



Testimony

of

Torian Easterling, MD, MPH
Assistant Commissioner, Brooklyn Neighborhood Health Action Center
New York City Department of Health and Mental Hygiene

before the

New York City Council Committee on Governmental Operations

jointly with

New York City Council Committee on Women

June 19, 2018
City Hall – Council Chambers
New York City

Good afternoon Chairs Rosenthal and Cabrera and members of the Committees. I am Dr. Torian Easterling, Assistant Commissioner of the Brooklyn Health Action Center within the Center for Health Equity at the New York City Department of Health and Mental Hygiene. On behalf of Commissioner Bassett, I want to thank you for the opportunity to testify on the topic of breastfeeding and its many public health benefits.

It is a priority of the Department to promote breastfeeding, also referred to as feeding infants breast or human milk, as a way to improve the health of infants and mothers. Exclusive breastfeeding, or feeding infants only breast or human milk, is recommended for the first six months of life, and continued infant feeding with breast or human milk is encouraged until one year of age or longer. Babies who are breastfed are less likely to experience medical problems such as respiratory illness and ear infections. Additionally, studies suggest that people who breastfeed are less likely to develop breast and ovarian cancer, and cardiovascular disease. However, many people who want to breastfeed face barriers to continued and exclusive breastfeeding, which can lead to disparities in breastfeeding rates for low-income communities and communities of color. Although the majority of people in New York City initiate breastfeeding and continue to breastfeed their babies for at least 8 weeks, racial disparities in breastfeeding continuation exist, especially with exclusive breastfeeding. Rates of exclusive breastfeeding eight weeks after birth were 26.2 percent for Latina mothers, 27.9 percent for Asian/Pacific Islander mothers and 27.9 percent for Black non-Latina mothers compared to 42.9 percent for White non-Latina mothers.

The Department has several initiatives to encourage breastfeeding. We offer breastfeeding education, support and pumps to new mothers through our home visiting programs; develop and distribute educational materials and information to providers and the general public about breastfeeding; work with community-based organizations to build local capacity to support breastfeeding; and offer trainings to local health care providers, hospital staff and field workers. We also offer a lactation program for our own employees, including lactation rooms and a loaner breast pump program at Department offices. In addition, the New York City Breastfeeding Hospital Collaborative works to increase the number of maternity facilities that achieve the World Health Organization and UNICEF "Baby-Friendly" designation. This designation is achieved when a facility offers an optimal level of care for infant care and feeding and mother/baby bonding. To date, 16 New York City hospitals and birthing centers, including 9 H+H hospitals, offer the optimal level of care for infant care and feeding and mother/baby bonding to warrant achieving this prestigious designation.

We are also working hard to address this issue directly in key neighborhoods. The Brooklyn Breastfeeding Empowerment Zone, trains community members to support breastfeeding parents and families, and activates faith-based leaders, small businesses, policy makers, and others to ensure that every mother and baby has the opportunity to experience the health benefits of breastfeeding and to reduce the racial and ethnic disparities in breastfeeding. Creating Breastfeeding Friendly Communities targets our three Action Center neighborhoods of Brownsville, East Harlem and the South Bronx, engaging child care centers and day care homes, worksites and outpatient clinical practices to achieve Breastfeeding Friendly designation in accordance with guidelines established by the New York State Department of Health.

In addition, our Neighborhood Health Action Centers in Central Brooklyn, Tremont and East Harlem, offer community lactation rooms, as well as breastfeeding education and support. And last year we opened five lactation pods around the city, at Health + Hospitals' Queens Hospital Center and Harlem Hospital Center; the Bronx Zoo; the Staten Island Children's Museum; and the Brooklyn Children's Museum. The pods are part of the Department's efforts to promote and support breastfeeding and to ensure that mothers feel comfortable pumping and breastfeeding in whichever setting they choose.

Finally, pursuant to Local Law 94, DOHMH maintains a list on our website of publicly-accessible lactation rooms available to clients of the Department of Social Services, the Administration of Children's Services and the Health Department. We also developed a poster that was distributed to impacted agencies and is available online, stating that people have the right to breastfeed anytime, anywhere and can request to use a space to breastfeed or pump onsite.

Thank you again for the opportunity to testify, and I look forward to continue working with the Council on this important issue. I am happy to answer any questions.

Good afternoon, Chairs Rosenthal and Cabrera, and members of the Committees. My name is Laura Ringelheim, Deputy Commissioner of Real Estate Services at the Department of Citywide Administrative Services (DCAS). I am joined by my colleague, Mersida Ibric, Deputy Commissioner of Procurement. We are here today to discuss intros. 853 and 380.

Intro 853

While this Administration supports the intent of Intro. 853, as currently drafted, DCAS would be limited in its ability to comply. We urge the Council to consider the development of a working group to better understand the goals and parameters of the feasibility study as well as the pilot program.

I would like to take this time to explain some of the challenges that are presented by the bill. First, while DCAS may be the appropriate agency to search for available City-owned or controlled space for the program, this proposed pilot is far outside DCAS's scope in the following ways: designing architectural plans for child care operations, finding vendors that run these programs, and assessing costs for such contracts or operations. In fact, when the City sites daycare or early learn facilities, DCAS only handles the real estate transaction, and the relevant agency is responsible for its functions. We would welcome the opportunity to sit down with the Council to see if this bill could be crafted in a way to make such a feasibility study meaningful and possible.

We also believe that any bill that is passed by the Council should include definitions for what is meant by City-owned or City-controlled spaces. DCAS currently operates and maintains 55 City-owned buildings, approximately 50% of which are occupied by City agencies for office use and 50% is occupied by the Office of Court Administration (OCA) for court functions. In addition, there are currently more than 7,000 buildings in the City's real estate portfolio. While some of these buildings do not house City employees, many of them, including police precincts, fire houses, hospitals, and colleges do, and DCAS has no jurisdiction over those sites. Also, while we manage 7.2 million square feet of court space, DCAS has no authority to develop

programming in that space. Only OCA, a state agency, can decide what services will be offered and who will occupy that space.

Many City-controlled spaces that are used for City operations are leased spaces in privately owned buildings. Often, the City only occupies a portion of a building or, in some instances, the spaces are leased for agencies that are providing services to the public. These leases commonly have defined terms that limit additional uses beyond what is identified in the lease. This limitation would make siting a daycare facility extremely difficult. Because of this, we urge the City Council to consider eliminating leased spaces from the bill. If the Council would like to include them, we welcome the opportunity to engage in meaningful dialogue about how to develop criteria for site selection.

Additionally, we believe that any bill that is passed should provide more information as to the population that will be served. There are different rules and regulations that govern the operation of a daycare center in New York. Often these regulations differ depending on the age of the children who are being served. We recommend that intro. 853 define the intended population.

Finally, there is a very limited supply of vacant City-owned spaces. DCAS continually strives to achieve maximum utilization of City-owned space by renovating and reconfiguring existing space whenever possible. Where we have identified pockets of available space, we have slated them for agency operations after renovation. Because of space constraints, to ensure agencies have the resources they need, we often rely on leased spaces. Putting a daycare in City-owned spaces would almost certainly require relocating agencies to a leased space.

Intro 380

This Administration supports the intent of Intro. 380, and DCAS currently has in place a contract for diapers. This contract is available to all City agencies, but, unfortunately, procurement rules do not allow for DCAS to make these goods directly available to non-government entities. We recommend adding language to the bill that makes clear that DCAS, upon request, will make diapers available to City agencies and that the agencies would ensure that vendors who are running these programs would receive them as needed.

Thank you for the opportunity to testify on these important topics. We look forward to the working with the Council and will gladly answer any questions.

**TESTIMONY OF JACQUELINE M. EBANKS
EXECUTIVE DIRECTOR, COMMISSION ON GENDER EQUITY**

Good Afternoon, Chairs Rosenthal and Cabrera

I'm Jacqueline Ebanks, Executive Director, of NYC's Commission on Gender Equity (CGE). In this role I also serve as an advisor to the Mayor and First Lady on policies and issues around gender equity in New York City.

I'm pleased to be joined by my colleagues from DCAS, DOHMH, and CCHR who will also offer testimony on the package of bills before you today.

I would like to acknowledge the leadership of CM Helen Rosenthal and Majority Leader Laurie Cumbo who serve as CGE Commissioners. Their partnership since I became Executive Director in August 2017 has been invaluable to the progress the Commission has made and the strides the City continues to make in advancing gender equity.

Additionally, I'd like to congratulate CM Diana Ayala on her recent appointment to the Commission. I look forward to working with you as we build an equitable City for all New Yorkers regardless of gender identity or expression.

The City's Commission on Gender Equity was established in 2015, by Mayor Bill de Blasio, and codified into law by the City Council in September 2016. CGE works daily with city agencies to remove institutional barriers to equity and to establish inclusive policies and practices which ensure that all New Yorkers, regardless of gender identity or expression:

- have opportunities to be economically secure
- have access to quality and affordable health care
- have full autonomy over their reproductive lives and
- live safely in their homes and communities

We accomplish these goals by:

- Studying the nature and extent of inequities facing women and girls in the City and their impact on the economic, civic, and social well-being of the women and girls

- Advising on ways to analyze the function and composition of city agencies through a gender-based lens and ways to develop equitable recruitment strategies
- Making recommendations to the Mayor and to the City Council for the reduction of gender-based inequality
- Reporting annually to the Mayor and City Council on its activities over the previous twelve months, goals for the following year, and recommendations to advance gender equity

Ensuring a fairer and more equitable city has been the principal goal of the de Blasio Administration. To that end, the Administration has partnered with the City Council to develop and pass historic legislation that advances gender equity and builds a family-friendly city. Since 2014, the administration and the City Council have passed legislation to:

- Ban city agencies from inquiring about a job applicant's salary history
- Expand paid sick leave to many of the lowest paid industries that employ a disproportionate number of women
- Expand paid sick leave to include paid safe leave so that victims of domestic violence, sexual violence, stalking and human trafficking can get paid time off to respond to the various challenges that result from gender-based violence
- Provide six weeks of fully paid parental leave to city employees
- Provide free, full-day pre-K available to all New Yorkers, the largest expansion of pre-K in history
- Establish a new Division of Paid Care within the Department of Consumer Affairs' Office of Labor Policy and standards to focus on the needs of paid caregivers, such as domestic workers and home health aides
- Increase free access to feminine hygiene products for students, shelter residents, and inmates
- Provide publicly accessible lactation rooms in city facilities fostering family-friendly workplaces with stronger protections for pregnant employees and parents
- Require that diaper changing stations be installed in all restrooms in new and heavily renovated buildings
- Ensure that workplaces free from sexual harassment and violence; some of the toughest laws in the nation.

The “Mother’s Day” package of bills before you today continues the City’s march toward gender equity. This package of bills offers the Administration and the City Council the opportunity to partner, once again, in making historic strides for New York City’s families. The Administration finds high alignment with the values and the goals of the bills included in the “Mother’s Day” package.

However, a deeper analysis of some of these bills reveals the complexities required to implement the initiatives contemplated and as such would necessitate further discussion, evaluation, and collaboration.

From the Administration’s perspective, Intros 380, 853, 878, 879, and 905 would be strengthened by:

(1) Reviewing and streamlining the current state of operations for the provision of goods and services proposed in Intros. 380 and 878. This includes more synchronizing language around contracting and procurement for the proposed distribution of diapers in Intro. 380 and holding further conversations regarding the potential limitations and concerns some agencies have around implementing a ‘one-size fits all’ policy as proposed in Intro. 878.

The Administration is supportive of the intent of Intro. 878, and has worked in partnership with the Council to create supportive environments where women are comfortable to breastfeed or express milk whenever or wherever needed. The Administration, however, is concerned about limitations to existing agency space.

Many agencies named in Intro. 878 have significant, and in many cases, dated infrastructure throughout our city. The Administration would like to work with the Council to give these agencies flexibility to determine which of their sites can accommodate a designated lactation room for the public.

My understanding is that there had been a few rounds of conversations during the previous iteration of Intro 878 (now Local Law 94—2016) that acknowledged legal and operational obstacles for some agencies that require further attention. The Administration is continuing to look into these legal and operational obstacles and looks forward to continuing to work with the Council on these questions.

(2) Establishing a working group to allow for deliberate assessment and thorough research for the proposed municipal child care study and pilot initiative in Intro 853 by engaging other agencies and stakeholders in the process.

(3) Reviewing and reconciling language in Intros 879 and 905 which are, as drafted, in conflict with current law. For example, Intro 879 would set a higher threshold regarding size of businesses impacted by the legislation and 905 would limit current protections regarding undue hardship.

Our concern is that if any or all the above conditions are not sufficiently in focus we risk faulty development and poor implementation of these bills. We look forward to working with the Council to address these concerns so that the objectives of these bills can be achieved in the most effective and practical ways.

I appreciate the opportunity to provide testimony before you today and welcome your questions as well as any further discussions on the policies and initiatives proposed in these bills. We look forward to continuing discussions with the Council and with the agencies tasked in the legislation to ensure appropriate execution.

Thank you.

**Testimony of Hollis V. Pfitsch
Deputy Commissioner for Law Enforcement
New York City Commission on Human Rights
Before the Committee on Civil and Human Rights
June 19, 2018**

Good afternoon, Chairpersons Rosenthal and Cabrera and members of the Committees on Women and Governmental Operations. My name is Hollis Pfitsch, and I am the Deputy Commissioner for Law Enforcement at the New York City Commission on Human Rights (“Commission”). Although the Commission doesn’t regularly testify before your Committees, we are happy to join you today to speak in favor of Intros 879 and 905.

The New York City Commission on Human Rights is the City agency charged with enforcing the City’s anti-discrimination and anti-harassment protections in virtually all areas of city living, including in employment, housing, places of public accommodation, on the street, and other public areas within New York City. As the Deputy Commissioner for the Law Enforcement Bureau, I am in charge of all the law enforcement investigations and litigation at the Commission. All of the law enforcement at the agency is civil law enforcement, which means that the remedies sought by the City or intervening complainants are limited to money damages, affirmative and injunctive relief, and civil penalties.

Currently, the NYC Human Rights Law, which is the body of anti-discrimination and anti-harassment protections we enforce, requires that employers reasonably accommodate the “needs of an employee for her pregnancy, childbirth, or related medical condition that will allow the employee to perform the essential requisites of the job, provided that such employee’s pregnancy, childbirth, or related medical condition is known or should have been known by the employer.” N.Y.C. Admin. Code § 8-107(22).

More than two years ago, on May 6, 2016, the Commission released legal enforcement guidance expressly making clear that lactation and expressing breast milk are covered accommodations under the law. Quoting from our guidance,

Lactation is a medical condition related to childbirth and therefore must be accommodated absent an undue hardship. Employers must provide reasonable time for an employee to express breast milk and may not limit the amount of time that an individual can use to express milk unless the employer can demonstrate that the time needed presents an undue hardship to the employer. In addition, absent undue hardship, an employer must provide a clean, sanitary, and private space, other than a bathroom, that is shielded from view and free from public intrusion from coworkers, along with a refrigerator to store breast milk in the workplace. A lactation space must be conveniently located and reasonably near the employee’s work station. An employee who wishes to express milk at their usual work station shall be permitted to do this so long as it does not create

an undue hardship for the employer, regardless of whether a coworker, client, or customer expresses discomfort. Where an employer already provides compensated breaks, an employee who uses that break time to express milk must be compensated in the same way that other employees are compensated for break time.

The Commission supports Intros 879 and 905 to the extent they are consistent with our legal enforcement guidance. However, both bills are drafted in ways that would actually provide less protection than is currently available under the law. If that is truly the intention of the bills, the Commission is interested in understanding the Council's reasoning behind those limitations, as we are generally not supportive of proposals that would limit current application of the law.

Specifically, current law requires employers with four or more employees to provide lactation spaces to employees, while Intro 879 only applies to employers of 15 or more employees. We are interested in understanding the reasoning behind this proposed change to the law.

Similarly, Intro 905 allows employers to wait five business days before responding to a request for lactation space. Waiting five days before expressing milk at work could result in severe pain, difficulties with continued lactation, and other issues. Under current law, waiting five days before responding to a request for lactation space for a currently lactating employee would likely constitute evidence of bad faith on behalf of the employer, and could result in employer liability. As such, we are interested in understanding the reasoning behind codifying a five-day wait period for employers to respond to these accommodation requests. We are concerned that legislating a specific response time could limit existing protections, which in many instances would require employers to respond more quickly. Currently, the reasonable accommodation process requires a case-by-case, individualized assessment for how quickly an employer should respond to an accommodation request.

Also, Intro 879 outlines an undue hardship standard that differs from Human Rights Law Section 8-102(18). The different standard may be interpreted to limit current coverage rather than expand it – and could create confusion, since other pregnancy-related accommodations would continue to be subject to the current undue hardship standard. The current undue hardship standard applied in situations where an employee requests a lactation space or accommodations related to pregnancy, childbirth, or related medical conditions has been helpful in enforcement of the law. As such, we are interested in understanding why Council believes there should be a different standard for this specific pregnancy/childbirth-related accommodation.

Overall, however, I wish to reinforce the Commission's support for providing accommodations for employees' pregnancy, childbirth, or other related medical conditions, and we will be happy to work with Council to make sure these bills do not contract current protections. As a champion of women's rights in the workplace, the Commission has consistently prioritized strong enforcement and outreach to combat discrimination based on pregnancy, childbirth, or related medical conditions. On May 27, 2018, in a letter to the editor of the New York Times, Commissioner Carmelyn P. Malalis reminded us that New York City is

home to some of the strongest workplace protections in the country for expecting and current mothers and caregivers, and encouraged people to come forward to file complaints when they experience such discrimination, also noting that the Commission has increased investigations in this area by more than 34 percent in the last two years. Pregnancy discrimination, however, remains rampant, and the Commission wants to seize this opportunity to consider how we can ensure accountability in the workplace and make certain that places of employment are welcoming and supportive places for expecting mothers and caretakers.

The Commission recently released a report, "Combating Sexual Harassment in the Workplace: Trends and Recommendations Based on 2017 Public Hearing Testimony," which was the result of a public hearing we held on December 6, 2017 where over 27 members of the public, including representatives from advocacy groups, activists, and workers from a wide range of industries, shared their experiences of sexual harassment on the job. Centering the narratives of the unique experiences of workers and taking the opportunity to really listen to how people experience sexual harassment on the ground has enabled us to think through strategic and community centered approaches to our effort to end workplace harassment. We look forward to working together with the Administration and City Council to consider how we can continue to advance and protect the rights and needs of workers based on their pregnancy, childbirth or related medical conditions.



New York City Campaign Finance Board

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**Testimony of Amy Loprest
Executive Director
New York City Campaign Finance Board**

**City Council Committees on Governmental Operations and Women
June 19, 2018**

Good Afternoon Chair Cabrera, Chair Rosenthal, and members of the Committees on Governmental Operations and Women. My name is Amy Loprest and I am the Executive Director of the New York City Campaign Finance Board (CFB).

Thank you for the invitation to provide testimony on Int. No. 899, which would permit campaign funds to be used for certain childcare costs for children under 13 years of age, for which the candidate is a primary caregiver.

For over 30 years, the city's public matching funds program, which we administer, has opened the door for aspiring officeholders of all backgrounds to run competitive campaigns. We are supportive of efforts to continue removing the barriers that keep qualified New Yorkers from seeking elected office.

As we consider the legislation, we have identified some administrative and practical concerns. Currently under the Campaign Finance Act §3-702(21)(b), childcare costs are clearly included among expenditures that are not in furtherance of a political campaign for elective office. The bill would amend the Act to allow the expenditure of campaign funds on childcare costs that would not exist but for the campaign, or campaign activities. Such expenditures would not be an allowable use of public funds.

To ensure the legislation fulfills its intent, we have identified some recommendations for further review.

The definition of “childcare costs” should be clarified. We would recommend the bill clarify that permitted campaign expenditures pertain specifically to childcare *services*, such as a qualified caregiver or daycare. One model is the definition of eligible expenses under the Dependent Care Assistance Program (DeCAP) for city employees.

Under DeCAP, pre-tax funds can be used to pay for employment-related dependent care expenses performed within or outside the home while a city employee and the employee’s spouse is at work or attending school full time. A qualifying caregiver is someone who is not a dependent, spouse, or spouse’s child.

Paying a family member for childcare expenses presents a unique issue. The bill does not explicitly carve out as impermissible payments to a family member for childcare arrangements. However, §3-702(21)(a) does not extend the presumption that the enumerated expenditures are in furtherance of the campaign to payments made to a candidate’s spouse, domestic partner, child, parent, or sibling. If the Council were to use the DeCAP definition for childcare services, dependents, spouses, and spouse’s children would not be covered, but considerations would have to be made for other family members, such as grandparents or siblings.

Candidates should be required to show eligibility before making expenditures for child care. As drafted, the bill would require the candidates to fill out an “approved statement of childcare need” with the Board, which the Board could approve in whole or in part, or deny. We agree candidates should be required to make a showing that the expenses “would not exist but for the campaign,” and as such are permissible campaign expenses. However, the statement—if approved—should certify only that the expenses exist solely because of the campaign. It should not constitute a pre-approval of individual childcare expenditures, which would still be subject to post-election audit review—as are all other types of expenditures.

The Board anticipates promulgating rules to clarify the standard and how candidates will be able to satisfy it. An open, transparent rulemaking process, in consultation with potentially affected stakeholders, will help ensure the Board can develop guidelines that are both practical and fair.

The timing of campaign-related childcare costs should be considered. While childcare costs would not be a qualified expense, under the legislation they would be subject to the spending limit—which should help limit the overall amount that candidates spend on childcare costs through their campaign. However, the bill does not specify if campaign funds for child care costs can be spent in the “out-years” or post-election. It is likely that the need is greatest in the year of the election, and we recommend that expenditures on childcare services be permissible in the year of the election only.

Privacy concerns should be addressed. With regards to disclosure around the issue of childcare expenses, there must be a balance between ensuring proper documentation is maintained and submitted to the Board, and protecting children’s information from disclosure. The Board is sensitive to these concerns, and we believe they can be addressed through the rulemaking process, but we thought it important to raise them here.

We hope you will take these concerns into consideration.

Thank you for the opportunity to testify today. I am happy to answer any questions you may have.



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Gale A. Brewer, Borough President

June 19, 2018

**Gale A. Brewer, Manhattan Borough President
Testimony Before the New York City Council
Committees on Women and Governmental Operations**

My name is Gale A. Brewer and I am the Manhattan Borough President. I would like to thank Chairs Rosenthal and Cabrera, as well as the members of both committees, for the opportunity to testify this afternoon in support of Int. 380 of 2018 in relation to the provision of diapers.

For the past two winters, my office has led a diaper drive in partnership with the Food Bank of New York City and the Girls Scouts of New York. Truly this is an unusual addition to the city's many holiday season donation drives, but fills a real need and we are proud to have distributed nearly 25,000 diapers this year at emergency food providers throughout the borough. Supplying diapers for free at these Food Bank partners helps relieve a major burden on parents and children.

As we all know, these families often rely on childcare services that require them to supply disposable diapers and wipes for their children. Without diapers, low-income working parents who use child care services can't go to work or school because the services require each parent to supply diapers – not to mention wipes - for their child. I support Int 380 and commend its primary sponsors Council Members Treyger, Ampy-Samuel, Rosenthal, Cumbo, Levin and Reynoso.

Yesterday the Center for New York City Affairs released a brief in trends that are re-shaping New York's Changing World of Child Care. It cites licensed group family child care as the fastest growing child care capacity for the city's infants and toddlers – could these sites be included in the legislation? I would like to suggest that this bill be expanded to include emergency food providers that serve families and have the capacity for distribution. Low-income working parents may receive SNAP and WIC (which they cannot use to purchase diapers and wipes) yet may not live in homeless shelters or have their children placed in the eligible child care centers.

At the beginning of this month, my office conducted a study in order to determine whether the soup kitchens and food pantries across Manhattan were in need of diapers. For the sites that currently distribute diapers, they depend on donations that are unreliable. Out of the 68 soup kitchens or food pantries that we spoke with, 35, or around 52%, of the programs expressed a

strong desire for a regular supply of diapers. While not all soup kitchens and food pantries have a client base or capacity for diaper distribution, it would be wrong to turn a blind eye on the programs for which a supply of diapers is just as imperative as food support, especially as their client families are challenged with this additional financial strain on households with very limited resources. Sites like The Hopeline's diaper distribution program in the Bronx - established by Executive Director Maria Cintron - should be reviewed and recommended as a best practice.

I want to thank the sponsors again for trying to ease the burden on low income and working families in our city.



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June 19th, 2018

Testimony presented by Chanel Porchia- Albert Executive Director Ancient Song Doula Services
Most Honorable New York Assembly

Good Afternoon to all and give thanks for joining us here today to support the movement towards justice in Black Maternal Health.

Ancient Song Doula Services, a Brooklyn-based organization, has actively worked towards bridging racial disparities in Maternal health through addressing racial and implicit bias since 2008. In training 300+ doulas both locally and nationally, community-based and culturally-relevant organizations are crucial in spearheading the fight against the disparities in Black maternal mortality and morbidity.

Ancient Song stands here in favor of the package of bill's coined as the "Mother's Day Package" offering both lactation services and accommodations, as well as support in diapers and childhood expenses, but we would also like to stress the importance of community- based and culturally- relevant organizations who have been, and still are, at the forefront of maternal health work within our communities being not only included, but recognized as key resources in informing the earliest phases of this work and improving the outcomes of the postpartum period for those individuals and families most at risk. Certified Lactation Counselors, additionally, should be regarded as an integral part of supporting lactation for employees in order to foster continuity and both physical and emotional support in lactation.

In order to effectively address racial disparities within maternal healthcare in New York City and statewide, we must always ensure that community voices and representation are key

stakeholders in any development towards health equity. This, in itself, plays an integral role in addressing the maternal mortality and severe maternal morbidity of Black women living and working within our city. New York City should be regarded as the prime example in facilitating what it means to have equitable partnerships and addressing disparities within our most marginalized communities.

The Maternal Mortality Review Board is already taking the adequate steps toward addressing maternal deaths by having Ancient Song and other community organizations steering steering conversations and providing information to adequately address maternal deaths. The Maternal Mortality Review Board, as proposed by the New York Assembly, includes a section (Section 7, specifically), however, that would compromise confidentiality protections that is not only actively required by all other states, but is also considered crucial by the CDC. This section must be revised in order to protect the confidentiality of our Mothers. The new language proposed within the state's initiative not only breaches confidentiality, but also safety of those groups.

Also, in further considering the needs of those living in New York City, we urge that you use your voice to advocate for community-based doula programs being included in Governor Andrew Cuomo's proposed doula pilot program which seeks to address racial disparities in Maternal Health. Without comprehensive inclusion, moreover, community based stakeholders, who are doing the work within maternal healthcare, are doomed to fail before we even get started.

Thank you all for your time and energy and thank you, in advance, for supporting those looking to shift the narrative and pregnant and birthing people in New York City.



**Testimony of Felice Farber, Senior Director Policy and External Affairs
The General Contractors Association of New York
Joint City Council Hearing
Committees on Women and Governmental Operations
June 19, 2018, 1:00pm, City Council Chambers
Intro 879**

Thank you, Council Members Rosenthal, Cumbo, and Cabrera and members of the Committees on Women and Governmental Operations for the opportunity to testify today on the lactation accommodations required by Intro 879. I am Felice Farber, Senior Director of Policy and External Affairs at the General Contractors Association of New York.

The GCA represents unionized heavy civil and public works infrastructure contractors that construct New York City's water, wastewater, road, highway, and bridge networks along with the mass transportation and building foundation systems that shape the skyline and make New York a vibrant, livable city.

Our members employ over 25,000 skilled professionals and union trade workers. And while six of our members are nationally and internationally recognized firms, 97% of our members are family-owned businesses concentrating on the New York market.

Many of our members have already provided lactation accommodations at both their main offices and at their project field locations in accordance with both State and Federal Law. Some have installed permanent lactation spaces at their main offices, while others have made accommodations as needed.

Intro 879 expands the accommodations required to include access to running water, electricity, and refrigeration. While we appreciate the need for these items for nursing mothers, not all construction worksites are able to make the

accommodations called for in 879 either because there is no dedicated work location such as a roadway reconstruction project that requires the street to be closed and plated at the end of each day, or the worksite has no running water, electricity or refrigeration.

We appreciate the council's recognition that there may be circumstances where reasonable accommodations are not possible. We believe the exemption in the bill is not sufficiently clear to cover the challenges faced by construction field operations and are concerned that it could subject employers to unnecessary and costly litigation. Accordingly, we offer clarifications to the exemption language, attached to my testimony, and welcome the opportunity to discuss it with the Committee in greater detail.

Int. No. 879

By Council Members Cumbo, Cornegy, Rosenthal, Chin, Rivera, Rose, Ayala and Ampy-Samuel

A Local Law to amend the administrative code of the city of New York, in relation to requiring certain employers to provide lactation spaces

Be it enacted by the Council as follows:

1 Section 1. Section 8-107 of the administrative code of the city of New York is amended
2 by adding a new subdivision 31 to read as follows:

3 31. Employer Lactation Accommodation (a) Definitions. When used in this subdivision,
4 the following terms have the following meanings:

5 Employer. The term "employer" has the same meaning as such term is defined in section
6 8-102 of this chapter, provided, however, that when used in this subdivision, the term
7 "employer" shall only include any employer with 15 or more employees.

8 Lactation space. The term "lactation space" means a sanitary place that is not a restroom
9 that can be used to breastfeed or express milk shielded from view and free from intrusion by
10 coworkers and the public and which includes at minimum an electrical outlet, a chair, a surface
11 to place a breast pump and other personal items and nearby access to running water.

12 (b) Lactation accommodation. An employer shall, upon request by an employee, provide
13 the following to accommodate an employee desiring to express breast milk:

14 (1) A lactation space in reasonable proximity to the employee's work area.

15 (2) A refrigerator in reasonable proximity to the employee's work area suitable for breast
16 milk storage.

17 (c) If a space designated by an employer to serve as a lactation space is also used for
18 another purpose, the primary function of the space shall be as a lactation space during the

1 duration of an employee's need to express milk. During the period when the space is being used
2 as a lactation space and also for other purposes, the employer shall provide notice to other
3 employees that the primary use of the space is a lactation space, which takes precedence over
4 other uses.

5 (d) Where more than one employer is located in the same building and the employer
6 cannot satisfy the requirements of paragraph (b) of this subdivision by providing a lactation
7 space within the employer's workspace, the employer may fulfill the obligations of paragraph (b)
8 of this subdivision by providing a lactation space that is shared by multiple employers, provided
9 that it is sufficient to accommodate the number of employees who desire to use it at any given
10 time.

11 (e) An employer or an employer's worksite location is exempt from the requirements of
12 this section if such ~~employer shows that such requirements accommodations~~ would be
13 ~~impractical, unfeasible or would~~ impose an undue hardship by causing such employer significant
14 expense or operational difficulty when considered in relation to the ~~worksite at issue, the~~
15 ~~availability of running water and electricity, and the~~ size, financial resources, nature, or structure
16 of such employer's business or worksite location.

17
18 (f) The presence of a lactation space pursuant to this subdivision does not affect an
19 individual's right to breastfeed in public pursuant to article 7 of the civil rights law.

20 § 2. This local law takes effect on the same effective date as section 3 of local law 63 for
21 the year 2018, except that the commission on human rights shall take such measures as necessary
22 for this implementation of this local law, including the promulgation of rules, before such date.



**Girls for Gender Equity Testimony for the New York City Council
Committee on Women and Committee on Governmental Operations**

**Delivered by: Ashley C. Sawyer, Esq.
June 19, 2018**

Good afternoon Chairperson Rosenthal, Chairperson Cabrera, and committee members. My name is Ashley Sawyer and I am the Director of Policy and Government Relations at Girls for Gender Equity (GGE). GGE is a youth development and advocacy organization committed to the physical, psychological, social and economic development of girls and women. GGE challenges structural forces, including racism, sexism, transphobia, homophobia, and economic inequity, which constrict the freedom, full expression, and rights of transgender and cisgender girls and women of color, and gender non-conforming people of color.

Thank you for holding this important hearing on today's package of bills addressing the many needs of parents in the City of New York. Last term, we worked with many of you to launch the first dedicated initiative for cis and trans girls and women of color and gender non-conforming (GNC) youth, the New York City Young Women's Initiative. A number of the issues being addressed today were recommended by this body in 2016. We appreciate the leadership of the City Council to continue to prioritize women, girls and GNC folks in our city - particularly those of color.

The Need for Lactation Spaces and Accommodations:

Safe, clean, accessible, and comfortable lactations spaces are an important step in removing barriers that prevent all breastfeeding parents - but especially parents of color, from breastfeeding. The American College of Obstetricians and

Gynecologists (ACOG) highly recommends breastfeeding as the preferred method of feeding newborns and infants, and recommends that babies are fed exclusively through breast milk until the baby is approximately six months old.¹ Despite the strong endorsement by healthcare professionals, there are disproportionately lower rates of breastfeeding among people of color and working class people, sociologists attribute this in part to, “**structural impediments**. . . such as limited opportunities to breastfeed or pump breast milk in low wage jobs.”² The Center for Disease Control (CDC) has also indicated the difficulties facing parents of color, specifically Black parents wishing to breastfeed. “Black infants consistently had the lowest rates of breastfeeding initiation and duration across all study years. [The CDC says that] Black mothers may need more targeted support to start and continue breastfeeding.” The former U.S. Surgeon General has previously attributed the gap in breastfeeding by black parents *to workplaces that are not accommodating*. Specifically, smaller employers who do not provide space for breastfeeding parents.³

Given the overwhelming health benefits for both parent and baby, it is imperative that the city take every step to combat the institutional barriers that make breastfeeding inaccessible for women and families of color.

Schools:

The barriers to breastfeeding may be even greater for **parenting students** in New York City schools. In 2016, GGE launched a participatory action research process where we engaged over 100 young people attending New York City public schools to better understand the specific experiences that cis and trans girls of color and gender non-conforming students face. The product of this process resulted in a

¹ American College of Obstetricians and Gynecologists, Committee Opinion: Committee on Health of Underserved Women, Breastfeeding in Underserved Women, Increasing Initiation and Continuation, No. 570, August 2013 (Reaffirmed 2016).

² Robert Todd Perdue, et. al., *A Life Cycle Approach to Food Justice: The Case of Breastfeeding*, ENVIRONMENTAL JUSTICE, Vol. 5, No. 3, June 19, 2012.

³ “Many mothers encounter pressure from coworkers and supervisors not to take breaks to express breast milk, and existing breaks often do not allow sufficient time for expression...When mothers who do not have a private office at work do not have a place to breastfeed or express breast milk, they may resort to using the restroom for these purposes, an approach that is unhygienic and associated with premature weaning.” The Surgeon General’s Call to Action to Support Breastfeeding, https://www.ncbi.nlm.nih.gov/books/NBK52682/pdf/Bookshelf_NBK52682.pdf 2011.

report with 45 recommendations for New York City entitled, *The School Girls Deserve*. As GGE has previously articulated in *The Schools Girls Deserve* report, there must be training around ways to support student parents who are breastfeeding or pumping, as a way to ensure city school's compliance with federal law, specifically, Title IX. **School personnel should allow breastfeeding students to take breaks to pump or otherwise express milk and students should be able to do so in spaces that do not subject them to stigma or embarrassment.** Students should also have access to refrigeration. Taking these steps is an excellent way to prevent school pushout of student parents. *The Schools Girls Deserve* report also emphasizes the need for additional space and the expansion of the city's LYFE program. We fully support the availability of diapers in Department of Education LYFE program sites, shelters, Family Justice Centers, child subsidized care centers, and other citywide administrative service offices. **Diaper availability allows for hygienic access to necessary services.**

Jails:

Similar to schools and low-wage jobs, the barriers rise to the level of insurmountable for people who are incarcerated in city jails or visiting loved ones in city jails. After speaking with public defenders in New York City, I've learned of Black mothers who were curled over in pain during their court appearances because of being engorged, and they did not have a space to express - and much less store - breastmilk. The excruciating pain that a breastfeeding parent may experience if they are held for hours in a jail or city detention facility certainly has the ability to prevent them from thinking clearly, and having the opportunity to be heard in court. I have provided legal advice and worked with clients who identified as cisgender girls and women, who were incarcerated in Rikers Island, many of whom were pregnant or parenting. They often experienced a great deal of emotional trauma as a result of being separated from their children. That trauma may be alleviated by allowing parents to pump and store milk that can be used to nourish their children. Many of the girls and women I've worked with came from the city's most underserved neighborhoods, which are often neighborhoods that have the most heartbreaking health outcomes for parents and babies. **Well-designed lactation accommodation policies which extend to schools,**

workplaces, and city facilities can be an important step in decreasing the poor health outcomes affecting communities of color, as well as preserve the human dignity of people experiencing city institutions.⁴ In addition, diaper accessibility is an excellent demonstration of the city's commitment to addressing the needs of low-income communities.

Thank you for the opportunity to deliver testimony today - and for all of this committee's efforts to advocate for parents and communities of color.

⁴ Bethany Kotlar, Rachel Kornrich, Michelle Deneen, Catelynn Kenner, Lauren Theis, Silke von Esenwein, Amy Webb-Girard, *Meeting Incarcerated Women's Needs For Pregnancy- Related and Postpartum Services: Challenges and Opportunities*, <https://onlinelibrary.wiley.com/doi/full/10.1363/47e3315>, June 22 2015.



moving victims of violence from crisis to confidence

**Testimony of
Olga Rodriguez-Vidal
Safe Horizon**

In Support of Int. 380

Committee on Governmental Operations

Hon. Fernando Cabrera, Chair

Committee on Women

Hon. Helen Rosenthal, Chair

New York City Council

June 19, 2018

Thank you for the opportunity to testify before you today. My name is Olga Rodriguez-Vidal, and I am the Associate Vice President for Shelter Programs at Safe Horizon. Safe Horizon is the nation's leading victim assistance organization and New York City's largest provider of services to victims of crime. Safe Horizon's mission is to provide support, prevent violence and promote justice for victims of crime and abuse, their families and communities.

My testimony today will focus on Int. 380, which would require the Department of Citywide Administrative Services to provide diapers to the residents and service recipients of domestic violence shelters, Family Justice Centers, and other programs serving families throughout New York City.

Safe Horizon strongly supports Int. 380, as diapers are a basic necessity of every family, and should be readily available for families in need. Access to clean diapers for families in our domestic violence shelters would mean that they could direct their financial resources to other basic necessities like food, clothing, and transportation, and that Safe Horizon could direct resources to other essential services for survivors.

Safe Horizon operates eight domestic violence shelters across all five boroughs, and we provide a safe, healing setting to over 700 people each night, more than half of whom are children. Our shelter programs are designed to provide assistance to all domestic violence survivors regardless of race, ethnicity, sexual orientation, gender identity, age, or income level. We offer a comprehensive range of services including counseling; advocacy; intervention; childcare; practical assistance with food and clothing; transportation; crisis counseling; and other support to meet the needs of survivors and their families.

The families in our domestic violence shelters want the best for their children, but have very limited financial resources. An average monthly supply of diapers costs about \$80, and families living in our shelters often must make sacrifices and choices between basic necessities like food, clothing, transportation, medical care, and diapers. No parent should have to choose between purchasing diapers and meeting other basic needs.

For families who are living in domestic violence shelters, access to clean diapers means that they can budget their resources toward other essential needs, and that there is one less thing for them to worry about as they work to rebuild their lives. Additionally, regular access to clean diapers ensures that children are healthy and avoid the health risks that come with staying in a soiled diaper for too long.

Safe Horizon will occasionally be able to offer diapers to families on an emergency basis, but current reimbursement rates for our domestic violence shelters do not allow us to provide diapers on a full time basis, which is what families really need. Int. 380 could help Safe Horizon to direct the current funds we use to purchase emergency diapers to other resources for shelter residents, like food or transportation assistance. Additionally, Safe Horizon will occasionally receive donations of diapers that we can distribute to families, but these donations are not always consistent and so our families cannot depend on them. Having a steady supply of diapers will allow families and Safe Horizon staff to plan better and direct critical resources to what is most needed.

Int. 380 would also extend to families served by Family Justice Centers, requiring that FJCs offer diapers in their facilities. Safe Horizon staff are located in all five Family Justice Centers, and families with young children often come to FJCs seeking assistance. FJCs can occasionally offer free diapers to families in emergency situations, but do not have consistent funding to be able to do so. FJCs also have similar issues to shelters with the consistency of donations. A regular supply of diapers for FJC clients will also allow them to budget their resources to other needs and will make sure that their children are clean and healthy.

Thank you for your time, and I am happy to answer any additional questions.



Testimony of

Alice Bufkin
Director of Policy for Child and Adolescent Health
Citizens' Committee for Children

Before the

New York City Council
Committee on Women
Committee on Governmental Operations

*Bills to Support Parents and Caregivers:
Int. Nos. 0380-2018, 0853-2018, 0878-2018, 0879-2018, 0905-2018*

June 19, 2018

Good afternoon. My name is Alice Bufkin and I am the Director of Policy for Child and Adolescent Health at Citizens' Committee for Children of New York, Inc. (CCC). CCC is an independent, multi-issue child advocacy organization dedicated to ensuring every New York child is healthy, housed, educated and safe.

I would like to thank Chair Rosenthal and Chair Cabrera, as well as all the members of the Committee for Women and the Committee on Governmental Operations, for holding today's hearing on how to better support working parents and caregivers. I would also like to thank Speaker Johnson and Majority Leader Cumbo for introducing the bills we are discussing today. Finally, I would like to thank all of the sponsors and co-sponsors of today's bills.

The introduction of the "Mother's Day Package" of bills is a testament to the City Council's ongoing commitment to improving supports for parents and caregivers, and for ensuring positive health outcomes for moms and babies. Basic necessities like access to diapers, child care, and lactation support – all championed in today's bills – are essential for helping working parents and caregivers support their families. As the Council considers these bills, we also urge continued work to address the systemic challenges that lead to persistent health and economic disparities among low-income families and communities of color in our city.

CCC strongly supports the goals and intent of all six bills introduced today, and below we address each piece of legislation individually. While we support the intent of Int. 0899-2018 by Council Member Powers, as a nonprofit organization CCC does not weigh in on campaign issues, and therefore we do not address Int. 0899-2018 below.

Combatting Unmet Diaper Need

- *Int. 0380-2018: A Local Law to amend the administrative code of the city of New York, in relation to the provision of diapers*

CCC strongly supports Int. 0380-2018, which would require the department of citywide administrative services (DCAS) to make available to child care centers, family justice centers, LYFE programs, domestic violence shelters operated by the Human Resources Administration, and temporary shelters operated by Department of Homeless Services and the Department of Youth and Community Development a supply of diapers sufficient to meet the needs of residents or recipients of services at such entities. CCC thanks Council Member Treyger for introducing this legislation, and Council Members Ampry-Samuel, Rosenthal, Cumbo, Levin, Reynoso, Brannan, Salamanca, Kallos, Rivera, and Ayala for co-sponsoring.

Diapers are a basic necessity for babies and toddlers, yet low-income parents face enormous challenges affording them. The National Diaper Bank Network estimates that an adequate supply of diapers can cost \$70-80 per month, which can be an insurmountable portion of the budget for many families. Nor are public assistance programs like WIC or Medicaid able to help with the cost of diapers.

The high cost of diapers can lead to a host of economic and health challenges for families. Many child care facilities require parents to provide a supply of disposable diapers, which can create a substantial barrier for parents who need child care in order to go to work or school.

As a result of their high cost, parents are often forced to reuse soiled diapers or try to stretch a single diaper for a day or longer. This in turn can lead to health conditions like diaper rash and urinary tract infection. It can also create enormous stress for parents: The AAP found that an insufficient supply of diapers is a risk factor for poor maternal mental health.¹

Int. 0380-2018 requires DCAS to provide diapers in spaces where families are often at their most vulnerable. Offering diapers at subsidized child care centers can help ensure that parents will not be refused child care at these locations because they are unable to provide their own supply. Parents in domestic violence shelters, family justice centers, LYFE, and temporary housing often have a heightened need for diapers, yet a much harder time affording or obtaining them. By requiring provision of diapers in these settings, this bill can take an important step towards reducing unmet diaper need and improving health and economic security for families.

CCC thus strongly supports Int. 0380-2018, and urges the City Council to pass and the Mayor to sign it into law. However, we offer the following recommendations to further strengthen support for parents and caregivers:

- In addition to providing diapers, the Council should work with the Administration to investigate the feasibility of providing a supply of baby wipes or washcloth packs. Parents also struggle to afford these items, and children face health risks when they go without baby wipes. DCAS should also consider providing educational materials about safe and healthy diapering to accompany the diaper supply.
- Many of the infants and toddlers in subsidized child care are in family child care settings, as opposed to child care centers. CCC therefore urges the Council to work with the Administration to explore the feasibility of also providing diaper supplies for children receiving child care from family child care providers. This could potentially take the form of reimbursing the providers for diapers purchased and dispensed.
- CCC recommends providing additional, explicit guidance on how this policy would be implemented. Providing guidance on items including the size of the diaper supply, the frequency of distribution, the range of sizes provided, and how implementation will be monitored is important for ensuring a successful program. CCC hopes DCAS will work to ensure the process for obtaining diapers places minimal administrative barriers on organizations that participate.

On-Site Child Care for City Employees

- *Int. 0853-2018: A local law in relation to providing on-site child care for city employees.*

¹ Megan Smith, Anna Kruse, Alison Weir, Joanne Goldblum. "Diaper Need and Its Impact on Child Health." *Pediatrics*. (August 2013). Available at <http://pediatrics.aappublications.org/content/pediatrics/early/2013/07/23/peds.2013-0597.full.pdf> Accessed June 13, 2018.

CCC strongly supports Int. 0853-2018, which would require DCAS to conduct a feasibility study, and if appropriate a one-year pilot project, to provide subsidized on-site child programming for city employees on city-owned and controlled properties. CCC thanks the Public Advocate Tish James for introducing this legislation, and Council Members Kallos, Miller, Levin, Ayala, Ampry-Samuel, Powers and Rivera for co-sponsoring.

A plan to ensure that city workers have access to high quality, affordable child care is long overdue. In fact, Mayor Bloomberg, who in bad budget times cut child care access, had proposed expanding access to child care to municipal workers in 2005.²

On-site subsidized child care is a win-win for employers, employees and children. Many municipal staff have modest incomes, yet work very hard in often challenging and time-consuming jobs. Making child care easier to access, high quality, safe, in a location that allows some parent/child interaction during the day, and less expensive will undoubtedly benefit the City and its residents. On-site child care would both reduce attrition and incentivize New Yorkers to take municipal jobs. Parents with on-site child care are often more productive because they are not worrying about their children during the day.

Some city agencies have high percentages of female employees, such as ACS, HRA, DOE and DYCD. CCC would hope that DCAS can target the pilot agency to be one that employs a significant number of women of child-bearing age.

City employees give much to the City they live and work in. It would be invaluable for the City to give back by creating on-site, subsidized child care for municipal staff. CCC urges the City Council to pass and the Mayor to sign Intro 0853-2018.

Support for Breastfeeding Moms

CCC lauds the Council for focusing attention on how to improve breastfeeding supports in New York City. The benefits of breastfeeding for infants, children, and mothers are extensive. Benefits to children include reduced risk of respiratory tract infections, gastrointestinal tract infections, asthma, sudden infant death syndrome (SIDS), and Type 2 diabetes. Breastfeeding can also help mothers at risk of heart disease, Type 2 diabetes, ovarian cancer, and breast cancer. The American Academy of Pediatrics (AAP) recommends that infants be exclusively breastfed for about the first 6 months, with continued breastfeeding along with complementary foods for at least the first year, as long as mutually desired by mother and baby.³

CCC also thanks the Department of Health and Mental Hygiene (DOHMH) for its extensive work to promote breastfeeding in the city, including through collaborating with maternity hospitals and birth centers to promote breastfeeding, supporting community-based initiatives to address breastfeeding disparities, promoting lactation rooms in Neighborhood Health Action Centers'

²*Seeking to Improve Standards, Mayor Offers Preschool Plan.* The New York Times. (October 7, 2005). Available at <https://www.nytimes.com/2005/10/07/nyregion/seeking-to-improve-standards-mayor-offers-preschool-plan.html?mtrref=www.google.com>

³ American Academy of Pediatrics. "Policy Statement: Breastfeeding and the Use of Human Milk." *Pediatrics*. (March 2012). Available at <http://pediatrics.aappublications.org/content/129/3/e827> Accessed June 14, 2018.

Family Wellness Suites, creating mobile lactation suites, and developing Brooklyn's Breastfeeding Empowerment Zone. Due to efforts like these, New York City's rate of mothers initiating breastfeeding exceeds the Healthy People 2020 goal.⁴

Nonetheless, early breastfeeding rates differ substantially by race and neighborhood poverty. Babies born to women of color were less likely to exclusively breastfeed during the first five days after delivery, and babies born to mothers from low poverty neighborhoods were 1.6 times more likely to be exclusively breastfed within the first five days of birth compared with babies from high poverty neighborhoods.⁵ In 2014, rates of exclusive breastfeeding eight weeks after birth were 44.1 percent for White non-Latina mothers, compared to 21.3 percent for Latina mothers, 26.4 percent for Asian/Pacific Islander mothers, and 29.7 percent for Black non-Latina mothers.⁶

New York City still has more work to do to in improving breastfeeding rates across the city, and CCC strongly appreciates today's bills seeking to improve breastfeeding supports.

- *Int. 0879-2018: A Local Law to amend the administrative code of the city of New York, in relation to requiring certain employers to provide lactation spaces*

CCC strongly supports Int. 0879-2018, which requires employers with more than 15 employees to provide a lactation space and refrigerator suitable for breast milk storage in reasonable proximity to the employee's work area. CCC thanks Council Member Cumbo for introducing this legislation, and Council Members Cornegy, Jr., Rosenthal, Chin, Rivera, Rose, Ayala, Ampry-Samuel, and Koslowitz for co-sponsoring.

Lack of support at work is one of the reasons many mothers are forced to stop breastfeeding. CCC appreciates the bill's enhancement of current state requirements by ensuring the space is sanitary, shielded from view, free from intrusion, and includes at a minimum an electrical outlet, a chair, a surface to place a breast pump and other personal items, and nearby access to running water. All moms who want to breastfeed should have access to a private space to express breastmilk, and strengthening workplace accommodations is an important step towards supporting nursing moms in the workplace. Both employers and employees benefit from improved health outcomes, fewer work days missed, and greater productivity.

- *Int. 0905: A Local Law to amend the administrative code of the city of New York, in relation to requiring employers to implement a lactation accommodation policy*

⁴ New York City Department of Health and Mental Hygiene. "Epi Data Brief: Breastfeeding Disparities in New York City." (August 2015, No. 57). Available at <https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief57.pdf> Accessed on June 14, 2018.

⁵ New York City Department of Health and Mental Hygiene. "Epi Data Brief: Breastfeeding Disparities in New York City." (August 2015, No. 57). Available at <https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief57.pdf> Accessed on June 14, 2018.

⁶ New York City Department of Health and Mental Hygiene. "Health Department Launches New Mobile Lactation Suites in Communities with the Lowest Rates of Breastfeeding." (August 2, 2017). Available at <https://www1.nyc.gov/site/doh/about/press/pr2017/pr066-17.page> Accessed on June 14, 2018.

CCC strongly supports Int. 0905-2018, which requires employers to establish policies describing lactation accommodations and the process by which an employee can request such an accommodation, to be distributed to all employees. CCC thanks Council Member Rivera for introducing this bill and Council Members Cumbo, Powers, and Ayala for co-sponsoring.

As the City Council is aware, requiring employers to offer a lactation space can only be effective if employees are aware of this option. Int. 0905 provides important protections for employees by ensuring they are informed of their rights and educated about how to best request lactation accommodations.

CCC also supports the requirement that the City Commission on Human Rights, in collaboration with DOHMH, create a model lactation policy and make it available on its websites. Not all employers have the capacity or expertise to create a lactation policy, and providing them with a template is an important step towards implementation.

- *Int. 0878-2018: A Local Law to amend the administrative code of the city of New York, in relation to requiring lactation rooms in certain city spaces*

CCC strongly supports Int. 0878-2018, which requires lactation spaces be made available in Department of Education schools, police precincts, city jail facilities accepting visitors, and city jail facilities housing females. CCC thanks Council Member Cornegy, Jr. for introducing this legislation, and Council Members Cumbo, Koslowitz, Powers, Rivera, and Ayala for co-sponsoring.

Mothers need lactation support not only where they work, but also in locations where they may interact with city agencies or seek city services. New York City made important strides in 2016 when Mayor Bill de Blasio signed a bill ensuring lactation space is provided in job centers, SNAP centers, medical assistance program centers, city-owned borough offices of the Administration for Children's Services, the Nicholas Scoppetta children's center, and health centers operated or maintained by the department. Int. 0878-2018 further strengthens lactation support by expanding these requirements to new locations where women may struggle to find a private space to express breast milk.

In considering each of these bills, CCC urges the Council to consider ways to further strengthen a broader culture that normalizes and promotes breastfeeding. Lactation spaces and accommodation policies are important components of supporting nursing moms returning to work. However, they work best when part of a broader work culture that supports breastfeeding and other parent-friendly policies.

National and state resources like the New York State Ten Steps to Breastfeeding Friendly Practice Implementation Guide can help employers develop a more comprehensive approach to supporting nursing moms. CCC urges the City Council to work with DOHMH to continue and strengthen its work increasing the number of mother-friendly work sites, and to provide support to community-based organizations that may have more limited space or resources to establish a lactation space.

Similarly, the impact of increasing the number of public spaces with lactation rooms will be felt even more if women feel they are supported in their decision to breastfeed. In reporting on breastfeeding realities among North and Central Brooklyn women and babies, the NYC Center for Health Equity found that many women continue to feel uncomfortable breastfeeding their babies in public spaces.⁷ It is important that women do not feel that a private lactation space is provided to keep them “out of sight.” Provision of lactation spaces must go hand-in-hand with education and outreach that not only lets moms know that it is their right to breastfeed in public, but also encourages breastfeeding as normal and celebrated.

CCC supports DOHMH’s efforts to publicize information about current lactation spaces, and encourages ongoing efforts to couple lactation spaces with broader campaigns to reduce stigma around breastfeeding in public spaces.

Conclusion

CCC is incredibly grateful that the City Council is initiating a discussion on how our city can better meet the needs of working parents and caregivers. We look forward to working with the City Council, DOHMH, and the Administration to promote the health and wellbeing of New York children and families.

Thank you for your time and consideration today.

⁷ J Pierre, P Noyes, S Marschall-Taylor, K Srivastava, A Maybank. “Feeding Our Future: Breastfeeding Realities Among North and Central Brooklyn Women and Their Babies.” Neighborhood Report, Center for Health Equity, New York City Department of Health and Mental Hygiene. (2016). Available at <http://www1.nyc.gov/assets/doh/downloads/pdf/dpho/bfez-report.pdf> Accessed on June 15, 2018.



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Testimony Before the New York City Council: Intro No. 879, Int. No. 905, and Int. No. 853

June 19, 2018

Submitted by:

Sarah Brafman, Staff Attorney

A Better Balance: The Work and Family Legal Center

Good afternoon. Our organization, A Better Balance, is a non-profit legal advocacy organization dedicated to promoting fairness in the workplace, helping workers across the economic spectrum care for themselves and their families without risking their economic security. We have been proud to work with the New York City Council and Public Advocate Letitia James in advancing many pioneering solutions to issues that affect workers, especially low-income workers, from the Pregnant Workers Fairness Act to the caregiver discrimination law to the salary history ban law, to most recently, the Stop Sexual Harassment in NYC Act.

Beyond just working closely to pass these laws, our organization has an emphasis on enforcement. To this end, we ensure those who call our free, confidential legal helpline understand their rights in the workplace. The majority of our callers are women facing various obstacles at work related to pregnancy, lactation, personal illness, and family caregiving responsibilities. Many are low-income women of color who bear the economic brunt of inflexible and discriminatory workplace practices. Since the 2014 passage of the Pregnant Workers Fairness Act in New York City, we have spoken to hundreds, if not thousands, of workers in New York City about their rights under the law, including their right to receive lactation accommodations as a “related medical condition” to pregnancy and childbirth.



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I want to start by thanking Public Advocate Letitia James and the Council for introducing this package of bills to support working families as well as the Committee on Governmental Relations for holding today’s hearing. My testimony today will focus on three of the introduced bills: Int. No. 879, Int. No. 905, and Int. No. 853.

With respect to Int. No. 879 and Int. 905—bills that would require employers with 15 or more to create lactation spaces upon request and all employers to have a lactation accommodations policy—while we certainly support the Council’s desire to ensure working parents can access lactation spaces, we are concerned that the legislation as written would curtail rights already granted under the New York City Human Rights Law.¹

Section 8-107(22) of the New York City Human Rights Law (“NYCHRL”), also known as the Pregnant Workers Fairness Act, already requires that employers with four or more employees provide reasonable accommodations related to “pregnancy, childbirth, and related medical conditions.”² The New York City Commission on Human Rights has made clear in guidance that “related medical condition” includes lactation and thus employers with four or more employees must already provide lactation space to employees as a reasonable accommodation and must already provide notice to employees of such rights.³ We have seen

¹ See N.Y.C. Admin. Code § 8-107(22) (“It shall be an unlawful discriminatory practice for an employer to refuse to provide a reasonable accommodation...to the needs of an employee for her pregnancy, childbirth, or related medical condition ... provided that such employee’s pregnancy, childbirth, or related medical condition is known or should have been known by the employer.”).

² *Id.*

³ See N.Y.C. Commission on Human Rights, *Legal Enforcement Guidance on Discrimination on the Basis of Pregnancy* 8–9, 2016, https://www1.nyc.gov/assets/cchr/downloads/pdf/publications/Pregnancy_InterpretiveGuide_2016.pdf (“Lactation is a medical condition related to childbirth and therefore must be accommodated absent an undue hardship.”).



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firsthand from our legal helpline that the current law is working for employees, especially those with fewer than 15 employees, and are concerned these bills could create unnecessary confusion and roll back rights already granted to employees. Clarity in the law is of the utmost importance for both employers and employees and, while certainly not the intent, these two bills stand to throw clarity that is already in the law into turmoil, leaving workers with less opportunity to apprise themselves of their right to lactation accommodations.

Thus, while we applaud the spirit of these two bills, we wish to highlight several areas of deep concern. **As to Int. 879, we are concerned with three aspects of the legislation:** 1) the employee threshold, which is far higher than the Law's current standard which requires employers with 4 or more employees to provide lactation accommodations; 2) the additional burden of affirmatively requiring employees to request the space, and 3) the allowance for different employers to share one lactation space within the same building.

As to Int. 905, our concerns are two-fold: 1) In January 2018, the Mayor signed into law Int. 804-A, which amended the Human Rights Law to require that employers engage in a "cooperative dialogue" with employees who request reasonable accommodations, including accommodations related to lactation, a related medical condition of pregnancy and childbirth.⁴ The standard in Int. 905 detrimentally differs from the standard set forth in Int. 804-A; 2) The bill would also require that the Commission create a model lactation policy for employers to

⁴ See N.Y.C. Council Int. No. 804-A, <https://www1.nyc.gov/assets/cchr/downloads/pdf/amendments/Int.%20No.%20804-A.pdf>.



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disseminate. First, employers are already required to provide notice of the Pregnant Workers Fairness Act and the Commission has developed materials, such as a Pregnancy Employment Poster, which is available in 9 languages and includes the requirement that employers provide a lactation space.⁵ Given the Commission's recent \$1.4 million budget cut, a nearly 10% reduction of their current budget, and the fact that the Commission was recently tasked with creating model training and materials related to gender-based harassment, this legislation would place an unnecessary burden on the Commission when its resources are already very limited.

Int. 879 Could Curb Rights Already Granted to Employees and Create More of a Burden To Request and Receive Lactation Accommodations.

While we applaud the spirit of Int. 879, we are concerned with several aspects. First and foremost, the Commission's guidance on the Pregnant Workers Fairness Act, § 8-107(22), already requires that employers with 4 or more employees provide a lactation space to employees as a reasonable accommodation.⁶ As the guidance clearly states, employer cannot limit the time a person may need to express breast milk and the employer must provide a "clean, sanitary, private space, other than a bathroom, that is shielded from view and free from public intrusion."⁷ Furthermore, employers must also provide a refrigerator to store breast milk, the space must be

⁵ See N.Y.C. Commission on Human Rights, *Pregnancy Employment Poster*, <https://www1.nyc.gov/site/cchr/media/posters/pregnancy-employment-rights.page> (translated into English, Spanish, French, Haitian-Creole, Russian, Chinese, Arabic, Urdu, and Korean).

⁶ See *supra* note 3.

⁷ *Id.*

near the employee's workspace, and if other employees are compensated for breaks the employee using break time to express milk must also be compensated.⁸

However, Int. 879 would codify in statute that only employers with 15 or more employees would be required to provide a lactation space . This could preempt the Commission's interpretation of § 8-107(22), stripping employees who work for employers with fewer than 15 employees of protections they currently have.

Furthermore, § 8-107(22) currently requires that employers accommodate employees when a "related medical condition is known or should have been known by the employer." This means there are instances when an employer must make an accommodation even when the employer has not affirmatively requested the accommodation. In the Commission's pregnancy guidance, the Commission interpreted this to mean that:

Where an employee has not requested an accommodation, the employer has an affirmative obligation to initiate a cooperative dialogue when the employer: (1) has knowledge that an employee's performance at work has been affected or that their behavior at work could lead to an adverse employment action; and (2) has a reasonable basis to believe that the issue is related to pregnancy, childbirth, or related medical condition.⁹

Int. 879, however, places the affirmative burden on the employee to request the accommodation. This, too, could roll back protections already in place for employees, since there are certainly

⁸ *Id.*

⁹ *See supra* note 3, at 5.

instances where an employee may not formally request a lactation space but an employer knows an employee may be about to return from parental leave and could need such a space.

Finally, Int. 879 allows employers located in the same building to share a lactation space. We are concerned about the administrability of this provision. The current law and guidance requires all employers with four or more employees to provide lactation accommodations, with an undue hardship standard that is a high bar for employers to meet.¹⁰ Allowing employers to combine spaces could result in employees being unable to access a space that is not operated by their employer. For an employee who needs to express milk on a regular schedule, this could result in not only inconvenience but also a risk to the employee's health.

Int. 905 Creates a Different Standard for Seeking Accommodation than the Standard Set Forth in the New Cooperative Dialogue Law (Int. 804-A) & Will Place an Unnecessary Burden on the Commission on Human Rights to Develop Materials

As with Int. 879, we are grateful that the Council is seeking to support working families by introducing Int. 905, which would require employers to distribute a policy on lactation accommodations. However, as with Int. 879, we are concerned that this bill could also roll back protections already in place. In January of this year, the Mayor signed into a law a bill that sets out the “cooperative dialogue” standard, a process by which an employer and employee must engage in dialogue when an employee needs a reasonable accommodation, including one related to pregnancy, childbirth, or a related medical condition, which includes lactation.¹¹ That standard requires that employers “engage in good faith in an oral or written dialogue” to address an

¹⁰ See *Id.* at 8–9.

¹¹ See *supra* note 4.

employee's needs within "a reasonable time," and at the conclusion of the dialogue, the employer must provide a final, written determination.¹²

This differs from the scheme contemplated in Int. 905. First, Int. 905 does not require that the employer engage in the discussion "in good faith," as the cooperative dialogue requires.¹³ In addition, the cooperative dialogue standard contemplates a scenario where an employee may request the accommodation but also a scenario where an employer is on "notice" that an employee may need an accommodation and thus it is the employer who would be responsible for beginning the dialogue.¹⁴ Int. 905 only requires that the policy "identify a process by which an employee may request a lactation space," but not a process by which an employer who is on notice of the need for accommodation would initiate the conversation.

Int. 905 also deviates from the "reasonable time" standard in the cooperative dialogue law and instead states that employers must respond to employees within "five business days." This deviation could result in employees waiting an unnecessary amount of time to receive a lactation accommodation. In some cases "a reasonable time" could be one business day, but Int. 905's explicit five-day provision could threaten employees' ability to receive accommodations more swiftly.

¹² *Id.*

¹³ *Id.*

¹⁴ *Id.* ("It shall be an unlawful discriminatory practice for an employer, labor organization or employment agency or an employee or agent thereof to refuse or otherwise fail to engage in a cooperative dialogue within a reasonable time with a person who has requested an accommodation or who the covered entity has notice may require such an accommodation.") (emphasis added).



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Finally, Int. 905 places a burden on the Commission to develop a model lactation policy. Last week, the City adopted a budget that cut the Commission's budget by nearly 10%, or \$1.4 million. While A Better Balance advocated to keep the Commission's budget intact, including in an op-ed published in the New York Daily News,¹⁵ the Commission will now have to face steep budget cuts. In May, the Commission passed a package of laws to combat gender-based harassment, including a requirement that the Commission develop materials and a model training on gender-based harassment. Furthermore, the Commission must also focus its attention on implementing the cooperative dialogue law which goes into effect on October 15, 2018. Requiring the Commission to develop a model policy on lactation when it already has guidance on lactation accommodations¹⁶ as well as a pregnancy poster that employers must post stating employers must provide lactation accommodations,¹⁷ Int. 905 seems to place an unnecessary burden on the Commission when it must already contend with diminished resources.

Having spoken to hundreds of workers about their rights under the New York City Pregnancy Workers Fairness Act through our helpline, we know that the law is working for employees and that, for the most part, they are able to get the lactation accommodations they need. While the law could certainly be strengthened (e.g. ensuring employers provide an electric outlet), we urge the Council to consider our feedback on Int. 879 and Int. 905 and to consider the

¹⁵ Dina Bakst & Sarah Brafman, *Raising Expectations, Reducing Funding: De Blasio's Human Rights Commission Problem*, N.Y. Daily News, May 22, 2018, <http://www.nydailynews.com/opinion/de-blasio-human-rights-commission-problem-article-1.4003415>.

¹⁶ See *supra* note 3.

¹⁷ See *supra* note 5.



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confusion these laws may cause workers and employers, leading to a potential reduction in workers' access to lactation accommodations. We would be happy to lend our expertise on these issues to ensure that these protections work for all New Yorkers.

Int. 853 Will Pave the Way for New York City to Lead on Child Care

The Public Advocate's introduction of Bill No. 853—which would require the Department of Citywide Administrative Services to conduct a study assessing the feasibility of providing discounted on-site group childcare centers for city employees as well as a pilot project to implement such centers in one or more locations on city-owned and city-controlled property where a substantial number of city employees work—will alleviate one of the greatest financial burdens our City's working families currently face. As costs rise, parents are having to dedicate a larger share of their income to child care. Without access to quality, affordable child care, many parents—particularly working mothers—are forced to leave the workforce altogether. **This legislation would pave the way for New York City to lead on childcare, and ensure that the City serves as a model employer for the private sector.** Our testimony today is informed by the experiences of our callers and clients as well as our own experience as advocates.

At A Better Balance, we see firsthand the devastating toll a lack of affordable childcare can have on families, particularly for municipal workers like our client Karina Flete. Karina is a single mother and the sole caregiver for her young daughter with special needs. She has worked for the New York City Department of Information Technology and Telecommunications (DoITT) as a 311 customer service representative for more than three years. In November 2016,



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after her daughter, who was three at the time, needed to start school, Karina requested that her 9:00 a.m. to 5:00 p.m. schedule be shifted by one hour to ensure that she would be able to arrive to work on time after placing her daughter on the school bus. Karina knew that her coworkers worked many different shifts at the 24-hour call center. She also knew that other workers had requested and received schedule changes in the past. Yet her supervisor told her that only overnight shifts were available and suggested she work overnight. Karina explained that working at night was impossible due to her parental responsibilities and the fact that she could not afford nighttime childcare. She was stunned when shortly thereafter, the agency notified her via e-mail that her schedule was being changed to 3:00 to 11:00 p.m.—a shocking reprisal for asking that her daytime schedule be modified and one clearly intended to force her off the job.

The agency's discriminatory actions against Karina did just that. For more than a year, she has been deprived of critical income necessary to support her and her daughter. We are currently representing Karina and filed a complaint with the City Commission on Human Rights on her behalf alleging the agency's actions amounted to clear discrimination based on caregiver status. But imagine if Karina had been able to access quality, affordable childcare at the DoITT office. She may not have needed to ask for the schedule change and could have avoided the discrimination and devastating financial burden she went on to face for making that request. Karina's story is a prime example of how discrimination against caregivers and rigid work rules perpetuate economic inequality for women, particularly women

of color. **It also clearly shows how a lack of access to affordable child care can send working parents in New York City on a downward financial spiral.**

As the Public Advocate elucidated in a 2015 policy report *Childcare in New York City*,¹⁸ the average New York City family spends more than \$16,000 per year on childcare for infants and close to \$12,000 for toddlers.¹⁹ Moreover, the cost of child care is going up by an average of nearly \$2,000 each year. When parents cannot afford reliable childcare, they often end up leaving the workforce to raise their children. This is particularly true for low-wage working mothers. As A Better Balance reported in *The Pregnancy Penalty: How Motherhood Drives Inequality & Poverty in New York City* many mothers in low-wage jobs work part-time to manage child care and experience a severe wage penalty as a result. Furthermore, “they are also far more likely to be raising a family on their own without any support, have little power to negotiate their schedules, cannot afford reliable childcare, and often drop out of the workplace completely when all else fails.”²⁰ The financial consequences for leaving the workforce only compounds each year a mother is forced to leave the workforce:

When low-wage working mothers cycle in and out of the workforce, they lose not only wages, but also seniority and other benefits of continuous employment that would promote economic stability for their families. For these women, the

¹⁸ Letitia James, *Policy Report: Child Care in New York City*, Nov. 2015, https://pubadvocate.nyc.gov/sites/advocate.nyc.gov/files/child_care_report_nov_2015.pdf.

¹⁹ *Id.* at 3.

²⁰ Dina Bakst & Phoebe Taubman, A Better Balance, *The Pregnancy Penalty: How Motherhood Drives Inequality & Poverty in New York City* at 6, Oct. 2014, https://www.abetterbalance.org/wp-content/uploads/2016/11/ABB_PregnancyPenalty-Report-2014.pdf.



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pregnancy penalty is steep: each new child brings a pay penalty of fifteen percent, compared to four percent for higher-wage earning mothers.²¹

When women are forced to leave the workforce, the City's economy also suffers. In New York City, women in the workforce collectively lose nearly \$5.8 billion each year due to unequal pay, a byproduct due to the lack of access to affordable child care options that drives predominately women out of work.²² Were women to remain in the workforce, families would have more money to spend on necessities, and businesses would also prosper.²³

Intro. 853 is a crucial first step to alleviating the crushing financial burden that child care can be for New York City's employees. This legislation is not only necessary but also a feasible first step. The legislation tasks the Department of Citywide Administrative Services with assessing the feasibility of on-site childcare at city-owned buildings and piloting a project at at least one city-owned building, an incremental directive that will set the city up for success when it looks to implement childcare centers on a wider scale. We look forward to working with the Public Advocate's Office and City Council to help realize this vision for quality, affordable childcare for city employees. Thank you for your time and commitment to these issues.

²¹ *Id.* (citing C. Nicole Mason, Economic Security and Well-Being Index for Women in New York City, N.Y. WOMEN'S FOUND. 26 (2013) available at <http://www.nywf.org/wp-content/uploads/2013/04/New-York-Womens-Foundation-Report.pdf>).

²² Letitia James, N.Y.C. Public Advocate's Office, *Policy Report: Advancing Pay Equity in New York City 2* (2016), http://pubadvocate.nyc.gov/sites/advocate.nyc.gov/files/opa_pay_equity_report_final.pdf.

²³ *Id.*



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National Diaper Bank Network

Testimony in Support of INT ~~1777~~ 0380
Alison M. Weir
National Diaper Bank Network
June 19, 2018

Good afternoon:

My name is Alison Weir. I am the Chief of Policy at National Diaper Bank Network, a network of over 200 diaper banks across the country. Diaper banks provide diapers to poor and low-income families through a network of community-based agencies.

On behalf of the Network, I support Bill 1777 to provide diapers at shelters, child care and early education centers and other city-run locations.

Diapers are important for both children and their families. An insufficient supply of diapers can increase the risk of diaper rash and infection, causing parents to take time from work to care for sick children. A lack of diapers can keep also parents from work because many child care centers require that parents provide the diapers their child will use. Last summer, we surveyed families across the US and found that one in three families suffers from diaper need, the struggle to provide enough diapers to keep a child clean, healthy, and dry. Fifty-seven percent of parents in diaper need said that they had missed work or school during the previous month because they didn't have diapers for their child. Fifty-seven percent. More than half of parents who struggle to make ends meet.

With this bill, children in New York City will have the diapers they need while in a shelter, early childhood education programs, and other programs designed to help them and their families thrive.

Providing diapers makes a real economic difference. In an analysis by the University of Connecticut's Center for Economic Analysis (attached), providing diapers reduced incidence of diaper rash 33 percent and the duration of diaper rash cases 77 percent, resulting in significant savings in medical costs. The study also estimated, because diapers can help parents go to and stay at work, the earnings of recipient families increased 11 times the value of the diapers they received. These increased earnings led to increases in state revenue collected.

Diaper need is strongly correlated with maternal stress. Indeed, there is a stronger correlation between diaper need and maternal stress than any other basic need, including food insecurity.

Not being able to provide for your child causes stress. And stressed families have difficulty caring for their child, exacerbating the situation. With this bill, families under stress can provide this most basic need for their children. Small things like diapers have a big impact on the physical, mental and economic well-being of children and families.

I urge you to support this bill. Thank you.



Better Health for Children and Increased Opportunities for Families

THE SOCIAL AND ECONOMIC IMPACTS
OF THE DIAPER BANK OF CONNECTICUT

REPORT AUTHORS:

Fred Carstensen, *Director*

Peter Gunther, *Senior Research Fellow*

Connecticut Center for Economic Analysis

Abstract

The Connecticut Center for Economic Analysis (CCEA), a University Center located within the School of Business at the University of Connecticut, undertook qualitative and quantitative research to determine the economic impact of The Diaper Bank of Connecticut and its services in Connecticut. Led by CCEA's Fred Carstensen (Director) and Peter Gunther (Senior Research Fellow), the research and its findings are summarized in this report.



Better Health for Children and Increased Opportunities for Families

THE SOCIAL AND ECONOMIC IMPACTS
OF THE DIAPER BANK OF CONNECTICUT

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FOREWORD

Established in 2004, The Diaper Bank of Connecticut provides free diapers for babies and toddlers living in poor and low-wage families, many of whom struggle to afford the most basic needs required to keep children clean, dry, and healthy. Diapers are expensive and safety-net programs typically do not cover the cost of diapers.

We held our first diaper distribution in July 2004 and provided approximately 5,000 diapers to five agencies serving children and families living in poverty. During the past 14 years, The Diaper Bank of Connecticut has distributed more than 22 million free diapers to Connecticut families struggling to provide the best care possible for their children.

We have always known that providing clean diapers can reduce the incidence of preventable diseases. We have learned that access to a reliable supply of clean diapers affects families in significant ways, like enabling parents to maintain employment, complete their education, and improve the health and well-being of their children. We know that our work has a positive impact on children and families. We witness that impact, every day, and we hear it through the countless stories of gratitude.

While we are proud of our success, we had not quantified the full extent of the economic impact of meeting diaper need in Connecticut ... until now.

In 2016, we reached out to the Connecticut Center for Economic Analysis (CCEA), a University Center located within the School of Business at the University of Connecticut, to undertake qualitative research to determine the economic impact of The Diaper Bank of Connecticut and its services in Connecticut. Led by CCEA's Fred Carstensen (Director) and Peter Gunther (Senior Research Fellow), the research and its findings are contained in this report. This study stands upon the growing body of peer-reviewed academic research on diaper need and its impact on children and families, by delving into the economic effect that providing free diapers has on the individual family, the surrounding community, and the State.

The good news is presented here in great detail. Very clearly, babies and their families are much better off when families are provided with reliable supplies of diapers that they might not have been able to afford otherwise. Plus, providing diapers benefits the physical and mental health of the entire family—a reality we have known for some time, and today a recognized fact as a result of ongoing academic research and study conducted in recent years. The health and economic indicators of providing diapers to families are unambiguously positive. Truth be told, we were more than a little surprised by the extent of the economic impact, especially over time.

While we have successfully helped improve the lives of thousands of children and families since founding The Diaper Bank of Connecticut, we know that our efforts impact but a fraction of Connecticut families experiencing diaper need. In fact, there are more than 39,500 children ages three and younger who live in families at or below 200 percent of the federal poverty level in the State of Connecticut.

Therefore, our work continues, both here in Connecticut and in communities throughout the United States. We are part of a growing national movement of diaper bank leaders, advocates, volunteers, businesses, donors, and elected officials, working together to solve a very simple problem facing one in three U.S. families—diaper need. We cannot fix this issue alone. We need the continued support of individuals, organizations, foundations, communities and government. Working together, our resolve can produce amazing outcomes for Connecticut's children for generations to come.



Joanne Goldblum
CEO
National Diaper Bank Network



Janet Stolfi Alfano
Executive Director
The Diaper Bank of Connecticut

SNAPSHOT: AT A GLANCE



A MAJORITY OF FAMILIES RECEIVING DIAPERS HAVE JOBS.



CLEAN DIAPERS HELP PREVENT MEDICAL EXPENSES.



FAMILIES RECEIVING DIAPERS ARE IN ACUTE NEED OF SUPPORT.



WITHOUT DIAPERS, PARENTS MISS WORK AND/OR SCHOOL.



BABIES' OVERALL HEALTH IMPROVES WHEN FAMILIES RECEIVE DIAPERS.



PROVIDING DIAPERS INCREASES STATE TAX REVENUES.



PERSONAL INCOME INCREASES 11 TIMES FOR EVERY \$1 INVESTED.

SNAPSHOT: BY THE NUMBERS

- » **A majority of families receiving diapers have jobs.**
 - Fifty-one percent (2,679) of all adults living in households receiving diapers are employed. In fact, 32 percent of the adults work a total of 30 hours per week in one or more jobs or as full-time employees.
 - The labor participation rate—defined as adults working or looking for work—is slightly higher among households receiving diapers (70%) than the current state average for all adults in Connecticut (67%). However, the unemployment rate—defined as adults looking for but unable to find work—is significantly higher among diaper recipient households, at 18.2 percent, when compared to the highest state and national unemployment rates in 2016, of 5.5 percent and 5 percent, respectively, but not far above nation's December youth unemployment rate of 14.4 percent.
- » **Families receiving diapers are in acute need of support.**
 - More than 60 percent of families receiving diapers report incomes of less than the \$20,000 per year, well below the federal poverty level. More than 90 percent of families receiving diapers live on less than \$40,000 per year, which is approximately 160 percent of the federal poverty level for a family of three.
- » **Babies' overall health improves when families receive diapers.**
 - Incidences of diaper rash declined 33 percent (from 627 to 420) among children whose families received supplies of clean diapers, plus babies experienced 77 percent fewer days of diaper rash.
- » **Clean diapers help prevent medical expenses.**
 - Providing diapers to families eliminates \$4.3 million in medical costs due to reductions in both incidences and days of diaper rash.
- » **Child care provides the opportunity for families to go to work.**
 - One in three (33%) recipient households relies on child care an average of 4.5 days/week. The dominant reason is to go to work: 75 percent choose work as the sole reason; and another 20 percent cite work as one of multiple reasons.
- » **Without diapers, parents miss work.**
 - More than half (56%) of parents using child care to go to work have missed work because of an inadequate supply of diapers. Parents unable to access child care because of a lack of diapers missed work or school on average 4 days per month.
- » **Receiving diapers helps parents complete current educational programs.**
 - Completing educational programs improves diaper recipients' annual earnings potential by nearly \$10,000, on average. Based on the level of programs in which diaper recipients are enrolled, successful completion of these programs would increase the expected wage and salary base of all students in diaper recipient households by \$1,825,638. This amounts to an average wage and salary increase of \$9,985 annually per graduate.
- » **Personal income increases 11 times for every dollar invested in diaper assistance.**
 - For every \$10,000 of assistance from The Diaper Bank, total current personal income of all 2016 diaper recipients will increase by \$114,000 in 2016, with increases of \$296,000 by 2031, when adjusted for inflation and the cumulating education wage and salary supplements within the model. Considered in aggregate, the \$500,000 of assistance provided by The Diaper Bank results in total increase of personal income among diaper recipient households of \$5.8 million in 2016 and a projected increase of \$17.6 million in 2031.
- » **Providing diapers increases state tax revenues.**
 - For every \$10,000 (in today's money, delivered annually) of diaper assistance provided by The Diaper Bank, personal income taxes accruing to the State increases from \$3,700 in 2016 to \$9,900 in 2031.
 - Connecticut state sales taxes collected from all diaper recipients combined, will increase by \$2.7 million in 2016 to \$7.4 million in 2031.

INTRODUCTION

In 2016 the National Diaper Bank Network retained the Connecticut Center for Economic Analysis (CCEA), a University Center located within the School of Business at the University of Connecticut, to determine the economic impact of The Diaper Bank and the services it provides in Connecticut. The report was prepared by CCEA's Fred Carstensen (Director) and Peter Gunther (Senior Research Fellow).

Using direct survey responses from more than one-quarter of those receiving diapers from The Diaper Bank of Connecticut in 2016 (752 of 2,960 recipient households),¹ CCEA analyzed responses by applying the Regional Economic Model Inc.'s (REMI) dynamic equilibrium model. The REMI model is a well-respected, integrated modeling methodology that incorporates four major modeling approaches: Input-Output, General Equilibrium, Econometric, and Economic Geography.

In 2016, The Diaper Bank of Connecticut distributed 1,570,843 diapers valued at \$455,544 to an estimated 2,960 households consisting of 3,764 children three-years-old or younger. In addition, The Diaper Bank of Connecticut provided families with another \$56,780 in various goods essential for good health and hygiene, yielding total contributions of \$512,324 or \$173 per recipient household. A sufficient supply of diapers not only provides health benefits to recipient children but also facilitates leaving children with caregivers who require daily supplies of diapers for the children in their care. These provisions open opportunities for parents to participate in educational and training programs, employment, and/or carry out other household activities.

Diaper distributions result in an economic impact to the community in excess of the value of the distributions alone. Access to a sufficient supply of diapers has a direct positive impact on a recipient household's health (e.g., reduced diaper dermatitis). Plus, it allows households to increase economic activities such as work outside the home, which results in increased spending and taxes paid to the State. These impacts touch other industries that would be adversely affected if households had to cut spending in order to buy the diapers they currently receive.



A MAJORITY OF FAMILIES RECEIVING DIAPERS HAVE JOBS.

51% of adults living in households receiving diapers are employed. **32%** of the adults work a total of 30 hours per week in one or more jobs or as full-time employees.



FAMILIES RECEIVING DIAPERS ARE IN ACUTE NEED OF SUPPORT.

- More than **60%** of families receiving diapers report incomes of less than the **\$20,000** per year, well below the federal poverty level.
- More than **90%** of families receiving diapers live on less than **\$40,000** per year, which is approximately 160% of the federal poverty level for a family of three.

¹ Respondents were identified by county, and responses were extrapolated based on the number of diapers distributed to each county to estimate the impact on all diaper recipient households. Unless otherwise indicated, the numbers cited are extrapolated from respondents' answers.

THE FINDINGS

SPECIFIC LESSONS LEARNED ABOUT RECIPIENTS FROM THE SURVEY

Employment Status of Adults in Recipient Households

Of all adults in the recipient households, 2,679 (51.2%) were employed, with 1,670 (31.9%) working either full time or enough hours to qualify as full time. The labor participation rate of adults in recipient households is 70 percent, which is above the current state average of 67.1 percent ² for all adults in Connecticut.

Household Income

In 2016, average household income in Connecticut was \$73,433³ and average annual pay was \$65,857⁴.

The federal poverty level for a family of three in 2016 was \$20,400. The survey used three income benchmarks for determining diaper recipients' income range: \$20,000; \$40,000, and \$60,000.

At least 60 percent of diaper recipient households had incomes of less than \$20,000, which is below the federal poverty level for a family of three. Nearly all (92%) recipient households had incomes less than the survey's income benchmark of \$40,000, which was approximately 160 percent of the FPL for a family of three in 2016 and only slightly higher than half (56.3%) of the average household income in the State.

Mitigation of Childhood Health Issues

Among the recipient children, the incidence of diaper rash decreased by one-third from 627 to 420. More



BABIES' OVERALL HEALTH IMPROVES WHEN FAMILIES RECEIVE DIAPERS.

Incidences of diaper rash declined **33%** among children whose families received supplies of clean diapers, plus babies experienced **77%** fewer days of diaper rash.



CLEAN DIAPERS HELP PREVENT MEDICAL EXPENSES.

Providing diapers to families eliminates **\$4.3 million** in medical costs due to reductions in both incidences and days of diaper rash.



WITHOUT DIAPERS, PARENTS MISS WORK AND/OR SCHOOL.

- More than half (**56%**) of parents using child care to go to work have missed work because of an inadequate supply of diapers.
- Parents unable to access child care because of a lack of diapers missed work or school on average **4 days** per month.

² Bureau of Labor Statistics, Regional, Division, and State Labor Force Participation Rates with Confidence Intervals, Their Relationships to the U.S. Rate, and Over-the-Month-Rate Changes with Significant Indicators, May, 2017, Seasonally Adjusted.

³ <https://www.bea.gov/itable/iTable.cfm?ReqID=70&step=1#reqid=70&step=30&isuri=1&7022=21&7023=0&7024=non-industry&703>. (August 9, 2017)

⁴ <https://data.bls.gov/pdq/SurveyOutputServlet>. (August 9, 2017)

importantly, the number of patient-days during which children suffered due to diaper rash was reduced more than four times, from 17,679 days to 4,096, indicative of the improvement in health and hygiene resulting from receiving clean diapers. Incidences of diaper rash decline more in cases where children are older when they first received diapers from The Diaper Bank of Connecticut because they have suffered from diaper need longer and are more likely to have experienced diaper rash before having received diapers. It is clear from the responses that receiving diapers from The Diaper Bank of Connecticut substantially reduced the need for children to visit a doctor for treatment of diaper rash.

Clean diapers from The Diaper Bank of Connecticut helped prevent diaper rash, and speed recovery of existing diaper rash and related ailments, thereby lowering medical costs through fewer visits to pediatricians and fewer purchases of over-the-counter and prescription drugs and treatments. The CCEA estimates visits to pediatricians cost \$99 each visit,⁵ and drug treatments, including over-the-counter ones, cost \$20 each. Using these figures to determine the annual medical costs prevented as a result of recipients receiving diapers from The Diaper Bank of Connecticut, the CCEA estimates statewide savings of \$4,287,208 because of the overall reduction in needed medical treatment. Among all recipient households, required medical treatment included 1,006 cases of diaper rash, 539 cases of severe diaper rash, 291 instances of urinary tract infection (UTI), and 389 cases of other health issues. The reduction in health problems, like diaper rash and UTI, prevented subsequent pediatric care, medical treatments, and ointments, which saved more than \$397,333 annually, or \$1,448 per recipient household.

Opening the Door to Child Care

Receiving diapers from The Diaper Bank of Connecticut opens the door to child care for participating families. Child care provides the dual benefit of stimulating the child's development, as well as creating the opportunity for parents or caregivers to attend school, go to work, or undertake other activities. One-third of recipient households rely on child care for an average of 4.5 days/week. The remaining recipient households use alternative child care arrangements or stay at home with their children.

Recipients who use child care report multiple reasons for enrolling their child in such programs. Of those households using child care, by far the dominant response was "to go to work" with 75 percent selecting it as the sole reason, and another 20 percent citing it as one of multiple reasons. Additionally, 29 percent use child care in order to improve a parent's education, and another 20 percent indicated child care is used for other reasons. (Participants were encouraged to select all answers that applied, so there are more answers than respondents.)

Impacts of Diaper Need on Economic Activity

When recipient families do not have an adequate supply of diapers, they tended to miss out on essential activities. For example, more than half (56%) of parents who needed child care to go to work, missed work because of an inadequate supply of diapers. Without diapers, parents lose wages.

Twenty-three percent of those surveyed (228) relied on child care to go to school or other educational activities, activities that could be curtailed because a lack of diapers. When students lack the required diapers to leave their children in child care, they are unable to complete educational programs.

When weighted by the level of educational programs in which diaper recipients are enrolled during the next two years, completion of those programs adds an average of \$1.8 million (\$1,825,638) annually to the expected wage and salary base of diaper recipients,⁶ which equals \$9,985 annually per graduate.

⁵ This estimate is based on average incomes in accruing to pediatricians in Connecticut of \$209,337 (<http://www1.salary.com/CT/Pediatric-Physician-salary.html>) adjusted for other office and operating costs.

⁶ With the exception of incremental earnings for completing technical college, incremental incomes by level of education completed are for persons age 25 and over. Earnings are for full-time wage and salary workers. Data are from the BLS for 2016; Current Population Survey, U.S. Department of Labor, U.S. Bureau of Labor Statistics. (August 10, 2017). The technical school increment is from <https://finishyourdiploma.org/advantages>. 2016 data from this source indicate annual increments for completing high school (\$9,776), junior college (6,604), 4 year college degree (\$17,534) and graduate degree (\$11,648).

THE FINDINGS

REMI IMPACT ANALYSIS — BROADER ECONOMIC IMPLICATIONS

The CCEA analyzed the data by applying the Regional Economic Model Inc.'s (REMI) dynamic equilibrium model. The REMI model is a well-respected, integrated modeling methodology that incorporates four major modeling approaches: Input-Output, General Equilibrium, Econometric, and Economic Geography. In order to best assess total economic impacts, CCEA ran two REMI scenarios on the data. The first, "Basic Analysis," does not take into account either the health amenities accruing to diaper recipient families or any expected increases in future incomes resulting from successful completion of educational programs. The second scenario, "Augmented/Expanded Analysis" includes the monetized health benefits as well as expected annual increases in earnings resulting from educational attainment.

Basic REMI Analysis

The REMI analysis covers the impacts of The Diaper Bank of Connecticut's operations, and the additional employment facilitated among diaper recipients as a result of the program operations, in calendar-year 2016 and thereafter out to 2031. Because the survey covered data for 2016, impact data for future years have been extrapolated at the rate of growth in diapers supplied from 2015 to 2016, or a modest 0.9863 percent. This section examines impacts of The Diaper Bank on employment, personal income, personal income taxes and other taxes.⁷

EMPLOYMENT

Extrapolations from the survey establish that 13 percent of the diaper recipient households relied on The Diaper Bank of Connecticut for their continued employment. These households were also assisted by governmental food assistance programs such as WIC and SNAP as well as by programs operated independently by The Diaper Bank of Connecticut's distribution partners. Therefore, it is inappropriate to attribute all the employment of recipients solely to The Diaper Bank of Connecticut.

For these reasons, CCEA uses an attribution ratio of 11.99 percent based on the number of diaper recipients who missed work when they lacked a sufficient supply of diapers, and the numbers in the sample who are working either part time or full time. This ratio unequivocally links The Diaper Bank of Connecticut's operation to days worked. In conservatively assessing these data, CCEA has chosen to treat all jobs as being in locally competitive firms. These assumptions limit the expansive impacts of the resulting employment.

Every \$10,000 in ongoing services provided, The Diaper Bank of Connecticut generates .8 FTE (Full Time Equivalent) of a job in 2016⁸.

PERSONAL INCOME

Personal income is modelled in current or as-spent dollars including current and expected inflation. This section contains impacts on both personal income *per se* and after-tax income with the difference



- For every **\$10,000** (in today's money, delivered annually) for diaper assistance provided by The Diaper Bank of Connecticut, personal income taxes accruing to the state increases from **\$3,700** in 2016 to **\$9,900** in 2031, within the REMI model.
- Connecticut state sales taxes collected from all diaper recipients combined, will increase by **\$2.7 million** in 2016 to **\$7.4 million** in 2031.

⁷ Following U.S. Bureau of Economic Analysis principles, all tax calculations and gross domestic product (GDP) calculations are made in constant 2009 dollars. All assistance calculations and other numbers are made in current year (2016) dollars.

⁸ REMI projects that the job generation rate will decline marginally over time because, based on short-term recent financial data, REMI projects The Diaper Bank's financial growth and resultant financing of its activities grow more slowly than the projected rate of productivity.

between the two being personal income taxes. For every \$10,000 in assistance from The Diaper Bank of Connecticut, personal income for all recipients rises—to \$48,000 in 2016, and to \$79,000 by 2031. For every \$10,000 of assistance provide by The Diaper Bank of Connecticut, after-tax income for recipients increases from \$32,000 in 2016 to \$65,000 in 2031.

Considering the total assistance provided by The Diaper Bank of Connecticut, the increase in after-tax income attributable to diaper distribution for all recipients is \$2.5 million in 2016 rising to \$4.2 million by 2031.

PERSONAL INCOME TAXES

Personal income generates personal income taxes. While The Diaper Bank of Connecticut is recognized by the IRS as a tax-exempt charity, its staff is taxed as employees, as are all induced and indirect employees.

Of the personal income taxes paid, about 23.5 percent accrue to the State and the rest to the federal government. State-wide increases in personal income taxes steadily rise from \$516,000 in 2016 to \$994,000 in 2031. State personal income taxes from staff and diaper recipients rise, for every \$10,000 of diaper bank assistance, by \$2,368 in 2016 to \$3,739 in 2031.

OTHER TAXES

Among the other key sources of tax revenues for the State are sales taxes. For simplicity, rather than trying to account for the complex rate and exemption schedule of the Connecticut sales tax code, CCEA approximates the Connecticut sales tax as an *ad valorem* sales tax at 4.5 percent of all incremental consumption. Incremental sales taxes rise from \$60,388 in 2016 to \$88,934 in 2031 measured in constant 2009 dollars, so that inflation is excluded from the growth calculation, although expected increases in productivity is included.

Augmented/Expanded REMI Analysis

An expanded scenario of REMI includes the additional wages and salaries attributed to increased productivity associated with recipient students successfully graduating, as well as the money saved as a result of improved child health. For purposes of this analysis, all diaper recipients enrolled in an educational program are expected to successfully graduate and garner average annual increments to their income consistent with national averages for improved educational attainment as estimated by the Bureau of Labor Statistics. The second major inclusion is recognition of savings in health costs the result from improved health of children attributable to greater diaper availability.



For every **\$10,000** of assistance from The Diaper Bank of Connecticut, total current personal income of all diaper recipients will increase by **\$114,000** in 2016, with increases of **\$296,000** by 2031, when adjusted for inflation and the cumulating education wage and salary supplements within the REMI model.

More rapid health recoveries through participation in The Diaper Bank of Connecticut and related activities lowered medical costs through fewer visits to pediatricians and the purchase of fewer drugs. The study values visits foregone to pediatricians at \$99 per visit,⁹ and drug treatments, including over-the-counter ones, at \$20 each. Using the above ratios to estimate avoided medical costs, CCEA attained annual estimates of \$4,287,208, or an average of \$1,448 per household. The impacts were particularly strong in Fairfield (\$2 million) and Hartford (\$2.2 million).

⁹ This estimate is based on average incomes in accruing to pediatricians in Connecticut of \$209,337 (<http://www1.salary.com/CT/Pediatric-Physician-salary.html>) adjusted for other office and operating costs.

In addition, longer term benefits accrue from the ability of students to complete their education. Using the Bureau of Labor Statistics' data on incremental incomes by level of educational attainment, weighted by the numbers graduating in each level of educational attainment, yields anticipated increases to those graduates' incomes annually, adding \$1,825,638 to the expected wage and salary base of recipient families¹⁰. Increased income from completion of education programs amounts to \$9,985 annually per graduate, each year going out.

EMPLOYMENT

For every \$10,000 in assistance provided by The Diaper Bank of Connecticut, this expanded analysis estimates about 1.3 jobs are generated. Presented on a greater scale, the distribution of \$500,000 worth of diapers would create about 65 jobs.

PERSONAL INCOME

Personal income impacts increase both immediately and over time, due both to inflation and the cumulative effect of increased educational attainment and work experience, made possible because of assistance from The Diaper Bank of Connecticut. This additional annual income accumulates for successive years of graduates in Connecticut, so long as the graduates remain in Connecticut.

For every \$10,000 in assistance from The Diaper Bank of Connecticut, personal income of all recipients increased by \$114,000 in 2016, rising to \$296,000 by 2031.

Due to educational income increments resulting from recipients completing their educational degree program, the effects of diaper distribution on personal income and after-tax income exceed those of the basic analysis in 2016 by \$3.3 million, up from \$2.5 million, and reaching a total of \$5.8 million in 2031. Further, due to both inflation and the cumulating education wage and salary supplements within the model, personal income increases steadily from \$5.8 million in 2016, and through time to \$17.6 million in 2031.



AFTER-TAX INCOME

In lockstep with personal income impacts and the personal taxes collected, after-tax income also benefits from health and educational effects of diapers. In the previous Basic REMI scenario attributed statewide after-tax income, impacts rose from \$2.5 million in 2016 to \$4.2 million by 2031. In contrast, under this Augmented/Expanded REMI scenario these impacts triple from \$5 million to \$15.1 million, respectively. For every \$10,000 (2016 dollars) of diaper bank assistance sustained annually, after-tax income of

¹⁰ With the exception of incremental earnings for completing technical college, incremental incomes by level of education completed are for persons age 25 and over. Earnings are for full-time wage and salary workers. Data are from the BLS for 2016; Current Population Survey, U.S. Department of Labor, U.S. Bureau of Labor Statistics. (August 10, 2017). The technical school increment is from <https://finishyourdiploma.org/advantages>

recipients increases from \$98,000 in 2016 to \$254,000 by 2031 in as-spent dollars.

PERSONAL INCOME TAXES

Because the difference between personal income and after-tax income is primarily personal income taxes, it is approximated as such in the REMI model and is also in millions of current dollars. In the Basic REMI model, state income tax, resulting from diaper benefits, ranged from \$500,000 in 2016 to \$944,000 in 2031, compared to those in this Augmented/Expanded REMI scenario of \$800,000, rising to \$2.5 million.

As in the previous scenario, the CCEA reports on personal income taxes (state income taxes) accruing to the State. Those revenues range from \$3,700 in 2016 to \$9,900 in 2031, for every \$10,000 in today’s money delivered annually in assistance by The Diaper Bank of Connecticut.

STATE SALES TAXES

Using the same Augmented/Expanded REMI Scenario approach as previously described, sales taxes rise from \$2.7 million to \$7.4 million in fixed dollars between 2016 and 2031.

Using the REMI model and the extrapolated results from the survey, CCEA estimates that annual impacts from The Diaper Bank of Connecticut’s operations are synthesized for annual expenditures of \$10,000 in today’s dollars as in Table E-1 for each of the scenarios.

Table E-1: Connecticut Annual \$10,000 Impacts of Sustained Diaper Bank Services: 2016-2031

| Economic Measure | Basic REMI scenario | | Augmented/Expanded REMI Scenario | |
|--|---------------------|----------|----------------------------------|-----------|
| | 2016 | 2031 | 2016 | 2031 |
| Personal Income of Current Recipients | \$48,177 | \$79,486 | \$114,171 | \$296,423 |
| After-tax income of Current Recipients | \$38,100 | \$63,557 | \$98,335 | \$254,182 |
| Personal State Income Taxes Paid by Current Recipients | \$2,368 | \$3,739 | \$3,731 | \$9,927 |
| Consumer Sales Taxes Paid by Current Recipients | \$1,179 | \$1,498 | \$2,381 | \$5,602 |

ABOUT THE ORGANIZATIONS

The Diaper Bank of Connecticut

The Diaper Bank of Connecticut is a nonprofit dedicated to ensuring that families have an adequate supply of diapers for their infants and toddlers; to raising awareness that “basic human needs” include diapers; and to advocating for policy reform so that diapers are included in the definition of, and provision for, the “basic human needs” of families.

To date, The Diaper Bank of Connecticut has distributed more than 22 million diapers to poor and low-income families through its extensive Diaper Distribution Network of more than 50 partner agencies throughout the State.

More information about The Diaper Bank of Connecticut is available at www.thediaperbank.org or on Twitter (@thediaperbank) and Facebook (facebook.com/thediaperbank2004).



The National Diaper Bank Network

The National Diaper Bank Network (NDBN) is a nationwide nonprofit dedicated to eliminating diaper need in America, by leading a national movement to help meet the basic needs of all babies and their families...including access to clean, dry diapers and other material

goods. Founded in 2011 with the support of Huggies®, the network raises national awareness of *diaper need* (#DiaperNeed) and supports the development and expansion of diaper banks in communities throughout the country. Its active membership includes more than 300 diaper banks, diaper pantries, and food banks located in 47 U.S. states and the District of Columbia. More information on NDBN and diaper need is available at www.nationaldiaperbanknetwork.org, and on Twitter (@DiaperNetwork) and Facebook (facebook.com/NationalDiaperBankNetwork).

ACKNOWLEDGMENTS

The Diaper Bank of Connecticut would like to thank the following individuals and groups without whom this work would not be possible:

The staff and board members of The Diaper Bank of Connecticut and the National Diaper Bank Network.

Special thanks go out to:

Robert Carraro

Lynn Comer

Rick Gil

Yury Maciel-Andrews

Troy Moore

Jasree Peralta

Alison Weir

Diaper Distribution Network partners of The Diaper Bank of Connecticut

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Testimony of Planned Parenthood of New York City
before
The New York City Council
Committee on Women and Committee on Governmental Operations
regarding
Ints. 0380; 0853; 0878; 0879; 0899; and 0905

June 19, 2018

Planned Parenthood of New York City is pleased to submit testimony for today's public hearing on the Mother's Day Package. Thank you to Council Members Rosenthal and Cabrera, as well as the Committees on Women and Governmental Operations, for convening this hearing, and to the Speaker, the Public Advocate, and Council Members Treyger, Cornegy, Cumbo, Powers, and Rivera for introducing this important legislative package.

Planned Parenthood of New York City has been a leading provider of reproductive and sexual health services in New York City for over 100 years, reaching approximately 85,000 New Yorkers annually through our clinical and education programs. As a health care provider, we know firsthand the importance of expanding access to maternal health care, and ensuring all people have access to services they need. All people should be able to build the futures and families they want, with the resources necessary to do so. PPNYC supports legislation that expands access to diapers, childcare, lactation space, and the wide range of needs that mothers and families have in New York City.

PPNYC supports Int. 0878, Int. 0879, and Int. 0905 which increase access to lactation spaces in schools, police precincts, and certain jail facilities, and require lactation space and lactation policies for certain employees. All new parents deserve the resources they need to care for their family in the way that is right for them. For nursing parents, this includes the ability to breastfeed or pump comfortably. Breastfeeding has been linked to numerous maternal and infant health benefits, including decreased risk of breast and ovarian cancers for mothers, as well as decreased risk of sudden infant death syndrome (SIDS), a variety of illnesses and infections,¹ and short- and long-term neurodevelopmental advantages.² Expanding public accommodations for breastfeeding parents is also important for parents who may not feel comfortable or safe nursing or pumping in public. A combination of weak workplace protections and social norms against

¹ Dept. of Health & Human Services, The Surgeon General's Call to Action to Support Breastfeeding – Fact Sheet (Jan. 2011), at <http://www.surgeongeneral.gov/library/calls/breastfeeding/factsheet.html>

² Eidelman, Arthur I. and Richard J. Schanler. Breastfeeding and the Use of Human Milk. *Pediatrics* (Mar 2012), at <http://pediatrics.aappublications.org/content/129/3/e827>

public breastfeeding has been noted as a major obstacle to breastfeeding.³ PPNYC applauds the City Council for prioritizing access to lactation space, and expanding options for mothers and families.

PPNYC also supports Int. 0380, which would require the Department of Citywide Administrative Services to provide a sufficient supply of diapers to shelters, child subsidized care centers, Family Justice Centers, and LYFE programs. Access to diapers is a matter of public health, as well as of economic justice, as the costs associated with purchasing diapers impact low-income mothers and families the most. According to the National Diaper Bank Network, 1 in 3 mothers in the United States reports suffering from diaper need, as diapers can cost anywhere from \$70-\$80 per month.⁴ Lack of access to diapers can also prevent babies from participating in childcare, potentially barring parents from working.⁵ By providing a sufficient supply of diapers to these centers, New York City will improve access to a fundamental need of many mothers and families.

PPNYC also supports Int. 0899, which permits the use of campaign funds for certain childcare expenses, and Int. 0853, which would provide onsite childcare for city employees. No one should have to choose between running for office and caring for a child, but studies show that as women remain the primary caregivers in their families, the decision to run for office is often heavily influenced by childcare considerations.⁶ Many strong, potential candidates also feel that they do not have the connections or money to win an election, and that they do not have the resources to care for their family while they run for office. Ints. 0899 and 0853 improve access to childcare and expand the ways we invest in childcare expenses for New Yorkers.

PPNYC applauds the legislation included in the Mother's Day Package, and all steps taken to improve the lives of mothers, their families, and their communities. We urge the City Council to pass this critical package of legislation. Thank you for the opportunity to submit testimony on these important issues.

³ Breastfeeding in Underserved Women: Increasing Initiation and Continuation of Breastfeeding. The American College of Obstetricians and Gynecologists (Aug 2013), at <https://www.acog.org/-/media/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/co570.pdf?dmc=1&ts=20180621T0341464825>

⁴ National Diaper Bank Network. Diaper Need by the Numbers - Fact Sheet (2018), at <http://nationaldiaperbanknetwork.org/what-is-diaper-need/diaper-facts/>

⁵ National Diaper Bank Network. Diaper Need in America. (2017), at <http://nationaldiaperbanknetwork.org/what-is-diaper-need/>

⁶ Lawless, Jennifer L. and Richard L. Fox. "Men Rule: The Continued Under-Representation of Women in U.S. Politics." American University, Women and Politics Institute (Jan 2012), at <https://www.american.edu/spa/wpi/upload/2012-men-rule-report-web.pdf>



New York Zero-to-Three Network

a statewide organization

Testimony Submitted to the New York City Council Committee on Government Operations and Committee on Women

June 19, 2018

The New York Zero-to-Three Network appreciates the opportunity to submit written testimony regarding the package of bills being considered by the City Council Committee on Government Operations and Committee on Women on June 19, 2018. As a multidisciplinary network of individuals committed to strengthening the development of children birth to three, we are grateful for the attention the City Council is focusing on the needs of young children and their families.

We support Intro. 380, which would require the City to make diapers available to publicly funded child care centers, family justice centers, LYFE programs, domestic violence shelters, and homeless shelters. This bill would ease the burden of paying the significant cost of diapers for children who enroll in such programs or live in such settings. For example, nearly half of the children living in New York City's homeless shelters are under six years old, and this bill would help ensure that their families would not have to worry about getting an adequate supply of diapers.

We support Intro. 905, which would require employers to establish lactation accommodation policies, Intro. 879, which would require employers with more than 15 employees to provide lactation spaces and refrigerators, and Intro. 878, which would expand the city spaces required to have lactation rooms to include schools, police precincts, and certain jail facilities. These bills would address barriers that mothers of young children too often face and help ensure that mothers can provide breast milk to their children.

Parents of young children depend on having high-quality child care so they can work while knowing that their children are in a developmentally appropriate, safe setting. The first three years of life are a critical time for child development, and access to high-quality child care is essential for working parents. However, there is a shortage of subsidized child care for infants and toddlers in New York City, and child care for an infant or toddler is often more expensive than the cost of college tuition. As such, we support Intro. 853, which would require the City to conduct a feasibility study and, if appropriate, a one-year pilot project to provide discounted child care for certain city employees, as well as Intro. 899, which would permit campaign funds to be used for certain child care costs of candidates running for public office.

We thank the City Council for focusing on these important issues and urge you to help improve the lives of young children and their families by moving forward with these bills. Thank you.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 879,905 Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Hollis Pitzel, NYC Commissioner

Address: 22 Reade St. on Human Rights

I represent: NYCCHR

Address: 22 Reade St.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 899 Res. No. _____

in favor in opposition

Date: 6/19/18

(PLEASE PRINT)

Name: Amy Loprest

Address: _____

I represent: NYC Campaign Finance Board

Address: 100 Church 12th Fl NY NY 10007

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Olga Rodriguez

Address: _____

I represent: Safe Horizon

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 6/19/18

(PLEASE PRINT)

Name: Dr. Torrian Easterling

Address: DOHMH

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 853 Res. No. _____

in favor in opposition

Date: 6/19/18

(PLEASE PRINT)

Name: Laura Ringelstein

Address: 1 Centre St

I represent: DCAS

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 380 Res. No. _____

in favor in opposition

Date: 6/19/18

(PLEASE PRINT)

Name: Mersida Jones

Address: 1 Centre Street NY NY

I represent: DCAS

Address: 1 Centre Street NY NY

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. Mothers Day Package Res. No. _____
 in favor in opposition

Date: 6.19.18

(PLEASE PRINT)

Name: Jacqueline Ebanks

Address: [Redacted]

I represent: Commission on Gender Equity - Mayor's Office

Address: 253 Broadway, 4th Floor

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: 6/19/18

(PLEASE PRINT)

Name: Erin Drinkwater

Address: [Redacted]

I represent: NYC DSS

Address: 150 Greenwich St. NY, NY 10007

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 1777 Res. No. 0380
 in favor in opposition

Date: 6/19/18

(PLEASE PRINT)

Name: Alison Weir

Address: 61 Lyon St, New Haven, CT 06511

I represent: National Diaper Bank Network

Address: 155 East St Suite 101, New Haven CT 06511

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 380,0853, 878 Res. No. _____

in favor in opposition

Date: 6/19/2018

(PLEASE PRINT)

Name: Alice Butkin

Address: 14 Wall St AE, NY NY 10005

I represent: Citizens' Committee for Children of New York

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Chanel Porchia - Albert

Address: 7 Marcus Garvey Bld BK NY

I represent: Ancient Song Doul'a Services

Address: 7 Marcus Garvey Bld BK

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

INT. 905,
879, 905,
853
Committee
on Women
& Govt
Relations

I intend to appear and speak on Int. No. 879, 905, 853 Res. No. _____

in favor in opposition

Date: 6/19/18

(PLEASE PRINT)

Name: SARAH BRAFMAN

Address: 40 WORTH ST., 10th FLOOR, NY, NY 10013

I represent: A BETTER BALANCE

Address: " "

Mother's Day
Package
Lactation Space
in Schools + jails

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____
 in favor in opposition

Date: 6/19/18

(PLEASE PRINT)

Name: Ashley C. Sample, Esq.

Address: 25 Chapel St. - 1006 Brooklyn, NY

I represent: Girls for Gender Equity (GGE)

Address: _____

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 879 Res. No. _____
 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Felice Farber

Address: _____

I represent: General Contractors Assoc.

Address: 60 E. 42nd St. NY NY

THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. 380 Res. No. _____
 in favor in opposition

Date: 6/19/18

(PLEASE PRINT)

Name: Manhattan BPGale Brewer

Address: 1 Centre Street

I represent: Shulamit Warren Puder

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. 380 Res. No. _____

in favor in opposition

Date: 6/19/19

(PLEASE PRINT)

Name:

Andrey Sumes

Address:

300 E 75th St #15A NY NY 10021

I represent:

National Diaper Bank Network - volunteer

Address:

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name:

Mickey Ronah - Grosshern, Assistant Commissioner

Address:

150 William St

I represent:

ACS, Division of Child and Family Well-being

Address:

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 6/19/18

(PLEASE PRINT)

Name:

Dr. Nichole Adams

Address:

75-20 Astoria Blvd East Elmhurst, NY

I represent:

Department of Correction

Address:

75-20 Astoria Blvd East Elmhurst, NY

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 6/19/83

(PLEASE PRINT)

Name: EUZABETH DANK

Address: _____

I represent: MAJOR'S OFFICE TO COURT DOMESTIC VIOLENCE

Address: 100 GOLD ST 2ND FL NY NY 10038

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Beratrice Kernizan

Address: _____

I represent: _____

Address: _____

Please complete this card and return to the Sergeant-at-Arms