

# U.S. DATA ON THE CHARACTERISTICS AND HEALTH ASSOCIATIONS OF OLDER WORKERS

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Despite an aging U.S. workforce, we have limited data on how the employment experiences and health outcomes of older workers (55 years and older) differ from those of young or middle-aged workers. Much of what we know about aging comes from research conducted in non-work settings (e.g., laboratory experiments, epidemiological investigations of the general population) and indicates that older adults experience a relatively steady decline in many types of biological and physical functioning (Masoro and Austad, 2001). However, the practical impact of these changes on the safety and health of older workers is much less well understood (NRC, 2004). The present study used data from a national U.S. survey to address three basic questions: How do the work arrangements of older workers differ from those of younger workers? How do the health outcomes of workers vary by age? Are older workers more susceptible to the effects of job stress? Methods: Data came from the 2002 General Social Survey which is administered as a face-to-face interview and provides a representative sample of the U.S. adult, non-institutionalized population. In 2002, a 76-item quality of worklife (QWL) module was completed by 1,777 respondents, with 309 individuals (or 17.3%) 55 years or older. Three additional age groups were formed: 18-34, 35-44, and 45-54. The QWL module collected information about work arrangements (e.g., workshift), job characteristics (e.g., job demands), and health and well-being (e.g., back pain, job stress). Descriptive analyses compared the four age groups in terms of working conditions and health. Logistic regression, controlling for gender and race, determined if the association between job stress and health was stronger for older workers, suggesting increased susceptibility. Results: Older workers (55 years+) were more likely to be part-time employees, self-employed, independent contractors, or work mainly at home. They were less likely to be regular permanent employees or in jobs requiring mandatory overtime. Results for health measures were mixed, with older workers reporting poorer general health than younger workers. However, older workers were less likely to be injured, experience poor mental health, or report high levels of job stress. No consistent pattern emerged for back or arm pain. Logistic regression found that job stress predicted virtually all of the selected health measures. However, with the exception of being injured at work and experiencing poor mental health, the adjusted odds ratios for older workers were not consistently larger than those for younger workers.

Discussion: This study clearly indicates that older workers are more likely to experience certain types of work arrangements. However, these differences do not necessarily translate into poorer safety and health measures. In addition, older workers do not display a consistent pattern of higher associations between job stress and adverse health measures compared to younger workers. These findings will be discussed with regard to previous data on older workers from the U.S. Bureau of Labor Statistics, as well as methodological issues (e.g., "healthy worker effect," problem of determining cause-effect) inherent in data collected as part of a national cross-sectional survey.



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