

The Emotional and Physical Well-Being of Early Educators in California

Early Educator Well-Being Series

By Wanzi Muruvi, Anna Powell, Yoonjeon Kim, Abby Copeman Petig, and Lea J.E. Austin



This report was generously supported with grants from the Heising-Simons Foundation, the Blue Shield of California Foundation, the David and Lucile Packard Foundation, and the Silicon Valley Community Foundation.

Introduction

Working with young children is intellectually, emotionally, and physically demanding. These challenges are compounded by the inadequate compensation that characterizes the early care and education (ECE) sector and lack of workplace support such as access to health benefits, retirement plans, and time off (Montoya et al., 2022). The cumulative strain can intensify the stress experienced by early educators, adversely affecting both their emotional and physical well-being (Cumming, 2017).

The California Early Care and Education Workforce Study is an ongoing longitudinal study that provides comprehensive statewide and regional information on the center- and home-based ECE workforce. The Center for the Study of Child Care Employment (CSCCE) launched the current workforce study in 2020 to provide an update on the status of the workforce since the previous study in 2006 (Whitebook et al., 2006). Phase 2 of the present study was conducted during 2023, collecting information predominantly from educators who had participated in 2020.

This report focuses on the emotional and physical well-being of California’s ECE workforce who work with children birth to age five. It is the first in a series on early educator well-being, highlighting findings from Phase 2 of the California Early Care and Education Workforce Study.

This report leverages data gathered during the spring of 2023 from a survey of about 540 family child care (FCC) providers, 510 center directors, 445 center teaching staff (i.e., center teachers and assistants/aides), and 345 transitional kindergarten (TK) teachers. We weight FCC provider and center director data by region, FCC size, and center infant/toddler license, using statewide data from the *California Resource & Referral Network 2021 Portfolio* (California Resource & Referral Network, 2023). We present state-level findings by educator role, program funding type, children served, educator country of birth, and race and ethnicity.

For program funding type, programs with a contract through either Head Start, Early Head Start, or Migrant Head Start or a contract to operate a state-subsidized (Title 5) program were categorized as “Head Start/Title 5.” Programs with other funding sources were categorized as “All other funding.”

Emotional Well-Being

We report on educators’ perceived stress and depression as indicators of emotional well-being and whether educators felt they had strategies for self-care.

Perceived Stress

Our survey included the non-diagnostic four-item Perceived Stress Scale (PSS-4), which assesses the degree to which a respondent perceives situations in their life as stressful (Warttig et al., 2013). The PSS-4 yields scores ranging from 0 to 16. Perceived stress scores greater than or equal to six are considered to represent high levels of stress. They can signify that an individual perceives that the demands of the stressful situations exceed their ability to cope.

Early educators are experiencing high levels of stress. Center teaching staff had the highest proportion with perceived stress scores of six or more (65 percent). FCC providers had the lowest percentage falling into the high-stress category (48 percent). The rates were especially high for Asian, multiethnic, and Black FCC providers. There are also marked variations in rates of high stress by program funding type and primary age served (**Table 1**). Rates of high stress were higher for educators in Head Start/Title 5-funded programs, compared to programs with all other funding types. Among FCC providers, rates of high stress were highest for those who work with infants/toddlers (60 percent), compared to providers working with preschool-age children (41 percent) and multiple age groups (47 percent).

TABLE 1. EDUCATORS WITH HIGH LEVELS OF STRESS

California ECE Workforce, 2023

	FCC Provider (N=472-505)	Center Director (N=460-494)	Center Teaching Staff (N=414-421)	TK Teacher (N=329-333)
All respondents	48%	59%	65%	53%
Program Funding Type				
Head Start/Title 5	54%	64%	67%	-
All other funding	46%	57%	61%	-
Primary Age Served				
Infant/toddler (0 to 2 years)	60%	-	67%	
Preschool (3 to 5 years)	41%*	-	63%	
Multiple ages	47%	-	70%	
Country of Birth				
Born in the United States	48%	60%	64%	51%
Born in another country	45%	48%	67%	62%*
Race/Ethnicity				
Asian	63%	51%*	65%*	44%*
Black	56%	55%*	70%*	**
Latina***	44%	60%	68%	53%
White	44%	58%	65%	54%
Multiethnic	57%*	63%*	53%*	39%*
All other	41%*	62%*	70%*	**

Source: Center for the Study of Child Care Employment, University of California, Berkeley

Table reflects the proportion of respondents who scored six or more on the Perceived Stress Scale (PSS-4).

*Interpret with caution due to small sample size (n<50).

**Data suppressed due to small sample size (n<10).

***Because the early care and education workforce is overwhelmingly composed of individuals who identify as women, we use the gender-specific term “Latina” to describe members of the ECE workforce who identify as part of the Latin American diaspora. However, we know that data collection has not always accounted for gender diversity beyond a male/female binary. We gratefully acknowledge the contributions of early educators who identify as men, nonbinary, or another gender identity and recognize that the gendered oppression of women in the ECE workforce is related to the gender-based oppression of nonbinary, trans, and gender-queer educators.

Depression

Survey respondents also completed the non-diagnostic 10-item Center for Epidemiological Studies Depression Scale (CES-D-10). Stress and inadequate workplace resources and support have been associated with an increase in depressive symptoms among early educators (Roberts et al., 2019). The CES-D-10 yields scores ranging from 0 to 30. A score greater than or equal to 10 indicates the presence of significant depressive symptoms (Zhang et al., 2012).

Scores for more than one third of center directors and teaching staff, one third of TK teachers, and one quarter of FCC providers indicate the presence of significant depressive symptoms among educators. The rate was exceptionally high for center teaching staff working with multiple age groups (52 percent). Incidence of significant depressive symptoms also varies notably by race and ethnicity across all job roles (**Table 2**).

TABLE 2. EDUCATORS WITH SIGNIFICANT DEPRESSIVE SYMPTOMS

California ECE Workforce, 2023

	FCC Provider (N=399-423)	Center Director (N=407-448)	Center Teaching Staff (N=373-380)	TK Teacher (N=294-302)
All respondents	25%	36%	39%	30%
Program Funding Type				
Head Start/Title 5	22%	41%	40%	-
All other funding	26%	34%	39%	-
Primary Age Served				
Infant/toddler (0 to 2 years)	31%*	-	39%	-
Preschool (3 to 5 years)	32%*	-	36%	29%
Multiple ages	24%	-	52%	40%*
Country of Birth				
Born in the United States	27%	37%	40%	29%
Born in another country	22%	30%	33%	33%*
Race/Ethnicity				
Asian	40%*	35%*	46%*	15%*
Black	32%*	42%*	29%*	**
Latina	18%	30%	39%	27%
White	26%	35%	40%	32%
Multicultural	33%*	45%*	33%*	29%*
All other	27%*	29%*	**	**

Source: Center for the Study of Child Care Employment, University of California, Berkeley
Table reflects the proportion of respondents who scored 10 or more on the Center for Epidemiological Studies Depression Scale (CES-D-10).

*Interpret with caution due to small sample size (n<50).

**Data suppressed due to small sample size (n<10).

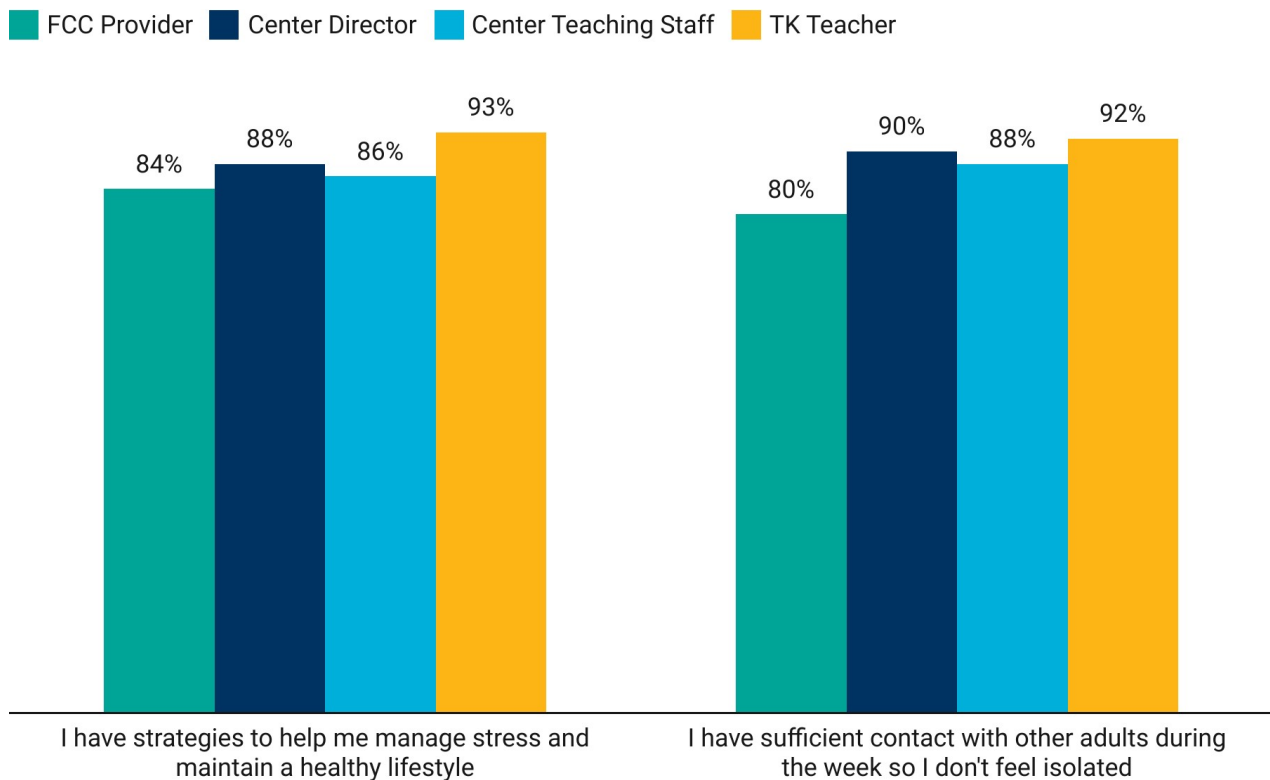
Strategies to Support Emotional Well-Being

The availability of resources for educator self-care were assessed by determining educators' level of agreement with two statements: "I have strategies to help me manage stress and maintain a healthy lifestyle," and "I have sufficient contact with other adults during the week so I don't feel isolated."

At least 80 percent of educators agreed with both statements, but the level of agreement was somewhat lower among FCC providers. Many FCC providers work alone, so it was not surprising that they were the least likely to have sufficient contact with other adults (**Figure 1**).

FIGURE 1. EDUCATORS' EMOTIONAL WELL-BEING STRATEGIES

California ECE Workforce, 2023



Source: Center for the Study of Child Care Employment, University of California, Berkeley
FCC Provider N=509-511; Center Director N=500; Center Teaching Staff N=432-435; TK Teacher N=338

Physical Well-Being

As indicators of physical well-being, we report on the prevalence of absences from work, healthy sleep duration, chronic conditions, health concerns, and self-rated overall physical health.

Absences From Work Due to Injury or Illness

Early educators are at increased risk of contracting illnesses or experiencing injuries at work, which can result in them missing work (Morissette & Qiu, 2023). Absence from work due to illness or injury is a measure of health-related quality of life, and work absences of 10 days or more can signify reduced health status (Whitaker et al., 2013).

FCC providers were the least likely to have 10 or more days per year of work absences due to illness or injury (15 percent). This finding might not be surprising, since their businesses and work are located in their homes. Center teaching staff were generally the most likely to have significant work absences (34 percent; **Table 3**).

TABLE 3. EDUCATORS’ SIGNIFICANT ABSENCES FROM WORK DUE TO INJURY OR ILLNESS

California ECE Workforce, 2023

	FCC Provider (N=456-490)	Center Director (N =439-481)	Center Teaching Staff (N=409-416)	TK Teacher (N=319-333)
All respondents	15%	22%	34%	20%
Program Funding Type				
Head Start/Title 5	10%	29%	37%	-
All other funding	15%	19%	29%	-
Primary Age Served				
Infant/toddler (0 to 2 years)	17%	-	36%	-
Preschool (3 to 5 years)	18%*	-	36%	18%
Multiple ages	16%	-	25%	27%*
Country of Birth				
Born in the United States	13%	23%	36%	19%
Born in another country	18%	15%	30%	30%*
Race/Ethnicity				
Asian	19%*	20%*	39%*	19%*
Black	23%*	38%*	39%*	**
Latina	16%	21%	36%	17%
White	12%	19%	33%	17%
Multiethnic	7%*	32%*	27%*	31%*
All other	10%*	25%*	**	**

Source: Center for the Study of Child Care Employment, University of California, Berkeley

Table reflects the proportion of respondents who reported missing more than 10 days of work in the past 12 months due to illness or injury (not including maternity leave).

*Interpret with caution due to small sample size (n<50).

**Data suppressed due to small sample size (n<10).

Healthy Sleep Duration

At least seven hours of sleep per night is recommended for adults (Centers for Disease Control and Prevention, 2016). Shorter sleep duration may increase the risk of developing chronic conditions.

Educators lack sufficient sleep. At least one half of center teaching staff (54 percent), FCC providers (53 percent), and center directors (50 percent) had less than seven hours of sleep per night. TK teachers (43 percent) were the least likely to have insufficient sleep (**Table 4**). A somewhat larger proportion of FCC providers and center directors in Head Start/Title 5-funded programs had less than seven hours of sleep, compared to their peers in programs with other funding types; the difference for center teachers was very small.

TABLE 4. EDUCATORS WITH INSUFFICIENT SLEEP

California ECE Workforce, 2023

	FCC Provider (N=453-488)	Center Director (N=444-486)	Center Teaching Staff (N=410-417)	TK Teacher (N=319-333)
All respondents	53%	50%	54%	42%
Program Funding Type				
Head Start/Title 5	57%	53%	54%	-
All other funding	53%	48%	55%	-
Primary Age Served				
Infant/toddler (0 to 2 years)	43%	-	52%	-
Preschool (3 to 5 years)	77%*	-	53%	-
Multiple ages	53%	-	63%	-
Country of Birth				
Born in the United States	54%	50%	56%	41%
Born in another country	50%	44%	48%	58%*
Race/Ethnicity				
Asian	51%*	57%*	54%*	67%*
Black	67%*	64%*	57%*	**
Latina	53%	57%	55%	48%
White	48%	42%	53%	39%
Multiethnic	62%*	61%*	55%*	40%*
All other	55%*	57%*	**	**

Source: Center for the Study of Child Care Employment, University of California, Berkeley

Table reflects the proportion of respondents who reported sleep duration of less than seven hours per night.

*Interpret with caution due to small sample size (n<50).

**Data suppressed due to small sample size (n<10)

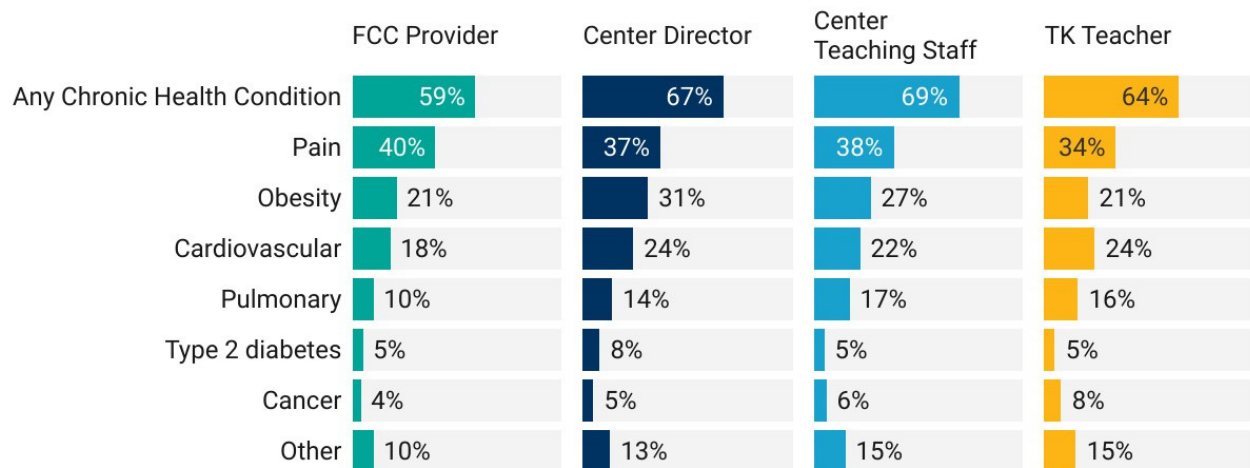
Chronic Health Conditions

Chronic health conditions can impact educators physically, mentally, and socially (National Institute of Mental Health, n.d.), which can affect their ability to be present for work and actively engage with children in ways that foster their learning and healthy development (Snyder et al., 2020). Educators were asked to indicate any chronic conditions they have—based on information from a doctor or other health professional—by selecting from a list of 22 chronic conditions commonly reported among educators (Whitaker et al., 2013; Whitaker et al., 2014).

More than one half of early educators reported having at least one chronic health condition. The most commonly reported chronic conditions across all educator roles fell under the categories of pain, obesity, and cardiovascular conditions (**Figure 2**).

FIGURE 2. EDUCATORS WITH CHRONIC HEALTH CONDITIONS

California ECE Workforce, 2023



Source: Center for the Study of Child Care Employment, University of California, Berkeley
 FCC Provider N=470; Center Director N=460; Center Teaching Staff N=386; TK Teacher N=316

The occurrence of at least one chronic condition showed notable variation by race and ethnicity (**Table 5**). Across roles, Black educators were more likely to have at least one chronic condition compared to their Asian and Latina peers. Meanwhile, White educators had higher rates of at least one chronic condition when compared to Asian educators across roles. When compared to Latina educators, however, White FCC providers and center teachers were more likely to have at least one chronic condition. There were only minor differences between White and Latina center directors and TK teachers.

TABLE 5. EDUCATORS WITH AT LEAST ONE CHRONIC CONDITION, BY RACE AND ETHNICITY

California ECE Workforce, 2023

	FCC Provider (N=461)	Center Director (N=423)	Center Teaching Staff (N=379)	TK Teacher (N=304)
Race/Ethnicity				
Asian	49%*	39%*	70%*	63%*
Black	59%*	83%*	81%*	**
Latina	51%	68%	64%	64%
White	66%	67%	76%	65%
Multiethnic	72%*	66%*	63%*	68%*
All other	69%*	69%*	**	**

Source: Center for the Study of Child Care Employment, University of California, Berkeley

*Interpret with caution due to small sample size (n<50).

**Data suppressed due to small sample size (n<10).

Three or More Chronic Health Conditions

Because certain chronic conditions tend to occur together, the physical health of early educators is often assessed by looking at the prevalence of comorbidities (chronic conditions that exist at the same time but may or may not be related). Having three or more chronic conditions can be indicative of poorer health status (Whitaker et al., 2013).

About one quarter of educators had three or more chronic conditions, and the differences across educator types were much smaller compared to differences in rates of having any chronic condition. There are striking differences in rates of comorbidities by program funding type, country of birth, and race and ethnicity (**Table 6**). Notably, the rate of having three or more comorbidities was higher for educators in Head Start/Title 5-funded programs, compared to their peers in all other funding types, except for FCC providers. Head Start/Title 5-funded FCC providers were less likely to have at least three comorbidities, compared to FCC providers with other types of funding. Incidence of three or more chronic conditions was at least eight percentage points lower for educators born outside the United States, compared to their U.S.-born counterparts.

In contrast to the pattern observed for rates of at least one chronic condition (**Table 5**), Black and White educators were more likely to have at least three chronic conditions, compared to their Asian and Latina peers (**Table 6**).

TABLE 6. EDUCATORS WITH THREE OR MORE CHRONIC HEALTH CONDITIONS

California ECE Workforce, 2023

	FCC Provider (N=442-470)	Center Director (N=423-460)	Center Teaching Staff (N=379-386)	TK Teacher (N=304-316)
All respondents	23%	25%	25%	22%
Program Funding Type				
Head Start/Title 5	15%	37%	29%	-
All other funding	25%	22%	18%	-
Primary Age Served				
Infant/toddler (0 to 2 years)	20%	-	20%	-
Preschool (3 to 5 years)	26%*	-	25%	-
Multiple ages	23%	-	36%	-
Country of Birth				
Born in the United States	26%	27%	27%	24%
Born in another country	16%	14%	19%	12%*
Race/Ethnicity				
Asian	21%*	11%*	22%*	19%*
Black	30%*	37%*	24%*	**
Latina	14%	21%	20%	21%
White	30%	25%	31%	24%
Multiethnic	26%*	28%*	21%*	24%*
All other	27%*	34%*	**	**

Source: Center for the Study of Child Care Employment, University of California, Berkeley

*Interpret with caution due to small sample size (n<50).

**Data suppressed due to small sample size (n<10).

Health Concerns

Educators were asked to rate their level of concern about four health situations: exposure to infections at work; working with children who are not vaccinated; injury at work; and having to work longer hours to clean and sanitize.

About one quarter of FCC providers and center teaching staff were concerned about being exposed to infections at work, and about 20 percent were concerned about working with children who are not vaccinated. FCC providers were mostly likely to also be concerned about working longer hours to sanitize and about getting injured while working (**Table 7**).

TABLE 7. EDUCATORS’ CONCERN ABOUT SELECT HEALTH SITUATIONS

California ECE Workforce, 2023

	FCC Provider (N=522)	Center Director (N=500)	Center Teaching Staff (N=431-433)	TK Teacher (N=341)
Being exposed to infections at work	24%	12%	24%	22%
Working with young children who are not vaccinated	18%	11%	20%	18%
Getting injured while performing regular duties	19%	9%	15%	7%
Working long hours to clean and sanitize	29%	7%	13%	8%

Source: Center for the Study of Child Care Employment, University of California, Berkeley
Table reflects the proportion of respondents indicating “very concerned” about various health situations.

Overall Physical Health

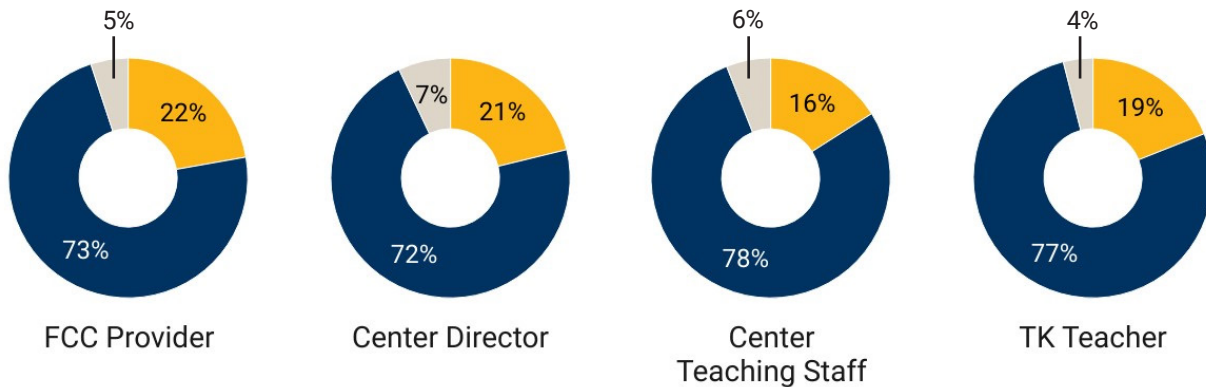
To get a sense of how educators perceive their overall health, educators were asked to rate their physical health as “poor,” “good,” or “excellent.”

The majority of educators (more than 90 percent) rated their overall health as good or excellent. While about one fifth of FCC providers, center directors, and TK teachers rated their physical health as excellent, a smaller proportion of center teaching staff gave their health an “excellent” rating (**Figure 3**).

FIGURE 3. EDUCATORS’ SELF-REPORTED OVERALL PHYSICAL HEALTH

California ECE Workforce, 2023

Excellent Good Poor



Source: Center for the Study of Child Care Employment, University of California, Berkeley
FCC Provider N=513; Center Director N=494; Center Teaching Staff N=430; TK Teacher N=335

There are also notable differences by race and ethnicity (**Table 8**). Among FCC providers, Black educators were the most likely (26 percent) and White educators the least likely (20 percent) to give their overall health an “excellent” rating. Among center directors, Black educators were the least likely (11 percent) and White educators the most likely (26 percent) to rate their health as excellent. For center teachers and TK teachers, Latina center teachers and White TK teachers were most likely to rate their health as excellent, compared to their peers of other races and ethnicities.

TABLE 8. EDUCATORS WHO SELF-RATED OVERALL PHYSICAL HEALTH AS “EXCELLENT”

California ECE Workforce, 2023

	FCC Provider (N=477-502)	Center Director (N=450-480)	Center Teaching Staff (N=422-430)	TK Teacher (N=321-330)
All respondents	22%	21%	16%	19%
Program Funding Type				
Head Start/Title 5	19%	17%	14%	-
All other funding	23%	24%	20%	-
Primary Age Served				
Infant/toddler (0 to 2 years)	16%	-	13%	-
Preschool (3 to 5 years)	6%*	-	19%	-
Multiple ages	24%	-	10%	-
Country of Birth				
Born in the United States	21%	21%	16%	19%
Born in another country	26%	23%	17%	11%*
Race/Ethnicity				
Asian	23%	23%*	12%*	12%*
Black	26%	11%*	13%*	**
Latina	22%	19%	20%	14%
White	20%	26%	17%	23%
Multiethnic	25%*	16%*	7%*	11%*
All other	25%*	16%*	10%*	**

Source: Center for the Study of Child Care Employment, University of California, Berkeley

*Interpret with caution due to small sample size (n<50).

**Data suppressed due to small sample size (n<10).

Conclusion

Our findings show that early educators are grappling with a number of underlying physical and emotional health issues. Many early educators have elevated levels of stress, often accompanied by significant depressive symptoms. This latter concern was most pronounced among center teaching staff, with about two thirds (65 percent) experiencing high stress levels and more than one third (39 percent) showing evidence of significant depressive symptoms.

Educators are also struggling with aspects of their physical health. Of note, lack of sleep among educators ranges from 42 percent of TK teachers to 54 percent of center teaching staff, occurring at a rate that far exceeds that of the U.S. adult population (33 percent) (Centers for Disease Control and Prevention, 2016). A considerable portion of educators had at least one chronic condition, and about one quarter wrestled with three or more such conditions. These findings are especially concerning given that experiences of negative physical and emotional well-being can reinforce one another (National Institute of Mental Health, n.d.).

Despite facing many health challenges, it is intriguing that early educators overwhelmingly rated their overall health as “good” or “excellent.” While self-rated health is a commonly used indicator for evaluating one’s general health status, it is important to recognize that certain aspects of the methodology might contribute to the inconsistencies in our current findings. For instance, when individuals assess their overall health, they consider a wide range of factors, encompassing biological, mental, social as well as functional aspects of themselves (Jerkovic et al., 2017). The specific factors integrated into this assessment and the weight assigned to each may vary based on an individuals’ unique circumstances (Jylha, 2009), resulting in variations in the indicator that may not accurately reflect their true health status.

The precise ways in which early educators integrate and weigh their various contextual factors when rating their overall health remains uncertain. However, it is plausible that early educators might prioritize elements of their personal and professional lives in ways that do not align with other measures of their physical and emotional well-being. Additionally, research indicates that individuals may not always provide accurate self-assessments of their health using this approach (Zajacova & Dowd, 2011).

Some researchers have suggested giving more attention to “poor” ratings in self-rated health, as “good” self-rated health is not always a reliable indicator of actual health status (Jylha, 2009). In that case, reliance on self-rated health as the only measure of educators’ well-being could potentially overlook a significant portion of early educators who are grappling with physical and emotional health challenges and in need of support. This apparent inconsistency should serve as a reminder to researchers and decision-makers that dimensions of well-being are multifaceted, underscoring the need to use various indicators and measures to comprehensively assess them, particularly when it comes to policy decisions.

Many educators in our sample also reported having strategies to manage stress and maintain a healthy lifestyle. While encouraging, this finding may well reflect efforts by educators to navigate and cope with their stressful situations rather than showcasing evidence of effective strategies for self-care. At the root of educator well-being are their persistently poor working conditions, characterized by insufficient compensation and inadequate workplace support, which can exacerbate the strain from an already-

demanding job. Access to good wages and benefits that support emotional and physical well-being should, therefore, be a primary target of any effort to improve the quality of early care and education.

Our findings also show disparities in well-being indicators based on the various characteristics we examined, including race and ethnicity. Such outcomes are not surprising, given the known interplay among health disparities, racial identity, and experiences of economic hardship (Centers for Disease Control and Prevention, 2013). Likewise, labor performed by women (especially women of color) has been historically undervalued, and racial wage gaps in the ECE workforce persist (Austin et al., 2019). Therefore, it is important to understand how differences by race and ethnicity observed in our findings are linked with systemic racism in order to generate strategies that disrupt these structural inequities.

In light of our findings, there is an urgent need for California policymakers to:

- Enact policies that improve educator compensation and supports, including building on the recently established FCC provider health and retirement initiatives to expand access to all early educators;
- Ensure public funds are sufficient to cover the true cost of care and to implement systemic changes that address the conditions contributing to disparities in workforce well-being; and
- Fund and make available evidence-based, comprehensive workplace well-being strategies that promote emotional support and self-care practices among early educators.

References

- Austin, L.J.E., Edwards, B., Chávez, R., & Whitebook, M. (2019). *Racial Wage Gaps in Early Education Employments*. Center for the Study of Child Care Employment, University of California, Berkeley. <https://cscce.berkeley.edu/publications/brief/racial-wage-gaps-in-early-education-employment/>
- California Resource & Referral Network (2023). *California Resource & Referral Network 2021 Portfolio*. https://rrnetwork.org/research/child_care_portfolio
- Centers for Disease Control and Prevention. (2013). CDC Health Disparities and Inequalities Report - United States, 2013. *Morbidity and Mortality Weekly Report* 62(3), 1–186. <https://www.cdc.gov/mmwr/pdf/other/su6203.pdf>
- Centers for Disease Control and Prevention. (2016). *1 in 3 adults don't get enough sleep*. CDC Newsroom. <https://archive.cdc.gov/#/details?url=https://www.cdc.gov/media/releases/2016/p0215-enough-sleep.html>
- Cumming, T. (2017). Early childhood educators' well-being: An updated review of the literature. *Early Childhood Education Journal* 45, 583–593. <https://link.springer.com/article/10.1007/s10643-016-0818-6>
- Jerkovic, O.L., Sauliune, S., Sumskas, L., & Birt, C.A. (2017). Determinants of self-rated health in elderly populations in urban areas in Slovenia, Lithuania and UK: Findings of the EURO-URHIS 2 survey. *European Journal of Public Health*, 27(2), 74-79. <https://doi.org/10.1093/eurpub/ckv097>
- Jylha, M. (2009). What is self-rated health and why does it predict mortality? Towards a unified conceptual model. *Social Science & Medicine*, 69, 307-316. <https://doi.org/10.1016/j.socscimed.2009.05.013>
- Montoya, E., Austin, L.J.E., Powell, A., Kim, Y., Copeman Petig, A., & Muruvi, W. (2022). *Early Educator Compensation: Findings From the 2020 California Early Care and Education Workforce Study*. Center for the Study of Child Care Employment, University of California, Berkeley. <https://cscce.berkeley.edu/publications/report/early-educator-compensation/>
- Morissette, R., & Qiu, H. (2023). *Work Absences Due to Injury or Illness and Employee Retention in the Child Care Services Industry Before the COVID-19 Pandemic*. Analytical Studies Branch Research Paper Series. Statistics Canada. <https://www.doi.org/10.25318/11f0019m2023005-eng>
- National Institute of Mental Health (n.d.). *Chronic Illness and Mental Health - Recognizing and Treating Depression*. U.S. Department of Health and Human Services. <https://www.nimh.nih.gov/health/publications/chronic-illness-mental-health>
- Roberts, A.M., Gallagher, K.C., Daro, A.M., Iruka, I.U., & Sarver, S.L. (2019). Workforce well-being: Personal and workplace contributions to early educators' depression across settings. *Journal of Applied Developmental Psychology* 61, 4–12. <http://dx.doi.org/10.1016/j.appdev.2017.09.007>

- Snyder, K., Hill, M., Lee, M., Crawford, T.N., & Orlowski, M. (2020). The relationships between physical health and chronic disease, stress, and resource strain in Head Start employees. *Workplace Health & Safety* 68(4), 190–201. <https://doi.org/10.1177/2165079919882952>
- Warttig, S.L., Forshaw, M.J., South, J., & White, A.L. (2013). New, normative, English-sample data for the Short Form Perceived Stress Scale (PSS-4). *Journal of Health Psychology* 18(12), 1617–1628. <https://doi.org/10.1177/1359105313508346>
- Whitaker, R.C., Becker, B.D., Herman, A.N., & Gooze, R.A. (2013). The physical and mental health of Head Start staff: The Pennsylvania Head Start Staff Wellness Survey, 2012. *Preventing Chronic Disease* 10, 130–171. <http://dx.doi.org/10.5888/pcd10.130171>
- Whitaker, R.C., Dearth-Wesley, T., Gooze, R.A., Becker, B.D., Gallagher K.C., & McEwen, B.S. (2014). Adverse childhood experiences, dispositional mindfulness, and adult health. *Preventive Medicine* 67, 147–153. <https://doi.org/10.1016/j.ypmed.2014.07.029>
- Whitebook, M., Sakai, L., Kipnis, F., Lee, Y., Bellm, D., Almaraz, M., & Tran, P. (2006). *California Early Care and Education Workforce Study: Licensed child care centers. Statewide 2006*. Center for the Study of Child Care Employment, and California Child Care Resource & Referral Network. <https://cscce.berkeley.edu/publications/report/california-early-care-and-education-workforce-study-licensed-childcare-centers-statewide-2006/>
- Zajacova, A., & Dowd, J.B. (2011). Reliability of self-rated health in US adults. *American Journal of Epidemiology*, 174(8), 977–983. <https://doi.org/10.1093/aje/kwr204>
- Zhang, W., O'Brien, N., Forrest, J.I., Salters, K.A., Patterson, T.L., Montaner, J.S.G., Hogg, R.S., & Lima, V.D. (2012). Validating a shortened Depression Scale (10 Item CES-D) among HIV-positive people in British Columbia, Canada. *PLoS ONE* 7(7), e40793. <https://doi.org/10.1371/journal.pone.0040793>

The Emotional and Physical Well-Being of Early Educators in California

© 2023 Center for the Study of Child Care Employment. All rights reserved.

Suggested Citation

Muruvi, W., Powell, A., Kim, Y., Copeman Petig, A., & Austin, L.J.E. (2023). *The Emotional and Physical Well-Being of Early Educators in California: Early Educator Well-Being Series*. Center for the Study of Child Care Employment, University of California, Berkeley. <https://cscce.berkeley.edu/publications/report/CA-emotional-physical-wellbeing-2023>

Acknowledgements

This report was generously supported with grants from the Heising-Simons Foundation, the Blue Shield of California Foundation, the David and Lucile Packard Foundation, and the Silicon Valley Community Foundation. We extend many thanks to Brandy Jones Lawrence, Elena Montoya, and Hopeton Hess for their contributions throughout the development and implementation of the survey.

The views presented herein are those of the authors and may not reflect the views of the report's funders or those acknowledged for lending their expertise or providing input.

Editor: Deborah Meacham

About CSCCE

Founded in 1999, the Center for the Study of Child Care Employment (CSCCE) is the national leader in early care and education workforce research and policy. We act on the premise that educators should be valued, respected, and guaranteed economic dignity and that the provision of early care and education is a public responsibility.

Center for the Study of Child Care Employment
Institute for Research on Labor and Employment
University of California, Berkeley
2521 Channing Way #5555, Berkeley, CA 94720
(510) 642-2035 | cscce.berkeley.edu

