

Employment Availability of Older People

EMPLOYMENT of older persons has been a subject of considerable interest in recent years. Much of this interest has centered on employment practices and the attitudes of society with respect to employment and retirement. Less attention has been given to the extent to which unemployed older people themselves are willing and are also physically able to enter the labor force.

The purposes of the study reported upon in this monograph were:

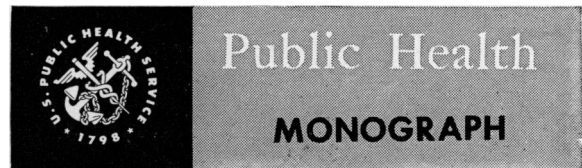
- To measure the individual's subjective assessment of his health and fitness for work.
- To devise a scale for measuring his degree of availability for entry into the labor force, assuming a suitable job opportunity existed.
- To determine how health, attitudes, family composition, and other factors are related to availability for entry or reentry into the labor force.

Methodology was considered to be equally as important as the data derived from the study. The report therefore emphasizes the methods employed, procedural difficulties encountered, and errors that were made, so that other communities interested in obtaining information on health or availability for work among older people might profit from this experience.

The study was conducted in Hagerstown, Md., in a sample of 1,114 dwelling units, 615 of which included one or more persons 45 years of age or older. An interview was conducted with only one of these older persons at each household. The sampling plan devised for the survey is adaptable to the use of many communities for health or employment surveys as well as for other purposes. This sampling method has been described by Woolsey in Public Health Monograph No. 40.

The questionnaire contained four sections. The first was used to obtain basic household and individual data, the second, to obtain informa-

tion on the health and limitations of the older person selected for interview. The questions in the third and fourth sections were asked alternatively of persons who were or were not in the labor force. These sections included questions on present or previous occupation, attitudes toward employment and retirement of older persons, and, for unemployed persons, conditions



No. 51

The accompanying summary covers the principal findings presented in Public Health Monograph No. 51, published concurrently with this issue of Public Health Reports. The author is with the Division of Public Health Methods, Public Health Service.

Readers wishing the report in full may purchase copies of the monograph from the Superintendent of Documents, Government Printing Office, Washington 25, D. C. A limited number of free copies are available to official agencies and others directly concerned on specific request to the Public Inquiries Branch of the Public Health Service. Copies will be found also in the libraries of professional schools and of the major universities and in selected public libraries.

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Lawrence, Philip S.: Availability for work: Chronic disease and limitation of activity. Public Health Monograph No. 51 (PHS Pub. No. 556). 44 pages. U. S. Government Printing Office, Washington, D. C., 1958. Price 35 cents.

under which they would be willing or able to accept employment. Although the questionnaire was pretested and modified, a number of problems in the design of the schedule and wording of the questions became evident when the final form was used in the field. These problems are discussed in detail in the monograph.

Availability for Work

Comparisons between people over age 45 years who are in the labor force and those who are not reveal differences with respect to health, physical limitations, education, marital status, and attitudes toward employment and retirement. The magnitude of the differences shows that employed persons of these ages are a select group and that assumptions concerning the labor force potential of unemployed older persons cannot be made from studies on employed persons nor from usually available population statistics, such as age and sex.

A scale of availability for employment was developed from answers to questions about job-seeking activities, interest in applying for employment, and physical disability. About one-quarter of the men and one-eighth of the women between ages 45 and 65 years considered themselves available for work. Only about 6 percent of men and women over age 65 indicated that they would consider employment. These proportions vary when considered in relation to the length of time since last employment and the kinds of previous occupations. In general, occupational groups which require the least skill or experience contain the highest proportions of persons who consider themselves available for reemployment. The scale used to rate availability shows logical relationships to household characteristics, attitudes toward employment and retirement, sex, and age. Furthermore, the answers regarding specific conditions under which individual respondents would be willing to accept employment were, in the main, consistent with other answers given in the interview. For example, among persons rated high in employment availability, the type of work that they would consider applying for was consistent with their previous experience and educational level.

Although availability for work is associated

with health, still about one-quarter of the people who said they would consider employment had reported both chronic conditions and limitations of activity. In assessing the potential for employment of older people it is not sufficient to obtain information only on willingness to work. Information is also needed on degrees of physical limitations that may constitute practical barriers to employment.

Illness and Limitation of Activity

The primary purpose of obtaining information on chronic illness and limitations was to relate it to employment availability. However, it was thought that there is enough current interest in health surveys to warrant a discussion of this subject in a separate section of the monograph. Since the collection of a large volume of morbidity data was not a primary objective of the study, the data from the sample of 600 households in Hagerstown cannot be generalized to other areas but may be useful as guides in health survey planning in other areas.

This survey differs from most household illness surveys in that each person on whom information was obtained responded for himself. This avoids any bias, particularly with respect to sex differences, that results from acceptance of proxy respondents. In this study, as in others, women have a higher prevalence rate of chronic conditions than do men of corresponding ages. The higher rate for women exists only from conditions reported to be of an episodic nature. More severe conditions affecting the respondent "all the time" existed in equal proportions of men and women.

Ninety percent of the men between the ages of 45 and 64 years who were not in the labor force reported one or more chronic conditions which affected them all the time. Only 14 percent of men 45 to 64 years old who were in the labor force reported such conditions. Similar differences, though not to such a marked degree, exist for women 45 to 64 years of age and for men and women aged 65 years and over. No association between labor force status and the prevalence of chronic conditions which affect the person only "off and on" are evident from this study.

A qualitative scale of activity limitations was

tried in the Hagerstown survey and no difficulties were encountered in its use. The scale ranged from reduction in various types of activity to confinement in a bed or chair.

The degrees of limitation were related to age, sex, employment status, availability for work,

and type and severity of conditions reported. Associations found indicate that a qualitative scale of limitations is a useful yardstick for measuring disability and may, for certain purposes, be more practical than quantitative measures such as days in bed.



Mexican Medical Curriculum

Teaching preventive medicine and public health at 10 medical schools in Mexico has been stimulated through a project of the Dirección de Estudios Experimentales en Salubridad Pública. Three more medical schools have established departments of preventive medicine and 7 others are collaborating with the Dirección. A University of Guadalajara professor, studying at the School of Public Health under a Dirección scholarship, will return to head his school's department of preventive medicine. Through several projects a total of 17 physicians and 4 nurses are studying on Dirección scholarships at the School of Public Health.

—TROIS E. JOHNSON, M.D., M.P.H., *formerly chief, health, welfare, and housing field party, U. S. Operations Mission, Mexico.*

Disease Intelligence Center

The Philippines' Department of Health is planning a disease intelligence center to provide information for the prevention and control of disease. Communicable illnesses are still the country's major health problem and many are unidentified and unrecognized. Sudden outbreaks often reach epidemic proportions.

The center will centralize three preventive medicine disciplines—statistics, epidemiology, and laboratory—and supply data to plan and evaluate health

services involved in preventing and controlling communicable diseases. To provide maximum facilities and personnel, the center will coordinate the cooperating hospitals, medical schools, and other government agencies.

The center will employ a special mechanism for reporting unusual outbreaks of disease, using city, provincial and rural health personnel, private physicians, hospitals, school authorities, and other selected sources. The information the center collects will supplement the usual morbidity and mortality reports.

—FRANK S. MORRISON, *analytical statistician, U. S. Operations Mission, Philippines.*

Jiquilisco's Health Center

The people of Jiquilisco, El Salvador, wanted a health center so much that at a general meeting they donated close to 25 percent of the materials as well as the labor and transportation needed to build it. The sanitarian consultant has been working with the USOM community development specialist, organizing a program for this town of 6,000.

—VERNON R. SCOTT, *sanitarian consultant, Health and Sanitation Division, U. S. Operations Mission, El Salvador.*

First Rural Health Unit

The first rural health unit in Liberia was dedicated at Salala in the Central Province. The unit has a 5-bed ward, delivery room, clinic, combination drug room and laboratory, and waiting room. A midwife, nurse, and dresser staff it, and a doctor visits once a week. The rural health center is part of the effort to extend services to women and children.

—E. MASTHOFF, M.D., *Health and Sanitation Division, U. S. Operations Mission, Liberia.*

publications

How to Study the Nursing Service of an Outpatient Department

PHS Publication No. 497. 1957. By Apollonia O. Adams. 75 pages. 50 cents.

Intended primarily as a guide with which nursing personnel and nursing service administrators of an outpatient department can study how closely their services relate to the goals of their agency or institution and to the goals of good nursing service, this manual can be used to analyze functions and needed skills of all personnel under nursing supervision.

The manual is a collection of a series of studies, such as utilization of nursing personnel, patient waiting, facilities for teaching, record flow in relation to nursing service, and other factors which affect nursing personnel. These can be made individually or as one large study.

This is the fourth in a series developed by the Division of Nursing Resources, Public Health Service, for use by hospitals and others desiring to study nursing services.

The Clinical Center: Current Clinical Studies and Patient Referral Procedures

PHS Publication No. 284. Revised 1957. 32 pages.

Intended for physicians interested in the possibility of referring patients for study to the Clinical Center, National Institutes of Health, Public Health Service, this revised brochure outlines the referral procedures in detail.

The principal study projects for which patients are currently being admitted, and some of the more important diagnostic or other criteria for admission are described briefly.

This publication is revised period-

ically. Hospitals, clinics, medical schools, medical societies, medical journals, and individual physicians will be placed on a mailing list on request to the Director of the Clinical Center, National Institutes of Health, Public Health Service, Bethesda, Md.

The Cancer Quacks

PHS Publication No. 559. 1957. By Charles S. Cameron. 18 pages.

The dangers to life and health for those who fall victim to cancer quacks are set forth with force and clarity in this chapter from Dr. Cameron's book *The Truth About Cancer*, written for the layman.

He describes the three kinds of quack, the quacks themselves, and their patients, and tells what can be done about quackery.

The policy of the National Cancer Institute, Public Health Service, regarding investigation or evaluation of proposed cancer treatment is given in the appendix.

The Older Person in the Home

PHS Publication No. 542. 1957. 34 pages. 20 cents.

Families with older members living in their homes are given specific suggestions for health and happiness in the three-generation household. Some of the most common problems confronting them, physical, mental, and emotional, are discussed.

One section of the booklet is devoted to the more difficult problems that arise when the eldest member is seriously handicapped, and another section gives pointers to consider if it seems necessary for the aged person to move into a nursing home or old people's home.

Although addressed primarily to the housewife, as the key person in the household, the booklet will also

be of interest to public health workers, social workers, religious leaders, and others who provide services to elderly persons and their families.

A bibliography, including available films, is provided.

Municipal Water Facilities, Communities of 25,000 Population and Over

PHS Publication (unnumbered). 1957. 163 pages.

Water supply data for organized community water facilities of approximately 850 municipalities in the United States and Territorial possessions as of December 31, 1956, are inventoried. These data reflect changes during the previous year.

The inventory is designed to aid industry and government in planning broad water developments as well as in planning for industrial expansion and national emergencies.

Information Leaflet

THE FOOD YOU EAT AND HEART DISEASE. *PHS Publication No. 537. (Health Information Series No. 89) 1957. 11 pages. \$5.00 per 100.* Answers many questions asked by the general public on relation of diet to cardiovascular disease. Gives five diet tips for people with any kind of heart disease.

This section carries announcements of new publications prepared by the Public Health Service and of selected publications prepared by other Federal agencies.

Unless otherwise indicated, publications for which prices are quoted are for sale by the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C. Orders should be accompanied by cash, check, or money order and should fully identify the publication. Public Health Service publications which do not carry price quotations, as well as single sample copies of those for which prices are shown, can be obtained without charge from the Public Inquiries Branch, Office of Information, Public Health Service, Washington 25, D. C.

The Public Health Service does not supply publications other than its own.
