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FAST FACT: AGING WORKFORCE -DECREASING THE IMPACT

This Public Services Health & Safety Association (PSHSA) Fast Fact provides an overview of aging vs healthy aging, how possible physical and cognitive changes are loosely associated with a person's age in years, an understanding of what is the functional ability of an individual and how the employer can influence the functional ability of their workers with supporting aging workforce policies. This information aims to guide an employer in effectively managing the possible impact an Aging Workforce may have on an organization.

Statistically we are looking at the global population as having 1 in 5 over the age of 60 by 2050. The Canadian population aged 65 and older is expected to double over the next 25 years. In 2011 42% of the Canadian workforce was in the 45-64 age group with a prediction of a continual rise in average age until 2031.

The World Health Organization's <u>World Report on Aging and Health, 2015</u> outlines an Aging and Health Framework. This framework can provide strategies for employers in decreasing the impact of the aging workforce. These strategies include Combatting Ageism, Enabling Autonomy, and Supporting Policies for Healthy Aging. Supporting policies such as Musculoskeletal Disorder (MSD) prevention, Wellness promotion, Psychological Health & Safety, Workplace Harassment, Hazard Identification & Assessment, and Return to Work.

The first practical step for every organization is to complete an age audit. An organization should monitor the age of their workers, the age of intake, and the age of workers leaving the organization. What gets measured gets managed, if an organization does not know they have a group of workers all in their late 50s with particular skills about to leave in the next few years how can an organization be prepared for the void it may cause.

DEFINITIONS:

AGING: the impact of the accumulation of a wide variety of molecular and cellular damage over time. This may lead to: a decrease in physical and mental capacity, a growing risk of disease, and death. <u>World Report on Aging and Health, 2015</u>



AGEISM: is the stereotyping, prejudice, and discrimination against people on the basis of their age. <u>WHO - Ageism</u>

AUTONOMY: is the capacity to make an informed, un-coerced decision.

DEMENTIA: is a syndrome that affects memory, thinking, behaviour and ability to perform everyday activities <u>WHO - Dementia Dec. 2017</u>

FUNCTIONAL ABILITY OF AN INDIVIDUAL: is defined as the individual' intrinsic capacity (the physical and mental health) and how the environment/extrinsic world (the home, communities, work, & society) affects the individual's intrinsic capacity. <u>World Report on Aging and Health</u>, 2015

HEALTHY AGING: World Health Organization (WHO) considers Healthy Aging in a holistic sense, it is based on life-course and functional perspectives. Healthy Aging is the process of developing and maintaining the **functional ability** that enables well-being in older age. <u>World Report on Aging and Health, 2015</u>

MENTAL HEALTH LITERACY: aims to increase the knowledge to recognize specific mental health disorders, risk factors, knowing how to seek mental health information; and developing a prevention program.

WELL-BEING: a general term encompassing the physical, mental and social aspects of a person, that make up what can be called a "good life" <u>World Report on Aging and Health, 2015</u>

Possible Physical Changes	Possible Cognitive Changes
 People lose 15-20% of their strength from ages 20-60 	 Decrease in inductive reasoning Selective attention Dual-task activities Information processes Depression Dementia
 Between the age of 30-65 the functional breathing capacity can reduce by 40% 	
Higher risk to lose balance	
Not able to regulate sleep as well	
 Decrease ability to regulate internal temperatures 	
Decrease in visual acuity	
Decrease in audio acuity	

These possible physical and cognitive changes are not linear nor consistent. These changes are loosely associated with a person's age in years. For example: some 70 year-olds are in good health and very functional, while other 70 year-olds are frail.



HOW CAN THE EMPLOYER INFLUENCE THE INTRINSIC CAPACITY AND EXTRINSIC WORLD THEREFORE INCREASING THE FUNCTIONAL ABILITY OF OUR AGING WORKFORCE?

The Centre of Research Expertise for the Prevention of Musculoskeletal Disorders (MSD) suggests adapting WHO's Aging and Health Framework. Employer strategies should include: combat ageism, enable autonomy, and support healthy aging in policies.

Employers can combat ageism by addressing the stigma or common beliefs that are associated with the Aging Workforce. Although there is a possible reduction in physical and cognitive capabilities with the older person does it really translate to decrease in productivity? The study of work ability and aging has been explored since the late 1990s. The Centre of Research Expertise for the Prevention of MSD found the research to be conflicting and inconclusive. Dr. Dwight Chapin completed a MSD Prevention: Case Study and found the risk for injury is related more to the difference between the demands of work and the worker's physical work capacity rather than their age. The link between aging & occupational health is inconclusive enabling autonomy.

Employer strategy, enabling autonomy, can be implemented by ensuring the aging workers are encouraged to discuss their hazards and are involved in developing solutions to lower the risk of the hazard to the aging worker. Research suggests enabling autonomy benefits older workers when involved in creating solutions for MSD Hazards. When ensuring autonomy the older worker maintains productivity and will be able to remain in the workforce longer.

The challenges organizations face are a lack of supporting policies to address combatting ageism and enabling autonomy. An effective Health & Safety Management System would include the following supporting policies to encourage Healthy Aging: Musculoskeletal Disorder Prevention, Wellness Promotion, and Psychological Health & Safety in the Workplace, Workplace Harassment, Hazard Identification and Assessment, and Return to Work.

Supporting Policies to increase the Functional Ability of your Aging Workers:

An MSD Prevention Program Enables Autonomy. MSD are disorders of the musculoskeletal system. They may be caused or aggravated by various hazards or risk factors in the workplace such as awkward postures, repetition and/or force. MSD are the most common type of hazard in the workplace and a proactive approach is required to prevent these injuries. By recognizing possible individual declines in physical capacity the employer can modify the environment. This process would increase the functional capacity of the individual and as a result maintain productivity. Preventing-MSD-Workplace-Responsibilities-Participation-and-Safety-Culture MSD & Ergonomics

A Wellness Promotion Program to Combat Ageism. An employer providing opportunities and education for an employee to increase their physical and mental capacity with a wellness promotion program can result in improving the functional ability of the worker. The University of British Columbia - Okanagan reveals that a daily dose of fitness can be life-changing, The Benefit of Exercise for Healthy Aging. While regular exercise can help seniors live longer and more independent lives, very few Canadians over the age of 65 are getting enough exercise to reap the benefits. How much and what kind of physical exercise should we be participating in? Physical Activity - Canada.ca



A Psychological Health & Safety Prevention Program Enables Autonomy. An employer must recognize possible individual declines in mental health of the aging workforce and modify the work environment to improve the functional ability of the aging worker. A Psychological Health & Safety Program that includes primary, secondary and tertiary prevention and intervention will increase mental health literacy and reduce stigma. <u>Psychological Health & Safety Resources</u>

Workplace Harassment Prevention Program will combat ageism. The Occupational Health & Safety Act requires an employer to prepare a written workplace harassment policy, post it in the workplace (unless five or fewer workers are employed) and to develop and maintain, in consultation with the Joint Health & Safety Committee and/or Health & Safety Representative, a written program to implement the workplace harassment policy. <u>Complying with the OHSA</u> <u>Code of Practice to Address Workplace Harassment</u>

Hazard Identification & Assessment Program Enables Autonomy. The Occupational Health & Safety Act requires an employer to acquaint a worker of the hazards, a supervisor is to advise worker of the hazards and a worker is to report the hazard. The use of a Hazard Management Tool provides workplaces with a step- by- step approach to recognize assess and control hazards and monitor the ongoing effectiveness of controls. <u>Hazard Management Tool</u>

A Successful RTW program would increase the functional ability of the aging worker by understanding the intrinsic capacity (Functional Ability and Cognitive Functional Ability) of the aging worker and provide modifications to the working environment to ensure a progressive and successful RTW plan. Seven Principles for Successful RTW - IWH Suitable modified work would include the process of reviewing the physical demands of the job, the workers functional ability form and/or the cognitive abilities form. The goal is a job match by decreasing the physical and cognitive demands of the task/job to support current limitations/restrictions of the aging worker. RTW Program Development. Physical Demands Description Support Successful Return to Work when Mental Health is a Factor

Summary

Healthy Aging is the process of developing and maintaining the functional ability that enables wellbeing in older age. Functional Ability = Individual + Environment. How are you improving the functional ability of your aging workforce?



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