A. Summary of Grant Activities

This Rhode Island Department of Labor and Training (DLT) project, developed and conducted by University of Rhode Island (URI) researchers Barb Silver, Helen Mederer, and Emilija Djurdjevic, assessed the program launch and early employee outcomes of Rhode Island’s Temporary Caregiver Insurance paid leave legislation, implemented in January 2014. The research was conducted out of URI’s Schmidt Labor Research Center (SLRC), a multidisciplinary center devoted to the study and teaching of all aspects of work and employment, including the practice of human resources and labor relations. Three focal areas included, first, how effective was the program launch? Second, what prompts employees to use the program and in what ways have they benefitted? Finally, in understanding how to better promote the program and overcome existing hurdles to its use, what are the barriers people report as reasons they haven’t used the program? Specifically, these focal areas addressed:

1. **Awareness**: What is the general level and depth of awareness of the program? How have people learned about it? How could DLT improve their program’s promotion to eligible workers?

2. **Ease of Access/Application**: How easy is it to access information about the program? How satisfied are applicants with the application process? How timely are the claim responses? What can be done to improve the process?

3. **Outcomes**: a) *Work-related* (job satisfaction, intent to stay at organization, length of leave, organizational commitment to the workplace, ease of transition back to work, etc.); b) *personal* (stress, physical health, ability to provide quality care, satisfaction with leave, etc.); c) *family* (family member stress, ability to effectively re-organize work and family responsibilities, ability to bond or provide care for family member, breastfeeding, etc.); d) *economic* (wage replacement, ability to maintain financial stability, income changes, etc.)

4. **Facilitators/Barriers**: What contributes to uptake by eligible workers? What discourages uptake (lack of awareness, fear of negative job repercussions, insufficient wage replacement, too much hassle, fear of being fired, availability of other leave programs, claim rejection, co-worker impacts,
etc.)? What features about the workplace, such as negative organizational politics, availability of employer-provided paid leave, level of supervisory work-life support, might correlate with work attitudes and paid leave usage?

The research design consisted of three components:

1. **A structured employee survey** was developed by URI researchers and disseminated both through the DLT TDI customer service call center, and by email to all RI employees who accessed the TDI system in 2014 for any reason, and to URI employees. Survey responses were collected using Qualtrics, a survey platform at the SLRC at URI.
2. **Open-ended follow-up interviews** were conducted with a subsample of 47 employee survey respondents willing to speak further to members of the URI research team.
3. **Face-to-face interviews with DLT administrators and a DLT call staff focus group** were conducted to better understand the current procedures and resources so that recommendations for refinements might be as useful and appropriate as possible.

**First Quarter.** The first quarter goals (Oct. 1 – Dec. 31) were to 1) review existing research on the outcomes and benefits of flexible workplace practices, in particular paid leave; 2) use this information to develop and test an in-depth employee survey that covers multiple constructs; and 3) meet multiple times with the Rhode Island Department of Labor and Training (DLT) to plan the survey launch, including training DLT call staff.

Relying on similar research constructs developed in California and on other related research on the benefits of paid leave, Silver, Mederer, and Djurdjevic completed survey development. External advisory members Ruth Milkman, Jane Waldfogel, RI Senator Gayle Goldin, Fern Casimiro (DLT), and Jeffrey Hayes (Institute for Women’s Policy Research) were consulted by phone in this process. Several meetings with DLT included identifying and securing the subject pool from DLT records, reviewing existing DLT TCI data and survey content, and logistical planning for survey launch.

**Second Quarter.** The goals of the second quarter (Jan. 1, 2015 – March 31, 2015) were to 1) launch the RI employee survey with DLT call staff; 2) complete in-person interviews with DLT administrators; 3) begin employee follow-up phone interviews; 4) meet multiple times with the Rhode Island Department of Labor and Training (DLT) administrators and call staff to oversee the survey administration, including continued training of DLT call staff, and 5) secure funding, whether in grant reallocation and/or in additional funding, to purchase $15 gift card incentives for survey participants.

In addressing each of the above goals, URI researchers:

1. Trained the DLT call staff, piloted the survey, and launched it on February 7. Between 17-20 DLT call staff made calls on 4 days (Feb. 7, 14, March 11, 14). URI researchers and students also participated to a limited extent in making calls from URI. Approximately 141 full surveys and 46 short, TCI awareness-only surveys were completed before DLT call funding was consumed. As this was only about 28% of our goal of 500 surveys, additional strategies to secure more responses were considered, and an email version was created and sent to various listservs;
2. Completed DLT administrator interviews on March 27, which included interviews with 5 administrators, as well as a focus group conducted by Silver, Mederer, and Djurdjevic with 8 DLT call staff;
3. Equipment was set up to digitally record phone interviews, but because efforts were diverted to secure enough survey participation, phone interviews were delayed and began in the third quarter;
4. Met 4-5 times with DLT administrators and call staff to oversee project, and with RI Women’s Fund partners to discuss dissemination our findings;
5. Goal 5 was added once it was determined in consultation with External Advisory members and with DLT call staff that an incentive would be very useful in securing a 25-30 minute phone commitment by survey respondents. Researchers were able to secure a mini-grant from the RI Women’s Fund, as well as permission from the DOL Program Director to reallocate funding to enable the purchase of $15 pharmacy gift cards for all survey participants and interviewees.

**Third Quarter.** The goals of the third quarter (April 1, 2015 – June 30, 2015) were to 1) complete the RI employee survey through email contacts; 2) complete 50 employee follow-up phone interviews; 3) mail gift cards to all survey participants; 4) complete data analyses; and 5) begin report write-ups.

In addressing each of the above goals, URI researchers did the following activities:

1. Since only about 28% of our goal of 500 surveys was attained with telephone surveys, an email version was created, which included screening criteria that limited access to those employed in Rhode Island during the time of a life event, meaning the arrival of a new child or the need to care for a seriously ill family member. It was sent to URI employees and a list of approximately 22,000 Rhode Islanders who had accessed the TDI system in 2014. In all, over 1,000 surveys were at least partially completed, of which approximately 900 were used for most analyses.
2. 50 in-depth phone interviews were completed in May-June by co-PIs Silver and Mederer, of which 47 were usable. Interviews were recorded and transcribed by URI grad students.
3. $15 gift cards were mailed to 913 survey participants who completed the entire survey, and to the 50 interviewees by URI graduate students.
4. Data analyses were begun.
5. Report write-up was deferred until the fourth quarter.

**Fourth Quarter.** The goals of the fourth quarter (July 1, 2015 – September 30, 2015) were to 1) complete analyses and write up of survey data; 2) complete analyses and write-up of interviews and focus groups; 3) develop and present key relevant findings to DLT; 4) develop full dissemination plan, including publications, fact sheets, press releases, and events; 5) complete reports of findings for public consumption. Because of dissemination scheduling issues, a 3-month no-cost extension was requested and granted, with a new program end date of Dec. 31, 2015.

In addressing of each of these goals, URI researchers did the following:

1. Fourth quarter activities included with data analyses and the beginning of report write-up.
2. Qualitative analyses of interviews and focus group completed; write-up begun
3. A presentation of findings, focused on awareness and application process, was delivered to the DLT administrative staff on November 4, 2015.
4. Dissemination plan developed with the Rhode Island Women’s Fund, which includes a) presentation to the WeCare Coalition and friends, a Rhode Island coalition of 35 businesses, policy centers, and organizations in support of the TCI legislation on December 9, 2015, b) a Business Leaders presentation, date TBD; d) television press release of general findings on Nov. 19, 2015, c) a press conference at the Rhode Island State House inviting legislators and the public, date TBD, 3) development and dissemination of TCI brochure, literature, etc., by WFRI, date TBD.
5. Development of reports for public consumption are in process and will be completed during the no-cost extension period.

B. Status Update on Leveraged Resources

In-kind time by DLT staff and external advisors has been committed toward planning and advisory activities. Setting up the grant in the URI research and budget office took more time than expected, and occurred in the third quarter of the grant. Invoices, including retroactive payment for URI efforts occurred in the fourth quarter and during the no-cost extension period.

In the third quarter, the Women’s Fund of Rhode Island provided a $5,000 mini-grant to support the purchase of gift cards.

C. Status Update on Strategic Partnership Activities

Partners include the SLRC at URI, with which the researchers are affiliated, the RI DLT, the Women’s Fund of Rhode Island (WFRI), the Institute for Women’s Policy Research (IWPR), and through our partnership with Senator Gayle Goldin, Family Values at Work. Through in-person meetings and email, URI researchers and DLT administrators worked closely to plan the development of the survey, securing the phone and email participant databases, the logistics of its launch, and training of DLT survey call staff. DLT administrators oversaw the administration of the phone survey, and managed the administrative and financial aspects of the grant. The Women’s Fund was instrumental in providing additional funding for incentive gift cards, and in planning dissemination activities to the WeCare RI advocacy coalition, key legislators, and the general public. The Women’s Fund will also be in contact with interviewees who have agreed to be contacted to request testimonials for public dissemination. IWPR serves as an advisory member and will also assist with report dissemination.

The Women’s Fund has assisted in sending out email survey notices to their coalition members and in awarding mini-grant funding, and external advisory member Gayle Goldin has offered assistance in sending out email notices to her constituencies. Additional partners include the Advisory Team, including Senator Gayle Goldin, who has been instrumental in planning and dissemination activities.
D. Timeline for Grant Activities and Status of Deliverables

September – December 2014: Initial project activities included background research, communication with DLT, Women’s Fund, and Advisory Team members, survey theoretical constructs and hypotheses developed, and survey construction. There were no deliverables scheduled.

January – March 2015: Survey development was completed and piloted by late-January, and was launched in early February. A telephone protocol was developed and DLT call staff training was conducted. In mid-late March an email version of the survey was distributed to: Craig’s List, URI employees (as non-TCI users), the Rhode Island WeCare Coalition, and Senator Goldin’s listserv. Through these means, by the end of March we had secured an additional 100+/- surveys, though mostly from non-TCI users. DLT administrator interviews were completed. Deliverables include the survey, which is attached as Appendix A.

April – June 2015: The survey was sent to the DLT list of approximately 22,000 in mid-April, and we received over 2,000 responses in just over a week, not all of which were valid or completed. Data cleaning began in June, along with preliminary analyses. In-depth phone interviews were conducted by Silver and Mederer. Gift cards were mailed by SLRC graduate students. In-depth interviews were completed and transcribed by mid-June. Deliverables include completion of interviews – a completed write-up is pending.

July – September 2015: In-depth phone interviews were transcribed by SLRC graduate students, and quantitative data analyses were conducted. Plans began to organize the findings into reports, and initial plans began for dissemination. A no-cost extension was granted by the DOL to extend funding throughout the fall, as WFRI was to receive a sub-award from the grant to engage in dissemination activities, which now are planned to extend through the end of the year. Deliverables include completed survey report and dissemination materials and events.

October – December 2015 (no-cost extension period): A PowerPoint presentation to the RI DLT occurred in early November. A Providence, RI television station will air an interview on the research on November 19; a newspaper press release will also appear this week. A presentation to the WeCare RI Coalition is scheduled for December 9. A DOL webinar with New England grantees and Commissions on Women is scheduled for Dec. 11. A RI state-house press conference will be widely publicized and held in early 2016. Remaining deliverables, including a full report for public dissemination, and press materials, such as fliers, fact sheets, etc., are pending, and most will be delivered by the end of the no-cost extension period. A summary of relevant survey findings is attached as Appendix B, and interview findings as Appendix C.

E. Key Issues and Technical Assistance Needs

Two significant issues arose: 1) the need to secure funding for gift card incentives, which in retrospect should have been originally considered in grant planning, and which we were able to solve; and 2) the surprisingly low response rate from the phone survey, requiring additional strategies to secure responses. We have concluded that many factors contributed to this, including a cumbersome phone protocol, recording DLT-provided baseline data from all who did not answer the phone, variable productivity of DLT call staff, and other factors. As noted, we solved this issue by converting to an email
survey, which was successful. While this constitutes a convenience sample, and therefore not wholly representative of Rhode Islanders who may not be aware of TCI, it provides a rich database of people who have used the program. The phone and email samples displayed statistically significant differences with respect to a number of variables, especially TCI satisfaction-related variables, with the phone sample indicating greater satisfaction levels with TCI, reflecting potential response bias due to social desirability. To avoid biasing our findings, most analyses were conducted with only the DLT email sample, which constituted the majority of the sample for the present data collection.

The remaining key issue is the extension of dissemination plans and materials, which should be accomplished at or near the end of the no-cost extension period.

F. Best Practices and Success Stories

We are confident that the employee survey developed and our findings will provide an important contribution to the existing literature on paid leave. Representing current thinking in the literature regarding paid leave and workplace solutions that impact employee success, it can provide a model for other states or municipalities considering or examining their own programs. Highlights of our findings are reviewed in Appendix B, and include: a more refined perspective on who knows about TCI and who does not; identification of the aspects of TCI, mostly financial, that are the least known; and the findings that the application process was viewed positively by most respondents. Barriers to TCI use included lack of awareness, insufficient wage replacement, and worry about job loss. Additionally, a variety of positive outcomes for employees who took TCI versus some other kind of leave were found and include those that impact personal health and well-being, family and care-receiver outcomes, family economics, and possibly the workplace. Future research questions that this study suggest include exploring how to increase the participation in TCI leave in underserved populations, including men, how to increase the use of TCI for ill family care, how to better educate employers about the business benefits that paid leave can reap, and how employers can better promote TCI to their workers.

The offering of gift cards was a best practice we should have considered originally, as we might have had more success securing contributions from the pharmacy companies or other sources that we initially approached. Conversion to an email survey also should have been considered originally, but we were unaware of accessible email listservs at the time. Both of these practices have contributed significantly to the success of the project.

Securing the DLT’s permission to send an email out to 22,000+ TDI users was successful in terms of securing a large sample. The interviews also provided rich sources of qualitative information. We believe both methods have increased awareness of TCI among Rhode Islanders.

Conducting qualitative interviews has garnered a rich collection of stories, testimonials, and anecdotal data that has greatly enriched our understanding of Rhode Islanders’ experiences, attitudes, challenges, and success stories surrounding paid leave. These data highlight the significant challenges working caregivers sometimes face, and overwhelming suggest that TCI users are uniformly grateful for the availability of paid leave. We believe the interview data will substantially round out and illustrate our quantitative findings, putting a “human face” on the experiences of working caregivers. A summary of interview highlights is included as Appendix C.
Appendix B

Highlights of Relevant Survey Findings

The brief summary below represents some of the key findings from the survey research. A full, detailed report including overview of statistical analyses, illustrative tables and graphics, interview analyses, and implications of findings is in process. This will be provided to the DOL by the end of the no-cost extension period.

METHODOLOGY

Samples. The Leave Policies survey was based on phone and email contacts totaling 3,409 Rhode Island employees. Of these, 2,128 either did not answer the phone, declined to participate, left the survey early, or did not have a life event for which they could have taken leave from work during the past year, thus making them ineligible to complete the email survey. The final sample consisted of 1,087 participants: 83 URI participants, 842 DLT email participants, and 162 DLT phone participants (of which 46 agreed to complete only the awareness section of the survey). As the URI sample is not eligible for TCI, it was eliminated from all analyses except the first Awareness questions. Additionally, comparisons of responses, especially those pertaining to satisfaction with the TCI program, between the DLT phone and email samples revealed potential social desirability response biases, with the data suggesting the phone sample inflated their responses. As such, the DLT phone sample was only included for the Awareness and Application Process sections.

Taken together, the Awareness and Application Process sections were comprised of a sample of 1,004 DLT phone and email samples, and the remaining analyses were comprised of 740 - 842 DLT email respondents, depending on which questions examined.

A total of 740 email respondents indicated what type of leave they took, as indicated below.

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Bonding</th>
<th>Ill family care</th>
</tr>
</thead>
<tbody>
<tr>
<td>TCI users</td>
<td>394</td>
<td>318</td>
<td>76</td>
</tr>
<tr>
<td>Non-TCI other leave</td>
<td>241</td>
<td>105</td>
<td>136</td>
</tr>
<tr>
<td>No leave takers</td>
<td>105</td>
<td>10</td>
<td>95</td>
</tr>
<tr>
<td>TOTAL</td>
<td>740</td>
<td>433</td>
<td>307</td>
</tr>
</tbody>
</table>

DEMOGRAPHICS

The demographics across samples were similar. Females comprised 85% of the sample. The majority (81%) identified as white, 7% identified as Hispanic/Latino, and 4% each identified as African American and Asian. Other ethnicities were under 2% of the sample. Half the sample earned under the sample median of $42,000, and half earned above. Half (48%) had a Bachelor’s degree or higher, 12% had a high school diploma or less. Almost half (45%) work for employers with over 500 employees. Over half the sample were offered 5 weeks or more of paid employer benefits; a large proportion of this leave was the offer of paid maternity leave. Only 16% had between 0 and 5 days of paid employer benefits.
AWARENESS

Generally, just over half of respondents were aware of the TCI program. Those with greater awareness included individuals with higher incomes, more education, and a higher amount of paid employer leave, as well as those between the ages of 25-39, whites, and those who work for larger employers. Because the DLT sample respondents all had some access to the TDI system in 2014, it is likely that this population is more aware of the TCI than the general RI population. As such, TCI awareness may be below 50% for the general population of RI.

About 90% of those aware of TCI, both men and women, were well aware of how TCI can be used, but less aware of the financial aspects of the program, including how the program is funded (28% awareness) or what the level of wage replacement is (43.5%). They were also not as aware of a unique aspect of the Rhode Island program: the offer of job security (57%).

Rhode Islanders were most likely to hear about TCI from family and friends (26%), followed by their employer (20%), the DLT and/or co-workers (14% each), and a doctor or clinic (9%).

APPLICATION PROCESS

Nearly half of respondents had their applications approved in under 2 weeks, though nearly a third had to wait a month or more. There are no significant differences in sub-group experiences with the time to application approval, though lower income workers had longer waits for approval. Women and whites are significantly more likely to get their first benefit checks sooner. Generally, people are satisfied or very satisfied with all aspects of the application process, including 1) ease of navigating the TCI website (65%); 2) amount of paperwork (70%); 3) time to complete the application (70%); 4) clarity of the instructions (61%); and 5) amount of time to have application approved (54%).

COMPARISON OF LEAVE GROUPS (TCI leave, non-TCI leave, no-leave)

Multivariate analyses of variance show that TCI leave takers were significantly more satisfied with access to leave information and aspects of their leave compared to those who took other types of leave. This included 1) access to website information about TCI; 2) access to information about TCI from employer; 3) access to other leave information from employer; 4) level of wage replacement; 5) total length of leave, and 6) transition back to work. Almost all TCI leave takers (88%) took the full 4 weeks of leave. For bonding, 91% of women and 68% of men took all 4 weeks, and 66% or women and 57% of men took 4 weeks for ill family care. Proportionally, TCI leave takers are much more likely to take bonding leave than other leave groups, and much less likely to take ill family leave. While TCI leave-takers are about equally likely to take ill family leave to care for a parent, spouse/partner, or child, it is noteworthy over half of other leave-takers and almost all of no-leave takers cited care for an ill family member as their life event, and this care was most often for a parent or in-law. While TCI users had a significantly higher number of paid employer paid leave days, both TCI and other leave takers took multiple kinds of other leaves, including TDI (66% of TCI leave takers and 53.5% of non-TCI leave takers) and a variety of paid and unpaid leave options, primarily paid sick time, paid vacation time, and FMLA. TCI leave takers were
significantly more likely to report higher levels of satisfaction across many aspects of both bonding and ill-family leave, detailed below.

FACILITATORS/BARRIERS

For those who didn’t take the full 4 weeks of leave, half couldn’t afford to take more time, and 41% worried about negative job repercussions. Across all groups, the primary reasons leave, TCI or otherwise, would not be taken is the inability to afford the loss of income, and for non-TCI users, a lack of awareness of the program. The third most commonly cited barrier speaks to both lack of awareness of job security and an aspect of workplace culture: fear of job loss. Other issues of workplace culture that were frequently cited as barriers include a lack of supervisory support, fear of negative job repercussions, and a lack of employer benefits. The worry about losing their jobs for those who chose to take no leave was correlated with a lack of supervisory and colleague support for taking leave.

SUMMARY OF IMPACTS

Our data, both survey and in-depth interviews, suggest that TCI leave correlates with many positive work-related, personal, family, health, and financial outcomes, more so than other types of caregiving leave. Many of the positive survey outcomes are presented below. While some employees had to take on extra work duties during regular working hours when co-workers took leave, in most cases this had no impact on them, and in fact, TCI leave-takers, compared to other types of leave takers, reported higher job satisfaction. Statistically significant findings include:

Family-related. Compared to those who took other kinds of leave, TCI leave takers were significantly more likely to report:

- Higher satisfaction with the ability to provide care to new child
- Higher satisfaction with ability to bond with new child, both during leave, and since leave ended
- Higher satisfaction with ability to arrange child care
- Higher satisfaction with the ability to re-organize life to be both a worker and a caregiver for both ill family and bonding leave

Financial-related. While controlling for income and number of hours worked, about 29% of TCI-leave takers reported an increase in personal income since taking leave, compared to 16% of those taking some other kind of leave and 8% of those taking no leave. Conversely, only 18% of TCI leave takers reported a decrease in income compared to 38% of other leave-takers, and 19% of those taking no leave. As well, compared to those who took other kinds of leave, TCI leave takers were significantly more likely to report:

- Greater likelihood to see an increase in income since leave
- Higher satisfaction with ability to maintain financial stability both during leave and afterwards for both bonding and ill family leave
- Higher satisfaction with level of wage replacement
**Health-related.** Compared to those who took other kinds of leave, TCI leave takers were significantly more likely to report:

- Better overall physical health
- Lower general stress
- Lower daily stress for caregivers of ill family members
- Lower daily stress for other family members of ill family caregiver
- Higher number of well-baby visits
- Higher satisfaction with level of care able to provide new child
- Higher satisfaction with ability to initiate breastfeeding
- Lower percentage of choice to not breastfeed

**Employer-related.** About 60% of respondents reported having a co-worker take a week or more of leave for family or medical reasons; 75% of these overall, and 81% of those in organizations of under 20 employees, reported that those leaves had neither a positive nor negative impact on them. A majority of workers (57%) who took leave had their leave covered by other employees during regular working hours. Only 11.5% had their work covered by a temporary hire, and 4% by overtime hours of regular employees. Compared to those who took no leave and those who took other kinds of leave, TCI leave takers were significantly more likely to report:

- Greater job satisfaction
- Greater supervisory support
- Higher satisfaction with ability to re-organize life to be both a worker and a caregiver
- Less organizational politics
- Higher number of paid employer leave days

**SUMMARY TAKE-AWAYS**

Based on Awareness and Application Process Findings, the launch of the TCI program has been positive from the employee perspective. The majority of TCI users were satisfied or very satisfied with most aspects of the process. The DLT was offered the following recommendations for continuing to refine the program:

- Develop targeted marketing, outreach, and education to less aware populations.
- Employees, particularly women and low-wage employees should be made more aware that they are paying into the program.
- Efforts should be made with both employees and employers to clarify that a TCI-user’s job or an equivalent job must be there for them when they return to work.
- Encouraging employers to disseminate TCI information is important, as this is the second most commonly cited source of information, remembering that 46% of workers had not heard of TCI at all.
- Media outlets might be good targets to increase men’s use of TCI, but might not be the best vehicle for reaching lower income, non-white populations.
- Doctors and clinics should be more proactive in disseminating TCI information, since lower income workers cited this as a source more often than higher income workers. Only 9% of
the women who answered this question cited this as a source, a small number considering that 69% of them had the arrival of a new child as their life event.

- DLT might want to continue to collect demographic data on application approval times and receipt of first benefit checks to detect any trends based on demographics.

Based on survey and interview findings, awareness of the ability to take leave to care for ill family members may be less than for bonding, and less recognized as valid or legitimate reasons to request leave. Understanding what cultural norms, and workplace and structural barriers, such as the required 1-week leave increment, might exist could contribute to targeted outreach efforts aimed at increasing use of TCI for ill family care.

Outreach to employers is important to apprise them of the positive business outcomes that correlate with TCI usage. Data indicate that TCI-leave takers report higher percentages of satisfaction across all workplace indices, and neutral impacts on co-workers, findings that could be of interest to employers. Positive health and well-being outcomes, also of interest to employers, should also be stressed when promoting TCI.

Noteworthy is the relatively low levels of satisfaction among both TCI and other-leave takers with the amount of employer-provided information about TCI and other leave options, as well as interview reports that some employers do not readily share this information, another indicator that outreach to employers could be increased. More research needs to be done to determine what aspects of workplace culture contribute to the willingness or unwillingness to take TCI leave.

In summary, our findings indicate that TCI is needed and appreciated. Many positive benefits have been experienced, more so than for those taking other types of leave, which can have important impacts on employee effectiveness and well-being, as well as larger economic and public health issues.

Some of these include

- Workers who take TCI leave are able to maintain better financial stability,
- arrange alternative child or ill family care, transition back to work more easily,
- initiate breastfeeding, re-organize their lives more effectively,
- experience less stress, and report overall better physical health.
- They are more satisfied with their level of wage replacement and the total length of their leave.

SUMMARY OBSERVATIONS RELATED TO PROGRAM STRUCTURE AND PROGRAM OUTREACH

Program Structure

1. If TCI was not available, almost half indicated they would not have taken leave because they couldn’t afford the loss of income and didn’t have other benefits, and they were worried about job loss.

2. Our data suggest that inclusion of job security in TCI is important for its success, and a model for other states, and this aspect needs to be more actively marketed, since employee awareness is low.
3. Wage replacement is a barrier to many employees. Developing more equitable wage replacement strategies can be a future policy goal.

4. The restriction of taking leave in 1-week increments may contribute to the low levels of ill family care leave, suggesting a re-consideration of this aspect of the legislation.

5. Encouraging more men to use TCI for newly-arrived child claims might be aided by re-considering the label of “bonding” to describe this leave, as this term may elicit cultural stereotypes that this is an activity more suited to women than men.

Program Outreach

1. Almost half of respondents were unaware of the TCI program, and awareness varies by subgroups. Awareness should be increased through targeted program outreach, to, for example, doctors’ offices/clinics and Hispanic populations.

2. To increase the willingness to use TCI, employees might better understand that TCI is insurance that they are paying for, the aspect of which they are least aware.

3. Ill family leave is less often taken; this care often occurs without workers taking any leave from work. Efforts could be made to understand what barriers might contribute to this. Education and outreach should target both employers and employees about the validity of taking leave for ill family care reasons.

4. Common concerns included fear of job loss, negative job repercussions, lack of supervisory support, and other indicators that workplace cultures could be more supportive of the legitimacy of the need to take family leave. Employers need education about the bottom-line business benefits of supporting caregiving employees.
Appendix C

Qualitative Interviews

Two series of in-depth interviews were conducted to supplement the quantitative survey data.

DLT MANAGERS AND STAFF

The first series of interviews was conducted with RI Department of Labor and Training TDI-TCI employees in March 2015. Separate in-person, one-on-one interviews were conducted with 6 members of the Management Team. A focus group of 8 front line call-staff members was subsequently held. The call-staff members who participated were chosen by the management team, based on their reputation as involved, knowledgeable, and committed employees.

The purpose of both the interviews and focus group was to better understand the successes and challenges encountered during the first year of TCI’s implementation from the point of view of program employees. Both in the management team and the call-staff members were asked to describe their roles in TCI, how the addition of TCI affected their workloads, the difficulty in administering the new program, their impressions of clients’ views of TCI, and their own observations and suggestions about how the TCI application process might be improved. Because DLT employees are RI state workers, they were also asked to reflect on how they felt about administering a program to which they, themselves, had no access.

The one-on-one interviews were not audio recorded; the interviewers (Silver, Mederer, and Djurdjevic) took careful notes during the interviews and transcribed the notes immediately after they were completed. Likewise, the focus groups were not audio recorded, but one research team member led the discussion, and two researchers took notes on the conversation without attributing identities to comments. These notes were transcribed immediately after the focus group was completed. A summary of these interviews is pending.

FOLLOW-UP SURVEY RESPONDENT INTERVIEWS

In May and June 2015, 50 telephone follow-up interviews were conducted with a random sample of survey respondents who agreed to be re-contacted. This sample included people who had used TCI, people who were eligible but had not used TCI, people who had used TDI, and people who had used no paid leave. The purpose of these interviews was to gather more in-depth information to supplement the survey data.

Interview respondents received an additional $15 pharmacy gift card as an incentive to participate in the interview. These telephone interviews were audio-recorded and transcribed.

The interview protocol was comprised of open-ended questions that asked respondents to reflect more on their experience with TDI or TCI, or in the case of those who had not used any paid leave, their experience of family care without any leave. For those respondents who used TCI for family care, questions about stress, bonding success (or impact on their relationship with the ill family member) provided more information about the quality of the leave. For those
respondents who used TCI for newborn care, questions about the impact of TCI leave on breastfeeding decisions and ability were asked, and for both newborn and ill family care, their ability to reorganize their lives to be both effective caregivers and workers was also queried. Additionally, questions about how the leave was handled at their workplace, including perceptions of supervisor and colleague support, and information about their transitions back to work in regard to stress and possible repercussions was also gathered. Finally, the interviewees were asked for their assessment on the quality of the TCI program, and recommendations for improvements in the application process.

The transcription of the telephone interviews was analyzed for recurring themes using a grounded theory approach, using an iterative process of analyzing the data to identify themes until theoretical saturation was reached (Glaser and Strauss, 1967), categorizing the interview data by theme, followed by further theme refinement.

A brief summary of themes and general findings follows here. This qualitative information in the form of quotes will be used heavily in outreach activities to illustrate program strengths and challenges, as well as to garner further support for the program.

**Data analysis overview**

Analysis of interview data revealed the following themes:

- Variations in program awareness and sources of information,
- Adequacy of income replacement,
- General experience of quality of TCI leave including
  - stress
  - family well-being,
- Perceived impacts of leave on
  - job stability and security,
  - workplace support
  - bonding with newly arrived child or on relationship with sick family member,
  - ability and willingness to breastfeed newborn children,
  - helping respondents reorganize their lives to simultaneously be effective workers and caregivers,
  - the ease of transition back to work

**Program awareness and sources of information**

Similar to the survey findings, there was variation in how accessible information about TCI was to respondents. Many interviewees elaborated that they were not aware of their eligibility for TCI and that their supervisors and human resource departments were not main sources of information. Respondents reiterated that employers, especially, need to develop ways of disseminating information about the program.

**Application process**

Respondents were asked how they might improve the application process, and were mixed in their assessment of how easy the application process was. Many were very pleased with the process, exemplified by this respondent: “The process was easy... I had a little glitch here and there but it was never a problem - the application process went very well. The TDI and TCI workers were so helpful...” or “Once I had the information it was very easy with respect to getting everything processed. They contacted my employer and HR got right back to them once
they got the paperwork back. It went through pretty fast.” However, others were confused about the different processes and timelines applying for TDI versus TCI, including difficulties maneuvering the TDI website, and the waiting period for applying to TDI versus TCI. A few offered recommendations for the application process: “I think there should be like one sheet that states this is how you do everything. It was so confusing online I didn’t know where to apply, whether it is for TDI or TCI, and I couldn’t reach anyone on the phone.” Several others agreed they had difficulties reaching TDI on the phone for help, “you can’t go there, and no one will answer the phone.” One woman commented, “I think someone needs to understand what it’s like – to go on the website and actually try to apply for TDI in the middle of labor. No one is going to see the TCI part - you’re thinking about how you’re going to survive labor!”

Adequacy of income replacement
Respondents were grateful for the income replacement that TCI provided, and many stated that they would have had to take no leave or unpaid leave if TCI hadn’t been available. However, respondents who reported having economic challenges in general also spoke to the difficulty of losing 40 percent of pay during their leaves. By far, most respondents elaborated the theme that without TCI income replacement, the caregiving experience would have been done without leave, unpaid leave, or shorter leave.

General experience of TCI leave
Interviewees overwhelmingly elaborated myriad positive ways that TCI had helped them maneuver family caregiving. “I didn’t have to worry,” “It eased my stress,” and similar positive phrases spontaneously were offered throughout almost all interviews. Of note were several strong statements about how TCI helped facilitate partner leave, and therefore, more division of caregiving within married or domestic partners. A number of new parent respondents spontaneously commented on how TCI had helped other children adjust to the arrival of a new child.

Perceived impacts of leave
Interviewed respondents cited many impacts of leave that were arrayed into the categories stated above. The data on job security impact was mixed with some respondents offering the perception that it negatively affected job stability, but more respondents indicating that the leave helped them return to their jobs. Likewise, data about workplace support revealed diversity of experiences surrounding the quality of communication and work coordination about leaves. There was no variation in how respondents felt TCI leave had impacted their ability to bond with their new child or increase satisfaction with their relationship with their ill family member. All respondents felt that TCI was instrumental in helping them negotiate the transition to caregiving more smoothly. “Very valuable,” “Very appreciated,” “wonderful,” were common themes. One respondent commented on her ill family member’s reaction: “They were very grateful, but sometimes they felt badly that they were imposing and being a burden, but I told them not to worry, and explained that I had the time. . .”

The majority of new mothers who participated in the interviews agreed that having paid time off following the birth of their child had positively influenced either their decision to breastfeed, the length of time they breastfed their new child, or both.

Respondents also indicated that the time off had made a positive impact on their ability to have the time to reorganize their lives effectively in such a way that they were able to return to work
as productive workers and effective caregivers. A related theme which emerged was that paid time off allowed them not only to bond with newborns or care for ill family members, but also to arrange longer-term caregiving with more thoughtfulness and confidence in its quality.

Finally, the in-depth interviews also revealed that the leave had eased their transition back to work in several ways. Many respondents spoke of workplace support in regard to having their work covered by co-workers during their leave so that they didn’t come back to a mountain of work, having collegiality and co-worker support for their leave. However, interview data also revealed experiences of returning to work that were not positive. These data will help to pinpoint where workplaces might create more effective transition practices.

Reference