



Keeping the Boom(ers) in the Labour Market:

Can Existing Workplace Policies and Accommodations make a Difference?

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Overarching Goal:

Help sustain employment for individuals across the life course



Rationale

Why care about aging workers?



- Shifting worker demographics – 31.5% of the Canadian workforce is ≥ 50 years compared to 19% in the mid-90's
- A 50 yr old worker can expect to work 16 additional years compared to 12.5 years in 1995
- Loss of skills (e.g., highly skilled occupations, senior management)
- Increased burden on public and private retirement systems
- Physical capacity of aging workers and chronic diseases
- 78.5% of adults 55-64 yrs of age & 89.9% of adults 65-74 years live with at least one chronic condition

Aging Workers and Chronic Diseases

Will the dissolution of mandatory retirement...

1. Create hardships for workers with health conditions?
2. Result in increased health and safety issues in workplaces?
3. Create hardships for employers in staff planning and meeting job accommodation demands?

Study Rationale



- Little information addressing health and retirement perceptions among working baby boomers with chronic health problems
- Few comparisons to healthy older workers
- Few studies examining current accommodations, policies and practices at work and their association with employment outcomes (e.g., absenteeism, reducing hours, workplace activity limitations, productivity losses, job disruptions)

Chronic Diseases

We focused on two age-related conditions:

Arthritis

- > 4.4 million Canadians live with arthritis (e.g., osteoarthritis, rheumatoid arthritis)
- 60% are under 65 years
- High work impact; high costs

Diabetes

- ~ 2.5 million Canadians live with diabetes (~90% Type II)
- 50% are of working age
- Know little about disability at work - emerging evidence suggests impacts on employment and considerable costs

The prevalence of both conditions is on the rise with the aging of the population, increases in obesity and decreases in physical activity

Baby Boomers Study

Objectives:



1. Describe the extent to which sustaining employment is a priority among baby boomers with different health needs.
 - What are people's retirement plans and expectations?

2. Examine the availability, need for and use of job modifications, accommodations and benefits/policies
 - What is their relationship to employment outcomes?

Baby Boomers Study:

Methods:



- Cross-sectional survey
- Questionnaire used standardized measures and items developed for this research
- Took about 25-30 minutes to complete
- Aimed for 3 groups of 500 individuals each: healthy control, arthritis, diabetes
- Survey research firm collected the data in September 2014
- Questionnaire available in English and French
- Choice between online questionnaire or telephone interview



Results:

The Sample:

- Invitations to individuals born 1945-1964
- 59% response rate

Healthy Control	n = 538
Arthritis	n = 631
Diabetes	n = 286
Both Arthritis & Diabetes	n = 111
Final sample	n = 1,566

Sample Characteristics

	Healthy n = 538 Mean (SD) %		Arthritis n = 631 Mean (SD) %		Diabetes n = 286 Mean (SD) %		Both A & D n = 111 Mean (SD) %	
Demographics								
Age (yrs)	58.5 (5.1)		59.4 (5.1)		59.2(5.0)		60.7(4.2)	
Males *	56.3		46.4		67.0		52.7	
Education* Postsecondary	70.0		64.0		60.9		55.0	
Married/Living as married	70.5		68.0		66.8		57.7	
Work Context								
Part-time	19.8		29.5		20.2		26.2	
Self-employed	26.6		26.7		20.4		26.1	
Organization Size < 50	23.4		30.1		29.8		32.1	
Shift work	33.1		37.0		32.5		36.9	

Sample Characteristics

	Healthy n = 538 Mean (SD) %	Arthritis n = 631 Mean (SD) %	Diabetes n = 286 Mean (SD) %	Both A & D n = 111 Mean (SD) %
Job Sector				
Banking/Insurance/Business	17.0	11.8	15.6	15.6
Education/Health/ Sciences	41.2	41.9	29.8	37.6
Government	11.2	9.5	11.0	8.3
Sales/Services/Retail	11.4	16.2	20.6	17.4
Manufacturing/Agriculture/ Construction	19.2	20.6	23.0	21.1
Work Perceptions				
Job Control [*] (range 0-36)	22.1 (9.5)	20.6 (9.9)	19.4 (10.2)	19.0 (10.0)
Job Stress (1= not at all; 5 = extremely)	2.9 (1.0)	2.8 (1.0)	2.8 (1.1)	3.0 (1.1)
Positive value of work [*] (range 0-20)	13.7 (4.6)	14.3 (4.4)	14.3 (4.6)	15.1 (3.6)
Organizational support (range 0-28)	15.5 (4.6)	16.3 (6.3)	16.2 (6.1)	15.7 (6.9)

Results

Health:

Arthritis participants:

- Greater pain
- More flares
- More health variability
- More symptom unpredictability
- More workplace activity limitations

Compared to healthy controls AND those with diabetes

The intermittent nature of arthritis is important to remember...

Results

Health:

Arthritis and Diabetes

- Arthritis and diabetes participants had similar, higher levels of fatigue than healthy controls
- Diabetes participants reported more health variability than the healthy controls
- Those with both arthritis and diabetes reported the highest levels of hypertension and depression/anxiety

	Hypertension	Depression/Anxiety
Arthritis	25.2%	16.0%
Diabetes	50.0%	10.1%
Both arthritis & diabetes	64.9%	25.3%

Sample Characteristics

...due to health	Healthy n = 538 Mean (SD) %	Arthritis n = 631 Mean (SD) %	Diabetes n = 286 Mean (SD) %	Both A & D n = 111 Mean (SD) %
Days absent* (past 6 months, due to health)	1.1 (3.9)	2.6 (9.9)	2.2 (8.3)	2.8 (9.7)
Days absent (past 6 months, unrelated to health)	3.3 (6.2)	3.5 (9.1)	2.3 (6.9)	2.1 (6.9)
Changed job/type of work* (past year)	3.2	7.0	1.8	9.0
Work fewer hours* (past year)	6.2	19.9	6.9	15.0
Job disruptions* (range 0-7)	0.4 (1.0)	0.9 (1.4)	0.6 (1.3)	1.1 (1.7)
Perceived productivity loss (0= no loss; 10=unable to work)	1.9 (1.7)	2.6 (2.3)	2.0 (1.7)	2.9 (2.2)
Leave of absence* (past 2 years)	9.0	15.6	12.7	22.7
Disclosed health condition to Employer*	NA	55.0	61.8	69.7

* Indicates a significant difference between health conditions

Retirement Expectations

Participants gave similar ages for their planned retirement age: 64-65 yrs

However,

Nearly half of people with arthritis said they didn't know at what age they would retire

(arthritis = 46.4%; healthy = 37.2%; diabetes = 38.8%; both arthritis & diabetes = 36%)

More people with arthritis acknowledged they might have to retire sooner than planned

(22-25% arthritis/both arthritis and diabetes versus 9-11% healthy or diabetes)

Regardless of health, 10-12% of people said they would never retire

(men and those with greater job control were more likely to say they would never retire)

Multiple Retirements and Bridged Retirement

Retired and returned to work:

Healthy	13.0%
Arthritis	20.3%
Diabetes	16.4%
Both A&D	26.8%

- Little attention to returning to work in chronic disease literature. Need greater attention to these individuals.
- All groups more likely to return to part-time or contract work, often in smaller organizations

Multiple Retirements and Bridged Retirement

Retired and returned to work:

- Compared to people with arthritis who had not retired previously, individuals with arthritis who retired and returned to work reported:
 - lower fatigue
 - less work stress
 - fewer job disruptions
 - less absenteeism
 - greater career satisfaction
- Compared to people with diabetes who had not retired previously, individuals with diabetes who retired and returned to work reported
 - fewer workplace activity limitations
 - less absenteeism

Multiple Retirements and Bridged Retirement

Retired and returned to work: Why the differences?

Was the health always better of those who retired and returned to work?

Did health improve after an absence enabling return to work?

Did the jobs individuals return to help people better sustain their health (e.g., fewer hours, smaller organizations)?

We need longitudinal research where we follow workers over time

Work and Retirement Bottom Lines

1. Chronic conditions can make it difficult to work. Symptom variability and unpredictability aggravate this, particularly for people with arthritis
2. Poorer health was associated with work outcomes like absenteeism and job disruptions, but differences were not large. Other research suggests improved medical management and a range of self-management strategies may help
3. About 1 in 10 people say they will never retire, but most plan to retire around age 65
4. People with arthritis were more uncertain about their retirement age and reported they may retire sooner than planned. They also reported more leaves of absence and reduced work hours
5. An optimistic note: Some individuals with chronic diseases were retiring and returning to work. Research is needed to understand differences in the type of jobs and the better job outcomes (e.g., less absenteeism) of these individuals

Accommodations, Policies, & Practices to Manage Chronic Diseases

- Little information available about the at-work experiences of groups using accommodations, policies and practices to manage their health
- Disease-specific interventions often need specialist access and focus on combination of medical management and self-management. Employers and disability managers rarely involved in developing, implementing or evaluating the intervention
- Workplace interventions often aimed at health and safety or return to work. Workplaces often don't have enough workers with chronic diseases to evaluate their specific needs

Accommodations, Policies, & Practices to Manage Chronic Diseases

Examples:

Extended health benefits

Flexible hours

Special equipment or workstation changes

Modified duties

Altered work schedules

Work-at-home arrangements

Wellness programs



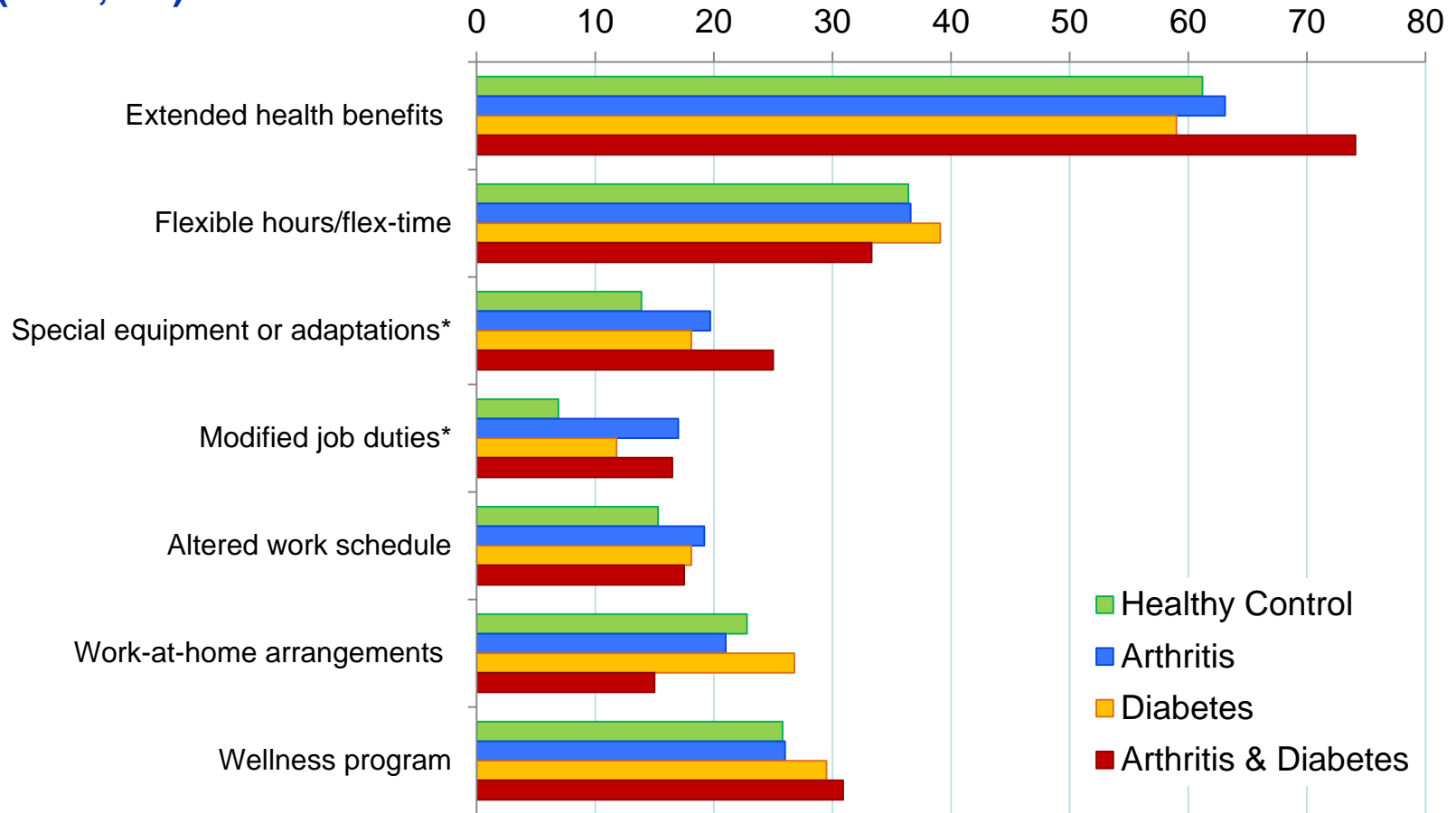


	Healthy Control n = 538	Arthritis n = 631	Diabetes n = 286	Arthritis & Diabetes n = 111
	%	%	%	%
Availability of Accommodations				
None	6.6	7.5	12.6	19.1
1-2 available	14.8	18.9	21.1	11.8
3 or more available	78.6	73.6	66.3	69.1

- Overall, 11.6% of participants reported no accommodations/policies available
- Most widely available: extended health benefits, flextime, special equipment/ adaptations
- Least available: work-at-home arrangements

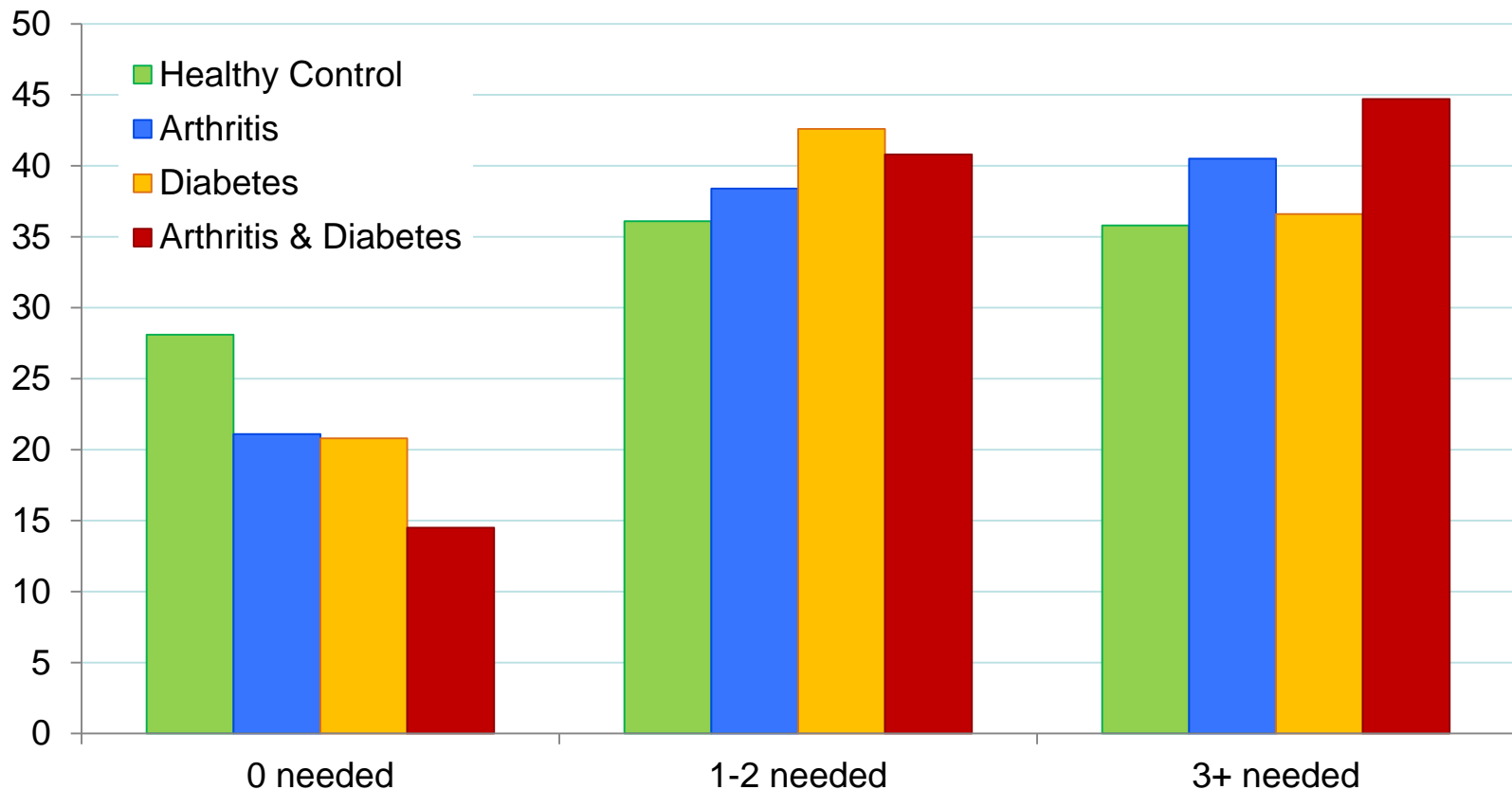


Percentage of respondents reporting workplace accommodations are needed (n = 1,566)



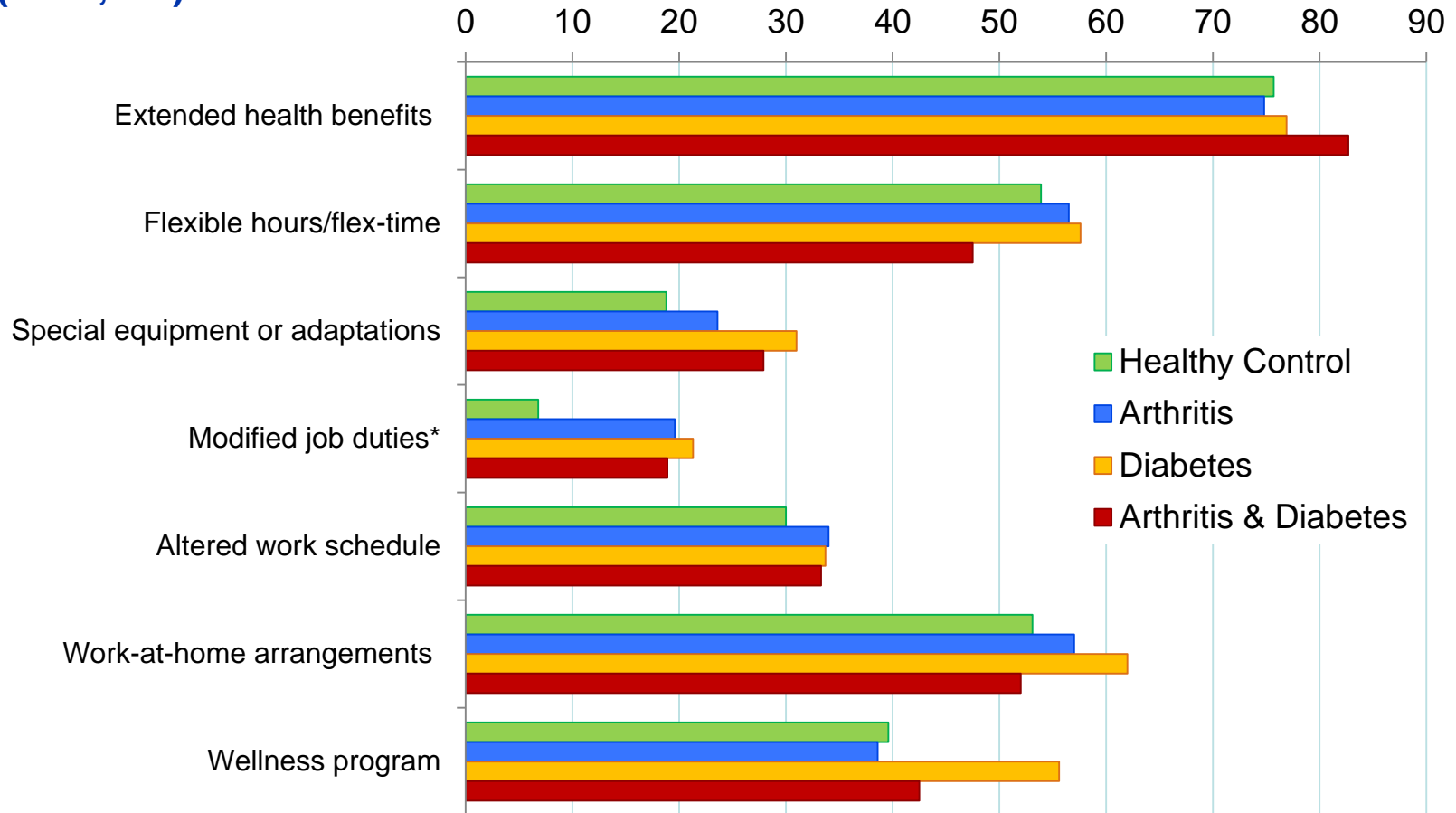


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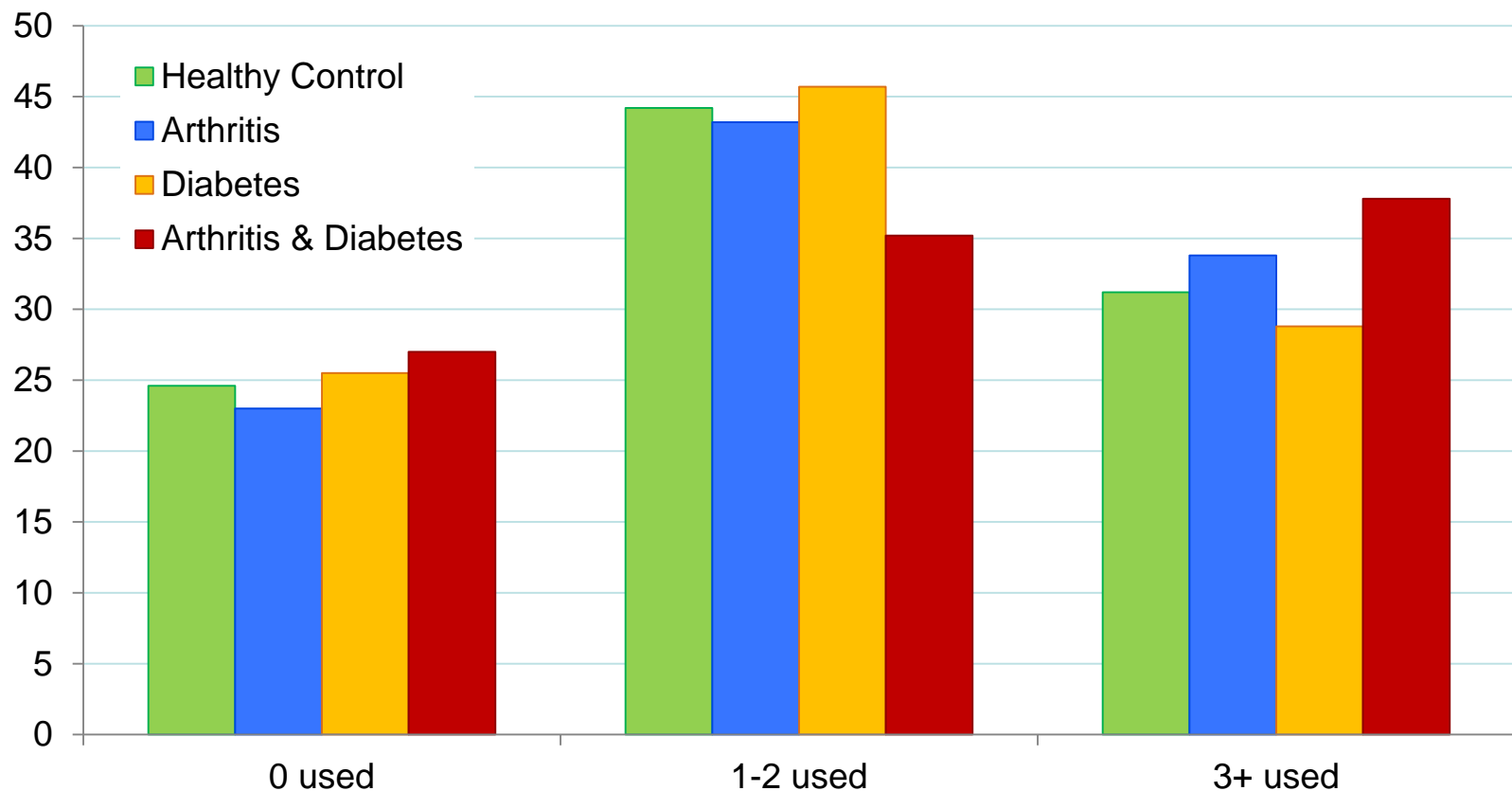


Percentage of respondents reporting workplace accommodations are used (n = 1,566)





Percentage of respondents reporting workplace accommodations are used (n = 1,566)



Perceived Helpfulness of Job Accommodations, Benefits and Policies

Perceived as Helpful	Healthy %	Arthritis %	Diabetes %	Both Arthritis & Diabetes %
Extended health benefits	75.1 (206)	75.8 (212)	72.7 (89)	74.4 (39)
Flexible hours/flextime*	73.8 (104)	65.5 (122)	47.9 (47)	35.5 (16)
Special equipment or adaptations	66.7 (37)	53.2 (45)	45.7 (22)	50.0 (9)
Modified job duties*	38.5 (9)	65.9 (34)	33.3 (7)	57.1 (6)
Altered work schedules*	75.0 (47)	60.6 (51)	43.8 (17)	33.3 (10)
Work-at-home arrangements*	85.1 (89)	70.4 (82)	65.6 (42)	38.5 (9)
Wellness programs*	63.8 (69)	50.6 (63)	41.8 (37)	70.6 (15)

* Significant difference between groups in reports of helpfulness

Total sample sizes: healthy control n = 538; arthritis n = 631; diabetes n = 286; both arthritis and diabetes n = 111

Accommodations Needs Met, Unmet and Exceeded

Created 3 Groups:

1. Unmet Needs
2. Needs Met
3. Needs Exceeded

Looked at:

1. Pain
2. Fatigue
3. Health Variability
4. Workplace activity limitations
5. Job Disruptions
6. Perceived Productivity Losses
7. Absenteeism



Accommodation Needs

Unmet Needs: 20.4%

Needs Met: 63.5%

Needs Exceeded: 16.1%



	Unmet Needs	Needs Exceeded
Pain	0.42*	-0.22
Fatigue	1.30*	-0.94
Health variability	0.23*	-0.30*
Workplace activity limitations	0.57	-0.74*
Job disruptions	0.02	-0.36*
Perceived productivity losses	0.32	-0.61*
Absenteeism	1.08	0.70

Values are standardized regression coefficients; Reference group = Needs met; * $p < .01$
Analyses controlled for: age, gender, education, marital status, health condition

Accommodations, Modifications & Benefits: Bottom Lines

- Many workers report access to some accommodations, benefits and practices
- No one type of accommodation, policy or practice was exclusively endorsed – a range of practices might be most helpful
- Respondents with diabetes often rated existing practices as less helpful
- Needs and unmet needs were lower than expected given the concerns we hear about aging workers
- When we compare groups with *Unmet Needs*, *Needs Met* and *Needs Exceeded*, we find differences in health and employment outcomes that suggest the value of existing policies and practices
- There may be utility in encouraging people to make earlier and better use of what's available even in the absence of high needs. More research is needed



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