

All Oregon Families Deserve Paid Family Leave

When people take time away from work to bond with a new child or to recover from or care for a loved one with a serious health condition, few have access to job-protected paid family and medical leave.

Workers who need to take time off often face a significant loss of income or loss of their job entirely. Lack of access to paid family and medical leaves costs workers \$20.6 billion each year in lost wages.¹

But paid family and medical leave is not just about pocketbooks—it's about family, health and well-being. Access to paid family leave after welcoming a new child into the home combats poverty, promotes bonding and increases health for children and parents. Access to paid medical leave ensures that people surviving cancer

or caring for a family member with broken bones can focus on healing rather than their heating bills.

Today, only 13% of private sector workers have access to paid family leave through their employer.² But four states have passed paid family and medical leave policies to address this national crisis: California, New Jersey, Rhode Island and New York. Paid Family and Medical Leave programs are typically structured as a social insurance program—like Social Security or Unemployment Insurance. Employees and employers contribute less than one percent of payroll to a state-managed insurance fund that administers the family leave benefit. Employees can then submit a claim for wage replacement when they have a qualifying reason for leave. Oregon is poised to continue this state-led trend—and when we do so, Oregon should include all families.



Yee Won's Story:

I was born and raised in Malaysia, but came to the U.S. so that I could safely express my sexual orientation, gender identity and political beliefs.

Separated from my “blood family” by 8,000 miles, I have created a strong chosen family in Portland, OR. My chosen family celebrated with me when I became a U.S. citizen three years ago, took care of me when I was recovering from my gender transition surgery and are named in my living will and my health care directives. As I am currently surviving and healing from cancer, I understand the vital necessity of paid medical leave both for myself and for my chosen family who is caring for me.

The way we define family in workplace and economic policy doesn't recognize nearly 80% of American families.

According to the 2010 U.S. Census, 79.8% of our country's families do not fit the nuclear family model of a married mother and father and their biologically related children. Our families take many forms like blended families, single-parent families, LGBTQ families, chosen families, multi-generational families, mixed immigration status families, and multi-national families; however, many policies continue to define “family” by the nuclear model.

1. Sarah Jane Glynn and Danielle Corley, “The Cost of Work-Family Policy Inaction” (Washington: Center for American Progress, 2016), available at <https://www.americanprogress.org/issues/women/report/2016/09/22/143877/the-cost-of-inaction/>.

2. U.S. Department of Labor, “Bureau of Labor Statistics, Table 32. National Compensation Survey: Employee Benefits in the United States, March 2016,” (Author, 2016), available at <http://www.bls.gov/ncs/ebs/benefits/2016/ownership/private/table32a.pdf>.



Terrie's Story: My family is a safety net that protects an entire community. When my brother is ill, my other brother cares for him. My sisters and I share caregiving for our mother. I am there for my partner's two children with whom I have no legal relationship. When finances are tight, the extended family

ensures that, collectively, we are not spiraling out of control. A broad definition of family in paid family and medical leave will ensure that my family can do its job — caring for each other.

Family bonds are our most personal and intimate, and we should be able to define our families however the reality of our lives dictates.

Current paid leave policies are insufficient and exclude too many families. In addition to nearly 80% of families being excluded, we're now seeing more legislation that would let businesses actively deny services and benefits to families based on their beliefs about what families should look like.

We need a paid family and medical leave insurance program that will allow ALL families the time they need to care for their loved ones. That standard for defining family must be "blood or affinity."

"Blood or affinity" is the definition of family that the federal government uses in its own regulation of federal workers' right to work leave. This definition allows people to include close family relations, regardless of biological or marital ties.

It's time to take a stand and fight for ALL families. How we define family in policy must match with lives of real Oregonians.

THE FACTS ON FAMILY IN OREGON

- Caregiving expenses combined with lost wages can force many families into poverty. Nationally, family caregivers spend on average nearly \$7,000 on out-of-pocket expenses related to caregiving, nearly 20% of their annual income. These out of pocket expenses hit communities of color hardest: Latino caregivers spend nearly 44% of their income on out of pocket expenses, and Black caregivers spend nearly 34%.³ Oregon's families of color are significantly more likely than White families to live in poverty.⁴
- Families of color and immigrant families are most likely to be intergenerational and access kinship care outside of "immediate" family members. Over 1/3 of Oregon children are children of color.⁵
- The vast majority of the nearly 12,000 same-sex couples in Oregon are not married and 16% are raising children who might not have a biological or legal relationship to one parent or caregiver.⁶
- Oregonians, 45 and older, are experiencing challenges providing care for their loved ones—over half of middle-aged and older people providing caregiving have had to take a leave of absence from their jobs or move from full-time to part-time work.⁷

Questions about this bill or about how family is defined in workplace and economic policy?

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3. AARP, "Family Caregiving and Out-of-Pocket Costs: 2016 Report," (2016), available at <http://www.aarp.org/home-family/caregiving/info-2016/caregiving-costly-to-family-caregivers-jj.html>.

4. Oregon Center for Public Policy, "Poverty in Oregon in Six Charts," (2015), available at <http://www.ocpp.org/2015/10/22/fs20151022-poverty-oregon-charts/>.

5. Annie E. Casey Foundation, "Kids Count Data Center," (2015), available at <http://datacenter.kidscount.org/data/tables/8307-child-population-by-race?loc=39&loct=2#detailed/2/any/fale/573,869,36,868,867/1,2,1310,142,4370,4371,3/16885>.

6. The Williams Institute, "Oregon Census Snapshot: 2010," (2010), available at http://williamsinstitute.law.ucla.edu/wp-content/uploads/Census2010Snapshot_Oregon_v2.pdf.

7. AARP, "Oregon Caregiving Survey: Workplace Flexibility for Family Caregivers," (2016).