

PENNELL NETWORK NEWSLETTER April 2007

We established the Pennell Network earlier this year so those interested in helping to improve the work, health and well-being of women in mid-life had a forum to exchange views and raise awareness of key issues.

NHS Mid-Life Life Check

In our January newsletter we mentioned that the Department of Health (DH) had asked Help the Aged to organise user groups to trial the prototype of a mid-life life check designed to support individuals maintain and improve their health and well-being.

The tool, targeted at 45-60 year olds, is currently in the form of an online or paper questionnaire. It has been trialled by some 600 people across England in a variety of settings, including large and small employer organisations.

Help the Aged, with help from TAEN, recruited 12 user groups (120 people in total). Users included carers, people from BME communities and people who were not working.

Developed by researchers at the Faculty of Health and Wellbeing at Sheffield Hallam University, Lifecheck, as the tool is branded, focuses principally on lifestyle aspects such as diet, physical activity, alcohol consumption and smoking.

Participants were asked to complete the Lifecheck questionnaire and to provide feedback, addressing questions such as:

- What do you think should happen after a person has filled in the Lifecheck?
- Which areas of health and well-being should the Lifecheck cover?
- What would encourage people to complete the Lifecheck?

User views on the content, format and process were collated and fed back to Sheffield Hallam and the DH at a workshop in mid-April.

It was felt that Lifecheck should cover aspects of mental health (anxiety and stress) as well as physical health and for women it should include a section on the menopause. Users believed personalised rather than general feedback would be more effective in encouraging people to change their lifestyle and that they should be given the opportunity to discuss their Lifecheck feedback with medically trained staff. A key recommendation was that Lifecheck should be designed for accessibility to all disadvantaged groups.

The DH is also consulting experts in the various aspects of health and wellbeing covered by the tool.

As a result of the evaluation exercise, Lifecheck may emerge as something quite different from the prototype which has just been trialled. It will be further developed and then piloted in selected sites. The final version will be rolled out nationally during 2008.

Screening and breast cancer

Recent research from private medical insurer PruHealth reveals that although one in four women are aware of a family history of breast cancer, only one in 20 cite cancer as their main health concern; 23% are most concerned by their weight.

According to PruHealth, 70% of women over 50 in the UK have never been for a screening to test for chronic diseases, including breast cancer, despite the entitlement of women aged 50 to 70 to free NHS mammograms every three years.

The Information Centre for health and social care, the special health authority that provides data, says the NHS breast screening programme continues to play a key role in reducing the death toll from breast cancer with the number of cases detected increasing by 62% since 2001. Over 13,500 cases of breast cancer were diagnosed in women aged 50 and over in 2005-2006, an increase of 13% over the previous year. The coverage of eligible women aged 53-64 within the previous three years was 76%

Government announces review of health of the working age population

Secretary of State for Work and Pensions John Hutton has announced an extensive review of the health of the working age population to assess current health levels and to help identify where the greatest improvements can be made to the health of those who are in or who want to return to work.

The review will be led by Dame Carol Black, National Director for Health and Work, who said: "We need to find the most productive ways forward, identify what really makes a difference, and

integrate work across government, primary and secondary care, employers, occupational health and voluntary groups."

Ageing workforces

The Oxford Institute of Ageing held a series of seminars in the first quarter on Ageing Workforces. TAEN and Help the Aged attended two.

Professor Juhani Ilmarinen of the Finnish Institute of Occupational Health spoke about the concept of work ability in his presentation on Age Management. Developed in Finland, the Work Ability Index is used to produce four ratings of work ability from 'poor' to 'excellent'. The index measures a range of items including number of current health conditions, estimated work impairment due to these, sick leave over the past 12 months, and ability to work compared with a lifetime best, amongst others.

Professor Ilmarinen said the level of work ability was a strong predictor of future disability and early retirement but that interventions could arrest or even reverse a declining trend.

Unsurprisingly, work ability declines with age and over 50 there are greater fluctuations. Women over 50 tend to score lower work ability ratings than their male counterparts but Ilmarinen attributed this to their generally poorer working conditions rather than their health or attitudes to work.

The three most effective interventions are educating line management about the needs of older workers, reducing repetitive movements and increasing vigorous physical exercise (in leisure time). Key factors leading to a fall in work ability are lack of recognition and esteem; poor ergonomics; increased standing at work; and low levels of physical activity.

Ilmarinen stressed that an integrated approach, with a focus on all the issues, was needed to achieve long-term improvement in work ability. Addressing a single factor leads to short-term improvement only.

At another seminar, Professor Amanda Griffiths of Nottingham University examined some of the evidence for the myths that exist about older versus younger workers. For example, while there is the idea that older workers take more time off sick, the evidence suggests this is not the case. Older workers do take off more planned leave, for example, for operations, but take off less unplanned leave than younger colleagues. Also, it is often assumed that older workers are ill more often than younger workers. However, while 30% of older workers manage a chronic health condition, they do not necessarily have more sickness absence. And while certain skills such as sensory motor tasks, lifting and multi-tasking decline in older workers, Professor Griffiths said the evidence, much of it based on laboratory research, needed to be interpreted carefully. Older workers used compensatory ways to work around limitations; in her view, age is only one dimension of performance.

She reported evidence of age bias in job interviews when younger applicants are favoured over older people as well as evidence that older workers get less training when at work. Older people tend to have different learning styles and can be more anxious or under-achieve if they are not given sufficient time to learn new skills.

Major causes of early retirement included stress at work, musculo-skeletal and cardio-vascular problems. Factors associated with stress at work included a lack of feedback, role conflict and the role of the supervisor.

In conclusion, she said organisations needed to promote age diversity and ensure that managers were aware of anti-age discrimination legislation. Older workers should be consulted and their skills capitalised on. Flexible working and continuous developmental opportunities would encourage more older people to continue at work.

Self-reported, work-related illness statistics by age and gender

Detailed results from the Labour Force Survey for 2005/06 on self-reported work-related illness (SWI) and workplace injury will be published on the Health and Safety Executive website (www.hse.gov.uk) between May and July. Tables containing breakdowns by region and industry will be published first followed by occupation, workplace size and age and gender. A report focusing on the key findings will be published towards the beginning of July.

NICE Appraisal Committee changes draft guidance on osteoporosis

In January we mentioned that Help the Aged had expressed its deep concern over NICE's recommendation that women under the age of 75 should not receive drug treatments to prevent broken bones due to osteoporosis.

Although NICE's Appraisal Committee has now lowered the age threshold for primary prevention treatments from 75 to 70, Help the Aged has continued to urge NICE to reconsider the use of age as the means of determining access to preventive treatments and instead to use clinical risk. If NICE upholds the age limit of 70 on access to primary prevention treatments, post-menopausal women under 70 may unnecessarily experience

reductions in life expectancy and prolonged periods of ill health.

NICE draft guidance on promoting physical activity in the workplace

We were pleased to see in the draft scope of the guidance issued in March a recognition that a 'one size fits all' does not work. The draft scope included looking at the most effective and appropriate interventions for different sectors of the workforce such as men and women, and older and younger workers.

One of the findings of the literature review commissioned recently by TAEN and Help the Aged on the health and work of older women (See www.taen.org.uk/resources/health) was that appropriate consideration of gender and age was key to the success of workplace health promotion programmes. The authors Lesley Doyal and Sarah Payne of the University of Bristol said many women, especially those who work part-time, find it difficult to participate in after-hour activities. They may also be concerned that lack of fitness will result in the loss of employment. Many will have learned to identify sport and fitness activities as a male preserve and may find it hard to imagine themselves participating. If health promotion activities are to work with this group, they must not be youth oriented but must reflect the concerns of older women.

Help the Aged and TAEN, in their comments to NICE on the draft scope, underlined the importance of taking gender, age and cultural factors into account when considering facilitators of and barriers to such public health interventions.

British Heart Foundation 30 a Day campaign

The British Heart Foundation (BHF) has launched the *30 a Day* campaign, targeted at 50-64 year olds, to address the issue of physical inactivity, responsible for around 20% of coronary heart disease.

Although people over 50 are at much greater risk from heart disease, only around 30% of 50-64 year olds are meeting the Government's recommended minimum amount of activity – 30 minutes of moderate activity five times a week. The BHF says physical activity levels tend to drop off dramatically after people reach 50, particularly among women.

The BHF has produced a guide *30 a Day: The Fit for Life Plan* aimed at the over-50s (downloadable from www.bhf.org.uk/30aday). It will also provide one-to-one guidance via its Heart Information Line.

The BHF has also produced an updated *Active for Later Life Toolkit* designed to help local authorities and primary care trusts take the necessary steps to build more physically active local communities.

Obesity

According to the latest issue of Social Trends published by ONS (April 2007), 35% of women aged 45 to 54 are overweight and 28% are obese. For 55-64 year olds, 37% are overweight and 28% are obese. Definitions of obesity are based on body mass index (BMI) which measures a person's weight relative to their height. A BMI of 25-30 signifies overweight while more than 30 is taken as a definition of obesity.

Obesity toolkit

The Department of Health, in conjunction with the National Heart Forum and the Faculty of Public Health, has launched an obesity toolkit to help local councils and health bodies support people tackle overweight. The toolkit is available online at: <http://www.dh.gov.uk/obesity> or in hard copy.

Newsletter contributions

We welcome contributions to the newsletter. Please contact Corinna Stowell at TAEN if you would like us to include a contribution or if you want to draw our attention to a news item, an event, an interesting piece of work or research.

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