# Appendix D: State variation in family and medical leave policies successes and areas for improvement

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Access to paid family and medical leave (FML) is vital because it allows workers to take time off to care for their own illness and the health of their children and families without falling into financial hardship. Rigorous research studies show that paid FML is associated with increasing breastfeeding rates, decreasing nursing home utilization, and improving young children's health outcomes.<sup>1-3</sup> In addition to improving health, differential access to paid FML can affect racial/ethnic health equity: adults and children who are low income, black, or from certain Hispanic national-origin groups are more vulnerable to specific health conditions, including poor childbirth outcomes, and have lower access to paid family and medical leave.<sup>4-6</sup>

In recognition of the important benefits of paid family and medical leave, several states and Washington, D.C. have enacted paid leave policies. California<sup>7</sup> was the first state to do so in 2002, followed by New Jersey, Rhode Island, New York, Washington, D.C., Washington State, Massachusetts, Connecticut and Oregon.<sup>8-12</sup> Despite the growing number of state paid FML programs, paid FML remains out of reach for many families. Below we review the research on lower access and take-up of paid FML for racially/ethnically diverse workers and then we discuss how state paid family and medical leave can address these racial/ethnic disparities.

### LOWER ACCESS AND TAKE-UP OF PAID FML FOR DIVERSE WORKERS

Estimating racial and ethnic disparities in access to and take-up of paid family and medical leave is challenging due to the lack of a comprehensive data system that includes work (e.g., employment status, employer-provided benefits), health (e.g., health conditions that qualify for leave), leave taking (e.g., duration of leave, pay while on leave) and family and demographic characteristics. Therefore, estimating racial/ethnic disparities relies on the analysis of multiple surveys that measure access and take-up of various types of paid leave over varying time periods for different populations.

In this section, we review estimates of access and take-up of family and medical leave gleaned from different national surveys and present the results by race/ethnicity when the data are available. Although the surveys do not use the same measures, in general, the results show that at the population level, there are racial/ethnic disparities in access to paid FML between black and Hispanic workers compared to white workers. These disparities decrease in magnitude in regression models that control for other demographic and employment characteristics, but remain statistically significant for Hispanic workers. There are fewer racial/ethnic differences in the use of paid FMLA when models account for employment characteristics that shape access to paid FML.

#### Access to employer-provided paid FML measured by employer surveys

The <u>National Compensation Survey</u> (NCS) is an employer survey sponsored by the Department of Labor that can be used to measure civilian workers' access to employer-provided benefit plans including paid FML. The survey includes private sector firms and state/local government agencies but excludes the federal government, the military, the agricultural sector and the self-employed. According to the NCS, only 16% of all civilian workers in December 2017 had access to employer-sponsored paid family leave benefits.<sup>13</sup>

As measured by the NCS, low-wage workers are less likely to have paid FML through their employers. As of March 2017, only 6% of workers in occupations with average wages in the lowest quartile have employer-sponsored family leave benefits, rising to 24% of workers with

average wages in the highest quartile of wages nationally.<sup>14</sup> The NCS does not measure worker demographic or human capital characteristics such as race/ethnicity or education levels.

#### Access to employer-provided paid FML measured by worker surveys

A primary source of data used to estimate access to paid FML is the <u>American Time Use Survey</u> (ATUS) Leave Module (2011). This survey includes detailed questions on employer-provided leave asked to a national sample of U.S. wage and salary workers. Unlike employer surveys, worker surveys generally include measures of race/ethnicity.

Drawing on the ATUS, researchers find that about 40% of wage and salary workers report that they have access to paid parental leave at their job.<sup>15</sup> Slightly less than half of white employees (47%) have access to paid parental leave compared to a lower proportion of black employees (41%; p<.05) and Hispanic employees (23%; p<.01).<sup>16</sup> Accounting for individual, family and employment-related factors using regression models, researchers find that the differences in access to paid family leave between white and black employees is not statistically significant, but there remains a 9 percentage point difference (p<.05) between white (45% access) and Hispanic employees (36% access) in access to paid parental leave.<sup>16</sup>

Researchers estimate similar patterns of racial/ethnic differences in access to paid leave to care for family members as found in access to paid parental leave. Overall, 44% of wage and salary workers report having access to paid leave to care for a family member. Less than 50% of white employees have access to paid leave to care for sick family members (49%), compared to black employees (43%; p<.05) and Hispanic employees (26%; p<.01).<sup>16</sup> Differential access to family caregiving leave between white (47% access) and Hispanic (39% access) employees remains significant after controlling for other factors (a 7 percentage point gap; p<.10).<sup>16</sup>

Broadly, research drawing on the ATUS finds that Hispanic workers have the lowest access to any time of paid leave through their jobs. <sup>17</sup> Black workers have lower access to paid parental and medical caregiving leave compared to white workers at the population level, though the gaps in access decrease when controlling for employment and demographic characteristics.<sup>16</sup>

## Take-up of any leave measured by surveys of wage and hourly workers and working adults

Data on racial/ethnic differences in workers' take-up of paid family and medical leave are available in several national surveys though the questions vary widely. When leave is unpaid, there are gaps in leave taking among employees who are non-white and Hispanic, compared to white and non-Hispanic employees.<sup>18</sup> For paid leave, across different data sources, there is a pattern of slightly lower take-up rates of maternity and parent leave for Hispanic workers compared to white workers, although the gap decreases when employment characteristics are controlled for.

A 2012 national FMLA employee survey sponsored by the Department of Labor found that less than one in five employees in the United States take any family or medical leave (i.e., either unpaid or paid; either employer-provided or otherwise) when they experience a qualifying health condition. There are slight differences by race/ethnicity: 14% of white employees take any leave after a qualifying health condition, which is higher than the 11% take-up rate for non-white employees. Additionally, the take-up rate for Hispanic employees who experience a qualifying health condition is 11%, compared to 13% of non-Hispanic employees.<sup>18</sup> However, this survey only reports data using a dichotomous measure of race, thus there are no estimates of the differences between Hispanic employees and non-Hispanic black employees compared to non-

Hispanic white employees. The survey also find that for workers who needed but did not take leave, the most common reason was that they could not afford to take leave.

A recent survey further documents racial/ethnic differences in leave taking. In a nationally representative 2017 Pew Research Center survey of U.S. adults, of respondents who were employed in the past two years and experienced a qualifying health condition, 26% of black and 23% of Hispanic respondents said they needed and wanted to but did not take any type of leave (i.e., they did not take unpaid or paid leave), compared to 13% of white respondents.<sup>19</sup> This survey also suggests that affordability may be a primary reason that Hispanic workers do not take leave when needed and wanted. Hispanic leave takers are less likely to report receiving some pay compared to other leave takers of other race/ethnicities: 50% of Hispanics said they received no pay while on leave, compared to 35% of blacks and 34% of whites.<sup>19</sup>

Analysis of two national data sets conducted by Bartel et al. (2019) confirm lower use of paid parental leave among Hispanic parents compared to white parents. Drawing on the <u>Survey of Income and Program participation</u> (SIPP) fertility module (a national survey of women between the ages of 15 and 64 conducted in 2008), researchers find that a lower percentage of Hispanic working mothers took some paid leave before or after birth (46%) compared to white working mothers (52%; p<.05). Analyzing the <u>Current Population Survey</u> (CPS), the same researchers find that a lower proportion of Hispanic working parents used paid maternity or paternity leave in the previous week compared to white working parents. In both analyses, controlling for demographic and employment factors reduces racial/ethnic gaps in the use of paid family leave.<sup>16</sup> Hispanic workers have similar use of maternity and paternity leave as black and white workers when models account for employment characteristics that shape access to paid leave (e.g., full-time or part-time status, industry and occupation). This research supports the idea that Hispanic workers have similar preferences for leave and will take it when available at rates similar to white and black workers. This research indicates that if a policy offers generous paid leave to all workers, there will likely be minimal racial/ethnic differences in take-up.

### HOW EXPANDING STATE PAID FML COULD INCREASE ACCESS AND TAKE-UP OF LEAVE AND INCREASE RACIAL/ETHNIC MINORITY ACCESS AND TAKE-UP

As of July 2019, there are four paid state leave programs offering benefits. Depending on the reason for leave, these policies provide eligible workers with wage replacement for between 4 and 52 weeks. Funding for state paid leave programs varies, with some relying on worker-paid payroll taxes, employer taxes, or both.<sup>8</sup>

In addition to being partially paid, eligibility rules for state paid FML policies are notably more inclusive than for federal FMLA leave. Across states with paid FML programs, most private-sector employers, although not all public-sector employers, and most workers are covered by the policy.<sup>8</sup>

Paid FML programs with near-universal eligibility and partial wage replacement may diminish gaps in access to FML by income level and by race/ethnicity. Research out of California shows the potential of these programs to increase mothers' access to the 18 weeks of maternity leave recommended by the International Labour Organization (ILO).<sup>20-26</sup> Rossin-Slater, Ruhm, and Waldfogel (2013) note that prior to the implementation of California paid FML, black and Hispanic

working mothers typically took one to two weeks of maternity leave, whereas their white counterparts took three to five weeks of leave. After the program's implementation, maternity leave-taking increased to five weeks for Hispanic mothers, six weeks for black mothers, and seven weeks for white mothers. In addition to increasing the length of maternity leave, the authors note that rates of maternity leave-taking increased by roughly 11 and 6 percentage points for black and Hispanic mothers, respectively, compared to 4 percentage points for white mothers.<sup>27</sup> This research highlights that California's paid FML policy both provided benefits across racial/ethnic groups and boosted access for black and Hispanic mothers, but did not eliminate the racial/ethnic gap in leave-taking completely.

Administrative data has been used to measure paid FML take-up in California by gender and earnings, but not by race/ethnicity. Results show that although paid FML take-up increased for all genders after program implementation, the increase of new father take-up (8 percentage points) outpaced new mother take-up (7 percentage points). However, individuals in the lowest earnings quartile were under-represented in bonding and caring claims data. This indicates that paid FML programs could increase gender equity by improving the household division of labor and women's workforce participation; yet, inequities by earning level persist.<sup>28</sup>

## Barriers to access and take-up of paid family and medical leave programs by race/ethnicity

In states that have passed paid FML policies, multiple barriers exist that create racial/ethnic disparities in access to and take-up of paid FML programs, including program awareness, affordability, and job-protection.

#### Awareness

Surveys find that program awareness continues to be a barrier to leave-taking for *all* workers, but there are lower rates of awareness about the existence of paid FML programs amongst some racial/ethnic minorities, with variation by state.

For instance, in a 2011 survey of California adults, employers and employees, 69% of black, 66% of Asian, and 55% of white adults in the state were aware of California's paid FML program, but only 34% of Hispanic adults surveyed had heard of California's FML.<sup>25; 29</sup> Through staterepresentative public polling, researchers find that 42% of white and 46% of Hispanic individuals in New Jersey knew about the state's paid FML policy in 2013 (four years after it started), compared to only one-third of black and less than one-third of other races/ethnicities.<sup>12</sup> In Rhode Island, 54% of white workers were aware of the state's paid FML program in 2016, but the same held true for less than half of Asian and black workers (48% and 47%, respectively), and one-third of Hispanics and other race/ethnicities (i.e., Pacific Islander, Native American, or mixed race).<sup>30</sup> A baseline survey in New York City found that prior to a New York State outreach campaign about the state's family leave policy, 71% of low-income workers knew none or a little about the policy, compared to 59% of moderate to high income workers.<sup>31</sup> Sixty-seven percent of Black, Hispanic, Asian and other working New York City residents knew none or a little about the policy, compared to 52% of white working New York City residents. These surveys highlight lower awareness for Hispanic parents in several states, providing insight into both gaps in knowledge and potential opportunities to conduct targeted outreach that would have high impact (e.g., Hispanic-serving community organizations, immigrant rights groups).

#### Affordability

Research suggests that partially paid leave can produce affordability constraints that may deter a greater proportion of racial/ethnic minority workers from using state paid FML. In a nationally representative 2017 Pew Research Center survey, when participants who needed and wanted to take leave were asked one reason why they did not take leave, 72% reported unaffordability.<sup>19</sup> Additionally, recent analysis from diversitydatakids.org suggests that black and Hispanic workers would lose a greater percentage of family income compared to white workers under unpaid FML policy.<sup>32</sup> This analysis finds that if workers needed to take 12 weeks of paid family and medical leave, on average, white workers would lose 57.7% of their total family income over a three-month period. Because black and Hispanic workers, on average, have lower family incomes and rely more on wages as a source of income, they would lose 59.3% and 65.3% of family income, respectively. Thus, while paid leave presents a high cost for all families, it is particularly expensive for Hispanic workers.

#### Job-protection

Lack of job protection is another barrier to take-up for all workers and particularly for racially/ethnically diverse workers. In a nationally representative 2017 Pew Research Center survey, when participants were asked several reasons why they were unable to take leave, 54% stated concern about losing their job.<sup>19</sup> When California paid FML-aware respondents who needed family leave but did not apply for the program were asked why they did not apply, 24% identified a fear of being fired, 32% reported concern their employers would be unhappy, and 29% worried that it would hurt their opportunities for advancement (respondents could select more than one reason).<sup>29</sup> Research shows that black and Hispanic mothers are more likely to report being let go while pregnant or after giving birth.<sup>33</sup> Further, focus groups conducted in New Jersey found that a lack of job security, including employer retaliation, was a principal barrier for low-income men of color in using the state's FML program.<sup>34</sup>

#### Increasing access and take-up to paid leave programs: California's policy

State paid FML policies can be designed and expanded to increase access and take-up, especially among vulnerable workers. California's 2002 policy, along with its updated policy passed in 2016 to expand access, demonstrate how states can create or redesign programs that make leave more accessible to all workers who need leave and want to take it (see Table 1). In addition to specific policy attributes impacting access to leave, more and improved data collection on income, benefit and paid leave usage disaggregated by race/ethnicity could inform and refine policies to suit specific population needs and would be beneficial to better understanding the range of access barriers and ways that access can be improved. Important aspects of California's paid FML policy that impact access and have implications for racial/ethnic equity include:

#### Broad eligibility criteria

In order to be eligible for California FML, workers must have worked any hours and earned at least \$300 in a one-year base period. Wider eligibility criteria enables many workers, including seasonal or part-time workers, to take FML. Less rigid work hour thresholds increases access to paid FML and increases access for racial/ethnic minorities who are more likely to work in non-standard jobs and have more variable work schedules.

#### Targeted wage replacement

Previously, California's program offered 55% wage replacement to all beneficiaries; as of 2018, the program targeted benefits by offering 70% wage replacement to very low-wage workers and 60% wage replacement to other workers. The new policy maintains a minimum wage replacement amount for the lowest earners and a maximum benefit cap (which creates an effective wage replacement rate below 60% for higher-wage workers, although the cash value of benefits may still be higher than that of some low-wage workers). Establishing targeted wage replacement rates likely makes paid leave more affordable for low-income groups who are disproportionately racial/ethnic minorities.

#### Expanded definition of family

Before the policy's expansion, the California policy defined family as a child, parent, spouse or domestic partner; now, California FML permits workers to take leave to care for grandparents, grandchildren, siblings and parent-in-laws. This allows workers to take paid leave to care for a broader set of family members which allows multi-generational families to use paid FML benefits.<sup>8</sup> Since research shows that racial/ethnic minorities are more likely to live in multigenerational households, these policy changes are expected to increase racial/ethnic minority take-up of paid FML policies.<sup>35-37</sup>

Though the expansion and income-targeting of California's paid FML policy will likely benefit lower wage and racial/ethnic minority workers, the policy could be improved in multiple ways:

#### Job-protection

The program's lack of job-protection could remain a barrier to leave taking for many workers, including racial/ethnic minorities. Californians can gain job-protection by taking FMLA or the California Family Rights Act (CFRA, a state law similar to the FMLA that is specific to maternity disability leave)<sup>38</sup> while receiving paid FML benefits. However, both programs have more stringent eligibility requirements, which includes being employed at a firm of 50 or more workers and working a minimum of 1,250 hours over the past 12 months. This could represent a barrier for low-income and minority California workers in taking paid FML: both groups are less likely to meet FMLA and CFRA's eligibility requirements, and may forgo taking leave out of concern of losing their jobs.

#### Awareness

That there are wide disparities in the awareness of paid FML programs in all states by race/ethnicity suggests that expanding programs will not be enough to encourage full usage of the policy, and that there is a need for more attention to program implementation. To address the differential awareness of programs, states can spearhead culturally literate outreach campaigns with advertisements translated into multiple languages. Application materials should be straightforward, easy to understand and translated into multiple languages, accompanied by multilingual administrators who can assist in documentation completion.

Research suggests that states should partner with community-based organizations, clinics, hospitals, and social workers to expand public knowledge of paid FML programs.<sup>39; 40</sup> A series of pilots were conducted in New Jersey, California and Rhode Island to try different methods of raising awareness about paid family leave among workers that were mostly likely to need leave,

but are the least likely to know about the policy. In one California pilot, advocates worked with the leadership and staff of a large health clinic, specifically with community health workers. Advocates invested time in demonstrating how the paid family leave program support the clinic's mission of improving the overall health of clients. Educating patients about PFL programs was embedded into clinic's everyday work and thus continued after the pilot program ended (e.g., workshops, flyers, one-on-one conversations).<sup>40</sup>

#### Cost of program and funding

Currently, leave for family care and one's own disability are funded by the worker only. Each worker pays one percent of their first \$118,371 in wages. In other states, employers pay into the insurance fund as well. California could consider making contributions more progressive, for example by raising the cap in earnings on which workers pay into the fund or by having employers pay into the fund, too.

## Table 1. Summary of access barriers that are and are not addressed by California's (CA) state paid leave policy and implications for racial/ethnic equity

Access Barrier	Addressed in CA family leave policy	Implications for racial/ethnic equity
Eligibility (universe of potential leave takers)	Broad eligibility; Workers must have earned at least \$300 in a one-year base period	Wider eligibility criteria enables more workers, particularly racial/ethnic minorities who are vulnerable to certain health conditions and poor birth outcomes, to take FML.
Affordability	Targeted wage replacement	While on leave, white workers on average would lose more in absolute wages because they have higher wage income prior to leave. However, Black and Hispanic families have less wealth and fewer assets, and thus are less likely to afford a financial setback. <sup>41-43</sup>
Family members that can be cared for while on leave	Expanded family definition	Broader definitions of family likely capture different family structures including multi-generational households, <sup>8</sup> which research shows that racial/ethnic minorities and low income individuals are more likely live in. <sup>35-37</sup>
Job protection guarantee	Not addressed	Job-protection is not included in the CA paid FML law. Instead, job-protection is tied to eligibility for the FMLA. Lack of job-protection presents an ongoing barrier to taking leave for low-income and minority workers, since they are less likely to meet FMLA's eligibility requirements.
Program awareness	Not addressed	Research in CA shows that program awareness among minorities is a significant challenge in paid FML programs. Lack of knowledge is unlikely to change without a targeted campaign administered through 'trusted sources' such as community- based centers and agencies. <sup>40</sup>
Cost of program/funding	Not addressed	Higher wage replacement rates may require increasing the current worker tax that funds the program. Flat, regressive tax structure may disproportionately impact black/Hispanic workers.

#### Other state efforts

While eight states have enacted paid family leave policies, other states have either made attempts at similar laws or currently provide other types of paid leave. For example, Hawaii also has a state temporary disability insurance (TDI) program that covers nearly all private sector workers, providing partial wage replacement to workers who are unable to work due to non-workplace related illnesses or injuries, including pregnancy.<sup>44</sup> The fact that this TDI program is already established may facilitate the creation of a future paid family leave policy; in fact, the state recently commissioned a report to estimate the cost of implementing such a policy.<sup>45</sup>

Another example of state-legislated paid leave is found in the proliferation of state, district and county level paid sick leave laws, which mandate private sector employers to offer accrued paid sick leave to workers. Such programs now exist in nearly 30 states, districts and counties across the country.<sup>46</sup>

At the time of writing (2019), there is increasing momentum across the country towards paid family leave policies. Connecticut and Oregon recently passed paid family and medical leave policies. Both programs are notable for their inclusion of job protection, and Oregon is the first paid leave program to offer 100% wage replacement for low income workers.<sup>8</sup>

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of paid leave (e.g., they report access to paid sick and paid personal days as paid parental leave). Another explanation is that workers may include access to informal arrangements as a form of paid leave, which employers do not classify as an employer-provided benefit. Additionally, the NCS excludes the federal government workforce so it not comparable to the ATUS, which includes all wage and salary workers.

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