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The Growing Costs and Burden of Family Caregiving of Older Adults: A Review of Paid Sick Leave and Family Leave Policies

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Many family caregivers of older adults suffer from a high burden of care and struggle with the balance of jobs and caregiving tasks. However, the United States is the only developed country without paid sick leave policies for all workers and their families. The purpose of this article is to review the federal Family and Medical Leave Act (FMLA) and empirical studies about paid sick policy, propose policy recommendations, and provide a starting point for future research. The result has shown that the FMLA only applies to certain employees and the provided leave is unpaid under the act. Working women, Latinos, low-wage workers, and less-educated employees are less likely to access paid sick leave and family leave. Obviously, social injustice exists in the FMLA and paid sick leave policies. This article proposes that the Family and Medical Leave Act coverage should be expanded to protect all workers, especially for primary family caregivers of older adults, regardless of family relationships. Also, paid sick and family leave laws should be passed, and requirements to contribute to a family-friendly workplace added to relieve the growing burden of family caregiving of older adults. Policy recommendations including the exemplar of the San Francisco Paid Sick Leave Ordinance, and suggestions for more comprehensive policies are proposed for federal, state, or/and city legislation.

Key words: Family caregiver, Family and Medical Leave Act, San Francisco Paid Sick Leave Ordinance

Almost every worker is likely to need time off from work to care for their own health needs or the health needs of their families, especially family caregivers of older adults. The federal Family and Medical Leave Act (FMLA) was enacted in 1993, after more than 10 years of debates. The effectiveness of job protection is real and significant under the act, but the provided leave is unpaid. Also, the FMLA does not cover all workers and their family members. Without paid sick leave laws, employees struggle with the balance of jobs and caregiving tasks.

In the past, caring for ill family members was usually short term, because many people did not survive to old age. However, in 2008, over 13% of all Americans were identified as elders; by 2030, the older population is estimated to be about 20% of the total population and one in 13 will be older than 85 (Centers for Disease Control and Prevention, 2013; U.S. Census Bureau, 2012). It is clear that American families are changing and the older population is growing rapidly (Guberman, Lavoie, Blein, & Olazabal, 2012; Pruchno, 2012). However, the United States is the only developed country without paid sick leave policies for all U.S. workers (Heymann, Rho, Schmitt, & Earle, 2009). The purpose of this article is to review the federal Family and Medical Leave Act and research on paid sick policy,

propose policy recommendations, and provide a starting point for future research.

Scope and Severity of the Problem

The Burden of Family Caregiving of Older Adults

Family caregivers remain the most important source of longterm services and supports (LTSS) for older adults (Aumann, Galinsky, Sakai, Brown, & Bond, 2010; Robison, Shugrue, Fortinsky, & Gruman, 2014). In 2007, the estimated economic value of family caregivers' unpaid contributions was about \$375 billion, increased to an estimated \$450 billion by 2009 (AARP Public Policy Institute, 2008; Estes, Chapman, Dodd, Hollister, & Harrington, 2013). There were an estimated 65.7 million unpaid family caregivers in the United States; approximately 66% of older adults with disabilities got all their care and assistance from their family members (Doty, 2010; The National Alliance for Caregiving & AARP, 2009). Research has shown that family caregivers play a key role in delaying and preventing nursing home entry of older people (Benjamin, Matthias, Kietzman, & Furman, 2008; Spillman & Long, 2009). If family caregiving were no longer available, the cost of LTSS systems would increase rapidly.

The national economic downturn has impacted many American families, especially for family caregivers of older adults. In 2009, nearly 27% of family caregivers of adults reported a moderate to high level of household financial hardship due to caregiving demands and burden (Estes et al., 2013). In fiscal year 2010, 31 states have cut non-Medicaid aging and disability services programs (U.S. Government Accountability Office, 2011). Also, approximately 74% of family caregivers were employed a paying job while caregiving (The National Alliance for Caregiving & AARP, 2009). Consequently, most family caregivers suffer from a high burden of care and struggle with the balance of job and caregiving tasks (Barusch & Spaid, 1989; Freedman, Cornman, & Carr, 2014; Kramer, 1997; MetLife Mature Market Institute, 2011; Scharlach, Sobel, & Roberts, 1991; Wisensale, 2006). Today, the burden of family caregiving of older adults is viewed as a critical public health issue.

Significance of and Problems With the Federal Family and Medical Leave Act

The federal FMLA was signed into law by President Clinton in 1993. The purposes of FMLA are to balance the demands of the workplace with the needs of families and to provide leave for eligible medical and family reasons. The FMLA entitles certain employees of covered employers to take up to 12 workweeks of unpaid, job-protected leave and maintain their current health insurance benefits for specified family and medical reasons during any 12-month

period (U.S. Department of Labor, 2014). A covered employer is (a) a public agency, regardless of the number of employees it employs, or (b) a public or private school, regardless of the number of employees it employs, or (c) a private-sector employer with 50 or more employees (The Library of Congress, 2013).

The FMLA only applies to certain employees. The employee must work for a covered employer for at least 12 months and amass at least 1,250 hr of service during those 12 months before taking unpaid leave under the FMLA (North Carolina General Assembly, 1993; U.S. Department of Labor, 2014). An eligible employee may take leave under the FMLA for the following reasons: for the birth, adoption, or placement of a child; to care for a spouse, son, daughter, or parent who has a serious health condition; or to care for the employee's own serious health conditions that make her or him unable to perform her or his job. The term "serious health condition" means an illness, injury, impairment, physical or mental condition that involves inpatient care or continuing treatment by a health care provider.

The federal FMLA has been used more than 100 million times to improve the life of American employees (U.S. Department of Labor, 2013). Nearly 60% of all employees are eligible for unpaid sick leave under the act. The federal FMLA ensures job protection and health benefits when workers take family and medical leave, but the provided leave is unpaid, and only for employees and their spouse, parents, and children for serious health conditions. The FMLA does not apply to all workers, leaving out many small business employees, private-sector employees, and lowwage workers. Research has shown that low-wage workers are less likely to take family and medical leave, even when it is available, because the leave is unpaid (U.S. Department of Labor, 2013). Also, low-wage employees are more likely to work for employers not covered by the FMLA. A majority of family caregivers of older adults are working women and less-educated working family (Estes et al., 2013; Lahaie, Earle, & Heymann, 2012; Roth, Haley, Wadley, Clay, & Howard, 2007). However, Lahaie et al. (2012) pointed out that working women and less-educated employees were less likely to access paid sick leaves and supportive resources. Also, many working family caregivers suffer from financial burden, the reduction of income, and negative employment consequences. All in all, it is clear that social injustice exists in the FMLA and paid sick leave policies.

Employers and Paid Sick Leave Policies

The national economy remains a critical concern for federal paid sick leave and family leave policies. Employers and business associations may become concerned that paid sick leave and family leave policies have the potential to harm business growth or job growth (Drum Major Institute for Public Policy, 2010; The Urban Institute, 2009; Wisensale, 2006). Research has indicated that nearly 40% of privatesector employees in the United States were not covered under paid sick leave law in 2012, especially Hispanic employees and low-wage workers (National Partnership for Women and Families, 2014). In the absence of a federal paid sick leave policy, a few states/cities such as San Francisco, Connecticut, Seattle, and New York City signed state/city level paid sick leave policies into law (National Partnership for Women and Families, 2013). However, enacting a paid sick law is one matter, fully implementing it in the real world is quite another thing. For example, California's paid family leave ((PFL)) program became available in 2004, but only 48.6% of California's workers were aware of PFL's existence in 2010 ((Appelbaum & Milkman, 2011)). According to Appelbaum and Milkman's study ((2011)) on 253 California's workers, the result revealed that Latinos, immigrants, low-wage workers, and less-educated employees were far less aware of the PFL program than other workers. This finding implied that employers play a critical role in disseminating and implementing paid family leave policies.

Studies have indicated African American, Latino, and low-wage employees were most likely to report employer non-compliance (U.S. Bureau of Labor Statistics, 2012). Obviously, there are social disparities in access to paid sick leave by employed family caregivers' race, gender, and educational level in the real world. A national survey in the United States revealed that employed women, lesseducated workers, and first-generation immigrant caregivers were more likely to report caregiving tasks would lead to negative employment outcomes such as the reduction of income, job loss, or quitting job (Lahaie et al., 2012). These results suggested that more education and enforcement for employers in non-compliance with their state or city policies are critical in order to reduce social inequalities.

Rates of absence remain a concern for most employers. Basically, an employer cannot request the employee to search for a replacement worker to cover the employee's paid sick days. Hence, employers and industry trade associations may concern that paid sick leave and family leave policies have the potential to harm business growth or impact economic benefits (The Urban Institute, 2009). In reality, research has found that employees going to work when they are sick would cost employers more than getting well at home (Economic Opportunity Institute, 2013; MetLife Mature Market Institute, National Alliance for Caregiving, & University of Pittsburgh, 2010; Miller & Williams, 2010). Sick employees coming to work would increase the spread of illness, reduce productivity, increase

workday distractions and injuries, and increase emergency room visits (Asfaw, Pana-Cryan, & Rosa, 2012; Drago & Lovell, 2011; Miller, Williams, & Yi, 2011; Milli, 2014). Another concern is that some employees may abuse the paid sick law for non-illness reasons (The Urban Institute, 2009). In fact, an employer may require certification of the qualifying health needs when an employee uses paid sick days. All in all, a trusting relationship between employers and employees is essential.

The debate over economic impact of paid sick leave is still on-going. In fact, many employers benefited from paid sick leave and family leave laws. Studies have shown that paid sick and family leave decreased turnover rates, increased business productivity, and built greater employee loyalty and morale. (Awuor & Arellano, 2011; Economic Opportunity Institute, 2013; Miller & Williams, 2010; Wisensale, 2006). Also, the average savings of paid sick leave to employers significantly exceeded the average costs of the law. A cost-benefit analysis of paid sick leave law revealed an average cost per employee of \$6.87 weekly (Awuor & Arellano, 2011; Miller & Williams, 2010). However, the average benefits of increased productivity and reduced turnover was estimated to be about \$12.32 per worker per week. In addition, high cost of turnover remains a critical issue for business; however, paid sick and family leave would reduce the rate of employee turnover. Research indicated that the direct cost of employee turnover was about 25%-50% of the annual pay for hourly workers (Economic Opportunity Institute, 2013; Watkins, 2011). Replacing a full-time worker (hourly earning \$12) cost an employer \$6,000 to \$12,500, but a full-time employee (hourly earning \$12) who took five paid sick days in 1 year only cost an employer \$480 additional compensation payment (Awuor & Arellano, 2011; Economic Opportunity Institute, 2013; Watkins, 2011). Obviously, the cost of paid sick and family leave was significantly less than the price of recruiting a new employee. In short, these findings recommended that paid sick leave is practical and financially possible.

Some policy makers may argue that paid sick leave policies would increase the national unemployment rate. As a matter of fact, there is no significant relationship between the availability of paid sick leave and national unemployment rates (Earle & Heymann, 2006). An analysis of paid sick days on the impact of the national unemployment rate in 22 wealthy countries including the United States, the result has shown that paid sick days were not significant associated with national unemployment rates (Schmitt, Rho, Earle, & Heymann, 2009). Another study examining the effect of the California Paid Family Leave Program showed that 89% of employers reported either positive or no negative effect on productivity (Appelbaum & Milkman,

2011). Also, more than 90% of employers reported positive or no negative effects on profitability. An analysis of the San Francisco Paid Sick Leave Ordinance found that the number of businesses grew faster in San Francisco than in the neighboring five cities without paid sick leave policy (Drago & Lovell, 2011). All in all, these studies suggested that paid sick leave laws would have positive effects on business growth, business profitability, and reducing high cost of turnover.

Policy Recommendations

San Francisco Paid Sick Leave Ordinance

A city policy already in existence can be found in San Francisco and will be described here as an exemplar for policy makers to follow. San Francisco paid sick leave law (Chapter 12W of the San Francisco Administrative Code, 2006) is good model for federal, state, or/and city legislation. The San Francisco Paid Sick Leave Ordinance (PSLO), a city-level law, is the first law in the United States to ensure access to earned paid sick days for all workers (Levitt, 2007). The goal of the PSLO is to provide paid sick leave to each employee who performs work in San Francisco, including full-time, part-time, and temporary employees.

An employee may use paid sick leave when she or he is sick, injured, or for the purpose of receiving diagnosis, treatment, or medical care. Also, an employee may use paid sick leave to aid or care for family members when they are sick, injured, or for the purpose of receiving diagnosis, treatment, or medical care. Family members are defined as an employee's spouse, parents, children, grandparents, grandchildren, siblings, regardless of the relationship is a biological, in-law, step, half, foster, or adoptive relationship. If an employee has no spouse or registered domestic partner, the employee may designate one person for whom he or she may use paid sick leave to provide aid or care. Paid sick leave begins to accrue when the employee has worked for the employer for more than 90 days (Levitt, 2007). An employee accrues one hour of paid sick leave for every 30 hr worked, up to 40 hr annually for employees in businesses with fewer than 10 employees and up to 72 hr for all other employees. Accrued paid sick leave carries over from year-to-year. In other words, it does not expire.

There are no perfect laws in the real world, but the PSLO is functional well in practice. Drago and Lovell (2011) examined the effectiveness of the PSLO on 1,194 workers and 727 employers in San Francisco. The study revealed that two-thirds of employers were "supportive" or "very supportive" of the PSLO. The PSLO did not harm employer profitability. Around six of seven employers did not report any adverse effects on business profitability. As a result of the PSLO, many employers benefited from the PSLO, such

as increasing business growth, reducing employee turnover, and promoting productive workforce. Also, more than half of employees benefited directly from taking paid sick days under the PSLO. Most importantly, the PSLO reduces social disparities in access paid sick days. The ordinance expands the benefits of paid sick and family leave to workers who previously did not access paid sick days, such as part-time workers and small business employees. The result indicated Latino and low-income employees were those who most often benefitted from the ordinance. All in all, these findings suggested that the San Francisco model is good enough for more general implementation. The PSLO is likely to be effectively transplanted to other states or cities.

Recommendation for Expanded Policy and Implementation Strategy

Based on the current and expected future need for family caregiving, it is recommended that the FMLA be expanded. The FMLA coverage should be expanded to protect all workers, especially for primary family caregivers, regardless of family relationships. The definition of immediate family members should be extended to cover additional family members, including grandparents, grandchildren, adult children, parents-in-law, siblings, and/or a designated person with a familial relationship. Also, paid sick and family policies should be passed at the federal level to ensure all employees access to paid sick and family leave, especially for low-wage workers, part-time, and temporary employees.

Even with the current FMLA and other policies, employers must be sure to inform employees about their rights under the paid sick leave policy. Paid sick and family leave laws should ensure all workers are able to take leave for medical reasons or caregiving tasks, without fearing job and income loss. In other words, employees who assert their rights to take paid sick leave with job-protection should be protected from retaliation. Each employee has the right to file a complaint with the Commissioner of Labor when his/her rights are denied under paid sick leave law. A final recommendation to improve family and sick leave for family caregivers of older adults would be for paid sick and family leave laws to add requirements to promote a family-friendly workplace, such as providing flextime and telecommuting services in the workplace.

Conclusion

The federal FMLA fails to provide paid sick and family leave for all U.S. employees, and this result has profound negative effects on individual employees, American family, and the public, especially aging workers and family caregivers of older adults. The global and national economic downturn may affect the enactment of enhanced paid sick leave and family leave policies, but requiring employers to provide paid sick days for all employees is feasible and beneficial. Studies suggested that paid sick days would not increase the national unemployment rate (Earle & Heymann, 2006; Schmitt et al., 2009). Offering paid sick and family leave to employees would increase employee productivity, reduce employee turnover, and promote business growth (Appelbaum & Milkman, 2011; Wisensale, 2006).

As the older American population is growing rapidly, family caregivers of older adults play a key role in reducing the costs of LTSS systems (AARP Public Policy Institute, 2008; Benjamin et al., 2008; Spillman & Long, 2009). Without family caregiving, the cost of LTSS systems would increase rapidly. The valuable contributions of family caregiving of older adults include the emotional support, physical care, and costs of care (Doty, 2010; Estes et al., 2013). However, the family caregivers of older people bear a high burden of care, including financial hardships, high care costs, and high stress in balancing work with their caregiving tasks. Paid sick and family leave laws play a critical role to relieve the growing burden and costs of family caregiving of older adults. Clearly, we should seriously consider what price we will need to pay for an aging society if we decide not to enact paid sick and family leave laws. Hence, legislators and advocates should continue to amend the Family and Medical Leave Act to provide all workers with access to paid sick and family leave and family-friendly workplace policy on supporting family caregiving of older adults, especially for working women, Hispanic employees, and low-wage workers.

References

- AARP Public Policy Institute. (2008). Valuing the invaluable: The economic value of family caregiving. Washington, DC: Author.
- Appelbaum, E., & Milkman, R. (2011). Leaves that pay: Employer and worker experiences with paid family leave in California. Washington, DC: Center for Economic and Policy Research.
- Asfaw, A., Pana-Cryan, R., & Rosa, R. (2012). Paid sick leave and nonfatal occupational injuries. *American Journal of Public Health*, **102**, e59–e64. doi: 10.2105/AJPH.2011.300482
- Aumann, K., Galinsky, E., Sakai, K., Brown, M., & Bond, J. T. (2010). The elder care study: Everyday realities and wishes for change. New York, NY: Families and Work Institute.
- Awuor, G., & Arellano, A. (2011). Costs and benefits of paid sick leave: Reviewing the research. Denver, CO: The Bell Policy Center.
- Barusch, A. S., & Spaid, W. M. (1989). Gender differences in caregiving: why do wives report greater burden? *The Gerontologist*, 29, 667–676. doi: 10.1093/geront/29.5.667
- Benjamin, A. E., Matthias, R. E., Kietzman, K., & Furman, W. (2008). Retention of paidrelated caregivers: Who stays and who leaves home care careers? *The Gerontologist*, 48 (Suppl. 1), 104–113. doi: 10.1093/geront/48.Supplement_1.104

- Centers for Disease Control and Prevention. (2013). FastStats: Older persons' health. Retrieved March 20, 2014, from http://www.cdc.gov/nchs/fastats/older americans.htm
- Doty, P. (2010). The evolving balance of formal and informal, institutional and non-institutional long-term care for older Americans:

 A thirty-year perspective. *PublicPolicy & Aging Report*, **20**, 3–9. doi: 10.1093/ppar/20.1.3
- Drago, R., & Lovell, V. (2011). San Francisco's paid sick leave ordinance: Outcomes for employers and employees. *Institute for Women's Policy Research*. Retrieved February 12, 2014, from http://www.iwpr.org/publications/pubs/San-Fran-PSD
- Drum Major Institute for Public Policy. (2010). Paid sick leave does not harm businessgrowth or job growth. Retrieved March 22, 2014, from http://www.nationalpartnership.org/site/DocServer/Petro_DMI_Paid_Sick_Leave_Does_Not_Ha 30 rm_2010_Unabbr_.pdf?docID=7721
- Earle, A., & Heymann, S. J. (2006). A comparative analysis of paid leave for the health need of workers and their family around the world. *Journal of Comparative Policy Analysis*, 8, 241–257. doi: 10.1080/13876980600858465
- Economic Opportunity Institute. (2013). Evaluating paid sick leave: Social, economic, and health implications for Washington.

 Retrieved April 11, 2014, from http://www.eoionline.org/category/work-family/page/2/
- Estes, C. L., Chapman, S. A., Dodd, C., Hollister, B., & Harrington, C. (2013). *Health policy: Crisis and reform* (6th ed.). Burlington, MA: Jones & Bartlett Learning.
- Freedman, V. A., Cornman, J. C., & Carr, D. (2014). Is spousal caregiving associated with enhanced well-being? New evidence from the panel study of income dynamics. *Journals of Gerontology*, 69B, 1–9. doi: 10.1093/geronb/gbu004
- Guberman, N., Lavoie, J. P., Blein, L., & Olazabal, I. (2012). Baby boom caregivers: Care in the age of individualization. *The Gerontologist*, **52**, 210–218. doi: 10.1093/geront/gnr140
- Heymann, J., Rho, H. J., Schmitt, J., & Earle, A. (2009). Contagion nation: A comparison of paid sick day 22 policies in 22 countries. Washington, DC: Center for Economic and Policy Research.
- Kramer, B. J. (1997). Gain in the caregiving experience: Where are we? What next? *The Gerontologist*, 37, 218–232. doi: 10.1093/geront/37.2.218
- Lahaie, C., Earle, A., & Heymann, J. (2012). An uneven burden: Social disparities in adult caregiving responsibilities, working conditions, and caregiver outcomes. *Research on Aging*, 35, 243–274. doi: 10.1177/0164027512446028
- Levitt, D. (2007). Rules implementing the San Francisco Paid Sick Leave Ordinance (PSLO). San Francisco, CA: Office of Labor Standards Enforcement.
- MetLife Mature Market Institute. (2011). The MetLife study of caregiving costs to working caregivers: Double jeopardy for baby boomers caring for their parents. Westport, CT: Author.
- MetLife Mature Market Institute, National Alliance for Caregiving, & University of Pittsburgh. (2010). MetLife study of working caregivers and employer health care costs. Westport, CT: MetLife Mature Market Institute.
- Miller, K., & Williams, C. (2010). Valuing good health in Connecticut: The costs and benefits of paid sick days. Washington, DC: Institute for Women's Policy Research.

- Miller, K., Williams, C., & Yi, Y. (2011). Paid sick days and health: Cost savings from reduced emergency department visits. Washington, DC: Institute for Women's Policy Research.
- Milli, J. (2014). Access to paid sick leave in Oakland, California.
 Washington, DC: Institute for Women's Policy Research.
 Retrieved June 26, 2014, from http://www.iwpr.org/publications/pubs/access-to-paid-sick-leave-in-oakland-california
- National Partnership for Women and Families. (2013). *State and local action on paid sick days*. Retrieved February 10, 2014, from http://www.nationalpartnership.org/site/DocServer/NP_PSDTracking_Doc.pdf?docID=1922
- National Partnership for Women and Families. (2014). Paid sick days access in the United States: Differences by race/ethnicity, occupation, earnings, and work schedule. Retrieved June 22, 2014, from http://www.iwpr.org/publications/pubs/paid-sick-days-access-in-the-united-states-differences-by-race-ethnicity-occupation-earnings-and-work-schedule
- North Carolina General Assembly. (1993). Family and Medical Leave Act. Retrieved February 10, 2014, from http://www.ncga.state.nc.us/
- Pruchno, R. (2012). Not your mother's old age: Baby boomers at age 65. *The Gerontologist*, **52**, 149–152. doi: 10.1093/geront/gns038
- Robison, J., Shugrue, N., Fortinsky, R. H., & Gruman, C. (2014). Long-term supports and services planning for the future: implications from a statewide survey of baby boomers and older adults. *The Gerontologist*, 54, 297–313. doi: 10.1093/geront/gnt094
- Roth, D. L., Haley, W. E., Wadley, V. G., Clay, O. J., & Howard, G. (2007). Race and gender differences in perceived caregiver availability for community-dwelling middle-aged and older adults. *The Gerontologist*, 47, 721–729. doi: 10.1093/ geront/47.6.721
- Scharlach, A. E., Sobel, E. L., & Roberts, R. E. (1991). Employment and caregiver strain: An integrative model. *The Gerontologist*, 31, 778–787. doi: 10.1093/geront/31.6.778

- Schmitt, J., Rho, H. J., Earle, A., & Heymann, J. (2009). *Paid sick days don't cause unemployment*. Washington, DC: Center for Economic and Policy Research.
- Spillman, B. C., & Long, S. K. (2009). Does high caregiver stress predict nursing homeentry. *Inquiry*, 46, 140–161. Retrieved February 15, 2014, from http://www.jstor.org/ stable/29773414
- The Library of Congress. (2013). Family and Medical Leave Act of 1993. Retrieved February 10, 2014, from http://thomas.loc.gov/home/thomas.php
- The National Alliance for Caregiving, & AARP. (2009). Caregiving in the U.S. Bethesda, MD: National Alliance for Caregiving, and Washington, DC: AARP.
- The Urban Institute. (2009). Employers' perspectives on San Francisco's paid sickleave policy. Retrieved February 20, 2014, from http://www.urban.org/UploadedPDF/411868_sanfranciso_sick_leave.pdf
- U.S. Bureau of Labor Statistics. (2012). Employee benefits in the United States. Retrieved February 17, 2014, from http://www.bls.gov/news.release/ebs2.nr0.htm
- U.S. Census Bureau. (2012). Centenarians: 2010. Retrieved February 11, 2014, from http://www.census.gov/newsroom/releases/archives/ 2010 census/cb12-239.html
- U.S. Department of Labor. (2013). Family and medical leave in 2012. Retrieved March 11, 2014, from http://www.dol.gov/opa/media/press/whd/WHD20130175.htm
- U.S. Department of Labor. (2014). *The Family and Medical Leave Act (FMLA)*. Retrieved June 12, 2014, from http://www.dol.gov/compliance/laws/comp-fmla.htm#overview
- U.S. Government Accountability Office. (2011). Older Americans Act: More should be done to measure the extent of unmet needs for services. Washington, DC: Author.
- Watkins, M. (2011). Evaluating paid sick leave: Social, economic, and health implications for Seattle. Seattle, Washington: Economic Opportunity Institute.
- Wisensale, S. K. (2006). California's Paid Leave Law. *Marriage & Family Review*, **39**, 177–195. doi: 10.1300/J002v39n01_10