



Surveillance over Childcare Staff Health and their Safety

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ABOUT THE STUDY

Because of the disproportionately high rates of chronic illness they experience, low-wage workers are key targets for workplace health and safety measures. Although child care facilities present a perfect chance to connect with some of the lowest paid workers, workplace intervention research have mostly disregarded these settings.

The main cause of death and disability in the United States (US) is chronic disease. At least one of 12 chronic illnesses affected 110 million Americans in 2013, or around half of all adults [1]. Low-wage employees are an especially susceptible group, with disproportionately high rates of chronic illness and shorter life expectancies. With 1.2 million people, the child care industry represents a major portion of the low-wage labour market.

There is little information available about the health of child care workers. In one large-scale survey of Pennsylvania Head Start personnel, approximately three-quarters reported one or more chronic health conditions; 12% evaluated their health as fair or poor; and 9.3 days were absent from work in the previous year due to illness or injury [2]. A few smaller studies have found that poor health habits (diet, physical exercise, and sleep), high rates of overweight and obesity, and higher mental discomfort are all factors. Child care workers appear to face serious health hazards that have mostly gone unnoticed.

Workplace health and safety programs have a high potential for addressing these health issues since they have been found to improve employee health (e.g., BMI, cholesterol, blood pressure) and health behaviours (e.g., physical activity, diet) [3]. According to the US Guide to Community Preventive Services, there is "substantial evidence" that worksite-based physical activity and nutrition programs can help prevent obesity.

Child care facilities are tiny businesses. As a result, programme and policy changes may be easier to implement, and their intimate culture may make it easier to encourage employee participation. Due to limited resources and capacity, smaller companies are less likely to offer such programs or policies.

Only one pilot study and one quasi-experimental study have attempted to intervene in child care settings to increase worker health. The pilot study found that BMI improved significantly (0.6 kg/m², p 0.001). In comparison, the quasi-experimental study found a substantial reduction in sugar sweetened beverages only (0.10 times per day vs. +0.37 times per day in intervention and controls, respectively, p<0.05) [4]. While discrepancies in design and intervention approaches are most likely to blame for inconsistencies in findings, these research show the promise of child care-based worksite health and safety initiatives.

We report Caring and Reaching for Health (CARE), an intervention study examining the effectiveness of a multi-level workplace-based intervention situated in child care centers and designed to enhance physical activity and improve other health habits among employees [5]. This is one of the first studies of its sort, and it will help to fill a research gap on measures to increase health among low-wage employees. SPIRIT (Standard Protocol Items: Recommendations for Interventional Trials) recommendations governed study component reporting. The facilities' baseline demographics, as well as behavioral and health characteristics of child care employees, are reported.

The CARE study is the first randomized controlled experiment to encourage physical activity and other health behaviours while also creating a supportive work environment for a diverse sample of low-wage child care facility personnel. If proven effective, this complete multi-level intervention might be implemented in child care centers across North Carolina and nationally.

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