

## Chronic Diseases, Aging Workers

### **Chronic Diseases and Functional Limitations among Older Construction Workers in the United States: A 10-Year Follow-up Study**

*Xiuwen Sue Dong, DrPH, Xuanwen Wang, PhD, Christina Daw, PhD, and Knut Ringen, DrPH. J Occup Environ Med, April 2011.*

#### **Overview**

CPWR researchers conducted a study of older construction workers over a 10-year period (1998-2008) using the Health and Retirement Study, a large, nationally representative longitudinal survey of U.S. residents over the age of 50. This study fills a current knowledge gap by examining the inter-related effects of the aging process and work-related exposures on downstream health problems among U.S. construction workers, even after they exited this industry.

#### **Key Findings**

- Compared with white-collar workers of the same age (50 and up), construction workers had increased risk of arthritis, back problems, chronic lung disease, functional limitations, work disability, and work-related injuries after controlling for other demographic factors such as race and education.
- Arthritis, high blood pressure, heart problems, and diabetes ranked as top four diagnosed diseases among construction workers over age 50 at both baseline (1998) and follow-up (2008).
- Substantial difficulty with four functional tasks (stooping/kneeling/crouching, reaching/arm extension, push/pull large objects, and lift/carry 10 lbs.) was evident among all older workers (construction workers, other blue-collar workers, and white-collar workers). However, construction workers found stooping/kneeling/crouching and arm extension to be extremely difficult.
- Health-related problems had a large effect on an individual's ability to work; nearly 31% of construction workers over age 50 reported at baseline that their health problems limited their ability to work, and increased to more than 36% at follow-up.
- At the 2008 follow-up, only 4.8% of construction workers were working in the same trade as reported in 1998, while 9.3% of white-collar workers were in the same line of work. Approximately 36% of both white-collar and construction workers were retired.

#### **For more information, contact:**

Sue Dong: [sdong@cpwr.com](mailto:sdong@cpwr.com)

#### **See abstract:**

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