Working life expectancy in good and poor health among Dutch 55- to 65-year old workers

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REVES 2016
Background (1)

Policy actions to keep workers in the workforce longer

- 2006: Abolishment of early retirement arrangements & Stricter rules regarding disability pensions
- 2009: Bonus for working ≥ 62 yrs
- 2013-2021: Increase statutory retirement age

Average retirement age in the Netherlands

Statistics Netherlands, 2016
Background (2)

- High prevalence of health problems among 55- to 65-year olds

**Prevalence of health problems among 55- to 65-year olds in the Netherlands in 2011**

- Chronic disease: 60%
- Poor/moderate self-rated health: 20%
- Functional limitations: 10%
- Depression/anxiety: 5%
Research question

- What was the working life expectancy in good and poor functional health during two periods: from 1992 to 2002 and from 2002 to 2012?
Methods (1)

- Longitudinal Aging Study Amsterdam (LASA)
  - Physical, cognitive, social & emotional functioning
  - 55+ year olds

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Cohort 3: 2012-2013, 2015-2016
Methods (1)

- Longitudinal Aging Study Amsterdam (LASA)
  - Cognitive, social, emotional and physical functioning
  - 55+ year olds

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- Cohort 3: 2012-2013, 2015-2016
Methods (2)

- Inclusion criteria
  - 55- to 65-year olds
  - Paid job at baseline

- Exclusion criteria
  - No follow-up information on functional health or work status

- Sample size
  - 1992-2002:   n = 245
  - 2002-2012:   n = 378 +
                 N = 623
### Functional health

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<th>Questions</th>
<th>ADL</th>
<th>GALI</th>
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<tr>
<td>Can you walk up and down a staircase of 15 steps without resting?</td>
<td>Do health problems limit your normal daily activities?</td>
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<td>Can you use your own or public transportation?</td>
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<td>Can you cut your own toenails?</td>
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<td>Can you dress and undress yourself?</td>
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<td>Can you sit down and stand up from a chair?</td>
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<td>Can you walk outside during five minutes without stopping?</td>
<td></td>
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<tr>
<td><strong>Response categories</strong></td>
<td><strong>1. Yes, without difficulty</strong></td>
<td><strong>1. No</strong></td>
</tr>
<tr>
<td>2. Yes, with difficulty</td>
<td><strong>2. Yes (slightly/severely)</strong></td>
<td><strong>2. Yes (slightly/severely)</strong></td>
</tr>
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<td>3. Only with help</td>
<td><strong>a. &lt; 3 months</strong></td>
<td><strong>a. &lt; 3 months</strong></td>
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<tr>
<td>4. No, I cannot</td>
<td><strong>b. &gt; 3 months</strong></td>
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Methods (4)

- Exit from work
  - Question: In which month and year did you stop paid work?
  - Date between two observations
  - Date of death
  - Max. 65 years (statutory retirement age)
Methode (5)

- Continuous-time multi-state survival models
- MSM & ELECT package in R
- Three state survival model
Results (1)

Working life expectancy in good and poor subjective functional health for workers in general.

1992-2002

2002-2012

Age

Working years

Poor functional health

Good functional health
Results (2)

Working life expectancy in good and poor functional health for workers who are initially in good functional health

1992-2002

2002-2012

- Poor functional health
- Good functional health
Results (3)

Working life expectancy in good and poor functional health for workers who are initially in poor functional health.
Conclusions

- In general, the working life expectancy in good and poor functional health has increased, but larger increase in good functional health.

- Working life expectancy for workers who are initially in good functional health has increased mainly in good functional health.

- Working life expectancy for workers who are initially in poor functional health has increased mainly in poor functional health.
Discussion

- No substantial differences in working life expectancies in good and poor functional health between men and women

- Functional health was measured in a subjective way, analyses with functional health measured objectively show smaller differences between workers who are initially in good or poor health
Implications

- Considering the current increase of the statutory retirement age, it is expected that both the healthy and unhealthy working life expectancies will increase even further.

- Employers and policy makers must be encouraged to facilitate older workers in poor functional health to keep them motivated and productive.

- The next step would be to identify specific determinants and needs of workers in poor functional health who continue working.
More information