What’s New With The Aging Workforce

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TODAY’S PRESENTATION

- Statistical Overview
- Normal Aging Processes and Workplace Impact
- New Trends and Developments
  - Frequency Numbers Getting Closer
  - Workers’ Compensation Costs
  - Sleeping on the Job
- Strategies for the Workplace
Between 2000 and 2020, the number of people in the 55 to 64 and the 65+ age brackets will increase by nearly 40%.

The fastest growing age bracket is those 85 and older.
The Aging US Population

By 2005 there will be 58 million workers in this country.

Median age = 40.5 (highest ever)

The number of workers 45 and older has doubled since 1950.
The Aging US Population

United States Workforce Aged 55+
- 18.2 million in 2000;
- 25.2 million in 2008;
- 31.9 million in 2025.

38% increase over the past 10 years and 75% increase in the past 25 years.
Why Now?

✓ Expanding economy
✓ Declining birthrate
✓ People living longer
✓ Social Security eligibility age rising
✓ Lack of retirement planning
✓ Baby boomers
✓ “Sandwich” generation
Visual Changes as We Age

- Loss of elasticity of lens or lens yellows; more light required to see.
- Lens hardens, ciliary muscles get weaker - eyes can’t change shape to focus as well or as quickly.
Visual Changes as We Age

- Distance acuity/motion perception reduced.
- Contrast sensitivity reduced.
- Phototrophic acuity decreased - light to dark transitions
Visual Changes as We Age

- Slower rate of scanning - especially if visual field cluttered/contains distractions
- “Near point” gets further away - the closest an object can be and still in focus (presbyopia)
- Age 20 = 4”; age 40 = 8.5”
Auditory Changes as We Age

- Presbycusis begins between age 35-40
- Results in difficulty:
  - tuning out background noises;
  - detecting simple, low intensity sound;
  - locating the source of the sound;
  - discriminating sounds when multiple noise sources are occurring.
Develop a more “conservative reach” (elbow closer to the torso, limited elevation of shoulder).

- Grasping objects becomes harder.
- Fine motor skills decline.
Muscular Strength

Basic strength peaks at 30; declines thereafter. Decline is more rapid after 60, regardless of our overall physical condition.
Other Physical Capabilities

- Muscle mass and elasticity
- Bone mass and degeneration of the spinal structures
- Control of posture stability
- Balance and coordination
- Ability to recover balance
- Speed of movement
- Ability to regulate body temperature
Most findings related to cognitive losses have occurred in laboratory settings.

Though the losses are real, we are not entirely sure how workers are affected in a real-life work setting.
Regardless of the cognitive changes, there is no evidence that our innate intelligence deceases as we age!
Cognitive Changes

- Fluid intelligence is impaired (short term memory).
- Ability to retrieve and transfer information is reduced (long term memory).
- Decisions made more slowly although the quality of the decisions is not affected with age.
Cognitive Changes

- Ability to “multi task” decreases, worse if tasks need to be prioritized, tasks are unfamiliar, or time is short.
- Ability to learn new material or skills slows.
- Response time slows, especially as the task gets more complex.
Miscellaneous Issues

- Polypharmacy – 10 to 30% of ER visits by older adults are due to adverse drug reactions
- Increase in depression
- Loss of spouse or siblings
- Increase in obesity of general population
In the Workplace

FALLS

- Adults over age 64 have a 3x greater risk of falling
- Average lost work days for a fall-related injury:
  >55 - 11 days
  <55 - 6 days
In the Workplace

**FATAL FALLS**

15 to 44 - >15 feet  
45+ - >7 feet

*14% of fatalities among older workers are from falls (9% for younger age groups)*
In 2005 deaths among older workers accounted for 26% of all fatalities - ~15% of the workforce

In 1998 – 23% and 12.6%
In the Workplace

Fleet Safety

- Leading cause of fatalities for workers >55 is roadway MVAs (22%)
- Non-roadway MVAs accounted for another 12%
- Opposite for general public
In the Workplace

- More likely to occur at an intersection – turning left
- Merging or changing lanes on highway
In the Workplace

Possible Reasons Why

1. Glare/vision issues
2. Slower reaction times
3. Decrease in cognitive functioning
4. Decreasing range of motion
5. Chronic medical problems
In the Workplace

Older workers who must drive for work can’t self-select driving times and often are rushing to meet deadlines.
In the Workplace

Ergonomics Related Injuries

- 37% of all work-related disabilities among older workers are CTDs.
- Particularly for joints and rotator cuff injuries
In the Workplace

Hearing related disabilities are the third most common disability among older adults; behind arthritis and hypertension.
Psychosocial Issues

- Hiring freezes/lay offs = more overtime and longer shifts.
- Shift work has a cumulative fatigue effect; less tolerated by older workers.
- Decreased alertness becomes more prevalent.
In the Workplace

Psychosocial Issues

- $4 billion per year spent due to worker absenteeism - dealing with personal problems among older workers;
- $4.9 billion to replace employees who resign for work/family issues.
In the Workplace

- Median days away from work for all workers = 6
  - 35-44 = 5.5
  - 45-54 = 8
  - 55-64 = 10
  - 65+ = 12
In the Workplace

- Studies suggest as much as 70% of the increase in severity is from:
  - Different mix of treatments for same diagnosis
  - More expensive treatments used for older workers

- Example – carpal tunnel
  - Older workers get surgery
  - Younger workers get PT
In the Workplace

- Additional impact from co-morbidities
  - Makes diagnosis more difficult
  - Harder to determine work-relatedness
  - Makes actual treatment more complex and difficult
Recent trends in Workers Compensation:
1. Attempt to address cost increases via pre-existing conditions
2. More evidence to support a claim
3. Stricter rules for permanent disability
4. Overall reduction in benefits – hurts higher wage earners more
5. Longer time off leads to higher premiums for employers
Results:

- Harder for older workers to qualify
- Harder to determine job-related versus cumulative impact of aging
- Significant proportion of older workers on Social Security Disability - as high as 1/3
- Most go on to Social Security - don’t return to work
In the Workplace

A Crucial Distinction

- Total injury *rates* are actually lower among older workers; although older workers take longer to recuperate or have injuries that are fatal.
- However recent data suggests this may be changing.
In the Workplace

- From 1994-2002

Overall decline in injuries = 6%
Older Workers = 4%
Younger Workers = 8%
Strategies and Solutions

1. Raise the level of illumination.
2. Consistent, even light levels.
3. Gradual changes in light levels.
4. Eliminate glare.
Strategies and Solutions

5. Increase color contrast.
6. Improve visibility of stairs.
7. Proper set-up of computer work stations.
8. Consult with a lighting/noise reduction expert
Strategies and Solutions

1. Use pastels on walls and large areas.
2. Green/blue walls for tasks requiring high concentration.
3. Provide visual interest in color.
4. Critical machine parts in bright or contrasting colors (no more than 5 accent colors).
Strategies and Solutions

1. Reduce overall level of noise and background noise with sound dampening products.
2. Assure that alarms/warning devices have both auditory and visual alarms.
3. Implement a Hearing Conservation Program.
Strategies and Solutions

- Substitute levers or push buttons for knobs.
- Assure that tasks have a comfortable range of motion – review control panels.
Strategies and Solutions

Muscular Strength

Provide opportunities for strength training – (on site gyms, fitness classes, morning stretches).

Encourage employees to participate in fitness programs off work.
Strategies and Solutions

How About a “Fatigue Recovery Room”?

- Remember the Exxon Valdez, Bhopal, and Chernobyl???
- Journal of Occupational and Environmental Medicine – fatigued workers cost $136.4 billion/year
- NASA study found productivity increases of up to 34%
- Reductions also found in heart disease, stress, and increased memory
Strategies and Solutions

- Effective at mid-afternoon and middle of night for 20 minutes (circadian rhythms)
- Caffeine not nearly as effective
- “Sleep is the new sex!”
Strategies and Solutions

Ergonomic Issues

- Weak abdominal muscles/lack of regular exercise = spinal instability and back pain.
- Walking/weight bearing exercises are crucial as we age – provide opportunities (time and space) at workplace.
Strategies and Solutions

Fall Protection

- Housekeeping, housekeeping, and more housekeeping!!
- Color contrast on ramps, surfaces, and stairs
- Handrails on all stairways
- Establish a balance exercise program.
Strategies and Solutions

Fleet Safety

- Evaluate delivery schedules/routes
- Regular driving refresher training classes
- Regular medical evaluations for drivers
Strategies and Solutions

Cognitive Changes

- Minimize the complexity of tasks.
- Consider automating certain processes.
- Eliminate clutter on computer screens and work areas.
Strategies and Solutions

Cognitive Changes

- Lengthen time requirements between steps in a task.
- Reduce need for multi tasking.
- Increase decision making time.
Strategies and Solutions

- Older adults learn differently, respond positively to opportunities to practice.
- Use frequent, hands on refreshers (especially for emergency responses/AAR tasks).
Strategies and Solutions

Effective training:
- relates to past learning experiences,
- moves at an acceptable pace,
- involves learning smaller pieces of information at a time.
Strategies and Solutions

Psychosocial Issues

- Develop care-giving resources referral list.
- Provide retirement planning resources.
- Provide opportunities for older workers to transition into retirement – part time, flex time, bridge employment.
- Expand FMLA benefits.
Strategies and Solutions

Psychosocial Issues

- Provide opportunities for workers to take responsibility for their health – wellness programs, fitness training, weight management, etc.
- Brown bag seminars on “senior” issues – i.e. medication use, depression, coping with loss, disease management.
WHAT’S NEW WITH THE AGING WORKFORCE

Thanks for your attention!!