

Hendrik Jürges, Johannes Siegrist,
Matthias Stiehler (eds.)

Men and the Transition into Retirement

4th German Men's Health Report
Presented by The Foundation of Men's Health

Condensed version



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der Stiftung Männergesundheit

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Men and the Transition into Retirement

**4th German Men's Health Report
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With contributions from Doris Bardehle, Eric Bonsang,
Daniela Borchart, Martina Brandt, Jennifer Burchardi,
Christian Deindl, Dina Frommert, Freya Geishecker,
Siegfried Geyer, Stefan Gruber, Felizia Hanemann,
Hans Martin Hasselhorn, Moritz Heß, Jens Hoebel,
Hanno Hoven, Rainer Jordan, Hendrik Jürges, Theo Klotz,
Adèle Lemoine, Michal Levinsky, Howard Litwin,
Peggy Looks, Thorsten Lunau, Ingrid Mayer-Dörfler,
Anne Maria Möller-Leimkühler, Niels Michalski,
Bernhard Mülbrecht, Laura Naegele, Nikola Ornig,
Kathleen Pöge, Jean-Baptist du Prel, Gregor Sand,
Alina Schmitz, Johannes Siegrist, Stefanie Sperlich,
Anne Starker, Matthias Stiehler
and Morten Wahrendorf

Psychosozial-Verlag

Definition of Men's Health

At the invitation of the Men's Health Foundation, a group of experts developed a new definition »Men's Health« in April 2013. The definition has reference to the WHO concept of »Health« and includes dimensions of health and disease, risk and protective factors that require special prevention and care services for all phases of life (Gesundheitswesen 2015; 77 e30–e39. © Georg Thieme Verlag KG Stuttgart – New York. ISSN 0941-3790).

Definition of Men's health,
developed by the Foundation of Men's Health,
Berlin 24/4/2013

Men's health encompasses the dimensions of health and diseases which are particularly relevant to men and boys.

Health is a state of physical, psychological and social well-being resulting from a balance of risk and protective factors which is the responsibility of the individual, the partners, as well as being a collective responsibility.

Protective factors are a healthy and conscientious lifestyle, accepting one's strengths but also weaknesses as a man, meaningful experience and zest for life, social support and personal recognition.

Especially in men the risk and protective factors are unequally distributed, depending on education, ethnic and social background, income and professional position.

Health problems in men require special preventive and care services throughout life, which for the most part still need to be developed.

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Introduction

Hendrik Jürges & Johannes Siegrist

Since its establishment in 2006, the Men's Health Foundation has been committed to highlight the importance of current health policy issues for a wider readership through a range of scientific contributions and practical reports. Despite the flood of current contributions in new media, the approach of an anthology in print, which concentrates on a single topic and sheds light on many different aspects, still represents an enrichment that can hardly be replaced. This is also particularly apparent in this Fourth Report on Men's Health. It deals with health-related aspects of a particularly important phase of life, the years before and after retirement. In the period of about two decades, encompassing the years before and after the legally defined retirement age, far-reaching and profound experiences are had and decisions are made. They relate to the timing and modalities of retirement from working life and the organisation of the post-professional phase of life. Why is this phase associated with particular risks and challenges for men? What is known about health hazards and their background? What factors in retirement have a positive effect on health and well-being? Answers to these questions will be provided by a group of researchers from the fields of economics, medicine, sociology, and psychology on the basis of their own research results. At the same time, the presented findings clearly show the need for further action in terms of health and social policy. In the next 15 years, the high-birth cohorts of the 1950s and 1960s will reach retirement age and the number of people entering retirement will thus peak. In ten years, more than 20 million people over the age of 65 will probably be living in Germany. The opportunities for an active and healthy »third age« can and should be further improved, also with the help of research findings.

The volume is divided into three main sections, followed by a selection of briefly presented model projects on health promotion and a summarizing outlook. The first part deals with the health situation of men in the age range

between mid-50 and mid-70. Theo Klotz gives a brief overview of the widespread diseases that are particularly common in this phase of life and their gender-specific distribution. Since some of these diseases have common risk factors, including behavioural ones, prevention is of particular importance. The article examines the problem of frequent cancers in older men in greater depth and provides indications of promising measures for early detection, treatment, and prevention. Siegfried Geyer and Stefanie Sperlich examine the question of whether men in old age are on average healthier today than in earlier decades, using their own evaluations of health insurance data. Their results show that this applies to self-rated health and to a certain extent to heart attack and lung cancer. However, the opposite is true for diabetes. At present, it is therefore not possible to speak of a pronounced and uniform »compression« of the disease burden in older men. Mental illnesses represent a particular challenge in this phase of life. Anne Maria Möller-Leimkühler proves this with special reference to depressive disorders. They play a dominant role in absenteeism and early retirement, but are also a serious risk in men over 65 years of age, accounting for about 25 percent. Particularly worrying is the high proportion of untreated depression in this age group and thus also an increased risk of suicide. The article points out the urgency of an improved early diagnosis of this disease especially in men. The article by Doris Bardehle deals with premature mortality. Using mortality statistics data, it is shown for the period 2010 to 2017 that premature mortality among men decreases slightly more than among women, albeit at a higher level. In addition, the mortality is examined 10 years before and 10 years after retirement. Despite the generally positive trend, the government's health policy goal of reducing premature mortality by one third by 2030 compared to the 2010 baseline cannot be achieved. The author refers to successful strategies in this regard in some other countries and thus shows a specific need for action for Germany.

For Germany, too, marked social inequalities in morbidity and mortality are documented, which are more pronounced for men than for women. The team of authors from the Robert Koch Institute led by Kathleen Pöge impressively confirms this trend with new, previously unpublished data of the »German Health Update« study and other German nationwide datasets. Higher incidences of illness among socially disadvantaged men between 55 and 74 years of age are found in coronary heart disease and type II diabetes, and when it comes to depression, the social gap is particularly pronounced in working age. Health reporting supplemented by social indicators is an important prerequisite for needs-based preventive and in-

tervention measures aimed at reducing health inequalities. The first part of the volume ends with a report on the dental health of men between 65 and 74 years of age, the data of which are taken from the study »Mundgesundheit in Deutschland« (»Oral Health in Germany«) from 2014. The findings presented by Rainer Jordan also confirm the above-mentioned social gradient for the common problems of caries and periodontitis, but point out that, compared to earlier years, there are signs of a shift in the incidence of dental disease towards older ages.

The second part of the book focuses on the health situation of working people during the last 10 years of their working careers. Hans Martin Hasselhorn uses new data from the lidA study that he led to investigate the connection between self-assessed health and the intention or plan to leave the workforce early. Interestingly, in this large population of 53- to 59-year-olds, the trend between poorer assessed health and earlier planned retirement is confirmed for both men and women. Jean-Baptist du Prel and Daniela Borchart, also drawing on data from the lidA study, answer a subsequent question, which is important from a preventive medical point of view, about participation in workplace health promotion measures. According to this, men in this vulnerable age phase are less willing than women to participate in these activities, despite their sometimes poorer state of health. The article analyses some of the underlying motives and discusses approaches to optimise health behaviour. It is now well established that psychosocial workloads at a higher working age can impair health. However, there is a lack of evidence on the social inequality of these burdens. Hanno Hoven, Morten Wahrendorf and Thorsten Lunau use data from the European Working Conditions Survey to show that, although some psychosocial stressors are less pronounced in older workers compared with younger workers, employees in precarious and disadvantaged positions are much more affected by these stressors. These results give rise to important implications for pension policy decisions. A considerable proportion of older employees have to give up work prematurely due to a documented reduction in earning capacity. Dina Frommert uses information from the study »Life Courses and Pension Provisions« to analyse the striking differences between this group and the working comparison group. In particular, it is shown that early pensioners have less favourable employment histories and, especially for men, higher unemployment rates. These results also support the promotion of early preventive measures that address health and working conditions.

The transition phase from employment to retirement and the many changes that accompany it, as well as the first years as a pensioner, are the focus of the third part of this book. The most obvious change during the termination of employment and the transition into retirement concerns the increase in available time. Hendrik Jürges uses data from the Federal Statistical Office's Time Use Study to show that the subjective perception of time pressure or lack of time diminishes considerably due to the »gained« time after retirement. A considerable proportion of the freed-up time is spent on unpaid work in the household, or in voluntary work. It is noteworthy that gainful employment itself is sometimes referred to by the still working respondents as the activity of the day that was the least enjoyable and sometimes as the activity that was the most enjoyable. For the latter group, therefore, the goal and meaning of life could be lost with the abandonment of the important, identity-building social role of their work. Johannes Siegrist and Anne Maria Möller-Leimkühler therefore examine the question of whether retirement really does have the characteristics of a critical life event that is associated with health risks, and argue in favour of a consideration that differentiates according to previous professional experience. As a rule, the transition into retirement seems to have a rather positive effect. However, especially if it occurs early and involuntarily, or if there is a high level of identification with the professional role, retirement has a rather negative effect on health and well-being.

Felizia Hanemann uses the German sub-sample of the SHARE study to show that 17% of pension recipients between the ages of 65 and 69 are in gainful employment. Compared to other groups, the working pensioners are in good physical and mental health. There is also no evidence that those who continue to work have to work because of economic hardship. Based on another data source, the Transitions and Old Age Potential (TOP) Survey, Moritz Heß and Laura Naegele also investigate the connection between subjective health status and employment in retirement, but focus on differences according to educational level. They show that health has a stronger influence on the probability of working in retirement than education, and that the influence of health affects people with both high and low educations. Both studies together show that measures of competence development and health promotion, including workplace actors, should support employment and career opportunities at retirement age.

Eric Bonsang and Adèle Lemoine provide an overview of current international studies on the impact of retirement on cognitive performance. The in-

ternational studies show, with a high methodological effort, a quite heterogeneous picture. For example, people in cognitively stimulating professions tend to experience a reduction in cognitive performance after retirement. In contrast, employees in occupations with high physical or psychosocial workload seem to benefit from retirement in terms of health and cognition. Overall, the results show that even in old age people can influence the development of their cognitive performance to some extent, which also indicates potential for intervention. Productive unpaid work or »active ageing« in the form of family care, grandchild care and voluntary work are the focus of the contribution by Alina Schmitz, Martina Brandt and Christian Deindl. Analyses of the German Ageing Survey show that women in almost all age groups between 40 and 85 are more likely to provide care and support, while men are more likely to be involved in voluntary work. As expected, the health effects of active ageing are heterogeneous. In particular, caring for relatives is often perceived as psychologically very stressful. Further analyses using data from the SHARE study show in an international comparison that gender differences in the assumption of tasks and their health effects also depend on the social context. Especially our neighbouring countries in the north offer social services that complement family and other social networks, allowing equal involvement of men and women and lower burdens.

Stefan Gruber and Gregor Sand deal with the health situation of older migrants in another special evaluation of the SHARE data. They show that the health advantage of migrants immediately after arrival in the destination country known as the »healthy migrant effect« turns into a disadvantage in later years and at a higher age. In particular, migrants from southern European countries sometimes show significantly worse physical and mental health than natives, although the difference in physical health tends to narrow with retirement. Nevertheless, the findings suggest that more attention must be paid to the health of older migrants in everyday care. The positive role of personal social networks as an important resource in the transition from work to retirement is also underlined by Howard Litwin and Michal Levinsky with a special evaluation of the SHARE data. Personal social networks offer a wide range of support (practical assistance, emotional care, cognitive support, and community) and reduce the negative effects of retirement on physical, mental and cognitive health. Maintaining and utilising these resources should therefore be given greater focus in social policy measures preparing for retirement.

In summary, some general conclusions can be drawn from this differ-

entiated presentation. With regard to the health situation of men aged between mid-50s and mid-70s, some progress is noted over time (e.g. reduction in early mortality from cardiovascular diseases). At the same time, the social inequality of widespread disorders, including mental disorders, persists, so there is an important need for preventive action. The work and employment situation at the end of working life is characterised by a certain polarisation. On the one hand, there are groups with a good quality of work and the ability and willingness to work until retirement, while on the other hand, groups with limited health and/or stressful working conditions have a high need to terminate their employment prematurely. Further labour and social policy measures are needed to counteract this polarisation. The transition to retirement requires a differentiated approach. For the majority of men, positive aspects of retirement (continued work, voluntary work, hobbies) predominate, while women are partly burdened by caring activities. However, there are also groups who experience the loss of their profession as a crisis and have no options for the post-professional phase. Finally, individual experiences with retirement are subject to a great heterogeneity, depending on education, career paths and available social networks. Here, too, there is a need for action for special groups, as is evident in the example of older migrants. The knowledge brought together in this volume thus provides a large number of suggestions for concrete measures to further improve the living and working conditions of people in advanced age. The selection of individual model projects made at the end of the book provides only a limited insight into the challenges and opportunities of this task.

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1 Health of Men, Ages 55 to 74

1.1 Common Diseases. Selected Gender-Specific Aspects

Theodor Klotz

Diseases with public health impact affect the life expectancy of men and women in modern societies, such as Germany, through lifestyles, aging processes, and socioeconomic circumstances. Among these, cardiovascular diseases, arthrosis, diabetes and cancer are of primary significance. This chapter discusses gender-specific aspects of their prevalence, prevention and treatment, with special emphasis on incidence and mortality of distinct cancers. The chapter also addresses some critical comments on death certificates and their methodological restrictions. As leading chronic diseases share certain risk factors, improved preventive activities are required, and these activities should include individualized risk screening and counseling.

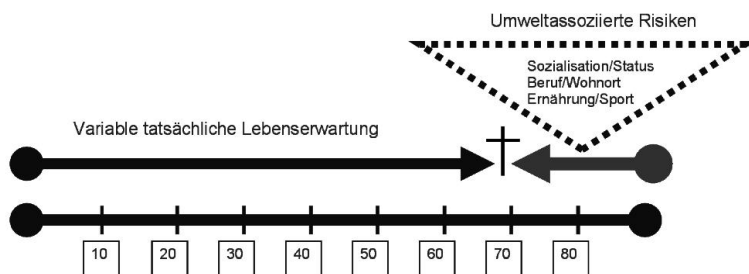


Fig. 1: Reduced life expectancy (*Lebenserwartung*) due to environmental risks (*socialisation, status, job, place of residence, diet, sports*); modified by T. Klotz, source: Prävention und Gesundheitsförderung 2018

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1.2 Temporal Trends of Morbidity and Health of Men in Germany

Siegfried Geyer & Stefanie Sperlich

The temporal development of health and morbidity in the population is determined by the advancement of medicine, but also by societal processes such as educational expansion, changes in labour market participation and working conditions. In 1980 James Fries formulated his hypothesis of morbidity compression. It assumes that the age at onset of disease and disability will be postponed into higher age groups and that disease rates will decrease due to improved primary prevention. Against the backdrop of advancements in medicine, Gruenberg formulated a contrasting hypothesis in 1977 already, stating that the time spent in states of disease and disability will become longer, and disease rates will increase. With these two hypotheses in mind, the present chapter summarizes the empirical evidence of the development of frequently occurring diseases and of self-rated health in the male population in Germany over time. The results on selected diseases are based on routine data from a German statutory health insurance, while results on self-rated health are based on German surveys.

For myocardial infarction and for lung cancer, evidence was found for reductions of incidence rates and for the postponement of disease onsets, thus pointing towards morbidity compression. For type 2 diabetes, it was found that disease rates were increasing, and the age at diagnosis was shifted downwardly. A positive trend emerged for self-rated health, but the trends turned out to be different as dependent on the age groups considered. Improvements were found after transition into retirement while this development was less pronounced in younger age groups.

Evidence for health inequalities was also not consistent. For the case of lung cancer, social gradients such as income and education have widened over time, while in myocardial infarction, they were narrowing in terms of income. In a long-term perspective, no significant changes were reported for self-rated health.

Taken together, data from Germany are not uniformly pointing towards morbidity compression. The question for the development of health in different age cohorts has to be considered with reference to periods of life and to specific measures of health and disease.

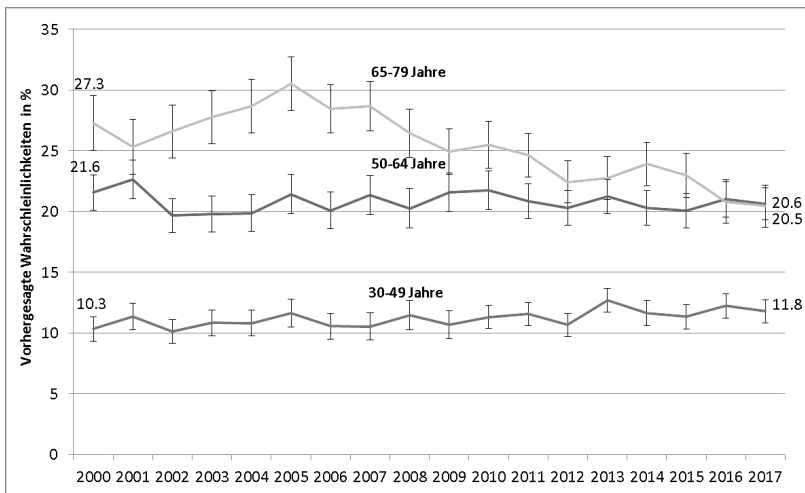


Fig. 2: Changes in the percentage of (very) bad health experienced subjectively (categories 4 and 5 on a 5-level-scale) from 2000 to 2017 in different stages of life (predicted probabilities in %), age-adjusted; source: SOEP, own calculations

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1.3 Mental Health and Mental Disorders Among Middle-Aged and Older Men

Anne Marie Möller-Leimkühler

Middle (40–60 years) and older age (65–75 years) are critical transition periods, while older age is shaped by retirement from work especially for men. These transition periods are associated with processes of aging, need for adaptation and psychological distress. Furthermore, somatic and mental impairments and health risks may occur, which can best be understood in the context of coping and environment.

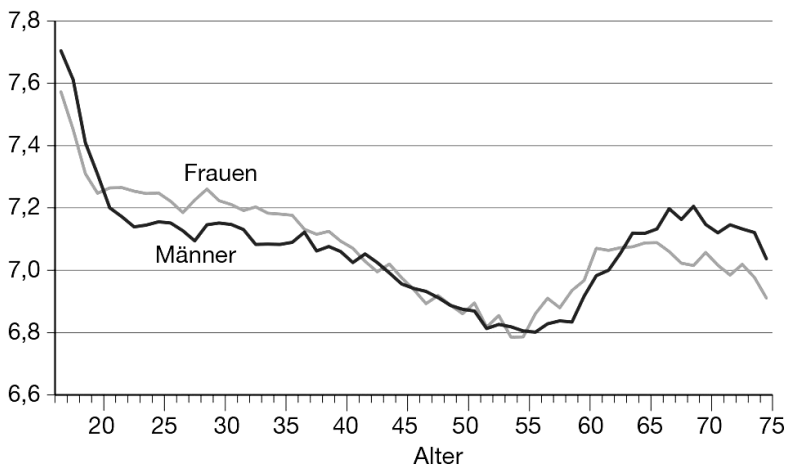


Fig. 3: Average life satisfaction according to age and gender (light grey = women; dark grey = men). Source: Grözingen G, Piper A. Gender(un)gleichheit im Lebensverlauf. *Wirtschaftsdienst – Zeitschrift für Wirtschaftspolitik*. 2019, 99(4), 272–277.

This chapter deals with aspects of aging, global life satisfaction, mental health and prevalence of mental disorders of middle-aged and older men. A main issue is depression, because depression is one of the most prevalent and cost-intensive mental disorders. Already in middle age depression is a prominent reason for disability and early retirement, increasingly also among male employees. With respect to older age, 25% of those over 65 years are suffering from depression and many remain untreated. We discuss reasons and consequences of this undertreatment. Unrecognized depression and disproportionally increasing suicide rates in elderly men are relevant public health problems and require much more attention in public, politics and health care. These problems will be aggravated by the growing life expectancy.

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1.4 Premature Mortality

Doris Bardehle

Improving men's health in the life course requires the implementation of the gender equality approach. The difference of 4.8 years in life expectancy to the detriment of men in 2017 indicates that the causes of reduced life expectancy for men are in part not yet scientifically proven and can therefore not be reduced sufficiently.

WHO/Europe has developed a strategic concept in addition to the Men's Health Report 2018. In line with the UN Sustainable Development Goals (SDGs), one of the key objectives is to reduce premature mortality among men, which is the main factor in the lower life expectancy of men compared to women. Among the leading indicators of sustainable development in Germany, premature mortality by gender ranks first.

In this paper, the premature mortality of men in Germany, compared to

that of women for the years 2010 and 2015–2017, is analysed on the basis of mortality statistics data. Comparisons by 5-year age groups before and after retirement are made. The goal for Germany to reach a premature mortality rate (1–69 years) of 190 in 100,000 men by 2030, at the current level of 288 deaths per 100,000 men (2015), is critically questioned. Do we need a strategy for Germany to improve men's health as recommended by the WHO and already practiced in some countries (e.g. Ireland, Australia)? There are efforts by gender medicine, men's networks and NGOs in Germany to improve men's health in a targeted manner, which will be included in the recommendations for action resulting from the data analysis.

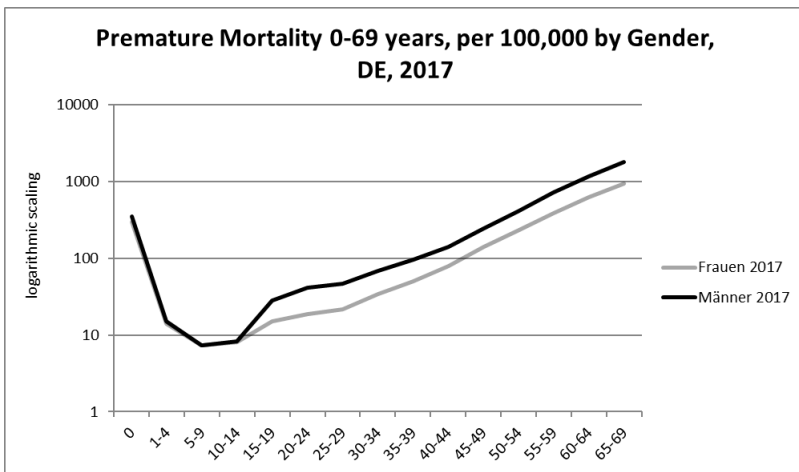


Fig 4: Premature mortality 0–69 years, per 100,000 according to gender (grey = women; black = men), Germany 2017

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1.5 Social Differences in Men's Health in the Transition to Retirement

*Kathleen Pöge, Niels Michalski, Jens Hoebel,
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Background: Retirement represents an important transition in life, which can be accompanied by socio-economic, psychosocial and health changes. Social differences in health and health-related behaviour are particularly evident in the middle working age. The question arises to what extent these inequalities in terms of mortality, morbidity and subjective health can also be observed in the age group of 55 to 75-year-old men. The focus is on the illustration of possible age-related differences within different social status groups.

Methods: The analyses are based on pooled data from the study »German Health Update« (GEDA) of the Robert Koch Institute from 2009, 2010 and 2012, as well as from GEDA 2014/2015-EHIS. Furthermore, data from the Socio-Economic Panel (SOEP) of the German Institute for Economic Research are combined with the official period life tables.

Results: With decreasing income, the risk of premature death increases. Men with a low social status are, on average, more likely to suffer from

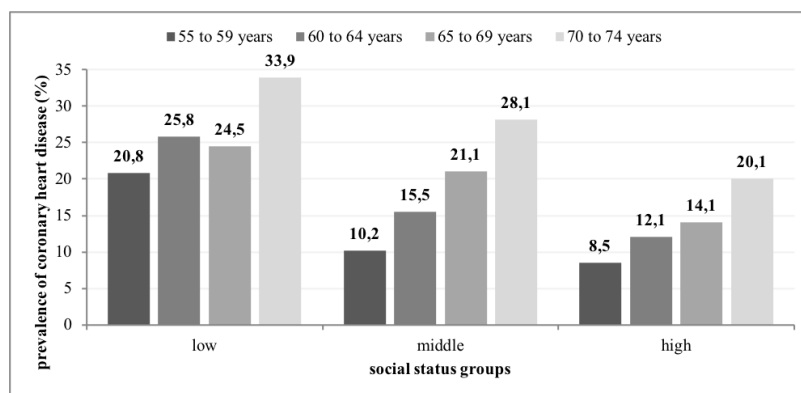


Fig. 5: Life time prevalence of coronary heart disease (%) in men according to age in different social status groups. Source: GEDA 2009, 2010, 2012 (pooled data)

diseases such as coronary heart disease, diabetes and depression than those from middle and higher status groups. Besides behavioural factors, living conditions and psychosocial factors play an important role in explaining these health inequalities. Different burdens accumulate over the life course and thus have an increasingly negative effect on health with increasing age.

Conclusion: Strategies for health promotion and prevention that address people's living and working conditions seem particularly promising to improve health equity. In addition to social status and biological age, other factors such as migration background, sexual orientation and disability have an impact on men's health. The heterogeneity within the group of men should be considered more closely in the future, because only known specific needs allow for targeted prevention, care and health promotion.

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1.6 Oral Health

A. Rainer Jordan

In dentistry, dental caries and periodontitis are the most important epidemiological and health care-related diseases. As chronic cumulative diseases, their importance continues to increase until retirement age. Data on oral health in Germany are regularly collected with the German oral health studies representative of the population. The data presented here originate from the fifth study wave of 2014 and represent the oral health of the 65- to 74-year-old male population (younger seniors) in Germany. Caries (and its subsequent stages) was common among younger seniors in Germany. On average, 17.5 out of 28 teeth showed caries experience, which, after treatment of the acute condition, manifested itself in restorations (fillings, crowns) or even tooth loss. One third of all younger senior citizens also had caries experience in the root area of the teeth. 88% of carious teeth were restored. The caries experience shows a clear social gradient, where lower strata were more affected. Periodontitis was found in 75% of the younger seniors. 25% showed signs of a severe disease progression. Less than one third were periodontally healthy or had only mild symptoms of the disease. Tooth loss as a terminal disease or therapy stage of caries and periodontitis has been declining for years. Younger seniors had 11 missing teeth on average, 82% of which were replaced by dentures. 12% of the sample were completely edentulous, significantly less than a decade ago. When comparing morbidity over time, the burden of oral dis-

eases appears to be gradually shifting to an increasingly higher age. For example, the oral morbidity profile of older seniors aged 75 to 100 years in 2014 was approximately the same as that of younger seniors (65 to 74 years) in 2005. In summary, the morbidity trend in major oral diseases seems to be an indication of the concept of morbidity compression.

Table 1: Key figures showing younger seniors' (ages 65-74) oral health in Germany

Disease		Prevalence	Extent	Severity
		Cases (%)	Mean number of teeth per individual	Mean decrease of periodontium (mm)
Caries	Caries-free	0		
	Root Caries	35		
	Decayed Teeth (DT)		0,7	
	Filled Teeth (FT)		5,8	
	Overall caries experience ¹		17,5	
	Level of restoration	88 ²		
	Fully functional teeth (FST) ³		16,3	
Periodontal Diseases	Healthy/mild	30		
	Moderate	45		
	Severe	25		
	Gingivitis	41		
	Attachment loss			4,1
	Periodontal cases		4,3	
Tooth Loss	Edentulism	12		
	Missing Teeth (MT)		11,0	

1 Caries Experience: Cumulative number of teeth affected by caries (DT) or its after effects (fillings or other restorations (FT) and missing teeth (MT)) per dentition

2 Percentage of restored teeth (FT) in all teeth with treatment needs (DT + FT)

3 Primarily healthy (Sound Teeth (ST)) and Filled Teeth (FT)

Source: Jordan AR, Micheelis W, Hrsg. Fünfte Deutsche Mundgesundheitsstudie (DMS V). Köln: Deutscher Zahnärzte Verlag DÄV; 2016

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2 Gainful Employment – 10 Years Before Retirement

2.1 Health and Employment Perspectives for Men and Women of Advanced Working Age

Hans Martin Hasselhorn

In times of extended working lives, the health of the baby boomer generation is receiving increased public and organisational attention as the workers' health is considered to be a crucial factor for the transition from work to retirement. Indeed, older workers with poor health are more likely to leave work and employment earlier than those with good health. However, is this association of health and subjective employment perspectives similar for men and for women? This report addresses this question, using longitudinal data of 2.853 53- or 59-year-old (2018) socially insured workers who

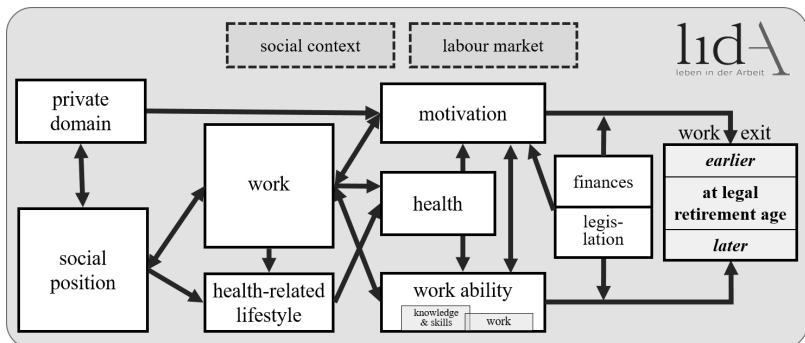


Fig. 6: The lidA conceptual framework on work, age and employment; source: Hasselhorn HM, Ebener M, Müller B. Determinanten der Erwerbsteilhabe im höheren Erwerbsalter – das »lidA-Denkmodell zu Arbeit, Alter und Erwerbsteilhabe«. Zeitschrift für Sozialreform. 2015;61(4), 403–32.

participated in the representative German lidA-cohort study (www.lida-studie.de).

As expected, the findings indicate that – on average – older workers with poor health *want* to leave employment earlier, *plan* to leave earlier and are *not able to* work longer. However, with respect to this association of health and subjective employment perspective, no differences between men and women were found. Thus, these findings do not underline the need for gender-differentiated approaches when it comes to the promotion of employment participation of older workers. However, enterprises who want to retain their older workers should consider the multitude of factors contributing to the length of the working life of older workers. Many of those factors have a different impact on men than on women and may therefore require gender-differentiated approaches from human resource management.

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2.2 Gender Comparison in Workplace Health Promotion and Prevention Among Elderly Employees

Jean-Baptist du Prel & Daniela Borchart

In Germany, health promotion and prevention programmes have gained in importance, thanks to the National Prevention Act of 2015. A vulnerable target group coming to the fore of occupational prevention is the increasing proportion of older workers, especially men. Even without the risk factor »age«, men have a higher morbidity and a lower life expectancy than women do. Furthermore, international studies have found that men participate less often in health promotion and prevention programmes. For the first time in Germany, this study investigates health behaviour, utilisation of workplace health promotion and prevention programmes and its barriers, as well as the motivation of older male workers to change their

own future health behaviour, compared to females. The data are survey results of 3.347 socially secured employees born in 1959 or 1965, gained from the third wave of the lidA (leben in der Arbeit)-study in 2018. Besides an overall higher percentage of obesity in all educational levels, and a lower motivation to change health behaviour in the middle educational level, all socially secured older male workers in this country participate less often in workplace health promotion and prevention programmes in line with international studies. As a major participation barrier, besides time constraints, it was found that currently offered health promotion and prevention programmes do not meet the needs of this target group. Further studies should clarify how appropriate health promotion and prevention programmes for this target group should look like in the future.

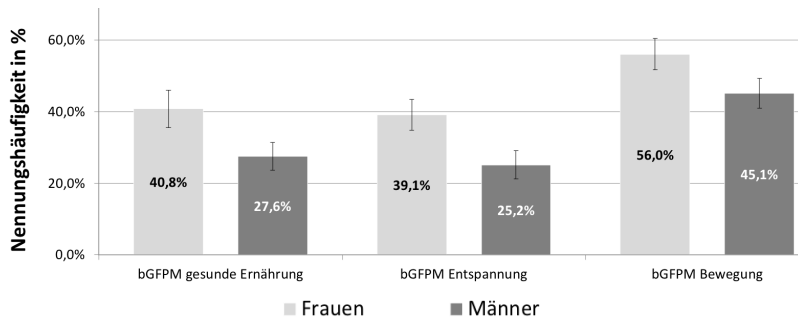


Fig. 7: Participation in workplace health promotion and preventive measures (bGFPM; left to right: healthy eating, tension relief, physical activity) according to gender (light grey = women; dark grey = men)

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2.3 Psychosocial Working Conditions Among Older Working Men

Hanno Hoven, Morten Wahrendorf & Thorsten Lunau

In view of demographic ageing in Europe, the proportion of older people within total populations is increasing. For this reason, the pension legislation of most European countries follows the general trend of increasing the statutory retirement age and of limiting the possibilities for early retirement. In this contribution, we investigate whether raising the retirement age for older men is associated with an increased occupational burden, specifically so among distinct occupations and socioeconomic groups. In doing so, we describe psychosocial working conditions (effort-reward imbalance and job strain) of older workers in general, and among different occupational positions and sectors in particular. Compared with younger workers, older workers report relatively good psychosocial working conditions. However, social differences are evident among older workers with higher work stress in disadvantaged occupational positions and among those in the industry and service sector. In summary, our results support the notion that political regulations raising the statutory retirement age should acknowledge the quality of work of older workers in different occupational positions.

Table 2: Correlation between age and psychosocial working conditions (effort-reward imbalance and demand-control model) for men in the EU-28 countries (n=11749)

		Effort-reward imbalance	High effort	Low reward	Job strain	Low control
		b (p-value)	b (p-value)	b (p-value)	b (p-value)	b (p-value)
Age	30 or younger	0,009 (0,093)	0,061 (<0,001)	-0,054 (<0,001)	0,052 (<0,001)	0,023 (<0,001)
	31 to 54	0,020 (<0,001)	0,047 (<0,001)	-0,018 (<0,001)	0,030 (<0,001)	0,000 (0,935)
	55 to 65	-	-	-	-	-
	(reference)					

Unstandardized regression coefficients, based on linear multilevel models (respondents grouped according to the 28 EU countries), adjusted for ESeC, NACE and employment status (temporary vs. permanent employment)

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2.4 Life Histories and Benefits in Case of Reduced Earning Capacity

Dina Frommert

The article uses data from the study on life courses and old age provisions (LeA) to examine pensions due to reduced earning capacity for the birth cohorts 1957–1966. Different indicators relating to employment histories, present living conditions and financial provisions are presented. For people with reduced earning capacity several adverse conditions cumulate and probably even reinforce each other. Compared to the rest of the population they are not only less healthy, but they also have less stable work histories and show bigger gaps when (old age) provisions are concerned. Men with reduced earning capacity are affected by unemployment more than women with reduced earning capacity and they are less likely to have taken part in

measures of professional rehabilitation. Overall, there seems to be a need for prevention strategies which focus on the life course before the reduction of earning capacity manifests itself and which consider several areas of life.

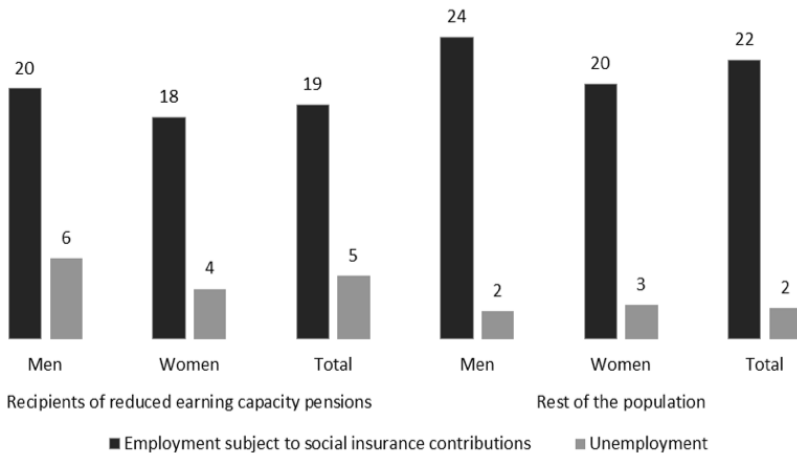


Fig. 8: Indicators of employment histories (in years): early retirees with reduced earning capacity compared to the rest of the population; source: LeA, own calculations, weighted data; n = 5.228

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3 Transitional Period and Third Age of Life

3.1 Spare Time?

Men's Use of Time before and after Retirement

Hendrik Jürges

The transition to retirement as one of the major changes in a person's life naturally brings with it major changes in the way people spend time. Eight hours or more a day, previously spent on gainful employment, must now be filled with other activities. In this chapter, we use data from the Federal Statistical Office's Time Use Study 2012/13 to investigate how the time



Fig. 9: Proportion of respondents who agree or fully agreed to the selected statements regarding time constraints, by employment status, men aged 55 to 74 years; source: own calculations based on the 2012/13 time use survey

used by men between the ages of 55 and 74 differs according to employment status. It shows that pensioners spend about a third of the additional time available with unpaid work in the household or for others, with leisure activities (active and passive) and with personal activities (sleeping, eating). In-depth studies show that for some of those surveyed, employment is one of the activities that are particularly enjoyable, while for others, it is one of those activities that are least enjoyable. Unpaid household chores are also not very popular, regardless of employment status. A clearly positive effect of retirement comes from a self-reported decrease in perceived time pressure or the desire to have more time for oneself or for family and friends.

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3.2 Retirement as a Critical Event in Life?

Johannes Siegrist & Anne Maria Möller-Leimkühler

The transition from employment to retirement is often experienced as a unique and meaningful event. Whether it turns out to be a relief or a stressful time depends on distinct personal characteristics as well as on features of preceding occupational careers. Referring to insights from life event research, this chapter analyses the conditions that increase the probability that entering retirement is associated with enhanced stress and adverse effects on health and wellbeing. A first major result of this review indicates that working people in lower occupational positions and with unfavourable employment trajectories suffer more often from negative consequences of retirement in terms of restricted options of engaging in active ageing and of maintaining good health and wellbeing, partly due to former adversity. While retirement among employed people in higher occupational positions is regarded as loss of social role, evoking concern and mental distress, these groups nevertheless dispose of psychological and social resources to compensate this loss. A second finding points to gender and gender role related differences in retirement. In general, women's duration of labour

market participation is shorter, and they retire earlier, but at the same time their pensions are significantly lower, thus generating marked economic inequality. Yet, compared to men, women are better equipped to cope with potential adverse effects of retirement. In its final part, the chapter discusses some practical implications of these results.

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3.3 What Comes after Work? Employment during Retirement

Felizia Hanemann

The number of people who continue working after retirement has more than doubled in Germany within the last ten years. This chapter compares the health, social and economic situation of working and non-working pensioners with a focus on the male population in Germany. The analyses are based on the German subsample of the Survey of Health, Ageing and Retirement in Europe (SHARE). Descriptive results and marginal effects of a multinomial regression indicate that the age of the respondent, the employment of the partner and the health status influence the probability of working past the retirement age. The financial background seems to play a minor role in the decision of continuing work. Overall, the results suggest that, if health allows it, men continue working after retirement mostly for reasons of self-realization.



Fig. 10: Employed pensioners rate their health better than non-working pensioners; based on SHARE-data

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3.4 Activities in Post-Retirement Work

Moritz Heß & Laura Naegele

In response to the concerns about the financial sustainability of the statutory pension insurance stemming from demographic ageing, pension and labour market reforms aimed at extending working life were implemented in Germany from the mid-1990s onwards. As a result, older workers' employment rates have been increasing. The fastest growing group in relative terms is that of working pensioners. These include those who remain on the labour market beyond the standard retirement age and generate an income from employment in addition to retirement benefits. Based on the second

wave of the »Transitions and Old Age Potential (TOP)« survey, this paper examines the impact of the subjective health status on retired men's employment. It shows that pensioners with a »poor health status« are less likely to work in retirement. These findings prove to be consistent across different educational groups.

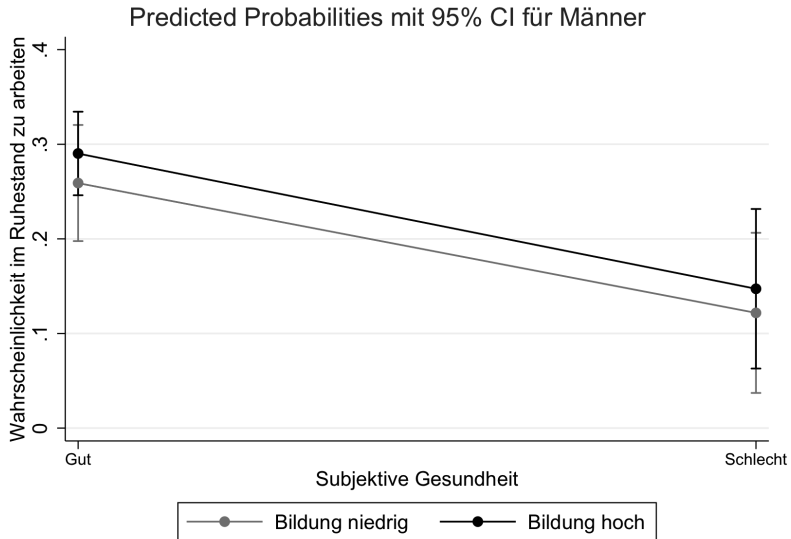


Fig. 11: Predicted probabilities for working during retirement; subjective health from good (left) to bad (right) (light grey = low education; dark grey = high education)

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3.5 Retirement and Cognitive Functioning

Eric Bonsang & Adèle Lemoine

This chapter provides an overview on the findings from studies investigating the effect of retirement on cognitive functioning. Most studies suggest an average negative effect of retirement on cognitive functioning. It also shows that the effect tends to differ according to the type of occupation.

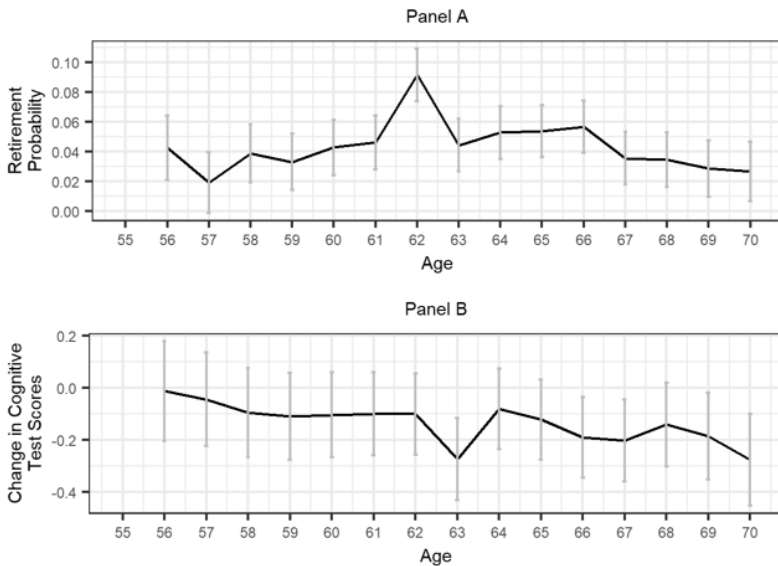


Fig. 12: Changes in retirement probability and changes in cognitive test scores by age; Health and Retirement Study 1998–2008. All respondents were aged between 55 and 70 (horizontal axis). The figures show the relationship between retirement probability and age (Panel A) and between cognitive test score and age (Panel B). The vertical axis represents the change in either retirement probability (Panel A) or cognitive score (Panel B) induced by aging by one year, with the corresponding 95%-confidence interval (vertical grey lines) for each year of age.

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3.6 Active Ageing and Health in Germany and Europe

Alina Schmitz, Martina Brandt & Christian Deindl

In our contribution we focus on the links between men's health and informal engagement (providing care to older family members and grandchildren and as well as volunteering) in the second half of life. We ad-

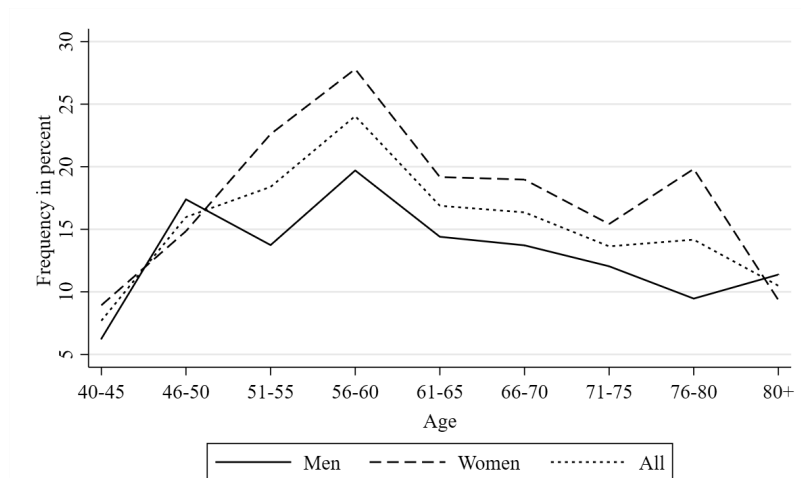


Fig. 13: Proportion of caregivers by gender and age; source: own illustration based on the German Ageing Survey 2017, n = 6,626. Caregiving in the German Ageing Survey is elicited with the following question: *Do you regularly provide any care, support, or other help (privately or as voluntary work) to other persons in poor health?*

dress individual influences as well as contextual factors for active ageing in Germany and Europe based on recent research and our own analyses. We conclude that active and healthy ageing in the community is facilitated in environments where private and public support go hand in hand.

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3.7 Physical Health and Mental Well-Being of Older Migrants in Europe

Stefan Gruber & Gregor Sand

This article explores the differences in physical health and mental well-being between migrants and natives of the European destination countries. Using SHARE data, the study focuses on persons aged 50 and above. The results show that compared to natives, migrants are disadvantaged in terms of physical health and mental well-being. This is especially the case among female migrants from Southern European countries. Additionally, analyses

for the subsample of male migrants reveal differences in grip strength according to employment status. The negative impact of migration is larger for employed than for retired respondents. To sum up, the findings of this study indicate that the health advantage of recently arrived migrants found in other studies diminishes in the long run and even becomes a health disadvantage in later life.

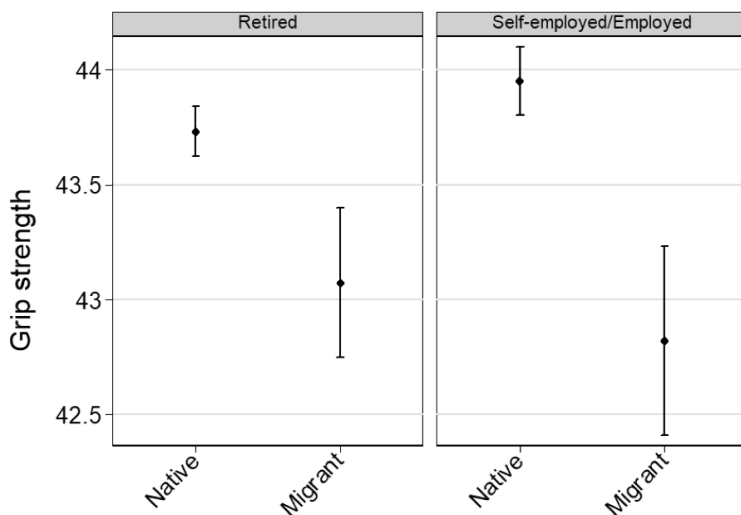


Fig. 14: Predictive margins for grip strength, as objective health measure, of male natives and migrants, by employment status; source: own calculations based on SHARE data, release 7.0.0

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3.8 Do Social Networks Reduce the Negative Effects of Retirement on Health?

Howard Litwin & Michal Levinsky

This chapter examines the effect of retirement on health among European men. It also considers whether social networks affect the relation between men's exit from the workforce and their health status. We base our discussion on an analysis of data from the Survey of Health, Ageing and Retirement in Europe (SHARE), an inquiry that we conducted specifically for this book. Our study examines the unique interrelationships that exist between retirement, social networks and health, considering the effects of several other important variables also known to influence late-life health, so that we can provide new insights into the factors that shape men's health after retirement.

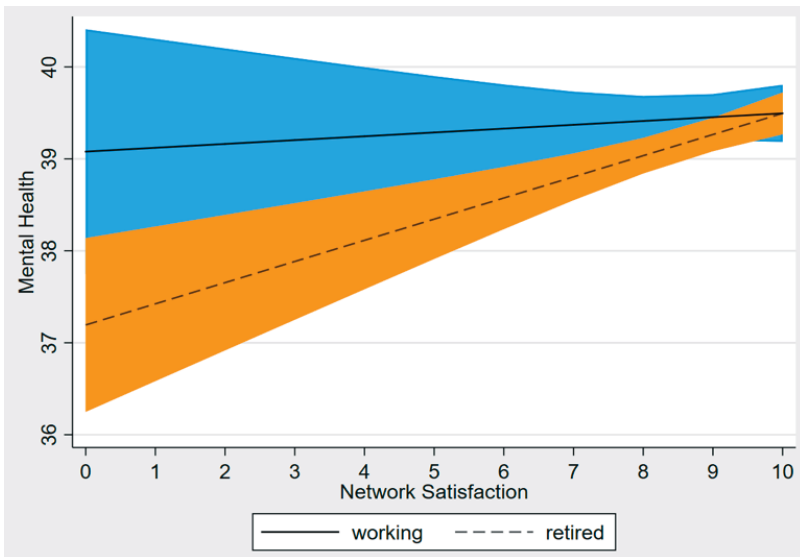


Fig. 15: Mental health in the correlation of retirement status and network satisfaction; note: The graph shows the respective slopes of the correlation between network satisfaction and mental health (CASP scores) among working and retired men (the solid and dotted lines in black, respectively). The shaded areas above and below the respective slopes represent the confidence intervals, that is, the most likely range of values for each group.

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4 Models of Good Practice

4.1 Projects for Promoting Men's Health before and after Retirement – Part 1

Matthias Stiehler

The transition to retirement is considered to be a critical life event involving substantial challenges. To many men, employment is an integral part of their identity, which is lost upon their retirement. Due to high life expectancy and usually good health status upon retirement, retirees face the challenge of actively shaping the new period of their lives. There are numerous projects offering support for the transition towards retirement and for the first time after retirement for men (and women).

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4.2 Life Perspectives 50plus

Ingrid Mayer-Dörfler

»Lebensperspektiven 50plus« (»Life Perspectives 50plus«) offers individual coaching and group seminars for professionals preparing for the

transition into retirement. The trainings are available as public seminars but also through companies. Central aim is to encourage participants to confront themselves with the upcoming challenges of retirement, to discover their own chances and risks and to develop individual approaches to positively influence the transition towards retirement.

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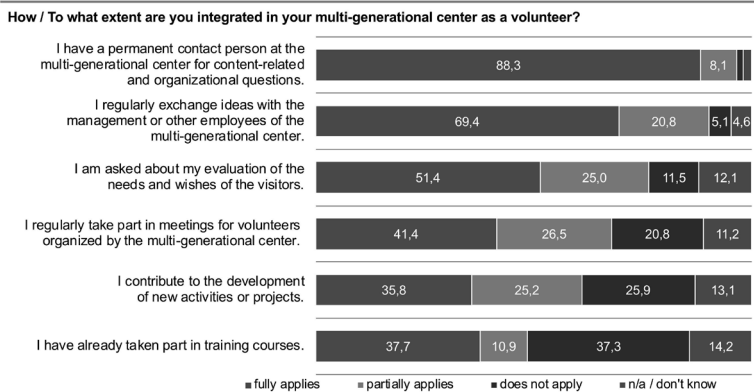
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4.3 Social Participation for All Generations. Offers and Possibilities of Involvement in »Multi-Generational Centers«

Nikola Ornig

The article introduces the concept and method of the almost 540 »Multi-Generational Centers« in Germany, funded by a program of the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth. Based



Source: Survey of volunteers 2018, n = 1463, values < 4 % are not shown

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Fig. 16: Integration of volunteers in »Multi-Generational Centers«

on the results of the scientific evaluation of the program, I describe how Multi-Generational Centers promote voluntary work and social participation. Special attention is drawn to examples and experiences of male volunteers over 65 years.

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4.4 »Social Participation and Promotion of Physical Activity – Projects for Senior Citizens in a Big City«

Peggy Looks & Freya Geishecker

The promotion of physical activity in the state capital Dresden is a central concern. This article presents best-practise-examples with a holistic approach. In addition to promoting physical activity, the examples given also encourage social participation by establishing decentralized low-threshold offers in a growing city. In particular, they focus on gender-appropriate health promotion.

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4.5 Effects of the Housing Project »Living 60plus« on the Health Situation of Formerly Homeless Men

Bernhard Mülbrecht

The housing project »Wohnen 60plus« (»Living 60plus«) is aimed at single homeless men older than 60 years or pre-aged due to long-term homelessness. The project provides assisted living, offering the residents the security of a permanent residence and support measures. Its structure allows privacy and community at the same time. The aim of this housing project is to provide elderly, diseased and needy people with an appropriate and affordable living space and to contribute to the promotion of their health. Due to a significantly higher amount of men in the group of homeless people, most residents of the apartments are men.

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4.6 Projects for Promoting Men's Health before and after Retirement – Part 2

Matthias Stiehler

Health promoting projects offer the potential to support the improvement of health determinants such as well-being and participation. Due to conceptual arbitrariness, projects are associated with certain risks. The »criteria for good practice of social situation-based health promotion« offer a good orientation for the development and conduction of measures. For projects promoting men's health before and after retirement, the criteria »target group orientation«, »setting approach«, »participation« and »empowerment« play a key role.

Gender sensitive approaches are of significant importance with respect

to target group orientation. This, however, constitutes a central weakness in many measures in this field. On the one hand, there is a comparatively small number of projects explicitly targeting men, on the other hand, most gender sensitive approaches are addressing women. This »oblivion of men« should be prevented to support men in the transition to retirement and the organization of pension time. Important approaches therefore are a setting-oriented conception as well as the active participation of the target group in project work.

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5 Conclusion for Society and Politics

Matthias Stiehler

The present Men's Health Report focuses on the transition into retirement. We started by claiming that this transition poses a particular challenge for men due to their usually strong career orientation and that it also involves specific health risks. The aim of the Report is to describe these risks and have them inform social and political action so that the growing number of older people can continue to live in good health and have a good quality of life for as many years as possible. The understanding of health on in this report is based on the WHO definition of »a state of complete mental, physical and social well-being and not merely the absence of disease and infirmity«.

Before Retirement

The transition to retirement begins years earlier. In addition to the social conditions, it also includes the individual's anticipation of this status passage, which consists of clarifying one's financial situation, one's health development in the natural process of aging and of dealing with one's wishes and fears regarding the »third age«.

■ Many men wish to retire early.

Many men strive to avoid retiring at the official time. In the current generation of »baby boomers«, as many as 90% are considering early retirement. The individual's employment perspective for the last few years until retirement plays a major role in this. What is striking here is that despite better health data and a reduction in premature mortality, the subjective perception of health and the health-related quality of life in the group of

55–65-year-olds has not improved over the past twenty years. One possible reason for this is that employers often do not pay sufficient attention to the way the last years of work are designed.

■ Employers should pay more attention to the shaping of the last years of work.

Particular attention needs to be paid to the quality of work, especially if employers aim to retain older workers until the regular retirement age or beyond. It may be necessary to reduce unfavourable work stress and physically demanding work, but at the same time the special experience of older workers should be used. The central factor is the appreciation of older workers and their specific resources. If employers and employees are only concerned with »getting through the last few years of work«, this will not motivate them to work until they reach regular retirement age and beyond. This is particularly true for older men in lower occupational classes, who particularly suffer from high stress levels.

■ Health promotion and prevention should pay particular attention to men with low social status, actively considering their health in retirement.

Diseases that are responsible for premature mortality are more commonly found in this group, such as coronary heart disease, type 2 diabetes and osteoarthritis. These diseases are caused by risky behaviours and psychosocial factors such as the working environment, which on average is less favourable for those of lower social status. Health promotion and prevention should therefore pay special attention to men with a low social status. Social injustices about linking pensions to previous income and learned lifestyles continue after employment.

■ Our society needs older employees.

In addition, policy-makers are called upon to promote more flexible retirement ages and working time models and – if the average working life is to be increased – to create further financial incentives for longer working lives (taxation, pensions). The appreciation of older workers also involves conveying to them that they have an important role to play in society.

■ Seminars on retirement can provide valuable help.

As we were able to demonstrate, employers and society can express appreciation of their older workers by offering seminars in preparation for the transition into retirement. They can outline different ways of making an individual, conscious and self-determined transition into retirement, and should be offered years before retirement.

People subject to reduced earning capacity pose a particular problem. In the past, men were disproportionately affected because of their physically demanding work. Today, women suffer disproportionately from reduced earning capacities later in life, due to the higher prevalence of mental health problems. Men, however, are also increasingly affected by mental illness.

■ Policy makers need to pay special attention to the risk of poverty at retirement age due to previous reduction in earning capacity.

Reduced earning capacity involves an increased risk of poverty, as the people affected are often unemployed to an above-average extent and are rarely in a position to acquire additional pension rights in addition to the national pension. As occupational pensions and private provisions are increasingly seen as fundamental components of financial security at retirement age, this gap hits people with reduced earning capacity particularly hard. Politicians are called upon to create and promote structures to ensure that reduced earning capacity is kept as limited as possible and participation in the labour market is restored. Within the framework of health promotion, the focus is particularly on occupational health management so that risks of reduced earning capacity are counteracted as early as possible.

The Transition

■ The transition to retirement is usually more drastic for men than for women due to their stronger career orientation.

The transition into retirement is described as rather drastic for men, as they have generally oriented their lives more strongly to their jobs than women have. As a result, men often have better social lives. But the transition

into retirement requires a greater effort of adaption. This can even lead to women suffering more from the retirement of their partner than from their own. The more positively one perceives one's own work, the more serious the transition to retirement becomes. While highly qualified people tend to view the termination of their work as a loss, retirement often comes as a relief for low-skilled workers.

In addition to the loss of gainful employment, other factors can make the transition into retirement more difficult. These can include financial hardship (e.g. moving to a smaller apartment) or the end of a partnership that fails to adapt to the new life situation. However, these are not general risks. The transition into retirement is very individual. The post-work perspective seems to be the decisive factor. How are the extra-occupational activities, social behaviour and preventive behaviour structured? And are there any chronic or mental illnesses, for example?

■ The transition to retirement does not represent a general risk, but is an individual challenge for each person.

But despite the challenges that men – as well as women – face in managing the transition into retirement, the available studies do not give a clear picture of whether it has an overall negative or positive impact on health. Among other things, it is found that cognitive performance declines at the beginning of retirement, particularly among men who usually lead busier social lives. However, this is compensated for over time. In any case, the »pension death« often cited in the public debate is not a social phenomenon. The subjective perception of health and the health-related quality of life change positively, especially during this period. The cause can be located in the relief from the burden of employment and in a freer division of time. Nevertheless, it is important to pay attention to existing individual risks.

■ Because of the gained freedom, retirement is an opportunity, but it requires more self-structuring.

If we look at the daily time structure after retirement, it is similar to that of working men, but now the duties are shifted, primarily to the morning hours. The increased time budget is used primarily for housework and errands, media consumption and sleep. Overall, however, employed and

non-working men enjoy similar activities. However, this usually does not include voluntary, unpaid work. There seems to be a difficulty in convincing men to volunteer beyond paid work. Nevertheless, on the whole, retirement is seen and appreciated as an opportunity for more individual use of time – especially after a well-structured and often externally determined working life. But at the same time, it is important that retirees use this time wisely. This also depends on the individual's ability to self-structure their own time.

A key resource in the positive transition into retirement is the structure of life before retirement. If individuals focus primarily on their career and neglect other areas for years, the transition into retirement will be more difficult. On the other hand, leading a life with a variety of interests during the working years: partnership, family, friendships, hobbies, voluntary work, makes a positive transition possible. »The life you lead before retirement is the life you will live in retirement.« The help that can be provided to men in this regard are advice and seminar offers, which, among other things, convey the importance of social contacts in retirement.

The Framing of Retirement

The framing of retirement as an independent period of life, not marked by waiting for the end of life, is an essential feature of the present time. It is both a challenge and an opportunity and in most cases requires active decisions: What should the third lifetime look like? What do I expect from it? What gives it purpose? Depending on the basic possibilities and individual needs and limitations, the ways in which men (and women) shape their retirement are very different.

■ Employment in retirement serves social recognition, the maintenance of networks and the transfer of knowledge.

Working pensioners are a rapidly growing group, which has approximately doubled in the last ten years. Almost one in five retirees is in paid employment. This is a matter of both having to work and wanting to work. The need to work is due to the social situation and serves to ward off financially precarious situations. It is therefore particularly relevant to socially disadvantaged groups. However, it is precisely in this group that the health

problems are on average greater, which in turn can be an obstacle to employment.

The desire to work, on the other hand, serves to actively shape retirement and is aimed at the transfer of knowledge, the maintenance of networks and social recognition. Accordingly, subjective health and quality of life are positively evaluated by a large majority of working pensioners. Of course, employment requires a certain level of health and a positive attitude of pensioners towards active work. But work, for its part, also has a protective effect. Very often it is done with the intention of doing something useful.

■ Caring tasks are meaningful and health-promoting activities, but only if they are not overburdening.

Beyond paid employment, pensioners are also active in other areas. It is true that two thirds of the care work within the family is still carried out by women. But the proportion of men providing care is rising steadily. Grandparents are also important caregivers for grandchildren. Their significance goes beyond simply relieving the burden on the families of their children and contains a generative sense of meaning. Due to the career orientation of many men, it is mostly women who take care of their grandchildren before retirement. After retirement, however, the grandfathers catch up more and more. The time spent caring for grandchildren decreases from the age of 70 onwards, which may be linked to declining strength and health on the one hand, but also to the ageing of the grandchildren on the other. However, grandfathers at this age are on average more active than grandmothers. One important finding is that the care tasks – both in nursing care and in the care for grandchildren – can be health-promoting, but beyond a certain limit they can also be burdening. If the opportunity to organise one's retirement freely is sacrificed to an overload of new responsibilities, the positive effect will be lost. International studies have shown that satisfaction with the care tasks is given when there are complementary and thus also relieving public offers for care needs in addition to the private commitment.

■ Society needs more age-appropriate and male-specific offers for volunteer work.

Voluntary work is also increasingly being done by men. It is among the social activities that enrich a retired life and increase life satisfaction. How-

ever, it is also noticeable that men's voluntary activities tend to decrease in retirement. This may be due to the fact that they were previously engaged in areas in which they cannot be active as they grow older, such as volunteer firefighting. But precisely for this reason, it is necessary to develop age-appropriate and male-specific offers that cater to the willingness of men to engage in voluntary work. It is questionable whether society can still afford to ignore this potential.

■ Mental illnesses of older men should be taken seriously and not dismissed as symptoms of old age.

A significant problem for men is that they often experience aging as an affront because of the decline of physical performance. The prevalence of depression is highest in the years around retirement. The suicide rate among men also increases continuously with age. At the same time, however, depression is still diagnosed too rarely in older men. Depressive symptoms are often dismissed as seemingly normal signs of old age. This means that what is true for the entire life span also continues in old age: A man is only seen as sick when he has a physical illness. For doctors, this requires increased attention to mental illnesses.

■ Men are easier to reach through health-promoting projects if they can participate actively and are not just recipients of caring assistance.

For preventive action, important fields of intervention result from what has been said. Since a well-functioning network can compensate for negative effects of retirement, the central focus must be on promoting the social network in addition to general preventive measures (exercise). European studies have shown that the size of networks is not so different for working men and retired people. But their diversity and satisfaction with them is much greater among the working population. Health promotion projects therefore have the task of paying particular attention to gender-specific aspects in network promotion. Men must be addressed explicitly and considered in the conceptual work. There are no blanket prescriptions for this. The paths require acceptance of diversity and individual addressing. Men are much more accessible when they can actively participate and are not just recipients of caring help. It is about appreciation of their experiences and abilities.

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By the year 2050, there will be around 23 million people over 65 in Germany. Regarding both society and individuals, it will be necessary to create good conditions for retirement considered as a stage of life. In order to spend it in good health and quality of life, the time before this transition should be used for preparation. Especially men, who often identify intensively with their job, are challenged to assume responsibility to create a high

health potential and good social conditions for themselves.

The 4th *Men's Health Report* is a grounded review on living conditions of men between 55 and 74 years of age. This highlights important issues for politics, social work and the whole social discourse: the situation of employment ten years before retirement, the transition phase and health-promoting projects for men before and after retirement.

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