

Workers and Chronic Conditions

Opportunities to improve productivity

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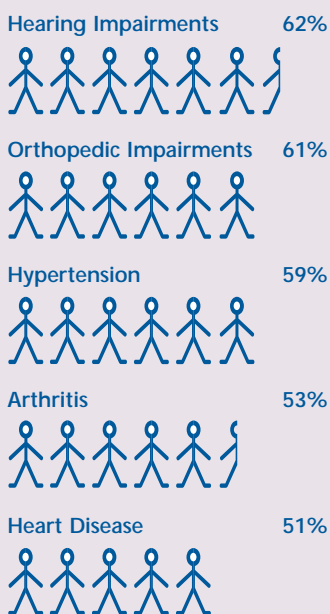


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The majority of people with common chronic conditions are working, but work force participation is lower for those who have chronic conditions than for those who do not. In 1990, lost productivity added \$234 billion to the cost of chronic conditions.¹ If more employers offered flexible schedules, some people with chronic conditions might work more and some might remain in the work force longer. Productivity also would improve if fewer people had to leave their jobs to care for the chronically ill. More options for available and affordable community-based long-term care could allow family caregivers to spend more time in the labor force.

PEOPLE WITH CHRONIC CONDITIONS ARE WORKING

PERCENT OF 45 TO 64 YEAR OLDS WITH COMMON CHRONIC CONDITIONS IN THE WORK FORCE



SOURCE: National Academy on an Aging Society analysis of data from the 1994 National Health Interview Survey.

The most common chronic conditions for people of working age, excluding hay fever and sinusitis, are hypertension, arthritis, hearing impairments, orthopedic impairments, and heart disease. This *Profile* examines the impact of these conditions on the work force.

People with chronic conditions do not fare as well in the work force

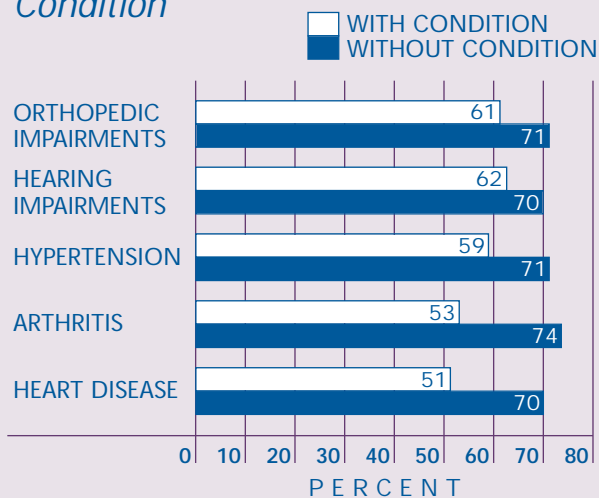
The experience of people with common chronic conditions in the labor force is generally different from that of their contemporaries who do not have chronic conditions. Compared to those who do not have chronic conditions, those with chronic conditions

- generally earn less,
- miss more work,
- and are more likely to retire early.

Labor force participation is lower for those with chronic conditions

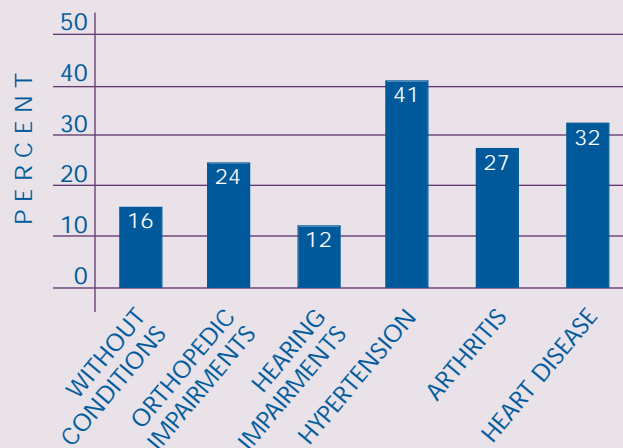
Although the majority of people with chronic conditions work, labor force participation rates are lower for those who have chronic conditions than for those who do not. The proportion of people age 45 to 64 with each of the five common chronic conditions who are working is smaller than the proportion of people the same age who are working, but who do not have these conditions (see Figure 1).

FIGURE 1
Proportion of People Age 45 to 64 in the Labor Force, by Chronic Condition



SOURCE: National Academy on an Aging Society analysis of data from the 1994 National Health Interview Survey.

FIGURE 3
Proportion of Workers Age 45 to 64 Working Part Time, by Chronic Condition

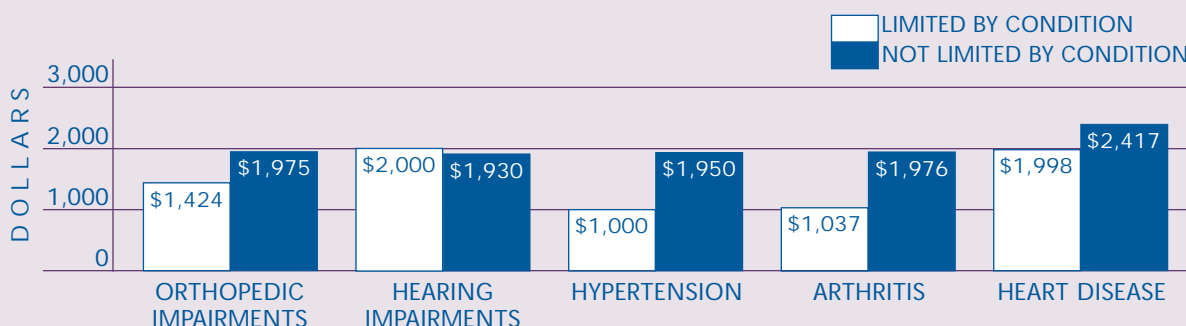


SOURCE: National Academy on an Aging Society analysis of data from the 1993 panel of the Survey of Income and Program Participation.

Workers with chronic conditions earn less

Among workers age 45 to 64, those with chronic conditions tend to earn less than those without chronic conditions (see Figure 2). This may be because those with chronic conditions are more likely to be employed in lower-paying occupations, or are working part time to a greater extent than those who do not have the conditions. In fact, the proportion of workers age 45 to 64 who work part time is generally higher for those with chronic conditions than for workers the same age without chronic conditions (see Figure 3).

FIGURE 2
Median Monthly Earnings for Workers Age 45 to 64, by Chronic Condition



SOURCE: National Academy on an Aging Society analysis of data from the 1993 panel of the Survey of Income and Program Participation.

Among those with chronic conditions, labor force participation is low for people with low incomes

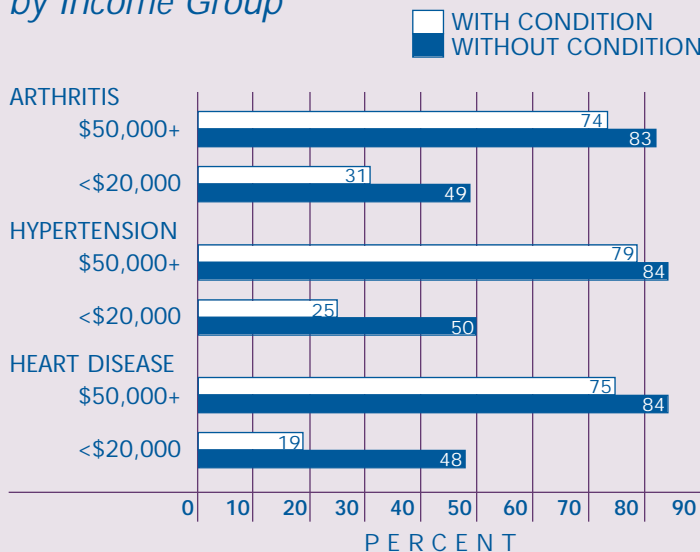
Chronic conditions appear to have more of an impact on labor force participation for the lower-income population than for those with higher incomes. Differences in labor force participation for those who do and do not have particular conditions are greater among those with family incomes less than \$20,000, compared to those with family incomes of \$50,000 or more (see Figure 4).

with incomes of \$50,000 or more have arthritis, compared to 21 percent of women with incomes of less than \$20,000.

Families provide most of the care for those with chronic conditions

Productivity is also affected when people must take time off from their jobs to care for family members who are chronically ill. In some cases spouses, adult children, or grandchildren leave the work force entirely to provide care, or they may take a temporary leave of absence or take more time off from work to care for family members than they otherwise would. If more options for community-based long-term care and more assistance were available to help finance the care, the strain on family members could be reduced and overall productivity could be increased.

FIGURE 4
Labor Force Participation for People Age 45 to 64 with and without Chronic Conditions, by Income Group

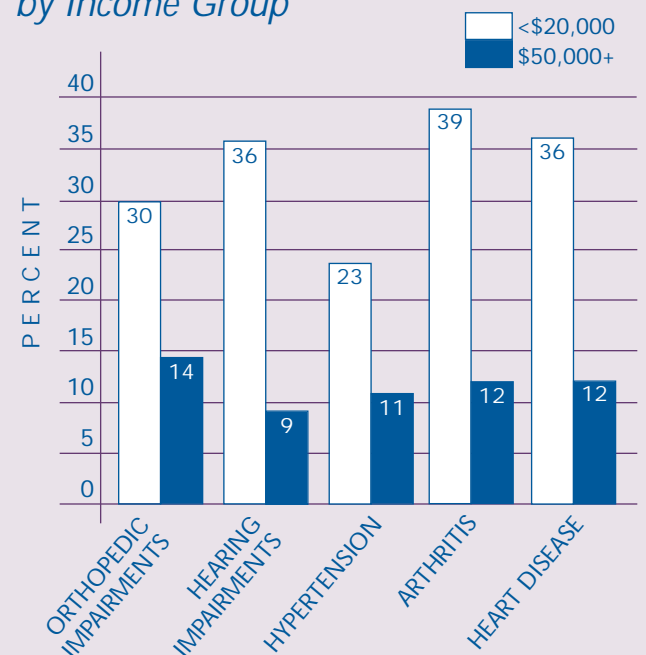


SOURCE: National Academy on an Aging Society analysis of data from the 1994 National Health Interview Survey.

Low-income workers are more limited in their ability to work

A much larger proportion of workers with low incomes, compared to workers with high incomes, report that there are limitations in the type or amount of work they can do (see Figure 5). One contributing factor may be that people with lower incomes tend to have more serious or disabling conditions. For example, 9 percent of women

FIGURE 5
Proportion of Workers Age 18 to 64 with Chronic Conditions Limited in the Type or Amount of Work They Can Do, by Income Group



NOTE: The estimate for people with hearing impairments and an income of \$50,000+ is based on a small sample and should be interpreted with caution.

SOURCE: National Academy on an Aging Society analysis of data from the 1994 National Health Interview Survey.

SOME EMPLOYERS OFFER FLEXIBILITY

Some employers have begun to offer flexible work schedules and other programs that address the needs of employees who have chronic conditions or who care for people with chronic conditions. Options for increasing flexibility in work schedules are offered by about one-third of companies. The option to work any eight hours in the day is the most popular (see Figure 6).

FIGURE 6
Proportions of Companies Offering Flexible Work Schedules

OPTION	PERCENT
Job Sharing	32
Shorter Weeks	35
Shorter Hours	37
Working Any 8 Hours in the Day	71
Working from Home	28

SOURCE: McKonnell, K., P. Fronstein, K. Olsen, P. Ostrow, J. VanDerhei, and P. Yakoboski. (1997). *EBRI Databook on Employee Benefits* (4th edition). Employee Benefit Research Institute: Washington, D.C.

likely to miss school than children without these conditions. The biggest difference is for children with and without asthma. One-fifth of children with asthma—20 percent—report missing a day or more of school in a two-week period, compared with just 7 percent of children who do not have asthma. Less than 15 percent of children with other conditions miss a day or more of school in a two-week period, but in every case children without the conditions miss less school (see Figure 8).

FIGURE 7
Proportion of Workers Age 45 to 64 Who Report Missing a Day or More of Work in a Two-week Period, by Chronic Condition

	WITH CONDITION (%)	WITHOUT CONDITION (%)
Orthopedic Impairments	8	4
Hearing Impairments	6	4
Hypertension	8	6
Arthritis	9	4
Heart Disease	13	6

SOURCE: National Academy on an Aging Society analysis of data from the 1994 *National Health Interview Survey*.

Chronic conditions affect attendance at work and school

The proportion of workers with chronic conditions who report missing a day or more of work in a two-week period is small, but higher in every case than the proportion of workers without chronic conditions who miss work. For example, the proportions of workers who have either orthopedic impairments, arthritis, or heart disease, and report missing a day or more of work in a two-week period are at least twice as large as the proportions of those without these conditions (see Figure 7).

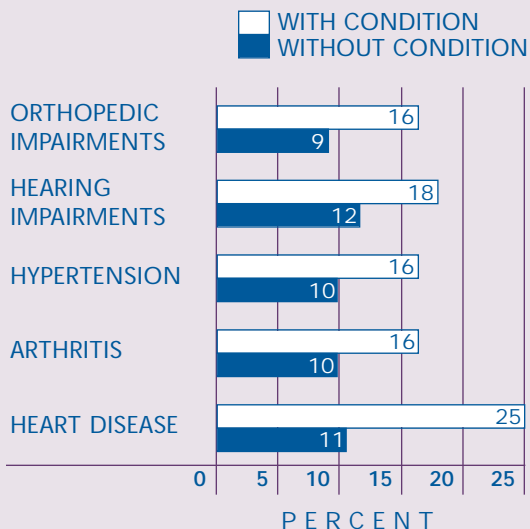
Children age 5 to 17 who have one of the five most common chronic conditions for that age group, sinusitis, hay fever, asthma, bronchitis, or diabetes, are more

FIGURE 8
Proportion of Children Age 5 to 17 Who Report Missing a Day or More of School in a Two-week Period, by Chronic Condition

	WITH CONDITION (%)	WITHOUT CONDITION (%)
Sinusitis	12	8
Hay Fever	13	8
Asthma	20	7
Bronchitis	14	8
Diabetes	14	8

SOURCE: National Academy on an Aging Society analysis of data from the 1994 *National Health Interview Survey*.

FIGURE 9
Proportion of People Age 51 to 61 Who Are Completely Retired, by Chronic Condition



SOURCE: National Academy on an Aging Society analysis of data from the 1992 Health and Retirement Study.

Early retirement may be a symptom of chronic conditions

Among 51 to 61 year olds, the proportion of people who are retired is higher for those who have chronic conditions than for those who do not. The greatest difference is for people with and without heart disease. One-quarter of people in that age group who have heart disease are retired, compared to just 11 percent of those who do not have heart disease (see Figure 9).

Health is an important factor in the decision to retire

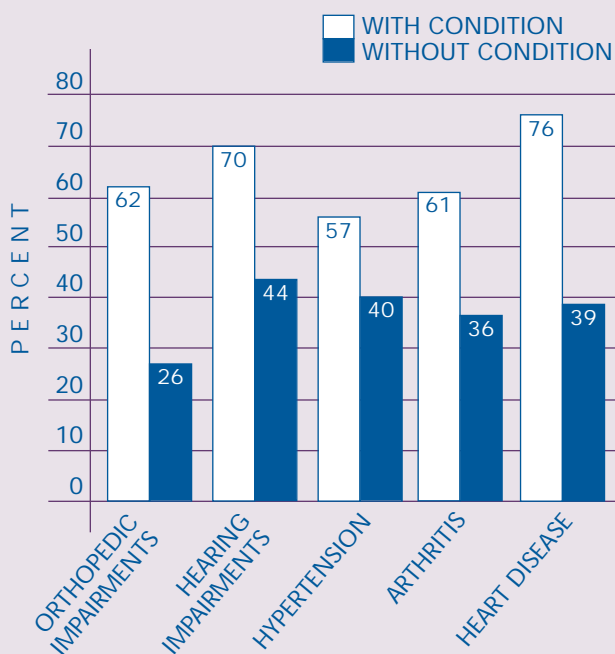
Retirees who have chronic conditions are much more likely than retirees who do not have chronic conditions to say that health was a very important factor in their decision to retire. Substantially more than half of retirees with chronic conditions cited health as a very important reason for retirement, compared to far less than half of retirees without chronic conditions (see Figure 10).

Some of the retirees with health problems may have reached a point where they or their employers felt that they could no longer do their jobs. Perhaps some retirees might have continued working if their employers had offered them part-time work or flexible work schedules.

Retirees with chronic conditions are less satisfied

Among retirees age 51 to 61, smaller proportions of those with chronic conditions are very satisfied with their retirement. For example, some 21 percent of those with heart disease are very satisfied with their retirement, compared to 46 percent of those without heart disease. And the proportion of those with orthopedic impairments who are very satisfied with their retirement—29 percent—is half that of those without orthopedic impairments—58 percent.

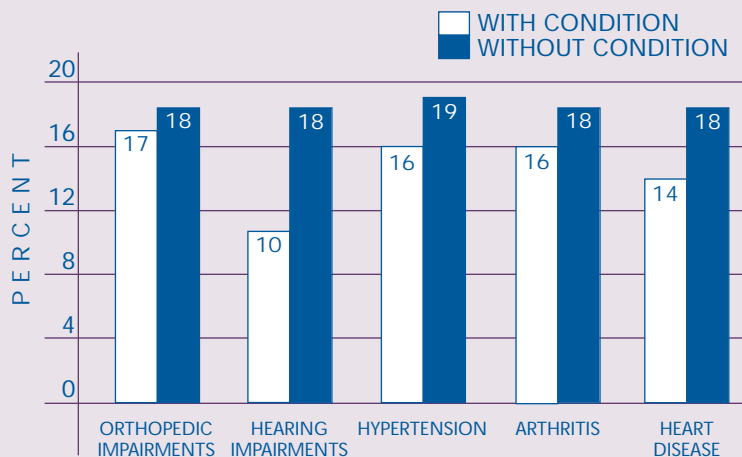
FIGURE 10
Proportion of Retirees Age 51 to 61 Who Say Health Was a Very Important Factor in Their Decision to Retire, by Chronic Condition



SOURCE: National Academy on an Aging Society analysis of data from the 1992 Health and Retirement Study.

FIGURE 11

Proportion of People Age 51 to 61 Who Volunteer, by Chronic Condition



SOURCE: National Academy on an Aging Society analysis of data from the 1992 *Health and Retirement Study*.

People with chronic conditions volunteer

People with and without chronic conditions volunteer in their community to a similar extent (see Figure 11).

1. The Robert Wood Johnson Foundation. (1996). *Chronic Care in America: A 21st Century Challenge*. Princeton, NJ.

ABOUT THE *PROFILES*

This series, *Challenges for the 21st Century: Chronic and Disabling Conditions*, is supported by a grant from the Robert Wood Johnson Foundation. This *Profile* was written by Laura Summer with assistance from Greg O'Neill and Lee Shirey. It is the 10th in the series. Previous *Profiles* include:

1. Chronic Conditions: A challenge for the 21st century
2. Hearing Loss: A growing problem that affects quality of life
3. Heart Disease: A disabling yet preventable condition
4. At Risk: Developing chronic conditions later in life
5. Arthritis: A leading cause of disability in the United States
6. Diabetes: A drain on U.S. resources
7. Caregiving: Helping the elderly with activity limitations
8. Childhood Asthma: The most common chronic disease among children
9. Depression: A treatable disease

The National Academy on an Aging Society is a Washington-based nonpartisan policy institute of The Gerontological Society of America. The Academy studies the impact of demographic changes on public and private institutions and on the economic and health security of families and people of all ages.

ABOUT THE DATA

This *Profile* presents data about people who have five common chronic conditions: orthopedic impairments, hearing impairments, hypertension, arthritis, and heart disease. Unless otherwise noted, the data presented in this *Profile* are from four national surveys of the community-dwelling population of the United States. The 1994 National Health Interview Survey (NHIS) was conducted by the National Center for Health Statistics. The NHIS defines orthopedic impairments as deformity or impairment of the back, other upper extremities, and lower extremities. The 1993 panel of the Survey of Income and Program Participation (SIPP) was conducted by the U.S. Bureau of the Census, and provides data for the population age 18 to 84. The SIPP defines orthopedic impairments as problems with the back or spine and stiffness or deformity of the foot, leg, arm, or hand. Wave 1 of the Health and Retirement Study (HRS) provides information for the population age 51 to 61 in 1992. The HRS defines orthopedic impairments as problems with back, feet, or legs. The study of Assets and Health Dynamics Among the Oldest Old (AHEAD) provides information about respondents age 70 and older in 1993 and 1994. AHEAD includes hip fracture, joint replacement, and other musculoskeletal system and connective tissue conditions, excluding arthritis, in the definition of orthopedic impairments. The HRS and AHEAD were sponsored by the National Institute on Aging and conducted by the Institute for Social Research at the University of Michigan.



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