

## The Health Case for Paid Family and Medical Leave

*Comprehensive paid family and medical leave presents a game-changing opportunity to improve the health of working families. No one should have to forego or delay the care they need because of lack of leave or sacrifice their economic security to care for themselves or their loved ones.*

### Many Americans lack access to paid family and medical leave, causing predictable and devastating health consequences for workers and their families.

- Nationwide, about 3 in 5 private sector workers lack access to short-term disability insurance through their employers, leaving them vulnerable when they need time off from work to address their serious health needs.<sup>1</sup>
  - Among low-income workers, these numbers are even more stark: over 80% of those in the bottom quarter of earners and over 90% of those in the bottom tenth of earners lack access to short-term disability insurance through their employers.<sup>2</sup>
- Nearly 1 in 3 seriously ill workers either lose their jobs or have to change jobs as a result of their illness.<sup>3</sup> Paid medical leave can help workers balance their health needs with work and keep their jobs.
- Nationwide, only 23% of private sector workers receive paid family leave through their employers to bond with a new child or care for a seriously ill or injured family member; among low-income workers, the number is even lower.<sup>4</sup> Only 35% of non-federal public and private employees work for employers that offer paid parental leave.<sup>5</sup>
  - The U.S. remains one of only two countries in the world, along with Papua New Guinea, with no national paid parental leave benefit of any kind.<sup>6</sup>
  - Nearly 1 in 3 U.S. households provide care for an adult loved one with a serious illness or disability.<sup>7</sup> Because most caregivers providing care for adults are employed,<sup>8</sup> the demands of providing care are in constant tension with earning a much-needed income.
- Families who have access to paid leave are healthier, more economically secure, and less likely to require taxpayer-funded public assistance resources. The lack of paid leave costs U.S. workers and their families \$22.5 billion each year in lost wages alone.<sup>9</sup>
  - In addition to helping workers stay attached to the workforce, paid family and medical leave can also help families stay afloat when dealing with the financial burden of costly medical bills.<sup>10</sup>

## **Paid family and medical leave create substantial health benefits for working families.**

### **Medical Leave & Health**

- Nationally, 1 in 3 U.S. adults under 65 has at least one chronic health condition.<sup>11</sup> Paid medical leave allows workers to get the treatment they need, when they need it. For example, paid medical leave helps cancer patients and survivors determine a course of treatment, follow through with that treatment, afford treatment, and manage side effects.<sup>12</sup>
- Paid leave can help fight substance abuse, including the rising threat of opioid abuse, which costs our nation over \$740 billion each year.<sup>13</sup>
  - In 2019, approximately 69% of those over the age of 18 who reported use of illicit drugs (including misuse of certain prescription medications) in their lifetime were employed.<sup>14</sup> More than 70% of employers have felt some effect of prescription drug usage in the workplace.<sup>15</sup>
  - Key treatment options, including both in-patient and outpatient care,<sup>16</sup> generally require time off work, which is why treatment of substance use disorders is covered under existing leave laws.<sup>17</sup>
  - Recovery benefits workers, their families, and their employers. Workers in recovery from substance use disorders have the lowest rates of turnover and absenteeism—lower, even, than the general workforce.<sup>18</sup>
- Paid leave also helps keep workers safe on the job, increasing productivity and decreasing employer costs. Workers with paid leave are significantly less likely to suffer dangerous injuries on the job<sup>19</sup> or deaths on the job.<sup>20</sup>
  - Paid leave allows workers to recover and return to full productivity more quickly than they would by continuing to work. When workers must return to work before a chronic condition is stabilized or before they have healed from an injury, they are more likely to relapse or re-injure themselves while working.<sup>21</sup>

### **Bonding Leave & Health**

- Generally, paid leave is associated with better physical and mental health for mothers, including a lower risk of postpartum depression.<sup>22</sup>
  - Conversely, taking too little leave, particularly leave of less than eight weeks, is associated with reduced overall postpartum health.<sup>23</sup> Women who take paid maternity leave have a 51% decrease in the odds of being re-hospitalized within 21 months of giving birth as compared to those who took unpaid leave or no leave.<sup>24</sup> Taking paid leave also has positive associations with stress management and exercise, which can translate into better health.<sup>25</sup>

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- Greater access to paid leave can help redress existing maternal health disparities. One study found that the positive effects of increasing the length of paid maternity leave are especially pronounced for low-resource families.<sup>26</sup> Moreover, there are significant racial disparities in maternal health, especially for Black women who are significantly more likely to die in childbirth or experience serious complications than white women.<sup>27</sup>
- Fathers can also reap important health benefits from taking leave. One large study found that, over the long term, fathers who took paternity leave took less sick time, needed fewer days of inpatient care, and even had longer life expectancy than men who did not take leave.<sup>28</sup>
- When parents have access to paid bonding leave, there are substantial health benefits for their children.
  - Paid leave is tied to reduction in infant and child mortality. In one study of 141 countries, controlling for other factors, an increase of 10 full-time-equivalent weeks of paid maternal leave reduced neonatal and infant mortality rates by 10% and the mortality rate of children younger than 5 by 9%.<sup>29</sup> As other research on country-level data has shown, providing paid, job-protected leave reduces infant and child mortality, while other leave (unpaid leave or leave without clear job protection) does not have the same effect.<sup>30</sup>
    - Experts including the American Academy of Pediatrics recommend that healthy full-term infants should not be enrolled in child care until they are at least 12 weeks old due to rapid developmental changes and the risk of developing severe undetected illness.<sup>31</sup>
  - Paid leave is also positively associated with improved infant brain development. Compared to infants whose mothers took unpaid post-birth leave, infants whose mothers took paid post-birth leave were more likely to have brain function patterns that are associated with more mature brain activation patterns in childhood. This is true even after controlling for factors like family income and parent-child interactions. Researchers suggested that this could be connected to reduced maternal stress.<sup>32</sup>
  - Moms who return to work within 12 weeks of giving birth are less likely to breastfeed and, when they do, breastfeed for less time than those who stay home longer.<sup>33</sup> In this context, it is unsurprising that access to paid leave has substantial positive effects on breastfeeding. For example, one leading study of California's paid family leave program found that use of paid family leave more than doubled the average number of weeks of breastfeeding and, among workers with low-quality jobs, notably increased the percentage of women who initiated breastfeeding at all.<sup>34</sup>

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- Breastfeeding, in turn, has significant and well-documented positive health impacts. For infants, in the short term, breastfeeding substantially reduces the risk of serious respiratory infections,<sup>35</sup> ear and throat infections,<sup>36</sup> and gastrointestinal infections, including necrotizing enterocolitis, an especially dangerous condition.<sup>37</sup> Breastfeeding also has positive longer-term health impacts for children, including reducing the risk of childhood inflammatory bowel disease, obesity, and diabetes.<sup>38</sup> Increased duration of breastfeeding is also correlated with reduction in childhood leukemia and lymphoma.<sup>39</sup> The short and long term health benefits of breastfeeding are especially pronounced for babies born prematurely, including boosting their vulnerable immune systems.<sup>40</sup>
- When parents can take the leave they need, babies are more likely to get checkups and important vaccinations, and less likely to develop behavioral problems.<sup>41</sup> Children whose mothers do not return to work full time in the first 12 weeks are more likely to receive medical checkups and critical vaccinations.<sup>42</sup> Fathers who take longer leaves experience greater engagement in their children's lives;<sup>43</sup> greater paternal engagement has cognitive and developmental advantages for children.<sup>44</sup> For foster children, the first few months are a critical adjustment period in the transition to a new placement,<sup>45</sup> during which children need time to bond with their foster parents.

### Family Care Leave & Health

- Family care leave provides significant health benefits for care recipients.
  - Nearly one in three U.S. households provide care for an adult loved one with a serious illness or disability.<sup>46</sup> With an aging population, these numbers will only increase in the future. Family caregivers can help these individuals recover more quickly and spend less time in hospitals.<sup>47</sup>
  - Family caregivers also help to ease the burden on our crowded hospitals and long-term care facilities, freeing up resources for other crucial health needs. For example, recipients of family caregiving are less likely to have nursing home care or home health care paid for by Medicare.<sup>48</sup>
  - Paid family leave also has important health benefits for caregivers, who face many negative health repercussions from caregiving. Research shows that access to paid leave improves caregivers' mental and emotional health.<sup>49</sup>
- Family care leave also benefits children with serious health needs.
  - Seriously ill children benefit when their parents can afford time off to care for them. Research shows that ill children have better vital signs, faster recoveries, and reduced hospital stays when cared for by parents.<sup>50</sup> Paid leave is a crucial part

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of this equation, because parents with paid leave are more than five times more likely to care for their sick children than those without.<sup>51</sup>

- In one study, parents of children with special needs who received paid leave were more likely to report positive effects on their children's physical and mental health than those who took leave without pay.<sup>52</sup>
- Family care leave also has significant health benefits for caregivers themselves.
  - In studies, caregivers are more likely than non-caregivers to report overall fair or poor health.<sup>53</sup> This effect is especially acute among comparatively high-hour caregivers, those caring for a spouse, and those caring for a loved one with a mental health condition.<sup>54</sup> Nearly half of all caregivers report moderate or high physical strain on themselves as a result of their caregiving responsibilities, while 63% of caregivers report moderate or high emotional stress.<sup>55</sup> Employed family caregivers, in particular, often find it difficult to make time for their own health care needs or to get important preventive health screening like mammograms.<sup>56</sup>
  - Similar effects are seen on America's estimated 5.5 million military caregivers—people caring for a loved one who became ill or injured through military service.<sup>57</sup> Military caregivers suffer profound physical and mental health challenges as a result of their caregiving responsibilities.<sup>58</sup> For example, in one major study, 58% of military caregivers reported “delaying/skipping your own doctor/dentist appointments” due to their caregiving responsibilities.<sup>59</sup> Physical and mental health difficulties are especially common in those caring for veterans and servicemembers who served after September 11, 2001.<sup>60</sup>
  - Paid family leave has important health benefits for caregivers. Research shows that access to paid leave improves caregivers' mental and emotional health.<sup>61</sup> Greater access to paid time away from work can also increase caregivers' ability to address their own health needs, improving their health outcomes.<sup>62</sup> A majority of caregivers are employed, which can mean difficulties in balancing work and care responsibilities that paid leave can help to relieve.<sup>63</sup>

**Paid family and medical leave is especially crucial during and after the COVID-19 pandemic.**

- Paid family and medical leave will be crucial as our nation recovers from the COVID-19 pandemic.
  - States that had paid family and medical leave programs in place prior to the pandemic were better able to respond to workers' needs, while, even with emergency interventions, our lack of a national paid leave policy compromised the effectiveness of our pandemic response.<sup>64</sup>



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- As we move forward, paid family and medical leave will ensure workers can take the time they need to address their own or a loved one's COVID-related needs in the years to come,<sup>65</sup> while also responding to longstanding existing needs.

<sup>1</sup> *National Compensation Survey: Employee Benefits in the United States, Mar. 2021*, U.S. Bureau of Labor Statistics, Table 17 (2021), <https://www.bls.gov/ncs/ebs/benefits/2021/employee-benefits-in-the-united-states-march-2021.pdf>.

<sup>2</sup> *Id.*

<sup>3</sup> THE COMMONWEALTH FUND, THE NEW YORK TIMES, & HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH, BEING SERIOUSLY ILL IN AMERICA TODAY 8 (Aug. 2018), <https://cdn1.sph.harvard.edu/wp-content/uploads/sites/94/2018/10/CMWF-NYT-HSPH-Seriously-Ill-Poll-Report.pdf>.

<sup>4</sup> *National Compensation Survey: Employee Benefits in the United States, Mar. 2021*, U.S. Bureau of Labor Statistics, Table 33 (2021), <https://www.bls.gov/ncs/ebs/benefits/2021/employee-benefits-in-the-united-states-march-2021.pdf>.

<sup>5</sup> KAISER FAMILY FOUNDATION, PAID FAMILY AND SICK LEAVE IN THE U.S. (Dec. 14, 2020), <https://www.kff.org/womens-health-policy/fact-sheet/paid-family-leave-and-sick-days-in-the-u-s/>.

<sup>6</sup> INTERNATIONAL LABOUR ORGANIZATION, MATERNITY AND PATERNITY AT WORK: LAW AND PRACTICE ACROSS THE WORLD 16 (2014), available at <http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms242615.pdf>.

<sup>7</sup> Catherine Albiston & Lindsey Trimble O'Connor, *Just Leave*, 39 HARV. J. L. & GENDER 1, 16 (2016).

<sup>8</sup> AARP & NATIONAL ALLIANCE FOR CAREGIVING, CAREGIVING IN THE U.S. 56 (June 2015) <http://www.aarp.org/content/dam/aarp/ppi/2015/caregiving-in-the-united-states-2015-report-revised.pdf>.

<sup>9</sup> Sarah Jane Glynn, *The Rising Cost of Inaction on Work-Family Policies*, CTR. FOR AM. PROGRESS (Jan. 21, 2020), <https://www.americanprogress.org/issues/women/news/2020/01/21/479555/rising-cost-inaction-work-family-policies/>.

<sup>10</sup> See generally U.S. Congress Joint Economic Committee, *The Economic Benefits of Paid Leave: Fact Sheet*, [https://www.jec.senate.gov/public/\\_cache/files/646d2340-dcd4-4614-ada9-be5b1c3f445c/jec-fact-sheet---economic-benefits-of-paid-leave.pdf](https://www.jec.senate.gov/public/_cache/files/646d2340-dcd4-4614-ada9-be5b1c3f445c/jec-fact-sheet---economic-benefits-of-paid-leave.pdf) (last accessed July 22, 2021).

<sup>11</sup> *Workers Affected By Chronic Conditions: How Can Workplace Policies And Programs Help?*, GEORGETOWN UNIV. HEALTH POLICY INST., Issue Brief Number 7 (June 2004), <https://hpi.georgetown.edu/workplace/>.

<sup>12</sup> The results of this survey strongly suggest that other workers with chronic or serious illnesses will have better access to treatment and care when they are able to take paid time off from work. Elizabeth Harrington & Bill McInturff, *Key Findings -- National Surveys of Cancer Patients, Survivors, and Caregivers*, AMERICAN CANCER SOCIETY CANCER ACTION NETWORK (2017), <https://www.acscan.org/sites/default/files/ACS%20CAN%20Paid%20Leave%20Surveys%20Key%20Findings%20Press%20Memo%20FINAL.pdf>.

<sup>13</sup> NAT'L INST. ON DRUG ABUSE, *Costs of Substance Abuse*, <https://www.drugabuse.gov/drug-topics/trends-statistics/costs-substance-abuse#supplemental-references-for-economic-costs> (last accessed July 22, 2021).

<sup>14</sup> SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION, RESULTS FROM THE 2019 NATIONAL SURVEY ON DRUG USE AND HEALTH: DETAILED TABLES, Table 1.22A (Aug. 2020), <https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables>.

<sup>15</sup> Deborah A. P. Hersman, *How the Prescription Drug Crisis is Impacting American Employers* (2017), <https://www.nsc.org/getmedia/91c89bfc-cc57-4de2-a327-b2c265d965e5/media-briefing-national-employer-drug-survey-results.pdf.aspx>.

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<sup>16</sup> NAT'L INST. ON DRUG ABUSE, PRINCIPLES OF DRUG ADDICTION TREATMENT: A RESEARCH-BASED GUIDE (THIRD EDITION) (2018), <https://www.drugabuse.gov/download/675/principles-drug-addiction-treatment-research-based-guide-third-edition.pdf?v=74dad603627bab89b93193918330c223>.

<sup>17</sup> 29 C.F.R. § 825.119(b).

<sup>18</sup> Eric Goplerud et al., *A Substance Use Cost Calculator for U.S. Employers with an Emphasis on Prescription Pain Medication Misuse*, 59 J. OCCUPATIONAL ENVIRONMENTAL MED. 1063, Table 4 (2017), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5671784/>.

<sup>19</sup> Abay Asfaw et al., *Paid Sick Leave and Nonfatal Occupational Injuries*, 102.9 AM. J. OF PUBLIC HEALTH e59 (2012), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3482022/>.

<sup>20</sup> Daniel Kim, *Paid Sick Leave and Risks of All-Cause and Cause-Specific Mortality Among Adult Workers in the USA*. 14.10 INT. J. OF ENV. RESEARCH AND PUB. HEALTH 1247 (2017), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5664748/pdf/ijerph-14-01247.pdf>.

<sup>21</sup> T.G. HOLLO, ECONOMIC OPPORTUNITY INSTITUTE, EVALUATING FAMILY AND MEDICAL LEAVE INSURANCE FOR WASHINGTON STATE 11 (May 2012), <http://www.opportunityinstitute.org/wp-content/uploads/family-leave-insurance/EvaluatingFamilyandMedicalLeave-Jan13.pdf>.

<sup>22</sup> Zoe Aitken et al., *The Maternal Health Outcomes of Paid Maternity Leave: A Systematic Review*, SOCIAL SCIENCE & MEDICINE 130 (2015) 32-41; Belinda Hewitt et al., *The Benefits of Paid Maternity Leave for Mothers' Post-Partum Health and Wellbeing: Evidence from an Australian Evaluation*, 182 SOCIAL SCIENCE & MEDICINE 97 (2017); Pinka Chatterji & Sara Markowitz, *Family Leave After Childbirth and the Mental Health of New Mothers*, 15 THE J. OF MENTAL HEALTH POL'Y AND ECONOMICS 15 (2012).

<sup>23</sup> Chatterji & Markowitz, *supra* note 22.

<sup>24</sup> Judy Jou et al., *Paid Maternity Leave in the United States: Associations with Maternal and Infant Health*, 20 MATERNAL AND CHILD HEALTH JOURNAL 216 (2018).

<sup>25</sup> *Id.* at 219-20.

<sup>26</sup> Louise Voldby Beuchert et al., *The Length of Maternity Leave and Family Health*, 43 LABOUR ECONOMICS 55, 67 (2016).

<sup>27</sup> NATIONAL PARTNERSHIP FOR WOMEN & FAMILIES, *Black Women's Maternal Health: A Multifaceted Approach to Addressing Persistent and Dire Health Disparities*, <http://www.nationalpartnership.org/research-library/maternal-health/black-womens-maternal-health-issue-brief.pdf> (April 2018).

<sup>28</sup> Anna Månsdotter et al., *Paternity Leave in Sweden – Costs, Savings and Health Gains*, 82 HEALTH POLICY 102, 107, 112 (2007).

<sup>29</sup> Jody Heymann, Amy Raub, & Alison Earle, *Creating and Using New Data Sources to Analyze the Relationship Between Social Policy and Global Health: The Case of Maternal Leave*, 126 PUBLIC HEALTH REP. 127 (2011), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3150137/>.

<sup>30</sup> Sakiko Tanaka, *Parental Leave and Child Health Across OECD Countries*, 115 ECON. J. F7, F20-21 (2005).

<sup>31</sup> AMERICAN ACADEMY OF PEDIATRICS, AMERICAN PUBLIC HEALTH ASSOCIATION, AND NATIONAL RESOURCE CENTER FOR HEALTH AND SAFETY IN CHILD CARE AND EARLY EDUCATION, CARING FOR OUR CHILDREN: NATIONAL HEALTH AND SAFETY PERFORMANCE STANDARDS, THIRD EDITION (2011).

<sup>32</sup> Natalie Brito et al., *Paid Maternal Leave is Associated with Infant Brain Function at 3-Months of Age*, PSYARXIV 16-17 (2021), <https://psyarxiv.com/t4zvn/>.

<sup>33</sup> Lawrence M. Berger, Jennifer Lynn Hill, & Jane Waldfogel, *Maternity Leave, Early Maternal Employment and Child Health and Development in the US*, 115 THE ECON. J. F29, F39-F40 (2005).

<sup>34</sup> Eileen Appelbaum & Ruth Milkman, *Leaves That Pay: Employer and Worker Experience with Paid Family Leave in California*, CTR. FOR ECON. & POLICY RESEARCH 4, 25-26 (2011), <https://cepr.net/documents/publications/paid-family-leave-1-2011.pdf>.

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<sup>35</sup> Exclusive breastfeeding for four months reduces the risk of hospitalization for lower respiratory tract infections in the first year by 72% and reduces the severity of respiratory syncytial virus bronchiolitis by 74%. The American Academy of Pediatrics, *Policy Statement: Breastfeeding and the Use of Human Milk*, PEDIATRICS, Vol. 129, No. 3, p. e828-29 (March 2012), <http://pediatrics.aappublications.org/content/pediatrics/129/3/e827.full.pdf>.

<sup>36</sup> *Id.* at e829.

<sup>37</sup> *Id.*

<sup>38</sup> *Id.* at e830.

<sup>39</sup> *Id.*

<sup>40</sup> *Id.* at e831.

<sup>41</sup> Berger, Hill, & Waldfogel, *supra* note 33, at F29, F45.

<sup>42</sup> *Id.*

<sup>43</sup> Maria Carmen Huerta et al., *Fathers' Leave, Fathers' Involvement and Child Development Are They Related?*, 16 EUROPEAN J. OF SOC. SEC. 16 (2014).

<sup>44</sup> Ann Sarkadi et al., *Fathers' Involvement and Children's Developmental Outcomes: A Systematic Review of Longitudinal Studies*, 97 ACTA PEDIATRICA 153 (2008).

<sup>45</sup> Annette Semanchin Jones & Susan J. Wells, *PATH/Wisconsin-Bremer Project: Preventing Disruptions in Foster Care* (2008), [http://casw.umn.edu/wp-content/uploads/2013/12/Path\\_BremerReport1.pdf](http://casw.umn.edu/wp-content/uploads/2013/12/Path_BremerReport1.pdf).

<sup>46</sup> Catherine Albiston & Lindsey Trimble O'Connor, *Just Leave*, 39 HARV. J. L. & GENDER 1, 16 (2016).

<sup>47</sup> See, e.g., A. Houser & M.J. Gibson, AARP Public Policy Institute, *Valuing the Invaluable: The Economic Value of Family Caregiving, 2008 Update* 1-2, 6 (Nov. 2008); AARP, *Valuing the Invaluable: A New Look at the Economic Value of Family Caregiving* 6 (June 2007).

<sup>48</sup> *Id.*

<sup>49</sup> Alison Earle & Jody Heymann, *Protecting the Health of Employees Caring for Family Members with Special Health Care Needs*, 73 SOCIAL SCIENCE & MEDICINE 68 (July 2011), <http://www.sciencedirect.com/science/article/pii/S0277953611002917?via%3Dihub>; Mark A Schuster, et al., *Perceived Effects of Leave from Work and the Role of Paid Leave Among Parents of Children with Special Health Care Needs*, 99 AM. J. OF PUBLIC HEALTH, 698 (April 2009), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2661484/>.

<sup>50</sup> See S. J. Heymann, A. Earle & B. Egleston, *Parental Availability for the Care of Sick Children*, 98 Pediatrics 226 (Aug. 1996); S.J. HEYMAN, THE WIDENING GAP: WHY AMERICA'S WORKING FAMILIES ARE IN JEOPARDY AND WHAT CAN BE DONE ABOUT IT 57 (2000).

<sup>51</sup> Jody Heymann, Sarah Toomey, & Frank Furstenberg, *Working Parents: What Factors Are Involved in Their Ability to Take Time Off from Work When Their Children Are Sick?*, 163 ARCHIVES OF PEDIATRICS & ADOLESCENT MEDICINE 8 n. 4-2 (Aug 1999).

<sup>52</sup> Schuster, et al., *supra* note 49.

<sup>53</sup> The MetLife Mature Market Institute and National Alliance for Caregiving, *The MetLife Study of Working Caregivers and Employer Health Care Costs: New Insights and Innovations for Reducing Health Care Costs for Employers* 5 (Feb. 2010) <https://www.metlife.com/assets/cao/mmi/publications/studies/2010/mmi-working-caregivers-employers-health-care-costs.pdf>; Alice Ho, Sara R. Collins, Karen Davis, & Michelle M. Doty, *A Look at Working-Age Caregivers Roles, Health Concerns, and Need for Support*, THE COMMONWEALTH FUND PUBLICATION 2 (2005) <https://www.wiserwomen.org/images/imagefiles/Caregiver%20Roles%20and%20Needs.pdf>.

<sup>54</sup> AARP & National Alliance for Caregiving, *supra* note 8, at 50-51.

<sup>55</sup> *Id.*

<sup>56</sup> MetLife, *supra* note 53.

<sup>57</sup> Rajeev Ramchand, et al., HIDDEN HEROES: AMERICA'S MILITARY CAREGIVERS 29 (2014) [http://www.rand.org/content/dam/rand/pubs/research\\_reports/RR400/RR499/RAND\\_RR499.pdf](http://www.rand.org/content/dam/rand/pubs/research_reports/RR400/RR499/RAND_RR499.pdf).



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<sup>58</sup> *Id.* at 70-72, 75-81.

<sup>59</sup> *Id.* at 72-73.

<sup>60</sup> *Id.* at 70-71.

<sup>61</sup> Alison Earle & Jody Heymann, *Protecting the Health of Employees Caring for Family Members with Special Health Care Needs*, 73 SOCIAL SCIENCE & MEDICINE 68 (July 2011), <http://www.sciencedirect.com/science/article/pii/S0277953611002917?via%3Dihub>; Schuster, et al., *supra* note 49.

<sup>62</sup> Lucy A. Peipins, Ashwini Soman, Zahava Berkowitz, & Mary C. White, *The Lack of Paid Sick Leave as a Barrier to Cancer Screening and Medical Care-seeking: Results from the National Health Interview Survey*, BMC PUBLIC HEALTH (July 12, 2012), <http://www.biomedcentral.com/content/pdf/1471-2458-12-520.pdf>.

<sup>63</sup> AARP & National Alliance for Caregiving, *supra* note 8, at 10-11.

<sup>64</sup> Chantel Boyens, *State Paid Family and Medical Leave Programs Helped a Surge of Workers Affected by the COVID-19 Pandemic*, URBAN INSTITUTE (June 2020), [https://www.urban.org/sites/default/files/publication/102325/state-paid-family-and-medical-leave-programs-helped-a-surge-of-workers-affected-by-the-covid-19-pandemic\\_0.pdf](https://www.urban.org/sites/default/files/publication/102325/state-paid-family-and-medical-leave-programs-helped-a-surge-of-workers-affected-by-the-covid-19-pandemic_0.pdf); Jeffrey E. Stokes & Sarah E. Patterson, *Intergenerational Relationships, Family Caregiving Policy, and COVID-19 in the United States*, 32 J. AGING & SOCIAL POL'Y 416, 420 (June 3, 2020), available at <https://www.tandfonline.com/doi/pdf/10.1080/08959420.2020.1770031?needAccess=true>.

<sup>65</sup> Rebecka Rosenquist & Caroline La Rochelle, *Paid Leave: Will COVID-19 be a Catalyst for This Essential Policy?*, CHILDREN'S HOSPITAL OF PHILADELPHIA POLICY LAB (Sept. 25, 2020), <https://policylab.chop.edu/blog/paid-leave-will-covid-19-be-catalyst-essential-policy>.