Occupational and educational inequalities in health-related exits from employment at older ages: evidence from 6 prospective cohorts

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Background
Past studies have identified socio-economic differences in the timing and type of labour market exit at older ages. However, few studies have compared these trends cross-nationally. Policy responses to population ageing will be shaped by the societal context in which it occurs. This paper compares the labour market trajectories of older workers (50+) in five countries.
We examine differences by education and occupation in the likelihood of exiting work due to poor health or disability.

**Methods**

Longitudinal data were drawn the British Household Panel Survey (N = 2,812), the English Longitudinal Study of Ageing (N = 5,729), the Finnish Public Sector Study (N = 73,670), the French GAZEL occupational cohort (N = 19,702), the Health and Retirement Study (N = 2,430), the National Survey of Health and Development, and the Whitehall II study (N = 7,913). The sample included employees who were in work between ages 45-55. Age at labour market exit was derived based on the reduction in working hours over follow-up (from >0 to 0). Health-related retirement was defined as exit from work with disability pension or for reasons of poor health. Cox regression models were estimated for each study, adjusted for self-rated health and birth cohort.

**Results**

In all studies, low education and low occupational grade were independently associated with increased likelihood of exit from work due to poor health or disability (HR = 1.58 to 3.81). After adjustment for self-rated health, these associations were fully attenuated in two studies, and partially attenuated in the others. For men but not women, low education and occupational grade were also associated with increased likelihood of exit from work into unemployment (HR = 1.66 to 3.38).

**Conclusions**

There were substantial occupational and educational inequalities in the opportunities for employment at older ages, and the subsequent health outcomes. Policy interventions to extend working life should avoid exacerbating these differences.