

An Unmet, Growing Need: The Case for Comprehensive Paid Family and Medical Leave in the United States

A white paper examining key demographic and labor market trends

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Significant family caregiving and medical needs don't occur every day, but just about all of us will face them over the course of our lives. Most adults have a child, and many will need to provide care to an ill or injured family member. And everyone – even those of us without children or family responsibilities – may need time away from a job to address a serious personal health concern; this will become even more common as people work longer into their so-called retirement years.

Yet few employers offer paid family leave or temporary disability insurance to workers who need medical leave for an extended period of time. Only 13 percent of private sector workers in the United States have paid family leave through their employers and just 41 percent have temporary disability insurance that can be used for their personal medical needs through an employer's plan. Access varies dramatically by job type and wage level,¹ which perpetuates disparities and means the very working people who are least likely to be able to afford to take unpaid time away from their jobs for family or medical reasons are also the least likely to have access to paid time off. About three in 10 private sector workers do not have even a single paid sick day for short-term medical needs and preventive care.²

Overview

- ▶ Everyone is likely to need family and medical leave at some point in their working lives, yet the majority of workers in the United States are not covered by paid leave policies.
- ▶ The need for time away from work to address serious life events is likely to increase over time, yet access to paid family and medical leave is not increasing quickly enough to meet the demand today, let alone the growing need we can expect in the future.
- ▶ This is a personal family and health issue, a workforce issue and an economic issue.
- ▶ A national paid leave standard that includes parental, family and personal medical leave is necessary to meet the growing needs of America's workers, their families and our 21st century economy.

The Family and Medical Leave Act of 1993 (FMLA) guarantees unpaid family and medical leave to some workers, but it leaves many behind and usage rates reveal an unmet need for leave that has gotten worse over time. Some states and employers have made progress, but the data show that it

is not enough. As this paper demonstrates, a number of factors contribute to the growing need for paid leave in the United States and they make clear that a comprehensive plan is critical to effectively and sustainably meeting the need. These factors include:

- ▶ The **rising labor force participation rate among women who are likely to give birth** and the **growing share of fathers who want and expect parental leave**, both of which will increase the need and demand for parental leave;
- ▶ An **aging workforce**, which will increase the need for temporary disability leave, especially among the workers who are least likely to have access to this type of paid leave;
- ▶ The **overall aging of the population** – working or not – and the **shrinking number of family caregivers**, which together will increase the need for family caregiving leave; and
- ▶ **Job growth in low-wage industries and occupations** in which workers are unlikely to be offered paid leave through their employers and a growing contingent or "gig" workforce in which no traditional employer-employee relationship exists.

The first three factors increase the demand for family and medical leave because they influence the rate at which workers experience leave-triggering life events. The fourth factor takes into account the fact that most employers do not currently provide paid family and medical leave – and trends suggest that new jobs being created are similarly unlikely to provide paid leave.

Key Terms

- ▶ **"Parental leave"** refers to leave taken to care for and bond with a new child after birth or adoption.
- ▶ **"Family leave"** refers to leave taken to provide needed care for a seriously ill or injured family member.
- ▶ **"Personal medical leave"** refers to leave taken to address an individual's own serious, work-limiting medical condition(s).

Taken together, these elements – greater need for family and medical leave and growing disparities in who has access to paid leave and who does not – reveal an increasing demand for a national paid family and medical leave program that covers parental leave, personal medical leave and family leave.

Current Law

The federal Family and Medical Leave Act of 1993

The Family and Medical Leave Act of 1993 (FMLA) is the primary federal law in the United States that recognizes the dual demands of employment and caregiving. The FMLA provides qualifying workers with job-protected leave for serious family and medical needs and the continuation of health coverage, but it does not require that the leave be paid. In addition, FMLA coverage excludes roughly 40 percent of workers because they are employed by small businesses, work part time, or do not have sufficient job tenure.³

Data on leave taken under the FMLA reveal a notable trend. As of 2012, the most recent year for which data are available, 13 percent of workers had taken an FMLA-type leave in the previous 12 months, a rate that had not changed since 2000.⁴ The majority of these leaves (55 percent) were taken for personal health reasons, while fewer were for pregnancy-related and parental (21 percent) and family caregiving (18 percent) reasons.⁵ Moreover, not all workers who needed leave were able to take it. In 2012, 5 percent of workers – an estimated 7 million people – reported needing leave but being unable to access it, which is more than double the share of people who said they had to forgo a needed family or medical leave in 2000.⁶ Workers reported that the most common reason they were unable to access leave was because they were unable to afford it (46 percent), most likely because the leave would have been unpaid.⁷

Therefore, even though the same percentage of workers took FMLA-type leave from 2000 to 2011 – and despite increased access to paid leave in some sectors of the economy and in two of the most populous states, which will be discussed more below – the percentage of workers who needed but could not take leave grew. This indicates that the overall need for leave has been increasing while the ability to meet that demand has not.

State innovation

Several states have passed their own laws to create state-based paid family and medical leave programs, filling an important need for working people, families and businesses in their states and paving the way for eventual federal action to create a national paid leave standard. California, New Jersey, Rhode Island and New York have built upon their longstanding state temporary disability insurance programs to also cover paid family leave.⁸ In 2017, Washington state and the District of Columbia passed legislation to create paid leave programs; both jurisdictions are building the infrastructure to administer the programs, with revenue collection set to begin in 2019 in Washington state and benefit payments scheduled to be available in both Washington state and D.C. in 2020.⁹ In 2018, Massachusetts became the latest state to pass a law to create a statewide paid family and medical leave program, and it is slated to take effect in 2021.¹⁰ In addition, lawmakers in more than two dozen other states have introduced legislation to study or create similar programs.¹¹

Still, overall progress has been too slow and the absence of a federal paid leave policy continues to impose significant costs on working people and families, businesses and the economy. And current trends in population demographics, the industries and occupations with the most job growth, and the makeup of the labor force indicate that demand for paid parental, family and personal medical leave will only increase over time.

Parental Leave

Birthrate trends among working-age women

Labor force and reproduction trends among women in their 30s and 40s suggest a growing need for paid parental leave for birth mothers. In 2017, the most recent year with available data, the overall birthrate in the United States was the lowest it has been since 1989. This trend is largely driven by decreases in teen births and in the total number of children people have. Fertility rates have declined for women in their 20s but have increased for women in their 30s and 40s relative to the 1990s and early 2000s, despite a small, recent dip. And women in their 30s and 40s also have the highest labor force participation rates of any age group. (See Tables 1a and 1b.)

Table 1a. Births per 1,000 Women¹²

	Fertility rate (births per 1,000 women ages 15-44)	Ages 15-19	20-24	25-29	30-34	35-39	40-44	45-49
2017	60.2	18.8	71.0	97.9	100.3	52.2	11.6	0.9
2016	62	20.3	73.8	102.1	102.7	52.7	11.4	0.9
2015	62.5	22.3	76.8	104.3	101.5	51.8	11.0	0.8
2010	64.1	34.2	90.0	108.3	96.5	45.9	10.2	0.7
2005	66.7	39.7	101.8	116.5	96.7	46.4	9.1	0.6
2000	65.9	47.7	109.7	113.5	91.2	39.7	8.0	0.5
1995	64.6	56.0	107.5	108.8	81.1	34.0	6.6	0.3
1990	70.9	59.9	116.5	120.2	80.8	31.7	5.5	0.2
1989	69.2	57.3	113.8	117.6	77.4	29.9	5.2	0.2

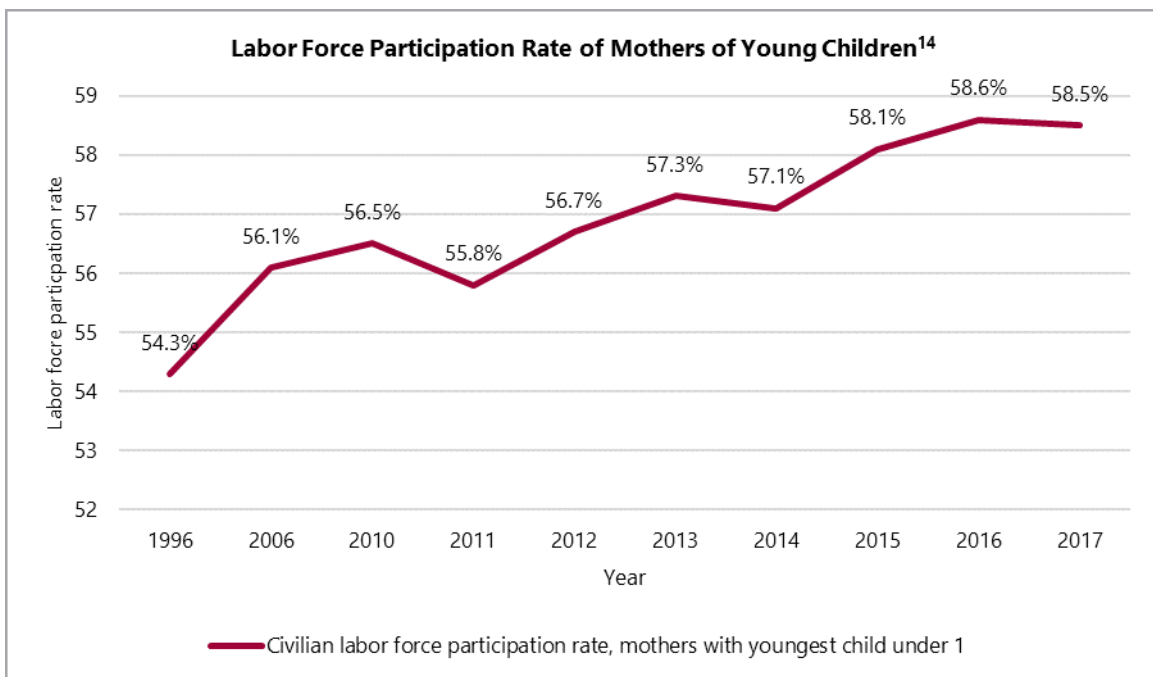
Labor force participation rates for women in their prime reproductive years have remained relatively constant over time. (See Table 1b.) Teen labor force participation rates have been steadily declining and are projected to continue to do so, while the participation rates for women in their 20s, 30s and 40s are expected to remain relatively static. These rates are lower than the labor force participation rates of similarly-aged men and lower than labor force participation rates of women in other developed economies – a characteristic of the U.S. workforce that researchers attribute at least partially to a lack of family friendly policies in the United States.¹³ As discussed later in this paper, Table 1b also shows that labor force participation rates are expected to increase among women age 55 and older, who are likely to have family caregiving responsibilities related to aging relatives in addition to greater need for personal medical leave.

Table 1b. Women's Civilian Labor Force Participation Rates, by Age

	Overall participation rate	Ages 16-19	20-24	25-34	35-44	45-54	55-64	65+
2026 (projected)	56.1%	32.7%	67.6%	76.0%	74.8%	76.4%	63.4%	18.3%
2016	56.8%	35.1%	68.0%	74.5%	74.5%	73.9%	58.4%	15.5%
2006	59.4%	43.7%	69.5%	74.4%	75.9%	76.0%	58.2%	11.7%
1996	59.3%	51.3%	71.3%	75.2%	77.5%	75.4%	49.6%	8.6%

Source: U.S. Bureau of Labor Statistics. (2017). *Civilian labor force participation rate, by age, sex, race and ethnicity.*

In addition, the labor force participation rate of mothers of very young children has increased over the last 20 years. (See graph below.) So, while the birth rate may have declined slightly, the percentage of mothers participating in the labor force has continued its upward trajectory. This means that while there are fewer births to women in their 20s and 30s, women who give birth are more likely to be working and to maintain their ties to the labor force than in years past.



In light of these trends, it is likely that the demand for paid parental leave among working women will increase as women become increasingly likely to give birth during their working years.

Increased use of and desire for parental leave among fathers

Significantly less data are collected on the fertility rates of men than women, but Stanford University researchers estimate that the average age of fathers at the time of a child's birth increased from 27.4 in 1972 to 30.9 in 2015.¹⁵ The same study found that the average difference in age between mothers and fathers at the time of a birth has also declined, which is consistent with the trends described above regarding maternal age. Paternal age is increasing, making it more likely that fathers (both for first-time and subsequent births) will be well-established in their work lives when their children are born.

Yet men's access to paid paternity leave is too rare – just 9 percent of workers are employed at worksites that offer paid paternity leave to all male workers.¹⁶ The FMLA guarantees unpaid leave to men for parental leave purposes and, in 2011, 2.5 percent of employed men took FMLA leave for a new child. An additional 0.4 percent reported an unmet need for parental leave.¹⁷ This percentage may at first glance appear to be small, but 0.4 percent of all working men in 2012 amounts to more than 300,000 employed fathers who were unable to take the parental leave they wanted in one year alone.¹⁸

Notably, a growing body of research also demonstrates a strong desire among fathers today to play a more equitable role in parenting and family caregiving. This suggests that, if paid leave were more readily available and its use encouraged, men's use of paid leave would increase. Policy changes nudge cultural norms around men's roles in providing care, which in turn would increase demand and use.¹⁹ In 2016, Pew Research Center found that 71 percent of survey respondents said they believe it is important for babies to have equal time to bond with mothers and fathers, but the same survey found that fathers who had taken parental leave in the previous year typically took only one week of leave, compared to mothers who took a median of 11.²⁰

More than a decade of research from California and more recent data from New Jersey and Rhode Island – the three states that have data on paid leave taken through their state programs – show that the availability of paid leave influences men's use of parental leave. (See Table 2.) The percentage of parental leaves taken by men through these state programs is increasing, and although program use is not as common among men in New Jersey as it is among men in California and Rhode Island, all states show increasing paternity leave use as state paid leave programs mature.²¹ This pattern is likely to be the result of increased awareness of the program over time, combined with changing norms around the usage of paternity leave. Research from other countries, the private sector and California's experience shows that the availability of gender-neutral paid parental leave can help change societal norms around who should take leave and under what circumstances.

Table 2. Percentage of State Paid Parental Leave Claims Filed by Men²²

	California	New Jersey	Rhode Island
2016*	37.5%	14.1%	36.7%
2015*	35.5%	13.0%	34.3%
2014*	34.0%	12.9%	31.6%
2013**	30.0%	n/a	
2012	29.1%	11.6%	
2011	27.6%	11.0%	
2010	26.3%	11.4%	
2009	23.2%	11.9%	

2008	22.5%		
2007	21.0%		
2006	19.3%		
2005	18.7%		
2004	14.7%		
*California data for 2016 are SFY 2016-17; for 2015 are SFY 2015-2016; and for 2014 are SFY 2014-2015			
**No data are available in New Jersey for 2013			

Making leave affordable may play an important role in matching men’s desire to take leave to the economic realities of doing so – and public policies can certainly play an important role. Early findings from a study of San Francisco’s new paid parental leave law, which requires employers to top-up the state paid leave plan to offer additional wage replacement (up to a cap of \$1,216 per week), show a dramatic increase in the number of fathers taking paid parental leave through the state program. New fathers in the city have increased parental leave-taking rates (by 28 percent) compared to much smaller increases across the rest of California (3-9 percent).²³ These data suggest the important role that wage replacement levels can play in paternity leave usage.

Culture change is also an important component of making leave accessible to men – and, as Table 2 shows, policies like California’s have started to change culture. More broadly, though, stigma around men’s caregiving inhibits men’s use of paternity leave and helps to explain men’s quick return to work even when they do use available leave. A recent survey on fatherhood in the United States found that nearly three-quarters of fathers (73 percent) say there is too little support for fathers in the workplace, and one in five men (21 percent) say they are afraid of losing their jobs if they use the full duration of paternity leave offered.²⁴ However, this same survey signaled that these trends are likely to change: Eighty-five percent of men and women surveyed affirmed that men should prioritize taking all available parental leave, and 69 percent of fathers confirmed they would change jobs to have more flexibility to spend time with their children.²⁵

Overall, the data show a disconnect between the desire men and women express for fathers to spend more time with their new children and the reality of their leave-taking behaviors. This suggests an unmet demand for paternity leave and a continued, harmful stigma about taking paternity leave when it is available. Making paid leave available and sanctioning its use would help better align men's desire for and use of parental leave.

Personal Medical Leave

Currently, 71 percent of private industry workers in the United States have access to paid sick days, but paid sick days are intended for medical issues that last only a few days like a cold or the flu, or for accessing preventive care.²⁶ Workers also need medical leave that lasts for weeks or months, or is available on an intermittent basis. Yet only 41 percent of private sector workers have employer-provided temporary disability insurance.²⁷

Although modeling the future health of the working population and its effects on the need for temporary disability insurance is difficult, there are trends that point to the potential for higher demand for paid personal medical leave. Notably, older workers have a higher risk of experiencing health problems and, thus, are more likely than younger workers to have health-related work interruptions.²⁸ Therefore, understanding the projected demographics of the labor force can provide useful insights. For example, in 2000, the median age in the United States was 35.3,²⁹ but as the

baby-boom generation continues to age, the median age is projected to rise to 41 by 2060, and the population 65 years of age or older is projected to be larger than the population under 18 by 2056.³⁰

The overall age of the population is increasing, as are the labor force participation rates of older workers. Between 2016 and 2026, the labor force participation rates of individuals under 25 are expected to decline while participation rates among older workers are projected to increase. (See Table 3.)

Table 3. Civilian Labor Force Participation Rate, by Age

	Overall participation rate	Ages 16-19	20-24	25-34	35-44	45-54	55-64	65-74	75-79
2026 (projected)	61.0%	31.7%	68.8%	81.8%	82.3%	80.7%	66.6%	30.2%	15.1%
2016	62.8%	35.2%	70.5%	81.6%	82.4%	80.0%	64.1%	26.8%	12.1%

Source: U.S. Bureau of Labor Statistics. (2017). *Civilian labor force participation rate, by age, sex, race and ethnicity*.

Although most people are living longer, healthier lives than in generations past, the increasing age of the workforce is likely to result in increased demand for temporary disability leave as workers increasingly have to confront the physical realities of aging while maintaining their ties to the paid labor force. The odds of developing coronary heart disease or cancer, for example, increase as individuals age.³¹ As more older workers remain in the labor force, it becomes more likely that employed workers will develop serious medical conditions that are more common in old age, and access to paid leave can help keep them attached to the workforce. Use of temporary disability leave in New Jersey, for example, shows that workers over the age of 65 are more likely to take paid leave through the state program than younger workers.³² Data on personal medical leave usage is relatively rare, but a study of women nurses who experienced myocardial infarction (commonly referred to as a heart attack) or angina found that those who had access to paid leave were more than twice as likely to return to work than women without access to paid leave.³³

Family Caregiving Leave

Family caregiving is a major part of life for millions of working people. In addition to providing time to bond with a new child or to address one’s own serious health issue, paid family and medical leave allows workers to care for seriously ill or injured family members, including older adults and children with disabilities or other chronic health needs. Today, 43.5 million people provide unpaid care to family members, and most family caregivers also have full-time, paying jobs.³⁴ One in four is a millennial (born between 1980 and 1996), who is typically providing 20 or more hours of care to a family member with a serious health issue and working full-time.³⁵ An estimated 36 million working age adults live with a family member with a disability.³⁶ And there is increasing stress on members of the sandwich generation, the growing portion of the workforce that is caring for both children and older adults.³⁷ The majority of military caregivers are also in the labor force.³⁸

In 2012, 18 percent of workers who took FMLA leave – an estimated 2.5 million people – did so to provide family care to a parent, child or spouse with a serious medical need.³⁹ And four in 10 workers who reported an unmet need for FMLA-type leaves (40.8 percent) specifically said they needed family leave to care for a family member with a health condition.⁴⁰ Health and illness trends for children and adults, as well as demographic changes – the rapidly aging U.S. population and a shrinking number of younger people able to provide care to their loved ones – mean the absolute need for family caregiving is likely to increase over time.

Caregiving for children

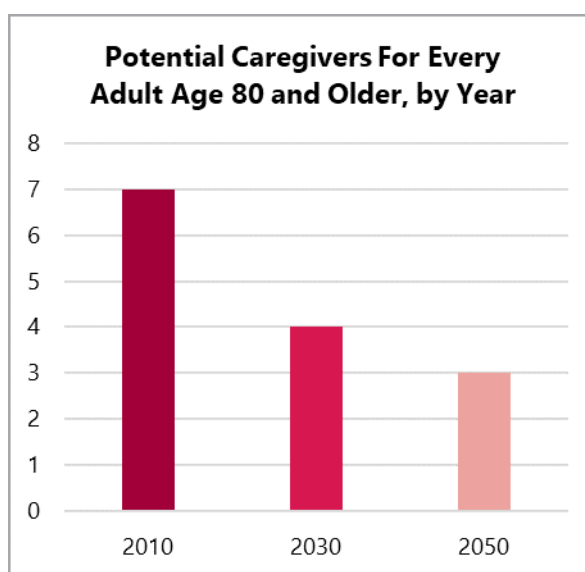
Distinct from parental leave that provides time to bond with newborn or newly adopted children, family leave provides working people critical time to care for children with chronic or acute serious medical needs, such as those related to a disability, illness or accident. Because most families with children are headed by a working single parent or married parents who are both employed, this means that there is usually not a stay-at-home parent available to handle caregiving responsibilities when a medical caregiving need arises.⁴¹

The reported rate of children with disabilities is also increasing, suggesting the possibility of an increased need for family leave to care for these children. In 1991, 5.2 percent of people under age 15 were reported to be living with a disability;⁴² by 2010, that rate had increased to 8.4 percent.⁴³ Therefore, it is likely that the demand for family caregiving leave will increase if the number of children with disabilities continues to rise.⁴⁴

Caregiving for older adults

Multiple factors are driving the growing need for family caregiving for older adults. There is already an unmet need for paid leave to care for adult family members, and it is projected to grow as the baby-boom generation ages. In 2013, there were approximately 40 million family caregivers in the United States, providing an estimated 37 billion hours of unpaid care for older adults or other adults with medical needs.⁴⁵ The risk of experiencing health problems and the likelihood of having a disability increase with age, which also affects the need for family leave to care for an adult family member.⁴⁶

As the number of adults needing care is projected to increase, the number of caregivers is projected to decrease relative to need, creating greater demands on fewer family members' time. In 2010, there were approximately seven potential caregivers (i.e. people ages 45-64) on average for every adult age 80 or older. The potential caregivers-to-elder ratio is projected to drop to 4-to-1 by 2030, and to less than 3-to-1 by 2050.⁴⁷ As increased caregiving responsibilities fall to fewer people, the time demands on working people with elder care responsibilities will increase, exacerbating the need for access to paid family leave.



Source: Redfoot, D., Feinberg, L., & Houser, A. (2013). *The Aging of the Baby Boom and the Growing Care Gap: A Look at Future Declines in the Availability of Family Caregivers*. AARP Public Policy Institute Publication.

Labor force participation rates of family caregivers

While the absolute demand for family caregiving will almost certainly increase in the future, the need for family and medical leave would be tempered if the majority of those providing care were not in the paid labor force. However, there is no evidence to suggest that this will be the case. In 2013, roughly half of people providing care to a family member, broadly defined, were employed and roughly three-quarters (73 percent) of them were between the ages of 35 and 64.⁴⁸

Women are especially likely to provide unpaid family care, even when employed.⁴⁹ The fact that labor

force participation rates are anticipated to rise for older women over the next decade, coupled with the aging of the population as a whole, suggests greater demand for family and medical leave in the future.

Labor Market Trends

Employer-provided paid family leave is rare and has sluggishly increased by 5 percentage points from 2008 to 2017, leaving 85 percent of the private sector workforce without access.⁵⁰ Relying primarily on the private sector to voluntarily offer paid parental, family and medical leave has created vast gaps in access and significant disparities by region, industry, occupation and wage level, as well as disparities in access by race and ethnicity.⁵¹ Even though companies are increasingly recognizing the business imperative to offer paid leave, with dozens of name-brand businesses expanding their policies in recent years, progress has been much too slow and there is no evidence to suggest that the private sector is evolving quickly or evenly enough across job types to meet current and growing demands.

Uneven access to paid leave will be exacerbated by labor market trends because the job types that are currently projected to grow the most in coming years are unlikely to offer paid leave. Without public policy solutions, there will be an even greater unmet need. More than two-thirds (67.8 percent) of the new jobs projected to be created by 2026 in the occupations with the most job growth are in occupations that currently pay average wages below the national median. (See Table 4.) Two-thirds (66.1 percent) of these new jobs will be in occupations where the current workforces are majority women. And nearly half of these new jobs (47.2 percent) are both low wage and in fields dominated by women.

Table 4. Occupations with the Most Projected Job Growth, 2016-2026, by Median Wages and Gender Composition

(Red indicates occupations that are both low-wage and majority women)

Occupation	Employment		Change, 2016-2026		Percentage of all new jobs	Median annual wage, 2016	Percent women in 2017
	2016	2026 (projected)	Number	Percent			
Total, all occupations	156,063,800	167,582,300	11,518,600	7.4	100%	\$37,690	46.9
Personal care aides	2,016,100	2,793,800	777,600	38.6	6.8%	\$23,100	83.7
Combined food preparation and serving workers, including fast food	3,452,200	4,032,100	579,900	16.8	5.0%	\$20,180	60.0
Registered nurses	2,955,200	3,393,200	438,100	14.8	3.8%	\$70,000	89.9
Home health aides	911,500	1,342,700	431,200	47.3	3.7%	\$23,210	88.6
Software developers, applications	831,300	1,086,600	255,400	30.7	2.2%	\$101,790	18.7
Janitors and cleaners, except maids and housekeeping cleaners	2,384,600	2,621,200	236,500	9.9	2.1%	\$24,990	35.2
General and operations managers	2,263,100	2,468,300	205,200	9.1	1.8%	\$100,410	34.1

Laborers and freight, stock, and material movers, hand	2,628,400	2,828,100	199,700	7.6	1.7%	\$27,040	19.9
Medical assistants	634,400	818,400	183,900	29.0	1.6%	\$32,480	91.6
Waiters and waitresses	2,600,500	2,783,000	182,500	7.0	1.6%	\$20,820	69.9
Nursing assistants	1,510,300	1,683,700	173,400	11.5	1.5%	\$27,520	88.6
Construction laborers	1,216,700	1,367,100	150,400	12.4	1.3%	\$34,530	3.3
Cooks, restaurant	1,231,900	1,377,200	145,300	11.8	1.3%	\$25,180	39.3
Accountants and auditors	1,397,700	1,537,600	139,900	10.0	1.2%	\$69,350	60.3
Market research analysts and marketing specialists	595,400	733,700	138,300	23.2	1.2%	\$63,230	60.8
Customer service representatives	2,784,500	2,920,800	136,300	4.9	1.2%	\$32,890	65.1
Landscaping and groundskeeping workers	1,197,900	1,333,100	135,200	11.3	1.2%	\$27,670	*
Medical secretaries	574,200	703,200	129,000	22.5	1.1%	\$34,610	*
Management analysts	806,400	921,600	115,200	14.3	1.0%	\$82,450	42.3
Maintenance and repair workers, general	1,432,600	1,545,100	112,500	7.9	1.0%	\$37,670	4.5
Teacher assistants	1,308,100	1,417,600	109,500	8.4	1.0%	\$26,260	88.5
Financial managers	580,400	689,000	108,600	18.7	0.9%	\$125,080	55.7
Heavy and tractor-trailer truck drivers	1,871,700	1,980,100	108,400	5.8	0.9%	\$42,480	*
Elementary school teachers, except special education	1,410,900	1,514,900	104,100	7.4	0.9%	\$57,160	79.3
Stock clerks and order fillers	2,008,600	2,109,600	100,900	5.0	0.9%	\$24,470	37.9
Teachers and instructors, all other	993,900	1,091,800	98,000	9.9	0.9%	\$30,310	65.4
Receptionists and information clerks	1,053,700	1,149,200	95,500	9.1	0.8%	\$28,390	91.0
Sales representatives, services, all other	983,000	1,077,900	94,900	9.7	0.8%	\$52,510	27.1
Business operations specialists, all other	1,023,900	1,114,300	90,300	8.8	0.8%	\$70,010	52.5
Licensed practical and licensed vocational nurses	724,500	813,400	88,900	12.3	0.8%	\$45,030	89.5

Sources: U.S. Bureau of Labor Statistics. (2017). *Table 1.4 Occupations with the most job growth, 2016 and projected 2026*; U.S. Bureau of Labor Statistics. (2018). *Employed persons by detailed occupation, sex, race, and Hispanic or Latino ethnicity*.

Although data on access to employer-provided temporary disability insurance and paid family leave is not available by occupation, industry trends suggest that many – if not most – of the new jobs created will not offer these protections. As previously mentioned, two in three of the new jobs projected to be created are in occupations with low pay, and low-wage workers are significantly less likely to have access to any form of paid leave.⁵²

For example, three of the top five jobs with the largest growth – personal care aides, food service workers and home health aides – are in the service industry, in which workers are significantly less likely to have access to these benefits than professional or managerial workers.⁵³ Only 23 percent of private sector service workers have access to temporary disability insurance and only 7 percent have access to paid family leave, compared to 54 percent and 24 percent of professional and managerial workers, respectively.⁵⁴

Overall trends in job growth and the glacial pace at which paid leave is expanding to workers in lower-paying jobs suggest that access to employer-provided benefits is not likely to significantly increase, resulting in a greater unmet need for paid family and medical leave. Contingent workers and freelancers in the “gig economy,” who make up at least 10 percent of the workforce,⁵⁵ are also particularly vulnerable when family and medical leave needs occur because they generally fall outside of traditional employer-employee relationships.

Conclusion

Everyone is likely to need family and medical leave at some point in their working lives. Most will experience at least one event that results in the need for leave – either because they welcome a new child, need to care for a family member or need time to address a personal health need. The need for time away from work to address these universal life events is likely to increase over time, yet access to paid family and medical leave is not increasing quickly enough to meet the demand today, let alone the growing need we can expect in the future.

This is not just a personal family and health issue, but also a workforce issue and an economic issue. Numerous reports and studies show that, when women do not have access to paid leave, they are more likely to leave the workforce for a period of time or for good – and this, in turn, affects their personal income and job path and harms the country’s economic productivity.⁵⁶ This means that creating policies that support women’s workforce participation, even during significant caregiving events, has economic value. For men, parental leave is increasingly desired and expected – and research shows that men’s access to leave also supports women’s workplace advancement and wage increases.

Important policy changes at the state level have transformed access to paid family and medical leave for those states’ populations, and some forward-looking companies have updated their paid leave policies to reflect the needs of their own workforce. But change has been slow and uneven. The majority of workers in the United States are not covered by paid leave policies. A state-by-state approach is not likely to ever reach all jurisdictions, and access to paid family and medical leave remains deeply inequitable. A national paid leave standard that includes parental, family and personal medical leave is necessary to meet the growing needs of America’s workers, their families and our 21st century economy, and to ensure that everyone has access to paid family and medical leave when they need it.

Endnotes

- ¹ U.S. Bureau of Labor Statistics. (2017). *National Compensation Survey: Employee Benefits in the United States: March 2017*. Retrieved 17 July 2018, from <https://www.bls.gov/ncs/ebs/benefits/2017/ebbl0061.pdf>
- ² U.S. Bureau of Labor Statistics. (2018, July 20). *National Compensation Survey: Employee Benefits in the United States, March 2018. (Table 5)*. Retrieved 20 July 2018, from <https://www.bls.gov/news.release/pdf/ebs2.pdf>
- ³ In order to qualify for job protection under the FMLA, an individual must work for an employer with at least 50 employees within a 75-mile radius, have been employed for at least one year, and have worked a minimum of 1,250 hours in the previous 12 months. Family and Medical Leave Act of 1993 § 29 U.S.C. § 2612 (1993). Available at <http://www.govtrack.us/congress/bills/103/hr1>; Klerman, J.A., Daley, K., & Pozniak, A. (2012). *Family and Medical Leave in 2012: Executive Summary*. Abt Associates Publication. Retrieved 17 July 2018, from <https://www.dol.gov/asp/evaluation/fmla/FMLA-2012-Executive-Summary.pdf>
- ⁴ Klerman, J.A., Daley, K., & Pozniak, A. (2012). *Family and Medical Leave in 2012: Technical Report*. Abt Associates Publication. Retrieved 17 July 2018, from <https://www.dol.gov/asp/evaluation/fmla/FMLA-2012-Technical-Report.pdf>
- ⁵ Ibid.
- ⁶ Ibid.; U.S. Bureau of Labor Statistics. (n.d.). *Employment status of the civilian noninstitutional population, 1947 to date*. Retrieved 17 July 2018, from <https://www.bls.gov/cps/cpsa2017.pdf>
- ⁷ See note 4.
- ⁸ Glynn, S.J., Bradley, A.L., & Veghte, B.W. (2017). *Paid Family and Medical Leave Programs: State Pathways and Design Options*. National Academy of Social Insurance Publication. Retrieved 17 July 2018, from <https://www.nasi.org/research/2017/paid-family-medical-leave-programs-state-pathways-design>; National Partnership for Women & Families. (2018). *State Paid Family and Medical Leave Insurance Laws*. Retrieved 17 July 2018, from <http://www.nationalpartnership.org/research-library/work-family/paid-leave/state-paid-family-leave-laws.pdf>
- ⁹ Ibid.
- ¹⁰ Morgan, Brown & Joy LLP. (2018). *Massachusetts "Grand Bargain" Raises Minimum Wage, Ends Sunday and Holiday Premium Pay, Creates Paid Family and Medical Leave*. Lexology. Retrieved 17 July 2018, from <https://www.lexology.com/library/detail.aspx?g=01c042c5-c155-45bc-a67d-c5f7ec5d71c8>
- ¹¹ National Partnership for Women & Families. (n.d.). *Work & Family Policy Database*. Retrieved 17 July 2018, from <http://www.nationalpartnership.org/issues/work-family/work-family-policy-database>
- ¹² National Center for Health Statistics. (2018). Table 1. Births and birth rates: United States, 2010–2016, and by race and Hispanic origin, 2016. *National Vital Statistics Reports*, 67(1). Retrieved 17 July 2018, from https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_01.pdf; National Center for Health Statistics. (2018). Table 2. Birth rates, by age of mother: United States, 2010–2016, and by age and race and Hispanic origin of mother, 2016. *National Vital Statistics Reports*, 67(1). Retrieved 17 July 2018, from https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_01.pdf; National Center for Health Statistics. (2017). Table 8. Birth rates, by age and Hispanic origin of mother, and by rate for mothers of non-Hispanic origin: United States, 1989–2015. *National Vital Statistics Reports*, 66(1). Retrieved 17 July 2018, from https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_01.pdf
- ¹³ Access to paid leave is positively associated with women's labor force participation rates. In 2010, the United States ranked 17 out of 22 for women's labor force participation among the advanced-economy member nations of the Organisation for Economic Cooperation and Development, down from sixth in 1990. More than a quarter (28 percent to 29 percent) of the decline was caused by the expansion of family friendly work-life policies in other countries, but not in the United States. The U.S. Department of Labor estimates that if U.S. women had similar labor force participation rates to women in Canada and Germany, there would be five million more women in the labor force and more than \$500 billion in additional economic activity. Additional research has found that if U.S. women's labor force participation rates matched men's, GDP would grow by 5 percent. For more information, see Blau, F.D., & Kahn, L.M. (2013). Female Labor Supply: Why is the Us Falling Behind?. *American Economic Review*, 103(3): 251–56; Aguirre, D., Hoteit, L., Rupp, C., & Sabbagh, K. (2012). *Empowering the Third Billion: Women and the world of work in 2012*. Retrieved 17 July 2018, from https://www.strategyand.pwc.com/media/file/Strategyand_Empowering-the-Third-Billion_Full-Report.pdf; Elborg-Woytek, K., Newiak, M., Kochhar, K., Fabrizio, S., Kpodar, K.R., Wingender, P., Clements, B.J., Schwartz, G. (2013). Women, Work, and the Economy: Macroeconomic Gains from Gender Equity. *International Monetary Fund Staff Discussion Notes*, 13/10. Retrieved 17 July 2018, from <https://www.imf.org/en/Publications/Staff-Discussion-Notes/Issues/2016/12/31/Women-Work-and-the-Economy-Macroeconomic-Gains-from-Gender-Equity-40915>; U.S. Department of Labor. (2015). *The Cost of Doing Nothing*. Retrieved 17 July 2018, from <https://www.dol.gov/featured/paidleave/cost-of-doing-nothing-report.pdf>
- ¹⁴ U.S. Bureau of Labor Statistics. (2017). Table 6. *Employment status of mothers with own children under 3 years old by single year of age of youngest child and marital status, 2016–2017 annual averages*. U.S. Department of Labor. Retrieved 17 July 2018, from <https://www.bls.gov/news.release/fameet06.htm>; U.S. Bureau of Labor Statistics. (2016). Table 6. *Employment status of mothers with own children under 3 years old by single year of age of youngest child and marital status, 2014–2015 annual averages*. U.S. Department of Labor. Retrieved 17 July 2018, from https://www.bls.gov/news.release/archives/famee_04222016.pdf; U.S. Bureau of Labor Statistics. (2014). Table 6. *Employment status of mothers with own children under 3 years old by single year of age of youngest child and marital status, 2012–2013 annual averages*. U.S. Department of Labor. Retrieved 17 July 2018, from https://www.bls.gov/news.release/archives/famee_04252014.htm; Bureau of Labor Statistics. (2012). Table 6. *Employment status of mothers with own children under 3 years old by single year of age of youngest child and marital status, 2010–2011 annual averages*. U.S. Department of Labor. Retrieved 17 July 2018, from https://www.bls.gov/news.release/archives/famee_04262012.htm; U.S. Bureau of Labor Statistics. (2007). Table 6. *Employment status of mothers with own children under 3 years old by single year of age of youngest child and marital status, 2005–2006 annual averages*. U.S. Department of Labor. Retrieved 17 July 2018, from https://www.bls.gov/news.release/archives/famee_05092007.pdf; U.S. Bureau of Labor Statistics. (1997). Table 6. *Employment status of mothers with own children under 3 years old by single year of age of youngest child and marital status, 1995–1996 annual averages*. U.S. Department of Labor. Retrieved 17 July 2018, from

https://www.bls.gov/news.release/history/famee_061697.txt

¹⁵ Khandwala, Y.S., Zhang, C.A., Lu, Y., & Eisenberg, M.L. (2017). The age of fathers in the USA is rising: an analysis of 168,867,480 births from 1972 to 2015. *Human Reproduction*, 32(10): 2110-2116.

¹⁶ U.S. Department of Labor. (n.d.) *Paternity Leave: Why Parental Leave For Fathers Is So Important For Working Families*. Retrieved 17 July 2018, from <https://www.dol.gov/asp/policy-development/PaternityBrief.pdf>; Klerman, J.A., Daley, K., & Pozniak, A. (2012). *Family and Medical Leave in 2012: Executive Summary*. Abt Associates Publication. Retrieved 17 July 2018, from <https://www.dol.gov/asp/evaluation/fmla/FMLA-2012-Executive-Summary.pdf>

¹⁷ See note 4.

¹⁸ U.S. Bureau of Labor Statistics, (2017) *Employment status of the civilian noninstitutional population 16 years and over by sex, 1977 to date*. Retrieved 17 July 2018, from <https://www.bls.gov/cps/cpsaat02.pdf>

¹⁹ Kotsadam, A., & Henning, F. (2011). The state intervenes in the battle of the sexes: Causal effects of paternity leave. *Social Science Research*, 40(6):1611–1622; Rehel, E.M. (2014). When dad stays home too paternity leave, gender, and parenting. *Gender & Society* 28: 110–132; Rehel, E., & Baxter, E. (2015). *Men, Fathers, and Work-Family Balance*. Center for American Progress Publication. Retrieved 17 July 2018, from <https://cdn.americanprogress.org/wp-content/uploads/2015/02/MenWorkFamily-brief.pdf>; Heilman, B., Cole, G., Matos, K., Hassink, A., Mincy, R., & Barker, G. (2016). *State of America's Fathers: A MenCare Advocacy Publication*. Promundo-US. Retrieved 17 July 2018, from https://men-care.org/soaf/download/PRO16001_Americas_Father_web.pdf; Promundo and Dove Men+Care. (2018). *Helping Dads Care*. Retrieved 17 July 2018, from https://promundoglobal.org/wp-content/uploads/2018/06/Promundo-DMC-Helping-Men-Care-Report_FINAL.pdf

²⁰ Horowitz, J., Parker, K., Graf, N., & Livingston, G. (2017). *Americans Widely Support Paid Family and Medical Leave, but Differ Over Specific Policies*. Pew Research Center Publication. Retrieved 17 July 2018, from <http://assets.pewresearch.org/wp-content/uploads/sites/3/2017/03/22152556/Paid-Leave-Report-3-17-17-FINAL.pdf>

²¹ More research is needed in order to fully understand why men's parental leave-taking rates differ across the existing state programs. Some potential explanations include: different levels of program awareness, different program eligibility rules, different levels of wage replacement, and different socio-cultural norms around men's leave-taking across states.

²² Lindsey, B., & Hunt, D. (2014). *California's Paid Family Leave Program: Ten Years After the Program's Implementation*. California Senate Office of Research Publication. Retrieved 17 July 2018, from http://sor.senate.ca.gov/sites/sor.senate.ca.gov/files/Paid_Family_Leave_FINAL_A1b.pdf; State of California, Employment Development Department. (2017). *Paid Family Leave (PFL) Program Statistics*. Retrieved 17 July 2018, from http://www.edd.ca.gov/Disability/pdf/qspfl_PFL_Program_Statistics.pdf; State of New Jersey, Department of Labor and Workforce Development. (2017). *Family Leave Insurance Workload in 2016: Summary Report*. Retrieved 17 July 2018, from http://lwd.dol.state.nj.us/labor/forms_pdfs/tidi/FIL%20Summary%20Report%20for%202016.pdf; State of New Jersey, Department of Labor and Workforce Development. (2016). *Family Leave Insurance Workload in 2015: Summary Report*. Retrieved 17 July 2018, from <https://dSPACE.njstatelib.org/xmlui/bitstream/handle/10929/42829/e542016b.pdf?sequence=1&isAllowed=y>; State of New Jersey, Department of Labor and Workforce Development. (2015). *Family Leave Insurance Workload in 2014: Summary Report*. Retrieved 17 July 2018, from http://lwd.dol.state.nj.us/labor/forms_pdfs/tidi/FIL%20Summary%20Report%20for%202014.pdf; State of New Jersey, Department of Labor and Workforce Development. (2013). *Annual Report for 2012: Family Leave Insurance and Temporary Disability Insurance Programs*. Retrieved 17 July 2018, from http://lwd.dol.state.nj.us/labor/forms_pdfs/tidi/FIL%20and%20TDI%20Annual%20Report%202012.pdf; State of New Jersey, Department of Labor and Workforce Development. (2012). *Annual Report for 2011: Family Leave Insurance and Temporary Disability Insurance Programs*. Retrieved 17 July 2018, from <https://dSPACE.njstatelib.org/xmlui/bitstream/handle/10929/31582/2011.pdf?sequence=1&isAllowed=y>; State of New Jersey, Department of Labor and Workforce Development. (2011). *Annual Report for 2010: Family Leave Insurance and Temporary Disability Insurance Programs*. Retrieved 17 July 2018, from <https://dSPACE.njstatelib.org/xmlui/bitstream/handle/10929/31581/2010.pdf?sequence=1&isAllowed=y>; State of New Jersey, Department of Labor and Workforce Development. (2010). *Annual Report for 2009: Family Leave Insurance and Temporary Disability Insurance Programs*. Retrieved 17 July 2018, from <http://dSPACE.njstatelib.org:8080/xmlui/handle/10929/31583>; State of Rhode Island, Department of Labor and Training. (2017). *Temporary Disability Insurance Program January - December 2016*. Retrieved 17 July 2018, from <http://www.dlt.ri.gov/lmi/pdf/tidi/2016.pdf>; State of Rhode Island, Department of Labor and Training. (2016). *TDI Annual Update: January - December 2015*. Retrieved 17 July 2018, from <http://www.dlt.ri.gov/lmi/pdf/tidi/2015.pdf>; State of Rhode Island, Department of Labor and Training. (2015). *TDI Annual Update: January - December 2014*. Retrieved 17 July 2018, from <http://www.dlt.ri.gov/lmi/pdf/tidi/2014.pdf>

²³ Dow, W.H., Goodman, J.M., & Stewart, H. (2017). *San Francisco's Paid Parental Leave Ordinance: The First Six Months*. University of California at Berkeley Publication. Retrieved 17 July 2018, from http://www.populationsciences.berkeley.edu/sites/default/files/SF%20Paid%20Parental%20Leave%20-%20UC%20Berkeley%20issue%20brief%201_0.pdf

²⁴ Promundo and Dove Men+Care. (2018). *Helping Dads Care*. Retrieved 17 July 2018, from https://promundoglobal.org/wp-content/uploads/2018/06/Promundo-DMC-Helping-Men-Care-Report_FINAL.pdf

²⁵ Ibid.

²⁶ See note 2.

²⁷ See note 1.

²⁸ Lester, G. (2011). "The Aging Workforce and Paid Time Off." In Wiener R., Willborn S. (Eds.), *Disability and Aging Discrimination*, (71-91). New York, NY: Springer.

²⁹ U.S. Census Bureau. (2017). *The Nation's Older Population Is Still Growing, Census Bureau Reports* [Press release]. Retrieved 17 July 2018, from <https://www.census.gov/newsroom/press-releases/2017/cb17-100.html>

³⁰ Ortman, J. (2012). *A Look at the U.S. Population in 2060*. U.S. Census Bureau Publication. Retrieved 17 July 2018, from https://www.census.gov/newsroom/cspan/pop_proj/20121214_cspan_popproj.pdf

- ³¹ National Health Interview Survey (2016). *Table A-1a. Age-adjusted percentages (with standard errors) of selected circulatory diseases among adults aged 18 and over, by selected characteristics: United States, 2016*. Retrieved 17 July 2018, from https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2016_SHS_Table_A-1.pdf; U.S. Centers for Disease Control and Prevention. (2015). *Leading Cancer Cases and Deaths, Male and Female, 2015*. Retrieved 17 July 2018, from <https://gis.cdc.gov/Cancer/USCS/DataViz.html>
- ³² Although the majority of the temporary disability leaves in New Jersey are taken by younger workers, when rates of leave usage are compared to different age groups' share of the employed population, older workers are more likely to use temporary disability leaves. For example, 2.4 percent of workers over age 65 used TDI leave in 2016, compared to 1.1 percent of workers under age 25. New Jersey Department of Labor and Workforce Development. (2017). *Temporary Disability Insurance Workload in 2016: Summary Report*. Retrieved 17 July 2018, from https://www.nj.gov/labor/forms_pdfs/tdi/TDI%20Report%20for%202016.pdf; U.S. Census Bureau. (2018). *Sex by Age by Employment Status for the Population 16 Years and Over*. Retrieved 17 July 2018, from https://factfinder.census.gov/bkmk/table/1.0/en/ACS/16_5YR/B23001/0400000US34
- ³³ Earle, A., Ayanian, J.Z., & Heymann, J. (2006). Work resumption after newly diagnosed coronary heart disease: findings on the importance of paid leave. *Journal of Women's Health* 15(4): 430-441.
- ³⁴ National Alliance for Caregiving. (2015, June). *Caregiving in the U.S. 2015*. National Alliance for Caregiving and AARP Public Policy Institute Publication. Retrieved 17 July 2018, from <http://www.aarp.org/content/dam/aarp/ppi/2015/caregiving-in-the-united-states-2015-report-revised.pdf>
- ³⁵ Flinn, B. (2018, May). *Millennials: The Emerging Generation of Family Caregivers*. AARP Public Policy Institute Publication. Retrieved 17 July 2018, from <https://www.aarp.org/content/dam/aarp/ppi/2018/05/millennial-family-caregivers.pdf>
- ³⁶ Grant, K., Sutcliffe, T. J., Dutta-Gupta, I., & Goldvale, C. (2017, October 1). *Security & Stability: Paid Family and Medical Leave and its Importance to People with Disabilities and their Families*. Georgetown Center on Poverty and Inequality Publication. Retrieved 17 July 2018, from http://www.georgetownpoverty.org/wp-content/uploads/2017/10/Georgetown_PFML-report-hi-res.pdf
- ³⁷ Parker, K., & Patten, E. (2013, January). *The Sandwich Generation: Rising Financial Burdens for Middle-Aged Americans*. Pew Research Center Publication. Retrieved 17 July 2018, from <http://www.pewsocialtrends.org/2013/01/30/the-sandwich-generation/>; Institute for Women's Policy Research, & IMPAQ International. (2017, January 19). *Family and Medical Leave-Taking among Older Workers*. Retrieved 17 July 2018, from <https://iwpr.org/publications/family-medical-leave-taking-among-older-workers/>
- ³⁸ Ramchand, R., Tanielian, T., Fisher, M. P., Vaughan, C. A., Trail, T. E., Epley, C., Voorhies, P., Robbins, M. W., Robinson, E., & Ghosh-Dastidar, B. (2014). *Hidden Heroes: America's Military Caregivers* (see Figure 3.8). RAND Corporation Publication. Retrieved 17 July 2018, from <http://www.rand.org/health/projects/military-caregivers.html>
- ³⁹ See note 4.
- ⁴⁰ Ibid.
- ⁴¹ U.S. Bureau of Labor Statistics. (2018). *Table 2. Families by presence and relationship of employed members and family type, 2016-2017 annual averages*. Retrieved 17 July 2018, from <https://www.bls.gov/news.release/fameet02.htm>
- ⁴² McNeil, J. (1993, December). *Americans with Disabilities: 1991-92*. U.S. Census Bureau Publication. Retrieved 17 July 2018, from <https://www.census.gov/content/dam/Census/library/visualizations/2010/demo/figure-2.pdf>
- ⁴³ U.S. Census Bureau. (2010). *Figure 2. Disability Prevalence and the Need for Assistance by Age: 2010*. Retrieved 17 July 2018, from https://www.census.gov/people/disability/publications/disab10/figure_2.pdf
- ⁴⁴ While available data are not able to show conclusively what is driving increased rates of children with disabilities, it is likely due to a combination of factors which may include both better diagnoses for neuro-atypical children as well as lower mortality rates for children with disabilities.
- ⁴⁵ Reinhard, S.C., Feinberg, L.F., Choula, R., & Houser, A. (2015, July). *Valuing the Invaluable: 2015 Update. Undeniable Progress, but Big Gaps Remain*. AARP Public Policy Institute Publication. Retrieved 17 July 2018, from <https://www.aarp.org/ppi/info-2015/valuing-the-invaluable-2015-update.html>
- ⁴⁶ Kraus, L. (2017). *2016 Disability Statistics Annual Report*. Rehabilitation Research and Training Center on Disability Statistics and Demographics, University of New Hampshire Publication. Retrieved 17 July 2018, from https://disabilitycompendium.org/sites/default/files/user-uploads/2016_AnnualReport.pdf
- ⁴⁷ Redfoot, D., Feinberg, L., & Houser, A. (2013). *The Aging of the Baby Boom and the Growing Care Gap: A Look at Future Declines in the Availability of Family Caregivers*. AARP Public Policy Institute Publication. Retrieved 17 July 2018, from http://www.aarp.org/content/dam/aarp/research/public_policy_institute/ltc/2013/baby-boom-and-the-growing-care-gap-insight-AARP-ppi-ltc.pdf
- ⁴⁸ Reinhard, S.C., Levine, C., & Samis, S. (2013). *Employed Family Caregivers Providing Complex Care*. AARP Public Policy Institute and United Hospital Fund Publication. Retrieved 17 July 2018, from http://www.aarp.org/content/dam/aarp/research/public_policy_institute/health/2013/employed-family-caregivers-providing-complex-chronic-care-AARP-ppi-health.pdf
- ⁴⁹ MetLife Mature Market Institute. (2011, June). *The MetLife Study of Caregiving Costs to Working Caregivers: Double Jeopardy for Baby Boomers Caring for Their Parents*. Retrieved 17 July 2018, from <http://www.caregiving.org/wp-content/uploads/2011/06/mmi-caregiving-costs-working-caregivers.pdf>
- ⁵⁰ See note 1.; U.S. Bureau of Labor Statistics. (2008). *Table 21. Leave benefits: Access, private industry workers, National Compensation Survey, March 2008*. U.S. Department of Labor. Retrieved 17 July 2018, from <https://www.bls.gov/ncs/ebs/benefits/2008/ownership/private/table21a.pdf>
- ⁵¹ Ibid.; The Council of Economic Advisors, Executive Office of the President of the United States. (2014). *The Economics of Paid and Unpaid Leave*. Retrieved 17 July 2018, from https://obamawhitehouse.archives.gov/sites/default/files/docs/leave_report_final.pdf
- ⁵² See note 1.; U.S. Bureau of Labor Statistics. (2017). *Table 1.4 Occupations with the most job growth, 2016 and projected 2026*. Retrieved 17 July 2018, from https://www.bls.gov/emp/ep_table_104.htm

⁵³ Ibid.

⁵⁴ See note 1.

⁵⁵ Mishel, L. (2018, June 7). *Contingent Worker Survey is further evidence that we are not becoming a nation of freelancers*. Economic Policy Institute Publication. Retrieved 17 July 2018, from <https://www.epi.org/press/contingent-worker-survey-is-further-evidence-that-we-are-not-becoming-a-nation-of-freelancers/>

⁵⁶ Glynn, S.J. (2018, April 9). *Gender wage inequality*. Washington Center for Equitable Growth Publication. Retrieved 17 July 2018, from <https://equitablegrowth.org/research-paper/gender-wage-inequality/>; Washbrook, E., Ruhm, C., Waldfogel, J., & Wen-Jui, H. (2011). Public Policies, Women's Employment after Childbearing, and Child Well-Being. *The B.E. Journal of Economic Analysis & Policy*, 11(1), 1-42; Baum, C. & Ruhm, C. (2016). The effects of paid family leave in California on labor market outcomes. *Journal of Policy Analysis and Management*, 35(2), 333-356; Boushey, H. (2008). Family Friendly Policies: Helping Mothers Make Ends Meet. *Review of Social Economy*, 66(1), 51-70; Earle, A., & Heymann, J. (2012). The cost of caregiving: Wage loss among caregivers of elderly and disabled adults and children with special needs. *Community, Work & Family*, 15(3), 357-375; Reinhard, S.C., Feinberg, L., Choula, R., & Houser, A. (2015, July). *Valuing the Invaluable: 2015 Update*. AARP Public Policy Institute Publication. Retrieved 17 July 2018, from <http://www.aarp.org/content/dam/aarp/ppi/2015/valuing-the-invaluable-2015-update-new.pdf>

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