

Work, retirement and health inequalities in later life: a life course perspective

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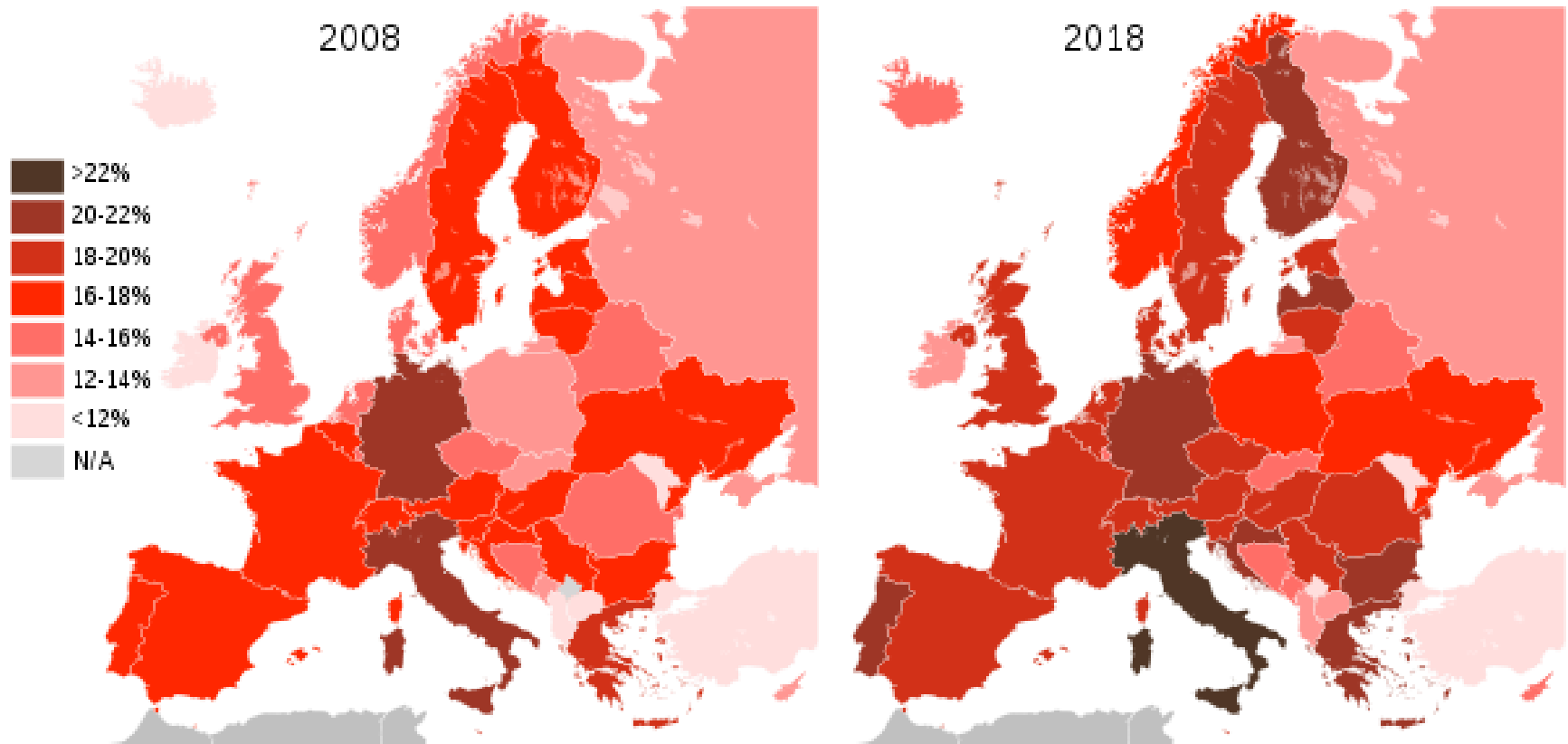
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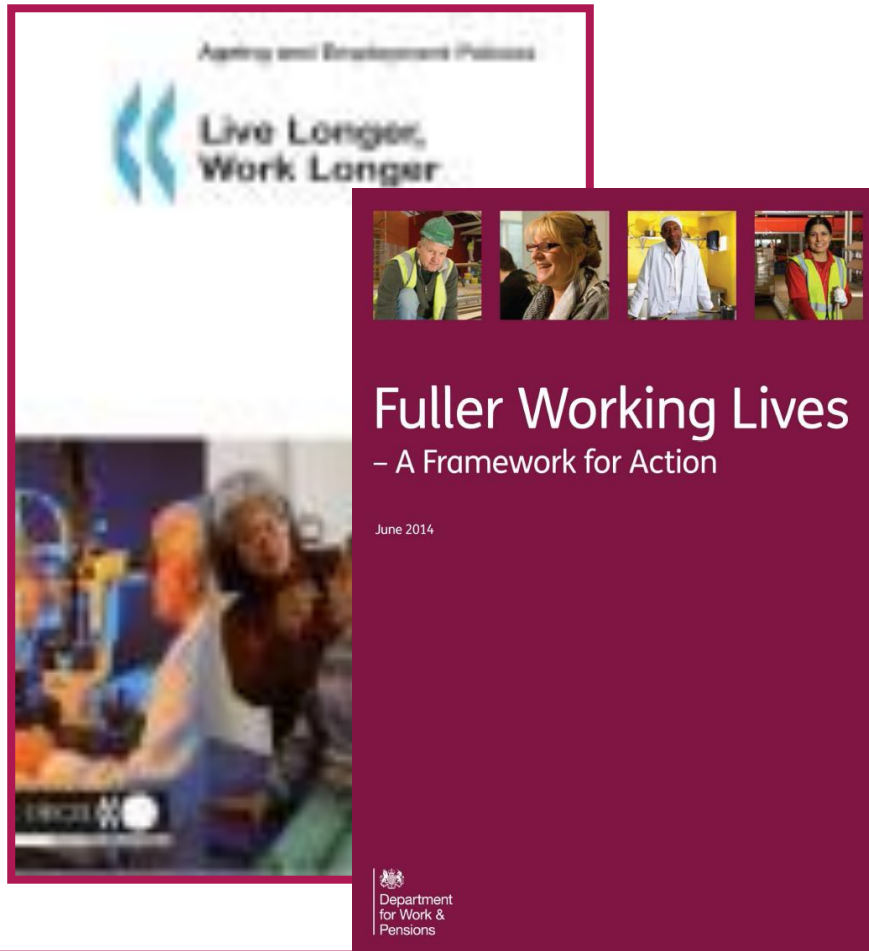
King's College London

Context



Mayugo (2019) Proportion of population aged 65 and over (% of total population) in 2008 and 2018. Source Eurostat [<http://tiny.cc/qvc7iz>]

Context



- Labour market shortages
- Unsustainable pension costs

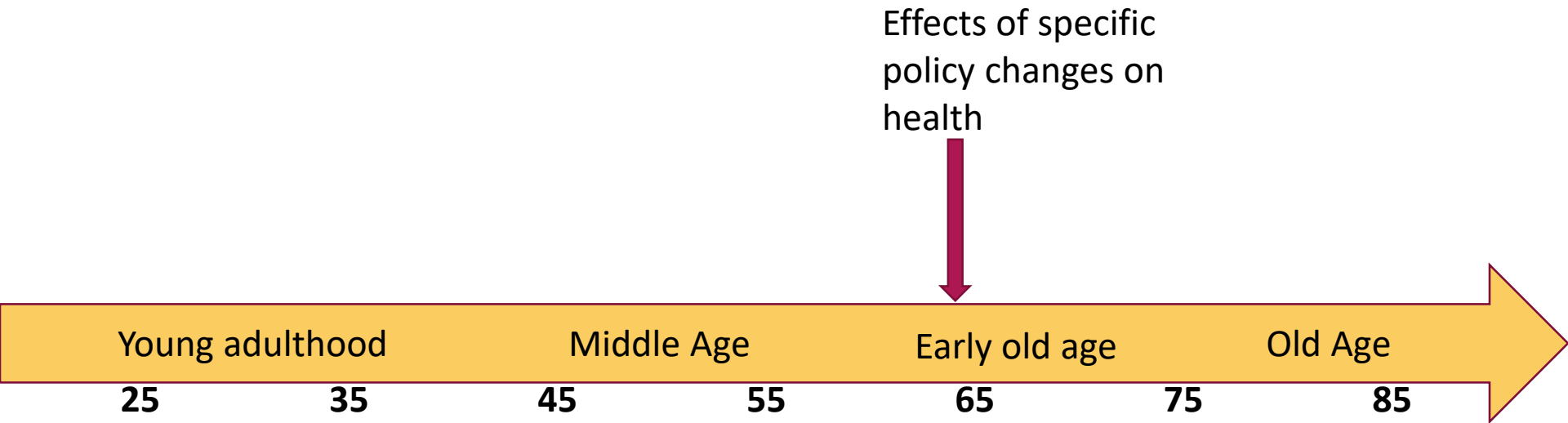
The solution?

- A suite of policies aimed at increasing and extending the labour market participation of older adults

Key considerations

1. What are the implications for health and well-being of having to work to later ages? While life expectancy may be increasingly, the question of compression of morbidity is not resolved
2. The impacts of retirement and working longer on health are not uniform across occupational class/grade
 - Some stand to benefit, others will be further disadvantaged.

Temporal framing



Effects of changes in policy on health

Later retirement, job strain and health: evidence from the new State Pension age in the UK. Carrino, L., Glaser, K. & Avendano Pabon, M., 12 May 2020, In : Health Economics. DOIs: <https://doi.org/10.1002/hec.4025>

Women born after March 1950 who work in physically and psychologically demanding jobs have a 30 increase in the probability of reporting depressive symptoms

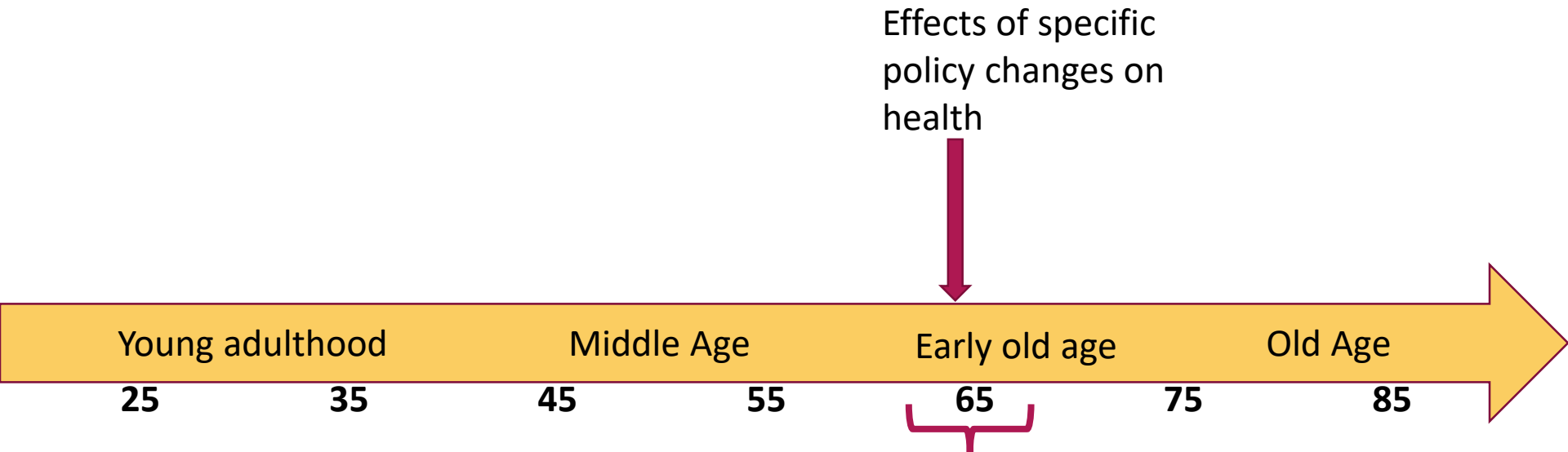
Shattered Dreams: The effects of changing the pension system late in the game. De Grip, A., Lindeboom, M. & Montizaan, R. (2012), In: The Economic Journal 122(March):1-25.

Delayed pension age and reduced pension replacement rate led to significantly greater depressive symptoms two years after the change, net of other factors

To work or not to work? The effect of higher pension age on cardiovascular health. Ardito, C., Leombruni, R., Blane, D. & D'Errico, A. (2016). Laboratorio Riccardo Revelli Working Paper no. 150.

A one-year delay in retirement was associated with a 2.4% increase in hospitalisation for cardiovascular disease among those 68-70.

Temporal framing



- Health selection is not always considered
- Mixed results regarding effect of retirement on health
- Well designed studies mostly report no effect or a small, positive effect on health (e.g., Bound and Waidmann 2007; Coe & Zamarro 2011; Jokela et al. 2010)
- Retirement's effect may vary by occupational grade/class

Westerlund et al. 2009

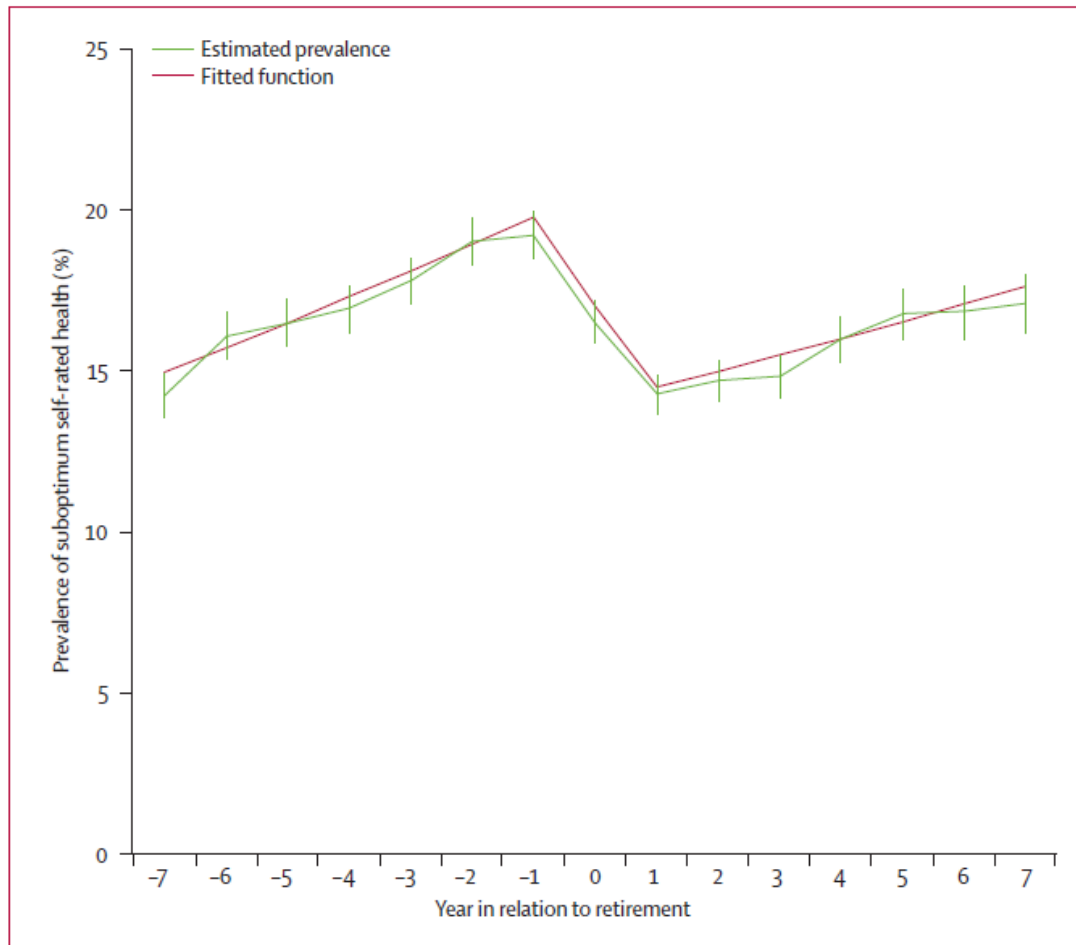


Figure 2: Prevalence of suboptimum self-rated health in relation to year of retirement
Error bars indicate 95% CIs.

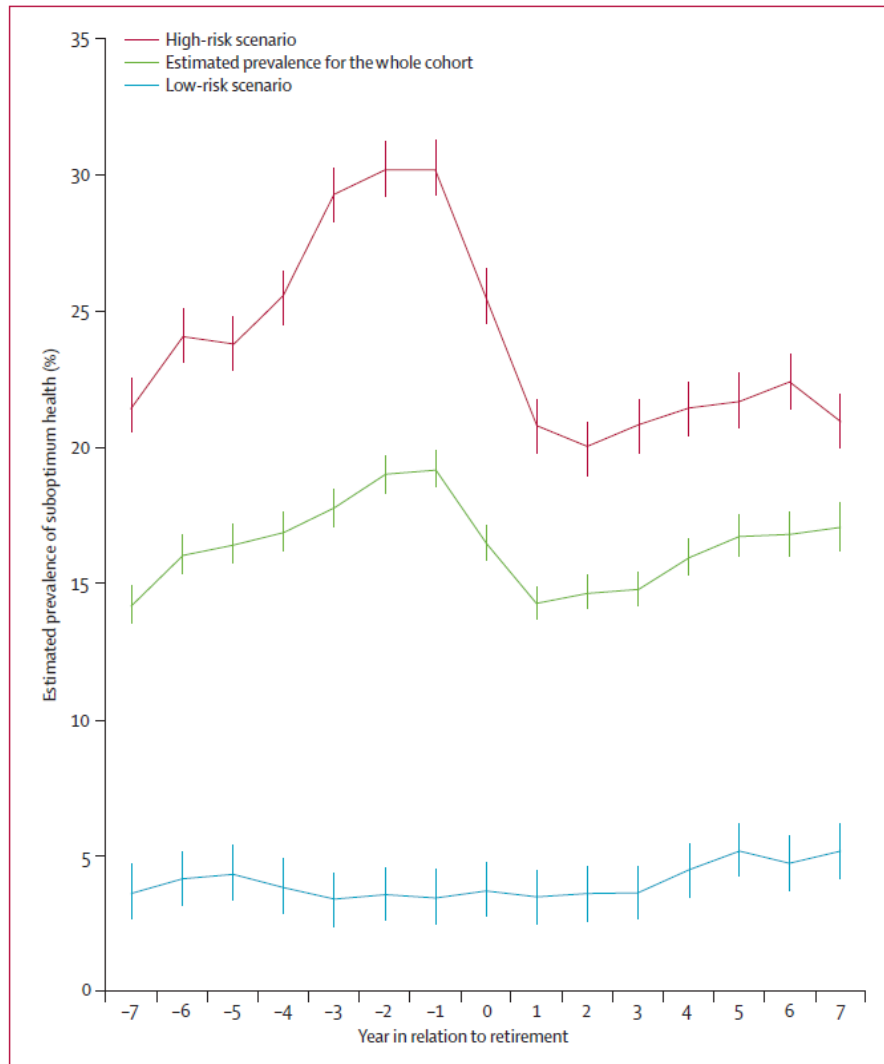


Figure 3: Prevalence of suboptimum self-rated health in relation to year of retirement for a high-risk and low-risk scenario involving men who retired at the statutory age of 55 years and before the year 2000. Low-risk profile=high occupational grade, low physical and psychological demands, and high job satisfaction. High-risk profile=low grade, high demands, and low satisfaction. Error bars indicate 95% CIs.

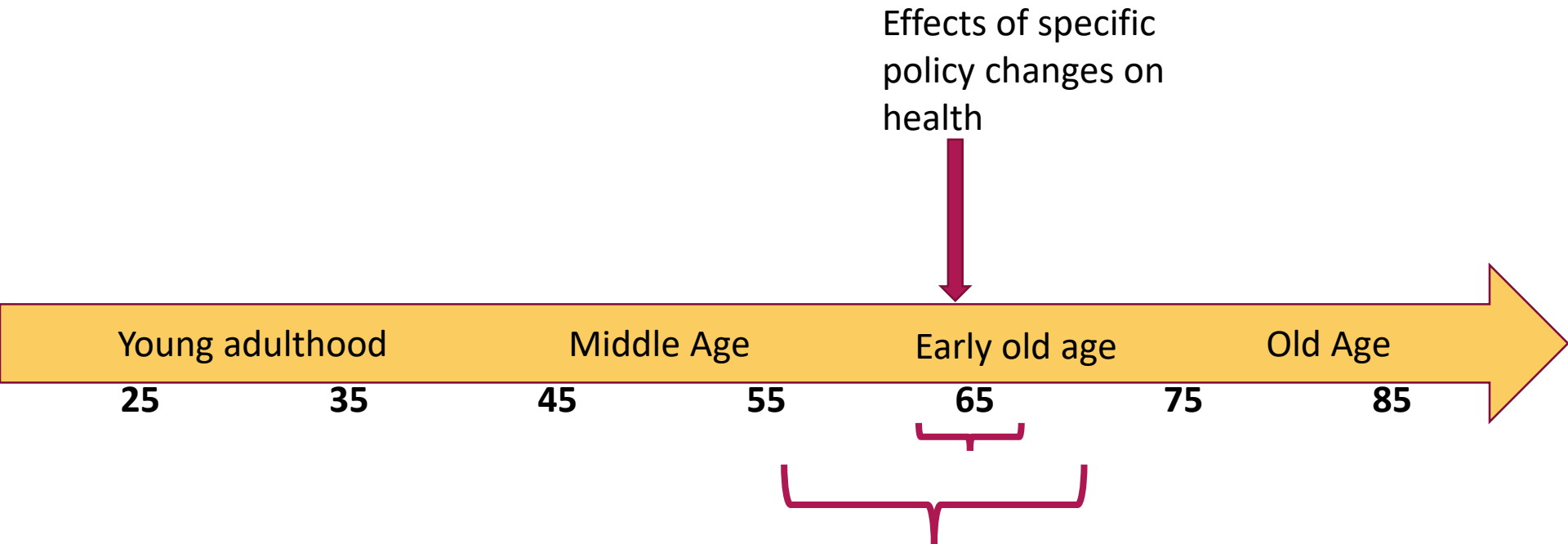
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Retirement: event or transition?



- Cliff-edge retirement is becoming less common
- Late-careers often involve multiple transitions, for example, from FT to PT work, retirement followed by a return to work, short periods of unemployment followed by re-employment, etc.

Temporal framing



- Men: FT employment with varying exit ages (early, on-time and late)
- Women: weak and part-time attachment are most common
- BUT, for both men and women, evidence of less traditional but increasingly more common pathways, such as down-shifting from FT to PT work

(Worts et al. 2016; Wahrendorf et al. 2017; Warner & Hofmeister 2006)



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OXFORD

Later-life employment trajectories and health

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Original Article

Aging in Different Welfare Contexts: A Comparative Perspective on Later-Life Employment and Health

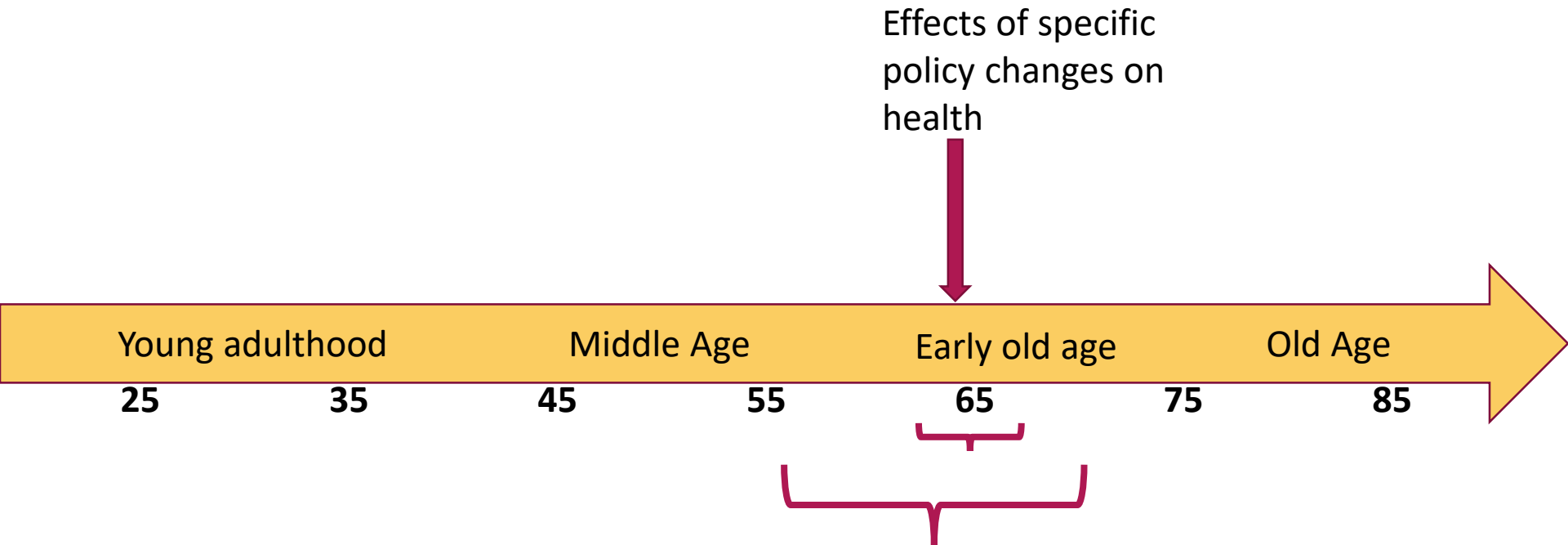
Ignacio Madero-Cabib, PhD,^{1,2,*} Laurie Corna, PhD,³ and Isabel Baumann, PhD⁴

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²Millennium Nucleus for the Study of the Life Course and Vulnerability (MLIV), Chile. ³Department of Global Health and Social Medicine, King's College London, UK. ⁴School of Health Professions, Zurich University of Applied Sciences, Switzerland.

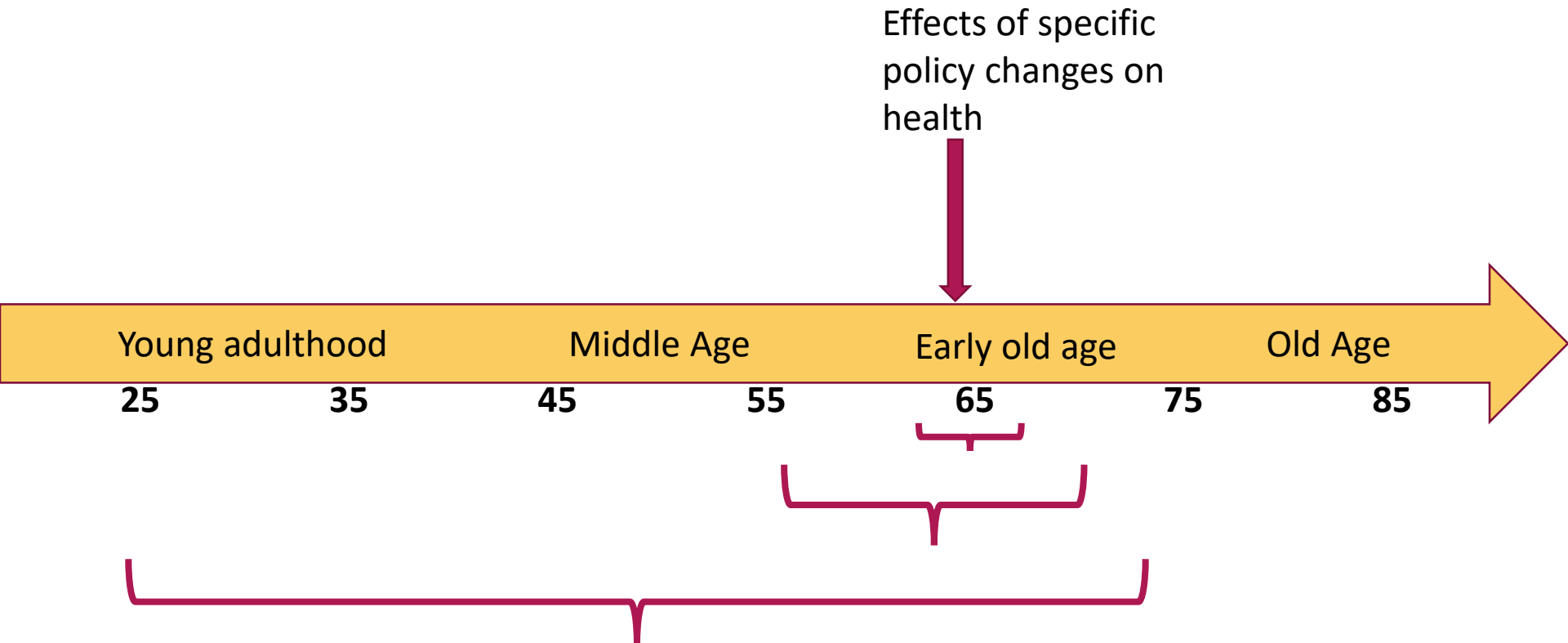
- Men who downshifted from full-time to part-time work at ~65 years reported the best self-rated health of all men in their early 70s
- Women who still worked and whose pathways were part of a long-term pattern of part-time employment had the best health in their early 70s
- Similar findings by Azar et al. 2019 considering functional ability
- Context is important: E.g., Weaker attachment in years surrounding state pension age is linked with poorer subsequent health, even after considering prior health status, in liberal states and southern, but not corporatist welfare states

Temporal framing



- Unconventional pathways (e.g., downshifting to PT work) may be particularly beneficial for health
- Such opportunities are not available to all, particularly those who might benefit the most
 - Are we observing the continuation of experiences rooted much earlier in the life course? And do they matter?

Temporal framing



- Employment experiences closely linked with other life course domains (the family) → very gendered
- Describes lived experiences, but also shape public and private pension entitlements, earnings and occupational mobility

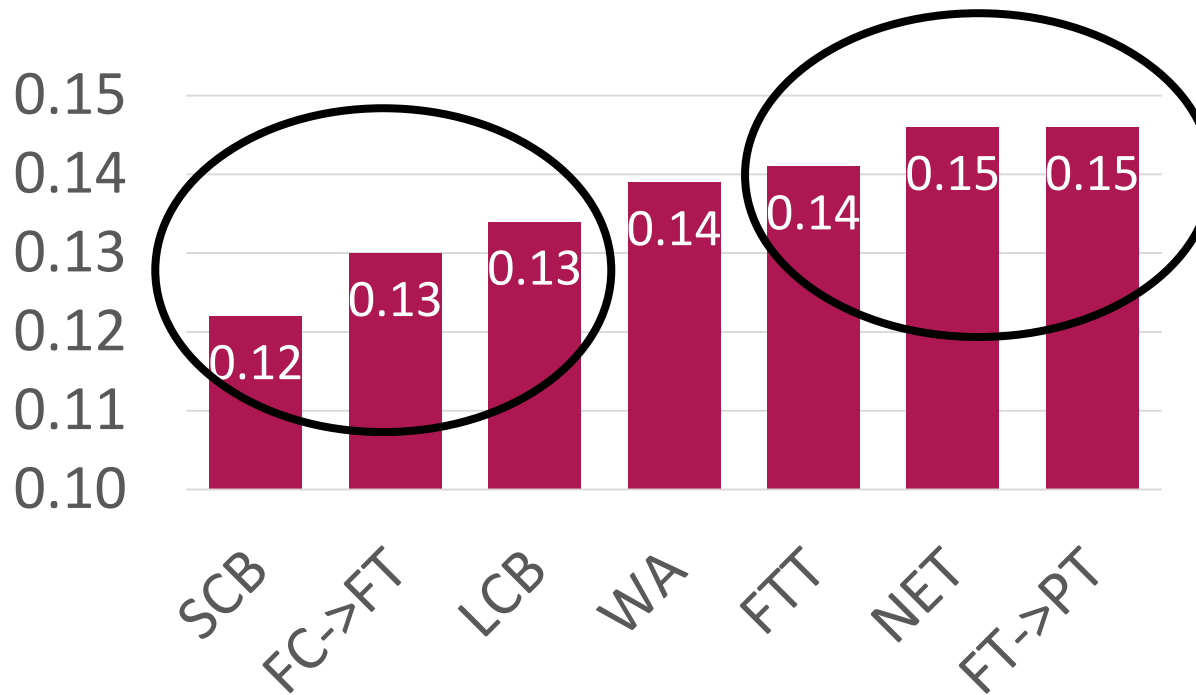
Gendered labour market histories ages 16-59 (women) and 16-64 (men)

Table 1 Distribution of employment histories by gender

Gender	Types	Description	%
Female	FTT	Full-time throughout	26.05
	NET	Non employment throughout/family carers	23.10
	WA	Weak attachment, early exit	5.99
	LCB	Family carer to part-time (longer career break)	13.23
	SCB	Family carer to part-time (short career break)	11.16
	FC→FT	Family care to full-time	16.29
	FT→PT	Full-time to part-time	4.17
Male	FTT	Full-time throughout	48.61
	NET	Non-employment throughout	4.11
	FTE49	Full-time very early exit (at 49)	9.20
	FTE60	Full-time early exit (at 60)	30.36
	LSE60	Late start, early exit (at 60)	7.72

Women who take career breaks for family care have better health at SPA (lower FI scores)

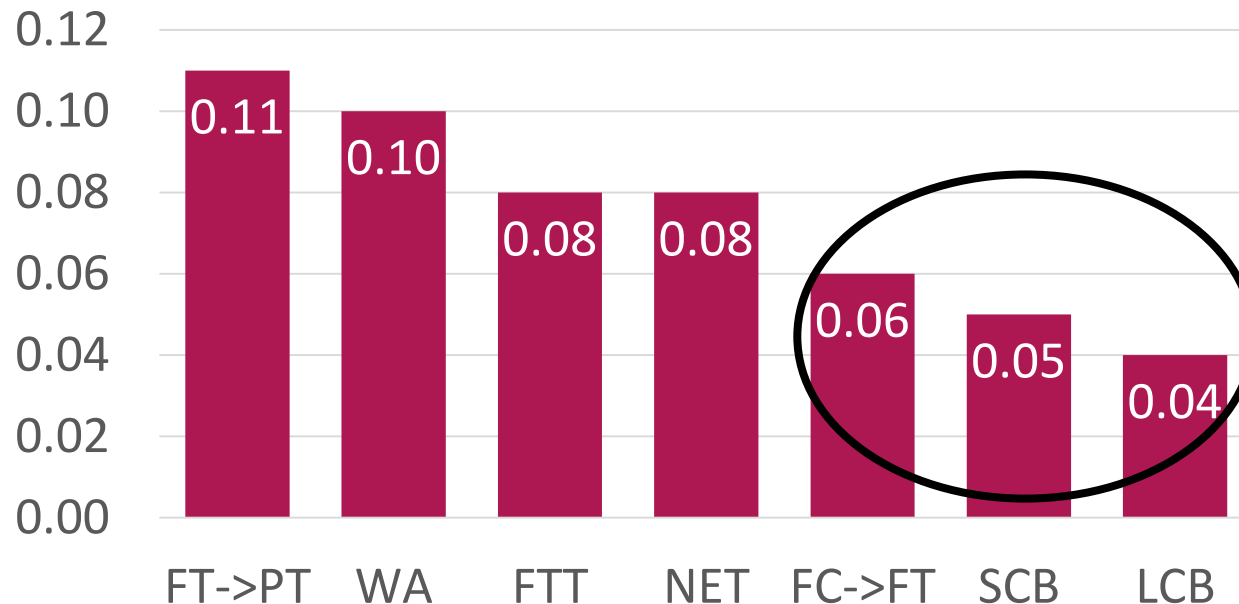
Women's predicted Frailty Index scores at age 60, independent of other social, demographic and economic influences on health



Lu et al (2017) Relationship between employment histories and frailty trajectories in later life: evidence from the English Longitudinal Study of Ageing 71: 439 - 445

Combining work and family roles over time is better for mothers' life span than combining roles at the same time

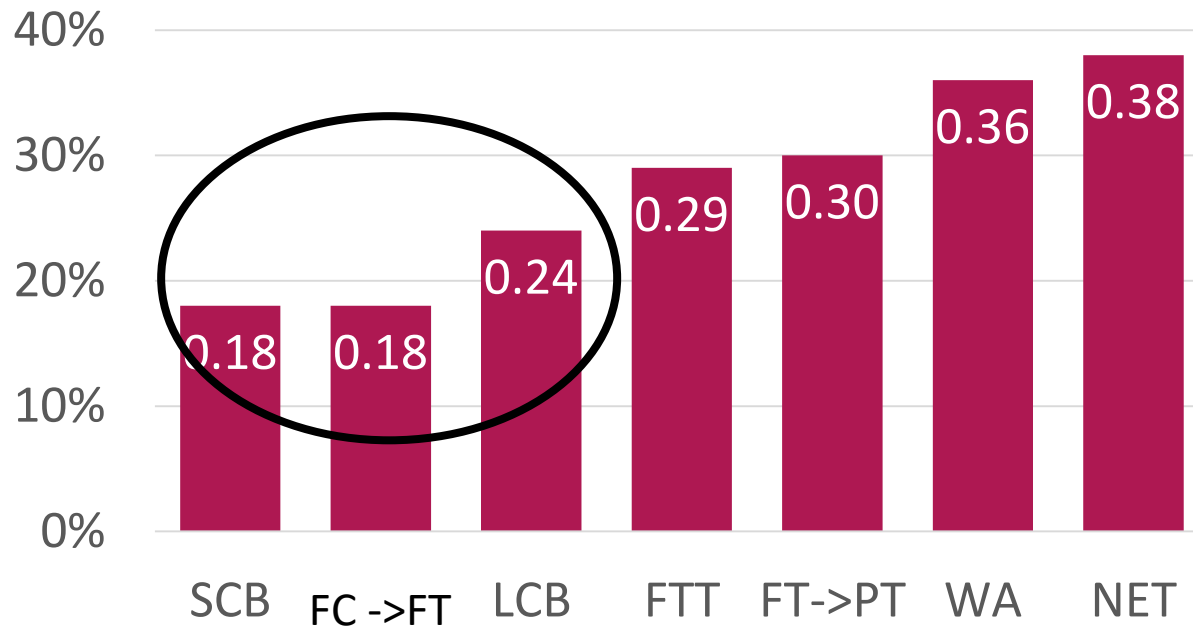
Probability of mortality, wave 3 (2006/07) to Feb 2012, by work family history for mothers over 59 years old in ELSA wave 3



Benson et al (2017) Do work and family care histories predict health in older women? *The European Journal of Public Health*. Vol 27 , 6 1010 - 1015

Combining work and family roles for long periods of time increases the risk of disability in older age

Probability of disability by work family history group for mothers aged 59 years and older in ELSA wave 3



Benson et al (2017) Do work and family care histories predict health in older women? *The European Journal of Public Health*. Vol 27 , 6 1010 - 1015

Life course labour market histories and health trajectories in later life

Lifetime employment histories and their relationship with 10-year health trajectories in later life: evidence from England.

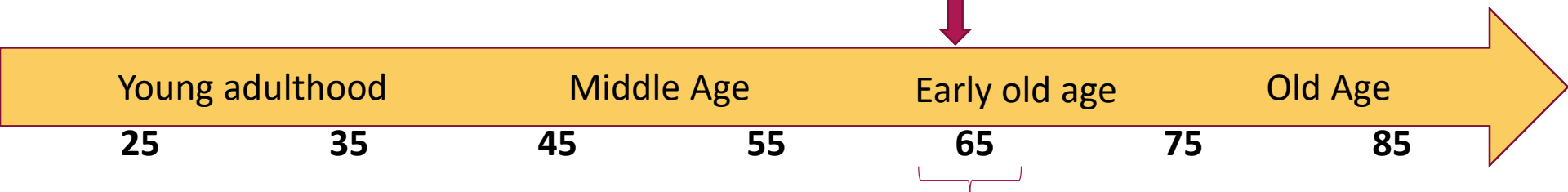
Di Gessa et al. (2020). European Journal of Public Health.
doi:10.1093/eurpub/ckaa008

- For men, early leavers had slower declines in Quality of Life and somatic health relative to those working continuously up to the state pension age
- For women, those taking a career break beyond a maternity leave had better initial health in later life

Implications

‘One size fits all’ solutions are likely to impact social groups differently, involving negative implications for some

The effect of retirement on health depends on occupational grade/class; health selection clouds the findings; retirement is now less frequently characterised as an event



Sequential roles may be more advantageous relative to contemporaneous (work and childcare) for women and early exits for some may preserve remaining health capacity

Particular pathways out of the labour market can be advantageous for health (e.g., downshifting), but such options are not available to all

Work, retirement and health in the era of extended working lives

- A narrow focus overlooks key inputs from across the lifecourse
- Solutions to the problem must be rooted in policies across the life course, and a temporal framing of the situation that look beyond short-term changes
- We cannot underestimate the value of longitudinal data, but also lifecourse data, often in the form of life histories



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Thank you!!

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