

# Chancellor's Advisory Committee on Work and Family 2022-2023 Briefing

## Executive Summary

The mission of the Chancellor's Advisory Committee on Work and Family ([CACWF](#)) is to promote an environment for faculty, staff, non-Senate academics, post docs, and students that enhances their ability to meet their responsibilities to the University and their responsibilities to children, elders, partners and others. CACWF does this by advising the Chancellor and other campus administrators on strategies, practices, programs, policies and benefits that further this goal. Priorities for a given academic year are set at the annual retreat, held during the fall semester.

During the 2022-2023 academic year, CACWF discussed the following topics. Below is an overview CACWF's key recommendation(s) for each topic:

- ❖ [Wellness Leave](#) - add 3 days/year of designated Wellness Leave.
- ❖ [Bereavement Leave](#) - provide 5 paid bereavement days/year for staff, include pregnancy loss as a qualifying event, and allow donation of catastrophic leave in advance of exhausting vacation/sick leave.
- ❖ [Expanded Dental Insurance](#) - financial support of University Health Services' effort to establish an on-site dental practice that would serve faculty, staff, and students.
- ❖ [Parking & Transit Subsidy](#) - offer a monthly subsidy to be used for parking or transit for a subset of employees who earn below a certain amount.
- ❖ [Additional Support for Dependent Care](#) - add intentional support for students with finding subsidized child care and request that UVA Afterschool Program start accepting students who receive federal subsidized care.

In this briefing you will find more details related to each of our recommendations.

# CACWF Recommendations

## Wellness Leave

**Add 3 days per year of designated Wellness Leave so that employees can achieve holistic wellbeing by being able to pursue wellness on days other than when they are healing from an illness or injury. These designated days would *not* roll over every year and these days would not be able to be taken consecutively (unless a doctor's note is provided).**

UC Berkeley fosters a work environment in which faculty and staff can be their authentic selves, feel a sense of belonging, grow professionally, and be recognized for their contributions and dedication to our university community. This commitment to a healthy work environment is created through the promotion of inclusive practices, and the recognition that an employee's wellbeing is a priority for success at work.

Navigating work and home life requires employees to be flexible and adaptable to their departments, as well as their household responsibilities. Inability to do so leads to burnout, marked by stress, overwhelm, and exhaustion.

Experiencing burnout not only impacts physical and mental health, but also results in higher levels of sick leave due to its long-term effects. Additionally, COVID-19 significantly disrupted households as work and home demands intensified resulting in increased incidents of chronic stress and burnout.

“Nearly 3 in 5 employees reported negative impacts of work-related stress, including lack of interest, motivation, or energy (26%) and lack of effort at work (19%). Meanwhile, 36% reported cognitive weariness, 32% reported emotional exhaustion, and an astounding 44% reported physical fatigue—a 38% increase since 2019.” ([Abramson, American Psychological Association, Vol. 53 No. 1](#))

Current policies for employee sick and wellness leave do not allow for the pursuit of wellness other than when one is sick or injured. Whole person wellness is more than just recuperating when you are sick or injured. Moreover, current policies do not explicitly address mental health wellness, nor other major domains such as emotional, spiritual, social, and environmental wellness. The [Global Wellness Institute](#) defines wellness as the active pursuit of activities, choices, and lifestyles that lead to a state of holistic health.

Establishing a designated policy which proactively encourages employees to take 3 days per year (one day per - Fall - Spring - Summer) of wellness leave will provide an opportunity for employees to focus on both mental and physical welfare, while simultaneously demonstrating that UC Berkeley values the importance of a whole person approach to employee wellbeing. Wellness leave is distinct from both sick leave, which is reactive rather than proactive, and vacation leave, which tends to focus on family and commitments that leave employees little time for their own personal wellbeing.

In addition to supporting mental and physical wellbeing, additional potential benefits include;

- Higher productivity
- Increased employee morale
- Improved employee retention
- Reduced absenteeism through preventative measures taken
- Reduced illness and injury for employees

[UT Austin](#) demonstrates a good example of providing “Wellness Time Off” for its Employees. They offer 8 hours/year of Wellness Time Off as a means to support the overall wellbeing of leave-eligible university employees. They define Wellness Time Off as hours to be used for activities supporting the prevention, treatment, and/or promotion of an employee's physical, mental, and/or emotional wellbeing or for any other reason of personal significance to the employee.

## Bereavement Leave

*\*Co-signed by the Chancellor's Advisory Committee on the Status of Women*

**Provide 3-5 paid bereavement days/year for staff members to use. Include pregnancy loss/failed IVF as a qualifying event. Allow catastrophic leave to be donated for bereavement without requiring staff to exhaust all other paid leave options.**

*Add 3-5 paid bereavement days/year*

Currently only faculty are provided with paid bereavement leave separate from other forms of leave. Although staff members may take unpaid bereavement leave, to receive any pay, staff members must use accrued sick leave for bereavement and the approval is dependent on their supervisors. Staff should receive the same bereavement leave benefit as faculty.

### *Include pregnancy loss as a qualifying event for bereavement*

Leave related to pregnancy loss includes miscarriages, stillbirths, and terminations - which can include failed adoption arrangements or failed surrogacy arrangements. Such loss has historically not been a part of most employer's bereavement policies, but a shift is occurring, with an increasing number of employers now offering employees the benefit and specifically naming this as a benefit in the policies. Several cities have also adopted laws on bereavement leave which expand this leave to child loss. In addition, [legislation went into effect in Illinois on January 1, 2023](#) which requires companies to provide 10 days of unpaid leave for employees who experience miscarriage, a stillbirth, an unsuccessful assisted reproductive procedure, a failed surrogacy agreement, a failed or non-finalized adoption, or a diagnosis affecting fertility; this law also stipulates that workers can use this time off to support a spouse or partner experiencing one of the listed losses. Including pregnancy loss as part of a bereavement leave benefit would prevent lost income during an already stressful and emotional time.

[Recent data from NFP](#), a New York City-based benefits consultant, finds that nearly one-quarter of bereavement leave policies allow an employee to take time off for a miscarriage or failed IVF. Not only are employees overwhelmingly asking for better support; they're also expecting it. Research finds that better benefits and care are among the top reasons employees leave for a different employer.

We suggest a policy that includes language such as the following, which is posted on the University of Chicago's Human Resources [website](#):

#### Bereavement Leave for Other Loss

In the event of the death of an employee's parent or foster parent, step-parent, sibling, grandparent, grandchild, or the parent or child of the employee's spouse or University-approved domestic partner\*, the employee may take up to 5 consecutive paid workdays of bereavement leave within 60 days from the date the employee receives notice of the death. Employees may take an additional 5 days of unpaid leave to be taken consecutively with their paid leave.

Employees who experience a miscarriage, an unsuccessful round of intrauterine insemination or an assisted reproductive technology procedure, a failed adoption match or an adoption that is not finalized because it is contested by another party, a failed surrogacy agreement, a diagnosis that negatively impacts pregnancy or fertility, or a stillbirth may take up to 5 consecutive paid workdays of bereavement leave within 60 days of the qualifying event. Employees may take an additional 5 days of unpaid leave to be taken consecutively with their paid leave.

\*We suggest adding extended family members and families of choice, who can also have bonds as strong (or in some cases stronger) than traditional child-parent-grandparent relationships.

\*We do not advise that the policy requires leave to be taken consecutively, as mentioned in the sample policy above.

In addition, we suggest that the policy make it clear that employees can also use this time off to support a spouse or partner experiencing one of the listed losses.

*Allow catastrophic leave to be donated for bereavement without requiring staff to exhaust all other paid leave options.*

Currently all paid leave options (e.g., sick and vacation leave) must be exhausted before donations of catastrophic leave can be accepted. Bereavement is the experience of losing someone, and there is no right way to experience this loss — and accordingly no exact schedule for recovering from loss. The paid bereavement is meant to provide immediate support and relief, and this time is often spent in making necessary arrangements for a longer term recovery. Allowing the donation of catastrophic leave can assist individuals when they require more immediate time for recovery. At the same time, this donation will allow individuals the ability to retain sick and vacation leave to accommodate bereavement as they personally continue to adjust to loss (or as they work with family members to adjust to loss) and not leave individuals in the vulnerable position of having no leave available.

## Expanded Dental Insurance Options

**Financially support University Health Services' effort to establish an on-site dental practice that would serve faculty, staff, and students and/or explore offering an alternative dental insurance option in addition to Delta Dental.**

Delta Dental is the biggest provider of Dental insurance in California for large employers. Delta Dental has not been transparent about their coverage and reimbursement practices and consequently, many regional dentists have left the UC provided Delta Dental network used by UC Berkeley employees.

The following popular pediatric dental providers have all stopped accepting Delta Dental in-network over the past 2 years.

<b>Dental Practice</b>	<b>Status with Delta Dental</b>
Aloha	Stopped accepting Delta Dental in June 2021. Currently accepts Delta Dental out of network and they charge a service fee.
Alameda Pediatric	Left Delta Dental in October 2022 (only their Brentwood and Pleasanton locations still accept Delta Dental).

Employees covered by Delta Dental increasingly have had limited choice in providers, and additionally, are incurring costly out of pocket expenses.

University Health Services has been exploring opening up a dental practice on campus with a provider called "Onsite Dental." Salesforce and UC Santa Cruz also use this provider. UHS has been in communication with Real Estate, Capital Projects, and Business Partnerships to explore this possibility, and they have identified two spaces in Berkeley Way West that could host this dental practice.

The dental practice would accept Delta Dental PPO, DeltaCare, and Metlife PDP Plus (SHIP dental insurance) and would offer services to students, faculty, staff, and their families (similar to our on-campus Optometry Practice) as well as offer pediatric services. Having this practice on campus would alleviate financial burdens not only for staff, but also for faculty and students. In addition, they will offer flexible hours, online scheduling, transparency in billing, and a high quality dental experience that UHS will monitor. UHS has found that students tend to forego preventative dental care due to the inconvenience and cost, and they hope to change that by actively partnering with Onsite Dental, making it easy for students to access this important care.

Onsite Dental has committed to a minimum of 4 chairs, but has agreed to grow with demand. For students that require an oral surgeon (mostly for wisdom teeth extraction), Onsite Dental will provide a part time Oral Surgeon who will be available based on demand. Onsite Dental will fund the build out of the space and the purchase of all of the dental equipment.

In order to make this on-site dental practice a reality the university would have to subsidize the rent for this space for the first 3-4 years, with an estimated cost of \$8k-\$9k/month. This would allow Onsite Dental to recover the high up front set up costs involved with a dental practice. We recommend that the university fund this effort.

In addition, we encourage the university to advocate with the UC system to explore alternative dental insurance options, in addition to Delta Dental, which are accepted more broadly.

## Parking and Transit Subsidy

*\*Co-signed by the Staff Basic Needs Working Group*

**Offer a monthly subsidy to be used for parking or transit for a subset of employees who earn below a certain amount. Establish a working group to determine the recommended income level and monthly amount for the parking and transit subsidy, determine the estimated number of eligible employees, and recommend a funding source.**

The high cost of campus parking permits has placed an unfair and inequitable burden on lower-paid employees who are also more likely to be required to work on-site full time. In addition to the burden of commuting from a longer distance due to the high cost of housing in close proximity to campus, many essential on-site employees earn lower wages than those who have jobs that are eligible for hybrid or remote work. The relatively higher cost of a daily commute, including parking and public transit costs, in relation to the wages of essential workers creates a doubly inequitable situation for those employees that are required to be on campus every day.

We are especially advocating on behalf of Facilities, Custodial, and Dining employees, as well as Early Childhood Education Program employees, who by and large are already economically disadvantaged and live in communities requiring longer commutes to campus, often adding hours to each work day. Employees in Housing and Dining have reported they cannot afford current campus parking rates and yet are not being allowed by their supervisors to leave their shifts to move their cars every two hours, thereby incurring further stress and parking fines.

We recommend that the university offer a monthly subsidy to be used for parking or transit for a subset of employees who earn below a certain amount. Since the cost of commuting is disproportionately borne by lower-wage workers, this subsidy would create a more equitable solution to address the concerns of essential in-person employees.

In 2015, Parking and Transportation created a report that proposed tiered parking rates by income levels. Their analysis offered an increasing rate that topped off at \$143/month at the highest salary tier.

While we would support a tiered pricing system, we understand that this proposal was rejected. A set monthly stipend for parking and public transportation for employees earning below a set threshold would be simpler to implement, and would avoid the potential pushback against increased parking rates for higher income tiers, while also

effectively lowering the monthly transportation costs for lower income employees. Our proposal would also encourage the use of public transportation, since the subsidy could be used for transit passes and fares.

If more research is needed to develop a parking and public transit subsidy, we recommend the creation of a working group made up of staff and student members of CACWF and representatives from Parking and Transportation, People and Culture, and the Staff Basic Needs Working Group. This working group could determine the recommended income level and monthly amount for the parking and transit subsidy, determine the estimated number of eligible employees, and recommend a funding source.

We believe that offering a monthly transit subsidy would help in recruitment and retention of essential workers, while also creating a solution to the inequitable benefits of flexible work schedules which tend to benefit higher-paid workers.

## Additional Support for Dependent Care

**Fill the vacant FTE position for the Basic Needs Center at University Village and create an additional FTE for the Basic Needs Center that would focus on assisting student parents with finding subsidized dependent care options at ECEP and in the community. Increase subsidized daycare spaces at ECEP and create subsidized dependent care spaces in the University Village Afterschool Program, which currently does not offer subsidized spots.**

Access to affordable childcare is a struggle for student parents. The 2022-23 fee for childcare in the Early Childhood Education Program (ECEP) ranges from \$2,070 to \$2,720, depending on the age of the child, while graduate students make approximately \$2,916 before taxes. Most student families qualify for subsidized care, but it is difficult to find available subsidized spots at ECEP and none are available at the University Village Afterschool program.

Evidence of basic needs insecurity among students can be found in the California Policy Lab of UC Berkeley's study, [Student Supports: The Role of Social Safety Net Programs in College Student Success](#). At UC Berkeley, 10% of undergraduate students receive CalFresh, but among Latinx and Black undergraduate students (systemwide) the rates are 21-23%. The elevated eligibility rate among students of color indicates that increased need may be experienced as more historically marginalized and non-traditional students are admitted to UC Berkeley.



By helping students access the dependent care assistance available to eligible students via [CalWORKs](#), the [Resource and Referral Program](#), and the [Alternative Payment Program](#), the University can increase access to available services that do not contribute to operating shortfalls. Supporting student access to these funding sources, creating additional subsidized care spots at ECEP, and offering subsidized care at Afterschool University will provide increased access to dependent care for students.

We are proposing the following interventions to address the inequitable access to dependent care that students currently face:

*Fill FTE vacancies at University Village and add one additional Dependent Care Basic Needs Coordinator at University Village via the Basic Needs Center.*

This additional Basic Needs Center coordinator position would focus on helping students find subsidized child care and helping students with applications to [CalWORKs](#) and the [Alternative Payment Program](#). This FTE would streamline the onboarding of eligible CalFresh or CalWORKs student recipients into subsidized dependent care programs. By helping students access care through UC Berkeley and other childcare programs, we can continue to address the lack of affordable care services for 189 care-eligible children, as counted by the Student Parent Center in Spring 2023. The University Village team is understaffed, and the existing Basic Needs Coordinator position is currently vacant. Filling the vacant position and hiring one additional FTE is crucial in supporting the basic needs of student parents.

*Create additional low-income dependent care spaces for preschool and school age children*

Currently the University Village Afterschool program does not offer low-income subsidized dependent care and does not offer care for special needs children, and ECEP has only 33 subsidized spots available. This creates a gap in services for 189 families who qualify for subsidized care. More subsidized spots are needed to meet the needs of these 189 families. Although CalWORKs and other programs can provide funding for eligible families, those families still need to find open subsidized care spots, and these spots are extremely limited or nonexistent at University Village and ECEP.