

Passing Paid Leave Laws Is Just the Beginning: Lessons from the Field on Raising Awareness

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Contents

- The Challenge.....3**
- Innovative Approaches to Implementing Paid Family Leave6**
 - Child Care Center.....6*
 - Affordable Care Act Enrollment Center.....6*
 - Large Health Clinic.....7*
 - Collaboration with a Government Agency.....7*
 - Women, Infants and Children Program.....7*
 - Employer Outreach.....8*
 - Multi-Service Agency.....8*
 - Bellevue Hospital.....8*
- Findings from the Field.....9**
 - Scalability and Institutionalization9
 - Wholesale, Not Retail, Is the More Effective Approach.....9*
 - Aligning Paid Leave with Organization’s Mission.....10*
- Systems’ Change: Overcoming Barriers to Receiving Benefits 11**
 - Gender Bias in State Policy.....11*
 - Restrictive State Regulations.....11*
 - Lack of Training Funds.....12*
 - Partnering with State Agencies to Multiply Effectiveness.....12*
 - State Campaigns to Overcome Barriers to Leave Taking.....13*
- Conclusion..... 14**
- References..... 15**

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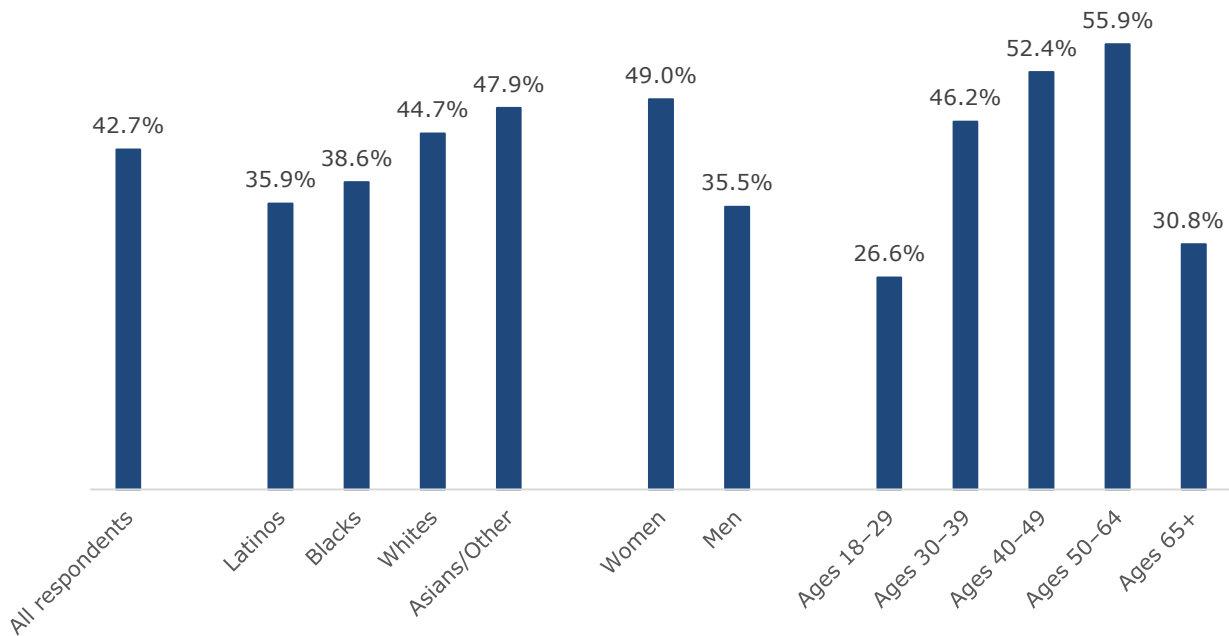
The authors thank the community/advocacy organizations that designed and implemented innovative practices to inform low-income workers and communities of color about their states’ paid leave policies. We thank the organizations that participated in the pilot projects. We express our appreciation to Marianne Bellasorte and Wendy Chun-Hoon of Family Values @ Work (FV@W) for their guidance and leadership of this effort. We are grateful to the Kellogg Foundation for their generous support of FV@W’s activities to increase awareness of paid leave.

The Challenge

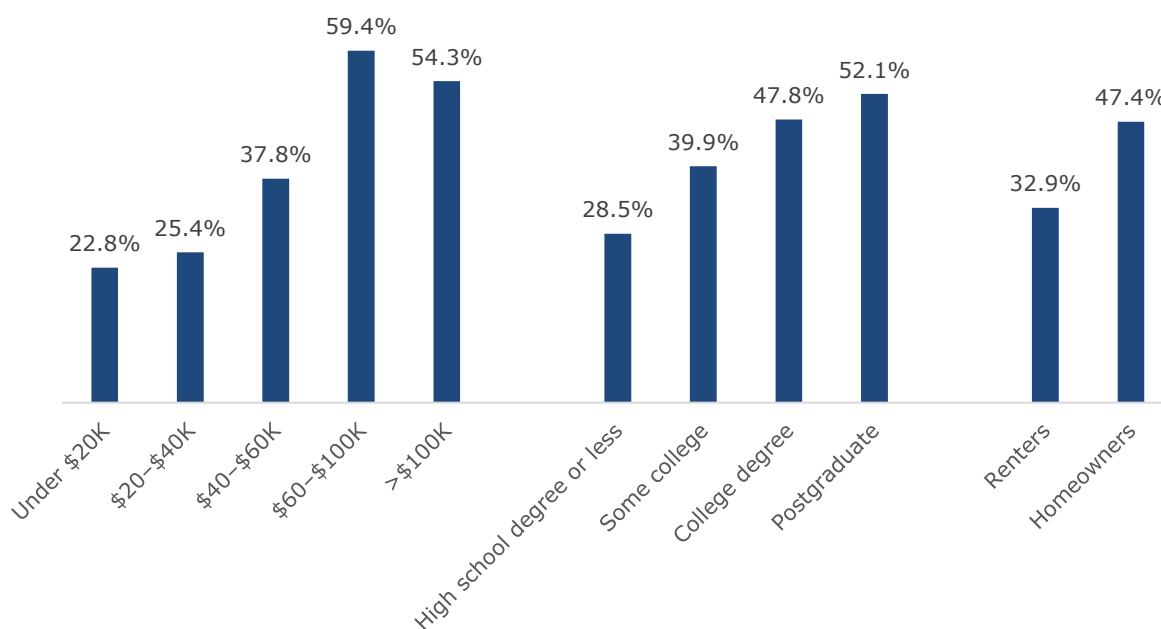
Research has demonstrated the importance of paid leave programs such as paid family leave and paid sick days for workers' economic security. However, despite the existence of these laws in several states, both awareness and usage — especially among workers in low-paid jobs and members of minority communities — have been low. Paid family leave went into effect in California in 2004, in New Jersey in 2008 and in Rhode Island in 2014.

Nearly all private sector workers, including most part-time employees, in these states are eligible to receive part of their weekly pay from a state-run program when they need to take leave to bond with a new child or care for a seriously ill family member. Yet, as a 2011 Field Poll of Californians conducted seven years after paid family leave was implemented in that state found, despite years of paying into these programs, many workers were not aware of the program and so could not take advantage of it (see **Figure 1**). This was especially true of low-wage workers, workers without a college degree, black or Hispanic workers, and those for whom English is not the language spoken at home (see **Figure 2**).

FIGURE 1
Paid Family Leave Awareness in California, September 2011



Source: Milkman and Appelbaum (2013).

FIGURE 2**Paid Family Leave Awareness by Household Income, Education, and Homeownership Status in California, September 2011**

Source: Milkman and Appelbaum (2013).

Thus, 2011 polling data in California found that nearly half of eligible workers — and an even higher share of those who would have benefitted most — lacked awareness of the program. Even among those who had heard of the paid family leave program, many did not know what it covered. Prior research (Milkman and Appelbaum 2013) based on surveys of workers and establishments in California carried out in 2009 and 2010 found that lack of awareness of the law and its provisions are major reasons that workers failed to take leave when they needed it. Many who needed a leave and knew about the program still did not take it, however, citing the low pay replacement rate which made taking the leave unaffordable; the outmoded definition of “family” that did not encompass their family situation; fear of retaliation by their employers; and — among those working for a small employer not covered by the job protection provisions of the federal family and medical leave act — concern that they might not have a job to come back to. Noting that it’s not leave if your employer can fire you for taking it, Rhode Island’s more recent law includes job protection for all leave-takers (and even newer laws in New York and Massachusetts also guarantee job protection).

Milkman and Appelbaum (2013) found that a major way in which workers learned about the state’s paid family leave program was from their employer. Employers with generous paid leave policies are able to save money by coordinating company benefits with the state’s program. These employers have a significant incentive to make their workers aware of the state’s paid family leave benefits. Employers

who provide few or no benefits to workers lack such incentives and may not even have a mechanism in place, beyond the state-required poster, to inform workers about their right to paid family leave.

A California Field Poll conducted in 2015 found that not much had changed: more than half of California workers were still not aware of the state's paid family leave program. And, when California's Employment Development Department (EDD), the agency that administers the state's paid family leave program, asked workers who applied for the leave in October 2015 how they learned about the program, nearly half reported that they had learned of it from their employer. The result? A law intended to level the playing field for workers in low-paying jobs that lack paid leave benefits has, in many instances, contributed to the reproduction of inequality (Milkman and Appelbaum 2014).

With generous support from the Kellogg Foundation, Family Values @ Work (FV@W) undertook a number of innovative projects in California, New Jersey, Rhode Island, and New York (a new entrant into the paid leave field) designed to produce usable knowledge about what works — and what doesn't — in raising awareness among workers most likely to need paid family leave and least likely to know about it. This report examines these projects and draws the lessons learned in the field.

The authors had the privilege of participating in regularly scheduled conference calls with advocates in each state to brainstorm innovative approaches to outreach and education and to provide comments and offer guidance on the interventions. We facilitated an initial meeting of all the state advocacy groups and worked with them to identify workable interventions. A subsequent meeting of all advocates that we facilitated a year or so later provided opportunities for sharing experiences and for drawing lessons from both the more successful and less successful activities that each group undertook. Site visits in New Jersey and California allowed us to learn about the interventions from the perspective of the community organizations that engaged with the advocates. In California, we were also able to observe the relationship the advocates developed with EDD. One of us received all the emails and sat in by telephone on many of the meetings that involved both the agency and the advocates, and met offline by phone with the advocates to discuss issues that arose in those meetings.

We believe the lessons we have drawn from the field experiences of the advocates and the eight interventions they undertook will prove valuable to other groups that undertake activities to raise awareness of, and participation in, state paid leave programs by difficult-to-reach populations of workers who, too often, do not know that this hard-won benefit is available to them.

Innovative Approaches to Implementing Paid Family Leave

In keeping with the spirit of the project, the initial interventions took a variety of forms: working with unionized child care workers, engaging staff at a center that enrolled community members in the Affordable Care Act, working with staff at a large health clinic, and working with a state agency to improve access to paid leave. Prior to implementation of the projects in New Jersey and California, nonrandom surveys of clients likely to be engaged in the intervention were carried out. These surveys confirmed that the interventions would reach individuals who were unaware of the paid leave laws but likely to need paid leave. Advocates were told that this was a rapid experimentation project and that as much could be learned from failure as from success. They were encouraged to be creative in their approaches.

Child Care Center

One group of advocates in New Jersey tested whether educating working families about their access to paid leave through home-based child care providers could reach the target population and could lead to a replicable model for action in other states. The fact that these child care providers were unionized enabled the advocates to provide seamless training to a critical mass of providers at regularly scheduled union meetings. The intervention involved training child care providers about state and local paid leave policies so they could share their knowledge with the parents they served and with members of the community in which they lived. This innovation proved to be very time-intensive on the part of the advocates and could not easily be taken to scale.

Affordable Care Act Enrollment Center

A second intervention in New Jersey involved training health center workers who helped eligible clients sign up for health insurance through the Affordable Care Act (ACA). The New Jersey advocates had already established a relationship with the center, which helped them set up a training program for health center staff around paid leave. These staff were trusted messengers for their community, and community members viewed them as health experts. In this model, a portion of the funding was subgranted to the health center in order to hire staff to provide the training and facilitate the dissemination of information about paid leaves to clients. The advocates maintained a hands-on approach with health center staff doing outreach to the community. Hundreds of clients were reached with information about paid leave in just a few months. However, the center did not continue to educate parents about the state's paid leave programs after the funding ended.

Large Health Clinic

In California, the advocates engaged in several months of relationship building with leadership and staff at a large, federally qualified health center with two locations. They were then able to begin training staff. The initial training lasted two and a half hours and was conducted in Spanish. It covered workers' rights under California's paid leave laws, an overview of the outreach tools, and participant role play. A portion of the California advocates' funding was subgranted to the clinic to hire four part-time *promotoras* — lay Hispanic/Latinx community members who receive specialized training to provide basic health education in their community — to educate community members about the state's paid leave program. Through community workshops, the distribution of flyers, and one-on-one conversations with clients, this innovation reached nearly a thousand people in its first year. Educating patients about paid leave programs was embedded in the clinic's everyday work activities and continued after the active engagement of advocates ended. Subsequently, these advocates implemented this model at another large clinic.

Collaboration with a Government Agency

In Rhode Island, the community advocates identified a paid leave problem by using administrative data tracked by the state. They noted that non-birth parents were less likely to take paid leave than birth mothers and were more likely to be denied paid leave. The advocates met with the Department of Labor and Training and reviewed the script used in determining eligibility. During this meeting, they learned that many birth mothers first heard of Temporary Caregivers Insurance (TCI) by phone when they called to apply for Temporary Disability Insurance (TDI). However, there was no information provided to the birth mothers to inform them that their partners could apply for leave as well. Advocates also learned that among partners who did apply, their non-birth parent claims were typically denied because of a lack of required state documentation — namely, the child's birth certificate. The state law required all paid leave cases to be completed in 21 days or be denied; however, birth certificates were not issued until six to eight weeks after a hospital discharge of the newborn. The advocates worked with the state agency to accept alternative proof of birth documents such as a hospital, doctor or midwife's note. However, parents still needed to be educated to request these letters.

Women, Infants and Children Program

Having learned from the California experience, one New Jersey group of advocates partnered with a major WIC center in the state. They met frequently with breastfeeding staff and trained them on the importance of paid family leave, the content of the New Jersey program, and provided resources staff could share with clients. In particular, they helped breastfeeding staff understand the importance of paid leave in allowing new mothers to successfully initiate and continue breastfeeding their infants.

Employer Outreach

Building on an existing relationship with a chapter of the Main Street Alliance in a New Jersey county, the second group of advocates undertook a project to educate small business employers about New Jersey's paid leave laws through the use of webinars and one-on-one conversations with employers. Most employers expressed an interest in learning more about the leave laws. Some employers wanted the state to include this information in their business licensing materials. Others already felt overwhelmed by the amount of material they received. The project demonstrated that outreach to small business owners is possible and welcomed by a significant portion of them. But again, it proved time-intensive for the advocates and could not be continued when more urgent policy issues arose.

Multi-Service Agency

Rhode Island advocates also wanted to learn from the California experience. They identified a large community action agency whose clients were largely unaware of the state's new paid leave program as the site for the innovation. They attempted to hire staff to work independently and carry out the training of agency personnel and help with the intervention with clients. While they ran an initial pilot through the agency, recruiting, and ultimately, retaining staff to take charge of this intervention proved difficult to do and this second project was not carried out. Rhode Island advocates are currently providing education on paid family leave to health providers through the Rhode Island Department of Health as a follow-up intervention.

Bellevue Hospital

New York's Paid Leave Coalition began working on an implementation plan before their PFMLI law took effect. In 2018, they worked with Bellevue Hospital to hire a navigator and do community outreach. This project will continue past the scope of this report as it pivots to a new location.

Findings from the Field

Two overarching requirements for successful innovation emerged from these interventions.

First, it is critical that the interventions chosen to increase awareness and usage of paid leave programs are developed with the goal of scalability and institutionalization. In the absence of planning for this, interventions may be successful and even reach a significant number of community members, but they are likely to fold when funding dries up or a key person leaves. The innovation must be designed to be embedded in the regular work of the community organization that is the site of the intervention. Connecting the intervention with the organization’s key mission is central to this success.

Second, systems’ barriers that make it difficult for workers to access paid leave need to be addressed if the intervention is to be successful. Passage of laws that provide paid family leave insurance programs or allow workers to earn paid sick days is not the end of the process. Often, there are unforeseen challenges that need to be overcome if the paid leave law is to succeed in meeting workers’ needs. Strong working relationships with state agencies are important so that advocates can communicate key information about barriers occurring at the ground level to those in a position to make necessary changes.

Scalability and Institutionalization

Wholesale, Not Retail, Is the More Effective Approach

One of the most significant lessons from these interventions is that operating at the “retail” level — for example, with individual service providers or employers — is both labor intensive and difficult to scale. Through the “rapid experimentation” aspect of this project, advocates have abandoned “retail” approaches. A better approach, they learned, is to work at the “wholesale” level — that is, to work with large agencies or community-based organizations, and, when possible, to look ahead for what could be “hard-wired” into systems-level practices and/or public policy reform. That practice proved to be a better use of scarce resources and allowed for a larger impact.

One challenge is that community organizations often do not have the staff time to onboard this activity and make it part of their daily work. As a result, there needs to be some subgranting of funds to the chosen center or agency to free up a person part-time (perhaps for 10–20 percent of their time) during the initial implementation period. The on-site staff person coordinates the activity of advocates and center staff as well as engages with clients to educate/inform them about paid leave laws. Under

this model, advocates still need to be involved and maintain a collaborative partnership with center/agency staff. For instance, advocates need to do the initial education/training workshops for center/agency staff on the paid leave laws, and must work with staff on the ground to follow through for a few months until informing clients about paid leave becomes part of the organization's regular routine. Making outreach about paid leave part of the work of a center/agency that serves the community is a variant of the 'trusted messenger' model in which information is disseminated by someone who can work with the community and is trusted by community members. Working with a community-based center/agency to do outreach and education to community members and subgranting funds to them for this purpose requires criteria for identifying organizations with the resources and management competence to carry out the work.

Aligning Paid Leave with Organization's Mission

Advocates working with a Women, Infants, and Children (WIC) agency to increase awareness and access to paid family leave after the birth of a new child initially ran into resistance from the staff. It was only after the advocates were able to make it clear that increasing the use of the state's paid family leave insurance program would facilitate the WIC's goal of increasing opportunities for breastfeeding that WIC staff became enthusiastic about sharing information with low- and moderate-income pregnant and post-partum women. Increasing breastfeeding rates is an important goal for WICs, where many local offices help clients learn to breastfeed successfully while avoiding emotional stress so they can continue to produce milk and care for their newborns. During and after the New Jersey pilot, the local WIC now builds a discussion of temporary disability insurance (maternity leave) and paid family leave (leave to bond with the new child) into all conversations with pregnant moms, including their weekly breastfeeding classes.

Similarly, in California, advocates working with a large health center invested time in demonstrating that paid family leave was beneficial to health center clients' overall health. Paid leave allows clients to manage their own health care and that of their family members. Once the California advocates showed the benefits of paid family leave, clinic staff were able to see that increasing awareness and take-up of paid leave supported the central mission of the health center.

The significance of this finding was demonstrated in the case of the Affordable Care Act Center in New Jersey. The intervention at that center was successful in reaching a large number of community members and increasing awareness of New Jersey's paid family leave insurance law. However, after Kellogg funding ended, the project itself ended. The lack of institutionalization was related to the fact that paid family leave was not aligned with the key mission of the center, which was signing people up for subsidized health insurance, and was not embedded in, and integral to, the daily work of ACA center staff.

Systems' Change: Overcoming Barriers to Receiving Benefits

Gender Bias in State Policy

An unconscious gender bias can exist in policy and programs, and that may limit their impact. Men need to be targeted as part of the implementation process, but sometimes policy regulations inadvertently disadvantage them. For example, in Rhode Island, advocates learned that the time needed to get a birth certificate was longer than the window allowed for parents to apply for benefits. Birth mothers could get leave without a birth certificate, but fathers could not, resulting in a higher denial rate. This finding is not just applicable to fathers but to any non-birth parent involved in caring for the newborn child. State regulations governing paid family and medical leave should be examined routinely by advocates to see if they incorporate unconscious gender bias. Advocates should be prepared to work with state agencies to address such challenges where they exist.

A second gender-based challenge faced in raising awareness of paid family leave programs was getting staff comfortable with discussing the concept of leave with men. In the case of the WIC, discussing whether a child's father could take leave was particularly sensitive. In some cases, the father might not be living with the mother and child, or staff might feel that the father's full wages were too important to the financial well-being of the household to take a leave that provided only partial-wage replacement. After further discussion with the advocates, the WIC staff agreed to emphasize to mothers that the program was available for both parents. They found that the information was well-received, and was extremely helpful for a number of individual clients.

A further challenge is that reaching the community via childcare workers, agencies that sign up workers for health insurance, agencies that serve women and children, or health clinics mainly gets information to women and especially to mothers. Advocates need to develop strategies for reaching men, and especially fathers, to educate them about the availability of paid leaves and to encourage them to use the leaves.

Restrictive State Regulations

Rhode Island advocates identified hospitals as a good location for disseminating information about paid family and medical leave and paid sick days to large numbers of individuals. However, the Rhode Island group was unable able to get permission to reach new parents at the state hospital that delivers the majority of new births. Similarly, in work that preceded the current project, New Jersey advocates tried to reach patients exiting a hospital stay via social worker exit interviews. However, they found that social workers are constrained by state regulations with respect to what they can discuss with

patients. Identifying restrictive state regulations and working with state agencies to overcome such barriers to reaching workers with information about paid leave programs is an important aspect of the design of interventions to increase awareness and use of the programs.

Lack of Training Funds

Lack of funds to train staff at agencies that engage with communities who are unlikely to be aware of paid leave is a significant barrier to outreach and awareness of these programs. Currently, no state has allocated funds to train employees that interact with community groups to perform this work and yet, such training was critical to the success of the state interventions carried out with Kellogg Foundation funding. (In their proposed expansion of paid family leave in New Jersey, advocates working on this project have emphasized the need for such funding.)

Funding is not the only problem related to training. Further training may be necessary when changes are made to regulations or to how organizations provide information. It is not always welcome, however. For example, in the second year of working with the California health clinic, advocates found that providers refused a second training they offered when the clinic embedded a new method for informing patients about paid leave programs into the organization's daily routine. Despite receiving information from the clinic that there was now a code in the Electronic Medical Record (EMR) for Paid Family Leave/ Paid Sick Days education, only 1 in 14 staff surveyed by the advocates were aware of the code.

Partnering with State Agencies to Multiply Effectiveness

The interventions carried out by advocates demonstrate the importance of providing a feedback mechanism from the community to state agencies and policymakers. Advocates were able to facilitate that communication because they had established collaborative relationships with community organizations, agencies, and policymakers.

An outgrowth of the Rhode Island intervention is that the state's Department of Labor and Training contracted with researchers at the University of Rhode Island and a communications firm to develop posters, brochures, and other materials around the state's paid medical leave (TDI) and paid family leave (TCL) programs. The messaging developed in these materials was adjusted to fit the framework created by the Rhode Island advocacy group. It highlighted both temporary disability insurance and paid caregiver leave insurance and made a point of noting that the latter is available to non-birth parents, adoptive and foster parents as well as birth mothers.

In California, thanks to their ongoing leadership on the issue, the advocates are formally invited by the state's Employment Development Department (EDD) — the agency that administers paid family

leave — to be at the table when the department is planning outreach to the community. In this role, the advocates help to develop materials and strategies for outreach by EDD on paid family leave, review media campaigns, and are included in the regional meetings that EDD organizes. Outreach activities in California by EDD are now funded by the state legislature and are able to reach large numbers of the state's residents. Advocates have not received any of these funds, but they have engaged with EDD and helped ensure that their materials are well-designed and that outreach activities extend to the state's most vulnerable workers. The advocates have also supported the agency in its interactions with legislators and policymakers.

In New Jersey, the advocates have encouraged the WIC center they worked with to take their experience to meetings of the statewide association of WIC directors. The pilot WIC, which now successfully educates mothers about paid family leave, shared with other WICs the basic tenets of the model and strategies for replication. Leadership from this WIC works with other WIC centers in the state to implement outreach to clients about paid family leave.

State Campaigns to Overcome Barriers to Leave Taking

During the pilots in California, coalition members from all over the state came to the Capitol to advocate for the New Parent Leave Act that, if enacted would give 2.7 million more Californians job protection when they take leave to bond with a new child. The director of the Employment Development Department (EDD) spoke about the important role advocates play in ensuring paid family leave works for all California families, and in emphasizing the importance of new dads taking leave and bonding with their children. Over 20 patients and *promotoras* from the health clinic where advocates engaged staff in educating patients about paid leave programs drove all the way to Sacramento to take part in the lobby day. Members met with over 40 legislators' offices and testified at a hearing on the bill. The legislation ultimately passed and was signed into law.

Advocates in New Jersey used information and data gathered from the interventions they carried out to promote systemic changes to New Jersey's paid family leave insurance program designed to address gaps in access for New Jersey workers. The advocates worked on a bill to expand family leave to increase the wage replacement to 90 percent of a worker's weekly wage (up to a weekly cap), expand job protection to workers in businesses with 20 or more employees, expand the definition of family, expand paid leave to cover domestic/sexual violence, increase the length of leave from 6 to 12 weeks, and allow intermittent leave to care for newborns/newly adopted children. The new law would also include a one-time \$3 million budget resolution to fund education and outreach on paid leave. While this is an ambitious expansion of the state's paid family leave insurance program, advocates are optimistic it will pass in the legislature and be signed into law by the governor in 2019.

Conclusion

The programs in New Jersey, California, and Rhode Island illustrate the requirements of successful practices to increase outreach and raise awareness of paid leave programs. They also point to key challenges at organizational and policy levels that advocates must address. As additional states adopt paid leave programs so critical to working families, the pioneering work of New Jersey, California, and Rhode Island can help shape these new policies and programs to increase workers' access to the program's benefits. Even after laws to provide workers with paid family and medical leave are passed, the lessons from these states are that much work remains to be done. Advocates with deep ties to communities least likely to be informed about the benefits newly available to them have a key role to play. They are best situated to conduct outreach and education activities that assure that workers most likely to need wage replacement are aware that it is available to them when they are recovering from their own illness or from childbirth, caring for a seriously ill family member, or bonding with a new child. Lessons learned from the interventions undertaken in California, New Jersey, and Rhode Island will help advocates in other states avoid the pitfalls and replicate the successes of interventions in those states.

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