Health, Job Loss, and Programs for Older Workers in Canada

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Abstract

Older workers represent a growing proportion of the labour force that is expected to reach 40% by the year 2010. Involuntary job loss within this group has also risen markedly over the past two decades. A review of existing research was conducted pertaining to the relationship between health and employment for this population, and programs to address job loss in latter career stages. Program managers and government personnel associated with these programs in British Columbia were also interviewed. While increased recognition of the need for older worker programs in Canada is positive, the top-down nature of their development, implementation and evaluation has meant that they are largely motivated by fiscal agendas. Although unemployment has a deleterious effect upon both the physiological and psychological health of older adults, this association is rarely considered in program planning or evaluation. Several courses of action to improve older worker programs in Canada are proposed. These include: paying greater heed to employment-related health issues; fostering multi-sectoral collaboration between government, business, communities and older workers and; devising evaluation systems that move beyond short-term quantitative methods toward more qualitative, long-term outcome measures.

Introduction

Various phenomena over the past century, including the escalation of technological change, normalization of retirement, emergence of the baby boom cohort, and population aging have contributed to a labour force that is unique in the history of this country, posing challenges never before faced in Canada. One such challenge witnessed across the country is a rising incidence of job loss within the older worker population, a group that will continue to comprise an increasingly larger proportion of the workforce in the future (Human Resources Development Canada; HRDC, 1999). Within the multidisciplinary field of gerontology, research questions regarding older adults in relation to the work force have most often focused on the issue of retirement. However, job loss experienced in late career is in many ways different from that experienced by younger persons, involving decisions such as whether to take early retirement and, for those who pursue other employment, a typically longer and more difficult job search process (Couch, 1998; LeBlanc & McMullin, 1997). As research points to an association between unemployment and negative health implications (Warr, 1987), this trend of increased older worker job displacement should also be of concern to proponents of health promotion. Unfortunately, programs for older workers have proliferated over the past decade with little attention or input from the disciplines of gerontology or the health promotion perspective. This paper will address the impact of unemployment on older adults’ health and critically review the nature of the programs targeting this group. Informed by the principles of health education as well as the experience of other countries, several issues and suggestions for improvement of older worker programs in Canada are presented.

Employment, Job Loss and Older Adults in Canada

The age category used to define ‘older workers’ used within this paper will be 45 years and older, the same utilized by Canadian government agencies such as HRDC (1999) and British Columbia Statistics (BC Stats, 1997). This cohort represents a growing proportion of the labour force in Canada and other industrialized countries due to the phenomenon of population aging. For instance, older workers comprised 28% of the Canadian workforce in 1994 and 31% in 2000. The estimate for 2010 is 40% (HRDC, 1999). This trend has also been examined in terms of the population of prime entrants into the labour force (ages 20 to 24) compared to the prime retirement population (ages 60 to 64). Whereas the entrant cohort in the province of British Columbia in 1976 was more than twice as large as the retiree cohort, the retiree population is expected to be equal in size to the entrant population in 2011, and surpass them thereafter (BC Stats, 2001). Hence, the importance of older workers to the vitality of the Canadian labour force is projected to grow in the near future (Nathanson & O’Rourke, 1994; Wanner, 1994).

The aging of the workforce intersects with another phenomenon, that of widespread early exit of older adults from the workforce. Despite increased life expectancy and decreased self-reported inability and limitation in ability to work due to health reasons, the trend of early retirement continues in most industrialized countries (Crimmins, Reynolds, & Saito, 1999). This may be largely attributed to private and public policy that has encour-
aged early retirement over the past several decades to the extent that it is now viewed as normative within Canadian society (LeBlanc & McMullin, 1997; Wanner, 1994). Examples of such policies include the drop in Canada Pension Plan eligibility to age 60 and the increased prevalence of senior employee buy-out packages. The short-term fiscal and political gains include the replacement of expensive older employees with younger persons at lower wages and purportedly, the attenuation of youth unemployment. However, the former is achieved at the expense of decreased workplace experience, and the latter has not been realized as youth unemployment has not decreased with the early exit of older workers (HRDC, 1999; Wanner, 1994; Winn, 1999).

It is important to realize, however, that while there are many who desire early retirement, this decision is not always voluntary and may be preceded by an extended period of unemployment and fruitless job search (LeBlanc & McMullin, 1997; Marshall, Clarke, & Ballantyne, 2001; Wanner, 1994). In fact, the frequency of job loss for older workers has risen disproportionately in recent years (Chan & Stevens, 1999; Couch, 1998; Quinn & Kozy, 1996). Whereas job displacement was more common for younger than older workers in the 1980s, this has been reversed such that displacement rates are now higher for those over 49 years of age (Chan & Stevens, 1999; Couch, 1998). Moreover, rates of job loss within the older worker population are higher for non-white and less educated persons (Couch, 1998). On average, older unemployed workers face a 1-year duration out of work (over twice as long as younger workers) and experience a decline in earnings between 20% and 50% of pre-displacement earnings (BC Stats, 1997; Chan & Stevens, 1999; Couch, 1998).

Several reasons have been given to explain the trend of increased job displacement of persons over 44 years of age. Related to the proliferation of public and private policy that have pushed and pulled older workers into earlier retirement, ageist stereotypes of older workers have emerged, which have led employers to question their ability to function effectively on the job (Kaye & Alexander, 1995; Wolf, London, Casey, & Pufahl, 1995) despite a lack of evidence that work performance declines with age (HRDC, 1999; Schultz, 2000). Discrimination against older workers is apparent in terms of differential hiring, and fewer promotion opportunities and on-the-job training (Kaye & Alexander, 1995). Additionally, Barth (2000) and Schultz (2000) note that older persons may be less likely to possess the skills and training most desired within our increasingly global and technological labour market. While older workers offer benefits to the workplace such as a commitment to quality, extensive experience and low turnover, they are typically limited in certain abilities that are highly valued today (e.g., flexibility, acceptance of new technology, a desire to learn new skills) placing them at a disadvantage in the hiring process (Barth, 2000). Other explanations for increased job displacement among older workers include: economic and labour market changes leading to massive plant closures and company reorganizations; social and political pressure on older workers to make room for the next generation (i.e., stepping aside); and inexperience in how to perform a successful job search (HRDC, 1999; Rife & Belcher, 1994; Wolf et al., 1995).

Of course, these trends do not provide the entire picture. For some older adults, such as those who have held blue collar, seasonal, or semi-skilled jobs, a history of job loss and periods of extended unemployment are not unique to late career but endemic of their entire working lives (Kaye et al., 1999). Also, many women have work histories characterized by part-time employment and multiple entrances and exits from the workforce due to family obligations (Fast & Da Pont, 1997). Ethnic minorities and immigrants are other sub-groups who experience greater unemployment (Quinn & Kozy, 1996; Thomas & Rappak, 1998). According to Couch (1998), higher rates of job displacement among older minority workers in the United States may be partially explained by lower levels of education and previous job tenure. Recent immigrants to Canada experience higher rates of unemployment relative to non-immigrants until they have lived in this country more than 15 years (Thomas & Rappak, 1998). This difference may be attributed, in part, to characteristics that are more prevalent among the foreign-born population: visible minority status, older age, and human capital disadvantages such as non-English speaking ability and lack of experience in the Canadian labour force.

Involuntary Job Loss and the Health of Older Workers

Employment and unemployment are contextual factors within individuals’ lives that influence their overall health and well-being. Researchers have tried to tease apart the causal associations observed in cross-sectional studies indicating a link between unemployment or career instability and poorer mental and physical health (He, Colantonio, & Marshall, 2003; Marshall et al., 2001; Warr, 1987). While persons may lose their jobs because of poor health, recent longitudinal research supports the assertion that job loss leads to declines in mental and physical health (Gallo, Bradley, Siegel, & Kasl, 2000).

Both aggregate and individual data reveal a positive linear association between unemployment and premature mortality where longer periods of unemployment are associated with higher mortality rates (Avison, 2002; Jin, Shah, & Svoboda, 1995). An increased incidence of completed suicide is also correlated with unemployment (Vinokur, van Ryn, Gramlich, & Price, 1991). A recent study by Gallo and colleagues (2000) examining the health effects of involuntary job loss among older workers using longitudinal Health and Retirement Survey data found that the effect of this event on physical functioning remains negative and significant after controlling for baseline health, socio-demographic and economic factors. However, the link between job loss and increased physical morbidity appears somewhat ambiguous (Vinokur et al., 1991). For instance, the correlation between unemployment and greater symptoms of physical illness may only occur during times of economic recession (Avison, 2002).
munities and nations over a period of years reveal a general pattern where increased unemployment is followed closely by increased rates of illness incidence (Warr, 1987). Furthermore, in countries such as Canada where healthcare is generally accessible, a clear relationship emerges between job loss and increased utilization of the healthcare system (i.e., hospital visits, physician visits, prescription drug use) by both unemployed individuals and their families (Avison, 2002; Warr, 1987).

The mental health implications of unemployment are also considerable. Even after controlling for pre-job loss health status, differences between the mental health of employed and unemployed persons are consistently reported whereby the latter report greater negative affect, anxiety, distress, and more psychosomatic complaints (Canadian Council on Social Development, 1999; Warr, 1987). Compared to employed persons, unemployed individuals experience higher levels of psychopathology (e.g., depression, substance abuse, panic disorder; Avison, 2002; Warr, 1987).

Longitudinal and cross-sectional research also indicates that involuntary job loss is associated with lower scores on measures of global mental health (Gallo et al., 2000) and self-rated health (He et al., 2003) among older individuals.

Some researchers seeking to understand the association between job loss and health consider the stressful nature of termination (Baum, Fleming & Reddy, 1986; Beland, Birch, & Stoddart, 2001; Ensminger & Celentano, 1988; Marshall et al., 2001). According to the Canadian Mental Health Association (2002), unexpected job loss is a major life crisis, regardless of age, involving a grieving process and the experience of significant stress.

Additionally, unemployment often causes greater stress in one’s family and financial situation that may further undermine one’s sense of self-esteem, self-efficacy, and perceived social support. If a person does not have the resources or skills to cope successfully with this stressful event, negative health outcomes may result. Avison (2002) elaborates on the stress process model, indicating that mediating or intervening factors such as positive social relation-
2002; Westerhof & Dittmann-Kohli, 2000). Accordingly, Bossé, Aldwin, Levenson, and Ekerdt (1987) suggest that their research linking early retirement with symptoms of depression, somatization and anxiety indicates that when retirement is involuntary and out of step with one’s peers (thereby different from the standard biography), poor mental health can result.

Finally, the link between extended job loss and poorer health may be partially explained by the loss of social ties present in the workplace. Social interaction is an important dimension of work for most people (Mor-Barak, 1995). Based on their research, Mor-Barak, Scharlach, Birba, and Sokolov (1992) assert that employment in later life is related to a larger network of friends (not family or confidants) and, through this relationship, to perceived health. While research must further clarify the mechanisms, it is apparent that for older workers who desire employment, the loss of a job has deleterious affects on health; therefore, programs aiming to alleviate involuntary unemployment in this population have important health-related functions.

**Employment Programs for Older Workers in Canada**

Programs specific to older workers did not exist in Canada until recently as older workers have historically been the most advantaged in terms of job stability, security and wages (HRDC, 1999). This relative advantage has disappeared in recent years and various types of programs to aid older displaced workers have since emerged (HRDC, 1999); these include income support, career retraining and job search interventions. Income support programs provide older persons laid off from long-term jobs some financial assistance to bridge the gap until retirement eligibility or new employment. For instance, the Program for Older Worker Adjustment (POWA), jointly funded by the Federal and British Columbia Governments from 1990 to 1997, provided a safety net of up to $1,000 per month to older workers who had been displaced due to downsizing or plant layoffs and had exhausted Employment Insurance benefits (British Columbia Ministry of Advanced Education, 1997). Income support programs, however, may act as a disincentive to reemployment (HRDC, 1999); for example, a 1996 evaluation revealed that POWA participants were 20% less likely to become reemployed than non-POWA older displaced workers. Such income support programs are termed ‘passive’ and contrast with other programs that require ‘active’ participant involvement (HRDC, 1999).

Retraining programs provide older workers with new or updated skills, such as computer familiarity enabling them to be competitive in today’s changing workplace (Wolf et al., 1995). Research shows that high motivation facilitates success in such programs while extensive experience in a single job throughout one’s life is associated with lower success (Wolf et al., 1995). In general, it is important that these programs be well designed for older workers and include elements such as: allowing ample time; providing support and feedback; ensuring mastery at each stage; building on familiar elements; and limiting memory requirements (Wolf et al., 1995).

Retraining components may also be incorporated into job search programs, currently the most popular type of older worker program in Canada. Of the five existing programs targeting older displaced workers in British Columbia’s lower mainland (i.e., Vancouver and surrounding areas), four have a strong job search focus. These interventions teach older adults the requisite skills for a successful job hunt, such as résumé-writing, networking, and interviewing within a leader-led, group environment where participants are motivated by and benefit from the support and feedback of others (Rife & Belcher, 1994). Within these groups, older workers are able to share their fears and frustrations with peers, many whom have had similar experiences.

According to O’Neill (senior advisor for an older worker pilot project administered by British Columbia’s Ministry of Advanced Education and funded by Human Resources Development Canada), there has been a shift where passive income support programs have fallen out of favour and more active programs are receiving funding (personal communication, March 8, 2002). HRDC (1999) suggests that this shift is positive for the older worker, citing research and the results of focus groups held by the National Advisory Council on Aging (NACA) indicating that most older workers want to work and, “for the majority, only full-time employment would satisfy their economic, social and psychological needs” (p. 13). A valid question arises, however, as to why governments at one time thought it best to provide income assistance to displaced older workers but now believe that income support programs are undesirable. The rationale behind this shift is likely fiscal given the realization that an aging workforce has fostered the current trend of early retirement. This change in emphasis to active programs conveniently comes on the verge of the retirement of the baby-boom generation when an exit of this group en masse from the labour force would have significant economic implications. The motivation behind older worker programs is further illuminated by an examination of how (and how not) they are evaluated.

**Evaluation of Programs for Older Workers**

In general, evaluation of programs targeting displaced older workers is limited (Olson & Robbins, 1986; Walker & Taylor, 1999). The Evaluation and Data Development Branch of HRDC (1999) produced a report purporting to summarize the lessons learned thus far from experiences with older worker adjustment programs within Canada and selected countries. While programs targeting older workers vary widely in terms of their frequency, duration, methods and structure, this report and other research identify several characteristics that appear to contribute to the efficacy of such initiatives. The literature indicates that successful programs: are community-based; take a client-centred approach in responding to diversity in goals and abilities; actively involve older workers in development and implementation stages; often include peer-counselling and job-placement elements; have clearly defined goals related to this population and; provide an element of social support (HRDC, 1999; Rife,
in terms of adding more depth to this process. For instance, assessment of the 15 programs that have been funded across British Columbia under this 1-year project will go beyond quantitative data and consider the extent to which participants’ goals were altered and/or met, their satisfaction with their new job once reemployed, and how prepared they felt for their job search (A. Nystrom, personal communication, March 1, 2002; J. O’Neill, personal communication, March 8, 2002).

While the inclusion of qualitative data in the pilot project evaluation process is certainly positive, it still remains unclear whose needs and desires these programs serve. According to the ideals of health promotion, interventions targeting a specific population should involve that group as an equal and active partner in the planning, implementation and evaluation stages (Green & Kreuter, 1991). Although the Older Worker Pilot Project is an improvement in terms of evaluation, the failure to include older workers in its inception suggests that the underlying objectives of the program may be more about ensuring their contribution to the economy (and program continuity) than addressing the unique and diverse needs of participants. Involvement of older workers in the development of programs is necessary to ensure these interventions address participant needs (Green & Kreuter, 1991). For instance, though an older adult may experience several periods of unemployment after an initial job loss, current job search programs do not conduct long-term follow-up to determine whether the participant remains reemployed or shortly returns to an unemployed state. The extent to which older persons who desire to work are maintaining employment after being rehired is a worthy outcome for assessment. With the guidance of older workers, these programs may begin to focus more on health and well-being outcomes rather than short-term job search success. As is, older worker program evaluations rarely consider the health of the individual in the assessment of their effectiveness (Avison, 2002).

Areas for Improvement

Drawing upon examples in other countries, such as Japan and the European Union, apparent are various means by which older worker programs in Canada may be improved. A few have already been discussed, such as the need for a more bottom-up approach that includes older persons in program planning, implementation and evaluation. This could be accomplished through focus groups, representation of older workers on steering and panel review committees, and greater input from program participants. This type of involvement would help ensure that program goals, methods and structure are both acceptable and appropriate for the group they purport to serve.

Also mentioned is a need to include more health-related objectives in the measurement of program success. Only one study could be identified that specifically evaluated program effectiveness in terms of a health-related objective, in this case, reduced depressive symptomatology (Rife, 1992). Hence, an important expansion to current evaluations would be to address programs’ ability to assist participants in coping with the stress, threats to personal identity, and feelings of decreased control that can accompany job loss. Rife (1994) advocates for the assessment of informal and formal support as well as the use of clinical screening instruments to identify pronounced depressive symptomatology by community-based programs providing job search training and placement programs for older workers.

Other issues upon which programs targeting the needs of displaced older workers in Canada may improve include: better communication between program funders, implementers and participants; greater collaboration between government and business; and an attempt to take a preventative and proactive approach to the issue of job loss in late career. Regarding the first issue, it would appear that communication between HRDC, the organizations receiving funding for these programs, and the target population of older workers are not well established. For example, the evaluation report conducted by HRDC in 1999 holds valuable information for program implementers but has not been disseminated to all of these programs (R. James, personal commu-
The utility of conducting an evaluation project is questionable if the front-line workers are not able to benefit from its content. A lack of awareness of the recently initiated Older Worker Pilot Project (that includes a total of 15 programs in British Columbia) is also evident; employment counselling staff at a local HRDC office were unaware of its existence. Obviously, more effective communication is needed to ensure that programs take advantage of recent knowledge and that settings where unemployed older workers seek assistance are fully aware of available resources.

Efforts to increase the collaboration among business, governments, and communities may be one way to promote greater knowledge dissemination and awareness. According to Canada's Framework for Population Health (Advisory Committee on Population Health, 1994), the link between employment and health suggests that "the involvement of employment and business sectors is essential to bring about changes to ensure that the workplace fosters good health" (p. 19). A national initiative established in 1975 to encourage greater workforce participation of older adults in Japan (the country with the highest international rates of labour force participation for an older adult population according to Statistics Canada, 1999), indicates that securing the interest and support of various levels of government and local business are key to their success (Bass & Oka, 1995). Initiatives that forge partnerships among key stakeholders ensure that interventions are feasible, relevant and understood by those who may have a direct or indirect influence on their success as well as those who are intended to benefit from them. One way in which this type of collaborative effort may occur is by involving businesses and influential community organizations as well as sites where older persons may be likely to work. Then, representatives from these settings, governmental bodies such as HRDC and British Columbia's Ministry of Advanced Education, Training and Labour, and the target population could form steering committees with a mandate to plan and/or evaluate programs for older workers. This type of arrangement would foster greater understanding of the situation of displaced older workers and facilitate greater involvement of local businesses and other organizations in programs, such as through job placement opportunities. In Britain, for example, the Hands on Support and Training (HOST) program matches skills and experience of older unemployed managers with projects proposed by local companies or entrepreneurs. After a training program to restore their confidence and latent skills, these older workers assist the start-up of local projects, demonstrating their relevant and valuable experience and abilities to potential employers (Collis, Mallier, & Smith-Canham, 1999).

Finally, given the influence of work on health and the potentially deleterious effects of job loss in late career, consideration of a more proactive approach to dealing with the issues of older displaced workers is warranted. Based on a thorough attempt to identify best practices in the employment of older workers in the European Union, Walker and Taylor (1999) advocate for a holistic approach to age and employment involving "an integrated policy that would encompass the whole career" that includes "both preventative measures (such as lifelong education) and remedial ones (training for older workers lacking specific skills, for example in new technology)" (p. 72).

These authors suggest that implementation of policy and practice with a strict focus on older adults, such as encouraging older workers to remain in the workplace throughout late career by increasing the age of pension eligibility, could have negative implications for aging employees who need to retire early due to ill health. An alternative approach would involve interventions that address the entire lifespan such as ongoing training and education as a normative part of the work experience. According to one advocate of lifelong learning (Schultz, 2000), this should involve a focus on teaching basic skills that are easily transferred across jobs (e.g., computer skills, written communication, financial planning, good health practices). Also, innovative work arrangements such as job sharing and flexible work hours, while challenging to develop, would provide more variety and options to meet the needs and lifestyles of persons of all ages (Wanner, 1994). Collaboration among business, government and education sectors, already identified as an area for improvement, would be critical to making such a proactive, life-span approach successful.

Summary and Conclusion
Examination of older worker programs in Canada brings to light important issues. First, the health implications of unemployment and job loss, particularly as it relates to persons in latter career stages, must be better understood. Research addressing this issue should be disseminated to those who plan and implement programs aimed at unemployed individuals over age 44. Evaluation of effectiveness should consider the ability of programs to achieve outcomes beyond reemployment including those related to health and well-being.

Second, the development and evaluation of these programs must involve greater participation from their target groups. To date, it appears that fiscal objectives imposed in a top-down fashion by governments define these programs. Without the input of older workers themselves, a program’s structure, process and goals may be inappropriate or irrelevant to the group it purports to serve. Related to the first point, this type of participatory action would undoubtedly lead to an increased effort by older worker programs to buffer the negative impact of unemployment on mental and physical health.

Third, a better system of communication between those who fund, implement and participate in these programs is required given the finite resources available to program planners. Lines of communication would be further improved through addressing a fourth issue, the need for multi-sectoral collaboration among stakeholders. This type of cooperative effort would foster understanding, support and input from all parties that have vested interest the success of the intervention.

Finally, a philosophical shift in focus is required to more effectively address the issue of involuntary job loss in late career. This would entail the
reallocation of resources away from remedial programs to those that take a more proactive approach to the problem. These programs might involve life-long learning efforts to ensure that people remain competitive in the workplace across the lifespan as well as the development of a wider and more flexible array of employment options to reflect the diverse abilities, needs and lifestyles that exist within the population.

References


