sooner). We also assumed all the newborn leave would be taken by women, since, even in Sweden, a country that has had paid parental leave for men as well as women (at a 90 percent wage replacement rate) for many years, few men take the leave.

For the elderly, there are even fewer data on the proportion of workers who take any time off to provide care, nor does the CPS provide any way of knowing which workers have elderly parents to care for. We used an estimate of the proportion of full-time workers providing long term care and doubled it to allow for acute care, estimating the same average duration as for ill spouses -- seven weeks.

As Table 3 shows, newborn care constitutes by far the largest share of family care benefits, approximately $557 million out of the estimated total of $835 million. Although the mothers of newborns have lower average wages than the other caregivers (approximately half of whom are men), there are more new mothers than other caregivers and their estimated average duration of leave is longer.[5] Spousal care is the next largest category of care, in terms of benefits paid, followed by care for elderly parents. Care for ill children requires the lowest benefits in our estimates. Except for single parents (who are mostly women) caring for ill children, all these groups of caregivers have about the same estimated average weekly benefit.

Table 4 shows the annual benefits paid to residents of California in 1990 for a variety of social welfare programs that provide income or, in the case of food stamps, cash-like income substitutes. Not surprisingly, the largest program is the social security retirement program,

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[5] Relative to the other TDI states, California has a higher rate of pregnancy claims. California's fertility rate may be especially high, and other states (and the nation as a whole) might experience somewhat less newborn care leave.

which paid out nearly $17 billion in benefits in California in 1990. IWPR's TDI plus family care program, estimated at $2.5 billion in benefits annually, is about the same in size as the California unemployment compensation program and the social security disability program (which provides income to long-term disabled workers). If the family care portion of the paid leave program were considered alone, it would be the smallest income assistance program of those listed, somewhat smaller than the value of food stamp benefits in California. (We were unable to obtain state-level estimates for veterans benefits; with that exception we believe this is a fairly complete list of major income assistance programs).

Conclusion

If our estimates are reasonable ones (and even if our family care estimates should be doubled), it is clear that it is very feasible to develop a social insurance program that could provide paid family care leaves such as those modelled here. For about the same amount of funding as food stamps, a new social program could provide paid leave for family care.

Since, in our estimate newborn care drives the overall cost of the family care program, it seems likely that societal choices about how much paid newborn care it is desirable to provide (and use) will determine the ultimate cost of a paid family care program. Because our estimates of the cost of paid care for newborns are based on an average 10 weeks of leave, paid child care leaves of one, two, and three years, as are provided in some other countries, would clearly drive up the cost of the program dramatically. Since the average leave for pregnancy/childbirth is about 12 weeks in California, the average mother would be receiving 22 weeks of leave when family care is added, or about five months. Under the conditions that currently prevail in the United States, a paid maternity/infant care leave of five months, even at 50 percent of salary, would undoubtedly look very generous to many working women.

Because of the lack of data about which workers take family care leaves now, and the inability to know how many and who would take leaves if leave were paid rather than unpaid (as most of it probably is now), it is quite possible that our estimates are dramatically misleading. For example, if many women who care for elderly parents are now out of the labor force, and not counted in current estimates of workers who take time off, it is possible that paid leave for care of elderly parents would cost significantly more than we have estimated. More research on workers' caregiving choices, and on those choices when paid leave is among the alternatives, is needed to develop an estimate that could garner great confidence. We believe such research should have a high priority, for implementing a new social insurance scheme should be done with the most accurate information possible.

What are the prospects that a new program of paid family care programs could be adopted in the United States? On the negative side, we have substantial aversion to tax increases among both the citizenry and political leaders, as well as the almost certain opposition of the insurance industry (which generally prefers to sell private insurance whenever possible) as well as of the business community, which is generally opposed to mandates and might well also oppose taking on any share of the premium costs. In addition, people's faith in government to provide necessary services has fallen. On the positive side, increasing the likelihood of eventual adoption, is the growing need for paid family leave as the numbers and proportions of women workers continue to increase. Many organizations are beginning to advocate for paid family leaves (see Bravo, no date), and serious studies have been undertaken by governmental bodies in several states (New York, Connecticut, and Massachusetts among them). Public support for some government programs is very strong. Even employers may come to realize that providing paid family care leaves decreases turnover and is generally less costly than hiring and training new workers (Trzcinski and Alpert, 1990).

It seems ironic that at the same time that our public policies have failed to keep up with family and labor market changes, the role of government is increasingly questioned in nearly all arenas. Indeed, it often seems like these two phenomena, the failure of public policies to adjust to women's new roles and new family forms and the questioning of government's role are linked ideologically. Conservatives both want to roll back increased government activity and turn back the tide to the traditional family. Surprisingly, despite the long-running conservative attack on the role of government, the vast majority of people still believe the government is responsible for helping the economy grow and providing jobs for all. And few politicians want to cut back our more universal, most popular programs such as social security. TDI, especially expanded to provide paid family care leaves, could become a similarly beloved public policy.

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Appendix:

Sources of Family Care Leave Estimates

Care for Sick Spouses

Estimates are from the 1985 National Health Interview Survey (NHIS) conducted by the National Center for Health Statistics (NCHS). GAO furnished us with data, which had been provided to them directly by NCHS, showing the number of bed days that spouses of workers had experienced in the previous year. From this data we calculated that 5.7 percent of these spouses had more than 14 bed days and they were ill for an average of approximately 7 weeks.

Using the Current Population Survey (CPS) for March of 1991, we first determined the number of married California workers. We then eliminated from this group all workers who did not meet the eligibility requirements of California's TDI program. Excluded were those with previous year's earnings below $300 and those who worked in excluded classes: government workers at all levels, self-employed workers, domestic workers, and church employees.

We then applied the illness rate obtained from NHIS (5.7%) to the eligible population to determine the number of potential users. We assumed a usage rate of one-third, i.e. that the employed spouse would take time off to care for the ill spouse one-third of the time. (Therefore, one-third of potential users would become actual users.)

We determined the average weekly benefit amount by applying California's TDI formula to the earnings of the eligible population. We then multiplied the average benefit by the number of users by the average length of illness (7 weeks) to get the estimated total cost of caring for ill spouses in California.

Care for Elderly Parents

The usage rate for elder-care was taken from calculations made in a paper by Stone and Kemper using the 1984 Long Term Care Survey.[1] In this paper they estimate what percentage of workers who worked at least 30 hours per week were primary caregivers for their parents or elderly spouses (age 65 and over).[2] Stone and Kemper estimated that approximately 0.3 percent of full-time employees provided care for elders who were disabled in activities of daily living for at least three months. Short-term, acute illnesses are excluded from this estimate. We assumed that short-term illnesses would double this figure and that the average duration of usage would be 7 weeks, the same length of illness as for spouses.

In this case our base population was all eligible California workers. Unlike the calculation for spouses, we do not know which workers even have elderly parents. Unlike the spouse estimate which begins with spouses' illnesses but gives no information on whether the well spouse will actually provide care, the Stone and Kemper estimate is already an actual care-providing estimate. Therefore in this case we apply the usage rate to the entire eligible population. The average benefit was estimated based on the earnings of all California eligible workers, and total cost was then estimated by multiplying average benefit by the number of users by the assumed duration of 7 weeks.

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[1] See Stone, Robyn I. and Peter Kemper. 1989. "Spouses and Children of Disabled Elders: How Large a Constituency for Long-Term Care Reform?" *Milbank Quarterly.* Vol. 67:3-4, p. 485-505.

[2] There may be a slight overlap between this estimate and the ill spouse category. However, we excluded care of 365 days or more from our spouse estimates. Also, the great majority of caregivers are children rather than spouses, and this would be even more the case for working caregivers.

Care for Sick Children

Estimates were again obtained from the 1985 NHIS. According to these estimates, 3.1 percent of children had more than 14 bed days, with an average duration of about 5 weeks. Data supplied to GAO by NCHS did not allow this computation to be made solely for children who had two employed parents or lived with a single parent who was employed. We assumed that illnesses would be similar for children in families with and without a full-time non-employed parent.

As in the spouse-care case, we used the CPS to calculate the number of eligible California workers who would use this benefit by searching for parents in families where both or the only parent was employed. We applied the illness rate to the eligible population to estimate the number of potential users. We assumed that in two-parent families, parents would use leave half of the time when their children were ill and that single parents would use leave all of the time. The total cost estimate was again made by multiplying the average benefit for eligible workers (based on their earnings and the California benefit formula) by the number of users and the average duration of illness. Calculations were made separately for married couples and single mothers (and fathers).

Care for Newborn Child

In estimating the cost of caring for newborns, we assumed that all eligible women workers who had babies would take advantage of paid care leave for newborns. We used the CPS to determine which women had worked the year before the survey and had a child one or under at the time of the survey. These are the women who were likely working before childbirth. (Because neither the California TDI nor the right to family leave specified in the federal Family and Medical Leave Act (FMLA) is conditioned upon returning to work, it is not necessary to know which women returned to work after childbirth.)

We checked the earnings, occupation, and industry of these working women with babies for eligibility according to California TDI standards, and then calculated benefits for two groups of women separately. Using the usage information from the State of California by age group for TDI claims due to pregnancy, we first calculated the amount of additional paid leave benefits these women would receive for the care of newborns (using the average earnings for each age group of women to derive the weekly benefit). We then calculated benefits for the second group of women, those who were eligible but did not receive TDI benefits. We reasoned that although they had not applied for TDI benefits (perhaps because they had other sources of paid leave for childbirth), they would be likely to use paid leave benefits for newborn care, since very few employers provide any paid family leave. Weekly benefits for this group were also based on average wages for each age group.

We calculated the duration of leave in the same way for both groups. Since 12 weeks is the amount of leave specified in the FMLA, we estimated that the average duration of paid newborn care leave would be 10 weeks, allowing for some women taking less than the full amount available. Again, we multiplied weekly benefits by the number of weeks of duration and the number of users (in this case, the eligible population) to arrive at the total benefit cost for newborn care.

Table 1.

State Temporary Disability Insurance (TDI) Plans:
Coverage, Claims, and Pregnancy Related Claims (data for 1989)

	Coverage & Claims	Pregnancy Related Claims
California	· 11,099,900 workers covered · 752,687 total claims · 59.5% paid to women · claims rate of 72.2 per 1,000 covered employees · $169.16 average weekly benefit · 12.5 weeks, average duration of claim	· 166,501 claims paid · 22.1% of all claims · $1,754 spent per pregnancy claim
New Jersey	· 2,528,159 workers covered · 139,600 total claims · 66% paid to women · claims rate of 55.3 per 1,000 covered employees · $196.00 average weekly benefit · 9.3 weeks, average duration of claim	· 12.8% of benefits are spent on pregnancy claims
New York	· 6,319,381 workers covered · 642,158 total claims · claims rate of 102 per 1,000 covered employees · $177.51 average weekly benefit · 4.7 weeks, average duration of claim	· 81,614 claims paid · 12.7% of all claims · $1,185 spent per pregnancy claim · $136.22 average weekly benefit · 8.7 weeks, average duration of claim
Rhode Island	· 405,894 workers covered · 39,511 total claims · 62.5% paid to women · claims rate of 97.3 per 1,000 covered employees · $173.58 average weekly benefit · 10.1 weeks, average duration of claim	· 5,897 claims paid · 14.9% of all claims

Source: Institute for Women's Policy Research. Analysis of data provided by the states. Data are not available for Hawaii or Puerto Rico.

Table 2.
TDI Benefits for Women and Men in California, 1990

TYPE OF DISABILITY	Eligible Population	Usage Rates	Actual Users	Weekly Benefits	Duration (weeks)	Cost for Care
	(1)	(2)	(3)=(1)*(2)	(4)	(5)	(6)=(3)*(4)*(5)
PREGNANCY						
Eligible and Took TDI due to Pregnancy						
Ages < 26	118,190	0.45	53,223	$102.82	11.59	$63,424,986.89
Ages 26-35	212,994	0.48	103,170	$154.90	11.62	$185,699,603.46
Ages 36-45	58,562	0.29	16,802	$181.05	11.66	$35,469,744.49
Ages 46-55	n/a	n/a	231	$178.90	12.49	$516,160.49
Total	389,746	0.44	173,426	$153.28	11.61	**$285,110,495.32**
ALL OTHER ILLNESS/DISABILITY						
Eligible and Took TDI due to Own Illness				(Average)	(Average)	
Male, Ages < 26	1,458,609	0.031	45,277	$117.29	11.63	$61,780,044.41
Female, Ages < 26	996,461	0.032	31,542	$107.94	10.72	$36,481,237.38
Male, Ages 26-35	2,014,439	0.041	83,243	$201.45	13.97	$234,332,381.33
Female, Ages 26-35	1,296,082	0.062	80,710	$170.67	12.15	$167,311,385.07
Male, Ages 36-45	1,376,918	0.043	59,042	$219.60	15.28	$198,062,290.80
Female, Ages 36-45	1,045,480	0.075	78,373	$179.90	13.44	$189,550,465.65
Male, Ages 46-55	747,152	0.055	40,970	$223.93	15.90	$145,850,983.32
Female, Ages 46-55	616,939	0.087	53,377	$179.52	14.32	$137,253,990.72
Male, Ages 56-65	415,038	0.081	33,642	$212.49	17.38	$124,218,466.65
Female, Ages 56-65	300,635	0.099	29,613	$145.76	16.52	$71,299,305.68
Male, Ages 65+	107,171	0.068	7,339	$134.82	18.67	$18,468,385.11
Female, Ages 65+	74,353	0.090	6,711	$86.26	16.33	$9,453,958.44
Total	10,449,277	0.053	549,839	$174.58	14.00	**$1,394,062,894.56**
TOTAL TDI						**$1,679,173,389.88**

Source: IWPR calculations based on the March 1991 Current Population Survey and unpublished date from the State of California.

Table 3.
Projected Family Care Benefits for Women and Men in California, 1990

TYPES OF CARE GIVING	Eligible Population	Illness Rates	Potential Users	Usage Rate	Actual Users	Weekly Benefits	Duration (weeks)	Cost for Care
	(1)	(2)	(3) = (1) * (2)	(4)	(5) = (3) * (4)	(6)	(7)	(8)=(5)*(6)*(7)
CARE FOR SICK SPOUSE*								
Eligible and Married (Sample)	2,745.80							
Eligible and Married (Population)	5,460,263	0.057	311,235	0.33	103,745	$193.57	7.00	**$140,573,280.62**
CARE FOR ELDERLY PARENTS*								
Eligible and Worked 30+ hours per week (Sample)	4,729.89							
Eligible and Worked 30+ hours per week (Population)	9,405,798	0.006			56,435	$187.32	7.00	**$73,997,578.93**
CARE FOR SICK CHILDREN*								
__Single Parent__								
Eligible and Have Children under 18 (Sample)	306.55							
Eligible and Have Children under 18 (Population)	609,601	0.031	18,898	1.00	18,898	$156.81	5.00	**$14,816,696.88**
__Two Parent__								
Eligible and Have Children under 18 (Sample)	1,636.00							
Eligible and Have Children under 18 (Population)	3,253,329	0.031	100,853	0.50	50,427	$189.54	5.00	**$47,789,281.49**
CARE FOR NEWBORN CHILD**								
Eligible and Claimed TDI for Childbirth								
Ages < 26	118,190			0.45	53,223	$102.82	10.00	$54,723,888.60
Ages 26-35	212,994			0.48	103,170	$154.90	10.00	$159,810,330.00
Ages 36-45	58,562			0.29	16,802	$181.05	10.00	$30,420,021.00
Total					173,195	$143.03	10.00	**$244,954,239.60**
Eligible and Did Not Claim TDI for Childbirth								
Ages < 26	118,190			0.55	64,967	$102.82	10.00	$66,799,069.40
Ages 26-35	212,994			0.52	109,824	$154.90	10.00	$170,117,376.00
Ages 36-45	58,562			0.71	41,760	$181.05	10.00	$75,606,480.00
Total					216,550	$143.03	10.00	**$312,522,925.40**
Total Eligible for TDI for Childbirth								**$557,477,165.00**
TOTAL FAMILY CARE COMPONENT (Sick spouse + Elderly + + Sick Children + New Born Care)								**$834,654,002.92**

* Women and men.
** Women only.

Source: IWPR calculations based on the March 1991 Current Population Survey and various sources for care estimates. See Appendix.