

You wear it well: Health of older workers

Susan Crompton

The aging of the workforce is of growing interest to employers and human resource professionals. One reason is that health often begins to deteriorate as people age. This may mean simply a few extra days off work each year, or it could lead to a shift from full- to part-time status for some workers. In addition, employers who provide health care benefits may need to pay higher insurance premiums associated with increased pay-outs.

This article presents selected health indicators for workers aged 50 to 64 to assess whether their health differs much from that of workers in their thirties (see *Definitions*). It makes no attempt to link health status and socioeconomic characteristics, which play a large role in an individual's health; these factors are more properly discussed in other journals.¹ Indicators for men and women are examined separately, because their health profiles and work history differ considerably, especially among older workers. And since most adult men are full-time workers, indicators are provided only for men employed 30 hours or more per week² (see *Data sources*).

Some health indicators for men employed full time

Almost 6 million adult men worked full time in 1994. One-fifth of them were between 50 and 64 years old; over one-third were between 30 and 39 (Chart A). Most believed they were in good shape, with one-quarter of older workers describing their health as excellent. And they seem to be justified in doing so. Almost no men aged 50 to 64

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Definitions

Worker: adult aged 25 to 64 working for pay or profit at the time the survey was conducted. National Population Health Survey (NPHS) data include self-employed workers as well as those working for others; the General Social Survey (GSS) data on health insurance provided by employers cover employees only.

Full-time: working 30 hours or more per week in the main job

Part-time: working less than 30 hours in the main job

Older: worker aged 50 to 64

Younger: worker aged 30 to 39

Cognitive function: ability to remember things, to think clearly and to solve day-to-day problems. Cognitive function is measured on a five-point scale ranging from "no cognitive problems" to "a great deal of difficulty in thinking or solving problems, and/or very forgetful or unable to remember."

Dexterity: ability to use hands or fingers and to grasp and manipulate small objects like pencils and scissors. It is measured on a three-point scale ranging from "no problems" to "need help."

Disability days: the total number of days during the two weeks preceding the survey in which a worker stayed in bed all or most of the day, or cut down on activities for all or most of the day, because of illness or injury.

Injury: injury that occurred sometime in the 12 months preceding the survey and was serious enough to limit normal activities, for example, a broken bone, bad cut or burn, sore back, sprained ankle or poisoning.

working full time had difficulty speaking, using their hands (dexterity), or getting around (mobility). But compared with men in their thirties, they were much less likely to have 20/20 vision (79% wore

Long-term health condition: a health condition diagnosed by a health professional that has lasted or is expected to last 6 months or more. An individual may have more than one long-term health condition. Also referred to as *chronic health problem*.

Mobility: ability to walk around the neighbourhood without mechanical supports such as braces, cane or crutches. It is measured on a four-point scale ranging from "no problems" to "cannot walk."

Pain or discomfort: to some extent may limit normal day-to-day activity. It is measured on a five-point scale ranging from "no pain or discomfort" to "pain prevents most activities."

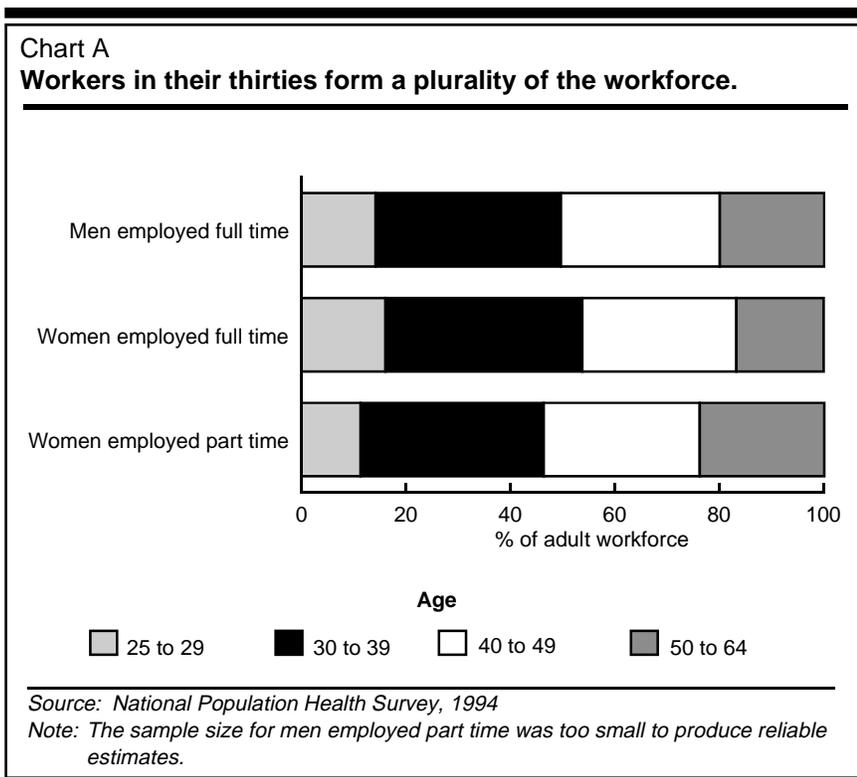
Speech: ability to be understood completely in one's own language when one is talking to strangers who speak the same language. Speech function is classified as "no problem" or "partially/not understood."

Vision: ability to see. It is measured on a five-point scale ranging from "no problems" and "problem corrected by lenses" to "incorrectable problems and no sight."

Visits to doctor: number of consultations with a general practitioner or other medical doctor in the previous 12 months. No visits would be counted as "less than three visits."

Statistically significant difference: the difference between two sample estimates – for example, incidence of arthritis in two separate age groups – is sufficiently large that there is a 95% probability that actual values are different in the population.

glasses, versus 26% of men 30 to 39) and their hearing was less acute (about 6% had some trouble hearing clearly, compared with almost no younger workers).



thirds of older workers reporting pain or discomfort acknowledged that it prevented them from participating in at least a few normal activities;⁴ by contrast, only about half the younger men living with pain reported that it limited their activities.

Even though they live with more pain than younger men, working men aged 50 to 64 are less likely to have taken time from work or other activities to recover from illness or injury. In the two weeks preceding the survey, only 8% versus 14% of men in their thirties had spent time in bed or had cut back on their activities.⁵ One reason for this difference may be that younger men are almost twice as likely to suffer injuries – 22% compared with 12% of working men aged 50 to 64. About half the injuries reported by both younger and older working men are job-related.

The apparent loss of some cognitive function (ability to remember and problem-solve) may lend some credence to the notion that the faculties do diminish with age; 28% of working men in their fifties and early sixties reported some difficulties. However, since 26% of men in their thirties also confessed to such lapses, the real issue is not the existence of some difficulty but rather its severity. In fact, older men simply describe themselves as “somewhat forgetful” more often than younger workers do (21% versus 15%).

Fear of losing one’s faculties as one grows older may be unfounded, but claims about the aches and pains of aging are borne out by the data. About 16% of working men 50 to 64 were troubled by pain or discomfort – versus less than 10% of workers in their thirties – and were more likely to be affected by it in their day-to-day lives. Almost two-

Table 1
Selected long-term health conditions, by workers’ age and status

	Men			Women					
	Full-time workers			Full-time workers			Part-time workers		
	All 25 to 64	30 to 39	50 to 64	All 25 to 64	30 to 39	50 to 64	All 25 to 64	30 to 39	50 to 64
	% reporting condition								
With long-term health condition*	47	44	60	50	48	55	56	49	73
Allergies	18	22	13	23	25	19	23	22	24
Arthritis or rheumatism	6	4	14	8	5	18	12	--	33
Asthma	4	5	--	5	4	--	6	--	--
Back problems**	15	13	20	12	12	13	14	--	18
Diabetes	2	--	6	--	--	--	--	--	--
High blood pressure	5	--	13	5	--	11	7	--	20
Migraines	4	3	--	12	14	--	12	--	--
Sinusitis	3	3	--	5	5	--	7	--	--

Source: National Population Health Survey, 1994
 Note: The sample size for men working part time was too small to produce reliable estimates. The NPHS allowed for multiple responses.
 * See Definitions.
 ** Excluding arthritis.

Data sources

Data in the main body of this article are drawn from the 1994 NPHS; supplementary data on employer-sponsored health care coverage are drawn from the 1991 GSS (see *Employer-sponsored health care coverage*).

The NPHS, first held in 1994, is a longitudinal survey conducted every two years. It provides information about the health of the population and the factors that affect health, and includes questions about health status (self-perception of health, functional ability, chronic conditions and activity restriction);³ use of health services (visits to health care providers, hospital care and drug use); risk factors (smoking, alcohol use and physical activity); and demographic and socioeconomic status. A special focus of the 1994 survey was psychosocial factors that may influence health, such as stress, self-esteem and social support.

The NPHS selected a sample of almost 26,500 households, and divided the sample into four groups. Each quarter, data were collected from one of the groups in order to offset seasonal variations in the information provided. In each household, some limited information was gathered from all household members; then

one person aged 12 years or over was randomly selected to answer more in-depth questions about his or her health.

The GSS is an annual cross-sectional survey first conducted in 1985. It addresses a broad range of social issues, and monitors changes in conditions over time. The survey has two tiers of content questions. The "core content," repeated every fifth year, covers one of five subject areas: health and social support, time use, personal risk, education and work, and family. The "focus content" provides data about specific issues of current or emerging policy interest, and is not usually repeated.

This article draws on data from the 1991 GSS health cycle, which looked at the standard health variables as well as job benefits provided by employers. (Data on employer-sponsored health care plans will be available from the 1996 NPHS.) The GSS sample of 11,900 households was evenly distributed over the 12 months of 1991 in order to control for seasonal effects. (For more information about the labour-related variables available from the first 11 GSS cycles, see "What's new?" Summer 1996.)

Chronic health problems of older working men

It is not surprising that working men aged 50 to 64 complained more often about aches and pains, since about 60% reported at least one long-term health condition (Chart B). The most common diagnoses were back problems (20% of all older male workers) and arthritis or rheumatism (14%). Other conditions often identified were allergies, high blood pressure and diabetes. By contrast, 44% of working men in their thirties had a chronic health problem; most common were allergies (22% of all younger male workers) and back problems (13%) (Table 1).

Older workers also tended to visit the doctor more frequently. Although the majority (61%) of men 50 to 64 had seen a doctor fewer than three times in the past year, 23% had had over five appointments. Only 15% of working men in their thirties had seen a medical doctor more often than five times in the previous 12 months.

Use of medication by older working men

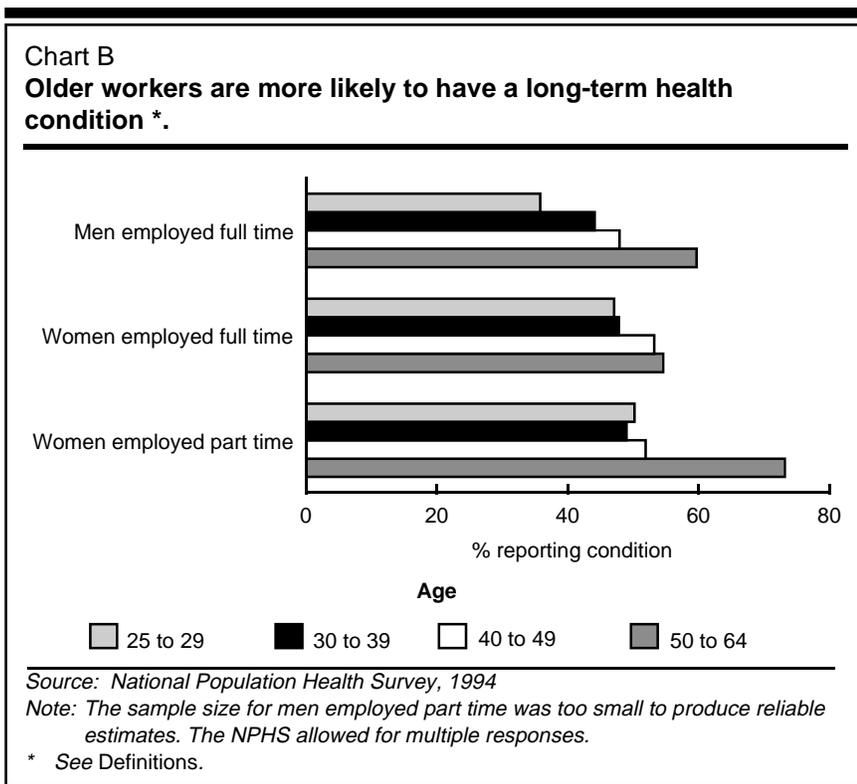
Being more susceptible to chronic health problems and pain or discomfort, older workers were more likely to use medication, whether prescribed or purchased "over-the-counter." Although most full-time working men, regardless of age,

had taken some kind of medication in the previous month, 41% of older versus 26% of younger workers had done so in the past two days. Furthermore, older men were almost twice as likely to have taken more than one: among workers who had taken some kind of medication in the last two days, 44% of men aged 50 to 64 had used at least two types, compared with less than one-quarter of younger men aged 30 to 39.

The drug most frequently used in the previous month by older working men was some type of pain reliever (taken by 52% of all working men aged 50 to 64). The second most common was medication for high blood pressure (12%), followed by cough or cold medicine, stomach remedies, over-the-counter allergy medicine and penicillin or other antibiotic. Working men in their thirties were even more likely to use analgesics than their older counterparts, with 62% of them taking a pain reliever at least once in the previous month. They also made more frequent use of over-the-counter medications, such as cough or cold medicine and allergy medication (Table 2).

Some health indicators for working women

In 1994, slightly less than 3.7 million adult women in Canada were working full time; about 17% of them were aged 50 to 64 while 38% were in their thirties. Another 1.2 million worked less than 30 hours a week; older women were somewhat over-represented in the part-time workforce, accounting for 24% of part-timers (Chart A). Since most women work in full-time jobs, the discussion of health indicators in this section focuses on full-time workers; comparisons of full- and part-time workers are presented for older women only when the differences are statistically significant.



older (13%) or younger (15%) full-time workers. About two-thirds of pain sufferers of all ages reported having difficulty in at least a few of their day-to-day activities.

A greater proportion of younger women spent time in bed or cut down on their activities because of illness or injury. About 15% of full-time workers in their thirties, compared with only 10% of older full-timers, had been indisposed in the previous two weeks. However, once women were obliged to take time off, most took at least three days to return to their normal activities, regardless of age.

Health problems most common among older women

Not surprisingly, older women are more likely to have chronic health problems (Chart B). Less than half (48%) of full-time workers in their thirties had a long-term condition; among older women, almost

Older women have more aches and pains

Most women in their fifties and early sixties working full time described themselves as healthy, and fully 26% believed their health was excellent. Not surprisingly, their basic faculties were as good as those of women in their thirties: almost no one had trouble with mobility, dexterity, speech or hearing. Some 84% of older women wore glasses, compared with 37% of younger women. About one-quarter of both older and younger women in full-time jobs admitted having trouble with “cognitive function”; however, most of them were simply “somewhat forgetful”: 18% of older and 14% of younger women.

Aches and pains were most common among women aged 50 to 64 working part time. One-quarter of these older workers reported some pain or discomfort, almost twice as high as the proportion of either

Table 2
Medication most commonly used in the previous month, by workers' age and status

	Men			Women					
	Full-time workers			Full-time workers			Part-time workers		
	All 25 to 64	30 to 39	50 to 64	All 25 to 64	30 to 39	50 to 64	All 25 to 64	30 to 39	50 to 64
	% using medication								
Allergy medicine (over-the-counter)	10	12	6	13	11	14	13	--	--
Codeine, Demerol	4	5	--	5	4	--	4	--	--
Cough/cold medicine	15	18	11	15	16	9	15	14	--
High blood pressure medication	4	--	12	4	--	10	5	--	16
Pain relievers	58	62	52	69	72	62	71	72	62
Penicillin or other antibiotics	7	7	6	11	11	8	9	--	--
Stomach remedies	8	7	8	7	6	9	10	--	--
Hormone therapy	...	...	...	8	--	28	10	--	24
Oral contraceptives	...	...	...	13	15	-	10	--	-

Source: National Population Health Survey, 1994
 Note: The sample size for men employed part time was too small to produce reliable estimates. The NPHS allowed for multiple responses.

Employer-sponsored health care coverage

Most workers are provided with some health care benefits by their employer. The cost of these plans may be borne entirely by the employer or shared with the employee. According to the 1991 General Social Survey, about 84% of men and 76% of women working full time had some form of employer-sponsored health-related coverage (also referred to as *extra* or *additional coverage*): either medical/surgical benefits beyond those provided by their provincial health plan, or a dental plan, a disability or survivor's benefits plan, a counselling service, paid maternity/paternity leave, or some combination of these five.

The health status of working men in full-time jobs was similar whether they had additional coverage or not. Their basic faculties – hearing, vision (including problems corrected with glasses), speech, mobility, dexterity and cognitive function – were sound. About one in six was living with some pain or discomfort. Men with coverage were more apt to report chronic health problems (57% compared with 55% of men without coverage), and

those without seem more likely to suffer from arthritis, but these differences are not statistically significant.

The basic faculties of women working full time were also sound, whether or not they held a job that provided extra health care coverage. Many women – 60% of those with or without benefits – had at least one long-term health problem. The most common conditions reported were allergies, arthritis, and migraines, although allergies were the only problem for which there was a statistically significant difference between the two groups. Among women employed part time, those without coverage were more likely to have health problems (73%) than those with benefits (63%). They were more prone to suffer from allergies, with 44% having either hay fever or some other allergy (or both).

Unfortunately, the small sample size for employees without employer-sponsored health care benefits precludes the calculation of meaningful estimates for individual age groups; therefore, results are presented only for all adult workers aged 25 to 64.

Employer-sponsored health care coverage for employees aged 25 to 64

	Men		Women			
	Full-time		Full-time		Part-time	
	With additional coverage	Without additional coverage	With additional coverage	Without additional coverage	With additional coverage	Without additional coverage
	%					
With chronic health problems *	57	55	60	60	63	73
High blood pressure	16	13	11	13	--	13
Heart trouble	3	--	3	--	--	--
Diabetes	2	--	--	--	--	--
Arthritis	13	18	13	18	22	23
Asthma	5	--	4	--	--	--
Emphysema	4	--	6	7	--	--
Ulcers	4	--	4	--	--	--
Other digestive problems	6	8	6	--	--	10
Migraines	5	--	14	17	17	13
Emotional disorders	3	--	4	7	--	--
High blood cholesterol	9	--	7	7	--	--
Hay fever and/or other allergies	28	26	42	32	37	44

Source: General Social Survey, 1991

Note: The sample size for men employed part time was too small to produce reliable estimates. Some employees may have reported more than one chronic health problem.

* See Definitions.

55% of full-time and 73% of part-time workers had been so diagnosed.⁶ The most common chronic health problems among older women, regardless of their hours of work, were arthritis or rheumatism and allergies. Back problems due to causes other than arthritis, as well as high blood pressure and migraines, were also common afflictions. Older women in part-time jobs were more likely than their contemporaries in full-time jobs to have arthritis or high blood pressure. Meanwhile, the most common health complaints among younger women working full time were allergies, migraines and back problems (Table 1).

Although their general health status was often not as good as that of younger women, full-time working women aged 50 to 64 did not see their doctors any more frequently: 27% of older and 32% of younger women had made more than five visits to a doctor in the previous 12 months.

More than four in five working women of all ages had taken a prescribed or over-the-counter drug in the month preceding the survey. But older women were much more likely to have used something recently: 65% of part-timers and 57% of full-timers had taken medication in the previous two days, compared with 42% of full-timers aged 30 to 39. Furthermore, over half of all older women who had used drugs recently had taken more than one type; among working women in their thirties, less than one-third had used two or more.

Pain relievers were the medication used most often by older working women, with 62% of both full- and part-timers aged 50 to 64 taking an analgesic in the previous month. Used less frequently were drugs for hormone replacement therapy, over-the-counter allergy medicines, medication to control high blood pressure, and cough or

cold medicine. There were no statistically significant differences between full- and part-timers in their use of such drugs, with the exception of medication for high blood pressure: 16% of older part-timers had used it in the previous month, compared with 10% of women the same age in full-time jobs. Working women in their thirties also used pain relievers more often than any other drug; 72% had taken them at least once in the previous month. Other medications frequently used by younger women in full-time jobs were cough or cold medicine, oral contraceptives, penicillin or other antibiotics, and over-the-counter allergy medicines (Table 2).

Summary

On the whole, it appears that Canadian workers are aging well. Working men and women in their fifties and early sixties are as much masters of their faculties – hearing, memory, problem-solving, dexterity, mobility – as are men and women in their thirties. Certainly, they live with more aches and pains than younger workers, and are more likely to suffer from long-term health conditions. But even the most common of these chronic ailments – back problems, arthritis, allergies and high blood pressure – affect fewer than about one in five older workers.

At first glance, it seems that women are in better shape than

men: older women working full time are less likely to experience a variety of chronic health problems than their male counterparts. However, many older women work part time because of illness or poor health. Therefore, it seems reasonable to conclude that older men are no less healthy than their female contemporaries; they simply continue to work full time even if their health is not good. □

Notes

- 1 See, for example, Roberge, Berthelot and Wolfson (1995) and Geran (1992).
- 2 The sample sizes for part-time male workers are often so small as to prevent release of estimates.
- 3 Some readers may notice that the estimates produced by the NPHS and the GSS differ slightly from those of the 1991 Health and Activity Limitation Survey (HALS). These differences stem from the surveys' different purposes: HALS was explicitly designed to collect data on disabilities, and uses different criteria to assess disability than the NPHS and GSS, which were designed to collect information about general health. For example, HALS asks a whole sequence of questions about ease of physical movement in order to classify the respondent's level of mobility impairment – ability to walk two or three city blocks, to walk up and down stairs, to move from room to room, to stand. In contrast, the NPHS asks only if the respondent can walk around the neighbourhood without aids such as crutches or a brace.
- 4 Data on "normal activities" include work as well as other activities. The NPHS does not differentiate between time absent from work and time off from other activities.

5 These findings can be loosely compared with data from the Labour Force Survey (LFS), which show that older workers are more likely to be absent from work because of illness or disability. For example, in 1994, almost 5% of male full-time workers aged 55 and over were absent from work in any given week, and lost an average of 9.7 days over the course of the year. In contrast, only 3.2% of their counterparts aged 35 to 44 were away during an average week, and they accumulated an average of only 5.5 days' absence in 1994. One reason the LFS and the NPHS reach different conclusions is that the latter includes the days people cut back on their activities for all or most of the day in addition to days they spent in bed all or most of the day because of illness or injury. Furthermore, the NPHS makes no distinction between work and other daily activities, and it covers a two-week period instead of a full 12 months.

6 The high incidence of long-term health conditions among part-time female workers aged 50 to 64 is not unexpected, since many older women work part time because of illness or poor health (Logan, 1994).

References

- Geran, L. "Occupational stress." *Canadian Social Trends* (Statistics Canada, Catalogue no. 11-008-XPE) no. 26 (Autumn 1992): 14-17.
- Logan, R. "Voluntary part-time workers." *Perspectives on Labour and Income* (Statistics Canada, Catalogue no. 75-001-XPE) 6, no. 3 (Autumn 1994): 18-24.
- Roberge, R., J.-M. Berthelot and M. Wolfson. "Health and socio-economic inequalities." *Canadian Social Trends* (Statistics Canada, Catalogue no. 11-008-XPE) no. 37 (Summer 1995): 15-19.
- Statistics Canada. *Work Absence Rates, 1977 to 1994*. Catalogue no. 71-535-MPB, no. 7. Ottawa, 1995.

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