Challenges to Health Promotion Among Older Working Women[1]

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The work site has been a place of successful health promotion among certain groups, most notably men in management. The potential of work site health promotion among women, particularly among older working women, remains unexplored. Given women's greater longevity and women's likelihood of spending more years disabled, work site health promotion among older women workers could be a good means of reducing health risks in later years and thus reducing health care costs. In this paper, current knowledge about the health risks of working women in late middle age is outlined and some challenges to the development of work site health promotion programs among older women workers are highlighted.

Le lieu de travail est un endroit particulièrement fructueux pour faire de la promotion de santé auprès de certains groupes, notamment les hommes occupant des postes de gestion. Les possibilités de promotion de la santé au travail pour les femmes, particulièrement auprès des femmes plus âgées, n'ont pas beaucoup été exploitées. Etant donné que la durée de vie des femmes est plus longue et qu'elles risquent de passer un plus grand nombre d'années avec des infirmités, la promotion de la santé sur les lieux du travail parmi les femmes ayant déjà un certain âge pourrait être une bonne façon de réduire les dangers pour la santé au cours des années subséquentes et ainsi réduire les frais de santé. Dans cet article, on évoque les connaissances actuelles sur les dangers pour la santé au travail des femmes déjà avancées dans leur vie active et on présente certains des défis qui se posent pour l'élaboration de programmes de promotion de la santé au travail parmi les femmes plus âgées.

Older women of labour force age seem to be overlooked in work site health promotion programs. Myths about women's work, women's rootedness in family and beliefs that only men retire,[1] combine with misconceptions about aging to make older women workers seem less appropriate target groups for health promotion. Insufficient research on the relationships of work and health among middle-aged and older women provides a knowledge base unequal to the task of either dispelling prevalent misconceptions or developing good health promotion programs.

In this brief overview, I summarize what is known about aging women, work, and health, dispelling myths and misconceptions. In particular, I focus on the biases that may guide current thinking about the health of older women. Given what is known, I explore some challenges to health promotion among older women workers and the implications these programs and policies might have for retired and older women in the future. Lastly, I suggest some principles which might guide the development and implementation of health promotion programs and policies for older working women.

Aging Women, Work and Health: What is Known?

Not enough is known about the relationship between work and health in any groups,[2,3,4,5] and even less is known about the health risks and benefits experienced by older working women.[6,7,8] Given the prevalent assumption that work is what men do, research has focussed largely on men's health risks at work.[9,10] Gerontological research, consistent

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with the assumption that work is men's domain, tends to focus largely on men's experiences with retirement, and women's with widowhood.[1,7,11] In spite of the dearth of research on the health of older working women,[12,13] hints can be obtained from various bodies of evidence about women's well-being in late middle-age. From these hints, guidelines can be derived on which to develop health promotion programs specifically for older working women.

The scant, but growing, research on women, work and health has found that employed women generally experience better health than housewives.[4,5,14,15,16,17] Women who have high status jobs experience even more health benefits.[9] Women who are not healthy, however, may be hidden in the housewife category, thereby confounding the effect of work on health among women. Women tend to face stresses at work as a result of their lower pay, lesser job security, lack of control over their work, sexual harassment, and combined responsibilities at home and at work.[13,15,17] These stresses are probably greatest for working women with limited education, immigrants (particularly immigrants who enter Canada as family class and who have no access to language training),[18] ethnic minorities and older women.[15,17] Women's job-related stresses and apprehensions about job loss may be exacerbated by the prevalent belief that men are the more legitimate workers.[15,17,19,20] So, even though work has a generally beneficial effect on women's health, working women experience considerable job-related and life stress.

Research on women and aging has focussed largely on those aged 65 and beyond.[1,11] The two areas that have received particular attention, widowhood and social support, reflect the misconception that women are primarily family-centered and dependent.[1,21,22] Research has also focussed on women's longer lives, on women's greater sickness and disability,[23] on women's often dire economic circumstances in the later years,[24] and on women's heavier responsibilities as care-givers to aging family members.[1,11] It has also been noted, although without priority, that aging for women is, as Posner terms it, a "double whammy" since the effects of sex and age discrimination are combined.[24]

Women's greater longevity is central to the challenges faced by aging women.[25,26,27] Women often outlive husbands, therefore spending their last years widowed; 75% of older men are married but only 40% of older women. Greater longevity can mean more years spent in disability, which taken together with the absence of a care-giver at home, results in women's greater likelihood of institutionalization.[11,25] The lack of pensions for homemakers in Canada and the fact that many husbands' pensions do not have survivors' benefits means that women in old age are often poor.[25] A few gerontologists have even expressed the fear that increased efforts at illness prevention might have the consequence of increasing health care costs by postponing deaths and adding to women's years spent in disability.[25]

From the growing research on general women's issues, it is learned that inadequate or biased research on women can result in male models being the basis on which programs for women are built.[2] In the case of health promotion at work, for example, it may be incorrect to assume that for women, work is the primary stressor and home is a sanctuary from stress.[14] Similarly, it may be incorrect to assume that women's lives centre more on family than on work,[14] and that older women workers have little need for retirement plans or for pensions of their own since they can depend on husbands and families.[1,25] Similarly, male models of health, risk, disability, death and retirement may not be totally appropriate for women.[2,15] The need for more and better research on women's experiences in late middle age is apparent.

Challenges to Health Promotion Among Older Working Women

Given that more women are engaged in life-long paid work and that women on average live longer than men, the work site could be seen as a potential forum for health promotion in anticipation of retirement and old age. Opportunities for health education during the latter years of employment, might enable a reduction (or at least postponement) of disability and dependence in later life among women. Additional potential health benefits could result from the contributions of older women workers being acknowledged by management, in improved planning for the transition to retirement, in stress reduction resulting from better lifestyle, and, perhaps more importantly, from the security that accompanies management's investments in employees' well-being. The potential benefits are significant, but challenges exist to development and implementation of health promotion programs among older working women.

Until relatively recently in Canada,[28,29] health promotion was little understood, given low priority and seen largely as a questionable alternative to the illness cure approach. Further, the preoccupation of health promotion with individual wellness and individuals as consumers rather than workers, led to focussing on lifestyle, diet, exercise, alcohol and tobacco consumption rather than on poverty, occupational risks, socio-economic inequality, sexism, ageism and environmental hazards.[30,31] Work as an influence on health and illness has not been sufficiently emphasized by health promoters.[29,30,31] Thus, those most in need of health programs such as lower paid workers, part-time and temporary workers, older workers and minority group workers, including ethnic minorities, are less often targeted as recipients of health promotion efforts.[32] With recent government reports acknowledging the primacy of social and economic environment, as well as lifestyle, to health,[28,29] health promotion efforts might more readily focus on the work place and be tuned to the needs of groups previously overlooked.

A number of principles seem important to highlight in developing work site health promotion programs for older working women. First, the links between health and economic well-being must be acknowledged.[28,33] Older working women may be ineligible for pensions because of their limited or interrupted work experience or their part-time or temporary work. If they are eligible for pensions, these might be reduced pensions, based on either their own work experience or the presumption, often false, that women can rely on their husband's pensions.[25] Women in the later years of employment, if they are fortunate enough to find jobs, are more often alone than men, either as a result of divorce (men more often remarry) or widowhood. This can increase women's anxiety and stress about their economic well-being with consequent health effects, but it also means that women tend to be more isolated from close social supports. Work site wellness programs directed toward older working women must be sensitive to the social situations of these women, as well as recognizing that many of the problems might best be addressed by programs broader than lifestyle counselling or fitness programs.

Second, older women workers are more often in lower paid work, as indeed are most women, with limited job security. This, combined with awareness of social biases against hiring older people in general, but particularly older women, might result in fears that fitness testing or wellness programs could cost them their jobs.[3,30,31] Older workers may be justly apprehensive that they could be "put out to pasture" just prior to becoming eligible to collect a pension. Thus, any effective health promotion programs aimed toward older working women must be developed with attention to these real fears.

Third, health promotion programs directed toward older working women must focus on the particular health risks faced by women, rather than simply adopt male models of health promotion.[2,3,8,10,15] In particular, older women face risks of arthritis, diabetes, depression, hypertension, foot problems, and of course, cancer and coronary heart disease.[16,20] Among women, more health dollars are spent on long-term disabilities than on life-threatening diseases.[27,33] This means that even though arthritis or depression prevention programs may not be "sexy," or even as easy to implement as other wellness programs,[26] they have the potential of reducing long-term disability and thereby improving quality of life at the same time as cutting health care costs. The challenge is to overcome the combined effects of sexism and ageism which result in programs directed specifically toward older women being given low priority or not taken as seriously as programs directed toward middle-aged men in executive positions.[25]

Fourth, health promotion programs aimed at older working women may need broadening to include women's often heavy family responsibilities in middle age. Women aged 50-65 have been called the "sandwich generation," as they attempt to balance the needs of children (often still at home), with those of husbands who are often older an more sickly than they, with the needs of older parents an in-laws (for which the burden of care more often falls t women).[1] These pressures can mean that female labou force participants in the later work years experienc considerable stress. Any health promotion prograr directed to older women should be careful not to induc guilt or add further stress to women in already stressf situations.

Fifth, health promotion programs, whether intended c not, have an aura of youth about them.[20,30] Older workin women may be resistant to donning pink leotards at noon t work out. The image of health promotion must be adjuste to fit the needs of older people. Its chic middle class imag whether intended or not, may make people who are neith chic nor middle class feel as if health promotion is not f them.[34]

CONCLUSION

From this brief look at what is known about the healt risks and problems of older working women, and th challenges involved, the need for work site healt promotion programs seems apparent. Potential benefi could be substantial, including happier and healthie employees who are more productive right to the time o retirement, healthier older women whose quality of lif could be improved, health care cost savings in the later year and more realistic social and individual planning for th later years. Health promotion programs aimed at olde working women, however, to be successful, mus acknowledge the specific needs and circumstances of thi group. Borrowing health promotion programs found to b appropriate for other groups is not likely to meet the need of older working women. Health promotion also must b broadened to include the socio-economic and famili circumstances of the older woman worker rather tha focussing exclusively on individual lifestyle and healt habits.

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