Aging, health and work

Wendy Pyper

As the baby-boom generation nears retirement and population growth slows, concerns of a labour shortage in coming years are being raised. Indeed, the percentage of workers within 10 years of the median retirement age reached 20% in 2002, up from 11% in 1987 (Statistics Canada 2004). On the other hand, more seniors are working. One in 12 seniors aged 65 or older was employed in 2001 (Duchesne 2004), some of them choosing part-time work as a transition to retirement (Pyper and Giles 2002). These trends have spurred a growing body of research focused on prolonging the workforce participation of older workers. The elimination of mandatory retirement and the introduction of workplace practices such as more flexible scheduling are examples of policies to address the issue. However, most attention has been on the majority of workers whose retirement is not health-related.

A recent study, however, indicated that one-third of recent retirees[1] left for health reasons (Morissette, Schellenberg and Silver 2004). The tacit assumption of most retirement research seems to be that deteriorating health is a direct function of aging and little can be done to prolong the careers of these individuals. Yet most people remain physiologically quite resilient into their senior years. Prompt medical intervention and policies favouring rehabilitation and re-integration into the workforce could help prolong careers. Anecdotal reports show that some companies are very effective at re-integrating ill, injured or disabled workers into productive jobs (Johne 2005). Could successful strategies such as flexible hours, appropriate equipment, telecommuting, and job sharing be applied on a broader basis, thereby allowing individuals facing health challenges to remain in or re-enter the workforce? This article uses the 2003 Canadian Community Health Survey (CCHS) to compare the health status of working individuals aged 50 to 69 with their contemporaries who are not working for health or other reasons (see *Data sources and definitions*). Chronic conditions and lifestyle choices are also examined.

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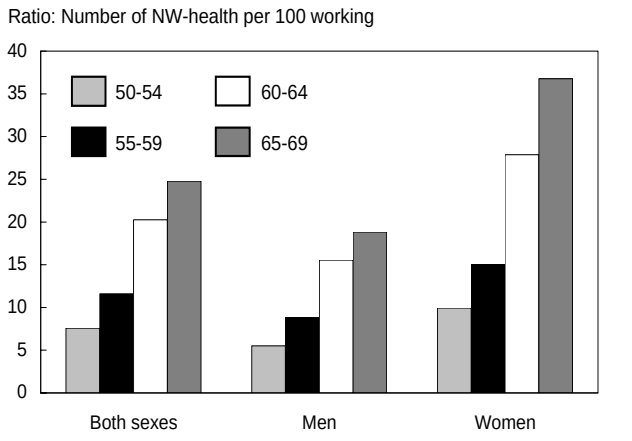
More older women not working because of their health

In 2003, of the more than 6 million people aged 50 to 69, almost 4 million were working[2] and over 2 million were not. Reasons for not working include retirement, unemployment, personal or family responsibilities, illness or disability, or being permanently unable to work (Table 1). While retirement was the reason given most often,[3] nearly half a million were not working for health-related reasons.

For every 100 working men aged 50 to 54 in 2003, only 6 were not working because of ill health (Chart A). By age 65 to 69, this had tripled to 19. For women, the ratio was substantially higher and the increase by age larger. For every 100 working women aged 50 to

Chart A Not working because of ill health increases sharply with age.



Source: Canadian Community Health Survey, 2003

Table 1 Labour force activity of older Canadians

	50 to 54		55 to 59		60 to 64		65 to 69	
	'000	%	'000	%	'000	%	'000	%
Both sexes	2,198		1,861		1,430		1,155	
Working	1,754		1,250		638		228	
Not working	328	100	521	100	714	100	872	100
Health-related	133	41	145	28	129	18	57	6
Other reasons	195	59	376	72	585	82	816	94
Men	1,083		929		722		549	
Working	931		698		394		153	
Not working	95	100	182	100	280	100	367	100
Health-related	51	54	62	34	61	22	29	8
Other reasons	44	46	120	66	219	78	339	92
Women	1,115		932		708		606	
Working	823		553		244		76	
Not working	233	100	339	100	434	100	505	100
Health-related	82	35	83	25	68	16	28	6
Other reasons	151	64	255	75	366	84	477	94

Source: Canadian Community Health Survey, 2003

54, 10 were not working for health reasons; by age 65 to 69, this had risen nearly fourfold. One of the factors behind the increase is the steep decline (relative to men) in the number of older women working. At age 50 to 54, only slightly more men than women were working (930,900 versus 823,300); by age 65 to 69, this had increased to twice as many (152,800 versus 75,700).

In the youngest age group (50 to 54), 54% of the men who were not working had health-related reasons and indeed reported poor and declining health more often than those working; the percentage for women was 35%. This age group is considered to be of prime working age and likely in their final decade of employment before retirement. Although this age group is not normally thought to be plagued by ill health, health concerns appear to be affecting the employability of some 50 to 54 year-olds, many of whom might take part in the labour force if their health were better or modifications were made to their job or workplace.

Physical and mental health problems common

Regardless of age, the majority of older workers stated that, overall, they were in excellent or very good health. By contrast, the majority of those not working because of ill health (for example, 72% for 50 to 54 year-olds) rated their overall health as fair or poor (Table 2). Three in 10 reported a health decline since the previous year, compared with 1 in 10 workers or those not working for other reasons.

Health status includes both physical and mental health. Older workers showed a bright picture, with 3 in 4 assessing their mental health as very good or excellent. However, the situation was quite different for those not working for health-related reasons. Among those in their 50s, almost 25% rated their mental health as fair or poor, compared with less than 5% of those who were working. This indicates troubling times for those who, by virtue of their health, are unable to work.

Stress is another common concern affecting Canadians of all ages. In fact, over a quarter rated their day-to-day lives as quite or extremely stressful (Shields 2004). Stress as a result of work, family or social commitments can lead to a variety of negative consequences including the deterioration of mental and physical health (Shields 2004; Statistics Canada 2001). High stress is associated with developing chronic conditions including back problems and arthritis or rheumatism for both men and women, heart disease for men, and asthma and migraine for women.

Quitting work does not mean an end to stress. Not surprisingly, those not working for reasons other than health were less stressed. Regardless of age, over half reported low stress with relatively few reporting high stress (10%). A bleaker picture emerges for older Canadians who were not working because of poor health. Almost a third reported high stress—more than those working.

Men in their 50s who were not working because of ill health were the most stressed group—close to half aged 50 to 54 reported high stress levels. This may reflect the level of disability or medical condition, the economic cost of not working, or being of prime working age yet unable to work (data not shown).

Table 2 Self-assessed physical and mental health and stress levels, by age

		Not working			Not working	
	Working	Health	Other	Working	Health	Other
			%			
	50 to 54			**55 to 59**		
Current health status						
Excellent or very good	59	9[E]	49	57	7[E]	52
Good	32	19	36	32	23	35
Fair or poor	9	72	15	11	70	13
Health compared with last year						
Somewhat or much better	18	15	18	16	14	17
Same	73	52	72	74	50	73
Somewhat or much worse	10	33	10	10	36	10
Current mental health status						
Excellent or very good	76	34	67	74	44	71
Good	19	39	25	21	27	23
Fair or poor	4	23	6[E]	3	23	4
Self-perceived stress						
Not at all or not very	28	21	52	34	28	56
A bit	42	41	33	41	37	32
Quite a bit or extremely	30	37	14	25	34	11
	60 to 64			**65 to 69**		
Current health status						
Excellent or very good	53	10[E]	46	55	8[E]	41
Good	35	19	37	33	29	38
Fair or poor	12	70	17	12	62	20
Health compared with last year						
Somewhat or much better	14	17	15	12	19[E]	15
Same	75	50	73	78	46	72
Somewhat or much worse	12	33	12	10	35	14
Current mental health status						
Excellent or very good	75	40	72	76	42	71
Good	20	31	22	20	32	23
Fair or poor	3	17	4	2[E]	12[E]	4
Self-perceived stress						
Not at all or not very	41	36	60	49	40	60
A bit	38	35	31	35	34	30
Quite a bit or extremely	21	28	9	15	24	10

Source: Canadian Community Health Survey, 2003

Along with mental health and stress, impaired cognitive function (the ability to remember and to solve day-to-day problems) is a non-physical difficulty that hinders the ability to work. Cognitive problems are generally seen as part of aging and vary in severity.[4]

Over three-quarters of working men in their 50s reported being free of such difficulties, compared with less than half of those not working because of their health (Table 3). Memory and problem-solving abilities are crucial in many jobs, and impairments in these functions appear related to not working for health reasons.

Mobility is a key concern

Older working men and women had virtually no difficulties with mobility, unlike those not working because of their health. Indeed, among women aged 50 to 54 who were not working for health reasons,

Table 3 Prevalence of pain and disability days, by age and sex

		Not working			Not working	
	Working	Health	Other	Working	Health	Other
			%			
Men		**50 to 54**			**55 to 59**	
No cognitive problems	77	46[E]	85	77	43	67
No pain	87	25[E]	95	85	38[E]	78
Pain intensity, for those with pain						
Moderate or severe	54	94	F	62	90	F
Disability days in last two weeks						
Zero	88	53	89	89	50	88
1 to 7	8	23[E]	F	8	25	8[E]
8 to 14	4	23[E]	F	3	25	F
		60 to 64			**65 to 69**	
No cognitive problems	71	49	72	71	51[E]	70
No pain	83	38[E]	83	83	52[E]	87
Pain intensity, for those with pain						
Moderate or severe	72	91	60	F	F	80
Disability days in last two weeks						
Zero	90	61	90	90	66	90
1 to 7	6	20	7	8[E]	15[E]	6
8 to 14	4	19	3[E]	F	20[E]	4
Women		**50 to 54**			**55 to 59**	
No cognitive problems	71	57	66	77	53	76
No pain	78	30[E]	80	80	22[E]	80
Pain intensity, for those with pain						
Moderate or severe	68	90	F	66	86	71
Disability days in last two weeks						
Zero	81	43	85	82	43	85
1 to 7	15	28	11	14	30	11
8 to 14	5	28	4[E]	4	26	5[E]
		60 to 64			**65 to 69**	
No cognitive problems	76	57	72	72	58	73
No pain	75	43[E]	80	78	F	70
Pain intensity, for those with pain						
Moderate or severe	67	93	80	F	F	63
Disability days in last two weeks						
Zero	84	46	84	88	59	85
1 to 7	11	32	11	10[E]	19[E]	10
8 to 14	4[E]	21	4	F	22[E]	4

Source: Canadian Community Health Survey, 2003

half had mobility problems (Chart B). Such difficulties may present a barrier to employment in terms of accessibility—transportation to and from work, and access to the workplace itself (see *Requirements of persons with disabilities*)

Most older Canadians have at least one chronic condition

Chronic health conditions can result in a financial burden, for both the individual and society, in terms of loss of employment and direct costs for health care. A

Requirements of persons with disabilities

The 2001 **Participation and Activity Limitation Survey** asked respondents with disabilities aged 50 to 64 if, because of their condition, they required specific job or workplace modifications. Of those who were in the labour force, the most common requirements were modified hours (18%) and job redesign (14%). By contrast, much higher rates were reported by those who were not in the labour force—34% and 31% respectively.

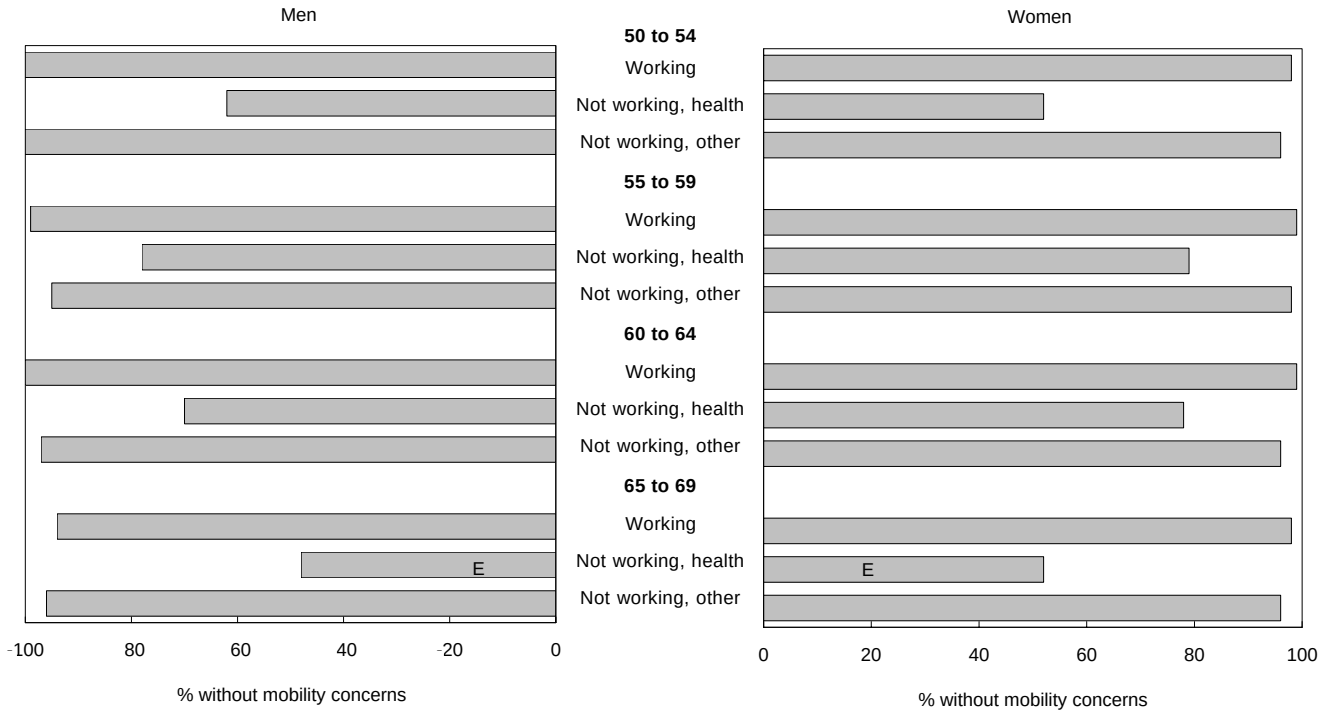
Furthermore, other findings have shown that the group not employed were more likely to have more severe activity limitations (Williams 2006). It is not surprising, therefore, that requirements for physical modifications in the workplace were more common. Accessible elevators (26%), appropriate parking (23%), and handrails or ramps (20%) were mentioned most often by this group. While it is not possible to determine if these people would or could return to work if such changes were made, they illustrate the type of workplace policies that could be put in place.

Job and workplace modifications required by persons with disabilities aged 50 to 64

	In labour force	Not in labour force
	%	
Job redesign	14	31
Modified hours	18	34
Human support	3[E]	7
Other equipment or work arrangement	4[E]	5
Handrail, ramps	4[E]	20
Appropriate parking	6	23
Accessible elevator	6[E]	26
Modified features	5[E]	19
Accessible washrooms	3[E]	17
Accessible transportation	2[E]	17

Source: Participation and Activity Limitation Survey, 2001

Chart B Among those not working because of their health, mobility is a key concern.



Source: Canadian Community Health Survey, 2003

reduced quality of life is also associated with many chronic conditions.[5] In the long term, some chronic conditions increase the likelihood of developing activity limitations. For both men and women aged 45 and over, heart disease, diabetes, migraine, arthritis/rheumatism and back problems are all associated with increased odds of activity limitation (Statistics Canada 2001). At least one chronic condition was reported by the vast majority of older workers, and virtually all those not working for health reasons (Table 4). Among workers, the likelihood of having a chronic condition increased with age (68% of men 50 to 54 had been diagnosed with a chronic condition compared with 83% aged 65 to 69). Women had higher rates.

Since arthritis, rheumatism or back problems may lead to chronic pain and loss of mobility, people with these conditions may find it difficult to work, particularly at physical jobs.[6] Generally, the prevalence of chronic health problems among working men and among men not working for reasons other than health was quite similar. These two groups were far less likely to suffer chronic conditions than men not working because of ill health. While one might expect older groups to have arthritis or rheumatism, fully half of men aged 50 to 54 not working because of ill health reported these conditions, compared with roughly 15% of other men. In fact, chronic conditions were often more than twice as likely to be reported by men not working for health reasons than by other men. However, high blood pressure showed a smaller difference. With treatment, this chronic condition need not prevent individuals from working.

For older women not working for health reasons, arthritis/rheumatism was the most commonly reported chronic condition, followed by back problems and high blood pressure. As with men, the

Data sources and definitions

The main source for this article is the 2003 **Canadian Community Health Survey** Cycle 2.1. The target population is all household residents aged 12 and older living in private occupied dwellings in all provinces and territories, except for Indian Reserves, Canadian Forces bases, and some remote areas. In all, 134,072 households were sampled.

For this article, persons aged 50 to 69 were selected. Individuals were categorized as **working** if they worked all or part of the previous year, **not working for health reasons** if they didn't work at all during the previous year and stated that this was because of their own illness or disability or they were permanently unable to work, or **not working for other reasons**. The latter include caring for their own children or elderly relatives, retirement, labour dispute, and layoff.

To account for survey design, the bootstrap technique was used to estimate variances and coefficients of variation. Differences specified in the text are significant using a p-value of 0.05.

Several self-reported measures of self-perceived overall health are used. **Current health status** refers to the current state of one's overall health. **Health compared with last year** refers to the change in overall health compared with one year ago. **Stress** refers to the amount of stress in most days of the respondent's life.

Chronic conditions refer to long-term conditions that were expected to last or had already lasted six months or more and were diagnosed by a health professional. Besides the specific conditions listed in the tables, other conditions were included in the counts for the prevalence of multiple chronic conditions. Among these were cancer, ulcers, effects of stroke, cataracts, glaucoma, chronic bronchitis, and emphysema.

Respondents were asked if they were *usually* free of **pain** or discomfort. For those who were not pain-free, **intensity** relates to the *usual* intensity of the pain or discomfort.

Disability days refer to the number of days in the past two weeks the respondent stayed in bed or cut down on activities because of illness or injury.

Several **health behaviours** are included in this study.

Smoking: Based on their lifetime cigarette consumption, respondents were categorized as a non-smoker (never smoked), a former smoker (either daily or occasional), or a current smoker (either daily or occasional).

Alcohol usage: Based on the previous 12 months of alcohol use, respondents were categorized into three groups: didn't drink at all, never had five or more drinks on one occasion, or had five or more drinks on at least one occasion.

Body mass index (BMI): Respondents were asked their height and weight, and a body mass index was calculated. Individuals were categorized using this international standard into three groups: *Least health risk* describes those in the normal range (BMI = 18.5 to 25.0), *increased health risk* those underweight (BMI less than 18.5) or overweight but not obese (BMI = 25.0 to 30.0), and *high-to-extreme health risk* those who are obese (BMI greater than 30.0).

The 2001 **Participation and Activity Limitation Survey** was also used in this article. This postcensal survey collects information on persons with disabilities—those who reported difficulties with activities of daily living or who indicated that a physical or mental condition or health problem reduced the amount or kind of activities they could do. For this article, only those aged 50 to 64 were selected.

Table 4 Selected chronic health conditions, by age and sex

	Not working		Not working	

pattern of health conditions for working women was similar to that of women not working for other reasons. The exception was women aged 65 to 69 where the working group often fared better, indicating that healthy older women are more likely to be working. Also, as with men, women not working because of ill health were often more likely to report chronic conditions. That is, women not working for other reasons had similar health to the working population, while those citing health as their reason for not working appeared to be far worse off.

Working men under 65 were substantially more likely than women to suffer from heart disease. The prevalence for men was often double.[7]

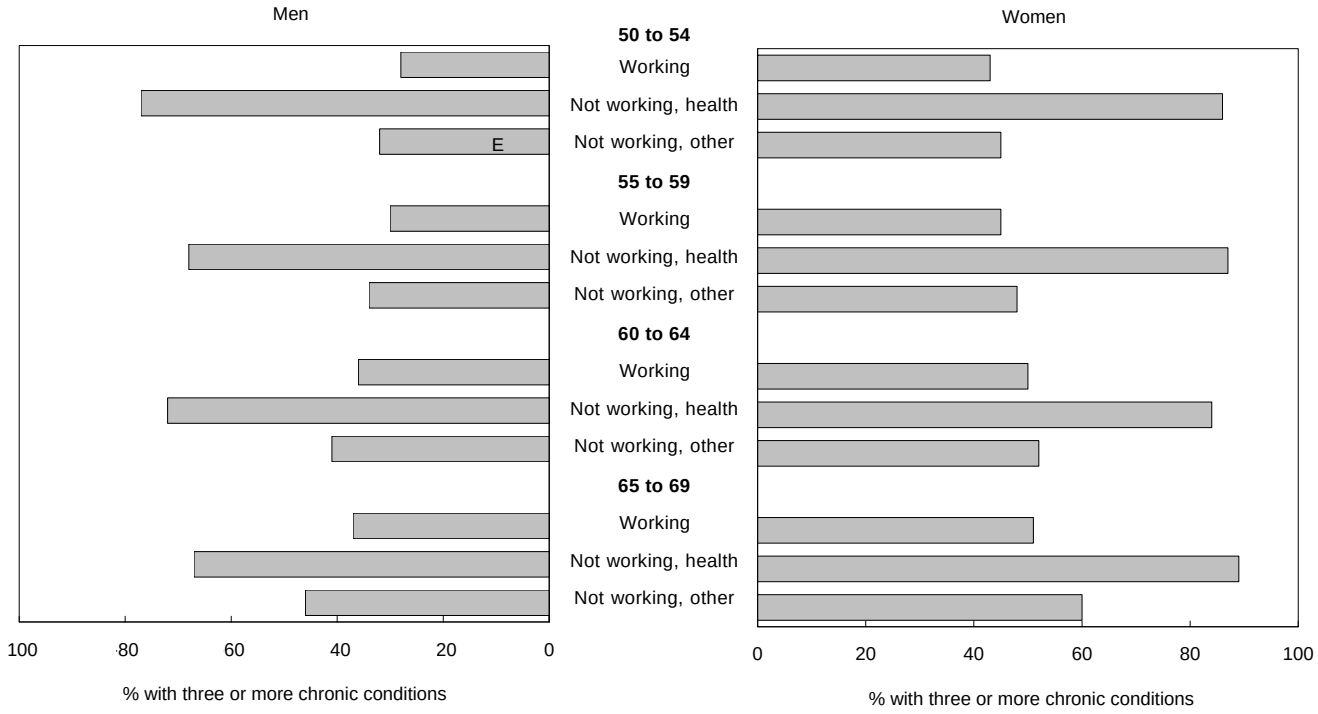
Almost all those not working because of ill health suffered multiple chronic conditions

While any one chronic condition may lead to withdrawal from the labour market, having several is strongly associated with not working. Seven in 10 older men who were not working because their health was poor suffered from three or more conditions; the rate for women was even higher, approaching 9 in 10 (Chart C). Indeed, these rates were much higher than for the working population and those not working for other reasons.

The impact of pain is clear

Chronic pain leads to more disability days, hospital days, and doctor's visits (Millar 1996). Sleep disorders are also common among chronic pain sufferers. Several chronic conditions experienced by older people—for example, arthritis, rheumatism, back problems and migraine—can cause pain, thereby affecting quality of life and the ability to work. Indeed, of those not working for health reasons, far fewer were pain-free (25% for men 50 to 54), compared with those working (87%) (Table 3). A generally smaller proportion of women than men reported no pain. This may not be surprising since incidences of several painful conditions such as arthritis/rheumatism, back problems and migraine are higher for women.

Chart C Multiple chronic conditions affect those not working for health reasons, especially women.



Source: Canadian Community Health Survey, 2003

The degree of pain is also important and plays a part in the relationship between working and not working. Substantially more of those not working for health reasons reported moderate or severe pain levels (roughly 9 in 10 in each age group) compared with those who were working.

To quantify the impact of health problems, the CCHS collected information on the number of days individuals stayed in bed or cut down on their activities in the two weeks prior to the interview. While this does not distinguish relatively minor illnesses from more serious ones, it does present the overall effect of health problems. Those not working for health reasons reported far more such disability days. This held for both sexes and all age groups. Working women were slightly less likely than men to report no disability days, perhaps because of differences in chronic conditions and pain levels. For older women who were unable to work because of poor health, roughly 1 in 5 reported staying in bed or cutting down activities for 8 to 14 days.

Risk factors associated with not working for health reasons

Smoking, alcohol and obesity affect physical and even psychological well-being, which in turn may affect the ability to work.[8] For older men and women, those not working for health reasons were generally more likely to smoke or have a body mass index in the high-to-extreme health-risk range. For example, for men aged 50 to 54, 42% of those not working for health reasons smoked (34% for women) compared with 26% of those working (22% for women) (Table 5). In terms of body mass index, 30% of women aged 50 to 54 who were not working for health reasons fell into the high-to-extreme range compared with 15% of those working. Although causality cannot be determined, these risk factors appear to be associated with not working for health reasons. Since several chronic conditions (such as arthritis/rheumatism, back problems, diabetes, heart disease and high blood pressure) are related to either obesity or smoking, the conditions themselves may be affecting the ability to work. Changes to smoking, eating and activity patterns, especially before conditions become severe, may help lengthen working life.[9]

Alcohol use does not appear to follow the same pattern. In fact, many not working for health reasons reported not drinking in the previous 12 months. Fully half of those aged 50 to 54 who did not work for health reasons reported not drinking during the year, compared with generally less than a quarter of those working or those not working for other reasons. This may be due to the group's general poor health and their likely higher use of medication—alcohol being contraindicated in many cases.

Conclusion

In 2003, nearly half a million people between 50 and 69 were unable to work for health-related reasons. Either they were permanently unable to work or they had an illness or disability that prevented them from working.

While most who were working reported excellent or very good health, the majority of those not working for health reasons reported fair to poor health. In addition, 3 in 10 in the latter group reported that their health had declined since the previous year, substantially higher than the 1 in 10 who were working.

A bleak picture appears in the area of mental health among those not working for health reasons. Almost 25% in their 50s reported their mental health as fair or poor, and almost 4 in 10 reported high levels of stress. On the other side of the coin, 3 in 4 workers reported very good or excellent mental health.

While those working rarely faced difficulties getting around, those not working for health reasons often had mobility concerns. Adaptations to the workplace and facilitating transportation may make it easier in this regard.

While many older workers had at least one chronic condition, virtually all of those not working because of ill health had at least one such condition, with the vast majority reporting multiple conditions. Arthritis/rheumatism, back problems, high blood pressure and heart disease are common conditions among those not working for health reasons.

Pain is clearly a concern for older people, especially for those not working because of their health. Only 25% of men 50 to 54 in this situation reported being pain-free, compared with 87% of those working. While the presence of certain chronic conditions is likely behind these differences, alleviating pain could enable some to return to the labour market.

Smoking and unhealthy weight are strongly associated with not working for health reasons. Those not working for health reasons were much more likely than workers to smoke or to have a body mass index within

Table 5 Lifestyle behaviours, by age and sex

		Not working			Not working	
	Working	Health	Other	Working	Health	Other
				%		
Men		**50 to 54**			**55 to 59**	
Smoking						
Never smoked	19	11[E]	17[E]	19	16[E]	21
Former smoker	55	47	58	59	50	59
Current smoker	26	42	26[E]	21	34	20
Drinking in past 12 months						
Did not drink	14	50	19[E]	14	40	18
Never 5 or more drinks on one occasion	40	27	43	46	34	40
5 or more drinks on at least one occasion	46	22[E]	37	39	25	42
Body mass index						
Least health risk	33	30	46	32	29	36
Increased health risk	47	36	40	47	40	42
High to extreme health risk	20	31[E]	14[E]	20	30	22
		60 to 64			**65 to 69**	
Smoking						
Never smoked	20	17[E]	18	18	F	17
Former smoker	63	51	67	66	64	68
Current smoker	17	32	16	17	19[E]	15
Drinking in past 12 months						
Did not drink	15	34	15	19	35	20
Never 5 or more drinks on one occasion	51	45	49	54	51	54
5 or more drinks on at least one occasion	34	20	36	27	13[E]	25
Body mass index						
Least health risk	35	30	34	34	38	35
Increased health risk	45	46	48	45	37	47
High to extreme health risk	19	24	18	20	24	17
Women		**50 to 54**			**55 to 59**	
Smoking						
Never smoked	32	28	42	34	28	36
Former smoker	45	38	39	45	37	47
Current smoker	22	34	19	20	35	17
Drinking in past 12 months						
Did not drink	17	50	25	21	38	26
Never 5 or more drinks on one occasion	62	41	58	63	48	60
5 or more drinks on at least one occasion	20	8	16	15	13[E]	13
Body mass index						
Least health risk	48	31	42	43	36	44
Increased health risk	33	36	29	36	28	37
High to extreme health risk	15	30	25	18	32	17
		60 to 64			**65 to 69**	
Smoking						
Never smoked	36	36	39	41	43	42
Former smoker	47	43	46	46	42	43
Current smoker	16	21	15	13	15[E]	15
Drinking in past 12 months						
Did not drink	24	54	30	27	58	31
Never 5 or more drinks on one occasion	66	43	61	67	39	61
5 or more drinks on at least one occasion	10	F	9	6[E]	F	7
Body mass index						
Least health risk	44	30	41	45	31[E]	40
Increased health risk	32	33	37	38	30	40
High to extreme health risk	21	34	19	16	32	18

Source: Canadian Community Health Survey, 2003

the high-to-extreme health-risk range. Workplace initiatives such as programs to quit smoking, exercise, and manage weight may help at least some of those currently at risk to remain in the workforce. The promotion of healthy living generally may lead to improved health among older people, allowing them to remain longer in or return to the workforce.

The upcoming retirement wave of baby boomers is considered a potential cause of future labour shortages. Various policies to prolong workforce participation appear to be encouraging at least some older workers to continue working. However, the elimination of mandatory retirement and the introduction of more flexible workforce practices may not help those with health difficulties. Since their circumstances are different, different measures may be required. Appropriate medical intervention and workplace policies facilitating the participation of these less healthy individuals may allow more older people to remain working, or allow those who have ceased work to return.

Perspectives

Notes

1 Recent retirees refers to individuals aged 50 or older who (first) retired between 1992 and 2002. See Morissette, Schellenberg and Silver for more information.

2 Over three million were working full time and almost 700,000 part time.

3 In the 50-to-69 age group, the majority of those not working for reasons other than health were retired (92% of men and 82% of women). The percentages increased with age. Among those 50 to 54, 53% of men and 37% of women gave retirement as their reason for not working. For those 55 to 59, the percentages were 83% for men and 70% for women, while for those in their 60s, the percentages rose to over 90% for men and 89% for women.

4 While a breakdown of the severity of cognitive problems is available, sample sizes are not large enough for analysis.

5 Conditions with the highest impact on quality of life for older Canadians are Alzheimer's disease, effects of stroke, epilepsy, urinary incontinence, bowel disorders, cataracts, and bronchitis/emphysema (Schultz and Kopec 2003). This study discusses differences between men and women but not age groups.

6 It would be interesting to look at the relationship with occupation. However, people who had not worked during the past 12 months were not asked the occupation of their last job. In fact, occupational differences between men and women may explain some of the differences in the prevalence of certain chronic conditions.

7 It is not known if this difference is partly because women are sometimes not diagnosed with heart disease, since they present with different symptoms.

8 It may also be that not working leads to unhealthy behaviours, or at least contributes to maintaining them.

9 Martel et al. found that unhealthy behaviours may not affect the health of those in middle age but may eventually catch up with seniors.

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