

Building a Competitive Future Right from the Start

How Paid Leave Strengthens 21st Century Families

Susan Ochshorn | Curtis Skinner

September 2012



The National Center for Children in Poverty (NCCP) is dedicated to promoting the economic security, health, and well-being of America’s low-income families and children. Using research to inform policy and practice, NCCP seeks to advance family-oriented solutions and the strategic use of public resources at the state and national levels to ensure positive outcomes for the next generation. Founded in 1989 as a division of the Mailman School of Public Health at Columbia University, NCCP is a nonpartisan, public interest research organization.

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Introduction

The landscape for 21st century American children and families is *terra incognita*, filled with great potential, as well as daunting challenges. Unprecedented economic, social, technological, and environmental changes define life for millennial citizens, with profound implications for human and workforce development as well as the course of our civil society. The demographics of the United States workforce shifted radically over the closing decades of the 20th century. In the majority of American families today, all adults are in the workforce and two-thirds of dual-earner couples work a combined total of more than 80 hours a week.¹ Many more families are also headed by a single working parent – most commonly the mother – and more than 60 percent of women with children under 3 years old are in the workforce.² Women are working longer hours than ever, and even as traditional gender roles are eroding, they bear the lion's share of responsibility for the care of young children and elderly relatives.

In 2012, the United States remains the only advanced, industrialized nation without a federally mandated paid family leave policy, standing with Liberia, Papua New Guinea and Swaziland in its failure to offer legal protection to workers who

The health and well-being of the children of America, especially poor children, is impacted more by the social conditions in which they live, more by whether their parents get paid leave or don't, more by the day care services they have access to, more by the streets which they have to walk in the morning, more by the air which they have to breathe, more by all of those things than whether or not they have access – as important as that is – to the latest medical innovation. One of those conditions that gets far too little play is the ability of parents to stay with their children.

Michael Sparer
Chair, Health Policy & Management
Mailman School of Public Health
Columbia University

need time off to care for a new baby.³ The absence of such support for parents highlights the outlier status of the U.S. among the 178 nations that guarantee paid leave for new mothers and the 54 countries that do so for fathers.⁴ Our federal and state family and work policies are woefully out of synch with the dramatic demographic changes of the past half-century, spawning a generation of families in which work obligations increasingly compete with

children's needs for parental time and energy.⁵ This conflict is especially acute for low-income parents, whose jobs offer few family-support benefits. In a nation where 44 percent of children live in low-income families and more than one child in five lives in poverty, the repercussions for children's healthy development and success are serious, and demand our attention.⁶

On April 25, 2012, the National Center for Children in Poverty, in partnership with the New York Paid Leave Coalition and A Better Balance, convened a dynamic public forum, at the Ford Foundation in New York City, to advance paid family leave. The gathering brought together more than 100 researchers, advocates, policymakers, early childhood education and health practitioners, as well as nonprofit and business leaders, to explore the latest evidence-based research on the impacts of paid family leave on early child development and family health and to generate strategies for advancing paid family leave in New York State and the nation.

We all know that the characteristics of a parent's job – whether they make enough money to put healthy food on the table, whether they can take time off to meet with a teacher if a child is struggling in school, and whether they can afford to take the time needed to care for and bond with their children – obviously influence outcomes for those children. Yet, more often than not, advocates, researchers and policymakers find themselves in silos, focused on workplace issues or children's issues, but not looking at the profound ways in which these issues are connected in real people's lives.

Anna S. Wadia
Program Officer
Ford Foundation

The forum agenda (see Appendix A) was varied, including remarks from distinguished guests and experts, highlighted throughout this paper; discussion of pioneering leave programs in the states (see pages 6-8); and three cross-disciplinary panels of experts, enlivened by the active participation of an informed audience (see Appendix B). Speakers, panelists, and audience participants weighed in on the following fundamental issues of human and societal development:

- ◆ improving child and maternal health;
- ◆ maximizing the potential of child development;
- ◆ balancing parental work and family responsibilities;
- ◆ strengthening family economic security and gender equity at home and in the workplace; and
- ◆ examining the role that society and government play in supporting and enhancing family life and the development of human capital.

Frequently, conversations about each of these issues occur separately, on parallel tracks, as is often the case in public policy and systems. This isolation comes at a high cost to human development, as solutions that address multiple areas are overlooked. The spirit of cross-sector, interdisciplinary engagement informed the forum throughout the day, culminating in participant break-out sessions devoted to brainstorming strategies for collective action to advance paid family leave in New York State and the nation.

This paper provides a brief history of paid family leave policy, in the United States and abroad; synthesizes cutting-edge knowledge about paid leave and its impact on family and civic life; and concludes with a set of recommendations – for policymakers, researchers, public health and early childhood stakeholders, business leaders, and federal, state, and local education agencies – to guide the work going forward.

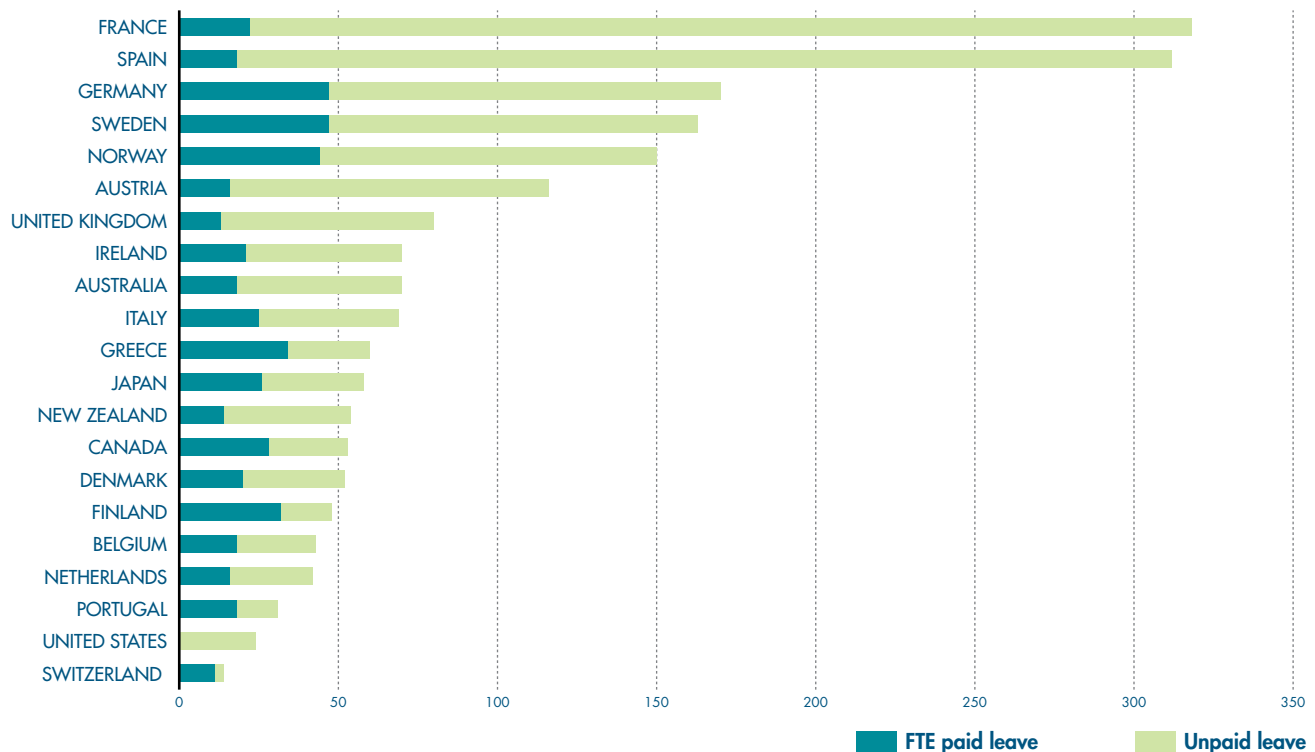
Paid Family Leave: A Brief History

Since the late 19th century, industrialized nations – led by Germany and Sweden – have enacted legislation to provide a period of paid leave for mothers around the time of childbirth.⁷ By World War I, 13 countries offered paid maternity leave, and with the advent of World War II, all major Western European countries had entered the fold. Over the past half-century, in keeping with major changes in maternal employment across the globe, job protection has been a key feature of these policies, which initially prohibited women’s employment during pregnancy and after birth.⁸ Today, maternity leave of at least 14 weeks is standard policy in all European nations. Wage replacement rates vary from 70 to 100 percent, at least six months of paid leave is typical, and job-protected partially paid leave of nine months, or more, is common.⁹

In the second demographic transition, many more women became highly educated and employed; they started to delay getting married and having kids. A wide variety of family forms started to pop up all over the place. There has long been a sophisticated European conversation about this cluster of changes, but in the United States, we have yet to fully recognize this phenomenon and fully address these issues. And to the degree that this has garnered public attention, the focus is generally on the highflying career woman and her balancing tasks. But she represents only some of America’s working mothers, many of whom work many hours for low pay...without parental leave.

Wendy Chavkin
 Professor of Clinical Population and Family Health
 Mailman School of Public Health
 Columbia University

Figure 1: Weeks of Parental Leave for Two-parent Families in OECD Countries



Source: Ray, R., Gornick, J.C., and Schmitt, J. (2009). *Parental leave policies in 21 countries: Assessing generosity and gender equality*. Washington, DC: Center for Economic and Policy Research. OECD: Organization for Economic Cooperation and Development.

The history of family leave policy in the U.S. dates back to the 1940s, when five states adopted Temporary Disability Insurance providing partial wage replacement for employees suffering from a short-term disability. Under the New Jersey TDI program, pregnancy was lumped with “injuries that were willfully self-inflicted...or incurred during the perpetration of a high misdemeanor” and excluded from coverage.¹⁰ With the passage of the federal Pregnancy Discrimination Act in 1978, pregnancy was brought under TDI coverage, and employers throughout the nation were prohibited from firing, demoting, or denying a promotion to workers who are or might become pregnant.¹¹ According to the law, pregnancy may not influence hiring decisions, and pregnant women share the same rights as other employees who are sick or temporarily disabled.¹² The legislation, however, requires no provision for a period of leave; does not ensure return to the same or a similar job post-pregnancy; and applies only to employers with 15 or more workers.

It was not until 1993, after years of vociferous debate, that the Family and Medical Leave Act (FMLA) became law.¹³ This centerpiece of U.S. family policy has provided millions of new parents with 12 weeks of job-protected leave during a 12-month period after the birth, adoption, or foster placement of a new child. The FMLA also enables men to take time to care for a spouse disabled by pregnancy or child-birth. Although “historic by U.S. standards,” the law’s limitations are significant.¹⁴ FMLA applies only to companies that employ more than 50 workers within a 75-miles radius. Moreover, those employees who do take leave are required to have worked at least 1,250 hours during the previous year, and their return to the same or a similar job post-leave is not universally guaranteed, even for high-status employees. Finally, the FMLA does not provide leaves that are paid.¹⁵

The State of Family Support Today

In recent years, policies to support families have assumed a more prominent place on the policy agenda at the federal level, and, increasingly, in the states. In 2008, President Bush signed off on the Department of Defense Authorization Conference,

It is far better and easier in the American context – certainly in the states – to locate [paid family leave] within a universal social insurance program that middle class and poor individuals benefit from. It’s a model that people are comfortable with; because you work and you pay into this insurance – a premium, as it were – it’s okay. Americans in general don’t take well to “welfare,” or “the dole,” but we still have at least some social consensus around the concept that people pay into Medicare and they pay into Social Security; they pay into Unemployment Insurance and Worker’s Compensation by their employer and then if something befalls them, they have social insurance to fall back on.

David Socolow
Former Commissioner
New Jersey Department of Labor

which expanded upon the FMLA, extending unpaid family and medical leave for up to six months for the families of wounded military personnel.¹⁶ In 2010, President Obama’s landmark health care reform legislation amended the Fair Labor Standards Act (FLSA) to provide reasonable time and privacy for nursing mothers to express breast milk at work, for up to one year after giving birth. The law, which applies generally to employers of all sizes, protects workers who are paid hourly or are eligible for overtime, a population with limited control over their work time. Also in 2010, unpaid, job-protected leave was extended to a broader range of adults caring for new or ill children through a new administrative interpretation of the FMLA.¹⁷

The Affordable Care Act (ACA), upheld in June 2012 by the Supreme Court,¹⁸ provides some additional robust supports for pregnant women and new parents. The law requires that all plans offered in state-based health insurance exchanges – scheduled to launch in 2014 – provide comprehensive maternity coverage as part of their essential benefits package. Preventive services – breast-feeding counseling and equipment; Rh (D) blood typing and antibody testing; folic acid supplements; and screening for gestational diabetes – must be covered by new insurance plans, without copays, deductibles, or additional costs.¹⁹

Also included in the ACA is \$1.5 billion for home visiting, a program that pairs new and expectant families with trained professionals who provide parenting resources and support during pregnancy and the child's first three years of life. Finally, pregnant women and mothers in Medicaid will have access to a number of new services, among them free-standing birth centers, certified nurse-midwives, and counseling for post-partum depression.²⁰

While this flurry of federal initiatives is long overdue and welcome, access to paid family leave and other critical family supports remains elusive and inequitable. Employer-sponsored paid leave is the exception in the United States, and most often benefits professionals with high earnings and job status. According to data collected in 2011, just 11 percent of private sector workers and 17 percent of those in the public sector reported access to employer-sponsored paid family leave, with even less access (5 percent and 14 percent, respectively) for those earning in the lowest quartile of wages.²¹ The highest 10 percent of wage earners are six times more likely to have access to paid family leave than the lowest 10 percent of wage earners.²² Moreover, fathers are still very much on the sidelines, as private plans typically provide much more generous leave to women.

The ramifications for leave-taking, gender equity, and family economic security could not be more stark: according to a Department of Labor study, 78 percent of workers could not afford to take unpaid leave, and nearly one in 10 workers who availed themselves of leave provided under the FMLA were forced to seek public assistance to keep afloat.²³ The repercussions for family well-being writ large, including maternal health, child health and development, and strong relationships, are troubling, and call for more focused attention.

A growing number of states, with increasing public support,²⁴ are slowly beginning to fill this longstanding policy vacuum (see Table 1, *Family Support Policies in the States*, on page 8). California and New Jersey represent the vanguard of state policymaking, having respectively established their

Paid Family Leave Pioneers at a Glance

California

- Paid Family Leave insurance legislation – the first in the nation – enacted in 2002
- Between 2004 and 2011, more than 1.1 million claims filed by parents caring for new children
- Built on the foundation of Temporary Disability Insurance program
- Funded through employee payroll contributions
- Provides 55 percent of average weekly salary, with a cap of \$1,011/week for up to six weeks per year of leave to care for a child, spouse, parent, or registered domestic partner with a serious health problem or to bond with a new child (by birth, adoption, or foster placement)
- Does not provide job protection

New Jersey

- Paid Family Leave insurance legislation enacted in 2008
- Between 2009 and 2012, more than 60,000 claims filed by parents caring for new children
- Built on the foundation of Temporary Disability Insurance program
- Funded through employee payroll contributions
- Provides 60 percent of average weekly salary, with a cap of \$572/week for up to six weeks per year of leave to care for a child, spouse, parent or domestic/civil union partner with a serious health problem or to bond with a new child (by birth or adoption)
- Does not provide job protection

paid family leave insurance programs in 2002 and 2008. These states provide new parents and other family caregivers with partial wage replacement for up to six weeks (see sidebar). Washington enacted a paid parental leave program in 2007 that has yet to be implemented. New York first introduced legislation to establish family leave insurance in 1999, and most recently, in June of 2012.²⁵ Other states have expanded on the FMLA, offering longer, unpaid, job-protected leave. Workers in Connecticut and the District of Columbia may use paid sick time for prenatal, postnatal and children's medical appointments, and fifteen states extend nursing-mother protections to a broader group of workers than those covered by federal law.²⁶

Table 1: Family Support Policies in the States

STATE	PRIVATE SECTOR WORKERS								
	Paid family leave	Medical leave through state TDI	Paid sick leave	Unpaid leave with expanded access for workers in smaller businesses	Unpaid leave longer than federal FMLA	Unpaid leave with expanded access for workers with less time on the job	Unpaid leave with expanded definition of family	Flexible use of sick leave	Right to pump that exceeds federal law
ALABAMA									
ALASKA									
ARIZONA									
ARKANSAS									Yes
CALIFORNIA	Yes	Yes		P only	P only	P only	Yes	Yes	Yes
COLORADO									Yes
CONNECTICUT			Yes	P only	Yes	Yes	Yes	Yes	Yes
DELAWARE									
DISTRICT OF COLUMBIA			Yes	Yes	Yes	Yes	Yes	Yes	Yes
FLORIDA									
GEORGIA									
HAWAII		Yes		P only		Yes	Yes	Yes	
IDAHO									
ILLINOIS									Yes
INDIANA									Yes
IOWA				P only		P only			
KANSAS									
KENTUCKY									
LOUISIANA				P only	P only	P only			
MAINE				Yes		Yes	Yes	Yes	Yes
MARYLAND								Yes	
MASSACHUSETTS				P only		P only			
MICHIGAN									
MINNESOTA				Yes		Yes		**	Yes
MISSISSIPPI									
MISSOURI									
MONTANA				P only		P only			
NEBRASKA									
NEVADA									
NEW HAMPSHIRE				P only		P only			
NEW JERSEY	Yes	Yes		Yes		Yes	Yes		
NEW MEXICO									Yes
NEW YORK		Yes							Yes
NORTH CAROLINA									
NORTH DAKOTA									
OHIO									
OKLAHOMA									
OREGON				Yes	P only	Yes	Yes	Yes	Yes
PENNSYLVANIA									
RHODE ISLAND		Yes			Yes				Yes
SOUTH CAROLINA									
SOUTH DAKOTA									
TENNESSEE					Yes				Yes
TEXAS									
UTAH									
VERMONT				Yes			Yes		Yes
VIRGINIA									
WASHINGTON	*			P only	P only	P only	Yes	Yes	
WEST VIRGINIA									
WISCONSIN						Yes	Yes	Yes	
WYOMING									
TOTAL	2	5	2	15	8	15	10	9	15

"P only": Pregnancy only

* Washington passed a program but it has not been implemented.

** Minnesota's law can only be used for a sick child, not for a newborn, adopted child or a sick spouse.

Source: Adapted from National Partnership for Women & Families, *Expecting Better: A State-by-state Analysis of Laws that Help New Parents*, 2012.

Families: The Center of the Human Ecosystem

Families may constitute an integral part of public discourse in the United States, but public policy is just beginning to address their needs in a meaningful, holistic way. More than three decades ago, Cornell child psychologist Uri Bronfenbrenner set forth a bio-ecological theory of human development. His model, underpinning the more progressive strain of U.S. social policy (including such initiatives as Head Start, Community Schools, and Promise Neighborhoods), recognizes that children do not develop in isolation, but rather in relation to the institutions in which they are “nested”: the home, school, community, workplace, and the larger society. A human ecosystem is one in which development is contingent upon the interactions among these environments and the complex constellation of relationships that bind them. As Bronfenbrenner wrote in his seminal work, *The Ecology of Human Development*:²⁷

Whether parents can perform effectively in their child-rearing roles within the family depends on... demands, stresses, and supports emanating from other settings.... Parents' evaluations of their own capacity to function, as well as their view of their child, are related to such external factors as flexibility of job schedules, adequacy of child care arrangements, the presence of friends and neighbors who can help out in large and small emergencies, the quality of health and social services, and neighborhood safety.

Children fare less well if their mothers go back to work early in the first year, especially if that work is full time: they're less likely to be breastfed, less likely to be immunized, taken for well-baby visits, and they also have poorer cognitive development. When countries extend their periods of paid leave, we see declines in infant mortality. But, if the leave is not paid, low income workers cannot take it, and the evidence shows that you won't see benefits for kids.

Jane Waldfogel
Compton Foundation Centennial Professor
of Social Work and Public Affairs
Columbia University

Historically, the parameters of the U.S. policy debate about paid family leave have been tightly drawn. Our conversation continues to perpetuate a false dichotomy between work and family, which flies in the face of demographic realities, and ignores a nascent, but growing, transformation of traditional gender roles among millennial parents.²⁸ Moreover, research and advocacy have focused on the impact of paid family leave on business – including improved employee retention, productivity, and job satisfaction – and worker's rights, in particular, gender equity, with little attention paid to child development.

A growing body of research is starting to highlight the beneficial effects of paid family leave on the physical and social-emotional health of parents and children.²⁹ Yet the outcomes for maternal health, child development, and overall family well-being remain conspicuously absent from our national conversation – in spite of their profound implications for the development of human capital and the future viability of our society.

Ensuring the Well-being of Children, Mothers, and Families

Evidence of the effects of paid family leave policies on child health and development and maternal health is still emerging as the U.S. enacts its first modest policies in this domain. Nevertheless, research from our peer nations with longstanding policies in place, as well as a robust body of research on maternal employment, provide a promising foundation for further study and policymaking. Concern about adverse effects of work on the health of mothers and children has fueled maternal leave policy in industrialized nations since its inception in the late 19th century. Recent studies are filling in the picture, highlighting two conditions associated with parental leave that validate its benefits for child health: longer periods of breastfeeding among women on leave, and more time spent by mothers – and fathers – with children.

About 80 percent of women in our studies have shown that they actually do intend to breastfeed and yet, when we look out at 6 months of age, less than half of women are still breastfeeding and less than 15 percent of them are breastfeeding exclusively, which is what's recommended by the American Academy of Pediatrics. So, we have these huge dropoffs in the ability to continue breastfeeding. One of the key barriers is going back to work.

Laurence Grummer-Strawn
Nutrition Branch Chief
Physical Activity, and Obesity Centers
for Disease Control and Prevention

Breastfeeding: The Benefits

Research shows that breastfeeding provides myriad health benefits for infants, and that paid family leave, accompanied by flexible workplace policies, significantly increases the length of time that mothers nurse. According to a review of studies of breastfeeding in developed countries by the U.S. Agency for Healthcare Research and Quality, full-term infants fed formula are at substantially greater risk than their breastfed peers for ear infection, eczema, gastrointestinal infection, hospitalization for lower respiratory tract diseases in the first year of life, asthma, childhood obesity, Type 2 diabetes, leukemia, and sudden infant death syndrome (SIDS).³⁰ Children who are breastfed for six months are also less likely to become obese.³¹ Moreover, research shows, the intimate contact that breastfeeding affords mother and child promote bonding and attachment, the foundation for the neurological and psycho-social development of the infant.³²

The American Academy of Pediatrics and other leading public health organizations recommend that most infants in the U.S. be breastfed for at least 12 months, and exclusively for the first six months. The reality for America's mothers, however, is another matter. The workplace, especially for low-wage employees, has not been hospitable to women who breastfeed. Lack of private, hygienic space and insufficient break time, flexibility, and support from coworkers and supervisors have historically defined women's post-pregnancy experience. Although 75 percent of women initiate breastfeeding, only 43 percent breastfeed at six months, and 22 percent at 12 months. Only a third of women breastfeed exclusively through three months, and 13 percent do so through six months.³³ Moreover, breastfeeding rates differ substantially by race, socioeconomic level, and other demographic factors, with non-Hispanic black children less likely than white infants to be breastfed at birth and at six months.³⁴

The jury is still out on the connection between mothers who take paid family leave and the likelihood of initiating breastfeeding. Research, however, confirms that women who use paid leave breastfeed for substantially longer periods of time than those

who do not benefit from leave.³⁵ Studies also show positive associations between the length of maternity leave and breastfeeding duration.³⁶ As part of its recent action plan to support breastfeeding, the U.S. Surgeon General recommends that paid maternity leave be granted to all working mothers.³⁷

Time to Care: A Better Balancing Act

The period following the birth of a baby and the early months of parenthood is characterized by vulnerability, stress, and rapid change – for the infant, mother, and father, and the new family they form. Parents need time to adapt to their responsibilities and to learn from and bond with their baby, a process that builds a strong foundation for children’s physical and mental health and social-emotional and cognitive development.³⁸

While research is still evolving, evidence of the benefits of more parental time at home is mounting. Early maternal return to work after giving birth, one study found, is linked to reductions in immunizations, well-baby care and breastfeeding.³⁹ Longer parental leave policies are also associated with lower mortality rates among infants and young children, as well as higher birth weight.⁴⁰ Interestingly, while job-protected paid leave has a major impact on mortality, leave that does not offer those benefits has little effect on mortality – an outcome that may well be attributed to low take-up.⁴¹ Physical benefits also accrue to mothers, including reduced risk for ovarian cancer and premenopausal breast cancer associated with breastfeeding.⁴² Mothers with access to paid parental leave, which is linked to longer periods of breastfeeding, may, therefore, be at lower risk for such disease.

Studies have also found some evidence of improved maternal mental health among women with longer leaves. Women report significant psychological rewards from breastfeeding, which offers mother and child one of their first opportunities for interaction, the beginning of bonding and attachment.⁴³ Research also highlights the reduction of maternal depressive symptoms post-partum, as well as lower incidence of depression,⁴⁴ which has been found to

What babies need – determined by biology and genes – is time. Babies come into this world seeking to bond with their parents. Part of that process, for healthy attachment, is attunement, which requires that both the parent and the baby enter into a dance of development. They’re reading each other’s cues and signs, trying to figure out who they are and how to connect. If they don’t have the time to do that, if parents are stressed out, they can’t make those connections in healthy ways, which weakens the foundation of who those babies become.

Matthew Melmed
Executive Director
ZERO TO THREE National Center
for Infants, Toddlers, and Families

Mothers who go back into the workforce immediately when their babies are born are more likely to be depressed, they’re more likely to exhibit high parenting stress, and they probably are more likely not to have as much sleep as they need. However, mothers who are able to take three months off do not show these increases in parenting stress and depression.

Jeanne Brooks-Gunn
Virginia and Leonard Marx
Professor of Child Development
Co-Director, National Center for
Children and Families, Teachers
College, Columbia University

have long-term, compromising effects on the mother-infant relationship and children’s development.⁴⁵

Recent analyses of the 2001 Early Childhood Longitudinal Study-Birth Cohort (ECLS-B) documents a disturbingly high level of depression among the nation’s mothers.⁴⁶ Forty-one percent of 9-month-old infants live with a mother suffering from some form of depression, including 7 percent with mothers afflicted by severe depression.⁴⁷ For infants living in poverty, the data are even more troubling: more than half (55 percent) of these infants live with a mother with mild or moderate depression, and 11 percent are being raised by mothers who suffer from severe depression.⁴⁸ The connections between paid parental leave and maternal mental health – an emerging frontier for research – merit further exploration.

.....

Parents are providing health care to our children. They're providing the oxygen; they're reinserting the feeding tube; they're managing the IV nutrition at home; they're providing physical therapy and occupational therapy. They're providing developmental interventions. Our health care system would break down if they were not providing all this service.

Mark Schuster
William Berenberg Professor of Pediatrics
Harvard Medical School

.....

Children unquestionably benefit, physically and emotionally, from their parents' presence and emotional support.⁴⁹ While time at home is necessary for all parents in the early months, parents of the 13 to 17 percent of U.S. children with serious chronic illnesses and other special needs continue to require scheduled and unscheduled time off from work to fulfill their responsibilities.⁵⁰ Almost one-quarter of parents of these children are forced to reduce employment or leave the workforce altogether to provide the care and support their children need.⁵¹ Parents interviewed in two cities reported that taking unpaid and employer-paid leave had positive effects on their children's physical and emotional health as well as on their own emotional health, but strained family resources and sometimes compromised job performance. Many parents, however, reported that they were not able to take time from work, and, unsurprisingly, parents who received full pay during their leave reported better outcomes across the board.⁵²

Cognitive and Social Emotional-Development: The Infant's Laboratory for Learning

In the earliest months, children's brains grow at a dizzying pace, their primary relationships a laboratory for learning. Infants' interactions with familiar, responsive, and stimulating caregivers fuel their social, emotional and intellectual development, with enduring effects on their future development, learning, and academic capacities.⁵³

Research shows, however, that young children denied "the buffering protection afforded by stable, responsive relationships" with caregivers are at risk for "toxic stress" – excessive or prolonged physiological stress that can disrupt the architecture of the brain, compromising children's capacity to tolerate stress, and their future physical, social-emotional, and cognitive development.⁵⁴ For the 25 percent of children under age 6 living in poverty,⁵⁵ toxic stress is an all too common phenomenon.⁵⁶ While positive experiences beyond infancy – including high-quality child care, which offers exploration and social play – can offset the effects of prenatal stress and postnatal neglect, paid family leave provides more time for parents to spend with their babies during this crucial developmental period.

Without paid leave, the majority of parents are forced to return to work earlier than is optimal for their children's development. Seventy-two percent of women work at some point before giving birth to their first child, and among women who worked during pregnancy, 73 percent return to work within six months of giving birth.⁵⁷ A robust body of research highlights the negative effects of full-time maternal employment on healthy child development during the first year of life.⁵⁸ Indeed, the positive cognitive and behavioral outcomes for children whose mothers postponed work or worked part-time during the first year are well-established.⁵⁹

When mothers do return to work early, the quality of child care has a significant impact on their children's developmental trajectories. The American Academy of Pediatrics and the American Public Health Association recommend 3 months as the minimum age for enrolling healthy, full-term infants in child care, noting elevated risks health and development

Guidelines for Early Care and Education Programs from the American Academy of Pediatrics and the American Public Health Association⁶³

Minimum Age to Enter Child Care

Healthy full-term infants can be enrolled in child care settings as early as three months of age.

At approximately 8 to 12 weeks after birth, full term infants typically undergo changes in brain function and behavior that helps caregivers/teachers understand and respond effectively to infants' increasingly stable sleep-wake states, attention, self-calming efforts, feeding patterns and patterns of social engagement. Infants—birth to 3 months of age—can become seriously ill very quickly without obvious signs. This increased risk makes it important to minimize their exposure to children and adults outside their family. In addition, infants of mothers who return to work, particularly full-time, before 12 weeks of age, and are placed in group care may be at even greater risk for developing serious infectious diseases. These infants are less likely to receive recommended well-child care and immunizations and to be breastfed or are likely to have a shorter duration of breastfeeding.

Birth of a child or adoption of a newborn requires significant transition in the family. First-time parents/guardians are learning a new role and even with subsequent children, integration of the new family member requires several weeks of adaptation. Families need time to adjust physically and emotionally to the intense needs of a newborn.

Substantial evidence exists to strengthen social policies, specifically job protected paid leave for all families, for at least the first 12 weeks of life, in order to promote the health and development of children and families. Investing in families during an important life transition, the birth or adoption of a child, reflects a society's values and may in fact contribute to a healthier and more productive workforce.

for infants enrolled at earlier ages (see sidebar).⁶⁰ A robust body of research links the quality of child care to cognitive and academic outcomes.⁶¹ Yet, in the absence of paid leave, parents either must find a place for their infants in an uncoordinated and underfunded formal early care and education (ECE) system, often of questionable quality, with a workforce that is inadequately trained to respond to the needs of very young children, or they must turn to informal care by family, friends, and neighbors.⁶²

In the U.S., nearly half of all 9-month-olds were in child care in 2001. Of these infants, 39 percent were

The engagement of having children is overwhelming. We have to put parenting ahead of work. By enacting laws like [family leave insurance], we send a larger message that parenting matters. We need to offer time to foster cognitive development. The source of our economic growth is intellectual capacity.

Harold Levy
Managing Director, Palm Ventures
Former Chancellor of NYC Public Schools

enrolled before the age of 3 months, and 47 percent between 3 and 6 months old.⁶⁴ Infant care is prohibitively expensive, with the annual average price tag for full-time center-based care ranging from nearly \$5,000 in Mississippi to more than \$20,000 in Washington, DC.⁶⁵ Early Head Start, which provides center-based infant care and home-visiting services to families in poverty, and which studies have shown to produce positive outcomes for children, serves only 4 percent of the estimated eligible babies and toddlers in the United States.⁶⁶ The majority of families of children under a year of age utilize care by family, friends and neighbors, much of which operates under the radar of regulation.⁶⁷

As is the case for child health, research that documents the effects of paid parental leave policies on children's cognitive and social-emotional outcomes is in its early stages. Among the studies that exist, which focus on the duration of leave, the findings are mixed, with some, however, suggesting positive effects. One longitudinal study found better mother-infant interactions among women who had taken longer maternity leaves.⁶⁸ Another recent Canadian study reported positive cognitive effects on 4- and 5-year-old children whose mothers had received an expanded paid leave.⁶⁹ Evidence of the longer-term effects of extended parental leave is emerging as well.⁷⁰ One study, in the wake of reforms extending parental leave in a number of European countries, found that increased paid and unpaid maternity leave in Norway resulted in lower high school dropout rates.⁷¹ In the U.S., as parental leave policies continue to take hold and researchers refine their methods, further investigation of these connections will likely yield a richer evidence base.

Paid Family Leave: Sustaining Our Civil Society

Recent years have seen an explosion of knowledge about early experiences and their impact on human development and society. Today, widespread consensus exists among researchers, educators, child development experts, business leaders and labor economists on the substantial social and economic benefits – both short- and long-term – of high-quality early care and education, including decreased grade retention, higher rates of high school and college completion, and a more productive, prosperous citizenry.⁷² Recognition of the impact of this critical period undergirds the Obama Administration’s framework for comprehensive education reforms “from cradle to career, beginning with children at birth.”⁷³

Realizing a Vision of Equal Opportunity for All

Yet the lack of comprehensive parental leave policy in the U.S. is at odds with the vision of a civil society that provides equal opportunity for all citizens to reach their potential. As noted in a report on the Work, Family, and Equity Index, a product of the Project on Global Working Families:

When it comes to the right to work, the United States is well-situated, in the company of many other countries that ensure the equitable right to work across racial and ethnic groups, for men and women, regardless of age or disability. However, when it comes to ensuring decent working conditions, the United States is far behind in many areas. This is particularly true when one examines the working conditions that are needed to care for children and other family members.⁷⁴

The state of the U.S. and global economy further confounds the situation, challenging family and children’s well-being across a broad spectrum of dimensions. In the nation’s ongoing struggle to recover from the recession, investments in the health, education and development of children,

Paid leave is a reflection of our cultural norms – both inside and outside the corporation. It reflects how much we value women and children, parents, the role of fathers, equity, and economic security. In the end, it all boils down to how we value one another.

Dana Friedman
Executive Director
Early Years Institute

which fiercely compete for federal and state funding, have been sacrificed.⁷⁵ Federal spending on children fell from \$378 billion in 2010 to \$376 billion in 2011, the first time since the 1980s, and also fell as a share of total economic output to 2.5 percent of gross domestic (GDP).⁷⁶ The U.S. also ranks well below industrialized nations’ average public spending on family benefits provided as cash, services, and tax credits as a proportion of GDP.⁷⁷ Not surprisingly, U.S. rankings on the Organization of Economic Cooperation and Development Social Justice Index, which examines, among other policies, health quality, access to education and poverty prevention, leave great room for improvement. In the category of health, the U.S. stands at number 23, out of the 31 countries surveyed. For “fair access to education,” the U.S. ranks in the lower third of 31 countries surveyed.⁷⁸ Moreover, our nation’s child poverty rate of 22 percent – which has increased by more than a third between 2000 and 2010 – is among the very highest of economically advanced countries.⁷⁹ Equally problematic is the significant decline in economic and social mobility, a trend that has been well documented, and poses serious challenges for intergenerational prosperity and well-being.⁸⁰ Poor developmental trajectories for children who grow up in more disadvantaged circumstances hamper their subsequent economic prospects.⁸¹

Economic Security and Gender Equity

In 2009, *The Shriver Report: A Woman's Nation Changes Everything* highlighted the profound transformation in the ways that American families live and work, in particular women's growing responsibility for the economic sustenance of their families.⁸² While women of color, immigrants, and low-income women historically have had high levels of participation in the labor force, women, overall, constituted only a third of the workforce in 1969.⁸³ Today, women comprise nearly half of U.S. payrolls.⁸⁴ From 2007 to 2010, the share of mothers who are breadwinners – working wives earning as much or more than their partners or single mothers providing the sole income for their family – increased from 38.4 percent to 41.4 percent. Among the bottom 20 percent of income distribution for all families, nearly 70 percent of working women earn as much or more than their husbands.⁸⁵ Significant wage gaps, however, persist, with women's median earnings lower than men's in nearly all occupations, and women twice as likely as men to work in occupations that provide poverty wages.⁸⁶

As these historic shifts continue to redefine the workforce and family life, fathers are increasingly stepping up to the plate, taking on some of the responsibilities that have traditionally been borne by women. According to a recent national study of changes in the workforce, young men and women of the “millennial generation,” or those under 29, are challenging traditional gender roles, expecting to share not only in paid work but in tending the household and child rearing.⁸⁷ Indeed, a survey by the Pew Research Center confirms that more than half of members of this generation deem being a good parent their top priority.⁸⁸

California and New Jersey (see sidebar *Paid Family Leave Pioneers At a Glance*, page 7), the first states to successfully implement paid family leave, provide valuable evidence of program effectiveness across the dimensions of family economic security and gender equity, both in the workplace and at home. Researchers who looked at the effects of California's groundbreaking legislation have found a number of positive outcomes for parental relationships, family

You want to encourage men so that it doesn't all end up on the shoulders of women. Even at the hundred best companies to work for, only a quarter give 12 weeks paid leave; and only 25 percent give any paid leave for men. In OECD countries, leave is typically gender-neutral. The challenge for men has been to get them to take leave: it has to be paid, and it has to offer a reasonable level of wage replacement.

Ariane Hegewisch
Study Director
Institute for Women's Policy Research

economic security, and gender equity.⁹⁰ The number of fathers taking leave to bond with their infants has steadily increased, and fathers are also taking longer leaves. Twenty-six percent of paid leave claims to bond with a new child are now filed by fathers, up from 17 percent when the program was first implemented in 2004.⁹¹

California's paid family leave law has also given a boost to family economic security, in particular for workers in “low-quality” jobs, or those that pay \$20 or less per hour and do not provide employer-paid health insurance. Nearly 84 percent of workers in low-quality jobs who took advantage of the state's program, received at least half of their usual pay during leave, compared to only 31 percent of those who took family leave without the benefits of the new law.⁹² They were also more successful in retaining their jobs than leave-takers who did not use the state program, although the California law, unlike the FMLA, does not protect jobs for those who take leave – a policy shortcoming that has significant negative repercussions for gender equity and family economic security.⁹³

Other research documents the modest increase in working hours and income among mothers who have benefitted from the California law.⁹⁴ Studies have also shown that extended leaves are associated with somewhat higher employment rates for women, although leaves beyond a year may exact a penalty in the labor market.⁹⁵ Moreover, women may be faced with employer discrimination when lengthy leaves are mandated.⁹⁶

Evidence of the effects of New Jersey's family leave insurance program, implemented in 2009, is still emerging. A recent study found that women who took advantage of family leave insurance are more likely to be employed nine to 12 months after a child's birth than those who did not benefit from leave.⁹⁷ Women with leaves of 30 days or longer are also much more likely to report wage increases in the year following birth. Fathers are also playing a larger role through their participation in the state's program, with 25 percent of eligible family care claims and 11 percent of eligible bonding claims in New Jersey now filed by men.⁹⁸

I never had the opportunity to take any time off with the first three. I think I had one to two days off after each of their births. As a father, you are looked at as a 'spare part,' and not really given any chance to get used to a new family. Fathers are still expected to work while dealing with sleepless nights, feedings, etc. Having family leave with the twins made me appreciate mothers more, made me spend more time with the babies than I ever was able to before and be more relaxed having this quality time with them.

James Musson
New Jersey Father⁸⁹

Moving Paid Family Leave Forward

The United States is at a critical juncture. As the nation moves through the most challenging economic times since the Great Depression, families continue to struggle to ensure the best conditions for the healthy development of their children. While the U.S. has made some progress in advancing paid leave, and other policies that support families, the urgency of the need cannot be overstated. The U.S. conversation must finally reflect demographic realities, changing gender roles, and, most importantly, our growing understanding of the profound repercussions of our policy failure for the development of human capital, both present and future. Research and advocacy must expand across the domains of early childhood development, public health, and family economic security, embracing more holistic and strategic approaches to one of the most critical issues of 21st century society.

Children's advocacy groups do the whole gamut of grassroots organizing: they educate their members, they alert them, they mobilize them, they help them testify at hearings, write letters to the editor, talk to their neighbors and others in their network, talk to their elected officials, and in all these ways, they make visible the need and the impact on children and they say, "if you care about kids, we need this to help us bond with those children."

Ellen Bravo
Executive Director
Family Values@Work

Recommendations

A growing evidence base attests to the significant benefits of paid family leave for children’s health and development, maternal health, family economic security, and gender equity in the home and the workplace. Still, much work remains to be done across the spectrum of players – researchers, advocates, educators, policymakers, businesses, labor unions, and engaged citizens – to advance policies that fully support the well-being and enhance the potential of children and families. Participants at the forum’s breakout brainstorming sessions developed numerous creative ideas to build active coalitions and educate policymakers and the public about the importance of family leave insurance to healthy child development. Paid family leave in the United States is a work in progress, and the following recommendations are offered in that spirit.⁹⁹

Recommendations for Policymakers

- ◆ Establish universal, job-protected paid leave of at least 14 weeks to mothers, fathers, domestic partners, and other family members for the birth, adoption or foster placement of a child, or to care for a relative with a serious health condition.
- ◆ Replace at least two-thirds of weekly wages to ensure affordability and family economic security.
- ◆ Extend coverage to both full- and part-time workers, to employees in small businesses, and to self-employed workers.
- ◆ Effectively monitor employer practices to protect employees who use or are likely to use leave from discrimination.
- ◆ Invest in innovative practices to support the financing and administration of paid family leave programs, including alternatives to building on temporary disability insurance programs, which remain an option in only five states and Puerto Rico.
- ◆ Once established, publicize family leave benefits through traditional and social media, in the workplace, in physicians’ offices and family planning clinics, in agencies providing Special

We all need to elevate this issue more. It’s not on the radar of legislators and the general public. We also need to involve parents more, and we need to figure out how to make it a priority for a broad group of coalitions.

Donna Dolan
Chair, New York Paid Leave Coalition

Supplemental Nutrition Program for Women Infants and Children (WIC) services, in community-based organizations, and elsewhere, to encourage take-up.

Recommendations for Researchers

- ◆ Conduct more research to deepen the understanding of the mechanisms and specific qualities of paid family leave policies that yield improved outcomes in child health and development, maternal health, and parent-child relationships.
- ◆ Work with policymakers to collect health, child development, and family economic data in states with paid family leave programs.
- ◆ Conduct yearly surveys of small businesses and companies in states with paid family leave programs to evaluate the long-term impacts on businesses.
- ◆ Work with policymakers to include family leave questions in national and local demographic surveys to determine the incidence of paid and unpaid leave in the labor force and the demographics of leave-takers.
- ◆ Conduct comprehensive long-term cost-benefit analyses of paid family leave programs that incorporate public health, child development, social welfare, and economic outcomes.

.....

There's a desperation among companies, of all sizes, from the biggest on down to the smallest start-up. Where do we find competent employees? How do you compete for those people? You compete by saying to them, "Yes, we recognize that work and life are part of the same process, and yes, we will give you those opportunities—certainly paid family leave—to treat your family right; to treat our company right, and to make all of life better."

Herb Greenberg
Founder/CEO, Caliper

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Recommendations for Public Health and Early Childhood Stakeholders

- ◆ Ensure that paid family leave and related supports are an integral part of the early childhood and public health policy agendas, and support cross-disciplinary, cross-sector research, advocacy efforts, and outreach to parents.
- ◆ Make the case that a high-quality early care and education system includes a robust paid family leave policy as a starting point for young children and their families.
- ◆ Integrate paid family leave policy into the life-course perspective in public health.
- ◆ Educate health, public health, and early childhood professionals across disciplines about the importance of paid family leave for the well-being and success of young children and families.
- ◆ Engage parents, building on their overwhelming approval of paid family leave policies and candidates who support them.

Recommendations for Business Leaders

- ◆ Publicize the evidence-based benefits of paid family leave for companies, including improved morale, job retention, and productivity; competitive advantage; and cost savings (for companies already providing employer-paid leave).
- ◆ Ensure that paid family leave and workplace flexibility are an integral part of the business agenda for the development of human capital for the current and future U.S. workforce.
- ◆ Become champions for young children and families, sharing best corporate practices and lessons learned from implementing states, making the case to policymakers, and pursuing business partnerships that have positive social impact.

Recommendations for Federal, State, and Local Education Agencies and School Districts

- ◆ Ensure that paid family leave is an integral part of the “Cradle to Career” education reform agenda.
- ◆ Support and collaborate with local initiatives – including Community Schools, Promise Neighborhoods, and Educare, which integrate children’s health, development and education – to advance paid family leave.

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APPENDIX A

Building a Competitive Future Right from the Start: A Paid Family Leave Forum

Agenda • April 25, 2012

Ford Foundation • New York, New York

8:00 *Breakfast and Registration*

8:30 *Introductory Remarks*

Luis Ubiñas

President, Ford Foundation

Michael Sparer

Professor and Department Chair, Health Policy and Management, Mailman School of Public Health, Columbia University

Lee Kreader

Interim Director, National Center for Children in Poverty

8:45 *Framing the Day*

Matthew Melmed

Executive Director, ZERO TO THREE National Center for Infants, Toddlers, and Families

Ellen Bravo

Executive Director, Family Values@Work

Anna Wadia

Program Officer, Ford Foundation

9:30 *Panel I – Families and Children: The Center of the Human Ecosystem*

Jane Waldfogel

Compton Foundation Centennial Professor of Social Work and Public Affairs, Columbia University School of Social Work

David J. Socolow

Former Commissioner, New Jersey Department of Labor

Laurence Grummer-Strawn

Nutrition Branch Chief, Division of Nutrition, Physical Activity, and Obesity, Centers for Disease Control and Prevention

Dana Friedman

Founder/President, Early Years Institute

Wendy Chavkin (Moderator)

Professor of Clinical Population and Family Health, Mailman School of Public Health, Columbia University

10:30 *Q&A*

11:00 *Break*

11:15 *Introductory Remarks*

Jeanne Brooks-Gunn

Virginia and Leonard Marx Professor of Child Development and Co-Director, National Center for Children and Families, Teacher's College, Columbia University

- 11:20 Panel II – Paid Family Leave: Sustaining Our Civil Society**
Ruth Milkman
 Professor and Academic Director, The Joseph S. Murphy Institute for Worker Education and Labor Studies at CUNY
Mark Schuster
 William Berenberg Professor of Pediatrics, Department of Pediatrics, Harvard Medical School
Ariane Hegewisch
 Study Director, Institute for Women’s Policy Research
Herb Greenberg
 Founder/CEO, Caliper
Margaret McLaughlin
 Senior Vice President of Human Resources, Caliper
Wendy Chun-Hoon (Moderator)
 D.C. Director, Family Values@Work
- 12:30 Q&A**
- 1:00 Wrap-up**
- 1:30 Lunch/Networking**
Lynda Parmely
 Hagedorn Foundation
Patrick Hain
 Annie E. Casey Foundation
Harold Levy
 Managing Director, Palm Ventures, former Chancellor of New York City Public Schools
- 2:15 Building Momentum for Paid Family Leave**
Gale Brewer
 New York City Council, District 6
Netsy Firestein
 Founder/ Director, Labor Project for Working Families
Sherry Leiwant
 Co-President, A Better Balance
Donna Dolan
 Chair, New York Paid Leave Coalition
Vicki Shabo (Moderator)
 Director of Work and Family Programs, National Partnership for Women and Families
- 3:15 Breakout sessions**
- 4:25 Reports to Group**
- 4:45 Wrap-up**

APPENDIX B

Building a Competitive Future Right from the Start: A Paid Family Leave Forum

List of Participants • April 25, 2012

Ford Foundation • New York, New York

Yumiko Aratani
NCCP

Julie Asher
Robin Hood Foundation

Andrea Bachrach Mata
NYC Prenatal Fitness Initiative

Martha Baker
New York Paid Leave Coalition

Dina Bakst
A Better Balance

Monifa Bandele
MomsRising

Patti Banghart
NCCP

Indhira Blackwood
Sarah Lawrence College

Katharine Bodde
NYCLU

Heather Boushey
Center for American Progress

M. Starita Boyce Ansari
MSB Philanthropy Advisors

Rachel Braunstein
New York City Bar Association

Ellen Bravo
Family Values @ Work

Gale Brewer
New York City Council

Shifra Bronznick
Advancing Women Professionals and
the Jewish Community

Virginia Casper
Bank Street College of Education

Nancy Cauthen
NKC Consulting

Wendy Chavkin
Columbia University
Mailman School of Public Health

Wendy Chun-Hoon
Family Values @ Work

Maria Cilenti
New York City Bar Association

Sherry Cleary
The City University of New York (CUNY)

Marti Copleman
New York Statewide Breastfeeding Coalition, Inc.

Bryce Covert
The City University of New York (CUNY)

Megan Curran
First Focus

Leslie Davidson
Columbia University
Mailman School of Public Health

Kinsey Dinan
Human Resources Administration

Donna Dolan
New York Paid Leave Coalition

Laura Ensler
Laura Ensler Consulting

Cynthia Esposito Lamy
Robin Hood Foundation

Sarah Fass

Kim Ferguson
Sarah Lawrence College

Nancy Fernandez

Netsy Firestein
Labor Project for Working Families

Dana Friedman
Early Years Institute

Fannie Glover
Early Care and Learning Council

Sarah Glynn
Center for American Progress

Didi Goldenhar
Leadership & Organizational Development

Herb Greenberg
Caliper

Shari Gruber
NYC Administration for Children's Services

Laurence Grummer-Strawn
Centers for Disease Control and Prevention

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Women's Bureau, U.S. Department of Labor,
New York Regional Office

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Annie E. Casey Foundation

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New York City Department of Health and
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Bureau of Children, Youth and Families

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Institute for Women's Policy Research

Kay Hendon
Nicholson Foundation

Michael Hernandez
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Columbia University Office of Work/Life

Betty Holcomb
Center for Children's Initiatives

Elizabeth Isakson
New York Zero-to-Three Network

William Jordan
Public Health Association of New York City

Carol Joyner
Labor Project for Working Families

Deborah Kaplan
NYC Dept of Health and Mental Hygiene, Bureau
of Maternal, Infant and Reproductive Health

Julie Kashen
Single Stop

Kevin Keogh
Small Business Majority

Nancy Kolben
Center for Children's Initiatives

Lee Kreader
NCCP

Ron Lally
WestEd Center for Child and Family Studies

Linda Landsman
Rauch Foundation

Sherry Leiwant
A Better Balance

Sharon Lerner
Demos

Traci Lester
Reach Out and Read

Harold Levy
Palm Ventures

Jared Make
A Better Balance

Jennifer March-Joly
Citizens' Committee for Children of New York, Inc.

Jennifer Marino-Rojas
Children's Defense Fund, NYC

Margaret McLaughlin
Caliper

Letty Mederos
National Partnership for Women & Families

Matthew Melmed
Zero to Three

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Joseph S. Murphy Institute for Worker Education
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Lauren Moore
The Future of Children

Susan Ochshorn
ECE PolicyWorks

Emma Oppenheim
National Council of La Raza

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Columbia University

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NYC Department of Health and Mental Hygiene,
Bureau of Maternal Infant and Reproductive Health,
Newborn Home Visiting Program

Vanessa Wight
NCCP

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Taniesha Woods
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