

# For the Health of Our Families: Engaging the Health Community in Paid Family Leave Outreach and Education



the work and family legal center

October 2018

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Principal Author: Molly Weston Williamson  
Contributing: Madeleine Gyory, Sherry Leiwant, Dina Bakst  
Published by A Better Balance (c) October 2018



## Who We Are

A Better Balance is a national legal advocacy organization dedicated to promoting fairness in the workplace. We help workers across the economic spectrum care for their families without risking their economic security. Through legislative advocacy, litigation and public education, A Better Balance leverages the power of the law to ensure that no workers have to make the impossible choice between their job and their family. We believe that when all working parents and caregivers have a fair shot in the workplace, our families, our communities and our nation are healthier and stronger.

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*With thanks for the support of the Annie E. Casey Foundation*

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## Introduction

In 2016, New York passed a landmark paid family leave law, under which benefits began on January 1, 2018. This law presents a game-changing opportunity to improve the health of working families—if workers know about and can use their new rights. Outreach and education are therefore crucial elements of effective implementation. In this effort, health care providers are potentially invaluable partners in reaching those most likely to benefit from the law, but previous efforts have not always been effective in engaging these key stakeholders.

This Report canvasses the research on the health benefits of paid family leave for working families at all stages of life. After extensive consultation with health leaders from across the state, the Report lays out a series of expert recommendations for engaging the health community in outreach and education around the law. At a time when an unprecedented number of states are working to create their own programs, these recommendations provide a blueprint not only for New York but for states across the country.

# Paid Family Leave: A Critical Step for Our Families' Health

Today, the United States remains one of only two countries in the world, along with Papua New Guinea, with no national paid parental leave benefit of any kind.<sup>1</sup> Only 13% of private sector workers receive paid family leave through their employers to bond with a new child or care for a seriously ill or injured family member; among low-income workers, the number is even lower.<sup>2</sup>

The Family and Medical Leave Act of 1993 (FMLA) is the only major federal protection in this area. The FMLA gives covered employees the right to up to twelve weeks of unpaid leave to bond with a new child or care for a family member with a serious health need, time which can also be used for an employee's own serious health needs or for certain needs in connection with a family member's military deployment. Employees covered by this law have the right to return to work after taking FMLA leave (job protection) and to continuation of their health insurance during leave. It is against the law to punish or retaliate against employees for exercising their rights under the FMLA.

However, the FMLA suffers from two significant limitations. First, it does not cover all employees. In order to qualify for FMLA leave, an employee must work for an employer with at least fifty employees within a seventy-five-mile radius of the employee's worksite, must have worked for that employer for at least twelve months, and must have

worked at least 1,250 hours for that employer within the last twelve months. Taken together, these requirements mean that more than 40% of American workers are not covered by the FMLA.<sup>3</sup> Those excluded are disproportionately lower income and less educated workers.<sup>4</sup>

Second, even for those who are covered, FMLA leave is *unpaid*. This means that for many workers, especially low-income workers living paycheck to paycheck, FMLA leave is out of reach—they simply cannot afford to forego the income, particularly at these crucial life junctures. This is why, in one survey, nearly half of surveyed FMLA-eligible workers who needed time off but did not take it attributed their decision to lack of pay for FMLA leave.<sup>5</sup> In the same survey, among employees who took some FMLA leave, half reported they cut needed leave short for financial reasons.<sup>6</sup>

As a result, too many Americans are unable to take the leave they need when welcoming a new child or caring for a seriously ill loved one or are forced to take leave unpaid, creating additional stress. This lack of access to desperately needed paid family leave has predictable and devastating consequences for the health of American families.

**13%** percent of private sector workers receive paid family leave through their employers.

## **Bonding Leave & Health**

The first purpose of paid family leave is to allow new parents to bond with a new child. In all American laws, this time is available equally to parents of any gender (as opposed to “maternity leave” and “paternity leave”), reflecting a profound commitment to gender equality. In virtually all American laws this leave is available to parents regardless of how a new child joins their family: through birth, adoption, or foster care. When parents can take this leave, both parents and children reap many significant health benefits.

First, the ability to take leave after birth is a critical factor in establishing and sustaining breastfeeding. Mothers who return to work within twelve weeks of giving birth are less

likely to breastfeed at all and, when they do, breastfeed for less time than those who stay home longer.<sup>7</sup> Those who return to work within just six weeks of delivery are especially unlikely to establish breastfeeding initially and, if they do establish breastfeeding, are disproportionately likely to stop breastfeeding early.<sup>8</sup> In this context, it is unsurprising that access to paid leave has substantial positive effects on breastfeeding. For example, one leading study of California’s paid family leave program found that use of paid family leave more than doubled the average number of weeks of breastfeeding and, among workers with low-quality jobs, notably increased the percentage of women who initiated breastfeeding at all.<sup>9</sup>

Breastfeeding, in turn, has significant and well-documented positive health impacts.



For infants, in the short term, breastfeeding substantially reduces the risk of serious respiratory infections,<sup>10</sup> ear and throat infections,<sup>11</sup> and gastrointestinal infections, including necrotizing enterocolitis, an especially dangerous condition.<sup>12</sup> Breastfeeding also has positive longer-term health impacts for children, including reducing the risk of childhood inflammatory bowel disease, obesity, and diabetes.<sup>13</sup> Increased duration of breastfeeding is also correlated with reduction in childhood leukemia and lymphoma.<sup>14</sup> The short and long term health benefits of breastfeeding are especially pronounced for babies born prematurely, including boosting their vulnerable immune systems.<sup>15</sup>

Paid family leave is also tied to reduction in infant and child mortality. In one study of 141 countries, controlling for other factors, an increase of ten full-time-equivalent weeks of paid maternal leave reduced neonatal and infant mortality rates by 10% and the mortality rate of children younger than five by 9%.<sup>16</sup> As other research on country-level data has shown, providing paid, job-protected leave reduces infant and child mortality, while other leave (unpaid leave or leave without clear job protection) does not have the same effect.<sup>17</sup> This effect compounds the impacts of increased breastfeeding for reducing infant mortality and SIDS.<sup>18</sup>

When parents are able to take the leave they need when a child is born, children also reap other important health benefits. For example, children whose parents return to work within

twelve weeks are less likely to receive regular checkups in their first year of life and less likely to get important vaccinations than those whose parents do not return to work in that period.<sup>19</sup> Even controlling for other factors, longer parental leaves are associated with higher vaccination rates.<sup>20</sup> For children less than three months of age, exposure to people outside their family, such as in a group child care setting, can be extremely risky for their young immune systems, particularly because very young infants can become sick quickly and without obvious symptoms.<sup>21</sup> This is why health experts, including the American Academy of Pediatrics and the American Public Health Association, recommend that even healthy, full-term infants should not be placed in childcare until they are least three months old.<sup>22</sup>

Nor are health benefits of bonding leave limited to children bonding with their biological parents. Children adopted as infants have the same health needs as other very young children, while adopted children of all ages also face specific needs while adjusting to a new home. The first six months of a foster placement are a critical adjustment period for foster children of any age, during which children need time to bond with their foster parents.<sup>23</sup>

Bonding leave also has important maternal health benefits. As noted above, access to paid leave increases rates of breastfeeding, which provides crucial physical and mental health benefits to nursing mothers. In the short term, these include decreased postpartum



blood loss and decreased risk of postpartum depression.<sup>24</sup> In the long term, these include a lifetime decreased risk of type 2 diabetes,<sup>25</sup> rheumatoid arthritis,<sup>26</sup> and ovarian and breast cancer.<sup>27</sup>

Yet the impacts of paid leave on maternal health are not limited to those tied to breastfeeding. On the whole, paid leave is associated with better physical and mental health for mothers.<sup>28</sup> Taking leave after a child's birth lowers the risk of postpartum depression<sup>29</sup> and may reduce the risk of depression later in mother's lives.<sup>30</sup> Conversely, taking too little leave, particularly leave of less than eight weeks, is associated with reduced overall postpartum health.<sup>31</sup> Women who take paid maternity leave have a 51% decrease in the odds of being re-hospitalized within 21

months of giving birth as compared to those who took unpaid leave or no leave.<sup>32</sup> Taking paid leave also has positive associations with stress management and exercise, which can translate into better health.<sup>33</sup>

Expanding paid leave may also help redress existing maternal health disparities. For example, one study found that the positive effects of increasing the length of paid maternity leave are especially pronounced for low-resource families.<sup>34</sup> Moreover, there are significant racial disparities in maternal health, especially for Black women who are significantly more likely to die in childbirth or experience serious complications than white women.<sup>35</sup> At the same time, one in four Black workers report that there was a time in the last two years when they needed or wanted to take leave for family or medical reasons but were unable to do so—more than twice the rate of white workers.<sup>36</sup> Greater access to paid leave can help bridge these gaps.

Fathers can also reap important health benefits from taking leave. One large study found that, over the long term, fathers who took paternity leave took less sick time, needed fewer days of inpatient care, and even had longer life expectancy than men who did not take leave.<sup>37</sup> More broadly, fathers taking longer family leaves have increased satisfaction in their contact with their children<sup>38</sup> and greater engagement in their children's lives.<sup>39</sup> Greater involvement in their children's lives, in turn, can translate into improved physical health for fathers.<sup>40</sup>

## Family Care Leave & Health

The second purpose of paid family leave is caring for a seriously ill or injured family member, what is known as “family care leave.” Like bonding leave, family care leave provides significant health benefits to both caregivers and care recipients.

Today, nearly one in three U.S. households provide care for an adult loved one with a serious illness or disability.<sup>41</sup> With an aging population, these numbers will only increase. Family caregivers help their loved ones recover more quickly and spend less time in hospitals.<sup>42</sup> Unpaid family caregivers also help to ease the burden on our crowded hospitals and long-term care facilities, freeing up resources for other crucial health needs. For example, recipients of family caregiving are less likely to have nursing home care or home health care paid for by Medicare.<sup>43</sup>

Family care leave also benefits children with serious health needs. Research shows that ill children have better vital signs, faster recoveries, and reduced hospital stays when cared for by parents.<sup>44</sup> Paid leave is a crucial part of this equation, because parents with paid leave are more than five times more likely to care for their sick children than those without.<sup>45</sup> In one study, parents of children with special needs who received paid leave were more likely to report positive effects on their children’s physical and mental health than those who took leave without pay.<sup>46</sup>

Research on cancer patients and their loved ones showcases these effects. Seventy

percent of caregivers for cancer patients with paid leave reported that having leave had a positive impact on their ability to provide care for their loved one.<sup>47</sup> In the same population, 72% of those with access to paid leave reported it has a positive effect on their ability to attend doctor or treatment appointments with their loved one.

Paid family care leave also has important health benefits for caregivers, who face many negative health repercussions from caregiving. In studies, caregivers are more likely than non-caregivers to report overall fair or poor health.<sup>48</sup> This effect is especially acute among comparatively high-hour caregivers, those caring for a spouse, and those caring for a loved one with a mental health condition.<sup>49</sup> Nearly half of all caregivers report moderate or high physical strain on themselves as a result of their caregiving responsibilities, while 63% of caregivers report moderate or high emotional stress.<sup>50</sup>



These pressures have concrete effects on caregivers' health. In one recent study, one in six caregivers (17%), including one in three low-income caregivers (31%), reported their general health has declined since becoming a caregiver.<sup>51</sup> More than half of all caregivers (55%) reported "My own health takes a backseat to the health of my care recipient."<sup>52</sup>

Family caregivers providing eldercare are more likely to report suffering from depression, diabetes, hypertension, and pulmonary disease than comparable non-caregivers.<sup>53</sup> Similarly, one study found that spousal caregivers have three times the rate of clinical depression of the general population of adults in their age group and have poorer physical health overall than non-caregivers.<sup>54</sup> Employed family caregivers, in particular, often find it difficult to make time for their own health care needs or to get important preventive health screening like mammograms.<sup>55</sup> The period of transition into

heavy caregiving responsibilities can have a particularly pronounced negative health impact on caregivers.<sup>56</sup>

Similar effects are seen on America's estimated 5.5 million military caregivers—people caring for a loved one who became ill or injured through military service.<sup>57</sup> Military caregivers suffer profound physical and mental health challenges as a result of their caregiving responsibilities.<sup>58</sup> For example, in one major study, 58% of military caregivers reported "delaying/skipping your own doctor/dentist appointments" due to their caregiving responsibilities.<sup>59</sup> Physical and mental health difficulties are especially common in those caring for veterans and servicemembers who served after September 11, 2001.<sup>60</sup>

Paid family leave can alleviate many of these harms, improving caregivers' health prospects. Research shows that access to paid family leave improves caregivers' mental and emotional health.<sup>61</sup> Greater access to paid time away from work can also increase caregivers' ability to address their own health needs, improving their health outcomes.<sup>62</sup> Among caregivers for cancer patients, a majority of those with access to paid leave reported that it had a positive impact on their own health.<sup>63</sup> More broadly, access to paid leave can reduce the financial stress of caregiving,<sup>64</sup> which may ameliorate negative health impacts. A majority of caregivers are employed, which can mean difficulties in balancing work and care responsibilities that paid leave can help to relieve.<sup>65</sup>



## ***Making Health Benefits a Reality: The Importance of Outreach & Engaging the Health Community***

New York's paid family leave law builds on the state's existing temporary disability insurance (TDI) system. Since 1949, New York has required almost all private sector (non-government) employers to provide TDI coverage to their employees. TDI provides partial income replacement when covered workers are unable to work due to an off-the-job illness or injury, including pregnancy-related disabilities and recovery from childbirth.

New York is one of a small handful of states that have required TDI coverage for decades. In recent years, most of these states have expanded their TDI programs to extend similar benefits to workers bonding with a new child or caring for a seriously ill or injured relative. California was the first to do so with a law enacted in 2002, followed by New Jersey in 2009 and Rhode Island in 2014. New York's law learns from the examples of these states, while also breaking important new ground for working families. In particular, the experience of these states has driven home the need for outreach and education as an essential component of an effective paid family leave program.

Although California's paid family leave program has been in place the longest, awareness remains shockingly low. In a 2014 poll, only about a third of respondents (36%)



were aware of the law,<sup>66</sup> even though it had been in effect for a decade. Even California workers who could directly benefit from the program are often unfamiliar with it: one survey of workers who had experienced a life event covered by the program found that more than half of surveyed workers were unaware of the program.<sup>67</sup> Troublingly, low-wage workers, immigrant workers, and Latino/a workers were especially unlikely to know about paid family leave.<sup>68</sup> Similarly, a survey of California parents of children with special health care needs, a group especially likely to need paid family leave, found that just 18% of these parents had heard of the program and even fewer (5%) had used it.<sup>69</sup>

Research in other paid family leave states has shown similar results. In Rhode Island, one study found 46.3% of respondents were unaware or unsure of the state's paid family leave program.<sup>70</sup> Even more alarmingly, in New Jersey, a 2012 poll found that only 39.7% of respondents had "seen or heard anything

about” the program.<sup>71</sup> In both states, less educated and lower-income workers and workers of color were disproportionately likely to be unaware of their respective state’s law.<sup>72</sup>

Workers cannot use a program they do not know exists, which means that low awareness translates into low use. For example, research in New Jersey found that lack of awareness was a major contributor to qualifying low-income parents not using the program.<sup>73</sup> Therefore, to avoid repeating the mistakes of past programs, New York must ensure comprehensive outreach from the beginning of its landmark program.

Because of the major health benefits of an effective paid family leave program, the members of the health community are natural partners in this effort. In virtually all cases,

circumstances that implicate paid family leave will involve a health care provider. For bonding leave, this may be an obstetrician or pediatrician; for family care leave, this could be a wide variety of practitioners, including oncologists, gerontologists, mental health providers, and those specializing in chronic conditions. Health providers, therefore, may be uniquely well positioned to identify those who could benefit from paid family leave.

Moreover, providers are trusted sources of information for patients and families. Among caregivers, medical providers are one of the most commonly cited sources of information to assist in their caregiving duties, alongside friends and family.<sup>74</sup> That’s why in California, for example, workers reported that they would have expected to hear about paid family leave from their health care providers.<sup>75</sup>



# New York's Paid Family Leave Law

New York's paid family leave law was passed in spring 2016 as part of the state's budget process and was signed into law by Governor Andrew Cuomo in April 2016. Benefits under the law began on January 1, 2018. New York's law builds upon the state paid family leave laws that came before it and serves as a strong model for states looking to create their own programs.

The law covers almost all private sector (non-government) employees in New York State. Most workers can take leave when they have been employed for twenty-six weeks (approximately six months), while some low-hour part-time workers may need to work for slightly longer. Unlike the FMLA, there is no minimum number of employees to be covered, so even those who work for an employer with as few as one employee are covered. The paid family leave law applies regardless of workers' citizenship or immigration status.

Under the new law, covered New York workers can take paid family leave in any of three situations. First, workers can take leave to bond with a new child joining their family, including a child newly placed for adoption or foster care. Parents of any gender can take bonding leave within twelve months of the child's birth or placement, allowing families to decide for themselves when and how to use their leave.

Second, workers can take leave to care for a seriously ill or injured family member, including a parent, child, spouse, domestic partner,

parent-in-law, grandparent, or grandchild. This leave can be taken when a covered family member has a serious physical or mental illness, injury, or condition, meaning a health need that requires either some form of inpatient care or continuing treatment or supervision by a health care provider. This covers a wide variety of caregiving situations and health needs. For example, this leave could be taken to care for an elderly parent or grandparent injured in a fall or battling Alzheimer's, a child with a chronic condition like asthma, or a spouse or domestic partner receiving chemotherapy for cancer.

Third, workers can take leave for certain needs in connection with a close family member's active duty military service abroad. For example, workers can take time to make financial or legal arrangements (like a will or power of attorney) for their servicemember, adjust childcare or eldercare arrangements, attend military events, or even spend time with a servicemember home on a short-term rest and recuperation leave. New York is the first state in the country to provide paid leave for this purpose (and will be joined by Washington State in 2020 and Massachusetts in 2021).

The number of weeks of leave workers will be able to take will go up over time. In 2018, workers can take up to eight weeks of paid family leave. When the program is fully phased in, starting in 2021, workers will be able to take up to twelve weeks of paid family leave. Providing the right to at least twelve

weeks of paid family leave was an important goal of those that fought for New York's law because this amount of leave is linked to many important health impacts as detailed earlier in this report. For children with two covered parents, each parent will be able to take the full amount of leave, adding up to a total of up to twenty-four weeks of paid family leave when the program is fully phased in.

Similarly, the benefit level (the amount of money workers will receive while on leave) will also phase in over four years. In 2018, workers receive 50% of their average weekly wage (about half of their regular paycheck), up to a cap of \$652.96 per week. Both the wage replacement rate (the percentage of their own income workers will receive) and the cap will go up over time. In 2021, when the program is fully phased in, workers will receive 67% of their average weekly wage (about 2/3 of their regular paycheck), up to a cap that will be set at 67% of the state average weekly wage.<sup>1</sup> After 2021, the cap will be readjusted each year to 67% of the state average weekly wage, ensuring that the benefit will keep up with inflation.

After taking paid family leave, workers have the right to return to work, either to the position they held prior to leave or to a comparable position. This crucial protection applies to *all* workers covered by the paid family leave law, including many workers excluded from coverage under the FMLA who previously

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<sup>1</sup> The state average weekly wage is recalculated each year and generally increases over time. The current New York state average weekly wage, set based on 2016 data, is \$1,305.92. If the cap were set today at 67% of the state average weekly wage, the maximum benefit would be approximately \$874.97 per week. Based on past trends in growth of the state average weekly wage, the maximum benefit in 2021 is likely to be somewhat higher than this number.



had *no* legal right to even unpaid family leave. Research shows that, without confidence that they will be able to get their jobs back afterwards, many workers (especially low-income workers) are reluctant to take the leave they need.<sup>76</sup> The security of knowing they have a job to return to may also reduce the stress associated with welcoming a new child or addressing a family health crisis, allowing workers to make the childcare or other arrangements they need while on leave and then return rested and ready to work.

The law also guarantees workers who receive health insurance through their employers the right to continuation of that health insurance while on leave on the same terms as while they are working. This means that parents will be able to keep the coverage they need to ensure that new babies get their checkups and needed vaccinations; for family caregivers, this means that taking paid family leave will not risk the insurance coverage a seriously ill spouse or child relies upon when they need it the most. Continuation of health coverage is also important to ensure that caregivers do not neglect their own health needs.<sup>77</sup>

# A Blueprint for Success: Recommendations from the Health Community

In response to the lessons learned from other states, New York officials led by the administration of Governor Andrew Cuomo and advocates like A Better Balance committed early to engaging the health community in outreach and education around the state's groundbreaking law. We sought out the advice and experience of experts from across the state to ascertain the most effective tactics, not only for New York but for states across the country looking to engage the health community in their own efforts.

To that end, we convened a series of roundtable discussions over the course of 2016 and 2017.<sup>2</sup> These discussions brought together selected high-level government officials with the leaders of key statewide health organizations, including the American Academy of Pediatrics, the Alzheimer's Association, and the Greater New York Hospital Association, the New York State Association of Licensed Midwives, the Home Care Association, and the Healthcare Association of New York State.

We also engaged physical and mental health providers from across the Veterans Affairs health system and providers working with military families. To ensure the distinctive needs of health care providers outside New York City were represented, we conducted a targeted roundtable with key upstate health

leaders in Rochester, NY. This conversation brought together leaders of key regional health organizations, like Planned Parenthood of Western and Central New York, with direct service providers with on the ground experience, like the St. Joseph's Neighborhood Center. We also presented to and consulted with the African American Health Coalition, which works to redress racial inequality in health throughout the Finger Lakes region.

Building on these events, we also consulted with a broad set of health leaders from across the state. These conversations tapped the knowledge of additional targeted organizations, like the American College of Obstetricians and Gynecologists, the Community Health Care Association, the Center for the Independence of the Disabled of New York, the National Association of Social Workers, and the Mental Health Association of New York City. We were also in close touch with state and local government health officials.



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<sup>2</sup> We are grateful for the support of the New York State Health Foundation and the Greater Rochester Health Foundation in hosting these discussions.

## Recommendations

Out of these conversations, we formed several key recommendations for effectively engaging the health community in paid family leave outreach. They are as follows.

### ***Recommendation 1: Start early.***

As our yearlong effort demonstrated, it is never too soon to start the conversation. A lengthy head start allowed health leaders to shape implementation and outreach plans from the outset. With enough lead time, partners were also able to incorporate paid family leave outreach work into their calendars for the year, providing ample time for feedback and follow up.

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### ***Recommendation 2: Establish an open dialogue between health leaders and government officials.***

One of the core assets of New York's program, dating back to the governor's key role in championing the law, is a profound commitment on the part of the state to ensuring the strongest possible program. Through participation in our roundtables discussion as well as a broad variety of other outreach and partnership efforts, stretching across dozens of agencies, state officials worked (and continue to work) closely with the health community throughout the implementation process.

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### ***Recommendation 3: Spread the word through existing channels.***

Outreach should use existing information networks to reach providers, rather than needlessly reinventing the wheel. Sources

that providers already rely upon and trust, like the statewide association for their practice specialty or local medical societies, can vouch for the quality and reliability of the information provided. As a result, when individual providers have questions about paid family leave, they will know they can turn to these trusted organizations for more information or to connect to additional resources.

These organizations are experienced at disseminating information to their members effectively. Several statewide organizations sent out e-mail blasts about the paid family leave law to their members or included information about it in their newsletters, while others provided information at existing trainings or meetings. Conferences can also be efficient opportunities to reach large numbers of providers.

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### ***Recommendation 4: Identify the most effective contact point within a practice.***

Health leaders stressed the importance of targeting the right individuals to provide information to patients and families. Because practitioners are constantly pulled in many directions with many different demands on their time, other individuals within a practice or health setting may be better situated to identify those who may benefit from paid family leave and connect them with information.

This determination is context dependent. Many health partners suggested social workers as the ideal point of contact, particularly in a hospital setting. In smaller offices, practice managers or other front office staff members fill this role. Because they already do similar work, several organizations suggested that health care navigators, who assist patients with their rights under the Affordable Care Act, were natural resources for providing information on paid family leave.

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***Recommendation 5: Provide the right materials for providers and patients.***

Health leaders also stressed the importance of knowing the target audience when developing collateral materials. Many asked for detailed resources, such as “quick answer guides” that allow providers and staff to look up information in an accessible manner.

Others asked for talking points or other brief information to train practitioners on, positioning providers to provide very basic initial information and then direct patients and families to additional resources as needed. The appropriate format will also depend on the practice setting: for example, organizations representing home care providers asked for electronic resources, because their providers are rarely in a shared physical space.

Our health partners universally reported that materials for patients and family members to use themselves should be short. At most, these resources should be no more than one page; several leaders cited effective past campaigns using bookmarks, stickers, or magnets, which have even less text. These tools should provide an easy route to additional support, such as a hotline or website, if needed.

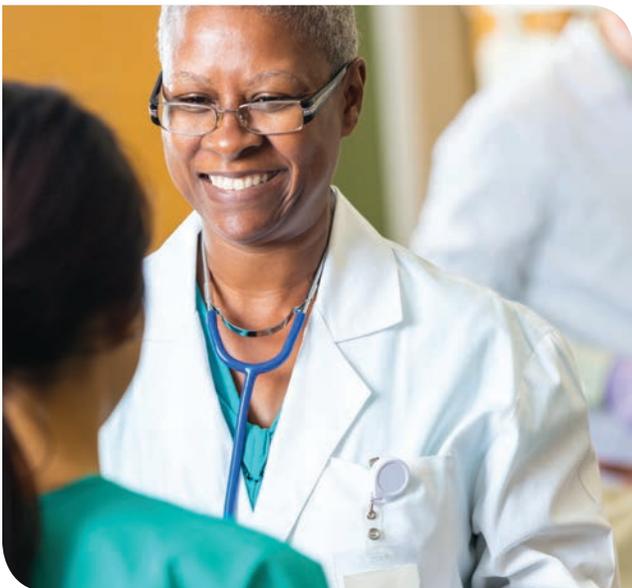


Accessibility across a number of dimensions was a recurring theme. Language access and providing resources in a number of different languages came up in nearly every conversation, across all regions and specialties. Advocates also stressed the importance of using plain language to include those with low literacy. Accessibility also varies by audience. For younger targets, online resources are crucial, particularly mobile-friendly sites (because many low-income people access the Internet exclusively on their phones), while older audiences may be more comfortable with paper tools.

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***Recommendation 6: Use differentiated messages to reach specific audiences.***

Because paid family leave touches patients and their families across the life cycle, effective outreach must meet the distinctive needs of many different populations. This allows for careful targeting of the most relevant messages, giving patients and providers only



the information that is relevant to them at that moment. For example, specific information regarding bonding leave is highly relevant to pediatricians and obstetricians, while family care messages are more important for gerontologists, oncologists, and those specializing in chronic diseases.

On a similar note, providers emphasized the fact that the timing of relevant conversations may vary based on the setting, which may require additional tailoring. Many of those who will use bonding leave have some time to plan for the arrival of their new child, allowing practitioners to sow the seeds thoughtfully over the course of prenatal treatment. The need for family care leave may come on more suddenly and often at a time when a new diagnosis has caused a crisis reaction, when caregivers are dealing with several different new pieces of information at once. In those circumstances, providers and their staff may need to wait until a follow-up visit for families to be ready to take in the information. Effective outreach should equip providers and practices with the knowledge and tools appropriate to the scenarios they are most likely to face.

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***Recommendation 7: For family care leave, go where the caregivers are.***

The family care context also provides some unique challenges for connecting with the workers who can benefit from the program, since they themselves are not the patients. Where possible, identifying programs within or tied to health facilities and organizations

that specifically target caregivers can be extremely effective. For example, the VA Caregiver Support program is a federally funded program that provides a variety of resources to veterans' caregivers through VA hospitals. Similarly, the NY Connects program, which operates statewide through local partners, works with a variety of long-term caregivers.

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***Recommendation 8: Remember, providers are people, too.***

Effective engagement with the health care community must reflect the fact that providers wear multiple hats. Hospitals, medical practices, and home care agencies must interact with New York's paid family leave program as employer as well as sources of information for patients and families and

need specific support in that capacity. In addition, providers as individuals may benefit from the program: in roundtables and one-on-one conversations, many different members of the health community shared their own stories as patients, caregivers, and new parents.

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***Recommendation 9: Keep the outreach going.***

While a strong initial outreach campaign for a new program is essential, a one-time initiative is not enough. Instead, outreach and education must be an ongoing process to ensure that patients and their families get the information they need when they need it. This requires real, continuing commitment of both government and philanthropic resources, including supporting community partners.

## Next Steps: New York and Nationwide

Today, the United States stands on a tipping point in the spread of laws guaranteeing workers the right to paid leave. Since the passage of New York's landmark law in spring 2016, three other jurisdictions—the District of Columbia, Washington State, and Massachusetts—have already passed their own laws, joining pioneer states California, New Jersey, and Rhode Island. Many more states look to join that list.

Passing strong laws is an essential part of ensuring that all workers have the right to take the leave they need when they and their families need it. But even the strongest law will remain only a paper promise unless it is paired with effective outreach and engagement, which, as this Report has shown, must include engaging with the health care community.

# Acknowledgments

*A Better Balance is grateful for the assistance of the health leaders and advocates who contributed to these recommendations, including:*

AARP New York

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Alzheimer's Association

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American Academy of Pediatrics

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American College of Obstetricians & Gynecologists

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American Red Cross

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Blue Star Families

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Bronx VA Medical Center

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Bronx VetCenter

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Canandaigua VA Medical Center

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Center for the Independence of the

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Disabled of New York

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Cohen Military Families Clinic at NYU

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Common Ground Health

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Community Health Care Association

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of New York State

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Community Service Society

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Elizabeth Dole Foundation

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Finger Lakes Performing Provider System

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Greater New York Hospital Association

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Healthcare Association of New York

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Healthy Baby Network

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Home Care Association of New York State

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Iraq & Afghanistan Veterans of America

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Institute for Veterans Military Families

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at Syracuse University

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LeadingAge New York

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Lifespan

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Manhattan VA M C

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Mental Health Association of New York City

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Monroe County Medical Society

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National Association of Social Workers New York City

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New York State Association of Licensed Midwives

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NYC Veterans Alliance

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New York Legal Assistance Group

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New York State Association of Health Care Providers

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New York State Perinatal Association

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PHI

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Planned Parenthood of Central and Western NY

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Planned Parenthood of the Southern Finger Lakes

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Queens VetCenter

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River Hospital

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Salvation Army

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St. Joseph's Neighborhood Center

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Staten Island VetCenter

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The Children's Agenda

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United Hospital Fund

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United Way of Greater Rochester

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VA Caregiver Support Program

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VA-VISN2 Downstate Mental Health Care Line

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*A Better Balance would also like to thank the many government officials who attended our roundtables or provided assistance in the preparation of this report, including:*

Office of Governor Andrew Cuomo

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New York State Department of Health

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New York Workers' Compensation Board

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New York City Department of Health and Mental Hygiene

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New York City Department of Veterans Services

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Office of Senator Kirsten Gillibrand.

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*We are especially grateful for the support of the Annie E. Casey Foundation in preparing this report and the assistance of the New York State Health Foundation and the Greater Rochester Health Foundation in conducting these roundtables. We also thank the New York Women's Foundation and New York Community Trust for their support of our New York paid family leave work.*



## Endnotes

- 1 International Labour Organization, *Maternity and Paternity at Work: Law and Practice Across the World* 16 (2014), [http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms\\_242615.pdf](http://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_242615.pdf).
- 2 *National Compensation Survey: Employee Benefits in the United States, March 2017*, BUREAU OF LABOR STATISTICS, (Sept. 2017), <https://www.bls.gov/ncs/ebs/benefits/2017/ownership/private/table32a.htm>
- 3 Helen Jorgenson and Eileen Appelbaum, *Expanding Federal Family and Medical Leave Coverage: Who Benefits from Changes in Eligibility Requirements*, CENTER FOR ECON. & POLICY RESEARCH 3, <http://cepr.net/documents/fmla-eligibility-2014-01.pdf>; see also Ann O'Leary, *How Family Leave Laws Left Out Low-Income Workers*, 28 BERKELEY J. EMP. & LAB. L. 1 (2007) (offering a general critique of the FMLA's impact on low-income workers).
- 4 Jorengson and Appelbaum, *supra* note 3, at 6.
- 5 National Partnership for Women & Families, *A Look at the U.S. Department of Labor's 2012 Family and Medical Leave Act Employee and Worksite Surveys* 2 (2013), <http://www.nationalpartnership.org/research-library/work-family/fmla/dol-fmla-survey-key-findings-2012.pdf>.
- 6 *Id.*
- 7 Lawrence M. Berger, Jennifer Lynn Hill, and Jane Waldfogel, *Maternity Leave, Early Maternal Employment and Child Health and Development in the U.S.*, 115 THE ECON. J.L. no. 501, F29, F39-F40 (2005).
- 8 Sylvia Guendelman, Jessica Lang Kosa, Michelle Pearl, Steve Graham, Julia Goodman, and Martin Kharrazi, *Juggling Work and Breastfeeding: Effects of Maternity Leave and Occupational Characteristics*, PEDIATRICS 123, no. 1, e40 (2009).
- 9 Eileen Appelbaum and Ruth Milkman, *Leaves That Pay: Employer and Worker Experiences with Paid Family Leave in California*, 25-26 (2011) [www.cepr.net/publications/reports/leaves-that-pay](http://www.cepr.net/publications/reports/leaves-that-pay).
- 10 Exclusive breastfeeding for four months reduces the risk of hospitalization for lower respiratory tract infections in the first year by 72% and reduces the severity of respiratory syncytial virus bronchiolitis by 74%. The American Academy of Pediatrics, *Policy Statement: Breastfeeding and the Use of Human Milk*, PEDIATRICS, Vol. 129, No. 3, p. e828-29 (March 2012), <http://pediatrics.aappublications.org/content/pediatrics/129/3/e827.full.pdf>.
- 11 *Id.* at e829.
- 12 *Id.*
- 13 *Id.* at e830.
- 14 *Id.*
- 15 *Id.* at e831.
- 16 Jody Heymann, Amy Raub, and Alison Earle, *Creating and Using New Data Sources to Analyze the Relationship Between Social Policy and Global Health: The Case of Maternal Leave*, PUBLIC HEALTH REP. 126 (Suppl 3): 127-134 (2011) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3150137/>.
- 17 Sakiko Tanaka, *Parental Leave and Child Health Across OECD Countries*, 115 ECON. J. F7, F20-21 (2005).
- 18 The American Academy of Pediatrics, *supra* note 10, at e829.
- 19 Berger, Hill, and Waldfogel, *supra* note 7, at F44.
- 20 Mark Daku et al., *Maternal Leave Policies and Vaccination Coverage: A Global Analysis*, SOCIAL SCIENCE & MEDICINE 74 (2012) 120-124; Mohammad Hajizadeh et al., *Paid Maternity Leave and Childhood Vaccination Uptake: Longitudinal Evidence from 20 Low-and-Middle-Income Countries*, SOCIAL SCIENCE & MEDICINE 140 (2015) 104-117.
- 21 American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education, *Caring for Our Children: National Health and Safety Performance Standards, Third Edition*, 7-8 (2011).
- 22 *Id.*
- 23 Annette Semanchin Jones and Susan J. Wells, *PATH/Wisconsin-Bremer Project: Preventing Disruptions in Foster Care* (2008).
- 24 The American Academy of Pediatrics, *supra* note 10, at e831.
- 25 Alison M. Stuebe, Janet W. Rich-Edwards, Walter C. Willett, JoAnn E. Manson, Karin B. Michels, *Duration of Lactation and Incidence of Type 2 Diabetes*, JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION 294 (20): 2601-2610 (2005).
- 26 Elizabeth W. Karlson, Lisa A. Mandl, Susan E. Hankinson, and Francine Grodstein. *Do Breastfeeding and Other Reproductive Factors Influence Future Risk of Rheumatoid Arthritis? Results from Nurses' Health Study*, *Arthritis & Rheumatology* 50(11): 3458-3467 (2004).
- 27 The American Academy of Pediatrics, *supra* note 10, at e832.
- 28 Zoe Aitken et al., *The Maternal Health Outcomes of Paid Maternity Leave: A Systematic Review*, SOCIAL SCIENCE & MEDICINE 130 (2015) 32-41; Belinda Hewitt et al., *The Benefits of Paid Maternity Leave for Mothers' Post-Partum Health and Wellbeing: Evidence from an Australian Evaluation*, SOCIAL SCIENCE & MEDICINE 182 (2017) 97-105.
- 29 Pinka Chatterji and Sara Markowitz, *Family Leave After Childbirth and the Mental Health of New Mothers*, THE JOURNAL OF MENTAL HEALTH POLICY AND ECONOMICS 15 (2012).
- 30 Mauricio Avendano, Lisa Berkman, Agar Bruglavini and Giacomo Pasini, *The Long-Run Effect of Maternity Leave Benefits on Mental Health; Evidence from European Countries*, SOCIAL SCIENCE & MEDICINE, 132:45-53 (May 2015).
- 31 Chatterji & Markowitz, *supra* note 29.
- 32 Judy Jou et al., *Paid Maternity Leave in the United States: Associations with Maternal and Infant Health*, 20 MATERNAL AND CHILD HEALTH JOURNAL 20 (2018) 216-225.
- 33 *Id.*
- 34 Louise Voldby Beuchert et al., *The Length of Maternity Leave and Family Health*, 43 LABOUR ECONOMICS 55, 67 (2016).
- 35 National Partnership for Women & Families, *Black Women's Maternal Health: A Multifaceted Approach to Addressing Persistent and Dire Health Disparities*, <http://www.nationalpartnership.org/research-library/maternal-health/black-womens-maternal-health-issue-brief.pdf> (April 2018).
- 36 Juliana Horowitz, Kim Parker, Nikki Graf, & Gretchen Livingston, *Americas Widely Support Paid Family and Medical Leave, but Differ Over Specific Policies*, PEW RESEARCH CENTER, pg. 54, <http://assets.pewresearch.org/wp-content/uploads/sites/3/2017/03/22152556/Paid-Leave-Report-3-17-17-FINAL.pdf> (March 23, 2017).
- 37 Anna Månsson et al., *Paternity Leave in Sweden – Costs, Savings and Health Gains*, HEALTH POLICY 82 (2007) 102-115, 107, 112.
- 38 Linda Haas & C. Phillip Hwang, *The Impact of Taking Parental Leave on Fathers' Participation in Childcare and Relationships with Children: Lessons from Sweden*, COMMUNITY, WORK & FAMILY, 11:1, 85-104 (2008).
- 39 Maria del Carmen Huerta et al., *Fathers' Leave, Fathers' Involvement and Child Development Are They Related? Evidence from Four OECD Countries*, OECD Social,

Employment and Migration Working Papers, No. 140, OECD PUBLISHING (2013).

40 Lorenzo Escot, José Andrés Fernández-Cornejo, Carlos Poza, *Fathers' Use of Childbirth Leave in Spain. The Effects of the 13-Day Paternity Leave*, POPULATION RESEARCH POLICY REV. (2014) 33:419-453, 420.

41 Catherine Albiston & Lindsey Trimble O'Connor, *Just Leave*, 39 HARV. J. L. & GENDER 1, 16 (2016).

42 See, e.g., A. Houser & M.J. Gibson, *Valuing the Invaluable: The Economic Value of Family Caregiving, 2008 Update*, AARP PUBLIC POLICY INSTITUTE 1-2, 6 (Nov. 2008); A. Houser & M.J. Gibson, *Valuing the Invaluable: A New Look at the Economic Value of Family Caregiving*, AARP 6 (June 2007).

43 Houser & Gibson, *supra* note 42, at 6.

44 See S. J. Heymann, A. Earle & B. Egleston, *Parental Availability for the Care of Sick Children*, PEDIATRICS, Vol. 98 No. 2, 226-30 (Aug. 1996); S.J. Heymann, *THE WIDENING GAP: WHY AMERICA'S WORKING FAMILIES ARE IN JEOPARDY AND WHAT CAN BE DONE ABOUT IT* (2000) 57.

45 Jody Heymann, Sarah Toomey, and Frank Furstenberg, *Working Parents: What Factors Are Involved in Their Ability to Take Time Off from Work When Their Children Are Sick?* ARCHIVES OF PEDIATRICS & ADOLESCENT MEDICINE, vol. 163, no. 8, fn 4-2 (Aug 1999).

46 Mark A Schuster, et al., *Perceived Effects of Leave from Work and the Role of Paid Leave Among Parents of Children with Special Health Care Needs*. AMERICAN JOURNAL OF PUBLIC HEALTH, 99(4):698-705 (April 2009) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2661484/>.

47 *Key Findings-National Surveys of Cancer Patients, Survivors, and Caregivers*, AMERICAN CANCER SOCIETY CANCER ACTION NETWORK, <https://www.acscan.org/sites/default/files/ACS%20CAN%20Paid%20Leave%20Surveys%20Key%20Findings%20Press%20Memo%20FINAL.pdf>.

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

49 AARP & National Alliance for Caregiving, *Caregiving in the U.S.* 50-51 (June 2015) <http://www.aarp.org/content/dam/aarp/ppi/2015/caregiving-in-the-united-states-2015-report-revised.pdf>.

50 *Id.*

51 TRANSAMERICA INSTITUTE, *The Many Faces of Caregivers: A Close-Up Look at Caregiving and Its Impacts* (Sept. 2017), page 83, 231, <https://www.transamericainstitute.org/docs/default-source/caregivers-research/the-many-faces-of-caregivers-research-report-2017.pdf>.

52 *Id.* at 55.

53 Metlife, *supra* note 48, at 5.

54 William E. Haley, Laurie A. LaMonde, Beth Han, Stephanie Narramore, & Ronald Schonwetter, *Family Caregiving in Hospice: Effects on Psychological and Health Functioning Among Spousal Caregivers of Hospice Patients with Lung Cancer or Dementia*, THE HOSPICE JOURNAL Vol. 15, Iss. 4, 2 (2000).

55 Metlife, *supra* note 48, at 5.

56 Lynda C. Burton, Bozena Zdaniuk, Richard Schulz, Sharon Jackson, Calvin Hirsch, *Transitions in Spousal Caregiving*, GERONTOLOGIST 43(2):230-41, 230 (April 2003).

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

58 *Id.* at 70-72, 75-81.

59 *Id.* at 72-73.

60 *Id.* at 70-71.

61 Alison Earle and Jody Heymann, *Protecting the Health of Employees Caring for Family Members with Special Health Care Needs*, SOCIAL SCIENCE & MEDICINE, 73:68-78 (July 2011) <http://www.sciencedirect.com/science/article/pii/S0277953611002917?via%3Dihub>; Schuster, et al., *supra* note 46.

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

63 Key Findings, *supra* note 47.

64 Schuster, *supra* note 46; see also AARP, *supra* note 49, at 70-72; Ramchand, *supra* note 57, at 104-107.

65 AARP, *supra* note 49, at 10-11.

66 Mark DiCamillo and Mervin Field, *The California Field Poll. California Center for Research on Women and Families* (2015).

67 Appelbaum and Milkman, *supra* note 9, at 4.

68 *Id.*

69 Mark A. Schuster et al., *Awareness and Use of California's Paid Family Leave Insurance Among Parents of Chronically Ill Children*. JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, 300(9):1047-1055 (2008).

70 Barbara Silver, Helen Mederer, and Emilija Djurdjevic, *Launching Rhode Island's Temporary Caregiver Insurance (TCI) Program: Employee Experiences One Year Later* (2016) <http://www.dlt.ri.gov/tdi/pdf/RIPaidLeaveFinalRpt0416URI.pdf>.

71 Karen White, Linda Houser, and Elizabeth Nisbet, *Policy in Action: New Jersey's Family Leave Program at Age Three*, RUTGERS CENTER FOR WOMEN AND WORK (2013) [http://smr.rutgers.edu/sites/smlr.rutgers.edu/files/documents/FLI\\_Report\\_1-31\\_release.pdf](http://smr.rutgers.edu/sites/smlr.rutgers.edu/files/documents/FLI_Report_1-31_release.pdf).

72 Silver, Mederer, and Djurdjevic, *supra* note 70; White, Houser, and Nisbet, *supra* note 72.

73 Suma Setty, Curtis Skinner, & Renée Wilson-Simmons, *Protecting Workers, Nurturing Families: Building an Inclusive Family Leave Insurance Program*, NEW YORK: NATIONAL CENTER FOR CHILDREN IN POVERTY, Mailman School of Public Health, Columbia University (2016).

74 TRANSAMERICA, *supra* note 51, at 22.

75 Employment Development Department, *Paid Family Leave Market Research* (2015), [http://www.edd.ca.gov/Disability/pdf/Paid\\_Family\\_Leave\\_Market\\_Research\\_Report\\_2015.pdf](http://www.edd.ca.gov/Disability/pdf/Paid_Family_Leave_Market_Research_Report_2015.pdf).

76 See Appelbaum and Milkman, *supra* note 9; Silver, Mederer, and Djurdjevic, *supra* note 70.

77 Ramchand, *supra* note 57, at 73.



*A Better Balance is a legal advocacy organization dedicated to promoting fairness in the workplace and helping workers care for their families without risking their economic security.*

40 Worth Street 10<sup>th</sup> Floor New York, NY 10013 | t: 212.430.5982 | [info@abetterbalance.org](mailto:info@abetterbalance.org)

[abetterbalance.org](http://abetterbalance.org)