

Increasing inequalities in healthy working lives



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Extending the amount of time in good work can be beneficial for physical, mental, and social health, and the benefits to employers of having older workers in their workforce are increasingly recognised.¹ Many countries are seeking to defer retirement and extend working lives in response to increasing life expectancy and shifting old age dependency ratios. In *The Lancet Public Health*, Mitiku Teshome Hambisa and colleagues² add to the portfolio of studies focusing on Healthy Working Life Expectancy (HWLE), a population indicator that is of increasing interest to policymakers. HWLE helps to quantify whether extensions to working lives are achievable and sustainable by estimating the average number of years people are likely to be both healthy and in work after 50 years of age.³

Hambisa and colleagues² provide estimates of the change in HWLE in Australia over time using multi-state modelling and longitudinal data. This approach computationally and theoretically offers a picture of the health and work experiences and how these unfold over time that is fuller than approaches that enable health expectancy estimation with more widely available cross-section data (for example, the Sullivan method).⁴ Operationalisation of health and work align with definitions of work disability, and reflected policy needs and biopsychosocial approaches, to extend working lives, which requires both functional capability and so-called good work opportunities.

The authors report that, from 2001 to 2011, HWLE from age 50 years in Australia increased by 0.9 years for men, 1.1 years for women, 0.9 years for people with high level of education, and 0.5 years for people with low level of education. The results indicate widening health inequalities between those with low and high levels of education; those with low level of education experienced a decrease in healthy life expectancy of 0.8 years (the same amount that was gained by those with high education level) and life expectancy gains were smaller in this group. Extensions to working life of approximately 1.5 years were reported, mostly through increased working in good health for those with high education level, and increased time working while not healthy for those with fewer years of education.

Changes in the labour market during the study period might have contributed to the observed unfavourable

changes in life expectancy in those with fewer years of education. In Australia, as in other countries, there was a reduction in the number of routine or manual jobs in manufacturing and agriculture and an increase in non-routine cognitive jobs in the health and social care sector and in the professional, scientific, and technical services sector.⁵ Non-routine cognitive jobs require abstract thinking (including abilities to synthesise information, problem solve, and use creativity) and social skills (ability to negotiate, coordinate, and be socially perspective), and often a degree in higher education wherefore these are often not accessible to those previously employed in routine jobs.⁶ Involuntary loss of routine jobs can lead to loss of income and increased poverty, which are associated with reduced life expectancy.^{7,8} The results of this study suggest that access to higher education and the development of cognitive skills is important across the life course. The authors also indicate the need to monitor inequalities in HWLE by education to gauge the impact of employment trends and megatrends such as increasing automation, artificial intelligence, globalisation, and different work practices (such as increased hybrid working) and implement appropriate interventions.

Although the results highlight the associations of life expectancy trends with education and gender, the estimates are average effects. The extent of HWLE inequalities between subpopulations with multiple specific characteristics are likely to be even wider and will also indicate targets and interventions to increase the number of years that people can be healthy and in work. Development of rich data resources will support identification of factors that increase or decrease HWLE and can facilitate stakeholders in defining interventions and policies to extend healthy working lives for all.

We declare no competing interests.

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