Longer work careers through tackling socioeconomic inequalities in disability retirement

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These inequalities affect women and men throughout working life. Socioeconomic inequalities in actual retirement age are also considerable. According to Finnish retirement registers, upper white-collar men retire three years later than their manual counterparts, and a similar but somewhat smaller difference is to be found among women. These differences are largely attributable to the higher disability risk among manual workers.

The determinants of socioeconomic inequalities in disability retirement are manifold and relate mainly to the uneven distributions of the contributing factors in the general population: they emerge from the work environment, although unhealthy behaviours, general ill health and chronic diseases equally underlie work disability (See references 13 and 14 in Supplementary Data). There has been a strong emphasis on psychosocial factors such as work stress in the examination of ill health and disability, whereas physical working conditions have often been neglected. However, physical factors are disproportionally prevalent among manual workers, and are the primary work-related determinants of disability retirement in general and in the socioeconomic inequalities related to it in particular. It is a question here not only of musculoskeletal diseases, but also of mental disorders. In contrast, current evidence confirms that the contribution of psychosocial factors to socioeconomic inequalities in disability retirement is negligible (See reference 15 in Supplementary Data).

The wide socioeconomic inequalities indicate that there is much potential for reducing disability and subsequent early retirement, particularly among the lower socioeconomic groups. Achieving this will also reduce the level of disability retirement in the population more generally. Thus, efficient efforts to tackle this problem should focus strongly on supporting employees in lower socioeconomic groups.

Given the existing research evidence, we suggest focusing on three policy areas in order to narrow the socioeconomic gap in disability retirement: (i) Primary prevention by means of health promotion, basically by reinforcing healthy lifestyles and counteracting unhealthy lifestyles on the one hand, and improving the physical work environment on the other. Such measures would help to avoid or delay the onset of ill health and chronic diseases among people of working age. (ii) Secondary prevention by means of the early detection and treatment of chronic diseases. This would help to avoid or delay the emergence of such diseases and their progress towards severely disabling conditions. (iii) Tertiary prevention by means of moderating the consequences of disability. Supporting employees with chronic disabling conditions by means of treatment and occupational rehabilitation would avoid or delay the onset of severe work disability that eventually leads to premature retirement.

Supplementary data
Supplementary data are available at EURPUB online.
In this issue of the Journal, Bessudnov et al.¹ paint a disturbing picture of the state of inequalities in male mortality in Russia. The existence of inequalities is in itself not surprising; inequalities of varying magnitude have been seen across Europe.² It is the magnitude of the inequalities that gives cause for concern; elevated hazards among men aged 21–70 years in manual occupations of between 99% and 226% relative to higher professionals were not greatly attenuated even after adjustment for education, income and perceived social status.

The authors note some limitations to their research, including the small sample size and the exclusion of men who lived in single-person households, which make direct comparisons with other studies difficult and preclude a detailed investigation of the causes underlying the inequalities. But the great strength of this prospective study is the information it adds regarding inequalities by occupational social class and perceptions of wealth, power and respect.

So, what could lead to such large inequalities in mortality? Bessudnov et al.¹ suggest that the extensive market reforms to which the Russians had been subjected would have impacted (negatively) to a greater extent on the lower-skilled manual workers and those who perceived their own status as low in the post-reform society. The extent of the inequality, compared with that observed elsewhere, they believe may be due to differential patterns of alcohol consumption between social groups. This is in line with research indicating that those who fared worst during the turmoil of the transition from communism were more likely to drink alcohol heavily.²

If it was the combination of economic turmoil and increased alcohol consumption that led to the stark inequalities seen in Russia, how does this bode for the rest of Europe? The financial crisis through which Europe is currently passing will have a deleterious effect on the health of the public. The combination of job losses or job insecurity, reductions in wages and cuts to healthcare and other public services will have a differential impact across society and will be felt more acutely by some countries than others as governments implement their austerity measures. But early analyses have shown that there has been an immediate impact of the public. The combination of job losses or job insecurity, reductions in wages and cuts to healthcare and other public services will have a differential impact across society and will be felt more acutely by some countries than others as governments implement their austerity measures.

References