



## **Testimony in support of the FAMLI Equity Act (HB 3031)**

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## Prepared by

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My name is Dawn Richardson. I am an Assistant Professor at the OHSU-PSU School of Public Health and I am sharing this testimony in strong support of HB 3031.

I am the mother of two young girls, ages 2 and 4. I did not have access to paid leave for either of these high risk pregnancies or births, one of which resulted in a 3 month NICU stay. In addition to this very personal motivation to support the adoption of this policy, as a researcher and epidemiologist who studies maternal/child health, I have a professional investment as well: paid leave policies promote public health. By ensuring that families maintain income during critical times of transition (e.g., adding a child to their family, caring for ailing family members), paid family leave policies can bolster economic stability, minimize financial stress, and facilitate a smooth return to work, particularly for women. These policies promote health and well-being, and have been shown to decrease infant mortality, promote breastfeeding, and improve maternal mental health.

There is a strong body of evidence showing that chronic stress (stemming from structural causes) increases risk for bad outcomes for mothers. These "structural causes"- financial instability, housing instability, discrimination and structural racism- put wear and tear on women's physiology and lead to things like preterm birth, low birth weight, and maternal mobidities. Based on this subtantial body of evidence pointing to chronic stress as a major risk for poor birth outcomes, my research has increasingly focused on how to alleviate that stress and enhance the health of women in the time around childbirth.

I am part of a research team which recently completed an evaluation of a recently adopted paid parental leave policy by Multnomah County here in Oregon. Key findings from this work include: (1) access to a paid leave policy resulted in increased leave taken by new parents, which means that the policy works as intended; (2) employees feel the benefit deeply, both in terms of personal and family health as well as with regard to their commitment to their employer; and (3) employees, based on their experiences with their supervisors (often due to gender, race, and ethnicity), navigated and experiences leave taking very differently, showing that supervisor support is critical.

Our research findings support the need for paid family and medical leave to promote public health in Oregon. Thank you for considering the research evidence and lived experiences of women and families. I urge you to support HB 3031, the FAMLI Equity Act.

Dawn M. Richardson, Dr.P.H., M.P.H.