

## Measuring progress towards healthy working lives



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In the UK we are witnessing two trends; on the one hand, increases in State Pension age and an expectation for people to work until later in life.<sup>1</sup> On the other hand, increases in life expectancy appear to be slowing or even reversing, which might be partly due to widening health inequalities.<sup>2</sup>

Together, these trends raise the question of whether it is fair or feasible for everyone to work for longer. People with poorer health are more likely to permanently exit the labour market at younger ages than people in good health, and studies have observed socioeconomic inequalities in healthy life expectancy<sup>3</sup> and rates of health-related retirement.<sup>4</sup>

One population indicator that has been used to monitor extending working lives is working life expectancy, the expected number of years that people spend in paid employment. This indicator has advantages over measures such as average retirement age as it can take into account possible returns to work. This measure is important as increasingly people go through a gradual transition to complete retirement.<sup>5</sup>

Another indicator that has been proposed but for which far less research exists<sup>6</sup> is healthy working life expectancy, the expected number of years spent in work with good health.<sup>7</sup> In *The Lancet Public Health*, Marty Parker and colleagues<sup>8</sup> estimated healthy working life expectancy at age 50 years in England and examined inequalities in this indicator of healthy working life by sex, educational attainment, deprivation level, occupation type, and region. The authors used data from waves 1 to 6 (2002–3 to 2012–13) of the English Longitudinal Study of Ageing, a nationally representative sample of adults aged 50 years and older in England. They defined good health as having no limiting long-standing illness. Their estimate of healthy working life expectancy at age 50 years was 9.42 years; in other words, on average an individual living in England aged 50 years can expect to spend just over 9 years in paid employment and without limiting long standing illness. The average healthy working life expectancy was 10.94 years for men and 8.25 years for women.

The authors found inequalities in healthy working life expectancy by area-level deprivation, such that individuals from the most deprived quintile could expect 3.73 fewer years of healthy working life beyond

the age of 50 years than those from the most affluent quintile (healthy working life expectancy of 6.80 years for the most deprived quintile vs 10.53 years for the least deprived quintile). There were also inequalities by level of educational attainment, occupation type, and region.

The authors used data on limiting long-standing illness, a health indicator that has been validated across different settings and countries. Interestingly, the authors obtained similar results in a sensitivity analysis based on self-assessed health (healthy working life expectancy was 9.63 years with self-assessed health compared with 9.42 years for limiting long-standing illness). Strengths of this study include the application of multi-state modelling methods based on longitudinal data from a nationally representative survey in England.

A considerable proportion of the older working population is known to drop out of the labour market before reaching the State Pension age. Parker and colleagues make a novel and important contribution to this evidence by providing the first estimates of healthy working life expectancy for England. Their findings highlight that, at the time of the study, healthy working life expectancy for men was well below the 15 years between age 50 years and the State Pension age (65 years for men throughout the study period; 60 years for women until 2011). Although their data were for the period before the increase in the State Pension age, their findings make an important contribution to the debate around the practicalities and desirability of extending working lives. These findings are also highly relevant to the UK Government's stated goals to increase healthy life expectancy for all by 5 years and to reduce inequalities in health in later life.

Further research is now needed to inform policy to promote both healthy lives and sustainable working lives. As the authors note, combining health and work into healthy working life expectancy poses challenges in terms of disentangling the relationship between work and health. As well as poor health being related to work outcomes, it is well known that work influences health. Thus, future research should consider both working life expectancy and the combined healthy working life expectancy. Although working conditions have been shown to predict healthy life years,<sup>9</sup> there is limited evidence about how they affect working life

expectancy and healthy working life expectancy. One of the challenges facing research, policy, and practice in this area is an absence of occupational specificity. In this study the authors categorised respondents according to whether they were self-employed or working in manual or non-manual jobs. To be able to develop policies to support workers across the occupational spectrum there is a need for more focused studies with different occupational groups. Future research should also investigate the impact of the life course, as other studies have shown life course factors such as earlier work and family histories have a substantial impact on both employment status and health in later life.<sup>10</sup>

Finally, the authors also point to the north-south divide in their research, reflecting findings from many other studies of regional inequalities in the UK. Going forward, it will be important to monitor the impact of major events such as the ongoing COVID-19 pandemic and Brexit on regional economies and how these events could in turn affect health and employment for older adults.

We declare no competing interests.

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