



Oregon Public Health Association

818 SW 3rd Ave. #1201
Portland OR 97204
www.OregonPublicHealth.org

March 22, 2019

Dear Chairman Barker, Vice-Chairs Barreto and Bynum, and Members of the Committee:

I'm writing today to express the Oregon Public Health Association's support for House Bill 3031, the FAMILI Equity Act, and urge you to advance this important piece of public health legislation.

The Oregon Public Health Association has over 475 members across the state. We are public health professionals representing all components of our public health system: doctors, nurses, dentists, researchers, professors, students, community leaders, and governmental public health professionals, who are committed to improving the health of every Oregonian.

Not all Oregonians are able to take time off from work after the birth of a child or to care for a long-term illness because FMLA does not cover all workers. Furthermore, Oregonians who may be able to access this benefit do not because they cannot afford to go without pay.

The United States is the only industrialized nation in the world that does not offer paid leave for parents of a newborn.(1) Failure to ensure paid family leave for all Oregon workers harms individual families and the public's health.

Major health-related life events in a family, such as pregnancy, birth or adoption of a child, diagnosis of a life-threatening disease, a serious injury leading to lengthy rehabilitation, or the death of a family member, constitute significant sources of physical, emotional, and financial stress. Managing these life events while also meeting responsibilities at work can take its toll on a person's health.(2) Paid family leave would alleviate tensions between competing work and family responsibilities.(3-5)

Maternity leave is one of the most studied forms of employment leave, and, depending on its duration, it is associated with a variety of public health benefits.(6, 7) These benefits include prolonged gestation and reductions in cesarean deliveries,(8) more well-baby visits,(9) decreased infant mortality,(10, 11) longer periods of breastfeeding,(12-15) and improved mental health of new mothers (e.g., less depression and better overall health).(7, 16) In some studies, these positive effects are identified only when the maternity leave is paid.(9, 10, 14-17). Lack of paid maternity leave could perpetuate inequities among lower income women who cannot afford unpaid time off.

Women with children who have paid leave are less likely to require public assistance, and they have higher wages the following year.(18) The importance of parental care for ill or injured children has been reported for decades.(19) The public health benefits include improved pediatric medical and surgical experiences (20-24) and better management of chronic diseases.(25-27)

An estimated 65.7 million US residents serve as unpaid family caregivers to an adult or a child with special needs.(28) Caregivers have a mean age of 48 years and are predominantly female (66%), and

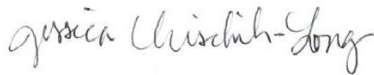
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73% were employed at some time while caregiving.(28) About one-third of caregivers report their situation to be highly stressful.(28) Only 11% of US workers, however, are employed in firms that offer paid family leave.(29)

OPHA urges lawmakers to pass HB 30301 to improve the health of all Oregonians. OPHA is the Oregon affiliate of the American Public Health Association and we support their complete statement on paid family leave. Portions of this testimony are excerpted from their official position statement found here: <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/16/11/05/support-for-paid-sick-leave-and-family-leave-policies>.

On behalf of our membership,

Sincerely,



Jessica Nischik-Long, MPH
Executive Director

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