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Paid Family and Medical Leave in New Hampshire

Who Has It? Who Takes It?

Kristin Smith and Nicholas Adams

Introduction

Life events such as an illness, the birth of a child, or a parent's need for care require workers to take extended time away from their jobs. The aging of the New Hampshire population and the rise of women in the labor force mean that more workers in the state are likely to need extended time away from work to provide family care. But taking the leave often means loss of pay or even loss of a job.

Access to paid family and medical leave is uneven in New Hampshire. Neither the federal government nor New Hampshire have a *paid* family and medical leave law or program, thus access to leave depends on whether it is included as a benefit offered by one's employer. The 1993 Family and Medical Leave Act (FMLA) allows certain workers to take up to 12 weeks of *unpaid*—but job-protected—leave to tend to a serious health condition or to care for a new child or a seriously ill relative within a 12-month period. To be eligible for FMLA, employees must work for an employer with 50 or more workers within a 75-mile radius and have worked 1,250 hours for the same employer over the previous year.¹ Nationally, about 41 percent of employees are not covered by FMLA.

In New Hampshire, 10 percent of firms employing fewer than 10 employees provided paid family care leave in 2011; among businesses employing 250 or more employees, 30 percent provided paid family care leave.² Many men face stigma for taking leave, as cultural and workplace attitudes typically view men as breadwinners and women as caregivers.³ Indeed, in New Hampshire, women are more likely to take family and medical leave (paid or unpaid), yet they are less likely to have access to the benefit, according to 2016 Granite State Poll data. Furthermore, workers with the lowest family income lack access to paid leave. The current system, reliant on employer-provided paid leave and unpaid FMLA, is fragmented and unequal, with some workers having access to generous paid leave benefits and others either

KEY FINDINGS

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About one-third of New Hampshire workers have jobs without extended paid leave to tend to their own illness; about half lack access to parental leave; and two-thirds lack access to paid leave to care for an ill family member.



Less than a third of workers have access to all three types of extended paid leave (for their own illness, parental leave, and care for a family member).



Workers living in families earning less than \$60,000 a year have less access to extended paid family and medical leave benefits than do those with higher incomes.

60%

Women are less likely to have jobs that provide paid family and medical leave but are more likely to take leave. Sixty percent of employed women have taken paid or unpaid family and medical leave compared with 40 percent of employed men.

2X

New Hampshire men who know another man who has taken leave without negative consequences are twice as likely to take leave themselves compared to men who do not know another man taking leave (52 and 24 percent, respectively).

cobbling together paid and unpaid leave, leaving the labor force, or not providing the needed family care.

To date, three states (California, New Jersey, and Rhode Island) have passed paid family and medical leave legislation and are actively providing paid family and medical leave.⁴ A fourth state, New York, adopted a paid family leave insurance program in

Box 1: What Is Paid Family and Medical Leave?

Paid family and medical leave is an employee benefit offering partial or full wage replacement to an employee taking temporary leave from work to tend to his or her own serious health condition or that of a family member, or leave to care for a new child in the home through birth, adoption, or foster care. Typically, medical leave is taken for one's own health, including pregnancy, while family leave includes caring for a seriously ill family member or caring for a newborn or child joining the family through adoption or foster care. Giving birth can include both medical and family/parental leave.* Usually family and medical leave ranges from at least one week to a few months. This study does not examine the length of leave. Paid sick leave differs from paid family and medical leave in that the former requires little or no advance notice and tends to require shorter periods away from work. In this brief, paid sick leave and paid vacation time are excluded from the definition of access to paid family and medical leave benefits. We recognize that workers may use these types of wage replacement benefits to cover time away for family or self care.

* *Randy Albelda and Alan Clayton-Matthews, "It's About Time: Costs and Coverage of Paid Family and Medical Leave in Massachusetts" (University of Massachusetts, Boston, Center for Social Policy, Center for Women in Politics and Public Policy, 2016).*

2016 that will begin offering benefits in 2018. These statewide programs increase access to paid leave by spreading the costs across the workforce (and in New Jersey, the employer community), and they decrease the financial burden by providing partial wage replacement to workers while they take leave.⁵

Research shows many benefits of paid family and medical leave to workers, families, businesses, and the economy, including increased economic security for workers, reduced economic inequality among workers, reduced stress, improved health for children, reduced turnover, increased female labor force participation, and increased father involvement in children's care.⁶ In both Rhode Island and California, data show increased leave taking among men since the launch of the programs.⁷

This brief uses data collected by the Granite State Poll in 2016 to examine New Hampshire workers' access to paid family and medical leave and the use of paid or unpaid leave for family and medical reasons. Understanding who lacks access to paid family and medical leave benefits and the underlying factors contributing to differences in those who take time away from work for family caregiving is important. Without access to paid family and medical leave, New Hampshire's working families may face barriers to financial stability, employment, and future opportunities. In contrast, greater access to paid family and medical leave would provide economic security to workers with caregiving needs and would make it possible for them to maintain employment in the long term.

Who Lacks Access to Paid Family and Medical Leave?

About one-third of New Hampshire workers lack access to paid leave to tend to their own illness, and about 50 percent lack access to parental leave, such as, pregnancy-related leave or leave to care for a new child in the home through birth, adoption, or foster care (Table 1).⁸ About two-thirds lack access to paid leave to care for an ill family member. Overall, less than a third have access to paid leave for all three of these family and medical needs. The lack of paid leave for family care puts workers in a hard place, forced to choose between their jobs and family care responsibilities.

A big predictor of whether workers lack access to paid family and medical leave benefits is full- or part-time status: 85 percent of part-time workers lack access to all three types of paid family and medical leave benefits, compared to more than half of full-time workers (Table 1). Among full-time workers, paid leave to care for one's own illness or for a new child is more prevalent than leave for family care; part-time workers, however, lack each of these paid leave benefits in equal degrees.

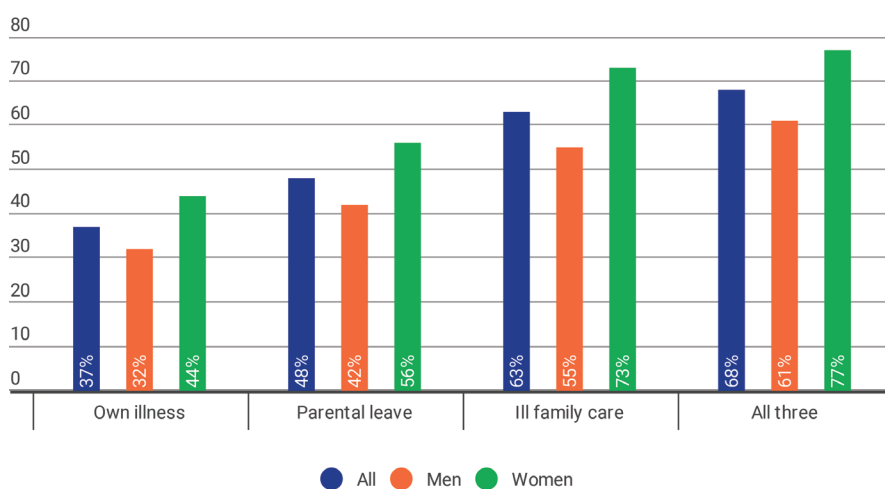
Men are more likely to have access to paid leave benefits than women across all three family and medical leave types, with an 18 percentage point gender difference in access to paid leave to care for an ill family member (Figure 1).⁹ Nearly two times as many women than men worked part-time hours (35 hours or less per week) in 2014,¹⁰ and this may partially explain the gender difference in access to paid leave.

TABLE 1. PERCENT OF NEW HAMPSHIRE WORKERS LACKING ACCESS TO PAID FAMILY OR MEDICAL LEAVE BENEFITS, BY TYPE OF LEAVE, 2016

	OWN ILLNESS	PARENTAL LEAVE	ILL FAMILY CARE	ALL THREE LEAVE TYPES
All	37	48	63	68
Work Hours¹				
Part-time	75	78	84	85
Full-time	19*	34*	54*	60*
Family Income²				
Less than \$60,000	51	64*	78*	80*
\$60,000 to \$99,999	35	41	53	58
\$100,000 or more	20*	33	48	56
Firm Size				
25 or less	63*	71*	77*	82
26 to 249	34*	44*	62	71
250 or more	10*	25*	48	50*
Age				
Under 35	41	45	64	70
35 to 54	31*	42	58	62
55 or older	45	62*	70	76

Note: 1. Full time includes those who work 35 or more hours per week. Estimates for part-time work may not be precise as they have large confidence intervals. 2. Estimates not shown for respondents missing on family income. * indicates statistically significant difference between marked category and other categories in group within leave type at $p < .05$.

Source: Paid Family & Medical Leave Topical Module, Granite State Poll, 2016

FIGURE 1. PERCENT OF EMPLOYED LACKING ACCESS TO PAID FAMILY AND MEDICAL LEAVE BENEFITS, BY TYPE OF LEAVE AND GENDER, NEW HAMPSHIRE, 2016

Note: The following differences are significant at $p < .05$: difference between men's and women's access for all three, own illness, parental leave, and ill family care; difference between access for own illness and ill family care; and difference between parental leave and ill family care for all, women, and men.

Source: Paid Family & Medical Leave Topical Module, Granite State Poll, 2016

More families today rely on the wages of women to make ends meet.¹¹ In 2014, 68 percent of women and 74 percent of mothers in New Hampshire were employed and women comprised 47 percent of the New Hampshire workforce.¹² Yet, 44 percent of employed women lack access to paid leave explicitly for their own illness, 56 percent lack access for parental leave, and 73 percent lack access to paid leave to care for an ill family member (Figure 1). Given that women shoulder substantial caregiving responsibilities for their children and elderly relatives, the lack of paid family leave forces some women to choose between caring for a sick family member or a new child and contributing to their family's economic well-being. Yet, women are less likely to leave the labor force when they have access to paid leave for family care or maternity.¹³

Though they fare better than women, men too lack access to paid family and medical leave. Almost one-third lack paid leave for his own illness, 42 percent lack paid leave to care for a new child, and 55 percent lack paid leave to care for an ill family member (Figure 1). Families are increasingly counting on men to provide care to children and ill family members, and while many men want to be more involved with their families and play a larger caregiving role,¹⁴ they report higher levels of work and family conflict today than in the past.¹⁵

Workers living in families earning less than \$60,000 annually lack access to paid family and medical leave benefits at higher rates than those with higher incomes (Table 1). Almost 40 percent of New Hampshire workers live in families with annual family

income below this level, suggesting that many New Hampshire families are making hard decisions about how to care for family members.¹⁶

Small businesses are an important part of the New Hampshire economy; nearly one-half of all workers were employed in businesses with under 100 employees in the first quarter of 2015.¹⁷ Yet, employees working in small businesses are less likely to have access to paid leave benefits than employees in larger businesses (Table 1). A statewide family and medical leave insurance program could help small businesses attract and retain workers.

Who Has Taken Paid or Unpaid Family and Medical Leave?

Overall, about half of New Hampshire employees have taken paid or unpaid family and medical leave at some point in their lives (Table 2).¹⁸ While men are more likely to have access to paid family leave benefits (as shown above), women are more likely to have ever taken paid or unpaid leave to provide care or to tend to their own illness. Sixty percent of employed women have “ever taken” paid or unpaid family and medical leave, compared with 40 percent of employed men. Women’s greater likelihood to take leave reflects gender differences in childbearing and family care as well as, perhaps, the cultural attitudes and workplace stigma surrounding men who provide care.¹⁹ Although workplace culture can inhibit leave taking for both women and men, research shows that the “flexibility stigma” can be more acute for men, especially fathers, and this difference in turn may discourage them from taking leave.²⁰

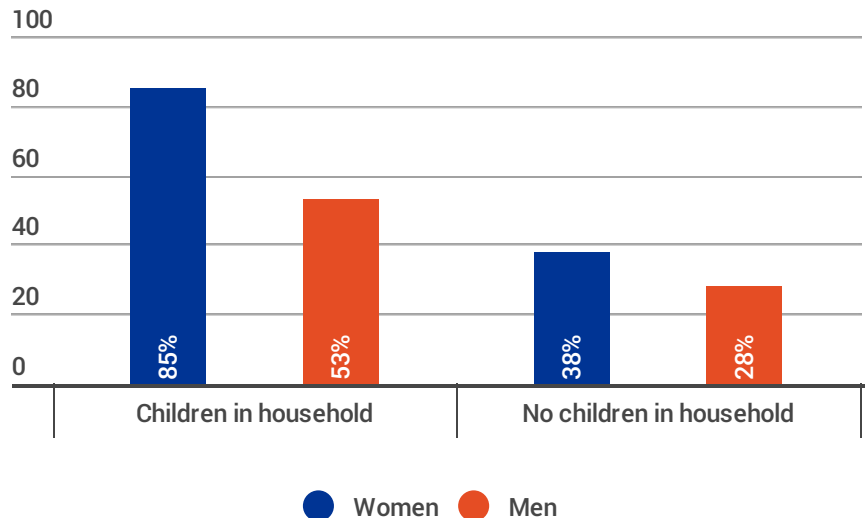
TABLE 2. PERCENT OF EMPLOYED ‘EVER TAKING’ PAID OR UNPAID FAMILY AND MEDICAL LEAVE AMONG EMPLOYED, BY GENDER, NEW HAMPSHIRE, 2016

	ALL	WOMEN	MEN
All	49	60	40 *
Education			
Some college or less	45	59	37 *
College graduate	56	62	48
Family Income			
Less than \$60,000	42	45	38
\$60,000 to \$99,999	57	66	52
\$100,000 or more	53	74	39 *
Firm Size			
25 or less	43	60	32 *
26 to 249	52	58	43
250 or more	53	60	47
Age			
Under 35	39	43	37
35 to 54	55	67	45 *
55 or older	47	63	32 *

Note: * indicates statistically significant difference between women and men at $p < .05$.

Source: Paid Family & Medical Leave Topical Module, Granite State Poll, 2016.

FIGURE 2. PERCENT OF EMPLOYED ‘EVER TAKING’ PAID OR UNPAID FAMILY AND MEDICAL LEAVE, BY PRESENCE OF CHILDREN, NEW HAMPSHIRE, 2016



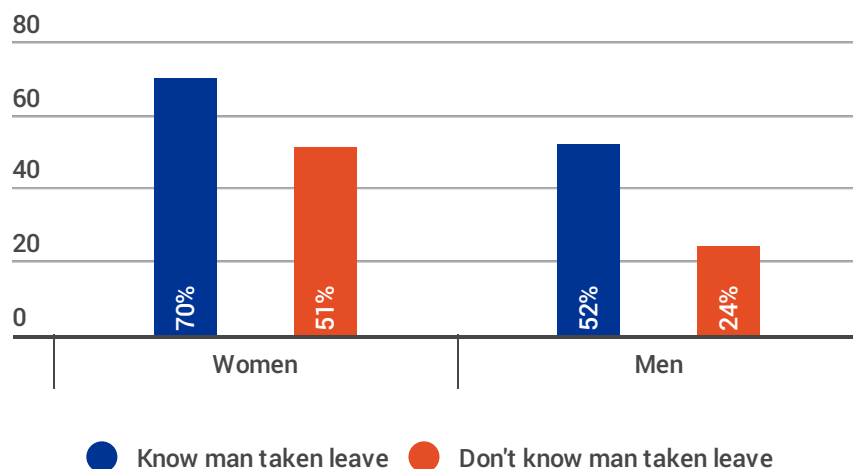
Note: The following differences are significant at $p < .05$: difference between no children in household and children in household for women and men; difference between women and men with children in the household
Source: Paid Family and Medical Leave Topical Module, Granite State Poll, 2016.

The general pattern of employed women being more likely than employed men to have ever taken paid or unpaid leave for family and medical reasons is consistent across education levels, family incomes, firm size, and age (Table 2). The gender difference in ever taking paid or unpaid leave is most pronounced in families with incomes of \$100,000 or more (74 percent of women and 39 percent of men).

Despite men's lower rates of taking family and medical leave, more than half of employed *fathers* in New Hampshire have ever taken paid or unpaid leave for a family or medical reason (Figure 2).²¹ Though the rate of leave taking is much higher among employed mothers (85 percent), this level of leave taking among fathers may indicate an easing of the norms around leave taking for new fathers and the growing desire among fathers to take leave. National data show that about 90 percent of fathers take parental leave from work, though the leave tends to be short: 70 percent of fathers take 10 days of leave or less, some of which is vacation leave or earned time.²²

Seeing other men take leave without negative consequences can act as a catalyst for change by signaling that gender norms around men as caregivers may be shifting. Research using data from Norway shows that men who know a man who took family and medical leave and returned to work without any negative consequences were more likely to take leave themselves.²³ Despite the very different culture and policies in place in Norway, this may be the case in New Hampshire as well. New Hampshire men who know another man who has taken leave without negative consequences are twice as likely to take leave

FIGURE 3. PERCENT OF EMPLOYED 'EVER TAKING' PAID OR UNPAID FAMILY AND MEDICAL LEAVE, BY WHETHER THEY KNEW A MAN WHO HAD TAKEN LEAVE WITHOUT NEGATIVE CONSEQUENCES AT WORK, NEW HAMPSHIRE, 2016



Note: The following differences are significant at $p < .05$: difference between men who know a man who has taken leave without negative consequences and men who do not; difference between men and women who know a man who has taken leave without negative consequences; difference between men and women who do not know a man who has taken leave without negative consequences.

Source: Paid Family and Medical Leave Topical Module, Granite State Poll, 2016.

themselves compared to men who do not (52 and 24 percent, respectively; Figure 3). It is possible that as more men in New Hampshire take family and medical leave and return to work without adverse consequence, the path will widen for other men to follow suit.

Conclusion

At some point in their lives, most New Hampshire workers will need time to care for a loved one or to recuperate from a personal illness. Sixty-three percent of New Hampshire workers lack access to paid leave to care for an ill family member, a higher proportion than lacks access to paid leave for their own illness or for parental leave. New Hampshire's aging population brings this issue to center stage, as more workers have family care responsibilities involving aging parents and spouses. Yet, access to paid family

and medical leave benefits is uneven in the state. Workers who work part time, live in lower-income families, or work at small firms are more likely to lack paid family and medical leave benefits, but even about half of more advantaged workers lack access. Men are more likely to have access to paid family and medical leave benefits, yet women are more likely to take leave, either paid or unpaid. If workers, men and women alike, believe that taking leave will have adverse career consequences, such as lower pay, denial of promotion, or placement on the "mommy" or "daddy" track, they may think twice about taking leave.²⁴

In a national survey, about 13 percent of employees said they took leave for a medical or family reason in the previous year.²⁵ Yet, only about two-thirds received some form of wage replacement while on leave, with many using accrued paid sick days and vacation time because they did not have access to paid family

and medical leave benefits through their employer or through a statewide insurance program. The lack of an insurance program forces employees to cobble together whatever leave they have for family care, often resulting in the loss of income and potentially jeopardizing their economic security.

Since women, who make up about half of the New Hampshire workforce, disproportionately bear the costs of caregiving, they acutely feel the negative ramifications of not having a statewide family and medical leave insurance program. With women contributing substantially to the New Hampshire economy, paid family and medical leave makes it possible for them to stay in the labor force. Workers in low-income families also lack paid family and medical leave, and often must make hard choices between providing family care and maintaining their wages. The costs of not having a statewide program are borne by families, who increasingly rely on women's earnings, and by businesses, which lose talented workers.

Many New Hampshire businesses already offer paid family leave. Larger firms offer it more than smaller firms,²⁵ giving larger firms an edge in recruiting and retaining high-quality workers. National studies show that the cost to businesses to replace a worker is about one-fifth of a worker's salary.²⁶ A statewide paid family and medical leave insurance program could increase access to such leave, reduce inequality among workers, improve economic security among families, reduce women's caregiving burden, strengthen men's caregiving options, and help level the playing field for couples, workers, and businesses alike.

Data

The data in this brief come from questions the author added to the Granite State Poll (GSP) in February 2016. The GSP is a random-digit-dialing telephone survey administered by the University of New Hampshire Survey Center. The GSP provides a statewide representative sample of approximately 500 households, and collects demographic, economic, and employment information. The author developed a Paid Family and Medical Leave Topical Module that was added to the GSP. The primary questions analyzed in this brief refer to access to paid family and medical leave and ever-taken paid or unpaid leave among New Hampshire workers. The question regarding access asked respondents: "Please tell me whether each fringe benefit is available to YOU through your employer." Respondents are able to report each of the following benefits if it is available to them: health insurance, paid sick leave, paid vacation days, paid leave to care for a newborn or adopted child, paid leave to care for a family member with a serious illness, paid leave for yourself when you are seriously ill, paid short-term disability, personal or earned time, and none of the above. Respondents are allowed to respond that they don't know or are not sure. Ten respondents replied, "don't know" or refused to answer this battery of questions about access to employer benefits; we exclude them from the analysis. Access to paid family and medical leave benefits and use of leave are generally not shown for respondents with missing data. In this brief, we report whether respondents answered "no" to 1) having

paid leave to care for a newborn or adopted child; 2) having paid leave to care for a family member with a serious illness; 3) having paid leave for themselves when they are seriously ill; and 4) having paid short-term disability leave. The measure of lacking access to paid leave for own illness includes not having paid leave for themselves when they are seriously ill and not having paid short-term disability leave. We also report lacking access to all three of these paid leave benefits. Paid sick leave, paid vacation leave, and paid personal or earned time are also wage replacement benefits offered by employers; however, they are not included in this measure of access to paid family and medical leave because their intent generally is not to cover extended long-term paid leave from work to care for oneself or a family member.

The question regarding use of leave asks respondents: "Have you ever taken leave from work to provide care for a newborn or adopted child, to care for a family member with a serious illness, for your own illness, or for pregnancy?" Respondents are allowed to respond that they don't know or are not sure. All employed respondents, including those with missing data or who answer "don't know," are included in the analysis. The leave taken may be paid or unpaid. The time frame for the paid or unpaid leave is not specified. In this brief, analyses are limited to respondents who are employed. All analyses are weighted using household-level weights provided by the UNH Survey Center based on U.S. Census Bureau estimates of the New Hampshire population. Differences presented in the text are statistically significant (at $p < .05$).

Endnotes

1. This translates into 40 hours per week for about 32 weeks, however it could be fewer hours per week for a longer time period.
2. New Hampshire Employment Security, “2011 New Hampshire Benefits by Size of Firm” (Concord, NH: New Hampshire Employment Security, Economic and Labor Market Information Bureau, 2012).
3. Scott Coltrane et al., “Fathers and the Flexibility Stigma,” *Journal of Social Issues* 69, no. 2: 279–302; Brad Harrington et al., “The New Dad: Take Your Leave” (Boston, MA: Boston College Center for Work and Family, 2014).
4. All three states had existing temporary disability insurance programs (TDI) and were able to integrate their paid family and medical leave program into existing structures.
5. All three states provide partial wage replacement funded through employee contributions. In New Jersey, TDI is partially paid by employers. For details on the three state programs, see “First Impressions: Comparing State Paid Family Leave Programs in Their First Years” (Washington, DC: National Partnership for Women and Families, 2015).
6. Jacob Alex Klerman, Kelly Daley, and Alyssa Pozniak, “Family and Medical Leave in 2012: Technical Report,” Abt Associates, prepared for Department of Labor (2013); Charles L. Baum and Christopher J. Ruhm, “The Effects of Paid Leave in California on Labor Market Outcomes,” Working Paper No. 19741 (Cambridge, MA: National Bureau of Economic Research, 2013), <http://www.nber.org/papers/w19741>; Maya Rossin-Slater, Christopher J. Ruhm, and Jane Waldfogel, “The Effects of California’s Paid Family Leave Program on Mothers’ Leave Taking and Subsequent Labor Market Outcomes,” *Journal of Policy Analysis and Management* 32, no. 2 (2013): 224–45; Linda Houser and Thomas P. Vartanian, “Pay Matters: The Positive Economic Impacts of Paid Family Leave for Families, Businesses and the Public” (Rutgers, NJ: Center for Women and Work, 2012); Maya Rossin, “The Effects of Maternity Leave on Children’s Birth and Infant Health Outcomes in the United State,” *Journal of Health Economics* 30, no. 2 (2011); Eileen Appelbaum and Ruth Milkman, “Leaves That Pay: Employer and Worker Experiences With Paid Family Leave in California” (Washington, DC: Center for Economic and Policy Research, 2011); Sharon Lerner and Eileen Appelbaum, “Business as Usual? New Jersey Employers’ Experiences With Family Leave Insurance” (Washington, DC: Center for Economic and Policy Research, 2014).
7. National Partnership for Women and Families. “First Impressions: Comparing State Paid Family Leave Programs in Their First Years: Rhode Island’s First Year of Paid Leave in Perspective” (Washington, DC: National Partnership, 2015).
8. The paid leave can be for any duration of time. The 2012 Department of Labor Paid Leave Survey finds that 66 percent of all employees received some pay for a family or medical leave (Exhibit 5.3.7), see Klerman et al., “Family and Medical Leave in 2012.” We find that 60 percent of New Hampshire workers had access to any one of the three leave types listed in Table 1 (access to leave for own health, parental leave, or ill family care). We do not include paid vacation, paid sick, or paid earned time in our measure of access to paid family and medical leave. Our GSP data show that among New Hampshire workers, 61 percent had access to paid sick leave, 67 percent had access to paid vacation, and 52 percent had access to paid personal time.
9. These estimates are lower than other estimates measuring wage replacement, likely because the latter include any access to paid vacation, paid sick leave, and paid earned time.
10. Authors’ analysis of American Community Survey 2014 data shows that 36 percent of women and 19 percent of men work part time in New Hampshire. Data constraints preclude the analysis of access to paid leave benefits by part-time and full-time workers by gender due to small numerators.
11. Kristin Smith, “Women as Economic Providers: Dual-Earner Families Thrive as Women’s Earnings Rise,” Issue Brief No. 84 (Durham, NH: Carsey School of Public Policy, University of New Hampshire, 2015).
12. Authors’ analysis of American Community Survey New Hampshire 2014 data.
13. Eliza Pavalko and Julie Artis, “Women’s Caregiving and Paid Work: Causal Relationships in Late Midlife,” *The Journals of Gerontology* 52, no. 4 (1997): 170–79; Suzanne Bianchi, “Maternal Employment and Time with Children: Dramatic Change or Surprising Continuity?” *Demography* 37, no. 4 (2000): 401–14; Jennifer Glass, “Job Quits and Job Changes: The Effects of Young Women’s Work Conditions and Family Factors,” *Gender & Society* 2, no. 2 (1988): 228–40.
14. Erin Rehel and Emily Baxter, *Men, Fathers, and Work-Family Balance* (Washington, DC: Center for American Progress, 2015).
15. Kristin Smith, “After Great Recession, More Married Fathers Providing Child Care,” Issue Brief No. 79 (Durham, NH: Carsey School of Public Policy, University of New Hampshire, 2015); Ellen Gallinsky, Kerstin Aumann, and James T. Bond, “Times Are Changing: Gender and Generation at Work and at Home” (New York: Families and Work Institute, 2011).
16. Authors’ analysis of American Community Survey New Hampshire 2014 data.
17. In the first quarter of 2015, 47 percent of employees worked in firms with under 100 employees; New Hampshire Employment Security, “Firms by Size,” <http://www.nhes.nh.gov/elmi/statistics/fbs.htm>.
18. This estimate of leave taking for family and medical reasons does not include those who have taken sick or vacation leave. Our estimate is higher

than the 2012 Department of Labor result of 13 percent of employees reporting taking a leave for a medical or family reason because the DOL survey restricts the question to leave taking in the previous year, while, due to data constraints (small sample), we examine ever taking leave.

19. Higher leave taking among women compared with men may be due in part to women's greater leave taking for maternity for pregnancy complications and childbirth.

20. Research shows that men who take leave from work or reduce their work hours to provide care express instances of harassment, discrimination, or mistreatment; see J. Berdahl and S. Moon, "Workplace Mistreatment of Middle Class Workers Based on Sex, Parenthood, and Caregiving," *Journal of Social Issues*, 69, no. 2 (2013): 341–66.

21. The leave taken can be for any duration of time.

22. Lenna Nepomnyaschy and Jane Waldfogel, "Paternity Leave and Fathers' Involvement With Their Young Children: Evidence From the American Ecls-B," *Community, Work, and Family* 10, no. 4 (2007): 427–53. Many fathers take a few days of vacation or sick leave around the birth of a child, and leave taking is more common among younger fathers and fathers with higher education levels; Harrington et al., "The New Dad."

23. Gordon Dahl, Katrine Løken, and Magne Mogstad, "Peer Effects

in Program Participation," *American Economic Review* 104, no. 7 (2014): 2049–74.

24. Coltrane et al., "Fathers and the Flexibility Stigma"; Harrington et al., "The New Dad."

25. Klerman et al., "Family and Medical Leave in 2012."

26. New Hampshire Employment Security, "2011 New Hampshire Benefits by Size of Firm."

27. Heather Boushey and Sarah Jane Glynn, "There Are Significant Business Costs to Replacing Employees" (Washington, DC: Center for American Progress, 2012).

About the Authors

Dr. Kristin Smith is a family demographer at the Carsey School of Public Policy and research associate professor of sociology at the University of New Hampshire (kristin.smith@unh.edu). Nicholas Adams is a research assistant and doctoral candidate of sociology at the University of New Hampshire.

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