



California Paid Family Leave:

Is it Working for Caregivers?

November 2005

Berger Institute for Work, Family, and Children
Claremont McKenna College
Claremont, California

CLAREMONT MCKENNA COLLEGE



ABOUT THIS REPORT

This report was made possible by funding from The California Wellness Foundation. This report is part of an ongoing research project conducted by the Berger Institute for Work, Family, and Children at Claremont McKenna College to examine the impact of the California Paid Family Leave Insurance Program. The goal of this project is to disseminate information on the California Paid Family Leave Insurance Program and to help public policy makers and the public become aware of the effects of California Paid Family Leave.

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ABOUT THE

BERGER INSTITUTE FOR WORK, FAMILY, AND CHILDREN

The Berger Institute for Work, Family, and Children is a non-profit research institute at Claremont McKenna College, a selective liberal arts college that is a member of the Claremont Colleges – a university consortium. The Berger Institute for Work, Family, and Children was developed to advance knowledge about the interactions between work and family through education, dissemination, research, and community service. The Berger Institute conducts research to study the interactions between work and family to effect change and to make data-based recommendations for public policies.



Diane F. Halpern, Ph.D., Director

Sherylle J. Tan, Ph.D., Associate Director

Melissa Carsten, M.S., Project Manager

Claremont McKenna College

850 Columbia Avenue

Claremont, CA 91711

(909) 607-2928

bergerinstitute@claremontmckenna.edu

<http://berger.claremontmckenna.edu>

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SUMMARY

California is the only state in the nation that currently offers paid leave to individuals who take time off work to care for a sick family member or bond with a new child. With nearly 30% of the population expected to be over the age of 65 by 2010, and the greatest increase expected in those older than 75, more Americans will be facing the stresses of combining work and elder care responsibilities. Many Californians hoped this burden would be eased with the introduction of California Paid Family Leave (CPFL). This report examines the financial, emotional, and physical hardships that caregivers face as they attempt to handle the demands of work and family. A survey of 367 caregivers in Southern California revealed that many caregivers are struggling as they manage the dual demands of working to ensure the financial well-being of their families while caring for an ill or elderly family member. CPFL is a short-term solution that could help an employed caregiver to take time from work to assist a family member with an acute illness, such as recovery from a major surgery or with an extended illness, when the time from work is spread out, but equivalent to no more than six weeks per year. Most caregiving, however, is for chronic long-term illnesses. Our findings suggest that the paid

leave offered by CPFL is not sufficient to support the caregiver's family obligations for long-term care. The results show strong support for CPFL overall; however, many respondents who support the program also stated that the wage replacement offered by CPFL (55% of the worker's income for 6 weeks a year) was not enough to meet their caregiving needs. Given these findings, and given the fact that many of our respondents were either self-employed or using their work hours as respite from caregiving, very few individuals in our sample were taking advantage of CPFL. Statewide data from CPFL show that less than 12% of leaves are for caregiving (California Employment Development Department, 2005; most leaves are taken to bond with a new child). Taken together, these findings have strong implications for the future of paid leave programs and the aid that is available to sustain the vital care that informal caregivers provide.

CALIFORNIA PAID FAMILY LEAVE: IS IT WORKING FOR CAREGIVERS?

INTRODUCTION

Over the next ten years, it is estimated that almost 1 in 10 Americans will need to take time off work to care for an elderly family member (National Alliance on Caregiving, 2005). With almost 50 million baby boomers approaching retirement in the next decade, the responsibilities of American workers who care for their elderly parents are likely to increase. Even today, many individuals across the US (approximately 22.4 million) assume an informal caregiver role (US Department of Health and Human Services, 2004). Since many of these informal caregivers are also balancing full- or part-time jobs, it is not surprising that working caregivers often face financial impediments, as well as emotional and physical health problems. What is surprising, however, is the lack of state and federal assistance available to workers who take time off to provide care to a family member.

President George W. Bush proclaimed that November 2005 was National Family Caregivers Month, even though when compared to other industrialized nations, the

U.S. has not made a commitment to provide government-subsidized aid for families balancing work and caregiving responsibilities (Proclamation 7957, 2005). In fact, the U.S. is among only three major industrialized countries worldwide that fail to offer any kind of paid leave support. Virtually all European countries and many South American countries offer various forms of wage replacement to parents caring for newborns as well as to individuals caring for elderly parents. Until July 2004, financial assistance for new parents or individuals caring for an elderly parent or relative was nonexistent in the United States. As a result, many workers either exhausted their vacation days or were forced to suffer lost wages when taking time off. Whereas many of these workers (over 35 million since 1993) have taken advantage of the job security that is offered under the Federal Medical Leave Act (FMLA), there is still concern over whether taking unpaid leave will drive families into a state of financial hardship (Cantor et al., 2001).

The California Paid Family Leave Insurance Program (CPFL) is the first in the nation to offer employees who pay into the

State Disability Insurance program (SDI) up to six weeks of partially paid time off when caring for a newborn or sick family member. Specifically, this new program offers a wage replacement of up to 55% of the worker's salary, or no more than \$850 per week. Californians were eligible to begin receiving the benefit on July 1, 2004. With the program still in its infancy, the national spotlight is on California for evidence that the paid leave program offers financial and emotional relief to informal caregivers.

EVIDENCE FOR CAREGIVER BURDEN

There is a substantial amount of research to show that family caregivers suffer more financial and emotional hardship than non-caregivers. The informal caregiver role is frequently filled by a spouse or relative who does not receive financial compensation for the care they provide. Furthermore, it is evident that informal caregivers invest large amounts of time and financial resources to ensure that their care receiver is comfortable and healthy (Max, Webber, & Fox, 1995; Moss Lawton, Kleban, & Duhamel, 1993). It is estimated that caregivers spend at least \$6,000 a year on doctor's bills and prescription medication for their care receiver (Stommel, et al., 1994). The additional cost of lost wages for working caregivers can result in

an average expenditure of \$33,000 a year (Teri & Truax, 1994). As a result, informal caregivers are said to experience high levels of stress, anger, resentment, and isolation (Vitaliano, Zhang, & Scanlan, 2003). The combination of financial and emotional strain contributes to caregiver burnout and depression. Additionally, caregivers have been shown to be more prone to physical illness due to the chronic stressors generated by providing informal care (Vitaliano, Young, & Zhang, 2004).

The research suggests that the combined stress and emotional strain of caregiving is a significant health factor for caregivers and a factor which non-caregivers are able to avoid. Caregivers who provide care to an elderly family member have a greater risk of health problems and higher mortality rates than non-caregivers (Schulz & Beach, 1999; Vitaliano, Zhang, & Scanlan, 2003). With an established link between caregiver strain and health problems, the threat of severe illness and mortality is all too real for those assuming an informal caregiving role.

Taken together, research findings on caregiver strain highlight the financial, emotional, and physical hardships that caregivers experience. These hardships are often intensified when caregivers work full-time. In fact, working caregivers have been shown to miss more workdays and report

feeling more drained than workers who do not assume a caregiver role (Lee, 1997). This latter study also supported the notion that working caregivers suffer more physical health problems, such as sporadic weight gain, weight loss, or headaches, than non-caregivers.

Caregivers who work full-time often struggle with the competing demands of work and family. Low-income caregivers spend significantly more time providing care than higher-income families. As a result, low-income caregivers spend more time away from work to address their caregiving responsibilities (Heymann, 2000). Additionally, caregivers who are caring for frail elders are more likely to reduce their work hours or rearrange their work schedule to provide care (Stone & Short, 1990). The burden of reduced work hours and the subsequent reduced income have been shown to impact the well-being of the entire family (Covinsky et al., 2001).

In addition to lost wages, many caregivers who take time off also face the threat of job loss. With little support from their employers, caregivers may find it increasingly difficult to meet their care receivers' physical and emotional needs (Lee, Walker, & Shoup, 2000). Low-income caregivers, especially, have very few or no family-friendly benefits (e.g., paid leave or flexible schedules) to assist

them in meeting their care receivers' needs (Heymann, 2000). Furthermore, low-income caregivers are less likely to have access to paid sick leave or paid vacation time.

Thus, caregivers are often forced to choose between a job that offers the financial support they need and the family members they love. Longitudinal research findings suggest that approximately 38% of caregivers adjust their work schedules within one month of assuming a caregiver role and 13% leave their job completely within two months of assuming a caregiver role (Franklin, Ames, & King, 1994). As informal caregivers continue to struggle with achieving balance between work and caregiving responsibilities, many researchers argue that there is not enough support from local, state, or federal governments (Stone & Short, 1990; Wackerbarth & Johnson, 2002).

POTENTIAL BENEFITS OF CALIFORNIA PAID FAMILY LEAVE

In 1992, the federal government passed a bill to allow workers 12 weeks of unpaid leave to care for a sick or injured family member, or to bond with a new child. The Family Medical Leave Act (FMLA) provides workers with job security during their time off work but does not offer any compensation. The passing of FMLA inspired many researchers to look

deeper into the potential tradeoffs of taking time off work to care for a family member. On the one hand, employees are able to take time off without the threat of losing their job. On the other, a loss of financial stability and prospective advancement opportunities may add strain to these already overwhelmed caregivers.

Whereas FMLA may offer the job stability that caregivers need during their time away from work, it does not offer any financial

assistance. Thus caregivers may still find themselves experiencing financial hardship due to lost wages. The prospect of a paid leave program might be especially helpful to these workers. Specifically, programs similar to California's Paid Family Leave Insurance program are likely to reduce the financial strain that caregivers experience when taking time off work to care for a loved one.

California is the first state in the nation to offer Paid Family Leave (CPFL) to individuals

FAQs about California Paid Family Leave

Q. What is Paid Family Leave?

A. Paid Family Leave is unemployment compensation disability insurance paid to workers who suffer a wage loss when they take time off work to care for a seriously ill family member or to bond with a new minor child.

Q. Who does Paid Family Leave cover?

A. Employees covered by State Disability Insurance (SDI) are also covered by Paid Family Leave insurance. Self-employed individuals are covered by Paid Family Leave if they participate in the SDI Elective Coverage Program.

Q. For how long may a worker receive Paid Family Leave insurance benefits?

A. Workers may receive up to six (6) weeks of benefits that may be paid over a 12-month period.

Q. Who pays?

A. The Paid Family Leave insurance program is fully funded by employees' contributions, similar to the SDI program. Beginning January 1, 2004, employers are required to deduct the Paid Family Leave contributions from the wages of employees who are covered by the SDI program.

Q. How much will leave-takers receive?

A. Weekly benefit amounts will be approximately 55 percent of the worker's earnings up to the maximum weekly benefit amount. For Paid Family Leave insurance claims beginning January 1, 2005 through December 31, 2005, weekly benefits will range from \$50 to \$840.

From: California Employment Development Department website (<http://www.edd.ca.gov>)

caring for a sick family member. This new program allows workers who pay into the State Disability Insurance Program (SDI) to receive 55% of their wages or no more than \$850 per week to care for a sick or injured family member or to bond with a new child. California workers began paying into the program on January 1, 2004 with benefits available as of July 1, 2004. CPFL allows workers up to six weeks of partially paid leave per 12-month period. With this new program in place, and with other state governments looking to California for information on how the program is used, we set out to survey caregivers in Southern California about their knowledge, need, and feelings regarding California Paid Family Leave.

OUR STUDY

A total of 367 respondents from local caregiver support groups and a caregiver support agency located in Los Angeles County completed a paper-and-pencil survey to gauge caregivers' financial, emotional, and physical well-being as well as their knowledge of the CPFL program. The average age of respondents was 60 years old, with females comprising the majority of respondents (77%). Approximately 83% of respondents were caring for either a spouse or a parent,

and 40% were working at least part-time. Of those individuals who were working at least part-time, 74% indicated working for someone else and 22% were self-employed (see Figures 1 and 2 for further demographic information).

The survey used in this study was designed to assess caregivers' work and leave taking experiences. Respondents were asked about their employment status and their ability to take both paid and unpaid leave. Additionally, participants were asked questions regarding their physical and mental health, economic hardships, and familiarity with the California Paid Family Leave Insurance Program. The survey included items to assess caregivers' work concerns about lost pay and losing their jobs in relation to taking time off to provide care. Finally, scale items from the "Cornell Retirement and

Figure 1: Ethnicity of caregivers in our sample

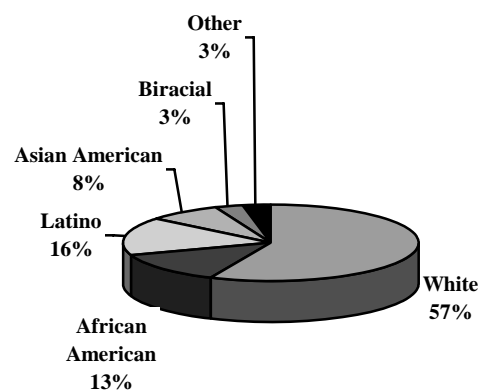
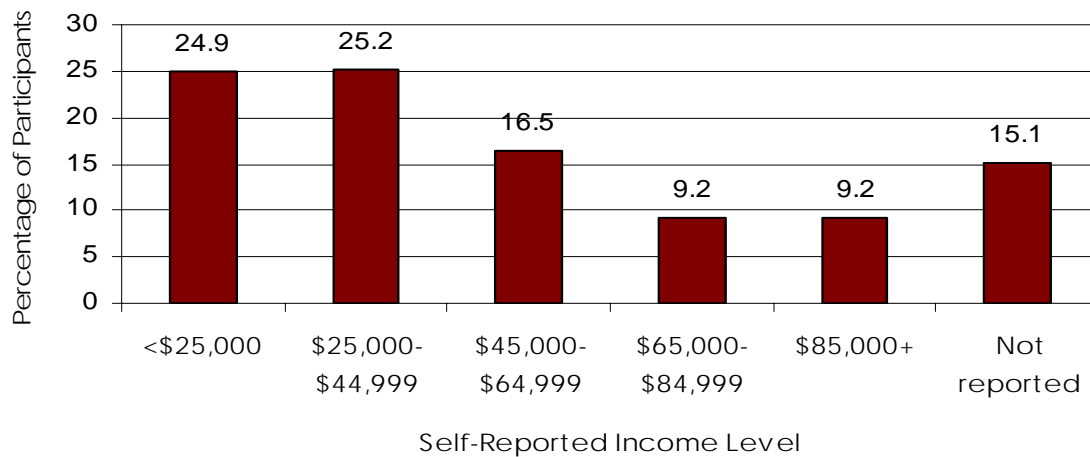


Figure 2: Self-reported income level of caregivers in our sample



Well-being Survey” and the “Midlife Development Inventory” were used to measure caregiver health and mental well-being (See sample items in Table 1).

In addition to the scale items, the survey also asked respondents to talk about their caregiving experience in their own words. Specifically, caregivers were asked about the ways in which they made their care receivers feel more comfortable, reasons for missing medical appointments, and why they were not taking advantage of the CPFL program. The open-ended answers were coded into major categories or themes.

FINANCIAL HARDSHIPS

The results of this study provide further evidence that working caregivers have a difficult time balancing their multiple

responsibilities. The data show that working and non-working caregivers are equally unhappy with their financial situation. Working caregivers who responded to the survey indicated that the benefits offered by their employer when taking time off were not sufficient to sustain their caregiving responsibilities.

- 48% of the working caregivers reported having no paid time off (i.e., no paid sick leave or vacation).
- 24% stated that they could not take unpaid time off without the threat of losing their job.
- 50% of caregivers who could take time off with pay reported receiving all or almost all of their pay on days that they took off work to provide care to a family member.

Table 1: Means and Standard Deviations for Working Caregivers who can and cannot take time off work without the threat of job loss

Survey Question	Mean		<i>t</i>
	Time off	No Time off	
On a scale from 1 (Not hard at all) to 7 (Very hard), how hard has it been for your family to make ends meet?	3.21 (1.3)	4.28 (1.1)	-3.1
On a scale from 1 (Seriously Ill) to 7 (Best of Health), what number best describes how your health has been lately?	4.92 (1.2)	3.78 (1.3)	-4.3
On a scale from 1 (No Energy) to 7 (Full of Energy), what number best describes how much energy you have had lately?	4.14 (1.4)	2.95 (1.3)	-4.4
It has been difficult for my care receiver to make medical appointments because it is hard for me to miss work (respond on a scale from 1 (Strongly Disagree) to 7 (Strongly Agree)).	3.03 (2.2)	4.78 (2.1)	-4.1

Note: Standard deviations in parentheses. All *t* values significant at the $p < .001$ level.

As a result, many of the working caregivers reported experiencing several forms of financial hardship:

- 16% stated that they had to do without “extra things.”
- 10% had been late with payments on basic services.
- 5% had been threatened with eviction.

Furthermore, findings show that working caregivers who could not take time off without the threat of losing their job reported more financial hardship than working caregivers who were not threatened with job loss (see Table 1).

As for the differences among working caregivers with different work hours, individuals who work more hours per week are more worried about:

- The lack of time they are able to spend with their care receiver ($r = .22$, $p < .01$).
- The loss of wages incurred by taking time off ($r = .12$, $p < .05$).
- Potential job loss due to taking time off to care for a family member ($r = .23$, $p < .01$).

These results suggest that as caregivers work longer hours, they worry more about their own financial well-being, as well as the emotional and physical well-being of their care receiver. The finding that caregivers who work longer hours are more concerned about lost wages and time away from their care receiver suggests that some caregivers feel torn between taking time off to attend to their family’s needs and working to achieve

financial security. This finding is especially salient in light of the benefits offered by Paid Family Leave. It is possible that this group of workers might find comfort in receiving more financial assistance for days taken off work to be with their care receiver.

In addition to the findings reported above, comments from caregivers themselves suggest that all caregivers, working and not working, are concerned about the financial well-being of their families. One of the major themes that caregivers stated most often dealt with financial struggles. As one caregiver stated, "I am constantly afraid of not having enough money to take care of my sons and my mother." It seems that many caregivers grapple with competing financial demands. Three categories of reasons were given to explain financial struggles:

1. Work-Related Concerns:
 - A general lack of organizational/management support for taking time off work.
 - Caregiver had to quit their job due to care receiver's condition.
2. Financial Difficulties
 - Caregiver's concerns about the caregiver's own financial well-being and that of his/her family
3. Other Salient Factors
 - Self-employed caregivers comment on loss of pay, loss of revenue for their

business, or lost clients due to taking time off work.

- Caregiver's comments on needing assistance for state and federal programs.

EMOTIONAL AND PHYSICAL DIFFICULTIES

In addition to the financial struggles that caregivers face, the findings also highlight an overall theme of negative affect and physical health problems among caregivers. Among caregivers who work part- or full-time, those individuals who are able to take time off without the threat of losing their job report more positive well-being overall.

Working caregivers who could not take time off without the threat of losing their job reported more emotional strain ($t(49) = 4.2, p < .001$; see Figure 3) and less overall energy than working caregivers who could take time off without the threat of job loss (see Table 1). In addition, working caregivers who could not take time off work without the threat of losing their job reported more physical health problems and a greater incidence of missed medical appointments for their care receiver. This latter finding suggests that caregivers are struggling to maintain not only their own

physical health, but also their care receivers' medical regimens.

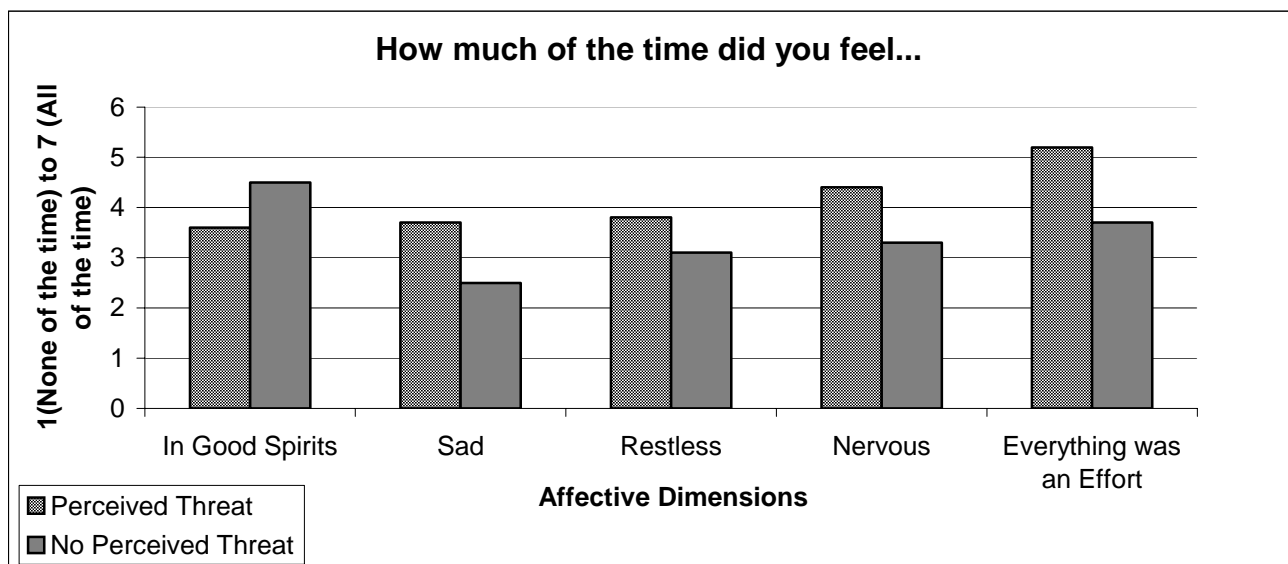
Taken together, these findings show that those individuals who can take time off without the threat of losing their job suffer less emotional hardship. This finding supports those of previous studies reporting less strain and burnout among caregivers who are able to alter their work schedule or reduce their work hours (Covinsky et al., 2001; Franklin, Ames, & King, 1994). Caregivers who stated that their job was threatened when they took time off also reported feeling more emotional strain, more financial insecurity, more physical health problems, and less energy. Moreover, it appears that the threat of job loss also affects

the caregiver's ability to provide sufficient assistance to their care receiver. Evidence for this claim is provided by our finding that caregivers who feel threatened with job loss reported more missed medical appointments, compared to those who can take time off without the threat of job loss.

The subjective physical and emotional health status of the caregiver was also a salient theme in the respondents' general comments. Comments included:

- Caregiver's deteriorating health.
- Direct comments on suffering from symptoms of depression.
- Direct comments on suffering from extreme stress.

Figure 3: Affective responses for those who can and cannot take time off work without the threat of losing their job.



- Comments on being burnt-out or feeling emotionally and/or physically drained.
- Comments on needing a break or some form of respite.

Many of the caregivers mentioned that it was difficult to maintain the physical and emotional well-being of their care receiver because of their own deteriorating health conditions. One caregiver put it this way: “Due to my own illness, things I usually can perform are limited. [I] have to have surgery of my own [and I] delayed my own care to get him where he is now.”

Work-related reasons were not the only salient factors in missing medical appointments for care receivers. When asked about the reasons that their care receivers missed medical appointments, many caregivers, both working and not working, stated that they simply could not arrange transportation for their care receiver. As one caregiver noted, “We didn’t have the transportation or the financial resources to get there.” Others mentioned that their care receiver was too ill to attend the doctor’s appointment or that they simply forgot the appointment altogether. For example, one caregiver mentioned, “She was not feeling well enough to go out and get in the car and it was too hot outside for her.”

Other reasons for missed appointments included:

- Caregiver could not take time off work for care receiver medical appointments.
- Care receiver was too ill to attend medical appointments or care receiver was hospitalized during the scheduled doctor visit.
- Caregiver could not arrange transportation for care receiver’s medical appointment.
- Caregiver and/or care receiver forgot about the medical appointment.
- Caregiver had to cancel the appointment due to other obligations.
- Care receiver refused to leave the house and/or visit the doctor.
- Caregiver lacked the physical assistance needed to move the care receiver.

Perhaps the most notable finding was the overwhelming number of caregivers who stated that their care receiver would not have lived as long if not for the care they provided. Additionally, our caregivers reported numerous ways in which they helped their care receiver feel better physically and emotionally. For example, when reporting on her care receiver’s well-being, one caregiver stated, “I feel she would waste away emotionally and physically without her

family's presence." Another caregiver put it this way: "The medical doctors and my fellow nurses say that if we did not give him the care he receives at home, he would have died long ago." Comments such as these suggest that caregivers feel a sense of obligation to maintain the physical and emotional health of their care receivers. For working caregivers, this obligation may only add to the strain they feel when they are unable to take time off work.

USE OF CALIFORNIA PAID FAMILY LEAVE

While very few of our respondents were taking advantage of the CPFL program, the data show that the respondents felt very positive about the benefit and the potential relief that it could offer working caregivers. Overall, the results suggest that there is a strong need for Paid Family Leave Insurance among informal caregivers living in California.

The findings of this study show that a large percentage of the caregiver population could directly benefit from a program such as California Paid Family Leave. Whereas more than 95% of our sample stated that they felt positive or very positive about the program, only 1% stated that they were either using or intended on using the program. The low percentage can be attributed to the finding

that 52% of the working caregivers stated that 55% of their salary was not enough money to live on or that they would lose money by taking CPFL. However, only 8% stated that they were satisfied with the wages they received when taking paid time off. The remaining 40% of working caregivers provided other reasons for not taking advantage of the benefit. These reasons for not using CPFL related to work. Reasons included:

- Caregiver reports that their workload would pile up or there is no one to assist them in meeting work requirements.
- Caregiver is self-employed and is not qualified for CPFL, or only receives pay for the hours they work.
- Caregiver uses time at work as respite from caregiving or continues to work because it is personally fulfilling.

More specifically, many of the caregivers mentioned that their job provided some relief from their caregiving responsibilities. One respondent said, "I need time away from my wife who I take care of." Comments such as this reveal the extreme stress and hardship that caregivers feel on a daily basis. Even a large number of the non-working caregivers stated that they would enjoy some form of

respite and that caregiving is a “24-hour-a-day job” with few opportunities for relief. It is possible that a full- or part-time work schedule offers caregivers the “time off” they need to remain resilient. With so many caregivers longing for some form of respite, it appears that maintaining a full time job is one source of relief from the burdens of caregiving.

Many of our self-employed respondents stated that their time off work had greater ramifications than just reduced hours or pay. For example, those individuals who owned their own business or worked for themselves felt that they would lose clients if they took more time off work. One business owner put it this way, “I am the boss so I would not get paid; being a dentist, I have schedules to be responsible for.” Another respondent said, “Being self-employed is hard when you are a caregiver. I live off my savings and I am a writer, but I am too tired to write, plus I have no time off for myself.”

In addition to the themes mentioned above, caregivers spoke frequently about the lack of support that they received from management when taking time off. For example, one caregiver stated, “My company does not allow us to use [CPFL] because we can only use allotted time and no more.” Others spoke about the fact that they would have too much work to catch up on when

they returned to their job. As one respondent put it, “There’s no one else who knows my job. I can’t miss a day. If I do, I have to come in that evening or on the weekend to make it up.” These are some of the reasons why caregivers were not taking advantage of the California Paid Family Leave Insurance program.

CONCLUSIONS AND IMPLICATIONS

The findings of this study suggest that caregivers who are attempting to balance work and family responsibilities could benefit from a program such as California Paid Family Leave, but that at 55% of the worker’s salary, the rate is too low; caregivers are already stretching their salaries to support their family care receivers and the high medical costs they incur. Although very few of the respondents were taking advantage of the benefit, the data collected on physical, financial, and emotional hardship show that caregivers are struggling to meet their multiple responsibilities. The additional strain that is put on caregivers who attempt to balance work and caregiving can lead to burnout and physical illness. Thus, these findings provide support for the need for and potential benefits of a program such as California Paid Family Leave, but at a higher

proportion of reimbursed salary and extension to self-employed individuals.

When FMLA, which covers approximately 60% of the workforce, and CPFL are utilized together, a worker who needs to take time off to care for a family member will receive both job security and a partial wage replacement. These programs could reduce the strain and anxiety that results when individuals fear that taking time off could result in job loss. Furthermore, using these programs for time off to attend medical appointments could also benefit the health of the care receiver.

Current changes to the program such as an increase in the maximum wage received each week and the option of aid to self-employed workers could increase the likelihood of utilization. With only .03% of the population in California currently using the benefit, it has been suggested that many Californians are still unaware of the program (California Employment Development Department, 2005). Since the program has only been fully operational for one year, it is possible that more individuals will take advantage of this much-needed benefit as time goes on. Our research suggests that greater awareness will not swell usage for low wage caregivers.

The findings of this study offer further support for the notion that working caregivers

could benefit from the financial boost and secure time off provided by a program such as CPFL if it were funded at a higher rate. Caregivers who were able to take leave from work without fearing job loss reported higher satisfaction with their financial situation as well as better overall physical and emotional health.

It is clear that managing this dual – and often conflicting – role of caregiver and employee takes a physical and financial toll on caregivers. Thus, it is essential that programs such as CPFL continue to evolve to provide a greater percentage of workers' salaries, so that caregivers can afford to offer the vital care that their care receivers need. With the growth and improvement of programs like CPFL, the “honor and support” encouraged by President Bush in his Proclamation of National Family Caregivers Month may become a reality (Proclamation 7957, 2005).

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Diane F. Halpern, Ph.D., Director
Sherylle J. Tan, Ph.D., Associate Director
Melissa Carsten, M.S., Project Manager

Claremont McKenna College
850 Columbia Avenue
Claremont, CA 91711
(909) 607-2928

bergerinstitute@claremontmckenna.edu
<http://berger.claremontmckenna.edu>